



2018-2019 Influenza Surveillance Report

Week 14

Mar. 31 – Apr. 6, 2019

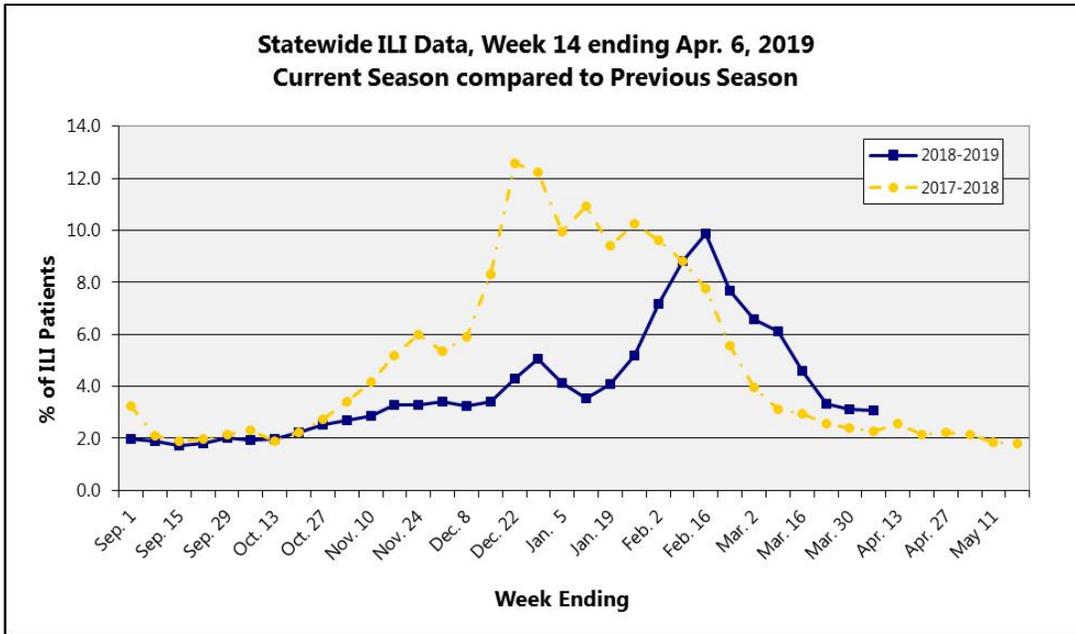
About our flu activity reporting

MSDH relies upon selected sentinel health practitioners across the state to report the percentage of total patient visits consistent with an influenza-like illness (ILI: fever of 100°F or higher AND cough and/or sore throat). Also, providers are supplied with specimen collection kits. Samples are submitted to the Mississippi Public Health Laboratory for influenza PCR testing. Reports are used to estimate the state's ILI rate and the magnitude of the state's influenza activity. Reports represent only the distribution of flu in the state, not an actual count of all flu cases statewide. **Information is provisional only and may change depending on additional reporting from sentinel providers.**

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State ILI Surveillance



During week **14** (03/31/19-04/06/19), the overall state ILI rate (**3.1%**) was **comparable** to the previous week (**3.1%**), but was above this time last year (**2.2%**). |

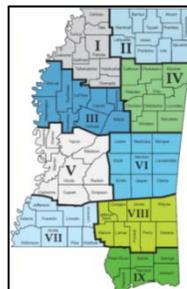
[Figure 1](#)

Total number of patients treated by sentinel providers in the last three weeks. | **Table 1**

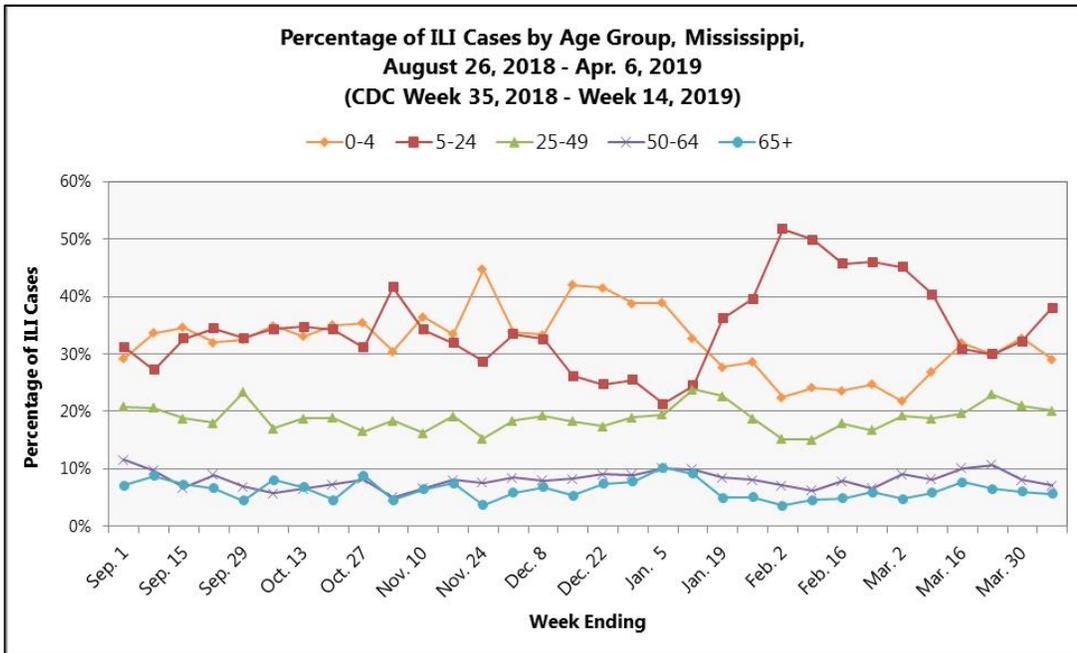
2018-2019 Influenza Season					
CDC Week	Week Ending	Number of reports received from Sentinel Providers	Total patients	ILI symptoms	ILI Rate (%)
14	Apr. 6	164	17425	536	3.1
13	Mar. 30	163	17575	547	3.1
12	Mar. 23	163	17455	580	3.3

During week **14**, three districts (2, 4, and 8) had an increase in ILI activity, while two districts (3 and 9) had a decrease.

Four districts remained about the same. *Information is provisional only and may change depending on additional reporting from sentinel providers.* | **Table 2**



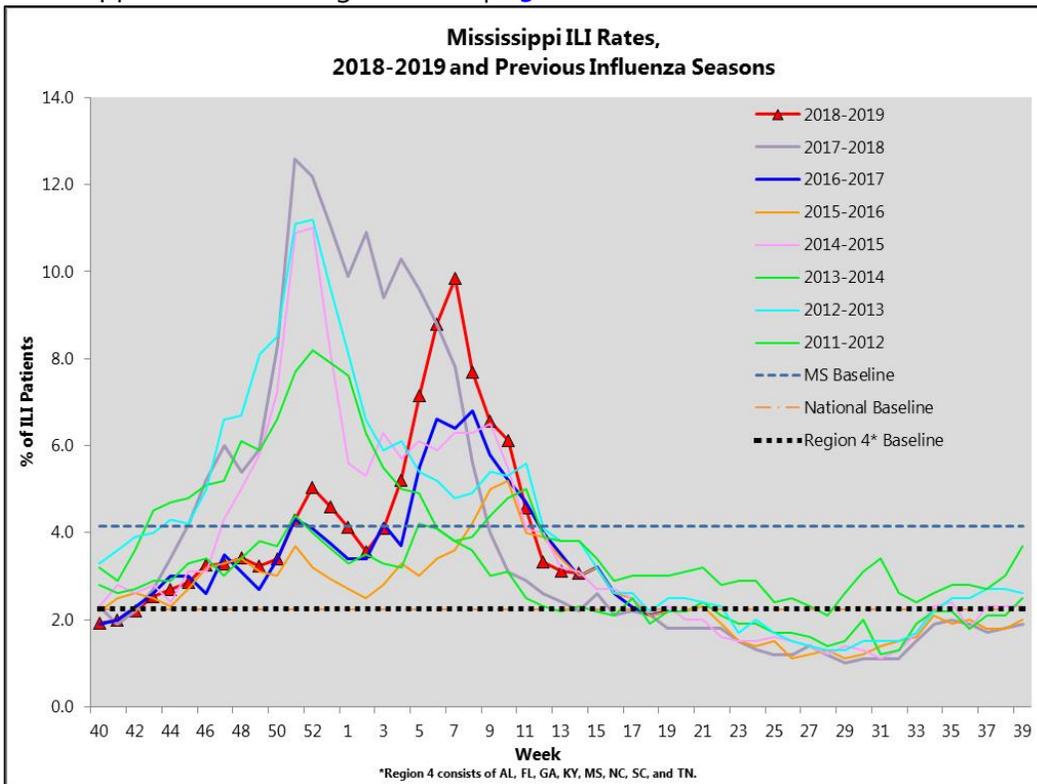
MSDH District ILI Rates (%) 2018-2019		
District	Week 13	Week 14
State	3.1	3.1
I	2.3	2.8
II	1.7	3.0
III	7.0	5.3
IV	2.8	3.3
V	3.3	3.2
VI	2.7	2.4
VII	4.6	4.3
VIII	0.7	1.4
IX	3.9	3.3



