

FLORIDA INFLUENZA SURVEILLANCE

Week 16: April 19th 2009—April 25th 2009



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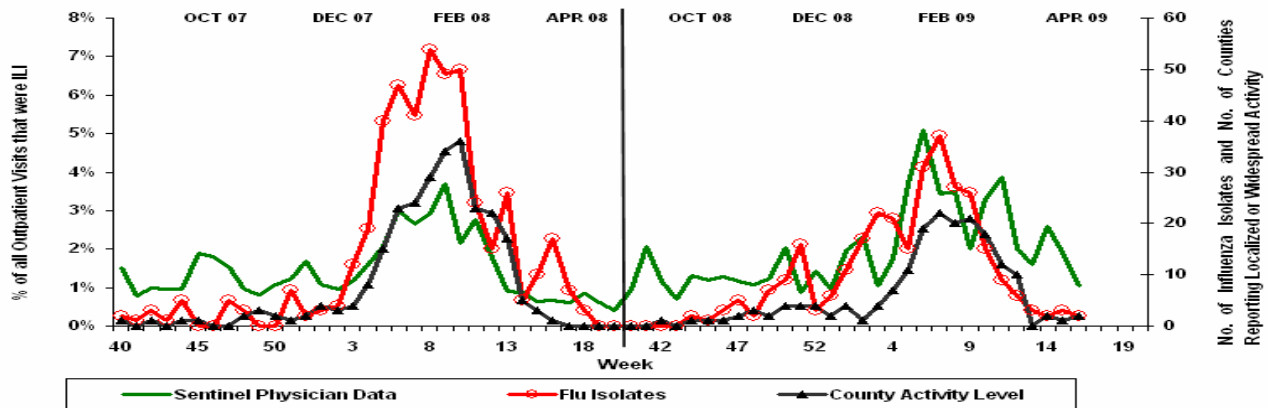
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I. SUMMARY

This is the thirty weekly Florida influenza surveillance report for the 2008-09 season. Influenza surveillance in Florida consists of seven surveillance components*: 1) Florida Sentinel Physician Influenza Surveillance Network (FSPISN); 2) Florida Pneumonia & Influenza Mortality Surveillance System; 3) State laboratory viral surveillance; 4) County influenza activity levels; 5) Notifiable Disease Reports: Influenza-associated deaths in children & post-influenza infection encephalitis; 6) Influenza or ILI outbreaks; 7) Syndromic surveillance.

During week 16 (04/19/09-04/25/09), the proportion of patient visits for influenza-like illness (ILI) as reported by the Florida Sentinel Physician Influenza Surveillance Network was 1.05 percent. This is below the state threshold for moderate activity of 2.98 percent. Two of the ten ILI specimens tested by Bureau of Laboratories were positive for influenza. No counties reported widespread activity and two counties reported localized activity. Fifteen counties reported sporadic activity and 31 counties reported no activity. Nineteen counties did not report. The graph below shows the progression of the 2007-08 & 2008-09 Florida influenza seasons as monitored by three** of seven surveillance systems.

Each week an activity code for the state as a whole is reported to the Centers for Disease Control and Prevention (CDC). There are five possible categories: No Activity, Sporadic, Local, Regional, or Widespread. Sporadic activity has been reported in Florida for this reporting week (week 16). Florida meets the CDC sporadic activity definition. The CDC definition for sporadic activity is: Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI. The CDC report can be viewed at <http://www.cdc.gov/flu/weekly/usmap.htm>.

