



# Chicago Flu Update



Rahm Emanuel, Mayor

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Julie Morita, MD, Commissioner

## News & Updates

Influenza activity continues to increase in Chicago and nationwide; **it's not too late to get a flu shot**. Last season, influenza activity peaked in March and overall usually extends through the month of May. Vaccination is the best way to protect against influenza infection and all Chicagoans aged six months and older are encouraged to get vaccinated. Chicagoans should ask their healthcare provider or pharmacist about vaccine availability. For those without a healthcare provider or whose healthcare providers do not have the influenza vaccine, a list of [City of Chicago Fast-Track Immunization Clinics](#)<sup>1</sup> is available on the City website and by calling 311. To locate the closest City of Chicago clinic or retail pharmacy, go to [www.chicagoflushots.org](http://www.chicagoflushots.org).

The Illinois Department of Public Health (IDPH) has issued [influenza testing and reporting recommendations](#)<sup>2</sup>; healthcare facilities can report cases to the Chicago Department of Public Health via [INEDSS](#)<sup>3</sup>.

## What is the risk?

Currently, the risk of influenza infection is high.

## Are severe cases of influenza occurring?

For the week of February 12-18, 2017, 31 influenza-associated ICU hospitalizations were reported (Figure 1).

Since October 2, 2016, 111 influenza-associated ICU hospitalizations have been reported; 89 were positive for influenza A (55 H3N2 and 34 unknown subtype [subtyping not attempted or not all subtypes tested]) and 22 were positive for influenza B. The median age of reported cases is 61 years (range of 8 months - 96 years); selected attributes are summarized in Table 1.

Table 1. Selected attributes of influenza-associated intensive care unit hospitalizations reported for Chicago residents for current season (2016-2017), October-May.

| Age Group             | #  | %* | Sex   | #  | %  |
|-----------------------|----|----|---|----|----|
| 0-4                   | 9  | 8  | Male  | 46 | 41 |
| 5-17                  | 12 | 11 | Female                                      | 65 | 59 |
| 18-24                 | 3  | 3  | <b>Med. Cond./Complication</b> <sup>†</sup> |    |    |
| 25-49                 | 15 | 13 | Lung Disease                                | 39 | 35 |
| 50-64                 | 22 | 20 | Cardiac Disease                             | 36 | 32 |
| ≥65                   | 50 | 45 | Ventilator Support                          | 29 | 26 |
| <b>Race/Ethnicity</b> |    |    | Reported Deaths                             | 5  | 5  |
| NH-White              | 31 | 28 | <b>Treatment/Vaccination</b> <sup>†</sup>   |    |    |
| NH-Black              | 38 | 34 | Reported Antiviral Tx                       | 76 | 68 |
| Hispanic              | 35 | 32 | Reported Flu Shot                           | 49 | 44 |
| Asian                 | 7  | 6  |   |    |    |

\* Percentages may not add up to 100 due to rounding; † Among cases with reported information.

## How much influenza-like illness is occurring?

CDPH receives data from influenza surveillance sites across Chicago, which report the total number of patient visits seen weekly, and of those visits, the number with influenza-like illness (ILI) (i.e., fever of 100°F or greater, with cough or sore throat). Several hospitals in Chicago that provide emergent care report on a weekly basis the total number of emergency department visits, and of those visits, the number with ILI. For the week of February 12-18, 2017, with 9 hospitals reporting, 5.4% of emergency department visits were due to ILI (Figure 2). **ESSENCE** is an electronic syndromic surveillance system that utilizes emergency department chief complaint data submitted daily by Chicago

Figure 1. Number of influenza-associated ICU hospitalizations reported for Chicago residents, for the current season (2016-2017) and previous season (2015-2016), October-May.

