



Chicago Flu Update



City of Chicago
Rahm Emanuel, Mayor

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Chicago Department of Public Health
Bechara Choucair, MD, Commissioner

What is the risk?

Currently, the risk of influenza infection is low. Vaccination is the best way to protect against 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. For those without a healthcare provider or whose healthcare providers do not have the influenza vaccine, a schedule of [City of Chicago influenza vaccine clinics](#)¹ is available on the City website and by calling 311. To locate the closest City of Chicago clinic or retail pharmacy, go to www.chicagoflushots.org²

Are severe cases of influenza occurring?

The Illinois Department of Public Health (IDPH) has issued [influenza testing and reporting guidance](#)³. Suspected novel and variant influenza, pediatric influenza-associated deaths, influenza-associated ICU hospitalizations and outbreaks of influenza-like illness in a congregate setting should all be reported to CDPH via [I-NEDSS](#)⁴. For the week of October 27-November 2, 2013, no influenza-associated ICU hospitalizations were reported.

How much influenza-like illness is occurring?

CDPH receives data from over 50 surveillance sites across Chicago, which report the total number of patient visits seen weekly, and of those visits, the number with influenza-like illness (ILI) (i.e., fever of 100°F or greater, with cough or sore throat). All hospitals in Chicago that provide emergent care are required to report on a weekly basis the total number of emergency department visits, and of those visits, the number with ILI. For the week of October 27-November 2, 2013 (week 44), with 15 hospitals reporting, 1.9% of emergency department visits were due to ILI. Currently, ILI activity is lower than levels seen during the same period of the past three influenza seasons (**Figure 1**).

ESSENCE is an electronic syndromic surveillance system that utilizes emergency department chief complaint data submitted daily by participating Chicago hospitals. ILI activity is determined solely based on the patient's chief complaint and does not take into account the entire medical record, as the ILI activity reported in Figure 1 does.

Currently, 10 Chicago hospitals submit data to **ESSENCE**. **Figure 2** shows the percent of the total emergency department visits due to ILI for pediatric patients (2.6%) and adult patients (1.3%) for the week of October 27-November 2, 2013 plus the ILI activity by age group for the previous season.

Figure 1. Percent of emergency department visits attributed to influenza-like illness based on manual reporting as determined by individual hospitals, Chicago, by week, for current season (2013-2014) and previous three seasons, October-May.

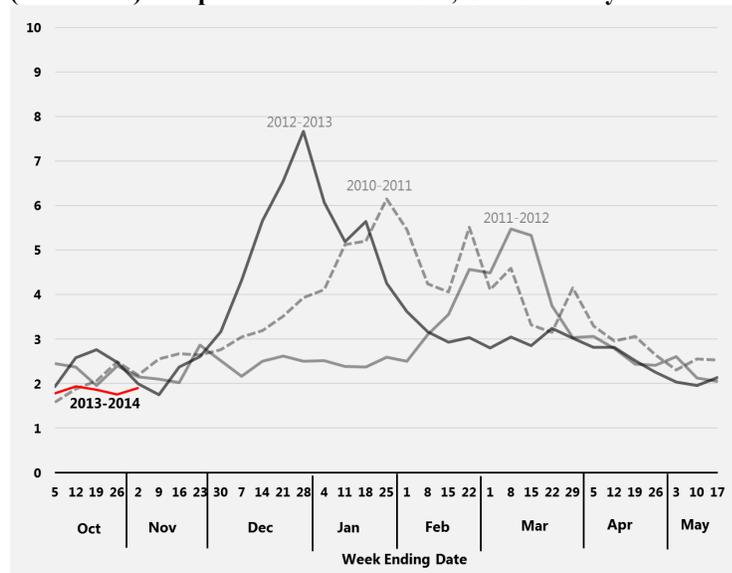
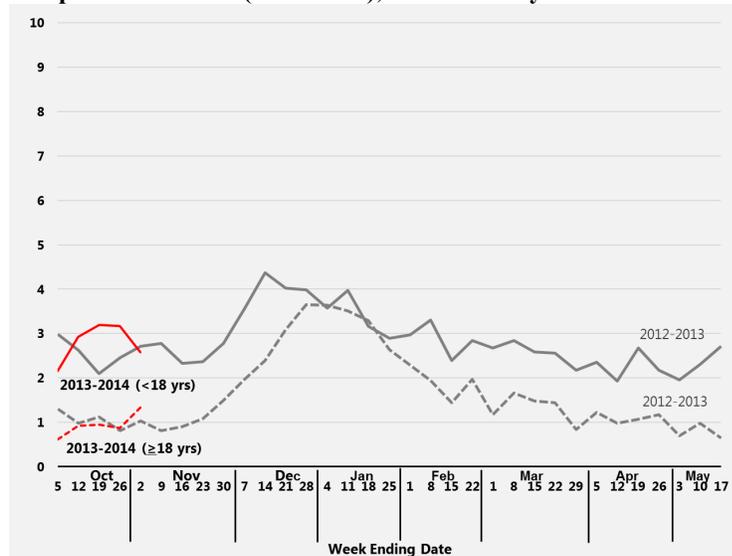


Figure 2. Percent of emergency department visits attributed to influenza-like illness based on chief complaint data submitted to ESSENCE, Chicago, by week, for current season (2013-2014) and previous season (2012-2013), October-May.



