National Influenza Synopsis 2017-2018:

National data are updated Friday of each week. Please visit http://www.cdc.gov/flu/weekly/ for the most current information. During MMWR Week 47 (November 19 - 25, 2017) influenza activity increased in the United States. The most frequently identified influenza virus type reported by public health laboratories during week 47 was influenza A. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is increasing. Widespread influenza activity was reported by four states (Georgia, Louisiana, Massachusetts and Ohio). Regional influenza activity was reported by Guam and 10 states (Arkansas, Connecticut, Kentucky, Maine, Mississippi, New Hampshire, North Dakota, Oregon, South Carolina and Washington). Local influenza activity was reported by Puerto Rico and 24 states (Alabama, Alaska, Arizona, California, Colorado, Florida, Hawaii, Illinois, Kansas, Maryland, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, Ohio, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Wisconsin and Wyoming). Sporadic influenza activity was reported by the District of Columbia, the U.S. Virgin Islands and 12 states (Delaware, Idaho, Indiana, Iowa, Michigan, Montana, Nevada, North Carolina, Rhode Island, Vermont, Virginia and West Virginia). Both national and state data are provisional and subject to change as additional reports are received.

Delaware Influenza Surveillance 2017-2018:

During MMWR Week 47, there were six laboratory-confirmed cases of influenza reported among Delaware residents, bringing the total to 30 confirmed cases for the 2017-2018 season. Reports of influenza-like illness (ILI) received from participating providers, facilities and institutions in Delaware show ILI is 0.05% compared with Delaware’s 2017-2018 baseline of 2.0%. Nationally, ILI is 2.3% compared with the 2017-2018 national baseline of 2.2%.

Level of Influenza Activity in Delaware, MMWR Week 47:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<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>
</tr>
<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>
</tr>
</tbody>
</table>

1 2017-2018 Region 3 (DE, DC, MD, PA, VA and WV) baseline = 2.0%.
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.

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Summary of International Influenza Activity
Table 1a. Influenza positive cases reported statewide and county by subtype (A) or lineage (B), Delaware 2017-18

<table>
<thead>
<tr>
<th>Confirmed Flu Cases by Subtype / Lineage</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>YTD Total</th>
<th>YTD County %</th>
</tr>
</thead>
<tbody>
<tr>
<td>A / 2009 H1N1</td>
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<td>0</td>
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<td>2</td>
</tr>
<tr>
<td>A / 2012 H3N2</td>
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<td>1</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td>15</td>
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<tr>
<td>B / Yamagata</td>
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<td>0</td>
</tr>
<tr>
<td>B / Victoria</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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</tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
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<td>9</td>
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<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
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<td>10</td>
<td>10</td>
<td>4</td>
<td>4</td>
<td>4</td>
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</table>

Table 1b. Influenza positive cases reported statewide and county by age group, Delaware 2017-18

<table>
<thead>
<tr>
<th>Confirmed Flu Cases by Age Group</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>YTD Total</th>
<th>YTD County %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>5-24 years</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>25-49 years</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>50-64 years</td>
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<td>0</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td>65+ years</td>
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<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
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<td>15</td>
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</tr>
<tr>
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<td>10</td>
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<td>4</td>
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</tbody>
</table>

Table 1b. Influenza positive cases reported statewide and county by age group, Delaware 2017-18

<table>
<thead>
<tr>
<th>Confirmed Flu Cases by Age Group</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>YTD Total</th>
<th>YTD County %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>0</td>
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<td>1</td>
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</tr>
<tr>
<td>5-24 years</td>
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<td>0</td>
<td>2</td>
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<td>4</td>
<td>15</td>
</tr>
<tr>
<td>25-49 years</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>50-64 years</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>65+ years</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td><strong>STATEWIDE</strong></td>
<td>10</td>
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<td>4</td>
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<td>4</td>
<td>4</td>
<td>4</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

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.

