



Connecticut Department of Public Health

2012-2013 Influenza Season, Influenza Update for Week 19, the week ending on Saturday, 05/11/2013

Influenza activity is continuing to decrease and was reclassified geographically from “regional” to “sporadic” during week 19. This influenza season began on 8/26/2012 with an earlier onset of flu activity than in most recent influenza seasons. Seasonal peaks generally occur in February or March; however, the current season showed an earlier January peak.

Influenza activity varies from season to season based on a number of factors. One factor is the predominant subtype of circulating flu virus, which for the majority of the current flu season was influenza A (H3N2). This subtype is often associated with a larger number of cases and hospitalizations. The last flu season with a predominant circulating A (H3N2) virus was the 2007-2008 season. Many similarities can be seen comparing data from these flu seasons.

In Connecticut, the Department of Public Health (DPH) utilizes multiple surveillance systems to monitor circulating flu viruses. Surveillance data are considered preliminary until the end of the flu season, which is generally in late May. During the peak of the flu season, hundreds of influenza reports are received daily. These data are updated with available information each week.

- Statewide emergency department visits attributed to the “fever/flu syndrome” had been decreasing for five weeks following the January peak. However, a slight increase had been observed during the past few months, now decreasing to a current level of 4.2%. The current season’s peak of 12.4% occurred during week 3, and was higher than those observed during the previous two flu seasons. The current season peak is similar to that of the peak of the 2007-2008 influenza season (Figure 1).
- The percentage of outpatient visits with influenza-like illness (ILI) had been decreasing for five weeks since the current season peak of 4.6% that occurred during week 2. However, a slight increase had been observed during early March, decreasing to the current level of 0.7%. Data from the previous two seasons did not exceed 2%. The peak levels of this current season are less than the peak levels of the 2007-2008 season. However, the early onset of flu activity observed during this current season was also seen during the 2007-2008 season (Figure 2).

