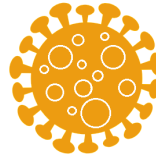


Geographic Spread:
Widespread



Predominant Strain:
A 2009 (H1N1)



ILI Activity Trend:
Increasing



Influenza & influenza-like illness (ILI) activity summary:

In week 51, ILI activity continued to increase statewide and was above levels observed at this time in past seasons. Notable increases continue to be observed in the southeastern region of the state (see page 8) and in children aged <18 years (see page 10).

The Florida Department of Health reported widespread geographic spread of influenza to the Centers for Disease Control and Prevention (CDC), up from regional geographic spread reported in week 50.

While increases in ILI activity were observed statewide in week 51, the majority of counties continued to report mild influenza activity.

Twelve new outbreaks of influenza or ILI were reported, including seven with laboratory evidence of influenza. A total of 59 influenza or ILI outbreaks have been reported so far this season. For a complete list of outbreaks reported so far this season, see page 14.

No new influenza-associated pediatric deaths were reported in week 51. Children, especially those with underlying medical conditions, are at higher risk for complications from influenza infection. Influenza vaccination can be life-saving in children. For more information, see page 10.

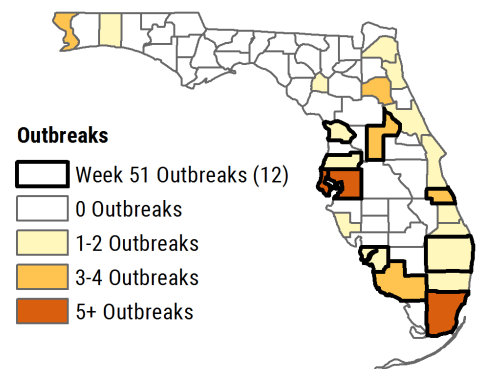
While influenza A 2009 (H1N1) remains the most common subtype identified at the Bureau of Public Health Laboratories in Florida, influenza A (H3) viruses continue to be consistently identified. Nationally, influenza A 2009 (H1N1) remains the predominant subtype overall; however, CDC now reports influenza A (H3) as the predominant subtype in the southeastern region of the United States.

It's not too late to get your flu vaccine. People who have not yet been vaccinated for the 2018-19 season should do so as soon as possible. Influenza vaccines are safe and are the best way to protect yourself and your loved ones from influenza and its potentially severe complications.

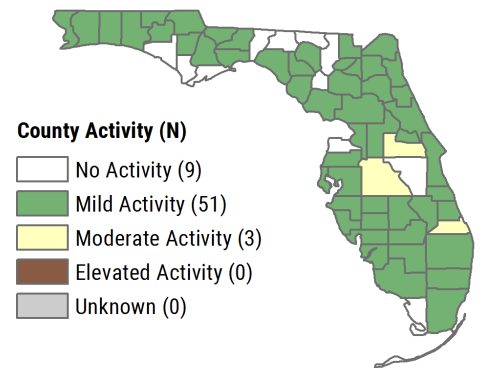
In addition to getting vaccinated, the Florida Department of Health also recommends you take everyday precautions to prevent the spread of influenza and other respiratory viruses:

- Wash your hands often with soap and water (if soap is not available, use an alcohol-based sanitizer)
- Avoid touching your eyes, nose, and mouth
- If you do get sick, stay home until fever-free for at least 24 hours (without the use of fever-reducing medication)

Influenza and ILI Outbreaks
Reported as of 12/22/18



County Influenza Activity



Flu Shot Locator



Your flu shot is the first and most important step to fight the flu.

To locate a vaccine near you, visit:
FloridaHealth.gov/FindAFluShot

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Background:

Influenza, or flu, is a respiratory infection caused by a variety of influenza viruses. Most experts believe influenza viruses spread primarily by droplets made when infected people cough, sneeze, or talk. Less often, a person might become infected with influenza by touching a surface or object contaminated with influenza virus and then touching their own mouth, eyes, or nose.

The best way to prevent influenza infection is to get vaccinated each year. Influenza vaccines protect against the three or four influenza viruses research suggests will be most common.

Influenza Surveillance:

Individual cases of influenza are not reportable in Florida with the exception of novel influenza A (a new subtype of influenza A) and influenza-associated pediatric deaths. All outbreaks, including those due to influenza or influenza-like illness (ILI), are reportable in Florida.

Influenza surveillance is conducted to detect changes in the influenza virus. These data are used to help determine the annual northern hemisphere vaccine composition and to prepare for potential pandemics.

Surveillance is also conducted to identify any unusually severe presentations of influenza, detect outbreaks, and determine the onset, peak, and wane of the influenza season to assist with influenza prevention, particularly in high-risk populations like the very young, adults aged ≥65 years, and pregnant women.

The influenza reporting year is defined by standard reporting weeks outlined by the Centers for Disease Control and Prevention, where every year has 52 or 53 reporting weeks. Increased surveillance for influenza in Florida for the 2018-19 season began in week 40 (starting on September 30, 2018) and will extend through week 20 (ending May 21, 2019). This report is produced by the Florida Department of Health on a weekly basis during the regular influenza season and an abbreviated report is published on a biweekly basis during the summer months.

Surveillance case definitions for ILI vary slightly across surveillance systems. **For more information on Florida’s influenza surveillance systems and associated case definitions, see page 16.**

Statewide Activity

Figure 1: In week 51, **the percent of emergency department and urgent care center visits for ILI statewide increased** and was similar to levels seen at this time in the 2017-18 season.

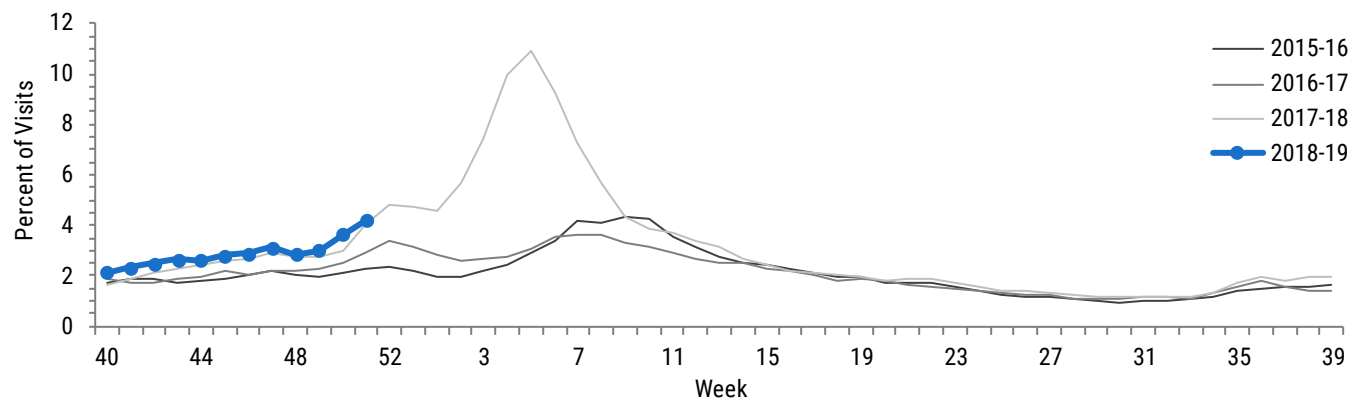


Figure 1 (above) shows **the percent of visits for influenza-like illness (ILI)** for facilities participating in ESSENCE-FL (n=339) statewide for the current season (week 40, 2018 to week 51, 2018) and the last three seasons (2017-18, 2016-17, and 2015-16). The ESSENCE-FL ILI syndrome captures visits with chief complaints that include the words “influenza” or “flu,” or chief complaints that include the words “fever” and “cough,” or “fever” and “sore throat.” For more information on the use of ESSENCE-FL for influenza and ILI surveillance, see page 16.

Statewide Activity

Figure 2: In week 51, Florida reported **widespread geographic spread of influenza** to the Centers for Disease Control and Prevention.

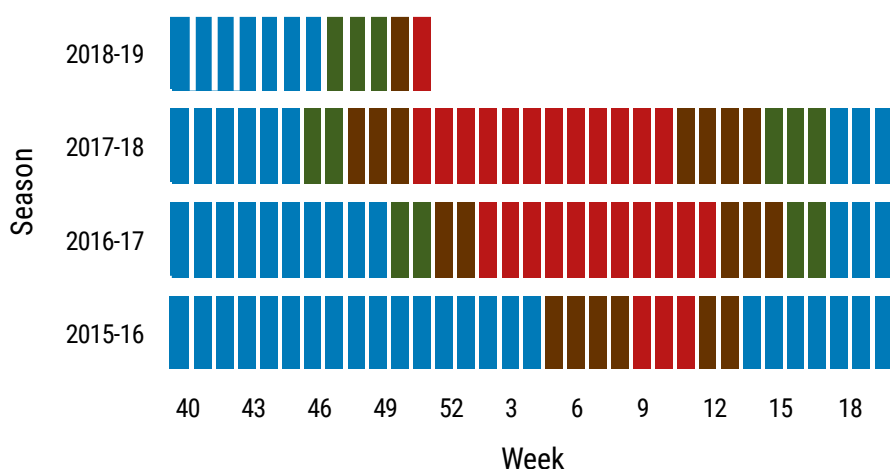


Figure 2 (to the left) shows Florida's self-reported **geographic spread of influenza** as reported to the Centers for Disease Control and Prevention, week 40, 2015 to week 51, 2018.

