

## 2010-2011 Influenza Season Week 18 ending May 7, 2011

All data are preliminary and may change as more reports are received.

**Synopsis:** During week 18 (May 1-7, 2011), influenza activity in the United States continued to decrease.

- Of the 1,567 specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division, 29 (1.9%) were positive for influenza.
- The proportion of deaths attributed to pneumonia and influenza (P&I) was at the epidemic threshold.
- Two influenza-associated pediatric deaths were reported, bringing the season total to 102. One of these deaths was associated with a 2009 influenza A (H1N1) virus and one was associated with an influenza A virus for which the subtype was not determined.
- The proportion of outpatient visits for influenza-like illness (ILI) was 1.0%, which is below the national baseline of 2.5%. All 10 regions reported ILI below region-specific baselines. All 50 states and New York City experienced minimal ILI activity, and the District of Columbia had insufficient data to calculate an ILI activity level.
- The geographic spread of influenza in one state was reported as regional; two states reported local influenza activity; Puerto Rico, the District of Columbia, and 33 states reported sporadic influenza activity; and the U.S. Virgin Islands, Guam, and 14 states reported no influenza activity.

### National and Regional Summary of Select Surveillance Components

HHS Surveillance Regions*	Data for current week			Data cumulative since October 3, 2010 (Week 40)				
	Out-patient ILI†	% positive for flu‡	Number of jurisdictions reporting regional or widespread activity§	A (H3)	2009 A (H1N1)	A (Subtyping not performed)	B	Pediatric Deaths
<b>Nation</b>	Normal	1.9%	1 of 54	16,823	10,913	11,383	13,820	102
<b>Region 1</b>	Normal	8.6%	1 of 6	1,717	913	97	460	3
<b>Region 2</b>	Normal	4.9%	0 of 4	765	372	1,115	465	11
<b>Region 3</b>	Normal	2.5%	0 of 6	2,974	2,568	858	1,037	10
<b>Region 4</b>	Normal	2.6%	0 of 8	1,481	1,432	3,177	3,961	17
<b>Region 5</b>	Normal	11.6%	0 of 6	2,131	1,528	458	1,344	21
<b>Region 6</b>	Normal	1.5%	0 of 5	2,191	564	2,316	2,570	17
<b>Region 7</b>	Normal	2.3%	0 of 4	714	539	288	679	1
<b>Region 8</b>	Normal	2.2%	0 of 6	1,735	689	2,125	1,887	8
<b>Region 9</b>	Normal	1.5%	0 of 5	1,995	1,475	755	1,278	12
<b>Region 10</b>	Normal	4.3%	0 of 4	1,120	833	194	139	2

\*HHS regions (Region 1 CT, ME, MA, NH, RI, VT; Region 2: NJ, NY, Puerto Rico, U.S. Virgin Islands; Region 3: DE, DC, MD, PA, VA, WV; Region 4: AL, FL, GA, KY, MS, NC, SC, TN; Region 5: IL, IN, MI, MN, OH, WI; Region 6: AR, LA, NM, OK, TX; Region 7: IA, KS, MO, NE; Region 8: CO, MT, ND, SD, UT, WY; Region 9: AZ, CA, Guam, HI, NV; and Region 10: AK, ID, OR, WA).

† Elevated means the % of visits for ILI is at or above the national or region-specific baseline.

‡ National data are for current week; regional data are for the most recent three weeks.

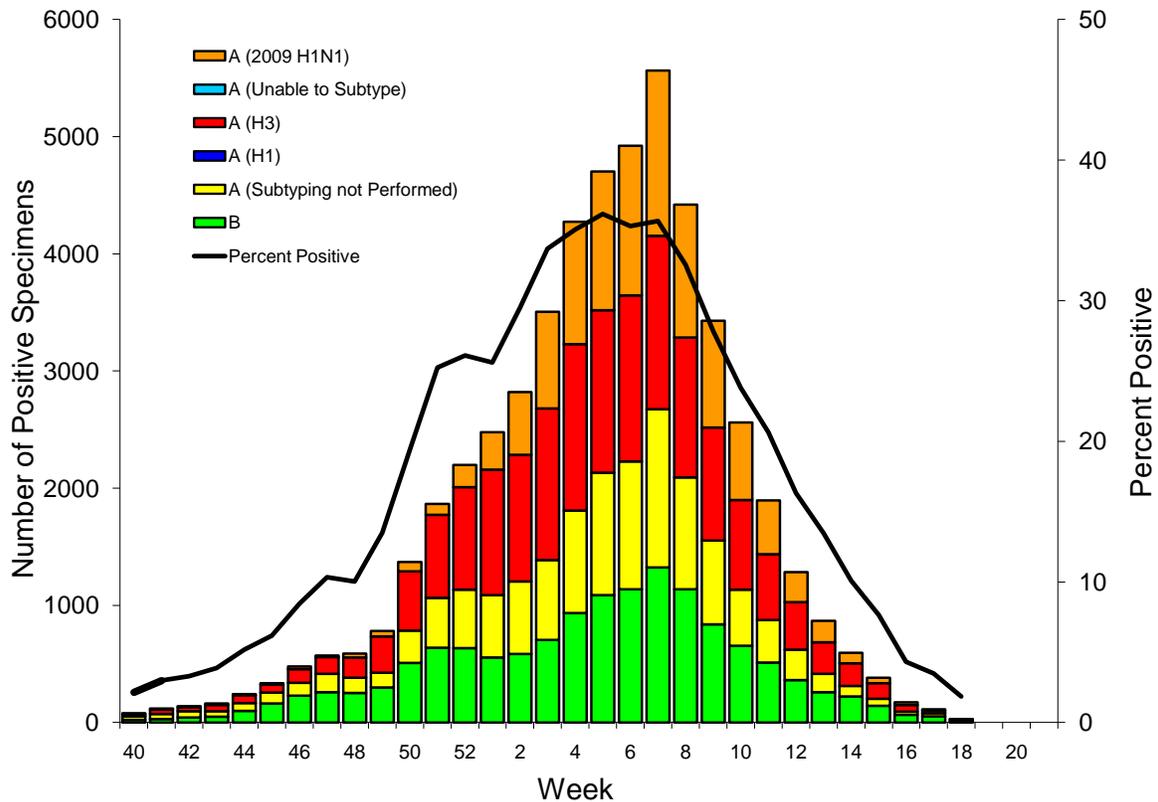
§ Includes all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

**U.S. Virologic Surveillance:** WHO and NREVSS collaborating laboratories located in all 50 states and Washington, D.C., report to CDC the number of respiratory specimens tested for influenza and the number positive by influenza type and subtype. The results of tests performed during the current week are summarized in the table below.

