Influenza Surveillance Report

www.infectiousdisease.dhh.louisiana.gov **Week 41: 10/6/13 - 10/12/13**

Influenza activity remains low in Louisiana for week 41. Information about other circulating respiratory viruses has been added to page 3 of the surveillance report.

The Influenza Surveillance Summary Report describes the results of the tracking done by the Louisiana Office of Public Health Infectious Disease Epidemiology Section (IDEpi). This report relies on data supplied by sentinel surveillance sites, including hospital emergency departments (ED), laboratories and physicians' offices. Sentinel sites provide weekly data on Influenza Like Illness (ILI) and/or laboratory confirmed cases.

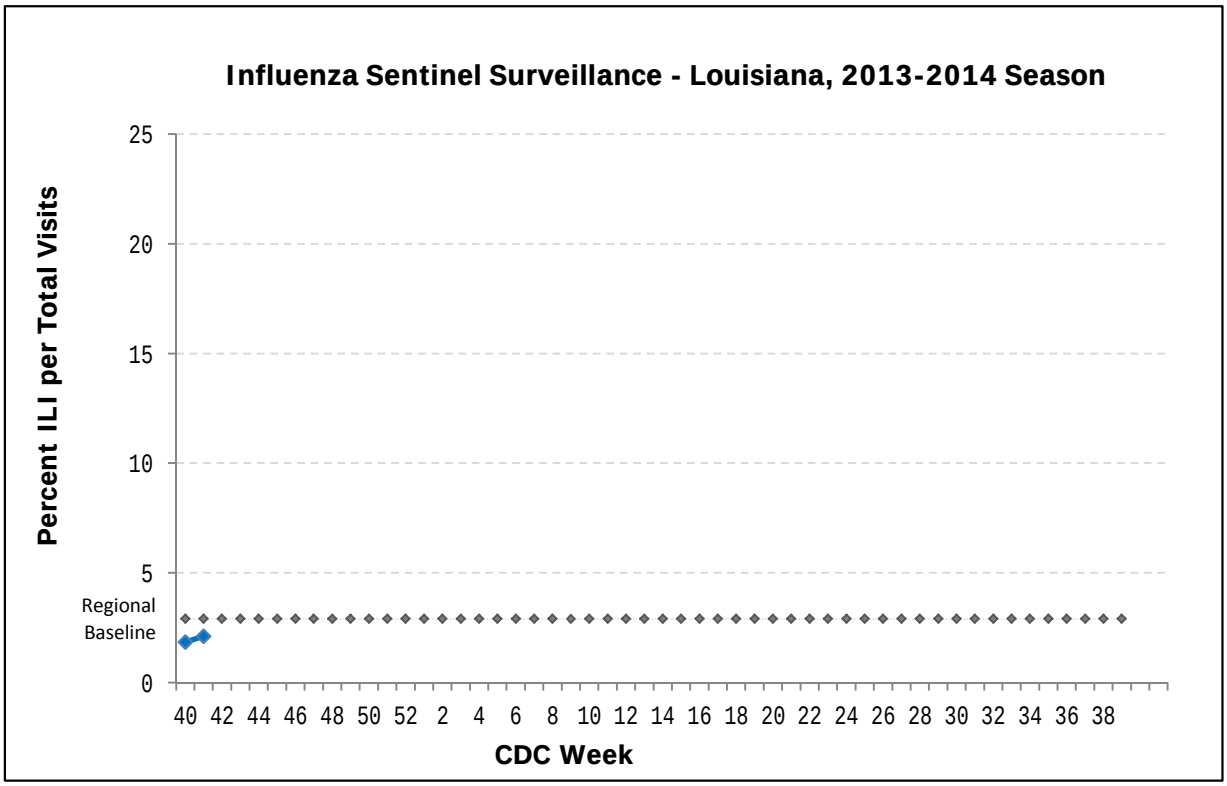
Taken together, ILI surveillance and laboratory surveillance provide a clear picture of the influenza activity occurring in Louisiana each week. If you have any questions about our surveillance system or would like more information, please contact Julie Hand at 504-568-8298 or julie.hand@la.gov.

