

# Flu Watch

# Week Ending January 26, 2013 (MMWR Week 4)

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

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### MMWR Week 4 at a Glance:

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

ILI Activity Status (South Carolina baseline is

**2.05%\*):** Below baseline in the Upstate (.60%) and in the Midlands (1.51%). Above baseline along the Coast (2.86%). The state ILI percentage was 1.26%. These data reflect reports from 17 (53.1%) providers.

**SC Viral Isolate and RT-PCR Activity:** 30 positive specimens were reported. Since 9/30/12, 848 positive specimens have been reported.

**Positive Rapid Flu Test Activity:** 784 positive rapid tests were reported. Since 9/30/12, 40,980 positive rapid tests have been reported.

**Hospitalizations:** 47 lab confirmed hospitalizations were reported. Since 9/30/12, 1326 hospitalizations have been reported.

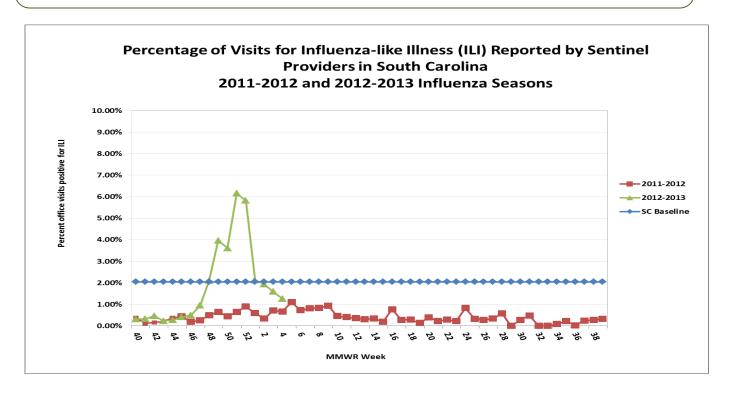
**Deaths:** No lab confirmed deaths were reported. Since 9/30/12, 31 deaths have been reported.

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

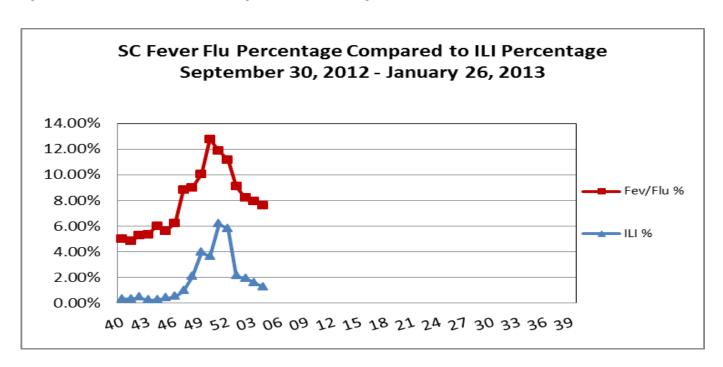
	Current week	Previous week	Change from previous week
Percent of ILI visits reported by ILINet providers	1.26%	1.59%	<b>▼</b> .33
Number of positive confirmatory tests	30	34	<b>V</b> 34
Number of lab confirmed flu hospitalizations	47	68	<b>V</b> 21
Number of lab confirmed flu deaths	0	3	<b>V</b> 3

# I. ILINet Influenza-Like Illness Surveillance

**During the most recent MMWR week**, 1.26% of patient visits to SC ILINet providers were due to ILI. This is below the state baseline **(2.05%)**. This ILI percentage compares to .67 % this time last year. Reports were received from providers in 13 counties, representing 7 of the 8 regions. The statewide percentage of ER visits with fever-flu syndrome was 7.60%.



\*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.



