

2020-2021 Flu Snapshot

Week 8: February 21 – February 27, 2021

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

Figure One: Comparison with previous seasons

The **2020-2021 Flu Season** continues to demonstrate only low levels of activity, with less than 100 laboratory-confirmed cases reported so far this season. We believe much of the mitigation efforts to decrease the transmission of the SARS CoV-2 virus has the added benefit of substantially impacting the ability of flu and other respiratory viruses to spread in the community.

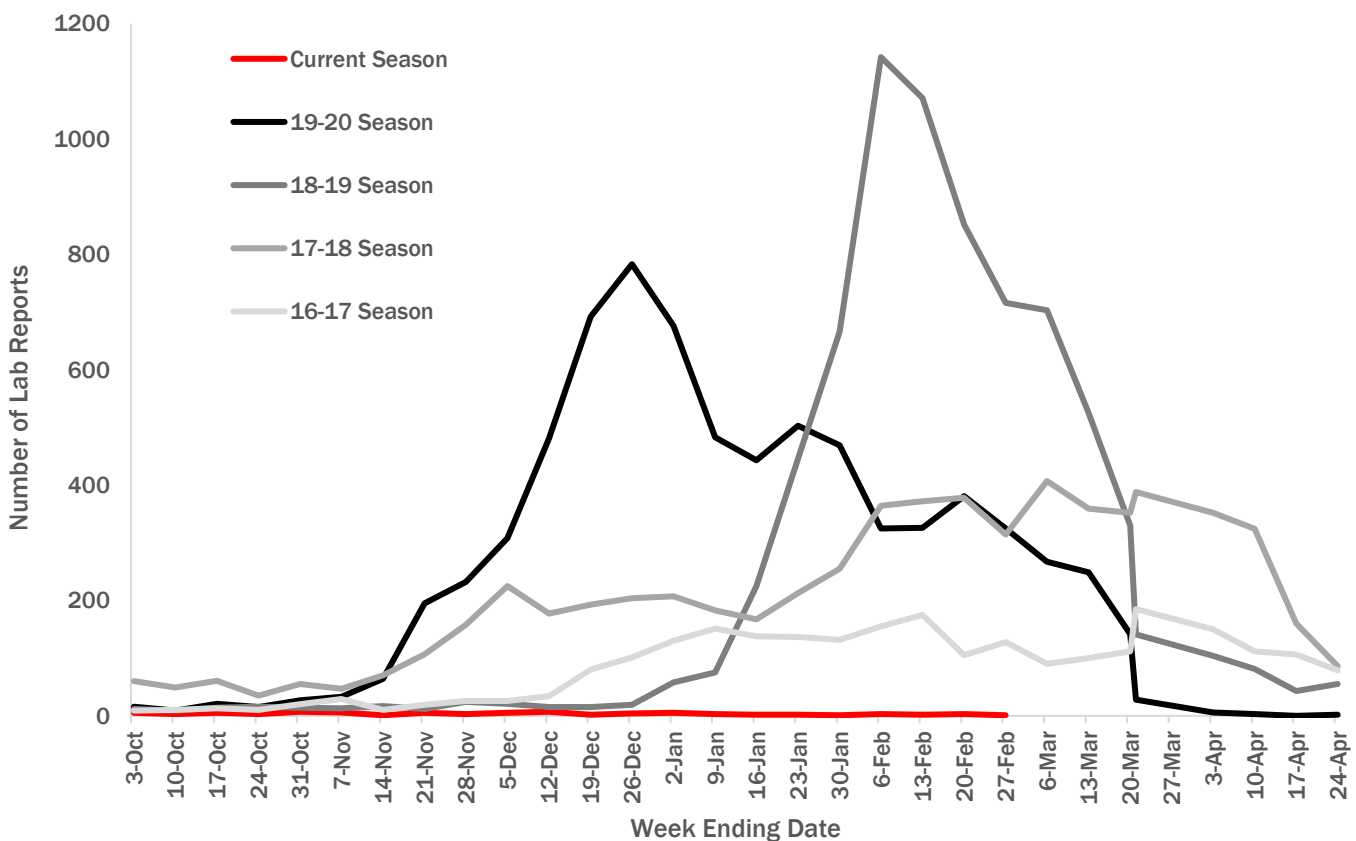


Figure Two: Lab-confirmed case numbers

Numbers have been low across the state this flu season. This year, we are presenting these data by Behavioral Health Region to align with COVID-19 surveillance.

