

Weekly Influenza & Respiratory Illness Activity Report

Week Ending Oct. 16, 2021 | WEEK 41

A summary of influenza surveillance indicators prepared by the Division of Infectious Disease Epidemiology Prevention & Control.
All data are preliminary and may change as more information is received.

Minnesota Influenza Key Statistics	
Percent of molecular laboratory tests positive	0.1%
Hospitalizations	1
Most common strain	Influenza A and B
School outbreaks	16
Long-term care outbreaks	1
Pediatric influenza-associated deaths	0

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[Minnesota Influenza Surveillance \(www.health.state.mn.us/diseases/flu/stats/\)](http://www.health.state.mn.us/diseases/flu/stats/)

[Weekly U.S. Influenza Surveillance Report \(www.cdc.gov/flu/weekly/\)](http://www.cdc.gov/flu/weekly/)

[World Health Organization \(WHO\) Surveillance \(www.who.int/influenza/surveillance_monitoring/updates/en/\)](http://www.who.int/influenza/surveillance_monitoring/updates/en/)

Neighboring states' influenza information:

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

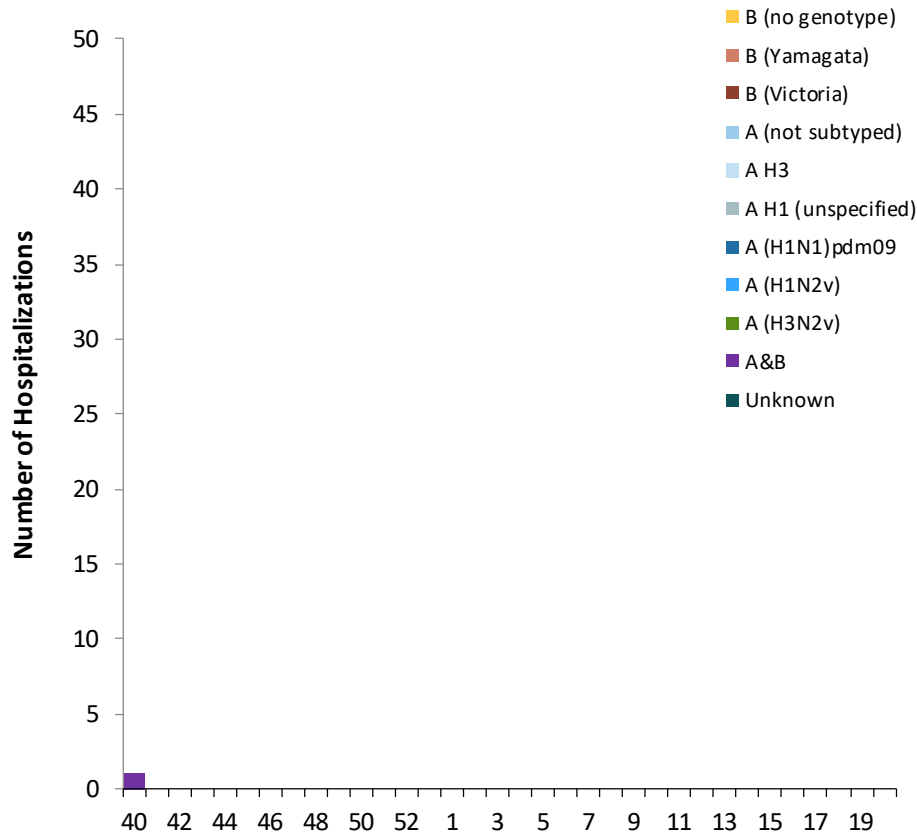
South Dakota: [South Dakota Influenza Information \(doh.sd.gov/diseases/infectious/flu/\)](http://doh.sd.gov/diseases/infectious/flu/)

Due to the COVID-19 pandemic, CDC and MDH will not be posting the weekly geographic spread indicators (no activity, sporadic, local, regional, widespread) this season as they rely on influenza-like illness data (ILI). Because these data are based on symptoms, the cause of ILI cannot reliably be attributed to influenza while COVID-19 is widely circulating.

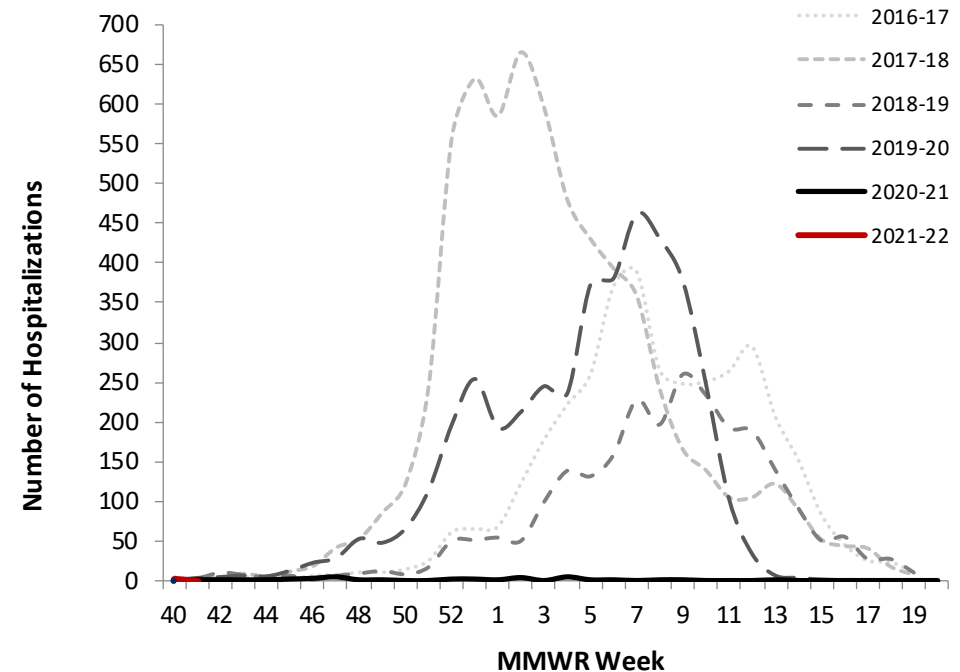
Hospitalized Influenza Surveillance

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*)



