

**STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
PRELIMINARY INFLUENZA ACTIVITY REPORT
For Week 20 (week ending May 23, 2009)**



An apparent increase in the level of influenza activity has been observed in recent weeks within Connecticut and through much of the nation ([see http://www.cdc.gov/flu/weekly/usmap.htm](http://www.cdc.gov/flu/weekly/usmap.htm)). However, much of this apparent activity is likely an artifact of the recent increase in testing for the novel influenza A (H1N1) subtype (originally known as swine flu). A total of 4,465 laboratory confirmed test results were received on clinical specimens collected through week 20 that revealed the presence of both type A and type B flu viruses, and include recent reports from 7 of 8 Connecticut counties (see Table 1, Figure 1). The DPH laboratory has recently confirmed the presence of influenza virus in 132 clinical specimens (657 season total). Characterization of these isolates reveals the presence of the *seasonal* influenza A (H1N1) subtype in 1 specimen (192 season total), the influenza A (H3N2) subtype in 19 specimens (159 total), and influenza B in 0 specimens (111 total, see Figure 2). Additional testing by the DPH and the U.S. Centers for Disease Control and Prevention (CDC) also confirmed a total of 192 isolates of *novel* influenza A (H1N1) subtype through week 20. Clinicians should maintain awareness of oseltamivir resistance among flu *seasonal* A (H1N1) strains. Current weekly influenza activity can be compared with activity of the last 5 seasons (see Figures 3a & 3b).

Six additional indicators of flu activity are being monitored throughout the 2008-2009 flu season. Information on respiratory outbreaks and laboratory confirmed influenza cases in long-term care facilities are shown in Figure 4. Data on Connecticut residents presenting with influenza-like-illness (ILI) as reported by participants of the United States Outpatient Influenza-like Illness Surveillance Network (ILINet) (formerly known as the U.S. Influenza Sentinel Provider Surveillance Network) are shown in Figure 5. These reporting sites also include participants in the Connecticut Influenza Super Sentinel Surveillance Pilot Project organized this year to provide additional information on outpatient ILI activity and enhance pandemic preparedness.

Data on emergency department visits from our Hospital Emergency Department Syndromic Surveillance (HEDSS) System are also analyzed. One category in particular, fever/flu, has been shown to correlate well with influenza activity (see Figure 6). Patients with more severe illness who are admitted into Connecticut hospitals are tracked by the Connecticut Hospital Admissions Syndromic Surveillance (HASS) System. Data on one category, total statewide pneumonia admissions, correlates with flu activity (see Figure 7). Finally, selected mortality data are monitored each week including pneumonia and influenza deaths from Connecticut cities that participate in the U.S. 122 Cities Mortality Reporting System (see Figure 8), and reports of influenza associated pediatric deaths (none reported to date this flu season). While data from these surveillance systems are still being analyzed, a portion of the recent peak observed in patient visits to both outpatient providers (see Figure 5) and hospital emergency departments (see Figure 6) may have been due to individuals requesting assessment for novel influenza A (H1N1) related illness who would normally not be seeking medical evaluation.

If you have any questions concerning this report, please contact Alan Siniscalchi or Maria Andrews at the Department of Public Health, Epidemiology and Emerging Infections Program, by calling 860-509-7994. Additional Information on novel influenza A (H1N1) can be found at: <http://www.ct.gov/ctfluwatch/cwp/view.asp?a=2533&q=439092>.

**Table 1. Connecticut Department of Public Health 2008-2009
Laboratory Confirmed Influenza Testing
For Week 20 (week ending May 23, 2009)**

Results by		Previous	New	Total
TEST:	Culture/PCR	525	132	657
	Rapid Test	3,744	64	3,808
FLU TYPE:	Type A	2,342	191	2,533
	Type B	948	2	950
	Unknown	979	3	982
COUNTY:	Fairfield	1,569	96	1,665
	Hartford	457	55	512
	Litchfield	195	2	197
	Middlesex	262	4	266
	New Haven	1,400	35	1,435
	New London	128	1	129
	Tolland	108	3	111
	Windham	150	0	150
GENDER:	Female	2,234	91	2,325
	Male	2,035	105	2,140
Total		4,269	196	4,465

Age:	Previous	New	Total	Week	Dates - 2009	Total
0-4	495	3	498	1	January 4 - 10	41
5-24	2,376	141	2,517	2	January 11-17	116
25-64	1,163	48	1,211	3	January 18-24	204
≥65	235	4	239	4	January 25-31	382
Age Range: <1 – 101 Average Age: 22.6				5	February 1-7	614
				6	February 8-14	808
				7	February 15-21	592
				8	February 22-28	402

