

Flu Watch

South Carolina Department of Health and Environmental Control
Division of Acute Disease Epidemiology
Influenza Surveillance Weekly Support



<http://www.scdhec.gov/health/disease/acute/flu.htm>

Week Ending February 6, 2010 (MMWR Week 5)

Highlights:

Influenza Activity Level: Regional

Note: Activity level definitions are found on page 10

ILI Activity Status (HHS Region 4 ILI baseline is 2.0%*): Below baseline in the Upstate (.39%) and the Midlands (1.15%). Above baseline along the Coast (3.72%). ILI activity increased. The state ILI is 1.30%. These data reflect reports from 21 (29.6%) providers.

Note: See map of counties on page 3 for regional descriptions

SC Viral Isolate and RT-PCR Activity: During the past MMWR (5) week, 19 positive specimens were reported. Since October 4, 2009, 415 specimens tested by our Bureau of Labs (BOL) have been positive for influenza. A total of 329 positive specimens have been reported by other labs. So far this season, all subtyped influenza A viruses have been 2009 H1N1.

Positive Rapid Flu Test Activity: There were 150 positive tests reported.

Hospitalizations: 10 hospitalizations were reported. Since September 1, 2009, 975 hospitalizations have been reported.

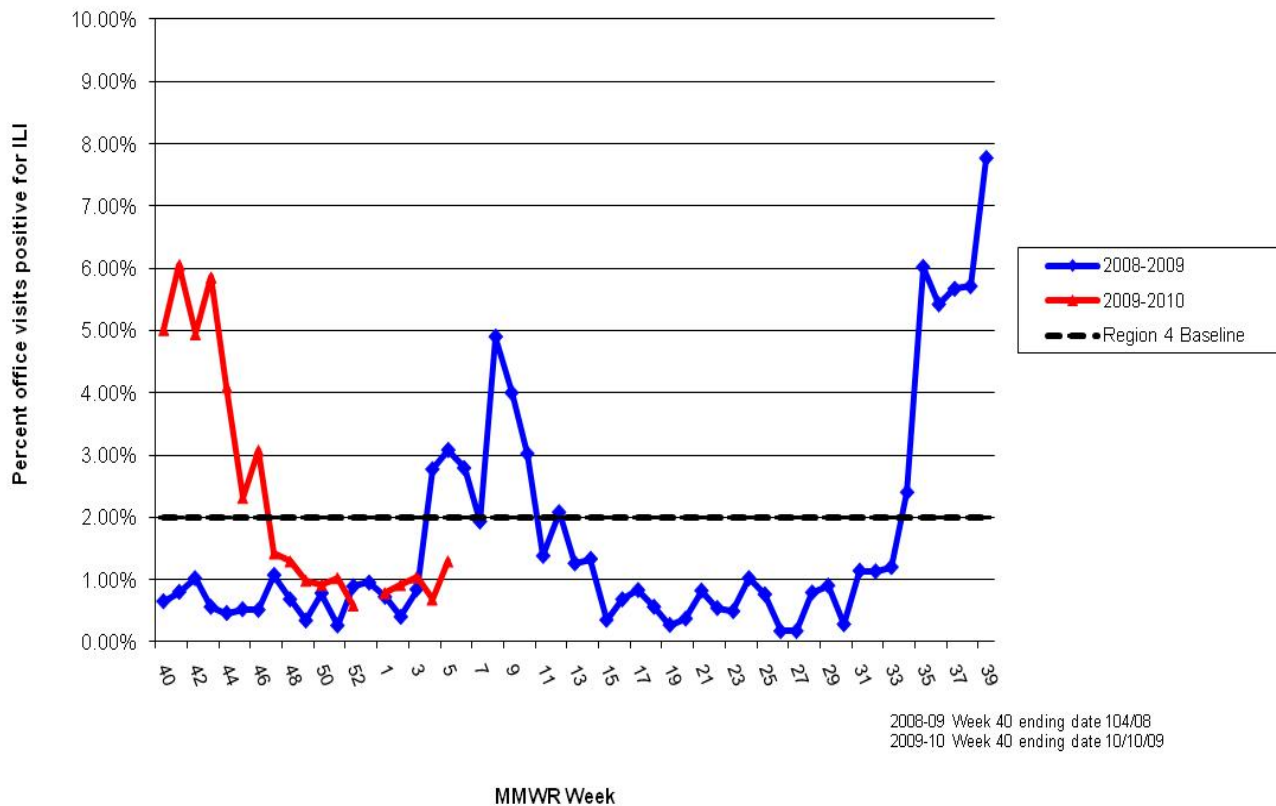
Deaths: No deaths were reported during MMWR week 5. Since September 1, 2009, 42 deaths have been reported.

