Week 20: May 16 - May 22, 2010



# Illinois Influenza Surveillance Report

Week 20: May 16 - May 22, 2010

**Division of Infectious Diseases** 

**Immunization Section** 

Thursday, May 27, 2010

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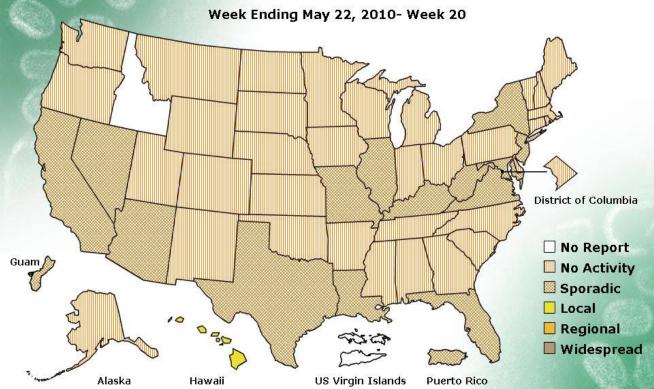
# **SUMMARY**

- The risk of illness due to influenza viruses is low. During CDC week 20, the proportion of outpatient visits for influenza-like illness (ILI)<sup>i</sup> was 1.7 %. Numerous respiratory viruses can cause ILI, and these viruses are now more prevalent than influenza viruses. ii
- Based on CDC criteria; influenza activity is currently sporadic in Illinois. For more information visit http://www.cdc.gov/flu/weekly/fluactivity/htm.
- During week 20, two positive influenza A viruses were detected by IDPH and sentinel hospitals. Of these, one was influenza A human H3 and the other was not sub typed.
- Among individuals with confirmed 2009 influenza A (H1N1) since April 2009, 3,045 hospital
  admissions and 111 deaths have been reported. More than 90% of hospitalized individuals
  were less than 65 years old.

# **CDC FLU VIEW**



A Weekly Influenza Surveillance Report Prepared by the Influenza Division Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists\*



\*This map indicates departable spread and does not measure the severity of influenza activity

Activity Level	ILI activity*/Outbreaks		Laboratory data					
No activity	Low	And	No lab confirmed cases <sup>†</sup>					
	Not increased	And	Isolated lab-confirmed cases					
Sporadic	OR							
	Not increased	And	Lab confirmed outbreak in one institution <sup>‡</sup>					
Local	Increased ILI in 1 region**; ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI					
	OR							
	2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with the outbreaks; virus activity is no greater than sporadic in other regions					
Regional (doesn't	Increased ILI in ≥2 but less than half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions					
apply to states with ≤4 regions)	OR							
	Institutional outbreaks (ILI or lab confirmed) in ≥2 and less than half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions					
Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions		And	Recent (within the past 3 weeks) lab confirmed influen in the state.					

<sup>\*</sup>ILI activity can be assessed using a variety of data sources including ILINet providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

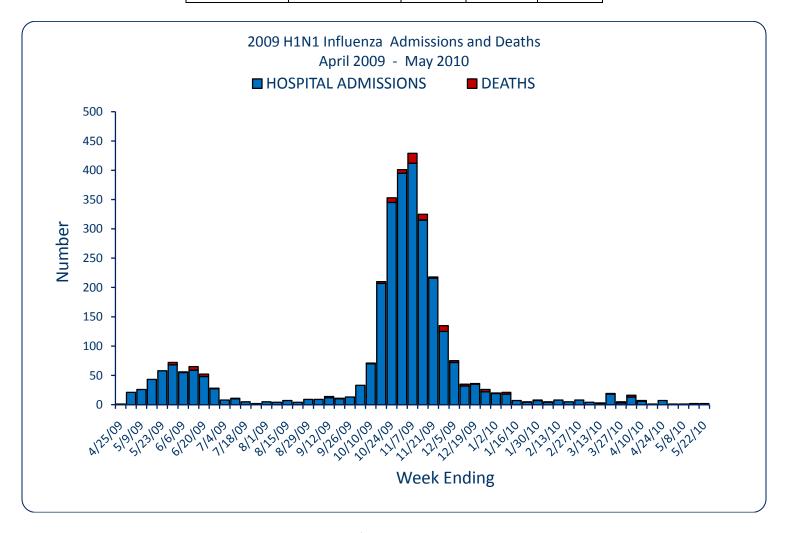
† Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR.

