



2017-2018 Influenza Season, Update for Week 17*

(Week ending Saturday, 04/28/2018)

Key Points

- ✓ Although influenza activity remains elevated in several states in the Northeast, it is continuing to decline throughout the country. The national decline has slowed as seen in the small decrease (from 1.8 to 1.7%) recently reported by the U.S. Centers for Disease Control and Prevention (CDC) in the percentage of people seeing their health care provider with influenza-like-illness (ILI).
- ✓ The small second wave of influenza activity recently observed in Connecticut also continues to decrease. However, Connecticut flu activity remains elevated compared to most areas of the country as seen in the percentage of patients with influenza-like illness presenting to hospital emergency departments and outpatient providers, along with the increased number of laboratory confirmed flu cases and flu-associated hospitalizations. We have received reports of one additional flu-associated death during the past week in Connecticut.
- ✓ Classification of Connecticut geographic activity remains at **widespread****.
- ✓ Although influenza A (H3N2) viruses have been predominate within the US and Connecticut for most of the 2017-2018 season, numbers of influenza B viruses are now circulating in far greater numbers than influenza A viruses.
- ✓ As elevated flu activity will likely continue into late May in Connecticut, there is still time to obtain your flu vaccine and take other important steps to prevent influenza-related illness and hospitalization:
<http://www.portal.ct.gov/DPH/Infectious-Diseases/Immunization/Seasonal-Influenza>

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” had decreased from week 6 to week 12, increased for two weeks to 7.1% during week 14 and has now decreased from 5.8 to 5.5% during week 17; remaining above the level of 5% statewide; 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 decreased from weeks 6 through 12, increased to 4.3% during week 13, has now remained at 2.8% during weeks 16 and 17, continuing above the level of 1% statewide; 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 decreased from weeks 9 through 13, increased to 3.4% during week 14, decreased to 3.1% during week 15, has now remained at

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3.5% for two weeks, approaching the level of 4% statewide; generally considered the baseline when there may be increased pneumonia hospitalizations due to influenza (Figure 3).

- A total of 3,322 hospitalized patients with laboratory-confirmed influenza admitted between August 27 and April 28, 2018 have been reported to date. Of these 3,322 reports, 1,744 were Type A (subtype unspecified), 559 were Type A (H3N2), 43 were Type A (2009 H1N1), 970 were influenza B virus, and 6 of unknown type. A total of 147 influenza-associated deaths (99 associated with flu A, 47 with flu B, 1 of unknown type) have been reported to date. One new flu-associated death has been reported during this week. Of the 147 deaths reported to date, 123 were among patients greater than 65 years of age, 13 were 50-64 years of age, 7 were 25-49 years of age, 1 was between 19-24 years of age, and 3 were ≤ 18 years of age. The current season total of 147 deaths is above the range of influenza-associated deaths (1-65) reported during the previous five seasons (Figures 4 & 5).
- A total of 11,351 influenza positive laboratory tests have been reported during the current season (August 27 – April 28, 2018): Fairfield (3,476), New Haven (3,134), Hartford (2,188 reports), New London (696), Middlesex (639), Litchfield (470), Windham (439), Tolland (243) and currently unknown county (66). Of the 11,351 positive influenza reports: 5,792 were Type A (subtype unspecified), 1,274 were Type A (H3N2), 195 were Type A (2009 H1N1), 4,076 were influenza B viruses, and 14 of unknown type. Please note that the percentage of influenza B infections is continuing to increase (Figures 6 & 7).

