



2014-2015 Influenza Report Week 17

April 26, 2015 – May 2, 2015

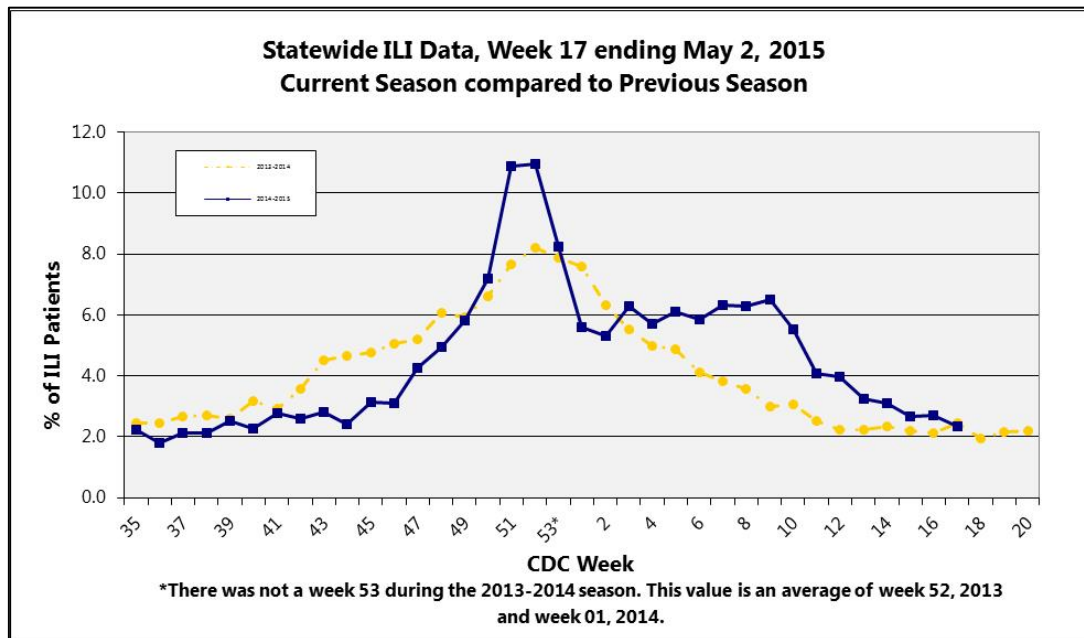
About our flu activity reporting

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.**

Content

- ❖ [State ILI Surveillance](#)
- ❖ [Flu Testing Reports](#)
- ❖ [National and Mississippi Pediatric Mortality Surveillance](#)
- ❖ [National ILI Surveillance](#)
- ❖ [Appendix](#)
 - [Figure 1](#) (Statewide ILI Data, Current Season compared to Previous Season)
 - [Figure 2](#) (Percentage of ILI Cases by Age Group, Mississippi)
 - [Figure 3](#) (Mississippi ILI Rates, 2014-2015 and Previous Seasons)
 - [Figure 4](#) (State ILI/URI Rates 2011-2015 (YTD))
 - [Figure 5](#) (Comparison of Statewide ILI Rate to Positive Influenza Isolates by Type and Subtype, Mississippi)
 - [Figure 6](#) (Number of Influenza-Associated Pediatric Deaths by Week of Death and Influenza Type, Nationwide)
 - [Figure 7](#) (Percentage of Influenza-Associated Pediatric Deaths by Influenza Type, Nationwide)
 - [Figure 8](#) (Comparison of Nationwide ILI Rates to Mississippi ILI Rates)
 - [Figure 9](#) (CDC FluView Weekly Influenza Activity Map)

State ILI Surveillance



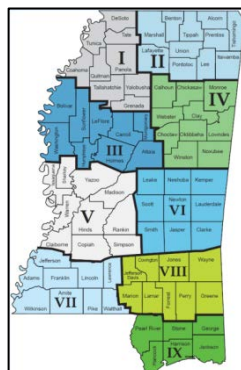
During week **17** (04/26/15-05/02/15), the overall state ILI rate (**2.3%**) was **comparable** to the previous week (**2.7%**) and to this time last year (**2.5%**).

| [Figure 1](#)

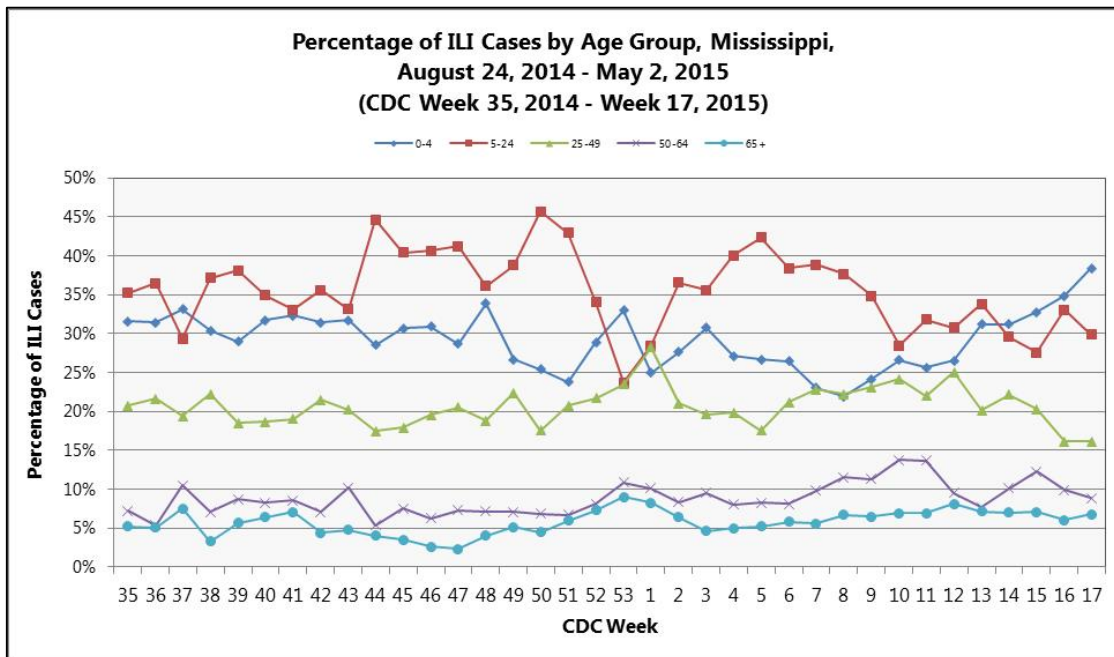
Total number of patients treated by sentinel providers in the last three weeks. | **Table 1**

2014-2015 Influenza Season					
CDC Week	Week Ending	Number of ILI Reports	Total patients	ILI symptoms	ILI Rate (%)
17	May 2	135	16524	385	2.3%
16	Apr. 25	154	20027	545	2.7%
15	Apr. 18	153	18716	497	2.7%

During week **17**, **one** district (6) had an increase in ILI activity, while **two** districts (3 and 4) had a decrease. **Six** districts (1, 2, 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**



