



Week 5: January 31-February 6, 2010



Summary

The Florida Department of Health (FDOH) monitors multiple surveillance systems such as the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), the Florida Pneumonia and Influenza Mortality Surveillance System (FPIMSS), notifiable disease reports (Merlin), EpiCom, and Florida ILINet in order to track influenza activity in the state.

National:

- Influenza activity continued to decline in the United States during week 4. No states report widespread activity, while the highest proportion of states (including Florida) report sporadic activity.

State:

- The fall wave of H1N1 appears to be over in Florida, as evidenced by influenza activity falling to levels normally seen this time of year in most of our monitoring systems. Flu continues to circulate, and we have seen slight increases in some of our surveillance systems consistent with previous winter influenza seasons. For the first time since week 1, a county has reported localized influenza activity. We will continue to monitor for a resurgence of influenza activity.
- Virtually all infection seen throughout the western hemisphere and most of the rest of the world is 2009 H1N1. Neither a different influenza virus nor any other viruses that can cause influenza-like illness have started causing significant illness in Florida. RSV, a virus that affects infants and toddlers, is active throughout the state, as it usually is at this time of year.

Weekly state influenza activity: Sporadic

This week Florida reported Sporadic influenza activity to the CDC for the sixth week in a row. Multiple indicators of influenza activity in Florida continue to show low levels of influenza activity. There were no outbreaks in week 5, and no counties reported widespread activity.

TABLE 1: Summary of Florida Influenza-Like Illness (ILI) Activity for Week 5

Measure	Difference from previous week	Current week 5	Previous week 4	Page of Report
Overall statewide activity code reported to CDC	No change	Sporadic	Sporadic	1
Percent of visits to ILINet providers for ILI	▲ 0.3	1.5%	1.3%	2
Percent of emergency department visits (from ESSENCE) due to ILI	▲ 0.3	2.3%	2.0%	4
Percent of hospital admissions (from ESSENCE) due to ILI	▲ 0.2	4.4%	4.2%	4
Percent of laboratory specimens that were positive for influenza	▼ 3.7	21.9%	25.6%	6
Percent of positive influenza specimens that were identified as 2009 H1N1	▼ 12.4	78.6%	91.0%	6
Number of counties reporting localized influenza activity	▲ 1	1	0	7
Number of counties reporting widespread influenza activity	No Change	0	0	7
Number of counties reporting increasing influenza activity	▲ 1	5	4	8
Number of counties reporting decreasing influenza activity	▲ 2	25	23	8
Number of recent hospitalizations in confirmed 2009 H1N1 influenza cases	▲ 1	7	6	13
Number of recent deaths in confirmed 2009 H1N1 influenza cases	▲ 3	3	0	12
Number of ILI outbreaks reported in Epi Com	No Change	0	0	14

Produced on:
February 10, 2010

Posted on the Bureau of Epidemiology website: http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/Reports/reports.htm

Produced by: Bureau of Epidemiology, Florida Department of Health (FDOH)

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Weekly state influenza activity:
Sporadic

In this Issue:

Summary	1
Outpatient Influenza-like Illness Surveillance Network (ILINet)-Statewide	2
Outpatient Influenza-like Illness Surveillance Network (ILINet)-Regional	3
ESSENCE Syndromic Surveillance Summary-Statewide	4
ESSENCE Syndromic Surveillance Summary-Regional	5
Florida Bureau of Laboratories Viral Surveillance	6
County Influenza Activity	7
New County Influenza Activity	8
Florida Pneumonia and Influenza Mortality Surveillance (FPIMSS)	10
Summary of Notifiable Disease Reports and Outbreaks	11
Notifiable Disease Reports: Influenza-Associated Pediatric Mortality	11
Notifiable Disease Reports-Novels H1N1-Deaths	12
Notifiable Disease Reports-Novels H1N1-Hospitalizations	13
Reports of Influenza or Influenza-like Illness (ILI) Outbreaks	14

FIGURE 1: Percent Visits for ILI to ILINet Sites, Percent of Counties with Localized or Widespread Activity, and Percent of Specimens Tested by Florida Bureau of Laboratories Positive for Influenza, 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39), and 2009-2010 (Week 40-5)

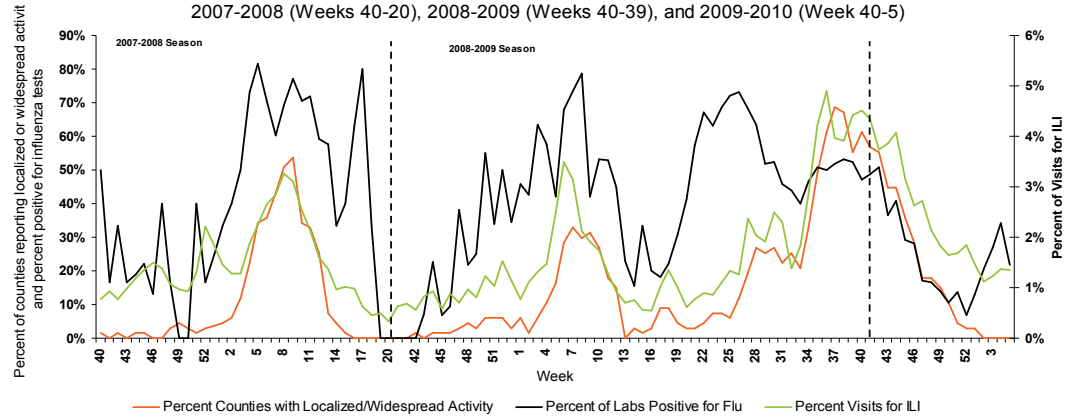


FIGURE 1 shows the progression of the 2007-2008, 2008-2009, and 2009-2010 Florida influenza seasons as monitored by three surveillance systems: ILINet, Bureau of Laboratories viral surveillance, and county activity levels.

[Return to Top](#)

ILINET Influenza-like Illness-Statewide

FIGURE 2: Percentage of Visits for Influenza-Like Illness* Reported by ILINet Sentinel Providers Statewide, 2006-2007, 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39), and 2009-2010 (Weeks 40-5) as Reported by 5:35 p.m. February 9, 2010

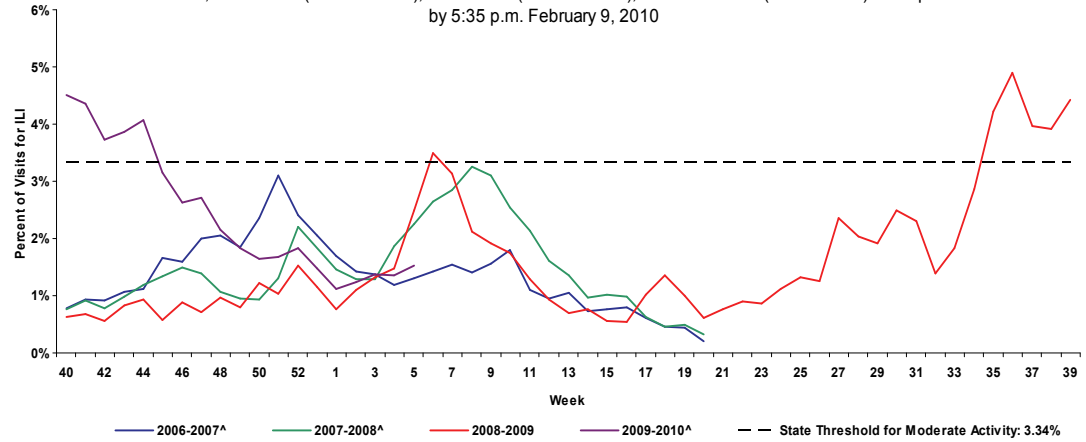


FIGURE 2 shows the percentage of visits for influenza-like illness* reported by ILINet Sentinel Providers statewide.

Week 5 is the 12th week in a row that Florida has been below the threshold for moderate activity. Influenza activity is similar to previous influenza seasons at this time.

*ILI = Influenza-like illness, fever >100°F AND sore throat and/or cough *in the absence* of another known cause.
 **The 2009—2010 threshold for moderate activity is calculated from ILINet data. The threshold for moderate activity is the mean percentage of patient visits for ILI during influenza weeks for the previous three seasons plus two standard deviations. Only weeks with 10% or greater of laboratory specimens testing positive are included in the calculation. Due to wide variability in regional level data, it is not appropriate to apply the state baseline to regional data.

