National Influenza Synopsis 2016-2017:

National data are updated Friday of each week. Please visit http://www.cdc.gov/flu/weekly/ for the most current information. During MMWR Week 48 (November 27 – December 3, 2016) influenza activity influenza activity increased slightly, but remained low in the United States. The most frequently identified influenza virus subtype reported by public health laboratories during week 48 was influenza A (H3). The percentage of respiratory specimens testing positive for influenza in clinical laboratories remained low. For geographic spread: Widespread influenza activity was reported by Puerto Rico. Regional influenza activity was reported by Guam and two states (Alabama and North Carolina). Local influenza activity was reported by 19 states (Arizona, Connecticut, Delaware, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Virginia and Washington). Sporadic influenza activity was reported by the U.S. Virgin Islands and 28 states. No activity was reported by Rhode Island. The District of Columbia did not report. Both national and state data are provisional and subject to change as additional reports are received.

Delaware Influenza Surveillance 2016-2017:

During MMWR Week 48 there were 21 laboratory-confirmed cases of influenza reported among Delaware residents. Reports of influenza-like illness (ILI) received from participating providers, facilities and institutions in Delaware show ILI is 0.0% (Delaware’s 2016-2017 baseline is 2.2%). Nationally, ILI is 1.8% (national baseline is 2.2%).

Level of Influenza Activity in Delaware, MMWR Week 48:

<table>
<thead>
<tr>
<th>Local</th>
<th>Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Activity</td>
<td>No laboratory-confirmed cases of influenza and no reported increase in the number of cases of ILI.</td>
</tr>
<tr>
<td>Sporadic</td>
<td>Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.</td>
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<tr>
<td>Local</td>
<td>Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state.</td>
</tr>
<tr>
<td>Regional</td>
<td>Outbreaks of influenza or increases in ILI and recent laboratory-confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions.</td>
</tr>
<tr>
<td>Widespread</td>
<td>Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state.</td>
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</table>

1 2016-2017 Region 3 (DE, DC, MD, PA, VA and WV) baseline = 2.2%.
2 Laboratory-confirmed case = case confirmed by viral culture or PCR.
3 Region = population under surveillance in a defined geographical subdivision of a state. Regions typically include several counties. Regional doesn’t apply to states with ≤ four counties.
### Table 1a. Influenza positive cases reported statewide and county, by subtype (A) / lineage (B) and MMWR week, Delaware 2016-17

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<tr>
<th>Confirmed Flu Cases by Subtype / Lineage</th>
<th>Week 40</th>
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<th>Week 43</th>
<th>Week 44</th>
<th>Week 45</th>
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<th>YTD Total</th>
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### Table 1b. Influenza positive cases reported statewide and county, by age group and MMWR week, Delaware 2016-17

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<tr>
<th>Confirmed Flu Cases by Age Group</th>
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<th>Week 42</th>
<th>Week 43</th>
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1 Based on patients with positive nucleic acid or viral culture test results reported to the Division of Public Health.
2 Reports are by the date the laboratory results are obtained. As a result, prior weeks’ counts may be adjusted to reflect additional cases received.
3 The Division of Public Health Laboratory now has the capability to identify lineage for Influenza B. Since some laboratories in the state do not have this capability, those influenza cases will be categorized as Influenza B, no lineage identified.
Figure 1. Confirmed cases\(^1\) of influenza by type and subtype / lineage, by MMWR week, Delaware 2016-17*

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<tr>
<th>Hospitalized Flu Cases by Age Group</th>
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<th>Week 41</th>
<th>Week 42</th>
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</table>

Table 2. Influenza-related hospitalizations statewide and county, by age group and MMWR week, Delaware 2016-17

<table>
<thead>
<tr>
<th>Influenza-Related Deaths</th>
<th>Week 40</th>
<th>Week 41</th>
<th>Week 42</th>
<th>Week 43</th>
<th>Week 44</th>
<th>Week 45</th>
<th>Week 46</th>
<th>Week 47</th>
<th>Week 48</th>
<th>YTD</th>
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<tbody>
<tr>
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</table>

Table 3. Influenza-related deaths by MMWR week, Delaware 2016-17

<table>
<thead>
<tr>
<th>Influenza-Related Deaths</th>
<th>Week 40</th>
<th>Week 41</th>
<th>Week 42</th>
<th>Week 43</th>
<th>Week 44</th>
<th>Week 45</th>
<th>Week 46</th>
<th>Week 47</th>
<th>Week 48</th>
<th>YTD</th>
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</table>
Table 4. Numbers of influenza cases reported by flu season, Delaware 2004-05 through 2016-17

