



Connecticut Department of Public Health

2013-2014 Influenza Season, Influenza Update for Week 13*, the week ending on Saturday, 03/29/2014

Connecticut influenza activity continues to be classified geographically as “widespread” and many regions are experiencing a second wave of flu activity (see Figure 1). The Department of Public Health (DPH) uses multiple surveillance systems to monitor circulating flu viruses throughout the year. All data are considered preliminary and updated with available information each week starting in October and ending in May; a final report will be available before the start of the next season.

- Statewide emergency department visits attributed to the “fever/flu syndrome” have recently increased and continue at a level near or above 5% statewide during the last fifteen weeks; generally considered the minimum threshold when there are elevated influenza-associated ED visits (Figure 1).
- The percentage of outpatient visits with influenza-like illness (ILI) has remained at a level above 1% statewide for the last sixteen weeks; generally considered the baseline when there are increased influenza-associated visits in the outpatient setting (Figure 2).
- The percentage of unscheduled hospital admissions due to pneumonia has recently increased and remains at a level above 4% statewide during the last eighteen weeks (Figure 3).
- A total of 1,262 hospitalized patients with laboratory-confirmed influenza have been reported. A total of 263 hospitalizations were associated with Type A (2009 H1N1) influenza, 85 with Type A (H3N2), 831 with Type A (subtype unspecified), and 83 with Type B influenza. A total of 27 influenza-associated deaths greater than 30 years of age have also been reported (Figures 4 & 5).
- A total of 4,870 positive influenza reports have been reported for the current season. Influenza was reported in all 8 Connecticut counties: New Haven (1,481 reports), Hartford (1,304), Fairfield (1,132), Windham (241), New London (218), Tolland (175), Middlesex (167), and Litchfield (152). Of the 4,870 positive influenza reports: 1,340 were Type A (2009 H1N1), 315 were Type A (H3N2), 2,882 Type A (subtype unspecified), 265 influenza B viruses, and 68 of unknown type (Figures 6 & 7).

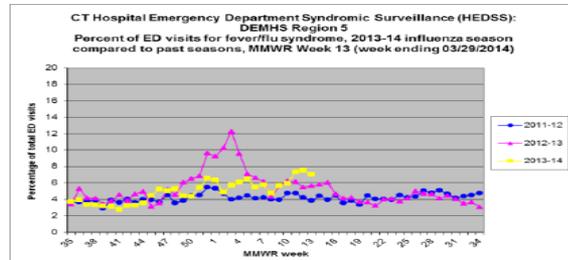
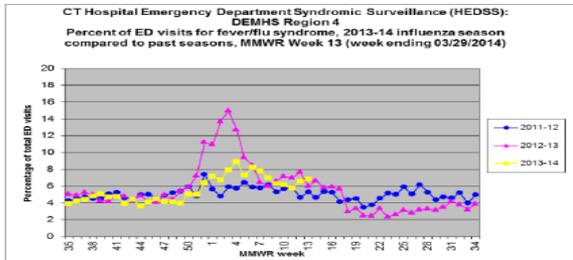
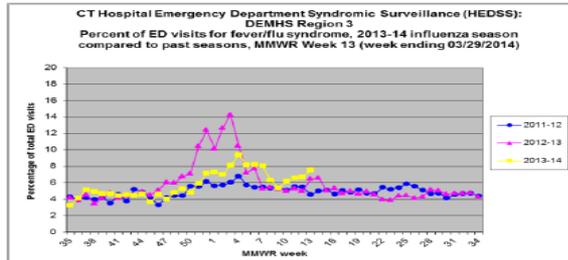
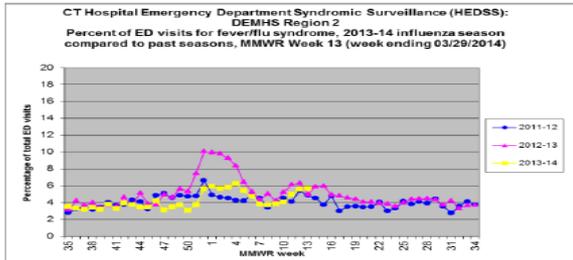
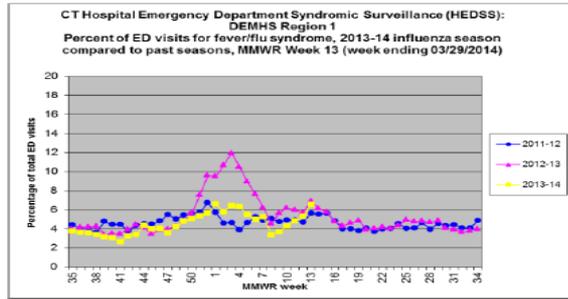
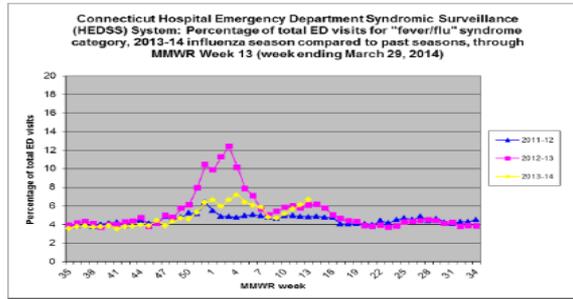
Data from these multiple surveillance systems suggest that influenza activity remains widespread in Connecticut. Increasing influenza A (H3N2) and flu B activity are also being observed (see Figures 6 & 7) during this phase of the 2013-2014 flu season.