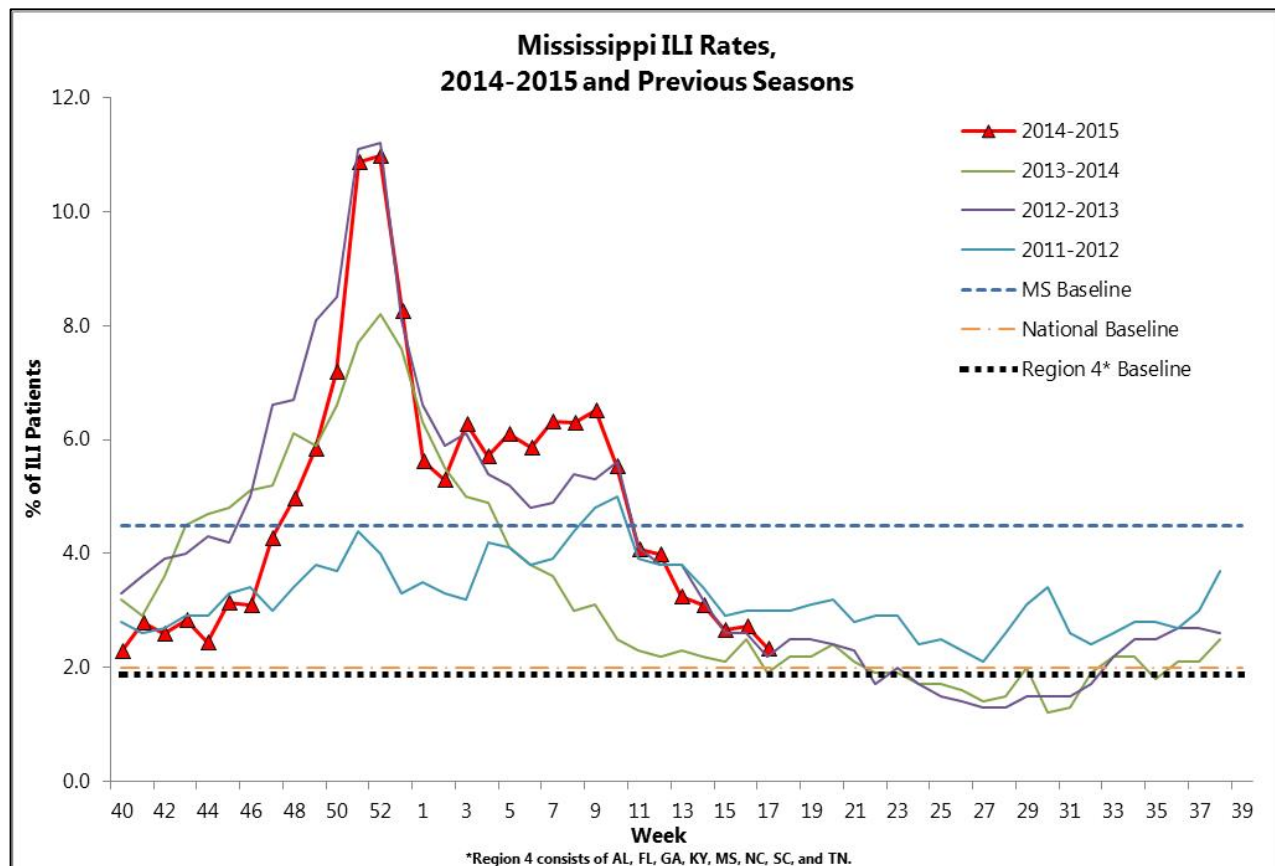
MSDH District ILI Rates (%)		
2014-2015		
District	Week 16	Week 17
State	2.7	2.3
I	1.0	1.0
II	1.5	1.3
III	7.2	3.7
IV	4.3	3.2
V	2.1	1.7
VI	7.7	8.9
VII	2.1	2.0
VIII	1.4	0.9
IX	2.8	2.4



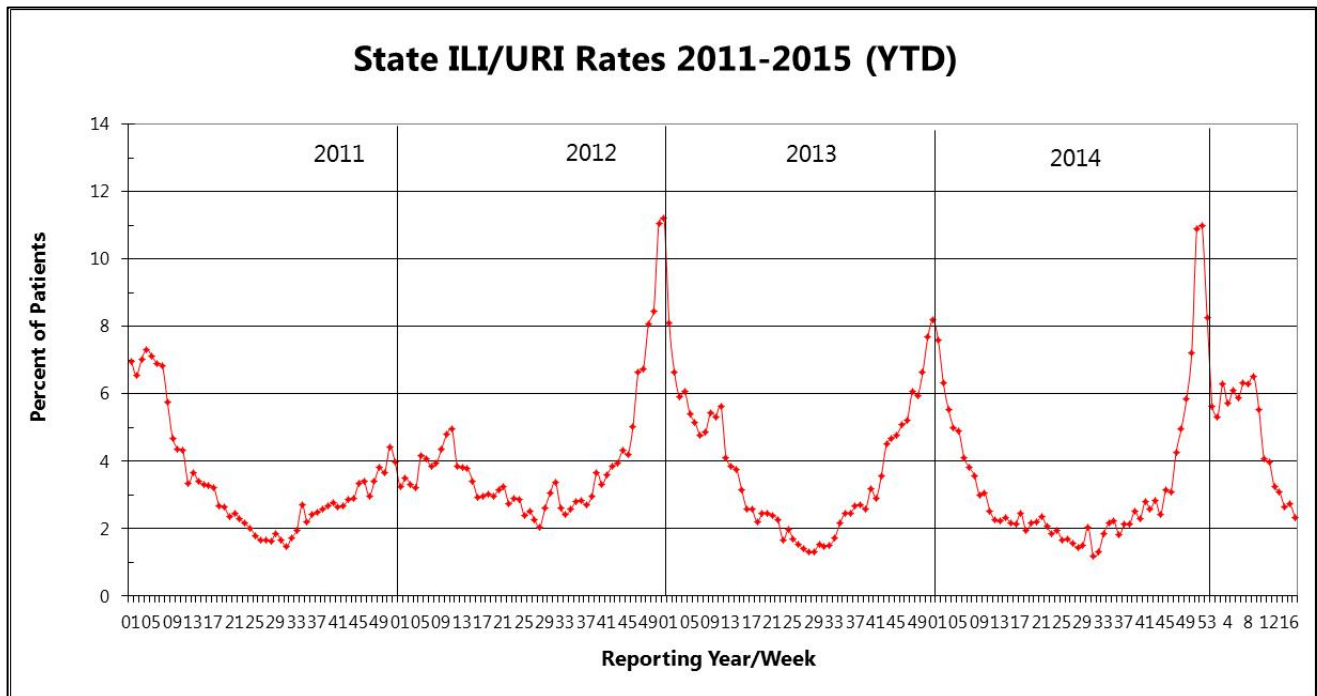
Since week 35, the overall percentage of reported ILI cases has been highest among those in the **5-24 years** of age group. During week

17, however, the **0-4 years** of age groups had a higher rate. | [Figure 2](#)

The 2014-15 state ILI rate was **comparable** to the national and Region 4 baselines, but was **below** the state baseline, during week **17**. | [Figure 3](#)



Mississippi ILI Rates 2011-2015 | [Figure 4](#)

