

Madison County Communicable Disease Activity: Week 4, ending 1/27/18

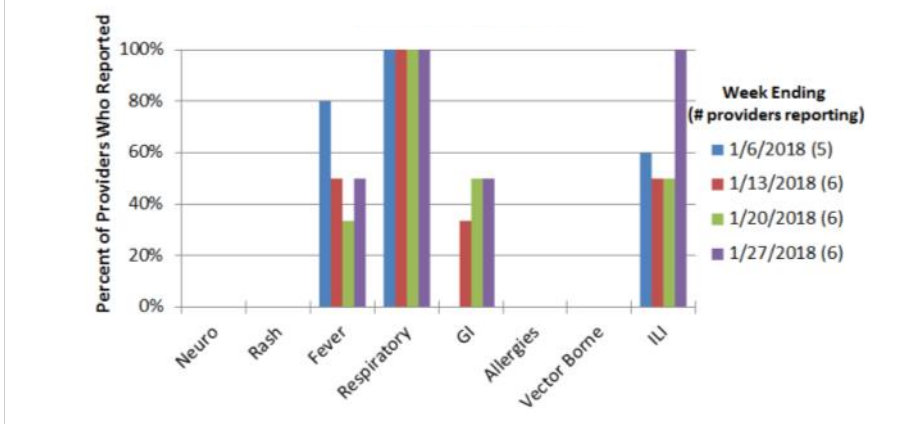
**Information denoted with an asterisk is subjective and provided on a voluntary basis.*

COMMUNICABLE DISEASES: Madison County

Communicable Diseases Reported to the Health Department: 7 Chlamydia, 1 Campylobacter, and 1 Lyme disease

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

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



Hospitals Reported:

Rash, fever, respiratory illness, GI, URI, ILI, flu, and strep throat

College Health Centers Reported*: Fever, respiratory illness, GI, URI, ILI, flu, and sore throats

Syndromic Surveillance in Emergency Department—1/19/18 to 1/27/18: Mild to moderate sensitivity for symptoms of GI & fever

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—1/5/17 to 1/14/18: No alerts



Issue Highlight: HPV and Cervical Cancer

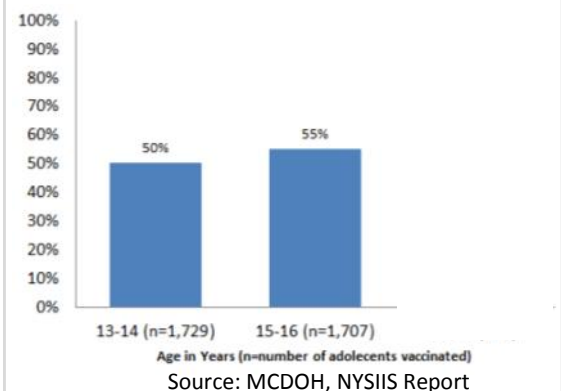
Only half of Madison County adolescents ages 13-14 and 15-16 have started the recommended HPV vaccine series to prevent infection with the **Human Papilloma Virus (HPV)**. HPV is a very common infection that spreads through sexual activity.

Almost all Cervical Cancer is caused by the Human Papilloma Virus.

- HPV prevention is **CANCER prevention**
- The HPV vaccine (shots) can prevent HPV for **boys and girls**.
- Cervical cancer can often be prevented with regular screening tests and follow-up care.
- Cervical cancer screenings can help detect abnormal (changed) cells early, before they turn into cancer.

Get HPV vaccine and cervical cancer prevention info at: <https://www.cdc.gov/hpv/index.html>

Figure 2: Percent of Adolescents in Madison County Receiving at Least 1 Dose of Human Papilloma Virus (HPV) Vaccine by Age Group, as of November 2017



Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 4, ending 1/27/18: **Widespread**

No Report

No Activity

Sporadic

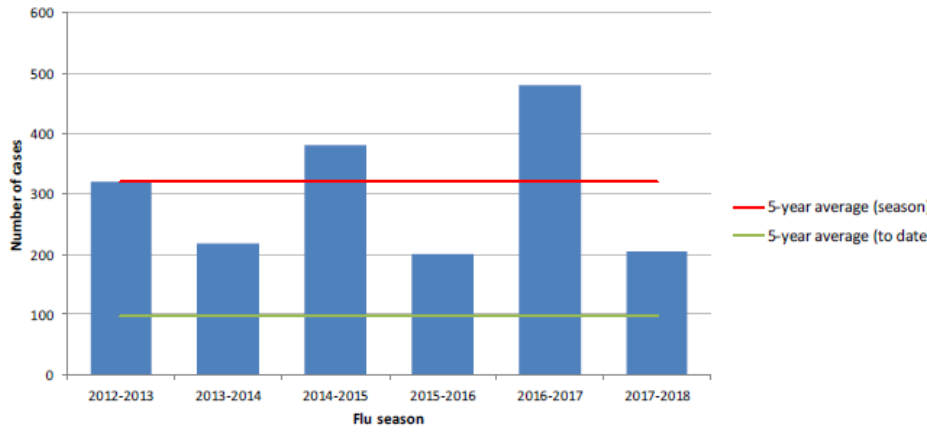
Local

Regional

Widespread

Weekly Lab-confirmed flu: 54 cases (34 flu Type A and 20 flu Type B) were reported; this is a 29% 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:

204 (114 Flu Type A- 56% & 90 Type B-44%), this is 110% higher than average (97), to date.



Incidence Rate (the number of new flu cases): 73.5 per 100,000 population



Hospitals:

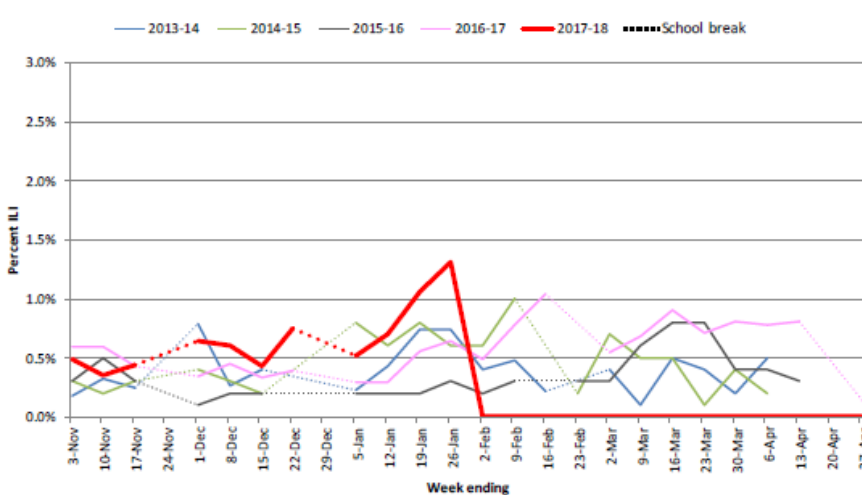
ILI and flu reported

Flu-Related Hospitalizations:

3 patients were hospitalized with lab-confirmed flu in Madison County, a 67% decrease from the previous week (9). A total of 29 hospitalizations have been reported this season to date.

Schools Districts*: 1.3% 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*: ILI and flu was reported

Primary Care Providers*: ILI and flu was reported

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

FLU: Madison County

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 3, ending 1/20/18: **Widespread**

No Report

No Activity

Sporadic

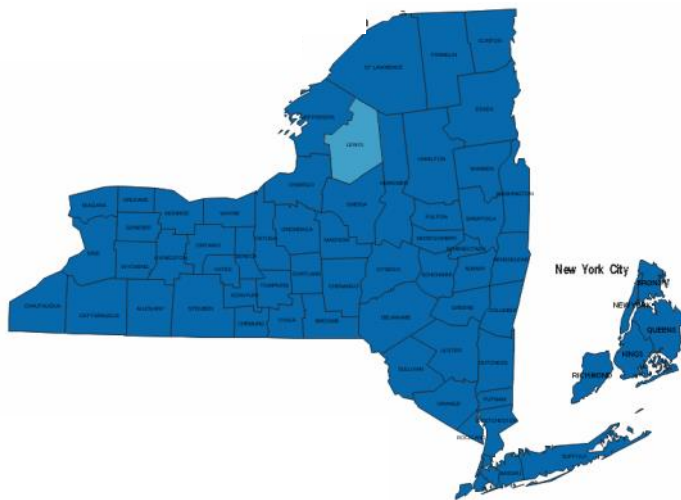
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 7,779 reports, a 28% increase over last week. Flu was reported in all 62 counties.

Figure 5: Laboratory Reports of Influenza (including NYC)



