2016-2017 Influenza Report

Week 10

March 5 – March 11, 2017

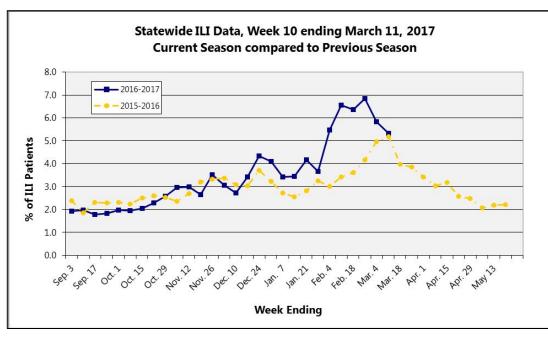
About our flu activity reporting

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 10 (03/05/17 - 03/11/17), the state ILI rate (5.3%) decreased slightly from the previous week (5.8%), but was comparable to this time last

year (**5.2%**). | Figure 1

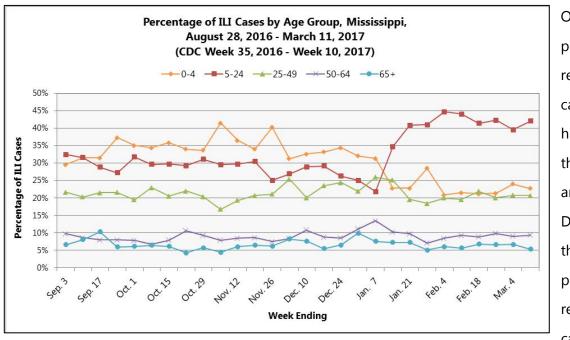
Total number of patients seen by sentinel providers in the last three weeks. | Table 1

2016-2017 Influenza Season						
CDC Week	Week Ending	Number of ILI Reports	Total patients	ILI symptoms	ILI Rate (%)	
10	Mar. 11	135	18325	977	5.3%	
09	Mar. 04	140	19974	1166	5.8%	
08	Feb. 25	140	20796	1422	6.8%	

During week **10**, **six** districts (1, 2, 3, 7, 8, and 9) had a decrease in ILI activity, while the **three** remaining 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**



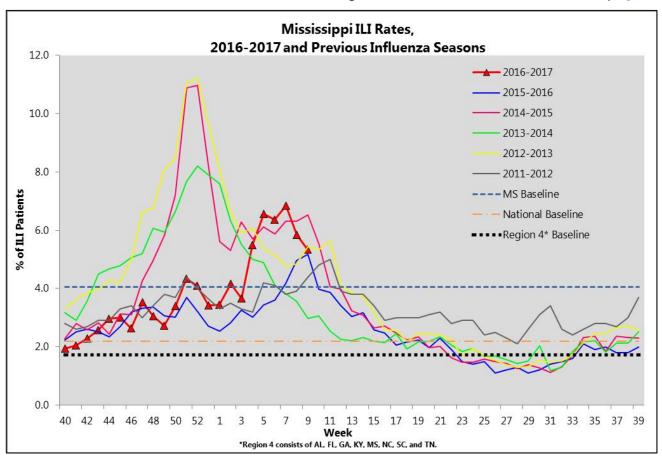
MSDH District ILI Rates (%) 2016-2017					
District	Week 09	Week 10			
State	5.8	5.3			
I	7.2	6.4			
II	8.3	6.5			
III	10.1	8.6			
IV	5.3	5.2			
V	2.9	3.0			
VI	9.8	9.6			
VII	5.6	4.9			
VIII	6.5	5.8			
IX	5.3	4.8			