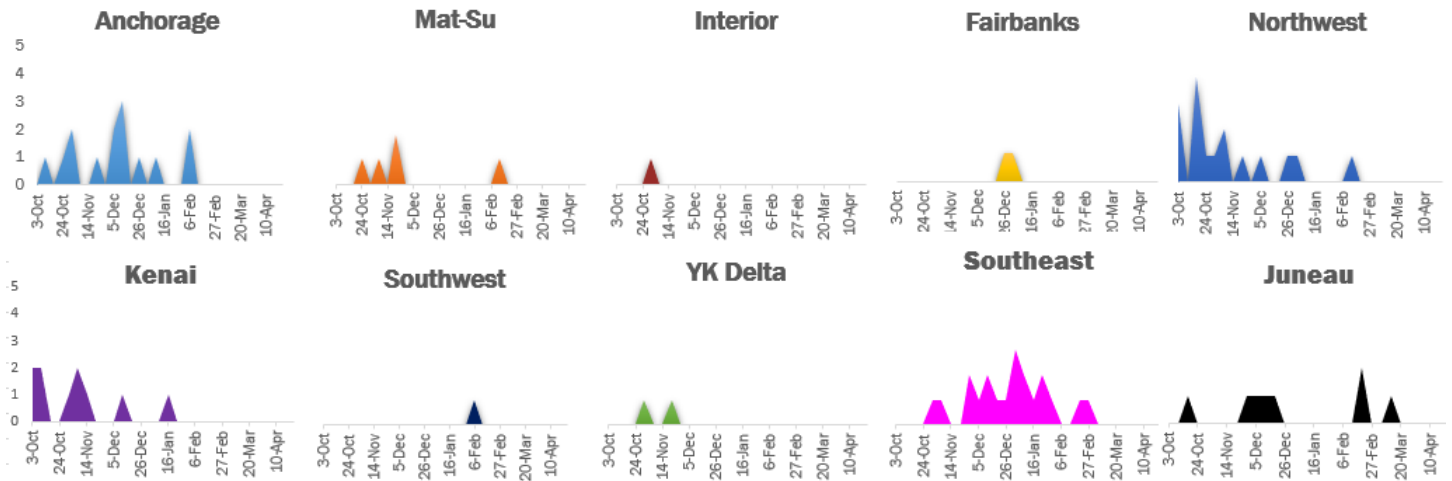
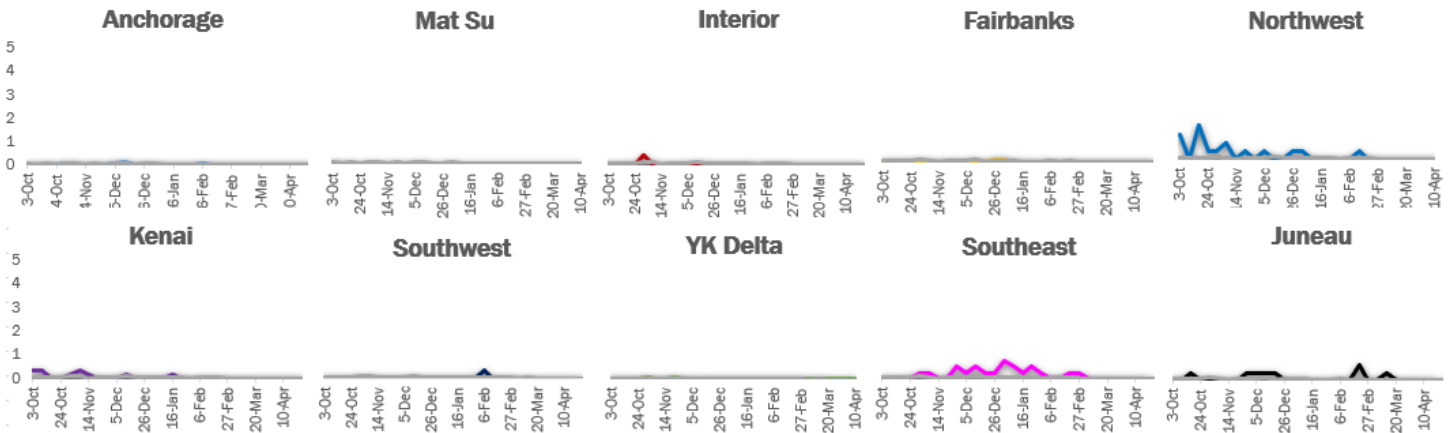


Figure Three: Lab-confirmed case rates per 10,000 people

Flu rates show similar temporal patterns to the numbers. The state rate is in gray. Because the number of cases is small, the rates are extremely small. We think that is due to increased precautions due to other respiratory illness circulating, mask wearing and better hand hygiene.



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. Thus far, there have not been many cases of either.

