



## Influenza Season, Update for Week 18\*

(Week ending Saturday, 05/06/2017)

### Key Points

- ✓ Flu activity has rapidly decreased and is now classified geographically as regional\*\*.
- ✓ The predominant 2016-17 season circulating flu virus remains Type A, subtype influenza A (H3N2); although Type B became the predominant flu virus in April and May.
- ✓ It is still important to take steps to prevent influenza-related illness and hospitalization:  
<http://www.ct.gov/dph/cwp/view.asp?a=3115&q=500340>
- ✓ This will be the last weekly update of the season; a preliminary 2016-2017 flu season summary will be posted to our Influenza Surveillance & Statistics page this summer.

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.

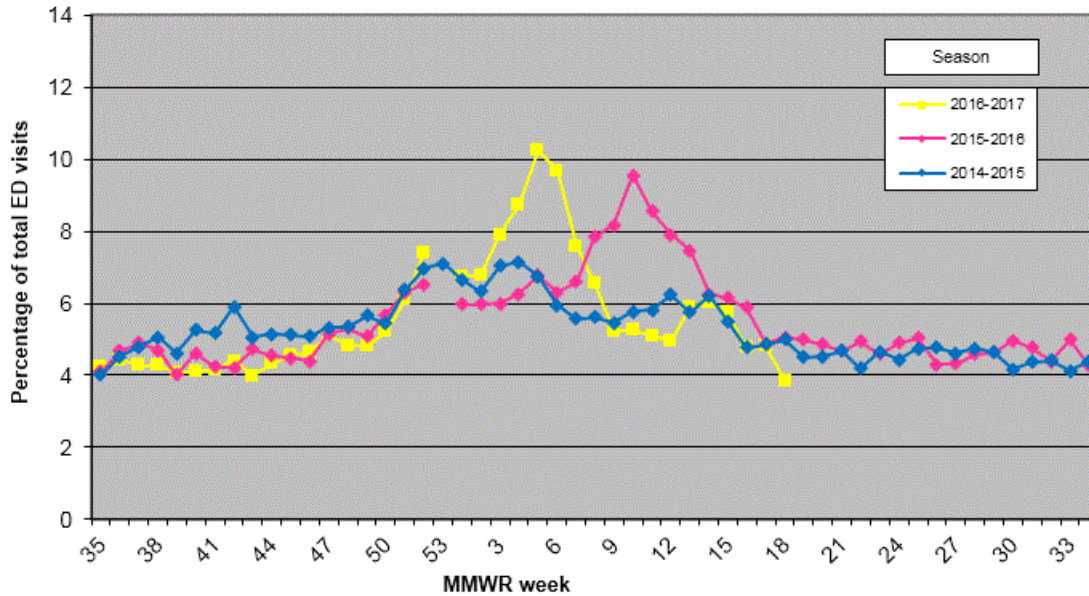
- Statewide emergency department visits attributed to the “fever/flu syndrome,” which had peaked at a level of 10.3% during week 5 (1/29-2/4/17) has been decreasing and is currently at a level of 3.8%, below the level of 5% statewide that is generally considered the minimum threshold when there are elevated influenza-associated ED visits (Figure 1).
- The percentage of outpatient visits with influenza-like illness (ILI) which had peaked at a level of 5.7% during week 6 (2/5-2/11/17), had recently increased and is currently at a level of 1.7%, above the level of 1% statewide that is 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, which had peaked at a level of 5.2% during week 1 (1/1-1/7/17) and recently decreased to 3.2%, below the level of 4.0% statewide admissions that is generally considered the baseline when there may be increased pneumonia hospitalizations due to influenza (Figure 3).
- A total of 2,164 hospitalized patients with laboratory-confirmed influenza admitted between August 28, 2016 and May 6, 2017 have been reported to date. Of these 2,164 reports, 1,446 were Type A (subtype unspecified), 276 were Type A (H3N2), 5 were Type A (2009 H1N1), and 437 were influenza B virus. A total of 53 influenza-associated deaths, with 46 in individuals greater than 65 years of age, 6 between 50-64 years of age, and 1 between 25-50 years of age have been reported during this season (Figures 4 & 5).
- A total of 7,401 positive influenza reports have been reported during the current season (August 28, 2016 – May 6, 2017). Influenza was reported in all eight counties: Fairfield (2,434 reports), New Haven (1,827), Hartford (1,742), New London (413), Windham (386), Tolland (218), Litchfield (210), and Middlesex County (171). Of the 7,401 influenza reports: 4,658 were Type A (subtype unspecified), 1,119 were Type A (H3N2), 25 were Type A (2009 H1N1), and 1,599 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 flu activity (outpatient ILI activity) and the estimated levels of geographic spread of influenza activity are available at: <http://www.cdc.gov/flu/weekly/overview.htm>*

