



# Indiana State Department of Health

## Weekly Influenza Report

### Week 52

Report Date: Friday, January 08, 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, 2 2016	
ILI Geographic Distribution	Sporadic
ILI Activity Code	Minimal
Percent of ILI reported by sentinel outpatient providers	1.24%
Percent of ILI reported by emergency department chief complaints	1.65%
Percent positivity of influenza specimens tested at ISDH	14.3%
Number of influenza-associated deaths	0
Number of long-term care facility outbreaks	0
Number of school-wide outbreaks	0



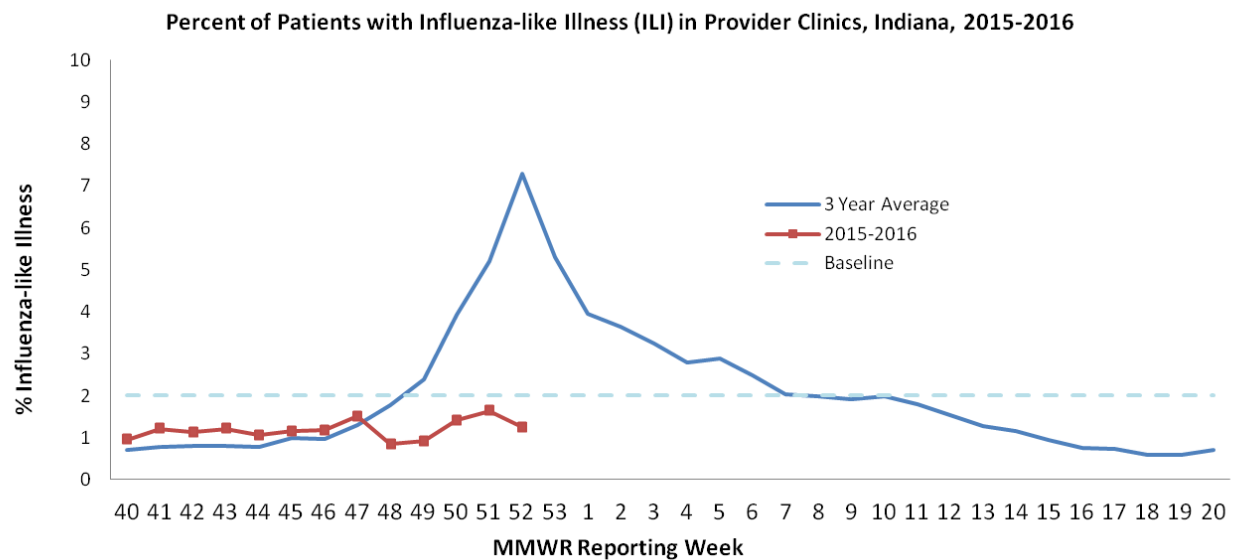
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## SENTINEL SURVEILLANCE SYSTEM

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>52</b>	1.24 (19)	Data not available	1.24% (11)
<b>51</b>	1.64 (24)	0.74% (8)	1.69 (16)
<b>50</b>	1.41 (23)	0.60 (9)	1.72 (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	8	36.36%
5-24	10	45.45%
25-49	2	9.09%
50-64	2	9.09%
65+	0	0
Total	22	--





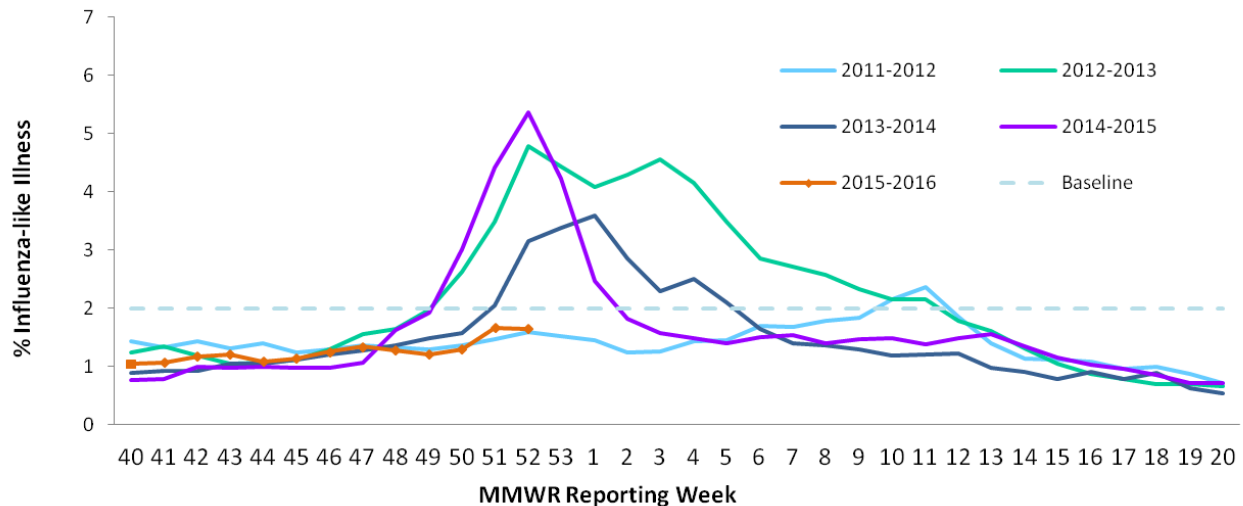
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## **SYNDROMIC SURVEILLANCE SYSTEM**

