



# 2018-2019 Influenza Surveillance Report

## Week 03

Jan. 13 – Jan. 19, 2019

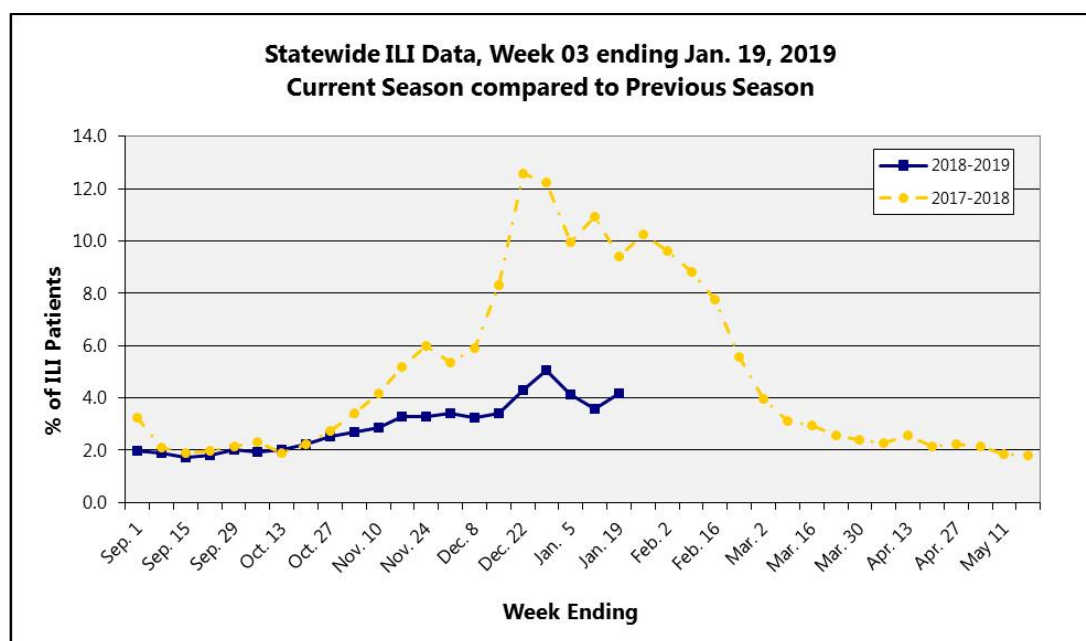
### About our flu activity reporting

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** (01/13/19-01/19/19), the overall state ILI rate (**4.2%**) **increased** from the previous week (**3.6%**), but was lower than this time last year (**9.4%**).

| [Figure 1](#)

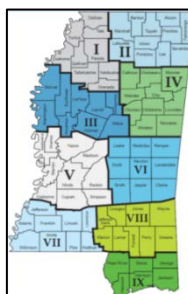
Total number of patients treated by sentinel providers in the last three weeks. | **Table 1**

2018-2019 Influenza Season					
CDC Week	Week Ending	Number of reports received from Sentinel Providers	Total patients	ILI symptoms	ILI Rate (%)
<b>03</b>	<b>Jan. 19</b>	<b>163</b>	<b>16390</b>	<b>683</b>	<b>4.2</b>
02	Jan. 12	163	16812	598	3.6
01	Jan. 05	152	16315	671	4.1

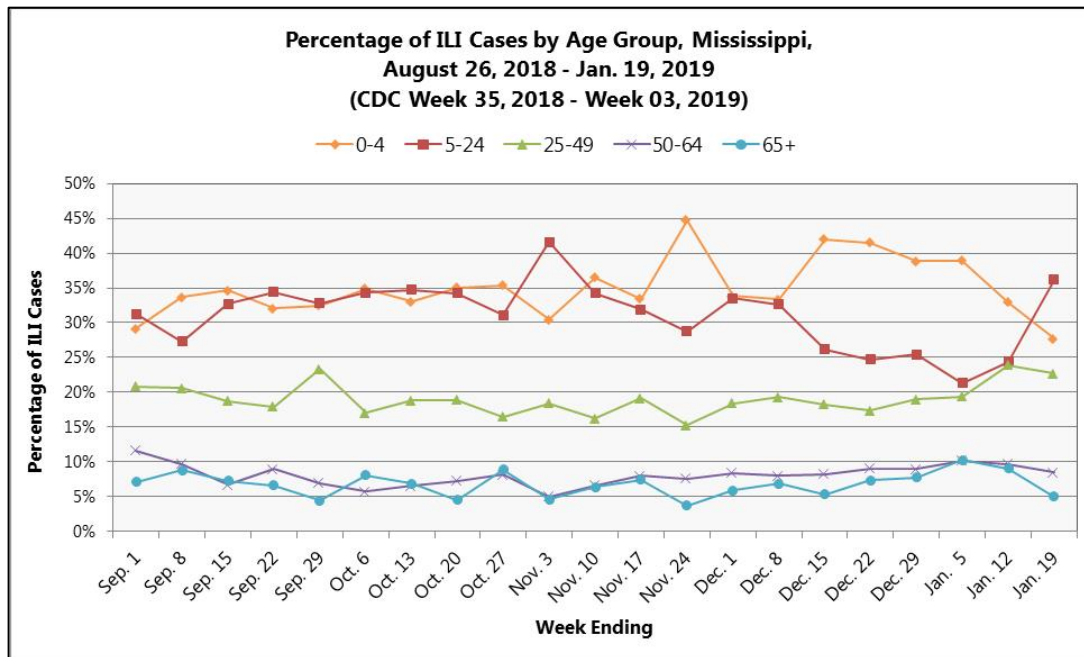
During week **03**, five districts (1, 2, 3, 7, and 9) had an increase in ILI activity, while one district (8) had a decrease.

Three districts (4, 5, and 6) remained about the same.

*Information is provisional only and may change depending on additional reporting from sentinel providers.* | **Table 2**



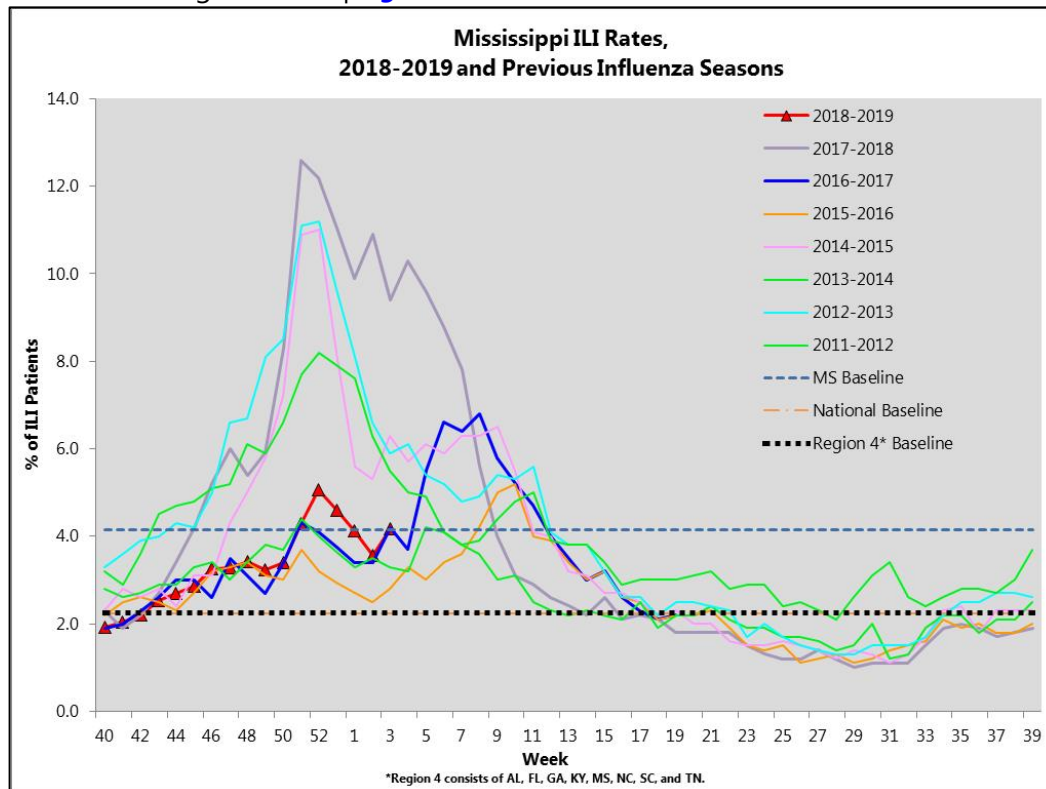
MSDH District ILI Rates (%)		
2018-2019		
District	Week 02	Week 03
State	3.6	4.2
I	2.6	5.3
II	1.5	2.5
III	2.7	8.5
IV	2.8	3.0
V	2.8	3.1
VI	3.0	3.3
VII	4.9	5.5
VIII	5.0	2.7
IX	3.7	4.7

