

Madison County Communicable Disease Activity: Week ending 1/13/18

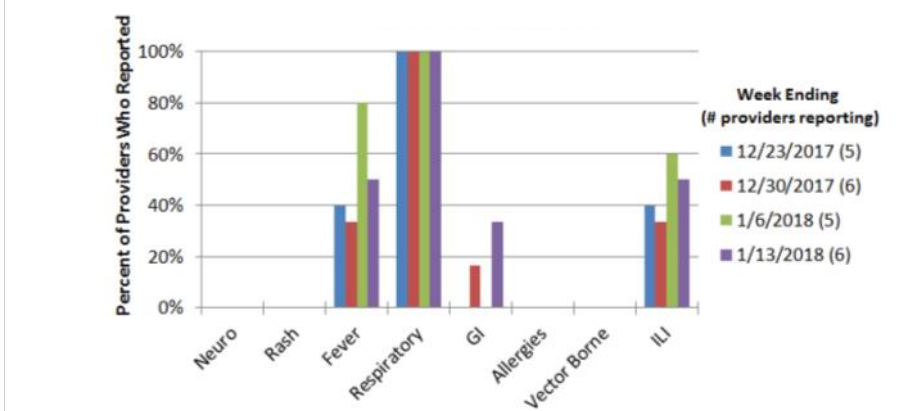
*Information denoted with an asterisk is subjective and provided on a voluntary basis.

COMMUNICABLE DISEASES: Madison County

Communicable Diseases Reported to the Health Department: 1 Chlamydia and 1 Gonorrhea

Primary Care Providers Reported*: Fever, respiratory illness, gastrointestinal illness (GI), upper respiratory illness (URI), bronchitis, influenza-like illness (ILI), flu, strep throat, sore throats, coughs, pneumonia, fifth disease, ear infections, and coughs; see figure 1.

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



Hospitals Reported:

Fever, respiratory illness, GI, URI, ILI and flu

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

Syndromic Surveillance in Emergency Department—1/5/18 to 1/13/18: No alerts reported

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—12/23/17 to 1/1/18: Mild/moderate sensitivity for Influenza Agents (Flu antiviral medications)



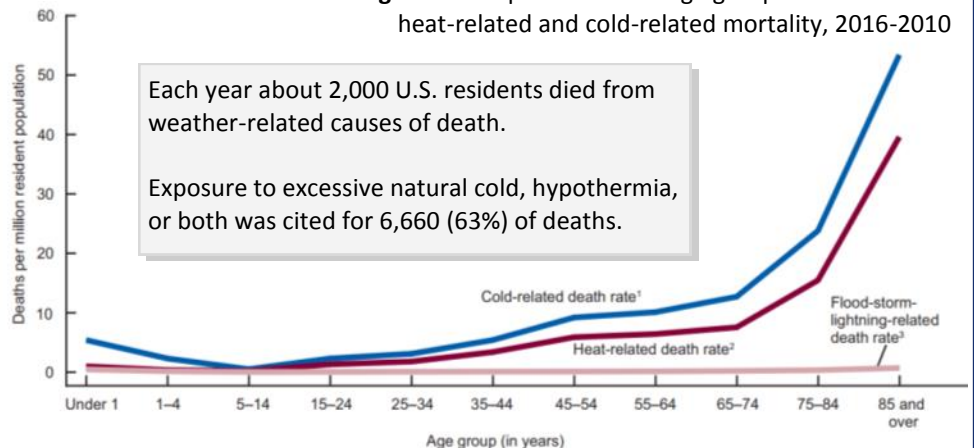
Issue Highlight: Extreme Weather

Extreme weather (heat, cold, storms, floods, and lightning) is associated with more illness and deaths.

- The most rural counties had the highest cold-related related death rates.
- Older persons, males, and non-Hispanic black persons had higher weather-related mortality rates than other ages, females, and other race and ethnicity subgroups.

