

# 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 March 27, 2010 (MMWR Week 12)

## Highlights:

### Influenza Activity Level: Regional

Note: Activity level definitions are found on page 13

**ILI Activity Status (HHS Region 4 ILI baseline is 2.0%\*):** Below baseline in the Upstate (.62%), Midlands (.70%) and along the Coast (1.23%). Despite slight county and regional increases, the overall state ILI percentage decreased. The state ILI is .79%. These data reflect reports from 23 (31.9%) providers.

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

**SC Viral Isolate and RT-PCR Activity:** During the past MMWR (12) week, 13 positive specimens were reported. Since October 4, 2009, 577 specimens tested by our Bureau of Labs (BOL) have been positive for influenza. A total of 352 positive specimens have been reported by other labs. So far this season, all subtyped influenza A viruses have been 2009 H1N1. One influenza B has been identified this season.

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

**Hospitalizations:** 13 hospitalizations were reported. Since September 1, 2009, 1,069 laboratory confirmed hospitalizations have been reported.

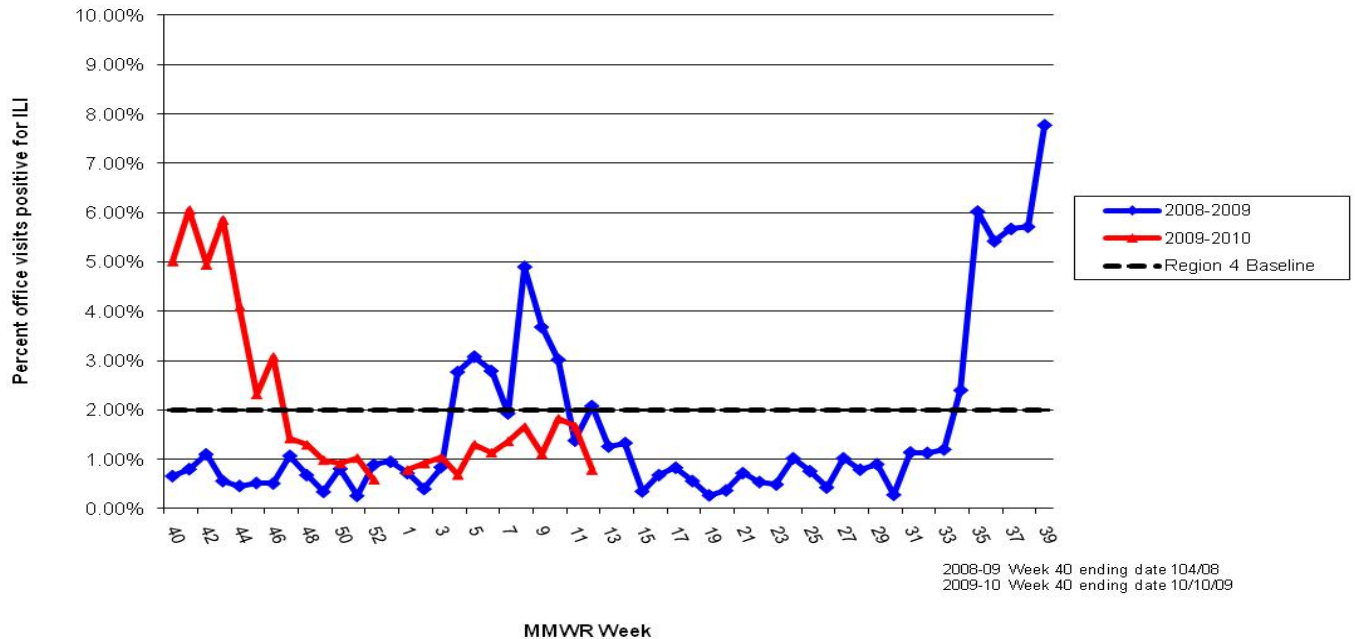
**Deaths:** 1 death was reported during MMWR week 12. Since September 1, 2009, 45 deaths have been reported.

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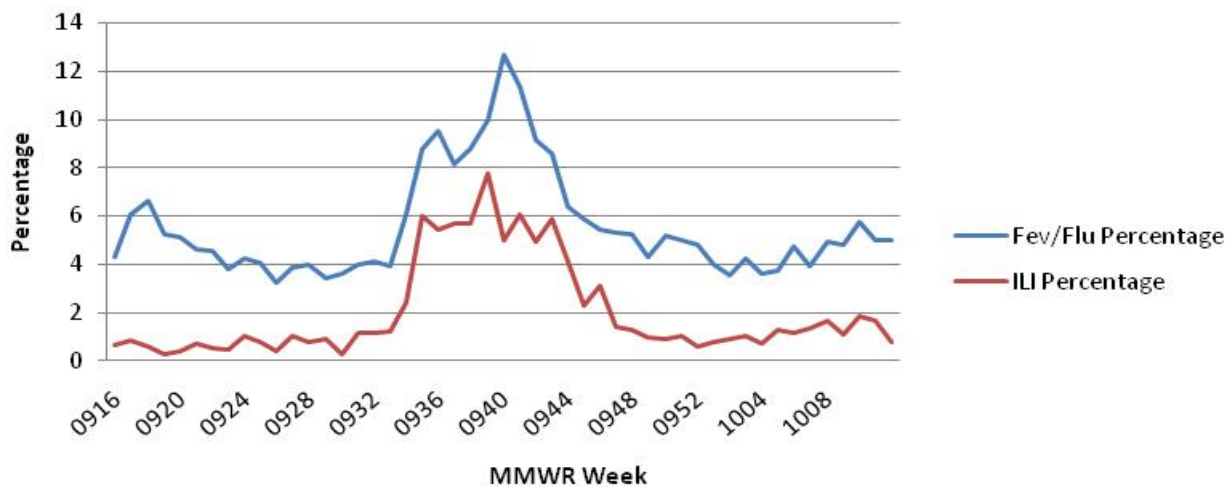
## I. ILINet Influenza-Like Illness Surveillance