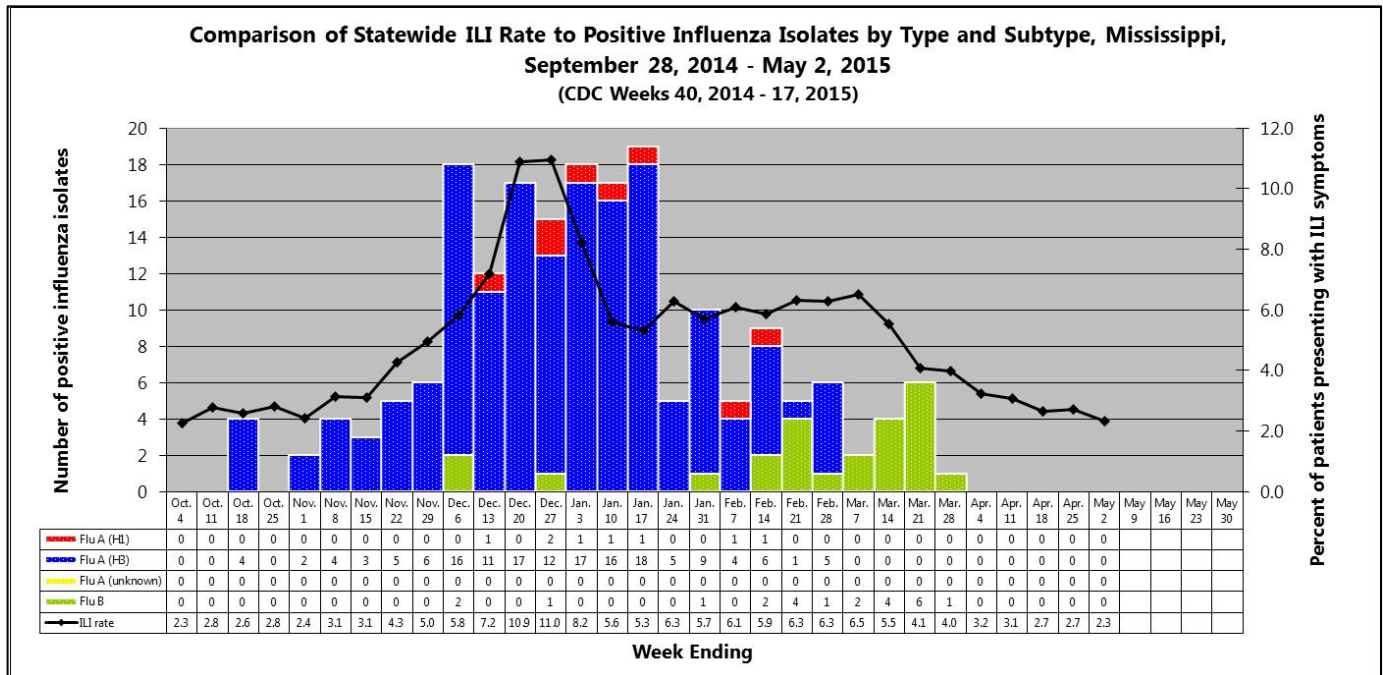


Flu Testing Reports

From week **40** (week ending October 4th) through week **17** (week ending May 2nd), 193 positive influenza samples were identified by MSDH. One hundred sixty-one samples (83%) were identified as influenza A (H3), eight (4%) as influenza A (H1), and twenty-four (12%) were identified as influenza B. The last positive influenza sample identified by MSDH occurred in week 12 (week ending March 28th). |

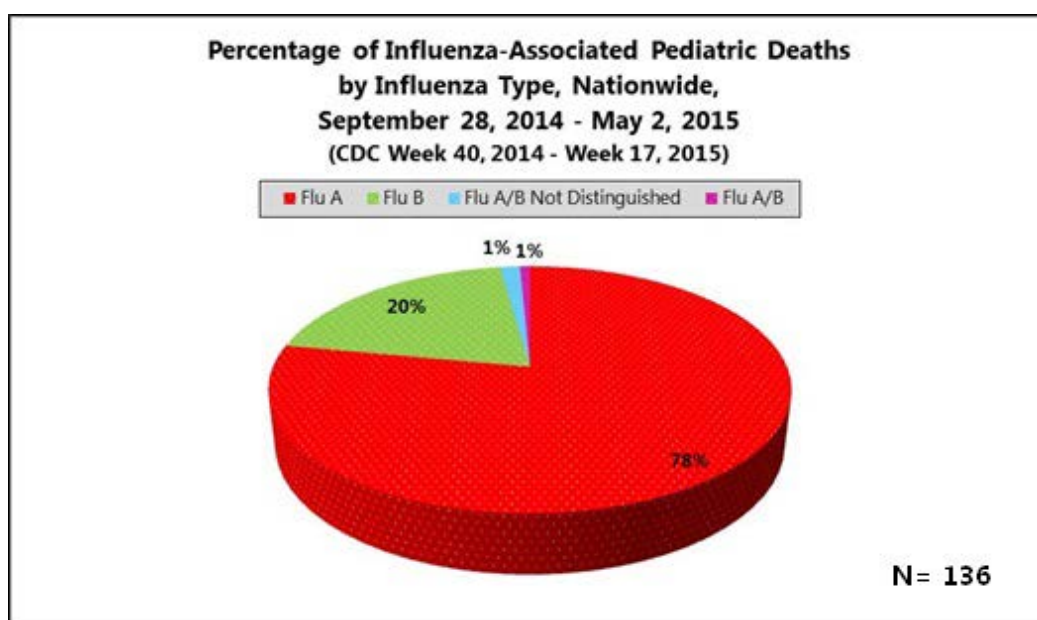
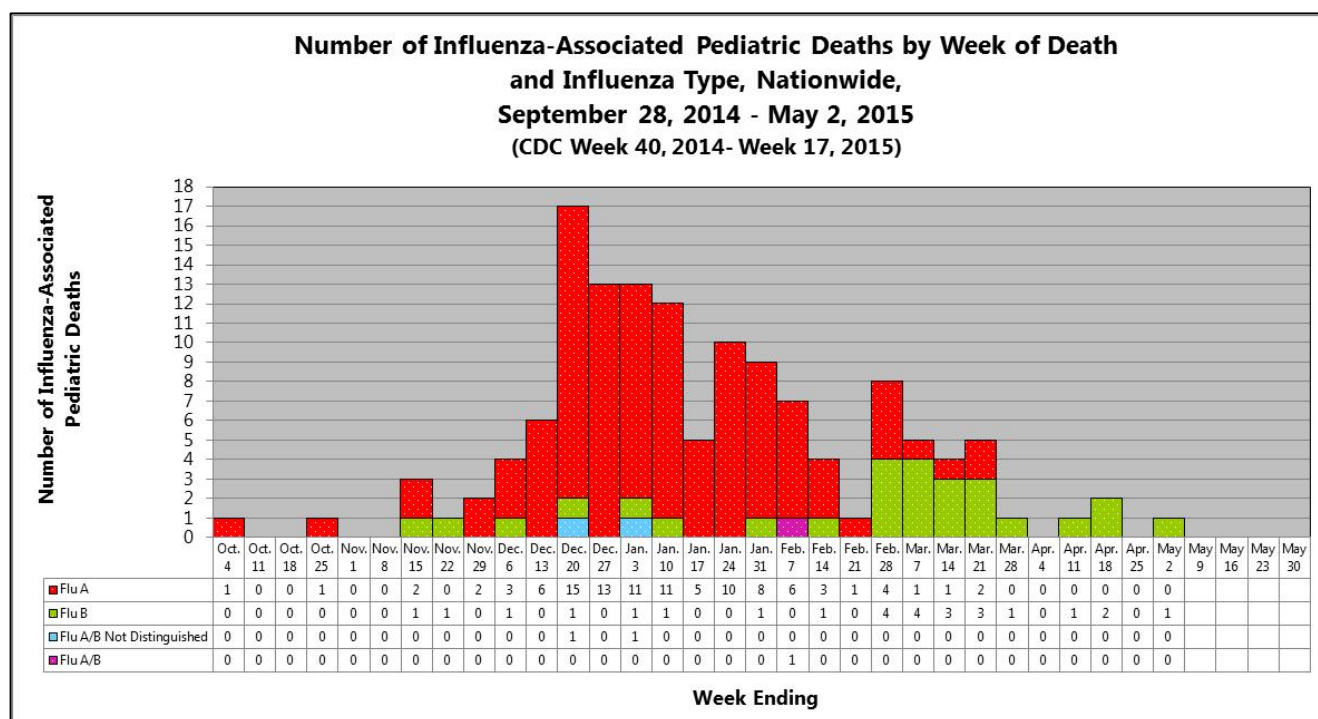
Figure 5

The influenza cases were identified from the following counties: Alcorn (1), Attala (4), Benton (5), Bolivar (3), Choctaw (1), Coahoma (1), Copiah (3), Covington (2), DeSoto (2), Forrest (1), Franklin (3), Harrison (14), Hinds (3), Holmes (2), Humphreys (1), Itawamba (3), Jackson (1), Jefferson (2), Jefferson Davis (1), Jones (5), Kemper (3), Lafayette (3), Lauderdale (6), Leake (2), Lee (3), Leflore (1), Lowndes (5), Madison (9), Marion (5), Marshall (10), Monroe (5), Neshoba (5), Noxubee (3), Oktibbeha (3), Pearl River (5), Pike (2), Pontotoc (1), Prentiss (5), Rankin (9), Simpson (8), Sunflower (2), Tallahatchie (3), Tate (4), Tishomingo (2), Union (1), Walthall (1), Warren (2), Washington (7), Webster (9), Wilkinson (3), and Yazoo (6). Two cases were from unidentified counties.