Defining geographic spread of influenza:

Sporadic: small numbers of laboratory-confirmed influenza or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.

Local: outbreaks of influenza or increases in ILI and recent laboratory confirmed influenza in at least two but less than half the regions of the state.

Regional: outbreaks of influenza or increases in ILI and recent laboratory-confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions.

Widespread: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state.

Figure 3: In week 51, **the percent of patients with ILI reported by ILINet outpatient providers statewide increased** and was similar to levels observed at this time in the 2017-18 season.

Figure 3 (to the right) shows the **percent of patients with influenza-like illness (ILI)** reported by ILINet outpatient providers statewide (n=4), week 40, 2015 to week 51, 2018.

For ILINet, ILI is defined as a fever $\geq 100^{\circ}\text{F}$ AND sore throat and/or cough in the absence of another known cause.

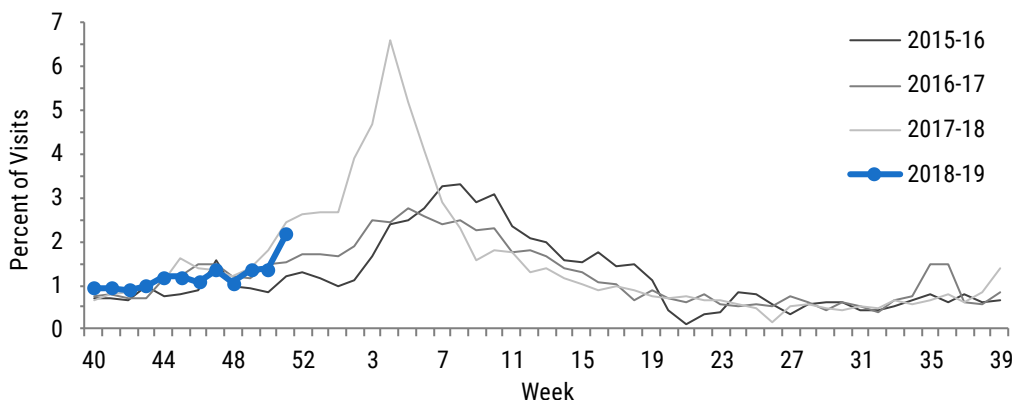


Figure 4: In week 50 (ending 12/15/18), **the number of pneumonia and influenza deaths identified statewide decreased slightly** and was slightly below levels observed at this time in previous seasons.

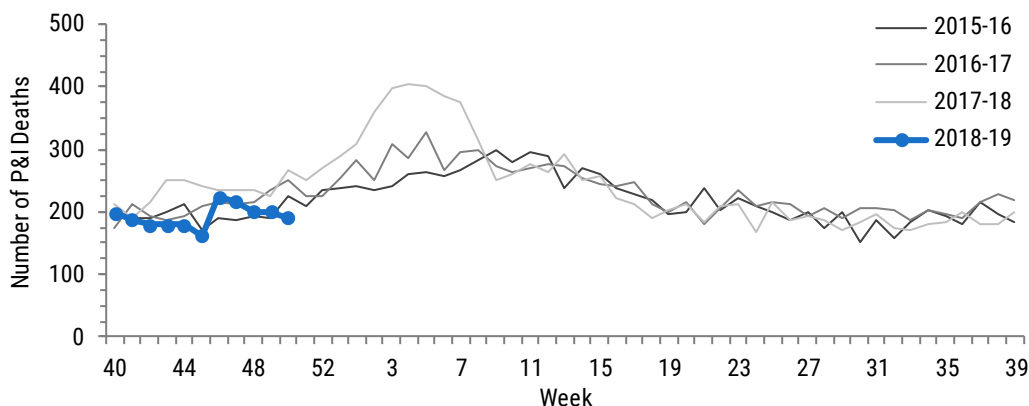


Figure 4 (left) shows **pneumonia and influenza (P&I) deaths*** for all Florida counties from the Bureau of Vital Statistics, as reported into ESSENCE-FL, week 40, 2015 to week 50, 2018.

*Current season P&I counts are preliminary numbers that may change as more data are received. The most recent data available are displayed here.

County Influenza Activity

Figure 5: The majority of counties reported **mild activity** for week 51.

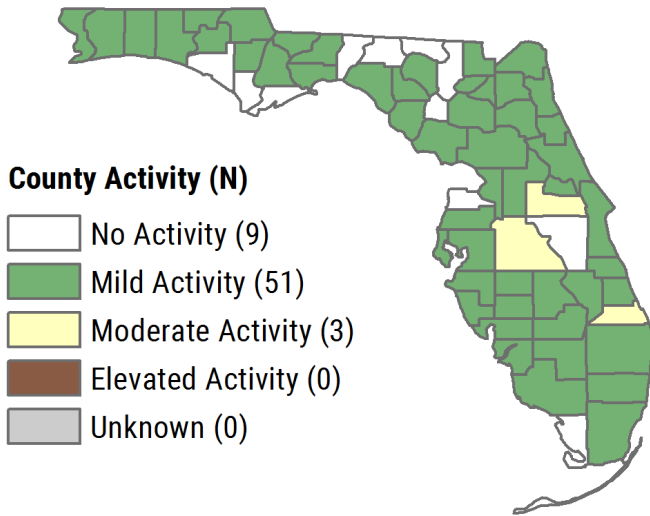
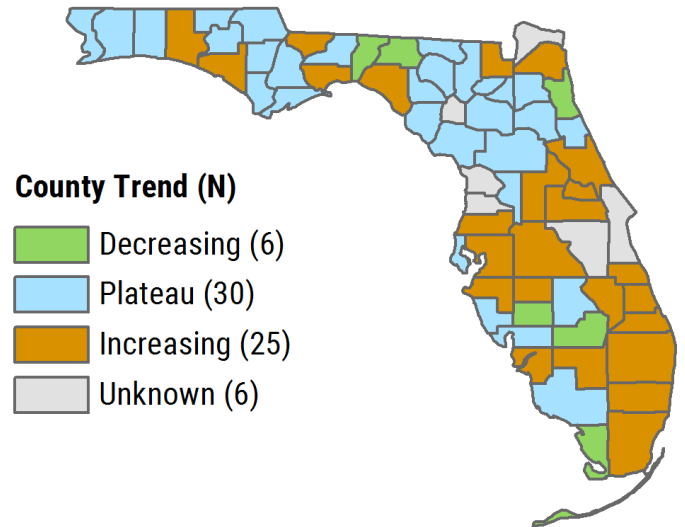


Figure 6: Most counties reported **increasing activity** for week 51.



Figures 5-6 (above) show **county influenza activity data** as reported by county health departments in EpiGateway. These data are collected on a weekly basis and are used to determine influenza activity levels for each county (Figure 5). County health departments also report their weekly influenza activity trend (Figure 6).

Figure 7: In week 51, the majority of counties reported **no or minimal influenza activity** across all settings. Two counties reported **high influenza activity** in health care settings.

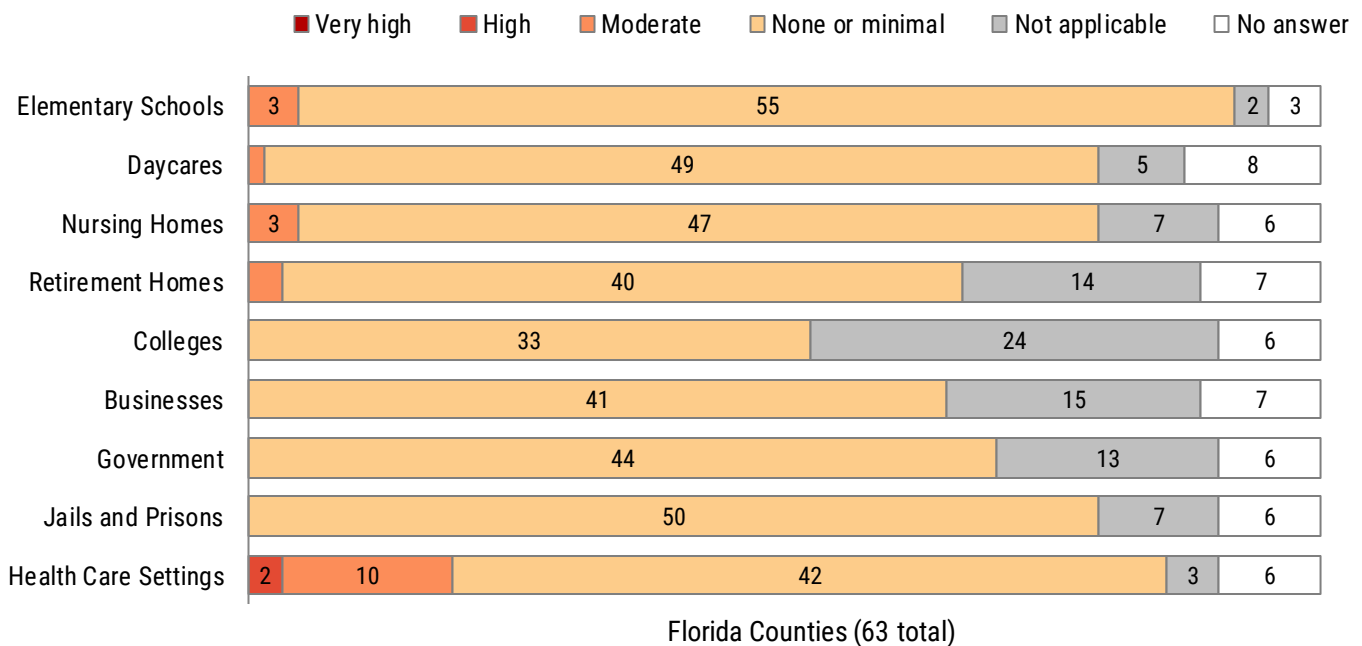


Figure 7 (above) shows the results of the influenza activity assessment completed by county health departments for week 51, 2018. As part of the assessment, county health departments are asked to evaluate influenza activity in certain settings within their county. The assessment scale for activity ranges from no or minimal activity to very high activity.