During MMWR week 12 ending March 27, 2010, .79% of patient visits to SC ILNet providers were due to ILI. The state ILI decreased and remains below the regional (2.0%) and national (2.3%) baselines. This ILI percentage compares to 2.08% this time last year. Reports were received from providers in 17 counties, representing 7 of the 8 regions. The percentage of visits ranged from 0% to 7.95%.

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



**SC Fever-flu Syndrome Category compared to SC ILI Surveillance Statewide (4/25/09-3/27/10)**



\*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  
March 21, 2010-March 27, 2010

County	ILI %	County	ILI %
Abbeville	NR	Greenwood	0%
Aiken	1.57%	Hampton	NR
Allendale	NR	Horry	0%
Anderson	3.64%	Jasper	NR
Bamberg	---	Kershaw	1.25%
Barnwell	NR	Lancaster	---
Beaufort	NR	Laurens	NR
Berkeley	NR	Lee	---
Calhoun	---	Lexington	NR
Charleston	2.34%	Marion	---
Cherokee	---	Marlboro	NR
Chester	---	McCormick	.38%
Chesterfield	---	Newberry	---
Clarendon	---	Oconee	NR
Colleton	NR	Orangeburg	NR
Darlington	---	Pickens	0%
Dillon	NR	Richland	.80%
Dorchester	NR	Saluda	NR
Edgefield	---	Spartanburg	0%
Fairfield	.50%	Sumter	0%
Florence	.14%	Union	---
Georgetown	1.08%	Williamsburg	---
Greenville	.74%	York	0%

NR: No reports received

---: No enrolled providers



Geographic Region	ILI %	# of Reporters
Upstate-Regions 1 -2	.62	9
Midlands-Regions 3-5	.70	10
Coastal-Regions 6-8	1.23	4

## II. Virologic Surveillance

During the past MMWR week (3/21-3/27), twelve positive specimens were reported by the Bureau of Labs (BOL). One additional positive specimen was reported by another clinical lab. Since October 4, 2009, 929 specimens tested have been positive for influenza.

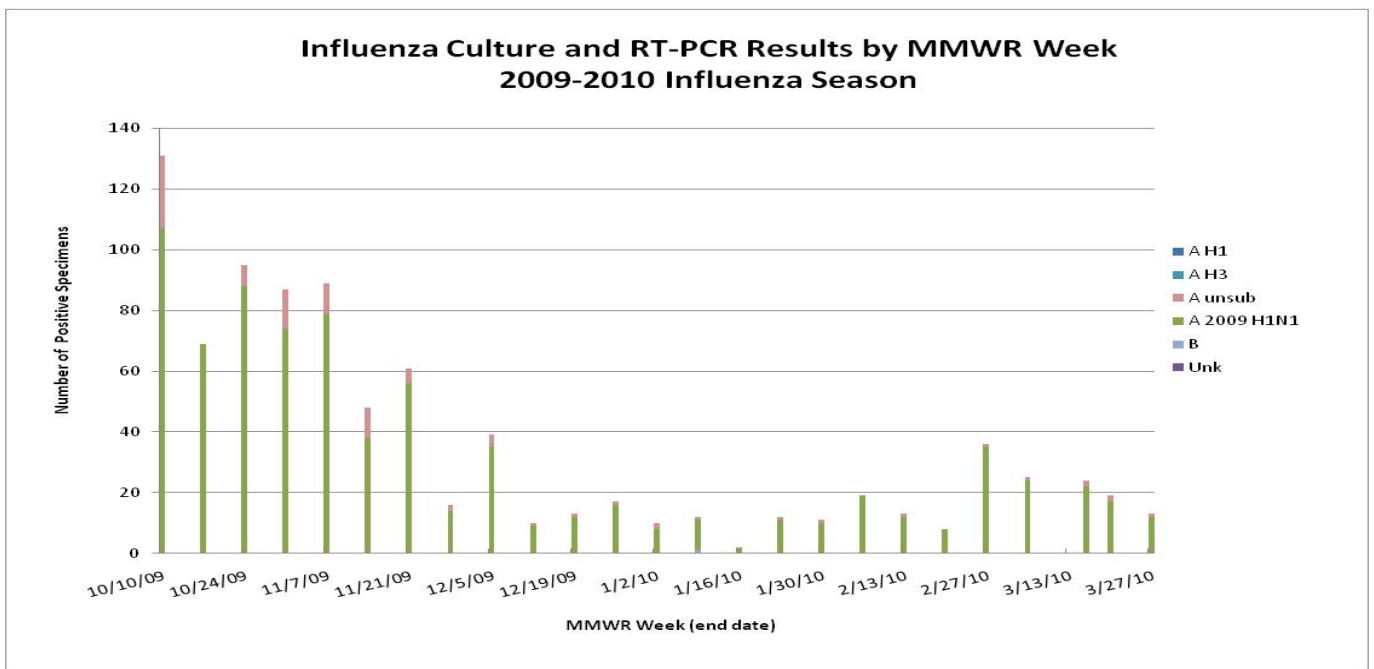
<b>Positive confirmatory influenza test results Current MMWR Week (3/21/10-3/27/10)</b>		
	<b>BOL*</b>	<b>Other clinical labs</b>
<b>Number of specimens tested</b>	34	-
<b>Number of positive specimens</b>	12	1
<b>Positive specimens by type/subtype</b>		
<b>A (H1)</b>		
<b>A (H3)</b>		
<b>A (unsubtyped)</b>		1
<b>A (2009 H1N1)</b>	12	
<b>Influenza B</b>		
<b>*Culture and/or RT-PCR</b>		

