



Flu Watch

South Carolina Department of Health and Environmental Control
Division of Acute Disease Epidemiology

Week Ending October 11, 2014 (MMWR Week 41)

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

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MMWR Week 41 at a Glance:

Influenza Activity Synopsis:

In general, influenza activity in South Carolina increased slightly during the past MMWR week. South Carolina reported SPORADIC activity for week 41.

Laboratory surveillance:

- 131 laboratory-confirmed cases of influenza were reported from 22 counties. 175 cases have been reported this season, with laboratory-confirmed cases identified in 23 counties.
- 108 (61.7%) of all laboratory-confirmed cases this season are influenza A, 62 (35.4%) are influenza B, 4 (2.3%) are influenza A/B, and 1 (0.57%) is of unknown type.

ILI Activity (South Carolina baseline is 2.05%):

- Influenza-like illness activity at sentinel providers was below South Carolina's baseline (0.41%). 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:

- 11 lab confirmed hospitalizations were reported. Since 9/28/14, 19 lab confirmed hospitalizations have been reported.

Deaths:

- One lab confirmed death was reported. Since 9/28/14, 2 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 (2014-15)</i>	<i>Cumulative (2013-14)</i>	<i>Cumulative change 2014-15 compared to 2013-14</i>
Number of positive confirmatory tests (culture, RT-PCR, DFA, IFA)	1	0	▲	1	8	▼ 87.5%
Percent of ILI visits reported by ILINet providers	0.41%	1.63%	▼ 1.22%	--	--	--
Number of lab confirmed flu hospitalizations	11	8	▲ 37.5%	19	7	▲ 171.4%
Number of lab confirmed flu deaths	1	1	--	2	0	▲

I. Confirmatory testing

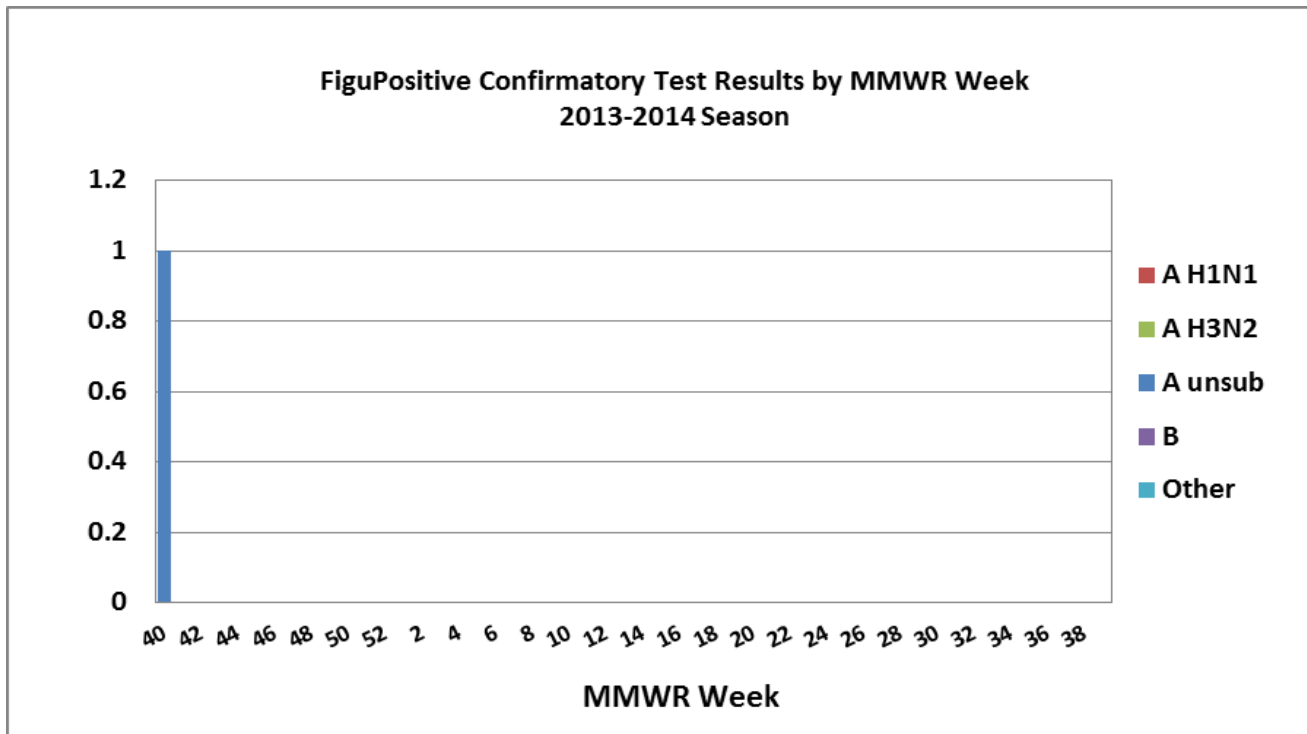
<i>Positive confirmatory influenza test results*</i> <i>Current MMWR Week (10/5/14 – 10/11/14)</i>	
	BOL and reference labs
Number of positive confirmatory tests	1
Influenza A unsubtype	1 (100%)
Influenza A H1N1	
Influenza A H3N2	
Influenza B	
Other	
Includes culture, RT-PCR, DFA, and IFA	

