



Flu Watch

South Carolina Department of Health and Environmental Control
 Division of Acute Disease Epidemiology
 Week Ending March 8, 2014 (MMWR Week 10)

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

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MMWR Week 10 at a Glance:

Influenza Activity Synopsis:

Influenza activity in South Carolina continued to decrease during the past MMWR week. South Carolina reported Regional activity for week 10.

Laboratory surveillance:

- 371 laboratory-confirmed cases of influenza were reported from 27 counties. 33,559 cases have been reported this season, with laboratory-confirmed cases identified in 45 counties.
- 4 (36.4%) of 11 positive confirmatory tests last week were reported by the BOL and 7 (63.6%) positive confirmatory tests were reported by other labs; 7 influenza A (H1N1) viruses, 3 influenza A unsubtype viruses, and 1 influenza A (H3N2) virus.
- 30,255 (90.2%) of all laboratory-confirmed cases this season are influenza A, 2,516 (7.5%) are influenza B, 607 (1.8%) are influenza A/B, and 181 (0.54%) are of unknown type.

ILI Activity (South Carolina baseline is 2.05%):

- Influenza-like illness activity at sentinel providers was above South Carolina's baseline (2.34%). 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:

- 33 lab confirmed hospitalizations were reported. Since 9/29/13, 1729 lab confirmed hospitalizations have been reported.

Deaths:

- 3 lab confirmed deaths were reported. Since 9/29/13, 74 lab confirmed deaths have been reported.

**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	REGIONAL	REGIONAL	SPORADIC	REGIONAL	LOCAL
Positive confirmatory tests (current week)	11	10	10	38	25
Positive confirmatory tests (cumulative)	718	998	56	580	847
Total number of patient visits for ILI	174	104	19	141	152
ILI percentage	2.34%	1.61%	0.46%	2.20%	1.83%
Hospitalizations	33	32	10	36	2
Deaths	3	0	0	1	0

**Positive Confirmatory Tests MMWR Week 201410*
Compared to Previous Week and Season**

	Cumulative season total through MMWR week 10	Current MMWR week (10) total
2012-2013	998	10
2013-2014	718	11
% Change from previous week	+1.56%	-15.4%
% Change 2013-14 compared to 2012-13 season	-28.1%	+10.0%
4 year average (2010-11 to 2013-14)	588	17.3

*Includes culture, PCR, IFA, DFA

I. Confirmatory testing

<i>Positive confirmatory influenza test results*</i> <i>Current MMWR Week (3/2/14 – 3/8/14)</i>	
	BOL and reference labs
Number of positive confirmatory tests	11
Influenza A unsubtype	3 (27.3%)
Influenza A H1N1	7 (63.6%)
Influenza A H3N2	1 (9.1%)
Influenza B	
Unk/Other	
Includes culture, RT-PCR, DFA, and IFA	

