

Madison County Communicable Disease Activity: Week 5, ending 2/3/18

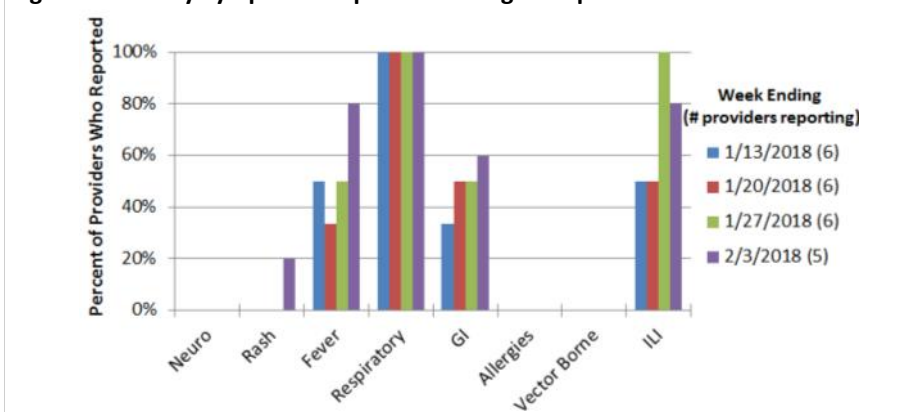
*Information denoted with an asterisk is subjective and provided on a voluntary basis.

COMMUNICABLE DISEASES: Madison County

Communicable Diseases Reported to the Health Department: 4 Chlamydia, 2 new chronic Hepatitis C, 1 Cryptosporidiosis, 1 Strep Pneumoniae, and 1 Strep Group B

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

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

**Hospitals Reported:**

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

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

Syndromic Surveillance in Emergency Department—1/26/18 to 2/4/18: Mild/moderate sensitivity for symptoms of fever

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—1/12/18 to 1/21/18: Mild/moderate sensitivity for Influenza Agents (Flu antiviral medications)

**Issue Highlight: Carbon Monoxide Poisoning**

On average, over 430 people in the U.S. die each year from unintentional carbon monoxide (CO) poisoning, with the **highest numbers of deaths each year occurring in winter months.**

CO poisoning can be caused by:

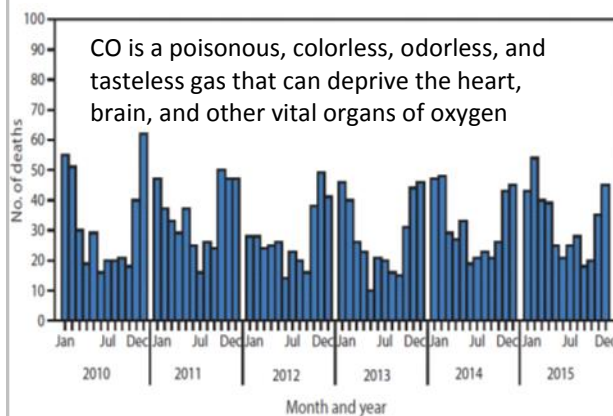
- Malfunctioning fuel-burning appliances
- Indoor use of portable generators and gas or charcoal grills
- Use of a gas kitchen range/oven for warmth
- Idling a vehicle in a garage or other enclosed structure

How you can prevent CO poisoning:

- Schedule routine maintenance for furnaces and other fuel-burning appliances
- Avoiding the above behaviors
- Purchase, install, and maintain CO alarms throughout your home
- Recognize the signs and symptoms of CO poisoning

Learn more at: https://www.health.ny.gov/environmental/emergency/weather/carbon_monoxide/

Figure 2: Number of Deaths Resulting from Unintentional Carbon Monoxide Poisoning,* by Month and Year — National Vital Statistics System, United States, 2010–2015



Source: MMWR: <http://dx.doi.org/10.15585/mmwr.mm6608a9>. 1

Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 5, ending 2/3/18: **Widespread**