For the current MMWR reporting week, 1 positive confirmatory test was reported. So far this season 1 positive confirmatory test has been reported.

<i>Positive confirmatory influenza test results*</i> <i>Cumulative (09/28/14 – 10/11/14)</i>	
	BOL and reference labs
Number of positive confirmatory tests	1
Influenza A unsubtype	1(100%)
Influenza A H1N1	
Influenza A H3N2	
Influenza B	
Unk/Other	
Includes culture, RT-PCR, DFA, and IFA	

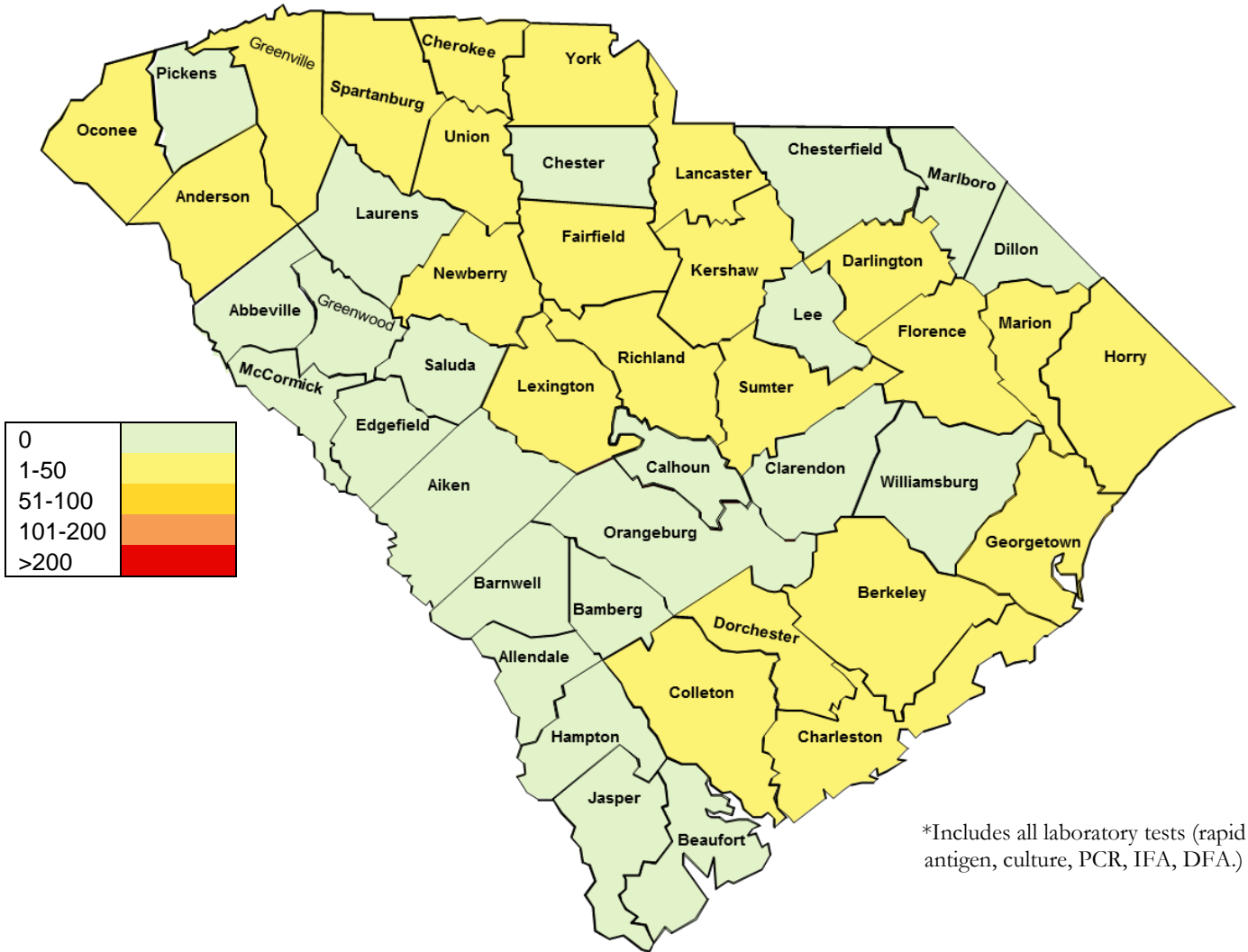
Positive Confirmatory Tests by County*
Current Week 10/5/14 – 10/11/14

