

Madison County Communicable Disease Activity: Week 45, ending 11/10/18

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

COMMUNICABLE DISEASES: Madison County

Communicable Diseases Reported: 6 Chlamydia

Primary Care Providers Reported*: Rash, respiratory illness, gastrointestinal illness (GI), upper respiratory illness (URI), allergies, sore throats, strep throat, sinus infections, ear infections, coughs, and coxsackie virus (Fig. 1).

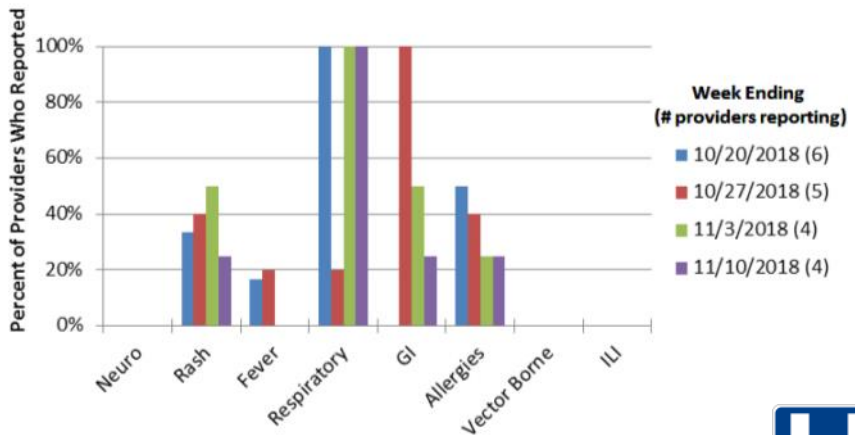
Colleges Reported*: Respiratory illness, strep throat, and mono

Syndromic Surveillance in Emergency Department—11/4/18-11/10/18: No clusters of illness reported

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—10/21/18 to 10/30/18: No alerts reported

¹ **Neurologic illness** 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:

Neurologic illness¹, rashes, fever, respiratory illness, gastrointestinal illness, and influenza-like illness



Issue Highlight: Living Longer by Exercising

Locally, 1 in 5 Madison County adult residents do not participate in any leisure-time physical activity. <https://www.health.ny.gov/statistics/brfss/expanded/>

A recent study² found that increased cardiorespiratory fitness was directly associated with reduced long-term mortality (Fig. 2). The research indicated poor fitness levels are comparable to risk factors such as smoking, diabetes or heart disease.

²Mandsager K, et al. Association of Cardiorespiratory Fitness With Long-term Mortality Among Adults Undergoing Exercise Treadmill Testing. JAMA Netw Open.2018;1(6):e183605. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2707428>



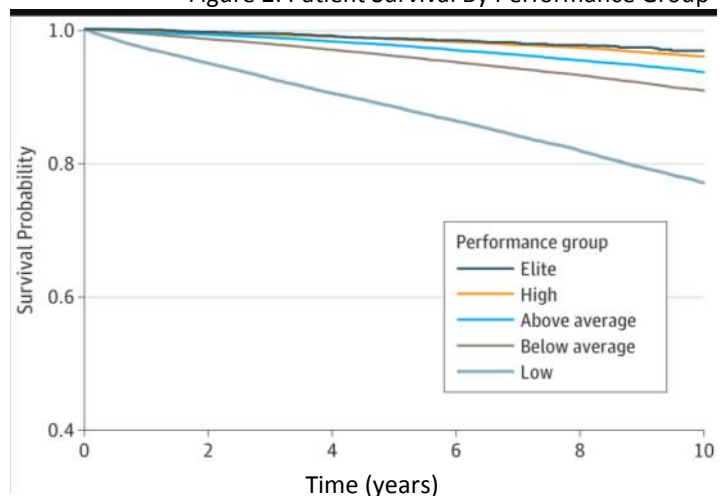
DID YOU HEAR?

This month the U.S. Department of Health and Human Services published new physical activity guidelines.

Find them here:

<https://health.gov/paguidelines/>

Figure 2: Patient Survival By Performance Group



This report does *not reflect* the severity of flu activity.

Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 45, ending 11/10/18: No Activity

