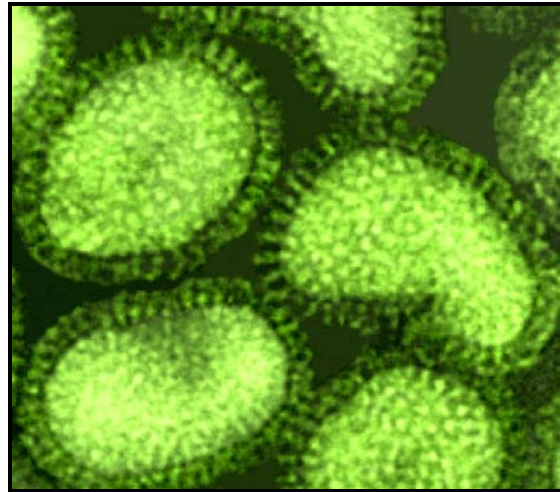


# Florida Influenza Surveillance

*Week Ending December 3, 2005  
(Week 48)*

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## Summary

This is the ninth weekly Florida influenza surveillance report for the 2005-06 season. Influenza surveillance in Florida consists of six surveillance components: Florida Sentinel Physician Influenza Surveillance Network (FSPISN), state laboratory-based viral surveillance, county influenza activity levels as determined and reported by county health department epidemiologists based on county level influenza and influenza-like illness (ILI) surveillance, reporting of influenza-associated deaths among those <18 years of age, post-influenza infection encephalitis reporting, and reports of influenza or ILI outbreaks in the community or institutional settings. Influenza is not a reportable disease in Florida and therefore information regarding the exact number of influenza cases within the state is not available.

These surveillance systems allow the Florida Department of Health, in collaboration with the Centers for Disease Control and Prevention (CDC), to determine when and where influenza activity is occurring, identify circulating viruses, detect changes in the circulating influenza viruses, track patterns of influenza-associated morbidity and mortality and estimate the overall impact of influenza in the state of Florida. Almost all of the reporting by the counties, laboratories and healthcare providers for the various surveillance programs that track influenza-associated morbidity and mortality is voluntary.

During week 48, Influenza-like illness (ILI) activity as reported by FSPISN increased in three of seven regions (Centraleast, Centralwest, and Southwest), with all regions remaining below state baseline (3.58%). County level influenza reporting recorded as of December 6 2005: one county health department (Dade) reported localized ILI activity, six county health departments (Collier, Lee, Orange, Palm Beach, Pinellas and Volusia) reported sporadic ILI activity and 22 reported no activity. Thirty-eight counties did not report this week.

## FSPSN Influenza and Influenza-like Illness (ILI) Surveillance Summary:

Table 1 shows the weighted ILI activity by region as reported by Florida Sentinel Physician Influenza Surveillance Network (FSPISN) providers. The overall weighted percent ILI activity for the state for the week ending December 3, 2005 was 1.07%, compared to 1.32% for the previous week. This is based on 35% of sentinel sites reporting. The highest weighted % ILI activity reported was in the Southwest region (3.01%), while the Northwest region had no reported ILI cases from FSPISN.