Cold-related illness signs/symptoms:
<https://www.cdc.gov/disasters/winter/staysafe/index.html>

Figure 2: The pattern across age groups was similar for heat-related and cold-related mortality, 2016-2010



Each year about 2,000 U.S. residents died from weather-related causes of death.

Exposure to excessive natural cold, hypothermia, or both was cited for 6,660 (63%) of deaths.

¹Deaths attributed to exposure to excessive natural cold (X31) (underlying or contributing cause of death or both), to hypothermia (T68) (contributing cause of death), or to both, according to the International Classification of Diseases, 10th Revision.
²Deaths attributed to exposure to excessive natural heat (X30) (underlying or contributing cause of death or both), to heat stroke or sunstroke (T67) (contributing cause of death), or to both, according to the International Classification of Diseases, 10th Revision.
³Deaths attributed to floods (X38), cataclysmic storms (X37), or lightning (X33) (underlying or contributing cause of death or both), according to the International Classification of Diseases, 10th Revision.
 SOURCE: CDC/NCHS, National Vital Statistics System, 2006–2010.

Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 2, ending 1/13/18: **Widespread**

No Report

No Activity

Sporadic

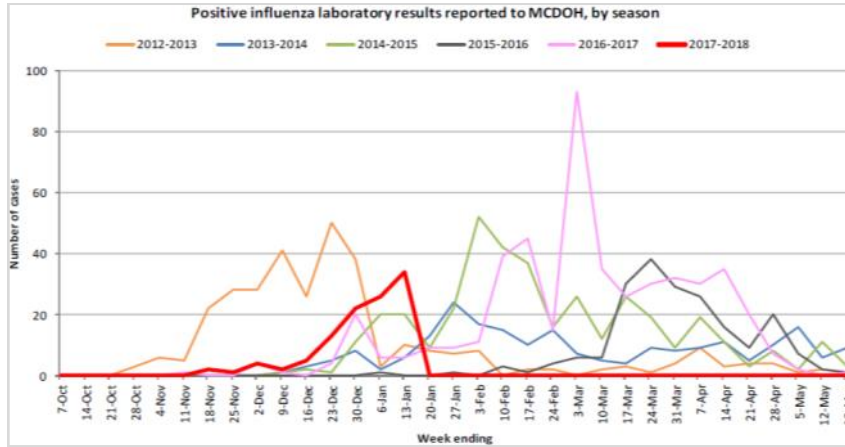
Local

Regional

Widespread

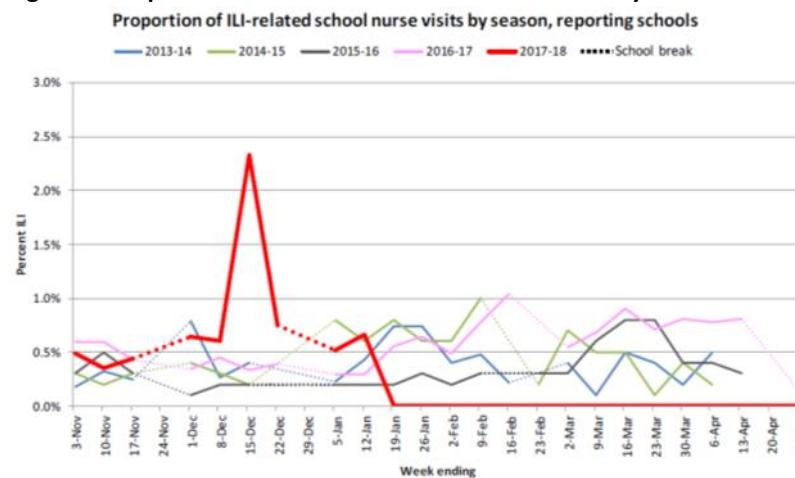
Weekly Lab-confirmed flu: 34 cases (25 flu Type A and 9 flu Type B) were reported during week 2; this is a 31% increase from the previous week.

