MINNESOTA DEPARTMENT OF HEALTH

Weekly Influenza & Respiratory Illness Activity Report

A summary of influenza surveillance indicators prepared by the Division of Infectious Disease Epidemiology Prevention & Control

Current: Week Ending January 9, 2016 | WEEK 1

All data are preliminary and may change as more reports are received

Summary

During the week ending January 9, 2016, (Week 1), surveillance indicators showed SPORADIC geographic spread of influenza.

Minnesota Influenza Geographic Spread*
No Activity
Sporadic
Local
Regional
Widespread

*Based on CDC's Activity Estimates Definitions: www.cdc.gov/flu/weekly/overview.htm

Minnesota Influenza Surveillance Website: www.health.state.mn.us/divs/idepc/diseases/flu/stats/
Weekly U.S. Influenza Surveillance Report: www.cdc.gov/flu/weekly/
World Health Organization (WHO) Surveillance: www.who.int/influenza/surveillance_monitoring/updates/en/

Neighboring states' influenza information:

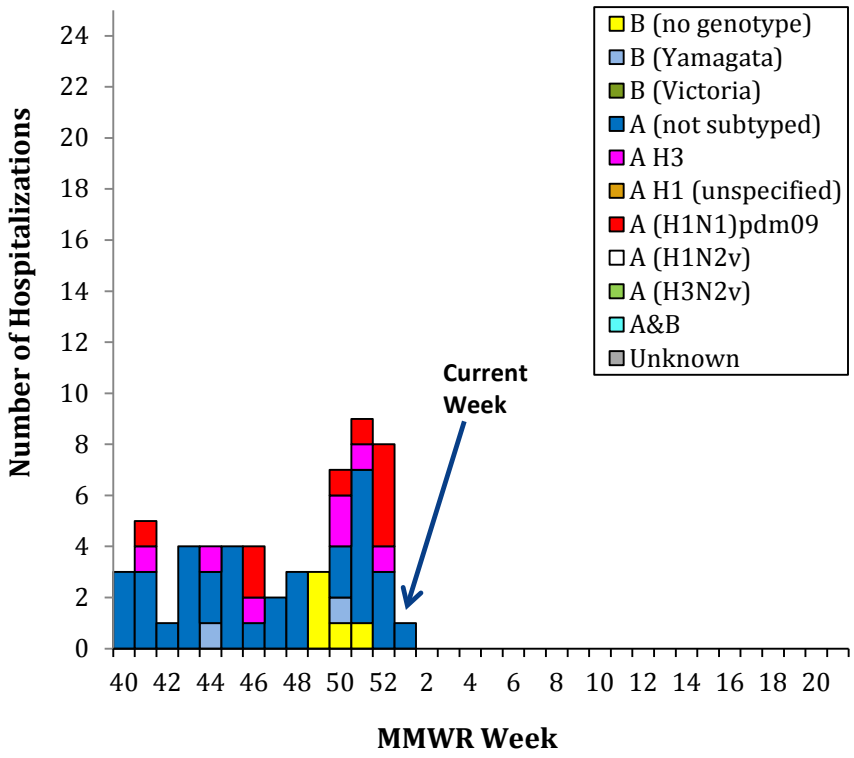
Iowa	www.idph.iowa.gov/influenza/reports
Wisconsin	www.dhs.wisconsin.gov/communicable/influenza/Reports/Surveillance.htm
North Dakota	www.ndflu.com/default.aspx
South Dakota	http://doh.sd.gov/diseases/infectious/flu/

MDH Minnesota Department of Health

Hospitalized Influenza Surveillance

Hospitalized influenza cases are based on disease reports of laboratory-positive influenza (via DFA, IFA, viral culture, EIA, rapid test, paired serological tests or RT-PCR) and specimens from hospitalized patients with acute respiratory illness submitted to MDH-PHL by hospitals and laboratories. **Due to the need to confirm reports and reporting delays, consider current week data preliminary.**

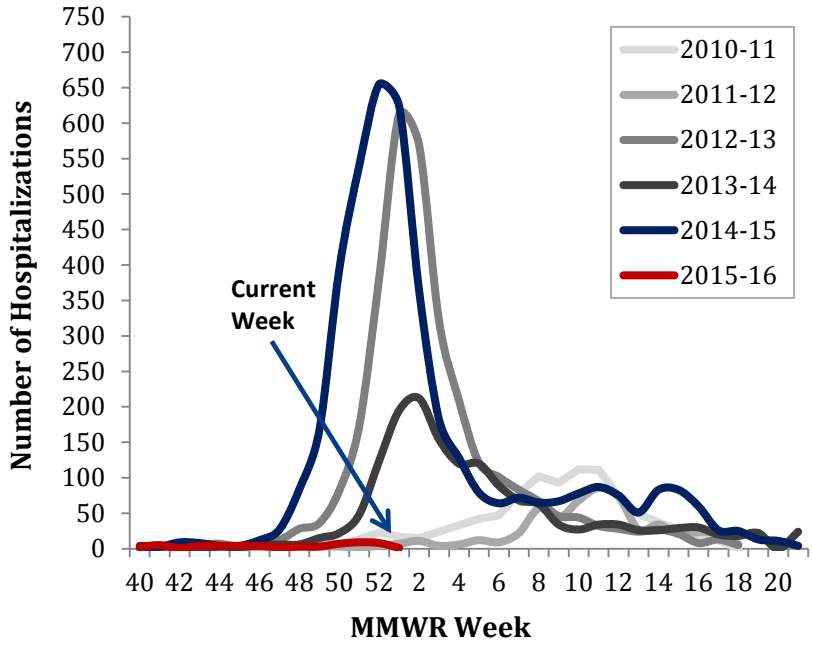
Hospitalized Influenza Cases by Type Minnesota (FluSurv-NET*)



