



## Influenza Season, Update for Week 48\* (Week ending Saturday, 12/05/2015)

### Key Points

- ✓ Overall activity is increasing and is currently classified geographically as local\*\*.
- ✓ The predominant influenza viruses identified this season are Type A, with the percentage of Type B influenza viruses in circulation beginning to decrease.
- ✓ One influenza-associated death has been reported.
- ✓ It is time to obtain your flu vaccine and take other steps to prevent influenza-related illness and hospitalization: <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.

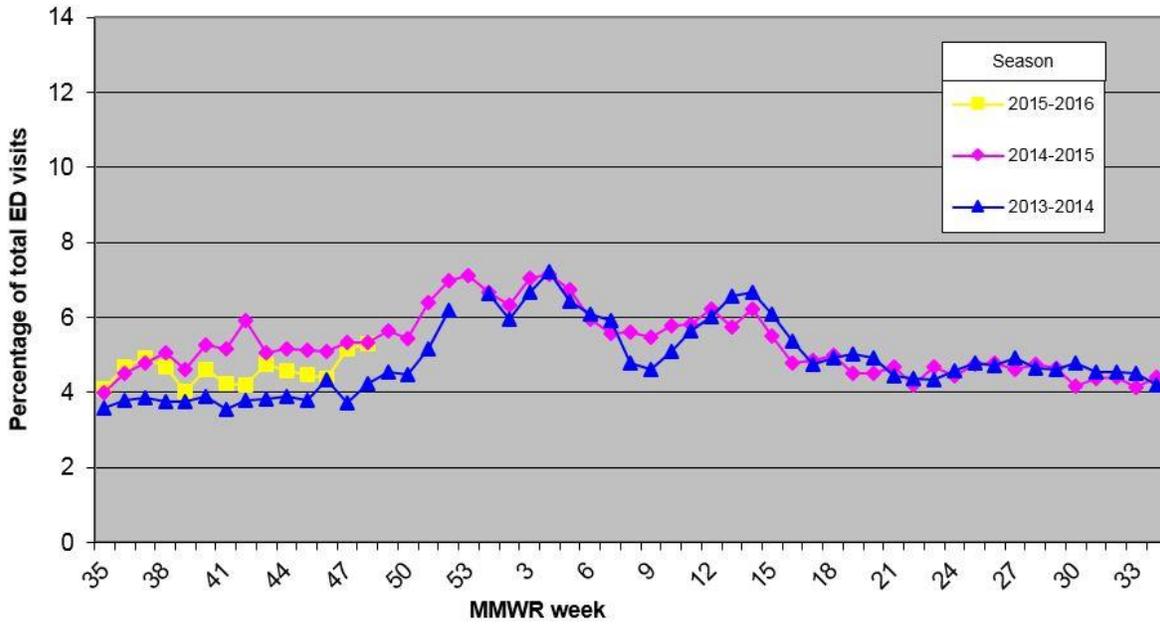
- Statewide emergency department visits attributed to the “fever/flu syndrome” have recently increased above the level of 5% statewide; generally considered the minimum threshold when there are elevated influenza-associated ED visits (Figure 1).
- The percentage of outpatient visits with influenza-like illness (ILI) had been gradually increasing for several weeks, but had recently decreased below a level of 1% statewide; 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 been generally increasing but remains below a level of 4% statewide; generally considered the baseline when there may be increased pneumonia hospitalizations due to influenza (Figure 3).
- A total of 43 hospitalized patients with laboratory-confirmed influenza have been reported. Of these reports, 34 were Type A (subtype unspecified), 1 was Type A (H3N2), 1 was Type A (2009 H1N1), and 7 were influenza B virus. One influenza-associated death in an individual greater than 65 years of age has been reported to date, this season (Figures 4 & 5).
- A total of 93 positive influenza reports have been reported for the current season. Influenza was reported in all eight Connecticut counties: Fairfield (31 reports), Hartford (25), New Haven (18), New London (7), Middlesex (4), Litchfield (3), Windham (3) and Tolland (2). Of the 93 positive influenza reports: 67 were Type A (subtype unspecified), 4 were Type A (H3N2), 3 were Type A (2009 H1N1), and 19 were influenza B virus (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>

