

Madison County Communicable Disease Activity: Week 16, ending 4/20/19

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

COMMUNICABLE DISEASES: Madison County

Communicable Diseases Reported:

1 Chlamydia, 1 Gonorrhea, 1 acute Hepatitis C

Primary Care Providers Reported*:

Respiratory illness, gastrointestinal illness (GI), influenza-like illness (ILI), influenza (flu), allergies, strep throat, coughs, sinus infections, upper respiratory infections (URI), and tick bites

Colleges Reported*: Respiratory illness, allergies, URI, and mononucleosis

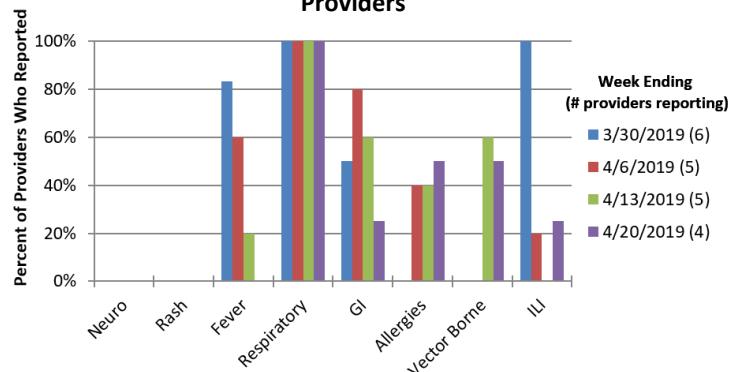
Syndromic Surveillance in Emergency

Department—4/12/19 to 4/20/19: No clusters of illness reported

Medicaid Over-the-Counter (OTC) & Script

Medication Alerts—3/29/19 to 4/7/19: Mild to moderate sensitivity for tetracycline antibiotics

Figure 1: Weekly Symptoms Reported Among a Proportion of Healthcare Providers



Hospitals Reported: Neurologic illness¹, rash, fever, respiratory illness, GI, ILI, flu, asthma, pneumonia, and URI



¹*Neurologic illness can include non-specific diagnosis of neurological infection (e.g. Meningitis, Encephalitis, etc.) or non-specific conditions (e.g. headache, numbness, dizziness, blurry/double vision, speech difficulty, confusion, disorientation, or anxiety)*

BY APRIL 30th: WE NEED YOUR REPORT FEEDBACK

Complete our 5-minute survey: <https://www.surveymonkey.com/r/DSRC2019>

ISSUE HIGHLIGHT: *Sexually Transmitted Diseases Continue to Rise*

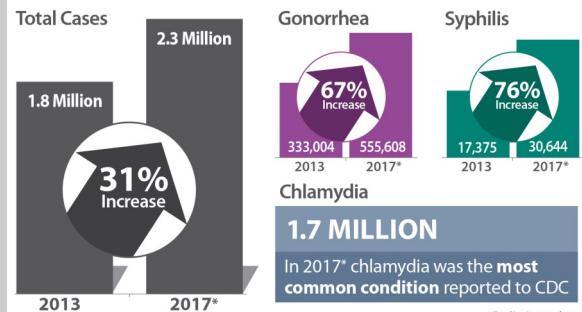
According to the CDC, there were more sexually transmitted diseases (STDs) reported in 2017 than ever before.

Chlamydia is the most commonly reported communicable disease in New York state, with over 110,000 diagnoses each year. Chlamydia is a leading cause of pelvic inflammatory disease (PID), ectopic pregnancy, and infertility. (NYSDOH EPT Position Statement, 2019)

Chlamydia is also the most reported communicable disease in Madison County, with a 22% increase from 2015 to 2018 (165 cases in 2015 and 201 in 2018). (NYSDOH, CDESS). Rates for all STDs fluctuate yearly, and locally follow the same national upward trends.

The CDC is reporting steep, sustained increases in STDs. For more information on STDs and treatment guidelines visit: www.cdc.gov/std.

