Florida FLU REVIEW

2015-16 season

Week 10: March 6-12, 2016

Summary

State influenza and influenza-like illness (ILI) activity:

- Florida reported "widespread" activity to the Centers for Disease Control and Prevention (CDC) in week 10.
- **The flu season is now at near-peak levels. This is the most late-season activity observed in the last three seasons.**
- **There continues to be an increase in reported outbreaks in recent weeks.**
- **Emergency department (ED) and urgent care center (UCC) visits for ILI remain above levels seen in previous seasons, most notably in people ≥80 years old and pregnant women.**
- The preliminary estimated number of deaths due to pneumonia and influenza is similar to levels seen in previous seasons at this time.
- Thirty-two counties reported "increasing" activity in week 10.
- **In week 10, three counties reported "elevated" activity, 26 counties reported "moderate" activity, 34 counties reported "mild" activity, and four counties reported no activity.**
- No influenza-associated pediatric deaths were reported in week 10.
  - Four influenza-associated pediatric deaths have been reported so far this season. While rare, Florida receives reports of influenza-associated pediatric deaths each season. **Annual vaccination remains the best way to protect children against the flu.**
- In week 10, seven outbreaks of influenza and one outbreak of ILI were reported. Of the eight outbreaks, the majority occurred in facilities serving children.
- **Influenza A 2009 (H1N1) has been the most commonly identified influenza subtype this season by the Bureau of Public Health Laboratories (BPHL).**

National influenza activity:

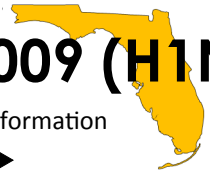
- Influenza activity remains elevated nationally. The majority of states are now reporting widespread influenza activity.
- **The CDC recommends that high risk (such as children and pregnant women) or very ill patients suspected of having influenza should receive prompt treatment with antiviral drugs, even prior to laboratory confirmation.**
- Influenza A 2009 (H1N1) is the predominately circulating strain.
- The vast majority of circulating flu viruses analyzed this season remain similar to the vaccine virus components for this season's flu vaccines. **If you have not yet been vaccinated this season, get vaccinated now. It's not too late!**
  - The CDC reported preliminary influenza vaccine effectiveness (VE) estimates for the 2015-16 seasonal influenza vaccine. **The 2015-16 flu vaccine is a good match for the currently circulating strains of influenza.**
  - To learn more, please visit: www.cdc.gov/flu/weekly/.
- Highly pathogenic avian influenza (HPAI) H5 viruses have been identified in U.S. backyard and commercial flocks of birds during the spring and summer of 2015. Influenza (HPAI) H5 has not been identified in Florida birds, but identifications are anticipated. No human HPAI infections have been identified in Florida or the rest of the nation.
  - To learn more, please visit: www.floridahealth.gov/novelflu.

Weekly State Influenza Activity

Widespread

For more information see page 2 ▶

Predominately Circulating Strain

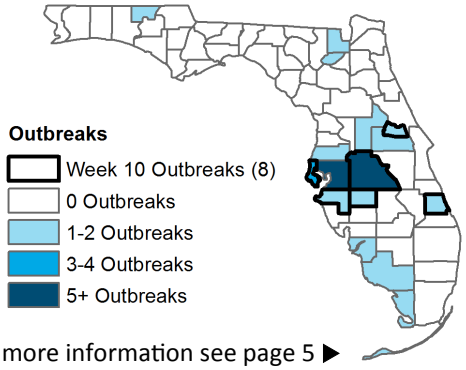


A 2009 (H1N1)

For more information see page 6 ▶

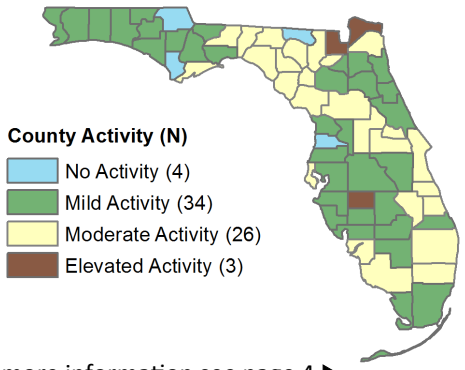
Influenza and ILI Outbreaks

Reported as of 3/9/2016



For more information see page 5 ▶

County Influenza Activity



For more information see page 4 ▶

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Posted March 16, 2016 on the Bureau of Epidemiology (BOE) website: www.floridahealth.gov/floridaflu
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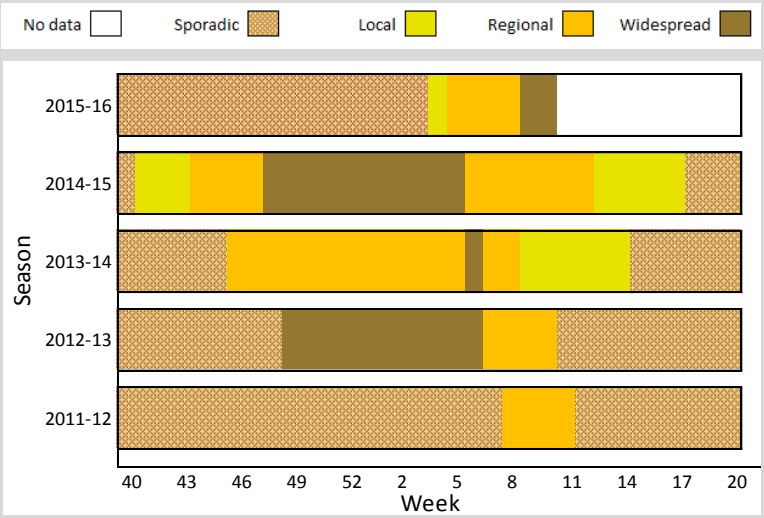
Weekly State Influenza Activity Reporting

Below is the state influenza activity level reported to CDC each week since the 2011-12 influenza season. **Florida reported widespread influenza activity for week 10.**



The graphic above shows how influenza activity in Florida can vary widely from season to season. This unpredictability underscores the importance of influenza surveillance in Florida.

Influenza surveillance goals:

- Influenza surveillance is conducted to detect changes in the influenza virus. These data are used to help determine the annual vaccine composition and to prepare for potential epidemics or pandemics.
- Surveillance is also conducted to identify unusually severe presentations of influenza infection, detect outbreaks, and determine seasonal influenza trends in order to guide influenza prevention, particularly in high-risk populations like children, adults ≥65 years old, and pregnant women.
- See the back page of this report for more information on influenza surveillance systems used in Florida: Page 11 ▶

Statewide ILI Visits

Influenza-like illness (ILI) is defined as a fever ≥100°F AND sore throat and/or cough *in the absence* of another known cause.

ED and UCC Visits for ILI by Flu Season

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

FIGURE 1

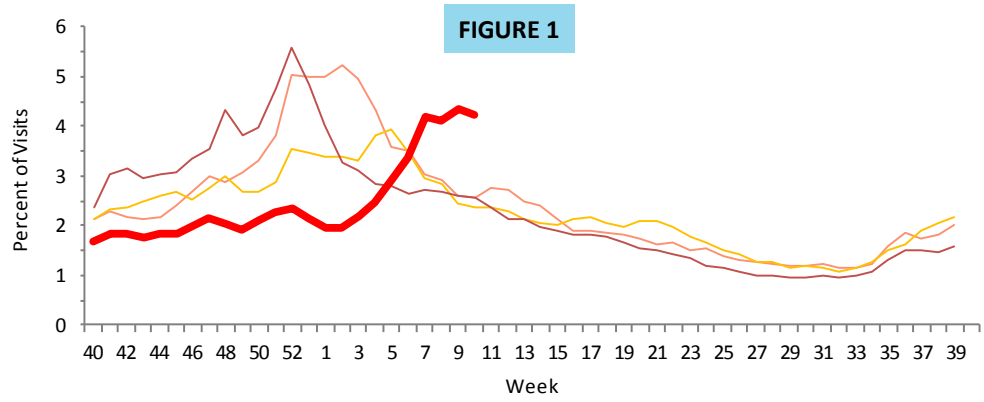


Figure 1 shows the percent of visits for ILI from ED and UCC chief complaints for ESSENCE-FL participating facilities (n=263), week 40, 2012 to week 10, 2016.

