

South Carolina Department of Health and Environmental Control Division of Acute Disease Epidemiology

Week Ending November 23, 2013 (MMWR Week 47) All data are provisional and may change as more reports are received.

MMWR Week 47 at a Glance:

Influenza Activity Level: LOCAL Note: Activity level definitions are found on page 13

ILI Activity Status (South Carolina baseline is 2.05%*): The state ILI percentage was .65%. These data reflect reports from 13 (41.9%) providers.

SC Viral Isolate and RT-PCR Activity: Seven positive specimens were reported. Since 9/29/13, 42 positive specimens have been reported.

Positive Rapid Flu Test Activity: Nine hundred and eighty nine positive rapid tests were reported. Since 9/29/13, 2136 positive rapid tests have been reported.

Hospitalizations: Fifty lab confirmed hospitalizations were reported. Since 9/29/13, 123 lab confirmed hospitalizations have been reported.

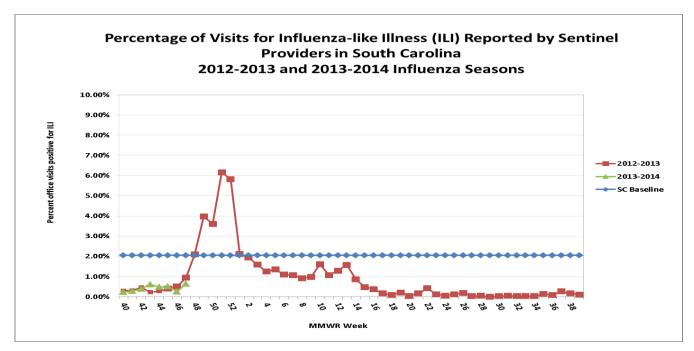
Deaths: One lab confirmed death was reported. Since 9/29/13, three lab confirmed deaths have been reported.

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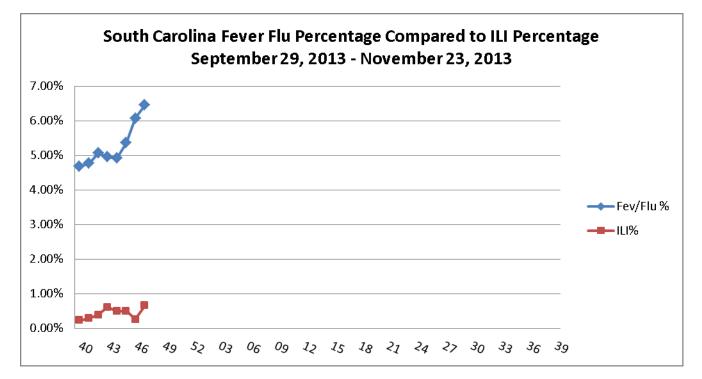
Summary of ILI Activity, Positive Confirmatory Tests, and Influenza Associated Hospitalizations and Deaths							
	Current week	Previous week	Change from previous week				
Percent of ILI visits reported by ILINet providers	.65%	.26%	A .39%				
Percent of fever-flu ER visits reported by hospitals	6.45%	6.08%	.37%				
Number of positive confirmatory tests	7	6	▲ 1				
Number of lab confirmed flu hospitalizations	50	39	▲ 11				
Number of lab confirmed flu deaths	1	1	0				



During the most recent MMWR week, .65% of patient visits to SC ILINet providers were due to ILI. This is below the state baseline (2.05%). This ILI percentage compares to .95 % this time last year. Reports were received from providers in 10 counties, representing all 4 regions. The statewide percentage of ER visits with fever-flu syndrome was 6.45%.



*The SC baseline is the mean percentage of patient visits for ILI during non-influenza weeks (weeks when percent of positive lab tests was below 20%) for the previous three seasons plus two standard deviations.



