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 clinics¹ 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 INEDSS². For the week of February 3-9, 2013 (week 6), 1 influenza-associated 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. One-hundred (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 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).

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.


Report is preliminary and may change as additional data is received
with 35 outpatient clinics reporting, 4.4% of doctor’s office visits 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 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 (February 3-9, 2013)
Viral Surveillance: Of 7,608 specimens tested and reported by collaborating laboratories, 1,499 (19.7%) 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: 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 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.