Combined diagnoses of chlamydia, gonorrhea, and syphilis increased sharply over the past five years



*Preliminary data

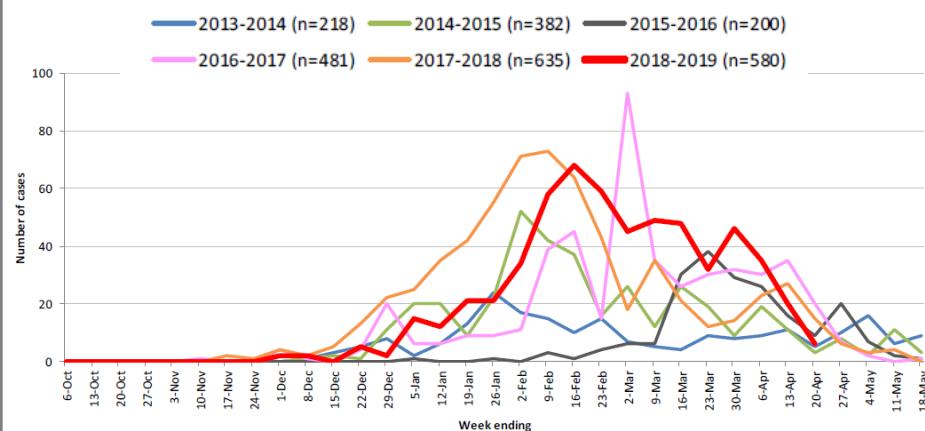
Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 16, ending 4/20/19: **Regional (decreasing)**



Weekly Lab-confirmed flu: 6 flu case were reported; this is a 70% decrease from the previous week (20).

Figure 3: Positive Influenza Laboratory Results Reported to MCDOH, by Season

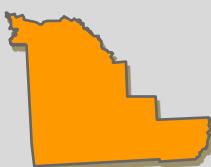


Influenza-like or flu-like illness (ILI) includes:

- 1) a fever greater than 100°F measured with a thermometer AND
- (2) a cough AND/OR sore throat in the absence of a known cause other than influenza.

Total Lab Confirmed Flu Reported to Date: 580
(574 type A and 6 type B)
This is 56% higher than the average, to date (371), see Figure 3.

Incidence Rate (the number of new flu cases): 13 per 100,000 population



Schools Districts*: No reports due to spring break

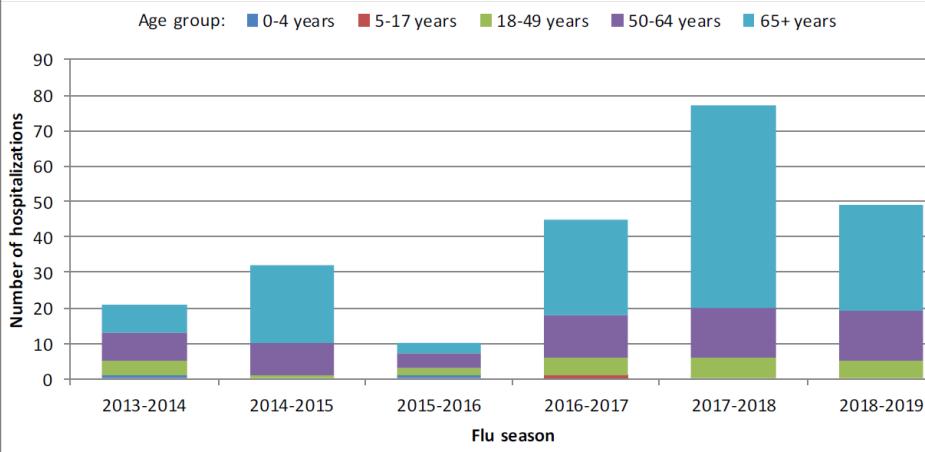
College Health Centers*: No reports of flu or ILI

Primary Care Providers*: Flu and ILI was reported

Flu-Associated Pediatric Deaths: No reports this season to date.
(Flu-associated deaths only in children younger than 18 years old are nationally notifiable.)

Figure 4: Total Patients Hospitalized with Laboratory-Confirmed Flu by Age and Season, Madison County Hospitals*

**Note: Both Madison County hospitals do not generally admit children*



Hospitals:
ILI and flu was reported



Flu-Related Hospitalizations: No hospitalized patients with lab-confirmed flu were reported by hospitals in Madison County during week 16.

A total of 49 hospitalizations have been reported this season to date, see Figure 4.

