

Madison County Communicable Disease Activity: Week 9, ending 3/2/19

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

COMMUNICABLE DISEASES: Madison County

Communicable Diseases

Reported: 7 Chlamydia, 2 chronic Hepatitis C, and 1 group B Strep

Primary Care Providers

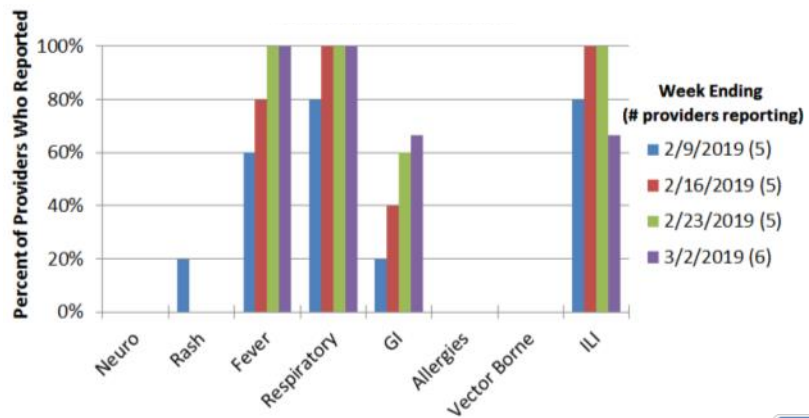
Reported*: fever, respiratory illness, gastrointestinal illness (GI), influenza-like illness (ILI), influenza (flu), strep, sinusitis, bronchitis, and upper respiratory infections (URI), and COPD

Colleges Reported*: rash, fever, respiratory illness, ILI, flu, URI, and mononucleosis

Syndromic Surveillance in Emergency Department—2/24/19-3/5/19: Mild to moderate sensitivity for fever

Medicaid Over-the-Counter (OTC) & Script Medication Alerts—2/10/19 to 2/19/19: Mild to moderate sensitivity for influenza agents (flu antivirals)

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



Hospitals Reported: neurologic illness¹, rash, fever, respiratory illness, GI, ILI, flu, and pneumonia



Issue Highlight:
Tobacco 21 Proposal in New York State

BREAKING NEWS: The Governor announced a proposal to raise the minimum sales age for tobacco and electronic cigarettes from 18 to 21

What is Tobacco 21?

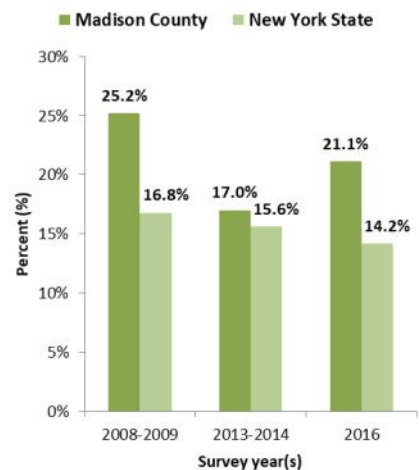
- This law would prohibit retailers from selling tobacco products, including electronic cigarettes to anyone under the age of 21

Why is it important?

- 95% of smokers start smoking before age 21
- 1 in 5 Madison County high school seniors smoke cigarettes, and 20.6% of New York State high school students smoke electronic cigarettes
- Raising the minimum legal age to 21 will mean that those who can legally obtain tobacco are less likely to be in the same social networks as high school students
- 21.1% of adults in Madison County smoke cigarettes; significantly higher than adults statewide (Figure 2)

For more information on Governor Cuomo's proposal to curb teen smoking visit: <https://www.governor.ny.gov/news/governor-cuomo-announces-proposal-raise-tobacco-and-e-cigarette-sales-age-18-21-be-included>

Figure 2. Current smoking among adults in Madison County and New York State, 2008-2016



Source: NYSDOH. Expanded BRFSS. <https://www.health.ny.gov/statistics/brfss/expanded/>

