



2017-2018 Influenza Season, Update for Week 50*

(Week ending Saturday, 12/16/2017)

Key Points

- ✓ National influenza activity has been rapidly increasing during the last several weeks.
- ✓ In Connecticut, influenza activity has rapidly increased during the last two weeks.
- ✓ Classification of Connecticut geographic activity had increased to **widespread****.
- ✓ Influenza A (H3N2) viruses appear to predominate within the US and Connecticut.
- ✓ It is time to obtain your flu vaccine and take other steps to prevent influenza-related illness and hospitalization: <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” are continuing to increase and are now at 5.6%, which is 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) has continued well 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 are increasing and are now approaching a level of 4% statewide; generally considered the baseline when there may be increased pneumonia hospitalizations due to influenza (Figure 3).
- A total of 144 hospitalized patients with laboratory-confirmed influenza admitted between August 27 and December 16, 2017 have been reported to date. Of these 144 reports, 111 were Type A (subtype unspecified), 14 were Type A (H3N2), 1 was Type A (2009 H1N1), and 18 were influenza B virus. Three influenza-associated deaths in individuals greater than 65 years of age have been reported to date, this season (Figures 4 & 5).
- A total of 355 influenza positive laboratory tests have been reported during the current season (August 27 – December 16, 2017). Influenza was reported in all eight counties: Hartford (109 reports), Fairfield (94), New Haven (72), New London (32), Tolland (20), Middlesex (13), Litchfield (9), and Windham County (6). Of the 355 positive reports: 267 were Type A (subtype unspecified), 29 were Type A (H3N2), 5 were Type A (2009 H1N1), and 54 were influenza B viruses (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>

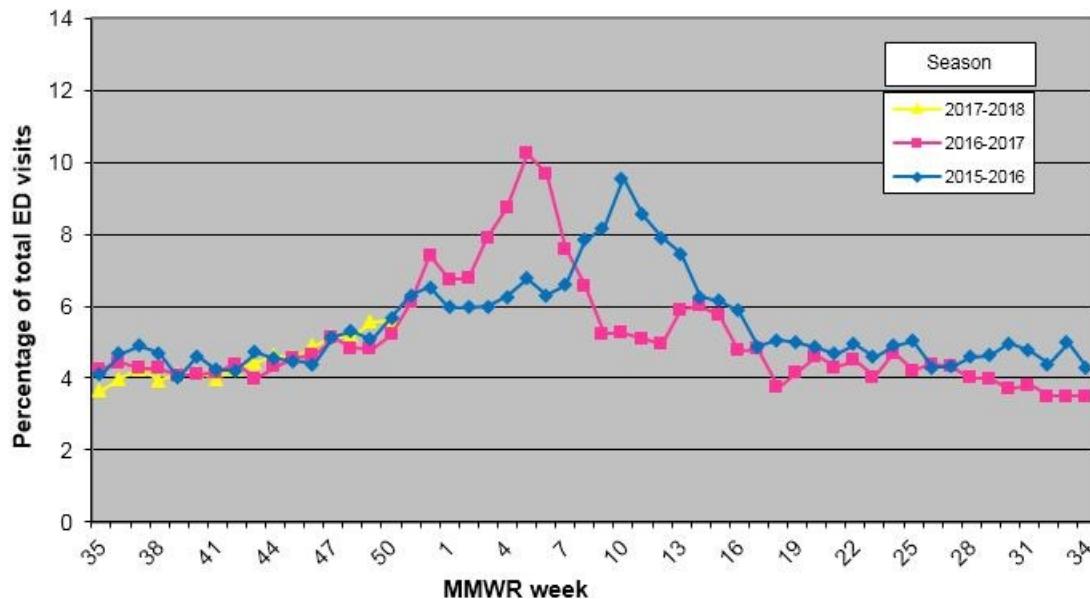
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The **Hospital Emergency Department Syndromic Surveillance (HEDSS) System** receives daily electronic reports on ED visits from more than half of Connecticut's acute care hospitals. Data include a listing of total patient visits with information on 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, 2017-2018 influenza season compared to past seasons, MMWR Week 50 (week ending 12/16/17)



