

Flu Watch

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

Week Ending December 13, 2014 (MMWR Week 50)

All data are provisional and may change as more reports are received.

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MMWR Week 50 at a Glance:

Influenza Activity Synopsis:

During the last MMWR week influenza activity in SC increased significantly. South Carolina reported WIDESPREAD activity for week 50.

Laboratory surveillance:

- 3,742 laboratory-confirmed cases of influenza were reported from 40 counties. This includes positive rapid tests, cultures, RT-PCRs, DFAs, and IFAs.
- 9,573 laboratory-confirmed cases have been reported this season, with cases identified in 42 counties. 8,460 (88.4%) of all laboratory-confirmed cases this season are influenza A, 650 (6.8%) are influenza B, 445 (4.6%) are influenza A/B, and 18 (.19%) are of unknown type.

ILI Activity (South Carolina baseline is 2.05%):

• Influenza-like illness activity at sentinel providers was above South Carolina's baseline (9.91%). ILI percentages represent ILI activity reported by sentinel providers; however, due to the number of reporting providers and the definition of ILI, ILI percentages may not be representative of actual flu activity.

Hospitalizations:

• 177 lab confirmed hospitalizations were reported. Since 9/28/14, 514 lab confirmed hospitalizations have been reported.

Deaths:

• One lab confirmed death was reported. Since 9/28/14, 8 lab confirmed deaths have been reported.

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

	Current week	Previous week	Change from previous week	Cumulative (2014-15)	Cumulative (2013-14)	Cumulative change 2014-15 compared to 2013-14
Number of positive cultures, RT-PCRs, DFAs, and IFAs	42	29	4 4.8%	118	119	V 0.84%
Percent of ILI visits reported by ILINet providers	9.91%	6.54%	▲ 3.37%			
Number of lab confirmed flu hospitalizations	177	121	4 6.3%	514	334	A 53.9%
Number of lab confirmed flu deaths	1	1		8	6	▲ 33.3%

Positive confirmatory influenza test results	
Current MMWR Week (12/7/14 – 12/13/14)	

	BOL and reference labs
Number of positive confirmatory tests	42
Influenza A unsubtyped	12
Influenza A H1N1	1
Influenza A H3N2	28
Influenza B	1
Other	

Includes culture, RT-PCR, DFA, and IFA

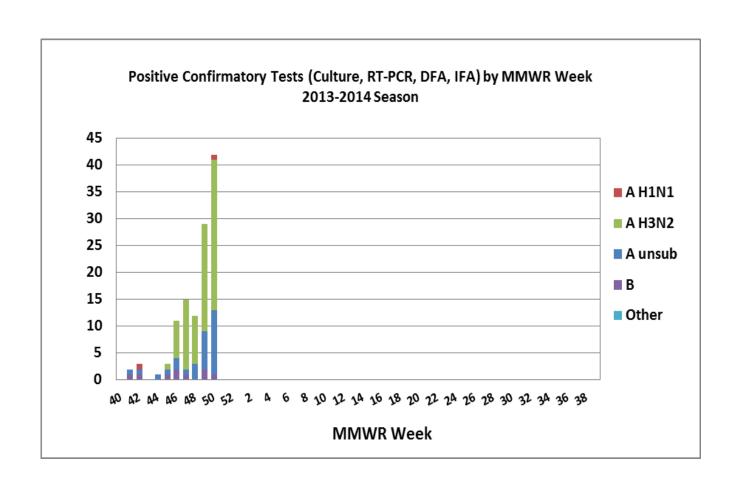
For the current MMWR reporting week, 42 positive confirmatory tests were reported. So far this season 118 positive confirmatory tests have been reported.

Positive confirmatory influenza test results* Cumulative (09/28/14 – 12/13/14)							
BOL and reference labs							
118							
29 (24.6%)							
2 (1.7%)							
78 (66.1%)							
9 (7.6%)							

