



# Flu Watch

South Carolina Department of Health and Environmental Control  
 Division of Acute Disease Epidemiology  
 Week Ending March 15, 2014 (MMWR Week 11)

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

<i>In this issue:</i>	
Summary	2
I. Confirmatory testing	3
II. Rapid antigen tests	6
III. ILINet	8
IV. Hospitalizations and deaths	10
V. SC influenza surveillance components	12
VI. National surveillance	13
VII. Definitions for influenza surveillance	14

## MMWR Week 11 at a Glance:

### Influenza Activity Synopsis:

Influenza activity in South Carolina continued to decrease during the past MMWR week. South Carolina reported Local activity for week 11.

### Laboratory surveillance:

- 391 laboratory-confirmed cases of influenza were reported from 29 counties. 34,003 cases have been reported this season, with laboratory-confirmed cases identified in 45 counties.
- 0 of 2 positive confirmatory tests last week were reported by the BOL and 2 (100%) positive confirmatory tests were reported by other labs; 1 influenza A (H1N1) virus and 1 influenza A unsubtype virus.
- 30,515 (89.7%) of all laboratory-confirmed cases this season are influenza A, 2,682 (7.9%) are influenza B, 619 (1.8%) are influenza A/B, and 187 (0.55%) 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 (2.96%). ILI percentages represent ILI activity reported by sentinel providers; however, a small number of providers reported data for this week, so ILI percentages may not be representative of actual flu activity.

### Hospitalizations:

- 21 lab confirmed hospitalizations were reported. Since 9/29/13, 1750 lab confirmed hospitalizations have been reported.

### Deaths:

- 2 lab confirmed deaths were reported. Since 9/29/13, 75 lab confirmed deaths have been reported.

**Summary of ILI Activity, Positive Confirmatory Tests, and  
Influenza Associated Hospitalizations and Deaths, 2009-10 through 2013-14 Seasons**

Corresponding MMWR week during each season	<i>2013-14</i>	<i>2012-13</i>	<i>2011-12</i>	<i>2010-11</i>	<i>2009-10</i>
Influenza activity level	LOCAL	REGIONAL	REGIONAL	REGIONAL	REGIONAL
Positive confirmatory tests (current week)	2	41	5	15	19
Positive confirmatory tests (cumulative)	773	1039	57	595	866
Total number of patient visits for ILI	149	60	27	133	148
ILI percentage	2.96%	1.07%	0.41%	1.76%	1.67%
Hospitalizations	21	40	8	25	13
Deaths	2	1	1	0	0

**Positive Confirmatory Tests MMWR Week 201411\*  
Compared to Previous Week and Season**

	Cumulative season total through MMWR week 11	Current MMWR week (11) total
2012-2013	1039	41
2013-2014	773	2
% Change from previous week	+7.66% <sup>†</sup>	-81.8%
% Change 2013-14 compared to 2012-13 season	-25.6%	-95.1%
4 year average (2010-11 to 2013-14)	616	15.8

\*Includes culture, PCR, IFA, DFA † Reflects additional data reported for previous weeks

## I. Confirmatory testing

<i>Positive confirmatory influenza test results*</i> <i>Current MMWR Week (3/9/14 – 3/15/14)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	2
<b>Influenza A unsubtyped</b>	1 (50.0%)
<b>Influenza A H1N1</b>	1 (50.0%)
<b>Influenza A H3N2</b>	
<b>Influenza B</b>	
<b>Unk/Other</b>	
Includes culture, RT-PCR, DFA, and IFA	