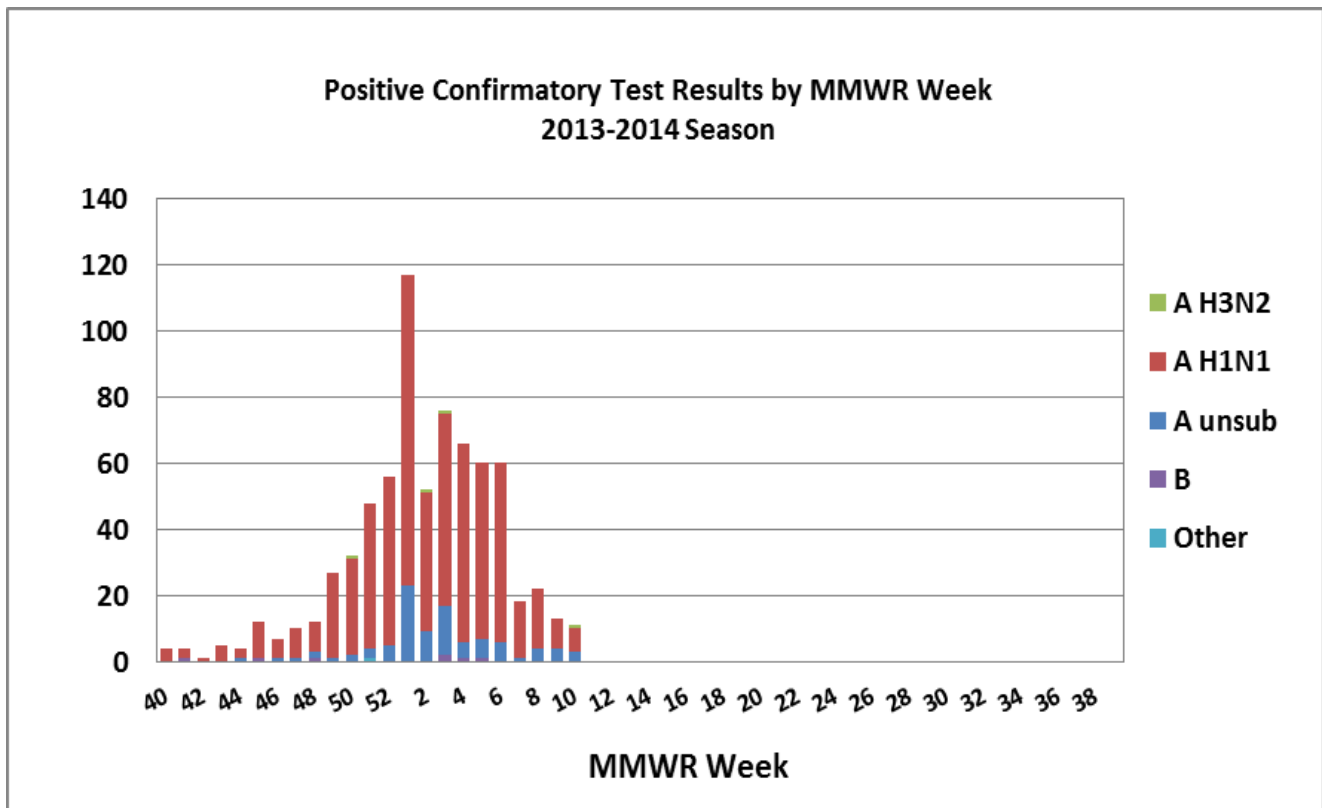
For the current MMWR reporting week, 11 positive confirmatory tests were reported. So far this season 718 positive confirmatory tests have been reported.

<i>Positive confirmatory influenza test results*</i> <i>Cumulative (09/29/13 – 3/8/14)</i>	
	BOL and reference labs
Number of positive confirmatory tests	718
Influenza A unsubtype	92 (12.8%)
Influenza A H1N1	613 (85.4%)
Influenza A H3N2	4 (0.56%)
Influenza B	7 (0.97%)
Unk/Other	2 (0.28%)
Includes culture, RT-PCR, DFA, and IFA	

