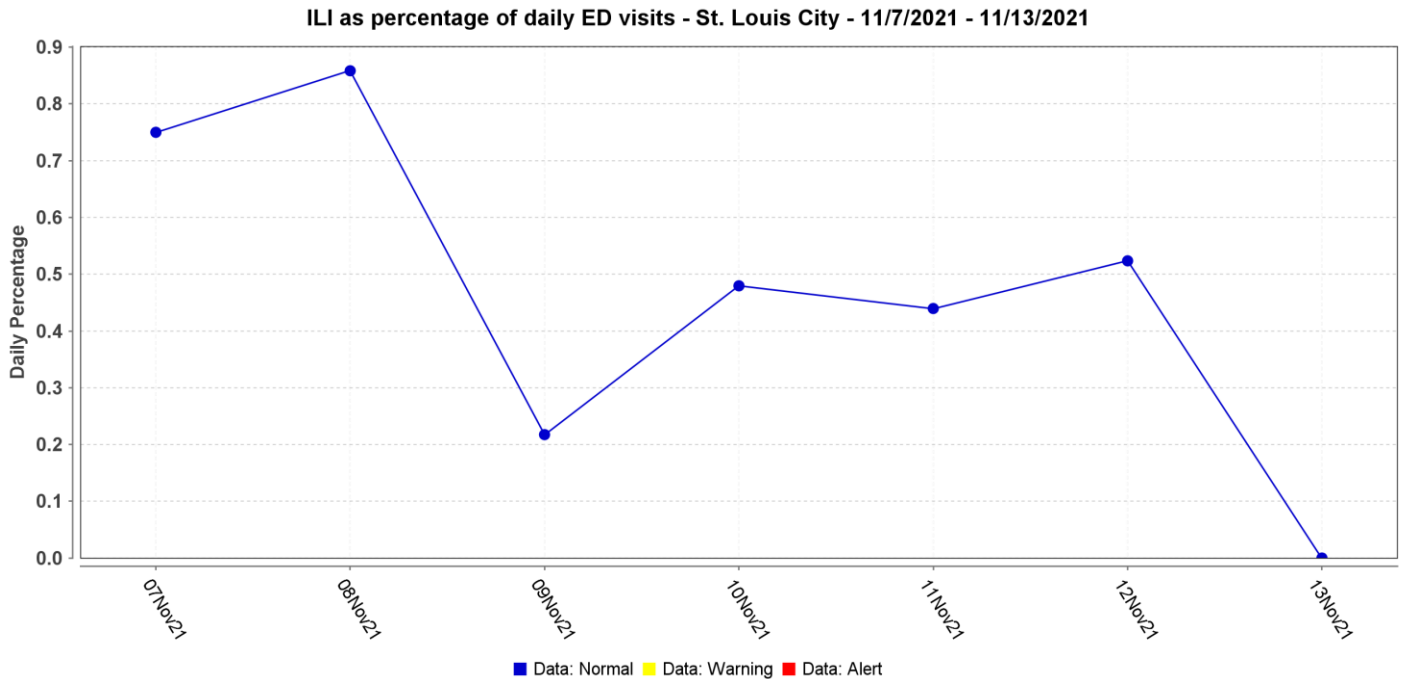




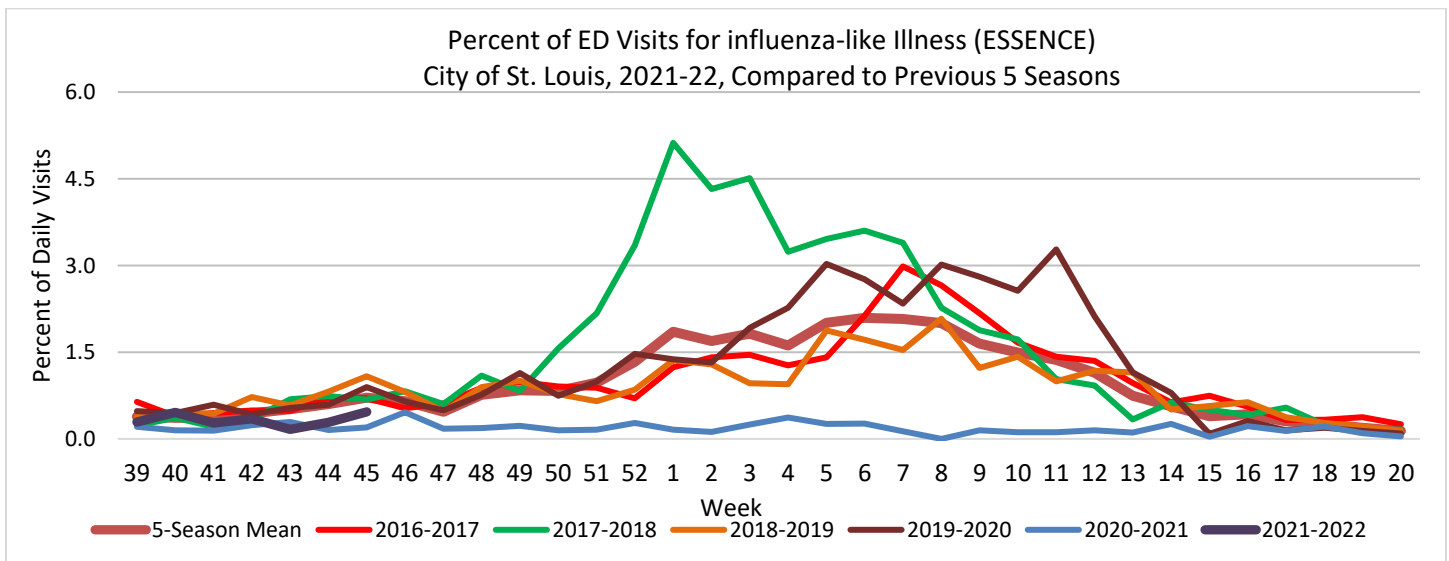
### Influenza Surveillance

The City of St. Louis Department of Health conducts influenza surveillance using passive, active and syndromic surveillance<sup>3</sup>. Although influenza illness can occur year-round, the seasonal influenza reporting begins on Morbidity and Mortality Weekly Report (MMWR)<sup>4</sup> Week 40 of a given year and continues through MMWR Week 20 of the following calendar year. Syndromic surveillance is conducted by reviewing the number of Influenza-like Illness (ILI)<sup>1</sup> cases reported by hospital emergency departments (EDs) to the Missouri Department of Health and Senior Service (MO-DHSS).

As determined using DHSS Syndromic Surveillance data, Influenza-like Illness (ILI) reports ranged from 0% to 0.858% of daily visits to hospital emergency departments in the City of St. Louis during Week 45 (ending 11/13/2021). The daily number of reports of ILI ranged from zero to four, with a total of 14 during Week 45.



The average percentage of daily visits for ILI of all EDs visits in the City of St. Louis was 0.467% for the week ending 11/13/2021 compared to 0.2% in the 2020-2021 season and 0.897% in the 2019-2020 season during the same week.





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Passive surveillance is conducted through reporting of confirmed influenza cases<sup>2</sup> from various surveillance sites like hospitals, offices of healthcare providers, and laboratories. As of the current influenza season, for the week ending 11/13/2021, there have been two cases of Influenza A and six cases of Influenza B for a total of eight influenza cases in the City of St. Louis. Influenza A accounted for 25%, while influenza B accounted for 75% of total influenza cases. The data for the latest two weeks is provisional and is subject to change in the following weeks.