Figure 3: Positive Flu Laboratory Results Reported to Madison County, by Season



Schools Districts*: 0.7% of children seen by school nurses from reporting schools appeared with symptoms of influenza-like illness.

Figure 4: Proportion of ILI-related School Nurses Visits¹ by Season



¹Influenza 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.)

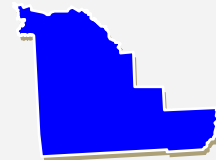
Influenza-like or flu-like illness (ILI) includes:

- 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:

109 (59 Flu Type A-54% & 50 Type B-46%), this is 42% higher than average (77), to date.



Incidence Rate (the

number of new flu cases): 46.3 per 100,000 population



Hospitals:

ILI and flu reported

Flu-Related

Hospitalizations: Six

patients were hospitalized with lab-confirmed flu in Madison County, no change from the previous week (6). A total of 17 hospitalizations have been reported this season to date.

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 1, ending 1/6/18: **Widespread**

No Report

No Activity

Sporadic

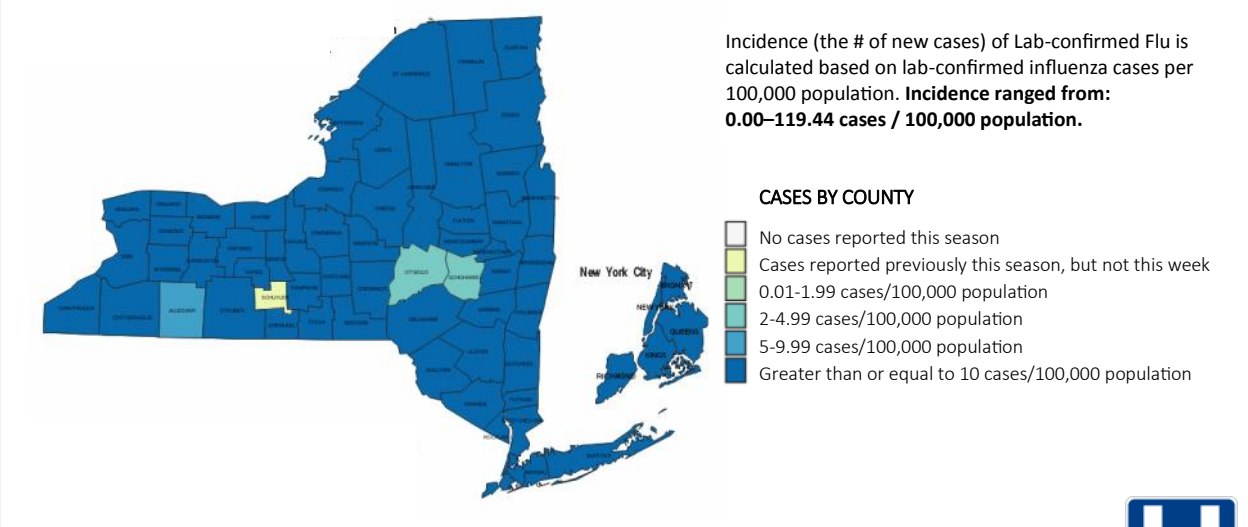
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 3,942 reports, a 37% increase over last week. Flu was reported in 61 counties.

Figure 5: Laboratory Reports of Influenza (including NYC)



