

Influenza (FLU) Update for Week #20 Week Ending May 18, 2019

The CDC reported that **Influenza (Flu)** activity, which includes diagnosed flu as well as **ILI (Influenza-Like-Illness)**, stayed low throughout the nation during Week #20, as this year's Flu Season is finally ending after a record long number of weeks.

Only one (1) state had widespread flu activity.

ILI remained under the national baseline of 2.2%; all 10 Regions reported "Normal" activity with ILI. Respiratory specimens testing positive for flu decreased to 3.8% last week.

The number of hospitalizations from flu leveled off for all age groups.

Adult mortality from pneumonia & influenza was again below the epidemic threshold. Week #18 Pediatric mortality from flu added two deaths for Week #20; one from Jan, the other from late April.

For this Flu Season, Influenza A(H1N1)pdm09 was dominant from Oct through mid-Feb; Influenza A(H3N2) became and stayed dominant as of late Feb. Only small numbers of Influenza B circulated with a rise in the last few weeks but less than typical.

FirstWatch RIN (Regional Influenza Network): RIN Alerts for Week #20 were rare.

For the most recently reported week, ending May 18, 2019, the CDC reported:

Influenza-like illness (ILI) visits to clinics & other non-hospital facilities decreased to 1.5%, well below the national baseline of 2.2%. All 10 Regions reported levels **below** their region-specific baselines, with a range of 0.6% to 2.4%.

Flu cases, documented by positive flu tests of respiratory specimens, were reported as Widespread in only one (1) state. Clinical lab testing for influenza was positive for 3.8% of specimens, with a range of 2.8% to 5.9%.

For the week, Influenza A remained the dominant flu, decreasing to 55.3% of the flu tests reported with an increasing number of Influenza B at 44.7%:

(A)H3N2 was at 76.9% & A(H1N1)pdm09 at 23.1%.

Influenza B: Victoria at 100% & Yamagata was at 0% and Typically, Influenza B viruses occur more toward Spring and cause less severe illness. A(H3N2) viruses are known to cause increased severity and be significantly less covered by the flu vaccine as the season persisted.

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>

For Influenza-Like Illness:

Low Activity: (Puerto Rico & 2 states): Louisiana and Minnesota

Minimal Activity: (New York City, Washington D.C., U.S. Virgin Islands & 48 states): Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, 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

For Flu (positive flu tests):

Widespread Activity: (1 state): Massachusetts

Regional Activity (Puerto Rico & 1 state): Arizona

Local Activity: (8 states): Connecticut, Hawaii, Louisiana, Maryland, Michigan, Minnesota, New Hampshire, and Washington

Sporadic Activity: (Washington D.C., U.S. Virgin Islands & 36 states): Alabama, Arkansas, California, Colorado, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming

NO Activity: (4 states): Alaska, Kansas, Mississippi, and North Carolina

Guam and did not report

Other Data:

The overall hospitalization rate from Flu remained at 65.7 per 100,000 (last week 64.7/100,000). Only age \geq 65 yrs. had a slight increase; 50-64 yrs. stayed the same; & 0-4 yrs. decreased slightly.

As of 5/23/19, the death rate for pneumonia & influenza in adults was at 5.6% and below the epidemic threshold of 6.6% for week #19. Death reports often aren't reported for data purposes the same week and are typically reported by the CDC a week behind.

There was a total of 2 pediatric deaths, attributed to flu, this week; 1 from Jan & 1 from Apr. One was reported from the 2017-18 Season. total number of deaths for 2018-19 at 111 & 2017-18 at 187.

Flu in Canada, Europe & the World:

Canada:

According to the Public Health Agency of Canada (PHAC), for **Week #20, ending 5/18/19**, flu activity declined & is at expected levels for this time of year. A(H3N2) & Influenza B still co-circulated; with Influenza A greater than B and A(H3N2) cases represented 85% of the Influenza A this week. A(H1N1)pdm09 was still the dominant type for this Flu Season. Meanwhile, very little Influenza B has been identified this season when compared to other seasons. This is the last weekly FluWatch report for this season.