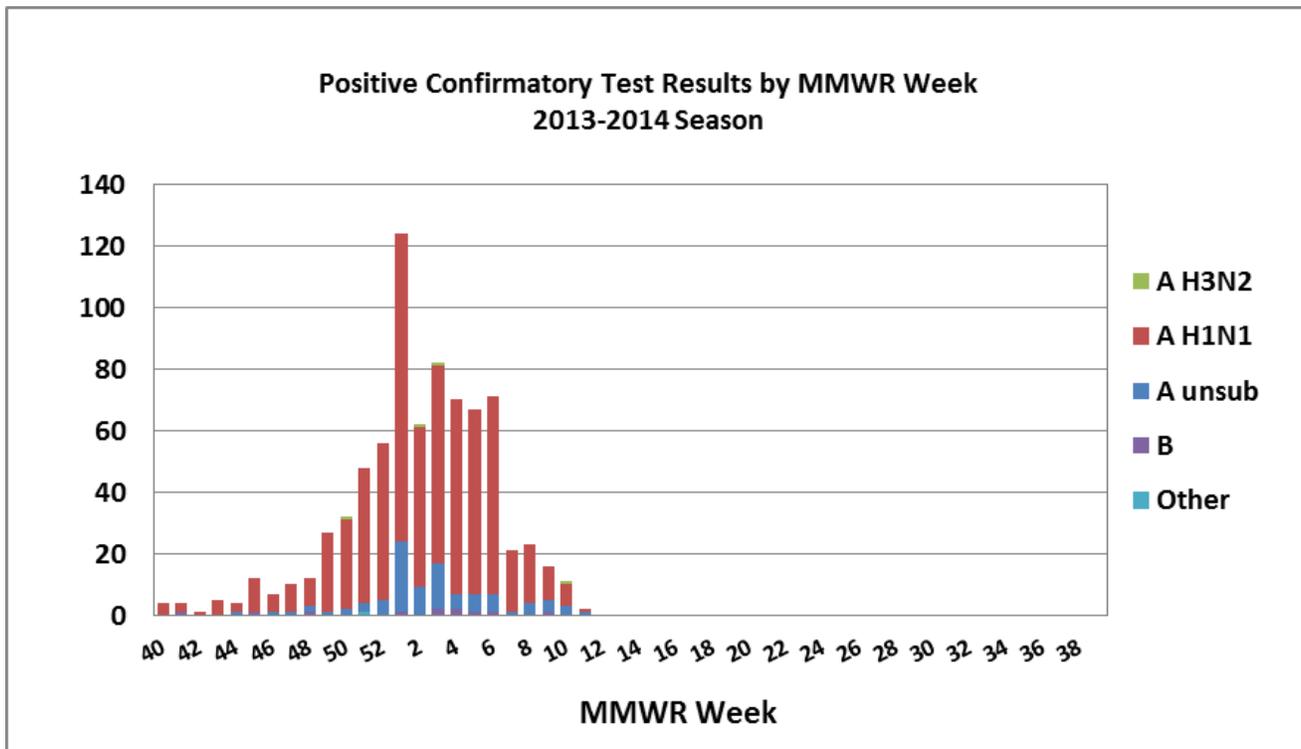
For the current MMWR reporting week, 2 positive confirmatory tests were reported. So far this season 773 positive confirmatory tests have been reported.

<i>Positive confirmatory influenza test results*</i> <i>Cumulative (09/29/13 – 3/15/14)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	773
<b>Influenza A unsubtyped</b>	93 (12.0%)
<b>Influenza A H1N1</b>	662 (85.6%)
<b>Influenza A H3N2</b>	4 (0.52%)
<b>Influenza B</b>	11 (1.4%)
<b>Unk/Other</b>	3 (0.39%)
Includes culture, RT-PCR, DFA, and IFA	

