

Montana Influenza Summary

Cases reported as of November 11, 2017 (MMWR Week 45)

Montana DPHHS, Communicable Disease Epidemiology

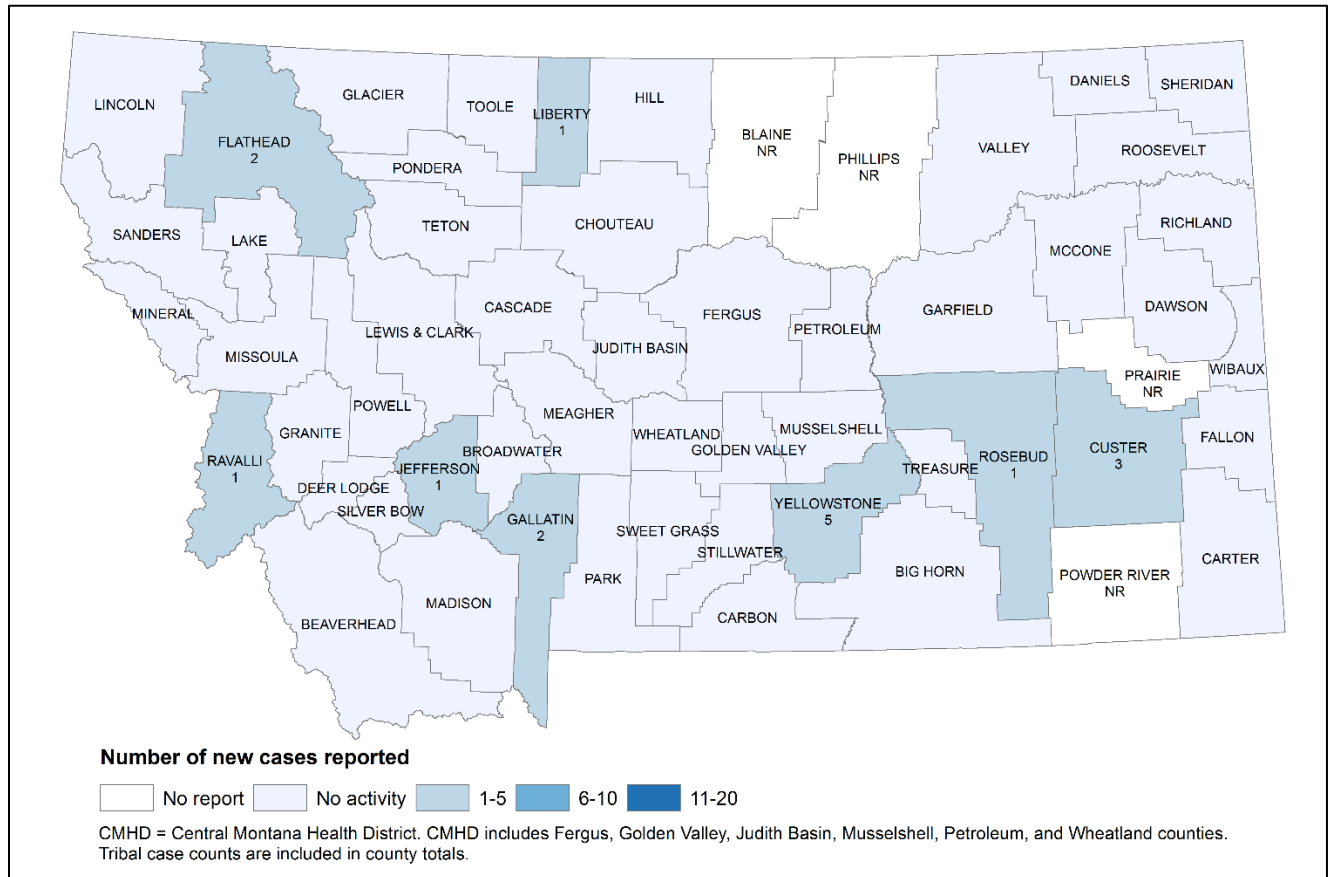


The Montana Department of Health and Human Services (DPHHS) provides a weekly report throughout the influenza season that coordinates data from a variety of sources to give the most complete and up to date view of influenza activity in the state of Montana. All data are preliminary and may change as more complete information is received.

