

Madison County Communicable Disease Activity: Week ending 1/6/18

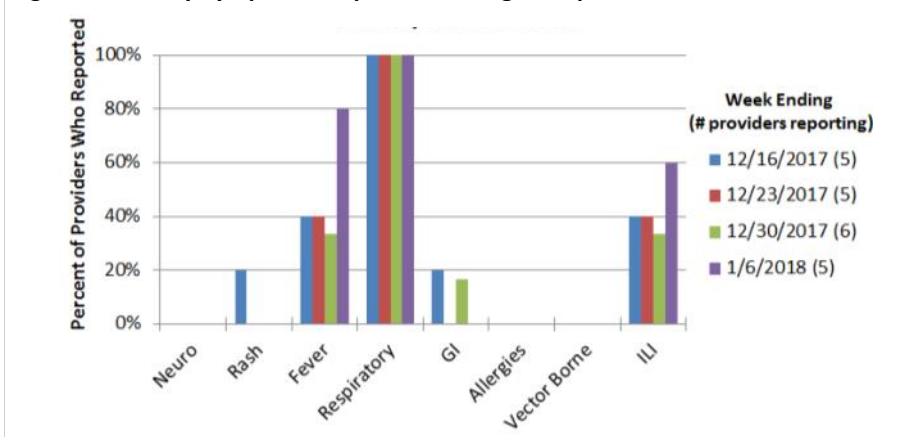
**Information denoted with an asterisk is subjective and provided on a voluntary basis.*

COMMUNICABLE DISEASES: Madison County

Communicable Diseases Reported to the Health Department: 5 Chlamydia , 2 Gonorrhea, 1 Cryptosporidiosis, and 1 Legionella

Primary Care Providers Reported*: Fever, respiratory illness, upper respiratory illness (URI), bronchitis, congestion, influenza-like illness (ILI), flu, strep throat, coughs, pneumonia, pink eye, and frostbites; see graph.

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



Hospitals Reported:

Rash, fever, gastrointestinal illness (GI), URI, ILI, flu, and asthma exacerbations

College Health Centers Reported*: No reports due to winter break.

Syndromic Surveillance in Emergency Department—12/29/17 to 1/7/18: Mild/moderate sensitivity for rashes

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—12/15/17 to 12/24/17: Mild/moderate sensitivity for Influenza Agents (Flu antiviral medications)



Issue Highlight: Pertussis (Whooping Cough)

The pertussis vaccine is not 100% effective. 3/4 of people who get sick, are vaccinated. Vaccinated individuals who get sick can have less severe illness, and are less likely to spread it, very important for babies who cannot be fully immunized.

Early Symptoms (1-2 wks)

- Runny nose
- Low-grade fever
- Mild, occasional cough
- Apnea – a pause in breathing (in babies)

Later-stage Symptoms (after 1-2 wks)

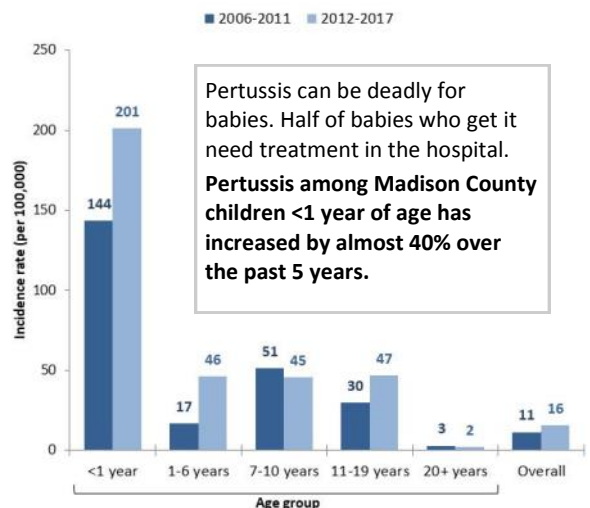
- Coughing fits, followed by a high-pitched “whoop” sound
- Vomiting (throwing up) during or after coughing fits
- Exhaustion (very tired) after coughing fits

How to limit the spread of Pertussis:

- Get vaccinated
- Don’t ignore symptoms — go to your doctor to get treated
- If you’re sick, don’t go to school, or spend time around others

Learn more: <https://www.cdc.gov/pertussis>

Figure 2: Pertussis Incidence by Age Group, Madison County, Years 2006-11 versus 2012-17



Madison County Disease Surveillance & Risk Report

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

Madison County Flu Activity: Week 53, ending 1/6/18:

No Report

No Activity

Sporadic

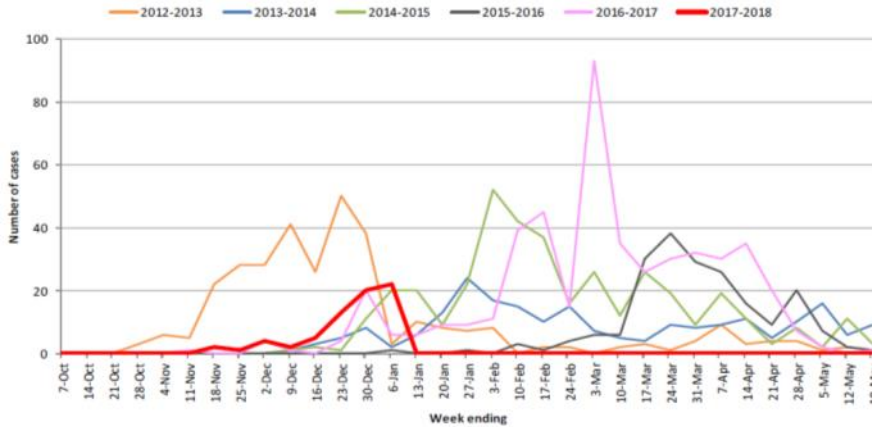
Local

Regional

Widespread

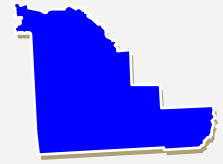
Weekly Lab-confirmed flu: 23 cases were reported during week 53; this is a 10% increase from the previous week.

Figure 3: Positive Flu Laboratory Results Reported to Madison County, 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: 69 (32 Flu Type A-46% & 37 Type B-54%), this is 1% higher than average (68), to date.



Incidence Rate (the number of new flu cases): 30.0 per 100,000 population



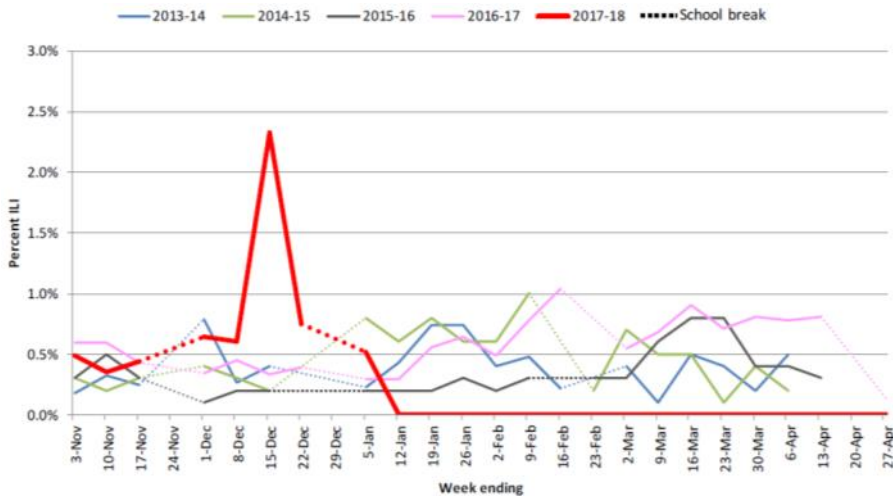
Hospitals: ILI and flu reported

Flu-Related Hospitalizations: Six patients were hospitalized with lab-confirmed flu in Madison County, this is an increase from the previous week (3). A total of 11 hospitalizations have been reported this season to date.

FLU: Madison County

Schools Districts*: 0.5% of children seen by school nurses from reporting schools appeared with symptoms of influenza-like illness.