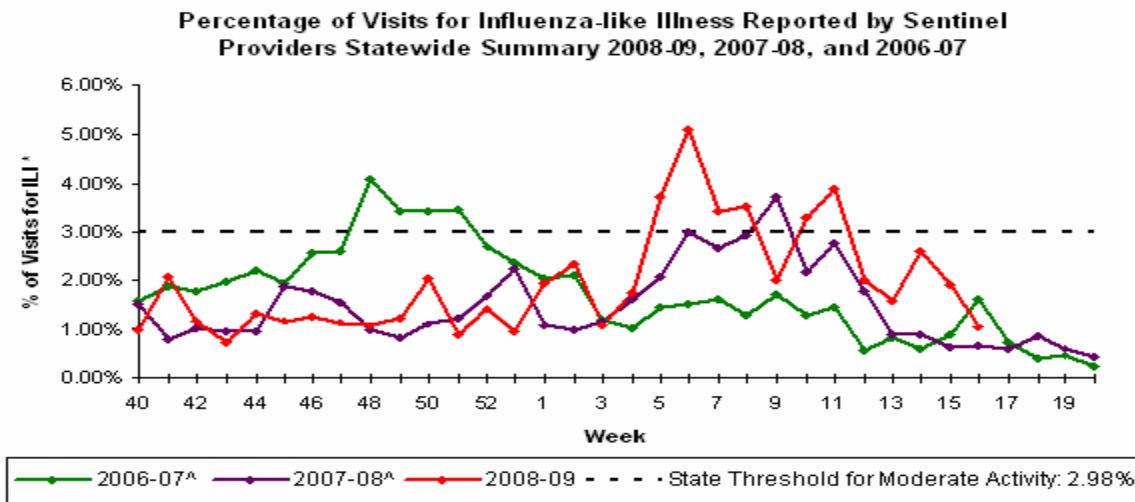


*The purposes of these surveillance systems are to determine when and where influenza activity is occurring, to identify circulating viruses, to detect changes in the circulating influenza viruses, to track patterns of influenza-associated morbidity and mortality and estimate the overall impact of influenza in the state of Florida.

**1) FSPISN, 2) State Laboratory Viral Surveillance, and 3) County Activity Levels.

II. FSPISN INFLUENZA-LIKE ILLNESS STATEWIDE GRAPH

During week 16, 1.05%* of patient visits to Florida sentinel providers were due to ILI. This percentage is below the statewide threshold for moderate activity of 2.98%**. The percentage of visits ranged from 0.00% in the Southwest to 2.83% in the Southeast region.



*FSPISN reporting is incomplete for this week (52% of providers reported). Numbers may change as more reports are received. Data displayed is weighted to the state population.

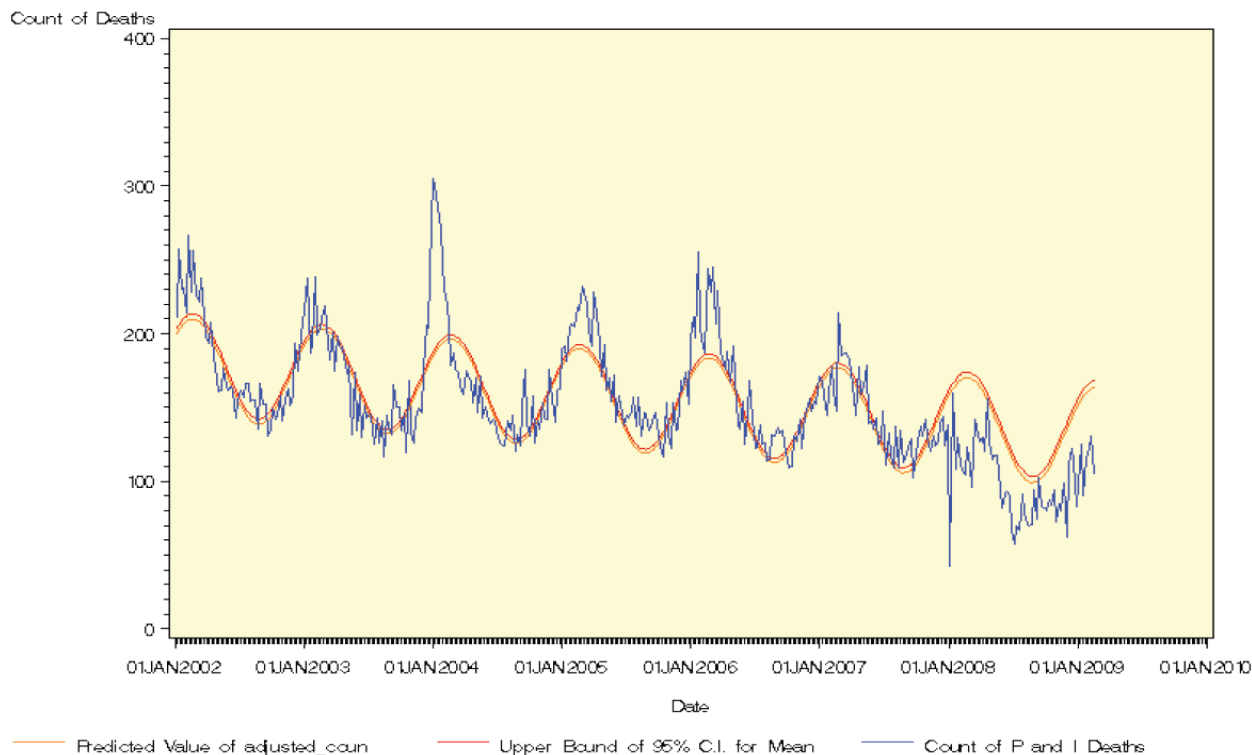
**The 2008—09 threshold for moderate activity is calculated from FSPISN data. The threshold for moderate activity is the mean percentage of patient visits for ILI during influenza weeks for the previous three seasons plus two standard deviations. Only weeks with 10% or greater of laboratory specimens 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.