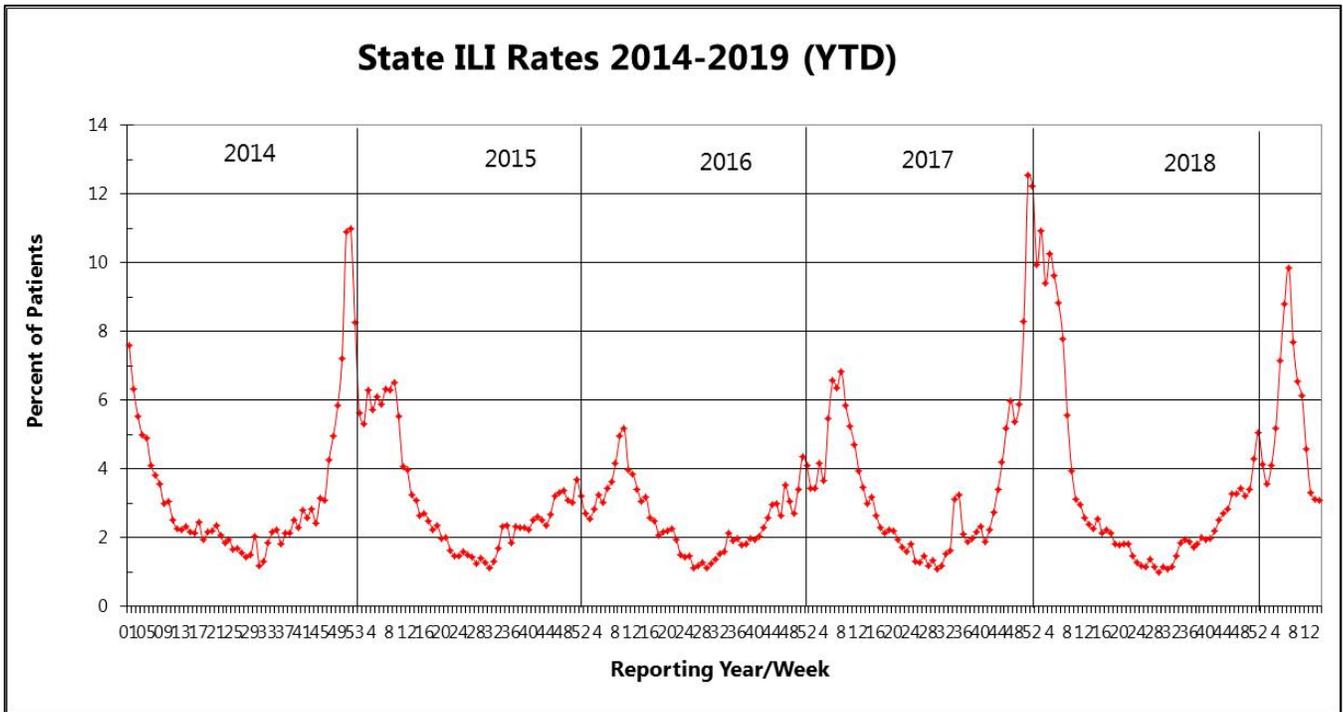
Overall, the percentage of reported ILI cases has been highest among those in the 0-4 and 5-24 years of age groups. During week 14, the percentage of ILI cases **increased** in the

5-24 years of age group, but **decreased** in the 0-4 years of age group. The percentage of ILI cases in the other age groups remained constant when compared to the previous week. | [Figure 2](#)

The 2018-19 state ILI rate was **above** the national and Region 4 baselines, but was **below** the Mississippi baseline, during week 14. | [Figure 3](#)

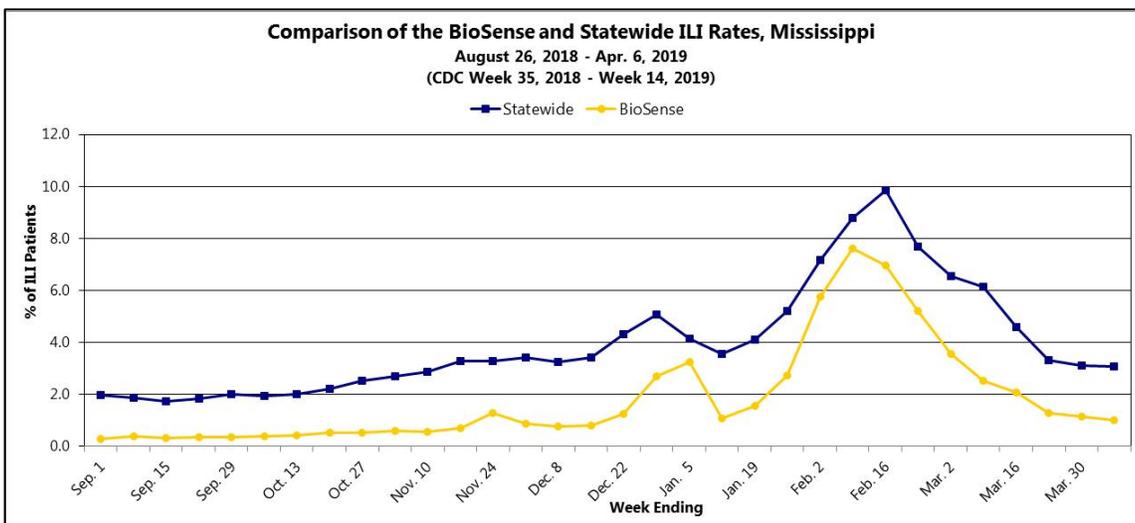


Mississippi ILI Rates 2014-2019 | [Figure 4](#)



Syndromic ILI Surveillance

The Mississippi State Department of Health also collects influenza syndromic surveillance data through the CDC BioSense Platform. This data is comprised of chief complaints and diagnosis codes and is submitted electronically by participating hospitals and clinics throughout the state in near real-time. The BioSense data is an additional tool to monitor influenza activity in Mississippi.



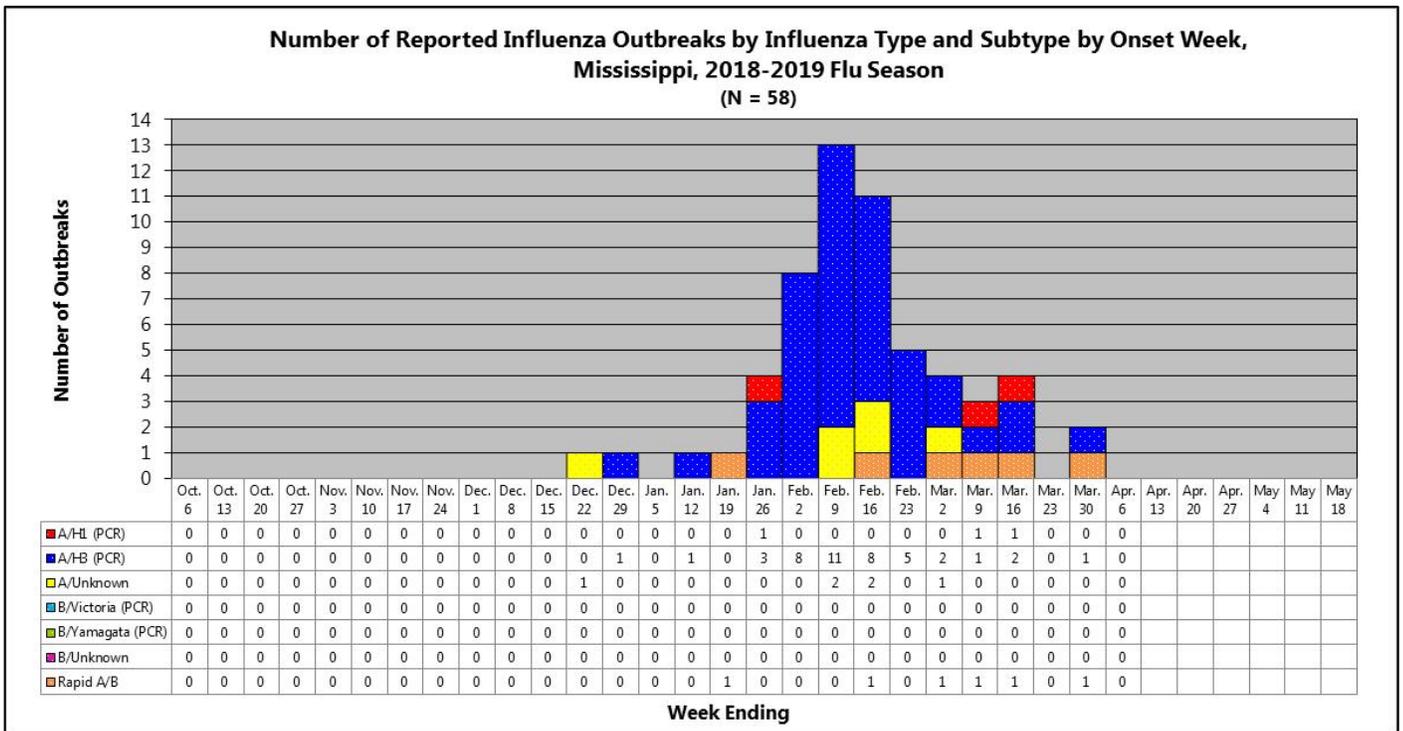
The percentage of patients with a chief complaint or diagnosis of influenza-like illness

during week **14** was **comparable** to the previous week, as was the statewide ILI rate. The BioSense ILI rate appears to be following the same trend as the statewide ILI rate. | [Figure 5](#)

Influenza Outbreaks

Outbreaks are reportable in Mississippi as a Class 1A event and must be reported by telephone within **24 hours** of first knowledge or suspicion to the Mississippi State Department of Health. For more information on reportable diseases and conditions, please refer to the [MSDH List of Reportable Diseases and Conditions](#).

