

Madison County Communicable Disease Activity: Week 11, ending 3/17/18

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

COMMUNICABLE DISEASES: Madison County

Communicable Diseases

Reported: 5 chlamydia and 1 gonorrhea

Primary Care Providers

Reported*: Fever, respiratory illness, gastrointestinal illness (GI), upper respiratory illness (URI), influenza-like illness (ILI), cough, flu, strep throat, and sinus infections (Fig. 1).

College Health Centers

Reported*: No report due to school break

Syndromic Surveillance in Emergency Department—

3/9/18 to 3/17/18: No clusters of illness reported

Medicaid Over-the-Counter (OTC) & Script Medication

Alerts—2/23/18 to 3/4/18: No alerts

Survey Closing Soon!

Provide your feedback!

CLICK HERE

or paste this URL

into your web browser: <https://www.surveymonkey.com/r/DSRC2018>

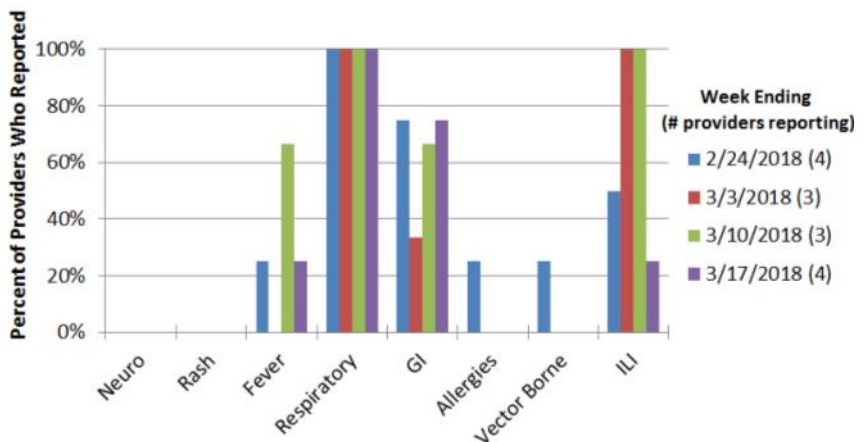


Hospitals

Reported:

Rash, fever, respiratory illness, gastrointestinal illness (GI), and influenza-like illness (ILI)

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



Issue Highlight: Opioid Epidemic

The opioid overdose epidemic in the United States is unlike any drug-related epidemic ever seen. According to the CDC, an average of 115 Americans die every day from an opioid overdose.

In Madison County:

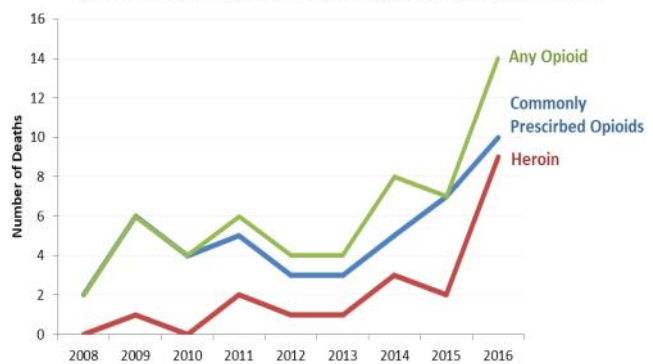
- Opioid-related overdose hospitalization rates have increased 150% since 2006
- Opioid-related overdose emergency department visit rates have increased 750% since 2006

In 2016, Madison County had the 16th highest opioid prescription rate among all New York counties.



