

2021-2022 Flu Snapshot

Week 23: June 5, 2022 - June 11, 2022

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>. The traditional CDC flu season runs from

October to May, however, SOE publishes periodic snapshots throughout the summer to document ongoing activity.

Please call 907-269-8000 with questions. Information about the Alaska State Virology Laboratory testing and

influenza microbiology is available at: <http://dhss.alaska.gov/dph/Labs/Pages/asvl.aspx>.

Figure One: Comparison with previous seasons

The **2021- 2022 Flu Season** started slowly. Activity began to increase in December as case reports trended upward; however, reports then started to decline in January. The last season, 2020-2021, was severely muted. Predictions are further complicated by background activity of COVID-19 and associated mitigation efforts that have the added benefit of impacting the ability of flu and other respiratory viruses to spread in the community. Flu case counts have been very low for most of 2022, in the past several weeks there has been an increase in reported cases, but seem to be trending down again.

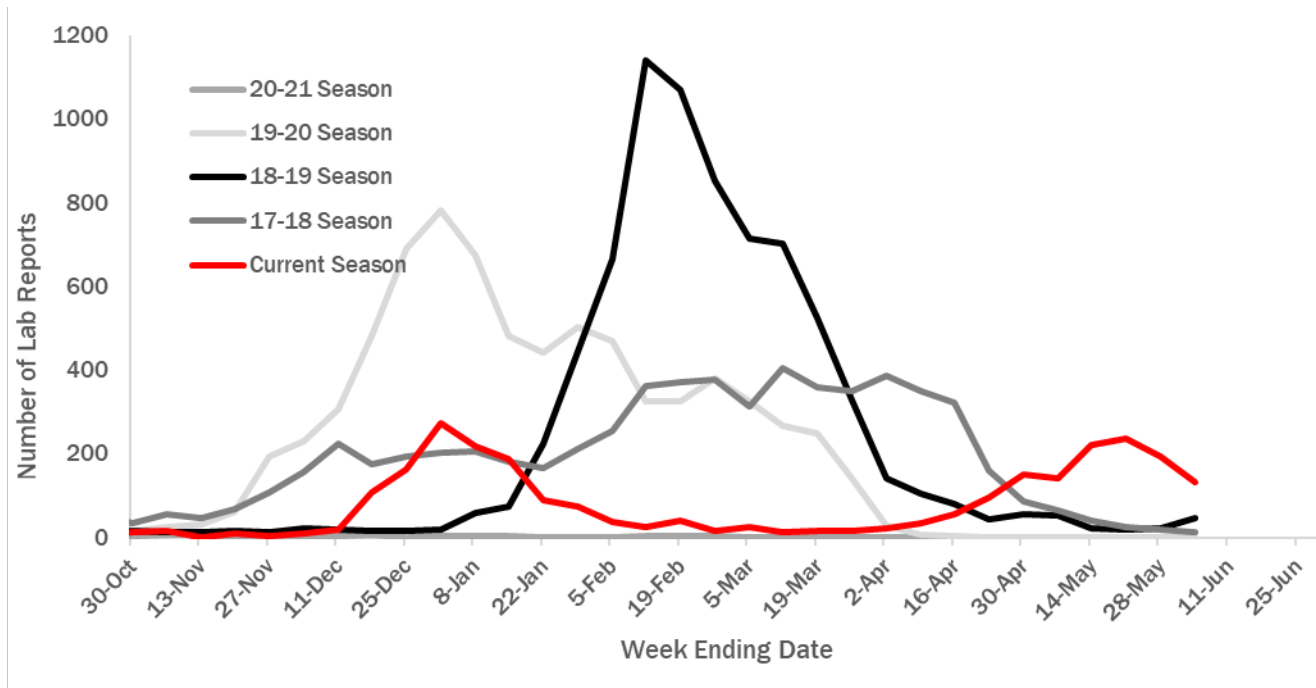


Figure Two: Lab-confirmed case numbers

The numbers have been decreasing across the state the last few weeks. We are continuing to present data by Behavioral Health Region to align with COVID-19 surveillance. There was a lot of flu in Anchorage in late December/early January, followed by a stretch with very few cases. In the past several weeks, there has been a small rise in cases, particularly in Anchorage, the Mat- Su, and Fairbanks.

