STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
PRELIMINARY INFLUENZA ACTIVITY REPORT
For Week 19 (week ending May 16, 2009)

An apparent increase in the level of influenza activity has been observed in recent weeks within Connecticut and through much of the nation (see http://www.cdc.gov/flu/weekly/usmap.htm). 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). A total of 4,269 laboratory confirmed test results were received on clinical specimens collected through week 19 that revealed the presence of both type A and type B flu viruses, and include recent reports from all 8 Connecticut counties (see Table 1, Figure 1). The DPH laboratory has recently confirmed the presence of influenza virus in 63 clinical specimens (525 season total). Characterization of these isolates reveals the presence of the *seasonal* influenza A (H1N1) subtype in 2 specimens (191 season total), the influenza A (H3N2) subtype in 23 specimens (140 total), and influenza B in 0 specimens (111 total, see Figure 2). Additional testing by the DPH and the U.S. Centers for Disease Control and Prevention (CDC) also confirmed a total of 81 isolates of *novel* influenza A (H1N1) subtype through week 19. 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 peak observed in patient visits to both outpatient providers (see Figure 5) and hospital emergency departments (see Figure 6) may have been due to individuals requesting assessment for novel influenza A (H1N1) related illness who would normally not be seeking medical evaluation.

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 19 (week ending May 16, 2009)

Results by		Previous	New	Total
TEST:	Culture/PCR	462	***63***	525
	Rapid Test	3,718	***26***	3,744
FLU TYPE:	Type A	2,255	***87***	2,342
	Type B	948	***0***	948
	Unknown	977	***2***	979
COUNTY:	Fairfield	1,512	***57***	1,569
	Hartford	449	***8***	457
	Litchfield	192	***3***	195
	Middlesex	261	***1***	262
	New Haven	1,385	***15***	1,400
	New London	126	***2***	128
	Tolland	106	***2***	108
	Windham	149	***1***	150
GENDER:	Female	2,189	***45***	2,234
	Male	1,991	***44***	2,035
Total		**4,180**	***89***	**4,269**

Age:	Previous	New	Total
0-4	491	***4***	495
5-24	2,317	***59***	2,376
25-64	1,142	***21***	1,163
≥65	230	***5***	235

Age Range: <1 – 101

Average Age: 22.7

Week	Dates - 2008	Total
40	Sept. 28 - Oct. 4	1
41	October 5-11	1
42	October 12-18	3
43	October 19-25	2
44	Oct. 26 - Nov. 1	2
45	November 2-8	2
46	November 9-15	2
47	November 16-22	3
48	November 23 -29	6
49	Nov. 30 – Dec. 6	2
50	December 7-13	7
51	December 14-20	17
52	December 21-27	19
53	Dec. 28- Jan. 3	22

Week	Dates - 2009	Total
1	January 4 - 10	40
2	January 11-17	114
3	January 18-24	203
4	January 25-31	378
5	February 1-7	595
6	February 8-14	792
7	February 15-21	590
8	February 22-28	402
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	6
17	April 26- May 2	**116**
18	May 3- 9	**70**
19	May 10-16	**76**
20	May 17-23	
21	May 24-30	
22	May 31- June 6	

