

A summary of influenza surveillance indicators reported to MDH for the week ending March 10, 2018

Prepared by the Infectious Disease Epidemiology and Outbreak Response Bureau Prevention and Health Promotion Administration Maryland Department of Health

The data presented in this document are provisional and subject to change as additional reports are received.

SUMMARY

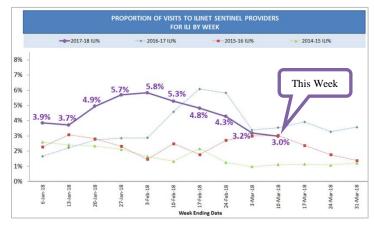
During the week ending March 10, 2018, influenza-like illness (ILI) intensity in Maryland was LOW and there was WIDESPREAD geographic activity. The proportion of outpatient visits for ILI reported by Sentinel Providers and by Maryland Emergency Departments decreased. The proportion of MRITS respondents reporting ILI remained low. Clinical laboratories reported a decrease in the proportion of specimens testing positive for influenza. Two hundred sixty-eight specimens tested positive for influenza at the MDH lab. There were 103 influenza-associated hospitalizations. The cumulative season number of influenzaassociated deaths among hospitalized adult reported to MDH.

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ts was 71. Three respiratory outbreaks were	
fluenza surveillance web page	

ILINet	Sentinel	Providers	

Seventeen sentinel providers reported a total of 4,676 visits this week. Of those, 139 (3.0%) were visits for ILI. This is above the Maryland baseline of 2.0%.



ILI Visits To Sentinel Providers By Age Group	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	23 (17%)	41 (16%)	1,054 (22%)
Age 5-24	71 (51%)	124 (48%)	1,900 (40%)
Age 25-49	28 (20%)	50 (19%)	999 (21%)
Age 50-64	12(9%)	29(11%)	518 (11%)
Age ≥ 65	5 (4%)	13 (5%)	245 (5%)
Total	139 (100%)	257 (100%)	4,716 (100%)

ILI Intensity Levels

✓Low

Influenza Geographic

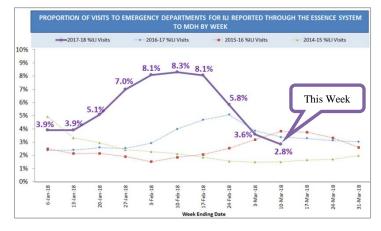
Activity

Regional

Widespread

Visits to Emergency Departments for ILI

Emergency Departments in Maryland reported a total of 41,657 visits this week through the ESSENCE surveillance system. Of those, 1,180 (2.8%) were visits for ILL



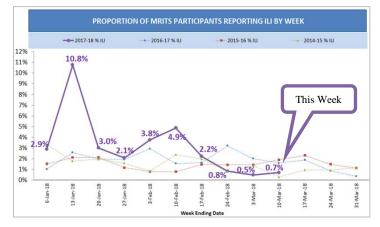
ILI Visits To Emergency Departments By Age Group	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	240 (20%)	290 (19%)	8,896 (24%)
Age 5-24	351 (30%)	435 (29%)	10,329 (28%)
Age 25-49	338 (29%)	400 (27%)	9,378 (25%)
Age 50-64	147 (12%)	226 (15%)	4,602 (13%)
Age ≥ 65	104 (9%)	157 (10%)	3,604 (10%)
Total	1,180 (100%)	1,508 (100%)	36,809 (100%)

Neighboring states' influenza information: Delaware http://dhss.delaware.gov/dph/epi/influenzahome.html District of Columbia http://doh.dc.gov/service/influenza http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/I-L/Pages/Influenza.aspx#.V-LtaPkrJD8 Pennsylvania http://www.vdh.virginia.gov/epidemiology/influenza-flu-in-virginia/influenza-surveillance/ Virginia West Virginia http://dhhr.wv.gov/oeps/disease/flu/Pages/fluSurveillance.aspx

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Community-based Influenza Surveillance (MRITS)

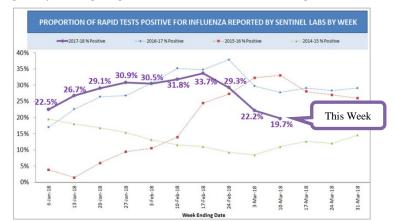
MRITS is the Maryland Resident Influenza Tracking System, a weekly survey for influenza-like illness (ILI). A total of 574 residents responded to the <u>MRITS survey</u> this week. Of those, 4 (0.7%) reported having ILI and missing 8 cumulative days of regular daily activities.



