Week 52: December 26, 2010 - January 1, 2011

ILLINOIS DEPARTMENT OF PUBLIC HEALTH



# Illinois Influenza Surveillance Report

Week 52: Week Ending Saturday, January 1, 2011

Division of Infectious Diseases Immunizations Section 1/6/2011

# Week 52: December 26, 2010 – January 1, 2011

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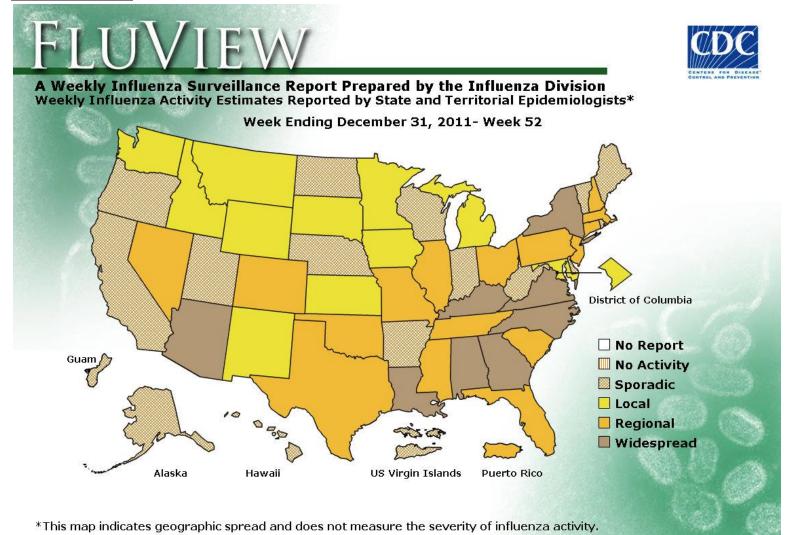
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#### **Summary**

- During CDC Week 52, the proportion of outpatient visits for influenza-like illness (ILI)<sup>1</sup> was 3.9%, and ILI activity increased in several regions.
- Based on CDC criteria, influenza activity is classified as Regional (see CDC FLU View Section).
- Febrile Respiratory Illness at Great Lake Naval Academy was at or below expected value for week 52.
- During week 52, thirty-eight (45%) of the specimens tested by Illinois Department of Public Health laboratory tested positive for influenza. Thirty (79%) of the isolates were influenza A human (H3) subtype, and eight (21%) were 2009 Influenza A H1N1.
- No influenza-associated pediatric deaths were reported during week 52.
- Seven influenza related ICU admissions and one death were reported during week 52.

<sup>&</sup>lt;sup>1</sup> ILI "Influenza like Illness" is defined as fever ≥ 100°F and cough and/or sore throat.

#### **CDC Flu View**



**No activity:** No laboratory confirmed cases of influenza and no reported increase in cases of influenza like illness (ILI).

**Sporadic:** Small numbers of laboratory confirmed influenza cases or a single laboratory confirmed influenza in a single region of the state.

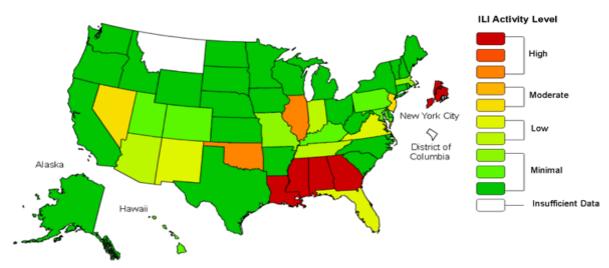
**Local:** Outbreaks of influenza or increases in ILI and recent laboratory confirmed influenza in a single region of the state.

**Regional:** Outbreaks of influenza or increases in ILI and recent laboratory confirmed influenza in at least two but less than half the regions of the state.

**Widespread:** Outbreaks of influenza or increases in ILI cases and recent laboratory confirmed influenza in at least half the regions in the state.

