



# 2017-2018 Influenza Surveillance Report

## Week 03

Jan. 14 – Jan. 20, 2018

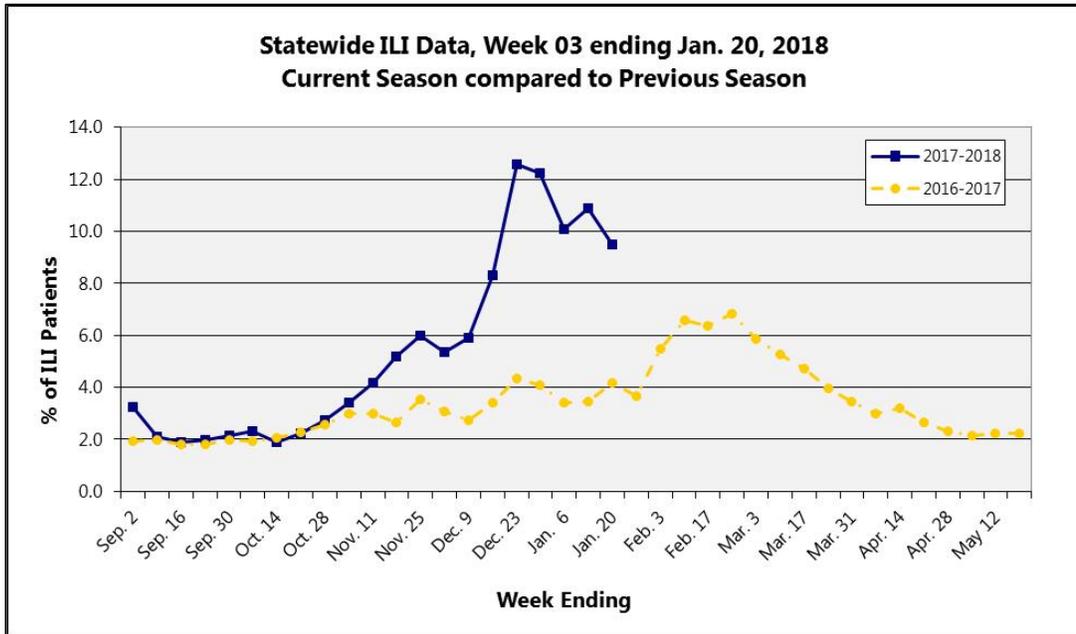
### About our flu activity reporting

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**



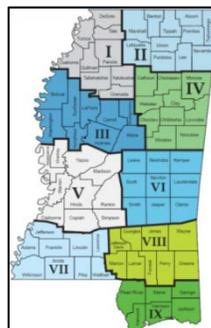
During week **03** (01/14/18-01/20/18), the overall state ILI rate (**9.5%**) **decreased** from the previous week (**10.9%**), but was above this time last year (**4.2%**). |

[Figure 1](#)

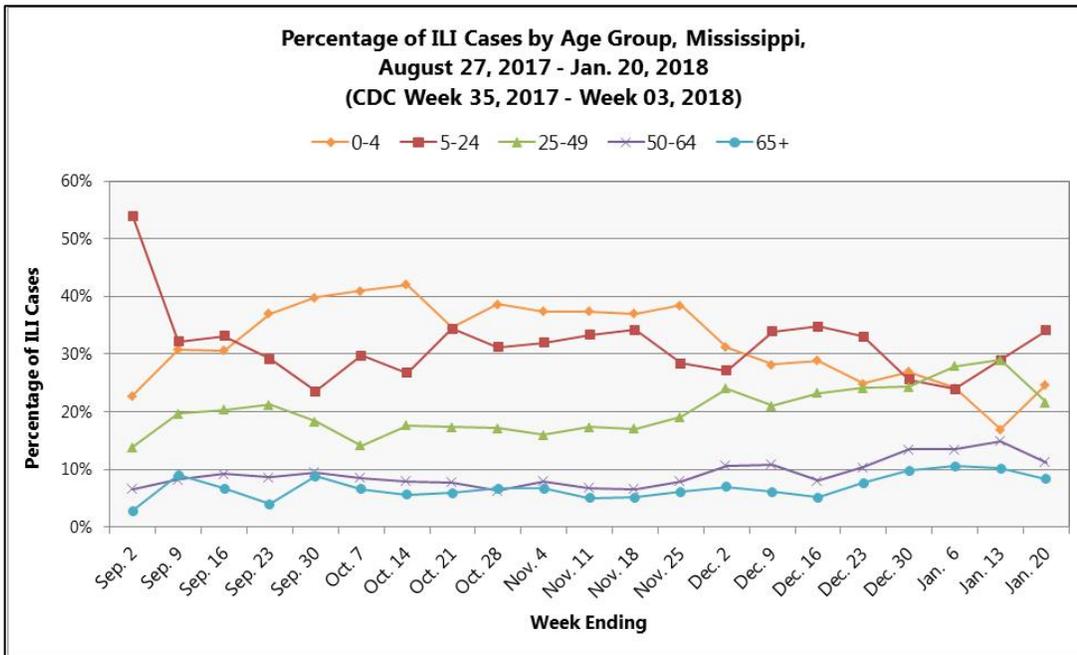
Total number of patients treated by sentinel providers in the last three weeks. | **Table 1**

2017-2018 Influenza Season					
CDC Week	Week Ending	Number of reports received from Sentinel Providers	Total patients	ILI symptoms	ILI Rate (%)
<b>03</b>	<b>Jan. 20</b>	<b>126</b>	<b>17230</b>	<b>1632</b>	<b>9.5</b>
02	Jan. 13	137	20325	2212	10.9
01	Jan. 06	138	19386	1951	10.1

During week **03**, **six** districts (1, 3, 5, 7, 8, and 9) had a decrease in ILI activity, while **three** districts (2, 4, and 6) remained about the same. *Information is provisional only and may change depending on additional reporting from sentinel providers.* | **Table 2**



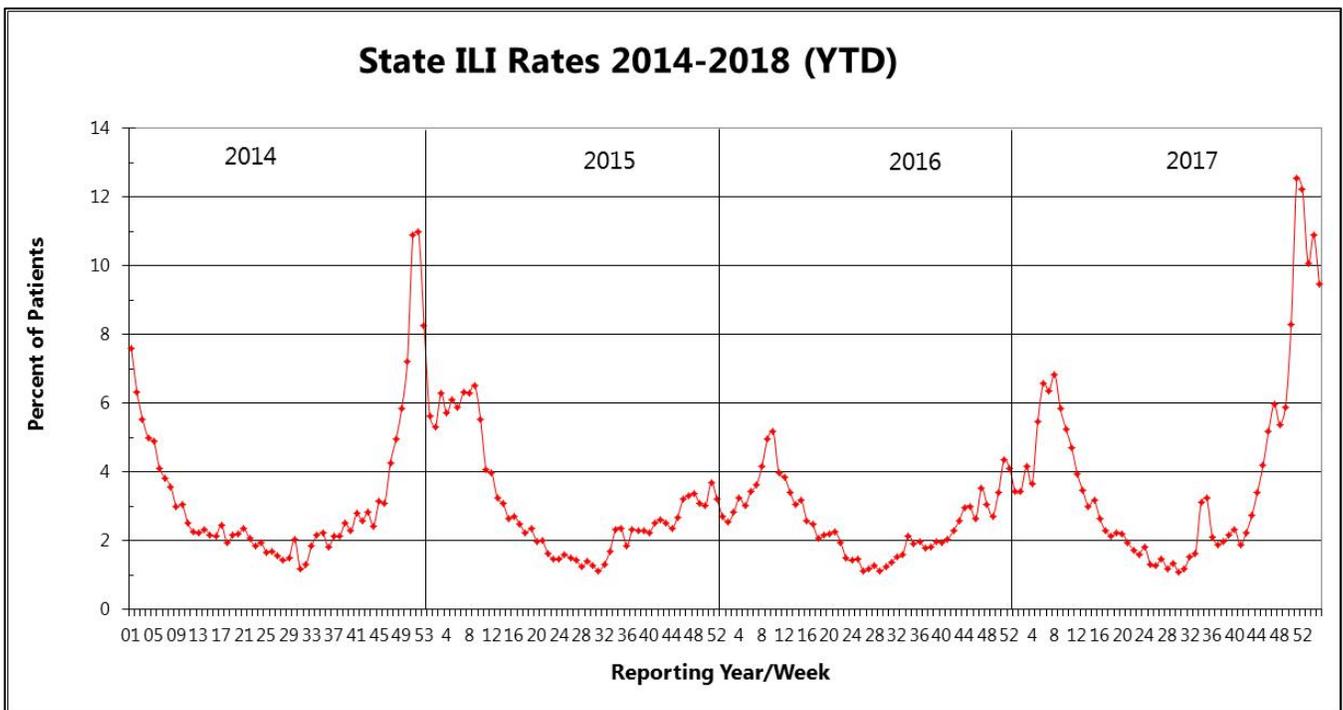
MSDH District ILI Rates (%) 2017-2018		
District	Week 02	Week 03
State	10.9	9.5
I	12.3	11.4
II	13.1	13.3
III	20.5	18.6
IV	9.6	10.0
V	6.3	5.1
VI	11.3	11.4
VII	11.4	9.1
VIII	9.0	7.4
IX	13.3	10.2



