

Madison County Communicable Disease Activity: Week 13, ending 3/31/18

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

COMMUNICABLE DISEASES: Madison County

Communicable Diseases

Reported: 5 chlamydia, 1 gonorrhea, and 1 strep pneumoniae

Primary Care Providers

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

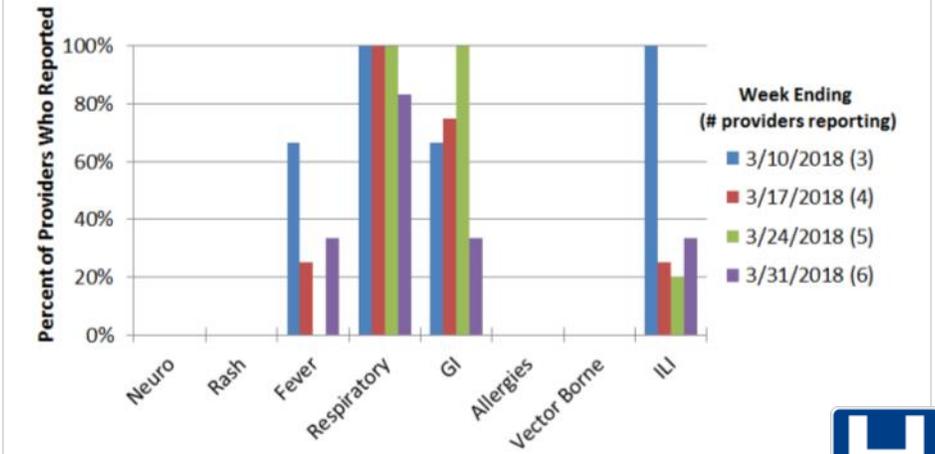
College Health Centers Reported*: Fever, respiratory illness, GI, URI, ILI, and strep throat

Syndromic Surveillance in Emergency Department—3/26/18-4/4/18: Mild sensitivity for neurologic symptoms**

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—3/12/18 to 3/21/18: No alerts reported

**Neurologic can include non-specific diagnosis of neurological infection (e.g. Meningitis, Encephalitis, etc.) or non-specific conditions (e.g. headache, numbness, dizziness, blurry/double vision, speech difficulty, confusion, disorientation, or anxiety)

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



Hospitals

Reported: Rash, fever, respiratory illness, gastrointestinal illness (GI), upper respiratory illness (URI), influenza-like illness (ILI), and flu



Issue Highlight: Indoor Tanning Dangers

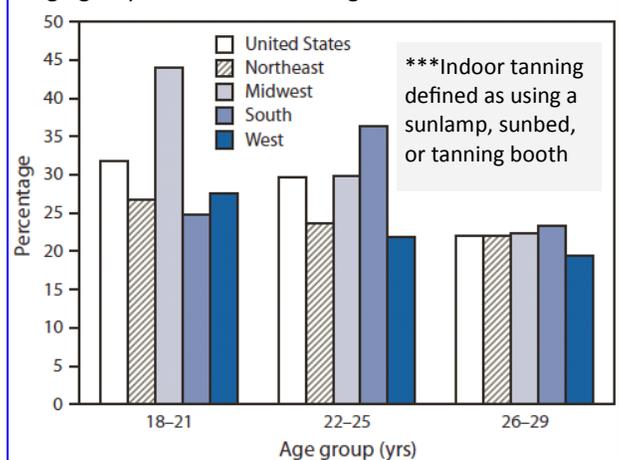
Indoor tanning before age 35 years increases the risk for melanoma (skin cancer) by 75%.

- The highest rate of tanning is among young non-Hispanic white women aged 18–25 years.
- UV radiation from indoor tanning devices may be 4-6 times greater than UV radiation from the sun, as studied during noon sunlight during the summer in Washington, D.C.

Madison County has six permitted indoor tanning facilities. These facilities are routinely inspected by the Health Department. Previous inspections found the potential for overexposure due to the wrong bulbs being used in a tanning device and the length of tanning exposure was not maintained in all clients records.

Learn more about the dangers of indoor tanning at cdc.gov/cancer/skin/basic_info/indoor_tanning.htm

Figure 2: Percentage of non-Hispanic white women aged 18–29 years who used an indoor tanning device* at least once in the past 12 months, by age group and U.S. Census region**



Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 13, ending 3/31/18: *Regional (decreasing)*

