

Madison County Communicable Disease Activity: Week 47, ending 11/24/18

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

COMMUNICABLE DISEASES: Madison County

Communicable Diseases

Reported: 2 Chlamydia and 1 Cryptosporidiosis

Primary Care Providers

Reported*: Rash, respiratory illness, upper respiratory illness (URI), strep throat, coughs, and coxsackie virus (Fig. 1).

Colleges Reported*:

No reporting due to holiday break

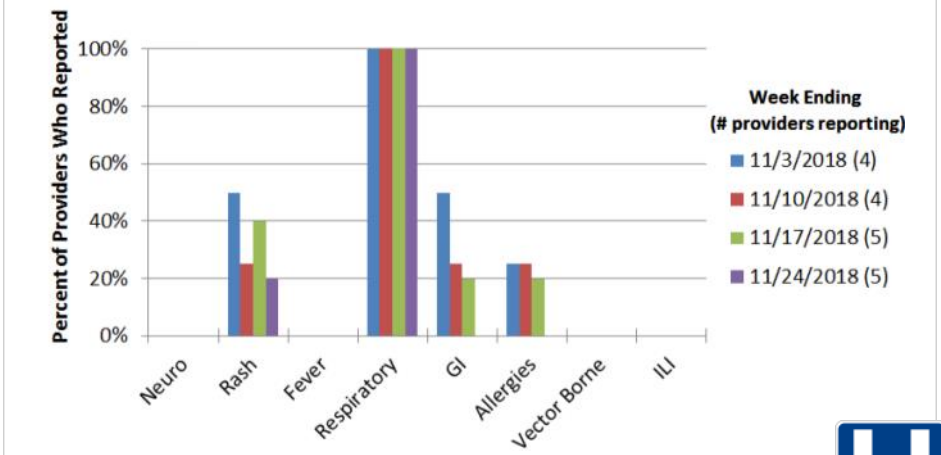
Syndromic Surveillance in Emergency Department—11/16/18-

11/24/18: No clusters of illness reported

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—

11/2/18 to 11/11/18: No alerts reported

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



Hospitals

Reported:

Neurologic illness¹, rashes, fever, respiratory illness, & gastrointestinal illness

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)



Issue Highlight: Fall Injuries in Residents 65 Years and Older

In New York State, falls are the leading cause of unintentional injury deaths for those 45 years and older. In Madison County, the number of hospitalizations due to a fall increases with age (Figure 2). This follows the national trend.

According to the CDC, more than one out of four older people falls each year, but less than half tell their doctor. Falling once doubles your chances of falling again.

More than 95% of hip fractures are caused by falling, usually by falling sideways. Research has identified many conditions that contribute to falling. These are called risk factors. Many risk factors can be changed or modified to help prevent falls.

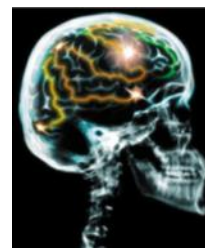
Learn how to prevent falls at:

<https://www.cdc.gov/homeandrecreationsafety/falls/adultfalls.html>

Figure 2: Incidence of Fall Related Hospitalizations, Madison County Residents Ages 65+, 2012-2014

Hospitalization rates per 100,000
(Source: NYSDOH)

Age Group	Gender	Rate
65-74	Male	731.3
	Female	1,459.1
74-84	Male	2,124.0
	Female	2,139.3
84+	Male	5,389.4



Falls are the most common cause of traumatic brain injury

Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 47, ending 11/24/18: No Activity

No Report

No Activity

Sporadic

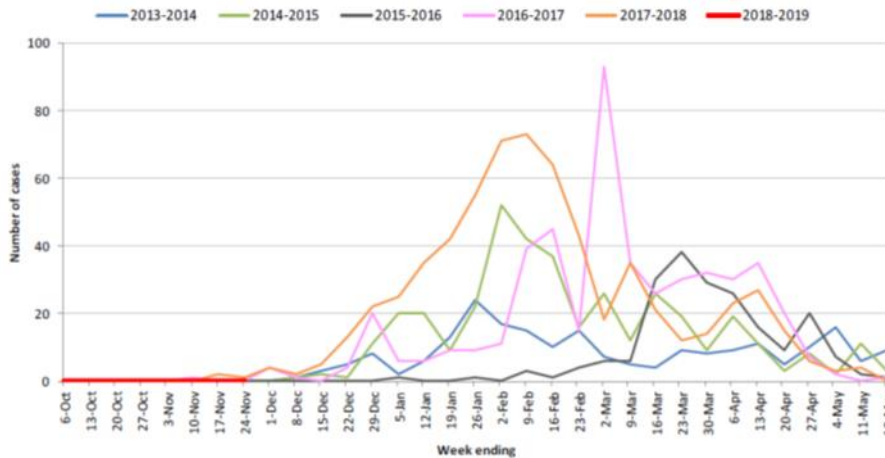
Local

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



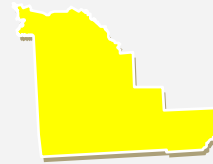
Influenza-like or flu-like illness (ILI) includes:

- 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



Hospitals:

No ILI or 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

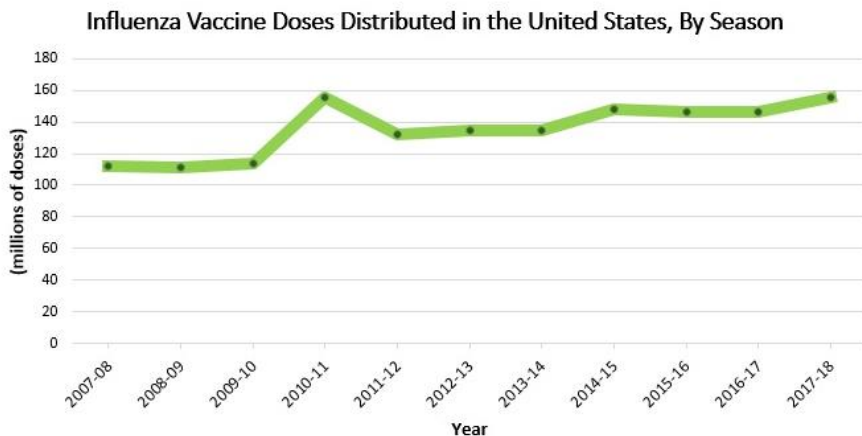
Schools Districts*: No reporting this week

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.)

Comparison of Influenza Vaccine Distributed Nationally Over the Last 10 Years



Source: <https://www.cdc.gov/flu/professionals/vaccination/vaccinesupply.htm>

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 46, ending 11/17/18: **Sporadic**

No Report

No Activity

Sporadic

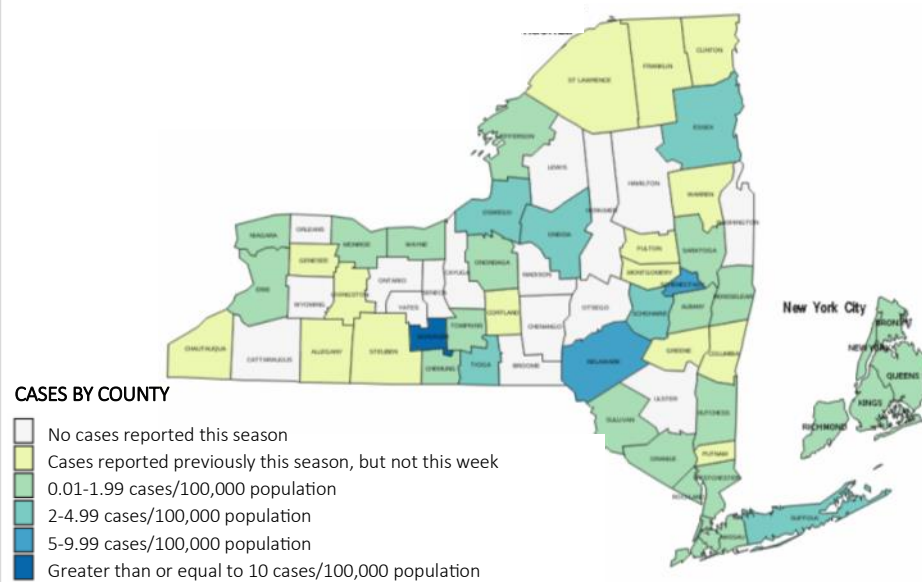
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 202 reports, a 19% *increase* over last week (Figure 5). Flu was reported in 31 counties.

Figure 5: Lab-Confirmed Flu Reported by County to NYS



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

Incidence ranged from: 0-11.11 cases per 100,000 population.



