2014-2015 Influenza Season, Update for Week 11*

(Week ending Saturday, 03/21/2015)

Key Points

- ✓ Influenza activity is declining, but it continues to be reported throughout Connecticut.
- ✓ Classification of activity geographically remains at widespread**.
- ✓ The predominant circulating influenza virus is Type A, although Type B is increasing.
- ✓ Almost all Type A isolates subtyped have been H3N2.
- ✓ Everyone should make extra efforts 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.

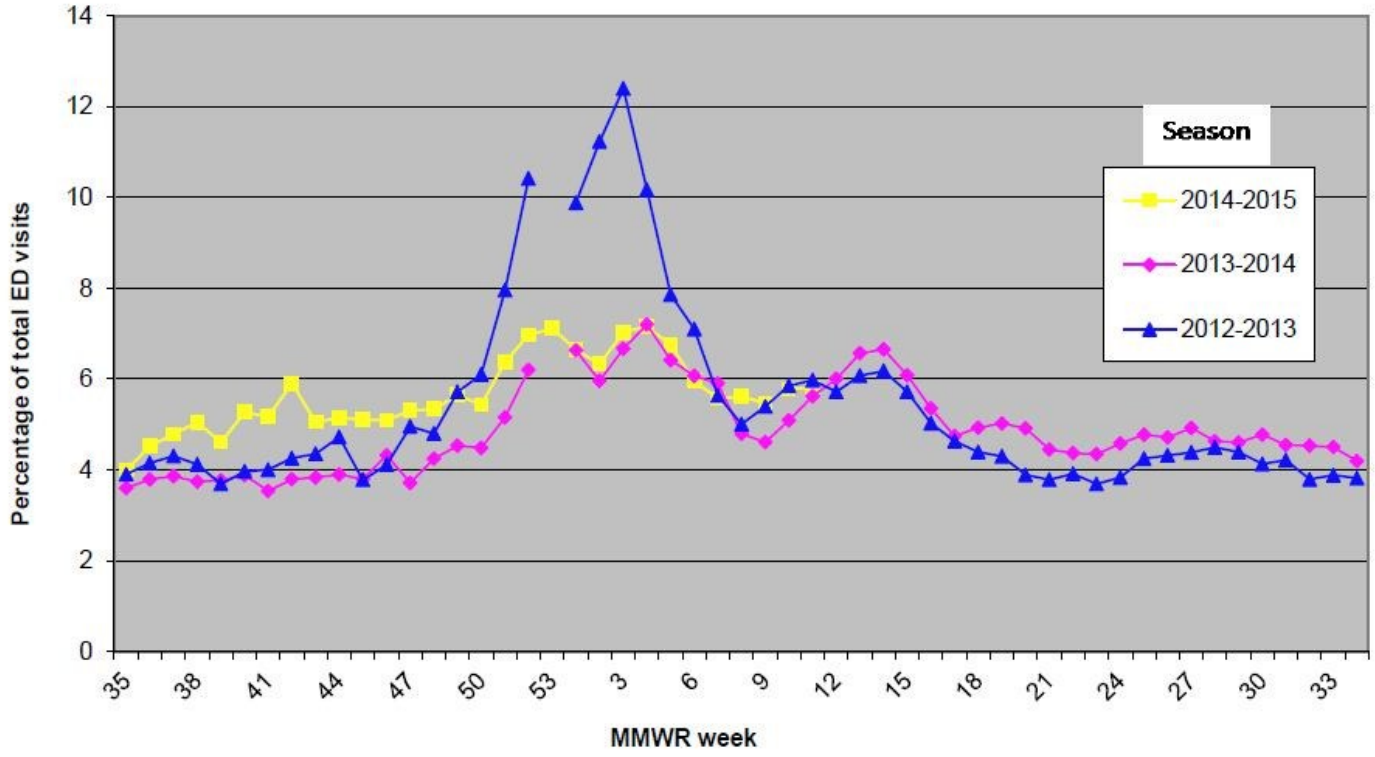
- Statewide emergency department visits attributed to the "fever/flu syndrome" have recently increased after decreasing from the highest level of this season (Figure 1).
- The percentage of outpatient visits with influenza-like illness (ILI) has decreased during the last 3 weeks after 8 weeks at the highest levels observed during the last several seasons (Figure 2).
- The weekly percentage of unscheduled hospital admissions due to pneumonia has decreased slightly from the previous week (Figure 3).
- A total of 1,655 hospitalized patients with laboratory-confirmed influenza have been reported, with 297 associated with Type A (H3N2) influenza, 1 with Type A (2009 H1N1) influenza, 1,258 with Type A (subtype unspecified), 98 with Type B, and 1 of unknown type. A total of 37 flu-associated deaths in individuals greater than 65 years of age have been reported to date, this season (Figures 4 & 5).
- A total of 5,760 positive influenza reports have been reported for the current season. Influenza was reported in all eight Connecticut counties: Fairfield (1,883 reports), Hartford (1,452), New Haven (1,328), New London (306), Tolland (227), Middlesex (198), Litchfield (185), and Windham (181) County. Of the 5,760 positive influenza reports: 4,401 were Type A (subtype unspecified), 982 were Type A (H3N2), 3 were Type A (2009 H1N1), 373 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*