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

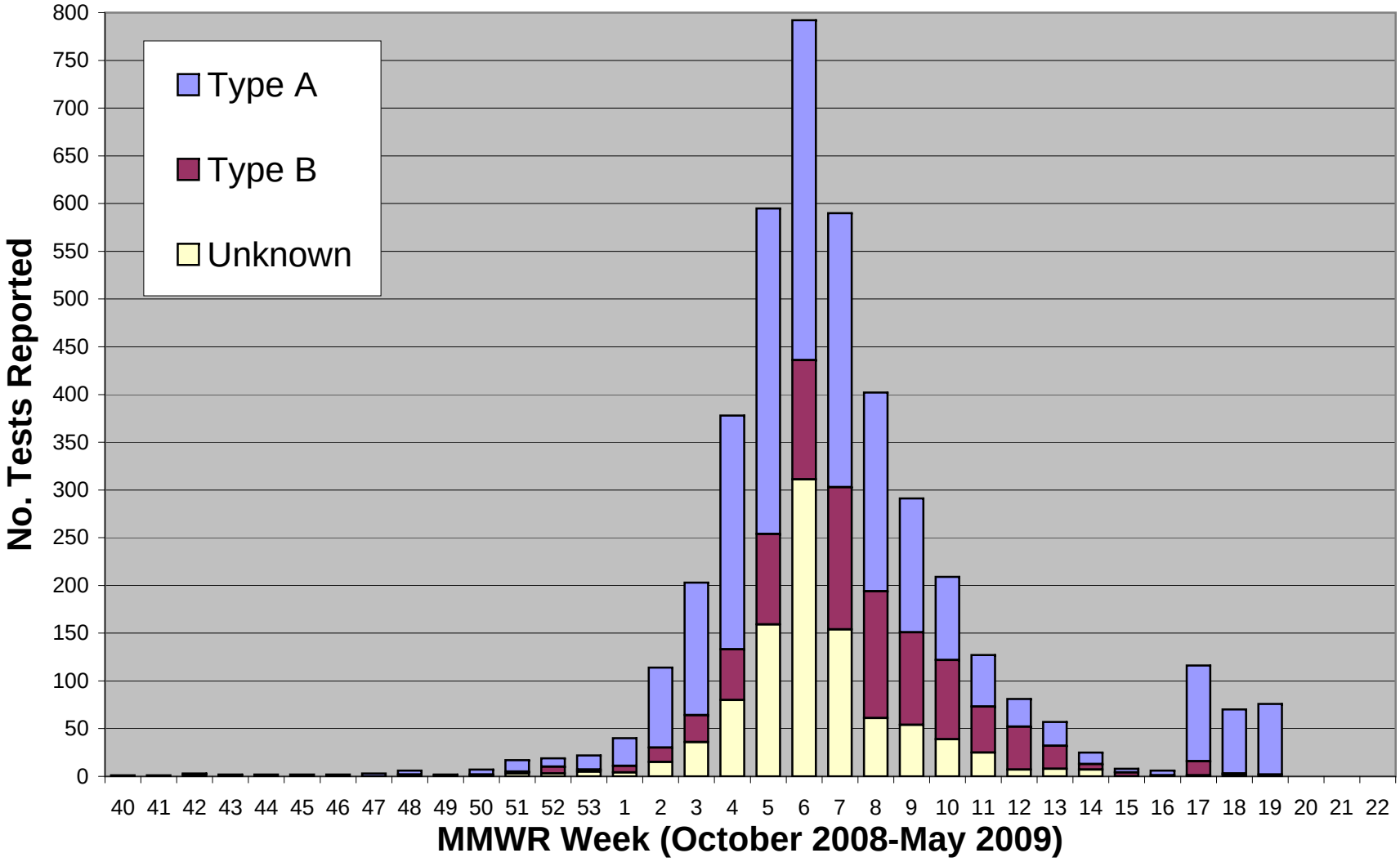

Figure 2. Department of Public Health Laboratory Culture Confirmed Tests by Flu Type and Subtype, Connecticut, 2008-2009 Flu Season

