



# Flu Watch

South Carolina Department of Health and Environmental Control  
 Division of Acute Disease Epidemiology  
 Week Ending May 3, 2014 (MMWR Week 18)

*All data are provisional and may change as more reports are received.*

<i>In this issue:</i>	
Summary	2
I. Confirmatory testing	3
II. ILINet	6
III. Hospitalizations and deaths	8
IV. SC influenza surveillance components	10
V. National surveillance	11
VI. Definitions for influenza surveillance	12

## MMWR Week 18 at a Glance:

### Influenza Activity Synopsis:

Some measures of influenza activity in South Carolina increased during the past MMWR week; however, activity remains low, with ILI percentage below baseline. South Carolina reported SPORADIC activity for week 18.

### Laboratory surveillance:

- 178 laboratory-confirmed cases of influenza were reported from 23 counties. 36,036 cases have been reported this season, with laboratory-confirmed cases identified in 45 counties.
- 31,292 (86.8%) of all laboratory-confirmed cases this season are influenza A, 3,891 (10.8%) are influenza B, 654 (1.8%) are influenza A/B, and 199 (0.55%) are of unknown type.

### ILI Activity (South Carolina baseline is 2.05%):

- Influenza-like illness activity at sentinel providers was below South Carolina's baseline (0.92%). ILI percentages represent ILI activity reported by sentinel providers; however, a small number of providers reported data for this week, so ILI percentages may not be representative of actual flu activity.

### Hospitalizations:

- 20 lab confirmed hospitalizations were reported. Since 9/29/13, 1885 lab confirmed hospitalizations have been reported.

### Deaths:

- No lab confirmed deaths were reported. Since 9/29/13, 76 lab confirmed deaths have been reported.

**Summary of ILI Activity, Positive Confirmatory Tests, and  
Influenza Associated Hospitalizations and Deaths Compared to Previous Week and Season**

	<i>Current week</i>	<i>Previous week</i>	<i>Change from previous week</i>	<i>Cumulative (2013-14)</i>	<i>Cumulative (2012-13)</i>	<i>Cumulative change 2013-14 compared to 2012-13</i>
Number of positive confirmatory tests (culture, RT-PCR, DFA, IFA)	4	0	▲ 400%	794	1176	▲ 32.5 %
Percent of ILI visits reported by ILINet providers	0.85%	0.19%	▲ 0.66%	--	--	--
Number of lab confirmed flu hospitalizations	20	16	▲ 20%	1885	1712	▲ 10.1%
Number of lab confirmed flu deaths	0	0	-	76	46	▲ 65.2%

**Summary of ILI Activity, Positive Confirmatory Tests, and  
Influenza Associated Hospitalizations and Deaths, 2009-10 through 2013-14 Seasons**

Corresponding MMWR week during each season	<i>2013-14</i>	<i>2012-13</i>	<i>2011-12</i>	<i>2010-11</i>	<i>2009-10</i>
Influenza activity level	SPORADIC	LOCAL	SPORADIC	NO ACTIVITY	SPORADIC
Positive confirmatory tests (current week)	4	3	2	0	0
Positive confirmatory tests (cumulative)	794	1176	117	616	903
Total number of patient visits for ILI	61	5	18	10	25
ILI percentage	0.92%	0.09%	0.29%	0.21%	0.41%
Hospitalizations (current week)	20	4	2	0	2
Deaths (current week)	0	0	0	0	0

## I. Confirmatory testing

<i>Positive confirmatory influenza test results*</i> <i>Current MMWR Week (4/27/14 – 5/3/14)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	4
<b>Influenza A unsubtype</b>	
<b>Influenza A H1N1</b>	
<b>Influenza A H3N2</b>	1
<b>Influenza B</b>	3
<b>Unk/Other</b>	
Includes culture, RT-PCR, DFA, and IFA	