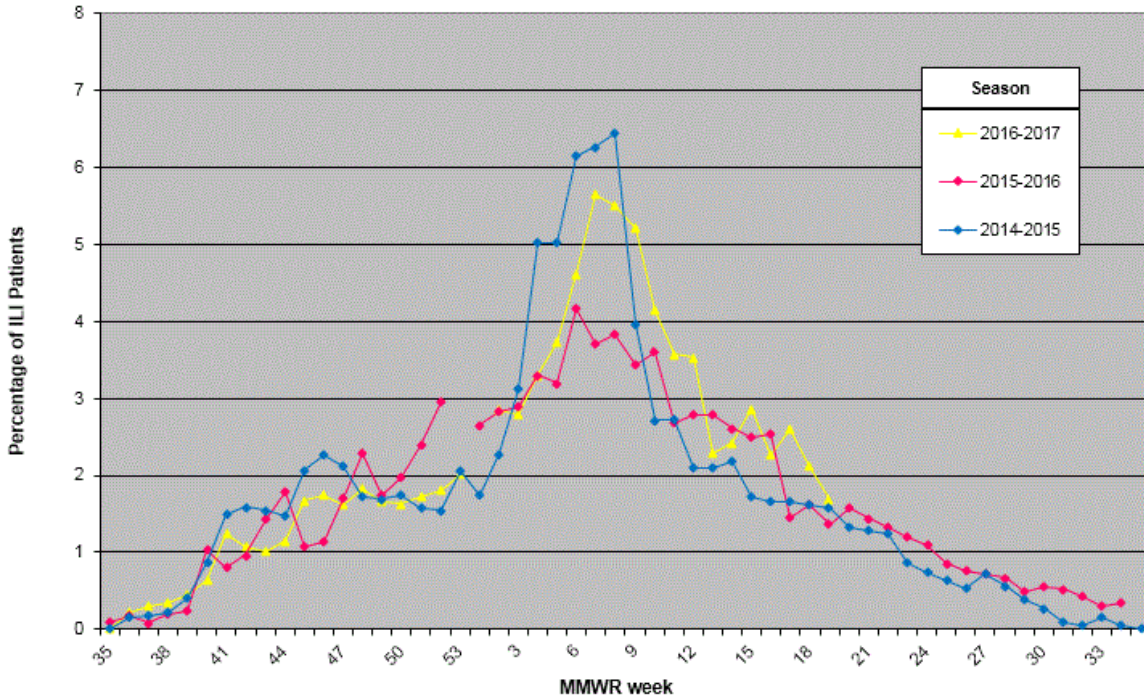
The **Hospital Emergency Department Syndromic Surveillance (HEDSS) System** receives daily electronic reports on ED visits from more than half of Connecticut’s acute care hospitals. Data include a listing of total patient visits with information on their chief complaint, including fever/flu.