No Report

No Activity

Sporadic

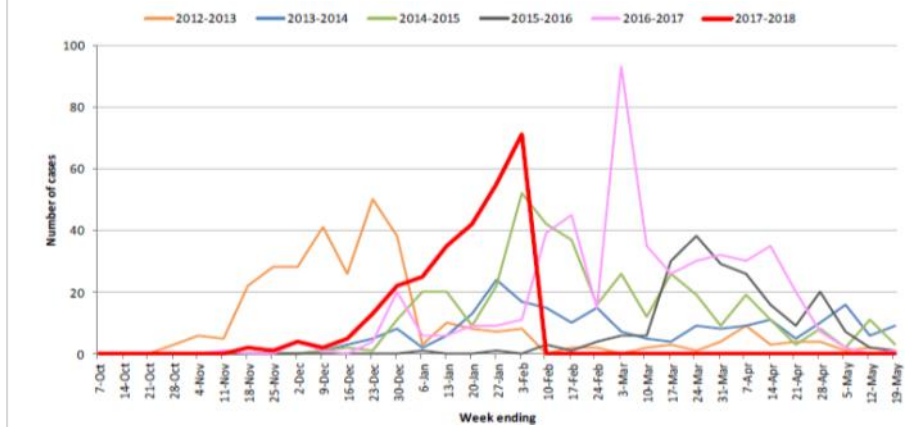
Local

Regional

Widespread

Weekly Lab-confirmed flu: 71 cases (44 flu Type A and 27 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:

277 (160 Flu Type A-58% & 117 Type B-42%), this is 142% higher than average (115), to date.



Incidence Rate (the number of new flu cases): 96.7 per 100,000 population



Hospitals:

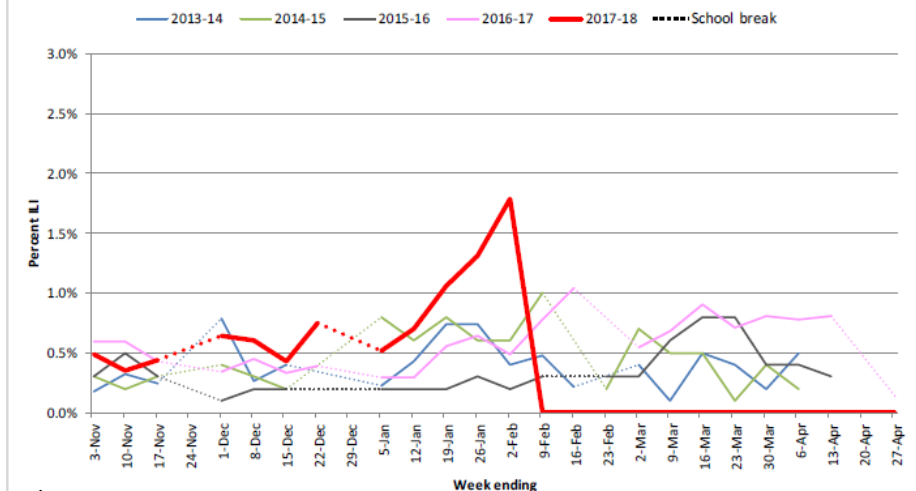
ILI and flu reported

Flu-Related

Hospitalizations: Four hospitalized patient with lab-confirmed flu were reported in Madison County; this is a decrease from the previous week (9). A total of 35 hospitalizations have been reported this season to date.

Schools Districts*: 1.8% of children seen by school nurses appeared with symptoms of influenza-like illness; this is a decrease from week 4 (1.3%).

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*: Flu was reported

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.)

FLU: Madison County

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 4, ending 1/27/18: **Widespread**

No Report

No Activity

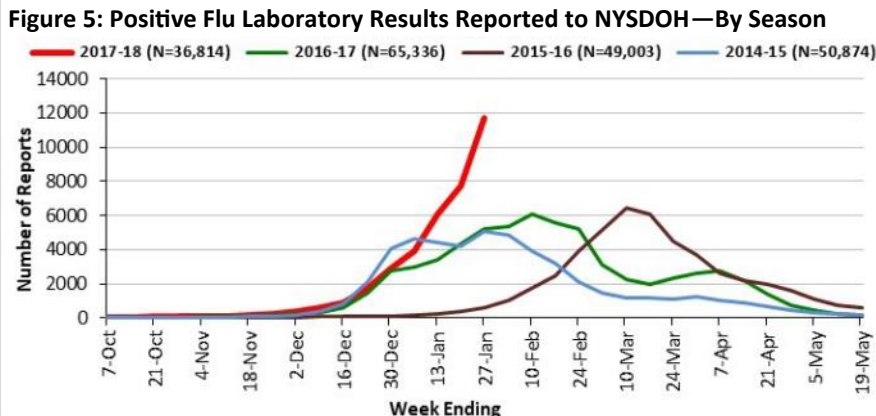
Sporadic

Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 11,683 reports, a 50% increase over last week. Flu was reported in all 62 counties.

