14 November 2013

Wisconsin:
Wisconsin has extremely low influenza activity at present. 1% of the 485 influenza specimens tested by PCR the week ending November 2 in Wisconsin were positive. All of the cases were influenza A.

The prevalence of influenza-like illness [fever of 100°F or higher and either cough or sore throat] in Wisconsin's primary care patients is estimated to be 1.1% and is at baseline.

11.8% of last week’s primary care patients had all-cause respiratory infections. The prevalence of acute diarrheal illness (ADI) in Wisconsin’s primary care patients is at 1.5%

Primary Care Snapshot:
The most commonly identified viral causes of Acute Respiratory infections (ARI) in Wisconsin is Rhinovirus with Parainfluenza in close second. Over the past 4 weeks the typical ARI case presenting for primary care has been 33.5 years old and 58% of patients have been female. 53% of patients identified a sick contact 1-to-3 days before illness onset and typically present to the clinic 3.5 days after illness onset. 25% of illnesses are characterized as mild, with 66% having moderate symptoms and 9% having severe symptoms.

The typical symptoms include:
cough - 87%
nasal congestion - 64%
malaise - 64%
sore throat - 58%
nasal discharge - 53%
fever - 53%
headache - 49%
and myalgia - 43%

CLINICAL NOTES:

Prophylaxis
There appears to be an excellent match between the current influenza vaccine and circulating strains
- Influenza vaccine is recommended universally
  everyone over the age of 6 months, including pregnant women
- Pneumococcal vaccine is indicated for smokers,
  people with asthma and other chronic lung conditions
  as well as a number of other chronic conditions

Diagnosis
- influenza infections are at extremely low levels at this time
- PPV of rapid antigen tests at this time is very low
- NPV of rapid antigen tests at this time is high

Treatment
Antivirals need to be started with 48 hours of symptom onset to be effective against influenza
Antivirals started after 48 hours may be effective for hospitalized patients with confirmed influenza

Resistance Patterns: emerging oseltamivir resistance in influenza A(H1N1)
- 2/37 (5.7%) of tested influenza A(H1N1) isolates were resistant to oseltamivir
- on resistance to zanamivir has been noted
- all tested recent influenza A(H3N2) and B isolates have been sensitive to oseltamivir and zanamivir
- high levels of adamantaine resistance exist in influenza A isolates from around the world

Other
- Rhinoviruses predominate Wisconsin isolates from patients with respiratory infection
- Parainfluenza viruses activity is increasing
- human metapneumovirus is co-circulating at low levels in Wisconsin
Across the U.S.:
201 (4.9%) respiratory specimens during week 44 (October 27 – November 2, 2013) were positive for influenza.

For the 2012-2013 season to date (last week):
- 87.6% (83.1%) of subtyped isolates have been type A
  76.8% (69.4%) of all sub-typed A viruses have been 2009 H1N1
  23.2% (30.6%) of A viruses have been H3N2
- 13.0% (16.9%) of isolates have been type B.

- 5.3% of deaths during week 44 (October 27 – November 2, 2013) were due to pneumonia or influenza [below the seasonally-adjusted epidemic threshold of 6.3%]

- No pediatric deaths have been reported this season.

Global News [from the WHO]:

Avian Influenza (H5N1):
Since the beginning of 2013, there have been 31 laboratory-confirmed cases and 20 deaths of Avian influenza (A-H5N1) with the bulk of cases in Egypt, Indonesia and Viet Nam. Since 2003, there have been 641 laboratory-confirmed cases of Avian influenza (A-H5N1). There have been 380 associated deaths (case fatality rate= 59.3%).

Other Observations:

November 14 Phenology: Today’s photoperiod is 9 hours and 45 minutes, and daylength is decreasing by 2 minutes and 13 seconds per day.

In Memory: A mentor, partner and friend of many us passed away this weekend. Dr. Gene Farley, 86, one of the founders of the concept of family medicine, a champion for the cause of universal health care and the creator of the Farley Center for Peace, Justice and Sustainability in Verona, died Friday at Meriter Hospital. Gene was an emeritus professor at the University of Wisconsin School of Medicine and served as chair of the Department of Family Medicine from 1982 until 1992. “Gene is a hero in family medicine,” said Cindy Haq, UW professor of family medicine and population health sciences. “Our whole specialty of family medicine is in debt to Gene.

11-11-13 Veterans Day: Veterans Day is an annual United States holiday honoring military veterans. It is celebrated as Armistice Day or Remembrance Day in other parts of the world on November 11, the anniversary of the signing of the Armistice that ended World War I. Major hostilities of World War I formally ceased at the 11th hour of the 11th day of the 11th month of 1918 with the German signing of the Armistice.

"In Flanders Fields" was written on May 3, 1915, during the First World War, by Canadian physician and Lieutenant Colonel John McCrae. Dr. McCrae fell ill with pneumonia on January 13, 1918, possible related to the influenza pandemic, and died January 28, 1918.

In Flanders fields the poppies blow
Between the crosses, row on row,
That mark our place; and in the sky
The larks, still bravely singing, fly
Scarce heard amid the guns below.

We are the Dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved and were loved, and now we lie
In Flanders fields.

Take up our quarrel with the foe:
To you from failing hands we throw
The torch; be yours to hold it high.
If ye break faith with us who die
We shall not sleep, though poppies grow
In Flanders fields.