



# Flu Watch

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

Week Ending March 26, 2016 (MMWR Week 12)

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

<i>In this issue:</i>	
Summary	2
I. Confirmatory testing	3
II. Positive rapid tests	5
III. ILINet	7
IV. Hospitalizations and deaths	9
V. National influenza surveillance	11
VI. SC influenza surveillance components	12
VII. Definitions for influenza surveillance	13

## MMWR Week 12 at a Glance:

### Influenza Activity Synopsis:

During MMWR week 12 influenza activity in South Carolina decreased. South Carolina reported Regional activity.

### Laboratory surveillance:

- 2,066 laboratory-confirmed cases of influenza were reported from 35 counties.
- Of the positive specimens reported this season, 17,591 (76.4%) are influenza A, 5,052 (21.9%) are influenza B, 277 (1.2%) are influenza A/B, and 102 (0.4%) are influenza unknown subtype.

### ILI Activity (South Carolina baseline is 2.05%):

- The percentage of visits to sentinel providers for influenza-like illness (8.68%) was above South Carolina's baseline. ILI percentages represent ILI activity reported by less than half of enrolled sentinel providers. Therefore, ILI percentages may not be representative of actual flu activity.

### Hospitalizations:

- 124 laboratory confirmed influenza-associated hospitalizations were reported. Since October 4, 2015, 1,437 laboratory confirmed influenza associated hospitalizations have been reported.

### Deaths:

- Two (2) laboratory confirmed influenza-associated deaths were reported. Since October 4, 2015 twenty-eight (28) laboratory confirmed influenza associated deaths have been reported.

NOTE: Due to a corruption of data, the Map of all Lab-confirmed cases and Population Case Rates is not included in this report.

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

	<i>Current week</i>	<i>Previous week</i>	<i>Change from previous week</i>	<i>Cumulative (2015-16)</i>	<i>Cumulative (2014-15)</i>	<i>Cumulative change 2015-16 compared to 2014-15</i>
Number of positive confirmatory tests (culture, RT-PCR, DFA, IFA)	99	131	▼ 24%	750	1,134	▼ 33%
Positive rapid antigen tests	1,967	3,227	▼ 39%	23,022	69,791	▼ 66%
Percent of ILI visits reported by ILINet providers	8.68%	10.25%	▼ 1.57%	--	--	--
Number of lab confirmed flu hospitalizations	124	155	▼ 20%	1,437	3,205	▼ 55%
Number of lab confirmed flu deaths	2	6	▲	28	149	▼ 81%

