



# Indiana State Department of Health

## Weekly Influenza Report

### Week 4

Report Date: Friday, February 05, 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 January 30, 2016	
ILI Geographic Distribution	Regional
ILI Activity Code	Minimal
Percent of ILI reported by sentinel outpatient providers	1.58%
Percent of ILI reported by emergency department chief complaints	1.36%
Percent positivity of influenza specimens tested at ISDH	53.49%
Number of influenza-associated deaths	0
Number of long-term care facility outbreaks	0
Number of school-wide outbreaks	0



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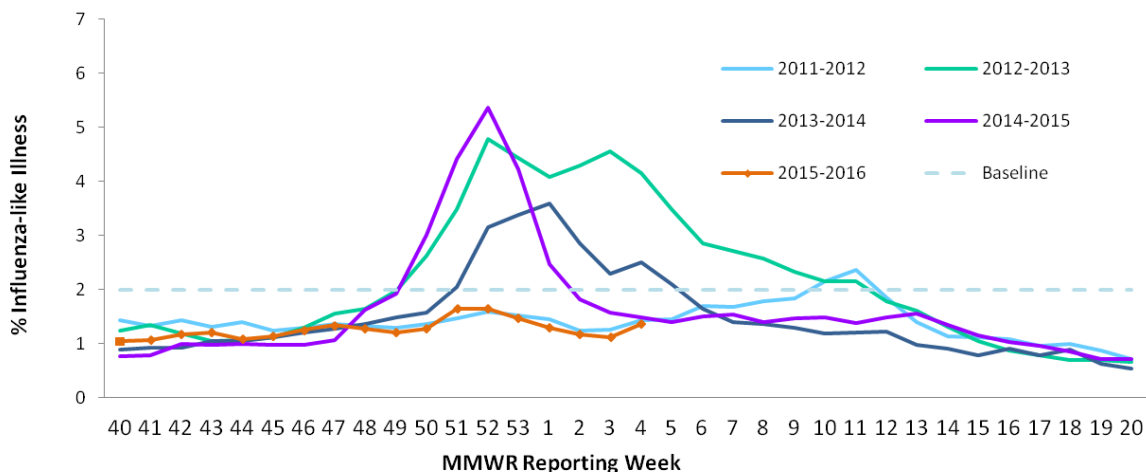
### SENTINEL SURVEILLANCE SYSTEM

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>4</b>	1.58% (25)	2.96 (10)	0.80 (15)
<b>3</b>	1.42 (26)	2.52 (11)	0.80 (15)
<b>2</b>	0.92 (28)	0.63 (10)	1.05 (18)

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	14	15.73%
5-24	67	75.28
25-49	4	4.49
50-64	3	3.37
65+	1	1.12
Total	89	--

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





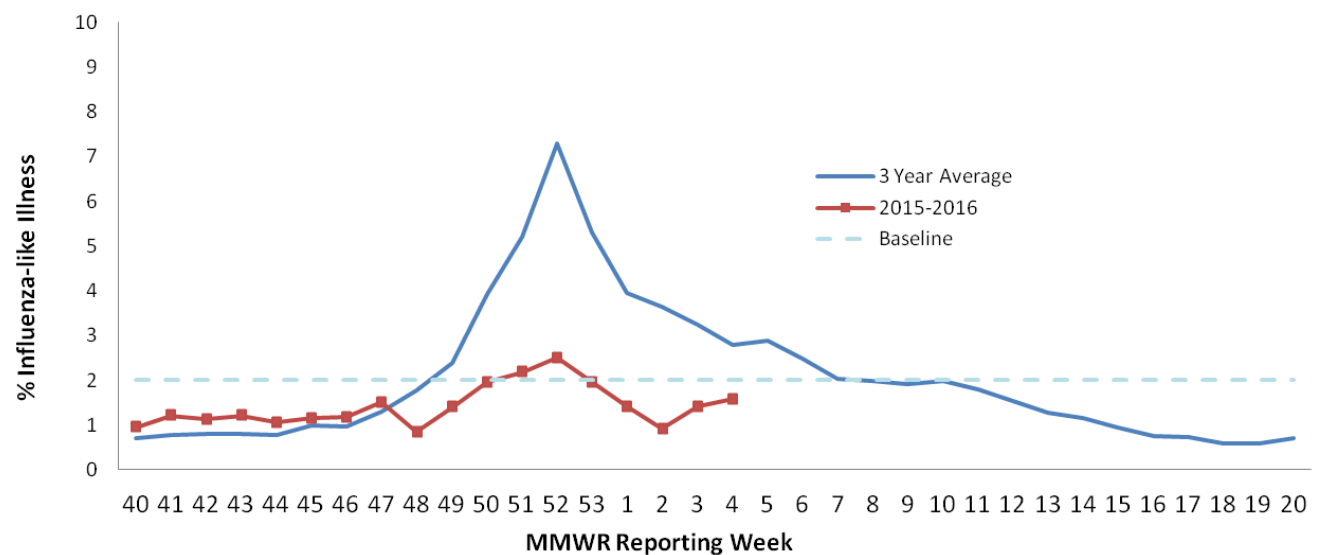
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### SYNDROMIC SURVEILLANCE SYSTEM