National and Mississippi Pediatric Mortality Surveillance

Nationally, **three** influenza-associated pediatric deaths were reported to CDC during week **17**. One death was associated with an influenza A (H3) virus and occurred during week 11 (week ending March 21st). Two deaths were associated with an influenza B virus and occurred during weeks 47 and 17 (weeks ending November 22nd and May 2nd, respectively). To date, **136** influenza-associated pediatric deaths have been reported nationally during the 2014-2015 influenza season. | [Figure 6](#)



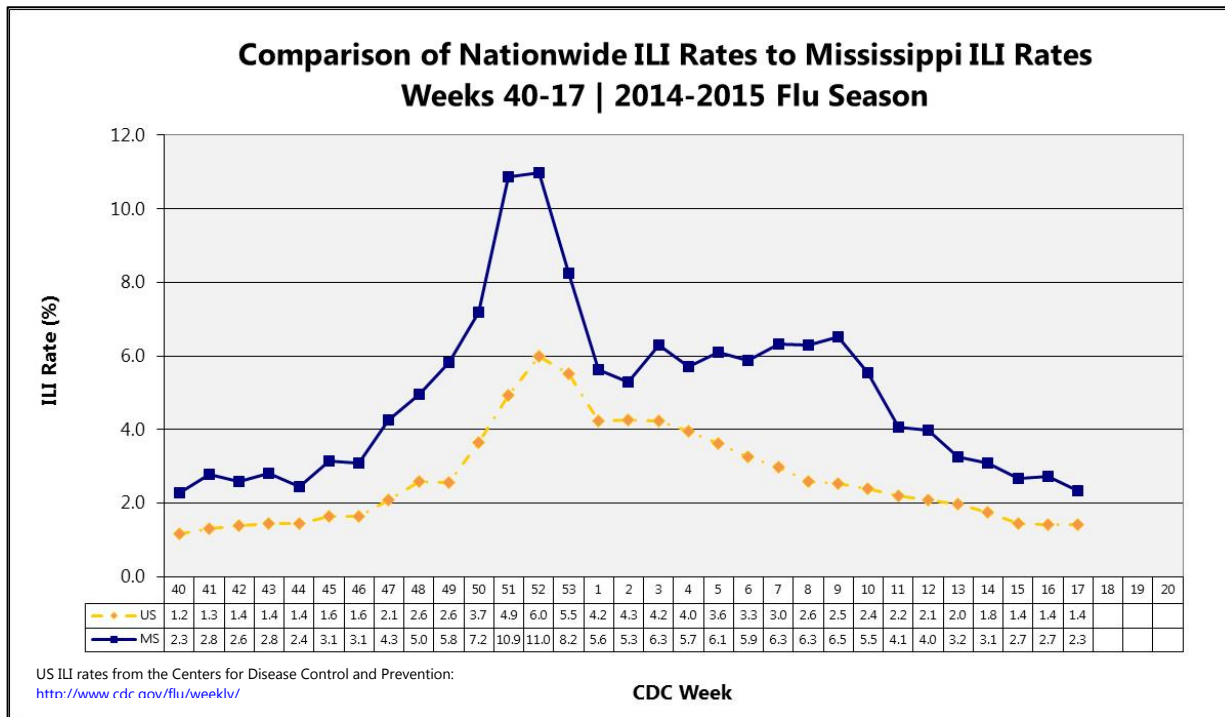
Of the **136** influenza-associated pediatric deaths reported nationally during the 2014-2015 season, 106 (78%) have been attributed to influenza A viruses, 27 (20%) to influenza B viruses, two (1%) to an influenza A/B virus not distinguished, and one (1%) to an

influenza A and B virus co-infection. | [Figure 7](#)

2014- 2015 Influenza Season | Week 17 Influenza Report| Apr. 26, 2015 – May 02, 2015
Mississippi has had **one** influenza-associated pediatric death reported during this influenza season. The death occurred during week 10 (week ending March 14th). For additional information on influenza-associated pediatric deaths, please refer to the [CDC's FluView](#).

National ILI Surveillance

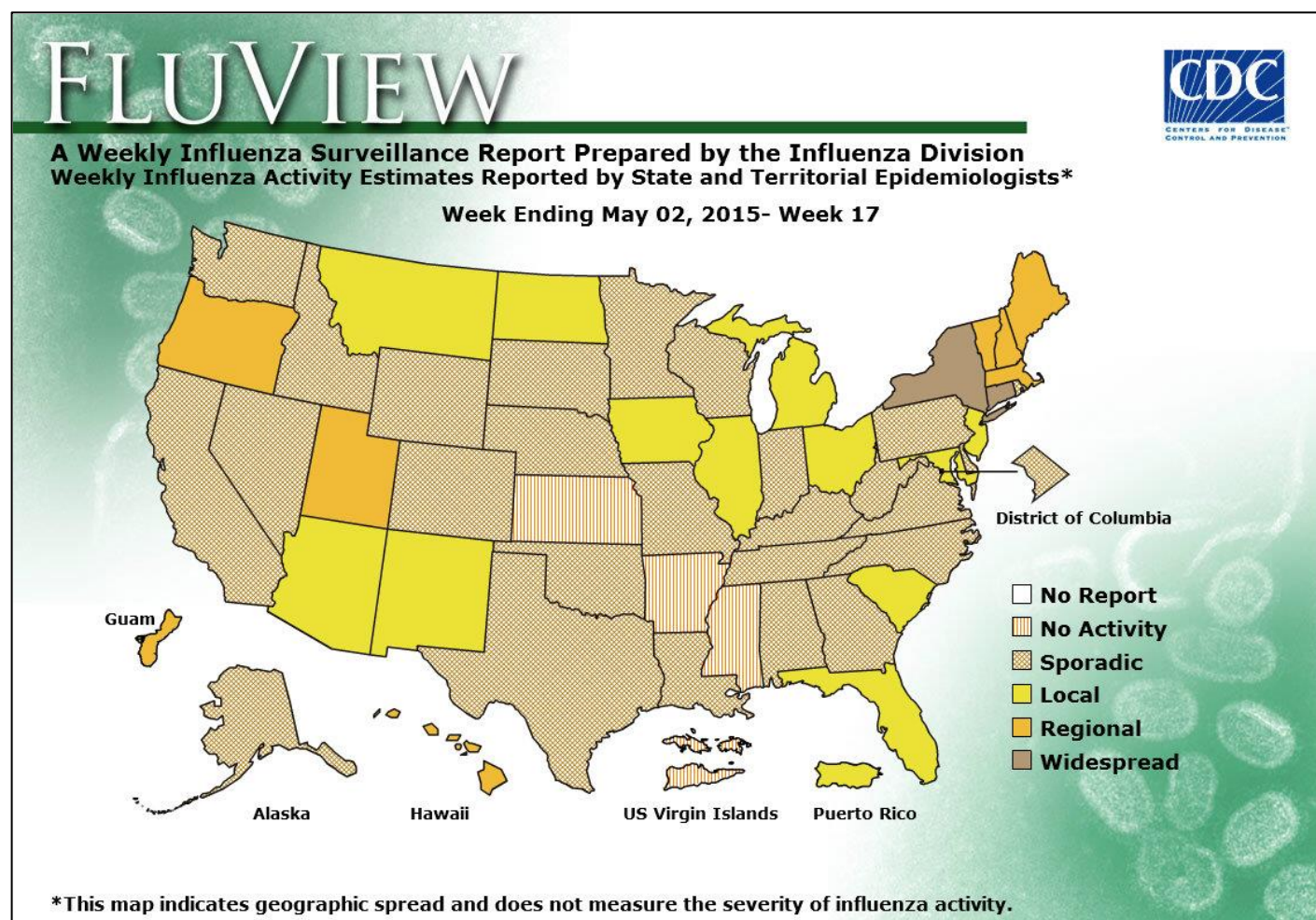
For week **17**, the MS ILI rate (2.3%) remained **above** the national ILI rate (1.4%), but followed national trends. | [Figure 8](#)