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		Greenville		Pickens	
Berkeley		Greenwood		Richland	1
Calhoun		Hampton		Saluda	
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 09/28/14 – 10/11/14

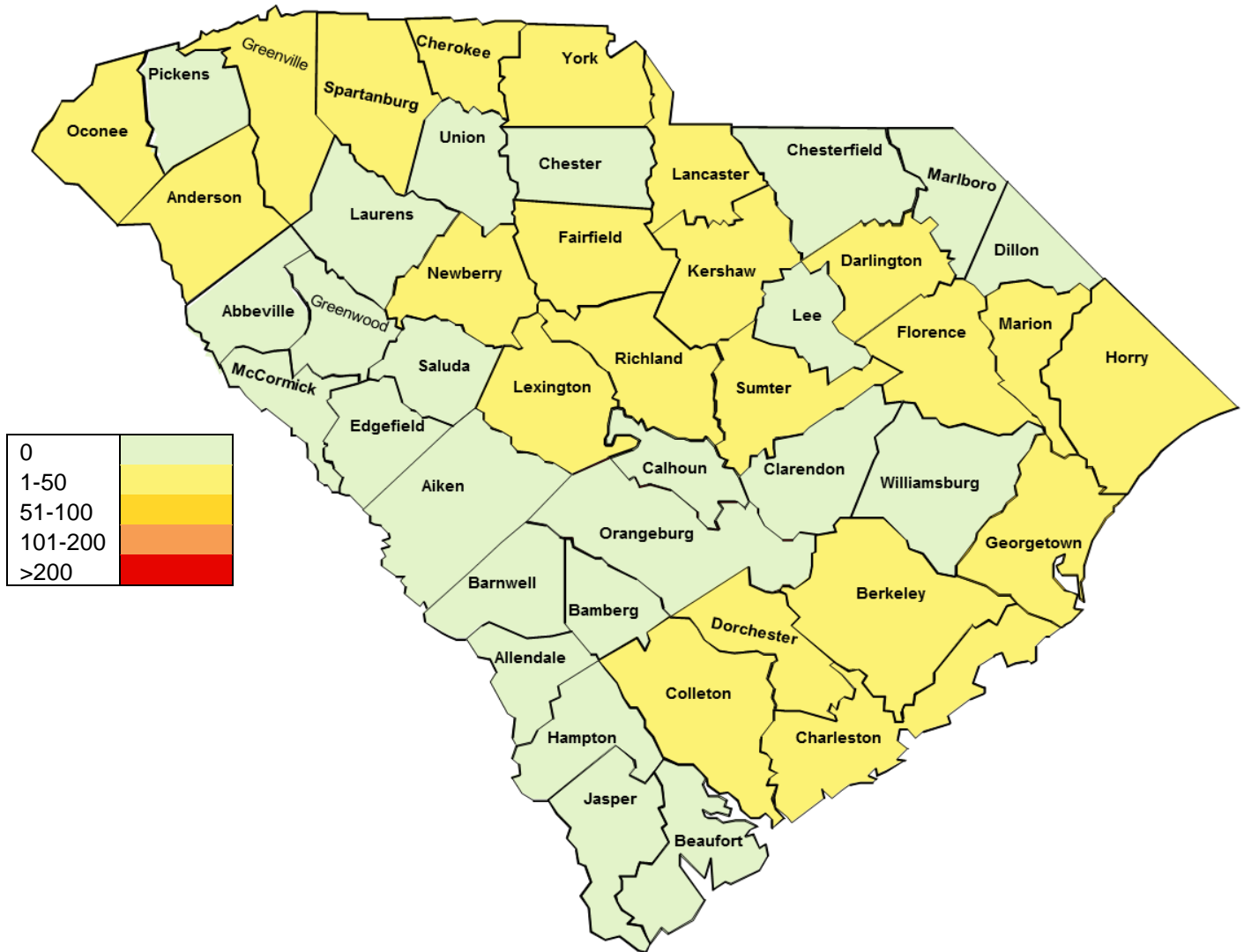


*Includes all laboratory tests (rapid antigen, culture, PCR, IFA, DFA.)

