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## Influenza (FLU) Update for Week #02 Week Ending 1-13-18

The CDC reported that **influenza (Flu)** activity, including diagnosed flu and **Influenza-Like-Illness (ILI)**, increased again. All states reported widespread flu activity except for Hawaii and ILI also increased. This indicated that this flu season is a severe one – at, or just below -- the data seen in the most recent severe flu season of 2014-15. Deaths associated with flu have reached system-specific epidemic thresholds.

The dominating flu subtype continued to be A H3N2, typically a more severe subtype of flu with increased complication rates. This trend was apparent in the flu data received for this week.

Although the highest risk for complications & hospitalizations remained in those 65 years or older, other age groups, ages 50-64 and young children, age 0-4 also had higher rates of complications and hospitalizations.

See this link for more details, including charts, graphs & maps. <https://www.cdc.gov/flu/weekly/>

A quick glance at the graphs for *Percentage of Visits for ILI* and *Pneumonia and Influenza Mortality Surveillance*, give a pictorial presentation of the severity of this flu season.

FirstWatch **RIN (Regional Influenza Network)** Alerts continued to be frequent, which correlated with CDC ILI and Flu reports.

### For the most recently reported week ending January 13, 2018, the CDC reported:

- **ILI visits** to clinics & other non-hospital facilities remained elevated at 6.3% (was 5.8% last week) and above the national baseline of 2.2% for the 8<sup>th</sup> week in a row. This is the highest number reported since flu season 2003-4. All 10 regions reported ILI at or above their region-specific baselines again.
- **Flu cases** (documented by positive flu tests) remained elevated, with widespread flu reported in 49 states. Clinical lab testing for influenza was positive for flu in 25.6% of the total tests (compared with 24.7% last week).
- **Influenza A** remained the dominant flu for 82.4% of the flu tests reported (83.6% last week), with H3N2 the subtype 90.4% (88.6% last week) and 9.6% (11.4% last week) as A (H1N1)pdm09 viruses. The rest of the tests showed 17.6% (16.4% l.w.) tested as Influenza B viruses.

This again shows a slight decrease in Influenza A cases and more Influenza B cases. Typically, Influenza B viruses are less severe and occur more in the latter part of the flu season.

Most of the flu viruses collected this season are well matched to the seasonal vaccine offered.

The majority of the circulating flu viruses are susceptible to the antiviral medications oseltamivir, zanamivir, and peramivir, although some resistance was found in two cases to be resistance to H1N1. See <https://www.cdc.gov/flu/weekly/> for specific resistances.

**The CDC provides an interactive U.S. map that will link to each state's public health authorities. ILI and Flu information and processes, as well as other diseases and public health topics. This site includes a tremendous amount of information at the State and even Local level.**

Find it at this site: <https://www.cdc.gov/flu/weekly/usmap.htm>

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-- **For Influenza-like illness (ILI):**

**High ILI Activity: (New York City, Puerto Rico & 32 states):** Alabama, Arizona, Arkansas, California, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Virginia, and West Virginia, Wisconsin, and Wyoming

**Moderate ILI Activity: (9 states):** Alaska, Colorado, Idaho, Iowa, Massachusetts, Minnesota, North Dakota, Pennsylvania, and Rhode Island

**Low Activity: (Washington D.C. & 6 states):** Connecticut, Michigan, New Hampshire, Utah, Vermont, and Washington

**Minimal Activity (3 states):** Delaware, Maine, and Montana,

-- **For Flu (positive flu tests):**

**Widespread Activity (Puerto Rico & 49 states):** Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming

**Regional Activity:** Guam

**Local Activity: (Washington D.C. and 1 state):** Hawaii

**Sporadic Activity:** US Virgin Islands

-- **Other Data:**

Hospitalizations from Flu increased significantly with a rate of 31.5 per 100,000 per population, compared to 22.7 last week. Those 65 years and older had much higher rates of 136.5/100,000; ages 50-64 at 33.2/100,000 and ages 0-4 @ 22.8/100,000.

Death rates for pneumonia and influenza in adults were 8.2%; above the epidemic threshold of 7.1%. but Death reports often aren't reported for data purposes in the same time frame as flu and ILI cases are so lag behind most Flu reporting.

There were ten more pediatric deaths from flu reported this week, for a total of 30 for this flu season.

-- **Flu in Canada and Europe:**

According to the Public Health Agency of Canada (**PHAC**) for Week #2 (ending 1-13-18), Canada remained with high flu activity. However, most influenza and ILI indicators have slowed their increase, remained close to the same, or decreased compared to Week #1. This may indicate that Canada may be near the peak of this flu season. H3N2 remained the dominant subtype, although Influenza B cases increased to 37%. Influenza B cases are significantly larger and occurred earlier than in previous years. Most of the diagnosed flu cases, hospitalizations, and deaths have remained in those 65 years and older.

For more information see: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza.html>

According to the European Center for Disease Prevention & Control (**ECDC**), flu continued to increase in Western, Northern, and Southern Europe for Week #2 (8-14 January 2018). Influenza A & Influenza B viruses were co-circulating; different patterns of circulation were detected amongst countries in the Region. For those being tested who presented with ILI or **ARI (acute respiratory infection)** at PCPs, 46% tested positive for flu (compared to 42% last week).

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For more information see: <http://flunewseurope.org/>

### First Responder Specific Information

There are many websites that may be helpful in planning and managing seasonal flu within First Responder organizations. There is a list of various links in a document called *Seasonal Influenza Resources*.

Three of those websites are included here: <https://www.cdc.gov/flu/weekly/usmap.htm> & <https://flunearyou.org/#/> and <http://www.healthmap.org/en/>

- First Responders should be vaccinated for Flu each season to prevent getting flu themselves, taking it home to family members or transmitting it to patients in their care. Family members and patients may be at increased risk of complications from flu.
- Perform proper hand hygiene including frequent handwashing and the use of hand sanitizers in general, and particularly when providing patient care or after touching surfaces.
- Masks (N95 or 100) should be used in the presence of patients with cough and/or fever.
- Care should be taken to avoid touching their own face and mucous membranes (eyes, mouth, nose) since the flu virus is frequently found on surfaces such as door knobs, cot and equipment handles, phones, as well as clothing, bed clothes, etc.
- Report signs/symptoms of flu to your physician or other appropriate provider for early assessment and care.
- Cough and sneeze into your sleeve, if a tissue is not available, and not onto your hands.
- Stay away from others if you are sick.
- Be aware of your exposure risk and history. Take extra precautions or avoid those with immunocompromise, when possible, if there you have a known or likely exposure.
- Antivirals may be indicated for the treatment of flu, particularly for those in high risk groups, those who are hospitalized or have severe, complicated or progressing flu. Those that present with 48 hours of the onset of symptoms may also be given antivirals, based on PCP judgement but make sure the practitioner is aware of their First Responder Role. See <https://www.cdc.gov/flu/antivirals/whatyoushould.htm>

Note: the Flu is much more worrisome for the very young and the very old. Signs of ILI in this group requires careful assessment to rule out complications and these groups are much more likely to be transported to assure adequate care. Since A H3N2 is, so far, this year's dominant flu, young children and those over 65 are typically at greater risk for complications, hospitalization and even death. Consideration should be given to perhaps monitoring these two groups more closely, with consideration for more comprehensive assessment and transport for further evaluation, with a presentation of possible flu and any signs of complications.

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