



2018-2019 Influenza Season Update for Week 16*

(The week ending on Saturday, April 20, 2019)

Key Points

- ✓ Classification of Connecticut geographic activity remains at **widespread**** for week 16.
- ✓ Influenza activity remains elevated nationally and within Connecticut.
- ✓ Influenza A viruses remain the predominate type circulating with flu A (H3N2) viruses exceeding and now replacing flu A (2009 H1N1) as the most common subtype identified. These circulating influenza A (H3N2) viruses resulted in an increased wave of flu activity, which is now decreasing. Few influenza B viruses have been identified this season, although a slight increase has recently been observed.
- ✓ The U.S. Centers for Disease Control and Prevention (CDC) recent reports on the percentage of people nationally seeing their health care provider with influenza-like-illness (ILI) is currently 2.4%, above the national baseline of 2.2% for elevated ILI activity.
- ✓ You and your family should continue to take steps to prevent influenza-related illness and hospitalization: <https://portal.ct.gov/DPH/Immunizations/Seasonal-Influenza> The use of antiviral drugs is an important tool in the prevention of hospitalizations and other severe flu illness outcomes. You should contact your doctor quickly if you have a cough, sore throat, chills, body aches and fatigue or other symptoms of influenza. There is still time for you and your family to obtain your flu vaccine if you have not already done so.

The Department of Public Health (DPH) uses multiple surveillance systems to monitor circulating flu viruses throughout the year. Data are updated with available information each week starting in October and ending in May. Consider current week data preliminary due to delays in reporting and confirmation.

- The percentage of statewide emergency department visits attributed to the “fever/flu syndrome” has decreased from 6.8% in week 15 to 5.9% in week 16 (Figure 1). Caution should be used when comparing the 2018-2019 EpiCenter syndromic surveillance data to 2016-2017 and 2017-2018 Hospital Emergency Department Syndromic Surveillance System data†.
- The percentage of outpatient visits with influenza-like illness (ILI) has decreased from 3.9% in week 15 to 3.7% in week 16, remaining above the level of 1% generally considered the minimum threshold for elevated influenza-associated visits in the outpatient setting in Connecticut (Figure 2).
- To date, a total of 3,231 hospitalized patients with laboratory-confirmed influenza admitted during the current season (August 26 to April 20, 2019) have been reported. Of these, 2,752 were associated with type A (subtype unspecified), 235 influenza A (2009 H1N1), 186 influenza A (H3N2), and 58 influenza B viruses. Flu-associated hospitalizations occurring during weeks 11-14 were elevated compared to week 10 (Figures 3 & 4).
- One flu-associated death was reported in week 16, resulting in a total of 69 deaths reported in Connecticut during this flu season so far. Sixty flu-associated deaths were associated with influenza A (unspecified), 7 with influenza A (2009 H1N1), 1 with influenza A (H3N2), and 1 with influenza B. Of the 69 total reported flu-associated deaths, 46 occurred in persons >65 years of age, 18 in persons 50-64 years of age, 4 in persons 25-49 years of age, and 1 in an individual 5-17 years of age.

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- A total of 9,608 influenza positive laboratory tests have been reported during the current season: New Haven County (3,021), Hartford (2,193), Fairfield (1,815), New London (868), Litchfield (596), Middlesex (544), Windham (312), Tolland (215), and 44 in currently unknown counties. Of the 9,608 total positive reports, 8,132 were influenza A (subtype unspecified), 769 influenza A (2009 H1N1), 446 influenza A (H3N2), and 261 influenza B (Figures 5 & 6).