* Week numbers refer to the Morbidity and Mortality Weekly Report calendar used by the federal Centers for Disease Control and Prevention (CDC) 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>

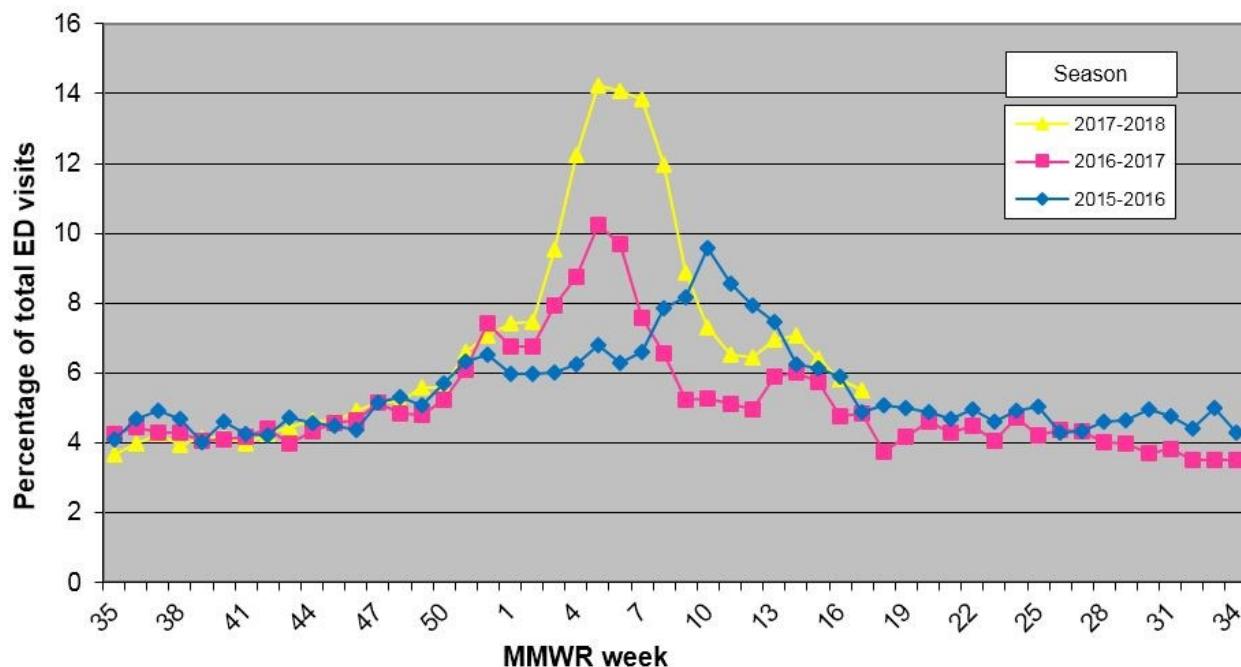
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The Hospital Emergency Department Syndromic Surveillance (HEDSS) System receives daily electronic reports on ED visits from all 33 hospital-affiliated emergency departments in Connecticut. Data include a listing of total patient visits with information 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, 2017-2018 influenza season compared to past seasons, MMWR Week 17 (week ending 04/28/18)