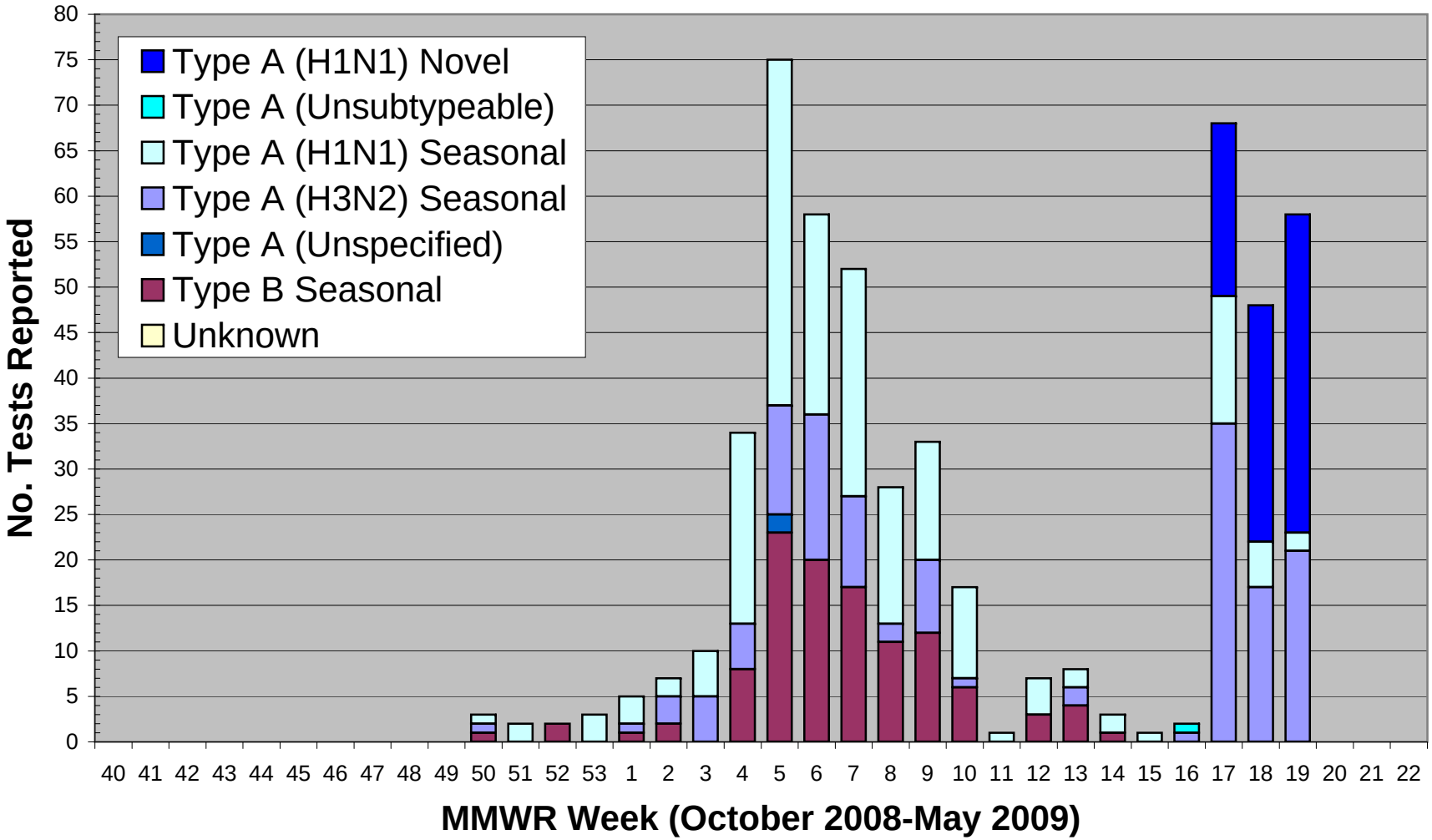

Figure 3a. Laboratory Confirmed Tests by Flu Season
Connecticut, 2004-2009

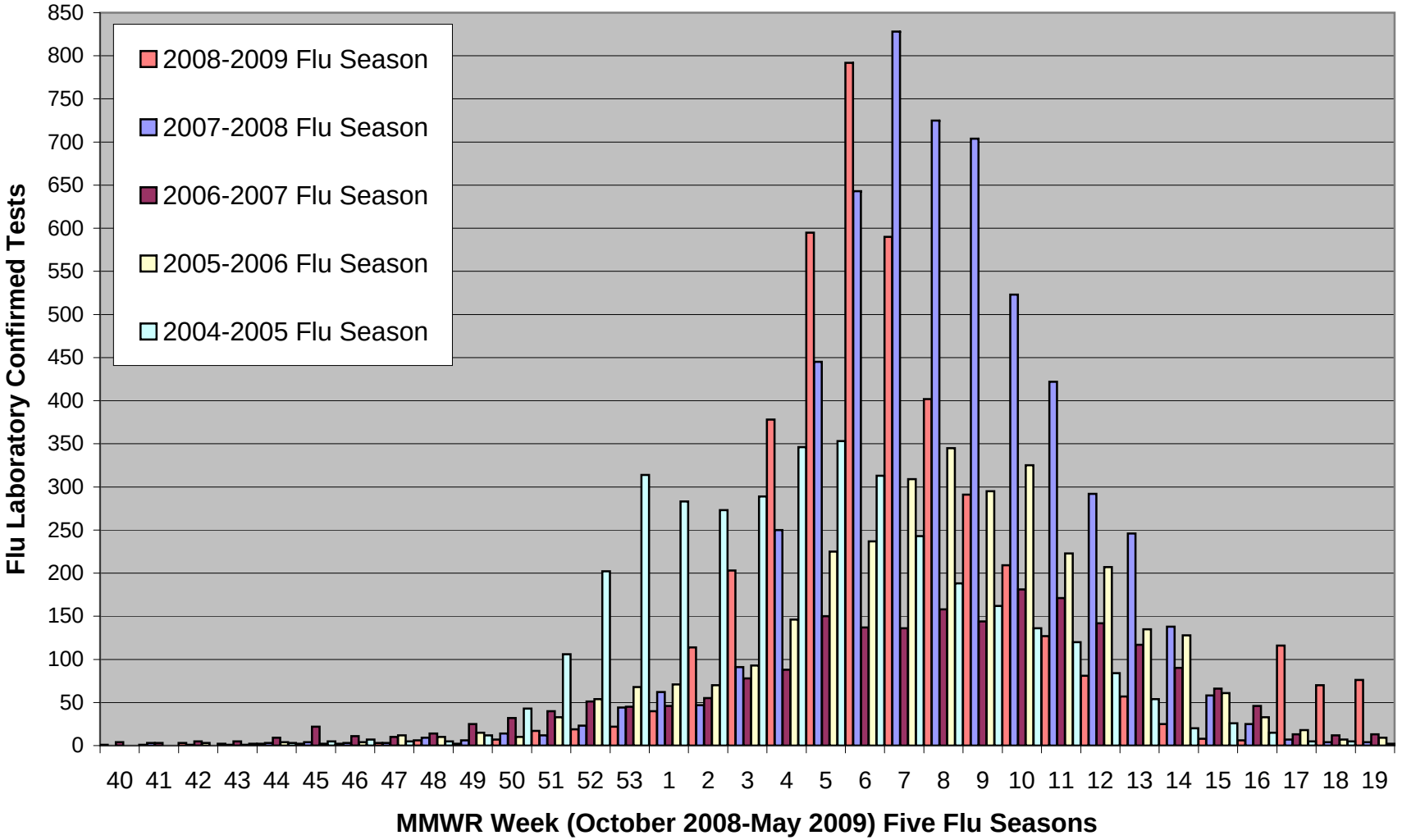

Figure 3b. Laboratory Confirmed Tests by Flu Season