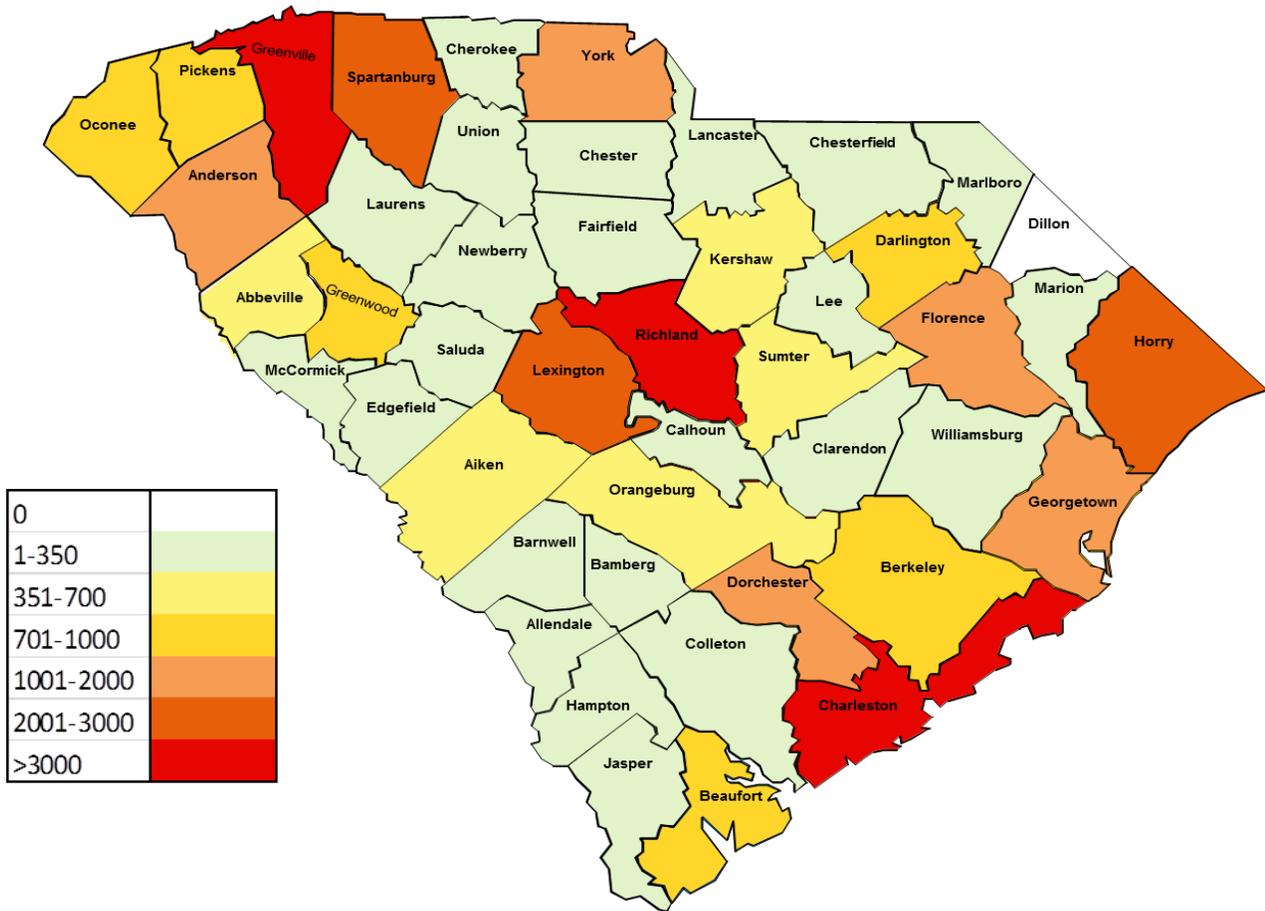
**Positive Confirmatory Tests by County\***  
**Current Week 3/9/14 – 3/15/14**

County	Positive Tests	County	Positive Tests	County	Positive Tests
Abbeville		Dillon		Marion	
Aiken		Dorchester		Marlboro	
Allendale		Edgefield		McCormick	
Anderson		Fairfield		Newberry	
Bamberg		Florence		Oconee	
Barnwell	1	Georgetown		Orangeburg	
Beaufort		Greenville		Pickens	
Berkeley		Greenwood		Richland	
Calhoun		Hampton		Saluda	
Charleston	1	Horry		Spartanburg	
Cherokee		Jasper		Sumter	
Chester		Kershaw		Union	
Chesterfield		Lancaster		Williamsburg	
Clarendon		Laurens		York	
Colleton		Lee		Unknown	
Darlington		Lexington			

\*Includes culture, PCR, DFA, IFA



Map of all Laboratory Confirmed Cases\* by County  
 Cumulative 09/29/13 – 3/15/14

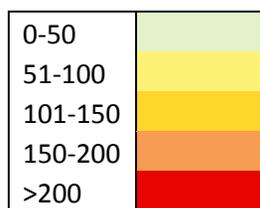


\*Includes all laboratory tests (rapid antigen, culture, PCR, IFA, DFA.)

