

Weekly Influenza & Respiratory Illness Activity Report

A summary of influenza surveillance indicators prepared by the Division of Infectious Disease Epidemiology Prevention & Control

Week Ending January 11, 2020 | WEEK 2

All data are preliminary and may change as more information is received

Minnesota Influenza Geographic Spread

No Activity

Sporadic

Local

Regional

Widespread

During the week ending January 11, 2020 (Week 2), surveillance indicators showed widespread geographic spread of influenza *(based on CDC's Activity Estimates Definitions)*.

Since the start of the influenza season, no pediatric influenza-related deaths have been reported.

Minnesota Influenza Surveillance (www.health.state.mn.us/diseases/flu/stats/)

Weekly U.S. Influenza Surveillance Report (www.cdc.gov/flu/weekly/)

World Health Organization (WHO) Surveillance (www.who.int/influenza/surveillance_monitoring/updates/en/)

Neighboring states' influenza information:

Iowa: [Iowa Flu Reports \(idph.iowa.gov/influenza/reports\)](http://iowa.flu.reports.idph.iowa.gov/influenza/reports)

Wisconsin: [Influenza \(Flu\) \(www.dhs.wisconsin.gov/communicable/influenza/\)](http://www.dhs.wisconsin.gov/communicable/influenza/)

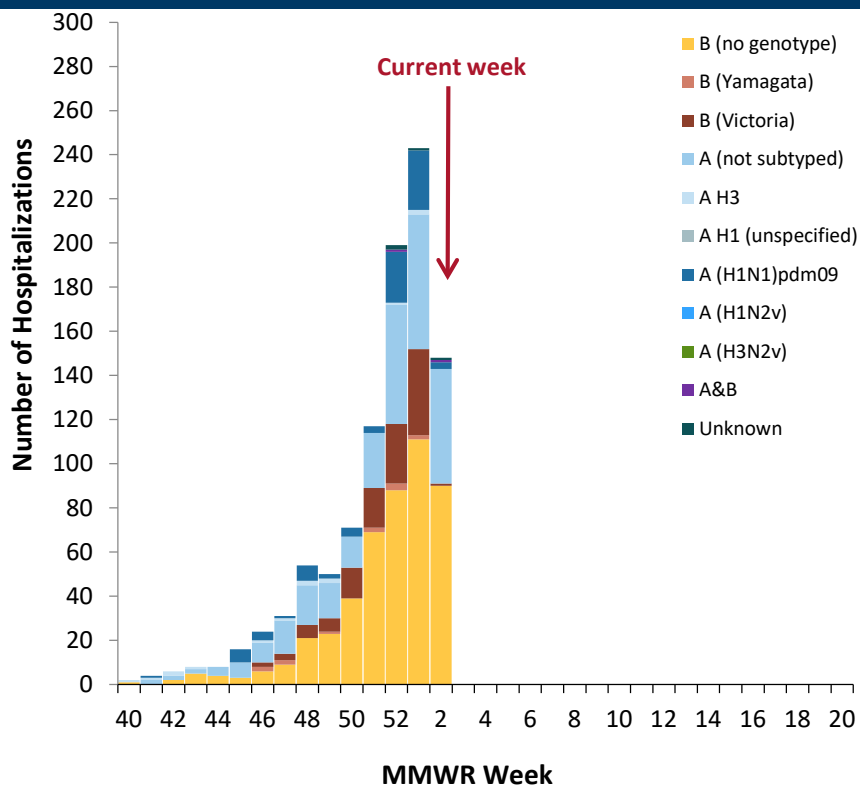
North Dakota: [Reported Seasonal Influenza Activity in North Dakota \(www.ndflu.com/default.aspx\)](http://www.ndflu.com/default.aspx)

South Dakota: [South Dakota Influenza Information \(doh.sd.gov/diseases/infectious/flu/\)](http://doh.sd.gov/diseases/infectious/flu/)

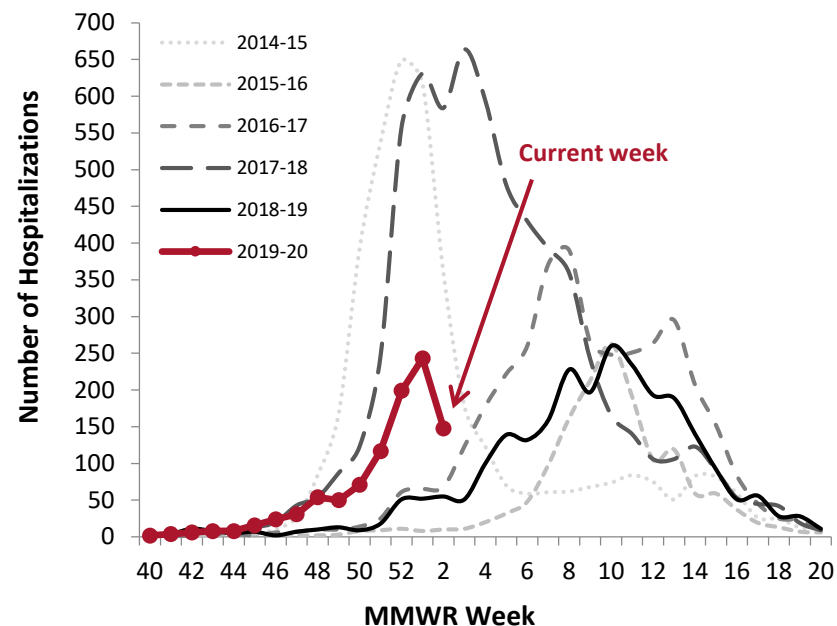
Hospitalized Influenza Surveillance

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 acute respiratory illness submitted to MDH-PHL by hospitals and laboratories. **Due to the need to confirm reports and reporting delays, consider current week data preliminary.**

