



MARYLAND INFLUENZA SURVEILLANCE REPORT

Week 53 (December 28, '08 to January 3, '09)

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

- Influenza activity in Maryland is now **"REGIONAL"** with visits to providers for influenza-like illness (ILI) above baseline in one surveillance region, outbreaks reported in at least two regions, and recent laboratory evidence of influenza all regions.
- 2.2% of respondents to the Maryland Resident Influenza Tracking Survey reported ILI symptoms; 1.2% of visits to sentinel providers were for ILI
- Two pneumonia outbreaks and 1 ILI outbreak were reported to DHMH during week 53
- **CDC has issued interim guidelines for antiviral use.** <http://tinyurl.com/cdcinterim>

INSIDE:

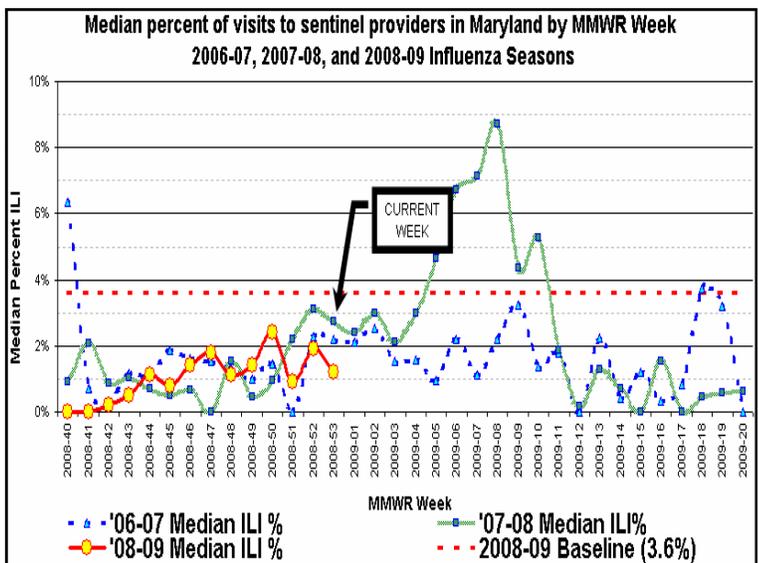
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OUTPATIENT INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE NETWORK

This week, a total of 59 ability in reported ILI visits for ILI were reported by 7 providers. The median percent of ILI visits in Maryland was 1.2%. This is **below** 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 variability 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@dnhm.state.md or by phone at 410-767-6700.

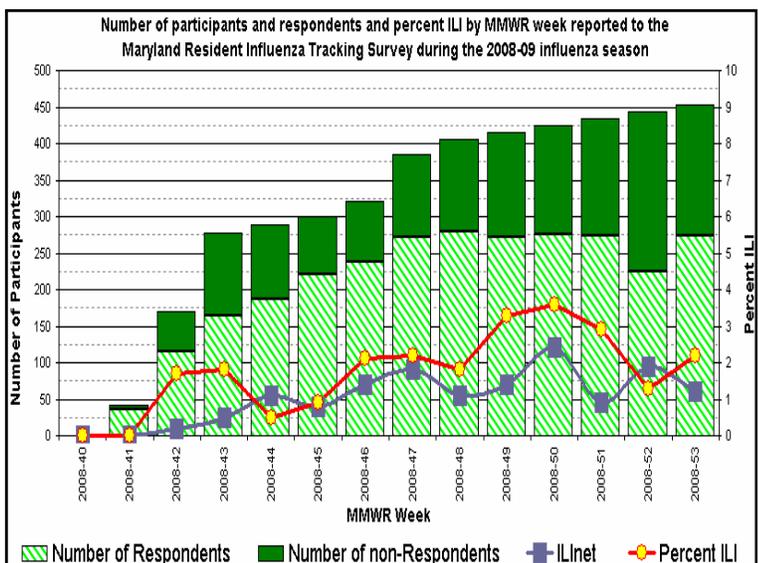


MARYLAND RESIDENT INFLUENZA TRACKING SURVEY RESULTS

A total of 452 participants signed up at <http://tinyurl.com/flu-enroll> by the end of week 53. Of the 452 residents who received the weekly survey, 273 (60%) responded to it. Among the respondents, 6 (2.2%) reported flu-like symptoms.