<sup>‡</sup> Institution includes nursing home, hospital, prison, school, etc.

<sup>\*\*</sup>Region: population under surveillance in a defined geographical subdivision of a state.

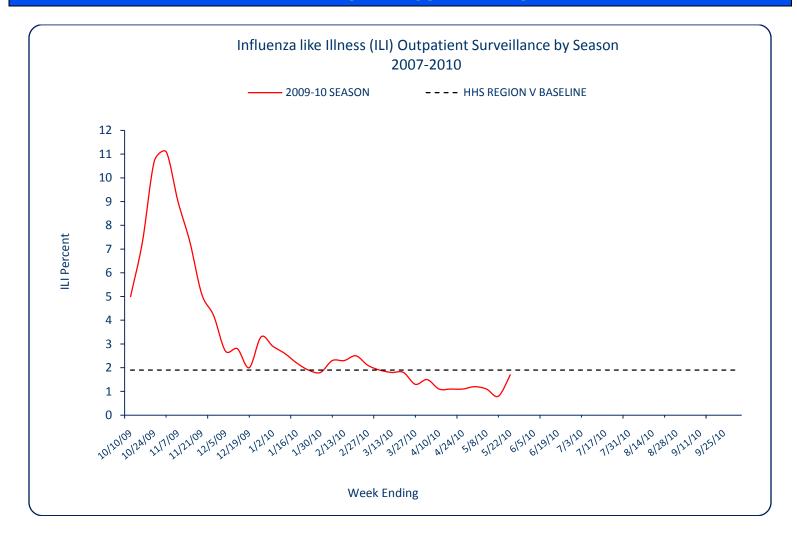
# 2009 H1N1 Influenza HOSPITAL ADMISSIONS AND DEATHS

Illinois 2009 H1N1 Influenza: Cumulative Hospitalization and Deaths by Age Group Through May 25, 2010 <sup>iii</sup>								
Age range	Admissions	Percent	Deaths	Percent				
0-4 Years	601	(20)	2	(2)				
5-18 Years	674	(22)	11	(10)				
19-24 Years	244	(8)	6	(5)				
25-49 Years	781	(26)	39	(35)				
50-64 Years	537	(18)	35	(32)				
65 + Years	207	(7)	18	(16)				
Unknown	1	(0)	0	(0)				
TOTAL	3045		111					



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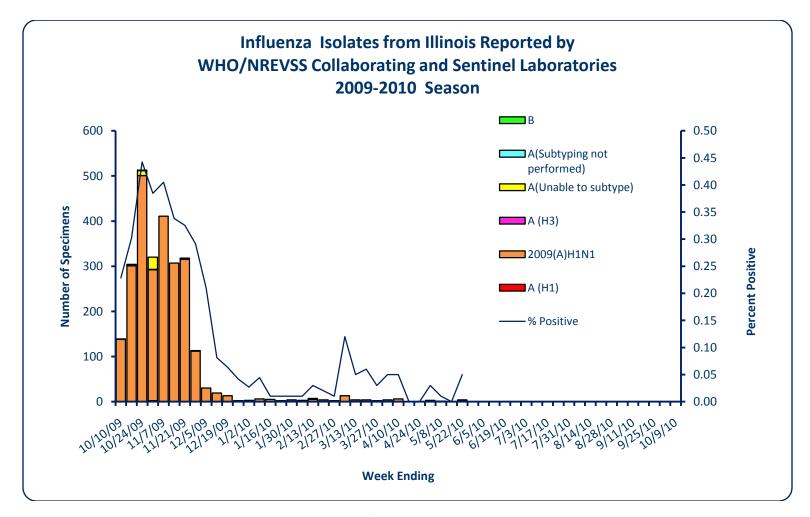
# ILI NET PROVIDER SURVEILLANCE



# **LABORATORY SURVEILLANCE**

During week 20, four of the specimens tested by Illinois WHO/NREVSS<sup>iv</sup> collaborating laboratories and sentinel sites<sup>v</sup> tested positive for influenza. Two of these were the 2009 (A) H1N1, one was Influenza A human H3 and one was not sub typable.