In week 10, the percent of visits to EDs and UCCs for ILI decreased slightly, but remains above levels seen in previous seasons at this time.

2015-16 2014-15 2013-14 2012-13

2015-16 2014-15 2013-14 2012-13

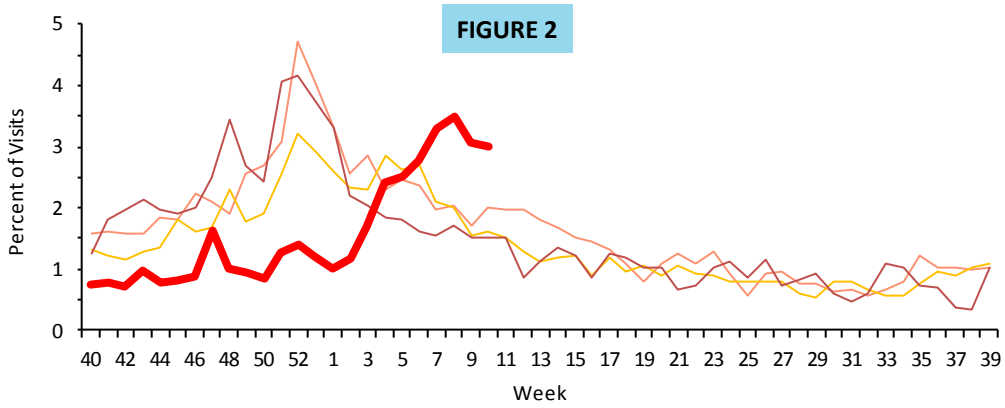
Visits for ILI to Outpatient Providers by Flu Season

ILI = influenza-like illness

Figure 2 shows the percent of visits for ILI reported by ILINet outpatient providers statewide (n=46), week 40, 2012 to week 10, 2016.

In week 10, the percent of visits for ILI reported by ILINet outpatient providers decreased slightly, but remains above levels seen in previous seasons at this time.

FIGURE 2



P&I Deaths* from Vital Statistics by Flu Season

P&I = pneumonia and influenza

FIGURE 3

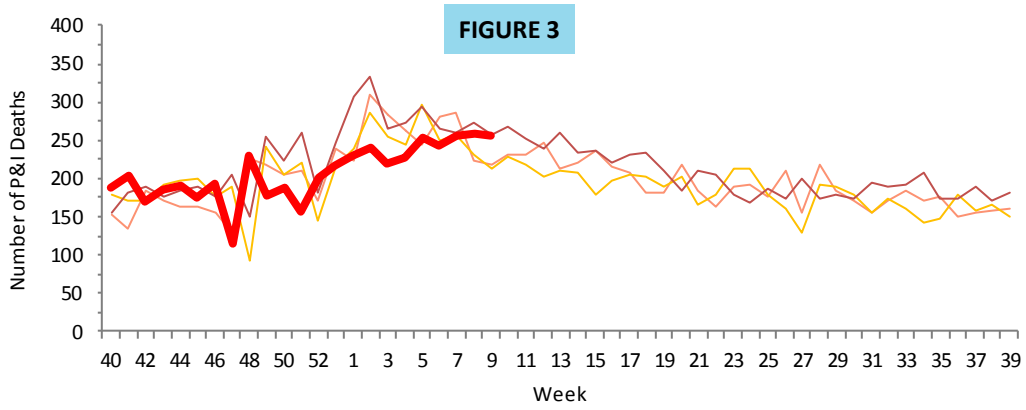


Figure 3 shows P&I deaths* for all Florida counties from the Bureau of Vital Statistics, as reported into ESSENCE-FL, week 40, 2012 to week 9, 2016.

As of week 9 (ending March 5, 2016), 4,776 P&I deaths have been reported in the 2015-16 influenza season.

The number of P&I deaths has remained stable and is similar to levels seen in previous seasons at this time.

P&I Deaths*, Multi-Year Regression Model

P&I = pneumonia and influenza

Figure 4 shows the number of preliminary estimated P&I deaths* for all Florida counties, the number of deaths predicted using a multi-year regression model, and the upper bound of the 95% confidence interval for this prediction.

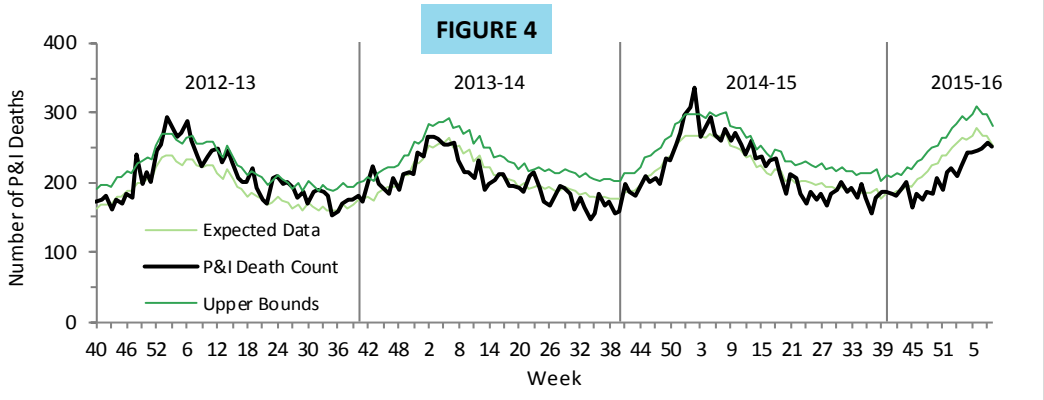
For week 9 (ending March 5, 2016):

253 preliminary estimated P&I deaths were reported.

The upper bound of the 95% confidence interval for prediction is 286 deaths, with no excess deaths.

The number of P&I deaths is similar to levels seen in previous seasons at this time. P&I deaths tend to occur later in the season as at-risk populations develop complications from influenza infection.