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

III. FLORIDA PNEUMONIA AND INFLUENZA MORTALITY SURVEILLANCE

During week 16, the total count of pneumonia and influenza (P&I) deaths reported was below the epidemic threshold. This indicates there were no deaths in excess of the expected count for week 16 and observed mortality does not indicate that Florida has surpassed the epidemic threshold for this week**.

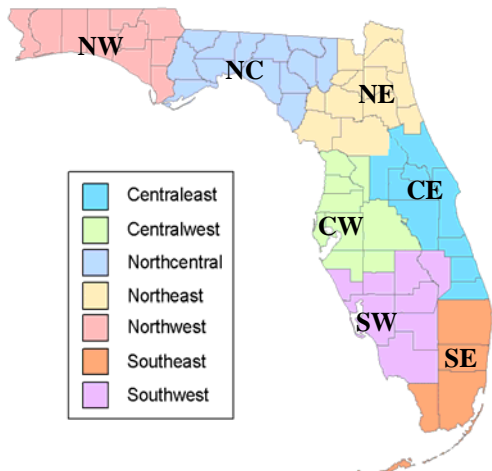
Pneumonia and Influenza Mortality for 24 Florida Counties, Counts Model



**Twenty-three of 24 counties reported P&I deaths to create this trend graph. Please note: Data from Sumter was not available. 100% participation is required for this graph to provide an accurate representation. We look forward to 100% participation for the duration of the influenza season.

