



2014-2015 Influenza Season, Update for Week 15*

(Week ending Saturday, 04/18/2015)

Key Points

- ✓ Influenza activity overall continues to decline.
- ✓ Classification of activity geographically, however, remains at widespread**.
- ✓ The predominant influenza virus is Type A, although Type B has increased.
- ✓ The predominant Type A subtype is H3N2.
- ✓ Everyone should continue to take steps to prevent influenza-related illness:

<http://www.ct.gov/dph/cwp/view.asp?a=3115&q=500340>

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.

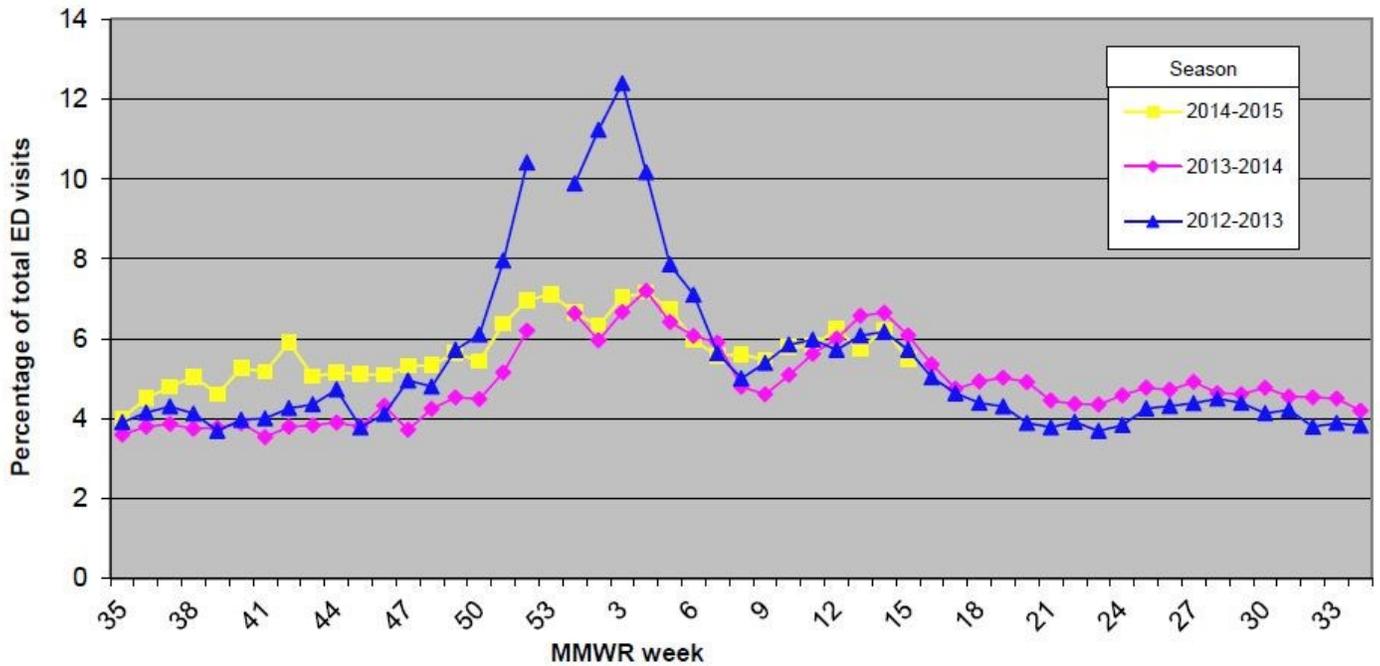
- Statewide emergency department visits attributed to the “fever/flu syndrome” are decreasing from the highest levels during December and January and a smaller increase during March and April (Figure 1).
- The percentage of outpatient visits with influenza-like illness (ILI) decreased to the lowest level since November (Figure 2).
- The weekly percentage of unscheduled hospital admissions due to pneumonia increased reflecting weekly variation but overall is trending downward (Figure 3).
- A total of 2,121 hospitalized patients with laboratory-confirmed influenza have been reported, with 365 associated with Type A (H3N2) influenza, 2 with Type A (2009 H1N1) influenza, 1,490 with Type A (subtype unspecified), 263 with Type B, and 1 of unknown type. A total of 43 flu-associated deaths have been reported to date, all in individuals greater than 65 years of age (Figures 4 & 5).
- A total of 7,169 positive influenza reports have been reported for the current season. Influenza was reported in all eight Connecticut counties: Fairfield (2,113 reports), Hartford (1,971), New Haven (1,708), New London (359), Tolland (286), Middlesex (253), Litchfield (240), and Windham (226) County; county is unknown for 13 reports. Of the 7,169 positive influenza reports: 72% were Type A (subtype unspecified), 16% were Type A (H3N2), <1% were Type A (2009 H1N1), 12% were influenza B virus, and <1% of unknown type (Figures 6 & 7).