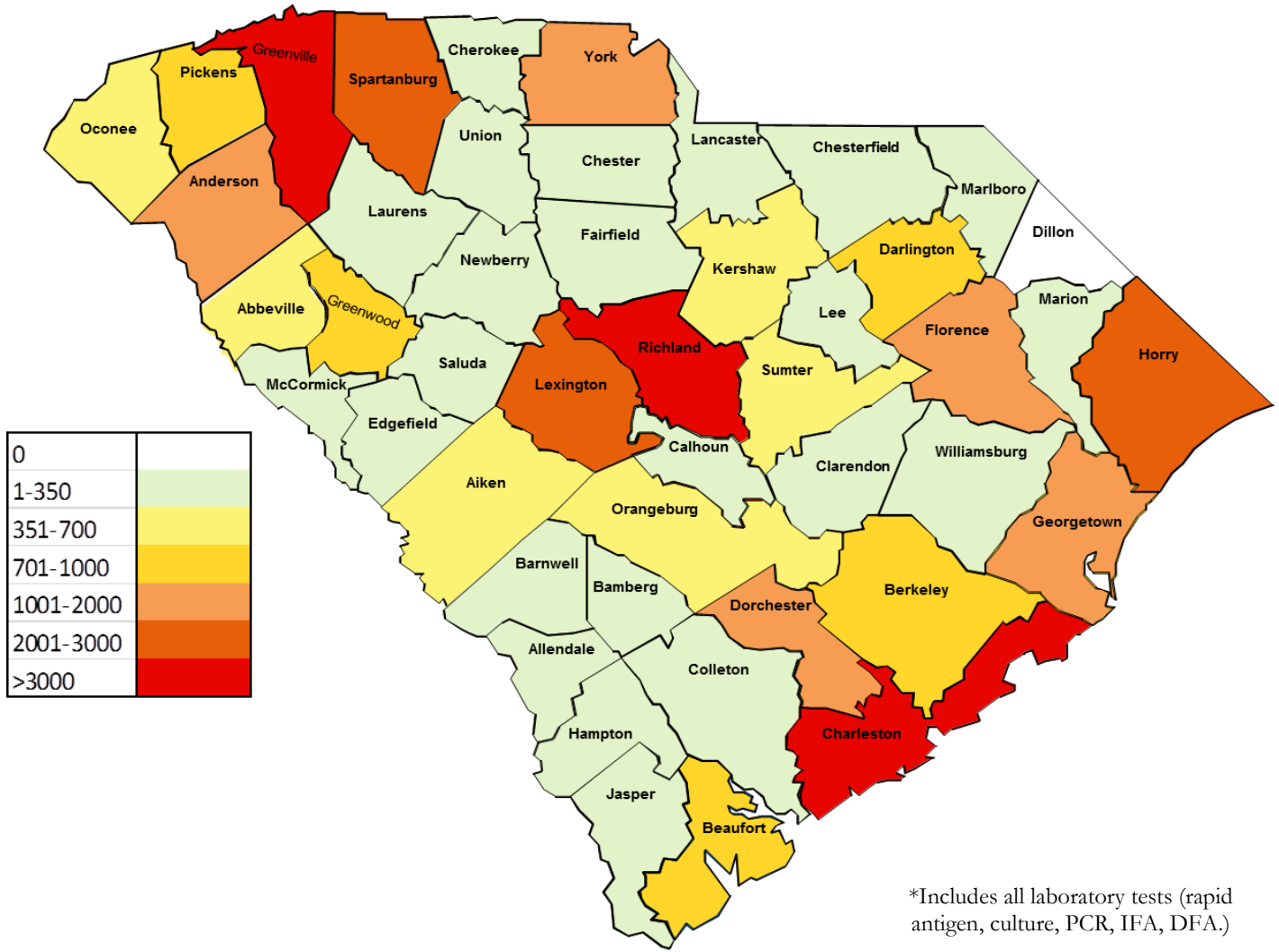
Positive Confirmatory Tests by County*
Current Week 3/2/14 – 3/8/14

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	1	Georgetown		Orangeburg	1
Beaufort	2	Greenville		Pickens	1
Berkeley		Greenwood	1	Richland	1
Calhoun		Hampton		Saluda	
Charleston	2	Horry	1	Spartanburg	
Cherokee		Jasper		Sumter	1
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 – 3/8/14

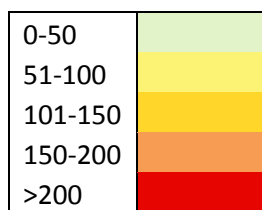


*Includes all laboratory tests (rapid antigen, culture, PCR, IFA, DFA.)

