

**STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
PRELIMINARY INFLUENZA ACTIVITY REPORT
For Week 17 (week ending May 2, 2009)**



Preliminary influenza data reviewed from the week ending May 2nd revealed an apparent increase in the level of flu activity observed during the 31st week of the official 2008-2009 influenza season. However, much of this apparent activity is likely an artifact of the recent increase in testing for the novel influenza A (H1N1) subtype (originally known as swine flu). These data include a total of 4,096 laboratory confirmed test results from various Connecticut hospitals and other health providers that reveal the presence of both type A and type B flu viruses, and include reports from 7 of the 8 Connecticut counties (see Table 1, Figure 1). The DPH laboratory has recently confirmed the presence of influenza virus in 54 clinical specimens (404 season total). Characterization of these isolates reveals the presence of the *seasonal* influenza A (H1N1) subtype in 9 specimens (179 season total), the influenza A (H3N2) subtype in 30 specimens (96 total), and influenza B in 2 specimens (111 total, see Figure 2). DPH laboratory testing also identified a total of 16 isolates of non-subtypeable influenza A (H1N1) isolates, 4 of which were subsequently confirmed by the U.S. Centers for Disease Control and Prevention (CDC) as the *novel* influenza A (H1N1) subtype. Clinicians should maintain awareness of oseltamivir resistance among flu *seasonal* A (H1N1) strains. Current weekly influenza activity can be compared with activity of the last 5 seasons (see Figures 3a & 3b).

Six additional indicators of flu activity are being monitored throughout the 2008-2009 flu season. Information on respiratory outbreaks and laboratory confirmed influenza cases in long-term care facilities are shown in Figure 4. Data on Connecticut residents presenting with influenza-like-illness (ILI) as reported by participants of the United States Outpatient Influenza-like Illness Surveillance Network (ILINet) (formerly known as the U.S. Influenza Sentinel Provider Surveillance Network) are shown in Figure 5. These reporting sites also include participants in the Connecticut Influenza Super Sentinel Surveillance Pilot Project organized this year to provide additional information on outpatient ILI activity and enhance pandemic preparedness.

Data on emergency department visits from our Hospital Emergency Department Syndromic Surveillance (HEDSS) System are also analyzed. One category in particular, fever/flu, has been shown to correlate well with influenza activity (see Figure 6). Patients with more severe illness who are admitted into Connecticut hospitals are tracked by the Connecticut Hospital Admissions Syndromic Surveillance (HASS) System. Data on one category, total statewide pneumonia admissions, correlates with flu activity (see Figure 7). Finally, selected mortality data are monitored each week including pneumonia and influenza deaths from Connecticut cities that participate in the U.S. 122 Cities Mortality Reporting System (see Figure 8), and reports of influenza associated pediatric deaths (none reported to date this flu season). While data from these surveillance systems are still being analyzed, a portion of the recent increase observed in patient visits to both outpatient providers (see Figure 5) and hospital emergency departments (see Figure 6) may be due to individuals requesting evaluation for novel influenza A (H1N1) related illness who would normally not be seeking medical evaluation and care.