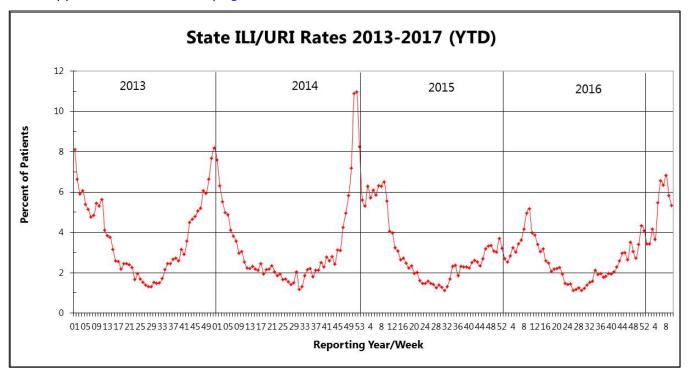
Overall, the percentage of reported ILI cases has been highest among those in the **0-4** and **5-24 years**. During week **10** though, the percentage of reported ILI cases continued

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, Region 4, and state baselines for week **10**. | Figure 3

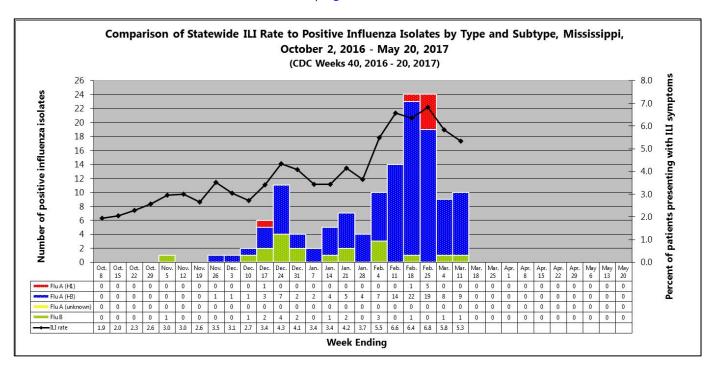


Mississippi ILI Rates 2013-2017 | Figure 4



Flu Testing Reports

From week **40** (week ending Oct. 8th) through week **10** (week ending March 11th), **135** laboratory confirmed influenza samples were identified by the MSDH Public Health Laboratory. One hundred nine (81%) samples were identified as influenza A (H3), 19 (14%) were identified as influenza B, and seven (5%) were identified as influenza A (H1). | Figure 5



The influenza cases were identified from the following counties: Alcorn (3), Attala (2), Coahoma (9), Copiah (4), Covington (2), DeSoto (1), Forrest (3), George (3), Harrison (2), Hinds (5), Holmes (2), Jackson (2), Jones (3), Lafayette (3), Lauderdale (3), Lawrence (1), Lee (4), Leflore (2), Lincoln (12), Lowndes (9), Madison (2), Marion (2), Marshall (5), Monroe (5), Neshoba (4), Newton (2), Oktibbeha (10), Pearl River (2), Pike (3), Pontotoc (3), Quitman (1), Rankin (1), Sharkey (1), Simpson (1), Tate (2), Tippah (4), Warren (2), Washington (4), Webster (2), and Winston (4).

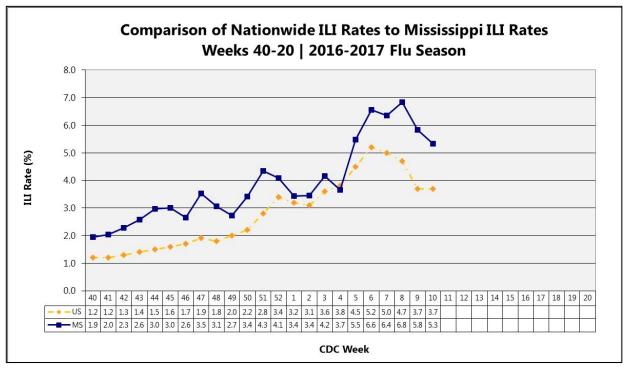
National and Mississippi Pediatric Mortality Surveillance

Nationally, **five** influenza-associated pediatric deaths were reported to CDC during week **10**. Two deaths were associated with an influenza A (H3) virus and occurred during weeks 07 and 08 (weeks ending February 18th and February 25th, respectively). One death was associated with an influenza A virus for which no subtyping was performed and occurred during week 04 (week ending January 28th). Two deaths were associated with an influenza B virus and occurred during weeks 08 and 09 (weeks ending February 25th and March 4th). **53** influenza-associated pediatric deaths have been reported during the 2016-2017 season.