Mississippi reported **"No Activity"** flu activity for week **17**. | [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.

During week **17**, influenza activity continued to **decrease** in the United States.¹ | [Figure 9](#)



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

Additional 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
Google Flu Trends	http://www.google.org/flutrends/
World Health Organization FluNet	http://www.who.int/influenza/gisrs_laboratory/flunet/en/

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Appendix

Figure 1

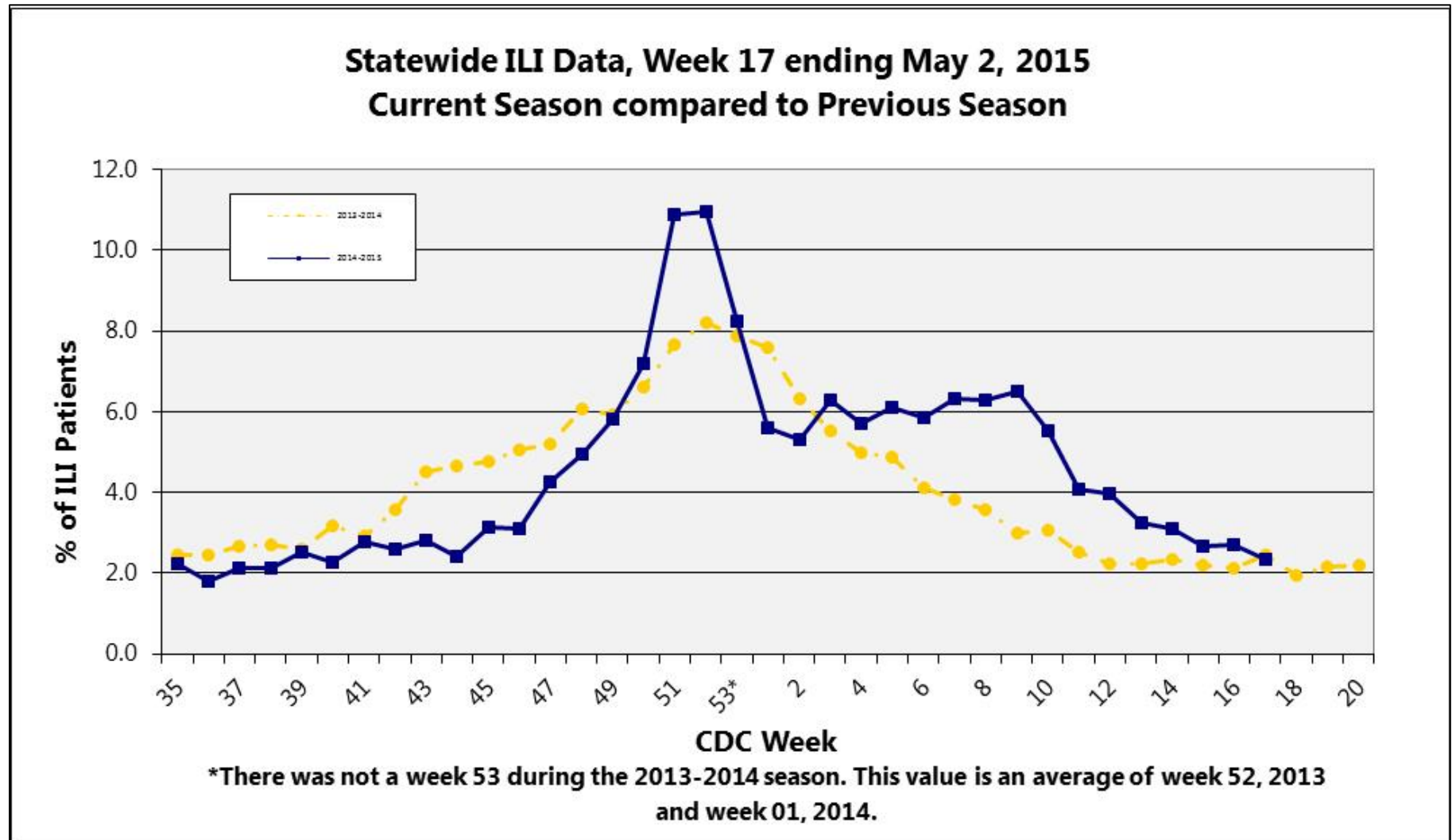