¹ http://www.cityofchicago.org/city/en/depts/cdph/provdrs/flu/svcs/cdph_flu_shot_sitesacrosschicago.html; ² <http://chicagoflushots.org>; ³ http://www.idph.state.il.us/flu/Influenza_Annual_Testing_and_Reporting_Memo_09252013.pdf; ⁴ <https://dph.partner.illinois.gov/>

Several outpatient clinics and hospital emergency departments throughout Chicago participate in CDC's Influenza-like Illness Surveillance Network (ILINet) by reporting on the number of patients with ILI seen weekly. From October 27-November 2, 2013, with 45 facilities reporting, 3.0% of outpatient visits were due to influenza-like illness (Figure 3).

Which influenza strains are circulating?

Data on influenza virus test results are reported by Chicago laboratories performing influenza subtyping. For the week of October 27-November 2, 2013, with 6 laboratories reporting, 1 of the 355 (<1%) specimens tested for influenza was positive for influenza A (H1N1).

Table 1 shows the total number of specimens tested for influenza (and other respiratory viruses) so far this season and the number positive compared to the same time period last season.

Where can I get more information?

The Centers for Disease Control and Prevention's [FluView](#)⁵ 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](#)⁶ and [Suburban Cook County](#)⁷ are also available online. Current and archived issues of the *Chicago Flu Update* can be found on the CDPH website section [Current Flu Situation in Chicago](#)⁸. The Metropolitan Chicago Healthcare Council (MCHC) and CDPH recently released "[Stop the Spread: A Health Care Guide to Influenza Preparedness](#)"⁹. This report provides an overview of influenza, its impact on public health and how hospitals can prepare for, mitigate the impact of and respond to influenza infections and outbreaks.

Figure 3. Percent of medically attended visits attributed to influenza-like illness as reported by ILINet facilities, Chicago, by week, for current season (2013-2014) and previous three influenza seasons, October-May.

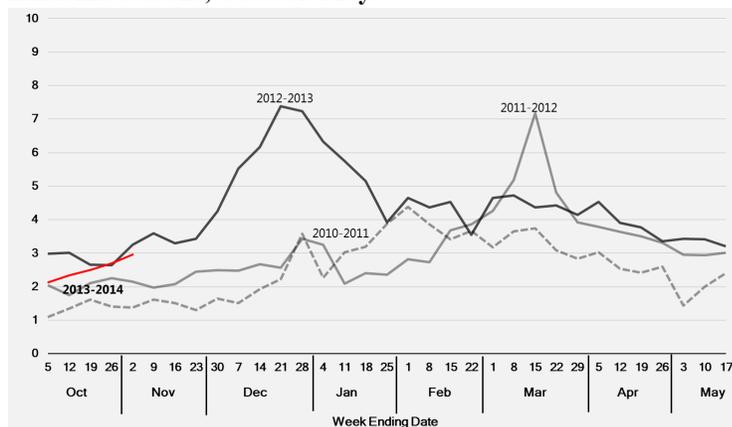


Table 1. Influenza testing results and ICU hospitalizations reported for surveillance weeks 40 through 44 by season, Chicago.

Influenza Season	# Specimens Tested	# Specimens Positive	# ICU Hospitalizations
2012-2013	1,003	9	0
2013-2014	1,491	6	0
%			
Change	+49%	-33%	NA

National Snapshot (October 27 to November 2, 2013)

Viral Surveillance: Of 4,118 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories during week 44, 201 (4.9%) were positive for influenza.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.

Influenza-Associated Pediatric Deaths: Two influenza-associated pediatric deaths that occurred during the 2012-2013 season were reported.

Outpatient Influenza Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 1.4%, below the national baseline of 2.0%. All 10 regions reported ILI below region-specific baseline levels. One state experienced moderate ILI activity, three states experienced low ILI activity, 46 states and New York City experienced minimal ILI activity and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in two states was reported as regional; Puerto Rico and 4 states reported local influenza activity; the District of Columbia, Guam and 34 states reported sporadic influenza activity; 10 states reported no influenza activity, and the U.S. Virgin Islands did not report.

⁵<http://www.cdc.gov/flu/weekly/index.htm>; ⁶<http://www.idph.state.il.us/flu/surveillance.htm>; ⁷<http://www.cookcountypublichealth.org/data-reports/#Influenza>; ⁸http://www.cityofchicago.org/city/en/depts/cdph/supp_info/influenza/current_flu_situationinchicago2011.html; ⁹http://www.mchc.com/EWEB/upload/MCHC_Influenza_2013.pdf