Connecticut, 2003-2009

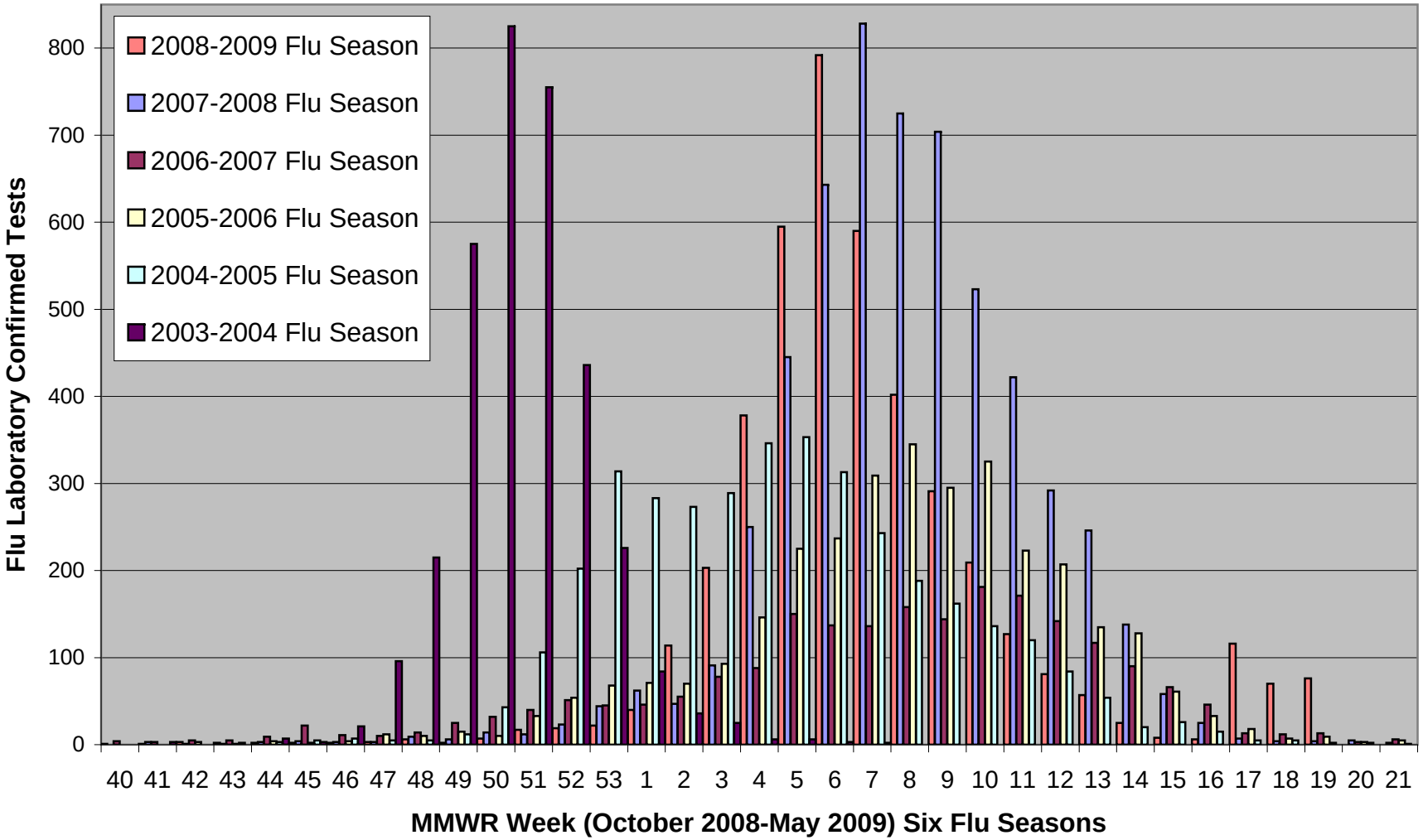

Figure 4. Respiratory Outbreaks & Influenza in Long-term Care Facilities (LTCF), Connecticut, 2008-2009 Influenza Season