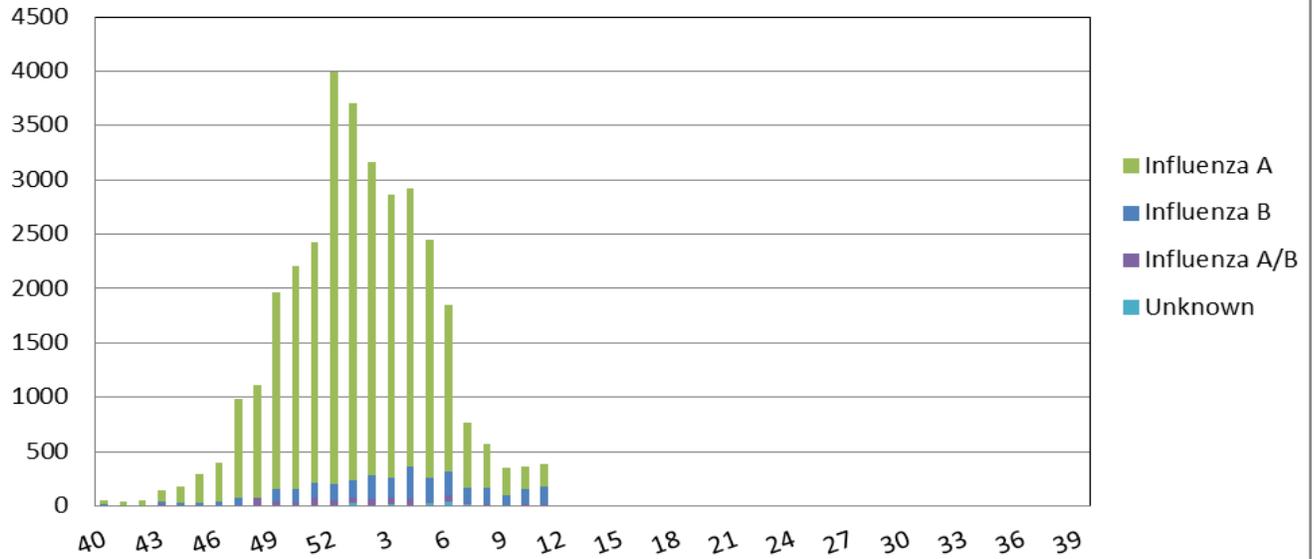
## II. Positive Rapid Antigen Tests

For the current MMWR reporting week, 389 positive rapid antigen tests were reported. Of these, 210 were influenza A, 12 were influenza A/B, 162 were influenza B, and 5 were unknown. This compares to 2503 this time last year.

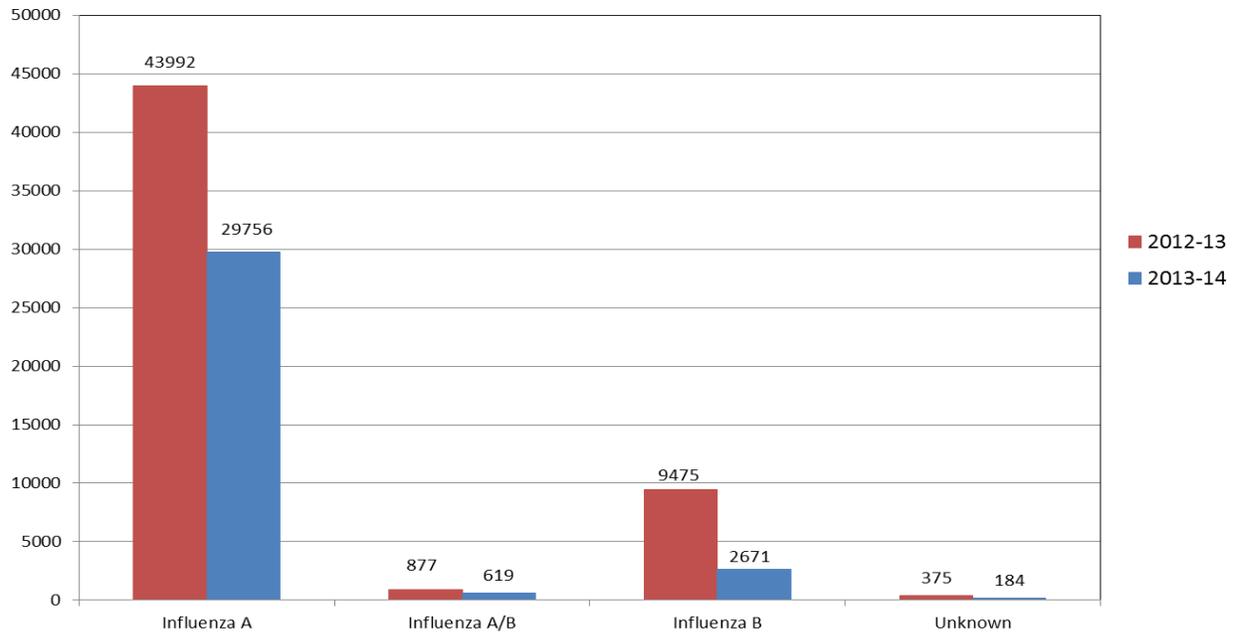
Map of Positive Rapid Influenza Tests by County  
(3/9/14 - 3/15/14)



