

Madison County Communicable Disease Activity: Week 14, ending 4/7/18

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

COMMUNICABLE DISEASES: Madison County

Communicable Diseases

Reported: 2 chlamydia, 1 bacterial meningitis, and 1 Group B strep

Primary Care Providers

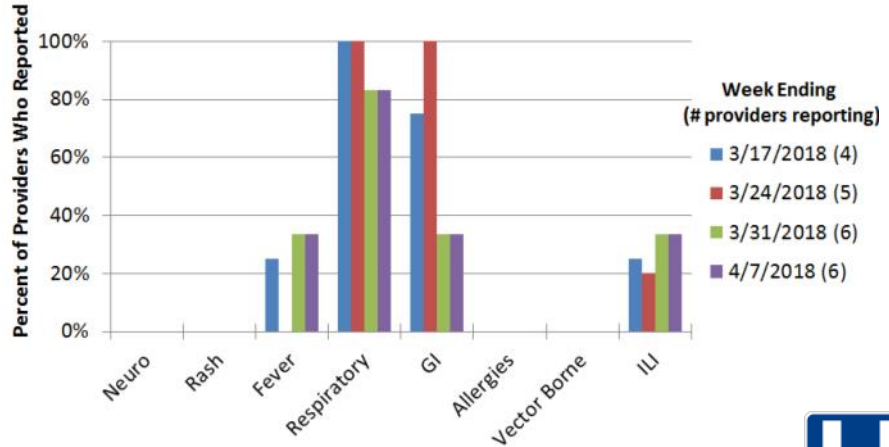
Reported*: Fever, respiratory illness, gastrointestinal illness (GI), upper respiratory illness (URI), influenza-like illness (ILI), flu, strep throat, sore throats, coughs, and sinus infections (Fig. 1).

College Health Centers Reported*: Rash, fever, respiratory illness, GI, URI, ILI, viral infections, allergies, urinary tract infections, strep throat, colds, and meningitis

Syndromic Surveillance in Emergency Department—3/31/18 to 4/7/18: Mild sensitivity for neurologic illness

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—3/17/18 to 3/26/18: No alerts reported

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



Hospitals

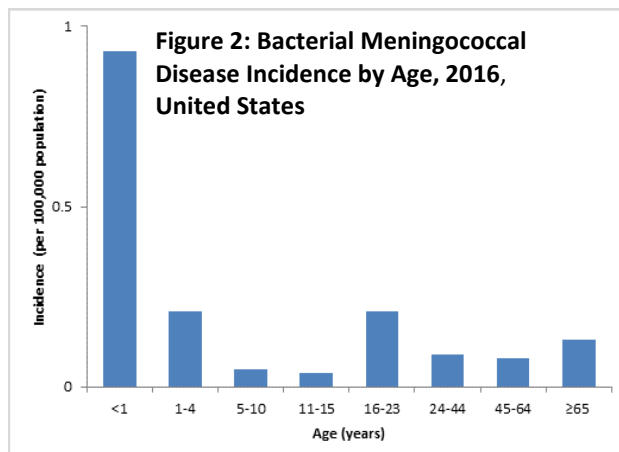
Reported: Rash, fever, respiratory illness, gastrointestinal illness (GI), upper respiratory illness (URI), flu, influenza-like illness (ILI), and neurologic illness**

**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)



Issue Highlight: Meningococcal Disease

Meningococcal disease is a serious, potentially fatal illness, caused by the bacteria *Neisseria meningitidis*. Symptoms appear suddenly and include: fever, headache, stiff neck, nausea and vomiting, rash, weakness and sensitivity to light.



It spreads from person-to-person through respiratory secretions (saliva & spit). One must have close contact (kissing, sharing drinks & utensils, playing contact sports, or living together) with someone who is sick or who carries the bacteria. It is not spread through casual contact, or by breathing air where someone with the disease has been. The single best way to prevent this disease is to be vaccinated.

Learn more: <https://www.cdc.gov/meningococcal>

Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 14, ending 4/7/18: **Widespread (slight increase)**

No Report

No Activity

Sporadic

Local

Regional

Widespread

Weekly Lab-confirmed flu: 18 cases (11 flu Type A and 7 flu Type B) were reported; this is a 29% increase from the previous week.