Hospitalized Influenza Cases by Type Minnesota (FluSurv-NET*)



Hospitalized Influenza Cases by Season, Minnesota (FluSurv-NET*)



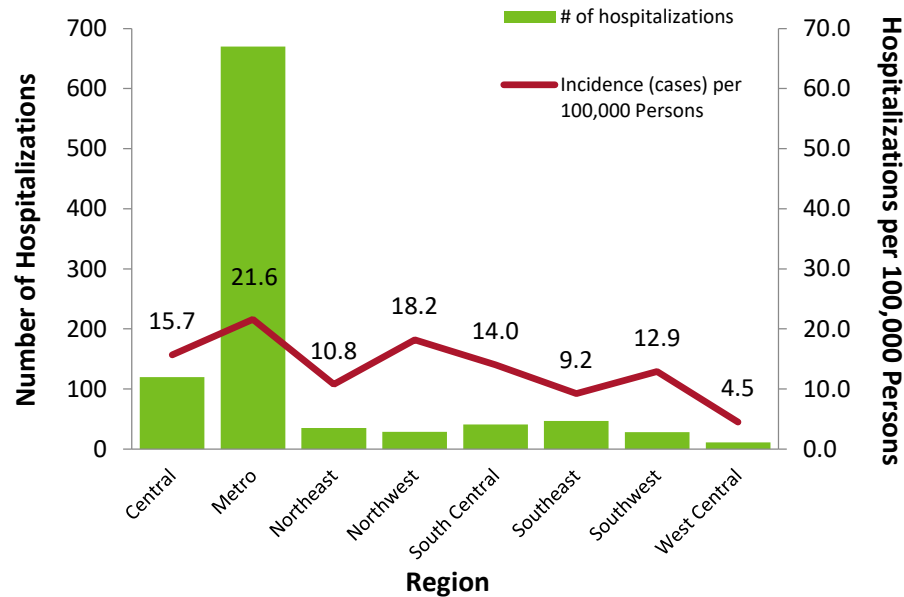
Hospitalizations this week	Hospitalizations last week	Total hospitalizations (to date)
148	243	981

Season	Total hospitalizations (historic)
2014-2015	4,081
2015-2016	1,538
2016-2017	3,695
2017-2018	6,446
2018-2019	2,543
2019-2020	981 (to date)

*Influenza Surveillance Network

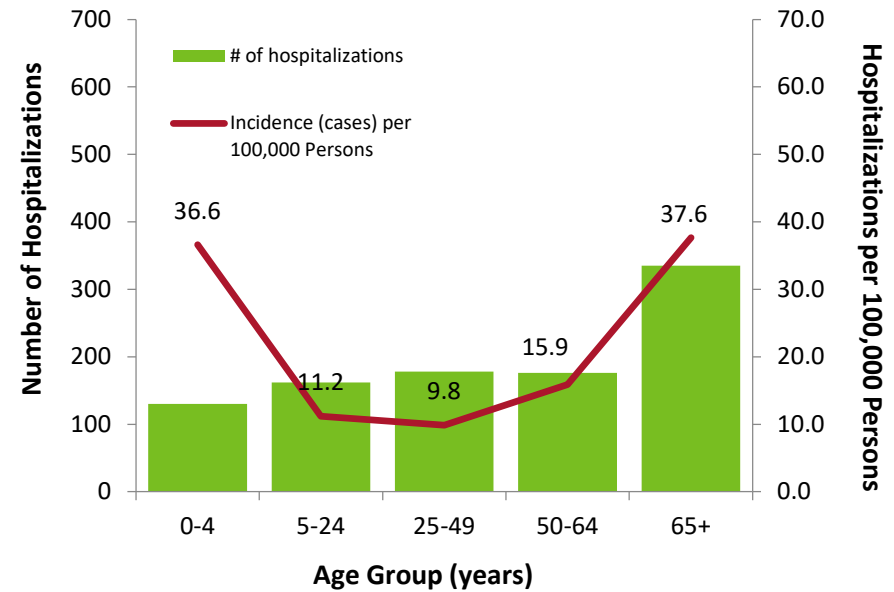
Hospitalized Influenza Surveillance (continued)

Number of Influenza Hospitalizations and Incidence by Region, Minnesota September 29, 2019 – January 11, 2020



Region	Hospitalizations this week	Total (to date)
Central	18 (12%)	120 (12%)
Metro	96 (65%)	670 (68%)
Northeast	7 (5%)	35 (4%)
Northwest	2 (1%)	29 (3%)
South Central	11 (7%)	41 (4%)
Southeast	7 (5%)	47 (5%)
Southwest	6 (4%)	28 (3%)
West Central	1 (1%)	11 (1%)

