# 2019-2020 Influenza Surveillance Report

### Week 03

Jan. 12 – Jan. 18, 2020

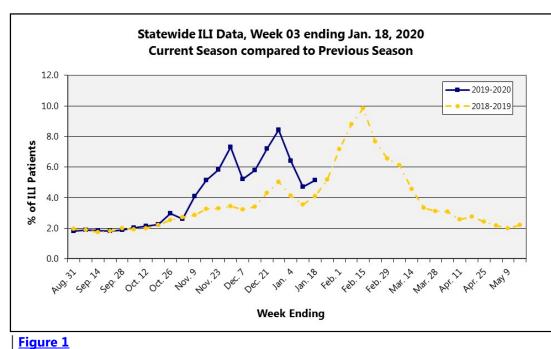
#### About our flu activity reporting

MSDH relies upon selected sentinel health practitioners across the state to report the percentage of total patient visits consistent with an influenza-like illness (ILI: fever of 100°F or higher AND cough and/or sore throat). Also, providers are supplied with specimen collection kits. Samples are submitted to the Mississippi Public Health Laboratory for influenza PCR testing. Reports are used to estimate the state's ILI rate and the magnitude of the state's influenza activity. Reports represent only the distribution of flu in the state, not an actual count of all flu cases statewide. *Information is provisional only and may change depending on additional reporting from sentinel providers.* 

#### Content

- **❖ State ILI Surveillance**
- \* Influenza Outbreaks
- **Flu Testing Reports**
- **❖** National and Mississippi Pediatric Mortality Surveillance
- **❖** National ILI Surveillance
- \* Appendix
  - Figure 1 (Statewide ILI Data, Current Season compared to Previous Season)
  - Figure 2 (Percentage of ILI Cases by Age Group, Mississippi)
  - Figure 3 (Mississippi ILI Rates, 2018-2019 and Previous Seasons)
  - Figure 4 (State ILI Rates 2014-2018 (YTD))
  - Figure 5 (Comparison of the BioSense and Statewide ILI Rates)
  - <u>Figure 6</u> (Comparison of Statewide ILI Rate to Positive Influenza Isolates by Type and Subtype, Mississippi)
  - <u>Figure 7</u> (Number of Influenza-Associated Pediatric Deaths by Week of Death and Influenza Type, Nationwide)
  - <u>Figure 8</u> (Percentage of Influenza-Associated Pediatric Deaths by Influenza Type, Nationwide)
  - Figure 9 (Comparison of Nationwide and Region 4 ILI Rates to Mississippi ILI Rates)
  - Figure 10 (CDC FluView Weekly Influenza Activity Map)

#### **State ILI Surveillance**



During week **03** (01/12/20-01/18/20), the overall state ILI rate (**5.1%**) **increased slightly** from the previous week (**4.7%**) and was higher than this time last year (**4.1%**).

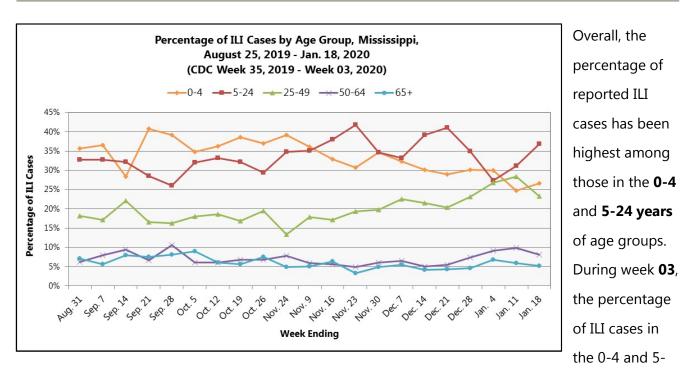
Total number of patients treated by sentinel providers in the last three weeks. **Table 1** 