Week	Dates - 2008	Total	Week	Dates - 2009	Total
			9	March 1-7	291
40	Sept. 28 - Oct. 4	1	10	March 8-14	209
41	October 5-11	1	11	March 15-21	127
42	October 12-18	3	12	March 22-28	81
43	October 19-25	2	13	March 29- April 4	57
44	Oct. 26 - Nov. 1	2	14	April 5-11	25
45	November 2-8	2	15	April 12-18	8
46	November 9-15	2	16	April 19-25	6
47	November 16-22	3	17	April 26- May 2	116
48	November 23 -29	6	18	May 3- 9	73
49	Nov. 30 – Dec. 6	2	19	May 10-16	97
50	December 7-13	7	20	May 17-23	127
51	December 14-20	17	21	May 24-30	
52	December 21-27	19	22	May 31- June 6	
53	Dec. 28- Jan. 3	22			

Figure 1. Laboratory Confirmed Tests by Flu Type, Connecticut, 2008-2009 Influenza Season

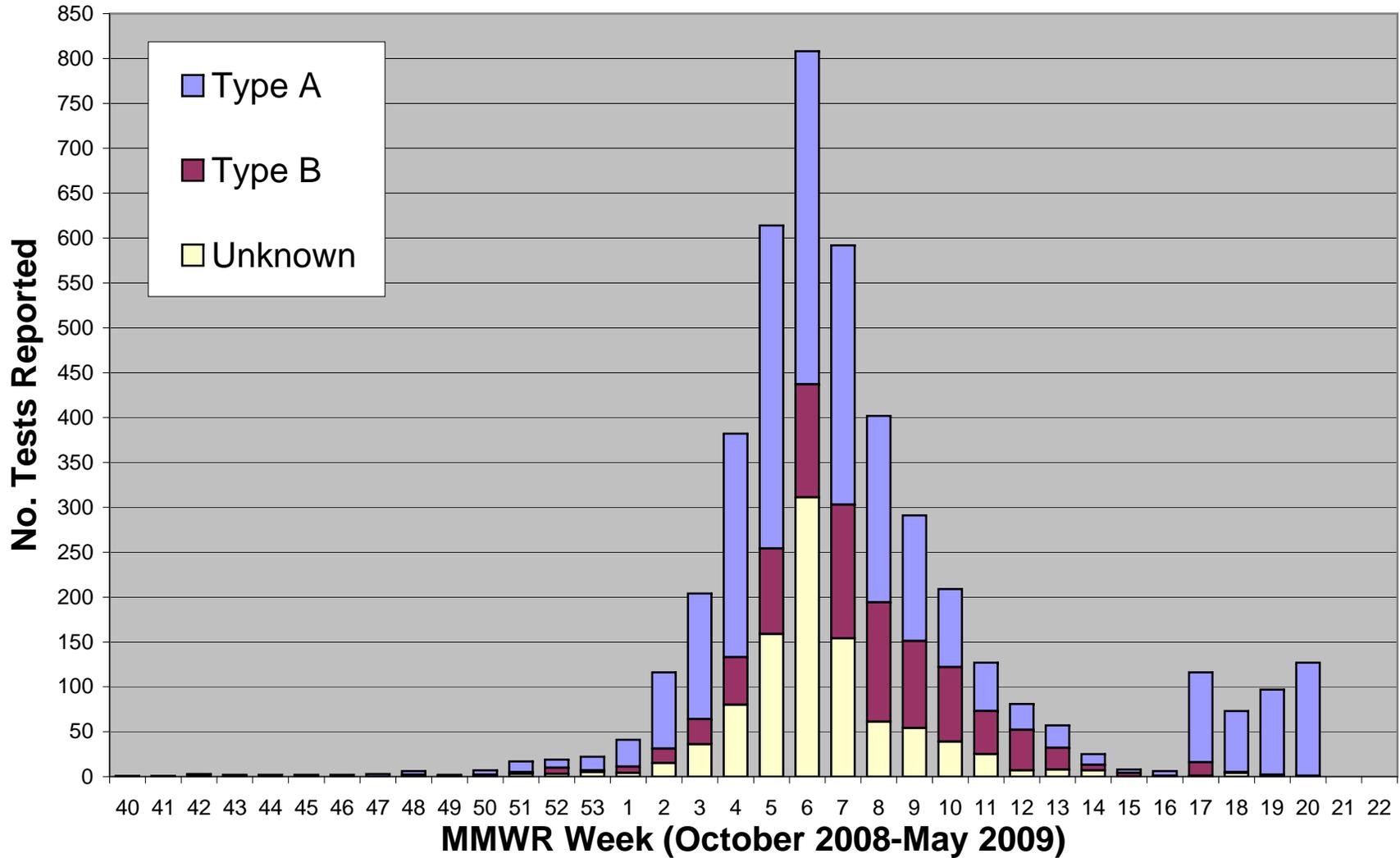
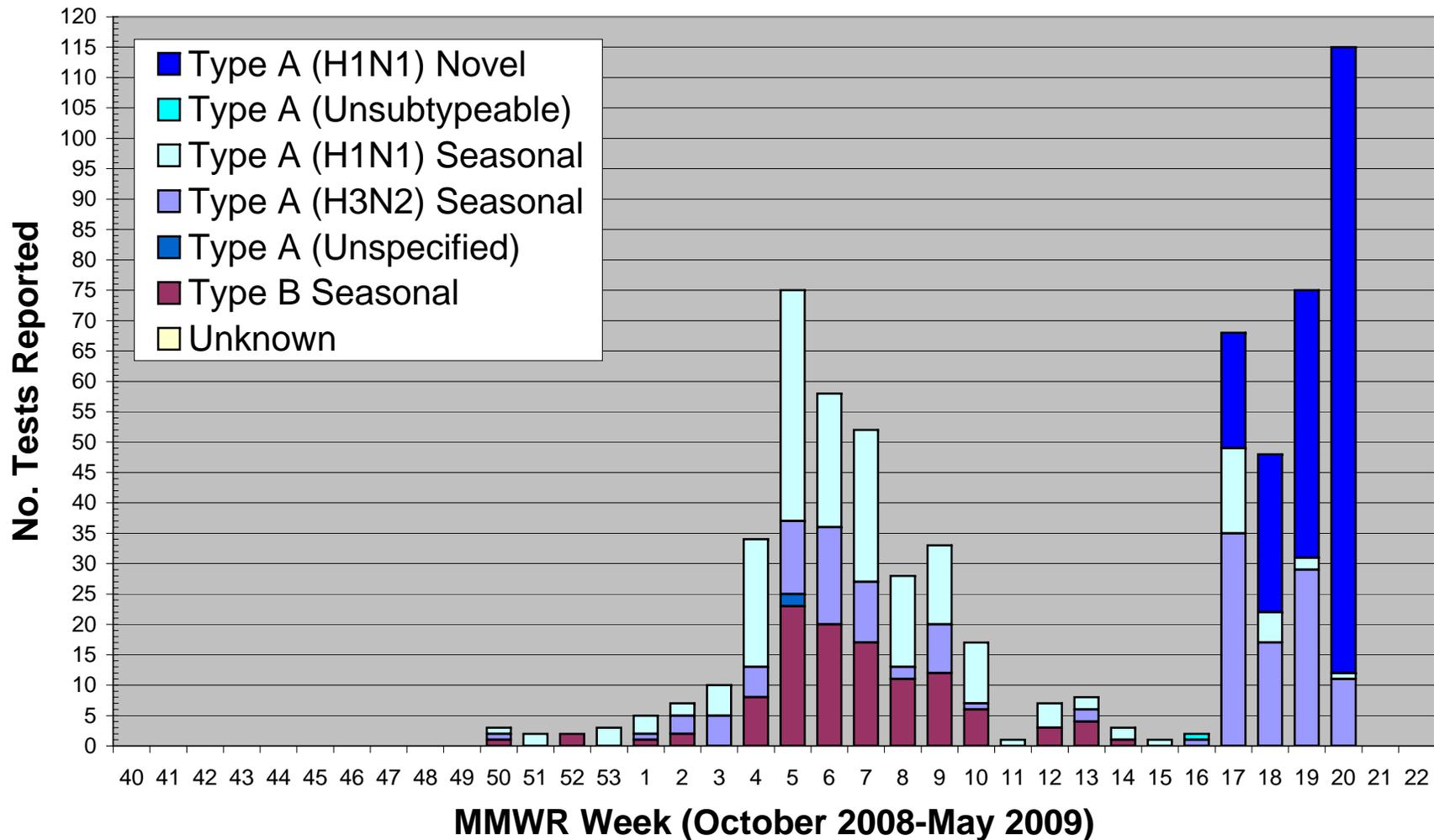
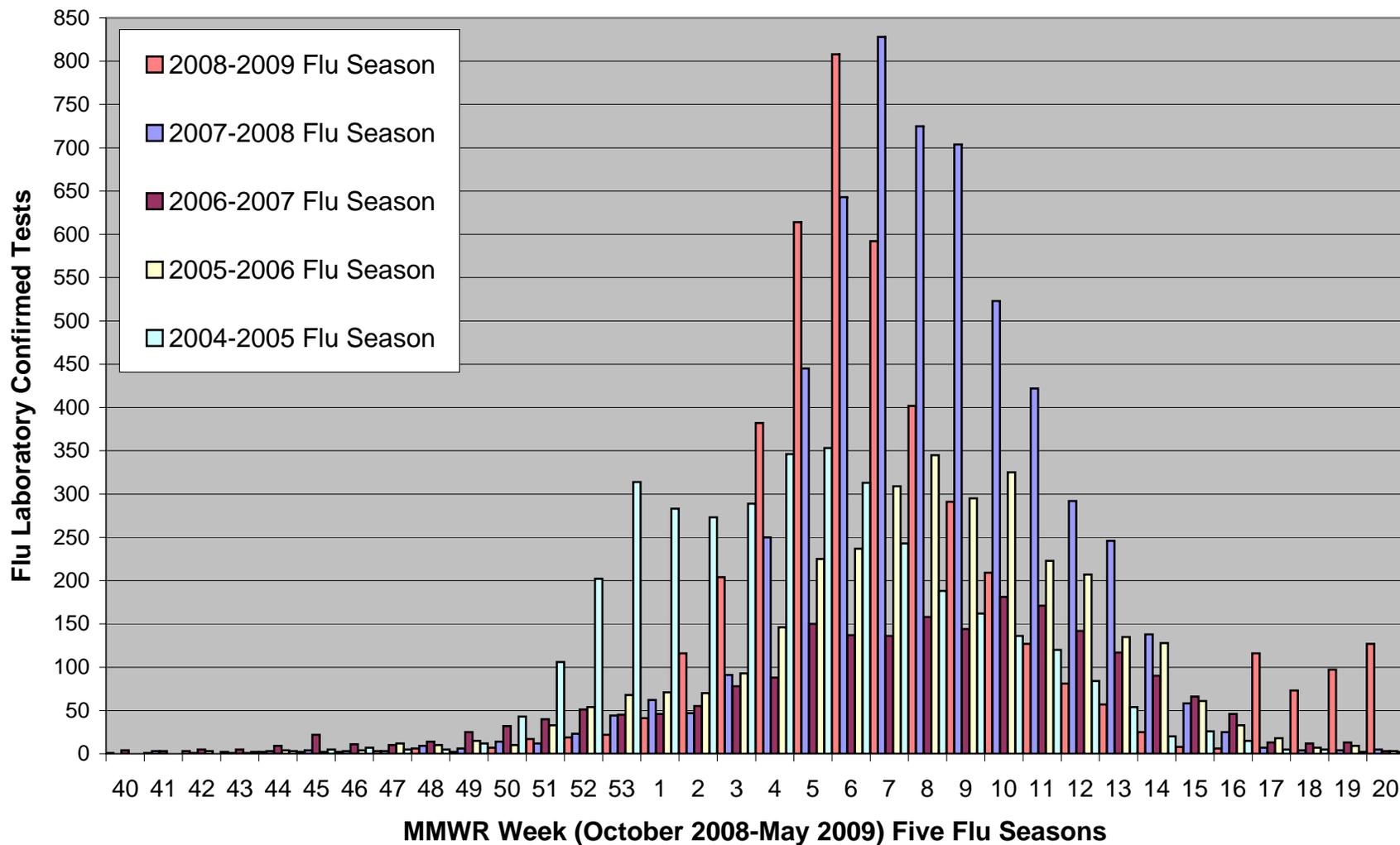


