



2017-2018 Influenza Season, Update for Week 1*

(Week ending Saturday, 01/06/2018)

Key Points

- ✓ National influenza activity has been rapidly increasing throughout the country.
- ✓ In Connecticut, influenza activity has rapidly increased during the last few weeks.
- ✓ Classification of Connecticut geographic activity remains at **widespread****.
- ✓ Influenza A (H3N2) viruses appear to predominate within the US and Connecticut.
- ✓ It is time to obtain your flu vaccine and take other steps to prevent influenza-related illness and hospitalization: <http://www.portal.ct.gov/DPH/Infectious-Diseases/Immunization/Seasonal-Influenza>

The Department of Public Health (DPH) uses multiple surveillance systems to monitor circulating flu viruses throughout the year. All data are considered preliminary and updated with available information each week starting in October and ending in May.

- Statewide emergency department visits attributed to the “fever/flu syndrome” are continuing to increase and are now at 7.4%, which is well above the level of 5% statewide; generally considered the minimum threshold when there are elevated influenza-associated ED visits (Figure 1).
- The percentage of outpatient visits with influenza-like illness (ILI) is approaching 5%, well above the level of 1% statewide; generally considered the baseline when there are increased influenza-associated visits in the outpatient setting (Figure 2).
- The percentage of unscheduled hospital admissions due to pneumonia have now continued above the level of 4% statewide; generally considered the baseline when there may be increased pneumonia hospitalizations due to influenza (Figure 3).
- A total of 456 hospitalized patients with laboratory-confirmed influenza admitted between August 27 and January 6, 2018 have been reported to date. Of these 456 reports, 341 were Type A (subtype unspecified), 49 were Type A (H3N2), 2 were Type A (2009 H1N1), and 64 were influenza B virus. Fifteen influenza-associated deaths in individuals greater than 65 years of age have been reported to date, this season (Figures 4 & 5).
- A total of 1,015 influenza positive laboratory tests have been reported during the current season (August 27 – January 6, 2018): Hartford (367 reports), Fairfield (256), New Haven (229), New London (58), Tolland (38), Middlesex (31), Litchfield (23), and Windham County (13). Of the 1,015 positive influenza reports: 730 were Type A (subtype unspecified), 109 were Type A (H3N2), 9 were Type A (2009 H1N1), 164 were influenza B viruses, and 3 of unknown type (Figures 6 & 7).
- Two new figures are included in this week’s update. Since 2003, the Connecticut Emerging Infections Program at the Yale School of Public Health conducts active surveillance for laboratory-confirmed, influenza-associated hospitalizations as part of the national FluSurv-NET system. EIP staff work with the Connecticut Department of Public Health (CTDPH), the Centers for Disease Control and Prevention (CDC), and local hospitals to conduct surveillance for hospitalized cases of influenza among residents of southern Connecticut. Together with other FluSurv-NET sites, these data provide near real time estimates of influenza severity in the US: <https://publichealth.yale.edu/eip/projects/flu.aspx>. Figure 8 displays total New Haven and Middlesex County resident hospitalizations by MMWR week* (current counts for week 2 are

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also displayed) and age category. Please note that the vast majority of hospitalizations are among residents greater than 65 years of age. Figure 9 compares these current 2017-2018 influenza season New Haven and Middlesex County resident hospitalizations with those of the previous two influenza seasons (2016-17 and 2015-16).

* Week numbers refer to the Morbidity and Mortality Weekly Report calendar used by the federal Centers for Disease Control and Prevention (CDC) for national disease surveillance.