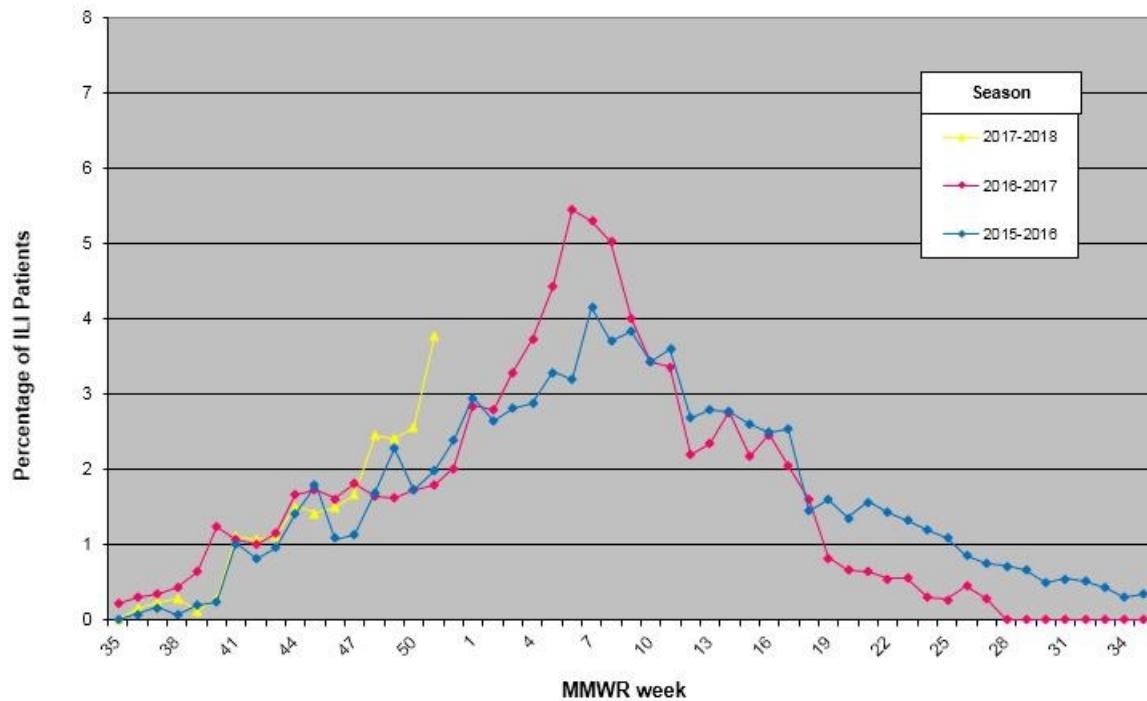
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Sentinel Provider Surveillance System: Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly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



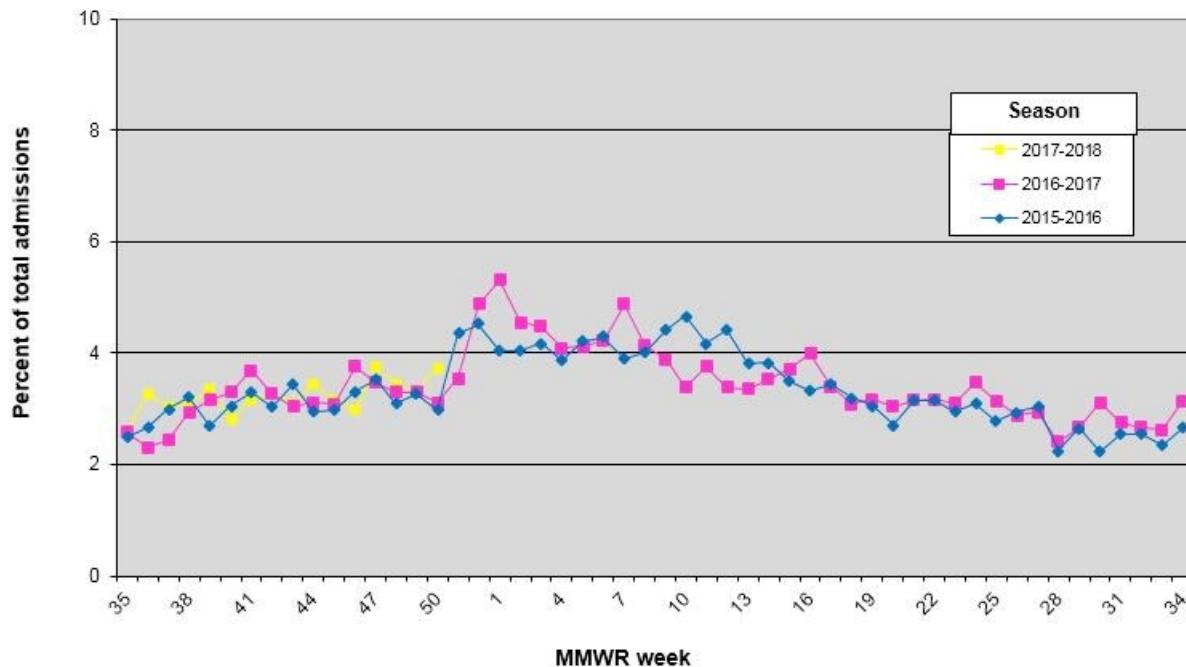
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The **Hospital Admissions Syndromic Surveillance (HASS) System**, receives daily electronic reports from all 32 acute care hospitals in Connecticut. Information on unscheduled admissions, including those for pneumonia that may be associated with influenza 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 =144) with Positive Lab Tests by Subtype & Week, Connecticut, through 12/16/2017