Season	Total hospitalizations (historic)
2016-2017	3,695
2017-2018	6,446
2018-2019	2,543
2019-2020	4,022
2020-2021	35
2021-2022	1 (to date)

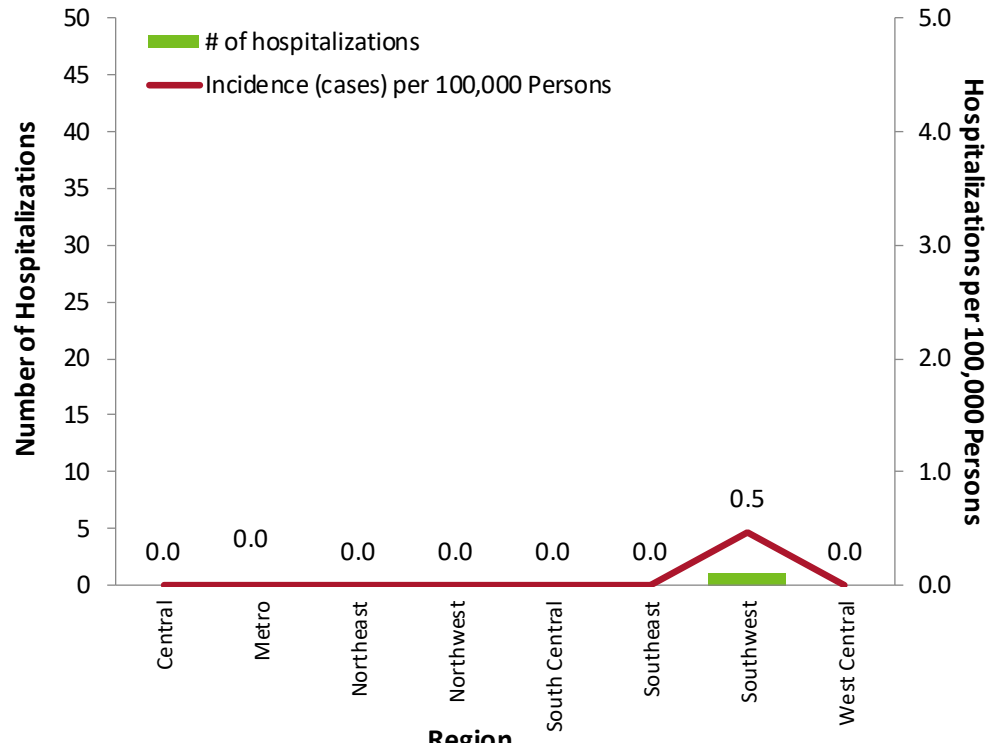
Hospitalizations this week	Hospitalizations last week	Total hospitalizations (to date)
0	1	1

*FluSurv-NET = Influenza Surveillance Network

Hospitalized Influenza Surveillance (continued)

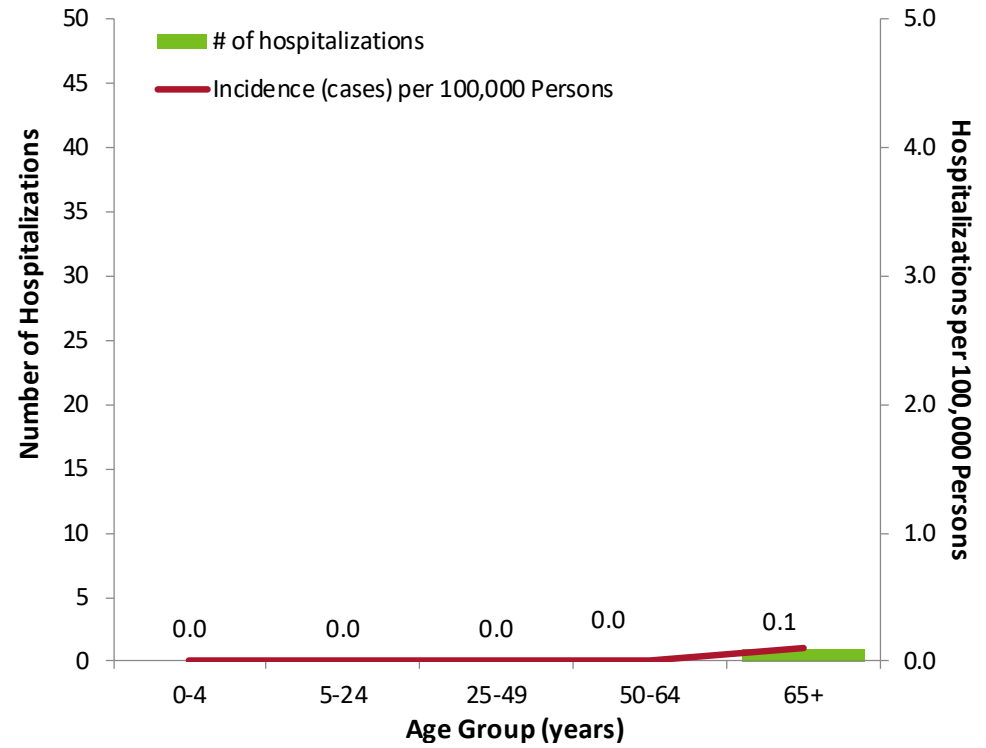
Number of Influenza Hospitalizations and Incidence by Region, Minnesota

