

Chicago Flu Update



Rahm Emanuel, Mayor

February 15. 2013

Chicago Department of Publ Bechara Choucair, MD, Commissione

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?

associated deaths, influenza-associated ICU hospitalizations and outbreaks of influenza-like illness in a congregate setting should all be reported to CDPH via INEDSS². For the week of February 3-9, 2013 (week 6), 1 influenzaassociated ICU hospitalization was reported; typed as influenza A (H3N2). This is the lowest number of cases reported in a week since early November.

Since September 30, 2012, 168 influenza-associated ICU **hospitalizations** have been reported (**Figure 1**). Among the total ICU hospitalizations reported, 162 (96%) were positive for influenza A (71 H3N2, 6 H1N1, and 85 not subtyped) and 6 were positive for influenza B. Onehundred (60%) were female, 62 (37%) were African-American, and 126 (75%) were 50 years of age or older (median age of 64 years with a range between 8 months-97 years). Sixty-seven (40%) had lung disease, 63 (38%) had cardiac disease and 39 (23%) required ventilator support. Fifteen deaths were reported including one under 18 years of age. All were positive for influenza A (47% subtyped as individual hospitals, Chicago, by week, for current season (2012-H3N2 and 53% were not subtyped), fourteen (93%) were 50 years of age or older, 67% were female, 60% were NH-White, and 53% 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 February 3-9, 2013, with 17 hospitals reporting, 3.1% of emergency department visits were due to ILI. This is less than half the peak level reached in December and is at the same level seen for the same week last season (Figure 2).

Figure 1. Number of influenza-associated intensive care unit Suspected novel and variant influenza, pediatric influenza- hospitalizations reported for Chicago residents, for current season (2012-2013) and previous season (2011-2012), October-May.

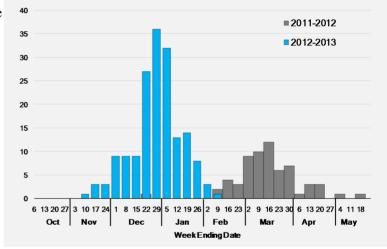
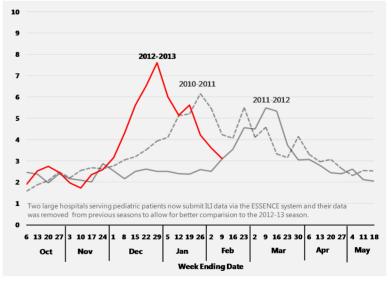


Figure 2. Percent of emergency department visits attributed to influenza-like illness based on manual reporting as determined by



ESSENCE is an electronic syndromic surveillance system that utilizes emergency department chief complaint data submitted daily by participating Chicago hospitals. 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 (3.3%) and adult patients (2.0%) for the week of February 3-9, 2013 plus the ILI activity by age group for the previous season. This is the fifth consecutive week that adult ILI levels have decreased and pediatric ILI levels are at similar levels seen for the same week last season.

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 February 3-9, 2013, with 35 outpatient clinics reporting, 4.4% of doctor's office vis- Figure 3. Percent of emergency department visits attributed its were due to influenza-like illness. This is three percentage points lower than the peak reported in late December, 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 February 3-9, 2013, with 7 laboratories reporting. 24 of the 512 (4.7%) specimens tested for influenza were positive. Among the positive specimens, 15 were typed as influenza A (9 H3N2, 4 2009 H1N1, and 2 were not subtyped) and 9 typed as influenza B (Figure 5). Since September 2012, 1,362 of 8,775 (15.5%) specimens tested for influenza have been positive; 1,308 typed as influenza A (1,036 H3N2, 86 2009 H1N1, and 186 not subtyped) and 54 typed as influenza B.

Where can I get more information?

The Centers for Disease Control and Prevention's FluView³ 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 Figure 4. Percent of outpatient visits attributed to influenzatopics. Updates specific to Illinois⁴ and Suburban Cook County⁵ 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 Chicago⁶.

National Snapshot (February 3-9, 2013)

Viral Surveillance: Of 7,608 specimens tested and reported by collaborating laboratories, 1,499 (19.7%) were positive for influ-

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

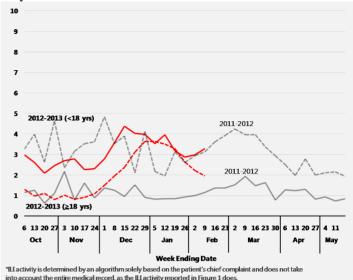
Influenza-associated Pediatric Deaths: Five pediatric deaths were reported.

Influenza-Associated Hospitalizations: A cumulative rate for the season of 32.1 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported. Of reported hospitalizations, more than 50% were among adults 65 years and serving Chicago hospitals, for the current season (2012-2013) older.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 3.2%. This is above the national baseline of 2.2%. All 10 regions reported ILI above region-specific baseline levels. Eleven states and New York City experienced high ILI activity; 10 states experienced moderate activity; the District of Columbia and 13 states experienced low activity, and 16 states experienced minimal activity.

Geographic Spread of Influenza: Thirty-one states reported widespread influenza activity; Puerto Rico and 14 states reported regional influenza activity; the District of Columbia and 4 states reported local influenza activity; Guam and one state reported sporadic influenza activity, and the U.S. Virgin Islands did not report.

to influenza-like illness* based on chief complaint data submitted to ESSENCE, Chicago, by week, for current season (2012-2013) and previous season (2011-2012), October-Mav.



like illness, Chicago, by week, for current season (2012-2013) and previous two seasons, October-May.

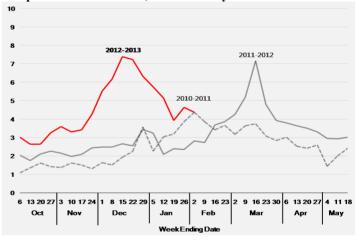


Figure 5. Percent of specimens testing positive (by RT-PCR) for influenza by subtype as reported by local laboratories October-May.