ILI is defined as an illness characterized by cough and/or cold symptoms and a fever of 100˚ F or greater in the absence of a known cause. While not every case of ILI is a case of influenza, the CDC has found that trends in ILI from sentinel sites are a good proxy measure of the amount of influenza activity in an area. For this reason, all states and territories participating in the national surveillance program monitor weekly ILI ratios from their sentinel surveillance sites.

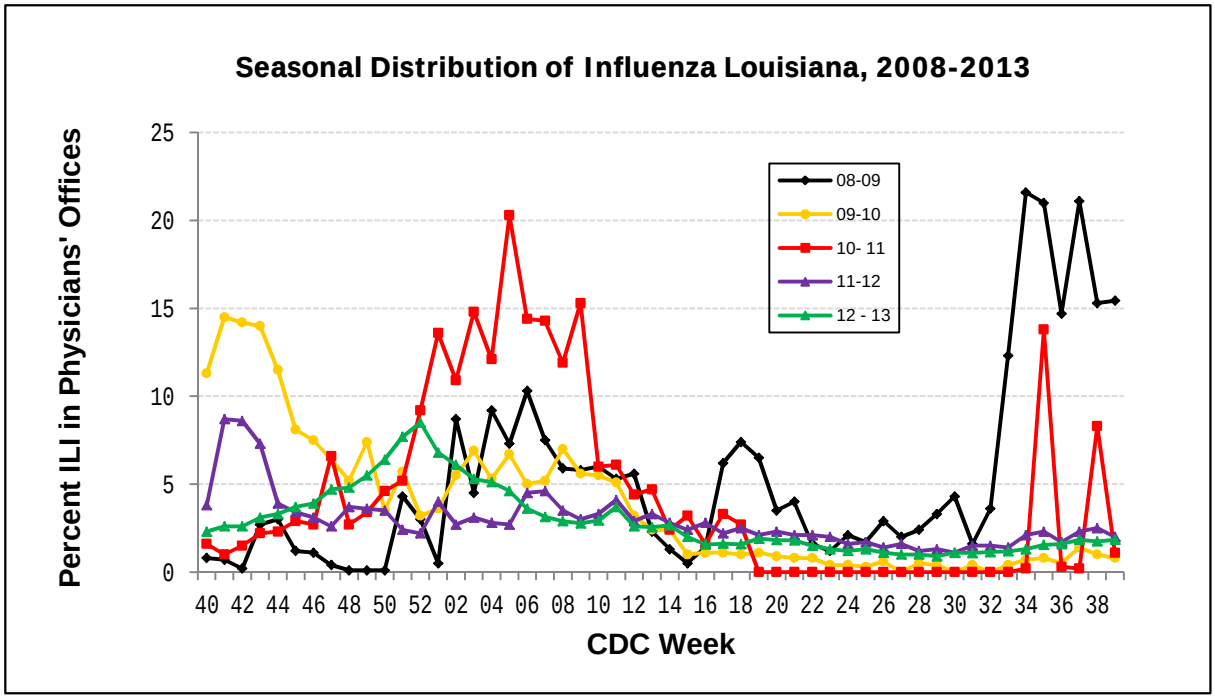
Laboratory testing: Not all sentinel sites have access to laboratory testing. However, many hospitals and physicians' offices do perform some influenza testing. Sites that test for influenza report the number of positive tests each week and the total number of tests performed each week. This information is included on page 3 of this report.