Hospitalizations this week	Hospitalizations last week	Total (to date)
1	8	58

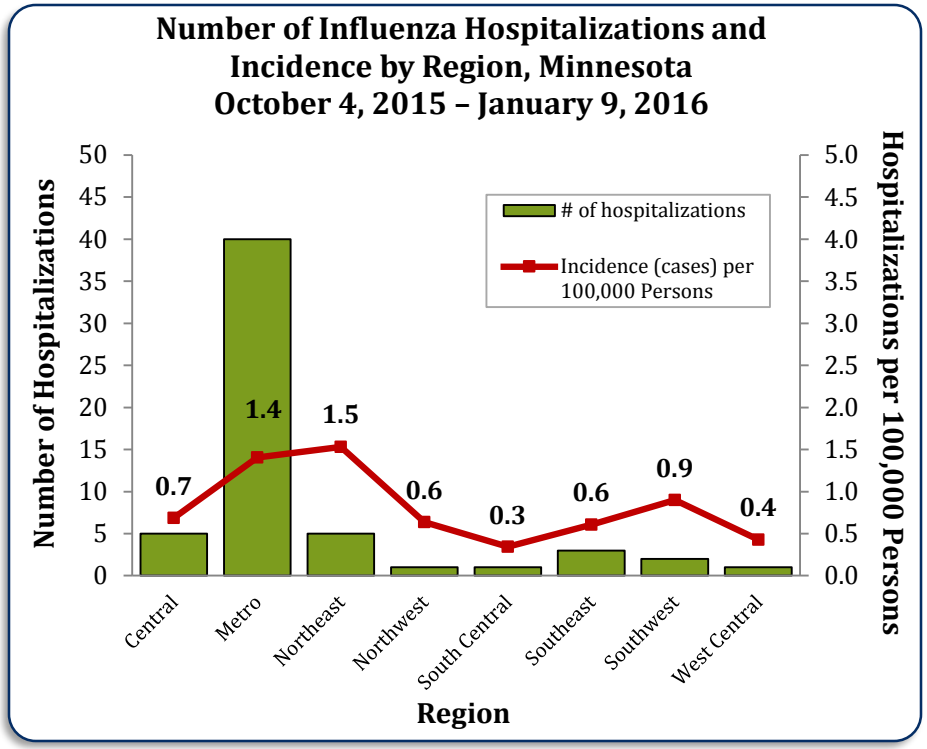
*Influenza Surveillance Network

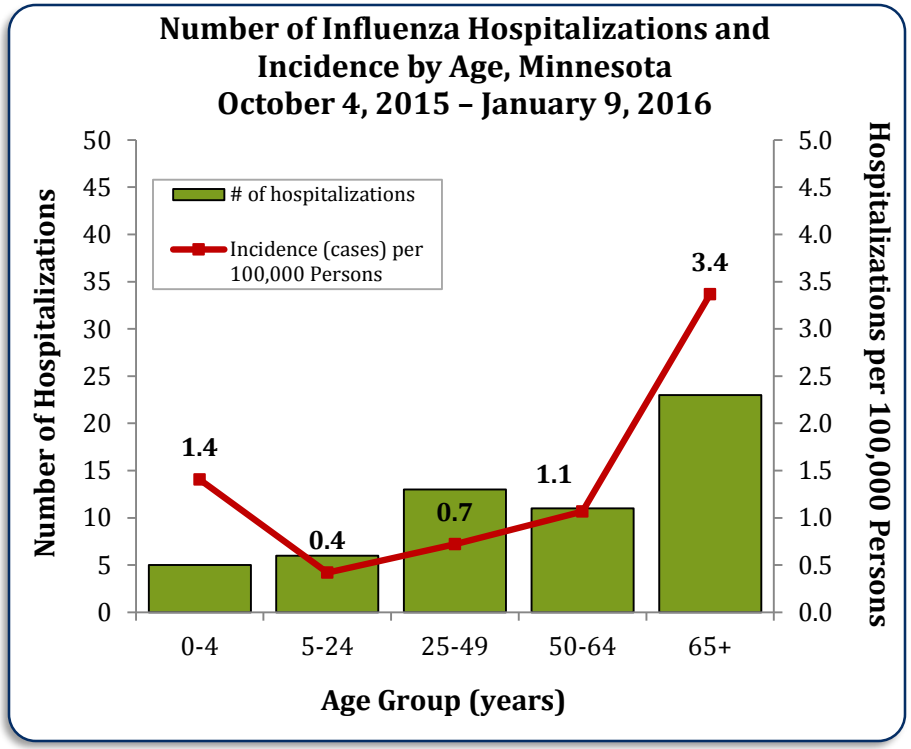
Hospitalized Influenza Cases by Season, Minnesota (FluSurv-NET*)



Season	Total Hospitalizations (historic)
2010-2011	965
2011-2012	556
2012-2013	3,068
2013-2014	1,540
2014-2015	4,153
2015-2016	**58 (to date)**

