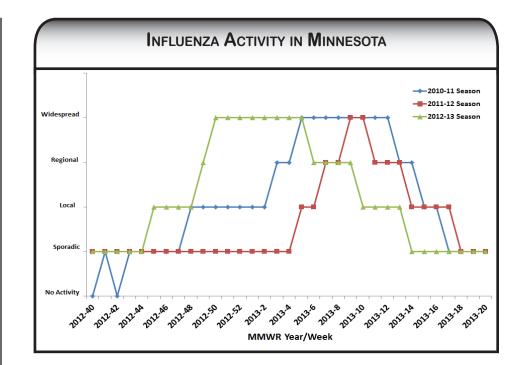
Weekly Influenza & Respiratory Activity: Statistics Summary 2012-13

updated 10/1/13

Summary of the 2012-13 Season

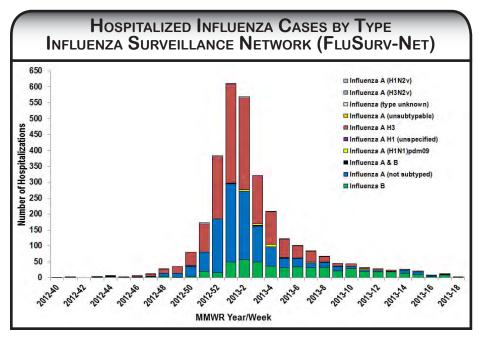
- Since the start of the influenza season, 3,067 people were hospitalized with laboratoryconfirmed influenza. (<u>Hospital Data</u>)
- Since the start of the influenza season, 231 influenza-related deaths were confirmed. (Death Data)
- Since the start of the influenza season, 209 outbreaks of influenza in long-term care were reported. (Long-Term Care Data)
- Since the start of the influenza season, 463 outbreaks of ILI in schools were reported.
 (School Data)



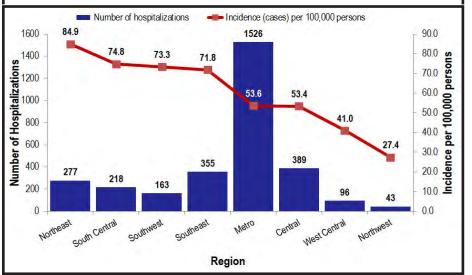


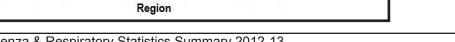
Hospitalized Influenza Surveillance Data

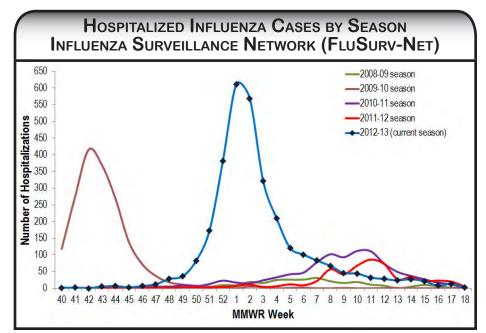
Hospitalized influenza cases are based on disease reports of laboratory-positive influenza (via DFA, IFA, viral culture, EIA, rapid test, paired serological tests, or RT-PCR) and specimens from hospitalized patients with ILI submitted to MDH by hospitals and laboratories. Due to the need to confirm reports and reporting delays, consider current week data preliminary.



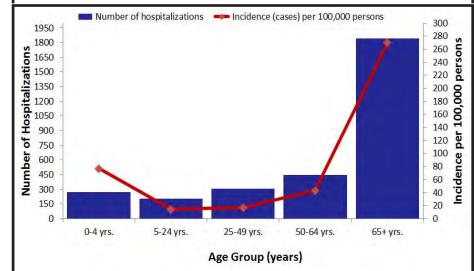
NUMBER OF INFLUENZA HOSPITALIZATIONS AND INCIDENCE BY REGION, MINNESOTA, SEPT 30, 2012 - MAY 4, 2013





