



2014-2015 Influenza Report Week 16

April 19, 2015 – April 25, 2015

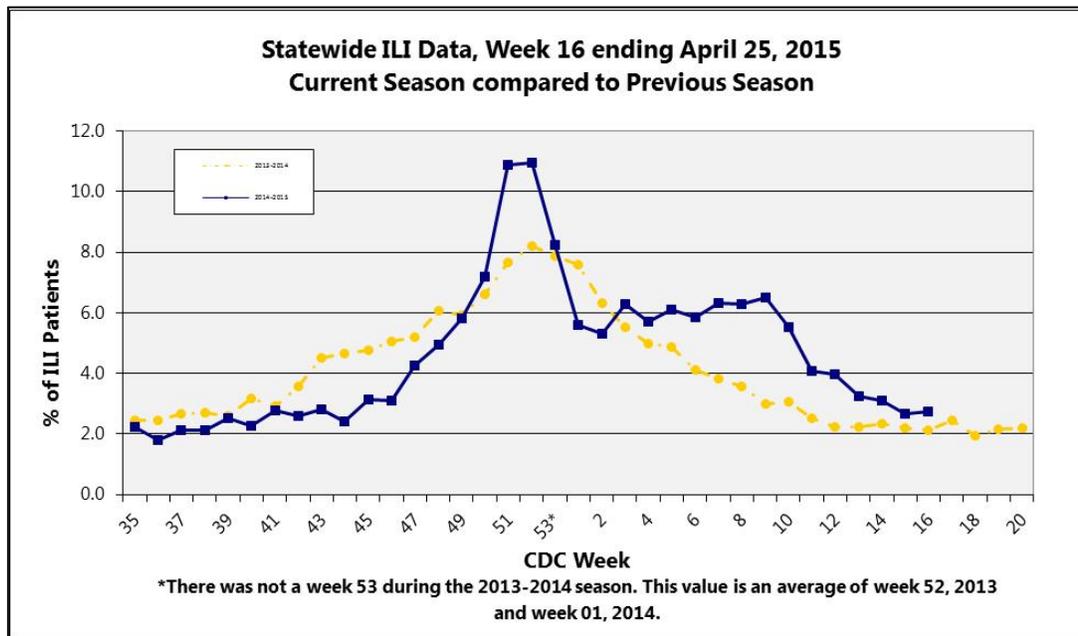
About our flu activity reporting

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



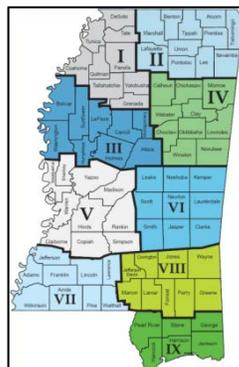
During week **16** (04/19/15-04/25/15), the overall state ILI rate (**2.8%**) was **comparable** to the previous week (**2.7%**) and to this time last year (**2.1%**).

| [Figure 1](#)

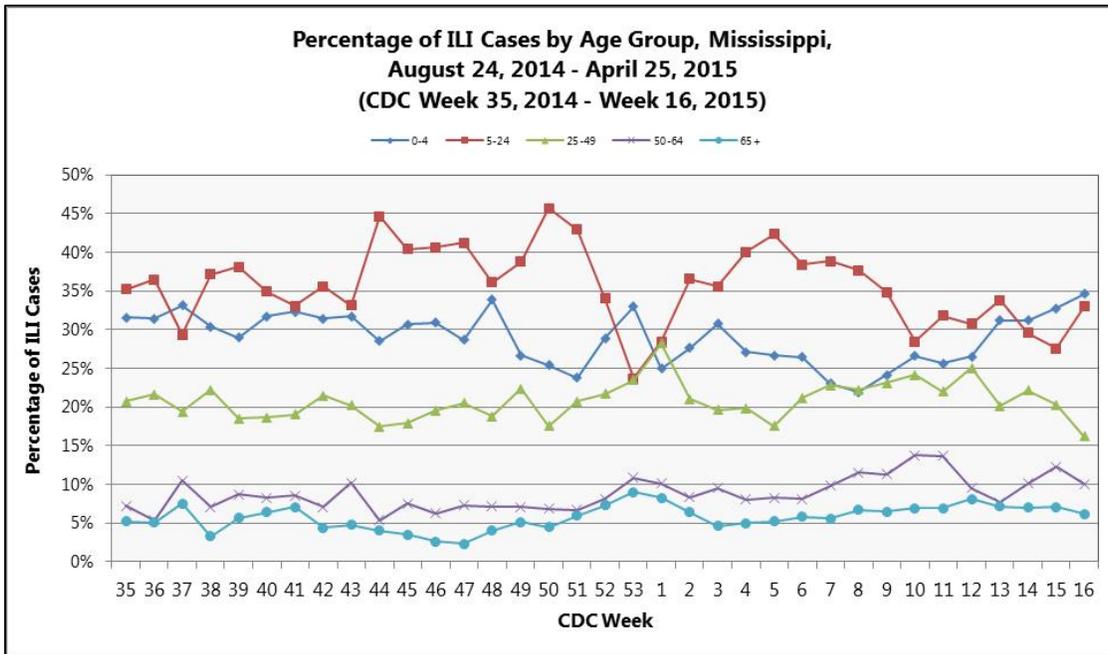
Total number of patients treated by sentinel providers in the last three weeks. | **Table 1**

2014-2015 Influenza Season					
CDC Week	Week Ending	Number of ILI Reports	Total patients	ILI symptoms	ILI Rate (%)
16	Apr. 25	126	19493	537	2.8%
15	Apr. 18	153	18716	497	2.7%
14	Apr. 11	155	19915	615	3.1%

During week **16**, **four** districts (3, 4, 6, and 7) had an increase in ILI activity and **four** districts (1, 5, 8, and 9) remained about the same. *Information is provisional only and may change depending on additional reporting from sentinel providers.* | **Table 2**