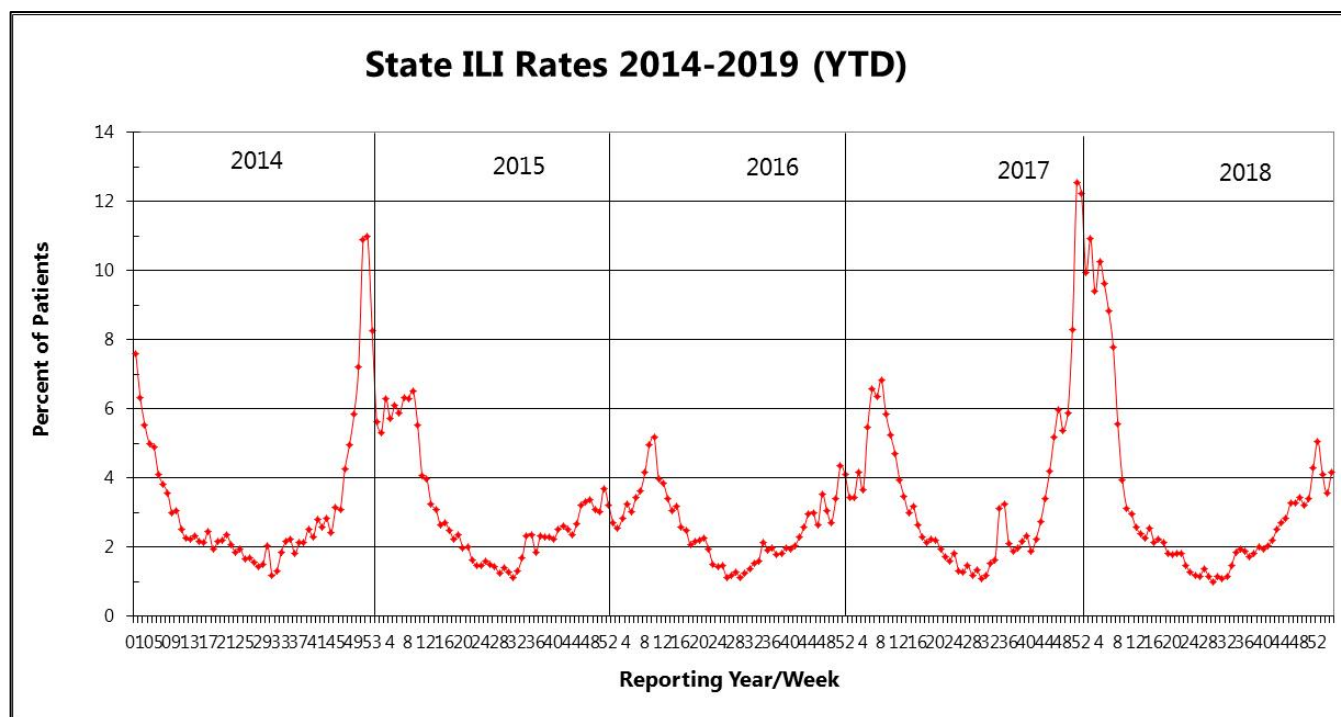


Overall, the percentage of reported ILI cases has been highest among those in the **0-4** and **5-24 years** of age groups. The percentage of ILI cases decreased in the **0-4** and

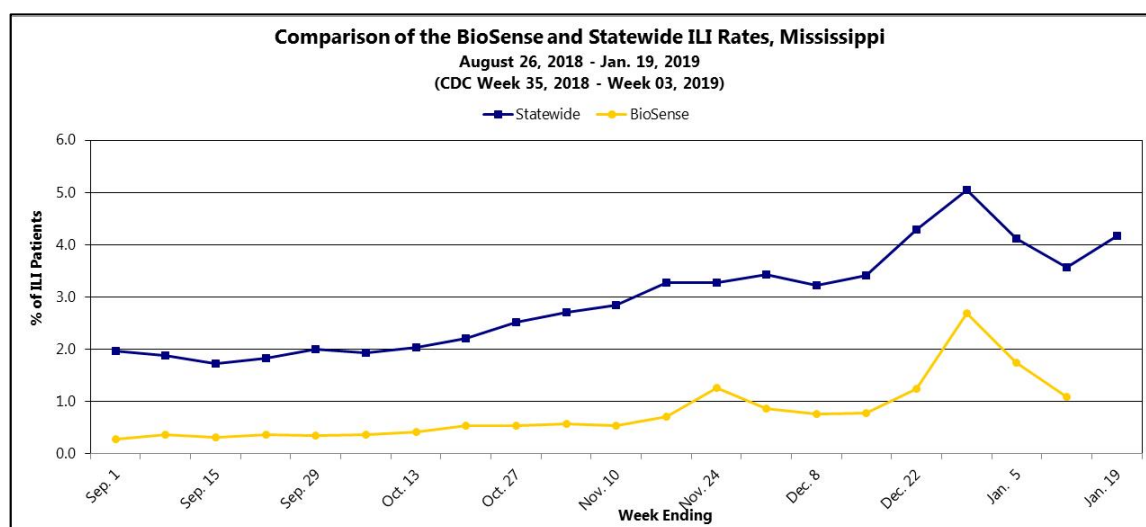
**65+ years** of age groups, but increased in the **5-24 years** of age group during week **03**. The percentage of ILI cases in the two other age groups remained constant when compared to the previous week. | [Figure 2](#)

The 2018-19 state ILI rate was **above** the national and Region 4 baselines, but was at the Mississippi baseline, during week **03**. | [Figure 3](#)



Mississippi ILI Rates 2014-2019 | [Figure 4](#)**Syndromic ILI Surveillance**

The Mississippi State Department of Health also collects influenza syndromic surveillance data through the CDC BioSense Platform. This data is comprised of chief complaints and diagnosis codes and is submitted electronically by participating hospitals and clinics throughout the state in near real-time. The BioSense data is an additional tool to monitor influenza activity in Mississippi.



The percentage of patients with a chief complaint or diagnosis of influenza-like illness

during week **02** decreased from the previous week, as did the statewide ILI rate. The BioSense ILI rate appears to be following the same trend as the statewide ILI rate. BioSense ILI data for week **03** was not available at the time of this report. | [Figure 5](#)

## 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 6<sup>th</sup>) and week **03** (week ending January 19<sup>th</sup>), three outbreaks were reported to MSDH. MSDH investigates all reported outbreaks, and of the three reported outbreaks, complete information was available for all of them. Two of the outbreaks were attributed to influenza A (H3), and one was due an influenza A virus, unknown subtype.

The influenza outbreaks occurred in the following counties: Marion, Smith and Tate.