2019-2020 Influenza Season						
CDC Week	Week Ending	Number of reports received from Sentinel Providers	Total patients	ILI symptoms	ILI Rate (%)	
03	Jan. 18	146	17525	902	5.1	
02	Jan. 11	145	18070	853	4.7	
01	Jan. 4	145	17904	1147	6.4	

During week **03**, four districts (2, 4, 5, and 6) had an in increase in ILI activity, while two districts (3 and 7) had a decrease. Three districts (1, 8, and 9) ILI activity remained about the same. *Information is provisional only and may change depending on additional reporting from sentinel providers.* | **Table 2** 

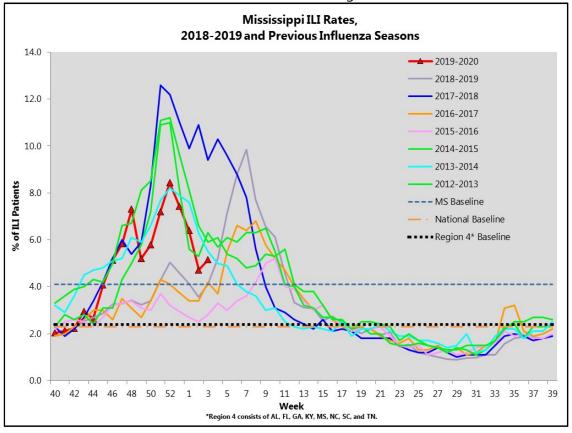


MSDH District ILI Rates (%) 2019-2020					
District	Week 02	Week 03			
State	4.7	5.1			
I	5.5	5.5			
II	4.2	5.0			
III	6.9	4.9			
IV	5.7	7.4			
V	3.8	4.6			
VI	5.2	6.3			
VII	5.3	4.8			
VIII	1.7	1.7			
IX	5.0	5.3			

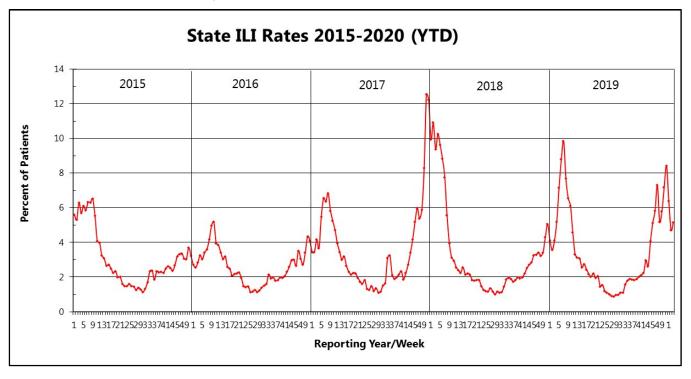


24 years of age groups increased, but decreased in the remaining age groups, when compared to the previous week. | Figure 2

The 2019-20 state ILI rate was **above** the national, Region 4, and state baselines for week **03**. | Figure 3

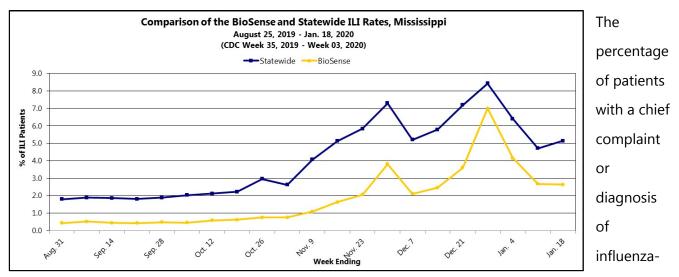


2019 – 2020 Influenza Season | Week 03 Influenza Surveillance Report| Jan. 12 – Jan. 18, 2020 Mississippi ILI Rates 2015-2020 | Figure 4



### **Syndromic ILI Surveillance**

The Mississippi State Department of Health also collects influenza syndromic surveillance data through the CDC BioSense Platform. This data is comprised of chief complaints and diagnosis codes and is submitted electronically by participating hospitals and clinics throughout the state in near real-time. The BioSense data is an additional tool to monitor influenza activity in Mississippi.



like illness during week **03 remained constant** when compared to the previous week. Overall, the BioSense ILI rate appears to be following the same trend as the statewide ILI rate. | <u>Figure 5</u>

#### **Influenza Outbreaks**

Outbreaks are reportable in Mississippi as a Class 1A event and must be reported by telephone within **24 hours** of first knowledge or suspicion to the Mississippi State Department of Health. For more information on reportable diseases and conditions, please refer to the MSDH List of Reportable Diseases and Conditions.