CLICK HERE to read more about the opioid epidemic in Madison County: <http://bit.ly/MCHDOpioid2018>

Figure 2: Overdose Deaths Involving Opioids, Madison County, 2008-2016



Data source: New York State Department of Health: <https://www.health.ny.gov/statistics/opioid/>

Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 11, ending 3/17/18: **Widespread (decreasing)**

No Report

No Activity

Sporadic

Local

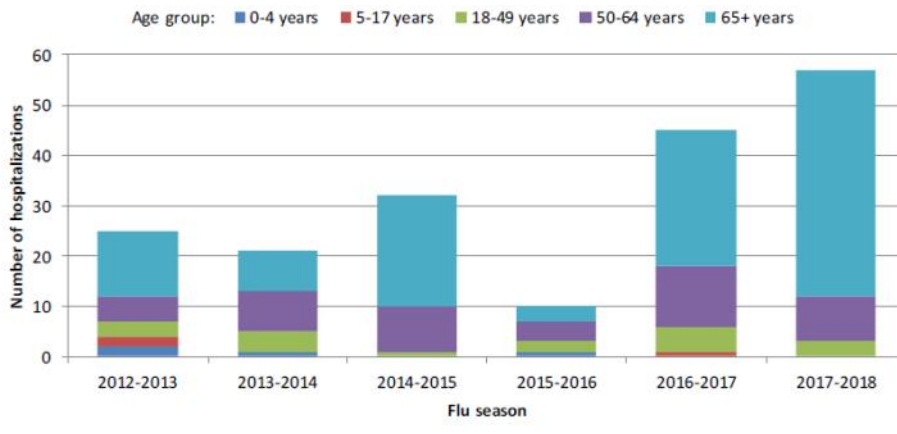
Regional

Widespread

Weekly Lab-confirmed flu: 21 cases (14 flu Type A and 7 flu Type B) were reported; this is a 40% decrease from the previous week.

Figure 3: Total Patients Hospitalized with Lab-Confirmed Flu, by Age* & Season, Madison County Hospitals

*Note: Madison County Hospitals generally do not admit children



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:

531 (340 Flu Type A-64% & 191 Type B-36%), this is 141% higher than average (220), to date.



Incidence Rate (the

number of new flu cases): 28.6 per 100,000 population



Hospitals:

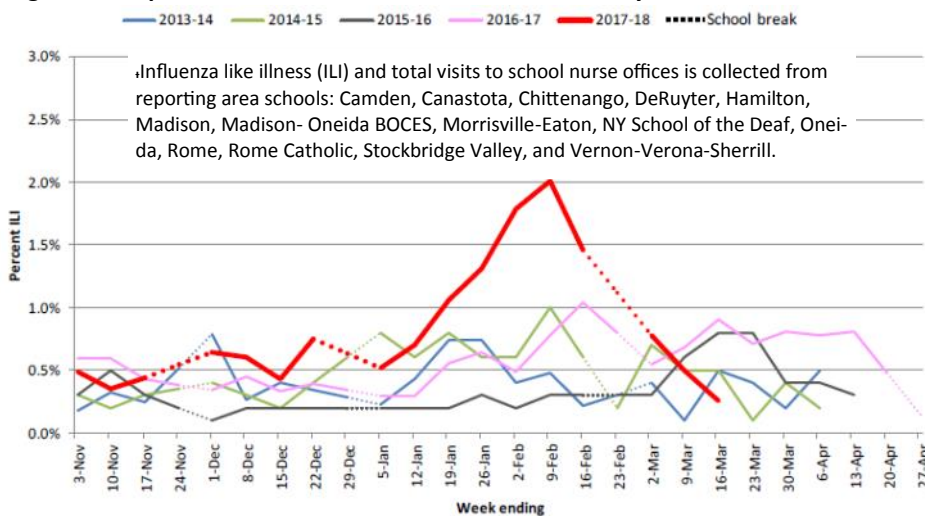
ILI was reported

Flu-Related

Hospitalizations: Two hospitalized patients with lab-confirmed flu were reported in Madison County; this is a slight increase from the previous week (0). A total of 56 hospitalizations have been reported this season to date (Fig. 3).

Schools Districts*: 0.3% of children seen by school nurses had symptoms of influenza-like illness; this is a decrease from the previous week (0.5%) (Fig. 4).

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



College Health Centers*: No reports due to spring 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.)