State Summary: Flu activity is defined as SPORADIC¹

- During week 45, 16 new PCR confirmed cases were reported from eight counties.
- Season to date, 18 counties have reported at least one PCR confirmed case of influenza.
- Season to date, 76 cases, 20 hospitalizations, and zero deaths due to influenza have been reported.
- The most common influenza type identified this season is Influenza A H3.
- During week 45, the proportion of outpatient visits for influenza like illness (ILI) was at 0.14%, below the baseline of 1.3%.
- No influenza outbreaks have been reported season to date.

Figure 1. New confirmed cases of influenza reported for the week of November 5–11, 2017



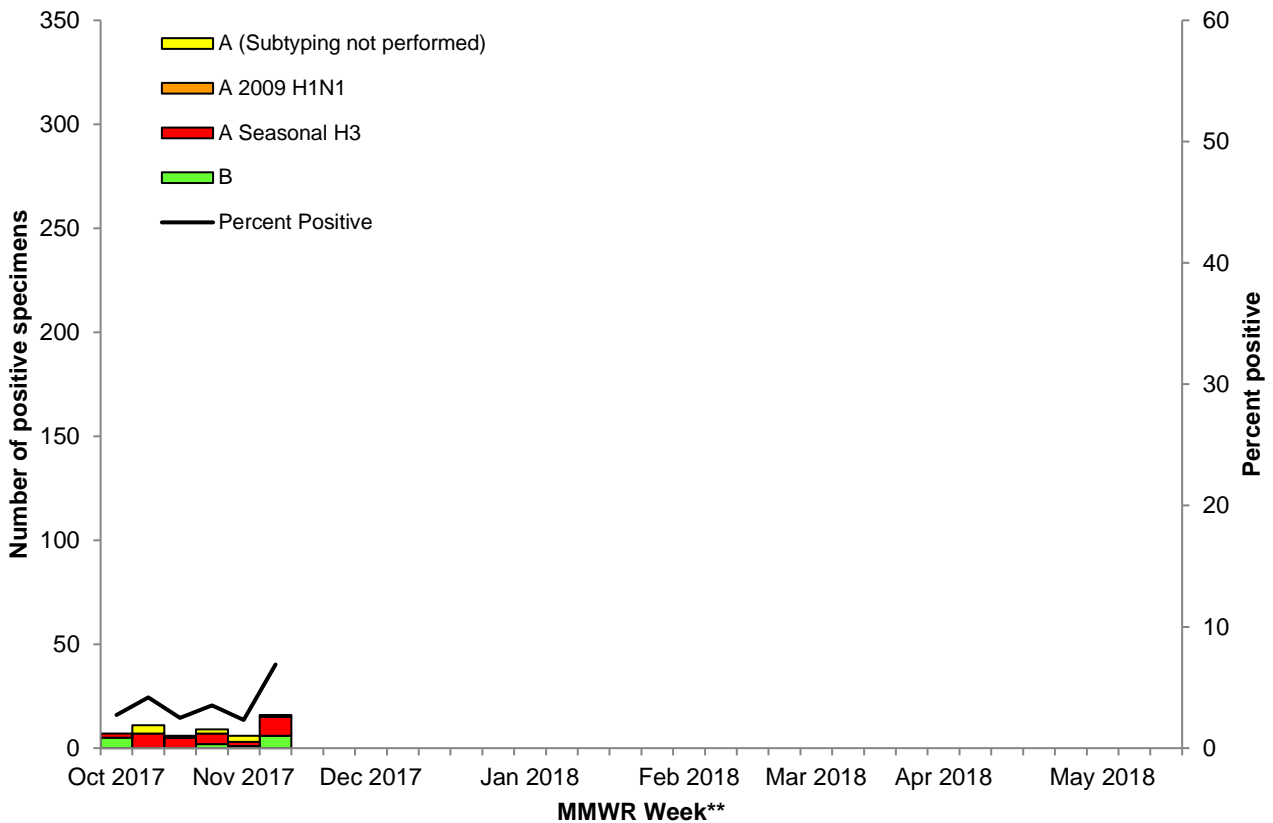
Laboratory Surveillance

The Montana Public Health Laboratory (MTPHL) and partners report the number of specimens tested for influenza by Polymerase Chain Reaction (PCR) as well as the number of positives by influenza virus type and influenza A virus subtype. The table presented below contains data for week 45 and the season to date.