** Definitions for the estimated levels of geographic spread of influenza activity available at:
<http://www.cdc.gov/flu/weekly/overview.htm>

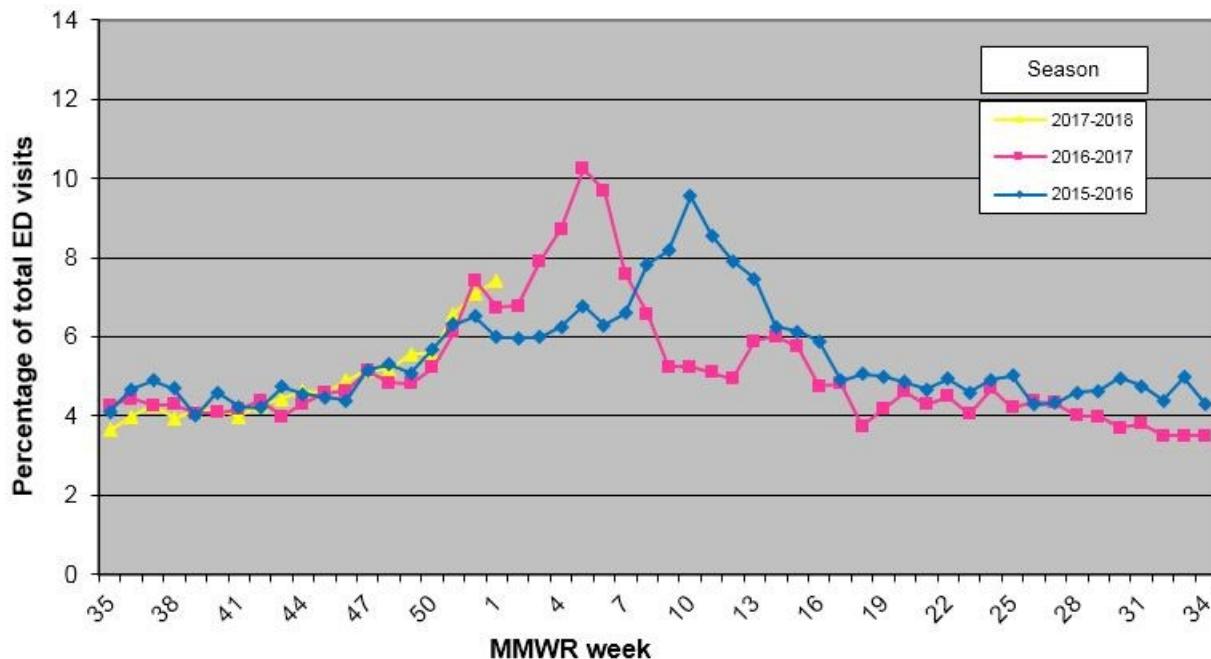
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The Hospital Emergency Department Syndromic Surveillance (HEDSS) System receives daily electronic reports on ED visits from more than half of Connecticut's acute care hospitals. Data include a listing of total patient visits with information on their chief complaint, including fever/flu.

Figure 1. Connecticut Hospital Emergency Department Syndromic Surveillance (HEDSS) System: Percentage of total ED visits for "fever/flu" syndrome category, 2017-2018 influenza season compared to past seasons, MMWR Week 1 (week ending 01/06/18)



