

Madison County Communicable Disease Activity: Week 50, ending 12/15/18

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

COMMUNICABLE DISEASES: Madison County

Communicable Diseases Reported: 5 Chlamydia

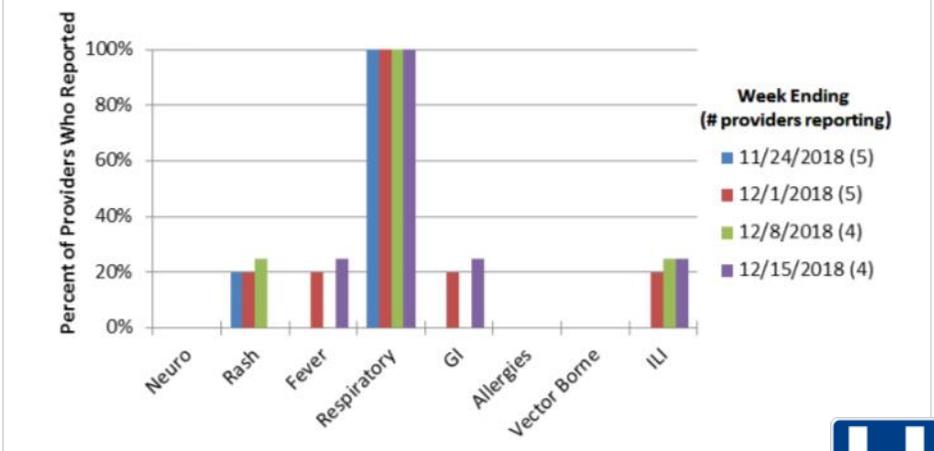
Primary Care Providers Reported*: Fever, respiratory illness, upper respiratory illness (URI), gastrointestinal illness (GI), and influenza-like illness (ILI) (Fig. 1).

Colleges Reported*: Fever, respiratory illness, ILI, URI, mononucleosis, and strep throat

Syndromic Surveillance in Emergency Department—12/7/18-12/15/18: Mild to moderate sensitivity for respiratory symptoms

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—11/23/18 to 12/2/18: Mild to moderate sensitivity for systemic and topical nasal products and moderate sensitivity for antacids

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



Hospitals Reported: Neurologic illness¹, rashes, fever, respiratory illness, GI, and ILI



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: Vaccinations Help Everyone

Outbreaks of vaccine preventable diseases like Measles and Pertussis, are increasing both in the U.S. and other countries. Many of these outbreaks are occurring in populations that are not fully vaccinated. Vaccinations not only help the person they are given to, they also help protect those unable to receive vaccinations due to age or medical reasons.

The more people who are vaccinated, the fewer opportunities a disease has to spread. If one or two cases of disease are introduced into a community where most people are not vaccinated, outbreaks will likely occur.

Check with your provider to make sure you are up to date on your immunization schedule or view the list of recommended vaccinations at <https://www.cdc.gov/vaccines/schedules/index.html>

The CDC graphic (Fig. 2) shows the impact a contagious person has in a vaccinated community and an unvaccinated community.

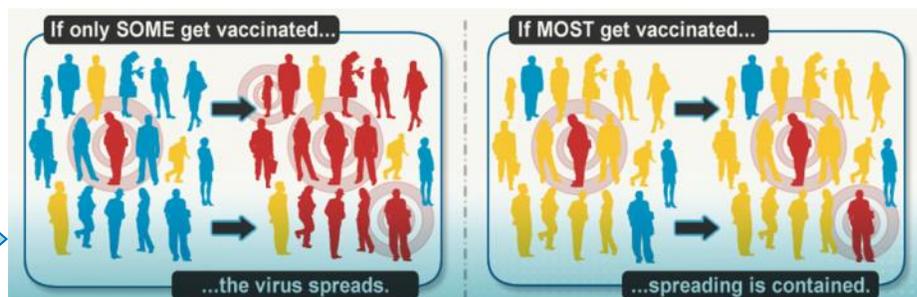


Figure 2

Healthy, non-vaccinated Healthy, vaccinated Not-vaccinated, sick, contagious

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

Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 50, ending 12/15/18: Regional

No Report

No Activity

Sporadic

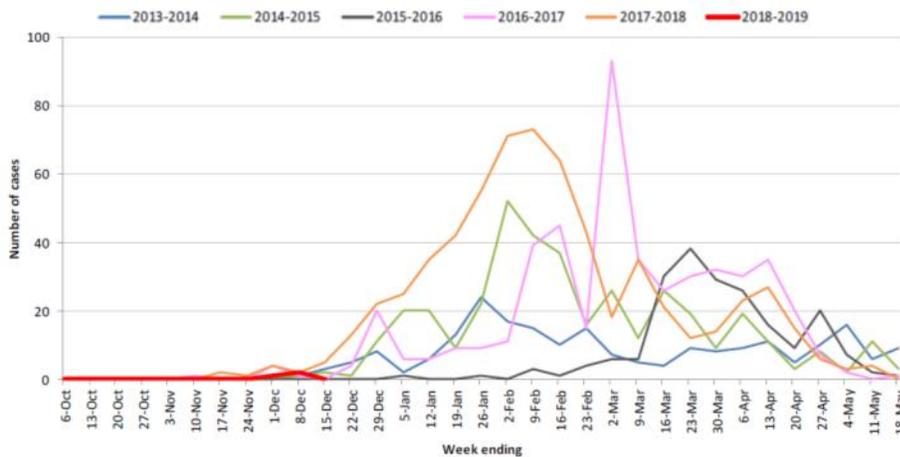
Local

Regional

Widespread

Weekly Lab-confirmed flu: No flu was reported; this is a 100% decrease from the previous week (2).

