



# Flu Watch

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

Week Ending May 9, 2015 (MMWR Week 18)

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

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## MMWR Week 18 at a Glance:

### Influenza Activity Synopsis:

During the last MMWR week several influenza activity markers increased slightly; however, ILI% remained below baseline. South Carolina reported LOCAL activity for week 18.

### Laboratory surveillance:

- 237 laboratory-confirmed cases of influenza were reported from 20 counties. This includes positive rapid tests, cultures, RT-PCRs, DFAs, and IFAs. This compares to 147 cases this time last year.
- 73,965 laboratory-confirmed cases have been reported this season, with cases identified in 45 counties. This compares to 64,378 cumulative cases this time last year.
- 58,860 (79.6%) of all laboratory-confirmed cases this season are influenza A, 13,647 (18.5%) are influenza B, 1,189 (1.6%) are influenza A/B, and 269 (0.36%) are of unknown or other type.

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

- Influenza-like illness activity at sentinel providers was above South Carolina's baseline (1.73%). ILI percentages represent ILI activity reported by sentinel providers; however, due to the number of reporting providers and the definition of ILI, ILI percentages may not be representative of actual flu activity.

### Hospitalizations:

- 19 lab confirmed hospitalizations were reported. 3,329 lab confirmed hospitalizations have been reported since 9/28/14.

### Deaths:

- Two lab confirmed deaths were reported. 155 lab confirmed deaths have been reported since 9/28/14.

**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 cultures, RT-PCRs, DFAs, and IFAs	3	1	▲ 200%	1,182	746	▲ 58.4%
Number of positive rapid tests	234	192	▲ 21.9%	72,783	63,632	▲ 14.4%
Percent of ILI visits reported by ILINet providers	1.73%	1.74%	▼ 0.01%	--	--	--
Number of lab confirmed flu hospitalizations	19	13	▲ 46.2%	3,329	1,904	▲ 74.8%
Number of lab confirmed flu deaths	2	0	▲	155	76	▲ 104%

## I. Confirmatory testing

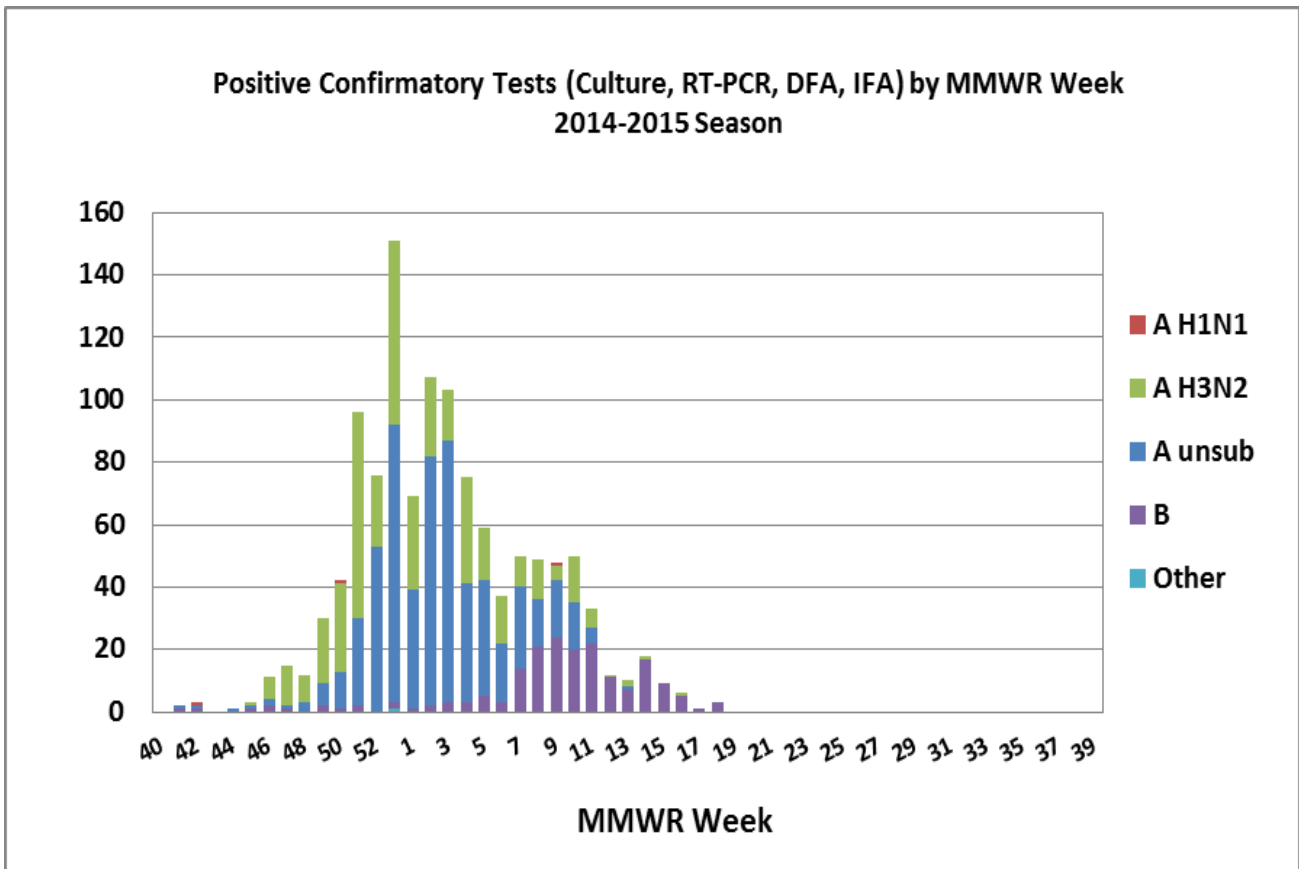
<i>Positive confirmatory influenza test results Current MMWR Week (5/3/15– 5/9/15)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	3
<b>Influenza A unsubtype</b>	
<b>Influenza A H1N1</b>	
<b>Influenza A H3N2</b>	
<b>Influenza B</b>	3(100%)
<b>Other</b>	
Includes culture, RT-PCR, DFA, and IFA	

