



# Flu Watch

*Summer Edition*

South Carolina Department of Health and Environmental Control

Division of Acute Disease Epidemiology

Week Ending September 12, 2015 (MMWR Week 36)

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

<i>In this issue:</i>	
Summary	1
I. Confirmatory testing	2
II. Positive rapid antigen tests	4
III. ILINet	5
IV. Hospitalizations & deaths	6
V. SC surveillance	7
VI. Definitions for influenza surveillance	8

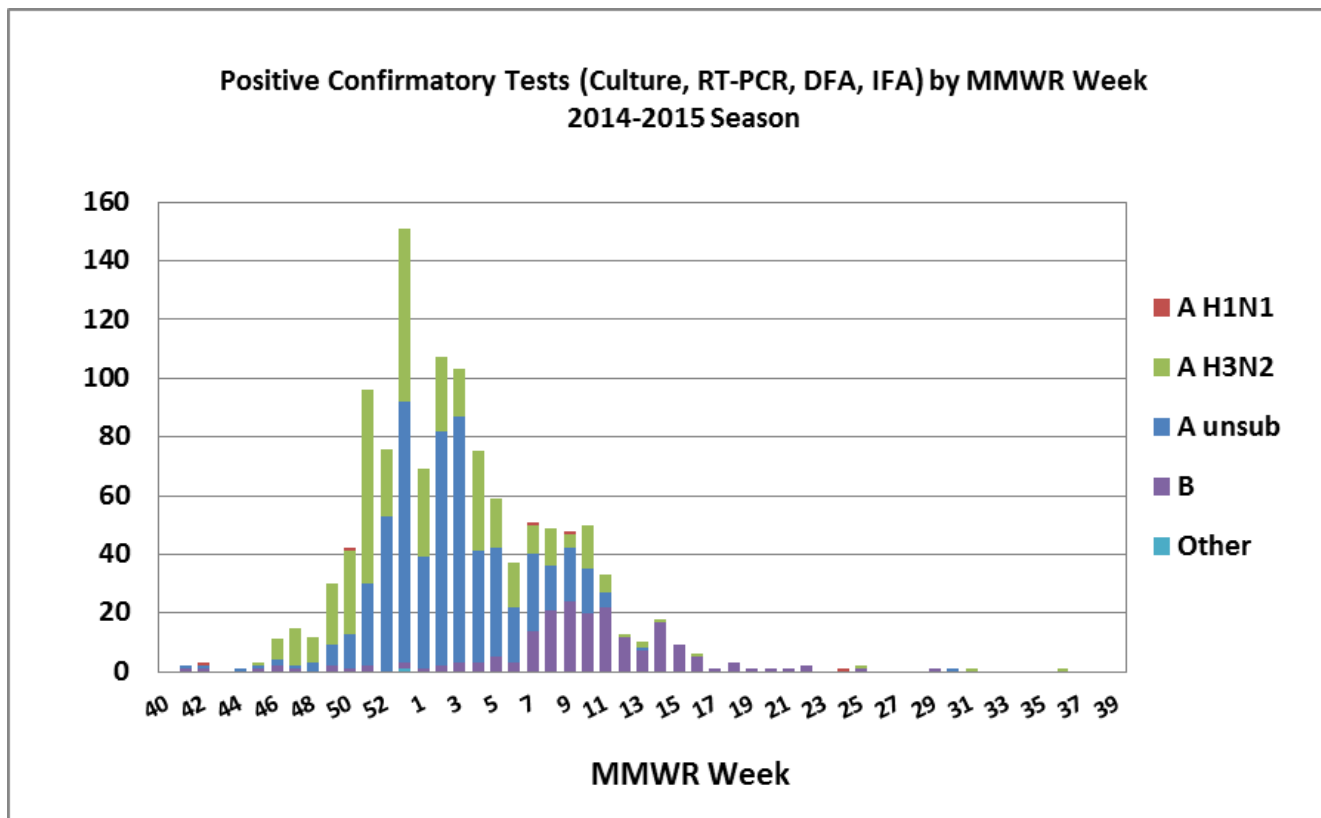
Current influenza activity level: **NO ACTIVITY**  
*All data are provisional and may change as new reports are received.*

