

WISCONSIN DEPARTMENT of HEALTH SERVICES



RESPIRATORY VIRUS SURVEILLANCE REPORT Week 18, Ending May 6, 2023

Wisconsin Department of Health Services | Division of Public Health Bureau of Communicable Diseases | Communicable Diseases Epidemiology Section <u>www.dhs.wisconsin.gov/dph/bcd.htm</u> | <u>dhsdphbcd@dhs.wi.gov</u>





STATE OF WISCONSIN

REGION V OF US (WI, MN, IL, MI, OH, IN)

United States





🛑 ILI: HIGH LEVELS 🛛 😑 ILI: MODERATE LEVELS 🔵 ILI: BELOW BASELINE 🛛 ILI: INSUFFICIENT DATA

AT-A-GLANCE:

Predominant Viruses of the Week:

Rhinovirus/Enterovirus is the predominant virus this week.

Current Alerts:

- Parainfluenza-3 activity is increasing statewide.
- An increase in non-COVID respiratory outbreaks in long term care facilities have been reported. Human metapneumovirus and parainfluenza-3 have been reported most frequently in these outbreaks.
- Additional data on SARS-CoV-2 (the virus causing COVID-19) trends in Wisconsin can be found at: <u>https://www.dhs.wisconsin.gov/covid-19/data.htm</u>

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS REPORTED:

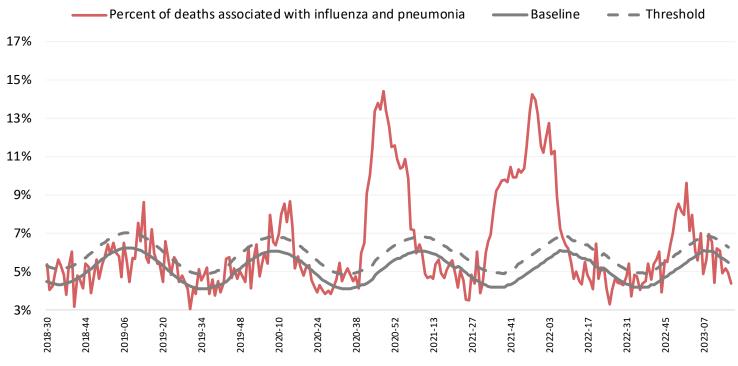
	Week 18, 2023	October 1, 2022 to present			
Wisconsin	0	3			
Nationwide	1	150			

For National US influenza surveillance statistics visit: www.cdc.gov/flu/weekly/



INFLUENZA AND PNEUMONIA-ASSOCIATED MORTALITY Influenza and Pneumonia Deaths, Wisconsin

Influenza- and pneumonia-associated deaths by influenza season year and week, Wisconsin



Influenza season year-week

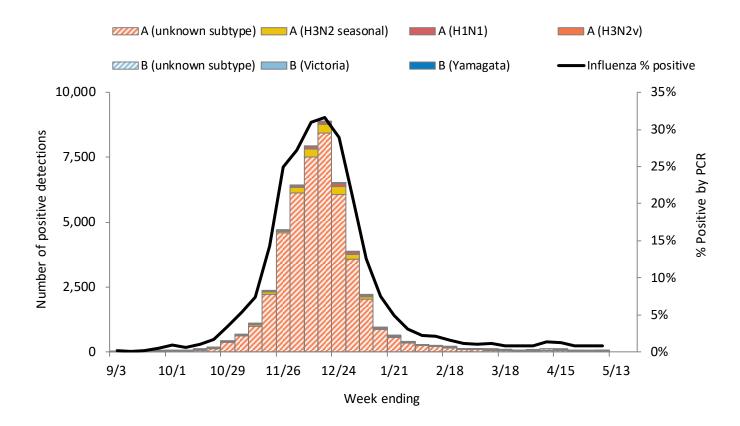
Influenza- and pneumonia-associated deaths by most recent 3 week period.

Influenza season week	Influenza- associated deaths (I)	Pneumonia- associated deaths (P)	Percent I+P of all deaths	Baseline I+P of all deaths	Threshold I+P of all deaths
16	0	48	4.5%	5.5%	6.5%
17	0	46	4.5%	5.4%	6.6%
18 Preliminary Data	0	34	4.4%	5.3%	6.7%

Data source: DPH, Office of Health Informatics



Wisconsin positive influenza results and subtypes by PCR

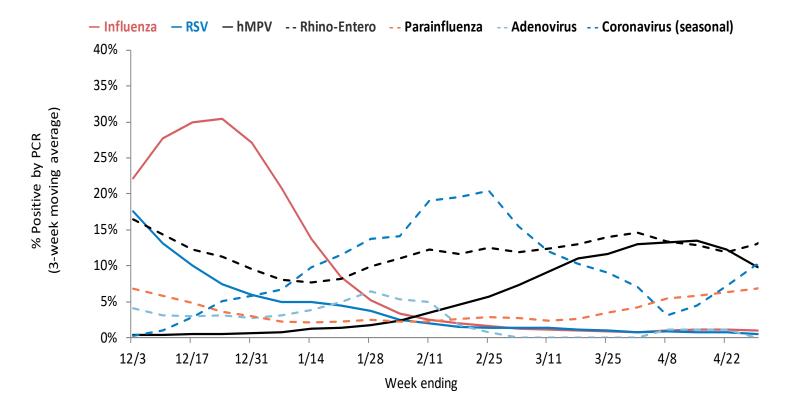


Cumulative number of positive influenza PCR tests by subtype October 1, 2022 to present