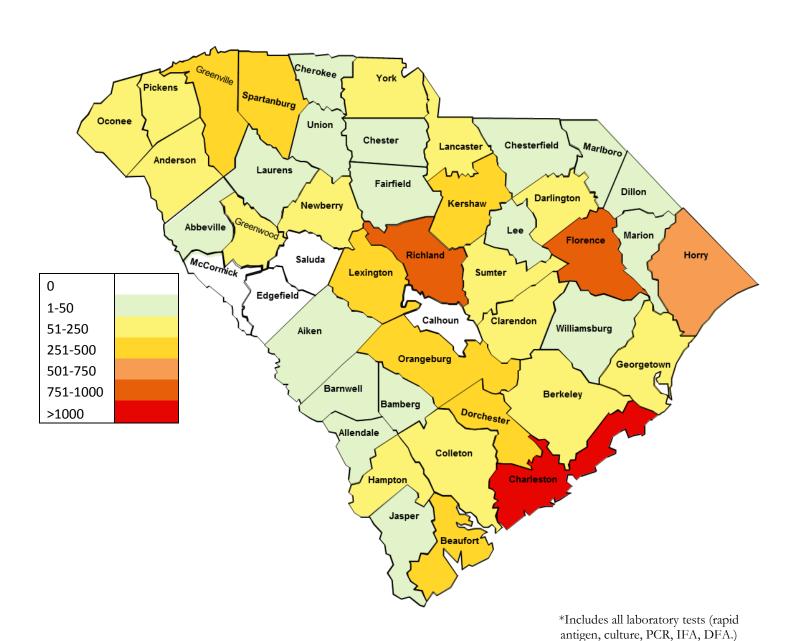
Includes culture, RT-PCR, DFA, and IFA

Positive Confirmatory Tests (Culture, RT-PCR, DFA, IFA) by County Current Week 12/7/14 – 12/13/14

County	Positive Tests	County	Positive Tests	County	Positive Tests
Abbeville	0	Dillon	0	Marion	0
Aiken	9	Dorchester	0	Marlboro	0
Allendale	0	Edgefield	0	McCormick	0
Anderson	<4	Fairfield	0	Newberry	0
Bamberg	<4	Florence	0	Oconee	0
Barnwell	<4	Georgetown	0	Orangeburg	0
Beaufort	7	Greenville	0	Pickens	0
Berkeley	<4	Greenwood	<4	Richland	<4
Calhoun	0	Hampton	0	Saluda	0
Charleston	6	Horry	7	Spartanburg	0
Cherokee	0	Jasper	0	Sumter	<4
Chester	0	Kershaw	0	Union	0
Chesterfield	0	Lancaster	0	Williamsburg	0
Clarendon	0	Laurens	0	York	<4
Colleton	<4	Lee	0	Unknown	0
Darlington	0	Lexington	0		0



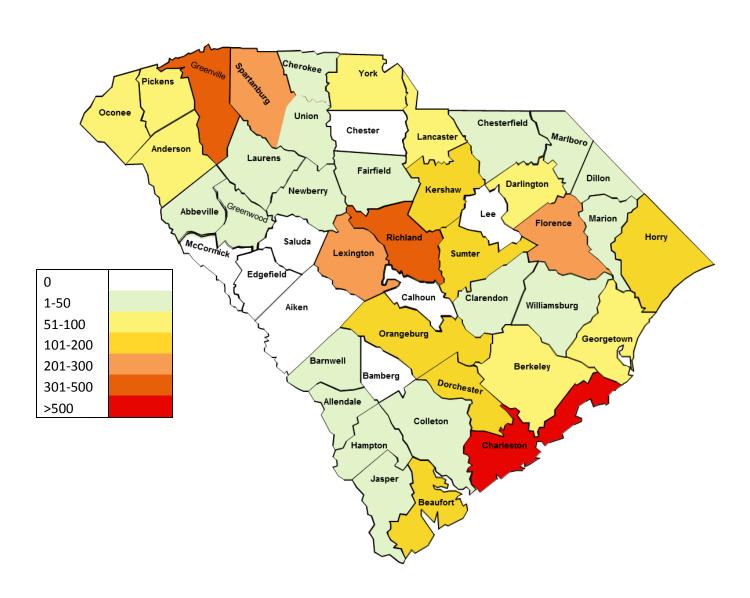
Map of all Laboratory Confirmed Cases* by County Cumulative 09/28/14 – 12/13/14

