Connecticut Department of Public Health
Influenza Final Surveillance Summary for 2011-2012 Flu Season

The following describes influenza activity in Connecticut during the 2011-2012 influenza season (August 28, 2011-June 9, 2012).

Overall, influenza activity was among the lowest flu activity seasons recorded during the past decade.

In Connecticut, the Department of Public Health utilized multiple surveillance systems to monitor circulating flu viruses and surveillance data were updated weekly. Surveillance findings for the 2011-2012 flu season include:

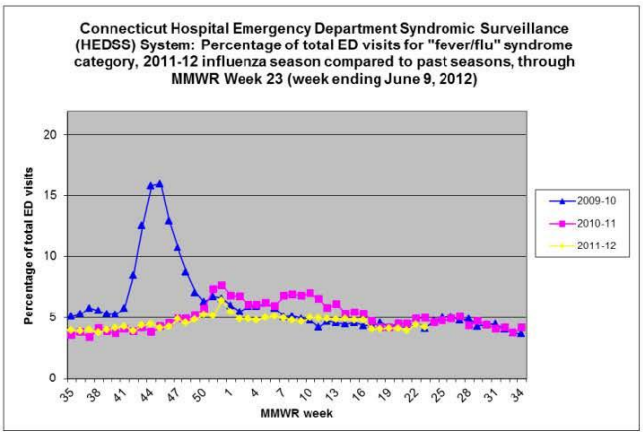
- The percentage of total emergency department visits attributed to the "fever/flu" syndrome category remained below 5% statewide, except for four mid-season weeks during mid-December to mid-January (Figure 1).
- The percentage of outpatient visits with influenza-like illness remained below 1% for most of the season, and 2% the entire season, only exceeding the regional threshold of 1.1% during three weeks in early January to mid-March (Figure 2).
- The number of statewide pneumonia admissions remained below 400 for much of the season surpassing 400 for seven weeks from early November to mid-February (Figure 3).
- A total of 270 persons hospitalized with influenza-associated illness were reported and included 49 Type A (H3N2), 14 Type A (2009 H1N1), 168 Type A unspecified, and 39 Type B (Figure 4).
- Only one influenza associated death was reported in a patient with Type A (H3N2) infection.
- A total of 1,083 positive influenza test results were reported. Positive results were reported from residents of all 8 Connecticut counties and included: 345 from New Haven County, 336 from Fairfield, 256 Hartford, 41 Middlesex, 35 New London, 32 Litchfield, 21 Tolland , and 17 from Windham. Of the 1,083 positive influenza reports,177 were Type A (H3N2), 95 Type A (2009 H1N1), 586 Type A (subtype unspecified), 148 influenza B viruses, and 77 of unknown type (Figure 5).

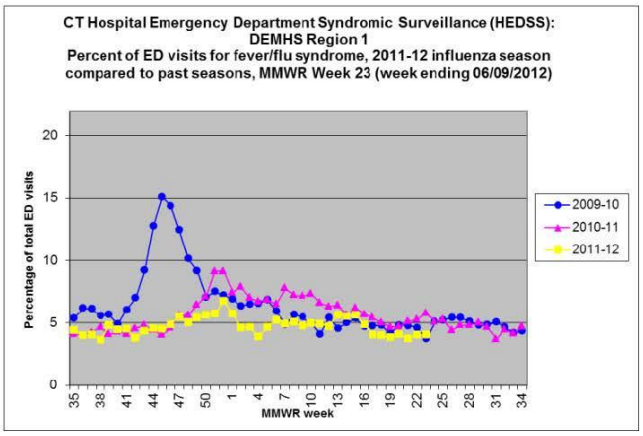
The **Hospital Emergency Department Syndromic Surveillance (HEDSS) System** receives daily electronic reports on ED visits from more than half of Connecticut's acute care hospitals. Data include a listing of total patient visits with information on their chief complaint, including fever/flu.