Between week 40 (week ending October 6th) and week **14** (week ending April 6th), 64 outbreaks were reported to MSDH. MSDH investigates all reported outbreaks, and of the 64 reported outbreaks, complete information was available for 58 of them. Three (5%) of the outbreaks were attributed to influenza A/H1, 43 (74%) were attributed to influenza A/H3, six (10%) were due to an influenza A virus, unknown subtype, and six (10%) were due to an unknown influenza type. | [Figure 6](#)



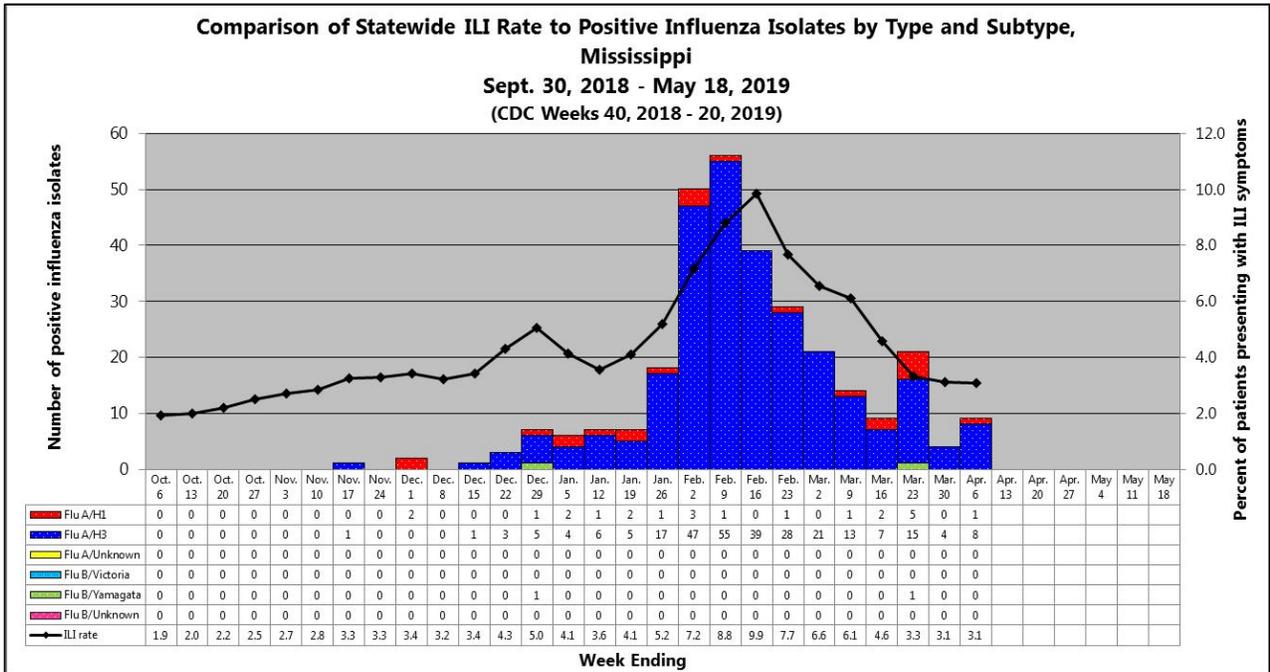
The influenza outbreaks occurred in the following counties: Attala (1), Bolivar (1), Calhoun (1), Covington (1), DeSoto (1), Forrest (3), Franklin (1), Greene (1), Hancock (1), Harrison (2), Hinds (3), Jackson (2), Jones (4), Kemper (1), Lafayette (2), Lauderdale (1), Leake (1), Lee (1), Lincoln (3), Madison (2), Marion (3), Monroe (2), Neshoba (2), Newton (1), Oktibbeha (1), Pearl River (2), Perry (1), Pike (2), Pontotoc (1), Rankin (3), Smith (2), Stone (1), Tallahatchie (1), Tate (2), Tishomingo (1), Tunica (1), Union (1), Warren (1), Webster (1), and Yazoo (2).

For additional information on infection control measures in health care facilities and managing influenza outbreaks in long-term care facilities, please refer to the CDC's webpages:

<https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm> and <https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>, respectively.

Flu Testing Reports

Since week 40 (week ending October 6th), **304** laboratory confirmed influenza samples have been identified by the MSDH Public Health Laboratory. Twenty-three (8%) were identified as influenza A/H1, 279 (92%) were identified as influenza A/H3, and two (0.7%) was identified as an influenza B/Yamagata. | [Figure 7](#)

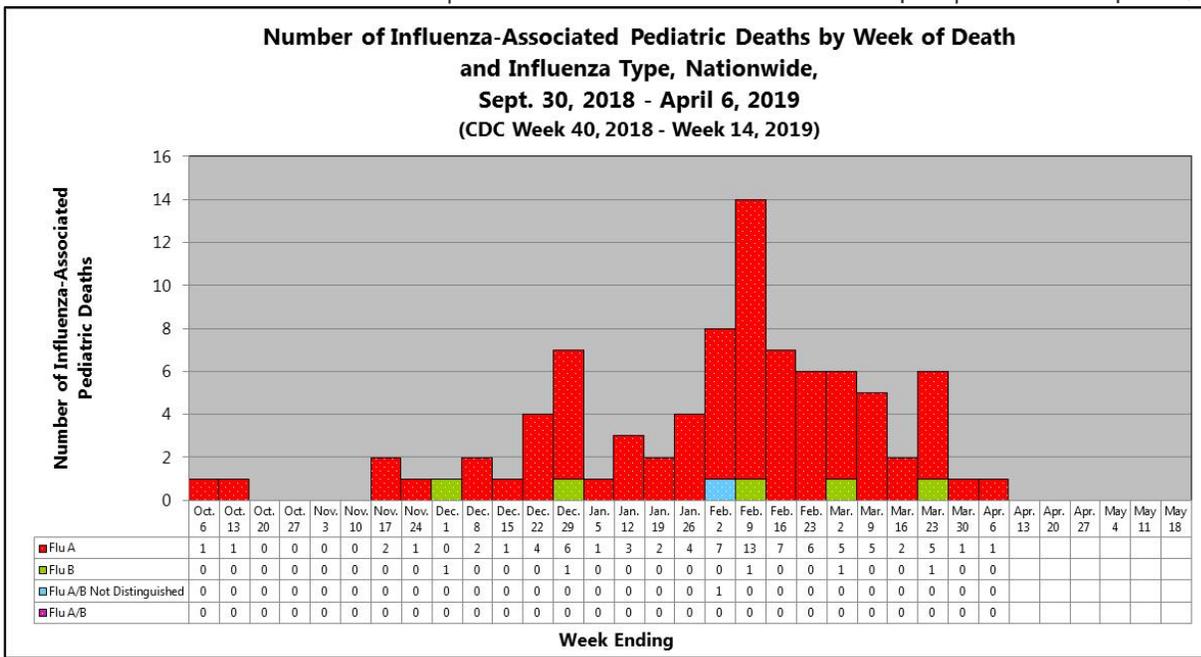


The influenza cases were identified from the following counties: Attala (33), Bolivar (2), Calhoun (1), Carroll (1), Choctaw (2), Clarke (1), Copiah (2), Covington (4), DeSoto (1), Forrest (16), Franklin (2), George (3), Greene (2), Hancock (6), Harrison (28), Hinds (27), Holmes (3), Jackson (11), Jones (9), Kemper (2), Lafayette (3), Lamar (1), Lauderdale (3), Leake (18), Lee (2), Leflore (2), Lincoln (4), Lowndes (1), Madison (6), Marion (9), Marshall (5), Monroe (3), Neshoba (14), Newton (4), Oktibbeha (6), Pearl River (9), Pike (9), Pontotoc (1), Rankin (23), Scott (1), Smith (2), Tallahatchie (1), Tate (3), Tishomingo (2), Tunica (2), Union (2), Winston (7), and Yazoo (3). The county of residence for two of the cases was unknown.

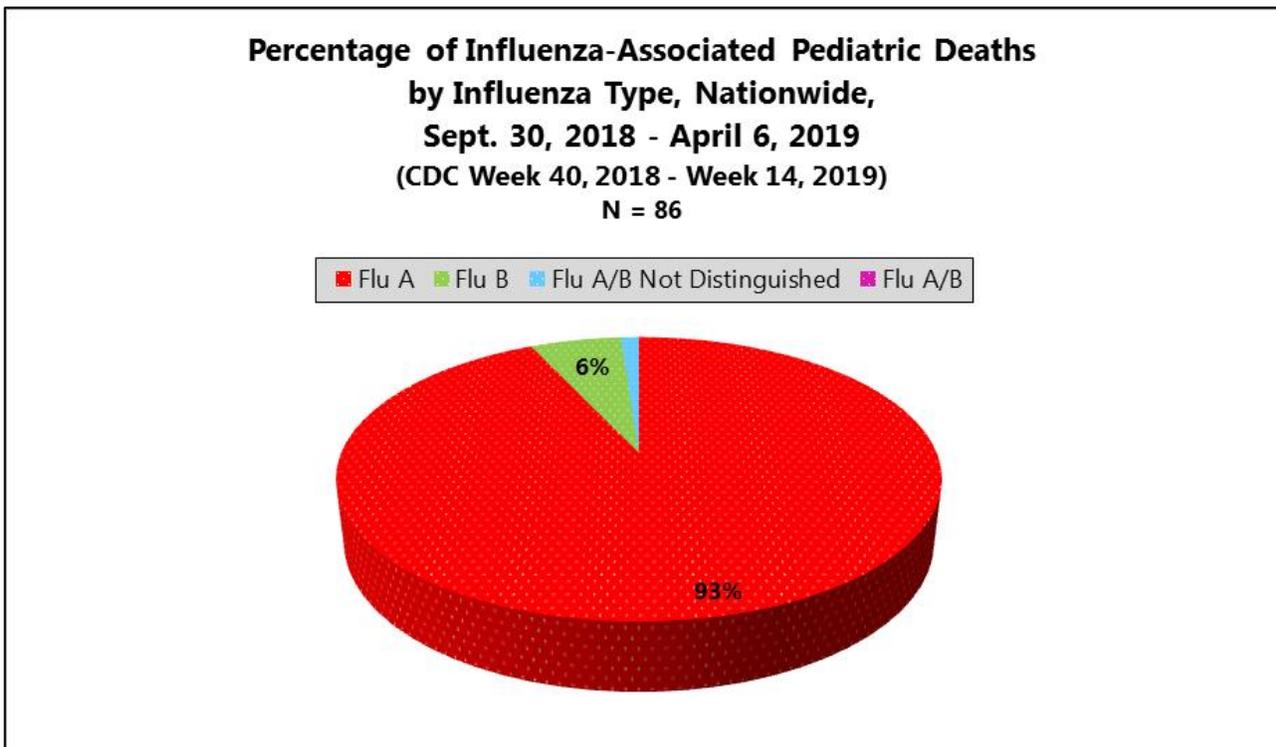
National and Mississippi Pediatric Mortality Surveillance