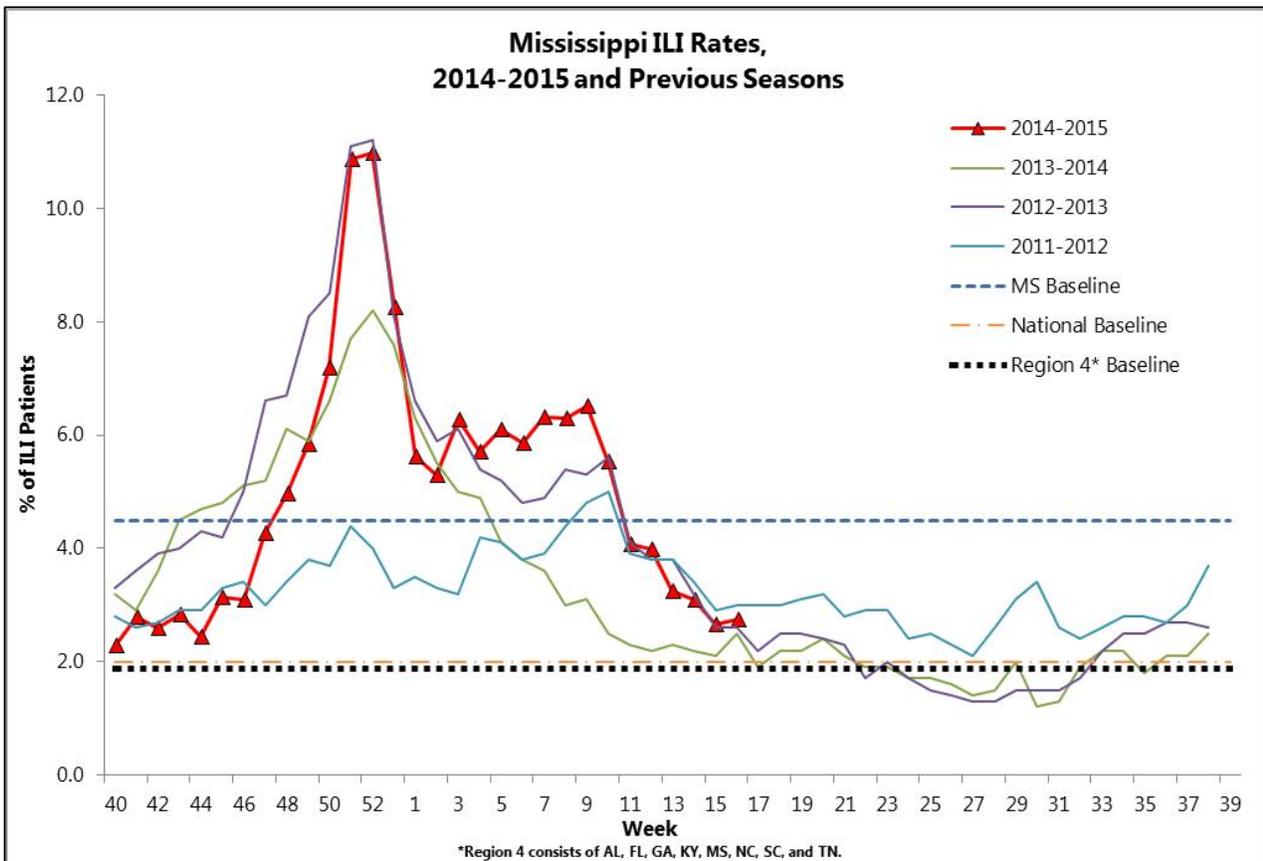
MSDH District ILI Rates (%) 2014-2015		
District	Week 15	Week 16
State	2.7	2.8
I	1.3	1.0
II	2.6	Data not available
III	4.0	7.2
IV	3.2	4.3
V	2.0	2.1
VI	7.1	7.7
VII	1.5	2.1
VIII	1.2	1.4
IX	3.1	2.8



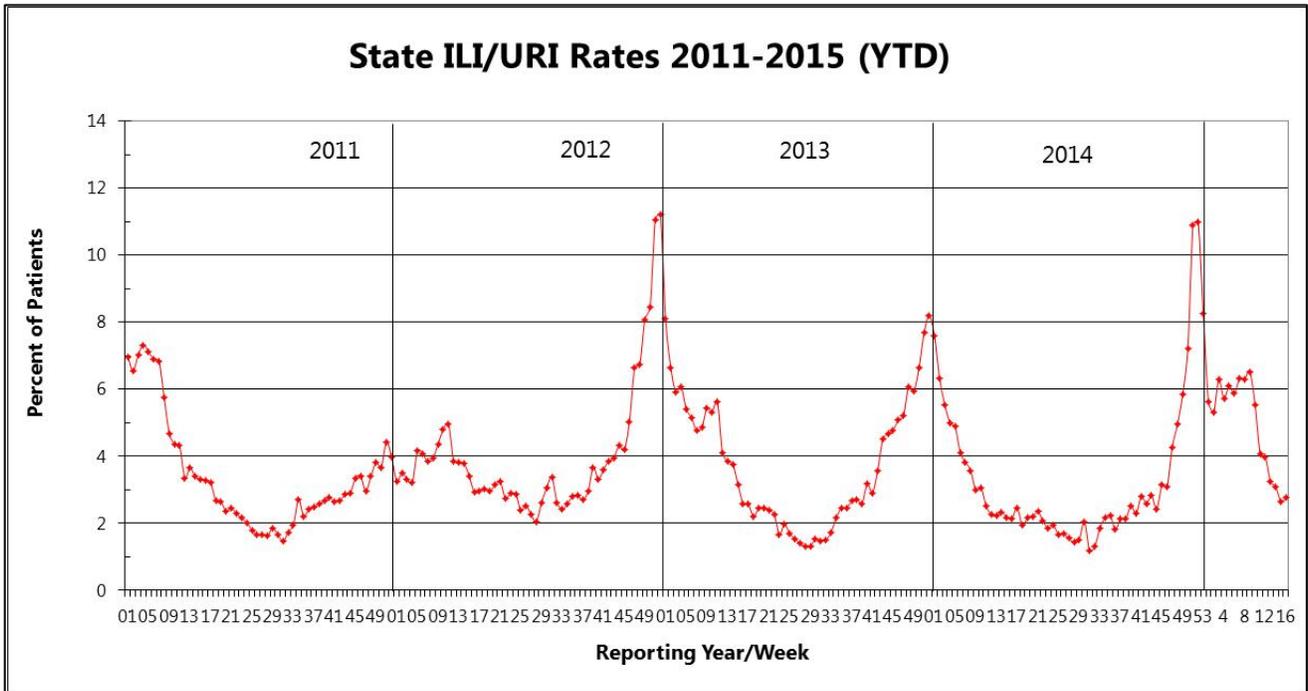
Since week 35, the percentage of reported ILI cases had been highest among those in the **5-24 years** of age group. During week **16**, however,

the 0-4 and 5-24 years of age groups had comparable rates. | [Figure 2](#)

The 2014-15 state ILI rate was **above** the national and Region 4 baselines, but was **below** the state baseline, during week **16**. | [Figure 3](#)



Mississippi ILI Rates 2011-2015 | [Figure 4](#)

