

Madison County Communicable Disease Activity—December 22-December 28, 2019

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

COMMUNICABLE DISEASES: Madison County

Communicable Diseases Reported:

2 Chlamydia, 3 Gonorrhea, 1 Hepatitis A, and 1 chronic Hepatitis C

Primary Care Providers Reported*:

Fever, respiratory illness, gastrointestinal illness (GI), flu, upper respiratory infections (URI), coughs, and ear infections

Colleges Reported*: No reports due to winter break

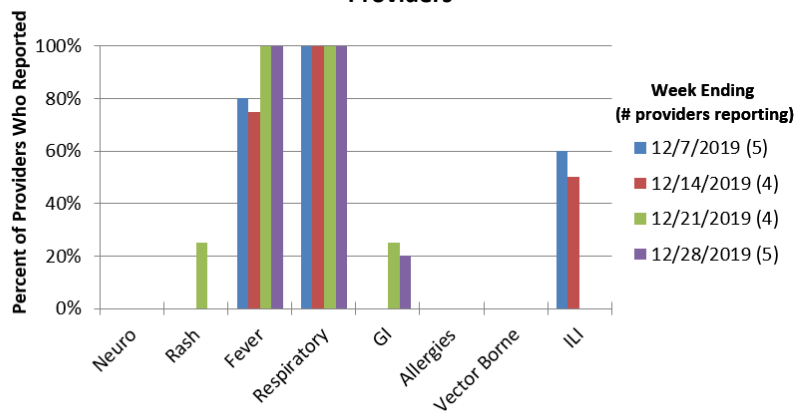
Syndromic Surveillance in

Emergency Departments—12/20/19-12/28/19: Mild to moderate sensitivity for rash, fever, GI, and respiratory symptoms

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—12/7/19 to 12/16/19:

Mild to moderate sensitivity for influenza agents (antivirals)

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



Hospitals Reported: Neurologic illness¹, rash, fever, respiratory illness, GI, influenza-like illness (ILI), flu, asthma, and pneumonia



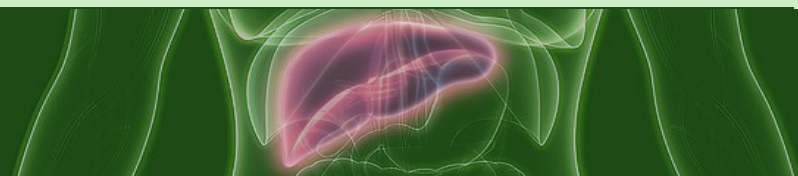
¹Neurologic illness can include non-specific diagnosis of neurological infection (e.g. Meningitis, Encephalitis, etc.) or non-specific conditions (e.g. headache, numbness, dizziness, blurry/double vision, speech difficulty, confusion, disorientation, or anxiety)

ISSUE HIGHLIGHT: HEPATITIS A

The number of hepatitis A virus cases reported from January through November 2019 in NYS, excluding NYC, has increased 235% compared to the average number of cases reported annually through November in 2016-2018.

Hepatitis A (HAV) is a vaccine preventable disease that causes liver damage and is usually passed from person to person by fecal-oral route, or contaminated food or water. Symptoms of HAV include fatigue, nausea/vomiting, diarrhea, and jaundice. A person is contagious two weeks before they have symptoms and for a week after symptoms start. The best way to prevent HAV is to get vaccinated.

For more information on hepatitis visit <https://www.cdc.gov/hepatitis/hav/>



The following groups are at highest risk for acquiring HAV infection and should be offered the hepatitis A vaccine:

- People who use drugs (injection or non-injection)
- People experiencing homelessness or unstable housing
- Men who have sex with men (MSM)
- People who are, or were recently, incarcerated
- People with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C

One dose of single-antigen hepatitis A vaccine has been shown to control outbreaks of hepatitis A and provides up to 95% protection in healthy individuals for up to 11 years. The vaccination series can be completed with a second dose of HAV vaccine or by administering a complete series of hepatitis A-hepatitis B combination vaccine.

