

ARIZONA - INFLUENZA SUMMARY Week 44 (10/29/2017 - 11/04/2017)

2017-2018 Influenza Season (10/01/2017 - 9/29/2018)

Synopsis:

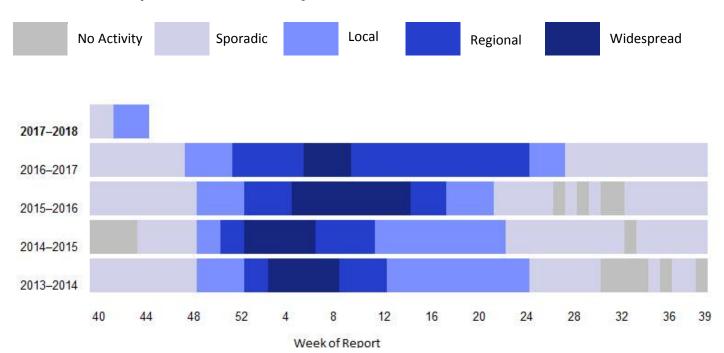
During the past week, influenza activity continued to be low. Arizona reported Local Activity for week 44.

Influenza activity highlights:

- 82 laboratory-confirmed cases of influenza were reported in the past week, from 10 counties.
 250 cases have been reported this season, with laboratory-confirmed cases identified in 13 counties.
- 215 (86%) reports this season are influenza A, 27 (11%) are influenza B, and 8 (3%) are of unknown type.
- In the past week, 21 (88%) of 24 specimens tested positive for influenza at ASPHL: 2 influenza A (H1N1) pdm09 viruses, 17 influenza A (H3) viruses, and 2 influenza B/Yamagata viruses.
- No influenza-associated pediatric deaths have been reported for the 2017–2018 season.
- The cases included in this report represent a small proportion of the true number of cases of influenza. Many people do not visit the doctor when ill and doctors should not be expected to run tests on all patients exhibiting influenza-like symptoms.
- Subscribe to the Flu & RSV report at azhealth.gov/email.

Arizona Influenza Activity Levels (see definitions at the end of this report)

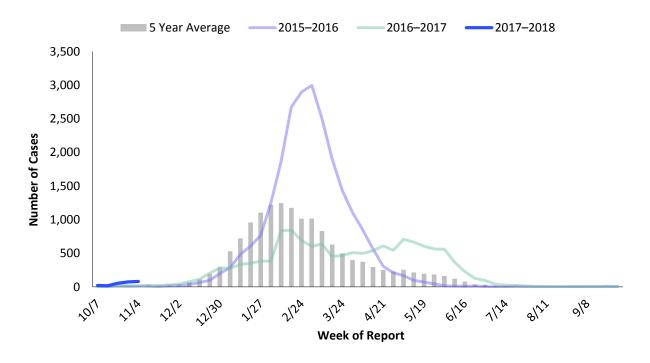
Arizona reported Local activity for week 44.



Laboratory-Confirmed Influenza Activity by Season

Positive influenza tests are reported to ADHS. Many types of tests are included in the numbers below: rapid antigen tests, direct fluorescent antigen tests, viral culture, and molecular testing.

This past week there were 82 laboratory confirmed cases, 70 more cases compared to last season.



Number of Lab-Confirmed Influenza Cases Reported, by Week of Report: 2012–2018

See <u>Table 2</u> in the appendix for additional information

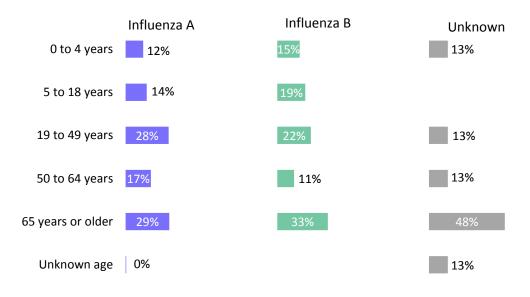
12 counties had a Laboratory-Confirmed Case in the past three weeks. (Includes ALL reported lab-confirmed influenza reports, regardless of subtype)



Age of Reported Influenza Cases

The age groups most affected by influenza vary somewhat season-to-season, depending in part on the circulating influenza types and subtypes and any existing immunity in the community. Variations in age groups of reported influenza cases can also be caused by differences in laboratory testing and reporting practices year-to-year.



