



## 2018-2019 Influenza Season Update for Week 45\*

(The week ending on Saturday, November 10, 2018)

### Key Points

- ✓ Classification of Connecticut geographic activity is **local\*\*** for week 45.
- ✓ 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 1.8%, below the national threshold for elevated activity.
- ✓ November 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” decreased slightly from 6.3% in week 44 to 6.2% during week 45 (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) is currently 1.5%, 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 39 hospitalized patients with laboratory-confirmed influenza admitted between August 26 and November 10, 2018 have been reported. Of these, 29 were associated with type A (subtype unspecified), 4 with influenza A (H3N2), and 6 with influenza B viruses. No new flu-associated deaths were reported this week. One flu-associated death has been reported in an individual > 65 years of age during this season. A second individual, 50-64 years of age, was incorrectly reported as a flu-associated death (Figures 3 & 4).
- A total of 100 influenza positive laboratory tests have been reported during the current season (August 26 – November 10, 2018): New Haven County (32), Hartford (29), Fairfield (22), Litchfield (7), Windham (4) Middlesex (2), New London (2) and Tolland (2). Of the positive reports, 73 were influenza A (subtype unspecified), 4 were influenza A (H3N2), and 23 were influenza B. To date, no influenza A (2009 H1N1) has been identified this season (Figures 5 & 6).

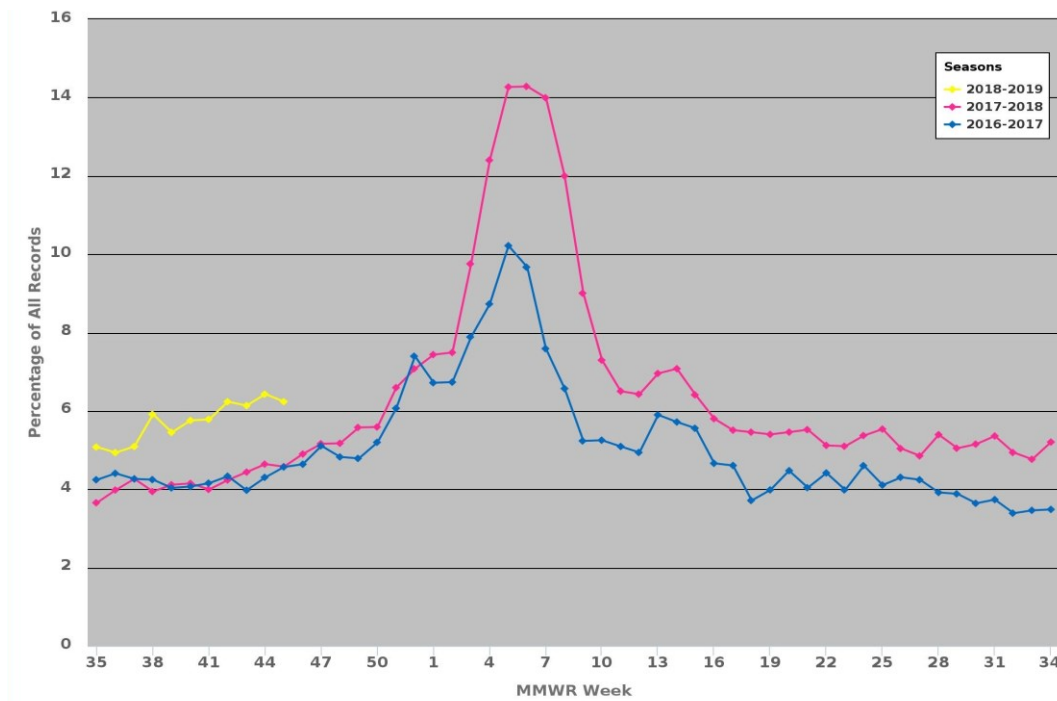
\* Week numbers refer to the Morbidity and Mortality Weekly Report calendar used by the Centers for Disease Control and Prevention (CDC) for national disease surveillance.