Outbreaks of Influenza and Influenza-like Illness

Statewide Outbreaks

In week 51, 12 outbreaks were reported: two outbreaks of influenza A unspecified, one outbreak of influenza A unspecified and influenza B unspecified, four outbreaks of influenza unspecified, and five outbreaks of ILI.

As of week 51, a total of 59 outbreaks of influenza or ILI have been reported for the 2018-19 season. A complete list of the outbreaks reported so far this season by etiology and setting type is available on page 14.

Laboratory testing:

Thus far, no specimens have been available for testing at the Bureau of Public Health Laboratories for any of the 12 outbreaks reported in week 51.

Hospitalizations and deaths:

One hospitalization was reported in one of the 12 outbreaks reported in week 51. No deaths were reported for any of the outbreaks reported in week 51.

So far this season, hospitalizations have been reported in nine out of 59 outbreaks. Deaths were reported in two of the 59 outbreaks reported so far this season.

For detailed information on notable outbreaks reported in week 51, see page 15.

For information on outbreaks in facilities serving children, see page 9.

For information on outbreaks in facilities serving adults aged ≥65 years, see page 11.

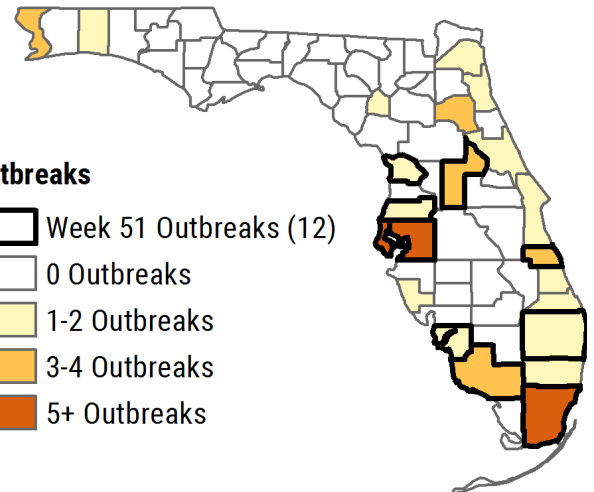


Figure 8 (above) shows reported influenza and influenza-like illness (ILI) outbreaks by county. Counties with outbreaks reported in week 51 are **outlined in bold**.

Figure 9: In week 51, 12 new outbreaks were reported: three in a **schools/camps**, four in **child daycares**, one in an **adult daycare**, one in an **assisted living facility**, and three in **nursing facilities**. So far this season, the majority of outbreaks have been reported in facilities serving children (schools/camps and child daycares).

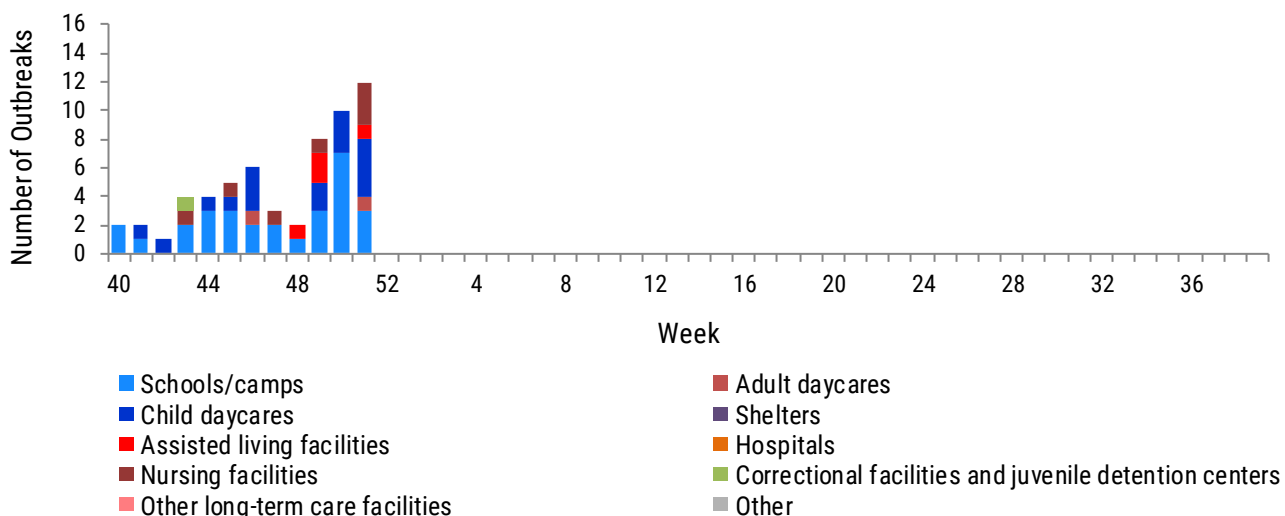


Figure 9 (above) shows the distribution of influenza and influenza-like illness (ILI) outbreaks by facility type as reported in Merlin, week 40, 2018 to week 51, 2018.

Laboratory Surveillance

Figure 10: In week 51, **influenza A (H3)** was the most common influenza subtype detected at BPHL. In recent weeks, **influenza A 2009 (H1N1)** has been the most common influenza subtype detected at BPHL.

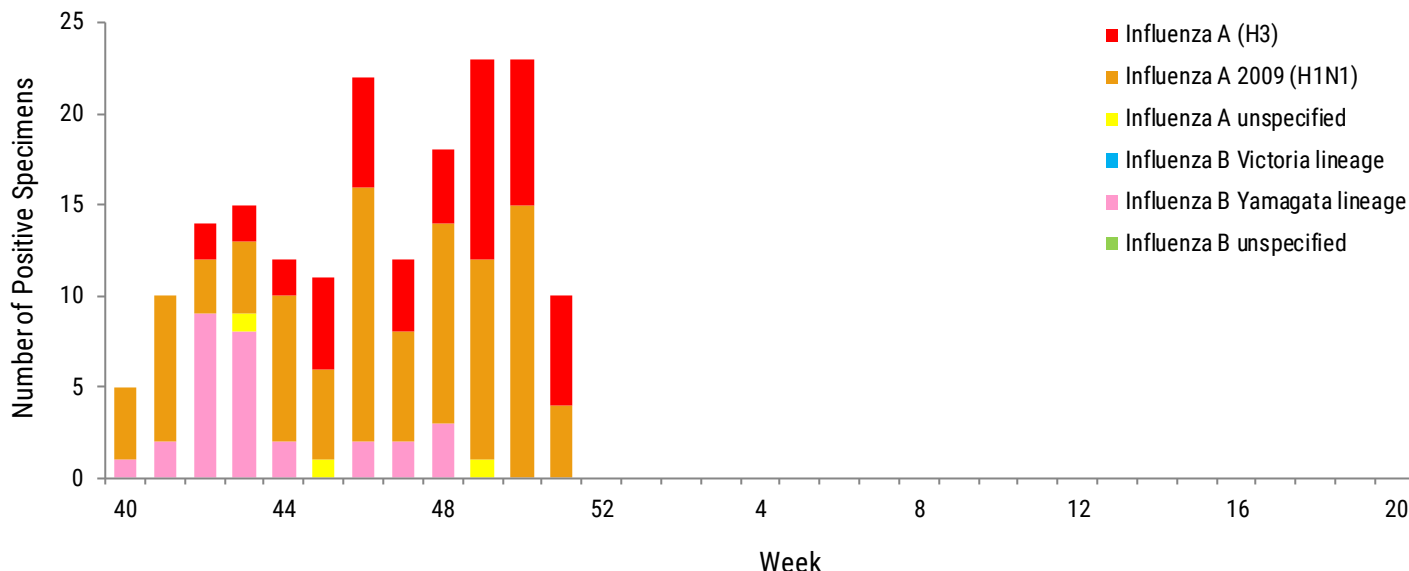


Figure 10 (above) shows the number of influenza-positive specimens at the Bureau of Public Health Laboratories (BPHL) by lab-event date,* week 40, 2018 through week 51, 2018.

Influenza A 2009 (H1N1) has been the most common influenza subtype detected at BPHL so far this season, but it is still too early to say what the predominantly circulating strain of influenza will be during the 2018-19 season. In recent weeks, influenza A (H3) and influenza B Yamagata lineage viruses have also been identified as co-circulating in Florida. Influenza vaccines are designed to protect against all of these viruses.