**Table 1: Number of Influenza Cases by Influenza Type**

Influenza Type	Week 43 (10/24/2021- 10/30/2021)	Week 44 (10/31/2021- 11/6/2021)	Week 45 (11/7/2021- 11/13/2021)	2021-2022* Season-to-Date	Percentage
Influenza A	0	0	1	2	25%
Influenza B	0	1	1	6	75%
Influenza unknown /Untyped	0	0	0	0	0%
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>100%</b>

**Table 2: Number of Influenza Cases by Age Group**

Age Group	Week 43 (10/24/2021- 10/30/2021)	Week 44 (10/31/2021- 11/6/2021)	Week 45 (11/7/2021- 11/13/2021)	2021-2022* Season-to-Date	Percentage
0 to 4 years	0	0	2	3	38%
5 to 14 years	0	0	0	0	0%
15 to 24 years	0	0	0	1	13%
25 to 49 years	0	1	0	2	25%
50 to 64 years	0	0	0	1	13%
65+ years	0	0	0	1	13%
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>100%</b>

**Table 3: Number of Influenza Cases by Age Group and Type**  
 For Cases Reported between 09/26/2021 and 11/13/2021

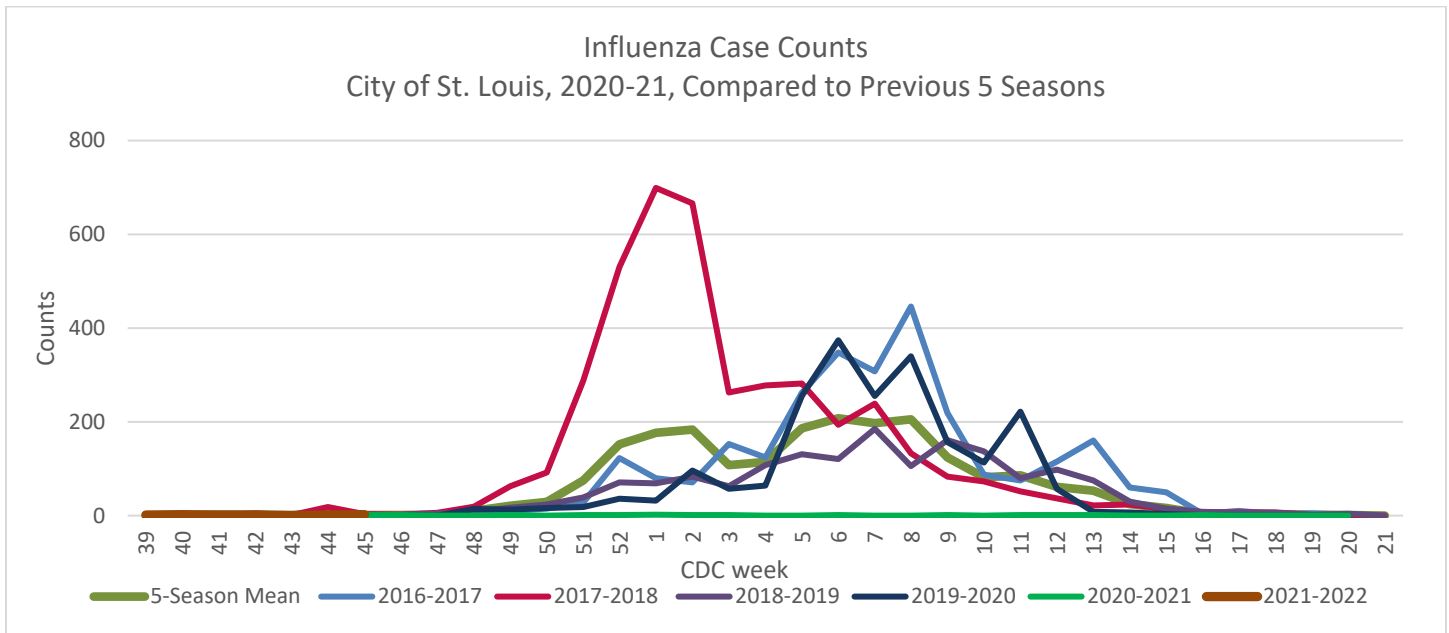
Age Group	Type A		Type B		Unknown Type		Total	
	n	%	n	%	n	%	n	%
0 to 4 years	2	100.0	1	16.7	0	0	3	37.5
5 to 14 years	0	0.0	0	0.0	0	0	0	0.0
15 to 24 years	0	0.0	1	16.7	0	0	1	12.5
25 to 49 years	0	0.0	2	33.3	0	0	2	25.0
50 to 64 years	0	0.0	1	16.7	0	0	1	12.5
65+ years	0	0.0	1	16.7	0	0	1	12.5
<b>Total</b>	<b>2</b>		<b>6</b>		<b>0</b>		<b>8</b>	



