



2018-2019 Influenza Season Update for Week 5*

(The week ending on Saturday, February 2, 2019)

Key Points

- ✓ Classification of Connecticut geographic activity remains at **widespread**** for week 5.
- ✓ Influenza activity in Connecticut has generally increased during the last several weeks in Connecticut.
- ✓ Influenza A viruses are the predominate type circulating; very few flu B viruses are now being reported.
- ✓ 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 3.8%, above the national baseline of 2.2% for elevated ILI activity.
- ✓ There is still 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. 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 slightly from 10.6% in week 4 to 10.3% in week 5 (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 5.11%, 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 1,147 hospitalized patients with laboratory-confirmed influenza admitted during the current season (August 26 to February 2, 2019) have been reported. Of these, 993 were associated with type A (subtype unspecified), 108 influenza A (2009 H1N1), 19 influenza A (H3N2), and 27 influenza B viruses (Figures 3 & 4).
- Eight new influenza-associated deaths have been reported, 5 occurring in week MMWR 5 and 3 in week 4, for a total of 22 deaths during the current season so far. Nineteen were associated with influenza A (unspecified), 1 with influenza A (H3N2), and 2 with influenza B. Of the 22 total reported flu-associated deaths, 14 occurred in persons >65 years of age, 7 in persons 50-64 years of age, and 1 in a person 25-49 years of age. For comparison to the 2017-2018 flu season, 63 total influenza-associated deaths had been reported as of week 5.
- A total of 3,159 influenza positive laboratory tests have been reported during the current season: New Haven (877), Hartford County (859), Fairfield (678), New London (206), Middlesex (179), Litchfield (131), Windham (103), Tolland (65), and 61 in currently unknown counties. Of the 3,159 total positive reports, 2,625 were influenza A (subtype unspecified), 396 influenza A (2009 H1N1), 48 influenza A (H3N2), and 90 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>

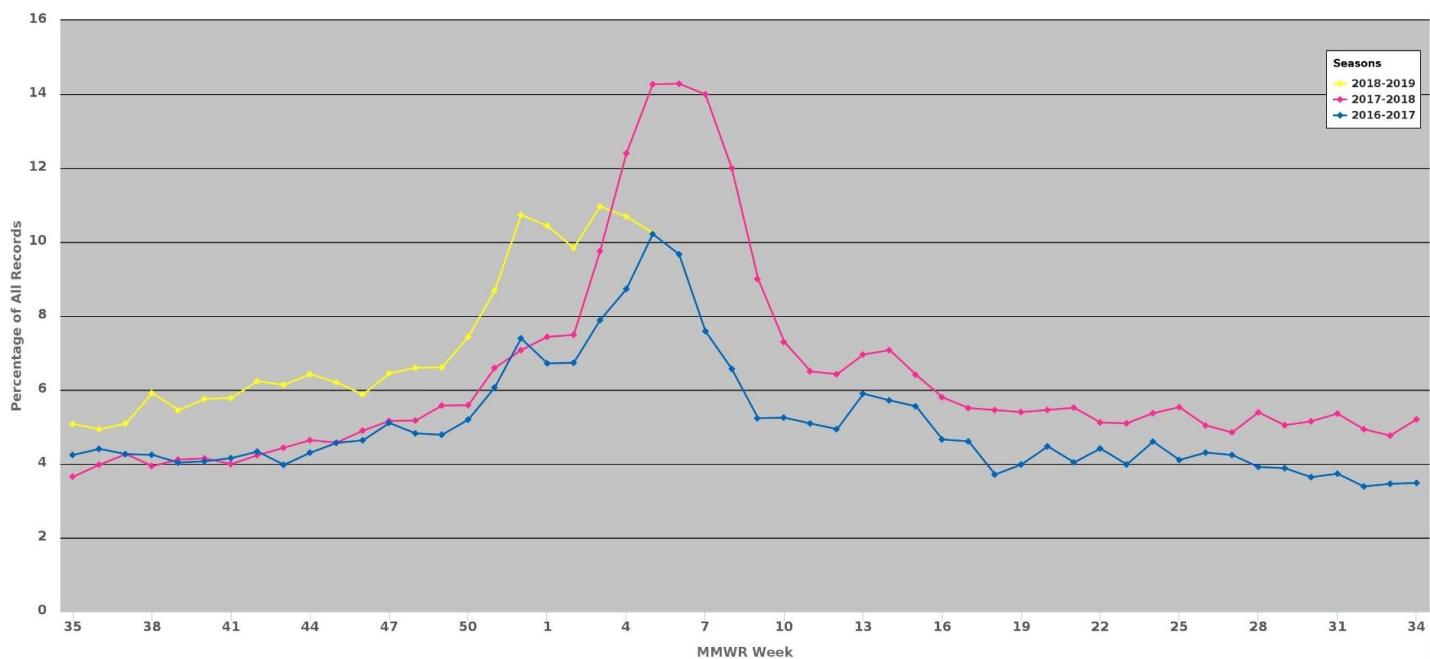
[†] The EpiCenter system replaced the Hospital Emergency Department Syndromic Surveillance System; 18 additional emergency department facilities send data to the EpiCenter.