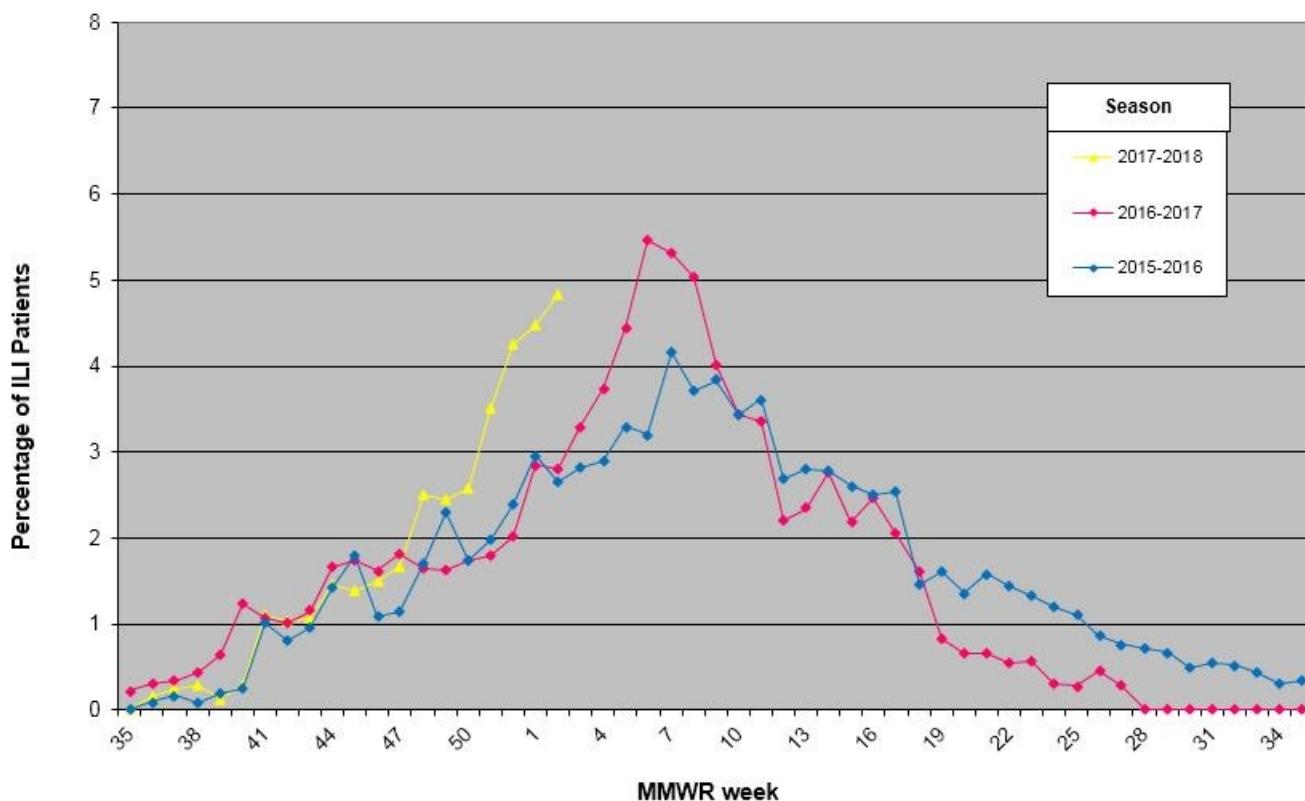
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Sentinel Provider Surveillance System: Reporting of influenza-like illness (ILI) is conducted through a statewide network of volunteer outpatient providers known as ILINet. The proportion of patients exhibiting ILI is reported to the DPH on a weekly basis. ILI is defined as a cough or sore throat in the absence of a known cause, and the presence of a fever > 100° F.

Figure 2. Outpatient Influenza-Like Illness Surveillance Network (ILINet), Percentage of Patients with Influenza-Like Illness (ILI); 2015-16, 2016-17, 2017-18