FIGURE 4



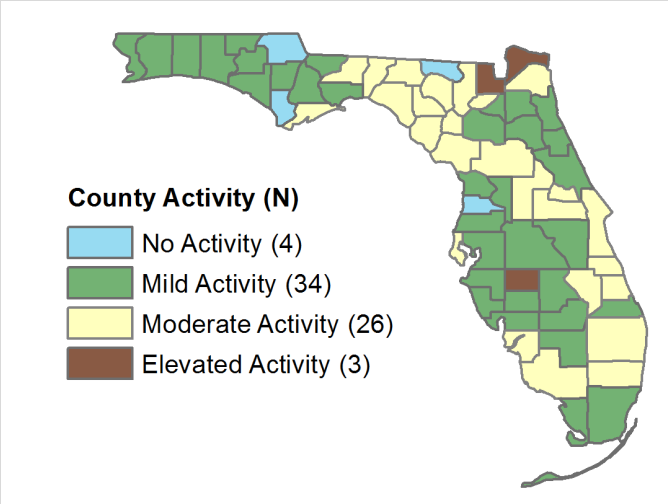
* Current season P&I death counts are preliminary estimates, and may change as more data are received. *The most recent data available are displayed here. Vital statistics death records received in ESSENCE-FL are considered to be complete through week 9, 2016.*

County Influenza and ILI Activity Maps

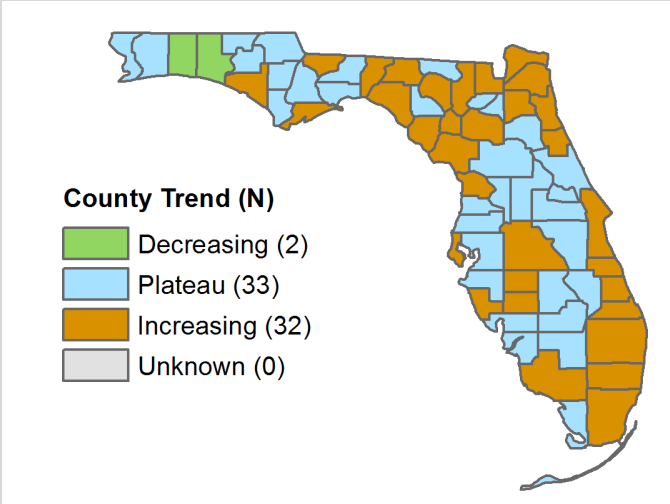
County influenza activity data are reported by county health departments through EpiGateway on a weekly basis. Information is used to determine county activity and includes laboratory results, outbreak reports, and ILI activity. **The figures below reflect a county's assessment of influenza activity within their county. For week 10, 32 counties reported "increasing" activity, 33 counties reported activity at a "plateau," and two counties reported "decreasing" activity.**

County Influenza Activity

Map 1 **County Influenza Activity Level for Week 10 Reported by 9:30 a.m. March 16, 2016**



Map 2 **County Influenza Activity Trend for Week 10 Reported by 9:30 a.m. March 16, 2016**



As of 9:30 a.m. March 16, 2016, a total of 67 (100%) counties reported their weekly level of influenza activity. Please note that data reported after the deadline Tuesday at 5 p.m. are recorded but may not be included in the activity maps for this week.

Influenza-Associated Pediatric Deaths

Influenza-Associated Pediatric Deaths

FIGURES 5 - 7

Figures 5-7 show the number of pediatric deaths associated with influenza infection, week 40, 2011 to week 10, 2016.

No influenza-associated pediatric deaths were reported in week 10.

Four influenza-associated pediatric deaths have been reported this season. While rare, Florida receives reports of influenza-associated pediatric deaths each season. Most deaths occur in unvaccinated children with underlying health conditions.

Children, especially those with underlying health conditions, are at higher risk of severe outcomes from influenza infection. **Annual vaccination remains the best way to protect against the flu. It is not too late to vaccinate children for the 2015-16 season.** To learn more please visit: www.cdc.gov/flu/protect/whoshouldvax.htm#annual-vaccination.

Figure 5: Influenza-Associated Pediatric Deaths by Vaccination Status

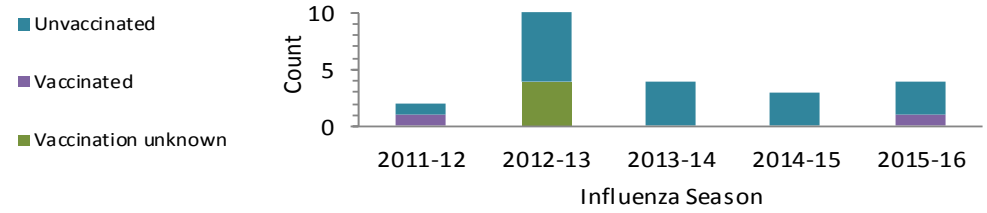


Figure 6: Influenza-Associated Pediatric Deaths by Medical History

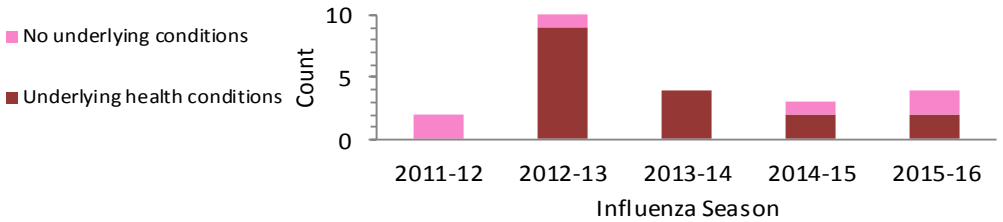
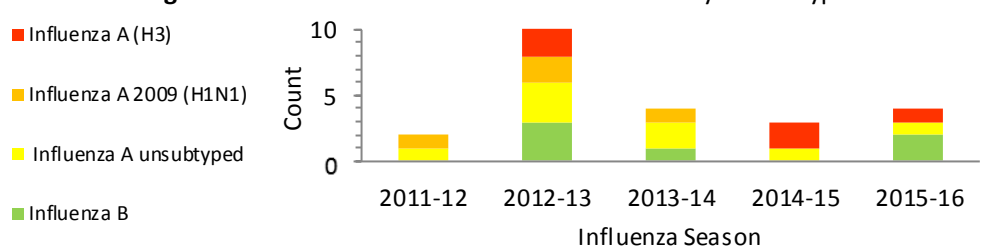


Figure 7: Influenza-Associated Pediatric Deaths by Strain Type



Reported Influenza and ILI Outbreaks

ILI = influenza-like illness

Thirty-one outbreaks of influenza and ILI have been reported into EpiCom so far in the 2015-16 season. **Seven outbreaks of influenza and one outbreak of ILI were reported in week 10.** No specimens were available for testing at BPHL; all testing was conducted through local health care providers. Infection control measures were reviewed with facility leadership and all investigations are ongoing.

Pinellas County: A preschool reported 14 students and three teachers with ILI. Three specimens collected from ill persons tested positive for influenza A by rapid antigen testing. Tamiflu was prescribed to persons positive for influenza. Flu vaccination status for ill residents for the 2015-16 season is unknown.

Pinellas County: A nursing facility reported 11 residents with ILI. Three specimens collected from ill residents tested positive for influenza B by rapid antigen testing. Tamiflu was prescribed to persons positive for influenza. Flu vaccination status for ill residents for the 2015-16 season is unknown.

Polk County: A daycare reported eight children and four staff members with ILI. Six children were diagnosed with influenza. Flu vaccination status for ill persons for the 2015-16 season is unknown.

Polk County A nursing facility reported two residents with ILI. Two specimens were collected from ill residents, and both tested positive for influenza B. Both residents were hospitalized and neither resident was vaccinated for the 2015-16 flu season.

St. Lucie County: A school reported five students with ILI. Two specimens were collected from ill students and tested positive for influenza A. Two of the five ill students were prescribed Tamiflu. None of the ill students were vaccinated for the 2015-16 flu season.

Seminole County: A daycare reported 11 children and five staff members with ILI. Of those, one staff member was hospitalized and tested positive for respiratory syncytial virus (RSV).

Hardee County: A correctional facility reported seven inmates with ILI. Three specimens were collected from ill inmates and tested positive for influenza A by EIA testing. Of the seven ill inmates, one was vaccinated for the 2015-16 flu season.

Manatee County: An elementary school reported ten students with ILI. At this time no specimens have been collected for confirmatory testing and flu vaccination status for ill students for the 2015-16 season is unknown.