Overall, the percentage of reported ILI cases has been highest among those in the **0-4** and **5-24 years** of age groups. During week **03**, however, the percentage of ILI cases was

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

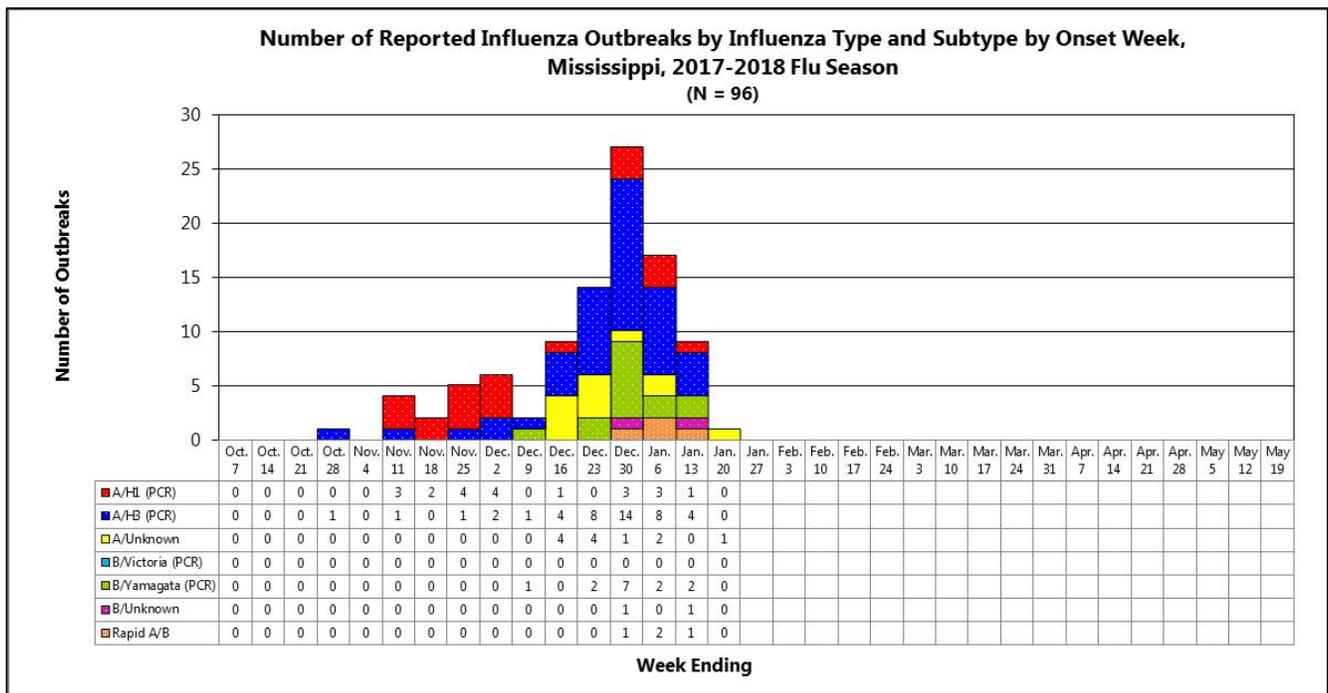
Mississippi ILI Rates 2014-2018 | [Figure 3](#)



### Influenza Outbreaks

Outbreaks are reportable in Mississippi as a Class 1A event and must be reported by telephone within **24 hours** of first knowledge or suspicion to the Mississippi State Department of Health. For more information on reportable diseases and conditions, please refer to the [MSDH List of Reportable Diseases and Conditions](#).

Between week 40 (week ending October 7<sup>th</sup>) and week **03** (week ending January 20<sup>th</sup>), 113 influenza outbreaks were reported to MSDH. MSDH investigates all reported outbreaks, and of the 113 reported outbreaks, complete information was available for 96 of them. Twenty-one (22%) of the outbreaks were attributed to influenza A (H1), 44 (45%) were due to influenza A (H3), 12 (12%) were due to influenza A, unknown subtype, 14 (14%) were due to influenza B (Yamagata), two (2%) were due to influenza B, unknown lineage, and four (4%) were due to an unknown influenza type. (Note: One outbreak was associated with two different influenza strains.) | [Figure 4](#)