**For the current MMWR reporting week**, 3 positive confirmatory test were reported. So far this season 1,182 positive confirmatory tests have been reported.

<i>Positive confirmatory influenza test results* Cumulative (09/28/14 – 5/9/15)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	1,182
<b>Influenza A unsubtype</b>	575 (48.6%)
<b>Influenza A H1N1</b>	3 (0.25%)
<b>Influenza A H3N2</b>	418 (35.4%)
<b>Influenza B</b>	184 (15.6%)
<b>Unk/Other</b>	2 (0.16%)
Includes culture, RT-PCR, DFA, and IFA	

**Positive Confirmatory Tests (Culture, RT-PCR, DFA, IFA)  
by County  
Current Week 5/3/15 – 5/9/15**

County	Positive Tests	County	Positive Tests	County	Positive Tests
Abbeville	0	Dillon	0	Marion	<4
Aiken	0	Dorchester	0	Marlboro	0
Allendale	0	Edgefield	0	McCormick	0
Anderson	0	Fairfield	0	Newberry	0
Bamberg	0	Florence	0	Oconee	0
Barnwell	0	Georgetown	<4	Orangeburg	0
Beaufort	0	Greenville	0	Pickens	0
Berkeley	0	Greenwood	0	Richland	0
Calhoun	0	Hampton	0	Saluda	0
Charleston	<4	Horry	0	Spartanburg	0
Cherokee	0	Jasper	0	Sumter	0
Chester	0	Kershaw	0	Union	0
Chesterfield	0	Lancaster	0	Williamsburg	0
Clarendon	0	Laurens	0	York	0
Colleton	0	Lee	0	Unknown	0
Darlington	0	Lexington	0		