Influenza Update

Connecticut Department of Public Health – Posted 2/7/2019

Page 2 of 5

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

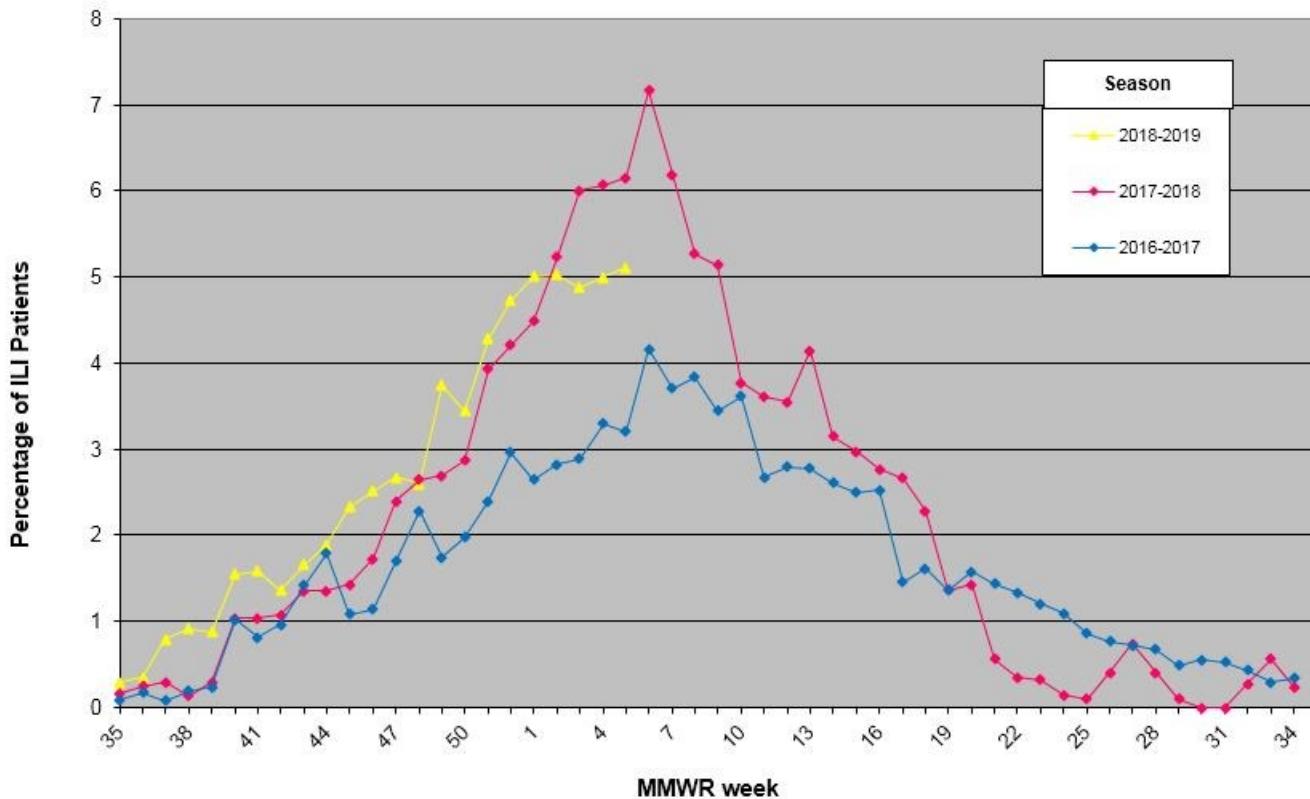


Figure 3. Hospitalized Patients (n = 1147) with Positive Lab Tests by Subtype & Week, Connecticut, through 2/2/2019