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I. ILINet Influenza-Like Illness Surveillance

During MMWR week 5 ending February 6, 2010, 1.30 % of patient visits to SC ILNet providers were due to ILI. The state ILI percentage increased; however, it remains below the regional (2.0%) and national (2.3%) baselines. This ILI percentage compares to 3.08% this time last year. Reports were received from providers in 15 counties, representing 7 of the 8 regions. The percentage of visits ranged from 0% to 16.67%.

Percentage of Visits for Influenza-like Illness (ILI) Reported by Sentinel Providers in South Carolina, 2009-2009 and 2009-2010 Influenza Seasons



*HHS Region 4 consists of Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. The baseline is the mean percentage of patient visits for ILI during non-influenza weeks for the previous three seasons plus two standard deviations.

Reported Influenza-Like Illness by Sentinel Providers
January 31, 2010-February 6, 2010

County	ILI %	County	ILI %
Abbeville	NR	Greenwood	NR
Aiken	0%	Hampton	NR
Allendale	NR	Horry	NR
Anderson	2.86%	Jasper	NR
Bamberg	---	Kershaw	NR
Barnwell	NR	Lancaster	---
Beaufort	NR	Laurens	3.70%
Berkeley	0%	Lee	---
Calhoun	---	Lexington	.93%
Charleston	4.42%	Marion	---
Cherokee	---	Marlboro	NR
Chester	---	McCormick	NR
Chesterfield	---	Newberry	---
Clarendon	---	Oconee	NR
Colleton	NR	Orangeburg	NR
Darlington	---	Pickens	0%
Dillon	NR	Richland	1.47%
Dorchester	NR	Saluda	1.10%
Edgefield	---	Spartanburg	.45%
Fairfield	.50%	Sumter	NR
Florence	1.86 %	Union	---
Georgetown	3.79%	Williamsburg	---
Greenville	.64%	York	2.56%

NR: No reports received

---: No enrolled providers



Geographic Region	ILI %	# of Reporters
Upstate-Regions 1 -2	.39	10
Midlands-Regions 3-5	1.15	7
Coastal-Regions 6-8	3.72	4

II. Virologic Surveillance

During the past MMWR week (1/31-2/6), fifteen positive specimens were reported by the Bureau of Labs and 4 positive specimens were reported by clinical labs. Since October 4, 2009, 744 specimens tested have been positive for influenza.

