



MARYLAND INFLUENZA SURVEILLANCE REPORT - Week 07 (February 15 to 21, 2009)

Office of Epidemiology and Disease Control Programs | Maryland Department of Health and Mental Hygiene

- Influenza activity in Maryland is now **"WIDESPREAD"** with an increased proportion of visits to providers for influenza-like illness (ILI) in three of our five surveillance regions..
- 4.2% of respondents to the Maryland Resident Influenza Tracking Survey reported ILI symptoms | The median percent of ILI visits to sentinel providers was 5.5%
- Reported confirmed cases continue to increase. *****Ten additional clinical laboratory sites have joined our surveillance network, so the large increase in the number of**

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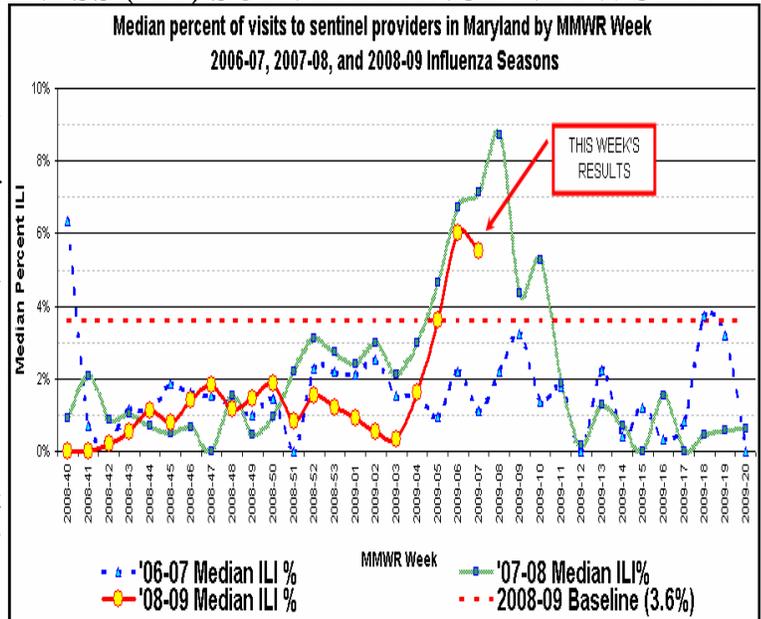
OUTPATIENT INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE NETWORK

This week, a total of 104 visits for ILI were reported by 10 providers. The median percent of ILI visits in Maryland was 5.5%. This is **above** the state baseline of 3.6%.

Sentinel providers are health care providers who report to us the proportion of patient visits for influenza like illness. Because of the great vari-

ability in reported ILI proportions among providers each week, the median ILI is used instead of the average. Half of the ILI reports were below the median and half were above.

If you are interested in becoming a sentinel provider, please feel free to contact us at flu@dhmh.state.md or by phone at 410-767-6700.



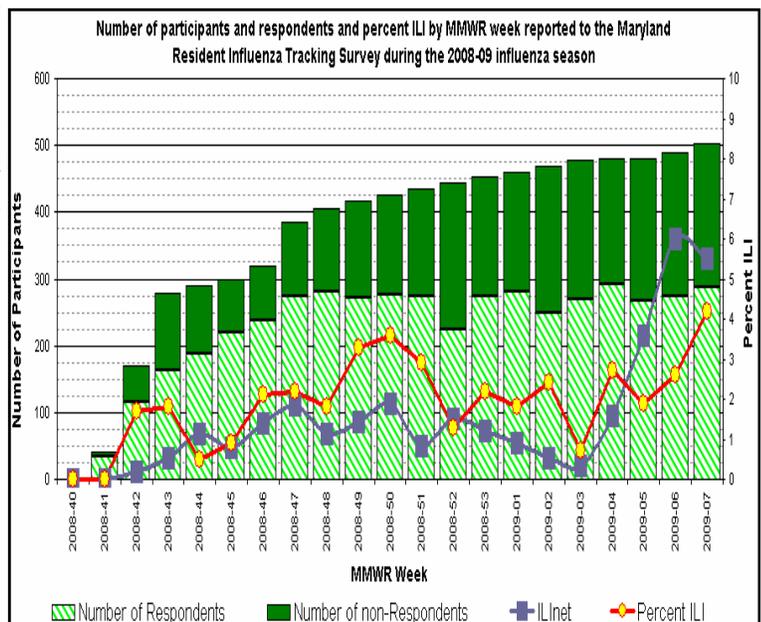
MARYLAND RESIDENT INFLUENZA TRACKING SURVEY RESULTS

A total of 508 participants signed up at www.tinyurl.com/flu-enroll by the end of week one. Of the 508 residents who received the weekly survey, 287 (56%) responded to it. Among the respondents, 12 (4.2%) reported flu-like symptoms.

