

# Weekly Influenza & Respiratory Illness Activity Report

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

**Week Ending October 26, 2019 | WEEK 43**

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 October 26, 2019 (Week 43), surveillance indicators showed sporadic 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 \(www.health.state.mn.us/diseases/flu/stats/\)](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/)

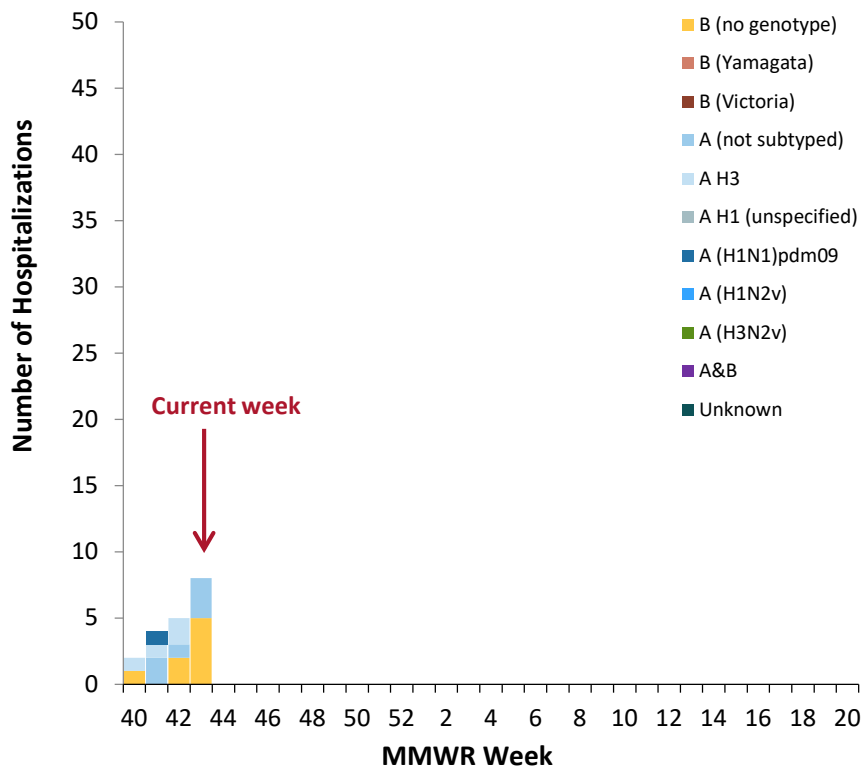
North Dakota: [Reported Seasonal Influenza Activity in North Dakota \(www.ndflu.com/default.aspx\)](http://www.ndflu.com/default.aspx)

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

# 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\*)



Hospitalizations  
this week

8

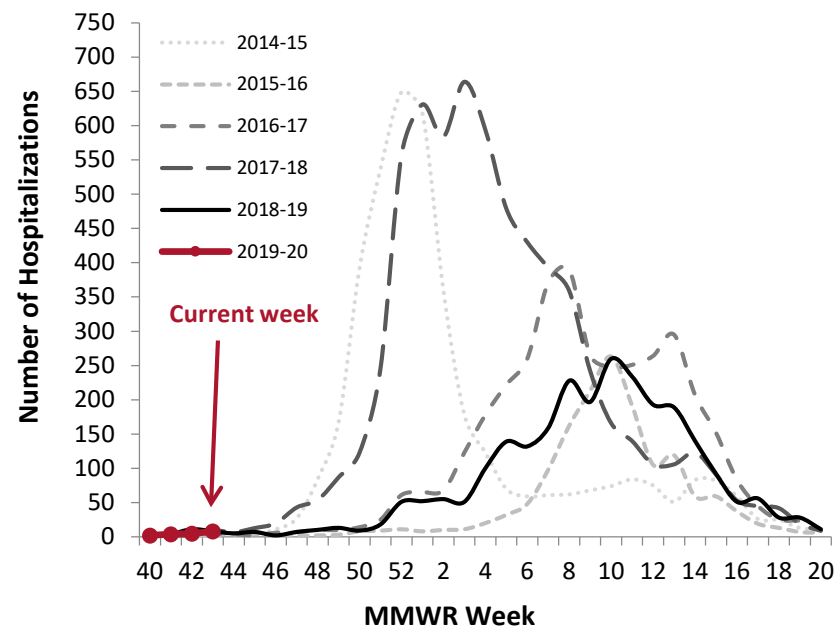
Hospitalizations  
last week

5

Total hospitalizations  
(to date)

