

Flu Watch Summer Edition 2010-11

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 4, 2011 (MMWR Week 22)

*All data are preliminary and may change as more reports are received.
 The Flu Watch will be published in an abbreviated form until the start of the 2011-12 season
 (October 2, 2011).*

Highlights:

Influenza Activity Level: No activity

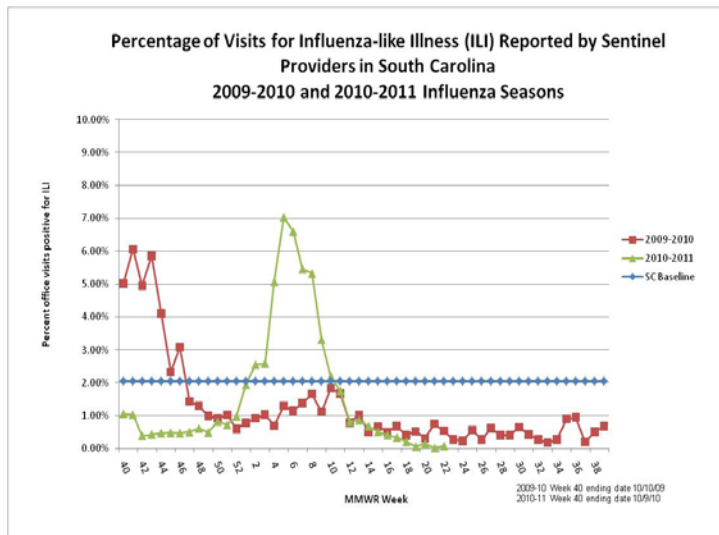
ILI Activity Status (South Carolina baseline is 2.05%*): Below baseline in the Upstate (0%), Midlands (.15%) and along the Coast (.28%). The state ILI percentage was .08%. These data reflect reports from 12 (32.4%) providers.
 Note: See map of counties on page 3 for regional descriptions

SC Viral Isolate and RT-PCR Activity: No positive specimens were reported by any lab. Since October 3, 2010, 619 positive specimens have been reported.

Positive Rapid Flu Test Activity: One positive rapid test was reported. So far this season, 43,065 positive rapid tests have been reported.

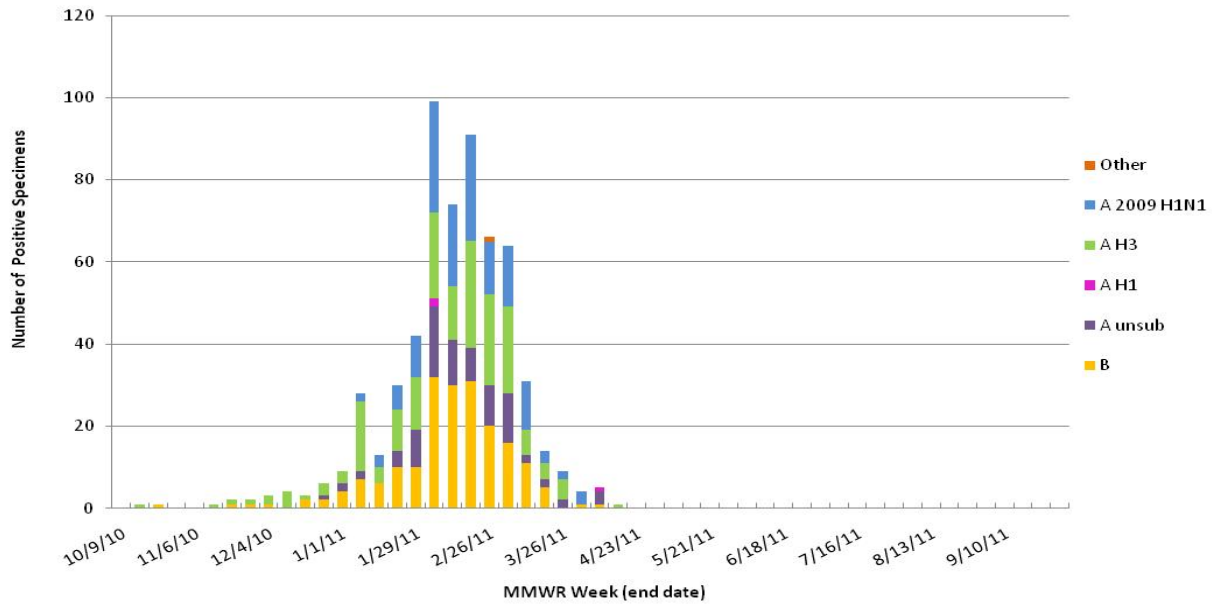
Hospitalizations: No lab confirmed hospitalization were reported. Lab confirmation includes culture, PCR, DFA, IFA, and rapid tests. There have been 995 reported this season.

