

MARYLAND INFLUENZA SURVEILLANCE REPORT - Week 44

(October 26 to November 1, 2008)



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

- The proportion of visits for influenza-like illness to sentinel providers is below baseline
- There have been no laboratory-confirmed cases of influenza reported this season
- Hospitalizations for influenza reported to the Emerging Infections Program remain steady
- US Influenza activity remains at a “low level”, according to CDC
- There are facts and fictions about the flu vaccine

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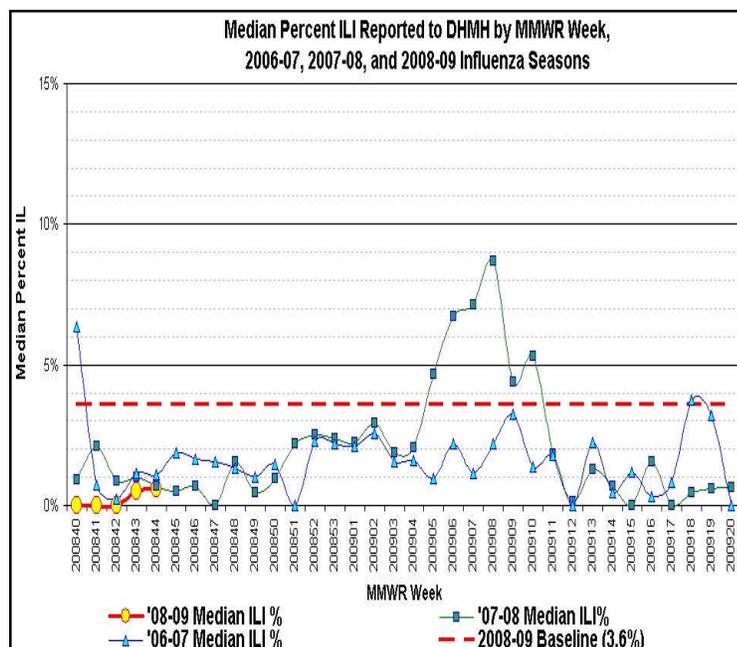
VISITS TO PROVIDERS FOR INFLUENZA-LIKE ILLNESS (ILI)

This week, a total of 46 visits for ILI were reported by 12 providers. The median percent of ILI visits in Maryland was 0.6%. This is **below** the state baseline of 3.6%.

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.

Sentinel providers are health care providers who report to us the proportion of patient visits for influenza like illness. Because of the great variability in reported ILI

If you are interested in becoming a sentinel provider, please feel free to contact us at the addresses on page 4.

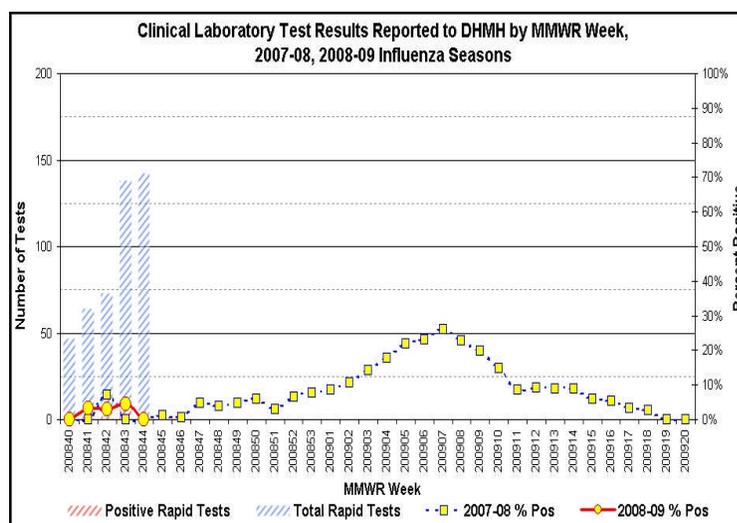


RAPID INFLUENZA TESTS PERFORMED BY SENTINEL CLINICAL LABORATORIES

This week, a total of 142 rapid influenza tests were performed by 12 reporting clinical laboratories. Of these, **none of these tests were positive.**

flu tests performed before the first DHMH lab-confirmed case are not counted as confirmed cases for the purpose of surveillance. **Once the DHMH laboratory confirms a case by reference methods, all rapid influenza tests will be counted as confirmed cases.**

Because the sensitivity and specificity of rapid flu tests vary with the prevalence of influenza in the population*, rapid



* “Rapid Diagnostic Testing for Influenza”, Centers for Disease Control and Prevention.

