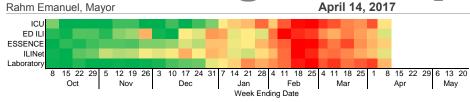


Julie Morita, MD, Commissioner



The Quick View heat graph represents the varying level of intensity among the five influenza surveillance indicators that 8 15 22 29 6 13 20 are routinely monitored during the influenza season (Figures 1-5).

News & Updates The 22nd Annual Infection Control Conference will be held on June 9th, 2017; registration and agenda information coming soon. As long as influenza viruses are circulating, all Chicagoans aged six months and older are encouraged to get vaccinated. Chicagoans should ask their healthcare provider or pharmacist about vaccine availability. For those without a healthcare provider or whose healthcare providers do not have the influenza vaccine, a list of City of Chicago Fast-Track Immunization Clinics<sup>1</sup> is available on the City website and by calling 311. To locate the closest City of Chicago clinic or retail pharmacy, go to www.chicagoflushots.org.

#### What is the risk?

Currently, the risk of influenza infection has decreased slightly, but remains elevated.

## Are severe cases of influenza occurring?

For the week of April 2-8, 2017, five influenzaassociated ICU hospitalizations were reported (Figure 1).

Since October 2, 2016, 255 influenza-associated ICU hospitalizations have been reported; 177 were positive for influenza A (102 H3N2, 2 H1N1pdm09 and 73 unknown subtype [subtyping not attempted or not all subtypes tested]) and 78 were positive for influenza B. The median age of reported cases is 62 years (range of 1 month - 100 years). Fourteen deaths have been reported among ICU cases including two pediatric patients and 18 cases were admitted from long-term care facilities: selected characteristics are summarized in Table 1.

Table 1. Selected attributes of influenza-associated intensive care unit hospitalizations reported for Chicago residents for current season (2016-2017), October-May.

Age Group	#	% <sup>*</sup>	Sex	#	%
0-4	26	10	Male	120	47
5-17	28	11	Female	135	53
18-24	6	2	Med. Cond./Complication <sup>†</sup>		
25-49	31	12	Lung Disease	80	31
50-64	55	22	Cardiac Disease	69	27
≥65	109	43	Diabetes	60	24
Race/Ethnicity			Ventilator Support	66	26
NH-White	77	30	Reported Deaths	14	6
NH-Black	95	37	Treatment/Vaccination <sup>†</sup>		
Hispanic	69	27	Reported Antiviral Tx	178	70
Asian	14	6	Reported Flu Shot	103	40

<sup>\*</sup> Percentages may not add up to 100 due to rounding; † As reported in INEDSS (Illinois National Electronic Disease Surveillance System).

#### How much influenza-like illness is occurring?

CDPH receives data from several hospitals in Chicago that provide emergent care, which report on a weekly basis the total number of emergency department visits, and of those visits, the number with influenza-like ill-

Figure 1. Number of influenza-associated ICU hospitalizations reported for Chicago residents, for the current season (2016-2017) by influenza type, October-May.

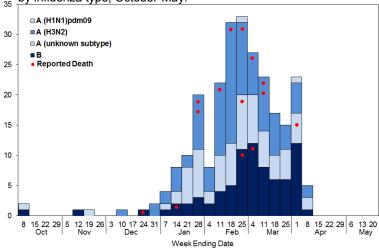
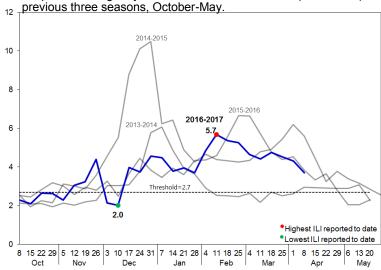


Figure 2. Percent of emergency department visits attributed to influenza-like illness based on manual reports by individual hospitals, Chicago, by week, for the current season (2016-2017) and



ness (ILI) (i.e., fever of 100°F or greater, with cough or sore throat). For the week of April 2-8, 2017, with 9 hospitals reporting, 3.7% of emergency department visits were due to ILI (Figure 2). ESSENCE is an electronic syndromic surveillance system that utilizes emergency department chief complaint data submitted daily by Chicago hospitals; ILI activity is determined solely based on the patient's chief complaint and does not take into account the entire medical record, as the ILI activity reported in Figure 2 does.

Currently, all Chicago hospitals submit data to **ES-SENCE**, covering every emergency department visit in the city. For the week of April 2-8, 2017, 2.4% of all emergency department visits were due to ILI; Southside and Northside hospitals had slightly higher ILI at 2.6% and Westside hospitals had slightly lower ILI at 2.1% (**Figure 3**).