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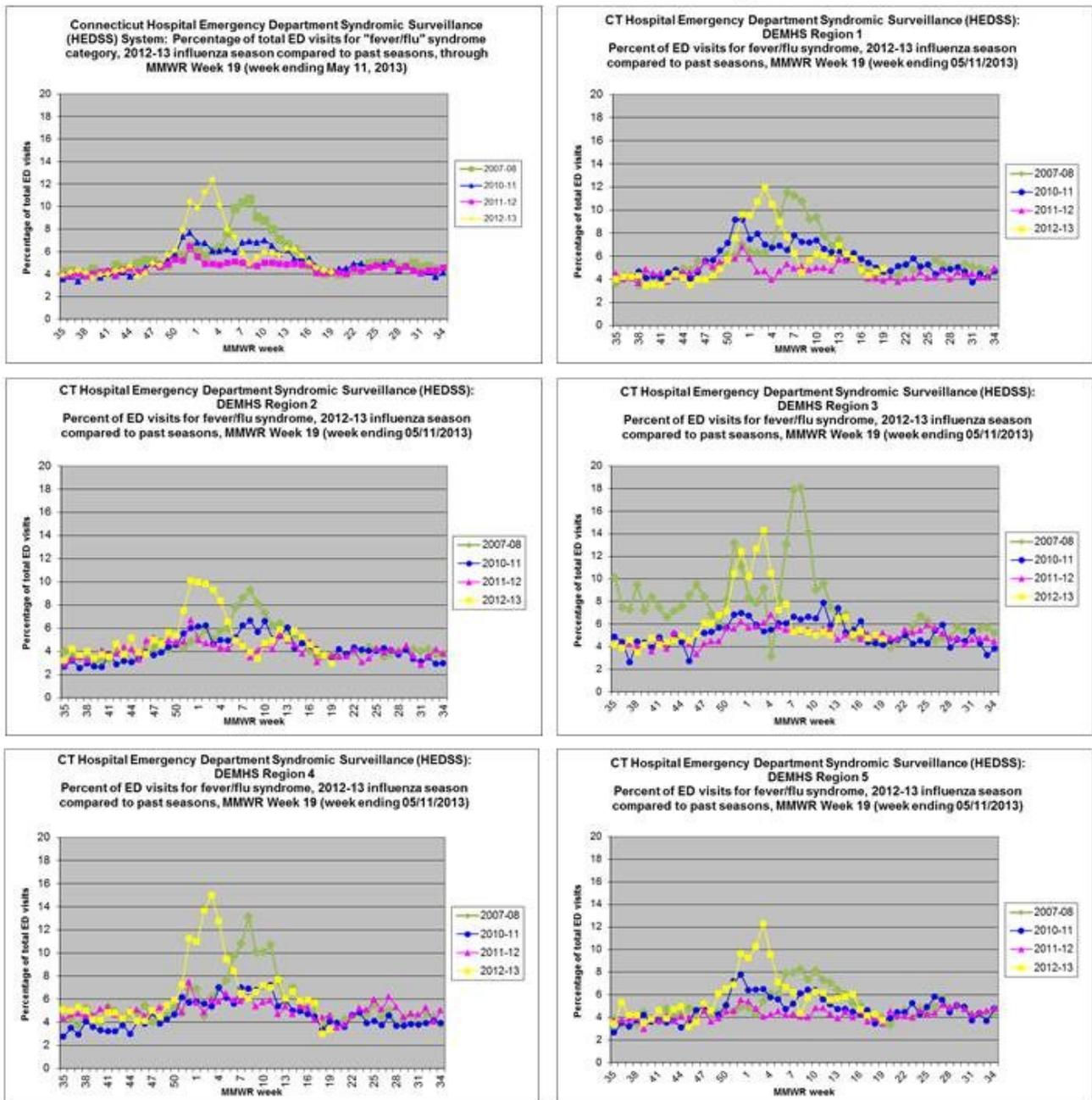
- A preliminary total of 334 statewide hospital admissions due to “pneumonia syndrome” were observed, an increase from the 309 observed during the previous week. The current season peak of 696 admissions occurred during week 1. The total pneumonia admissions for weeks 52, 1, and 2 are higher than that of the previous two seasons and the 2007-2008 season (Figure 3).
- Hospitalized patients with laboratory-confirmed influenza continue to be observed, adding to the current season total of 2,150. A shift from flu A to flu B as the predominant virus isolated from hospitalized patients was noted during the last ten weeks (Figure 4). A total of 37 influenza-associated deaths have been reported to the DPH during this current flu season. Of these, 33 (89%) were aged 65 years or older, and 4 (11%) were 55-64 years of age. A large increase in hospitalizations due to influenza-associated illness occurred during late December 2012 and January 2013.
- A total of 9,430 positive influenza reports have been reported for the current season. Influenza was reported in residents of each county: Fairfield (3,017), New Haven (2,408), Hartford (1,522), Windham (641), New London (613), Middlesex (575), Litchfield (370), and Tolland (284). Of the 9,430 positive influenza reports: 1,399 were Type A (H3N2), 38 Type A (2009 H1N1), 5,354 Type A (subtype unspecified), 1,799 influenza B viruses, and 840 of unknown type (Figure 5). A large increase in laboratory-confirmed influenza reports was seen during late December 2012 and January 2013.

This update, which was prepared using data that were available through 05/15/2013, will be the last regularly scheduled weekly update of the 2012-2013 influenza season. An initial **2012-2013 influenza season summary** will be prepared and posted on this webpage during early June.

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.

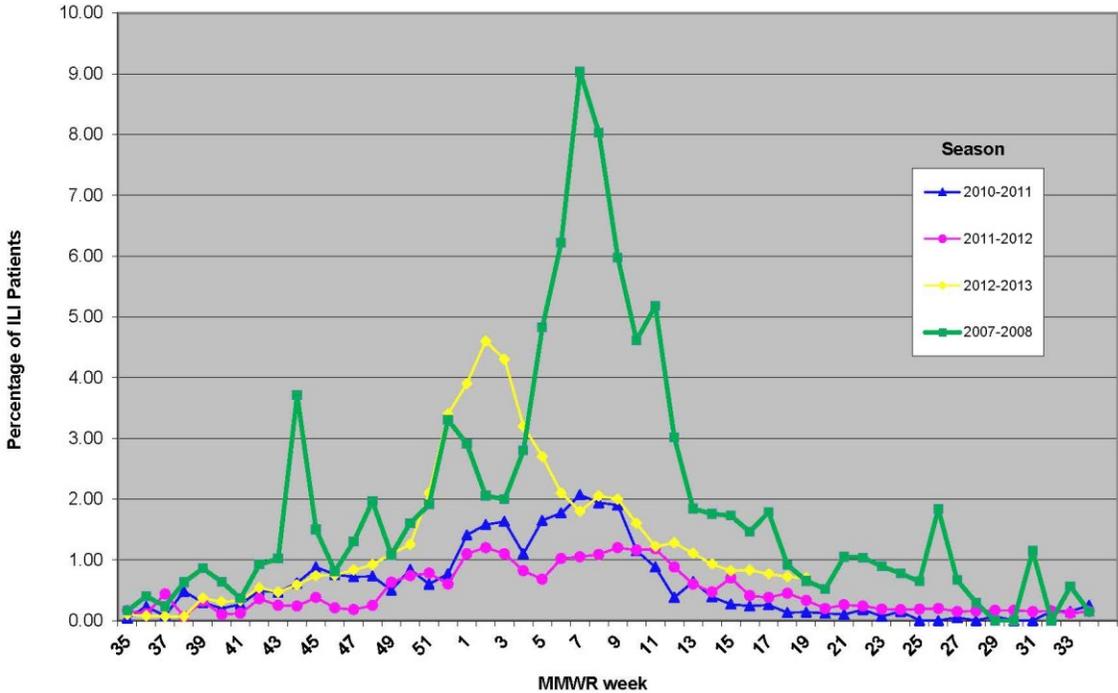
Figure 1
CT Hospital Emergency Department Syndromic Surveillance (HEDSS):
Percent of ED visits for fever/flu syndrome compared to past seasons
MMWR Week 19 (week ending 05/11/2013)