	<b>Week 18</b>
<b>No. of specimens tested</b>	1,567
<b>No. of positive specimens (%)</b>	29 (1.9%)
<b>Positive specimens by type/subtype</b>	
<b>Influenza A</b>	20 (69.0%)
<b>A (2009 H1N1)</b>	2 (10.0%)
<b>A (subtyping not performed)</b>	9 (45.0%)
<b>A (H3)</b>	9 (45.0%)
<b>Influenza B</b>	9 (31.0%)

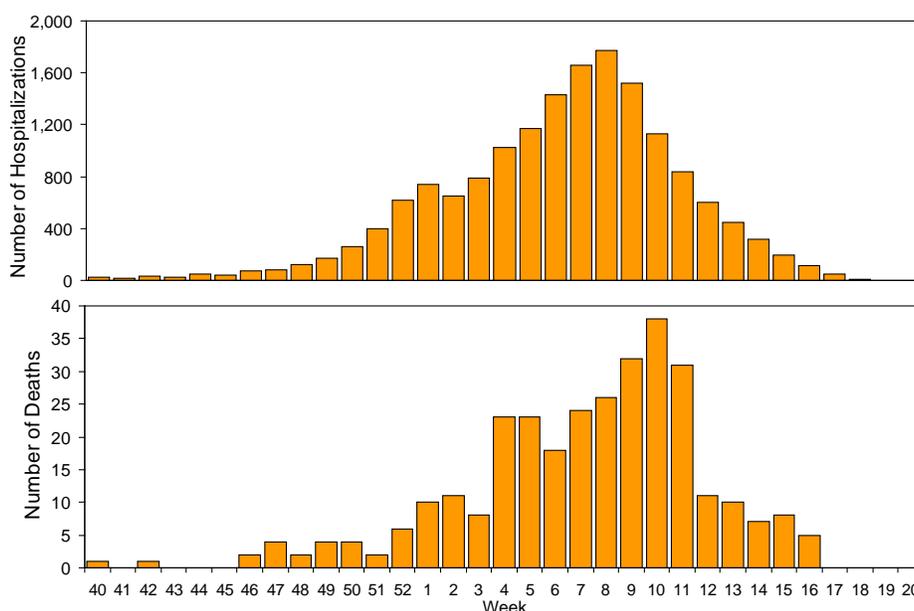
All influenza types and subtypes were identified at high levels this season, but in recent weeks have circulated at much lower levels. The predominant virus has varied by week, region, and even between states within the same region.

### Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2010-11 Season



**Aggregate Hospitalization and Death Reporting Activity (AHDRA):** This system tracks weekly counts of laboratory-confirmed influenza-associated hospitalizations and deaths and was implemented on August 30, 2009, during the 2009 H1N1 pandemic, and ended on April 4, 2010. AHDRA surveillance during the 2010-11 season has continued on a voluntary basis, and 11 jurisdictions reported during week 18. From October 3, 2010 – May 7, 2011, 16,361 laboratory-confirmed influenza-associated hospitalizations and 311 laboratory-confirmed influenza-associated deaths were reported to CDC.

## Weekly Laboratory-Confirmed Influenza-Associated Hospitalizations and Deaths, National Summary, 2010-11 Season



**Antigenic Characterization:** CDC has antigenically characterized 2,232 influenza viruses [543 2009 influenza A (H1N1) viruses, 997 influenza A (H3N2) viruses, and 692 influenza B viruses] collected by U.S. laboratories since October 1, 2010.

### 2009 Influenza A (H1N1) [543]

- Five hundred forty-two (99.8%) of the 543 tested were characterized as A/California/7/2009-like, the influenza A (H1N1) component of the 2010-11 influenza vaccine for the Northern Hemisphere. One virus (0.2%) of the 543 tested showed reduced titers with antiserum produced against A/California/7/2009.

### Influenza A (H3N2) [997]

- Nine hundred sixty-two (96.5%) of the 997 tested were characterized as A/Perth/16/2009-like, the influenza A (H3N2) component of the 2010-11 influenza vaccine for the Northern Hemisphere. Thirty-five (3.5%) of the 997 tested showed reduced titers with antiserum produced against A/Perth/16/2009.

## Influenza B (B/Victoria/02/87 and B/Yamagata/16/88 lineages) [692]

### Victoria Lineage [653]

- Six hundred fifty-three (94.4%) of the 692 influenza B viruses tested belong to the B/Victoria lineage of viruses.
  - Six hundred fifty-two (99.8%) of these 653 viruses were characterized as B/Brisbane/60/2008-like, the recommended influenza B component for the 2010-11 Northern Hemisphere influenza vaccine.
  - One (0.2%) of these 653 viruses showed somewhat reduced titers with antisera produced against B/Brisbane/60/2008.

### Yamagata Lineage [39]

- Thirty-nine (5.6%) of the 692 viruses were identified as belonging to the B/Yamagata lineage of viruses.

**Antiviral Resistance:** Testing of 2009 influenza A (H1N1), influenza A (H3N2), and influenza B virus isolates for resistance to the neuraminidase inhibitors (oseltamivir and zanamivir) is performed at CDC using a functional assay. Additional 2009 influenza A (H1N1) clinical samples are tested for a single known mutation in the neuraminidase protein of the virus that confers oseltamivir resistance (H275Y). The data summarized in the table below combine the results of both test methods and include samples that were tested as part of routine surveillance purposes; it does not include diagnostic testing specifically done because of clinical suspicion of antiviral resistance.

High levels of resistance to the adamantanes (amantadine and rimantadine) persist among 2009 influenza A (H1N1) and A (H3N2) viruses (the adamantanes are not effective against influenza B viruses) circulating globally. As a result of the sustained high levels of resistance, data from adamantane resistance testing are not presented weekly in the table below.

### Neuraminidase Inhibitor Resistance Testing Results on Samples Collected Since October 1, 2010.

	Virus Samples tested (n)	Resistant Viruses, Number (%)	Virus Samples tested (n)	Resistant Viruses, Number (%)
		Oseltamivir		Zanamivir
Seasonal Influenza A (H1N1)	0	0 (0.0)	0	0 (0.0)
Influenza A (H3N2)	684	2 (0.3)	662	0 (0.0)
Influenza B	641	0 (0.0)	641	0 (0.0)
2009 Influenza A (H1N1)	3,629*	39 (1.1)	527	0 (0.0)

\*Includes specimens tested in national surveillance and additional specimens tested at public health laboratories in six states (CA, ME, MD, MN, TX, and WA) who share testing results with CDC.

