

Influenza Surveillance Report

www.infectiousdisease.dhh.louisiana.gov

Week 42: 10/16/16 - 10/22/16

Influenza activity remains low in Louisiana. The most commonly reported other respiratory viruses are Rhino/Enterovirus.

The Influenza Surveillance Summary Report describes the results of the tracking done by the Louisiana Office of Public Health Infectious Disease Epidemiology Section (IDEpi). This report relies on data supplied by sentinel surveillance sites, including hospital emergency departments (ED), laboratories and physicians' offices. Sentinel sites provide weekly data on Influenza Like Illness (ILI) and/or laboratory confirmed cases.

Taken together, ILI surveillance and laboratory surveillance provide a clear picture of the influenza activity occurring in Louisiana each week. If you have any questions about our surveillance system or would like more information, please contact Julie Hand at 504-568-8298 or julie.hand@la.gov.

ILI is defined as an illness characterized by cough and/or cold symptoms and a fever of 100° F or greater in the absence of a known cause. While not every case of ILI is a case of influenza, the CDC has found that trends in ILI from sentinel sites are a good proxy measure of the amount of influenza activity in an area. For this reason, all states and territories participating in the national surveillance program monitor weekly ILI ratios from their sentinel surveillance sites.

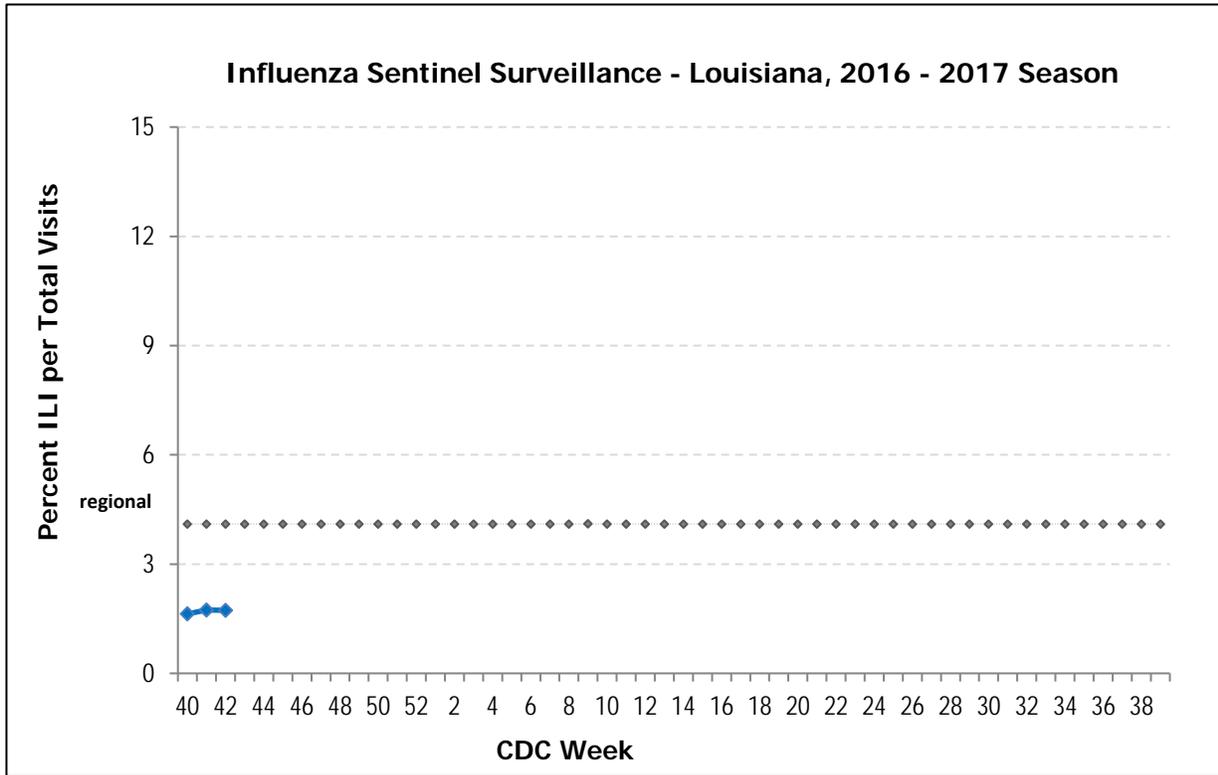


Laboratory testing: Not all sentinel sites have access to laboratory testing. However, many hospitals and physicians' offices do perform some influenza testing. Sites that test for influenza report the number of positive tests each week and the total number of tests performed each week. This information is included on page 3 of this report.