<sup>\*</sup>Only includes hospitals participating in SC syndromic surveillance

# Influenza-Like Illness Reported by Sentinel Providers January 20, 2013 – January 26, 2013

County	ILI %	County	ILI %
Abbeville		Greenwood	NR
Aiken	0%	Hampton	.74%
Allendale		Horry	NR
Anderson	0%	Jasper	NR
Bamberg		Kershaw	0%
Barnwell		Lancaster	
Beaufort	NR	Laurens	NR
Berkeley	NR	Lee	
Calhoun		Lexington	2.22%
Charleston	NR	Marion	
Cherokee		Marlboro	
Chester		McCormick	NR
Chesterfield		Newberry	
Clarendon		Oconee	
Colleton		Orangeburg	
Darlington		Pickens	0%
Dillon	NR	Richland	2.59%
Dorchester	NR	Saluda	1.22%
Edgefield		Spartanburg	.98%
Fairfield		Sumter	NR
Florence	.70%	Union	
Georgetown	3.71%	Williamsburg	
Greenville	.41%	York	3.01%

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

Geographic Region	ILI %	# of Reporters
Upstate-Regions 1 -2	.60	8
Midlands-Regions 3-5	1.51	7
Coastal-Regions 6-8	2.86	2



<sup>\*</sup>County ILI percentages are affected by the number of reporting providers within that county.

Positive confirmatory influenza test results* Current MMWR Week (1/20/13 – 1/26/13)						
	BOL	Other clinical labs				
Number of specimens tested	25	NA				
Number of positive specimens	21 <sup>†</sup>	9				
Influenza A unsubtyped		2				
Influenza A H1N1		1				
Influenza A H3N2	21	5				
Influenza B		1				
Other						

Includes culture, RT-PCR, DFA, and IFA <sup>†</sup>Includes 8 positive specimens from week 3

**During the previous MMWR week**, 30 positive specimens were reported.

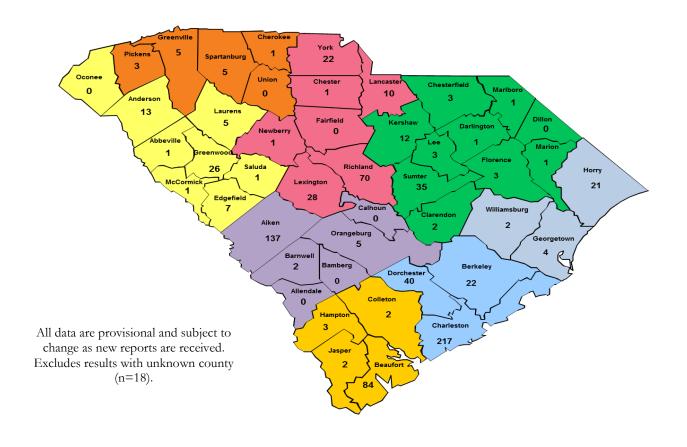
Positive confirmatory influenza test results*  Cumulative (09/30/12 – 1/26/13)						
BOL Other clinical la						
Number of specimens tested	345	NA				
Number of positive specimens	247 (65.5%)	504				
Influenza A unsubtyped		229 (45.9%)				
Influenza A H1N1	13 (5.75%)	7 (1.21)				
Influenza A H3N2	222(88.9%)	252 (49.9%)				
Influenza B	12 (5.3%)	16 (3.03%)				
Other						