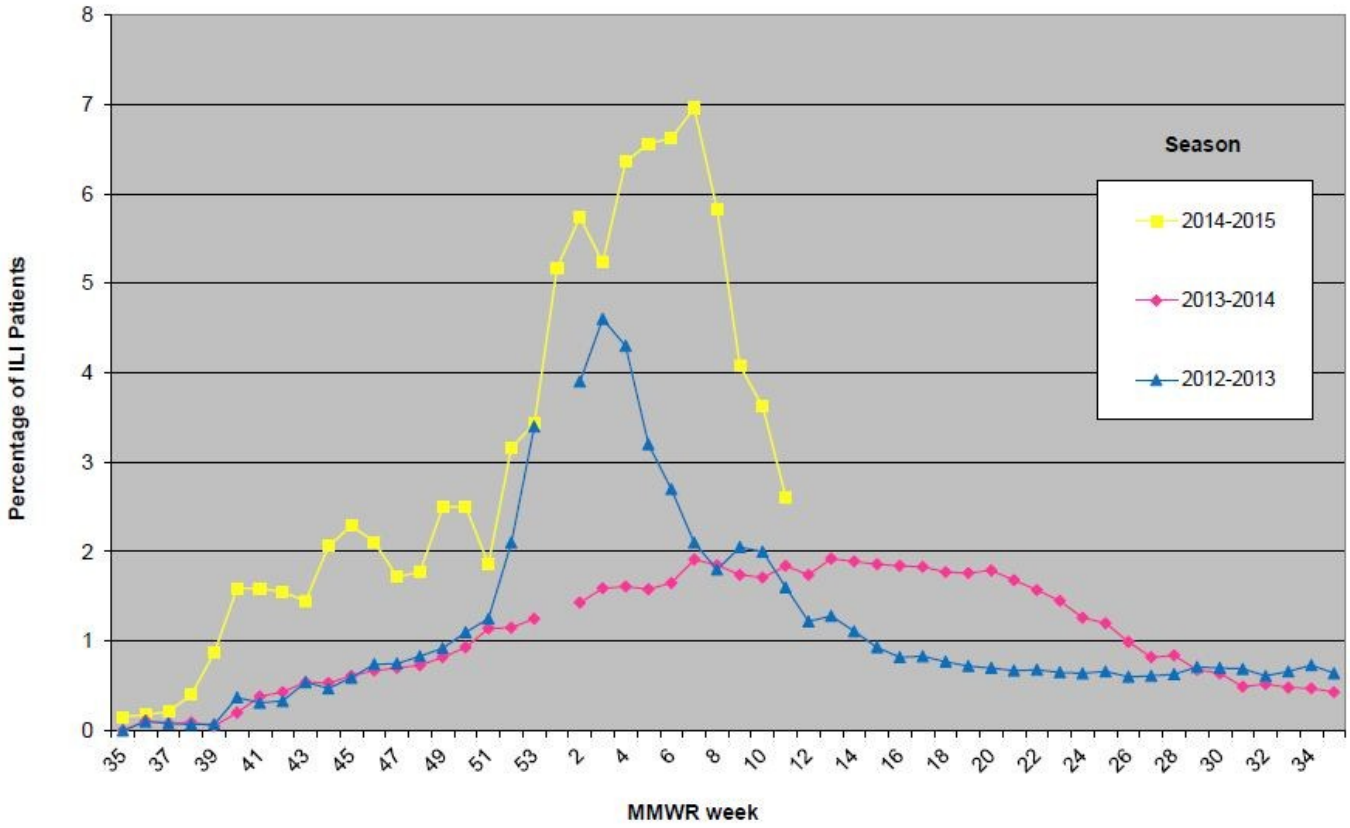
The **Hospital Emergency Department Syndromic Surveillance (HEDSS) System** receives daily electronic reports on ED visits from more than half of Connecticut's acute care hospitals. Data include a listing of total patient visits with information on their chief complaint, including fever/flu.