**Table 1: Bureau of Public Health Laboratories Viral Surveillance by Lab Event Date*
Reported by 10:00 a.m. December 26, 2018**

| Influenza Type | Current Week 51 | Previous Week 50 | Current 2018-19 Season |
|---|-------------------|-------------------|------------------------|
| Total Specimens Tested | 18 | 36 | 438 |
| Influenza positive specimens (% of total specimens tested) | 16 (62.5%) | 23 (63.9%) | 175 (40.0%) |
| Influenza A 2009 (H1N1) (% of influenza positives) | 4 (40.0%) | 15 (65.2%) | 93 (53.1%) |
| Influenza A (H3) (% of influenza positives) | 6 (60.0%) | 8 (34.8%) | 50 (28.6%) |
| Influenza A unspecified (% of influenza positives) | - | - | 3** (1.7%) |
| Influenza B Yamagata (% of influenza positives) | - | - | 29 (16.6%) |
| Influenza B Victoria (% of influenza positives) | - | - | - |
| Influenza B unspecified (% of influenza positives) | - | - | - |

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

**This number includes both influenza A specimens for which subtyping has not yet been performed as well as specimens that tested positive for influenza A but were unable to be subtyped due to low viral load.

For county health departments seeking 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:

FloridaHealth.gov/diseases-and-conditions/influenza/_documents/flulabreportguide.pdf

Laboratory Surveillance: Antigenic Characterization

Background:

The Bureau of Public Health Laboratories (BPHL) routinely submits influenza isolates to Centers for Disease Control and Prevention (CDC) for antigenic characterization. **The purpose of this testing is to monitor changes in circulating influenza viruses and compare how similar currently circulating influenza viruses are to the reference viruses used for developing influenza vaccines.** While antigenic characterization can provide an indication of the influenza vaccine's ability to produce an immune response against circulating influenza viruses, **annual vaccine effectiveness estimates remain necessary to determine how much protection has been provided to the population by vaccination.**

BPHL submits two influenza A (H3) isolates, two influenza A 2009 (H1N1) isolates, and four influenza B virus isolates (two Victoria lineage and two Yamagata lineage) every two weeks to CDC (as available). CDC's most recent FluView (www.cdc.gov/flu/weekly/index.htm) offers national context for data displayed in Table 2 and Figure 11 (below).

The official recommendation is quadrivalent vaccines administered for the 2018-19 northern hemisphere influenza season contain the following: (1) an A/Michigan/45/2018 (H1N1)pdm09-like virus, (2) an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus, (3) a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage), and (4) a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage). It is recommended that the influenza B component of trivalent vaccines administered for the 2018-19 northern hemisphere influenza season be a B/Colorado/06/2017-like virus. For more information, visit: www.who.int/influenza/vaccines/virus/recommendations/2018_19_north/en/.

Table 2: Antigenic Characterization Results for Influenza Isolates Submitted to CDC, Cumulative Totals for Week 30, 2018-Week 51, 2018

| Antigenic Characterization | Number of Specimens |
|--|---------------------|
| A/MICHIGAN/45/2015-LIKE (H1N1)pdm09 | 14 |
| A/SINGAPORE/INFIMH-16-0019/2016-LIKE (H3N2) BY FRA | 1 |
| A/SINGAPORE/INFIMH-16-0019/2016-LIKE (H3N2) LOW BY FRA | 1 |
| B/COLORADO/06/2018-LIKE | 0 |
| B/PHUKET/3073/2013-LIKE | 6 |

Table 2 (to the left) summarizes **available antigenic characterization results** received for specimens collected from week 30, 2018 (beginning July 22, 2018) through week 51, 2018, as reported by CDC. Results for submitted specimens that have not yet been tested will be included in future reports as those results are received.

According to CDC, a specimen is considered "reference-virus-like" if its hemagglutination inhibition (HI) or neutralization focus reduction assay (FRA) titer is within fourfold of the homologous HI/FRA titer of the reference strain; a specimen is considered as "low" to the reference virus if there is an eightfold or more reduction in the HI or FRA titer when compared with the homologous HI or FRA titer of the reference strain.

Figure 11: As of week 51, the majority of specimens submitted to CDC for antigenic characterization were antigenically similar to their respective vaccine reference strain.

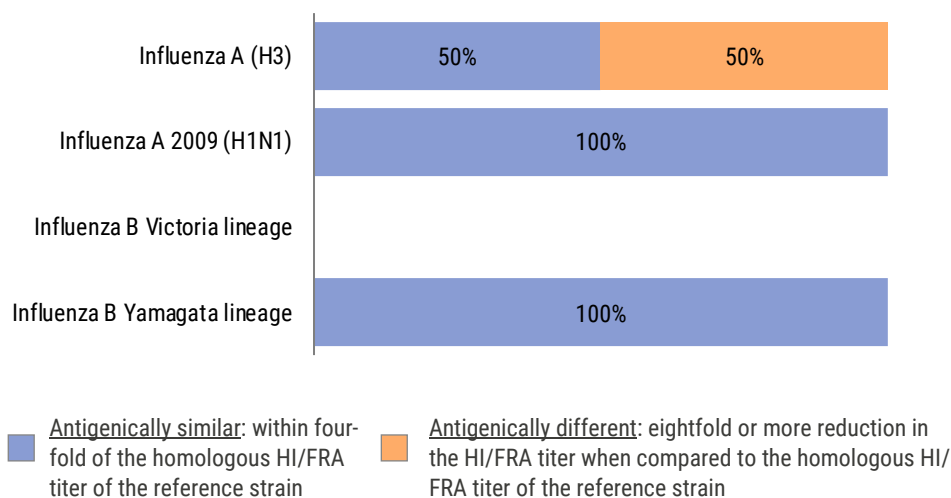


Figure 11 (to the left) shows the **percentage of specimens** submitted to CDC that are **antigenically similar to reference strains** representing the recommended vaccine components of the 2018-19 northern hemisphere vaccine, week 30, 2018 (beginning July 22, 2018) to week 51, 2018 by virus type.

As of week 50, 2018, antigenic characterizations results are still pending for 10 influenza A (H3N2) isolates, seven influenza A 2009 (H1N1) isolates, and three influenza B Yamagata lineage isolates submitted to CDC by BPHL during this timeframe.

Regional Activity

Figures 12-18 (below) show the percent of emergency department and urgent care center visits for influenza-like illness (ILI) at ESSENCE-FL participating facilities (n=339) from week 40, 2015 to week 51, 2018. Data are organized by Regional Domestic Security Task Force Regions (see Figure 19).



Figure 12: In region 1, ILI activity increased during week 51 and was similar to levels observed at this time in past seasons.

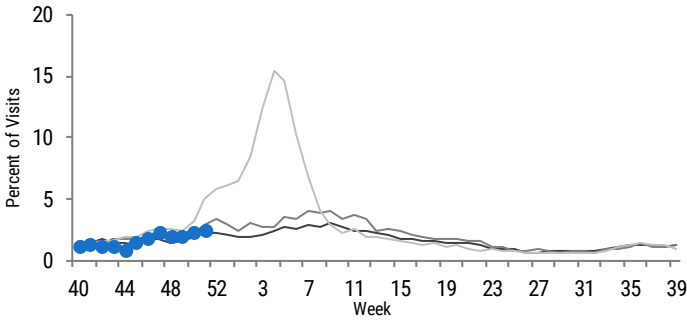


Figure 13: In region 2, ILI activity decreased during week 51 and was similar to levels observed at this time in past seasons.

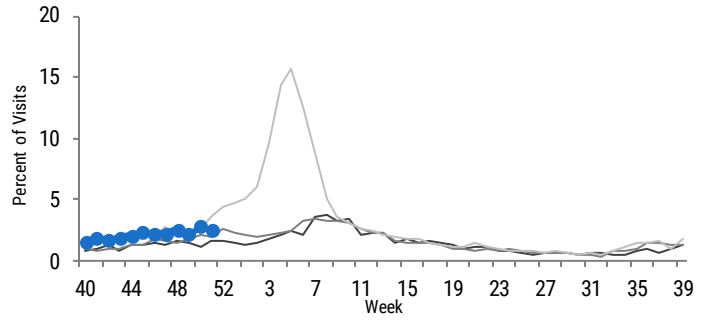


Figure 14: In region 3, ILI activity increased during week 51 and was similar to levels observed at this time in the 2017-18 season.

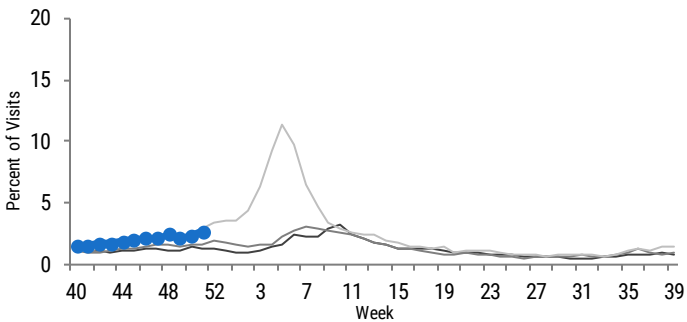


Figure 15: In region 4, ILI activity increased during week 51 and was similar to levels observed at this time in the 2017-18 season.

