Influenza activity was categorized as **Widespread** for MMWR Week 52

- Increased levels of Influenza-like Illness (ILI) activity seen in emergency departments
  - Of the total emergency room visits, **2.6% were due to ILI**
- Increased levels of ILI activity reported by outpatient providers
  - Sentinel providers reported **2.3% of patients had ILI**
- Vermont Department of Health Laboratory reported **8 positive flu tests**
- National Respiratory and Enteric Virus Surveillance System reported **53 positive flu tests**
- **One outbreak at a LTCF in the Northwest Region**

*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 12/30/2017 (Week 52)

*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.

*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>Number</td>
<td>9</td>
<td>55</td>
<td>242</td>
<td>1,345</td>
</tr>
<tr>
<td>Positive Specimens</td>
<td>8</td>
<td>100%</td>
<td>20</td>
<td>36.4%</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>8</td>
<td>100%</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>A (2009 H1N1)</td>
<td>1</td>
<td>12.5%</td>
<td>1</td>
<td>5%</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>7</td>
<td>87.5%</td>
<td>19</td>
<td>95%</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 VDHLD for additional testing, therefore being reported both in NREVSS and VDHL.
### Long-Term Care Facility Outbreaks

<table>
<thead>
<tr>
<th>Number of Outbreaks</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Lab Confirmed Outbreaks*</td>
<td>3</td>
</tr>
</tbody>
</table>

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

### School Outbreaks

| Number of Outbreaks | 0 |

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

### Outbreaks at Other Facilities

| Number of Outbreaks | 0 |

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

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

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

**Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2017-2018 Season**

Full FluView report can be found here: [https://www.cdc.gov/flu/weekly/index.htm](https://www.cdc.gov/flu/weekly/index.htm)
One influenza-associated pediatric death was reported to CDC during week 52.
So far this season, there has been 13 pediatric deaths reported to CDC.
There have been no pediatric deaths reported in Vermont this season.

Full FLuView report can be found here: https://www.cdc.gov/flu/weekly/index.htm
The proportion of outpatient visits for influenza-like Illness for week 52 was **5.8%** which was **above the national baseline of 2.2%**
During week 52, the following ILI activity levels were experienced:

- New York City and 26 states experienced high activity (Alabama, Arizona, Arkansas, California, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, South Carolina, Texas, Virginia, Washington, and West Virginia).
- The District of Columbia and six states experienced low ILI activity (Florida, Minnesota, New York, South Dakota, Utah, and Wisconsin).

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2017-18 Influenza Season Week 52 ending Dec 30, 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 52**

**Sporadic** activity not reported

**Local** activity reported by D.C.

**Regional** activity reported by 4 states

**Widespread** activity reported by 46 states

---

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

*Week ending December 30, 2017 - Week 52*

---

**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: www.cdc.gov/flu/weekly/index.htm](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.

The percentage of flu-like symptoms reports in the United States has increased by 0.5% since last week.
Flu activity in Vermont

Last 7 days

4.23 %
3 reports
Flu-like symptoms

12.68 %
9 reports
Other symptoms

87.32 %
62 reports
No symptoms

The percentage of flu-like symptoms reports in Vermont has increased by 1.0% 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