Hospitalized Influenza Surveillance – continued





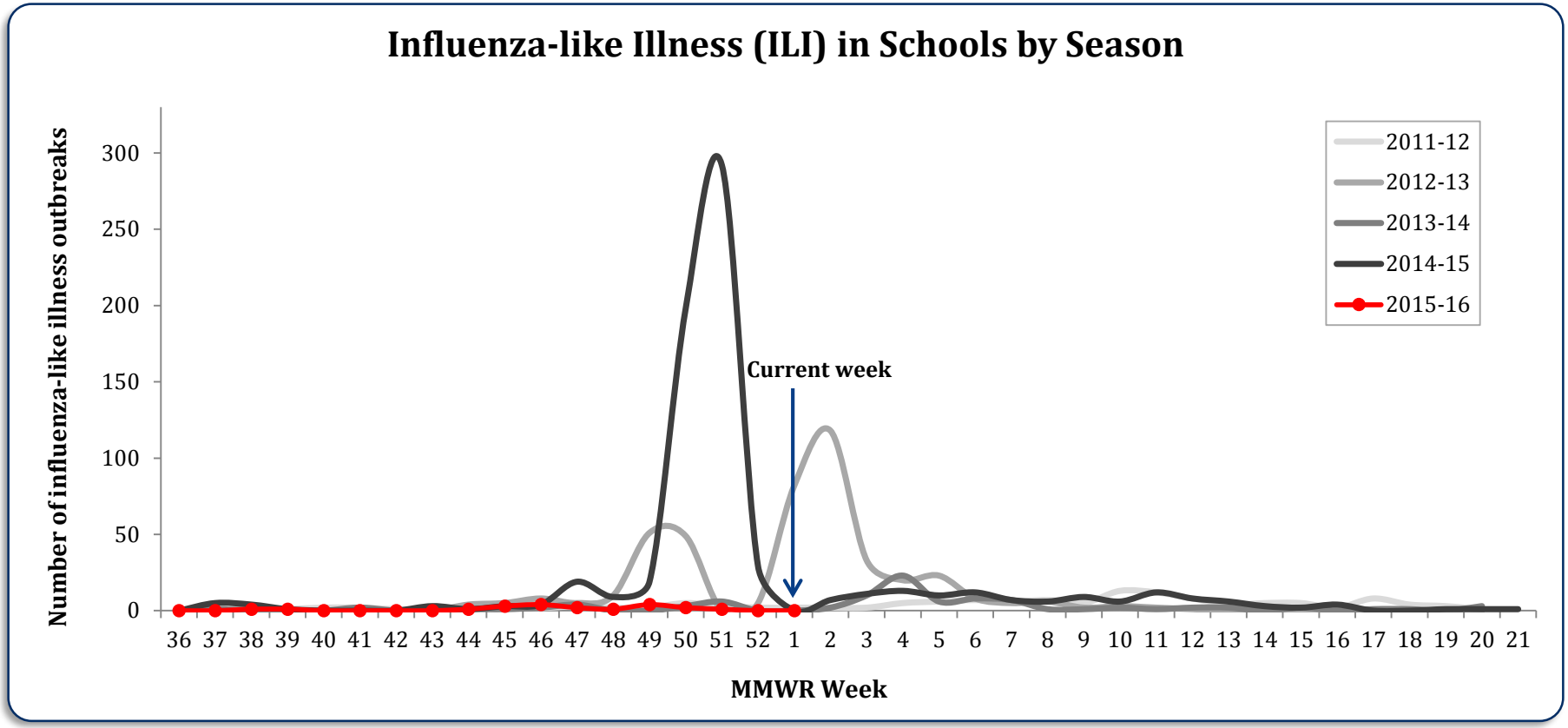
Region	Hospitalizations this week	Total (to date)
Central	0 (0%)	5 (9%)
Metro	1 (100%)	40 (69%)
Northeast	0 (0%)	5 (9%)
Northwest	0 (0%)	1 (2%)
South Central	0 (0%)	1 (2%)
Southeast	0 (0%)	3 (5%)
Southwest	0 (0%)	2 (3%)
West Central	0 (0%)	1 (2%)

Median age (years) at time of admission
58.5

Respiratory Disease Outbreak Surveillance

School Outbreaks

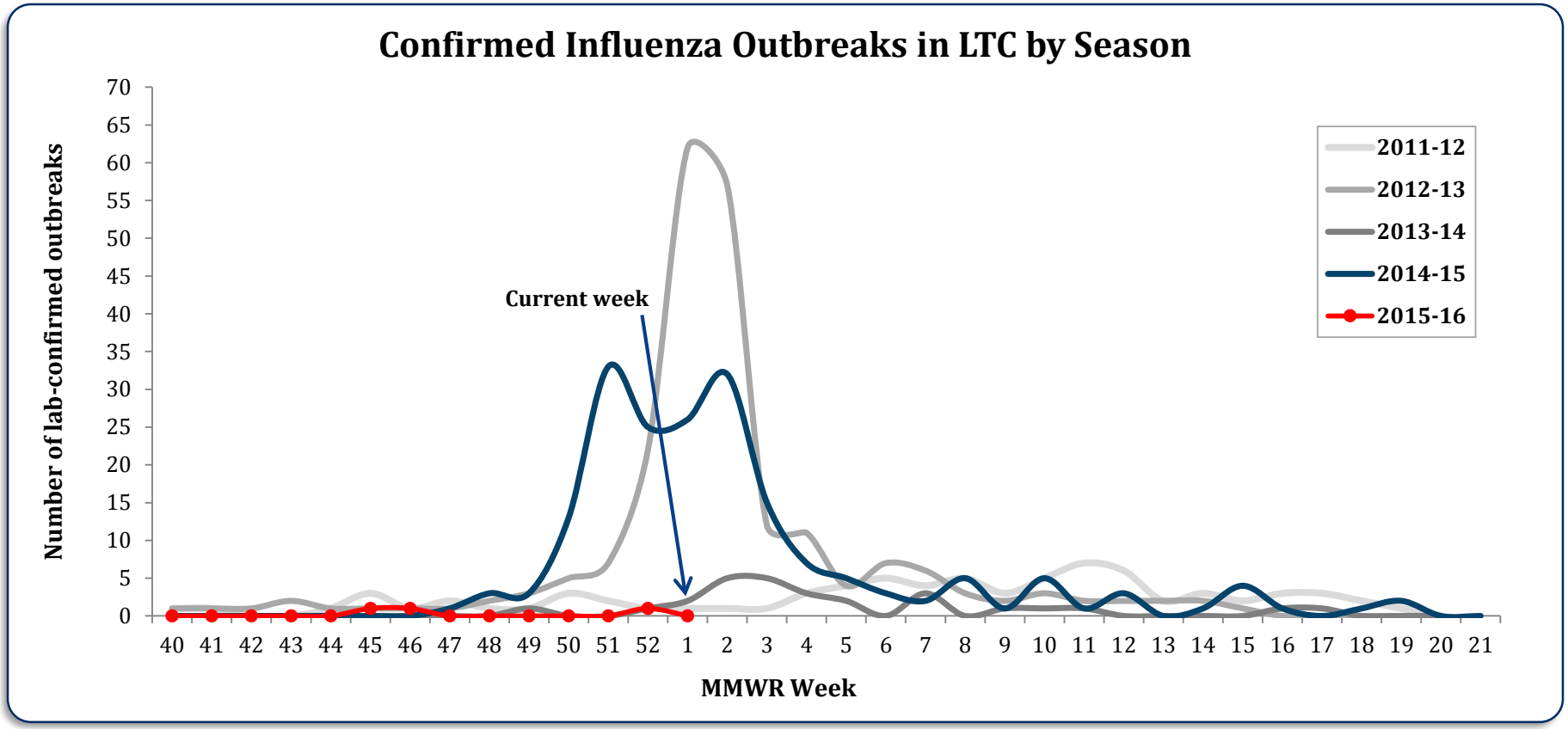
K-12 schools report an outbreak of influenza-like illness (ILI) when the number of students absent with ILI reaches 5% of total enrollment or three or more students with ILI are absent from the same elementary classroom



