Influenza Surveillance Report

www.infectiousdisease.dhh.louisiana.gov Week 39: 9/23/12 - 9/29/12

The Influenza Surveillance Summary Report describes the results of the tracking done by the Louisiana Office of Public Health Infectious Disease Epidemiology Section (IDEpi). This report relies on data supplied by sentinel surveillance sites, including hospital emergency department (ED), laboratories and physicians' offices. Sentinel sites provide weekly data on Influenza Like Illness (ILI) and/or laboratory confirmed cases.

Taken together, ILI surveillance and laboratory surveillance provide a clear picture of the influenza activity occurring in Louisiana each week. If you have any questions about our surveillance system or would like more information, please contact Julie Hand at 504-568-8298 or julie.hand@la.gov.

ILI is defined as an illness characterized by cough and/or cold symptoms and a fever of 100° F or greater in the absence of a known cause. While not every case of ILI is a case of influenza, the CDC has found that trends in ILI from sentinel sites are a good proxy measure of the amount of influenza activity in an area. For this reason, all states and territories participating in the national surveillance program monitor weekly ILI ratios from their sentinel surveillance sites.



Laboratory testing: Not all sentinel sites have access to laboratory testing. However, many hospitals and physicians' offices do perform some influenza testing. Sites that test for influenza report the number of positive tests each week and the total number of tests performed each week. This information is included on page 3 of this report.

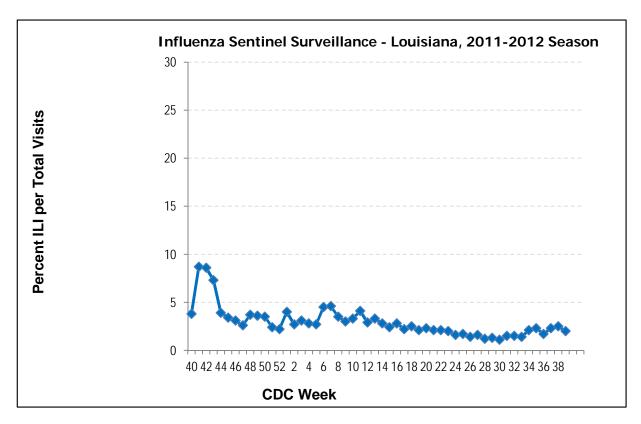
Influenza activity remains extremely low. This surveillance report includes data from Louisiana and an update on Novel Influenza A Virus. This is the final flu report for the 2011-2012 season. The first report of the 2012-2013 season will be issued next Friday, October 5, 2012.

Page 2: ILI Activity
Page 3: Louisiana Activity

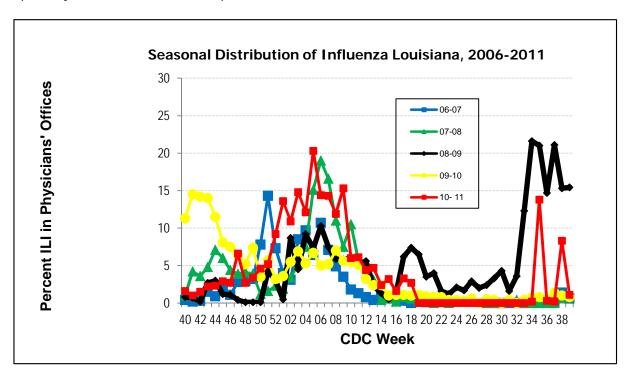
Page 4: Novel Influenza A Virus Update

2011-2012 Season

This graph shows the percentage of visits for ILI over the total number of visits for sentinel surveillance sites. This is the best approach to estimate the magnitude of influenza transmission. ILI counts do include some viral infections other than influenza, but experience over the last 50 years has shown that this approach is a reliable method to estimate influenza transmission. It does not show which strain of influenza virus is responsible. The page on lab surveillance does show the proportion of specimens attributable to each virus strain.

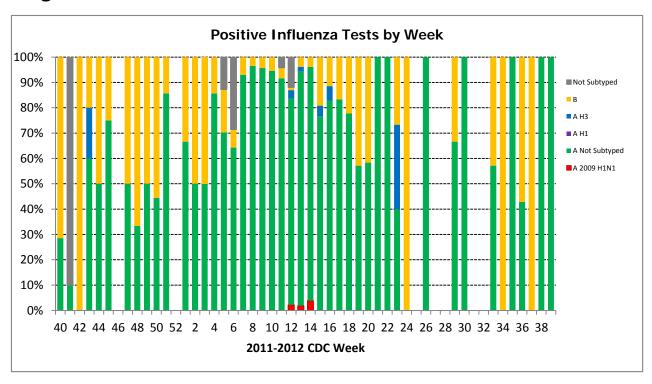


This graph shows the data on ILI surveillance among sentinel physicians' over the past 5 seasons to enable comparisons with previous years and better estimate the amplitude of this season's influenza transmission.



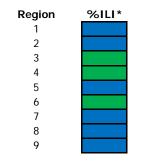
2011-2012 Season

Virologic Surveillance

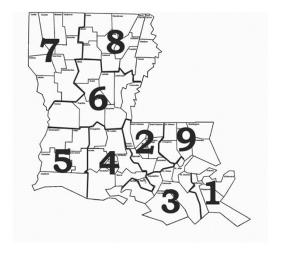


The above graph shows the distribution by virus type from sentinel sites and the State Public Health Laboratory. Sentinel site testing is based on rapid test results. All subtyping is done by PCR at the State Lab.

Geographical Distribution of ILI



* %ILI over the last 4 weeks based on sentinel surveillance data



Low <2%

MedLow 2-5%

MedHigh 5-10%

Very High >10%

2011-2012 Season

Novel Influenza A Virus:

From July 12 through October 4, 2012, a total of 306 infections with influenza A (H3N2) variant (H3N2v) viruses have been reported from ten states. No new cases been reported since last week's update. Cumulative totals by state since July 12 are: Hawaii [1], Illinois [4], Indiana [138], Maryland [12], Michigan [6], Minnesota [4], Ohio [107], Pennsylvania [11], West Virginia [3], and Wisconsin [20]. Sixteen H3N2v-associated hospitalizations and one H3N2v-associated death have been reported. The vast majority of cases have occurred after prolonged swine exposure, though instances of likely human-to-human transmission have been identified. At this time no ongoing human-to-human transmission has been identified.

As a result of enhanced surveillance activities for H3N2v, one infection with an influenza A (H1N1) variant (H1N1v) virus and three infections with influenza A (H1N2) variant (H1N2v) virus have been detected since July 2012, bringing the total number of variant influenza virus infections to 310.

Because of reporting schedules, state totals posted by CDC may not always be consistent with those reported by state health departments. If there is a discrepancy between state and CDC case counts, data from the state health department should be used as the most accurate number.

If you are interested in viewing the case counts of H3N2v by State it can found out: http://www.cdc.gov/flu/swineflu/h3n2v-case-count.htm