Number of Influenza Hospitalizations and Incidence by Age, Minnesota September 29, 2019 – January 11, 2020

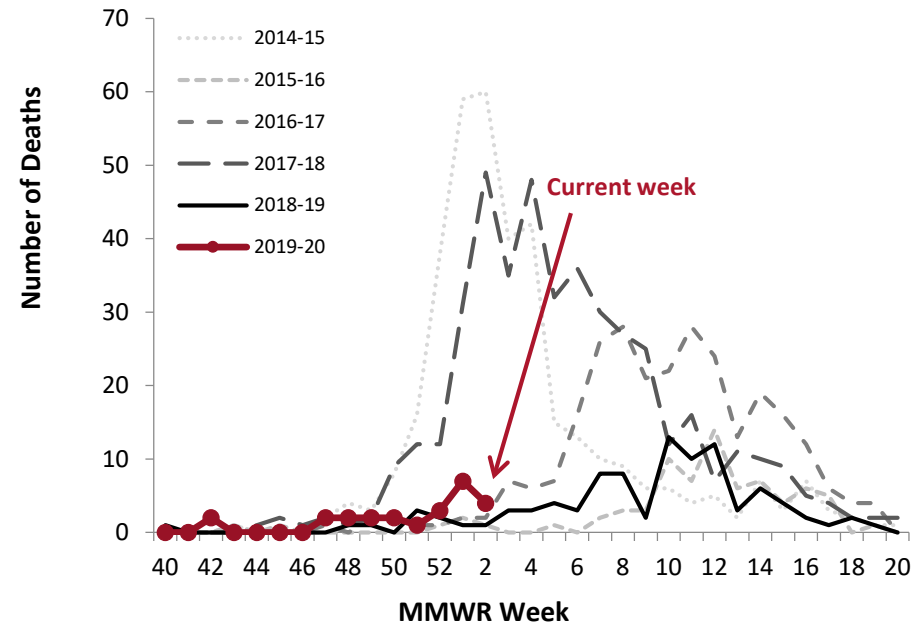


Median age (years) at time of admission
52.0

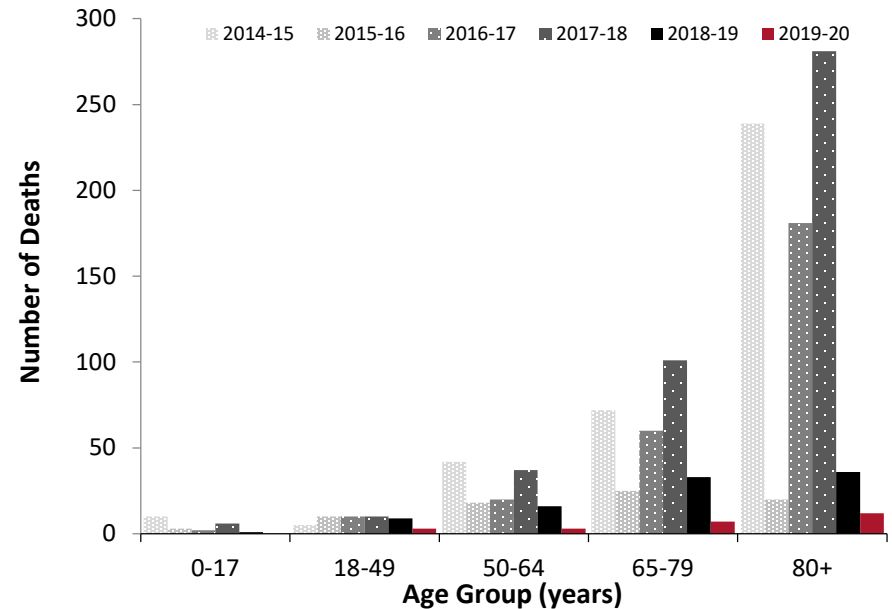
Influenza-Associated Death Surveillance

Influenza deaths are collected via reports from Minnesota's death certificate database, hospitals, and long-term care facilities. Decedents with influenza listed as a cause of or contributor to death, have recent laboratory confirmation of influenza, or are part of an ongoing influenza outbreak at a long-term care facility are reported to influenza surveillance. **Due to the need to confirm reports and reporting delays, consider current week data preliminary.**

Deaths Associated with Influenza by Season, Minnesota



Deaths Associated with Influenza by Age Group and Season, Minnesota



Season	Total deaths (historic)	Total pediatric (<18 years) deaths (historic)
2014-2015	368	10
2015-2016	76	3
2016-2017	273	2
2017-2018	440	6
2018-2019	95	1
2019-2020	25 (to date)	0 (to date)

Season	Median age (years) at time of death
2014-2015	85
2015-2016	68
2016-2017	86
2017-2018	85
2018-2019	75
2019-2020	79 (to date)

