MADISON COUNTY DEPARTMENT of HEALTH

Disease Surveillance & Risk Report

This report does ***not reflect*** the severity of flu activity.

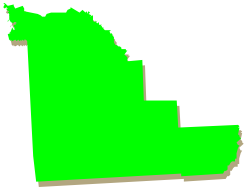
Week Ending: November 26, 2016

No Report	No Activity	Sporadic	Local	Regional	Widespread	Severe

DEFINTION of Influenza-like or Flu-Like Illness: (ILI):
1) Fever > 100°F measured with a thermometer AND (2) Cough AND/OR sore throat in the absence of a known cause other than influenza

Madison County Flu Activity

Flu Activity for the week ending 11/26/16: Sporadic

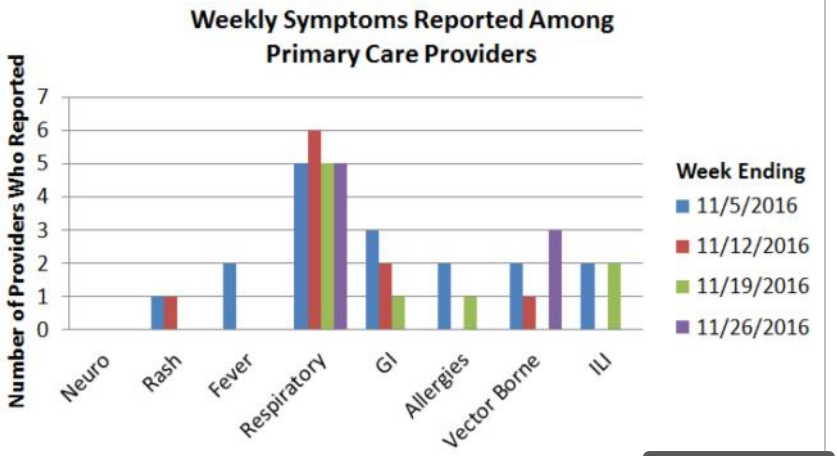


- Lab-confirmed flu: Three confirmed flu A cases were reported. (The season total to date is: 3 flu A and 1 flu B.)
- County workforce*: No influenza-like illness (ILI) was reported
- College Health Centers*: ILI was reported
- Primary Care Providers*: Flu and ILI was reported
- New York State Hospital Report (HERDS): No flu related hospitalizations were reported by hospitals in Madison County this season to date.
- Flu-Associated Pediatric Deaths: No reports this season to date.

Orf Virus (Sore Mouth Infection) *is a zoonotic disease spread from animals to people. This virus primarily causes an infection in sheep and goats, although it Orf virus infection in animals is commonly referred to as sore mouth, scabby mouth, or. Animals infected with Orf virus (contagious ecthyma) can transmit the virus to people. The virus cannot be transmitted from one infected person to another. Humans that are infected typically develop ulcerative lesions or nodules on their hands for about a week. Infection in people can be prevented by wearing gloves during animal contact when open sores are on hands and by using good hand washing after animal contact.*

Madison County Disease Surveillance Updates, week ending 11/26/16

- Communicable Diseases Reported to the Health Department: 1 Chlamydia and 1 Mumps case were reported
- Primary Care Providers Reported*: Respiratory illness, fever, gastrointestinal illness (GI), influenza-like illness (ILI), flu, tick-bites, allergies, strep throat, sinus infections, ear infections, pneumonia, and exacerbations of chronic obstructive pulmonary disease (COPD) were reported; also refer to graph below.
- Hospital Weekly Surveillance*: Rash, fever, respiratory illness, GI, URI, sore throats, flu and **Orf virus** were reported
- Syndromic Surveillance in Emergency Departments: No reported clusters of illness
- College Health Centers*: Respiratory illness, gastrointestinal illness (GI), ILI, URI, and mono were reported
- Medicaid Over-the-Counter (OTC) & Script Medication Alerts—11/5/16 to 11/14/16: No alerts



**Information denoted with an asterisk is subjective and provided on a voluntary basis.*

View all past surveillance reports online at www.healthymadisoncounty.org

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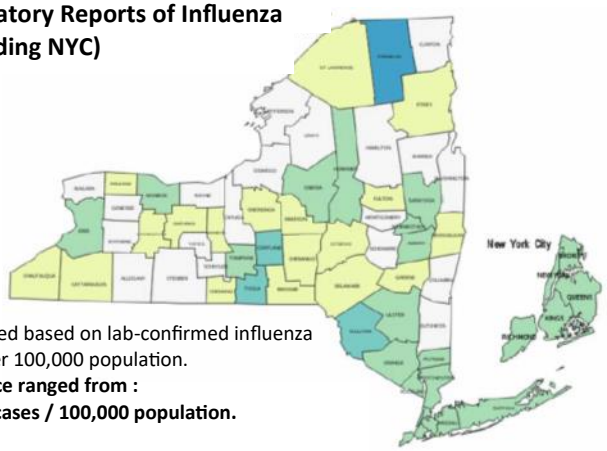
New York State Flu Activity

