



# Indiana State Department of Health

## Weekly Influenza Report

### Week 15

Report Date: Friday, April 22, 2016

The purpose of this report is to describe the spread and prevalence of influenza-like illness (ILI) in Indiana. It is meant to provide local health departments, hospital administrators, health professionals and residents with a general understanding of the burden of ILI. Data from several surveillance programs are analyzed to produce this report. Data are provisional and may change as additional information is received, reviewed and verified. For questions regarding the data presented in this report, please call the ISDH Surveillance and Investigation Division at 317-233-7125.

### WEEKLY OVERVIEW

Influenza-like Illness - Week Ending April 16, 2016	
ILI Geographic Distribution	Sporadic
ILI Activity Code	Minimal
Percent of ILI reported by sentinel outpatient providers	1.21%
Percent of ILI reported by emergency department chief complaints	1.14%
Percent positivity of influenza specimens tested at ISDH	54.17%
Number of influenza-associated deaths to date	60
Number of long-term care facility outbreaks	0
Number of school-wide outbreaks	0



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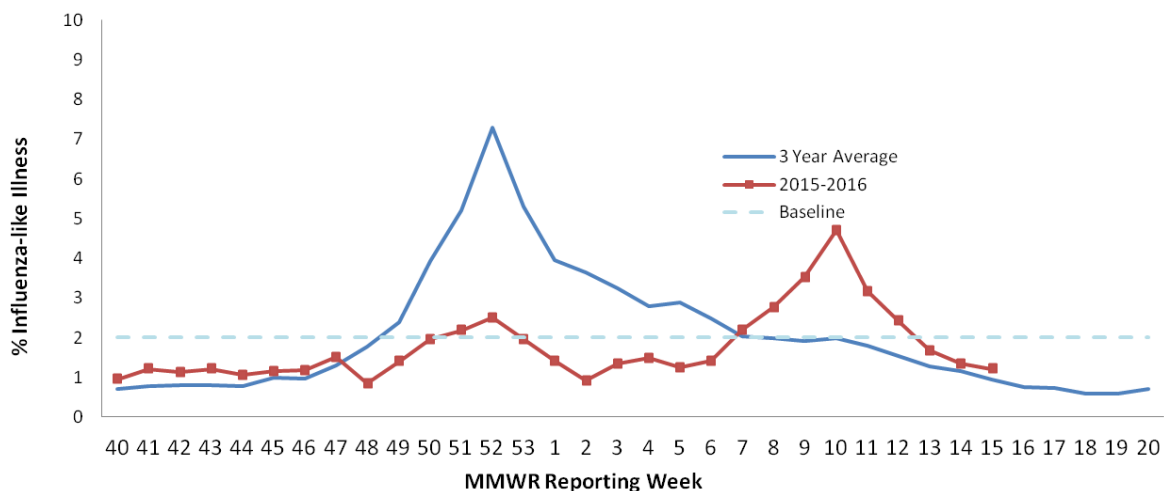
## SENTINEL SURVEILLANCE SYSTEM

Data are obtained from sentinel outpatient providers participating in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). Data are reported on a weekly basis for the previous Morbidity and Mortality Weekly Report (MMWR) Week by the sentinel sites and are subject to change as sites back-report or update previously submitted weekly data.

Percent of ILI Reported by Type of Sentinel Outpatient Facility, Indiana, 2015-2016 Season			
MMWR Week	All Reporters %ILI (n)	Universities %ILI (n)	Non-Universities %ILI (n)
<b>15</b>	1.21% (19)	2.23% (5)	0.94% (14)
<b>14</b>	1.34 (23)	1.09 (8)	1.49 (15)
<b>13</b>	1.67 (24)	1.22 (10)	1.91 (14)

Percent of ILI Reported by Age Category in Sentinel Outpatient Facilities, Indiana, 2015-2016 Season		
Age Category, years	Total Number of ILI	Percent of ILI
0-4	15	28.85%
5-24	30	57.69
25-49	7	13.46
50-64	0	0
65+	0	0
Total	52	--

Percent of Patients with Influenza-like Illness (ILI) in Provider Clinics, Indiana, 2015-2016