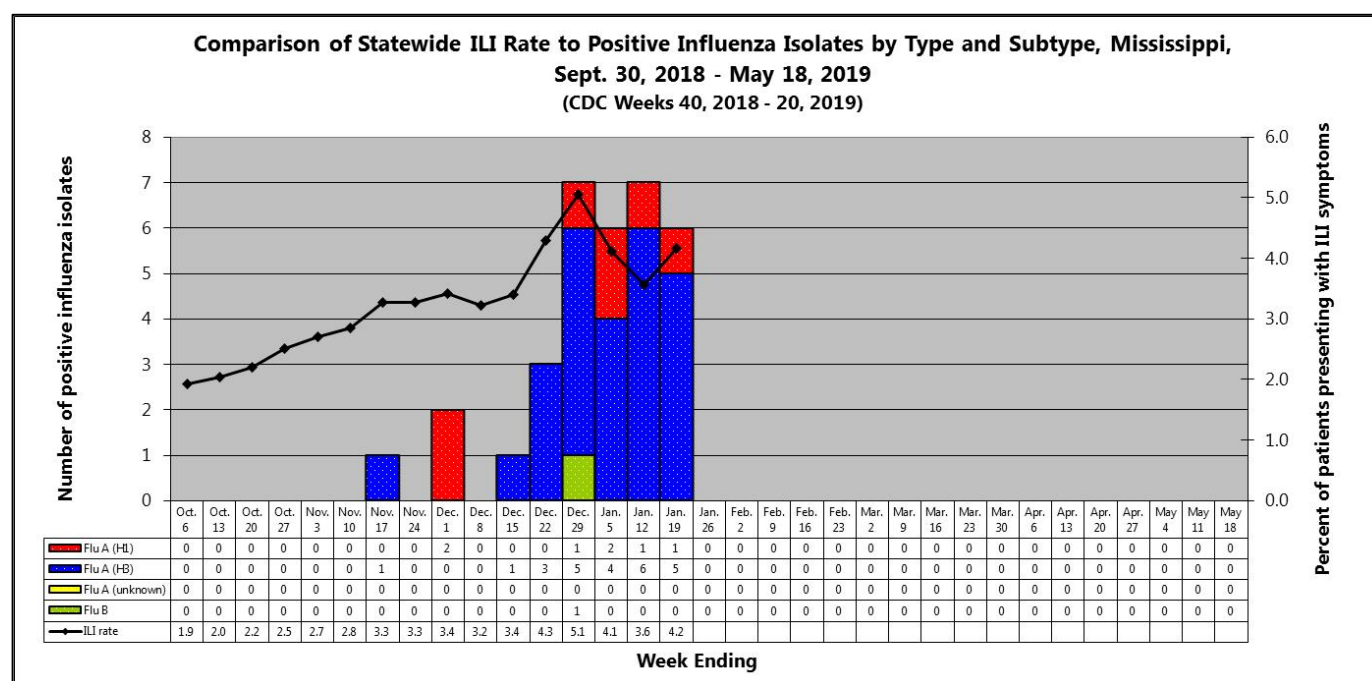
For additional information on infection control measures in health care facilities and managing influenza outbreaks in long-term care facilities, please refer to the CDC's webpages:

<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 6<sup>th</sup>), **33** laboratory confirmed influenza samples have been identified by the MSDH Public Health Laboratory. Seven (21%) were identified as influenza A (H1), 25 (76%) were identified as influenza A, H3, and one (3%) was identified as an influenza B. | [Figure 6](#)

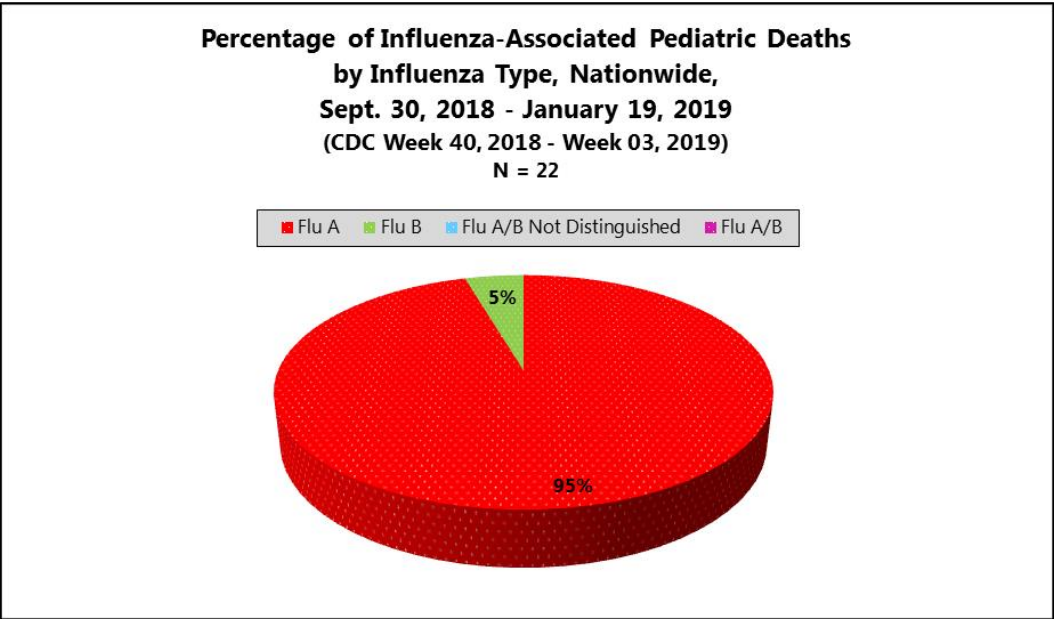
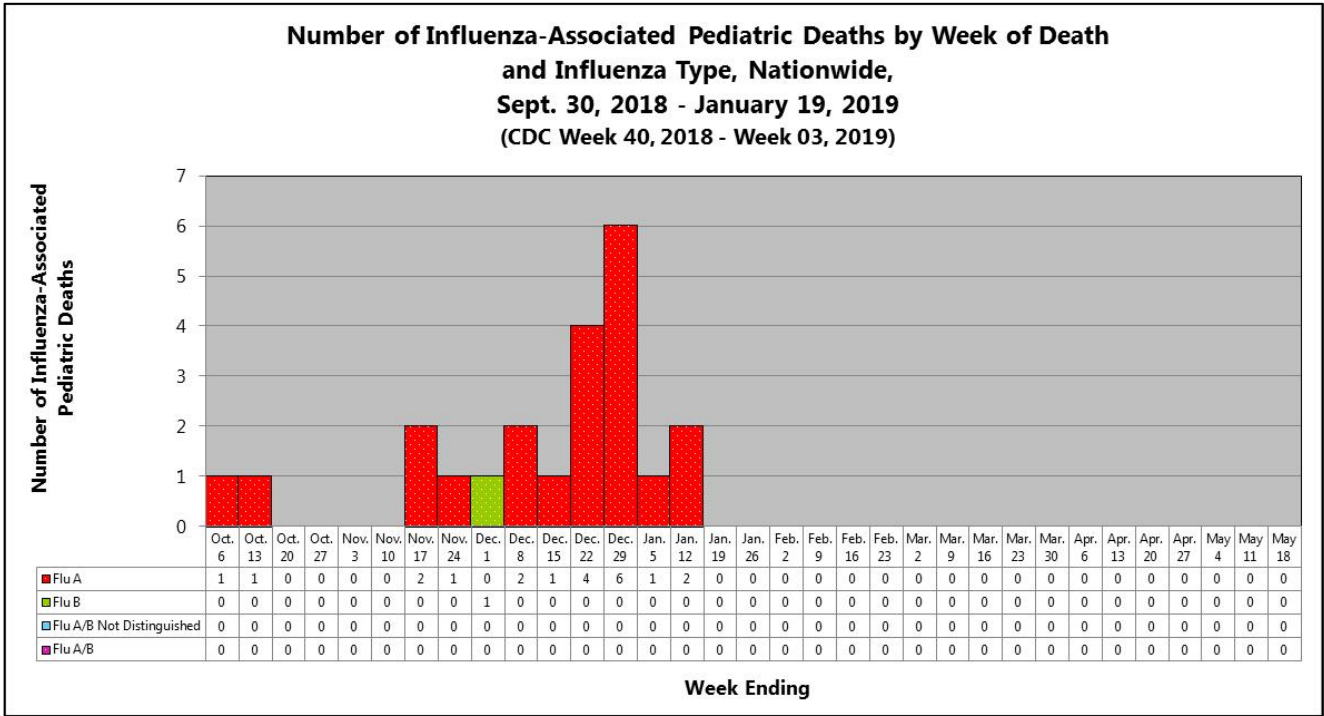


The influenza cases were identified from the following counties: Attala (3), Carroll (1), Copiah (2), Covington (1), Hancock (1), Harrison (6), Hinds (4), Jones (1), Leake (1), Marion (4), Neshoba (1), Newton (1), Rankin (3), Tate (1), and Winston (1). The county of residence for two of the cases was unknown.



