Please visit http://www.dhhs.ne.gov/influenza for more influenza information.

Nebraska Department of Health and Human Services

Division of Public Health

State of Nebraska

Dave Heineman, Governor

INFLUENZA REPORT

2009-2010 Influenza Season
MMWR Weeks 35-17, August 30, 2009-May 1, 2010
(All data are preliminary and may change as more reports are received.)

Synopsis: Influenza activity has dropped to a level below our tracking system's ability to detect it. Nebraska has reported **NO ACTIVITY** to the CDC for the past 20 weeks starting week ending December 19th, 2009.

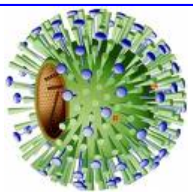
Viral Surveillance: 4,338 of 30,890 rapid influenza tests (14.04%) tested positive [4261 (13.79%) A and 77 (0.25%)B] at Nebraska collaborating laboratories for influenza. Of the positive rapid influenza tests collected during the 2009-2010 influenza season, 850 were submitted for confirmatory testing, 536 (63%) were confirmed as the 2009 H1N1 virus.

Outpatient Illness Surveillance: The percentage of outpatient visits for influenza-like illness (ILI) peaked in week 42, week ending October 24th, 2009, at 12.72%. On average, 13 (72%) out of 18 providers reported on a weekly basis.

Hospital Influenza-like Illness (ILI) Admissions Surveillance: There were 5034 total influenza-associated hospitalizations for the 2009-2010 flu season. 31% of these hospitalizations were in adults 65 and older. For children under the age of 5 the percent hospitalized was 23%, the 25-49 age group was18%, the 50-64 age group was16%, the 5-18 age group was12%, and the 19-24 age group was 4%.

School Surveillance: There were 26 illness related school closures reported during the time period September 24, 2009 to October 30, 2009 for a total of 31 days missed of school and approximately 2317 students affected by the closures.

Mortality: Thirteen (13) deaths in Nebraska have been attributed to lab confirmed influenza virus since August 30, 2009. The last death was reported 1/26/10.



Viral Surveillance

Sentinel Laboratory Surveillance 2009-2010

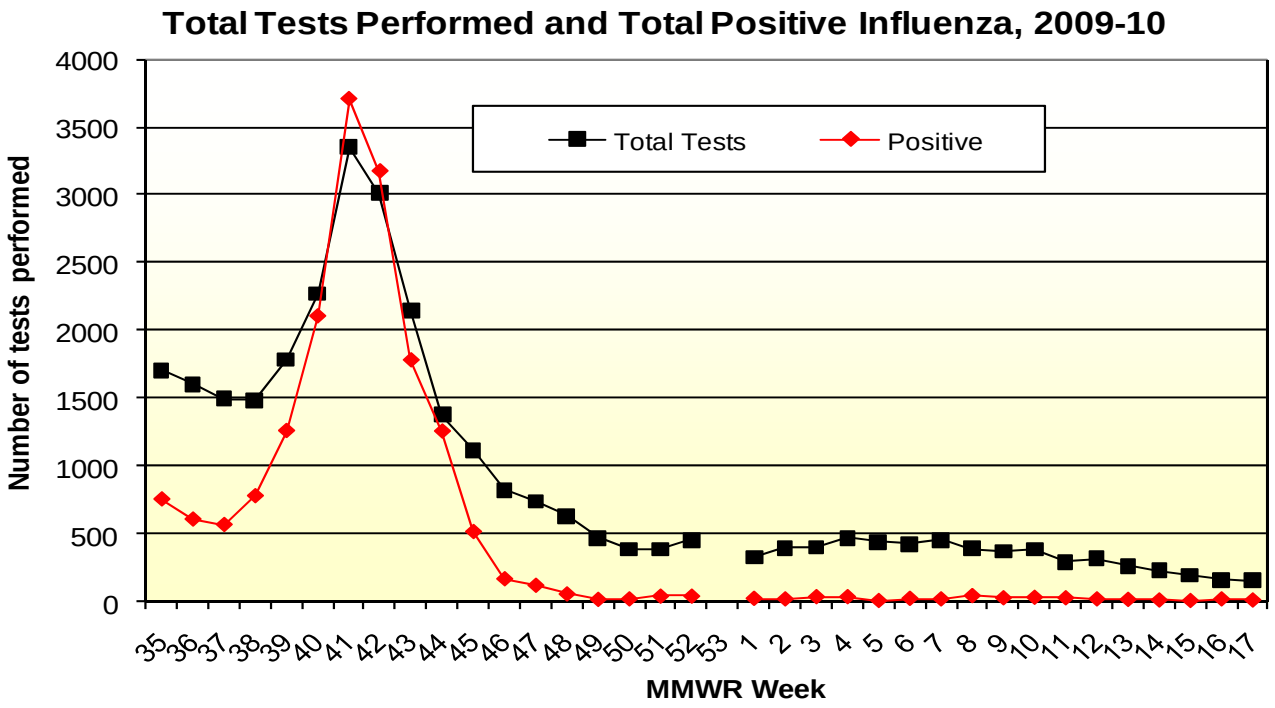
Season-to-Date (August 30,2009 - May 1, 2010) Totals

