Influenza Season, Update for Week 44*

(Week ending Saturday, 11/05/2016)

Key Points

- ✓ Influenza activity has been slowly increasing in Connecticut since the end of August, although overall activity remains low.
- ✓ 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.

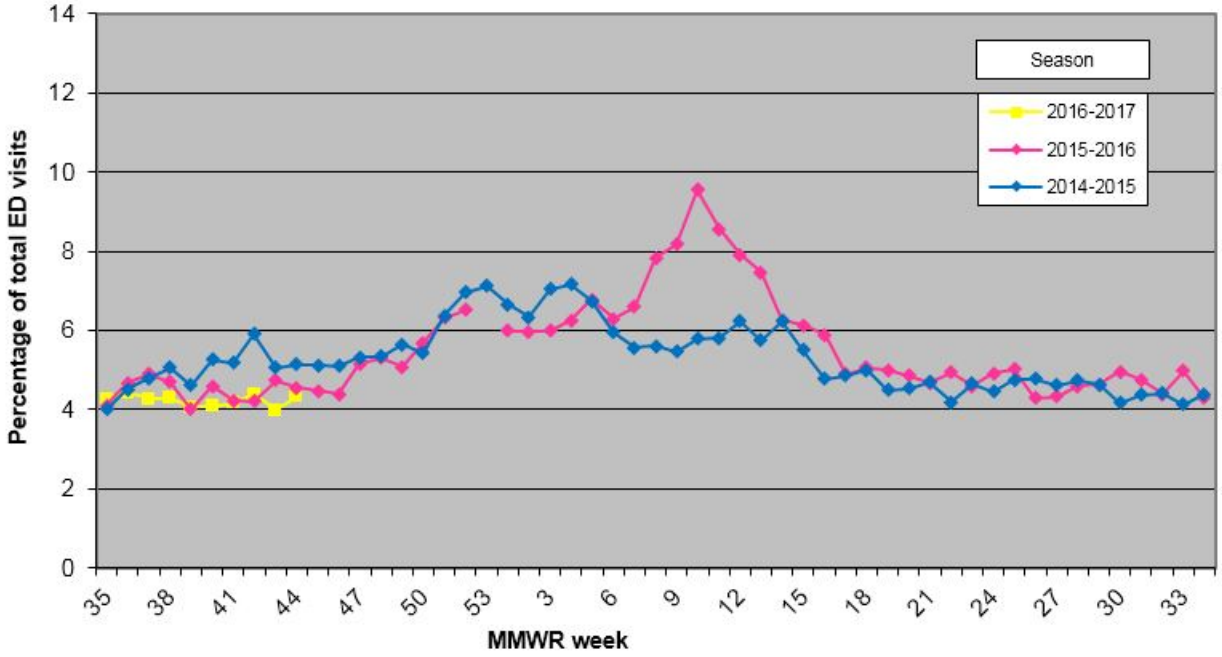
- Statewide emergency department visits attributed to the "fever/flu syndrome" are beginning to increase and are now at 4.3%, which is below the level of 5% statewide; generally considered the minimum threshold when there are elevated influenza-associated ED visits (Figure 1).
- The percentage of outpatient visits with influenza-like illness (ILI) has been slowly increasing to 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 16 hospitalized patients with laboratory-confirmed influenza have been reported between August 28 and November 5, 2016. Of these 16 reports, 12 were Type A (subtype unspecified), 2 were Type A (H3N2), and 2 were influenza B virus. No influenza-associated deaths have been reported to date, this season.
- A total of 37 positive influenza reports have been reported during the current season (August 28 – November 5, 2016). Influenza was reported in six counties: New Haven (13), Fairfield (12 reports), Hartford (6), New London (3), Litchfield (2), and Middlesex County (1). Of the 37 positive influenza reports: 29 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*

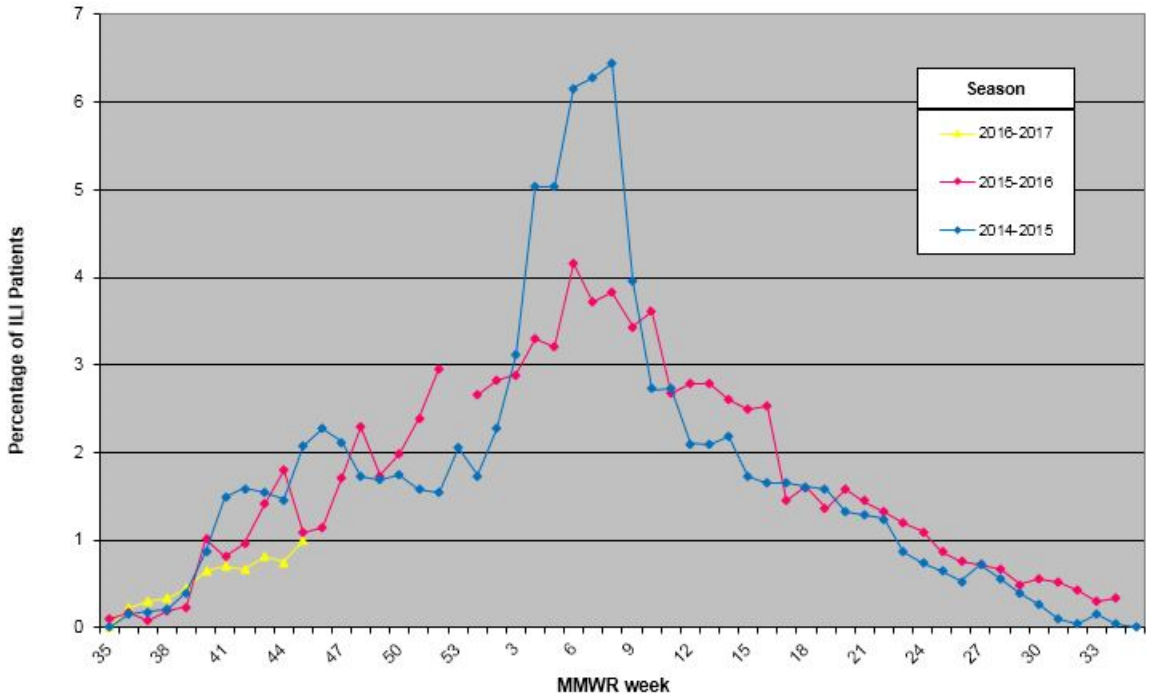
The **Hospital Emergency Department Syndromic Surveillance (HEDSS) System** receives daily electronic reports on ED visits from more than half of Connecticut's acute care hospitals. Data include a listing of total patient visits with information on their chief complaint, including fever/flu.

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 44 (week ending 11/5/16)



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



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