

MARYLAND INFLUENZA SURVEILLANCE REPORT - Week 45

(November 2 to November 8, 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 remains well below baseline, but it is on an upward trend.
- There have been no laboratory-confirmed cases of influenza reported this season
- Hospitalizations for influenza reported to the Emerging Infections Program remain low
- US Influenza activity remains at a “low level”, according to CDC
- Going to a certain large gathering on January 20, 2009? Get your flu shot (See Page 4)

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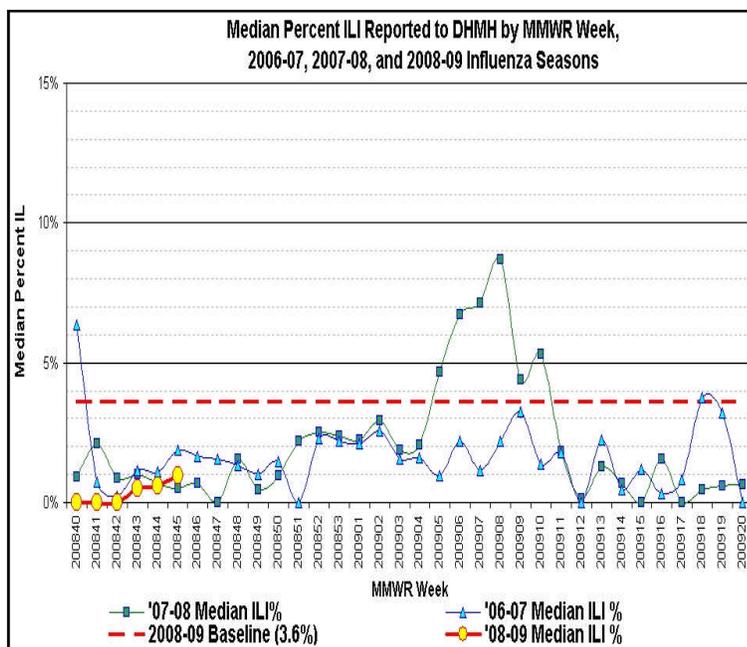
VISITS TO PROVIDERS FOR INFLUENZA-LIKE ILLNESS (ILI)

This week, a total of 43 visits for ILI were reported by 10 providers. The median percent of ILI visits in Maryland was 1.0%. 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 flu@dnhm.state.md or by phone at 410-767-6700.

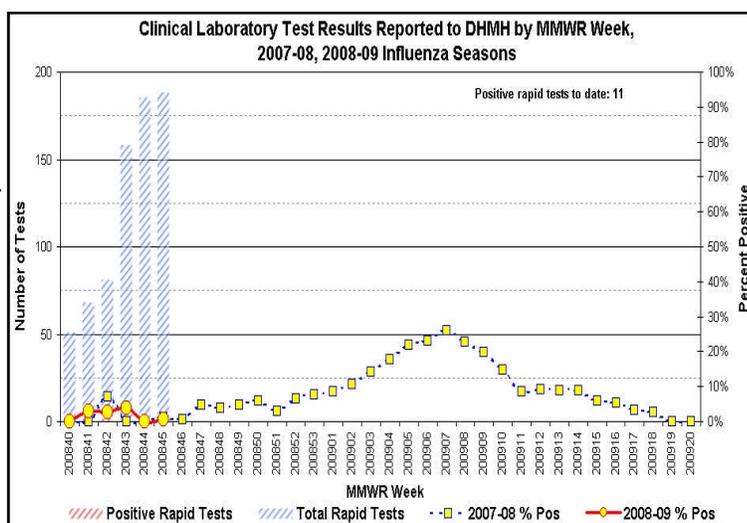


RAPID INFLUENZA TESTS PERFORMED BY SENTINEL CLINICAL LABORATORIES

This week, a total of 187 rapid influenza tests were performed by 13 reporting clinical laboratories. Of these, **one test (0.5%) was 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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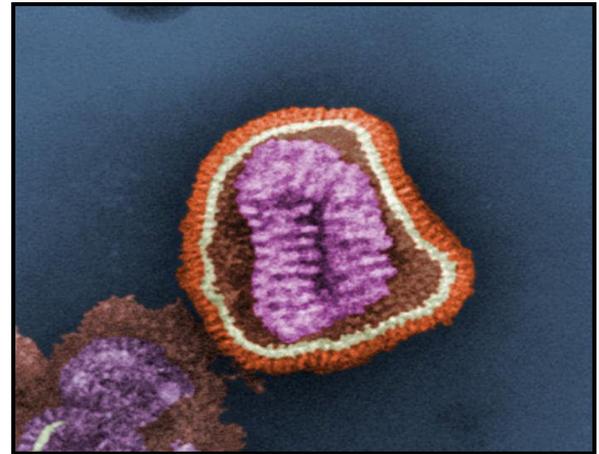
DHMH STATE LABORATORY ISOLATE TYPING AND SUBTYPING