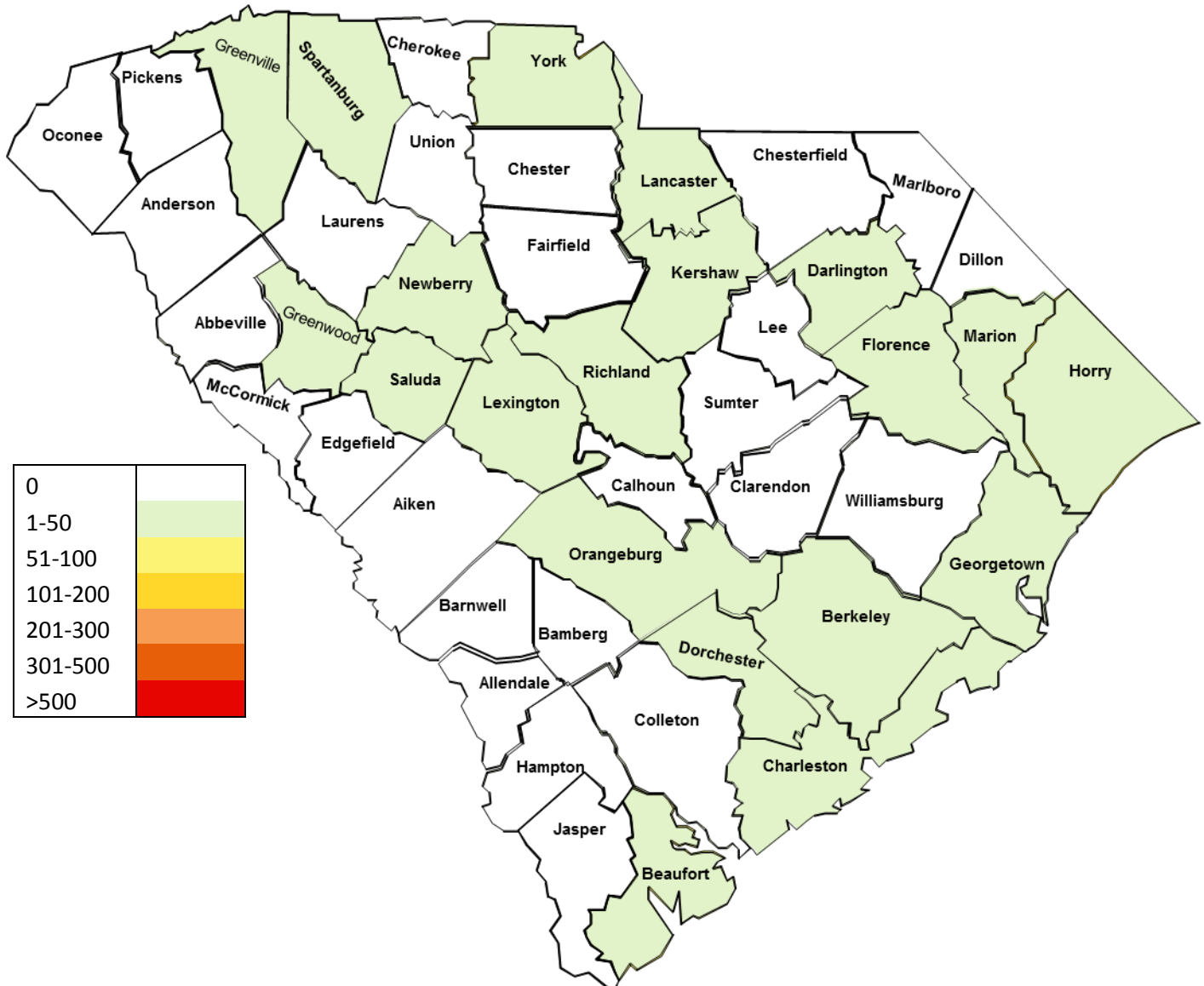




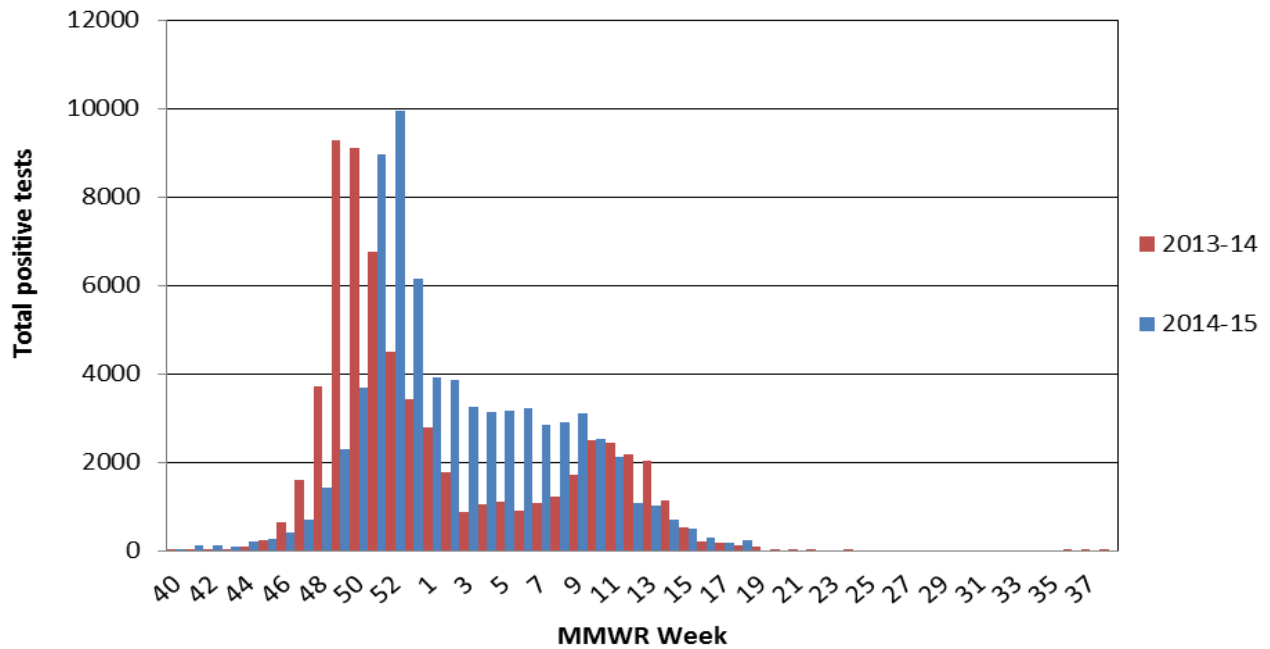
## II. Positive Rapid Antigen Tests

For the current MMWR reporting week, 234 positive rapid antigen tests were reported. Of these, 85 were influenza A, 5 were influenza