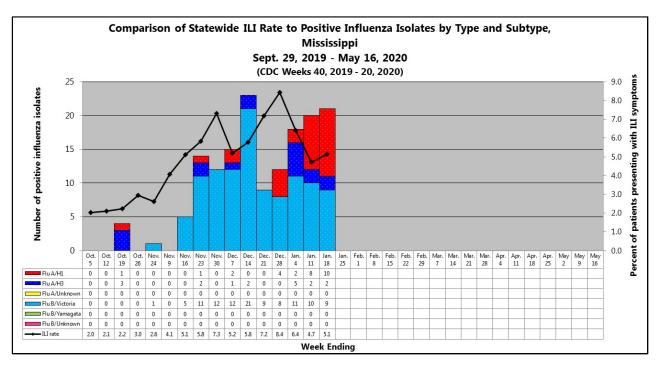
Between week 40 (ending October 5, 2019) and week **03** (week ending January 18, 2020), 14 outbreaks were reported to MSDH. MSDH investigates all reported outbreaks, and of the 14 reported outbreaks, complete information was available for eight of them. Three (38%) of the outbreaks were attributed to influenza A/H1, three (38%) were attributed to influenza B/Victoria, one (13%) was due to an influenza B virus, unknown subtype, and one (13%) was due to an unknown influenza type.

The influenza outbreaks have occurred in the following counties: Alcorn, Amite, Forrest, Franklin, Harrison, Hinds, Lafayette, Leake, Pontotoc, Prentiss, Scott, Tate, and Tunica.

For additional information on infection control measures in health care facilities and managing influenza outbreaks in long-term care facilities, please refer to the CDC's webpages: <a href="https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm">https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm</a> and <a href="https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-quidance.htm">https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-quidance.htm</a>, respectively.

#### **Flu Testing Reports**

Since week 40 (week ending October 5<sup>th</sup>), **154** laboratory confirmed influenza samples have been identified by the MSDH Public Health Laboratory. Twenty-eight (18%) were identified as influenza A/H1, 17 (11%) were identified as influenza A/H3, and 109 (71%) was identified as an influenza B/Victoria. | Figure 6



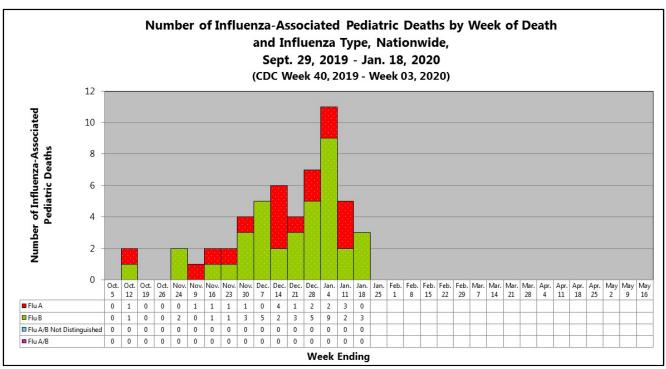
The influenza cases were identified from the following counties: Adams (2), Alcorn (1), Amite (2), Attala (2), Coahoma (6), Copiah (1), Covington (1), DeSoto (1), Forrest (4), Franklin (1), George (3), Hancock