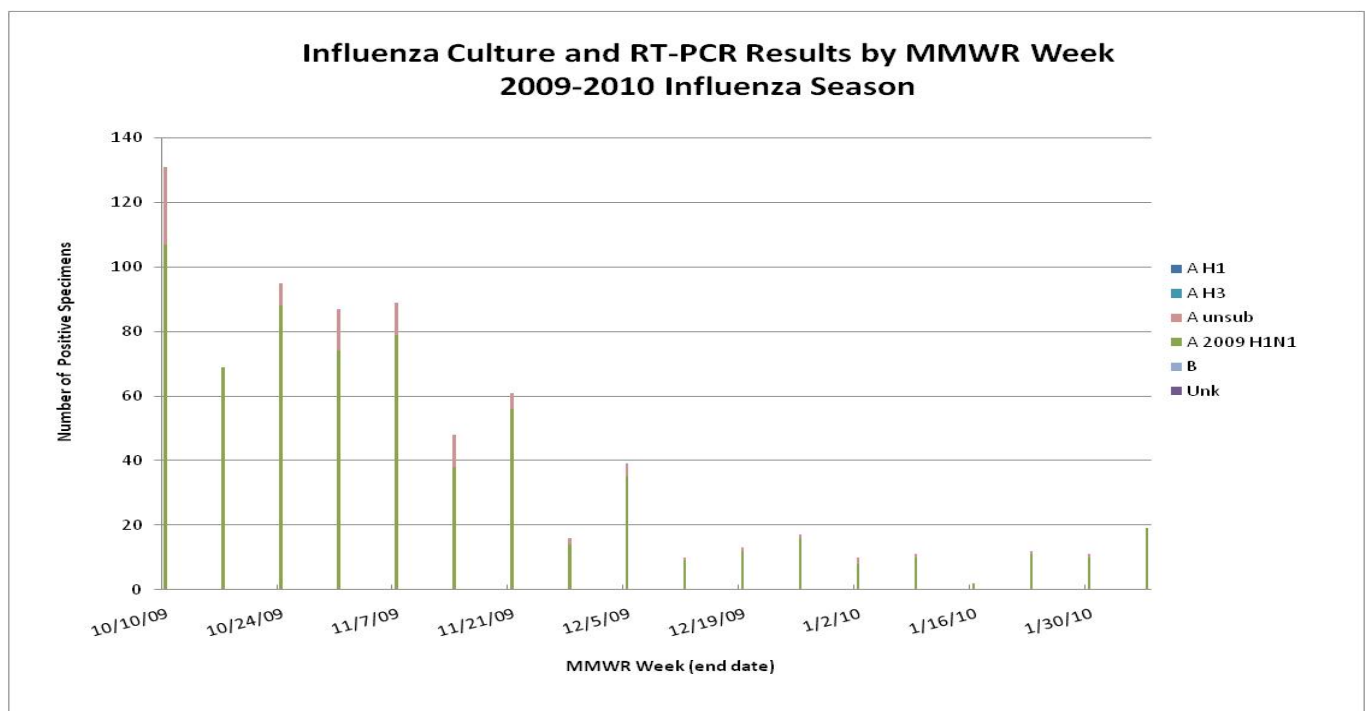
Positive confirmatory influenza test results Current MMWR Week (1/31/10-2/6/10)		
	BOL*	Other clinical labs
Number of specimens tested	76	-
Number of positive specimens	15	4
Positive specimens by type/subtype		
A (H1)		
A (H3)		
A (unsubtyped)		
A (2009 H1N1)	15	4
Influenza B		
*Culture and/or RT-PCR		

Positive confirmatory influenza test results Cumulative (10/04/09-2/6/10)		
	BOL*	Other clinical labs
Number of specimens tested	1818	-
Number of positive specimens	415 (22.8%)	329
Positive specimens by type/subtype		
Influenza A		
A (H3)		
A (unsubtyped)		82 (24.9%)
A (2009 H1N1)	415 (100%)	247 (73.9%)
Influenza B		
Unk		
Other		
*Culture and/or RT-PCR		

Positive Confirmatory tests by County
October 4, 2009-February 6, 2010

County	Total	County	Total
Abbeville	2	Hampton	4
Aiken	14	Horry	29
Allendale		Jasper	2
Anderson	21	Kershaw	9
Bamberg	7	Lancaster	7
Barnwell	1	Laurens	3
Beaufort	74	Lee	8
Berkeley	16	Lexington	11
Calhoun	1	Marion	1
Charleston	42	Marlboro	2
Cherokee	8	McCormick	
Chester	11	Newberry	4
Chesterfield	5	Oconee	11
Clarendon		Orangeburg	15
Colleton	26	Pickens	11
Darlington	22	Richland	56
Dillon	3	Saluda	1
Dorchester	19	Spartanburg	64
Edgefield	1	Sumter	5
Fairfield	1	Union	
Florence	33	Williamsburg	5
Georgetown	7	York	9
Greenville	51	Unknown	105
Greenwood	12	Other	3

*These data are provisional.