Available at: <http://www.cdc.gov/flu/professionals/diagnosis/rapidclin.htm>

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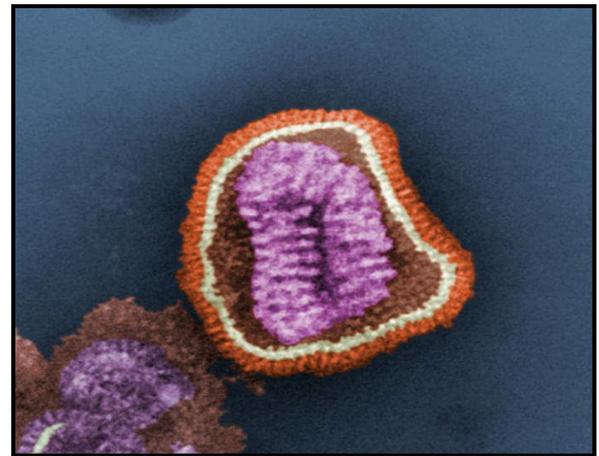
DHMH STATE LABORATORY ISOLATE TYPING AND SUBTYPING

The Maryland Department of Health and Mental Hygiene Laboratories Administration conducts reference testing for influenza on respiratory samples. These tests are real-time PCR and viral culture. Any sample positive by these methods is considered lab-confirmed.

A sample of isolates processed at the DHMH public health lab is sent to CDC for

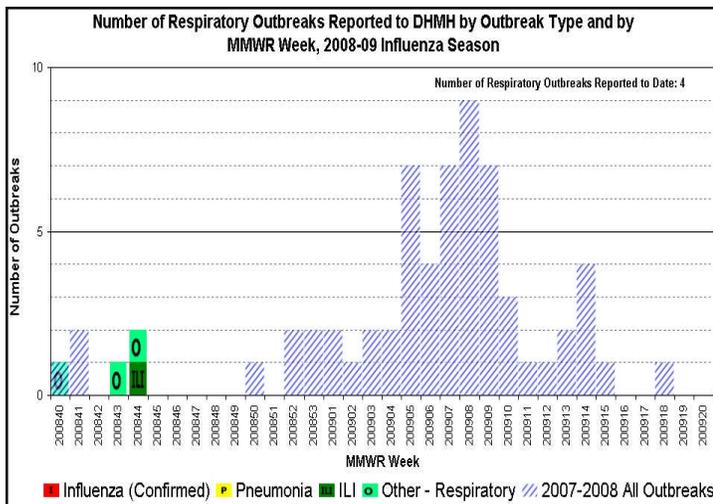
further testing, including the determination of the circulating strains.

To date this season, there have been no lab-confirmed cases of influenza reported by the DHMH laboratory. During the 2007-2008 influenza season, a total of 232 specimens were positive for influenza by PCR and/or viral culture at the DHMH lab.



Influenza virus electron micrograph (courtesy of the CDC Public Health Image Library)

INSTITUTIONAL OUTBREAKS REPORTED TO DHMH



One outbreak of influenza-like illness was reported to DHMH this week.

For more information about outbreak investigations in Maryland, please visit:

Although influenza is not a reportable condition in Maryland, outbreaks of influenza in institutional settings are reportable. Please contact your local health department to report an outbreak.

