



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Idaho Influenza Surveillance Update

Week #2017-43: October 22 – October 28, 2017

Current Week Idaho Quick Stats¹

Percent of Outpatient Visits for Influenza-like Illness (ILI) Region 10: AK, ID, OR, WA	0.49% (Region 10 Baseline 1.4%)
Percent Emergency Department Visits for ILI Syndrome	3.1% (Baseline 2.4%)
Virologic Surveillance	A(H3) detected
Influenza-related Deaths (Season Total)	0

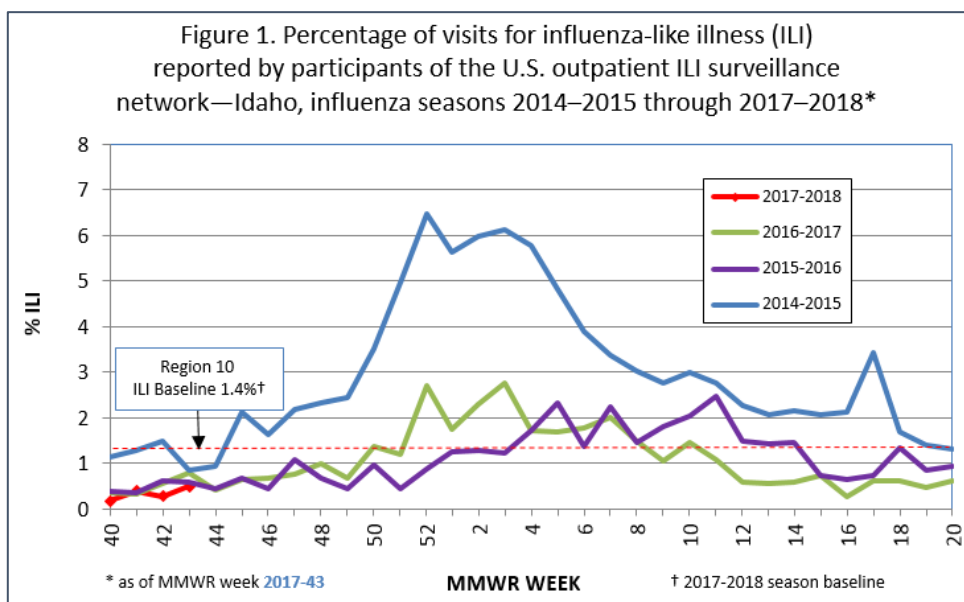
¹ Data are provisional and may change as additional reports are received.

Influenza Activity Estimates

For week 2017-43: Sporadic

Infrequent reports of influenza-positive rapid tests and laboratory confirmation of influenza in clinical samples were received from across the state. [Click here](#) to learn more about the estimation process.

