

Madison County Communicable Disease Activity: Week 52, ending 12/29/18

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

COMMUNICABLE DISEASES: Madison County

Communicable Diseases Reported:

1 Chlamydia, 1 chronic Hepatitis C, and 1 Pertussis

Primary Care Providers Reported*:

No reports due to the holidays

Colleges Reported*:

No reports due to winter break

Syndromic Surveillance in Emergency Department—12/23/18-12/29/18:

Mild to moderate sensitivity for fever

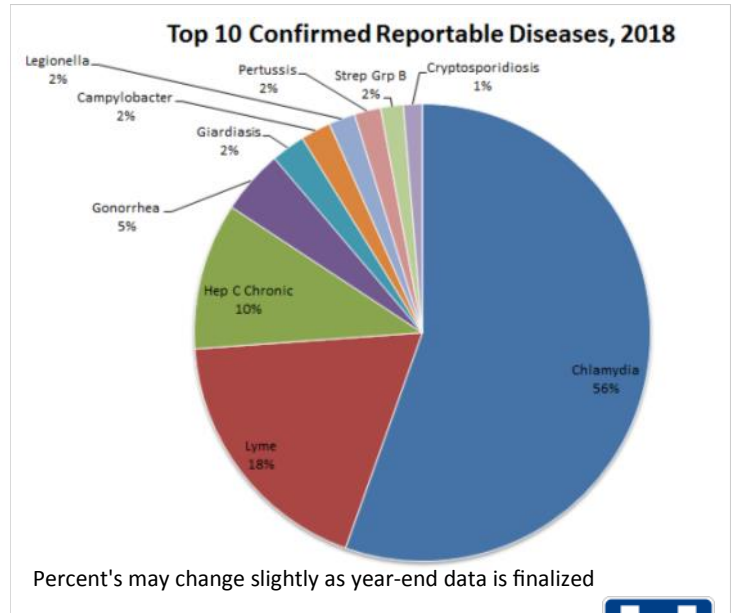
Medicaid Over-the-Counter (OTC) & Script Medication Alerts—12/9/18 to 12/18/18:

Mild to moderate sensitivity for cough/cold/allergy medications

Hospitals Reported:

Neurologic illness¹, rashes, fever, respiratory illness, GI, and ILI

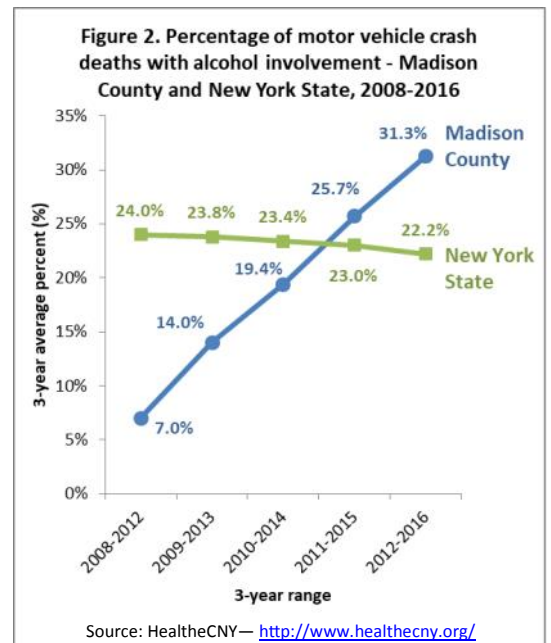
¹*Neurologic illness* can include non-specific diagnosis of neurological infection (e.g. Meningitis, Encephalitis, etc.) or non-specific conditions (e.g. headache, numbness, dizziness, blurry/double vision, speech difficulty, confusion, disorientation, or anxiety)



Issue Highlight: Alcohol-Impaired Driving

The Facts:

- Every day, 28 people in the United States die in motor vehicle crashes that involve alcohol.
- About 31% of all traffic-related deaths in Madison County involve an alcohol-impaired driver (Figure 2).
 - ♦ This is a 347% increase from 2008.
 - ♦ This is higher than the state (22%) and the US (29%).
- In 2017, the Madison County Sherriff's Office responded to 45 DWI incidents. This was down from 60 total incidents in 2016, and 70 in 2015.
- According to the CDC, sobriety checkpoints reduce alcohol-related motor vehicle crashes by 9%.