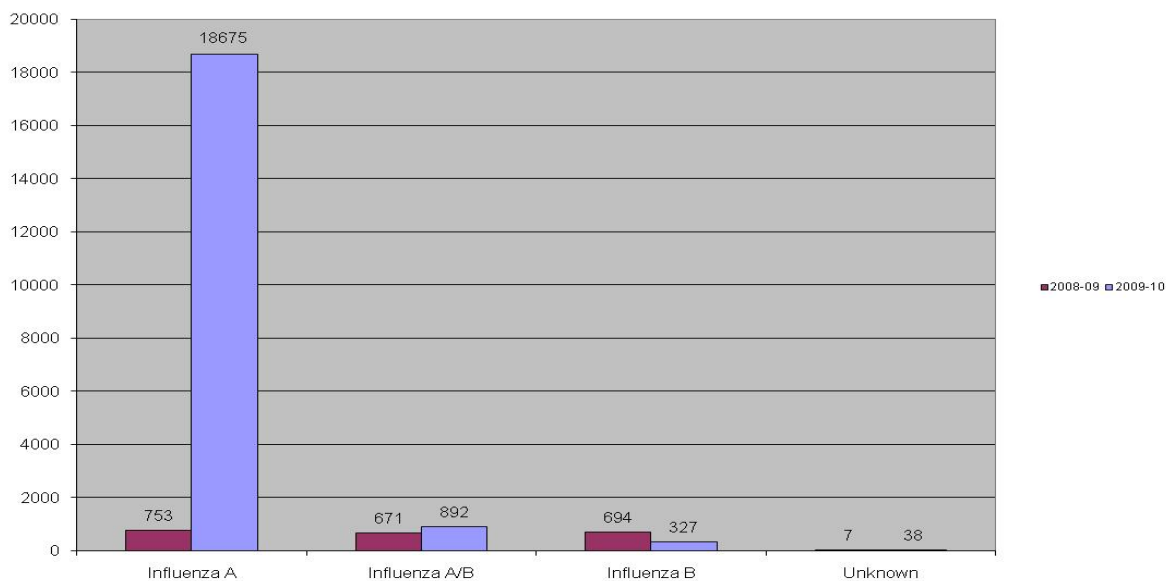
III. Positive Rapid Antigen Tests

There were 150 positive rapid antigen tests reported for the week ending February 6, 2010. Of these, 135 were influenza A, 3 were influenza A/B, and 9 were influenza B. Since October 4, 2009, 19,932 positive rapid antigen tests have been reported.

Positive Rapid Flu Tests by County
January 31, 2010-February 6, 2010

County	Positive Tests	County	Positive Tests
Abbeville	2	Greenwood	5
Aiken		Hampton	1
Allendale		Horry	7
Anderson	10	Jasper	
Bamberg	1	Kershaw	1
Barnwell		Lancaster	1
Beaufort	1	Laurens	
Berkeley	1	Lee	
Calhoun		Lexington	1
Charleston	8	Marion	
Cherokee		Marlboro	
Chester		McCormick	
Chesterfield		Newberry	
Clarendon		Oconee	2
Colleton		Orangeburg	15
Darlington		Pickens	4
Dillon		Richland	17
Dorchester		Saluda	
Edgefield		Spartanburg	11
Fairfield		Sumter	2
Florence	3	Union	
Georgetown	1	Williamsburg	
Greenville	61	York	3
		Unk	2

Reported Positive Rapid Tests 2008-09 vs 2009-10
MMWR Weeks 2009(40) to 2010(5)