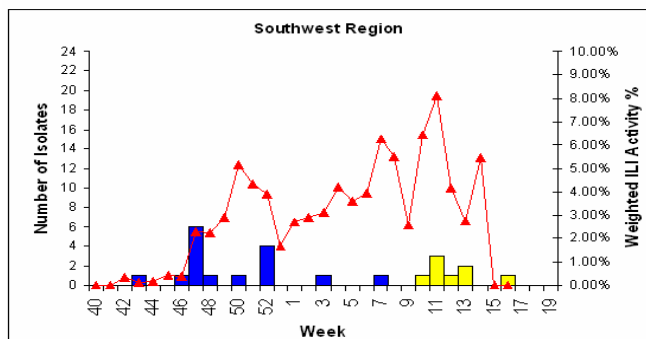
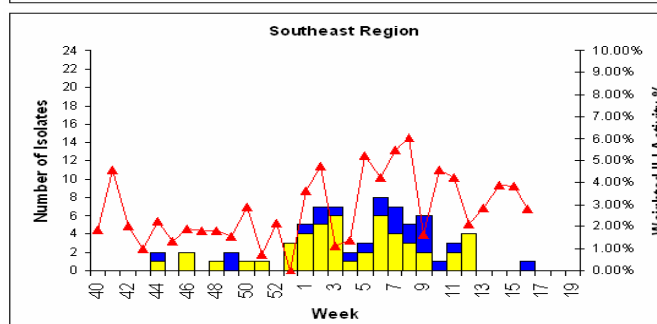
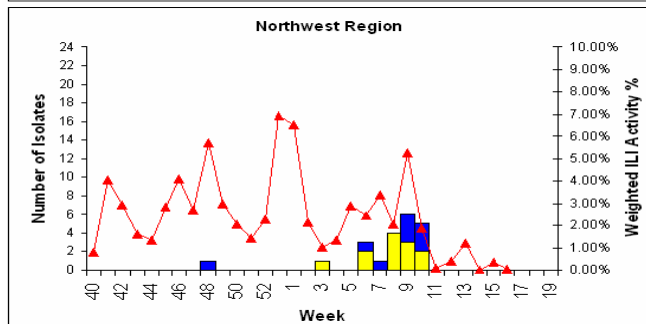
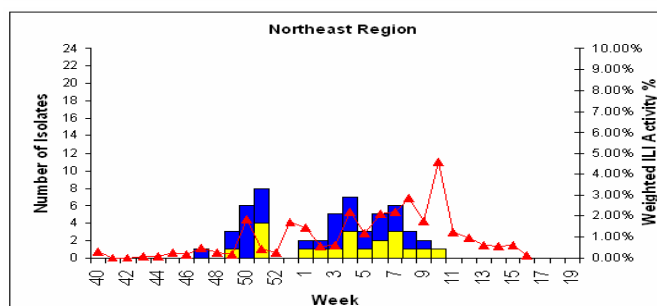
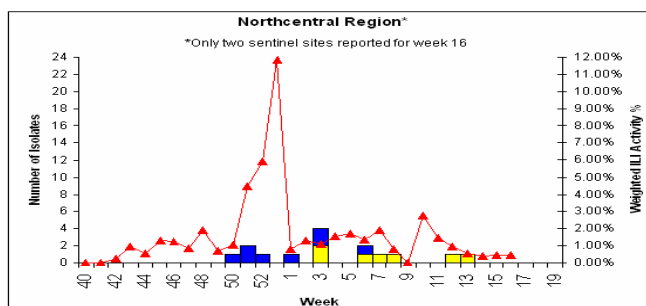
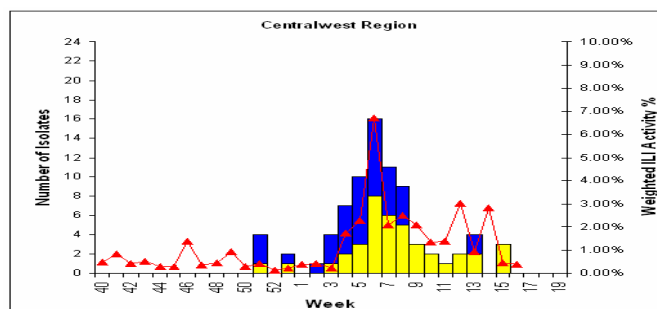
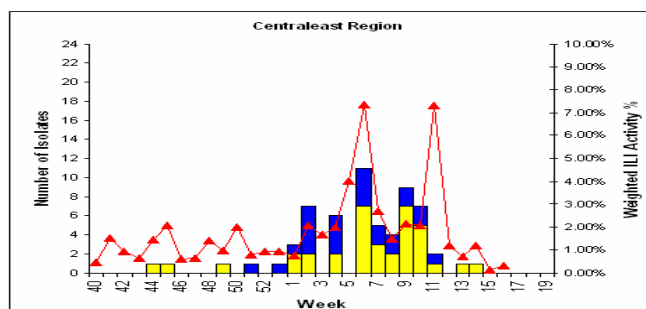
V. LABORATORY AND INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE BY REGION

Influenza Surveillance Regions



The table below shows the weighted ILI activity by region as reported by Florida sentinel physicians for the 2007-08 & 2008-09 seasons. The graphs below include ILI activity as reported by sentinel physicians and FDOH laboratory data.

Week 16: FSPISN Weighted ILI Activity, by Region 2007-08 & 2008-09 Seasons		
REGION	2008-09 ILI %	2007-08 ILI %
Centraleast	0.33%	0.90%
Centralwest	0.39%	0.00%
Northcentral	0.45%	0.54%
Northeast	0.14%	0.17%
Northwest	0.05%	1.46%
Southeast	2.83%	1.24%
Southwest	0.00%	0.00%



- Influenza A specimens FDOH Laboratories
- Influenza B specimens FDOH Laboratories
- % of visits for ILI, reported by sentinel providers