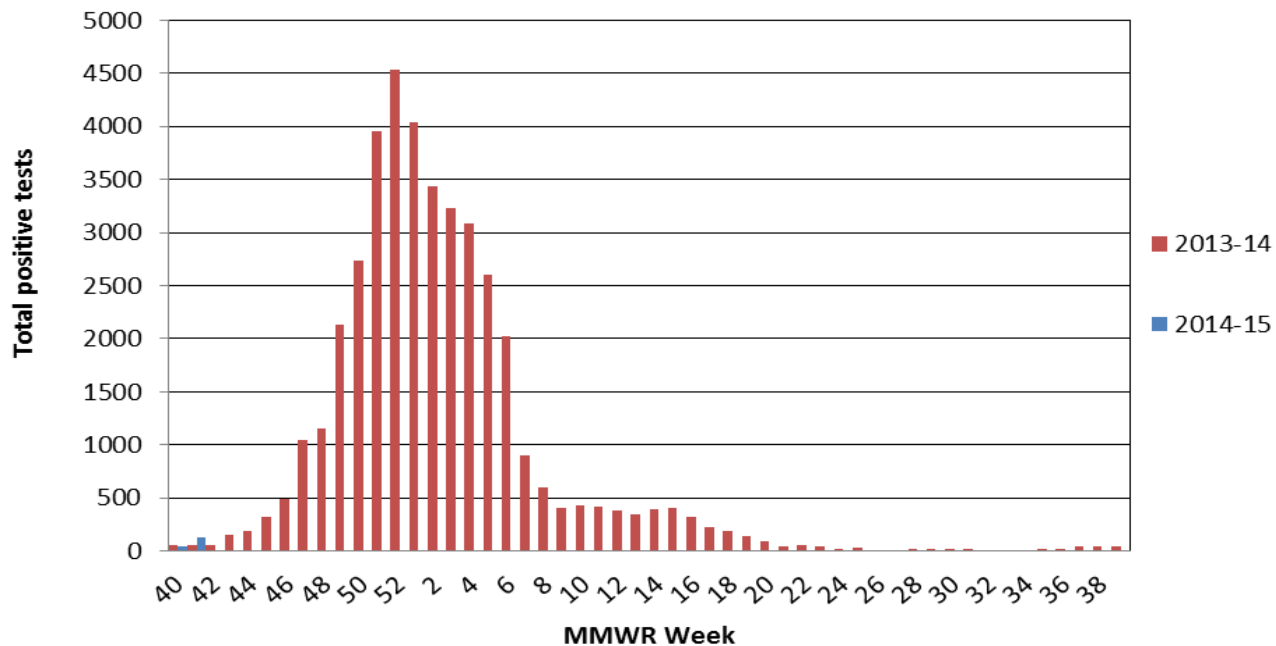
II. Positive Rapid Antigen Tests

For the current MMWR reporting week, 130 positive rapid antigen tests were reported. Of these, 77 were influenza A, 4 were influenza A/B, 48 were influenza B, and 1 was unknown. This compares to 58 this time last year. 174 positive rapid tests have been reported since 9/28/14.