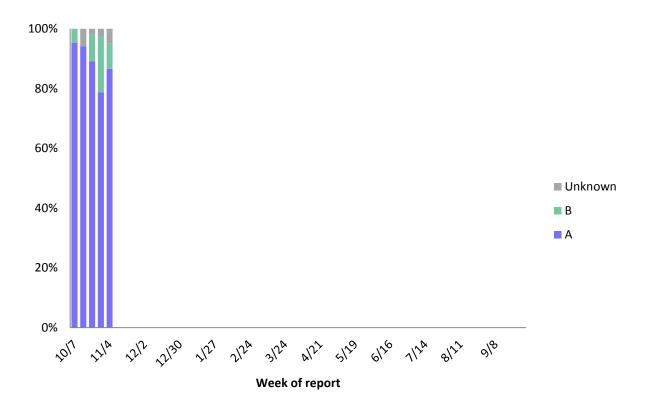


See <u>Tables 4 & 5</u> in the appendix for additional information

Influenza Types and Subtypes

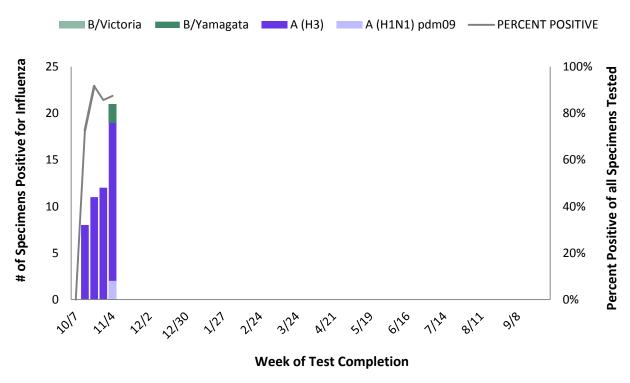
There are two main types of influenza – Type A and Type B – that cause illness in people. Influenza A viruses can be further divided into subtypes such as A (H1), or A (H3). While most tests can distinguish between influenza A and B, only specialized testing such as that done at the State Public Health Laboratory and a few other labs around the state can differentiate subtypes. Viral culture or molecular testing (reverse transcriptase polymerase chain reaction or RT-PCR) are the methods used to identify subtypes; knowing the type and subtype of the influenza viruses circulating can help health professionals make the best treatment and vaccination decisions.

Last week, 87% of influenza cases were type A and 9% were type B.

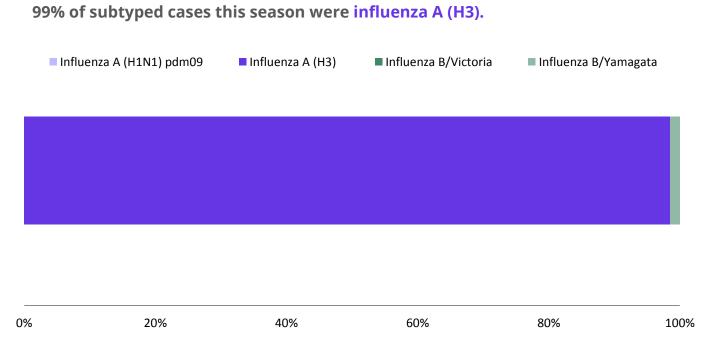


See <u>Table 6</u> in the appendix for additional information

88% of influenza tests at the Arizona State Public Health Laboratory were positive in the past week.



Culture/PCR Testing Conducted at the Arizona State Public Health Laboratory, 2017–2018

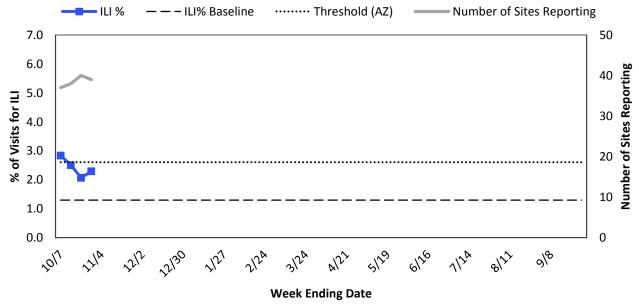


See <u>Tables 7 & 8</u> in the appendix for additional information

Influenza-Like Illness (ILI) Surveillance from Sentinel Outpatient Providers

ILI is defined as a fever of at least 100°F plus either a cough or a sore throat. In weeks when a relatively low number of enrolled facilities report data, the ILI proportion may not be as representative of Arizona activity as for other weeks. The state ILI baseline is 1.3% and the epidemic threshold is 2.6%*.