	All Influenza	Influenza A	Influenza B
Total Positive	4338	4261	77
Total Tests Performed	30890	30890	30890
% Positive	14.04%	13.79%	0.25%

RSV Surveillance	Season-to-Date
Total Positive	1910
Total Tests Performed	8399
% Positive	22.74%

Be Aware of Common Flu Symptoms. Influenza usually starts suddenly and may include the following symptoms: **Fever (usually high); Headache; Tiredness (can be extreme); Cough; Sore throat; Runny or stuffy nose; Body aches; Diarrhea and vomiting (more common among children than adults)**

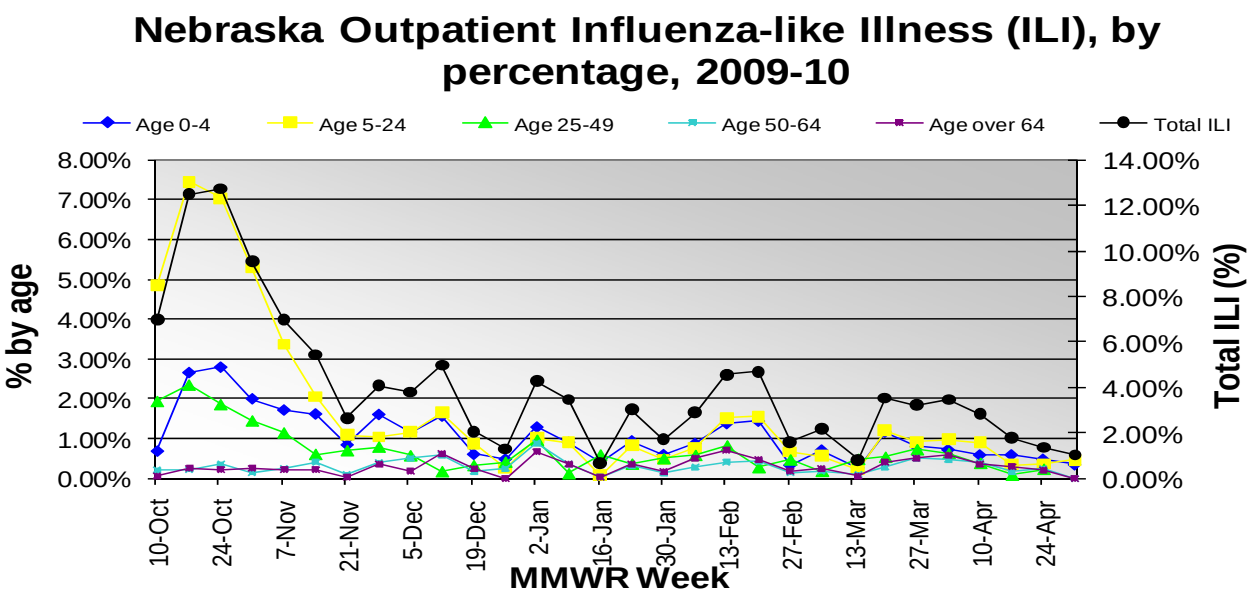
Having these symptoms does not always mean that you have the flu. Many different illnesses, including the common cold, can have similar symptoms.