Deaths: No lab confirmed deaths were reported. Lab confirmation includes culture, PCR, DFA, IFA, rapid tests, and autopsy results consistent with influenza. Twenty have been reported this season.

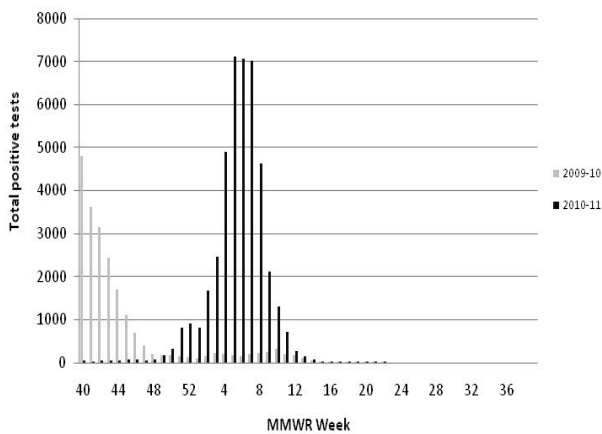


Geographic Region	ILI %	# of Reporters
Upstate-Regions 1 -2	0	6
Midlands-Regions 3-5	.15	4
Coastal-Regions 6-8	.28	1

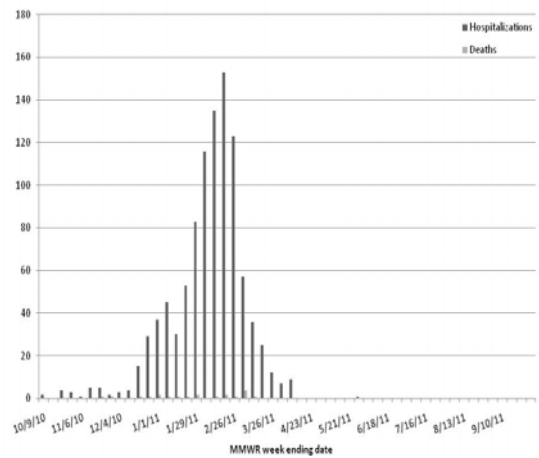
Influenza Culture and RT-PCR Results by MMWR Week 2010-2011 Influenza Season



Positive Rapid Tests by MMWR Week 2009-10 vs 2010-11



Reported Cases of Laboratory Confirmed Influenza Hospitalizations and Deaths by MMWR week October 3, 2010 - June 4, 2011



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.

Mandatory reporting:

Positive confirmatory test reporting

Positive influenza culture, PCR, DFA, and IFA 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

Summary numbers of positive rapid influenza tests and influenza type identified should be sent to the regional health department by fax or email before noon on Monday for the preceding week.

Influenza death reporting

Lab confirmed influenza deaths in adults should be reported to DHEC within 7 days. Lab confirmed influenza deaths in children under age 18 should be reported within 24 hours. 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 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 Disease Alerting, Reporting & Tracking System (SC-DARTS)

SC-DARTS 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. Syndromic reports are distributed back to the hospital on a daily basis.

To join the SC-DARTS system or for more information, please contact: Himel 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		
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		
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
	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least 4 of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the state.