New school outbreaks this week	New school outbreaks last week	Total this season (to date)
0	0	20

Long-Term Care (LTC) Outbreaks

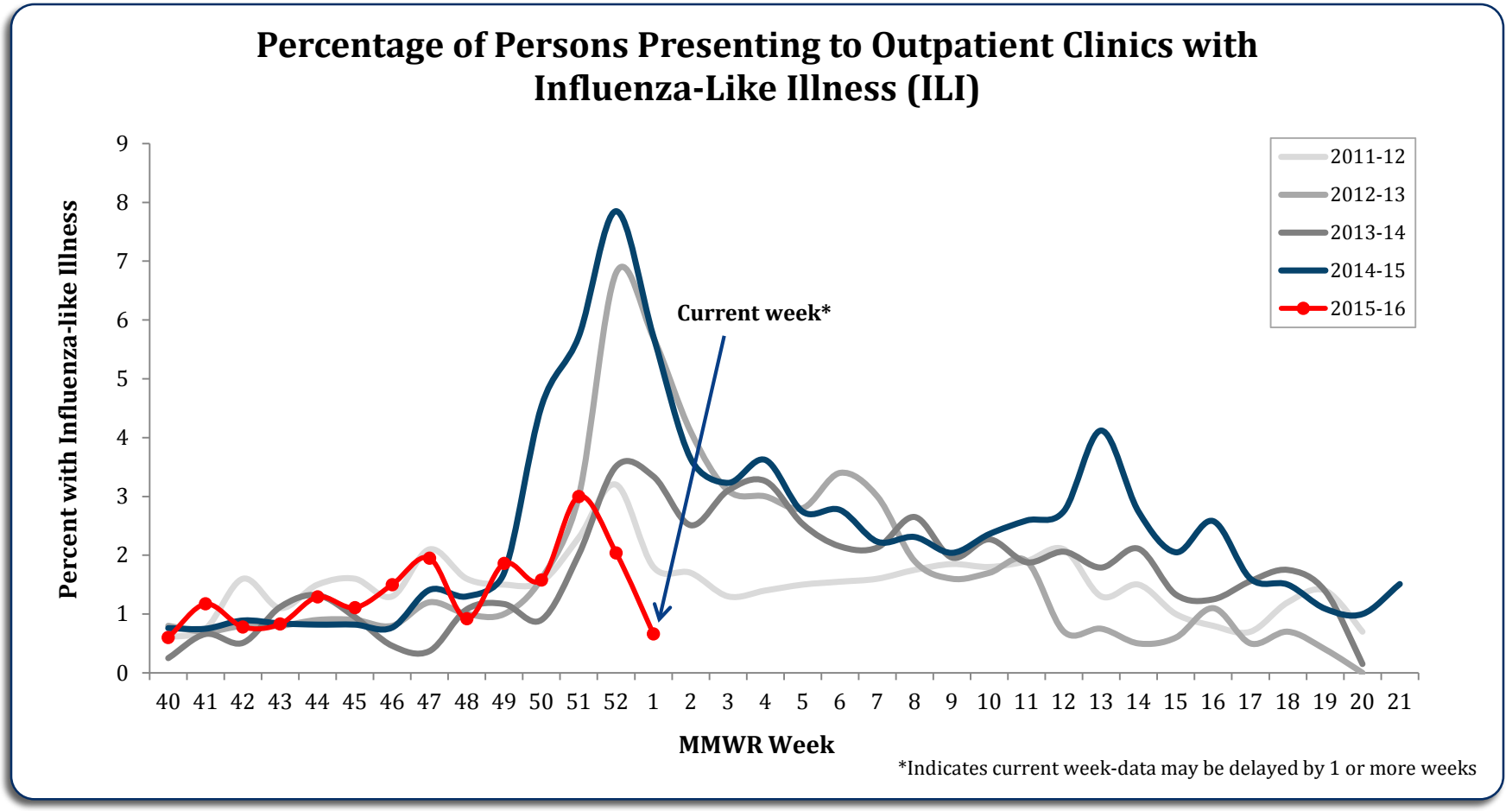
LTC facilities report to MDH when they suspect an outbreak of influenza in their facility. Laboratory-confirmed outbreaks are reported here.