<http://tinyurl.com/edcpoutb>

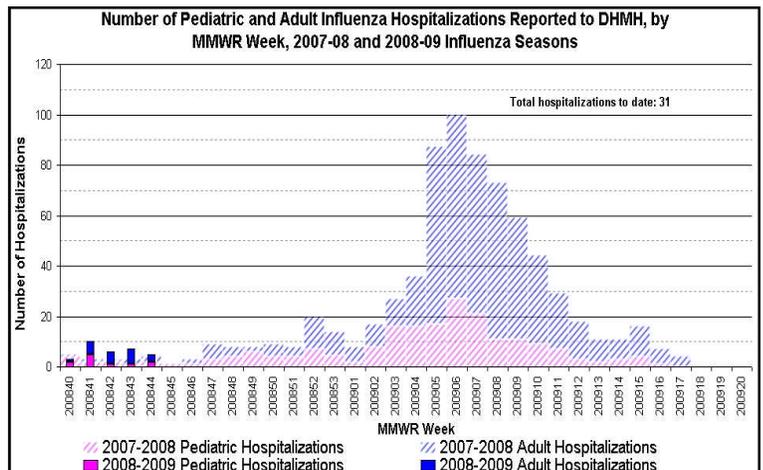
INFLUENZA HOSPITALIZATIONS REPORTED TO DHMH

The Emerging Infections Program collects information on a weekly basis from several hospitals in the Baltimore Metro Region on the number of hospitalizations associated with influenza.

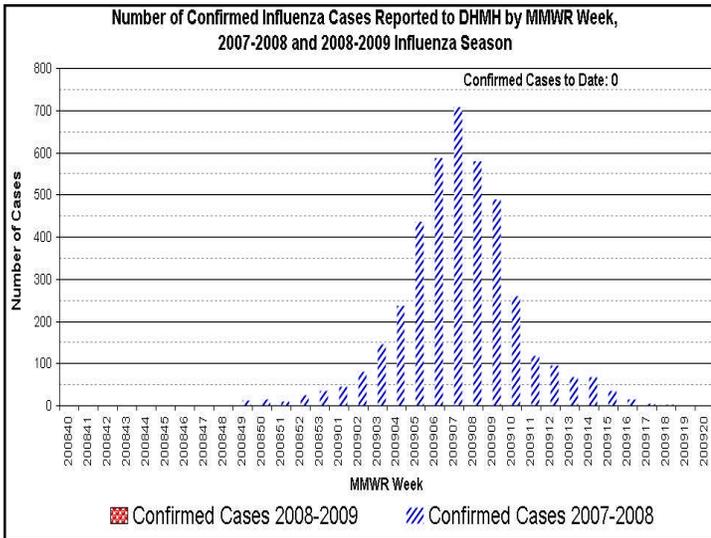
This week, a total of 5 hospitalizations were reported to DHMH. Of

these, 3 (60%) were adults (age 18 and older) and 2 (40%) were pediatric (age under 18) admissions.

To date, there have been 31 hospitalizations for influenza reported to DHMH. During the 2007-2008 season, a total of 720 hospitalizations were reported.



MARYLAND LAB-CONFIRMED CASES OF INFLUENZA



Cases are not confirmed by rapid flu test until the first influenza isolate is detected at DHMH lab. After that first isolate, all clinical laboratory tests that are positive are counted as confirmed cases of influenza for surveillance purposes.

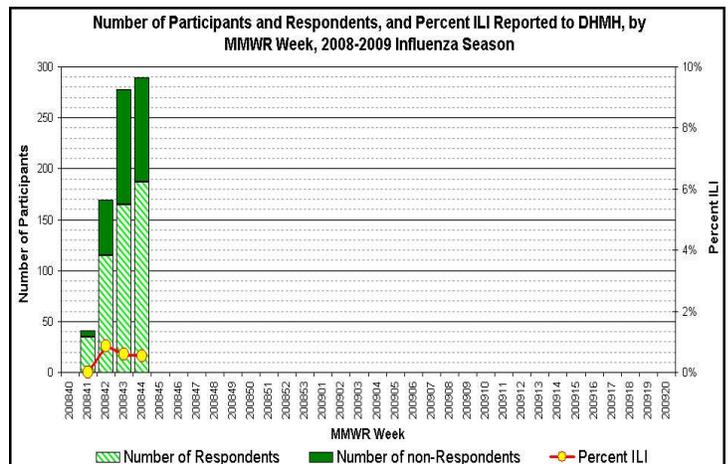
enza to date, our case count for the 2008-2009 season remains at zero. Last season, we received reports of 4,029 lab-confirmed cases, with the peak number of cases (708) reported for week 7 (February 10-16, 2008).