**Week numbers refer to the Morbidity and Mortality Weekly Report 2013 calendar used by the federal Centers for Disease Control and Prevention for national disease surveillance.*

The Hospital Emergency Department Syndromic Surveillance (HEDSS) System receives daily electronic reports on ED visits from more than half of Connecticut's acute care hospitals. Data include a listing of total patient visits with information on their chief complaint, including fever/flu.

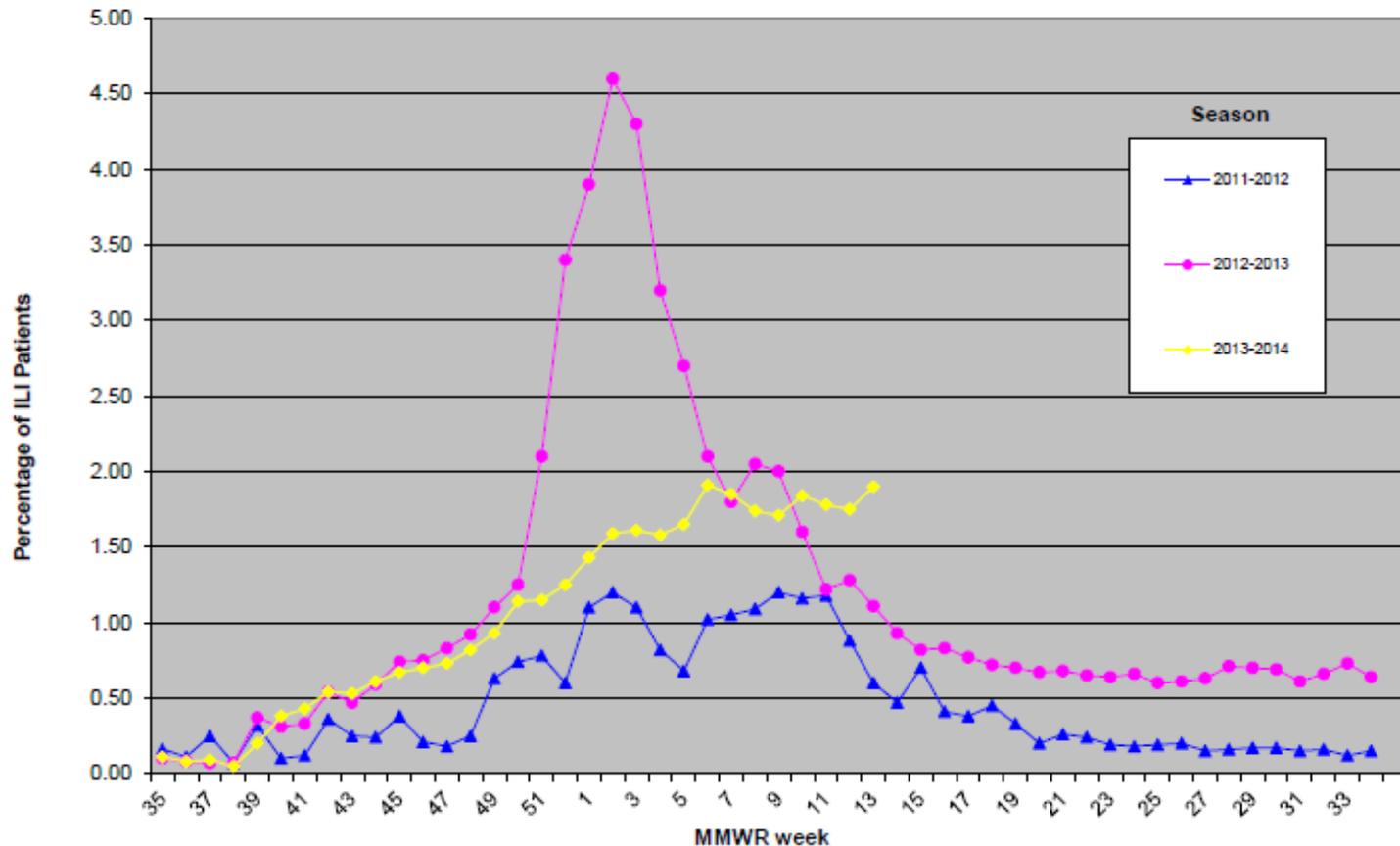
Figure 1
CT Hospital Emergency Department Syndromic Surveillance (HEDSS):
Percent of ED visits for fever/flu syndrome compared to past seasons
MMWR Week 13 (week ending 03/29/2014)

