

## Influenza Surveillance Report

[www.infectiousdisease.dhh.louisiana.gov](http://www.infectiousdisease.dhh.louisiana.gov)

Week 24: 6/9/13 - 6/15/13

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 department (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](mailto: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.

**Influenza-like illness remains low in Louisiana. Monthly reports over the summer will include Louisiana data and a page with updates on H7N9 and Middle East Respiratory Syndrome Coronavirus (MERS-CoV). CDC produces an abbreviated report over the summer which is available at: [www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly). The first weekly report of the 2013-2014 season (week 40, ending October 5, 2013) will be released on October 11, 2013.**

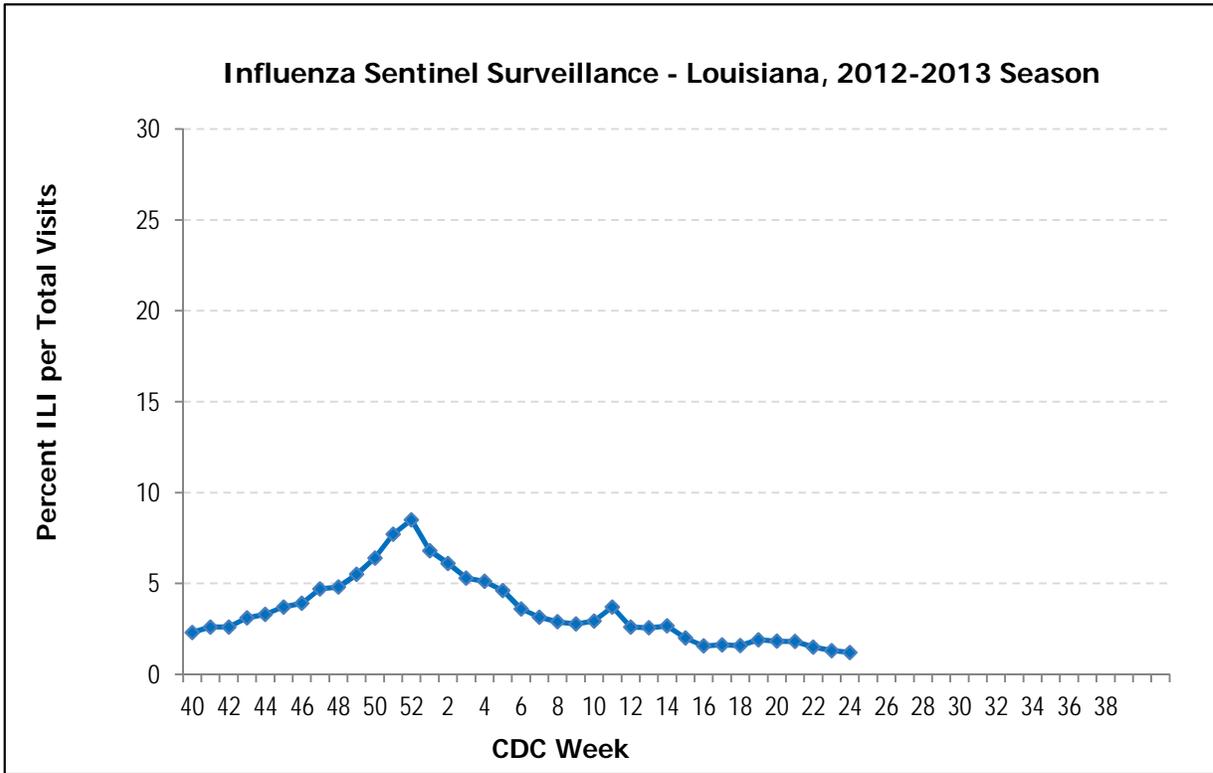
Page 2 : ILI Activity

Page 3: Louisiana Activity

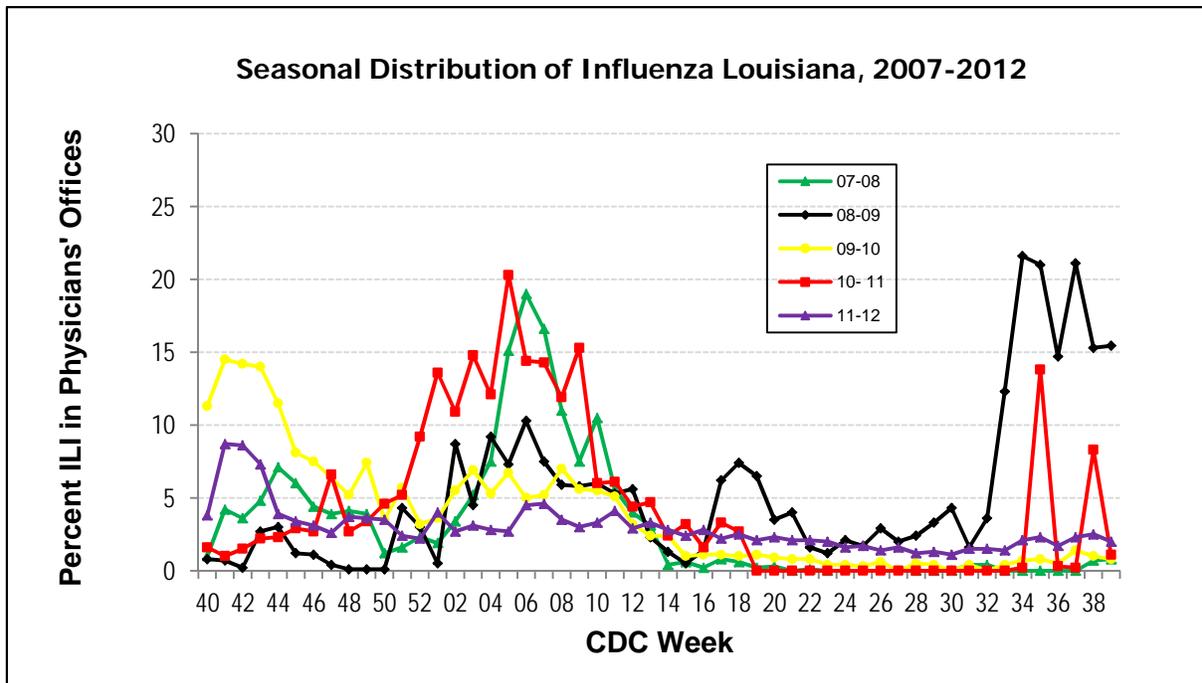
Page 4: H7N9 & MERS-CoV Updates

## 2012-2013 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.

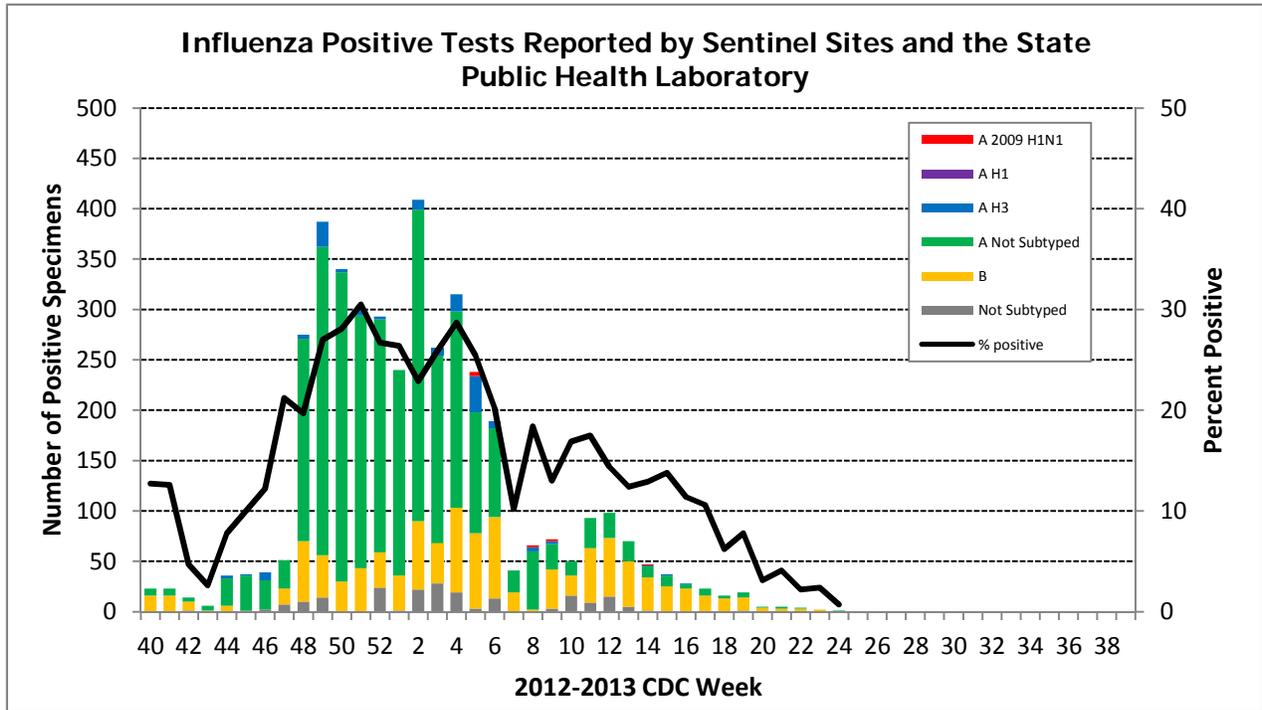


This graph shows the data on ILI surveillance among sentinel physicians' over the past 5 seasons to enable comparisons with previous years and better estimate the amplitude of this season's influenza transmission.