Map 3 Influenza and ILI Outbreaks by County Week 40 through Week 10, 2016

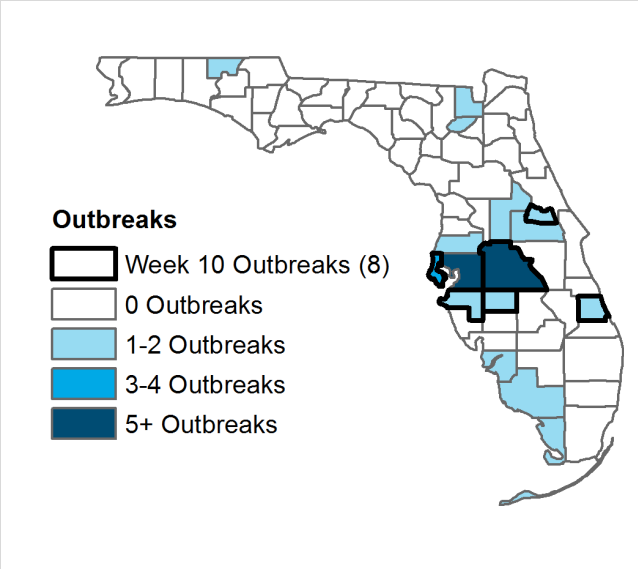


TABLE 1: Summary of Florida Influenza and ILI Outbreaks by Setting, Week 40 through Week 10, 2016

Setting	Total	A (H3)	A 2009 (H1N1)	A Unspecified	A & B Unspecified	B Yamagata	B Victoria	B Unspecified	Influenza Unspecified	Other respiratory viruses	Currently unknown pathogen
Schools	11	-	-	5	2	1		-	-	1 - respiratory syncytial virus (RSV)	2
Daycares	6	-	-	2	-	-		-	1	2 - RSV	1
Jails & prisons	3	-	1	2	-	-		-	-	-	-
Mental health facilities	-	-	-	-	-	-		-	-	-	-
Nursing homes & long term care facilities	10	1	-	1	-	-		3	-	1 - rhinovirus, 1 - human metapneumovirus	3
Health care facilities	-	-	-	-	-	-		-	-	-	-
Other	1	-	-	1	-	-		-		-	-
Total	31	1	1	11	2	1		3	1	5	6

Reported Influenza and ILI Outbreaks by Facility Type

ILI = influenza-like illness

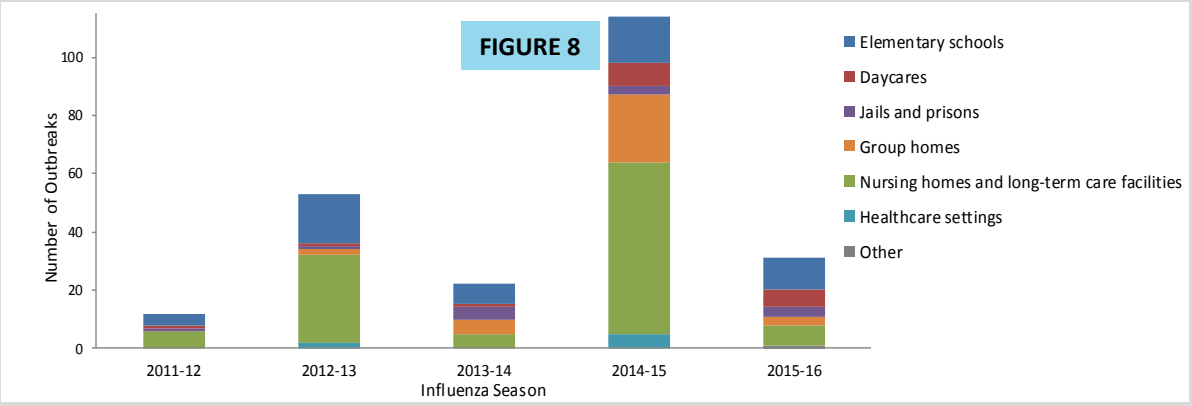


Figure 8 shows the distribution of outbreaks by facility type and season.

Influenza activity typically increases in children before older age groups. Therefore, outbreaks in facilities serving children are expected at this time in the season.

BPHL Viral Influenza Specimen Testing

BPHL = Bureau of Public Health Laboratories

FIGURE 9

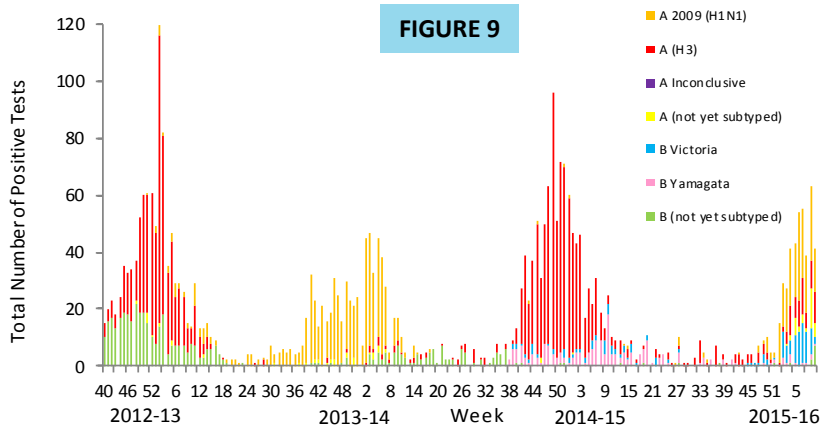
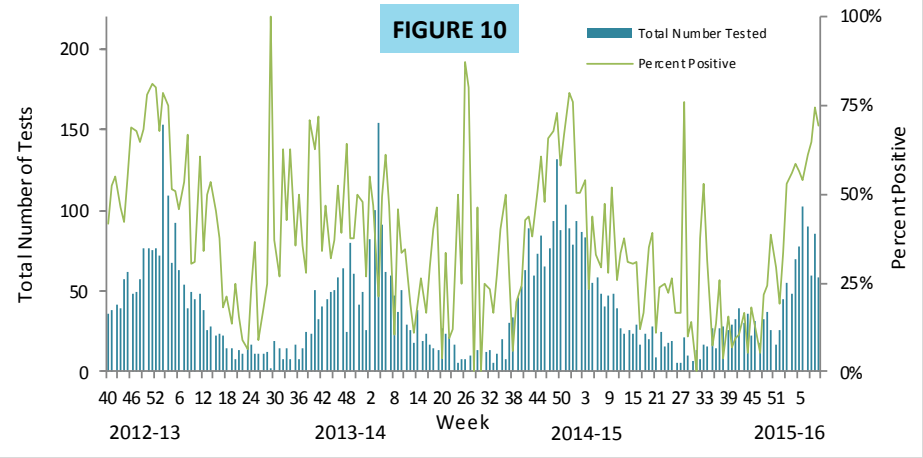


FIGURE 10



These figures use BPHL viral surveillance data.

Figure 9 shows the number of influenza-positive specimens, tested by subtype and lab event date*.

Influenza A 2009 (H1N1) has been the most commonly identified influenza subtype by BPHL since December. In the early part of the 2015-16 influenza season, influenza A (H3) was the most commonly identified subtype. This change has also been observed nationally.

Influenza B Yamagata lineage and influenza B Victoria lineage have also been identified by BPHL this season.

Figure 10 shows the number of specimens tested by BPHL and the percent that were positive for influenza by lab event date*.

In recent weeks, the number of specimens tested for influenza and the percent of laboratory results testing positive for influenza have increased. Both indicators are similar to or above levels seen in previous seasons at this time.