**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	1	0	▲	1,194	768	▲ 55.5%
Number of positive rapid tests	58	63	▼ 7.9%	73,644	64,101	▲ 14.9%
Percent of ILI visits reported by ILINet providers	0.90%	0.70%	▼ 0.20%	--	--	--
Number of lab confirmed flu hospitalizations	4	3	▲ 33.3%	3,373	1,944	▲ 73.5%
Number of lab confirmed flu deaths	0	0	--	156	78	▲ 100%

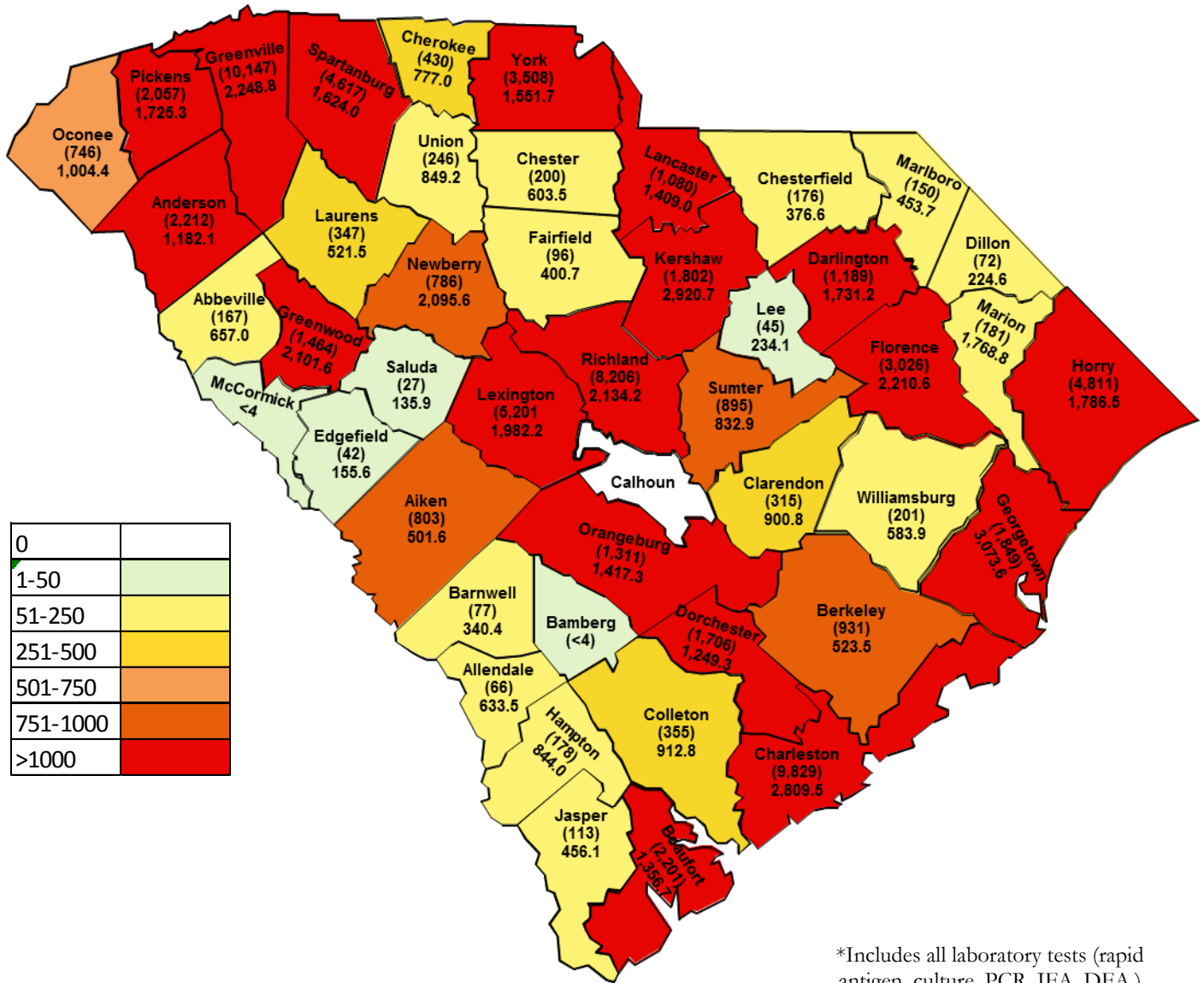
## I. Confirmatory testing

<i>Positive confirmatory influenza test results*</i> <i>Cumulative (09/28/14 – 9/12/15)</i>	
	<b>BOL and reference labs</b>
<b>Number of positive confirmatory tests</b>	1,196
<b>Influenza A unsubtype</b>	576 (48.2%)
<b>Influenza A H1N1</b>	5 (0.42%)
<b>Influenza A H3N2</b>	421 (35.2%)
<b>Influenza B</b>	192 (16.1%)
<b>Unk/Other</b>	2 (0.17%)
Includes culture, RT-PCR, DFA, and IFA	