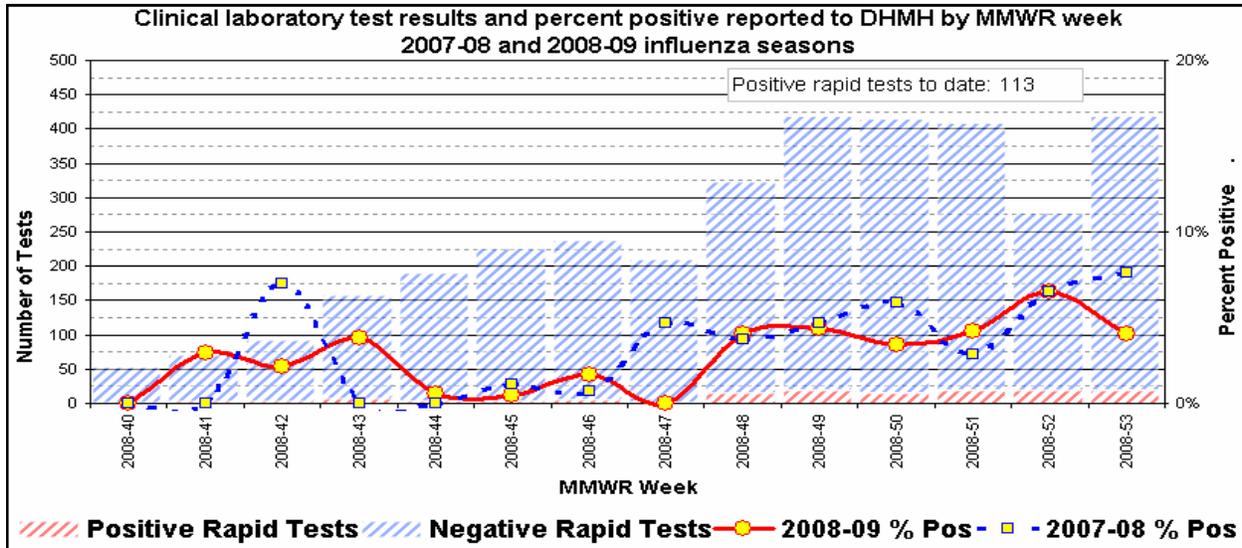
Because there is no baseline to compare these results, and the sample size is small (compared to the population), caution must be taken when interpreting

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



MARYLAND CLINICAL LABORATORY INFLUENZA SURVEILLANCE

During week 53, a total of 416 rapid influenza tests were reported by 15 reporting clinical laboratories. Of these, 17 tests (4.1%) were positive.