National and Mississippi Pediatric Mortality Surveillance

Nationally, **three** influenza-associated pediatric deaths were reported to CDC during week **03**. Two deaths were associated with an influenza A(H1N1)pdm09 virus and occurred during weeks 51 and 2 (weeks ending December 22, 2018 and January 12, 2019, respectively). One death was associated with an influenza A virus for which no subtyping was performed and occurred during week 1 (week ending January 5, 2019). **Twenty-two** influenza-associated pediatric deaths have been reported to CDC for the 2018-2019 season. | [Figure 7](#)



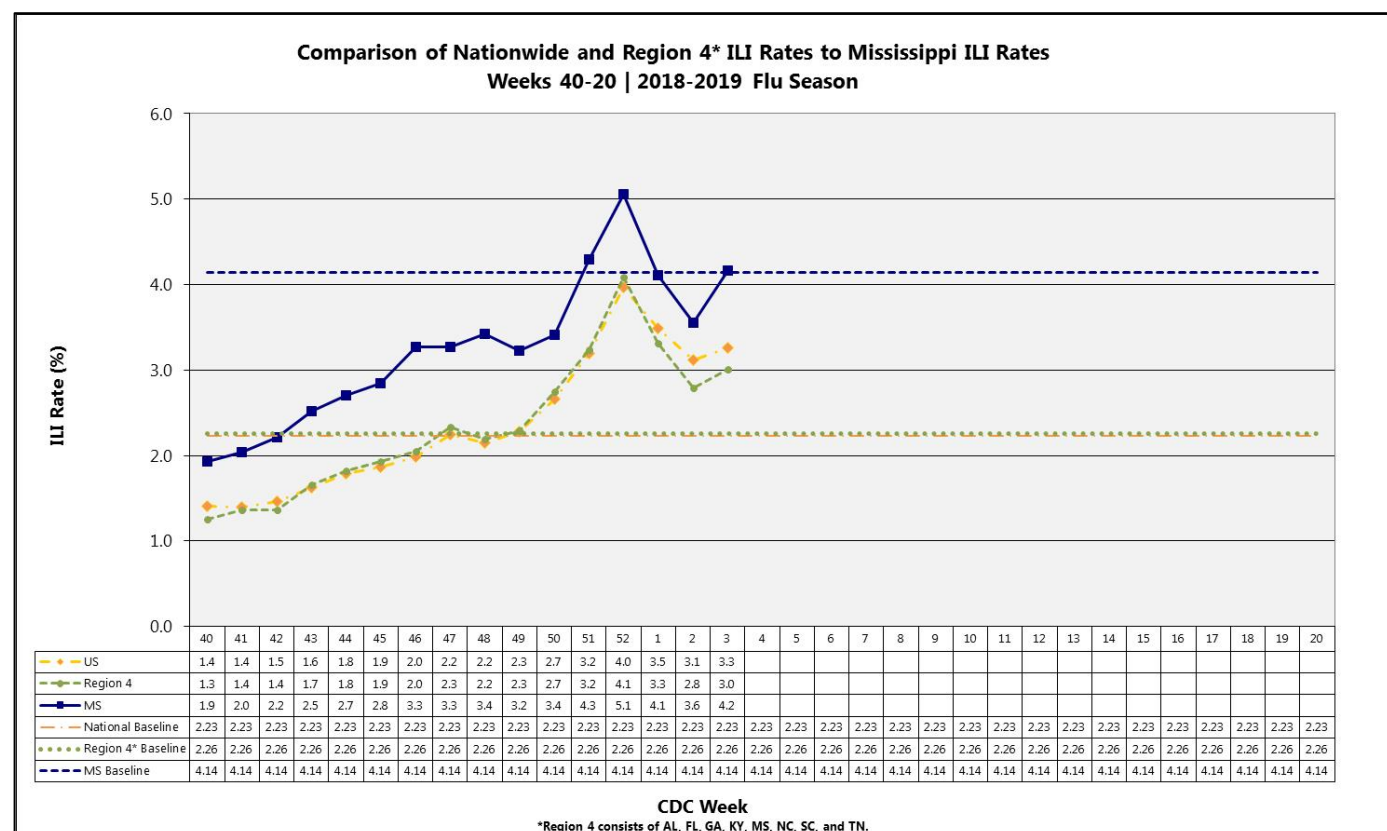
Of the **22** influenza-associated pediatric deaths reported nationally during the 2018-2019 season, 21 (95%) have been attributed to influenza A viruses and one (5%) to an influenza B virus. | [Figure 8](#)

Mississippi has had **one** influenza-associated

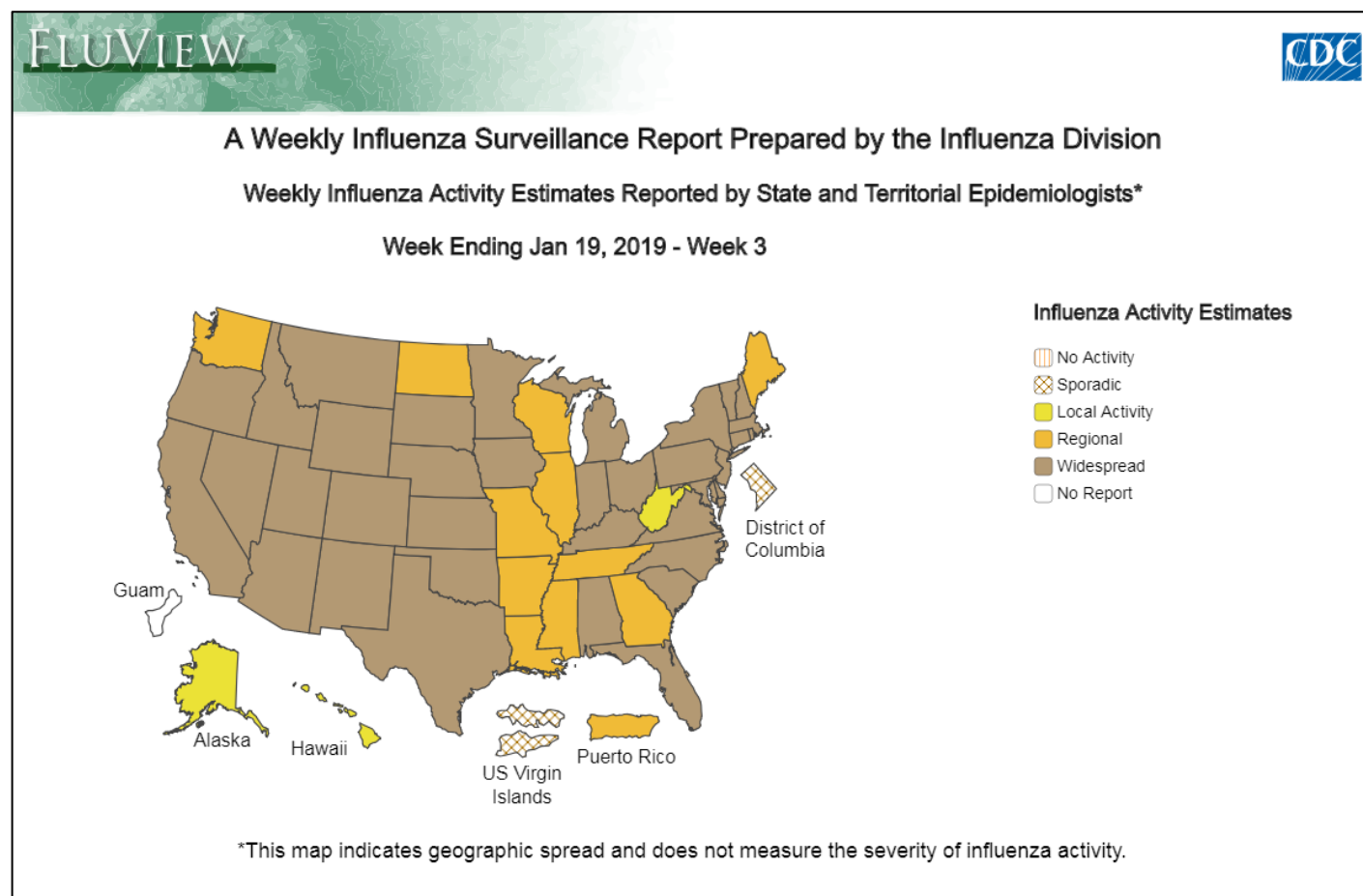
pediatric death reported during this influenza season.

## National ILI Surveillance

During week **03**, the Mississippi (4.2%), national (3.3%) and Region 4 (3.0%) ILI rates increased. While the MS ILI rate was at its baseline, the national and Region 4 ILI rates were both above their respective baselines. | [Figure 9](#)



During week **03**, influenza activity **increased** in the United States.<sup>1</sup> | [Figure 10](#)



<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 **"Regional"** 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.