<b>Positive confirmatory influenza test results Cumulative (10/04/09-3/27/10)</b>		
	<b>BOL*</b>	<b>Other clinical labs</b>
<b>Number of specimens tested</b>	2175	-
<b>Number of positive specimens</b>	577 (26%)	352
<b>Positive specimens by type/subtype</b>		
<b>Influenza A</b>		
<b>A (H3)</b>		
<b>A (unsubtyped)</b>		89 (25.3%)
<b>A (2009 H1N1)</b>	576 (99.8%)	263 (74.7%)
<b>Influenza B</b>	1 (.2%)	
<b>Unk</b>		
<b>Other</b>		
<b>*Culture and/or RT-PCR</b>		

Positive Confirmatory tests by County  
October 4, 2009-March 27, 2010

County	Total	County	Total
Abbeville	3	Hampton	4
Aiken	18	Horry	34
Allendale		Jasper	2
Anderson	24	Kershaw	10
Bamberg	7	Lancaster	8
Barnwell	1	Laurens	10
Beaufort	75	Lee	8
Berkeley	17	Lexington	18
Calhoun	1	Marion	1
Charleston	49	Marlboro	2
Cherokee	8	McCormick	1
Chester	12	Newberry	9
Chesterfield	5	Oconee	13
Clarendon		Orangeburg	16
Colleton	26	Pickens	11
Darlington	25	Richland	83
Dillon	3	Saluda	1
Dorchester	20	Spartanburg	65
Edgefield	6	Sumter	7
Fairfield	2	Union	
Florence	37	Williamsburg	5
Georgetown	7	York	11
Greenville	66	Unknown	122
Greenwood	19	Other	9

\*These data include cultures and RT-PCR and are provisional.

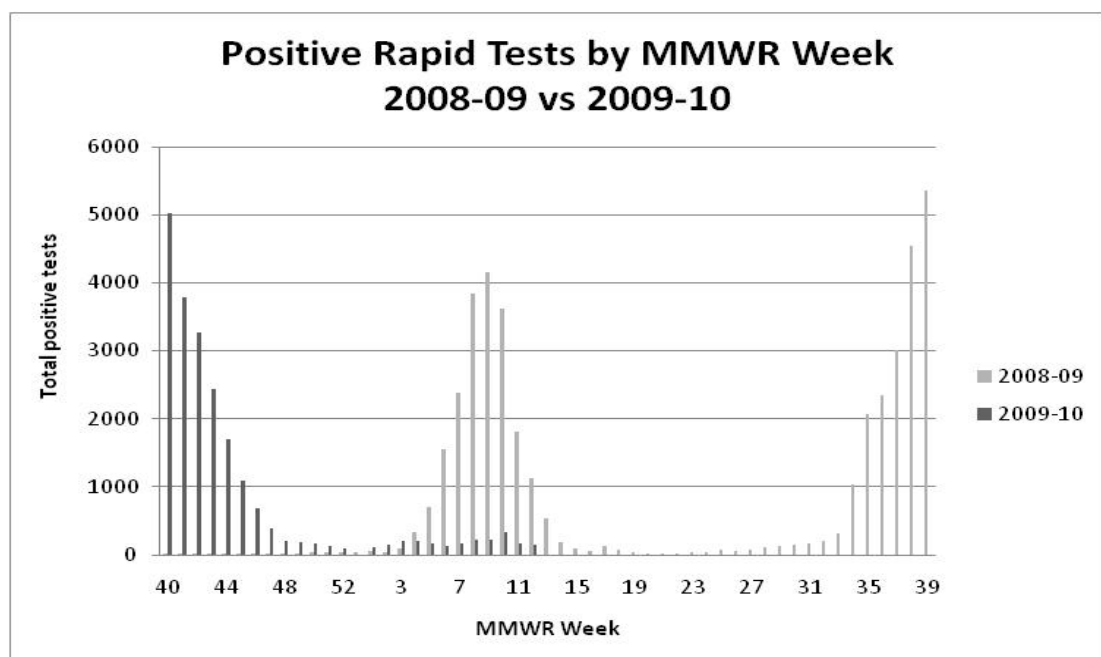


### III. Positive Rapid Antigen Tests

There were 150 positive rapid antigen tests reported for the week ending March 27, 2010. Of these, 134 were influenza A, 9 were influenza A/B, and 7 were influenza B. Since October 4, 2009, 21,364 positive rapid antigen tests have been reported.