2013-2014 Season

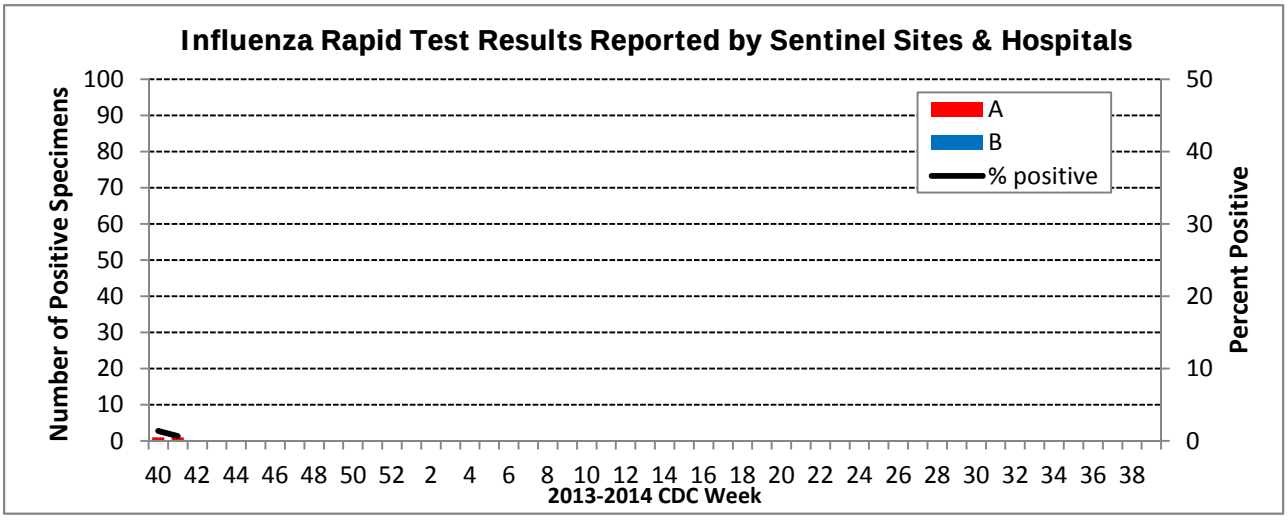
This graph shows the percentage of visits for ILI over the total number of visits for sentinel surveillance sites. This is the best approach to estimate the magnitude of influenza transmission. ILI counts do include some viral infections other than influenza, but experience over the last 50 years has shown that this approach is a reliable method to estimate influenza transmission. It does not show which strain of influenza virus is responsible. The page on lab surveillance does show the proportion of specimens attributable to each virus strain.

