



2016-2017 Influenza Report Week 14 April 2 – April 8, 2017

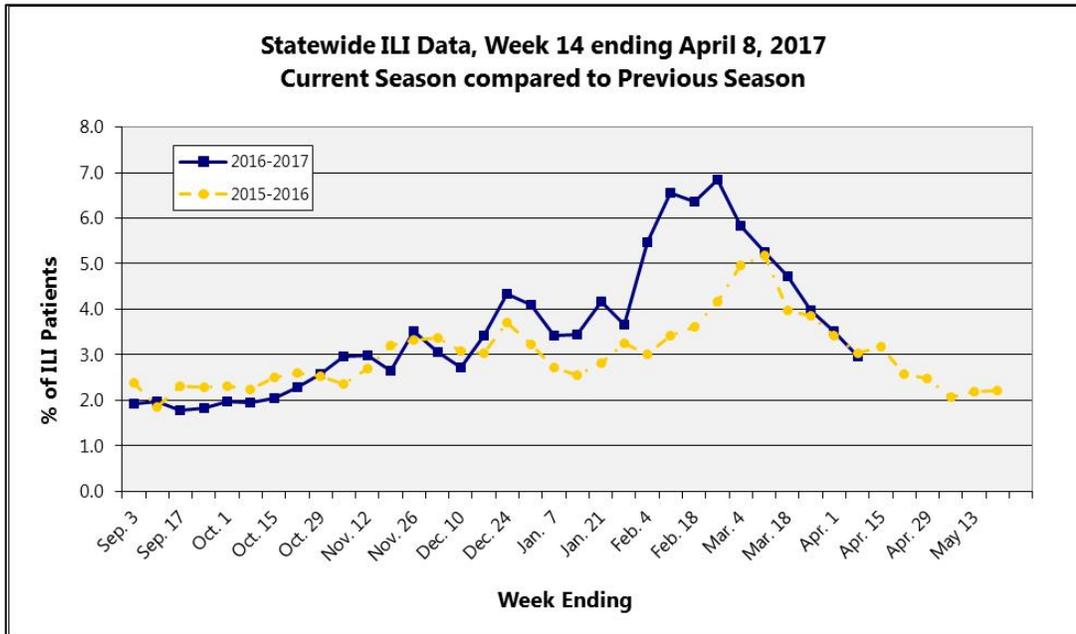
About our flu activity reporting

MSDH relies upon selected sentinel health practitioners across the state to report the percentage of total patient visits consistent with an influenza-like illness (ILI: fever of 100°F or higher AND cough and/or sore throat). Also, providers are supplied with specimen collection kits. Samples are submitted to the Mississippi Public Health Laboratory for influenza PCR testing. Reports are used to estimate the state's ILI rate and the magnitude of the state's influenza activity. Reports represent only the distribution of flu in the state, not an actual count of all flu cases statewide. **Information is provisional only and may change depending on additional reporting from sentinel providers.**

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State ILI Surveillance



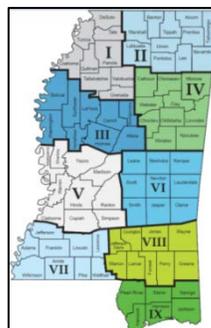
During week **14** (04/02/17 - 04/08/17), the state ILI rate (**3.0%**) **decreased** from the previous week (**3.5%**), and was **comparable** to this time last year (**3.0%**). |

Figure 1

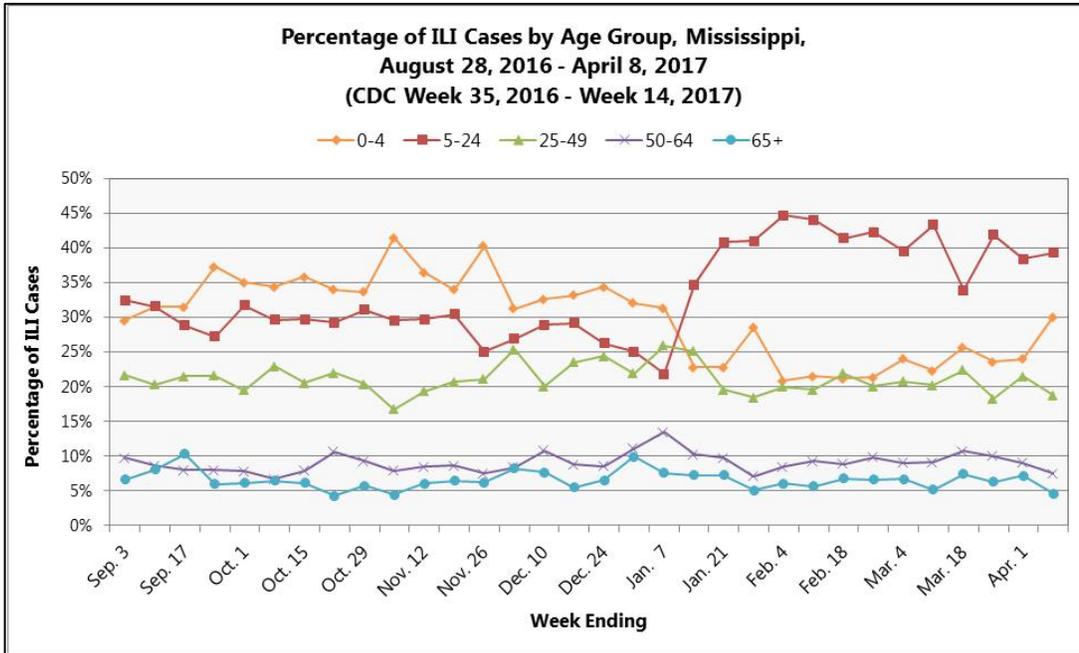
Total number of patients seen by sentinel providers in the last three weeks. | Table 1

2016-2017 Influenza Season					
CDC Week	Week Ending	Number of ILI Reports	Total patients	ILI symptoms	ILI Rate (%)
14	Apr. 08	136	18554	550	3.0%
13	Apr. 01	135	18338	643	3.5%
12	Mar. 25	137	20391	810	4.0%

During week **14**, **four** districts (2, 3, 4, and 6) had a decrease in ILI activity, while the remaining **five** districts (1, 5, 7, 8, and 9) remained about the same. *Information is provisional only and may change depending on additional reporting from sentinel providers.* | Table 2