Figure 4: Proportion of ILI-related School Nurses Visits[†] by Season



[†]Influenza like illness (ILI) and total visits to school nurse offices is collected from reporting area schools: Camden, Canastota, Chittenango, DeRuyter, Hamilton, Madison, Madison-Oneida BOCES, Morrisville-Eaton, NY School of the Deaf, Oneida, Rome, Rome Catholic, Stockbridge Valley, and Vernon-Verona-Sherrill.

College Health Centers*: No report due to the holiday break

Primary Care Providers*: ILI and flu 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.)

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 52, ending 12/30/17: **Widespread**

No Report

No Activity

Sporadic

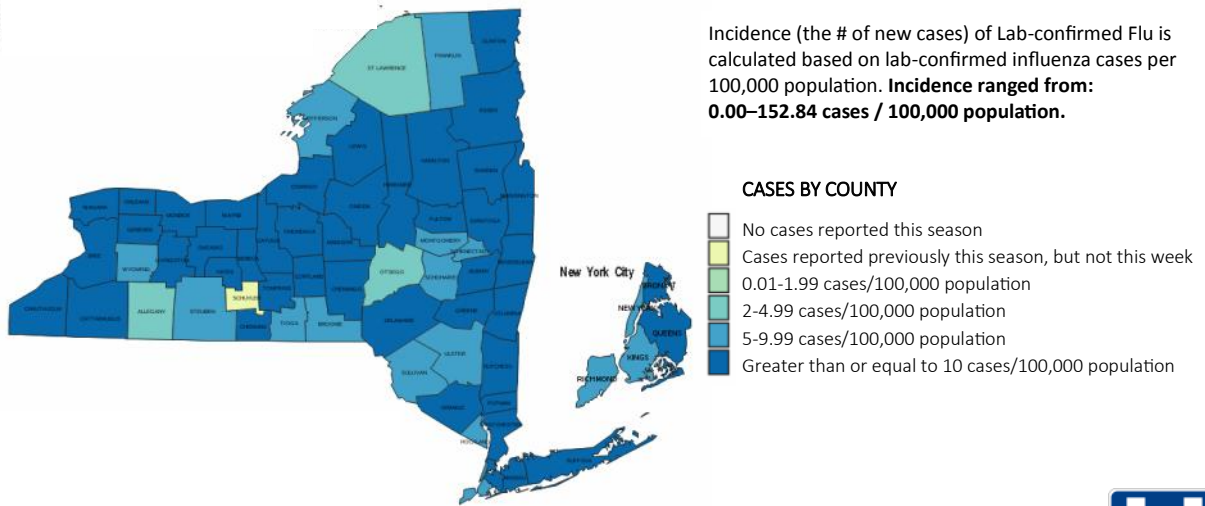
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 2,887 reports, a 66% increase over last week. Flu was reported in 61 counties.

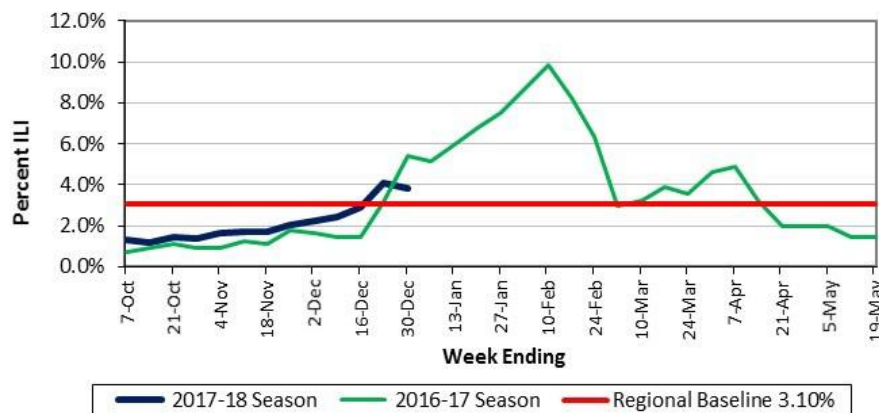
Figure 5: Laboratory Reports of Influenza (including NYC)



FLU: New York State

ILInet Healthcare Providers: 3.86% of weekly patient complaints were flu-like illness (ILI); this is *above* 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.)