Nationally, **four** influenza-associated pediatric deaths were reported to CDC during week **14**. One death was associated with an influenza A(H1N1)pdm09 virus and occurred during week 12 (week ending March 23, 2019). One death was associated with an influenza A(H3) virus and occurred during week 6 (week ending February 9, 2019). Two deaths were associated with an influenza A virus for which no subtyping was performed and occurred during weeks 13 and 14 (weeks ending March 30 and April 6, 2019, respectively). **Eighty-six** influenza-associated pediatric deaths have been reported to CDC for the 2018-2019 season. | [Figure 8](#)

Mississippi has had **one** influenza-associated pediatric death reported during this influenza season.



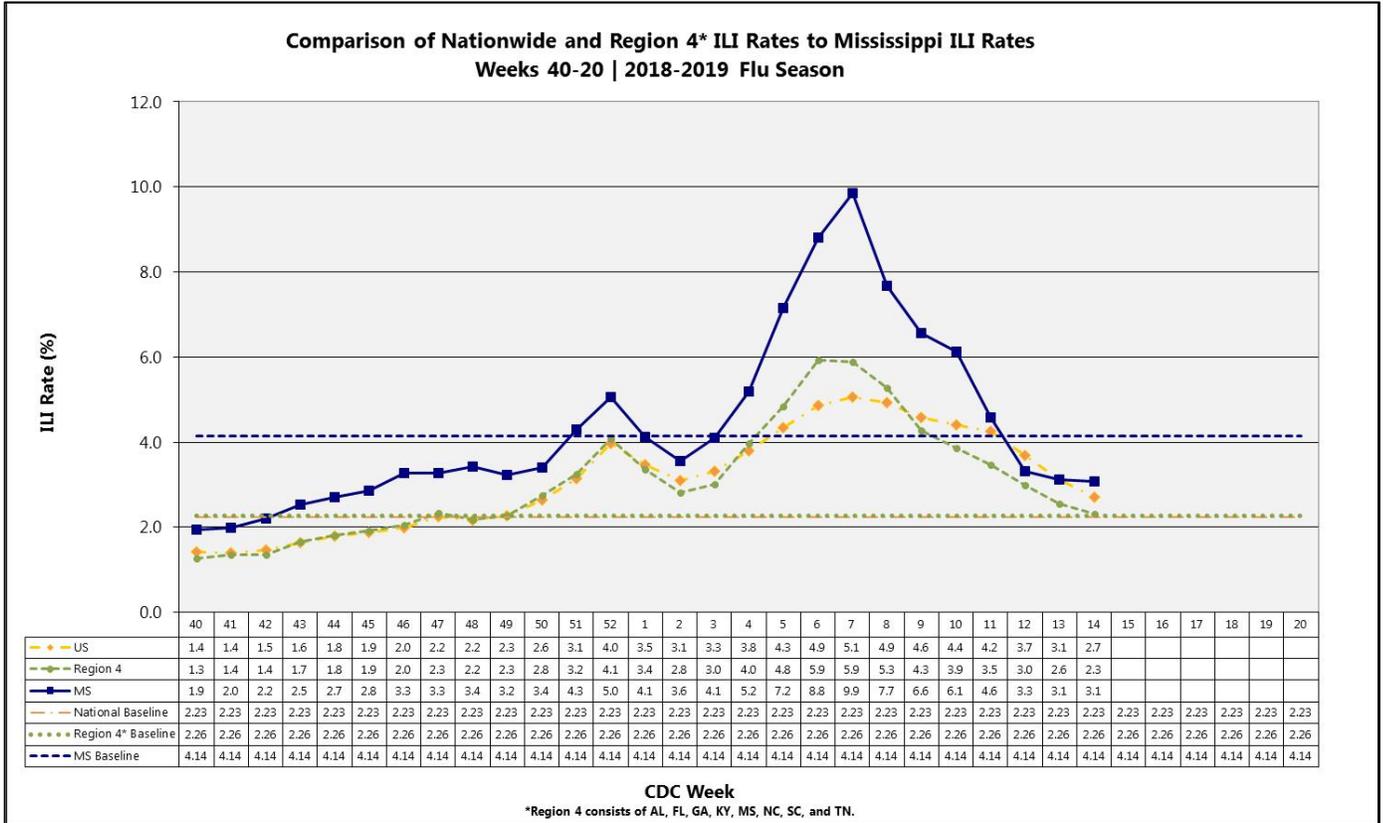
Of the **86** influenza-associated pediatric deaths reported nationally during the 2018-2019 season, 80 (93%) have been attributed to influenza A viruses, five (6%) to influenza B viruses, and one (1%) to an influenza virus for which type was not determined. | [Figure 9](#)



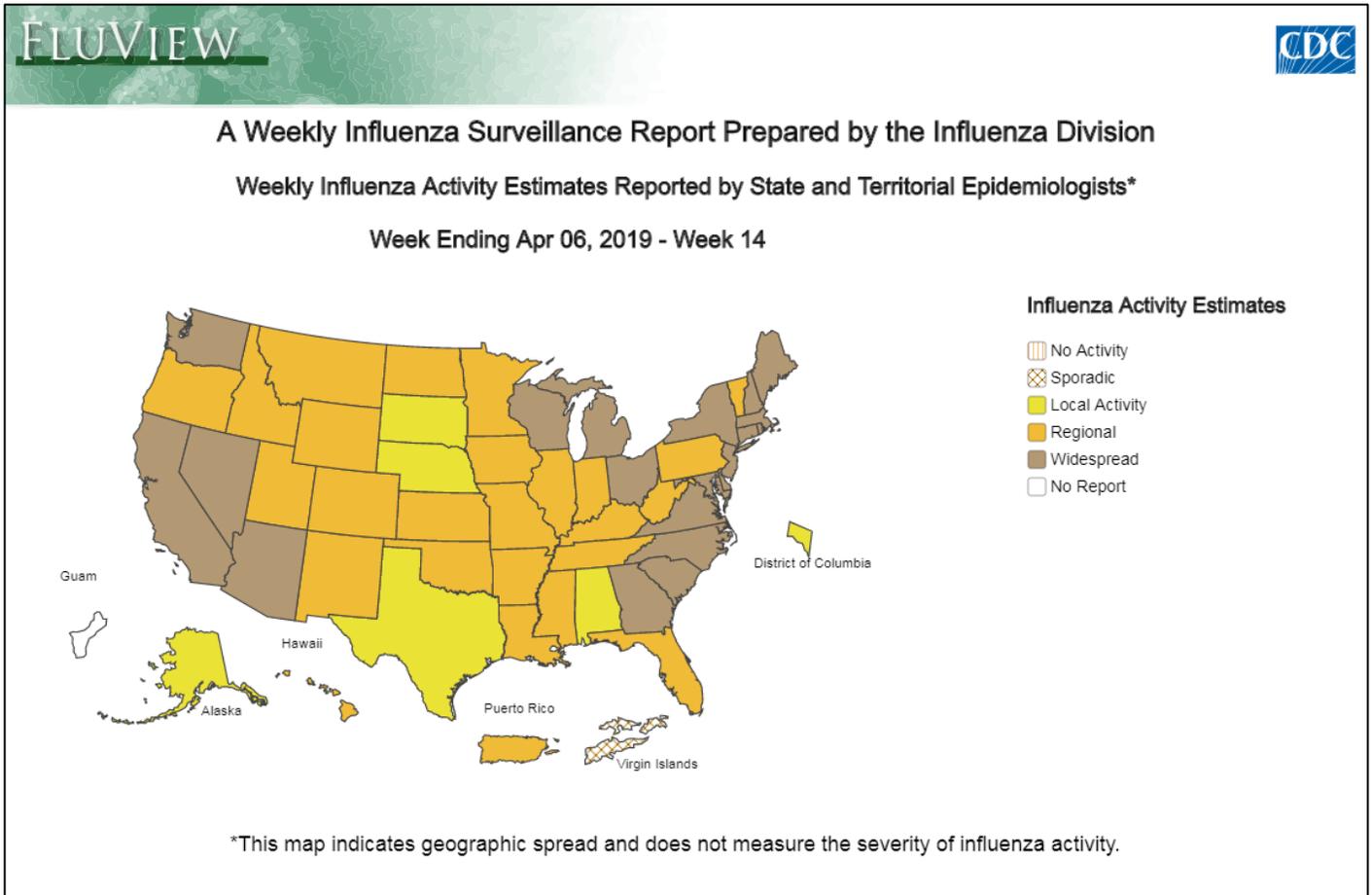
For additional information on influenza-associated pediatric deaths, please refer to the [CDC's FluView](#).