Positive Rapid Flu Tests by County  
March 21, 2010 - March 27, 2010

County	Positive Tests	County	Positive Tests
Abbeville		Greenwood	
Aiken	1	Hampton	
Allendale		Horry	8
Anderson	4	Jasper	
Bamberg		Kershaw	5
Barnwell		Lancaster	
Beaufort		Laurens	
Berkeley	4	Lee	
Calhoun		Lexington	7
Charleston	4	Marion	
Cherokee		Marlboro	
Chester	3	McCormick	
Chesterfield		Newberry	1
Clarendon		Oconee	
Colleton		Orangeburg	9
Darlington	1	Pickens	
Dillon		Richland	36
Dorchester		Saluda	
Edgefield		Spartanburg	6
Fairfield		Sumter	
Florence	1	Union	
Georgetown	1	Williamsburg	
Greenville	42	York	11
		Unk	6

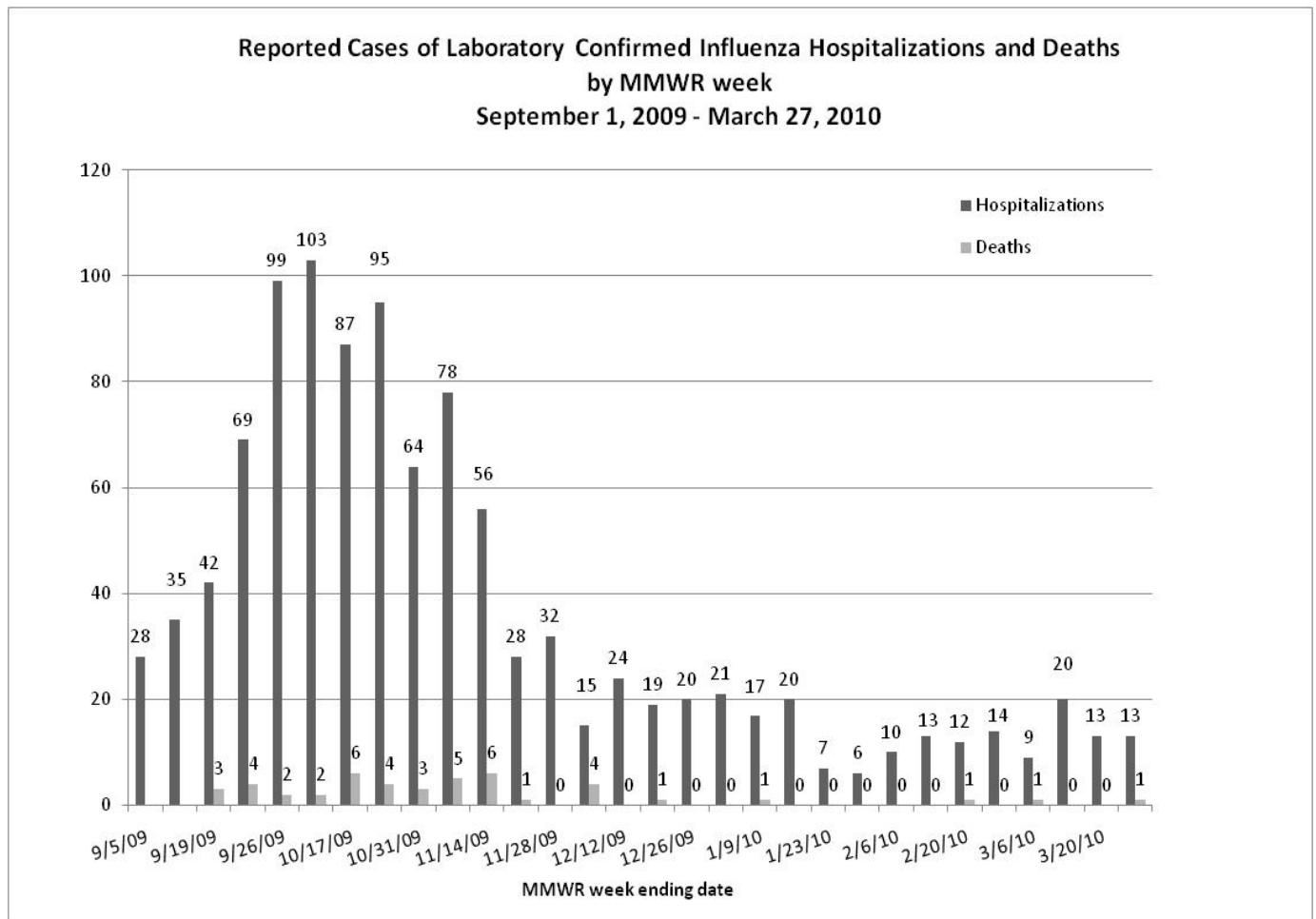


## IV. Influenza hospitalizations and deaths

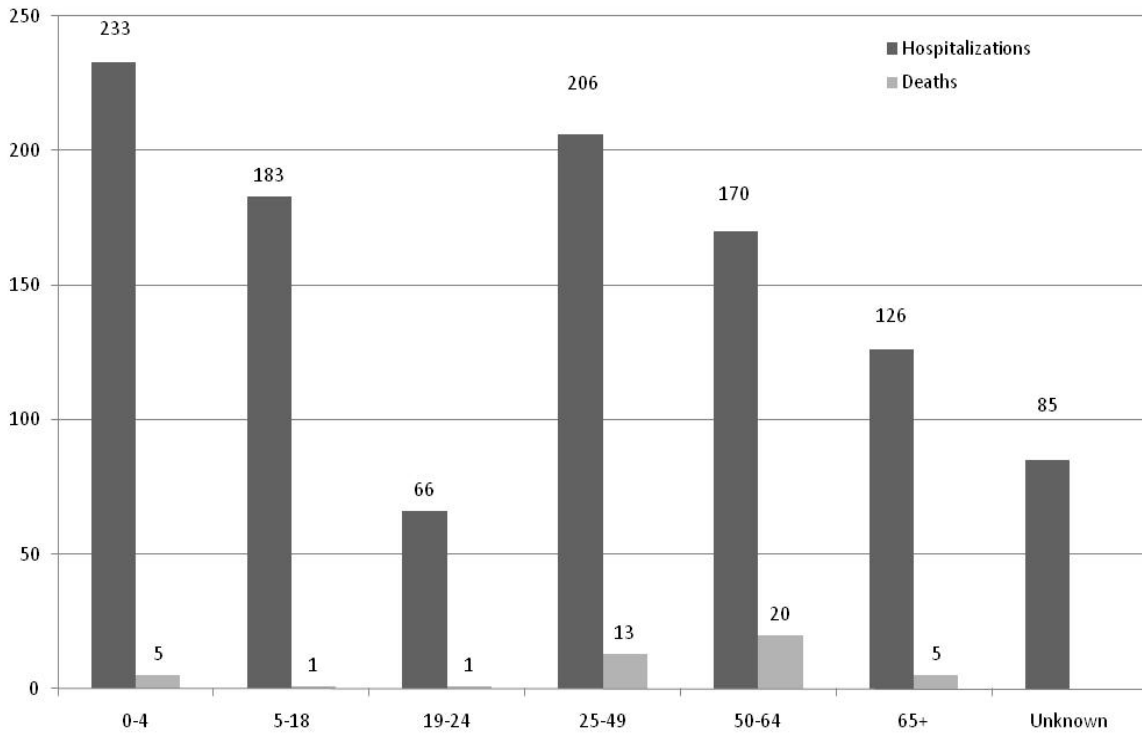