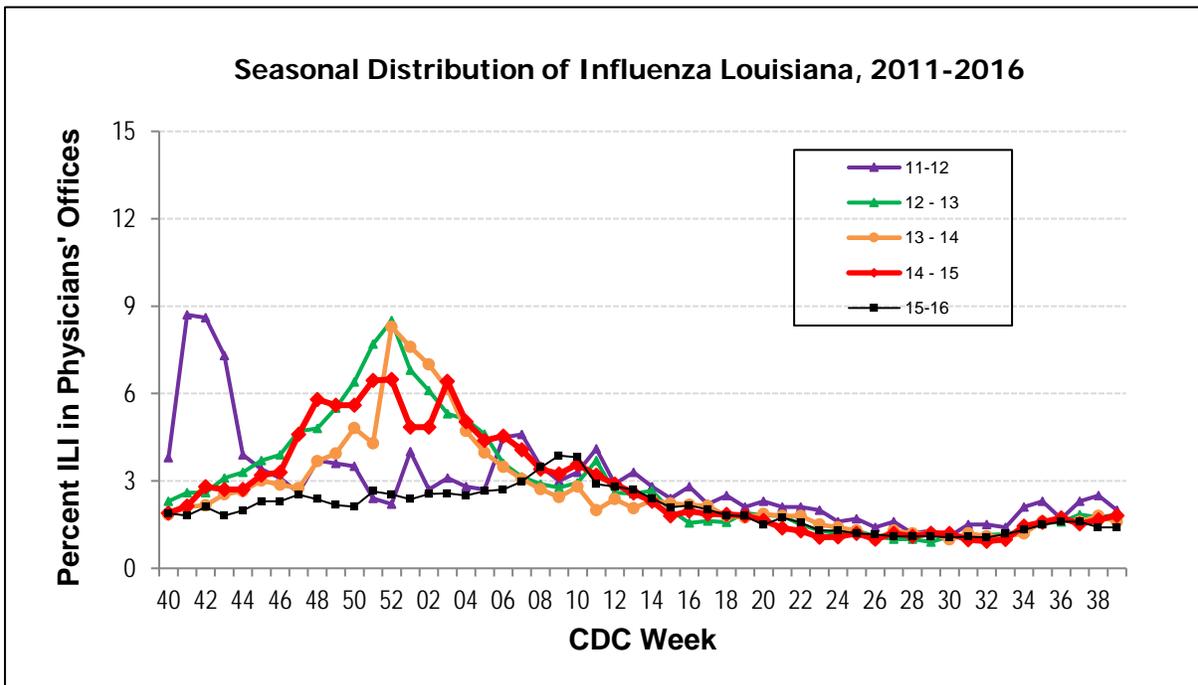
- Page 2 : ILI Activity
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- Page 4: Geographic Distribution
- Page 5: Regional & National Data

2016-2017 Season

This graph shows the percentage of visits for ILI over the total number of visits for sentinel surveillance sites. This is the best approach to estimate the magnitude of influenza transmission. ILI counts do include some viral infections other than influenza, but experience over the last 50 years has shown that this approach is a reliable method to estimate influenza transmission. It does not show which strain of influenza virus is responsible. The page on lab surveillance does show the proportion of specimens attributable to each virus strain.

