

# Influenza Update

8 November 2023

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### Influenza-like Illness (ILI) Definition

# Fever 100°F or greater and cough and/or sore throat

Similarities and Differences between Flu and COVID-19

# Vermont influenza surveillance & prevention

Individual cases of flu are not reportable to the department of health (exceptions apply)	Institutions must report outbreaks of flu or influenza- like illness (ILI) to the department of health. Outbreak thresholds vary by setting	Laboratory testing is not required to meet the case definition of influenza like illness (ILI) but is required to meet the case definition of influenza
Persons with ILI or flu are encouraged to exclude themselves from work, school, or daycare until 24 hours have passed without fever and symptoms have improved	Antiviral drug provision is indicated in some outbreak settings (long term care facilities, skilled nursing facilities) and <u>high-risk groups</u>	Weekly surveillance reporting posted throughout the surveillance season.

### Vermont influenza data collection

Datasource	ILI/flu burden	Influenza strain circulation
ILI Sentinel Providers (university health centers, family practices/pediatricians, 8 emergency dept/urgent cares (ESSENCE))	Submit counts of visits for ILI/flu by age group out of the total weekly visits (Sun-Sat)	Public health laboratory flu test kits are provided at the start of the season for subtyping positive flu A and lineage determination for positive flu B (sentinel collects specimen to send to lab)
STARLIMS (Vermont Public Health Laboratory)		Public health laboratory non-diagnostic testing of submitted samples for subtyping and lineage determination
ESSENCE (CDC) – all Vermont emergency departments and urgent cares	Confirmed flu hospitalizations ILI hospitalizations	
NREVSS (CDC) – 3 volunteer Vermont hospital laboratories	Manual data entry of positive flu A and flu B specimens out of total tests performed by week (Sun-Sat) – no strain information	No strain information
Outbreak reporting by institutions	Submit an <u>outbreak report form</u> with # ill/exposed, symptoms, lab confirmation information, etc.	Long-term care facilities are requested to send specimens to the public health laboratory for non- diagnostic testing. Outbreak report forms request lab verification information, if known