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

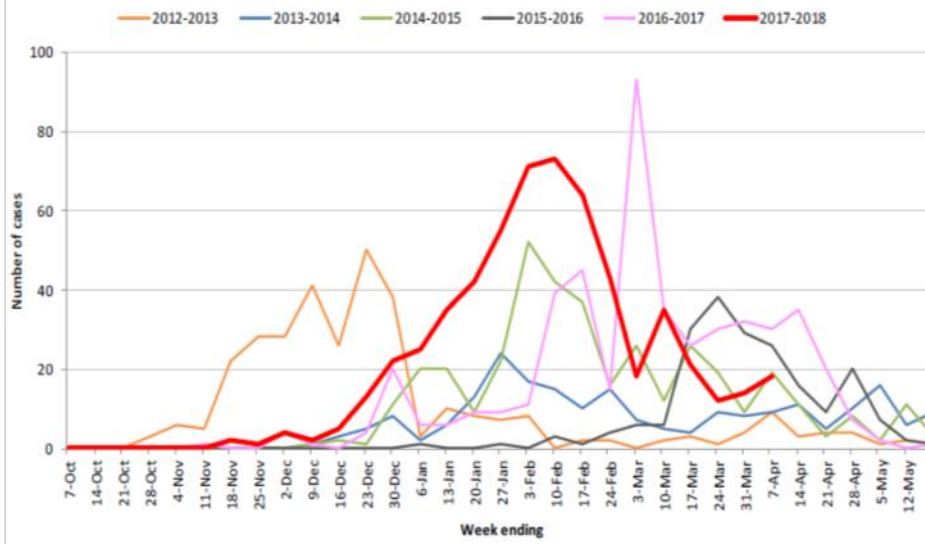
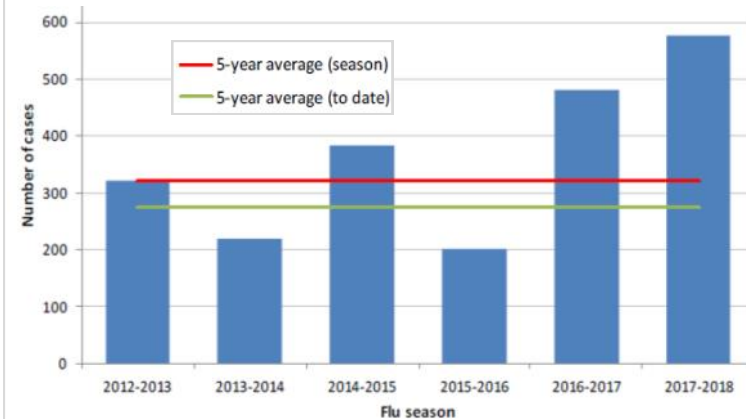


Figure 4: Total Positive Influenza Laboratory Results Reported to Madison County, by Year



Schools Districts*: 0.5% of children seen by school nurses had symptoms of influenza-like illness; this is a *slight increase* from the previous week (0.4%) (Fig. 4).

College Health Centers*: ILI was reported

Primary Care Providers*: ILI and flu was reported

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

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:

575 (369 Flu Type A-64% & 206 Type B-36%), this is 110% higher than average (274), to date.



Incidence Rate (the number of new flu cases): 24.5 per 100,000 population



Hospitals:

ILI and flu was reported

Flu-Related

Hospitalizations: One hospitalized patient with lab-confirmed flu was reported in Madison County; this is a *slight decrease* from the previous week (2). A total of 59 hospitalizations have been reported this season to date.

FLU: Madison County

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 13, ending 3/31/18: **Widespread (decreasing)**

No Report

No Activity

Sporadic

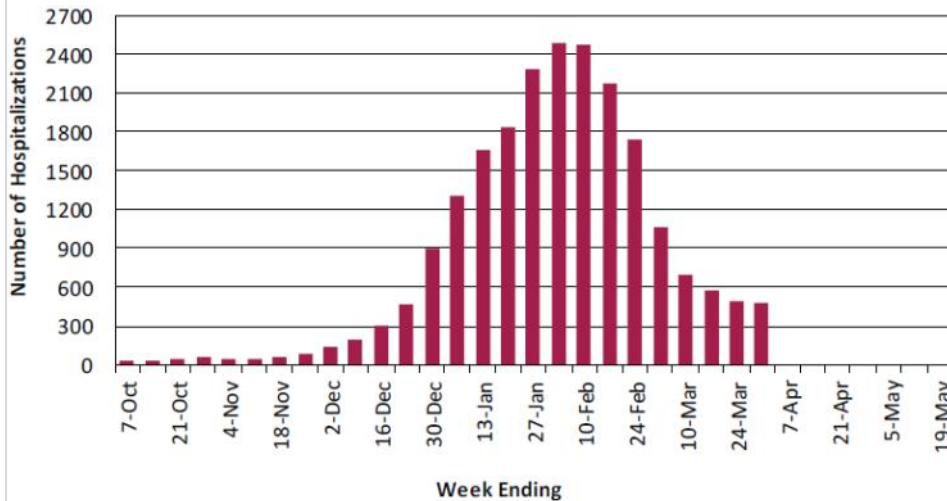
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 3,170 reports, a 47% increase over last week (Figure 6). Flu was reported in 61 counties.

