

Flu Watch

Week Ending January 12, 2013 (MMWR Week 2)

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

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MMWR Week 2 at a Glance:

Influenza Activity Level: WIDESPREADNote: Activity level definitions are found on page 11

ILI Activity Status (South Carolina baseline is 2.05%*): Below baseline in the Upstate (1.04%). At baseline in the Midlands (2.05%). Above baseline along the Coast (5.20%). The state ILI percentage was 1.94%. These data reflect reports from 17 (53.1%) providers.

SC Viral Isolate and RT-PCR Activity: 67 positive specimens were reported. Since 9/30/12, 687 positive specimens have been reported.

Positive Rapid Flu Test Activity: 3009 positive rapid tests were reported. Since 9/30/12, 35,830 positive rapid tests have been reported.

Hospitalizations: 112 lab confirmed hospitalizations were reported. Since 9/30/12, 1209 hospitalizations have been reported.

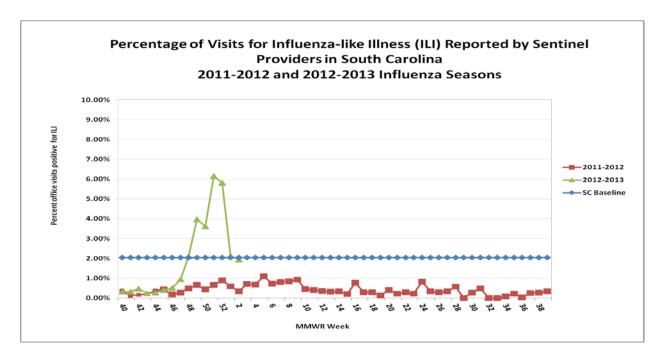
Deaths: Four lab confirmed deaths were reported. Since 9/30/12, 23 deaths have been reported.

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

	Current week	Previous week	Change from previous week
Percent of ILI visits reported by ILINet providers	1.94%	2.12%	V .18
Number of positive confirmatory tests	67	77	V 10
Number of lab confirmed flu hospitalizations	112	198	▼ 86
Number of lab confirmed flu deaths	1	3	V 2

I. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week, 1.94% of patient visits to SC ILINet providers were due to ILI. This is below the state baseline **(2.05%)**. This ILI percentage compares to .34 % this time last year. Reports were received from providers in 13 counties, representing 7 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.

^{*}Only includes hospitals participating in SC syndromic surveillance

Influenza-Like Illness Reported by Sentinel Providers January 6, 2013 – January 12, 2013

County	ILI %	County	ILI %
Abbeville		Greenwood	NR
Aiken	2.75%	Hampton	2.18%
Allendale		Horry	NR
Anderson	6.25%	Jasper	NR
Bamberg		Kershaw	.48%
Barnwell		Lancaster	
Beaufort	NR	Laurens	NR
Berkeley	NR	Lee	
Calhoun		Lexington	7.05%
Charleston	NR	Marion	
Cherokee		Marlboro	
Chester		McCormick	1.33%
Chesterfield		Newberry	
Clarendon		Oconee	
Colleton		Orangeburg	
Darlington		Pickens	NR
Dillon	NR	Richland	1.37%
Dorchester	NR	Saluda	1.33%
Edgefield		Spartanburg	.62%
Fairfield		Sumter	NR
Florence	1.47%	Union	
Georgetown	6.53%	Williamsburg	
Greenville	1.07%	York	7.14%

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

Geographic Region	ILI %	# of Reporters
Upstate-Regions 1 -2	1.04	8
Midlands-Regions 3-5	2.05	7
Coastal-Regions 6-8	5.20	2



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

Positive confirmatory influenza test results* Current MMWR Week (1/6/13 – 1/12/13)							
	BOL	Other clinical labs					
Number of specimens tested	39	NA					
Number of positive specimens	26	41					
Influenza A unsubtyped		12					
Influenza A H1N1		1					
Influenza A H3N2	25	25					
Influenza B	1	3					
Other							

Includes culture, RT-PCR, DFA, and IFA

During the previous MMWR week, 67 positive specimens were reported.