FIGURE 3: Influenza-like Illness (ILI) Visit Counts Reported by ILINet Sentinel Providers Statewide by Age Group Week 40, 2008-Week 5, 2010 as Reported to ILINet by 5:35 p.m. February 9, 2010

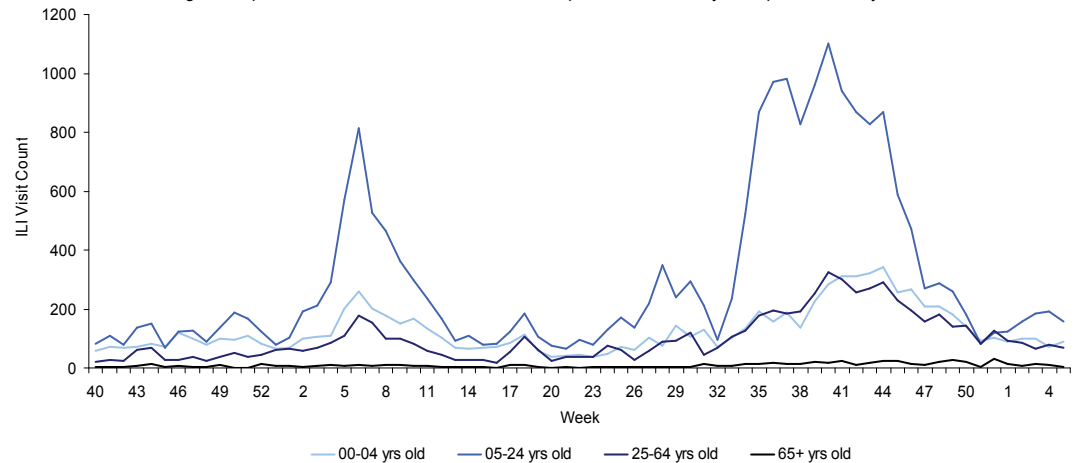


FIGURE 3 shows influenza-like illness (ILI) visit counts reported by ILINet sentinel providers statewide by age group.

*ILI = Influenza-like illness, fever >100°F AND sore throat and/or cough *in the absence* of another known cause.
 †Data presented here are counts, not proportions as included in Figure 2. This is because age group denominator data is not available through ILINet.

[Return to Top](#)

MAP 1: RDSTF Regions for ILINet Data

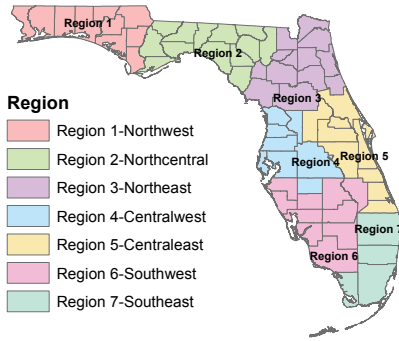


TABLE 2: ILINet Providers and Percent of Visits for ILI by Region, Week 5, as Reported by by 5:35 p.m. February 9, 2010

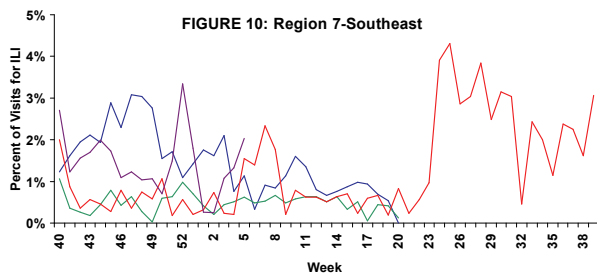
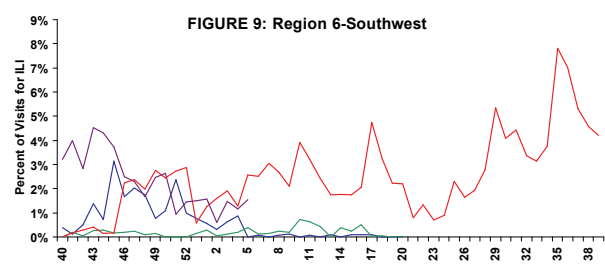
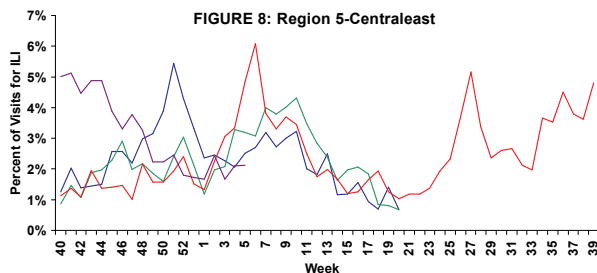
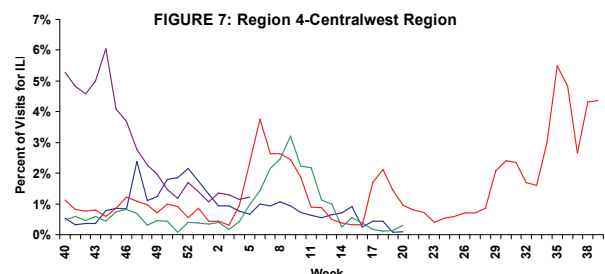
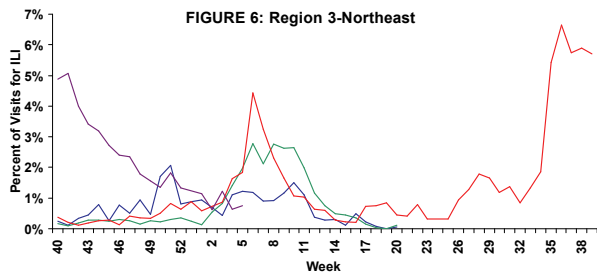
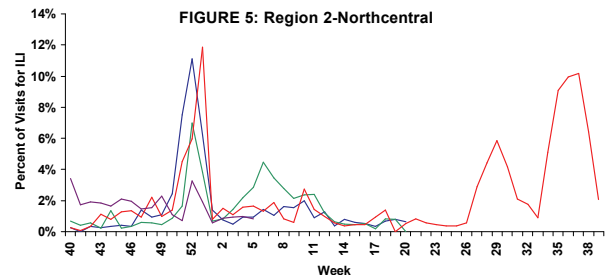
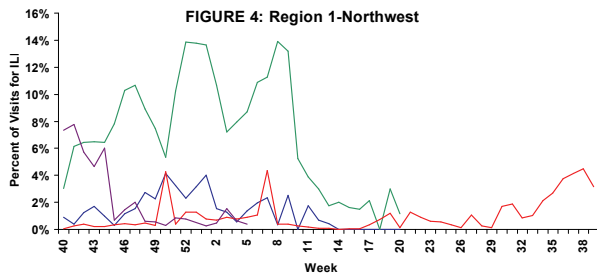
	Number of Participating	Providers that Reported	Percent Visits for ILI	
Region 1-Northwest	19	7	36.84%	0.39%
Region 2-Northcentral	5	2	40.00%	0.84%
Region 3-Northeast	23	12	52.17%	0.75%
Region 4-Centralwest	39	18	46.15%	1.23%
Region 5-Centraleast	50	33	66.00%	2.12%
Region 6-Southwest	20	4	20.00%	1.56%
Region 7-Southeast	25	10	40.00%	2.03%
Total	181	86	47.51%	1.53%

TABLE 2 shows the ILI activity by Regional Domestic Security Task Force (RDSTF) as reported by Florida ILINet physicians for week 5 (ending February 6, 2010).

FIGURE 4 - FIGURE 10 include ILI activity as reported by sentinel physicians for the 2006-2007, 2007-2008, 2008-2009, and 2009-2010 seasons.

This week all 7 regions are reporting the percentage of visits due to ILI that is similar to what has been seen in previous years. Please refer to table above for the number of providers reporting for each region. Data should be interpreted with caution due to the low number of providers reporting in some regions. Numbers will change as more data are received.

Percentage of Visits for Influenza-Like Illness Reported by ILINet Sentinel Providers by RDSTF Region, 2006-07 (Weeks 40-20), 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39), and 2009-10 (Weeks 40-5) as Reported by by 5:35 p.m. February 9, 2010.



Graph Legend

- 2006-2007*
- 2007-2008*
- 2008-2009
- 2009-2010*

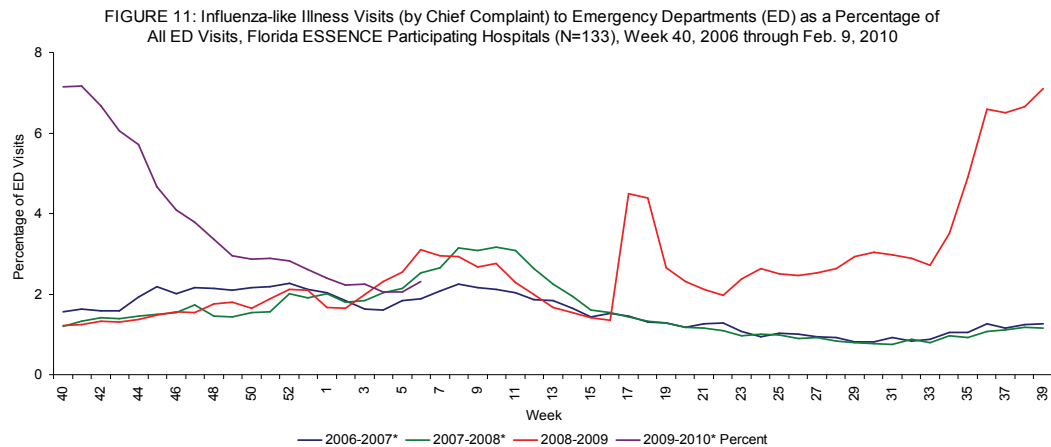
*There is no week 53 during the 2006-07, 2007-08, and 2009-10 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

Florida uses the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) for syndromic surveillance, which currently collects data daily from 133 hospital emergency departments (ED). These data are processed into 11 different syndrome categories based on the patient's chief complaint. One of the categories is influenza-like illness (ILI), which is composed of chief complaints that include the words "influenza" or "flu," or either fever and cough or sore throat. Thirty facilities participating in ESSENCE have been able to provide historical admissions data and are included here.

FIGURE 11 shows ESSENCE data on ILI visits to Emergency Departments as a percentage of all ED Visits.

