CDC Reports Influenza Has Reached Epidemic Levels

Currently the flu levels have been rising in the United States. The CDC has seen the prevalence increase to above baseline levels and in the latest FluView Report it is expected that there will continue to be an increasing in prevalence over the next several weeks.

The CDC recommends that all person aged 6 months and over receive the flu vaccine. At present there have been 144 million doses of the flu vaccine administered and it is never too late for a patient to get a vaccine.

In order to prevent the spread of influenza it is important for all people to be vaccinated, especially vulnerable populations. Vaccinations are available at a variety of locations around the state including at health departments, doctors offices, and pharmacies. Visit https://vaccinefinder.org/ to find where vaccines are available in your community.

For more information about surveillance and prevention of influenza visit: www.ct.gov/dph and www.cdc.gov/flu.
Breakdown of reported strains of Influenza found in Connecticut residents during the 2016-2017 flu season:

- Type A (subtype unspecified): 1,332
- Type A (H3N2): 292
- Type A (2009 H1N1): 19
- Influenza B virus: 89

Currently in Connecticut the flu is classified as widespread. According to the latest Connecticut Department of Public Health report emergency visits that have been classified as due to “fever/flu syndrome” are 8.7%, above 5% level that considered the minimum threshold.

So far this flu seasons there have been 664 hospitalized patients admitted since the beginning of season starting August 28, 2016 and January 28, 2017 with laboratory-confirmed influenza. The breakdown for flu strain in Connecticut patients that have been hospitalized are as follows:

- Type A (subtype unspecified): 550
- Type A (H3N2): 73
- Type A (2009 H1N1): 3
- Influenza B virus: 38

There have been 1,732 total cases of influenza have been reported state-wide and has been found in all eight counties:

- Fairfield 588 reports
- Hartford 489 reports
- New Haven 411 reports
- Windham 86 reports
- New London 49 reports
- Litchfield 38 reports
- Middlesex 37 reports
- Tolland County 34 reports

In individuals older than 65 years of age there have been six reported influenza-associated deaths.

To view weekly Connecticut influenza reports visit the Connecticut Department of Public Health site here: [http://www.ct.gov/dph/cwp/view.asp?a=3136&q=410788&dphPNavCtr=|#52202](http://www.ct.gov/dph/cwp/view.asp?a=3136&q=410788&dphPNavCtr=|#52202)
2016-2017 Flu Season Rates in Connecticut

Figure 1. Connecticut Hospital Emergency Department Syndromic Surveillance (HEDSS) System: Percentage of total ED visits for "fever/flu" syndrome category, 2016-2017 influenza season compared to past seasons, MMWR Week 04 (week ending 1/28/17)

Figure 6. Positive Laboratory Tests (n = 1732) by Influenza Subtype and Week, Connecticut, through 1/28/2017
2016-2017 Flu Season Rates Nationally

In 40 states and Puerto Rico influenza is classified as widespread. In 9 states and Guam influenza has a regional classification. The District of Columbia and one state have reported only local activity and the US Virgin Islands have not reported any activity.

Of the 358,278 specimens tested since October 2, 2016, week 40, 31,238 or 8.7% have tested positive for influenza. Of the specimens that were tested positive 87.4% were an Influenza A strain and 12.6% were a strain of Influenza B.

The national rate of influenza associated hospitalizations between October 1, 2016 and January 28, 2017 was 20.2 per 100,000 population and there were a total of 5,683 hospitalizations. Adults aged 65 and older had the highest rate for hospitalizations at a rate of 94.7 per 100,000 population. Adults between the age of 50 and 64 were hospitalized for influenza at a rate of 19.9 per 100,000 population and children between the age of 0 and 4 years were hospitalized at a rate of 10.9 per 100,000 population.

