



Maryland Weekly Influenza Surveillance Activity Report

A summary of influenza surveillance indicators reported to DHMH for the week ending February 20, 2016

Prepared by the Infectious Disease Epidemiology and Outbreak Response Bureau
Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene

The data presented in this document are provisional and subject to change as additional reports are received.

SUMMARY

During the week ending February 20, 2016, influenza-like illness (ILI) intensity in Maryland was **MINIMAL** and there was **WIDESPREAD** geographic spread. The proportion of outpatient visits for ILI reported by Sentinel Providers dropped, while the proportion reported by Maryland Emergency Departments increased. The proportion of MRITS respondents reporting ILI also increased. The proportion of specimens testing positive for influenza at clinical laboratories increased substantially. There were 59 specimens tested positive for influenza at the DHMH lab; 56 were type A (H1), 1 was type A (H3), 1 was type B (Victoria), and 1 was type B (Yamagata). Forty influenza-associated hospitalizations were reported. There was 1 influenza outbreak reported. Nationally, influenza activity continues to increase.

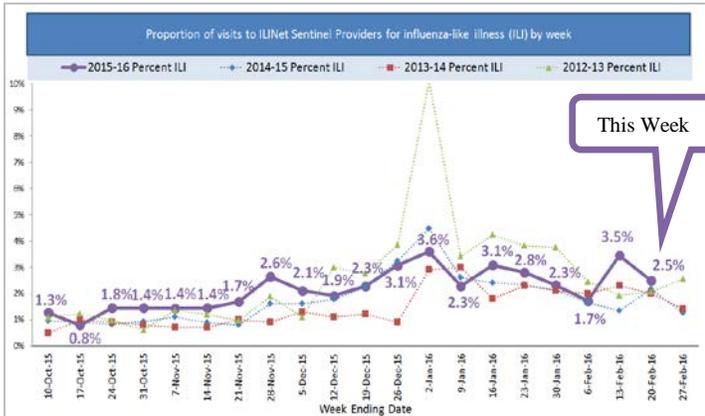
[Click here to visit our influenza surveillance web page](#)

ILI Intensity Levels
✓ Minimal
Low
Moderate
High

Influenza Geographic Spread
No Activity
Sporadic
Local
Regional
✓ Widespread

ILINet Sentinel Providers

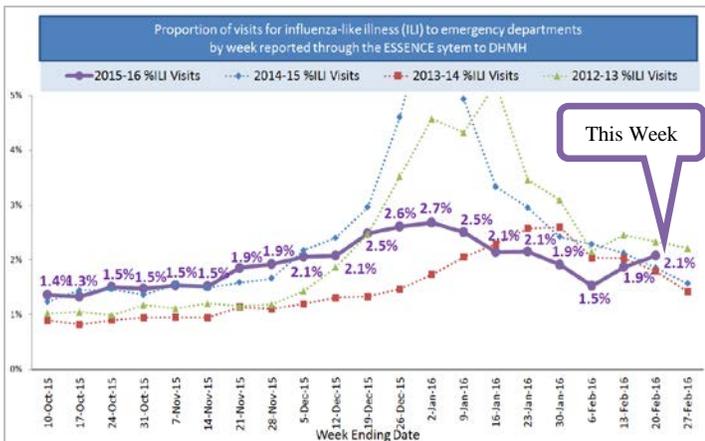
Thirty sentinel providers reported a total of 5,194 visits this week. Of those, 129 (2.5%) were visits for ILI. This is **above** the Maryland baseline of **1.8%**.



ILI Visits To Sentinel Providers By Age Group	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	32 (25%)	34 (19%)	704 (25%)
Age 5-24	42 (33%)	61 (34%)	956 (34%)
Age 25-49	30 (23%)	35 (19%)	633 (22%)
Age 50-64	21 (16%)	33 (18%)	354 (13%)
Age ≥ 65	4 (3%)	18 (10%)	169 (6%)
Total	129 (100%)	181 (100%)	2816 (100%)

Visits to Emergency Departments for ILI

Emergency Departments in Maryland reported a total of 46,274 visits this week through the [ESSENCE surveillance system](#). Of those, 960 (2.1%) were visits for ILI.