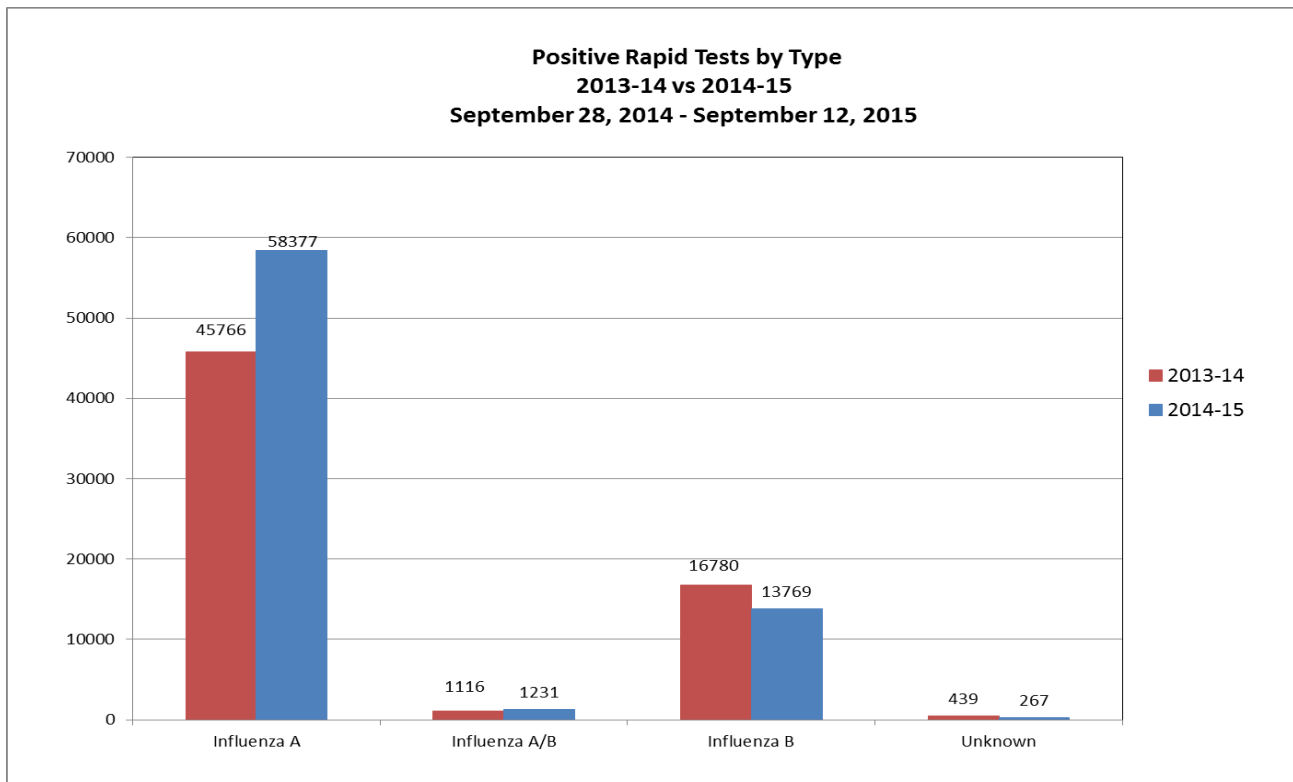
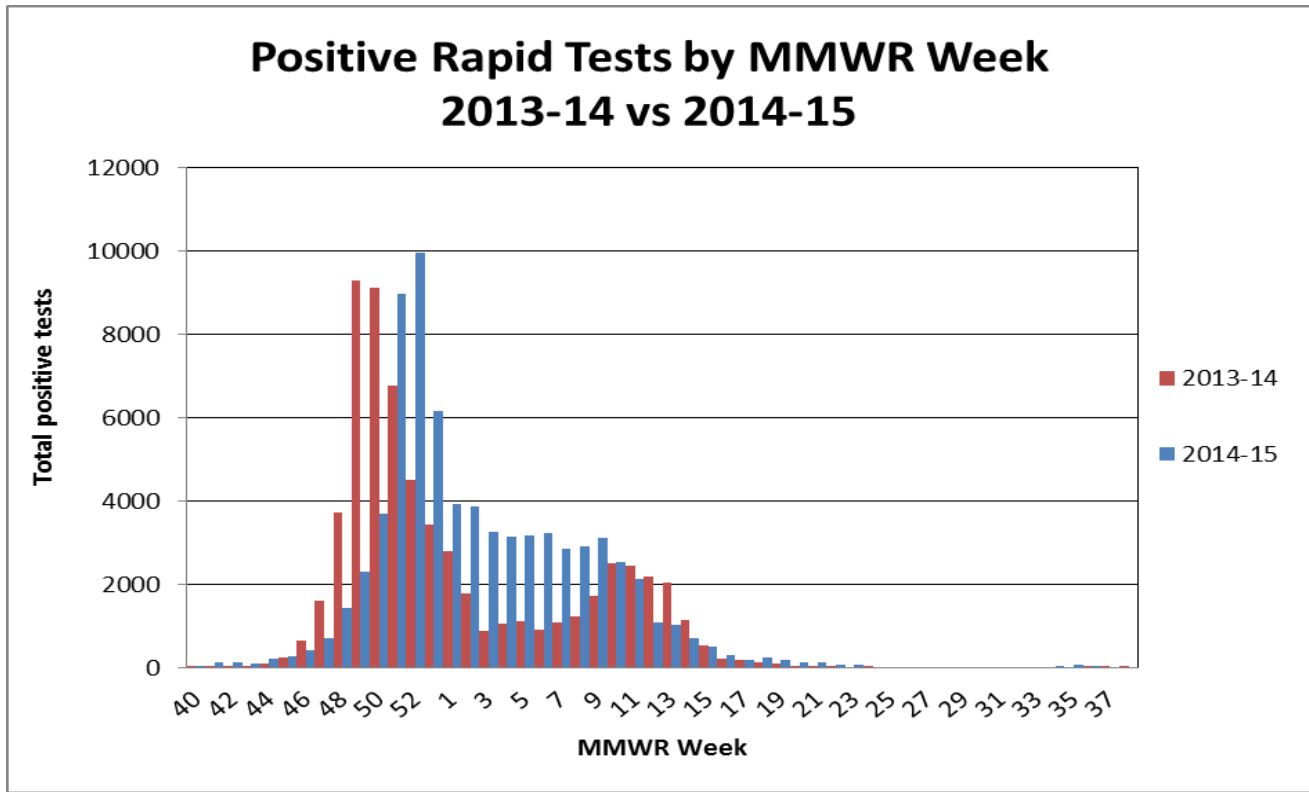
\*Includes culture, PCR, DFA, IFA

Map of all Laboratory Confirmed Cases\* by County  
 Cumulative 09/28/14 – 9/12/15