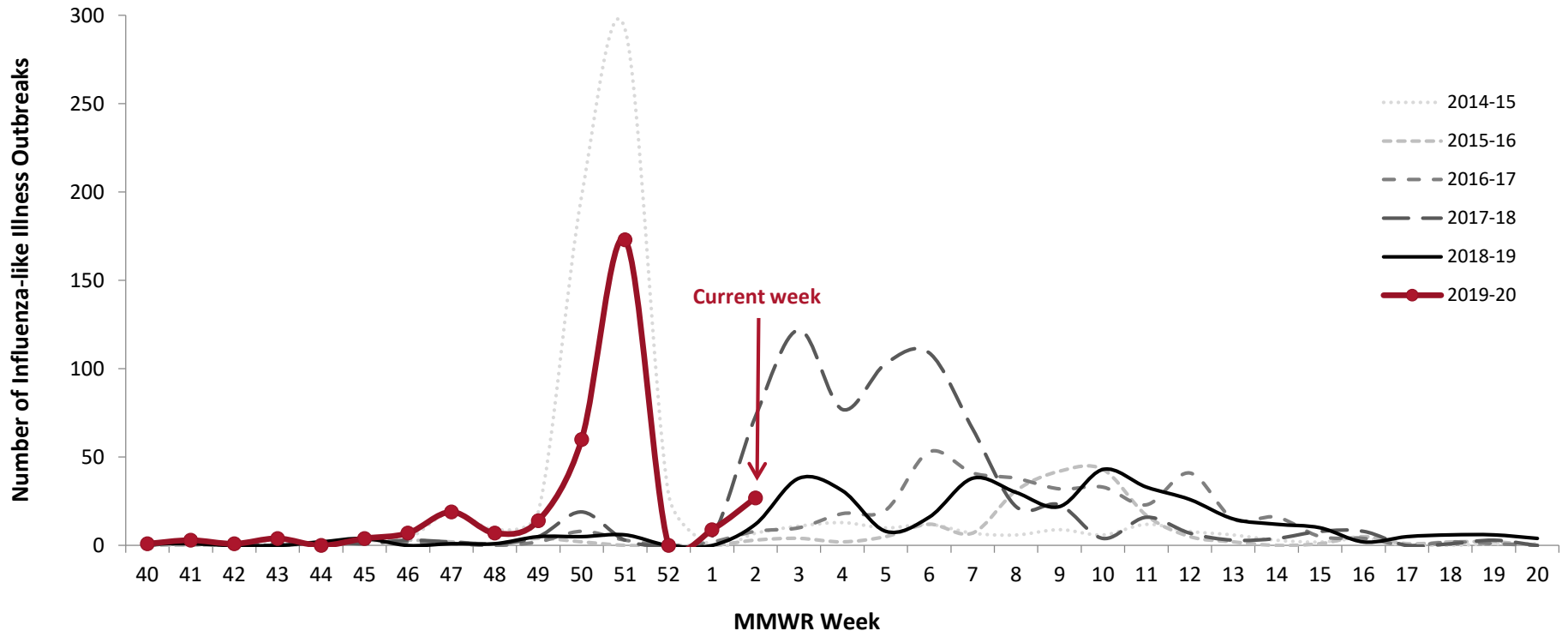
*Influenza Surveillance Network

Respiratory Disease Outbreak Surveillance

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.

Influenza-like Illness (ILI) in Schools by Season

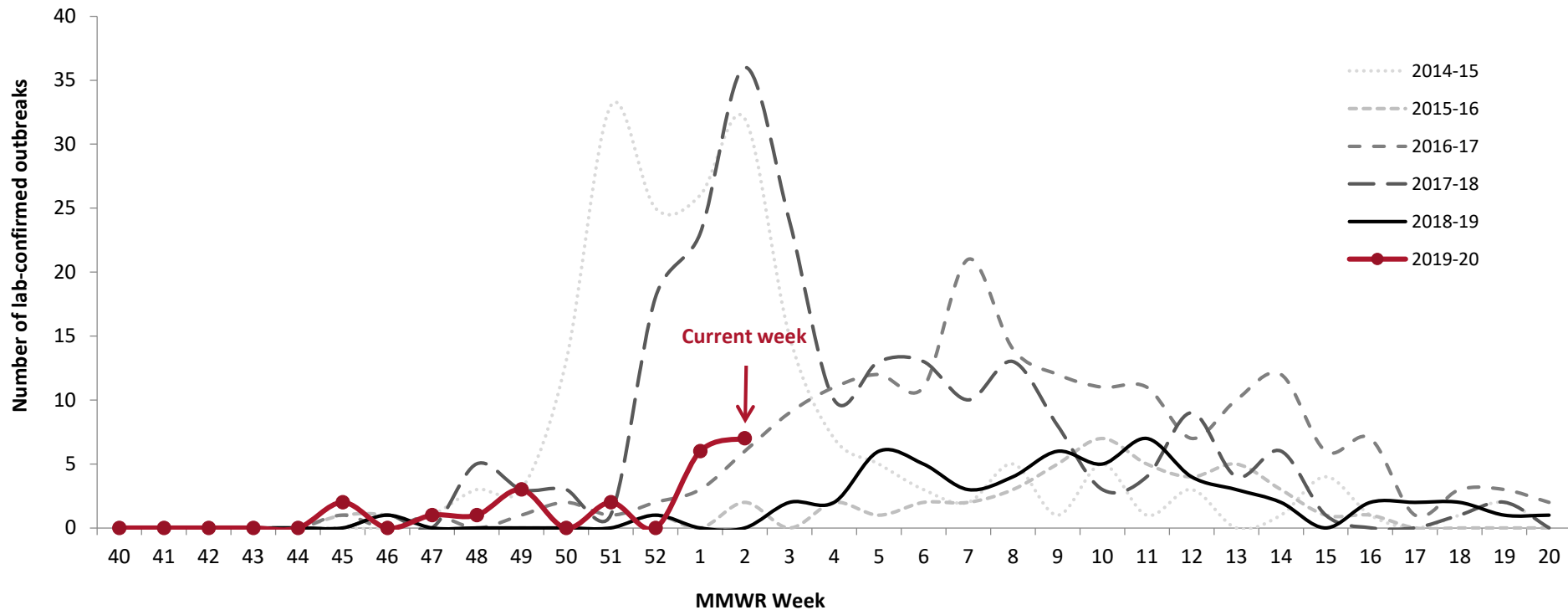


New school outbreaks this week	New school outbreaks last week	Total this season (to date)
27	9	330

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.