Learn more about impaired driving:

https://www.cdc.gov/motorvehiclesafety/impaired_driving/

STOP DWI MADISON COUNTY:



<https://www.facebook.com/stopdwimadco/>

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

Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 52, ending 12/29/18: Sporadic

No Report

No Activity

Sporadic

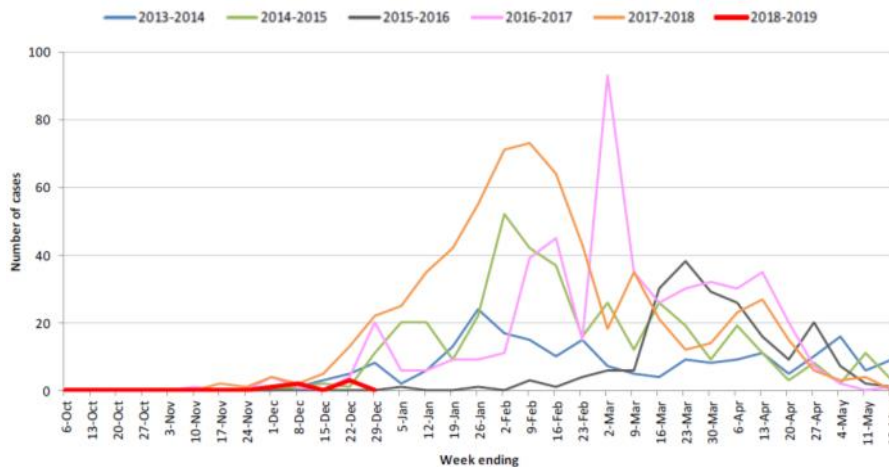
Local

Regional

Widespread

Weekly Lab-confirmed flu: No flu case were reported; this is a 100% decrease from the previous week (3).

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



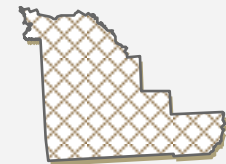
Influenza-like or flu-like illness (ILI) includes:

- 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:

6 (all flu type A)
This is 77% lower than average, to date (26).

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



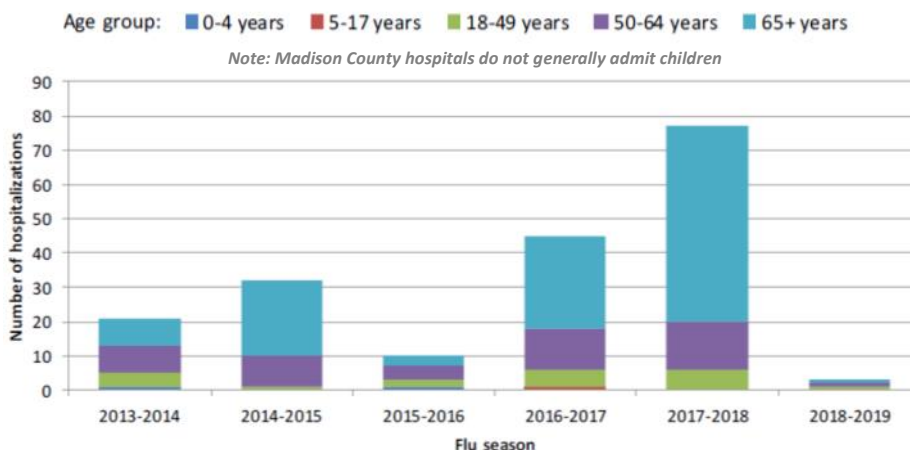
Schools Districts*: No report due to the holiday break

College Health Centers*: No report due to the winter break

Primary Care Providers*: No report due to the holidays

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: Total Patients Hospitalized with Lab-Confirmed Influenza by Age and Season, Madison County Hospitals



Note: Madison County hospitals do not generally admit children

Hospitals:

ILI was reported



Flu-Related Hospitalizations:

No hospitalized patients with lab-confirmed flu were reported by hospitals in Madison County during week 51; this is a decrease from the previous week (2). Three hospitalization have been reported this season to date.

