IHS Influenza Update
April 11th, 2016
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Objectives

• Describe current influenza-like-illness trends in the U.S. and in IHS

• Report influenza vaccine coverage levels by IHS region
U.S. Influenza Activity

• Although flu activity has decreased, it remains elevated in the U.S.
• Later influenza season than most previous seasons
• While influenza season may have peaked, viruses continue to circulate
• Predominantly H1N1 strains circulating
• Across the U.S., 40 influenza-associated pediatric deaths reported thus far during the 2015-2016 season
• The highest hospitalization rates are among people 65 years and older followed by adults 50-64 years and children < than 5 years
Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2015-2016 and Selected Previous Seasons
A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending April 02, 2016 - Week 13

This map indicates geographic spread and does not measure the severity of influenza activity.
Pneumonia and Influenza Mortality
for 122 U.S. Cities
Week Ending April 2, 2016

% of All Deaths Due to P&I

Epidemic Threshold
Seasonal Baseline

MMWR Week

IHS Influenza Awareness System Summary as of 4/2/2016

• Influenza-like-illness activity in IHS is declining
  – Below the national baseline overall
  – Elevated activity in the Bemidji and Great Plains regions

• ~392,000 doses of influenza vaccine have been administered in IHS

• Overall flu vaccine coverage is 35.4%
IHS ILI Activity as of 4/2/2016

% of outpatient visits for influenza-like-illness (ILI)
Influenza Vaccine Coverage as of 4/2/2016

- Adults (18+ years)
- All (6 months +)
- Children (6 months-17 years)
Influenza Vaccine Coverage by IHS Area as of 4/2/2016
Summary

• Influenza activity is decreasing, though virus continues to circulate

• CDC continues to recommend influenza vaccination as long as there is still circulating virus

• Ensure rapid treatment with antivirals for severely ill and high-risk patients suspected of having influenza even without laboratory confirmation