

# Flu Watch

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

Week Ending August 27, 2016 (MMWR Week 34)

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

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## MMWR Week 34 at a Glance:

### Influenza Activity Synopsis:

During MMWR week 34 influenza activity in South Carolina increased. South Carolina reported **Sporadic** activity.

### Laboratory surveillance:

- 30 laboratory-confirmed cases of influenza were reported from 12 counties.
- Of the positive specimens reported this season, 22,294 (66.1%) are influenza A, 10,808 (32.0%) are influenza B, 506 (1.5%) are influenza A/B, and 145 (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 (0.12%) was below 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:

- 1 laboratory confirmed influenza-associated hospitalization was reported. Since October 4, 2015, 1,857 laboratory confirmed influenza associated hospitalizations have been reported.

### Deaths:

- No laboratory confirmed influenza-associated deaths were reported. Since October 4, 2015 forty-four (44) laboratory confirmed influenza associated deaths have been reported.

**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)	3	0	▲	1,102	1,194	▼ 8%
Positive rapid antigen tests	27	14	▲ 93%	32,651	54,004	▼ 40%
Percent of ILI visits reported by ILINet providers	0.12%	0.17%	▼ 0.05%	--	--	--
Number of lab confirmed flu hospitalizations	1	0	▲	1,857	3,366	▼ 45%
Number of lab confirmed flu deaths	0	0	--	44	156	▼ 72%

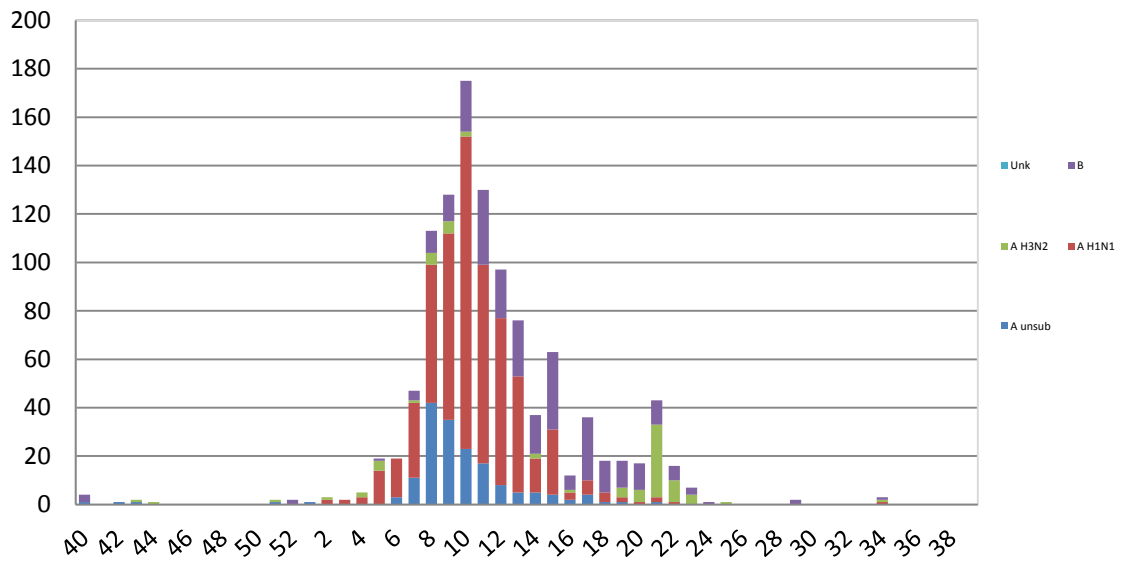
## I. Confirmatory testing

<i>Positive confirmatory influenza test results*</i> <i>Current MMWR Week (8/21/16 – 8/27/16)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	3
<b>Influenza A unsubtype</b>	
<b>Influenza A H1N1</b>	1
<b>Influenza A H3N2</b>	1
<b>Influenza B</b>	1
<b>Other</b>	
Includes culture, RT-PCR, DFA, and IFA	