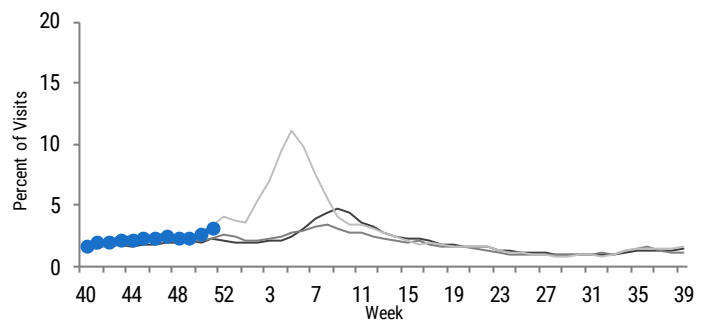


Figure 16: In region 5, ILI activity increased during week 51 and was within levels observed at this time in past seasons.

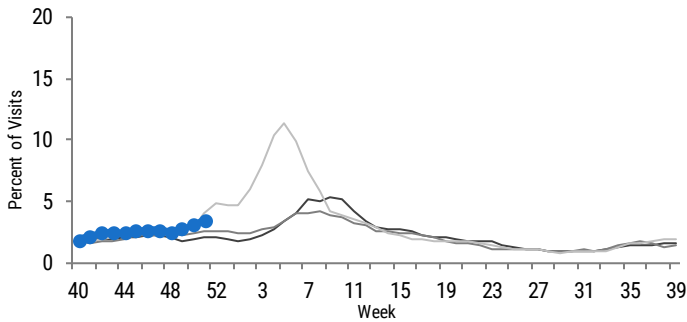


Figure 17: In region 6, ILI activity increased during week 51 and was within levels observed at this time in past seasons.

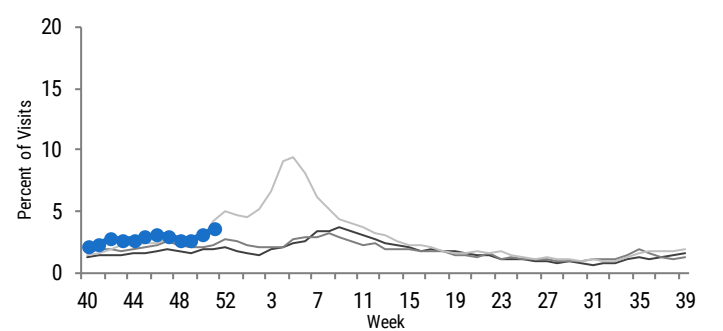


Figure 18: In region 7, ILI activity increased notably during week 51 and was above levels observed at this time in past seasons.

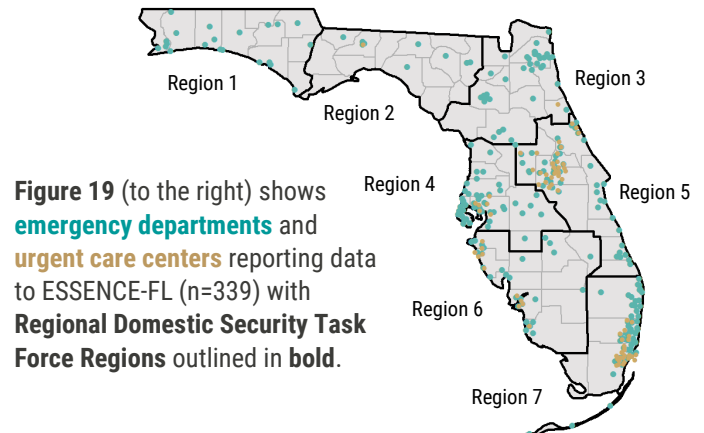
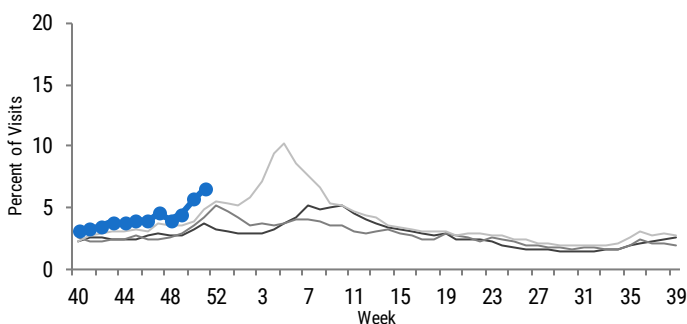


Figure 19 (to the right) shows emergency departments and urgent care centers reporting data to ESSENCE-FL (n=339) with Regional Domestic Security Task Force Regions outlined in bold.

At-Risk Populations: Children

Background:

Children, especially those with underlying health conditions (like asthma or diabetes), are at higher risk for severe complications from influenza infection. **The single best way to protect children from influenza is to get them vaccinated every year.** The Florida Department of Health encourages you and your family to get vaccinated as soon as possible. To find a flu shot near you, please visit: [FloridaHealth.gov/FindAFluShot](https://www.floridahealth.gov/FindAFluShot).

Figure 20: In week 51, **the percent of emergency department and urgent care center visits for ILI in children <18 years increased** and was above levels seen at this time in past seasons.

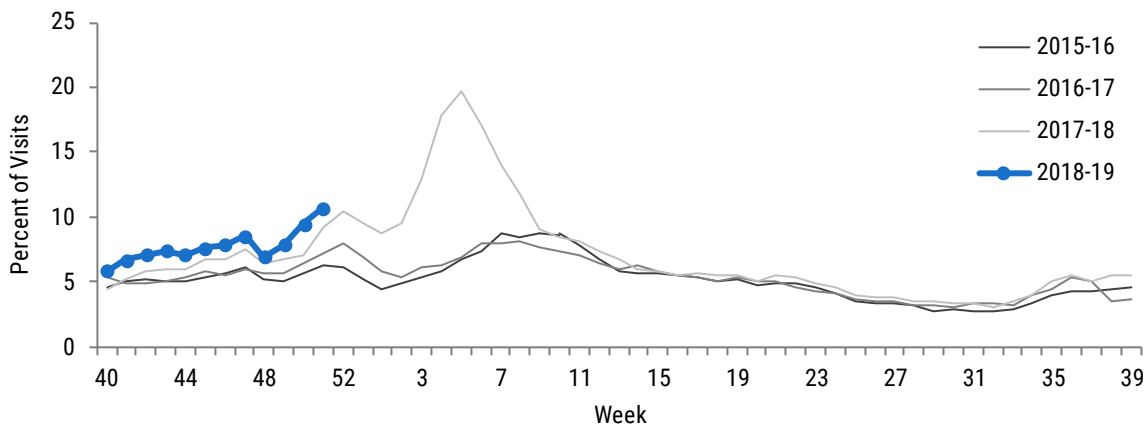


Figure 20 (to the left) shows **the percent of influenza-like illness (ILI) visits among children <18 years** at emergency department and urgent care centers, as reported into ESSENCE-FL, week 40, 2015 to week 51, 2018.

Outbreaks in Facilities Serving Children

In week 51, seven outbreaks were reported in facilities serving children (schools/camps and child daycares): one outbreak of influenza A unspecified, three outbreaks of influenza unspecified, and three outbreaks of ILI.

The majority of outbreaks reported so far this season have been in facilities serving children. It's not uncommon for outbreaks in facilities serving children to be reported early in the season, ahead of facilities serving other groups. Additional outbreaks in these settings are expected in the coming weeks as we head further into the influenza season.

It's not too late to get vaccinated. The Florida Department of Health recommends you get yourself and your family vaccinated as soon as possible. Annual influenza vaccination is the first and most important step in protecting against influenza infection. Flu vaccines are safe and the best way to prevent influenza and influenza-associated complications.

The Florida Department of Health also recommends you take everyday actions to prevent the spread of influenza (and other viruses) such as keeping sick children home until they are fever-free for 24 hours (without the use of fever reducing medication), covering your nose and mouth with your arm when you cough or sneeze, washing your hands often with soap and water, and avoiding touching your eyes, nose, and mouth.

Laboratory testing:

Thus far, no specimens have been available for testing the Bureau of Public Health Laboratories for these seven outbreaks.

Hospitalizations and deaths:

No hospitalizations or deaths were reported in any of the seven outbreaks reported in week 51. So far this season, hospitalizations have been reported in five outbreaks in facilities serving children; no deaths have been reported in any of the outbreaks in facilities serving children.

At-Risk Populations: Children

Figures 21-22: In week 51, **no new influenza-associated pediatric deaths were reported.**

In week 51, **no new influenza-associated pediatric deaths were reported.** Two influenza-associated pediatric deaths have been reported so far this season: one in an **unvaccinated child with no known underlying medical conditions** and one in an **unvaccinated child with underlying medical conditions.**

The Florida Department of Health receives reports of influenza-associated pediatric deaths each season. **Most deaths are reported in unvaccinated children and children with underlying medical conditions.**

Children, especially those with certain health conditions are at increased risk of severe complications from influenza infection. **Influenza vaccination has been shown to reduce a child's likelihood of dying from influenza by up to 60%.** For more information, please visit: www.cdc.gov/media/releases/2017/p0403-flu-vaccine.html.