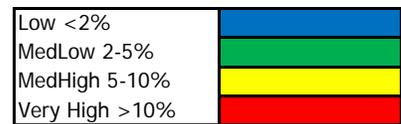
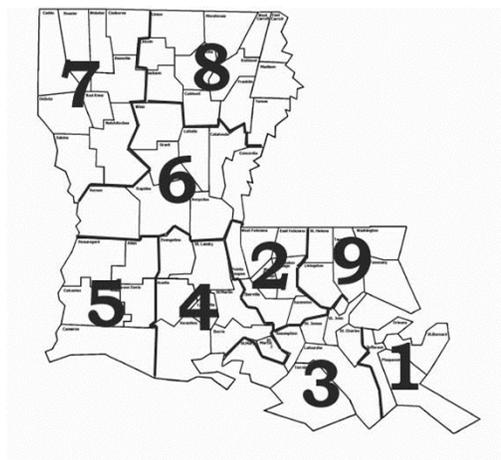
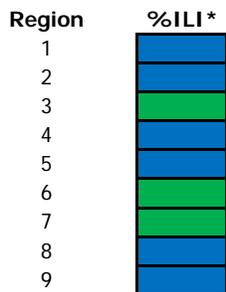
## 2012-2013 Season

### Virologic Surveillance



Sentinel site testing is based on rapid test results. All subtyping is done by PCR at the State Lab.

### Geographical Distribution of ILI



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

## H7N9 Update:

- No new cases of H7N9 detected since May 29, 2013.
- There have been 132 cases and 37 deaths.
- The decline in new cases may be a result of control measures implemented in China – including closure of live bird markets – or it may be a result of a seasonal pattern previously seen with other avian influenza viruses.
- As of Friday, June 14, 2013, CDC deactivated the Emergency Operations Center (EOC).
- CDC has posted new H7N9 testing recommendations and updated case definitions. They are available, along with other resources for clinicians and health professionals, at <http://www.cdc.gov/flu/avianflu/h7n9-healthprofessionals.htm>.
- The new information is summarized in a Health Update issued by CDC via the Health Alert Network (HAN) on June 7, 2013. The Health Update is available at <http://emergency.cdc.gov/HAN/han00347.asp>.
- The primary changes from previous guidance are the following:
  - A new recommendation to test only patients with an appropriate exposure history and severe respiratory illness requiring hospitalization. (In the previous guidance issued on April 5, CDC recommended that all persons with relevant exposure history and illness compatible with influenza, regardless of severity, be tested.)
  - A request that only confirmed and probable cases of human infection with H7N9 be reported to CDC.
- The updated guidance reflects the most current epidemiology of H7N9 cases, which indicates that almost all H7N9 human infections have resulted in severe respiratory illness and H7N9 has been found rarely among those with milder disease.
- Clinicians should continue to consider the possibility of H7N9 infection in persons presenting with respiratory illness requiring hospitalization and appropriate travel or exposure history.
- A new diagram depicting the origins of the H7N9 virus in China is available on the CDC website. The diagram shows how the H7N9 virus's genes are derived from other influenza viruses found in birds. The diagram is available for download from CDC's H7N9 virus images page <http://www.cdc.gov/flu/avianflu/h7n9-images.htm> and also via the Public Health Image Library (PHIL): <http://phil.cdc.gov/phil/whatsnew.asp> (image ID#15798).

## Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

- MERS-CoV is a virus that is new to humans; it is associated with respiratory illness and high death rates.
- Infections of the virus originate in the areas of the Arabian Peninsula and have been occurring since April of 2012.
- As of June 19, 2013 there have been 64 cases and 38 deaths in 8 countries.
- This coronavirus is most similar to those found in bats.
- It is not the same coronavirus that caused SARS in 2003. However, like SARS, MERS-CoV has caused severe acute respiratory illness and pneumonia in most reported cases. A small number of mild cases have been reported.
- MERS-CoV has been shown to spread person to person through close contact.
- The source of MERS-CoV is not known.
- There is no vaccine or specific antiviral treatment for MERS-CoV.
- More information including CDC recommendations and guidance for healthcare providers, health departments, and labs are available at [www.cdc.gov/coronavirus/](http://www.cdc.gov/coronavirus/).