

## Florida Influenza Surveillance for the Week Ending January 10, 2004 (Week 01)

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### Summary

Florida influenza-like illness (ILI) activity decreased statewide for the week ending January 10, 2004 (Week 01) compared to the previous weeks. Sixteen counties reported as having high ILI% activity for the week. Five counties have reported an increase in ILI activity from the previous week, sixteen counties reported a decrease and six counties remained level. Five counties did not have at least 50% of the sentinels reporting or did not report the previous week and therefore the change in activity could not be determined. Of the 18,269 patients seen by the sentinel providers during the week ending January 10, 433 were seen for influenza-like illnesses (an overall state ILI activity of 2.37%). The Florida ILI activity code reported to the Centers for Disease Control and Prevention (CDC) for the week ending January 10, 2004 was regional. Since October 2003 fourteen people (13 children and one adult) in Hanoi, Vietnam have been admitted to the hospital for severe respiratory illnesses. The World Health Organization confirmed on Monday January 19, the fifth case of an avian Influenza A (H5N1) infection. All five patients have died. So far there has been no evidence of person-to-person transmission of the virus. Health officials believe that the patients were infected with the virus through contact with the droppings of the infected birds. Approximately two million chickens have died or been culled in Vietnam due to the disease. The virus has also infected chickens in South Korea and Japan. The CDC is recommending enhanced surveillance efforts by state and local health agencies to identify patients who have been hospitalized with unexplained pneumonia, ARDS, or severe respiratory illness that have traveled to Vietnam, South Korea and Japan within ten days from onset of symptoms.

### Enhanced Surveillance for Influenza 2003-2004 Season for Week 01

Influenza or ILI Outbreaks: Four counties reported outbreaks of influenza or influenza-like illness across the state. This is a slight decrease compared to the previous week in which five counties were reporting outbreaks.

Pediatric Encephalopathies: No new cases of encephalopathy have been reported to the Bureau of Epidemiology.

Pediatric Deaths: No new cases of influenza-associated deaths among those 17 years and younger were reported to the Bureau of Epidemiology during the week ending January 10, 2004.

Notes: A few counties reported a decrease in influenza-like illness (ILI) activity in walk-in clinics, hospitals and ERs.

A statewide summary of the county enhanced surveillance reports has been made available on EpiCom.

### Influenza-Like Illness (ILI) Florida Summary

Seventy-eight sentinels from 73 public clinics and private offices submitted reports for 32 counties during the week ending January 10, 2004 (Week 52). Counties with the highest percentage of patients with ILI were: Santa Rosa (2.08%, with 1 of 1 sentinel locations reporting); Lee (2.32%, with 2 of 2 reporting); Okaloosa (2.47%, with 3 of 5 reporting); Palm Beach (2.67%, with 3 of 5 reporting); Pasco (2.94%, with 1 of 1 reporting); Charlotte (3.63%, with 1 of 1 reporting); Seminole (3.76%, with 2 of 2 reporting); Pinellas (4.10%, with 7 of 8 reporting); Monroe (4.17%, with 1 of 1 reporting); Broward (4.66%, with 5 of 7 reporting); Brevard (5.03%, with 3 of 3 reporting); Lake (5.49%, with 2 of 2 reporting); Polk (5.61%, with 4 of 4 reporting); Orange (6.43%, with 5 of 9 reporting); Escambia (10.08%, with 1 of 1 reporting); and Putnam (14.63%, with 3 of 3 reporting). Ten counties reported a low percentage of patients with ILI, and four counties reported no cases of ILI. A breakdown of ILI% reported for week ending January 10, 2004 by county is listed in Table 1.

**Table 1. Influenza-Like Illness Reporting by County for Week Ending 1/10/04 (Week 01)**

Report Date: January 21, 2003

County	Change	Recruited as of 1/1/04		Reporting for Week 01		Participation for Week 01	ILI % Reported for Week 01 (Current)	ILI% Reported for Week 53 (Updated)	ILI% Reported for Week 52 (Updated)
		Sentinels recruited	From Offices	Sentinels reporting	From Offices				