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

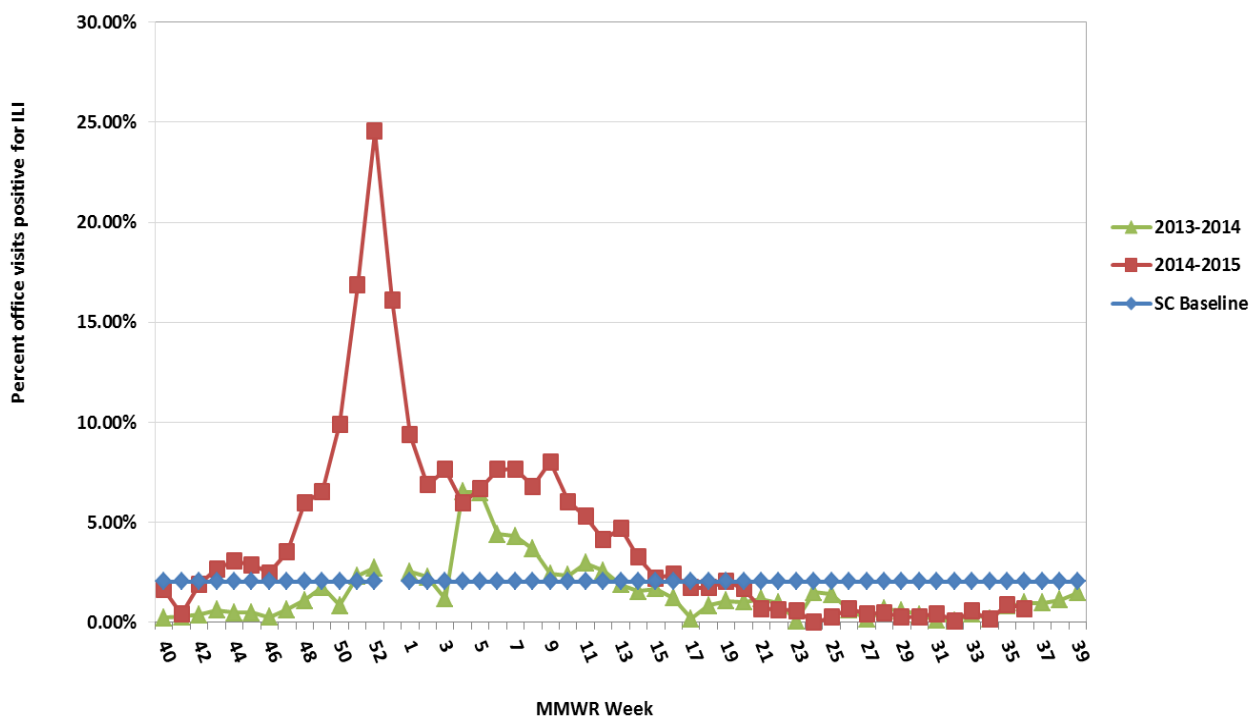
## II. Positive Rapid Antigen Tests



### III. ILINet Influenza-Like Illness Surveillance

During the most recent MMWR week, 0.70%\* of patient visits to SC ILINet providers were due to ILI. This is below the state baseline (2.05%). This ILI percentage compares to 0.97 % this time last year. Reports were received from providers in 8 counties representing all of the 4 regions.