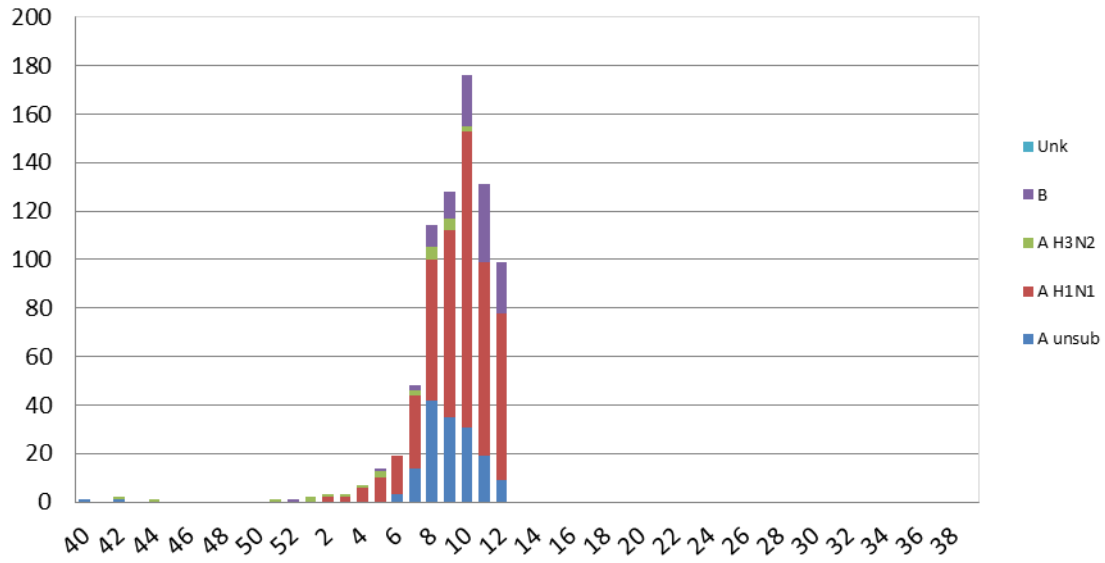
## I. Confirmatory testing

<i>Positive confirmatory influenza test results*</i> <i>Current MMWR Week 3/20/16 – 3/26/16)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	99
<b>Influenza A unsubtype</b>	9
<b>Influenza A H1N1</b>	69
<b>Influenza A H3N2</b>	0
<b>Influenza B</b>	21
<b>Other</b>	0
Includes culture, RT-PCR, DFA, and IFA	

For the current MMWR reporting week, 99 positive confirmatory tests were reported.

<i>Positive confirmatory influenza test results*</i> <i>Cumulative (10/4/15 – 3/26/16)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	750
<b>Influenza A unsubtype</b>	155
<b>Influenza A H1N1</b>	472
<b>Influenza A H3N2</b>	25
<b>Influenza B</b>	98
<b>Other</b>	0
Includes culture, RT-PCR, DFA, and IFA	

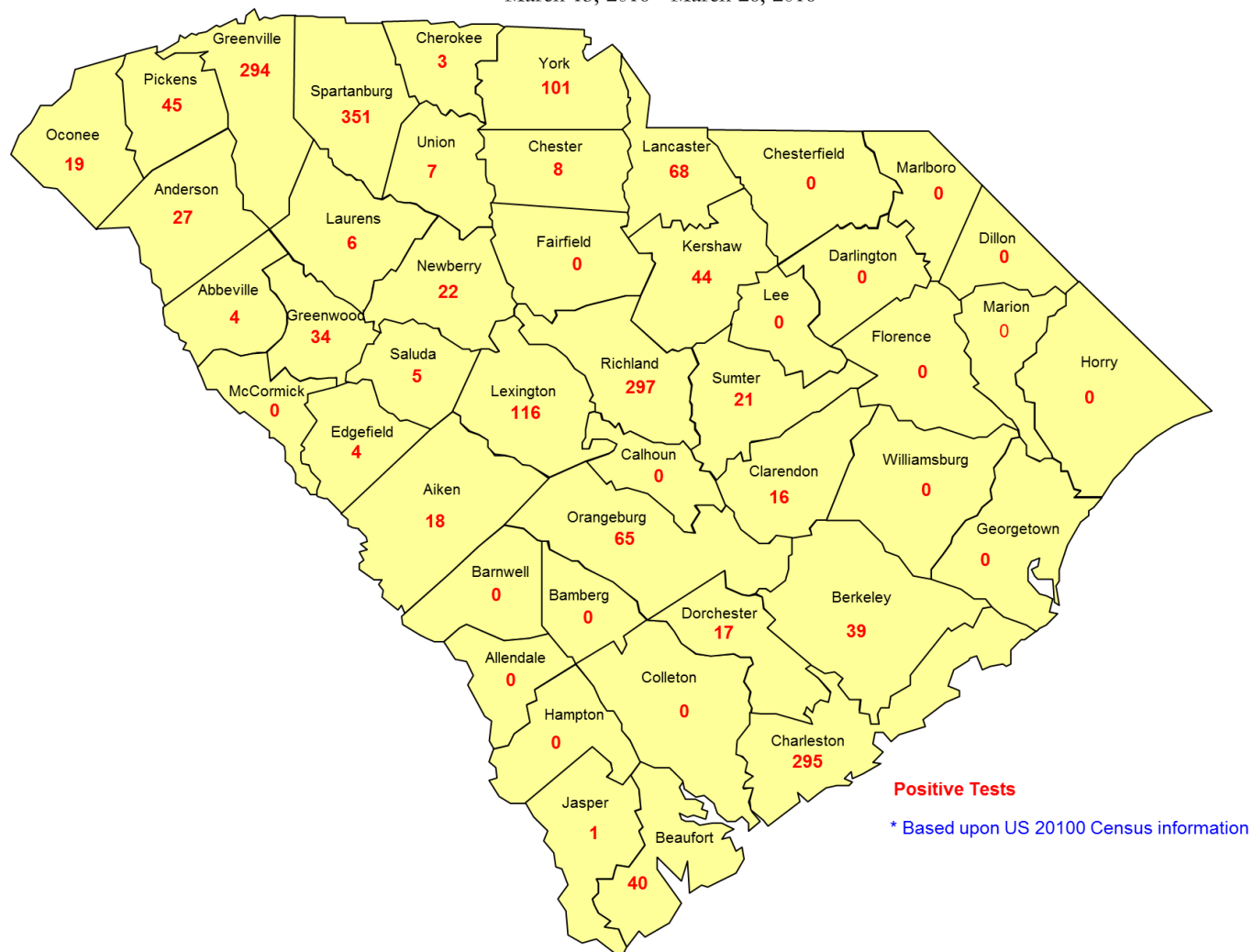
Positive Confirmatory Tests (Culture, RT-PCR, DFA, IFA) by MMWR Week  
2015-2016 Season