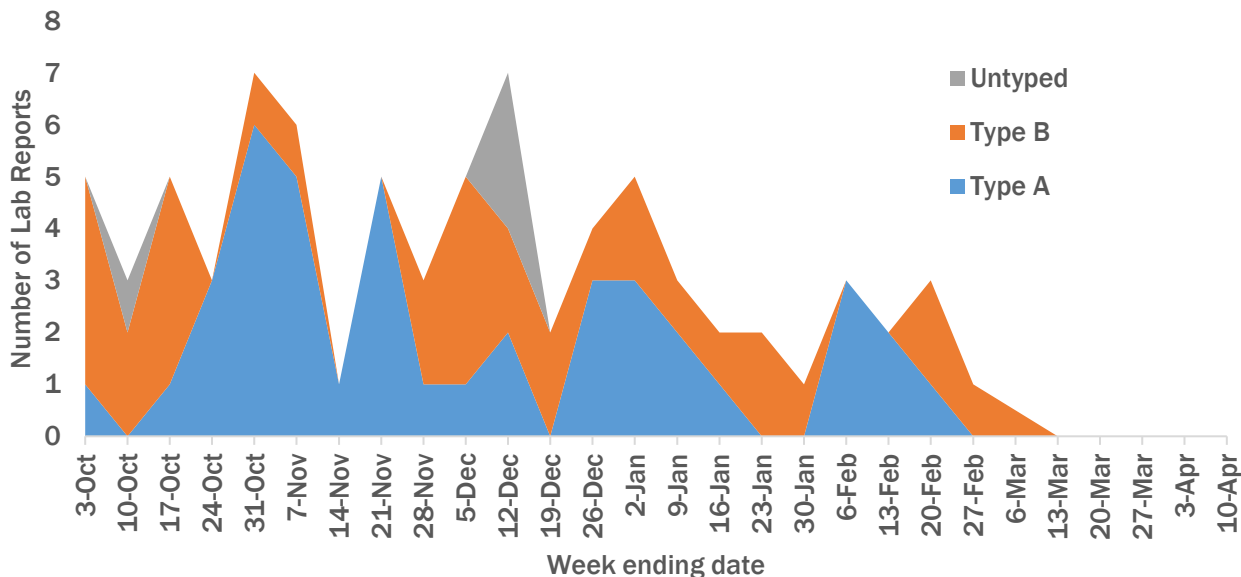
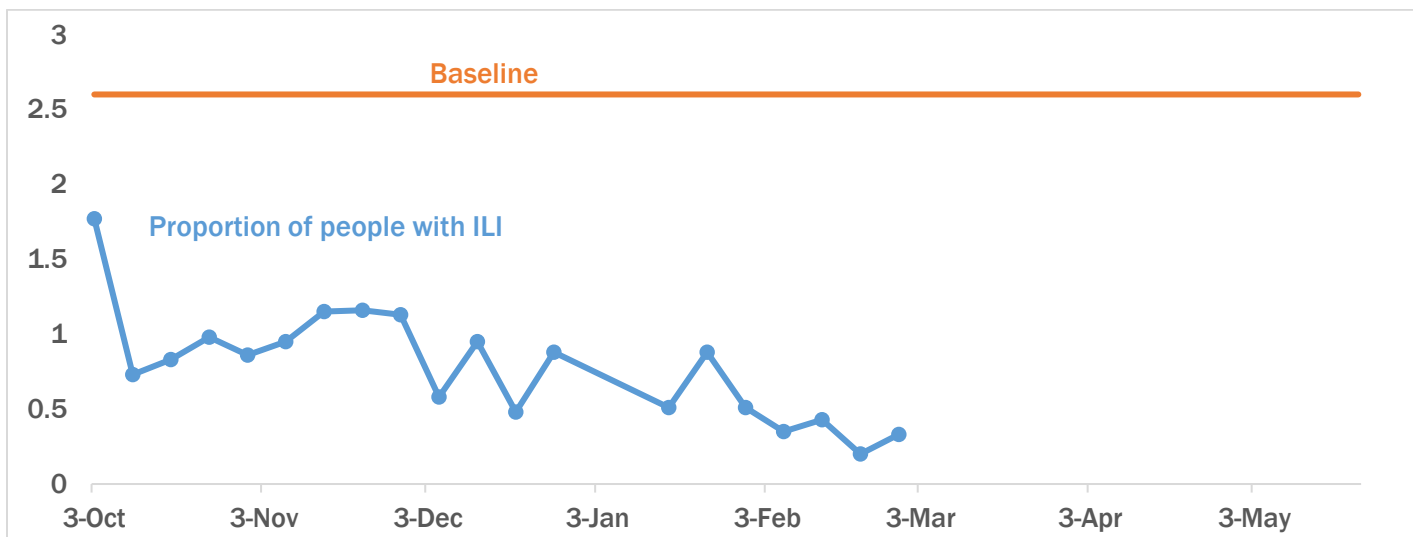


Figure Five: Influenza-like illness (syndromic surveillance)

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.



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.