Table 1. Influenza type confirmed by Montana Public Health Laboratory and partners

	Week 45	Season to date
Number of specimens tested	232	1504
Number of positive specimens (%)	16(6.9)	65(3.7)
Positive specimens by type/subtype		
Influenza A	10	41
2009 H1N1	0	1
Subtyping not performed	1	10
H3	9	41
Influenza B	6	14

Figure 4. Influenza positive tests reported by the Montana Public Health Laboratory and partners², 2017-2017 season



**The MMWR week is the week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of MMWR disease incidence reporting and publishing. Values for MMWR week range from 1 to 53, although most years consist of 52 weeks.

Hospitalizations

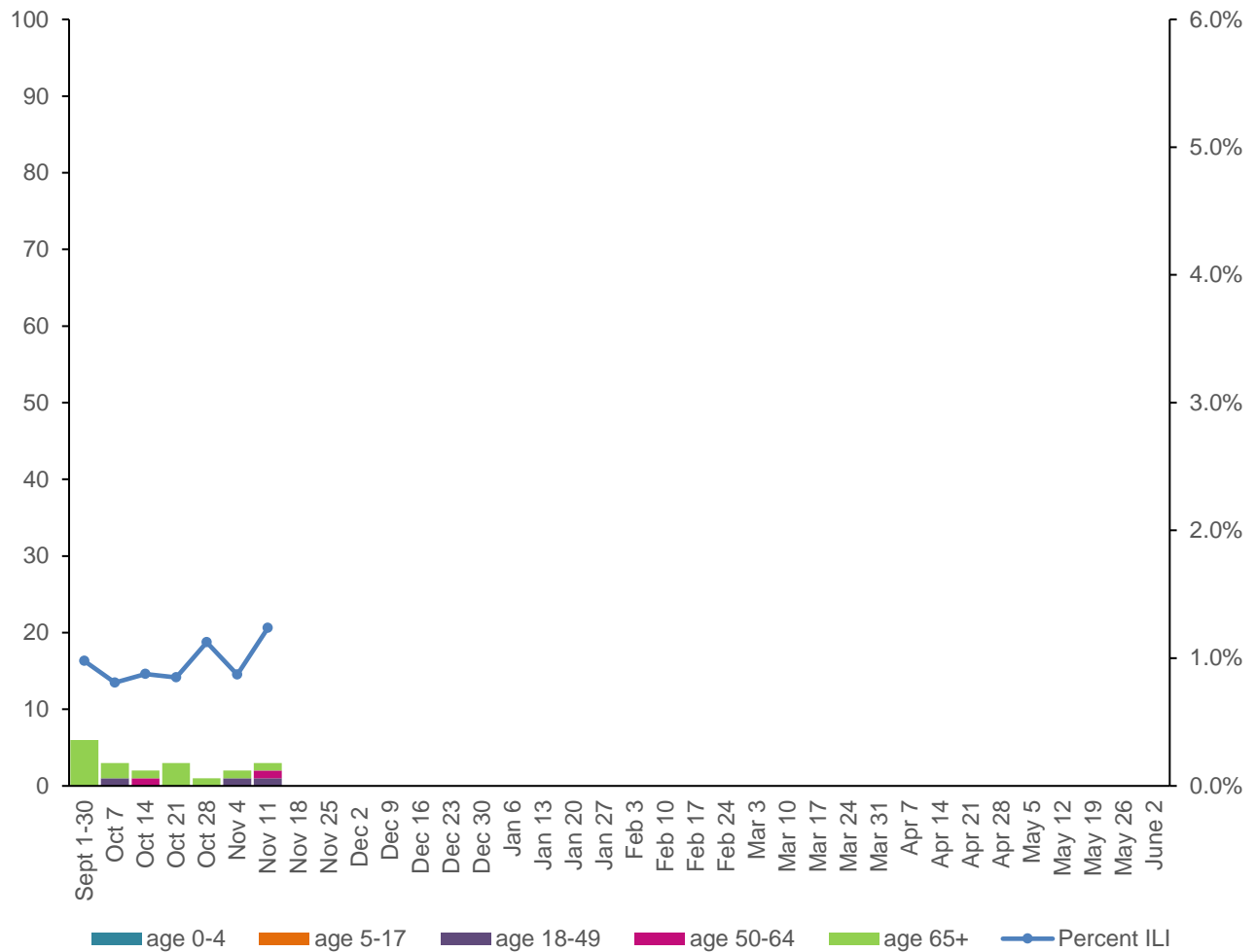
Influenza cases, including hospitalizations and deaths, are reportable to local public health in Montana. Since September 1, 2017, 20 influenza-associated hospitalizations have been reported, with a cumulative rate of 1.9 per 100,000 population.