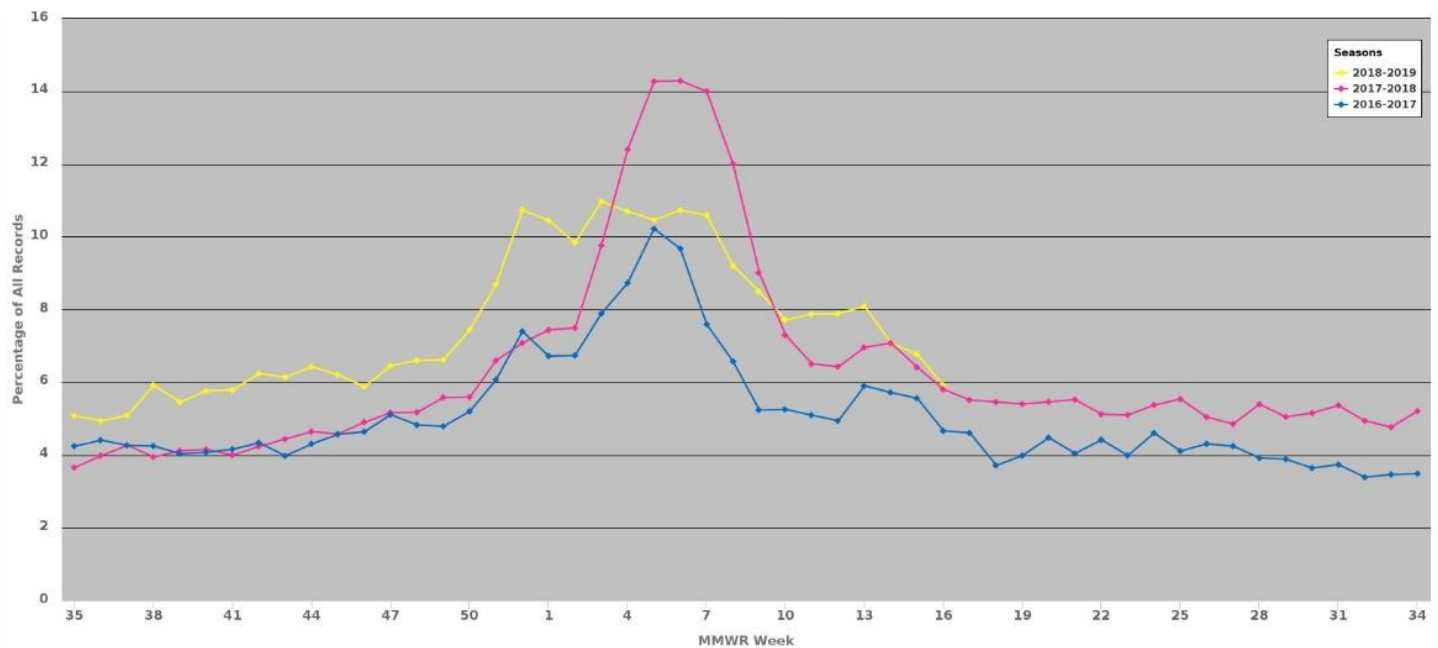
** Week numbers refer to the Morbidity and Mortality Weekly Report calendar used by the Centers for Disease Control and Prevention (CDC) for national disease surveillance.*

*** Definitions for the estimated levels of geographic spread of influenza activity available at:*

<http://www.cdc.gov/flu/weekly/overview.htm>

† The EpiCenter system replaced the Hospital Emergency Department Syndromic Surveillance System; 18 additional emergency department facilities send data to the EpiCenter.

Figure 1. Percentage of Statewide Emergency Department Visits Attributed to “Fever/Flu Syndrome”, 2016-17, 2017-18, 2018-19*



*Caution should be used when comparing EpiCenter surveillance data to 2016-17 and 2017-18 Hospital Emergency Department Syndromic Surveillance system data.

Figure 2. Outpatient Influenza-Like Illness Surveillance Network (ILINet), Percentage of Patients with Influenza-Like Illness (ILI); 2016-17, 2017-18, 2018-19