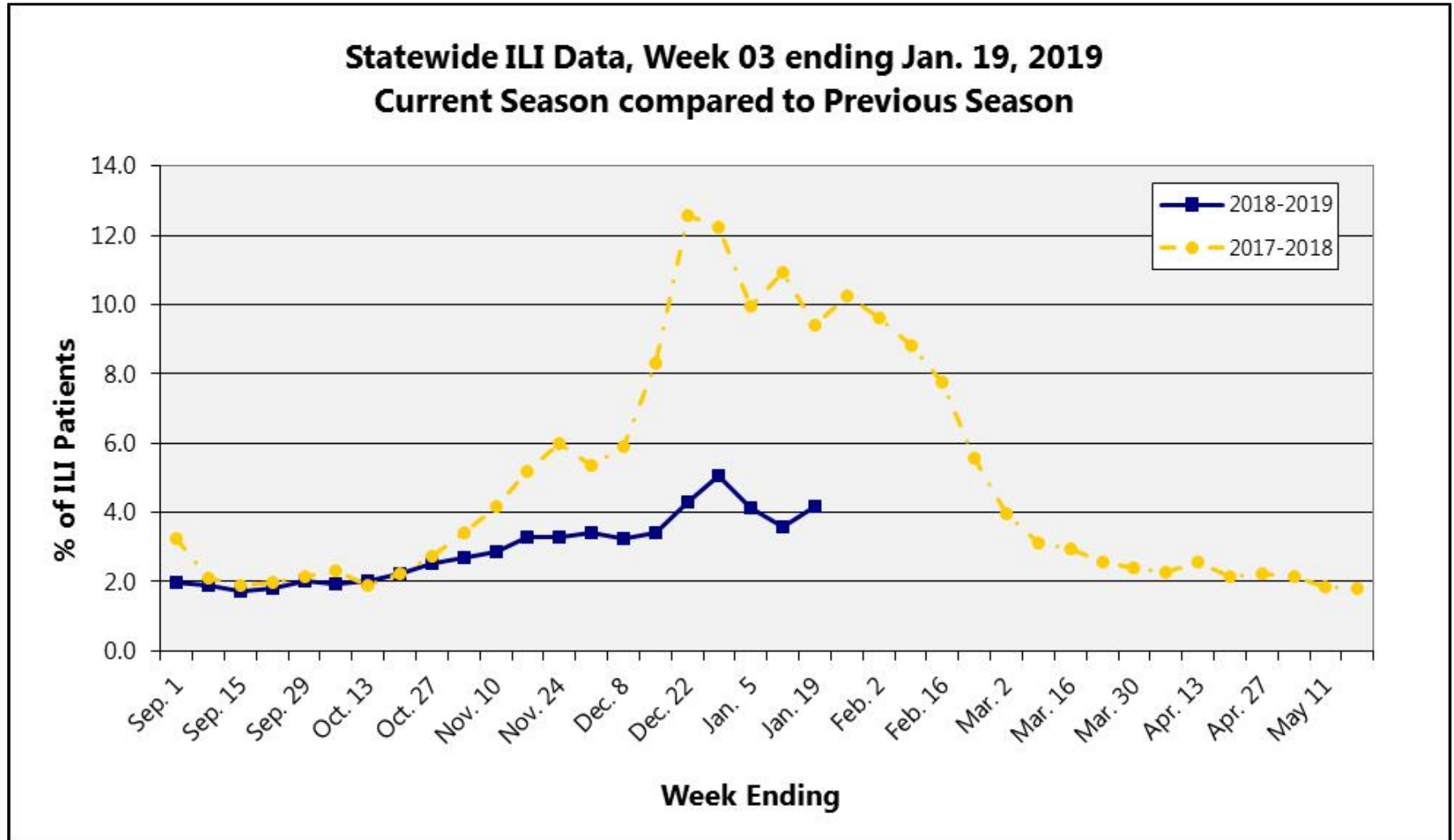


**Additional influenza information:**

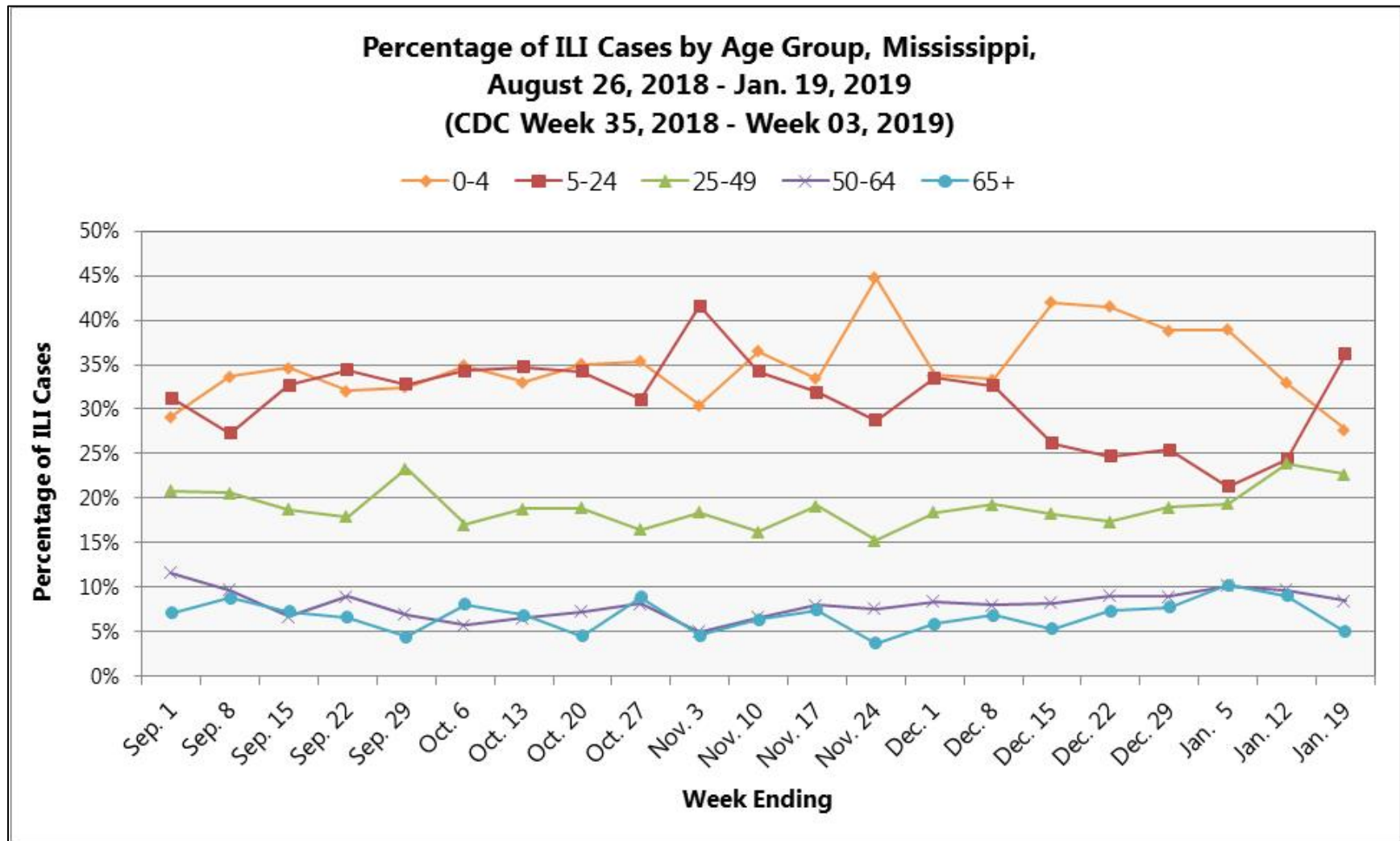
<b>Centers for Disease Control and Prevention</b>	<a href="http://cdc.gov/flu/">http://cdc.gov/flu/</a>
<b>Centers for Disease Control and Prevention FluView</b>	<a href="http://www.cdc.gov/flu/weekly/">http://www.cdc.gov/flu/weekly/</a>
<b>MSDH Flu and Pneumonia</b>	<a href="http://msdh.ms.gov/msdhsite/_static/14,0,199.html">http://msdh.ms.gov/msdhsite/_static/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