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	1.12%	1.36%
District 1	1.42	1.70
District 2	1.29	1.56
District 3	0.38	0.40
District 4	1.96	1.99
District 5	0.98	1.27
District 6	1.44	1.56
District 7	0.89	1.68
District 8	1.01	1.02
District 9	1.10	2.01
District 10	0.95	1.21

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





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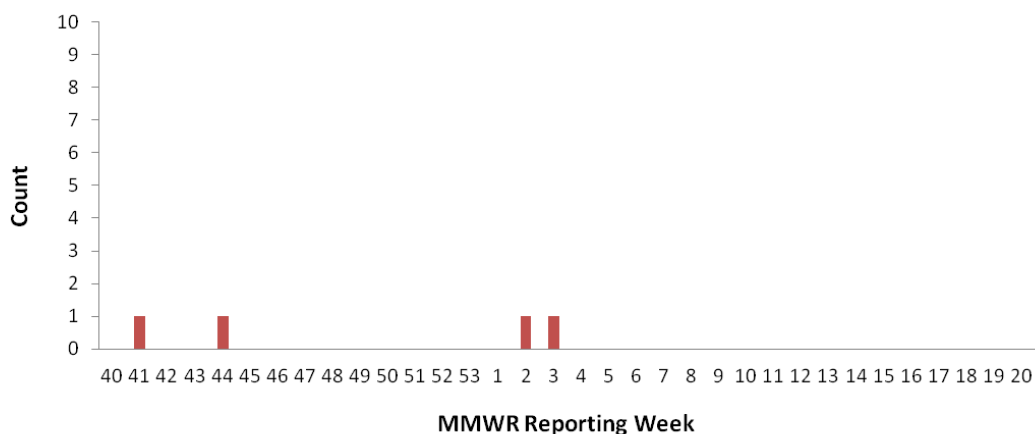
### **INFLUENZA-ASSOCIATED MORTALITY**

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 Laboratory Confirmed Influenza-Associated Deaths for All Ages, Indiana, 2015-2016 Season	
Age Category, years	Season Total
0-4	0
5-24	0
25-49	0
50-64	2
65+	2
Total	4

Counties with ≥5 Laboratory Confirmed Influenza-Associated Deaths for All Ages, 2015-2016 Season			
County	Season Total	County	Season Total

**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 4		Season Total	
	Number	Percent of Specimens Received	Number	Percent of Specimens Received
2009 A/H1N1pdm virus	8	18.6%	14	7.1%
Influenza A/H3 seasonal virus	15	34.9%	28	14.1%
Influenza A/H1 seasonal virus	0	0%	0	0%
Influenza B seasonal virus	0	0%	3	1.5%
Influenza negative	18	41.9%	144	72.7%
Inconclusive	2	4.7%	2	1.0%
Unsatisfactory specimen <sup>†</sup>	0	0%	7	3.5%
Influenza Co-infection <sup>Δ</sup>	0	0%	0	0%
<b>Total</b>	<b>43</b>	<b>100%</b>	<b>198</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.