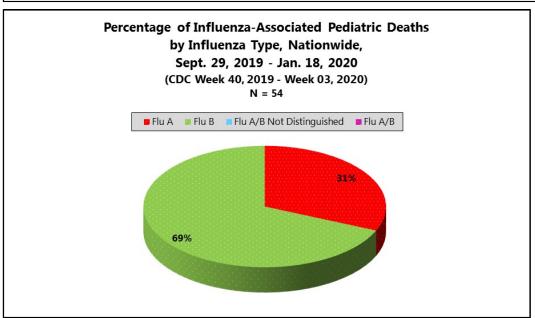
(2), Harrison (13), Hinds (14), Jackson (14), Jefferson (2), Jones (1), Lafayette (1), Lauderdale (3),

2019 – 2020 Influenza Season | Week 03 Influenza Surveillance Report | Jan. 12 – Jan. 18, 2020 Lawrence (1), Leake (8), Lincoln (3), Madison (3), Marion (1), Neshoba (2), Oktibbeha (16), Panola (10), Pearl River (2), Pike (3), Pontotoc (3), Rankin (13), Tate (2), Tippah (1), Tunica (2), Walthall (1), Warren (1), and Winston (6). The county of residence for two of the cases was unknown.

#### **National and Mississippi Pediatric Mortality Surveillance**

Nationally, **15** influenza-associated pediatric deaths were reported to CDC during week **03**. Nine were associated with influenza B viruses; two had a lineage determined and were both B/Victoria viruses. Six were associated with influenza A viruses, and four were subtyped; all A(H1N1)pdm09 viruses. **Fifty-four** influenza-associated pediatric deaths have been reported to CDC for the 2019-2020 season. | Figure 7





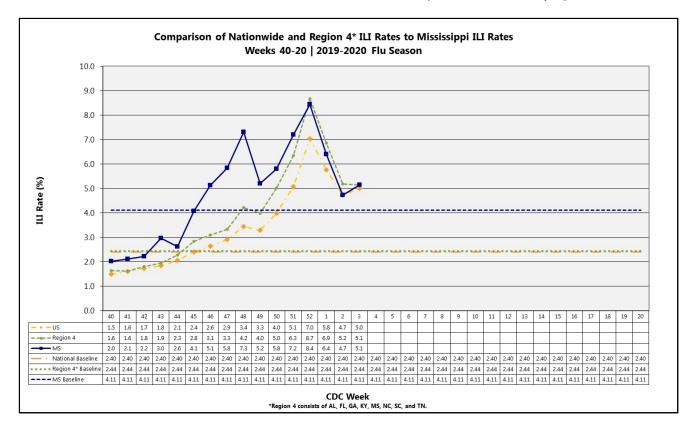
Of the **54** influenza-associated pediatric deaths reported nationally during the 2019-2020 season, 17 (31%) have been attributed to influenza A viruses and 37 (69%) to influenza B viruses. Figure 8

2019 – 2020 Influenza Season | Week 03 Influenza Surveillance Report | Jan. 12 – Jan. 18, 2020 Mississippi has had **no** influenza-associated pediatric deaths reported during this influenza season.

For additional information on influenza-associated pediatric deaths, please refer to the CDC's FluView.

#### **National ILI Surveillance**

During week **03**, the Mississippi (5.1%) and national (5.0%) ILI rates slightly increased, while the Region 4 (5.1%) ILI rate remained constant. All were still above their respective baselines. | Figure 9



During week **03**, influenza activity **increased slightly** in the United States.<sup>1</sup> | Figure 10



#### A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists\*

Week Ending Jan 18, 2020 - Week 3



 $^{*}$ This map indicates geographic spread and does not measure the severity of influenza activity.

<sup>1</sup>For up-to-date information on flu activity nationwide, please refer to the CDC's website: http://www.cdc.gov/flu/weekly/fluactivitysurv.htm.