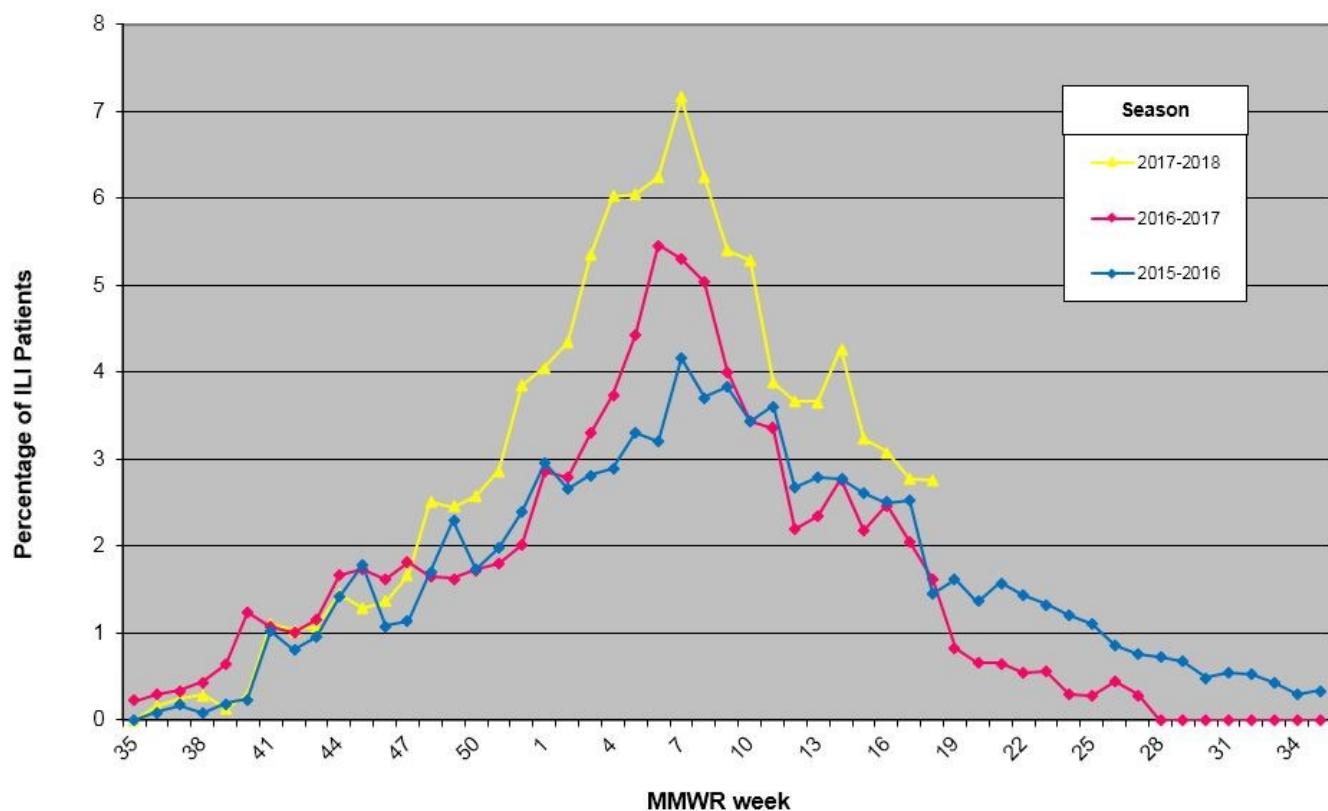
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Sentinel Provider Surveillance System: Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly 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); 2015-16, 2016-17, 2017-18



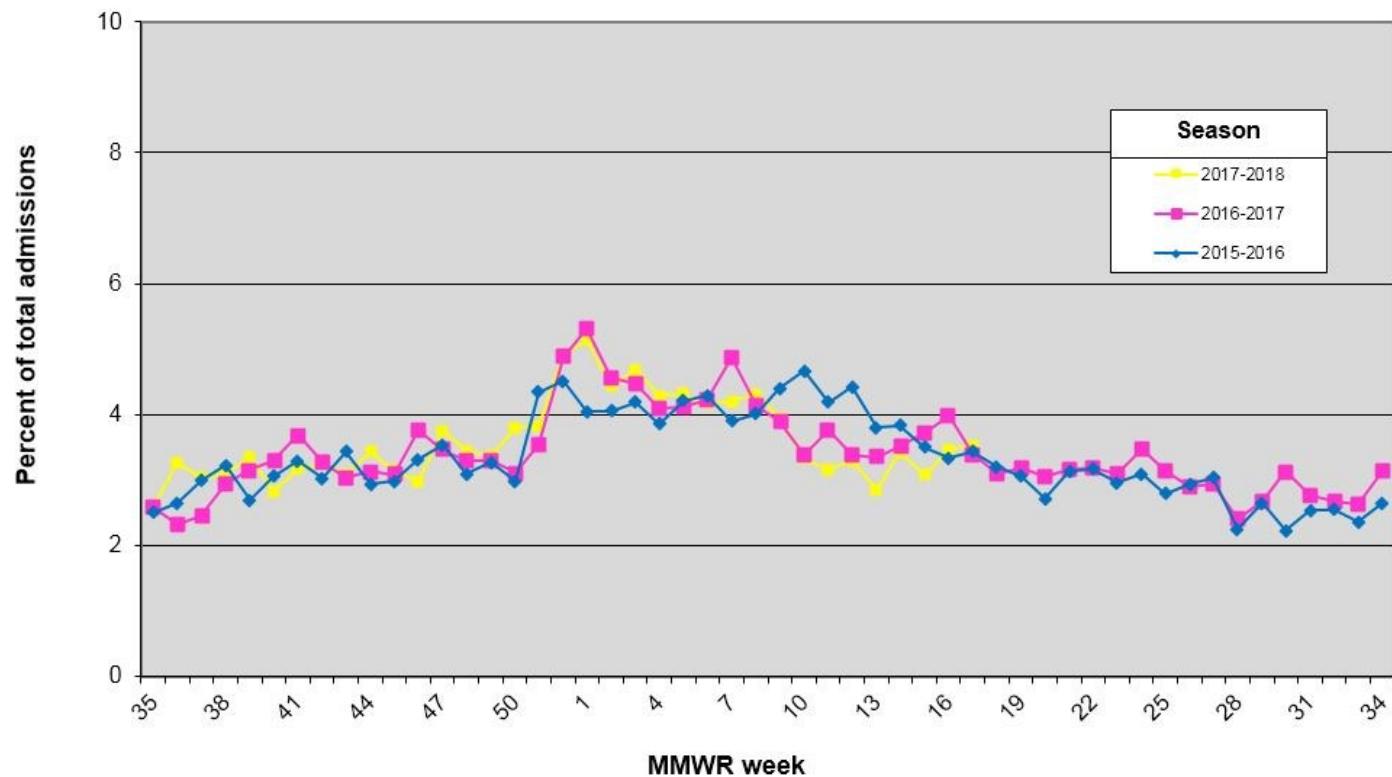
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The **Hospital Admissions Syndromic Surveillance (HASS) System**, receives daily electronic reports from all 32 acute care hospitals in Connecticut. Information on unscheduled admissions, including those for pneumonia that may be associated with influenza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

