



**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (MDPH)
WEEKLY INFLUENZA UPDATE
Week Ending February 23, 2019**

Geographic Distribution:

No Activity	Sporadic	Local	Regional	Widespread
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ILI Intensity:

Minimal			Low		Moderate		High		
1	2	3	4	5	6	7	8	9	10

All data in this report are preliminary and subject to change as more information is received.

Highlights from this week's report:

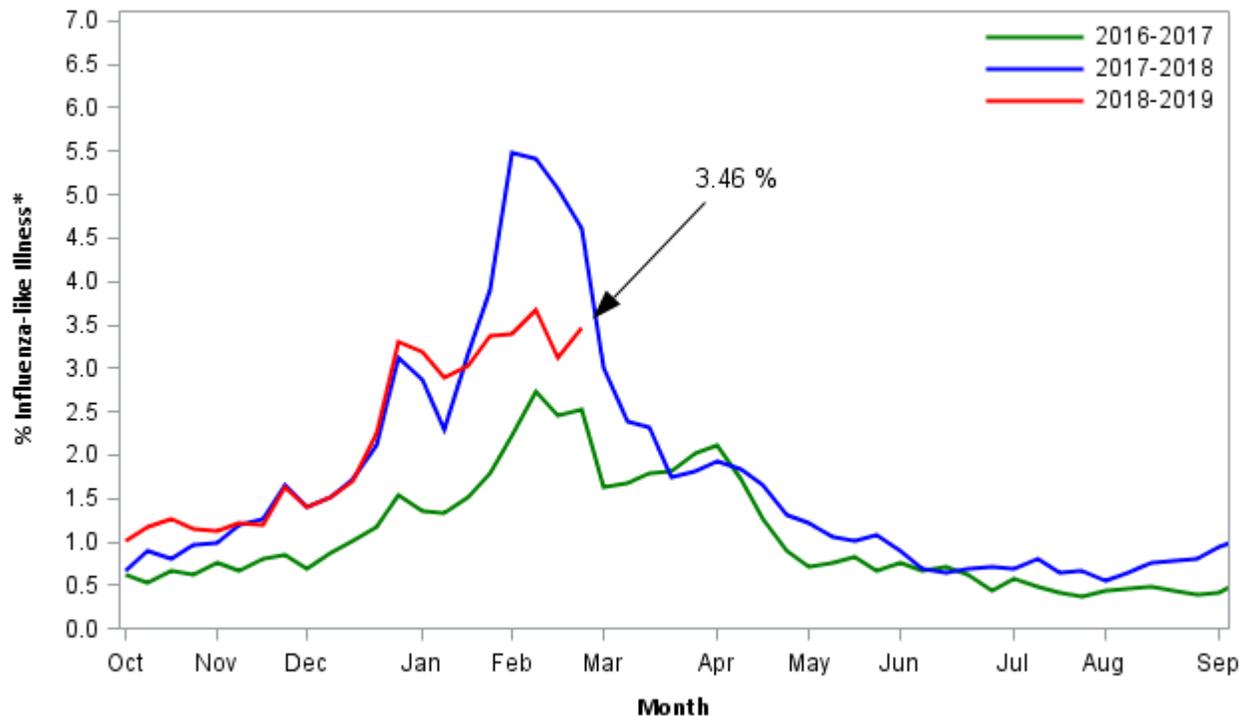
- There is still time to get a flu shot to ensure you are protected as flu activity continues.
- Influenza-like illness activity in Massachusetts remains high this week and is consistent with activity levels normally seen at this time of year
- Geographic spread is widespread: ILI activity and influenza laboratory confirmations remain elevated in all regions of the state.
- Influenza-associated hospitalizations in Massachusetts is declining but remain elevated this week and are consistent with activity levels normally seen at this time of year.
- The number of influenza positive laboratory tests reported to MDPH decreased this week by 24.4% compared to last week.
- For the 2018-2019 season to date, the predominant influenza strain is A/2009 H1N1; this may fluctuate as the season continues.
- All influenza strains that have been characterized in Massachusetts this season to date are covered by the current influenza vaccine.
- No resistance to antiviral medications has been detected this season.
- Nationally, flu activity remains high, consistent with normal levels of activity at this time of year.
- Additional data are available upon request and at www.cdc.gov/flu/weekly.