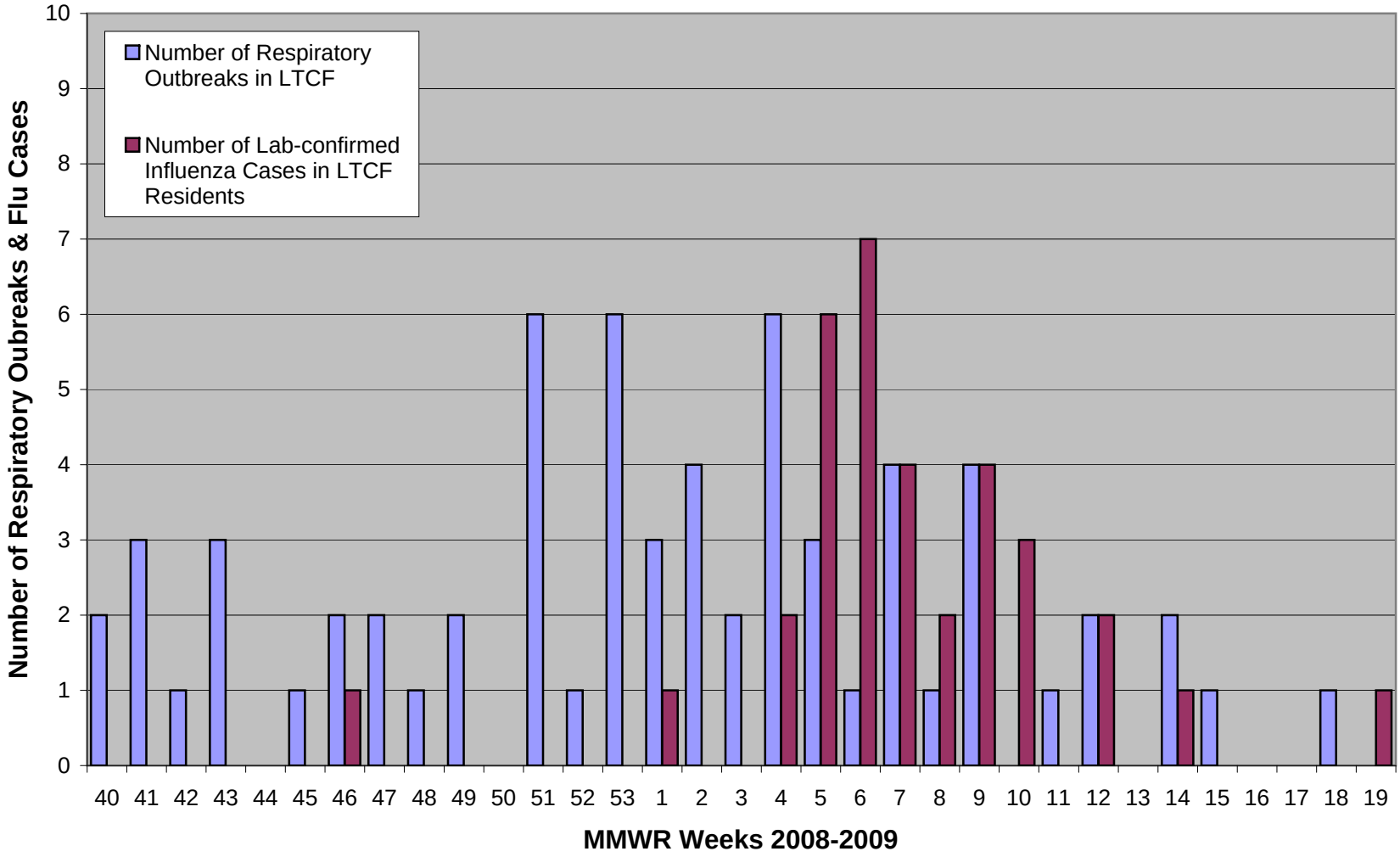

Figure 5. Outpatient Influenza-Like Illness Surveillance Network (ILINet), Statewide Visits of Patients with Influenza-Like Illness (ILI), Connecticut, 2007-2009

