Influenza & Respiratory Illness Activity Annual Summary 2023-2024

A summary of influenza surveillance indicators prepared by the Division of Infectious Disease Epidemiology Prevention & Control.

Summary of the 2023 - 2024 Influenza Season.

Minnesota Influenza Key StaticsHospitalizations4,375Most common strainInfluenza A/H1N1 (2009)School outbreaks137Long-term care outbreaks1100Pediatric influenza-associated deaths5

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Minnesota Influenza Surveillance (www.health.state.mn.us/diseases/flu/stats/)

Centers for Disease Control and Prevention (CDC: FluView (www.cdc.gov/fluview/)

World Health Organization (WHO) Global Influenza Programme (https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring)

Neighboring states' influenza information:

Iowa: Iowa Influenza Surveillance (https://hhs.iowa.gov/health-prevention/providers-professionals/iowa-influenza-surveillance)

Wisconsin: Influenza (Flu) (https://dhs.wisconsin.gov/influenza/index.htm)

North Dakota: Reported Seasonal Influenza Activity in North Dakota (www.ndflu.com/default.aspx)

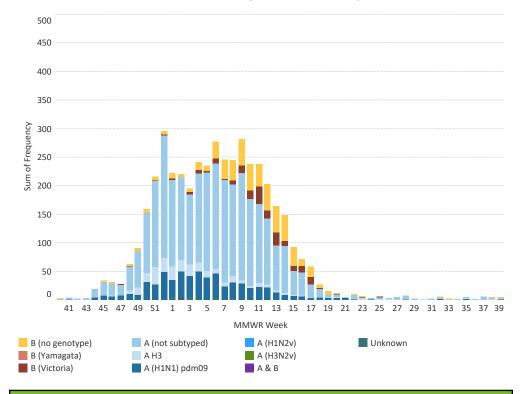
South Dakota: South Dakota Influenza Dashboard (https://doh.sd.gov/health-data-reports/data-dashboards/influenza-dashboard/)



Hospitalized Influenza Surveillance

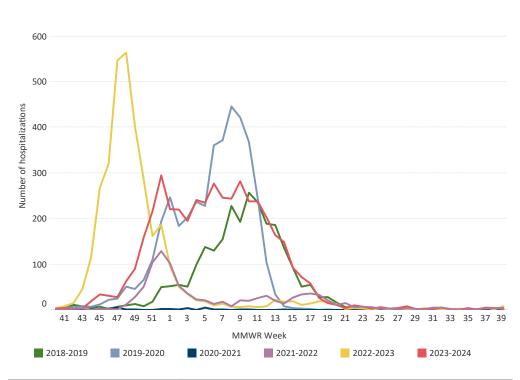
Hospitalized influenza cases are based on disease reports of laboratory-positive influenza (via DFA, IFA, viral culture, EIA, rapid test, paired serological tests or RT-PCR) and specimens from hospitalized patients with acute respiratory illness submitted to MDH-PHL by hospitals and laboratories. Due to the need to confirm reports and reporting delays, consider current week data preliminary.

Hospitalized Influenza Cases by Type, Minnesota (FluSurv-NET*)



Total hospitalizations 4,375

Hospitalized Influenza Cases by Season, Minnesota (FluSurv-NET*)

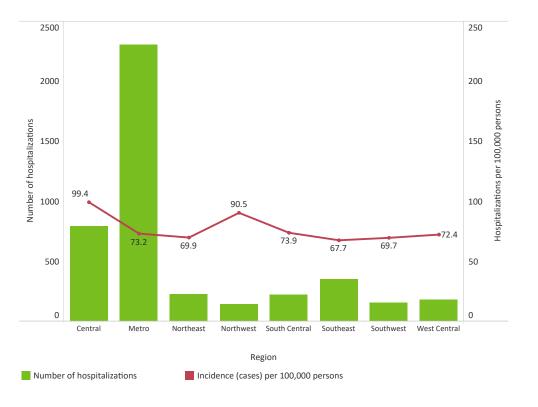


Season	Total hospitalizations (historic)
2018-2019	2,543
2019-2020	4,022
2020-2021	35
2021-2022	905
2022-2023	3,338
2023-2024 (to date)	4,375

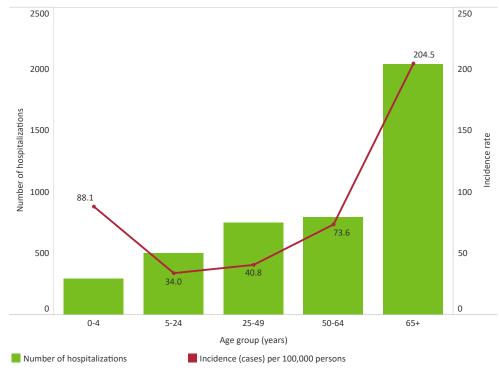
^{*}FluSurv-NET = Influenza Surveillance Network