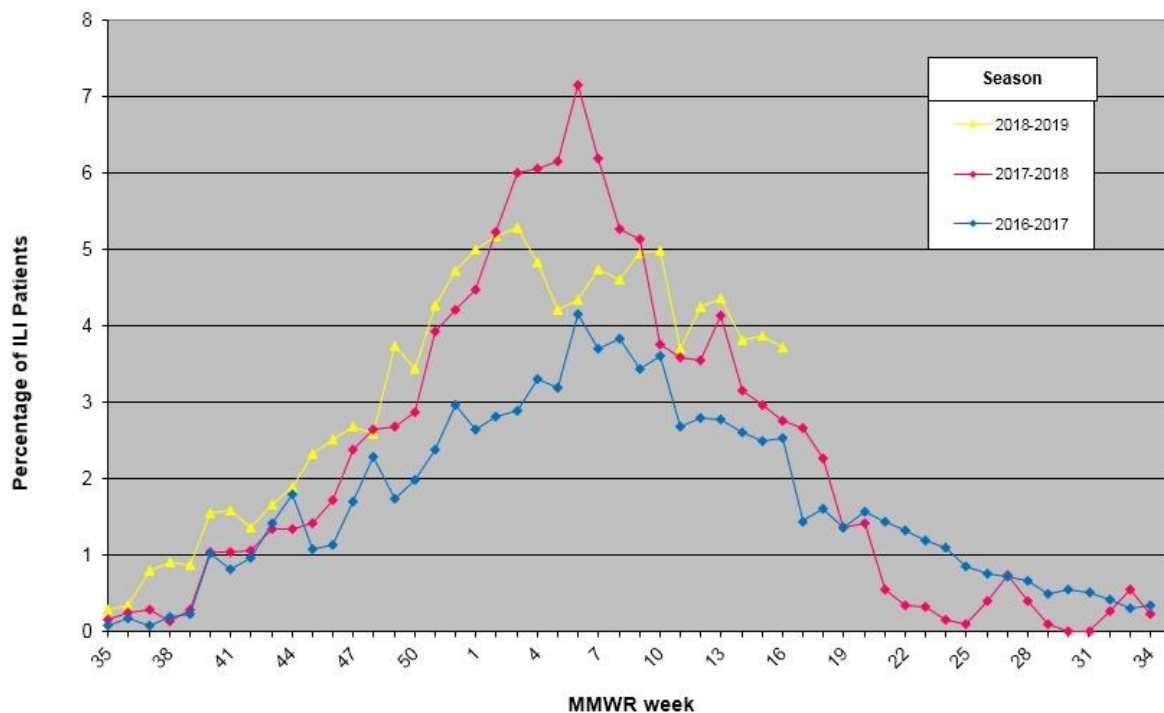


Figure 3. Hospitalized Patients (n = 3231) with Positive Lab Tests by Subtype & Week, Connecticut, through 4/20/2019

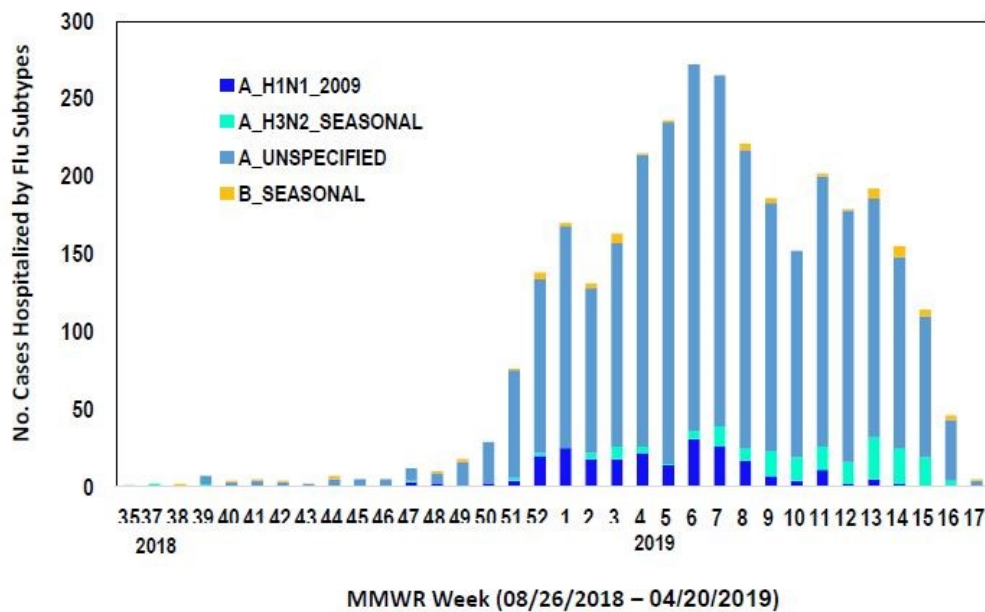


Figure 4. Hospitalized Patients (n=3231) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 4/20/2019