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: 3 (flu type A)
 This is 63% lower than average, to date (8).

Incidence Rate (the number of new flu cases): 0 per 100,000 population



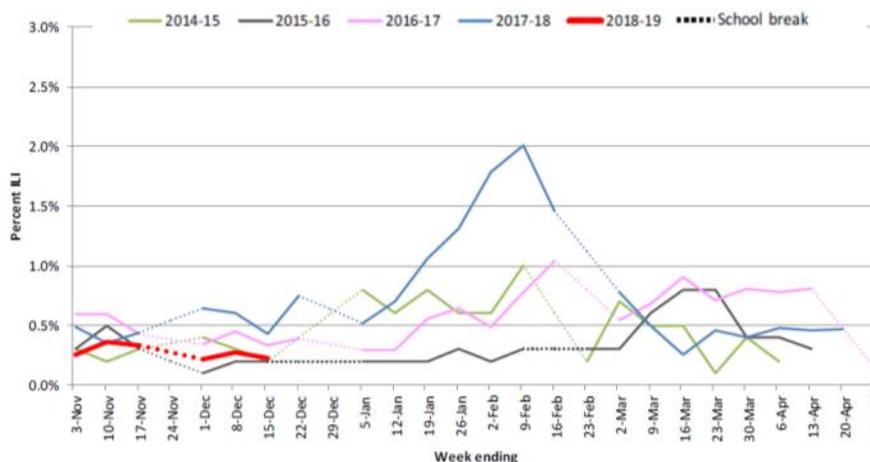
Schools Districts*: 0.2% of children seen by school nurses had symptoms of influenza-like illness; this is a slight decrease from the previous week (Fig.4).

College Health Centers*: ILI was reported

Primary Care Providers*: ILI 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.)

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



Reporting schools: Camden, Canastota, Chittenango, DeRuyter, Hamilton, Madison, Madison-Oneida BOCES, Morrisville-Eaton, NY School for the Deaf, Oneida (including St. Patrick's), Rome, Rome Catholic, Stockbridge Valley, and Vernon-Verona-Sherrill

Hospitals: ILI was reported



Flu-Related Hospitalizations: No hospitalized patients with lab-confirmed flu were reported by hospitals in Madison County during week 49; this is *no change* from the previous week (0). One hospitalization has been reported this season to date.

FLU: Madison County

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 49, ending 12/08/18: **Regional**

No Report

No Activity

Sporadic

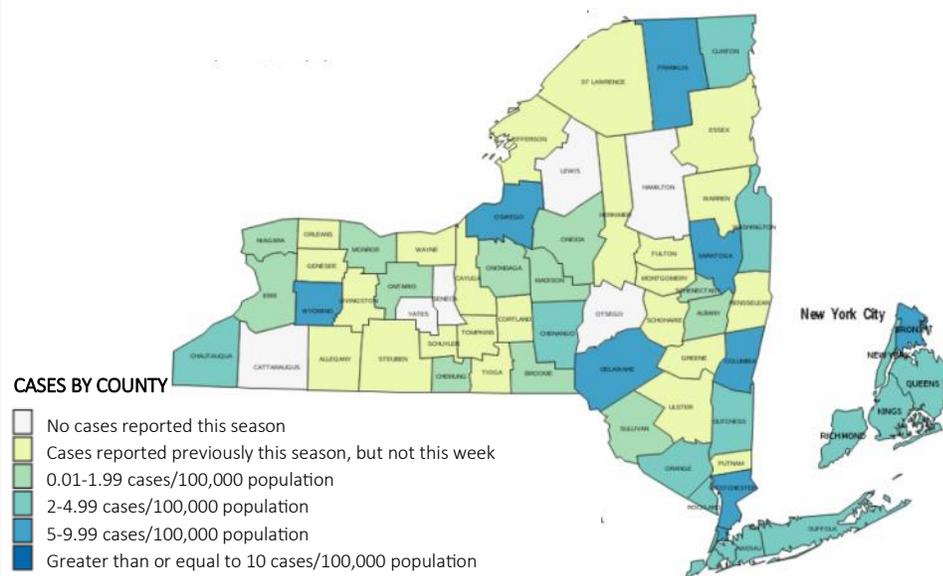
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 597 reports, an 30% *increase* over last week (Figure 5). Flu was reported in 33 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: 0-9.78 cases per 100,000 population.