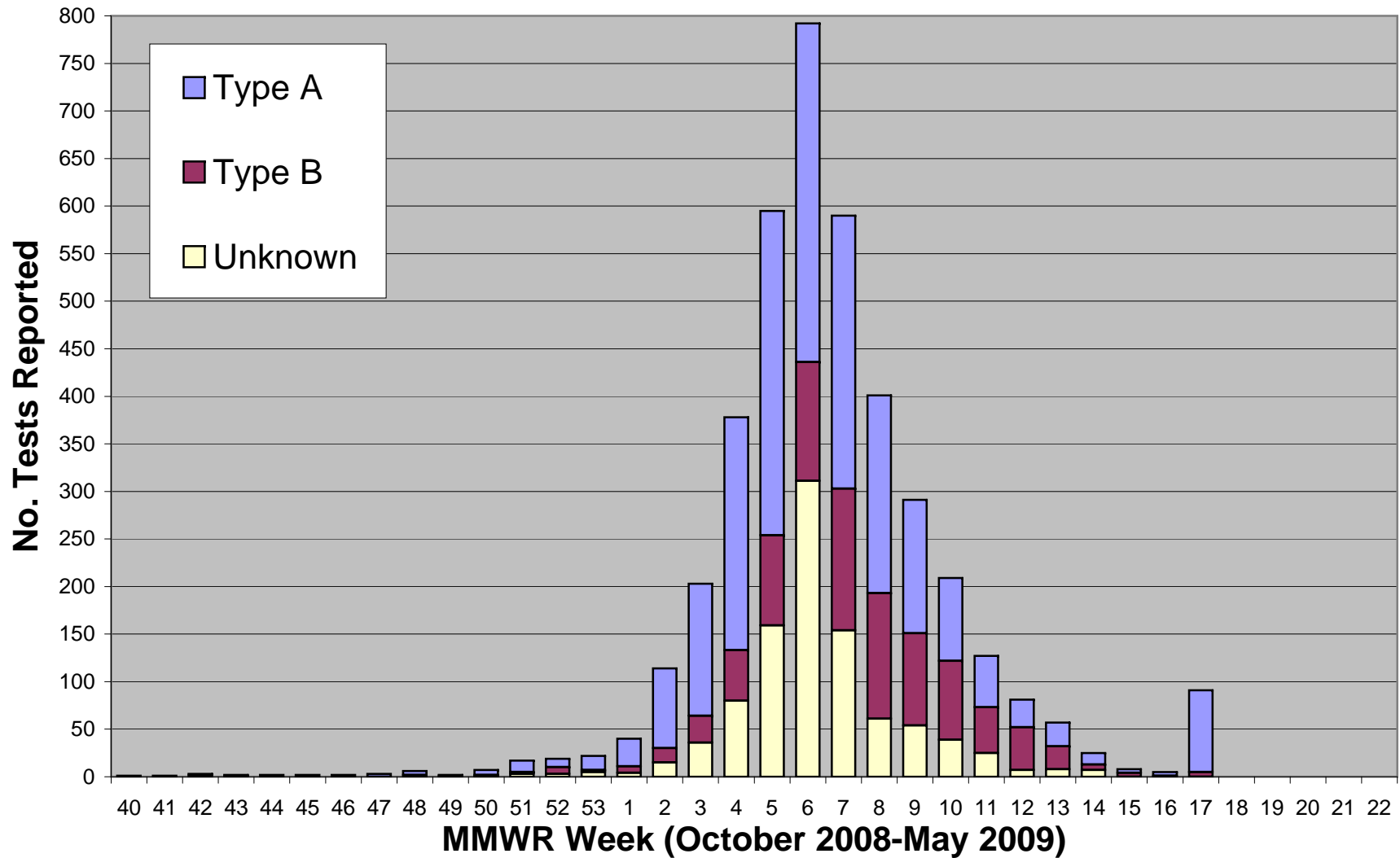
If you have any questions concerning this report, please contact Alan Siniscalchi or Maria Andrews at the Department of Public Health, Epidemiology and Emerging Infections Program, by calling 860-509-7994. Additional Information on novel influenza A (H1N1) can be found at: <http://www.ct.gov/ctfluwatch/cwp/view.asp?a=2533&q=439092>

**Table 1: Connecticut Department of Public Health 2008-2009
Laboratory Confirmed Influenza Testing
For Week 17 (week ending May 2, 2009)**