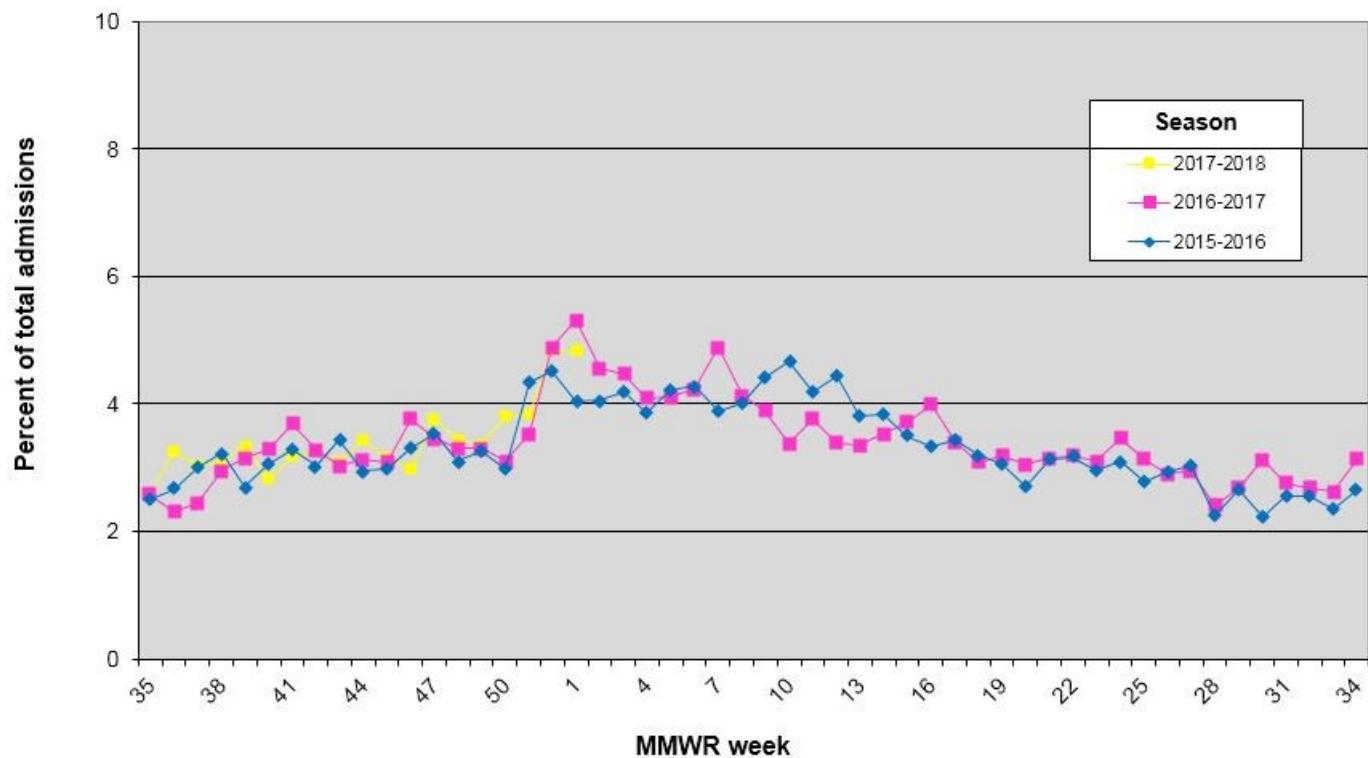
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The **Hospital Admissions Syndromic Surveillance (HASS) System**, receives daily electronic reports from all 32 acute care hospitals in Connecticut. Information on unscheduled admissions, including those for pneumonia that may be associated with influenza infections, is submitted.

Figure 3: Connecticut Hospital Admissions Syndromic Surveillance (HASS) System, Percentage of total statewide admissions for pneumonia; 2015-16, 2016-17, 2017-18



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Influenza-associated Hospitalizations: In Connecticut, influenza-associated hospitalizations and deaths are reportable. Data collected describe the more serious illnesses associated with influenza infections.

Figure 4. Hospitalized Patients (n =456) with Positive Lab Tests by Subtype & Week, Connecticut, through 1/6/2018