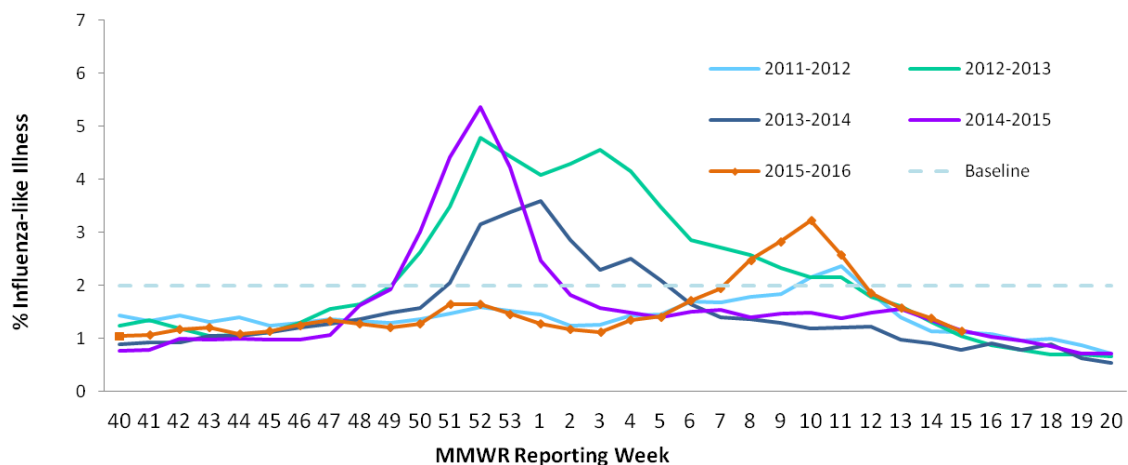
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## **SYNDROMIC SURVEILLANCE SYSTEM**

Data are obtained from hospital emergency department chief complaint data through the Indiana Public Health Emergency Surveillance System (PHESS). Data are reported on a weekly basis for the previous Morbidity and Mortality Weekly Report (MMWR) Week and are subject to change as hospitals back-report or update previously submitted weekly data.

Percent of ILI Reported in Emergency Departments by District, Indiana, 2015-2016 Season		
	Previous MMWR Week	Current MMWR Week
Indiana	1.37%	1.14%
District 1	0.96	0.61
District 2	1.49	1.18
District 3	0.75	0.57
District 4	1.59	1.66
District 5	1.27	1.06
District 6	1.92	1.40
District 7	1.43	1.08
District 8	1.38	1.82
District 9	1.80	1.78
District 10	1.45	1.11

**Percent of Patients with Influenza-Like Illness (ILI) Chief Complaint in Emergency Departments, Indiana, 2015-2016**





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### **INFLUENZA-ASSOCIATED MORTALITY**

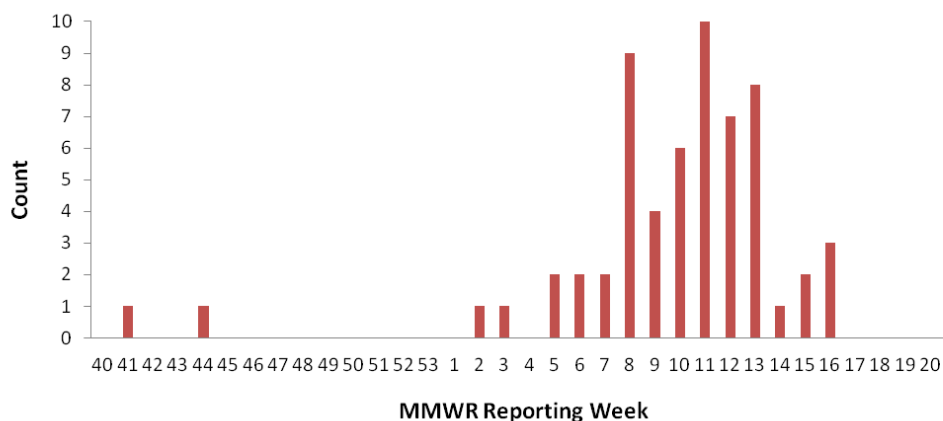
Data are obtained from the Indiana National Electronic Disease Surveillance System (I-NEDSS). Influenza-associated deaths are reportable within 72 hours of knowledge; however, not all cases are reported in a timely manner so data in this report as subject to change as additional cases are back-reported.