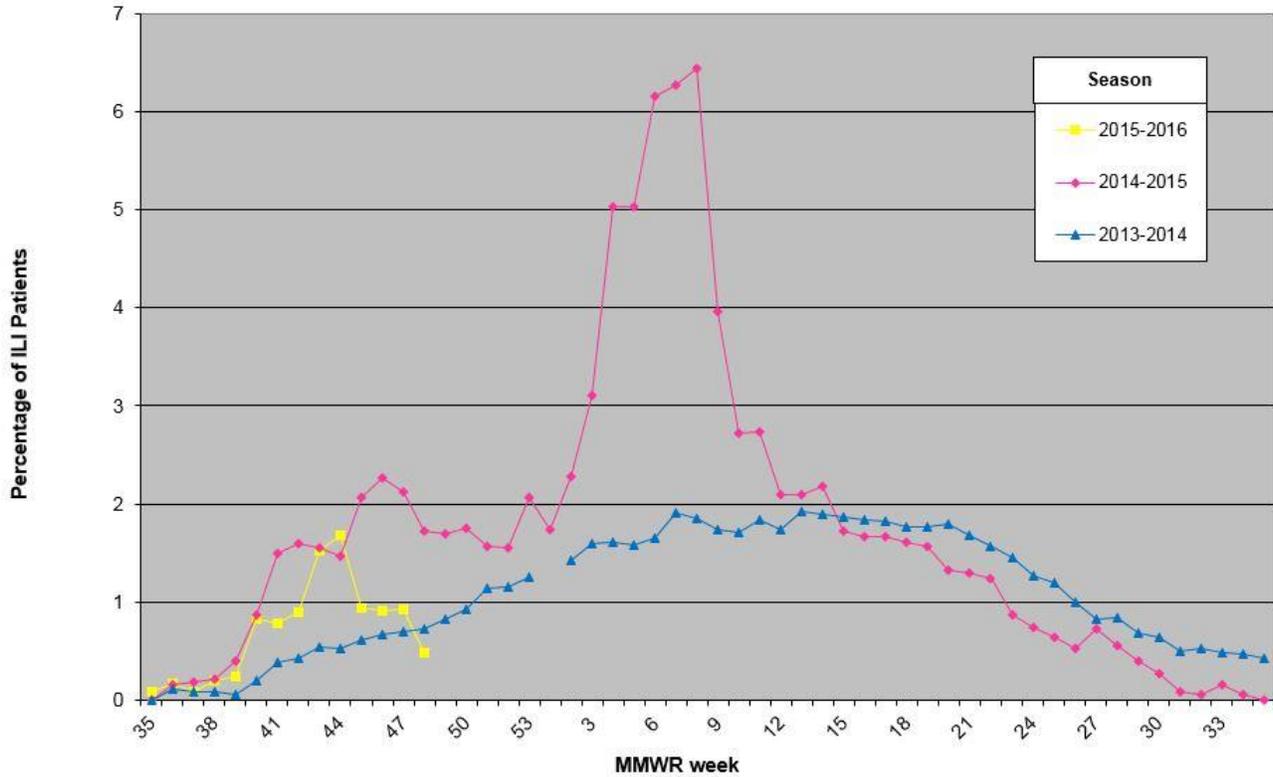
The Hospital Emergency Department Syndromic Surveillance (HEDSS) System receives daily electronic reports on ED visits from more than half of Connecticut’s acute care hospitals. Data include a listing of total patient visits with information on their chief complaint, including fever/flu.

Figure 1. Connecticut Hospital Emergency Department Syndromic Surveillance (HEDSS) System: Percentage of total ED visits for "fever/flu" syndrome category, 2015-2016 influenza season compared to past seasons, MMWR Week 48 (week ending 12/5/15)



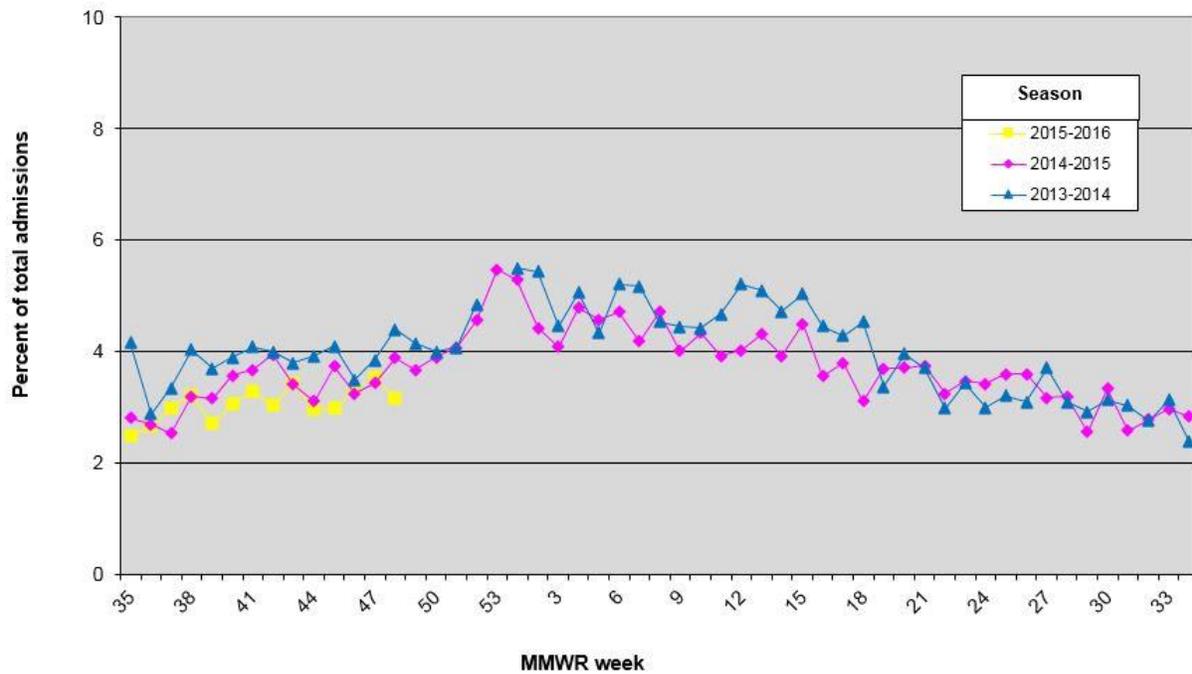
**Sentinel Provider Surveillance System:** Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough or sore throat 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); 2013-14, 2014-15, 2015-16**