No Report

No Activity

Sporadic

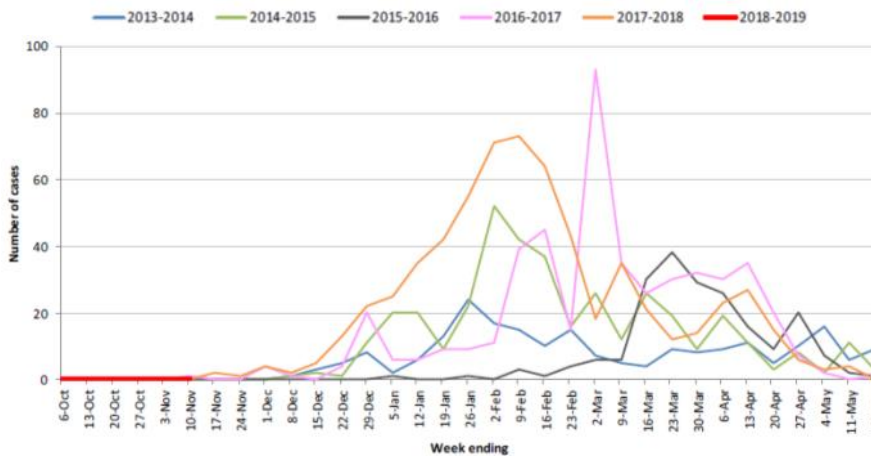
Local

Regional

Widespread

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

Figure 3: Positive Influenza Laboratory Results Reported to MCDOH, by Season



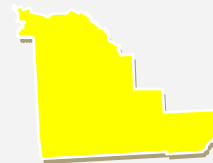
Influenza-like or flu-like illness (ILI) includes:

- 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:

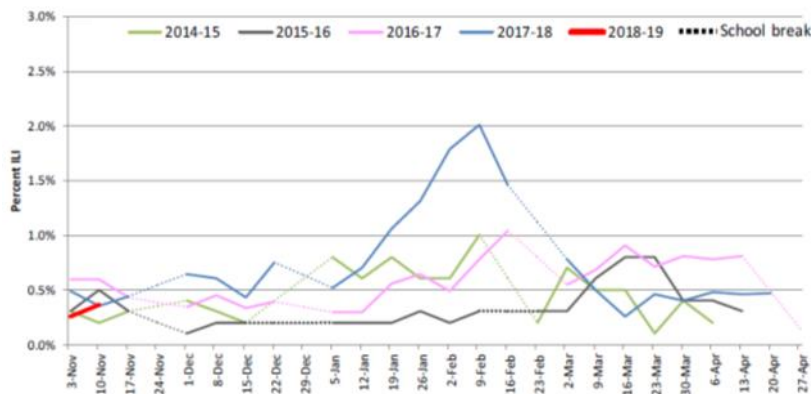
None to date

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



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

Figure 4: Proportion of ILI-Related School Nurse Visits by Season, Reporting Schools



College Health Centers*: No ILI or flu was reported

Primary Care Providers*: No ILI or 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.)

Hospitals:

ILI was reported; no flu reports



Flu-Related

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

FLU: Madison County

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 44, ending 11/03/18: **Sporadic**

No Report

No Activity

Sporadic

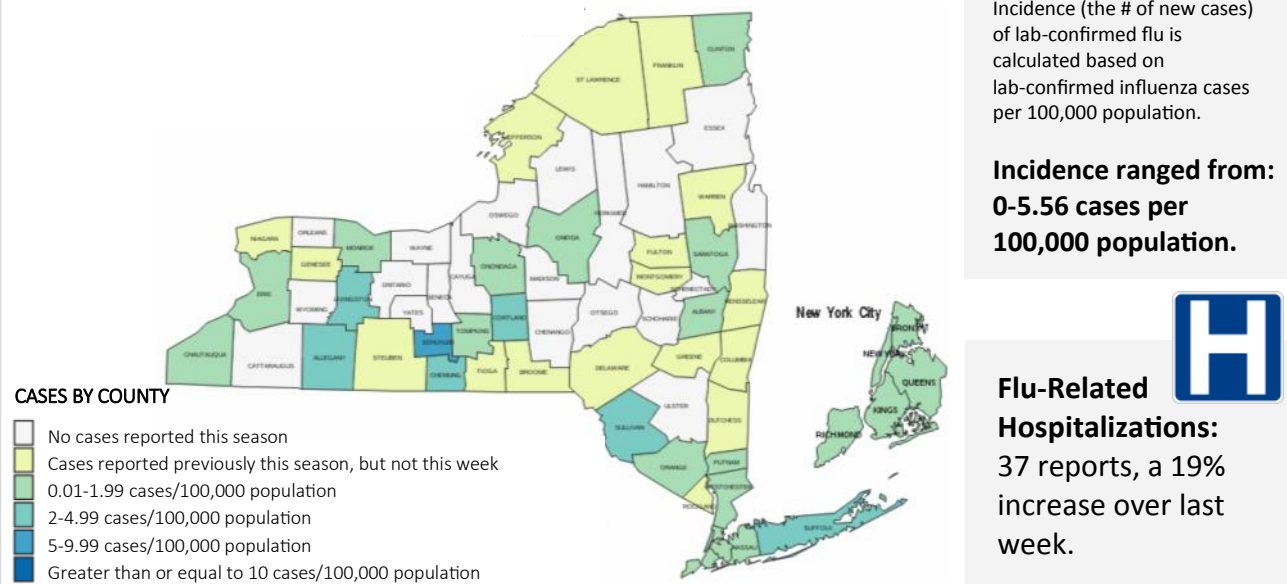
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 120 reports, a 14% *increase* over last week (Figure 5). Flu was reported in 25 counties.

Figure 5: Lab-Confirmed Flu Reported by County to NYS, for the week ending October 27, 2018.