**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 18 (week ending 5/6/17)**



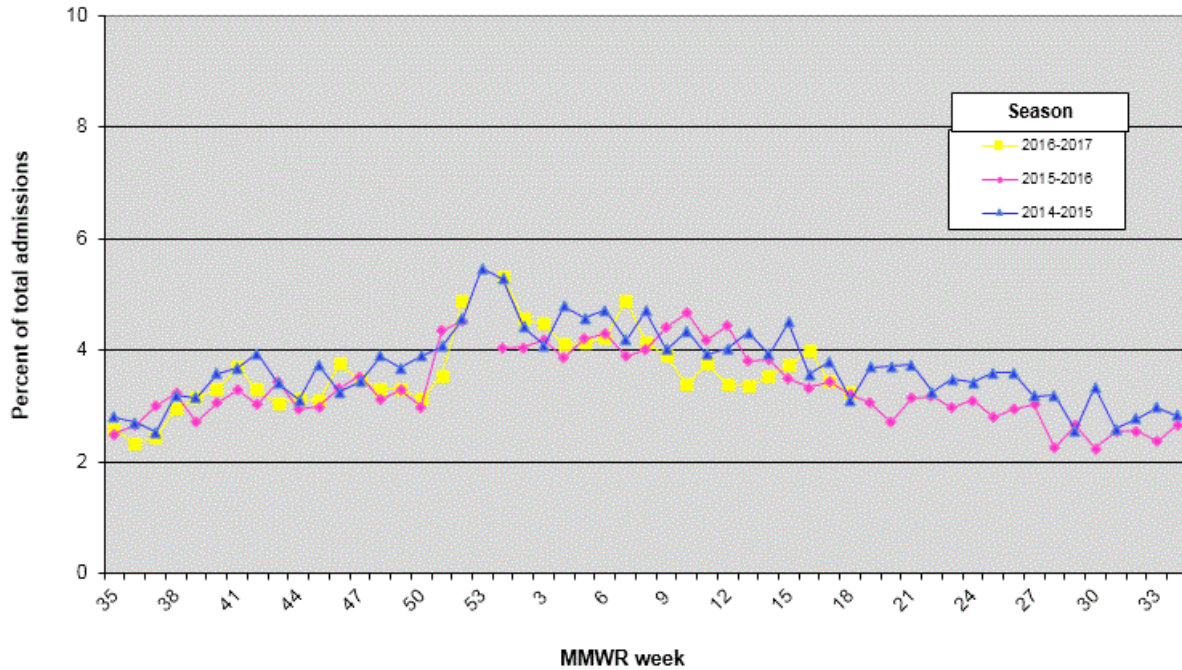
**Sentinel Provider Surveillance System:** Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough or sore throat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



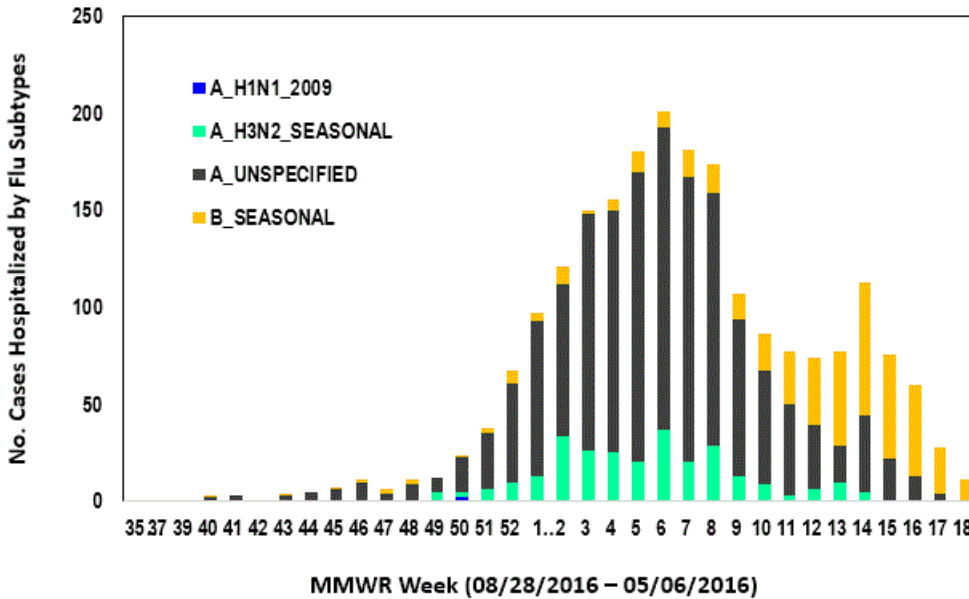
The **Hospital Admissions Syndromic Surveillance (HASS) System**, receives daily electronic reports from all 32 acute care hospitals in Connecticut. Information on unscheduled admissions, including those for pneumonia that may be associated with influenza infections, is submitted.

**Figure 3: Connecticut Hospital Admissions Syndromic Surveillance (HASS) System, Percentage of total statewide admissions for pneumonia; 2014-15, 2015-16, 2016-17**