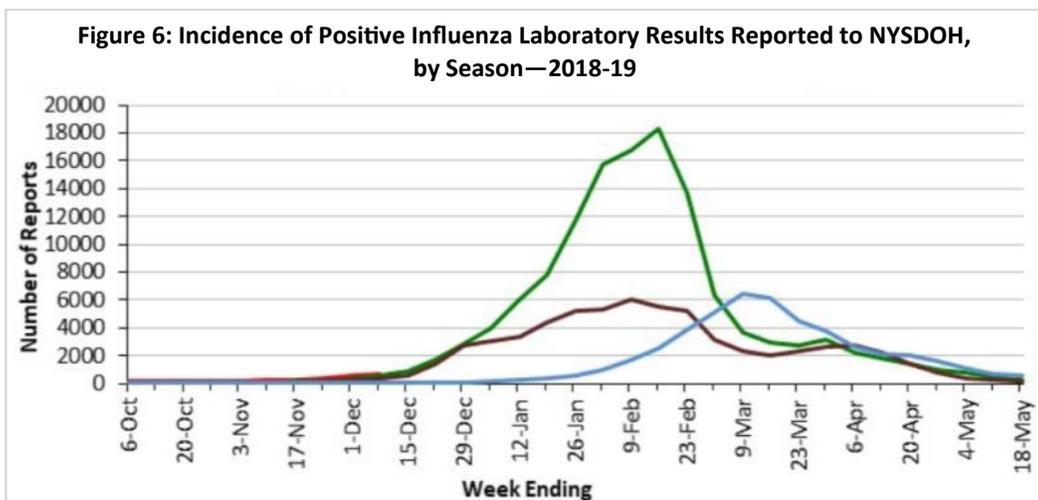
Flu-Related Hospitalizations: 156 reports, a 32% increase over last week.

FLU: New York State

ILInet Healthcare Providers: 1.48% of weekly patient complaints were flu-like illness (ILI); this is a slight *increase* from the previous week and remains *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 Season—2018-19



Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 49, ending 12/08/18: Local

No Report

No Activity

Sporadic

Local

Regional

Widespread

Flu activity *remained slightly elevated* 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 three states
- Regional influenza activity was reported by 10 states
- Local influenza activity was reported by 21 states
- Sporadic influenza activity was reported by the District of Columbia, Puerto Rico, the U.S. Virgin Islands and 16 states
- Guam did not report.

Flu Activity from ILINet Data (Figure 8):

One state experienced high ILI activity; Puerto Rico and four states experienced moderate ILI activity; New York City, the District of Columbia and nine states experienced low ILI activity; and 36 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:

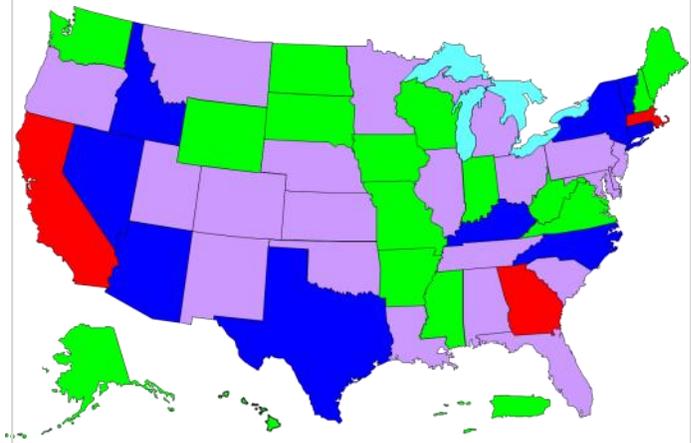
Outpatient illness visits reported through the Network was 2.2%, this percentage is *at* the national baseline of 2.2%. Five of 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

Flu and Pneumonia-Associated Deaths:

6.0% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring week 48, ending December 1st, were attributed to pneumonia and flu; this is *below* the epidemic threshold of 6.6%.

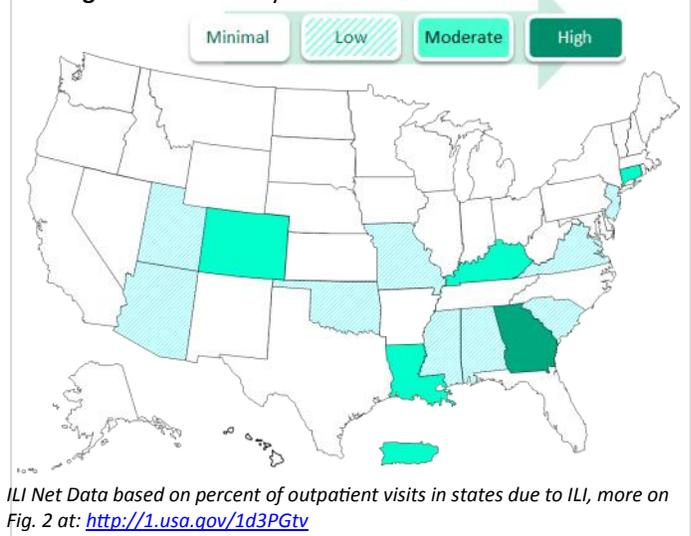
Flu-Associated Pediatric Deaths: One death was reported during week 49. Six flu-associated pediatric deaths have been reported this season to date.

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:
1.9 per 100,000 population was reported

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