



2017-2018 Influenza Season Update for Week 42*

(the week ending on Saturday, 10/20/2018)

Key Points

- ✓ Classification of Connecticut geographic activity is **sporadic**** for week 42.
- ✓ Influenza activity has been slowly increasing in Connecticut since the end of August.
- ✓ Influenza A viruses are the predominate type circulating although some influenza B viruses are also being reported.
- ✓ The U.S. Centers for Disease Control and Prevention (CDC) reports the percentage of people nationally seeing their health care provider with influenza-like-illness (ILI) is low at 1.4%, below the national threshold for elevated activity.
- ✓ October is a good time for you and your family to obtain your flu vaccine and take steps to prevent influenza-related illness and hospitalization: <https://portal.ct.gov/DPH/Immunizations/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.

- The percentage of statewide emergency department visits attributed to the “fever/flu syndrome” increased from 5.1% in week 35 to 5.8% in week 41 and to 6.2% during week 42 (Figure 1). Please note that during 2017-2018, 18 additional emergency department facilities began sending data to the EpiCenter, which replaced the Hospital Emergency Discharge Surveillance System (HEDSS). The increase in collected data may require the establishment of a new baseline. The previous baseline of 5% should no longer be used as a threshold for increased fever/flu activity. Caution should be used when comparing EpiCenter surveillance data to historical HEDSS data.
- The percentage of outpatient visits with influenza-like illness (ILI) is currently 0.7%, below 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 23 hospitalized patients with laboratory-confirmed influenza admitted between August 26 and October 20, 2018 have been reported. Of these, 15 were associated with type A (subtype unspecified), 4 with influenza A (H3N2), and 4 with influenza B viruses. Two flu-associated deaths have been reported during this current season including one in an individual greater than 65 years of age and one in an individual 50-64 years of age (Figures 3 & 4).
- A total of 46 influenza positive laboratory tests have been reported during the current season (August 26 – October 20, 2018): New Haven County (17), Hartford (15), Fairfield (6), Litchfield (4), Windham (3) and Tolland (1). Of the positive reports 30 were influenza A (subtype unspecified), 4 were influenza A (H3N2), and 12 were influenza B. To date, no influenza A (2009 H1N1) has been identified this season (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.

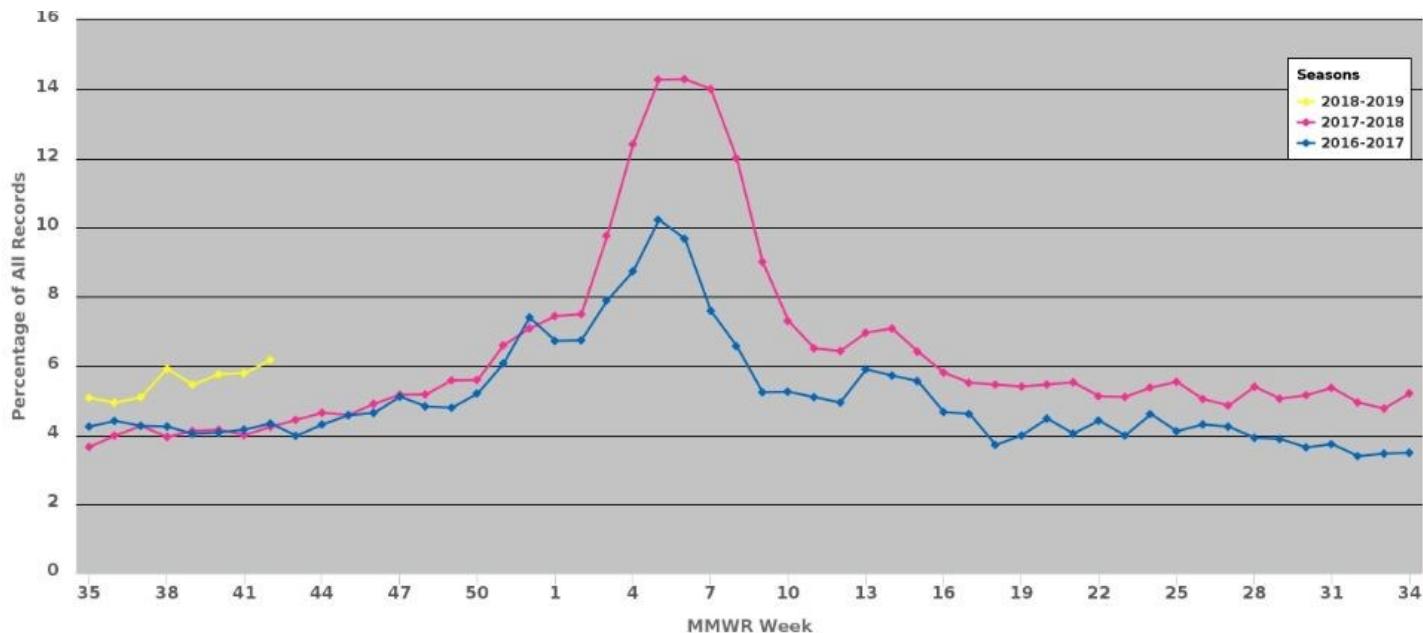
** Definitions for the estimated levels of geographic spread of influenza activity available at:
<http://www.cdc.gov/flu/weekly/overview.htm>