Mississippi reported "Widespread" for the influenza activity during week 03. | Table 3

Level of Flu Activity	Definition
No Activity	Overall clinical activity remains low and there are no lab confirmed cases.
Sporadic	Isolated cases of lab confirmed influenza in the state; ILI activity is not increased <u>OR</u> A lab-confirmed outbreak in a single institution in the state; ILI activity is not increased.
Local	Increased ILI within a single region <b>AND</b> recent (within the past 3 weeks) laboratory evidence of influenza in that region. ILI activity in other regions is not increased <u>OR</u> two of more institutional outbreaks (ILI or lab confirmed) within a single region <b>AND</b> recent (within the past 3 weeks) lab confirmed influenza in that region. Other regions do not have increased ILI and virus activity is no greater than sporadic in those regions
Regional	Increased ILI in at least 2 regions but fewer than half of the regions <b>AND</b> recent (within the past 3 weeks) lab confirmed influenza in the affected regions <u>OR</u> Institutional outbreaks (ILI or lab confirmed) in at least 2 regions but fewer than half of the regions <b>AND</b> recent lab confirmed influenza in the affected regions.
Widespread	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions <b>AND</b> recent (within the past 3 weeks) lab confirmed influenza in the state.

### Additional influenza information:

Centers for Disease Control and Prevention	http://cdc.gov/flu/
Centers for Disease Control and Prevention FluView	http://www.cdc.gov/flu/weekly/
MSDH Flu and Pneumonia	http://msdh.ms.gov/msdhsite/_static/14,0,199.html
World Health Organization FluNet	http://www.who.int/influenza/gisrs laboratory/flunet/en/