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

*** Definitions for the estimated levels of geographic spread of influenza activity available at:*
<http://www.cdc.gov/flu/weekly/overview.htm>

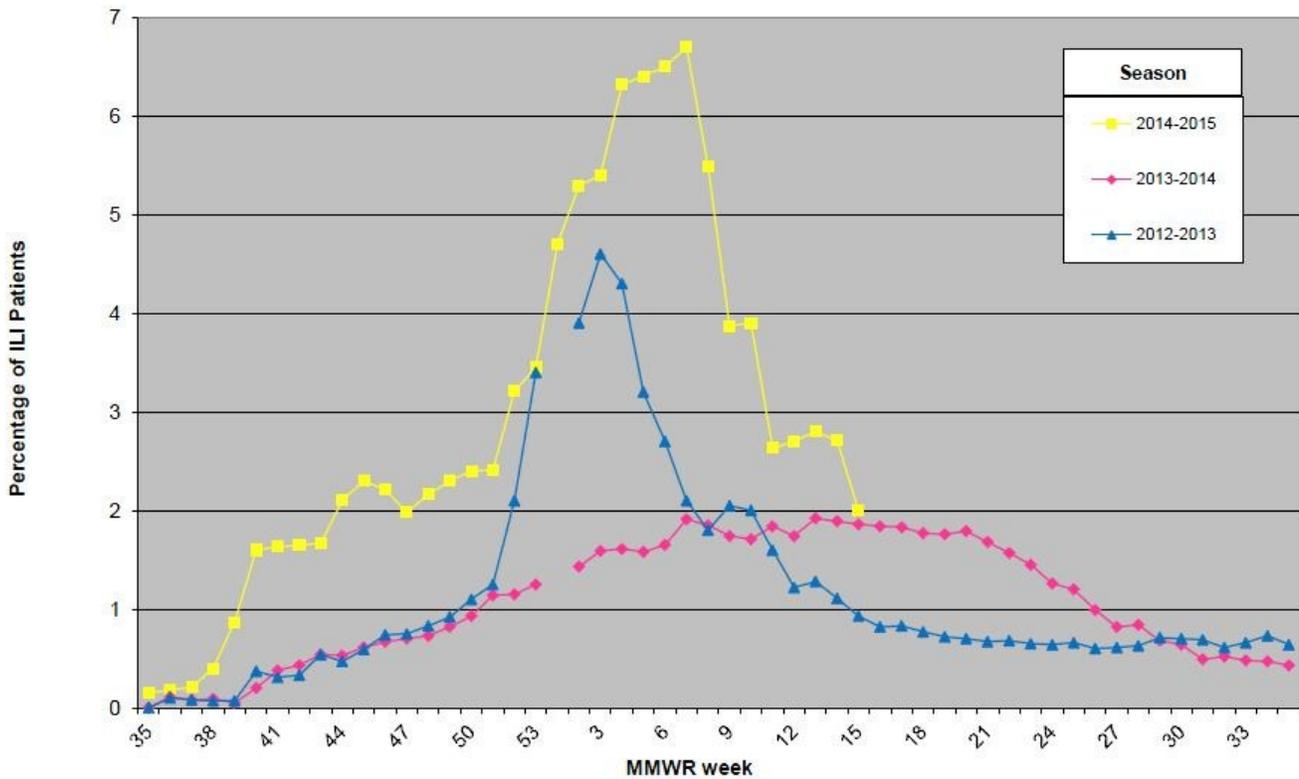
The Hospital Emergency Department Syndromic Surveillance (HEDSS) System receives daily electronic reports on ED visits from more than half of Connecticut's acute care hospitals. Data include a listing of total patient visits with information on their chief complaint, including fever/flu.