FLU: Madison County

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 10, ending 3/10/18: **Widespread (decreasing)**

No Report

No Activity

Sporadic

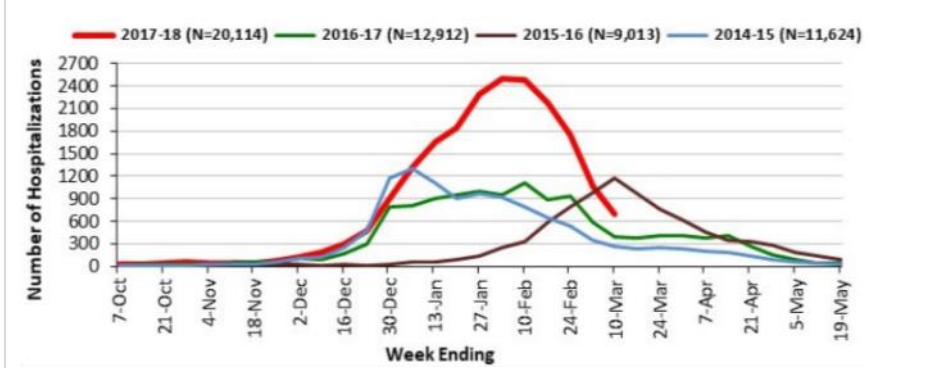
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 3,697 reports, a 42% decrease over last week (Figure 5). Flu was reported in 62 counties.

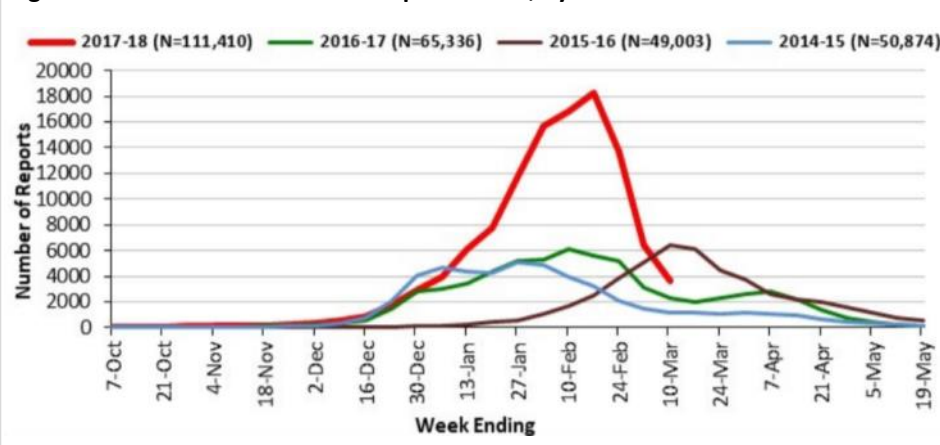
Figure 5: Patients Hospitalized with Lab-Confirmed Flu Reported to NYSDOH—By Season



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

Incidence ranged from: 6.44-67.91 cases per 100,000 population.

Figure 6: Positive Flu Lab Results Report to NYS, by Season



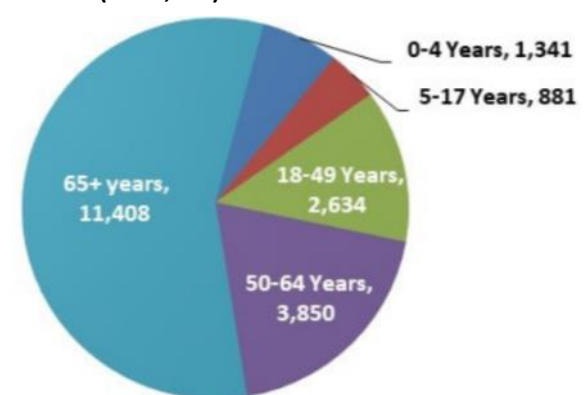
Flu-Related Hospitalizations: 697 reports, a 35% decrease over last week. See figure 7 for hospitalizations by age group.

FLU: New York State

ILInet Healthcare Providers: 4.0% of weekly patient complaints were flu-like illness (ILI); this a decrease from the previous week and is above the regional baseline of 3.10% (Figure 6). (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-Associated Pediatric Deaths: No reports this week. Five deaths were reported this season to date.