	A (2009 H1N1)	Influenza A: A (H3N2)	99% A (Unknown)	B (Victoria)	Influenza B: B (Yamagata)	1% B (Unknown)	Total
Total positive (n)	721	1,889	45,800	11	0	566	48,987
% of total positive	1%	4%	93%	0%	0%	1%	100%



WISCONSIN LABORATORY SURVEILLANCE FOR RESPIRATORY VIRUSES



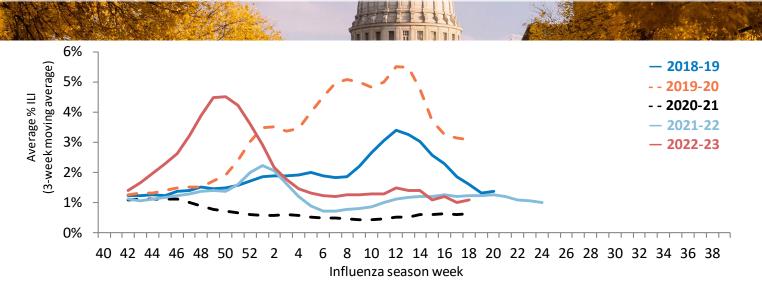
Week 18, Ending on May 6, 2023

		Positive	Positive		Influenza	Α				Influen	za B	
Respiratory virus	Tested	(n)	(%)	H3N2	2009 H1N1	Un	known	Victoria		Yamagata		Unknown
Influenza	5719	45	0.8%	1	5	5 28		2		0		9
Respiratory virus	Tested	Positive (n)	Positive (%)	Parainfl	uenza 1	a 1 Parainfluenza 2		Parainfluenza 3		Parainfluenza 4		
Parainfluenza	787	71	9.0	1	I	1			68		1	
Respiratory virus Tes		Tested	Positive (n)	Positive (%)	CoV 2	CoV 229E CoV C		C43 CoV NL63			CoV HKU1	
Coronavirus (seasonal) 2-		24	1	4.2%	4.2% 1		0		0			0
Respiratory virus			Tested			Positive (n)				Positive (%)		
RSV			4054			11				0.3%		
Human metapneumovirus		us	826			57				6.9%		
Rhino-enterovirus 767			57	154			20.0%		6			
Adenovirus			2	4		0				0%		





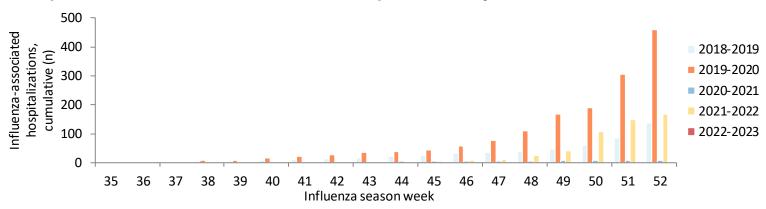
ILI activity trend analysis by influenza season, Wisconsin



Influenza-associated hospitalizations, Wisconsin Electronic Disease Surveillance System October 1, 2022 to present (Hospitalization data will be updated at a later date)

	Total		Ir	nfluenza subty	уре	Admitted	Required		Postpartum	
Age group (years)	reported (n)	A (2009 H1N1)	A (H3N2)	A (Unknown)	В	Not reported	to ICU	mechanical ventilation	Pregnant	(≤6 weeks)
<1										
1-4										
5-17										
18-49										
50-64										
65+										
Total	otal (Data will be available at a later date)									

Reported cumulative influenza-associated hospitalizations by influenza season, Wisconsin