19

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

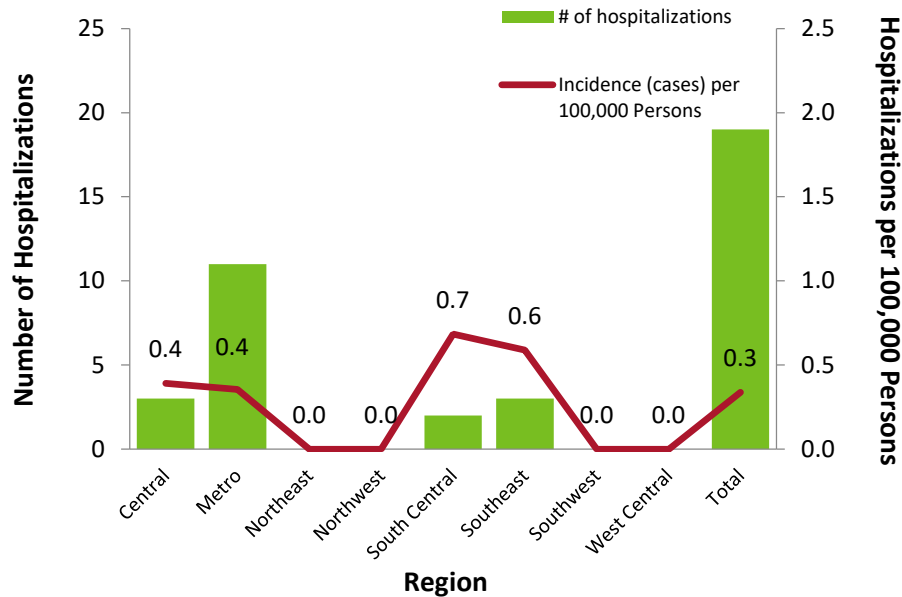


Season	Total hospitalizations (historic)
2014-2015	4,081
2015-2016	1,538
2016-2017	3,695
2017-2018	6,446
2018-2019	2,543
<b>2019-2020</b>	<b>19 (to date)</b>