Number of Influenza-Associated Deaths for All Ages*, Indiana, 2015-2016 Season	
Age Category, years	Season Total
0-4	0
5-24	4
25-49	9
50-64	26
65+	21
Total	60

*\*Due to changes in the reporting rule as of 12/2015, influenza-associated deaths are reportable if either laboratory confirmed or listed as cause of death on death certificate. Therefore, case counts are not directly comparable to previous seasons in which influenza-associated deaths were only reportable by laboratory confirmation.*

Counties with ≥5 Laboratory Confirmed Influenza-Associated Deaths for All Ages, 2015-2016 Season			
County	Season Total	County	Season Total
Lake	11		
Marion	18		
Allen	6		

Number of Reported Influenza-Associated Deaths by Week of Death, All Ages,  
Indiana, 2015-16





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## VIROLOGIC SURVEILLANCE

Circulating Influenza Viruses Detected by ISDH Laboratory*, Indiana, 2015-2016 Season				
PCR Result	Week 15		Season Total	
	Number	Percent of Specimens Received	Number	Percent of Specimens Received
2009 A/H1N1pdm virus	5	20.8%	220	36.3%
Influenza A/H3 seasonal virus	1	4.2%	71	11.7%
Influenza A/H1 seasonal virus	0	0%	0	0%
Influenza B seasonal virus	7	29.2%	43	7.1%
Influenza negative	11	45.8%	252	41.6%
Inconclusive	0	0%	8	1.3%
Unsatisfactory specimen <sup>†</sup>	0	0%	11	1.8%
Influenza Co-infection <sup>Δ</sup>	0	0%	1	<1%
<b>Total</b>	<b>24</b>	<b>100%</b>	<b>606</b>	<b>100%</b>

\* Data obtained from the ISDH Laboratory via specimens submitted from the ISDH Sentinel Influenza Surveillance System and IN Sentinel Laboratories.

<sup>†</sup> Unsatisfactory specimens include specimens that leaked in transit, were too long in transit, or were inappropriately labeled.

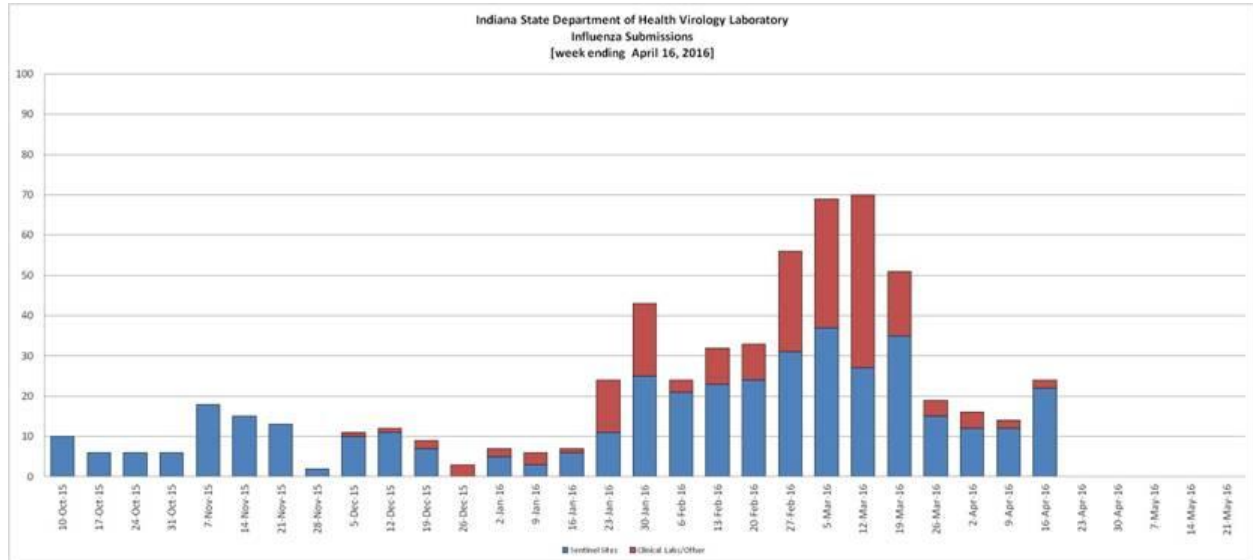
<sup>Δ</sup> Influenza co-infection was influenza A/H3 and influenza A/H1N1pdm.