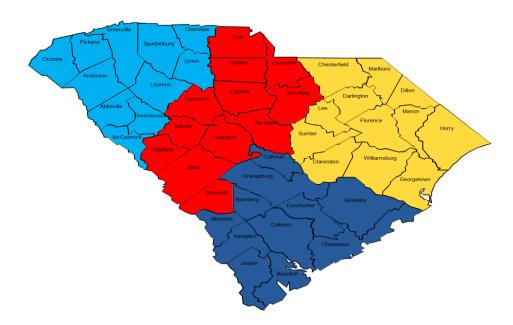
*Only includes hospitals participating in SC syndromic surveillance

http://www.scdhec.gov/flu/flu-activity-surveillance.htm

Influenza-Like Illness Reported by Sentinel Providers November 17, 2013 – November 23, 2013

County	ILI %	County	ILI %
Abbeville		Greenwood	NR
Aiken	.03%	Hampton	NR
Allendale		Horry	NR
Anderson	4.69%	Jasper	NR
Bamberg		Kershaw	NR
Barnwell		Lancaster	
Beaufort	NR	Laurens	NR
Berkeley	14.22%	Lee	
Calhoun		Lexington	NR
Charleston	NR	Marion	
Cherokee		Marlboro	
Chester		McCormick	NR
Chesterfield		Newberry	
Clarendon		Oconee	
Colleton		Orangeburg	
Darlington		Pickens	0%
Dillon	NR	Richland	.42%
Dorchester	NR	Saluda	0%
Edgefield		Spartanburg	.32%
Fairfield		Sumter	NR
Florence	.65%	Union	
Georgetown	NR	Williamsburg	
Greenville	.33%	York	0%

NR: No reports received ---: No enrolled providers



*County ILI percentages are affected by the number of reporting providers within that county.

Positive confirmatory influenza test results* Current MMWR Week (11/17/13 – 11/23/13)							
	BOL	Other clinical labs					
Number of specimens tested	9	-					
Number of positive specimens	3	4					
Influenza A unsubtyped							
Influenza A H1N1	3	4					
Influenza A H3N2							
Influenza B							
Other							
Includes culture, R	Γ-PCR, DFA, and IFA	7					

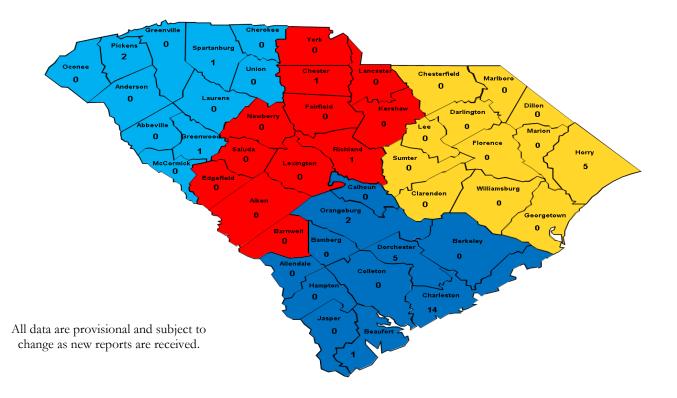
For the current MMWR reporting week, seven positive specimens were reported.

Positive confirmatory influenza test results* Cumulative (09/29/13 – 11/23/13)						
	BOL	Other clinical labs				
Number of specimens tested	55	NA				
Number of positive specimens	16 (29.1%)	26				
Influenza A unsubtyped		2 (7.7%)				
Influenza A H1N1	16 (100%)	22 (84.6%)				
Influenza A H3N2						
Influenza B		2 (7.7%)				
Other						
Includes culture,	Includes culture, RT-PCR, DFA, and IFA					

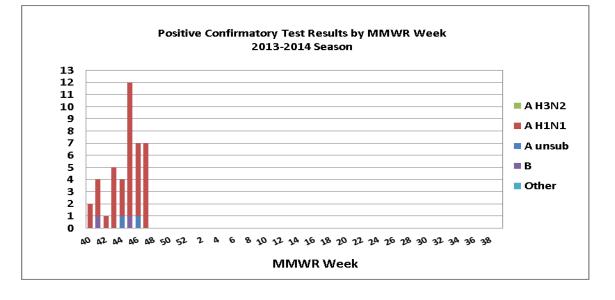
Positive Confirmatory Tests by County Current Week 11/17/13 – 11/23/13