Figure 7: Patients hospitalized with Lab-Confirmed Flu reported to NYS, by Age Group, 2017-2018 Season (N=20,114)



Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 10, ending 3/10/18: **Widespread (decreasing)**

No Report

No Activity

Sporadic

Local

Regional

Widespread

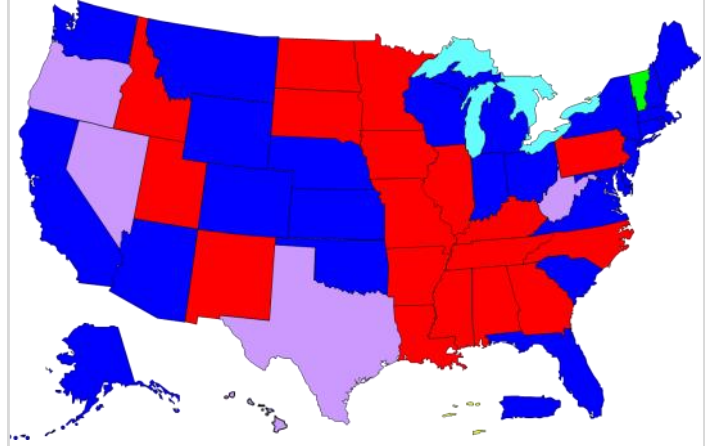
Flu activity **decreased** in the U.S.

Geographic Flu Activity Summary (Figure 8):

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

- Widespread influenza activity was reported by Puerto Rico and 26 states
- **Regional** influenza activity was reported by Guam and 18 states
- **Local** influenza activity was reported by the District of Columbia and five states
- **Sporadic** influenza activity was reported by one state.
- No influenza activity was reported by the U.S. Virgin Islands.

Figure 8: 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 9):

Twelve states experienced high activity; thirteen states experienced moderate ILI activity; New York City and 14 five states experienced low ILI activity; and eleven 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 3.3%, this percentage is *above* the national baseline of 2.2% but a decrease from the previous week. All 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

Flu and Pneumonia-Associated Deaths:

8.5% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring during week 8 ending 2/24, were attributed to pneumonia and flu; this is *above* the week 8 epidemic threshold of 7.4%.

Flu-Associated Pediatric Deaths: Nine pediatric deaths were reported. 129 flu-associated pediatric deaths have been reported this season to date.

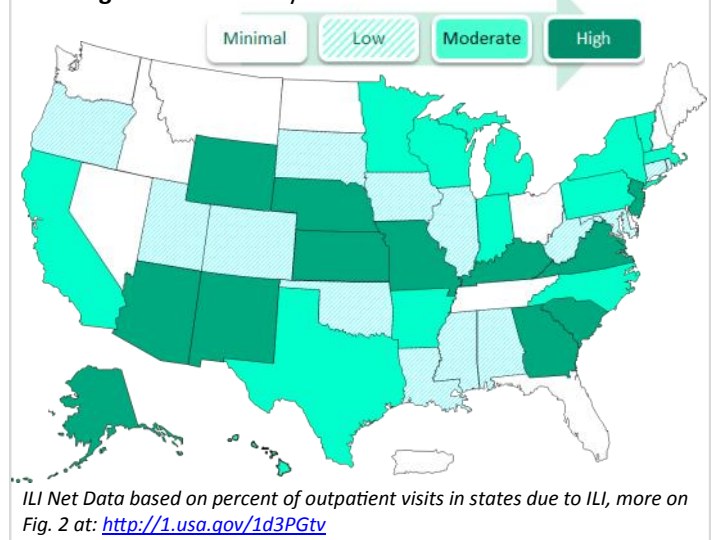
Overall Flu-Related

Hospitalization Rate: 89.9 per 100,000 population.

The highest rate of hospitalization was among adults aged ≥65 years (386.2 per 100,000 population).



Figure 9: 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/1eDDFh>

FLU: United States