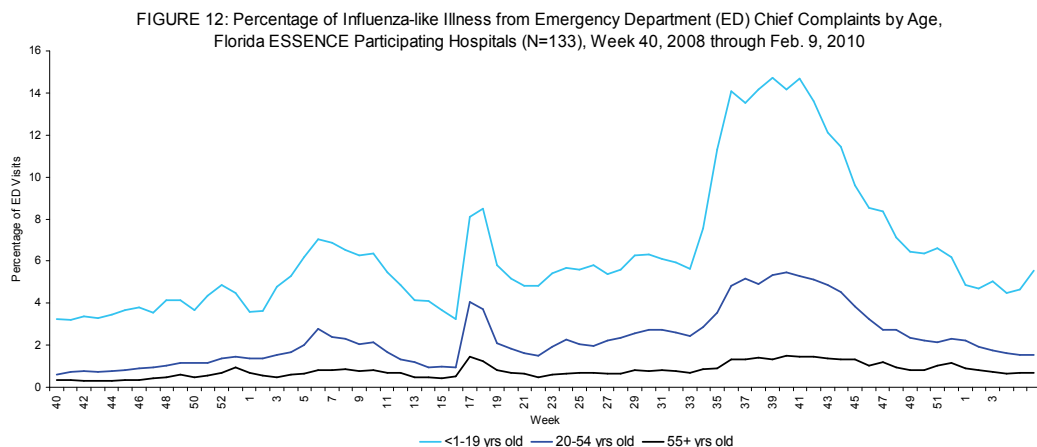
Overall activity for influenza-like illness reported in ESSENCE is near expected levels for this time of year.

The majority of the increase in ED visits is occurring in younger age groups. In the last 12-13 weeks the percent of ED visits has either stabilized or has declined in the majority of regions and age groups. These data are based on the patient's chief complaint and may not reflect the actual diagnosis.



*There is no week 53 for the 2006-2007, 2007-2008, or 2009-2010 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

FIGURE 12 shows percentage of ILI among all ED visits by age group.



Thirty facilities participating in ESSENCE have been able to provide historical admissions data and are included here. The percentage of admissions for ILI is highest in those less than 20 years old, but the small numerators and denominators in this age group result in high variability. The percentages in the older age groups is less variable and shows a distinct increase starting around week 32. Overall, the percentage of admissions due to ILI is very low. These data are based on the patient's chief complaint when presenting to the emergency department and may not reflect the actual diagnosis.

FIGURE 13 shows hospital admissions due to ILI as a percentage of all hospital admissions.

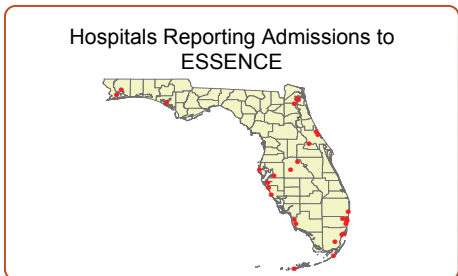


FIGURE 13: Percentage Admitted to Hospital for Influenza-Like Illness (ILI) Among All Persons Admitted in the Hospital through the ED Based on ED Chief Complaint, Hospitals Reporting Admissions Data (N=30) for Week 40, 2008 to Week 5, 2010

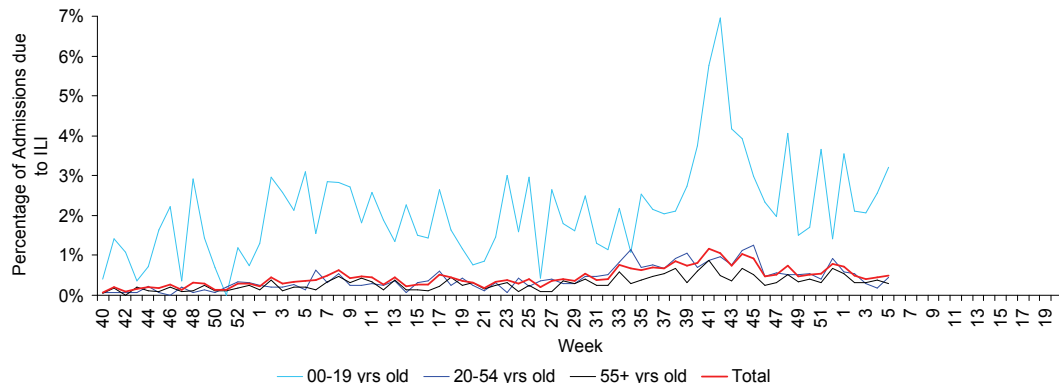


FIGURE 14 - FIGURE 19 describe emergency department chief complaint data from ESSENCE by Domestic Security Task Force Region (Region 2 does not have any participating facilities in ESSENCE and therefore is not displayed).

- All regions' percentage of ILI among emergency department (ED) visits have stabilized and are at levels similar to normal influenza seasons.
- All regions with reporting hospitals show very large increases in flu activity in the weeks coinciding with school opening (week 34).
- When novel H1N1 influenza was first identified (week 17, 2009), 5 of 7 regions showed large increases in patients presenting for care of influenza-like illness. This peak may include many "worried well," as well as those with actual respiratory illness or influenza.
- ILI activity seen after week 21 is more likely to be associated with actual 2009 H1N1 influenza infection.

MAP 2: Hospitals Reporting Emergency Department (ED) Data to Florida ESSENCE, February 9, 2010 (N=133)

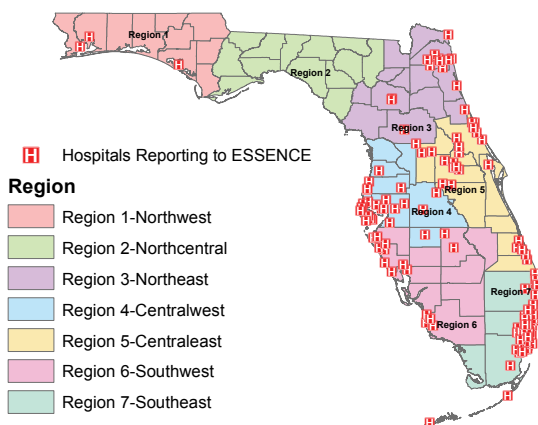


FIGURE 14: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 1 ESSENCE Participating Hospitals (N=3), Week 40, 2007 through Feb. 9, 2010

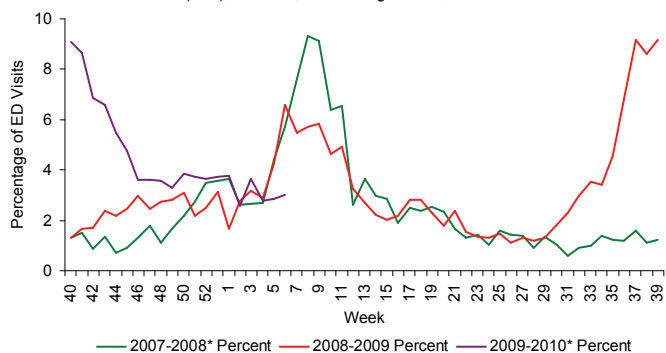


FIGURE 15: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 3 ESSENCE Participating Hospitals (N=14), Week 40, 2007 through Feb. 9, 2010

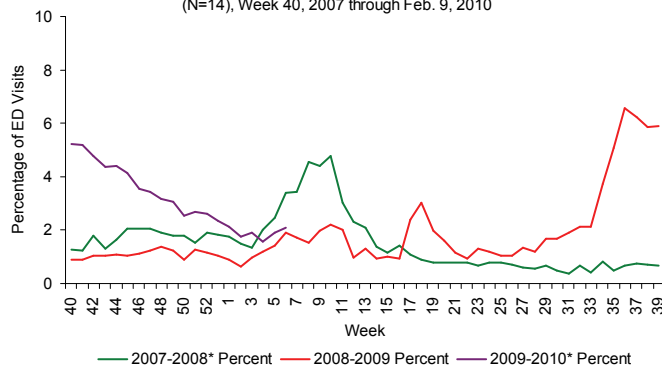


FIGURE 16: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 4 ESSENCE Participating Hospitals (N=29), Week 40, 2006 through Feb. 9, 2010

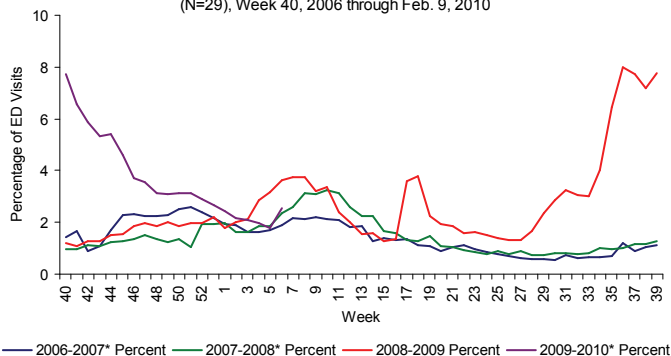


FIGURE 17: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 5 ESSENCE Participating Hospitals (N=24), Week 40, 2007 through Feb. 9, 2010