Because there have been no DHMH lab-confirmed cases of influ-

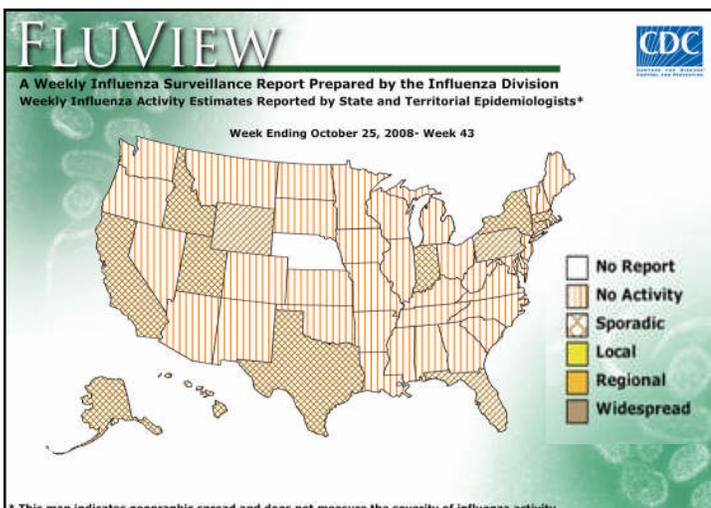
MARYLAND RESIDENT INFLUENZA TRACKING SURVEY

A total of 289 participants signed up at <http://tinyurl.com/flu-enroll> by the end of week 44. Of the 289 residents who received the weekly survey, 189 (64.7%) responded to it. Among the respondents, 1 (0.5%) reported flu-like symptoms. **A total of 27 (14.3%) of the respondents reported getting their flu**

vaccine this week! 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.



CDC WEEKLY INFLUENZA SURVEILLANCE



According to CDC, “during week 43, a low level of influenza activity was reported in the United States.” Visits to sentinel providers are below baseline, 13 states and Puerto Rico reported “sporadic” influenza activity (the other 38 states reported “no activity”, including Maryland), and about 0.4% of specimens tested were positive for influenza.

“Sporadic” influenza activity means that visits to providers for ILI are below baseline and that there have been isolated lab-confirmed cases or a lab confirmed outbreak in one institution. No pediatric deaths due to influenza were reported during week 43. For more information, visit: <http://cdc.gov/flu/weekly>

HEALTHY PEOPLE HEALTY COMMUNITIES

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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

Fact or Fiction?

All throughout history, people have relayed stories about their experiences in life. Most of these stories have the purpose of informing, humoring, or teaching a lesson. Unfortunately, many of these stories are also told in an attempt to misinform, and, many times, these stories spread like wildfire. With the advent of the internet and e-mail, these stories, called "urban legends", have the ability to spread quickly and efficiently.

FICTION: You can get the flu from the flu vaccine.

FACT: You CANNOT get the flu from the flu vaccine. The trivalent inactivated influenza vaccine (TIV) contains the three circulating strains of influenza, all dead, all incapable of causing the disease. Yes, you may get a localized reaction at the injection site, but it is not the flu. The live attenuated influenza vaccine (LAIV) contains the three circulating strains of influenza, all live, but

they have been attenuated (rendered incapable of causing disease) by removing their ability to infect cells. According to the FluMist® website, you may get a runny nose, sore throat, and maybe a fever. You will NOT get the flu.

FICTION: Flu vaccine protects 100% of those who receive it from getting the flu that season.

FACT: Even if you do get the flu vaccine, it may still be possible for you to get the flu. Why? Various factors are at play. First, it takes 2 to 3 weeks for immunity to develop to the strains contained in the vaccine. In those rare years where the circulating strains are not the ones in the vaccine, you may still get the flu. However, if you were vaccinated and the strains don't match, the flu you get may be shorter and less intense. Finally, immune systems vary from one person to another. Some people simply don't make antibodies against vaccine components. So you still need to practice good hy-

giene even if you do get the flu vaccine.

Of course, there are many other fictional and anecdotal stories that could be addressed, but these two are the big ones. Flu vaccine is given out during cold and flu season, so it is reasonable that you might catch a cold right around the time you get the vaccine. There is a difference between a cold and the flu, just ask anyone who was around in 1918.

FluMist® FAQs:

www.flumist.com/Flu-Vaccine.aspx

CDC Key Facts about Flu Vaccine:

www.cdc.gov/flu/protect/keyfacts.htm



A friend of a friend of a friend told me...