

INFLUENZA SURVEILLANCE UPDATE

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Divisions of Infectious Disease

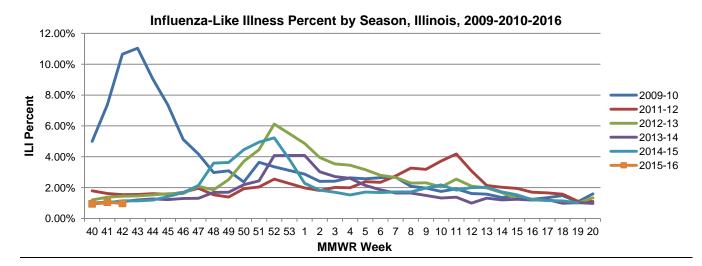
Week 42: Week Ending Saturday, October 24, 2015

Vaccination is the best way to protect against influenza infection. All Illinois residents aged six months and older should be vaccinated annually.

All data in this report are provisional and may change as additional reports are received. For questions, please contact the IDPH CD Section at 217-782-2016 or <u>dph.influenza@illinois.gov</u>. Additional data on influenza in Chicago can be found on the <u>City of Chicago Influenza Website</u>

Current Week Quick Stats		
Illinois Influenza Geographic Spread	No Activity	
Percent of outpatients visits for ILI ¹	.97% (baseline 1.9%)	
Percent/Number of influenza positive tests ²	1.8% (7/393)	
Influenza-associated ICU admissions ³	1	
Influenza outbreaks	0	
Influenza-associated pediatric deaths (Season Total)	0	

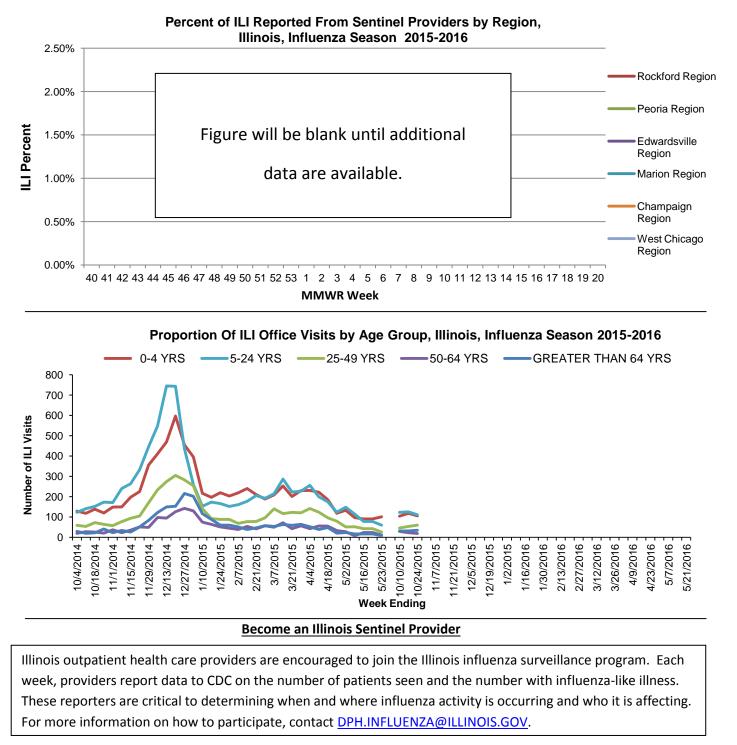
Illinois Influenza-Like Illness (ILI) Surveillance



¹ ILI "Influenza like Illness" is defined as fever $\geq 100^{\circ}$ F and cough and/or sore throat.

² Specimens tested by WHO/NREVSS collaborating laboratories and IDPH laboratories.

³ For the purpose of diagnosis, influenza can be diagnosed by using the following test: reverse transcription polymerase chain reaction RT-PCR], viral culture, Immunofluorescence [Direct Fluorescent Antibody (DFA) or Indirect Fluorescent Antibody (IFA) Staining], Enzyme Immuno Assay (EIA) or any rapid diagnostic test. Sensitivities of rapid diagnostic tests are approximately 50-70% when compared with viral culture or reverse transcription polymerase chain reaction (RT-PCR), and specificities of rapid diagnostic tests for influenza are approximately 90-95%. False-positive (and true-negative) results are more likely to occur when disease prevalence in the community is low, which is generally at the beginning and end of the influenza seasons. False-negative (and true-positive) results are more likely to occur when disease prevalence is high in the community, which is typically at the height of the influenza season.

