SUMMARY

During the week ending May 9, 2020, influenza-like illness (ILI) activity in Maryland was MODERATE and there was LOCAL geographic activity. The percentage of outpatient visits for ILI reported by Sentinel Providers decreased from 3.7% to 2.9%. The percentage of outpatient visits for ILI reported by the Maryland Emergency Departments (EDs) decreased however; the total number of individuals visiting the EDs and urgent care centers increased for the third consecutive week. The percentage of specimens testing positive from clinical laboratories decreased from 3.3% to 2.6%. MDH Laboratories Administration had no specimens test positive for influenza. There was one influenza-associated hospitalization. A total of fifty-eight deaths associated with influenza have occurred this season among hospitalized adults.

Note: An increasing number of individuals are seeking medical attention for respiratory illness due to COVID-19. This may be affecting influenza ILI activity.

Click here to visit our influenza surveillance web page

ILI Visits to Emergency Departments for ILI

Emergency Departments in Maryland reported a total of 32,744 visits this week through the ESSENCE surveillance system. Of those, 849 (2.6%) were visits for ILI.

ILI Visits To Emergency Departments By Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>This Week Number (%)</th>
<th>Last Week Number (%)</th>
<th>Season Number (%)</th>
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</thead>
<tbody>
<tr>
<td>Age 0-4</td>
<td>26 (3%)</td>
<td>29 (3%)</td>
<td>16,300 (16%)</td>
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<tr>
<td>Age 5-24</td>
<td>100 (12%)</td>
<td>132 (12%)</td>
<td>30,733 (31%)</td>
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<tr>
<td>Age 25-49</td>
<td>423 (50%)</td>
<td>531 (49%)</td>
<td>34,421 (34%)</td>
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<tr>
<td>Age 50-64</td>
<td>203 (24%)</td>
<td>231 (21%)</td>
<td>12,644 (13%)</td>
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<tr>
<td>Age ≥ 65</td>
<td>97 (11%)</td>
<td>155 (14%)</td>
<td>6,422 (6%)</td>
</tr>
<tr>
<td>Total</td>
<td>849 (100%)</td>
<td>1,078 (100%)</td>
<td>100,520 (100%)</td>
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Neighboring states' influenza information:

Delaware http://dhss.delaware.gov/dph/cpi/influenzahome.html
District of Columbia http://doh.dc.gov/service/influenza
Pennsylvania https://www.health.pa.gov/topics/disease/Flu/Pages/Flu.aspx
West Virginia http://dhrw.wv.gov/oeps/disease/flu/Pages/fluSurveillance.aspx
Community-based Influenza Surveillance (MRITS)
MRITS is the Maryland Resident Influenza Tracking System, a weekly survey for influenza-like illness (ILI). A total of 570 residents responded to the MRITS survey this week. Of those, 1 (0.2%) reported having ILI and did not report missing any days of regular daily activities.

Clinical Laboratory Influenza Testing
There were 54 clinical laboratories reporting 386 influenza diagnostic tests, mostly rapid influenza diagnostic tests (RIDTs). Of those, 10 (2.6%) were positive for influenza. Of those testing positive, 6 (60%) were influenza Type A and 4 (40%) were influenza Type B. The reliability of RIDTs depends largely on the conditions under which they are used. False-positive (and true-negative) results are more likely to occur when the disease prevalence in the community is low, which is generally at the beginning and end of the influenza season and during the summer.

State Laboratories Administration Influenza Testing
The MDH Laboratories Administration performed a total of 49 polymerase chain reaction (PCR) tests for influenza and none tested positive for influenza. PCR testing is more reliable than RIDT. The MDH testing identifies subtypes of influenza A and lineages of influenza B, information that is not available from the RIDT results. The table below summarizes results by type, subtype, and lineage.
**Influenza-associated Hospitalizations**

One influenza-associated hospitalization case was reported this week. (A person with an overnight hospital stay along with a positive influenza test of any kind, e.g., RIDT or PCR, is considered an “influenza-associated hospitalization” for purposes of influenza surveillance.) This surveillance is conducted as a component of the Maryland Emerging Infections Program.

**Influenza-associated Deaths**

An influenza-associated death is one with a clinically compatible illness and a positive influenza test of any kind.

**Pediatric Deaths**: A total of five pediatric (<18 years of age) deaths have been reported to MDH this season. The most recent death occurred in week 7 (week ending February 15, 2020) and was associated with influenza B virus, while another death occurred in week 4 and was associated with influenza A virus. As previously reported, one death occurred in week 3 and was associated with influenza B virus; one death occurred during week 2 and one death occurred during week 1, both of which were associated with influenza B/Victoria virus.