TABLE 2: Bureau of Public Health Laboratories (BPHL) Viral Surveillance by Lab Event Date*
Reported by 10:00 a.m. March 16, 2016

Specimen	Current Week 10	Previous Week 9	Current 2015-16 Season
Total Specimens Tested	**59**	**86**	**1068**
Influenza positive specimens (% of total specimen tested)	**41 (69%)**	**64 (74%)**	**470 (44%)**
Influenza A 2009 (H1N1) (% of influenza positives)	15 (37%)	26 (41%)	213 (46%)
Influenza A (H3) (% of influenza positives)	11 (27%)	10 (16%)	101 (21%)
Influenza A not yet subtyped (% of influenza positives)	5 (12%)	14 (22%)	34 (7%)
Influenza A inconclusive** (% of influenza positives)	-	1 (1%)	4 (1%)
Influenza B Yamagata (% of influenza positives)	1 (2%)	2 (3%)	19 (4%)
Influenza B Victoria (% of influenza positives)	2 (5%)	9 (14%)	88 (19%)
Influenza B not yet subtyped (% of influenza positives)	7 (17%)	2 (3%)	11 (2%)

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

**Influenza A inconclusive test results are due to technical difficulties including insufficient sample for testing or internal sample control failure and occur occasionally in routine laboratory testing.

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:
www.floridahealth.gov/diseases-and-conditions/influenza/_documents/flulabreportguide.pdf

ED and UCC Visits for ILI by Region

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Figures 11-17 show the percent of visits for ILI from ED and UCC chief complaints for ESSENCE-FL participating facilities (n=263), by ESSENCE-FL Regional Domestic Security Task Force (RDSTF) regions (see map 4) from week 40, 2012 to week 10, 2016*. **In week 10, ED and UCC ILI visits increased or remained the same in regions 2, 3, 7 and decreased in all other regions. ED and UCC visits are above levels seen in previous seasons in all regions except for regions 1 and 2 where levels are similar to those seen in previous seasons at this time.**

2015-16 2014-15 2013-14 2012-13

FIGURE 11: Region 1 (20 facilities)

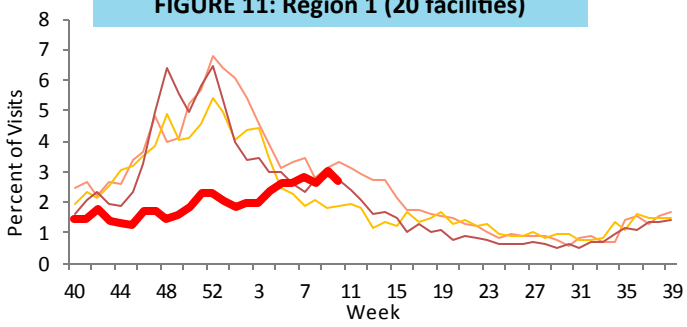


FIGURE 12: Region 2 (9 facilities)

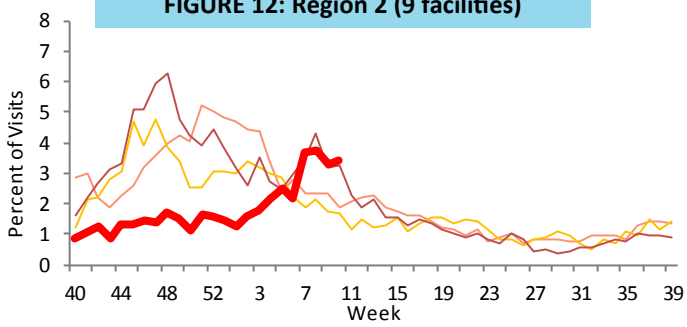


FIGURE 13: Region 3 (29 facilities)

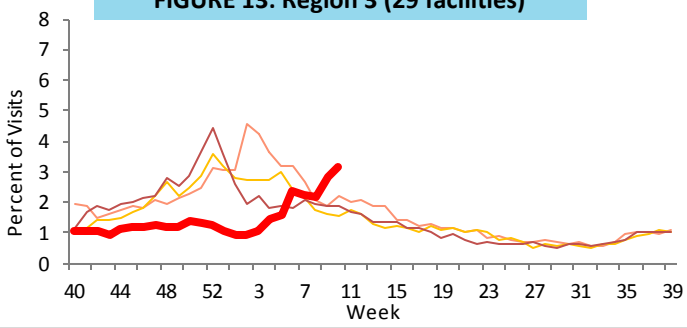


FIGURE 14: Region 4 (49 facilities)

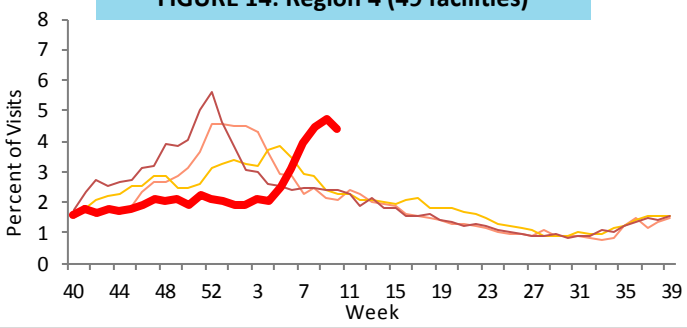


FIGURE 15: Region 5 (69 facilities)

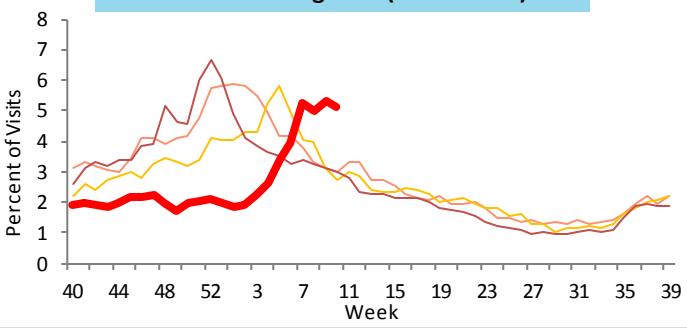


FIGURE 16: Region 6 (29 facilities)

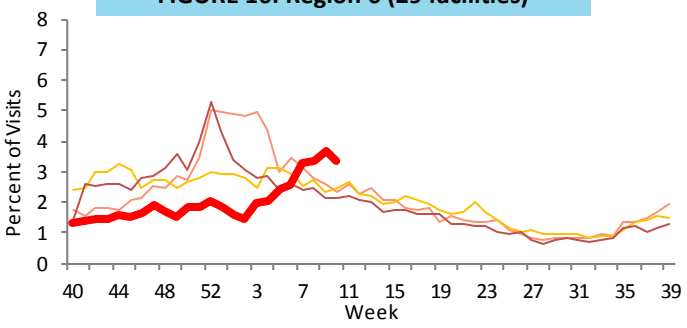
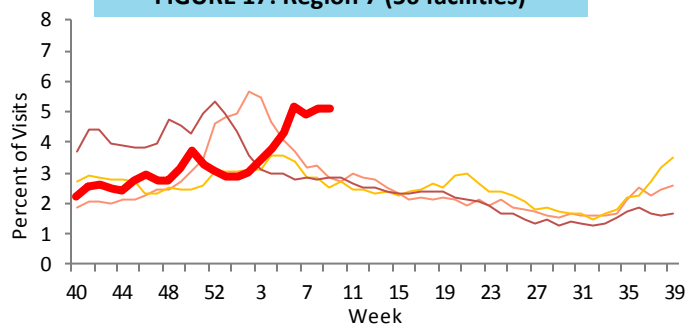