Department of Emergency Management and Homeland Security (DEMHS) Planning Regions



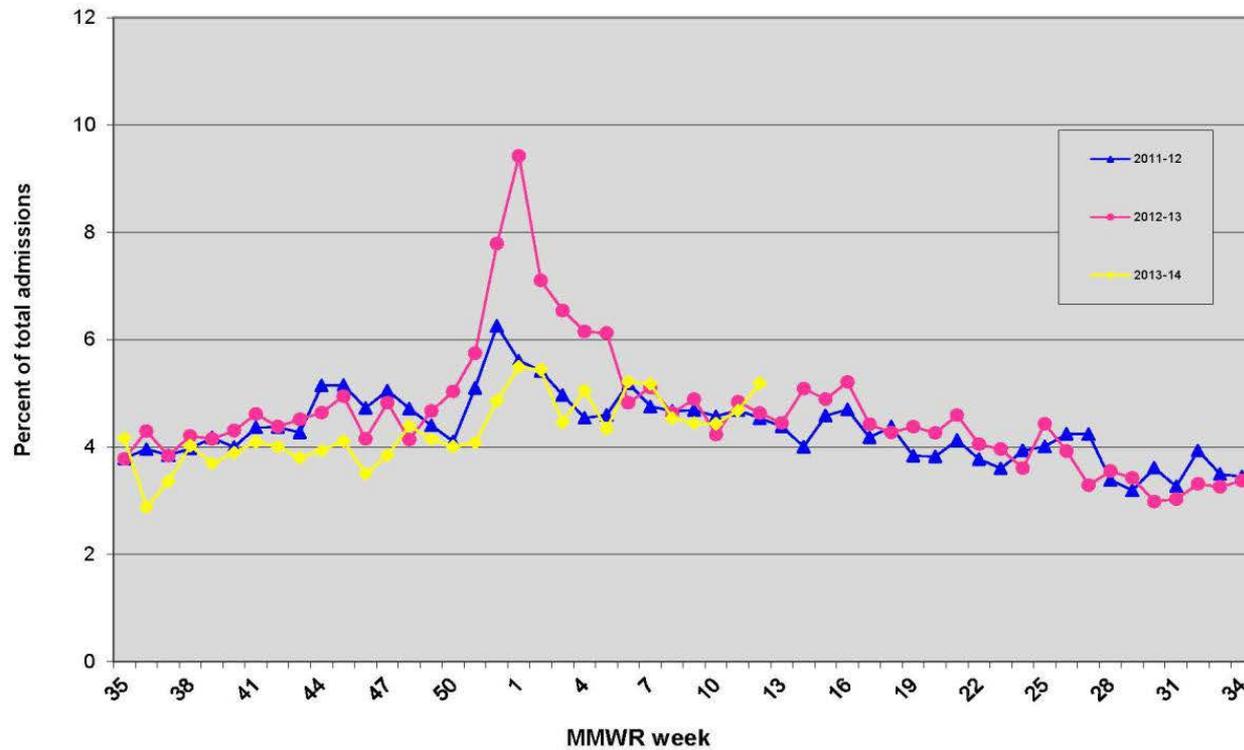
Sentinel Provider Surveillance System: Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough or sore throat in the absence of a known cause, and the presence of a fever > 100° F.