ILI percent was below threshold at 2.3% in week 43.



Percentage of Visits for ILI at Sentinel Providers, 2016-2017, Arizona

See <u>Table 10</u> in the appendix for additional information

^{*}Note: The baseline is defined as the mean of the state ILI% in weeks in the 2014–2017 influenza seasons in which two or more consecutive weeks each accounted for less than 2% of the season's total number of specimens testing positive for influenza at the Arizona State Public Health Laboratory. The epidemic threshold is defined as the mean plus two standard deviations.

Appendix

Table 1: Influenza Activity

	2017–2018	2016–2017	2015–2016	2014–2015	2013-2014
Date First Case Confirmed, no travel	Oct. 16, 2017	Oct. 13, 2016	Oct. 4, 2015	Nov. 3, 2014	Oct. 4, 2013
Weeks with Widespread Activity	N/A	Weeks 6–9	Weeks 5–14	Weeks 1–6	Weeks 3–8

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Table 2: Reported Laboratory-Confirmed Influenza Cases Compared to Past Weeks and Seasons

	Cumulative Season Total	Current Week Total
2017–2018	250	82
2016–2017	48	12
5 season average	36	12
% increase, compared to 2016–2017 season	421%	583%
% increase, compared to a typical flu season	594%	572%
% increase, compared to last week	49%	9%

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Table 3: Laboratory-Confirmed Influenza Cases Reported, by County, 2017–2018 Influenza Season

(Includes ALL reported lab-confirmed influenza reports, regardless of subtype)

County	2017–2018 Season	Past Three Weeks	Last Week	
Apache	1	1	1	
Cochise	1	1	0	
Coconino	11	7	0	
Gila	3	3	1	
Graham	0	0	0	
Greenlee	1	0	0	
La Paz	0	0	0	
Maricopa	150	125	58	
Mohave	5	5	2	
Navajo	5	3	1	
Pima	19	18	5	
Pinal	9	8	1	
Santa Cruz	3	3	2	
Yavapai	24	23	6	
Yuma	18	15	5	
Total	250	212	82	

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Table 4: Age Group of Reported Influenza Cases, 2014–2015 through 2017–2018 Seasons

Age Group	2017-2018 Season	2016–2017 Season	2015-2016 Season	2014–2015 Season
	(N=250)	(N=13,588)	(N=23,657)	(N=12,594)
0 to 4 years	30 (12%)	1,859 (14%)	4,093 (17%)	2,152 (17%)
5 to 18 years	35 (14%)	3,510 (26%)	5,098 (22%)	3,366 (27%)
19 to 49 years	68 (27%)	3,447 (25%)	7,343 (31%)	3,044 (24%)
50 to 64 years	40 (16%)	1,685 (12%)	3,159 (13%)	1,222 (10%)
65 years or older	75 (30%)	2,998 (22%)	3,879 (16%)	2,669 (21%)
Unknown age	2 (1%)	89 (1%)	85 (1%)	141 (1%)

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Table 5: Age Group by Type, 2017–2018 Influenza Season

Age Group	All Confirmed Cases	Influenza A	Influenza B	Unknown Type
	(N=250)	(N=215)	(N=27)	(N=8)
0 to 4 years	30 (12%)	25 (12%)	4 (15%)	1 (13%)
5 to 18 years	35 (14%)	30 (14%)	5 (19%)	0 (0%)
19 to 49 years	68 (27%)	61 (28%)	6 (22%)	1 (13%)
50 to 64 years	40 (16%)	36 (17%)	3 (11%)	1 (13%)
65 years or older	75 (30%)	62 (29%)	9 (33%)	4 (48%)
Unknown age	2 (1%)	1 (0%)	0 (0%)	1 (13%)

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Table 6: Influenza Type, by Season

	2017-2018	2017-2018	2016–2017	2015-2016	2014–2015
	Number	Percent	Number	Number	Number
			(Percent)	(Percent)	(Percent)
Total	250	100%	13,850 (100%)	23,657 (100%)	12,594 (100%)
Influenza A	215	86%	8,397 (61%)	17,179 (73%)	11,013 (87%)
Influenza B	27	11%	5,238 (38%)	6,207 (26%)	1,428 (11%)
Unknown	8	3%	215 (1%)	271 (1%)	153 (2%)