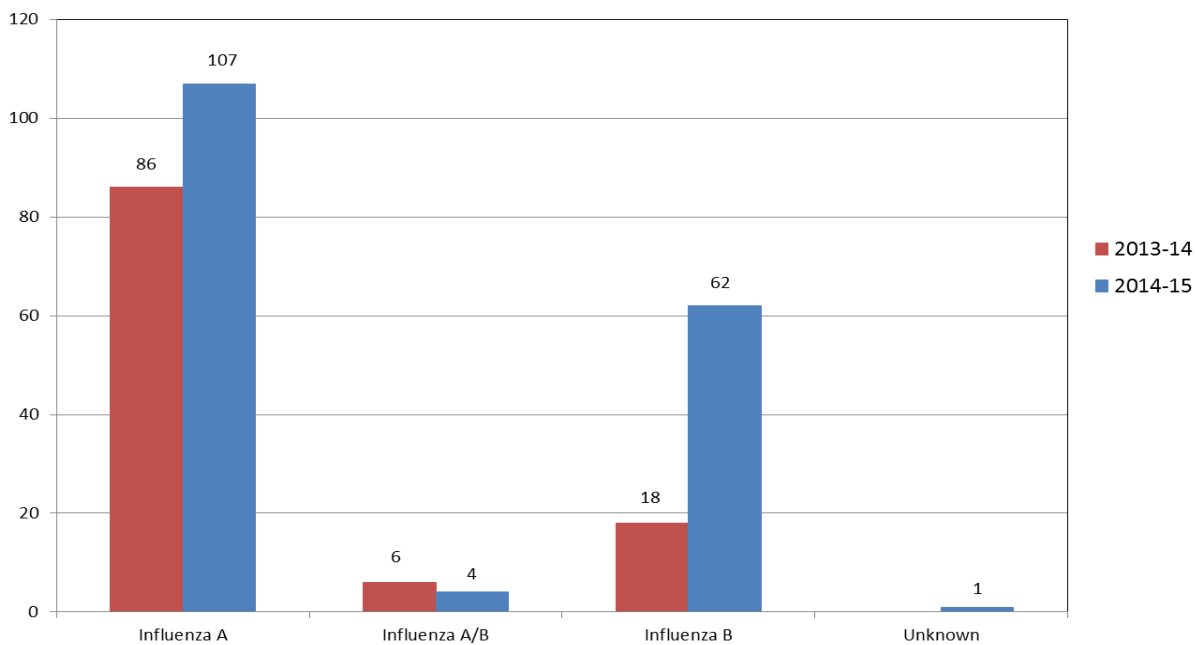
Map of Positive Rapid Influenza Tests by County
(10/5/14 - 10/11/14)