Figure 6: Percent of Influenza-like Illness (ILI) based on total ILInet Provider Patient Visits each week in NYS, by Season



Flu-Related Hospitalizations: 870 reports, an 86% increase over last week.

Overall Flu-Related Hospitalization Rate: Greater than 27.0 per 100,000 population.

Flu-Associated Pediatric Deaths: No reports this week. No deaths have been reported this season.

Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 52, ending 12/30/17: **Widespread**



FLU: United States

Flu activity **increased sharply** in the U.S.

Geographic Flu Activity Summary:

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

- **Widespread** influenza activity was reported by 46 states
- **Regional** influenza activity was reported by four states
- **Local** influenza activity was reported by the District of Columbia.
- Guam, Puerto Rico, and the U.S. Virgin Islands did not report.

Flu Activity from ILINet Data:

(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.) New York City and 26 states experienced *high* activity; Puerto Rico and nine states experienced *moderate* ILI activity; The District of Columbia and six states experienced *low* ILI activity; Nine states experienced *minimal* ILI activity

U.S. ILInet Healthcare Providers:

Outpatient illness visits reported through the Network was 5.8%, this percentage is *above* the national baseline of 2.2%. All 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

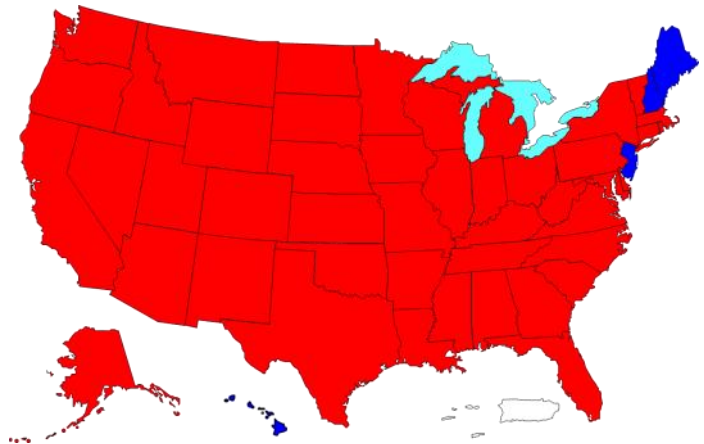
Flu and Pneumonia-Associated Deaths:


6.7% of all deaths reported through the National Center for Health Statistics mortality surveillance data occurring during week 50 ending 12/16, were attributed to pneumonia and flu; this is *below* the week 50 epidemic threshold of 6.9%.

Flu-Associated Pediatric Deaths:

One report during week 50. 13 flu-associated death have been reported this season to date.

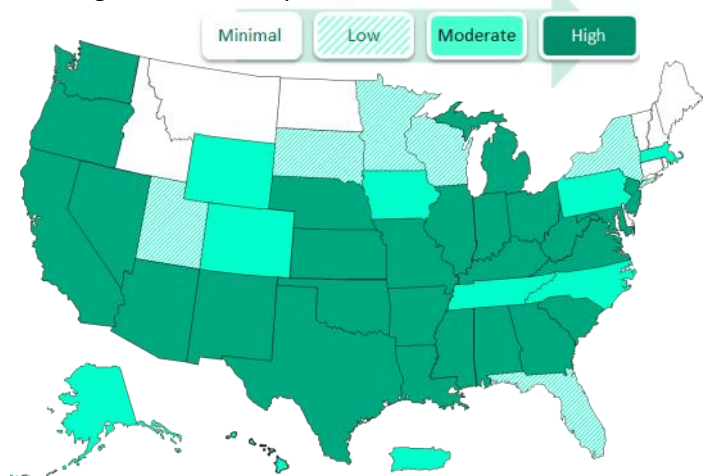
Figure 7: Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists (This figure does not measure the severity of influenza activity.)





Overall Flu-Related Hospitalization Rate:
13.7 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/1d3PGTv>

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