FLU: Madison County

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

Madison County Disease Surveillance & Risk Report

New York State Flu Activity: Week 51, ending 12/22/18: **Widespread**

No Report

No Activity

Sporadic

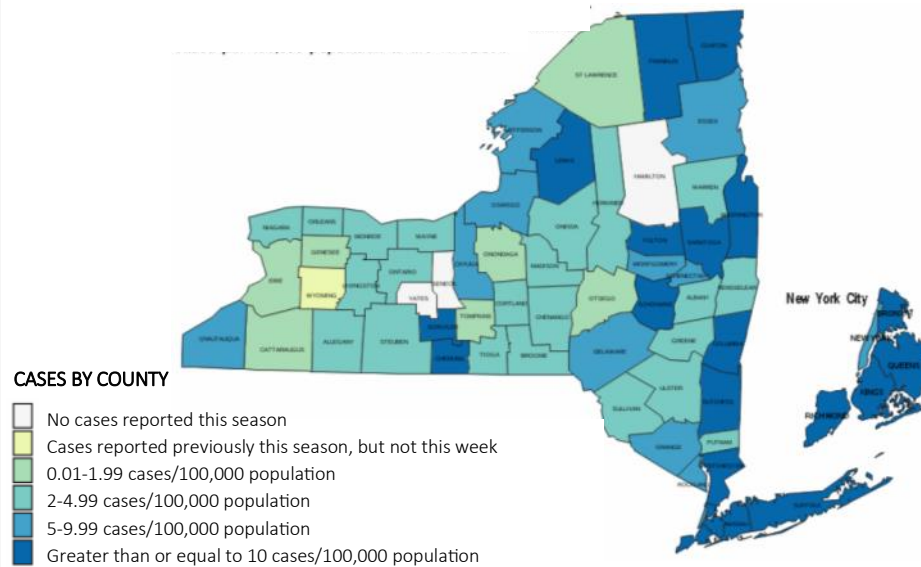
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 2,117 reports, a 72% increase over last week (Figure 5). Flu was reported in 58 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: 0-26.36 cases per 100,000 population.



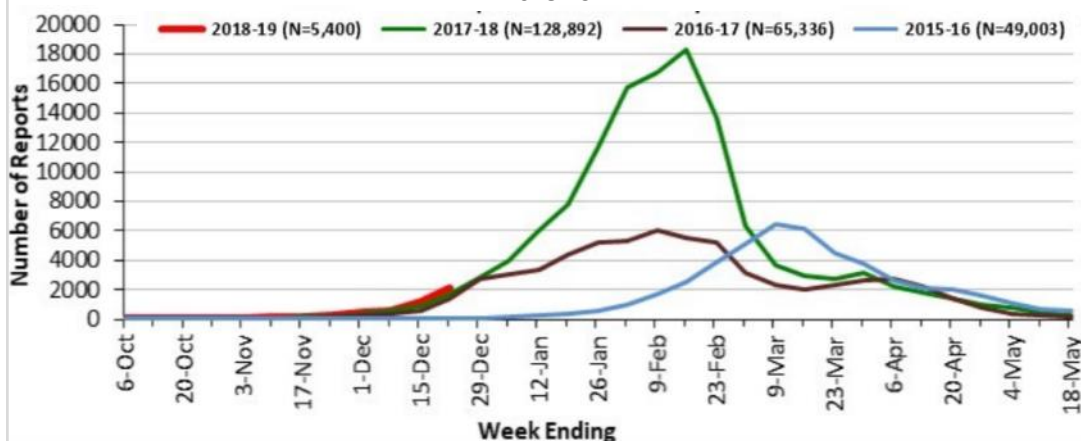
Flu-Related Hospitalizations: 363 reports, a 41% increase over last week.