Season to date, there have been no deaths attributed to influenza. Table 2 presents influenza hospitalizations and deaths current as of the week ending November 11, 2017.

Table 2. Influenza Hospitalizations and deaths – Montana, week ending 11/11/17

Hospitalizations		Deaths (season to date)		
Current Week	Season to date	Pediatric	Adult <65 years	Adult >65 years
3	20	0	0	0

Figure 5. Influenza-associated hospitalizations by age group and percentage of outpatient visits due to ILI – Montana, 2017-18 season*

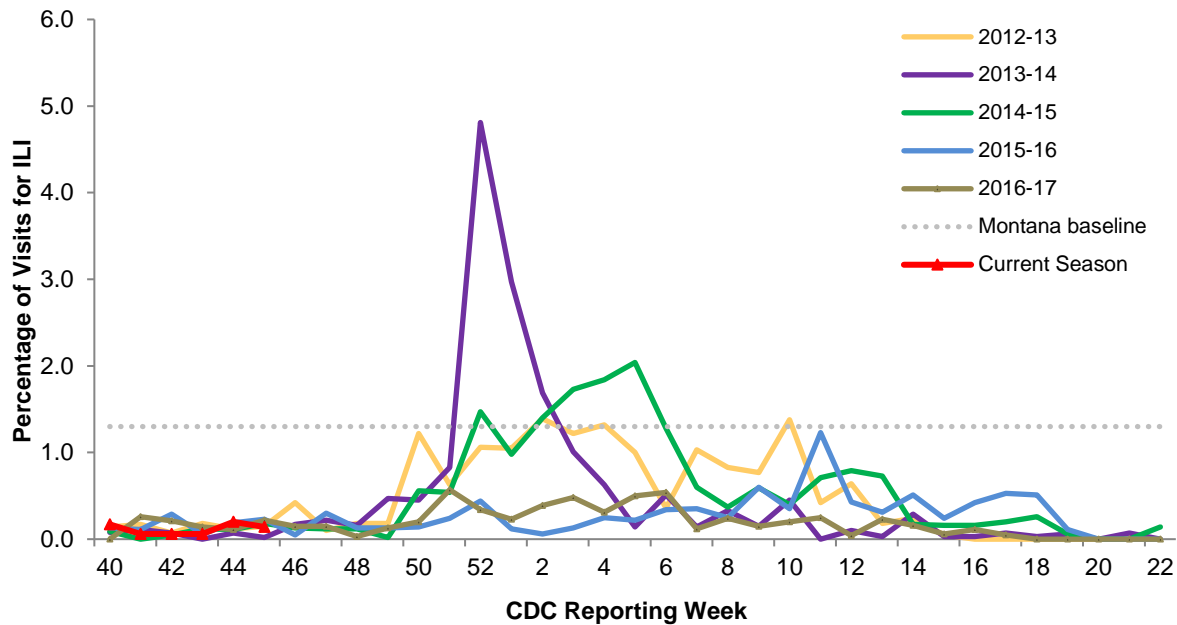


*Reported by hospital admission date

Influenza like Illness Surveillance Network (ILINet)

The U.S. Outpatient ILI Surveillance Network (ILINet) is a national system that conducts surveillance for Influenza-like illness (ILI) in outpatient healthcare facilities. ILI is defined as a fever (temperature of 100° F or greater) and cough and/or sore throat. Currently, nine facilities participate in ILINet in Montana. For the week ending 11/11/2017, 0.14% of patient visits were due to ILI in Montana compared to 1.9% in the United States.