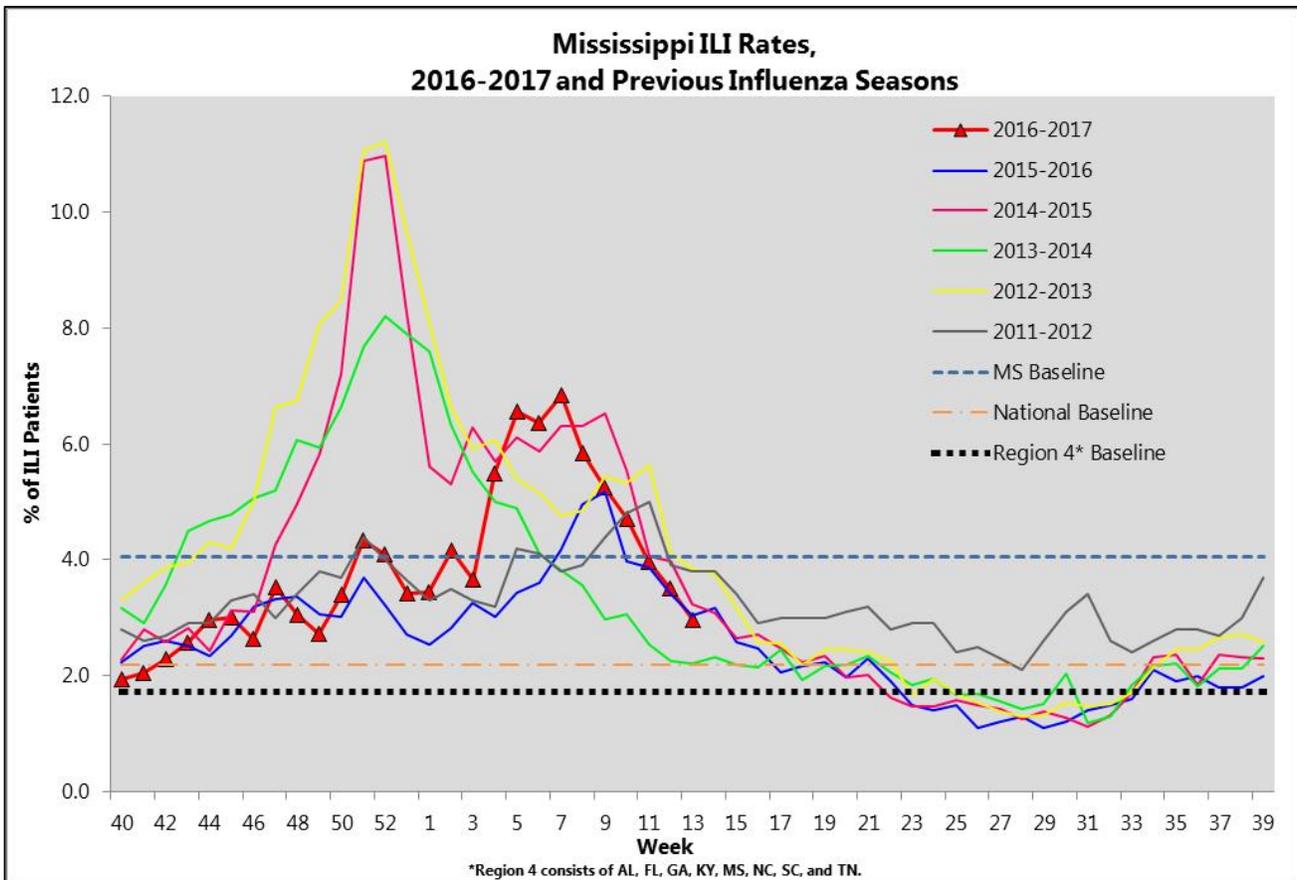
MSDH District ILI Rates (%)		
2016-2017		
District	Week 13	Week 14
State	3.5	3.0
I	3.9	3.5
II	3.9	1.9
III	3.9	1.6
IV	3.1	1.4
V	2.3	1.9
VI	4.6	4.0
VII	3.6	3.9
VIII	2.7	2.5
IX	4.3	4.0



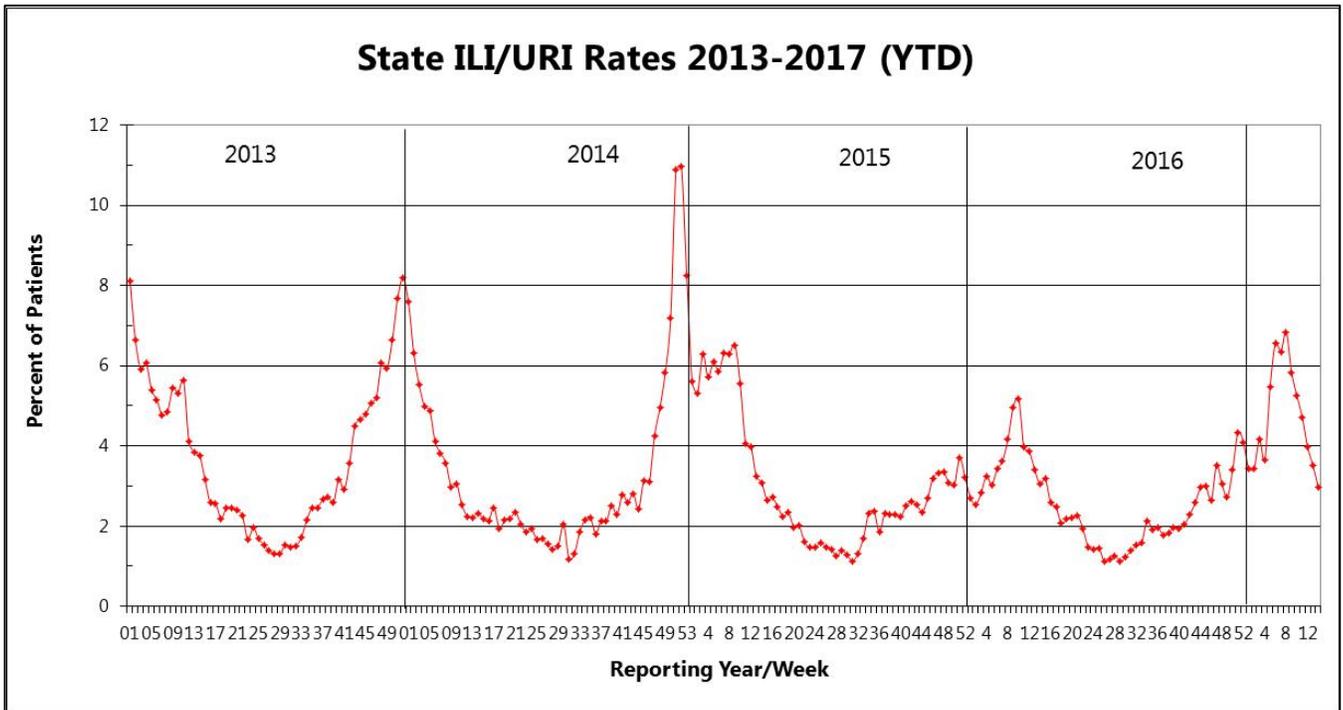
Overall, the percentage of reported ILI cases has been highest among those in the **0-4** and **5-24 years**. During week **14** though, the percentage of reported ILI cases continued