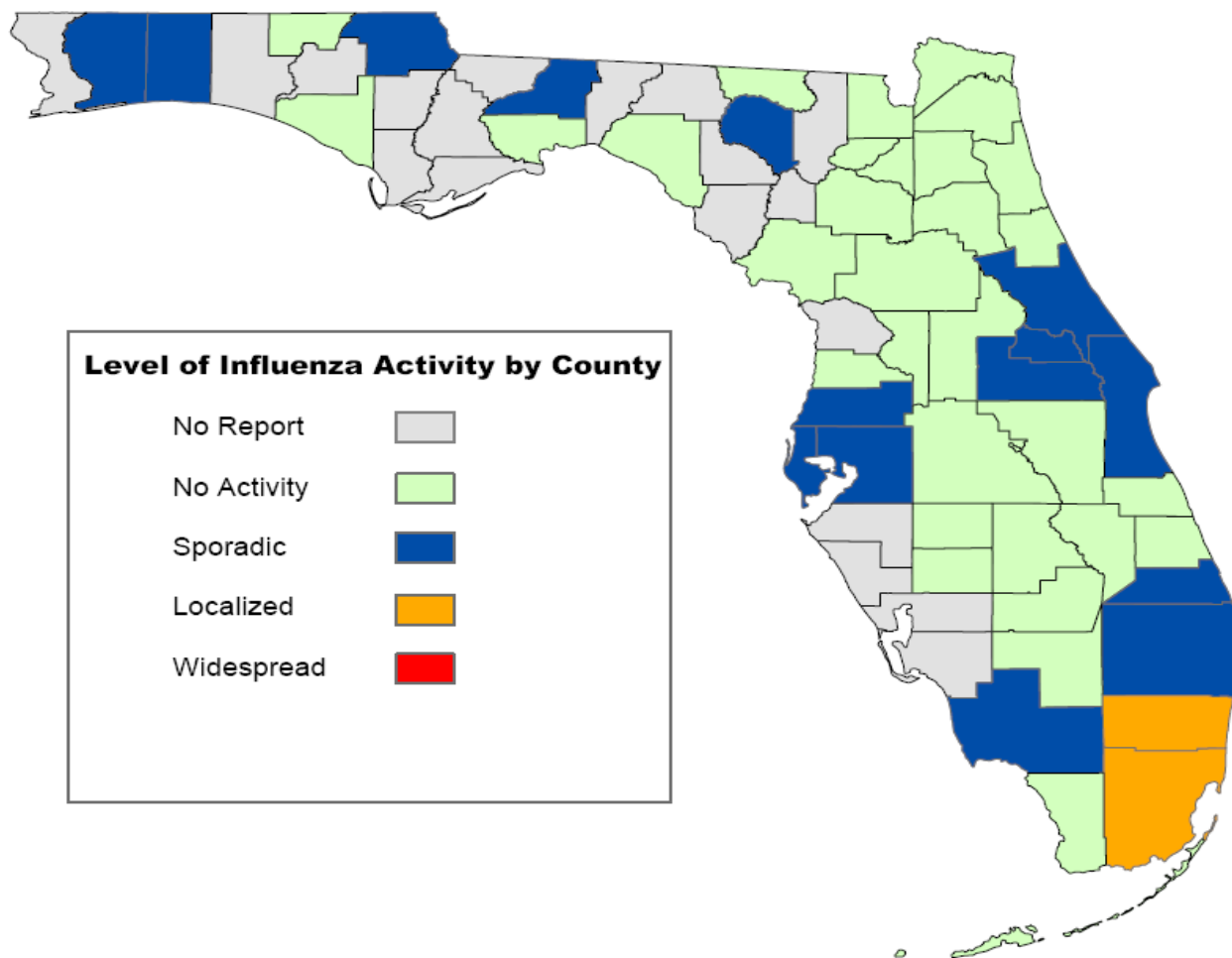
VI. COUNTY INFLUENZA ACTIVITY MAP

During week 16, no counties reported widespread activity. Two counties reported localized activity (Broward, Miami-Dade). Fifteen counties (Brevard, Collier, Hillsborough, Jackson, Leon, Martin, Okaloosa, Orange, Palm Beach, Pasco, Pinellas, Santa Rosa, Sarasota, Seminole, Suwannee, Volusia) reported sporadic activity. Thirty-one counties reported no activity. Nineteen counties did not report. *Please note: data reported from counties reporting after the deadline are recorded but may not be included in the activity map below.*

Weekly County Influenza Activity

(Week ending April 25, 2009 - Week 16)

County influenza activity levels are reported by county health department epidemiologists



Florida Department of Health
Bureau of Epidemiology

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 Map printed April 30, 2009 at 12:46 pm ET.

COUNTY INFLUENZA ACTIVITY LEVEL DEFINITIONS

0 = No Activity:

Overall clinical activity remains low with no laboratory confirmed cases[†] in the county.

1 = Sporadic:

- And/or {
- Isolated cases of laboratory confirmed influenza[†] in the county.
 - An ILI[§] outbreak in a single setting[‡] in the county. (No detection of decreased ILI[§] activity by surveillance systems*)

2 = Localized:

- And/or {
- ILI[§] activity detected by a *single* surveillance system* within the county. (ILI[§] activity has not been detected by *multiple* ILI surveillance systems.)
 - Two or more outbreaks (ILI[§] or lab confirmed[†]) detected in a *single* setting[‡] in the county.