Includes culture, RT-PCR, DFA, and IFA

# Positive Confirmatory Tests by County Current Week 1/20/13 – 1/26/13

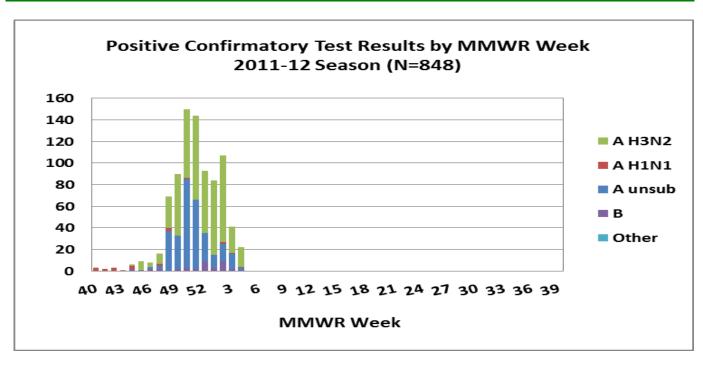
County	Positive Tests	County	Positive Tests	County	Positive Tests
Abbeville		Dillon		Marion	
Aiken	1	Dorchester		Marlboro	
Allendale		Edgefield		McCormick	
Anderson		Fairfield		Newberry	
Bamberg		Florence		Oconee	
Barnwell		Georgetown		Orangeburg	
Beaufort	15	Greenville		Pickens	
Berkeley		Greenwood		Richland	4
Calhoun		Hampton		Saluda	
Charleston	5	Horry		Spartanburg	
Cherokee		Jasper		Sumter	1
Chester		Kershaw	1	Union	
Chesterfield		Lancaster		Williamsburg	
Clarendon		Laurens		York	1
Colleton	1	Lee		Unknown	1
Darlington		Lexington			

Map of Positive Confirmatory Tests by County Cumulative 09/30/12 – 1/26/13



# Positive Confirmatory Tests by County and Type Cumulative 9/30/12 – 1/26/13

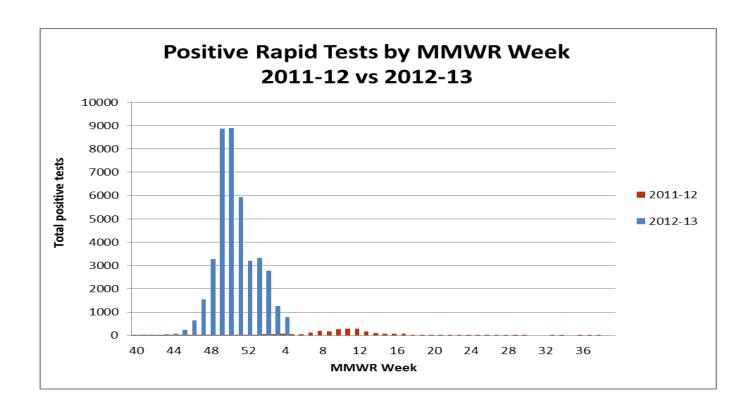
	A	A	В	A	Unk		A	A	В	A	Unk
	H1N1	H3N2		Unsub			H1N1	H3N2		Unsub	
Region 1						Region 2					
Abbeville		1				Cherokee				1	
Anderson		8	1	5		Greenville		2		5	
Edgefield		1		6		Pickens		3			
Greenwood		22	1	3		Spartanburg		1	1	4	
Laurens		2		4		Union					
McCormick		1				Region 4					
Oconee						Chesterfield		1	1	1	
Saluda		1				Clarendon	1	1		3	
Region 3						Darlington		1		1	
Chester				1		Dillon					
Fairfield						Florence		1	1	5	
Lancaster		3		7		Kershaw		8		4	
Lexington		4		24		Lee		2		1	
Newberry				1		Marion			1		
Richland		14	2	54		Marlboro		1			
York		10	2	10		Sumter		31	3	3	
Region 5						Region 6					
Aiken	1	3	2	130	1	Georgetown		4			
Allendale						Horry		17		4	
Bamberg						Williamsburg				2	
Barnwell				2		Region 8					
Calhoun				1		Beaufort	15	61	2	6	
Orangeburg		4		3		Colleton			2		
Region 7						Hampton		1		2	
Berkeley		16	6			Jasper		2			
Charleston	3	203	5	6		. 1					
Dorchester		37	3			Unknown		16	1	1	