County	Positive Tests	County	Positive Tests	County	Positive Tests
Abbeville		Dillon		Marion	
Aiken		Dorchester	1	Marlboro	
Allendale		Edgefield		McCormick	
Anderson		Fairfield		Newberry	
Bamberg		Florence		Oconee	
Barnwell		Georgetown	1	Orangeburg	
Beaufort		Greenville		Pickens	
Berkeley		Greenwood		Richland	2
Calhoun		Hampton		Saluda	
Charleston	2	Horry		Spartanburg	
Cherokee		Jasper		Sumter	
Chester		Kershaw	1	Union	
Chesterfield		Lancaster		Williamsburg	
Clarendon		Laurens		York	
Colleton		Lee		Unknown	
Darlington		Lexington			

Map of Positive Confirmatory Tests by County Cumulative 09/29/13 – 11/23/13



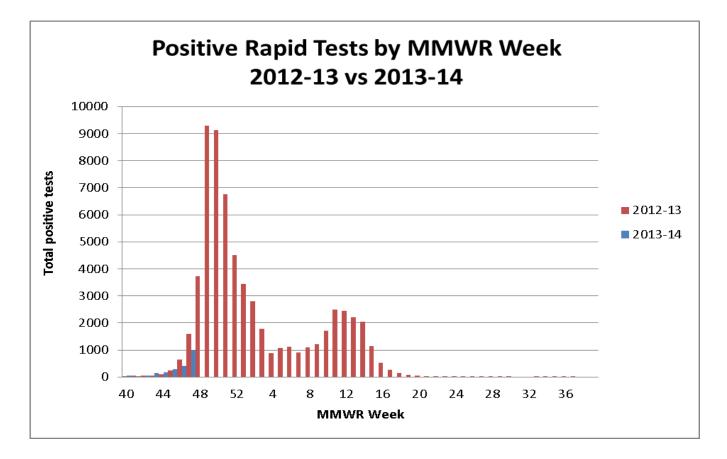
				1	Unk	3-11/23/13		•	D	•	TT 1
	A H1N1	A H3N2	В	A Unsub	Unk		A H1N1	A H3N2	В	A Unsub	Unk
				U	pstate						
Abbeville					ŕ	McCormick					
Anderson						Oconee					
Cherokee						Pickens	2				
Greenwood	1					Spartanburg				1	
Greenville						Union					
Laurens											
				M	idlands	6					
Aiken						Lancaster					
Barnwell						Lexington					
Chester	1					Newberry					
Edgefield						Richland	3				
Fairfield						Saluda					
Kershaw	1					York					
				Pe	ee Dee						
Chesterfield						Horry	6				
Clarendon						Lee					
Darlington						Marion					
Dillon						Marlboro					
Florence						Sumter					
Georgetown	1					Williamsburg					
				Low	Count	rv					
Allendale						Colleton					
Bamberg						Dorchester	5			1	
Beaufort	1					Hampton	1				
Berkeley						Jasper					
Calhoun						Orangeburg	2			1	
Charleston	14		2								

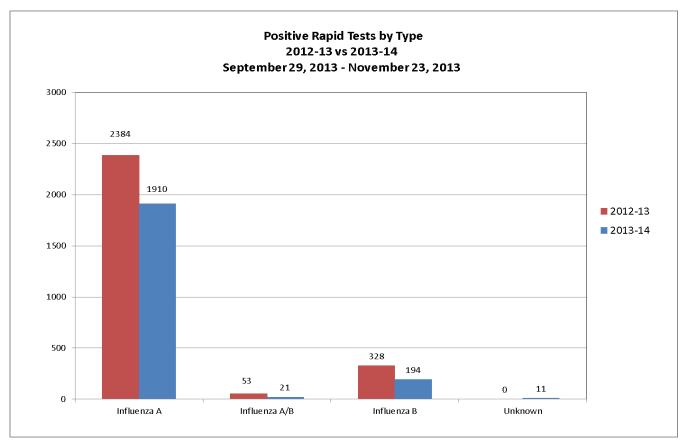


For the current MMWR reporting week, 989 positive rapid antigen tests were reported. Of these, 919 were influenza A, 6 were influenza A/B, and 64 were influenza B. This compares to 1601 this time last year.