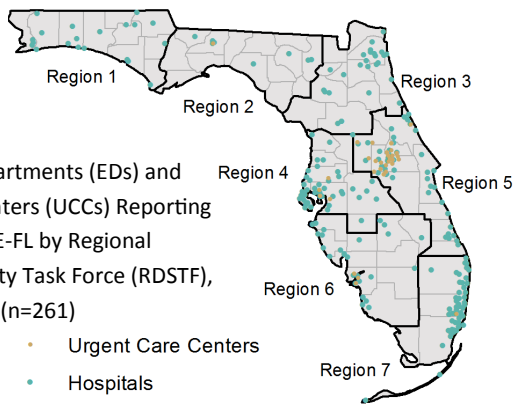
FIGURE 17: Region 7 (56 facilities)



*There is no week 53 for the 2012-13, 2013-14, and 2015-16 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

MAP 4

Emergency Departments (EDs) and Urgent Care Centers (UCCs) Reporting Data to ESSENCE-FL by Regional Domestic Security Task Force (RDSTF), March 16, 2016 (n=261)



Age Groups: ILI Visits and P&I Deaths

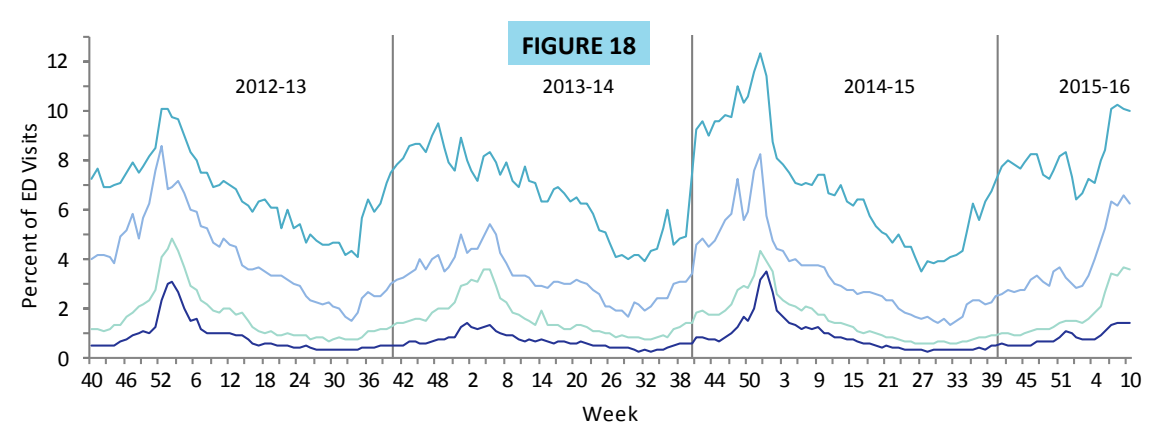
0 to 4 years old | 5 to 24 years old | 25 to 64 years old | ≥65 years old

ED and UCC Visits for ILI by Age Group

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Figure 18 shows the percent of visits for ILI from ED and UCC chief complaints by age group for ESSENCE-FL participating facilities (N=263), week 40, 2012 to week 10, 2016.

In week 10, ED and UCC visits for ILI are above levels seen in previous seasons in all age groups at this time.



Visits to Outpatient Providers for ILI by Age Group*

ILI = influenza-like illness

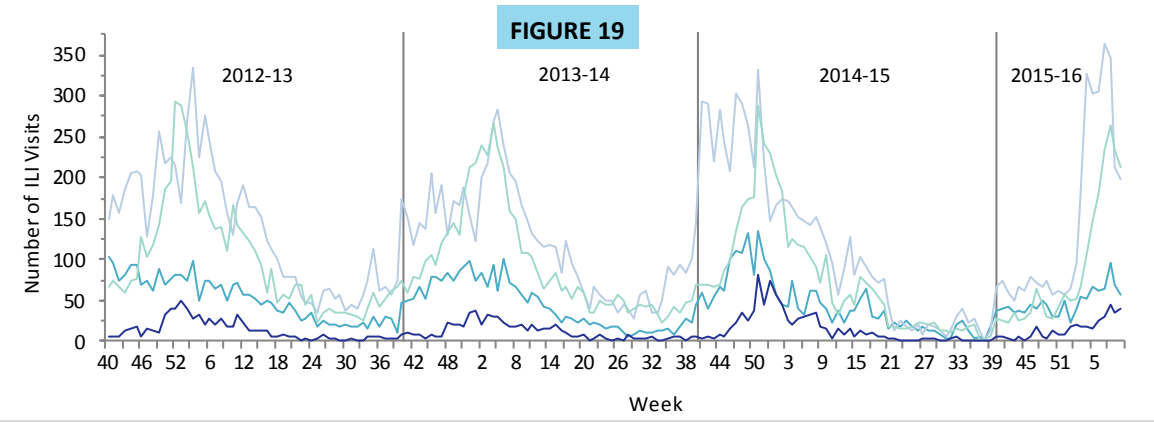


Figure 19 shows the number of visits for ILI reported by ILINet outpatient providers statewide (n=46) by age group, week 40, 2012 to week 10, 2016.

In week 10, the number of visits for ILI is above levels seen in previous seasons in the 5-24, 25-64, and ≥65 age groups. The number of visits for ILI is similar to levels seen in previous seasons in the 0-4 age group.

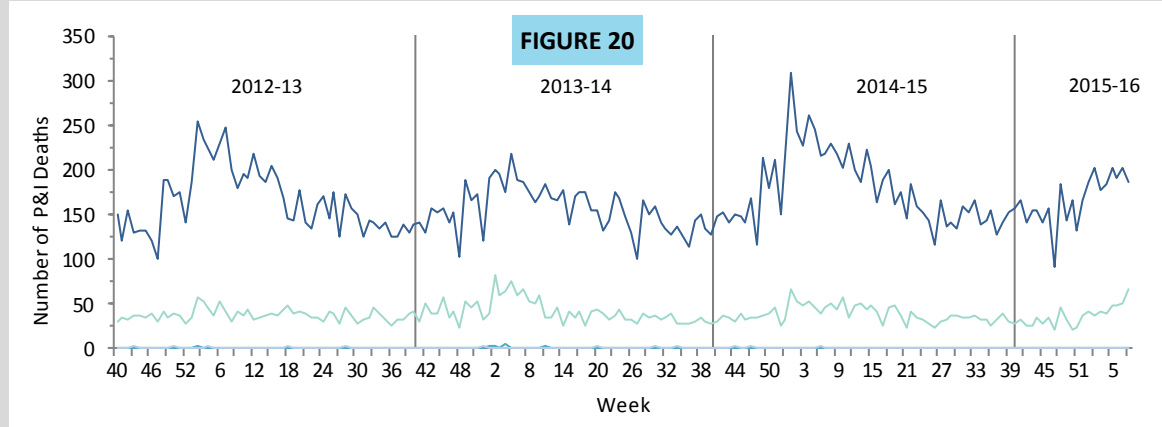
*Data presented here are counts, not proportions. This is because age group denominator data is not available through ILINet.

P&I Deaths* from Vital Statistics by Age Group

P&I = pneumonia and influenza

Figure 20 shows P&I deaths* for all Florida counties by age group, as reported into ESSENCE-FL, week 40, 2012 to week 9, 2016.

As of week 9 (ending March 5, 2016), the number of P&I deaths increased slightly in all age groups with the exception of the 25-64 age group. Levels are similar to those seen in previous seasons in the 0-4, 5-24, and 25-64 age groups at this time. Levels are below those seen in previous seasons in the ≥65 age group at this time.