Figure 2

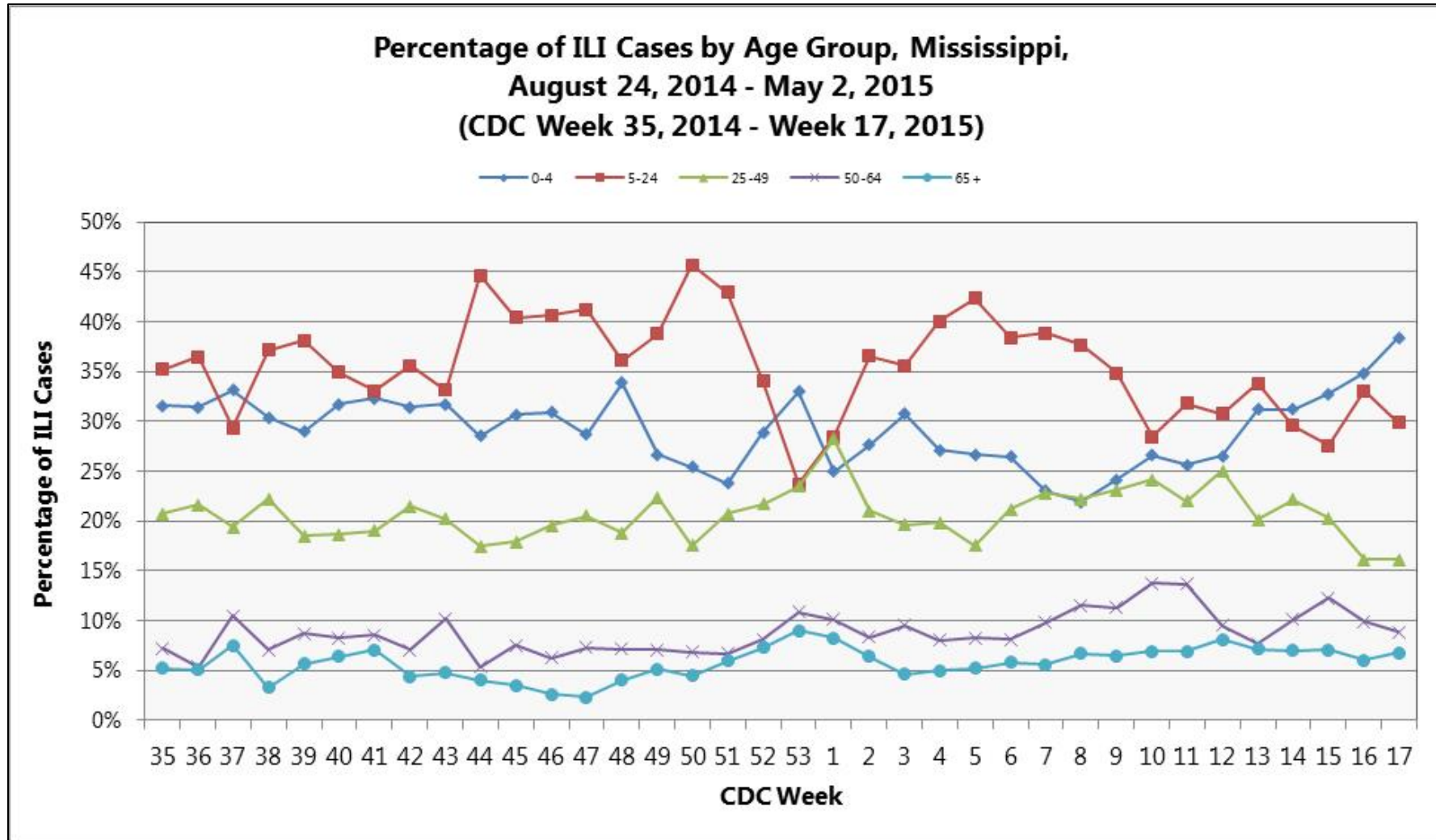


Figure 3

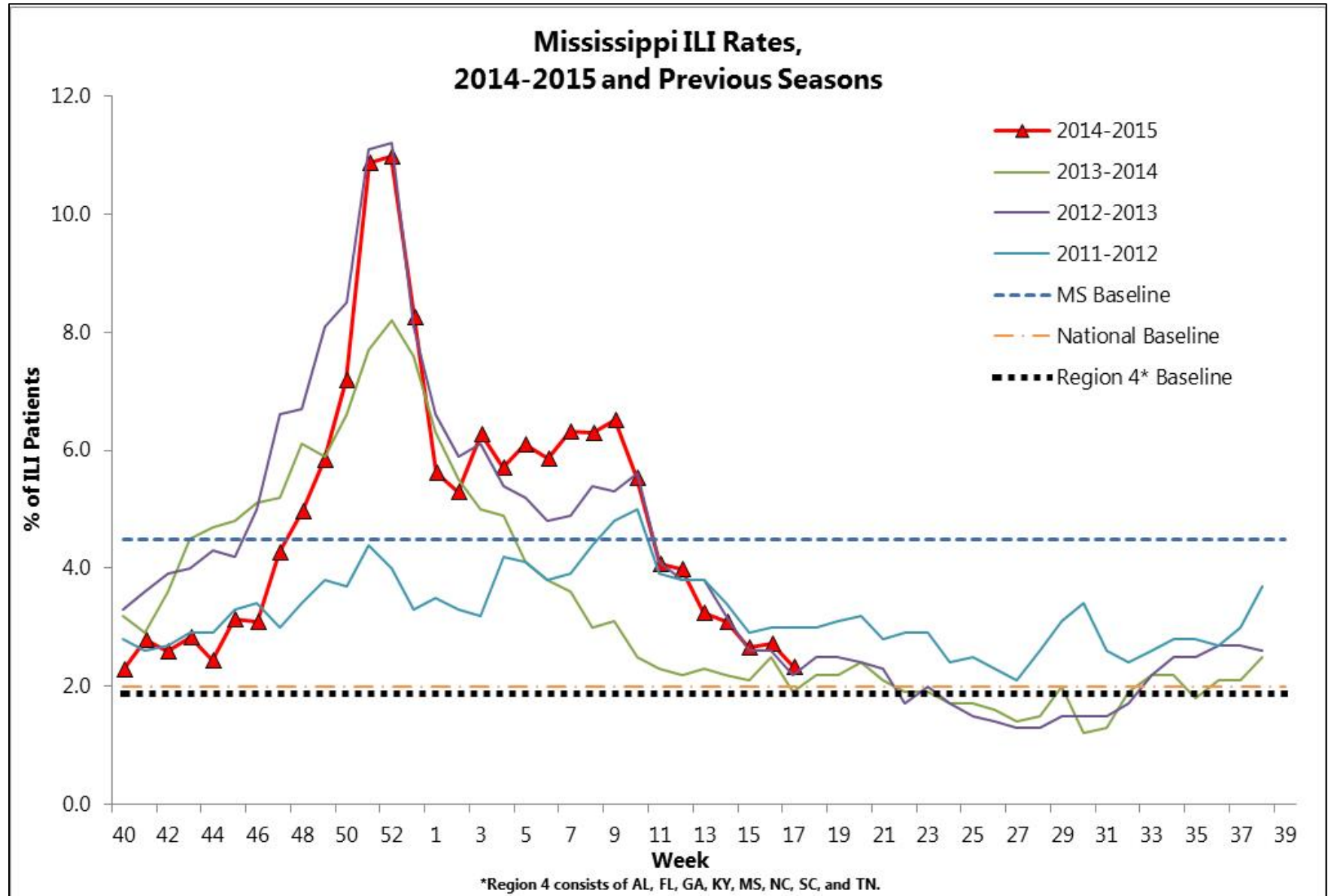


Figure 4

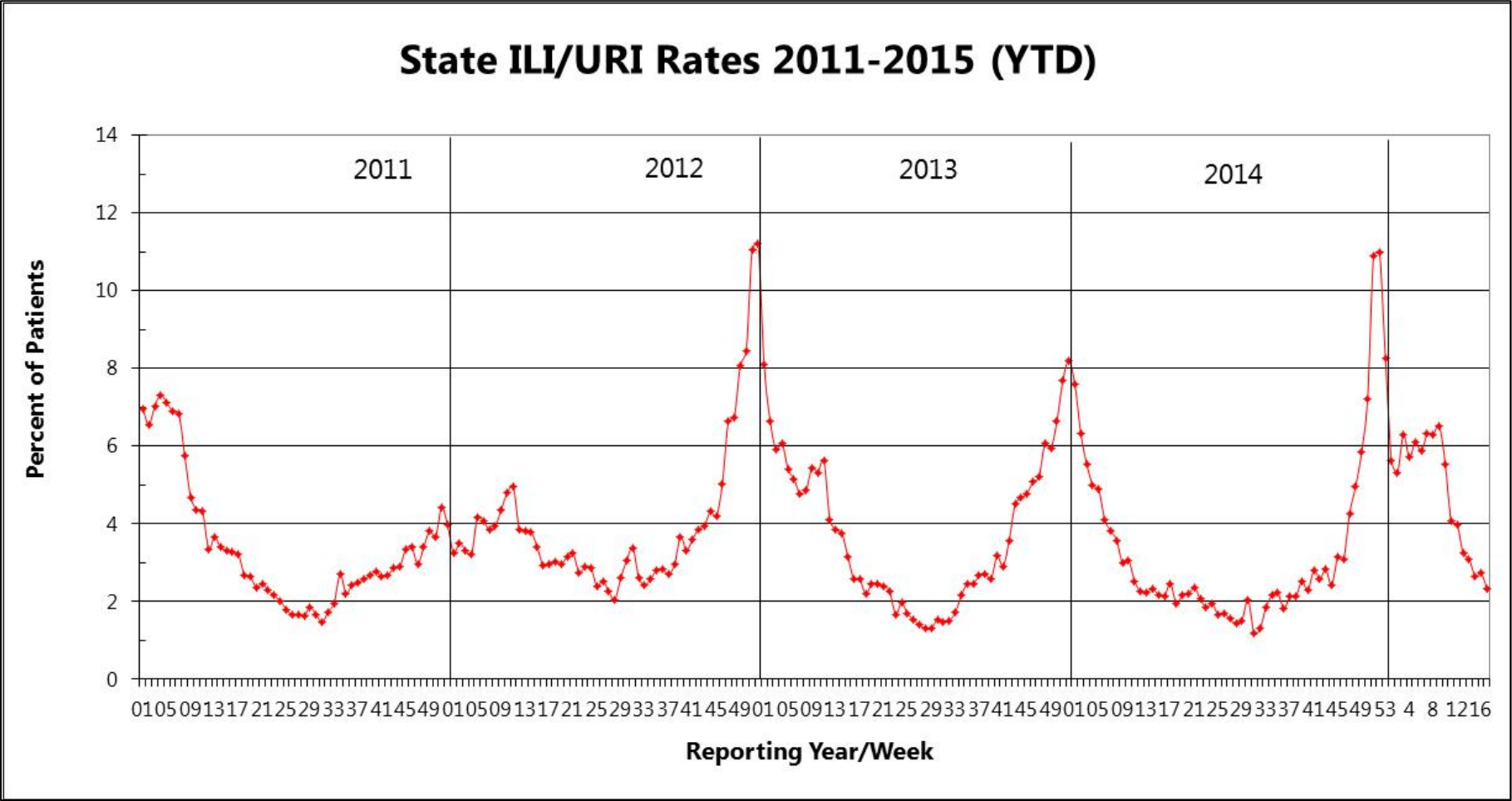


Figure 5

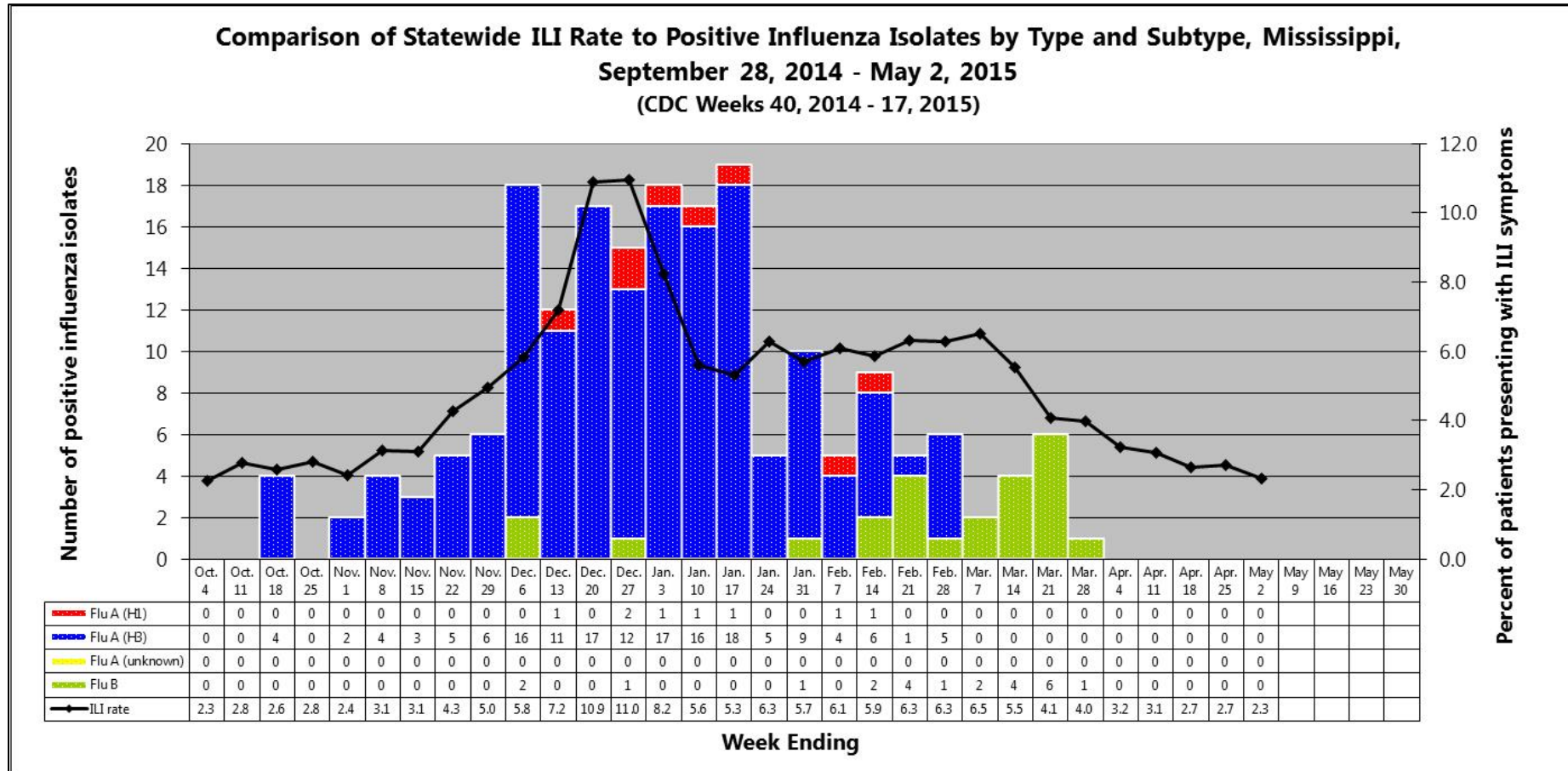


Figure 6

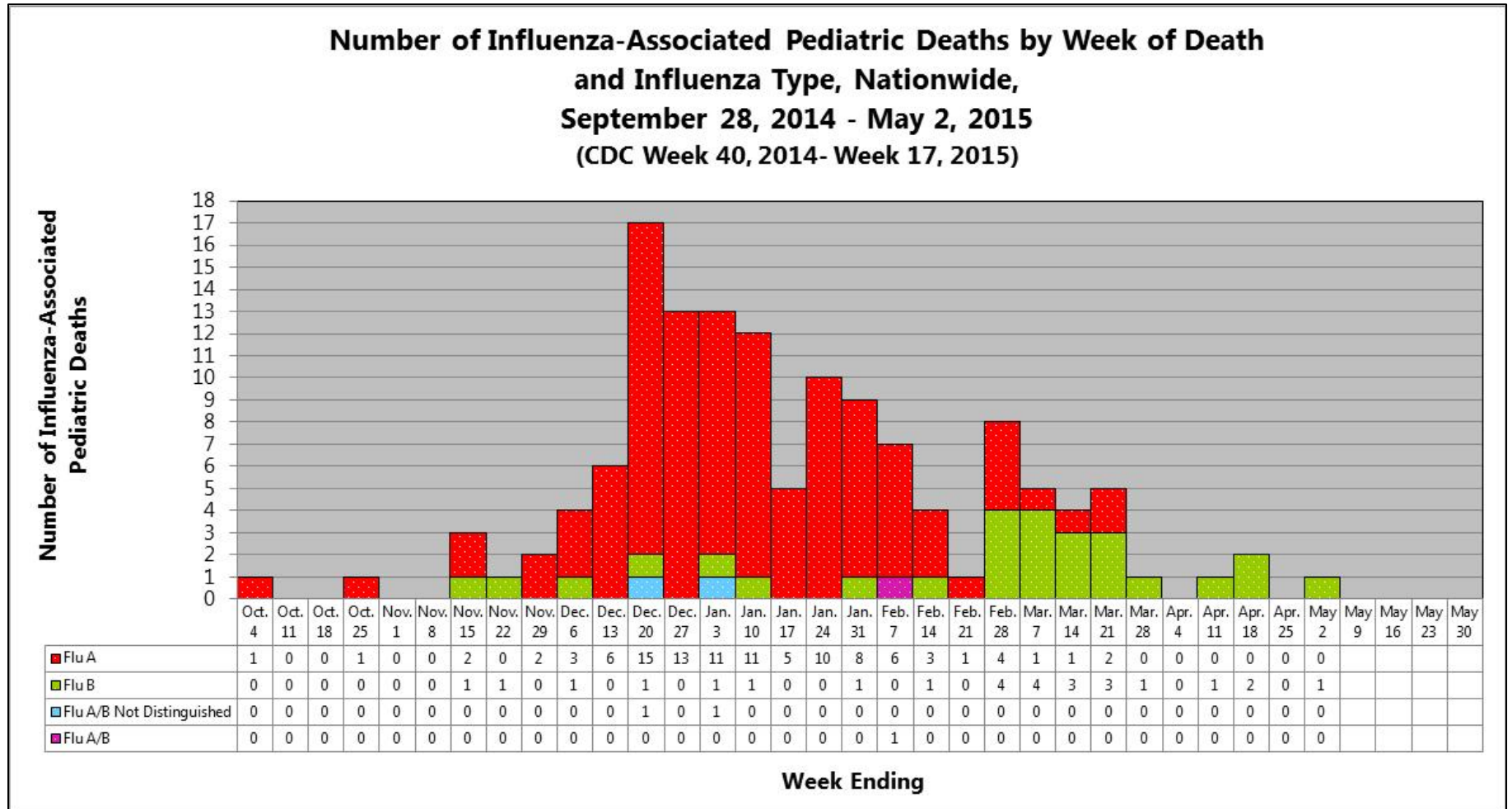
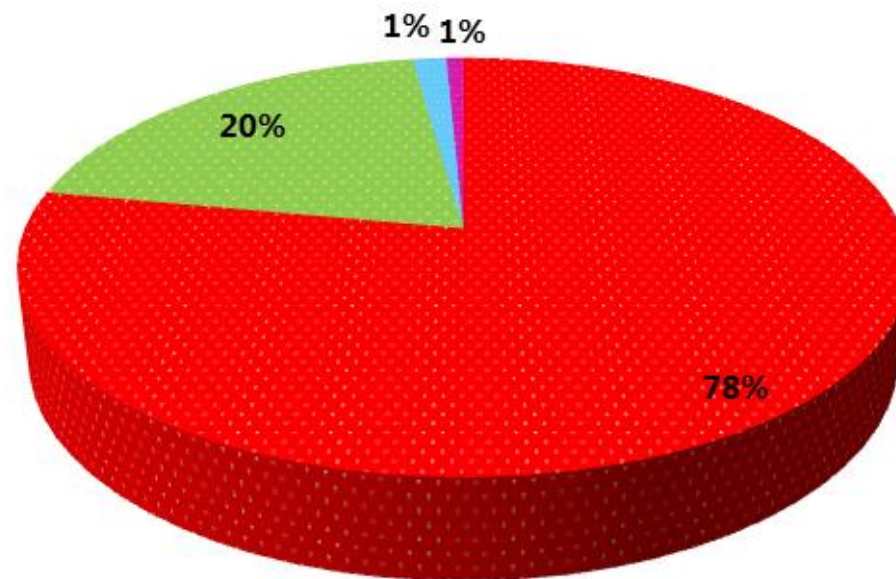