Positive Rapid Flu Tests by County Current Week (11/17/13 – 11/23/13)								
County	Positive Tests	County	Positive Tests	County	Positive Tests			
Abbeville	1	Dillon		Lexington	25			
Aiken		Dorchester	92	Marion	3			
Allendale		Edgefield		Marlboro				
Anderson	6	Fairfield		McCormick				
Bamberg		Florence	12	Newberry	8			
Barnwell		Georgetown	50	Oconee	3			
Beaufort	12	Greenville	41	Orangeburg	6			
Berkeley	36	Greenwood		Pickens	4			
Calhoun		Hampton		Richland	36			
Charleston	298	Horry	164	Saluda				
Cherokee	13	Jasper		Spartanburg	17			
Chester	8	Kershaw	4	Sumter	11			
Chesterfield		Lancaster	5	Union				
Clarendon	4	Laurens		Williamsburg	20			
Colleton	17	Lee		York	81			
Darlington	12							

Positive Rapid Flu Tests by County and Type Cumulative (9/29/13 – 11/23/13)														
County	Α	A/B	В	Unk/ Other	County	Α	A/B	B	Unk/ Other	County	Α	A/B	В	Unk/ Other
Abbeville	2		2		Dillon					Lexington	42		12	
Aiken	2				Dorchester	229	2	6		Marion	4			
Allendale					Edgefield					Marlboro				
Anderson	14		2		Fairfield	3	1			McCormick				
Bamberg					Florence	33		22		Newberry	13		2	
Barnwell					Georgetown	64		3		Oconee	14		4	
Beaufort	17	2	3		Greenville	84	2	12		Orangeburg	6			9
Berkeley	91		4		Greenwood	3				Pickens	15		2	
Calhoun					Hampton					Richland	59	1	35	
Charleston	632	5	20		Horry	284	1	11	2	Saluda				
Cherokee	18				Jasper					Spartanburg	45	1	1	
Chester	9		1		Kershaw	13		2		Sumter	11	2		
Chesterfield	2				Lancaster	11		3		Union	3	1		
Clarendon	16	2			Laurens					Williamsburg	17		3	1
Colleton	24				Lee					York	112		20	1
Darlington	16		20											1