Source: NYSDOH Hepatitis A virus Health Advisory—December 11, 2019

Madison County Disease Surveillance & Risk Report

Key:
Geographic
Spread of Flu

No Report

No Activity

Sporadic

Local

Regional

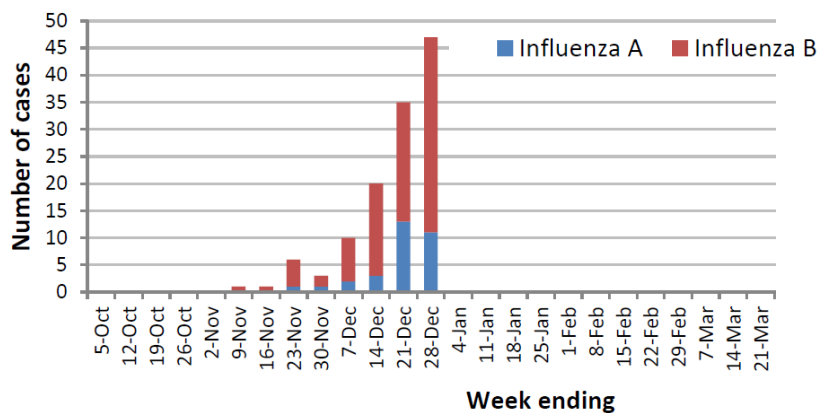
Widespread

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.

Madison County Flu Activity—Week 52, ending 12/28/19: Widespread

Weekly Lab-confirmed flu: 47 flu cases were reported; a 34% increase from the previous week (35). 25% of lab-confirmed flu this season to date have been flu type A.

Figure 3: Total Positive Influenza Laboratory Results Reported to Madison County by Type—2019-2020



Total Lab Confirmed

Flu Reported to Date: 123 (31 type A and 92 type B) This is 392% higher than average, to date (25), see Figure 3.

Incidence Rate (the number of new weekly flu cases): 64 per 100,000 population

Hospitals: ILI and flu were reported



Flu-Related

Hospitalizations: Three hospitalized patients with lab-confirmed flu were reported by hospitals in Madison County during week 52. A total of 12 hospitalization have been reported this season to date.

LOCAL FLU ACTIVITY

Schools Districts*: No report this week due to winter break

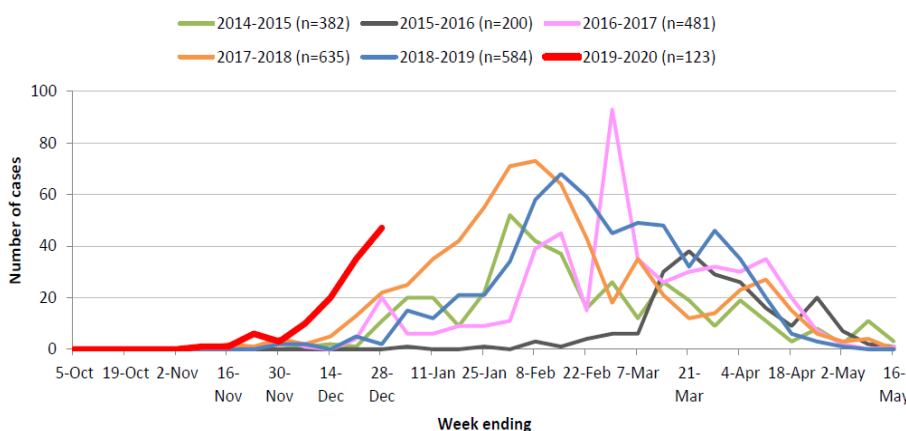
College Health Centers*: No reports due to winter break

Primary Care Providers*: Flu 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: Positive Laboratory Confirmed Flu Reports Reported to Madison County, by Season