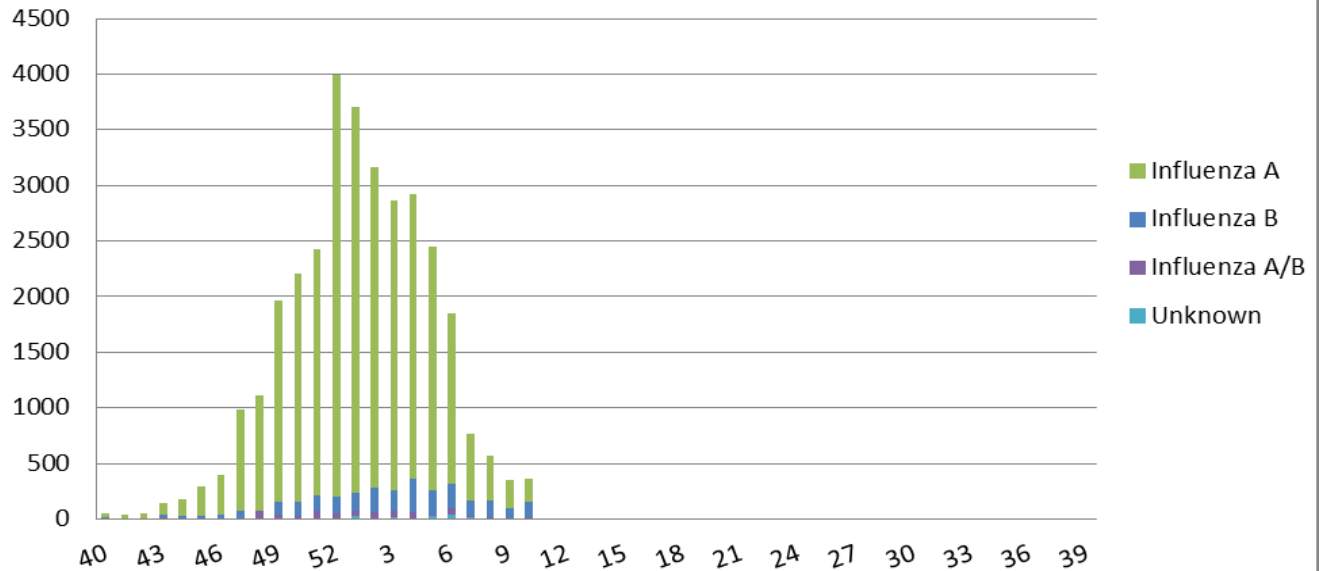
II. Positive Rapid Antigen Tests

For the current MMWR reporting week, 360 positive rapid antigen tests were reported. Of these, 211 were influenza A, 7 were influenza A/B, 132 were influenza B, and 10 were unknown. This compares to 1723 this time last year.

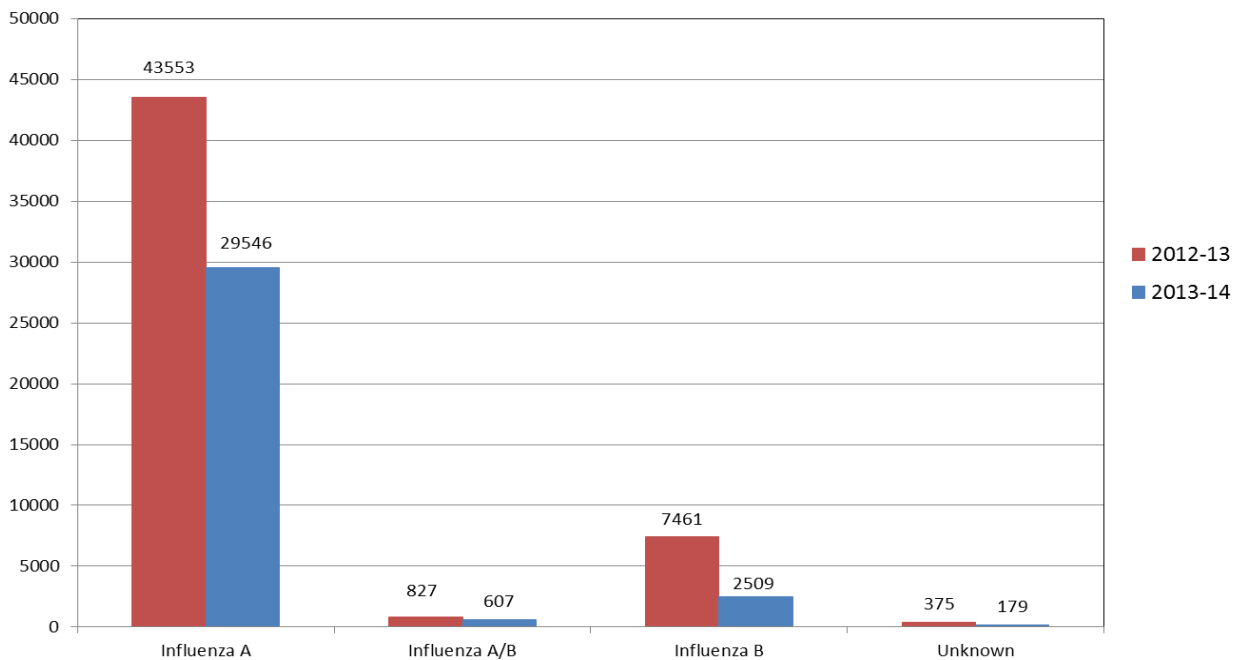
Map of Positive Rapid Influenza Tests by County
(3/2/14 - 3/8/14)