¹Neurologic 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)

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

Madison County Disease Surveillance & Risk Report

Madison County Flu Activity: Week 9, ending 3/2/19: *Regional*

No Report

No Activity

Sporadic

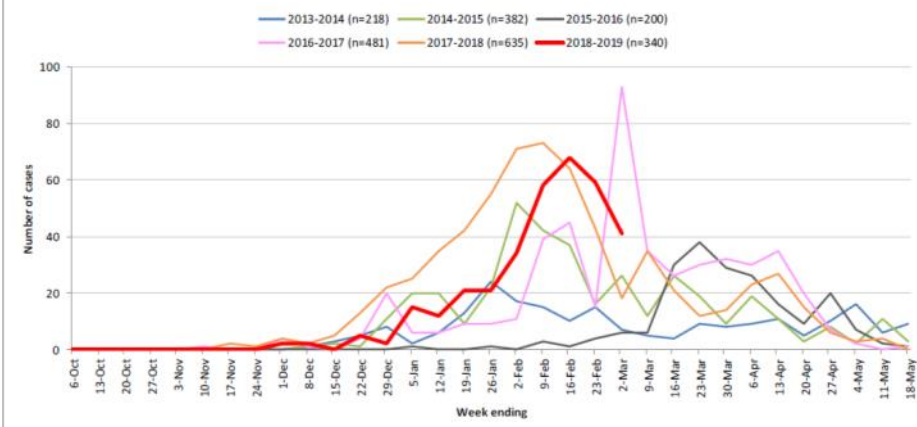
Local

Regional

Widespread

Weekly Lab-confirmed flu: 41 flu case were reported; this is a 31% decrease from the previous week (59).

Figure 3: Total Laboratory Confirmed Influenza Reported to MCDOH, by season

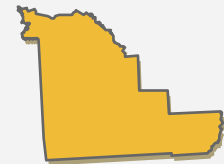


Influenza-like or flu-like illness (ILI) includes:

- 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: 340 (337 type A and 3 type B)
This is 44% higher than the average, to date (236), see Figure 3.

Incidence Rate (the number of new flu cases): 55.8 per 100,000 population



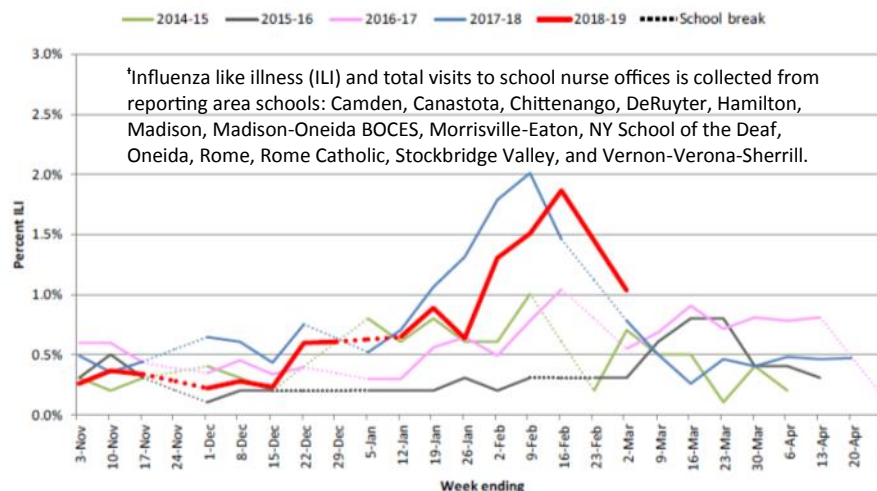
Schools Districts*: 1.0% of visits to the school nurse were due to ILI; see Figure 4.