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

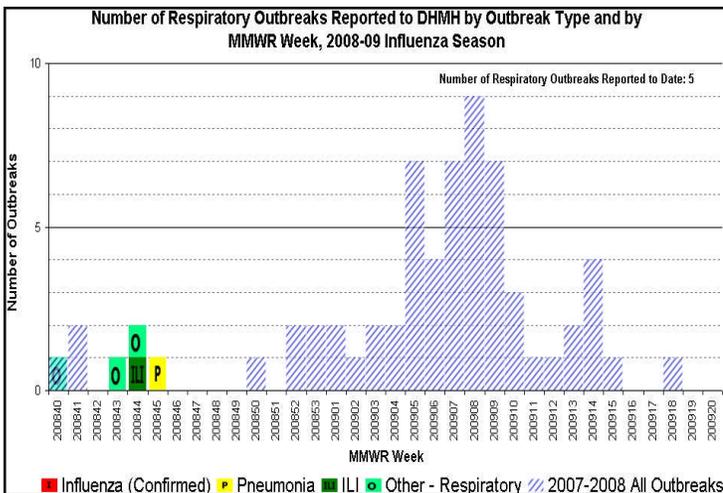
further testing, including the determination of the circulating strains.

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 pneumonia 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>

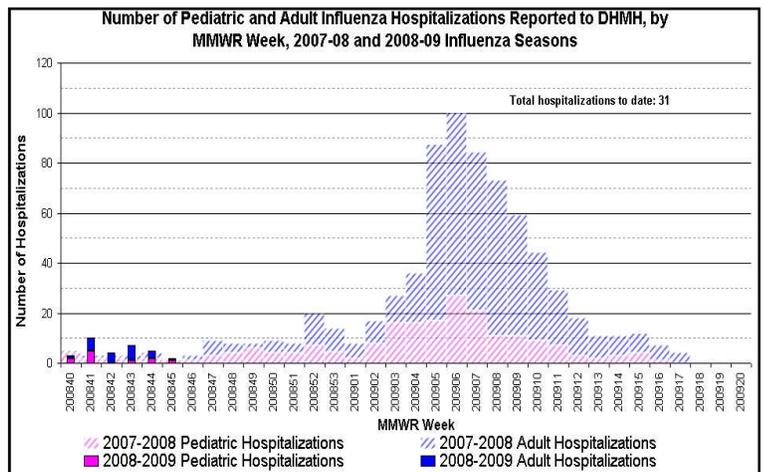
INFLUENZA HOSPITALIZATIONS REPORTED TO DHMH

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.

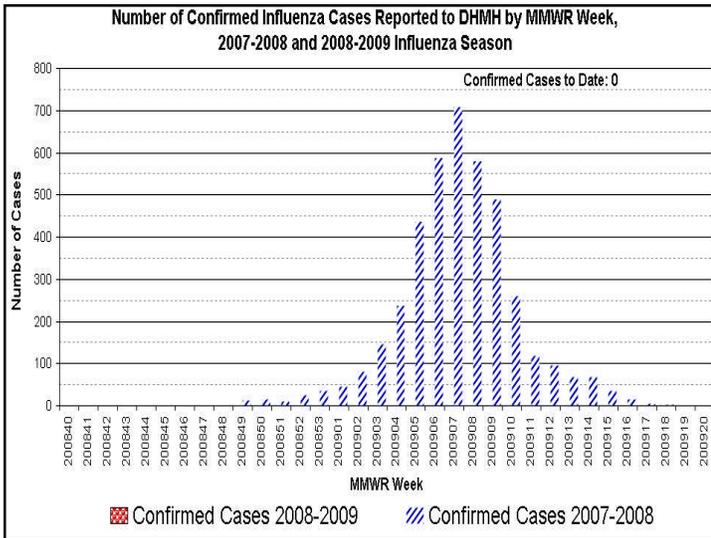
This week, a total of 2 hospitalizations were reported to DHMH. Of

these, 1 (50%) was an adult (age 18 and older) and 1 (40%) was a child.

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.