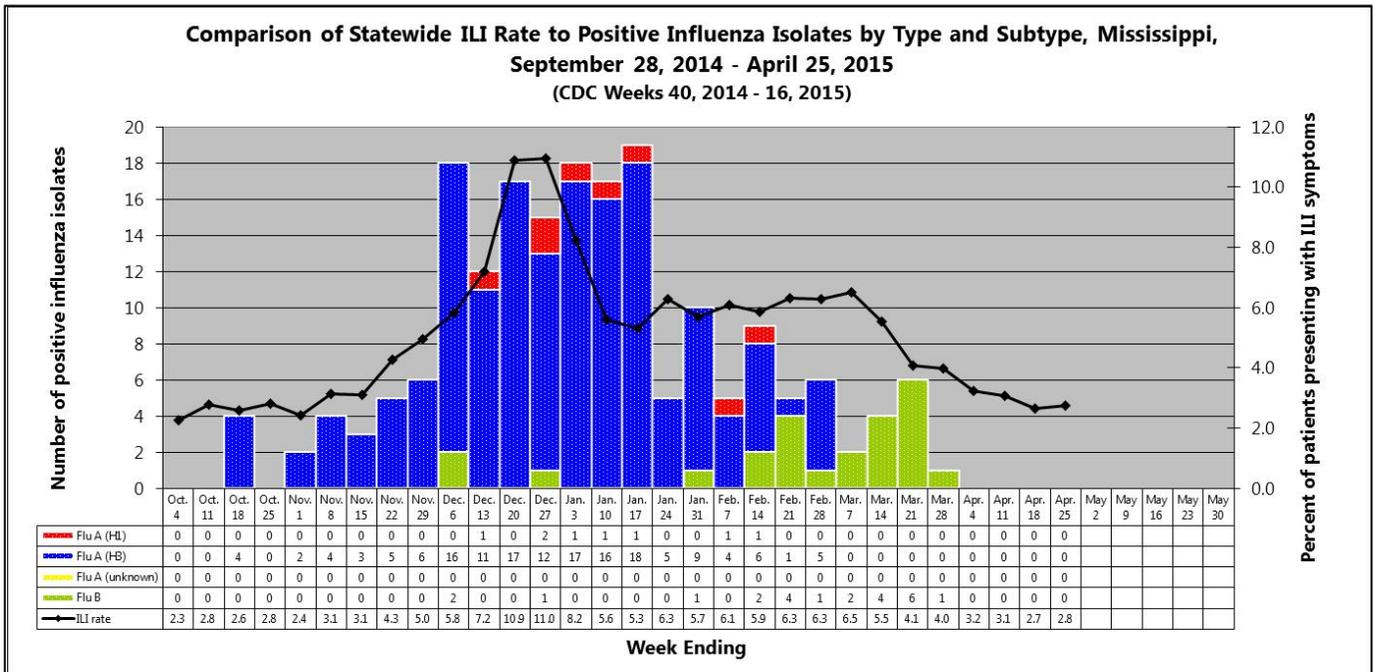


Flu Testing Reports

From week **40** (week ending October 4th) through week **16** (week ending April 25th), 193 positive influenza samples were identified by MSDH. One hundred sixty-one samples (83%) were identified as influenza A (H3), eight (4%) as influenza A (H1), and twenty-four (12%) were identified as influenza B. The last positive influenza sample identified by MSDH occurred in week 12 (week ending March 28th). |

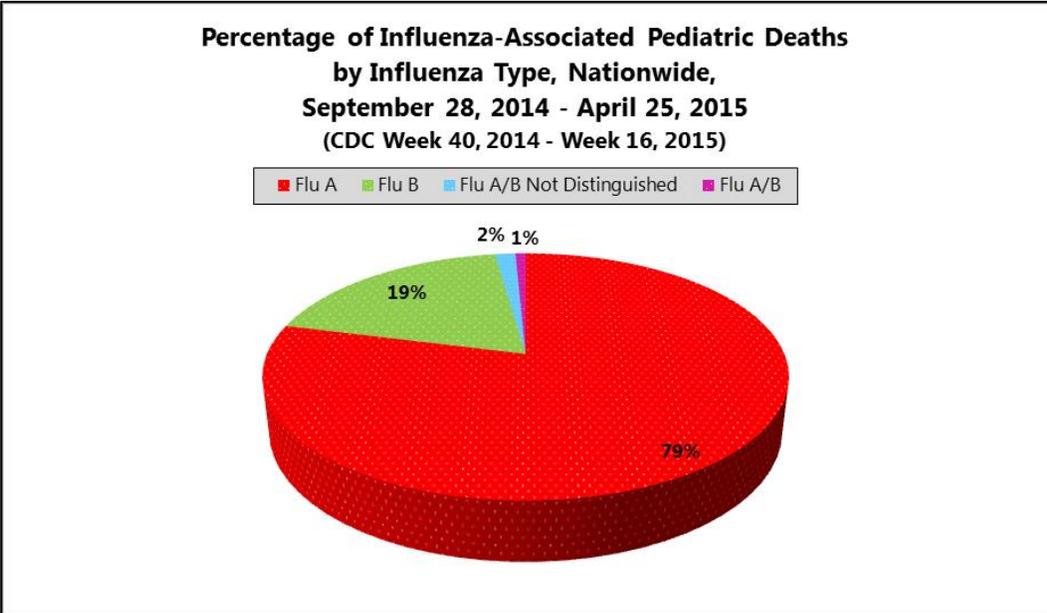
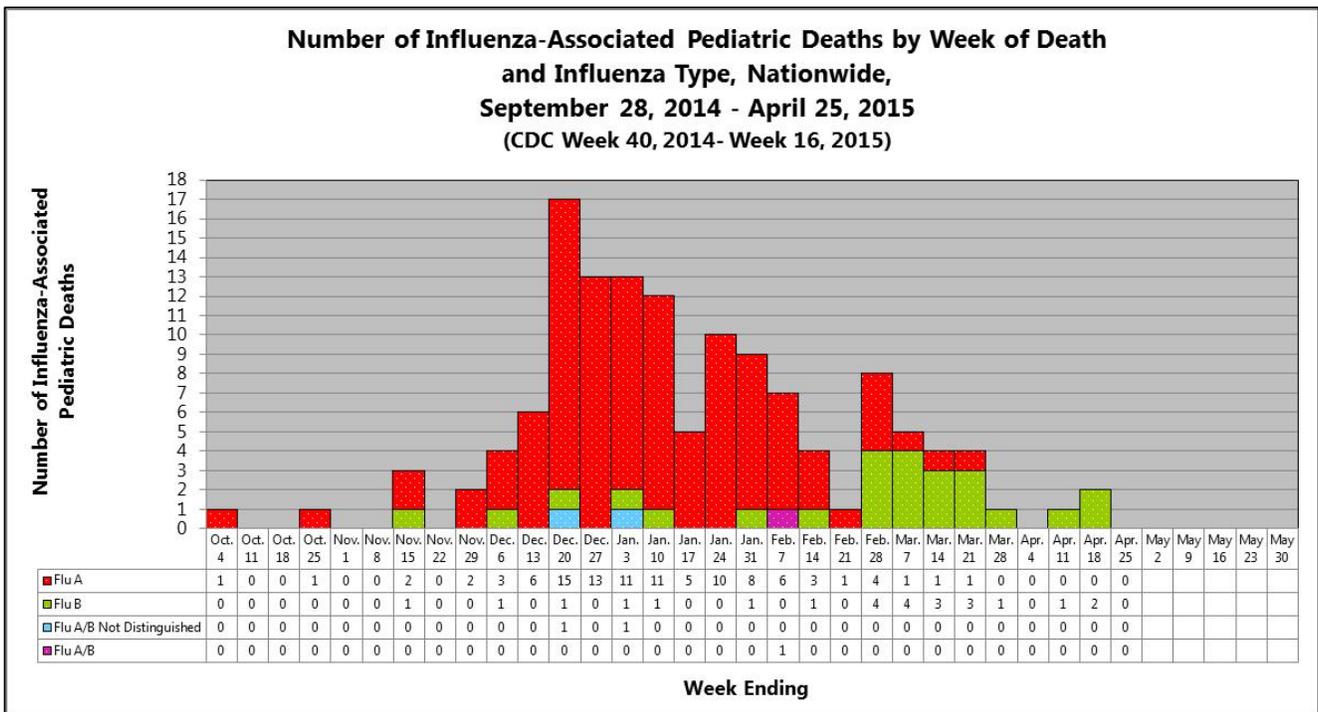
Figure 5

The influenza cases were identified from the following counties: Alcorn (1), Attala (4), Benton (5), Bolivar (3), Choctaw (1), Coahoma (1), Copiah (3), Covington (2), DeSoto (2), Forrest (1), Franklin (3), Harrison (14), Hinds (3), Holmes (2), Humphreys (1), Itawamba (3), Jackson (1), Jefferson (2), Jefferson Davis (1), Jones (5), Kemper (3), Lafayette (3), Lauderdale (6), Leake (2), Lee (3), Leflore (1), Lowndes (5), Madison (9), Marion (5), Marshall (10), Monroe (5), Neshoba (5), Noxubee (3), Oktibbeha (3), Pearl River (5), Pike (2), Pontotoc (1), Prentiss (5), Rankin (9), Simpson (8), Sunflower (2), Tallahatchie (3), Tate (4), Tishomingo (2), Union (1), Walthall (1), Warren (2), Washington (7), Webster (9), Wilkinson (3), and Yazoo (6). Two cases were from unidentified counties.



