

Delaware Weekly Influenza Report MMWR Week 51 (December 18 – 24, 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 51 (December 18 - 24, 2016) influenza activity increased in the United States. The most frequently identified influenza virus subtype reported by public health laboratories during week 51 was influenza A (H3). The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased. Widespread influenza activity was reported by Guam and eight states (California, New Hampshire, New York, North Carolina, Oklahoma, Oregon, Pennsylvania and Virginia). Regional influenza activity was reported by the U.S. Virgin Islands, and 17 states (Alabama, Alaska, Colorado, Connecticut, Idaho, Indiana, Louisiana, Maryland, Massachusetts, Mississippi, Nebraska, New Jersey, North Dakota, Ohio, South Carolina, Utah and Washington). Local influenza activity was reported by the District of Columbia and 19 states (Arizona, Arkansas, Delaware, Florida, Hawaii, Illinois, Kentucky, Michigan, Minnesota, Missouri, Montana, Nevada, New Mexico, South Dakota, Tennessee, Texas, West Virginia, Wisconsin and Wyoming). Sporadic influenza activity was reported by five states (Iowa, Kansas, Maine, Rhode Island and Vermont). Puerto Rico and Georgia 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 51 there were 40 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 0.04% (Delaware's 2016-2017 baseline is 2.2%). Nationally, ILI is 2.9%, above the national baseline of 2.2%.

Level of Influenza Activity in Delaware, MMWR Week 51:

Local

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

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	Week 47	Week 48	Week 49	Week 50	Week 51	YTD	YTD Total	YTD County %			
	A / 2009 H1N1	0	0	0	0	1	0	0	0	0	0	0	0	1					
w.	A / 2012 H3N2	0	0	0	2	0	2	3	6	17	12	12	13	67					
STATEWIDE	A / no subtype	0	0	1	1	0	0	3	2	4	7	16	26	60	130				
TE	B / Yamagata	0	0	0	0	0	0	0	0	1	0	0	0	1	130				
ST/	B / Victoria	0	0	0	0	0	0	0	0	0	0	0	0	0					
	B / no lineage	0	0	0	0	0	0	0	0	0	0	0	1	1					
	A / 2009 H1N1	0	0	0	0	0	0	0	0	0	0	0	0	0	73				
o o	A / 2012 H3N2	0	0	0	2	0	2	2	6	15	11	10	6	54		56.2%			
astl	A / no subtype	0	0	0	0	0	0	1	1	1	1	7	6	17					
New Castle County	B / Yamagata	0	0	0	0	0	0	0	0	1	0	0	0	1					
ž	B / Victoria	0	0	0	0	0	0	0	0	0	0	0	1	1					
	B / no lineage	0	0	0	0	0	0	0	0	0	0	0	0	0					
	A / 2009 H1N1	0	0	0	0	0	0	0	0	0	0	0	0	0					
_	A / 2012 H3N2	0	0	0	0	0	0	1	0	2	0	1	4	8					
Kent County	A / no subtype	0	0	1	1	0	0	1	1	3	6	8	12	33	41	31.5%			
ჯ წ	B / Yamagata	0	0	0	0	0	0	0	0	0	0	0	0	0	41	31.5%			
	B / Victoria	0	0	0	0	0	0	0	0	0	0	0	0	0					
	B / no lineage	0	0	0	0	0	0	0	0	0	0	0	0	0					
	A / 2009 H1N1	0	0	0	0	1	0	0	0	0	0	0	0	1	16				
× >	A / 2012 H3N2	0	0	0	0	0	0	0	0	0	1	1	3	5					
Sussex	A / no subtype	0	0	0	0	0	0	1	0	0	0	1	8	10		12.3%			
တ္တ လ	B / Yamagata	0	0	0	0	0	0	0	0	0	0	0	0	0		12.3%			
	B / Victoria	0	0	0	0	0	0	0	0	0	0	0	0	0					
	B / no lineage	0	0	0	0	0	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