Positive Rapid Tests by MMWR Week and Type



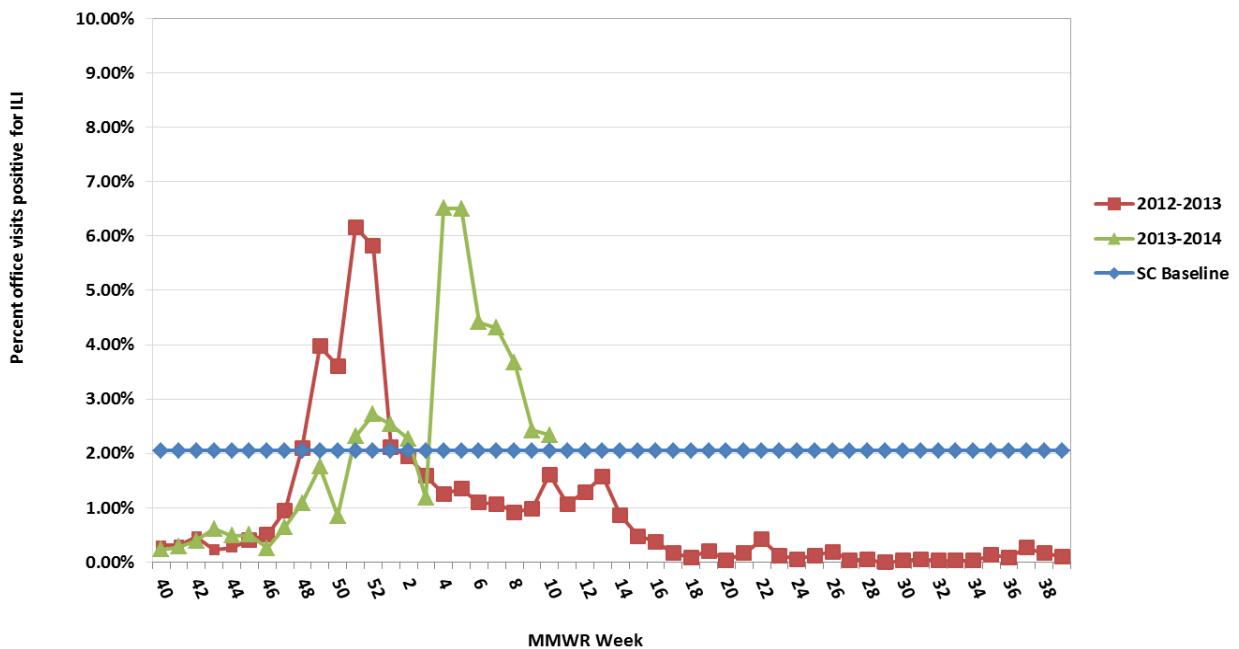
Positive Rapid Tests by Type 2012-13 vs 2013-14 September 29, 2013 - March 8, 2014



III. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week, 2.34 % of patient visits to SC ILINet providers were due to ILI. This is above the state baseline (2.05%). This ILI percentage compares to 1.61% this time last year. Reports were received from providers in 10 counties, representing all 4 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**



*The SC baseline is the mean percentage of patient visits for ILI during non-influenza weeks (weeks when percent of positive lab tests was below 20%) for the previous three seasons plus two standard deviations.

Influenza-Like Illness Reported by Sentinel Providers
March 2, 2014 – March 8, 2014

County	ILI %	County	ILI %
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	7.30%	Marion	---
Cherokee	---	Marlboro	---
Chester	---	McCormick	NR
Chesterfield	---	Newberry	---
Clarendon	---	Oconee	---
Colleton	---	Orangeburg	---
Darlington	---	Pickens	0%
Dillon	NR	Richland	0.57%
Dorchester	NR	Saluda	0%
Edgefield	---	Spartanburg	0%
Fairfield	---	Sumter	NR
Florence	0.11%	Union	---
Georgetown	NR	Williamsburg	---
Greenville	0.21%	York	1.39%

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

IV. Influenza hospitalizations and deaths

For the current MMWR reporting week, 33 lab confirmed influenza hospitalizations were reported by 47 hospitals. Three lab confirmed influenza death was reported. 1729 lab confirmed influenza hospitalizations and 74 lab confirmed influenza deaths have been reported since 9/29/13. *

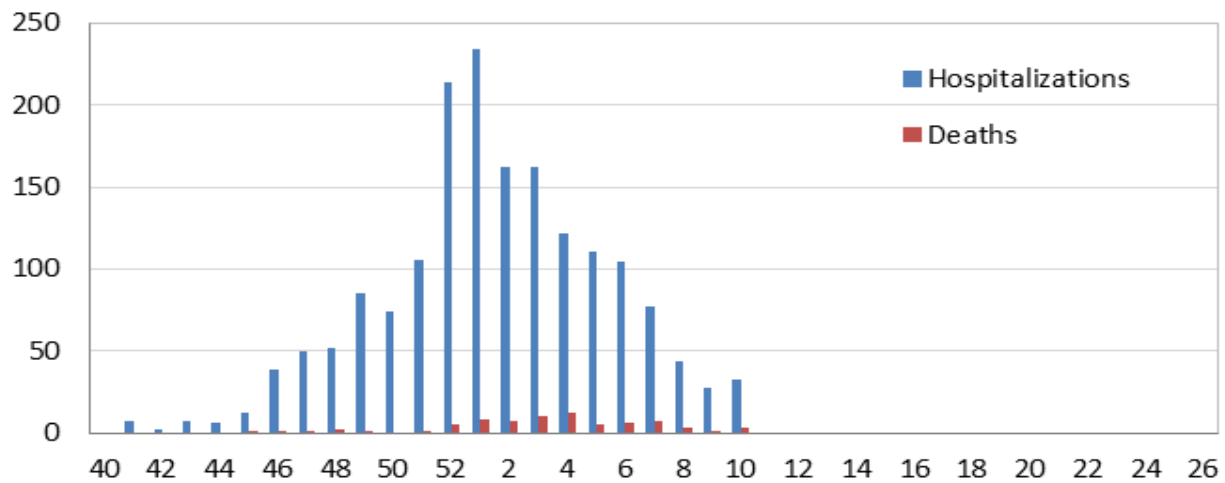
<i>Current MMWR Week (3/2/14 -3/8/14)</i>							
	0-4	5-17	18-49	50-64	65+	Unk	Total
Hospitalizations	0	0	7	8	18		33
Deaths				1	2		3