ILI Visits To Emergency Departments By Age Group	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	217 (23%)	214 (26%)	5836 (32%)
Age 5-24	271 (28%)	230 (28%)	5442 (30%)
Age 25-49	311 (32%)	237 (29%)	4401 (24%)
Age 50-64	105 (11%)	96 (12%)	1694 (9%)
Age ≥ 65	56 (6%)	48 (6%)	1033 (6%)
Unknown	--	--	--
Total	960 (100%)	825 (100%)	18406(100%)

Neighboring states' influenza information:

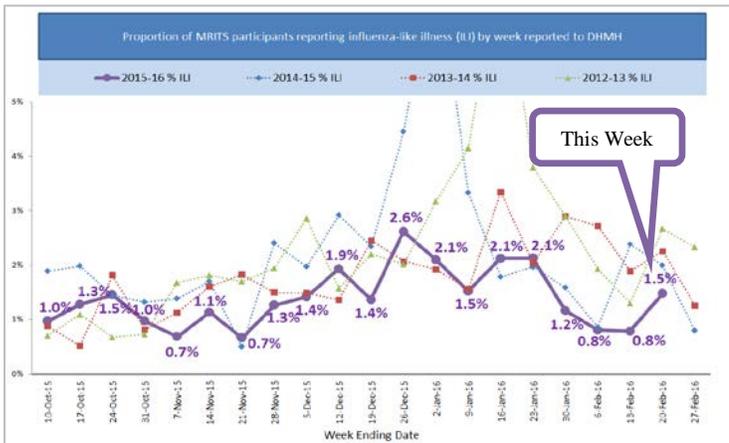
- Delaware <http://dhss.delaware.gov/dph/epi/influenzahome.html>
- District of Columbia <http://doh.dc.gov/service/influenza>
- Pennsylvania [http://www.portal.state.pa.us/portal/server.pt/community/influenza_\(flu\)/14161](http://www.portal.state.pa.us/portal/server.pt/community/influenza_(flu)/14161)
- Virginia <http://www.vdh.state.va.us/Epidemiology/flu/>
- West Virginia <http://dhhr.wv.gov/oeps/disease/flu/Pages/fluSurveillance.aspx>

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Community-based Influenza Surveillance (MRITS)

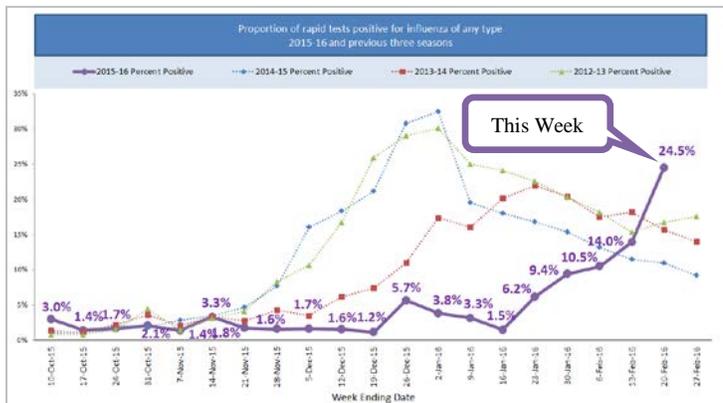
MRITS is the Maryland Resident Influenza Tracking System, a weekly survey for influenza-like illness (ILI). A total of 610 residents responded to the [MRITS survey](#) this week. Of those, 9 (1.5%) reported having ILI and missing a cumulative 8 days of regular daily activities.



