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## News Release

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### **Health Department Officially Ends Flu Season Surveillance Today**

(Salt Lake City, UT) – Today marks the “official” end of flu season in Utah. The Utah Department of Health (UDOH) tracks Influenza (flu) cases throughout the state from October through April each year. During the 2000-2001 flu season there were 129 laboratory-confirmed flu cases reported in Utah. But since most patients with flu don’t get tested, this number is only an indicator representing the thousands of Utahns who likely contracted the flu this year.

Utah’s 2000-2001 flu season began with the first case on October 16 amid information about the flu vaccine shipment delay. The UDOH issued statewide, voluntary recommendations that the limited doses of the vaccine be reserved for the elderly and those who suffered from chronic conditions. After the UDOH was confident that high-risk populations had the opportunity to get the vaccine, the vaccine was made available to the general public on November 30. By the end of December vaccine supplies were more than adequate to handle the rest of the population but the demand fell off significantly due to the holiday season. By the week of January 27, Utah was experiencing its peak number of cases, as was the nation. Utah’s last case was reported on April 13 but sporadic cases may still occur.

UDOH epidemiologists conducted a surveillance system where 13 participating physician practices reported 3,892 cases of “influenza-like-illnesses.” The UDOH sets up these sentinel sites for tracking suspected cases since most physicians generally don’t test for flu. The sentinel sites help the UDOH measure trends and identify the season peak. Laboratory testing of some of the cases is necessary to determine the strain that is circulating in the community. With the introduction and popularity of anti-viral medications, it is likely that many doctors did not test but still prescribed anti-viral medication for quick symptom relief.

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Ninety-one of the 129 reported cases were Influenza Type B which is generally a milder flu where adults are less likely to seek medical help to treat the symptoms. Eighty-five of the reported cases were in children (0-18 years of age); of those, 31 had underlying medical conditions. Because flu season occurs at the same time as another childhood disease called Respiratory Syncytial Virus (RSV), children are tested more often.

The UDOH began a new surveillance relationship this season with the University of Utah's Department of Family and Preventive Medicine. The U of U provided physicians with testing supplies and a lab courier service. Master's program students conducted a portion of the surveillance calls. The more aggressive surveillance and testing could account for this flu season having the highest number of lab-confirmed cases recorded in the last 10 years in Utah.

Laboratory-confirmed flu cases were reported in 11 of 12 health districts in Utah with the higher numbers in more populated counties. Salt Lake County had 92 cases and Summit, Tooele and Wasatch counties each had one case. Washington County did not report any cases. Two child deaths (both children who had other serious health conditions) and 65 known flu-related hospitalizations were reported.

The UDOH is monitoring flu vaccine supplies for the next flu season and will have more information about next year's outlook as the 2001-2002 flu season approaches. In the meantime, the UDOH will be encouraging all Utahns age 50 and above to consider getting the vaccine this fall if quantities allow. Because the flu season peak is usually near the end of January into early February, the UDOH has encouraged the Salt Lake Organizing Committee and public agencies involved with the 2002 Winter Olympic Games to plan on vaccinating staff and volunteers so there is no absenteeism disruption to games. In some years work and school absenteeism runs as high as 25-30 percent during the peak of the flu season.

UDOH officials would like to thank Utahns who waited to get their vaccine until health officials were confident that those who needed it most were covered. The UDOH would also like to thank businesses, employers and health care providers who adjusted their schedules of mass vaccination clinics until more vaccine supply arrived.

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