Figure 3: Connecticut Hospital Admissions Syndromic Surveillance (HASS) System, Percentage of total statewide admissions for pneumonia; 2015-16, 2016-17, 2017-18



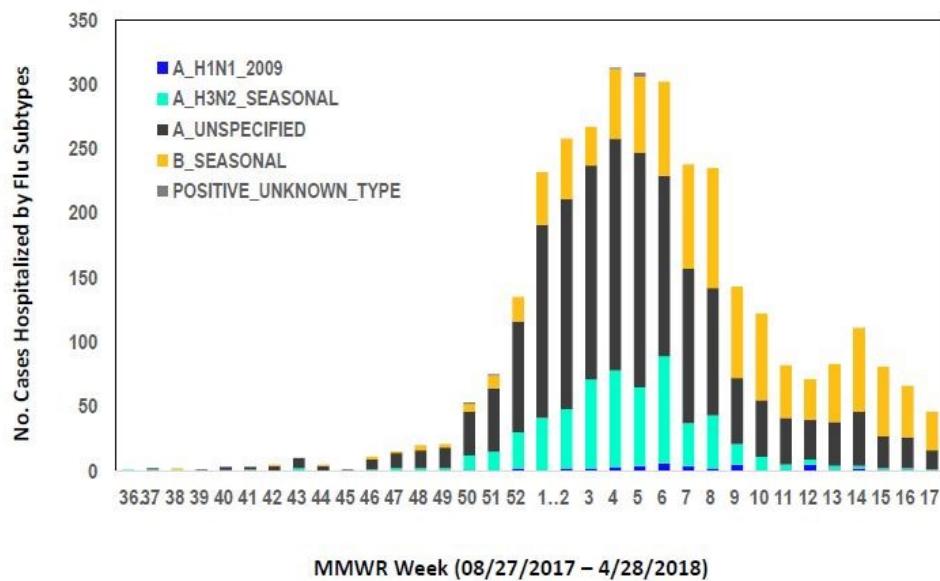
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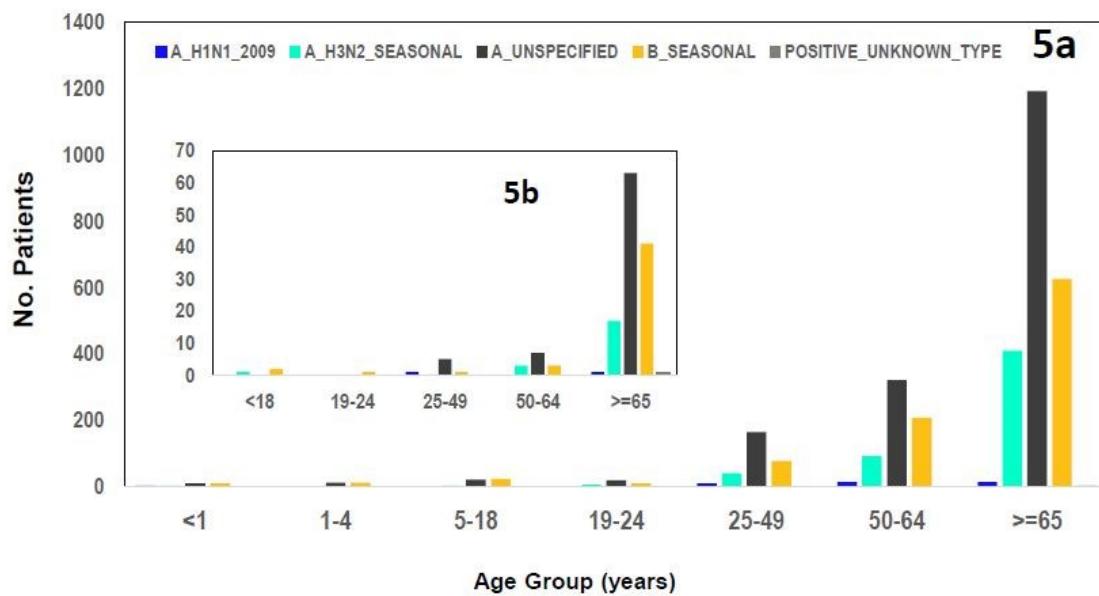
Influenza-associated Hospitalizations: In