## **Appendix**

Figure 1

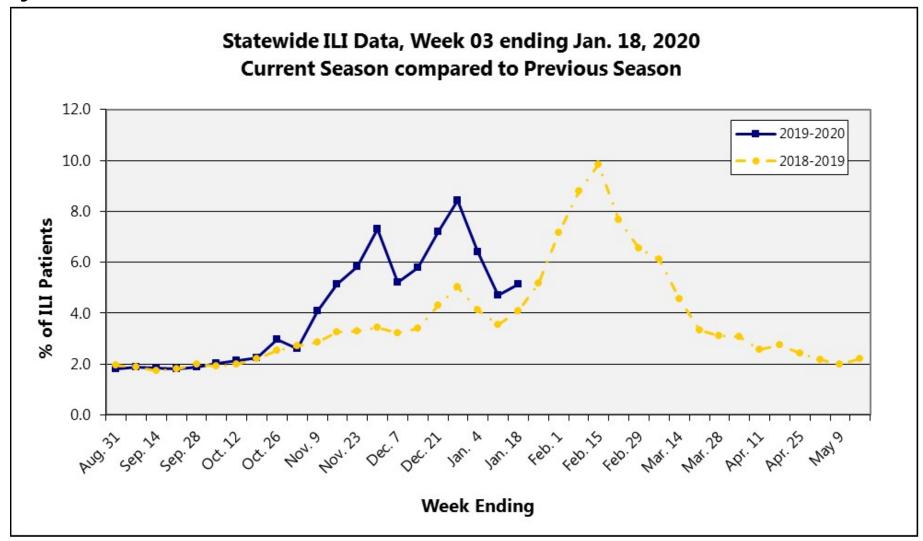


Figure 2

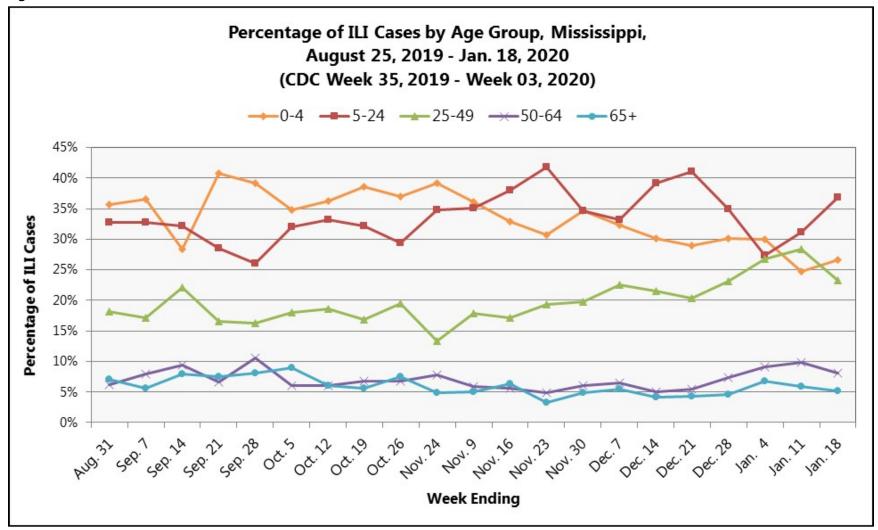


Figure 3

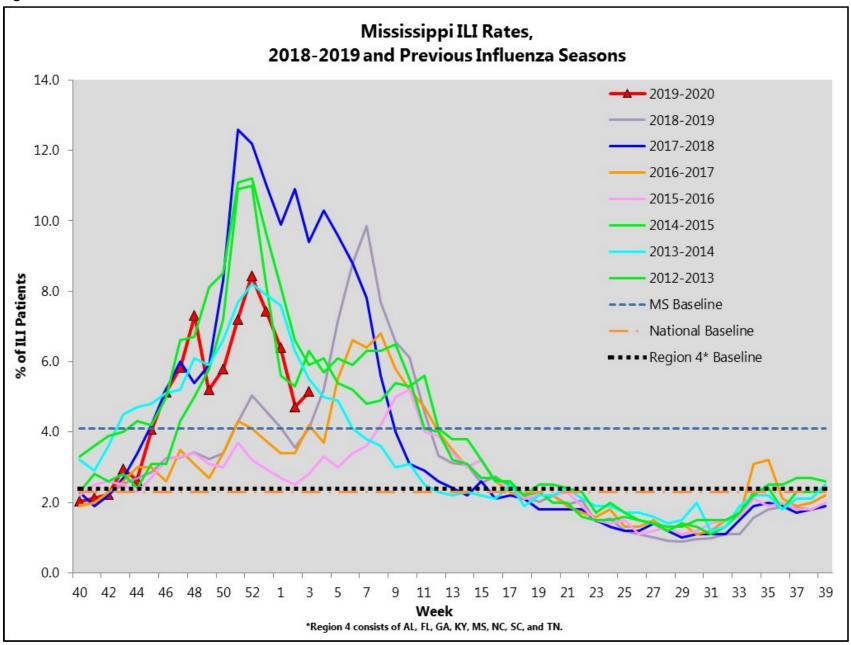


Figure 4

