

## FirstWatch® Regional Influenza Update

According to the CDC, at the end of Week 1 (1/5/13) report of influenza activity in the United States continued to be elevated although some markers of flu activity in some areas showed a decline. At this time, it is too early to tell if this is just a fluctuation or if it is a signal of an early peak to the 2012-13 flu season. Influenza levels are considered "widespread" in forty-seven (47) states; "regional" in two; Wash., D.C. with "local"; and one state reporting "sporadic".

The percentage of positive influenza specimens also increased. Of the 12,876 specimens tested for influenza last week, a national average of 32.8% tested positive for influenza, up just a little more than a percentage point more than last week. The highest percentage of positive specimens (58.2.%) was again in Region 5 (IL, IN, MI, MN, OP, WI), a slight decrease; Region 3 (DE, DC, MD, PA, VA, WV) was next with 46.7% (an increase to put them second) and Region 1 (CT, ME, MA, NH, RI, VT) with 43.1%, a decrease that drops them into third. The remaining Regions all reported with percentages in the 20s and 30s with Region 4 (AL, FL, GA, KY, MS, NC, SC, TN) at the lowest with 26.6%.

Of the 4,222 specimens that tested positive for influenza; 79.8% for influenza A and 20.2% for influenza B. Those testing positive for influenza A include 52.9% which tested as H3, 46.0% with no subtyping done, and 1.1% as 2009 H1N1; these percentages remain in similar proportions to previous weeks. Different Regions, and areas within those Regions, are reporting different dominant strains. An easy-to-use map of the different Regions' dominant strains can be found @ http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html

There were no new H3N2 variant influenza cases reported again during the week. There were two pediatric influenza-related deaths (both influenza A viruses) although one death actually occurred during week 52. There have been a total of 20 flu-related pediatric deaths during this flu season. Adult pneumonia and mortality was slightly above the epidemic threshold level for this timeframe.

Hospitalizations related to influenza, confirmed by lab tests, for the period from Oct through Dec of 2012 was running at 8.1 per 100,000 according to the CDC. Of those, 85.2% (1,924) were from Influenza A and 13.8% (312) from Influenza B. Nineteen did not have virus type noted. The groups indicated for greater risk from flu complications, both in adults and children are remaining consistent with past flu seasons.

The percentage for outpatient visits for ILI (influenza-like illness) was 4.3%, which is higher than the national baseline of 2.2% but lower than last week's 5.6% Nine out of ten Regions reported ILI levels above their Regional baseline levels. Twenty-four states and New York City had high ILI activity; sixteen states reported moderate activity; five states reported low activity and another five states reported minimal activity. Washington D.C. did not have enough data to report.

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## For more detailed statistics, including influenza updates by Region and State see:

- <u>http://www.cdc.gov/flu/weekly/</u>
- http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html

To find more about influenza surveillance, methods and data collection sets, see <a href="http://www.cdc.gov/flu/weekly/overview.htm">http://www.cdc.gov/flu/weekly/overview.htm</a>

## For more reference, a list of links, found on the *CDC Fluview* website, and with the following note included are:

<u>CDC Note</u>: Any links provided to non-Federal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the Federal Government, and none should be inferred. CDC is not responsible for the content of the individual organization web pages found at these links

**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 <a href="http://www.google.org/flutrends/">http://www.google.org/flutrends/</a>

**World Health Organization:** Additional influenza surveillance information from participating WHO member nations is available through **FluNet** (<u>http://www.who.int/influenza/gisrs\_laboratory/flunet/en/index.html</u>) and the Global Epidiemology Reports, <u>http://www.who.int/influenza/surveillance\_monitoring/en/</u>

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

**Europe:** for the most recent influenza surveillance information from Europe, please see WHO/Europe at

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

http://ecdc.europa.eu/en/publications/surveillance\_reports/influenza/Pages/weekly\_influenza\_Pages/weekly\_influenza\_surveillance\_overview.aspx

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

Health Protection Agency (United Kingdom): The most up-to-date influenza information from the United Kingdom is available at <a href="http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/">http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/</a>

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