A/B, and 144 were influenza B. This compares to 144 this time last year. 72,783 positive rapid tests have been reported since 9/28/14.

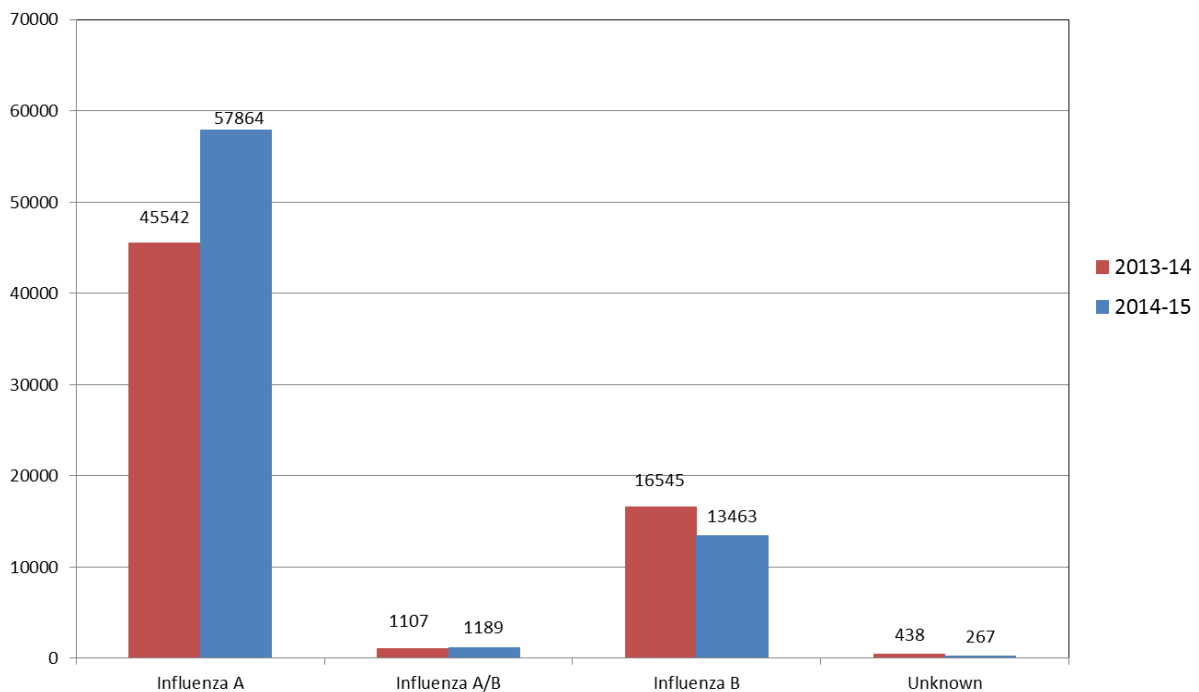
Map of Positive Rapid Influenza Tests by County  
(Current Week 5/3/15 – 5/9/15)