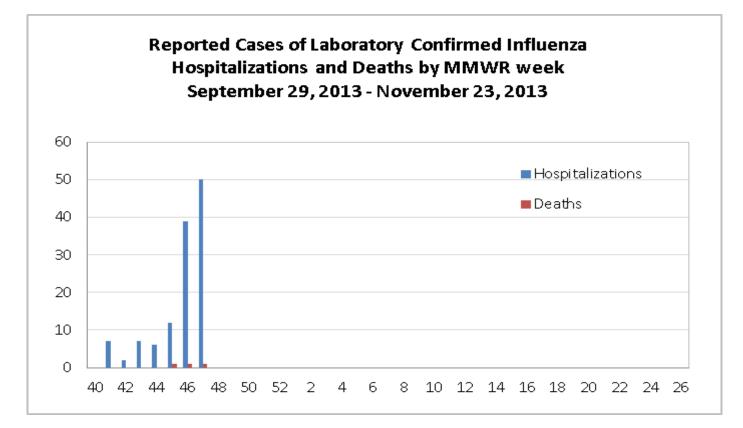


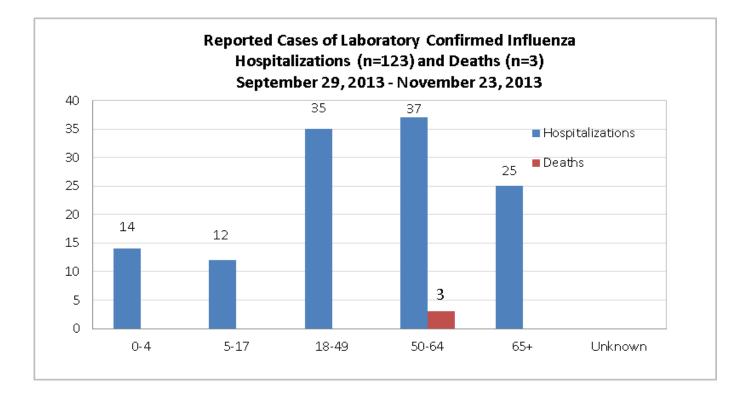


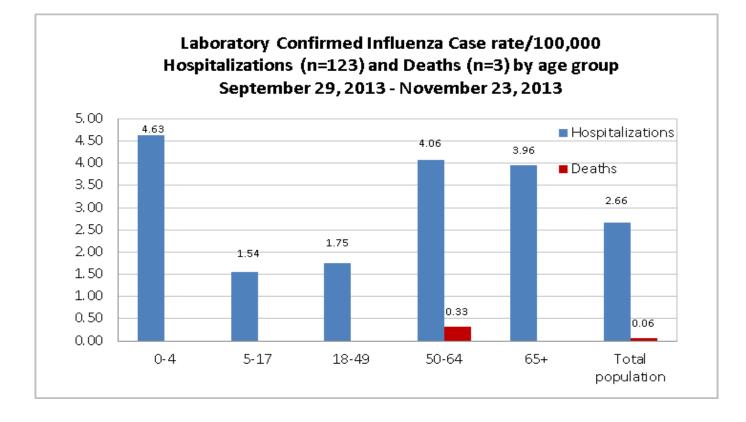
For the current MMWR reporting week, 50 lab confirmed influenza hospitalizations were reported. One lab confirmed influenza death was reported.*

	Total number*				
Number of Reporting Hospitals (Current week)	55				
	Current MMWR Week (11/17/13-11/23/13)	Cumulative (since 09/29/13)			
Hospitalizations	50	123			
Deaths	1	3			

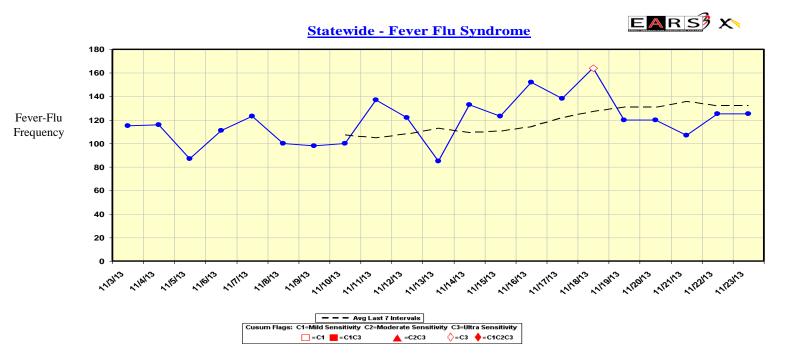
* Lab confirmation for hospitalizations and deaths includes culture, PCR, DFA, IFA, and rapid test.







V. South Carolina Disease Alerting, Reporting & Tracking System (SC-DARTS)



Cumulative Sums Analysis (CUSUM):

C1 = Flags because of sharp rise in counts from 1 day to the next

C2 = Flags because of aberrant, initial, rapid rise in counts and peak in counts

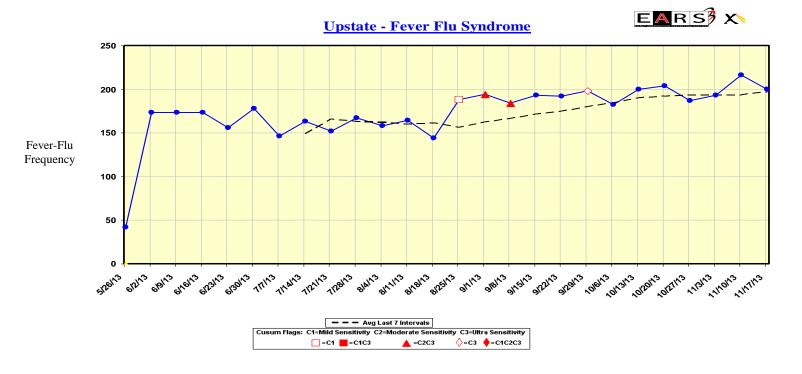
C3 = Flags because of a gradual rise in counts over a short time

The SC Statewide Fever-Flu Syndrome graph above illustrates the <u>daily</u> counts of hospital emergency department (ED) visits with an Influenza-like Illness (ILI) for the past 21 days. A total of <u>22 hospital</u> facilities are reporting to the SC-DARTS system. These 22 include: AnMed Health (Upstate Region); Self Regional (Upstate Region); Oconee Medical Center (Upstate Region); Palmetto Health Alliance (Upstate and Midlands Regions); Greenville Hospital System (Upstate Region); Kershaw Health (Midlands Region); McLeod Health (Pee Dee Region); Elgin Urgent Care (Midlands Region); Medical University of South Carolina (Low Country Region); Roper (Low Country Region); St. Francis (Low Country Region); Trident (Low Country Region); Colleton (Low Country Region); Hampton Regional (Low Country Region); and Mount Pleasant (Low Country Region).