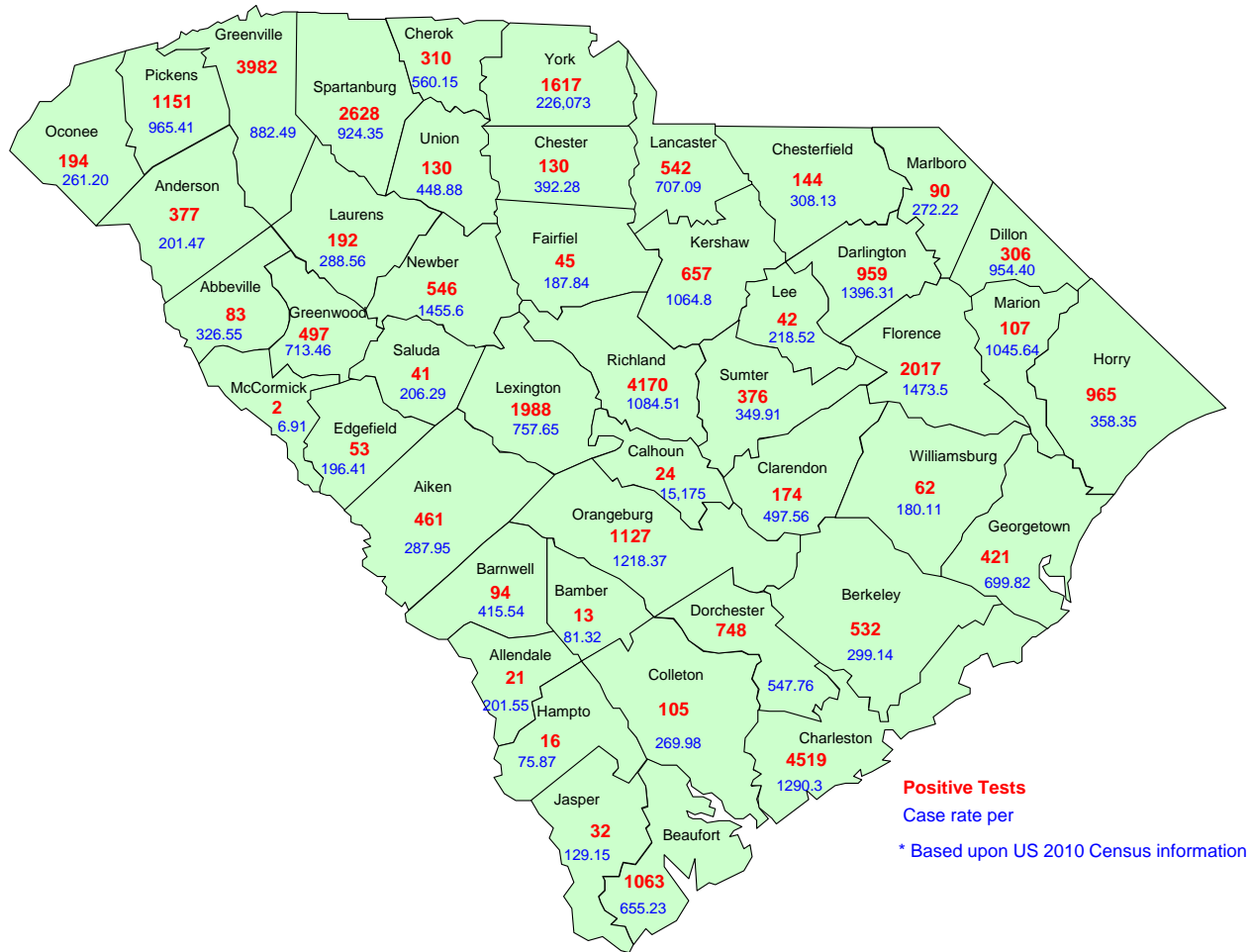
For the current MMWR reporting week, 3 positive confirmatory tests was reported.