Localized Activity in 6 Regions: Man. (1), & Ont. (5)

Sporadic Act. in 25 Regions: B.C.(5), Sask.(3), Man. (3), Ont. (2), Que (6), N.S. (1), N.B. (4), & P.E.I. (1)

No Activity Reported in 13 Regions in 6 different provinces & territories

For more specific information see:

On flu activity: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/fluwatch/2018-2019/week20-may-12-may-18-2019.html>

Canadian Flu Information: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza.html>

General Page for Canadian Flu Watch Surveillance with links to different components:

<https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance.html>

Europe:

According to the European Center for Disease Prevention & Control (ECDC), for **Week #20 (May 13-20, 2019)**, few countries reported flu detections and the number found was low; out of 81 specimens, 0 were positive. All countries reporting ILI or ARI (acute respiratory illness) reported levels at/below baseline, indicating that the influenza season for Europe is done. Only one (1) of 54 specimens tested positive from patients hospitalized with severe acute respiratory infection (SARI) that were tested for flu viruses. Data from 23 reporting Member States and areas that reported to the EuroMOMO project, indicated that all-cause mortality was at expected levels.

This is the last weekly report for the 2018-19 season. The weekly report will resume Oct. 11, 2019 for the 2019-20 season.

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

World: The **World Health Organization (WHO)** provides info on Influenza in Member Countries here: https://www.who.int/influenza/surveillance_monitoring/en/

First Responder Specific Information

There are many websites that may be helpful in planning and managing seasonal flu within First Responder organizations. A few of those websites are included here:

NIOSH on Flu for Employers/Employees:

<https://www.cdc.gov/niosh/topics/flu/>

Protection from Flu:

<https://www.cdc.gov/flu/protect/habits/index.htm>

Weekly Flu Map:

<https://www.cdc.gov/flu/weekly/usmap.htm>

World Map Showing Flu & Other Infectious Diseases:

<http://www.healthmap.org/en/>

Other Actions First Responders Should Consider:

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 N100) should be used in the presence of patients with cough and/or fever; preferably before being within 6 feet of the patient. This becomes even more important if droplet producing procedures are being performed (i.e. suctioning, nebulizer treatments, BVM, intubation).

Care should be taken to avoid touching your own face and mucous membranes (eyes, mouth, nose) since the flu virus is frequently found on surfaces such as door knobs, writing & recording tools (pens and tablets), cot and equipment handles, phones, light switches, as well as clothing, bed clothes, etc.

Report signs/symptoms of flu to your physician or other appropriate provider for early assessment and care. Alert your employer per policy.

Cough and sneeze into your sleeve, if a tissue is not available, and not onto your hands. Watch this YouTube video for a humorous but educational approach on the subject.

<https://www.youtube.com/watch?v=CtnEwvUWDo0>

Stay away from others if you are sick.

Be aware of your exposure risk and history to prevent exposing others. Take extra precautions or avoid those with immunocompromise, when possible, if 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>

And, for consideration when looking at yourself, your family and friends, or your patients, consider the following information regarding complications of flu:

Flu is much more worrisome for the very young and the elderly, as well as those who fit into one of the high risk categories see this link for the list:

https://www.cdc.gov/flu/about/disease/high_risk.htm . Signs of ILI/Flu in this group requires careful assessment to rule out complications and these groups are much more likely to need medical oversight to assure adequate care. 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 groups more closely, with inclination for more comprehensive assessment and transport for further evaluation, when presented with possible flu and any signs of complications.

Complications of flu, sometimes requiring hospitalization and even leading to death, tend to occur after the person has begun to get better from the flu and then appears to relapse.

EMS personnel may want to look more closely at those patients when the call is not about the initial signs and symptoms of flu, but about increasing or different signs that have appeared, often from five days to two weeks after the initial flu symptoms began.

A study was published by the Institute for Clinical Evaluative Sciences in *NEJM (New England Journal of Medicine)*. See details below:

“The researchers add that patients should not delay medical evaluation for heart symptoms particularly within the first week of an acute respiratory infection.” (Lisa Schnirring, News Editor: *CIDRAP News* ;Jan 25, 2018)

For more information on Influenza and the Heart Attack Study, please see the link below.

https://www.eurekalert.org/pub_releases/2018-01/pho-rci011818.php



Every Record. In Real Time. Automatically.

This document is provided by FirstWatch as a service to prehospital and public health providers. The information has been compiled from a variety of sources such as the CDC, Health Canada and WHO. It is copyrighted, but may be freely copied and distributed as long as it remains intact. For up-to-date, EMS specific information on emerging diseases, please visit www.firstwatch.net/hi