National ILI Surveillance

During week **14**, the Mississippi (3.1%) ILI rate remained stable, while the national (2.7%), and Region 4 (2.3%) ILI rates decreased. The national ILI rate was above its baseline, the Region 4 ILI rate was at its baseline, while the Mississippi ILI rate was below the its baseline. | [Figure 10](#)



During week **14**, influenza activity **continued to decrease but remained elevated** in the United States.¹ | [Figure 11](#)



¹For up-to-date information on flu activity nationwide, please refer to the CDC's website: <http://www.cdc.gov/flu/weekly/fluactivitiesurv.htm>.

Mississippi reported **"Regional"** for the influenza activity during week **14**. | [Table 3](#)

Level of Flu Activity	Definition
No Activity	Overall clinical activity remains low and there are no lab confirmed cases.
Sporadic	Isolated cases of lab confirmed influenza in the state; ILI activity is not increased <u>OR</u> A lab-confirmed outbreak in a single institution in the state; ILI activity is not increased.
Local	Increased ILI within a single region AND recent (within the past 3 weeks) laboratory evidence of influenza in that region. ILI activity in other regions is not increased <u>OR</u> two of more institutional outbreaks (ILI or lab confirmed) within a single region AND recent (within the past 3 weeks) lab confirmed influenza in that region. Other regions do not have increased ILI and virus activity is no greater than sporadic in those regions
Regional	Increased ILI in at least 2 regions but fewer than half of the regions AND recent (within the past 3 weeks) lab confirmed influenza in the affected regions <u>OR</u> Institutional outbreaks (ILI or lab confirmed) in at least 2 regions but fewer than half of the regions AND recent lab confirmed influenza in the affected regions.
Widespread	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions

	AND recent (within the past 3 weeks) lab confirmed influenza in the state.
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Additional influenza information:

Centers for Disease Control and Prevention	http://cdc.gov/flu/
Centers for Disease Control and Prevention FluView	http://www.cdc.gov/flu/weekly/
MSDH Flu and Pneumonia	http://msdh.ms.gov/msdhsite/_static/14,0,199.html
World Health Organization FluNet	http://www.who.int/influenza/gisrs_laboratory/flunet/en/