Figure 7

**Percentage of Influenza-Associated Pediatric Deaths
by Influenza Type, Nationwide,
September 28, 2014 - May 2, 2015
(CDC Week 40, 2014 - Week 17, 2015)**

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



N= 136

Figure 8

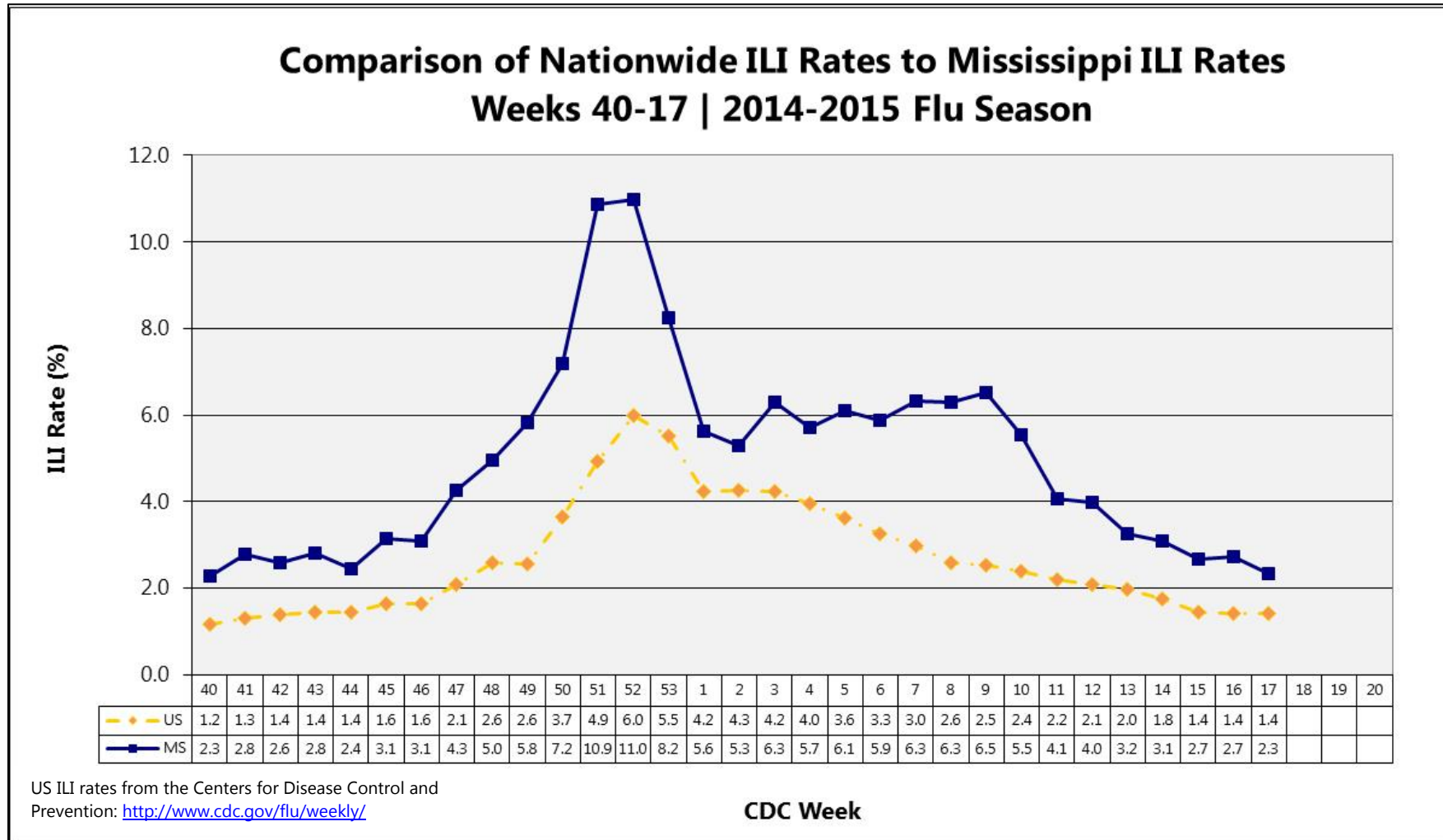


Figure 9