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



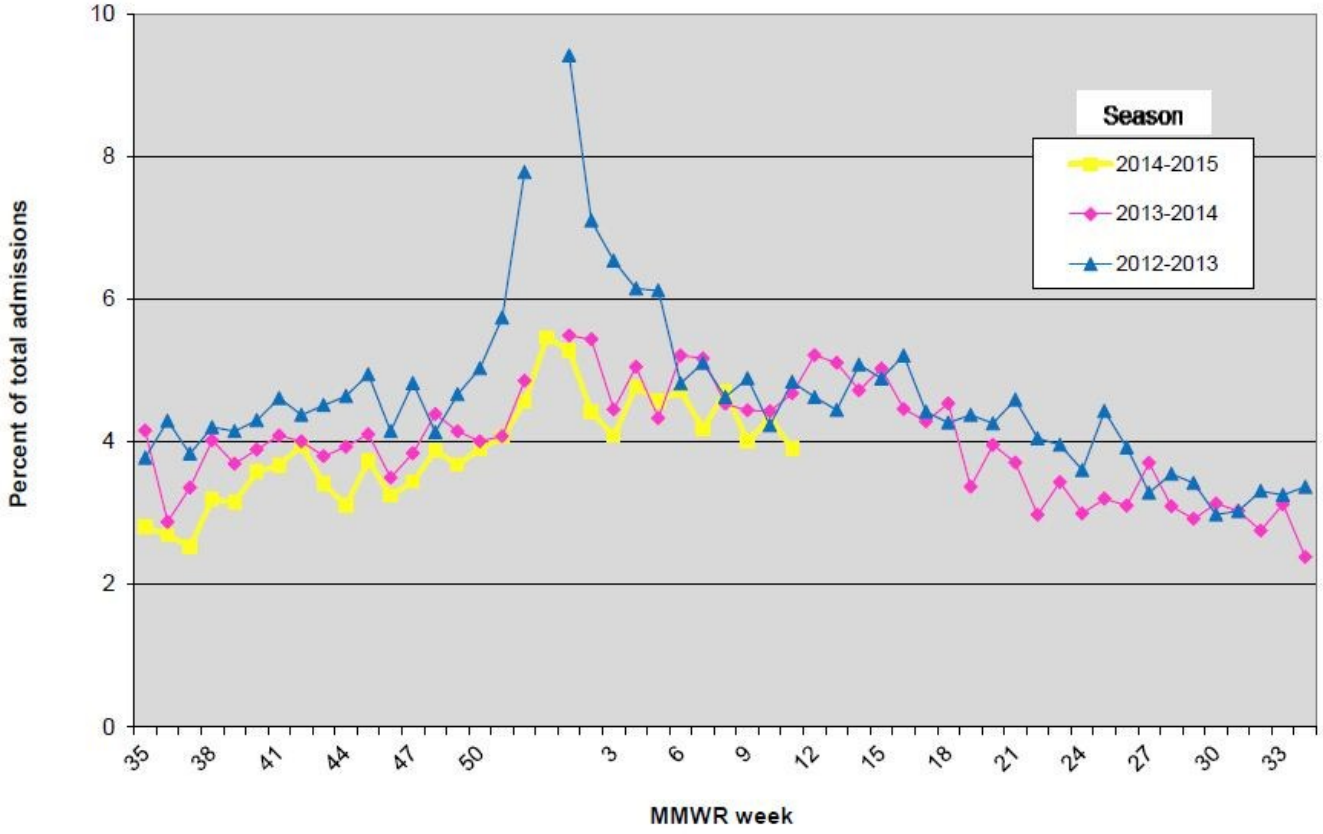
Sentinel Provider Surveillance System: Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough or sore throat in 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 =1655) with Positive Laboratory Tests by Influenza Subtype and Week, Connecticut (as of 3/25/2015)

