2020-2021 Quick Notes for Week 21 (May 23 - 29, 2021)

<table>
<thead>
<tr>
<th>Influenza Geographic Activity</th>
<th>SPORADIC</th>
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</thead>
<tbody>
<tr>
<td>Influenza-associated Hospitalizations:</td>
<td>Reported This Week: 0</td>
</tr>
<tr>
<td>Influenza-associated Deaths:</td>
<td>Reported This Week: 0</td>
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<td></td>
<td>Pediatric New This Week: 0</td>
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</tbody>
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Outpatient Influenza-like Illness (ILI) was 0.80%, lower than the 0.91% observed last week.

2020-2021 Overview for Week 21 (May 23 - 29, 2021)

Outpatient Influenza-like Illness (ILI) activity was lower than the level observed the previous week. Influenza geographic activity is **SPORADIC**.

A total of 14 influenza-associated hospitalizations have been reported since the beginning of the 2020-2021 season.

Hospital Emergency Department (ED) Syndromic Surveillance data reveal a lower percentage of total ED visits for ILI as the percentage observed in the previous week and a similar percentage of total ED visits for ILI observed in previous influenza seasons during this time of year.

No new influenza associated deaths were reported in week 21. A total of 1 death has been reported since the beginning of the 2020-2021 season.

Of the 174 positive influenza tests reported to DPH this season, 0 (0 %) were Influenza A 2009 (H1N1), 0 (0 %) were Influenza A (H3N2), 91 (52 %) Influenza Type B, and 83 (48 %) were Influenza A (type unspecified).

No new influenza-associated pediatric deaths were reported in week 21. No influenza-associated pediatric deaths have been reported since the beginning of the 2020-2021 season. Annual vaccination is the best way to protect children from influenza.

[Connecticut COVID data](#) [CDC Flu View](#)

All data are preliminary and subject to change.

Annual vaccination is the best way to protect against severe illness due to influenza.
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. Because of expansion of ILINet to additional providers and the effect of COVID-19, the current year should not be compared to previous years. As of May 29, 2021, outpatient ILI is at 0.80%.

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

Hospital Syndromic Surveillance

DPH EpiCenter receives near real-time information about emergency department (ED) visits from hospital EDs and hospital-affiliated urgent care centers throughout Connecticut. Data from 2019-2020 flu season were influenced by the onset of COVID-19 Pandemic. As of May 29, 2021, 4.8% of 2020-2021 season ED patients had ILI, which is lower than the previous week and a similar % of ED patients with ILI observed during previous influenza seasons this time of year.
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 May 29, 2021, 174 positive influenza tests have been reported.

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

Rate of positive influenza tests per 100,000 persons reported from each county in Connecticut during the current season.
Hospitals report patients hospitalized with influenza to DPH. The Connecticut Hospital Association (CHA) also tracks basic hospitalization data. As of May 29, 2021, 14 patients have been hospitalized with influenza during the current season. Two hospitalized influenza patients were also infected with COVID-19.

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

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.
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 May 29, 2021, 1 influenza-associated death has been reported to DPH.