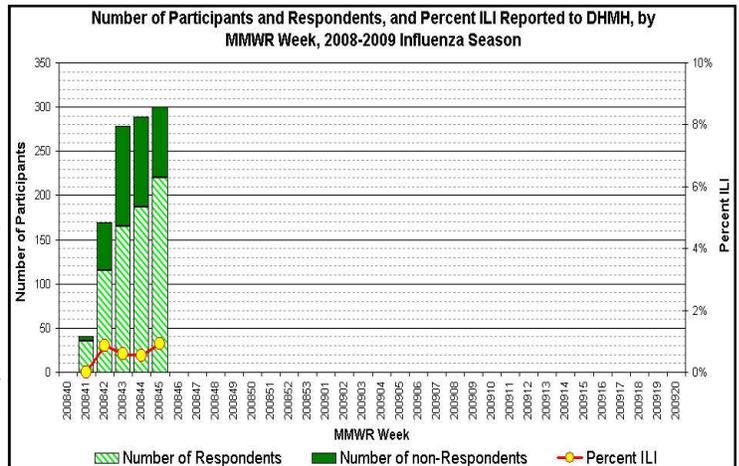
enza to date, our case count for the 2008-2009 season remains at zero. Last season, we received reports of 4,029 lab-confirmed cases, with the peak number of cases (708) reported for week 7 (February 10-16, 2008).

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

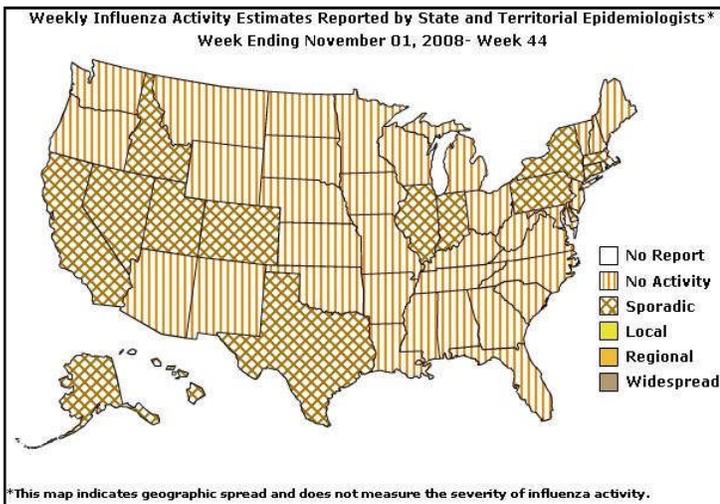
MARYLAND RESIDENT INFLUENZA TRACKING SURVEY

A total of 300 participants signed up at <http://tinyurl.com/flu-enroll> by the end of week 45. Of the 300 residents who received the weekly survey, 220 (73.3%) responded to it. Among the respondents, 2 (0.9%) reported flu-like symptoms. A total of 24 (10.9%) 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 44, a low level of influenza activity was reported in the United States.” Visits to sentinel providers are below baseline, 15 states, Puerto Rico, and the District of Columbia reported “sporadic” influenza activity (the other 35 states reported “no activity”, including Maryland), and about 0.6% of specimens

tested were positive for influenza. Also, no pediatric deaths due to influenza were reported during week 43. For more information, visit: <http://cdc.gov/flu/weekly>

HEALTHY PEOPLE HEALTHY 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

Inaugural Flu? Not If You Can Help It!

This past July, the Catholic Church held a gathering of young people from all over the world in New South Wales (NSW), Australia. Known as the "World Youth Day" (WYD), the celebration lasted six days. Between 200,000 and 250,000 people from all over the world and Australia gathered in Sydney. During the events, NSW health authorities reported 153 confirmed cases of influenza, 23 cases of gastroenteritis (GE), and one case of chickenpox. Outbreaks of influenza and influenza-like illness (ILI) were reported all over the city. This was dubbed the "Papal Flu" by news sources.

Flu season in the Southern Hemisphere usually goes from May to October, peaking in July or August. This is because the Southern Hemisphere experiences Winter when it is Summer in the Northern Hemisphere. Winter means colder temperatures, and we tend to gather in-

doors and in bigger groups. Of course, there are other factors besides cold that promote conditions that are optimal for flu transmission, such as drier air that irritates the nose and eyes' natural defenses and other upper respiratory viruses that promote sneezing and coughing.

This past July, Sydney got a crash course in surge capacity because of the event. Reports indicate that ambulance calls increased by 5%, and admissions to hospitals for ILI and GE also increased. After the event, the major concern became the spread of influenza as the attendees to WYD returned to their home countries, many of which were in the Northern Hemisphere, where vaccines were not ready. Fortunately, the viruses seen during WYD were matched to the Southern Hemisphere vaccine that had been distributed in May, and the Northern Hemisphere vaccine that is being distributed here now.

Whenever the Office of Epidemiology

and Disease Control (EDCP) receives a report of a lab-confirmed case of influenza outside of the regular flu season, we investigate the case's travel and exposure history in close cooperation with local health departments.

Appropriate measures are then taken as needed to prevent the spread of the disease.

Can you think of events in and around Maryland that could draw a big, interstate and international crowd in Winter? (Hint: Inauguration of President Johnson in 1965 drew 1.5 million attendees. President-Elect Obama's Inauguration is projected to be bigger.)



Going to witness history? Get your flu shot.