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**Table 4: Weekly Counts of Influenza Cases Through Previous 5 Seasons**

Previous Seasons	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	5-Season Mean	5-Season Median
Week 43	1	1	3	2	0	0	1	1
Week 44	0	18	1	3	2	1	5	2
Week 45	0	3	2	1	1	2	1	1



**City of St. Louis Influenza Outbreaks:**

During the week ending 11/13/2021, no influenza outbreaks have been reported to the City of St. Louis Department of Health.



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Weekly Virus/Microbiology Update, St. Louis Children’s Hospital:

<http://slchlabtestguide.bjc.org/Default.aspx?url=c07848be-283d-470e-ad0f-4b833e58ebcf>

For additional information on national influenza surveillance, please visit the Centers for Disease Control and Prevention website:

<http://www.cdc.gov/flu/weekly/>

For additional information on statewide influenza surveillance reports, please visit the Missouri Department of Health and Senior Services website:

<http://health.mo.gov/living/healthconditions/communicable/influenza/reports.php>

## Definitions

1. Influenza-like Illness (ILI) is a case definition used to conduct surveillance for influenza infections. Hospitals, healthcare providers and laboratories are required to report to the state health department or local public health agency, any patient visit with symptoms of fever 100°F or greater, and cough and/or sore throat as ILI under influenza surveillance requirement.

2. Influenza is confirmed by laboratory tests through the following methods: molecular assays for influenza virus nucleic acids including rapid assays as well as Reverse Transcription-Polymerase Chain Reaction (RT-PCR) and other assays, detection of influenza viral antigen through rapid influenza diagnostic tests as well as immunofluorescence assays for antibodies and isolation of virus through viral culture.

### 3. Active, Passive, and Syndromic influenza Surveillance

#### Passive surveillance

Passive Surveillance is conducted through assessing the reports of confirmed influenza cases from various surveillance sites. Typical surveillance sites are hospitals, offices of healthcare providers and laboratories. Influenza is a reportable condition in the state of Missouri and hence these sites are required to report confirmed influenza cases to state health department or local public health agency (city of St. Louis). Passive surveillance helps the health department to keep track of the incidence of influenza cases in the community and facilitates early detection of potential outbreaks.

#### Active Surveillance

Active surveillance becomes essential when there is suspicion of potential outbreaks from the passive and syndromic surveillance data. It would involve looking for potential cases that are not showing up in the passive surveillance system and also those exposed to the cases followed by implementing appropriate control measures to ensure that influenza situation doesn’t rise up to a full-blown epidemic in the community.

#### Syndromic surveillance

The Department of Health uses the ESSENCE system to conduct syndromic surveillance for ILI at the City of St. Louis hospital emergency departments (EDs). ESSENCE captures data on all ED visits in persons with chief complaints (rather than final diagnoses or positive laboratory tests) of ILI. ILI chief complaints are those which include the word “influenza” or those that the ESSENCE system parses to [fever and (cough or sore throat)]. The syndromic surveillance data presented above include all visits for ILI (regardless of county of residence) to the City of St. Louis hospital EDs that contribute data to the ESSENCE system. Data from private physicians, clinics, or urgent care centers are not included in ESSENCE. Syndromic surveillance contributes to our understanding of the burden of influenza experienced by the health care system, as well as demonstrating the relative impact over time or influenza with respect to other illnesses.

4. Data is reported in epidemiologic weeks established by the CDC’s Morbidity and Mortality Weekly Report (MMWR). The MMWR week starts on a Sunday and ends on Saturday. The first MMWR week in a given year will be the week that includes January 1.