College Health Centers*: Flu and ILI was reported

Primary Care Providers*: Flu and 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



Hospitals: ILI and flu was reported



Flu-Related Hospitalizations: Three hospitalized patients with lab-confirmed flu were reported by hospitals in Madison County during week 8; this is *an decrease* from the previous week (5). 27 hospitalizations 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 8, ending 2/23/19: **Widespread**

No Report

No Activity

Sporadic

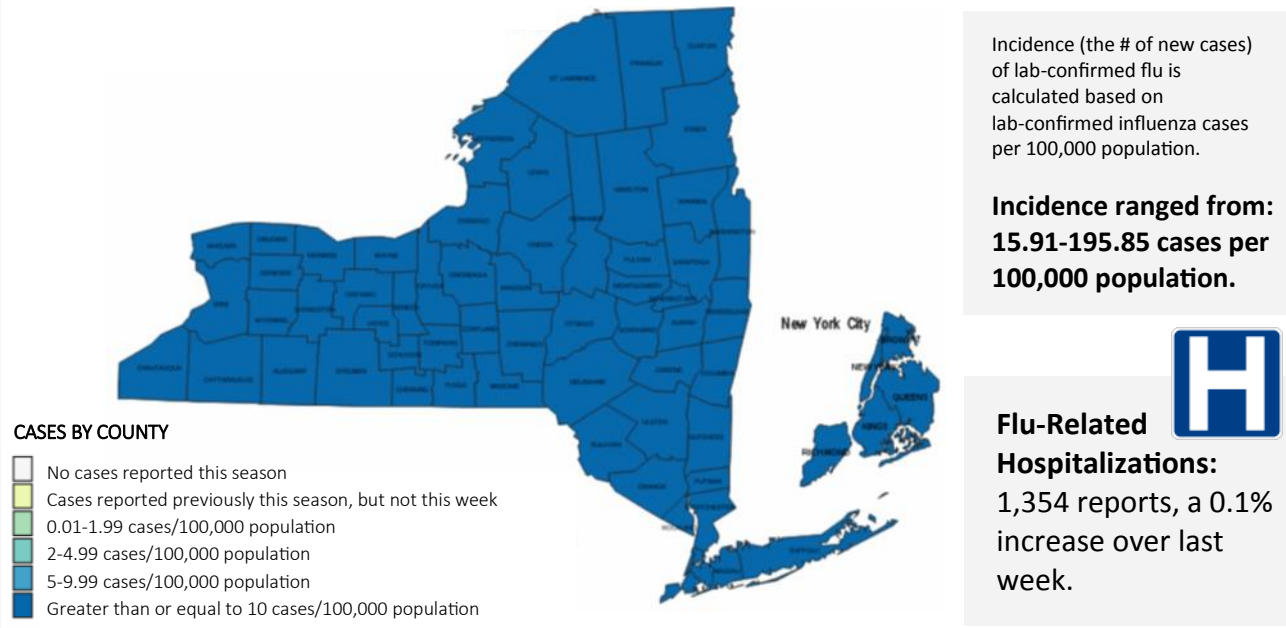
Local

Regional

Widespread

Weekly Lab-Confirmed Flu: 9,561 reports, a 2% increase over last week. Flu was reported in all 62 counties (Figure 5).