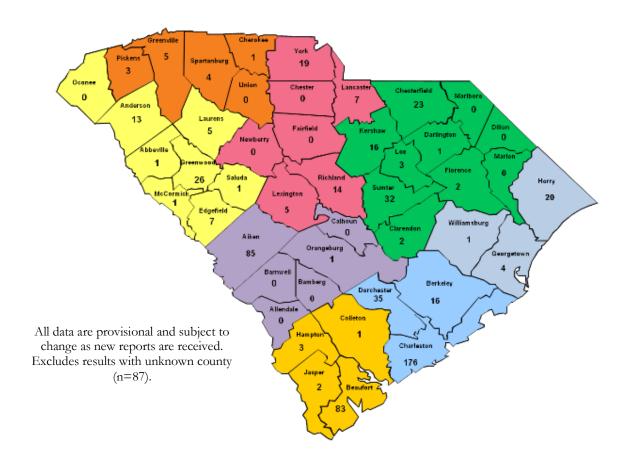
Positive confirmatory influenza test results* Cumulative (09/30/12 – 1/12/13)						
	BOL	Other clinical labs				
Number of specimens tested	324	NA				
Number of positive specimens	216	471				
Influenza A unsubtyped		215				
Influenza A H1N1	13	6				
Influenza A H3N2	191	236				
Influenza B	12	14				
Other						

Includes culture, RT-PCR, DFA, and IFA

Positive Confirmatory Tests by County Current Week 1/6/13 – 1/12/13

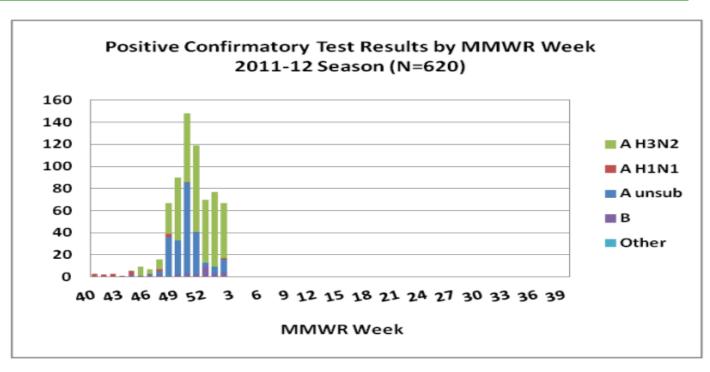
County	Positive Tests	County	Positive Tests	County	Positive Tests
Abbeville		Dillon		Marion	
Aiken	1	Dorchester	3	Marlboro	
Allendale		Edgefield		McCormick	
Anderson		Fairfield		Newberry	
Bamberg		Florence		Oconee	
Barnwell		Georgetown		Orangeburg	
Beaufort	17	Greenville	1	Pickens	
Berkeley	2	Greenwood	5	Richland	
Calhoun		Hampton		Saluda	
Charleston	24	Horry		Spartanburg	
Cherokee		Jasper		Sumter	6
Chester		Kershaw	7	Union	
Chesterfield		Lancaster	1	Williamsburg	
Clarendon		Laurens		York	
Colleton		Lee		Unknown	
Darlington		Lexington			

Map of Positive Confirmatory Tests by County Cumulative 09/30/12 – 1/12/13



Positive Confirmatory Tests by County and Type Cumulative 9/30/12 – 1/12/13

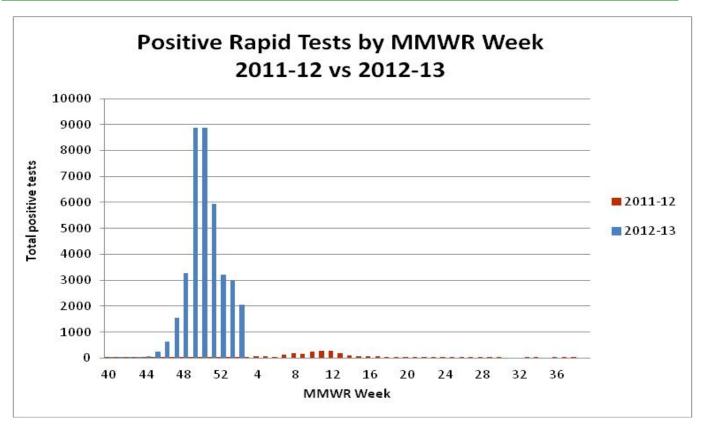
	A	A	В	A	Unk		A	A	В	A	Unk
	H1N1	H3N2		Unsub			H1N1	H3N2		Unsub	
Region 1						Region 2				1	
Abbeville		1				Cherokee					
Anderson		8		5		Greenville		3		3	
Edgefield		1		6		Pickens		3			
Greenwood		23	1	2		Spartanburg		1		3	
Laurens		2		3		Union					
McCormick		1				Region 4					
Oconee						Chesterfield		1	1	1	
Saluda		1				Clarendon		1		1	
Region 3						Darlington		1			
Chester						Dillon					
Fairfield						Florence		1		1	
Lancaster		3		3		Kershaw		12		4	
Lexington		4				Lee		2		1	
Newberry						Marion					
Richland		9	2	3		Marlboro					
York		9	2	8		Sumter		28	2		
Region 5						Region 6					
Aiken	1	3	1	75		Georgetown		4			
Allendale						Horry		16		4	
Bamberg						Williamsburg				1	
Barnwell						Region 8					
Calhoun						Beaufort	15	59	3	6	
Orangeburg		1				Colleton					
Region 7						Hampton		1		3	
Berkeley		15	1			Jasper		2			
Charleston	1	162	7	6		. 1					
Dorchester		33	2			Unknown	2	15	2	68	