Connecticut, influenza-associated hospitalizations and deaths are reportable. Data collected describe the more serious illnesses associated with influenza infections.

Figure 4. Hospitalized Patients (n = 3322) with Positive Lab Tests by Subtype & Week, Connecticut, through 4/28/2018



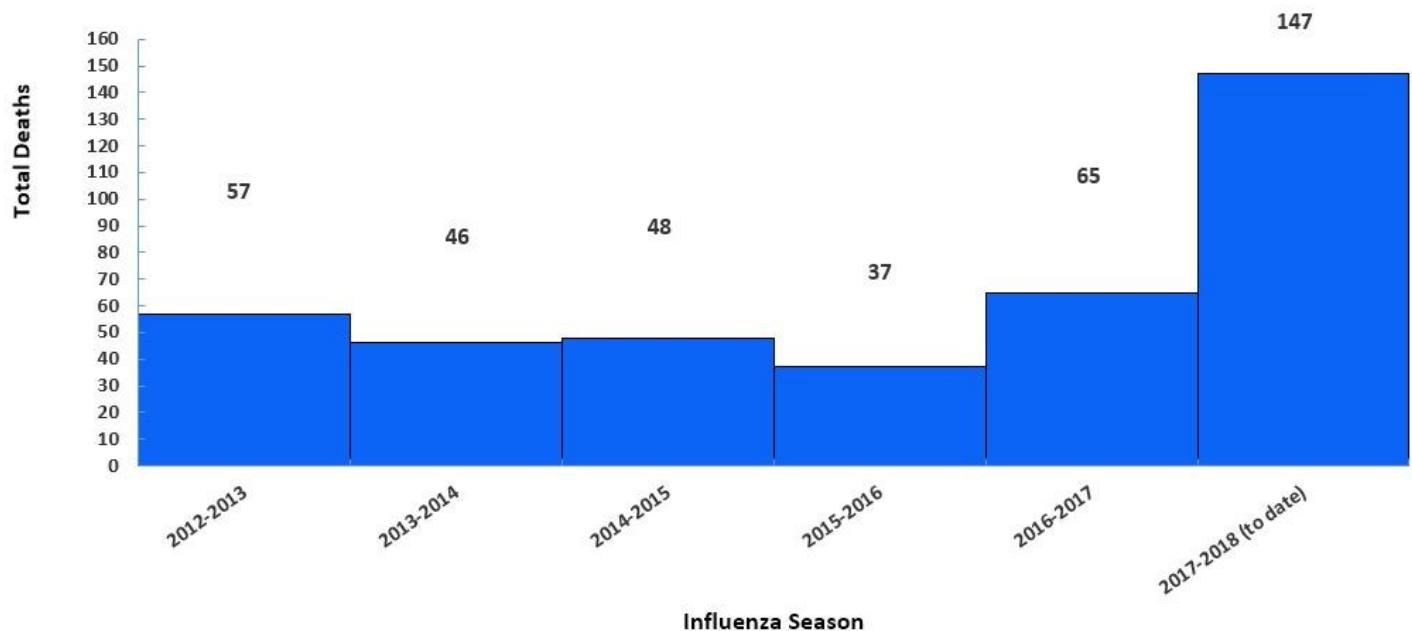
MMWR Week (08/27/2017 – 4/28/2018)