## **ILI Intensity**





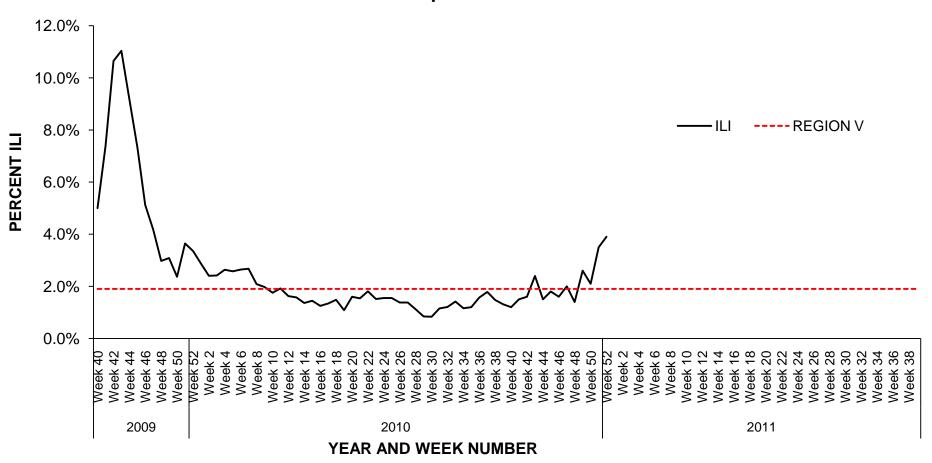
\*This map uses the proportion of outpatient visits to health care providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

Data collected in ILINet may disproportionately represent certain populations within a state, and therefore, may not accurately depict the full picture of influenza activity for the whole state.

Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received. Differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

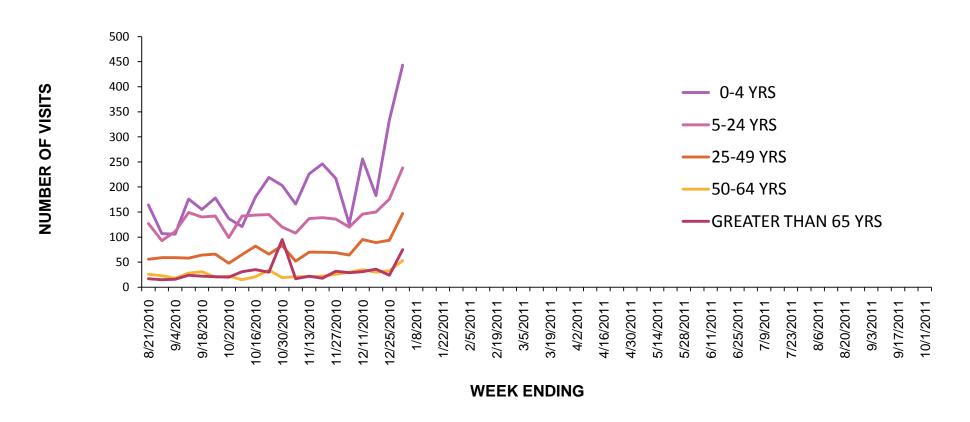
# **ILI Net Provider Surveillance**

# Influenza Like Illness Outpatient Surveillance 2009-2011



# **ILI Visits by Age Group**

2010 -11 INFLUENZA SEASON PROPORTION OF ILI OFFICE VISITS
BY AGE GROUP



## **Great Lakes Naval Recruit Influenza Surveillance**

FRI surveillance<sub>2</sub> at Naval Recruit Training Command, Great Lakes for this week is **at or below expected level.** For more information visit

http://www.med.navy.mil/sites/nhrc/geis/Pages/default.aspx

#### **Influenza Intensive Care Unit Admissions and Deaths**

There were seven Influenza related ICU admissions and one death week ending January 1, 2011.

# **Laboratory Surveillance**

During week 52, thirty-eight of the specimens tested by Illinois WHO/NREVSS<sup>2</sup> collaborating laboratories in Illinois tested positive for influenza. Thirty (79%) of the specimens were influenza A human H3 subtype, and eight (21%) were 2009 influenza A H1N1.

| Week | No of Labs<br>Reporting | A<br>(H1) | 2009(A)H1N1 | A<br>(H3) | A(Unable to subtype) | A(Sub typing not performed) | В | Total #<br>Tested | %<br>Positive |
|------|-------------------------|-----------|-------------|-----------|----------------------|-----------------------------|---|-------------------|---------------|
| 49   | 1                       | 0         | 1           | 6         | 0                    | 0                           | 0 | 20                | 35            |
| 50   | 1                       | 0         | 0           | 5         | 0                    | 0                           | 0 | 10                | 50            |
| 51   | 1                       | 0         | 6           | 11        | 0                    | 0                           | 0 | 46                | 37            |
| 52   | 1                       | 0         | 8           | 30        | 0                    | 0                           | 0 | 84                | 45            |

<sup>&</sup>lt;sup>2</sup> 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.