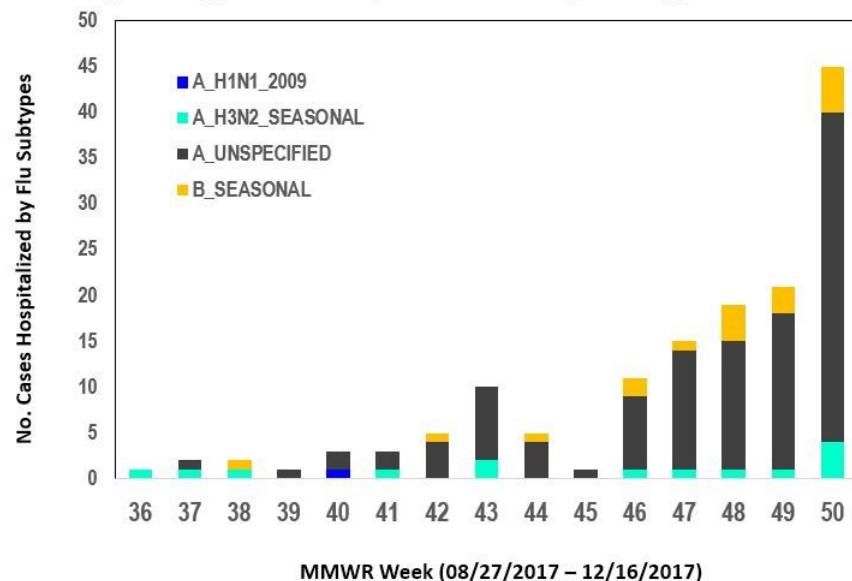
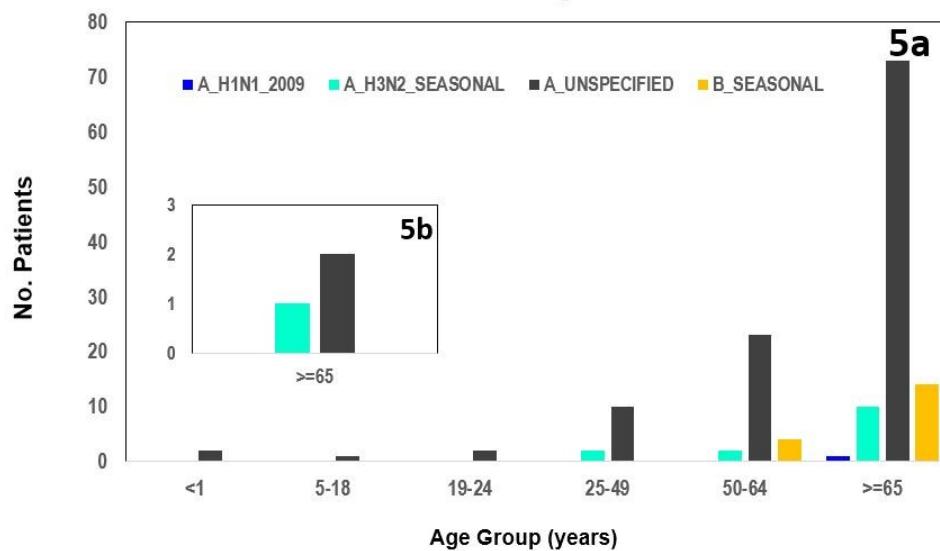


Figure 5. Hospitalized Patients (5a, n=144) and Flu-Associated Death (5b, n=3) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 12/16/2017



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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 = 355) by Influenza Subtype and Week, Connecticut, through 12/16/2017

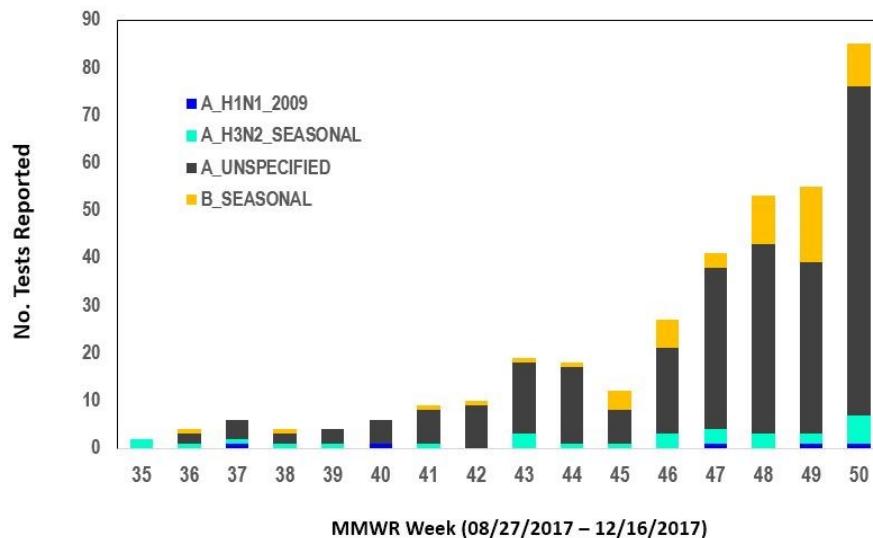


Figure 7. Proportion of Cumulative Positive Laboratory Tests (n =355) by Influenza Subtype, Connecticut, through 12/16/2017