October 3, 2021 – October 16, 2021



Number of Influenza Hospitalizations and Incidence by Age, Minnesota

October 3, 2021 – October 16, 2021



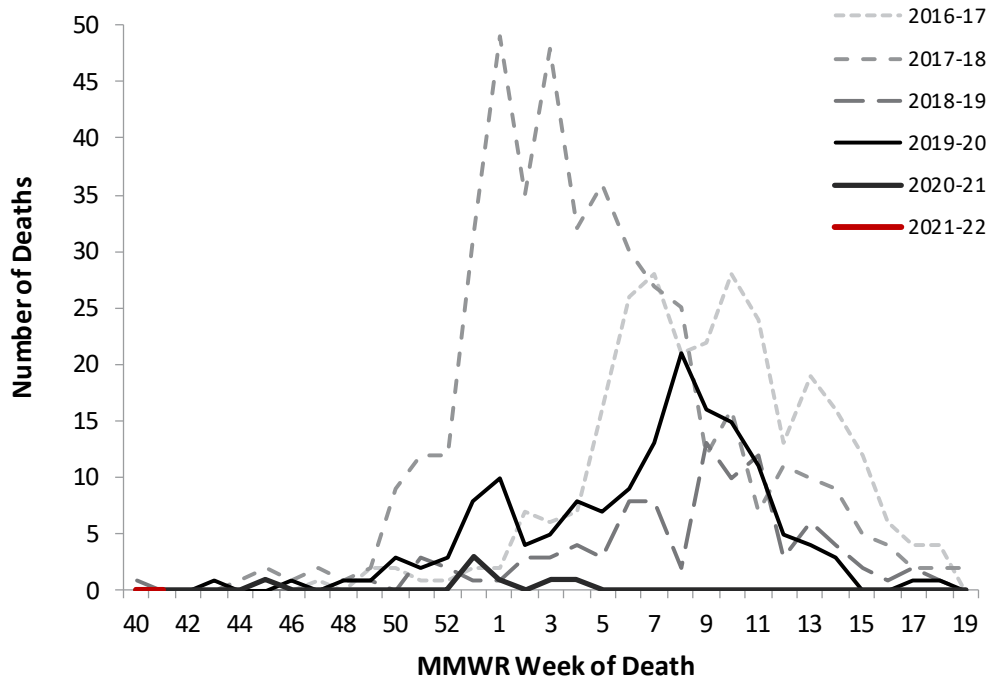
Region	Hospitalizations this week	Total (to date)
Central	0 (0%)	0 (0%)
Metro	0 (0%)	0 (0%)
Northeast	0 (0%)	0 (0%)
Northwest	0 (0%)	0 (0%)
South Central	0 (0%)	0 (0%)
Southeast	0 (0%)	0 (0%)
Southwest	0 (0%)	1 (100%)
West Central	0 (0%)	0 (0%)

Median age (years) at time of admission
-

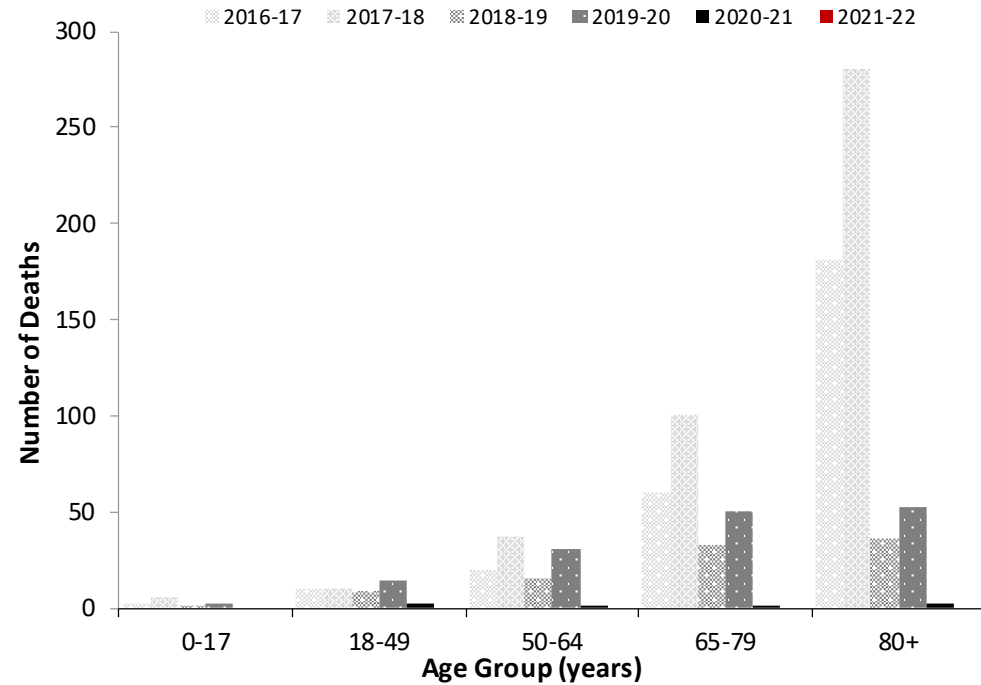
Influenza-Associated Death Surveillance

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)
2016-2017	273	2
2017-2018	440	6
2018-2019	126	1
2019-2020	197	3
2020-2021	7	0
2021-2022	0	0