A total of 13 lab confirmed influenza hospitalizations were reported by 38 hospitals during the past week. One lab confirmed influenza death was reported. Since September 1, 2009, 1,069 lab confirmed hospitalizations and 45 lab confirmed deaths have been reported.

	Total number	
<b>Number of Hospitals Reporting (current week)</b>	43	
	<i>Previous MMWR (3/21-3/27)</i>	<i>Cumulative (since 9/1/09)</i>
<b>Hospitalizations</b>	14	1069
<b>Deaths</b>	1	45

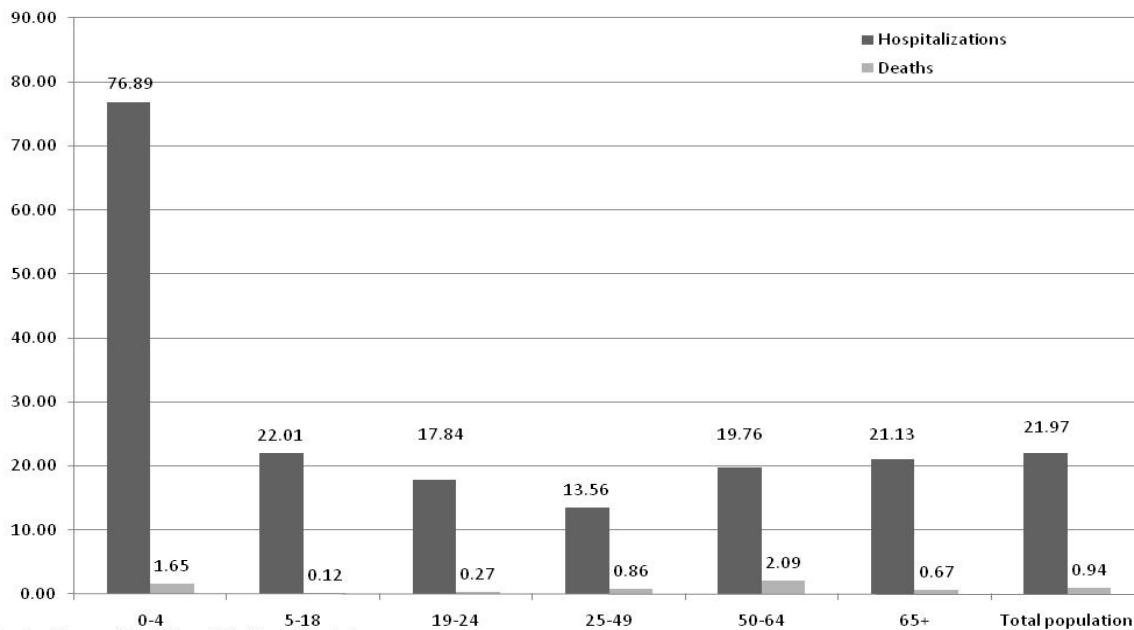
\*These data are provisional



**Reported Cases of Laboratory Confirmed Influenza  
Hospitalizations (n=1069) and Deaths (n=45) by agegroup  
September 1, 2009 - March 27, 2010**



**Laboratory Confirmed Influenza Case rate/100,000  
Hospitalizations (n=1069) and Deaths (n=45) by age group  
September 1, 2009 - March 27, 2010**