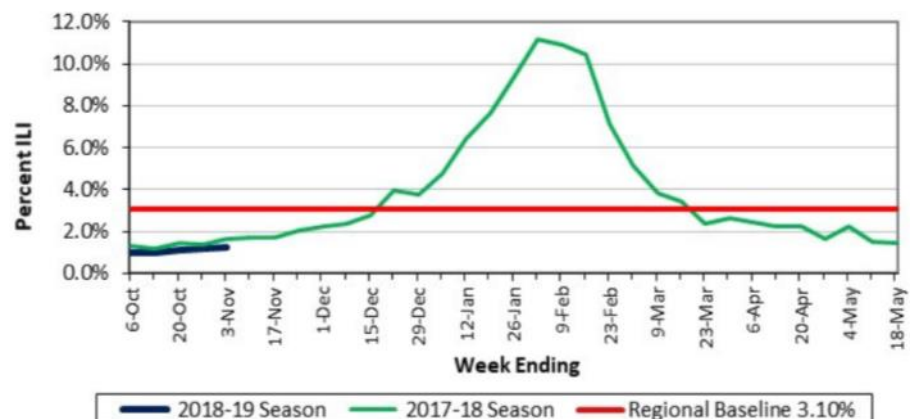


FLU: New York State

ILInet Healthcare Providers: 1.27% of weekly patient complaints were flu-like illness (ILI); this is a slight *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. One death was reported this season to-date.

Figure 6: Percent of Influenza-Like Illness (ILI) base on total ILINet Provider Patient Visits each week in NYS, by Season



Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 44, ending 11/03/18: **Sporadic**

No Report

No Activity

Sporadic

Local

Regional

Widespread

Flu activity **remained low** in the U.S.

Geographic Flu Activity Summary (Figure 7):

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

- Regional influenza activity was reported by two states
- Local influenza activity was reported by Guam and six states
- Sporadic influenza activity was reported by the District of Columbia, Puerto Rico, the U.S. Virgin Islands and 40 states
- No influenza activity was reported by two states

Flu Activity from ILINet Data (Figure 8):

One state (Georgia) experienced moderate ILI activity; Three states (Alabama, Louisiana, and Missouri) experienced low ILI activity; New York City, the District of Columbia, Puerto Rico, and 46 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 1.8%, this percentage is a slight increase from the previous week but remains *below* the national baseline of 2.2%. One of 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

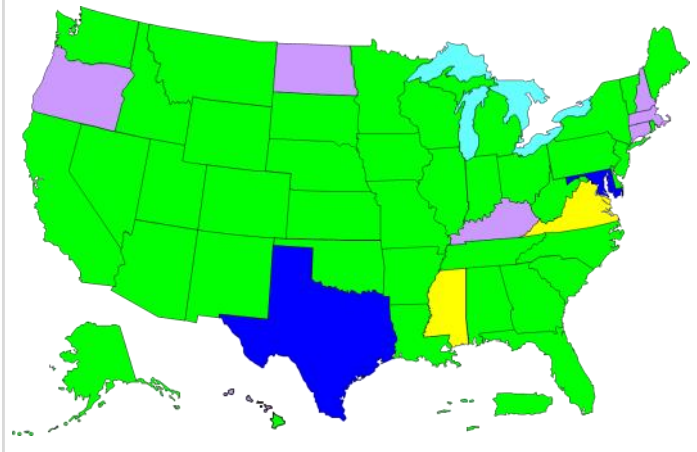
Flu and Pneumonia-Associated Deaths:

5.4% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring week 43, ending October 27, were attributed to pneumonia and flu; this is *below* the epidemic threshold of 6.1%.

Flu-Associated Pediatric Deaths:

None were reported during week 44 for the 2018-19 flu season. Two flu-associated pediatric deaths have been reported this season to date.

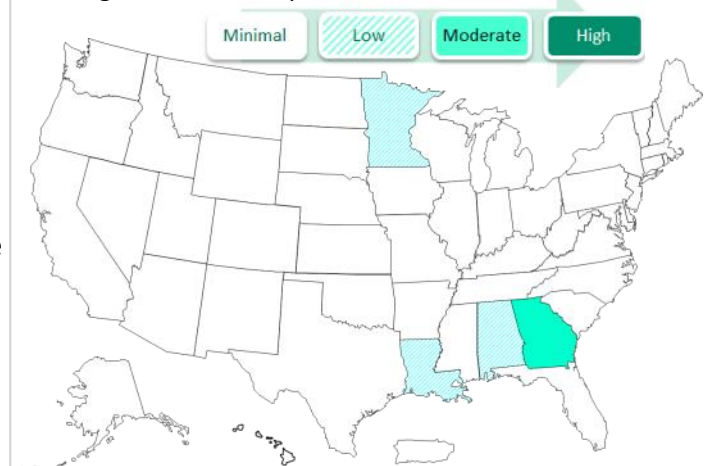
Figure 7: Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists



**Overall
Flu-Related Hospitalization Rate:**
Data not yet available



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