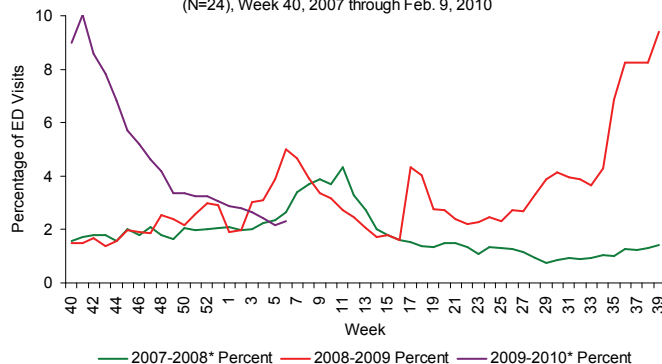


FIGURE 18: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 6 ESSENCE Participating Hospitals (N=15), Week 40, 2007 through Feb. 9, 2010

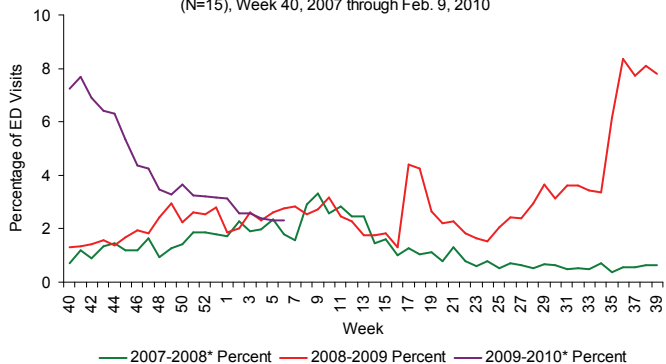
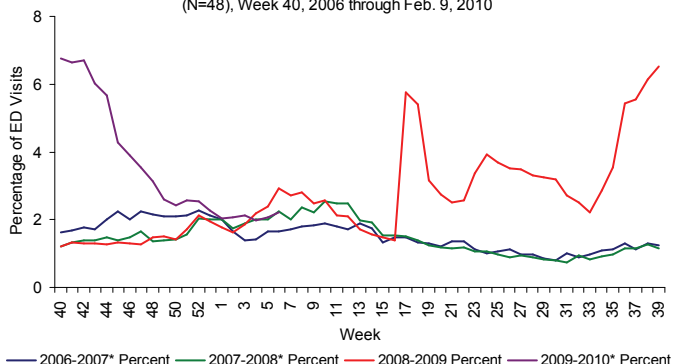


FIGURE 19: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 7 ESSENCE Participating Hospitals (N=48), Week 40, 2006 through Feb. 9, 2010



*There is no week 53 for the 2006-2007, 2007-2008, or 2009-2010 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

Table 3: Bureau of Laboratories Viral Surveillance for Week 5 by Lab Event Date* as reported by 9:00 a.m. February 9, 2010

	Current Week 5	Previous Week 4
Total Specimens Tested	64	67
Influenza Positive Specimens (% of total)	14 (21.9%)	23 (25.6%)
H1N1 Positive Specimens (% of influenza positives)	11 (78.6%)	21 (91.0%)
Influenza A Unspecified	3 (21.4%)	1 (4.5%)
Influenza B	-	1 (4.5%)

Table 3 shows the number of specimens tested by the Bureau of Laboratories (BOL), how many are influenza positive, and how many are H1N1 or other influenza subtypes.

Virtually all infections due to novel H1N1 are caused by strains that are sensitive to oseltamivir and zanamivir (Tamiflu and Relenza).

FIGURE 20 - FIGURE 22 use BOL viral surveillance data to track the progress of influenza infection over time. They include weekly information on how many specimens are tested by the BOL, what proportion of those test positive for influenza, and what subtypes are found for the positive influenza specimens

The vast majority of positive influenza specimens are H1N1, with some recent exceptions:

Three specimens have tested positive for H3 seasonal Influenza A since week 44.

- One in week 46, two in week 44
- H3 seasonal Influenza A has been seen during normal influenza season.

Five specimens have tested positive for Influenza B since week 39.

- One in week 4, two in week 44, one in week 40, one in week 39
- Influenza B, unlike influenza A, does not cause epidemics.

Laboratory information is preliminary and will change as additional results are received. Totals from previous weeks will be adjusted to reflect correct specimen numbers.

FIGURE 20: Number of Influenza-Positive Specimens Tested by the Florida Bureau of Laboratories (BOL) by Subtype by Lab Event Date* Week 40, 2008 to Week 5, 2010 as Reported in Merlin by 9:00 a.m. February 10, 2010

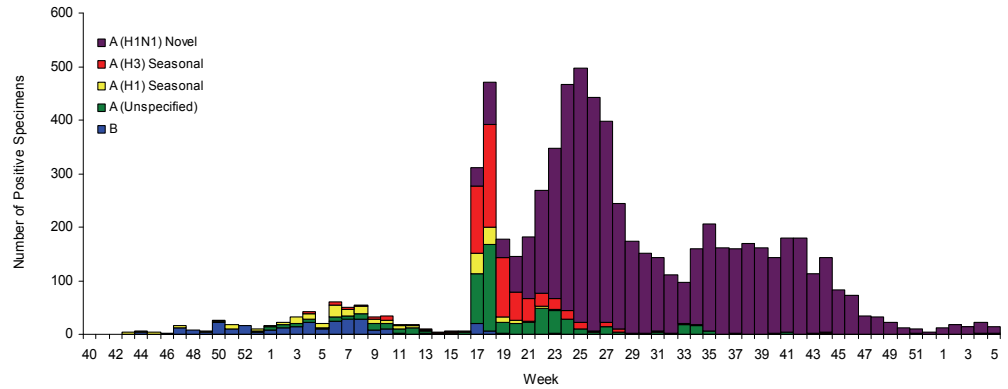


FIGURE 21: Number of Specimens Tested by Florida Bureau of Laboratories (BOL) and Percent Positive for Influenza by Lab Event Date* Week 40, 2008 to Week 5, 2010 as Reported in Merlin by 9:00 a.m. February 10, 2010

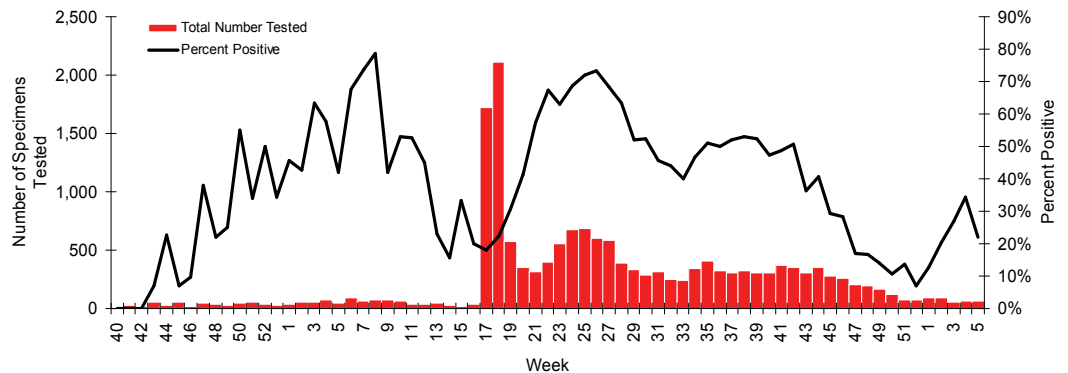
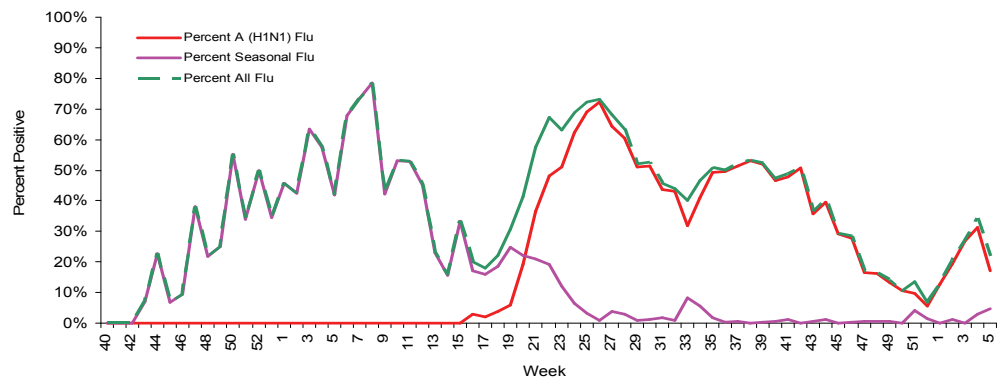


FIGURE 22: Percentage of Specimens Tested by Florida Bureau of Laboratories (BOL) Positive for Influenza by Subtype by Lab Event Date* Week 40, 2008 to Week 5, 2010 as Reported in Merlin by 9:00 a.m. February 10, 2010



*Please note that lab event date is defined as the earliest of the following dates associated with the lab: date collected, date received by the laboratory, date reported, or date inserted.

For county-specific laboratory data, please refer to the Flu Lab Report in Merlin.