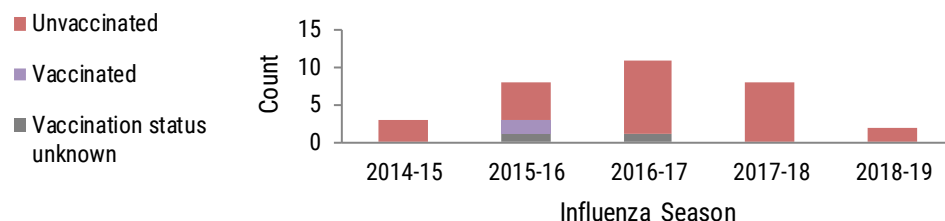


Figure 21 (above) shows the number of **influenza-associated pediatric deaths** as reported in Merlin **by vaccination status**, week 40, 2014 to week 51, 2018.

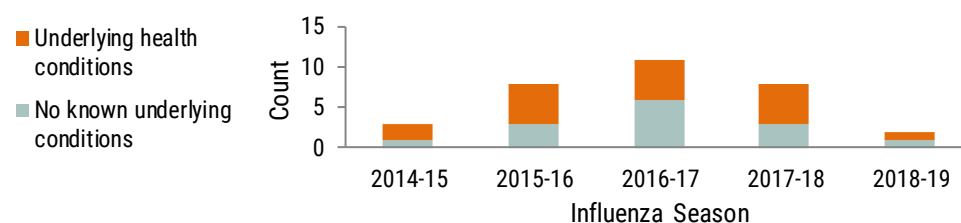


Figure 22 (above) shows the number of **influenza-associated pediatric deaths** as reported in Merlin **by medical history**, week 40, 2014 to week 51, 2018.

At-Risk Populations: Pregnant Women

Background:

Influenza is five times more likely to cause severe illness in pregnant women (even those who are generally healthy) compared to women who are not pregnant. Pregnant women with certain underlying medical conditions (such as asthma or heart disease) are at even greater risk for severe complications from influenza. **Inactivated influenza vaccines are safe, provide the best protection for pregnant women and their babies, and are recommended at any time during pregnancy.** Vaccination during pregnancy provides maternal antibody protection to infants too young to be vaccinated for influenza and has been shown to protect pregnant women from influenza-associated hospitalization and preterm birth. For more information, talk to your health care provider.

Figure 23: In week 51, the **number of emergency department and urgent care center visits for influenza among pregnant women increased** and was slightly above levels seen at this time in past seasons.

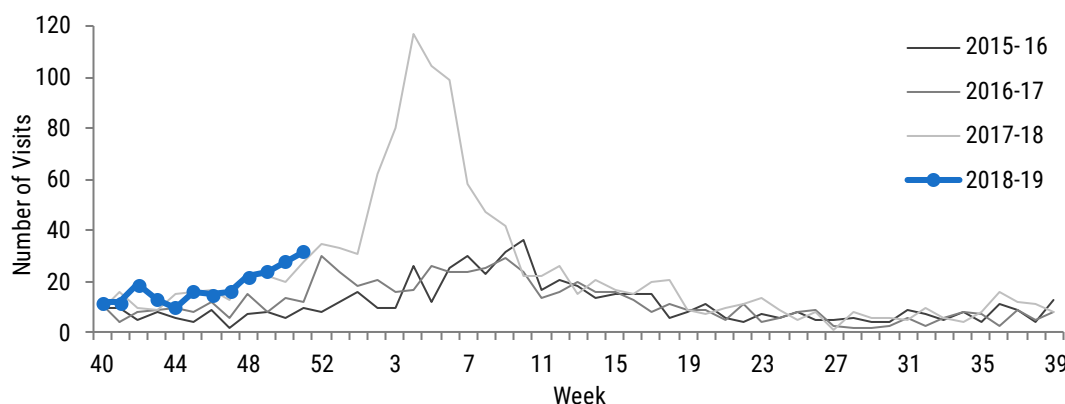


Figure 23 (to the left) shows the **number of visits* to emergency department and urgent care centers with chief complaints of influenza infection and pregnancy**, as reported in ESSENCE-FL, week 40, 2015 to week 51, 2018.

*This count **underrepresents** the true number of pregnant women presenting for care to emergency departments and urgent care centers with influenza, however, **the overall trend** has been validated through review of discharge data collected by the Agency of Health Care Administration.

At-Risk Populations: Adults ≥65 Years Old

Background:

Adults ≥65 years old are at higher risk for severe complications from influenza infection, including hospitalization and death. While influenza seasons vary in intensity, adults in this age group bear the greatest burden of severe influenza disease. In Florida, an average of 80% of seasonal pneumonia and influenza deaths occurred in adults aged ≥65 years over the last five influenza seasons. **Annual vaccination is the best way to prevent influenza infection.**

Figure 24: In week 51, the **percent of emergency department and urgent care center visits for ILI in adults ≥65 years increased** and was similar to levels observed at this time in past seasons.

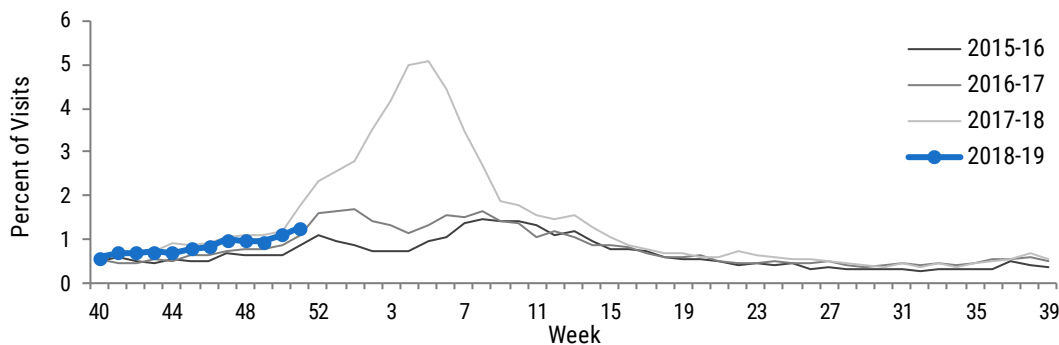


Figure 24 (to the left) shows the percent of influenza-like illness (ILI) visits among adults ≥65 years at emergency departments and urgent care centers, as reported into ESSNECE-FL, week 40, 2015 to week 51, 2018.

Outbreaks in Facilities Serving Adults ≥65 Years

In week 51, four outbreaks of influenza or ILI were reported in facilities serving adults aged ≥65 years (assisted living facilities, nursing facilities, and long-term care facilities): one outbreak of influenza A unspecified, one outbreak influenza unspecified, and two outbreaks of ILI.

So far this season, 11 outbreaks have been reported in facilities serving adults ≥65 years. Additional outbreak reports are expected as we head further into the influenza season.

Those who have not yet been vaccinated for the 2018-19 season should do so as soon as possible. The Florida Department of Health recommends annual influenza vaccination as the first and most important step in protecting against influenza infection and **strongly urges long-term care facility administrators and directors to actively recommend and offer influenza vaccines to all residents, staff, and health care personnel who have not yet received their 2018-19 vaccinations.**

Laboratory testing:

Thus far, no specimens have been available for testing at the Bureau of Public Health Laboratories for these four outbreaks.

Control measures:

Outbreak control measures were reviewed with facility leadership for one of these four outbreaks. It is unknown if control measures were reviewed in the remaining three outbreaks.

In one of these outbreaks, treatment was recommended and administered to ill individuals. It is unknown if treatment was recommended or administered in the remaining three outbreaks.

In one outbreak, antiviral chemoprophylaxis was recommended but not administered to at-risk individuals. It is unknown if antiviral chemoprophylaxis was recommended or administered in the remaining three outbreaks.

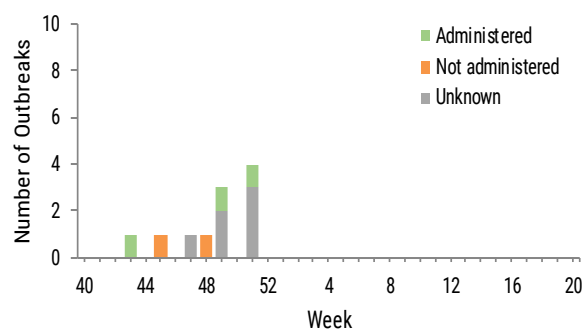


Figure 25 (above) shows the number of outbreaks where **antiviral treatment was administered to ill individuals** by week in facilities serving adults ≥65 years, as reported in Merlin.

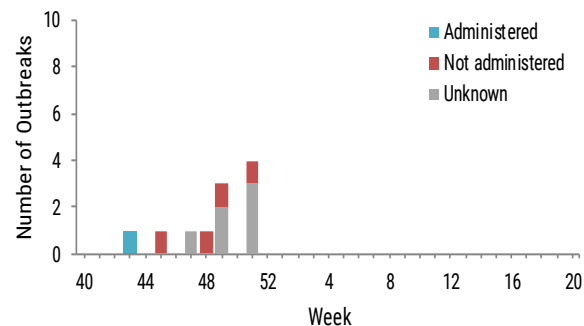


Figure 26 (above) shows the number of outbreaks where **antiviral chemoprophylaxis was administered to at-risk individuals** by week in facilities serving adults ≥65 years, as reported in Merlin.