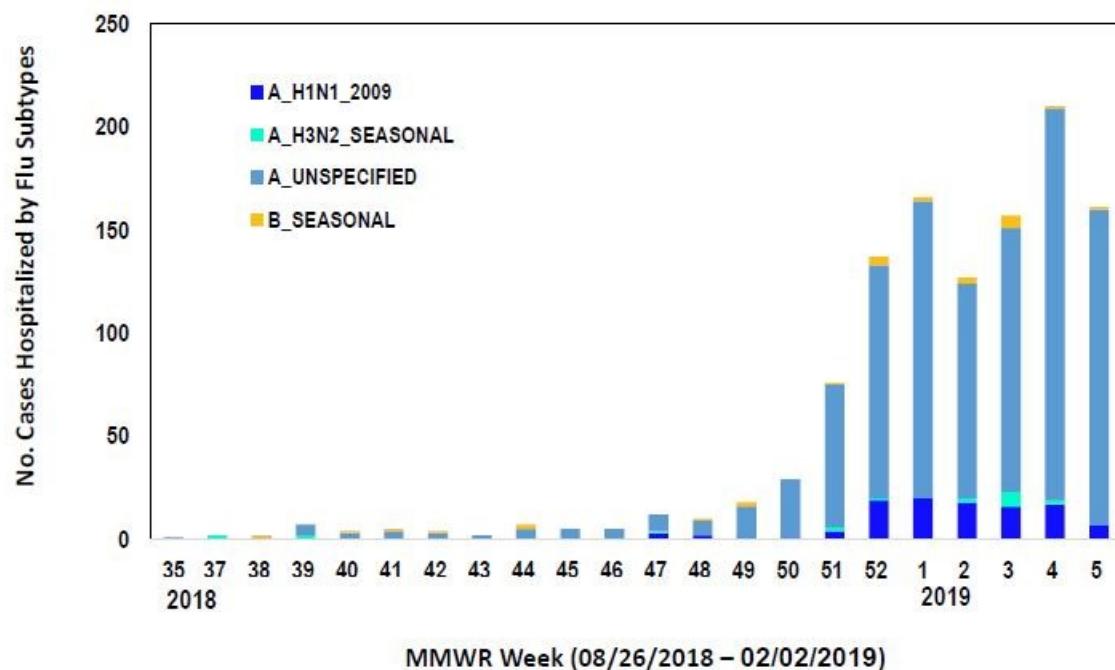


Figure 4. Hospitalized Patients (n=1147) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 2/2/2019

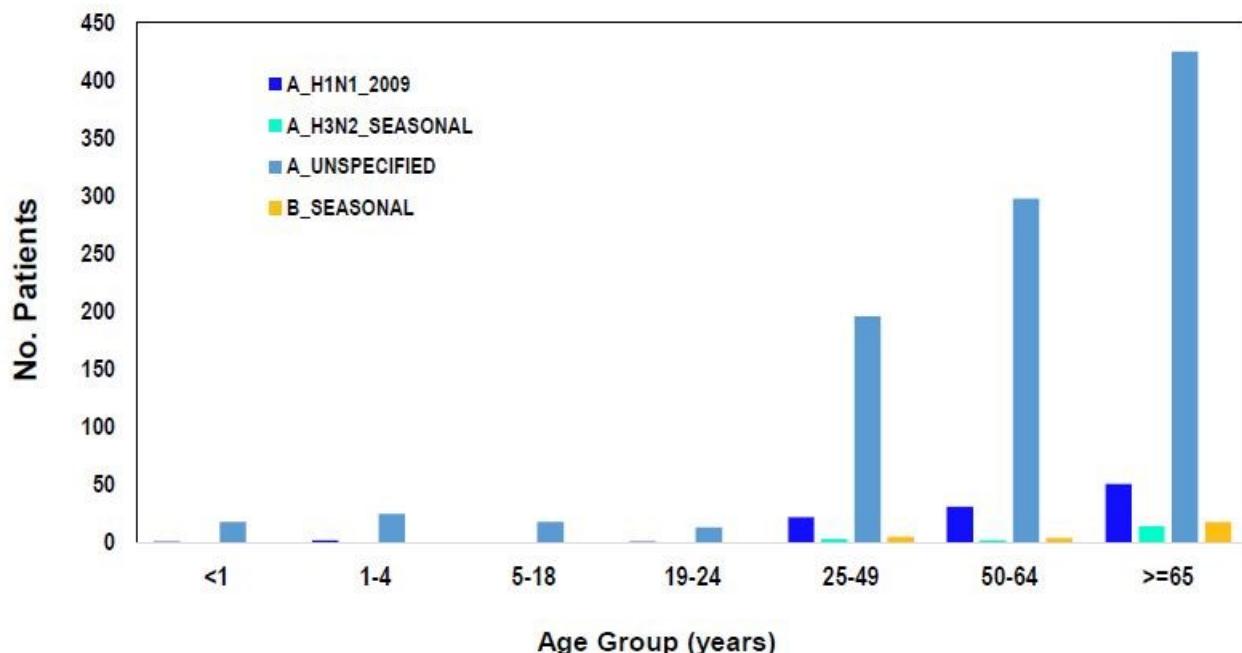


Figure 5. Positive Laboratory Tests (n = 3159) by Influenza Subtype and Week, Connecticut, through 2/2/2019

