Flu Watch Summer Edition

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

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

Week Ending June 5, 2010 (MMWR Week 22)

The Flu Watch will be published in an abbreviated form until the start of the 2010-2011 (October 3, 2010) season.

Influenza Activity Level: No activity
Overall, ILI activity is low. Despite an increase in ILI in one county, there were no lab confirmed cases reported.

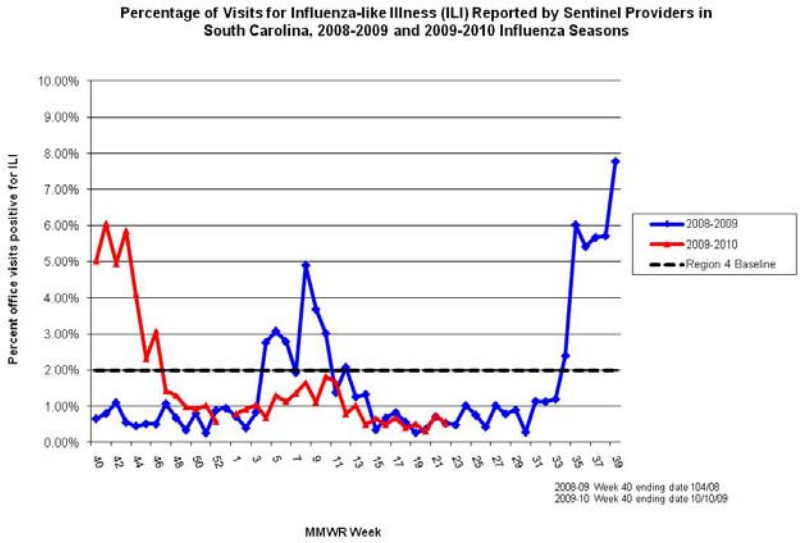
ILI Activity Status (HHS Region 4 ILI baseline is 2.0%*): Below baseline in the Upstate (.68%), Midlands (0%) and along the Coast (.81%). The state ILI percentage was .54%. This compares to .54% during this time last year.

SC Viral Isolate and RT-PCR Activity: During the past MMWR (22) week, there were no positive specimens reported by any lab. Since October 4, 2009, 544 specimens tested by our Bureau of Labs (BOL) have been positive for influenza. A total of 360 positive specimens have been reported by other labs. All subtyped influenza A viruses this season have been 2009 H1N1. One influenza B has been identified this season.

Positive Rapid Flu Test Activity: There were 5 positive tests reported.

Hospitalizations: No lab confirmed hospitalizations were reported. Since September 1, 2009, 1,091 laboratory confirmed hospitalizations have been reported.

Deaths: No lab confirmed deaths were reported. Since September 1, 2009, 48 deaths have been reported.



Geographic Region	ILI %	# of Reporters
Upstate-Regions 1 -2	.68	7
Midlands-Regions 3-5	0	4
Coastal-Regions 6-8	.81	1

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 CHESS 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°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**.

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		
	Not increased	**And**	Lab confirmed outbreak in one institution
Local	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		
	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
Regional	Increased ILI in 2-3 regions	**And**	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
	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.