

SEASONAL DIFFERENCES IN MICHIGAN INFLUENZA HOSPITALIZATIONS

SUSAN PETERS, DVM, MPH
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MICHIGAN COMMUNICABLE DISEASE CONFERENCE

BACKGROUND: INFLUENZA

- Type A - pandemics
- Type B
- Droplet spread: Person-to-person or contaminated environments
- Infectious period: 1 day prior to onset to 5 days after onset
 - Children / immunocompromised: much longer
- Incubation period: 1 to 4 days
- Clinical symptoms are non-specific("influenza-like illness")
 - Fever >100.4°F
 - Cough/sore throat/upper respiratory symptoms
 - Muscle aches, fatigue
- Control measures: cough / hand hygiene, vaccine, antivirals

U.S. INFLUENZA SURVEILLANCE GOALS

- Find out when and where influenza activity is occurring
- Track influenza-related illness
- Determine what influenza viruses are circulating
- Detect changes in influenza viruses
- **Measure the impact influenza is having on hospitalizations and deaths in the United States**
 - Estimated 100,000–300,000 hospitalizations are attributable to influenza annually*
 - Estimated MI burden: 3200-9600 annually

*Zhou H, Thompson WW, Viboud CG, et al. Hospitalizations associated with influenza and respiratory syncytial virus in the United States, 1993-2008. Clin Infect Dis 2012; 54(10):1427-36.

U.S. INFLUENZA SURVEILLANCE CATEGORIES

- Virologic
 - Antiviral resistance testing and antigenic characterization
 - MDCH Bureau of Laboratories
 - Sentinel Laboratory Network
- Outpatient Illness
 - CDC ILINet
 - MDSS individual and aggregate reports
 - Syndromic data
 - Facility outbreaks
- Mortality
 - Pediatric influenza deaths
 - 122 Cities Mortality System
- Hospitalizations
- Geographic Spread



MI HOSPITALIZATION SURVEILLANCE

- Influenza hospitalizations are not reportable as in some states
- Individual hospitalizations voluntarily entered into MDSS
 - Option available since 2007
 - Required during 2009 pandemic
- Influenza Sentinel Hospital Network (ISHN)
 - Started in 2011-12 season in response to pandemic
 - 12-14 hospitals in all 4 surveillance regions participate
 - Report number of hospitalizations in 5 age groups and total number of admissions weekly
- Influenza Hospitalization Surveillance Project (IHSP)

INFLUENZA HOSPITALIZATION SURVEILLANCE PROJECT (IHSP)

- Part of larger FluSurv-NET surveillance project
- 70 counties in 10 EIP states and 3 additional states
- Represent 9% of U.S. population (~28 million)



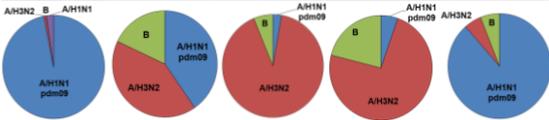
INFLUENZA HOSPITALIZATION SURVEILLANCE PROJECT (IHSP)

- EIP surveillance began in 2004 (children) and 2006 (adults)
- IHSP sites (including MI) added in 2009
 - Started with Clinton, Eaton and Ingham counties
 - Genesee added in 2012-13
 - 9% of MI population (~889,826)
- Cases
 - Population-based (can calculate rates)
 - Laboratory-confirmed
 - October 1 – April 30
 - Community-acquired or healthcare facility-associated
 - Chart reviews conducted – clinical and epidemiologic info
 - Influenza vaccination information obtained

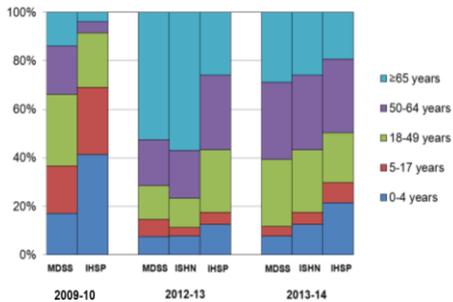
SETTING THE STAGE

- 4 seasonal influenza strains have circulated since 2009: A/H1N1pdm09, A/H3N2, and 2 B lineages

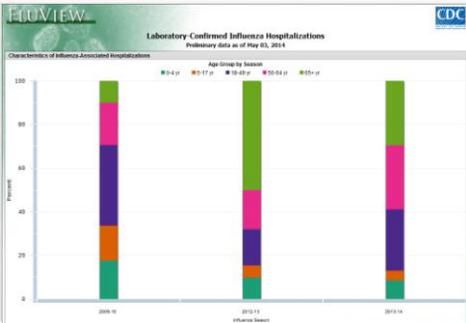
2009-10	2010-11	2011-12	2012-13	2013-14
Severe	Moderate	Mild	Moderately severe	Moderate
Late Oct.	Late Feb.	Mid-Mar.	Early Jan.	Early Jan.