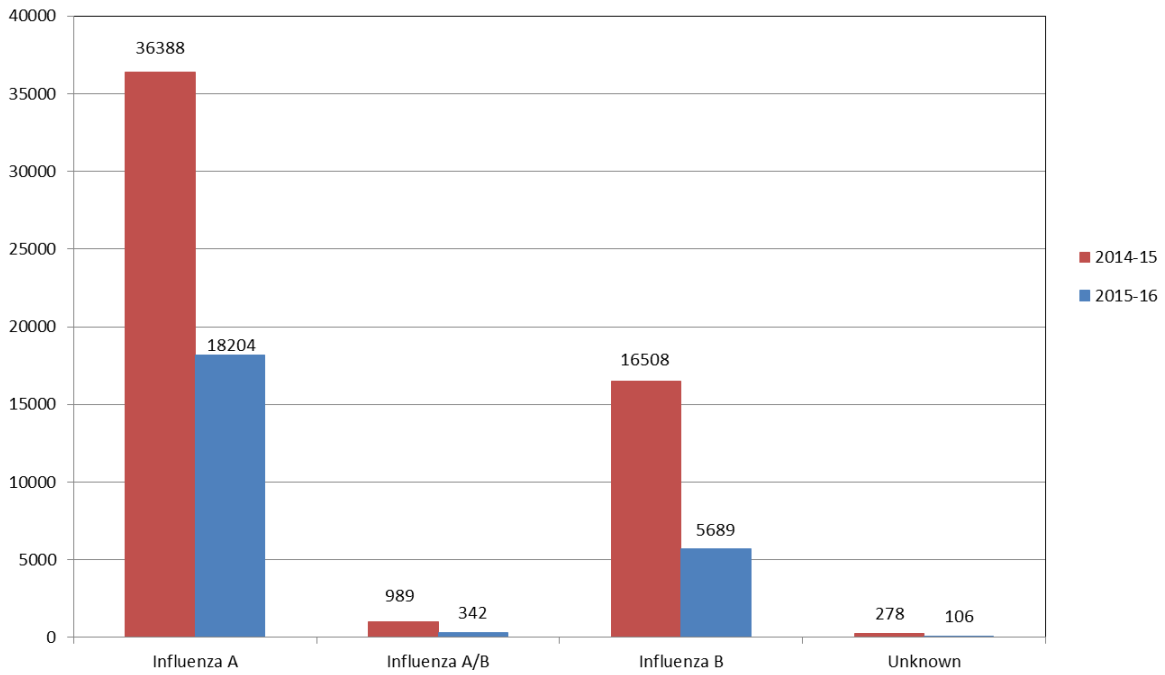
## II. Positive Rapid Antigen Tests

During the most recent MMWR week, 1,967 positive rapid antigen tests were reported. Of these, 1,184 were influenza A, 714 were influenza B, 65 were influenza A/B, and 4 were other/unknown. This compares to 2,445 during this same week last year.