Positive Rapid Tests by MMWR Week 2013-14 vs 2014-15

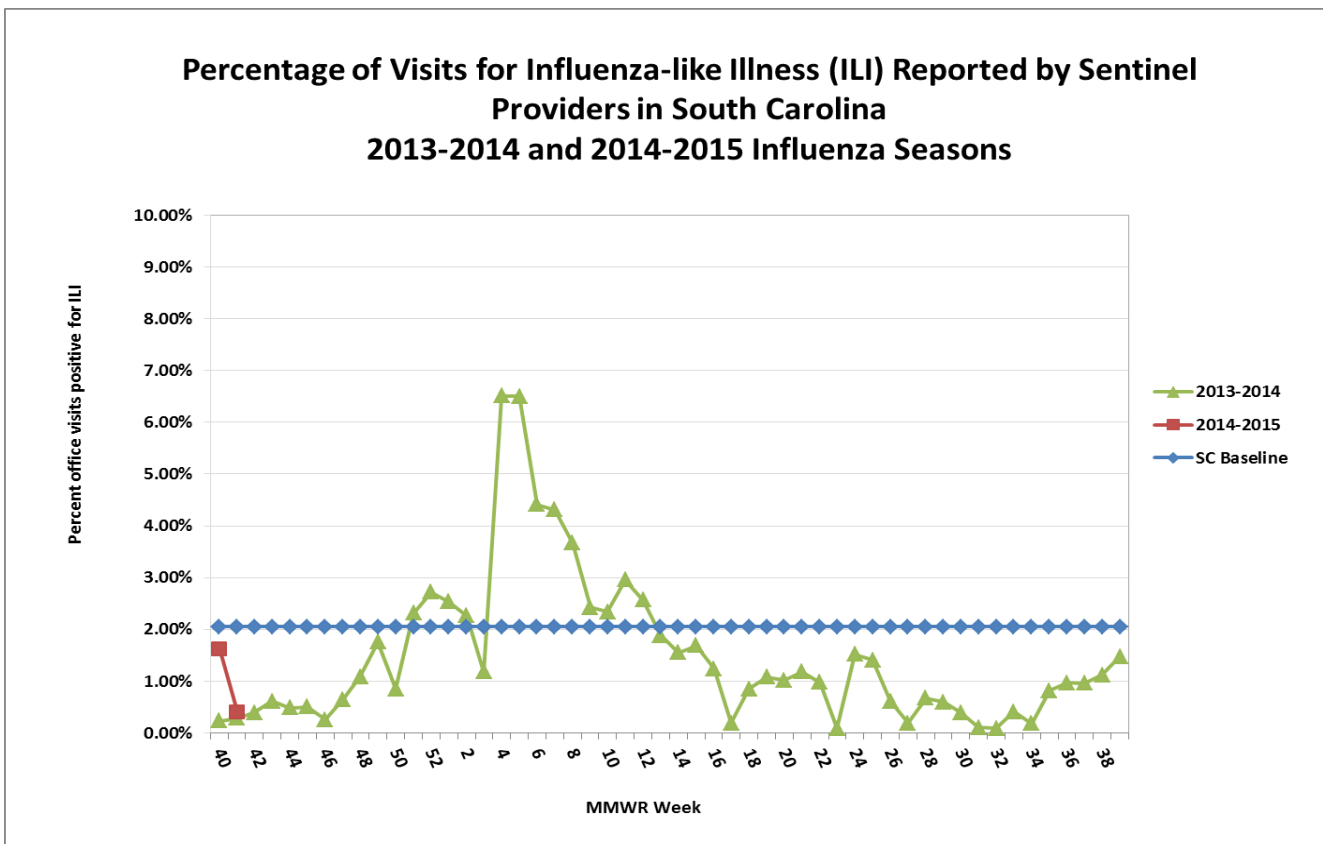


Positive Rapid Tests by Type 2012-13 vs 2013-14 September 28, 2014 - October 11, 2014



III. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week, 0.41%* of patient visits to SC ILINet providers were due to ILI. This is below the state baseline (2.05%). This ILI percentage compares to 0.28% this time last year. Reports were received from providers in 9 counties, representing all of the 4 regions.



*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. * ILI percentage is dependent upon the number of reporting providers and can be greatly influenced by a single provider with high numbers of ILI.

**Influenza-Like Illness Reported by Sentinel Providers
October 5, 2014 – October 11, 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	5.62%	Lee	---
Calhoun	---	Lexington	NR
Charleston	NR	Marion	---
Cherokee	---	Marlboro	---
Chester	---	McCormick	NR
Chesterfield	---	Newberry	---
Clarendon	---	Oconee	---
Colleton	---	Orangeburg	---
Darlington	---	Pickens	0%
Dillon	NR	Richland	NR
Dorchester	NR	Saluda	0%
Edgefield	---	Spartanburg	0%
Fairfield	---	Sumter	NR
Florence	0%	Union	---
Georgetown	NR	Williamsburg	---
Greenville	0%	York	0.53%

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

IV. Influenza hospitalizations and deaths

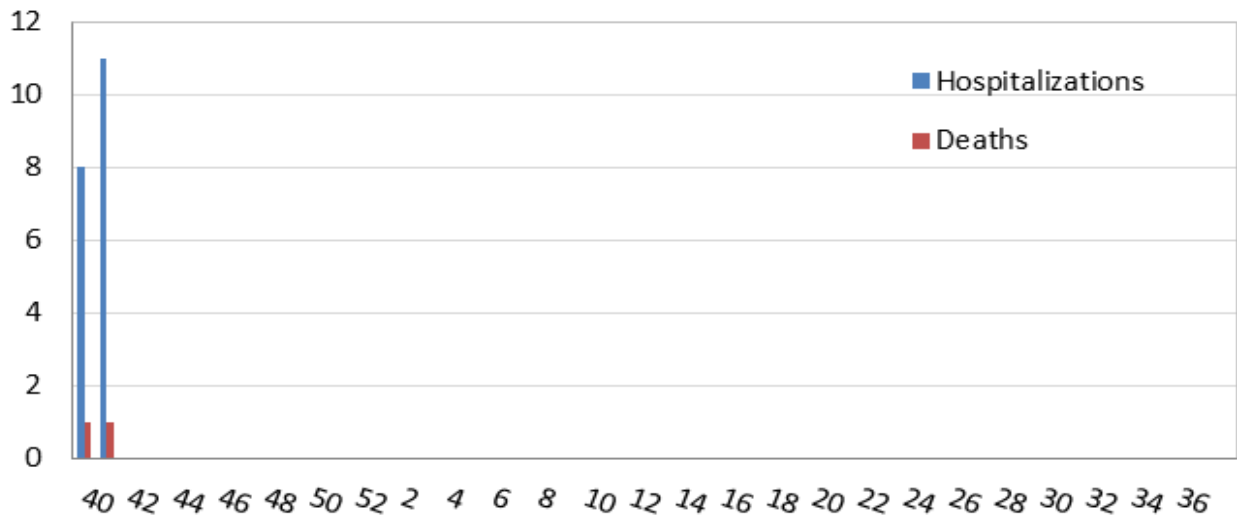
For the current MMWR reporting week, 11 lab confirmed influenza hospitalizations were reported by 38 hospitals. One lab confirmed influenza death was reported.* So far this season, 19 lab confirmed hospitalizations and 2 lab confirmed deaths have been reported.