For instructions on how to use the Flu Lab Report, please see the Guide to Flu Lab Report on the Bureau of Epidemiology website:

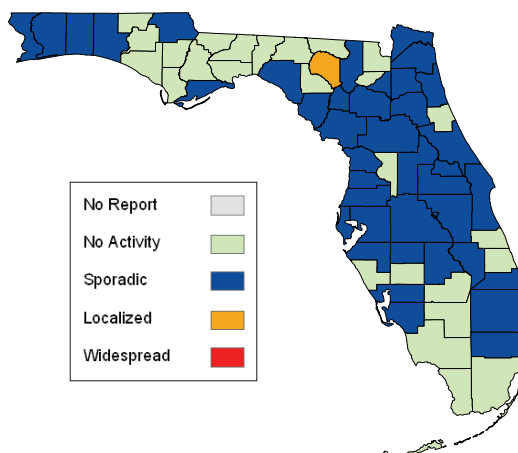
http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/FluLabReportGuide.pdf

As of 12:00 p.m. February 10, 2010 a total of 67 (100%) counties had reported their weekly level of influenza activity. This is the twelfth week in a row we have achieved 100% reporting, thanks to enhanced follow-up with counties. *Please note that data reported by counties after the deadline Tuesday at 5 p.m. are recorded but may not be included in the activity map for previous weeks.*

TABLE 4: Weekly County Influenza Activity for Week 5 (ending February 6, 2010) as Reported by 12:00 p.m. February 10, 2010

Activity Level	Week 4 Number of Counties	Week 5 Number of Counties	Week 5 Counties
No Report	0	0	-
No Activity	24	26	Baker, Bay, Calhoun, Collier, Dade, Desoto, Flagler, Gadsden, Glades, Gulf, Hamilton, Hendry, Holmes, Indian River, Jefferson, Lafayette, Leon, Liberty, Madison, Monroe, St. Lucie, Sarasota, Sumter, Union, Wakulla, Washington
Sporadic	43	40	Alachua, Bradford, Brevard, Broward, Charlotte, Citrus, Clay, Columbia, Dixie, Duval, Escambia, Franklin, Gilchrist, Hardee, Hernando, Highlands, Hillsborough, Jackson, Lake, Lee, Levy, Manatee, Marion, Martin, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, St. Johns, Santa Rosa, Seminole, Taylor, Volusia, Walton
Localized	0	1	Suwannee
Widespread	0	0	-

Map 3: Weekly County Influenza Activity for Week 5 as Reported by 12:00 p.m. February 10, 2010

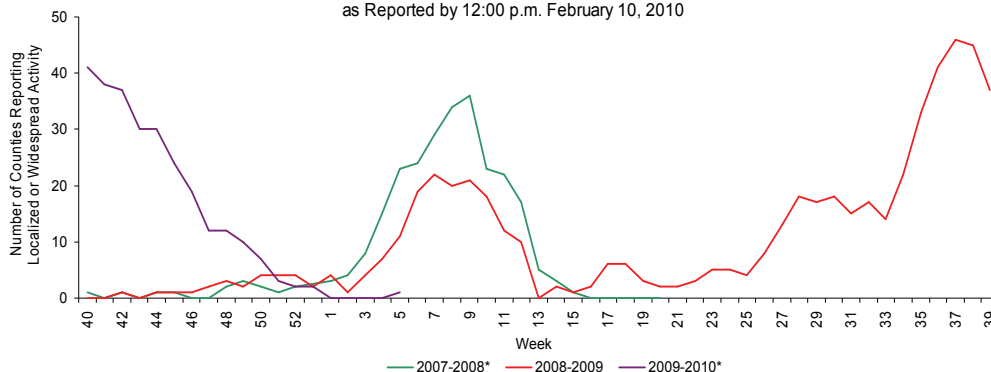


In week 5 one county reported localized activity and no counties reported widespread activity.

Activity is slightly lower what was reported last year at this time.

FIGURE 23 shows the number of counties reporting localized or widespread activity, 2007-2008, 2008-2009, and 2009-2010.

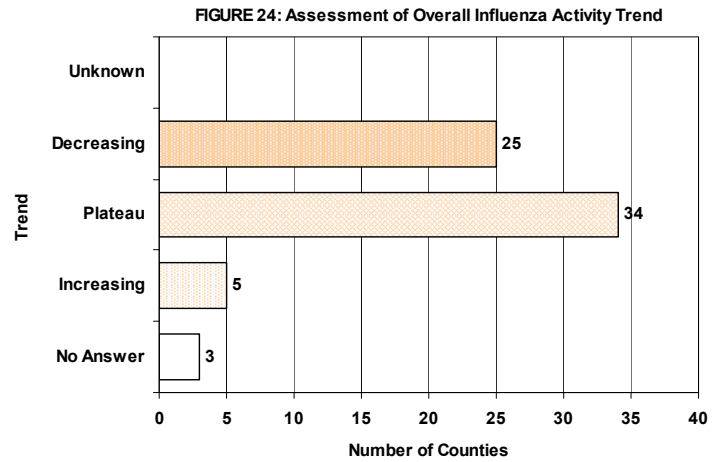
FIGURE 23: Number of Counties Reporting Localized or Widespread Activity, 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39), and 2009-2010 (Weeks 40-5) as Reported by 12:00 p.m. February 10, 2010



County flu activity level definitions are now available online at: http://www.doh.state.fl.us/disease_ctrl/epi/FluActivityDef.htm

County influenza activity data is reported to the Bureau of Epidemiology through EpiGateway on a weekly basis by the county influenza coordinator. Specific information is requested about laboratory results, outbreak reports, and surveillance system activity. Figures 24-32 displayed below reflect a county's assessment of influenza activity within their county as a whole as well as influenza activity within specific settings. For the week ending February 6, 26 counties indicated that activity was decreasing, 34 indicated it was about the same, and 6 indicated that activity was increasing.

FIGURE 24 shows the assessment of Overall Influenza Activity Trend in County as Reported by County Health Department Flu Coordinators for week 5 as of 12:00 p.m. February 10, 2010.



Definitions for the County Influenza Activity Trends are available at:
http://www.doh.state.fl.us/disease_ctrl/epi/CountyInfluenzaTrendGuide.html

Counties are asked to evaluate influenza activity in certain settings within their county. Each setting has a scale for activity that ranges from none or minimal activity to very high activity. What defines each of the values varies by facility type, but the example of the assessment in elementary, middle, and high schools is included below. More detailed information on the meanings of the levels for each setting can be found on the webpage also included below.

No or very minimal activity -- Scattered cases of ILI with no increase in absenteeism or disruption of school activities.

Moderate activity -- Absenteeism elevated above baseline (in range of 10 to 25%) in some but fewer than half of schools where it is known; occasional children sent home because of ILI.

High activity -- Absenteeism elevated above baseline (in range of 10 to 25%) in more than half of schools; most schools sending several or many children home each day because of ILI.

Very high activity -- Absenteeism high enough to force curtailment of some or all school activities.

County influenza settings assessment guides are available at:
http://www.doh.state.fl.us/disease_ctrl/epi/FluAssessment.htm

FIGURE 25 - FIGURE 26 show the activity levels in various facilities by county as reported by county health department flu coordinators for week 5 as of 12:00 p.m. February 10, 2010.

FIGURE 25: Assessment of Influenza Activity in Elementary, Middle, and High Schools

