What is the risk?
Currently, the risk of influenza infection in the Chicago area is low. Since October 2011, 19,000 specimens have been tested for influenza at collaborating laboratories across the U.S with 1.2% being positive. Eighty-four percent of positive specimens have been influenza A (33% subtyped as H3, 1% as H1N1 and 66% not subtyped). All of the influenza A viruses that CDC has characterized to date are similar to components of the 2011-2012 influenza vaccine for the Northern Hemisphere. However, it is too early in the influenza season to determine how well the seasonal vaccine strains and circulating strains will match. Since July 2011, CDC has reported 11 cases of a novel swine-origin H3N2 influenza virus with higher human-to-human transmission than previously seen with swine virus. No new cases were reported by CDC during this surveillance week. CDPH continues to closely monitor this situation. 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 Walgreens1. The Chicago Department of Public Health has influenza vaccine available at CDPH immunization clinics².

Are severe cases of influenza occurring?
No influenza-associated ICU hospitalizations were reported for week 49 (December 4-10, 2011). Suspected novel influenza, pediatric influenza-associated deaths, and influenza-associated ICU hospitalizations should all be reported to CDPH via INEDSS³. 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. To date, no cases meeting the reporting criteria have been reported to CDPH.

How much influenza-like illness is occurring?
For the week of December 4-10, 2011, with 18 hospitals reporting, 4.0% of emergency room visits were due to ILI (i.e., fever of 100°F or greater, with cough or sore throat). This is a percentage point decrease from the peak reported so far this season (Figure 1). Several outpatient clinics throughout Chicago participate in the Influenza-like Illness Network (ILINet) by reporting the percentage of clinic visits due to ILI. From December 4-10, 2011, with 16 outpatient clinics reporting, 2.0% of outpatient clinic visits were due to ILI. This is similar to levels reported during the same surveillance week in 2010 (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 December 4-10, 2011, with 5 laboratories reporting, none of the 127 specimens tested for influenza were positive. Since October 2011, 3 out of 1,287 specimens tested for influenza were positive, with 2 typed as influenza A (1 H3 and 1 not subtyped) and 1 typed as 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.

---