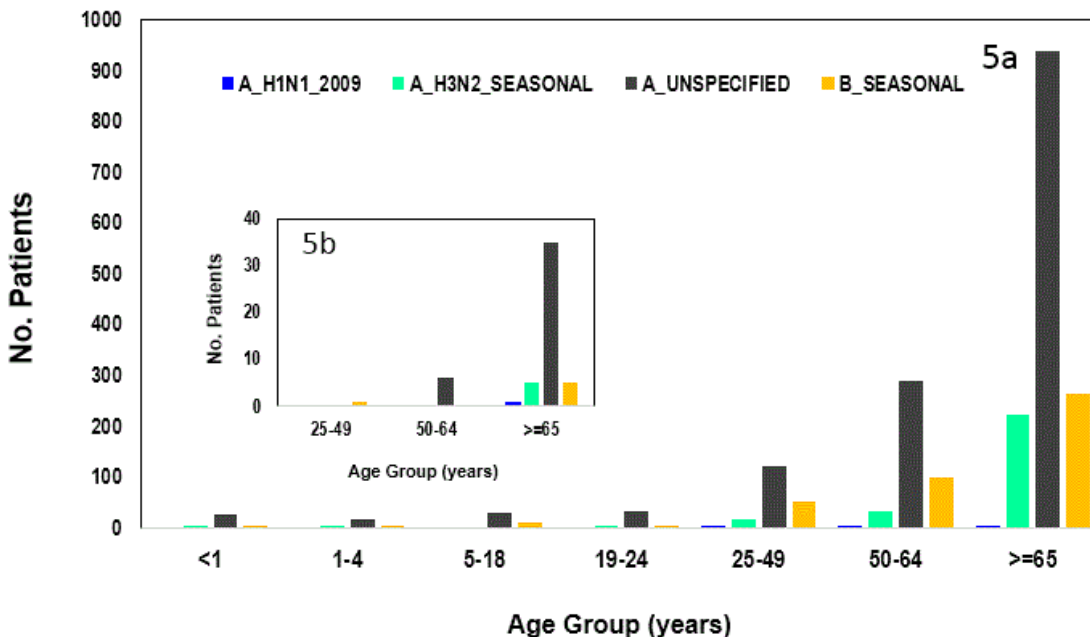


**Influenza-associated Hospitalizations:** In Connecticut, influenza-associated hospitalizations and deaths are reportable. Data collected describe the more serious illnesses associated with influenza infections.

**Figure 4. Hospitalized Patients (n =2164) with Positive Lab Tests by Subtype & Week, Connecticut, through 5/06/2017**

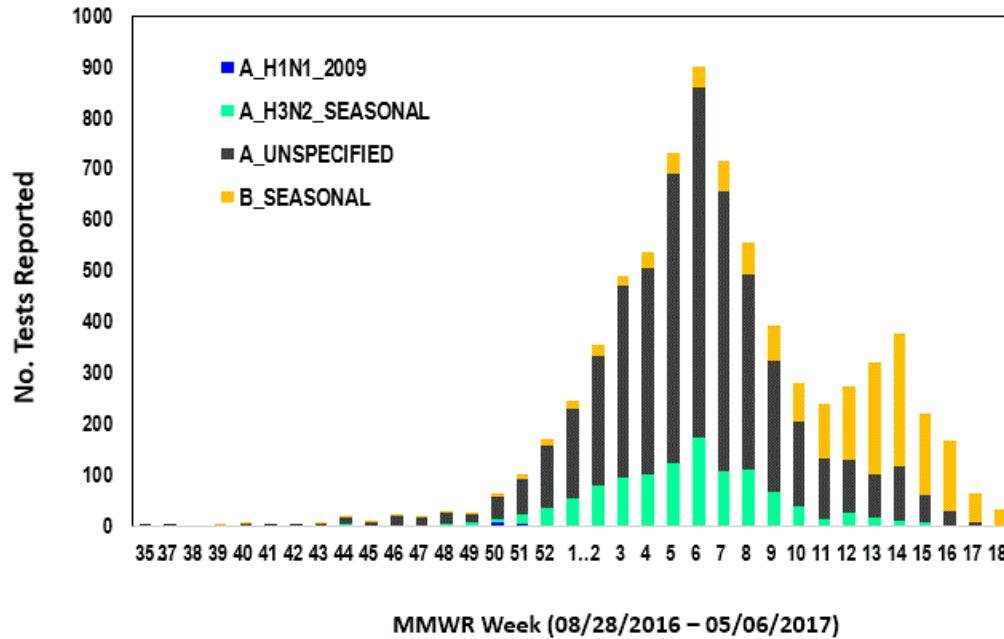


**Figure 5. Hospitalized Patients (5a, n=2164) and Flu-Associated Deaths (5b, n=53) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 5/06/2017**



**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 =7401) by Influenza Subtype and Week, Connecticut, through 5/06/2017**



**Figure 7. Proportion of Cumulative Positive Laboratory Tests (n =7401) by Influenza Subtype, Connecticut, through 5/06/2017**

