

Florida Influenza Surveillance for the Week Ending December 20, 2003 (Week 51)

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Summary

Florida influenza-like illness (ILI) activity continues to increase statewide. Fifteen counties are reported as having high ILI% activity for the week ending December 20 (Week 51). Of the 14,465 patients seen by the sentinel providers during the week ending December 20, 607 were seen for influenza-like illnesses (an overall state ILI activity of 4.20%). Due to the holiday week, some sentinel providers reporting seeing no patients. The Florida ILI activity code reported to the Centers for Disease Control and Prevention (CDC) for the week ending December 20 was regional. Regional is defined as an increase in ILI activity in greater than or equal to two regions (sentinel counties) but less than half, along with recent laboratory evidence of influenza or recent institutional outbreaks within those regions. The Bureau of Epidemiology is asking counties to submit weekly status reports regarding enhanced surveillance of influenza for the 2003-2004 season. A statewide summary of these reports will be made available starting the week of December 29, 2003 via EpiCom. The Florida Department of Health has established an Influenza Incidence Command team to help coordinate the department's overall preparedness and response efforts for influenza this season. Jennett Baker, RN, of the Division of Disease Control, was announced as the Incident Commander.

Influenza-Like Illness (ILI) Florida Summary

Sixty-eight sentinels from 65 public clinics and private offices submitted reports for 26 counties during the week ending December 20, 2003 (Week 51). Counties with the highest percentage of patients with ILI were Pinellas (2.48%, with 5 of 8 sentinel locations reporting), Okaloosa (2.79%, 3 of 5 reporting), Collier (3.36%, 1 of 2 reporting), Santa Rosa (3.45%, 1 of 1 reporting), Hillsborough (3.98%, 3 of 6 reporting), Lake (5.50%, 1 of 2 reporting), Broward (6.29%, 7 of 7 reporting), Duval* (6.72%, 5 of 7 reporting), Orange* (7.76%, 7 of 9 reporting), Leon (10.74%, 2 of 2 reporting), Pasco (11.11%, 1 of 1 reporting), Polk (13.33%, 4 of 4 reporting), Monroe (13.99%, 1 of 1 reporting), Brevard* (14.17%, 3 of 3 reporting), Palm Beach (19.01%, 4 of 5 reporting). Ten counties reported a low percentage of patients with ILI, and one county reported no cases of ILI. A breakdown of ILI% reported for week ending December 20, 2003 by county is listed in Table 1. *Some sentinels reported seeing no patients during the week due to holiday.

County	Change in ILI Activity	Enrolled as of 12/1/03		Reporting for Week 51		Participation for Week 51	ILI% Reported for Week 51 (Current)	ILI% Reported for Week 50 (Updated)	ILI% Reported for Week 49 (Updated)
		Sentinels recruited	from Offices	Sentinels reporting	from Offices				
Alachua	Decreasing	2	2	1	2	50%	1.89%	3.42%	1.9%
Brevard	Increasing	3	3	3	3	100%	14.17%	3.80%	1.9%
Broward	Increasing	7	7	7	7	100%	6.29%	5.19%	6.7%
Charlotte	Level	1	1	1	1	100%	0.00%	0.00%	0.0%
Citrus	--	1	1			0%	--	0.53%	0.2%
Collier	Increasing	2	2	1	2	50%	3.36%	1.62%	0.0%
Duval	--	12	9	5	7	42%	6.72%	4.95%	2.6%
Hillsborough	Increasing	6	6	3	6	50%	3.98%	1.25%	0.5%
Indian River	--	8	3	2	3	25%	1.45%	5.60%	3.7%
Lake	Decreasing	2	2	1	2	50%	5.50%	6.16%	1.9%
Lee	Level	2	2	2	2	100%	1.12%	1.22%	0.8%
Leon	Increasing	2	2	2	2	100%	10.74%	5.40%	2.5%
Marion	Level	1	1	1	1	100%	1.17%	1.00%	0.5%
Martin	--	1	1			0%	--	1.16%	1.6%
Miami-Dade	Increasing	6	6	5	6	83%	1.82%	1.34%	1.0%
Monroe	Increasing	1	1	1	1	100%	13.99%	7.59%	0.7%
Okaloosa	Decreasing	4	4	3	5	75%	2.79%	3.38%	2.5%
Orange	Increasing	12	9	7	9	58%	7.76%	4.44%	3.7%
Osceola	Level	2	2	1	2	50%	1.75%	1.75%	8.0%
Palm Beach	Increasing	5	5	4	5	80%	19.01%	13.53%	9.0%
Pasco	Increasing	1	1	1	1	100%	11.11%	2.99%	9.1%