Alachua	Decreasing	2	2	1	1	50%	1.83%	5.45%	1.89%
Brevard	Decreasing	3	3	3	3	100%	5.03%	18.75%	8.90%
Broward	Level	7	7	5	5	71%	4.66%	4.00%	6.29%
Charlotte	Increasing	1	1	1	1	100%	3.63%	0.00%	0.00%
Citrus	Increasing	1	1	1	1	100%	0.22%	0.00%	0.62%
Collier	Decreasing	2	2	1	1	50%	0.00%	1.72%	3.36%
Duval	Decreasing	7	7	5	5	71%	1.01%	6.22%	8.44%
Escambia	--	1	1	1	1	100%	10.08%	--	--
Hillsborough	Level	6	6	4	4	67%	1.18%	1.36%	2.51%
Indian River	Decreasing	8	3	4	2	50%	0.65%	22.47%	14.50%
Lake	Increasing	2	2	2	2	100%	5.49%	3.05%	5.83%
Lee	Increasing	2	2	2	2	100%	2.32%	0.34%	1.12%
Leon	Decreasing	2	2	2	2	100%	1.53%	15.79%	10.74%
Marion	Decreasing	1	1	1	1	100%	0.40%	2.73%	1.17%
Martin	--	1	1	-	-	0%	--	2.48%	1.22%
Miami-Dade	Decreasing	6	6	4	4	67%	0.74%	3.47%	1.82%
Monroe	Decreasing	1	1	1	1	100%	4.17%	7.96%	13.99%
Okaloosa	Level	5	5	3	3	60%	2.47%	2.48%	2.79%
Orange	--	12	9	5	5	42%	6.43%	5.80%	6.88%
Osceola	Level	2	2	1	1	50%	0.00%	0.00%	1.75%
Palm Beach	Decreasing	5	5	3	3	60%	2.67%	5.69%	13.66%
Pasco	Decreasing	1	1	1	1	100%	2.94%	22.22%	11.11%
Pinellas	Level	8	8	7	7	88%	4.10%	4.58%	2.82%
Polk	Decreasing	7	4	7	4	100%	5.61%	14.97%	13.33%
Putnam	Decreasing	3	3	3	3	100%	14.63%	48.98%	8.16%
Santa Rosa	--	1	1	1	1	100%	2.08%	--	3.45%
Sarasota	--	1	1	-	-	0%	--	15.07%	1.59%
Seminole	Decreasing	2	2	2	2	100%	3.76%	10.22%	5.87%
St. Johns	Decreasing	2	2	1	1	50%	1.19%	1.74%	1.28%
St. Lucie	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Volusia	Increasing	4	4	4	4	100%	1.93%	1.24%	0.27%
Walton	Decreasing	1	1	1	1	100%	0.00%	6.12%	0.00%

### Laboratory Specimen Testing in Florida

Thirty-three of the 47 specimens received by the Jacksonville Central and Tampa Branch laboratories for influenza isolate testing during the week ending January 10, 2004 (Week 01) were found positive for Influenza A. Of these 33 viruses, 16 were found positive for A (H3N2), and 17 were found positive for Influenza A, unknown. These viruses came from Broward, Charlotte, Citrus, Dade, Duval, Indian River, Leon, Martin, Monroe, Orange, Osceola, Pinellas, Polk, St Johns, Volusia, and Washington counties. Culture testing continues on four of the unknown Influenza A specimens received during Week 01 that were found positive for influenza A through PCR testing. The CDC has returned results from 14 specimens collected from Florida during October and November. All were positive for Influenza A (H3N2); five were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and nine were similar to the drift variant, A/Fujian/411/2002 (H3N2).

From September 28, 2003 to January 10, 2004, the Florida laboratories tested a total of 530 specimens and found 196 positive for Influenza A (H3N2) and 68 that were unknown A or had culture results pending. The remaining specimens were negative for influenza. Table 2 details isolates found since September 28, 2003 by county.