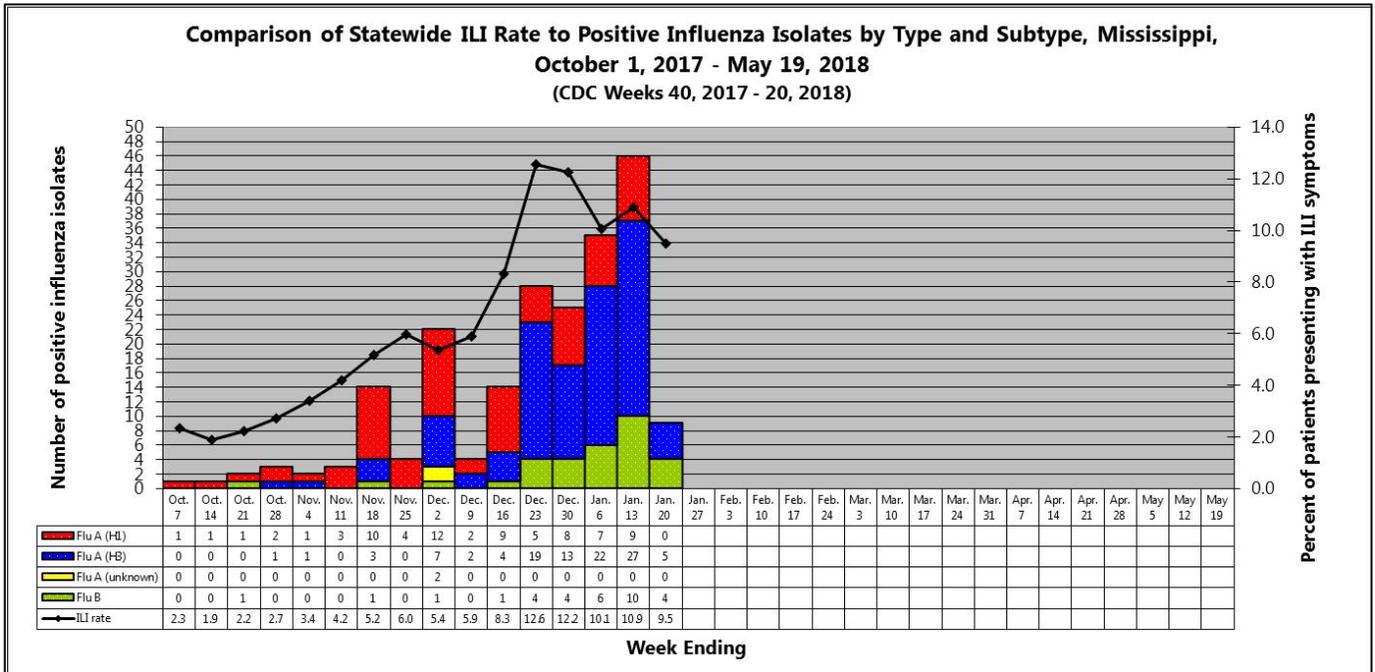
The influenza outbreaks have occurred in the following counties: Adams (5), Alcorn (2), Amite (1), Benton (1), Calhoun (1), Clay (1), Coahoma (1), Covington (3), DeSoto (3), Forrest (4), Greene (1), Hancock (1), Harrison (5), Hinds (7), Holmes (1), Jackson (2), Jasper (1), Jones (4), Lafayette (1), Lamar (2), Lauderdale (2), Lee (3), Lincoln (1), Lowndes (2), Monroe (2), Newton (1), Oktibbeha (1), Panola (1), Pearl River (2), Pike (2), Pontotoc (1), Prentiss (2), Quitman (1), Rankin (5), Scott (1), Simpson (2), Smith (1), Stone (2), Tate (1), Tippah (2), Union (2), Walthall (3), Warren (2), Washington (4), Wilkinson (1), Winston (1), and Yazoo (1).

For additional information on infection control measures in health care facilities and managing influenza outbreaks in long-term care facilities, please refer to the CDC’s webpages:

<https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm> and <https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>, respectively.

### Flu Testing Reports

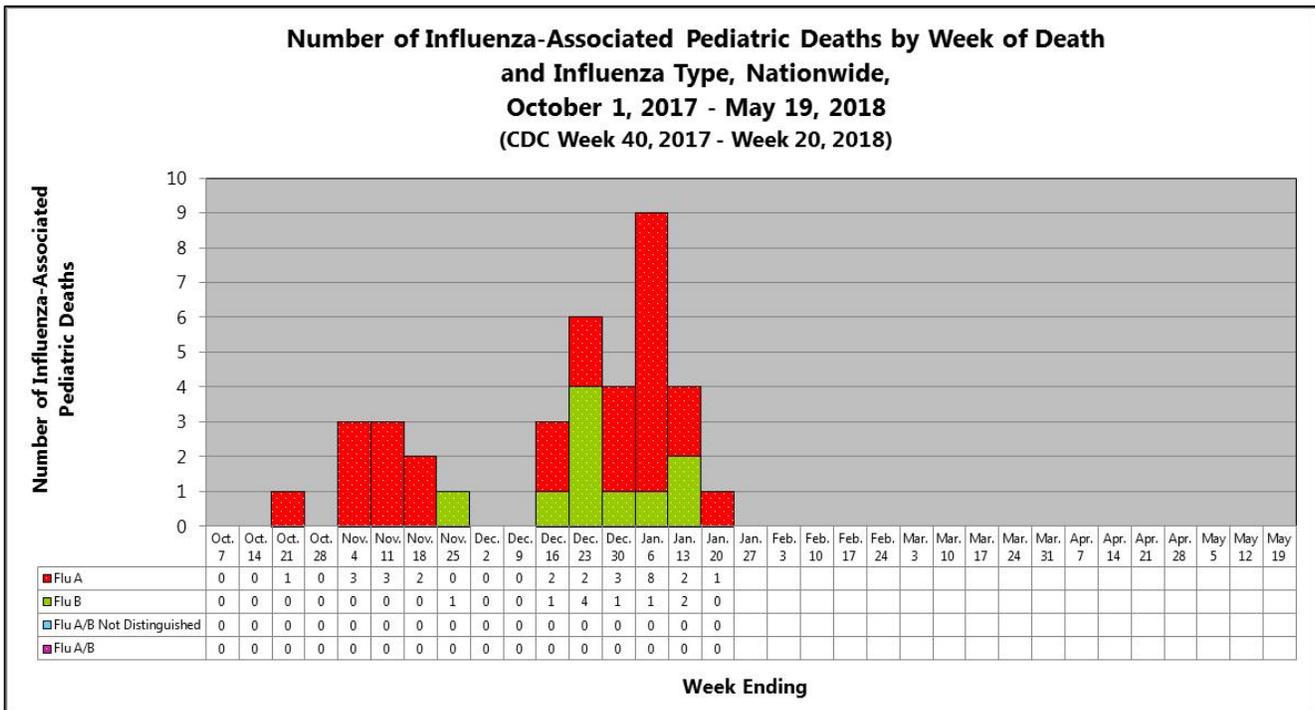
Since week 40 (week ending October 7<sup>th</sup>), **213** laboratory confirmed influenza samples have been identified. Seventy-five (35%) were identified as influenza A (H1), 104 (49%) were identified as influenza A (H3), two (1%) were identified as influenza A, unknown subtype and 32 (15%) were identified as influenza B. | [Figure 5](#)



The influenza cases were identified from the following counties: Adams (5), Alcorn (5), Attala (1), Bolivar (2), Calhoun (3), Clay (2), Coahoma (5), Covington (11), DeSoto (5), Forrest (9), Greene (3), Grenada (2), Harrison (11), Hinds (14), Jackson (6), Jasper (2), Jones (10), Kemper (1), Lafayette (1), Lamar (3), Lauderdale (4), Lee (3), Leflore (2), Lincoln (1), Lowndes (8), Madison (2), Marion (2), Marshall (8), Monroe (2), Neshoba (4), Oktibbeha (7), Panola (1), Pearl River (3), Pike (5), Pontotoc (2), Prentiss (3), Quitman (3), Rankin (5), Scott (3), Sharkey (2), Simpson (2), Stone (4), Tate (2), Tippah (7), Union (4), Walthall (2), Warren (4), Washington (4), Wilkinson (3), Winston (5), and Yazoo (3). The counties for two of the cases were unknown.

