What is the risk?
Currently, the risk of influenza infection in Chicago has decreased slightly. Half the number of influenza-associated hospitalizations were reported this week compared to the previous week and other influenza surveillance indicators have also decreased. The number of positive influenza specimens and the number of influenza-associated ICU hospitalizations reported to CDPH continues to remain substantially lower compared to the same time period last season (Table 1). 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 Walgreens. The Chicago Department of Public Health has influenza vaccine available at CDPH immunization clinics.

Are severe cases of influenza occurring?
Six influenza-associated ICU hospitalizations were reported for week 12 (March 18-24, 2012). Since October 2011, 47 influenza-associated ICU hospitalizations have been reported. Among all hospitalized ICU cases, 49% had influenza A, 51% had influenza B, and 53% were ≥50 years (median: 55 years, range: 4 months-96 years); 40% had underlying lung disease (including asthma) and 21% required ventilator support. There is a slight difference in influenza type by age group: 60% of those <18 years had influenza B compared to 48% of those aged ≥50 years. One death was reported. Suspected novel influenza, pediatric influenza-associated deaths, and influenza-associated ICU hospitalizations should all be reported to CDPH via INEDSS. Outbreaks of influenza-like illness in a congregate setting are also reportable; in Chicago call (312) 746-5911.

How much influenza-like illness is occurring?
For the week of March 18-24, 2012, with 16 hospitals reporting, 7% of emergency room visits were due to ILI (i.e., fever of 100°F or greater, with cough or sore throat). This is the second week that a decrease has been noted and is one percentage point higher than levels seen during the same surveillance week in 2011 (Figure 1). From March 18-24, 2012, with 14 outpatient clinics reporting, 6.8% of outpatient clinic visits were due to ILI. This is over three percentage points lower than the previous week, but is 2.4 percentage points higher than the peak reached in 2011.

Which influenza strains are circulating?
Data on influenza virus test results are reported by Chicago laboratories performing influenza subtyping. For the week of March 18-24, 2012, with 6 laboratories reporting, 66 of 384 (17.2%) specimens tested for influenza were positive. Among the positive specimens, 27 typed as influenza A (11 H3N2, 10 H1N1, 6 unsubtyped), and 39 typed as influenza B. Since October 2011, 378 out of 5,237 (7.2%) specimens tested for influenza have been positive, with 198 typed as influenza A (90 H1N1, 72 H3N2, and 36 not subtyped) and 180 typed as influenza B (Figure 2).

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.