MMWR Week 47 = November 19 - 25, 2017
### Table 2. Influenza-related hospitalizations statewide and county, by age group, Delaware 2017-18

<table>
<thead>
<tr>
<th>Hospitalized Flu Cases by Age Group</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>YTD Total</th>
<th>YTD County %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATEWIDE</strong></td>
<td></td>
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</tr>
<tr>
<td>0-4 years</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>5-24 years</td>
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<td>0</td>
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<td>0</td>
<td>0%</td>
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<tr>
<td>25-49 years</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>50-64 years</td>
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<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0%</td>
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<tr>
<td>65+ years</td>
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<tr>
<td><strong>Total</strong></td>
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</tr>
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<td>25-49 years</td>
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<tr>
<td>50-64 years</td>
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<tr>
<td>65+ years</td>
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<td>5-24 years</td>
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<td>0%</td>
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<tr>
<td>5-24 years</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

### Table 3. Influenza-related deaths, Delaware 2017-18

<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>YTD</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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*Figure 1. Confirmed cases of influenza by type and subtype/lineage, Delaware 2017-18*
Table 4. Annual number of influenza cases reported by flu season, Delaware 2004-05 through 2017-18

<table>
<thead>
<tr>
<th>Influenza Season</th>
<th>Total Annual Influenza Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 – 2005</td>
<td>995</td>
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<td>2005 – 2006</td>
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<td>2011 – 2012</td>
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<td>1,781</td>
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<tr>
<td>2013 – 2014</td>
<td>1,842</td>
</tr>
<tr>
<td>2014 – 2015</td>
<td>2,390</td>
</tr>
<tr>
<td>2015 – 2016</td>
<td>1,842</td>
</tr>
<tr>
<td>2016 – 2017</td>
<td>4,590</td>
</tr>
<tr>
<td>2017 – 2018 (YTD)</td>
<td>30</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 providers¹ participating in the U.S. Outpatient ILI Surveillance Network (ILINet), Delaware 2017-18

1 Thirteen of 14 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 influenza surveillance ILI reporting partners\(^1\), Delaware 2017-18

\[ \text{Figure 3. Influenza-like illness reported by influenza surveillance ILI reporting partners, Delaware 2017-18} \]

\(^1\) ILINet reporting partners include long-term care facilities, colleges / universities, correctional facilities and daycare facilities.

\(^2\) % ILI= percentage of residents with ILI symptoms. Seven long-term care facilities reported.

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

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

% ILI= percentage of children absent with ILI; One daycare provider reported.

Figure 4a. Percentage of emergency department (ED) visits due to ILI/Flu by MMWR Week, Delaware 2017-18

\[ \text{Figure 4a. Percentage of emergency department (ED) visits due to ILI/Flu by MMWR Week, Delaware 2017-18} \]

Figure 4b. County-specific percentages of ED visits due to ILI/Flu by MMWR Week, Delaware 2017-18

\[ \text{Figure 4b. County-specific percentages of ED visits due to ILI/Flu by MMWR Week, Delaware 2017-18} \]
Summary of International Influenza Activity

Worldwide, influenza A(H3N2) and B viruses accounted for the majority of influenza detections. Influenza activity increased slightly in the temperate zone of the northern hemisphere while in the temperate zone of the southern hemisphere activity appeared to have decreased at inter-seasonal levels. In Central America and the Caribbean, influenza activity remained low.

In North America, overall influenza activity continued to increase in the region, with detections of predominantly influenza A(H3N2) viruses.

In the Caribbean and Central American countries, respiratory illness indicators and influenza activity remained low in general but respiratory syncytial virus (RSV) activity remained high in several countries.

In Europe, influenza activity remained low, with detections of predominantly influenza A(H3N2) and B viruses.

In Western Asia, influenza activity was low in general. In Qatar, influenza activity continued to increase, with all seasonal subtypes co-circulating. In Central Asia, respiratory illness indicators appeared to increase in Kazakhstan, Tajikistan and Uzbekistan. In East Asia, influenza activity remained low in general. In Northern China, influenza A(H3N2) detections increased slightly in recent weeks. In South East Asia, influenza activity continued to decrease, with influenza A(H3N2) and B viruses most frequently detected. In Southern Asia, influenza activity remained low in general. In India, influenza A(H1N1)pdm09 and A(H3N2) detections continued to be reported.

In Northern Africa, sporadic influenza A virus detections were reported in Morocco and Tunisia. In Eastern, Middle and Western Africa, influenza detections continued to be reported, with all seasonal influenza subtypes present in the regions.

In the tropical countries of South America, influenza and RSV activity remained at low levels overall.

In the temperate zone of the Southern Hemisphere, influenza activity appeared to have decreased overall.


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NOTE: 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.