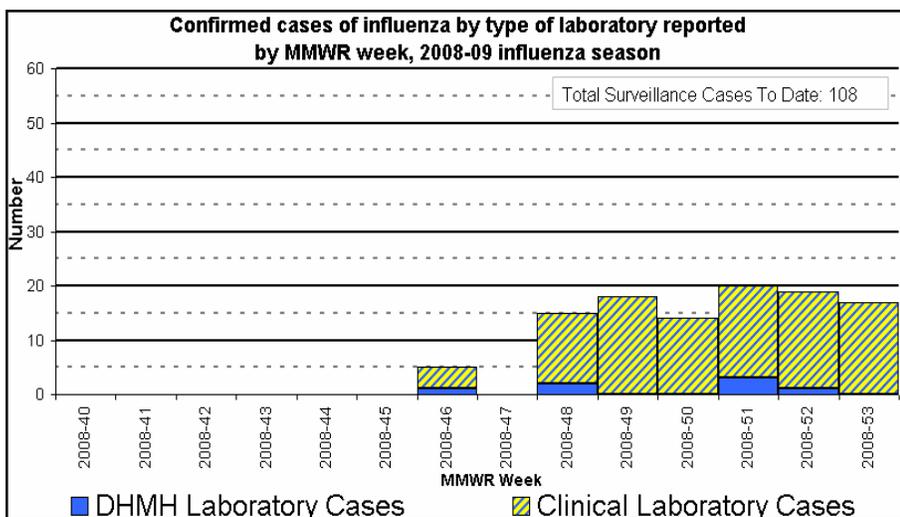
MARYLAND DHMH LABORATORIES ADMINISTRATION REPORTS

During week 53, a total of 1 specimen was submitted for testing at the DHMH laboratory. It was not found to be positive for influenza. This season, a total of 130 specimens have been submitted for testing at the DHMH laboratory. Of these, 7 (5.4%) have been positive by PCR. Four specimens (3.1%) were positive for influenza Type A, and three specimens (2.3%) were positive for influenza Type B.

CONFIRMED INFLUENZA CASES (108) 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.

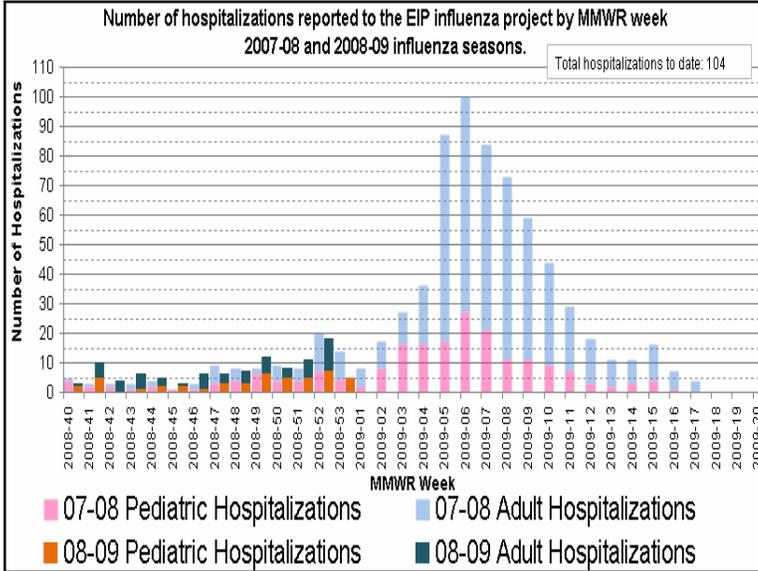
This is done because the sensitivity and specificity of rapid flu tests vary with the prevalence of influenza in the population*, and are less reliable when prevalence is low. This season, all positive clinical laboratory results from week 46 onward (101) are counted as confirmed cases, and of course, all of the positive DHMH lab results (7).



The seven positive specimens identified by the DHMH lab have been typed as influenza A (4, 57%) and influenza B (3, 43%). To date, the CDC laboratory has identified two as type A (H1N1) Brisbane-like and another as type B Florida-like. Both strains **are** components of this season’s influenza vaccine. The type A (H1N1) isolate was found to be resistant to Oseltamivir (Tamiflu®) but sensitive to Adamantanes and Zanamivir. **Interim guidelines on the use of antivirals for influenza can be found at <http://tinyurl.com/cdcinterim>.**

* 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>

EMERGING INFECTIONS PROGRAM (EIP) INFLUENZA PROJECT



Five hospitalizations, all children under the age of 18, were reported to EIP during week 53.

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 104 (57, 55% adult, and 47, 45% 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