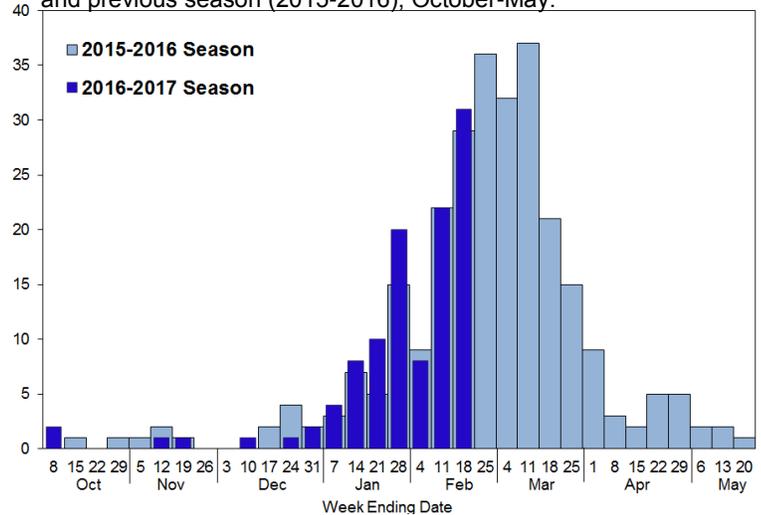
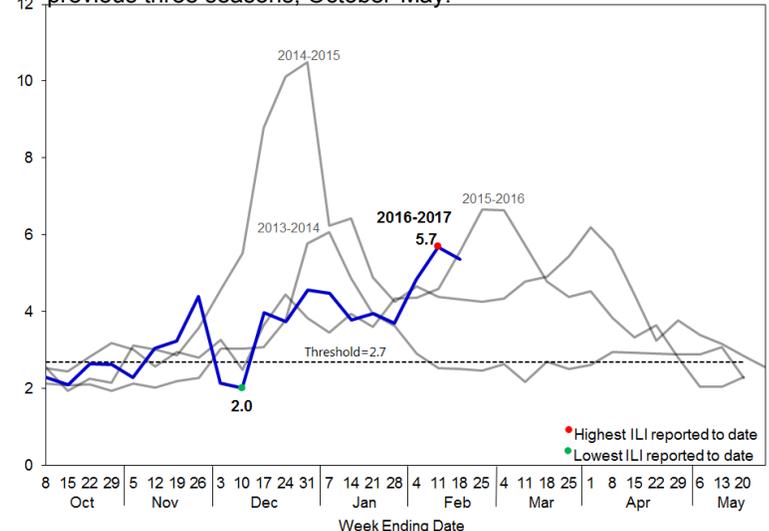


Figure 2. Percent of emergency department visits attributed to influenza-like illness based on manual reports by individual hospitals, Chicago, by week, for the current season (2016-2017) and previous three seasons, October-May.



<sup>1</sup> [https://www.cityofchicago.org/city/en/depts/cdph/supp\\_info/clinical\\_health/immunizations\\_walk-inclinics.html](https://www.cityofchicago.org/city/en/depts/cdph/supp_info/clinical_health/immunizations_walk-inclinics.html); <sup>2</sup> <http://www.dph.illinois.gov/sites/default/files/publications/ohp-labs-influenzaannual-testing-and-reportingmemo-09222016.pdf>; <sup>3</sup> <https://dph.partner.illinois.gov/>

hospitals. ILI activity is determined solely based on the patient's chief complaint and does not take into account the entire medical record, as the ILI activity reported in Figure 2 does.

Currently, all Chicago hospitals submit data to ESSENCE, covering every emergency department visit in the city. For the week of February 12-18, 2017, 3.8% of all emergency department visits were due to ILI; Southside hospitals had slightly higher ILI at 4.6%, Northside hospitals at 4.5% and Westside hospitals had the lowest at 2.7% (Figure 3).

Several outpatient clinics throughout Chicago participate in CDC's Influenza-like Illness Surveillance Network (ILINet) by reporting on the number of patients with ILI seen weekly. For the week of February 12-18, 2017, with 24 facilities reporting, 8.4% of outpatient visits were due to influenza-like illness (Figure 4).

### Which influenza strains are circulating?

Data on influenza virus test results are reported by Chicago laboratories performing influenza RT-PCR. For the week of February 12-18, 2017, with 6 laboratories reporting, 219 of the 960 (22.8%) specimens tested for influenza were positive (147 A (H3N2), 1 A (H1N1pdm09), 16 A [unknown subtype], and 55 influenza B).

Since October 2, 2016, 848 of 12,333 (6.9%) specimens tested for influenza have been positive; 641 typed as influenza A (553 H3N2, 10 H1N1pdm09, and 78 unknown subtype [subtyping not attempted or not all subtypes tested]) and 207 typed as influenza B (Figure 5). The cumulative percent of specimens testing positive for influenza is lower than previous seasons during the same time period where influenza A (H3N2) was the predominant strain (Table 2).