to be highest among those in the **5-24 years** of age group. | [Figure 2](#)

The 2016-17 state ILI rate was **above** the national and Region 4 baselines, but was **below** the state baseline, for week **14**. | [Figure 3](#)

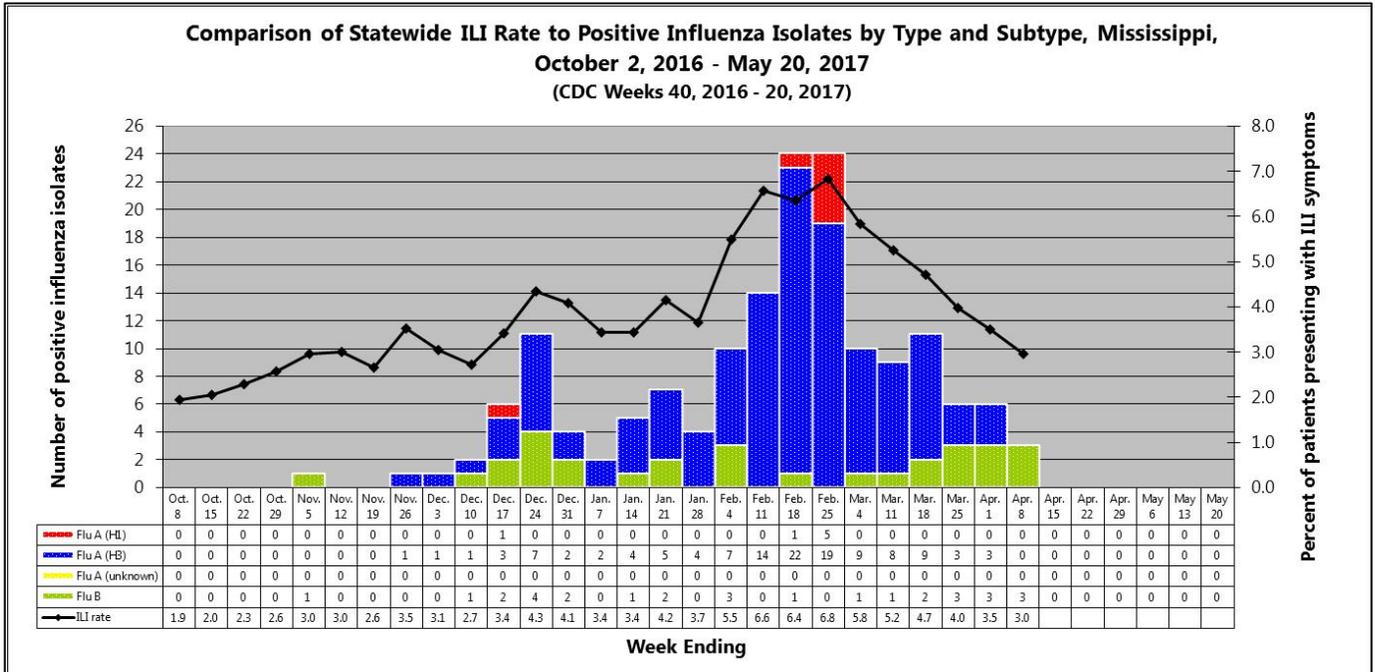


Mississippi ILI Rates 2013-2017 | [Figure 4](#)



Flu Testing Reports

From week **40** (week ending Oct. 8th) through week **14** (week ending April 8th), **161** laboratory confirmed influenza samples were identified by the MSDH Public Health Laboratory. One hundred twenty-four (77%) samples were identified as influenza A (H3), 30 (19%) were identified as influenza B, and seven (4%) were identified as influenza A (H1). | [Figure 5](#)



The influenza cases were identified from the following counties: Alcorn (3), Attala (2), Choctaw (2), Coahoma (9), Copiah (4), Covington (2), DeSoto (1), Forrest (3), George (3), Harrison (2), Hinds (5), Holmes (2), Jackson (2), Jones (3), Lafayette (5), Lauderdale (3), Lawrence (1), Leake (2), Lee (4), Leflore (3), Lincoln (14), Lowndes (9), Madison (2), Marion (2), Marshall (6), Monroe (5), Neshoba (7), Newton (5), Oktibbeha (10), Pearl River (2), Perry (1), Pike (5), Pontotoc (3), Quitman (1), Rankin (3), Sharkey (1), Simpson (2), Tallahatchie (3), Tate (2), Tippah (4), Warren (2), Washington (4), Webster (2), and Winston (5).