Map of Positive Rapid Influenza Tests, by County  
March 13, 2016 - March 26, 2016

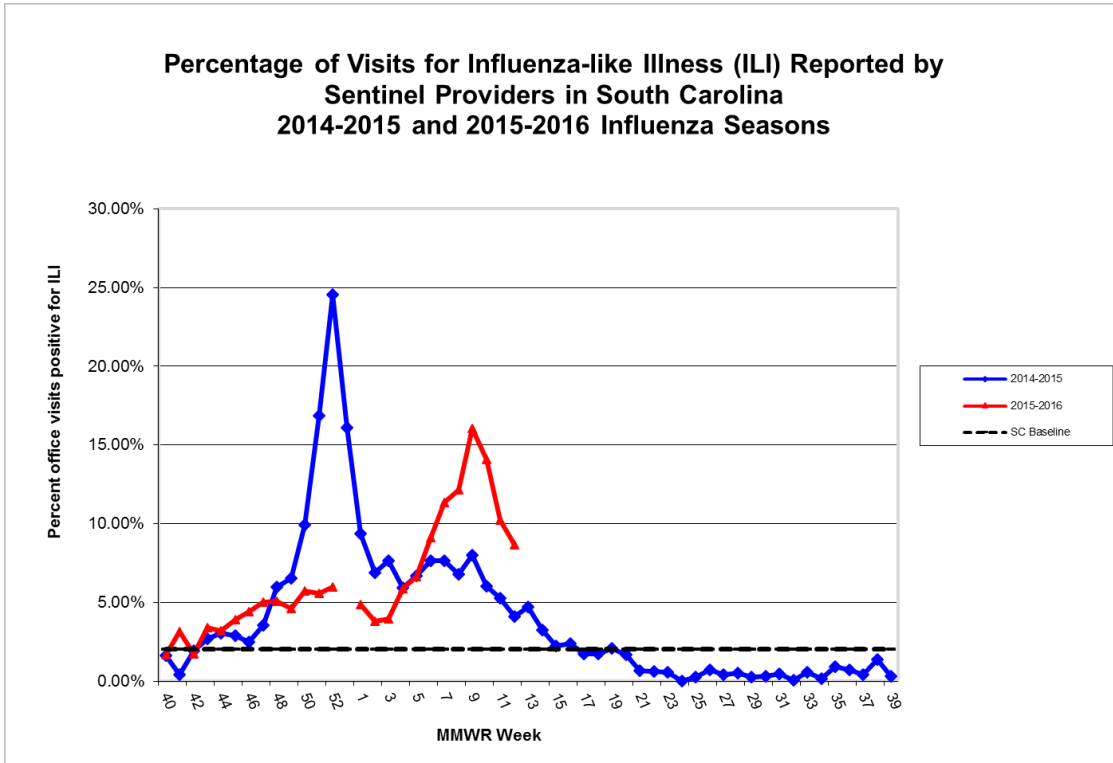


**Positive Rapid Tests by Type  
2014-15 vs 2015-16  
October 4, 2015 - March 26, 2016**

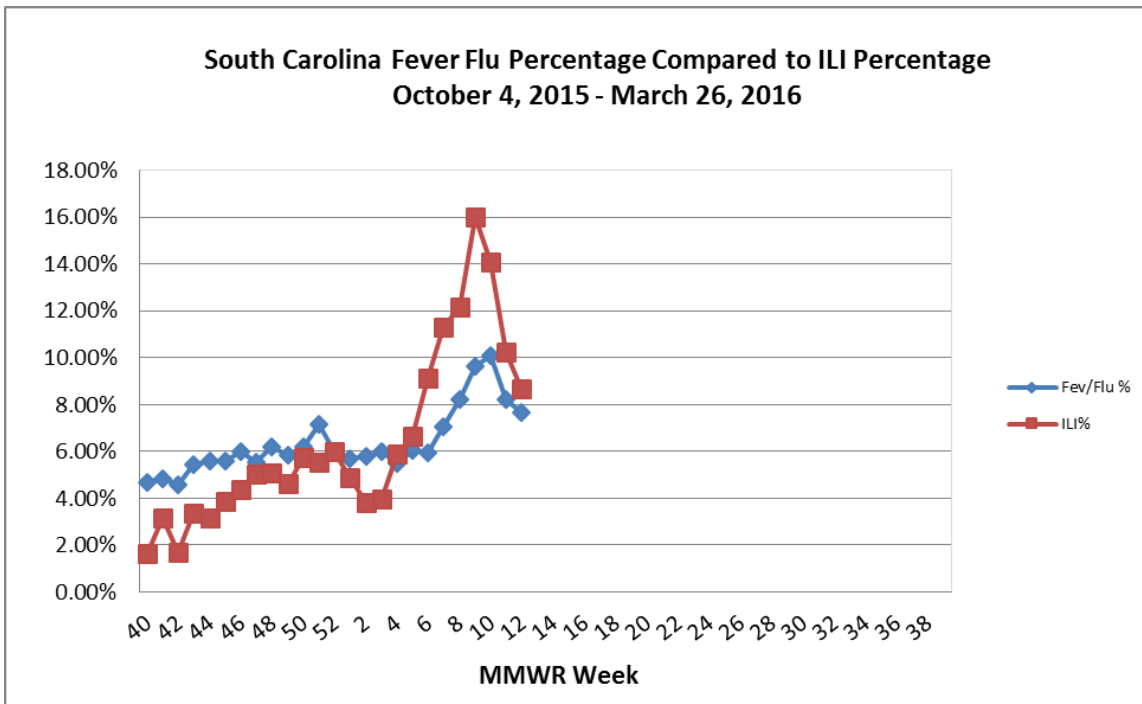


### III. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week, 8.68%\* of patient visits to SC ILINet providers were due to ILI. This is above the state baseline (2.05%). This ILI percentage compares to 4.13% this time last year. Reports were received from providers in 7 counties, representing all of the 4 regions. The statewide percentage of ER visits with fever-flu syndrome was 7.68%.



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



The SC fever flu percentage only includes data from hospitals emergency departments and urgent care centers participating in SC syndromic surveillance.

**Influenza-Like Illness Reported by Sentinel Providers  
March 20, 2016 – March 26, 2016**

<b>County</b>	<b>ILI %</b>	<b>County</b>	<b>ILI %</b>
Abbeville	---	Greenwood	NR
Aiken	1.54%	Hampton	NR
Allendale	---	Horry	--
Anderson	NR	Jasper	--
Bamberg	---	Kershaw	--
Barnwell	---	Lancaster	---
Beaufort	NR	Laurens	NR
Berkeley	NR	Lee	---
Calhoun	---	Lexington	NR
Charleston	13.45%	Marion	---
Cherokee	---	Marlboro	---
Chester	---	McCormick	NR
Chesterfield	---	Newberry	---
Clarendon	---	Oconee	---
Colleton	---	Orangeburg	---
Darlington	---	Pickens	0.00%
Dillon	---	Richland	3.15%
Dorchester	NR	Saluda	1.26%
Edgefield	---	Spartanburg	NR
Fairfield	---	Sumter	NR
Florence	0.88%	Union	---
Georgetown	NR	Williamsburg	---
Greenville	NR	York	2.29%

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



#### IV. Influenza-associated hospitalizations and deaths

For the current MMWR reporting week, 124 laboratory confirmed influenza-associated hospitalizations were reported by 57 hospitals. One laboratory confirmed influenza-associated death was reported. Since October 4, 2015, 1,437 laboratory confirmed influenza-associated hospitalizations and 28 laboratory confirmed influenza-associated deaths have been reported. **Laboratory confirmation for hospitalizations and deaths includes culture, PCR, DFA, IFA, and rapid antigen detection test.**