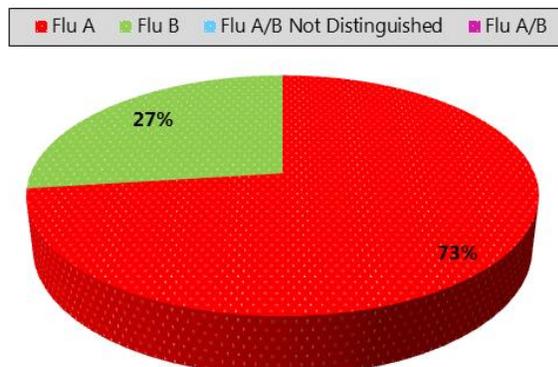
### National and Mississippi Pediatric Mortality Surveillance

Nationally, **seven** influenza-associated pediatric deaths were reported to CDC during week **03**. One death was associated with an influenza A(H3) virus and occurred during week 02 (week ending January 13<sup>th</sup>). Two deaths were associated with an influenza A(H1N1)pdm09 virus and occurred during weeks 01 and 03 (weeks ending January 6<sup>th</sup>, and January 20<sup>th</sup>, respectively). Three deaths were associated with an influenza A virus for which no subtyping was performed and occurred during weeks 52 and 01 (weeks ending December 30<sup>th</sup> and January 6<sup>th</sup>, respectively). One death was associated with an influenza B virus and occurred during week 02. **Thirty-seven** influenza-associated pediatric deaths have been reported to CDC for the 2017-2018 season. | [Figure 6](#)



Of the **37** influenza-associated pediatric deaths reported nationally during the 2017-2018 season, 27

**Percentage of Influenza-Associated Pediatric Deaths by Influenza Type, Nationwide, October 1, 2017 - May 19, 2018 (CDC Week 40, 2017 - Week 20, 2018) N = 37**

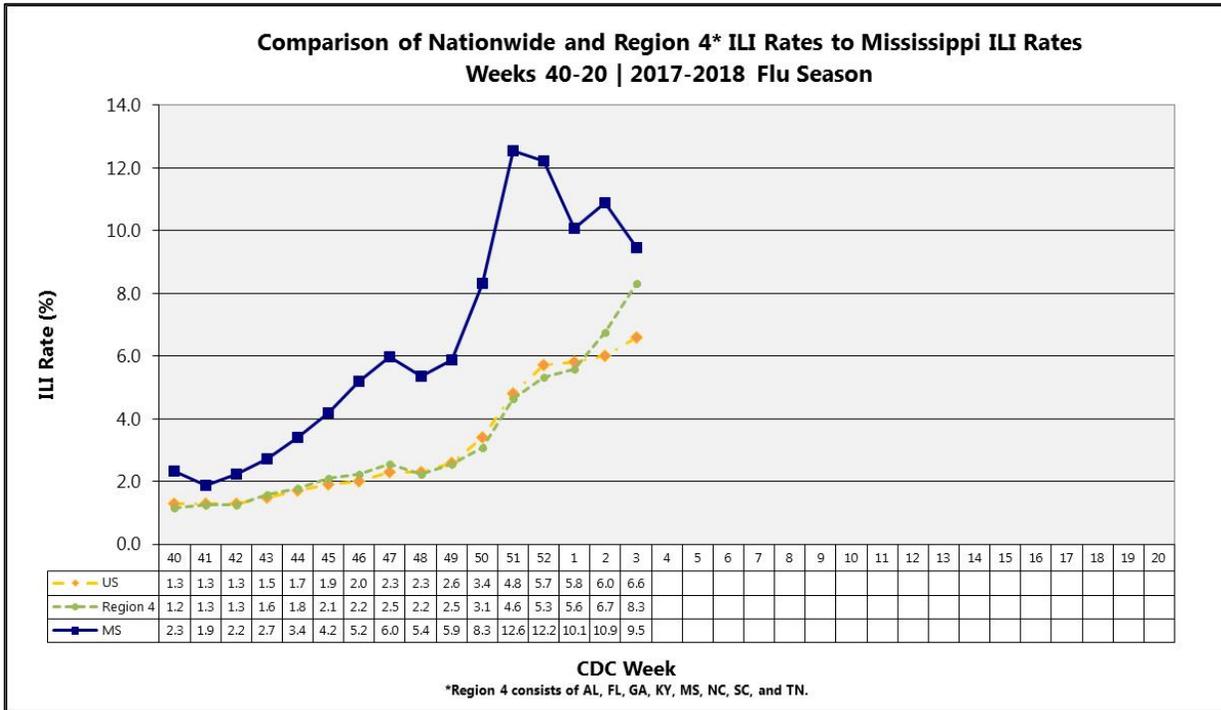


(73%) have been attributed to influenza A viruses and ten (27%) to influenza B viruses. | [Figure 7](#)

Mississippi has had **one** influenza-associated pediatric death reported during this influenza

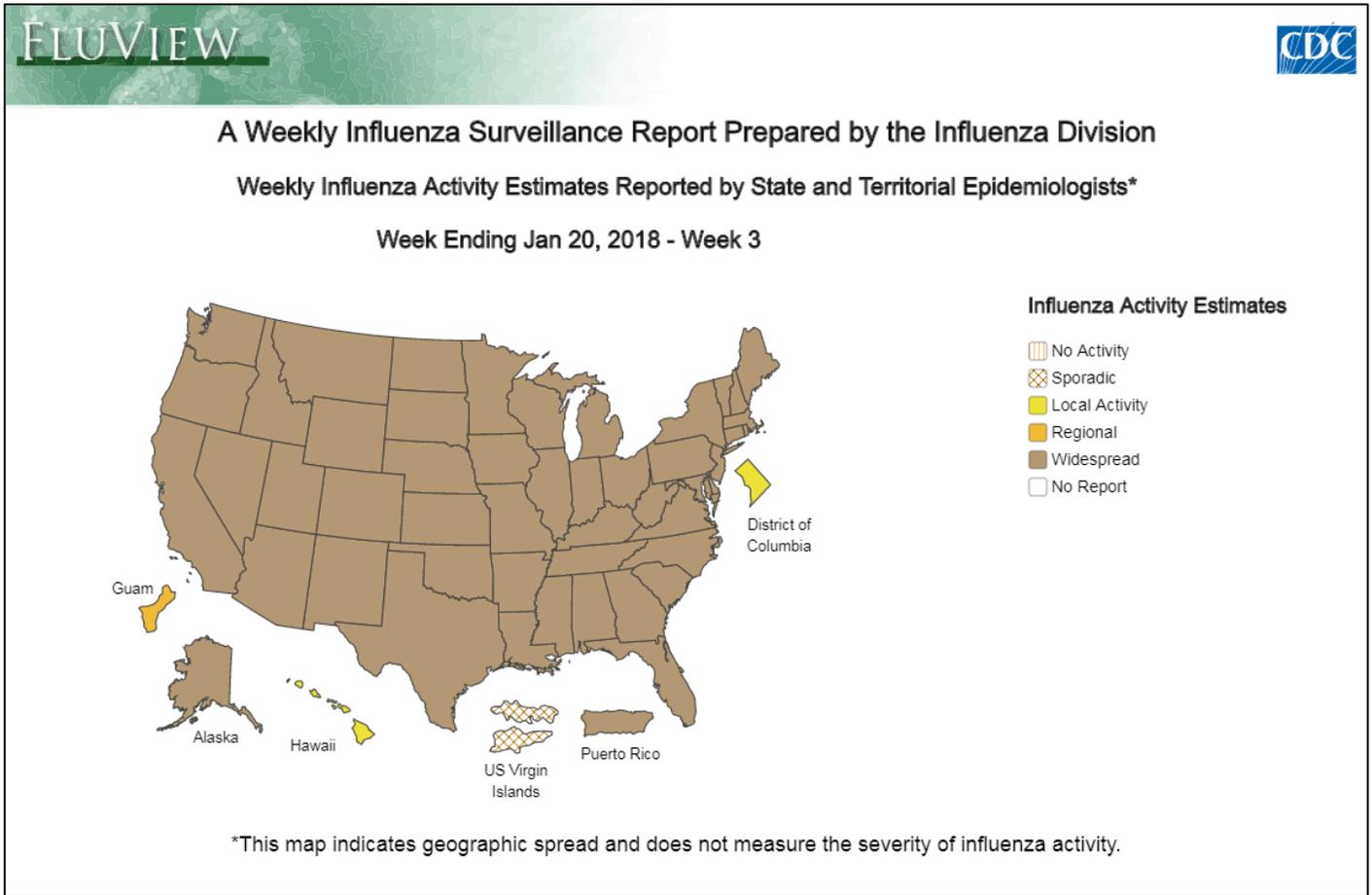
**National ILI Surveillance**

During week **03**, the MS ILI rate (9.5%) **decreased**, while the national (6.6%), and Region 4 (8.3%) ILI rates **increased**. | [Figure 8](#)



US and Region 4 ILI rates from the Centers for Disease Control and Prevention: <http://www.cdc.gov/flu/weekly/>.