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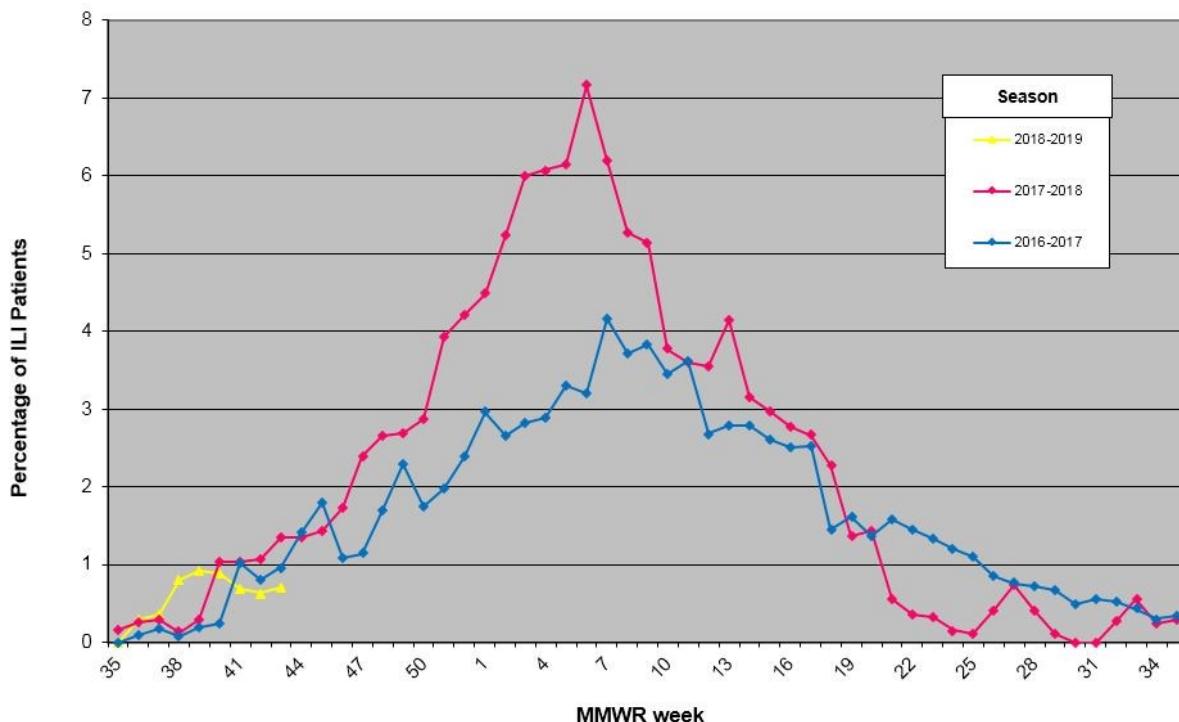
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Figure 1. Percentage of Statewide Emergency Department Visits Attributed to “Fever/Flu Syndrome”, 2016-17, 2017-18, 2018-19*



*Caution should be used when comparing EpiCenter surveillance data to 2016-17 and 2017-18 HEDSS data.

