

Influenza Surveillance Report

www.infectiousdisease.dhh.louisiana.gov

Week 3 1/15/12 - 1/21/12

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 department (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.



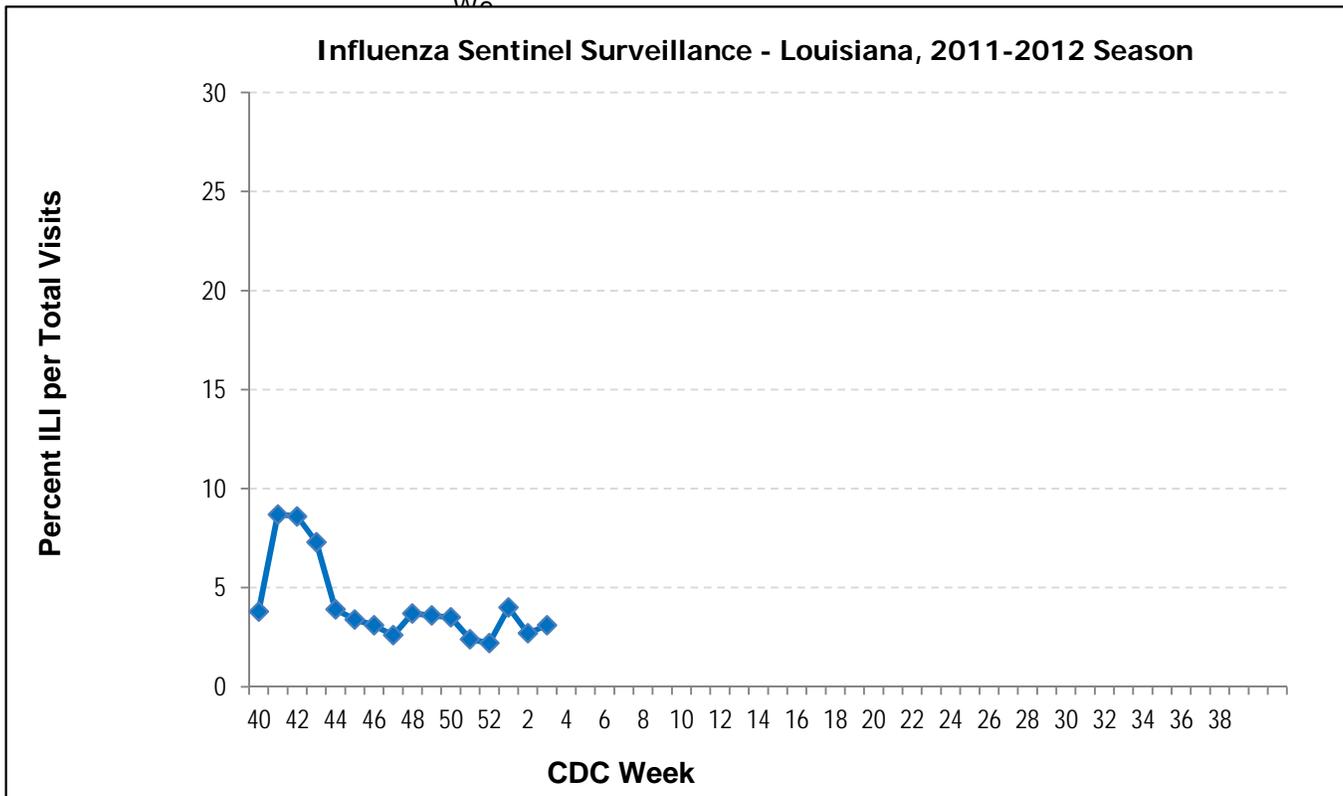
Laboratory testing: Not all sentinel sites have access to laboratory testing. However, many hospitals and physicians' offices do perform some influenza testing. Sites that test for influenza report the number of positive tests each week and the total number of tests performed each week. This information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

Influenza activity increased slightly this week.