Hospitalized Influenza Surveillance (continued)

Number of Influenza Hospitalizations and Incidence by Region, Minnesota



Number of Influenza Hospitalizations and Incidence by Age, Minnesota



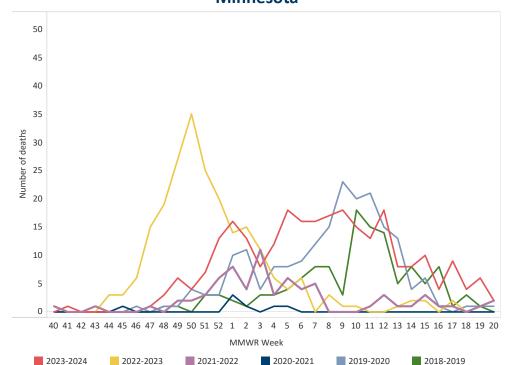
Region	Total	% Hospitaliations Total
Central	793	18%
Metro	2306	53%
Northeast	228	5%
Northwest	143	3%
South Central	220	5%
Southeast	352	8%
Southwest	152	3%
West Central	181	4%

Median age (years) at time of admission
63

Influenza-Associated Death Surveillance

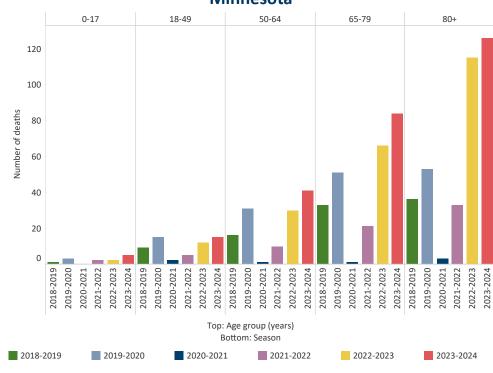
Influenza deaths are collected via reports from Minnesota's death certificate database, hospitals, and long-term care facilities. Decedents with influenza listed as a cause of or contributor to death, have recent laboratory confirmation of influenza, or are part of an ongoing influenza outbreak at a long-term care facility are reported to influenza surveillance. Due to the need to confirm reports and reporting delays, consider current week data preliminary.

Deaths Associated with Influenza by Season, Minnesota



Season	Total deaths	Total pediatric (<18 years) deaths
2018-2019	126	1
2019-2020	197	3
2020-2021	7	0
2021-2022	71	2
2022-2023	224	2
2023-2024 (to date)	271	5

Deaths Associated with Influenza by Age Group and Season, Minnesota

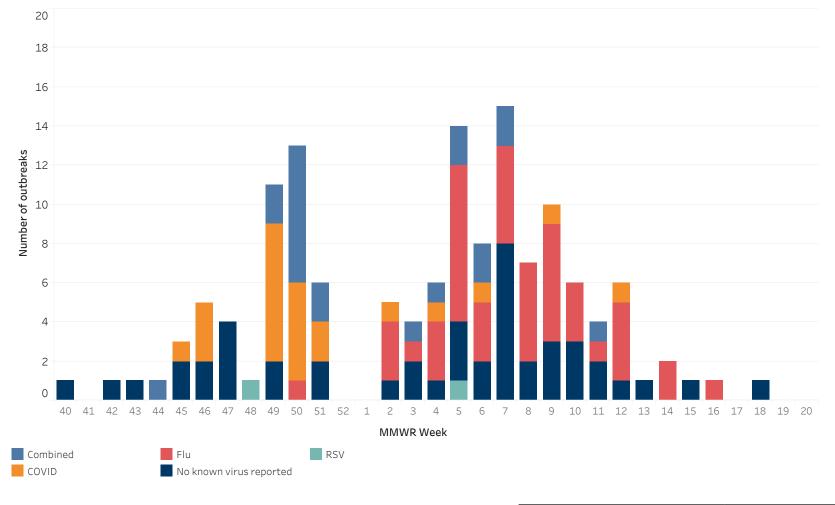


Season	Median age (years) at time of death
2018-2019	75
2019-2020	73
2020-2021	76
2021-2022	77
2022-2023	80
2023-2024 (to date)	78

Respiratory Disease Outbreak Surveillance: School Outbreaks

K-12 schools report an outbreak of influenza-like illness (ILI) when the number of students absent with ILI reaches 5% of total enrollment or three or more students with ILI are absent from the same elementary classroom.