New LTC outbreaks this week	New LTC outbreaks last week	Total this season (to date)
0	0	4

Sentinel Provider Surveillance (Outpatients)

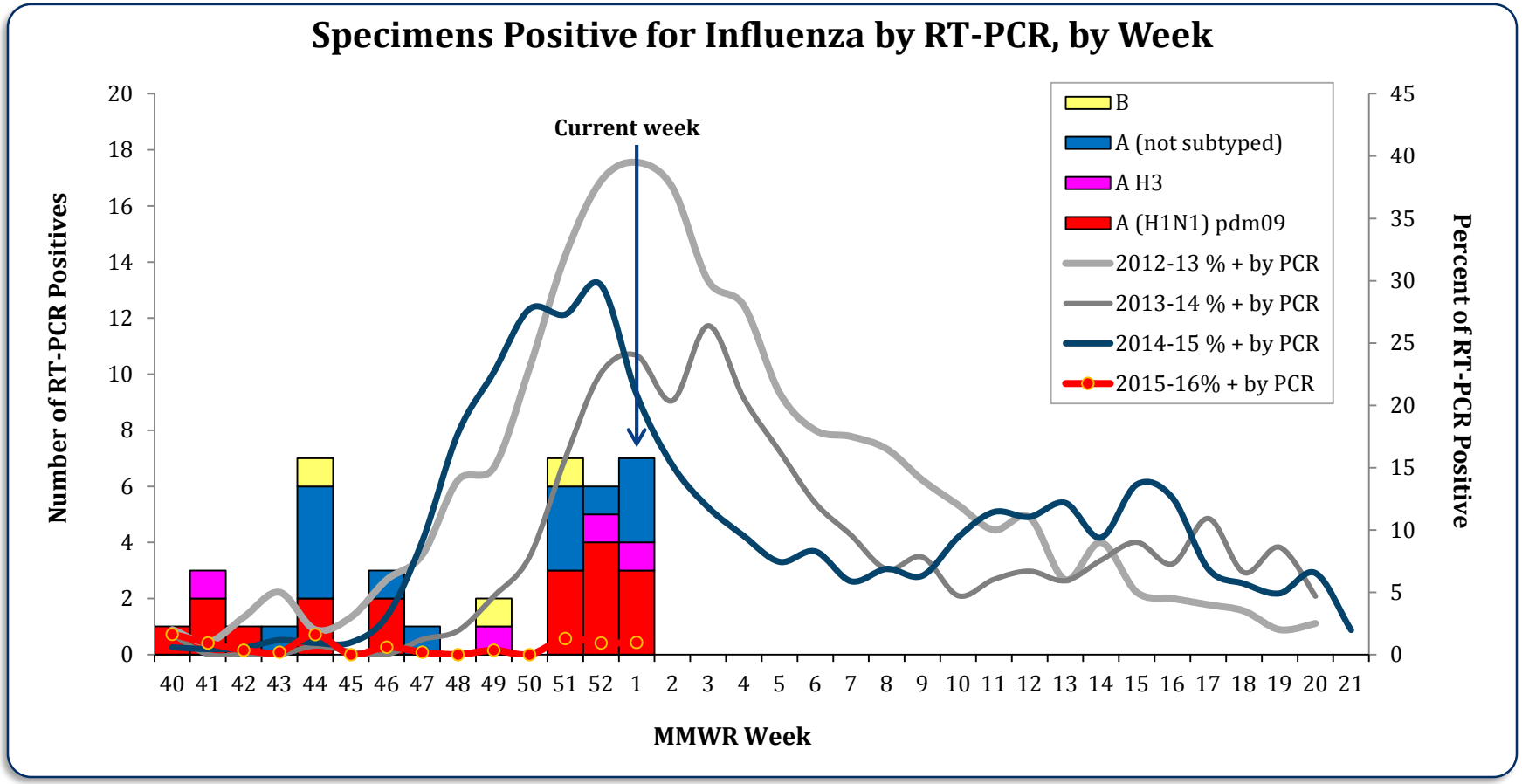
MDH collaborates with healthcare providers who report the total number of patients seen and the total number of those patients presenting to outpatient clinics with influenza-like illness.



% of outpatients with ILI this week	% of outpatients with ILI last week
0.66%	2.04%

Laboratory Surveillance

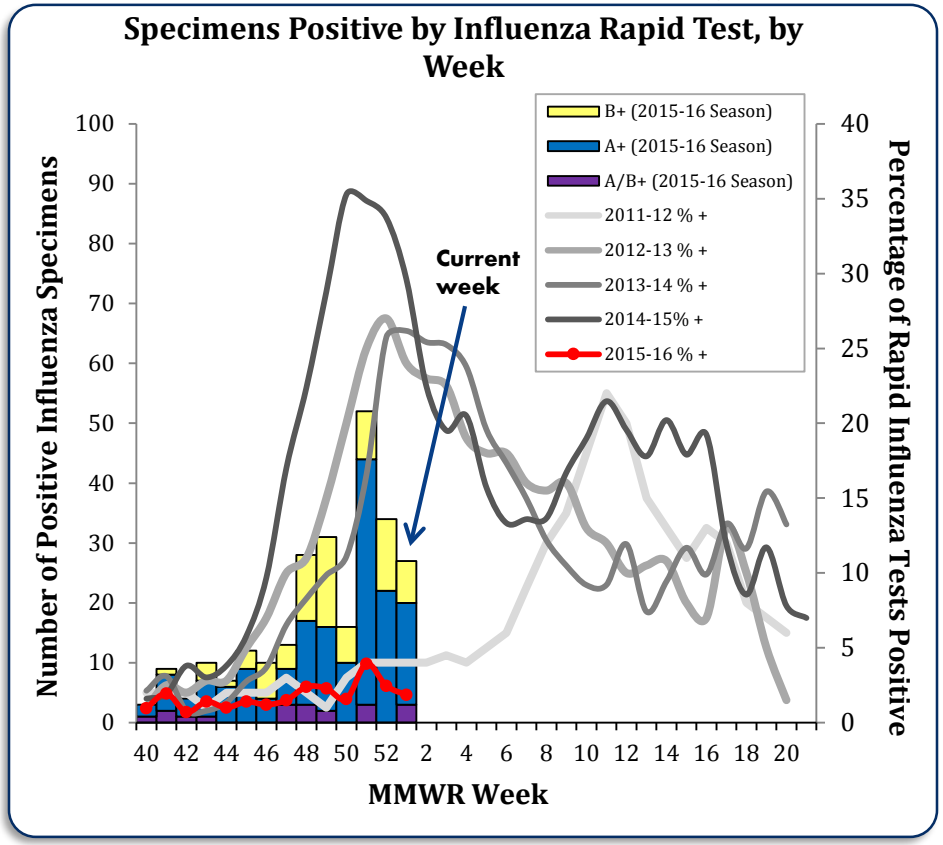
The MN Lab System (MLS) Laboratory Influenza Surveillance Program is made up of more than 310 clinic- and hospital-based laboratories, voluntarily submitting testing data weekly. These laboratories perform rapid testing for influenza and Respiratory Syncytial Virus (RSV). Significantly fewer labs perform PCR testing for influenza and three also perform PCR testing for other respiratory viruses. MDH-PHL provides further characterization of submitted influenza isolates to determine the hemagglutinin serotype to indicate vaccine coverage. Tracking the laboratory results assists healthcare providers with patient diagnosis of influenza-like illness and provides an indicator of the progression of the influenza season as well as prevalence of disease in the community.