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 <u>CDC's FluView</u>.

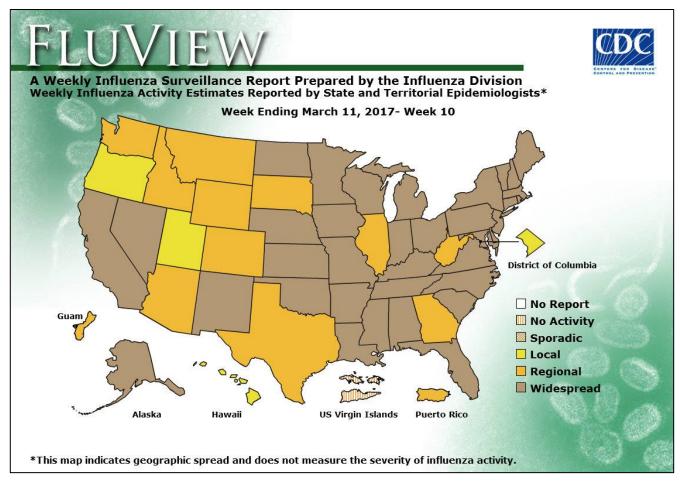
National ILI Surveillance

For week **10**, the MS ILI rate (5.3%) was **above** the national ILI rate (3.7%). | Figure 6



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

During week **10**, influenza activity **decreased**, but **remained elevated** in the United States. | Figure 7



Mississippi reported "Widespread" for the influenza activity during week 10. | 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.	

2016 – 2017 Influenza Season | Week 10 Influenza Report| Mar. 05 – Mar. 11, 2017 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