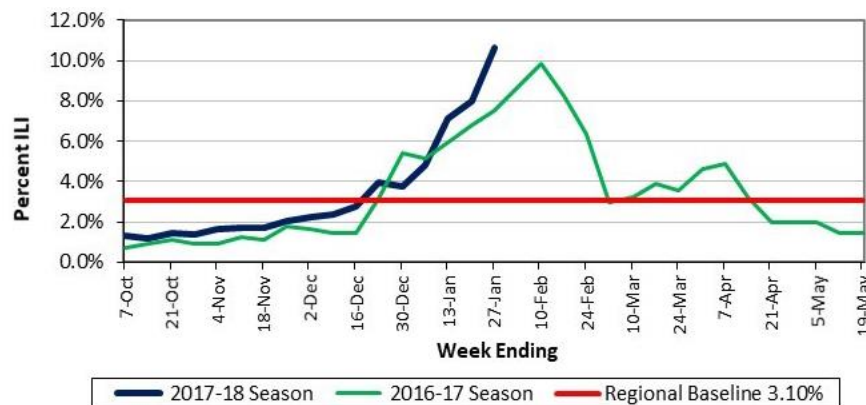


Incidence (the # of new cases) of lab-confirmed flu is calculated based on lab-confirmed influenza cases per 100,000 population.

Incidence ranged from: 21-155.87 cases per 100,000 population.

ILInet Healthcare Providers: 10.63% 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: Percent of Influenza-like Illness (ILI) based on total ILInet Provider Patient Visits each week in NYS, by Season



Flu-Related Hospitalizations: 2,221 reports, a 21% increase over last week.



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

FLU: New York State

Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 4, ending 1/27/18: **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 48 states
- Regional influenza activity was reported by Guam and one state
- 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, the District of Columbia, and 42 states experienced high activity Puerto Rico and two 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 7.1%, 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.

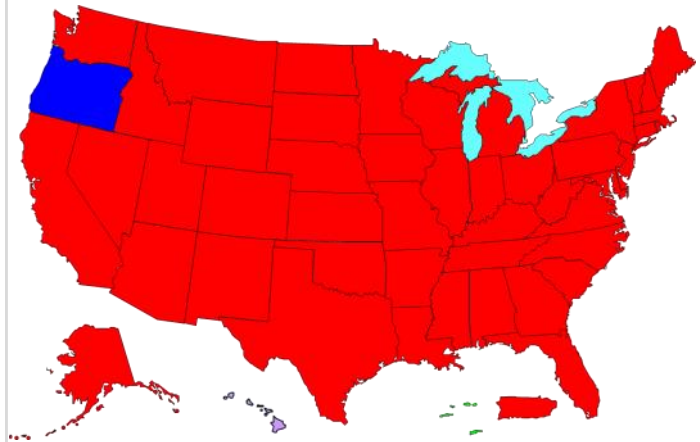
Flu and Pneumonia-Associated Deaths:

9.7% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring during week 2 ending 1/13, were attributed to pneumonia and flu; this is *above* the week 2 epidemic threshold of 7.2%.

Flu-Associated Pediatric Deaths:

17 pediatric deaths were reported during week 4. 53 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.)



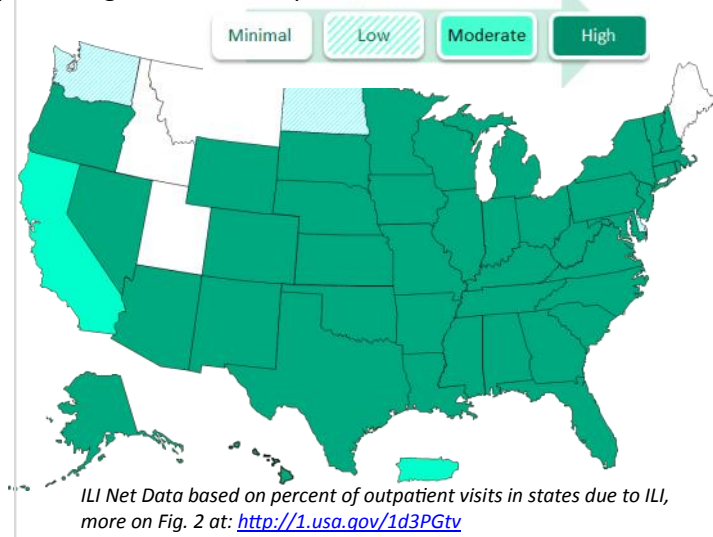
Overall Flu-Related

Hospitalization Rate: 51.4
per 100,000 population.

The highest rate of hospitalization was among adults aged ≥65 years (226.8 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