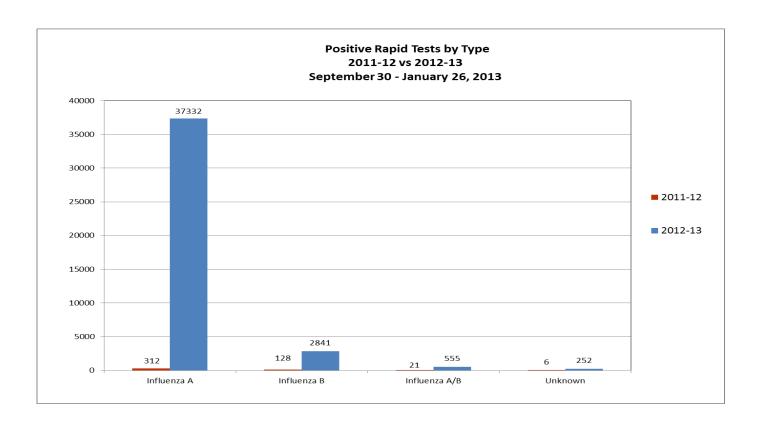


**During the past MMWR week,** 784 positive rapid antigen tests were reported. Of these, 547 were influenza A, 226 were influenza B, 8 were influenza A/B, and 3 were unknown. This compares to 65 this time last year. 40,980 positive rapid tests have been reported this year.

Positive Rapid Flu Tests by County January 20, 2013 – January 26, 2013

County	Positive Tests	County	Positive Tests	County	Positive Tests
Abbeville	22	Dillon	13	Lexington	49
Aiken	4	Dorchester	36	Marion	4
Allendale	8	Edgefield		Marlboro	
Anderson	23	Fairfield	4	McCormick	
Bamberg		Florence	48	Newberry	11
Barnwell	6	Georgetown	39	Oconee	4
Beaufort	32	Greenville	72	Orangeburg	3
Berkeley	13	Greenwood	16	Pickens	5
Calhoun		Hampton	2	Richland	63
Charleston	123	Horry	66	Saluda	
Cherokee		Jasper	4	Spartanburg	30
Chester	2	Kershaw	1	Sumter	19
Chesterfield	3	Lancaster	9	Union	1
Clarendon	3	Laurens	6	Williamsburg	1
Colleton	1	Lee	1	York	20
Darlington	7				



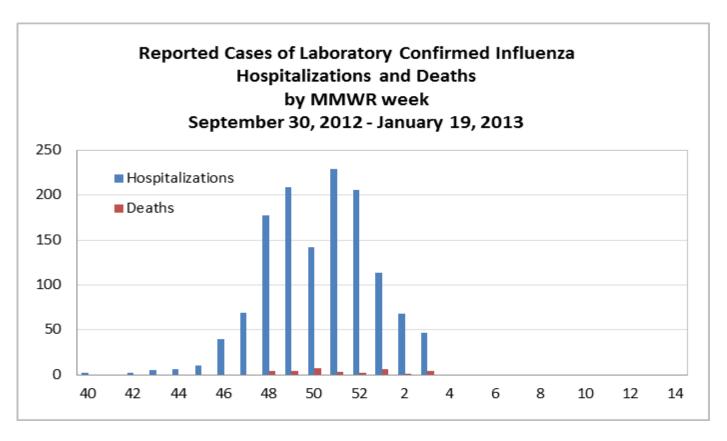


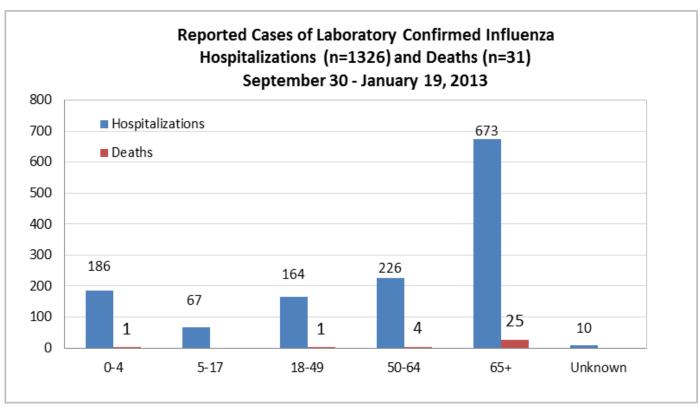
# IV. Influenza hospitalizations and deaths