Confirmed Influenza Outbreaks in LTC by Season

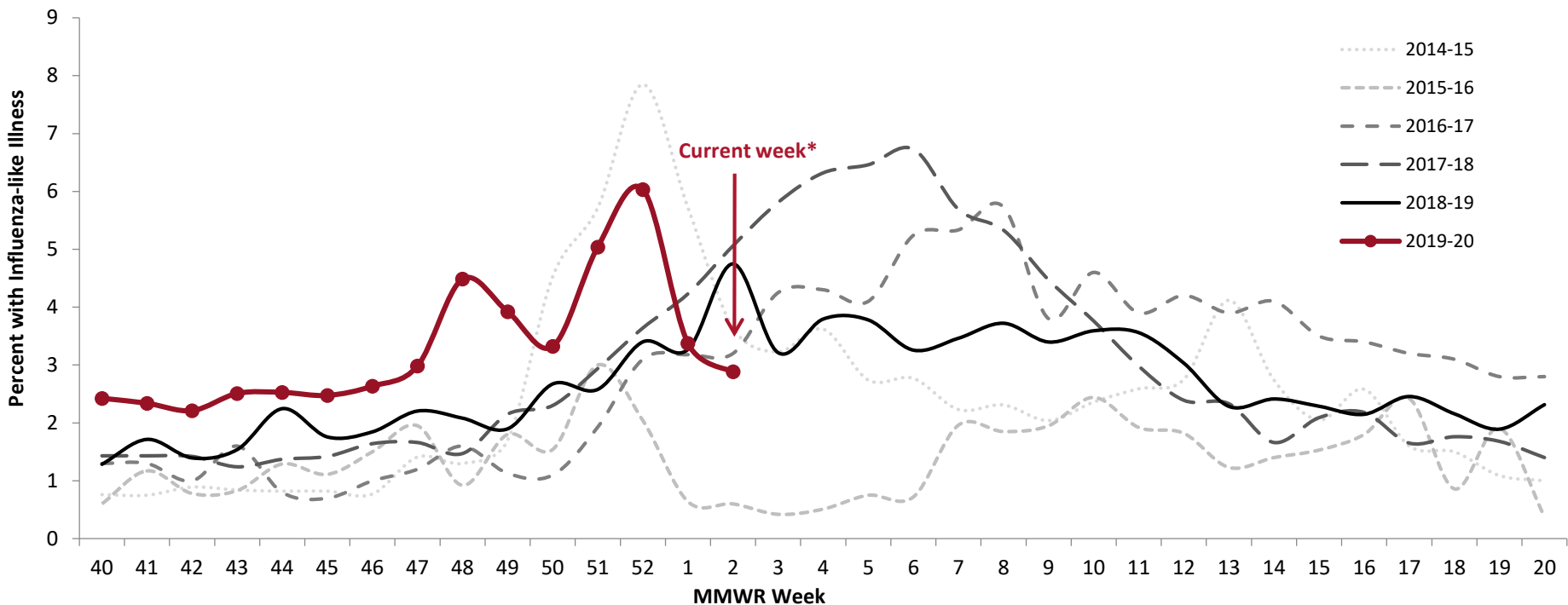


New LTC outbreaks this week	New LTC outbreaks last week	Total this season (to date)
7	6	22

Sentinel Provider Surveillance (Outpatients)

MDH collaborates with healthcare providers who report the total number of patients seen and the total number of those patients presenting to outpatient clinics with influenza-like illness.

Percentage of Persons Presenting to Outpatient Clinics with Influenza-Like Illness (ILI)