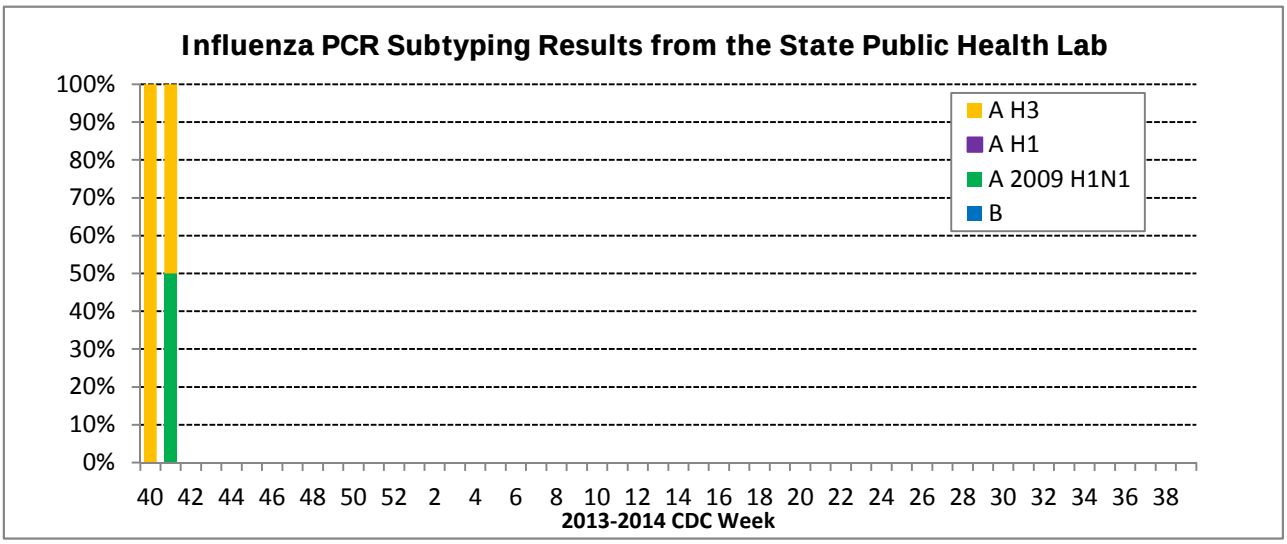


This graph shows the data on ILI surveillance among sentinel physicians' over the past 5 seasons to enable comparisons with previous years and better estimate the amplitude of this season's influenza transmission.

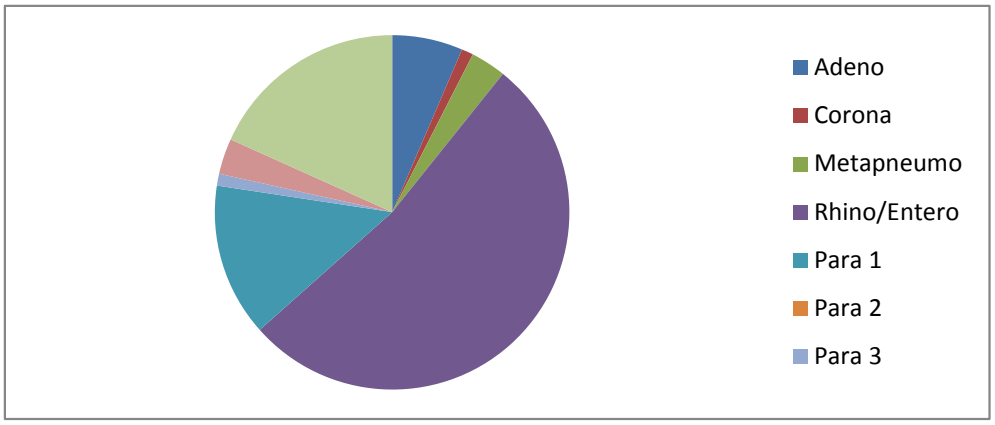


Virologic Surveillance





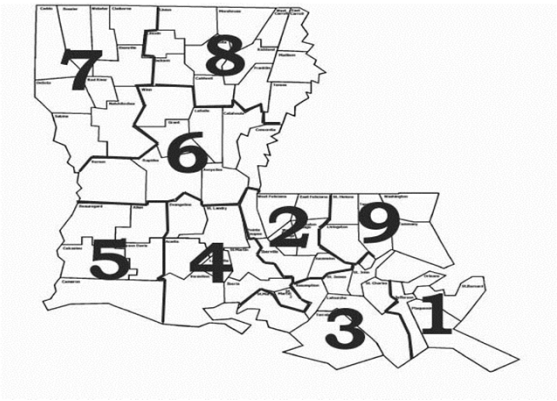
Other Respiratory Viruses*



*Based on results from the State Public Heatlh Laboratory Respiratory Virus Panel (RVP) Testing and other labs reporting RVP results during the current reporting week.