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



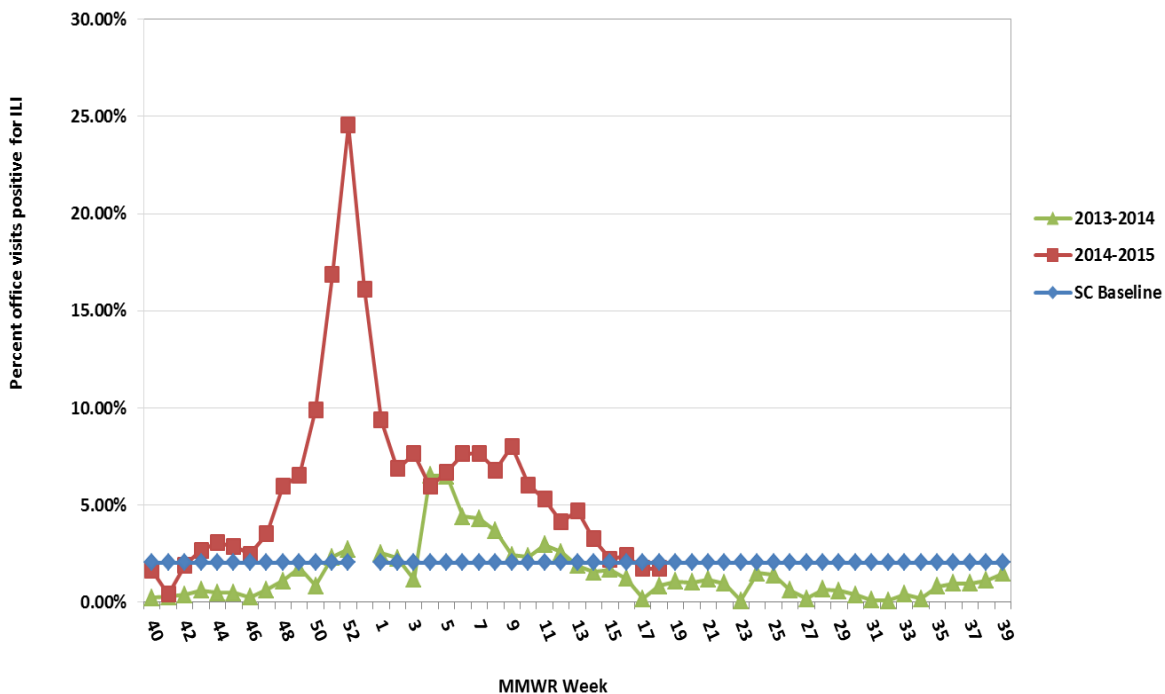
## Positive Rapid Tests by Type 2013-14 vs 2014-15 September 28, 2014 - May 9, 2015



### III. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week 1.73%\* of patient visits to SC ILINet providers were due to ILI. This is below the state baseline (2.05%). This ILI percentage compares to 1.08% this time last year. Reports were received from providers in 8 counties, representing all of the 4 regions.