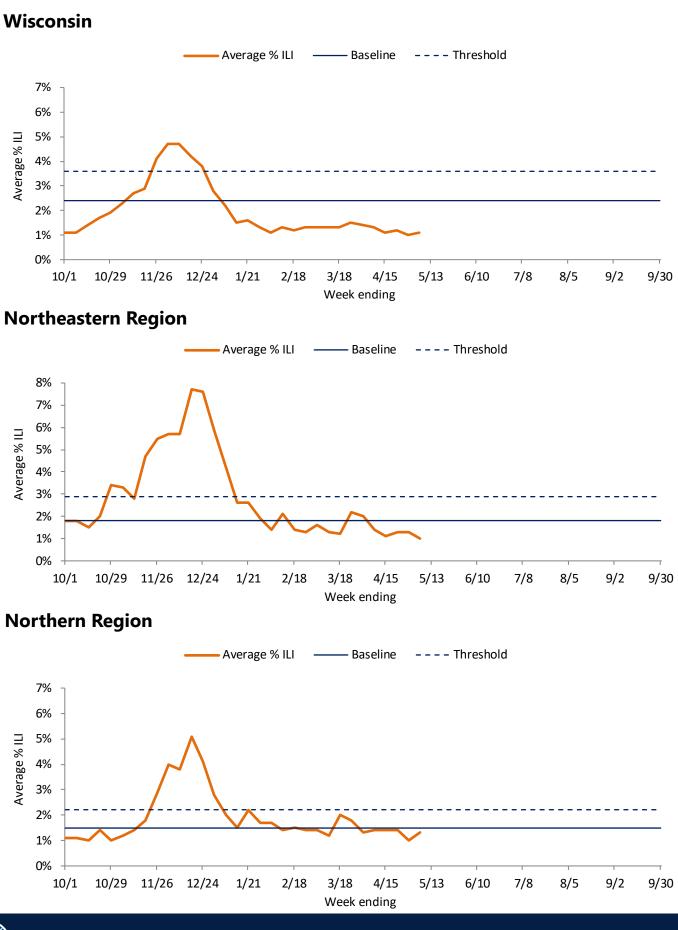


The 2020–2021 influenza season was unusually low due much in part to the ongoing COVID-19 pandemic. As such, numbers for that season are substantially different than previous seasons and should be considered an anomaly.



*

ILI ACTIVITY TREND ANALYSIS





8/5

8/5

8/5

9/2

9/30

9/2

9/30

9/2

9/30

ILI ACTIVITY TREND ANALYSIS (CONTINUED)

Southeastern Region — Baseline --- Threshold Average % ILI _____ 7% 6% Average % ILI 5% 4% 3% 2% 1% 0% 10/29 11/26 12/24 2/18 3/18 4/15 5/13 6/10 7/8 10/11/21 Week ending **Southern Region** --- Threshold Average % ILI Baseline 7% 6% Average % ILI 5% 4% 3% 2% 1% 0% 10/29 11/26 12/24 2/18 3/18 4/15 5/13 7/8 10/1 1/21 6/10 Week ending **Western Region** Average % ILI - Baseline --- Threshold 7% 6% Average % ILI 5% 4% 3% 2% 1% 0% 10/1 10/29 11/26 12/24 1/21 2/18 3/18 4/15 5/13 6/10 7/8 Week ending



SEASONAL INFLUENZA VACCINATION

Influenza vaccine composition 2022-2023:

Egg-based vaccines are recommended to contain:

- an A/Victoria/2570/2019 (H1N1) pdm09-like virus;
- an A/Darwin/9/2021 (H3N2)-like virus (updated);
- a B/Austria/1359417/2021-like virus (B/Victoria lineage (updated);
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage).

Cell- or recombinant-based vaccines are recommended to contain:

- an A/Wisconsin/588/2019 (H1N1) pdm09-like virus;
- an A/Darwin/6/2021 (H3N2)-like virus (updated);
- a B/Austria/1359417/2021-like virus (B/Victoria lineage) (updated);
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage).

Seasonal flu vaccination data for Wisconsin based on information from the Wisconsin Immunization Registry (WIR) are available on the <u>DHS Influenza</u> <u>Vaccine Data Dashboard webpage</u>.

These data are updated on a weekly basis during the influenza season.



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Understanding the Data

Surveillance Report Description

INFLUENZA-LIKE ILLNESS (ILI)	Patients who present to a clinician with a fever \geq 100° F and either a cough or sore throat.
INFLUENZA-LIKE ILLNESS ACTIVITY (ILI)	Using baseline (expected values data used for comparison) and threshold (upper limit) ILI percentages in each of the <u>public health regions in</u> <u>Wisconsin</u> , ILI below baseline is considered low activity , ILI between baseline and threshold levels is considered moderate activity and above threshold is considered high activity . ¹
PREDOMINANT VIRUS OF THE WEEK	This data is compiled from over 40 laboratories in Wisconsin that perform rt-PCR testing, and shows the viruses that have the highest percentage of positive tests. ²
INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY	Deaths among children <18 years old, with influenza as the cause or associated cause of death. This is a state and nationally reportable condition. ²
RESPIRATORY VIRUSES BY PCR	A molecular laboratory method used to detect nucleic acid (DNA/RNA) in viruses, including influenza and RSV.
RAPID ANTIGEN TEST	Identification of an influenza or RSV antigen in a clinical specimen. Data resulting from these tests is used to identify regional trends of the activity of these viruses.
INFLUENZA-ASSOCIATED HOSPITALIZATIONS	Patients hospitalized for >24 hours with laboratory-identified (by rapid antigen or rt-PCR tests) influenza. ³

ADDITIONAL RESOURCES

- <u>The CDC Influenza Homepage</u>
- <u>The National Enteric and Respiratory Virus Surveillance System (NREVSS)</u>

DATA SOURCES

- 1. Centers for Disease Control and Prevention (CDC), Outpatient Influenza-like Illness Surveillance Network (ILINet)
- 2. Wisconsin Laboratory Information Network
- 3. Wisconsin Electronic Disease Surveillance System (WEDSS)