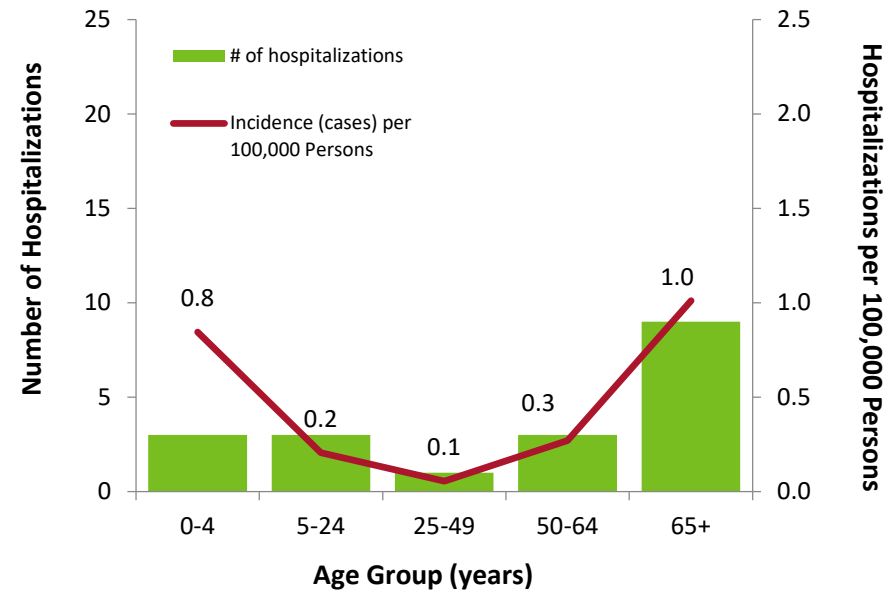
\*Influenza Surveillance Network

# Hospitalized Influenza Surveillance (continued)

## Number of Influenza Hospitalizations and Incidence by Region, Minnesota September 29, 2019 – October 26, 2019



## Number of Influenza Hospitalizations and Incidence by Age, Minnesota September 29, 2019 – October 26, 2019



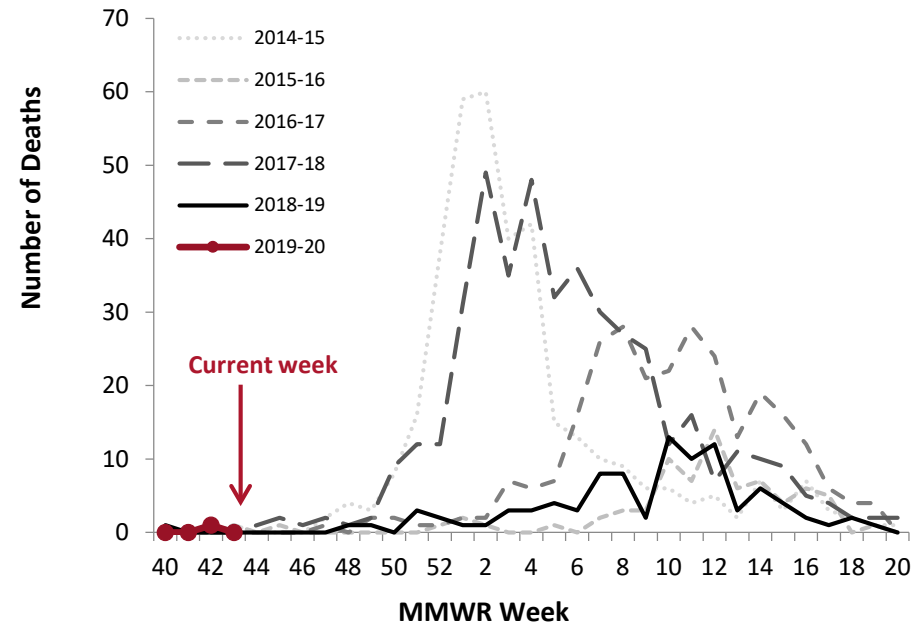
Region	Hospitalizations this week	Total (to date)
Central	0 (0%)	3 (16%)
Metro	5 (63%)	11 (58%)
Northeast	0 (0%)	0 (0%)
Northwest	0 (0%)	0 (0%)
South Central	0 (0%)	2 (11%)
Southeast	3 (38%)	3 (16%)
Southwest	0 (0%)	0 (0%)
West Central	0 (0%)	0 (0%)

Median age (years) at time of admission
62.0

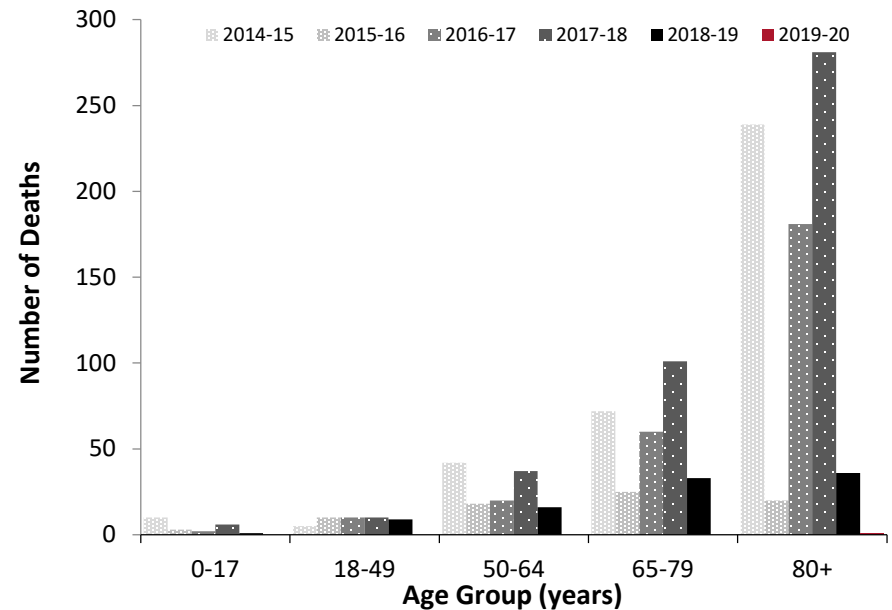
# Influenza-Associated Death Surveillance

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
<b>2019-2020</b>	<b>1 (to date)</b>	<b>0 (to date)</b>