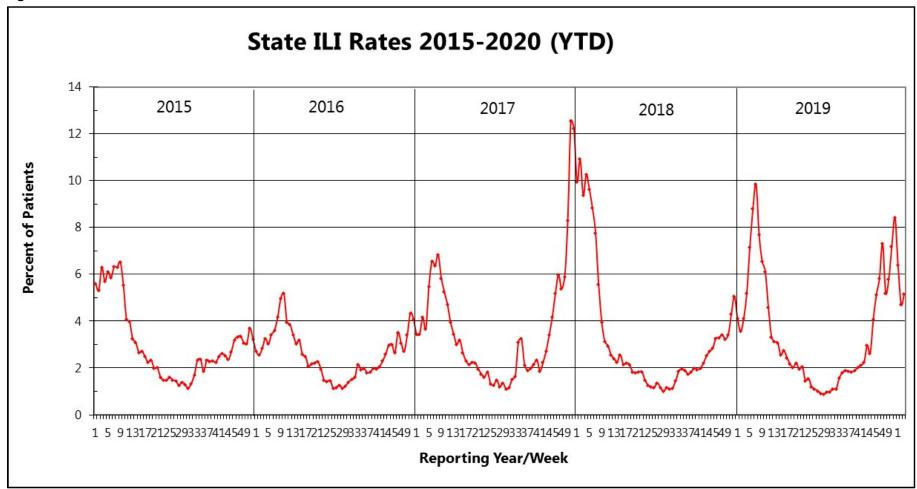


Figure 5

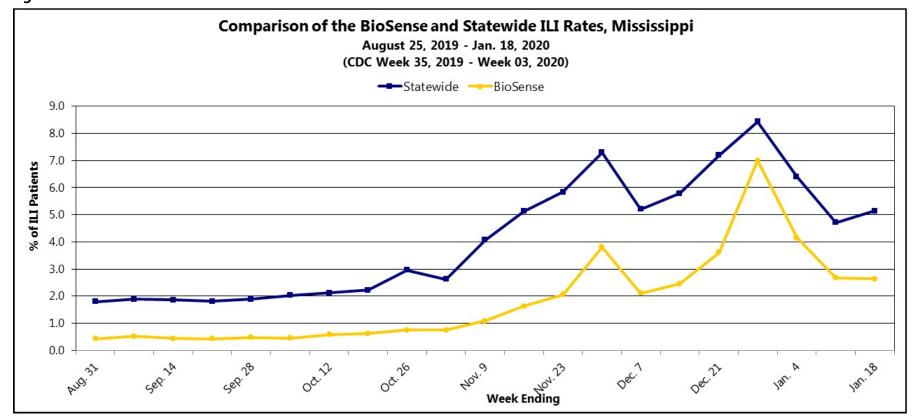


Figure 6

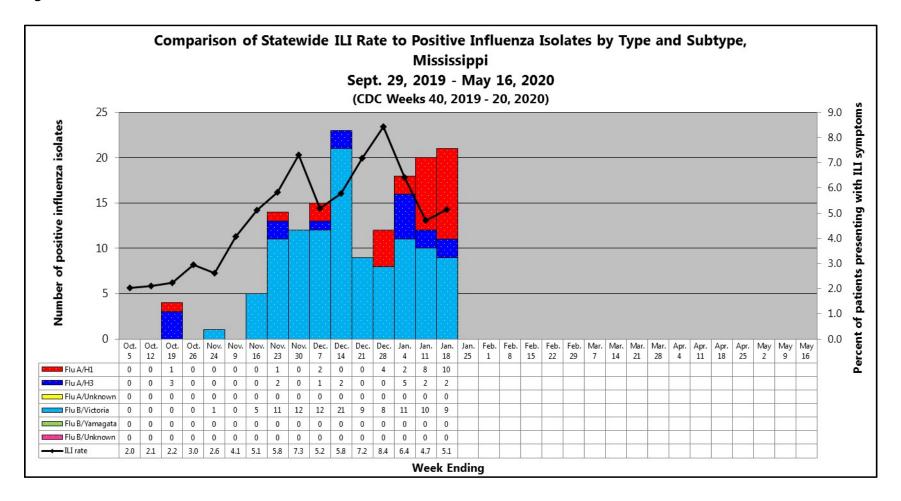


Figure 7

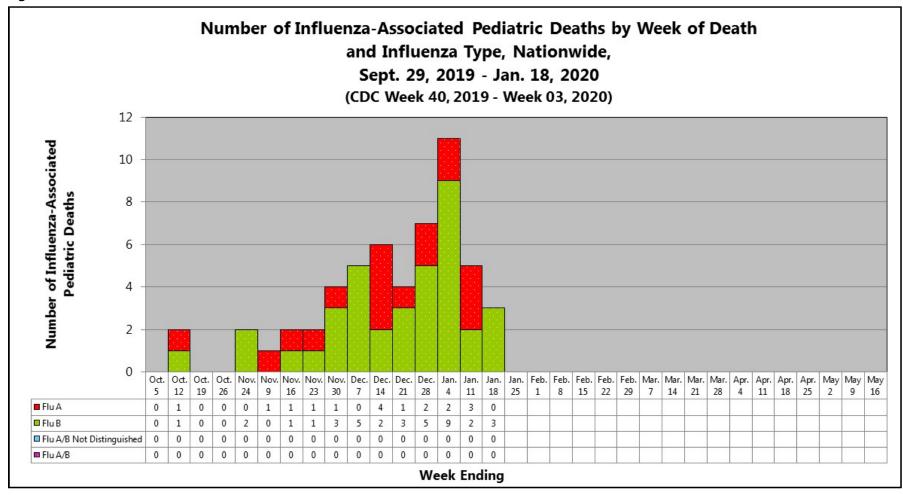