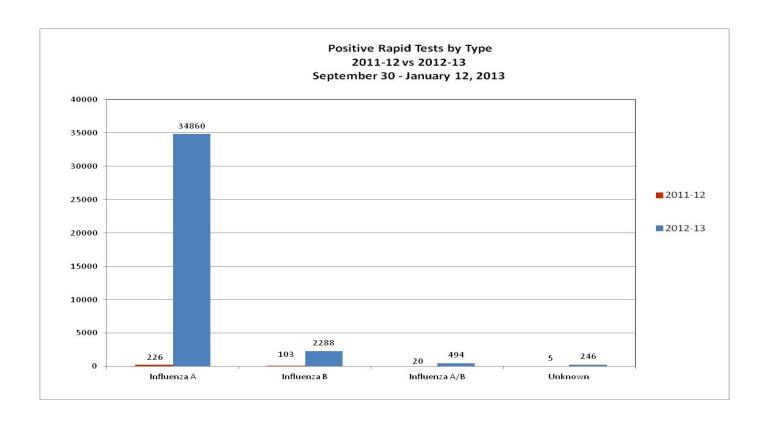


During the past MMWR week, 2058 positive rapid antigen tests were reported. Of these, 1805 were influenza A, 232 were influenza B, 20 were influenza A/B, and 1 was unknown. This compares to 48 this time last year. 37,888 positive rapid tests have been reported this year.

Positive Rapid Flu Tests by County January 6, 2013 – January 12, 2013

County	Positive Tests	County	Positive Tests	County	Positive Tests
Abbeville		Dillon	10	Lexington	95
Aiken	11	Dorchester	138	Marion	5
Allendale		Edgefield		Marlboro	5
Anderson		Fairfield	8	McCormick	
Bamberg		Florence	127	Newberry	14
Barnwell	5	Georgetown	87	Oconee	
Beaufort		Greenville	384	Orangeburg	14
Berkeley	45	Greenwood		Pickens	28
Calhoun		Hampton		Richland	165
Charleston	423	Horry	205	Saluda	
Cherokee	11	Jasper		Spartanburg	110
Chester		Kershaw	50	Sumter	33
Chesterfield		Lancaster	19	Union	56
Clarendon	12	Laurens		Williamsburg	8
Colleton		Lee		York	
Darlington	26				



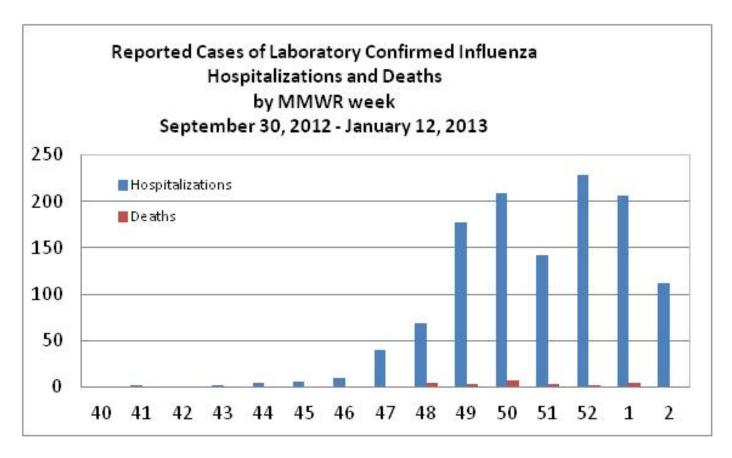


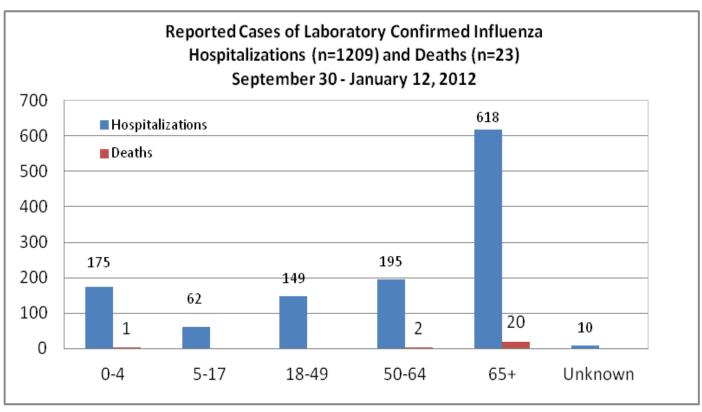
IV. Influenza hospitalizations and deaths