Pinellas	Decreasing	7	7	5	8	71%	2.48%	4.27%	6.0%
Polk	Increasing	7	4	4	4	57%	13.33%	8.80%	6.9%
Santa Rosa	Increasing	1	1	1	1	100%	3.45%		0.0%
Sarasota	--	1	1	1	1	100%	1.59%		
Seminole	--	5	5	1	1	20%	1.72%		2.9%
St. Johns	--	3	2	1	2	33%	1.28%	0.00%	1.8%
St. Lucie	--	1	1	0	0	0%	--	0.00%	0.0%
Volusia	Level	1	1	1	2	100%	0.39%	0.77%	0.0%
Walton	--	1	1	0	0	0%	--		7.8%

Laboratory Specimen Testing in Florida

Forty-eight of the 73 specimens received by the Jacksonville Central and Tampa Branch laboratories for influenza isolate testing during the week ending December 20, 2003 (Week 51) were found positive for influenza A. Of these 48 viruses, 36 were A (H3N2), 12 were unknown A. These viruses came from Alachua, Broward, Citrus, Collier, Duval, Hillsborough, Indian River, Leon, Okaloosa, Orange, Palm Beach, Pinellas, Polk, and St. Johns counties.

From September 28, 2003 to December 20, 2003, the Florida laboratories tested a total of 260 specimens and found 117 positive for influenza A (H3N2) and 20 unknown A. 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 B
Alachua	7		1	
Broward	3		3	
Citrus	1		1	
Collier	3		0	
Dade	1		0	
Duval	17		3	
Hillsborough	7		1	
Indian River	17		3	
Lake	1		0	
Leon	15		3	
Okaloosa	5		0	
Orange	2		2	
Osceola	1		0	
Palm Beach	5		1	
Pinellas	4		0	
Polk	15		1	
Sarasota	8		0	
St Johns	5		1	

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.

County	Rapid Tests performed	Negative Tests	Positive for A or B	Positive for A	Positive for B
Alachua	Unknown	Unknown	5	0	0
Bay	93	59	1	34	1
Brevard	315	255	0	69	0
Broward	7	6	0	1	0
Clay	1	0	1	0	0
Collier	Unknown	Unknown	146	0	0

Marion	2	1	1	0	0
Miami-Dade	54	29	25	0	0
Orange	10	0	3	0	0
Pinellas	3	1	2	0	0
Sarasota	2	1	1	0	0

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 December 20, 2003

The proportion of patient visits to sentinel physicians for influenza-like illness (ILI) was 7.7% nationwide. This is above the national baseline of 2.5%. The percentage of patient visits for ILI increased in 5 surveillance regions except the West South Central region, where it continues to decrease (6.8% for week 51 compared with 11.3% for week 47). On a regional level, the percentage of visits for ILI ranged from 9.6% in the East North Central region to 4.4% in the Mountain region. The South Atlantic region, in which Florida resides, reported 7.9%. 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, 326 influenza A (H3N2) viruses, and two 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 326 A (H3N2) viruses tested, 80 (25%) were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and 246 (75%) were similar to the drift variant, A/Fujian/411/2002 (H3N2). The influenza B viruses were similar to B/Sichuan/379/99, which is in the 2003-04 vaccine.

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

During week 51, there were insufficient data from WHO and NREVSS collaborating laboratories to report laboratory results.

State and Territorial Epidemiologists Report

Influenza activity was reported as widespread in 45 states (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming), New York City, and the District of Columbia. Regional activity was reported by 4 states (Florida, Louisiana, New Hampshire, and Oklahoma), and Hawaii reported local activity.

122 US Cities Vital Statistics Mortality Report

The percentage of all deaths due to pneumonia and influenza was 7.8%. This percentage is at the epidemic threshold of 7.8% for the week ending December 20, 2003.

International Influenza Activity

World Health Organization Communicable Disease Surveillance and Response

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 is 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-dgspsp/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.

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/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**