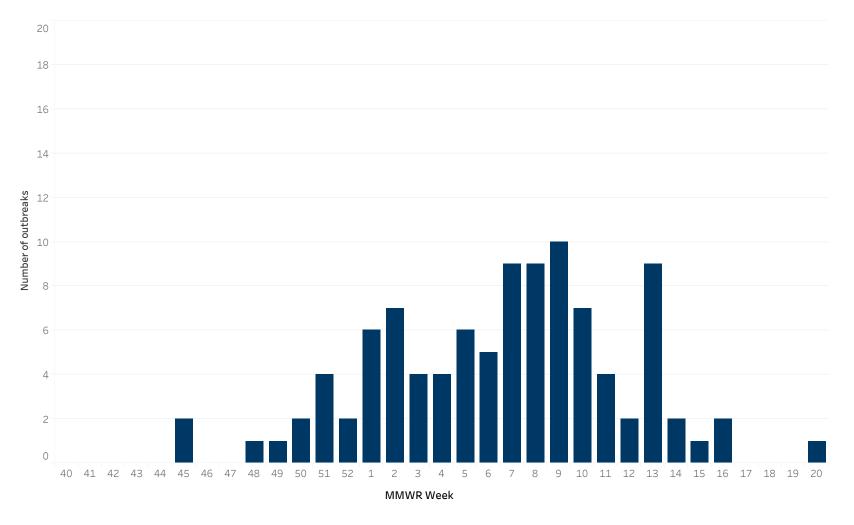


School outbreaks this season	School outbreaks last season
137	1,021

Respiratory Disease Outbreak Surveillance: LTC Outbreaks

Long-Term Care (LTC) facilities report to MDH when they suspect an outbreak of influenza in their facility. Laboratory-confirmed outbreaks are reported here.

Confirmed Influenza Outbreaks in LTC by Week

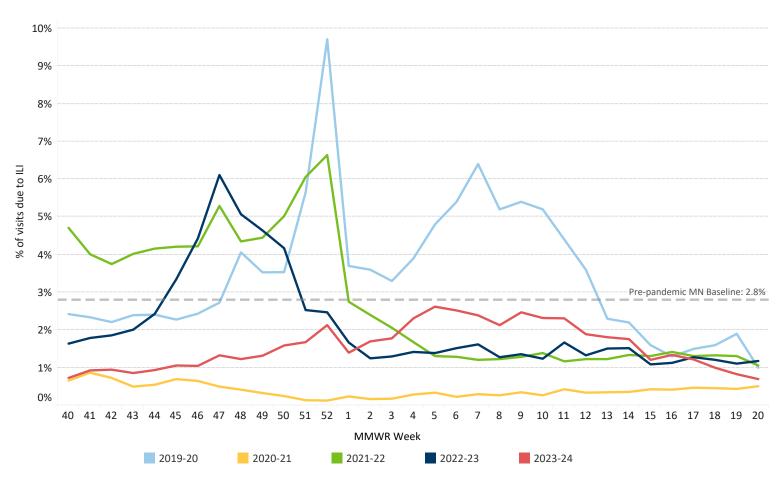


LTC outbreaks this season	LTC outbreaks last season
101	107

Sentinel Provider Surveillance (Outpatients)

MDH collaborates with healthcare providers who report the total number of patients seen and the total number of those patients presenting to outpatient clinics with influenza-like illness.

Percentage of Persons Presenting to Outpatient Clinics with Influenza-Like Illness (ILI)



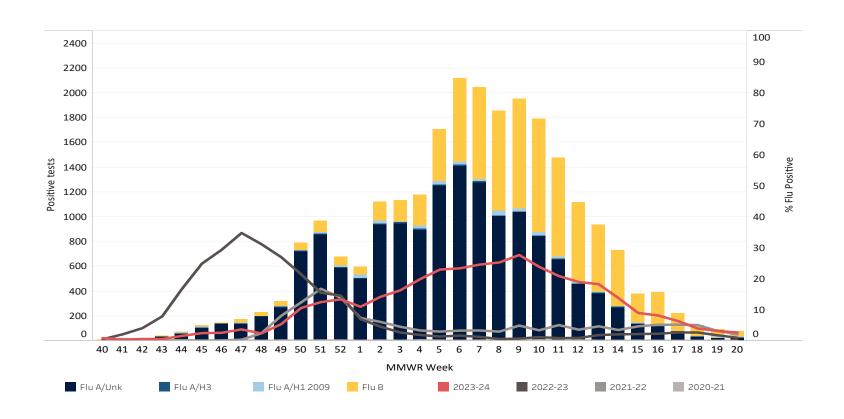
^{*} Indicates current week-data may be delayed by 1 or more weeks

[‡] MN Baseline valid for 2020-21 season only, do not compare it with previous seasons. The baseline is calculated by averaging the ILI percent for non-influenza weeks over the previous four seasons and adding two standard deviations. Non-influenza weeks account for less than 2% of the season's total flu-positive specimens tested at Public Health Labs in HHS Region 5. Weeks where ILI % is above baseline reflect weeks with excess health care visits due to ILI.