During week **03**, influenza activity **increased** in the United States.<sup>1</sup> | [Figure 9](#)



<sup>1</sup>For 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 **“Widespread”** for the influenza activity during week **03**. | [Table 3](#)

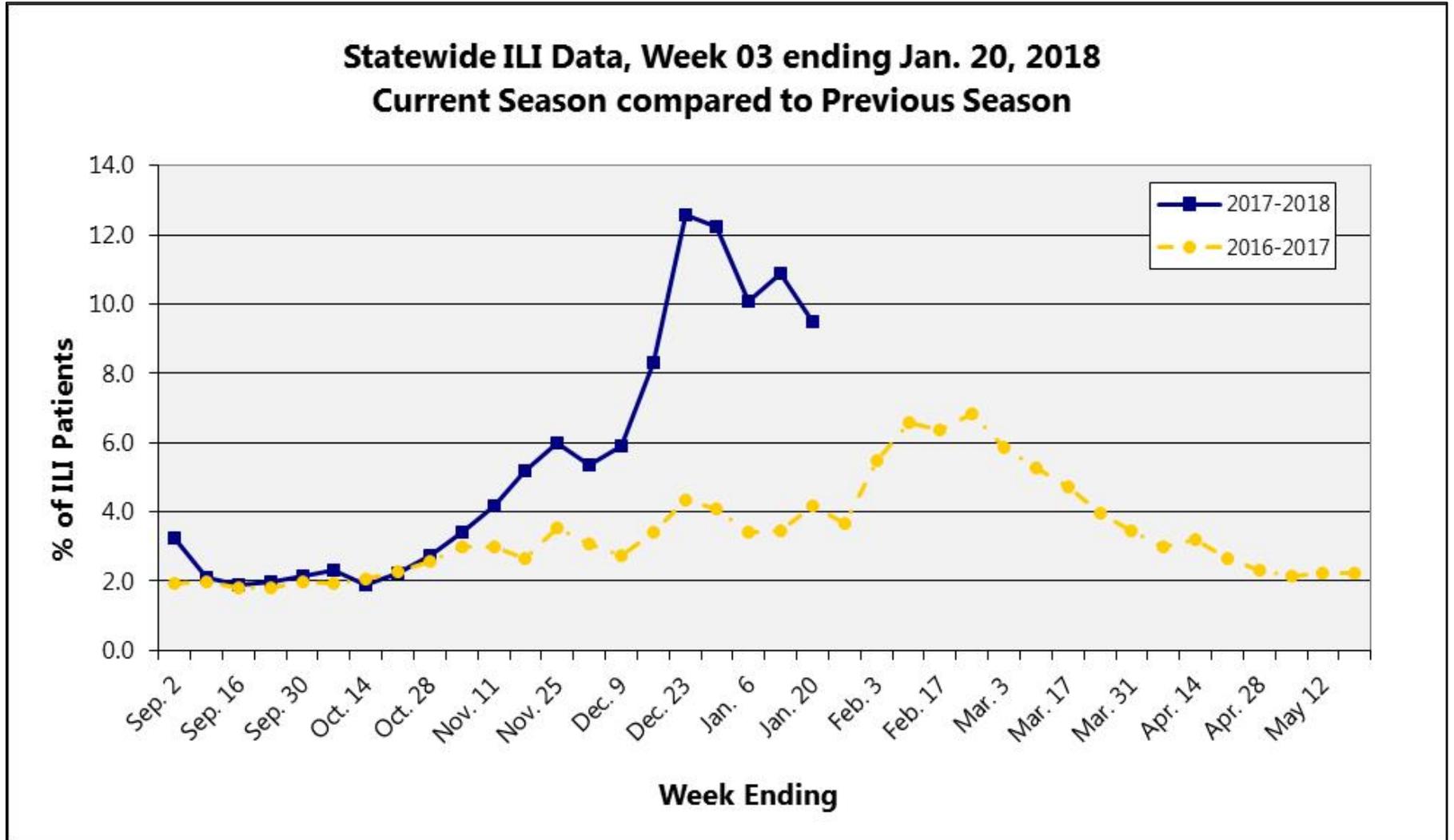
Level of Flu Activity	Definition
<b>No Activity</b>	Overall clinical activity remains low and there are no lab confirmed cases.
<b>Sporadic</b>	Isolated cases of lab confirmed influenza in the state; ILI activity is not increased <u>OR</u> A lab-confirmed outbreak in a single institution in the state;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

**Additional influenza information:**

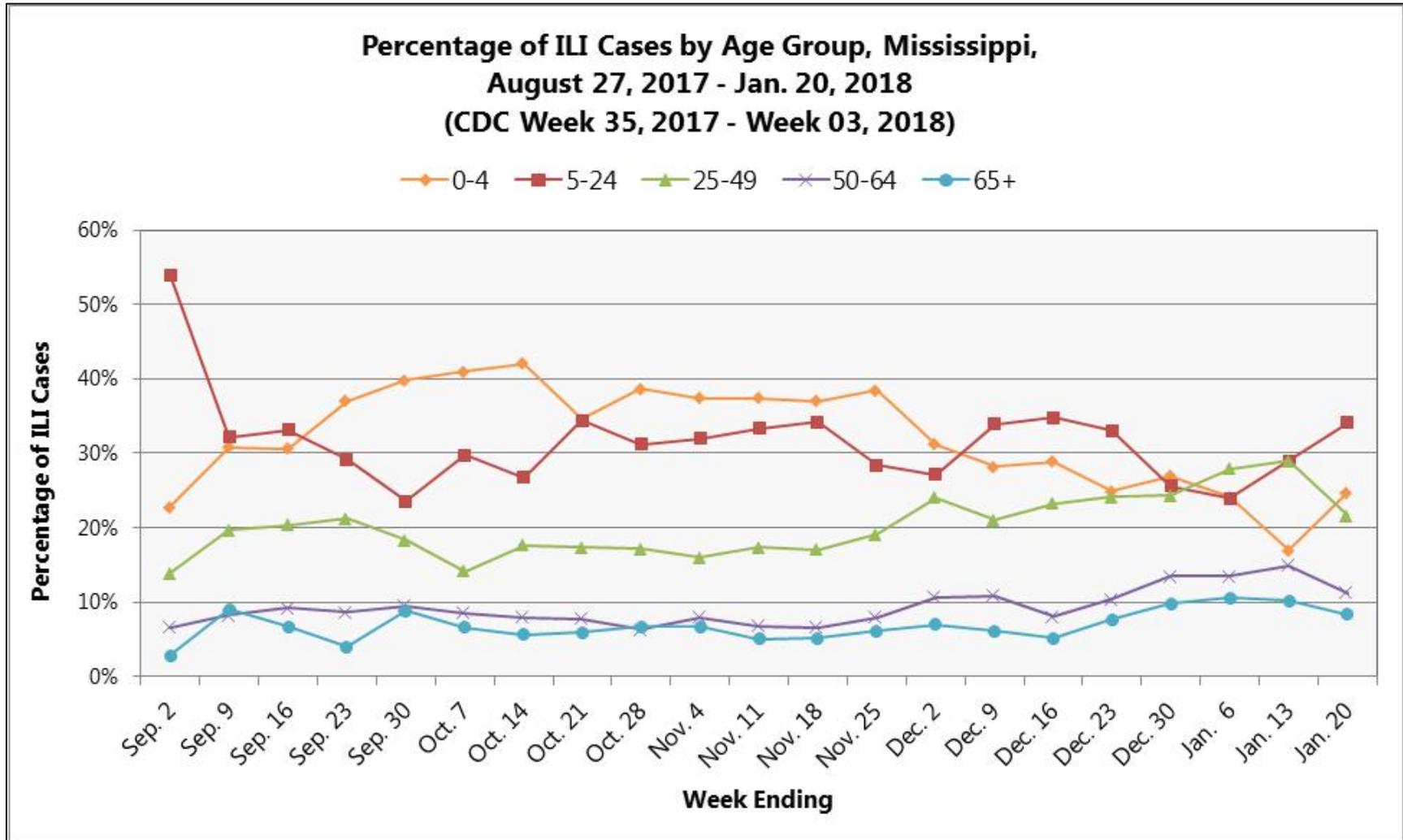
<b>Centers for Disease Control and Prevention</b>	<a href="http://cdc.gov/flu/">http://cdc.gov/flu/</a>
<b>Centers for Disease Control and Prevention FluView</b>	<a href="http://www.cdc.gov/flu/weekly/">http://www.cdc.gov/flu/weekly/</a>
<b>MSDH Flu and Pneumonia</b>	<a href="http://msdh.ms.gov/msdhsite/_static/14,0,199.html">http://msdh.ms.gov/msdhsite/_static/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