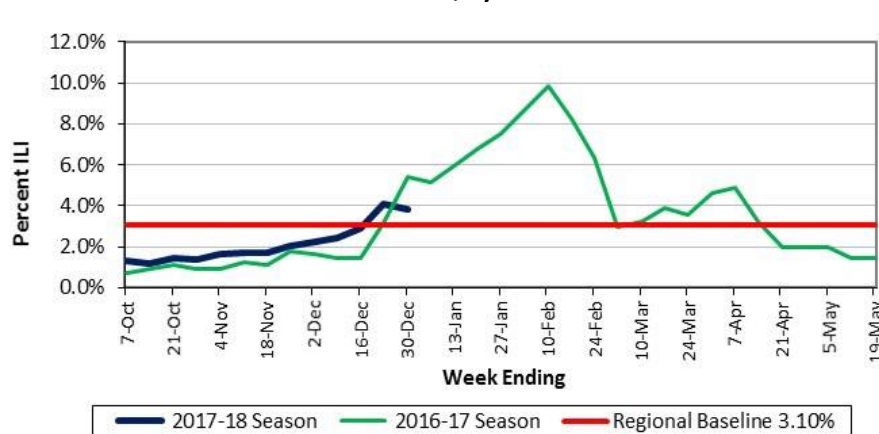
FLU: New York State

ILInet Healthcare Providers: 5.25% 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.)



Flu-Related Hospitalizations: 1,258 reports, a 40% increase over last week.

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



Flu-Associated Pediatric Deaths: One report this week. One death has been reported this season.

Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 1, ending 1/6/18: **Widespread**

No Report

No Activity

Sporadic

Local

Regional

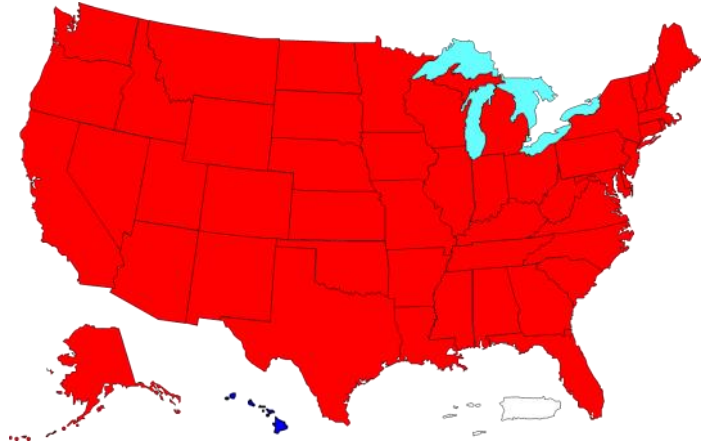
Widespread

Flu activity **increased** 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 49
- **Regional** influenza activity was reported by Guam and one state
- **Local** influenza activity was reported by the District of Columbia
- **Sporadic** activity was reported by the U.S. Virgin Islands
- Puerto Rico 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):

New York City and 26 states experienced high activity; Puerto Rico and 10 states experienced moderate ILI activity; the District of Columbia and six states experienced low ILI activity; and eight states experienced minimal ILI activity. (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.)

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



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.

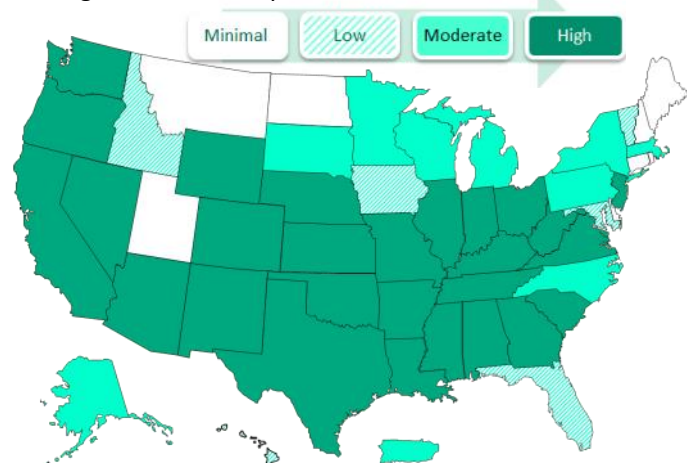
Flu and Pneumonia-Associated Deaths:

7.0% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring during week 51 ending 12/23, were attributed to pneumonia and flu; this is *at* the week 51 epidemic threshold of 7.0%.

Flu-Associated Pediatric Deaths:

Seven reports during week 1. 20 flu-associated death have been reported this season to date.

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>

FLU: United States