Influenza activity was categorized as **Sporadic** for MMWR Week 10

- Decreased levels of Influenza-like Illness (ILI) activity seen in emergency departments
  - Of the total emergency room visits, **3.8% were due to ILI**
- Decreased levels of ILI activity reported by outpatient providers
  - Sentinel providers reported **3.6% of patients had ILI**
- Vermont Department of Health Laboratory reported **9 positive flu tests**
- National Respiratory and Enteric Virus Surveillance System reported **80 positive flu tests**
- No outbreaks reported

*Based on CDC’s Activity Estimates Definitions: [www.cdc.gov/flu/weekly/overview.htm](http://www.cdc.gov/flu/weekly/overview.htm)
Syndromic Surveillance of Influenza-Like Illness (ILI) at Vermont Hospitals, 2017-2018 vs. Historic Data

Week ending 3/10/2018 (Week 10)

- 2017-2018**
- 2016-2017
- Avg 2004-2014*
- Min 2004-2014*
- Max 2004-2014*

* Note: 2009-2010 flu season excluded
** Note: For the 2017-2018 flu season, VDH switched from using EARS (Early Aberration Reporting System) for syndromic surveillance to using ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics)
Sentinel providers report the number of patients with an ILI seen by their practices each week.

ILI is defined as a measured fever of at least 100° F and cough and/or sore throat, without a known cause other than influenza.

There are 16 medical practices located throughout the state currently partnering with the Health Department as sentinel sites.

Percent of Visits Reported by Vermont Sentinel Providers* with Influenza-like Illness by MMWR Week, 2015/16 – 2017/18 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 Vermont Sentinel Providers* with Influenza-like Illness by Age Group by MMWR Week, 2015/16 – 2017/18 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 Vermont Sentinel Providers* with Influenza-like Illness by Age Group by MMWR Week 2017/2018 Flu Season

*The ILI data are more robust when a higher percentage of provider reports are received. Recent data are provisional due to reporting lags.
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.

Vermont Department of Health Laboratory (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.

National Respiratory and Enteric Virus Surveillance System (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 voluntarily contribute data into this system.

### LABORATORY DATA

<table>
<thead>
<tr>
<th>Specimens Tested</th>
<th>Number</th>
<th>Percentage</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>VDHL* Current Week (Mar 4-Mar 10, 2018)</td>
<td>16</td>
<td></td>
<td>290</td>
<td></td>
</tr>
<tr>
<td>VDHL* 2017-2018 Season Total (Oct 1, 2017-Mar 10, 2018)</td>
<td>383</td>
<td></td>
<td>5,989</td>
<td></td>
</tr>
<tr>
<td>Positive Specimens</td>
<td>9</td>
<td>56.3%</td>
<td>171</td>
<td>59%</td>
</tr>
<tr>
<td>NREVSS* Current Week (March 4-Mar 10, 2018)</td>
<td>80</td>
<td>20.9%</td>
<td>1,366</td>
<td>22.8%</td>
</tr>
<tr>
<td>NREVSS* 2017-2018 Season Total (Oct 1, 2017-Mar 10, 2018)</td>
<td>57</td>
<td>71.3%</td>
<td>1,143</td>
<td>83.7%</td>
</tr>
<tr>
<td>Positive Specimens by Type/Subtype</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza A</td>
<td>1</td>
<td>11%</td>
<td>151</td>
<td>88.3%</td>
</tr>
<tr>
<td>A (2009 H1N1)</td>
<td>1</td>
<td>100%</td>
<td>9</td>
<td>6%</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>142</td>
<td>94%</td>
</tr>
<tr>
<td>A (unsubtype)</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Influenza B</td>
<td>8</td>
<td>89%</td>
<td>20</td>
<td>11.7%</td>
</tr>
<tr>
<td>NREVSS* Current Week (March 4-Mar 10, 2018)</td>
<td>23</td>
<td>28.8%</td>
<td>223</td>
<td>16.3%</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 VDHL for additional testing, therefore being reported both in NREVSS and VDHL.
### Long-Term Care Facility Outbreaks

- **Number of Outbreaks**: 27
- **Number of Lab Confirmed Outbreaks**: 24

<table>
<thead>
<tr>
<th>Outbreak Regions</th>
<th>Central</th>
<th>Northeastern</th>
<th>Northwestern</th>
<th>Southeastern</th>
<th>Southwestern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central:</td>
<td>2</td>
<td>2</td>
<td>11</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