% RT-PCR positive this week	% RT-PCR positive last week
0.97%	0.93%

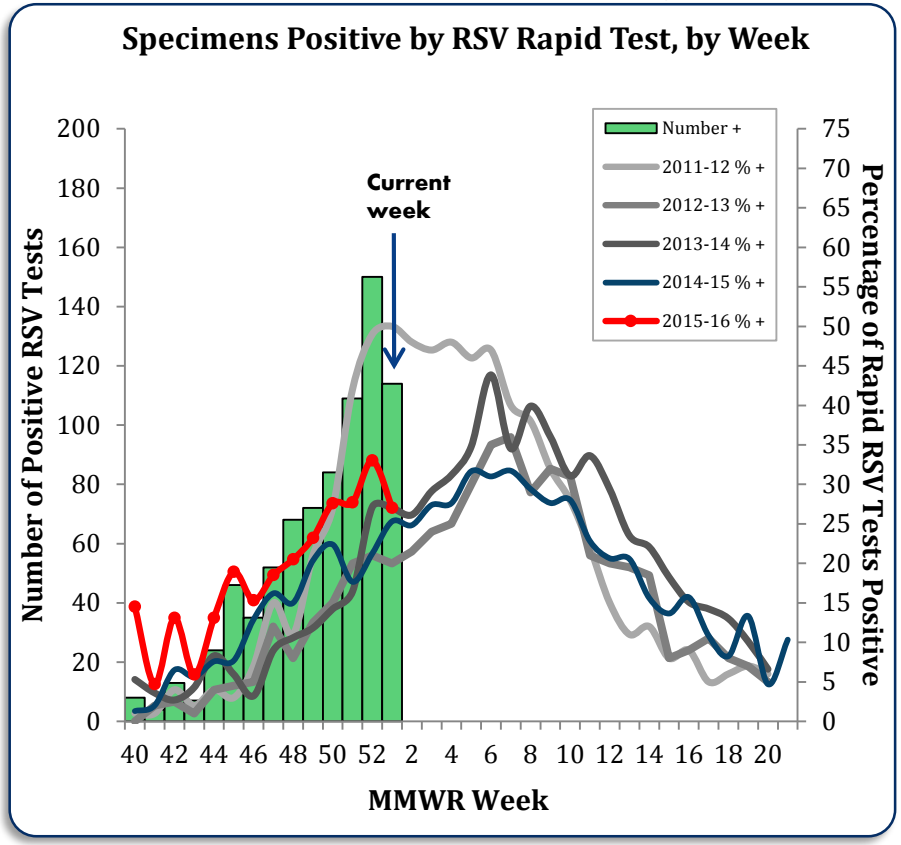
Laboratory Surveillance – Rapid Test

MLS Laboratories – Influenza Testing



Region	% rapid influenza tests + (current week)
Northeast	2%
South Central	0%
Southwest	3%
Southeast	5%
Metro	2%
Central	<1%
West Central	2%
Northwest	0%
State (overall)	2%

