



2016-2017 Influenza Season Update for Week 43* (Week ending Saturday, 10/29/2016)

Key Points

- ✓ This is the fourth weekly report of the influenza season.
- ✓ Influenza activity has been slowly increasing in Connecticut since the end of August.
- ✓ Activity is currently classified geographically as sporadic**.
- ✓ Predominant circulating influenza virus is Type A.
- ✓ 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.

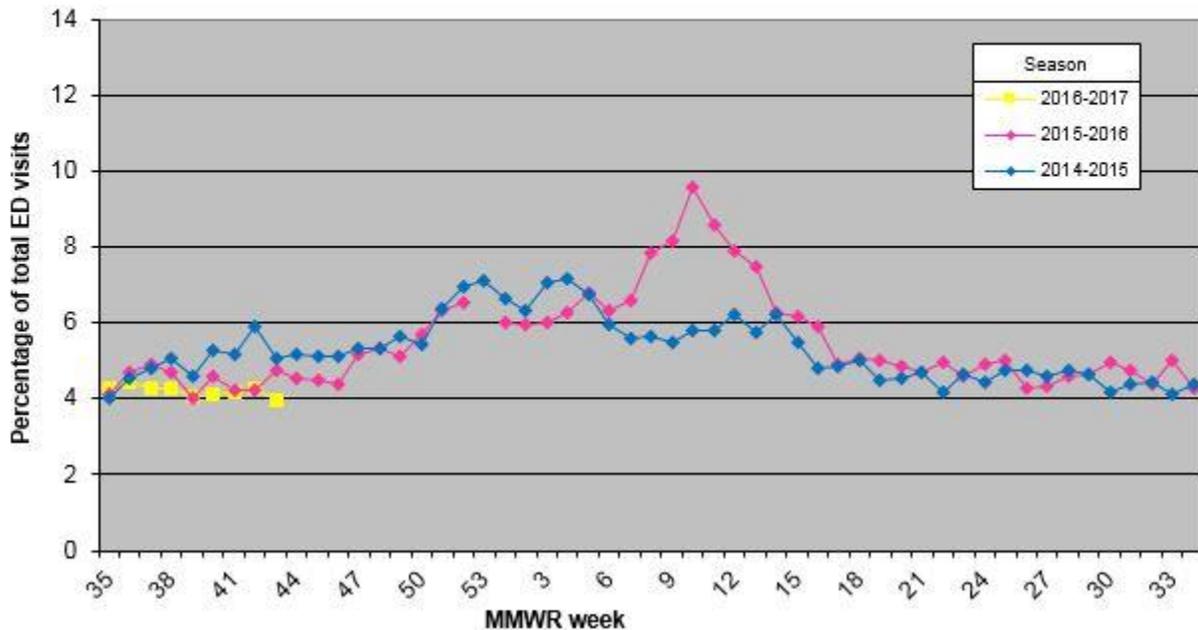
- Statewide emergency department visits attributed to the “fever/flu syndrome” had begun to increase and now remain at 4.0%, which is below the level of 5% statewide; generally considered the minimum threshold when there are elevated influenza-associated ED visits (Figure 1).
- The percentage of outpatient visits with influenza-like illness (ILI) are increasing but are still 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 had begun to increase but remain 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 11 hospitalized patients with laboratory-confirmed influenza have been reported between August 28 – October 29, 2016. Of these 11 reports, 8 were Type A (subtype unspecified), 1 was Type A (H3N2), and 2 were influenza B virus. No influenza-associated deaths have been reported to date, this season.
- A total of 28 positive influenza reports have been reported during the current season (August 28 – October 29, 2016). Influenza was reported in five counties: Fairfield (11 reports), New Haven (10), Hartford (3), Litchfield (2), and New London County (2). Of the 28 positive influenza reports: 20 were Type A (subtype unspecified), 5 were Type A (H3N2), and 3 were influenza B virus.

* 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>

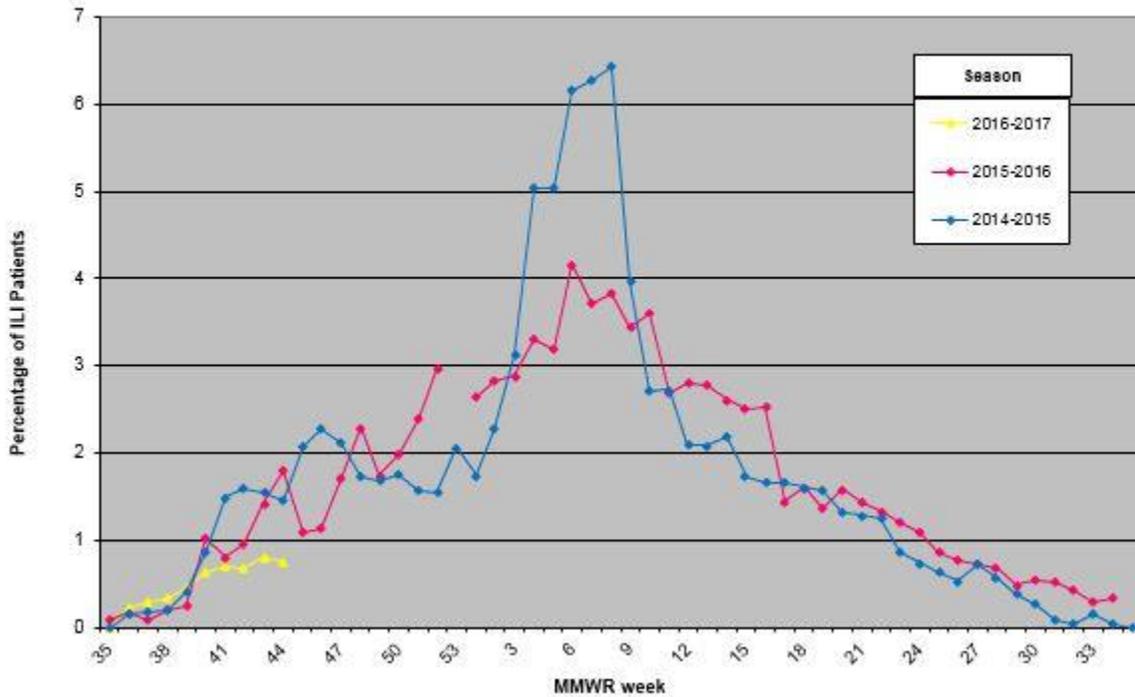
The Hospital Emergency Department Syndromic Surveillance (HEDSS) System receives daily electronic reports on ED visits from more than half of Connecticut's acute care hospitals. Data include a listing of total patient visits with information on their chief complaint, including fever/flu.

Figure 1. Connecticut Hospital Emergency Department Syndromic Surveillance (HEDSS) System: Percentage of total ED visits for "fever/flu" syndrome category, 2016-2017 influenza season compared to past seasons, MMWR Week 43 (week ending 10/29/16)



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); 2014-15, 2015-16, 2016-17



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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; 2014-15, 2015-16, 2016-17