Figure 5. Hospitalized Patients (5a, n= 3322) and Flu-Associated Death (5b, n=147) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 4/28/2018



Influenza-associated Deaths: Comparison of the total number of flu-associated deaths reported in Connecticut during the current and previous five flu seasons starting with the onset of improved reporting during the 2012-13 flu season.

Figure 5c. Total Number of Influenza-associated Deaths in Connecticut by Influenza Season, 2012-13 through 5/02/2018



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 = 11351) by Influenza Subtype and Week, Connecticut, through 4/28/2018

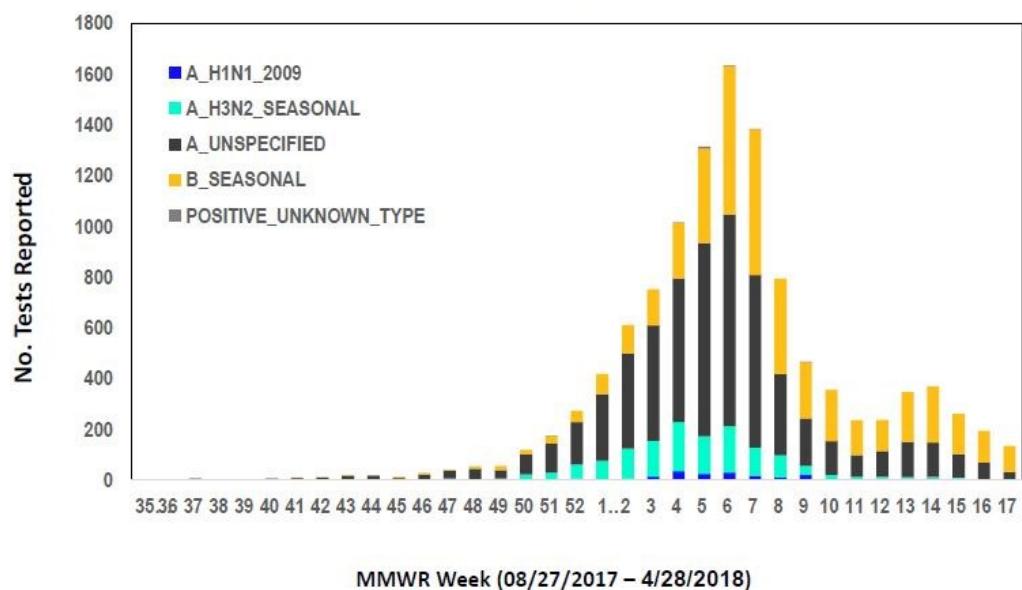


Figure 7. Proportion of Cumulative Positive Laboratory Tests (n = 11351) by Influenza Subtype, Connecticut, through 4/28/2018

