Influenza activity was categorized as **Regional** for MMWR Week 51

- Increased levels of Influenza-like Illness (ILI) activity seen in emergency departments
  - Of the total emergency room visits, **1.3% were due to ILI**

- Decreased levels of ILI activity reported by outpatient providers
  - Sentinel providers reported **1.3% of patients had ILI**

- Vermont Department of Health Laboratory reported **11 positive flu tests**

- National Respiratory and Enteric Virus Surveillance System reported **16 positive flu tests**

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*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 12/23/2017 (Week 51)

*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 11 medical practices located throughout the state currently partnering with the Health Department as sentinel sites.

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**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 contribute data into this system and is voluntary.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specimens Tested</strong></td>
<td>22</td>
<td>46</td>
<td>167</td>
<td>1,103</td>
</tr>
<tr>
<td><strong>Positive Specimens</strong></td>
<td>11</td>
<td>12</td>
<td>16</td>
<td>54</td>
</tr>
<tr>
<td><strong>Positive Specimens by Type/Subtype</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza A</td>
<td>11</td>
<td>12</td>
<td>15</td>
<td>45</td>
</tr>
<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>11</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A (unsubtyped)</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>45</td>
</tr>
<tr>
<td>Influenza B</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</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 NREVSS and VDHL.
**ILI OUTBREAK DATA**

Suspected outbreaks of ILI should be reported to the health department

<table>
<thead>
<tr>
<th>Outbreak Regions</th>
<th>Number of Outbreaks</th>
<th>Number of Lab Confirmed Outbreaks*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Care Facility Outbreaks</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Northeastern:</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Northwestern:</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Southeastern:</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Southwestern:</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outbreak Regions</th>
<th>Number of Outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Outbreaks</td>
<td>0</td>
</tr>
<tr>
<td>Central:</td>
<td>0</td>
</tr>
<tr>
<td>Northeastern:</td>
<td>0</td>
</tr>
<tr>
<td>Northwestern:</td>
<td>0</td>
</tr>
<tr>
<td>Southeastern:</td>
<td>0</td>
</tr>
<tr>
<td>Southwestern:</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outbreak Regions</th>
<th>Number of Outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreaks at Other Facilities</td>
<td>0</td>
</tr>
<tr>
<td>Central:</td>
<td>0</td>
</tr>
<tr>
<td>Northeastern:</td>
<td>0</td>
</tr>
<tr>
<td>Northwestern:</td>
<td>0</td>
</tr>
<tr>
<td>Southeastern:</td>
<td>0</td>
</tr>
<tr>
<td>Southwestern:</td>
<td>0</td>
</tr>
</tbody>
</table>

*An outbreak at a LTCF is defined as a single resident with a positive flu test plus other cases of respiratory illness OR two or more residents with ILI which includes two or more of the following symptoms: fever, nonproductive cough, myalgia, pharyngitis.

MAP OF INFLUENZA SURVEILLANCE REGIONS IN VERMONT

During week 51, influenza activity sharply increased in the United States.
The most frequently identified flu virus type reported by public health laboratories was flu A(H3).

Full FluView report can be found here:
https://www.cdc.gov/flu/weekly/index.htm
Three influenza-associated pediatric death was reported to CDC during week 51
So far this season, there has been 12 pediatric deaths reported to CDC
There have been no pediatric deaths reported in Vermont this season
The proportion of outpatient visits for influenza-like Illness for week 51 was 5.0% which was above the national baseline of 2.2%

Full FLuView report can be found here: https://www.cdc.gov/flu/weekly/index.htm
During week 51, the following ILI activity levels were experienced:

- 21 states experienced high activity (Alabama, Arizona, Arkansas, California, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, Nevada, New Mexico, Oklahoma, Oregon, South Carolina, Tennessee, Texas, and West Virginia).
- New York City and five states experienced moderate ILI activity (Colorado, Hawaii, New York, North Dakota, and Virginia).
- 14 states experienced minimal ILI activity (Delaware, Idaho, Iowa, Maine, Maryland, Michigan, Montana, New Hampshire, Ohio, Rhode Island, Utah, Vermont, Washington, and Wisconsin).
- Data was insufficient to calculate an ILI activity level from the District of Columbia, Puerto Rico and two states (Connecticut and North Carolina).

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2017-18 Influenza Season Week 51 ending Dec 23, 2017

*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 is based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data are received.
Differences in the data presented here by CDC and independently by some state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

Full FluView report can be found here: https://www.cdc.gov/flu/weekly/index.htm
Geographic spread for week 51**

**Sporadic** activity not reported

**Local** activity reported by 1 state

**Regional** activity reported by 13 states and Puerto Rico

**Widespread** activity reported by 36 states

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists*

Week ending December 23, 2017 - Week 51

*Based on CDC’s Activity Estimates Definitions:

Full FluView report can be found here:

https://www.cdc.gov/flu/weekly/index.htm
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.

Flu activity in the United States

- **9.94 %**
  - Flu-like symptoms
  - 1346 reports

- **26.08 %**
  - Other symptoms
  - 3591 reports

- **73.92 %**
  - No symptoms
  - 10008 reports

The percentage of flu-like symptoms reports in the United States has increased by 2.0 % since last week.
Flu activity in Vermont

Last 7 days

- **3.39 %**
  - Flu-like symptoms
  - 2 reports

- **22.03 %**
  - Other symptoms
  - 13 reports

- **77.97 %**
  - No symptoms
  - 46 reports

The percentage of flu-like symptoms reports in Vermont has increased by 3.4 % since last week.
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