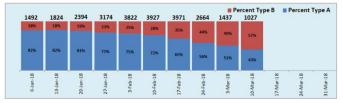
MRITS Respondents Reporting ILI By Age Group	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4			7 (3%)
Age 5-24	4 (100%)	2 (67%)	75 (33%)
Age 25-49			44 (19%)
Age 50-64		1 (33%)	77 (34%)
Age ≥ 65			26 (11%)
Total	4 (100%)	3 (100%)	229 (100%)

Clinical Laboratory Influenza Testing

There were 52 clinical laboratories reporting 5,215 influenza diagnostic tests, mostly rapid influenza diagnostic tests (RIDTs). Of those, 1,027 (19.7%) were positive for influenza. Of those testing positive, 443 (43%) were influenza Type A and 584 (57%) were influenza Type B. The reliability of RIDTs depends largely on the conditions under which they are used. False-positive (and true-negative) results are more likely to occur when the disease prevalence in the community is low, which is generally at the beginning and end of the influenza season and during the summer.

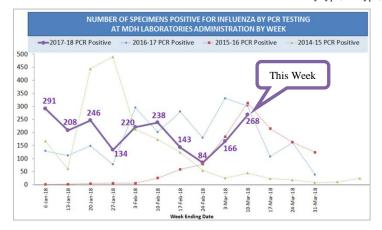


Positive Rapid Flu Tests by Type	This Week Number (%)	Last Week Number (%)	Season Number (%)
Туре А	443 (43%)	735 (51%)	20,151 (71%)
Туре В	584 (57%)	702 (49%)	8,171 (29%)
Total	1,027 (100%)	1,437 (100%)	28,322 (100%)



State Laboratories Administration Influenza Testing

The MDH Laboratories Administration performed a total of 423 PCR tests for influenza and 268 (63.4%) were positive for influenza. Of those testing positive, 152 (56.7%) were positive for Type A (H3), 77 (28.7%) were positive for Type A (H1), 36 (13.4%) were positive for Type B (Yamagata), and 3 (1.1%) were positive for Type B (Victoria). PCR testing is more reliable than RIDT. The MDH testing identifies subtypes of influenza A and lineages of influenza B, information that is not available from the RIDT results. The table below summarizes results by type, subtype, and lineage.

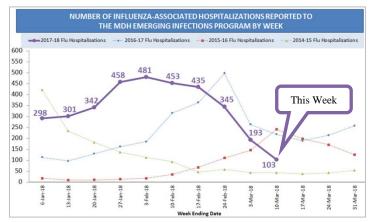


Positive PCR Tests by Type (Subtype)	This Week Number (%)	Last Week Number (%)	Season Number (%)
Type A (H1)	77 (29%)	37 (22%)	419 (19%)
Туре А (НЗ)	152 (57%)	86 (52%)	1,497 (66%)
Type B (Victoria)	3 (1%)	5 (3%)	24 (1%)
Type B (Yamagata)	36 (13%)	37 (22%)	306 (14%)
Dual Type A (H1/H3)			2 (<1%)
Dual Type A(H3)/B		1 (1%)	3 (<1%)
Type A (H3N2v)			3 (<1%)
Total	268 (100%)	166 (100%)	2,254 (100%)

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Influenza-associated Hospitalizations

A total of 103 influenza-associated hospitalizations were reported this week. (A person with an overnight hospital stay along with a positive influenza test of any kind, e.g., RIDT or PCR, is considered an "influenza-associated hospitalization" for purposes of influenza surveillance.) This surveillance is conducted as a component of the Maryland Emerging Infections Program.