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

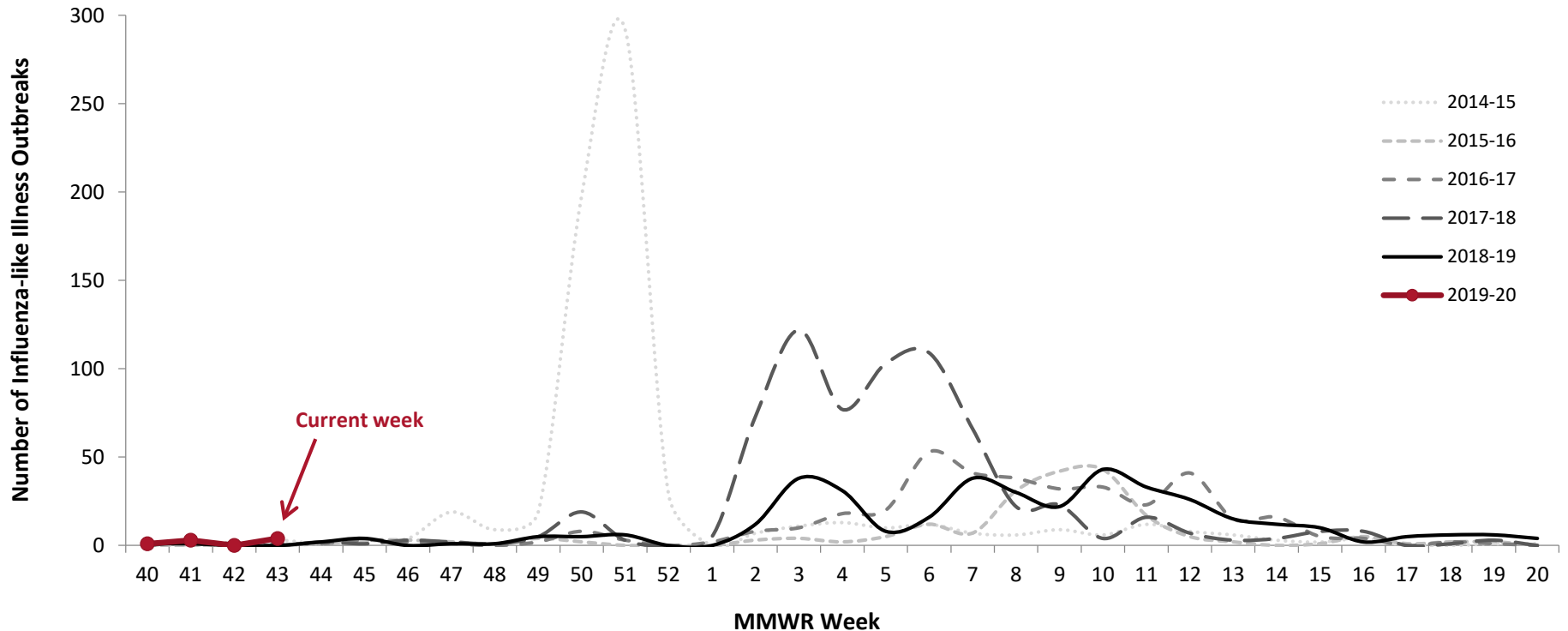
\*Influenza Surveillance Network

# 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

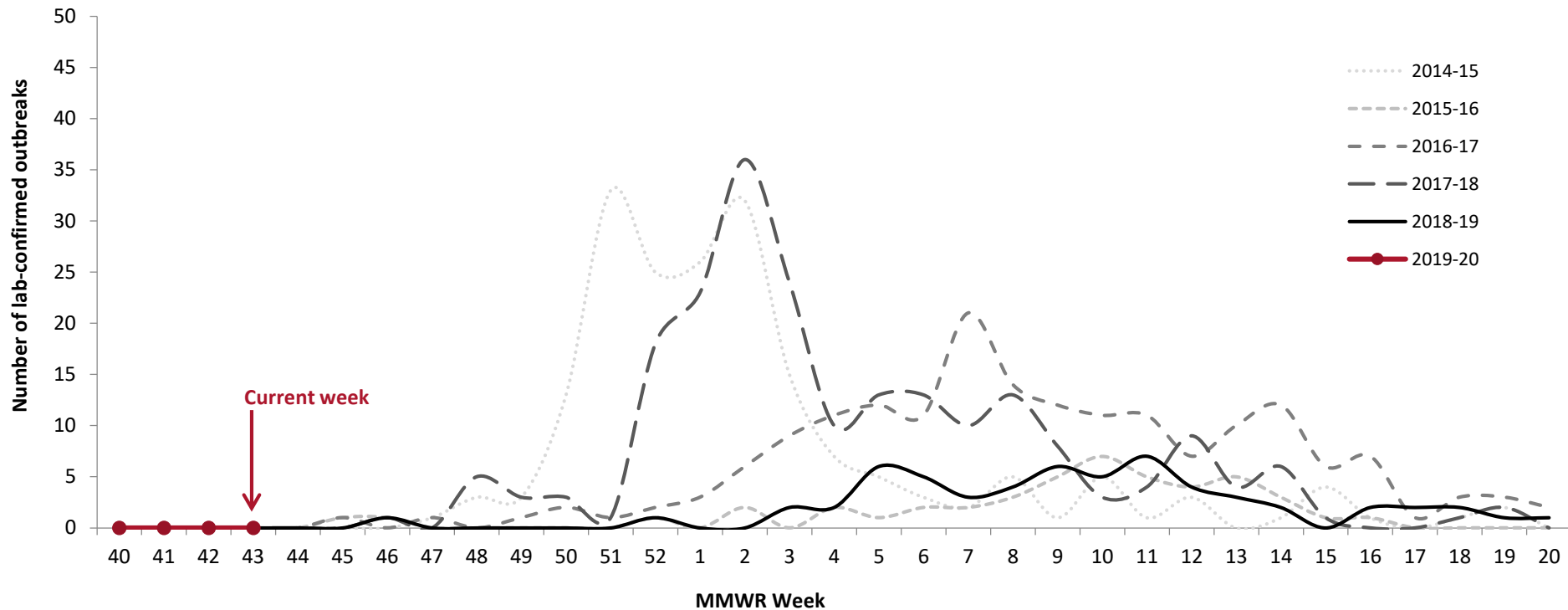


New school outbreaks this week	New school outbreaks last week	Total this season (to date)
4	0	8