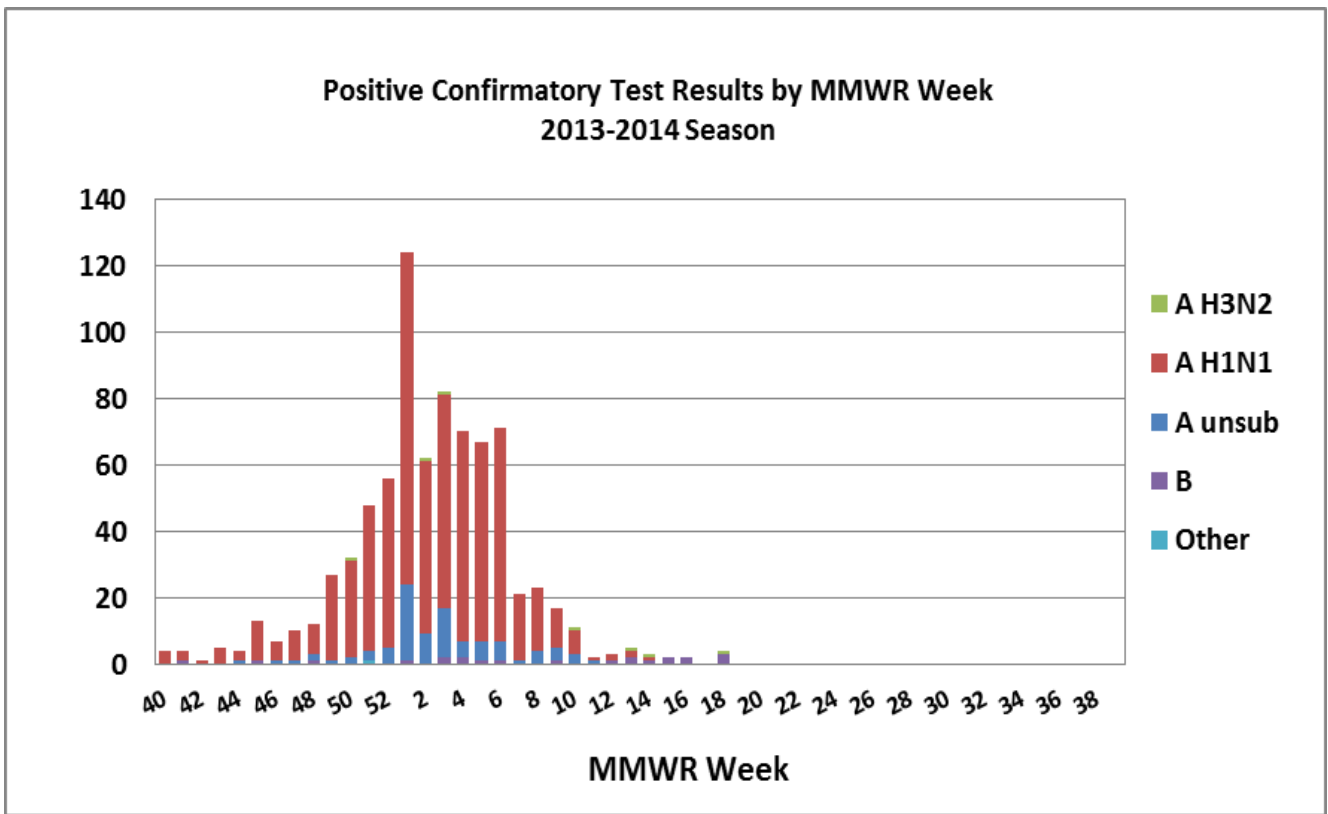
For the current MMWR reporting week, 4 positive confirmatory tests were reported. So far this season 794 positive confirmatory tests have been reported.

<i>Positive confirmatory influenza test results*</i> <i>Cumulative (09/29/13 – 5/3/14)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	794
<b>Influenza A unsubtype</b>	93 (11.7%)
<b>Influenza A H1N1</b>	669 (84.3%)
<b>Influenza A H3N2</b>	7 (0.88%)
<b>Influenza B</b>	22 (2.8%)
<b>Unk/Other</b>	3 (0.38%)
Includes culture, RT-PCR, DFA, and IFA	

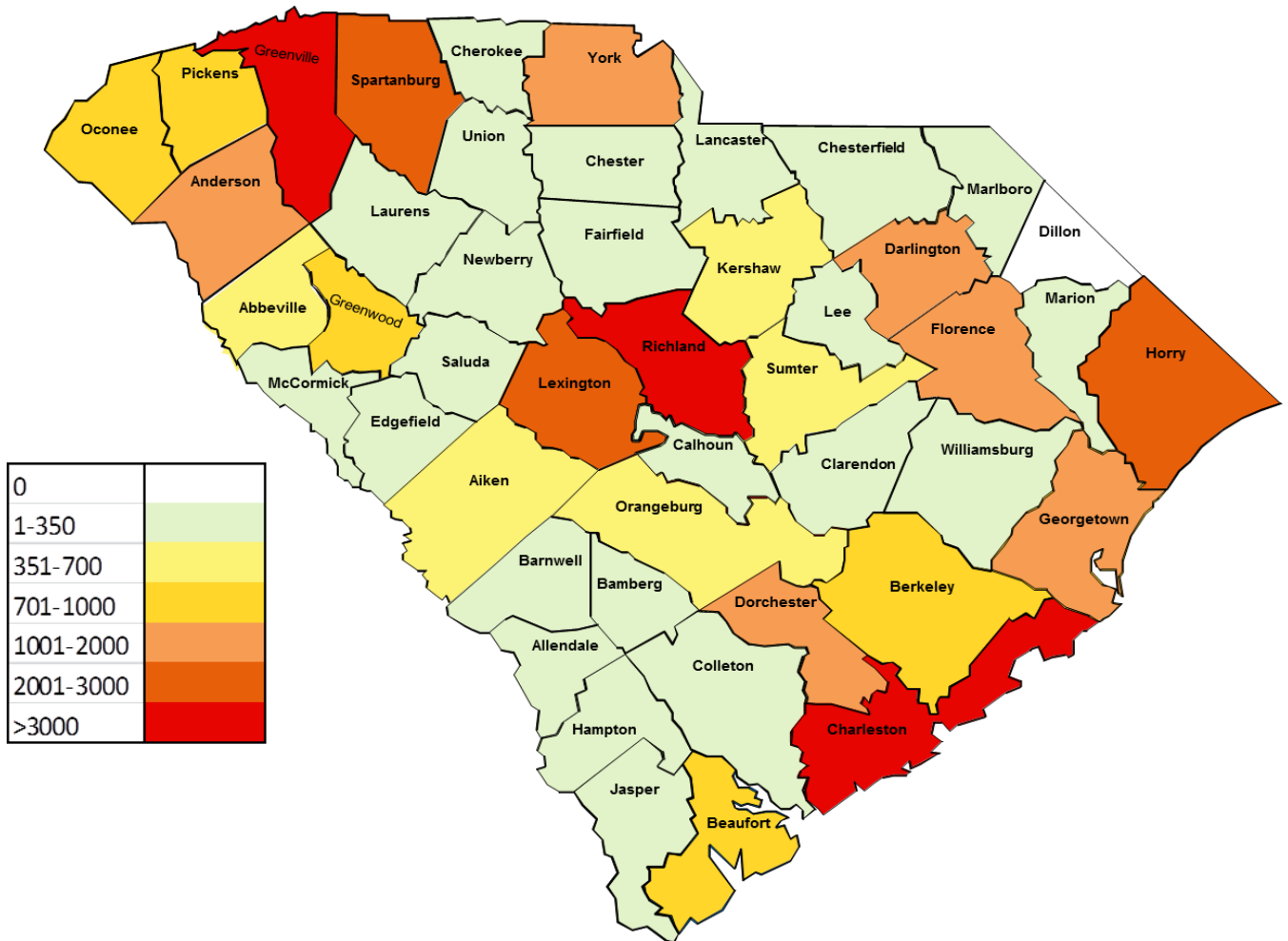
**Positive Confirmatory Tests by County\***  
**Current Week 4/27/14 – 5/3/14**