National and Mississippi Pediatric Mortality Surveillance

Nationally, **five** influenza-associated pediatric deaths were reported to CDC during week **16**. Two deaths were associated with an influenza A (H3) virus and occurred during weeks 03 and 08 (weeks ending January 24th and February 28th, respectively). Three deaths were associated with an influenza B virus and occurred during weeks 10, 12, and 15 (weeks ending March 14th, March 28th, and April 18th, respectively). To date, **133** influenza-associated pediatric deaths have been reported nationally during the 2014-2015 influenza season. | [Figure 6](#)



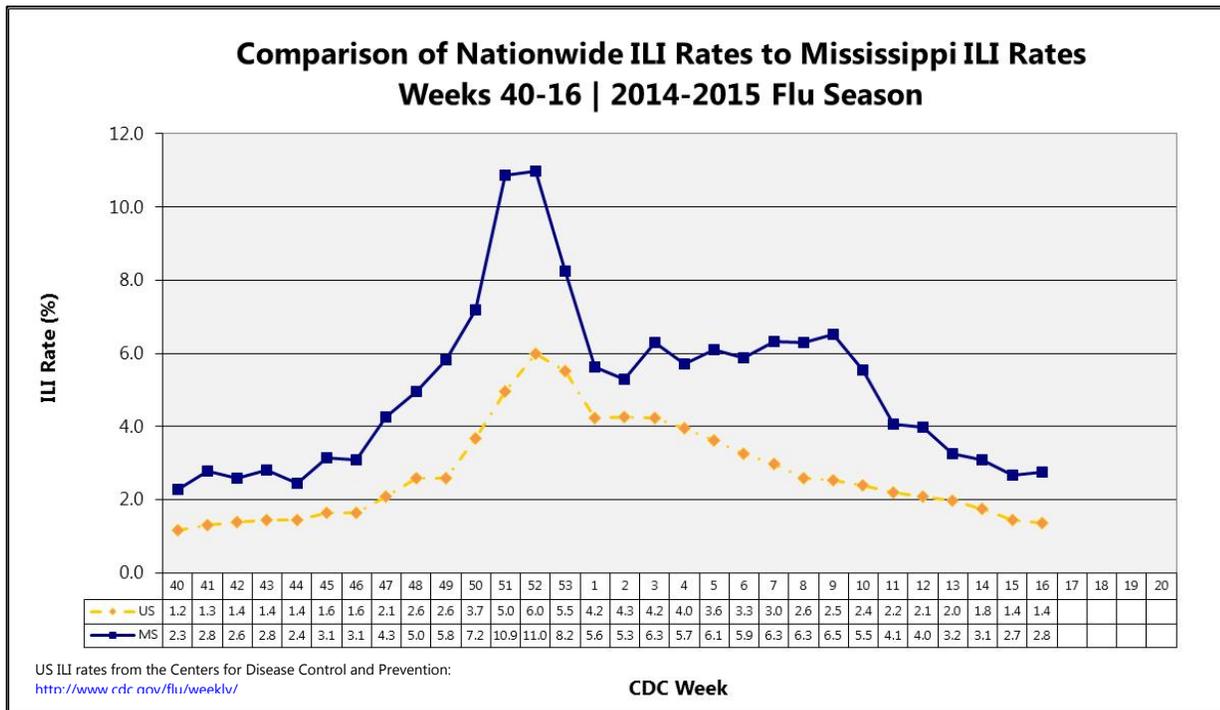
Of the **133** influenza-associated pediatric deaths reported nationally during the 2014-2015 season, 105 (79%) have been attributed to influenza A viruses, 25 (19%) to influenza B viruses, two (2%) to an influenza A/B virus not distinguished, and one (1%) to an

influenza A and B virus co-infection. | [Figure 7](#)

2014- 2015 Influenza Season | Week 16 Influenza Report| Apr. 19, 2015 – Apr. 25, 2015
 Mississippi has had **one** influenza-associated pediatric death reported during this influenza season. The death occurred during week 10 (week ending March 14th). For additional information on influenza-associated pediatric deaths, please refer to the [CDC's FluView](#).

National ILI Surveillance

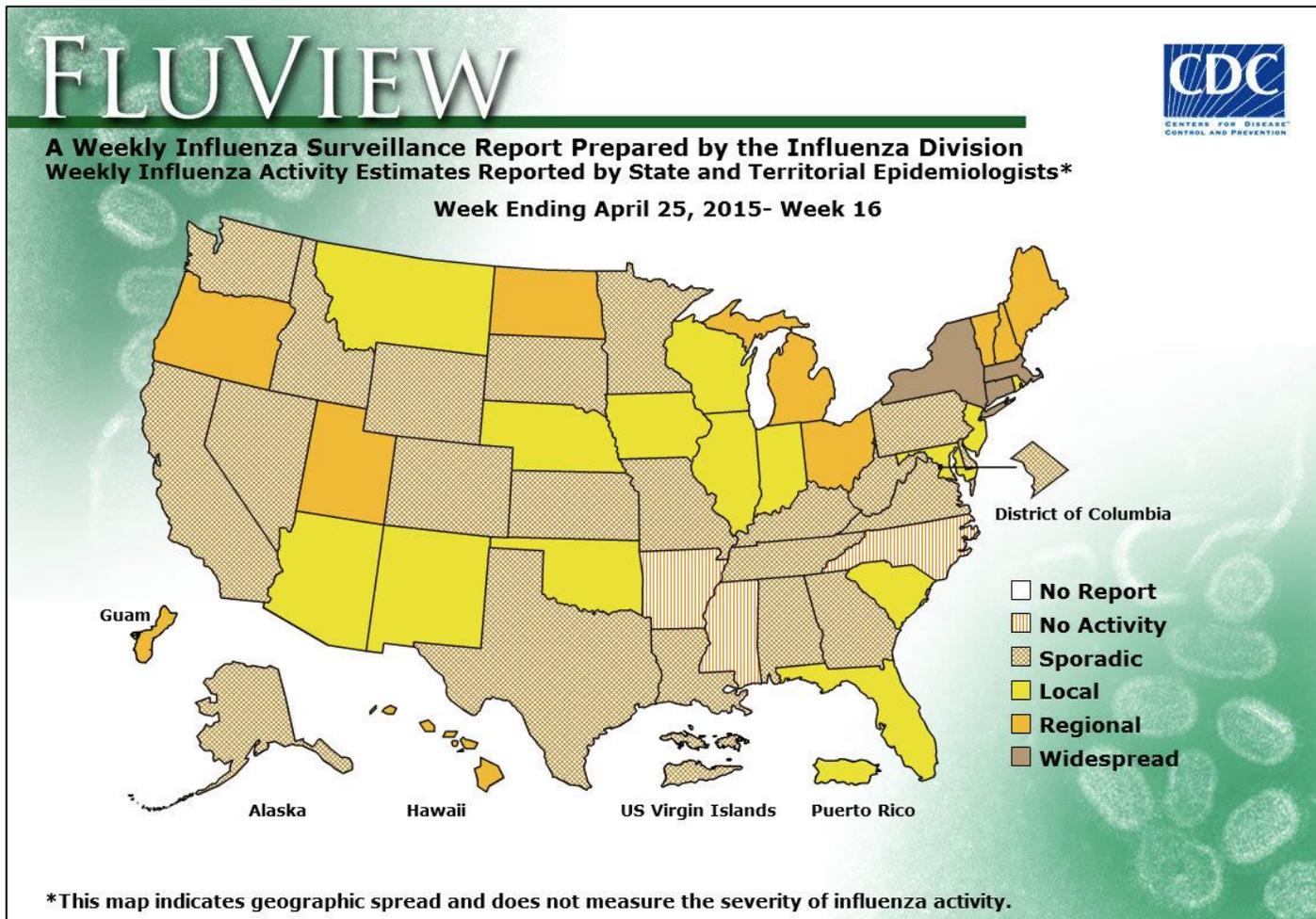
For week **16**, the MS ILI rate (2.8%) remained **above** the national ILI rate (1.4%), but followed national trends. | [Figure 8](#)



Mississippi reported **"No Activity"** flu activity for week **16**. | [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.