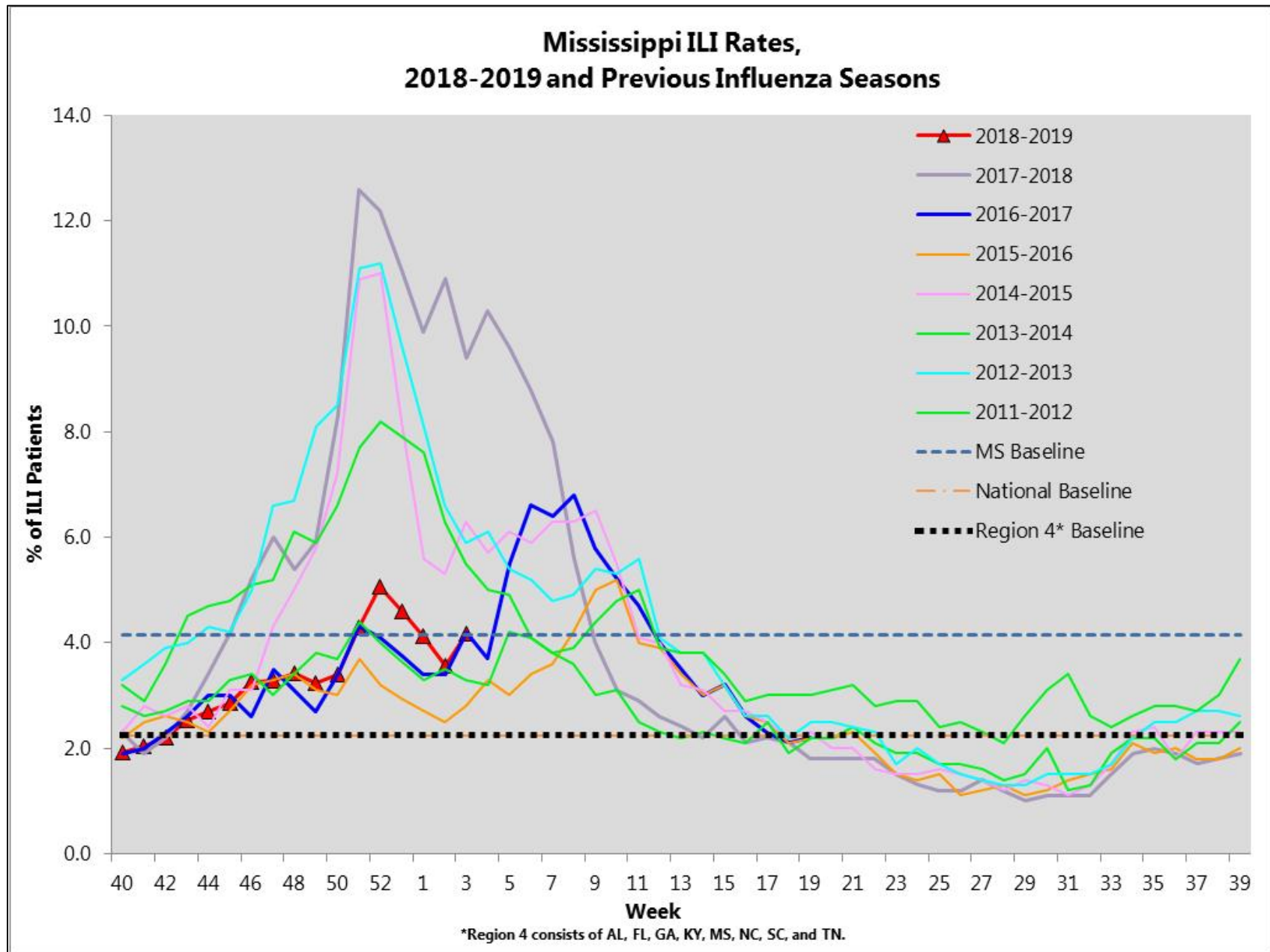
**Figure 1**



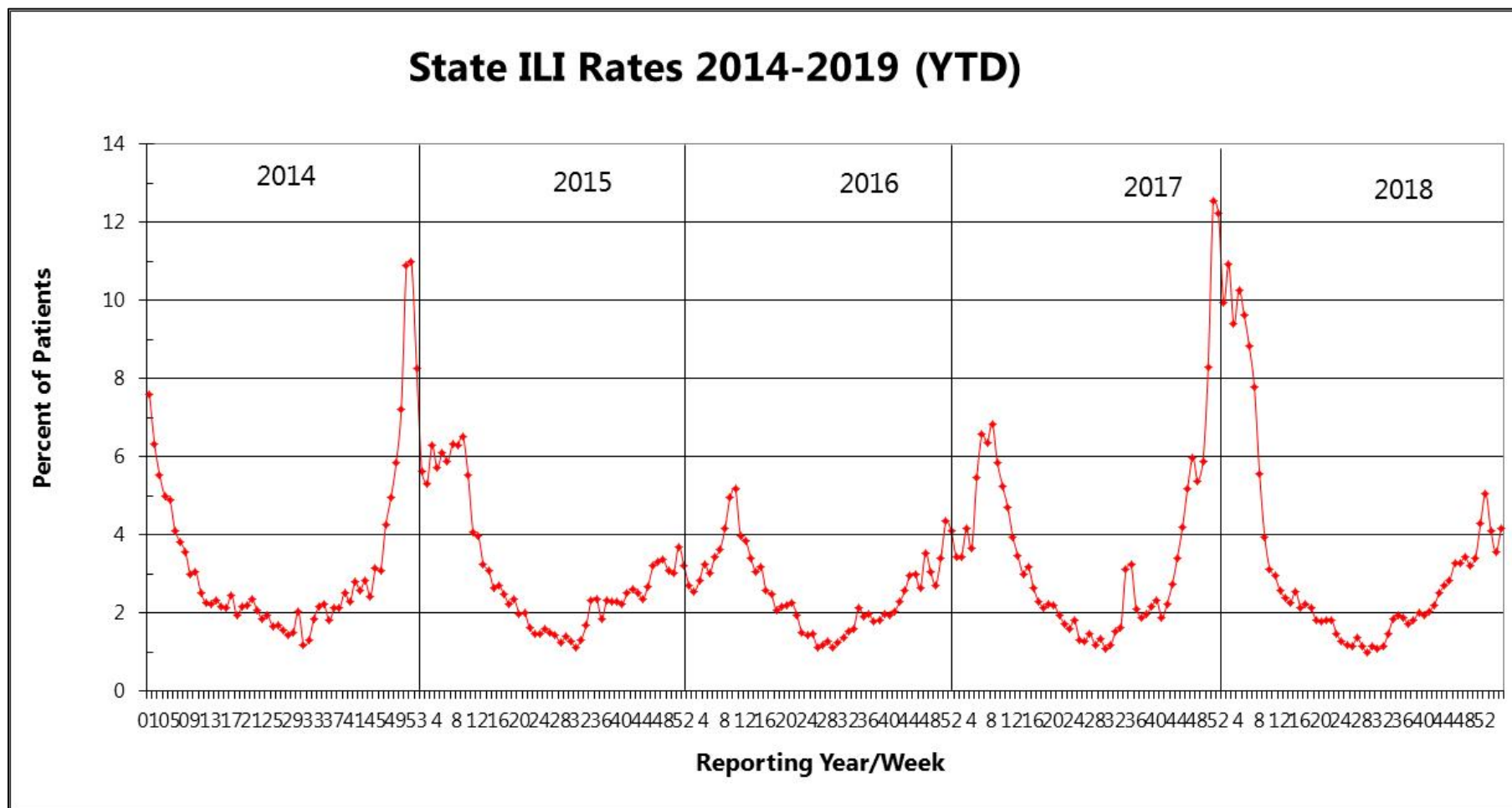
**Figure 2**



**Figure 3**

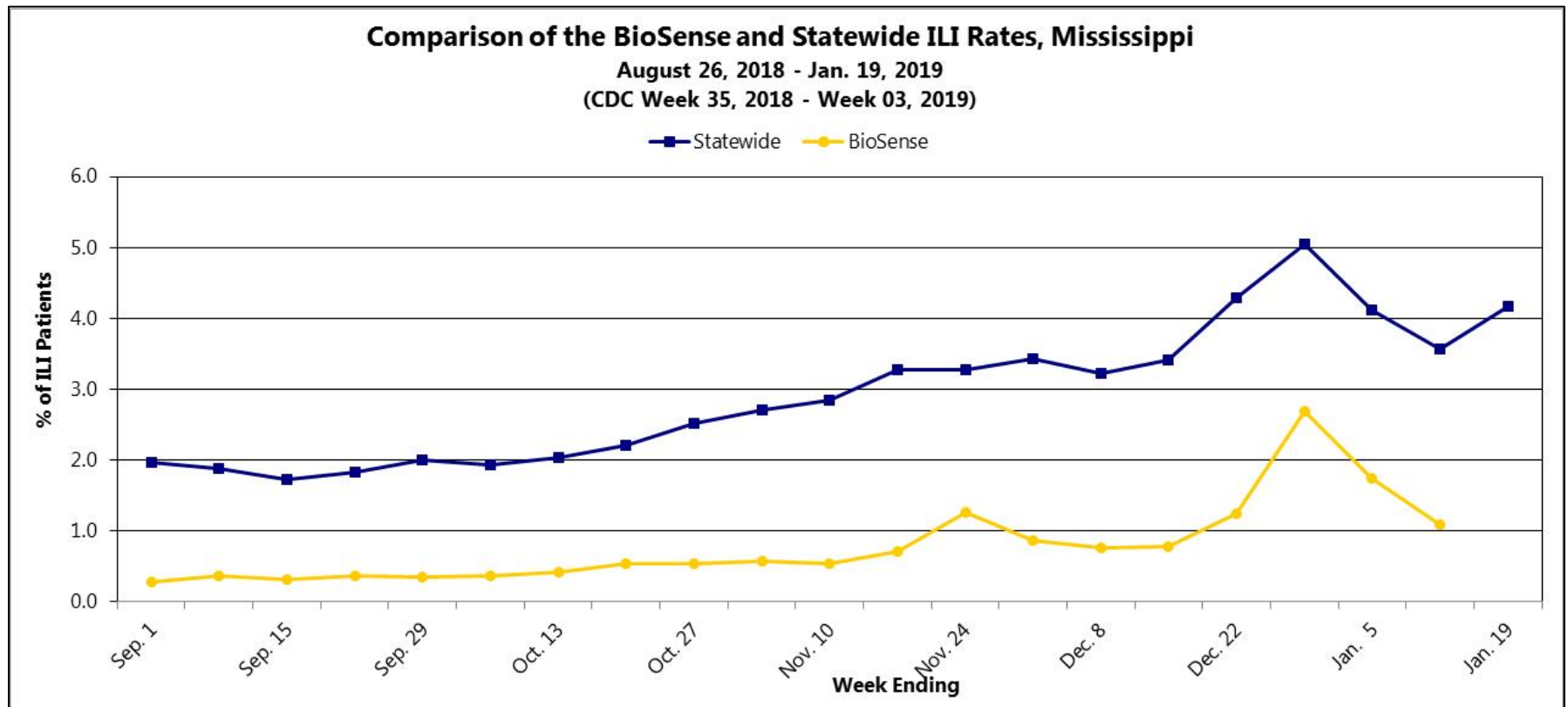


**Figure 4**

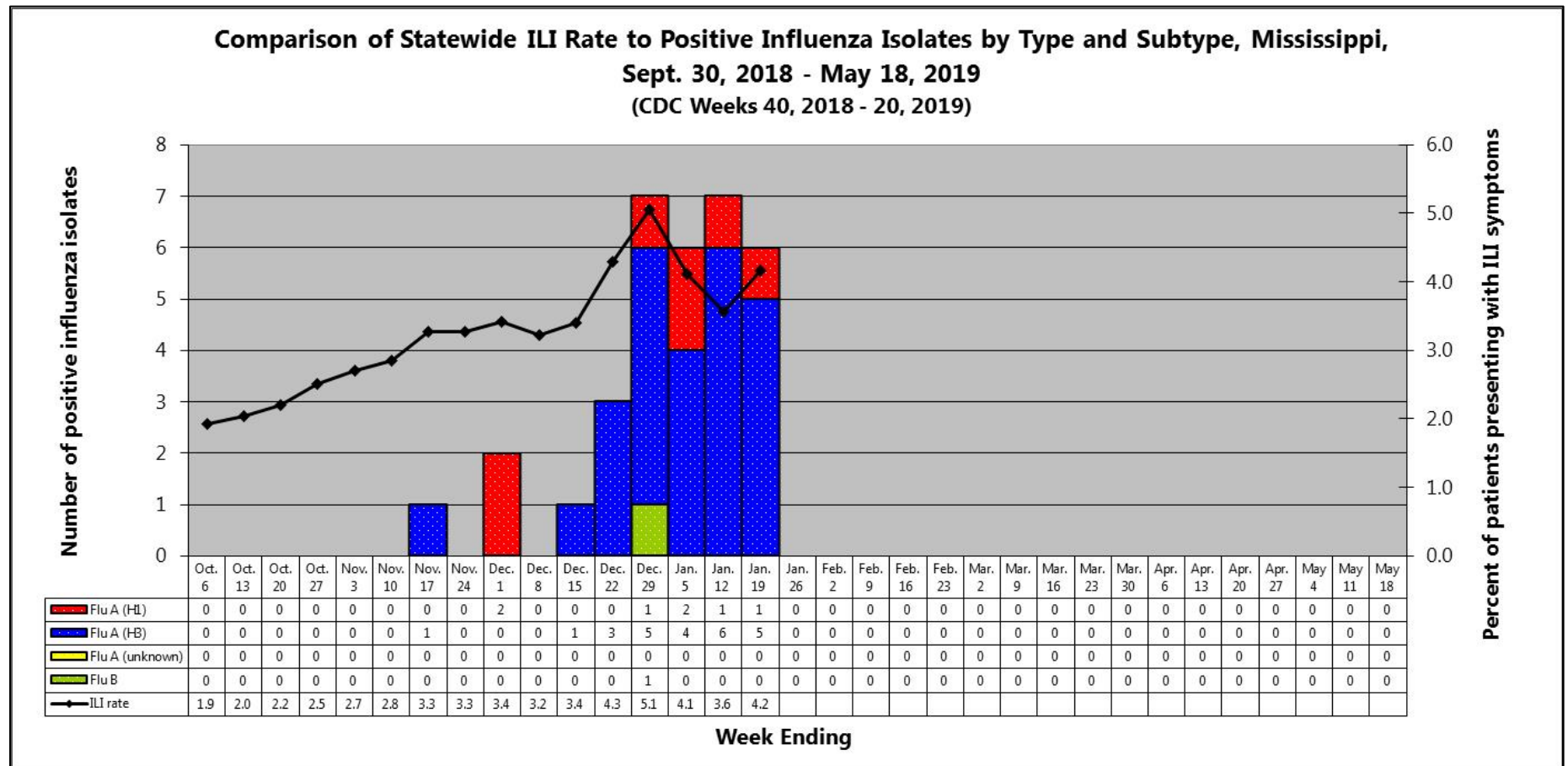