<i>Current MMWR Week (10/5/14 -10/11/14)</i>							
	0-4	5-17	18-49	50-64	65+	Unk	Total
Hospitalizations		1	2	4	3	1	11
Deaths					1		1

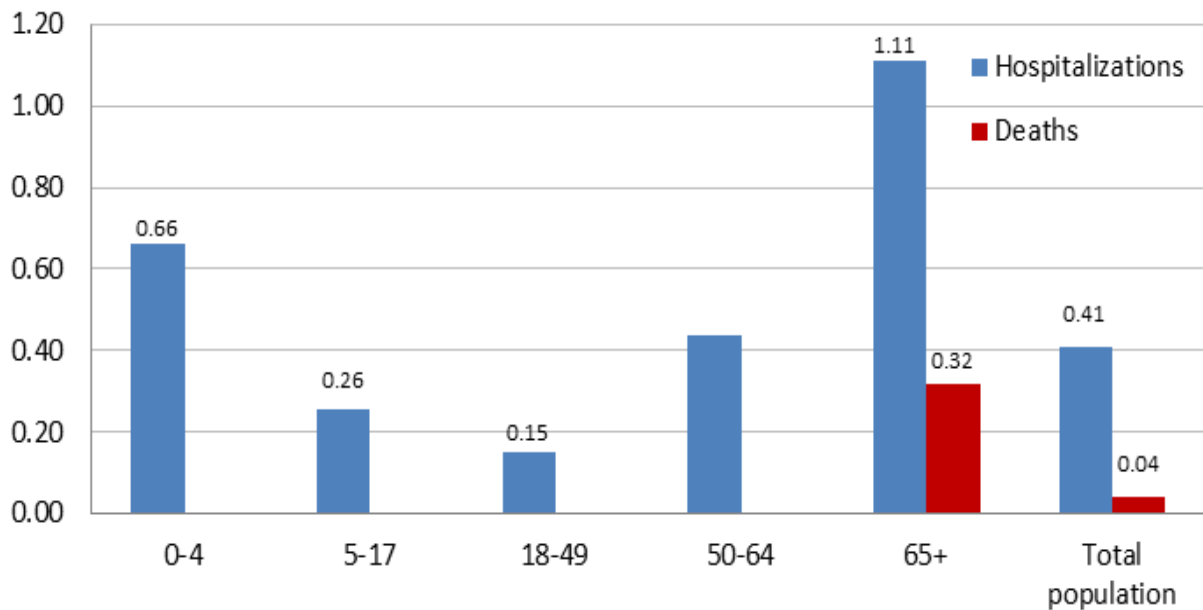
<i>Current MMWR Week (9/28/14 -10/11/14)</i>							
	0-4	5-17	18-49	50-64	65+	Unk	Total
Hospitalizations	2	2	3	4	7	1	19
Deaths					2		2

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

**Reported Cases of Laboratory Confirmed Influenza
Hospitalizations and Deaths by MMWR week
September 28, 2014 - October 11, 2014**



**Laboratory Confirmed Influenza Case rate/100,000
Hospitalizations (n=19) and Deaths (n=2) by age group
September 28, 2014 - October 11, 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 1 (9/28– 10/4)

During week 40 (September 28-October 4, 2014), influenza activity was low in the United States.

- **Viral Surveillance:** Of 6,192 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories during week 40, 199 (3.2%) 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:** No influenza-associated pediatric deaths were reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.3%, which is below the national baseline of 2.0%. All 10 regions reported ILI below region-specific baseline levels. Puerto Rico experienced high ILI activity, all 50 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 Guam was reported as widespread; Puerto Rico reported regional activity; three states reported local activity; 28 states, the District of Columbia, and the U.S. Virgin Islands reported sporadic activity; 18 states reported no influenza activity; and one state 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