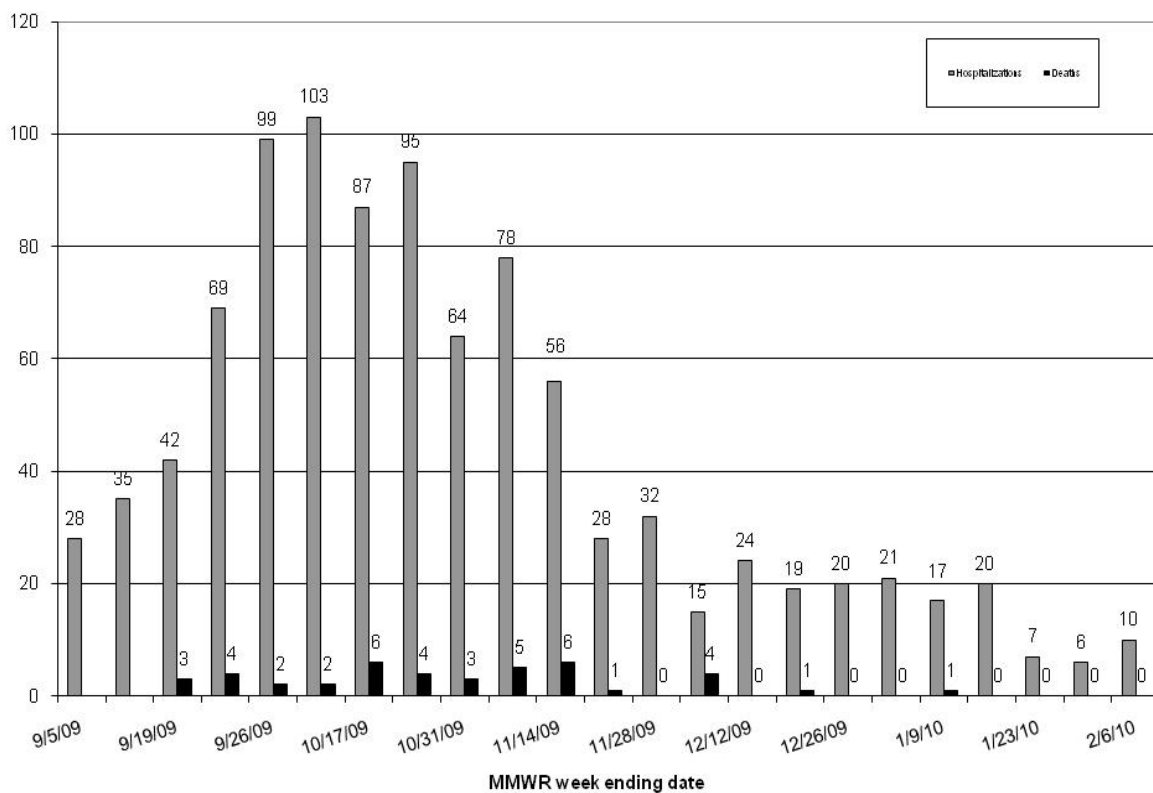
IV. Influenza hospitalizations and deaths

A total of 10 lab confirmed influenza hospitalizations were reported by 33 hospitals during the past week. No lab confirmed influenza deaths were reported. Since September 1, 2009, 975 laboratory confirmed hospitalizations and 42 laboratory confirmed deaths have been reported.

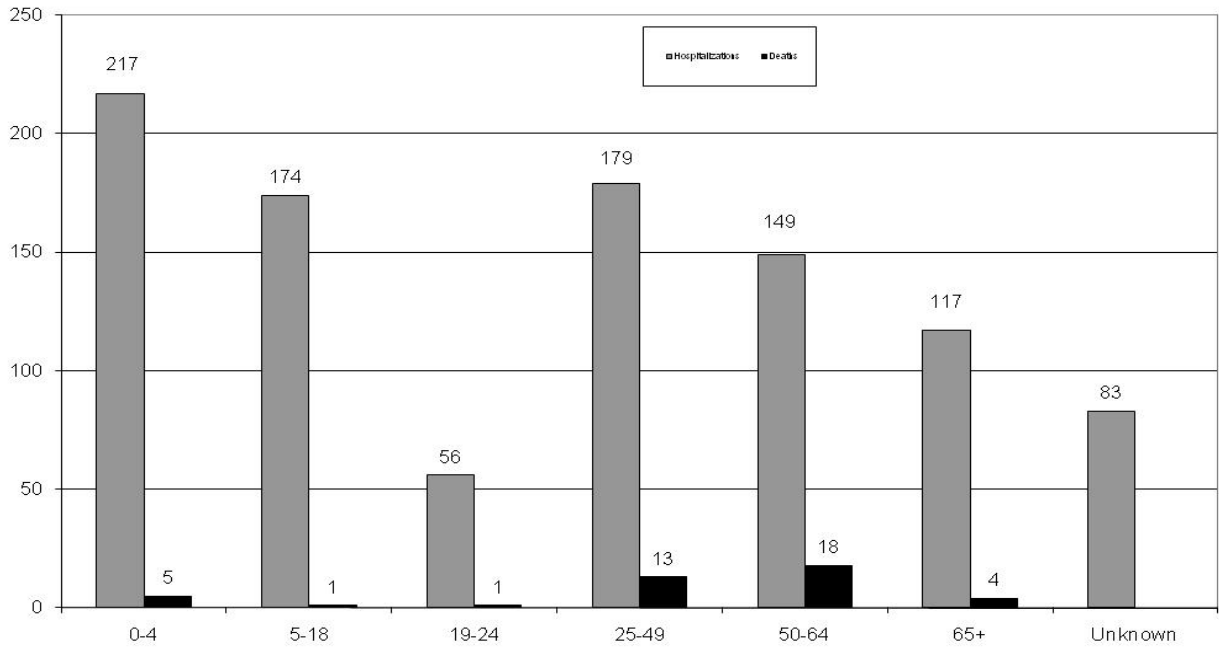
	Total number	
Number of Hospitals Reporting (current week)	33	
	<i>Previous MMWR (1/31-2/6)</i>	<i>Cumulative (since 9/1/09)</i>
Hospitalizations	10	975
Deaths	0	42