National and Mississippi Pediatric Mortality Surveillance

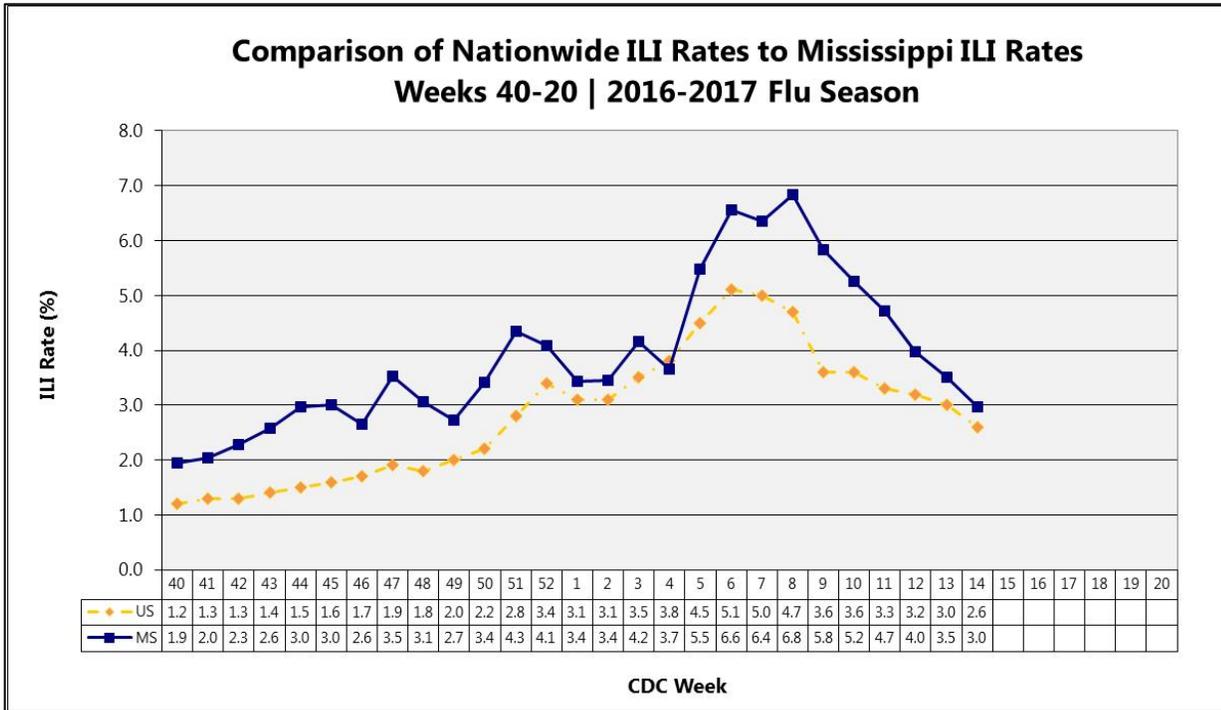
Nationally, **five** influenza-associated pediatric deaths were reported to CDC during week **14**. Three deaths were associated with an influenza A (H3) virus and occurred during weeks 12 and 13 (weeks ending March 25th and April 1st, respectively). One death was associated with an influenza B virus and occurred during week 14 (week ending April 8th). **72** influenza-associated pediatric deaths have been reported during the 2016-2017 season.

One influenza-associated pediatric death that occurred during the 2010-2011 season was reported to CDC during week **14**. This death was associated with an influenza A virus for which no subtyping was performed and brings the total number of reported influenza-associated pediatric deaths occurring during that season to 124.

Mississippi has had **one** influenza-associated pediatric death reported during this influenza season. For additional information on influenza-associated pediatric deaths, please refer to the [CDC's FluView](#).

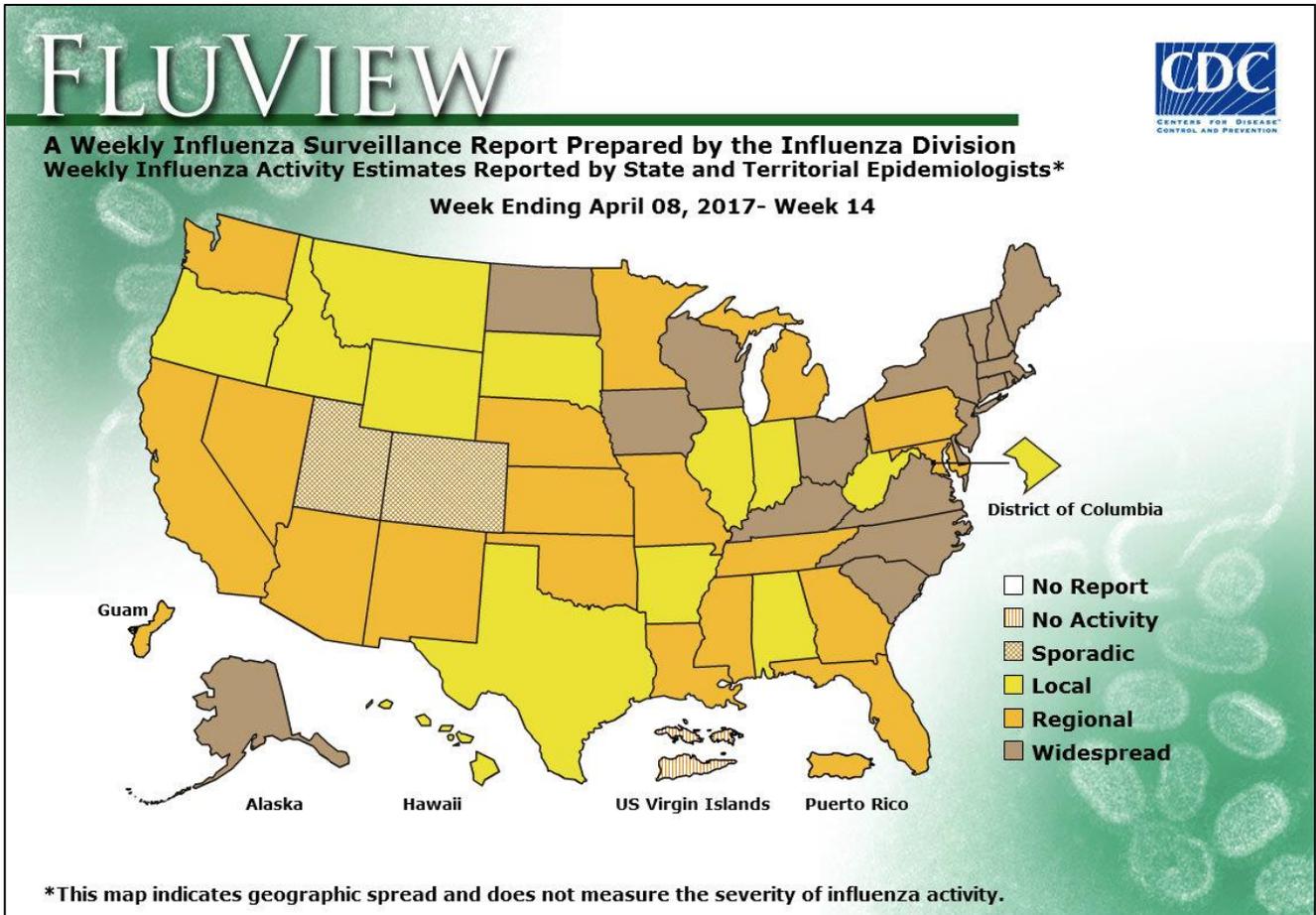
National ILI Surveillance

For week **14**, the MS ILI rate (3.0%) was **comparable** to the national ILI rate (2.6%) and continued to follow the downward trend. | [Figure 6](#)



US ILI rates from the Centers for Disease Control and Prevention: <http://www.cdc.gov/flu/weekly/>.