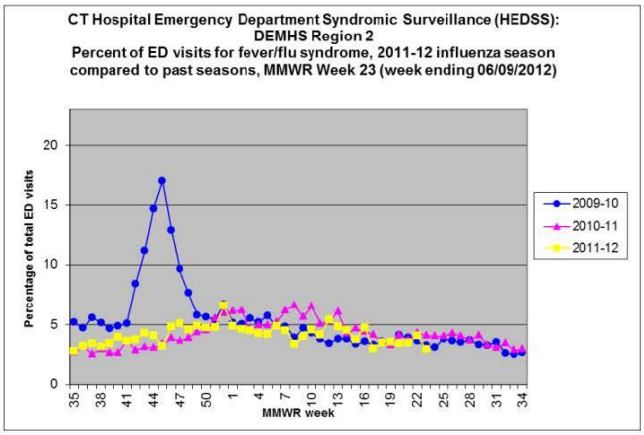
Figure 1

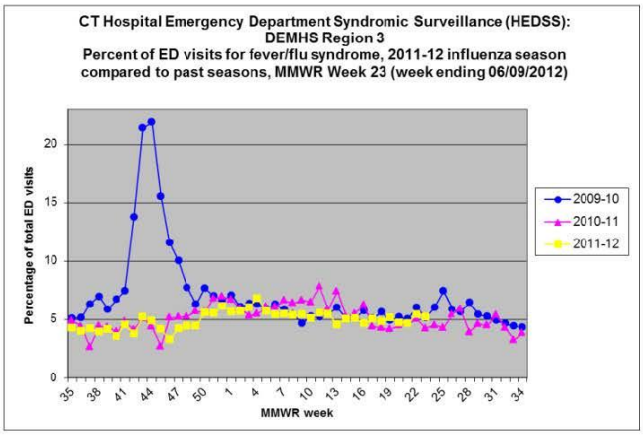
CT Hospital Emergency Department Syndromic Surveillance (HEDSS): Percent of ED visits for fever/flu syndrome compared to past seasons MMWR Week 23 (week ending 06/092012)

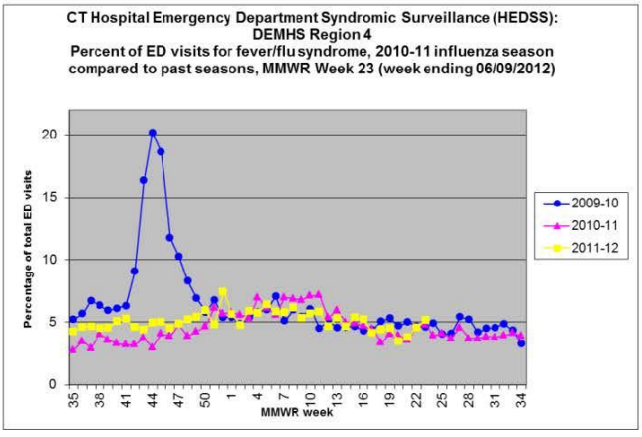
Department of Emergency Management and Homeland Security (DEMHS) Planning Regions