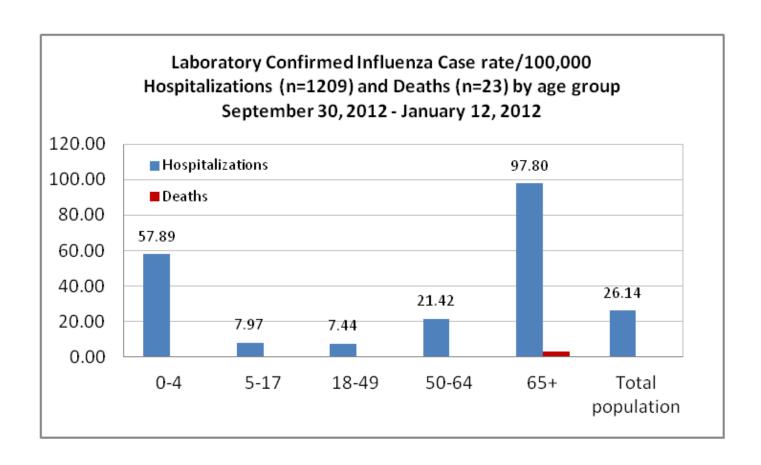
During the past MMWR week, 198 lab confirmed* influenza hospitalizations were reported. Three lab confirmed deaths were reported.

	Total number*					
Number of Reporting Hospitals (Current week)	50					
	Current MMWR Week (1/6/13-1/12/13)	Cumulative (since 09/30/12)				
Hospitalizations	198	1087				
Deaths	3	22				

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







Lab Confirmed Influenza Deaths by County						
September 30, 2	2012 – January 12, 2013					
County	Number of Deaths					
Aiken	2					
Barnwell	1					
Beaufort	1					
Charleston	1					
Clarendon	1					
Greenville	3					
Jasper	1					
Lexington	3					
McCormick	1					
Oconee	2					
Pickens	2					
Richland	2					
Sumter	1					
York	2					
Total	23					

V. Influenza activity levels

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

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 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<u>regional</u>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

<u>Influenza-Like Illness (ILINet) Sentinel Providers</u> 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≥U100°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.

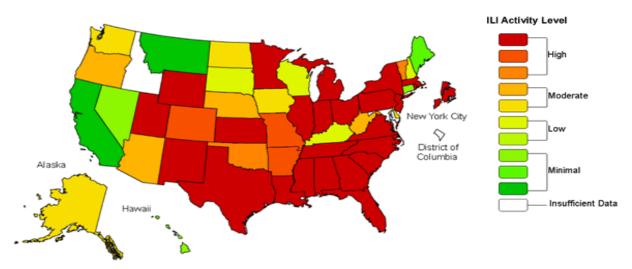
VII. National Surveillance MMWR Week 1 (12/30-1/5)

During week 1 (December 31-January 5), influenza activity increased in the U.S.

- Viral Surveillance: Of 12,876 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories, 4,222 (32.8%) were positive for influenza.
- o <u>Pneumonia and Influenza Mortality:</u> The proportion of deaths attributed to pneumonia and influenza (P&I) was slightly above the epidemic threshold.
- o <u>Influenza-Associated Pediatric Deaths:</u> Two influenza-associated pediatric deaths were reported. One was associated with an influenza A (H3) virus and one was associated with an influenza A virus for which the subtype was not determined.
- Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 4.3%; above the national baseline of 2.2%. Nine of 10 regions reported ILI above region-specific baseline levels. Twenty-four states and New York City experienced high ILI activity; 16 states experienced moderate ILI activity; 5 states experienced low ILI activity; 5 states experienced minimal ILI activity, and the District of Columbia had insufficient data.
- O Geographic Spread of Influenza: Forty-seven states reported widespread geographic influenza activity; 2 states reported regional activity; the District of Columbia reported local activity; 1 state reported sporadic activity; Guam reported no influenza activity, and Puerto Rico and the U.S. Virgin Islands did not report.

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

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2012-13 Influenza Season Week 52 ending Dec 29, 2012



^{*}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.

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.

Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.

Differences in the data presented here by CDC and independently by some state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.