Find more information at: http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/index.htm
During week 20, 0.23%* of patient visits to Florida sentinel providers were due to ILI. This percentage is below the 2006—07 statewide threshold for moderate activity of 2.08%**. The percentage of visits ranged from 0.00% in the Northwest, Southeast, and Southwest regions to 0.76% in the Centraleast region. For the 2005-06 influenza season the statewide ILI activity percentage was 0.77% for week 20.

*FSPISN reporting is incomplete for this week (60%). Numbers may change as more reports are received.

**The 2006—07 threshold for moderate activity is calculated from the previous 3 years of FSPISN data. Only weeks with 10% or greater of laboratory specimens testing positive are included in the calculation. The threshold is only specific to 2006—07 data.

The Regression Prediction Model adjusts for the seasonality of influenza and indicates when the percent of ILI visits from reporting physician offices have exceeded a historical baseline epidemic threshold. During week 20, the total percentage of influenza-like illnesses (ILI) reported from 50 sentinel physicians was below the epidemic threshold.
Since October 1, 2006, Florida Department of Health Laboratories have tested a total of 559 specimens for influenza viruses and 240 (43%) were positive. Among the 240 influenza viruses, 146 (61%) were influenza A viruses and 94 (39%) were influenza B viruses. One hundred and ninety-seven of the 240 influenza viruses have been subtyped. Of the 146 influenza A viruses, 122 were A H1N1, 3 were A H3N2 and 21 were A unsubtyped. Of the 94 influenza B viruses, 61 have been subtyped as influenza B Malaysia, 22 as influenza B Shanghai, and 11 as influenza B unsubtyped. Laboratory information is preliminary and may change as additional results are received.
V. LABORATORY AND INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE BY REGION

The table below shows the weighted ILI activity by region as reported by Florida sentinel physicians for the 2005-06 & 2006-07 seasons. The graphs below include ILI activity as reported by sentinel physicians and FDOH laboratory data.

<table>
<thead>
<tr>
<th>REGION</th>
<th>2006-07 ILI %</th>
<th>2005-06 ILI %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centraleast</td>
<td>0.76%</td>
<td>0.50%</td>
</tr>
<tr>
<td>Centralwest</td>
<td>0.26%</td>
<td>0.25%</td>
</tr>
<tr>
<td>Northcentral</td>
<td>0.64%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Northeast</td>
<td>0.15%</td>
<td>0.17%</td>
</tr>
<tr>
<td>Northwest</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Southeast</td>
<td>0.00%</td>
<td>1.54%</td>
</tr>
<tr>
<td>Southwest</td>
<td>0.00%</td>
<td>0.09%</td>
</tr>
</tbody>
</table>

The graphs below include ILI activity as reported by sentinel physicians and FDOH laboratory data.
During week 20, no counties reported widespread activity or localized activity. Three counties reported sporadic activity (Miami-Dade, Pinellas, and Seminole). Thirty-three counties reported no activity. Twenty-nine counties did not report.
COUNTY INFLUENZA ACTIVITY LEVEL DEFINITIONS

0 = No Activity:
Overall clinical activity remains low with no laboratory confirmed cases† in the county.

1 = Sporadic:
   a. Isolated cases of laboratory confirmed influenza† in the county.
   b. An ILI§ outbreak in a single setting‡ in the county. (No detection of decreased ILI§
        activity by surveillance systems*)

2 = Localized:
   a. An increase of ILI§ activity detected by a single surveillance system* within the county.
      (An increase in ILI§ activity has not been detected by multiple ILI surveillance systems.)
   b. 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:
   a. An increase in ILI§ activity detected in ≥2 surveillance systems in the county.
   b. 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 ≥100°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

Posted on EpiCom April 19, 2007: The Volusia CHD Epidemiology unit reported an ILI outbreak at a skilled
nursing facility. Specimens are being sent to the state laboratory for testing.

Posted on EpiCom February 2, 2007: The Volusia CHD Epidemiology unit reported an ILI outbreak at a
long term care facility. Specimens are being sent to the state laboratory for testing.

Posted on EpiCom January 12, 2007: The Hamilton CHD Epidemiology unit reported several inmates with
influenza-like illness at the Hamilton Correctional Facility. State laboratory testing confirmed influenza A.