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	1.66%	1.65%
District 1	1.57	1.74
District 2	1.62	1.53
District 3	0.83	0.95
District 4	1.99	2.04
District 5	1.54	1.51
District 6	2.08	1.62
District 7	1.45	1.96
District 8	1.75	1.65
District 9	2.36	2.39
District 10	1.86	1.89

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





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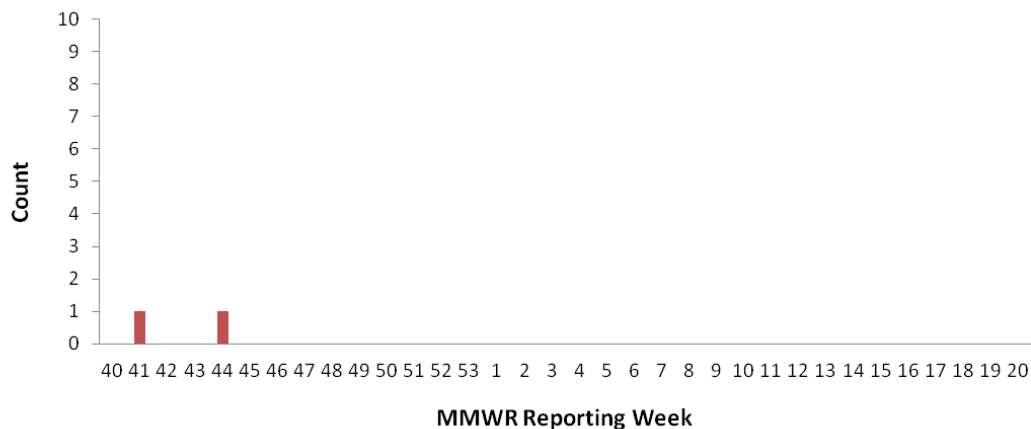
### **INFLUENZA-ASSOCIATED MORTALITY**

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 are subject to change as additional cases are back-reported. Due to a Communicable Disease Reporting Rule change that became effective in December 2015 and broadens the criteria used to determine a case, the number of influenza-associated deaths reported after December 2015 should not be compared directly to the number of influenza-associated deaths previously reported in prior seasons.

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	1
65+	1
Total	2

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 52		Season Total	
	Number	Percent of Specimens Received	Number	Percent of Specimens Received
2009 A/H1N1pdm virus	1	14.3%	2	1.7%
Influenza A/H3 seasonal virus	0	0%	2	1.7%
Influenza A/H1 seasonal virus	0	0%	0	0%
Influenza B seasonal virus	0	0%	2	1.7%
Influenza negative	4	57.1%	105	89.0%
Inconclusive	0	0%	0	0%
Unsatisfactory specimen <sup>†</sup>	2	28.6%	7	5.9%
Influenza Co-infection <sup>Δ</sup>	0	0%	0	0%
<b>Total</b>	<b>7</b>	<b>100%</b>	<b>118</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.