Appendix

Figure 1

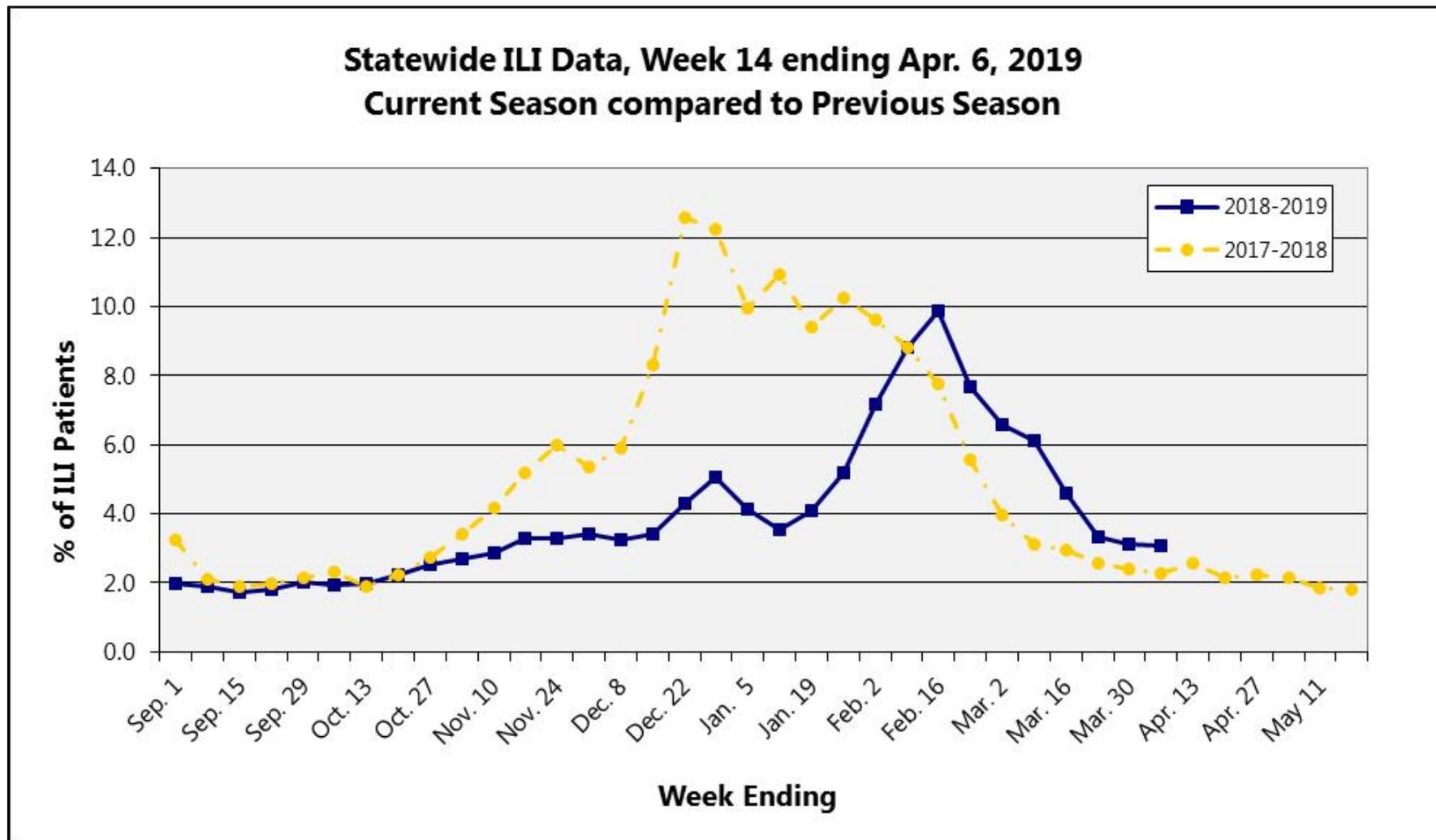


Figure 2

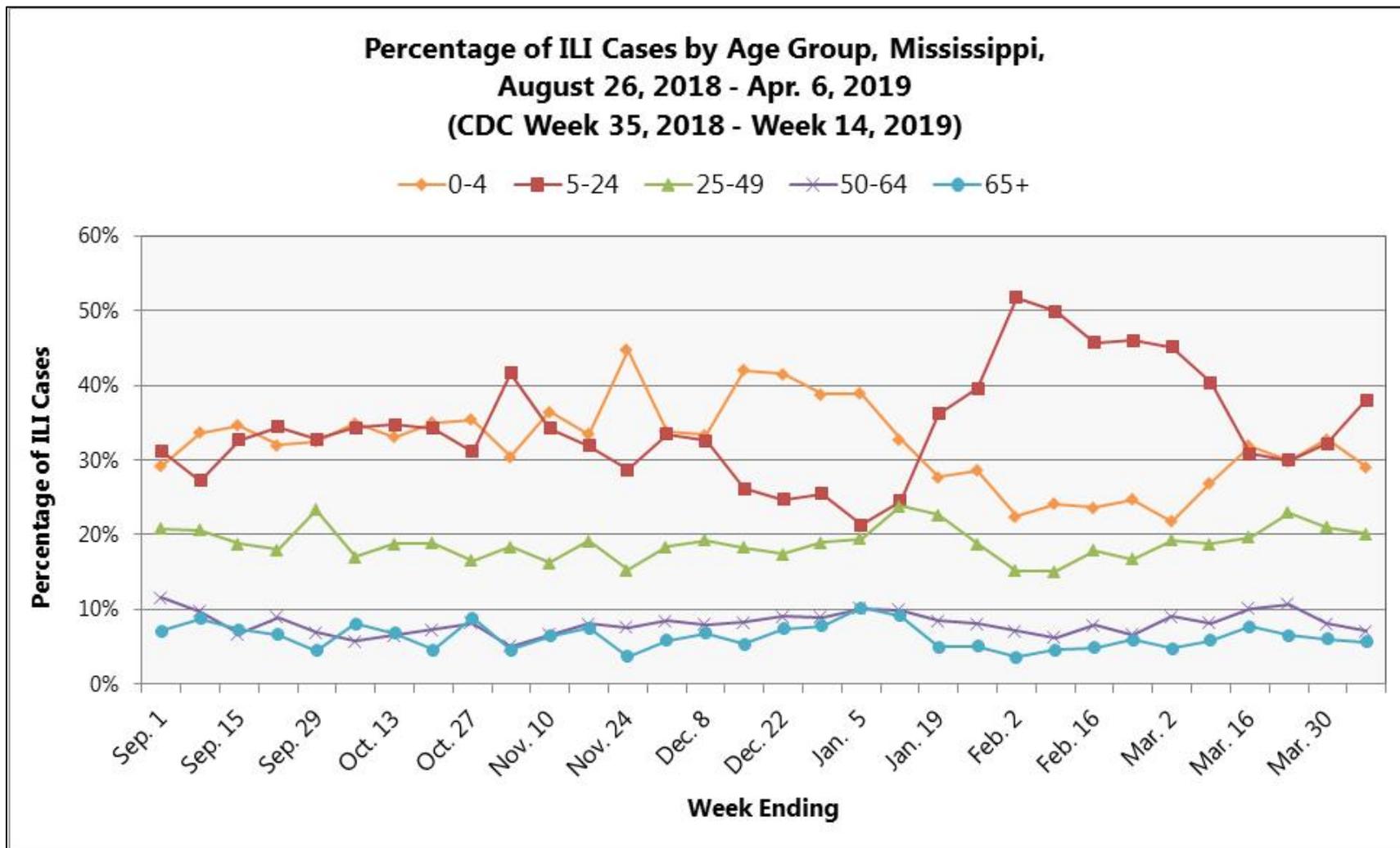


Figure 3

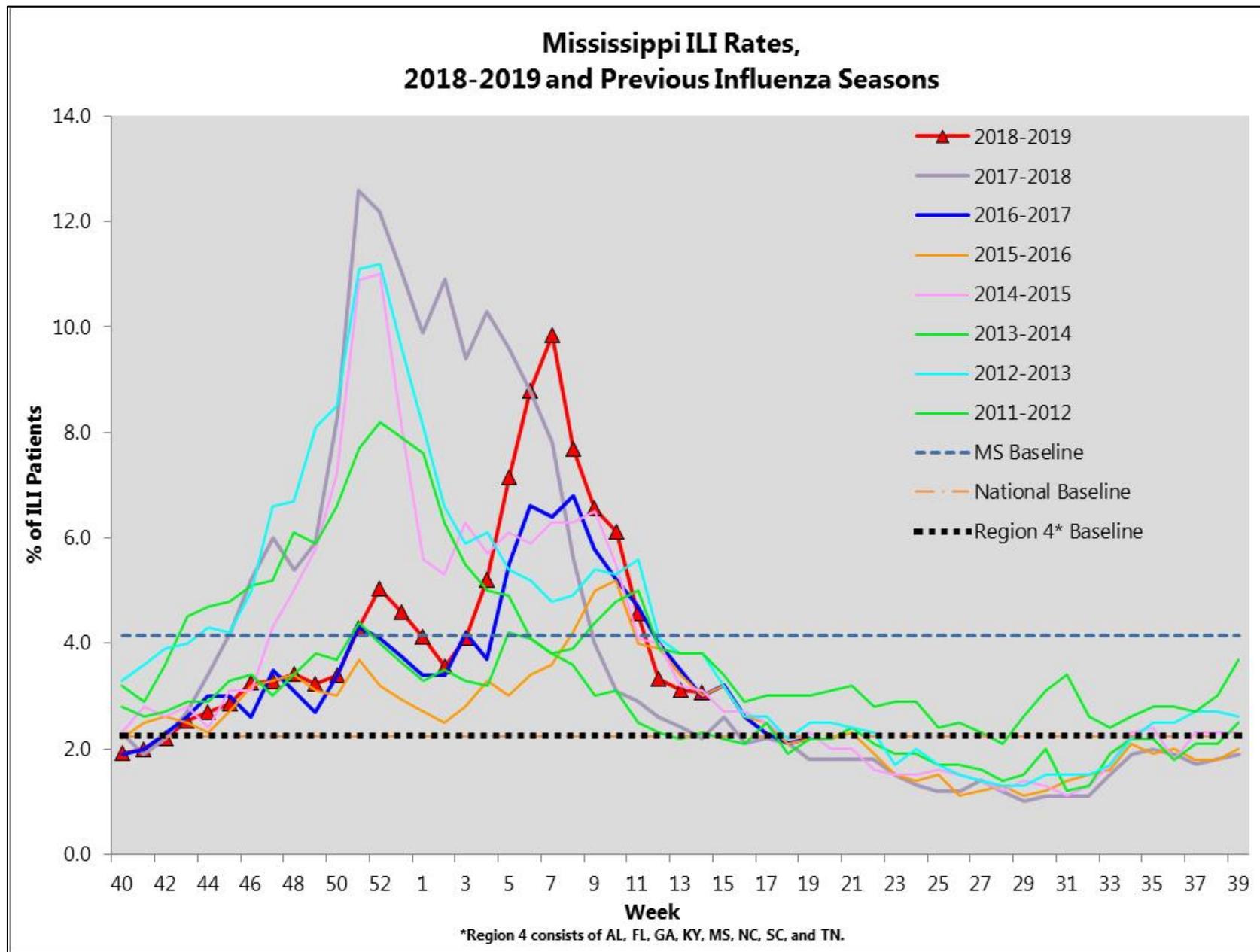


Figure 4

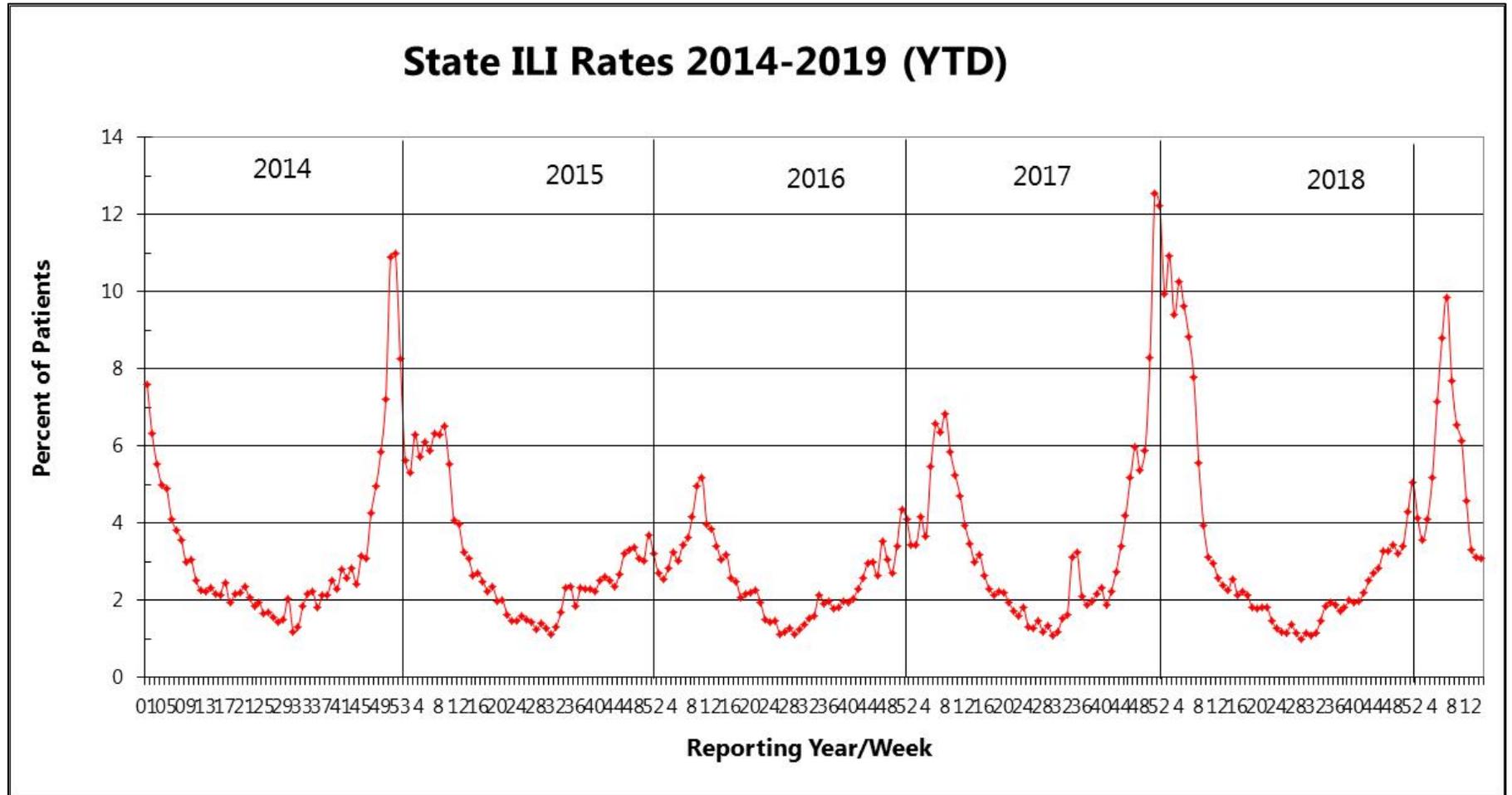


Figure 5

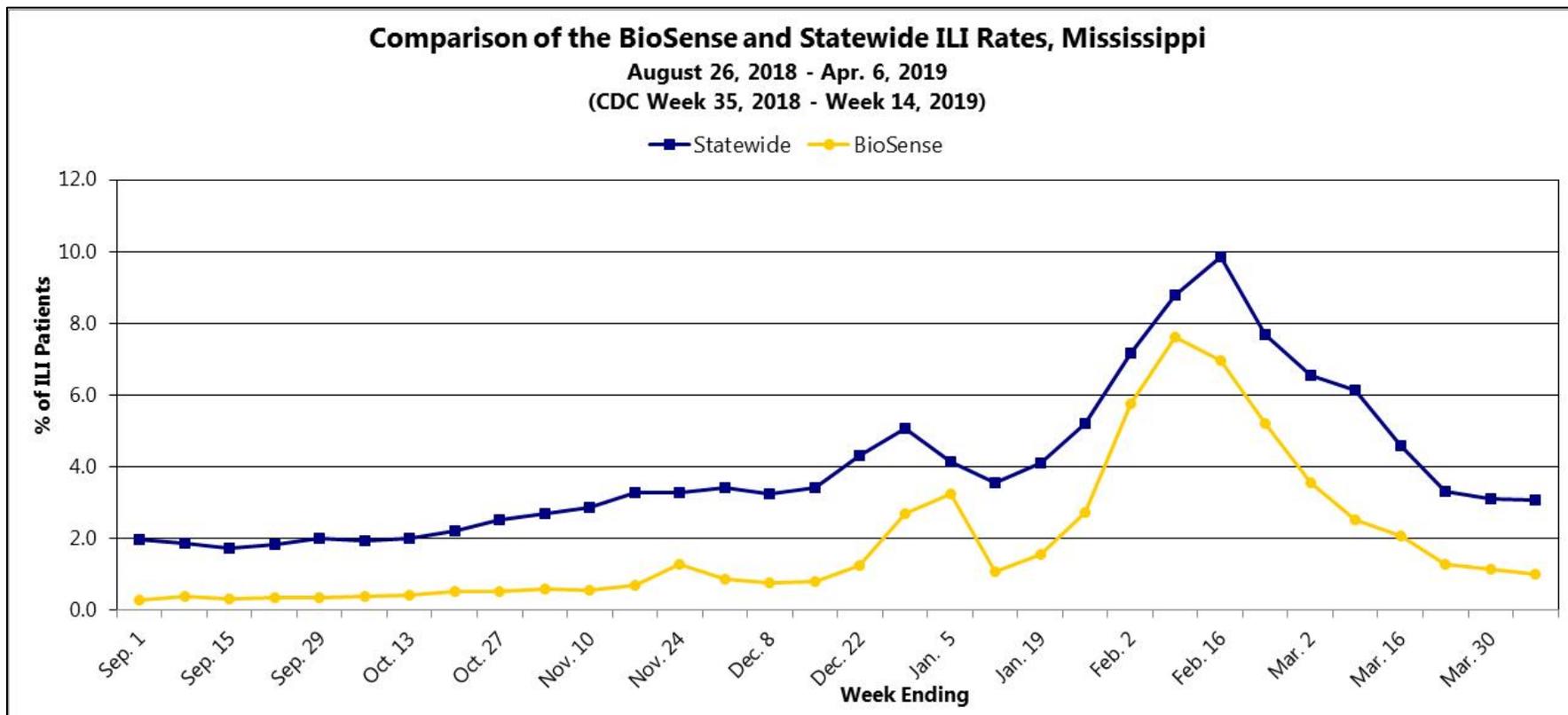