Influenza-associated pediatric mortality is a reportable condition in Maryland. Pediatric deaths are tracked without regard to hospitalization.

**Adult Deaths Among Hospitalized Patients**: Fifty-eight deaths have been reported among adults admitted to Maryland hospitals this influenza season. Influenza-associated adult mortality is not a reportable condition in Maryland. However, surveillance for mortality in hospitalized adults is conducted as a component of the Maryland Emerging Infections Program.

**Outbreaks of Respiratory Disease**

There were no non-COVID-19 respiratory outbreaks reported to MDH this week. (Disease outbreaks of any kind are reportable in Maryland. Respiratory outbreaks may be reclassified once a causative agent is detected, e.g., from ILI to influenza.)
Maryland Weekly Influenza Surveillance Activity Report
A summary of influenza surveillance indicators reported to MDH for the week ending May 9, 2020

National Influenza Surveillance (CDC)
Laboratory confirmed flu activity as reported by clinical laboratories remains low. Influenza-like illness activity continues to decrease and is below the national baseline. The percent of deaths due to pneumonia or influenza (P&I) is decreasing but remains elevated, primarily due to COVID-19, not influenza. Reported pediatric flu deaths for the season are high at 174.

- **Viral Surveillance:** The percentage of respiratory specimens testing positive for influenza at clinical laboratories is 0.3%. This is similar to the previous week (0.2%).
- **Influenza-like Illness Surveillance:** Visits to health care providers for influenza-like illness (ILI) decreased from 1.5% last week to 1.2% this week. ILI is below baseline nationally and for all regions.
- **Geographic Spread of Influenza:** No jurisdictions reported regional or widespread influenza activity this week.
- **Pneumonia and Influenza Mortality:** The percentage of deaths attributed to pneumonia and influenza is 8.1%, down from 10.5% last week, but above the epidemic threshold of 6.6%.
- **Influenza-associated Pediatric Deaths:** There were no influenza associated pediatric deaths occurring during the 2019-2020 season reported this week. The total for the season is 174.
- **Outpatient Illness Surveillance:** Nationwide during week 19, 1.2% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is below the national baseline of 2.4%. (ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.) On a regional level, the percentage of outpatient visits for ILI ranged from 0.6% to 2.0% during week 19. Compared to last week, the percent of outpatient visits for ILI stayed the same in region 9, and decreased in all other regions. All regions reported a percentage of outpatient visits for ILI below their region-specific baselines.

Influenza Activity Levels: ILI Activity Levels and Influenza Geographic Activity Levels

**ILI Activity Levels**
One indicator we look at is the proportion of visits to sentinel providers for ILI. We compare these proportions to baseline numbers, and then categorize ILI activity levels as minimal, low, moderate, high, or very high.

**Geographic Activity levels**
Influenza geographic activity levels are not a measure of severity of influenza in the region or state. These levels serve as a weekly estimate of where influenza could be circulating. Maryland estimates levels of geographic spread and reports them to the Centers for Disease Control and Prevention (CDC) using the following national definitions.

Note: Only laboratory confirmed influenza tests performed at the MDH Laboratories Administration are used in influenza geographic activity level calculations.

<table>
<thead>
<tr>
<th>Influenza Geographic Activity Levels</th>
<th>Definition</th>
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<tbody>
<tr>
<td>No Activity</td>
<td>No lab-confirmed cases</td>
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<tr>
<td>Sporadic</td>
<td>Small numbers of laboratory-confirmed influenza cases OR a single laboratory confirmed influenza outbreak has been reported, but there is no increase in cases of ILI</td>
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<tr>
<td>Local</td>
<td>Increased ILI in 1 region; ILI activity in other regions is not increased and recent (within the past 3 weeks) lab confirmed evidence of influenza in region with increase in ILI OR 2 or more institutional outbreaks</td>
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<tr>
<td>Regional</td>
<td>Outbreaks of influenza OR increases in ILI and recent laboratory confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions</td>
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<tr>
<td>Widespread</td>
<td>Outbreaks of influenza OR increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state</td>
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Where to get an influenza vaccination
Interested in getting a flu vaccine for the 2019-20 influenza season? Go to [https://phpa.health.maryland.gov/influenza/Pages/getvaccinated.aspx](https://phpa.health.maryland.gov/influenza/Pages/getvaccinated.aspx) and click on your county/city of residence. You will be redirected to your local health department website for local information on where to get your flu vaccine.