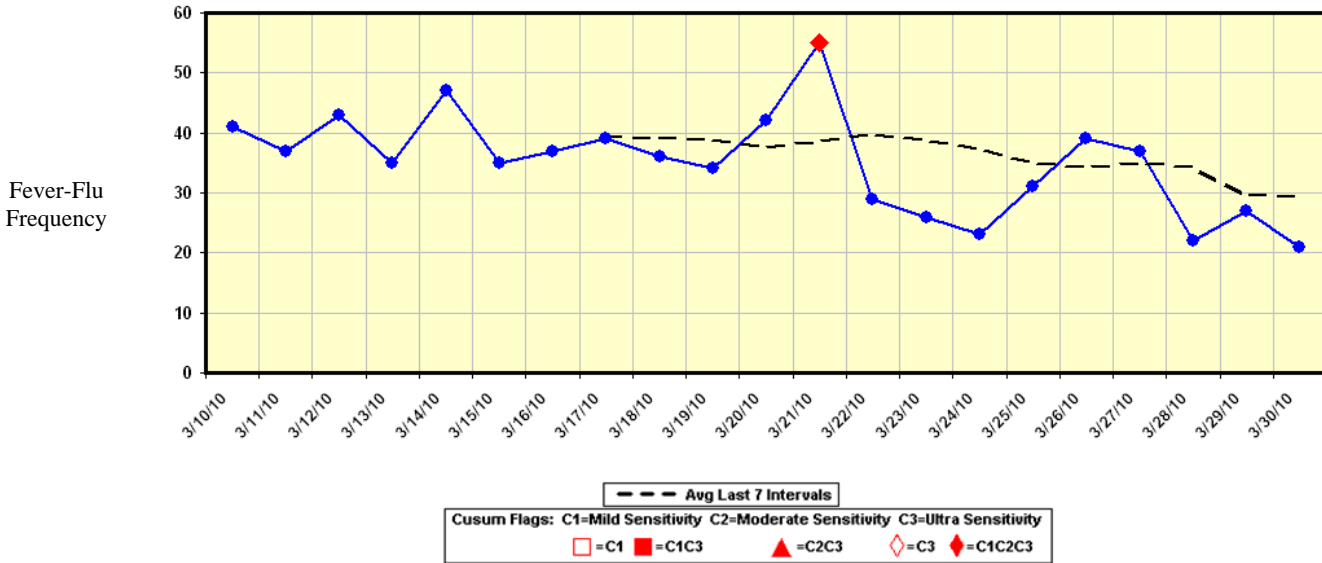
\*Rate calculation excludes 85 hospitalizations with missing age



V. South Carolina Aberration Alerting Network (SCAAN): Hospital ED Syndromic Surveillance Report

Syndromic Report:

SC Statewide - Fever Flu Syndrome



Cumulative Sums Analysis (CUSUM):

- C1 = Flags because of sharp rise in counts from 1 day to the next
- C2 = Flags because of aberrant, initial, rapid rise in counts and peak in counts
- C3 = Flags because of a gradual rise in counts over a short time

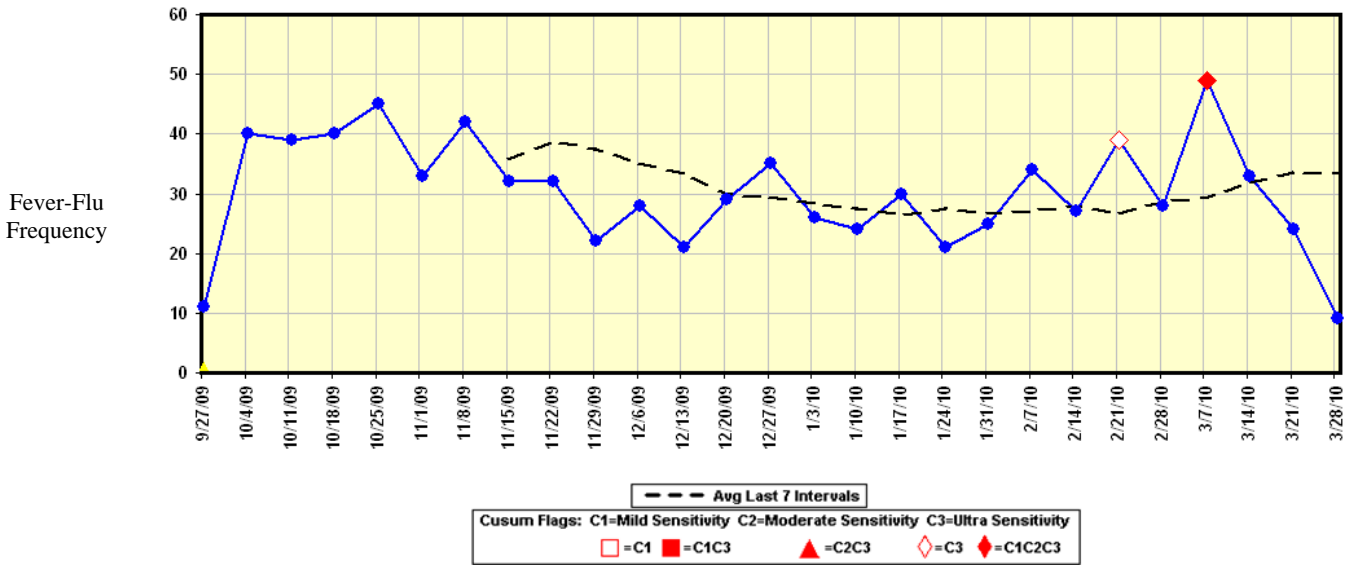
The SC Statewide Fever-Flu Syndrome graph above illustrates the daily counts of hospital emergency department (ED) visits with an Influenza-like Illness (ILI) for the past 21 days. A total of 12 hospital facilities are reporting to the SCAAN system. These twelve include: Self Regional (Region 1); Palmetto Health Alliance (Region 2 & 3); Greenville Hospital System (Region 2); Kershaw Health (Region 4); Medical University of South Carolina (Region 7); Roper (Region 7) and St. Francis (Region 7).

Statewide CUSUM Flag Alerts Description:

There were no flags for the past week.