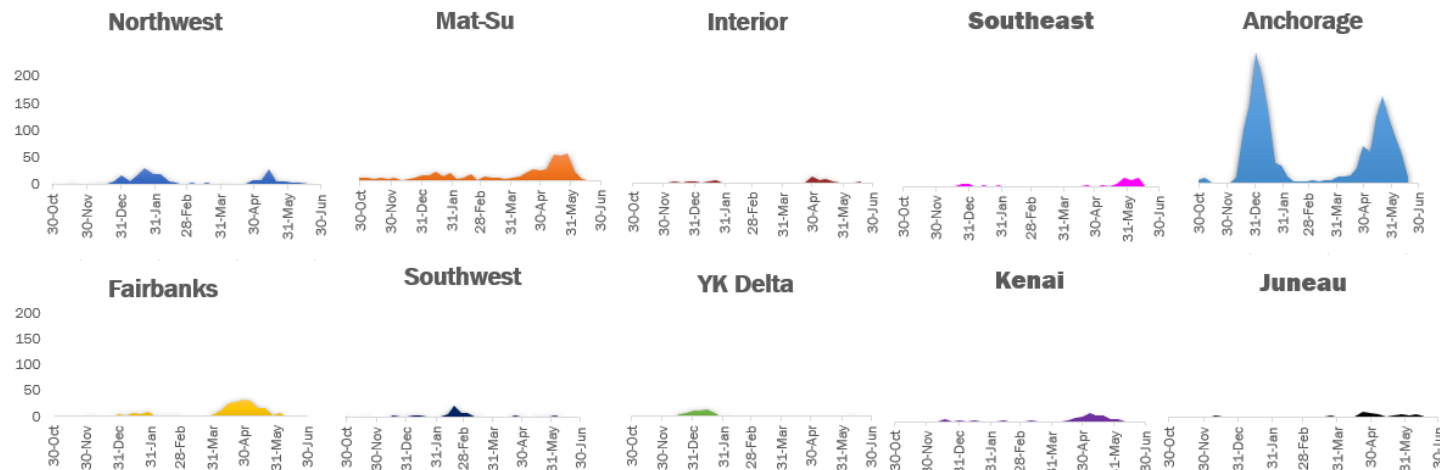
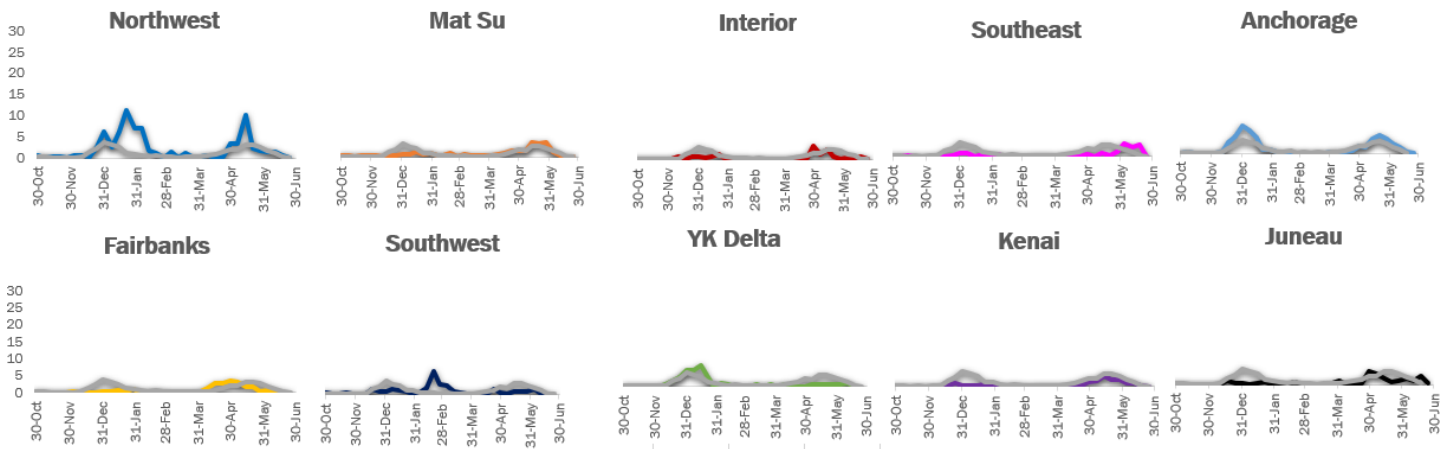


Figure Three: Lab-confirmed case rates per 10,000 people

Flu rates show similar temporal patterns to the case numbers in Figure Two. The state rate is in gray. Because the number of cases is small, the rates are extremely small. For regions with small populations, even small numbers of cases can increase the rate substantially, which is currently happening in the Northwest.



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.

Figure Four: Lab-confirmed flu types

There are two types of flu virus, **Influenza A** and **Influenza B**. Influenza A typically peaks earlier and causes more illness than Influenza B. The vast majority of our flu cases this year have been influenza A, and that continues to be true.