AND

- Recent (within past three weeks) laboratory evidence[†] of influenza activity in the county.

3 = Widespread:

- And/or {
- An increase in ILI[§] activity detected in ≥ 2 surveillance systems in the county.
 - Two or more outbreaks ((ILI[§] or laboratory confirmed[†]) detected in *multiple* settings[‡] in the county.

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

[†] Laboratory confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR.

[§]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.

[‡]Settings include institutional settings (LTCFs, hospitals, prisons, schools, companies) & the community.

VII. REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESS (ILI) OUTBREAKS

During week 16 there were no influenza or influenza-like illness outbreaks reported.

During week 15 there were no influenza or influenza-like illness outbreaks reported.

During week 14 there were no influenza or influenza-like illness outbreaks reported.

During week 13 there were no influenza or influenza-like illness outbreaks reported.

County Health Department epidemiologists should report Influenza and ILI outbreaks via EpiCom at: <https://fdens.com/vabtrs/GateStart.aspx> within the Influenza Forum.

Total influenza or ILI outbreaks reported as of week 16 (04/25/09): 7

VIII. NOTIFIABLE DISEASE REPORTS: INFLUENZA-ASSOCIATED DEATHS AMONG CHILDREN (<18 YEARS) & POST-INFLUENZA INFECTION ENCEPHALITIS

As of the week ending April 25, 2009, there were no influenza-associated deaths among those <18 years of age and/ or post influenza infection encephalitis reported in the state of Florida.