**FSPISN Weighted ILI Activity, by Region,  
Week ending December 3, 2005**

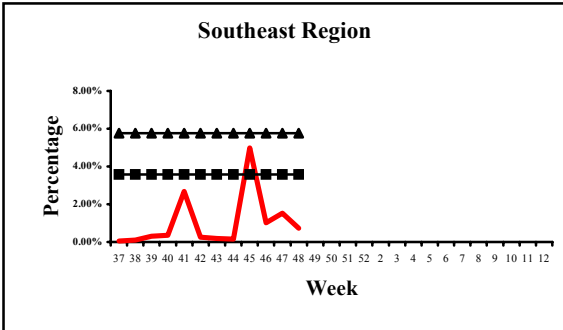
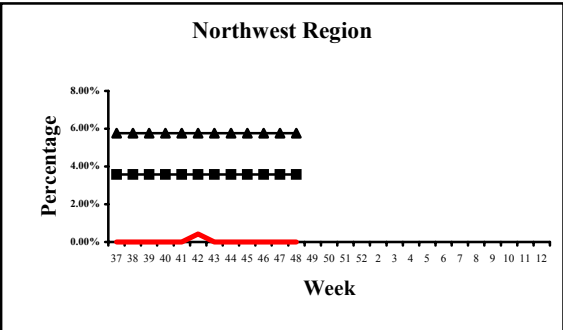
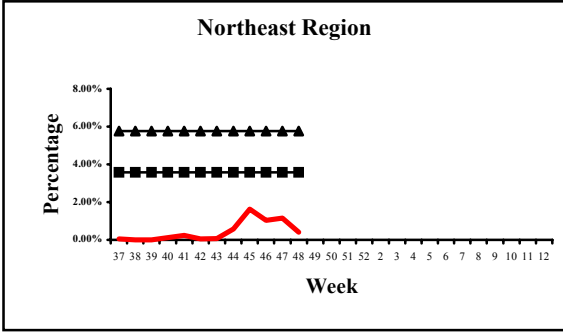
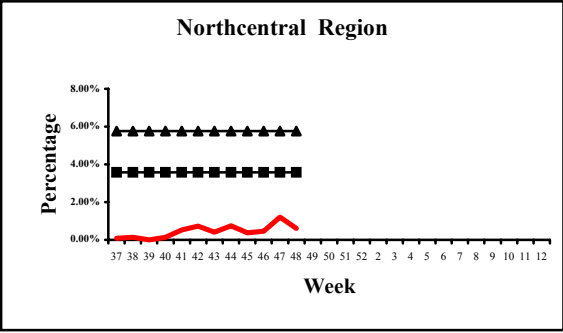
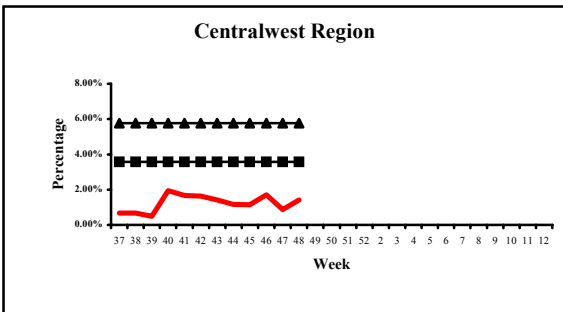
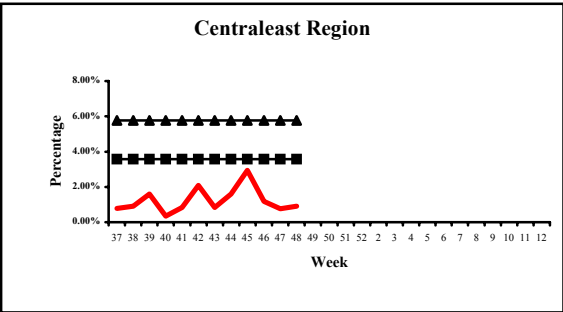
REGION	REPORTED ILI%
Centraleast	0.90%
Centralwest	1.42%
Northcentral	0.61%
Northeast	0.40%
Northwest	0.00%
Southeast	0.73%
Southwest	3.01%

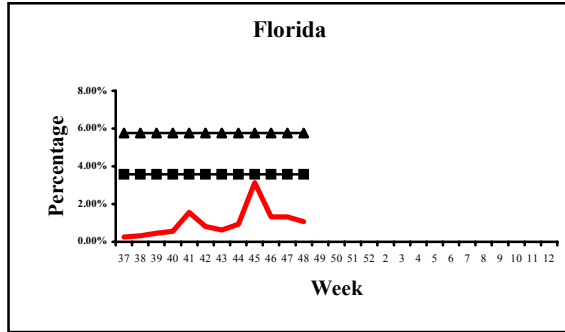
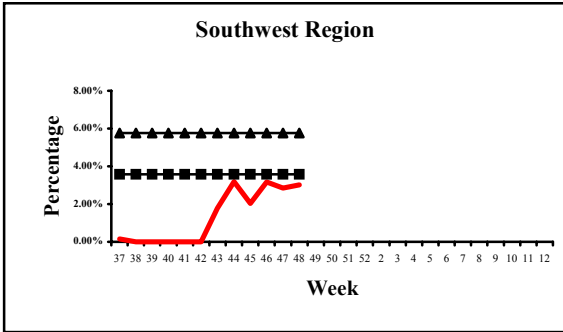
The ILI activity levels are based on information reported by the Florida Sentinel Physician Influenza Network.