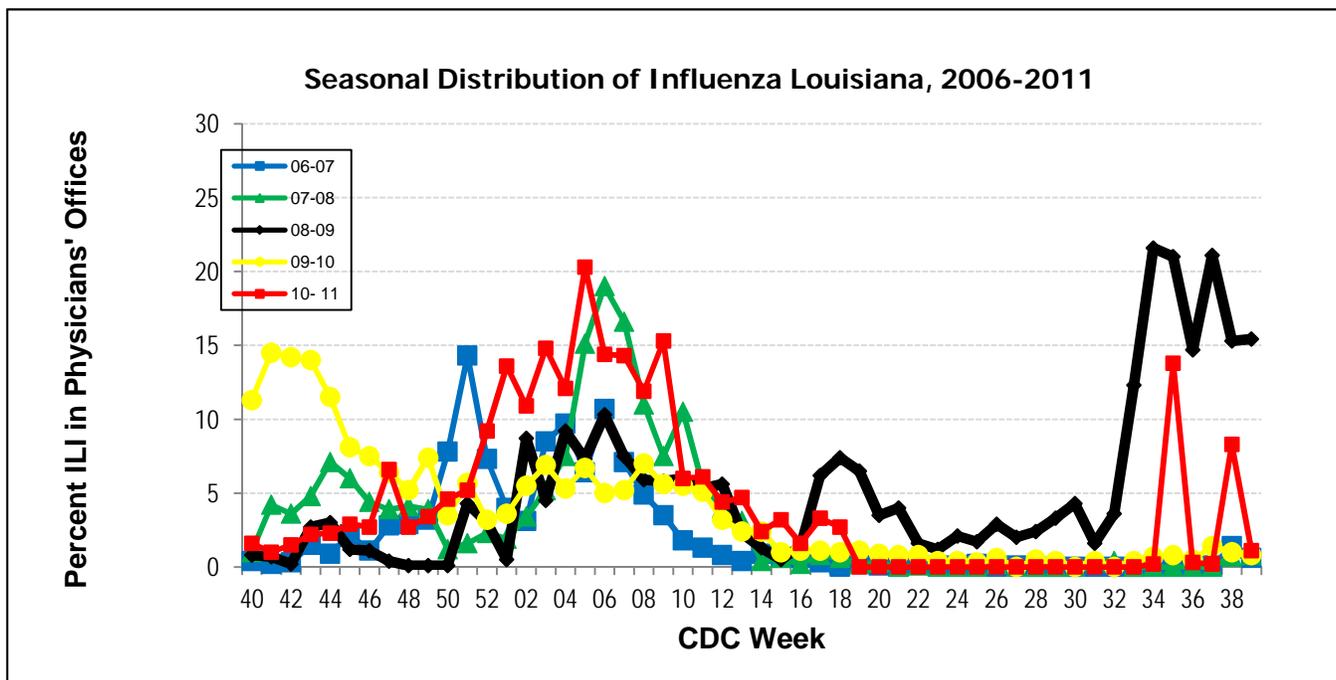
Page 2 : ILI Activity
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Page 5: Influenza Activity Maps

ILI Surveillance

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.

