

**Madison County Communicable Disease Activity: Week 21, ending 5/26/18**

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

COMMUNICABLE DISEASES: Madison County

**Communicable Diseases**

**Reported:** 3 Chlamydia, 1 Campylobacter, 1 Lyme disease, and 1 Strep Group B

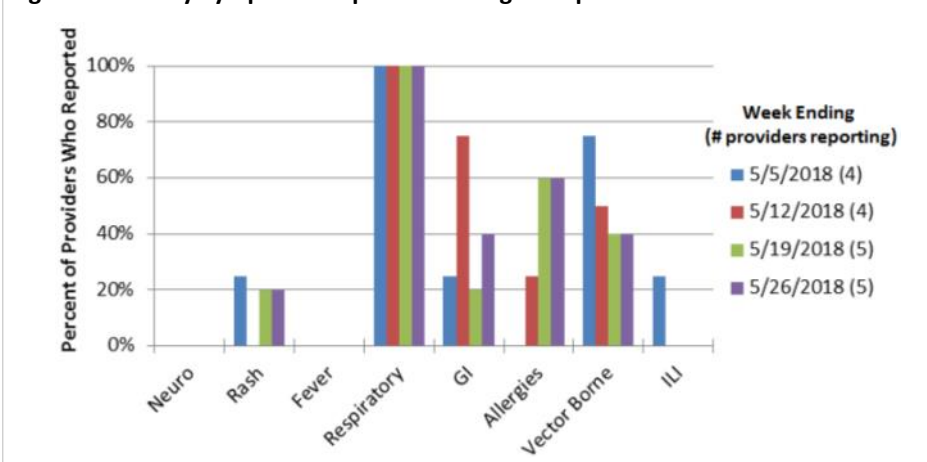
**Primary Care Providers**

**Reported\*:** Rash, respiratory illness, gastrointestinal illness (GI), upper respiratory illness (URI), allergies, sore throats, strep throat, sinus infections, and tick bites (Fig. 1).

**Syndromic Surveillance in Emergency Department—5/19/18 to 5/26/18:** No clusters of illness reported

**Medicaid Over-the-Counter (OTC) & Script Medication Alerts—5/6/18 to 5/14/18:** Mild to moderate sensitivity for Tetracyclines

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



**Hospitals**

**Reported:** Rashes, fever, respiratory illness, and gastrointestinal illness (GI)



**Issue Highlight: Healthy Water Play**

**Recreational water exposures can make people sick**

- Germs are easily spread in recreational water sources like pools, hot tubs, waterparks and spray parks
- 493 outbreaks related to recreational water were reported between 2000-2014 in the US
- Over half were caused by Cryptosporidium (Crypto)



[CDC MMWR, 5/18/18](http://www.cdc.gov/mmwr)

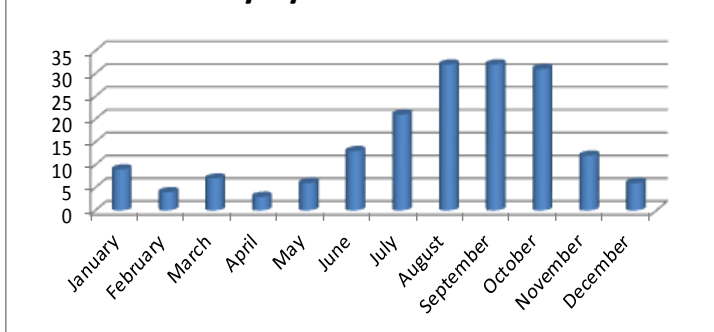
**Chemicals are used to kill germs in water, but Crypto can survive several days in treated water**

- Avoid swimming after being sick with diarrhea
- Do not swallow water while swimming or playing in water

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

Crypto is the leading cause of outbreaks linked to recreational water and most commonly diagnosed during warm weather months here. (Source: NYSDOH, CDESS)