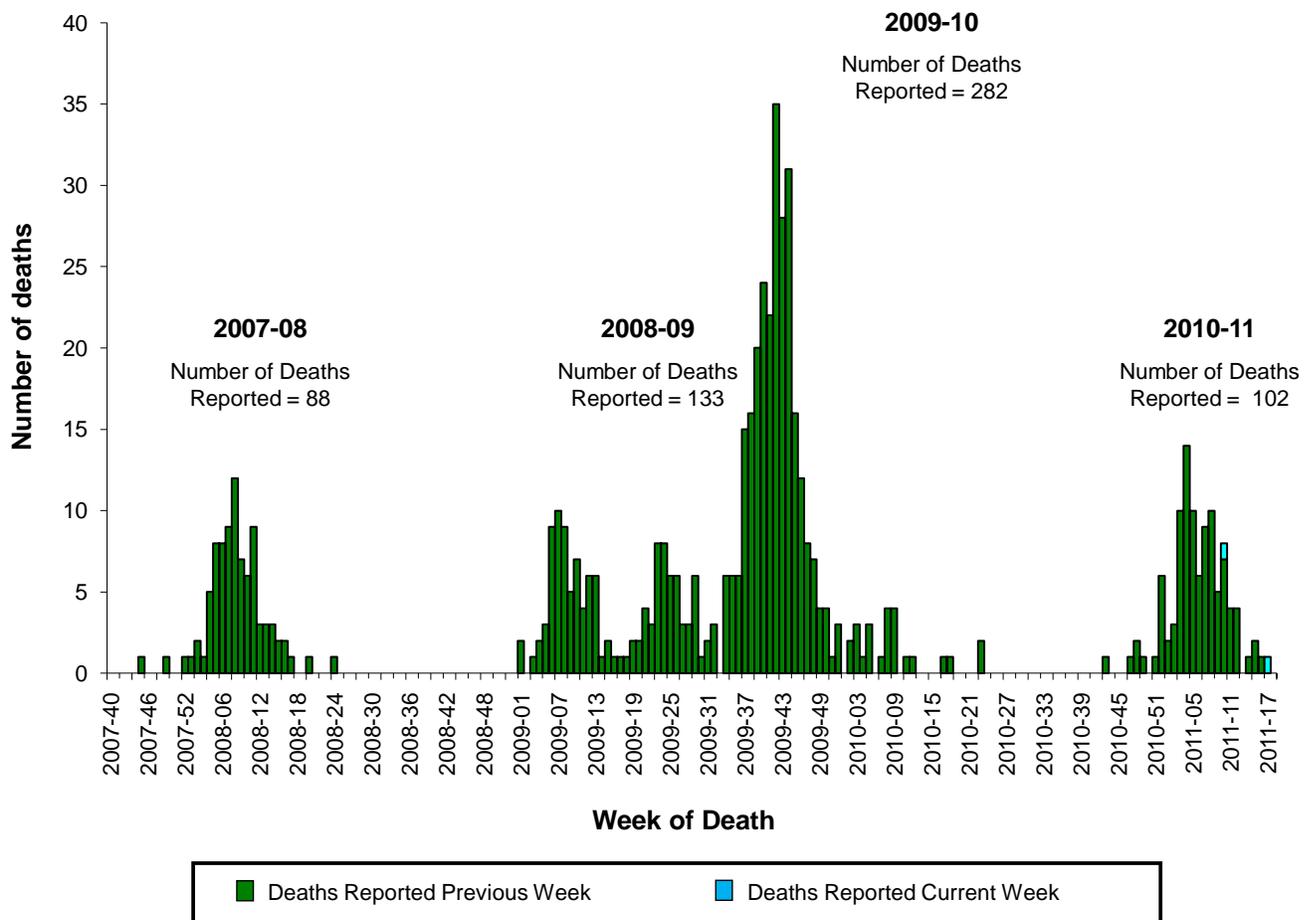
To prevent the spread of antiviral resistant virus strains, CDC reminds clinicians and the public of the need to continue hand and cough hygiene measures for the duration of any symptoms of influenza, even while taking antiviral medications. Additional information on antiviral recommendations for treatment and chemoprophylaxis of influenza virus infection is available at <http://www.cdc.gov/flu/antivirals/index.htm>.



**Influenza-Associated Pediatric Mortality:** Two influenza-associated pediatric deaths were reported to CDC during week 18. One of these deaths was associated with a 2009 influenza A (H1N1) virus and one was associated with an influenza A virus for which the subtype was not determined.