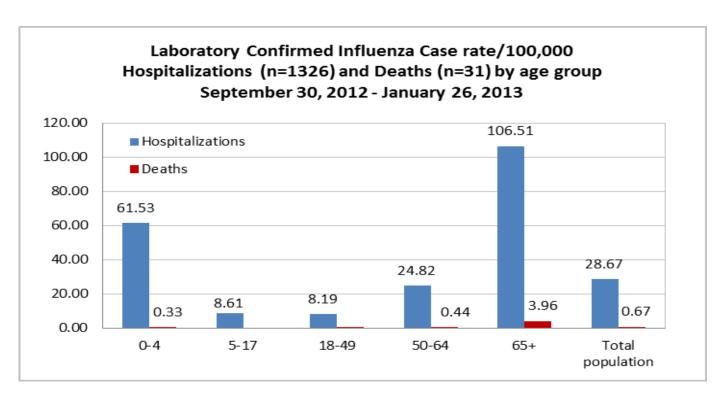
**During the past MMWR week**, 47 lab confirmed\* influenza hospitalizations were reported. Zero lab confirmed deaths were reported.

	Total number*				
Number of Reporting	54				
Hospitals (Current week)					
	Current MMWR Week (1/20/13-1/26/13)	Cumulative (since 09/30/12)			
Hospitalizations	47	1326			
Deaths	0	31			

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

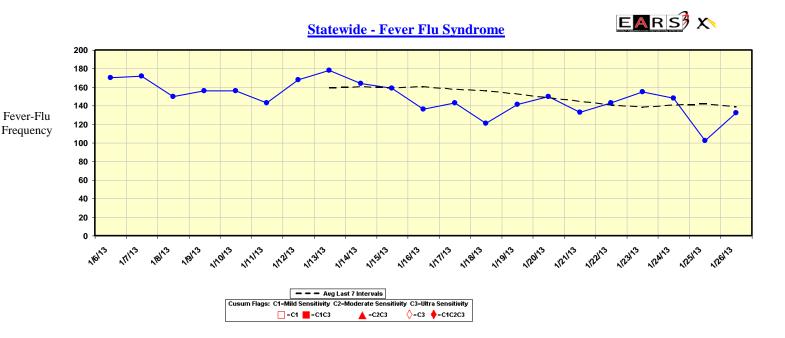






Lab Confirmed Influenza Deaths by County September 30, 2012 – January 26, 2013					
County	Number of Deaths				
Aiken	2				
Barnwell	1				
Beaufort	1				
Charleston	1				
Cherokee	1				
Clarendon	1				
Greenville	4				
Horry	1				
Jasper	1				
Lexington	3				
McCormick	1				
Newberry	1				
Oconee	2				
Pickens	3				
Richland	3				
Spartanburg	2				
Sumter	1				
York	2				
Total	31				

# 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

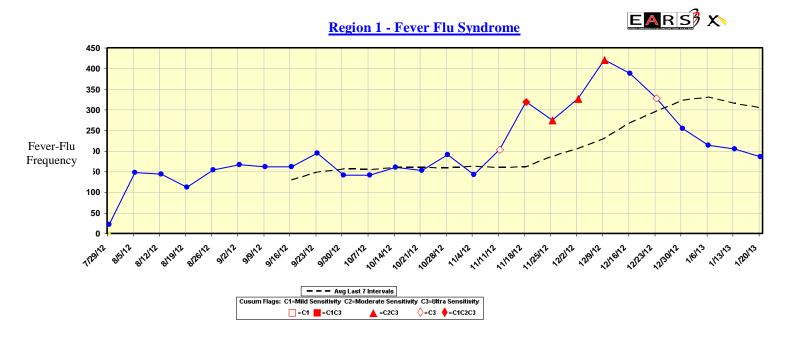
C3 = Flags because of a gradual rise in counts over a short time

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>21 hospital</u> facilities are reporting to the SC-DARTS system. These 21 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); Elgin Urgent Care (Region 4); Medical University of South Carolina (Region 7); Roper (Region 7); St. Francis (Region 7); Trident (Region 7); Colleton (Region 8); and Hampton Regional (Region 8).