**Figure 2: Total Crypto Cases in Madison County by month 2000-2017**



# Madison County Disease Surveillance & Risk Report

## Madison County Flu Activity: Week 21, ending 5/26/18: No Activity

No Report

**No Activity**

Sporadic

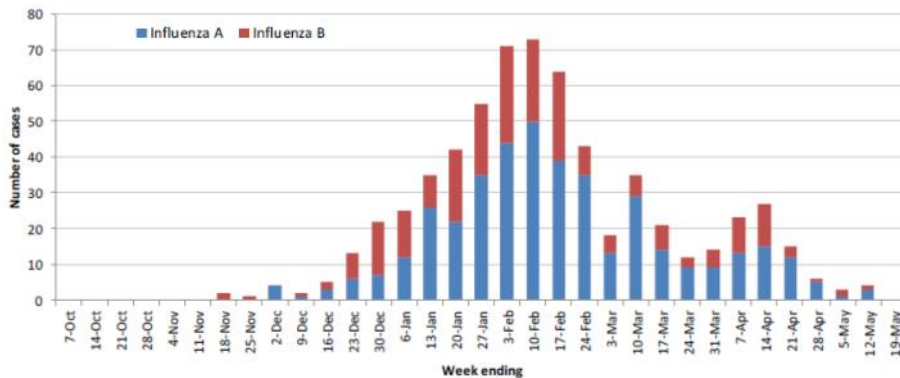
Local

Regional

Widespread

**Weekly Lab-confirmed flu:** No flu cases were reported; no change from the previous week.

Figure 3: Positive Flu Lab Results Report to Madison County, by Type, 2017-2018



**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:**

635 (407 Flu Type A-64% & 228 Type B-36%), this is 98% higher than average (320), to date.



**Incidence Rate** (the number of new flu cases): 0.0 per 100,000 population



**Hospitals:**

No ILI or flu were reported

**Flu-Related**

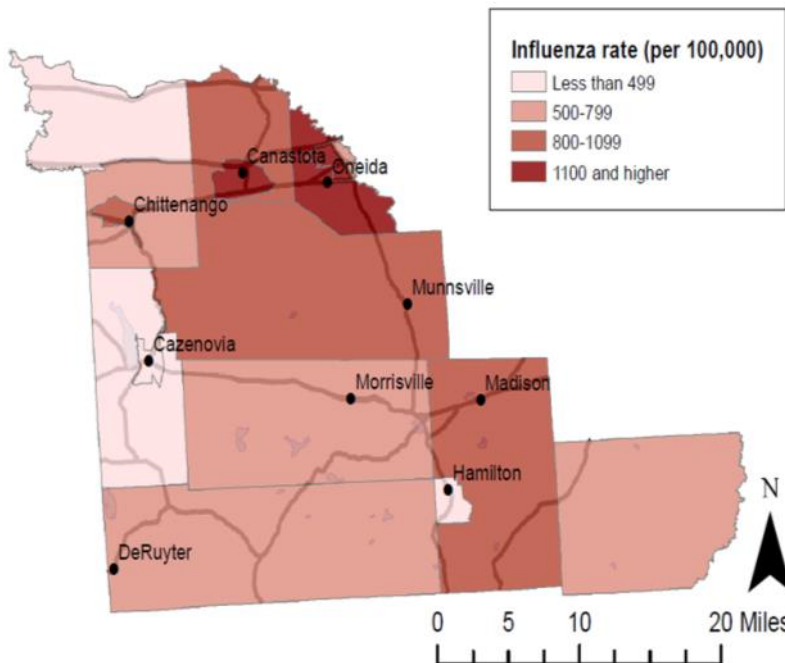
**Hospitalizations:** No hospitalized patients with lab-confirmed flu were reported in Madison County; this is *no change* from the previous week (0). A total of 77 hospitalizations have been reported this season to date.