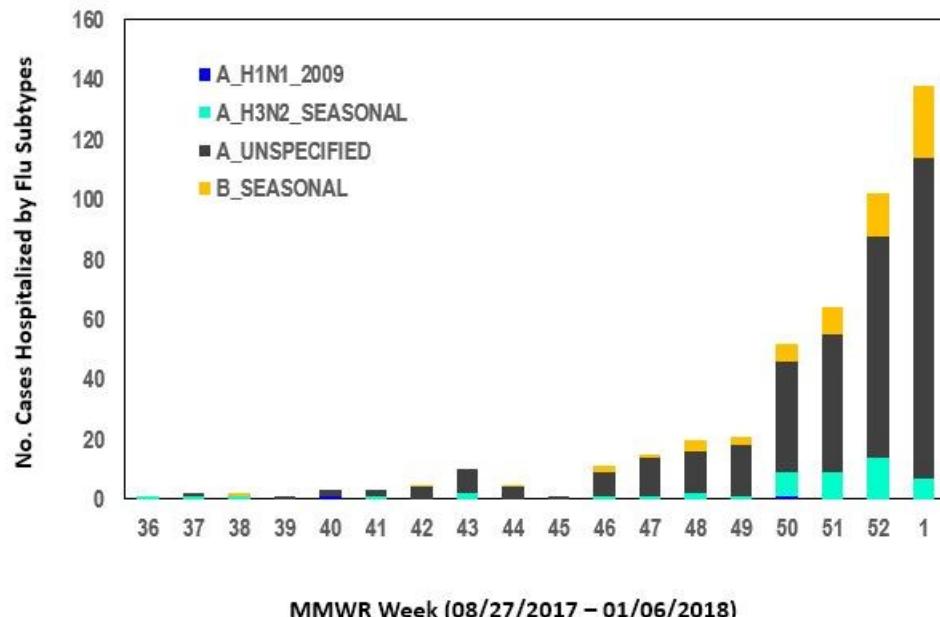
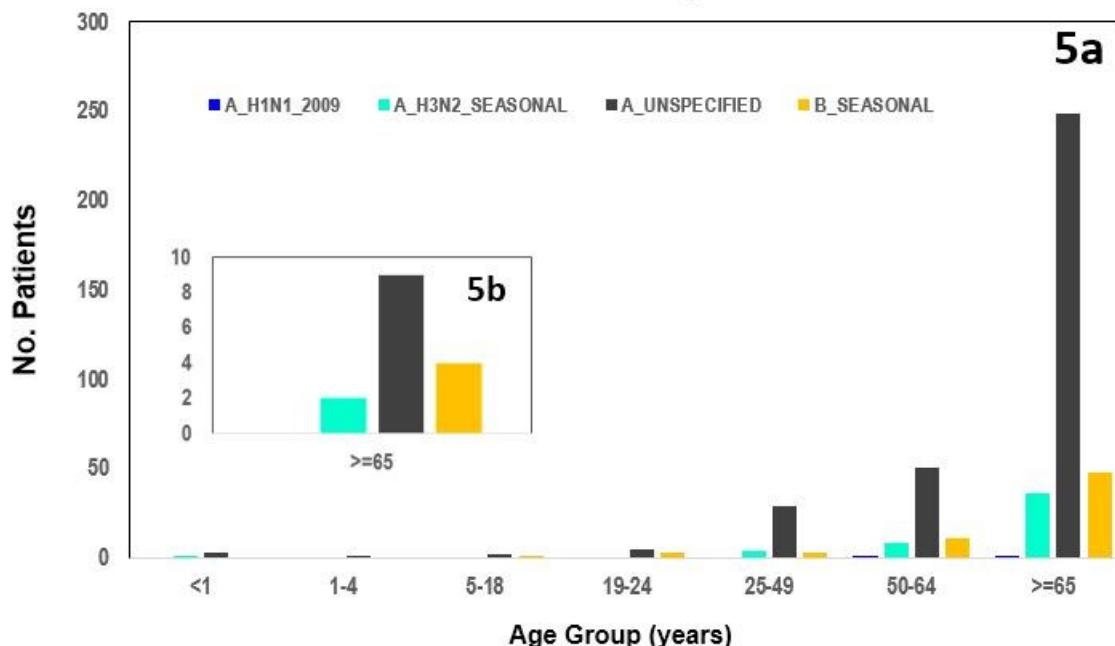


Figure 5. Hospitalized Patients (5a, n=456) and Flu-Associated Death (5b, n=15) with Positive Laboratory Tests by Influenza Subtype and Age Group, Connecticut, through 1/6/2018



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Laboratory Surveillance: Positive influenza tests are laboratory reportable findings in Connecticut. The DPH tracks these results to determine what types, subtypes, and strains are circulating.

Figure 6. Positive Laboratory Tests (n = 1015) by Influenza Subtype and Week, Connecticut, through 1/6/2018