Influenza- Associated Hospitalizations by Age Group	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	9 (9%)	12 (6%)	251 (6%)
Age 5-17	4 (4%)	10 (5%)	184 (5%)
Age 18-24		5 (3%)	101 (3%)
Age 25-49	18 (17%)	27 (14%)	489 (12%)
Age 50-64	13 (13%)	47 (24%)	833 (21%)
Age ≥ 65	59 (57%)	92 (48%)	2,058 (53%)
Total	103 (100%)	193 (100%)	3,916 (100%)

Influenza-associated Deaths

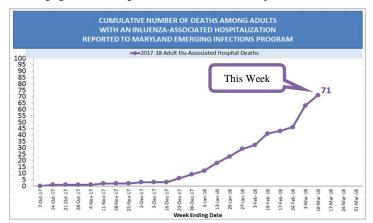
An influenza-associated death is one with a clinically compatible illness and a positive influenza test of any kind.

Pediatric Deaths: The total number of pediatric (< 18 years of age) deaths reported this influenza season is 3.

Influenza-associated pediatric mortality is a reportable condition in Maryland. Pediatric deaths are tracked without regard to hospitalization.

Adult Deaths Among Hospitalized Patients: A total of 71 deaths have been reported among adults admitted to Maryland hospitals this influenza season. Influenza-associated adult mortality is *not* a reportable condition in Maryland. However, adult mortality surveillance is conducted as a component of the Maryland

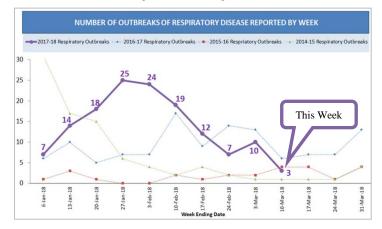
Emerging Infections Program's influenza-associated hospitalization surveillance.



Influenza-Associated Deaths	Cumulative Season Total
Pediatric Deaths (Age < 18)	3
Adult Deaths (in hospitalized cases)	71

Outbreaks of Respiratory Disease

There were three respiratory outbreaks reported to MDH this week. (Disease outbreaks of any kind are reportable in Maryland. Respiratory outbreaks may be reclassified once a causative agent is detected, e.g., from ILI to influenza.)



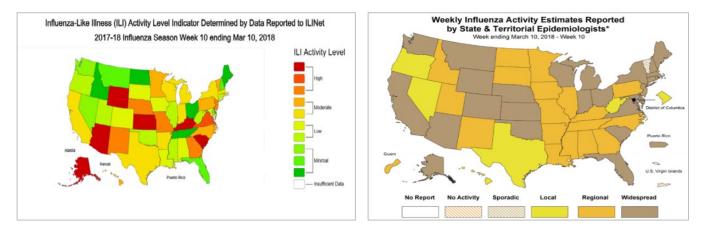
Respiratory Outbreaks by Type	This Week Number (%)	Last Week Number (%)	Season Number (%)
Influenza	3 (100%)	8 (80%)	125 (79%)
Influenza-like Illness			22 (14%)
Pneumonia		2 (20%)	12 (8%)
Other Respiratory			
Total	3 (100%)	10 (100%)	159 (100%)

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National Influenza Surveillance (CDC)

During week 10 (March 4-10, 2018), influenza activity decreased in the United States.

- <u>Viral Surveillance:</u> Overall, influenza A(H3) viruses have predominated this season. However, in recent weeks the proportion of influenza A viruses has declined, and during week 10, the numbers of influenza A and influenza B viruses reported were similar. 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 above the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.
- 0 Influenza-associated Pediatric Deaths: Nine influenza-associated pediatric deaths were reported.
- Influenza-associated Hospitalizations: A cumulative rate of 89.9 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 3.3%, which is above the national baseline of 2.2%. All 10 regions reported ILI at or above region-specific baseline levels. Twelve states experienced high ILI activity; 13 states experienced moderate ILI activity; New York City and 14 states experienced low ILI activity; 11 states experienced minimal ILI activity; and Puerto Rico and the District of Columbia had insufficient data.
- Geographic Spread of Influenza: The geographic spread of influenza in Puerto Rico and 26 states was reported as widespread; Guam and 18 states reported regional activity; the District of Columbia and five states reported local activity; one state reported sporadic activity; and the U.S. Virgin Islands reported no activity.



Where to get an influenza vaccination

Interested in getting a flu vaccine for the 2017-18 influenza season? Go to https://phpa.health.maryland.gov/influenza/Pages/getvaccinated.aspx and click on your county/city of residence. You will be redirected to your local health department website for local information on where to get your flu vaccine.