

Madison County Communicable Disease Activity—December 29, 2019-January 4, 2020

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

Communicable Diseases Reported:

1 Chlamydia and 1 chronic Hepatitis C

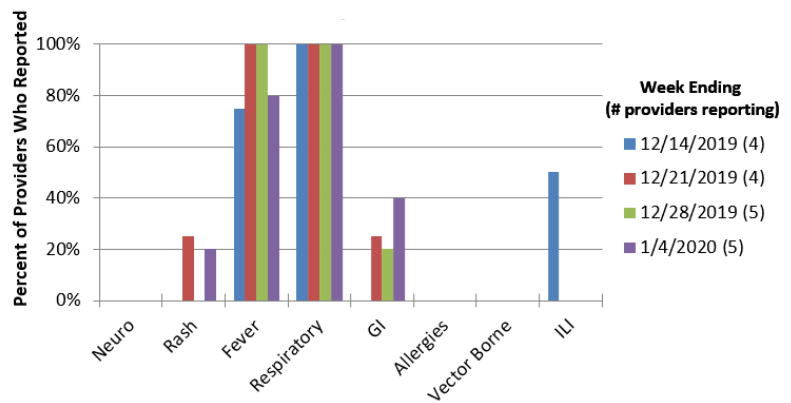
Primary Care Providers Reported*: Rash, fever, respiratory illness, gastrointestinal illness (GI), flu, upper respiratory infections (URI), coughs, strep throat, bronchitis, pneumonia, and ear infections

Colleges Reported*: No reports due to winter break

Syndromic Surveillance in Emergency Departments—12/27/19-1/4/20: Mild to moderate sensitivity for rash, fever, GI, and respiratory symptoms

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—12/14/19 to 12/23/19: 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



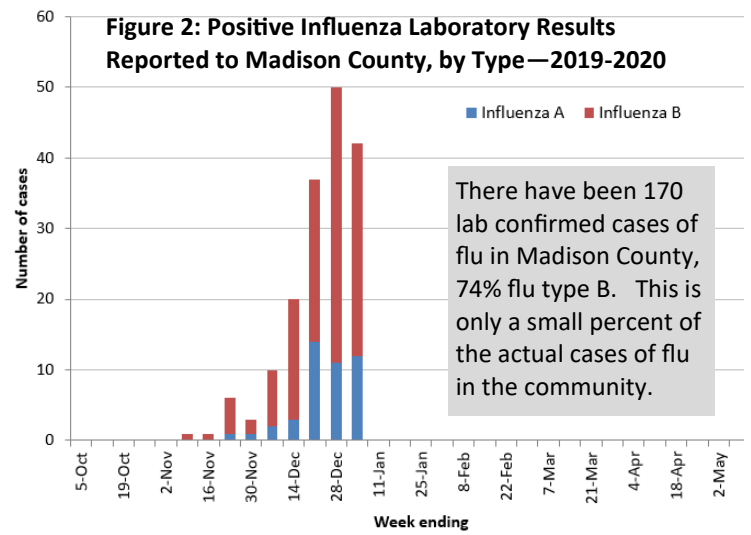
¹Neurologic illness can include non-specific diagnosis of neurological infection (e.g. Meningitis, Encephalitis, etc.) or non-specific conditions (e.g. headache, numbness, dizziness, blurry/double vision, speech difficulty, confusion, disorientation, or anxiety)

ISSUE HIGHLIGHT: It's Not Too Late to Get the Flu Shot

The 2019-20 flu season started earlier than it has the past three seasons. Flu cases continue to rise. Surveillance data shows both flu A(H1N1) and B(Victoria) viruses are currently circulating throughout the state at high levels. While nationally flu B is the predominant virus, Flu A is the leading virus across NY state, the strain varies dramatically by regions. NYC and the Capital region report over 70% of confirmed cases being flu A. Central NY is seeing the opposite, with over 70% of cases typed flu B. Both of these flu strains are known to cause more severe illness in young children, adolescents and middle-aged adults.

Every flu season is different and it is difficult to know when flu activity will peak. It is recommended that everyone over 6 months get a flu shot. After you get a flu shot, it takes 2 weeks before it is effective. Flu shots are offered at most doctors offices, pharmacies and clinics, and is offered at the county health department.