County	Positive Tests	County	Positive Tests	County	Positive Tests
Abbeville		Dillon		Marion	
Aiken		Dorchester		Marlboro	
Allendale		Edgefield		McCormick	
Anderson		Fairfield		Newberry	
Bamberg		Florence		Oconee	
Barnwell		Georgetown		Orangeburg	
Beaufort	1	Greenville	1	Pickens	
Berkeley		Greenwood	1	Richland	
Calhoun		Hampton		Saluda	1
Charleston		Horry		Spartanburg	
Cherokee		Jasper		Sumter	
Chester		Kershaw		Union	
Chesterfield		Lancaster		Williamsburg	
Clarendon		Laurens		York	
Colleton		Lee		Unknown	
Darlington		Lexington			

\*Includes culture, PCR, DFA, IFA



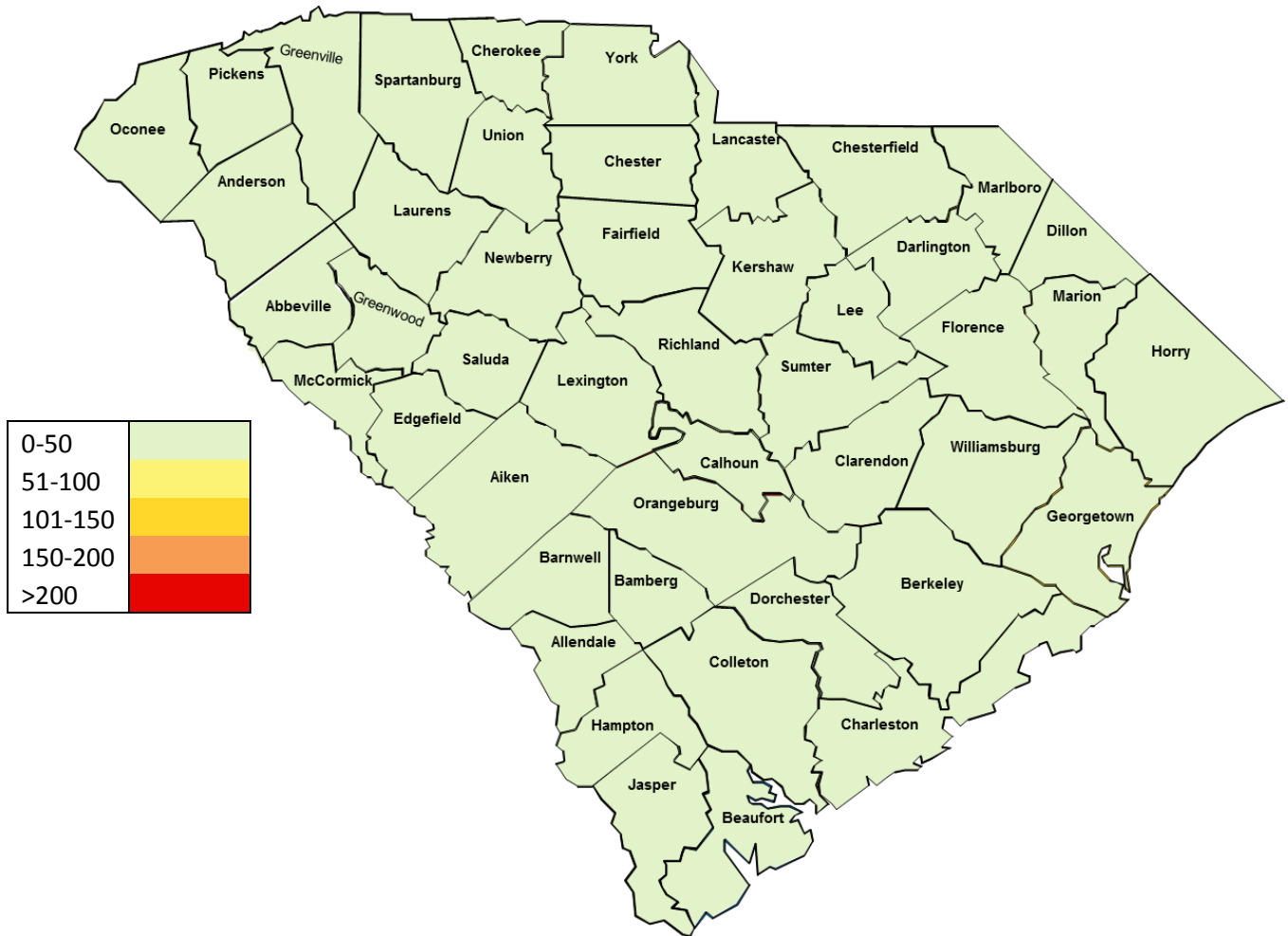
Map of all Laboratory Confirmed Cases\* by County  
 Cumulative 09/29/13 – 5/3/14