**FSPISN Influenza-like Illness Graphs By Region**

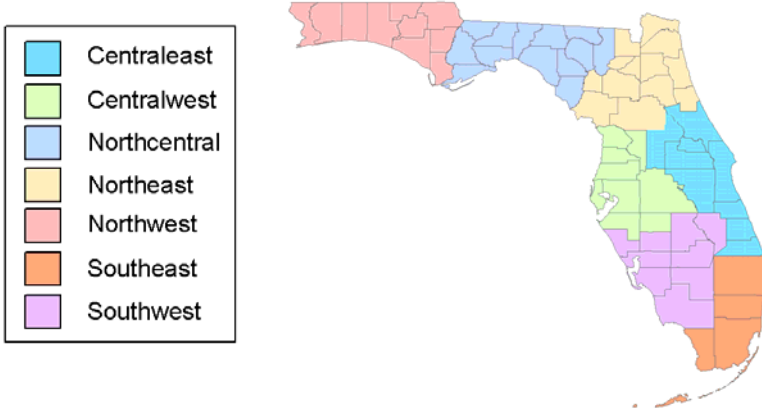
**Florida Baseline: 3.58%**, calculated using the previous 3 years of data as reported by FSPISN. (A line exceeding the baseline indicates moderate ILI activity.)

**Florida Threshold: 5.76%**, calculated using the previous 3 years of data as reported by FSPISN. (A line exceeding the threshold indicates high ILI activity.)





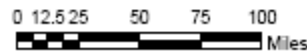
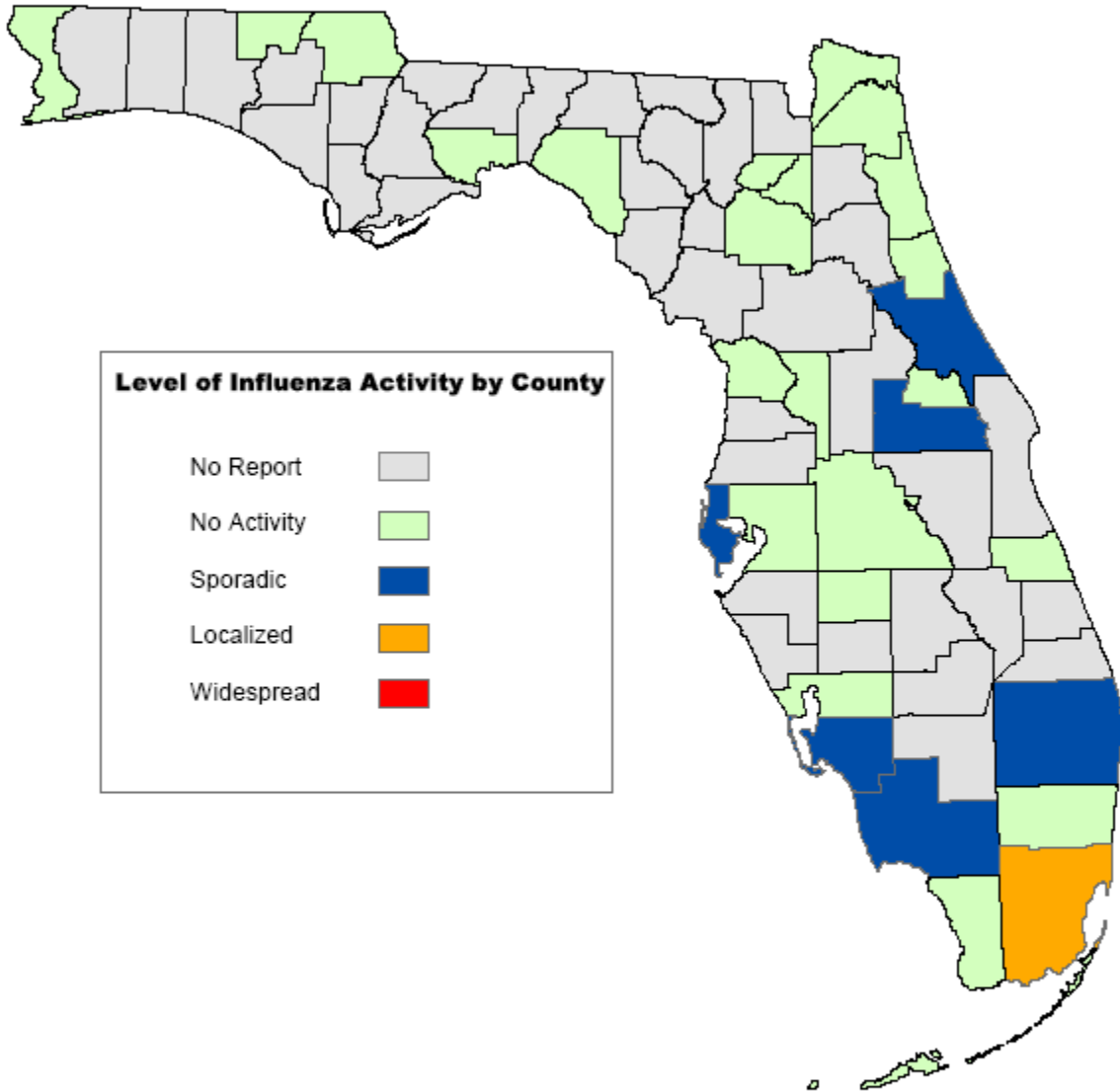
### Influenza Surveillance Regions