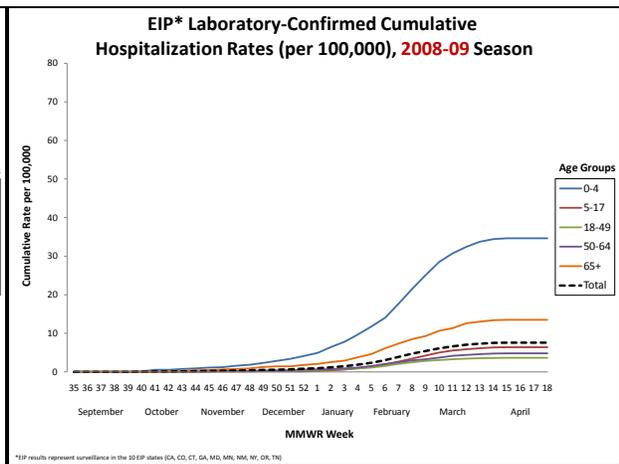
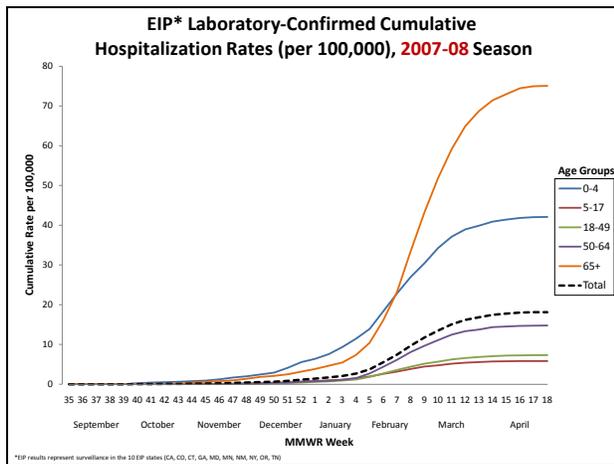
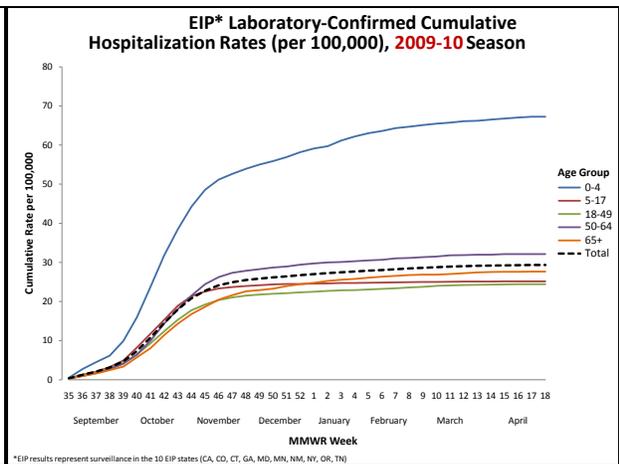
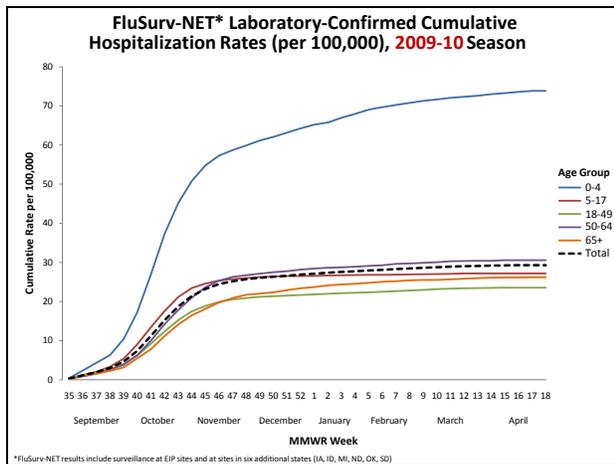
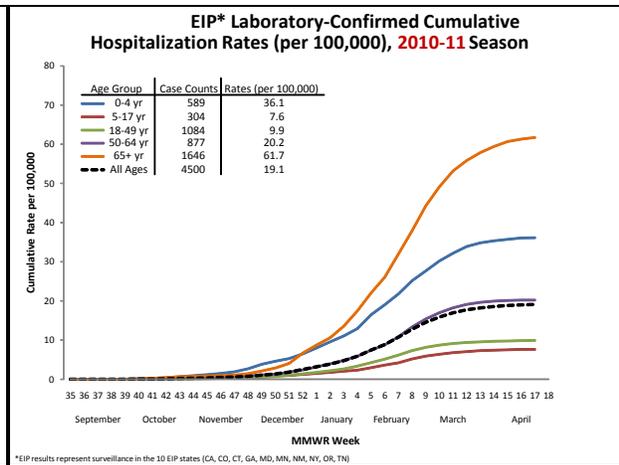
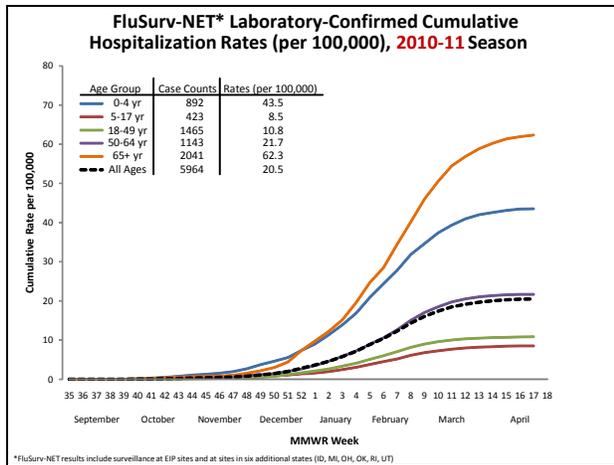
One hundred and two influenza-associated pediatric deaths from 33 states, Chicago, and New York City have been reported during this influenza season. Forty of the 102 deaths reported were associated with influenza B viruses; 26 were associated with 2009 influenza A (H1N1) viruses; 17 deaths reported were associated with influenza A (H3N2) viruses, and 19 were associated with an influenza A virus for which the subtype was not determined.

**Number of Influenza-Associated Pediatric Deaths by Week of Death:  
2007-08 season to present**



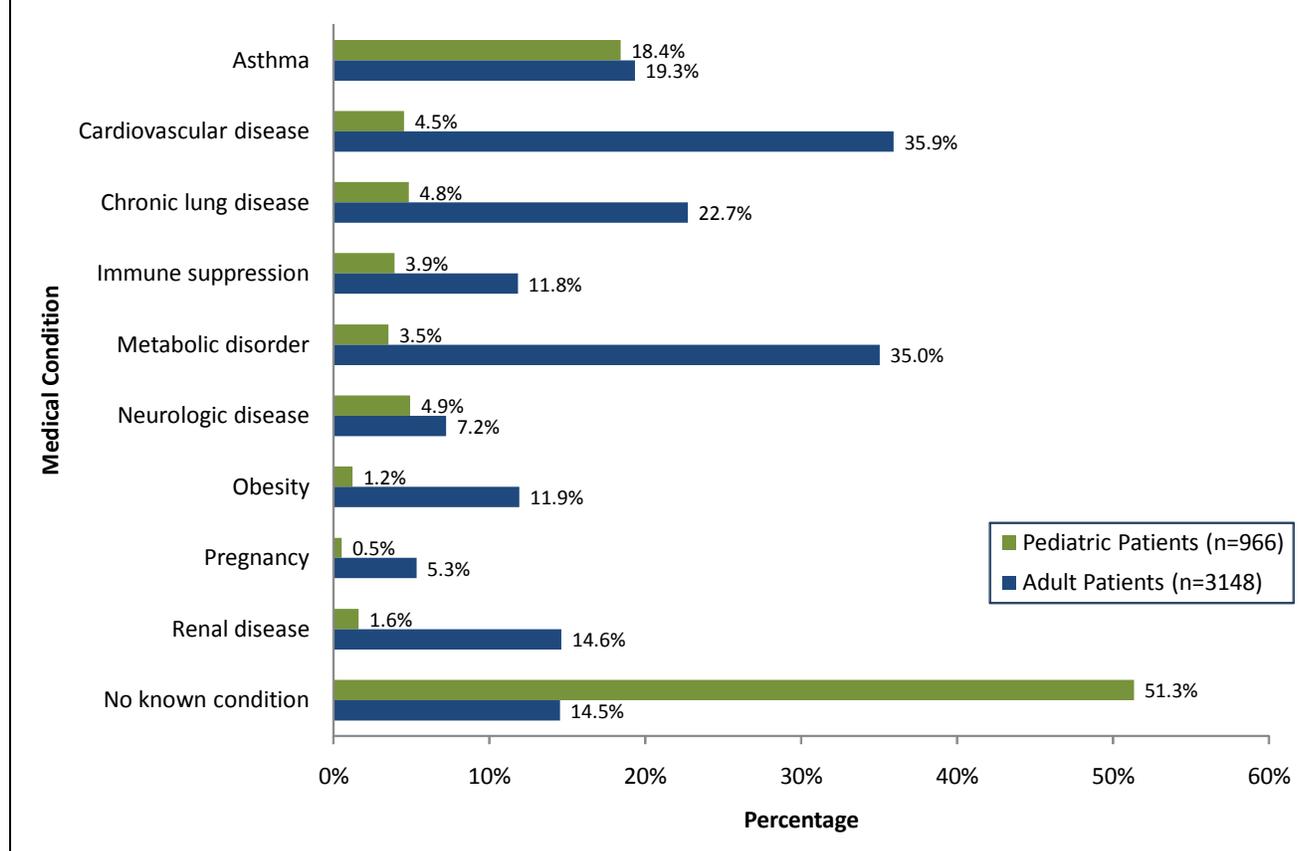
**Influenza-Associated Hospitalizations:** FluSurv-NET conducts population-based surveillance for laboratory-confirmed influenza-associated hospitalizations in children (persons younger than 18 years) and adults. The current network covers more than 80 counties in the 10 Emerging Infections Program (EIP) states (CA, CO, CT, GA, MD, MN, NM, NY, OR, and TN) and six additional states (ID, MI, OH, OK, RI, and UT).