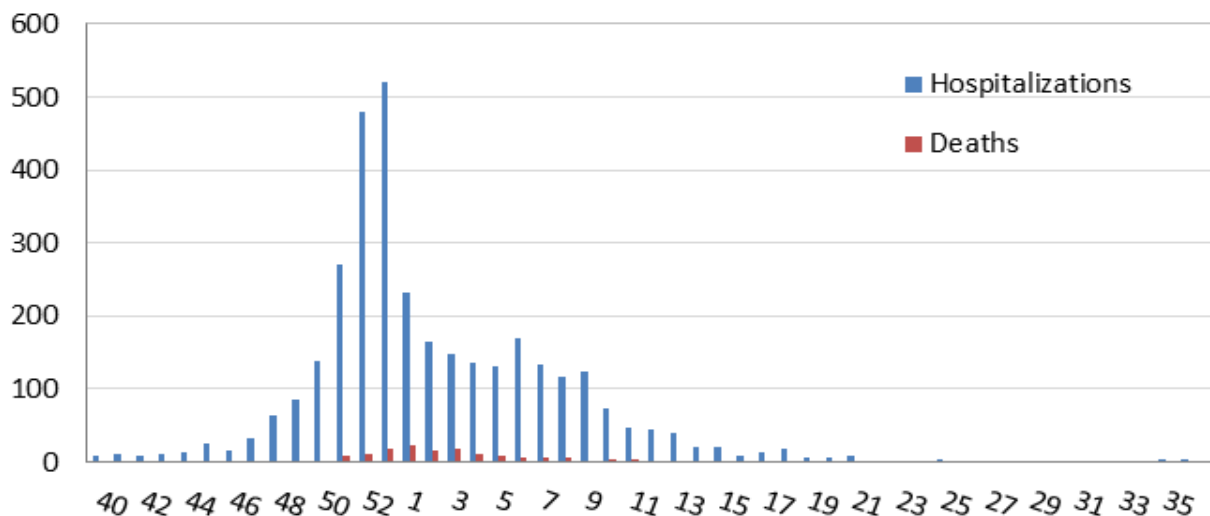
Percentage of Visits for Influenza-like Illness (ILI) Reported by Sentinel Providers in South Carolina  
2013-2014 and 2014-2015 Influenza Seasons



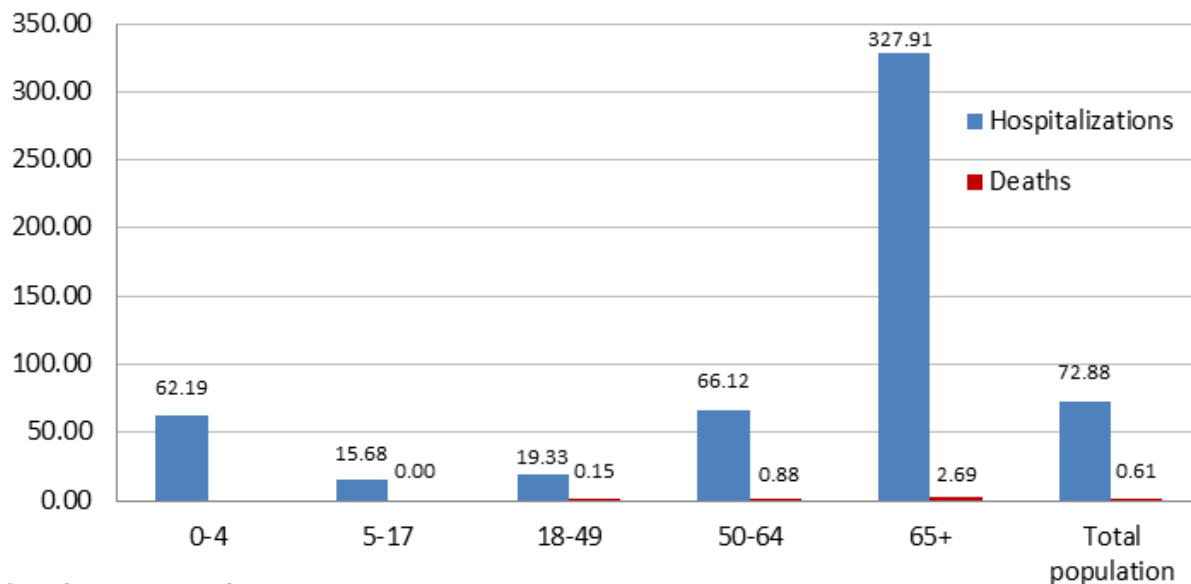
\* ILI percentage is dependent upon the number of reporting providers and can be greatly influenced by a single provider with high numbers of ILI.

#### IV. Influenza hospitalizations and deaths

**Reported Cases of Laboratory Confirmed Influenza  
Hospitalizations and Deaths by MMWR week  
September 28, 2014 - September 12, 2015**



**Laboratory Confirmed Influenza Case Rate/100,000\*  
Hospitalizations (n=3,373) and Deaths (n=156) by age group  
September 28, 2014 - September 12, 2015**



\*Based on 2010 Census data  
Excludes 2 hospitalizations with unknown age

## 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. 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