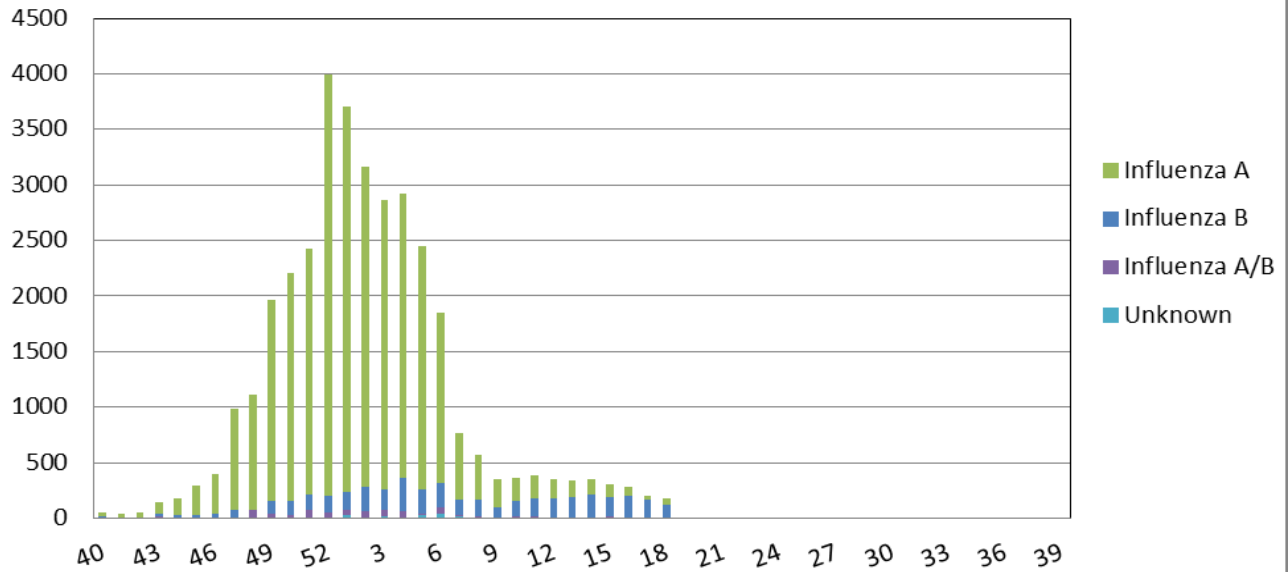
\*Includes all laboratory tests (rapid antigen, culture, PCR, IFA, DFA.)

