

Flu Watch

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

Week Ending November 19, 2011 (MMWR Week 46)

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

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MMWR Week 46 at a Glance:

Influenza Activity Level: Sporadic Note: Activity level definitions are found on page 15

ILI Activity Status (South Carolina baseline is 2.05%*): Below baseline in the Upstate (.11%) and the Midlands (.26%). No reports were received from providers along the Coast. The state ILI percentage is .19%. These data reflect reports from 14 (43.8%) providers. Note: See map of counties on page 3 for regional descriptions

SC Viral Isolate and RT-PCR Activity: The first positive specimen (Inf B) of the season was reported by our state Bureau of Labs (BOL).

Positive Rapid Flu Test Activity: Eight positive rapid tests were reported. One hundred and two positive rapid tests have been reported this season.

Hospitalizations: No lab confirmed hospitalizations were reported. Ten lab confirmed hospitalizations have been reported this season. *Lab confirmation includes positive rapid tests, culture, PCR, DFA, or IFA*.

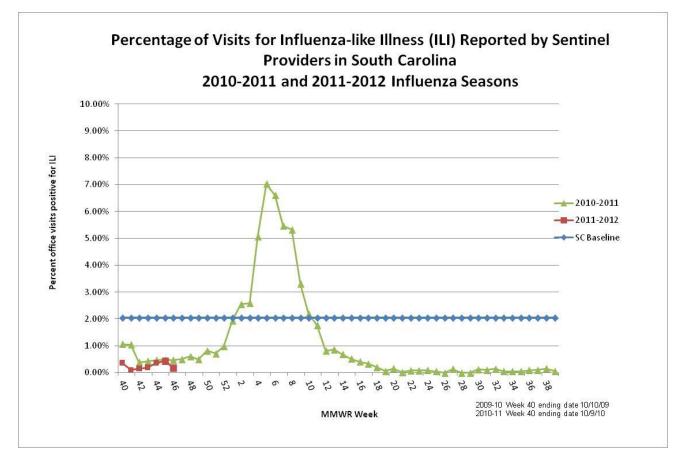
Deaths: No lab confirmed deaths were reported. *Lab confirmation includes positive rapid tests, culture, PCR, DFA, or IFA.*

	Current week	Previous week	Change From previous week
Percent of visits to ILINet providers for ILI	.19	.44%	▼.25
Number of positive confirmatory tests	1	0	▲ 1
Number of lab confirmed flu hospitalizations	0	2	▼ 2
Number of lab confirmed flu deaths	0	0	0

Summary of ILI Activity, Positive Confirmatory Tests, and Influenza Associated Hospitalizations and Deaths

I. ILINet Influenza-Like Illness Surveillance

During MMWR week 46, .19% of patient visits to SC ILINet providers were due to ILI. This is below the state baseline (2.05%). This ILI percentage compares to .50% this time last year. Reports were received from providers in 12 counties, representing 6 of the 8 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.

Reported Influenza-Like Illness by Sentinel Providers November 13, 2011 – November 19, 2011

County	ILI %	County	ILI %
Abbeville		Greenwood	NR
Aiken	0%	Hampton	NR
Allendale		Horry	NR
Anderson	0%	Jasper	NR
Bamberg		Kershaw	.51%
Barnwell		Lancaster	
Beaufort	NR	Laurens	NR
Berkeley	NR	Lee	
Calhoun		Lexington	NR
Charleston	NR	Marion	
Cherokee		Marlboro	
Chester	McCormick		.38%
Chesterfield	Newberry		
Clarendon		Oconee	
Colleton		Orangeburg	
Darlington		Pickens	0%
Dillon	NR	Richland	0%
Dorchester	NR	Saluda	0%
Edgefield		Spartanburg	.28%
Fairfield	1.65%	Sumter	NR
Florence	.57%	Union	
Georgetown	NR	Williamsburg	
Greenville	0	York	.55%

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



Geographic Region	ILI %	# of Reporters
Upstate-Regions 1 -2	.11	7
Midlands-Regions 3-5	.26	6
Coastal-Regions 6-8	NA	0

*County ILI percentages are affected by the number of reporting providers within that county.

<i>Positive confirmatory influenza test results* Current MMWR Week (11/13/11 - 11/19/11)</i>						
BOL	Other clinical labs					
3	NA					
1	0					
1						
	k (11/13/11 - 11) BOL 3 1					

Includes culture, RT-PCR, DFA, and IFA

During MMWR week 46, one positive specimen was reported.