Table 2. Cumulative percent of specimens testing positive for influenza by RT-PCR by type for the current season (2016-2017) and the previous four seasons, Chicago, Weeks 40-07.

| Influenza Season | % Pos. | % A H3N2 | % A H1N1pdm09 | % A Not Sub-typed | % B  |
|------------------|--------|----------|---------------|-------------------|------|
| 2012-2013*       | 14.9   | 75.7     | 6.3           | 13.7              | 4.2  |
| 2013-2014        | 9.0    | 1.9      | 69.8          | 25.7              | 2.5  |
| 2014-2015*       | 15.2   | 76.1     | 0             | 17.0              | 6.6  |
| 2015-2016        | 4.7    | 2.9      | 77.7          | 15.4              | 4.0  |
| 2016-2017*       | 6.9    | 65.2     | 1.2           | 9.2               | 24.4 |

\* Influenza seasons where A (H3N2) was the predominant circulating strain

### Where can I get more information?

The Centers for Disease Control and Prevention's FluView<sup>4</sup> report provides national updates and trends related to the intensity of influenza activity across the United States, as well as detailed information on antiviral resistance, severity of illness, and other topics. Updates specific to Illinois<sup>5</sup> and Suburban Cook County<sup>6</sup> are also available online. Current and archived issues of the Chicago Flu Update can be found on the CDPH website section Current Flu Situation in Chicago<sup>7</sup>.

Figure 3. Percent of emergency department visits attributed to influenza-like illness by hospital region based on chief complaint data submitted to ESSENCE, Chicago, by week, for the current season (2016-2017) and previous three seasons, October-May.

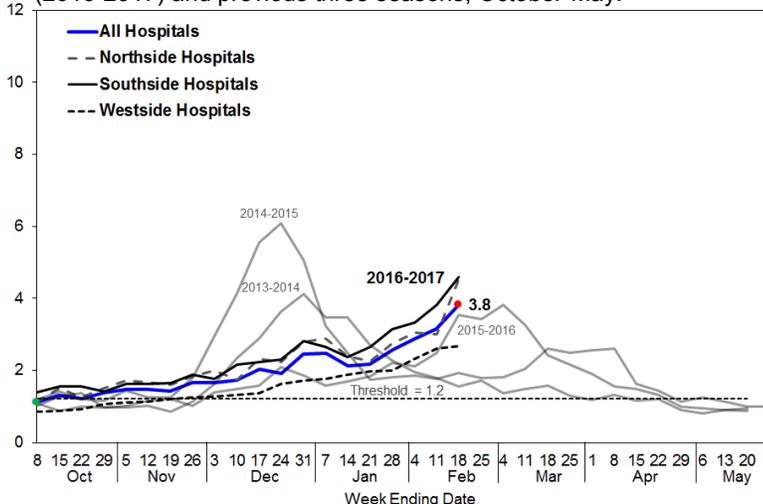


Figure 4. Percent of medically-attended outpatient visits attributed to influenza-like illness as reported by ILINet facilities, Chicago, by week, for the current season (2016-2017) and previous three seasons, October-May.

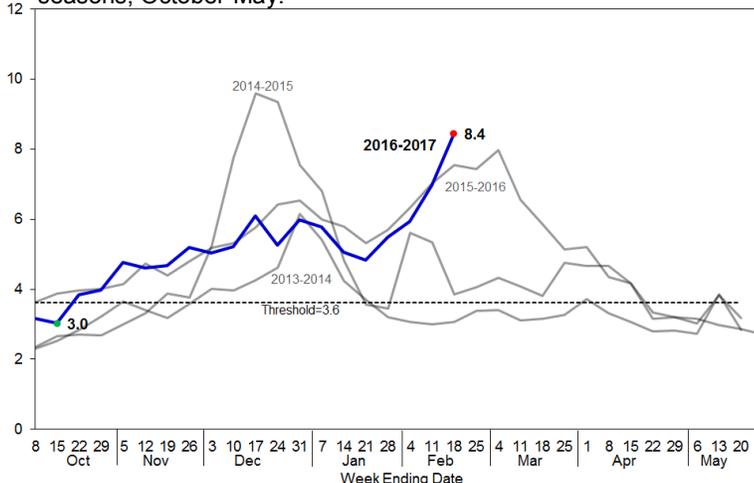


Figure 5. Percent of specimens testing positive (by RT-PCR) for influenza by subtype as reported by local laboratories serving Chicago hospitals, for the current season (2016-2017) October-May.