## Positive Rapid Tests by MMWR Week and Type

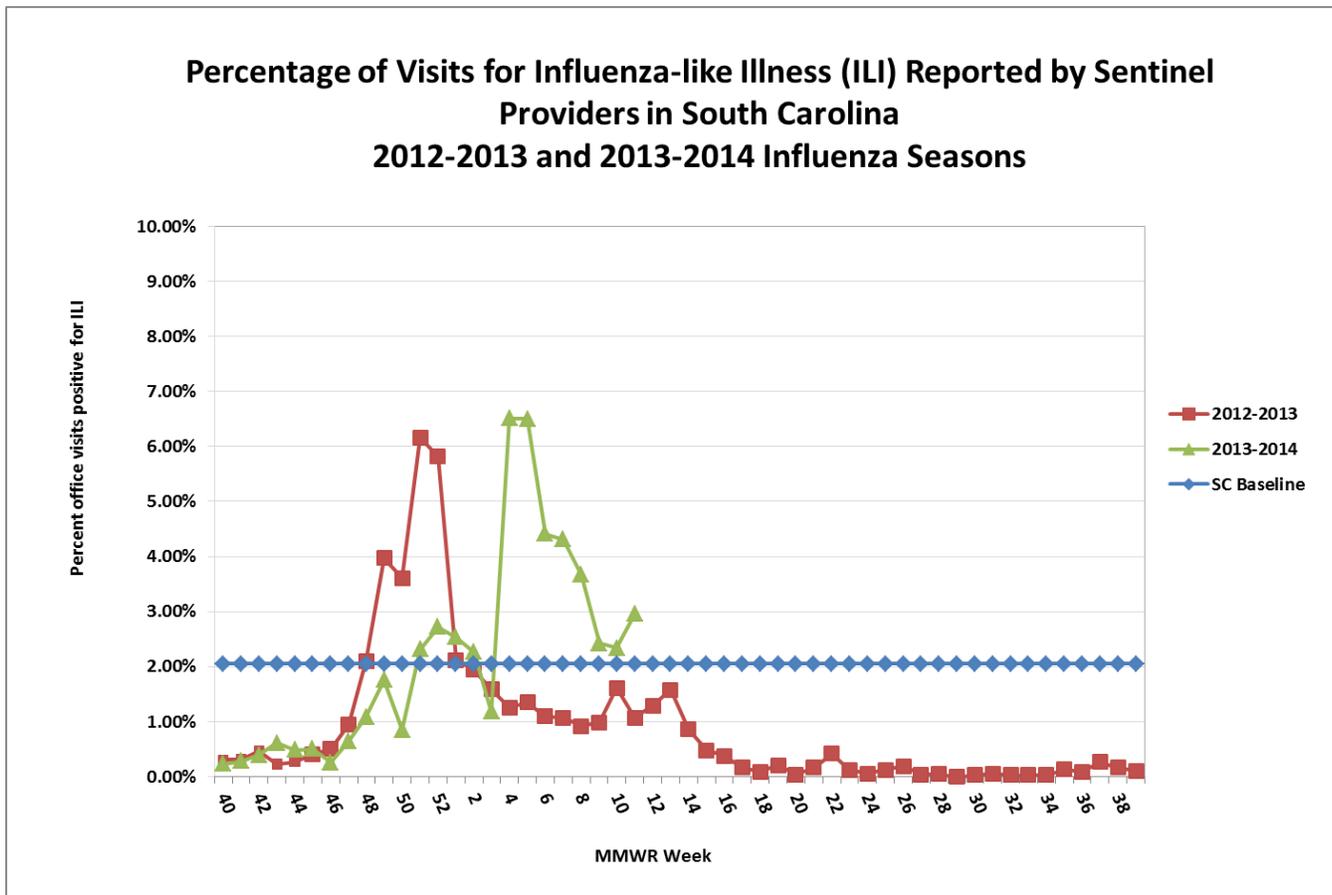


## Positive Rapid Tests by Type 2012-13 vs 2013-14 September 29, 2013 - March 15, 2014



### III. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week, 2.96 % of patient visits to SC ILINet providers were due to ILI. This is above the state baseline (2.05%). This ILI percentage compares to 1.07% this time last year. Reports were received from providers in 9 counties, representing all 4 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.

**Influenza-Like Illness Reported by Sentinel Providers**  
**March 9, 2014 – March 15, 2014**

<b>County</b>	<b>ILI %</b>	<b>County</b>	<b>ILI %</b>
Abbeville	---	Greenwood	NR
Aiken	0%	Hampton	NR
Allendale	---	Horry	NR
Anderson	0.78%	Jasper	NR
Bamberg	---	Kershaw	NR
Barnwell	---	Lancaster	---
Beaufort	NR	Laurens	NR
Berkeley	NR	Lee	---
Calhoun	---	Lexington	NR
Charleston	6.17%	Marion	---