Positive confirmato Cumulative (ory influenza tes (10/2/11 - 11/19	
	BOI	Other clinical

	BOL	Other clinical labs
Number of specimens tested	13	NA
Number of positive specimens	1	0
Influenza A unsubtyped		
Influenza A H1N1		
Influenza A H3N2		
Influenza B	1	
Other		

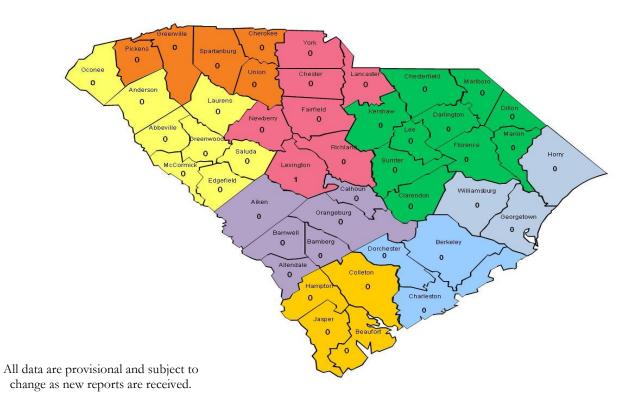
Includes culture, RT-PCR, DFA, and IFA

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

Positive Confirmatory Tests by County
Current Week 11/13/11 - 11/19/11

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

Map of Positive Confirmatory Tests by County Cumulative 10/2/11 - 11/19/11



	A H1N1	A H3N2	В	A Unsub	Unk		A H1N1	A H3N2	В	A Unsub	Unk
Region 1						Region 2					
Abbeville						Cherokee					
Anderson						Greenville					
Edgefield						Pickens					
Greenwood						Spartanburg					
Laurens						Union					
McCormick						Region 4					
Oconee						Chesterfield					
Saluda						Clarendon					
Region 3						Darlington					
Chester						Dillon					
Fairfield						Florence					
Lancaster						Kershaw					
Lexington			1			Lee					
Newberry						Marion					
Richland						Marlboro					
York						Sumter					
Region 5						Region 6					
Aiken						Georgetown					
Allendale						Horry					
Bamberg						Williamsburg					
Barnwell						Region 8					
Calhoun						Beaufort					
Orangeburg						Colleton					
Region 7						Hampton					
Berkeley						Jasper					
Charleston						_					
Dorchester											

Positive Confirmatory Tests by County and Type Cumulative 10/2/11 - 11/19/11

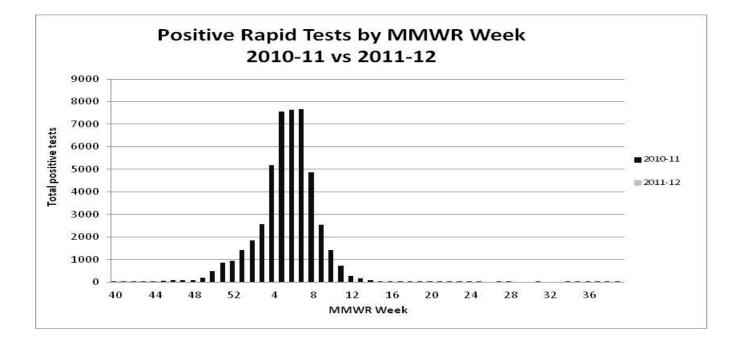
III. Positive Rapid Antigen Tests

During MMWR week 46, 8 positive rapid antigen tests were reported. Of these, there were 5 influenza A and 3 influenza B. During this MMWR week last year, 81 positive rapid tests were reported.