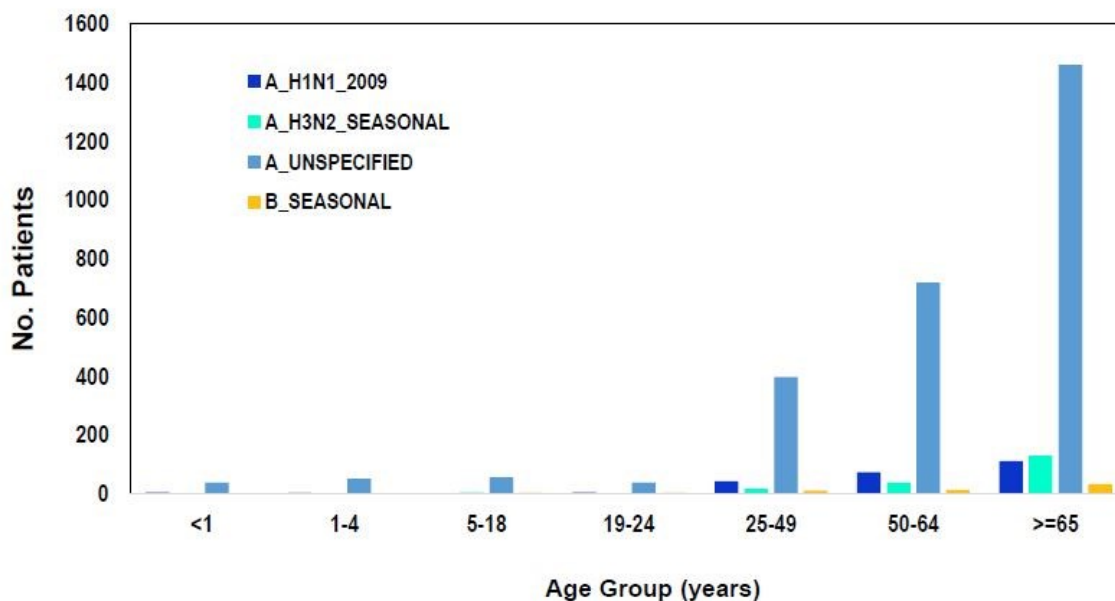


Figure 5. Positive Laboratory Tests (n = 9608) by Influenza Subtype and Week, Connecticut, through 4/20/2019