Figure 5: Patients Hospitalized with Lab-Confirmed Flu Reported to NYSDOH—By Week, 2017-18 (N=21, 655)

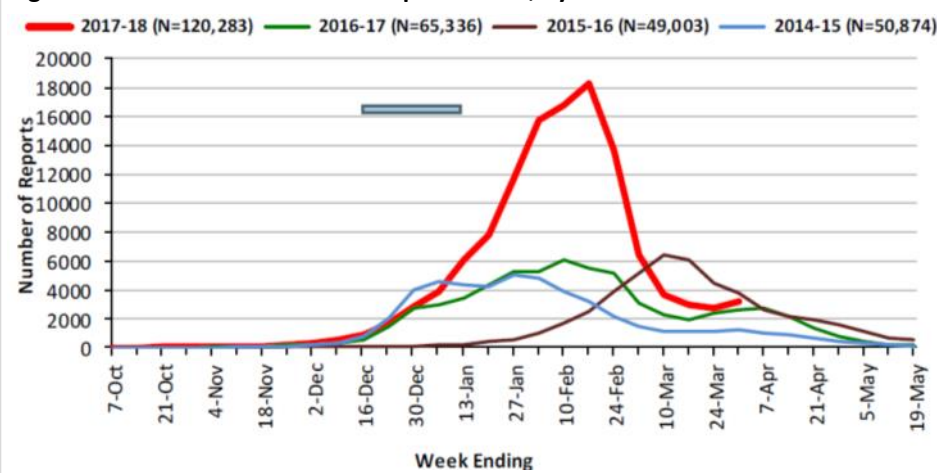


Flu-Related Hospitalizations: 479 reports, a 1% decrease over last week (figure 5).

FLU: New York State

ILInet Healthcare Providers: 1.49% 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.)

Figure 6: Positive Flu Lab Results Report to NYS, 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: 0-81.7 cases per 100,000 population.

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

Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 13, ending 3/31/18: **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 11 states
- Regional influenza activity was reported by Guam, Puerto Rico and 26 states
- Local influenza activity was reported by the District of Columbia and 10 states
- Sporadic influenza activity was reported by the U.S. Virgin Islands and three states

Flu Activity from ILINet Data (Figure 8):

Two states experienced high ILI activity; Eight states experienced moderate ILI activity; New York City and 12 states experienced low ILI activity; the District of Columbia, Puerto Rico, and 28 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:

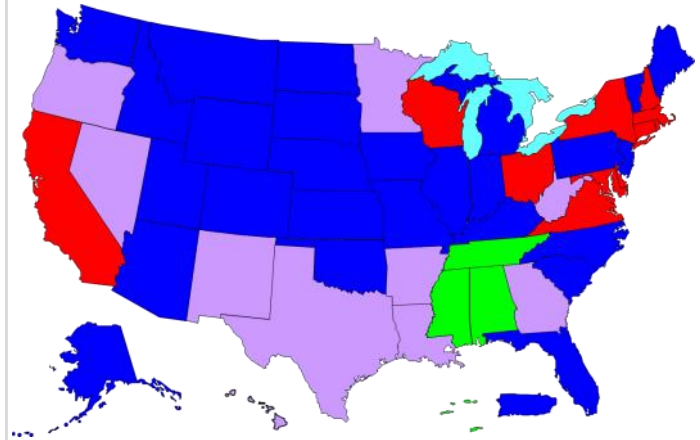
Outpatient illness visits reported through the Network was 2.4%, this percentage is *above* the national baseline of 2.2% but a decrease from the previous week. Seven of 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

Flu and Pneumonia-Associated Deaths:

7.1% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring during week 11 ending 3/17, were attributed to pneumonia and flu; this is *below* the week 11 epidemic threshold of 7.3%.

Flu-Associated Pediatric Deaths: Five pediatric deaths were reported. 142 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.)



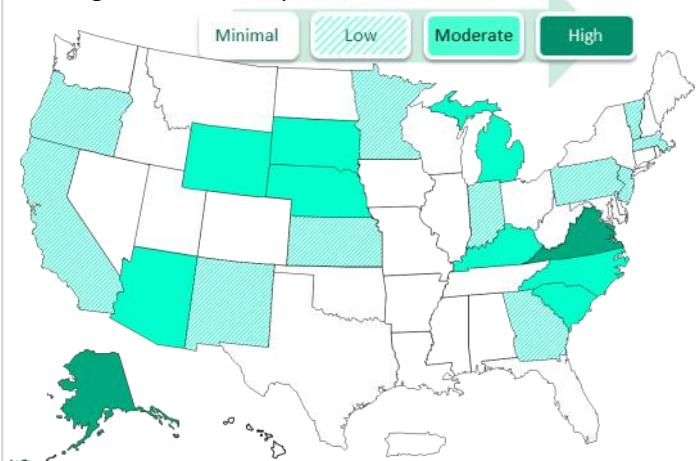
Overall Flu-Related

Hospitalization Rate: 99.9 per 100,000 population.

The highest rate of hospitalization was among adults aged ≥65 years (429.4 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