Figure 6

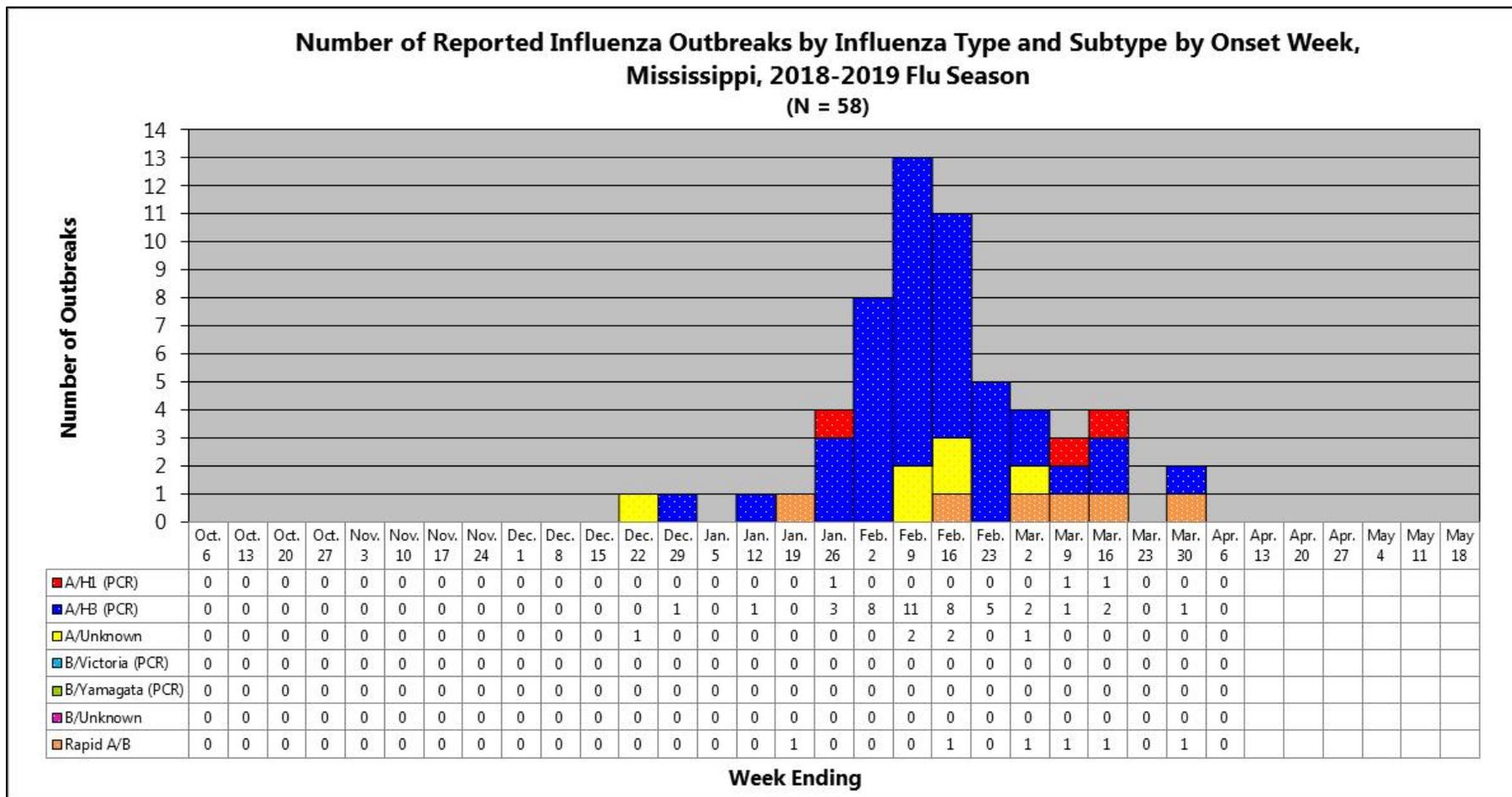


Figure 7

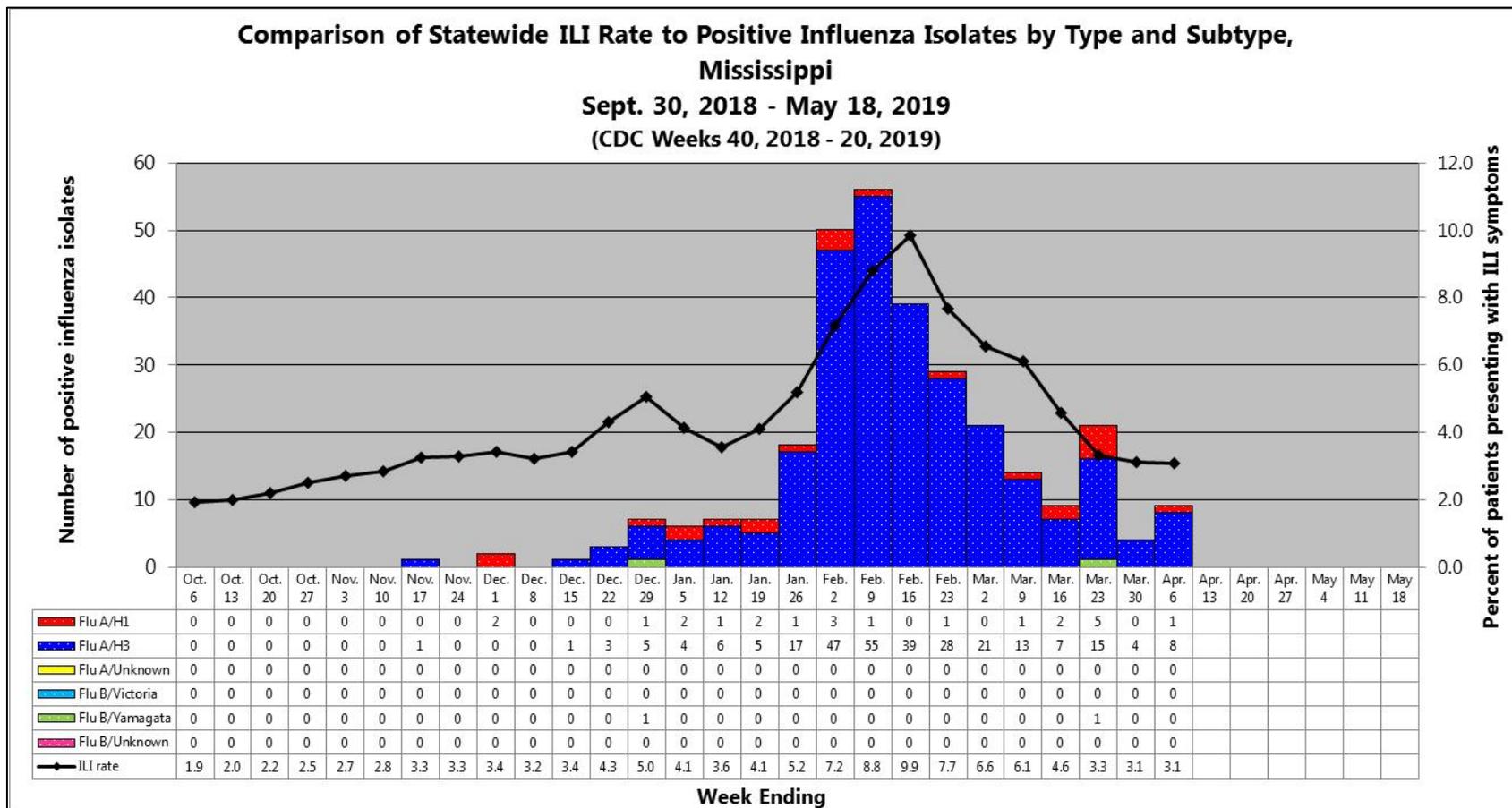


Figure 8

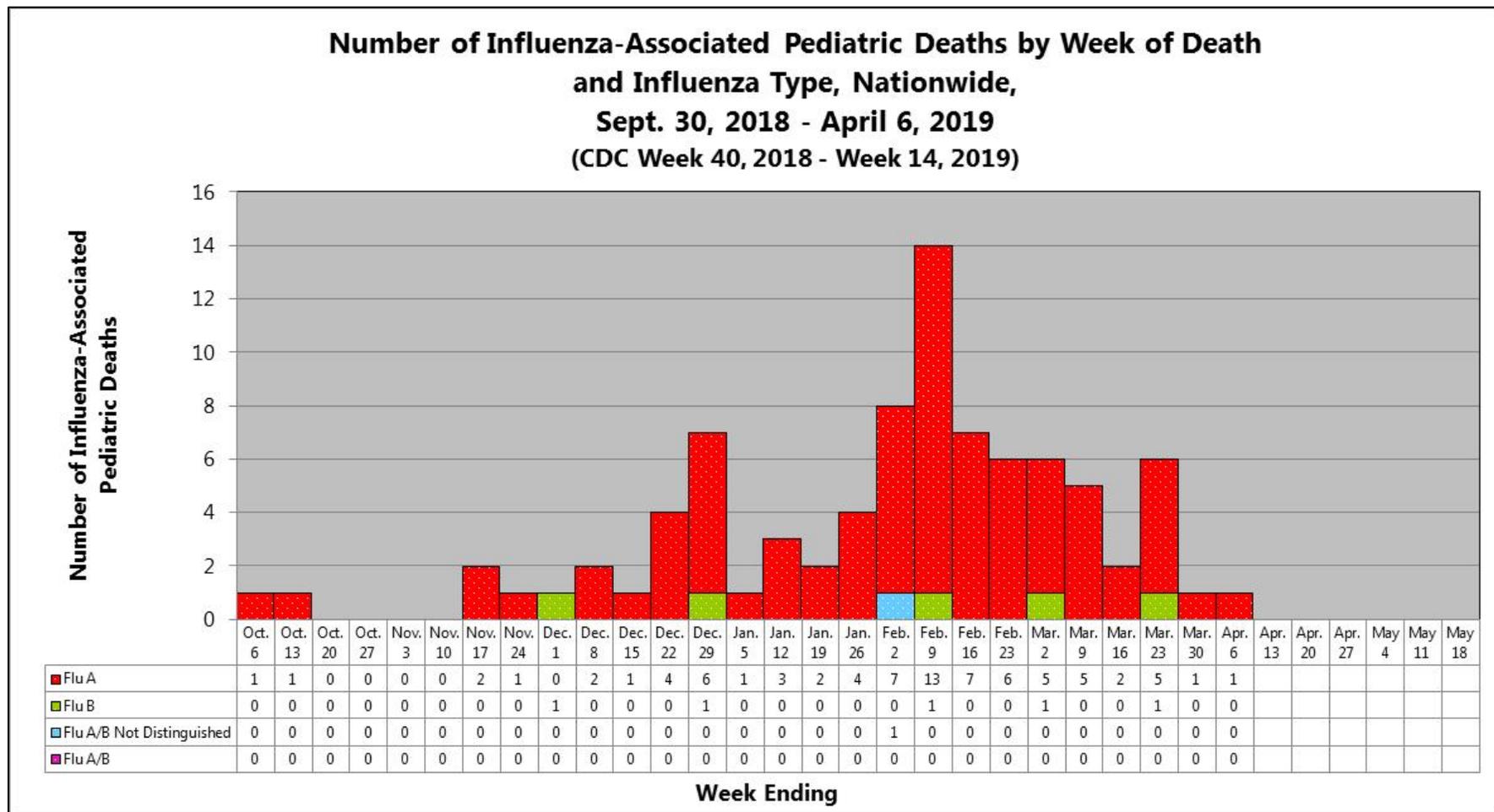


Figure 9

**Percentage of Influenza-Associated Pediatric Deaths
by Influenza Type, Nationwide,