The current season’s influenza-associated hospitalization rates include patients admitted from October 1, 2010 to April 30, 2011; however, rates will continue to be updated as additional information is received.



Please note the following: (i) The scale of the vertical axis on the Cumulative Hospitalization Rate figures will be adjusted during the season to make the graphs easier to read; (ii) FluSurv-NET was created during the 2009-2010 season when surveillance in six states was added to ongoing surveillance for influenza-associated hospitalizations in 10 EIP states. During the 2009-2010 season, FluSurv-NET included sites in the 10 EIP sites and sites in IA, ID, MI, ND, OK, and SD; (iii) the 2008-2009 EIP season ended April 14, 2009, due to the onset of the 2009 H1N1 pandemic.

## Selected underlying medical conditions<sup>1</sup> in patients hospitalized with influenza, FluSurv-NET 2010-2011<sup>2</sup>



<sup>1</sup>Asthma may include a diagnosis of asthma and reactive airway disease; Cardiovascular diseases may include conditions such as coronary heart disease, cardiac valve disorders, congestive heart failure, pulmonary hypertension, and aortic stenosis; Chronic lung diseases may include conditions such as bronchiolitis obliterans, chronic aspiration pneumonia, and interstitial lung disease; Immune suppression may include conditions such as immunoglobulin deficiency, leukemia, lymphoma, HIV/AIDS, and individuals taking immunosuppressive medications; Metabolic disorders may include conditions such as diabetes mellitus, thyroid dysfunction, adrenal insufficiency, and liver disease; Neurologic diseases may include conditions such as seizure disorders, neuromuscular disorders, and cognitive dysfunction; Obesity was defined as a body mass index (BMI) greater than 30 kg/m<sup>2</sup> in patients 20 years of age or older, or equal to or greater than the 95<sup>th</sup> percentile of a patient's age and sex category in patients under 20 years of age; Renal diseases may include conditions such as acute or chronic renal failure, nephrotic syndrome, glomerulonephritis, and impaired creatinine clearance.

<sup>2</sup>Data as of May 10, 2011. Includes 4,114 (of a total 5,984 reported) cases for which data collection has been completed through the medical chart review stage.



**Demographic and clinical characteristics of laboratory-confirmed, influenza-associated hospitalizations identified in EIP<sup>1</sup> and FluSurv-NET<sup>2</sup> sites, 2006-2011**

	2010-2011 FluSurv-NET <sup>3</sup> N (%)	2009-2010 FluSurv-NET N (%)	2008-2009 EIP N (%)	2007-2008 EIP N (%)	2006-2007 EIP N (%)
<b>Total Cases</b>	5,984	7,517	1,698	3,930	1,279
<b>Age in Years</b>					
0-4	893 (14.9)	1,326 (17.6)	549 (32.3)	639 (16.3)	393 (30.7)
5-17	424 (7.1)	1,204 (16.0)	244 (14.4)	221 (5.6)	130 (10.2)
18-49	1,467 (24.5)	2,779 (37.0)	374 (22.0)	736 (18.7)	246 (19.2)
50-64	1,147 (19.2)	1,458 (19.4)	201 (11.8)	585 (14.9)	155 (12.1)
65+	2,050 (34.3)	750 (10.0)	330 (19.4)	1,749 (44.5)	355 (27.8)
<b>Sex</b>					
Male	2,775 (46.4)	3,517 (46.8)	832 (49.0)	1,825 (46.4)	631 (49.3)
Female	3,205 (53.6)	4,000 (53.2)	866 (51.0)	2,104 (53.5)	648 (50.7)
<b>Flu Type and Subtype</b>					
Influenza A	4,913 (82.1)	7,355 (97.8)	1,236 (72.8)	2,562 (65.2)	1,082 (84.6)
Specimens subtyped <sup>4</sup>	1,828	5,325	--	--	--
A (H1)	0 (0.0)	0 (0.0)	--	--	--
A (H3)	1,224 (67.0)	3 (0.1)	--	--	--
A (2009 H1N1)	604 (33.0)	5,322 (99.9)	--	--	--
Influenza B	973 (16.3)	52 (0.7)	382 (22.5)	1,199 (30.5)	149 (11.6)
<b>Intensive Care Unit</b>	695 (16.9)	1,560 (20.8)	298 (17.6)	495 (12.6)	198 (15.5)
<b>Mechanical Ventilation</b>	325 (7.9)	758 (10.1)	157 (9.2)	252 (6.4)	111 (8.7)
<b>Diagnosis of Pneumonia</b>	1,205 (29.3)	2,804 (37.3)	407 (24.0)	1,220 (31.0)	404 (31.6)
<b>Died</b>	111 (2.7)	222 (3.0)	49 (2.9)	104 (2.6)	24 (1.9)

Columns may not sum to 100% due to missing or unknown values.

<sup>1</sup>Surveillance in EIP states (CA, CO, CT, GA, MD, MN, NM, NY, OR, TN) was conducted from 2006-2011.