Figure 2. Department of Public Health Laboratory Culture Confirmed Tests by Flu Type and Subtype, Connecticut, 2008-2009 Flu Season



**Figure 3a. Laboratory Confirmed Tests by Flu Season
Connecticut, 2004-2009**



**Figure 3b. Laboratory Confirmed Tests by Flu Season
Connecticut, 2003-2009**

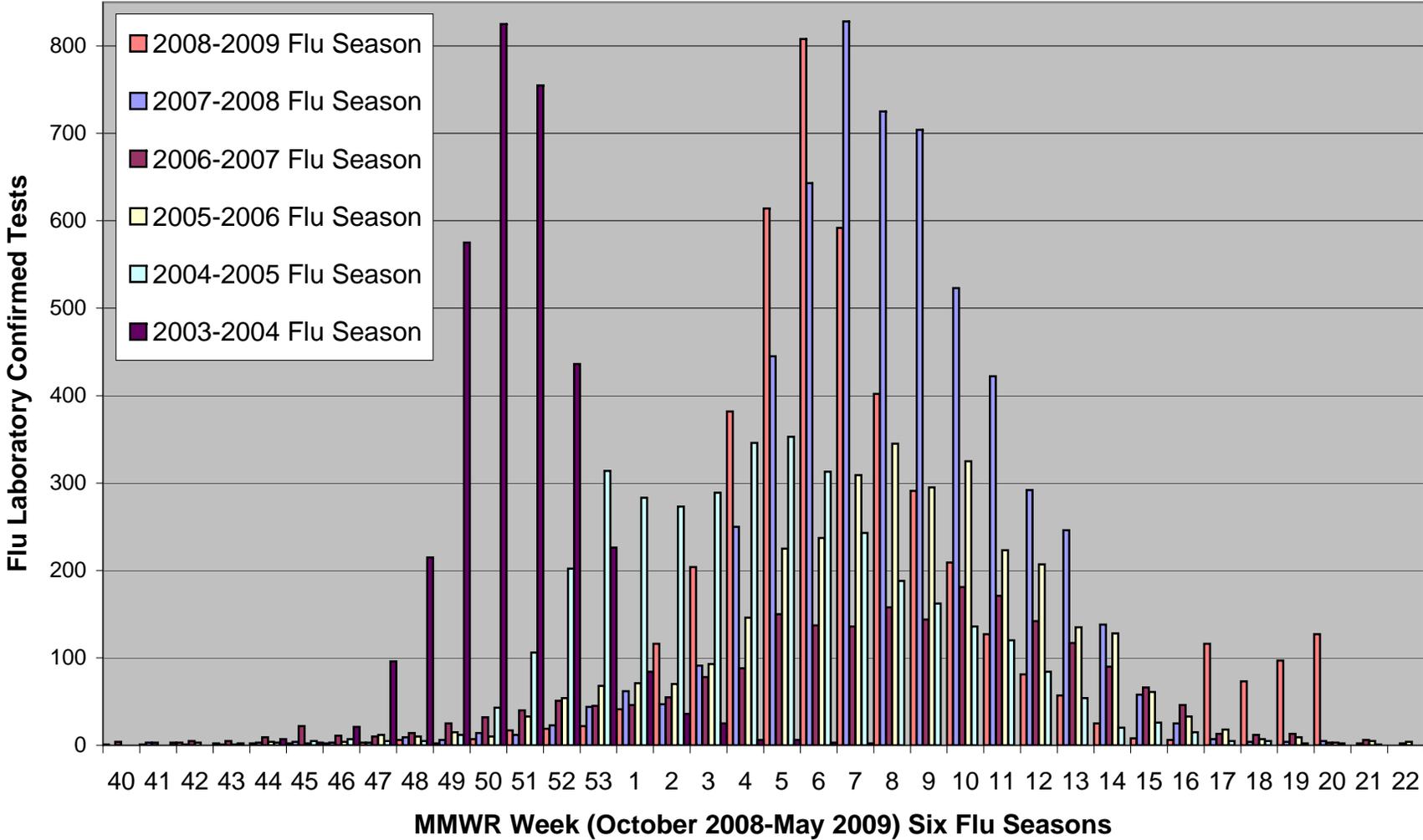
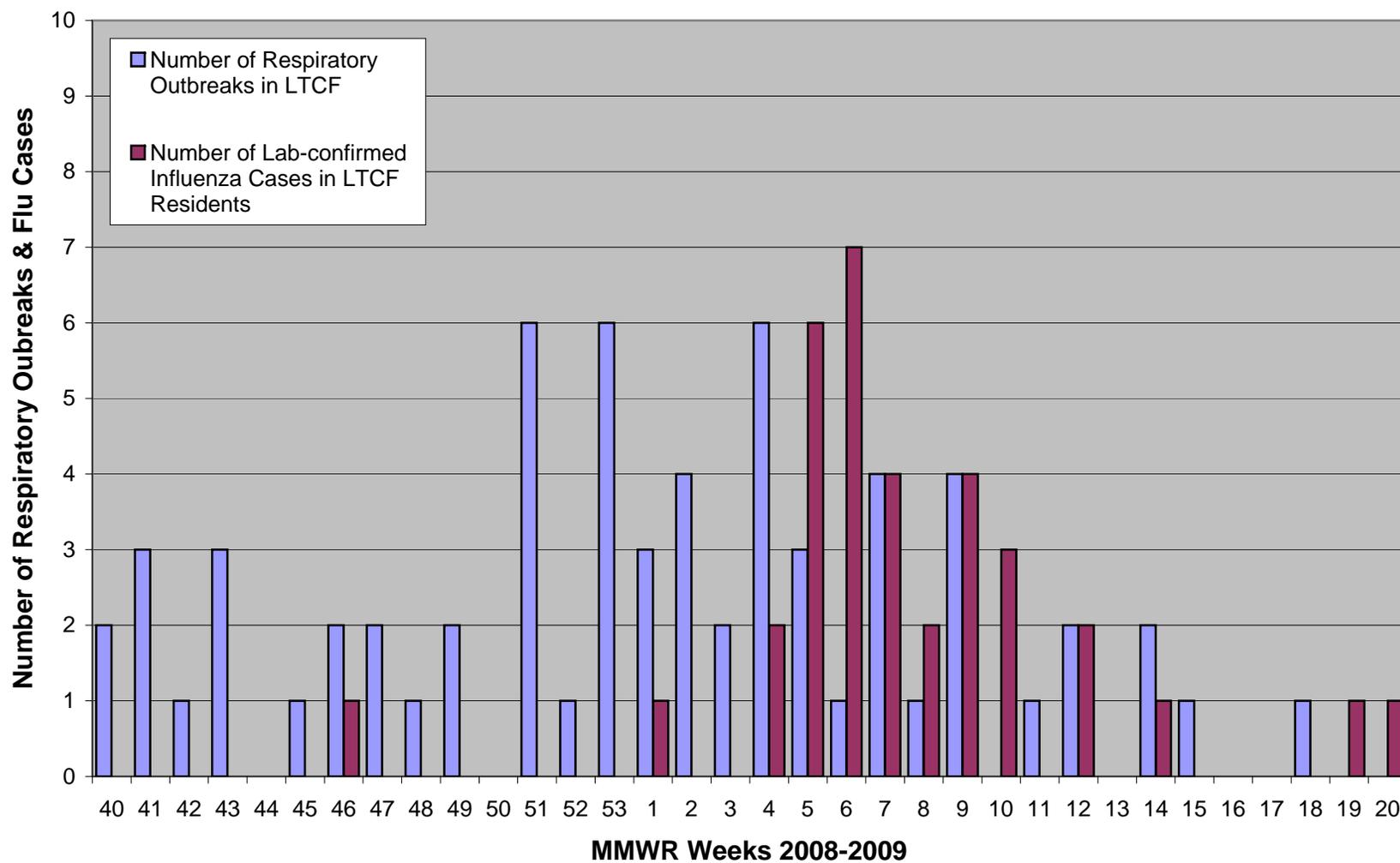