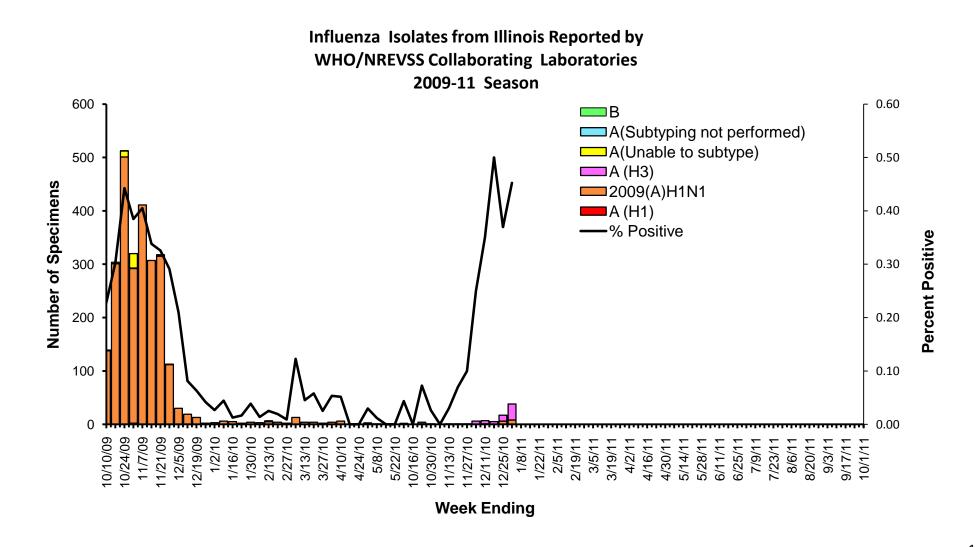
#### **Viral Resistance**

High levels of resistance to the adamantanes (amantadine and rimantadine) persist among 2009 influenza A (H1N1) and A (H3N2) viruses (the adamantanes are not effective against influenza B viruses) circulating globally. As a result of the sustained high levels of resistance, data from adamantane resistance testing are not presented weekly in the table below.

|                             | Samples<br>tested (n) | Resistant<br>Viruses,<br>Number<br>(%) | Samples<br>tested (n) | Resistant<br>Viruses,<br>Number<br>(%) |  |
|-----------------------------|-----------------------|--|-----------------------|--|--|
|                             |                       | Oseltamivir                            |                       | Zanamivir                              |  |
| Seasonal Influenza A (H1N1) | 0                     | 0 (0.0)                                | 0                     | 0 (0.0)                                |  |
| Influenza A (H3N2)          | 109                   | 0 (0.0)                                | 109                   | 0 (0.0)                                |  |
| Influenza B                 | 91                    | 0 (0.0)                                | 91                    | 0 (0.0)                                |  |
| 2009 Influenza A (H1N1)     | 31                    | 0 (0.0)                                | 21                    | 0 (0.0)                                |  |

To prevent the spread of antiviral resistant virus strains, CDC reminds clinicians and the public of the need to continue hand and cough hygiene measures for the duration of any symptoms of influenza, even while taking antiviral medications. Additional information on antiviral recommendations for treatment and chemoprophylaxis of influenza virus infection is available at <a href="http://www.cdc.gov/flu/antivirals/index.htm">http://www.cdc.gov/flu/antivirals/index.htm</a>.

## **Weekly Viral Subtype**



#### Resources

- Centers for Disease Control and Prevention Influenza Website: http://www.cdc.gov/flu/weekly/fluactivity.htm
- 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>
- ACL Clinical Laboratory Respiratory Panel http://www.acllaboratories.com/
- St Louis Children's Hospital Clinical Laboratory Respiratory Panel http://www.stlouischildrens.org/content/ClinicalLaboratories.htm