Influenza-like illness activity

Influenza-like illness (ILI) is defined as fever above 100F in addition to either cough or sore throat. Many more people are infected with influenza than are tested for influenza. ILI is used throughout the regular influenza season as a way to help track influenza activity in individuals who are not tested, as trends in ILI have been shown to mirror influenza trends. Sixty healthcare facilities called 'sentinel sites', including provider offices, school health services, community health centers, and emergency departments across Massachusetts report the number of patients they see with ILI each week during regular flu season.

Figure 1 shows that ILI activity is high and is consistent with activity levels normally seen at this time of year. For more information, see CDC's influenza surveillance website at www.cdc.gov/flu/weekly/fluactivitysurv.htm.

**Figure 1: Percentage of ILI visits reported by sentinel provider sites
September 30, 2018 – February 23, 2019**



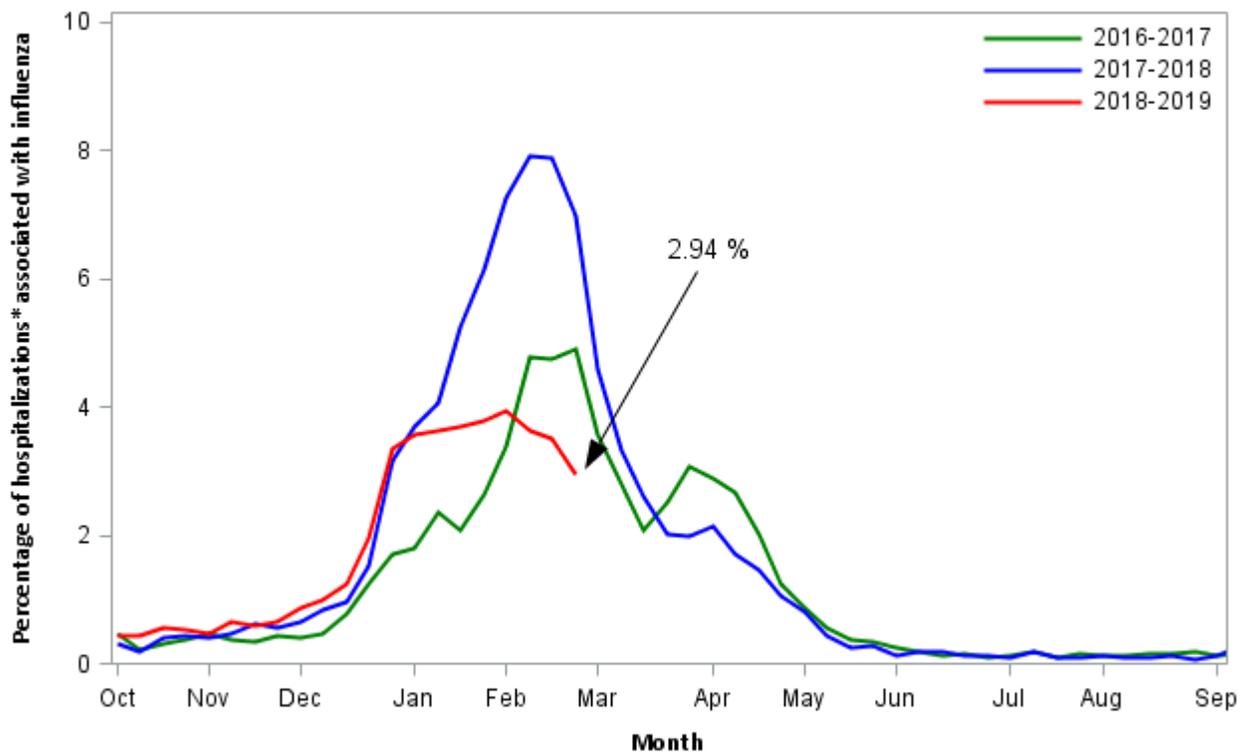
**Influenza-like illness (ILI, defined by fever >100F and cough and/or sore throat), as reported by Massachusetts sentinel surveillance sites*