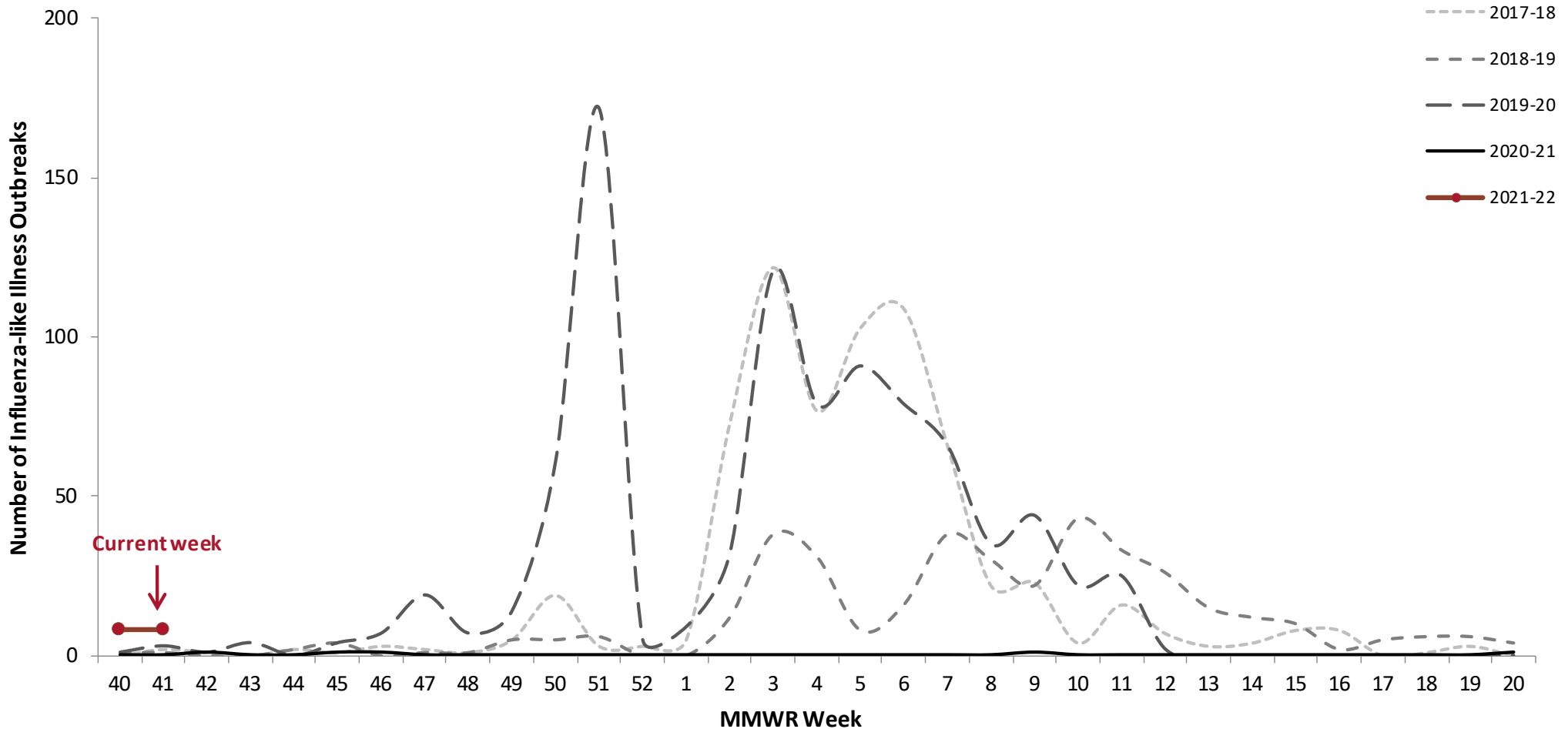
Season	Median age (years) at time of death
2016-2017	86
2017-2018	85
2018-2019	75
2019-2020	73
2020-2021	76
2021-2022	---

*FluSurv-NET = 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



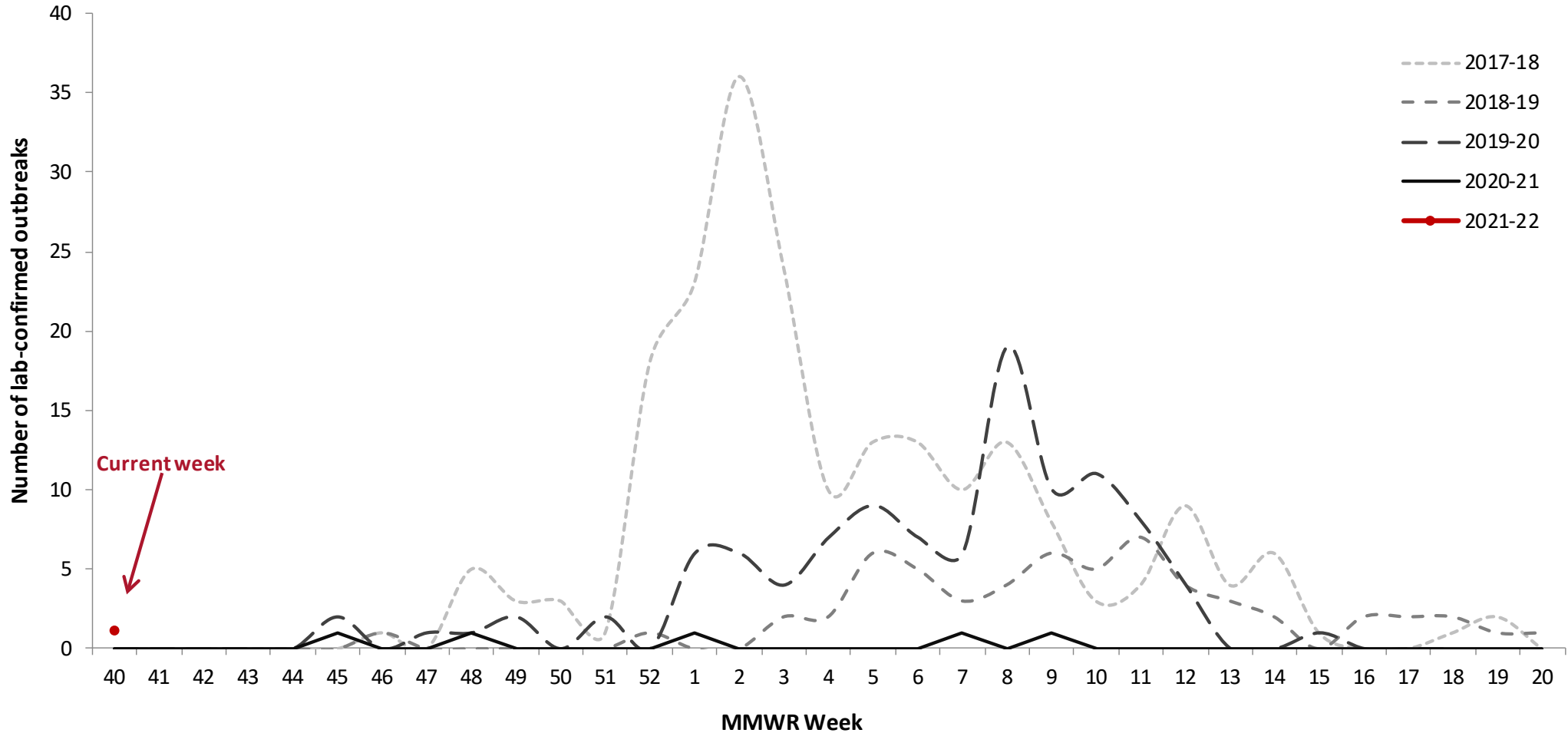
New school outbreaks this week	New school outbreaks last week	Total this season (to date)
8	8	16