Geographical Distribution of ILI

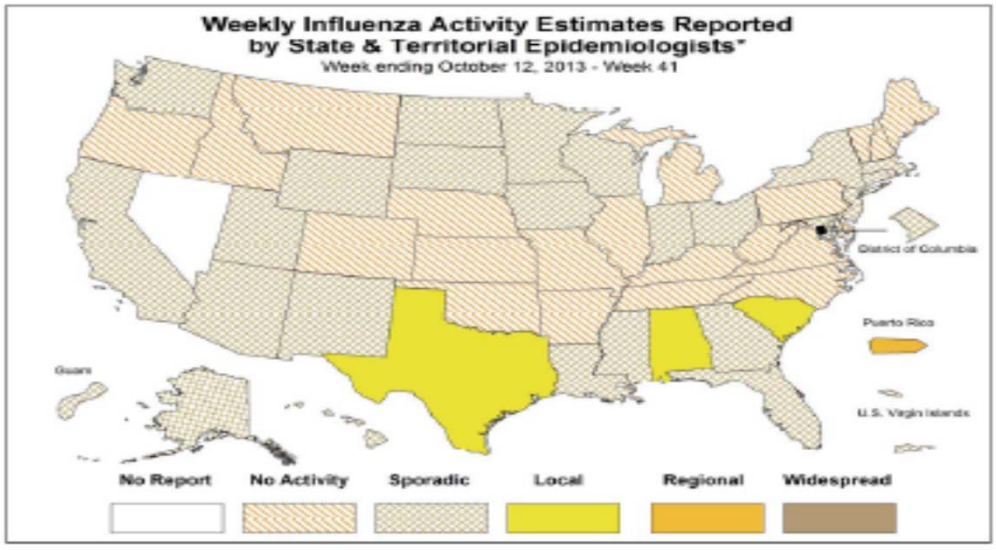
Region	% ILI *
1	
2	
3	
4	
5	
6	
7	
8	
9	



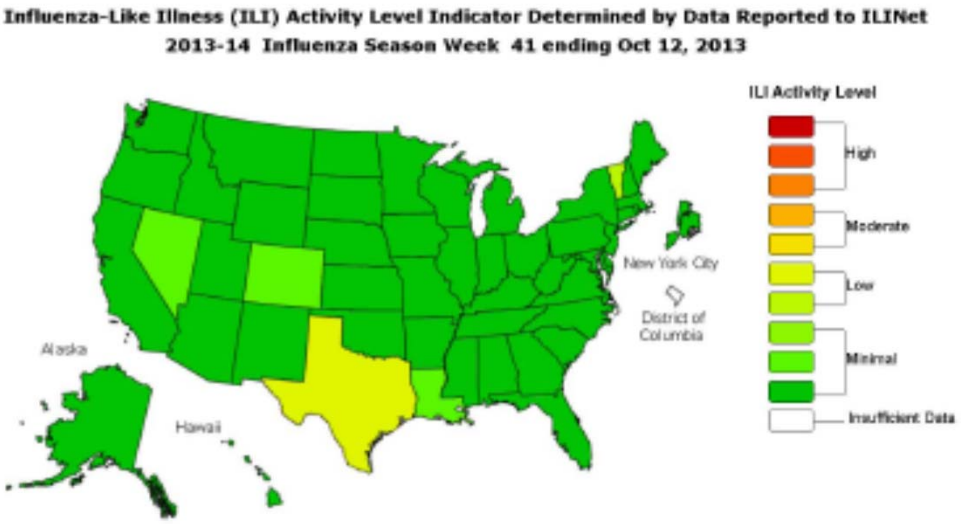
Low <2%	
MedLow 2-5%	
MedHigh 5-10%	
Very High >10%	

** %ILI over the last 4 weeks based on sentinel surveillance data*

Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists



ILINet Activity Indicator Map



National Surveillance

During week 41, influenza activity remained low in the United States.

Proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.

No influenza-associated pediatric deaths were reported.

Proportion of outpatient visits for influenza-like illness (ILI) was 1.1%. This is below the national baseline of 2.0%.

One infection with a novel influenza A virus was reported.

	Week 41
Specimens tested	**3,534**
Positive specimens	**166 (4.7%)**
Positive specimens by type/subtype	
Influenza A	**151 (91%)**
A (2009 H1N1)	38 (25.2%)
A (subtyping not performed)	104 (68.9%)
A (H3)	9 (6.0%)
Influenza B	**15 (9.0%)**

Novel Influenza A Virus:

One infection with an influenza A (H3N2) variant virus (H3N2v) was reported to CDC by Iowa. Contact between the case patient and swine in the week preceding illness was reported. The patient has fully recovered and no further cases have been identified in contacts of the case. This is the first H3N2v infection reported for the 2013-2014 influenza season.