## 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

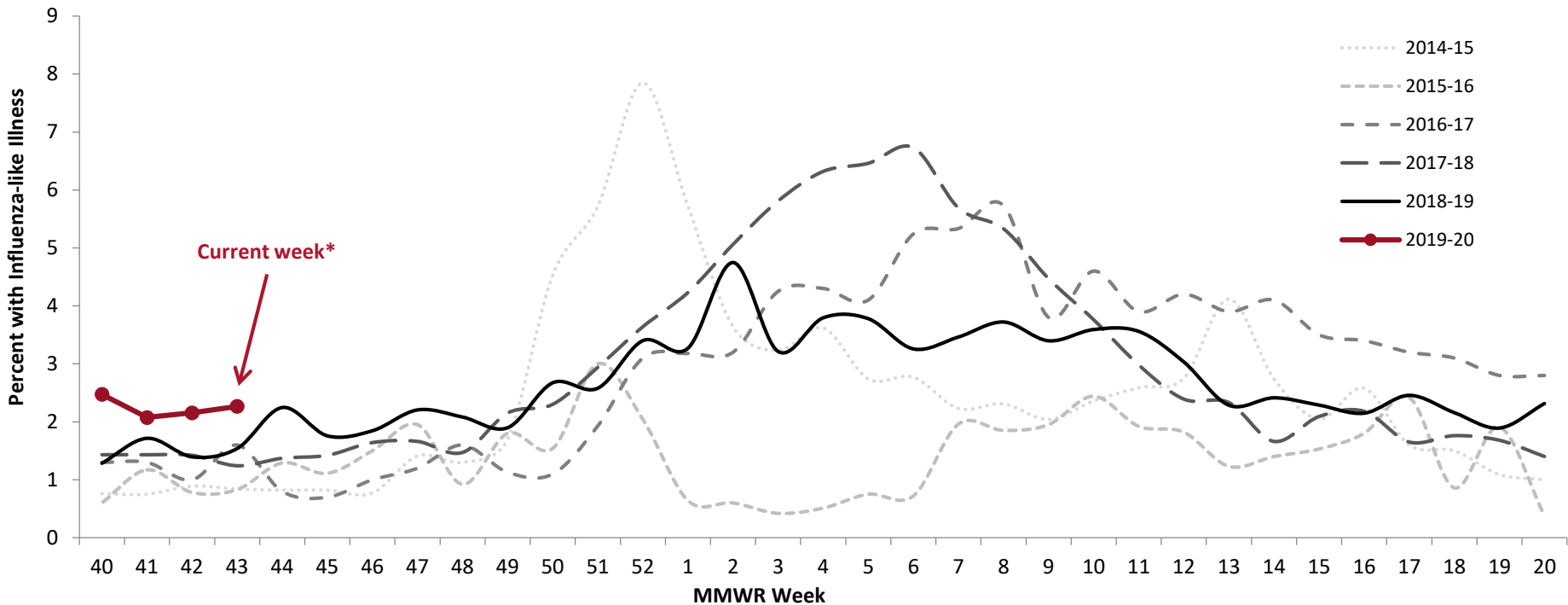


New LTC outbreaks this week	New LTC outbreaks last week	Total this season (to date)
0	0	0

# 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)



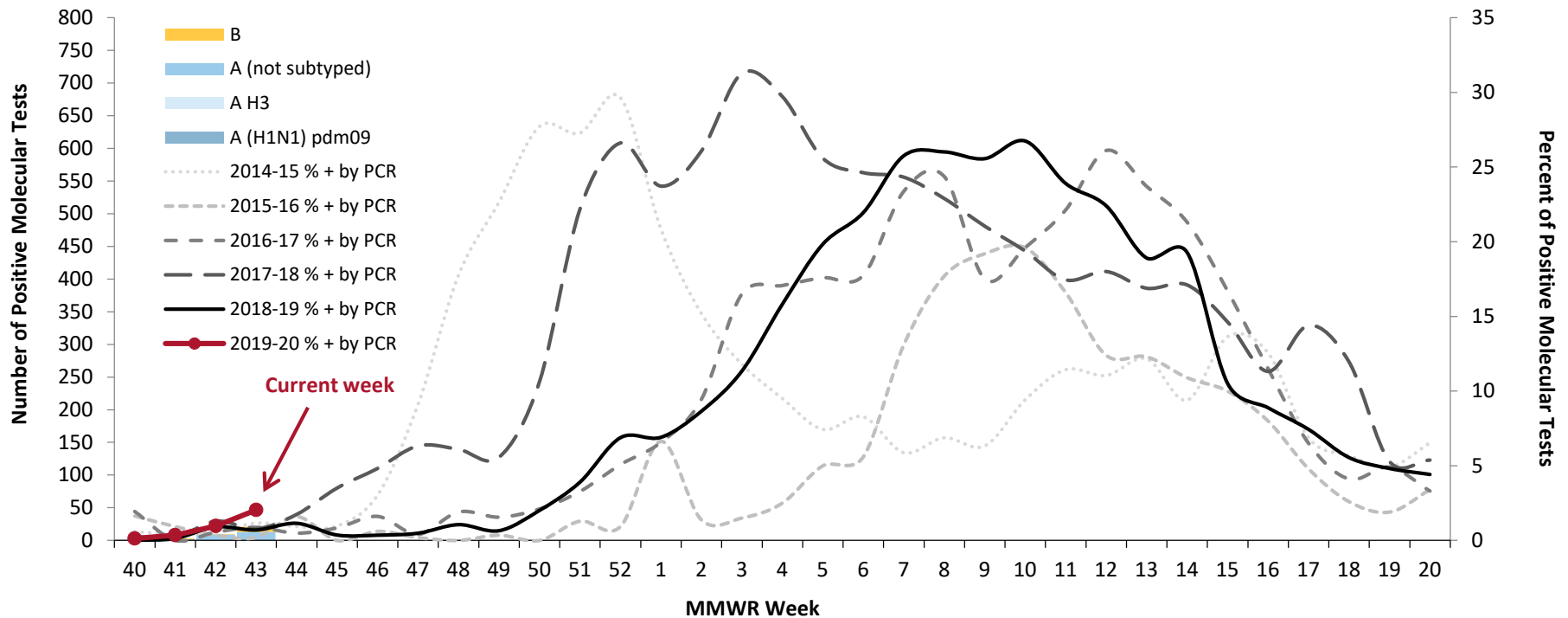
% of outpatients with ILI this week	% of outpatients with ILI last week
2.27%	2.15%