Figure 2. Outpatient Influenza-Like Illness Surveillance Network (ILINet), Percentage of Patients with Influenza-Like Illness (ILI); 2011-12, 2012-13, 2013-14



The **Hospital Admissions Syndromic Surveillance (HASS) System**, receives daily electronic reports from all 32 acute care hospitals in Connecticut. Information on unscheduled admissions, including those for pneumonia that may be associated with influenza infections, is submitted.

Figure 3: Connecticut Hospital Admissions Syndromic Surveillance (HASS) System, Percent of total statewide admissions for pneumonia; 2011-12, 2012-13, 2013-14



Influenza-associated Hospitalizations: In Connecticut, influenza-associated hospitalizations and deaths are reportable. Data collected describe the more serious illnesses associated with influenza infections.

Figure 4. Hospitalized Patients (n = 1262) with Positive Laboratory Tests by Influenza Subtype and Week, Connecticut (as of 4/2/2014)

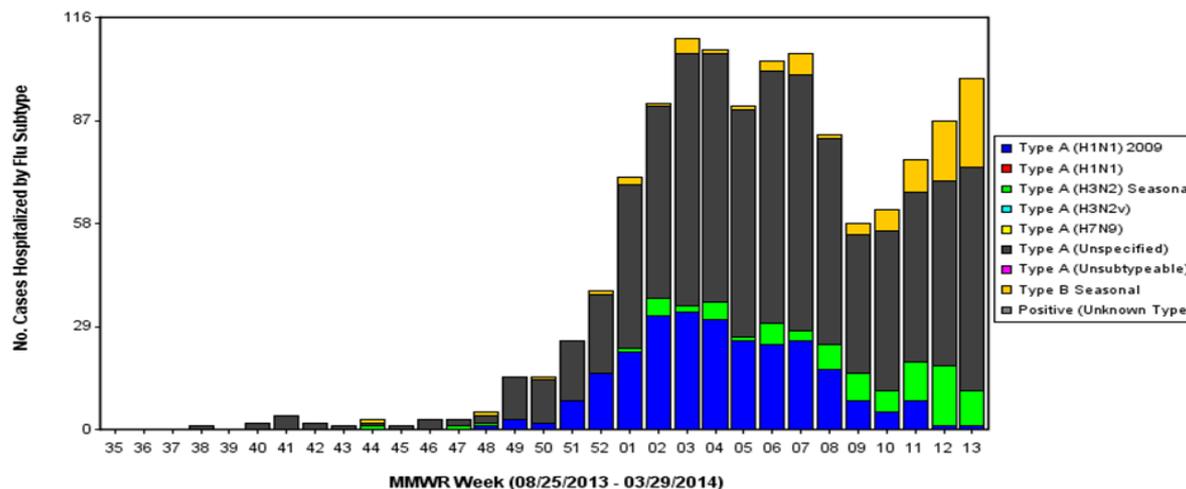
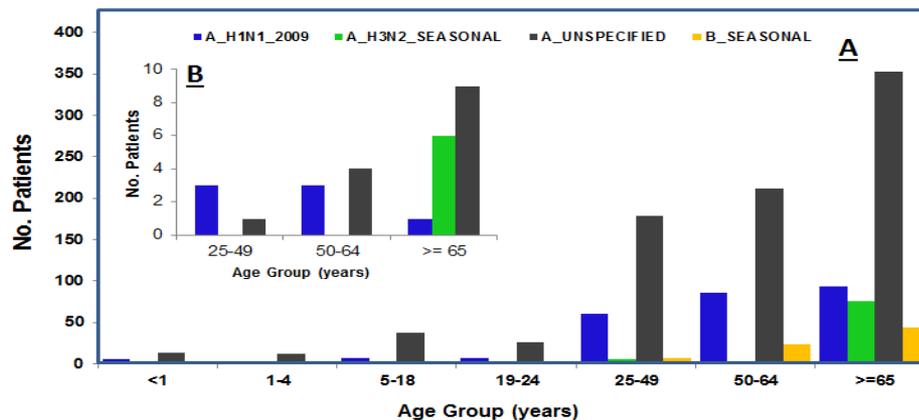