<i>Positive confirmatory influenza test results*</i> <i>Cumulative (10/4/15 – 8/27/16)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	1102
<b>Influenza A unsubtype</b>	167
<b>Influenza A H1N1</b>	591
<b>Influenza A H3N2</b>	80
<b>Influenza B</b>	263
<b>Other</b>	1
Includes culture, RT-PCR, DFA, and IFA	

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



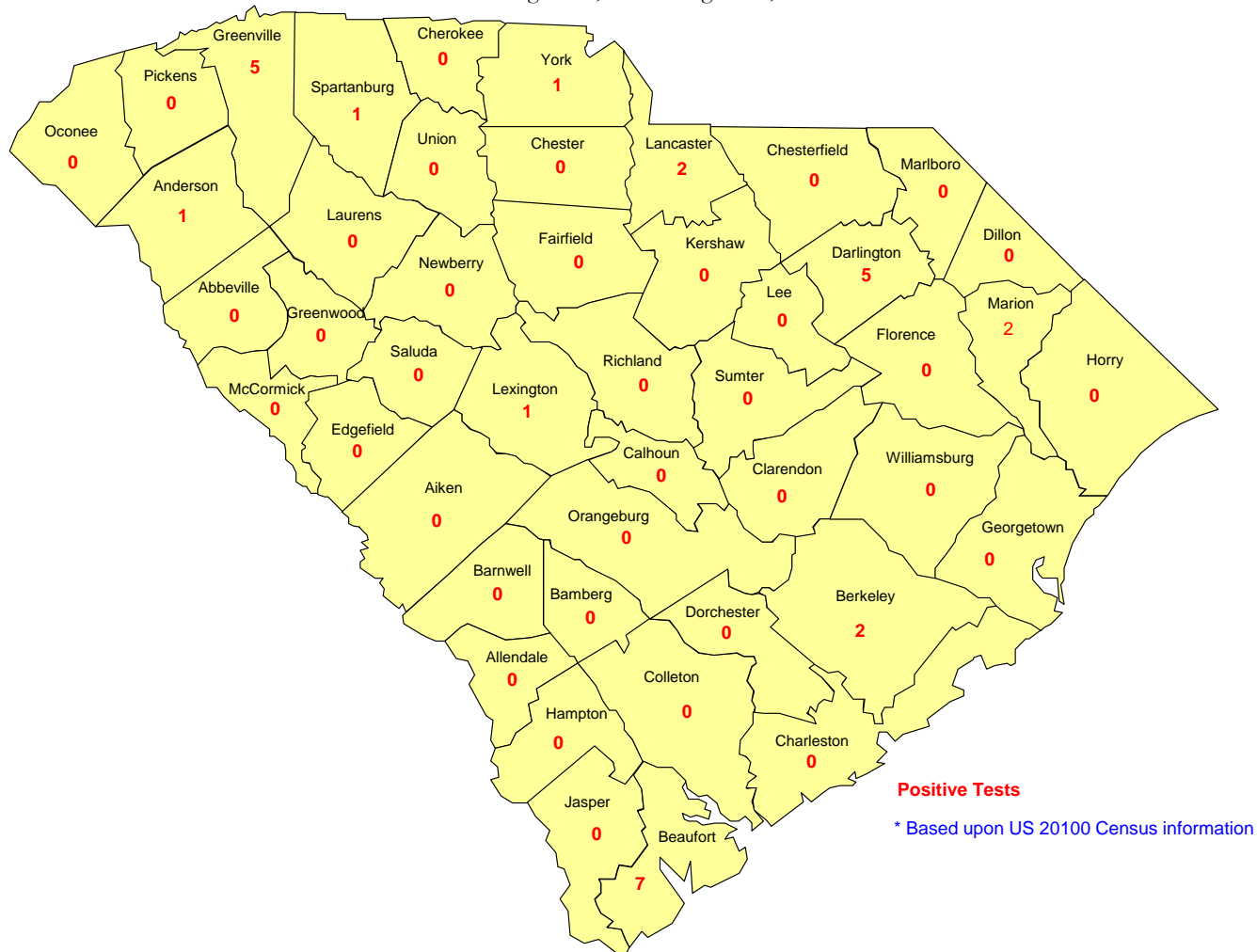
Map of all Laboratory Confirmed Cases (n) and Population Case Rates/100,000 by County  
 October 4, 2015 - August 27, 2016