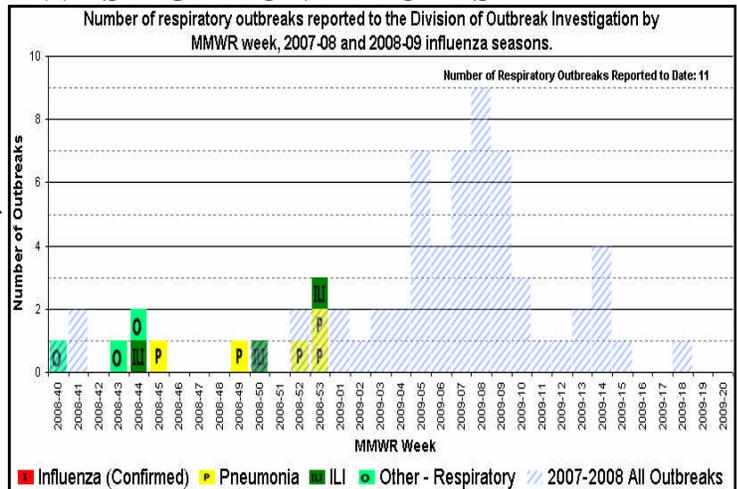
During week 53, 2 outbreaks of pneumonia and 1 outbreak of influenza-like illness were reported to the Division of Outbreak Investigation.

tact your local health department to report an outbreak.

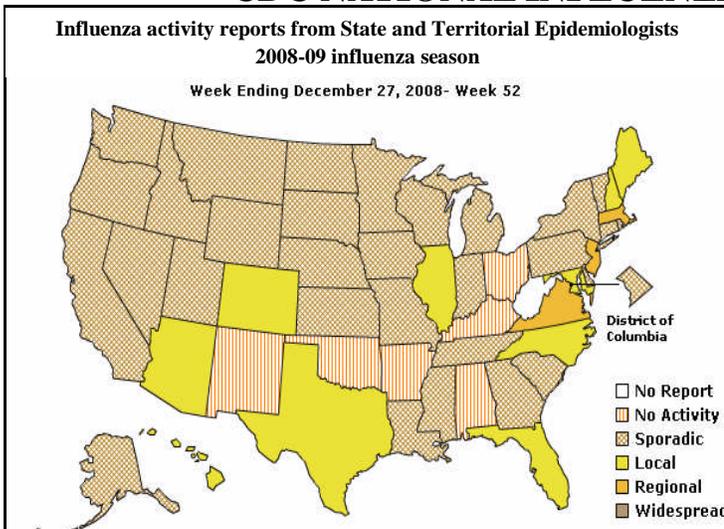
Although influenza is not a reportable condition in Maryland, disease outbreaks in general are reportable to DHMH. Please con-

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

<http://tinyurl.com/edcpoutb>



CDC NATIONAL INFLUENZA SURVEILLANCE REPORT



According to CDC, “during the week 52, increased influenza activity was reported in the United States.”

enza activity (the other states reported “no activity”).

- Visits to sentinel providers for ILI are below baseline nationally.
- Three states reported “regional” flu activity. Ten states reported “local” activity.
- 30 states and DC reported “sporadic” influ-

- About 5% of specimens tested were positive for influenza.
- One pediatric death due to influenza was reported this week by Minnesota.

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 FACES OF INFLUENZA

The American Lung Association, in collaboration with other public and private organizations, has a website called "Faces of Influenza" (www.facesofinfluenza.org) which is "designed to put a 'face' on influenza, a potentially deadly disease, and urge vaccination every year." The site opens by showing a collage of pictures of people who have been personally touched by influenza. From parents who have lost children, to celebrities who are in the "high risk" groups for influ-

enza, the profiles are informative and sometimes moving. The site also addresses the myths and misconceptions about influenza and influenza immunizations. That is, it puts the numbers and statistics about influenza in context. The site also links to numerous other websites from other organizations (public and private) for more information about influenza. There is also a section for healthcare professionals that opens by stating that immunization levels among healthcare providers is low.

Then a toolkit is offered for download to better educate patients and the public on why influenza needs our attention. The toolkit includes educational material, letter templates for public officials and the press, and even a Power Point® presentation about influenza. For a disease that causes 36,000 deaths in the U.S. (according to CDC estimates) and over \$15 BILLION on costs from healthcare and loss of productivity EVERY YEAR, influenza sometimes does not get the attention it needs.

Maryland Influenza Activity by Week	
WEEK	ACTIVITY
2008-47	Sporadic
2008-48	Sporadic
2008-49	Sporadic
2008-50	Sporadic
2008-51	Sporadic
2008-52	Local
2008-53	Regional

Influenza activity in Maryland is now "REGIONAL"