During week **14**, influenza activity **decreased** but **remained elevated** in the United States.¹ | [Figure 7](#)



¹For up-to-date information on flu activity nationwide, please refer to the CDC’s website:
<http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>.

Mississippi reported “**Regional**” for the influenza activity during week **14**. | **Table 3**

Level of Flu Activity	Definition
No Activity	Overall clinical activity remains low and there are no lab confirmed cases.
Sporadic	Isolated cases of lab confirmed influenza in the state; ILI activity is not increased <u>OR</u> A lab-confirmed outbreak in a single institution in the state; ILI activity is not increased.
Local	Increased ILI within a single region AND recent (within the past 3 weeks) laboratory evidence of influenza in that region. ILI activity in other regions is not increased <u>OR</u> two of more institutional outbreaks (ILI or lab confirmed) within a single region AND recent (within the past 3 weeks) lab confirmed influenza in that region. Other regions do not have increased ILI and virus activity is no greater than sporadic in those regions
Regional	Increased ILI in at least 2 regions but fewer than half of the regions AND recent (within the past 3 weeks) lab confirmed influenza in the affected regions <u>OR</u> Institutional outbreaks (ILI or lab confirmed) in at least 2 regions but fewer than half of the regions AND recent lab confirmed influenza in the affected regions.
Widespread	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions AND recent (within the past 3 weeks) lab confirmed influenza in the state.

Additional influenza information:

Centers for Disease Control and Prevention	http://cdc.gov/flu/
Centers for Disease Control and Prevention FluView	http://www.cdc.gov/flu/weekly/
Flu.gov	http://www.flu.gov/
MSDH Flu and Pneumonia	http://msdh.ms.gov/msdhsite/_static/14,0,199.html
World Health Organization FluNet	http://www.who.int/influenza/gisrs_laboratory/flunet/en/