\* 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**

2.03%

**% molecular tests positive last week**

0.95%

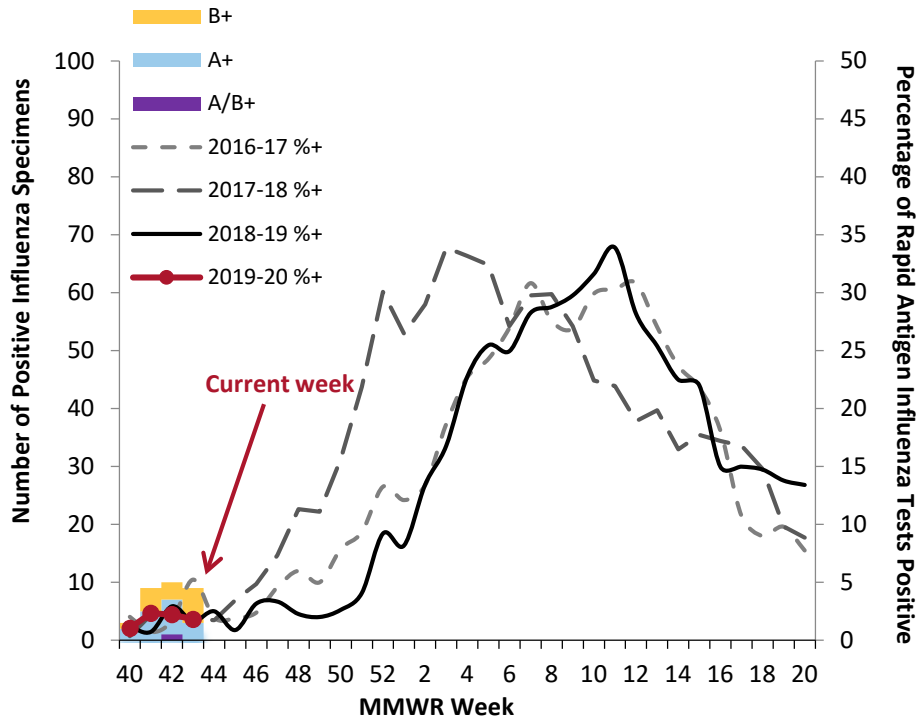
\* Beginning in 2016-17, laboratories report results for rapid molecular influenza tests in addition to RT-PCR results