No Report

No Activity

Sporadic

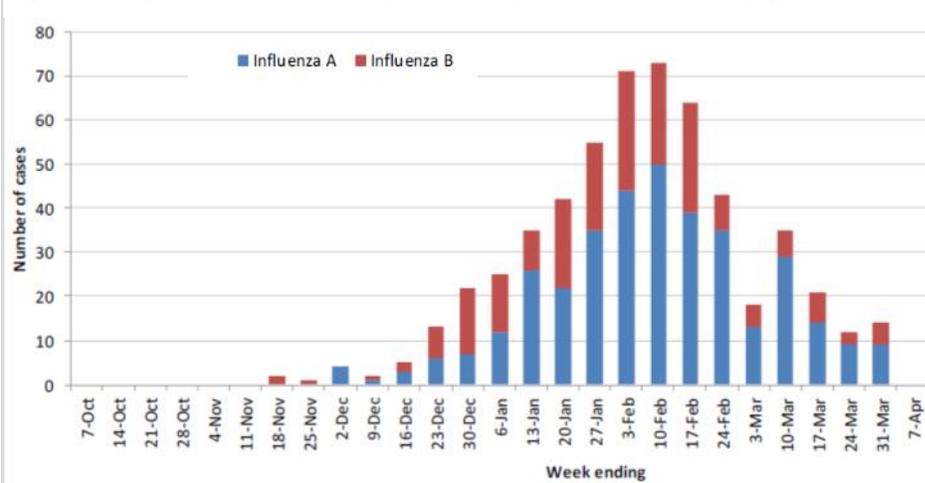
Local

Regional

Widespread

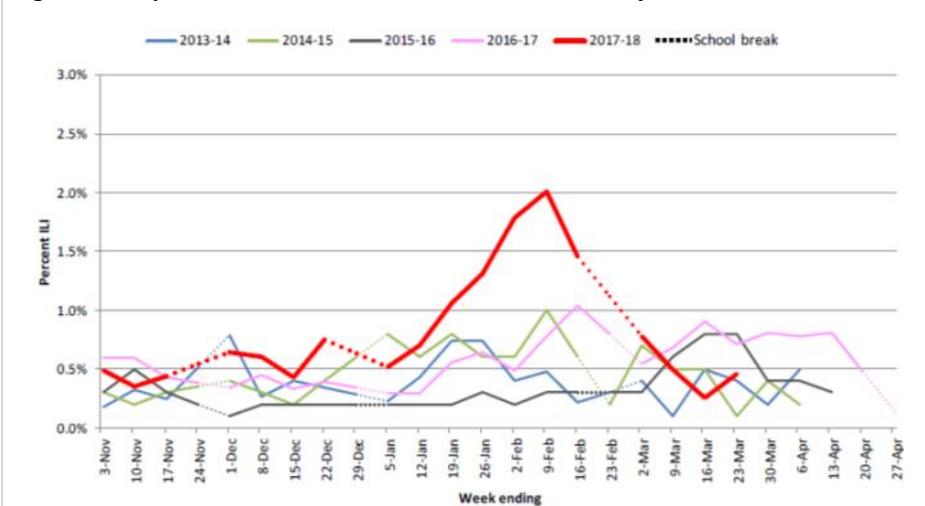
Weekly Lab-confirmed flu: 14 cases (9 flu Type A and 5 flu Type B) were reported; this is a 17% increase from the previous week.

Figure 3: Proportion Flu Laboratory Results Reported to MCDOH, by type-2017-18



Schools Districts*: 0.4% 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*: ILI was reported

Primary Care Providers*: ILI and flu was reported

Flu-Associated Pediatric Deaths: No reports this season to date.

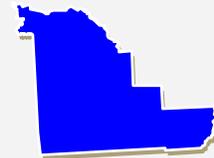
(Flu-associated deaths only in children younger than 18 years old are nationally notifiable.)

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:

557 (358 Flu Type A-64% & 199 Type B-36%), this is 64% higher than average (256), to date.



Incidence Rate (the number of new flu cases): 19.1 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 *no change* from the previous week (2). A total of 58 hospitalizations have been reported this season to date (Fig. 3).

FLU: Madison County

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 12, ending 3/24/18: **Widespread (decreasing)**

No Report

No Activity

Sporadic

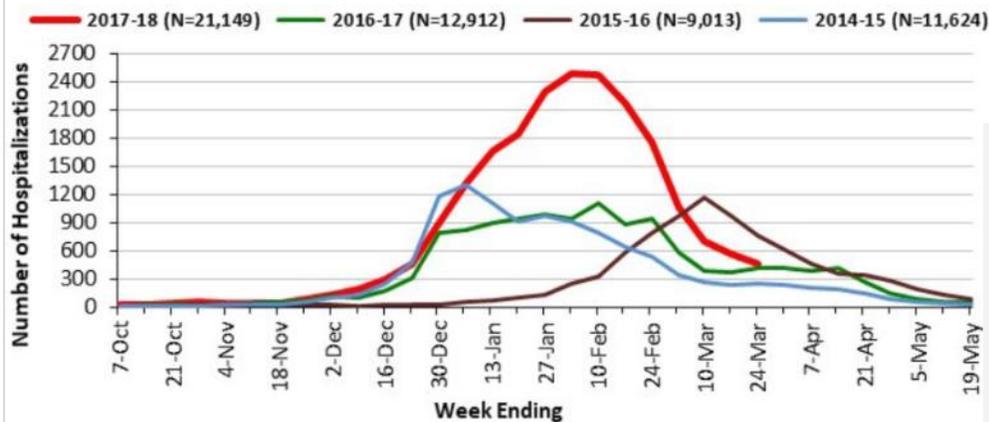
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 2,711 reports, a 10% decrease over last week (Figure 6). Flu was reported in 62 counties.

