



FirstWatch® Regional Influenza Update

The Regional Influenza Network (RIN) was developed to allow real time monitoring of influenza-like signs and symptoms for those clients that were interested in participating. This, in turn, allows an agency, or agencies that share data regionally, to potentially have an early warning of influenza activity. The signs and symptoms, associated with circulating seasonal influenzas, were developed into triggers based primarily on those used for the Severe Respiratory Illness (SRI) drop down screen from Medical Priority Dispatch data (primarily ProQA). However, any FirstWatch client may participate even if using other systems or datasets. With these clients, attempts have been made to identify those items from the client's dataset that fits most closely to the previously identified signs and symptoms. Also, in the event of an outbreak of a novel virus, such as Influenza A 2009 H1N1, if different signs and symptoms are associated with a virus, the signs and symptoms associated with influenza triggers can be readily adapted.

Currently, at the end of Week 41 (10/13/12) report of influenza activity in the United States, flu levels are for all 50 states and territories are at a low level (compared historically). Of more than 3000 specimens that were tested for influenza last week, there was a national average of 3.9% that tested positive for influenza. The highest percentage for flu was in Region 4 (the Southeast) which reported 7.7% positive. Of the 3,285 specimens tested, 129 tested positive for influenza; 47% for influenza A and 53% for influenza B. However, flu levels typically start increasing now through March and then continue through to May, when levels fall to little or no activity. There is ongoing surveillance of new variant of an influenza A virus that is called Influenza A (H3N2)v, which is a flu that has re-assorted as a mix of a swine-origin flu and also has a gene from the 2009 H1N1 pandemic flu, rendering it capable of transmitting to humans. There have been 306 cases, mostly young children with no immunity, reported in 10 states since July, 2011, with one death. Most have reported close contact with pigs in the weeks before they became ill. This suggests a primary swine-to-human transmission with a few cases (limited) of human-to-human contact. It is, however, very important to monitor closely and test those that have flu signs and symptoms and have been in contact with pigs, or those that have had flu signs and symptoms, particularly those in states where the virus has been identified. Recommendations for surveillance and testing come from local health, state, and federal health authorities.

Listed below are links to various CDC links that may be of interest:

Fact Sheet for Seasonal and the new variant Flu Influenza A (H3N2)v:

www.cdc.gov/flu/swineflu/influenza-variant-viruses-h3n2v.htm

Information on seasonal flu:

<http://www.cdc.gov/flu/about/disease/index.htm>

Links to a Weekly Summary of flu including maps, breakdown of presenting flu strains, etc:

www.cdc.gov/flu/weekly/fluactivitysurv.htm



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