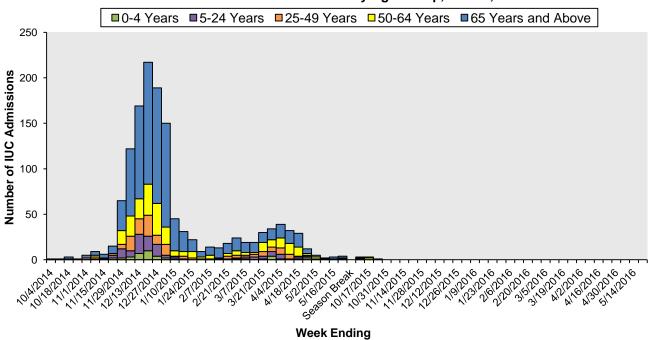


Resources

 IDPH Seasonal Influenza 	<u>Vaccine Finder</u>
IDPH Immunization	Immunization Action Coalition
<u>CDC Influenza</u>	National Respiratory and Enteric Virus
<u>CDC Influenza Vaccine</u>	Surveillance System (NREVSS), CDC
<u>Cook County Influenza Report</u>	<u>St Louis Children's Hospital Weekly</u>
DuPage County Influenza Report	Virus/Microbiology Update
<u>Kane County Influenza Report</u>	

Illinois Influenza-associated Intensive Care Unit (ICU) Admissions

Age	Current Week	Season Total (10/04/2015 – Present Week)
0-4	1	1
5-24	0	0
25-49	0	1
50-64	0	3
>64	0	2
Total	1	7

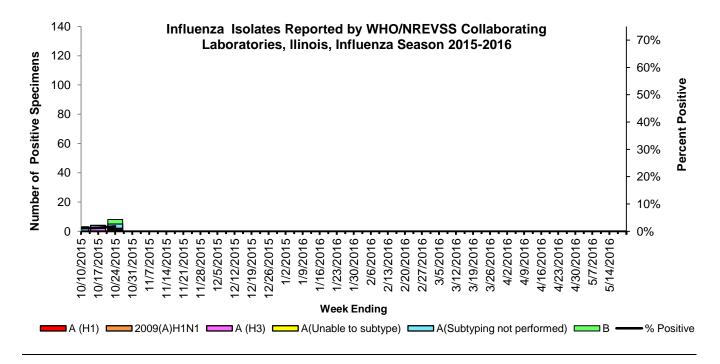


Influenza Related ICU Admissions by Age Group, Illinois, 2014-2016

Illinois Laboratory Surveillance (IDPH, NREVSS & ACL Laboratories)

	Current Week				
A (H1N1)	A (H3)	А	В	В	В
pdm09		(Sub typing not	(Victoria	(Yamagata	(Lineage not
		performed)	Lineage)	Lineage)	performed)
1	1	3	0	0	3

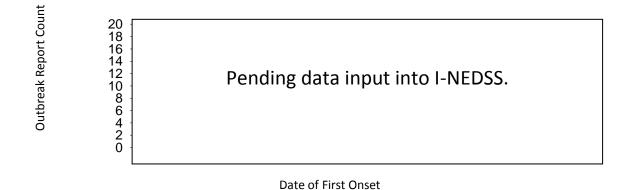
	Season Total (10/04/2015 – Present Week)				
A (H1N1)	A (H3)	A (Sub twoing not	B	B	B
pdm09		(Sub typing not performed)	(Victoria Lineage)	(Yamagata Lineage)	(Lineage not performed)
		performed)	Lilleage)	Lilleage	performed)
1	3	8	0	0	3

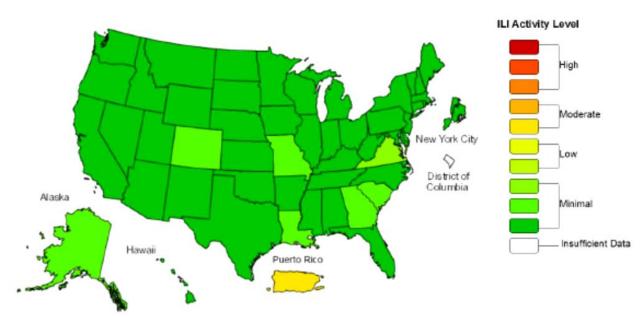


Influenza Outbreaks

Region	Current Week	Season Total (10/04/2015 – Present Week)
Rockford	0	0
Peoria	0	0
Edwardsville	0	1
Marion	0	0
Champaign	0	0
West Chicago	0	0
Chicago/Cook	0	0
Total	0	1

Influenza Outbreaks by First Onset Date, Illinois, 2015-2016





Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2015-16 Influenza Season Week 42 ending Oct 24, 2015

- * This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness (ILI) to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state.
- * Click Link to View The Animated National Activity Level Map

Additional National Influenza Resources

International influenza surveillance (WHO)—Map shows spread not severity –information is available at: http://who.int/influenza/surveillance monitoring/updates/latest update GIP surveillance/en/

National Influenza Surveillance (CDC) information can be found in the weekly FluView reports available at: www.cdc.gov/flu/weekly/

CDC FluView Website—Link to CDC's Weekly Influenza Report http://www.cdc.gov/flu/weekly/#S5

Antiviral Resistance:

Antiviral Resistance: No antiviral resistance data is available for specimens collected after October 1, 2015. During May 24-Septemer 30, 2015, 272 specimens (8 influenza A (H1N1)pdm09, 198 influenza A (H3N2), and 66 influenza B viruses) collected in the United States were tested for susceptibility to the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir). None of the tested viruses were found to be resistant to either oseltamivir, zanamivir or peramivir.