

Delaware Weekly Influenza Report MMWR Week 46 (November 13 - 19, 2016) Delaware Division of Public Health

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 46 (November 13 – 19, 2016) 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 46 was influenza A (H3). The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased slightly, but remained low. For geographic spread: Regional influenza activity was reported by Guam, Puerto Rico and the U.S. Virgin Islands. Local influenza activity was reported by 11 states (Alabama, Connecticut, Hawaii, Maine, Massachusetts, New Hampshire, North Carolina, Oklahoma, Oregon, Texas and Washington). Sporadic influenza activity was reported by the District of Columbia and 36 states. No activity was reported by three states (Nebraska, Rhode Island and Tennessee). Both national and state data are provisional and subject to change as additional reports are received.

Delaware Influenza Surveillance 2016-2017:

During MMWR Week 46 there were six 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 0.11% (Delaware's 2016-2017 baseline is 2.2%). Nationally, ILI is 1.6% (national baseline is 2.2%).

Level of Influenza Activity in Delaware, MMWR Week 46:

Sporadic

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.

Influenza-like illness (ILI) is defined as patients presenting with fever of 100° F or greater, cough and/or sore throat in the absence of a known cause other than influenza.

No Activity: No laboratory-confirmed cases of influenza and no reported increase in the number of cases of ILI.

Sporadic: 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.

Local: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state.

Regional: 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.³

Widespread: 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.

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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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.

Table 1a. Influenza positive¹ cases reported² statewide and county, by subtype (A) / lineage (B)³ and MMWR week, Delaware 2016-17

	rmed Flu s by Subtype / ge	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46	YTD	YTD Total	YTD County %		
	A / 2009 H1N1	0	0	0	0	1	0	0	1				
ш	A / 2012 H3N2	0	0	0	2	0	2	3	7				
STATEWIDE	A / no subtype	0	0	1	1	0	0	3	5	13			
É	B / Yamagata	0	0	0	0	0	0	0	0	13			
STA	B / Victoria	0	0	0	0	0	0	0	0				
	B / no lineage	0	0	0	0	0	0	0	0				
	A / 2009 H1N1	0	0	0	0	0	0	0	0				
0	A / 2012 H3N2	0	0	0	2	0	2	2	6				
astle	A / no subtype	0	0	0	0	0	0	1	1	_	53.8%		
New Castle County	B / Yamagata	0	0	0	0	0	0	0	0	7			
Š O	B / Victoria	0	0	0	0	0	0	0	0				
	B / no lineage	0	0	0	0	0	0	0	0				
	A / 2009 H1N1	0	0	0	0	0	0	0	0				
	A / 2012 H3N2	0	0	0	0	0	0	1	1				
Kent	A / no subtype	0	0	1	1	0	0	1	3				
× δ	B / Yamagata	0	0	0	0	0	0	0	0	4	30.8%		
	B / Victoria	0	0	0	0	0	0	0	0				
	B / no lineage	0	0	0	0	0	0	0	0				
	A / 2009 H1N1	0	0	0	0	1	0	0	1	2			
J .	A / 2012 H3N2	0	0	0	0	0	0	0	0				
Sussex	A / no subtype	0	0	0	0	0	0	1	1		45 40/		
Sus	B / Yamagata	0	0	0	0	0	0	0	0		15.4%		
	B / Victoria	0	0	0	0	0	0	0	0				
	B / no lineage	0	0	0	0	0	0	0	0				

Table 1b. Influenza positive¹ cases reported² statewide and county, by age group and MMWR week, Delaware 2016-17