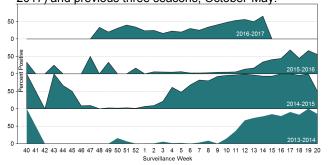
Several outpatient clinics throughout Chicago participate in CDC's Influenza-like Illness Surveillance Network (ILINet) by reporting on the number of patients with ILI seen weekly. For the week of April 2-8, 2017, with 23 facilities reporting, 5.0% of outpatient visits were due to influenza-like illness (Figure 4).

### Which influenza strains are circulating?

Data on influenza virus test results are reported by Chicago laboratories performing influenza RT-PCR. For the week of April 2-8, 2017, with 6 laboratories reporting, 81 of the 788 (10.3%) specimens tested for influenza were positive (26 A (H3N2), 0 A (H1N1pdm09), 2 A [unknown subtype], and 53 influenza B).

Since October 2, 2016, 1,907 of 18,076 (10.6%) specimens tested for influenza have been positive; 1,202 typed as influenza A (1,024 H3N2, 21 H1N1pdm09, and 157 unknown subtype [subtyping not attempted or not all subtypes tested]) and 705 typed as influenza B (**Figure 5**). So far this season, influenza B viruses have co-circulated with influenza A more frequently than in previous influenza seasons where an increase in influenza B usually occurs towards the end of the season (**Figure 6**).

Figure 6. Percent of specimens testing positive (by RT-PCR) for influenza B as reported by local laboratories serving Chicago hospitals, for the current season (2016-2017) and previous three seasons, October-May.



### Where can I get more information?

The Centers for Disease Control and Prevention's FluView<sup>2</sup> report provides national updates and trends related to the intensity of influenza activity across the United States, as well as detailed information on antiviral resistance, severity of illness, and other topics. Updates specific to Illinois<sup>3</sup> and Suburban Cook County<sup>4</sup> are also available online. Current and archived issues of the *Chicago Flu Update* can be found on the CDPH website section Current Flu Situation in Chicago<sup>5</sup>.

Figure 3. Percent of <u>emergency department</u> visits attributed to influenza-like illness by hospital region based on chief complaint data submitted to ESSENCE, Chicago, by week, for the current season (2016, 2017) and provious three pagence. October May

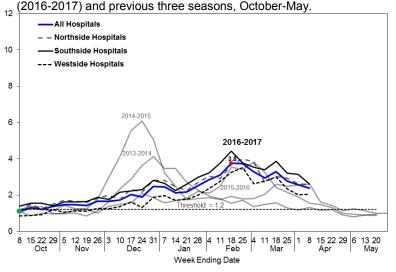


Figure 4. Percent of medically-attended <u>outpatient</u> visits attributed to influenza-like illness as reported by ILINet facilities, Chicago, by week, for the current season (2016-2017) and previous three

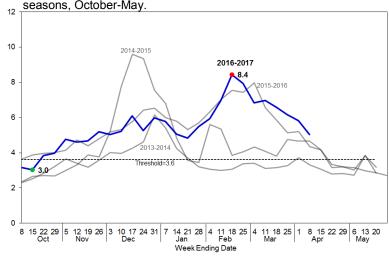


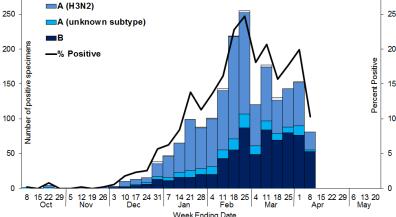
Figure 5. Percent of specimens testing positive (by RT-PCR) for influenza by subtype as reported by local laboratories serving

Chicago hospitals, for the current season (2016-2017) October-May.

A (H1N1)pdm09

A (H3N2)

A (unknown subtype)



# **Reporting Information**

The Illinois Department of Public Health (IDPH) has issued influenza testing and reporting recommendations<sup>6</sup>; healthcare facilities can report cases to the Chicago Department of Public Health via the Illinois National Electronic Disease Surveillance System (INEDSS).<sup>7</sup>

2http://www.cdc.gov/flu/weekly/index.htm;3http://dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance;4http://cookcountypublichealth.org/data-reports/communicable-diseases;5http://www.cityofchicago.org/city/en/depts/cdph/supp\_info/influenza/current\_flu\_situationinchicago2011.html; 6http://www.dph.illinois.gov/sites/default/files/publications/ohp-labs-influenzaannual-testing-and-reportingmemo-09222016.pdf;7https://dph.partner.illinois.gov/