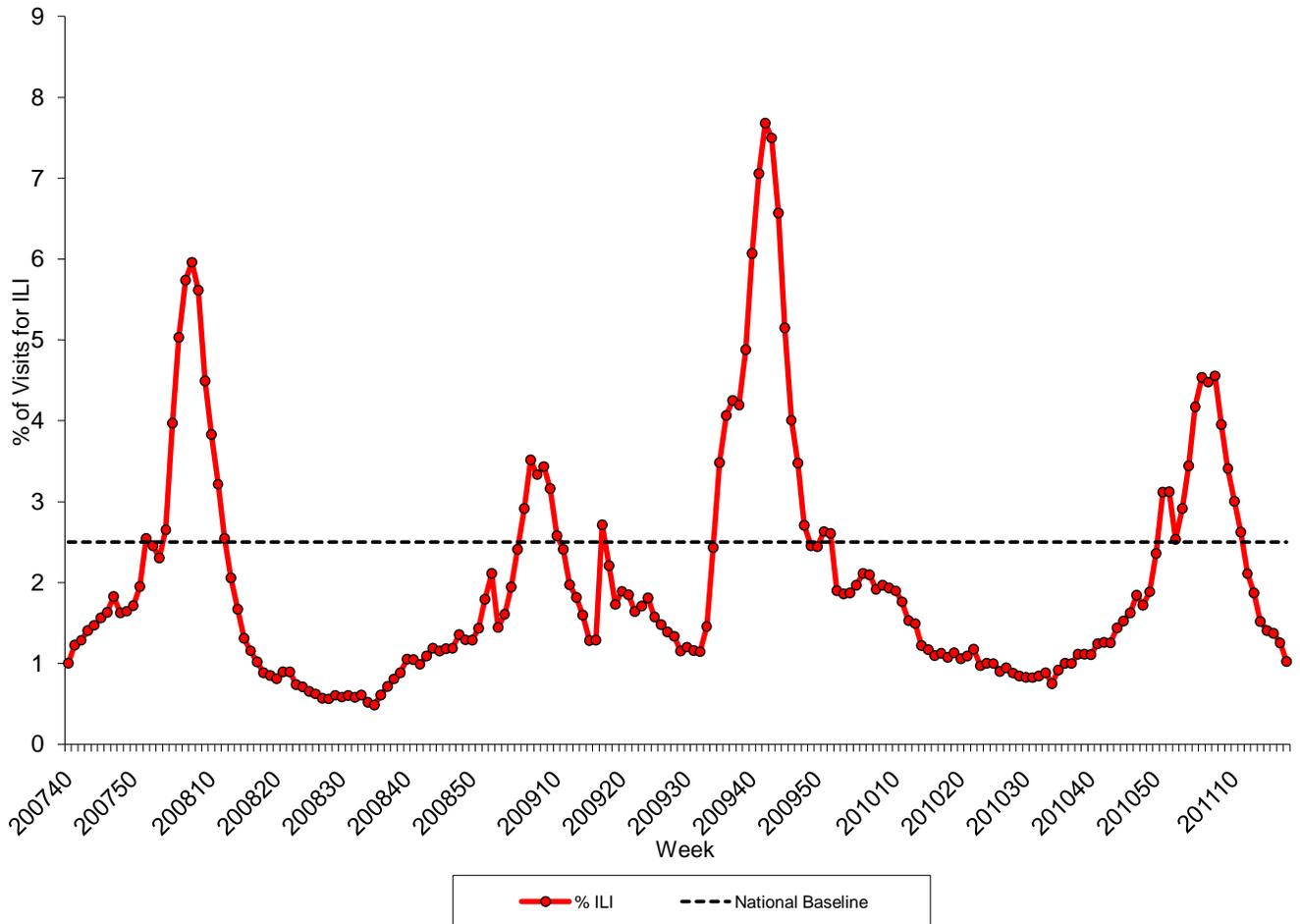
<sup>2</sup>FluSurv-Net includes surveillance at EIP sites and at sites in additional states (IA, ID, MI, ND, OK, SD in 2009-2010; ID, MI, OH, OK, RI, UT in 2010-2011).

<sup>3</sup>Data as of May 10, 2011. Results describing influenza A subtype, intensive care unit admission, mechanical ventilation, diagnosis of pneumonia, and death are from 4,114 (of a total 5,984 reported) cases for which data collection has been completed through the medical chart review stage.