Cherokee	---	Marlboro	---
Chester	---	McCormick	0%
Chesterfield	---	Newberry	---
Clarendon	---	Oconee	---
Colleton	---	Orangeburg	---
Darlington	---	Pickens	0%
Dillon	NR	Richland	NR
Dorchester	NR	Saluda	0%
Edgefield	---	Spartanburg	0%
Fairfield	---	Sumter	NR
Florence	0.62%	Union	---
Georgetown	NR	Williamsburg	---
Greenville	0.68%	York	NR

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

#### IV. Influenza hospitalizations and deaths

For the current MMWR reporting week, 21 lab confirmed influenza hospitalizations were reported by 50 hospitals. Two lab confirmed influenza deaths were reported. 1750 lab confirmed influenza hospitalizations and 75 lab confirmed influenza deaths have been reported since 9/29/13. \*

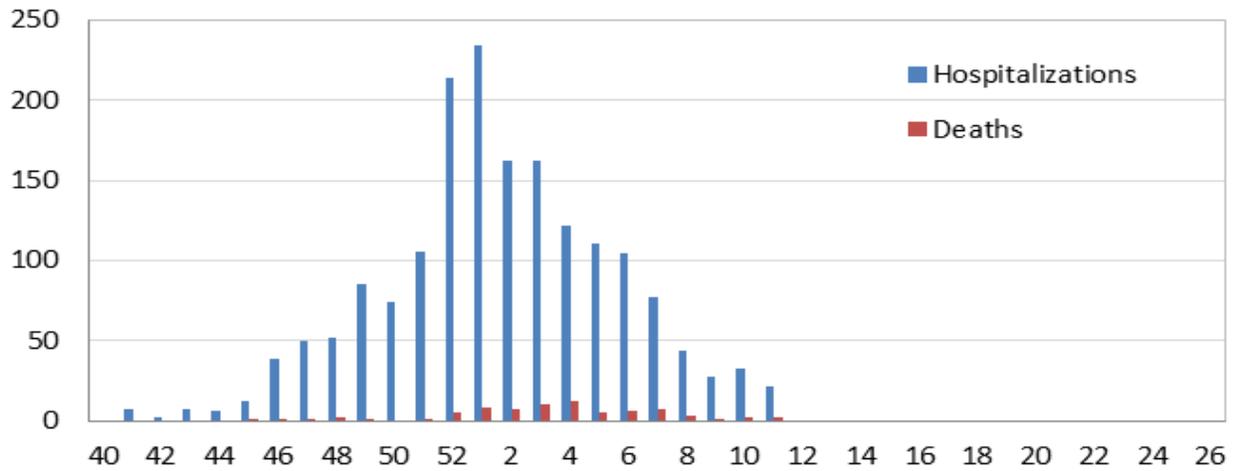
<i>Current MMWR Week (3/2/14 -3/8/14)</i>							
	0-4	5-17	18-49	50-64	65+	Unk	Total
<b>Hospitalizations</b>	0	2	4	9	4	2	21
<b>Deaths</b>				1	1		2