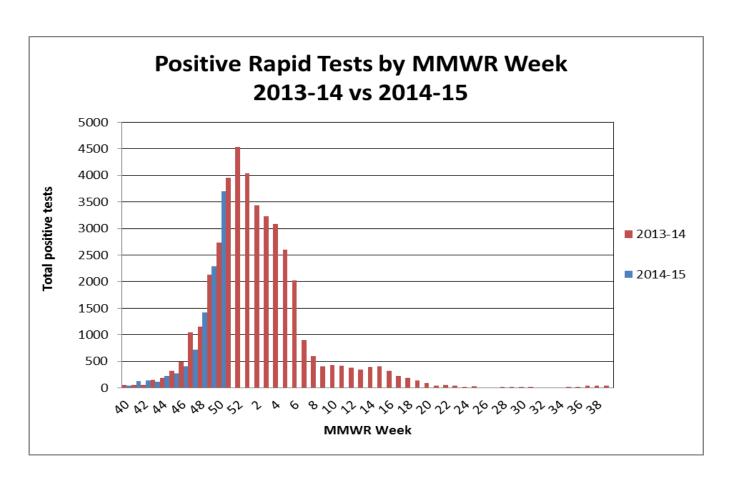


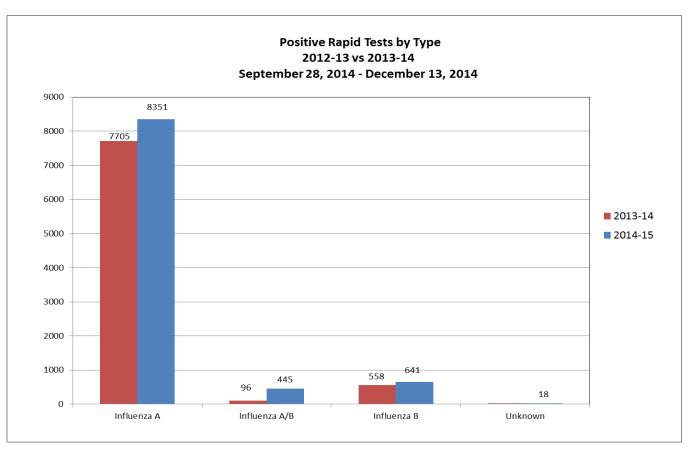
II. Positive Rapid Antigen Tests

For the current MMWR reporting week, 3,700 positive rapid antigen tests were reported. Of these, 3,405 were influenza A, 251 were influenza A/B, and 44 were influenza B. This compares to 2,733 this time last year. 9,455 positive rapid tests have been reported since 9/28/14.

Map of Positive Rapid Influenza Tests by County (Current Week 12/7/14 - 12/13/14)

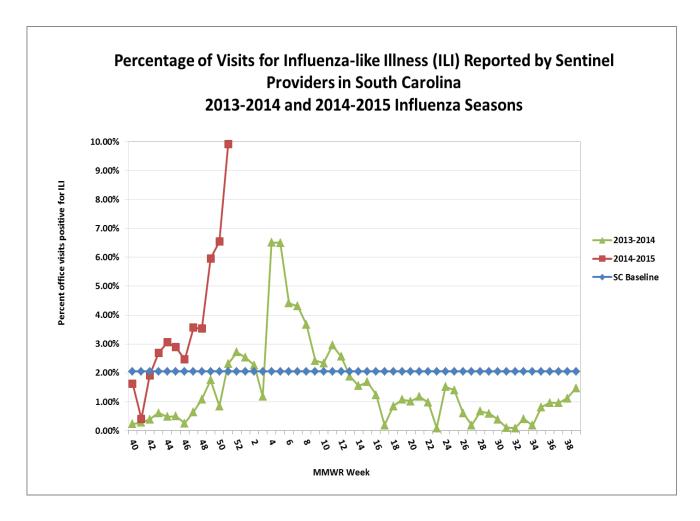






III. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week, 9.91%* of patient visits to SC ILINet providers were due to ILI. This is above the state baseline (2.05%). This ILI percentage compares to 2.31% 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.

Influenza-Like Illness Reported by Sentinel Providers December 7, 2014 – December 13, 2014

County	ILI %	County	ILI %
Abbeville		Greenwood	NR
Aiken	0.52%	Hampton	NR
Allendale		Horry	NR
Anderson	0%	Jasper	NR
Bamberg		Kershaw	NR
Barnwell		Lancaster	
Beaufort	NR	Laurens	NR
Berkeley	NR	Lee	
Calhoun		Lexington	NR
Charleston	23.45%	Marion	
Cherokee		Marlboro	
Chester		McCormick	1.12%
Chesterfield		Newberry	
Clarendon		Oconee	
Colleton		Orangeburg	
Darlington		Pickens	NR
Dillon	NR	Richland	NR
Dorchester	NR	Saluda	0%
Edgefield		Spartanburg	1.11%
Fairfield		Sumter	NR
Florence	1.71%	Union	
Georgetown	NA	Williamsburg	
Greenville	1.27%	York	3.39%