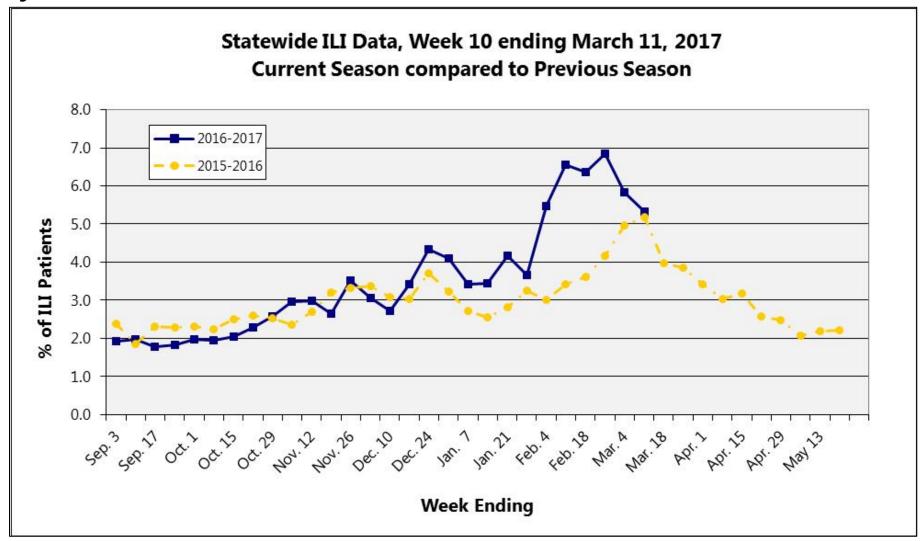


Figure 2

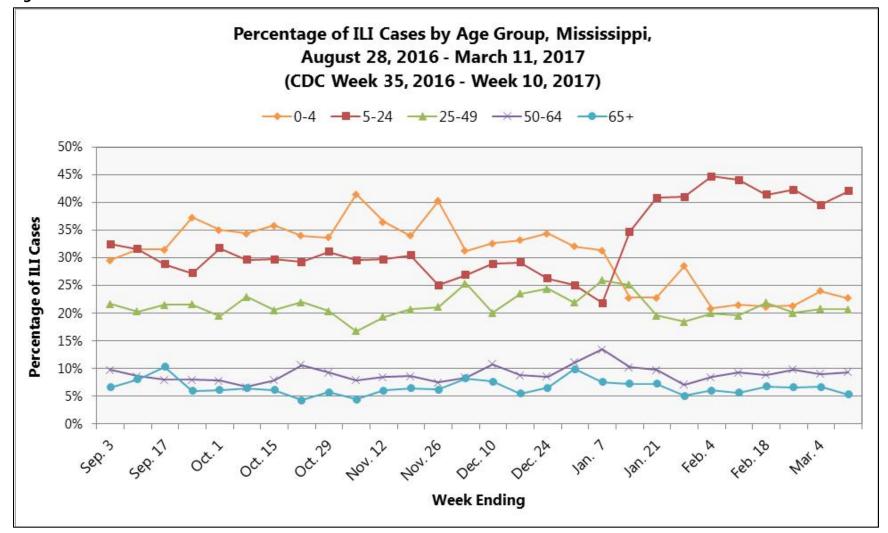


Figure 3

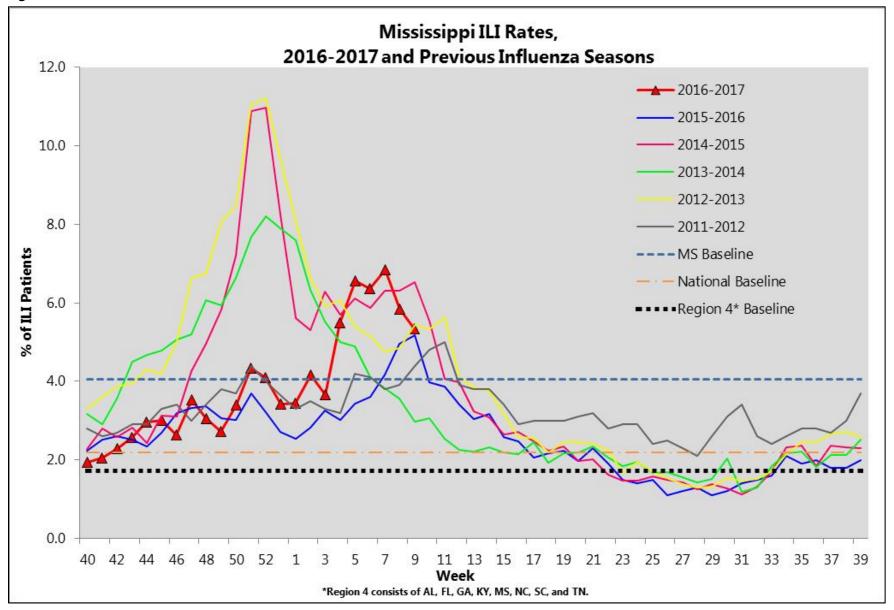


Figure 4