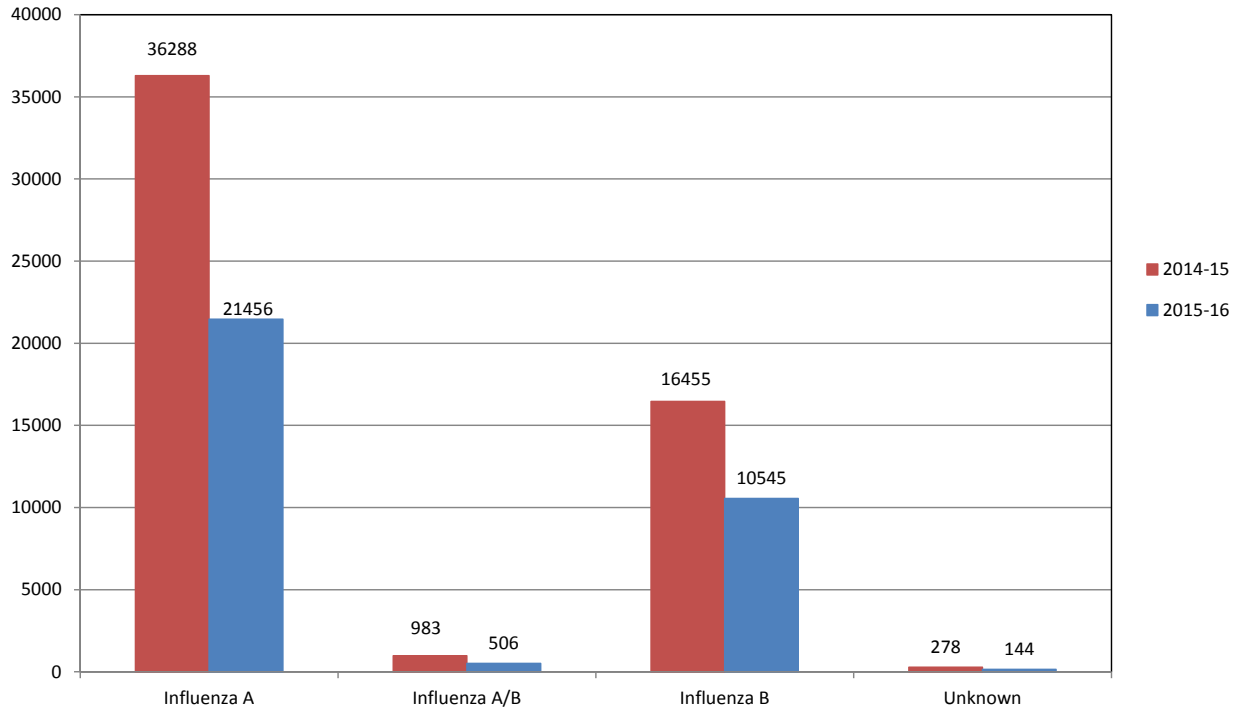
## II. Positive Rapid Antigen Tests

During the most recent MMWR week, 27 positive rapid antigen tests were reported. Of these, 10 were influenza A, 15 were influenza B, and 2 was influenza A/B. This compares to 14 during this same week last year.

Map of Positive Rapid Influenza Tests, by County  
August 21, 2016 - August 27, 2016