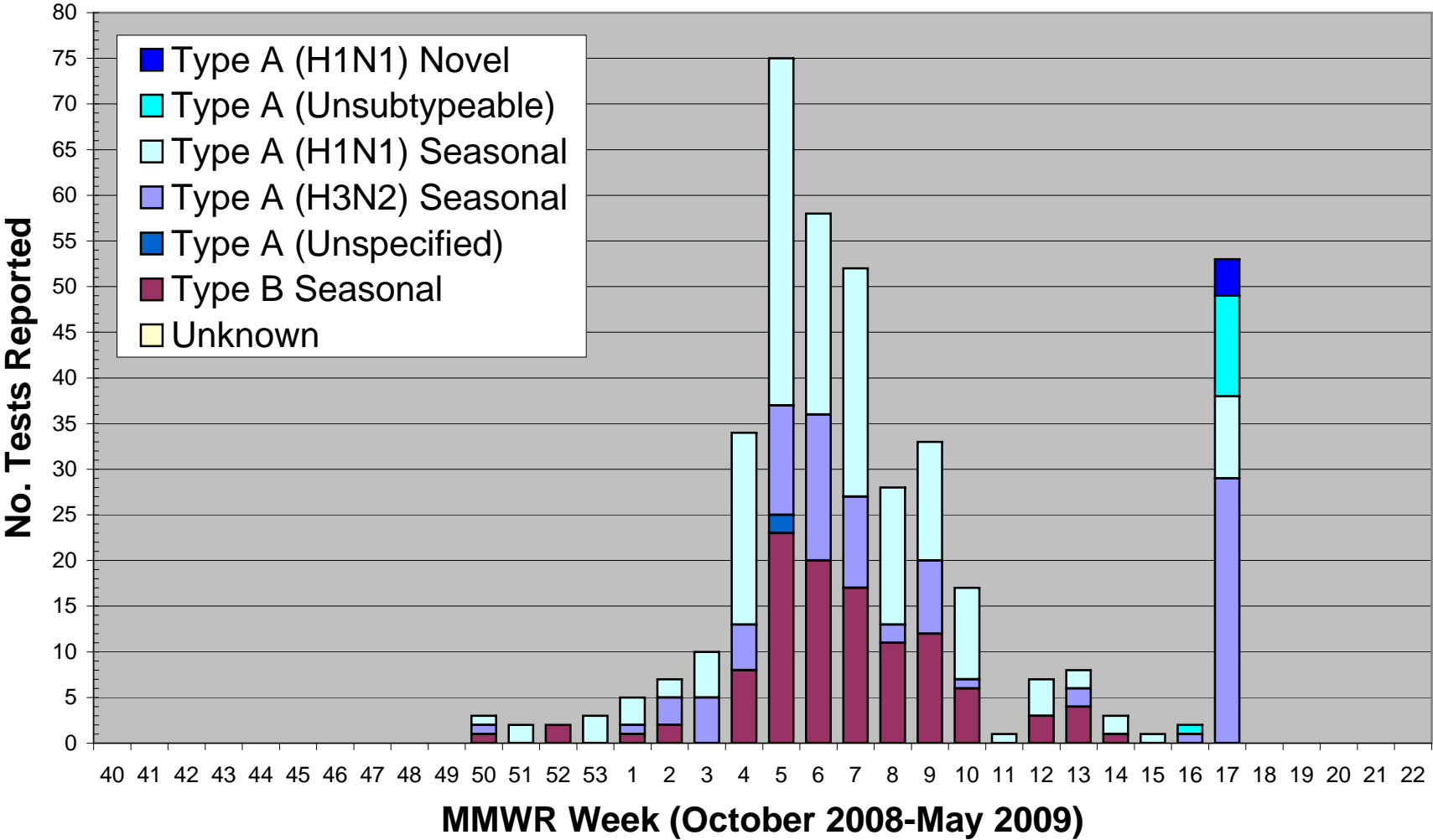
Results by		Previous	New	Total
TEST:	Culture	350	54	404
	Rapid Test	3,653	39	3,692
FLU TYPE:	Type A	2,098	88	2,186
	Type B	931	5	936
	Unknown	974	0	974
COUNTY:	Fairfield	1,425	42	1,467
	Hartford	420	16	436
	Litchfield	191	1	192
	Middlesex	255	4	259
	New Haven	1,339	25	1,364
	New London	124	1	125
	Tolland	106	0	106
	Windham	143	4	147
	GENDER:	Female	2,087	60
	Male	1,916	33	1,949
Total		4,003	93	4,096

Age:	Previous	New	Total	Week	Dates - 2009	Total
0-4	476	10	486	1	January 4 - 10	40
5-24	2,222	46	2,268	2	January 11-17	114
25-64	1,085	29	1,114	3	January 18-24	203
≥65	220	8	228	4	January 25-31	378
Age Range: <1 – 101 Average Age: 22.7				5	February 1-7	595
				6	February 8-14	792
				7	February 15-21	590
				8	February 22-28	401
				9	March 1-7	291
				10	March 8-14	209
				11	March 15-21	127
				12	March 22-28	81
				13	March 29- April 4	57
				14	April 5-11	25
				15	April 12-18	8
				16	April 19-25	5
				17	April 26- May 2	91
				18	May 3- 9	
				19	May 10-16	
				20	May 17-23	
				21	May 24-30	
				22	May 31- June 6	
				53	Dec. 28- Jan. 3	22