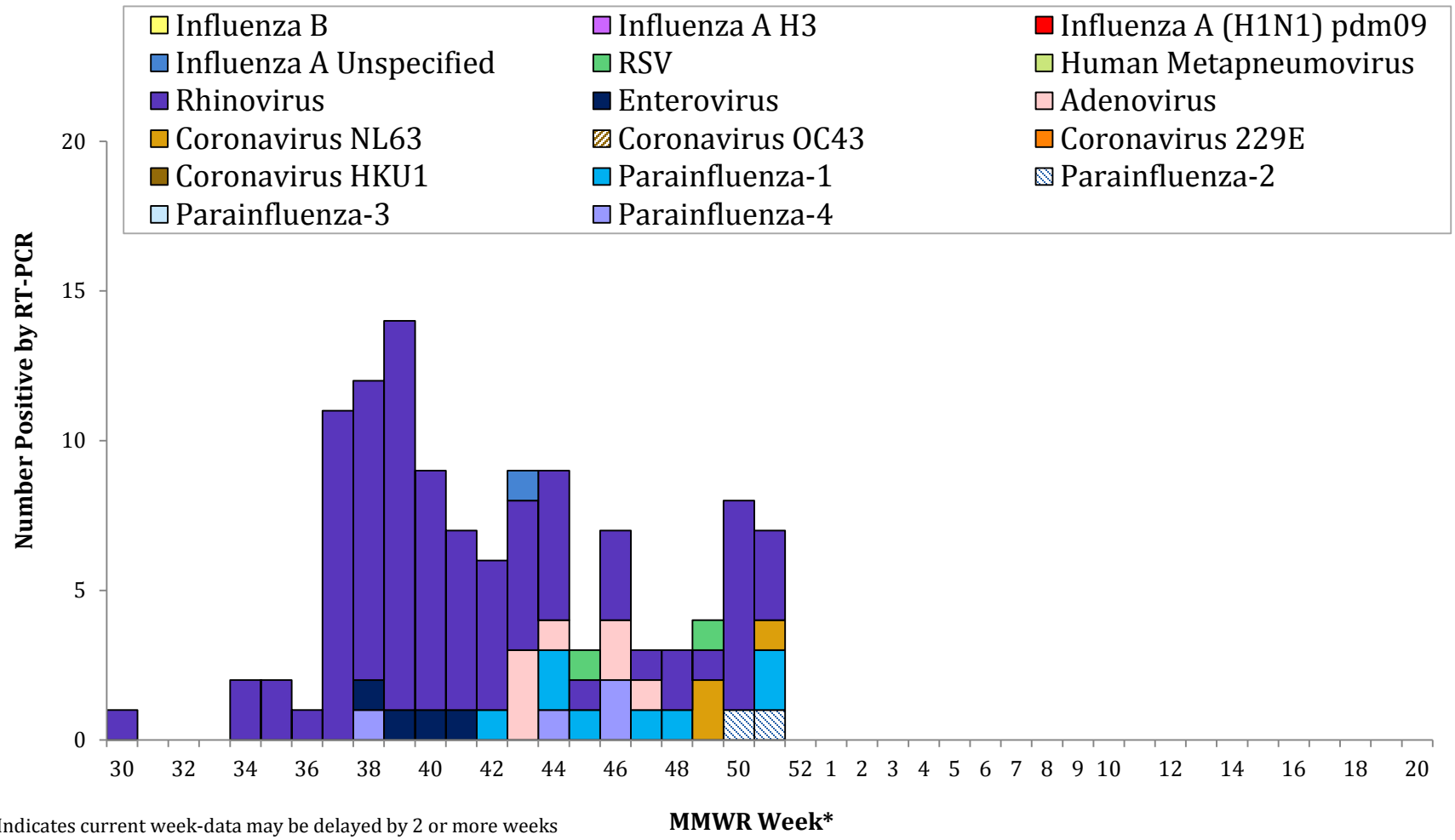
MLS Laboratories – RSV Testing



Region	% rapid RSV tests + (current week)
Northeast	19%
South Central	22%
Southwest	31%
Southeast	15%
Metro	29%
Central	28%
West Central	28%
Northwest	31%
State (overall)	27%

Laboratory Surveillance – PCR

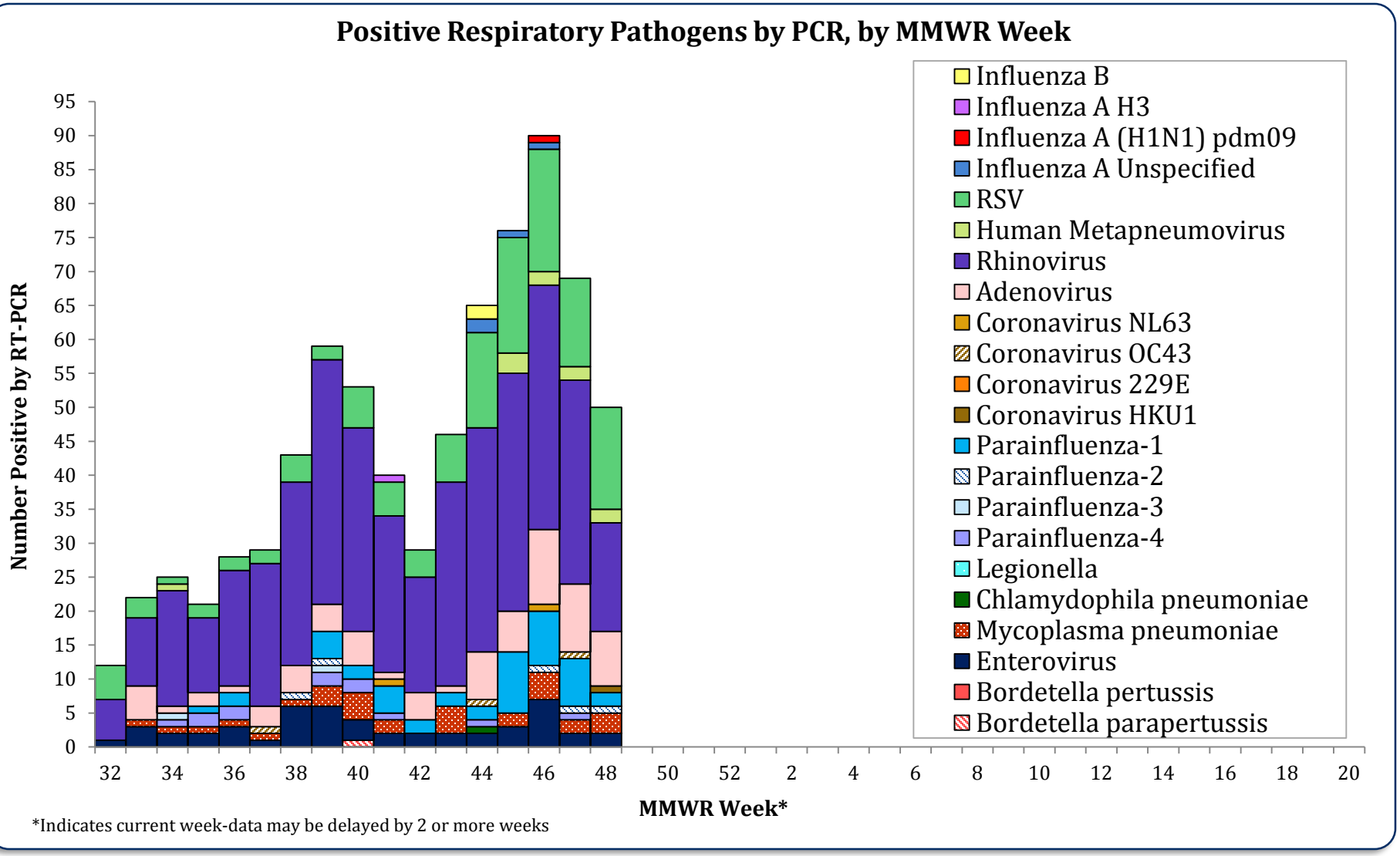
MN Influenza Incidence Surveillance Project (IISP) - Outpatients



