Chicago Department of Public Health

Chicago Flu Update

City of Chicago
Rahm Emanuel, Mayor

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Previous *Chicago Flu Updates*

Chicago Department of Public Health
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What is the risk?
Currently, the risk of influenza infection in the Chicago area is low. Compared to the same time period last season, there has been a 97% decrease in the number of influenza-associated hospitalizations reported to CDPH and a 94% decrease in the number of positive specimens tested at Chicago hospital laboratories that perform influenza subtyping. To date, 2.7% of the 68,534 specimens tested for influenza at collaborating laboratories across the U.S. have been positive, with 86% of these being influenza A (58% subtyped as A (H3N2)). Laboratories located in HHS Region 5 (IL, IN, MI, MN, OH, WI) have reported a higher proportion (5.9%) of positive specimens, with 92% of these being influenza A (91% subtyped as A (H3N2)). Vaccination is the best way to protect against human seasonal influenza infection and all Chicagoans aged six months and older are encouraged to get vaccinated. Chicagoans should ask their healthcare provider or pharmacist about vaccine availability. Uninsured individuals and those with insurance that does not cover flu shots can obtain a voucher for a free flu shot at Walgreens[1]. The Chicago Department of Public Health has influenza vaccine available at CDPH immunization clinics[2].

Are severe cases of influenza occurring?
No influenza-associated ICU hospitalizations were reported for week 4 (January 22-28, 2012). Since October 2011, one influenza-associated ICU hospitalization has been reported. Suspected novel influenza, pediatric influenza-associated deaths, and influenza-associated ICU hospitalizations should all be reported to CDPH via INEDSS[3]. Outbreaks of influenza-like illness in a congregate setting are also reportable; in Chicago these reports can be made by phone to (312) 746-5911.

How much influenza-like illness is occurring?
For the week of January 22-28, 2012, with 17 hospitals reporting, 3.2% of emergency room visits were due to ILI (i.e., fever of 100°F or greater, with cough or sore throat). This is six percentage points lower than levels reported during the same surveillance week in 2011 (Figure 1). From January 22-28, 2012, with 16 outpatient clinics reporting, 2.2% of outpatient clinic visits were due to ILI. This is nearly two percentage points lower than levels reported during the same surveillance week in 2011 (Figure 2).

Which influenza strains are circulating?
Data on influenza virus test results are reported by Chicago laboratories performing influenza subtyping. For the week of January 22-28, 2012, with 6 laboratories reporting, 1 of 223 specimens tested for influenza was positive, subtyped as human influenza A (H1N1). Since October 2011, 16 out of 2,642 (<1%) specimens tested for influenza have been positive, with 13 typed as influenza A (8 H3N2, 2 H1N1, and 3 not subtyped) and 3 typed as influenza B.

Where can I get more information?
The Centers for Disease Control and Prevention's FluView[4] report provides national updates and trends related to the intensity of influenza activity across the United States, as well as detailed information on antiviral resistance, severity of illness, and other topics. Updates specific to Illinois[5] and Suburban Cook County[6] are also available online.

Figure 1. Weekly reported percent of <u>emergency department</u> visits attributed to influenza-like illness, Chicago, by week, for current season (2011-2012) and previous two seasons, October-May.
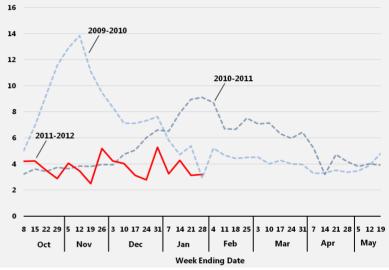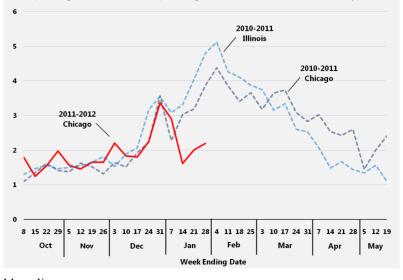

Figure 2. Weekly reported percent of <u>outpatient</u> clinic visits attributed to influenza-like illness, Chicago, by week, for current season (2011-2012) and previous season (Chicago and Illinois), October-May.