Figure 8

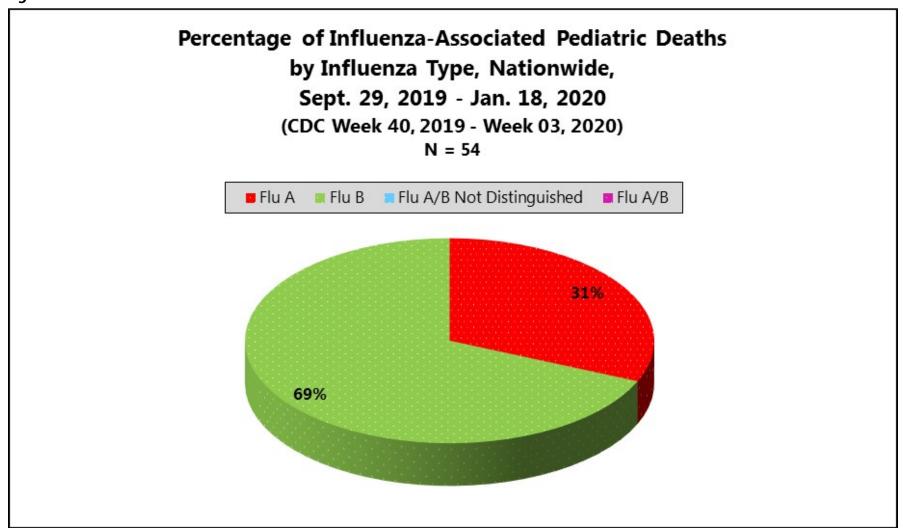


Figure 9

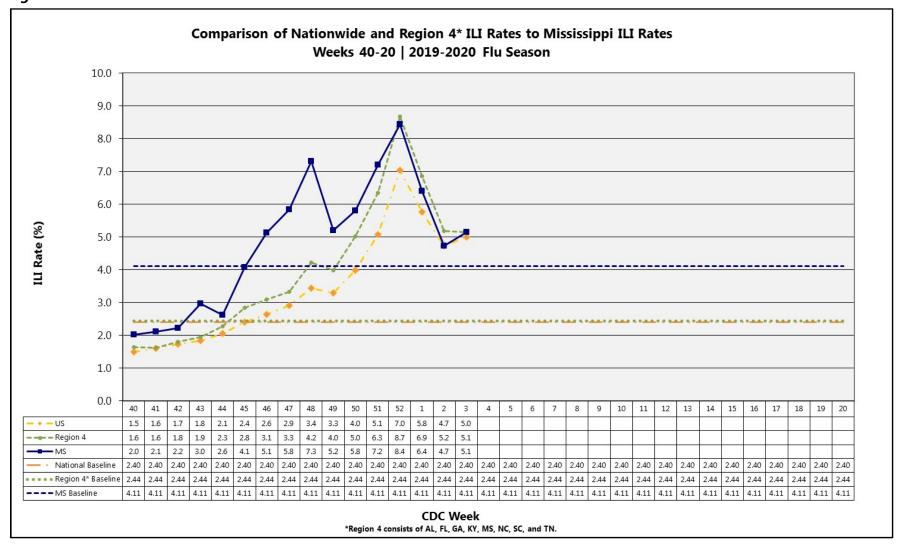


Figure 10



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