



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

2013-2014 Influenza Season Week 40 ending October 5, 2013

All data are preliminary and may change as more reports are received. This FluView is in the abbreviated format due to the partial government shut-down from October 1-16, 2013.

Background: The Centers for Disease Control and Prevention's (CDC) Influenza Division collects and analyzes influenza surveillance data year-round and produces a weekly report on U.S. influenza activity during the influenza season which begins at week 40 each year. The U.S. influenza surveillance system provides information in five categories collected from eight data sources. The 2013-2014 influenza season began on September 29, 2013, and this report also summarizes influenza activity during the summer weeks of the 2012-13 season.

The five categories and eight components of influenza surveillance are:

- Viral Surveillance: U.S. World Health Organization (WHO) collaborating laboratories, the National Respiratory and Enteric Virus Surveillance System (NREVSS), and human infection with novel influenza A virus case reporting;
- Mortality: 122 Cities Mortality Reporting System and influenza-associated pediatric deaths;
- **Hospitalizations**: Influenza Hospitalization Network (FluSurv-NET) including the Emerging Infections Program (EIP),
- **Outpatient Illness Surveillance**: U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet);
- Geographic Spread of Influenza: state and territorial epidemiologists' reports.

An overview of surveillance methods is available at: <u>http://www.cdc.gov/flu/weekly/overview.htm</u>

Synopsis: During week 40 (September 29-October 5, 2013), influenza activity was low in the United States.

- Viral Surveillance: Of 3,489 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories during week 40, 163 (4.7%) were positive for influenza.
- **Pneumonia and Influenza Mortality**: The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.
- Influenza-associated Pediatric Deaths: One influenza-associated pediatric death was reported that occurred during the 2012-2013 season.
- Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 1.2%, which is below the national baseline of 2.0%. All 10 regions reported ILI below region-specific baseline levels. All 50 states and New York City experienced minimal ILI activity and the District of Columbia had insufficient data.
- Geographic Spread of Influenza: The geographic spread of influenza in Puerto Rico was reported as regional; three states reported local; Guam and 26 states reported sporadic activity, and the U.S. Virgin Islands and 21 states reported no influenza activity.

	Data for week 40 (September 29-October 5, 2013)									
HHS Surveillance Regions*	Out- patient ILI†	% positive for flu‡	Number of jurisdictions reporting regional or widespread activity§	2009 H1N1	A (H3)	A (Subtyping not perfor- med)	в	Pediatric Deaths		
Nation	Normal	4.7%	1 of 54	52	8	81	21	0		
Region 1	Normal	0.7%	0 of 6	0	0	0	0	0		
Region 2	Normal	1.5%	1 of 4	0	1	0	1	0		
Region 3	Normal	0.3%	0 of 6	2	0	0	0	0		
Region 4	Normal	11.4%	0 of 8	42	1	78	16	0		
Region 5	Normal	0.8%	0 of 6	1	1	0	0	0		
Region 6	Normal	0.9%	0 of 5	2	1	1	0	0		
Region 7	Normal	0.8%	0 of 4	2	0	0	1	0		
Region 8	Normal	1.1%	0 of 6	2	0	2	2	0		
Region 9	Normal	1.6%	0 of 5	1	3	0	0	0		
Region 10	Normal	1.4%	0 of 4	0	1	0	1	0		

National and Regional Summary of Select Surveillance Components

*HHS regions (Region 1 CT, ME, MA, NH, RI, VT; Region 2: NJ, NY, Puerto Rico, U.S. Virgin Islands; Region 3: DE, DC, MD, PA, VA, WV; Region 4: AL, FL, GA, KY, MS, NC, SC, TN; Region 5: IL, IN, MI, MN, OH, WI; Region 6: AR, LA, NM, OK, TX; Region 7: IA, KS, MO, NE; Region 8: CO, MT, ND, SD, UT, WY; Region 9: AZ, CA, Guam, HI, NV; and Region 10: AK, ID, OR, WA).

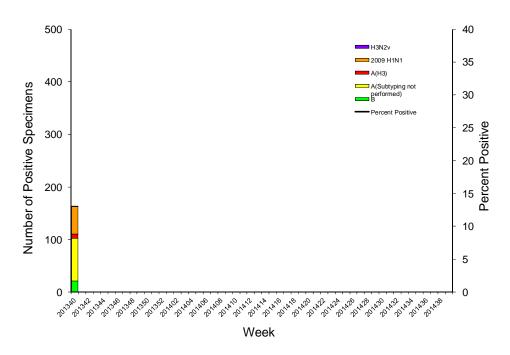
† Elevated means the % of visits for ILI is at or above the national or region-specific baseline.