# Laboratory Surveillance (continued)

## MLS Laboratories – Influenza Testing

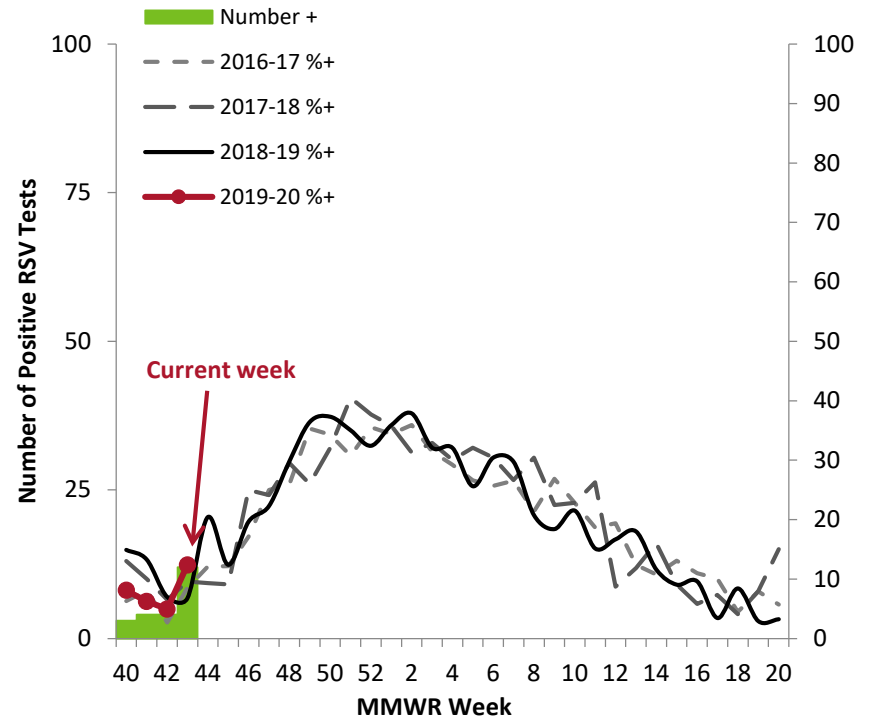
### Specimens Positive by Influenza Rapid Antigen Test, by Week



Region	% rapid antigen influenza tests + (current week)
Northeast	0%
South Central	0%
Southwest	0%
Southeast	4%
Metro	3%
Central	0%
West Central	6%
Northwest	0%
State (overall)	2%

## MLS Laboratories – RSV Testing

### Specimens Positive by RSV Rapid Antigen Test, by Week

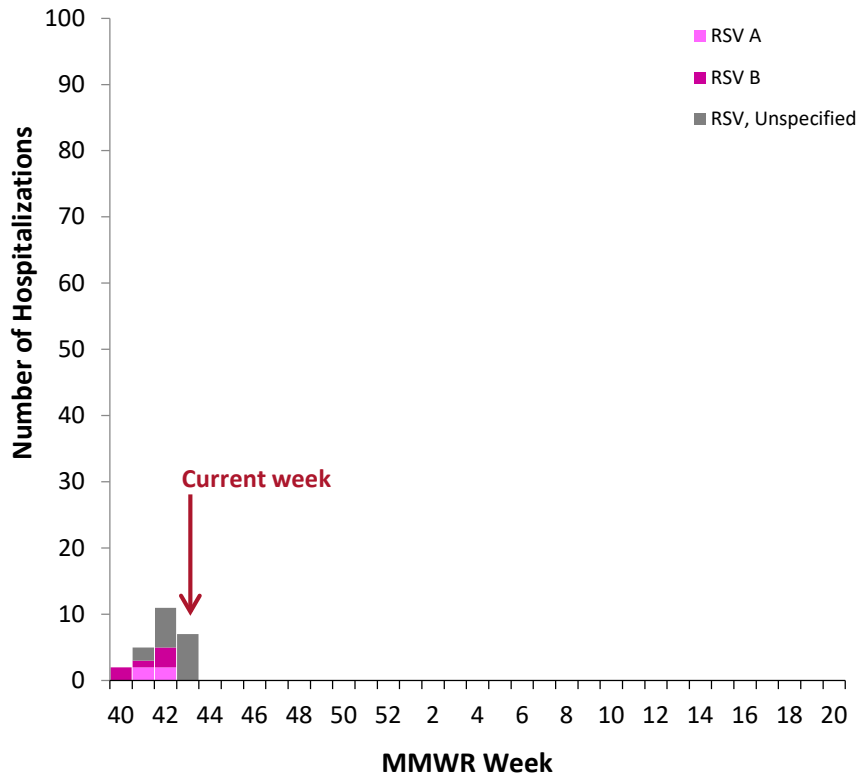


Region	% rapid antigen RSV tests + (current week)
Northeast	0%
South Central	0%
Southwest	0%
Southeast	0%
Metro	28%
Central	0%
West Central	100%
Northwest	---
State (overall)	12%