## Appendix

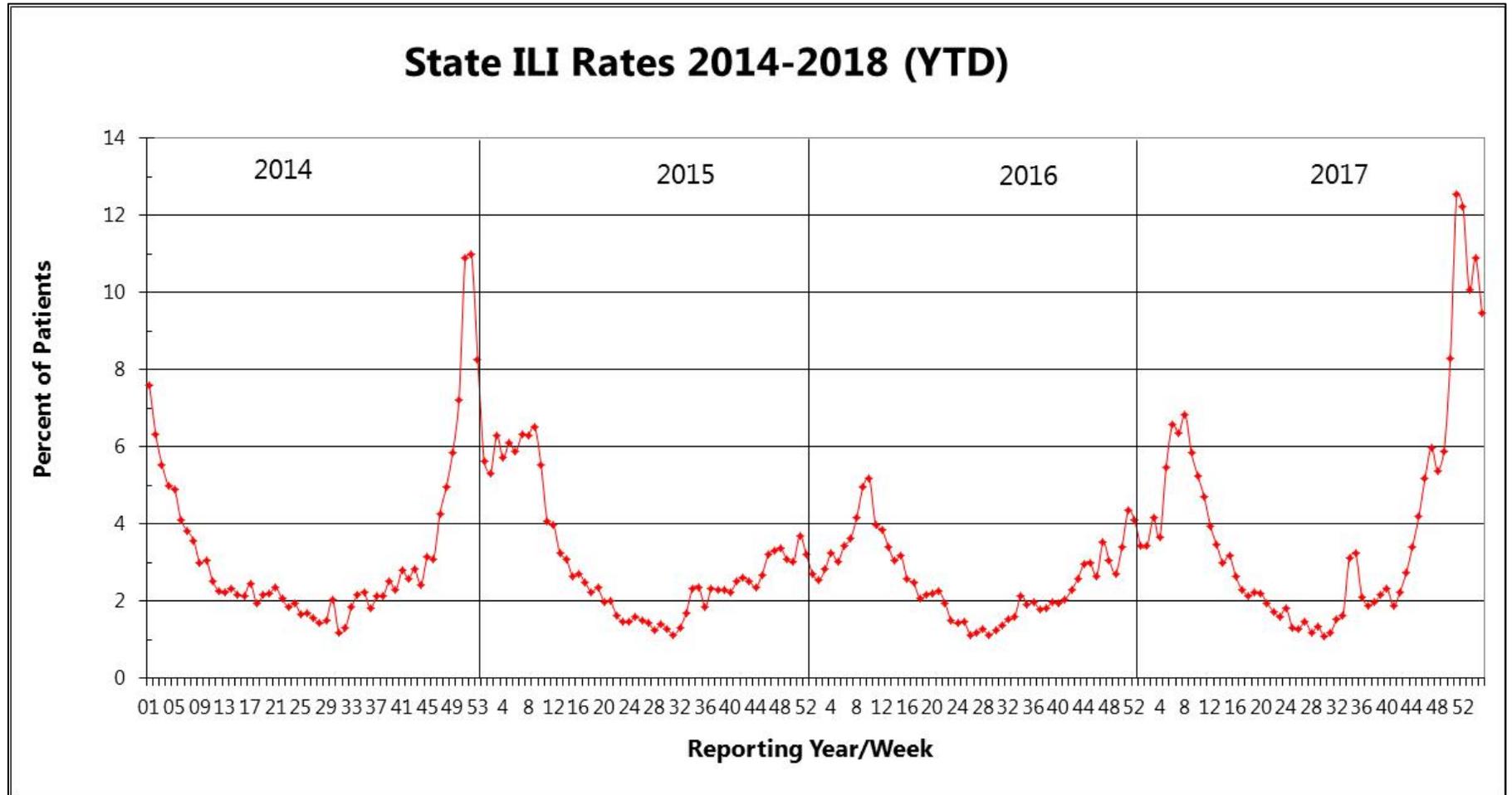
Figure 1



**Figure 2**



**Figure 3**



**Figure 4**