Figure 1. Connecticut Hospital Emergency Department Syndromic Surveillance (HEDSS) System: Percentage of total ED visits for "fever/flu" syndrome category, 2014-2015 influenza season compared to past seasons
Updated through MMWR Week 15 (April 18, 2015)



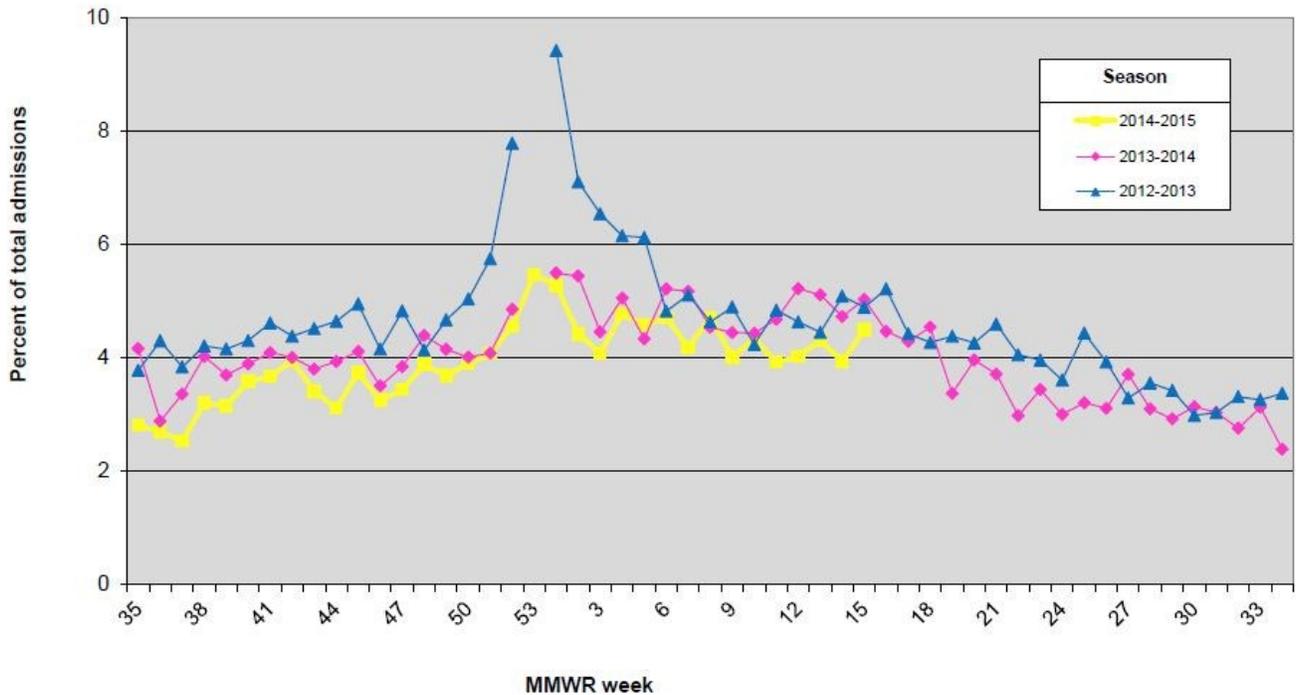
Sentinel Provider Surveillance System: Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough or sore throat in 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); 2012-13, 2013-14, 2014-15



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, Percentage of total statewide admissions for pneumonia; 2012-13, 2013-14, 2014-15



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 =2121) with Positive Laboratory Tests by Influenza Subtype and Week, Connecticut (as of 4/22/2015)