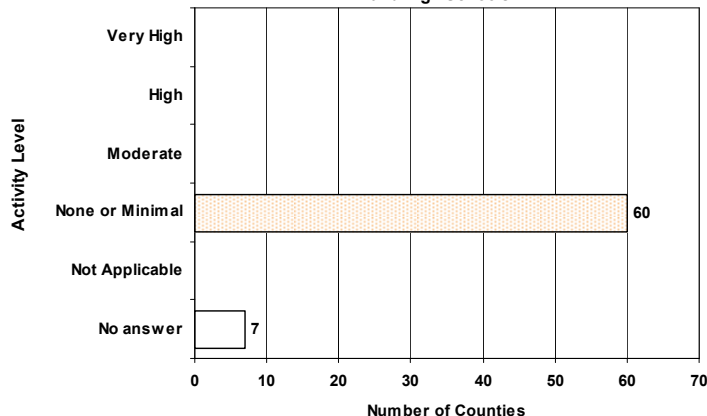


FIGURE 26: Assessment of Influenza Activity in Colleges and Universities

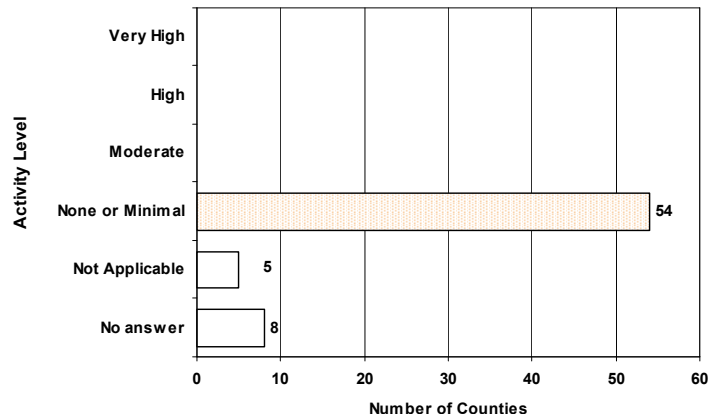
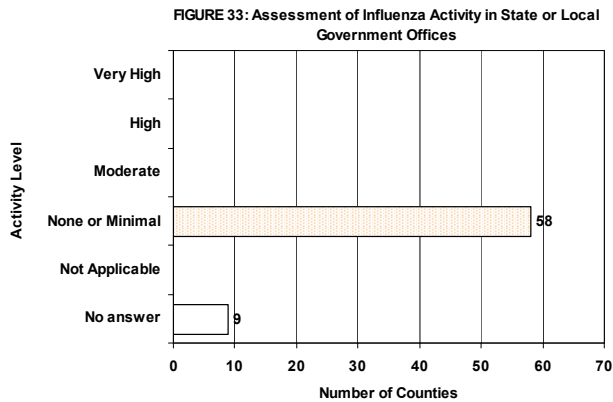
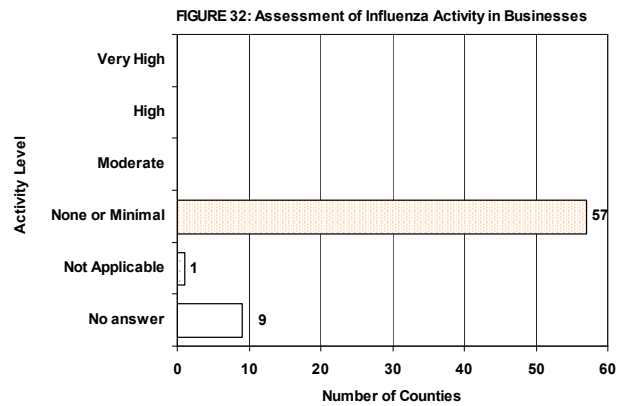
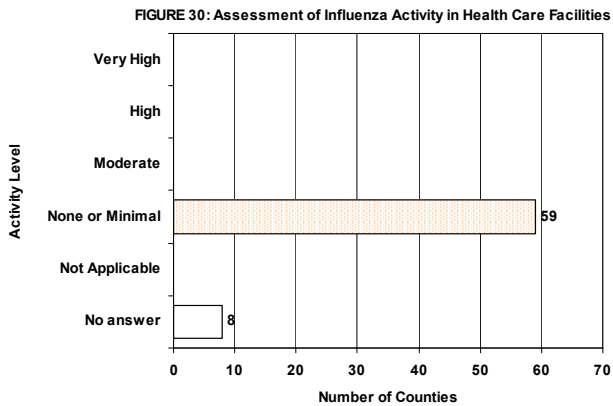
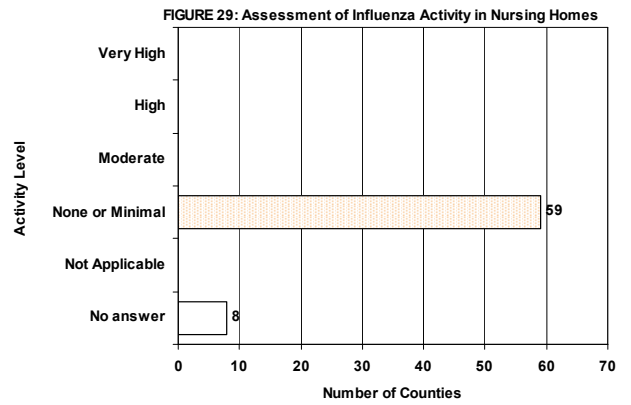
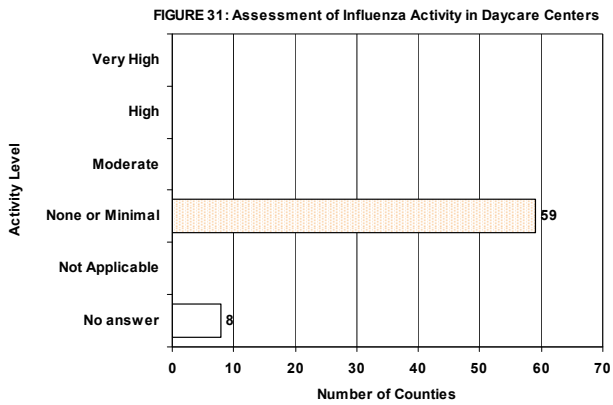
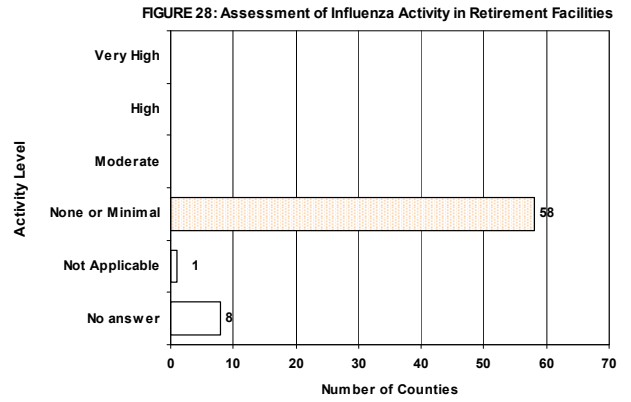
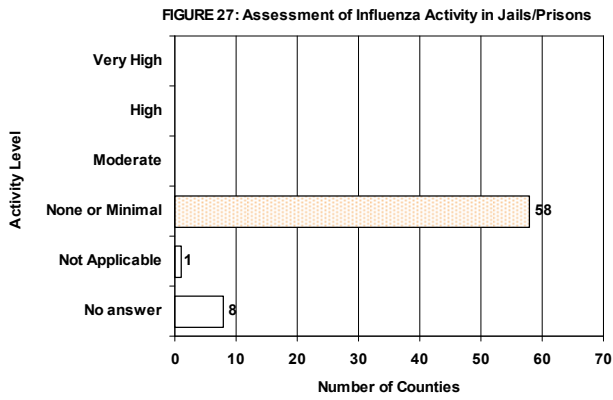


FIGURE 27 - FIGURE 32 show the activity levels in Various Facilities by county as reported by county health department flu coordinators for week 5 as of 12:00 p.m. February 10, 2010.



The Florida Department of Health started the Florida Pneumonia and Influenza Mortality Surveillance System (FPIMSS) in 2006 in order to more timely assess the number of pneumonia and influenza deaths occurring in the state. This system was modeled on the CDC's 122 cities surveillance system. Each week, the vital statistics office in the 24 most populous counties in Florida manually reviews the death certificates received for the previous week. Any mention of pneumonia or influenza on the death certificate, with certain prescribed exceptions, is counted as a pneumonia or influenza death. These counts, by age group, are then reported to the state via the EpiGateway web-interface. Note that as of week 44 we are now using a Serfling model to more accurately calculate our predicted values for weekly pneumonia and influenza mortality. Expect continued updates in the coming weeks.

FIGURE 33 shows Pneumonia and Influenza Deaths for 24 Florida Counties, 2006-2007, 2007-2008, 2008-2009, and 2009-2010

For week 5 (ending February 6, 2010) there were:

- **134 deaths reported**
- **Upper bound of 95% confidence interval for prediction: 188 deaths**
- **NO excess deaths**

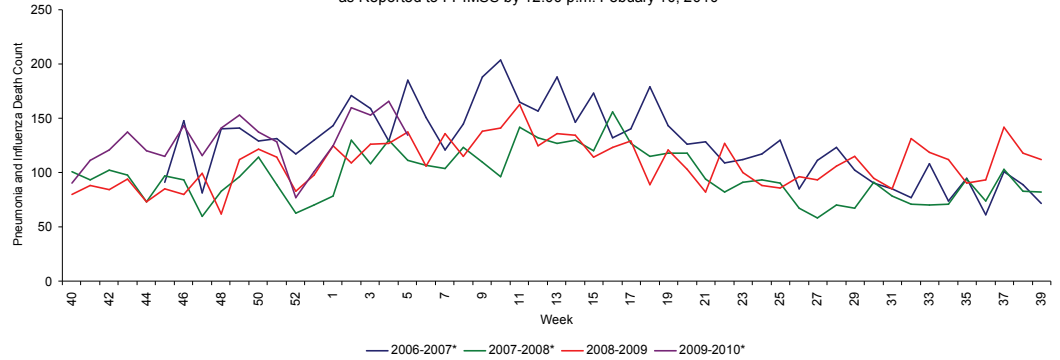
The majority of the deaths are in those aged 45 years and older.

All of the 24 participating counties reported their data for week 5.