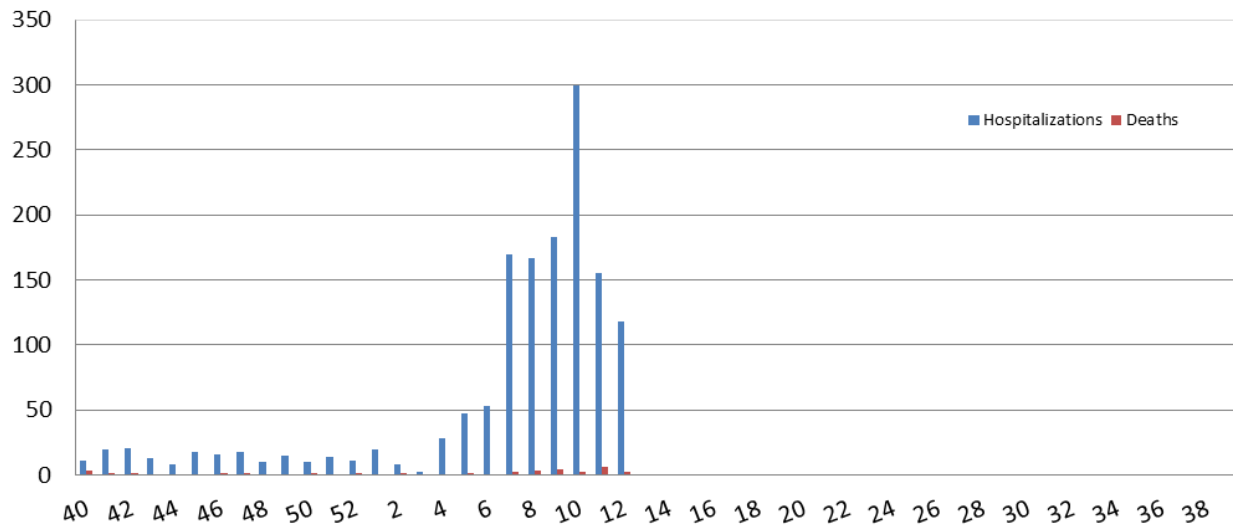
<i>Current MMWR Week (3/20/16 - 3/26/16)</i>							
	0-4	5-17	18-49	50-64	65+	Unknown	Total
<b>Hospitalizations</b>	13	7	30	33	41	0	124
<b>Deaths</b>			1	1			2

<i>Cumulative (10/4/15 -3/19/16)</i>							
	0-4	5-17	18-49	50-64	65+	Unknown	Total
<b>Hospitalizations</b>	154	99	339	367	475	3	1437
<b>Deaths</b>	0	0	6	9	13		28

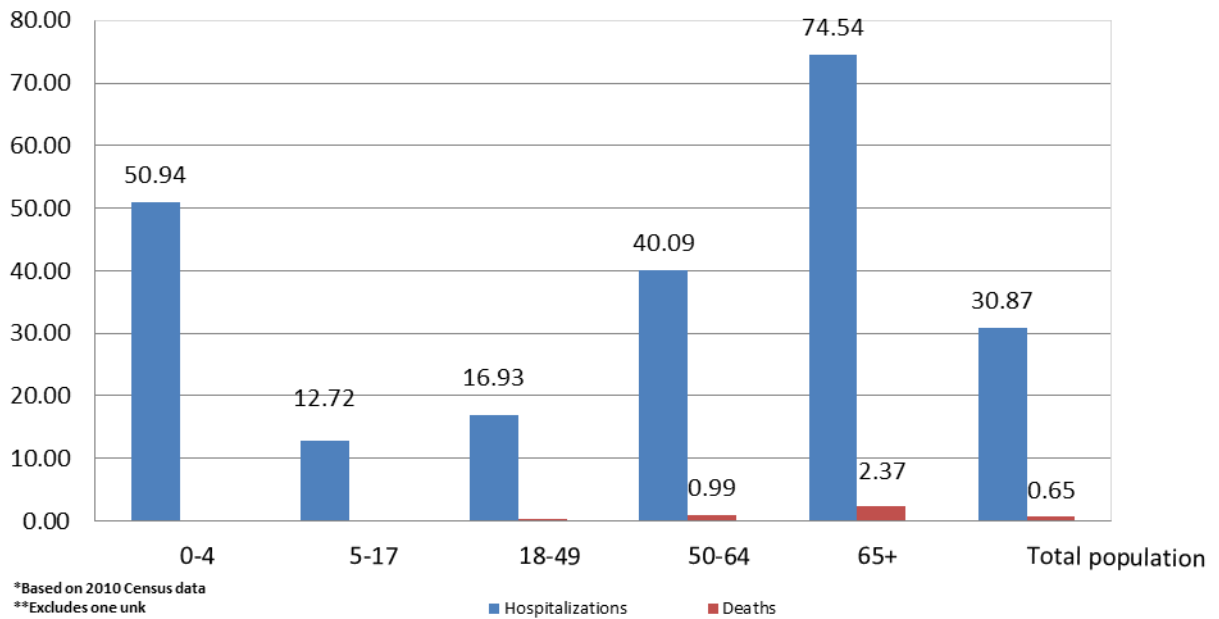
\* Lab confirmation for hospitalizations and deaths includes culture, PCR, DFA, IFA, and rapid test.