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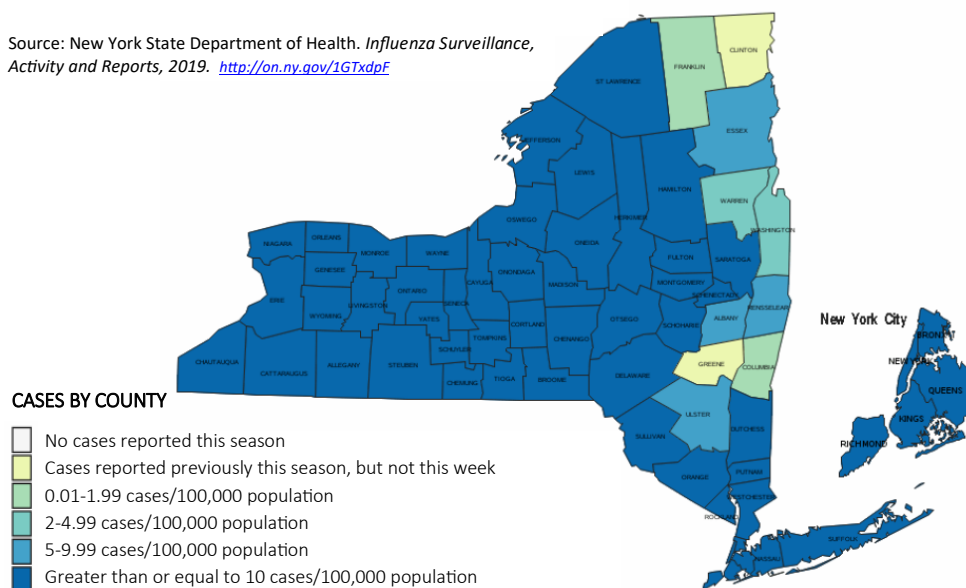
Widespread

New York State Flu Activity—Week 52, ending 12/28/19: Widespread

Weekly Lab-Confirmed Flu: 9,211 reports, a 74% increase over last week. Flu was reported in 60 counties (Figure 5).

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

Source: New York State Department of Health. *Influenza Surveillance, Activity and Reports, 2019*. <http://on.ny.gov/1GTxdpF>



Incidence (the # of new cases) of lab-confirmed flu is calculated based on lab-confirmed influenza cases per 100,000 population.

Incidence ranged from:
0-111.20 cases per
100,000 population.



Flu-Related

Hospitalizations:

1,387 reports, a 119% increase over last week.

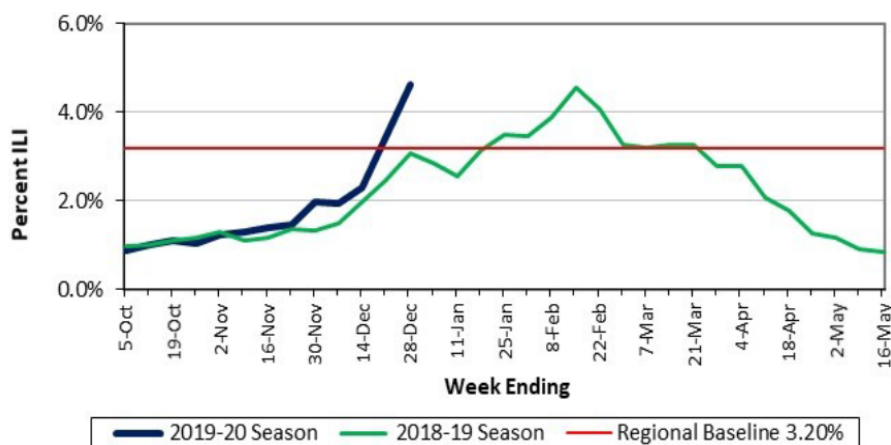
STATE FLU ACTIVITY

ILInet Healthcare Providers: 4.62% of weekly patient complaints were flu-like illness (ILI); this is an increase from the previous week and is remains *above* the regional baseline of 3.20% (Figure 6).

(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: There were none reported this week.

Figure 6: Percent of Influenza-like Illness based on Total Weekly ILInet Provider Patient Visits Reported to NYSDOH, by Season



Influenza A(H1N1) and influenza B(Victoria) virus are co-circulating with the predominate virus type varying by region.

Influenza A(H1N1) is the predominate virus in the New York City, Metropolitan/Hudson Valley and Capital District regions, while influenza B(Victoria) is the predominate virus in Central and Western regions.

While influenza viruses can cause severe illness in people of all ages, influenza A(H1N1) and influenza B viruses are known to cause disproportionately more severe illness in young children, adolescents and middle-aged adults.