	Total Positive Rapid Antigen Tests							
	Influenza A Influenza B Influenza A/B Unk/Other Total							
Current MMWR(11/13-11/19/11)	5	3			8			
Cumulative (since 10/2/10)	59	27	15	1	102			

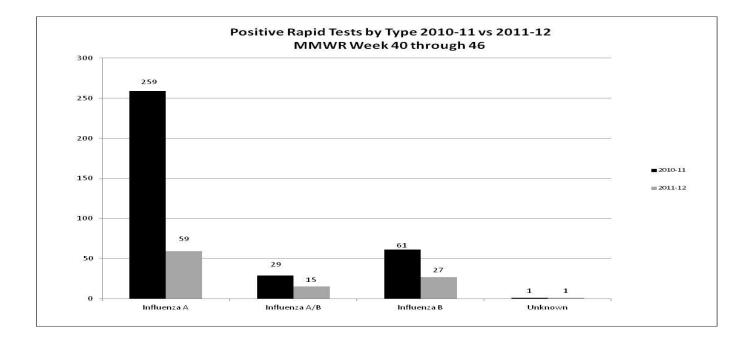
County	Positive Tests	County	Positive Tests	County	Positive Tests
Abbeville		Dillon		Lexington	1
Aiken		Dorchester		Marion	
Allendale		Edgefield		Marlboro	
Anderson	3	Fairfield		McCormick	
Bamberg		Florence		Newberry	
Barnwell		Georgetown		Oconee	
Beaufort		Greenville	1	Orangeburg	
Berkeley		Greenwood		Pickens	1
Calhoun		Hampton		Richland	1
Charleston		Horry		Saluda	
Cherokee		Jasper		Spartanburg	
Chester		Kershaw		Sumter	
Chesterfield		Lancaster		Union	
Clarendon		Laurens		Williamsburg	
Colleton	1	Lee		York	
Darlington					

Positive Rapid Flu Tests by County Current Week 11/13/11 – 11/19/11



Positive Rapid Tests by County and Type
Cumulative 10/2/11 - 11/19/11

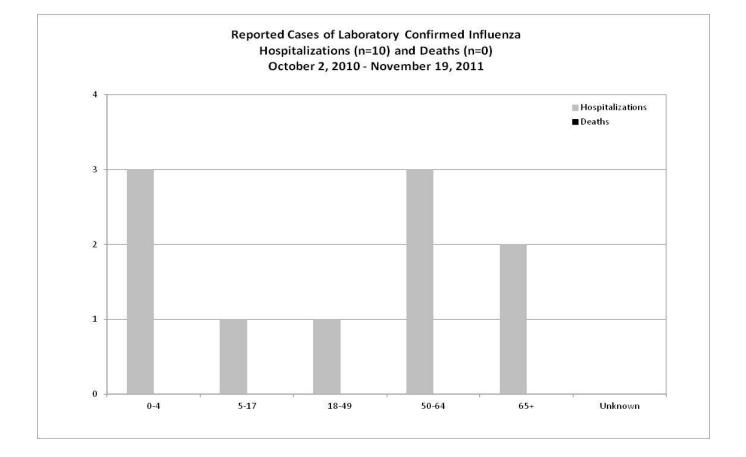
	Α	В	A/B	Unk		А	В	A/B	Unk
Region 1					Region 2				
Abbeville	1				Cherokee	1			
Anderson	2	2	Greenville		7	5	2		
Edgefield				Pickens		7	4	1	
Greenwood	1				Spartanburg	1			
Laurens	2				Union				
McCormick					Region 4				
Oconee	1				Chesterfield				
Saluda					Clarendon		1		
Region 3					Darlington				1
Chester					Dillon				
Fairfield					Florence	1	1	2	
Lancaster	1				Kershaw				
Lexington	2	1			Lee				
Newberry	1				Marion				
Richland	6	1			Marlboro				
York	1	1			Sumter	3			
Region 5					Region 6				
Aiken					Georgetown	3			
Allendale					Horry	2	9	2	
Bamberg					Williamsburg				
Barnwell					Region 8				
Calhoun					Beaufort				
Orangeburg					Colleton	2			
Region 7					Hampton				
Berkeley	2		1		Jasper				
Charleston	9				5 1				
Dorchester	9	3							

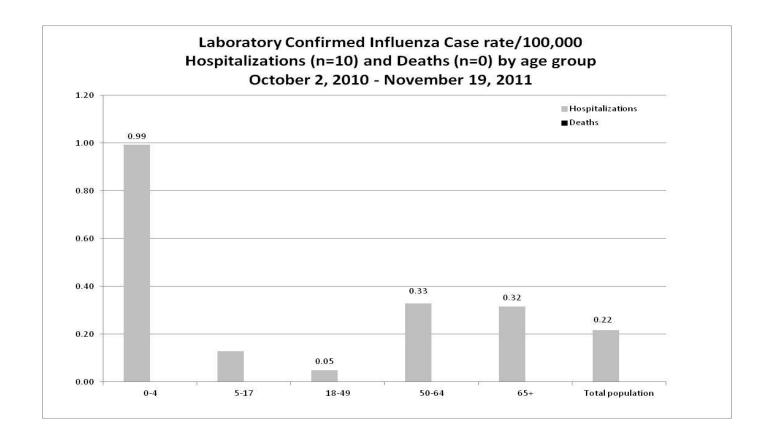


During MMWR week 46 no lab confirmed* influenza hospitalizations were reported. No lab confirmed deaths were reported.