	s by Age	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46	Week 47	Week 48	Week 49	Week 50	Week 51	YTD	YTD Total	YTD County %
III	0-4 years	0	0	0	0	1	0	0	0	0	3	5	6	15		
STATEWIDE	5-24 years	0	0	0	0	0	1	2	2	3	6	4	10	28		
Ē	25-49 years	0	0	1	1	0	0	2	0	8	5	8	13	38	130	
Ϋ́	50-64 years	0	0	0	1	0	0	2	2	2	2	7	5	21		
0)	65+ years	0	0	0	1	0	1	0	4	9	3	4	6	28		
	0-4 years	0	0	0	0	0	0	0	0	0	1	2	1	4		
z S	5-24 years	0	0	0	0	0	1	1	2	2	2	2	6	16	73	56.2%
New Castle County	25-49 years	0	0	0	0	0	0	1	0	6	4	4	3	18		
န္ခ ပိ	50-64 years	0	0	0	1	0	0	1	1	1	2	5	2	13		
z	65+ years	0	0	0	1	0	1	0	4	8	3	4	1	22		
	0-4 years	0	0	0	0	0	0	0	0	0	2	3	4	9		
	5-24 years	0	0	0	0	0	0	1	0	1	3	1	4	10		
Kent	25-49 years	0	0	1	1	0	0	0	0	2	1	3	5	13	41	31.5%
Sor	50-64 years	0	0	0	0	0	0	1	1	1	0	2	0	5		
	65+ years	0	0	0	0	0	0	0	0	1	0	0	3	4		
	0-4 years	0	0	0	0	1	0	0	0	0	0	0	1	2		
ity še	5-24 years	0	0	0	0	0	0	0	0	0	1	1	0	2		
Sussex	25-49 years	0	0	0	0	0	0	1	0	0	0	1	5	7	16	12.3%
S O	50-64 years	0	0	0	0	0	0	0	0	0	0	0	3	3		
	65+ years	0	0	0	0	0	0	0	0	0	0	0	2	2		

¹ Based on patients with positive nucleic acid or viral culture test results reported to the Division of Public Health.

MMWR Week 51 = December 18 - 24, 2016

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*

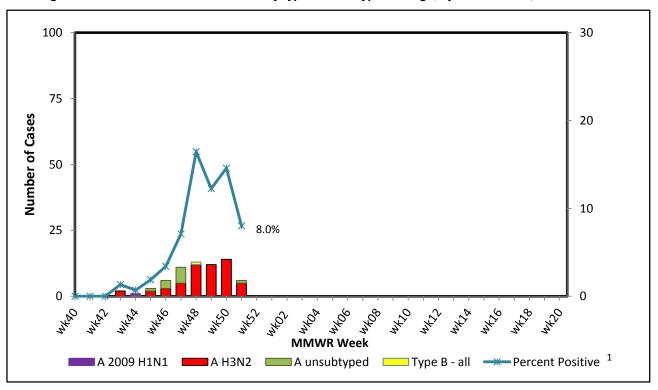


Table 2. Influenza-related hospitalizations statewide and county, by age group and MMWR week, Delaware 2016-17

	italized Flu s by Age	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46	Week 47	Week 48	Week 49	Week 50	Week 51	YTD	YTD Total	YTD County %
	0-4 years	0	0	0	0	0	0	0	0	0	0	1	1	2		
₫	5-24 years	0	0	0	0	0	0	0	0	0	2	0	1	3		
STATEWIDE	25-49 years	0	0	0	0	0	0	1	0	2	1	0	0	4	32	
ΤA	50-64 years	0	0	0	0	0	0	0	0	0	0	2	1	3		
0)	65+ years	0	0	0	1	0	1	0	3	8	1	3	3	20		
	0-4 years	0	0	0	0	0	0	0	0	0	0	1	1	2		
, te	5-24 years	0	0	0	0	0	0	0	0	0	0	0	1	1	24	
ew Cast County	25-49 years	0	0	0	0	0	0	0	0	2	1	0	0	3		75.0%
New Castle County	50-64 years	0	0	0	0	0	0	0	0	0	0	1	1	2		
Z	65+ years	0	0	0	1	0	1	0	3	7	1	3	0	16		
	0-4 years	0	0	0	0	0	0	0	0	0	0	0	0	0		
	5-24 years	0	0	0	0	0	0	0	0	0	1	0	0	1		
Kent County	25-49 years	0	0	0	0	0	0	0	0	0	0	0	0	0	5	15.6%
S S	50-64 years	0	0	0	0	0	0	0	0	0	0	1	0	1		
	65+ years	0	0	0	0	0	0	0	0	1	0	0	2	3	ļ	
	0-4 years	0	0	0	0	0	0	0	0	0	0	0	0	0		
e X	5-24 years	0	0	0	0	0	0	0	0	0	1	0	0	1	3	
Sussex	25-49 years	0	0	0	0	0	0	1	0	0	0	0	0	1		9.4%
တ ပ	50-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0		
	65+ years	0	0	0	0	0	0	0	0	0	0	0	1	1		

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

Influenza- Related Deaths	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46	Week 47	Week 48	Week 49	Week 50	Week 51	YTD
	0	0	0	0	0	0	0	0	0	1	0	0	1

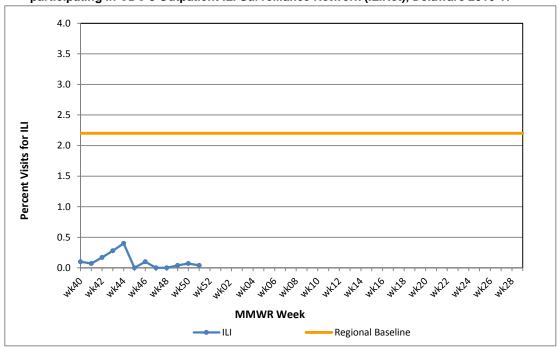
Table 4. Numbers of influenza cases reported by flu season, Delaware 2004-05 through 2016-17

=	-
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)	130

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.

