

Weekly Influenza & Respiratory Illness Activity Report

A summary of influenza surveillance indicators prepared by the Division of Infectious Disease Epidemiology Prevention & Control

Summary of the 2016-17 Influenza Season

Summary of the 2016-17 Season

- 3,695 people were hospitalized with laboratory confirmed influenza
- 2 pediatric influenza-related deaths were confirmed
- 182 outbreaks of influenza in long-term care facilities were reported
- 391 outbreaks of ILI in schools were reported

Minnesota Influenza Surveillance Website: <http://www.health.state.mn.us/diseases/flu/stats/>

Weekly U.S. Influenza Surveillance Report: <http://www.cdc.gov/flu/weekly/>

World Health Organization (WHO) Surveillance:

http://www.who.int/influenza/surveillance_monitoring/updates/en/

Neighboring states' influenza information:

Iowa <http://www.idph.state.ia.us/IdphArchive/Archive.aspx?channel=FluReports>

Wisconsin <http://www.dhs.wisconsin.gov/communicable/influenza/surveillance.htm>

North Dakota <http://www.ndflu.com/default.aspx>

South Dakota <http://doh.sd.gov/diseases/infectious/flu/>



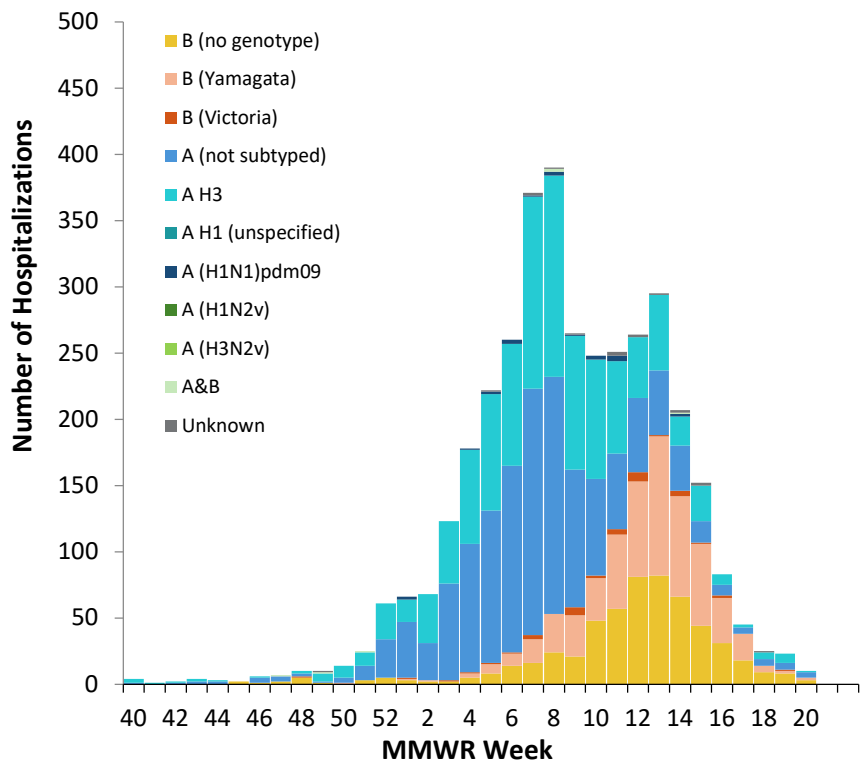
Minnesota
Department of Health

Minnesota Department of Health
651-201-5414 or 1-877-676-5414
www.health.state.mn.us

Hospitalized Influenza Surveillance

Hospitalized influenza cases are based on disease reports of laboratory-positive influenza (via DFA, IFA, viral culture, EIA, rapid test, paired serological tests or RT-PCR) and specimens from hospitalized patients with acute respiratory illness submitted to MDH-PHL by hospitals and laboratories.

Hospitalized Influenza Cases by Type Minnesota (FluSurv-NET*)