## II. Positive Rapid Antigen Tests

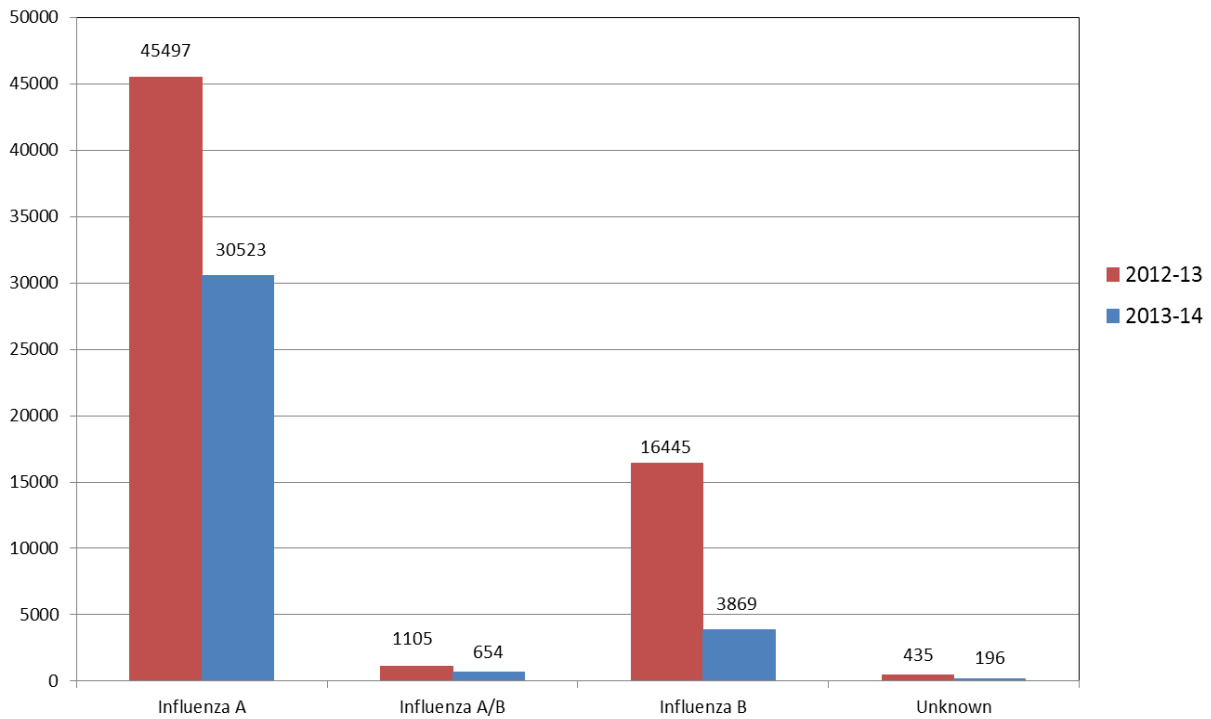
For the current MMWR reporting week, 174 positive rapid antigen tests were reported. Of these, 59 were influenza A, 2 were influenza A/B, 112 were influenza B, and 1 was unknown. This compares to 147 this time last year.



## Positive Rapid Tests by MMWR Week and Type



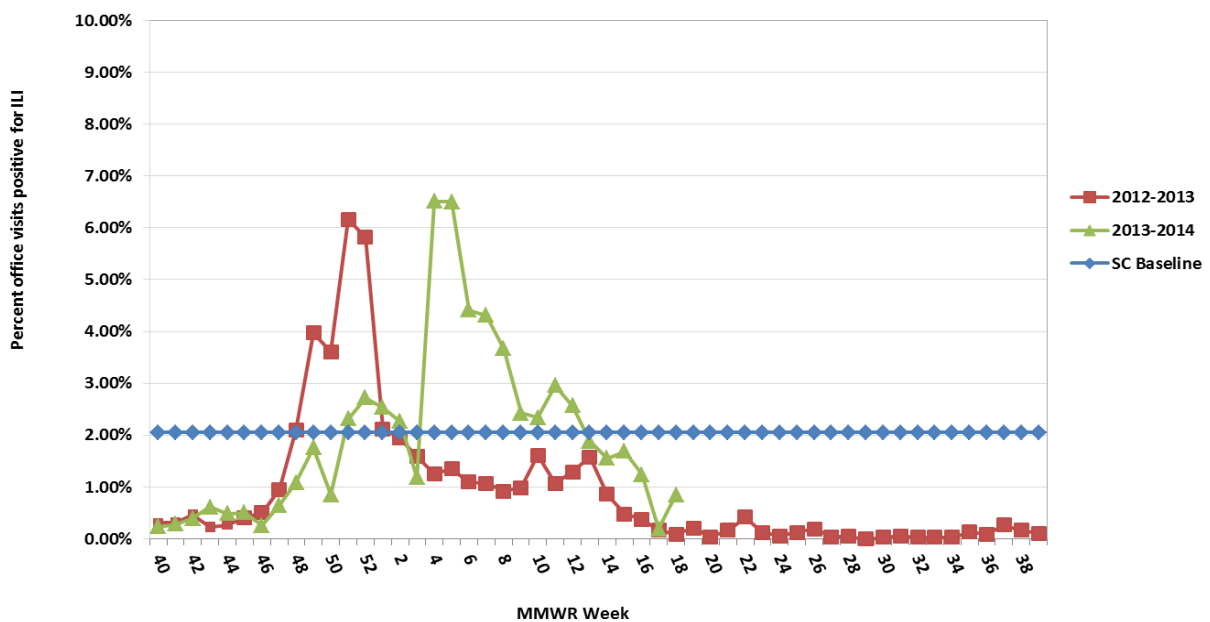
## Positive Rapid Tests by Type 2012-13 vs 2013-14 September 29, 2013 - May 3, 2014



### III. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week, 0.85 % of patient visits to SC ILINet providers were due to ILI. This is below the state baseline (2.05%). This ILI percentage compares to 0.09% this time last year. Reports were received from providers in 9 counties, representing all of the 4 regions.