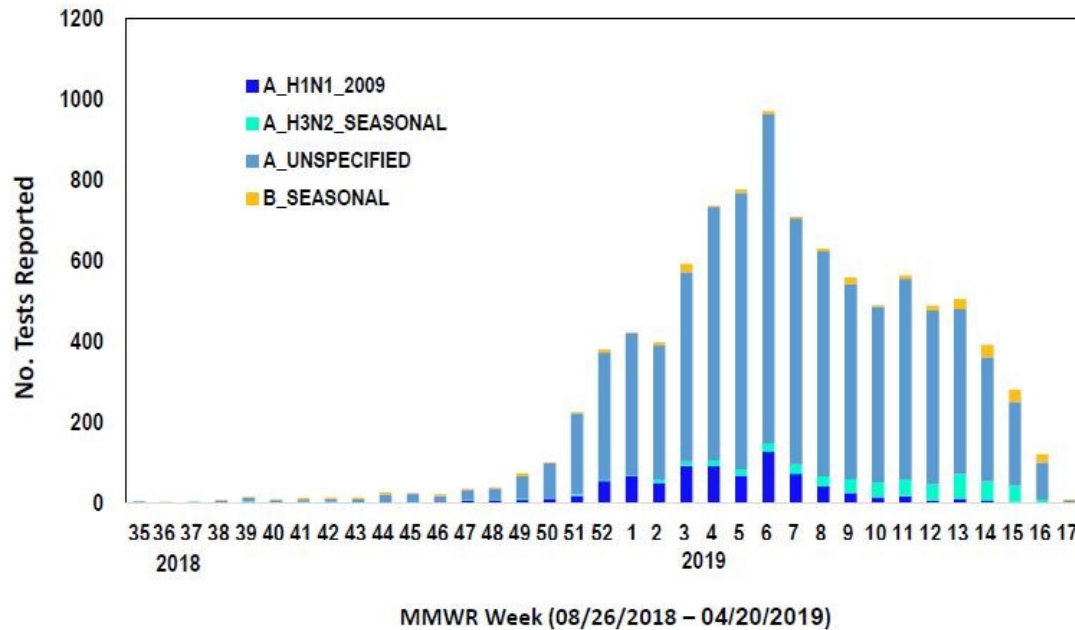
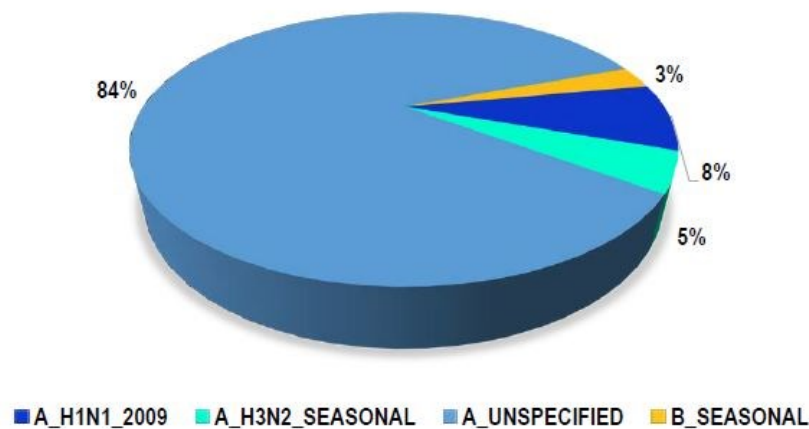


Figure 6. Proportion of Cumulative Positive Laboratory Tests (n = 9608) by Influenza Subtype, Connecticut, through 4/20/2019



Influenza Surveillance System Definitions

The EpiCenter System: This system receives near real-time reports on ED visits from all 38 licensed, hospital emergency departments in Connecticut. Data include a description of the chief complaint, or reason for visit, including fever/flu. The EpiCenter system replaced the Hospital Emergency Department Syndromic Surveillance system (HEDSS). During 2017-2018, 18 additional emergency department facilities began sending data to the EpiCenter, and caution should be used when comparing EpiCenter surveillance data to historical HEDSS data.

Sentinel Provider Surveillance: 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 and/or sore throat in the absence of a known cause, and the presence of a fever $\geq 100^{\circ}$ F.

Influenza-associated Hospitalizations and/or Deaths: Providers are required to report influenza-associated hospitalizations and influenza-associated deaths, they are not required to report any positive influenza test results. Data collected describe the more serious illnesses associated with influenza infections.

Laboratory Surveillance. In Connecticut, positive influenza results are reportable by the laboratory conducting the test. Rapid antigen results are only reportable by laboratories with electronic file reporting. These results are used to determine what types, subtypes, and strains are circulating.

Hospitalizations in residents of New Haven and Middlesex Counties: Three new figures are included in this week's update. Since 2003, the Connecticut Emerging Infections Program at the Yale School of Public Health conducts active surveillance for laboratory-confirmed, influenza-associated hospitalizations as part of the national FluSurv-NET system. EIP staff work with the Connecticut Department of Public Health (CTDPH), the Centers for Disease Control and Prevention (CDC), and local hospitals to conduct surveillance for hospitalized cases of influenza among residents of southern Connecticut. Together with other FluSurv-NET sites, these data provide near real time estimates of influenza severity in the US:

<https://publichealth.yale.edu/eip/projects/flu.aspx>