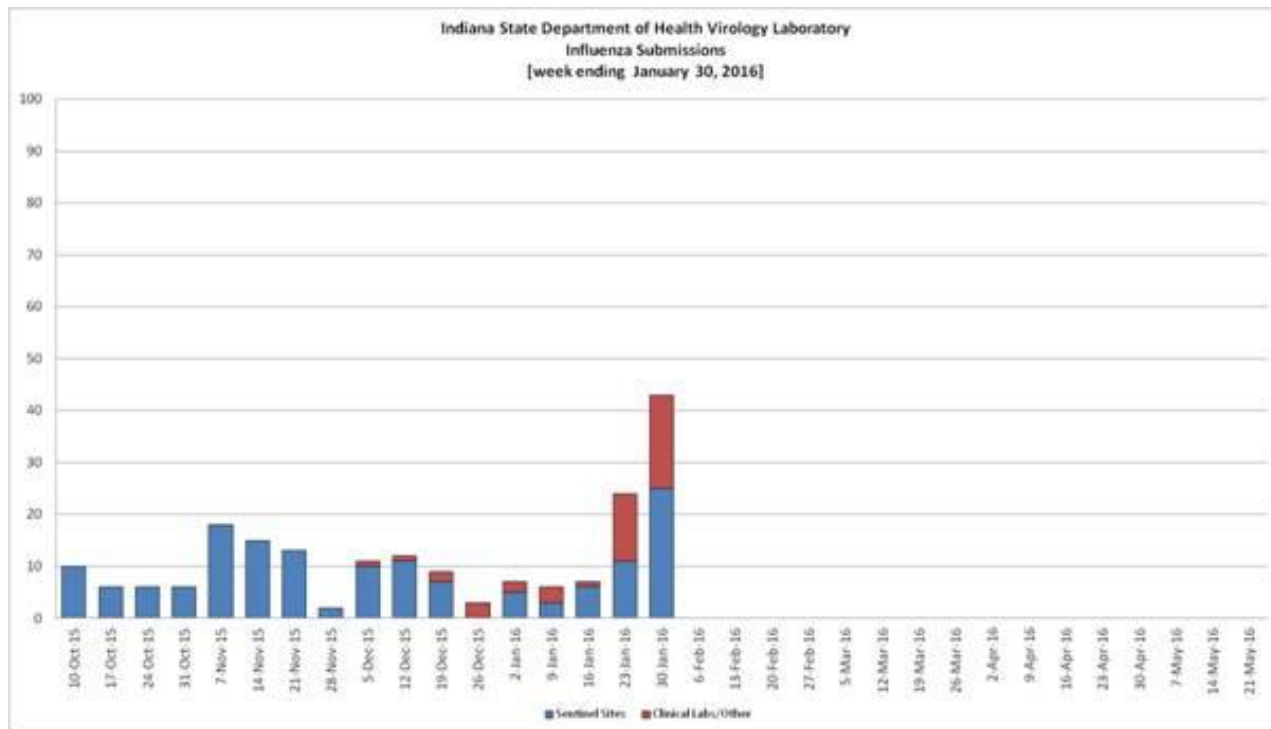
<sup>Δ</sup> All previous-year co-infections have been influenza A/H3 and influenza B.

Circulating Non-Influenza Viruses Detected by the ISDH Laboratory, Indiana, 2015-2016 Season			
Result	Week 4	Season Total (Since 10/1/15)	Early Surveillance (9/1/15 - 9/30/15)
<b>Adenovirus</b>	0	4	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	0	0
<b>Total</b>	<b>0</b>	<b>10</b>	<b>2</b>



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## VIROLOGIC SURVEILLANCE (GRAPH)





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### **FLU REVIEW**

#### **Flu Vaccine Resources**

- The CDC has issued an official [influenza Health Advisory](#) after receiving reports of severe influenza illness; healthcare providers are urged to treat very ill or high-risk suspect flu patients with antivirals quickly, regardless of negative rapid influenza diagnostic test (RIDT) results and without waiting for RT-PCR testing results. Further details, including recommendations for clinicians and links to additional resources, are included in the [advisory report](#).
- The 12th National Conference for Immunization Coalitions and Partnerships, [Ready. Set. Vaccinate!](#), will be held in Indianapolis on May 25–27, with the aim to improve community health by enhancing the effectiveness of coalitions and partners, as well as to provide networking and professional development opportunities. The early bird [registration](#) rate is available until February 12. Also, posters are currently being solicited for exhibition at the conference. The deadline for poster submission is February 29; for more information, go to the [conference website](#), and click on the "Submit a Poster Presentation" link.
- The National Adult and Influenza Immunization Summit (NAIIS) is now soliciting nominations for the [2016 Immunization Excellence Awards](#), recognizing individuals and organizations that have made extraordinary contributions towards improving vaccination rates within their communities during 2015. The national winner in each category will be invited to present their program at the 2016 NAIIS meeting in Atlanta, Georgia. The deadline for receipt of [nominations](#) is February 15, 2016.

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

- Influenza activity in the U.S. increased for the week ending January 23, with four states reporting widespread flu activity, fourteen states reporting regional flu activity, and twelve states, including Indiana, reporting local flu activity. 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).
- More than 146 million doses of flu vaccine have now been distributed in the U.S. ([CDC](#)).
- Early influenza antiviral treatment for pregnant women hospitalized with influenza may reduce illness severity and length of hospital stay, which can help to prevent adverse maternal and infant health outcomes ([The Journal of Infectious Diseases](#)).
- Earlier influenza vaccination among healthcare providers is associated with reductions in influenza-like illness, days of lost work, and leave of absence time taken ([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)

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