Percentage of Visits for Influenza-like Illness (ILI) Reported by Sentinel Providers in South Carolina  
2012-2013 and 2013-2014 Influenza Seasons





**Influenza-Like Illness Reported by Sentinel Providers**  
**April 27, 2014 – May 3, 2014**

<b>County</b>	<b>ILI %</b>	<b>County</b>	<b>ILI %</b>
Abbeville	---	Greenwood	NR
Aiken	0%	Hampton	NR
Allendale	---	Horry	NR
Anderson	0%	Jasper	NR
Bamberg	---	Kershaw	NR
Barnwell	---	Lancaster	---
Beaufort	NR	Laurens	NR
Berkeley	NR	Lee	---
Calhoun	---	Lexington	NR
Charleston	2.41%	Marion	---
Cherokee	---	Marlboro	---
Chester	---	McCormick	NR
Chesterfield	---	Newberry	---
Clarendon	---	Oconee	---
Colleton	---	Orangeburg	---
Darlington	---	Pickens	0%
Dillon	NR	Richland	0.07%
Dorchester	NR	Saluda	0%
Edgefield	---	Spartanburg	NR
Fairfield	---	Sumter	NR
Florence	0.36%	Union	---
Georgetown	NR	Williamsburg	---
Greenville	0.24%	York	0%

NR: No reports received  
 ---: No enrolled providers

#### IV. Influenza hospitalizations and deaths

For the current MMWR reporting week, 20 lab confirmed influenza hospitalizations were reported by 26 hospitals. No lab confirmed influenza deaths were reported. 1885 lab confirmed influenza hospitalizations and 76 lab confirmed influenza deaths have been reported since 9/29/13. \*

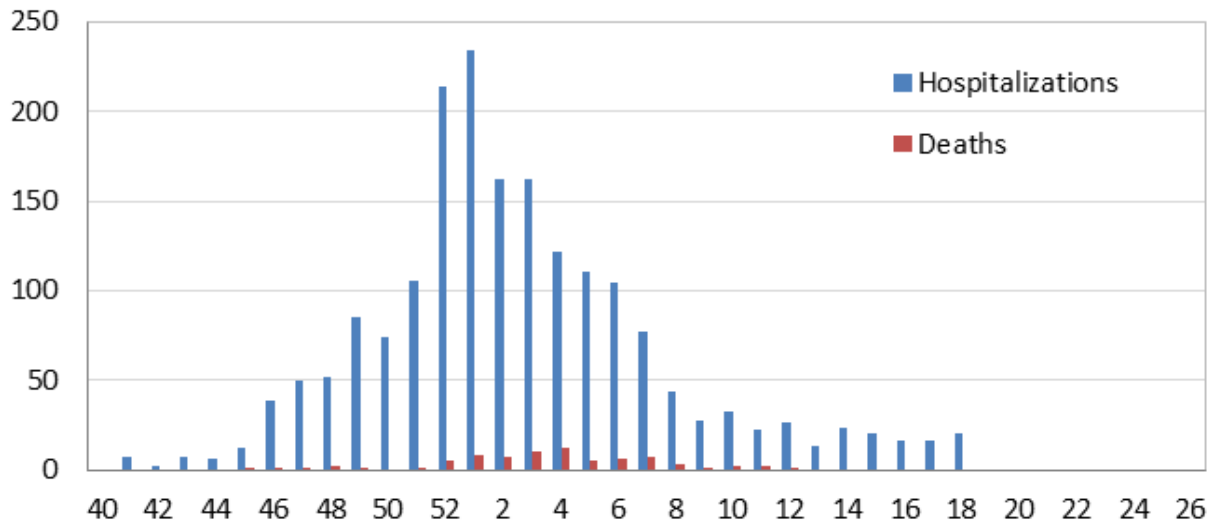
<i>Current MMWR Week</i>							
	0-4	5-17	18-49	50-64	65+	Unk	Total
<b>Hospitalizations</b>	7	0	3	4	6		20
<b>Deaths</b>							0

<i>Cumulative</i>							
	0-4	5-17	18-49	50-64	65+	Unk	Total
<b>Hospitalizations</b>	154	80	496	588	565	2	1885
<b>Deaths</b>	1	1	22	20	32		76

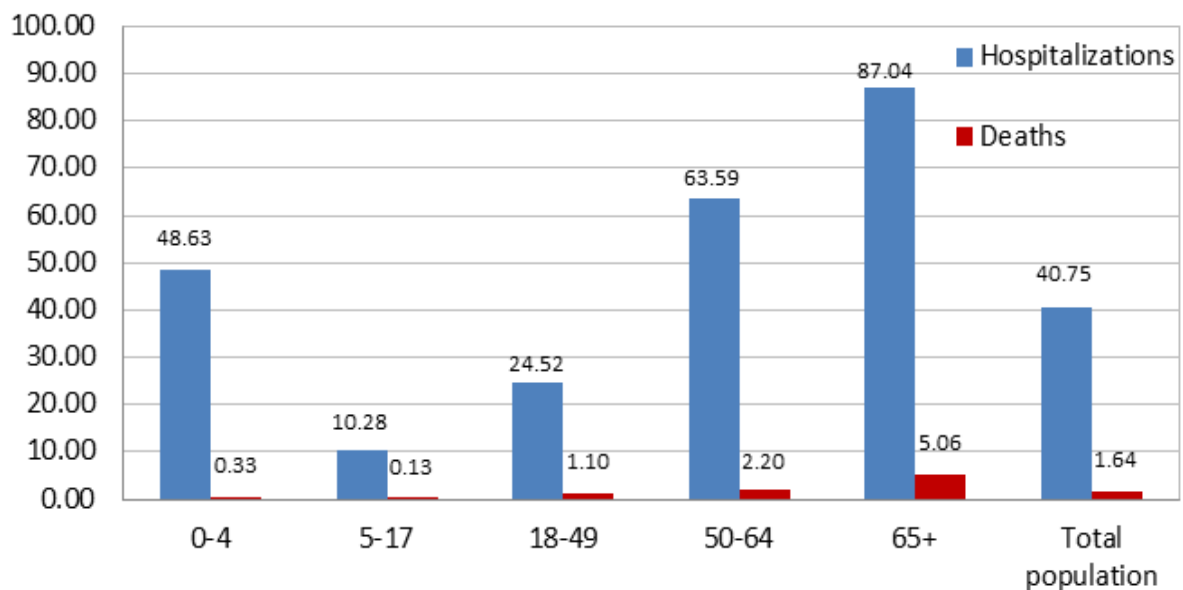
\* Lab confirmation for hospitalizations and deaths includes culture, PCR, DFA, IFA, and rapid test.