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

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

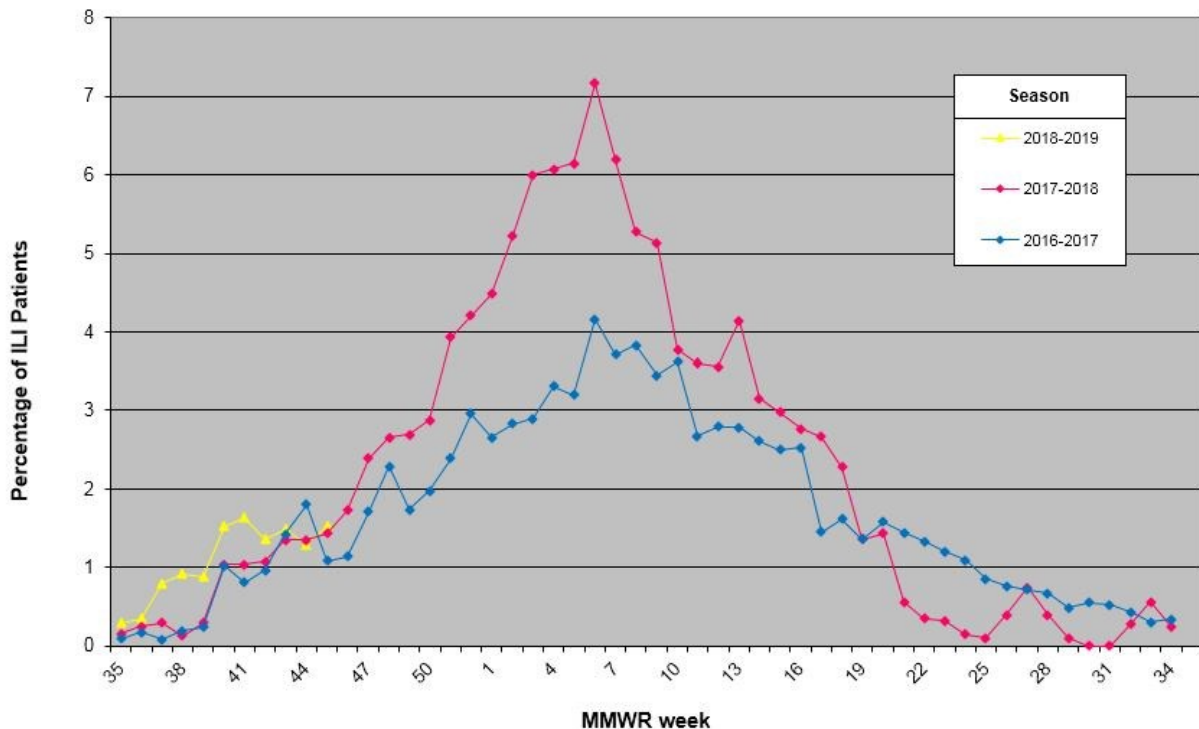
† The EpiCenter system replaced the Hospital Emergency Department Syndromic Surveillance System; 18 additional emergency department facilities send data to the EpiCenter.

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

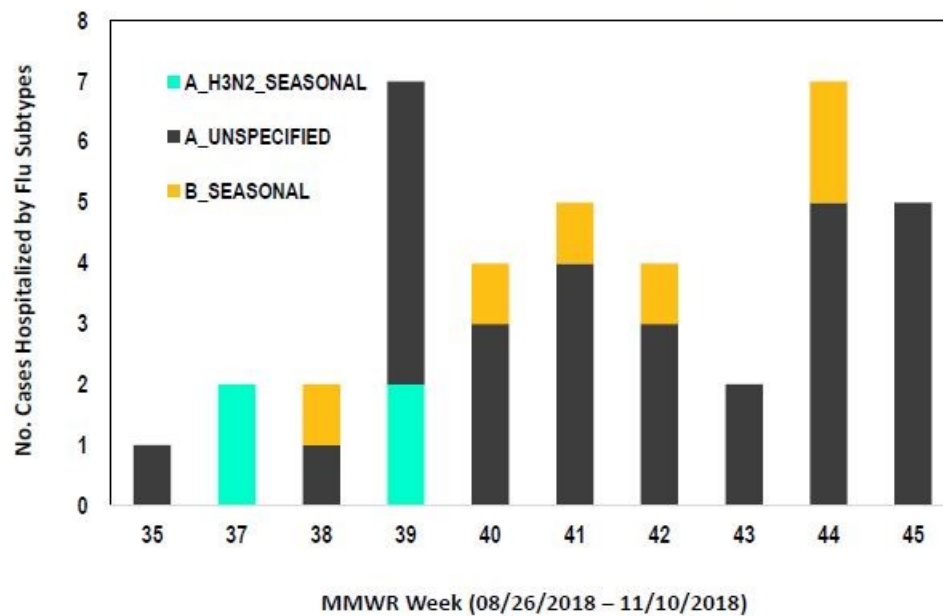


\*Caution should be used when comparing EpiCenter surveillance data to 2016-17 and 2017-18 Hospital Emergency Department Syndromic Surveillance system data.