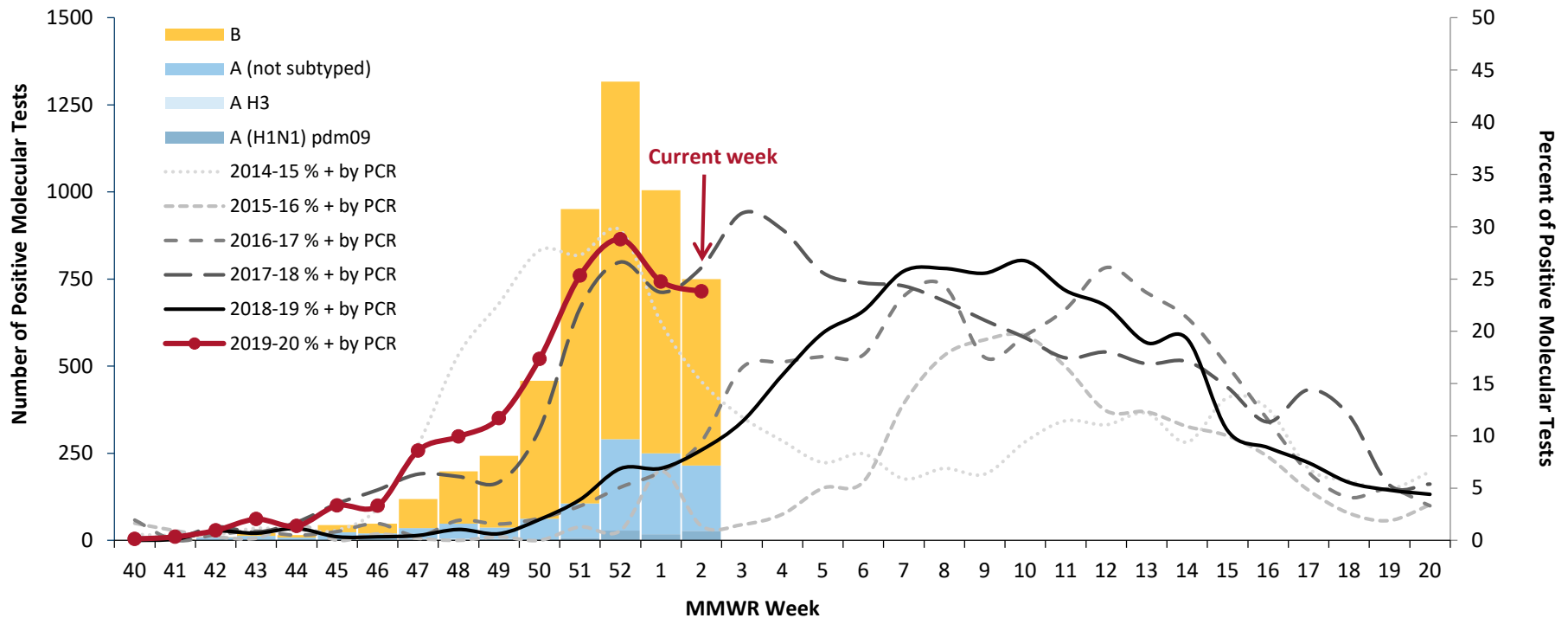
% of outpatients with ILI this week	% of outpatients with ILI last week
2.9%	3.4%

* Indicates current week-data may be delayed by 1 or more weeks

Laboratory Surveillance

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 weekly. These laboratories perform rapid testing for influenza and Respiratory Syncytial Virus (RSV). Significantly fewer labs perform PCR testing for influenza and three also perform PCR testing for other respiratory viruses. MDH-PHL 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.

Specimens Positive for Influenza by Molecular Testing*, by Week



% molecular tests positive this week

23.8%

% molecular tests positive last week

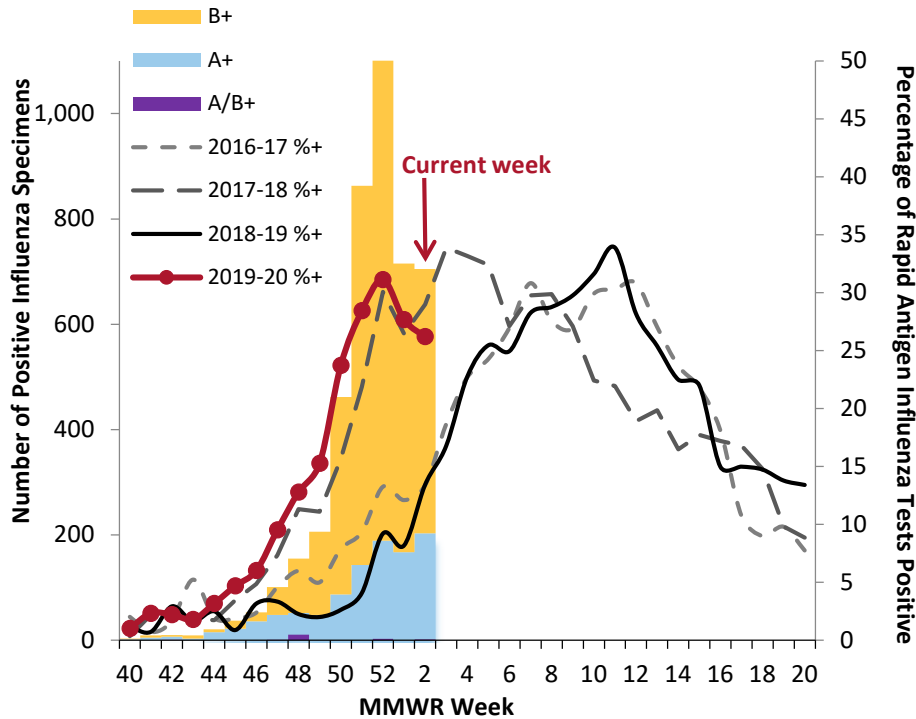
24.8%

* Beginning in 2016-17, laboratories report results for rapid molecular influenza tests in addition to RT-PCR results

Laboratory Surveillance (continued)