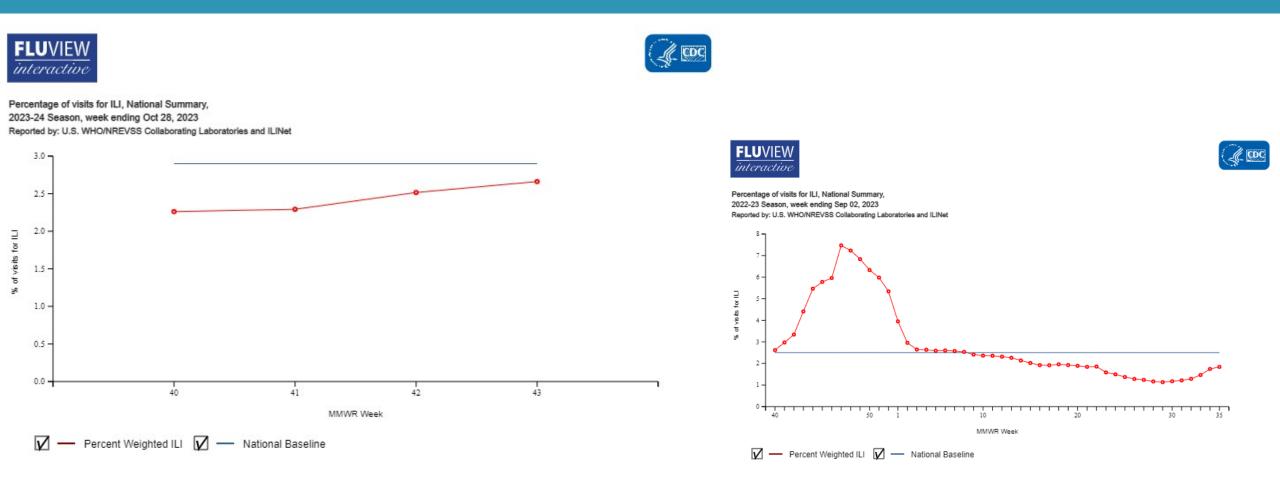
## **National Syndromic Data – CDC**

https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm

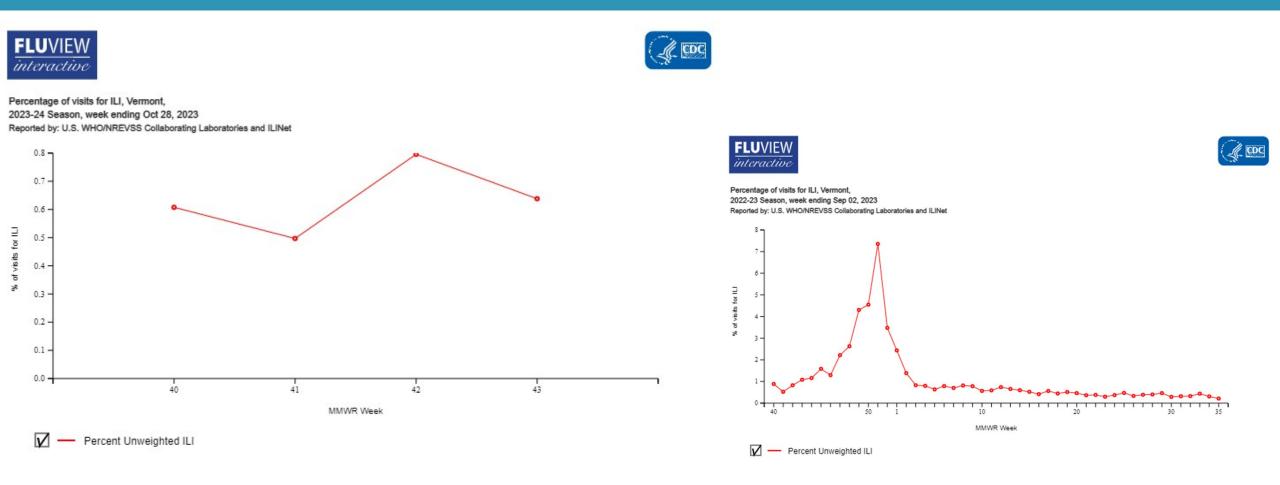
CDC estimates\* that, from October 1, 2022 through April 30, 2023, there have been: 27 – 54 million 12 – 26 million flu illnesses flu medical visits 300,000 - 650,000 19,000 - 58,000 flu hospitalizations flu deaths

\*Because influenza surveillance does not capture all cases of flu that occur in the U.S., CDC provides these estimated ranges to better reflect the larger burden of influenza. These estimates are calculated based on data collected through <sup>h</sup> CDC's Influenza Hospitalization Surveillance Network (FluSurv-NET) and are **preliminary**.

### Nationally, influenza-like illness is not above baseline activity.



### In Vermont, influenza-like illness is not above baseline activity.



## New national surveillance tools are available.

https://www.cdc.gov/ncird/surveillance/index.html

#### CDC "landing page" for Respiratory Virus Information

This page is designed to link visitors to various surveillance, prevention, and other informational resources that exist in other areas of their site to provide a full overview picture. The <u>What's New page</u> is designed to house important updates.

#### Respiratory Virus Laboratory Emergency Department Network Surveillance (RESP-LENS)

This interactive dashboard tracks emergency department visits for laboratory-confirmed severe acute respiratory coronavirus type 2 (SARS-CoV-2), influenza (flu), and respiratory syncytial virus (RSV).

#### Respiratory Virus Hospitalization Surveillance Network (RESP-NET)

This site comprises three platforms that conduct population-based surveillance for laboratory-confirmed hospitalizations associated with COVID-19, Influenza, and Respiratory Syncytial Virus (RSV) among children and adults.

#### National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus

This site provides a combined view of emergency department visit data for multiple respiratory conditions as tracked by the National Syndromic Surveillance Program (NSSP).

CDC has published their **Respiratory Disease Season Outlook**, looking ahead towards the fall respiratory season. CDC will update this outlook as more information is available about respiratory virus activity this season

CDC has begun posting flu hospitalization forecasts for the 2023-2024.

## Influenza and ILI surveillance tools continue to inform activity.

### National Respiratory and Enteric Virus Surveillance System (NREVSS)

This laboratory-based system monitors temporal and geographic circulation patterns of RSV, HPIV, HMPV, respiratory and enteric adenoviruses and rotavirus detections.

### National Enterovirus Surveillance System (NESS)

This passive, voluntary surveillance system monitors laboratory detections of enteroviruses and parechoviruses in the United States.

### U.S. Influenza Surveillance

The Influenza Division at CDC collects, compiles, and analyzes information on influenza viruses and disease activity yearround in the United States.

### CDC's WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza

CDC, the WHO collaborating center in Atlanta, conducts research and analysis on information and samples from around the world to monitor changes in influenza viruses with the aim of reducing influenza disease impact through the use of vaccines.



# Thank you!

### Let's stay in touch.

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