Montana Influenza Summary

2020-2021 Influenza Season
Montana DPHHS, Communicable Disease Epidemiology

Summary of Influenza Activity during the 2020-2021 Season

- During the 2020-2021 influenza season, no lab-confirmed influenza cases were reported in Montana. There were also no flu-related deaths or hospitalizations.
- There were over 21,000 specimens tested at labs around the state. Of those only 2 rapid tests were reported as positive, and they did not confirm out at the Montana State Public Health Lab.
- Emergency department and outpatient visits for influenza-like illness averaged <1% during the 2020–2021 season.
- RSV percent positivity remained low throughout the 2020-2021 season, never even approaching the 10% positivity threshold.
- The prevention measures taken to reduce transmission of COVID-19 (masking, social distancing, handwashing) also helped prevent the transmission of influenza and RSV during the 2020–2021 respiratory disease season.

Figure 1. Influenza tests performed by clinical laboratories – Montana, 2020–2021 season (n=21,231)
**Influenza like Illness Network (ILINet) and Syndromic Surveillance**

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 a standardized definition which includes a fever (temperature of 100° F or greater), cough, and/or sore throat. Currently, 32 facilities participate in ILINet in Montana, either through manual data entry or through the syndromic surveillance data feed.

Syndromic surveillance data in Montana is analyzed in ESSENCE, which collects real-time emergency department (ED) data from facilities across Montana including chief complaint of ILI symptoms. Figure 3 below shows the proportion of medical visits with a chief complaint of ILI each week, compared with recent seasons. For the 2020-2022 influenza season, the percentage of patient visits were due to ILI in Montana was very low the entire seasons, rarely reaching above 1% of emergency room visits.

**Figure 3. Percentage of ED visits for chief complaint of ILI – Montana, selected seasons**
Respiratory Syncytial Virus (RSV)
RSV is a respiratory virus and is the most common cause of bronchiolitis and pneumonia in children less than one year of age. Typically, the RSV season tends to mirror that of influenza. RSV surveillance is compiled from 15 sentinel laboratories in Montana that report weekly testing data. Figure 4 displays RSV positivity for the 2020-2021 season and a comparison of the percent positivity over the past six seasons, respectively. The 2020-2021 RSV season positivity rate remained low the entire season and never hit the 10% positivity threshold of seasons past.

Figure 4. RSV positivity rates – Montana, select seasons


Influenza vaccine resources: visit [https://vaccinefinder.org](https://vaccinefinder.org) or [www.cdc.gov/flu](http://www.cdc.gov/flu) to find a location near you

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.

2**Molecular influenza testing partner laboratories:** Barrett Hospital and Healthcare, Benefis Healthcare System, Big Sandy Medical Center, Bighorn County Hospital, Billings Clinic Hospital, Bozeman Deaconess Hospital, Cabinet Peaks Medical Center, Central Montana Medical Center, 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, Livingston Healthcare, Pondera Medical Center, Poplar Community Hospital, Roundup Memorial Hospital, St. Joseph Hospital, St. Patrick’s Hospital, St. Peter’s Hospital, St. Vincent Hospital, Sidney Health Center, Trinity Hospital, and VA Ft. Harrison.

3**Per the Administrative Rules of Montana 37.114.203 and 37.114.316,** influenza is a reportable condition for the following:
   - Influenza cases, hospitalizations, and deaths
   - Influenza outbreaks in congregate settings
   - Other illnesses of public health significance (novel influenza A)

4**RSV laboratory surveillance partners:** Barrett Hospital and Healthcare, Benefis Healthcare System, Bighorn County Hospital, Billings Clinic Hospital, Bozeman Deaconess Hospital, Community Medical Center, Deer Lodge Medical Center, Great Falls Clinic, Holy Rosary Health Care, Liberty County Hospital, Logan Health, Phillips County Hospital, Poplar Community Hospital, Rosebud Healthcare, St. Peter’s Hospital, St. Vincent Hospital, and Trinity Hospital.

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 [https://dphhs.mt.gov/publichealth/cdepi/diseases/influenza](https://dphhs.mt.gov/publichealth/cdepi/diseases/influenza).