Respiratory Syncytial Virus Surveillance

Background:

Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. Young children and older adults, especially those with certain underlying health conditions, are at higher risk for severe illness from RSV. Prophylaxis is available for children who qualify. For more information, contact your health care provider.

RSV Surveillance:

A statewide RSV surveillance system was implemented in Florida to support clinical decision-making for prophylaxis of premature infants.

The determination of unique seasonal and geographic trends of RSV activity in Florida has important implications for prescribing patterns for initiating prophylaxis to children at high risk for complications from RSV infection. The American Academy of Pediatrics currently recommends preapproval for prophylactic treatment be made based on state surveillance data. For more information on RSV surveillance systems used in Florida, see the last page of this report.

Florida's RSV season is longer than the rest of the nation and has distinct regional patterns. The Florida Department of Health established regional RSV seasons based on activity thresholds provided by the Centers for Disease Control and Prevention (see Figure 27). **Currently, all five of Florida's regions are in RSV season.**

To learn more about RSV in Florida, please visit: FloridaHealth.gov/RSV.

Week 51 (December 16-22, 2018) Activity Summary:

In week 51, RSV activity in children <5 years decreased and was similar to levels observed at this time in previous years.

No new outbreaks of RSV were reported in week 51. Six outbreaks of RSV have been reported so far this season.

No new possible RSV-associated pediatric deaths were identified in week 51. A total of three possible RSV-associated pediatric deaths have been identified so far in 2018 and one of those deaths was investigated and ruled out. Investigations will occur to determine if the remaining two deaths meet case definition.

Figure 28: In week 51, **the percent of emergency department and urgent care center visits for RSV among children <5 years decreased** and was similar to levels observed at this time in previous years.

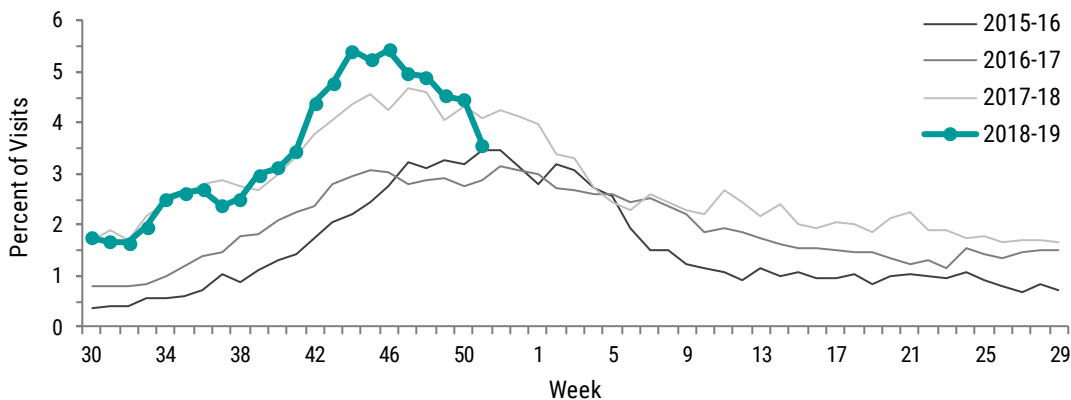


Figure 28 (to the left) shows the percent of emergency department and urgent care center visits with discharge diagnoses that include respiratory syncytial virus (RSV) or RSV-associated illness among children <5 years*, as reported in ESSENCE-FL, week 30, 2015 to week 51, 2018.

*The overall trend displayed in Figure 28 has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.

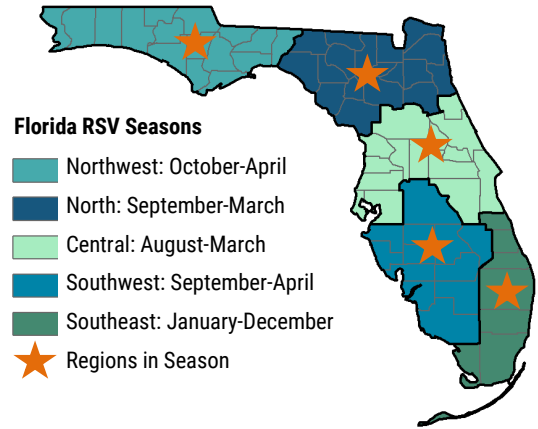


Figure 27 (above) shows Florida's RSV regional season breakdown. Regions that are currently in RSV season are marked with orange stars.

RSV & Other Respiratory Virus Surveillance

Figure 29: In week 51, **the percent of specimens testing positive for RSV decreased** and was similar to levels observed at this time in previous years.

Figure 29 (to the right) shows the percent of specimens testing positive for respiratory syncytial virus (RSV), as reported by hospital laboratories (n=6), week 30, 2015 to week 51, 2018.

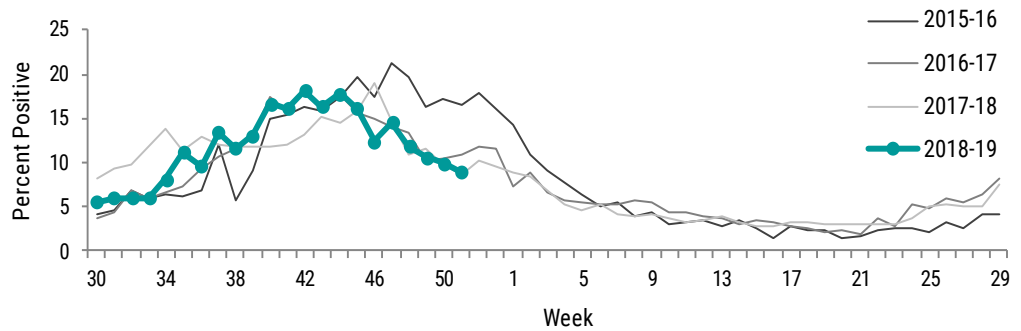


Figure 30: In recent weeks, the percent of specimens testing positive for **rhinovirus or influenza** remained higher than other respiratory viruses under surveillance.

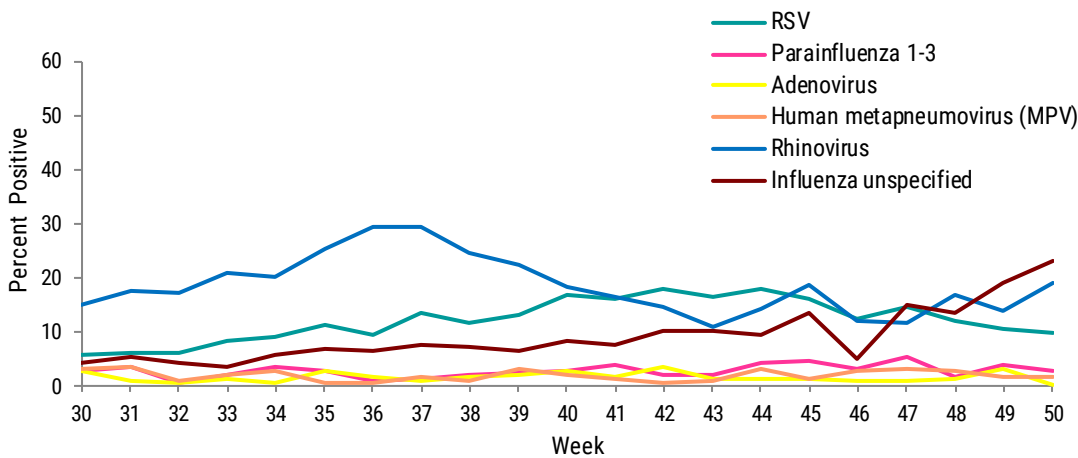
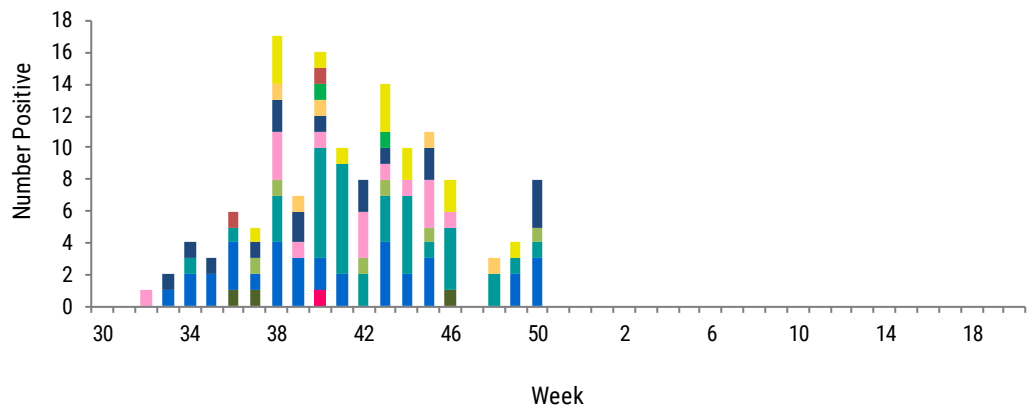


Figure 30 (to the left) shows the percent of laboratory results testing positive for eight common respiratory viruses, as reported by laboratories participating in the National Respiratory and Enteric Virus Surveillance System (NRVSS) and laboratories reporting validated respiratory virus data to the Florida Department of Health via electronic laboratory reporting (n=6), week 30, 2018 (beginning July 22, 2018) to week 50, 2018.