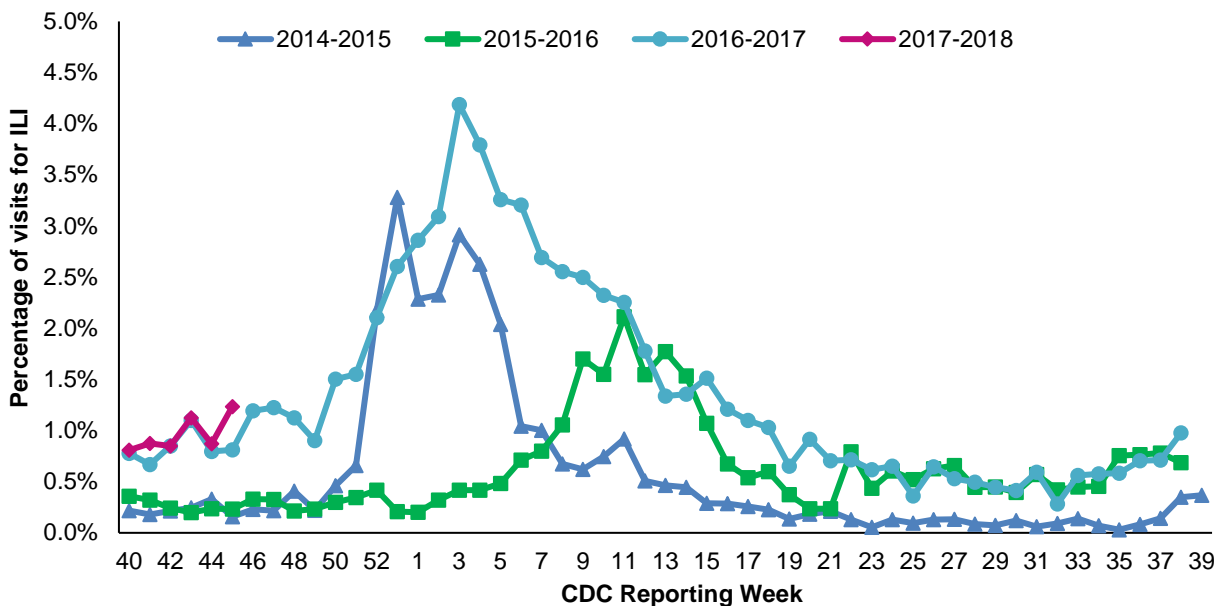
Figure 6. Percentage of ILI reported by sentinel provider – Montana, selected seasons



Syndromic Surveillance

Syndromic surveillance data in Montana is analyzed in ESSENCE, which collects real-time emergency department (ED) data from 34 facilities across Montana. Figure 7 shows the proportion of visits with a chief complaint of influenza-like illness each week for the current as well as past three seasons.

Figure 7. Percentage of ER visits for chief complaint of ILI – Montana, selected seasons



Additional Resources

Montana DPHHS Influenza: <http://dphhs.mt.gov/publichealth/cdepi/diseases/influenza>

National Influenza Surveillance Report (CDC Flu View): <https://www.cdc.gov/flu/weekly/>

International Influenza Data: <http://www.who.int/influenza/en/>

Notes

¹Influenza Activity: State health departments report the estimated level of geographic spread of influenza activity in their states each week through the **State and Territorial Epidemiologists Reports**. States report geographic spread of influenza activity as no activity, sporadic, local, regional, or widespread. These levels are defined as follows:

- **No Activity:** No laboratory-confirmed cases of influenza and no reported increase in the number of cases of ILI.
- **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.

²Molecular influenza testing partner laboratories: Barrett Hospital and Healthcare, Benefis Healthcare System, Big Sandy Medical Center, Bighorn County Hospital, Billings Clinic Hospital, Bozeman Deaconess Hospital, Community Medical Center, Deer Lodge Medical Center, Glacier Medical Associates, Grant Creek Family Practice, Great Falls Clinic, Holy Rosary Health Care, Kalispell Regional Medical Center, Liberty County Hospital, Phillips County Hospital, Poplar Community Hospital, Rosebud Healthcare, St. Joseph Hospital, St. Patrick's Hospital, St. Peter's Hospital, St. Vincent Hospital, Sidney Health Center, Trinity Hospital, and VA Ft. Harrison.

For additional information on influenza activity in Montana, please contact your local health department or the Department of Public Health and Human Services' Communicable Disease Epidemiology Section at (406) 444-0273 or visit [DPHHS Influenza](#).