

Delaware Weekly Influenza Report MMWR Week 11 (March 12 - 18, 2017) 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 11 (March 12 - 18, 2017) influenza activity decreased, but remained elevated in the United States. The most frequently identified influenza virus subtype reported by public health laboratories during week 11 was influenza A (H3). The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased. Widespread influenza A (H3). The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased. Widespread influenza activity was reported by 36 states (Alabama, Alaska, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia and Wisconsin). Regional influenza activity was reported by Guam, Puerto Rico and 10 states (Arizona, Hawaii, Idaho, Illinois, Oregon, South Dakota, Tennessee, Texas, West Virginia and Wyoming). Local influenza activity was reported by Utah and Washington. No influenza activity was reported by the U.S. Virgin Islands. Both national and state data are provisional and subject to change as additional reports are received.

Delaware Influenza Surveillance 2016-2017:

During MMWR Week 11 there were 316 laboratory-confirmed cases of influenza reported among Delaware residents with a total of 3,366 for the 2016-2017 season. Reports of influenza-like illness (ILI) received from participating providers, facilities and institutions in Delaware show ILI is 0.49% (Delaware's 2016-2017 baseline is 2.2%). Nationally, ILI is 3.2%, above the national baseline of 2.2%.

Level of Influenza Activity in Delaware, MMWR Week 11:

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.

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 Delaware and other 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

	onfirmed Flu es by Subtype / Lineage	Wk 40- 52	Wk 01	Wk 02	Wk 03	Wk 04	Wk 05	Wk 06	Wk 07	Wk 08	Wk 09	Wk 10	Wk 11	YTD	YTD Total	YTD County %		
	A / 2009 H1N1	1	1	0	1	0	0	2	1	0	0	0	0	6				
	A / 2012 H3N2	89	27	42	42	52	69	101	72	91	37	32	21	675				
STATEWIDE	A / no subtype	104	45	57	71	84	159	250	285	400	251	204	162	2072				
Ē	A,B co-infection	0	0	0	0	0	0	0	0	0	1	0	0	1	3,366			
ΤĀΤ	B / Yamagata	1	1	3	5	3	5	4	7	10	8	10	9	66				
Ś	B / Victoria	0	2	0	0	1	0	3	1	0	3	2	1	13				
	B / no lineage	5	9	3	9	12	14	38	53	86	95	86	123	533				
	A / 2009 H1N1	0	1	0	1	0	0	2	1	0	0	0	0	5	1,650			
o.	A / 2012 H3N2	69	21	34	37	39	52	85	54	71	23	18	12	515				
astl nty	A / no subtype	22	20	23	28	47	93	135	139	157	105	72	58	899		49.0%		
New Castle County	B / Yamagata	1	0	1	3	3	3	4	4	4	3	2	6	34		49.0%		
Š	B / Victoria	0	2	0	0	1	0	3	0	0	0	0	0	6				
	B / no lineage	3	0	0	6	9	8	22	18	26	31	26	42	191				
	A / 2009 H1N1	0	0	0	0	0	0	0	0	0	0	0	0	0	_			
	A / 2012 H3N2	11	0	1	2	4	6	4	4	3	2	6	0	43				
후후	A / no subtype	56	15	27	23	21	46	79	95	137	99	92	61	751				
Kent	A,B co-infection	0	0	0	0	0	0	0	0	0	1	0	0	1	1,013	30.1%		
	B / Yamagata	0	0	1	0	0	0	0	0	2	2	3	1	9				
	B / Victoria	0	0	0	0	0	0	0	0	0	0	0	1	1				
	B / no lineage	2	8	3	2	1	1	11	19	39	29	36	57	208				
	A / 2009 H1N1	1	0	0	0	0	0	0	0	0	0	0	0	1				
 × >	A / 2012 H3N2	9	6	7	3	9	11	12	14	17	12	8	9	117				
Sussex	A / no subtype	26	10	7	20	16	20	36	51	106	47	40	43	422	703	20.9%		
တ္တ လိ	B / Yamagata	0	1	1	2	0	2	0	3	4	3	5	2	23	703	20.970		
	B / Victoria	0	0	0	0	0	0	0	1	0	3	2	0	6				
	B / no lineage	0	1	0	1	2	5	5	16	21	35	24	24	134				