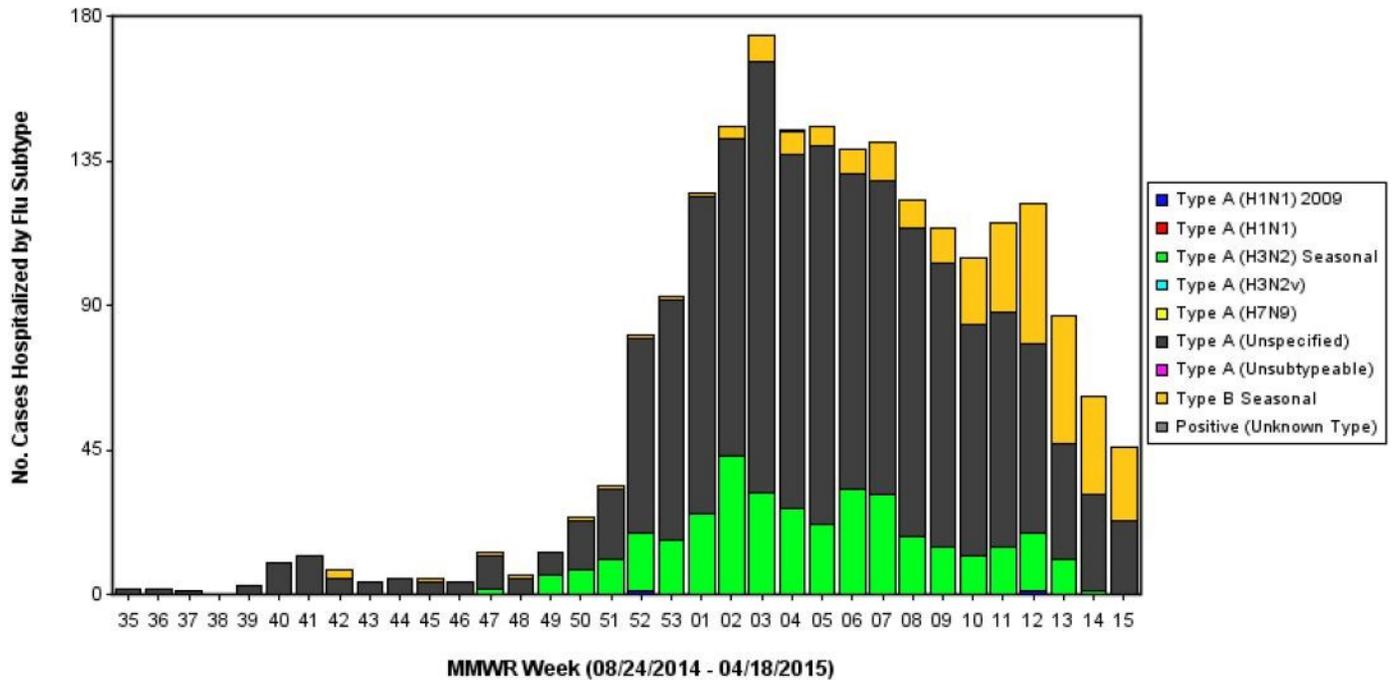
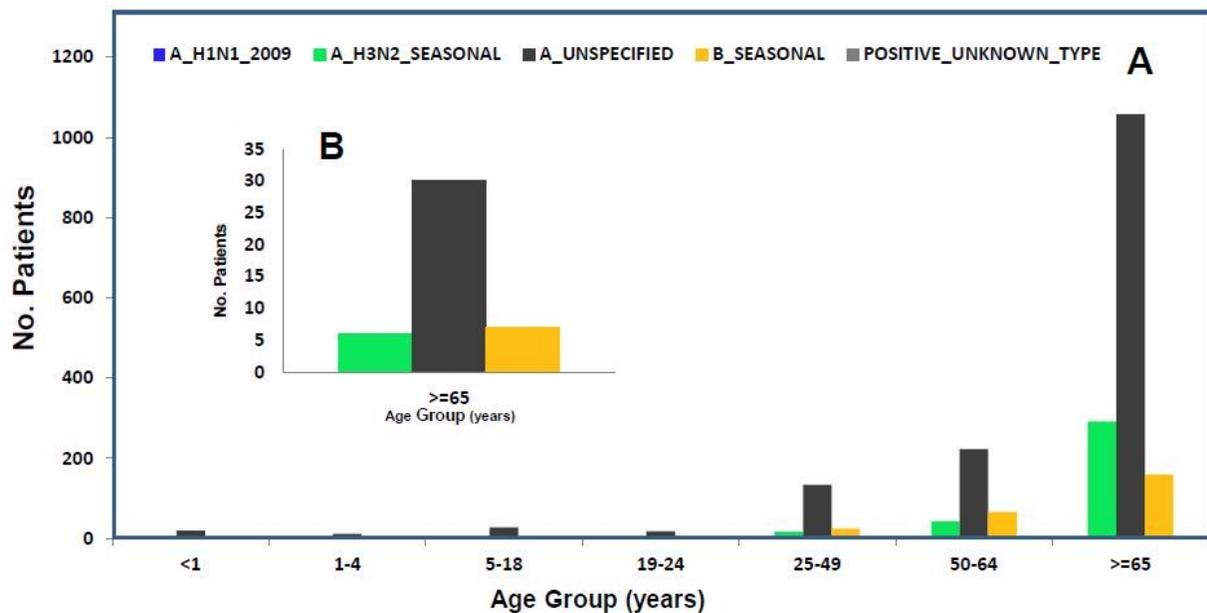