† The Week 53 value for these seasons is the average of Week 52 and Week 1

Respiratory Disease Outbreak Surveillance: LTC Outbreaks

Long-Term Care (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



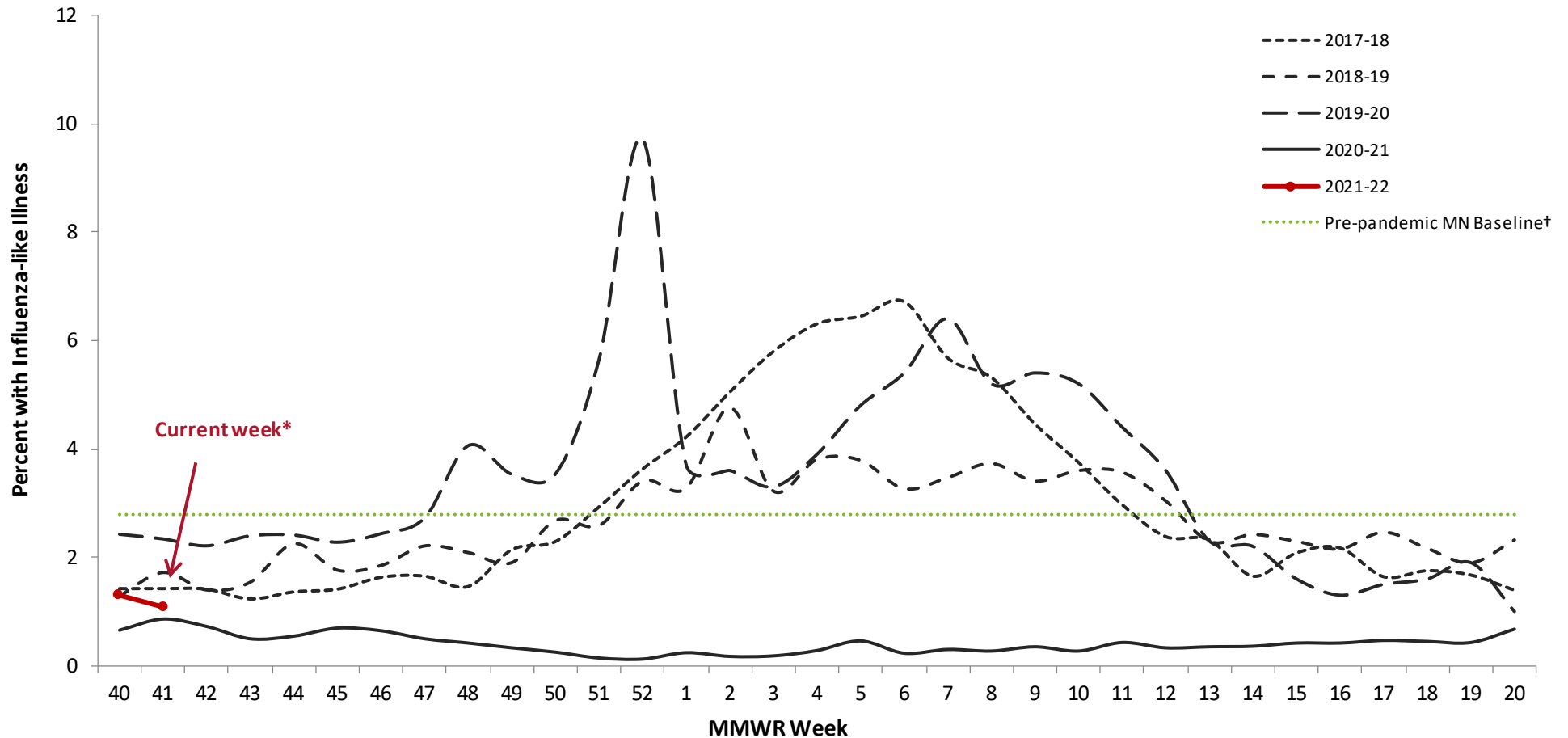
New LTC outbreaks† this week	New LTC outbreaks last week	Total this season (to date)
0	1	1

† The Week 53 value for these seasons is the average of Week 52 and Week 1

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)