Because there is no baseline to compare these results, and the sample size is small (compared to the population), caution must

be taken when interpreting the results.

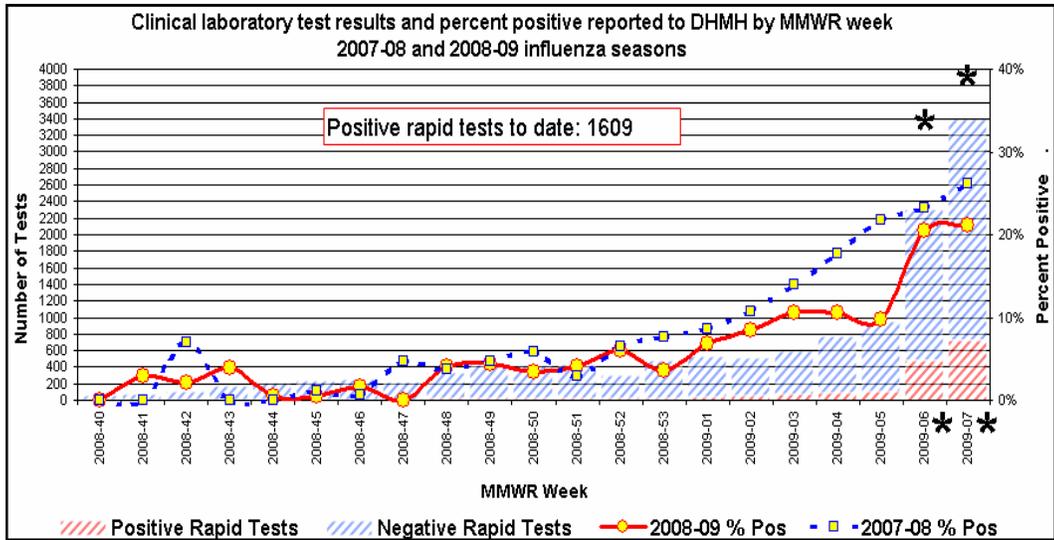
We continue to recruit participants. Please enroll at the link above or pass on the link to anyone interested.



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MARYLAND CLINICAL LABORATORY INFLUENZA SURVEILLANCE

During week 7, a total of 3,376 rapid influenza tests were reported by 26 reporting clinical laboratories. Of these, **715 tests (21%) were positive**. **NOTE:** We have added 10 additional clinical labs to our network during week 6 (*).



Rapid Test Result	No.	%
Type A	528	33%
Type B	149	9%
Type A or B	932	58%
TOTAL	1,609	100%

Number of positive rapid influenza tests by virus type, 2008-09 influenza season.

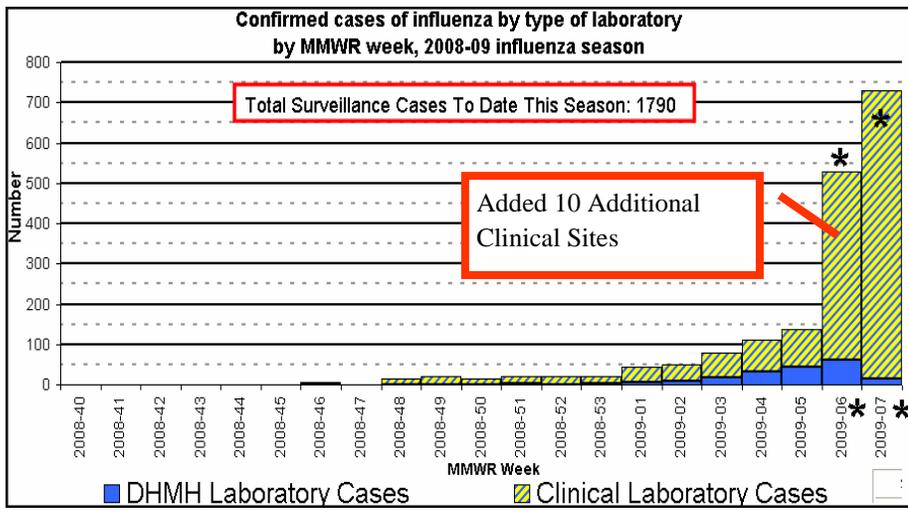
MARYLAND DHMH LABORATORIES ADMINISTRATION REPORTS

During week 7, a total of 40 specimens were submitted for testing at the DHMH laboratory. Sixteen (40%) were positive for influenza Type A (11, 28%) and Type B (11, 13%). This season, a total of 576 specimens have been submitted for testing at the DHMH laboratory. Of these, 193 (34%) have been positive by PCR and/or viral culture.