Find weekly national flu updates at the CDC Flu View Report here: [https://www.cdc.gov/flu/weekly/index.htm](https://www.cdc.gov/flu/weekly/index.htm)

<table>
<thead>
<tr>
<th>Positive specimens by type/subtype- Nationally</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cumulative Data since October 2, 2016 (Week 40)</strong></td>
</tr>
<tr>
<td>Influenza A</td>
</tr>
<tr>
<td>A(H1N1)pmd09</td>
</tr>
<tr>
<td>H3</td>
</tr>
<tr>
<td>Subtyping not performed</td>
</tr>
<tr>
<td>Influenza B</td>
</tr>
<tr>
<td>Yamagata lineage</td>
</tr>
<tr>
<td>Victoria lineage</td>
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<tr>
<td>Lineage not performed</td>
</tr>
</tbody>
</table>
2016-2017 Flu Season Rates Nationally

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, 2016-2017 Season

![Graph showing influenza positive tests from 2016 to 2017 season]

### National and Regional Summary of Select Surveillance Components

<table>
<thead>
<tr>
<th>HHS Surveillance Regions</th>
<th>Outpatient ILI</th>
<th>Data for current week</th>
<th>Data cumulative since October 2, 2016 (week 40)</th>
<th>Pediatric Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number of jurisdictions reporting regional or widespread activity</td>
<td>% respiratory specimens positive for flu in clinical laboratories</td>
<td>Influenza test results from public health laboratories only</td>
</tr>
<tr>
<td>Nation</td>
<td>Elevated</td>
<td>51 of 54</td>
<td>18.0%</td>
<td>308</td>
</tr>
<tr>
<td>Region 1</td>
<td>Elevated</td>
<td>6 of 6</td>
<td>16.8%</td>
<td>20</td>
</tr>
<tr>
<td>Region 2</td>
<td>Elevated</td>
<td>3 of 4</td>
<td>22.0%</td>
<td>2</td>
</tr>
<tr>
<td>Region 3</td>
<td>Elevated</td>
<td>5 of 6</td>
<td>13.9%</td>
<td>28</td>
</tr>
<tr>
<td>Region 4</td>
<td>Elevated</td>
<td>8 of 8</td>
<td>17.2%</td>
<td>31</td>
</tr>
<tr>
<td>Region 5</td>
<td>Elevated</td>
<td>5 of 5</td>
<td>14.1%</td>
<td>38</td>
</tr>
<tr>
<td>Region 6</td>
<td>Elevated</td>
<td>5 of 5</td>
<td>14.3%</td>
<td>38</td>
</tr>
<tr>
<td>Region 7</td>
<td>Elevated</td>
<td>4 of 4</td>
<td>14.8%</td>
<td>11</td>
</tr>
<tr>
<td>Region 8</td>
<td>Elevated</td>
<td>6 of 6</td>
<td>15.5%</td>
<td>38</td>
</tr>
<tr>
<td>Region 9</td>
<td>Elevated</td>
<td>5 of 5</td>
<td>12.5%</td>
<td>93</td>
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<tr>
<td>Region 10</td>
<td>Elevated</td>
<td>4 of 4</td>
<td>26.2%</td>
<td>9</td>
</tr>
</tbody>
</table>

*HHS regions (Region 1: CT, ME, MA, NH, RI, VT; Region 2: MD, PA, VA, WV; Region 3: AL, FL, GA, KY, MS, NC, SC, TN; Region 5: IL, IN, MI, MN, OH, WI; Region 6: AR, LA, NM, OK, TX; Region 7: IA, KS, MO, NE; Region 8: CO, MT, ND, SD, UT, WY; Region 9: AZ, CA, HI, NV, and Region 10: AK, ID, OR, WA).

† Elevated means the % of visits for ILI is at or above the national or region-specific baseline.

§ Includes all 50 states, the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands.

‡ National data are for current week; regional data are for the most recent three weeks.
Session Year 2017 Proposed Vaccine Legislation in Connecticut

Proposed H.B. No. 6016—An Act Concerning the Release Of Information By The Immunization Registry.