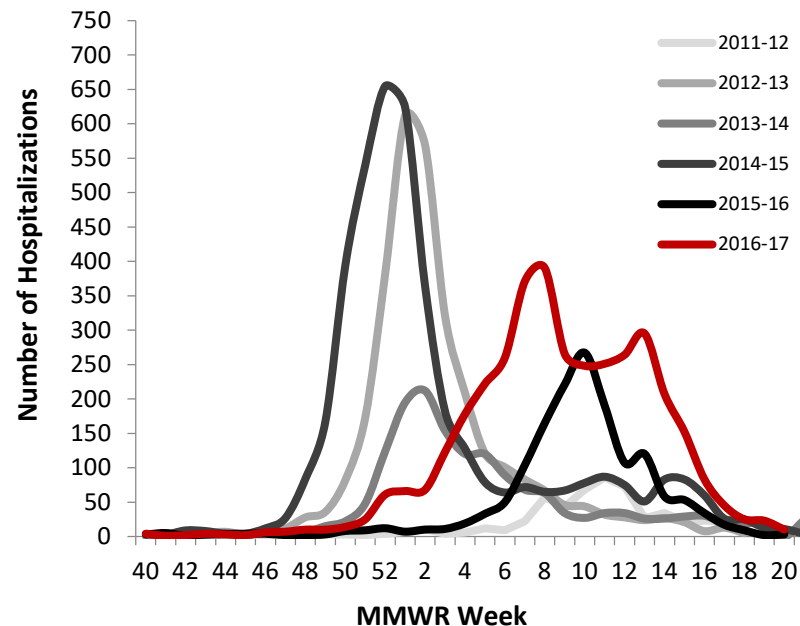
Hospitalizations
this week

Hospitalizations
last week

Total hospitalizations

3,695

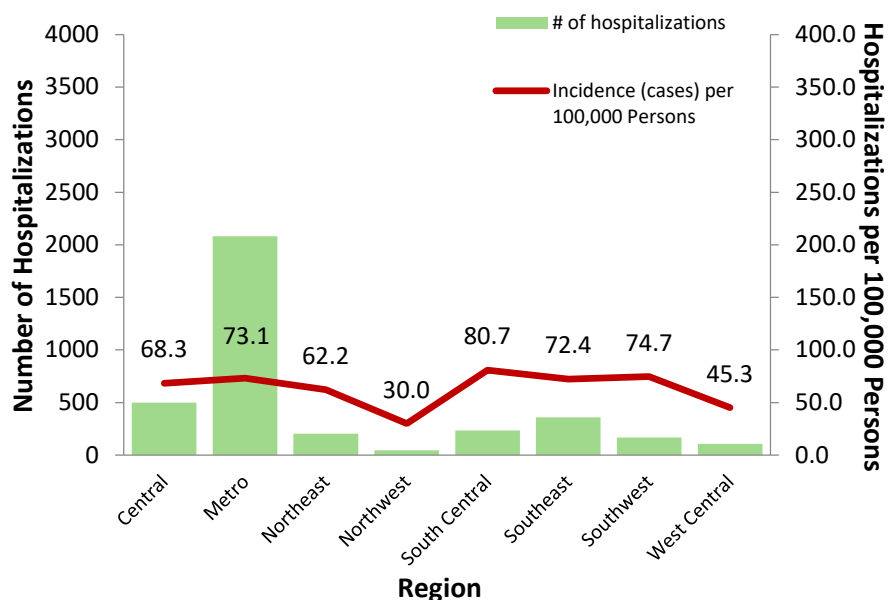
Hospitalized Influenza Cases by Season, Minnesota (FluSurv-NET*)



Season	Total hospitalizations (historic)
2011-2012	556
2012-2013	3,075
2013-2014	1,578
2014-2015	4,081
2015-2016	1,538
2016-2017	3,695

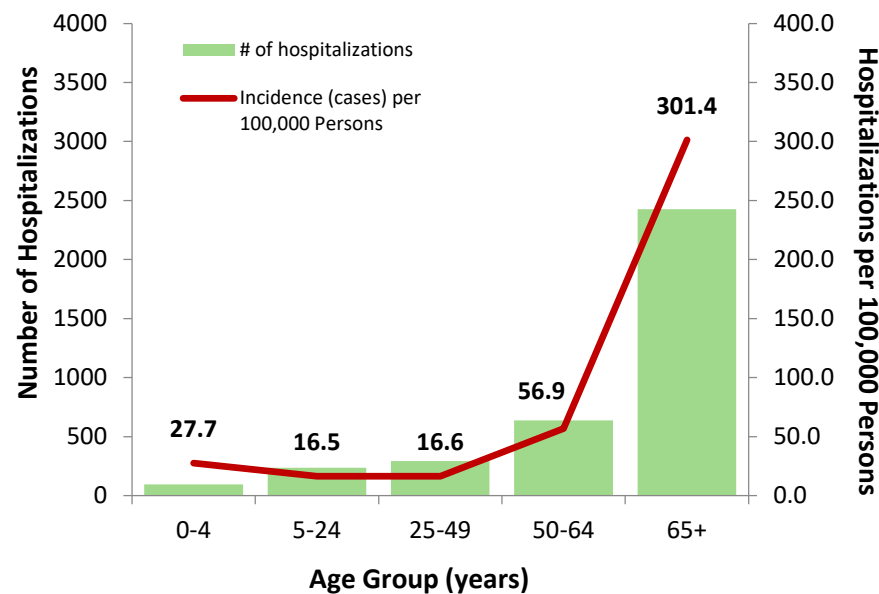
*Influenza Surveillance Network

Number of Influenza Hospitalizations and Incidence by Region, Minnesota October 2, 2016 – May 20, 2017



