

For Week #6 Flu & ILI Increased for the 4th Week with 14 Pediatric Deaths Reported

Executive Summary:

Although most eyes are laser-focused on the COVID-19, Flu activity remains a far greater threat to North America and other countries outside the China region at this time. Flu activity increased again with hospitalizations for children & young adults higher than other recent flu seasons. Pediatric deaths total 92 for the season, with 14 of those deaths reported this week although adult deaths are below the epidemic threshold. This season is considered a bad one as far as numbers of ILI & Flu cases.

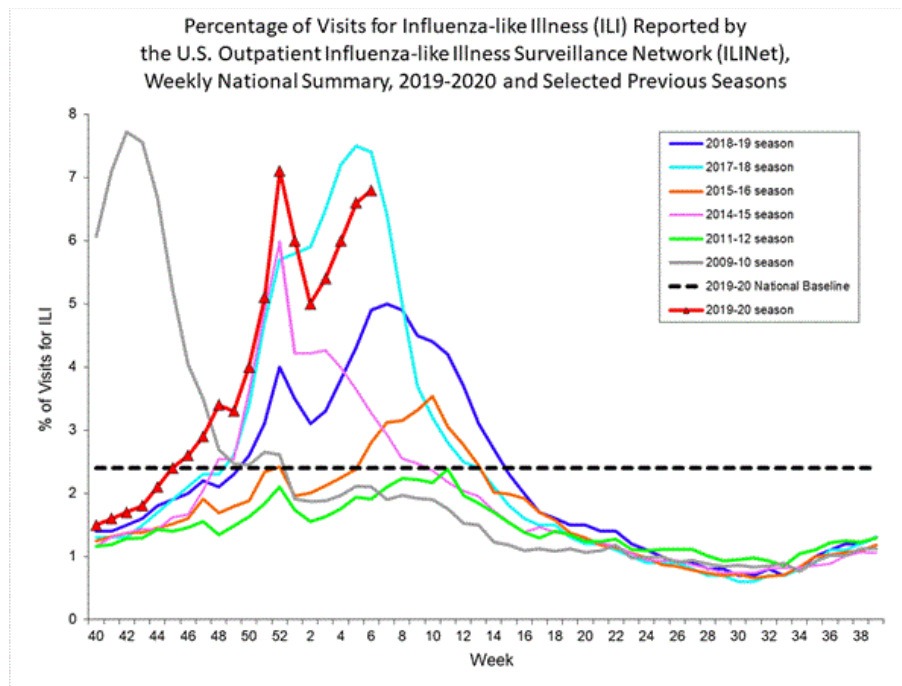
Influenza (FLU) Update for Week #6 -- Week Ending 2-8-20

Everyone is appropriately concerned and monitoring the COVID-19 (the new official name) situation. However, at this point with so few cases in our region, and still probably only limited person-to-person spread outside of the China region, Seasonal Flu remains a far greater threat to the general public. The CDC estimates that from Oct. 1, 2019 through Feb 8, there have been 26,000,000 flu illnesses, 250,000 hospitalizations, and 14,000 flu deaths. So, here is an update on Flu & ILI and a reminder that it is not too late to get a flu shot which, even if it doesn't completely prevent the flu, will likely make it a lighter case with less risk of complications, hospitalization, and death.

Although Flu & ILI activity was in decline for the first couple of weeks in January and could have signaled an early end to the flu season, that is not the case since both diagnosed flu & influenza-like-illness (ILI) have increased for the previous four weeks. This means a second peak of cases for this season and the CDC has forecast that flu and ILI will continue to be elevated at least through all of February. For this **atypical** flu season, which had Influenza B predominant for the fall and early winter when it is a typically spring and likely a season-closing flu type, Influenza A, which is almost all H1N1, is now becoming more dominant. Both Influenza B and the (H1N1)pdm09 are particularly tough on children and young adults.

Hospitalization rates have been typical, compared to the same time period in recent previous seasons, except for children & young adults which is running higher. This season, mortality rates associated with Flu have been below the epidemic threshold for adults, but children's rates are elevated.

The CDC chart below is displaying the number of ILI cases reported by ILINet for this flu season, as well as other specific recent ones, for comparison. Please note that the only year that shows an earlier start than this year (the red line) is the year of the 2009/10 Pandemic Flu (the silver line). Also notice how the red line has almost a straight up and then a quick slope down trajectory, but is now continuing to rise again; next week will determine if the US has reached its second peak this season. Notice the so-far similar track, though not the number of cases, of the red line (2019/20) compared to the purple line (2018/19) – 2019/20 has way more.