During week **16**, influenza activity continued to **decrease** in the United States.¹ | [Figure 9](#)



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

Additional information:

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

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Appendix

Figure 1

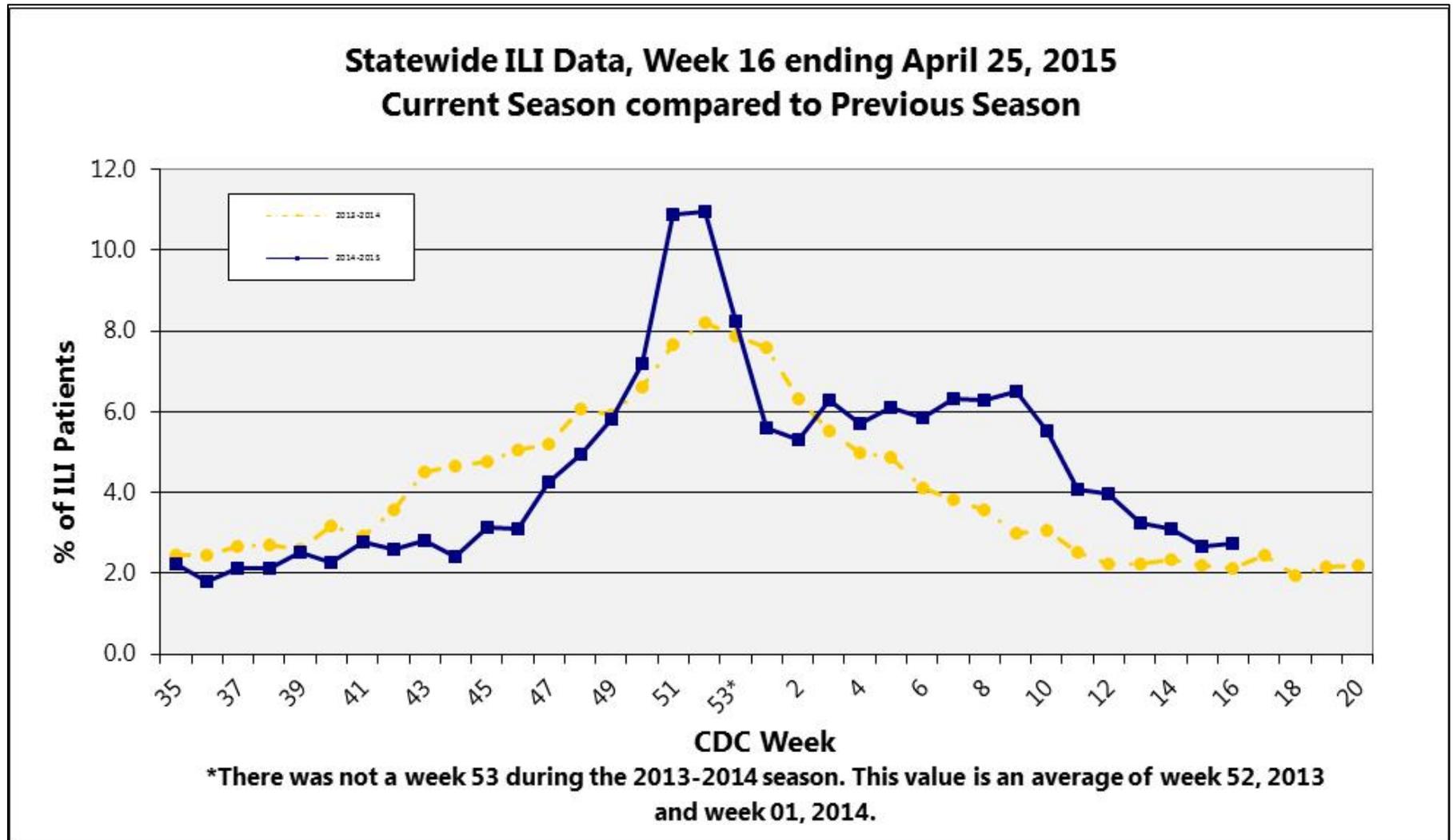


Figure 2

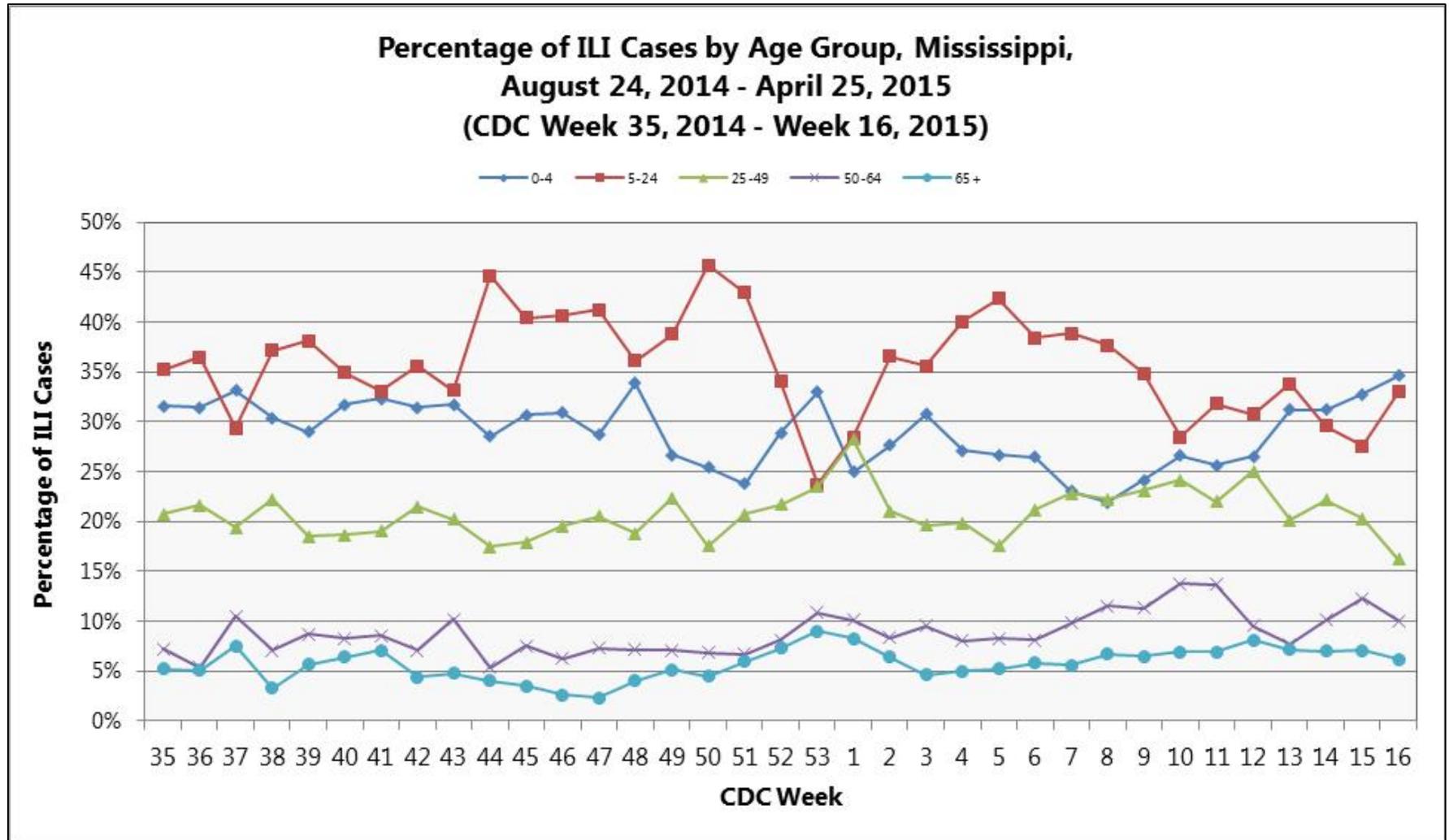


Figure 3

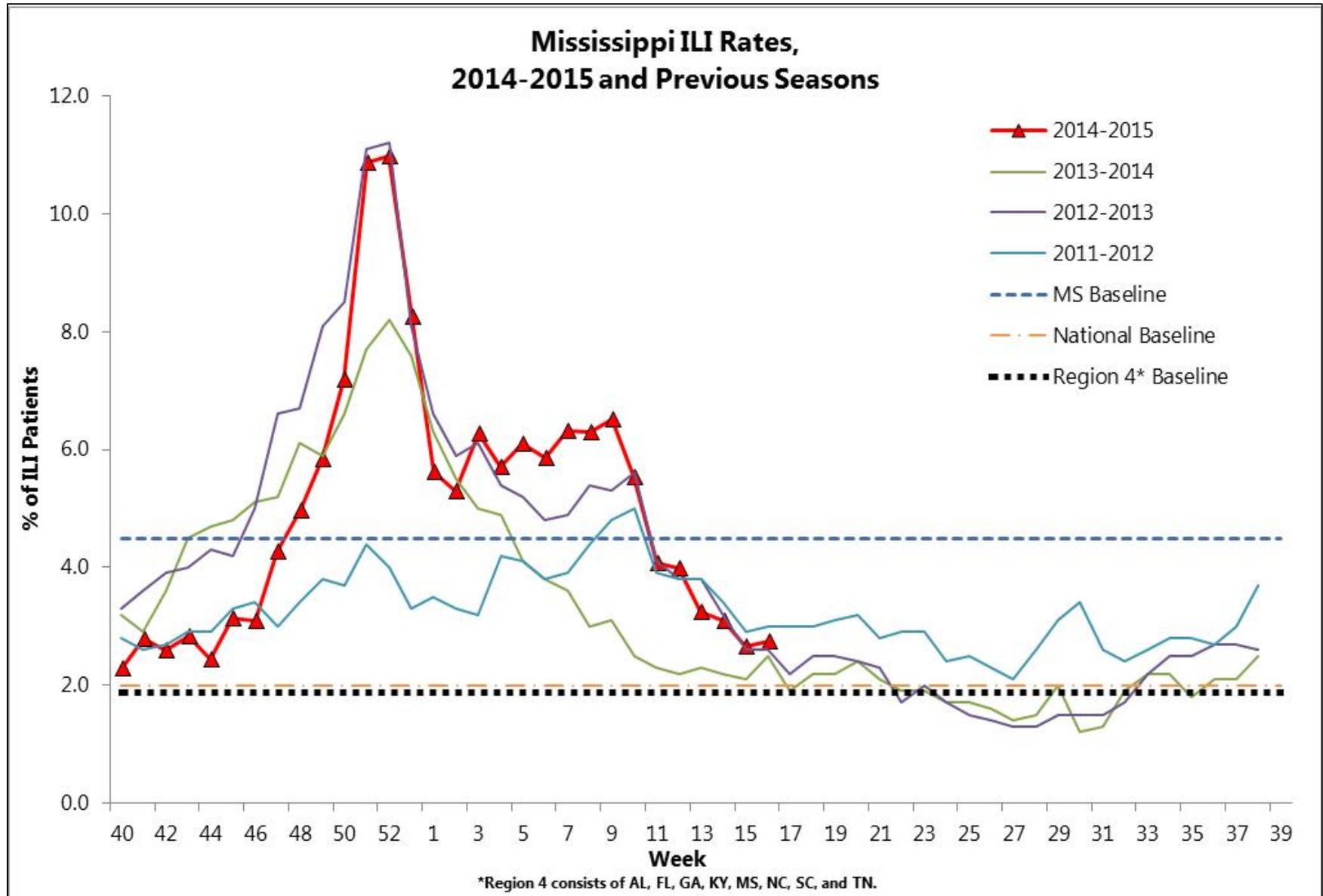


Figure 4