FIGURE 34 shows Pneumonia and Influenza Deaths for 24 Florida Counties, week 1, 2008 - week 5, 2010 as reported to FPIMSS by 12:00 p.m. February 10, 2010

FIGURE 35 shows the reported count of pneumonia and influenza deaths for 24 Florida counties, the number of deaths predicted using the Serfling Model, and the upper bound of the 95% confidence interval for this prediction

FIGURE 34: Pneumonia and Influenza Deaths for 24 Florida Counties, 2006-2007 (Weeks 40-39), 2007-2008 (Weeks 40-39), 2008-2009 (Weeks 40-39), and 2009-2010 (Weeks 40-5) as Reported to FPIMSS by 12:00 p.m. February 10, 2010



*There is no week 53 for the 2006-2007, 2007-2008, or 2009-2010 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

FIGURE 35: Pneumonia and Influenza Deaths in 3 Age Groups for 24 Florida Counties, Week 1, 2008-Week 4, 2010 as Reported to FPIMSS by 12:00 p.m. February 10, 2010

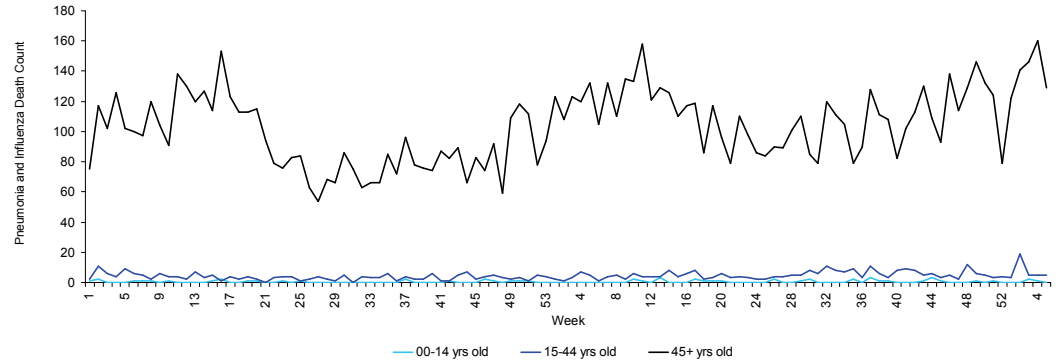


Figure 36: Pneumonia and Influenza Deaths for 24 Counties, Serfling Model January 24, 2009-February 6, 2010 as Reported to FPIMSS as of 12:00 p.m. February 10, 2010

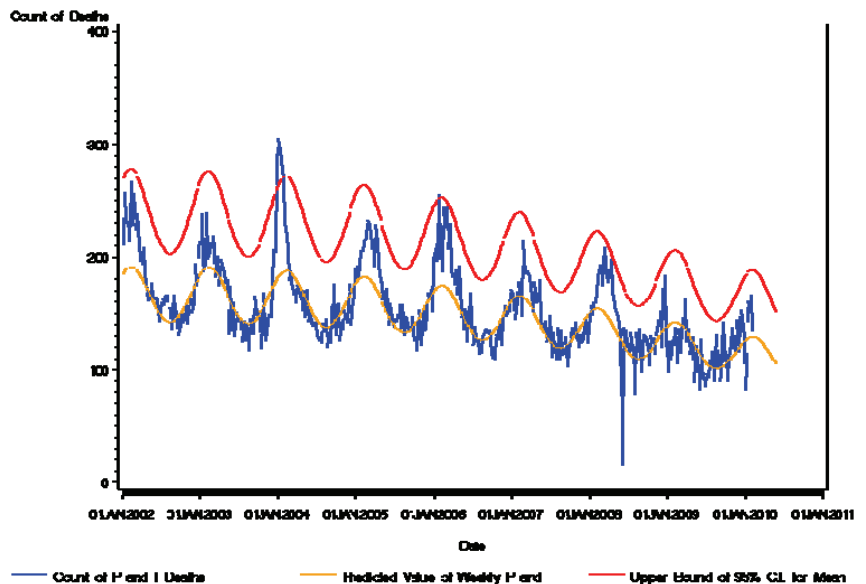


FIGURE 36 shows deaths in patients with novel H1N1*, hospitalizations due to H1N1**, and outbreaks of Influenza or ILI***, beginning at week 17, when confirmed or probable cases of novel H1N1 in patients with life-threatening illness became reportable, and ending at week 4, 2010

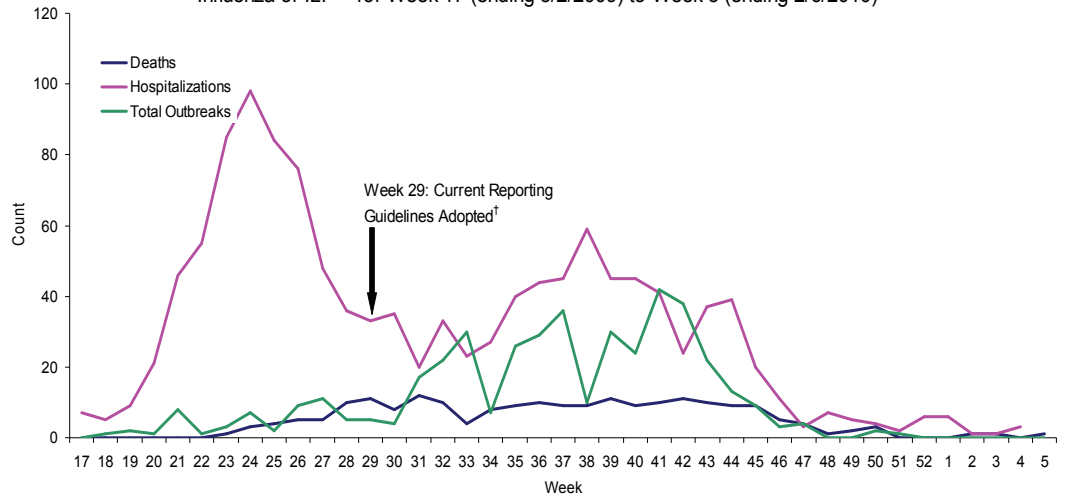
Deaths: Note that the exact contribution of H1N1 to the death is variable and may be unknown, as many of these deaths occur in people with complicated medical histories. Novel influenza A H1N1 infection would be coded as the underlying or primary cause on a death certificate for **some but not all** of these deaths. About 20 percent of deaths due to H1N1 are in persons with no underlying conditions.

The case definition for novel H1N1 deaths can be found at: http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/ReportingDeaths8-11.pdf

Hospitalizations: Note that under the current surveillance strategy, case reporting is only required for confirmed or probable cases of novel H1N1 influenza in a) patients with life-threatening illness, b) pregnant women who are hospitalized, and c) deaths.

Use caution when interpreting hospitalization data, as only hospitalized patients with life-threatening illness are reportable and there is some variability in communities as to how "life-threatening illness" is interpreted.

Figure 37: Cumulative Deaths* and Hospitalizations** in Novel H1N1 Cases, and Outbreaks of Influenza or ILI*** for Week 17 (ending 5/2/2009) to Week 5 (ending 2/6/2010)



* Deaths are classified by date of death.

** Hospitalizations are classified by event date which is defined as the earliest of the following dates associated with the case: date of onset, date of diagnosis, lab report date, or date reported to CDH.

*** Outbreaks are classified by when they are reported into EpiCom.

† In week 29 Florida stopped making all cases of lab-confirmed H1N1 influenza reportable, and adopted the current guidelines for reporting hospitalizations and deaths.

Notifiable Disease Reports: Influenza-Associated Pediatric Mortality

Influenza-associated deaths among those <18 years of age and/or post-influenza infection encephalitis are reportable; case report forms can be accessed at: http://www.doh.state.fl.us/disease_ctrl/epi/topicscrforms.htm.

Note that the case definition for pediatric influenza mortality is different than the case definition for mortality with novel H1N1. Pediatric influenza-associated mortality cases are only counted after influenza is determined to be the cause of death.

The case definition is available at: http://www.cdc.gov/ncphi/disss/nndss/casedef/Influenza-Associated_current.htm

Influenza-Associated Pediatric Mortality

- **No** influenza-associated deaths among those <18 years of age were reported in week 5, for a total of 5 cases for the 2009-2010 season.
- **Eleven** influenza-associated deaths among those <18 years of age were reported for the 2008-2009 influenza season (week 40, 2008 to week 39, 2009).

All deaths in reported laboratory-confirmed H1N1 Influenza cases are presented in the following graph and tables.

TABLE 5 - TABLE 7

The number of deaths reported each week since July 26, 2009 has ranged from 0 deaths (weeks 52, 1, 2, and 4) to 13 deaths (week 38) with an average of 5.8 deaths reported per week.

^As of week 41, underlying medical conditions include pregnancy unless otherwise noted.

The case definition for novel H1N1 deaths can be found at: http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/ReportingDeaths8-11.pdf

Note that the exact contribution of H1N1 to the death is variable and may be unknown, as many of these deaths occur in people with complicated medical histories. Novel influenza A H1N1 infection would be coded as the underlying or primary cause on a death certificate for **some but not all** of these deaths. About 20 percent of deaths due to H1N1 are in persons with no underlying conditions.

TABLE 6: Recent Deaths in Novel H1N1 Influenza Cases by County, 12:00 Noon February 2 to 12:00 Noon February 9, 2010

County	Number	Percent
Total	3	100.0
Pinellas	1	33.3
Santa Rosa	1	33.3
Volusia	1	33.3

Note: This week there were **3 recent deaths newly reported**. However, due to active follow-up with counties and a comprehensive review of historical death certificates, 3 old cases from previous months were updated with specific follow up information and dates of deaths. As a result the total number of deaths has increased, bringing the cumulative total to 207 deaths in persons with lab-confirmed H1N1 as of February 2, 2010.