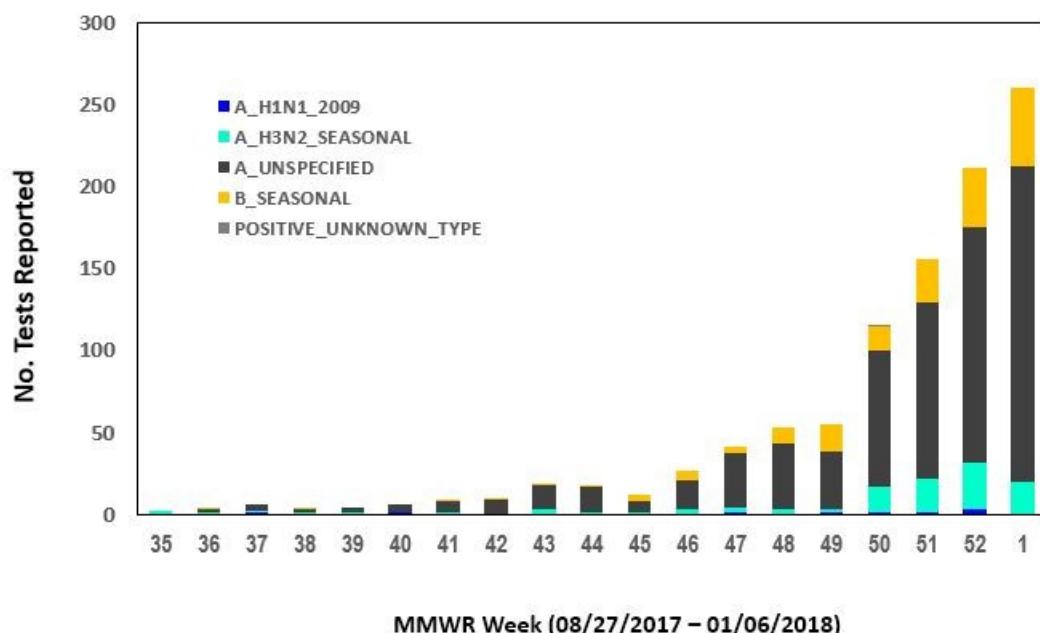
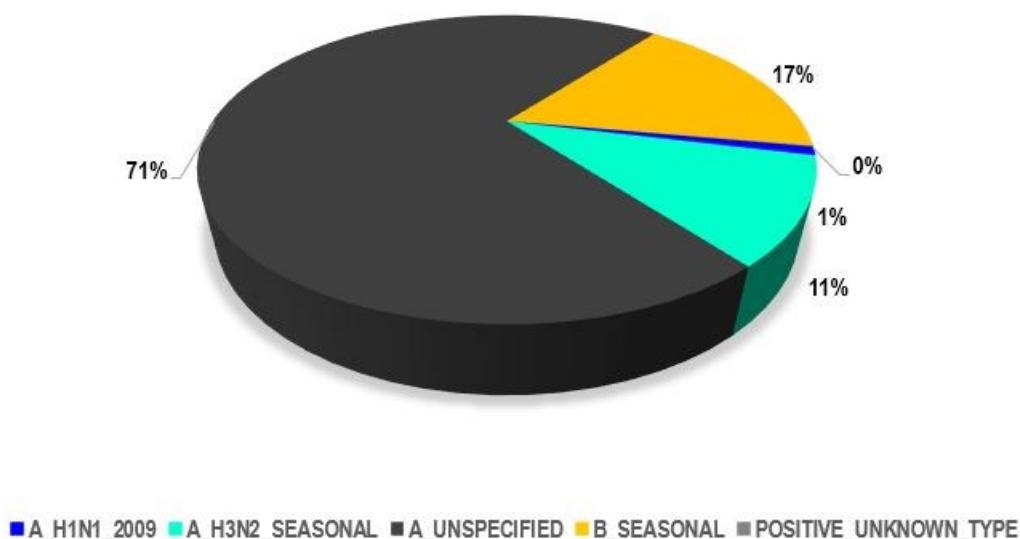


Figure 7. Proportion of Cumulative Positive Laboratory Tests (n =1015) by Influenza Subtype, Connecticut, through 1/6/2018



