**Summary of ILI Activity, Positive Confirmatory Tests, and Influenza Associated Hospitalizations and Deaths Compared to Previous Week and Season**

<table>
<thead>
<tr>
<th></th>
<th>Current week</th>
<th>Previous week</th>
<th>Change from previous week</th>
<th>Cumulative (2013-14)</th>
<th>Cumulative (2012-13)</th>
<th>Cumulative change 2013-14 compared to 2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of positive confirmatory tests (culture, RT-PCR, DFA, IFA)</td>
<td>0</td>
<td>1</td>
<td>▼</td>
<td>767*</td>
<td>1179</td>
<td>▼ 34.9%</td>
</tr>
<tr>
<td>Percent of ILI visits reported by ILINet providers</td>
<td>0.82%</td>
<td>0.18%</td>
<td>▲ 0.64%</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Number of lab confirmed flu hospitalizations</td>
<td>0</td>
<td>1</td>
<td>▼</td>
<td>1942</td>
<td>1721</td>
<td>▲ 12.8%</td>
</tr>
<tr>
<td>Number of lab confirmed flu deaths</td>
<td>0</td>
<td>0</td>
<td>--</td>
<td>78</td>
<td>46</td>
<td>▲ 69.6%</td>
</tr>
</tbody>
</table>

*Data have been cleaned and de-duplicated for end of season reporting.
I. Confirmatory testing

### Positive confirmatory influenza test results*

*Includes culture, RT-PCR, DFA, and IFA

<table>
<thead>
<tr>
<th>BOL and reference labs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of positive confirmatory tests</td>
<td>767</td>
</tr>
<tr>
<td>Influenza A unsubtyped</td>
<td>94 (12.3%)</td>
</tr>
<tr>
<td>Influenza A H1N1</td>
<td>625 (81.5%)</td>
</tr>
<tr>
<td>Influenza A H3N2</td>
<td>12 (1.6%)</td>
</tr>
<tr>
<td>Influenza B</td>
<td>33 (4.3%)</td>
</tr>
<tr>
<td>Unk/Other</td>
<td>3 (0.39%)</td>
</tr>
</tbody>
</table>

*Includes culture, PCR, DFA, IFA

**Figure 2. Positive Confirmatory Test Results by MMWR Week 2013-2014 Season**

*Includes culture, PCR, DFA, IFA*
Map of all Laboratory Confirmed Cases* by County
Cumulative 09/29/13 – 8/30/14

*Includes all laboratory tests (rapid antigen, culture, PCR, IFA, DFA.)
II. Positive Rapid Antigen Tests

Positive Rapid Tests by MMWR Week and Type

Positive Rapid Tests by Type
2012-13 vs 2013-14
September 29, 2013 - August 30, 2014

III. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week, 0.82%* of patient visits to SC ILINet providers were due to ILI. This is below the state baseline (2.05%). This ILI percentage compares to 0.13% this time last year. Reports were received from providers in 9 counties, representing all of the 4 regions.

*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. * ILI percentage is dependent upon the number of reporting providers and can be greatly influenced by a single provider with high numbers of ILI.
IV. Influenza hospitalizations and deaths

Reported Cases of Laboratory Confirmed Influenza Hospitalizations and Deaths by MMWR week September 29, 2013 - August 30, 2014

Laboratory Confirmed Influenza Case rate/100,000 Hospitalizations (n=1942) and Deaths (n=78) by age group September 29, 2013 - August 30, 2014

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.

### V. South Carolina Influenza Surveillance Components

**Mandatory Reporting**

Positive confirmatory test reporting
Positive influenza culture, PCR, DFA, and IFA results from commercial laboratories should be reported to DHEC within 3 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 the regional health department by fax or email before noon on Monday for the preceding week.

Influenza deaths
All laboratory confirmed influenza deaths in adults should be reported to DHEC within 24 hours. These include results from viral culture, PCR, rapid flu tests, DFA, IFA or autopsy results consistent with influenza.

Influenza hospitalizations
DHEC requires weekly submission of laboratory confirmed influenza hospitalizations. Hospitals should report these to their regional 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 ≥100°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.
VI. Definitions for Influenza Surveillance

Activity level: Indicator of the geographic spread of influenza activity which is reported to CDC each week.

- **No activity:** No increase in ILI activity and no laboratory-confirmed influenza cases.
- **Sporadic:** No increase in ILI activity and isolated laboratory-confirmed influenza cases.
- **Local:** Increased ILI or 2 or more institutional outbreaks in one region and laboratory-confirmed influenza cases within the past 3 weeks in the region with increased ILI or outbreaks.
- **Regional:** Increased ILI or institutional outbreaks in 2-3 regions and laboratory-confirmed influenza cases within the past 3 weeks in the regions with increased ILI or institutional outbreaks.
- **Widespread:** Increased ILI and/or institutional outbreaks in at least 4 regions and laboratory confirmed influenza in the state within the past 3 weeks.

Confirmatory testing: Influenza testing which is considered to be confirmatory, such as a viral culture or PCR.

Influenza-like illness (ILI): Fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.

MMWR week: Term for influenza surveillance week. Each week begins on Sunday and ends on Monday. The influenza season begins with MMWR week 40 and ends with MMWR week 39. The 2013-14 influenza season began on September 29, 2013 and will end on September 27, 2014.

Laboratory-confirmation: Positive influenza resulting from one of the following methods:

- DFA
- IFA
- Rapid influenza antigen test
- RT-PCR
- Viral culture