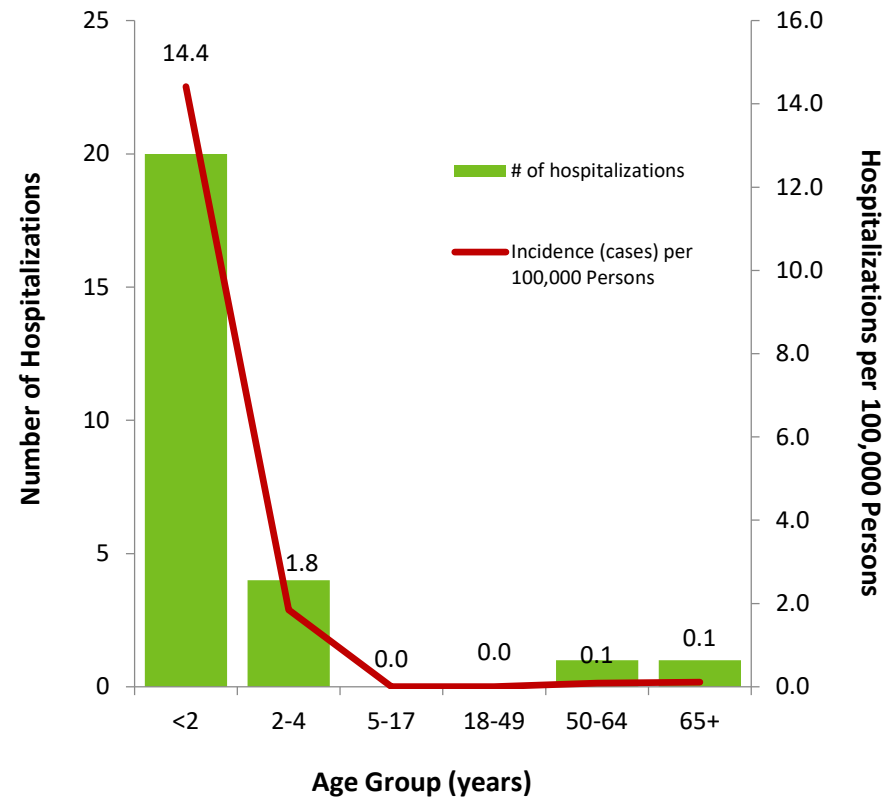
# Hospitalized RSV Surveillance

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

7

Hospitalizations last week

11

Total hospitalizations

25

Median age at time of admission

7 months

# Weekly U.S. Influenza Surveillance Report

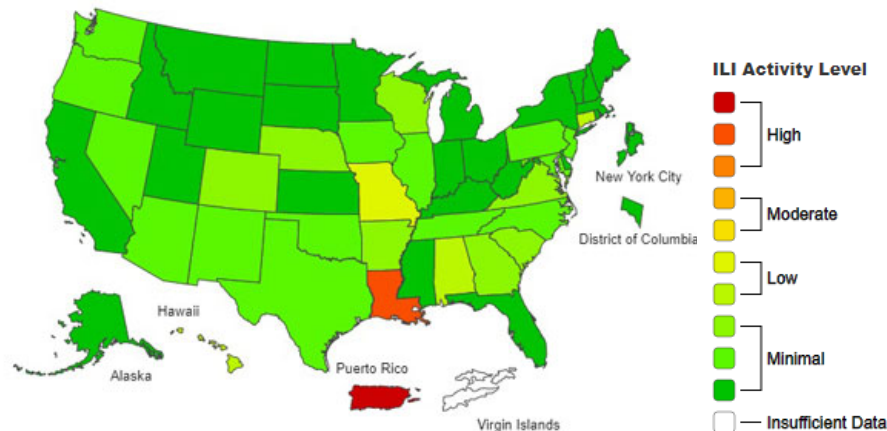
2018-2019 Influenza Season Week 41 ending October 12, 2019

According to this week's FluView report, seasonal influenza activity in the United States increased slightly, but remains low.

## Key Messages from CDC

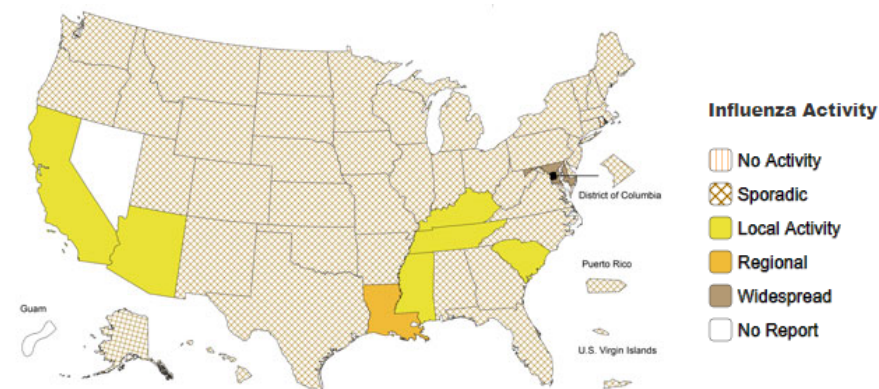
- CDC expects flu activity to increase in the coming weeks.
- An annual flu vaccine is the best way to protect against influenza and its potentially serious complications.
- CDC recommends everyone 6 months or older get a flu vaccine by the end of October.
- Flu antiviral drugs are prescription medications that can be used to treat flu illness, and they work best when used early (within two days of getting sick).

## Influenza-Like Illness (ILI) Activity: Outpatient Illness



The majority of jurisdictions experienced minimal ILI activity; however, Louisiana and Puerto Rico experienced high ILI activity.

## Geographic Spread of Influenza



The majority of jurisdictions reported sporadic or local activity; however, Maryland reported widespread activity and Louisiana reported regional activity.