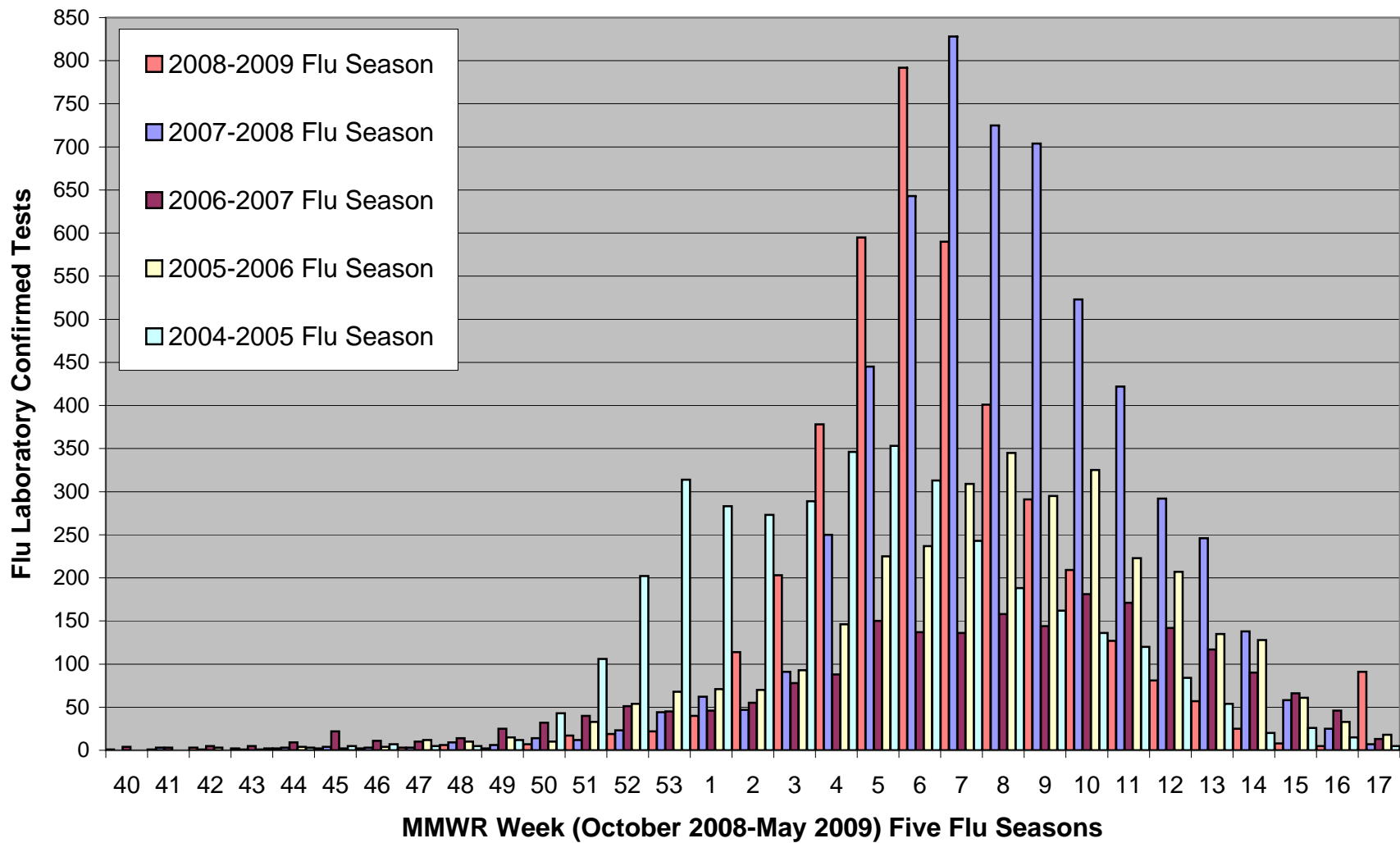
Figure 1. Laboratory Confirmed Tests by Flu Type, Connecticut, 2008-2009 Influenza Season



**Figure 2. Department of Public Health Laboratory Culture
Confirmed Tests by Flu Type and Subtype,
Connecticut, 2008-2009 Flu Season**