*Current season P&I death numbers are preliminary estimates, and may change as more data are received. *The most recent data available are displayed here. Vital statistics death records received in ESSENCE-FL are currently considered to be complete through week 9, 2016.*

At-Risk Populations: ILI Visits

ESSENCE-FL collects data daily from 261 EDs and UCCs. Data are processed into 11 different syndrome categories based on the patient's chief complaint. One of the categories is ILI, which is composed of chief complaints that include the words "influenza" or "flu," or complaints that contain “fever,” “cough,” and/or “sore throat.” The Florida Department of Health uses ED and UCC chief complaint data to monitor influenza and ILI activity in a timely manner in groups at higher risk of severe health outcomes (such as hospitalization and death) from influenza infection. These at-risk groups include pregnant women, children ≤18 years old, and adults ≥65 years old.

2015-16 2014-15 2013-14 2012-13

ED and UCC Visits for ILI by **Pregnant Women**

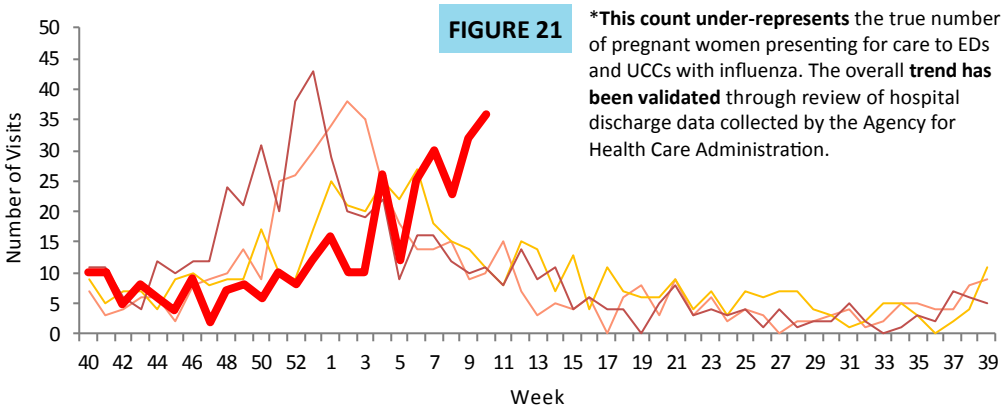
ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Pregnant women are at high risk for severe complications due to influenza infection.

Figure 21 shows the number of visits* to EDs and UCCs with chief complaints of influenza infection and pregnancy, as reported into ESSSENCE-FL, week 40, 2012 to week 10, 2016.

In week 10, the number of visits to EDs and UCCs by pregnant women with mention of influenza increased and is above levels seen in previous seasons at this time.

FIGURE 21



*__This count under-represents__ the true number of pregnant women presenting for care to EDs and UCCs with influenza. The overall **trend has been validated** through review of hospital discharge data collected by the Agency for Health Care Administration.

ED and UCC Visits for ILI by **Children ≤18 Years Old**

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

FIGURE 22

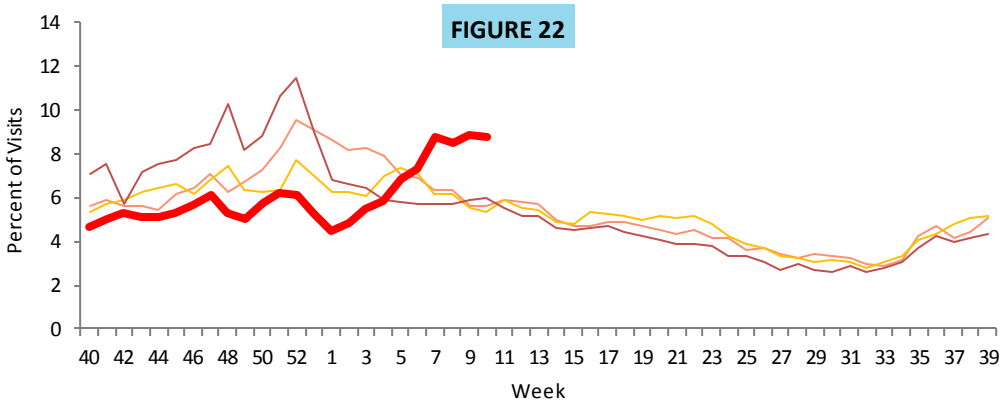


Figure 22 shows the percent of ILI visits among all ED and UCC visits for children ≤18 years old, as reported into ESSSENCE-FL, week 40, 2012 to week 10, 2016.

In week 10, the percent of ILI visits among all ED and UCC visits for children ≤18 years old remained the same is above levels seen in previous seasons at this time. Increased activity in children typically comes ahead of increased activity in older age groups.

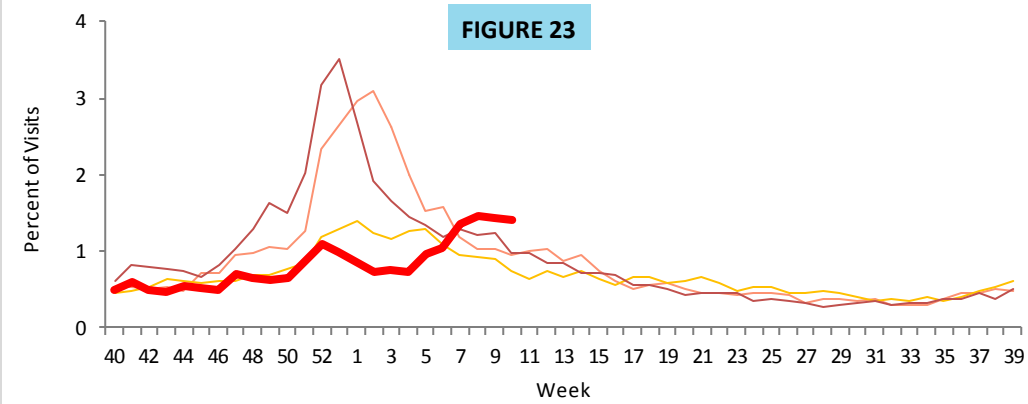
ED and UCC Visits for ILI by **Adults ≥65 Years Old**

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Figure 23 shows the percent of ILI visits among all ED and UCC visits for adults ≥65 years old, as reported into ESSSENCE-FL, week 40, 2012 to week 10, 2016.

In week 10, the percent of ILI visits among all ED and UCC visits for adults ≥65 years old remained the same and is above levels seen in previous seasons at this time.

FIGURE 23



ILI Activity by Setting Type

ILI = influenza-like illness

County health departments are asked to evaluate influenza activity in certain settings within their county. The assessment scale for activity ranges from no or minimal activity to very high activity.