Introduced by: Rep. Geraldo C. Reyes

Referred to the Joint Committee on Public Health

This proposed piece of legislation states, “Be it enacted by the Senate and House of Representatives in General Assembly convened: That title 19a of the general statutes be amended to provide full-time local health directors with real-time access to the immunization registry for existing individual-level data.”

The statement of purpose reads, “To better position local health departments to address the health needs of their jurisdiction in a timely manner.”

Proposed H.B. No. 6971—An Act Concerning Vaccination Education for Parents and Guardians of Children Seeking an Exemption from Immunization Requirements for Religious Reasons.


Referred to the Joint Committee on Public Health

This proposed piece of legislation states, “To require a science-based educational session regarding the efficacy and safety of vaccines for those seeking an exemption from immunization requirements for religious reasons.”

The statement of purpose reads, “To require a science-based educational session regarding the efficacy and safety of vaccines for those seeking an exemption from immunization requirements for religious reasons.”
Proposed H.B. No. 6700 - An Act Requiring Child Care Providers to Be Vaccinated Against Influenza.

Introduced by:
Rep. Catherine F. Abercrombie

Referred to the Joint Committee on Public Health

This proposed piece of legislation states, “Be it enacted by the Senate and House of Representatives in General Assembly convened: That the general statutes be amended to require child care providers to be vaccinated annually against influenza.”

The statement of purpose reads, “To require child care providers to be vaccinated annually against influenza”.


Introduced by:

Referred to the Joint Committee on Public Health

This proposed piece of legislation states, “Be it enacted by the Senate and House of Representatives in General Assembly convened: That title 19a of the general statutes be amended to expand the childhood immunization registry and tracking system to include children’s immunizations up to the age of eighteen and to require every child health care provider to report such system information regarding his or her vaccination of children up to the age of eighteen.”

The statement of purpose reads, “To ensure easy, reliable access to immunization records by parents and physicians for all childhood immunizations”. 
# How to Track Legislation for Connecticut Online

## 1. Create an Account


1. Scroll down and find the Bill Tracking section on the left hand side of the page and click “Sign Up Here”.

2. Fill out information to create account and click “Submit” at the bottom of the page.

## 2. Create and Manage Lists

1. Log in to you general public account.

2. Click “New List” on the top menu.

3. Type the name of the list you would like to create in the pop up window and click “Ok”.

4. To delete a list select “Delete List” from the top menu.
How to Track Legislation for Connecticut Online

3. Look Up Pieces of Legislation to Track

1. To look up Senate Bills go to: https://www.cga.ct.gov/asp/menu/clerkdoclist.asp?house=S&doc_type=lob


3. Make note of the bill number that you are interested in

4. Track Legislation

Log in using your general public account

1. Select the list that you would like to add something to from the first section titled, “List Name”.

2. Scroll down to the section titled, “Track Options”

3. Use the drop down menus to select any congress members that have introduced or co-sponsored bills OR enter the number of the bill that you would like to track.

5. Update Notification Preferences

You will receive regular updates about bills you are tracking based upon your preferences. To select how often you would like to receive notice about the status of a bill:

1. Select a list and scroll to the section titled, “List Options”

2. There are two options for receiving notifications:
   - Notify Immediately of Bill status change
     - Select notify by text message
     - And/or select notify by e-mail
   - Notify Nightly via Report E-mail:
     - Select whether you would like a report with the status of all bills within the list or only bills that have had a status change.
     - Select whether you would like this report when: only when there is a status change for a bill, everyday, or only on certain weekdays.
The CT Immunization Coalition is dedicated to the promotion of adult vaccinations for the protection from illness or complications from invasive pneumococcal disease, herpes zoster, pertussis and other vaccine preventable diseases. The coalition also focuses on influenza vaccination throughout the community. Membership is open to any person or agency interested in the scope of adult and influenza vaccinations. Through a diverse membership, the coalition is able respond to the ever-changing issues related to vaccinating the community.

Contact Us

For questions regarding the CT Immunization Coalition, contact:

Michelle Caul
Michelle.Caul@lung.org

Visit us on the web at www.Lung.org