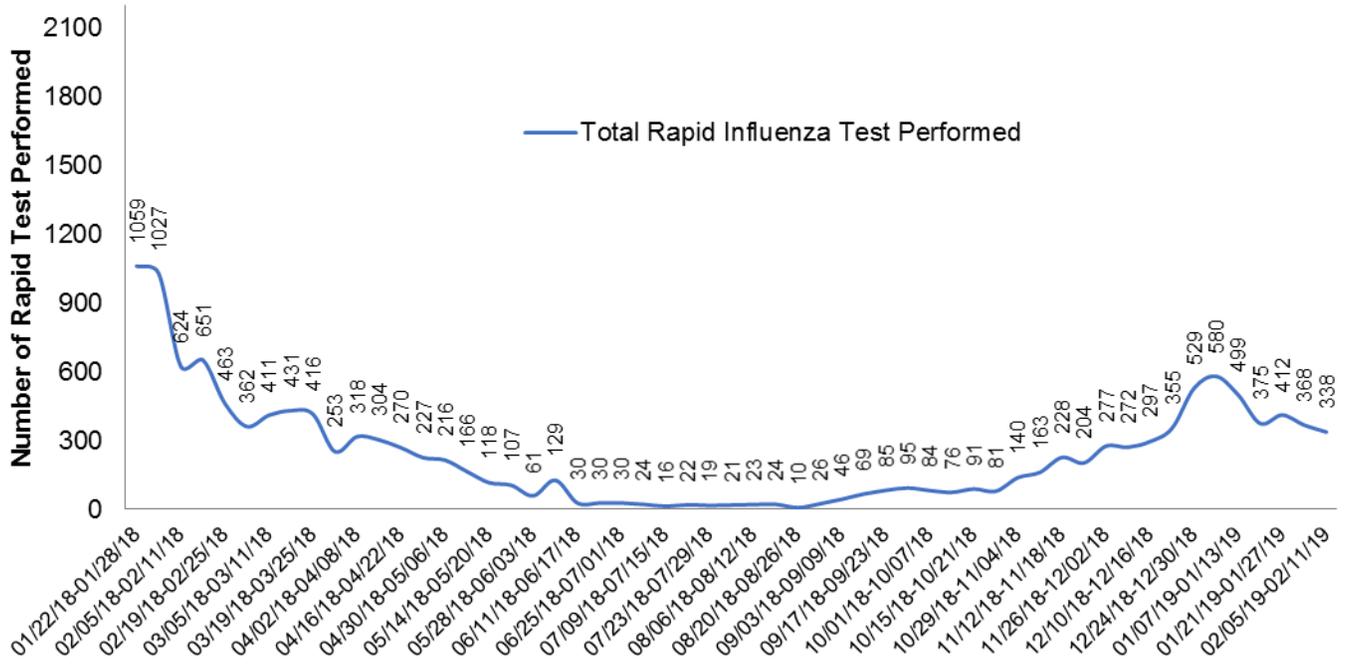
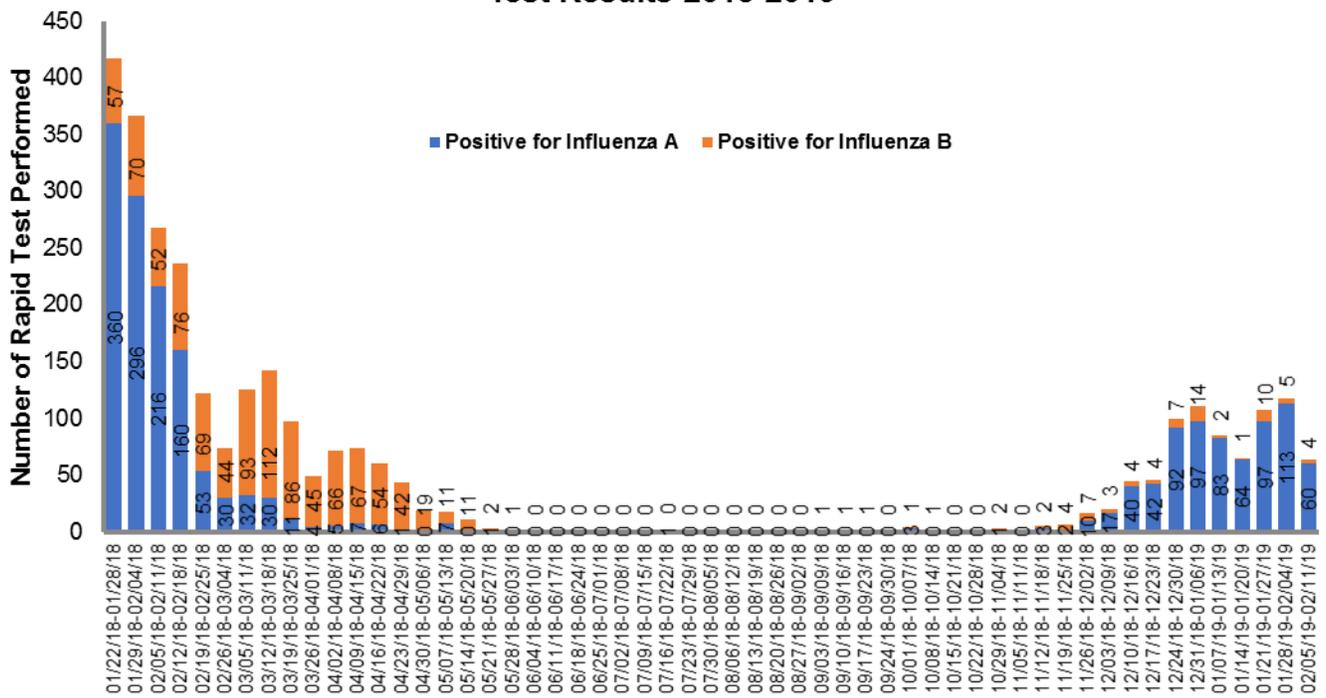