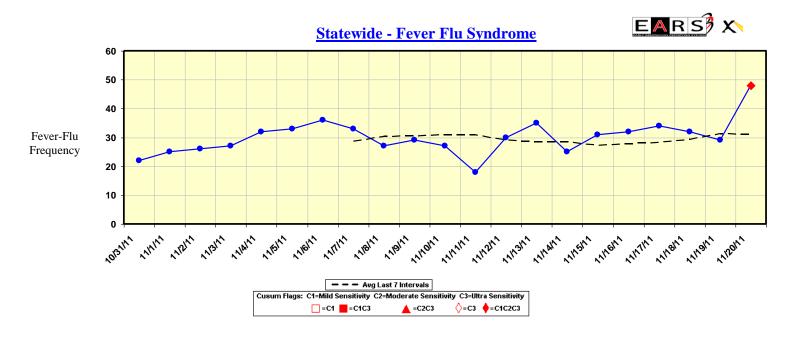
	Total number*				
Number of Hospitals Reporting (current week)	38				
	Current MMWR (11/13- 11/192/11)	Cumulative (since 10/2/10)			
Hospitalizations	0	10			
Deaths	0	0			

*These data are provisional. Lab confirmation for hospitalizations and deaths includes culture, PCR, DFA, IFA, and rapid test.





V. South Carolina Disease Alerting, Reporting & Tracking System (SC-DARTS)



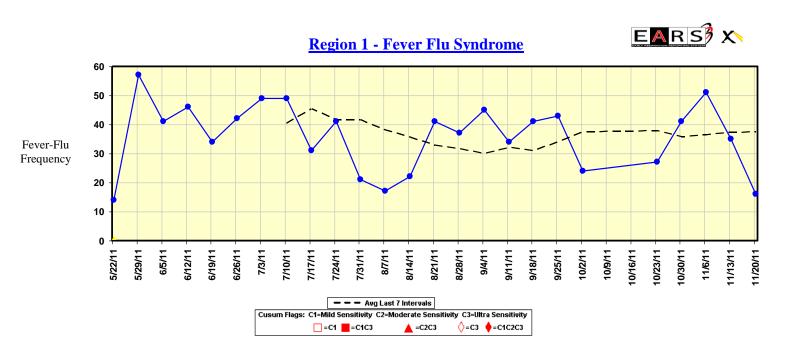
Cumulative Sums Analysis (CUSUM):

- C1 = Flags because of sharp rise in counts from 1 day to the next
- C2 = Flags because of aberrant, initial, rapid rise in counts and peak in counts
- C3 = Flags because of a gradual rise in counts over a short time

The SC Statewide Fever-Flu Syndrome graph above illustrates the <u>daily</u> counts of hospital emergency department (ED) visits with an Influenza-like Illness (ILI) for the past 21 days. A total of <u>18 hospital</u> facilities are reporting to the SC-DARTS system. These 18 include: AnMed Health (Region 1); Self Regional (Region 1); Oconee Medical Center (Region 1); Palmetto Health Alliance (Region 2 & 3); Greenville Hospital System (Region 2); Kershaw Health (Region 4); McLeod Health (Region 4); Medical University of South Carolina (Region 7); Roper (Region 7); St. Francis (Region 7), and Hampton Regional (Region 8).