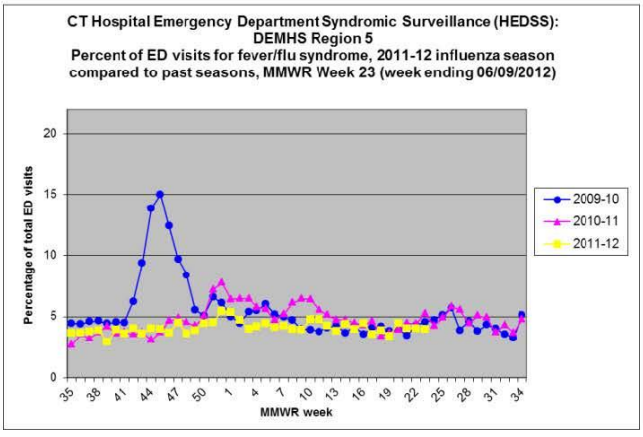






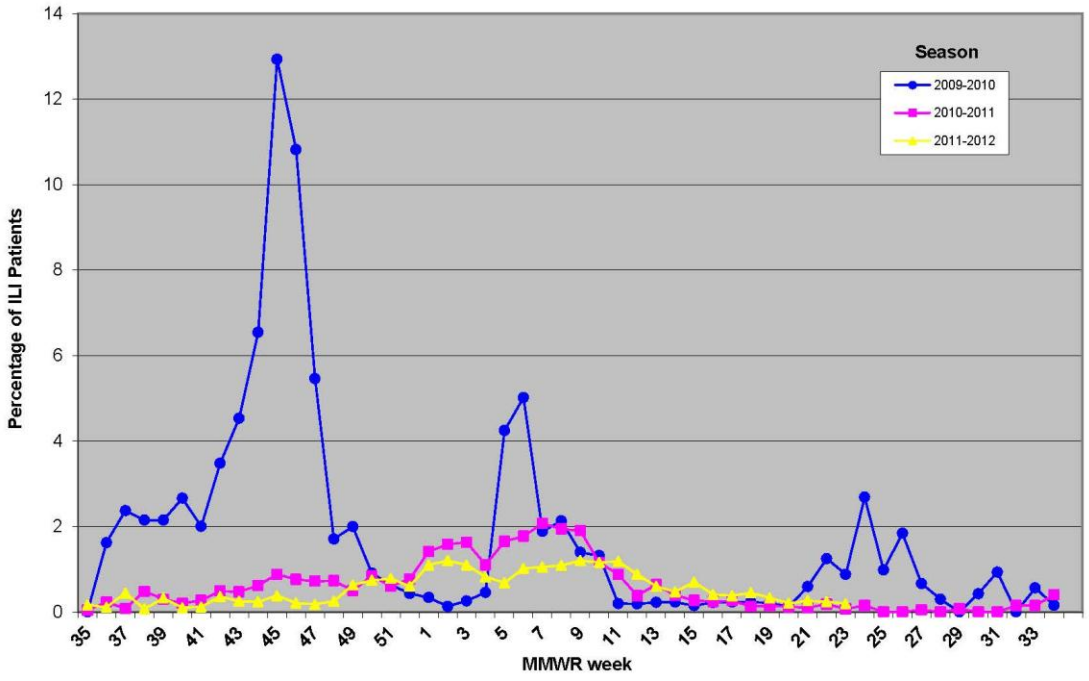






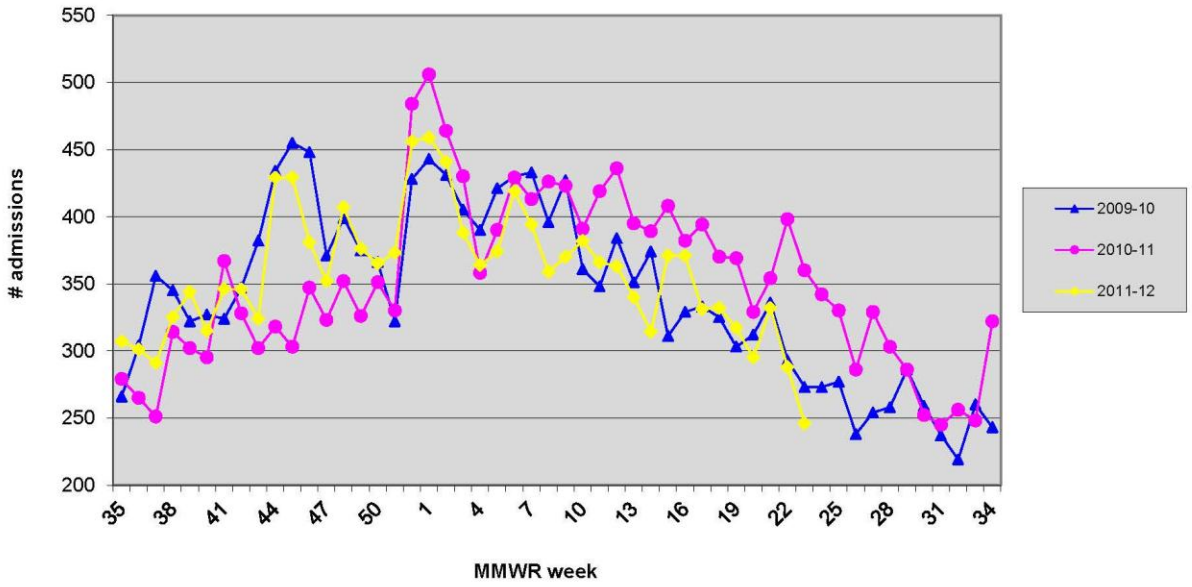
Sentinel Provider Surveillance System: Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough or sore throat in 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), through MMWR Week 23, (week ending June 9, 2012), Connecticut, 2009-2012