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



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Figure 3. Hospitalized Patients (n = 23) with Positive Lab Tests by Subtype & Week, Connecticut, through 10/20/2018

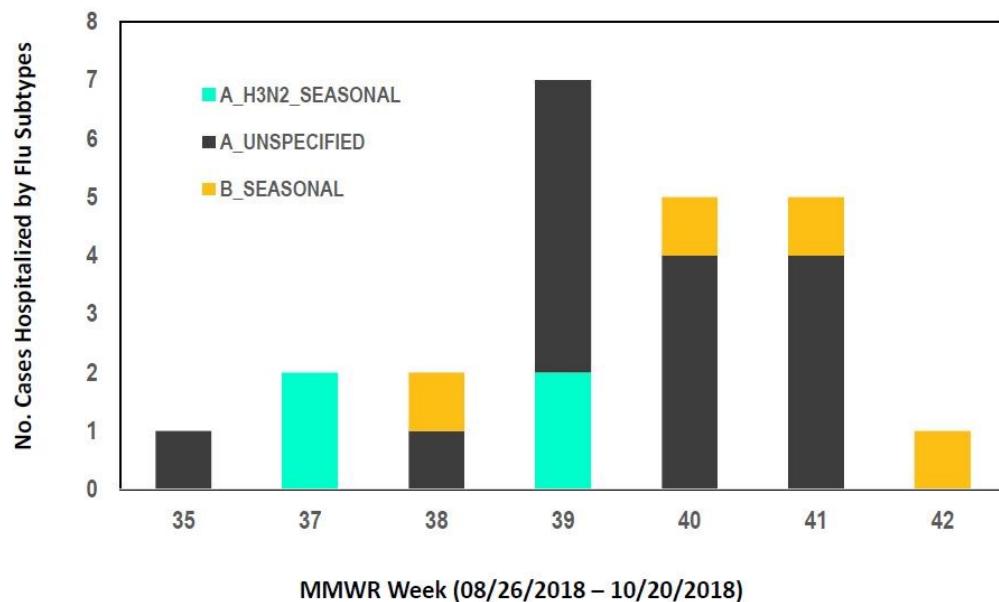


Figure 4. Hospitalized Patients (4a. n= 23) and Flu-Associated Death (4b. n=2) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 10/20/2018