Flu Activity for the week ending 11/19/16: Sporadic

- Lab-Confirmed Flu: 114 reports, a 80% *increase* over last week. Flu was reported in 24 counties.
- Flu-Related Hospitalizations: 62 reports, a 55% *increase* over last week.
- A select group of providers ("sentinel providers") across the state (outside of NYC) reported the percentage of office visits due to complaints of flu-like illness (ILI) was 1.18%; this is *an increase* from last week and is *below* the regional baseline of 3.0%.
- Flu-Associated Pediatric Deaths: No report this week. No deaths have been reported this season.

Laboratory Reports of Influenza (including NYC)



Calculated based on lab-confirmed influenza cases per 100,000 population.
Incidence ranged from :
0–9.87 cases / 100,000 population.

CASES BY COUNTY

- No cases reported this season
- Cases reported previously this season, but not this week
- 0.01-1.99 cases/100,000 population
- 2-4.99 cases/100,000 population
- 5-9.99 cases/100,000 population
- Greater than or equal to 10 cases/100,000 population

Source: New York State Department of Health. *Influenza Surveillance, Activity and Reports, 2015-16.* http://on.ny.gov/1GTxdpF

United States Flu Activity

Flu Activity for the week ending 11/19/16 (week 46): Sporadic

Flu activity *increased slightly* in the U.S, but remained low.

Geographic Flu Activity Summary (Fig. 1):

- Regional influenza activity was reported by Guam, Puerto Rico, and the U.S. Virgin Islands.
- Local influenza activity was reported by 11 states
- Sporadic influenza activity was reported by the District of Columbia and 36 states
- No activity was reported by three states

Surveillance Summary:

- Puerto Rico experienced high ILI activity levels based on the proportion of visits to outpatient primary case providers, two states experienced low ILI activity, and NYC and 48 states experienced minimal ILI activity (Fig. 2).
- 5.6% of all deaths reported through the National Center for Health Statistics mortality surveillance data for week 44, ending 11/5, were attributed to pneumonia and flu ; this is below the week 44 epidemic threshold of 6.8%.
- Outpatient illness visits reported through the U.S. ILI Network was 1.6%, this percentage is *below* the national baseline of 2.2%. Two of 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.
- No flu-associated pediatric deaths were reported this season to date.
- One novel influenza A virus was reported

Figure 1: Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists (This figure does not measure the severity of influenza activity.)

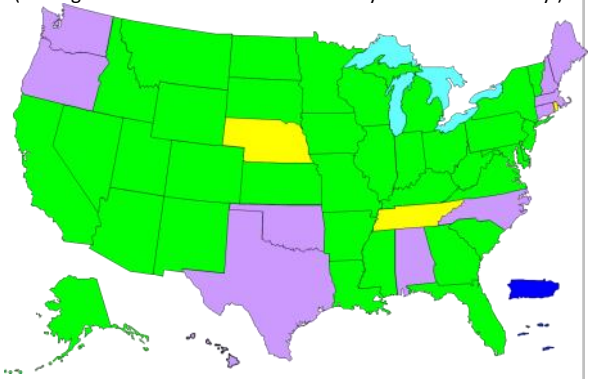
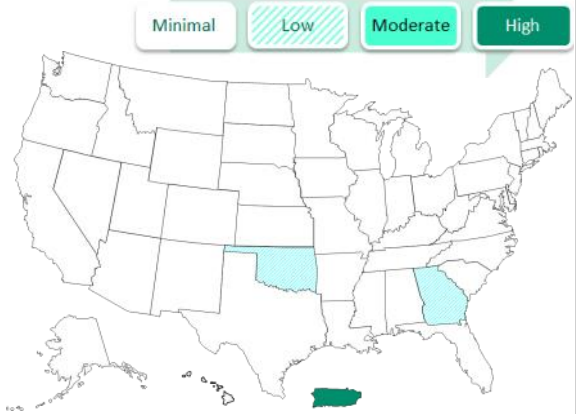


Figure 2: ILI Activity from ILINet Data



ILI Net Data based on percent of outpatient visits in states due to ILI, more on Fig. 2 at: http://1.usa.gov/1d3PGtv

Sources: *FluView: Weekly U.S. Influenza and Surveillance Report.* Centers for Disease Control and Prevention. http://1.usa.gov/1eDDFhh