Figure 4. Respiratory Outbreaks & Influenza in Long-term Care Facilities (LTCF), Connecticut, 2008-2009 Influenza Season



**Figure 5. Outpatient Influenza-Like Illness Surveillance Network (ILINet),
Statewide Visits of Patients with Influenza-Like Illness (ILI), Connecticut, 2007-
2009**

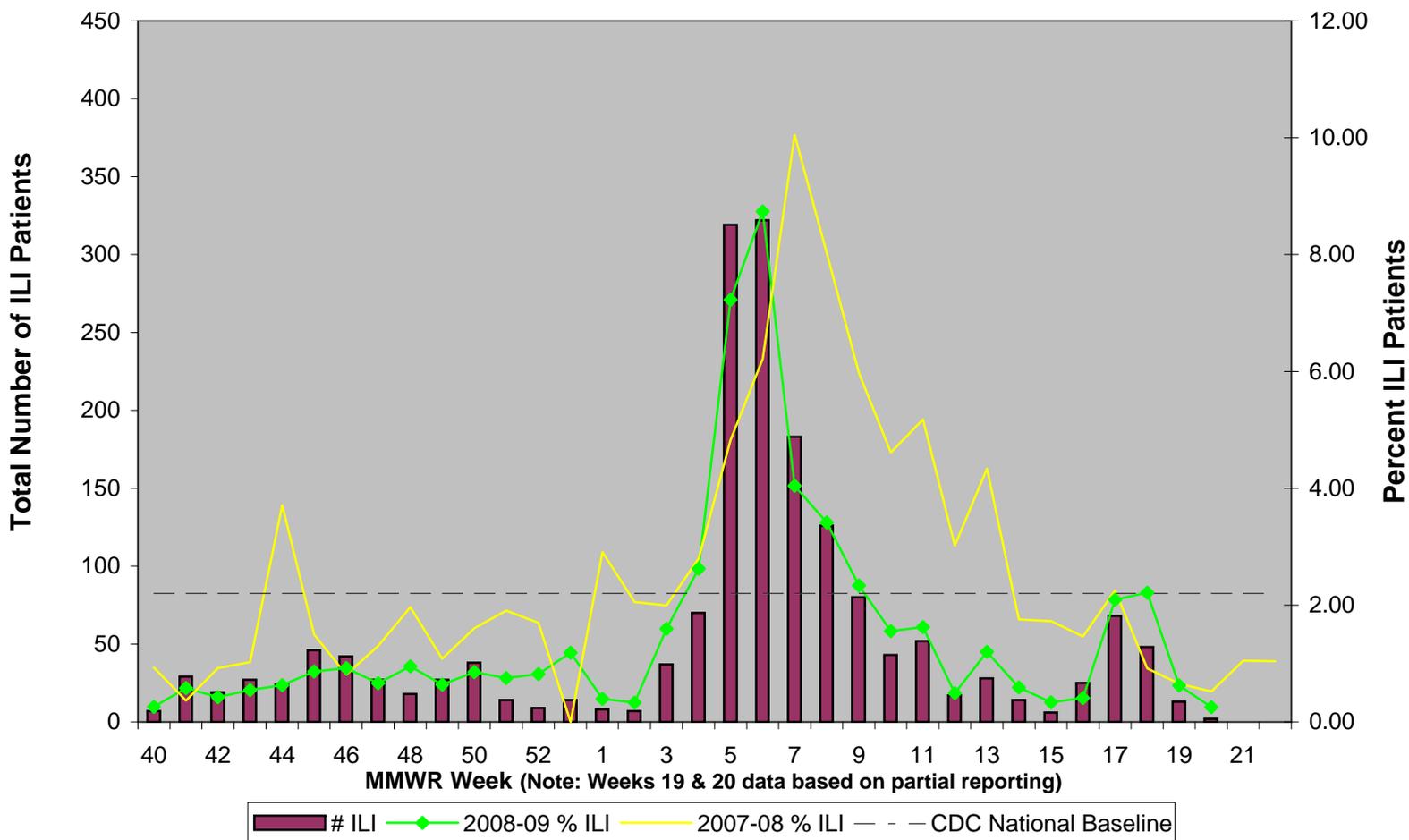