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

**Incidence ranged from:
7.44-93.61 cases per 100,000 population.**

CASES BY COUNTY

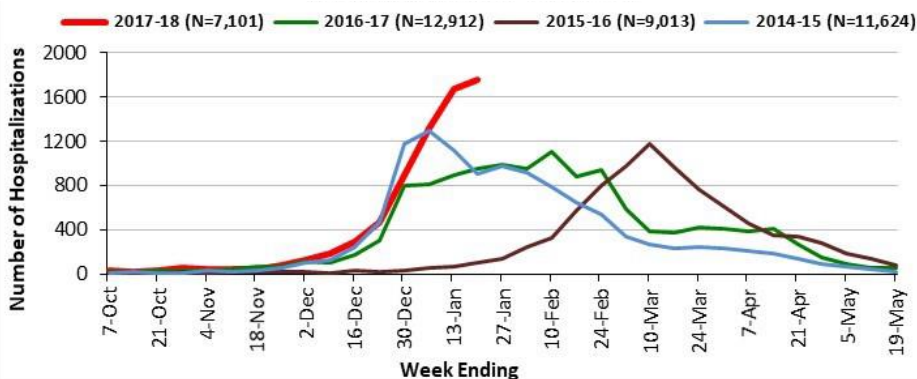
- No cases reported this season
- Cases reported previously this season, but not this week
- 0.01-1.99 cases/100,000 population
- 2-4.99 cases/100,000 population
- 5-9.99 cases/100,000 population
- Greater than or equal to 10 cases/100,000 population

FLU: New York State

ILInet Healthcare Providers: 8.58% of weekly patient complaints were flu-like illness (ILI); this an increase from the previous week and 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: Patients Hospitalized with Laboratory-Confirmed Flu Reported to NYS Department of Health, by Season



Flu-Related Hospitalizations:

1,759 reports, a 5% increase over last week.

Flu-Associated Pediatric Deaths: No reports this week. One death has been reported this season.

Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 3, ending 1/20/18: **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 Puerto Rico and 49 states
- **Regional** influenza activity was reported by Guam
- **Local** influenza activity was reported by the District of Columbia and one state
- **Sporadic** activity was reported by the U.S. Virgin Islands

Flu Activity from ILINet Data (Figure 8):

New York City, Puerto Rico, and 39 states experienced high activity; the District of Columbia and five states experienced moderate ILI activity; three states experienced low ILI activity; and three 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.)

U.S. ILInet Healthcare Providers:

Outpatient illness visits reported through the Network was 6.6%, 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.

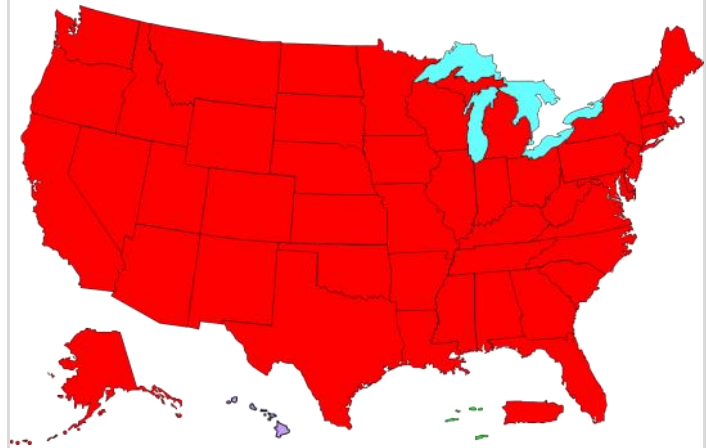
Flu and Pneumonia-Associated Deaths:

9.1% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring during week 1 ending 1/6, were attributed to pneumonia and flu; this is *above* the week 1 epidemic threshold of 7.2%.

Flu-Associated Pediatric Deaths:

Seven pediatric deaths were reported during week 3. 37 flu-associated pediatric deaths 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.)



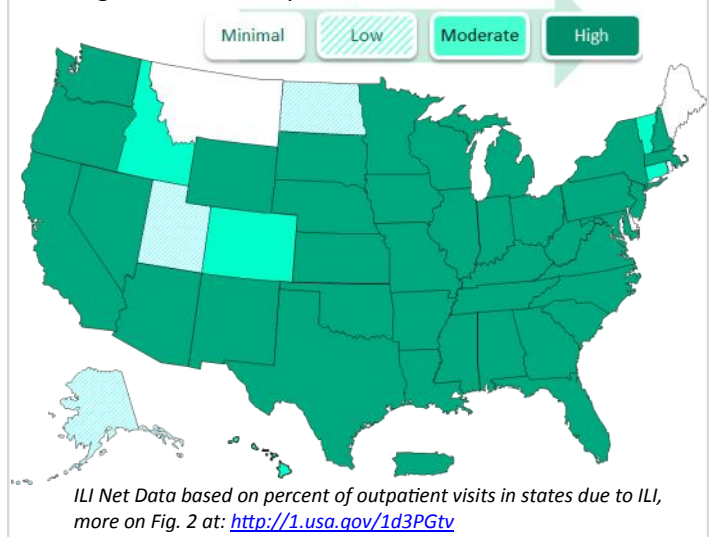
Overall Flu-Related

Hospitalization Rate: 41.9
per 100,000 population.

The highest rate of hospitalization was among adults aged ≥65 years (181.3 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>

FLU: United States