2019-2020 Flu Snapshot
Week 16: April 12 – April 18, 2020

Summary: This report provides a snapshot of seasonal flu activity in Alaska. Additional information about influenza is available on the Section of Epidemiology's (SOE) influenza page: http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/fluinfo.aspx. A detailed review of CDC influenza surveillance indicators is available at: http://www.cdc.gov/flu/weekly/overview.htm.
Please call 907-269-8000 with questions. Information about the Alaska State Virology Lab influenza microbiology is available at http://dhss.alaska.gov/dph/Labs/Pages/asvl.aspx.

Figure One: Comparison with previous seasons

Since the last Snapshot, the 2019-2020 Flu Season activity has continued to decline in most of the state as has activity nationwide. BUT, it’s important to note that case reports are sometimes delayed in reaching SOE, so numbers from previous weeks may be revised as time goes on. Some of the decline is very likely related to circumstances associated with the ongoing COVID-19 pandemic.
Figure Two: Lab-confirmed case numbers

Since the last Snapshot, flu activity has continued to decline in most regions.

Figure Three: Lab-confirmed case rates per 10,000 people

Flu rates show similar temporal patterns to the numbers. The state rate is in gray.

Important notes: 1) Cases are assigned by date of onset, diagnosis, or report — whichever is earliest; therefore, case counts may be updated as new data become available. 2) By national convention, cases are assigned by patient residence. For influenza cases when residence is not specified, cases are assigned to the location of the health care provider. 3) Areas with low or no case counts may reflect absence of testing rather than absence of disease. 4) Rapid influenza tests may give false positive or false negative results. PCR testing is recommended for confirmation.

Updated 04/24/2020
Figure Four: Lab-confirmed flu types

There are two types of flu virus, Influenza A and Influenza B, which can cause seasonal epidemics of disease in humans. Influenza A typically peaks earlier and causes more illness than Influenza B. For most of the season to date, Influenza B has been more prevalent. However, we are currently seeing very low numbers in both A and Influenza B throughout the state.

Figure Five: Influenza-like illness (syndromic surveillance)

Not everyone who has the flu gets tested for influenza, even if they see a doctor. SOE monitors the number of people with symptoms compatible with flu, called “influenza-like illness” (ILI), in outpatient settings. It is normal for there to be some people with ILI year round (indicated by the baseline), but when influenza begins to circulate widely in the population, the proportion of people with ILI will increase rapidly. This information helps us estimate how much flu may be circulating in people who might not have been tested. ILI decreased for the past two weeks, as did new reports of cases.

Note: ILI data are reported to CDC’s ILINet program by a mixture of primary care providers and emergency departments. This graph shows the proportion of visits where the patient had influenza-like illness out of all visits to the reporting healthcare facility.