Percentage of Visits for Influenza-like Illness (ILI) Reported by Sentinel Providers in South Carolina  
2013-2014 and 2014-2015 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. \* 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**  
**May 3, 2015 – May 9, 2015**

<b>County</b>	<b>ILI %</b>	<b>County</b>	<b>ILI %</b>
Abbeville	---	Greenwood	NR
Aiken	0%	Hampton	NR
Allendale	---	Horry	NR
Anderson	NR	Jasper	NR
Bamberg	---	Kershaw	NR
Barnwell	---	Lancaster	---
Beaufort	NR	Laurens	NR
Berkeley	NR	Lee	---
Calhoun	---	Lexington	NR
Charleston	3.26%	Marion	---
Cherokee	---	Marlboro	---
Chester	---	McCormick	NR
Chesterfield	---	Newberry	---
Clarendon	---	Oconee	---
Colleton	---	Orangeburg	---
Darlington	---	Pickens	0%
Dillon	NR	Richland	0%
Dorchester	NR	Saluda	0.60%
Edgefield	---	Spartanburg	0%
Fairfield	---	Sumter	NR
Florence	0.43%	Union	---
Georgetown	NR	Williamsburg	---
Greenville	NR	York	0%

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

## IV. Influenza hospitalizations and deaths

For the current MMWR reporting week, 19 lab confirmed influenza hospitalizations were reported by 31 hospitals. Two lab confirmed influenza deaths were reported.\* So far this season, 3,329 lab confirmed hospitalizations and 155 lab confirmed deaths have been reported.

<i>Current MMWR Week (5/3/15 - 5/9/15)</i>							
	0-4	5-17	18-49	50-64	65+	Unk	Total
<b>Hospitalizations</b>	5		3	5	6		19
<b>Deaths</b>				1			1

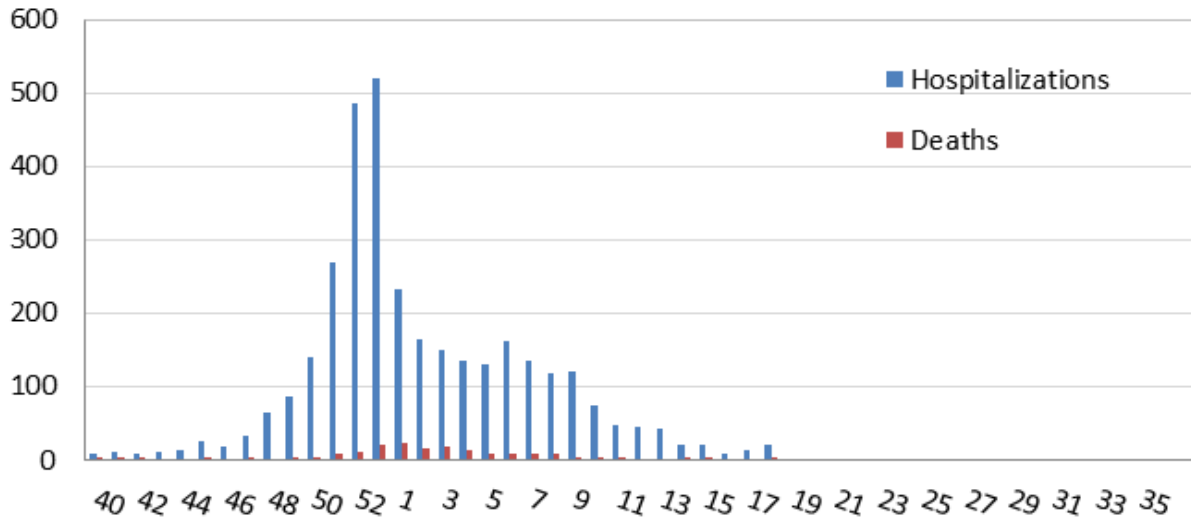
<i>Cumulative (9/28/14 - 5/9/15)</i>							
	0-4	5-17	18-49	50-64	65+	Unk	Total
<b>Hospitalizations</b>	184	120	379	589	2,055	2	3,329
<b>Deaths</b>		3	8	17	127		155