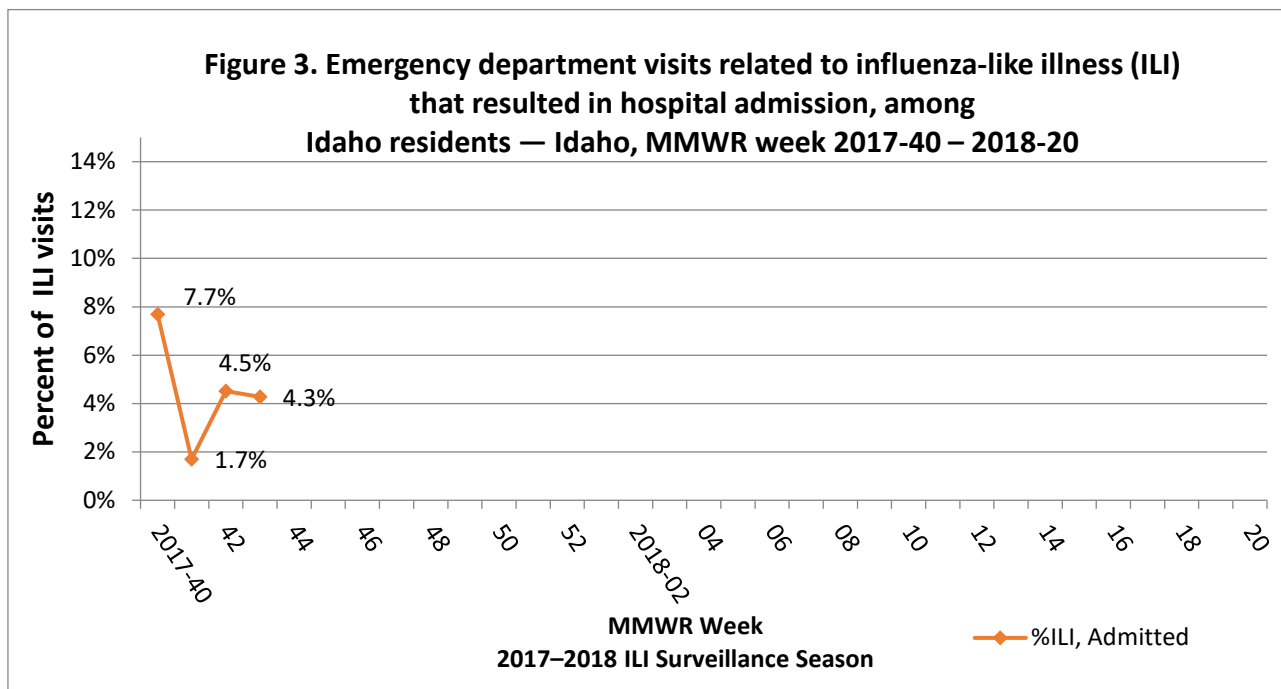
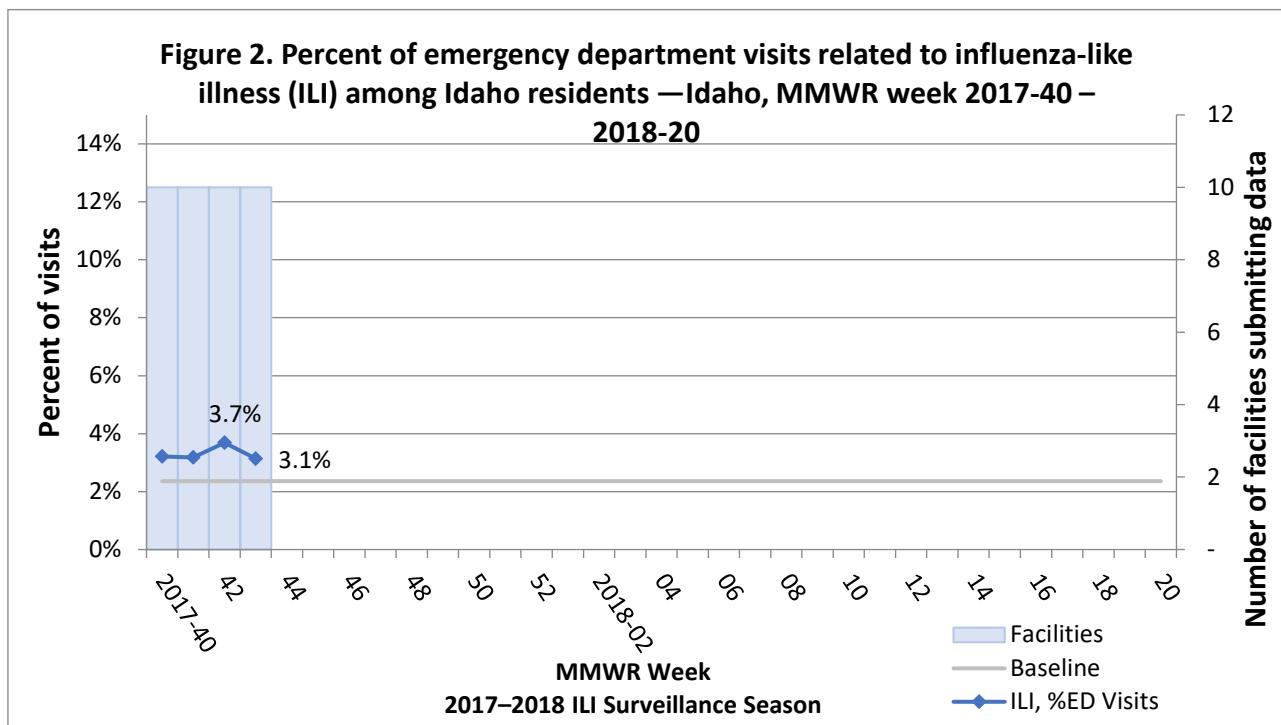
Outpatient Influenza-like Illness Surveillance



ILI “Influenza like illness” is defined as fever $\geq 100^{\circ}\text{F}$ (37.8°C) AND cough and/or sore throat without a known cause other than influenza.