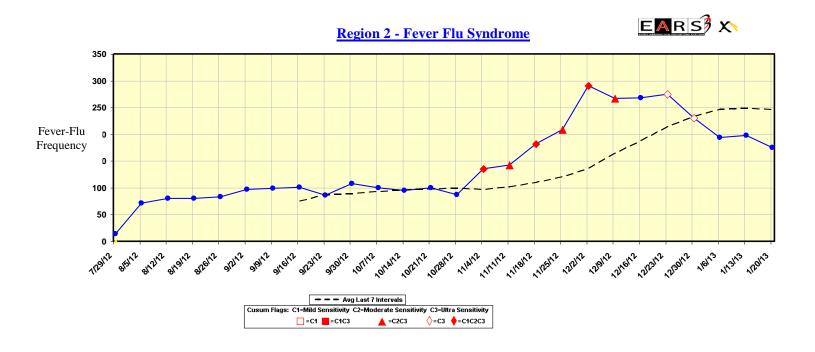
#### **Statewide CUSUM Flag Alerts Description:**

No flags for the past week.

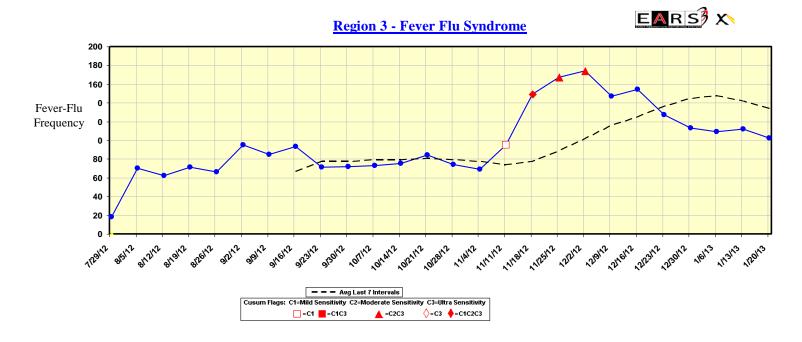
Below are the fever-flu syndrome graphs by Region for the past 180 days (weekly interval).



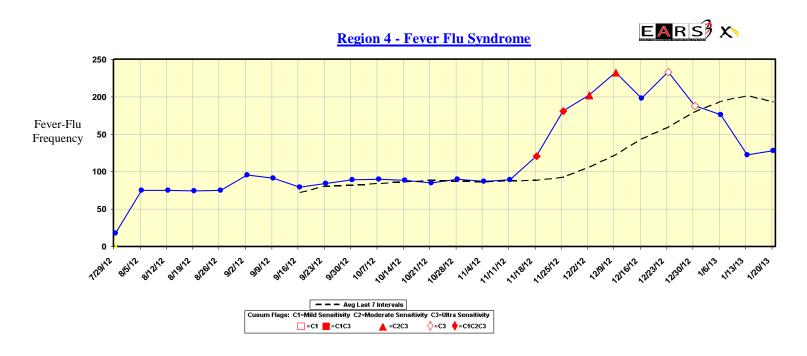
Region1 Hospitals (# of Facilities): AnMed Health (3); Self-Regional (1); Oconee Medical Center (1);