	rmed Flu s by Age o	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46	YTD	YTD Total	YTD County %	
111	0-4 years	0	0	0	0	1	0	0	1			
₩.	5-24 years	0	0	0	0	0	1	2	3			
Ē	25-49 years	0	0	1	1	0	0	2	4	13		
STATEWIDE	50-64 years	0	0	0	1	0	0	2	3			
S	65+ years	0	0	0	1	0	1	0	2			
	0-4 years	0	0	0	0	0	0	0	0			
, te	5-24 years	0	0	0	0	0	1	1	2	7	53.8%	
ew Cast County	25-49 years	0	0	0	0	0	0	1	1			
New Castle County	50-64 years	0	0	0	1	0	0	1	2			
z	65+ years	0	0	0	1	0	1	0	2			
	0-4 years	0	0	0	0	0	0	0	0			
_	5-24 years	0	0	0	0	0	0	1	1			
Kent County	25-49 years	0	0	1	1	0	0	0	2	4	30.8%	
Ş Ş	50-64 years	0	0	0	0	0	0	1	1			
	65+ years	0	0	0	0	0	0	0	0			
Sussex County	0-4 years	0	0	0	0	1	0	0	1	2		
	5-24 years	0	0	0	0	0	0	0	0			
	25-49 years	0	0	0	0	0	0	1	1		15.4%	
	50-64 years	0	0	0	0	0	0	0	0			
	65+ years	0	0	0	0	0	0	0	0			

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 cases¹ of influenza by type and subtype / lineage, by MMWR week, Delaware 2016-17*

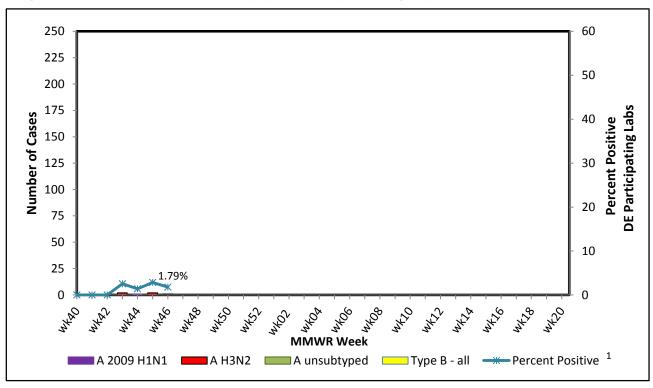


Table 2. Influenza-related hospitalizations statewide and county, by age group and MMWR week, Delaware 2016-17

	italized Flu s by Age o	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46	YTD	YTD Total	YTD County %
ш	0-4 years	0	0	0	0	0	0	0	0		
₹	5-24 years	0	0	0	0	0	0	0	0	3	
1	25-49 years	0	0	0	0	0	0	1	1		
STATEWIDE	50-64 years	0	0	0	0	0	0	0	0		
0)	65+ years	0	0	0	1	0	1	0	2		
	0-4 years	0	0	0	0	0	0	0	0		
ح بن ا ا	5-24 years	0	0	0	0	0	0	0	0		66.7%
ew Cast County	25-49 years	0	0	0	0	0	0	0	0	2	
New Castle County	50-64 years	0	0	0	0	0	0	0	0		
Z	65+ years	0	0	0	1	0	1	0	2		
	0-4 years	0	0	0	0	0	0	0	0		
	5-24 years	0	0	0	0	0	0	0	0		
Kent County	25-49 years	0	0	0	0	0	0	0	0	0	0%
ج <u>ق</u>	50-64 years	0	0	0	0	0	0	0	0		
	65+ years	0	0	0	0	0	0	0	0		
	0-4 years	0	0	0	0	0	0	0	0		_
t e	5-24 years	0	0	0	0	0	0	0	0		
Sussex	25-49 years	0	0	0	0	0	0	1	1	1	33.3%
တ လ	50-64 years	0	0	0	0	0	0	0	0		
	65+ years	0	0	0	0	0	0	0	0		

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

Influenza-	Week	YTD						
Related	40	41	42	43	44	45	46	
Deaths	0	0	0	0	0	0	0	0

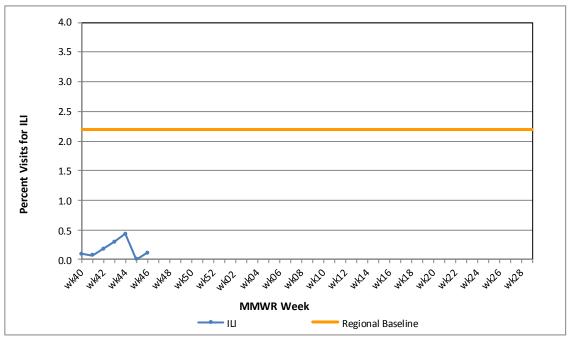
Table 4. Annual number of influenza cases reported by flu season, Delaware 2004-05 through 2016-17

Influenza Season	Total Annual Influenza Cases
2004 – 2005	995
2005 – 2006	541
2006 – 2007	508
2007 – 2008	1,401
2008 – 2009	738
2009 – 2010	2,247
2010 – 2011	1,479
2011 – 2012	267
2012 – 2013	1,781
2013 – 2014	1,842
2014 – 2015	2,390
2015 – 2016	2,251
2016 – 2017 (YTD)	13

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.