Figure 5. Hospitalized Patients (n=1262, A) and Flu-Associated Deaths (n=27, B) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, as of 4/2/2014



Laboratory Surveillance: Positive influenza tests are laboratory reportable findings in Connecticut. The DPH tracks these results to determine what types, subtypes, and strains are circulating.

Figure 6. Positive Laboratory Tests (n = 4870) by Influenza Subtype and Week, Connecticut (as of 4/2/2014)

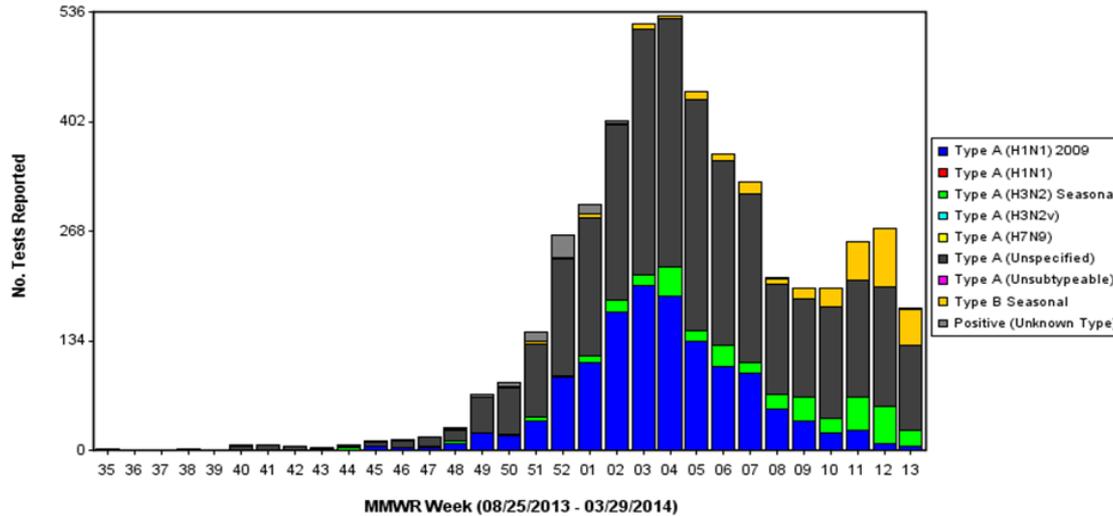


Figure 7. Proportion of Cumulative Positive Laboratory Tests (n = 4870) by Influenza Subtype, Connecticut (as of 4/2/2014)