Figure 6. Hospital Emergency Department Syndromic Surveillance (HEDSS) System, Statewide "Fever/Flu" Visits by Flu Season, Connecticut, 2006-2009

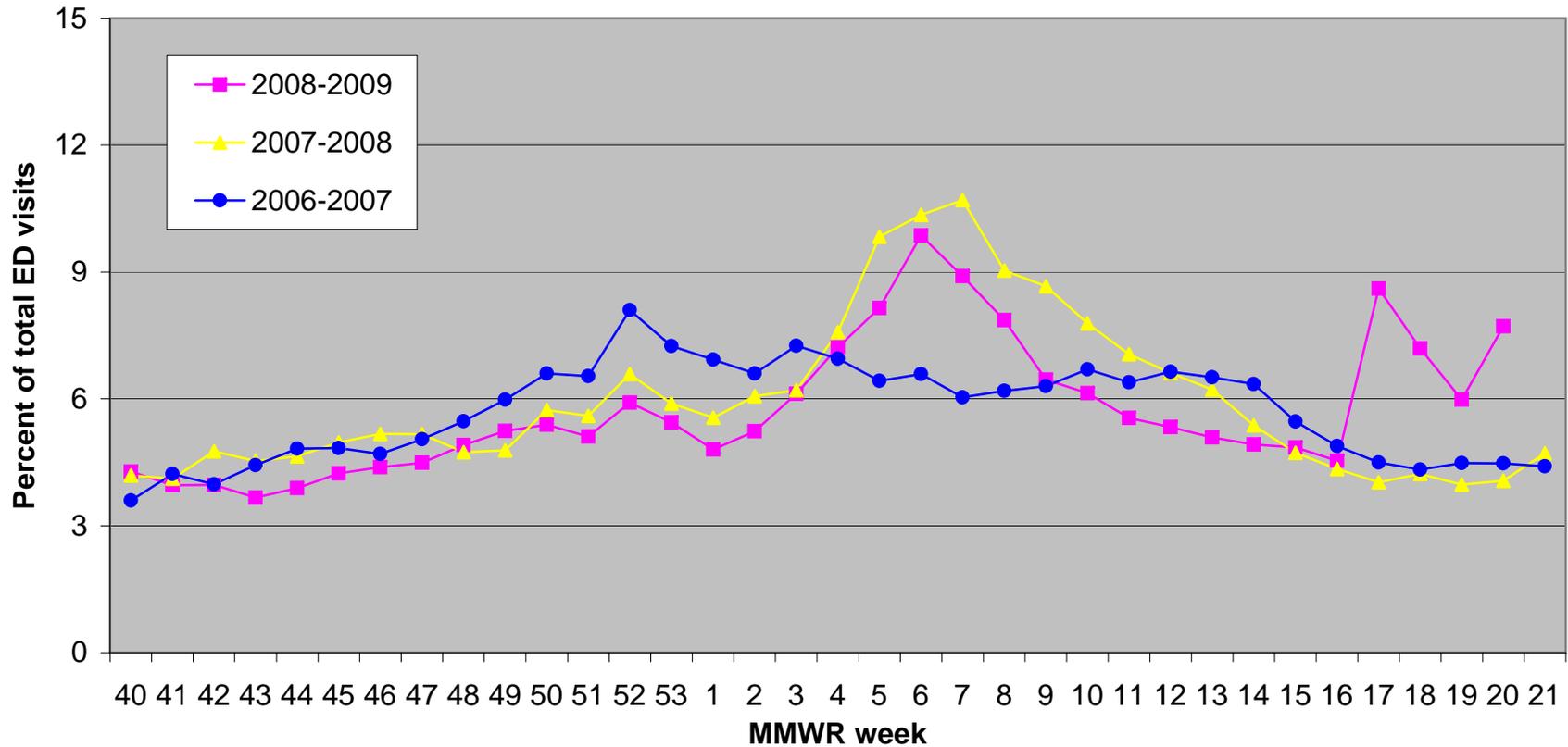


Figure 7. Hospital Admissions Syndromic Surveillance (HASS) System, Connecticut Statewide Pneumonia Admissions by Flu Season; 2005-2009