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>Total Annual Influenza Cases</th>
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</thead>
<tbody>
<tr>
<td>2004 – 2005</td>
<td>995</td>
</tr>
<tr>
<td>2005 – 2006</td>
<td>541</td>
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<tr>
<td>2006 – 2007</td>
<td>508</td>
</tr>
<tr>
<td>2007 – 2008</td>
<td>1,401</td>
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<tr>
<td>2008 – 2009</td>
<td>738</td>
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<tr>
<td>2009 – 2010</td>
<td>2,247</td>
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<tr>
<td>2010 – 2011</td>
<td>1,479</td>
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<tr>
<td>2011 – 2012</td>
<td>267</td>
</tr>
<tr>
<td>2012 – 2013</td>
<td>1,781</td>
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<tr>
<td>2013 – 2014</td>
<td>1,842</td>
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<tr>
<td>2014 – 2015</td>
<td>2,390</td>
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<tr>
<td>2015 – 2016</td>
<td>2,251</td>
</tr>
<tr>
<td>2016 – 2017 (YTD)</td>
<td>42</td>
</tr>
</tbody>
</table>

U.S. Outpatient Influenza-Like Illness Surveillance Network (ILINet) Sentinel Providers

An ILINet (sentinel) provider conducts surveillance for influenza-like illness (ILI) in collaboration with the Division of Public Health and the Centers for Disease Control and Prevention (CDC). Data reported by ILINet providers, in combination with other influenza surveillance data, provide a national and statewide picture of influenza activity in the U.S.

Figure 2. Percentage of visits for influenza-like illness reported by sentinel providers\(^1\) participating in CDC’s Outpatient ILI Surveillance Network (ILINet), Delaware 2016-17

\(^1\) Thirteen of 18 sentinel providers reported.

\(^2\) Regional baseline is calculated by CDC using non-influenza weeks from the previous three influenza seasons. Delaware is in Region 3 that also includes DC, MD, PA, VA and WV.
Figure 3. Influenza-like illness reported by ILI surveillance reporting partners¹ by MMWR week, Delaware 2016-17

ILINet reporting partners include long-term care facilities, colleges / universities, correctional facilities and daycare facilities.

1 % ILI= percentage of residents with ILI symptoms. Six long-term care facilities reported.

2 % ILI= percentage of student visits for ILI; Three universities reported.

3 % ILI= percentage of visits for ILI at the correctional facility; Nine correctional facilities reported.

4 % ILI= percentage of children absent with ILI; No daycare providers reported.

Figure 4a. Percentage of emergency department (ED) visits due to ILI/Flu by MMWR week, Delaware 2016-17

Figure 4b. County-specific percentages of ED visits due to ILI/Flu by MMWR week, Delaware 2016-17
Summary of International Influenza Activity

Influenza activity in the temperate zone of the northern hemisphere has not yet picked up and remained at inter-seasonal levels. Influenza activity in temperate southern hemisphere countries was back at inter-seasonal levels.

In North America, influenza activity was still low with few influenza virus detections and influenza-like illness (ILI) levels below seasonal thresholds. In the United States, respiratory syncytial virus (RSV) activity continued to be reported.

In the Caribbean countries, influenza and other respiratory virus activity remained low. In Central America, there was a slight increase in influenza virus activity but RSV continued to circulate in several countries as the predominant respiratory virus.

In tropical South America, respiratory virus activities remained low with exception of Colombia where RSV activity continued to be reported. In temperate South America, influenza and RSV activity continue to decrease throughout the sub-region.

In Europe, influenza activity was also still low with few influenza virus detections and influenza-like illness (ILI) levels below seasonal thresholds.

In African countries, few reported surveillance activity in this period. In South Africa and Oceania, influenza virus activity is now at inter-seasonal levels.

In East Asia, an increased level of influenza activity was reported in Southern China, influenza A(H3N2) remained the dominant virus circulating. In Western Asia influenza detections remained low. In tropical countries of South Asia, influenza virus detections remained low. In South East Asia, influenza activity continued to be reported at low levels in Cambodia, Lao People’s Democratic Republic, Thailand and Vietnam with influenza A(H3N2) virus predominating. In African region, influenza detections increased in Ghana with B viruses dominating.


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NOTE: The data provided do not reflect the total number of individuals who have been infected with the influenza virus in Delaware during the reporting period due to the following factors:

- Many people ill with influenza-like symptoms do not seek medical care.
- Many who do seek medical care are not tested for influenza.
- The Delaware Public Health Laboratory is limited by capacity to processing a maximum of three specimens per day from each reporting entity.

The Delaware Division of Public Health (DPH) is committed to serving you better by providing the most accurate, up-to-date influenza data available.

- For general information on influenza, visit flu.delaware.gov or http://dhss.delaware.gov/dhss/dph/dpc/immunize-flu.html.
- For specific information on DPH flu clinics, visit http://dhss.delaware.gov/dhss/dph/fluclinics.html.
- For questions on Delaware’s weekly flu report, call the DPH Office of Infectious Disease Epidemiology: 302-744-4990.
- For questions regarding influenza vaccination, please call 302-744-1060.