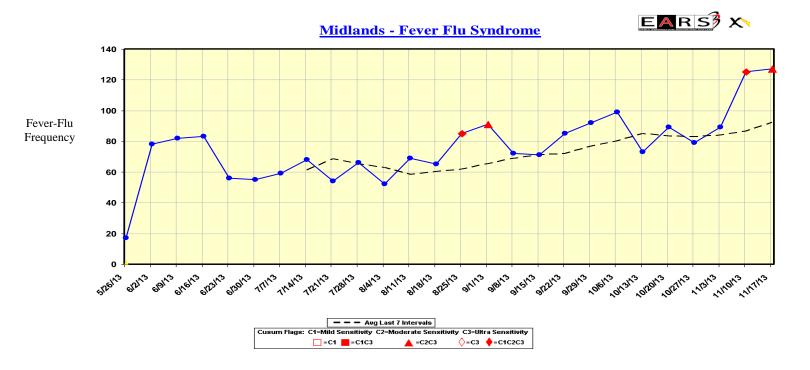
Statewide CUSUM Flag Alerts Description:

One C3 flag for the past week.

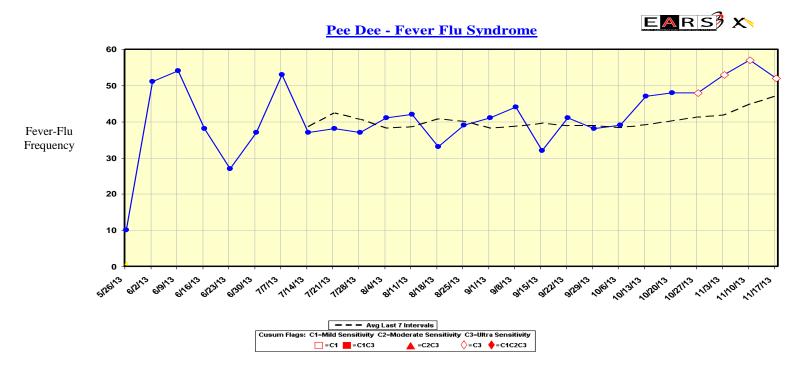
Below are the fever-flu syndrome graphs by Region for the past 180 days (weekly interval).



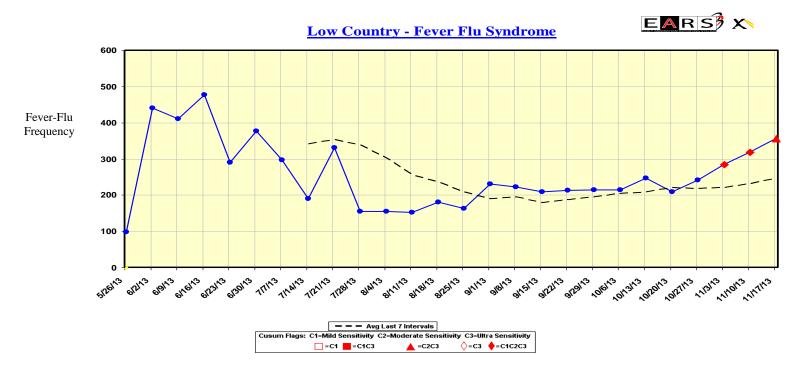
Upstate Region Hospitals (# of Facilities): AnMed Health (3); Self-Regional (1); Oconee Medical Center (1); Greenville Hospital System (4); Palmetto Health Easley (1)



Midlands Region Hospitals (# of Facilities): Palmetto Health Baptist (1); Palmetto Health Richland (1); Kershaw Health (1); Elgin Urgent Care (1)



Pee Dee Region Hospitals (# of Facilities): McLeod Health (1)



Low Country Region Hospitals (# of Facilities): Medical University of South Carolina (1); Roper (1); St. Francis (1); Trident (1); Hampton Regional (1); Colleton (1); Mount Pleasant (1);