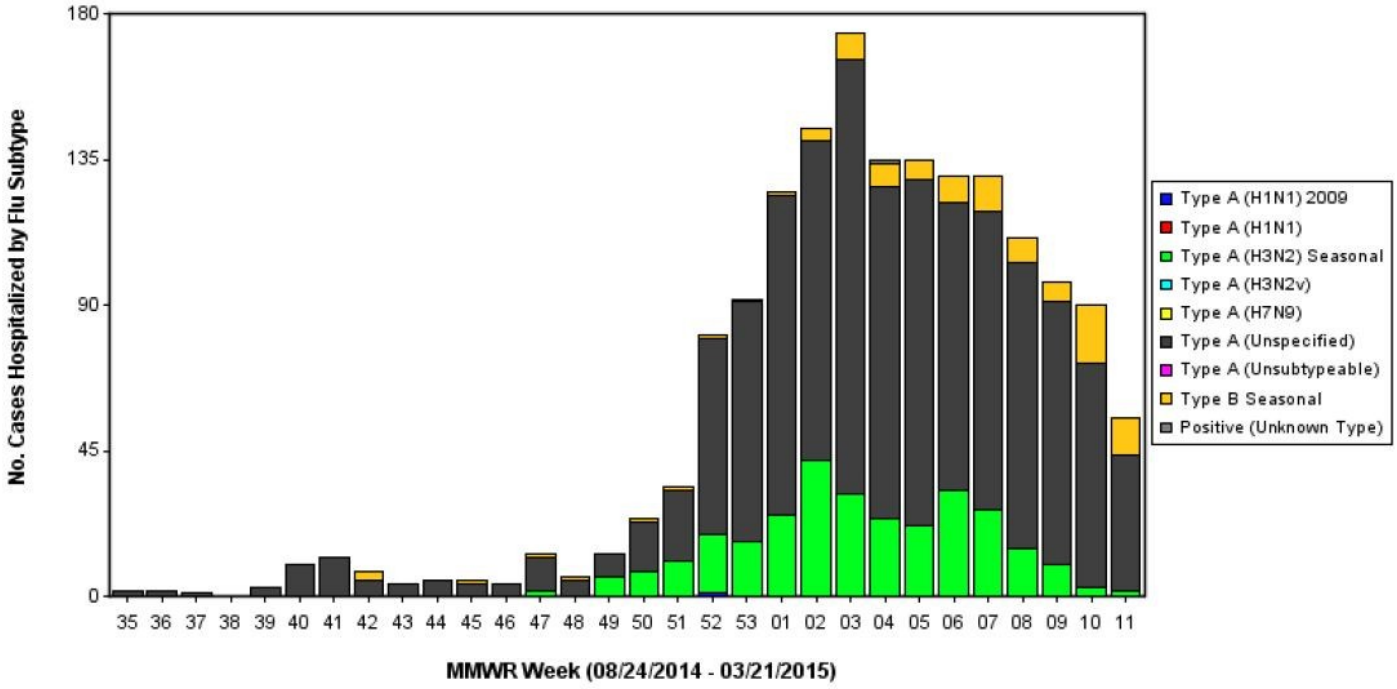