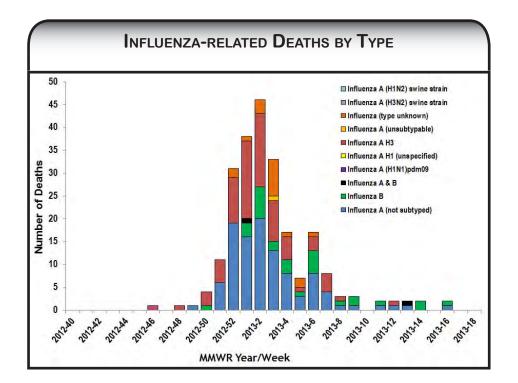


NUMBER OF INFLUENZA HOSPITALIZATIONS AND INCIDENCE BY AGE, MINNESOTA, SEPT 30, 2012 - MAY 4, 2013



Influenza-associated Deaths

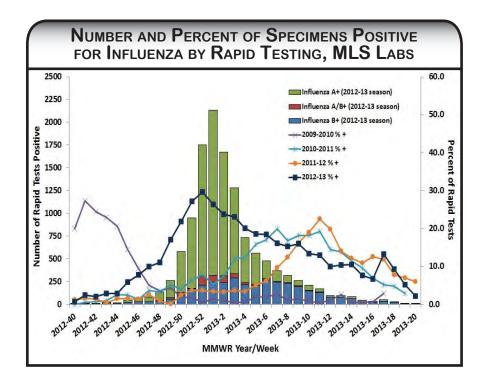
Influenza-associated deaths are reported through several surveillance systems including hospital-surveillance, Unexplained Deaths and Critical Illnesses (UNEX), Medical Examiner Infectious Deaths (Med-X) surveillance, death certificate review, nursing home outbreaks, as well as other sources. It includes both hospitalized and non-hospitalized cases with laboratory-positive influenza and symptoms of an infectious process consistent with influenza without recovery to baseline prior to death. In a small number of cases there may not be laboratory-positive influenza results due to the lack of specimens taken, in which case the person must have influenza noted as a cause of death on the death certificate or the person had direct contact with a laboratory-confirmed influenza case.

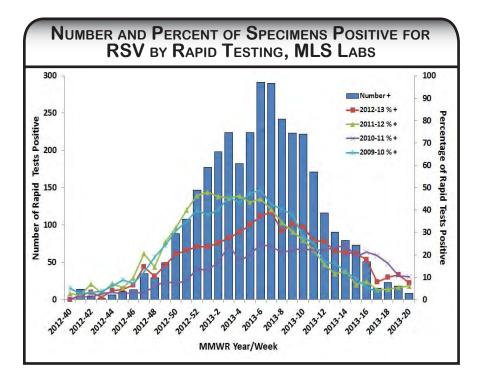


Laboratory Testing Data

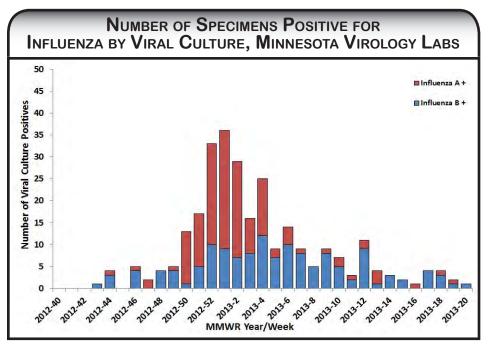
The MN Lab System (MLS) Laboratory Influenza Surveillance Program is made up of more than 310 clinic- and hospital-based laboratories, voluntarily submitting testing data on a weekly basis. These laboratories perform rapid testing for influenza and Respiratory Syncytial Virus (RSV). Significantly fewer labs perform viral culture testing (6 labs) for influenza, RSV, and other respiratory viruses. Five laboratories perform PCR testing for influenza and three also perform PCR testing for other respiratory viruses. The MDH Public Health Laboratory also provides further characterization of submitted influenza isolates to determine the hemagglutinin serotype to indicate vaccine coverage.