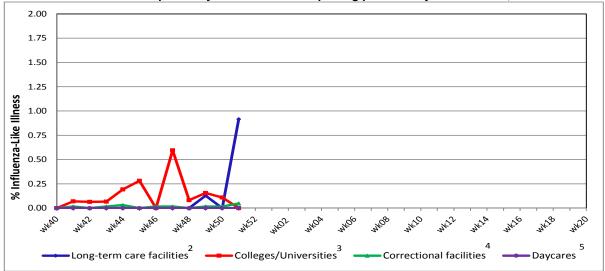
Figure 2. Percentage of visits for influenza-like illness reported by sentinel providers¹ participating in CDC's Outpatient ILI Surveillance Network (ILINet), Delaware 2016-17



¹ 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



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

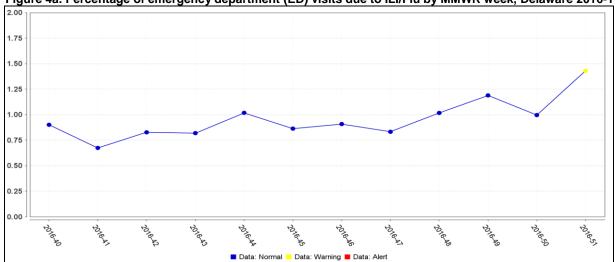
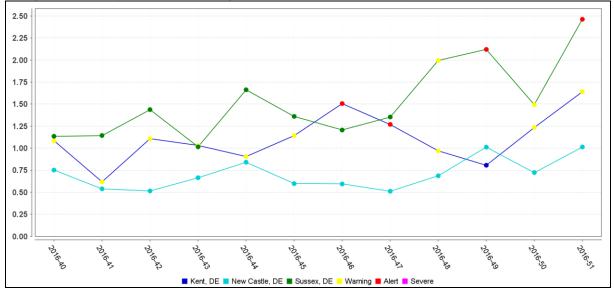


Figure 4b. County-specific percentages of ED visits due to ILI/Flu by MMWR week, Delaware 2016-17



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

³ % ILI= percentage of student visits for ILI; One university reported.

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

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

Summary of International Influenza Activity

Influenza activity in the temperate zone of the northern hemisphere increased slightly, with some countries passing their seasonal threshold, which is early for the season. Worldwide, influenza A(H3N2) virus was predominant.

In North America, influenza activity continued to increase with influenza A(H3N2) virus predominating. Influenza-like illness (ILI) levels remained below seasonal thresholds. In the United States, respiratory syncytial virus (RSV) activity continued to be reported. In Canada, influenza activity increased with influenza A(H3) predominating and ILI consultations remained at low levels.

In the Caribbean countries, influenza and other respiratory virus activity remained low. In Central America, there was a slight decrease in influenza and other respiratory viruses activity in most of the countries. In Costa Rica, influenza activity increased with influenza A(H1N1)pdm09 and A(H3N2) viruses co-circulating and RSV activity continued to be reported.

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

In Europe, influenza activity was low but has started to rise, with a positivity rate of 28% among sentinel surveillance samples. The highest numbers of influenza cases were detected in Norway and Sweden. In South West Europe, influenza activity was higher in Portugal and Spain.

In Western Asia, influenza detections slightly increased. In Southern Asia, influenza detections slightly increased in both Iran and Sri Lanka with influenza A(H3N2) as the most frequently detected virus in this region. In South East Asia, influenza activity continued to be reported at low levels, with influenza A(H3N2) virus predominant in the region. In East Asia, influenza activity continued to increase with influenza A(H3N2) remaining the dominant virus circulating.

In Northern Africa, influenza detections were reported in Morocco with influenza A(H3N2) virus dominating. In West Africa, influenza detections increased in Ghana with B viruses dominating. In Southern Africa, influenza activity continued at interseasonal levels.

In Oceania, influenza virus activity was reported at inter-seasonal levels.

Reference: World Health Organization (WHO), 2016. Influenza update number 279 (12/26/16). Retrieved December 30 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.