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

	rmed Flu s by Age o	Wk 40- 52	Wk 01	Wk 02	Wk 03	Wk 04	Wk 05	Wk 06	Wk 07	Wk 08	Wk 09	Wk 10	Wk 11	YTD	YTD Total	YTD County %
	0-4 years	27	15	24	24	26	39	68	65	119	74	67	59	607		
ĕ	5-24 years	41	23	35	42	59	88	202	202	204	138	132	110	1276		
STATEWIDE	25-49 years	52	13	13	25	18	44	56	61	94	60	49	57	542	3,366	
.A	50-64 years	34	14	12	16	21	27	29	42	67	54	36	41	393		
o,	65+ years	46	20	21	21	28	49	43	49	103	69	50	49	548		
	0-4 years	7	9	12	10	20	27	54	41	67	37	30	30	344		
, ite	5-24 years	20	10	19	26	36	61	123	103	88	62	33	39	620	1,650	
w Cast County	25-49 years	26	8	8	16	10	20	35	30	34	19	19	22	247		49.0%
New Castle County	50-64 years	15	5	7	10	14	23	19	17	26	18	19	9	182		
z	65+ years	27	12	12	13	19	25	20	25	43	26	17	18	257		
	0-4 years	18	6	9	8	4	9	7	14	30	29	24	22	180		
	5-24 years	17	8	12	6	12	19	53	63	62	42	66	46	406		
Kent	25-49 years	16	2	3	4	5	11	14	17	33	25	19	21	170	1,013	30.1%
국 호	50-64 years	9	3	4	4	3	3	4	10	24	15	10	20	109		
	65+ years	9	4	4	5	2	11	16	14	32	22	18	11	148		
	0-4 years	2	0	3	6	2	3	7	10	22	8	13	7	83		
nty sex	5-24 years	4	5	4	10	11	8	26	36	54	34	33	25	250	703	
Sussex	25-49 years	10	3	2	5	3	13	7	14	27	16	11	14	125		20.9%
S O	50-64 years	10	6	1	2	4	1	6	15	17	21	7	12	102		
	65+ years	10	4	5	3	7	13	7	10	28	21	15	20	143		

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*

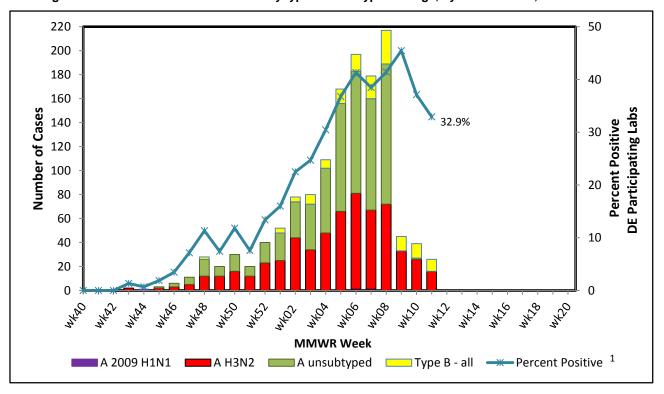


Table 2. Influenza-related hospitalizations statewide and county, by age group and MMWR Week, Delaware 2016-17

	italized Flu s by Age	Wk 40- 52	Wk 01	Wk 02	Wk 03	Wk 04	Wk 05	Wk 06	Wk 07	Wk 08	Wk 09	Wk 10	Wk 11	YTD	YTD Total	YTD County %	
111	0-4 years	2	2	2	2	1	1	6	6	7	0	1	0	30			
STATEWIDE	5-24 years	3	1	2	4	3	6	11	12	7	6	1	3	59			
Ē	25-49 years	8	2	2	4	3	6	7	4	6	4	1	6	53	567		
Ι¥	50-64 years	9	5	3	4	5	10	7	8	17	19	6	12	105			
0)	65+ years	33	13	17	11	20	23	27	25	57	35	32	27	320			
	0-4 years	2	2	1	1	0	1	6	5	4	0	0	0	22			
× tle	5-24 years	1	1	2	3	3	5	11	9	6	2	0	3	46	339		
w Cast County	25-49 years	6	1	2	3	2	4	5	2	4	0	0	5	34		59.8%	
New Castle County	50-64 years	3	4	2	3	4	9	6	3	11	9	4	6	64			
Z	65+ years	21	6	10	8	16	13	11	13	31	16	11	17	173			
	0-4 years	0	0	1	1	1	0	0	1	3	0	1	0	8			
	5-24 years	1	0	0	0	0	1	0	2	1	3	0	0	8			
Kent County	25-49 years	1	0	0	1	1	1	2	2	1	2	1	1	13	141	24.9%	
~ 호	50-64 years	4	1	1	1	1	1	0	2	1	4	2	3	21			
	65+ years	8	4	4	3	1	6	12	9	16	9	12	7	91			
	0-4 years	0	0	0	0	0	0	0	0	0	0	0	0	0			
ty se	5-24 years	1	0	0	1	0	0	0	1	0	1	1	0	5			
Sussex County	25-49 years	1	1	0	0	0	1	0	0	1	2	0	0	6	87	15.3%	
S O	50-64 years	2	0	0	0	0	0	1	3	5	6	0	3	20			
	65+ years	4	3	3	0	3	4	4	3	10	10	9	3	56			

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

Influenza- Related	Wk 40- 52	Wk 01	Wk 02	Wk 03	Wk 04	Wk 05	Wk 06	Wk 07	Wk 08	Wk 09	Wk 10	Wk 11	YTD
Deaths	1	0	1	0	1	0	1	2	0	2	2	1	11

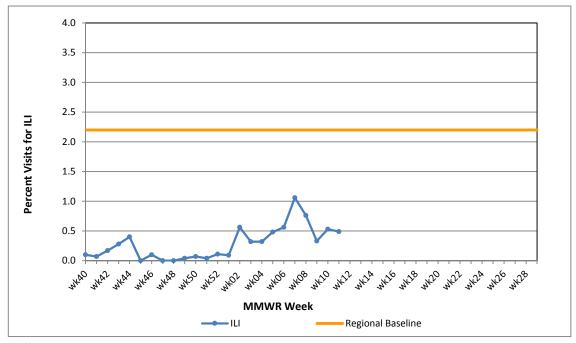
Table 4. Numbers of influenza cases reported by flu season, Delaware 2004-05 through 2016-17

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)	3,366

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.