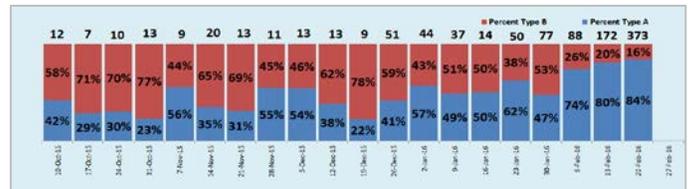
MRITS Respondents Reporting ILI By Age Group	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	2 (22%)	--	11 (6%)
Age 5-24	--	1 (20%)	38 (22%)
Age 25-49	1 (11%)	2 (40%)	43 (25%)
Age 50-64	4 (44%)	1 (20%)	58 (34%)
Age ≥ 65	2 (22%)	1 (20%)	22 (13%)
Total	9 (100%)	5 (100%)	172 (100%)

Clinical Laboratory Influenza Testing

Forty-five clinical laboratories reported performing 1522 influenza diagnostic tests, mostly rapid influenza diagnostic tests (RIDTs). Of those, 373 (24.5%) were positive for influenza. Of those testing positive, 312 (83.6%) were influenza type A and 61 (16.4%) were influenza type B. The [reliability of RIDTs](#) depends largely on the conditions under which they are used. False-positive (and true-negative) results are more likely to occur when the disease prevalence in the community is low, which is generally at the beginning and end of the influenza season and during the summer.

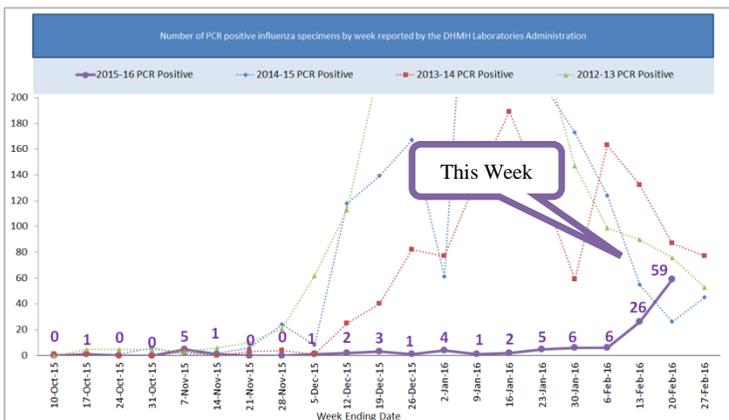


Positive Rapid Flu Tests by Type	This Week Number (%)	Last Week Number (%)	Season Number (%)
Type A	312 (84%)	138 (80%)	703 (68%)
Type B	61 (16%)	34 (20%)	334 (32%)
Total	373 (100%)	172 (100%)	1037 (100%)



State Laboratories Administration Influenza Testing

The DHMH Laboratories Administration performed a total of 145 PCR tests for influenza and 59 (40.7%) specimens tested positive for influenza. Of those testing positive, 56 (94.9%) were type A (H1), 1 (1.7%) was type A (H3), 1 (1.7%) was type B (Victoria), and 1 (1.7%) was type B (Yamagata). PCR testing is more reliable than RIDT. The DHMH testing identifies subtypes of influenza A, information that is not available from the RIDT results. The table below summarizes results by type and subtype.



Positive PCR Tests by Type (Subtype)	This Week Number (%)	Last Week Number (%)	Season Number (%)
Type A (H1)	56 (95%)	23 (88%)	104 (85%)
Type A (H3)	1 (2%)	2 (8%)	9 (7%)
Type B (Victoria)	1 (2%)	--	2 (2%)
Type B (Yamagata)	1 (2%)	1 (4%)	8 (7%)
Total	59 (100%)	26 (100%)	123 (100%)