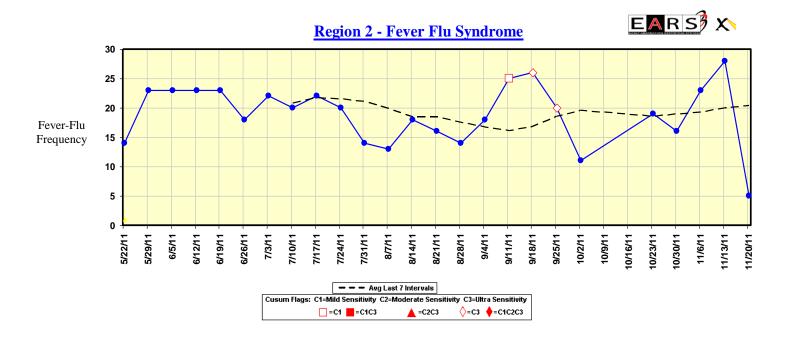
Statewide CUSUM Flag Alerts Description:

No flags for the past week.

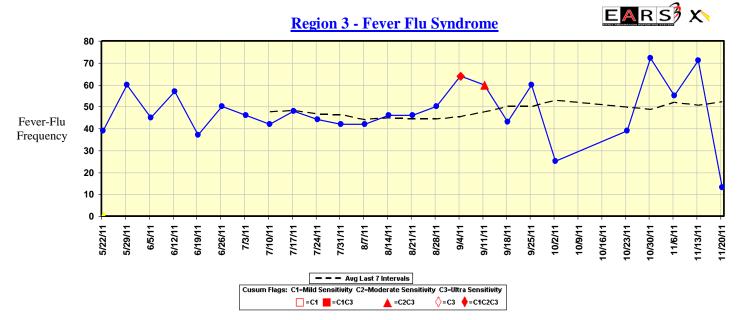


Below are the fever-flu syndrome graphs by Region for the past 180 days (weekly interval).

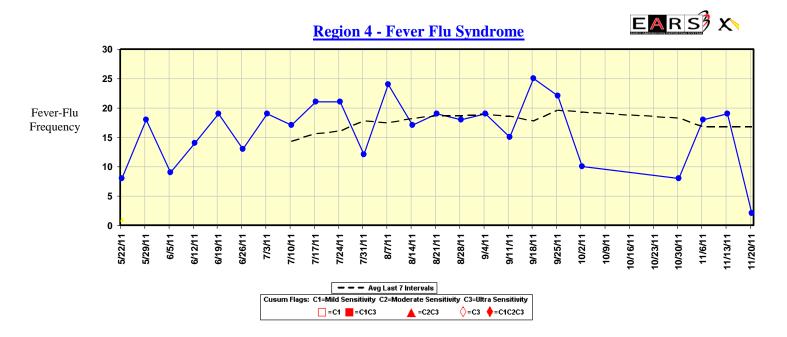
Region1 Hospitals (# of Facilities): AnMed Health (3); Self-Regional (1); Oconee Medical Center (1);



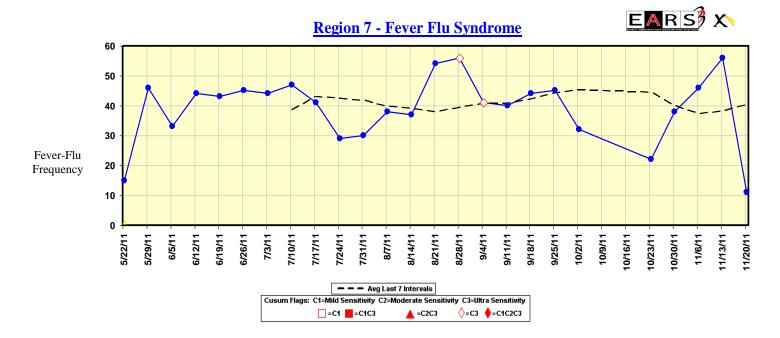
Region 2 Hospitals (# of Facilities): Greenville Hospital System (4); Palmetto Health Easley (1)



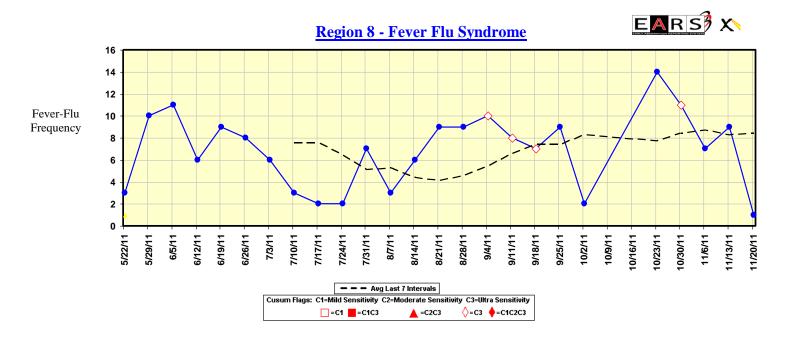
Region 3 Hospitals (# of Facilities): Palmetto Health Baptist (1), Palmetto Health Richland (1)