**Figure 3a. Laboratory Confirmed Tests by Flu Season
Connecticut, 2004-2009**



**Figure 3b. Laboratory Confirmed Tests by Flu Season
Connecticut, 2003-2009**

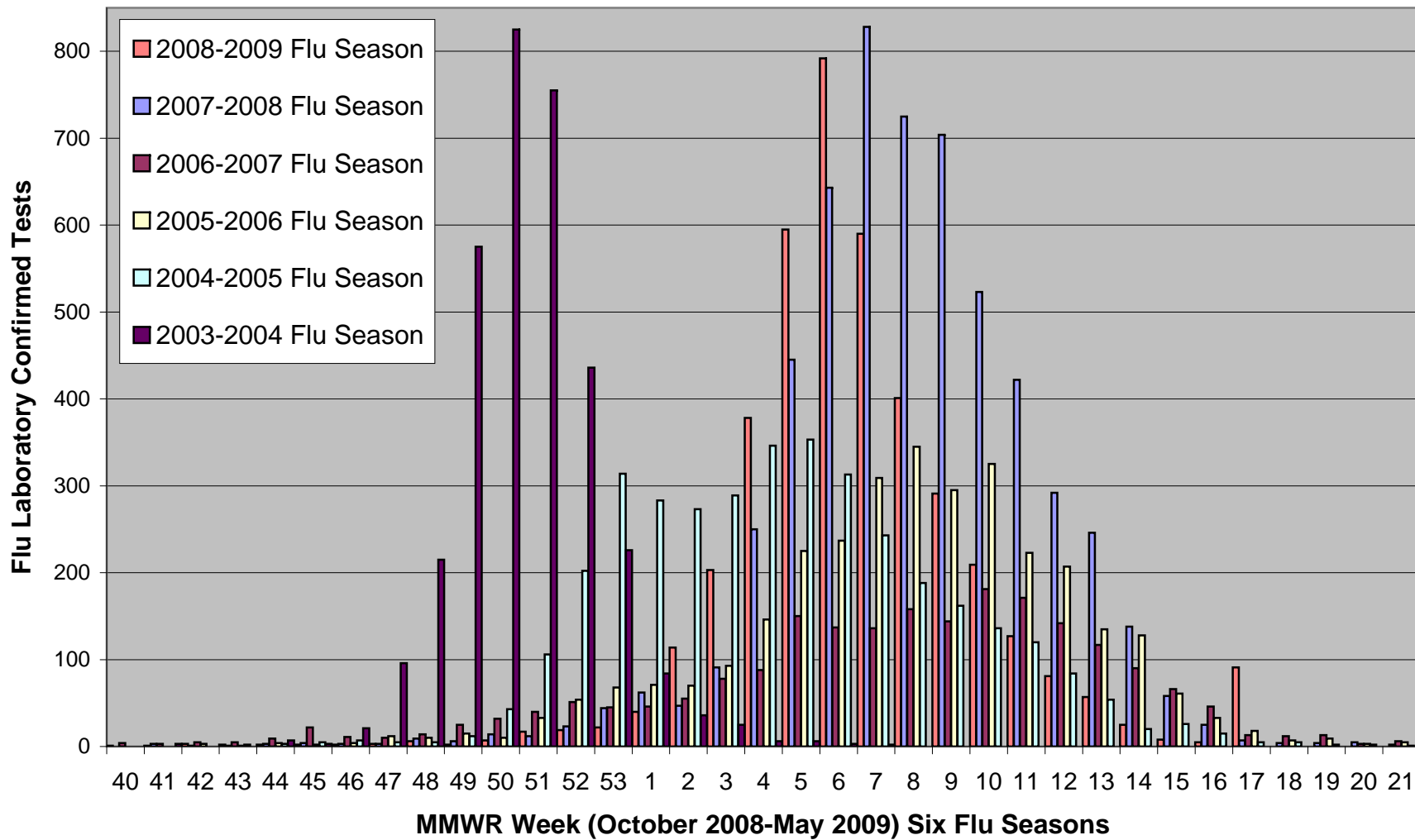
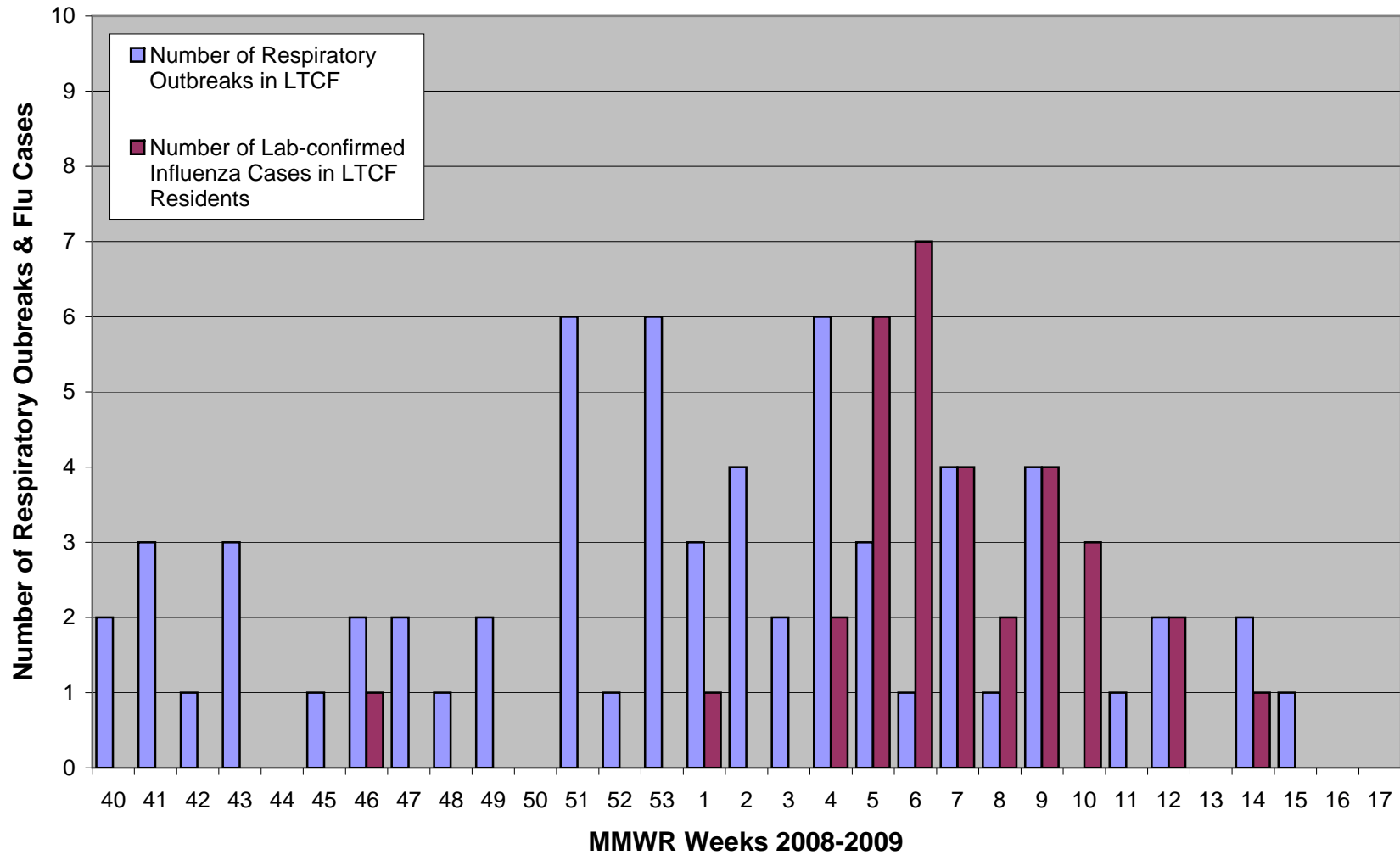