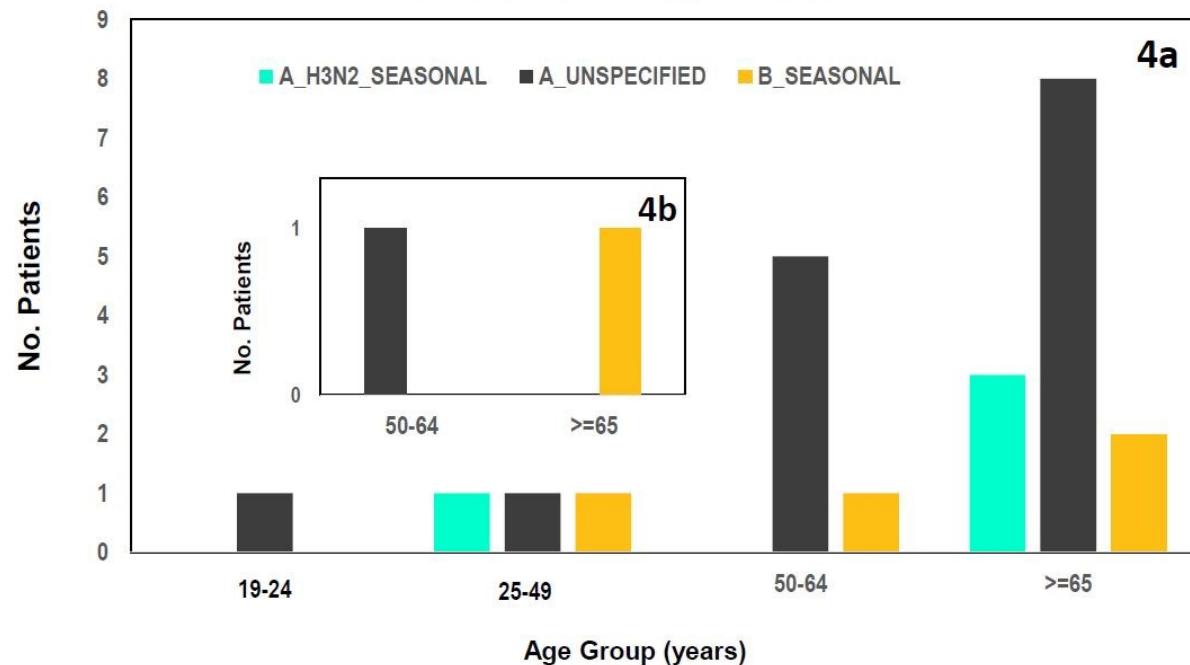


Figure 5. Positive Laboratory Tests (n = 46) by Influenza Subtype and Week, Connecticut, through 10/20/2018

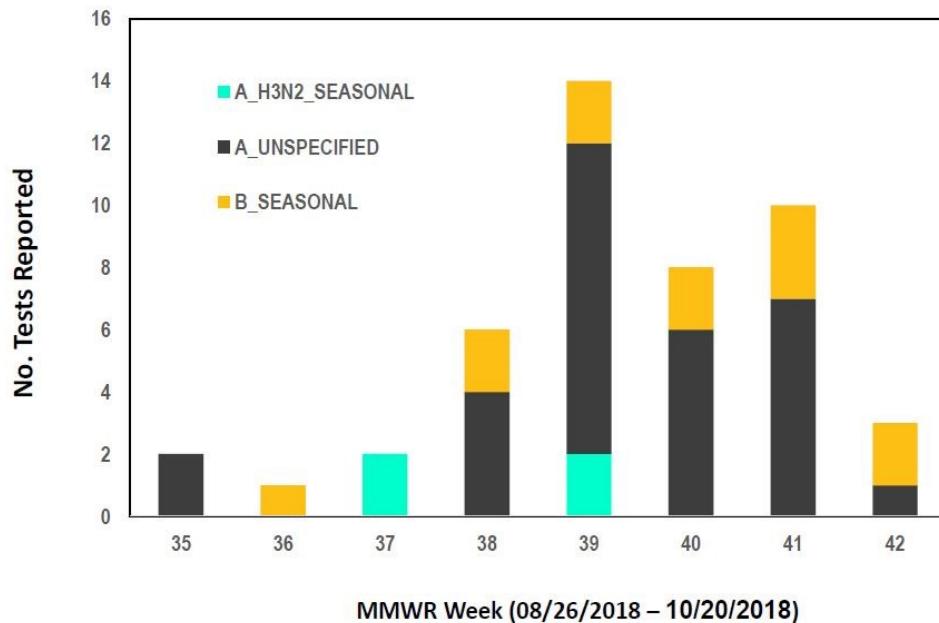
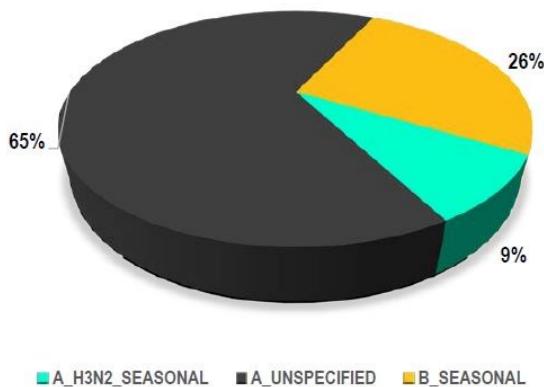


Figure 6. Proportion of Cumulative Positive Laboratory Tests (n = 46) by Influenza Subtype, Connecticut, through 10/20/2018



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 Discharge 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.