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

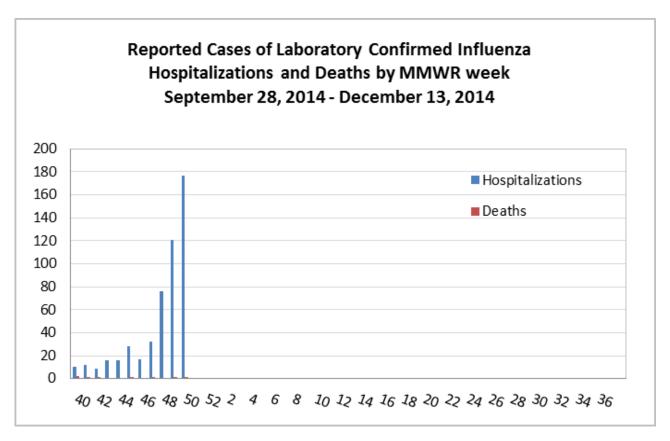
IV. Influenza hospitalizations and deaths

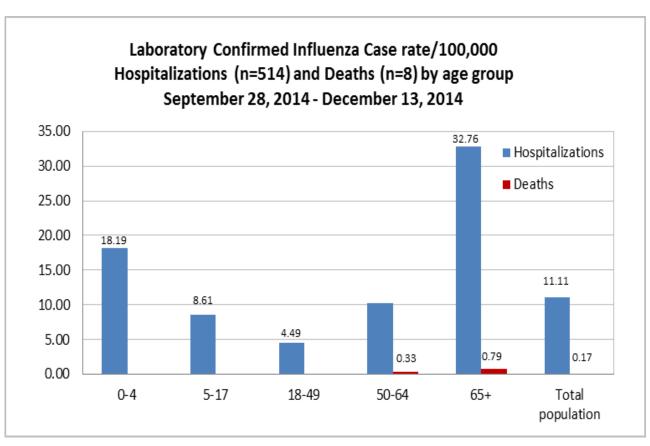
For the current MMWR reporting week, 177 lab confirmed influenza hospitalizations were reported by 64 hospitals. One lab confirmed influenza death was reported.* So far this season, 514 lab confirmed hospitalizations and 8 lab confirmed deaths have been reported.

Current MMWR Week (12/7/14 -12/13/14)							
	0-4	5-17	18-49	50-64	65+	Unk	Total
Hospitalizations	17	31	29	29	71		177
Deaths					1		1

Cumulative (9/28/14 -12/13/14)							
	0-4	5-17	18-49	50-64	65+	Unk	Total
Hospitalizations	55	67	90	93	207	2	514
Deaths	0	0	0	3	5	0	8

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





V. 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 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 lab 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 <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 ≥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.

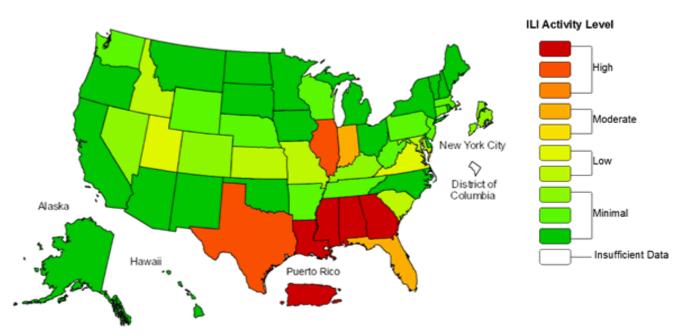
VI. National Surveillance MMWR Week 49 (12/6–12/6)

During week 49 (November 30-December 6, 2014), influenza activity continued to increase in the United States.

- Viral Surveillance: Of 16,093 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories during week 49, 3,415 (21.2%) were positive for influenza.
- o <u>Pneumonia and Influenza Mortality:</u> The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.
- o <u>Influenza-associated Pediatric Deaths:</u> Two influenza-associated pediatric deaths were reported.
- o <u>Influenza-associated Hospitalizations:</u> A cumulative rate for the season of 3.8 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.
- Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 2.5%, above the national baseline of 2.0%. Eight of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and six states experienced high ILI activity; two states experienced moderate ILI activity; seven states experienced low ILI activity; New York City and 35 states experienced minimal ILI activity; and the District of Columbia had insufficient data.
- Geographic Spread of Influenza: The geographic spread of influenza in 14 states was reported as widespread; Guam, Puerto Rico and 25 states reported regional activity; the U.S. Virgin Islands and seven states reported local activity; and the District of Columbia and four states reported sporadic activity.

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

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2014-15 Influenza Season Week 49 ending Dec 06, 2014



VII. 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, RT-PCR, DFA, IFA

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 2014-15 influenza season began on September 28, 2014 and will end on October 3, 2015.

Laboratory-confirmation: Positive influenza test resulting from one of the following laboratory tests:

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