Figure 2: Positive Influenza Laboratory Results Reported to Madison County, by Type—2019-2020



There have been 170 lab confirmed cases of flu in Madison County, 74% flu type B. This is only a small percent of the actual cases of flu in the community.

Flu Tracker is an interactive site that shows the most up-to-date information on the flu in New York State, visit <https://nysdc.health.ny.gov/web/nyapd/new-york-state-flu-tracker>

Madison County Disease Surveillance & Risk Report

Key:
Geographic
Spread of Flu

No Report

No Activity

Sporadic

Local

Regional

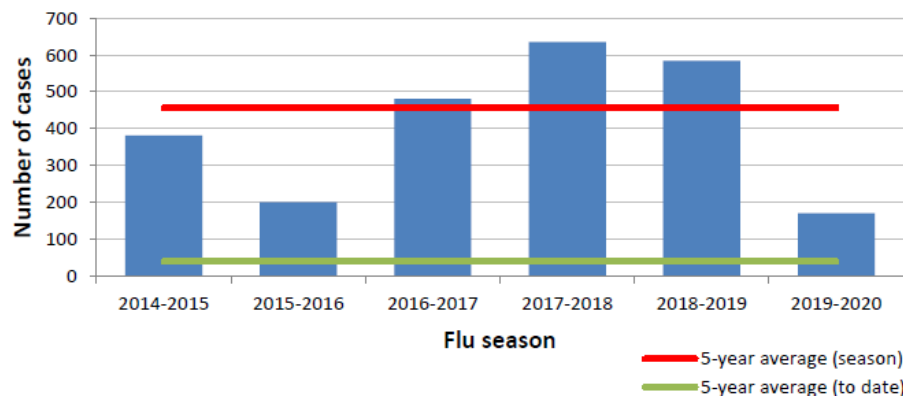
Widespread

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 1, ending 1/4/20: Widespread

Weekly Lab-confirmed flu: 42 flu cases were reported; a 16% decrease from the previous week (50). 26% 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 Season



Total Lab Confirmed

Flu Reported to Date: 170 (44 type A and 126 type B) This is 336% higher than average, to date (39), see Figure 3.

Incidence Rate (the number of new weekly flu cases): 57.2 per 100,000 population

Hospitals:

ILI and flu were reported

Flu-Related

Hospitalizations: Eight hospitalized patients with lab-confirmed flu were reported by hospitals in Madison County during week 1; this is an increase from the previous week (3). A total of 20 hospitalization have been reported this season to date, see Figure 4.

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

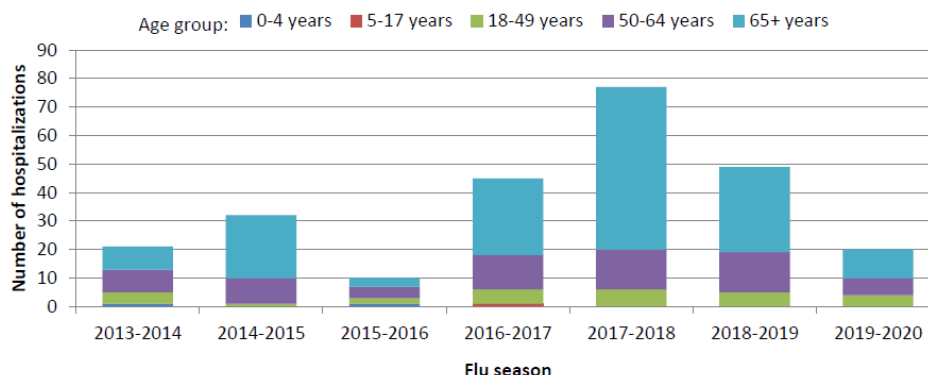
College Health Centers*: No reports due to winter break

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: Total Patients Hospitalized with Laboratory Confirmed Flu by Age and Season, by Hospitals in Madison County