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



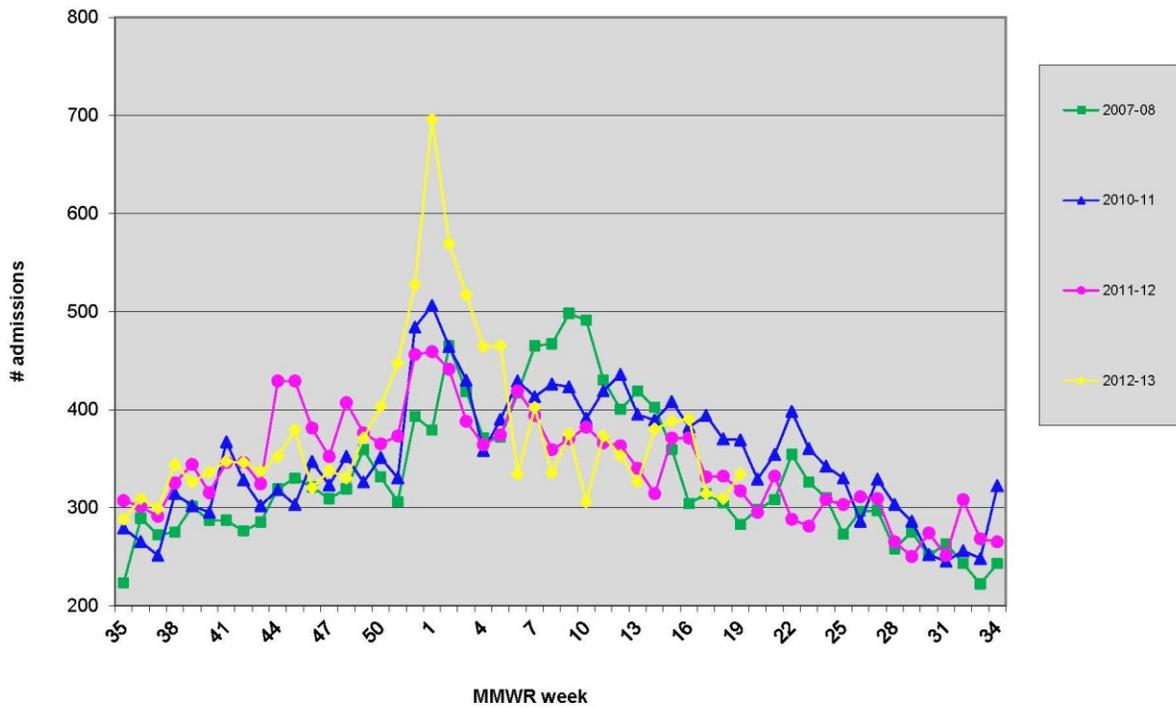
Sentinel Provider Surveillance System: Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough or sore throat in 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); 2007-08, 2010-11, 2011-12, 2012-13



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, Statewide Pneumonia Admissions; 2007-08, 2010-11, 2011-12, 2012-13



Laboratory Surveillance: Positive influenza tests are laboratory reportable findings in Connecticut. The DPH tracks the number of persons with positive influenza tests to determine what types, subtypes, and strains are circulating.

Figure 5. Positive Laboratory Tests (n =9430) by Influenza Subtype and Week, Connecticut (as of 05/15/2013)