Where to get an influenza vaccination

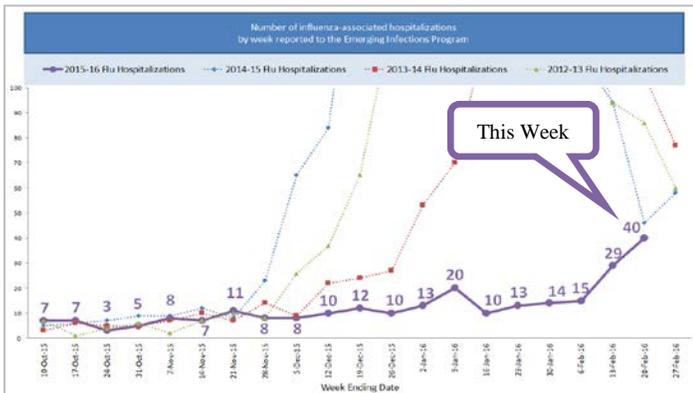
Interested in getting a flu vaccine for the 2015-16 influenza season? Go to <http://dhmh.maryland.gov/flum/d/SitePages/getvaccinated.aspx> and click on your county/city of residence. You will be redirected to your local health department website for local information on where to get your flu vaccine.

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Influenza-associated Hospitalizations

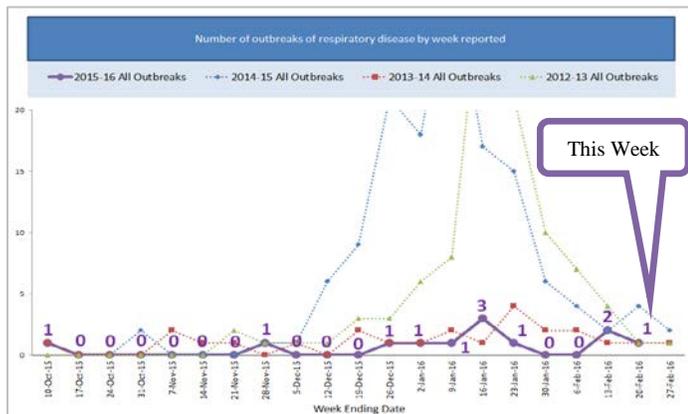
Forty influenza-associated hospitalizations were reported to DHMH. (A person with an overnight hospital stay along with a positive influenza test of any kind, e.g. RIDT or PCR, is considered an “influenza-associated hospitalization” for purposes of influenza surveillance.)



Influenza-Associated Hospitalizations by Age Group	This Week Number (%)	Last Week Number (%)	Season Number (%)
Age 0-4	2 (5%)	1 (3%)	30 (12%)
Age 5-17	4 (10%)	3 (10%)	17 (7%)
Age 18-24	2 (5%)	--	6 (2%)
Age 25-49	11 (28%)	13 (45%)	47 (19%)
Age 50-64	12 (30%)	8 (28%)	64 (26%)
Age ≥ 65	9 (23%)	4 (14%)	86 (34%)
Total	40 (100%)	29 (100%)	250 (100%)

Outbreaks of Respiratory Disease

There was 1 influenza outbreak reported to DHMH this week. (Disease outbreaks of any kind are reportable in Maryland. Respiratory outbreaks may be reclassified once a causative agent is detected, e.g. from ILI to influenza.)



Respiratory Outbreaks by Type	This Week Number (%)	Last Week Number (%)	Season Number (%)
Influenza	1 (100%)	--	1 (8%)
Influenza-like Illness	--	--	2 (17%)
Pneumonia	--	2 (100%)	9 (75%)
Other Respiratory	--	--	--
Total	1 (100%)	2 (100%)	12 (100%)

National Influenza Surveillance (CDC)

During week 7 (February 14-20, 2016), influenza activity increased in the United States.

- Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 7 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.
- Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.
- Influenza-associated Pediatric Deaths:** One influenza-associated pediatric death was reported.
- Influenza-associated Hospitalizations:** A cumulative rate for the season of 5.8 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.
- Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 3.2%, which is above the national baseline of 2.1%. All 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and six states experienced high ILI activity; New York City and six states experienced moderate ILI activity; 13 states experienced low ILI activity; 24 states experienced minimal ILI activity; and the District of Columbia and one state had insufficient data.
- Geographic Spread of Influenza:** The geographic spread of influenza in Guam, Puerto Rico, and 21 states was reported as widespread; 18 states reported regional activity; the District of Columbia and 10 states reported local activity; and the U.S. Virgin Islands and one state reported sporadic activity.