Circulating Non-Influenza Viruses Detected by the ISDH Laboratory, Indiana, 2015-2016 Season			
Result	Week 15	Season Total (Since 10/1/15)	Early Surveillance (9/1/15 - 9/30/15)
<b>Adenovirus</b>	0	7	0
<b>Coronavirus 229E</b>	0	0	0
<b>Coronavirus HKU1</b>	0	0	0
<b>Coronavirus NL63</b>	0	0	0
<b>Coronavirus OC43</b>	0	0	0
<b>Enterovirus NOS</b>	0	0	0
<b>Enterovirus/Rhinovirus</b>	0	2	1
<b>Human Metapneumovirus</b>	0	0	0
<b>Parainfluenza 1 Virus</b>	0	1	1
<b>Parainfluenza 2 Virus</b>	0	1	0
<b>Parainfluenza 3 Virus</b>	0	1	0
<b>Parainfluenza 4 Virus</b>	0	1	0
<b>Rhinovirus</b>	0	0	0
<b>Respiratory Syncytial Virus</b>	0	2	0
<b>Total</b>	<b>0</b>	<b>15</b>	<b>2</b>



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## VIROLOGIC SURVEILLANCE (GRAPH)





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### **FLU REVIEW**

#### **Flu Vaccine Resources**

- A new spring/summer-themed [flu vaccination widget](#) is available in both English and Spanish to help educate about flu prevention (CDC).
- The National Foundation for Infectious Diseases (NFID) published “[Call to Action: Addressing New and Ongoing Adolescent Vaccination Challenges](#)” to discuss the long-term health impacts of under-immunized adolescents and the important role healthcare professionals play in increasing vaccination rates. The report indicates that influenza vaccination coverage is relatively low for adolescents, leaving millions vulnerable to serious flu-related health risks.
- The next meeting of the FDA Vaccines & Related Biological Products Advisory Committee is scheduled for May 11, 2016; meeting materials and participation information are available via the [meeting announcement](#).

#### **Flu News and Related Studies**

- Influenza activity in the United States is still decreasing, but remains slightly elevated above the national baseline. Ongoing flu activity is expected for a number of weeks, and vaccination is recommended for as long as flu viruses are circulating. View the [map](#) of weekly influenza activity in the U.S. and the latest [FluView report](#) for more about current influenza activity, trends, and impact throughout the United States (CDC).
- According to the [World Health Organization \(WHO\) influenza update](#) published this week, flu activity in the Northern Hemisphere is decreasing overall, although influenza B activity is increasing in some areas; flu activity in the Southern Hemisphere is increasing slightly.
- Seasonal influenza vaccines are generally designed to target the flu surface protein hemagglutinin, but research conducted by the National Institute of Allergy and Infectious Diseases (NIAID) found that targeting the flu surface protein neuraminidase may better protect against flu, by reducing both the severity and duration of flu symptoms and viral shedding ([mBio](#)).
- An analysis of survey responses from health care personnel (HCP) assessed the impact of New York State’s flu mask regulation, which requires unvaccinated HCP to wear a mask, on the flu vaccination rate among HCP. The findings indicate that requiring flu masks is not sufficient to ensure adequate HCP vaccination, and further education should be provided to HCPs concerning the morbidity and mortality associated with influenza ([American Journal of Infection Control](#)).

#### **For Further Information, Visit:**

[www.in.gov/isdh/25462.htm](http://www.in.gov/isdh/25462.htm)

[www.cdc.gov/flu](http://www.cdc.gov/flu)

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