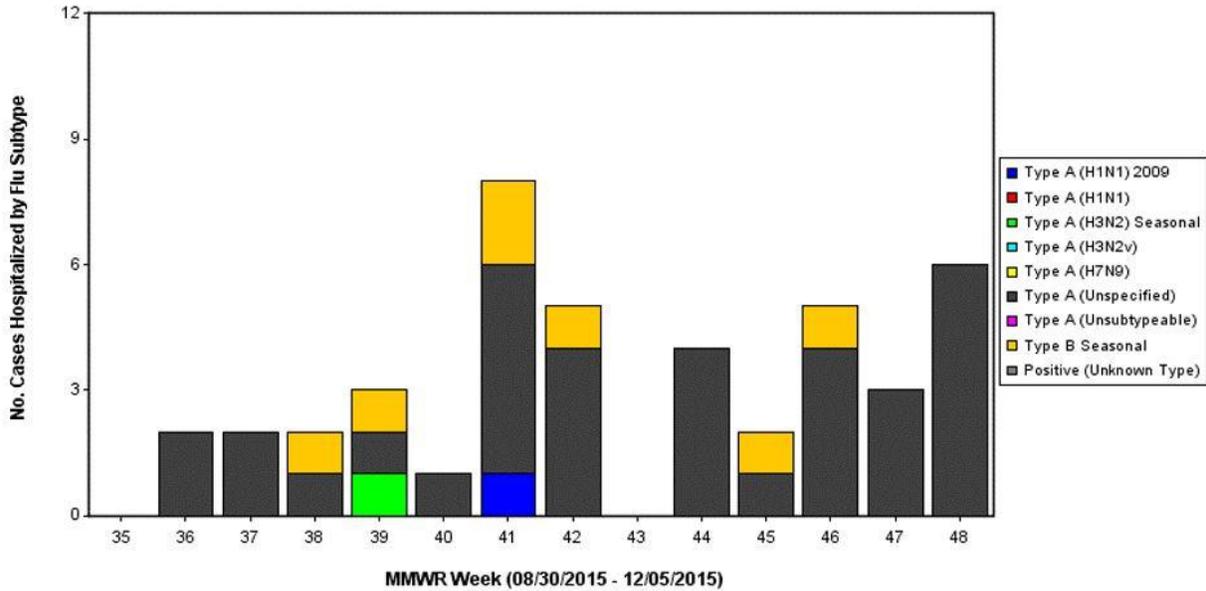
The **Hospital Admissions Syndromic Surveillance (HASS) System**, receives daily electronic reports from all 32 acute care hospitals in Connecticut. Information on unscheduled admissions, including those for pneumonia that may be associated with influenza infections, is submitted.