Region	Hospitalizations this week	Total (to date)
Central	---	498 (14%)
Metro	---	2,082 (56%)
Northeast	---	203 (5%)
Northwest	---	47 (1%)
South Central	---	235 (6%)
Southeast	---	358 (10%)
Southwest	---	166 (4%)
West Central	---	106 (3%)

Number of Influenza Hospitalizations and Incidence by Age, Minnesota October 2, 2016 – May 20, 2017



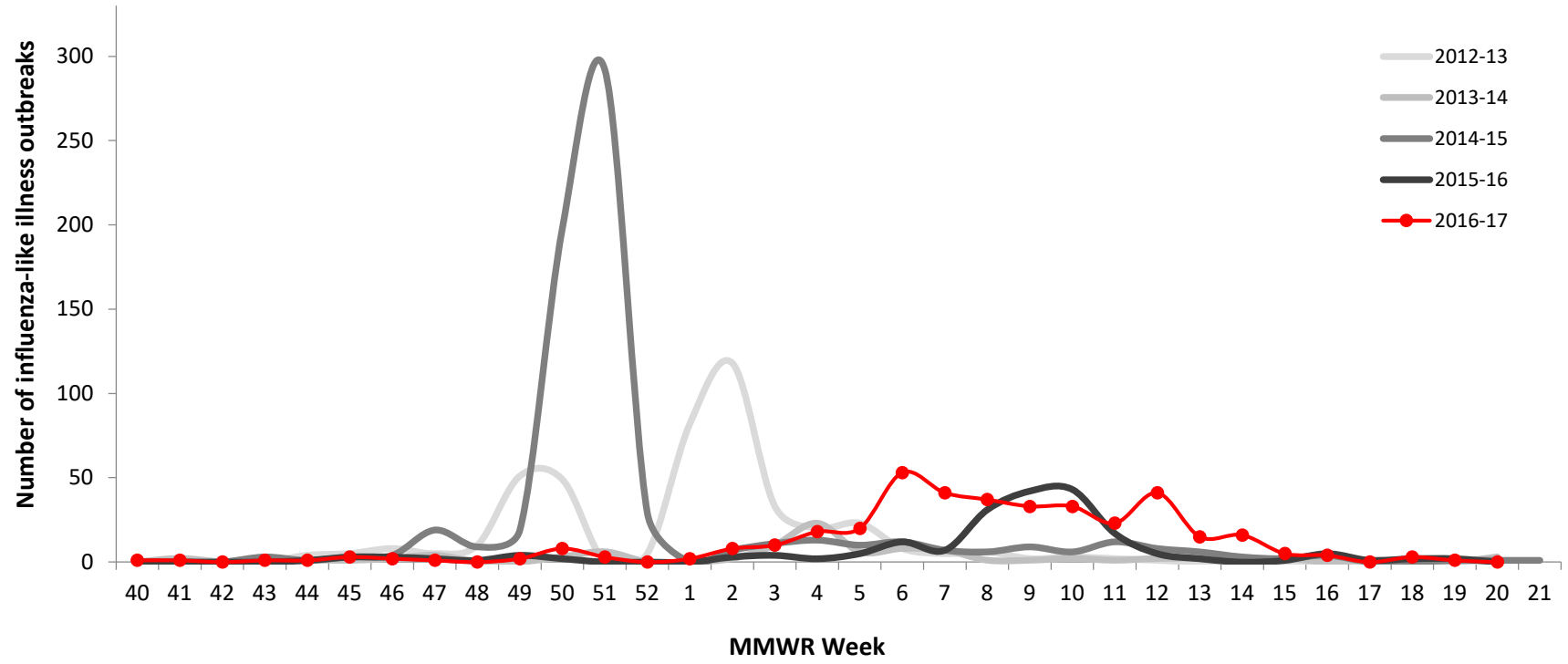
Median age (years) at time of admission
73.0

Respiratory Disease Outbreak Surveillance

School Outbreaks

K-12 schools report an outbreak of influenza-like illness (ILI) when the number of students absent with ILI reaches 5% of total enrollment or three or more students with ILI are absent from the same elementary classroom.