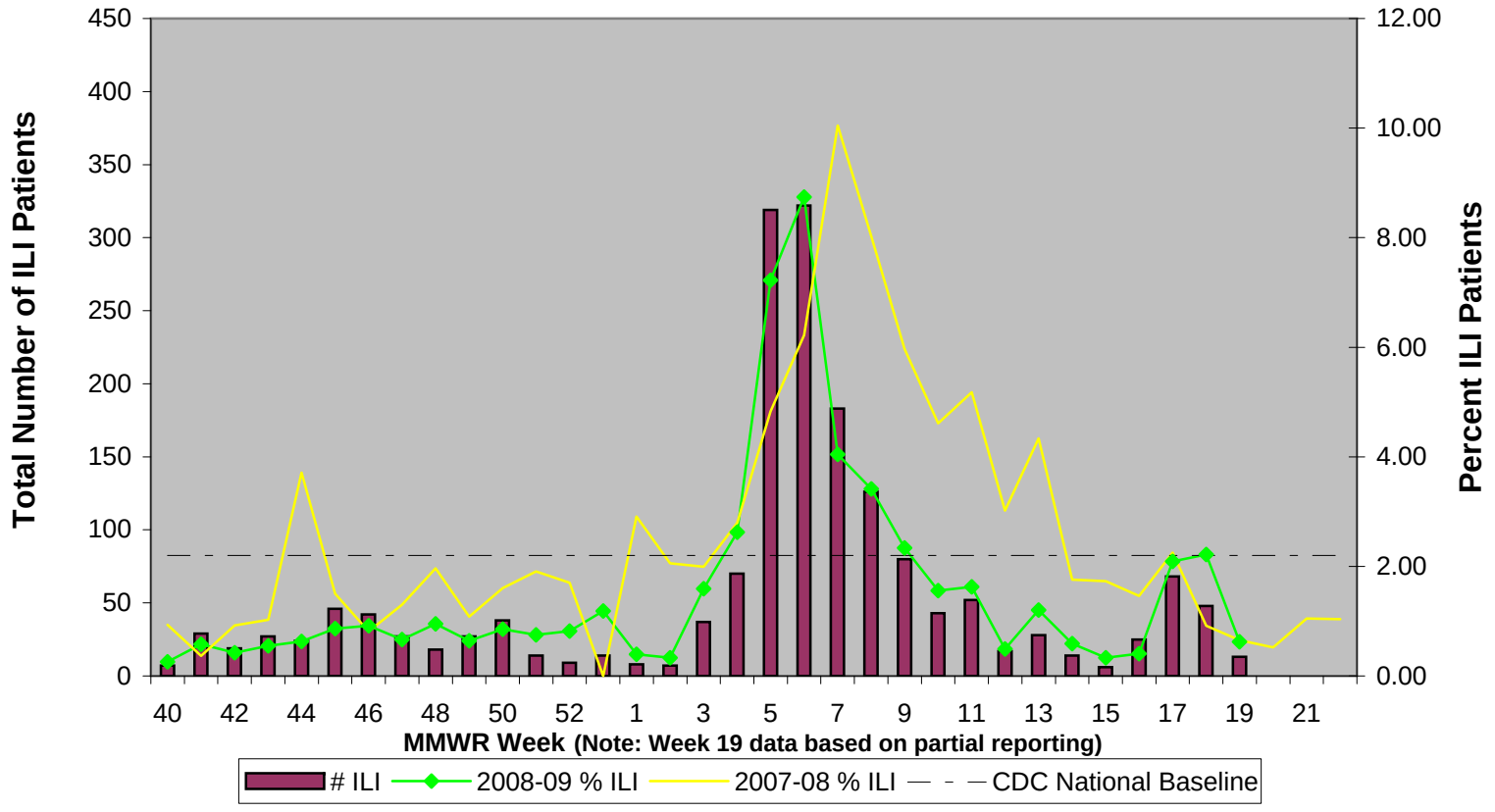

Figure 6. Hospital Emergency Department Syndromic Surveillance (HEDSS) System, Statewide "Fever/Flu" Visits by Flu Season, Connecticut, 2006-2009