<b>Influenza Deaths by SC Public Health Region</b>	
<b>Region</b>	<b>Total Deaths</b>
Lowcountry	17
Midlands	18
Pee Dee	11
Upstate	30
<b>Total</b>	<b>76</b>

**Reported Cases of Laboratory Confirmed Influenza  
Hospitalizations and Deaths by MMWR week  
September 29, 2013 - May 3, 2014**



**Laboratory Confirmed Influenza Case rate/100,000  
Hospitalizations (n=1885) and Deaths (n=76) by age group  
September 29, 2013 - May 3, 2014**



## V. South Carolina Influenza Surveillance Components

South Carolina influenza surveillance consists of mandatory and voluntary reporting systems for year-round influenza surveillance. These networks provide information on influenza virus strain and subtype and influenza disease burden.

### Mandatory Reporting

#### Positive confirmatory test reporting

Positive influenza culture, PCR, DFA, and IFA results from commercial laboratories should be reported to DHEC within 3 days electronically via CHESS or using a DHEC 1129 card.

#### Positive rapid antigen test reporting

*Summary numbers* of positive rapid influenza tests and influenza type identified should be sent to the regional health department by fax or email before noon on Monday for the preceding week.

#### Influenza deaths

All lab confirmed influenza deaths in adults should be reported to DHEC within 24 hours. These include results from viral culture, PCR, rapid flu tests, DFA, IFA or autopsy results consistent with influenza.

#### Influenza hospitalizations

DHEC requires weekly submission of laboratory confirmed influenza hospitalizations. Hospitals should report these to their regional health department by noon on Monday for the preceding week.

For additional information about ILINet or to become an ILINet provider, contact the Acute Disease Epidemiology influenza surveillance coordinator at [springcb@dhec.sc.gov](mailto:springcb@dhec.sc.gov).

### Voluntary Networks

#### Influenza-Like Illness (ILINet) Sentinel Providers Network

ILINet focuses on the number of patients presenting with influenza-like symptoms in the absence of another known cause. ILI is defined as fever (temperature  $\geq 100^{\circ}\text{F}$ ) plus a cough and/or a sore throat in the absence of another known cause. Providers submit weekly reports to the CDC of the total number of patients seen in a week and the subset number of those patients with ILI symptoms by age group.