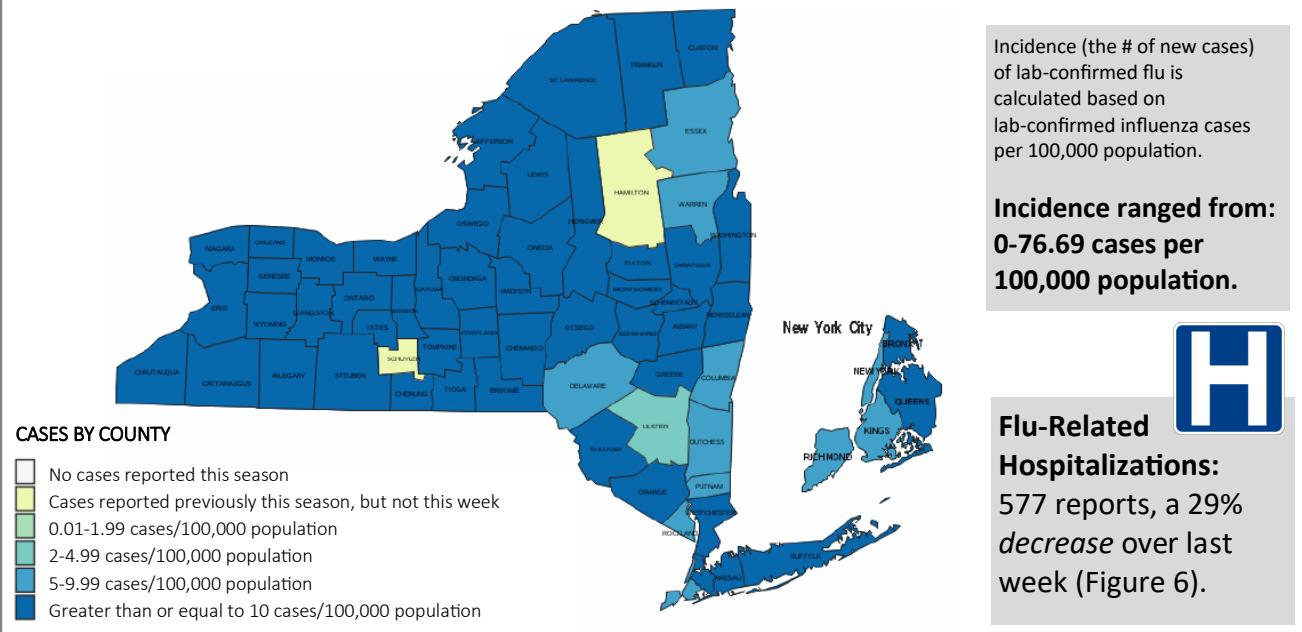
Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 15, ending 4/13/19: **Widespread (decreasing)**



Weekly Lab-Confirmed Flu: 3,350 reports, a 26% decrease over last week. Flu was reported in 60 counties (Figure 5).

Figure 5: Lab-Confirmed Flu Reported by County to NYS

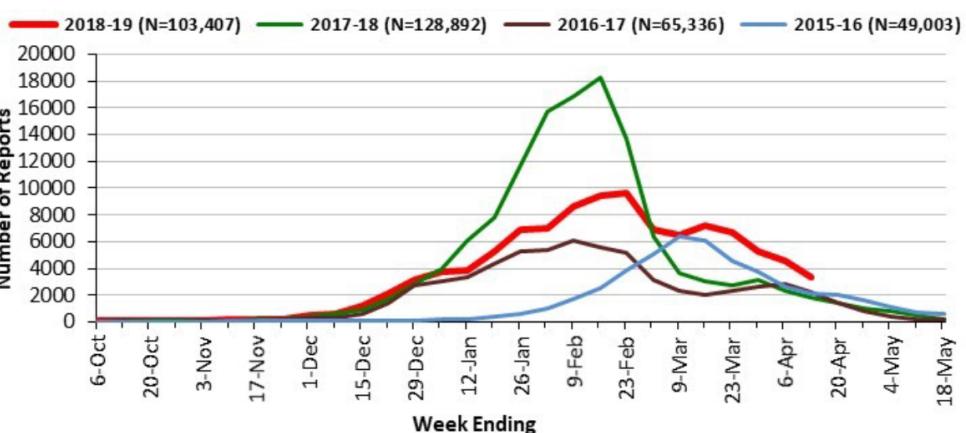


FLU: New York State

ILInet Healthcare Providers: 2.13% of weekly patient complaints were flu-like illness (ILI); this is a decrease from the previous week and is *below* the regional baseline of 3.10%. (ILInet providers report the total number of patients seen and the total number of those with complaints of influenza-like illness (ILI) weekly in an outpatient setting.)