# Weekly County Influenza Activity

(Week ending December 3, 2005 - Week 48)

County influenza activity levels are reported by county health department epidemiologists



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**Florida Department of Health**  
**Bureau of Epidemiology**

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Map printed December 6, 2005

**County influenza activity level definitions.** (County activity levels should be reported via EpiCom.)

**0 = No Activity:**

Overall clinical activity remains low with no laboratory confirmed cases<sup>†</sup> in the county.

**1 = Sporadic:**

- And/or { a. Isolated cases of laboratory confirmed influenza<sup>†</sup> in the county.  
b. An ILI<sup>§</sup> outbreak in a single setting<sup>‡</sup> in the county.  
(No detection of increased ILI<sup>§</sup> activity by surveillance systems\*)

**2 = Localized:**

- And/or { a. An increase of ILI<sup>§</sup> activity detected by a *single* surveillance system\* within the county. (An increase in ILI<sup>§</sup> activity has not been detected by *multiple* ILI surveillance systems).  
b. Two or more outbreaks (ILI<sup>§</sup> or lab confirmed<sup>†</sup>) detected in a *single* setting<sup>‡</sup> in the county.

**AND**

- c. Recent (within the past three weeks) laboratory evidence<sup>†</sup> of influenza activity in the county.

**3 = Widespread:**

- And/or { a. An increase in ILI<sup>§</sup> activity detected in  $\geq 2$  surveillance systems in the county.  
b. Two or more outbreaks (ILI<sup>§</sup> or laboratory confirmed<sup>†</sup>) detected in *multiple* settings<sup>‡</sup> in the county.

**No Report:** (No report was received from the county at the time of publication)

<sup>†</sup> Laboratory confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR.

<sup>§</sup> ILI = Influenza-like-illness, fever  $\geq 100^{\circ}\text{F}$  AND sore throat and/or cough *in the absence* of another known cause.

\* ILI surveillance system activity can be assessed using a variety of surveillance systems including sentinel providers, school/workplace absenteeism, long term care facility (LTCF) surveillance, correctional institution surveillance, hospital emergency department surveillance and laboratory surveillance.

<sup>‡</sup> Setting includes institutional settings (LTCFs, hospitals, prisons, schools, companies, etc.) as well as the community.

## Influenza Surveillance – Reminders

### Important Reminders

- \* *Influenza activity reporting by sentinel providers is voluntary.*
- \* *The influenza surveillance data is used to answer the question of where, when, and what viruses are circulating. It can be used to determine if influenza activity is increasing or decreasing, but it cannot be used to ascertain how many people have become ill with influenza so far this season.*
- \* *Reporting is incomplete for this week. Numbers may change dramatically as more reports are received.*