Chicago Department of Public Health



Chicago Flu Update



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What is the risk?

This is the first *Chicago Flu Update* for the 2012-2013 influenza season. 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 <u>City of Chicago influenza vaccine clinics</u>¹ is available on the City website and by calling 311.

Are severe cases of influenza occurring?

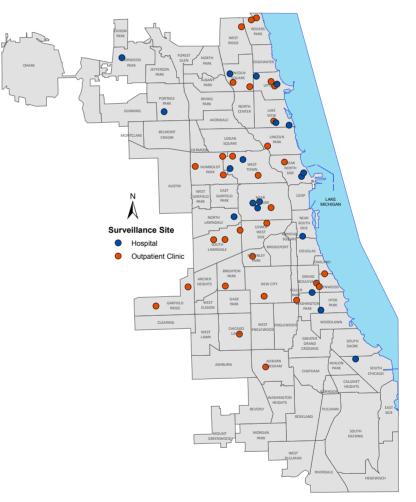
The Illinois Department of Public Health (IDPH) has issued interim influenza testing and reporting recommendations. Suspected novel and variant influenza, pediatric influenzaassociated deaths, influenza-associated ICU hospitalizations and outbreaks of influenza-like illness in a congregate setting should all be reported to CDPH via <u>INEDSS</u>². Since September 30, 2012, CDPH has not received any reports of these types of influenza cases.

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) (Figure 1).

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 7-13, 2012 (week 41), with 12 hospitals reporting, 2.2% of emergency department visits were due to ILI. **Figure 2** shows Chicago emergency department ILI activity for the current season and for the previous two seasons.

Figure 1. Geographic distribution of surveillance sites reporting influenza-like illness (ILI) data to CDPH for the 2012-2013 influenza season, Chicago



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 2 does. Currently, 10 Chicago hospitals submit data to ESSENCE. **Figure 3** shows the percent of the total emergency department visits due to ILI for pediatric patients (2.7%) and adult patients (<1%) for the week of October 7-13, 2012 plus the ILI activity by age group for the previous season. Several outpatient clinics and two large outpatient clinic networks 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 7-13, 2012, with 32 outpatient clinics reporting, 3.2% of doctor's office visits were due to influenza-like illness (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 October 7-13, 2012, with 6 laboratories reporting, none of the 202 specimens tested for influenza were positive.

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 topics. 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 (October 7-13, 2012)

Viral Surveillance: Of 3,285 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories during week 41, 129 (3.9%) were positive for influenza.

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

Influenza-associated Pediatric Deaths: One influenzaassociated pediatric death was reported and was associ- Figure 4. Percent of outpatient visits attributed to influenza-like ated with an influenza A virus for which the subtype was not determined.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 1.1%, which is below the national baseline of 2.2%. All 10 regions reported ILI below region-specific baseline levels. Forty-eight states and New York City experienced minimal ILI activity and the District of Columbia and two states had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in one state (Iowa) was reported as local: the District of Columbia and 32 states reported sporadic activity; Guam and 16 states reported no influenza activity, and Puerto Rico, the U.S. Virgin Islands, and one state did not report.

Figure 2. 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 (2012-2013) and previous two seasons, October-May.

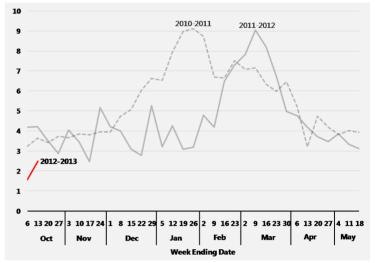
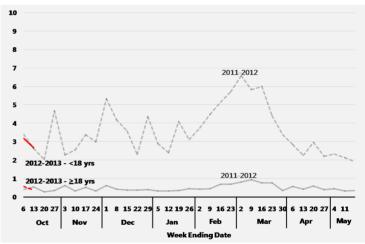
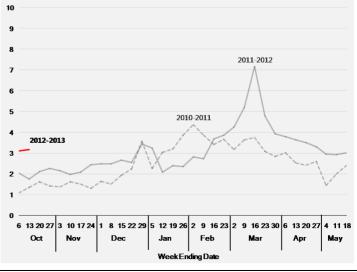


Figure 3. Percent of emergency department visits attributed to influenza-like illness based on chief complaint data submitted to ESSENCE, Chicago, by week, for current season (2012-2013) and previous season (2011-2012), October-May.



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



³http://www.cdc.gov/flu/weekly/index.htm; ⁴http://www.idph.state.il.us/flu/surveillance.htm; ⁵http://www.cookcountypublichealth.org/datareports#Influenza; http://www.cityofchicago.org/city/en/depts/cdph/supp_info/influenza/current_flu_situationinchicago2011.html