#### South Carolina Disease Alerting, Reporting & Tracking System (SC-DARTS)

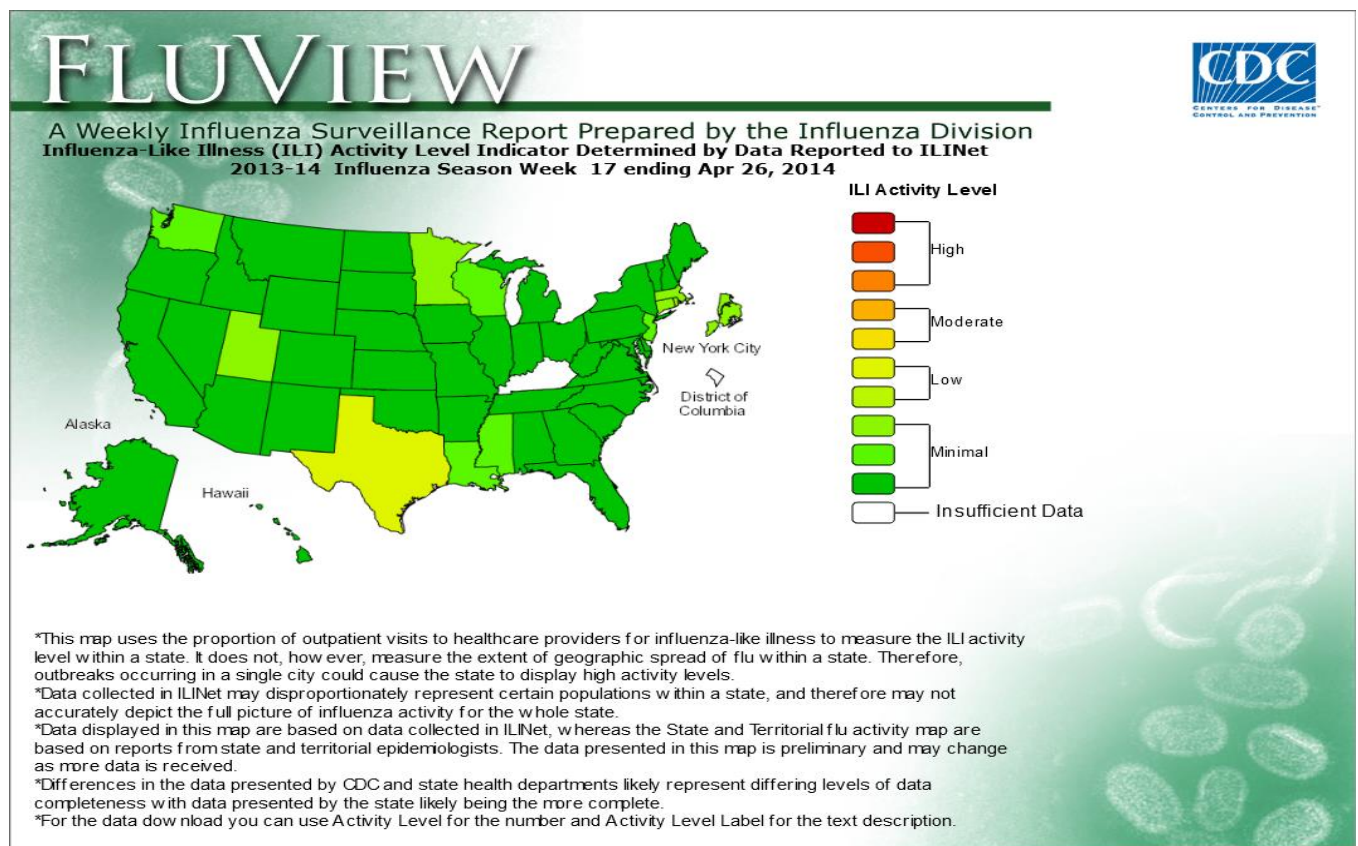
SC-DARTS is a collaborative network of syndromic surveillance systems within South Carolina. Currently our network contains the following data sources: SC Hospital Emergency Department (ED) chief-complaint data, Poison Control Center call data, Over-the-Counter (OTC) pharmaceutical sales surveillance, and CDC's BioSense Biosurveillance system. The hospital ED syndromic surveillance system classifies ED chief complaint data into appropriate syndrome categories (ex: Respiratory, GI, Fever, etc.). These syndrome categories are then analyzed using the cumulative sum (CUSUM) methodology to detect any significant increases. Syndromic reports are distributed back to the hospital on a daily basis.

## VI. National Surveillance MMWR Week 17 (4/20 - 4/26)

During week 17 (April 20-26, 2014), influenza activity continued to decrease in the United States.

- **Viral Surveillance:** Of 4,031 specimens tested and reported during week 17 by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories, 500 (12.4%) were positive for influenza.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.
- **Influenza-Associated Pediatric Deaths:** Two influenza-associated pediatric deaths were reported.
- **Influenza-associated Hospitalizations:** A season-cumulative rate of 34.9 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.5%, which is below the national baseline of 2.0%. Two of 10 regions reported ILI at or above region-specific baseline levels. One state experienced low ILI activity; 48 states and New York City experienced minimal ILI activity, and the District of Columbia and one state had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in four states was reported as widespread; Puerto Rico and two states reported regional influenza activity; 13 states reported local influenza activity; the District of Columbia and 27 states reported sporadic influenza activity; four states reported no influenza activity, and Guam and the U.S. Virgin Islands did not report.

A description of surveillance methods is available at: <http://www.cdc.gov/flu/weekly/overview.htm>



## VII. Definitions for Influenza Surveillance

**Activity level:** Indicator of the geographic spread of influenza activity which is reported to CDC each week.

- **No activity:** No increase in ILI activity and no laboratory-confirmed influenza cases.
- **Sporadic:** No increase in ILI activity and isolated laboratory-confirmed influenza cases
- **Local:** Increased ILI or 2 or more institutional outbreaks in one region and laboratory-confirmed influenza cases within the past 3 weeks in the region with increased ILI or outbreaks
- **Regional:** Increased ILI or institutional outbreaks in 2-3 regions and laboratory-confirmed influenza cases within the past 3 weeks in the regions with increased ILI or institutional outbreaks
- **Widespread:** Increased ILI and/or institutional outbreaks in at least 4 regions and laboratory confirmed influenza in the state within the past 3 weeks

**Confirmatory testing:** Influenza testing which is considered to be confirmatory, such as a viral culture or PCR

**Influenza-like illness (ILI):** Fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat

**MMWR week:** Term for influenza surveillance week. Each week begins on Sunday and ends on Monday. The influenza season begins with MMWR week 40 and ends with MMWR week 39. The 2013-14 influenza season began on September 29, 2013 and will end on September 27, 2014.

**Laboratory-confirmation:** Positive influenza resulting from one of the following methods:

- DFA
- IFA
- Rapid influenza antigen test
- RT-PCR
- Viral culture