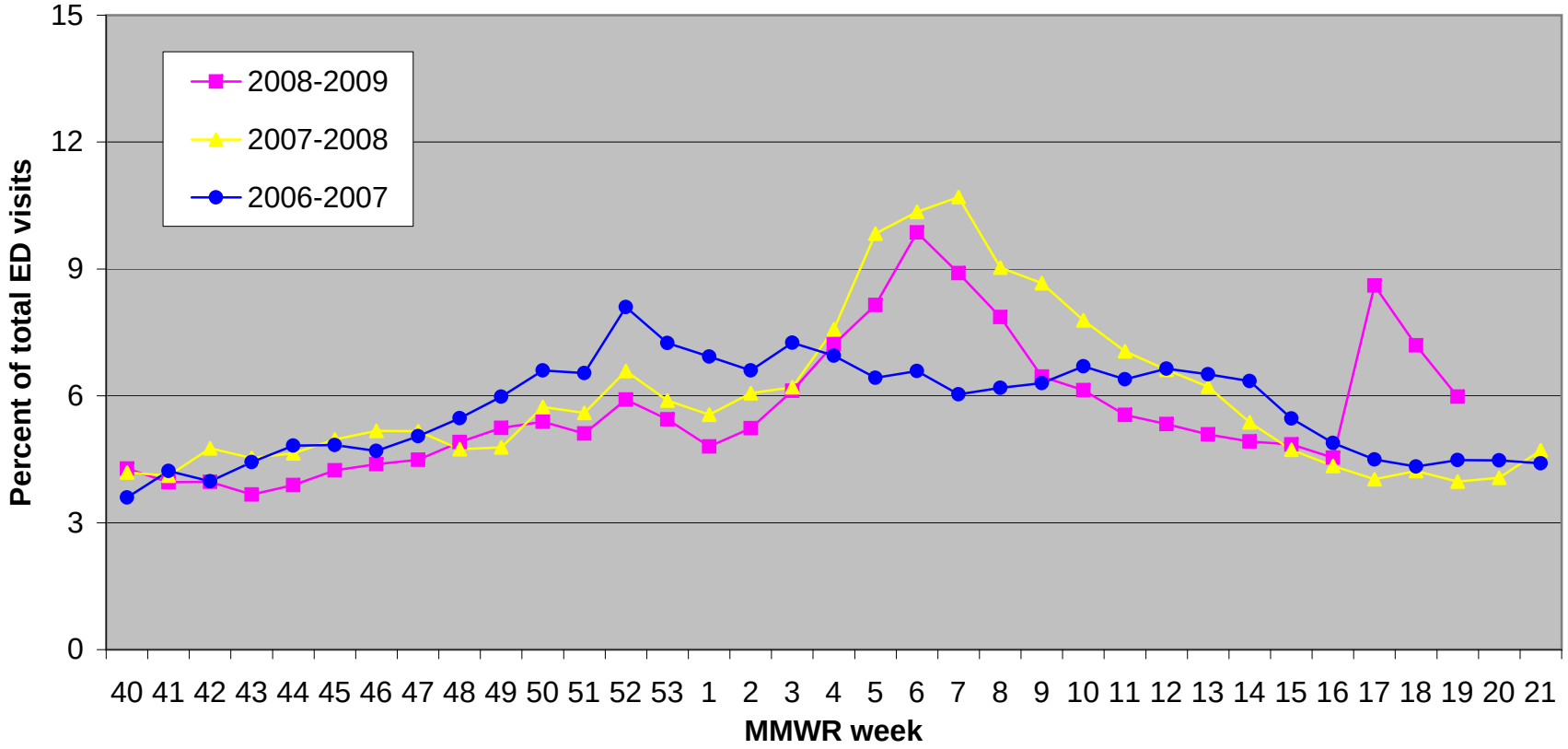

Figure 7. Hospital Admissions Syndromic Surveillance (HASS) System, Connecticut Statewide Pneumonia Admissions by Flu Season; 2005-2009