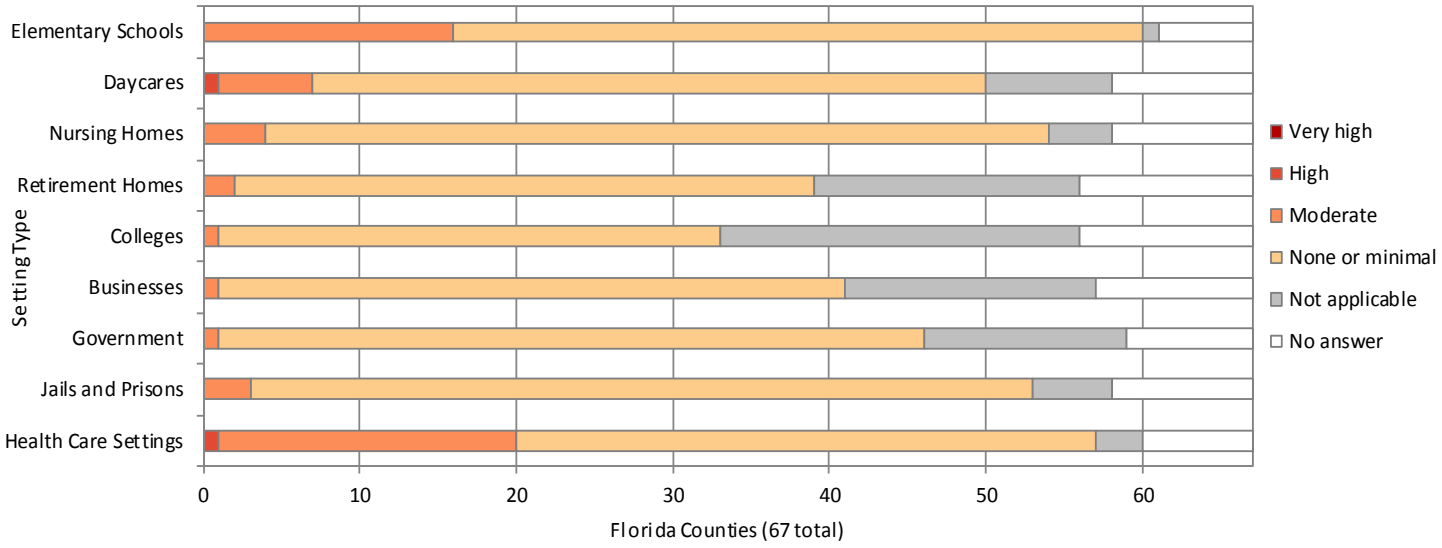
Figure 24 shows the results of the influenza activity assessment for week 10, 2016.

Counties that reported "not applicable" for the listed settings are excluded from the denominator in the calculations below.

ILI Activity Levels:

- No or very minimal activity
- Moderate activity
- High activity
- Very high activity

FIGURE 24



Settings for **Children under 18**

In elementary schools, 16 counties (24%) reported moderate influenza or ILI activity.

In daycare settings, one county (2%) reported high influenza or ILI activity.

Settings for **Adults over 65**

In nursing homes, four counties (6%) reported moderate influenza or ILI activity.

In retirement homes, two counties (4%) reported moderate influenza or ILI activity.

Settings for **Adults ages 18 to 65**

In colleges, one county (2%) reported moderate influenza or ILI activity.

In businesses, one county (2%) reported moderate influenza or ILI activity.

In government offices, one county (2%) reported moderate influenza or ILI activity.

Other **Unique settings**

In jails and prisons, three counties (5%) reported moderate influenza or ILI activity.

In health care settings, including rehabilitation facilities and mental health facilities, one county (2%) reported high influenza or ILI activity.

Laboratory Viral Respiratory Surveillance

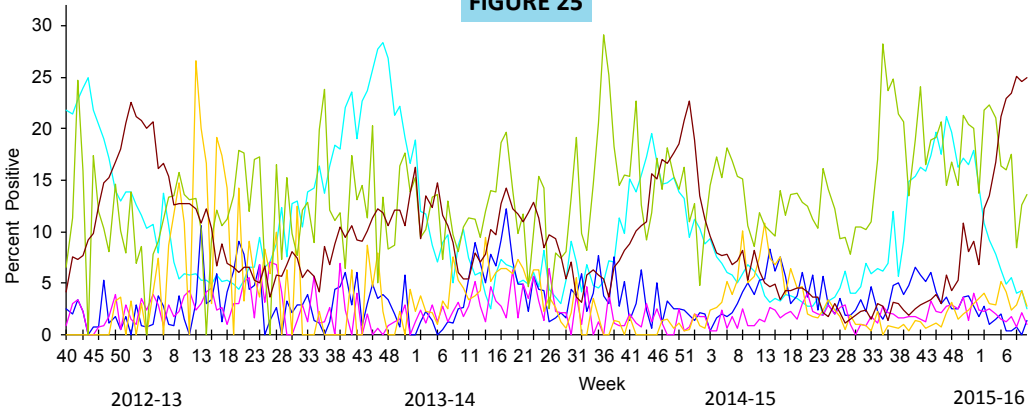


Figure 25 shows the percent of laboratory results testing positive for eight common respiratory viruses, as reported by hospital laboratories (n=11), week 40, 2012 to week 10, 2016.

In week 10, the percent of specimens testing positive for influenza was higher than other viruses under surveillance and is above peak activity seen in previous seasons at this time. The percent of specimens testing positive for rhinovirus increased in recent weeks.

- Respiratory syncytial virus (RSV)
- Parainfluenza 1-3
- Adenovirus
- Human metapneumovirus
- Rhinovirus
- Influenza

Florida ILI Surveillance System Summary

Florida ILINet · Data source for figures: 2 and 19

· ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. Florida has 88 sentinel providers enrolled in ILINet who submit weekly ILI and total visit counts, as well as submit ILI specimens to the Bureau of Public Health Labs (BPHL) for confirmatory testing.

ESSENCE-FL Syndromic Surveillance and Vital Statistics Portal · Data source for figures 1, 3-7, 11-18, 20-23; map 4

· ESSENCE-FL measures trends in ILI visits from emergency departments (ED) and urgent care clinics (UCC) and influenza mortality by using death certificates from the Bureau of Vital Statistics. EDs and UCCs electronically transmit visit data into ESSENCE-FL daily or hourly.

· For statewide and regional data on influenza-like illness, visits are counted as ED or UCC visits to participating facilities that include influenza-like illness in patient chief complaints.

· For pneumonia and influenza (P&I) surveillance, death record literals are queried using a free-text query that searches for references to P&I on death certificates. Any mention of P&I in the death certificate literals, with certain exceptions, is counted as a P&I death.

County Influenza Activity in EpiGateway · Data source for figures 19, 24, and maps 1 and 2

· County health department (CHD) epidemiologists report their county's influenza and ILI surveillance data weekly into the EpiGateway website. Influenza activity is classified as: No Activity, Mild, Moderate or Elevated. Setting-specific influenza activity and influenza trend information is also
reported. EpiGateway data provided by CHDs creates a county-by-county breakdown of influenza and ILI activity around the state.

Outbreak Reporting in EpiCom · Data source for figure 8, map 3, and table 1

· EpiCom tracks influenza and ILI outbreak investigations by county health departments. Reports by county health departments include the type of respiratory disease causing the outbreak and settings where outbreaks are occurring. CHD epidemiologists report outbreaks of influenza or ILI into EpiCom, Florida's online disease communication system.

· Outbreaks are defined as two or more cases of influenza or ILI in a specific setting.

Bureau of Public Health Laboratories (BPHL) · Data source for figures 9, 10 and table 2

· BPHL performs confirmatory testing and subtyping on surveillance specimens from ILINet sentinel providers, outbreak investigations, patients with severe or unusual influenza presentations and medical examiners.

· 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 at www.floridahealth.gov/diseases-and-conditions/influenza/_documents/flulabreportguide.pdf.

Laboratory Viral Respiratory Surveillance- Data sources for figure 25

· The National Respiratory and Enteric Virus Surveillance System (NREVSS) and Electronic Laboratory Reporting (ELR) collect data from laboratories in Florida on a weekly basis and monitor temporal and geographic patterns of six commonly circulating respiratory viruses. NREVSS data is collected by the Centers for Disease Control and Prevention (CDC) and ELR data is collected by the Florida Department of Health (DOH).

Case-Based Influenza Surveillance

Influenza-Associated Pediatric Deaths (Merlin) · Data source for figure 5-7

Influenza due to Novel or Pandemic Strains (Merlin)