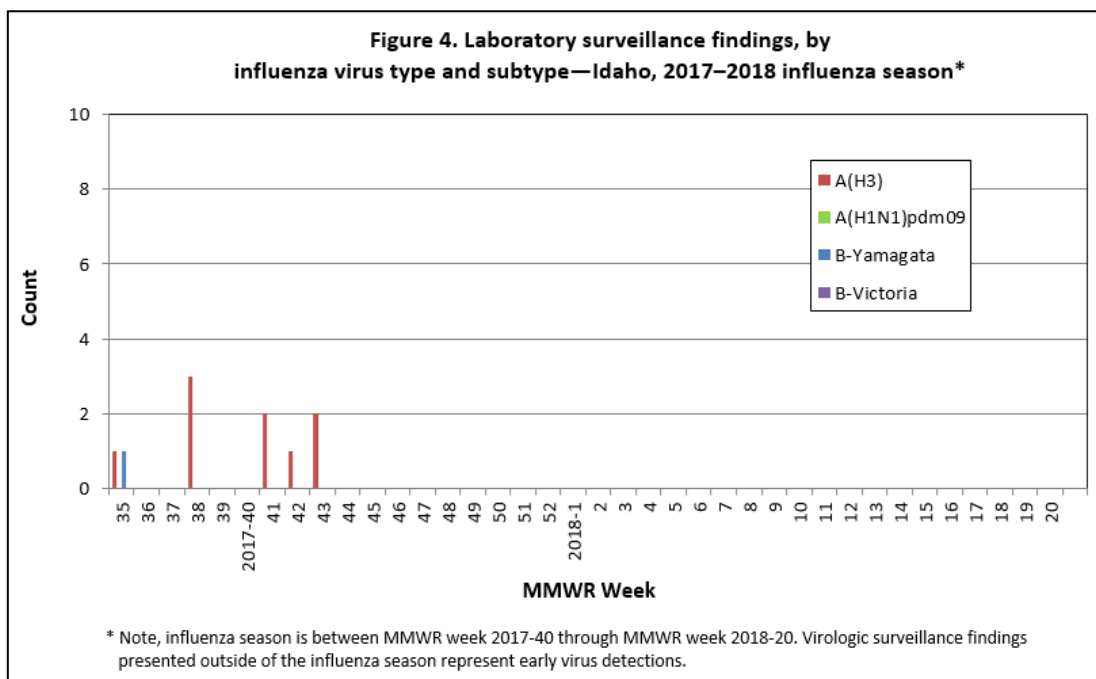
During MMWR week 2017-43 the percent of visits for ILI reported by Idaho ILINet providers was **0.49%**. Region 10 includes AK, ID, OR, and WA. [Click here](#) to learn more about data sources.

Emergency Department ILI Syndromic Surveillance



The Idaho Syndromic Surveillance program analyzes Idaho emergency department visit data received daily from participating hospitals for ILI through ESSENCE. In total, **3.1%** (baseline 2.4%) of emergency department visits during MMWR week **2017-43** were related to ILI (Figure 2) and of those, **4.3%** resulted in hospital admission (Figure 3). [Click here](#) to learn more about data sources and limitations.

Virologic Surveillance



Time Frame	Total Sample Results Reported	Total Samples Influenza Positive (% positive)	Influenza A(H3) (% of total positive samples)	Influenza A(H1) (% of total positive samples)	Influenza B (Victoria) (% of total positive samples)	Influenza B (Yamagata) (% of total positive samples)
Early, pre-season findings: beginning MMWR week 2017-035 through MMWR week 2017-039	8	5(62.5%)	4(80%)	0	0	1(20%)
MMWR week 2017-043	6	2(33%)	2(100%)	0	0	0
Season Total (MMWR 2017-40 through 2017-43)	12	7(58%)	6(86%)	0	0	1(14%)

Of the samples received to date by the Idaho Bureau of Laboratories (IBL), influenza A(H3) viruses are the predominate influenza subtype detected. To date Idaho isolates sent to CDC for further analysis have all been A(H3N2) viruses. CDC monitors influenza viruses circulating across the country; with A(H3N2) predominating nationwide as well. [Click here](#) more about data sources.

Influenza-related Mortality

Table 2. Total influenza-related deaths occurring in Idaho during the 2017-2018 influenza season (MMWR week 2017-040 through 2018-020), by age group, and public health district of residence*				
Residence	Total	Age		
		<18 yrs	18-49 yrs	≥50 yrs
Panhandle Health District (PHD-1)	-	-	-	-
North Central Health District (PHD-2)	-	-	-	-
Southwest District Health (PHD-3)	-	-	-	-
Central District Health Department (PHD-4)	-	-	-	-
South Central Public Health (PHD-5)	-	-	-	-
Southeastern Idaho Public Health (PHD-6)	-	-	-	-
Eastern Idaho Public Health District (PHD-7)	-	-	-	-
Non-resident	-	-	-	-
Total	0	0	0	0

*as of MMWR week 2017-043
Public health district of residence is not always the same as county of death.
Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare.
 Link to Idaho Public Health Districts: <http://www.healthandwelfare.idaho.gov/?TabId=97>

To date, no influenza-related deaths have been reported this season. NOTE: In September 2017, one (1) influenza-related death was reported in Idaho approximately two weeks prior to the start of the official influenza season. [Click here](#) to learn more about Idaho mortality data.

This document, generated by the Idaho Department of Health and Welfare, Division of Public Health, Bureau of Communicable Disease Prevention, is updated regularly during the traditional influenza season. Additional information is made available during an early, late, or prolonged season.

This report is partially funded by CDC's Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement, Atlanta, GA. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.