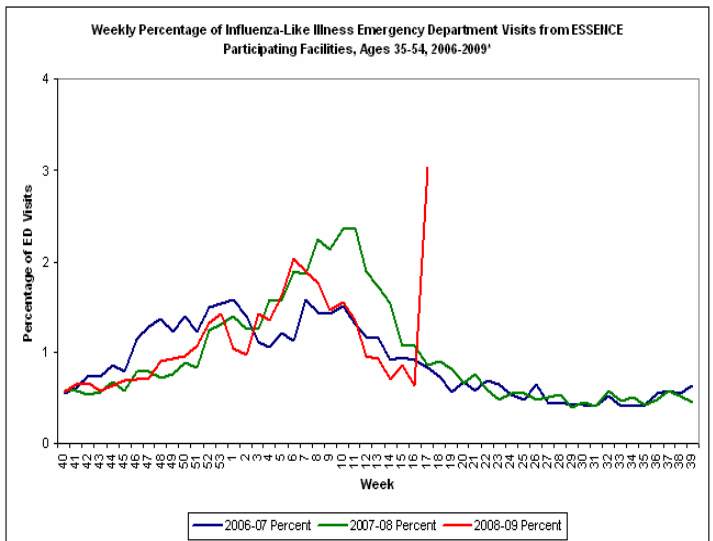
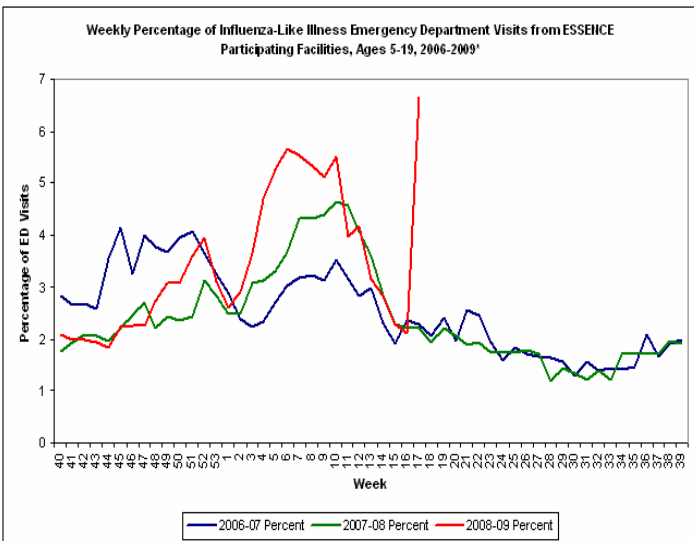
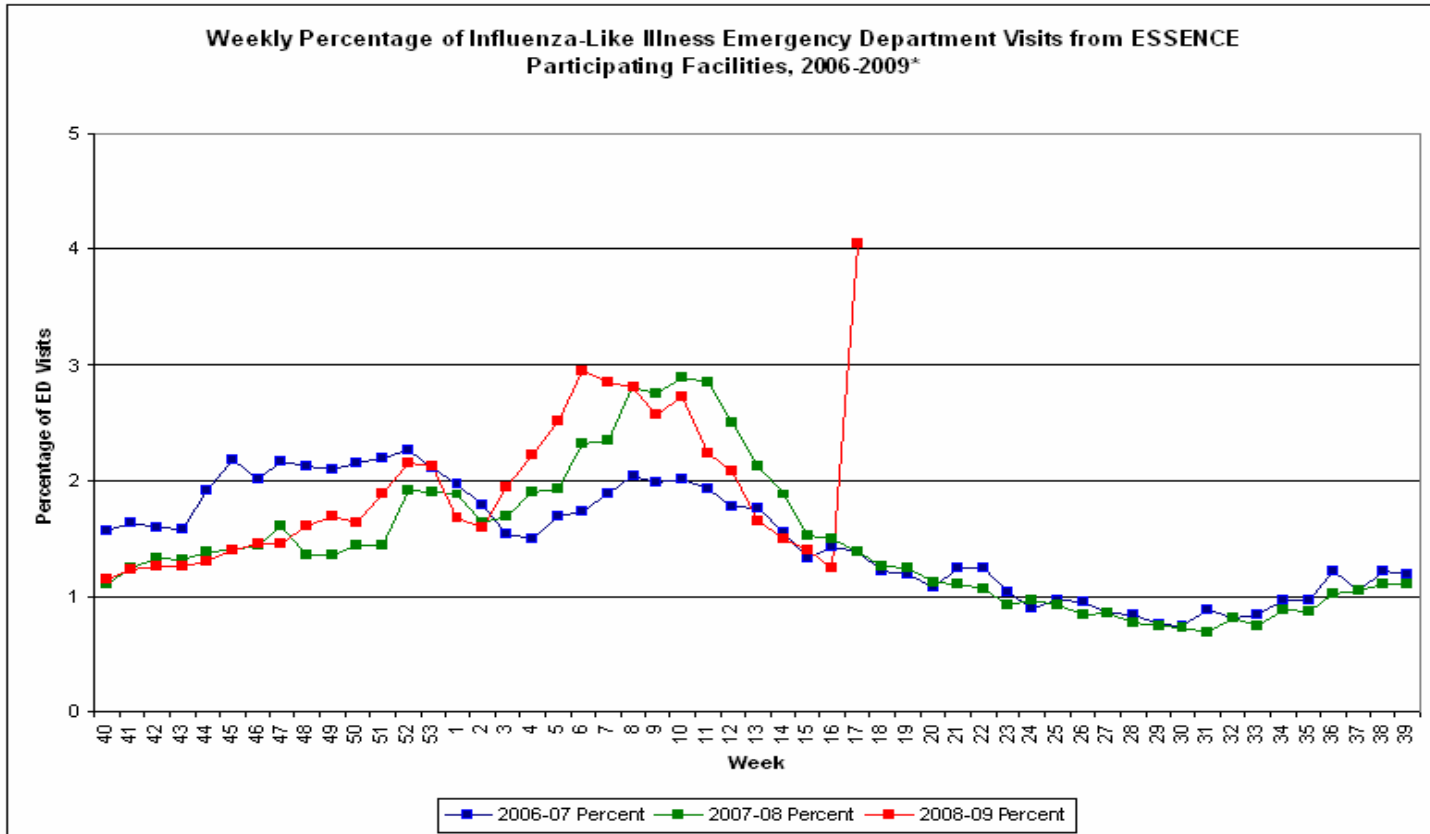
Reportable Disease	# of Cases 08-09 Influenza Season
Influenza-associated deaths among those <18 years of age	3*
Post-influenza infection encephalitis	0

*Case reported during week 6 was reclassified as a suspect case. Please note that status of reported cases are subject to change upon receipt of additional information.

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.

IX. SYNDROMIC SURVEILLANCE SUMMARY

Florida uses the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) for syndromic surveillance, which currently collects data from 108* hospitals. 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. The data are collected on a daily basis from participating hospital emergency departments (ED) across the state. Displayed below are the percentage of ILI visits to local EDs from 2006 to 2009 by week.



*The total number of facilities participating in ESSENCE has increased steadily from 2006 to 2009. In 2007 ESSENCE was implemented as the state syndromic surveillance system. Please note that numbers may change as facility data is updated.