Appendix

Figure 1

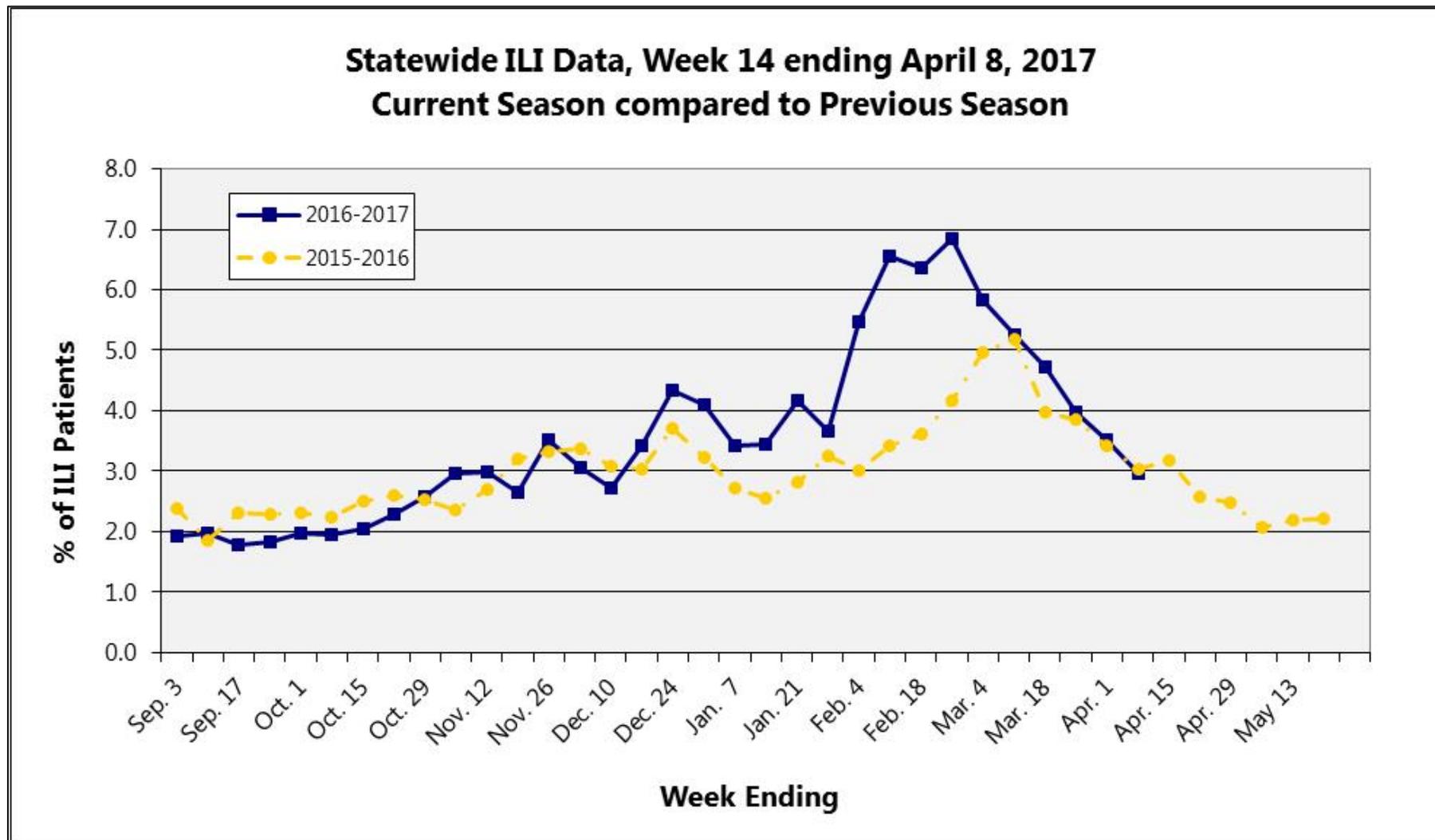


Figure 2

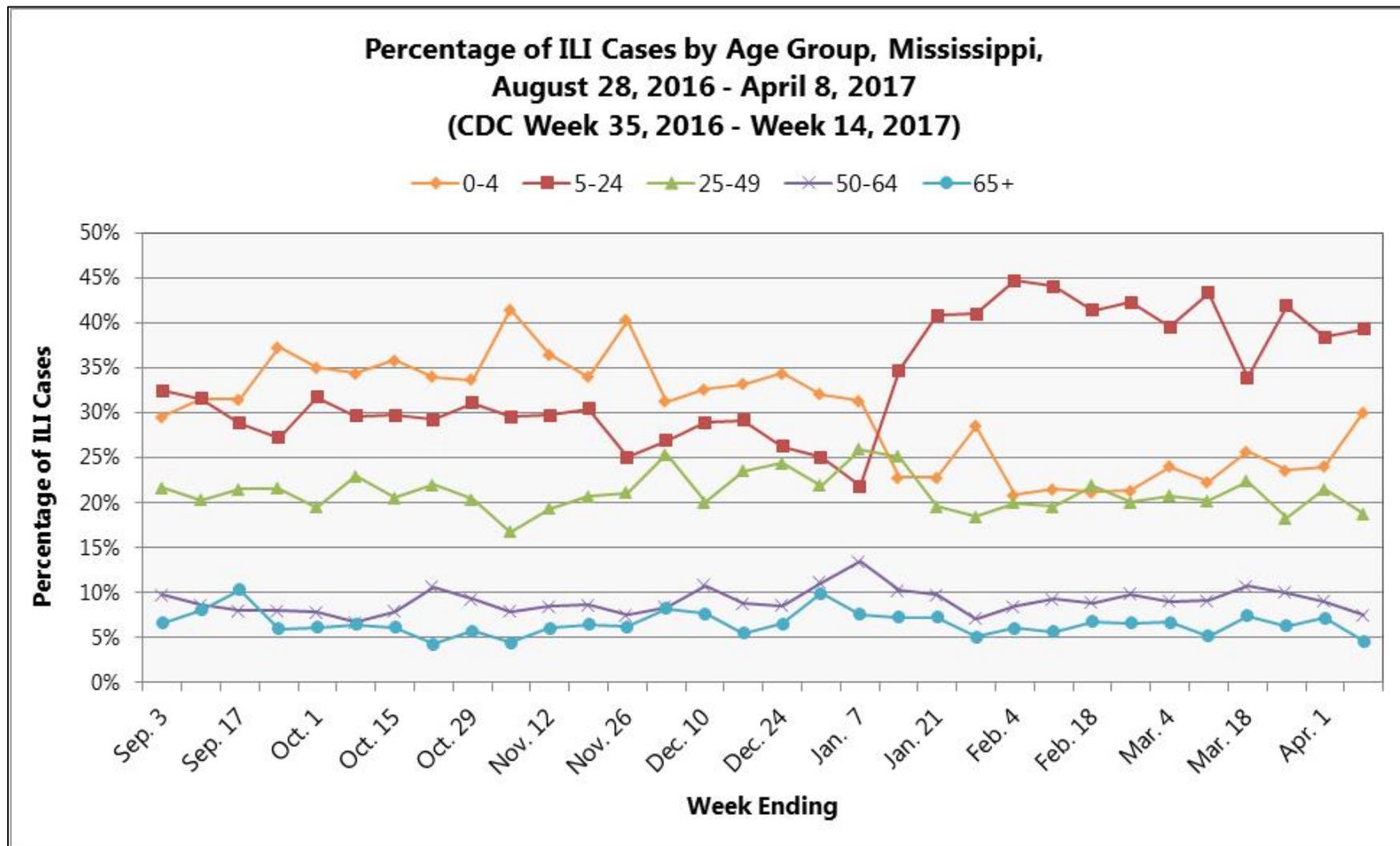