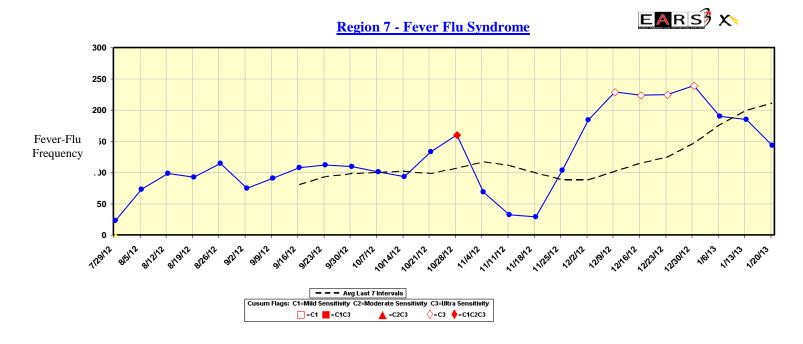
Region 2 Hospitals (# of Facilities): Greenville Hospital System (4); Palmetto Health Easley (1)



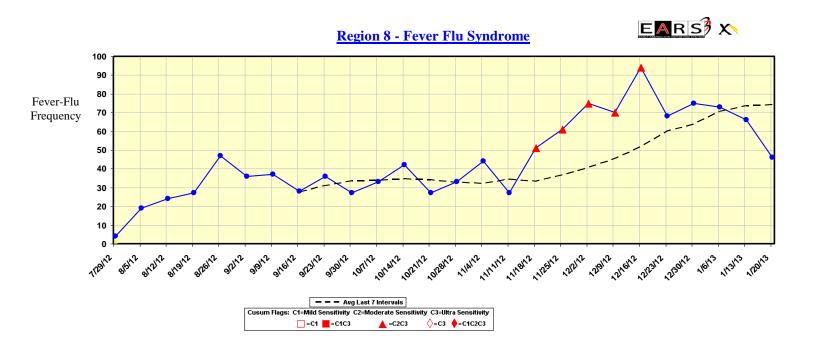
Region 3 Hospitals (# of Facilities): Palmetto Health Baptist (1), Palmetto Health Richland (1)



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



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



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

# VI. 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 activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI
			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 lab confirmed) in 2-3 regions		Recent (within the past 3 weeks) lab confirmed 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.

# 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 Uregional 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.

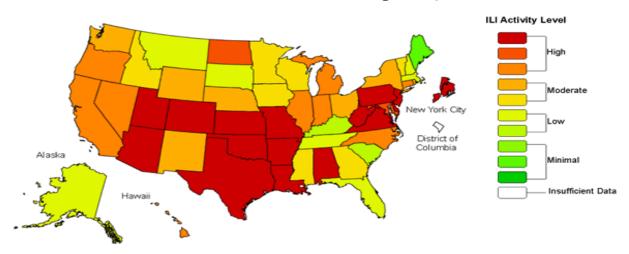
To join the SC-DARTS system or for more information, please contact: Alecia Alianell at 803-898-0269 or alianeat@dhec.sc.gov.

# VIII. National Surveillance MMWR Week 3 (1/13-1/19)

During week 3 (January 13-19), influenza activity remained elevated in the United States, but decreased in some areas.

- <u>Viral Surveillance:</u> Of 11,984 specimens tested and reported by collaborating laboratories, 3,129 (26.1%) were positive for influenza.
- o <u>Pneumonia and Influenza Mortality:</u> The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold.
- o <u>Influenza-Associated Pediatric Deaths:</u> Eight influenza-associated pediatric deaths were reported.
- o <u>Influenza-Associated Hospitalizations:</u> A cumulative rate for the season of 22.2 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported. Of all hospitalizations, 50% were among adults 65 years and older.
- Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 4.3%; this is above the national baseline of 2.2%. All 10 regions reported ILI above region-specific baseline levels. Twenty-six states and New York City experienced high ILI activity; 14 states experienced moderate activity; 9 states experienced low activity; 1 state experienced minimal activity, and the District of Columbia had insufficient data.
- <u>Geographic Spread of Influenza:</u> Forty-seven states reported widespread geographic influenza activity; 2 states reported regional activity; the District of Columbia and one state reported local activity; Guam reported sporadic influenza activity, and Puerto Rico and the U.S. Virgin Islands did not report.

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



Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2012-13 Influenza Season Week 3 ending Jan 19, 2013

<sup>\*</sup>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.