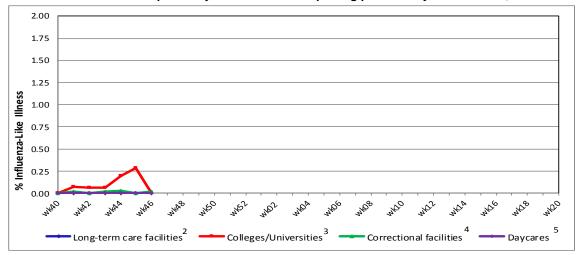
Figure 2. Percentage of visits for influenza-like illness reported by sentinel providers¹ participating in CDC's Outpatient ILI Surveillance Network (ILINet), Delaware 2016-17



¹ Twelve 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



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

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

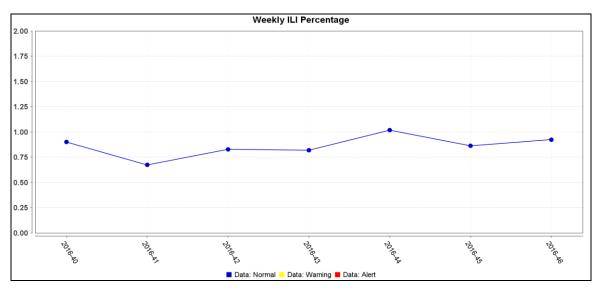
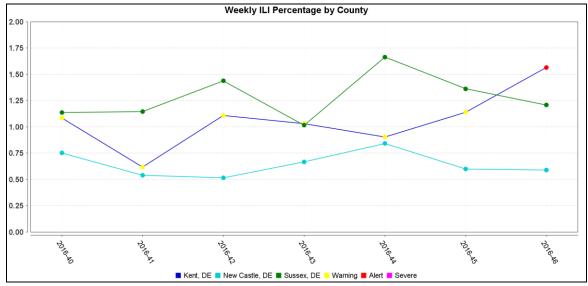


Figure 4b. County-specific percentages of ED visits due to ILI/Flu by MMWR week, Delaware 2016-17



 $^{^2\ \%}$ ILI= percentage of residents with ILI symptoms. Eight long-term care facilities reported.

 $^{^3\ \%}$ ILI= percentage of student visits for ILI; Three universities reported.

 $^{^4}$ % ILI= percentage of visits for ILI at the correctional facility; Nine correctional facilities reported.

 $^{^{\}rm 5}\,$ % ILI= percentage of children absent with ILI; No daycare providers reported.

Summary of International Influenza Activity

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

In North America, influenza activity was low with few influenza virus detections and ILI levels below seasonal thresholds. In the United States, RSV activity continued to be reported.

In the Caribbean countries, influenza and other respiratory virus activity remained low except in Cuba where influenza A(H3N2) and influenza B viruses continue to be detected. In Central America, influenza virus activity remained low 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 French Guyana where influenza A(H3N2) viruses detections increased slightly. In temperate South America, influenza and respiratory syncytial virus (RSV) activity continue to decrease throughout the sub-region.

In Europe, influenza activity was low with few influenza virus detections and ILI levels below seasonal thresholds.

In Western Asia influenza detections remained low. In tropical countries of South Asia, influenza activity was low. In Southeast Asia, a decreasing trend in influenza detection was observed, although influenza activity continued to be reported in Lao People's Democratic Republic), Thailand and Cambodia. Influenza activity also increased in southern China, with influenza A(H3N2) virus predominating.

In African countries, few reported surveillance activity in this period. Senegal and Kenya reported influenza A virus detections, and Côte d'Ivoire reported influenza B virus detections. In South Africa and Oceania, influenza virus activity is now at interseasonal levels.

Reference: World Health Organization (WHO), 2016. Influenza update number 276 (11/14/16). Retrieved November 16, 2016, from http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/. Reports are updated biweekly.

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.