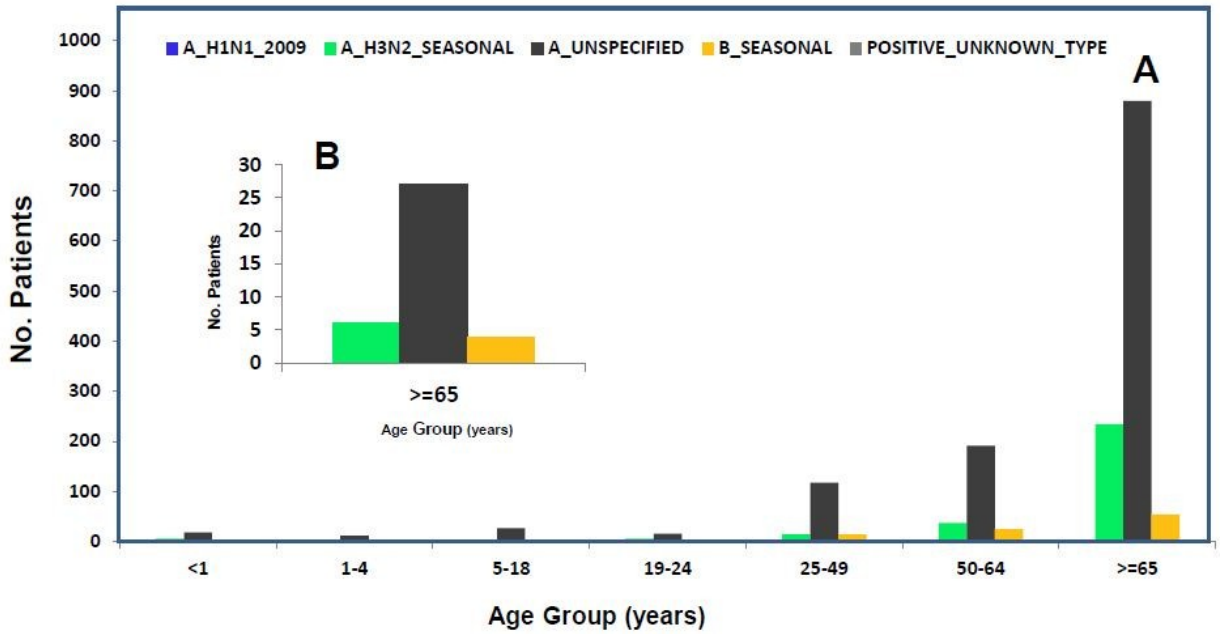