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

FirstWatch RIN (Reginal Influenza Network) Alerts occurred frequently.

Influenza-like illness (ILI) is defined as a temperature at/above 100° F [37.8° C] and cough and/or sore throat without a known cause other than flu. A Flu case, that is included in CDC data, indicates a positive flu test read by either a Clinical or Public Health Lab.

The flu vaccine's efficacy rate is not yet known, but vaccination is the best way to prevent the flu and, if someone does get the flu, to lessen its severity and risk of serious complications.

It is recommended by public health officials & health care providers, that for all those 6 months or older, flu vaccinations be completed **ASAP** unless there is a **valid medical contraindication**. Most will receive a vaccination that covers 4 strains of influenza. See this link for the symptoms of flu as well as the complications associated with it: <https://www.cdc.gov/flu/professionals/acip/clinical.htm>

For the most recently reported week ending February 8, the CDC reported: --ILI visits to clinics and other non-hospital facilities increased to 6.8% and was significantly above the national baseline of 2.4%. The regional range was between 3.6% and 10.8% for Week #6. All ten regions reported that outpatient visits for ILI were above their own regional baselines.

--Clinical Labs, which test many specimens to determine whether flu cases are increasing, decreasing, or staying stable, as well as a simple breakdown of A and B flu percentages, reported that of the 30.8% positive flu specimens, 59.4% were in Influenza A & 40.6% influenza B.

--Public Health Labs report data use a limited number of specimens but provide a more specific breakdown of flu virus strains. Influenza A was detected in 66.2% of the specimens and Influenza B in 33.8%. Further breakdown revealed that H1N1 is the dominant A with 95.5% with H3N2 far behind at 4.5%, while Influenza B showed 99.7% Victoria lineage and 0.3% Yamagata.

To access specific state and regional information on circulating flu viruses, please see: <https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>

--**Antiviral Resistance:** At this time, >99% of the flu samples are susceptible to the four antivirals currently marketed for flu. **This is particularly important for those at increased risk for complications from flu or with signs of severe flu. It is also important to start the antiviral as soon as flu symptoms appear.** Consult your Health Care Provider to see if antivirals might be appropriate for you or someone in your family.

--**Vaccine Coverage:** The first comprehensive report on vaccine effectiveness will be posted by the CDC next week and will provide a better picture of vaccine coverage of this year circulating flu strains.

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 (ILI)**

High ILI Activity (New York City, Puerto Rico & 44 states): Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming

Moderate ILI Activity (2 states): Nevada and Oregon

Low Activity (Washington D.C. & 2 states): Alaska and Florida

Minimal Activity (1 state): Idaho

Insufficient Data to Calculate (U.S. Virgin Islands & 1 state): Delaware

--For Flu (positive Flu tests)

Widespread Activity (Puerto Rico & 48 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, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming

Regional Activity (2 states): Hawaii and Oregon

Local Activity (Washington D.C., & 0 states)

Sporadic Activity: (U.S. Virgin Islands & 0 states)

No Activity: (0 states)

No Report: Guam

--Other Data:

Hospitalizations from Flu: There were a total of 12,167 lab-confirmed influenza-related cases reported hospitalized between 10/1/19 and 2/8/20. The hospitalization rate for all ages increased to 41.9 per 100,000. The highest rate was in those aged ≥ 65 years (101.6/100,000), then children ages 0-4 (65.9/100,000), and then adults ages 50-64 (53.9/100,000). A majority were from infections with influenza A (64.8%), 34.6% with influenza B, 0.3% with both influenza A and B co-infection, and 0.3% which did not have a flu type determined.

Death rates for pneumonia & influenza in adults: from data as of 2/13/20, 6.8% of adult deaths during week #5 (ending 2/1) were associated with influenza and pneumonia. This is below the epidemic threshold of 7.3% for that week. This data reporting typically lags a week or more behind the reporting week.

Fourteen (14) pediatric deaths associated with influenza were reported during week #6 but occurred between weeks #52 and #6. 10 of the cases were influenza B and four (4) were typed as influenza A. **A total of 92 pediatric deaths can be attributed to influenza for the 2019-20 Season with 2/3 caused by Influenza B.**

International:

Canada:

Flu in Canada for Week # 6 (2/2 - 2/8, 2020):

According to the Public Health Agency of Canada (PHAC), influenza activity remained elevated with many indicators close to or slightly lower than last week. Influenza activity was reported in all provinces & territories and almost all regions (50 of 53; Saskatchewan didn't report). Influenza A & B continue to co-circulate. Influenza A(H1N1) continued to be the most dominant flu virus circulating with 85% of subtyped influenza A specimens. The highest hospitalization rates are in children less than 5 years old and adults 65 years and older.

