Maryland Weekly Influenza Surveillance Activity Report
A summary of influenza surveillance indicators reported to MDH for the week ending April 13, 2019

Prepared by the Division of Infectious Disease Surveillance
Prevention and Health Promotion Administration
Maryland Department of Health

The data presented in this document are provisional and subject to change as additional reports are received.

SUMMARY

During the week ending April 13, 2019 influenza-like illness (ILI) intensity in Maryland was MINIMAL and there was REGIONAL geographic activity. The proportion of outpatient visits for ILI reported by Sentinel Providers and outpatient visits for ILI reported by Maryland Emergency Departments decreased. The proportion of MRITS respondents reporting ILI remained unchanged. Clinical laboratories reported a decrease in the proportion of specimens testing positive for influenza. One hundred and eight specimens tested positive for influenza at the MDH lab. There were 98 influenza-associated hospitalizations. There were five respiratory outbreaks reported to MDH. One influenza-associated pediatric death was reported to MDH.

Click here to visit our influenza surveillance web page

ILINet Sentinel Providers
Nineteen providers reported a total of 7,003 visits this week. Of those, 84 (1.2%) were visits for ILI. This is below the Maryland baseline of 2.0%.

ILI Intensity Levels

<table>
<thead>
<tr>
<th>Activity</th>
<th>Minimal</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
<th>Regional</th>
<th>Widespread</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Activity</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sporadic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

ILI Visits To Sentinel Providers By Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>This Week</th>
<th>Last Week</th>
<th>Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>24 (29%)</td>
<td>36 (27%)</td>
<td>1,638 (33%)</td>
</tr>
<tr>
<td>5-24</td>
<td>32 (38%)</td>
<td>73 (56%)</td>
<td>2,093 (42%)</td>
</tr>
<tr>
<td>25-49</td>
<td>13 (15%)</td>
<td>13 (10%)</td>
<td>639 (13%)</td>
</tr>
<tr>
<td>50-64</td>
<td>9 (11%)</td>
<td>5 (4%)</td>
<td>356 (7%)</td>
</tr>
<tr>
<td>≥ 65</td>
<td>6 (7%)</td>
<td>4 (3%)</td>
<td>218 (4%)</td>
</tr>
<tr>
<td>Total</td>
<td>84 (100%)</td>
<td>131 (100%)</td>
<td>4,944 (100%)</td>
</tr>
</tbody>
</table>

ILI Visits To Emergency Departments for ILI

Emergency Departments in Maryland reported a total of 60,632 visits this week through the ESSENCE surveillance system. Of those, 2,233 (3.7%) were visits for ILI.

ILI Visits To Emergency Departments By Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>This Week</th>
<th>Last Week</th>
<th>Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>403 (18%)</td>
<td>497 (18%)</td>
<td>11,894 (19%)</td>
</tr>
<tr>
<td>5-24</td>
<td>750 (34%)</td>
<td>919 (33%)</td>
<td>19,056 (31%)</td>
</tr>
<tr>
<td>25-49</td>
<td>631 (28%)</td>
<td>840 (30%)</td>
<td>19,113 (31%)</td>
</tr>
<tr>
<td>50-64</td>
<td>265 (12%)</td>
<td>338 (12%)</td>
<td>7,848 (13%)</td>
</tr>
<tr>
<td>≥ 65</td>
<td>184 (8%)</td>
<td>227 (8%)</td>
<td>4,259 (7%)</td>
</tr>
<tr>
<td>Total</td>
<td>2,233 (100%)</td>
<td>2,821 (100%)</td>
<td>62,170 (100%)</td>
</tr>
</tbody>
</table>

Neighboring states’ influenza information:

Delaware: http://dhss.delaware.gov/dph/epi/influenzahome.html
District of Columbia: http://doh.dc.gov/service/influenza
West Virginia: http://dhhr.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 536 residents responded to the MRITS survey this week. Of those, 4 (0.7%) reported having ILI and missing 5 cumulative days of regular daily activities.

Clinical Laboratory Influenza Testing

There were 62 clinical laboratories reporting 4,829 influenza diagnostic tests, mostly rapid influenza diagnostic tests (RIDTs). Of those, 984 (20.4%) were positive for influenza. Of those testing positive, 737 (75%) were influenza Type A and 247 (25%) 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 134 PCR tests for influenza and 108 (80.6%) were positive for influenza. Of those testing positive, 46 (43%) were positive for Type A (H1) and 62 (57%) were positive for Type A (H3). 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.
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Influenza-associated Hospitalizations
A total of 98 influenza-associated hospitalizations were 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: The total number of pediatric (< 18 years of age) deaths reported this influenza season is 2.
Influenza-associated pediatric mortality is a reportable condition in Maryland. Pediatric deaths are tracked without regard to hospitalization.

Adult Deaths Among Hospitalized Patients: A cumulative season total of 49 deaths have been reported among adults admitted to Maryland hospitals.
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 five 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.)
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National Influenza Surveillance (CDC)
Influenza activity continues to decrease in the United States, but remains elevated. Influenza A(H1N1)pdm09 viruses predominated from October to mid-February, and influenza A(H3N2) viruses have been more commonly identified since late February. Small numbers of influenza B viruses also have been reported.

○ **Viral Surveillance:** The percentage of respiratory specimens testing positive for influenza viruses in clinical laboratories decreased. During the most recent three weeks, influenza A(H3) viruses were reported more frequently than influenza A(H1N1)pdm09 viruses nationally, and in all 10 HHS Regions.

○ **Influenza-like Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) decreased to 2.4%, but remains above the national baseline of 2.2%. Seven of 10 regions reported ILI at or above their region-specific baseline level.

○ **Geographic Spread of Influenza:** The geographic spread of influenza in 11 states was reported as widespread; Puerto Rico and 20 states reported regional activity; the District of Columbia and 17 states reported local activity; the U.S. Virgin Islands and two states reported sporadic activity; Guam did not report.

○ **Influenza-associated Hospitalizations:** A cumulative rate of 62.3 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported. The highest hospitalization rate is among adults 65 years and older (206.5 hospitalizations per 100,000 population).

○ **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

○ **Influenza-associated Pediatric Deaths:** Five influenza-associated pediatric deaths were reported to CDC during week 15.

○ **Outpatient Illness Surveillance:** Nationwide during week 15, 2.4% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILI/Net) were due to influenza-like illness (ILI). This percentage is above the national baseline of 2.2%. *(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 1.0% to 3.5% during week 15. Seven of 10 regions (Regions 1, 2, 3, 5 and 7-9) reported a percentage of outpatient visits for ILI at or above their region-specific baseline**

*This map uses the proportion of outpatient visits to health care providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels. Data collected in ILI/Net may disproportionately represent certain populations within a state, and therefore, may not accurately depict the full picture of influenza activity for the whole state.*

Data displayed in this map are based on data collected in ILI/Net, whereas the State and Territorial flu activity map is based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data are received. Differences in the data presented here by CDC and independently by some state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

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Where to get an influenza vaccination
Interested in getting a flu vaccine for the 2018-19 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.