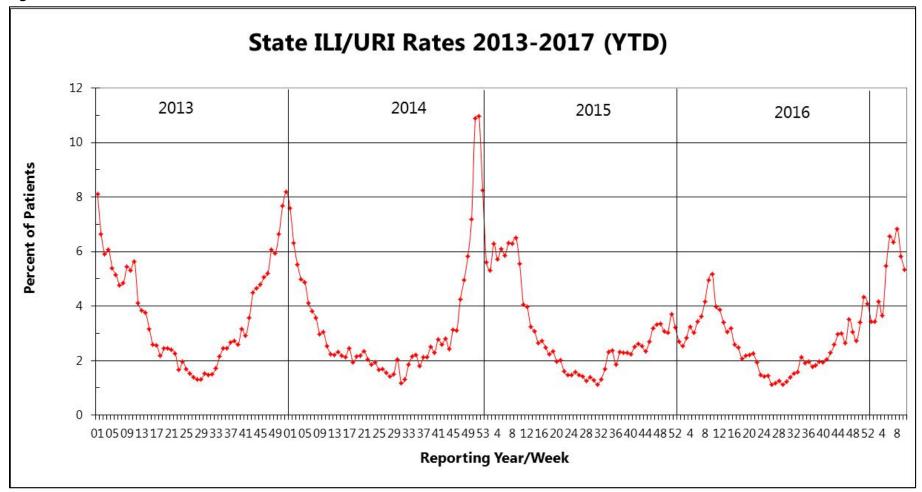


Figure 5

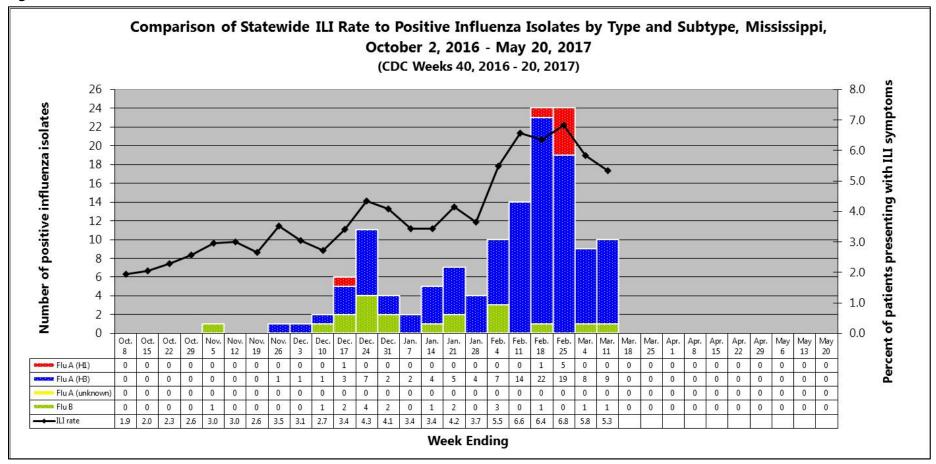


Figure 6

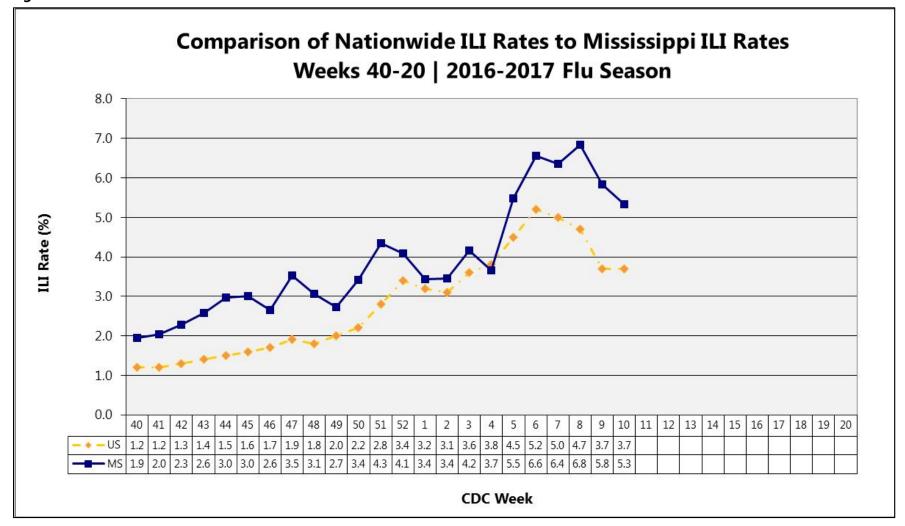


Figure 7