Influenza-like Illness (ILI) in Schools by Season

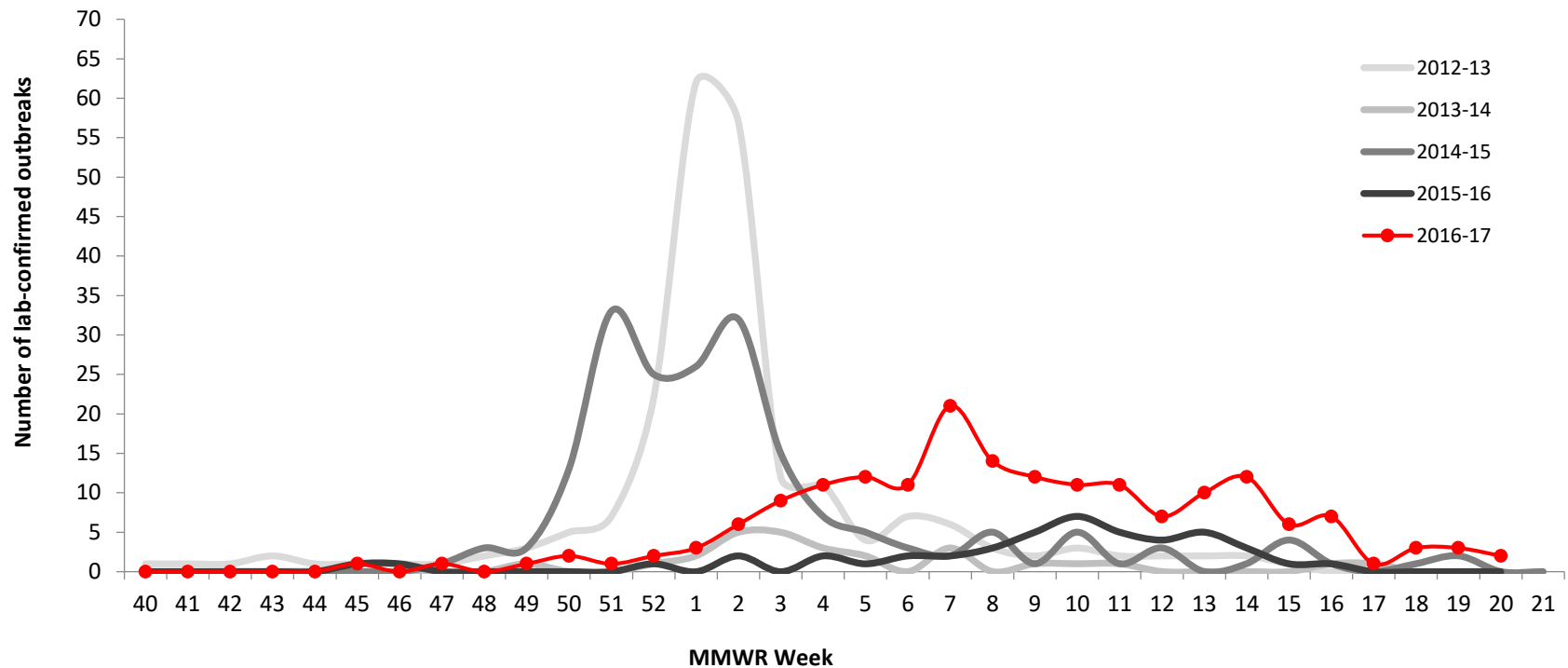


Total this season
391

Long-Term Care (LTC) Outbreaks

LTC facilities report to MDH when they suspect an outbreak of influenza in their facility. Laboratory-confirmed outbreaks are reported here.