**Figure 3: Connecticut Hospital Admissions Syndromic Surveillance (HASS) System, Percentage of total statewide admissions for pneumonia; 2013-14, 2014-15, 2015-16**

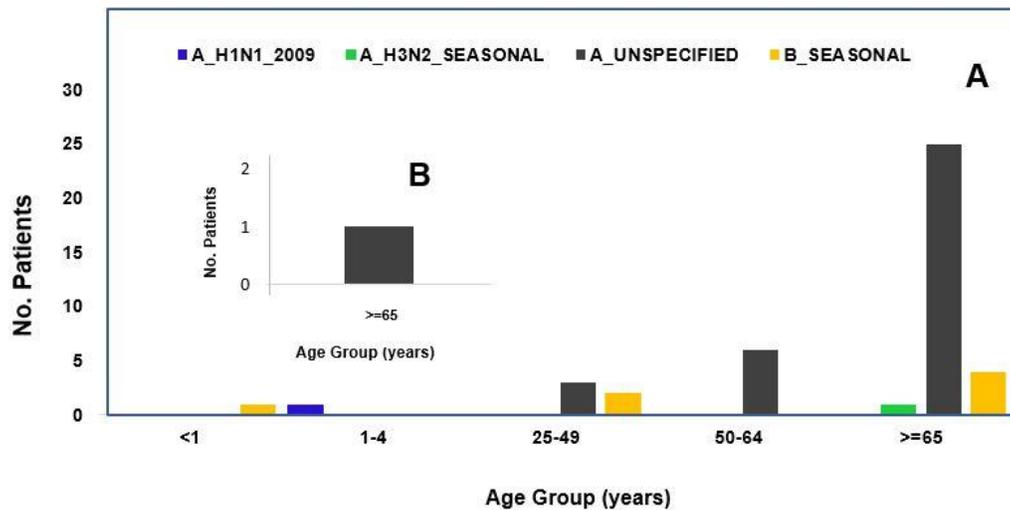


**Influenza-associated Hospitalizations:** In Connecticut, influenza-associated hospitalizations and deaths are reportable. Data collected describe the more serious illnesses associated with influenza infections.

**Figure 4. Hospitalized Patients (n =43) with Positive Lab Tests by Subtype & Week**

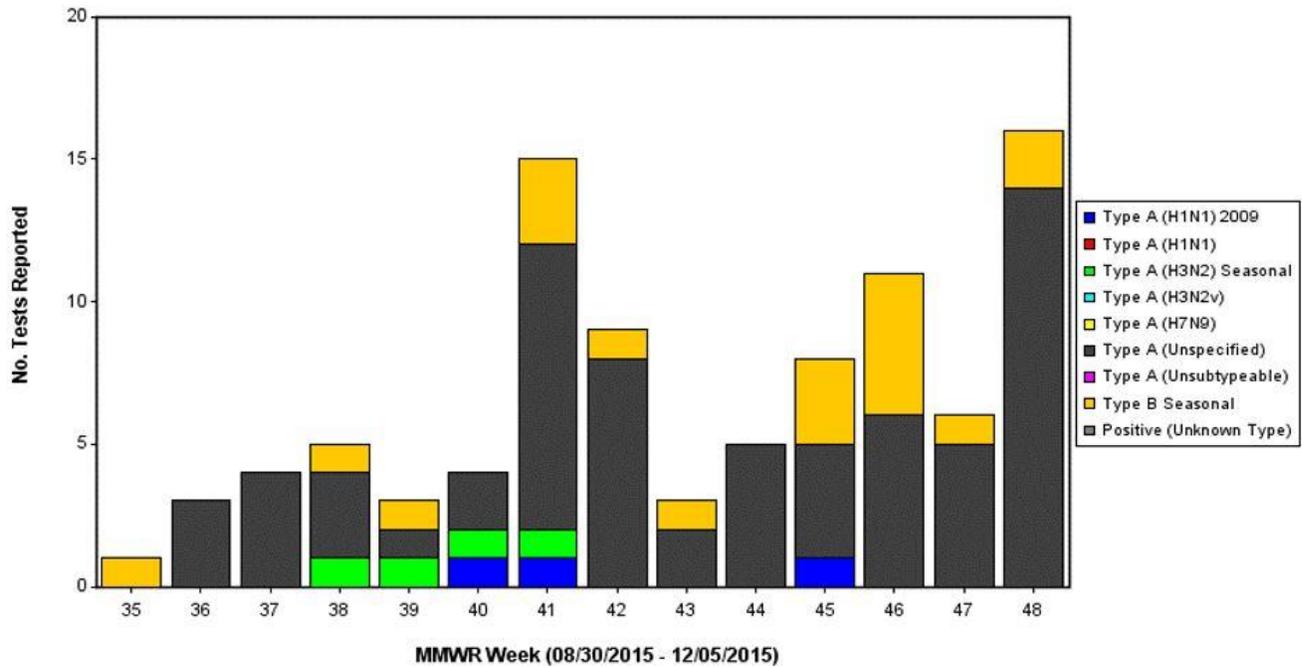


**Figure 5. Hospitalized Patients (A n=43) and Flu-Associated Deaths (B, n=1) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut**



**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 =93) by Influenza Subtype and Week, Connecticut**



**Figure 7. Proportion of Cumulative Positive Laboratory Tests (n =93) by Influenza Subtype, Connecticut**