VI. Influenza activity levels

Activity Level	ILI activity/Outbreaks		Laboratory data			
No activity	Low	And	No lab confirmed cases			
	Not increased	And	Isolated lab-confirmed cases			
Sporadic			OR			
	Not increased	And	Lab confirmed outbreak in one institution			
	Increased ILI in 1 region; ILI activity in other regions is not	And	Recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI			
	increased OR					
Local	2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with the outbreaks; virus activity is no greater than sporadic in other regions			
	Increased ILI in 2-3 regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions			
Regional	OR					
	Institutional outbreaks (ILI or lab confirmed) in 2-3 regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions			
Widespread	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least 4 of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the state.			

VII. South Carolina Influenza Surveillance Components

South Carolina influenza surveillance consists of mandatory and voluntary reporting systems for year-round influenza surveillance. These networks provide information on influenza virus strain and subtype and influenza disease burden.

Mandatory Reporting

Positive confirmatory test reporting

Positive influenza culture, PCR, DFA, and IFA results from commercial laboratories should be reported to DHEC within 7 days electronically via CHESS or using a DHEC 1129 card.

Positive rapid antigen test reporting

Summary numbers of positive rapid influenza tests and influenza type identified should be sent to theU<u>regional</u>U health department by fax or email before noon on Monday for the preceding week.

Influenza death reporting

Lab confirmed influenza deaths in adults should be reported to DHEC within 7 days. Lab confirmed influenza deaths in children under age 18 should be reported within 24 hours. These include results from viral culture, PCR, rapid flu tests, DFA, IFA or autopsy results consistent with influenza. Hospitals should report deaths to their regional health department by noon on Monday for the preceding week.

Influenza hospitalizations

DHEC requires weekly submission of laboratory confirmed influenza hospitalizations. Hospitals should report these to their <u>regional</u> health department by noon on Monday for the preceding week.

For additional information about ILINet or to become an ILINet provider, contact the Acute Disease Epidemiology influenza surveillance coordinator at springcb@dhec.sc.gov.

Voluntary Networks

Influenza-Like Illness (ILINet) Sentinel Providers Network

ILINet focuses on the number of patients presenting with influenza-like symptoms in the absence of another known cause. ILI is defined as fever (temperature of U \geq U100°F) plus a cough and/or a sore throat in the absence of another known cause. Providers submit weekly reports to the CDC of the total number of patients seen in a week and the subset number of those patients with ILI symptoms by age group.

South Carolina Disease Alerting, Reporting & Tracking System (SC-DARTS)

SC-DARTS is a collaborative network of syndromic surveillance systems within South Carolina. Currently our network contains the following data sources: SC Hospital Emergency Department (ED) chief-complaint data, Poison Control Center call data, Over-the-Counter (OTC) pharmaceutical sales surveillance, and CDC's BioSense Biosurveillance system. The hospital ED syndromic surveillance system classifies ED chief complaint data into appropriate syndrome categories (ex: Respiratory, GI, Fever, etc.). These syndrome categories are then analyzed using the cumulative sum (CUSUM) methodology to detect any significant increases. Syndromic reports are distributed back to the hospital on a daily basis.

To join the SC-DARTS system or for more information, please contact: Kelly Johnson at 803-898-1588 or johnsok@dhec.sc.gov.

During week 46 (November 10-16, 2013), influenza activity increased slightly in the United States.

- <u>Viral Surveillance</u>: Of 4,457 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories during week 46, 312 (7.0%) were positive for influenza.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.
- Influenza-Associated Pediatric Deaths: No influenza-associated pediatric deaths were reported.
- Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 1.5%, below the national baseline of 2.0%. One region reported ILI above region-specific baseline levels. One state experienced high ILI activity, two states experienced moderate ILI activity, four states experienced low ILI activity, 43 states and New York City experienced minimal ILI activity and the District of Columbia had insufficient data.
- <u>Geographic Spread of Influenza</u>: The geographic spread of influenza in four states was reported as regional; nine states reported local influenza activity; Puerto Rico, Guam and 34 states reported sporadic influenza activity; three states reported no influenza activity, and the District of Columbia and the U.S. Virgin Islands did not report.

A description of surveillance methods is available at: http://www.cdc.gov/flu/weekly/overview.htm