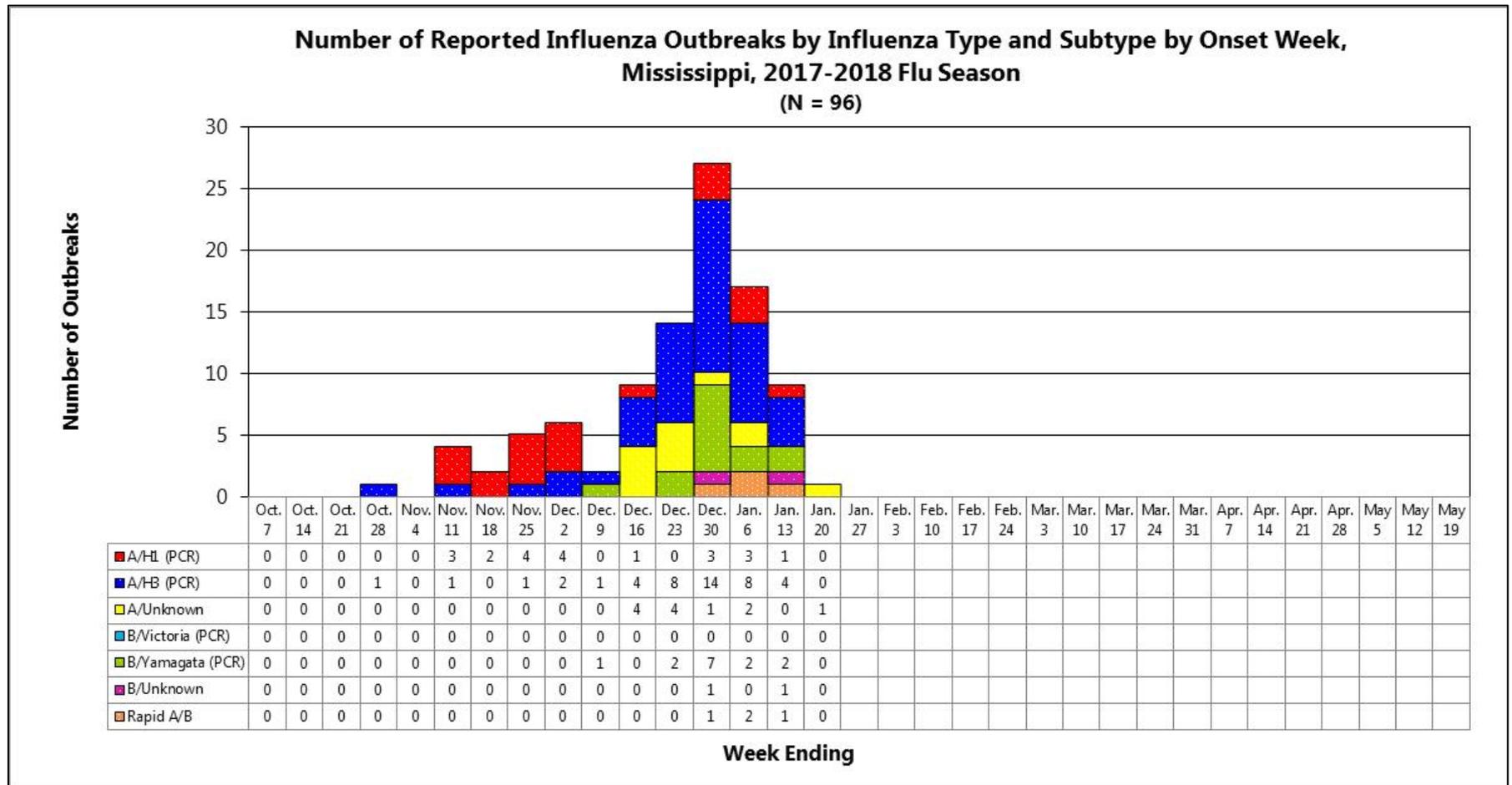
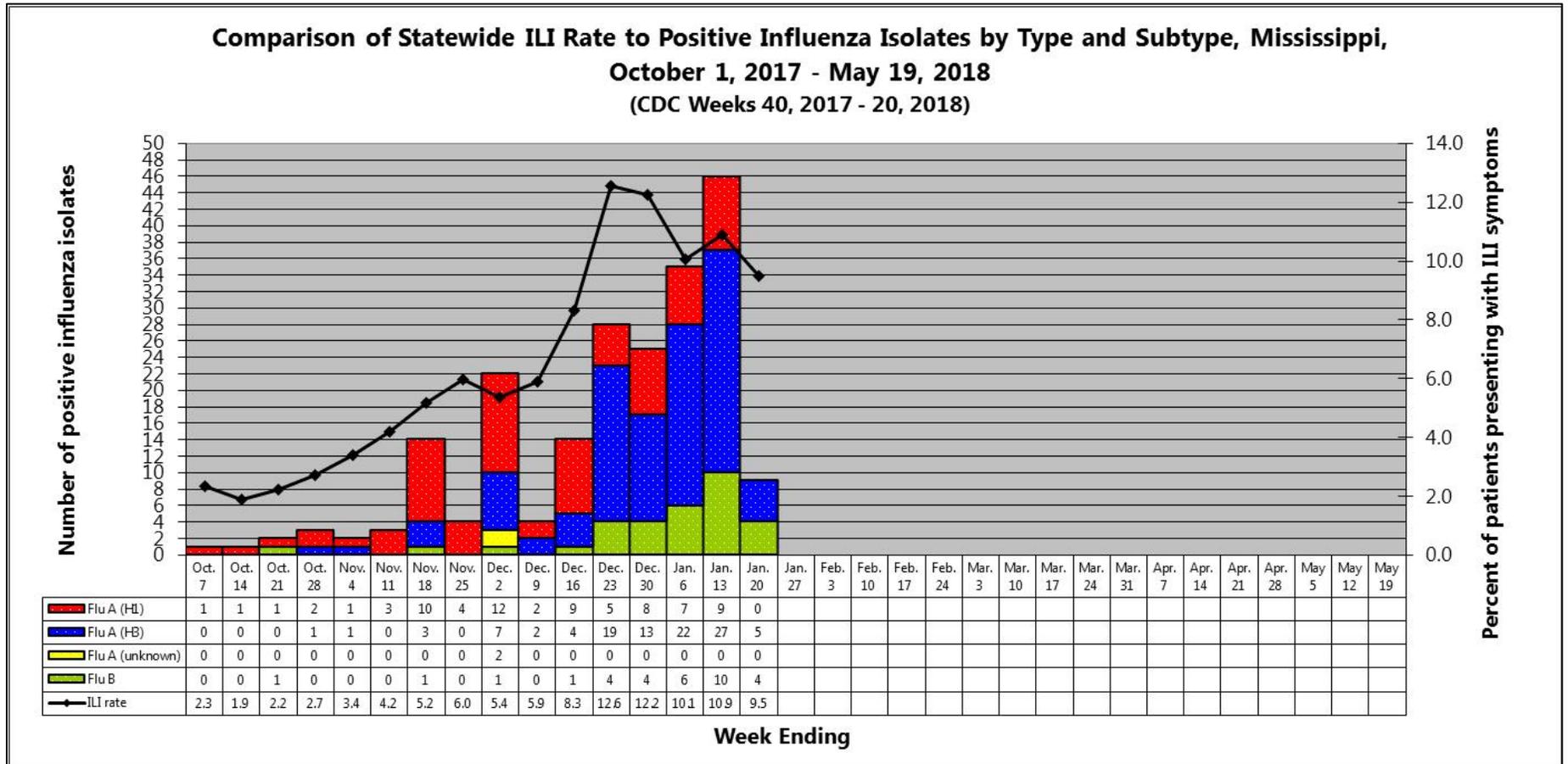
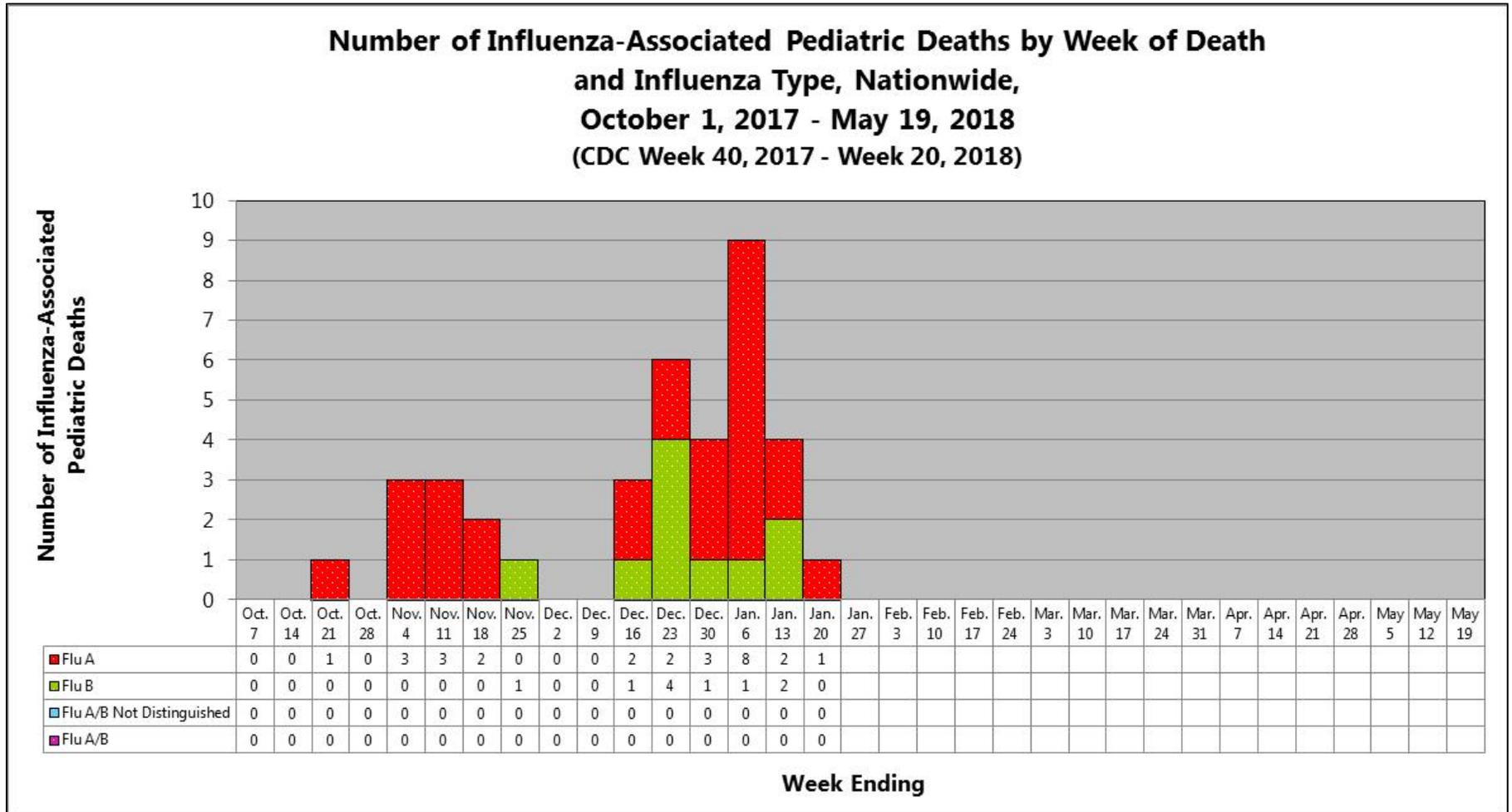


