I. Influenza-like Illness (ILI) Weekly Summary

- Influenza activity is currently increasing. This risk assessment is based on:
  - The proportion of emergency department visits for ILI was 2.06%, above the regional baseline of 1.02%, and has been increasing for three weeks.
  - The proportion of outpatient provider visits for ILI was 1.54%, above the regional baseline of 0.84%, and has been increasing for three weeks.
  - The proportion of deaths associated with pneumonia or influenza was 5.37%, below the epidemic threshold of 7.19%.

- One hundred and thirty-four (7.42%) lab specimens tested positive for influenza: 20 influenza A H3N2, 75 influenza A unknown subtype, and 37 influenza B.

- Four influenza-associated intensive care unit (ICU) hospitalizations were reported during Week 52. Nineteen ICU hospitalizations have been reported since Week 35 (8/28/16).

- Since Week 35, suburban Cook County has had 0 influenza-associated pediatric deaths, 0 clusters of ILI in schools, and 5 outbreaks of influenza in long-term care facilities.

- Current recommendations for flu prevention and control are to promote influenza vaccination and respiratory hygiene. Offer masks to symptomatic individuals with cough.

Note: Surveillance for ILI in suburban Cook County involves the weekly collection of data from hospitals, physicians’ offices, and laboratories. Thank you to all of our surveillance partners for their help in collecting this information.

II. Influenza Activity Level / Disease Burden

**Emergency Department Syndromic Surveillance**

In Week 52, the proportion of ED visits for ILI was significantly higher among [Southwest District](#) residents, compared to residents of the [North, West, or South Districts](#). The proportion of ED visits for flu among Southwest residents was 3.5%.
From Week 51 to Week 52, the number of patients with influenza-like illness reported by sentinel providers increased 50%. The largest increase was seen among patients 65 years and older.
III. Circulating Strains

III. Circulating Strains

IV. Seasonal Severity

ICU Hospitalizations

<table>
<thead>
<tr>
<th>Hospitalized Case Counts</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>19</td>
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<tr>
<td>Incidence by Age</td>
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</tr>
<tr>
<td>0-4</td>
<td>0</td>
</tr>
<tr>
<td>5-24</td>
<td>1</td>
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<td>25-49</td>
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<tr>
<td>65+</td>
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Incidence by Region

<table>
<thead>
<tr>
<th>Incidence by Region</th>
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</thead>
<tbody>
<tr>
<td>North</td>
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<tr>
<td>West</td>
<td>3</td>
</tr>
<tr>
<td>Southwest</td>
<td>1</td>
</tr>
<tr>
<td>South</td>
<td>8</td>
</tr>
</tbody>
</table>

Week Number

Week Number

Week Number

Week Number

Week Number

Week Number

Week Number
As of Week 52, the Chicago Department of Public Health reports influenza activity in Chicago is increasing.
VI. United States Flu Activity


1. Data extracted from syndromic surveillance system, ESSENCE; 45 hospital emergency departments (EDs) participate in ESSENCE. Influenza-like-illness (ILI) defined as a symptom complex of fever and cough or sore throat. ILI = # of ED visits for ILI / total # of ED visits.

2. Data extracted from the U.S. Influenza-like Illness Surveillance Network (ILINet); 6 hospitals and 2 physician offices serve as CDC sentinel sites in Cook County. ILI defined as fever ≥ 100°F, cough and/or sore throat in the absence of a known cause other than influenza. ILI = # of visits for ILI / total # of visits.

3. Includes viral culture, RT-PCR, and the rapid antigen test. Cases may reside outside suburban Cook County. Participating laboratories: Illinois Department of Public Health Sentinel Laboratories, NorthShore University Health System, Loyola University Medical Center, and ACL Laboratories.

4. Includes only suburban Cook County residents (excludes Evanston, Skokie, Oak Park, and Stickney) with known age and residence. Includes all cases reported through the presented week.

5. Includes all deaths where the immediate cause of death or a contributing factor was pneumonia and/or influenza (aspiration pneumonia excluded). Data includes all of Cook County. The 3-week running median is displayed. The percentage of deaths due to P&I are compared with a seasonal baseline and epidemic threshold value calculated for each week. Seasonal baseline is calculated using a periodic regression model that incorporates a CDC based robust regression procedure applied to data from the previous four years. An increase of 1.645 standard deviations above the seasonal baseline of P&I deaths is considered the “epidemic threshold,” i.e., the point at which the observed proportion of deaths attributed to pneumonia or influenza was significantly higher than would be expected at that time of the year in the absence of substantial influenza-related mortality. http://www.cdc.gov/flu/weekly/overview.htm#Mortality

6. Map produced using the proportion of outpatient visits to health care providers for ILI reported through ILINet. Activity levels are compared to the average percent of ILI visits that occur during weeks with little or no influenza virus circulation. http://www.cdc.gov/flu/weekly/index.htm

§Influenza surveillance data are typically aggregated by week. Most years have 52 weeks; however some have 53 weeks. 2014 was a 53-week year. Graphing these years in comparison to 52-week years can be challenging. Because the last week of the calendar year is epidemiologically important for influenza transmission due to holiday family gatherings and school closures, we have graphed these weeks together. In all graphs with 2014-2015 influenza activity represented, Week 53 data appears in the Week 52 column. Consequently, all other data points prior to Week 53 have been moved forward one week, i.e., Week 52 becomes Week 51, Week 51 becomes Week 50, and so on until Week 36 becomes Week 35. This methodology has been adapted from the California Influenza Surveillance Project.