<i>Cumulative (9/29/13 -3/8/14)</i>							
	0-4	5-17	18-49	50-64	65+	Unk	Total
Hospitalizations	140	73	461	546	509		1729
Deaths	1	1	22	19	39		74

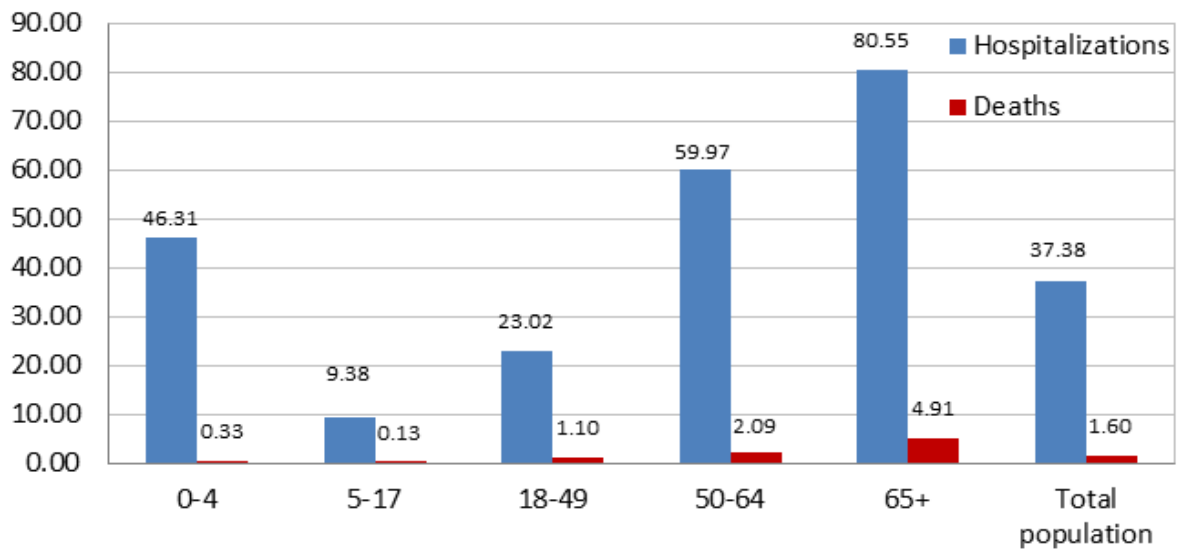
* Lab confirmation for hospitalizations and deaths includes culture, PCR, DFA, IFA, and rapid test.

Influenza Deaths by SC Public Health Region	
Region	Total Deaths
Lowcountry	16
Midlands	17
Pee Dee	11
Upstate	30
Total	74

**Reported Cases of Laboratory Confirmed Influenza
Hospitalizations and Deaths by MMWR week
September 29, 2013 - March 8, 2014**



**Laboratory Confirmed Influenza Case rate/100,000
Hospitalizations (n=1729) and Deaths (n=74) by age group
September 29, 2013 - March 8, 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.

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)