Outpatient Influenza-like Illness Surveillance

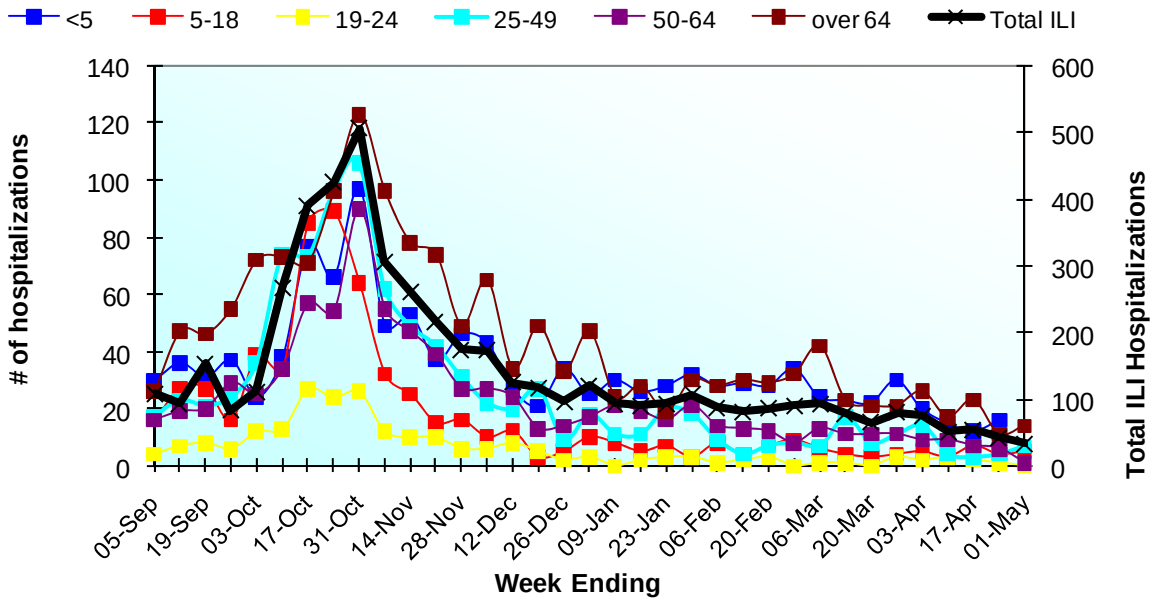
For influenza season August 30, 2009 - May 1, 2010; average # sites reporting 13 of 18 (72%)