MLS Laboratories – Influenza Testing

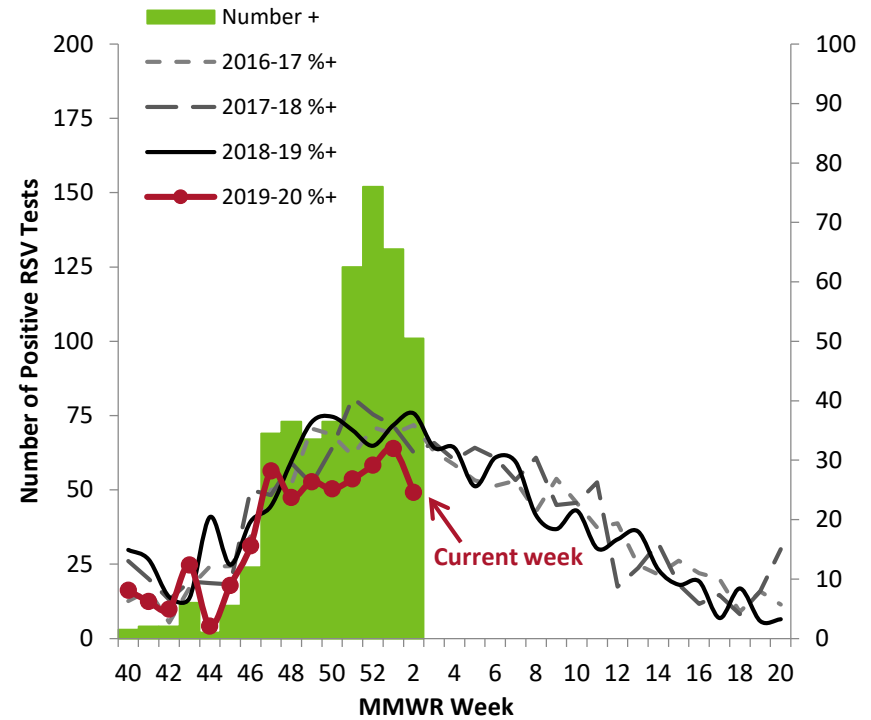
Specimens Positive by Influenza Rapid Antigen Test, by Week



Region	% rapid antigen influenza tests + (current week)
Central	20%
Metro	29%
Northeast	26%
Northwest	36%
South Central	20%
Southeast	32%
Southwest	29%
West Central	----
State (overall)	26%

MLS Laboratories – RSV Testing

Specimens Positive by RSV Rapid Antigen Test, by Week

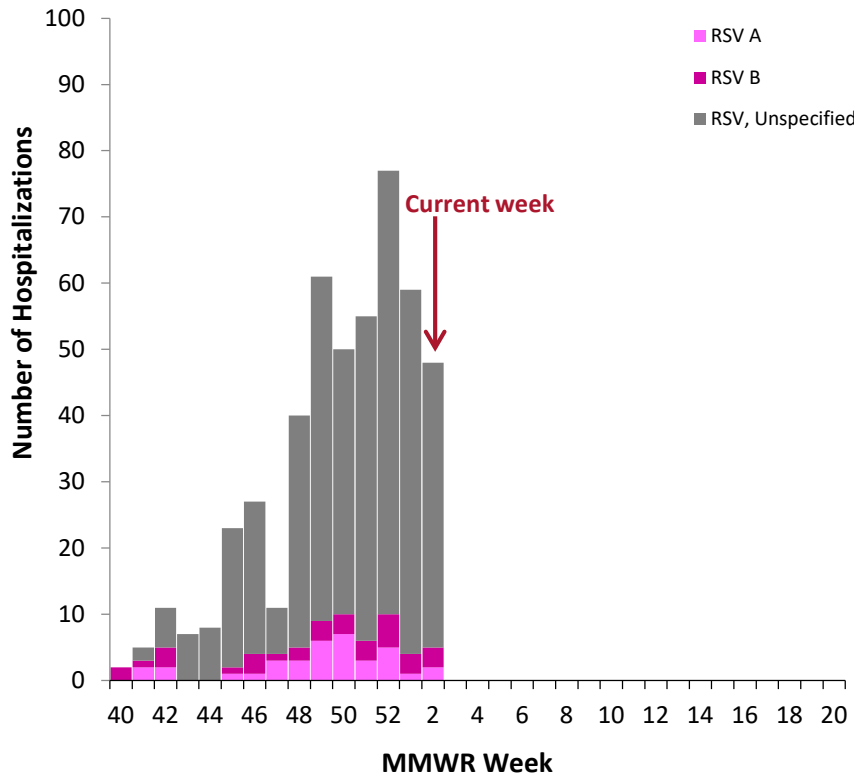


Region	% rapid antigen RSV tests + (current week)
Central	30%
Metro	23%
Northeast	24%
Northwest	0%
South Central	42%
Southeast	21%
Southwest	8%
West Central	----
State (overall)	25%