County	Type A - H3N2	Type A - H1N1	Type A - Unknown	Type A - Unknown; Culture Pending	Type B
Alachua	10		4	0	
Brevard	1		0	0	
Broward	4(2)		0	6	

Charlotte	0		0	0(1)	
Citrus	4(1)		0	3	
Collier	3		0	0	
Dade	1(4)		1(5)	0	
Duval	24(2)		8	0	
Hernando	1		0	0	
Hillsborough	12		0	6	
Indian River	23(1)		8(2)	0	
Lake	1		0	0	
Lee	2		0	0	
Leon	19(1)		3	0	
Marion	1		0	0	
Martin	(1)		0	0	
Monroe	2		(1)	0	
Okaloosa	5		0	0	
Orange	5		3(1)	1	
Osceola	2		(1)	0	
Palm Beach	7		0	3	
Pasco	3		0	0	
Pinellas	7(2)		0	(2)	
Polk	18(1)		0	4(1)	
Putnam	3		0	0	
Sarasota	8		0	0	
St Johns	10		2(1)	0	
Volusia	3(1)		1(1)	0	
Wakulla	1		0	1	
Washington	0		(1)	0	

### Rapid Testing Performed by Private Laboratories in Florida

Reports received from non-sentinel, private hospitals and private laboratories since September 28, 2003 are summarized in Table 3.

<b>Table 3. Rapid Influenza Tests by County During 2003-2004</b>					
Report Date: January 12, 2003					
County	Rapid Tests performed	Negative Tests	Positive for A or B	Positive for A	Positive for B
Alachua	Unknown	0	5	0	0
Bay	425	258	73	95	1
Brevard	675	495	0	189	0
Broward	7	6	0	1	0
Clay	Unknown	0	1	0	0
Collier	Unknown	0	362	0	0
Marion	2	1	1	0	0
Miami-Dade	107	60	47	0	0
Orange	Unknown		12	0	0
Pinellas	3	1	2	0	0
Sarasota	Unknown		44	42	1

### National Influenza Surveillance

This section summarizes the weekly influenza report from the Centers for Disease Control and Prevention. More detailed information can be found at their website:

<http://www.cdc.gov/ncidod/diseases/flu/weekly.htm> and at  
<http://www.cdc.gov/ncidod/diseases/flu/vacfacts.htm#01>

### Influenza-Like Illness Report for the Week ending January 10, 2004

The proportion of patient visits to sentinel physicians for influenza-like illness (ILI) has decreased to 2.08% nationwide. This is above the national baseline of 2.5%. The percentage of patient visits for ILI continue to decrease in each of the 9 surveillance regions, and ranged from 3.4% in the Pacific region to 1.9% in the Mountain and West North Central regions. Due to wide variability in regional level data, it is

not appropriate to apply the national baseline to regional level data. National percentage and regional percentages of patient visits for ILI are weighted on the basis of state population.

**Antigenic Characterization:** CDC has antigenically characterized two Influenza A (H1) viruses, 511 Influenza A (H3N2) viruses, and five Influenza B viruses that were submitted by U.S. laboratories since October 1, 2003. The Influenza A (H1) viruses were similar antigenically to the vaccine strain A/New Caledonia/20/99. Of the 511 A (H3N2) viruses characterized, 98 (19.2%) were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and 413 (80.8%) were similar to the drift variant, A/Fujian/411/2002 (H3N2). Four of the Influenza B viruses were similar antigenically to B/Sichuan/379/99 and one was similar to B/Hong Kong/330/2001.

#### **Influenza drift variant, A/Fujian/411/2002 (H3N2), found in the United States and Europe**

The Influenza A drift variant, A/Fujian/411/2002 (H3N2) predominated the Australian and New Zealand outbreaks that peaked in mid-to-late August 2003, and has been detected in many countries in the Northern Hemisphere, including the United States. The CDC expects the current U.S. vaccine will offer some protective immunity against the A/Fujian/411/2002-like viruses because these viruses are related to the vaccine strain, A/Panama/2007/99. Antibodies produced against the vaccine virus cross-react with A/Fujian/411/2002-like viruses, but at a lower level.

#### **U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) Laboratories Report**

Since September 28, 2003, 18,535 (26.8%) of the 69,052 specimens tested for influenza viruses were positive. Four thousand four hundred seventeen Influenza A (H3N2) viruses, one Influenza A (H1) virus and 113 Influenza B viruses have been identified. Weekly ratios rather than proportions are presented in the Table 4 because specimens reported positive for influenza virus each week may include specimens submitted for testing during an earlier week.