<i>Cumulative (9/29/13 -3/8/14)</i>							
	0-4	5-17	18-49	50-64	65+	Unk	Total
<b>Hospitalizations</b>	140	75	465	555	513	2	1750
<b>Deaths</b>	1	1	22	20	31		75

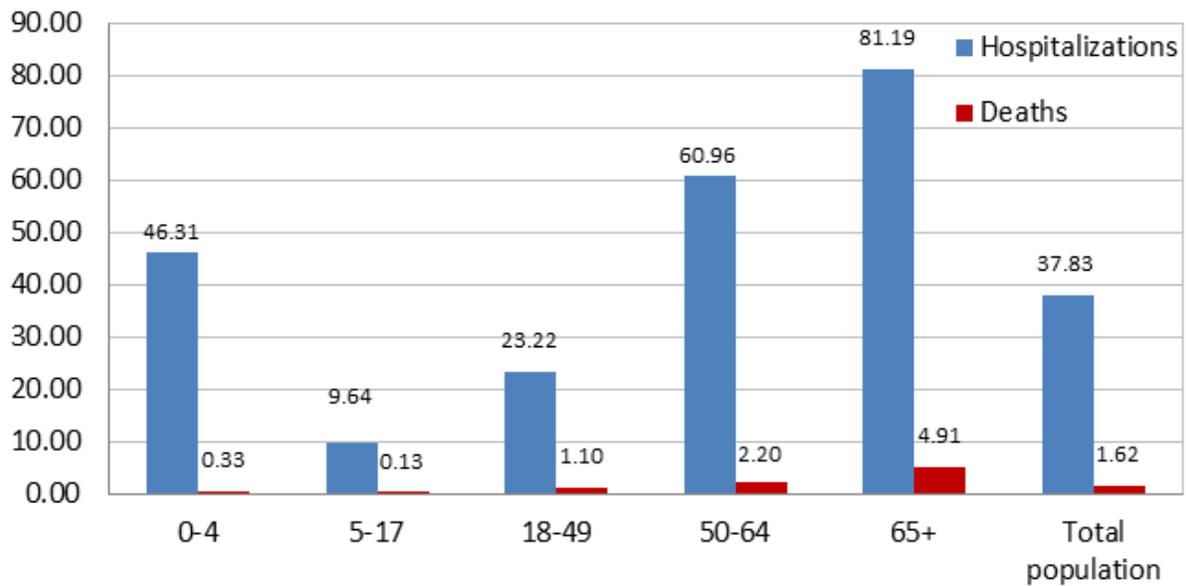
\* Lab confirmation for hospitalizations and deaths includes culture, PCR, DFA, IFA, and rapid test.

<b>Influenza Deaths by SC Public Health Region</b>	
<b>Region</b>	<b>Total Deaths</b>
<b>Lowcountry</b>	17
<b>Midlands</b>	17
<b>Pee Dee</b>	11
<b>Upstate</b>	30
<b>Total</b>	75

**Reported Cases of Laboratory Confirmed Influenza  
Hospitalizations and Deaths by MMWR week  
September 29, 2013 - March 15, 2014**



**Laboratory Confirmed Influenza Case rate/100,000  
Hospitalizations (n=1750) and Deaths (n=75) by age group  
September 29, 2013 - March 15, 2014**



## 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 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](mailto: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  $\geq 100^{\circ}\text{F}$ ) 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)