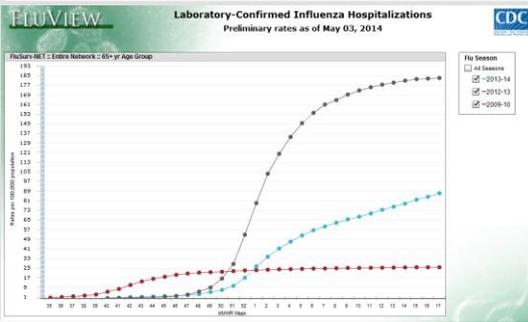
AGE DISTRIBUTION - MICHIGAN



AGE DISTRIBUTION - NATIONAL



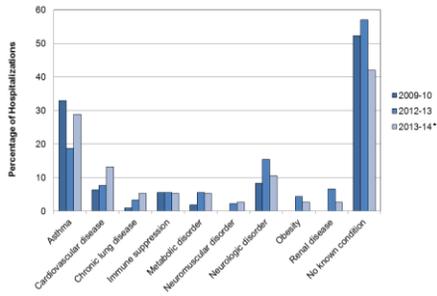
AGE DISTRIBUTION - NATIONAL



AGE DISTRIBUTION - CONCLUSIONS

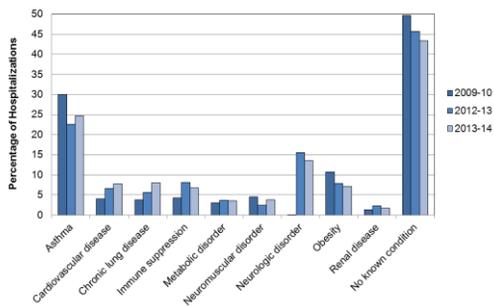
- 2009-10: In an A/H1N1pdm09 year, burden of disease fell on young (children and adults)
- 2012-13: In an A/H3 year, burden fell on elderly
- 2013-14: An A/H1N1pdm09 year, but some changes from 2009-10
 - Still affecting young adults
 - Decrease in pediatric cases
 - Increase in elderly cases
- With the exception of some variation during 2009-10, in general different Michigan surveillance systems showed a similar age distribution for influenza hospitalizations
- Michigan age distribution is similar to national

UNDERLYING MEDICAL CONDITIONS - CHILDREN, MI IHSP

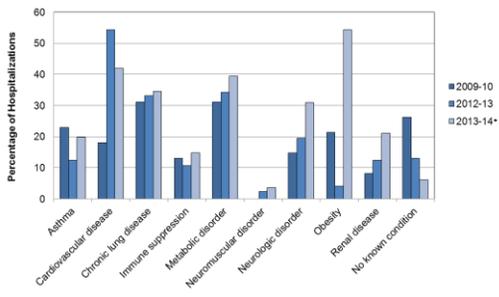


*50% of cases have been reviewed

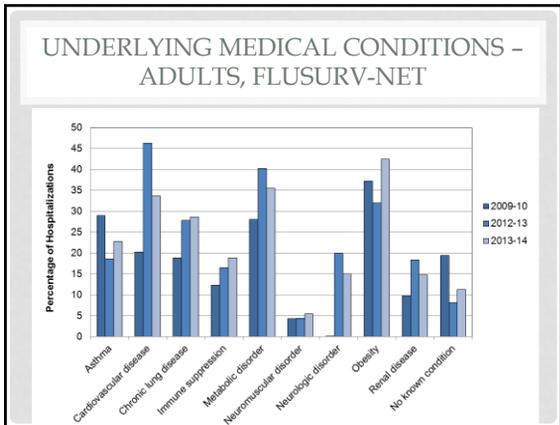
UNDERLYING MEDICAL CONDITIONS - CHILDREN, FLUSURV-NET



UNDERLYING MEDICAL CONDITIONS - ADULTS, MI IHSP



*50% of cases have been reviewed



UNDERLYING MEDICAL CONDITIONS - CONCLUSIONS (1)