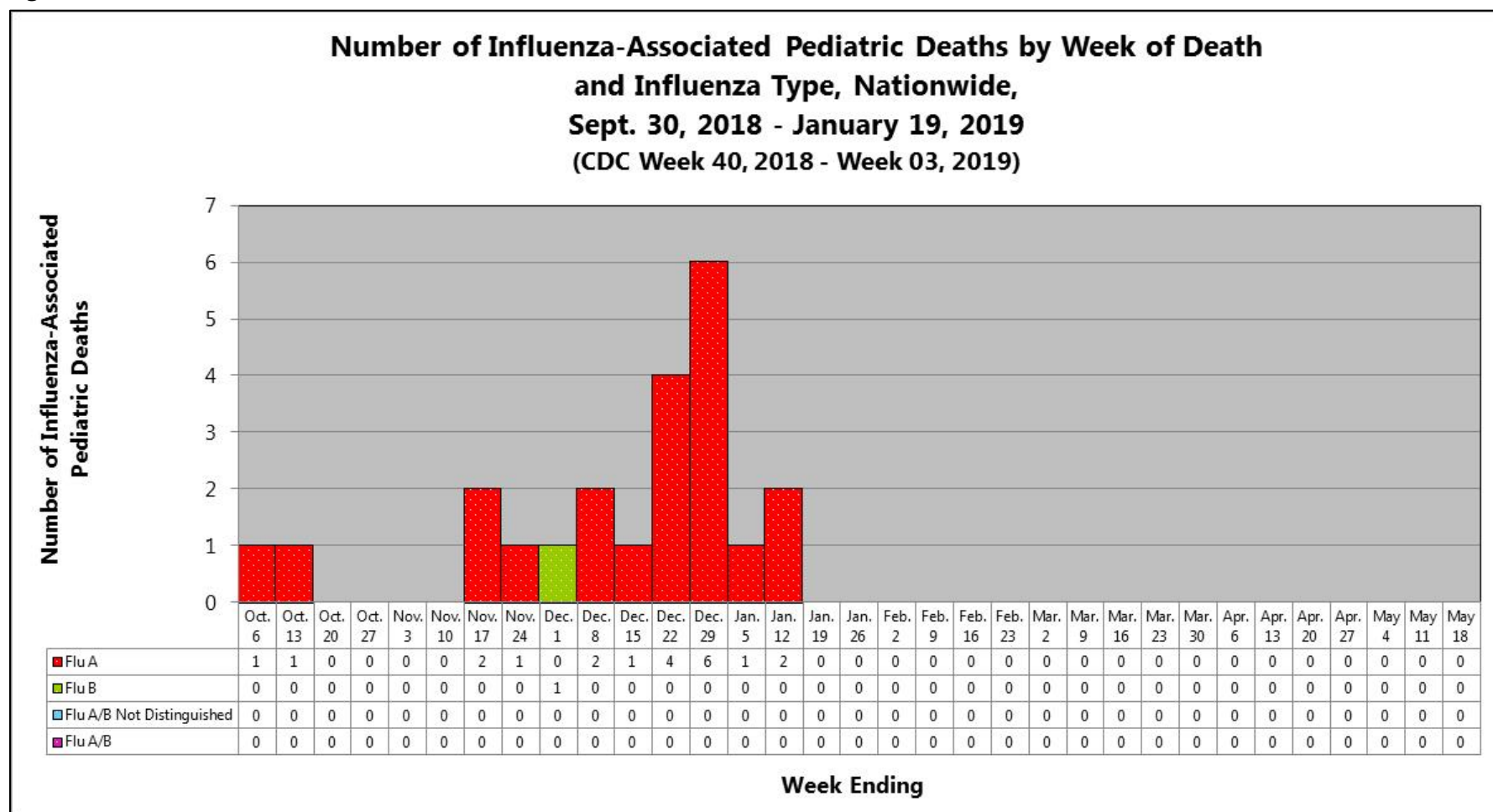


**Figure 5**



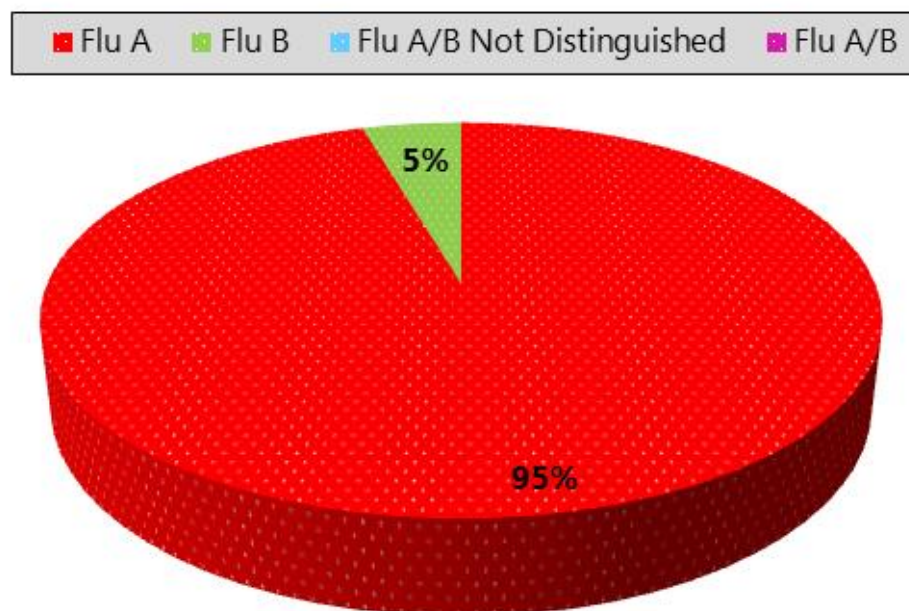
**Figure 6**



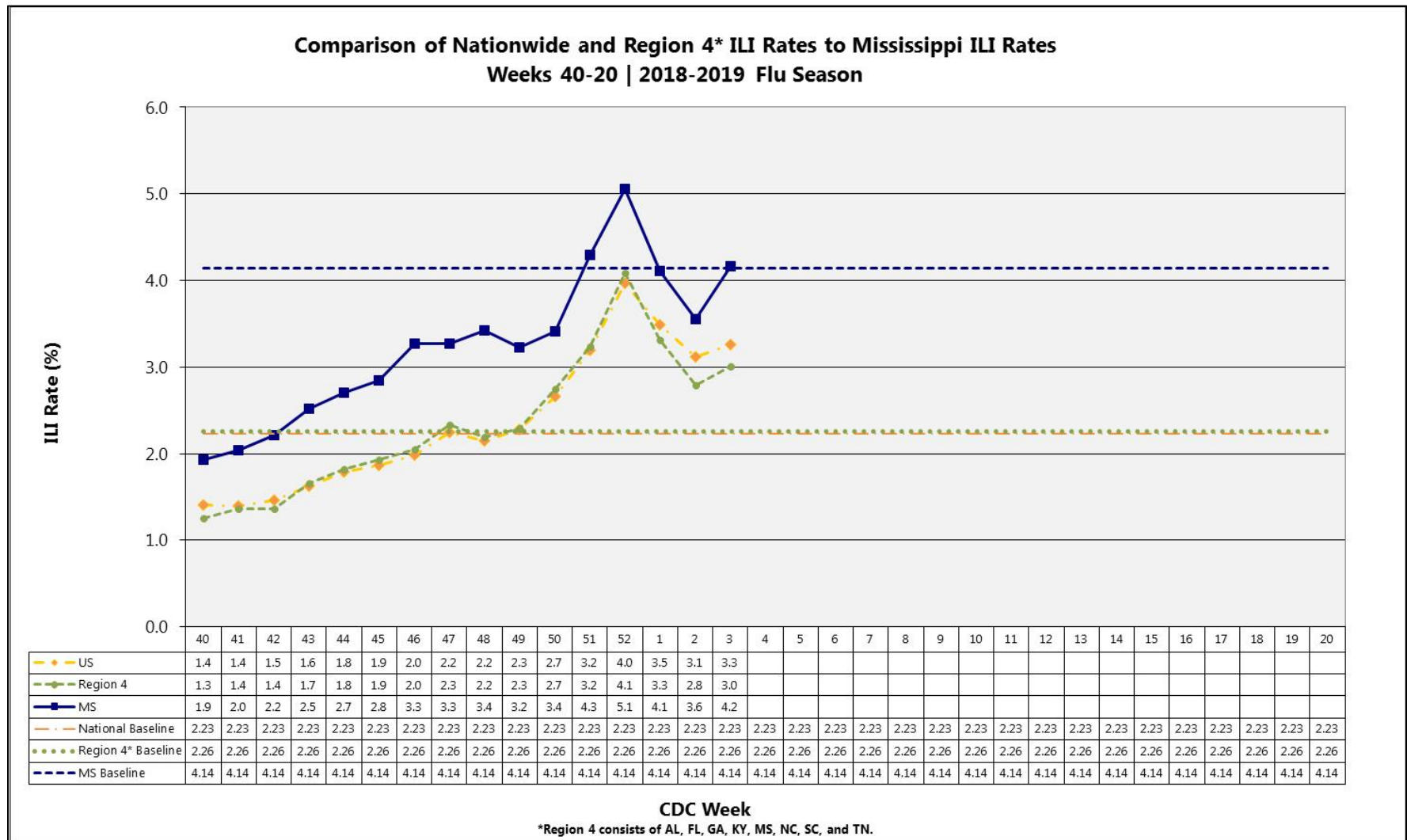
**Figure 7**

**Figure 8**

**Percentage of Influenza-Associated Pediatric Deaths  
by Influenza Type, Nationwide,  
Sept. 30, 2018 - January 19, 2019  
(CDC Week 40, 2018 - Week 03, 2019)  
N = 22**



**Figure 9**





**Figure 10**