Figure 5. Hospitalized Patients (A, n= 2121) and Flu-Associated Deaths (B, n= 43) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, as of 4/22/2015



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 =7169) by Influenza Subtype and Week, Connecticut (as of 4/22/2015)

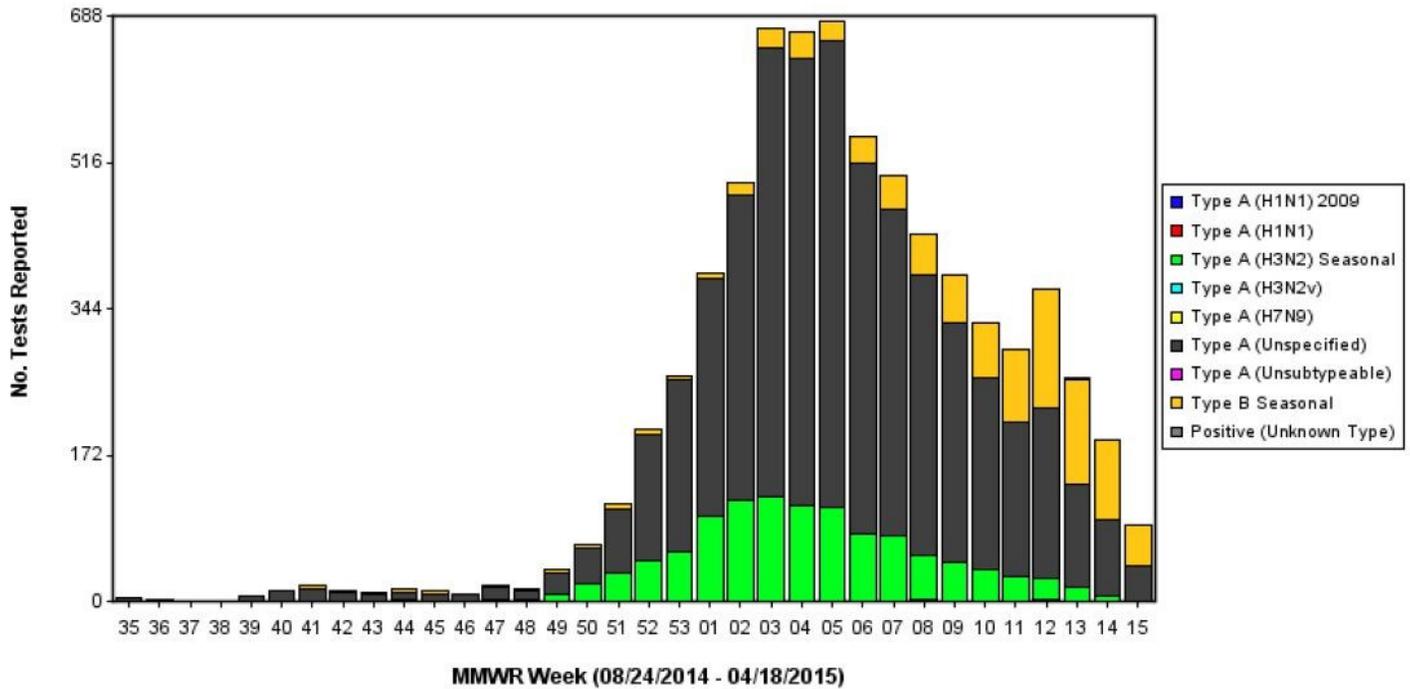


Figure 7. Proportion of Cumulative Positive Laboratory Tests (n = 7169) by Influenza Subtype, Connecticut (as of 4/22/2015)