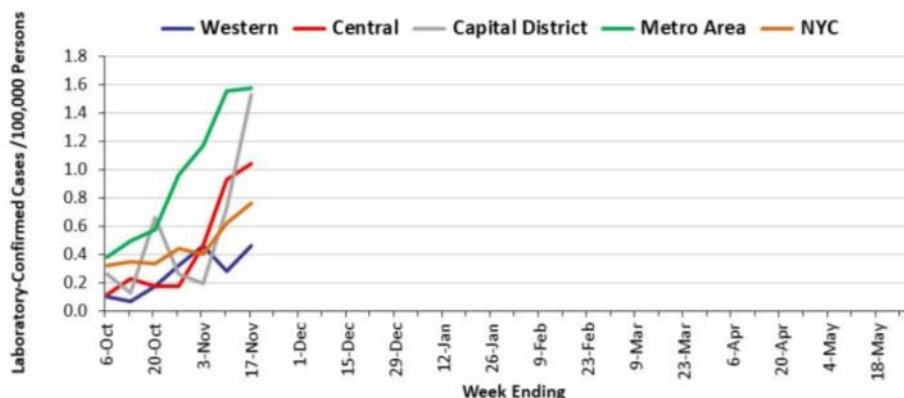
Flu-Related Hospitalizations: 75 reports, a 55% increase over last week.

FLU: New York State

ILInet Healthcare Providers: 1.16% of weekly patient complaints were flu-like illness (ILI); this is a slight *increase* 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: Incidence of Positive Influenza Laboratory Results Reported to NYSDOH, by Region—2018-19



Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 46, ending 11/17/18: **Sporadic**

No Report

No Activity

Sporadic

Local

Regional

Widespread

Flu activity **remained low, but with small increases in activity 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 one state (Kentucky).
- Local influenza activity was reported by Guam and 14 states
- Sporadic influenza activity was reported by the District of Columbia, Puerto Rico, the U.S. Virgin Islands and 35 states

Flu Activity from ILINet Data (Figure 8):

Three states experienced moderate ILI activity; New York City and eight states experienced low ILI activity; The District of Columbia and 39 states experienced minimal ILI activity; Data were insufficient to calculate an ILI activity level from Puerto Rico.

(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:

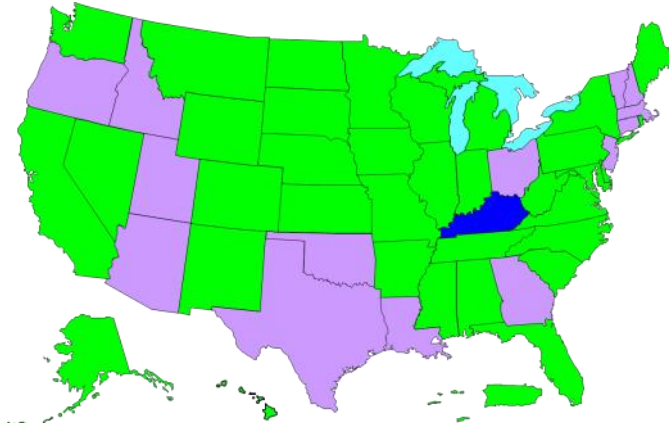
Outpatient illness visits reported through the Network was 1.9%, this percentage is a slight increase from the previous week but remains *below* the national baseline of 2.2%. Two of 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

Flu and Pneumonia-Associated Deaths:

5.6% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring week 45, ending November 11th, were attributed to pneumonia and flu; this is *below* the epidemic threshold of 6.3%.

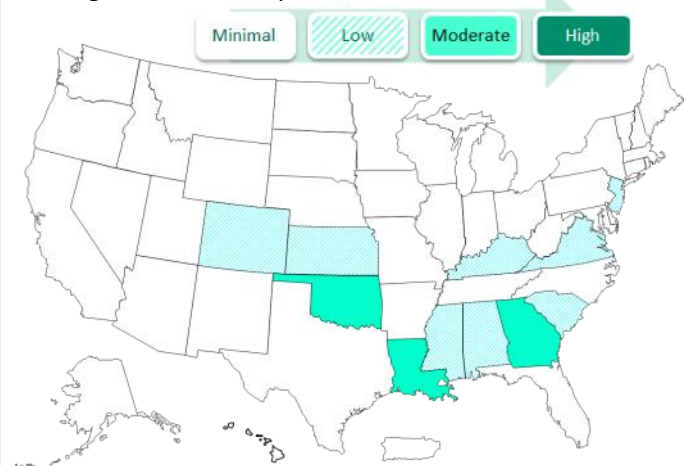
Flu-Associated Pediatric Deaths: One reported during week 46 for the 2018-19 flu season. Three flu-associated pediatric deaths have been reported this season to date.

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:
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