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

† The Week 53 value for these seasons is the average of Week 52 and Week 1

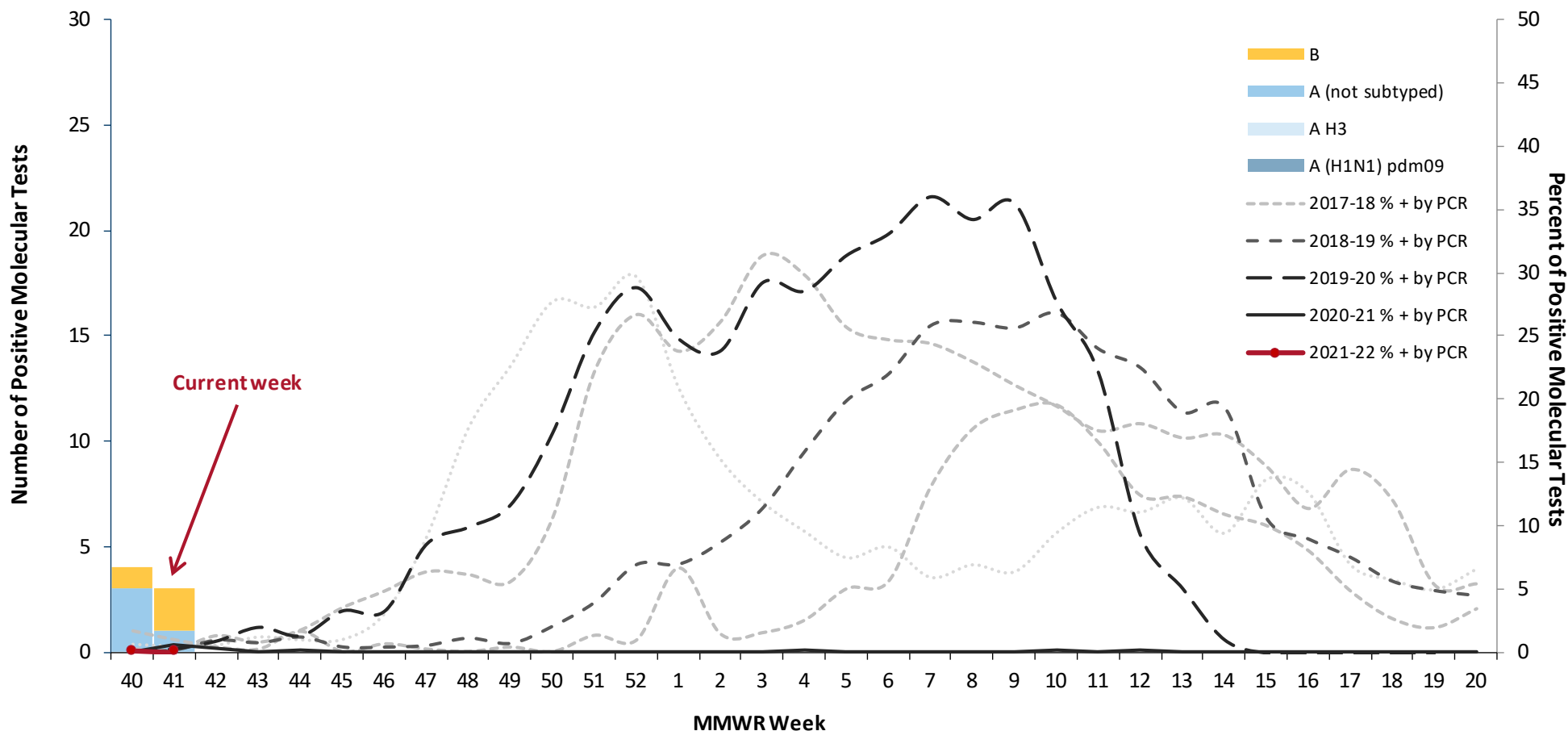
‡ MN Baseline valid for 2020-21 season only, do not compare it with previous seasons. The baseline is calculated by averaging the ILI percent for non-influenza weeks over the previous four seasons and adding two standard deviations. Non-influenza weeks account for less than 2% of the season's total flu-positive specimens tested at Public Health Labs in HHS Region 5. Weeks where ILI % is above baseline reflect weeks with excess health care visits due to ILI.

% of outpatients with ILI this week	% of outpatients with ILI last week
1.1%	1.3%

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



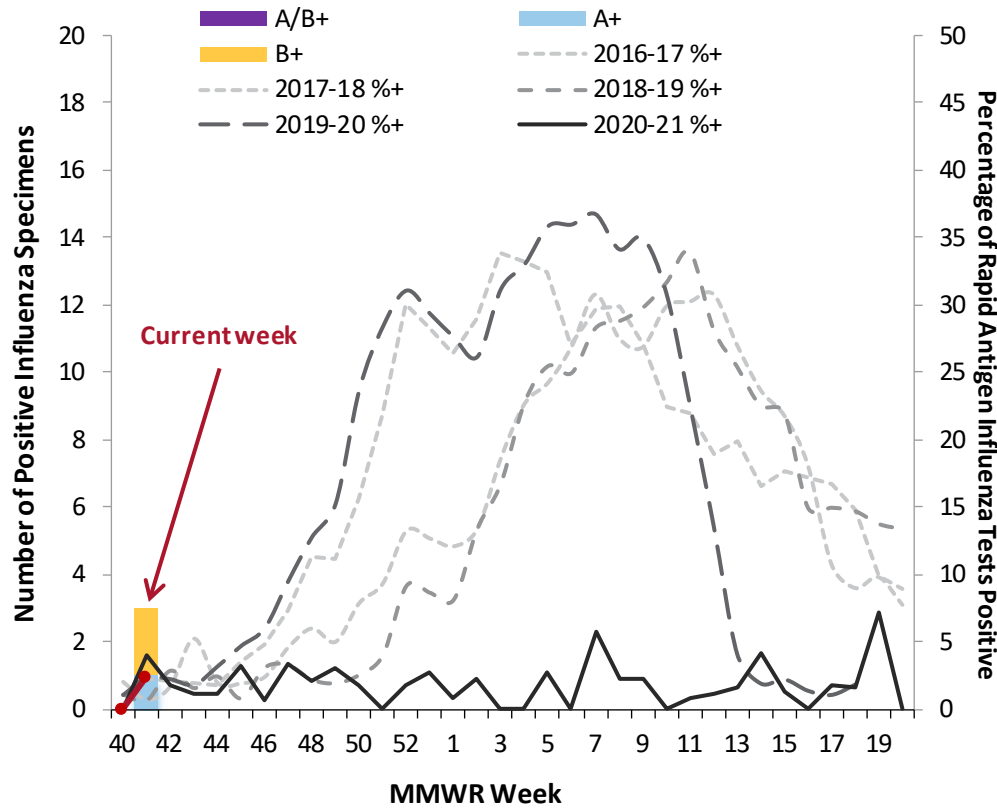
* Beginning in 2016-17, laboratories report results for rapid molecular influenza tests in addition to RT-PCR results