Region 4 Hospitals (# of Facilities): Kershaw Health (1); McLeod Health (1)



Region 7 Hospitals (# of Facilities): Medical University of South Carolina (1), Roper (1), St. Francis (1)



Region 8 Hospitals (# of Facilities): Hampton Regional (1)

VI. Influenza activity levels

Activity Level	ILI activity/Outbreaks		Laboratory data				
No activity	Low	And	No lab confirmed cases				
Sporadic	Not increased	And	Isolated lab-confirmed cases				
	OR						
	Not increased	And	Lab confirmed outbreak in one institution				
	Increased ILI in 1 region; ILI		Recent (within the past 3 weeks) lab evidence of				
	activity in other regions is not	And	influenza in region with increased ILI				
	increased						
	OR						
Local	2 or more institutional		Recent (within the past 3 weeks) lab evidence of				
	outbreaks (ILI or lab		influenza in region with the outbreaks; virus activity is				
	confirmed) in 1 region; ILI	And	no greater than sporadic in other regions				
	activity in other regions is not increased						
	Increased ILI in 2-3 regions		Recent (within the past 3 weeks) lab confirmed				
		And	influenza in the affected regions				
Regional	OR						
	Institutional outbreaks (ILI or	And	Recent (within the past 3 weeks) lab confirmed				
	lab confirmed) in 2-3 regions	And	influenza in the affected regions				
Widespread	Increased ILI and/or		Recent (within the past 3 weeks) lab confirmed				
	institutional outbreaks (ILI or	And	influenza in the state.				
	lab confirmed) in at least 4 of	Allu					
	the regions						

VII. 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 7 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 <u>regional</u> health department by fax or email before noon on Monday for the preceding week.

Influenza death reporting

Lab confirmed influenza deaths in adults should be reported to DHEC within 7 days. Lab confirmed influenza deaths in children under age 18 should be reported within 24 hours. These include results from viral culture, PCR, rapid flu tests, DFA, IFA or autopsy results consistent with influenza. Hospitals should report deaths to their regional health department by noon on Monday for the preceding week.

Influenza hospitalizations

DHEC requires weekly submission of laboratory confirmed influenza hospitalizations. Hospitals should report these to their <u>regional</u> 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.

Voluntary Networks

Laboratory Viral Isolate Network

Viral isolate surveillance is essential for identifying circulating influenza strain subtype information, and the identification of new strains that may need to be included in the next year's influenza vaccine. Participating providers receive culture media, packaging, processing and shipping labels in order to submit a subset of specimens to the Bureau of Labs (BOL).

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 of $U \ge U100^{\circ}$ 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.

To join the SC-DARTS system or for more information, please contact: Alecia Alianell at 803-898-0269 or alianeat@dhec.sc.gov.

VIII. National Surveillance MMWR Week 45 (11/6-11/12)

During week 45 (November 6-12, 2011), influenza activity remained low in the United States.

- U.S. Virologic Surveillance: Of the 2,145 specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division, 30 (1.4%) were positive for influenza.
- **Pneumonia and Influenza (P&I) Mortality Surveillance**: The proportion of deaths attributed to P&I was below the epidemic threshold.
- o **Influenza-associated Pediatric Mortality**: No influenza-associated pediatric deaths were reported.
- Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 1.2%, which is below the national baseline of 2.4%. All 10 regions reported ILI below region-specific baseline levels. Forty-nine states and New York City experienced minimal ILI activity, one state experienced low ILI activity and the District of Columbia had insufficient data.
- Geographic Spread of Influenza: The geographic spread of influenza in the District of Columbia, Guam, and 23 states was reported as sporadic; the U.S. Virgin Islands and 27 states reported no influenza activity, and Puerto Rico did not report.

For more information, please visit http://www.cdc.gov/flu/weekly/.

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Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2011-12 Influenza Season Week 45 ending Nov 12, 2011

*Data collected in ILINet may disproportionately represent certain populations within a state, and therefore, may not accurately depict the full picture of influenza activity for the whole state.

^{*}This map uses the proportion of outpatient visits to health care providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.