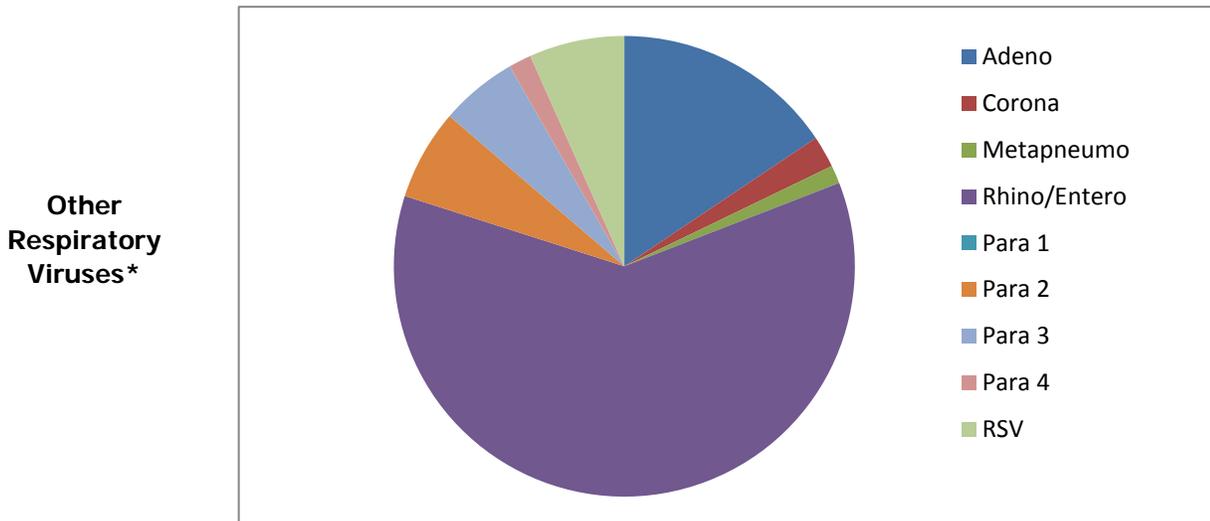
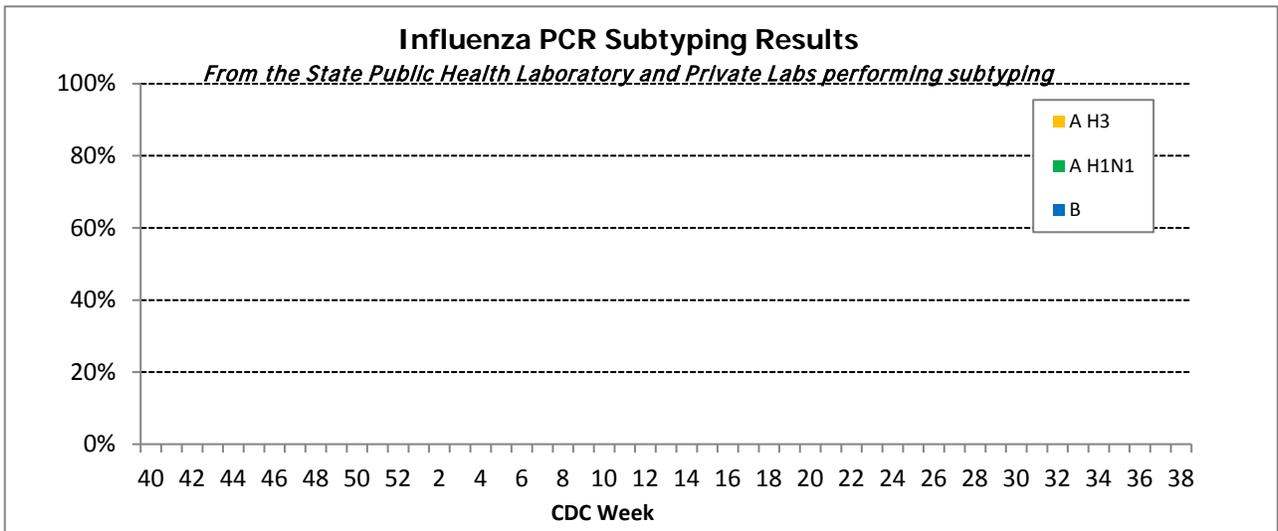
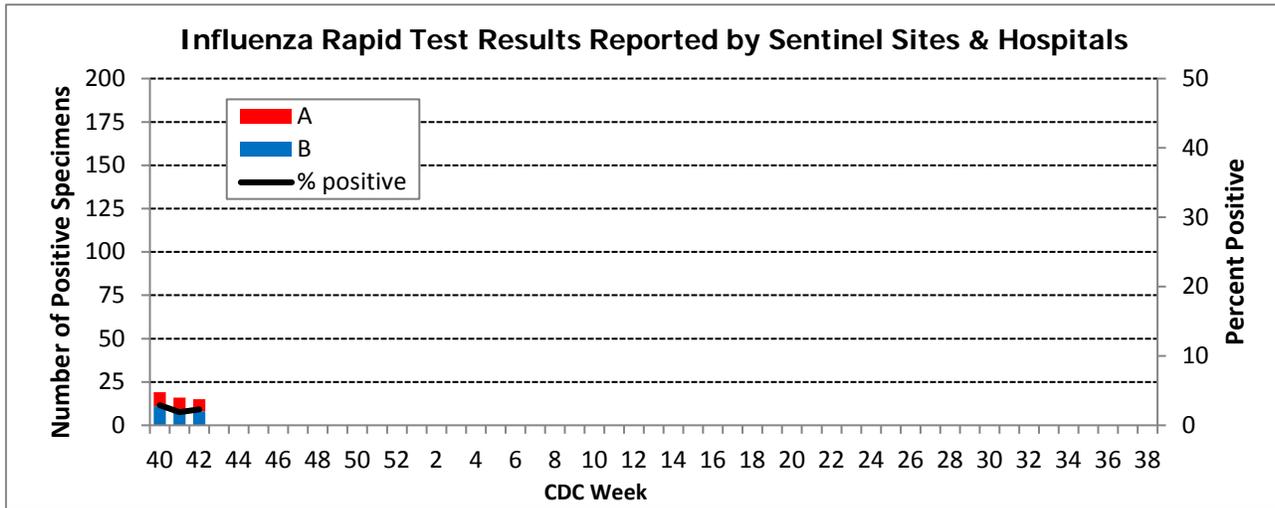