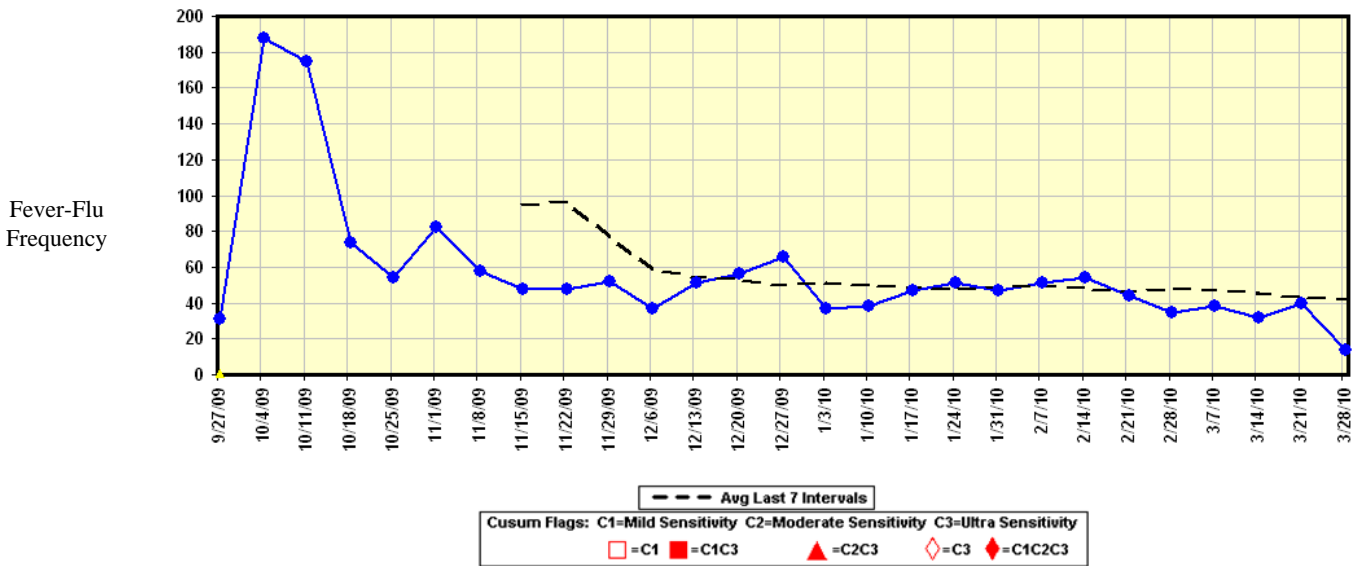
Below are the fever-flu syndrome graphs by Region for the past 180 days (weekly interval).

Region 1 - Fever Flu Syndrome



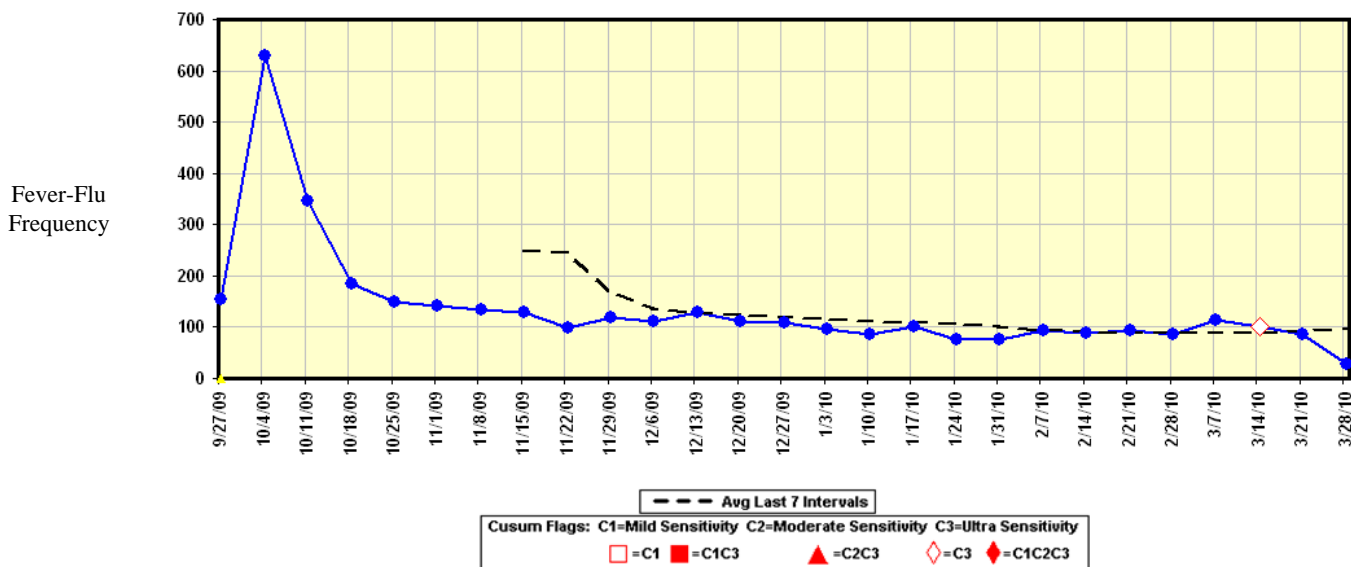
Region1 Hospitals (# of Facilities): Self-Regional (1)