Figure 3

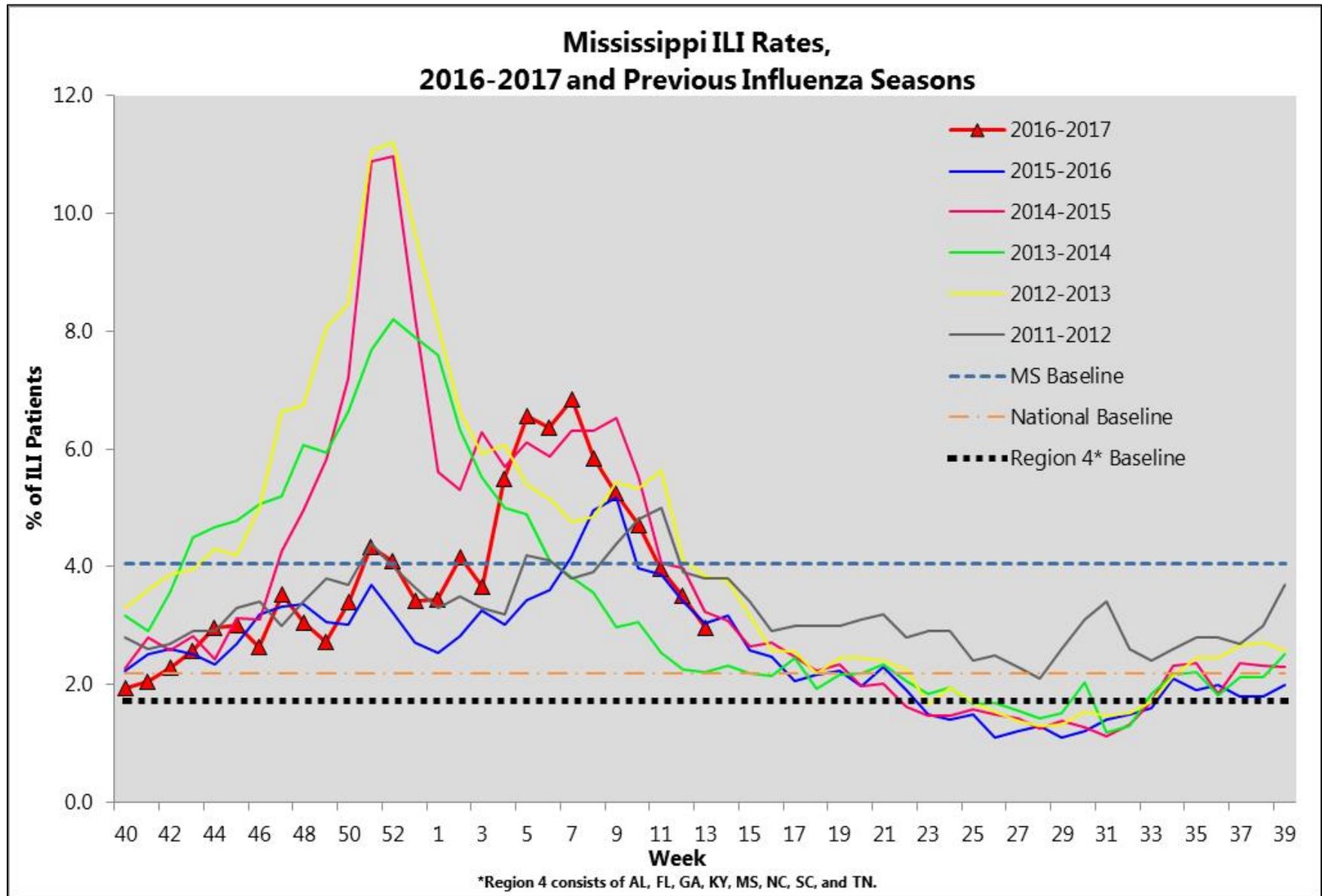


Figure 4

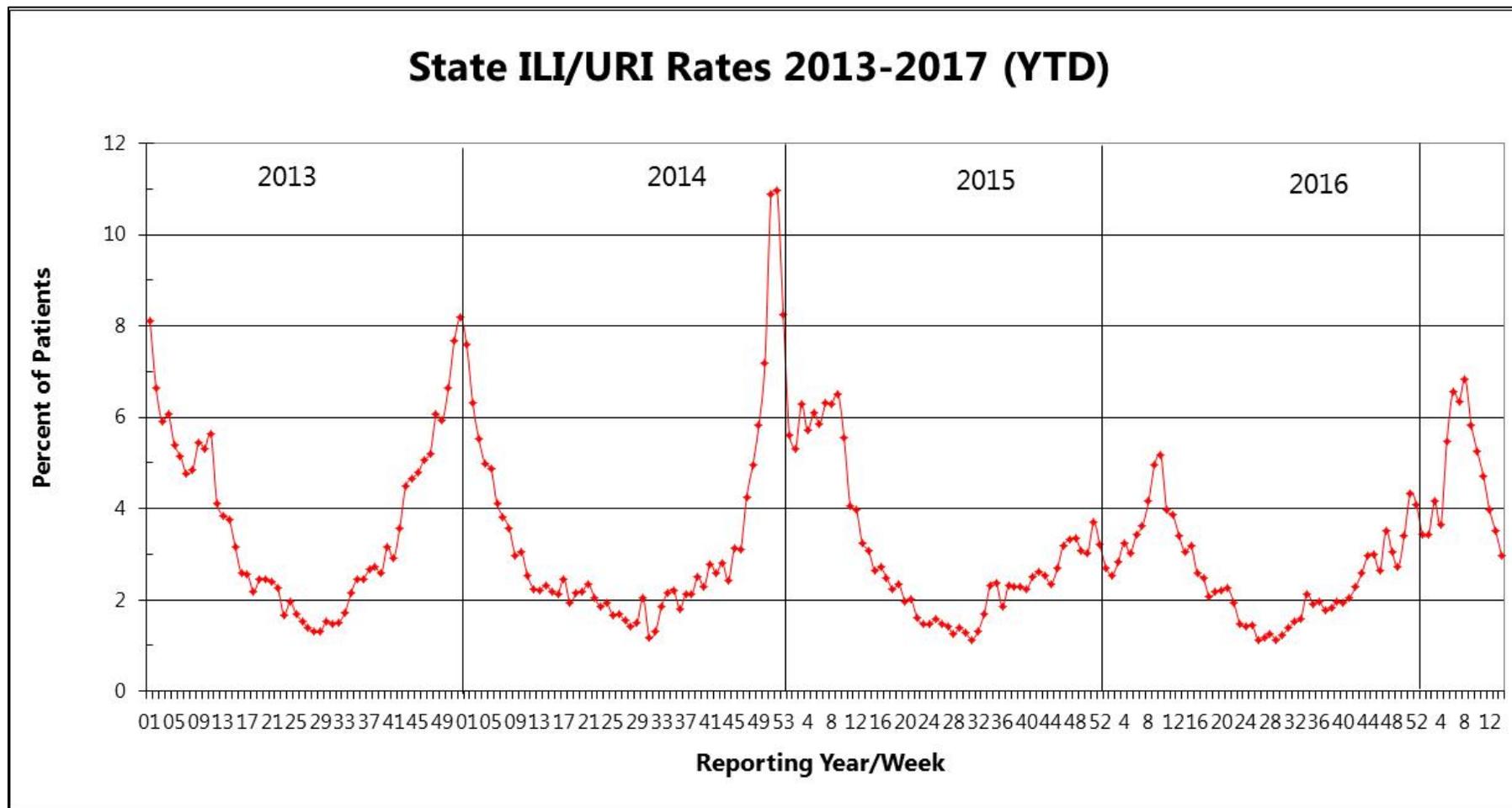