Sept. 30, 2018 - April 6, 2019
(CDC Week 40, 2018 - Week 14, 2019)
N = 86**

■ Flu A ■ Flu B ■ Flu A/B Not Distinguished ■ Flu A/B

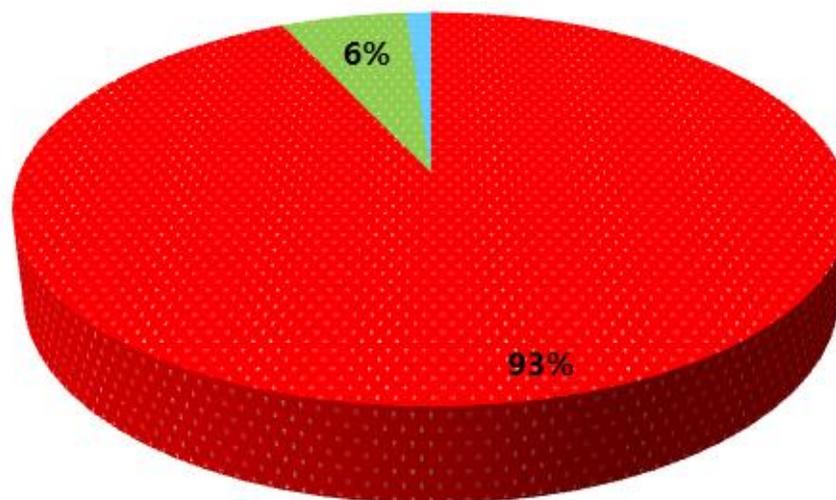


Figure 10

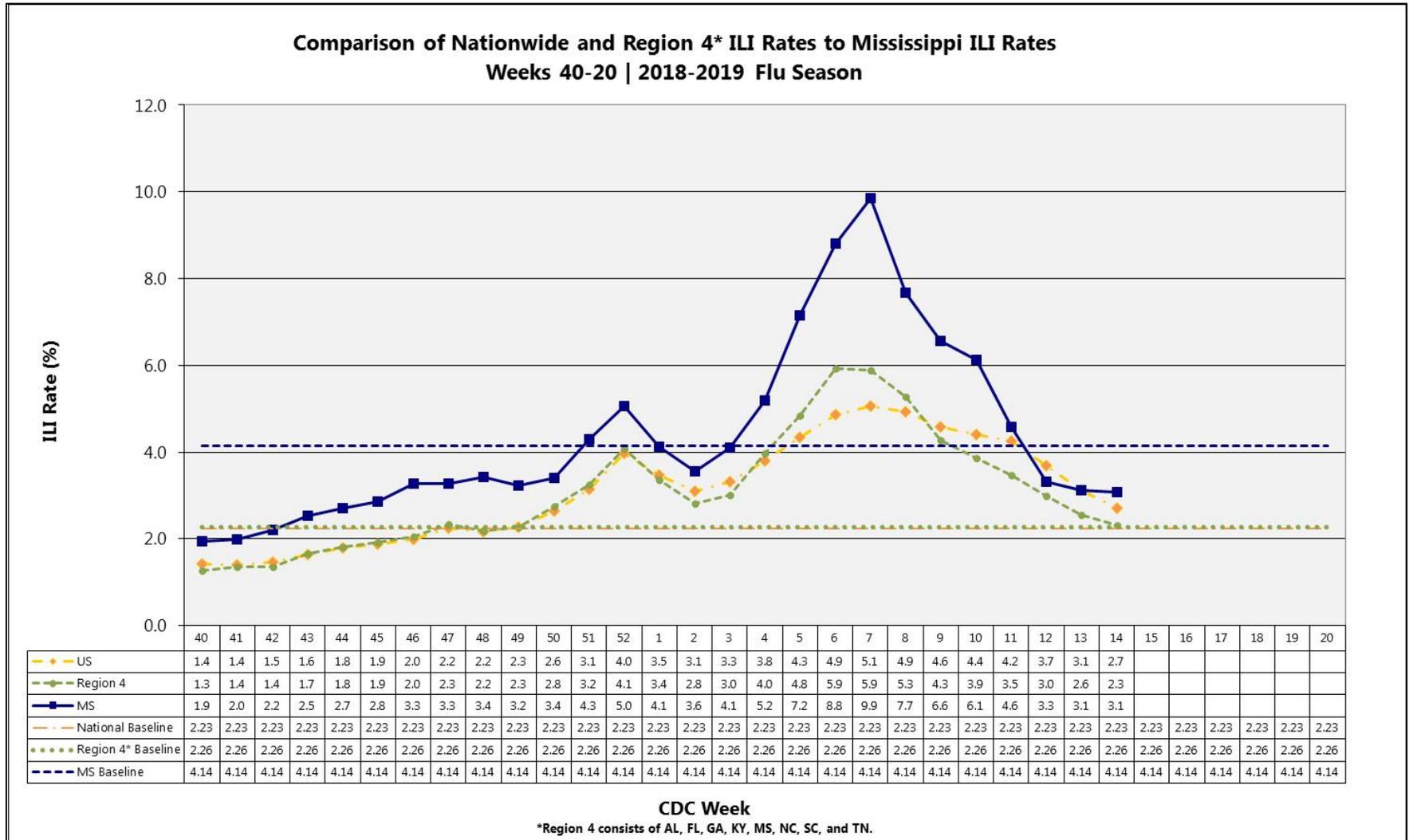


Figure 11