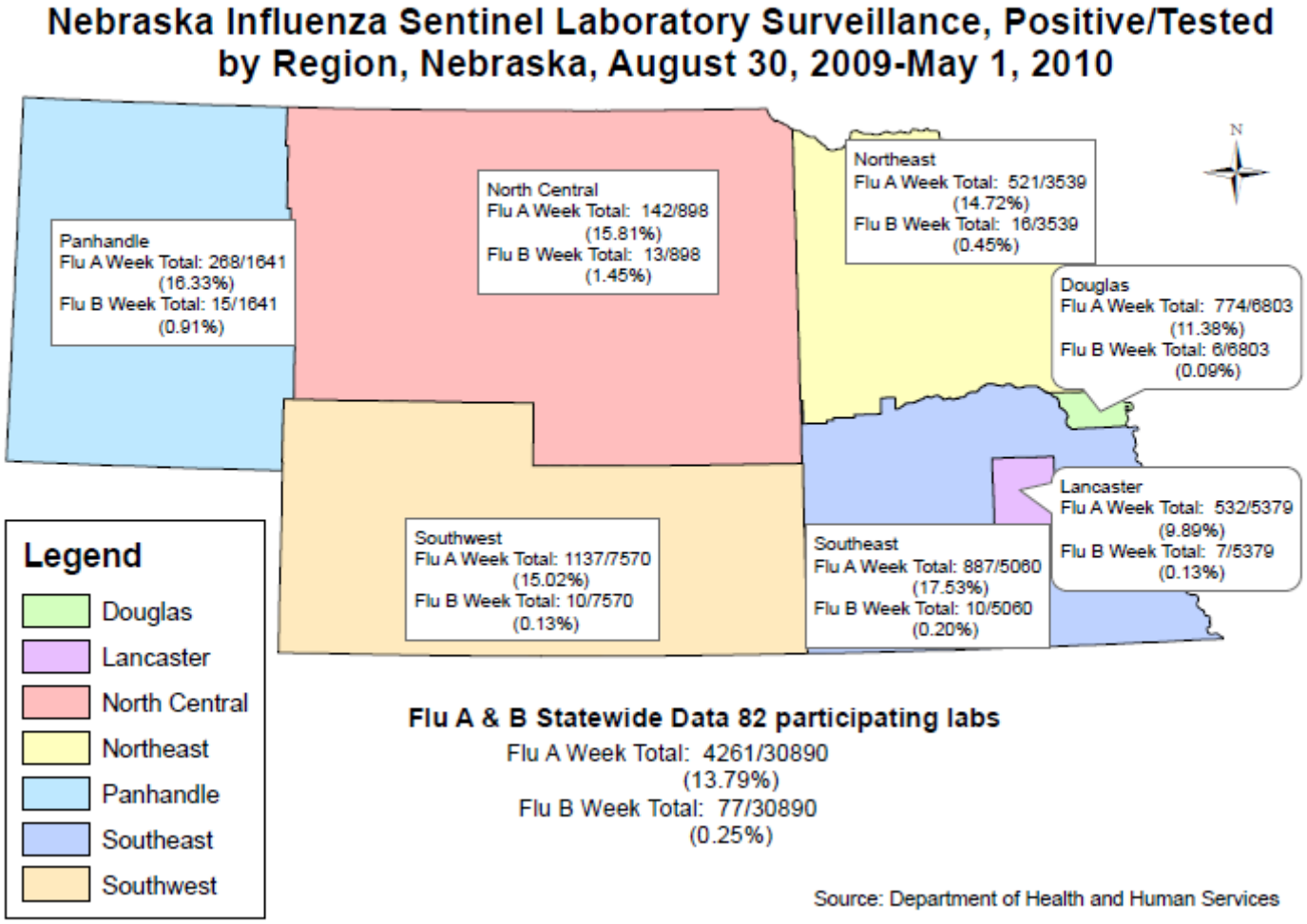
Age 0-4	Age 5-18	Age 19-24	Age 25-64	Age over 64	Total ILI	Total patients	% ILI
870	1510	613	225	225	3443	78587	4.38%
1.11%	1.92%	0.78%	0.29%	0.29%			

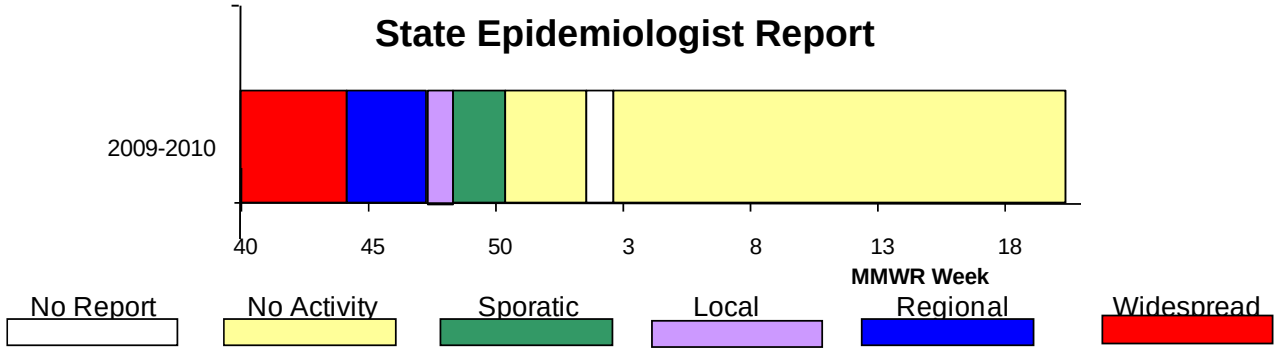


Hospital Influenza-like Illness Admissions Surveillance

August 30, 2009 - May 1, 2010	Admitted this season						
	<5	5-18	19-24	25-49	50-64	over 64	Total
	1174	617	216	913	809	1552	5034
	23%	12%	4%	18%	16%	31%	







There are three types of influenza viruses: A, B and C.