Influenza-associated hospitalizations

As part of the National Syndromic Surveillance Program, MDPH receives data from Emergency Departments (EDs) covering more than 90% of ED visits statewide. These data are used to track patient visits related to influenza by monitoring the reason patients are seeking care (chief complaint) and the diagnoses the patients receive (ICD-10 code). These data are available to MDPH in near real-time.

Figure 2 shows the percent of all ED visits which result in the patient being hospitalized that are associated with influenza infection.

**Figure 2: Influenza-associated Hospitalizations, Massachusetts
September 30, 2018 – February 23, 2019**

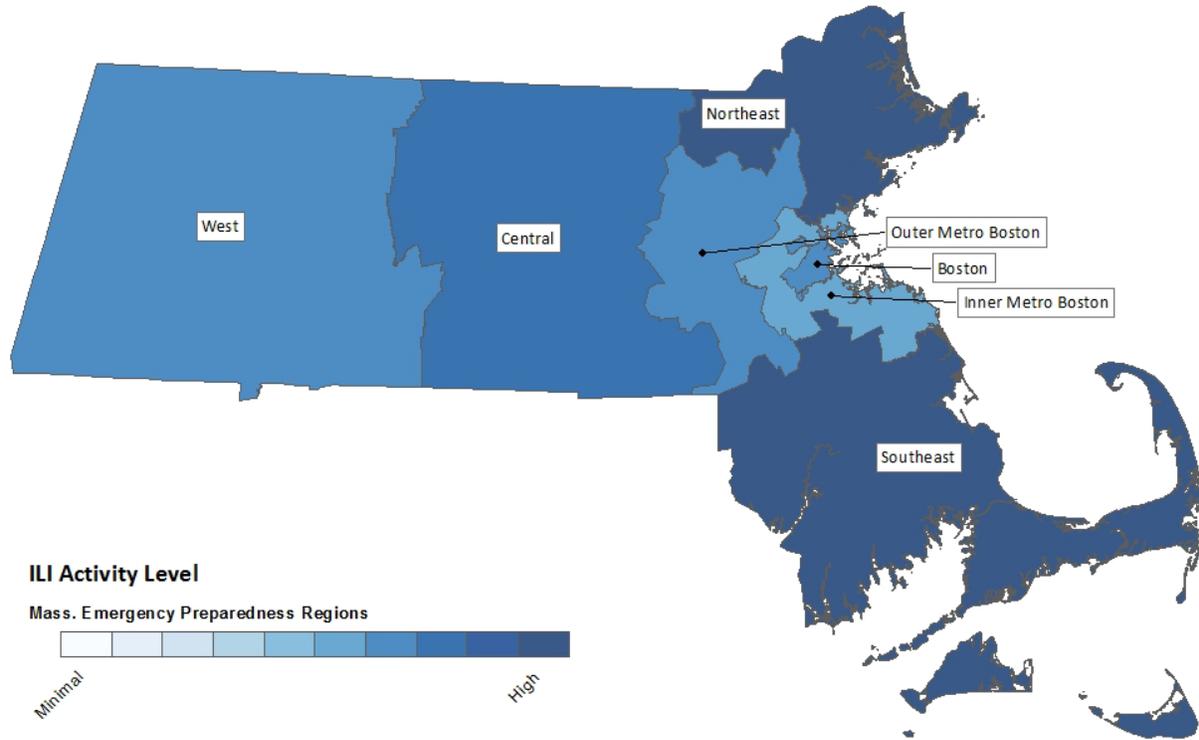


**All patients admitted through hospital emergency departments as captured by syndromic surveillance*

Regional ILI activity

Figure 3 shows the relative intensity of reported ILI activity in Massachusetts by region. Although regions may not all experience the same intensity of ILI at similar times, infections due to influenza can be found throughout Massachusetts during flu season. Figure 3 shows that all seven regions of the state are reporting increased ILI activity.

