Influenza Activity
Chicagoans remain at risk for influenza infections. Although influenza activity continues to decrease, data from all surveillance systems presented in this report suggest ongoing transmission of influenza virus in Chicago. Vaccination is the best way to protect against influenza infection and all Chicagoans aged six months and older are encouraged to get vaccinated. People who have not already gotten a flu vaccine this season should do so now. Healthcare providers and retail pharmacies continue to have vaccine available. For those without healthcare providers or insurance, a complete list of CDPH Immunization clinics is available on the City website and by calling 311.

Are severe cases of influenza occurring?
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 INEDSS. For the week of January 20-26, 2013 (week 4), 7 influenza-associated ICU hospitalizations were reported; 5 were positive for influenza A (not subtyped) and 2 was positive for influenza B. This is the lowest number of cases reported in a week since mid-December.

Since September 30, 2012, 159 influenza-associated ICU hospitalizations have been reported (Figure 1). Among the total ICU hospitalizations reported, 153 (96%) were positive for influenza A (69 H3N2, 6 H1N1, and 78 not subtyped) and 6 were positive for influenza B. Ninety-three (58%) were female, 61 (38%) were African-American, and 120 (75%) were 50 years of age or older (median age of 64 years with a range between 8 months-96 years). Sixty-three (40%) had lung disease, 60 (38%) had cardiac disease and 36 (23%) required ventilator support. Thirteen deaths were reported including one under 18 years of age. All were positive for influenza A (46% subtyped as H3N2), twelve (92%) were 50 years of age or older, 62% were female, 62% were NH-White, and 54% had cardiac disease.

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 per week, 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 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 January 20-26, 2013, with 15 hospitals reporting, 4.7% of emergency department visits were due to ILI. This is nearly three percentage points lower than the highest level reported so far this season, however levels remain nearly twice where they were during the same week last season (Figure 2).

ESSENCE is an electronic syndromic surveillance system that utilizes emergency department chief complaint data submitted daily by participating Chicago hospitals. ILI activity is determined by an algorithm 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, 9 Chicago hospitals submit data to ESSENCE. Figure 3 shows the percent of the total emergency department visits due to ILI for pediatric patients (2.9%) and adult patients (2.6%) for the week of January 20-26, 2013 plus the ILI activity by age group for the previous season. This is the third consecutive week that both pediatric and adult ILI levels have decreased.

Several outpatient clinics and two large outpatient clinic networks located in Chicago participate in CDC’s Influenza-like Illness Surveillance Network (ILINet) by reporting on the number of patients with ILI seen weekly. From January 20-26, 2013, with 34 outpatient clinics reporting, 3.9% of doctor’s office visits were due to influenza-like illness. This is the lowest level reported since late-November, yet remains higher than levels seen for the same week during the past two influenza seasons (Figure 4).

**Which influenza strains are circulating?**

Data on influenza virus test results are reported by Chicago laboratories performing influenza subtyping. For the week of January 20-26, 2013, with 7 laboratories reporting, 53 of the 621 (8.5%) specimens tested for influenza were positive. Among the positive specimens, 49 were typed as influenza A (22 H3N2, 7 H1N1, and 20 were not subtyped) and 4 typed as influenza B (Figure 5). Since September 2012, 1,302 of 7,709 (17%) specimens tested for influenza have been positive; 1,262 typed as influenza A (1,014 H3N2, 78 H1N1, and 170 not subtyped) and 40 typed as influenza B.

**Where can I get more information?**

The Centers for Disease Control and Prevention’s FluView 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 and Suburban Cook County 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.

**National Snapshot (January 20-26, 2013)**

**Viral Surveillance:** Of 10,581 specimens tested and reported by collaborating laboratories, 2,701 (25.5%) were positive for influenza.

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

**Influenza-associated Pediatric Deaths:** Eight pediatric deaths were reported.

**Influenza-Associated Hospitalizations:** A cumulative rate for the season of 25.9 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported. Of all hospitalizations, more than 50% were among adults 65 years and older.

**Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 4.2%; this is above the national baseline of 2.2%. All 10 regions reported ILI above region-specific baseline levels. Twenty-four states and New York City experienced high ILI activity; the District of Columbia and 13 states experienced moderate activity; 4 states experienced low activity; and 9 states experienced minimal activity.

**Geographic Spread of Influenza:** Forty-two states reported widespread geographic influenza activity; 7 states reported regional activity; the District of Columbia and one state reported sporadic influenza activity, and Puerto Rico and the U.S. Virgin Islands did not report.

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Report is preliminary and may change as additional data is received.