Figure 5. Hospitalized Patients (A, n= 1655) and Flu-Associated Deaths (B, n= 37) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, as of 3/25/2015



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 =5760) by Influenza Subtype and Week, Connecticut (as of 3/25/2015)

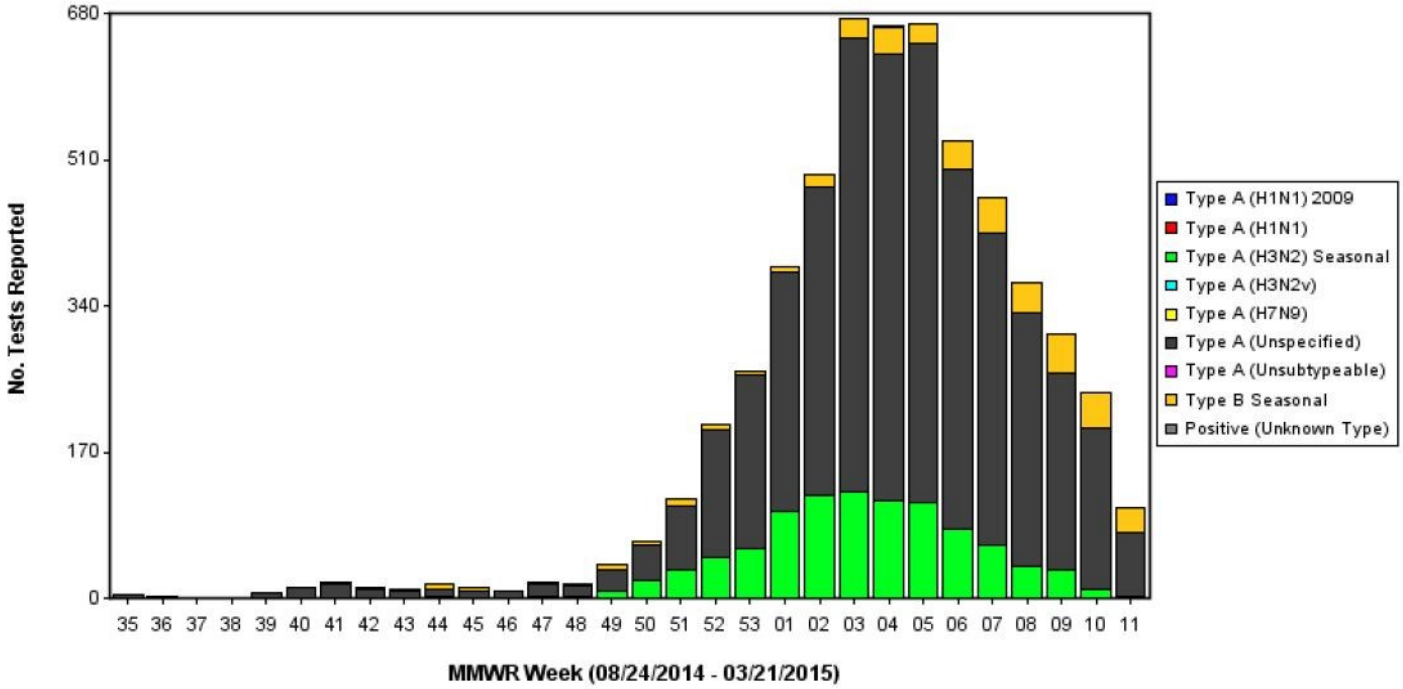
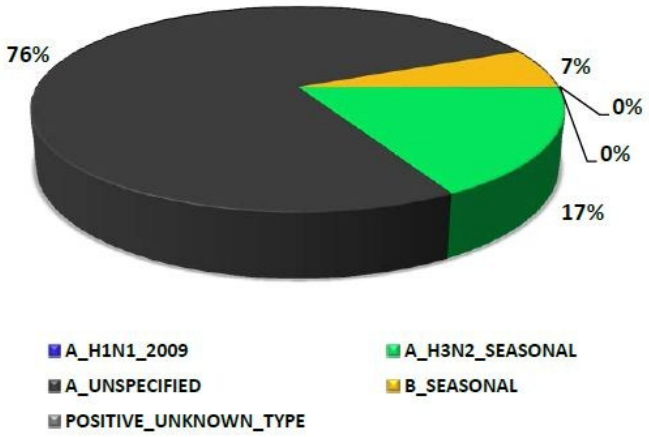



Figure 7. Proportion of Cumulative Positive Laboratory Tests (n = 5760) by Influenza Subtype, Connecticut (as of 3/25/2015)