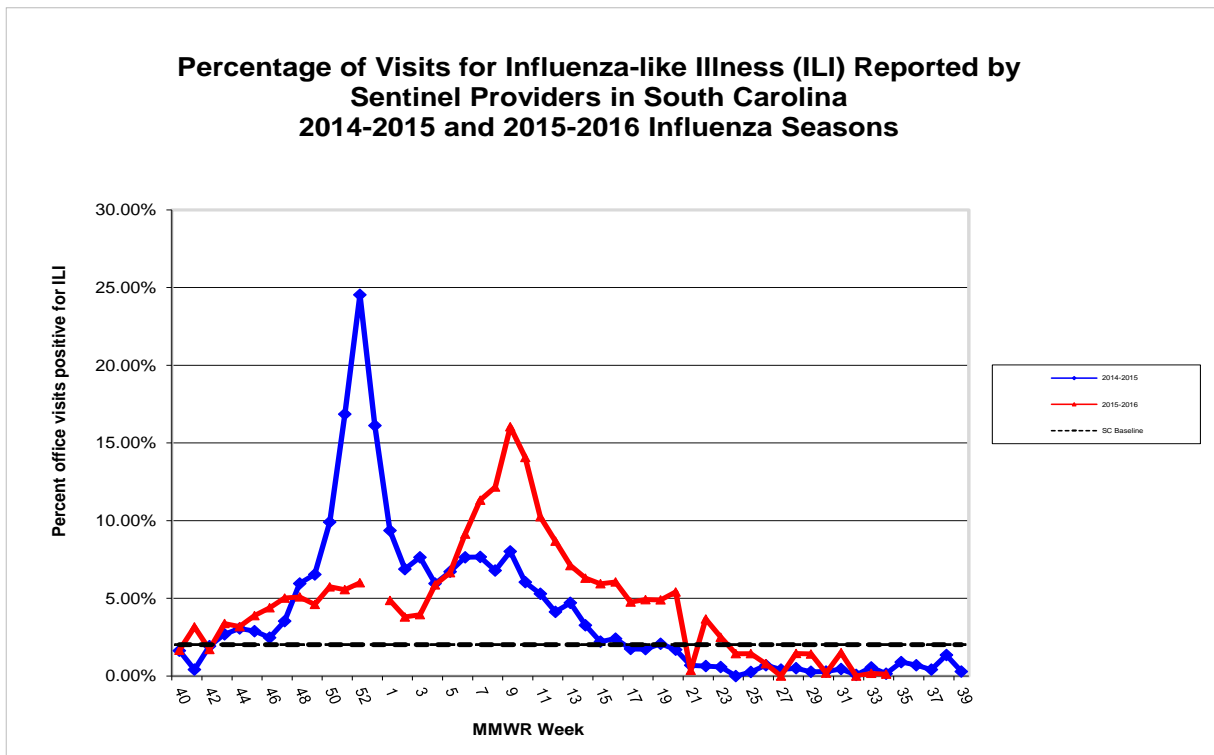


**Positive Rapid Tests by Type  
2014-15 vs 2015-16  
October 4, 2015 - August 27, 2016**

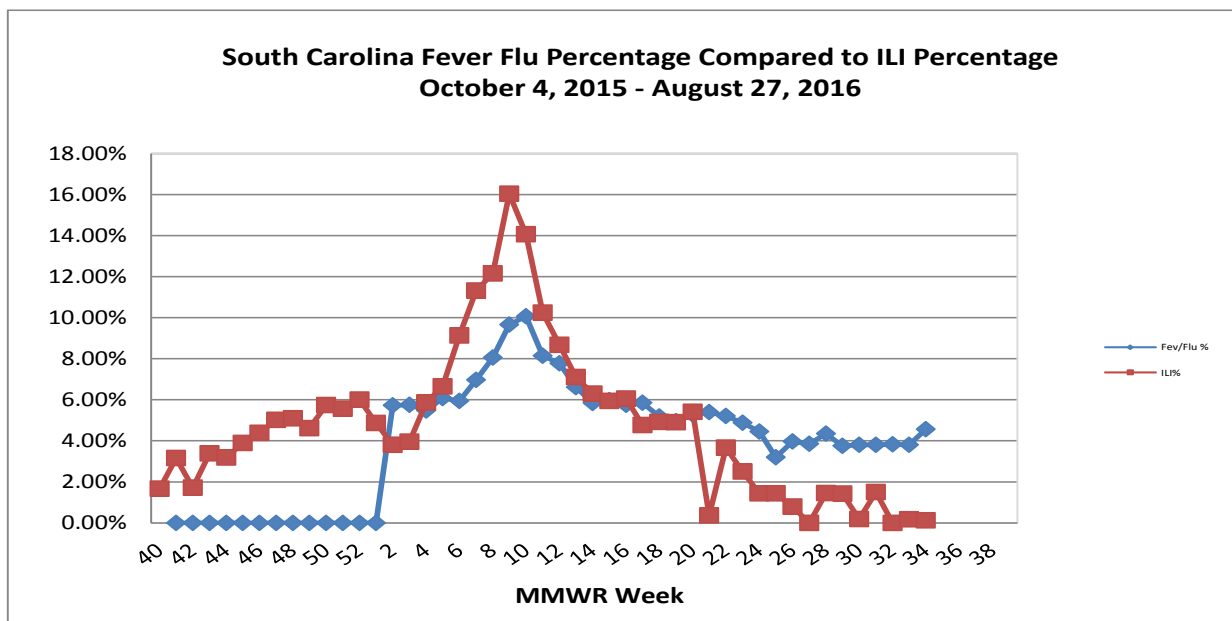


### III. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week, 0.12%\* of patient visits to SC ILINet providers were due to ILI. This is below the state baseline (2.05%). This ILI percentage compares to 0.15% this time last year. Reports were received from providers in 6 counties, representing 3 of the 4 regions. The statewide percentage of ER visits with fever-flu syndrome was 4.56%.



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**  
**August 21, 2016 – August 27, 2016**

<b>County</b>	<b>ILI %</b>	<b>County</b>	<b>ILI %</b>
Abbeville	---	Greenwood	NR
Aiken	0.00%	Hampton	NR
Allendale	---	Horry	--
Anderson	NR	Jasper	--
Bamberg	---	Kershaw	--
Barnwell	---	Lancaster	---
Beaufort	NR	Laurens	NR
Berkeley	NR	Lee	---
Calhoun	---	Lexington	NR
Charleston	NR	Marion	---
Cherokee	---	Marlboro	---
Chester	---	McCormick	NR
Chesterfield	---	Newberry	---