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Table 7: Influenza subtyping of culture or RT-PCR results, by season

	2017–2018 Number	2017–2018 Percent	2016–2017 Number (Percent)	2015–2016 Number (Percent)	2014–2015 Number (Percent)
Influenza Subtypes	67	100%	2,844 (100%)	2,757 (100%)	2,202 (100%)
Influenza A (H1N1) pdm09	0	0%	74 (2%)	1,321 (48%)	5 (0.1%)
Influenza A (H3)	66	99%	1,987 (70%)	999 (36%)	2,127 (97%)
Influenza B/Victoria	0	0%	222 (8)%	54 (2%)	20 (1%)
Influenza B/Yamagata	1	1%	561 (20%)	383 (14%)	50 (2%)

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Table 8: Influenza subtyping of culture or RT-PCR results, by region

Region*	Influenza A (H1N1) pdm09	Influenza A (H3)	Influenza B/Victoria	Influenza B/Yamagata	Total
Arizona	0 (0%)	66 (99%)	0 (0%)	1 (1%)	67 (100%)
Central	0 (0%)	47 (98%)	0 (0%)	1 (2%)	48 (100%)
Northern	0 (0%)	6 (100%)	0 (0%)	0 (0%)	6 (100%)
Southern	0 (0%)	6 (100%)	0 (0%)	0 (0%)	6 (100%)
Western	0 (0%)	7 (100%)	0 (0%)	0 (0%)	7 (100%)

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Table 9: Influenza subtyping results of pediatric deaths, by season

	2017–2018 Number (Percent)	2016–2017 Number (Percent)	2015–2016 Number (Percent)
Influenza A (H3)	0 (0%)	2 (100%)	0 (0%)
Influenza A (H1N1) pdm09	0 (0%)	0 (0%)	3 (75%)
Influenza A (subtype unknown)	0 (0%)	0 (0%)	1 (25%)
Influenza B/Victoria	0 (0%)	0 (0%)	0 (0%)
Influenza B/Yamagata	0 (0%)	0 (0%)	0 (0%)
Influenza B (lineage unknown)	0 (0%)	0 (0%)	0 (0%)
Unknown	0 (0%)	0 (0%)	0 (0%)
Total	0 (0%)	2 (100%)	4 (100%)

Table 10: Influenza-Like Illness Surveillance

	Week 43	Week 42
Proportion of patient visits to sentinel providers for ILI	2.3%	2.1%
Comparison to epidemic threshold*	Below threshold	Below threshold
Intensity level (see definitions at the end of report)	Minimal	Minimal

Back to Report: <u>Influenza-Like Illness (ILI) Surveillance from Sentinel Outpatient Providers</u>

Glossary of Key Terms:

<u>2017–2018 Influenza Season</u> – The season is defined by surveillance weeks. The first day of the 2017–2018 influenza season was October 1st, 2017, or week 40 and the 2017–2018 surveillance season will continue through September 29th, 2018, or week 39.

<u>Regions</u> – Regions in Arizona are defined by county: Central (Gila, Maricopa, Pinal); Northern (Apache, Coconino, Navajo, Yavapai); Southern (Cochise, Graham, Greenlee, Pima, Santa Cruz); Western (La Paz, Mohave, Yuma).

<u>Activity Levels</u>: Indicator of the geographic spread of influenza activity, reported to CDC by all states each week. <u>Widespread</u>: Increased influenza-like illness from sentinel providers (ILI) in three or more regions and large numbers of laboratory-confirmed influenza cases in those regions.

Regional: Increased ILI in two regions and elevated numbers of laboratory-confirmed influenza cases in those regions.

Local: Increased ILI in one region and elevated numbers of laboratory-confirmed influenza cases in that region. *Sporadic:* No increase in ILI activity and only isolated laboratory-confirmed influenza cases.

No Activity: No increase in ILI activity and no laboratory-confirmed influenza cases.

<u>Intensity Levels</u>: Intensity levels are based on the percent of outpatient visits in a state due to ILI and are compared to the average percent of ILI visits that occur during spring and fall weeks with little or no influenza virus circulation. Intensity levels range from minimal, corresponding to ILI activity from outpatient clinics being below the average, to intense, which would correspond to ILI activity from outpatient clinics being much higher than average.