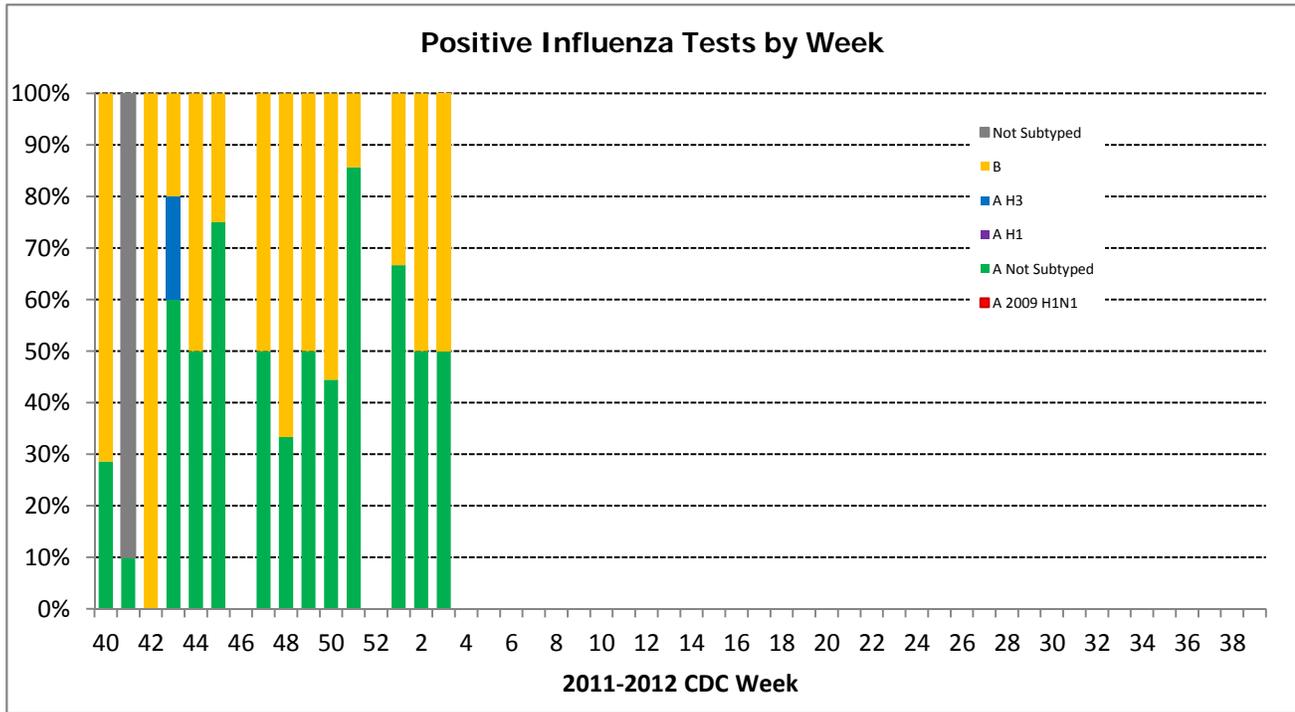


This graph shows the data on ILI surveillance among sentinel physicians' over the past 5 seasons to enable comparisons with previous years and better estimate the amplitude of this season's influenza transmission.



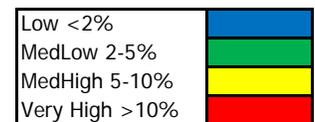
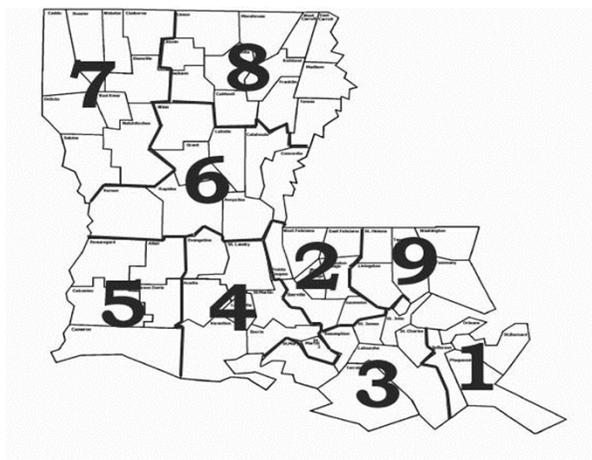
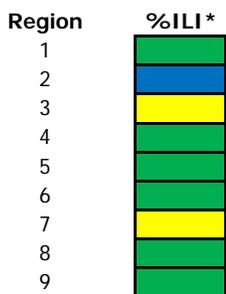
Louisiana Activity

Virologic Surveillance



The above graph shows the distribution by virus type from sentinel sites and the State Public Health Laboratory. Sentinel site testing is based on rapid test results. All subtyping is done by PCR at the State Lab.

Geographical Distribution of ILI



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

National Data Summary

During week 3, influenza activity in the United States remained relatively low.

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

One influenza-associated pediatric death was reported and was associated with influenza B virus infection.

Proportion of outpatient visits for influenza-like illness (ILI) was 1.4%, which is below the national baseline of 2.4%.

U.S. Virologic Surveillance:

Week 3	
Specimens tested	3,572
Positive specimens	175 (4.9%)
<i>Positive specimens by type/subtype</i>	
Influenza A	166 (94.9%)
A (2009 H1N1)	20 (12.0%)
A (subtyping not performed)	45 (27.1%)
A (H3)	101 (60.8%)
Influenza B	9 (5.1%)

Antiviral Resistance:

	Viruses tested (n)	Resistant Viruses, Number (%)	
		Oseltamivir	Zanamivir
Influenza A (H3N2)		0 (0.0%)	0 (0.0%)
Influenza B	30	0 (0.0%)	0 (0.0%)
2009 Influenza A (H1N1)		0 (0.0%)	0 (0.0%)