CONFIRMED INFLUENZA CASES (1,790) AND STRAIN TYPING

For the purpose of influenza surveillance, cases are counted as “confirmed” when they are based on more reliable reference test methods (PCR or culture) performed by the DHMH lab, or are based on other techniques such as rapid test for the detection of influenza antigen AFTER the DHMH lab has confirmed its first case of the season.

This is done because the sensitivity and specificity of rapid flu tests vary with the prevalence of influenza in the population¹, and are less reliable when prevalence is low. This season, all positive clinical laboratory results from week 46 onward (1,597) are counted as confirmed cases, and of course, all of the positive DHMH lab results (193).



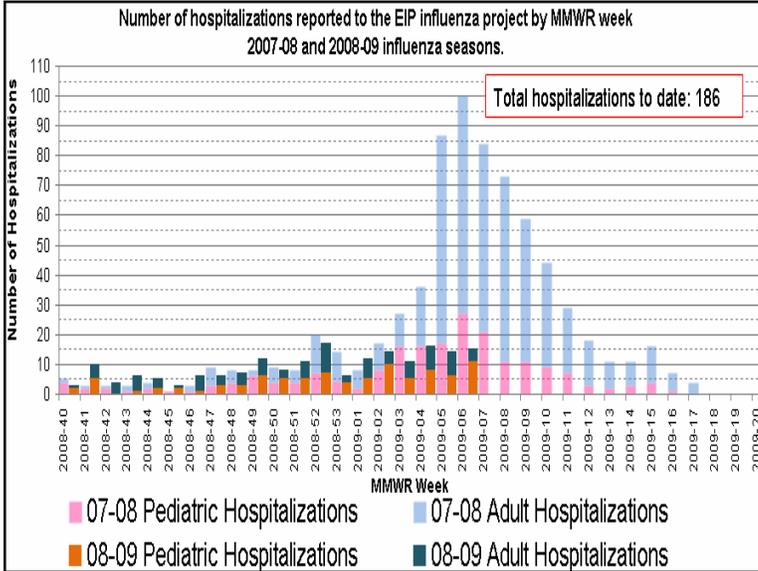
Influenza Type	No.	%
Type A	1	<1%
Type A (H1)	111	58%
Type A (H3)	4	2%
Type B	76	39%
Types A & B	1	<1%
TOTAL	193	100%

Number of positive influenza tests performed by the DHMH laboratory by virus type, 2008-09 Influenza Season.

1-For more information, please read: “Rapid Diagnostic Testing for Influenza”, Centers for Disease Control and Prevention, <http://tinyurl.com/cdcrapids>
 For more information on the different types of influenza viruses, please read: <http://tinyurl.com/cdcfluvirus>

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EMERGING INFECTIONS PROGRAM (EIP) INFLUENZA PROJECT



Fifteen hospitalizations, 11 children and 4 adults, were reported to EIP during week 7.

EIP collects the number of hospitalizations associated with influenza on a weekly basis from 21 hospitals in the Baltimore Metro Region .

To date, there have been 186 (91, 49% adult, and 95, 51% pediatric) hospitalizations for influenza reported to DHMH.

Last season, 715 (516, 72% adult, and 199, 28% pediatric) hospitalizations were reported.

DIVISION OF OUTBREAK INVESTIGATION REPORTS

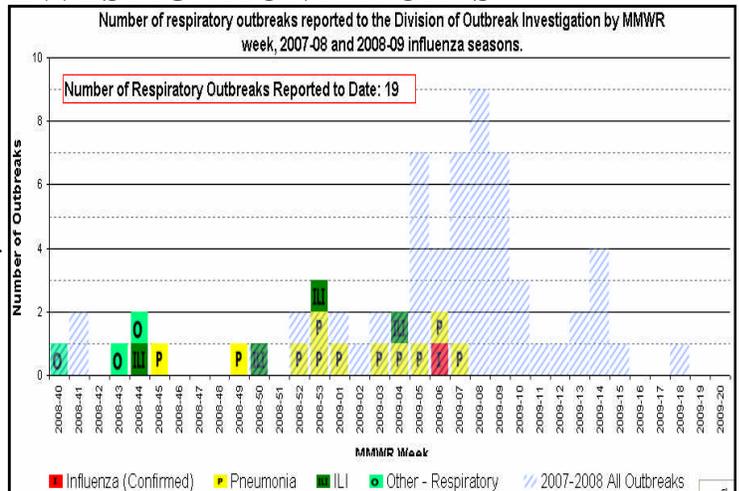
During week 7, one outbreak of pneumonia was reported to the Division of Outbreak Investigation. To date, there have been 18 respiratory outbreaks reported this flu season.

able to DHMH. Please contact your local health department to report an outbreak.