Confirmed Influenza Outbreaks in LTC by Season



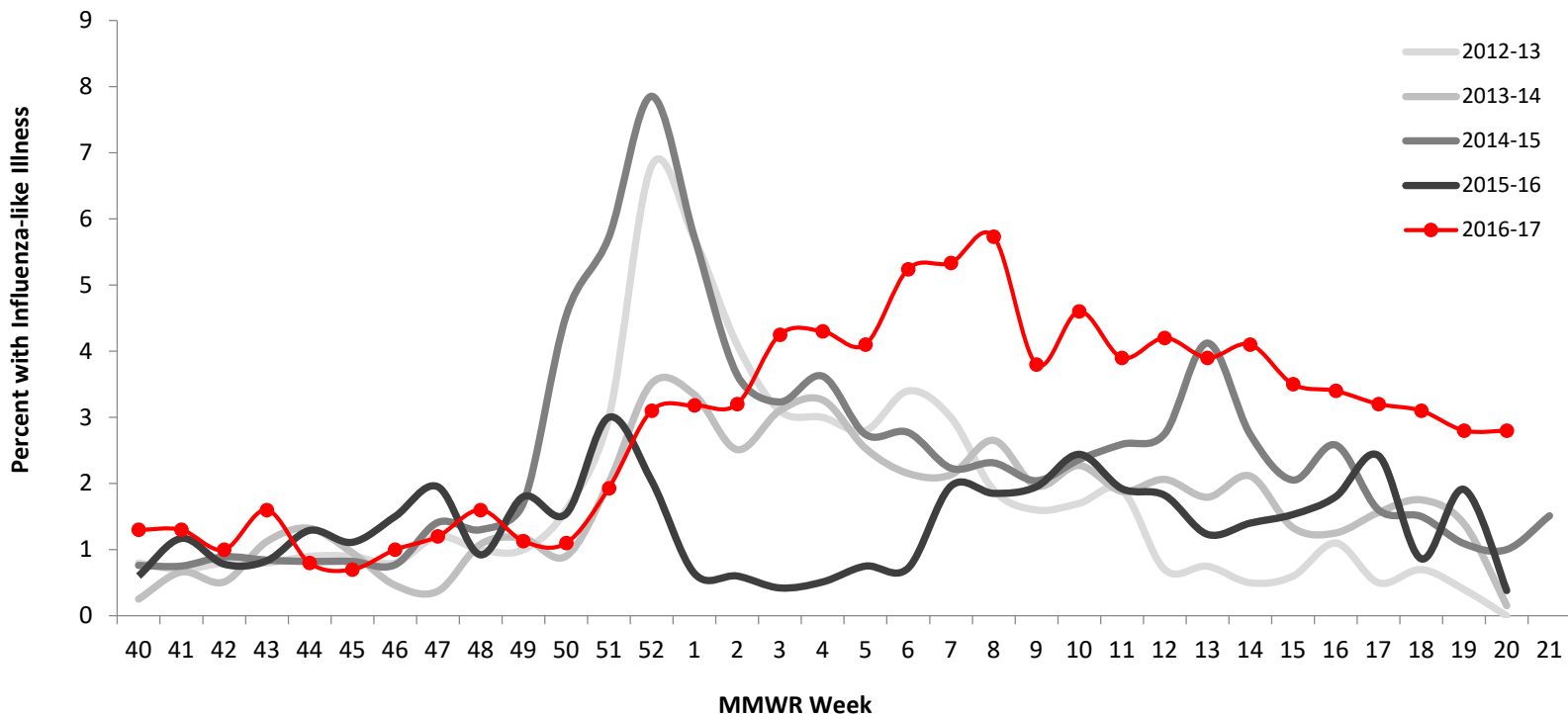
Total this season

182

Sentinel Provider Surveillance (Outpatients)

MDH collaborates with healthcare providers who report the total number of patients seen and the total number of those patients presenting to outpatient clinics with influenza-like illness.

Percentage of Persons Presenting to Outpatient Clinics with Influenza-Like Illness (ILI)