X. SUMMARY OF WORLDWIDE NOVEL INFLUENZA ACTIVITY

Accessed on: 04/28/09

Avian Influenza A (H5N1)

Since the outbreak activity of avian influenza A (H5N1) began at the end of December 2003, there have been a total of 421 confirmed human cases and 257 deaths. Cases and deaths have occurred in the following nations: Azerbaijan 8 cases and 5 deaths; Bangladesh 1 case 0 deaths; Cambodia 8 cases and 7 deaths; China 38 cases and 25 deaths; Djibouti 1 case 0 deaths; Egypt 67 cases and 23 deaths; Indonesia 141 cases and 115 deaths; Iraq 3 cases and 2 deaths; Lao People's Democratic Republic 2 cases and 2 deaths; Myanmar 1 case and 0 deaths; Nigeria 1 case and 1 death; Pakistan 3 cases and 1 death. Thailand 25 cases and 17 deaths; Turkey 12 cases and 4 deaths; and, Vietnam 110 cases and 55 deaths. For a complete analysis and summary of WHO confirmed human cases of H5N1 from 12/1/2003 to current, please visit: http://www.who.int/csr/disease/avian_influenza/ai_timeline/en/index.html

Changes in the WHO case definition for human infection with avian influenza H5N1 can be found here: http://www.who.int/csr/disease/avian_influenza/guidelines/case_definition2006_08_29/en/index.html

During week 16, no new cases of Influenza A H5N1 were reported.

During week 15, the Ministry of Health and Population of Egypt reported four new confirmed human case of avian influenza. The first case is a 33 year old female from Kellin district, Kfr El Sheikh Governorate. Her symptoms began on April 7th, 2009 and she was hospitalized at Kfr El Sheikh Fever Hospital April 15th where she was started on oseltamivir the same day. She is in a critical condition. The second case is a 25-year old pregnant female from El Marg District, Cairo Governorate. Her symptoms began on April 6th, 2009 and she was hospitalized at Ain Shams University hospital on April 11th where she was started on oseltamivir on April 16th. She is in a critical condition. The third case is 18-month old female from Kellin District, Kafr Elsheikh Governorate. Her symptoms began on April 15th, 2009 and she was hospitalized at Kafr Elsheikh Fever Hospital on April 18th where she was started on oseltamivir on the same day of hospitalization. Her condition is stable. The fourth case is a 4 year old male from Akhmim District, Sohag Governorate. His symptoms began on April 18th, 2009 and he was hospitalized at Sohag Fever Hospital on April 18th where he was started on oseltamivir. He is in a stable condition. Contact with sick and/or dead poultry was noted in all four cases prior to illness.

More information about these cases can be found at http://www.who.int/csr/disease/avian_influenza/updates/en/index.html

Influenza A (H1N1) - (Swine Origin)

This report summarizes influenza activity for week ending 04/25/09. No influenza A H1N1 activity was reported in Florida during week 16.

A total of 257 confirmed human cases and 8 confirmed deaths due to influenza A (H1N1) have been reported, since the virus was first recognized in April 2009. Laboratory confirmed cases and deaths have occurred in the following nations: Austria 1 case, 0 deaths; Canada 19 cases, 0 deaths; Germany 3 cases, 0 deaths; Israel 2 cases, 0 deaths; Mexico 26 cases, 7 deaths; Netherlands 1 case, 0 deaths; New Zealand 3 cases, 0 deaths; Spain 4 cases, 0 deaths; Switzerland 1 case, 0 deaths; United States 91 cases, 1 death; United Kingdom 5 cases, 0 deaths. For a summary of the most up to date H1N1 information please visit: <http://www.who.int/csr/disease/swineflu/en/index.html>

In the United States a total of 11 states have reported confirmed cases of influenza A (H1N1). Laboratory confirmed cases and a death have occurred in the following states: Arizona 1 case, 0 deaths; California 14 cases, 0 deaths; Indiana 1 case, 0 deaths; Kansas 2 cases, 0 deaths; Massachusetts 2 cases, 0 deaths; Michigan 1 cases, 0 deaths; Nevada 1 case, 0 deaths; New York 50 cases, 0 deaths; Ohio 1 case, 0 deaths; South Carolina 10, 0 deaths; Texas 26 cases, 1 death.

For the latest information about this rapidly evolving situation please visit: <http://www.cdc.gov/h1n1flu/>

Human cases of influenza due to infection from novel or pandemic strains are reportable in Florida. Reports should be made to the Department 24/7 upon initial suspicion.