# 2018-2019 Will County Influenza Like Illness (ILI) Activity Report (Hospitals & Urgent Care Center Visits Surveillance), For Week Ending 2/11/2019

## Weekly Influenza Like Illness (ILI Visits) Activity in Will County Hospitals, 2018-2019



## Antigenic Characteristics of Rapid Influenza Test Results 2018-2019



## 2018-2019 Will County Influenza Like Illness (ILI) Activity Report (Hospitals & Urgent Care Center Visits Surveillance), For Week Ending 2/11/2019

**Synopsis:** Influenza activity continues to increase in the United States. Influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B viruses continue to co-circulate. Below is a summary of the key influenza indicators for the week ending February 9, 2019:

**Viral Surveillance:** The percentage of respiratory specimens testing positive for influenza viruses in clinical laboratories increased. Influenza A(H1N1)pdm09 viruses have predominated in most areas of the country, however influenza A(H3) viruses have predominated in the southeastern United States (HHS Region 4). In the most recent three weeks, influenza A(H1N1)pdm09 and influenza A(H3) viruses were reported in approximately equal numbers in HHS Regions 6 and 7.

- **Virus Characterization:** The majority of influenza viruses characterized antigenically are similar to the cell-grown reference viruses representing the 2018–2019 Northern Hemisphere influenza vaccine viruses.
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- **Antiviral Resistance:** The vast majority of influenza viruses tested (>99%) show susceptibility to oseltamivir and peramivir. All influenza viruses tested showed susceptibility to zanamivir.
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**Influenza-like Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) increased to 4.8%, which is above the national baseline of 2.2%. All 10 regions reported ILI at or above their region-specific baseline level.

**ILI State Activity Indicator Map:** New York City and 26 states experienced high ILI activity; the District of Columbia, Puerto Rico and eight states experienced moderate ILI activity; 11 states experienced low ILI activity; and the U.S. Virgin Islands and five states experienced minimal ILI activity.

**Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and 48 states was reported as widespread; one state reported regional activity; the District of Columbia and one state reported local activity; the U.S. Virgin Islands reported sporadic activity; and Guam did not report.

**Influenza-associated Hospitalizations** A cumulative rate of 23.8 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported. The highest hospitalization rate is among adults 65 years and older (64.1 hospitalizations per 100,000 population).

**Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

**Influenza-associated Pediatric Deaths:** Six influenza-associated pediatric deaths were reported to CDC during week 6.