FLU: New York State

ILInet Healthcare Providers: 2.46% of weekly patient complaints were flu-like illness (ILI); this is an *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: Positive Influenza Laboratory Results Reported to NYSDOH, by Season— 2018-19



Source: New York State Department of Health. *Influenza Surveillance, Activity and Reports, 2015-16.* <http://on.ny.gov/1GTxdpF>

Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 51, ending 12/22/18: **Widespread**

No Report

No Activity

Sporadic

Local

Regional

Widespread

Flu activity **continues to increase** 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 Guam and 11 states
- Regional influenza activity was reported by Puerto Rico and 19 states
- Local influenza activity was reported by 15 states
- Sporadic influenza activity was reported by the District of Columbia, the U.S. Virgin Islands and three states
- Two states did not report

Flu Activity from ILINet Data (Figure 8):

New York City and nine states experienced high ILI activity; Puerto Rico and seven states experienced moderate ILI activity; 11 states experienced low ILI activity; the District of Columbia and 22 states experienced minimal ILI activity. Data were insufficient to calculate an ILI activity level for one state. *(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:

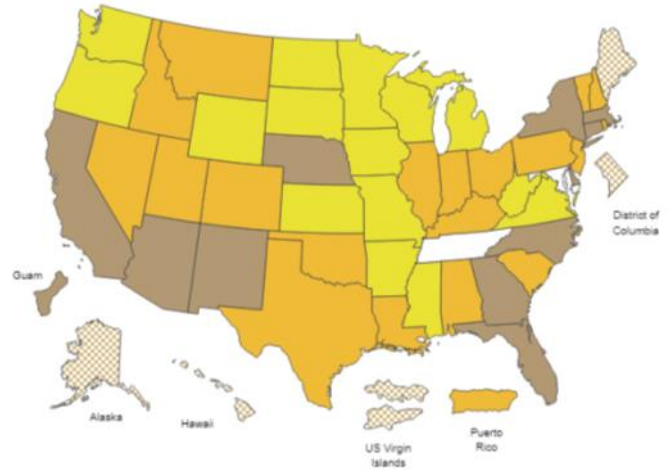
Outpatient illness visits reported through the Network was 3.3%, this percentage is *above* the national baseline of 2.2%. Nine of 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

Flu and Pneumonia-Associated Deaths:

6.2% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring week 50, ending December 15th, were attributed to pneumonia and flu; this is *below* the week 50 epidemic threshold of 6.8%.

Flu-Associated Pediatric Deaths: Four deaths were reported during week 50. 11 flu-associated pediatric deaths have been reported this season to date.

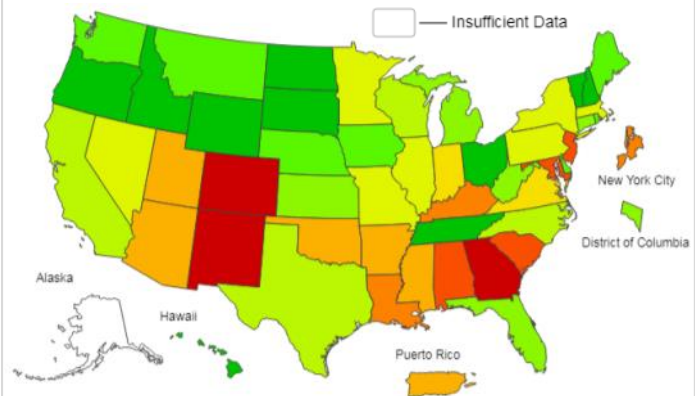
Figure 7: Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists (This figure does not measure the severity of influenza activity.)



Overall Flu-Related Hospitalization Rate:
3.6 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