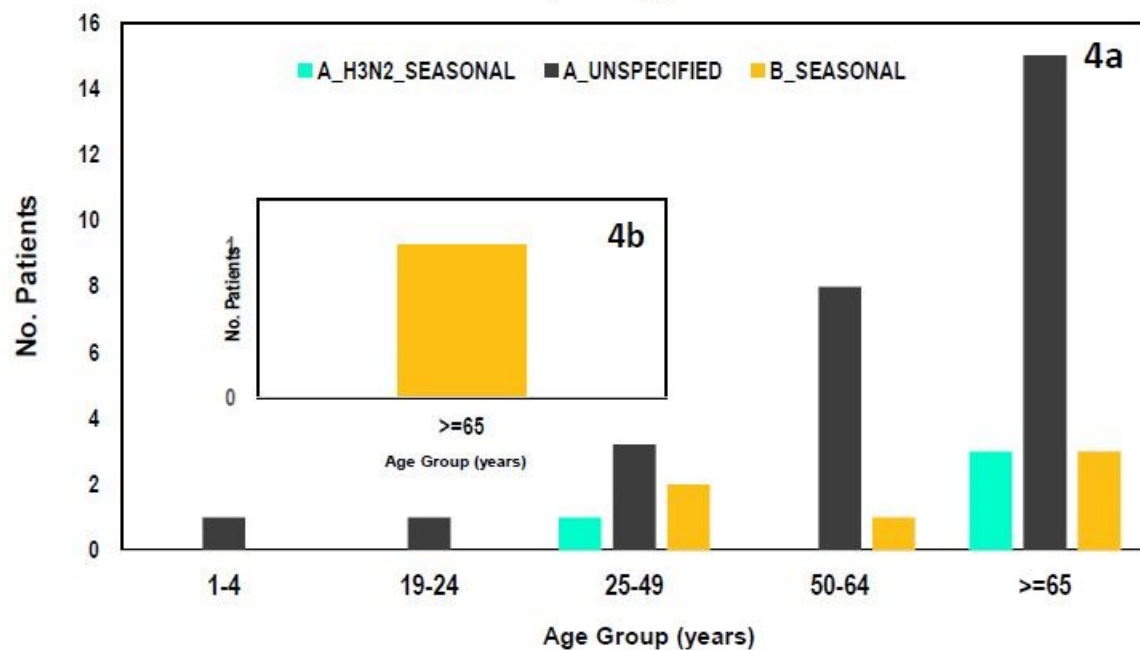
**Figure 2. Outpatient Influenza-Like Illness Surveillance Network (ILINet), Percentage of Patients with Influenza-Like Illness (ILI); 2016-17, 2017-18, 2018-19**



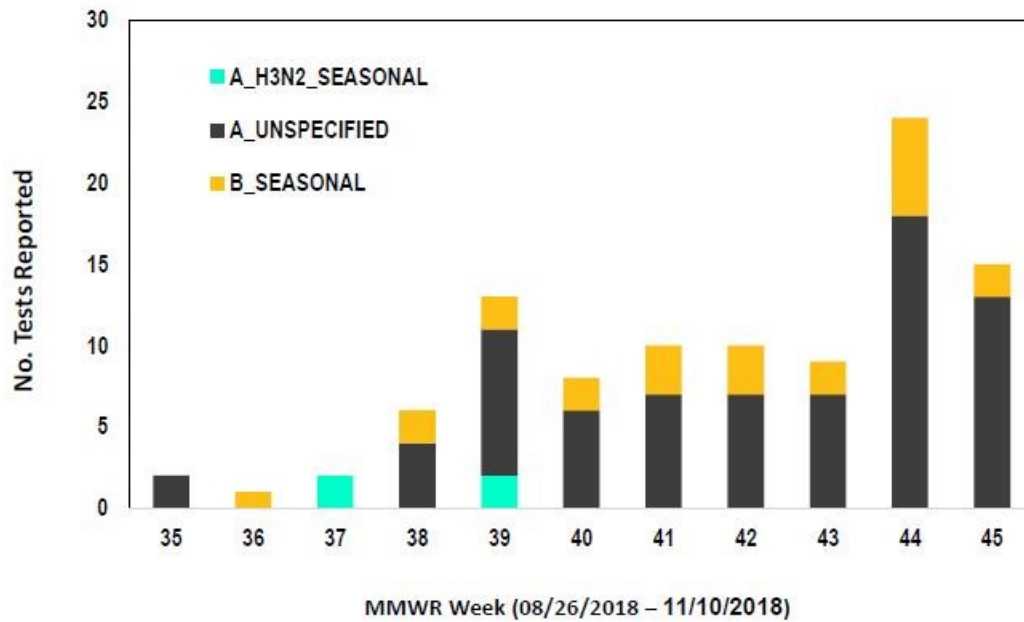
**Figure 3. Hospitalized Patients (n = 39) with Positive Lab Tests by Subtype & Week, Connecticut, through 11/10/2018**



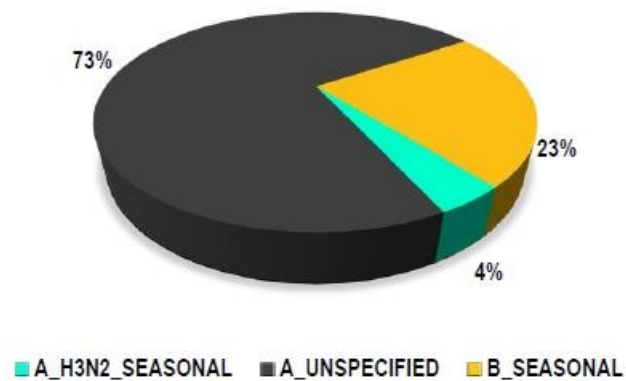
**Figure 4. Hospitalized Patients (4a. n= 39) and Flu-Associated Death (4b. n=1) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 11/10/2018**



**Figure 5. Positive Laboratory Tests (n = 100) by Influenza Subtype and Week, Connecticut, through 11/10/2018**



**Figure 6. Proportion of Cumulative Positive Laboratory Tests (n = 100) by Influenza Subtype, Connecticut, through 11/10/2018**



### **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 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.