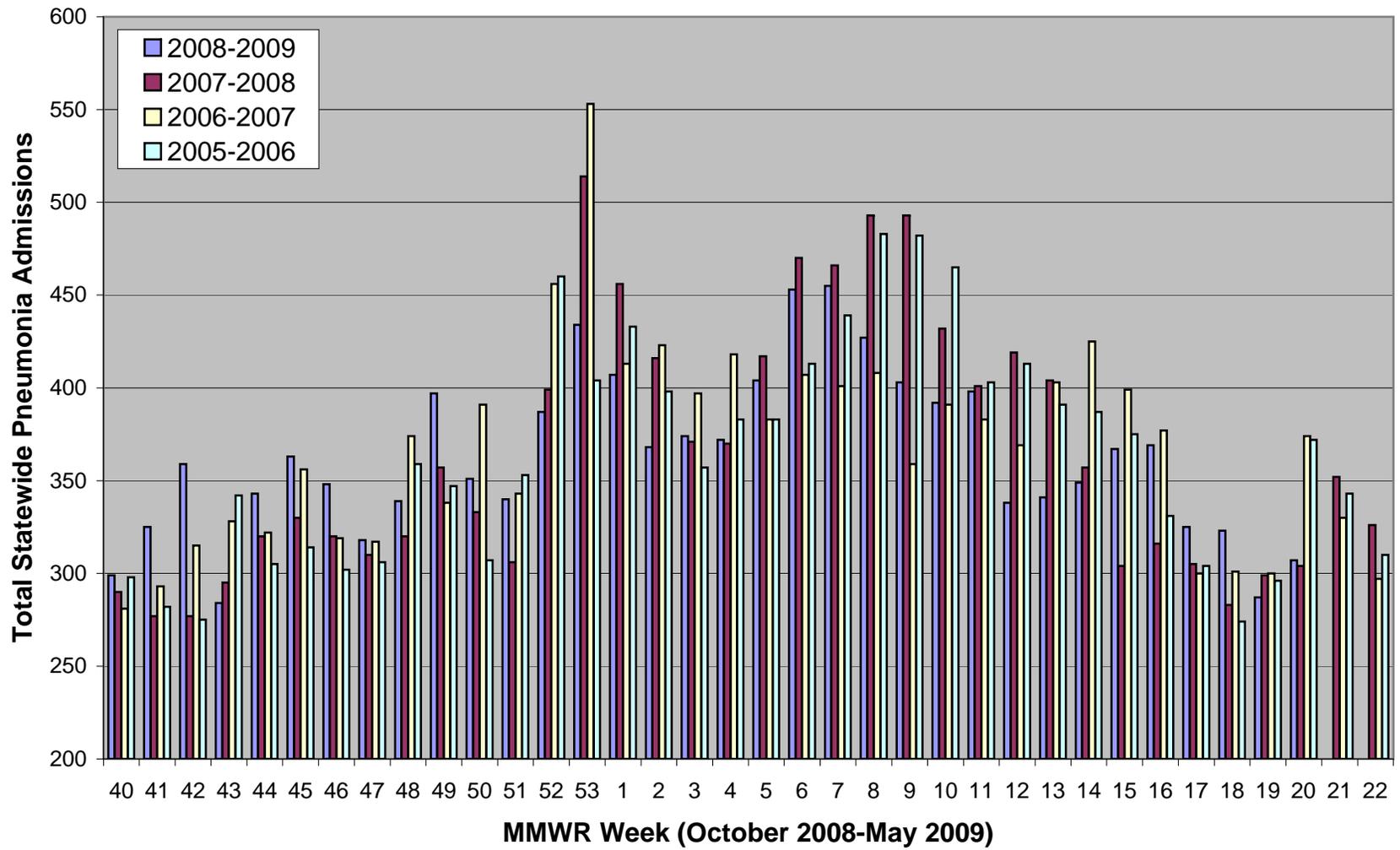


Figure 8. CDC 122 Cities Surveillance: Pneumonia & influenza Deaths in Selected Connecticut Cities, 2007-2008 & 2008-2009 Flu Seasons