LOCAL FLU ACTIVITY

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No Report

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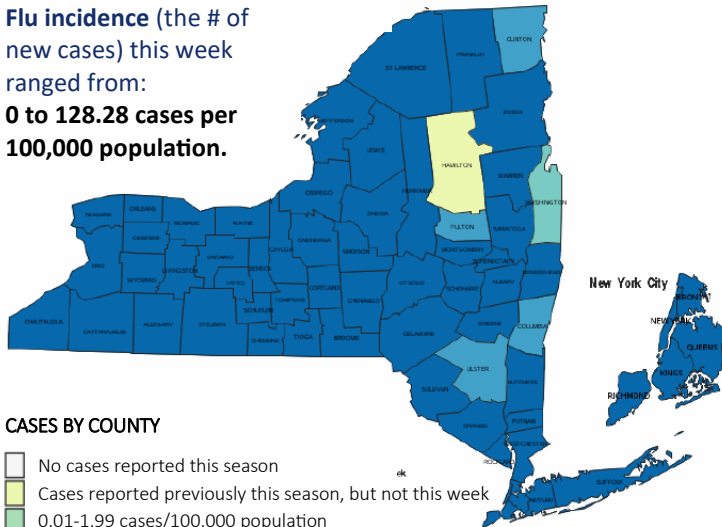
Regional

Widespread

New York State Flu Activity—Week 1, ending 1/4/20: Widespread

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

Flu incidence (the # of new cases) this week ranged from:
0 to 128.28 cases per 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

Cases statewide this season: **32,848**

Cases this week
10,085

+9% increase
from last week

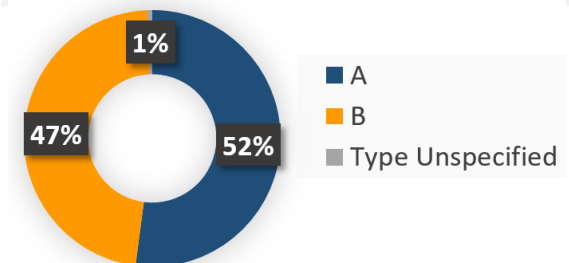
Flu hospitalizations
this week (Fig. 7)
1,964

+34% increase
from last week

Counties reporting
flu (Fig. 5)
61

+1 county
from last week

Figure 6: Cases Statewide this week by Flu Type



ILI Patient Complaints to Reporting Healthcare Providers



Patient complaints of flu-like illness **increased** from 4.62% last week **to 5.25% this week**. ILI complaints remains *above* the regional baseline of 3.20%.

Flu-Associated Pediatric Deaths

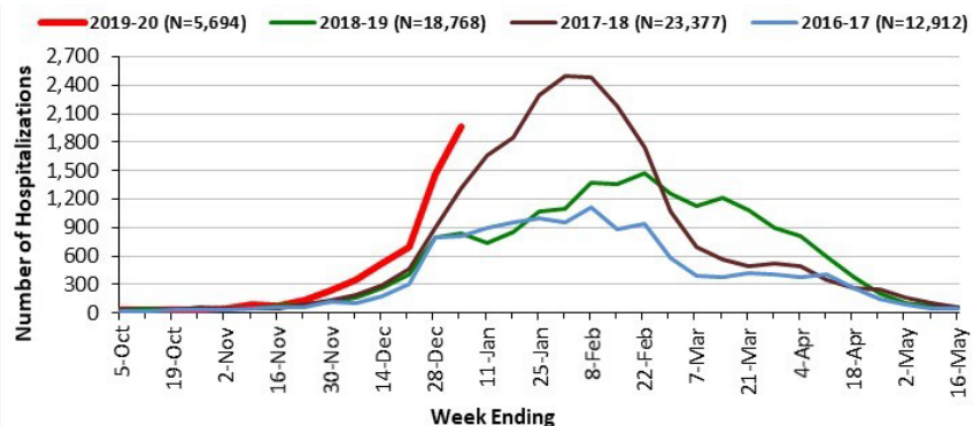
Reported **this week: 0**

Reported **this season: 1**



Read the NYS Flu Tracker Overview and Definitions at:
<https://on.ny.gov/2ux05nK>

Figure 7: Patients Hospitalized with Flu, Reported to NYSDOH, by Season



Sources: New York State Department of Health. Influenza Surveillance, Activity and Reports at <http://on.ny.gov/1GTxdpF> and the New York State Flu Tracker at <https://nyshc.health.ny.gov/web/nyapd/new-york-state-flu-tracker>

Madison County Disease Surveillance & Risk Report

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National Flu Activity: Week 1, ending 1/4/20: Widespread

Key indicators that track flu activity remain high, but indicators that track severity (hospitalizations and deaths) are not high at this point in the season. Ongoing elevated activity is due to influenza B/Victoria viruses, increasing circulation of influenza A (H1N1)pdm09 viruses, and low levels of influenza B/Yamagata and influenza A(H3N2) viruses.