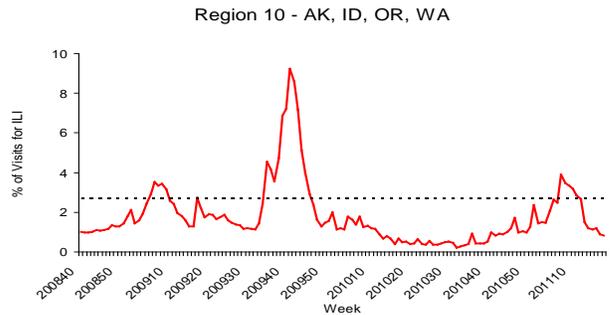
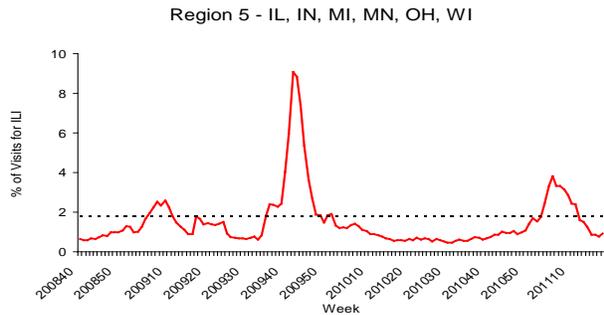
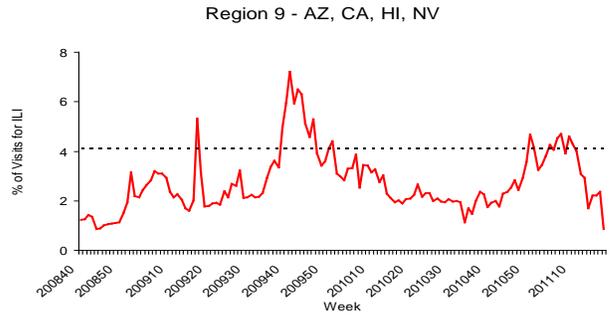
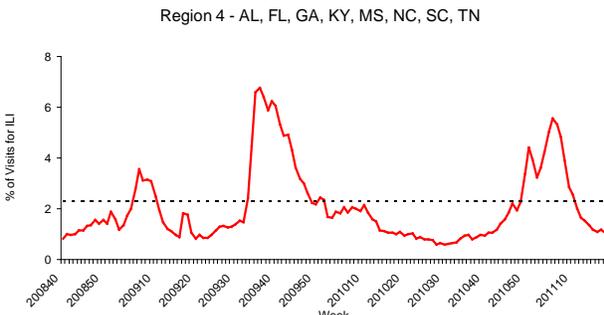
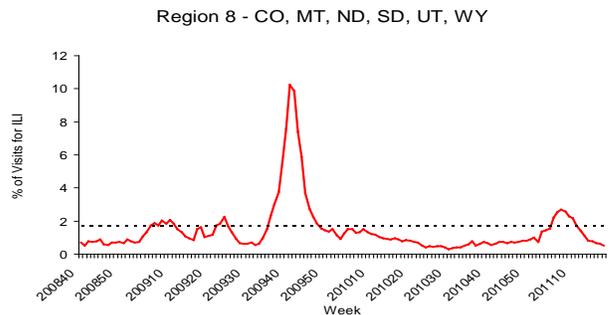
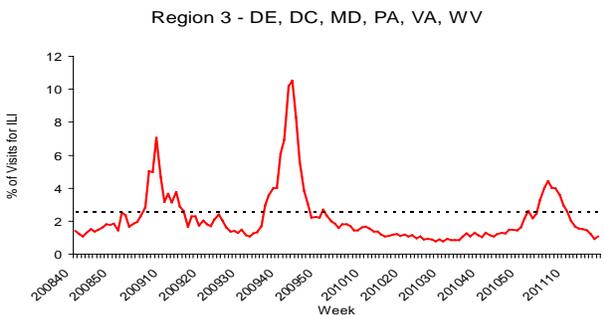
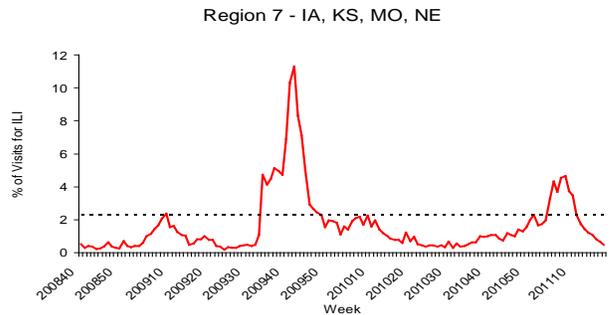
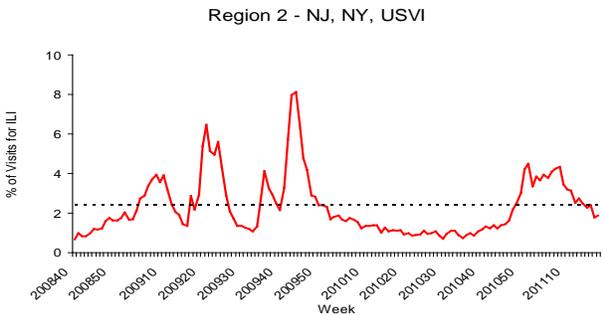
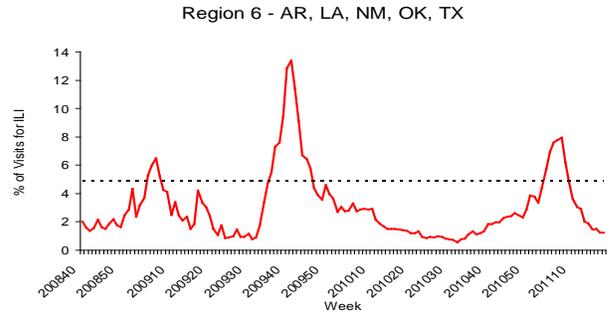
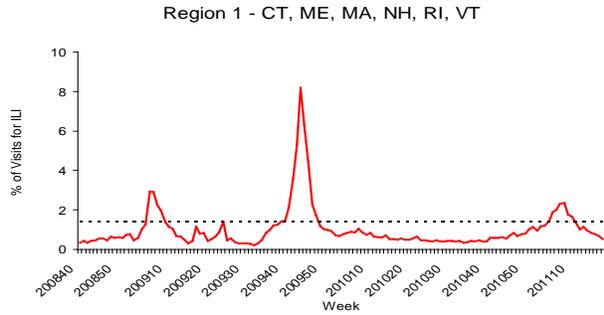
<sup>4</sup>Influenza A subtype results are available beginning with the 2007-2008 season. Percentages for influenza A subtypes are calculated using the number of influenza A specimens that were subtyped as a denominator.

**Outpatient Illness Surveillance:** Nationwide during week 18, 1.0% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is below the national baseline of 2.5%.

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, September 30, 2007 – May 7, 2011



On a regional level, the percentage of outpatient visits for ILI ranged from 0.5% to 1.9% during week 18. All 10 regions reported ILI below region-specific baselines.



NOTE: Scales differ between regions

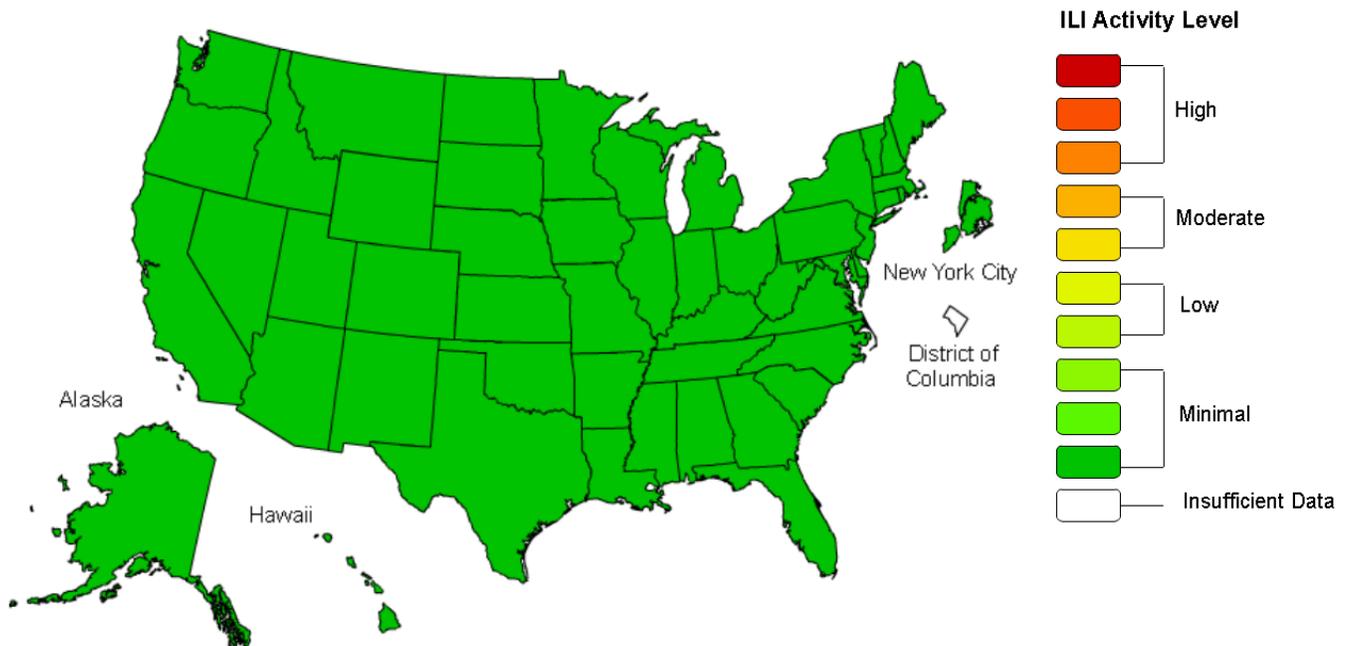
\*Use of the regional baselines for state data is not appropriate.