Influenza Type A is the most common and causes seasonal epidemics of disease almost every winter, causing the most serious epidemics in history.

Influenza Type B flu outbreaks also can cause seasonal epidemics, but the disease it produces generally is milder than that caused by type A.

Influenza Type C flu viruses, on the other hand, have never been connected with a large epidemic, usually just causing mild respiratory infections similar to

2009 H1N1 Vaccination

Vaccine is now available to people outside of the priority groups. H1N1 clinic locations are being determined by the local health departments based on supply and delivery.

Two Flus; Two Vaccines

There are two flus, seasonal flu and H1N1 circulating this year. Protecting against the two flus requires two vaccinations. Seasonal flu vaccine is widely available now. The H1N1 flu requires a separate vaccination.

The vaccine for one flu does not protect against the other flu. The two flus pose different risks to different groups of people. Most people should plan to get both flu vaccinations.

2009 Seasonal Influenza Vaccination

People recommended for vaccination based on their risk of complications from influenza or because they are in close contact with someone at higher risk of influenza complications include:

- ⇒ Children aged 6 months until their 5th birthday,
- ⇒ Pregnant women,
- ⇒ People 50 years of age and older,
- ⇒ People of any age with certain chronic health conditions (such as asthma, diabetes, or heart disease),
- ⇒ People who live in nursing homes and other long-term care facilities,
- ⇒ Household contacts of person at high risk for complications from influenza,
- ⇒ Household contacts and out of home caregivers of children less than 6 months of age, and
- ⇒ Health care workers associated with higher risk of medical complications from influenza.

Prevention

Individuals have an important role in protecting themselves and their families. Everyone should take these everyday steps to protect your health and lessen the spread of this new virus:

- ⇒ **Stay informed.** Health officials will provide additional information as it becomes available.
- ⇒ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- ⇒ Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- ⇒ Avoid touching your eyes, nose or mouth. Germs spread this way.
- ⇒ Try to avoid close contact with sick people.
- ⇒ CDC recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications.

Background: DHHS and collaborating partners throughout Nebraska collect and analyze surveillance data year-round and produce a weekly report on influenza activity. The Nebraska influenza surveillance system consists of information includes the following surveillance activities:

Viral Surveillance: On a weekly basis, 80 laboratories submit data (number of rapid influenza tests performed and number of positive) to an on-line database. Laboratories are asked to submit specimens to the Nebraska Public Health Laboratory (NPHL) for PCR testing, culture confirmation and sub-typing of the influenza virus. NPHL submits specimens to the CDC to determine the strain of influenza circulating during the current season which in turn assists with the determination of the following year's influenza vaccine.

Outpatient Illness Surveillance: On a weekly basis, a select group of Nebraska physicians participate in the Outpatient Influenza-like Illness Surveillance Network (ILINet). The sentinel providers report data to CDC on the total number of office visits and the number of those patients with influenza-like illness (ILI), by age group.

Hospital Influenza-like Illness (ILI) Admissions Surveillance: On a weekly basis, Nebraska Infection Preventionists from 85 hospitals submit ILI admission data to their local health department (LHD) to be entered into an on-line database.

School Surveillance: On a weekly basis, schools submit on a weekly basis the number of absent students and staff due to illness to the LHD in their jurisdiction. The LHD's enter this data into an on-line website for data tabulation. Schools also report any unusual absences and outbreaks to the LHD. Schools report closures due to illness to their LHD and the LHD enters this data into the CDC's school closure monitoring system.

Mortality: Lincoln and Omaha participate in the 122-Cities Mortality Reporting System by reporting the number of death certificates received and the number of those for which pneumonia or influenza was listed as the underlying or contributing cause of death by age group. It is required to report all influenza-associated pediatric deaths to a public health authority. Nebraska has recently begun to utilize the electronic death registration system (EDRS) for surveillance of influenza related deaths.

State and Territorial Epidemiologists' Report: Summary of geographic spread of influenza in NE is reported to the CDC.

- No Activity: Influenza activity has dropped to a level below the ability of tracking system's ability to detect it.
- Sporadic: Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.
- Local: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state.
- Regional: Outbreaks of influenza or increases in ILI and recent laboratory confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions.
- Widespread: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state.