This graph shows the data on ILI surveillance among sentinel physicians' over the past 5 seasons to enable comparisons with previous years and better estimate the amplitude of this season's influenza transmission.



2016-2017 Season

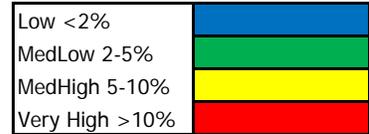
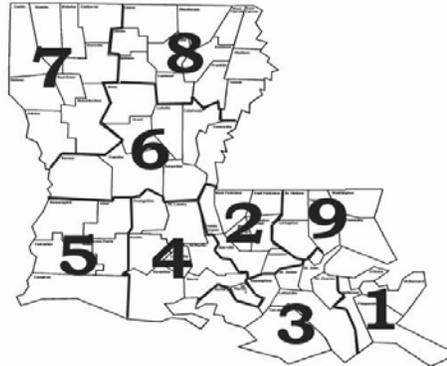
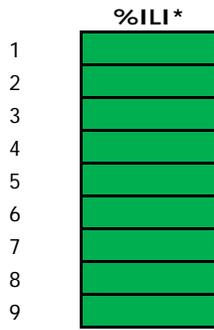
Virologic Surveillance



*Based on results from the State Public Health Laboratory Respiratory Virus Panel (RVP) Testing and other labs reporting RVP results over the last 4 weeks.