### School Outbreaks

- **Number of Outbreaks**: 19

<table>
<thead>
<tr>
<th>Outbreak Regions</th>
<th>Central</th>
<th>Northeastern</th>
<th>Northwestern</th>
<th>Southeastern</th>
<th>Southwestern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central:</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

### Outbreaks at Other Facilities

- **Number of Outbreaks**: 7

<table>
<thead>
<tr>
<th>Outbreak Regions</th>
<th>Central</th>
<th>Northeastern</th>
<th>Northwestern</th>
<th>Southeastern</th>
<th>Southwestern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central:</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Suspected outbreaks of ILI should be reported to the health department.

**MAP OF INFLUENZA SURVEILLANCE REGIONS IN VERMONT**

During week 10, influenza activity decreased in the United States. The number of influenza A and influenza B viruses reported were similar.
9 influenza-associated pediatric death were reported to CDC during week 10. So far this season, there has been 128 influenza-associated pediatric deaths reported to CDC. **There have been no influenza-associated pediatric deaths reported in Vermont this season.**

Number of Influenza-Associated Pediatric Deaths by Week of Death:
2014-2015 season to present

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Deaths Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td>148</td>
</tr>
<tr>
<td>2015-2016</td>
<td>93</td>
</tr>
<tr>
<td>2016-2017</td>
<td>110</td>
</tr>
<tr>
<td>2017-2018</td>
<td>128</td>
</tr>
</tbody>
</table>

Full FluView report can be found here: [https://www.cdc.gov/flu/weekly/index.htm](https://www.cdc.gov/flu/weekly/index.htm)
The proportion of outpatient visits for influenza-like Illness for week 10 was 3.3% which was above the national baseline of 2.2%.

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2017-2018 and Selected Previous Seasons

Full FluView report can be found here: https://www.cdc.gov/flu/weekly/index.htm
During week 10, the following ILI activity levels were experienced:

- Twelve states experienced high activity (Alaska, Arizona, Georgia, Kansas, Kentucky, Missouri, Nebraska, New Jersey, New Mexico, South Carolina, Virginia, and Wyoming).
- Thirteen states experienced moderate ILI activity (Arkansas, California, Hawaii, Indiana, Massachusetts, Michigan, Minnesota, New York, North Carolina, Pennsylvania, Texas, Vermont, and Wisconsin).
- New York City and 14 five states experienced low ILI activity (Alabama, Colorado, Connecticut, Illinois, Iowa, Louisiana, Maryland, Mississippi, Oklahoma, Oregon, Rhode Island, South Dakota, Utah, and West Virginia).
- Data were insufficient to calculate an ILI activity level from the District of Columbia and Puerto Rico.

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2017-18 Influenza Season Week 10 ending Mar 10, 2018
Geographic spread for week 10**:

**No activity** was reported by U.S. Virgin Islands.

**Sporadic** activity was reported by 1 state.

**Local** activity reported by D.C. and 5 states.

**Regional** activity was reported by Guam and 18 states.

**Widespread** activity reported by Puerto Rico and 26 states.

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**Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists**

Week ending March 10, 2018 - Week 10

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

**Based on CDC’s Activity Estimates Definitions:**

[www.cdc.gov/flu/weekly/overview.htm](https://www.cdc.gov/flu/weekly/overview.htm)

Full FluView report can be found here: [https://www.cdc.gov/flu/weekly/index.htm](https://www.cdc.gov/flu/weekly/index.htm)
Flu activity in the United States
Last 7 days

- **2.24%**  (303 reports) Flu-like symptoms
- **8.26%**  (1118 reports) Other symptoms
- **91.74%**  (12414 reports) No symptoms

The percentage of flu-like symptoms reports in the United States has decreased by 0.3% since last week.

Flu Near You is a website where people can anonymously self-report any symptoms they experienced in the past week or if they were healthy. These reports help us track flu both in Vermont and the US.

Click [here](#) to sign up.

Click [here](#) to go to the interactive map.
The percentage of flu-like symptoms reports in Vermont has decreased by 1.3% since last week.
Resources

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

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

CDC SEASONAL INFLUENZA WEBSITE
https://www.cdc.gov/flu/index.htm

KEY FACTS ABOUT SEASONAL FLU VACCINE
https://www.cdc.gov/flu/protect/keyfacts.htm