Clarendon	---	Oconee	---
Colleton	---	Orangeburg	---
Darlington	---	Pickens	0.00%
Dillon	---	Richland	0.16%
Dorchester	NR	Saluda	0.00%
Edgefield	---	Spartanburg	NR
Fairfield	---	Sumter	NR
Florence	0.24%	Union	---
Georgetown	NR	Williamsburg	---
Greenville	NR	York	0.00%

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

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

For the current MMWR reporting week, 1 laboratory confirmed influenza-associated hospitalizations was reported by 6 hospitals. No laboratory confirmed influenza-associated deaths were reported. Since October 4, 2015, 1,857 laboratory confirmed influenza-associated hospitalizations and 44 laboratory confirmed influenza-associated deaths have been reported. **Laboratory confirmation for hospitalizations and deaths includes culture, PCR, DFA, IFA, and rapid antigen detection test.**

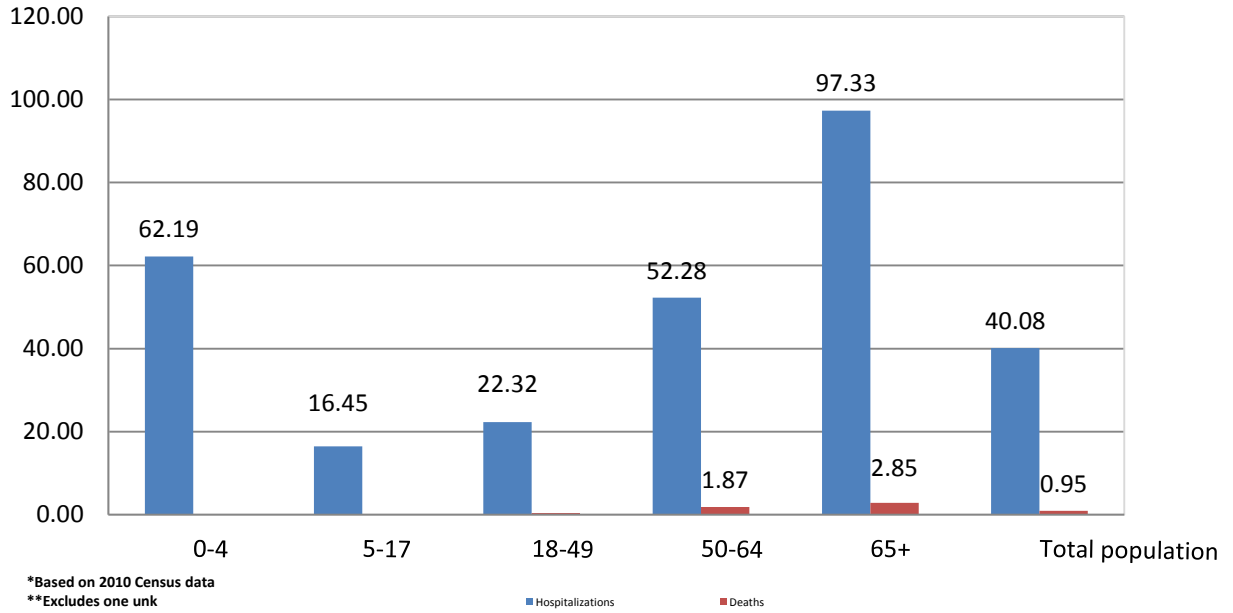
<i>Current MMWR Week (8/21/16 – 8/27/16)</i>							
	0-4	5-17	18-49	50-64	65+	Unknown	Total
<b>Hospitalizations</b>					1		1
<b>Deaths</b>							0

