

**Madison County Communicable Disease Activity: Week 17, ending 4/28/18**

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

COMMUNICABLE DISEASES: Madison County

**Communicable Diseases Reported:** 5 chlamydia

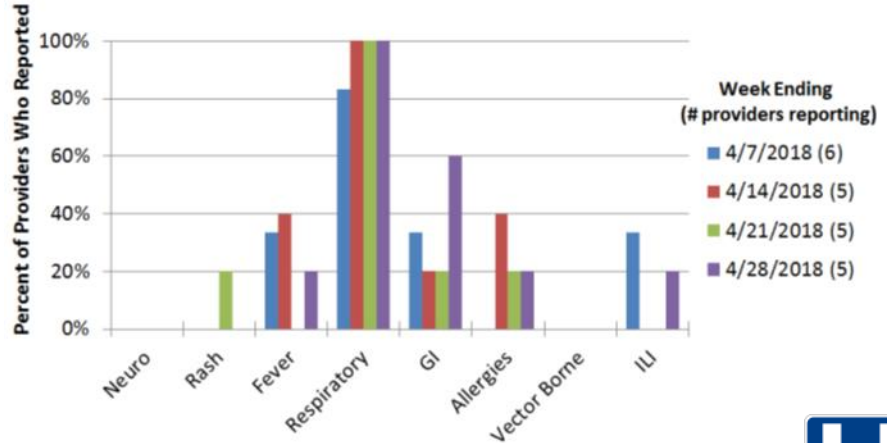
**Primary Care Providers Reported\*:** Fever, respiratory illness, gastrointestinal illness (GI), upper respiratory illness (URI), influenza-like illness (ILI), flu, sore throats, strep throat, ear infections, sinus infections, coughs, and allergies (Fig. 1).

**College Health Centers Reported\*:** Fever, respiratory illness, GI, URI, sexually transmitted infections (STIs), ILI, strep throat, and colds

**Syndromic Surveillance in Emergency Department—4/20/18 to 4/28/18:** No clusters of illness reported

**Medicaid Over-the-Counter (OTC) & Script Medication Alerts—4/6/18 to 4/15/18:** No alerts reported

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



**Hospitals Reported:**

Neurological illness<sup>1</sup>, rash, fever, respiratory illness, gastrointestinal illness (GI), upper respiratory illness (URI), and influenza-like illness (ILI)



**Issue Highlight: Hepatitis C Virus (HCV)**

In 2016, a total of 2,967 cases of acute HCV were reported to CDC, and an estimated 3.5 million people in the US have chronic HCV.

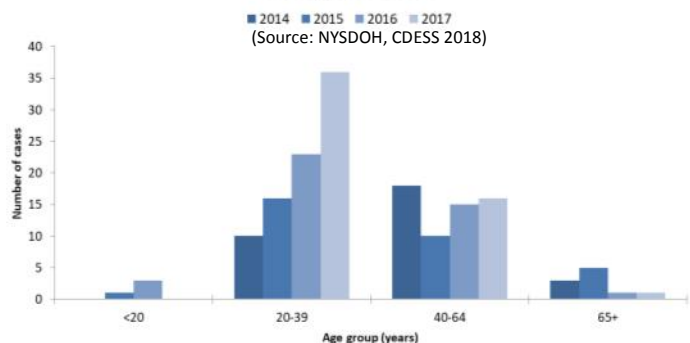
HCV can cause serious liver problems, including cancer.

HCV spreads through contaminated blood, during activities such as:

- Sharing needles or other equipment to inject drugs.
- Needle stick injuries in health care settings.
- Being born to a mother who has Hepatitis C.
- Receiving donated blood or blood products prior to 1992.
- Less commonly, through sex and sharing personal items.

Hepatitis C can be treated. (Source: CDC)

**Figure 2. Hepatitis C cases by age group and year, Madison County, 2014-2017**



Cases of HCV have been rising annually throughout the U.S. and in Madison County (Figure 2).