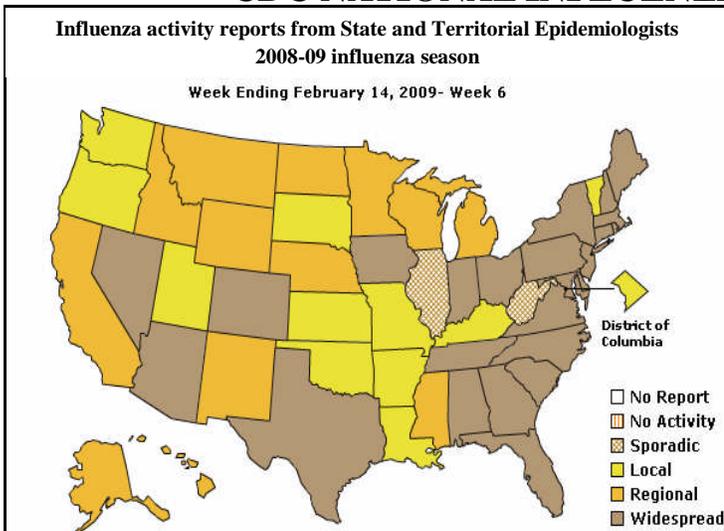
For more information, please visit the Division of Outbreak Investigations web page at:

<http://tinyurl.com/edcpoutb>

Although influenza is not a reportable condition in Maryland, disease outbreaks in general are report-



CDC NATIONAL INFLUENZA SURVEILLANCE REPORT



According to CDC, “during week 6, influenza activity continued to increase in the United States.”

“local” activity. All other states reported at least “sporadic” activity.

- Visits to sentinel providers for ILI are above baseline nationally.
- 24.4% of specimens tested by national laboratories were positive for influenza.
- Six pediatric deaths due to influenza were reported.
- 24 States reported “widespread” influenza activity. 13 states reported “regional” flu activity, and 11 states and DC reported

For more information, visit: <http://cdc.gov/flu/weekly>

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HEALTHY PEOPLE HEALTY COMMUNITIES

All information submitted to DHMH through the surveillance systems is voluntary. This information is used to estimate the geographic extent of flu activity, and not the virulence or pathogenicity of circulating viruses. This information is not intended for individual diagnoses.

ALL INFORMATION IS SUBJECT TO CHANGE AS MORE DATA IS SUBMITTED AFTER THE PUBLICATION OF THIS REPORT

If you have any questions about influenza surveillance in Maryland, or you would like to join our Influenza Sentinel Provider Network, please contact Rene F. Najera, MPH, Epidemiologist at the Division of Communicable Disease Surveillance in the Office of Epidemiology and Disease Control Programs.

WE'RE ON THE WEB!!!

WWW.EDCP.ORG

THE FLU COMPLICATES THINGS

Anyone can get the flu, and most people do get it some time in their life. However, there are certain people for whom the flu leads to severe and sometimes life-threatening complications. These complications include sinus and ear infections, bronchitis, and pneumonia. (tinyurl.com/flucomp) To further complicate matters, there are particular groups of people who are at greater risk of developing these complications. These groups are those with chronic health conditions like diabetes, cancer, or asthma, and those with weakened immune systems due to HIV/AIDS, chemotherapy, or because of their age. For a normal, otherwise healthy per-

son, influenza is a 7 to 10-day nuisance that keeps them home, in bed, and feeling miserable. They do recover and go on to live another day. However, about 36,000 people in the United States die from influenza and its complications (according to CDC). Preventing these complications is as easy as a flu vaccine, good hand washing habits, and staying away from those already infected. This is easier said than done, it appears, since many are not being vaccinated. According to a survey by Consumer Reports, only 52% of those surveyed planned to get their flu vaccine. A surprising 2.5% of those surveyed said that they “would rather get sick than go to

work.” (tinyurl.com/fluexcuses). Never mind the economic impact of influenza, where “billions” in lost wages are lost due to the disease. (tinyurl.com/flulostmoney) More than just money can be lost because of the flu. Recent court decisions have highlighted many people’s fears of vaccines. (tinyurl.com/flu-court) One of the biggest obstacles to Public Health is the public’s perception of a health intervention. It was true when Dr. Snow wanted to intervene in a cholera outbreak by removing a water pump’s handle, and it is still true with vaccines... And perception, like the flu, is a complicated thing that complicates a lot of other things.

WEEK	ACTIVITY
2009-01	Local
2009-02	Local
2009-03	Local
2009-04	Regional
2009-05	Regional
2009-06	Widespread
2009-07	Widespread

Influenza activity in Maryland according to DHMH