<i>Cumulative (10/4/15 – 8/27/16)</i>							
	0-4	5-17	18-49	50-64	65+	Unknown	Total
<b>Hospitalizations</b>	188	128	447	476	615	3	1857
<b>Deaths</b>	0	1	8	17	18		44

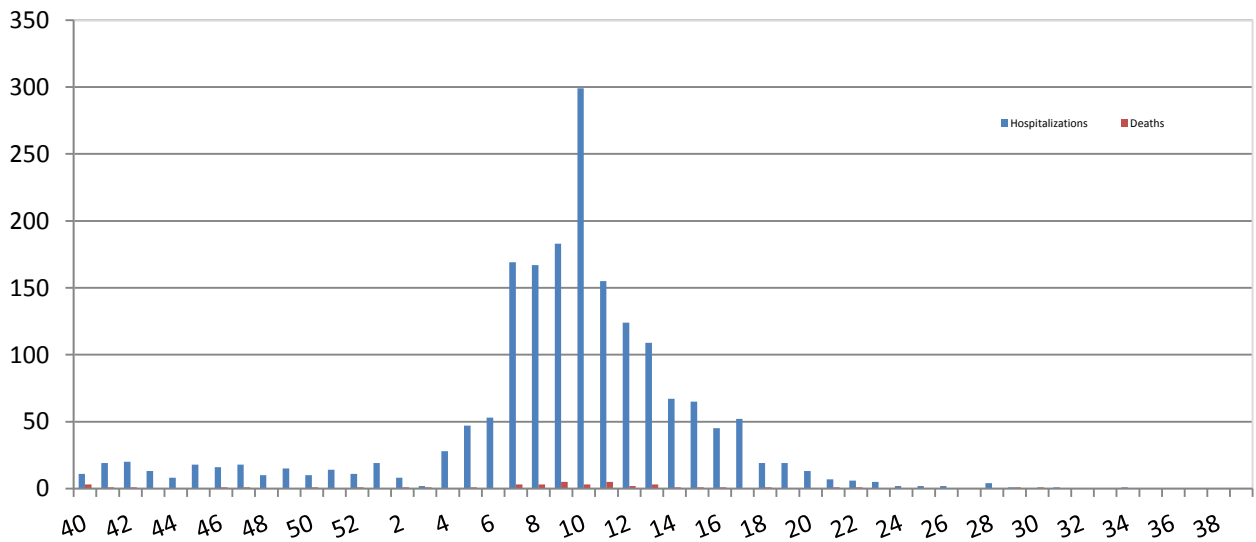
\* Lab confirmation for hospitalizations and deaths includes culture, PCR, DFA, IFA, and rapid tests.

<b>Influenza associated deaths by Region</b>	
<b>Region</b>	<b>Total</b>
Lowcountry	12
Midlands	7
Pee Dee	11
Upstate	14

**Influenza-associated Hospitalizations (n=1857) and Deaths (n=44)  
Case Rate/100,000\* by age group  
October 4, 2015 - August 27, 2016**



**Influenza-associated Hospitalizations and Deaths by MMWR week  
October 4, 2015 - August 27, 2016**



## ***V. National surveillance (8/14/16 – 8/20/16)***

CDC has begun summer publication of a much-abbreviated Flu View report. To view national data, go to:  
<http://www.cdc.gov/flu/weekly/>

## 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 SCION 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