Figure 4. Respiratory Outbreaks & Influenza in Long-term Care Facilities (LTCF), Connecticut, 2008-2009 Influenza Season



**Figure 5. Outpatient Influenza-Like Illness Surveillance Network (ILINet),
Statewide Visits of Patients with Influenza-Like Illness (ILI), Connecticut,
2007-2009**

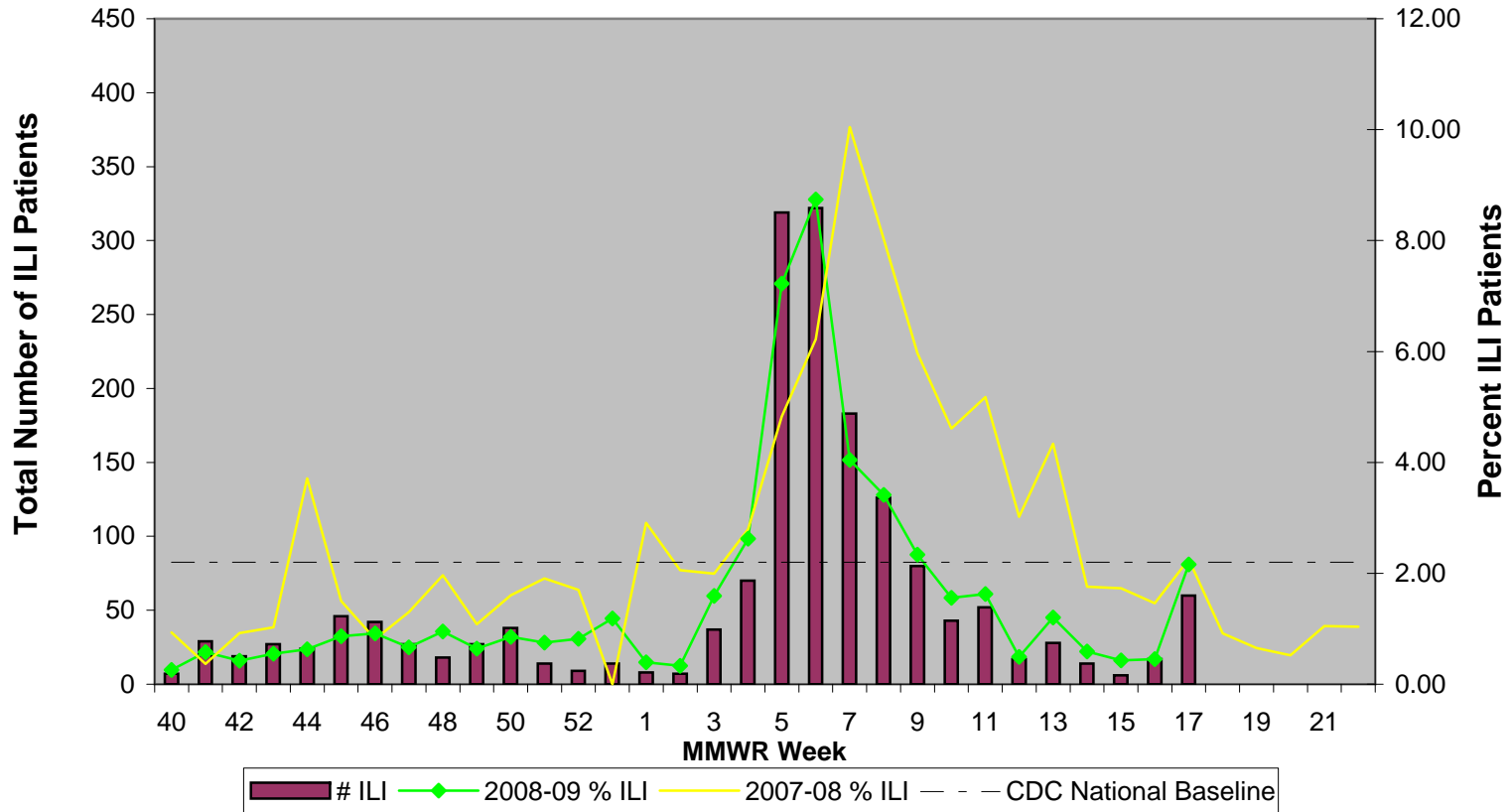