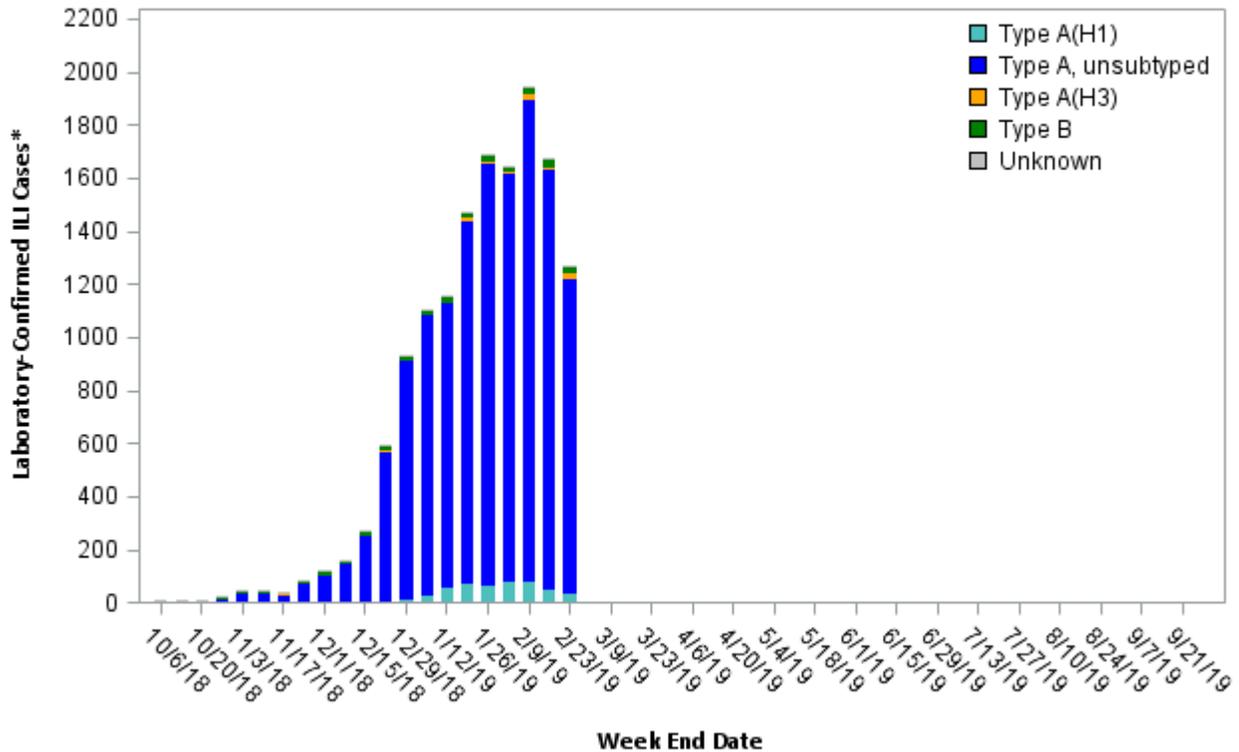
Figure 3: ILI Intensity Reported Weekly by Massachusetts Sentinel Sites



Laboratory testing for influenza

Laboratories in Massachusetts report all positive influenza test results to MDPH. The majority of individuals with influenza-like illness are not tested; therefore the number of positive test results does **not** reflect the total number of influenza cases in Massachusetts. However, laboratory data do provide information about the types of influenza virus circulating in Massachusetts and help indicate the presence and define the distribution of influenza in the state. Figure 4 illustrates the number of positive laboratory confirmed influenza cases in Massachusetts by week.

