

West Virginia Influenza Summary, Week Ending December 28, 2013 (MMWR Week 52)

Dear Influenza Partners,

West Virginia has reported influenza activity as “**Regional Activity**” for the week ending Saturday December 28, 2013.

Influenza activity across West Virginia has increased significantly over the past week. The proportion of those seeking care in outpatient settings for influenza-like illness (ILI) was at 2.3%, above the state baseline of 2.0%. This is the first week that the percent of ILI visits was above baseline, typically signaling that flu season has arrived. The predominant strain being seen in West Virginia currently is the 2009 Influenza A (H1N1). Further increases of flu activity across the state are expected in the coming weeks. These increases in activity are common at the beginning of a flu season. One influenza-associated pediatric death was reported during MMWR Week 52. This is the first pediatric death reported in West Virginia since the pandemic of 2009.

While the flu season is just getting started in much of the United States, activity is already high in several states. The proportion of those seeking care in outpatient settings for influenza-like illness (ILI) was at 4.3%, above the national baseline of 2.0%. The predominant strain of influenza circulating in the United States is 2009 Influenza A (H1N1). Two influenza-associated pediatric deaths were reported during MMWR Week 52 bringing a total of six influenza associated pediatric deaths for the 2013-14 season.

On December 24, 2013 the Centers for Disease Control and Prevention (CDC) issued a health advisory related to early reports of influenza A (H1N1) associated illnesses for the current season. Severe respiratory illness among young and middle-aged adults, have been reported including hospitalizations requiring intensive care unit (ICU) admission. The influenza A (H1N1) that emerged in 2009 caused more illness in children and young adults, compared to older adults. For the 2013-14 season, if influenza A (H1N1) continues to circulate widely, illness that disproportionately affects young and middle-aged adults may occur.

It is important for physicians to consider diagnostic testing for influenza in all persons presenting with ILI early during flu season. Sentinel providers and laboratories are encouraged to submit up to 5 nasopharyngeal swabs weekly to the Office of Laboratory Services for confirmation of influenza. This information is critical for disease control and prevention.

Weekly influenza surveillance graphs for West Virginia and the most recent information available on influenza can be found at <http://www.dhhr.wv.gov/oeps/disease/flu/Pages>. Because of late reporting, we must sometimes update information in retrospect. The website will always have the most up-to-date numbers. Please feel free to contact us at (304)-558-5358, extension 1, with any questions regarding this report.