Figure 5

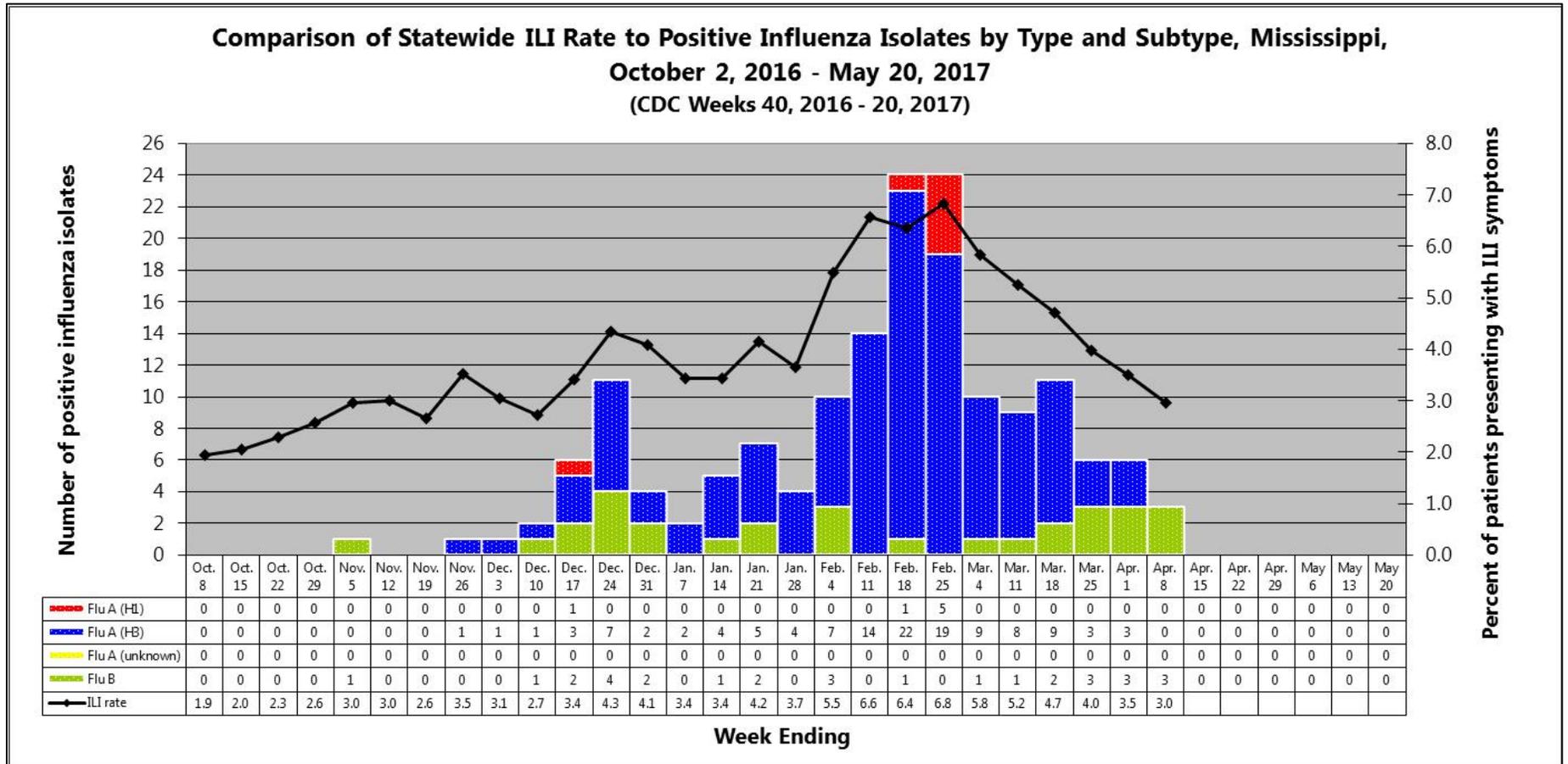


Figure 6

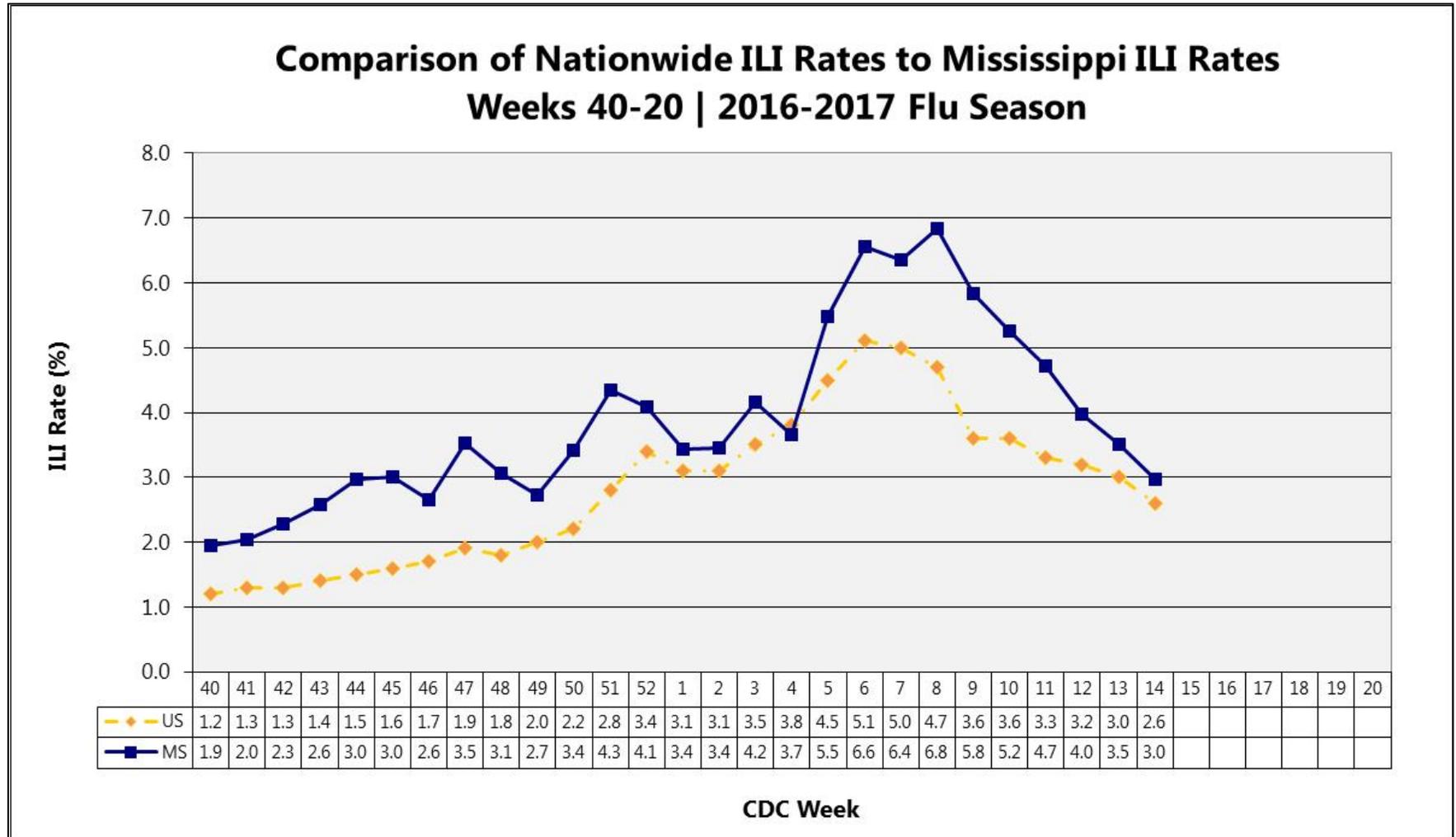


Figure 7