† The Week 53 value for these seasons is the average of Week 52 and Week 1

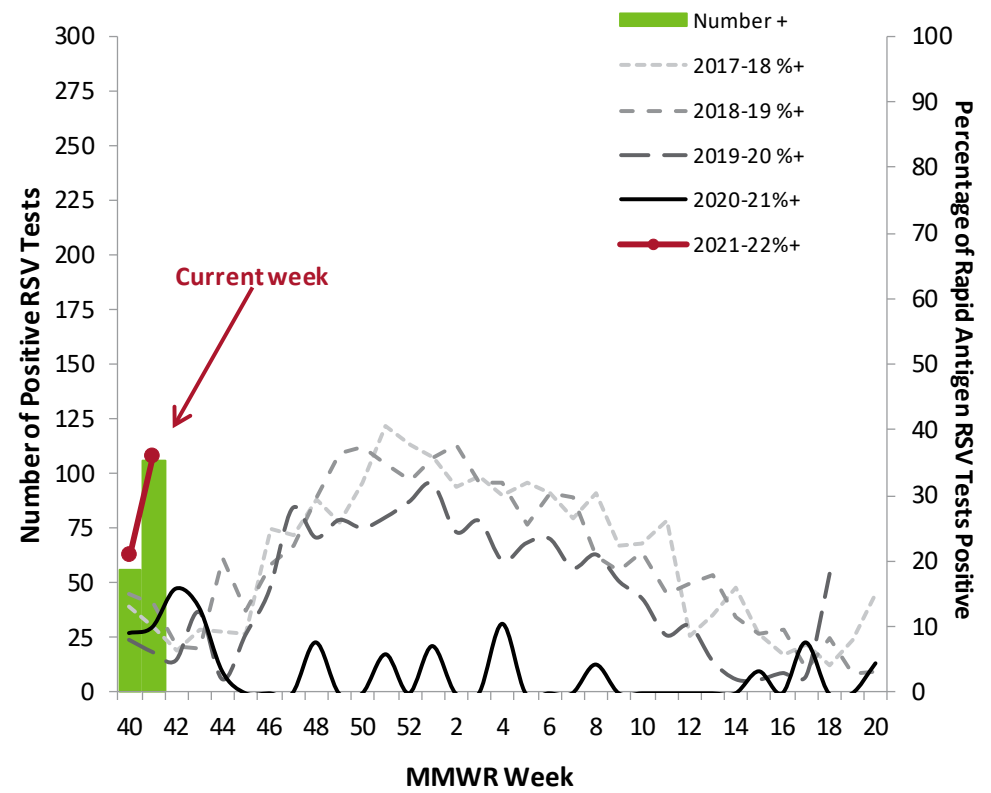
% of molecular tests positive this week	% of molecular tests positive last week
0.1%	0.1%

Laboratory Surveillance (continued)

MLS Laboratories – Influenza Testing Specimens Positive by Influenza Rapid Antigen Test, by Week



MLS Laboratories – RSV Testing Specimens Positive by RSV Rapid Antigen Test, by Week



Region	% rapid antigen influenza tests + this week
Central	0%
Metro	8%
Northeast	-
Northwest	0%
South Central	2%
Southeast	0%
Southwest	0%
West Central	-
Statewide (overall)	2%

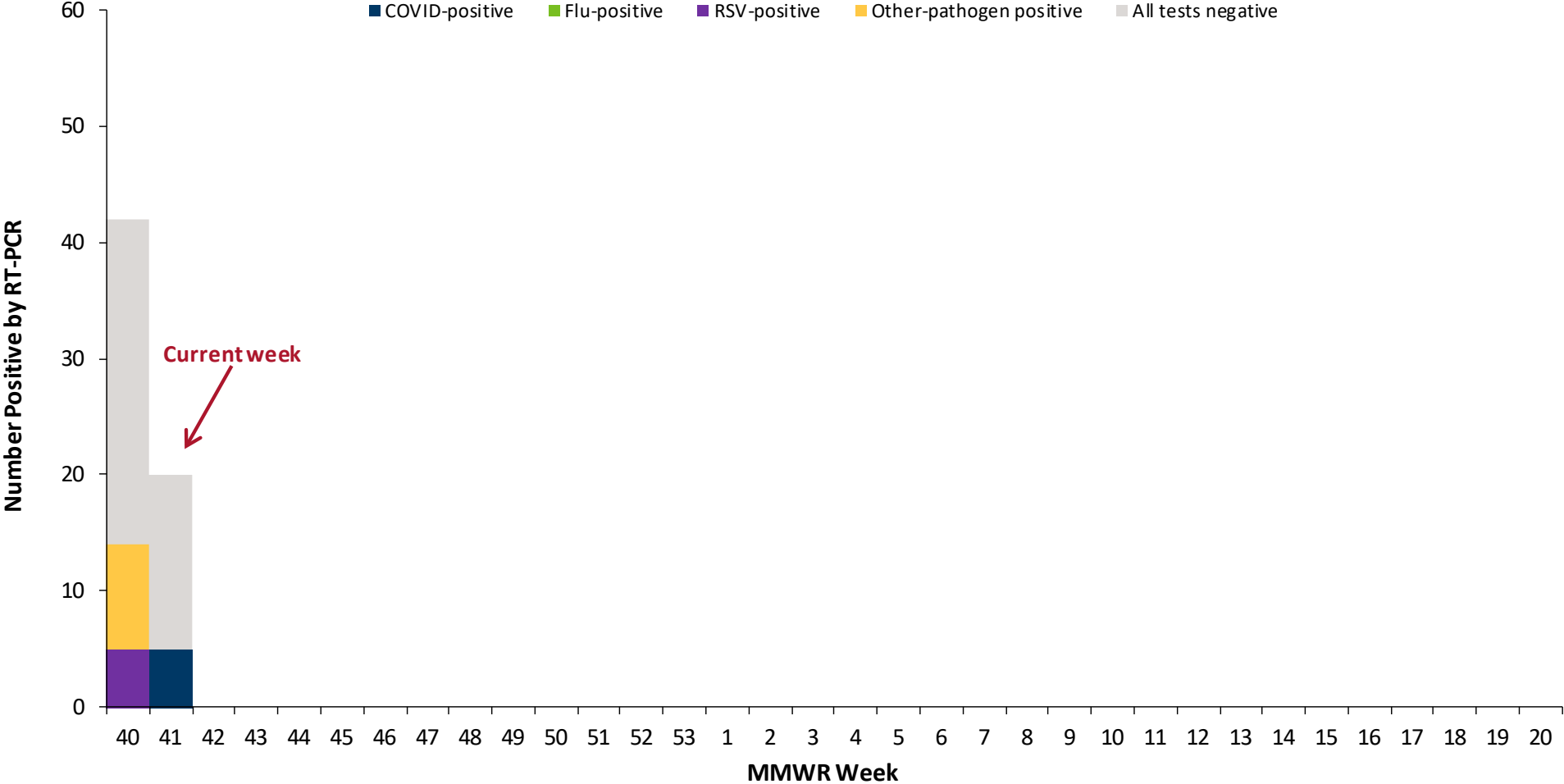
Region	% rapid antigen RSV tests + this week
Central	30%
Metro	30%
Northeast	50%
Northwest	-
South Central	39%
Southeast	27%
Southwest	45%
West Central	48%
Statewide (overall)	36%

† The Week 53 value for these seasons is the average of Week 52 and Week 1

Minnesota Influenza Incidence Surveillance Project (MIISP)

MIISP surveillance sites collect 10-20 specimens every week on patients presenting with acute respiratory illness with or without fever. The graph below illustrate the number of positive results by virus family detected each week. The primary purpose of these graphs is to visualize the respiratory viruses circulating in Minnesota.