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

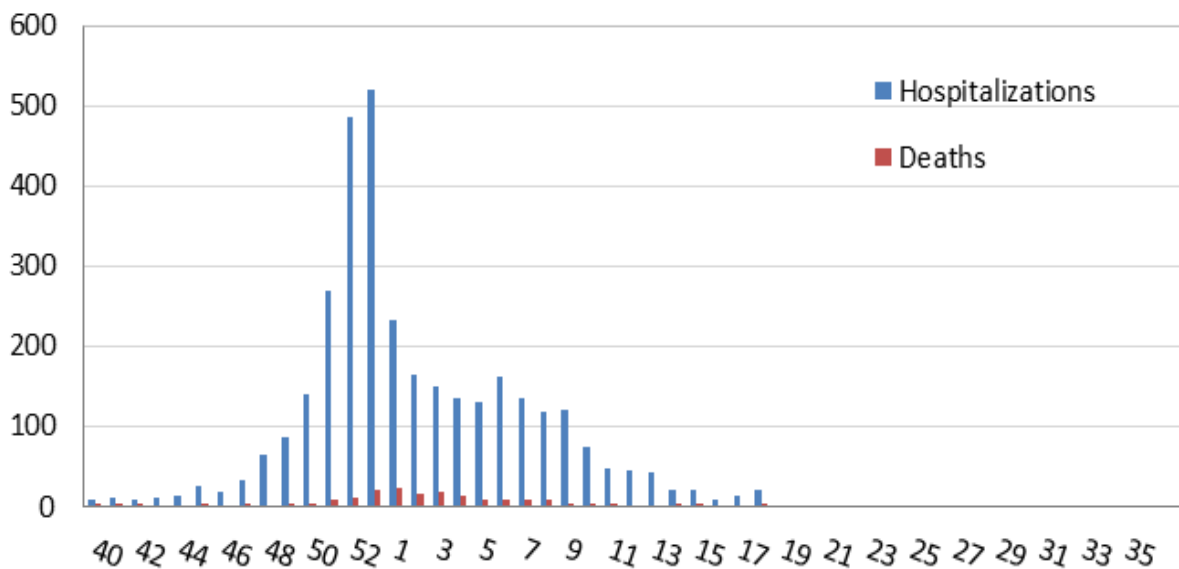
**Laboratory Confirmed Influenza Deaths by County**  
**9/28/14 - 5/9/15**

<b>County</b>	<b>Total Deaths</b>
Abbeville	<4
Aiken	13
Anderson	8
Berkeley	<4
Beaufort	7
Charleston	7
Cherokee	<4
Colleton	<4
Darlington	4
Dillon	<4
Dorchester	4
Florence	9
Greenville	20
Greenwood	<4
Hampton	<1
Horry	7
Jasper	<4
Lancaster	4
Kershaw	<4
Laurens	9
Lee	<4
Lexington	10
Marion	<4
McCormick	<4
Newberry	<4
Oconee	<4
Pickens	4
Richland	11
Spartanburg	15
York	<4

**Reported Cases of Laboratory Confirmed Influenza  
Hospitalizations and Deaths by MMWR week  
September 28, 2014 - May 2, 2015**



**Reported Cases of Laboratory Confirmed Influenza  
Hospitalizations and Deaths by MMWR week  
September 28, 2014 - May 9, 2015**



## 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 (pediatric and adult) lab confirmed influenza deaths should be reported to DHEC within 24 hours. These include deaths confirmed by culture, PCR, rapid test, 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.