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

**College Health Centers\*:** No ILI or flu was reported

**Primary Care Providers\*:** No ILI or flu was reported

Figure 4: Map of Flu Incidence in Madison County by Census Tract, October 1, 2017-May 26, 2018



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

FLU: Madison County

# Madison County Disease Surveillance & Risk Report

## New York State Flu Activity: Week 20, ending 5/19/18: *Local (decreasing)*

No Report

No Activity

Sporadic

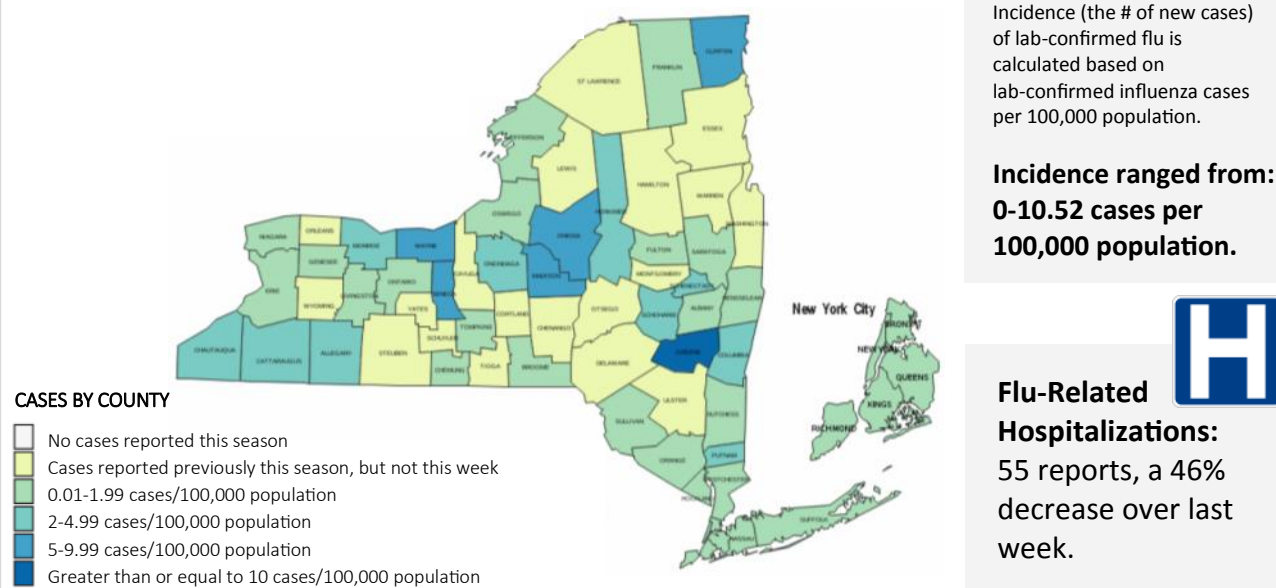
Local

Regional

Widespread

**Weekly Lab-Confirmed Flu:** 232 reports, a 49% decrease over last week (Figure 5). Flu was reported in 43 counties.

**Figure 5: Lab-Confirmed Flu Reported by County to NYS, for the week ending May 19, 2018.**

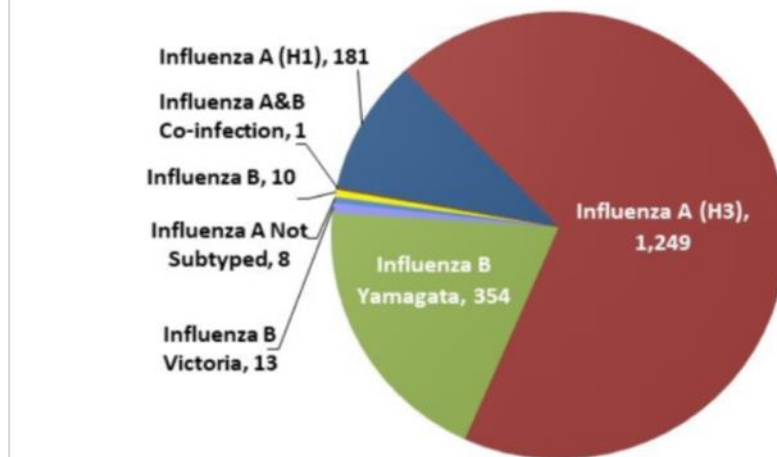


FLU: New York State

**ILInet Healthcare Providers:** 1.57% 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. Six deaths were reported this season to date.