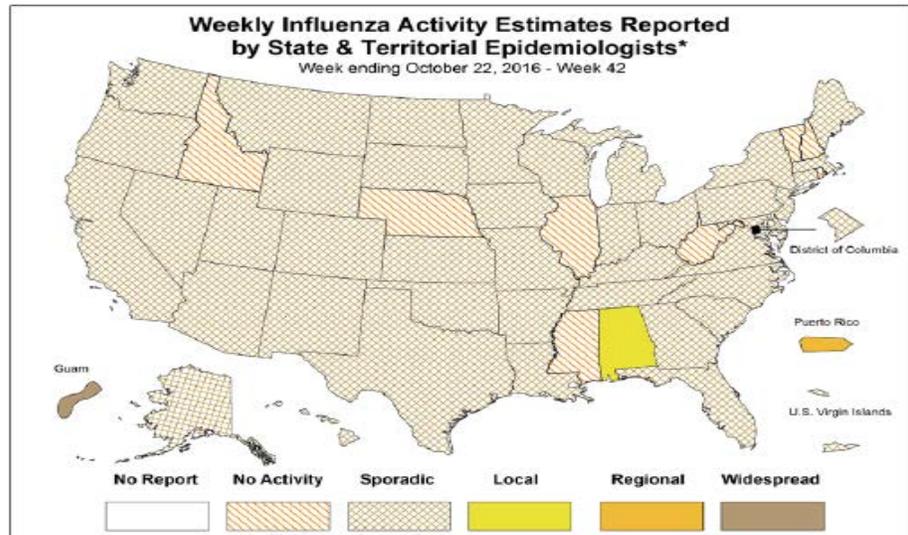
2016-2017 Season

Geographical Distribution of ILI



* %ILI over the last 4 weeks based on sentinel surveillance data

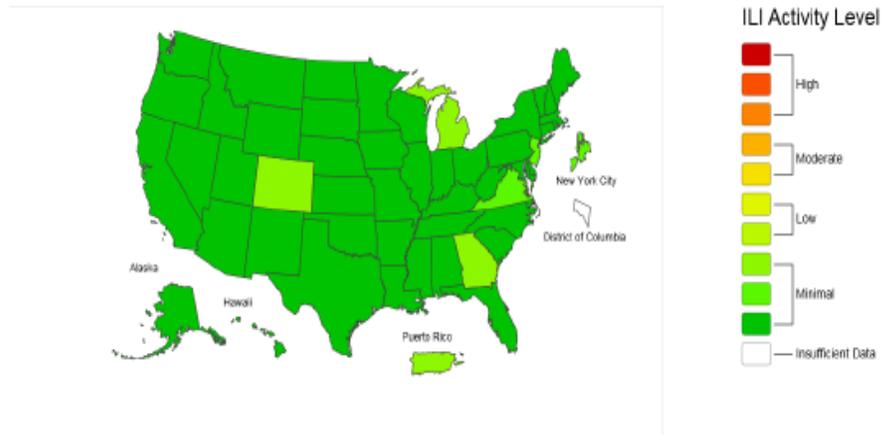
Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists



* This map indicates geographic spread & does not measure the severity of influenza activity

ILINet Activity Indicator Map

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2016-17 Influenza Season Week 42 ending Oct 22, 2016



2016-2017 Season

National Surveillance

During week 42, influenza activity was low in the United States.

The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold.

No influenza-associated pediatric deaths were reported.

Proportion of outpatient visits for influenza-like illness (ILI) was 1.3%, which is below the national baseline of 2.2%.

Clinical Laboratory Data

	Week 42	Cumulative
Specimens tested	10,837	35,844
Positive specimens	176 (1.6%)	555 (1.6%)
<i>Positive specimens by type</i>		
Influenza A	94 (53.4%)	311 (56.0%)
Influenza B	82 (46.6%)	244 (44.0%)

Public Health Laboratory Data

	Week 42	Cumulative
Specimens tested	400	1,691
Positive specimens	27	134
<i>Positive specimens by type/subtype</i>		
Influenza A	25 (92.6%)	122 (91.0%)
A (2009 H1N1)	6 (24.0%)	17 (13.9%)
A (H3)	18 (72.0%)	92 (75.4%)
A (subtyping not performed)	1 (4.0%)	13 (10.7%)
Influenza B	2 (7.4%)	12 (9.0%)
Yamagata lineage	1 (50.0%)	4 (33.3%)
Victoria lineage	1 (50.0%)	3 (25.0%)
Lineage not performed	0 (0.0%)	5 (41.7%)

HHS Surveillance Region Data:

Region 6 (AR, LA, NM, OK, TX)

CDC Week	Public Health Labs	Public Health Specimens Tested	AUNK	AH1N1 pdm09	AH3N2	AH3N2v B	BVic	BYam	Clinical Labs	Clinical Specimens Tested	Clinical Flu Positive	% Positive	A	B
201640	6	28	0	1	0	0	0	0	30	1705	39	2.29	25	14
201641	4	21	0	0	0	0	0	0	29	1788	26	1.45	14	12
201642	6	19	0	1	0	0	1	0	25	1538	17	1.11	10	7
Total	0	68	0	2	0	0	1	0	-	5031	82	1.63	49	33

*U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)
2016-2017 Influenza Season
HHS Region 6 (AR, LA, NM, OK, and TX) (Baseline: 4.1%)
Data as of Friday, October 28, 2016*

CDC Week	# Sites Reporting	ILI 0-4 years	ILI 5-24 years	ILI 25-49 years	ILI 50-64 years	ILI 65 years and older	Total ILI	Total Patient Visits	% Unweighted ILI	% Weighted ILI
201640	236	484	571	307	117	93	1572	92631	1.7	1.9
201641	235	452	580	283	97	95	1507	88437	1.7	1.8
201642	222	433	504	286	104	100	1427	87480	1.6	1.7
Totals							4506	268548		

Antiviral Resistance: No antiviral resistance data are available for specimens collected after 10/1/16.

Antigenic Characterization: No antigenic characterization data are available on specimens collected after 10/1/16.