‡ National data are for current week; regional data are for the most recent three weeks. § Includes all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

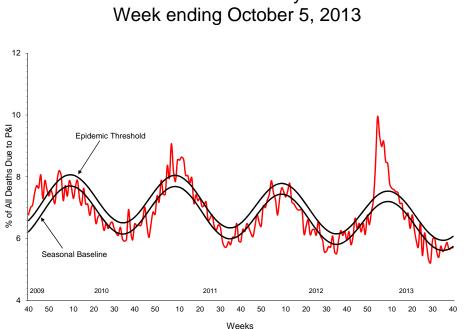
U.S. Virologic Surveillance: WHO and NREVSS collaborating laboratories located in all 50 states, Puerto Rico, and Washington D.C. report to CDC the number of respiratory specimens tested for influenza and the number positive by influenza virus type and influenza A virus subtype. The results of tests performed during the current week are summarized in the table below.

	Week 40		
No. of specimens tested	3,489		
No. of positive specimens (%)	163 (4.7%)		
Positive specimens by type/subtype			
Influenza A	142 (87.1%)		
2009 H1N1	52 (36.6%)		
Subtyping not performed	81 (57.0%)		
H3	8 (5.6%)		
Influenza B	21 (12.9%)		

Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2013-14 season



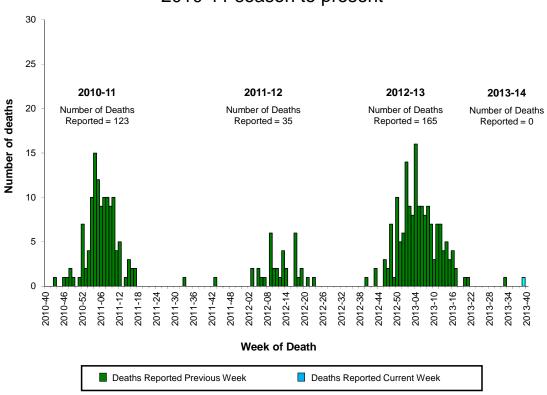
Pneumonia and Influenza (P&I) Mortality Surveillance: During week 40, 5.7% of all deaths reported through the 122 Cities Mortality Reporting System were due to P&I. This percentage was below the epidemic threshold of 6.1% for week 40.



Pneumonia and Influenza Mortality for 122 U.S. Cities



Influenza-Associated Pediatric Mortality: One influenza-associated pediatric death was reported to CDC during week 40. This death was associated with an influenza A virus for which no subtyping was performed. This death occurred during the 2012-13 season and brings the total number of reported pediatric deaths occurring during that season to 165. No influenza-associated pediatric deaths occurring the 2013-14 season have been reported to CDC.



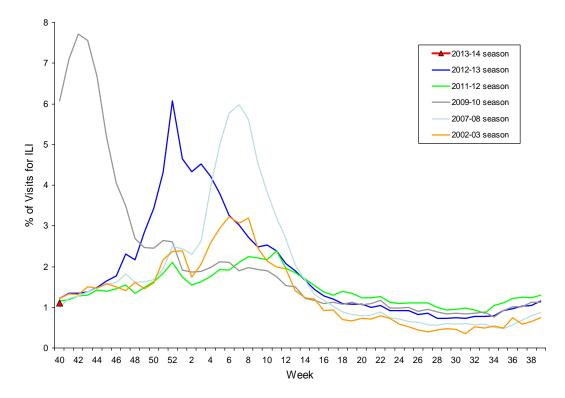
Influenza-Associated Pediatric Deaths by Week of Death, 2010-11 season to present

Influenza-Associated Hospitalizations: Influenza-Associated Hospitalizations: The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts all age population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in the Emerging Infections Program (EIP) states and Influenza Hospitalization Surveillance Project (IHSP) states. FluSurv-NET estimated hospitalization rates will be updated weekly starting later this season. Additional FluSurv-NET data can be found at: http://gis.cdc.gov/GRASP/Fluview/FluHospRates.html



Outpatient Illness Surveillance: Nationwide during week 40, 1.2% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is below the national baseline of 2.2%. *(ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.)*

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2013-14 and Selected Previous Seasons



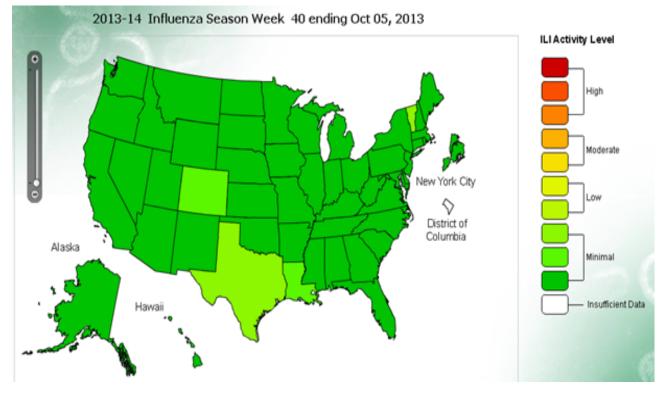
On a regional level, the percentage of outpatient visits for ILI ranged from 0.4% to 2.4% during week 40. All 10 regions reported a proportion of outpatient visits for ILI below their region-specific baseline levels.



