VERMONT WEEKLY FLU OVERVIEW
October 16-22, 2016 | MMWR Week 42

KEY POINTS
No activity reported for MMWR Week 42
- Low levels of Influenza-like Illness (ILI) activity seen in emergency departments
  - Of the total emergency room visits, 1.1% were due to ILI
- Low ILI activity levels reported by outpatient providers
  - Sentinel providers reported 0.8% of patients had ILI
- Lab data from the Vermont Department of Health Laboratory and the National Respiratory and Enteric Virus Surveillance System reported zero positive flu tests

VT Flu Geographic Spread*
- No Activity
- Sporadic
- Local
- Regional
- Widespread

FLU SURVEILLANCE SEASON
Start: MMWR Week 40 (Week End Date 10/08/16)
End: MMWR Week 20 (Week End Date 5/20/17)

NATIONAL WEEKLY FLU REPORT
http://www.cdc.gov/flu/weekly/index.htm

VERMONT FLU WEBSITE
www.healthvermont.gov/prevent/flu/flusurveillance.aspx

*Based on CDC’s Activity Estimates Definitions:
www.cdc.gov/flu/weekly/overview.htm
Syndromic Surveillance of Influenza-Like Illness (ILI) at Vermont Hospitals, 2016-2017 vs. Historic Data

- Week ending 10/22/2016 (Week 42)

*Note: 2009-2010 Flu season excluded*
SENTINEL PROVIDER DATA FROM ILINET

- Sentinel providers report the number of patients with an ILI seen by their practices each week.
- ILI is defined as a fever of at least 100° F and cough and/or sore throat, without a known cause other than influenza.
- There are 13 medical practices located throughout the state currently partnering with the Health Department as sentinels.

Percent of Visits Reported by Sentinel Providers* with Influenza-like Illness by MMWR Week, 2013/14 – 2016/17 Flu Seasons

*The ILI data are more robust when a higher percentage of provider reports are received. Recent data are provisional due to reporting lags.
Percent of Visits Reported by Sentinel Providers* with Influenza-like Illness by Age Group by MMWR Week, 2013/14 – 2016/17 Flu Seasons

*The ILI data are more robust when a higher percentage of provider reports are received. Recent data are provisional due to reporting lags.
**VERMONT DEPARTMENT OF HEALTH LABORATORY (VDHL) AND NATIONAL RESPIRATORY AND ENTERIC VIRUS SURVEILLANCE SYSTEM (NREVSS)**

- Individual influenza laboratory results are not reported to the Vermont Department of Health. The data below represents an unknown subset of the actual number of flu tests done in Vermont.
- VDHL tests specimens for flu to identify exactly which strains are currently causing illnesses in the state. Flu testing at the state laboratory is for surveillance purposes and completed on specimens submitted to VDHL.
- NREVSS data is collected from collaborating university and community hospital laboratories. These participating laboratories report positive results for a number of viruses, including influenza, on a weekly basis. Three Vermont hospitals contribute data into this system and is voluntary.

<table>
<thead>
<tr>
<th>Specimens Tested</th>
<th>VDHL* Current Week (October 16-22, 2016)</th>
<th>VDHL* 2016-2016 Season Total (October 2-22, 2016)</th>
<th>NREVSS* Current Week (October 16-22, 2016)</th>
<th>NREVSS* 2016-2016 Season Total (October 2-22, 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
</tr>
<tr>
<td>Specimens Tested</td>
<td>1</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Positive Specimens</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>33%</td>
</tr>
</tbody>
</table>

**Positive Specimens by Type/Subtype**

<table>
<thead>
<tr>
<th>Influenza A</th>
<th>0</th>
<th>0%</th>
<th>1</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (2009 H1N1)</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>A (H1)</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>A (H3)</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>A (unsubtyped)</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Influenza B</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Laboratory data obtained from VDHL and from NREVSS may include the same specimens tested for flu. They are not mutually exclusive. Facilities that report to NREVSS may submit a specimen to VHDL for additional testing, therefore being reported both in NREVESS and VDHL.*