Increases reflect infections associated with rising rates of injection-drug use, as well as improved detection.

For more information visit:

<https://www.cdc.gov/hepatitis>

# Madison County Disease Surveillance & Risk Report

## Madison County Flu Activity: Week 17, ending 4/28/18: *Regional (decreasing)*

No Report

No Activity

Sporadic

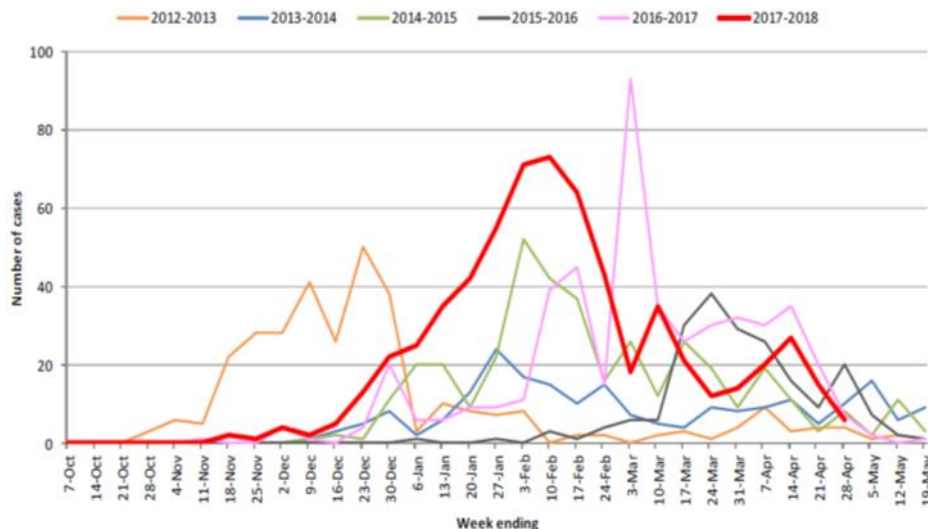
Local

**Regional**

Widespread

**Weekly Lab-confirmed flu:** 6 cases (5 flu Type A and 1 flu Type B) were reported; this is a 60% decrease from the previous week.

**Figure 3: Positive Flu Lab Results Report to Madison County, by Season**

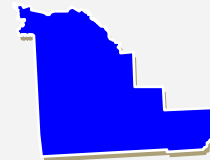


### Influenza-like or flu-like illness (ILI) includes:

- 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:

625 (402 Flu Type A-64% & 223 Type B-36%), this is 103% higher than average (308), to date.



**Incidence Rate** (the number of new flu cases): 8.2 per 100,000 population



### Hospitals:

ILI was reported

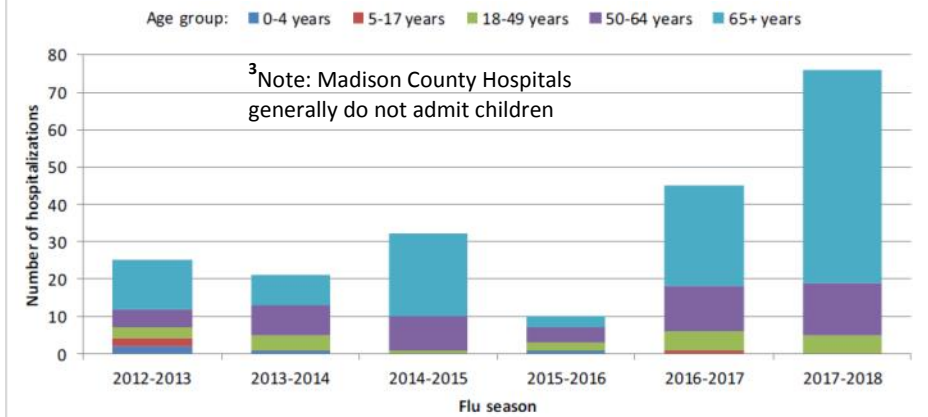
### Flu-Related

**Hospitalizations:** Two hospitalized patients with lab-confirmed flu were reported in Madison County; this is *an increase* from the previous week (5). A total of 78 hospitalizations have been reported this season to date (Fig. 4).