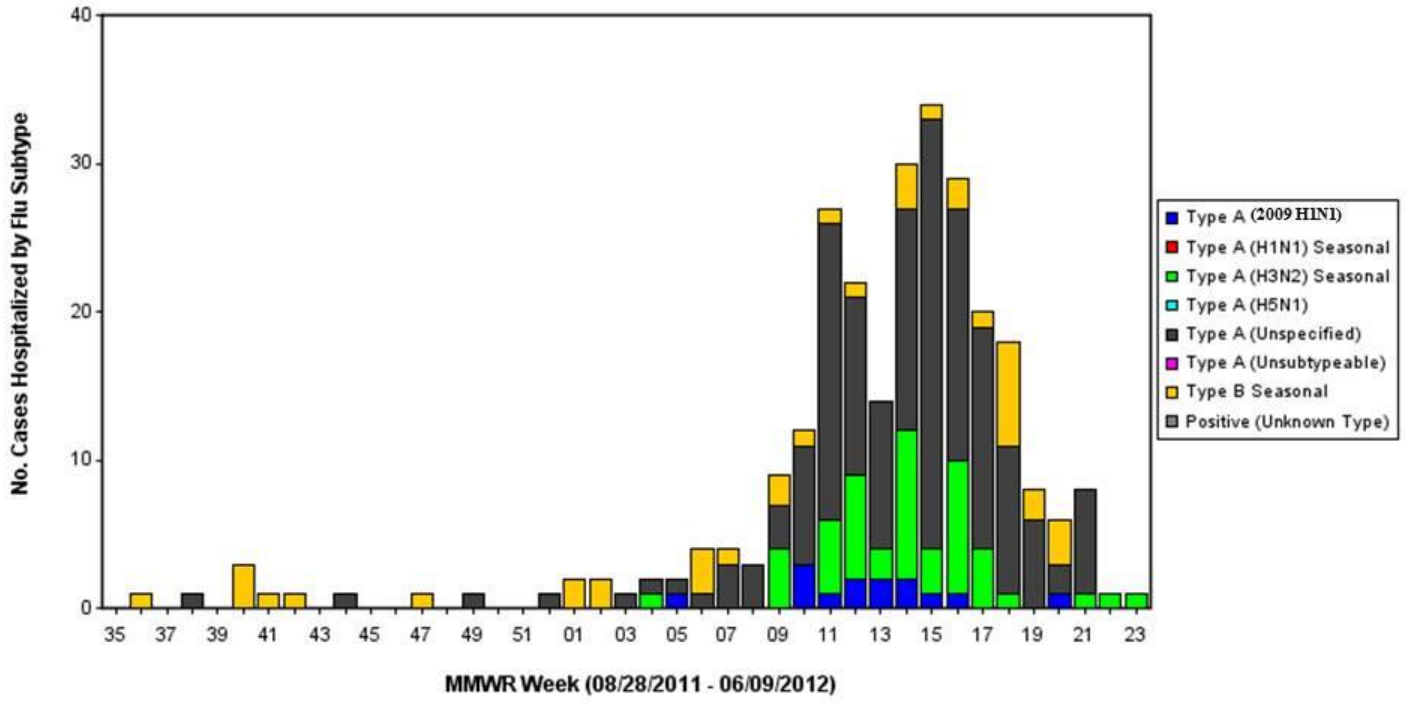
The **Hospital Admissions Syndromic Surveillance (HASS) System**, receives daily electronic reports from all 32 acute care hospitals in Connecticut. Information on unscheduled admissions, including those for pneumonia that may be associated with influenza infections, is submitted.

Figure 3: Connecticut Hospital Admissions Syndromic Surveillance (HASS) System, Statewide Pneumonia Admissions; 2009-10, 2010-11 & 2011-12



Influenza-associated Hospitalizations: Influenza-associated hospitalizations are reportable events in Connecticut. Data collected through this system describe the more serious illnesses associate with influenza infections.

Figure 4. Hospitalized Patients (n =270) with Positive Laboratory Tests by Influenza Subtype and Week, Connecticut (as of 6/12/2012)



Laboratory Surveillance: Positive influenza tests are laboratory reportable findings in Connecticut. The DPH tracks the number of persons with positive influenza tests to determine what types, subtypes, and strains are circulating.

Figure 5. Positive Laboratory Tests (n =1083) by Influenza Subtype and Week, Connecticut (as of 6/12/2012)