Figure 5



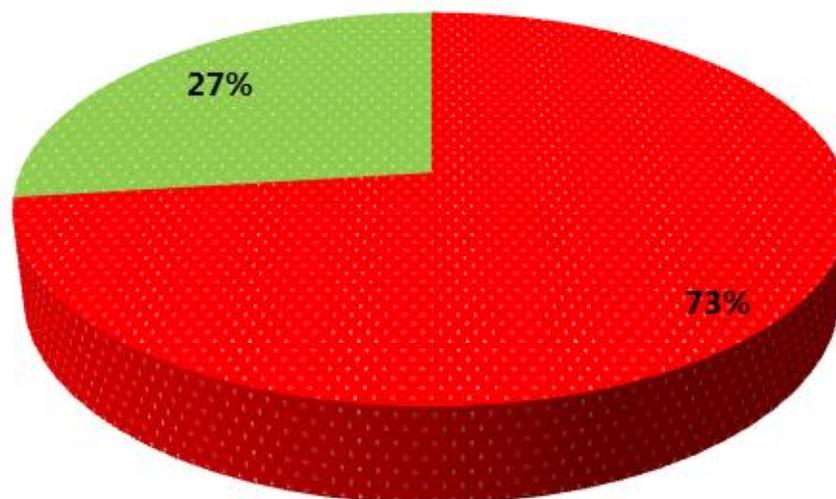
**Figure 6**



**Figure 7**

**Percentage of Influenza-Associated Pediatric Deaths  
by Influenza Type, Nationwide,  
October 1, 2017 - May 19, 2018  
(CDC Week 40, 2017 - Week 20, 2018)  
N = 37**

■ Flu A   ■ Flu B   ■ Flu A/B Not Distinguished   ■ Flu A/B



**Figure 8**

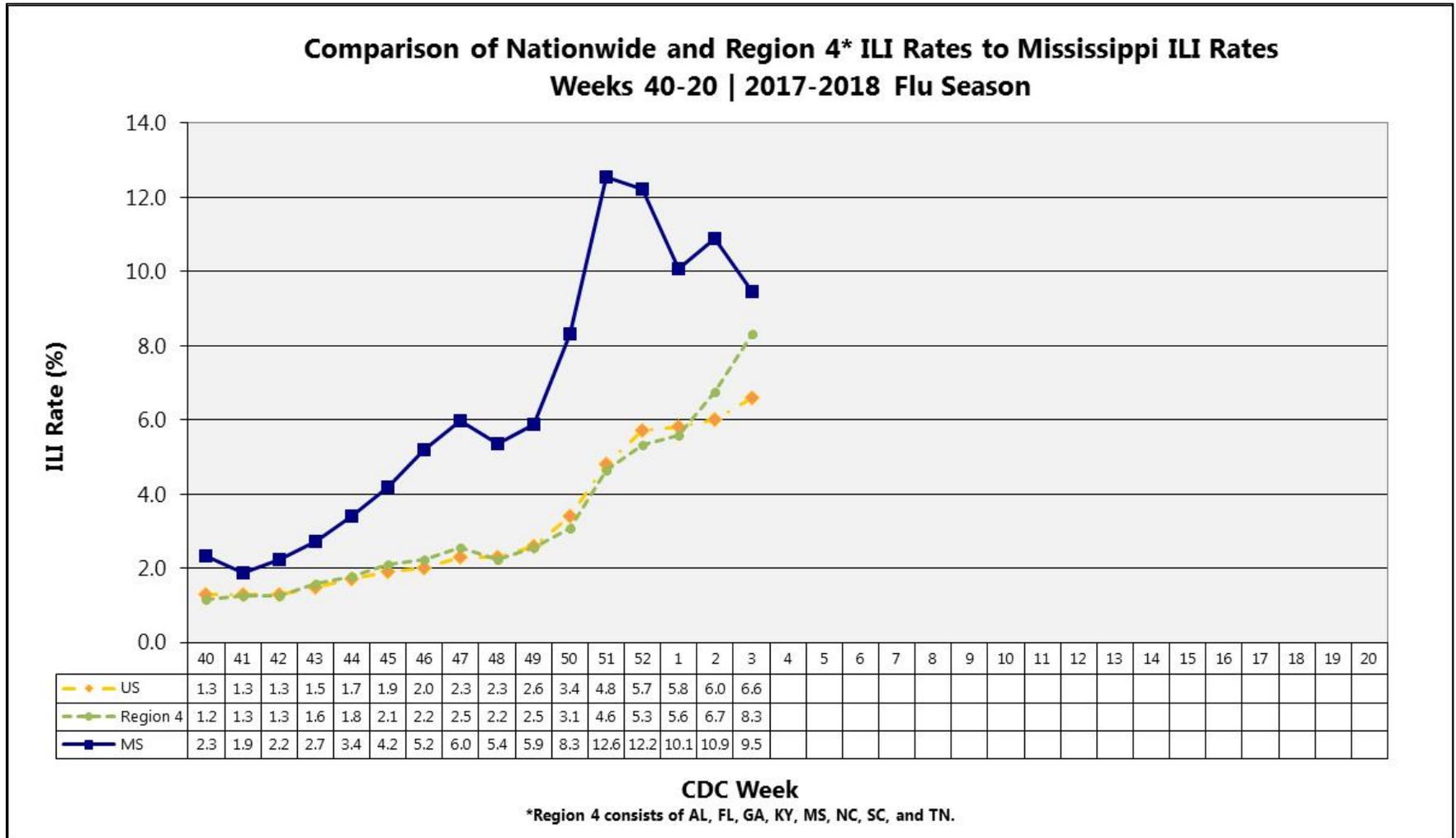


Figure 9