ILINet Activity Indicator Map: Data collected in ILINet are used to produce a measure of ILI activity* by state. Activity levels are based on the percent of outpatient visits in a state due to ILI and are compared to the average percent of ILI visits that occur during spring and fall weeks with little or no influenza virus circulation. Activity levels range from minimal, which would correspond to ILI activity from outpatient clinics being below the average, to intense, which would correspond to ILI activity from outpatient clinics being much higher than average.

During week 40, the following ILI activity levels were experienced:

- All 50 states and New York City experienced minimal ILI activity.
- Data were insufficient to calculate an ILI activity level from the District of Columbia.



*This map uses the proportion of outpatient visits to health care providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

Data collected in ILINet may disproportionally represent certain populations within a state, and therefore, may not accurately depict the full picture of influenza activity for the whole state.

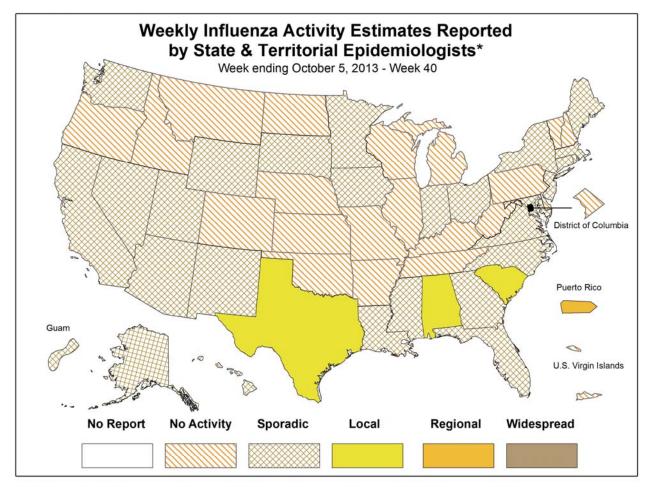
Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map is based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received. Differences in the data presented here by CDC and independently by some state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.



Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists: The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses, but does not measure the severity of influenza activity.

During week 40, the following influenza activity was reported:

- Regional influenza activity was reported by Puerto Rico.
- Local influenza activity was reported by three states (Alabama, South Carolina, and Texas).
- Sporadic influenza activity was reported by Guam and 26 states (Alaska, Arizona, California, Connecticut, Florida, Georgia, Hawaii, Indiana, Iowa, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, South Dakota, Utah, Virginia, Washington, and Wyoming).
- No influenza activity was reported by the District of Columbia, the U.S. Virgin Islands, and 21 states (Arkansas, Colorado, Delaware, Idaho, Illinois, Kansas, Kentucky, Michigan, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Vermont, West Virginia, and Wisconsin).



* This map indicates geographic spread & does not measure the severity of influenza activity

A description of surveillance methods is available at: <u>http://www.cdc.gov/flu/weekly/overview.htm</u> Report prepared: October 18, 2013.



Additional National and International Influenza Surveillance Information

FluView Interactive: This season, FluView includes enhanced web-based interactive applications that can provide dynamic visuals of the influenza data collected and analyzed by CDC. These FluView Interactive applications allow people to create customized, visual interpretations of influenza data, as well as comparisons across flu seasons, regions, age groups and a variety of other demographics. To access these tools visit www.cdc.gov/flu/weekly/fluviewinteractive.htm.

U.S. State and local influenza surveillance: Click on a jurisdiction below to access the latest local influenza information.

Alabama	Alaska	Arizona	Arkansas	California
Colorado	Connecticut	Delaware	District of Columbia	Florida
Georgia	Hawaii	Idaho	Illinois	Indiana
Iowa	Kansas	Kentucky	Louisiana	Maine
Maryland	Massachusetts	Michigan	Minnesota	Mississippi
Missouri	Montana	Nebraska	Nevada	New Hampshire
New Jersey	New Mexico	New York	North Carolina	North Dakota
Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island
South Carolina	South Dakota	Tennessee	Texas	Utah
Vermont	Virginia	Washington	West Virginia	Wisconsin
Wyoming	New York City	Virgin Islands		

Google Flu Trends: Google Flu Trends uses aggregated Google search data in a model created in collaboration with CDC to estimate influenza activity in the United States. For more information and activity estimates from the U.S. and worldwide, see http://www.google.org/flutrends/.

World Health Organization: Additional influenza surveillance information from participating WHO member nations is available through FluNet and the Global Epidemiology Reports.

WHO Collaborating Centers for Influenza located in Australia, China, Japan, and the United Kingdom.

Europe: WHO/Europe at http://www.euroflu.org/index.php and the European Centre for Disease Prevention and Control at

http://ecdc.europa.eu/en/publications/surveillance_reports/influenza/Pages/weekly_influenza_survei llance_overview.aspx.

Public Health Agency of Canada: The most up-to-date influenza information from Canada is available at http://www.phac-aspc.gc.ca/fluwatch/.

Health Protection Agency (United Kingdom): The most up-to-date influenza information from the United Kingdom is available at

http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/

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