**Figure 6: All Flu Viruses Detected by New York State Wadsworth Center Laboratory, 2017-18 Season (N=2,783 tested)**



# Madison County Disease Surveillance & Risk Report

## National Flu Activity: Week 20, ending 5/19/18: *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 one state
- Regional influenza activity was reported by Guam, Puerto Rico and one state
- Local influenza activity was reported by seven states
- Sporadic influenza activity was reported by the District of Columbia, the U.S. Virgin Islands and 37 states
- No influenza activity was reported by four states

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

New York City, the District of Columbia, Puerto Rico and all 50 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:

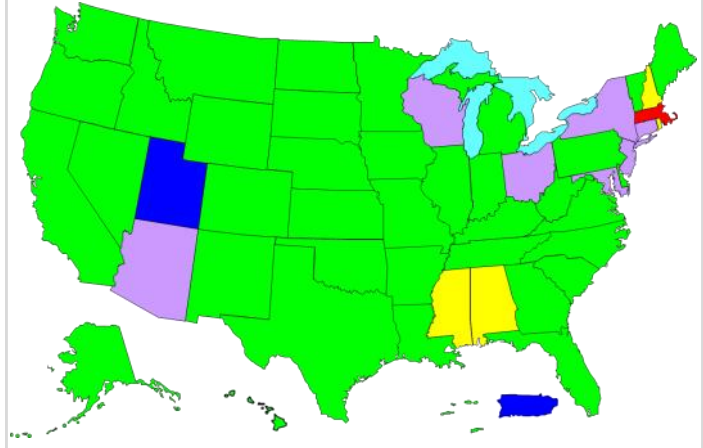
Outpatient illness visits reported through the Network was 1.2%, this percentage is *below* the national baseline of 2.2% and no change from the previous week. All 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

### Flu and Pneumonia-Associated Deaths:

5.8% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring during week 18 ending 5/5, were attributed to pneumonia and flu; this is *below* the week 18 epidemic threshold of 6.8%.

**Flu-Associated Pediatric Deaths:** One pediatric deaths was reported. 169 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.)

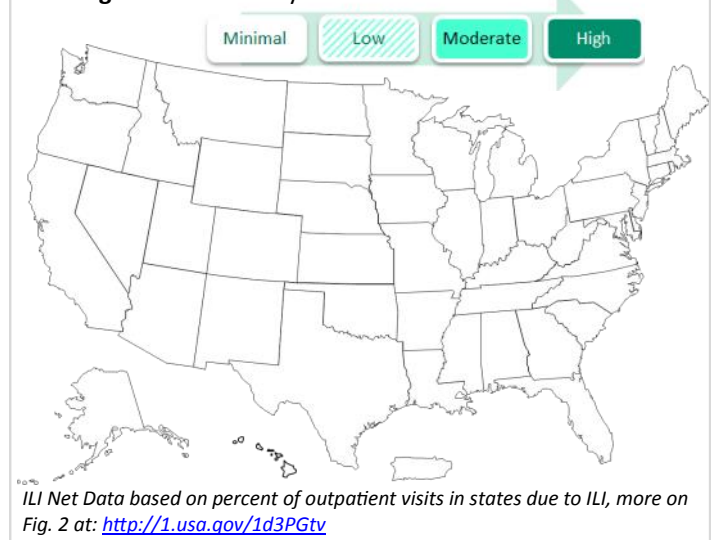


### Overall Flu-Related Hospitalization Rate:

106.6 per 100,000 population.

The highest rate of hospitalization was among adults aged ≥65 years (460.8 per 100,000 population).

**Figure 8:** ILI Activity from ILINet Data



Sources: FluView: Weekly U.S. Influenza and Surveillance Report. Centers for Disease Control and Prevention. <http://1.usa.gov/1eDDFh>