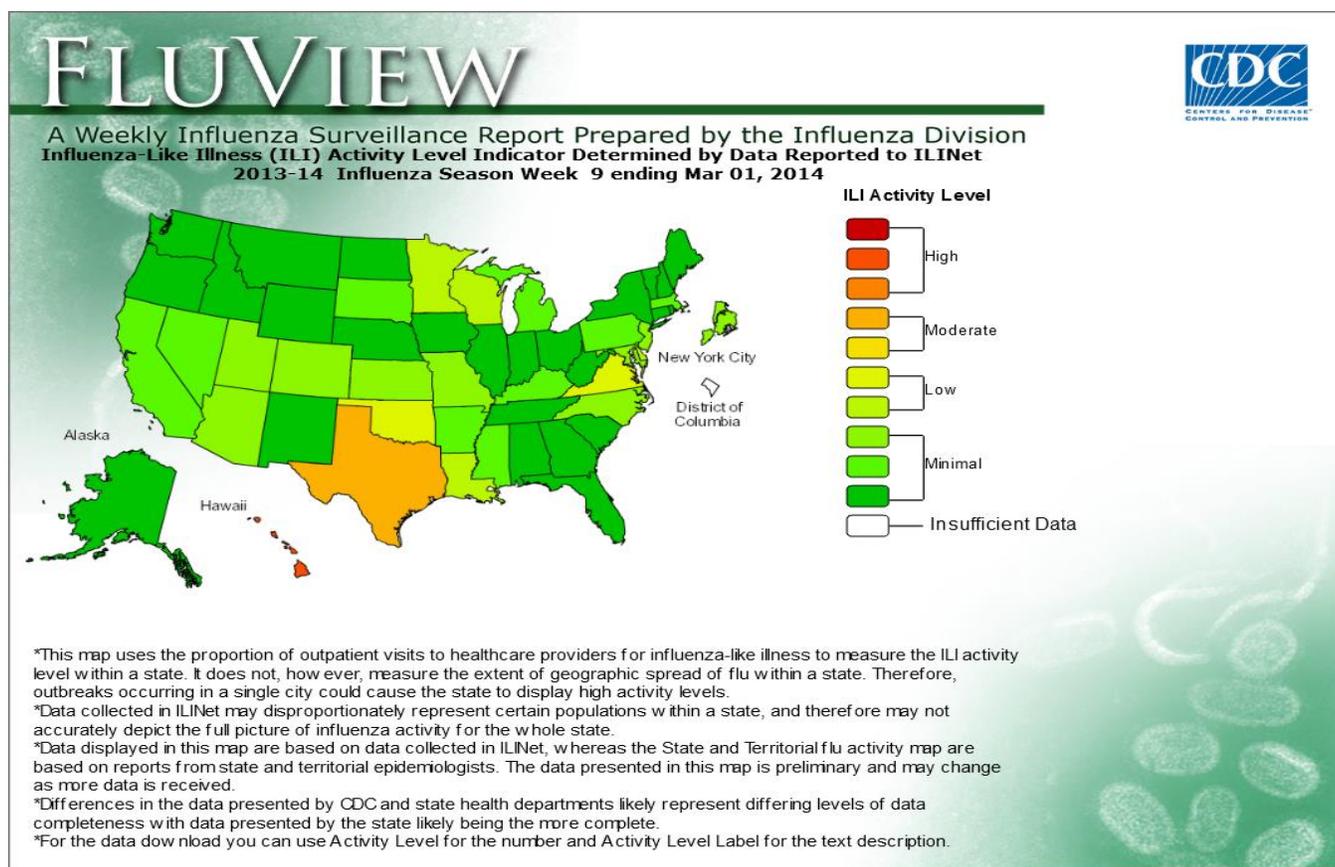
SC-DARTS is a collaborative network of syndromic surveillance systems within South Carolina. Currently our network contains the following data sources: SC Hospital Emergency Department (ED) chief-complaint data, Poison Control Center call data, Over-the-Counter (OTC) pharmaceutical sales surveillance, 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 10 (3/2- 3/8)

During week 10 (March 2-8, 2014), influenza activity continued to decrease in the United States.

- **Viral Surveillance:** Of 6,372 specimens tested and reported during week 10 by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories, 535 (8.4%) were positive for influenza.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.
- **Influenza-Associated Pediatric Deaths:** Three influenza-associated pediatric deaths were reported.
- **Influenza-associated Hospitalizations:** A season-cumulative rate of 29.2 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 2.0%, which is at the national baseline. Four of 10 regions reported ILI at or above region-specific baseline levels. Two states experienced high ILI activity; six states and New York City experienced low ILI activity; 42 states experienced minimal ILI activity, and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in four states was reported as widespread; 12 states reported regional influenza activity; the District of Columbia, Guam, and 20 states reported local influenza activity; Puerto Rico and 13 states reported sporadic influenza activity; the U.S. Virgin Islands reported no influenza activity, and one state did not report.

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



## 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 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