MARYLAND WEEKLY INFLUENZA SURVEILLANCE ACTIVITY REPORT

A summary of influenza surveillance indicators reported to DHMH for the week ending February 13, 2016

Prepared by the Infectious Disease Epidemiology and Outbreak Response Bureau
Prevention and Health Promotion Administration
Maryland Department of Health and Mental Hygiene

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

**SUMMARY**

During the week ending February 13, 2016, influenza-like illness (ILI) intensity in Maryland was **MODERATE** and there was **WIDESPREAD** geographic spread. The proportion of outpatient visits for ILI reported both by Sentinel Providers and by Maryland Emergency Departments jumped. The proportion of MRITS respondents reporting ILI was unchanged. The proportion of specimens testing positive for influenza at clinical laboratories increased substantially. Twenty-six specimens tested positive for influenza at the DHMH lab; 23 were type A (H1), 2 was type A (H3), and 1 was type B (Yamagata). Twenty influenza-associated hospitalizations were reported. There were 2 respiratory outbreaks reported. Nationally, influenza activity is increasing.

Click here to visit our influenza surveillance web page

**ILI Intensity Levels**

- Minimal
- Low
- **Moderate**
- High

**Influenza Geographic Spread**

- No Activity
- Sporadic
- Local
- Regional
- **Widspread**

**ILINet Sentinel Providers**

Thirty-two sentinel providers reported a total of 5,244 visits this week. Of those, 181 (3.5%) were visits for ILI. This is above the Maryland baseline of 1.8%.

**ILI Visits To Sentinel Providers By Age**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>This Week Number (%)</th>
<th>Last Week Number (%)</th>
<th>Season Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-4</td>
<td>34 (19%)</td>
<td>32 (32%)</td>
<td>672 (25%)</td>
</tr>
<tr>
<td>Age 5-24</td>
<td>61 (34%)</td>
<td>26 (26%)</td>
<td>914 (34%)</td>
</tr>
<tr>
<td>Age 25-49</td>
<td>35 (19%)</td>
<td>19 (19%)</td>
<td>603 (22%)</td>
</tr>
<tr>
<td>Age 50-64</td>
<td>33 (18%)</td>
<td>19 (19%)</td>
<td>333 (12%)</td>
</tr>
<tr>
<td>Age ≥ 65</td>
<td>18 (10%)</td>
<td>4 (4%)</td>
<td>165 (6%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>181 (100%)</td>
<td>100 (100%)</td>
<td>2687 (100%)</td>
</tr>
</tbody>
</table>

**Visits to Emergency Departments for ILI**

Emergency Departments in Maryland reported a total of 43,876 visits this week through the **ESSENCE surveillance system**. Of those, 819 (1.9%) were visits for ILI.

**ILI Visits To Emergency Departments By Age**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>This Week Number (%)</th>
<th>Last Week Number (%)</th>
<th>Season Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-4</td>
<td>214 (26%)</td>
<td>180 (26%)</td>
<td>5619 (32%)</td>
</tr>
<tr>
<td>Age 5-24</td>
<td>229 (28%)</td>
<td>186 (27%)</td>
<td>5170 (30%)</td>
</tr>
<tr>
<td>Age 25-49</td>
<td>237 (29%)</td>
<td>204 (30%)</td>
<td>4090 (23%)</td>
</tr>
<tr>
<td>Age 50-64</td>
<td>95 (12%)</td>
<td>83 (12%)</td>
<td>1588 (9%)</td>
</tr>
<tr>
<td>Age ≥ 65</td>
<td>44 (5%)</td>
<td>33 (5%)</td>
<td>973 (6%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>819 (100%)</td>
<td>686 (100%)</td>
<td>17440 (100%)</td>
</tr>
</tbody>
</table>

**Neighboring states’ influenza information:**

- Pennsylvania [http://www.portal.state.pa.us/portal/server.pt/community/influenza_(flu)/14161](http://www.portal.state.pa.us/portal/server.pt/community/influenza_(flu)/14161)
- Virginia [http://www.vdh.state.va.us/Epidemiology/flu/](http://www.vdh.state.va.us/Epidemiology/flu/)
Community-based Influenza Surveillance (MRITS)

MRITS is the Maryland Resident Influenza Tracking System, a weekly survey for influenza-like illness (ILI). A total of 635 residents responded to the MRITS survey this week. Of those, 5 (0.8%) reported having ILI and missing a cumulative 12 days of regular daily activities.

Clinical Laboratory Influenza Testing

Forty-six clinical laboratories reported performing 1055 influenza diagnostic tests, mostly rapid influenza diagnostic tests (RIDTs). Of those, 159 (15.1%) were positive for influenza. Of those testing positive, 126 (79.2%) were influenza type A and 33 (20.8%) 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 DHMH Laboratories Administration performed a total of 88 PCR tests for influenza and 26 (29.5%) specimens tested positive for influenza. Of those testing positive, 23 (88.5%) were type A (H1), 2 (7.7%) were type A (H3), and 1 (3.8%) was type B (Yamagata). PCR testing is more reliable than RIDT. The DHMH testing identifies subtypes of influenza A, information that is not available from the RIDT results. The table below summarizes results by type and subtype.

Where to get an influenza vaccination

Interested in getting a flu vaccine for the 2015-16 influenza season? Go to [http://dhmh.maryland.gov/flumd/SitePages/getvaccinated.aspx](http://dhmh.maryland.gov/flumd/SitePages/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.
Influenza-associated Hospitalizations
Twenty influenza-associated hospitalizations were reported to DHMH. (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.)

Outbreaks of Respiratory Disease
There were 2 respiratory outbreaks reported to DHMH 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.)

National Influenza Surveillance (CDC)
During week 6 (February 7-13, 2016), influenza activity increased in the United States.

- **Viral Surveillance**: The most frequently identified influenza virus type reported by public health laboratories during week 6 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.
- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.
- **Influenza-associated Pediatric Deaths**: Two influenza-associated pediatric deaths were reported.
- **Influenza-associated Hospitalizations**: A cumulative rate for the season of 4.1 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.
- **Outpatient Illness Surveillance**: The proportion of outpatient visits for influenza-like illness (ILI) was 3.1%, which is above the national baseline of 2.1%. Nine of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced high ILI activity; New York City and 11 states experienced moderate ILI activity; 6 states experienced low ILI activity; 30 states experienced minimal ILI activity; and the District of Columbia and one state had insufficient data.
- **Geographic Spread of Influenza**: The geographic spread of influenza in Puerto Rico and 12 states was reported as widespread; 20 states reported regional activity; the District of Columbia, Guam, and 15 states reported local activity; and the U.S. Virgin Islands and three states reported sporadic activity.