Figure 31: In recent weeks, **rhinovirus** was the non-influenza respiratory virus most commonly identified in specimens submitted by ARIES providers.

Figure 31 (to the right) shows the number of specimens submitted by Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) providers (n=4) testing positive for 12 common respiratory viruses as reported by the Bureau of Public Health Laboratories, week 30, 2018 (beginning July 22, 2018) to week 50, 2018 (ending December 15, 2018).



Note: The most recent data available are displayed here. Laboratory results for submitted specimens that have not yet been tested in full will be included in future reports.

- | | | | |
|--------------------|-------------------|-------------------|--------------|
| ■ Coronavirus 229E | ■ Parainfluenza 1 | ■ Rhinovirus | ■ RSV |
| ■ Coronavirus NL63 | ■ Parainfluenza 2 | ■ Enterovirus | ■ MPV |
| ■ Coronavirus OC43 | ■ Parainfluenza 3 | ■ Enterovirus D68 | ■ Adenovirus |
| ■ Coronavirus HKU1 | | | |

Summary of Outbreaks

Table 3: Summary of Influenza and Influenza-like Illness Outbreaks Reported in Week 51, 2018 by Setting

| Setting | Number of Outbreaks (Percent of Outbreaks) | Implicated Viruses and Bacteria |
|--|---|---|
| Schools/camps | 3 (25%) | 3 unknown etiology |
| Child daycares | 4 (33%) | 1 influenza A unspecified 3 influenza unspecified |
| Adult daycares | 1 (8%) | 1 influenza A unspecified and influenza B unspecified |
| Correctional facilities and juvenile detention centers | 0 (0%) | No outbreaks |
| Nursing facilities | 3 (25%) | 1 influenza A unspecified 2 unknown etiology |
| Assisted living facilities | 1 (8%) | 1 influenza unspecified |
| Other long-term care facilities | 0 (0%) | No outbreaks |
| Hospitals | 0 (0%) | No outbreaks |
| Shelters | 0 (0%) | No outbreaks |
| Other settings | 0 (0%) | No outbreaks |
| Total | 12 (100%) | 2 influenza A unspecified 1 influenza A unspecified and influenza B unspecified 4 influenza unspecified 5 unknown etiology |

Table 4: Summary of Influenza and Influenza-like Illness Outbreaks Reported for the 2018-19 Season by Setting

| Setting | Number of Outbreaks (Percent of Outbreaks) | Implicated Viruses and Bacteria |
|--|---|--|
| Schools/camps | 29 (49%) | 12 influenza A unspecified 1 influenza A unspecified and influenza B unspecified 3 influenza unspecified 1 influenza unspecified and group A <i>Streptococcus</i> 1 group A <i>Streptococcus</i> 11 unknown etiology |
| Child daycares | 16 (27%) | 2 influenza A unspecified 3 influenza unspecified 5 respiratory syncytial virus (RSV) 1 human metapneumovirus (MPV) 5 unknown etiology |
| Adult daycares | 2 (3%) | 2 influenza A unspecified and influenza B unspecified |
| Correctional facilities and juvenile detention centers | 1 (2%) | 1 influenza B Yamagata lineage |
| Nursing facilities | 7 (12%) | 3 influenza A unspecified 1 RSV 3 unknown etiology |
| Assisted living facilities | 4 (7%) | 1 influenza unspecified 3 unknown etiology |
| Other long-term care facilities | 0 (0%) | No outbreaks |
| Hospitals | 0 (0%) | No outbreaks |
| Shelters | 0 (0%) | No outbreaks |
| Other settings | 0 (0%) | No outbreaks |
| Total | 59 (100%) | 17 influenza A unspecified 3 influenza A unspecified and influenza B unspecified 1 influenza B Yamagata lineage 7 influenza unspecified 1 influenza unspecified and group A <i>Streptococcus</i> 1 group A <i>Streptococcus</i> 6 RSV 1 MPV 22 unknown etiology |

Summary of Outbreaks

Summary of Notable Influenza and Influenza-like Illness (ILI) Outbreaks Reported in Week 51, 2018:

In week 51, 2018, there were two notable outbreaks of influenza or ILI reported.

Palm Beach County:

An adult daycare reported eight daycare attendees with ILI. One attendee was hospitalized. Two specimens collected from ill attendees tested positive for influenza A by rapid antigen testing at local health care providers. One specimen collected from an ill attendee tested positive for influenza B by rapid antigen testing at a local health care provider. No specimens have been available for testing at the Bureau of Public Health Laboratories (BPHL) thus far. Control measures were reviewed with facility leadership. This investigation is still ongoing.

Indian River County:

A school/camp reported 27 students with ILI. No specimens have been available for testing at BPHL thus far. The etiology of this outbreak is not yet known. It is unknown if control measures were reviewed with facility leadership. This investigation is still ongoing.

Florida ILI Surveillance System Summary

ESSENCE-FL Syndromic Surveillance and Vital Statistics Portal Data source for figures 1, 4, 12-20, 23, 24, and 28

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) measures trends in influenza-like illness (ILI) visits from emergency departments (ED) and urgent care clinics (UCC) and influenza mortality by using death certificates from the Bureau of Vital Statistics. Participating EDs and UCCs (n=339) electronically transmit visit data into ESSENCE-FL daily or hourly.

For statewide and regional data on ILI, visits are counted as ED or UCC visits to participating facilities that include the words “influenza” or “flu” in patient chief complaints. Chief complaints with the words “fever” and “cough,” or “fever” and “sore throat” are also counted as ILI.

For pneumonia and influenza (P&I) mortality 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. Deaths counts are aggregated and presented by date of death.

For respiratory syncytial virus (RSV) surveillance, visits are counted as ED or UCC visits to participating facilities for which RSV or RSV-associated illness is included in the discharge diagnosis.

For RSV mortality surveillance, death record literals are queried using a free-text query that searches for references to RSV on death certificates. Any mention of RSV, syncytial, and bronchiolitis in the death certificate literals, with certain exceptions, is counted as a RSV death. These deaths are also investigated to ensure they meet case definition.

Florida ILINet Data source for figures 2 and 3

ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. Florida has 118 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 Laboratories for virologic surveillance. For healthcare providers interested in enrolling in ILINet, contact your local county health department.

ILINet is also used as a portal in which the Florida Department of Health reports Florida’s geographic spread of influenza each week to the Centers for Disease Control and Prevention (CDC).

County Influenza Activity in EpiGateway Data source for figure 5-7

County health department (CHD) epidemiologists report their county’s influenza and ILI surveillance data weekly into The Florida Department of Health’s EpiGateway website. Data from these reports is used to classify influenza activity as: no activity, mild, moderate, or elevated. Setting-specific influenza activity and influenza trend information is also reported by CHDs as available. EpiGateway data provided by CHDs creates a county-by-county breakdown of influenza and ILI activity around the state.

Outbreak Reporting in Merlin Data source for figures 8, 9, 25, and 26; tables 3 and 4

Merlin tracks influenza and ILI outbreak investigations by CHDs. Reports by CHDs include the type of respiratory disease causing the outbreak, settings where outbreaks are occurring, and recommendations made to mitigate the spread of disease. CHD epidemiologists report outbreaks of influenza or ILI into Merlin, Florida’s reportable disease surveillance system.

Outbreaks in assisted living facilities, nursing facilities, and long-term care facilities are defined as two or more cases of influenza or ILI. In schools/camps and child daycares, outbreaks are defined as three or more epidemiologically linked cases of influenza or ILI. The Florida Department of Health does not count household clusters as outbreaks.

Bureau of Public Health Laboratories (BPHL) Data source for figure 10 and table 1

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

United States World Health Organization Collaborating Laboratories Influenza Virus Surveillance Data source for figure 11; table 2

The United States World Health Organization Collaborating Laboratories Influenza Virus Surveillance is a system that captures antigenic characterizations results for specimens submitted by BPHL to CDC for testing.

Case-Based Influenza Surveillance Data source for figures 21 and 22

Death in a child whose laboratory-confirmed influenza infection has been identified as a contributing to the child’s death are reportable in Florida. Influenza-associated pediatric deaths are documented by CHDs in Merlin.

In addition, an individual of any age infected with novel or pandemic influenza strain(s) is reportable in Florida. Pandemic strain influenza cases are documented by CHDs in Merlin.

For more information about reportable diseases, please visit [FloridaHealth.gov/DiseaseReporting](https://www.floridahealth.gov/disease-reporting).

Laboratory Viral Respiratory Surveillance Data source for figures 29 and 30

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a CDC surveillance system that captures on eight commonly circulating respiratory viruses as reported by participating laboratories in Florida. NREVSS data are combined with validated electronic laboratory data from Florida laboratories that submit RSV laboratory results via electronic laboratory reporting. Together, this information is used to monitor the temporal and geographic patterns of these viruses.

Acute Respiratory Infection Epidemiology and Surveillance (ARIES) Program Data source for figure 31

Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) is a nationwide surveillance system composed of 17 participating jurisdictions. Florida has four sentinel providers enrolled in ARIES who submit weekly ILI counts, as well as submit ILI specimens to BPHL for testing.