*These data are provisional

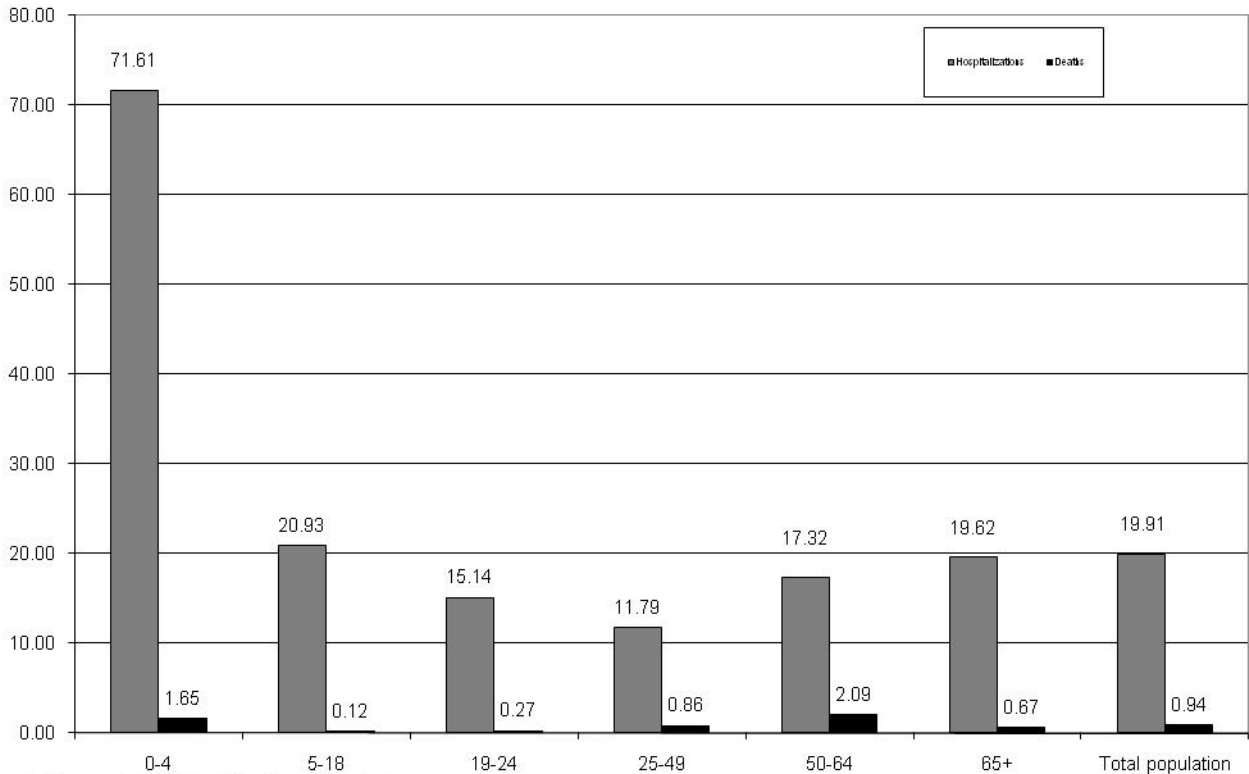
**Reported Cases of Laboratory Confirmed Influenza Hospitalizations and Deaths
by MMWR week
September 1, 2009 - February 6, 2010**



