**2019-2020 Quick Notes for Week 51 (December 15-December 21, 2019)**

<table>
<thead>
<tr>
<th>Influenza Geographic Activity</th>
<th>WIDESPREAD</th>
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<tr>
<th>Influenza-associated Hospitalizations:</th>
<th>Reported This Week: 49</th>
<th>Season To Date: 203</th>
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<tr>
<th>Influenza-associated Deaths:</th>
<th>Reported This Week: 1</th>
<th>Season To Date: 4</th>
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</thead>
<tbody>
<tr>
<td>Pediatric New This Week: 0</td>
<td>Pediatric Season Total: 0</td>
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Influenza-like Illness was 3.44%, higher than the 2.69% observed last week.

**2019-2020 Overview for Week 51 (December 15-December 21, 2019)**

Outpatient Influenza-like illness (ILI) activity was higher than the previous week. Influenza geographic activity continues at **WIDESPREAD**.

A total of 203 influenza-associated hospitalizations have been reported since the beginning of the 2019-20 season.

The percent of emergency department visits for ILI statewide was 8.29%, higher than the previous week, but similar to the level at this time in the previous year.

One influenza-associated death was reported this week, resulting in a total of 4 influenza-associated deaths reported since the beginning of the 2019-20 season.

Of 682 positive influenza tests reported to DPH this season, 36 (5%) were Influenza A 2009 (H1N1), 12 (2%) Influenza A (H3N2), 263 (39%) Influenza B, and 371 (54%) Influenza A (type unspecified).

No influenza-associated pediatric deaths were reported this week. No influenza-associated pediatric deaths have been reported since the beginning of the 2019-20 season. Annual vaccination is the best way to protect children from influenza.

**ALL DATA ARE PRELIMINARY AND SUBJECT TO CHANGE.**

National influenza statistics through [Flu View](#).

Annual vaccination is the best way to protect against severe illness due to influenza.

This year’s flu season data collection begins with Week 35; August 25, 2019.
ILINet Surveillance

Each week a network of volunteer outpatient providers, including clinics, health centers, urgent care centers, and emergency departments, known as ILINet, report the percentage of patient visits with influenza-like illness (ILI), which consists of cough and/or sore throat and a fever >100°F in the absence of a known cause. The ILINet system was expanded in 2019 and should not be directly compared with previous seasons. As of December 21, 2019, outpatient ILI is 3.44%.

Percentage of outpatient patient visits associated with ILI per MMWR week.

Hospital Syndromic Surveillance

DPH receives near real-time information about emergency department (ED) visits from all 38 licensed, hospital EDs in Connecticut. This system was fully in place starting with the 2018-2019 season. Data from previous years are derived from the Hospital Emergency Department Syndromic System. As of December 21, 2019, 8.29% of ED patients had ILI.

Percentage of patients presenting to emergency departments statewide with complaints of ILI.
Laboratory Surveillance

Laboratories report positive influenza tests to DPH. Test results may include the virus subtype (as H3N2), which helps determine the specific virus strains circulating in CT. Other results only provide a general type (Type A Unspecified, Type B). As of December 21, 2019, 682 positive influenza tests have been reported. Increased numbers of circulating influenza B viruses have been observed in recent weeks in Connecticut.

Total number of positive influenza tests and the number of each influenza virus type reported to DPH per MMWR week during the current season.

Percentage of all positive laboratory tests reported from each county in Connecticut during the current season.
Hospital Surveillance

Hospitals report patients hospitalized with influenza to DPH. As of December 21, 2019, **203** patients have been hospitalized with influenza during the current season.

Total number of patients hospitalized with laboratory-confirmed influenza by virus type per MMWR week.

![Graph showing hospitalizations by week and virus type]

Total number of reported patients hospitalized with influenza by age and influenza virus type during the current season. NOTE: Type A Unspecified test results are not displayed in the second figure below so other results may be clearly seen.

![Graph showing hospitalizations by age group and virus type]
Influenza-associated deaths are reported to DPH. The graph shows the number of deaths associated with influenza by age group. Comparisons to previous years are provided when new data are available. Due to the need to confirm reports and reporting delays, consider the current week data preliminary. As of December 21, 2019, 4 influenza-associated deaths have been reported to DPH this season.