Posted on EpiCom December 22, 2006: The Seminole CHD Epidemiology unit reported an increase in
positive laboratory results from local hospitals. Public Health prevention measures resulted in a flu clinic.

Posted on EpiCom December 18, 2006: The Escambia CHD Epidemiology unit reported influenza-like illness
in students in 28 Escambia County schools with onset of symptoms from 11/27 to 12/15.

A description of reported influenza or ILI outbreaks in community or institutional settings can be viewed via
EpiCom at: https://www.epicom.fl.net Influenza and ILI outbreaks should be reported via EpiCom.

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

As of the week ending May 19, 2007, 1 influenza-associated deaths among those <18 years of age and/or post
influenza infection encephalitis has been reported in the state of Florida.

<table>
<thead>
<tr>
<th>Reportable Disease</th>
<th># of Cases 06-07 Influenza Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza-associated deaths among those &lt;18 years of age</td>
<td>2</td>
</tr>
<tr>
<td>Post-influenza infection encephalitis</td>
<td>0</td>
</tr>
</tbody>
</table>

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.
XI. SUMMARY OF WORLDWIDE A/H5N1 INFLUENZA ACTIVITY

Since the recent outbreak activity began at the end of December 2003, there have been a total of 307 confirmed human cases and 186 deaths*. Cases and deaths occurred in the following nations: Azerbaijan 8 cases and 5 deaths; Cambodia 7 cases and 7 deaths; China 24 cases and 15 deaths; Djibouti 1 case 0 deaths; Egypt 34 cases and 14 deaths; Indonesia 97 cases and 77 deaths; Iraq 3 case and 2 deaths; Laos 2 case and 2 death; Nigeria 1 case and 1 death; Thailand 25 cases and 17 deaths; Turkey 12 cases and 4 deaths; and, Vietnam 93 cases and 42 deaths.

Indonesia has reported a new case of human infection of H5N1 avian influenza. A 5 year old girl from Central Java Province developed symptoms on May 8th, was hospitalized on May 15th, and died in the hospital on May 17th. Initial investigations into the source of the her infection indicate exposure to dead poultry.

On May 25th, the United Kingdom Health Protection Agency announced that influenza A/H7N2 virus infection had been laboratory confirmed in four individuals exposed to infected poultry in Conwen Farm, Conwy, Wales. The poultry outbreak in Wales started on May 8th, was laboratory confirmed on May 24th and reported to WHO on May 25th 2007.


There have no reports of avian influenza spreading to new countries in the last few months. The complete list of countries reporting confirmed outbreaks of H5N1 in bird species since late December 2003 include Sudan, Spain, Djibouti, Ivory Coast, Czech Republic, Palestinian Autonomous Territories, United Kingdom, Burkina Faso, Jordan, Sweden, Israel, Afghanistan, Cameroon, Myanmar, Albania, Serbia and Montenegro, Hungary, Poland, Switzerland, Niger, Slovakia, France, Austria, Malaysia, Azerbaijan, India, Slovenia, Bosnia Herzegovina, Germany, Nigeria, Egypt, Bulgaria, Italy, Greece, Iran, Croatia, Cyprus, Ukraine, Turkey, Romania, Indonesia, China, Russia, Thailand, Vietnam, Kuwait (only one flamingo), Kazakhstan, Mongolia, Cambodia, Korea (Rep. of), and Japan. Countries with confirmed H5 (neuraminidase not determined yet) infection in birds include the Philippines, and Iraq.

The current phase of alert as defined by the WHO global influenza preparedness plan is phase 3, which states that human infections with a new subtype are occurring, but no human-to-human spread, or at most rare instances of spread to a close contact. At the present time the WHO is not recommending restrictions on travel to areas affected by H5N1 avian influenza, but is suggesting that travelers to these areas avoid contact with live animal markets and poultry farms, and any free-ranging or caged poultry. Evidence suggests that the primary route of infection at this time is associated with direct contact with infected poultry, or surfaces and objects contaminated by their droppings.

*All confirmed results are from official sources – WHO, CDC, FAO. Information on suspect cases comes from a variety of sources including Epi-X, Promed, and the official sources mentioned above.

Find more information at: http://www.doh.state.fl.us/disease_ctrl/epi/htopics/BirdFlu.htm