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



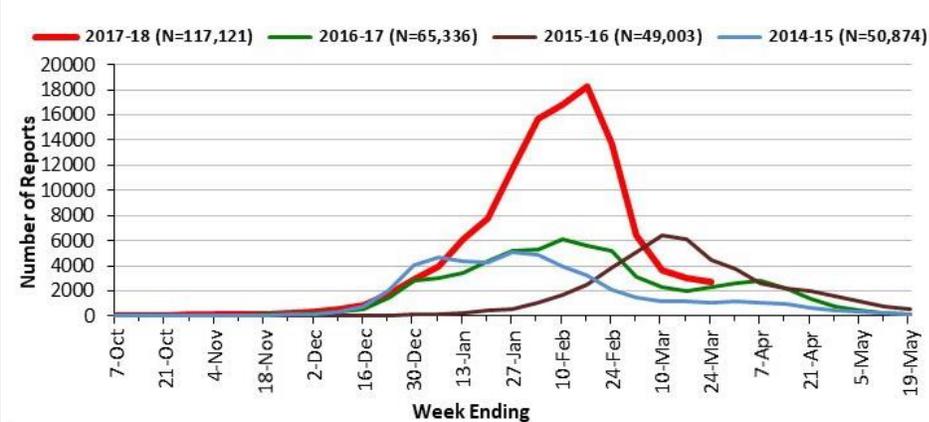
Flu-Related Hospitalizations: 458 reports, a 20% decrease over last week (figure 5).

ILInet Healthcare Providers: 2.78% of weekly patient complaints were flu-like illness (ILI); this a decrease from the previous week and is below 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.)

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

Incidence ranged from: 2.88-46.69 cases per 100,000 population.

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



Flu-Associated Pediatric Deaths: No reports this week. Five deaths were reported this season to date.

FLU: New York State

Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 12, ending 3/24/18: **Regional (decreasing)**

No Report

No Activity

Sporadic

Local

Regional

Widespread

Flu activity **decreased** 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 16 states
- Regional influenza activity was reported by 22 states
- Local influenza activity was reported by the District of Columbia, Guam and eight states
- Sporadic influenza activity was reported by four states
- No influenza activity was reported by the U.S. Virgin Islands

Flu Activity from ILINet Data (Figure 8):

Four states experienced high activity; eight states experienced moderate ILI activity; New York City, Puerto Rico, the District of Columbia; 14 states experienced low ILI activity; and twenty-four 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 2.5%, this percentage is *above* the national baseline of 2.2% but a decrease from the previous week. Nine of 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

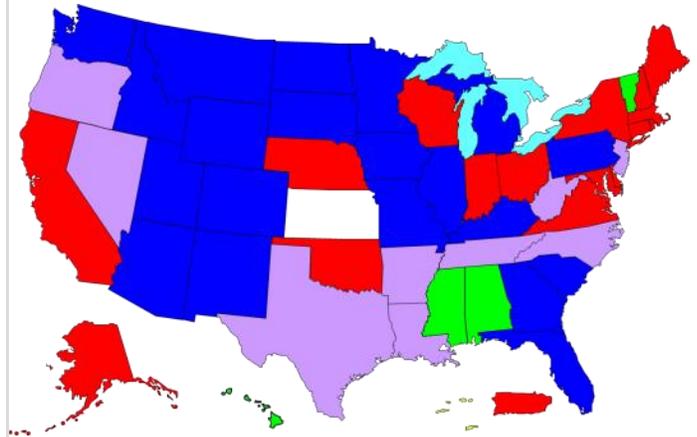
Flu and Pneumonia-Associated Deaths:

7.7% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring during week 10 ending 3/10, were attributed to pneumonia and flu; this is *above* the week 10 epidemic threshold of 7.4%.

Flu-Associated Pediatric Deaths:

Four pediatric deaths were reported. 137 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.)



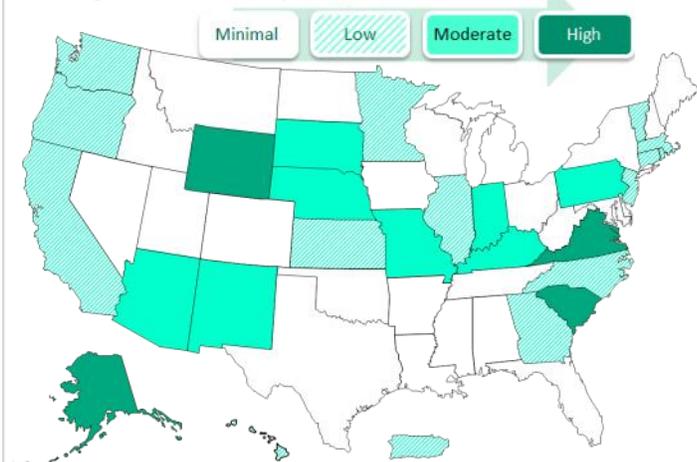
Overall Flu-Related

Hospitalization Rate: 96.1
per 100,000 population.

The highest rate of hospitalization was among adults aged ≥65 years (412.6 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/1eDDFh>

FLU: United States