**Schools Districts\*:** ILI reporting has ended for the 2017-18 flu season.

**College Health Centers\*:** ILI was reported

**Figure 4: Total Patients Hospitalized with Lab-Confirmed Flu, by Age<sup>3</sup> & Season, Madison County Hospitals**



**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 16, ending 4/21/18: **Widespread (decreasing)**

No Report

No Activity

Sporadic

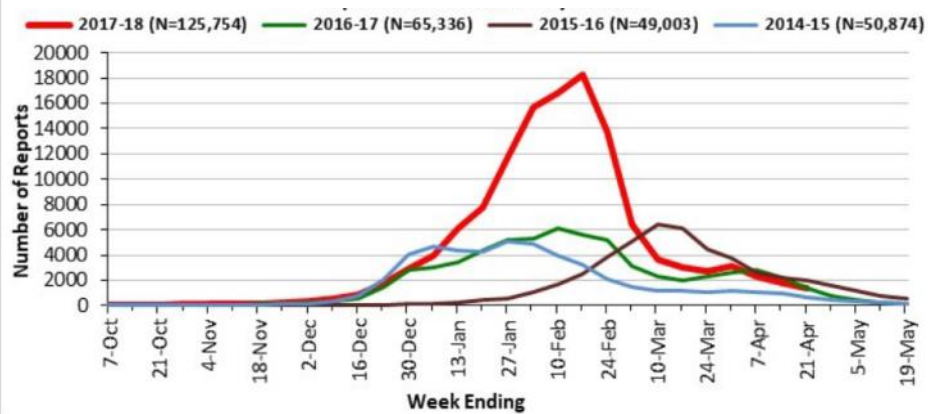
Local

Regional

**Widespread**

**Weekly Lab-Confirmed Flu:** 1,392 reports, a 23% decrease over last week (Figure 5). Flu was reported in 61 counties.

Figure 5: 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: 0-56.66 cases per 100,000 population.**