Figure 6. Hospital Emergency Department Syndromic Surveillance (HEDSS) System, Statewide "Fever/Flu" Visits by Flu Season, Connecticut, 2006-2009

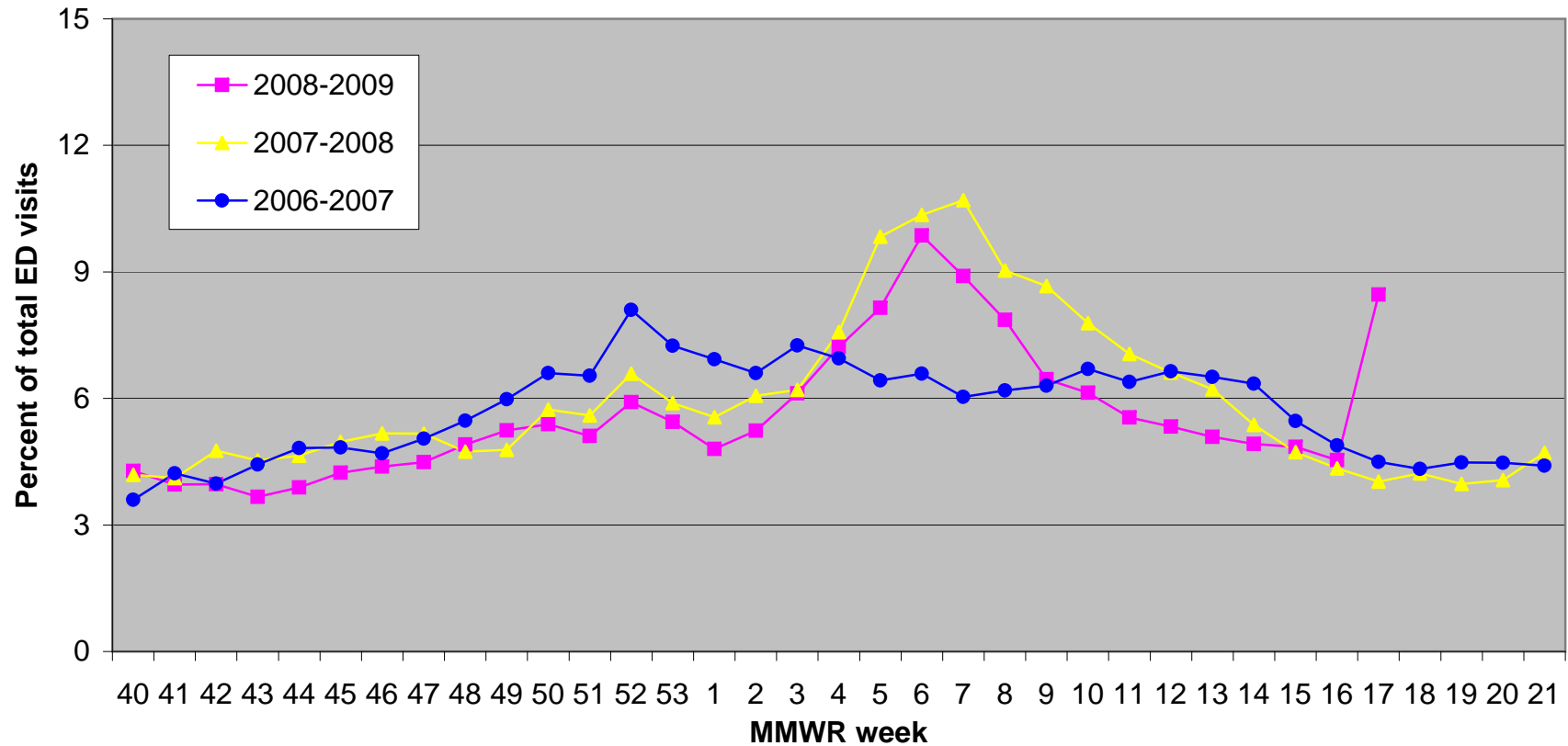


Figure 7. Hospital Admissions Syndromic Surveillance (HASS) System, Connecticut Statewide Pneumonia Admissions by Flu Season; 2005-2009