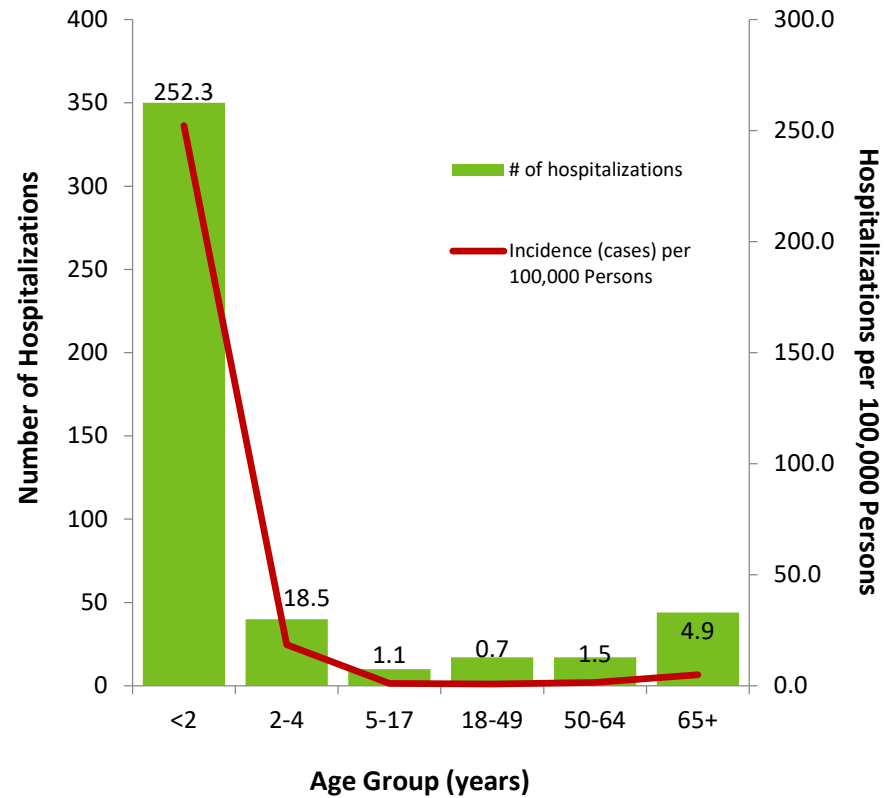
Hospitalized RSV Surveillance

Surveillance for respiratory syncytial virus (RSV) began in September 2016. Hospitalized inpatients of all ages who reside in the 7-county Twin Cities metropolitan area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington) with laboratory-confirmed RSV are reportable. **Due to the need to confirm reports and reporting delays, consider current week data preliminary.**

Hospitalized RSV Cases by Subtype, Minnesota



Number of RSV Hospitalizations and Incidence by Age, Minnesota



Hospitalizations this week

48

Hospitalizations last week

59

Total hospitalizations

478

Median age at time of admission

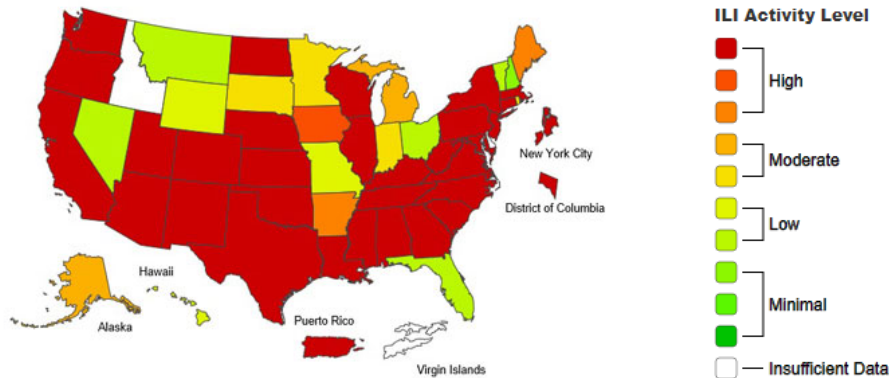
8 months

Weekly U.S. Influenza Surveillance Report

2019-2020 Influenza Season Week 1, ending January 4, 2020

Key indicators that track flu activity remain high, but indicators that track severity (hospitalizations and deaths) are not high at this point in the season.

Influenza-Like Illness (ILI) Activity: Outpatient Illness



The number of jurisdictions experiencing high ILI activity decreased from 37 last week to 36 this week.

Geographic Spread of Influenza



The number of jurisdictions reporting regional or widespread influenza activity increased to 50 this week compared to 48 last week.

Key Messages from CDC

- Levels of outpatient ILI remain elevated; however hospitalization rates and percent of deaths due to pneumonia and influenza remain low. This is likely due to the predominance of influenza B/Victoria and influenza A(H1N1)pdm09 viruses which are more likely to affect children and younger adults than the elderly. Because the majority of hospitalizations and deaths occur among people age 65 and older, with fewer illnesses among that group, we expect, on a population level, to see less impact in flu-related hospitalizations and deaths.
- The decline in outpatient ILI and laboratory data this week may in part be influenced by changes in healthcare seeking behavior and influenza virus transmission that can occur during the holidays. It is too early to know whether the season has peaked or if flu activity will increase into January.
- CDC estimates that so far this season there have been at least 9.7 million flu illnesses, 87,000 hospitalizations and 4,800 deaths from flu.
- It's not too late to get vaccinated. Flu vaccination is always the best way to prevent flu and its potentially serious complications.
- Antiviral medications are an important adjunct to flu vaccine in the control of influenza. Almost all (>99%) of the influenza viruses tested this season are susceptible to the four FDA-approved influenza antiviral medications recommended for use in the U.S. this season.