Region 2 - Fever Flu Syndrome



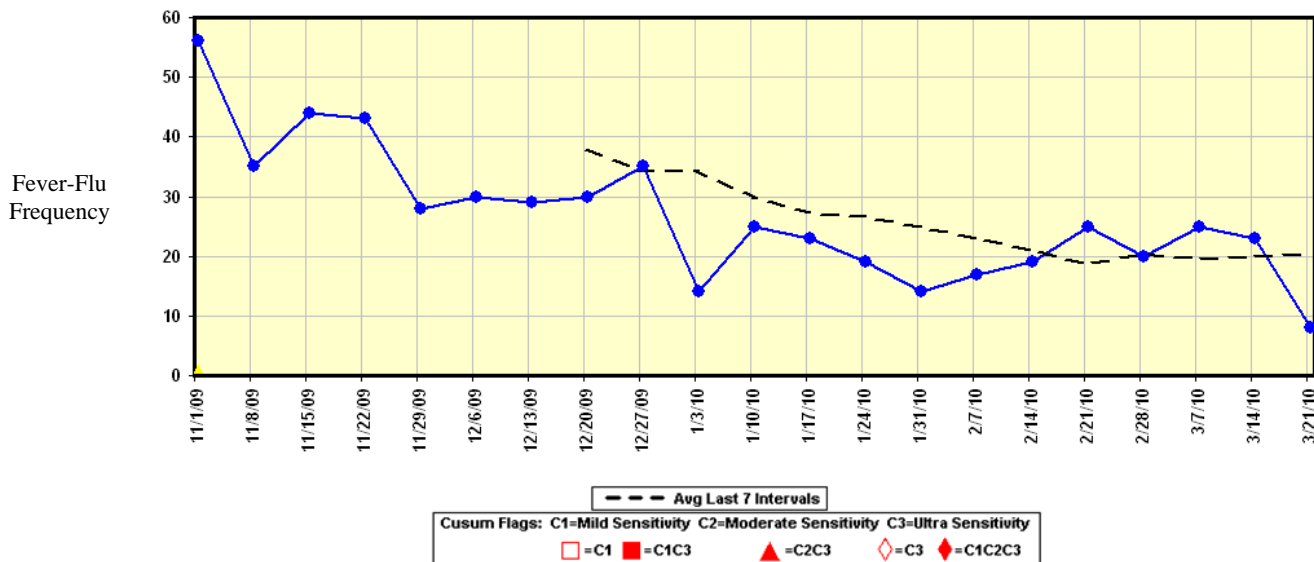
Region 2 Hospitals (# of Facilities): Greenville Hospital System (4); Palmetto Health Easley (1)

### Region 3 - Fever Flu Syndrome



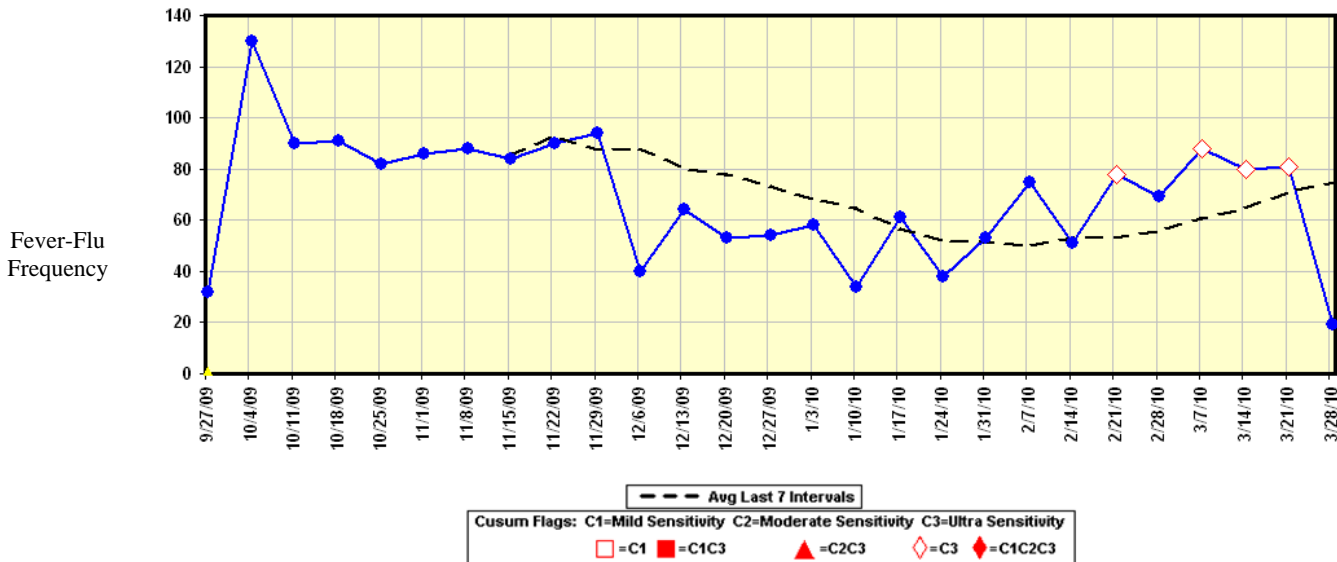
Region 3 Hospitals (# of Facilities): Palmetto Health Baptist (1), Palmetto Health Richland (1)

### Region 4 - Fever Flu Syndrome



Region 4 Hospitals (# of Facilities): Kershaw Health (1)

## Region 7 - Fever Flu Syndrome



Region 7 Hospitals (# of Facilities): Medical University of South Carolina (1), Roper (1), St. Francis (1)

## 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](mailto: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: Himel Dhotre at 803-898-1588 or [dhotrehc@dhec.sc.gov](mailto:dhotrehc@dhec.sc.gov).**

## VII. Influenza Activity Levels

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