**Reported Cases of Laboratory Confirmed Influenza
Hospitalizations (n=975) and Deaths (n=42) by agegroup
September 1, 2009 - February 6, 2010**



**Laboratory Confirmed Influenza Case rate/100,000
Hospitalizations (n=975) and Deaths (n=42) by age group
September 1, 2009 - February 6, 2010**



*Rate calculation excludes 83 hospitalizations with missing age

VI. South Carolina Influenza Surveillance Components

What does influenza surveillance in South Carolina consist of?

South Carolina influenza surveillance consists of mandatory and voluntary reporting systems for year-round influenza surveillance. These networks provide information on influenza virus strain and subtype and influenza disease burden.

South Carolina Influenza Surveillance Systems:

Mandatory reporting:

Positive Influenza Culture Reporting

Positive influenza culture results from commercial laboratories should be reported to DHEC within 7 days electronically via CHES or using a DHEC 1129 card.

Positive Rapid Antigen Test Reporting

DHEC requires weekly submission to the local health department of summary numbers of positive rapid influenza tests and influenza type identified. This should be reported by fax or email by **noon on Monday** for the preceding week.

Influenza death reporting

Lab confirmed influenza deaths, pediatric and adult, should be reported to DHEC within 7 days. These include results from viral culture, PCR, rapid flu tests, DFA, IFA or autopsy results consistent with influenza. Hospitals should report deaths to their regional health department by noon on Monday for the preceding week.

Influenza hospitalizations

DHEC now requires weekly submission of laboratory confirmed influenza hospitalizations. Hospitals should report these to their regional health department by **noon on Monday** for the preceding week.

Voluntary networks:

Laboratory Viral Isolate Network

Viral isolate surveillance is essential for identifying circulating influenza strain subtype information, and the identification of new strains that may need to be included in the next year's influenza vaccine. Participating providers receive culture media, packaging, processing and shipping labels in order to submit a subset of specimens to the Bureau of Labs (BOL).

Influenza-Like Illness (ILINet) Sentinel Providers Network

ILINet focuses on the number of patients presenting with influenza-like symptoms in the absence of another known cause. ILI is defined as fever (temperature of $\geq 100^{\circ}\text{F}$) plus a cough and/or a sore throat in the absence of another known cause. Providers submit weekly reports to the CDC of the total number of patients seen in a week and the subset number of those patients with ILI symptoms by age group.

For additional information about ILINet or to become an ILINet provider, contact the Acute Disease Epidemiology influenza surveillance coordinator at springcb@dhec.sc.gov.

South Carolina Aberration Alerting Network (SCAAN)

SCAAN is a collaborative network of syndromic surveillance systems within South Carolina. Currently our network contains the following data sources: SC Hospital Emergency Department (ED) chief-complaint data, Poison Control Center call data, Over-the-Counter (OTC) pharmaceutical sales surveillance, and CDC's BioSense Biosurveillance system. The hospital ED syndromic surveillance system classifies ED chief complaint

data into appropriate syndrome categories (ex: Respiratory, GI, Fever, etc.). These syndrome categories are then analyzed using the cumulative sum (CUSUM) methodology to detect any significant increases. The syndromic reports are distributed back to the hospital on a daily basis.

To join the SCAAN system or for more information, please contact: Himal Dhotre at 803-898-1588 or dhotrehc@dhec.sc.gov.

VII. Influenza Activity Levels

Activity Level	ILI activity/Outbreaks		Laboratory data
No activity	Low	And	No lab confirmed cases
Sporadic	Not increased	And	Isolated lab-confirmed cases
	OR		
Local	Not increased	And	Lab confirmed outbreak in one institution
	Increased ILI in 1 region; ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI
	OR		
Regional	2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with the outbreaks; virus activity is no greater than sporadic in other regions
	Increased ILI in 2-3 regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
Widespread	OR		
	Institutional outbreaks (ILI or lab confirmed) in 2-3 regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
Widespread	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at 4 of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the state.