- In general, the proportion of MI cases with various underlying medical conditions is similar to national data
- Regardless of the season:
 - Higher proportion of children are previously healthy
 - Most common medical conditions:
 - Children: asthma
 - Adults: cardiovascular, metabolic, obesity
 - Areas of difference (MI compared to national):
 - Less asthma in adults
 - Slightly increased cardiovascular disease in adults
 - Increased chronic lung disease in adults

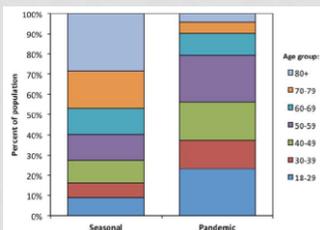
UNDERLYING MEDICAL CONDITIONS - CONCLUSIONS (2)

- Interseasonal differences:
 - Children
 - Higher proportion with asthma in 2009-10 and 2013-14 (A/H1N1pdm09) – both MI and national
 - Higher proportion previously healthy category in 2012-13 (A/H3N2)
 - Seen in MI but not in national data (more in 2009-10)
 - Adults
 - Higher proportion with asthma in 2009-10 and 2013-14 (A/H1N1pdm09) – both MI and national
 - Higher proportion with cardiovascular disease in 2012-13 (A/H3N2) – both MI and national
 - Higher proportion previously healthy in 2009-10 (A/H1N1pdm09) – both MI and national
- Obesity – some inconsistencies in how this data was collected between seasons and IHSP vs. EIP sites

PRE-PANDEMIC COMPARISON - AGE DISTRIBUTION

• Reed, C. et al. Complications among adults hospitalized with influenza: a comparison of seasonal influenza and the 2009 H1N1 pandemic. Clin Infect Dis. 2014 Apr 29. [Epub ahead of print]

- FluSurv-NET data
- Seasonal influenza cases from 2005 – early 2009
- Adults hospitalized with H1N1pdm09 were younger (median age 47 years) than those with seasonal influenza (median: 68 years, $p < 0.01$)



PRE-PANDEMIC COMPARISON - UNDERLYING MEDICAL CONDITIONS

- Reed et al. study:
- Types of underlying medical conditions reported varied between the two groups
- H1N1pdm09 patients were more likely to have diseases associated with young age:
 - Asthma
 - Current pregnancy
- H1N1pdm09 patients substantially less likely to have diseases associated with older age:
 - COPD or other chronic lung diseases
 - Cardiovascular disease
 - Chronic metabolic diseases

PRE-PANDEMIC COMPARISON - OUTCOMES

- Reed et al. study:
- Similar risk for many influenza-associated complications
- When controlled for age and type of medical condition, H1N1pdm09 adult hospitalizations more likely to have:
 - Lower respiratory tract complications
 - Shock/sepsis
 - Organ failure
 - ICU admission
 - Mechanical ventilation
 - Death
- Young adults had 2-4 times the risk of severe outcomes from H1N1pdm09 compared to seasonal influenza outcomes

WHAT FACTORS ARE AT PLAY?

- Vaccine
 - Uptake
 - Match to circulating viruses
- Virus characteristics
 - Amount of circulation
 - Specific characteristics
 - Predilection of A/H1N1pdm09 to cause lower respiratory disease
→ more of an effect on asthmatics?
- Population characteristics
 - Strain-specific preexisting immunity
 - Proportion with various medical conditions → Is increase in cardiovascular disease in 2012-13 reflective of elderly population?
- Interaction between all of these factors is unknown and just starting to be explored

CONCLUSIONS

- Influenza hospitalizations in MI affect different age populations depending on the predominant influenza strain
 - In general, A/H3N2 tends to affect more elderly and A/H1N1pdm09 affects more younger children and adults
- Similar age distributions are seen both within the 3 MI surveillance systems and between MI and national data
- In general, the proportion of MI cases with various underlying medical conditions is similar to national data
 - Higher proportion of all ages with asthma in A/H1N1pdm09 seasons
 - Higher cardiovascular disease in adults during A/H3N2 season
 - Higher proportion previously healthy adults in 2009-10 (A/H1N1pdm09)
 - These trends may be correlated to age groups affected