Laboratory Surveillance

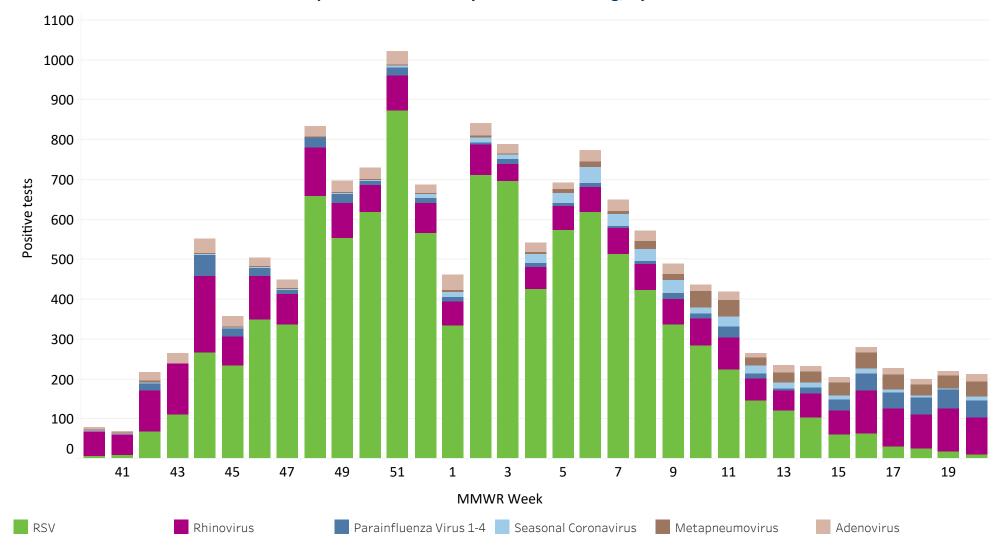
The MN Lab System (MLS) Laboratory Influenza Surveillance Program is made up of more than 310 clinic- and hospital-based laboratories, voluntarily submitting testing data weekly. These laboratories perform rapid testing for influenza and Respiratory Syncytial Virus (RSV). Significantly fewer labs perform PCR testing for influenza and three also perform PCR testing for other respiratory viruses. MDH-PHL provides further characterization of submitted influenza isolates to determine the hemagglutinin serotype to indicate vaccine coverage. Tracking the laboratory results assists healthcare providers with patient diagnosis of influenza-like illness and provides an indicator of the progression of the influenza season as well as prevalence of disease in the community.

Specimens Positive for Influenza by Molecular Testing, by Week



Laboratory Surveillance (continued)

MLS Laboratories – Other Virus Testing
Specimens Positive by Molecular Testing, by Week

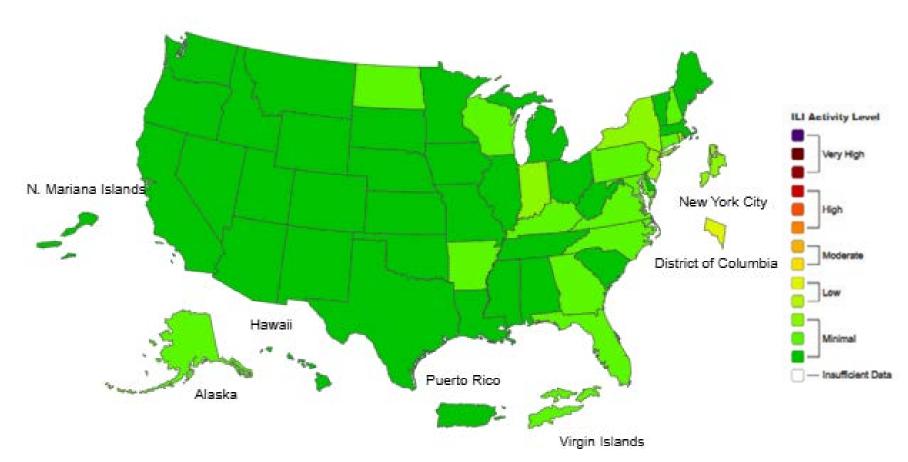


Weekly U.S. Influenza Surveillance Report

2023-24 Influenza Season Week 39 ending September 28, 2024

- Flu activity is unusually low at this time.
- An annual flu vaccine is the best way to protect against flu and its potentially serious complications.
- There are also flu antiviral drugs that can be used to treat flu illness.

Outpatient Illness: ILINet Activity Map



CDC: FluView (www.cdc.gov/fluview/index.html)