Week	No of Labs Reporting	A (H1)	2009(A)H1N1	A (H3)	A (Unable to subtype)	A (Sub typing not performed)	В	Total # Tested	% Positive
16	2	0	0	0	0	0	0	91	0
17	2	0	2	0	0	0	1	101	0.03
18	2	0	1	0	0	0	0	84	0.01
19	2	0	0	0	0	0	0	87	0
20	2	0	2	1	1	0	0	88	0.05
2009-10 Season	to Date	2	2518	3	44	0	7	10410	0.20



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# **NATIONAL ANTIVIRAL RESISTANCE DATA**

# Antiviral Resistance Testing Results on Samples Collected Since September 1, 2009.

	Viruses tested (n)	Resistant Viruses, No. (%)	Viruses tested (n)	Resistant Viruses, No. (%)	Viruses tested (n)	Resistant Viruses, No. (%)
	Oseltamivir		Zanamivir		Adamantanes	
Seasonal Influenza A (H1N1)	1	1 (100)	0	0 (0)	1	0 (0)
Influenza A (H3N2)	13	0 (0)	0	0 (0)	18	18 (100)
Influenza B	23	0 (0)	0	0 (0)	NA	NA
2009 Influenza A (H1N1)	4769	55 <sup>vivii</sup> (1.3)	1855	0 (0)	1858	1854 (99.8)

The majority of 2009 influenza A (H1N1) viruses are susceptible to the neuraminidase inhibitor antiviral medication oseltamivir; however, rare sporadic cases of oseltamivir resistant 2009 Influenza A (H1N1) viruses have been detected worldwide. A total of 67 cases of oseltamivir resistant 2009 influenza A (H1N1) viruses have been identified in the United States since April 2009. Of these 67 cases, 58 have been identified in the United States since September 1, 2009.

### **RESOURCES**

Centers for Disease Control and Prevention Influenza Website: <a href="http://www.cdc.gov/flu/weekly/fluactivity.htm">http://www.cdc.gov/flu/weekly/fluactivity.htm</a>
Immunization Action Coalition Website: <a href="http://immunize.org/">http://immunize.org/</a>
IDPH Website <a href="http://www.idph.state.il.us/flu/surveillance.htm">http://www.idph.state.il.us/flu/surveillance.htm</a>

<sup>&</sup>lt;sup>i</sup> ILI "Influenza like Illness" is defined as fever ≥ 100°F and cough and/or sore throat.

For more information regarding circulating respiratory viruses, see

a. http://www.cdc.gov/surveillance/nrevss/rsv/state.html

b. http://www.acllaboratories.com/

c. www.stlouischildrens.org/content/ClinicalLaboratories.htm

Beginning 4/5/2009 includes influenza A infections negative for human H1 and H3 by influenza RT\_PCR and positive for novel H1N1 by RT\_PCR

WHO/NREVSS Collaborating Laboratories WHO/NREVSS Collaborating Laboratories: For viral surveillance - About 80 U.S. World Health Organization (WHO) Collaborating Laboratories and 70 National Respiratory and Enteric Virus Surveillance System (NREVSS), located throughout the United States report daily or weekly the results of their testing.

Super Sentinel Surveillance Sites: Sites recruited by IDPH to conduct virologic surveillance during summer 2009

Two screening tools were used to determine oseltamivir resistance: sequence analysis of viral genes or a neuraminidase inhibition assay

vii Additional laboratories perform antiviral resistance testing and report their results to CDC. Three additional oseltamivir resistant 2009 influenza A (H1N1) virus has been identified by these laboratories since September 1, 2009, bringing the total number to 55. Of the 64 total cases identified, 52 had documented exposure to oseltamivir through either treatment or chemoprophylaxis, three patients had no drug exposure but possible exposure to a person with oseltamivir resistant 2009 H1N1, five are under investigation to determine exposure to oseltamivir, three patients had no documented oseltamivir exposure, and in one patient exposure cannot be determined.