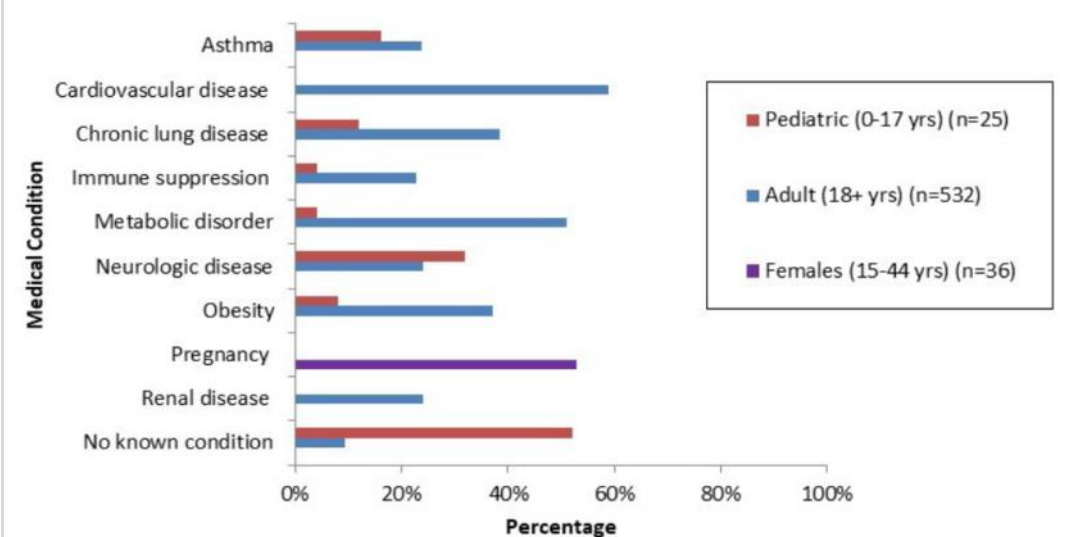


**Flu-Related Hospitalizations:** 261 reports, a 26% decrease over last week (Figure 6).

**ILInet Healthcare Providers:** 2.39% 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.)

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

Figure 6: Selected Underlying Medical Conditions in Patients Hospitalize with Flu, NYS Emerging Infections Program, October 1, 2017-April 21, 2018



FLU: New York State

# Madison County Disease Surveillance & Risk Report

## National Flu Activity: Week 16, ending 4/21/18: *Local (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 four states
- Regional influenza activity was reported by Guam, Puerto Rico and nine states
- Local influenza activity was reported by 25 states
- Sporadic influenza activity was reported by the District of Columbia, the U.S. Virgin Islands and 10 states
- No influenza activity was reported by two states

### Flu Activity from ILINet Data (Figure 8):

Three states experienced low ILI activity; and New York City, the District of Columbia, Puerto Rico, and 47 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:

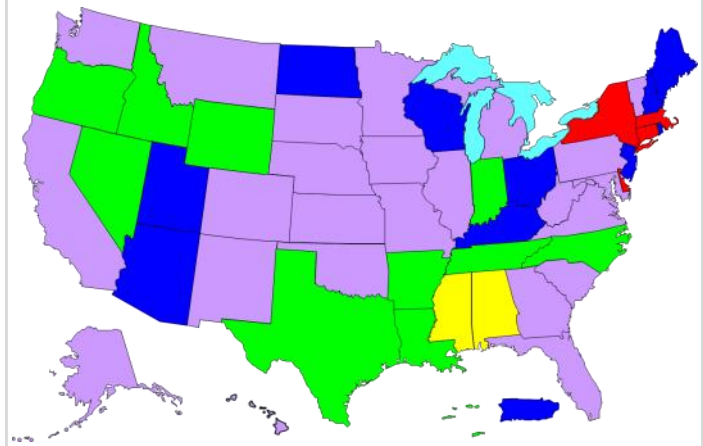
Outpatient illness visits reported through the Network was 1.7%, this percentage is *below* the national baseline of 2.2% and a decrease from the previous week. One of 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

### Flu and Pneumonia-Associated Deaths:

6.9% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring during week 14 ending 4/7, were attributed to pneumonia and flu; this is *below* the week 14 epidemic threshold of 7.2%.

**Flu-Associated Pediatric Deaths:** Four pediatric deaths were reported. 160 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.)

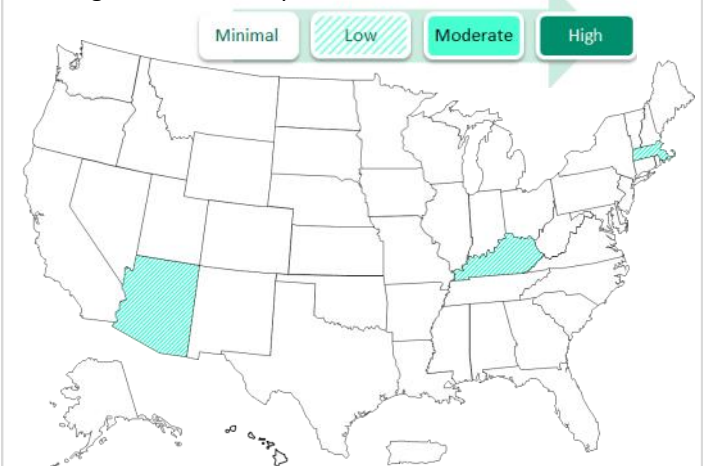


### Overall Flu-Related Hospitalization Rate:

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



**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