<b>Influenza associated deaths by Region</b>	
<b>Region</b>	<b>Total</b>
Lowcountry	>5
Midlands	<5
Pee Dee	>5
Upstate	10

**Influenza-associated Hospitalizations and Deaths by MMWR week  
October 4, 2015 - March 26, 2016**



**Influenza-associated Hospitalizations (n=1431) and Deaths (n=28)  
Case Rate/100,000\* by age group  
October 4, 2015 - March 26, 2016**

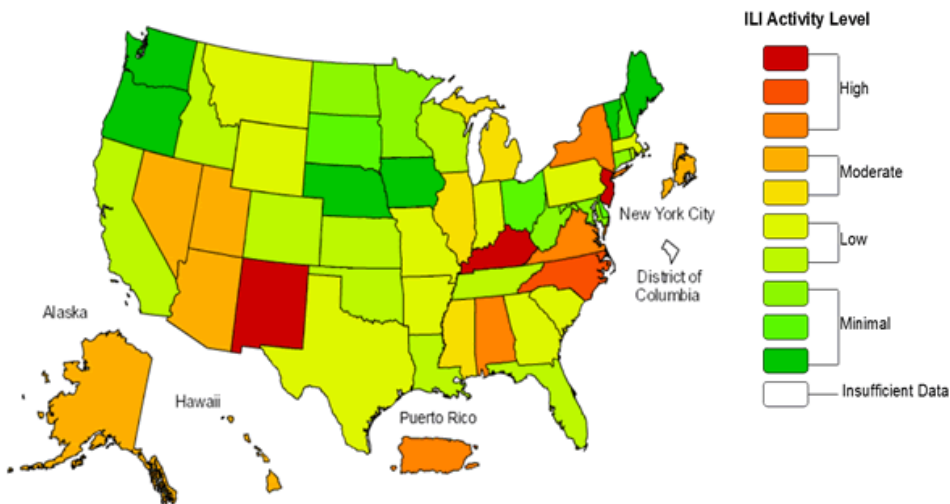


## V. National surveillance (3/13/16 – 3/19/16)

During week 11 (March 13 –March 19, 2016), influenza activity decreased slightly but remained elevated in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 11 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.
- **Influenza-associated Pediatric Deaths:** Two influenza-associated pediatric deaths were reported.
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 18.2 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 3.2%, which is above the national baseline of 2.1%. All 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and seven states experienced high ILI activity; New York City and eight states experienced moderate ILI activity; 20 states experienced low ILI activity; 15 states experienced minimal ILI activity; and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and 39 states was reported as widespread; Guam and 10 states reported regional activity; the District of Columbia and one state reported local activity; and the U.S. Virgin Islands did not report.

**Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet**  
**2015-16 Influenza Season Week 11 ending Mar 19, 2016**



## VI. 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 must be reported to DHEC within 3 days electronically via CHES or using a DHEC 1129 card.

#### Positive rapid antigen test reporting

*Summary numbers* of positive rapid influenza tests and influenza type identified must 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 (adult and pediatric) must 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 must report these to their regional health department by noon on Monday for the preceding week.

### 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  $\geq 100^{\circ}\text{F}$ ) 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) (Syndromic surveillance)

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.

For additional information about SC-DARTS, contact the Syndromic Surveillance epidemiologist at [cartere@dhec.sc.gov](mailto:cartere@dhec.sc.gov).

## 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 or RT-PCR

**Fever-flu syndrome:** Includes chief complaints with any of the following ICD codes or terms: flu, fev, high temp, temp10, feel hot, night sweat, FEB, shiver, FUO, chill, 780.6, 487, viral INF, pain all over, ILI, and body ache. Weekly fever flu count is the sum of all records, statewide, that were categorized into the fever flu syndrome. The state denominator is a broader modification of the respiratory syndrome that includes records that have fever flu chief complains and general respiratory illness complaints, which include: cough, coughing, URI, pneumonia, croup, bronchitis, and cold. The fever flu percentage equals (weekly fever flu count/weekly state denominator)\*100.

**Influenza-associated death:** A death in which laboratory confirmation (see definition below) for influenza was reported, or for which an autopsy report consistent with influenza was provided, regardless of primary cause of death.

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

**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 2015-16 influenza season began on October 4, 2015 and will end on October 1, 2016.

**Laboratory-confirmation:** Influenza positive resulting from one of the following methods:

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