TABLE 7: Cumulative deaths in Novel H1N1 Influenza Cases by Age as of 12:00 Noon February 9, 2010

Age	Number	Percent	Deaths per million population	NO underlying condition [^]
Total	207	100	10.8	31 (15.0)
0-4	6	2.9	5.3	0 (0.0)
5-24	22	10.6	4.6	7 (31.8)
25-49	84	40.6	13.5	18 (21.4)
50-64	74	35.7	20.2	6 (8.1)
65+	21	10.1	6.3	0 (0.0)

TABLE 5: Cumulative deaths in Novel H1N1 Influenza Cases by County as of 12:00 Noon February 9, 2010

County	Number	Percent
Total	207	100.0
Alachua	6	2.9
Baker	1	0.5
Brevard	5	2.4
Broward	12	5.8
Calhoun	1	0.5
Charlotte	2	1.0
Citrus	2	1.0
Clay	1	0.5
Dade	38	18.4
Desoto	1	0.5
Duval	13	6.3
Escambia	1	0.5
Hernando	2	1.0
Highlands	2	1.0
Hillsborough	17	8.2
Indian River	1	0.5
Lake	1	0.5
Lee	5	2.4
Levy	2	1.0
Manatee	3	1.4
Marion	1	0.5
Monroe	2	1.0
Nassau	1	0.5
Okaloosa	2	1.0
Okeechobee	2	1.0
Orange	13	6.3
Osceola	1	0.5
Palm Beach	12	5.8
Pasco	3	1.4
Pinellas	13	6.3
Polk	9	4.3
Putnam	1	0.5
Santa Rosa	2	1.0
Sarasota	5	2.4
Seminole	4	1.9
St. Johns	2	1.0
St. Lucie	9	4.3
Sumter	1	0.5
Taylor	1	0.5
Volusia	6	2.9
Walton	1	0.5

Although the number of cases, hospitalizations*, and deaths continues to rise, there is no evidence that the virus has changed to a more virulent form, either in Florida, the rest of the U.S., or elsewhere in the world.

TABLE 8: Cumulative hospitalizations* in all Reported Novel H1N1 Influenza Cases by County as of 12:00 Noon February 9, 2010

County	Number	Percent	ICU (percent of hospitalized)
Total	1240	100.0	505 (40.7)
Alachua	15	1.2	12 (80.0)
Baker	2	0.2	2 (100.0)
Bay	3	0.2	0 (0.0)
Bradford	1	0.1	0 (0.0)
Brevard	15	1.2	9 (60.0)
Broward	90	7.3	34 (37.8)
Calhoun	2	0.2	0 (0.0)
Charlotte	6	0.5	2 (33.3)
Citrus	14	1.1	4 (28.6)
Clay	4	0.3	1 (25.0)
Collier	4	0.3	3 (75.0)
Columbia	3	0.2	0 (0.0)
Dade	470	37.9	141 (30.0)
Duval	59	4.8	34 (57.6)
Escambia	5	0.4	0 (0.0)
Flagler	1	0.1	0 (0.0)
Gadsden	4	0.3	1 (25.0)
Hardee	2	0.2	0 (0.0)
Hendry	3	0.2	0 (0.0)
Hernando	7	0.6	3 (42.9)
Highlands	9	0.7	2 (22.2)
Hillsborough	48	3.9	22 (45.8)
Indian River	4	0.3	0 (0.0)
Jackson	1	0.1	0 (0.0)
Lake	7	0.6	2 (28.6)
Lee	31	2.5	21 (67.7)
Levy	4	0.3	0 (0.0)
Manatee	15	1.2	6 (40.0)
Marion	10	0.8	3 (30.0)
Martin	7	0.6	4 (57.1)
Monroe	6	0.5	0 (0.0)
Nassau	6	0.5	6 (100.0)
Okaloosa	8	0.6	7 (87.5)
Okeechobee	4	0.3	0 (0.0)
Orange	106	8.5	43 (40.6)
Osceola	9	0.7	3 (33.3)
Palm Beach	91	7.3	45 (49.5)
Pasco	4	0.3	0 (0.0)
Pinellas	32	2.6	22 (68.8)
Polk	26	2.1	15 (57.7)
Putnam	4	0.3	3 (75.0)
Santa Rosa	6	0.5	1 (16.7)
Sarasota	15	1.2	9 (60.0)
Seminole	25	2.0	11 (44.0)
St. Johns	7	0.6	2 (28.6)
St. Lucie	13	1.0	8 (61.5)
Sumter	1	0.1	1 (100.0)
Taylor	2	0.2	1 (50.0)
Volusia	28	2.3	21 (75.0)
Walton	1	0.1	1 (100.0)

*Please note that under the current surveillance strategy, case reporting is only required for confirmed or probable cases of novel H1N1 influenza in a) patients with life-threatening illness, b) pregnant women who are hospitalized, and c) deaths.

Use caution when interpreting hospitalization data, as only hospitalized patients with life-threatening illness are reportable and there is some variability in communities as to how "life-threatening illness" is interpreted.

TABLE 9: Recent Hospitalizations* in Novel H1N1 Influenza Cases by County, 12:00 Noon February 2, 2010 to 12:00 Noon February 9, 2010

County	Number	Percent	ICU (percent of hospitalized)
Total	7	100.0	1 (14.3)
Bradford	1	14.3	0 (0.0)
Dade	1	14.3	0 (0.0)
Jackson	1	14.3	0 (0.0)
Manatee	1	14.3	0 (0.0)
Orange	1	14.3	0 (0.0)
Pinellas	1	14.3	1 (100.0)
Santa Rosa	1	14.3	0 (0.0)

TABLE 9 The number of hospitalizations in cases reported each week since July 26, 2009 has ranged from 3 hospitalizations (week 1) to 54 hospitalizations (week 40) with an average of 23.9 hospitalizations in cases reported per week.

TABLE 10: Cumulative hospitalizations* in all Reported Novel H1N1 Influenza Cases by Age as of 12:00 Noon February 9, 2010

Age group	Number	Percent	Hospitalizations per million population	NO underlying condition [^]	ICU
Total	1240	100.0	64.9	163 (13.1)	505 (40.7)
0-4	163	13.1	144.1	36 (22.1)	53 (32.5)
5-24	337	27.2	70.3	34 (10.1)	104 (30.9)
25-49	417	33.6	67.3	65 (15.6)	186 (44.6)
50-64	250	20.2	68.2	23 (9.2)	131 (52.4)
65+	73	5.9	22.0	5 (6.8)	31 (42.5)

TABLE 10 [^]As of week 41, underlying medical conditions include pregnancy unless otherwise noted.

TABLE 11: Cumulative hospitalizations* in all Pregnant Women with Novel H1N1 Influenza Cases by Status of Underlying Medical Conditions Other than Pregnancy as of 12:00 Noon February 9, 2010

Underlying medical condition status	Number	Percent	ICU	Death
Total	156	100.0	39 (25.0)	7 (4.5)
No underlying medical condition	71	45.5	22 (31.0)	3 (4.2)
Underlying medical condition	30	19.2	9 (30.0)	3 (10.0)
Unknown	55	35.3	8 (14.5)	1 (1.8)

426 confirmed or suspect outbreaks of novel H1N1 influenza or ILI have been reported as of February 6, 2010

Schools have been the most heavily impacted setting with 257 (60.3%) of the 426 outbreaks. Summer camps accounted for 50 (11.7%) of the outbreaks, daycares accounted for 27 (6.3%), and correctional facilities accounted for 23 (5.4%).

No confirmed or suspect outbreak of novel influenza A (H1N1) or ILI were reported during week 5 (ending February 6, 2010)

Over the last several weeks we have seen a decline in the total number of new outbreaks reported per week, from approximately 30 new outbreaks per week down to no outbreaks reported during weeks 48, 49, 52, 1, 2, 3, 4 and current week 5.

County health department epidemiologists should report influenza and ILI outbreaks via the Influenza Forum in EpiCom: <https://fdens.com/vabtrs/GateStart.aspx>

TABLE 12: Cumulative outbreaks Reported via EpiCom by County as of Week 5 (Ending February 6, 2010)

County	Number	Percent
Total	426	100.0%
Alachua	1	0.2%
Baker	2	0.5%
Bradford	1	0.2%
Brevard	1	0.2%
Clay	4	0.9%
Collier	28	6.6%
Columbia	2	0.5%
Duval	11	2.6%
Escambia	42	9.9%
Glades	1	0.2%
Hamilton	1	0.2%
Hendry	3	0.7%
Hernando	1	0.2%
Hillsborough	54	12.7%
Holmes	1	0.2%
Indian River	3	0.7%
Jackson	2	0.5%
Lake	64	15.0%
Madison	1	0.2%
Marion	4	0.9%
Martin	1	0.2%
Miami-Dade	23	5.4%
Nassau	21	4.9%
Okaloosa	4	0.9%
Orange	43	10.1%
Osceola	28	6.6%
Palm Beach	49	11.5%
Pasco	5	1.2%
Pinellas	3	0.7%
Polk	2	0.5%
Putnam	1	0.2%
Sarasota	7	1.6%
Seminole	5	1.2%
St. Johns	5	1.2%
St. Lucie	1	0.2%
Volusia	1	0.2%

TABLE 13: Cumulative outbreaks Reported via EpiCom by Setting as of Week 5 (Ending February 6, 2010)

Setting	Number	Percent
Total	426	100.0%
Athletics	3	0.7%
Church	1	0.2%
College/University	3	0.7%
Community Center	5	1.2%
Correctional Facility	23	5.4%
Day Care	27	6.3%
Group/Foster Home	2	0.5%
Healthcare Facility	8	1.9%
Home	4	0.9%
Home/School	1	0.2%
Long-Term Care Facility	4	0.9%
Military Facility	3	0.7%
Out of State Trip	5	1.2%
School	257	60.3%
Special Needs Facility	14	3.3%
Summer Camps	50	11.7%
Work	13	3.1%
Work/Home	3	0.7%

TABLE 14: Recent Outbreaks Reported via EpiCom by Setting during Week 5 (Ending February 6, 2010)

Setting	Number	Percent
Total	0	-