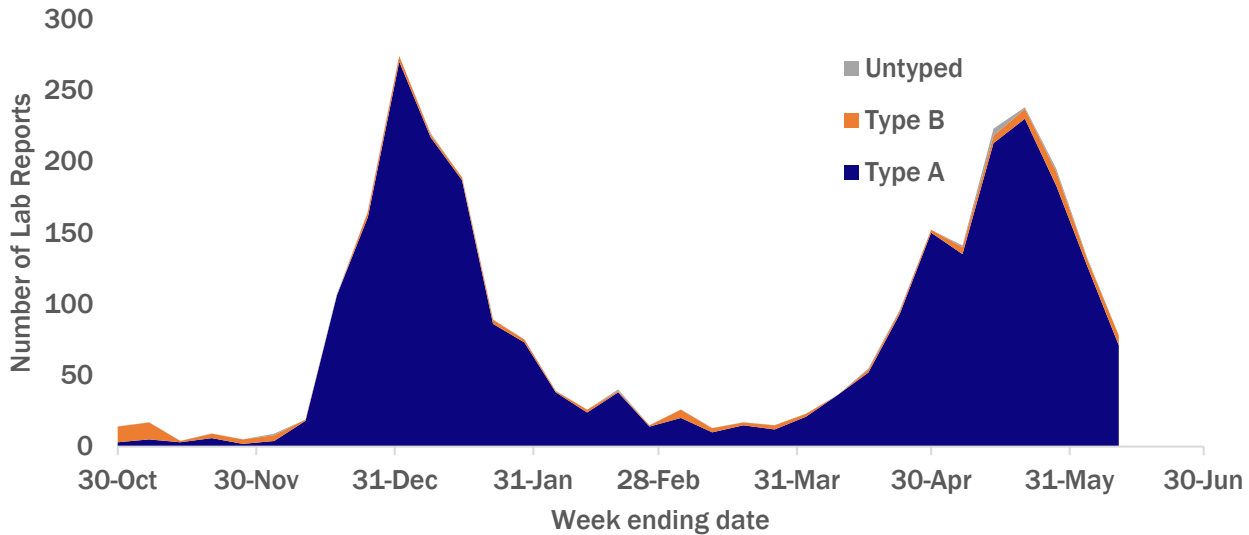
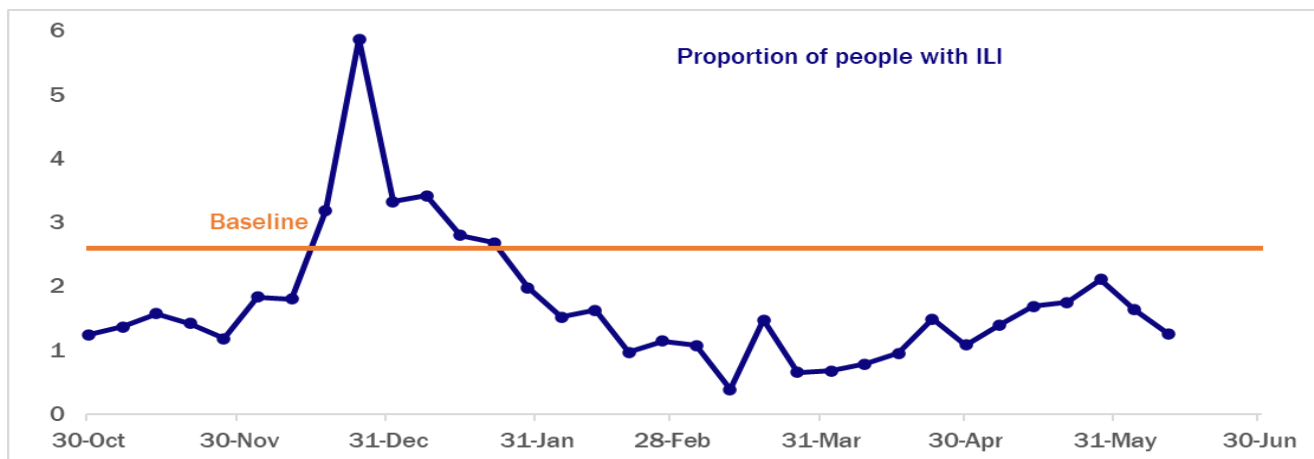


Figure Five: Influenza-like illness (syndromic surveillance)

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 might be circulating but that might not have been captured by laboratory testing. Despite the increasing case counts, ILI remains below baseline and has been since January 2022.



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.