Figure 4: Laboratory-confirmed Influenza Cases in Massachusetts, September 30, 2018 – February 23, 2019



*Influenza cases confirmed via viral culture or PCR test by specimen collection date.

Testing at the State Public Health Laboratory

The Massachusetts State Public Health Laboratory (MASPHL) performs influenza surveillance testing year round to confirm circulating influenza virus types. Samples are submitted by outpatient healthcare providers (ILINet) and hospital diagnostic laboratories in Massachusetts. For the 2018-2019 season, Table 1 summarizes the influenza surveillance testing conducted by MASPHL beginning September 30, 2018. For the 2018-2019 season so far, the predominant influenza strain is A/2009 H1N1; this may fluctuate as the season continues.

Table 1: Weekly Summary of Massachusetts State Public Health Laboratory Influenza Surveillance Test Results

2018-2019 Season: Influenza Surveillance									
Week	2009 H1N1	seasonal A/H3N2	H3N2v	B Yam	B Vic	No. Flu Pos (%)	Unsat	Total Tested	Total Rec'd
05 (01/27 – 02/02/19)	65	3	0	0	0	68(89%)	4	76	80
06 (02/03 – 02/09/19)	60	8	0	1	0	69(84%)	0	82	82
07 (02/10 – 02/16/19)	37	6	0	0	0	43(73%)	0	59	59
08 (02/17 – 02/23/19)	24	10	0	0	0	34(65%)	1	52	53
Prior 4 wk Total	186	27	0	1	0	214(80%)	5	269	274
Cumulative Season total	359	36	0	4	0	399(73%)	14	546	560

All data are subject to change as test results become finalized. The 2018 -2019 influenza season began the week of 09/30- 10/06/2018.

All specimens which test negative for influenza at MASPHL are also tested for non-influenza respiratory diseases. Table 2 shows that viruses from rhinovirus (RHV)/enterovirus (ENT) and coronavirus (HCoV) groups have circulated in Massachusetts this season. This contributes to ILI trends in Massachusetts.

Table 2: Weekly Summary of Massachusetts State Public Health Laboratory non-Influenza Respiratory Surveillance Test Results

2018-2019 Season: Influenza Like Illness Surveillance											
Week:	RSV	RHV/ ENT	PIV	HMPV	HCoV	ADV	# Co-Infection	No. Pos (%)	Unsat	Total Tested	Total Rec'd
05 (01/27 – 02/02/19)	0	0	1	0	2	0	0	3(38%)	0	8	8
06 (02/03 – 02/09/19)	0	1	0	1	4	0	0	6(55%)	0	11	11
07 (02/10 – 02/16/19)	1	0	1	2	3	1	1	7(41%)	0	17	17
08 (02/17 – 02/23/19)	1	1	0	0	4	0	0	6(38%)	0	16	16
Prior 4 wk Total	2	2	2	3	13	1	1	22(42%)	0	52	52
Cumulative Season total	6	11	4	3	26	3	1	52(37%)	0	140	140

All data are subject to change as test results become finalized. The 2018 -2019 influenza season began the week of 9/30- 10/06/2018.

MASPHL submits a subset of influenza samples to CDC for further genetic analysis (antigenic characterization). All strains that have been analyzed from Massachusetts this season are covered by the current influenza vaccine.

Every two weeks MASPHL screens influenza specimens to detect mutations within influenza A/H3N2 and A/2009 H1N1 viruses to look for antiviral resistance. No mutations have been identified in the 2018-2019 season.

Additional information on national antiviral resistance testing including recommendations for antiviral treatment and chemoprophylaxis of influenza virus infection can be found at <http://www.cdc.gov/flu/weekly/>.