Region	Table 4. 2003-2004 Summary By Region WHO and NREVSS Laboratories						ILI Reporting: Weighted ILI%
	Total Specimens	AH1N1	AH3N2	A-Unk	B	Ratio Pos.	
New England Region	2,271	0	183	623	1	0.355	2.201
Mid-Atlantic Region	4,984	0	68	664	5	0.148	2.685
East North Central Region	4,083	0	806	389	3	0.293	4.309
West North Central Region	8,111	0	304	1439	3	0.215	3.500
South Atlantic Region	13,121	1	992	3235	53	0.326	3.607
East South Central Region	3,320	0	183	224	1	0.123	3.515
West South Central Region	15,750	0	924	3911	8	0.307	7.028
Mountain Region	10,158	0	516	2746	35	0.325	3.213
Pacific Region	7,254	0	441	773	4	0.168	4.744

#### **122 US Cities Vital Statistics Mortality Report**

The percentage of all deaths due to pneumonia and influenza was 10.2. This percentage exceeds the epidemic threshold of 8.1 for the week ending January 10, 2004.

#### **International Influenza Activity**

#### **World Health Organization Communicable Disease Surveillance and Response**

WHO influenza updates to date included the following items:

- WHO reported on January 5, 2004 the first laboratory confirmed case of SARS in a 32-year-old man in the southern Chinese province of Guangdong. The patient was hospitalized on December 20, 2003, four days after the onset of symptoms. WHO reports follow-up on all persons in contact with the patient indicates contacts are free of symptoms and most have been released from quarantine. Surveillance has been intensified in Guangdong and other provinces. For more

information about this report please visit the WHO website at [http://www.who.int/csr/don/2004\\_01\\_05/en/](http://www.who.int/csr/don/2004_01_05/en/)

- WHO issued Update 5 on December 23, 2003 in which an outbreak of avian Influenza A (H5N1) in poultry at a farm in the Republic of Korea has resulted in the detection of infected chickens at nine poultry farms in 4 provinces. An estimated one million chickens and ducks are to be culled. No human A (H5N1) cases have been reported.
- On December 10, 2003 WHO reported a case of avian Influenza A (H9N2) in Hong Kong Special Administrative Region of China. The patient, a five-year old boy, was hospitalized and has recovered. The only other reported case of Influenza A (H9N2) virus in Hong Kong occurred in 1999.
- Significant increases in influenza activity associated with Influenza A (H3N2) in some countries in the northern hemisphere and in Africa were reported. Countries with declining influenza activity include Portugal, Spain and the United Kingdom, and most parts of Canada. Countries in Asia most frequently report influenza B viruses; sporadic cases of influenza B have been found in Europe and North America.
- An Influenza A (H1) outbreak that had begun in Iceland during early October had ended by mid-November.

For more information about the WHO Communicable Disease Surveillance and Response Updates, please visit their website at <http://www.who.int/csr/en/>

#### **FluWatch Report from the Canadian Centre for Infectious Disease Prevention and Control**

For more information about the FluWatch report, please visit their website at <http://www.hc-sc.gc.ca/pphb-dgsp/fluwatch/index.html>

#### **Report from the European Influenza Surveillance Scheme (EISS)**

For more information about the EISS report, please visit their website at [http://dev.eiss.org/cgi-files/bulletin\\_v2.cgi](http://dev.eiss.org/cgi-files/bulletin_v2.cgi)

#### **WHO Collaborating Centre for Reference and Research on Influenza, Melbourne Australia**

Australia's winter months are from May to October. One of Australia's biggest influenza seasons since 1998 peaked from mid to late August 2003, and by October cases of influenza had generally subsided. Influenza A (H3) viruses were cited as the primary cause of outbreaks, with little A (H1) or B viruses isolated during the season. For more information about Australian influenza, please visit the Melbourne, Australia Branch website at <http://www.influenzacentre.org/> (specific article can be found at <http://www.influenzacentre.org/flunews.htm#subsiding>).

#### **2002-2003 Influenza Surveillance Summaries**

An international summary of the 2002-2003 influenza surveillance season (October-September) can be found on page 303 in the November 7, 2003 edition of the WHO's Weekly Epidemiological Record (Vol. 78) at <http://www.who.int/wer/2003/wer/2003/wer7845/en>

**WHO Recommended composition of influenza virus vaccines for use in the 2004 influenza season**  
<http://www.who.int/csr/disease/influenza/recommendations2004/en/>

**\* Reporting is incomplete for this week. Numbers may change as more reports are received**