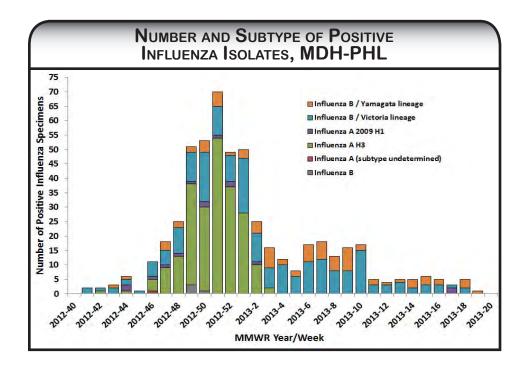
Tracking the laboratory results assists healthcare providers with patient diagnosis of influenza-like illness and provides an indicator of the progression of the influenza season as well as prevalence of disease in the community

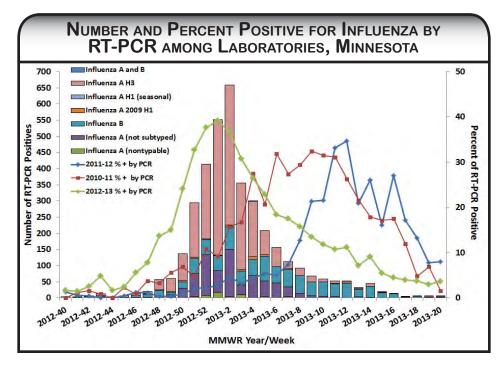


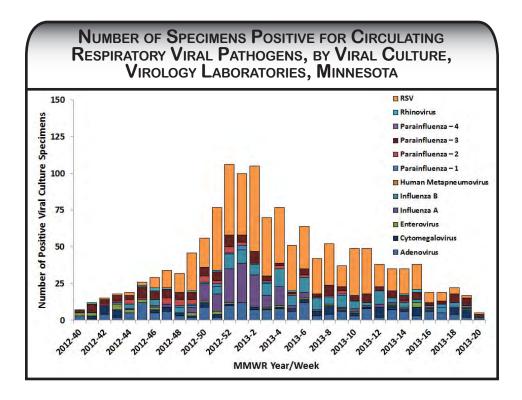


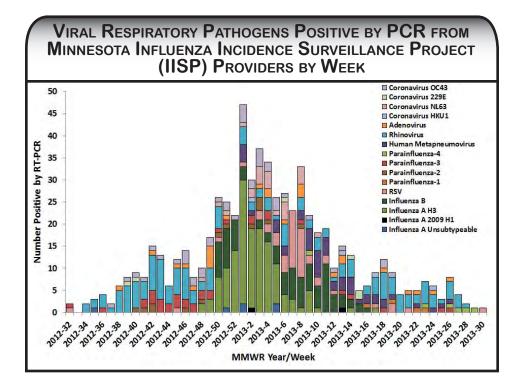
Laboratory Testing Data, Continued

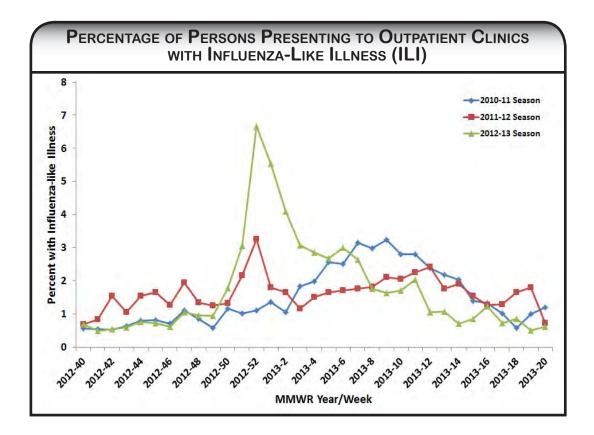






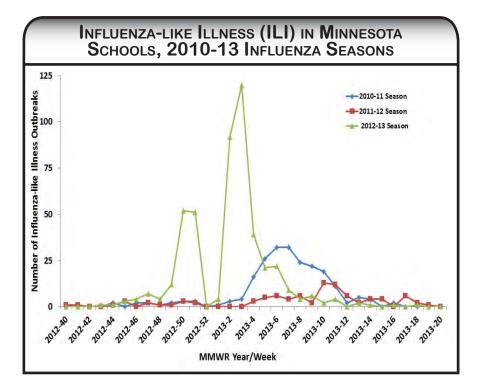






School Outbreaks

K-12 schools report an outbreak of influenza-like illness (ILI) when the number of students absent with ILI reaches 5% of total enrollment or three or more students with ILI are absent from the same elementary classroom.



Long-Term Care (LTC) Outbreaks

LTC facilities report to MDH when they suspect an outbreak of influenza in their facility. Laboratory confirmed outbreaks are reported here.