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National Flu Activity: Week 52, ending 12/28/19: Widespread

Seasonal flu activity in the U.S. is high and continues to increase.

- Nationally, flu B/Victoria viruses are the most commonly reported flu viruses among children age 0-4 years (48% of reported viruses) and 5-24 years (59% of reported viruses), while A(H1N1) pdm09 viruses are the most commonly reported flu viruses among persons 25-64 years (42% of reported viruses) and 65 years of age and older (43% of reported viruses).

Geographic Spread of Flu (NOT a measure severity of flu activity, (Figure 7):

- Widespread — 45 states and Puerto Rico
- Regional — four states
- Local — the District of Columbia and one state
- Sporadic — the U.S. Virgin Islands
- Guam did not report

ILI Activity Levels Experienced: (Figure 8):

- High — the District of Columbia, Puerto Rico, New York City, and 34 states
- Moderate — nine states
- Low — five states
- Minimal — two states
- Data was insufficient to calculate a level for 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.)

Outpatient Illness ILINet:

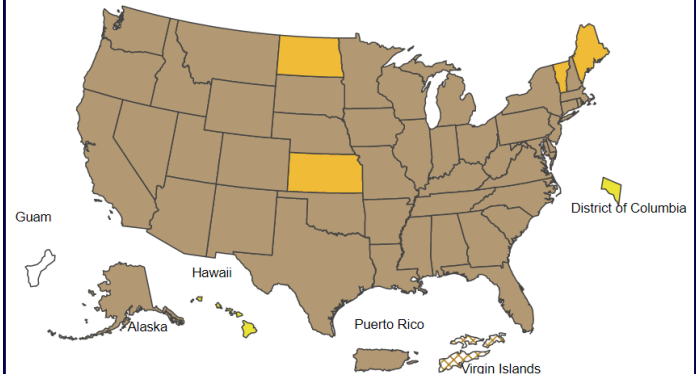
Visits to health care providers for influenza-like illness (ILI) *increased* from 5.1% last week to 6.9% this week. All regions were above their baselines and continue to increase.

Flu and Pneumonia-Associated Deaths:

5.5% of the deaths occurring during the week ending 12/21/19 (week 51), were attributed to pneumonia and flu. This is *below* the epidemic threshold of 6.8% for week 51.

Flu-Associated Pediatric Deaths: Five deaths were reported this week; the total for the season is 27.

Figure 7: Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists
(This figure does not measure the severity of influenza activity.)



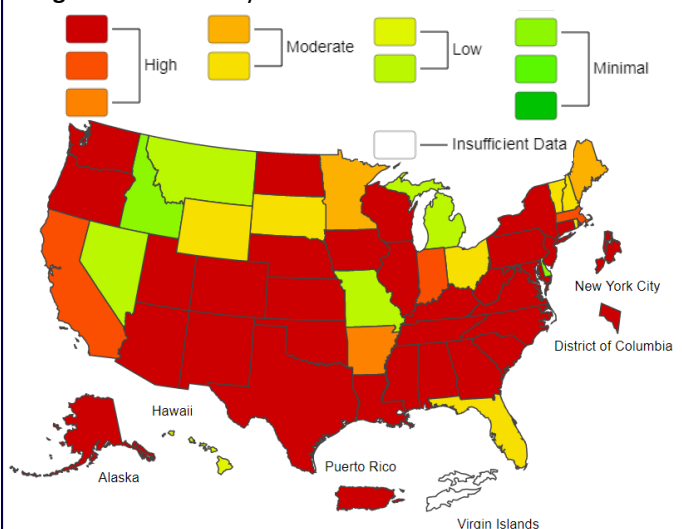
Overall Flu-Related Hospitalization Rate:

9.2 per 100,000 population.

- Among 2,667 hospitalizations, 51.5% were associated with influenza A virus and 47.8% with influenza B virus
- The highest rate of hospitalization was among adults aged ≥65 (10.0 per 100,000 population respectively)



Figure 8: ILI Activity Levels from ILINet Data



ILI Net Data based on percent of outpatient visits in states due to ILI, more on 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>

NATIONAL FLU ACTIVITY