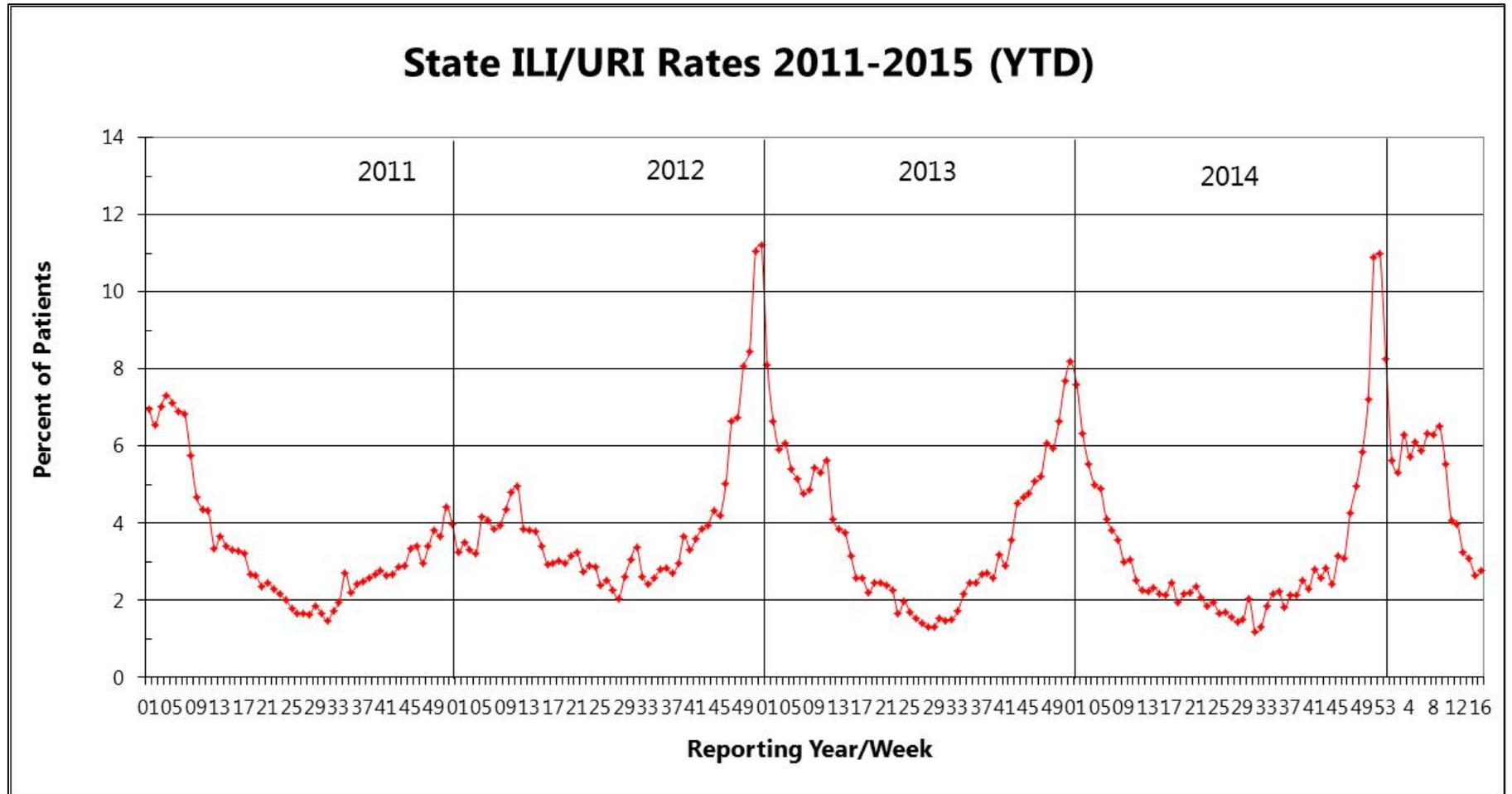


Figure 5

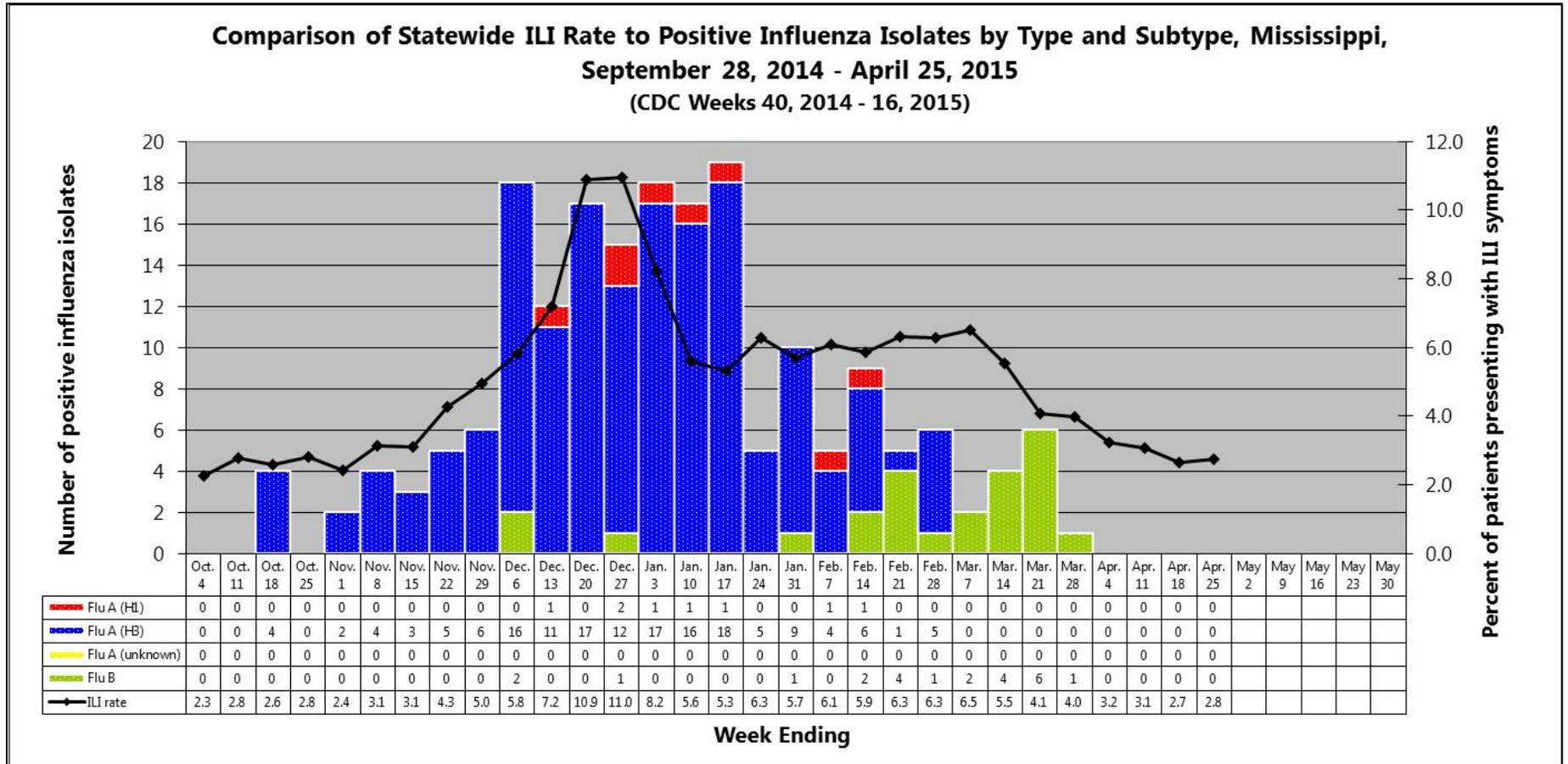


Figure 6

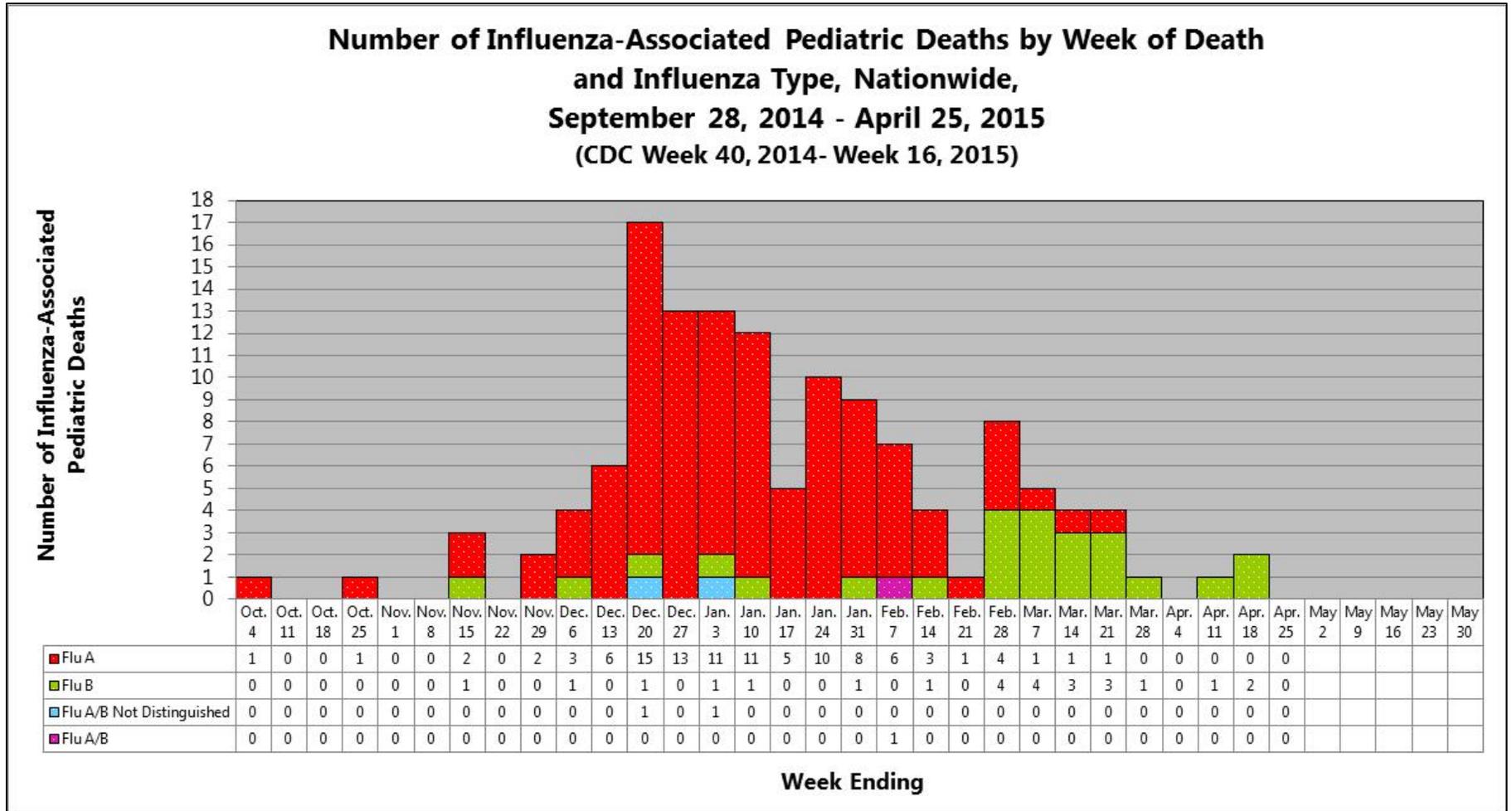
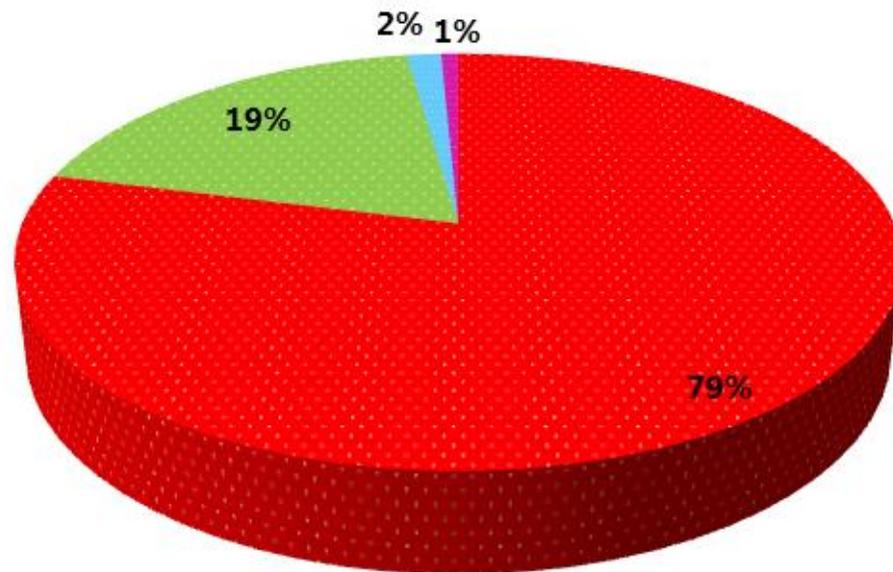


Figure 7

**Percentage of Influenza-Associated Pediatric