Widespread Activity in 1 Region (2%): Quebec (1)

Localized Activity in 24 Regions (48%): Nova Scotia (3), New Brunswick (6), Quebec (3), Ontario (7), Alberta (4), British Columbia (1)

Sporadic Activity in 25 Regions (50%): Newfoundland & Labrador (4), Prince Edward Island (1), Nova Scotia (1), New Brunswick (1), Quebec (2), Manitoba (5), Alberta (1), British Columbia (4), Yukon Territory (1), Northwest Territory (2), Nunavut (3)

No Activity in 0 Regions:

No Data: Saskatchewan (3)

PHAC Flu Watch Summary & Influenza/ILI Activity Map for Week #6:

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/fluwatch/2019-2020/week-06-february-2-8-2020.html>

PHAC Home Page for Surveillance on Flu: <http://www.phac-aspc.gc.ca/fluwatch/>

Public Health Agency of Canada (PHAC) Home Page for Information on Flu:

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

PHAC Provides Flu Watch Summary & Link to Full Influenza Reports Past & Present:

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

PHAC Interactive Map for Flu Activity Across Canada:

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

Europe:

European Center for Disease Prevention & Control - Flu for Week #6 (2/3 - 2/9, 2020):

Influenza activity continued to increase across Europe with the majority of countries reporting Widespread activity across the region. Of the Flu samples for those presenting to sentinel PCPs, 51% tested positive. Specimens have tested positive for flu, for those going to sentinel PCPs for ILI and ARI, at greater than 10% for 12 weeks. Influenzas A & B are co-circulating with the majority of flu cases were from Influenza A (60%). Mortality from Flu had an increasing trend for the past few weeks.

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

Public Health England Flu Summary:

<https://www.gov.uk/government/statistics/weekly-national-flu-reports>

Global:



Helping the Helpers

World Health Organization (WHO) Weekly Flu Summary (FluNet):

http://www.who.int/influenza/gisrs_laboratory/flunet/en/

WHO Global Flu Overview with Map and Text:

https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/

Global Epidemiology Reports:

WHO Collaborating Centers for Flu in [Australia](#), [Japan](#), & the [United Kingdom](#)

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/>

NIOSH Listing on Absenteeism in the Workplace throughout the US:

<https://www.cdc.gov/niosh/topics/absences/default.html>

Protection from Flu:

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

World Map Showing Flu & Other Infectious Diseases:

<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 with soap and water, 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. Procedure or surgical masks can also be used but may not provide the same level of protection.
- 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. Once picked up on the hands from touching inanimate objects or from the secretions of a patient, it can transmit the flu (or any respiratory infection virus) via the mucous membranes of the face and head.
- Report signs/symptoms of flu to your physician or other appropriate provider for early assessment and care. Signs & symptoms suggest a period of contagiousness and out your patients and co-workers at risk.
- 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 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>
- 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 need to be transported to assure adequate care. Young children and those over 65 are typically at greater risk for complications, hospitalization, and even death. Hospitalization rates may also be elevated in those aged 50-64. Consideration should perhaps be given to 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.

- A study was published by the Institute for Clinical Evaluative Sciences in *NEJM*; see details below

Flu infection may raise risk of heart attack, particularly in first 7 days



Study confirms importance of flu vaccination for people at risk of heart disease.

Researchers looked at nearly 20,000 Ontario adult cases of lab-confirmed influenza (2009-2014) and then identified 332 patients who were hospitalized for a heart attack within one year of flu diagnosis.



For this population, the risk of heart attack was **6 times higher** within the first week of a flu diagnosis.

Factors that may be associated with more risk:

- being age 65 and older
- infection with influenza B
- no previous heart attack

The researchers say that people at risk of heart disease should take care to prevent flu through measures including handwashing and vaccination, and should not delay medical evaluation for heart symptoms, particularly in the first week of an acute respiratory infection.

Kwong JC et al. NEJM. 2018.

Institute for Clinical Evaluative Sciences

ices.on.ca

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Image courtesy of ICES/PHO “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 the Influenza and Heart Attack Study, please see the link below.
https://www.eurekalert.org/pub_releases/2018-01/pho-rcl011818.php