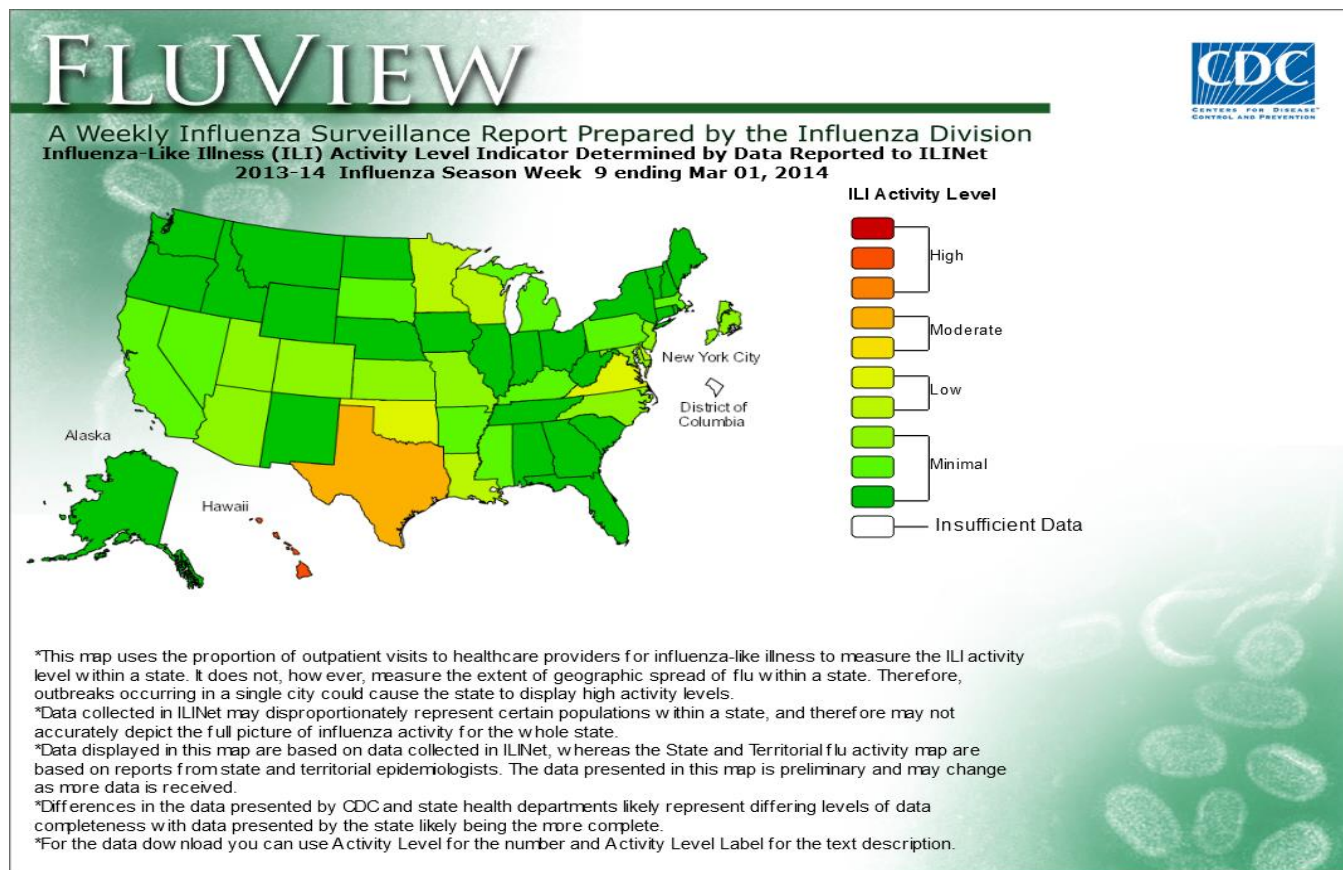
SC-DARTS is a collaborative network of syndromic surveillance systems within South Carolina. Currently our network contains the following data sources: SC Hospital Emergency Department (ED) chief-complaint data, Poison Control Center call data, Over-the-Counter (OTC) pharmaceutical sales surveillance, 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 9 (2/23- 3/1)

During week 9 (February 23-March 1, 2014), influenza activity continued to decrease in the United States.

- **Viral Surveillance:** Of 6,748 specimens tested and reported during week 9 by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories, 587 (8.7%) were positive for influenza.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold.
- **Influenza-Associated Pediatric Deaths:** Four influenza-associated pediatric deaths were reported.
- **Influenza-associated Hospitalizations:** A season-cumulative rate of 28.5 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 2.0%, which is at the national baseline. Five of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; one state experienced moderate ILI activity; six states experienced low ILI activity; 42 states and New York City experienced minimal ILI activity, and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in eight states was reported as widespread; 12 states reported regional influenza activity; the District of Columbia, Guam, and 26 states reported local influenza activity; Puerto Rico and four states reported sporadic influenza activity, and the U.S. Virgin Islands reported no influenza activity.

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