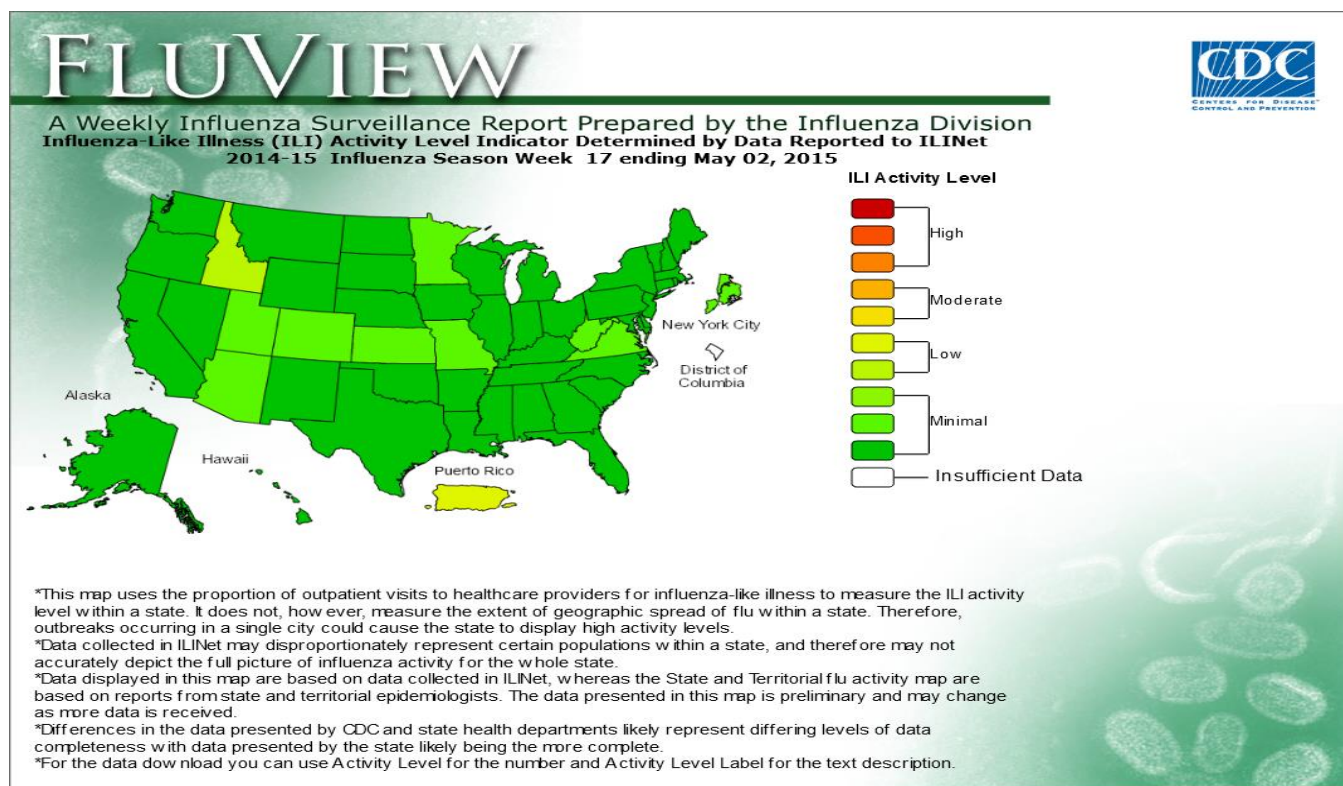
#### South Carolina Disease Alerting, Reporting & Tracking System (SC-DARTS)

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 (4/26 - 5/2)

During week 17 (April 26-May 2, 2015), influenza activity continued to decrease in the United States.

- **Viral Surveillance:** Of 8,269 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories during week 17, 451 (5.5%) were positive for influenza.
- **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 the epidemic threshold.
- **Influenza-associated Pediatric Deaths:** Three influenza-associated pediatric deaths were reported.
- **Influenza-associated Hospitalizations:** A cumulative rate for the season of 64.8 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 1.4%, which is below the national baseline of 2.0%. All 10 regions reported ILI below region-specific baseline levels. Puerto Rico and one state experienced low ILI activity; New York City and 49 states experienced minimal ILI activity; and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in two states was reported as widespread; Guam and seven states reported regional activity; Puerto Rico and 12 states reported local activity; the District of Columbia and 26 states reported sporadic activity; and the U.S. Virgin Islands and three states reported no influenza activity.



## 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

Note: For activity level classification purposes only, the state is divided into 8 reporting regions.

**Confirmatory testing:** Influenza testing which is considered to be confirmatory, such as a viral culture, RT-PCR, DFA, IFA

**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 2014-15 influenza season began on September 28, 2014 and will end on October 3, 2015.

**Laboratory-confirmation:** Positive influenza test resulting from one of the following laboratory tests:

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