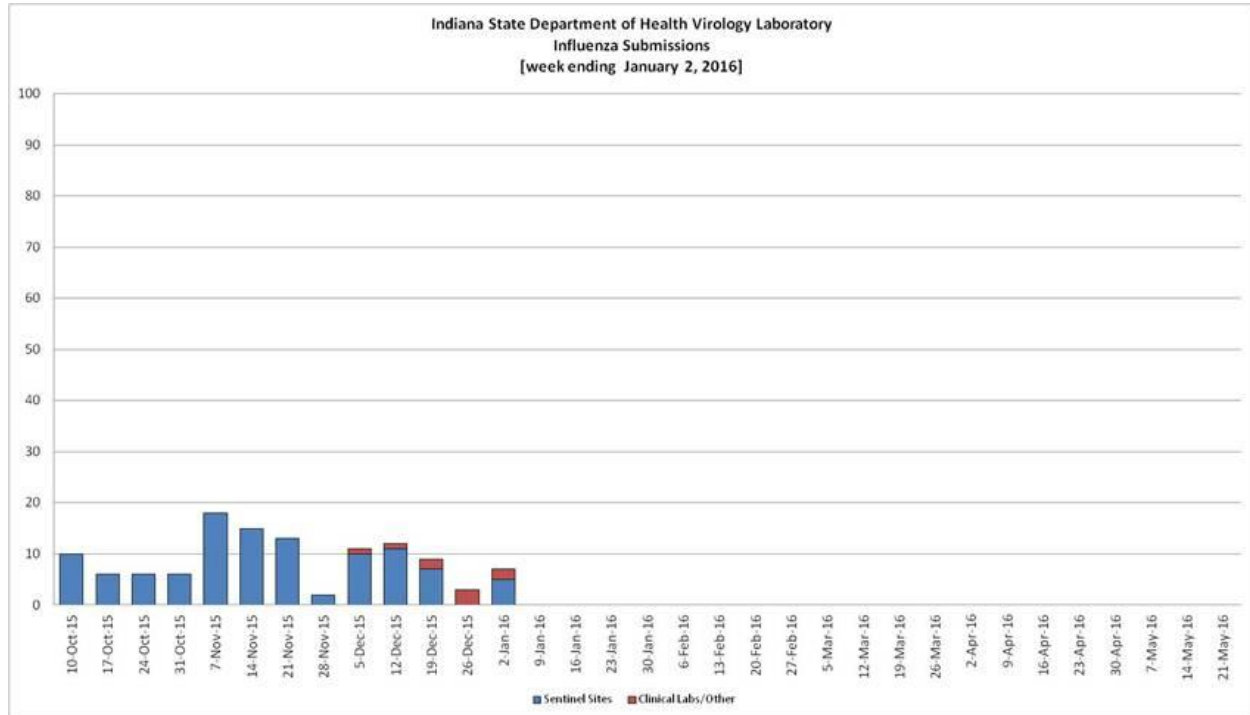
<sup>Δ</sup> All previous-year co-infections have been influenza A/H3 and influenza B.

Circulating Non-Influenza Viruses Detected by the ISDH Laboratory, Indiana, 2015-2016 Season			
Result	Week 52	Season Total (Since 10/1/15)	Early Surveillance (9/1/15 - 9/30/15)
<b>Adenovirus</b>	0	3	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>9</b>	<b>2</b>



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## VIROLOGIC SURVEILLANCE (GRAPH)





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### **FLU REVIEW**

#### **Flu Vaccine Resources**

- The CDC has released a new webcast covering [Influenza Vaccination Recommendations, 2015-2016](#). Intended for immunization providers, this web-on-demand video describes influenza vaccination benefits, best practices for storage and handling, the ACIP's recommendations for influenza vaccines, and tips for disease detection and implementation of preventative healthcare services. Continuing Education credit is available upon successful completion.
- The National Foundation for Infectious Diseases (NFID) is presenting a one-hour "Vaccination for Healthcare Professionals" webinar on Wednesday, January 13 at 12:00 PM EST, focusing on the importance of vaccines for healthcare professionals, as well as communication strategies and tips. Continuing Education credit is available for participating attendees; [pre-registration](#) is required.

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

- For the second consecutive week, influenza activity in the United States is above the national baseline. Six states and one territory reported at least regional levels of activity, and twelve states, including Indiana, reported local influenza 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 143.3 million doses of flu vaccine have now been distributed in the U.S. ([CDC](#)).
- The CDC's [Notes from the Field](#) MMWR discusses errors in injection practices, vaccine administration, and storage and handling at an influenza vaccination clinic in New Jersey. Related resources available for download include [Key Messages](#) from the MMWR article and an ["At a Glance" Resource Guide](#) on vaccine administration, storage, and handling.
- A study in the *Pediatric Infectious Disease Journal* found that children that receive two doses of influenza vaccine in the first year they are vaccinated experience higher vaccine effectiveness than children that do not; the CDC recommends administering two doses of influenza vaccine, at least one month apart, to children aged 6 months through 8 years in the first year they are vaccinated against influenza ([CDC](#)).
- Higher rates of seasonal influenza vaccination adherence are significantly associated with lower rates of severe influenza outcomes among the elderly ([Expert Review of Vaccines](#)).
- Well-matched flu vaccinations can reduce influenza hospitalizations and deaths among long-stay nursing home residents ([Journal of the American Geriatrics Society](#)).

#### **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)