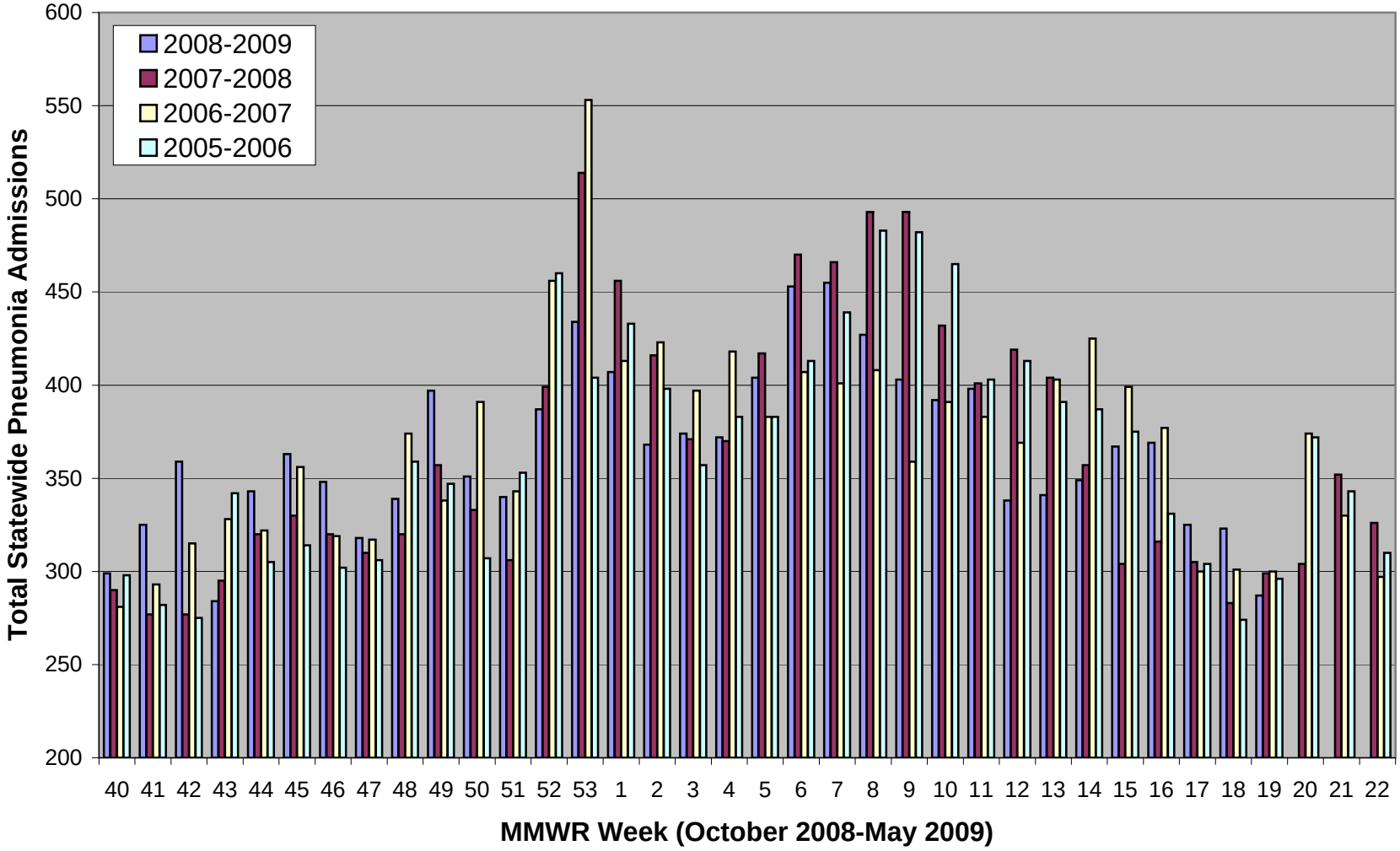

Figure 8. CDC 122 Cities Surveillance: Pneumonia & influenza Deaths in Selected Connecticut Cities, 2007-2008 & 2008-2009 Flu Seasons