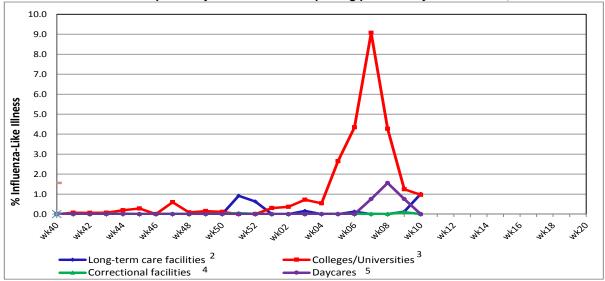
Figure 2. Percentage of visits for influenza-like illness reported by sentinel providers¹ participating in CDC's Outpatient ILI Surveillance Network (ILINet), Delaware 2016-17



¹ Twelve of 18 sentinel providers reported.

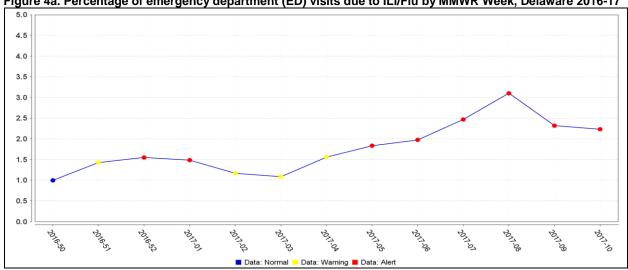
 $^{^2}$ Regional baseline is calculated by CDC using non-influenza weeks from the previous three influenza seasons. Delaware is in Region 3 that also includes DC, MD, PA, VA and WV.

Figure 3. Influenza-like illness reported by ILI surveillance reporting partners¹ by MMWR Week, Delaware 2016-17

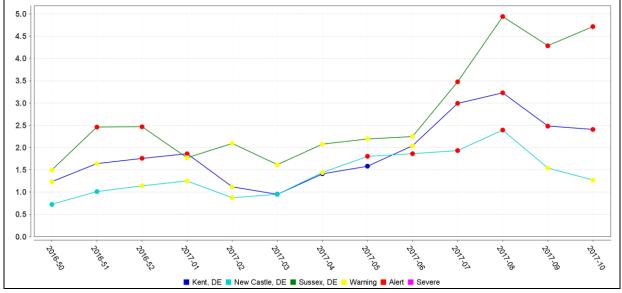


¹ ILINet reporting partners include long-term care facilities, colleges / universities, correctional facilities and daycare facilities.

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







 $^{^2\ \%}$ ILI= percentage of residents with ILI symptoms Six 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.

 $^{^{5}\,}$ % ILI= percentage of children absent with ILI; One daycare provider reported.

Summary of International Influenza Activity

Influenza activity in the temperate zone of the northern hemisphere appeared to decrease. Influenza activity in many countries especially in East Asia and Europe already peaked. Worldwide, influenza A(H3N2) virus was predominant. In South Asia influenza activity with mainly H1N1 has been increasing. The majority of influenza viruses characterized so far were similar antigenically to the reference viruses contained in vaccines for use in the 2016-2017 northern hemisphere influenza season.

In North America, overall influenza and other respiratory virus activity decreased in Canada and the U.S. Influenza activity slightly increased in Mexico with influenza A(H1N1)pdm09 virus predominating.

In Europe, influenza activity appeared to decrease with influenza A (H3N2) and influenza B viruses predominant in the region. Detections of influenza B virus increased in the recent weeks. Persons aged over 65 years continued to be reported as most frequently associated with severe disease from influenza infection.

In Western Asia, influenza activity continued to decrease with influenza A(H3N2) and B viruses co-circulating in the region. In East Asia, influenza activity continued to decrease with influenza A(H3N2) virus predominant. In Southern Asia, influenza activity continued to increase in India, the Maldives and Sri Lanka, with mainly influenza A(H1N1)pdm09 virus reported followed by influenza B virus. In South East Asia, influenza activity remained low.

In Northern Africa, low influenza activity was reported in Tunisia, with influenza A(H3N2) and influenza B virus co-circulating. In West Africa, influenza activity continued to be reported in Ghana and Mali, with influenza B being the main virus detected. In Eastern Africa, influenza activity was reported in Ethiopia and Mauritius with influenza A(H3N2) virus predominant.

In the Caribbean countries and Central America, influenza and other respiratory virus activity remained low in general.

In tropical South America, influenza and other respiratory virus activity remained low, although RSV activity remained elevated in Colombia.

In the temperate zone of the Southern Hemisphere, influenza activity was at inter-seasonal levels.

Reference: World Health Organization (WHO), 2017. Influenza update number 285 (3/20/17). Retrieved March 27, 2017 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.