Flu hospitalizations
nationally this
season by flu type

Flu A 54.4%
Flu B 45.1%
Flu A&B 13.0%

Flu hospitalizations
nationally this season
4,228

Season rate
14.6 per 100,000
population

Flu hospitalizations
highest rate among
adults 65+

Adults 65+ rate
33.3 per 100,000
population

Outpatient Illness ILINet

Visits to health care providers for influenza-like illness (ILI) **decreased** from 7.0% last week **to 5.8% this week.**

Visits across all regions **remain above their baselines.**

Flu and Pneumonia-Associated Deaths

5.8% of the deaths occurring during week 52, ending 12/28/19, were attributed to pneumonia and flu. This is *below* the epidemic threshold of 6.9% for week 52.

Flu-Associated Pediatric Deaths

Reported **this week: 5**
Reported **this season: 32**

Source: CDC FluView at cdc.gov/flu/weekly/index.htm

Figure 8: Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists

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

The number of jurisdictions reporting regional or widespread flu activity **increased to 50 this week**, compared to 48 last week.

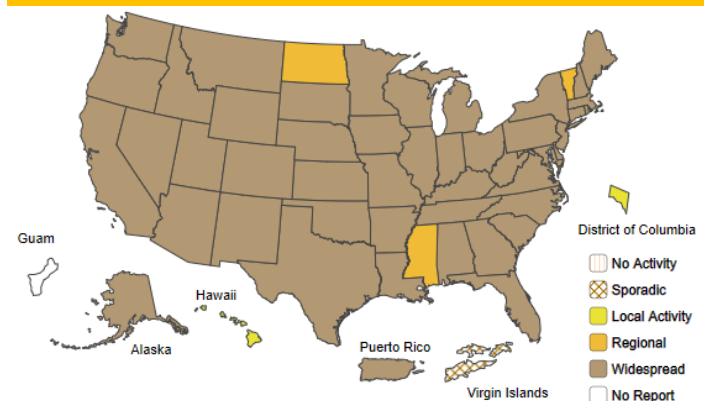
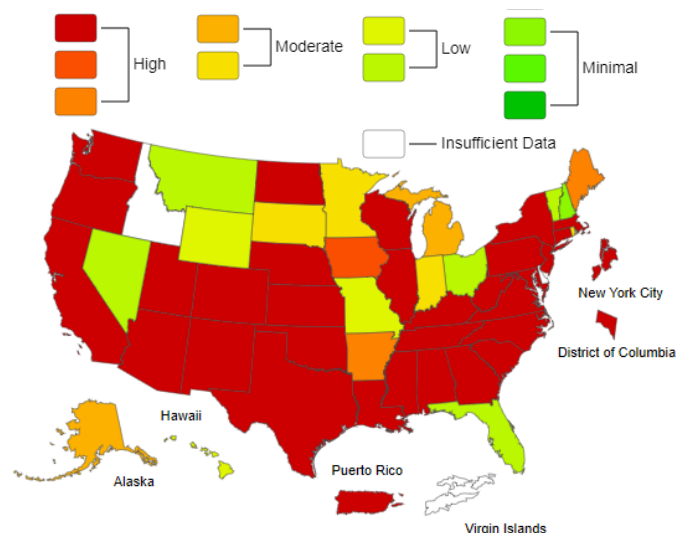


Figure 9: Outpatient Illness: ILI Activity² Level Map

The number of jurisdictions experiencing high ILI activity **decreased from 37 last week to 36 this week.**



²ILI activity data may disproportionately represent certain populations within a state, and may not accurately provide a full picture of activity for a state. ILI Net Data is based on percent of outpatient visits in states due to ILI, more at: <http://bit.ly/2TbgNDR>

NATIONAL FLU ACTIVITY