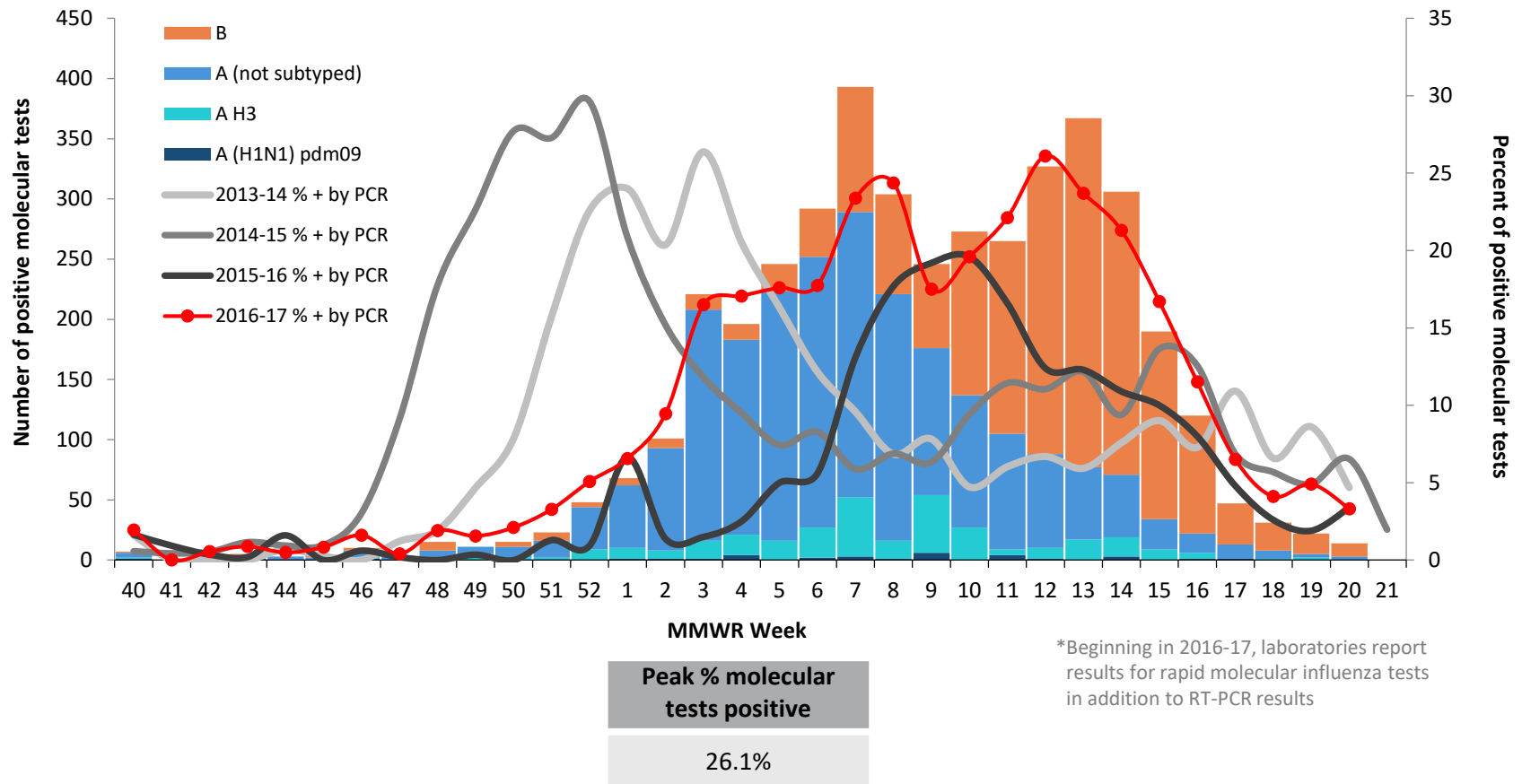
**Peak % of
outpatients with ILI**
5.73%

*Indicates current week-data may be delayed by 1 or more weeks

Laboratory Surveillance

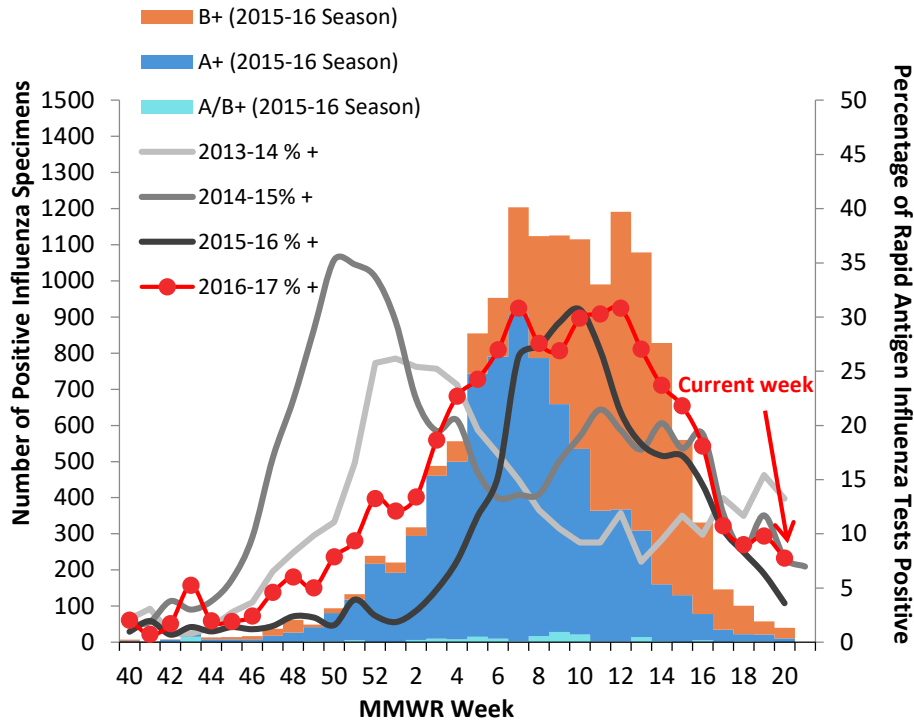
The MN Lab System (MLS) Laboratory Influenza Surveillance Program is made up of more than 310 clinic- and hospital-based laboratories, voluntarily submitting testing data weekly. These laboratories perform rapid testing for influenza and Respiratory Syncytial Virus (RSV). Significantly fewer labs perform PCR testing for influenza and three also perform PCR testing for other respiratory viruses. MDH-PHL provides further characterization of submitted influenza isolates to determine the hemagglutinin serotype to indicate vaccine coverage. Tracking the laboratory results assists healthcare providers with patient diagnosis of influenza-like illness and provides an indicator of the progression of the influenza season as well as prevalence of disease in the community.