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

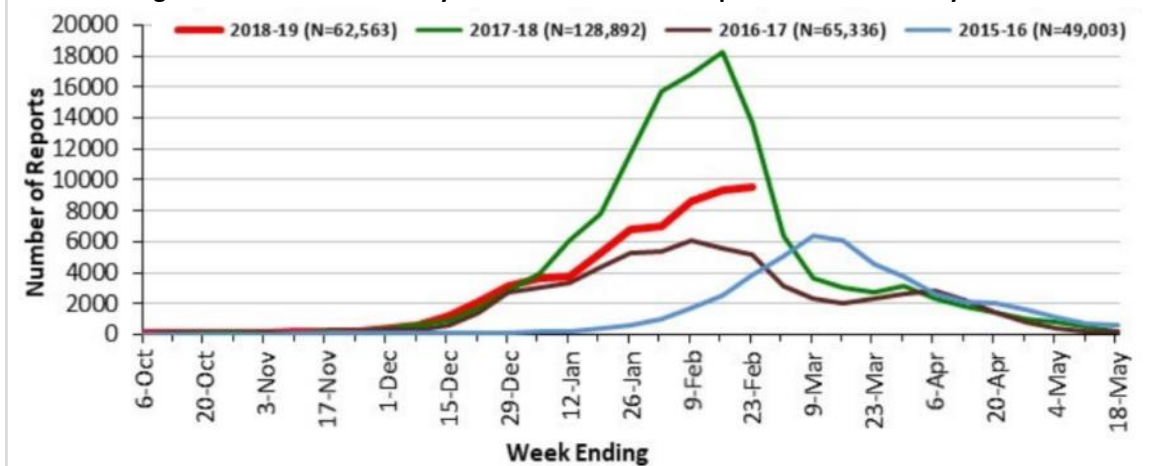


FLU: New York State

ILInet Healthcare Providers: 4.11% of weekly patient complaints were flu-like illness (ILI); this is a decrease from the previous week, but remains above the regional baseline of 3.10%. (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: One report this week. There have been four deaths was reported this season to-date.

Figure 6: Positive Laboratory-Confirmed Influenza Reported to NYSDOH-By Season



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

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

Madison County Disease Surveillance & Risk Report

National Flu Activity: Week 8, ending 2/23/19: *Widespread*

No Report

No Activity

Sporadic

Local

Regional

Widespread

Flu activity remained **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 Puerto Rico and 49 states
- Local influenza activity was reported by the District of Columbia and one state (HI).
- Sporadic influenza activity was reported by the U.S. Virgin Islands.
- Guam did not report.

Flu Activity from ILINet Data (Figure 8):

New York City and 33 states experienced high ILI activity; the District of Columbia and eight states experienced moderate ILI activity; Puerto Rico and eight states experienced low ILI activity; one state experienced minimal ILI activity; data were insufficient to calculate an ILI activity level from the U.S. Virgin Islands.

(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 increased to 5.0%, this percentage remains *above* the national baseline of 2.2%. All 10 regions in the U.S. reported flu-like illness *at or above* their region-specific baselines.

Flu and Pneumonia-Associated Deaths:

7.1% of all deaths reported through the National Center for Health Statistics mortality surveillance data, occurring week 7, ending February 16, were attributed to pneumonia and flu; this is *below* the week 7 epidemic threshold of 7.3%.

Flu-Associated Pediatric Deaths: 15 deaths were reported during week 8. 56 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.)



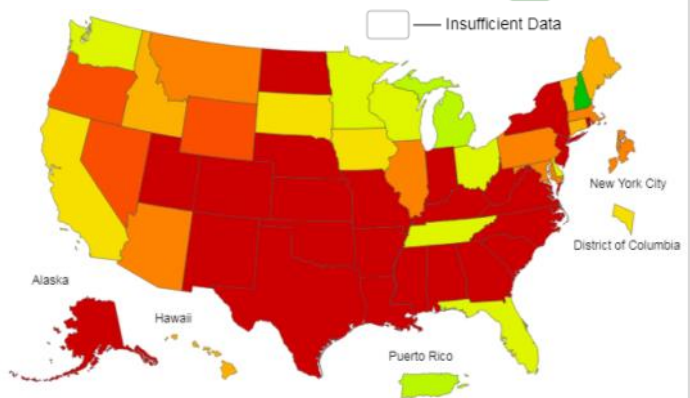
Overall Flu-Related Hospitalization

Rate: 32.1 per 100,000 population was reported



Hospitalizations by Age Group: The highest rate was among adults aged 65 or older (91.5 per 100,000 population)

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/1eDDFhh>

FLU: United States