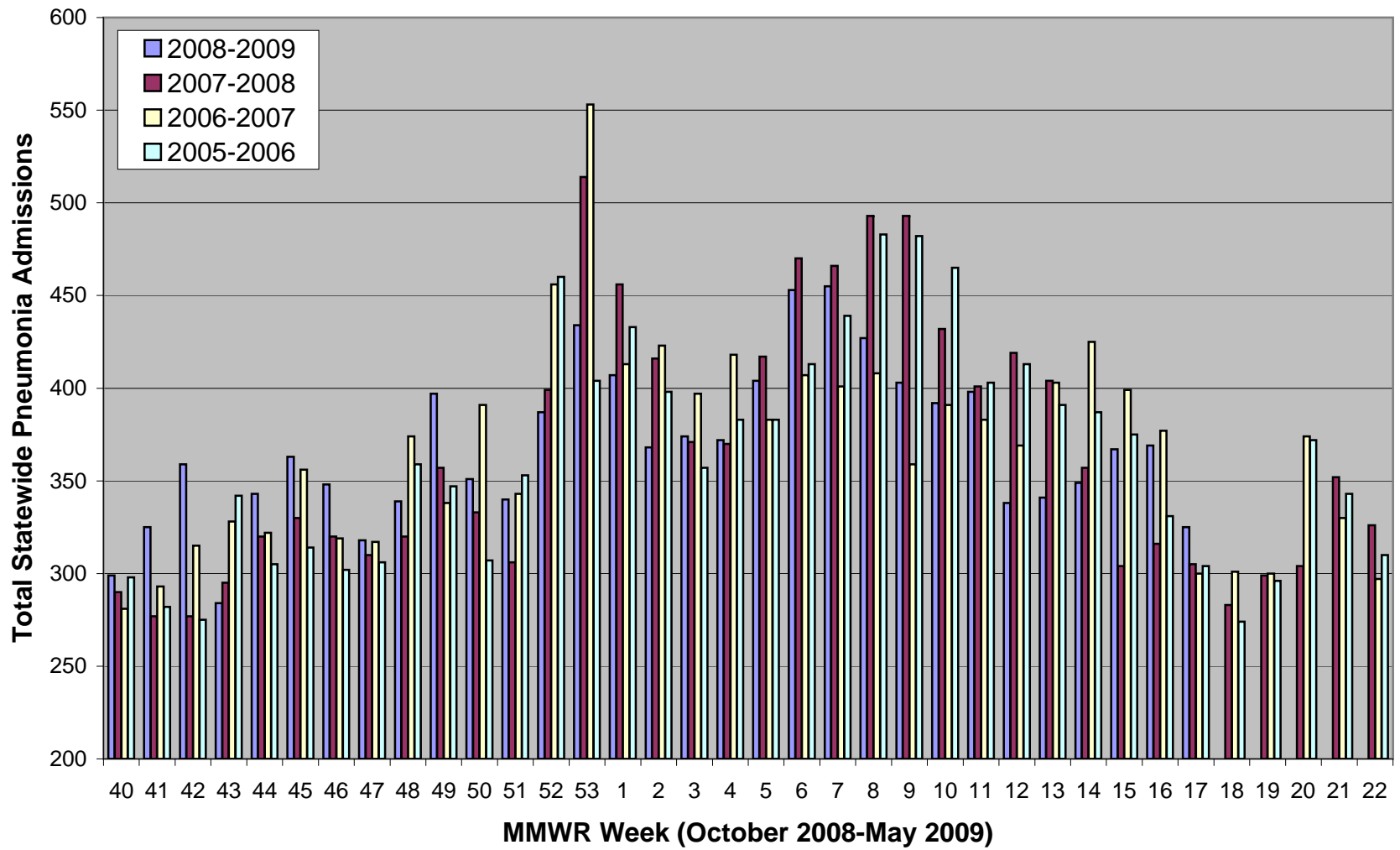


Figure 8. CDC 122 Cities Surveillance: Pneumonia & influenza Deaths in Selected Connecticut Cities, 2007-2008 & 2008-2009 Flu Seasons