**ILINet State Activity Indicator Map:** Data collected in ILINet are used to produce a measure of ILI activity\* by state. Activity 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. Activity levels range from minimal, which would correspond to ILI activity from outpatient clinics being below the average, to high, which would correspond to ILI activity from outpatient clinics being much higher than the average. Because the clinical definition of ILI is very general, not all ILI can be attributed to influenza; however, when combined with laboratory data, the information on ILI activity can provide a better picture of influenza activity in the United States.

During week 18, the following ILI activity levels were experienced:

- Minimal ILI activity was experienced by all 50 states and New York City.
- The District of Columbia had insufficient data to calculate an activity level.

**Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet  
2010-11 Influenza Season Week 18 ending May 07, 2011**



Interactive web tool available at: <http://gis.cdc.gov/grasp/fluview/main.html>

\*This map uses the proportion of outpatient visits to health care providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

Data collected in ILINet may disproportionately represent certain populations within a state, and therefore, may not accurately depict the full picture of influenza activity for the whole state.

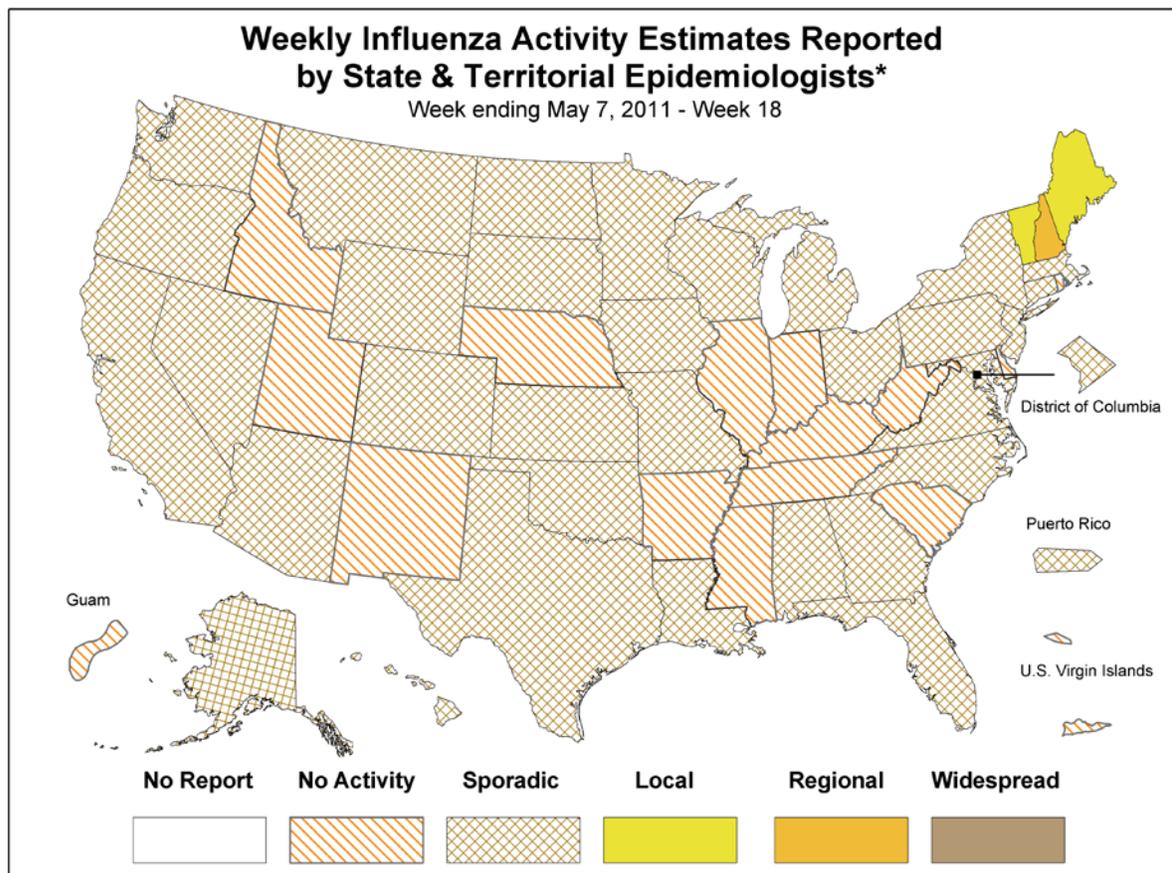
Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.

Differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

**Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists:** The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses, but does not measure the severity of influenza activity.

During week 18, the following influenza activity was reported:

- No states reported widespread influenza activity.
- Regional influenza activity was reported by one state (New Hampshire).
- Local influenza activity was reported by two states (Maine and Vermont).
- Sporadic influenza activity was reported by the District of Columbia, Puerto Rico, and 33 states (Alabama, Alaska, Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Virginia, Washington, Wisconsin, and Wyoming).
- The U.S. Virgin Islands, Guam, and 14 states (Arkansas, Delaware, Idaho, Illinois, Indiana, Kentucky, Mississippi, Nebraska, New Mexico, Rhode Island, South Carolina, Tennessee, Utah, and West Virginia) reported no influenza activity.



\* This map indicates geographic spread & does not measure the severity of influenza activity

## **Additional National and International Influenza Surveillance Information**

Distribute Project: Additional information on the Distribute syndromic surveillance project, developed and piloted by the International Society for Disease Surveillance (ISDS), now working in collaboration with CDC to enhance and support Emergency Department (ED) surveillance, is available at <http://isdistribute.org/>.

Google Flu Trends: Google Flu Trends uses aggregated Google search data in a model created in collaboration with CDC to estimate influenza activity in the United States. For more information and activity estimates from the U.S. and worldwide, see <http://www.google.org/flutrends/>.

Europe: For the most recent influenza surveillance information from Europe, please see WHO/Europe at <http://www.euroflu.org/index.php> and visit the European Centre for Disease Prevention and Control at [http://ecdc.europa.eu/en/publications/surveillance\\_reports/influenza/Pages/weekly\\_influenza\\_surveillance\\_overview.aspx](http://ecdc.europa.eu/en/publications/surveillance_reports/influenza/Pages/weekly_influenza_surveillance_overview.aspx).

Public Health Agency of Canada: The most up-to-date influenza information from Canada is available at <http://www.phac-aspc.gc.ca/fluwatch/>.

World Health Organization FluNet: Additional influenza surveillance information from participating WHO member nations is available at <http://gamapserver.who.int/GlobalAtlas/home.asp>.

A description of surveillance methods is available at: <http://www.cdc.gov/flu/weekly/overview.htm>  
Report prepared: May 13, 2011.