Flu-Associated Pediatric Deaths: None reported this week. There have been six deaths reported this season to-date.

Figure 6: Positive Lab Confirmed Flu Results Reported to NYSDOH by Season



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

Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 15, ending 4/13/19: **Regional (decreasing)**



Flu activity continues to decrease, but remains elevated in the U.S.

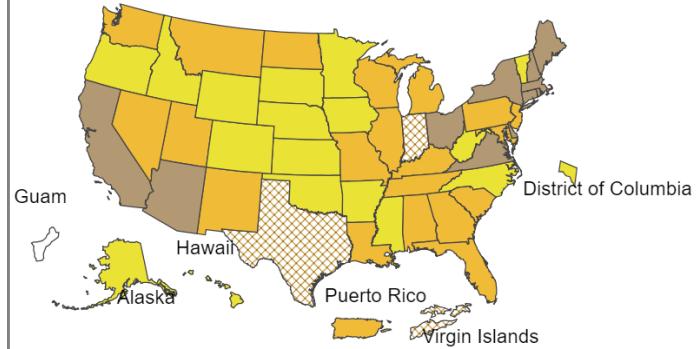
Geographic Flu Activity Summary (Figure 7):

(Geographic spread of influenza viruses, not a measure of severity.)

- Widespread influenza activity was reported by 11 states
- Regional influenza activity was reported by Puerto Rico and 20 states
- Local influenza activity was reported by the District of Columbia and 17 states
- Sporadic influenza activity was reported by the U.S. Virgin Islands and two states
- Guam did not report.

Figure 7: Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists

(This figure does not measure the severity of influenza activity.)



Flu Activity from ILINet Data (Figure 8):

One state experienced high ILI activity; five states experienced moderate ILI activity; New York City, Puerto Rico and 14 states experienced low ILI activity; the District of Columbia and 30 states experienced minimal ILI activity; and data were insufficient to calculate an ILI activity level from the U.S. Virgin Islands.

(This data is based on the percent of outpatient visits in a state due to ILI compared to the average percent of ILI visits during weeks with little or no influenza virus circulation.)

FLU: United States

U.S. ILINet Healthcare Providers:

Outpatient illness visits reported through the Network decreased from 2.8% to 2.4% and is *above* the national baseline of 2.2%. Seven of 10 regions in the U.S. reported patient visits for flu-like illness *at or above* their region-specific baselines.

Flu and Pneumonia-Associated Deaths:

6.6% of all deaths reported through the National Center for Health Statistics, occurring week 14, ending 4/6/19, were attributed to pneumonia and flu; this is *below* the week 14 epidemic threshold of 7.0%.

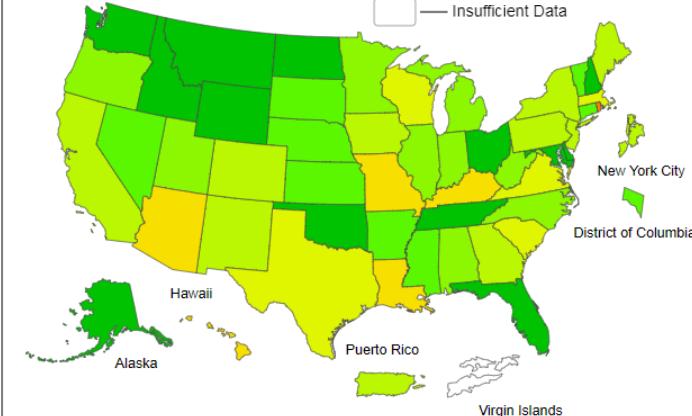
Flu-Associated Pediatric Deaths: Five deaths were reported. 91 flu-associated pediatric deaths have been reported this season to date.

Overall Flu-Related Hospitalization Rate:
62.3 per 100,000 population



Hospitalizations by Age Group: The highest rate was among adults aged 65 or older (206.5 per 100,000 population)

Figure 8: 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/1d3PGt>

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