What is the risk?
The risk of influenza infection in Chicago continues to rise. Nationally, influenza-like illness (ILI) activity remains highest in the southeast and is unlikely to have reached its peak. Locally, influenza A strains continue to predominate, with both the H3N2 and 2009 H1N1 subtypes being reported. The H3N2 strain accounts for 70% of subtyped influenza A viruses reported for week 1 of 2011 in Chicago. A slight increase in influenza B strains has also been identified. The viruses identified here are similar to the viruses chosen for the 2010-2011 flu vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir. Healthcare providers are reminded to consider influenza infection in the differential diagnosis of persons hospitalized with acute respiratory illness, and Chicagoans aged six months and older are encouraged to get vaccinated. Vaccine is available in doctor’s offices, retail pharmacies, CDPH Neighborhood Health Centers, and immunization walk-in clinics. A list of CDPH clinics is available on the City of Chicago website¹ and by calling 311.

Are severe cases of influenza occurring?
Since the beginning of the influenza reporting season (October 2010), a total of 11 influenza-associated intensive care unit hospitalizations of Chicago residents have been reported to CDPH. Of these, one occurred in a patient whose influenza-positive specimen was collected during surveillance week 1 (January 2-8, 2011). Cases meeting the current influenza reporting requirements² should be reported to CDPH via INEDSS³.

How much influenza-like illness is occurring?
For the week of January 2-8, 2011, with 17 hospitals reporting, 7.6% of emergency room visits were due to ILI (i.e., fever of 100°F or greater, with cough or sore throat). This represents the seventh consecutive week that an increase has been noted and is higher than levels reported during the same surveillance week in 2010 (Figure 1). With 5 Chicago ILINet outpatient clinics reporting, 2.2% of doctor’s office visits were due to ILI. CDC uses data collected by ILINet to produce a measure of ILI activity by state (Figure 2). Click on the map for more information on each state’s activity levels.

Which influenza strains are circulating?
With 7 laboratories reporting, 34 (8.6%) of 395 specimens tested were positive for influenza in week 1. Among 29 specimens that tested positive for influenza A, 19 were subtyped as H3N2, 8 were subtyped as 2009 H1N1, 2 were not subtyped. Five specimens tested positive for influenza B.

Where can I get more information?
The Centers for Disease Control and Prevention’s FluView⁴ 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 Illinois⁵ and Suburban Cook County⁶ are also available online.


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Figure 1. Weekly reported percent of emergency department visits attributed to influenza-like illness, Chicago, by week, for current season (2010-2011) and previous season, October-May.

Figure 2. Influenza-like illness (ILI) activity⁷ level by state, determined using the proportion of doctor’s office visits due to ILI as reported through ILINet, January 2-8, 2011.

* activity levels are compared to the average percent of ILI visits during the spring and fall weeks when little or no influenza virus circulation is occurring. Minimal activity corresponds to ILI activity below the average and high activity corresponds to ILI activity much higher than the average. Data is preliminary and may change as more data is received.