Chicago Department of Public Health



Chicago Flu Update Chicago Department of Pub



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Rahm Emanuel, Mayor 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?

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 10-16, 2013 (week 7), no influenzaassociated ICU hospitalizations were reported. This is the first week where no cases have been reported since early November.

Since September 30, 2012, 169 influenza-associated ICU hospitalizations have been reported (Figure 1). Among the total ICU hospitalizations reported, 163 (96%) were positive for influenza A (71 H3N2, 6 H1N1, and 86 not subtyped) and 6 were positive for influenza B. Onehundred one (60%) were female, 62 (37%) were African-American, and 127 (75%) were 50 years of age or older (median age of 64 years with a range between 8 months-97 vears). Sixty-eight (40%) had lung disease, 63 (38%) had cardiac disease and 39 (23%) required ventilator support. Sixteen deaths were reported including one under 18 years H3N2 and 56% were not subtyped), 15 (94%) were 50 vears of age or older, 69% were female, 62% were NH-White, and 56% 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 10-16, 2013, with 15 hospitals reporting, 2.9% of emergency department visits were due to ILI. This is the fourth consecutive week that a decrease has been noted and is lower than levels seen during the same week for the past two influenza seasons (Figure 2).

ESSENCE is an electronic syndromic surveillance system

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.

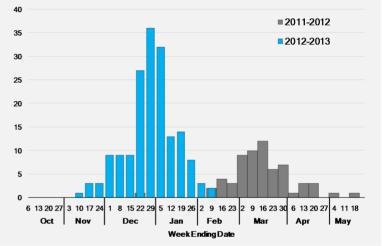
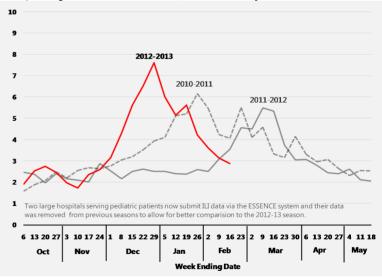


Figure 2. Percent of emergency department visits attributed to influenza-like illness based on manual reporting as determined by of age. All were positive for influenza A (44% subtyped as individual hospitals, Chicago, by week, for current season (2012-2013) and previous two seasons, October-May.



that utilizes emergency department chief complaint data submitted daily by participating Chicago hospitals. Currently, 8 Chicago hospitals submit data to ESSENCE. Figure 3 shows the percent of the total emergency department visits due to ILI for pediatric patients (2.4%) and adult patients (1.5%) for the week of February 10-16, 2013 plus the ILI activity by age group for the previous season. Pediatric ILI levels are lower than levels seen during the same week last season and adult ILI levels are the lowest reported since early December.

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 10-16, 2013, with **35** outpatient clinics reporting, **4.5%** of doctor's office visits were due to influenza-like illness. This is nearly 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 10-16, 2013, with 7 laboratories reporting, **14 of the 449 (3.1%)** specimens tested for influenza were positive. Among the positive specimens, 10 were typed as influenza A (6 H3N2, 1 2009 H1N1, and 3 were not subtyped) and 4 typed as influenza B (Figure 5). Since September 2012, **1,376 of 9,224** (**15%**) specimens tested for influenza have been positive; 1,318 typed as influenza A (1,042 H3N2, 87 2009 H1N1, and 189 not subtyped) and 58 typed as influenza B.

Where can I get more information?

The Centers for Disease Control and Prevention's <u>FluView</u>³ 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 <u>Illinois</u>⁴ and <u>Suburban Cook County</u>⁵ are also available online. Current and archived issues of the *Chicago Flu Update* can be found on the CDPH website section <u>Current Flu Situation in Chicago</u>⁶.

National Snapshot (February 10-16, 2013)

<u>Viral Surveillance</u>: Of 8,144 specimens tested and reported by collaborating laboratories, 1,371 (16.8%) were positive for influenza.

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

<u>Influenza-associated Pediatric Deaths</u>: Fourteen pediatric deaths were reported.

Influenza-Associated Hospitalizations: A cumulative rate for the serving Chicago hospitals, for the current season (2012-2013) season of 34.2 laboratory-confirmed influenza-associated hospi-October-May.

talizations 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 2.8%. This is above the national baseline of 2.2%. All 10 regions reported ILI at or above region-specific baseline levels. Three states experienced high ILI activity; 13 states and New York City experienced moderate activity; 11 states experienced low activity; 23 states experienced minimal activity, and the District of Columbia had insufficient data.

<u>Geographic Spread of Influenza</u>: Twenty-two states reported widespread influenza activity; Puerto Rico and 21 states re-

ported regional influenza activity; the District of Columbia and 6 states reported local influenza activity; 1 state reported sporadic influenza activity; Guam reported no influenza activity, and the U.S. Virgin Islands did not report.

³http://www.cdc.gov/flu/weekly/index.htm; ⁴http://www.idph.state.il.us/flu/surveillance.htm; ⁵http://www.cookcountypublichealth.org/datareports#Influenza; ⁶http://www.cityofchicago.org/city/en/depts/cdph/supp_info/influenza/current_flu_situationinchicago2011.html

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

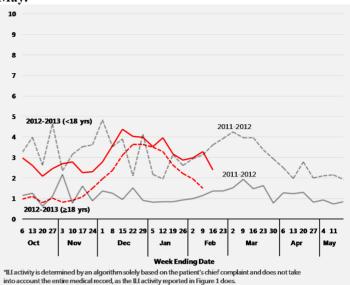


Figure 4. Percent of <u>outpatient</u> visits attributed to influenzalike illness, Chicago, by week, for current season (2012-2013) and previous two seasons, October-May.

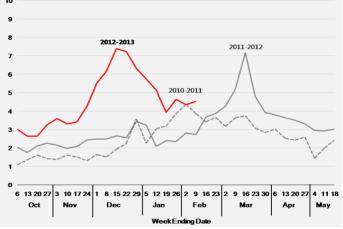
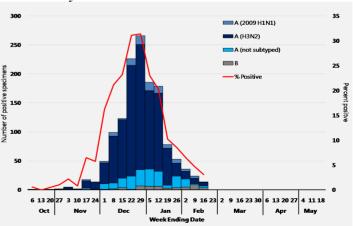


Figure 5. Percent of specimens testing positive (by RT-PCR) for influenza by subtype as reported by local laboratories serving Chicago hospitals, for the current season (2012-2013) October-May.



Report is preliminary and may change as additional data is received