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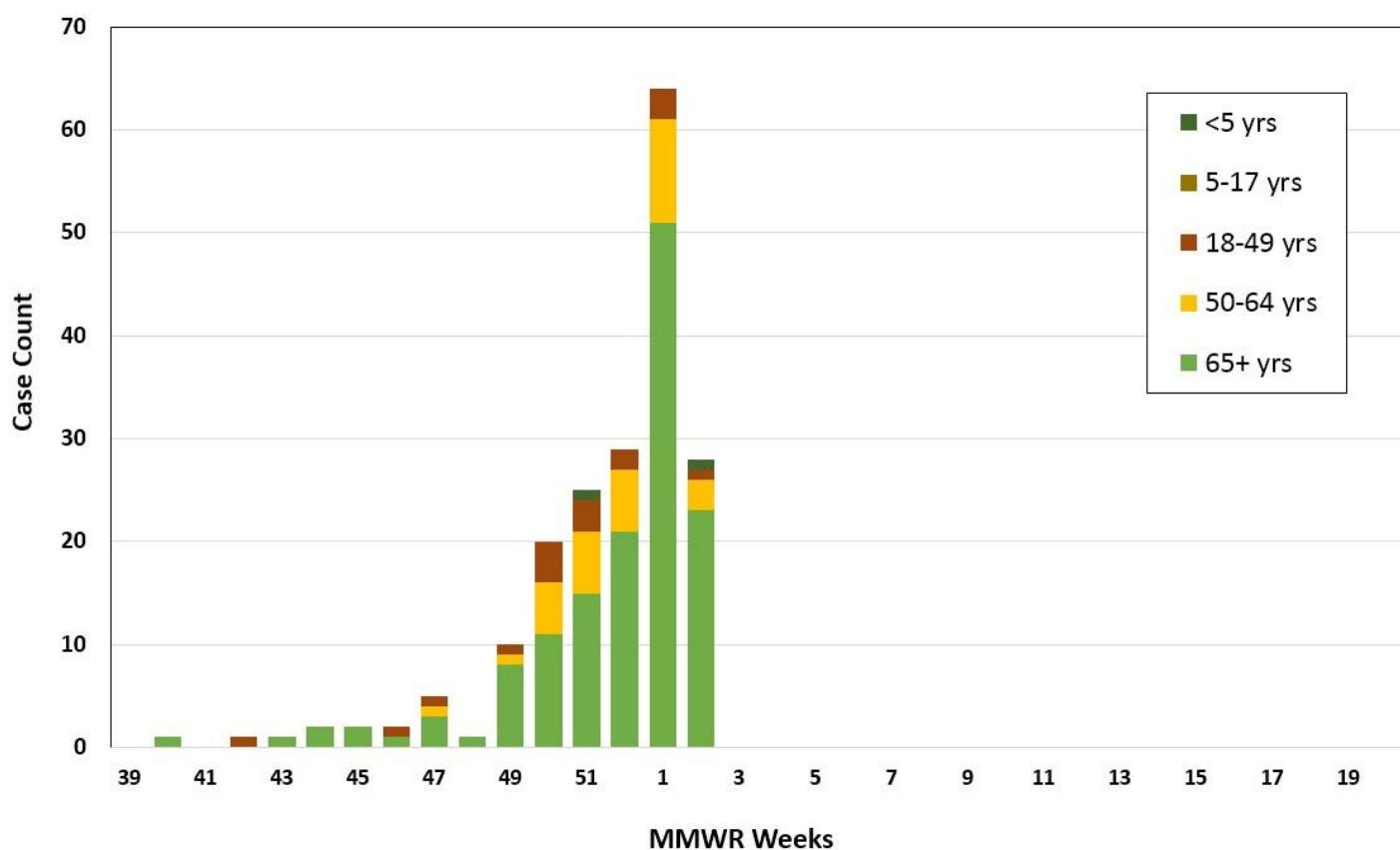
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Hospitalizations in residents of New Haven and Middlesex Counties: Two new figures are included in this week's update. Since 2003, the Connecticut Emerging Infections Program at the Yale School of Public Health conducts active surveillance for laboratory-confirmed, influenza-associated hospitalizations as part of the national FluSurv-NET system. EIP staff work with the Connecticut Department of Public Health (CTDPH), the Centers for Disease Control and Prevention (CDC), and local hospitals to conduct surveillance for hospitalized cases of influenza among residents of southern Connecticut. Together with other FluSurv-NET sites, these data provide near real time estimates of influenza severity in the US:

<https://publichealth.yale.edu/eip/projects/flu.aspx>

Figure 8. Influenza-Associated Hospitalizations, by Age Group
New Haven and Middlesex Counties,
October 1, 2017-January 11, 2018



**Figure 9. Influenza Hospitalizations, New Haven and Middlesex Counties
Connecticut Emerging Infections Program,
2015-16 through 2017-18 (preliminary)**