*Indicates current week-data may be delayed by 2 or more weeks

Laboratory Surveillance – PCR

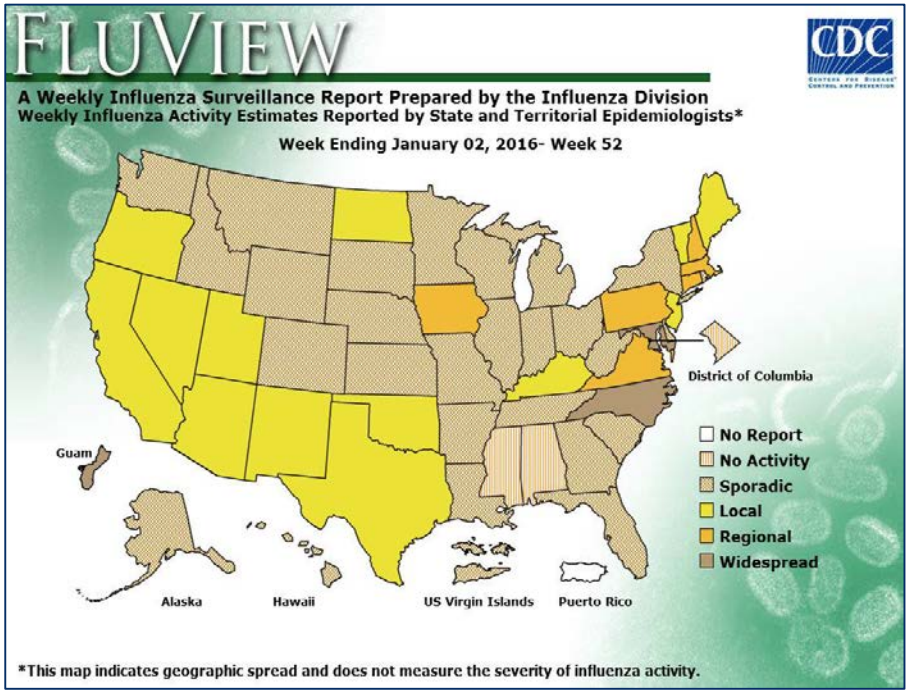
Severe Acute Respiratory Surveillance (SARI) - Inpatients

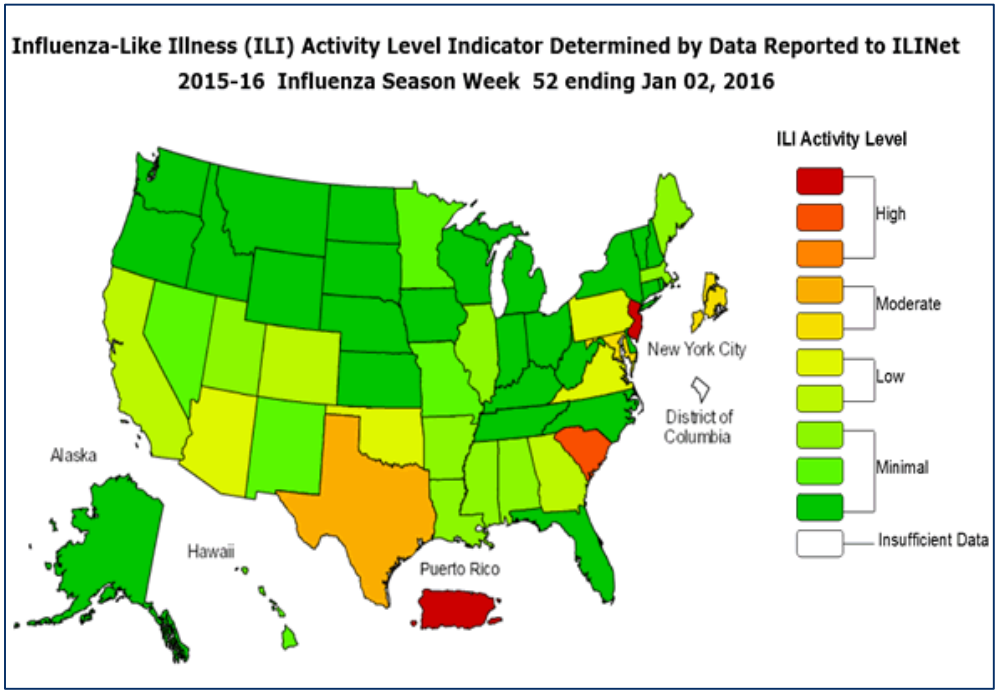


*Indicates current week-data may be delayed by 2 or more weeks

Weekly U.S. Influenza Surveillance Report

Current: Week Ending January 2, 2016 | WEEK 52





National Influenza Surveillance (CDC)

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 52 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

Novel Influenza A Virus: One human infection with a novel influenza A virus was reported.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

Influenza-associated Pediatric Deaths: Two influenza-associated pediatric deaths were reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 2.8%, which is above the national baseline of 2.1%. Seven of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced high ILI activity; New York City and two states experienced moderate ILI activity; seven states experienced low ILI activity; 39 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in Guam and two states were reported as widespread; six states reported regional activity; 13 states reported local activity; the U.S. Virgin Islands and 27 states reported sporadic activity; the District of Columbia and two states reported no influenza activity; and Puerto Rico did not report.