Deaths
by Influenza Type, Nationwide,
September 28, 2014 - April 25, 2015
(CDC Week 40, 2014 - Week 16, 2015)**

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



N= 133

Figure 8

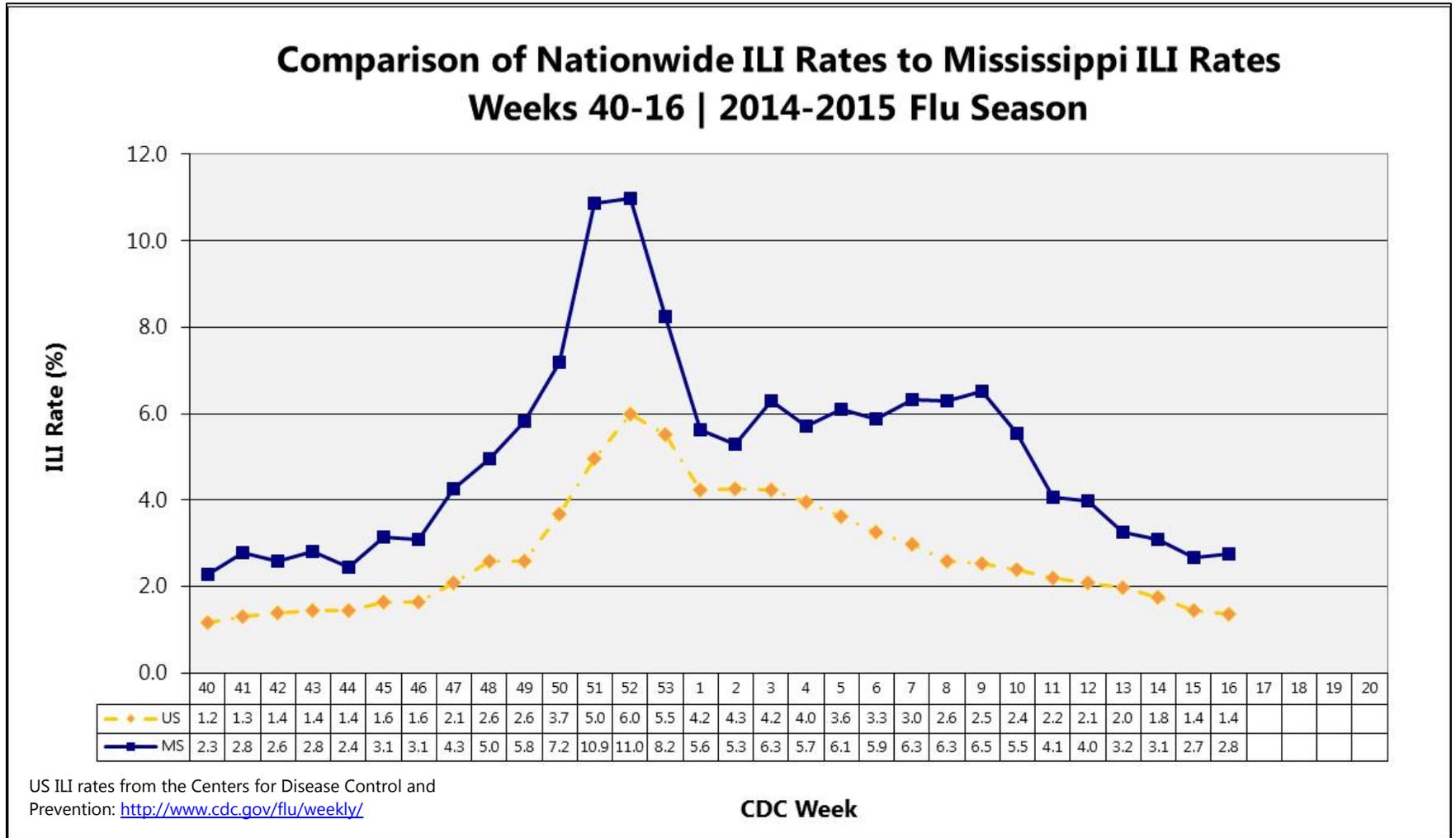


Figure 9