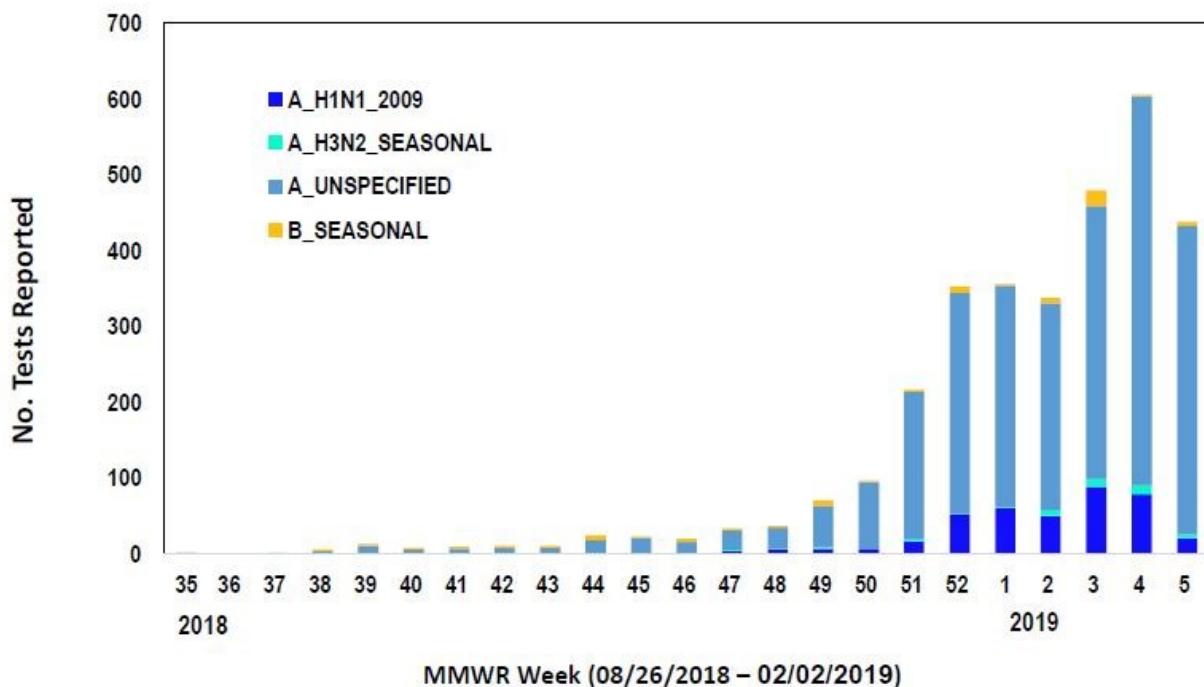
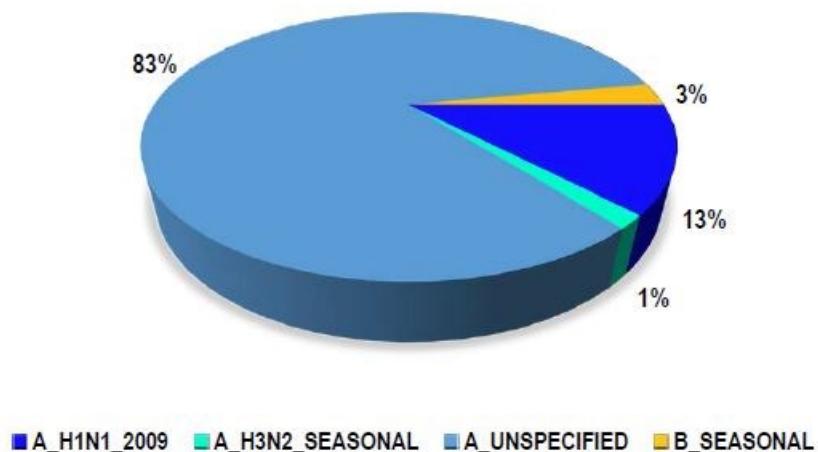


Figure 6. Proportion of Cumulative Positive Laboratory Tests (n = 3159) by Influenza Subtype, Connecticut, through 2/2/2019



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.