MIISP Testing (Outpatient), by Week



Minnesota Influenza Incidence Surveillance Project (continued)

This table details the specific viruses detected during the 2020-21 Influenza season. Viruses are grouped by the virus family they belong to, with the exception of SARS-CoV-2 (the virus that causes COVID-19), which is singled out from the seasonal coronaviruses that regularly circulate throughout the year.

Pathogen Group	Pathogen	Frequency	Percent of detections
All Negative	None	43	
Adenovirus	Adenovirus	1	5%
Bocavirus	Bocavirus	-	-
Influenza	Flu A/H1/2009	-	-
	Flu A/H1/seasonal	-	-
	Flu A/H3	-	-
	Flu A/Unknown	-	-
	Flu A/Unsubtypeable	-	-
	Flu B	-	-
Parainfluenza	Parainfluenza-1	-	-
	Parainfluenza-2	-	-
	Parainfluenza-3	-	-
	Parainfluenza-4	-	-
RSV/Metapneumovirus	Metapneumovirus	-	-
	RSV	5	26%
Seasonal Coronavirus	Coronavirus-229E	-	-
	Coronavirus-HKU1	-	-
	Coronavirus-NL63	-	-
	Coronavirus-OC43	-	-
Rhinovirus/Enterovirus	Enterovirus	-	-
	Rhinovirus	-	-
	Rhinovirus/Enterovirus (non-differentiated)	8	42%
SARS-CoV-2 (COVID-19)	SARS-CoV-2	5	26%

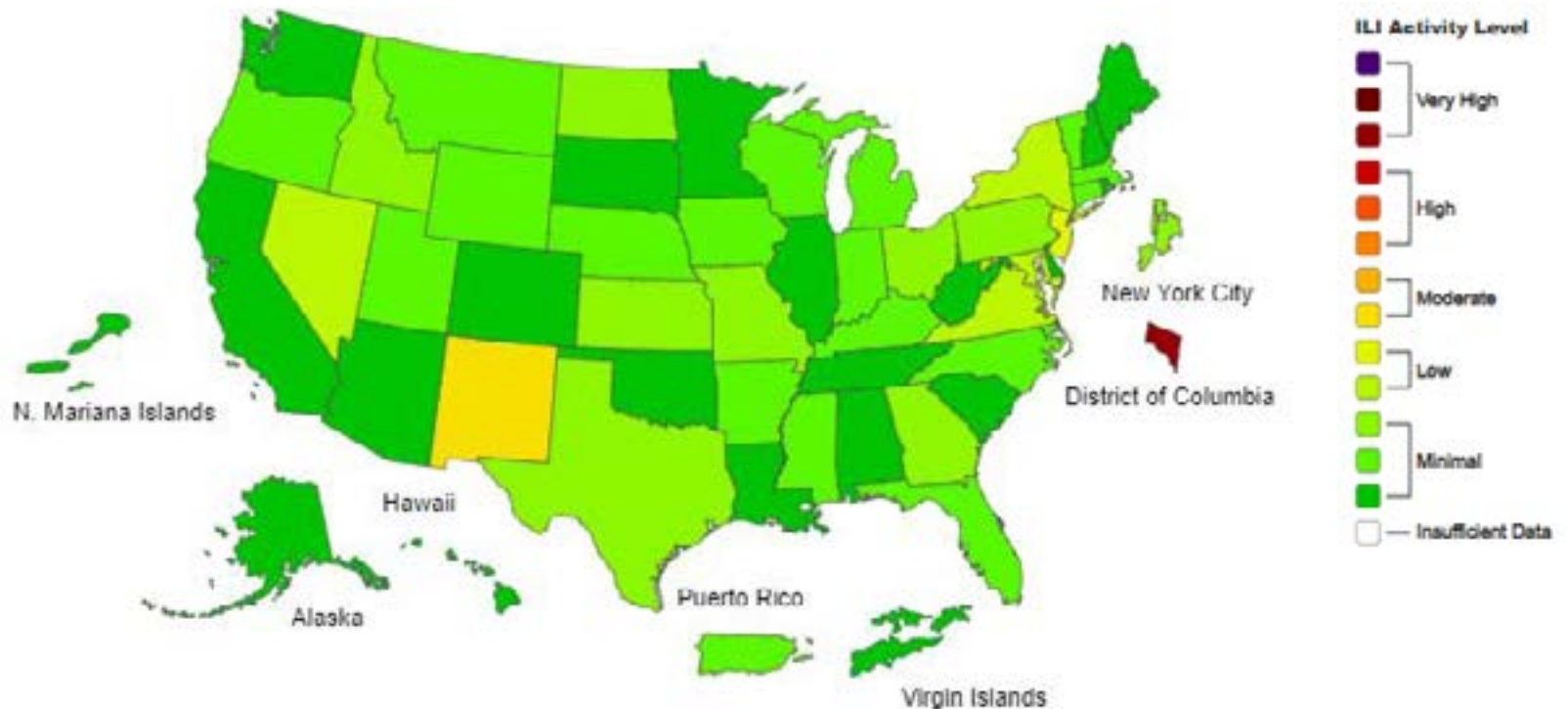
Weekly U.S. Influenza Surveillance Report

Week 40, ending Oct. 9, 2021

This week, 1 jurisdiction experienced high or very high activity and 1 jurisdiction experienced moderate activity.

- An annual flu vaccine is the best way to protect against flu and its potentially serious complications.
- CDC recommends everyone 6 months or older get a flu vaccine by the end of October.
- There also are flu antiviral drugs that can be used to treat flu illness.

Outpatient Illness: ILINet Activity Map



Influenza virus circulation remains low; therefore, increases in ILI activity are likely due to increased circulation of other respiratory viruses.

CDC National Influenza Surveillance (<http://www.cdc.gov/flu/weekly/>)