Specimens Positive for Influenza by Molecular Testing*, by Week



MLS Laboratories – Influenza Testing

Specimens Positive by Influenza Rapid Antigen Test, by Week

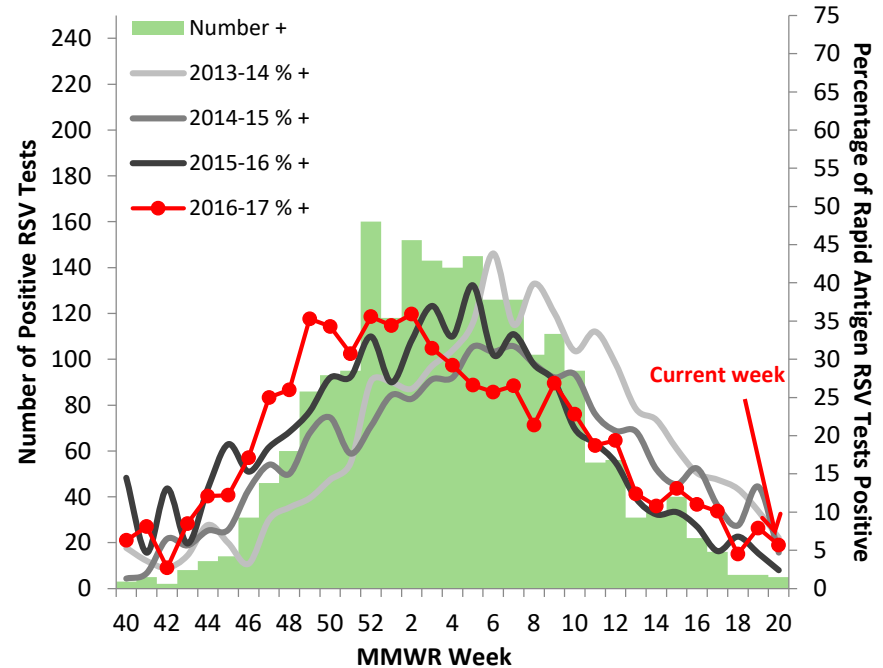


Peak % rapid influenza tests positive

30.82%

MLS Laboratories – RSV Testing

Specimens Positive by RSV Rapid Antigen Test, by Week

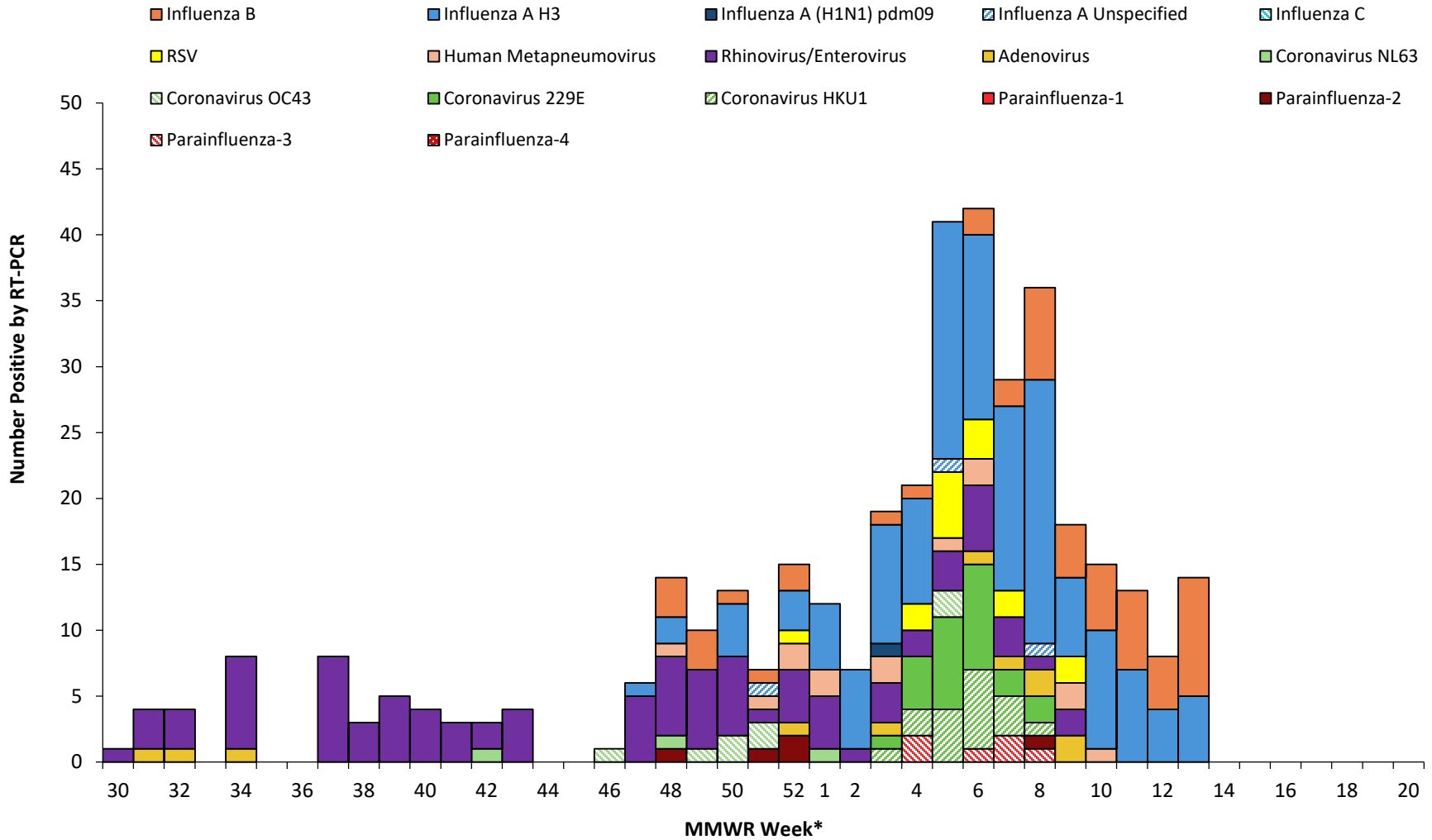


Peak % rapid RSV tests positive

35.9%

Minnesota Influenza Incidence Surveillance Project (MIISP)

Positive Respiratory Pathogens by PCR, by MMWR Week



*Indicates current week-data may be delayed by 2 or more weeks

National Influenza Surveillance (CDC): <http://www.cdc.gov/flu/weekly/>

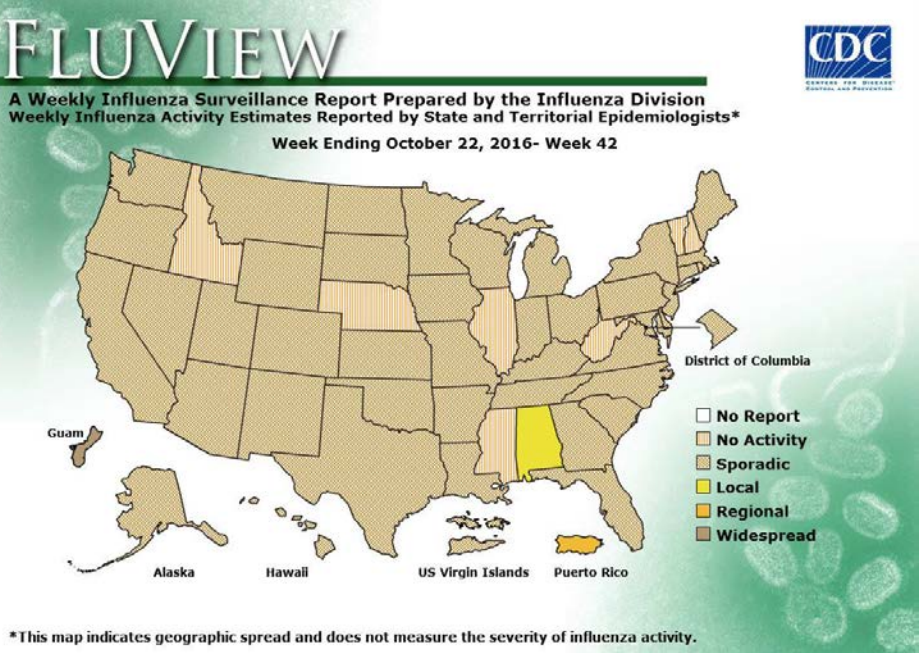
Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 42 was influenza A. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

Influenza-associated Pediatric Deaths: No influenza-associated pediatric deaths were reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 1.3%, which is below the national baseline of 2.2%. All 10 regions reported ILI below region-specific baseline levels. New York City, Puerto Rico, and all 50 states experienced minimal ILI activity and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in Guam was reported as widespread; Puerto Rico reported regional activity; one state reported local activity; the District of Columbia, the U.S. Virgin Islands and 41 states reported sporadic activity; and eight states reported no activity.



Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
 2016-17 Influenza Season Week 42 ending Oct 22, 2016

