

FLORIDA INFLUENZA SURVEILLANCE

Week 52: December 23rd—December 29th 2007



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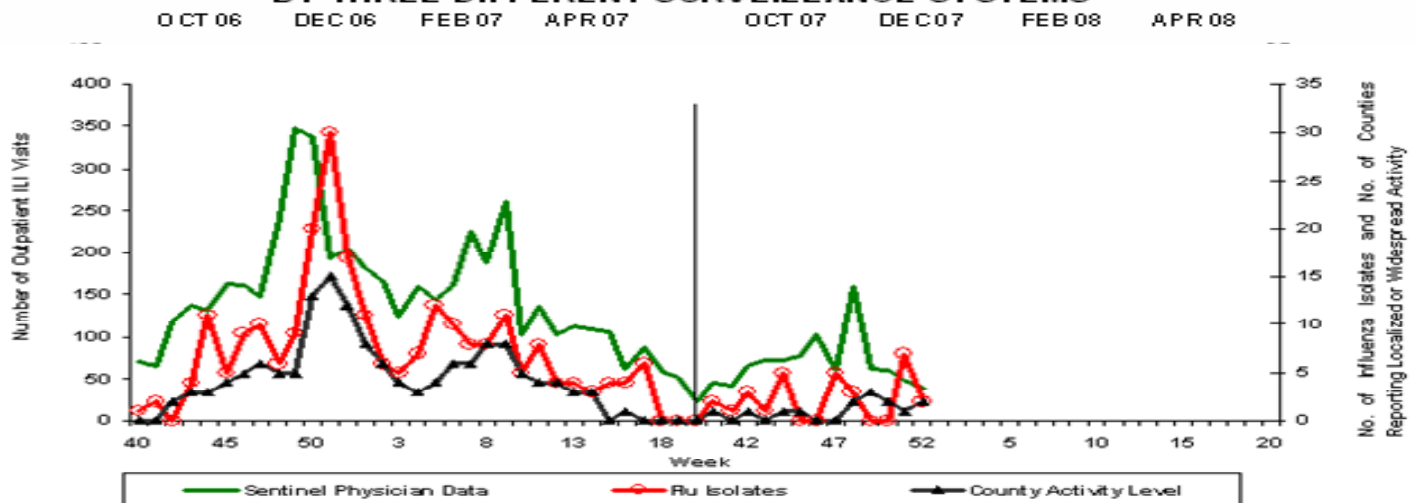
I. SUMMARY

This is thirteenth weekly Florida influenza surveillance report for the 2007-08 season. Influenza surveillance in Florida consists of six surveillance components: 1) Florida Sentinel Physician Influenza Surveillance Network (FSPISN)*; 2) Florida Pneumonia & Influenza Mortality Surveillance System; 3) State laboratory viral surveillance; 4) County influenza activity levels; 5) Notifiable Disease Reports: Influenza-associated deaths in children & post-influenza infection encephalitis; 6) Influenza or ILI outbreaks.

Each week an activity code for the state as a whole is reported to the Centers for Disease Control and Prevention (CDC). There are five possible categories: No Activity, Sporadic, Local, Regional, or Widespread. Sporadic activity has been reported for Florida for this reporting week (Week 52). There has not been an increase in influenza activity in state. Therefore, Florida meets the CDC sporadic activity definition. The CDC definition for sporadic activity is: Small numbers of laboratory confirmed influenza cases or a single laboratory confirmed influenza outbreak has been reported, but there is no increase in cases of ILI. The CDC report can be viewed at <http://www.cdc.gov/flu/weekly/usmap.htm>.

During week 52 the proportion of patient visits for influenza-like illness (ILI) as reported by the Florida Sentinel Physician Influenza Surveillance Network was 2.18 percent. This is above the state threshold for moderate activity of 1.75 percent. Two of the 12 specimens tested by Bureau of Laboratories were positive for influenza. No counties reported widespread activity and two counties reported localized activity. Fourteen counties reported sporadic activity and 30 counties reported no activity. Twenty-two counties did not report. The graph below shows the progression of the 2006-07 & 2007-08 Florida influenza seasons as monitored by three** of six surveillance systems.

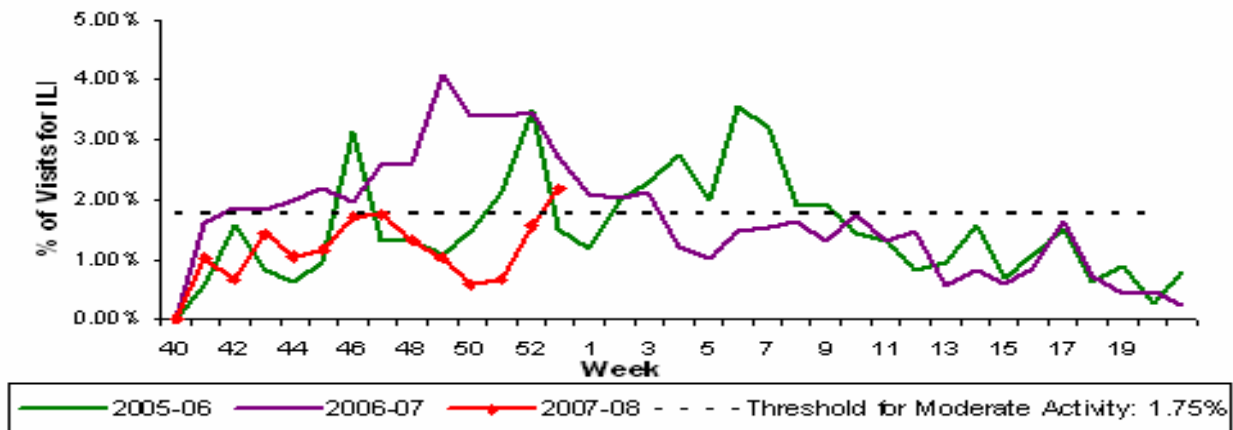
FLORIDA INFLUENZA SURVEILLANCE DATA FOR 2006-07 & 2007-08 AS REPORTED BY THREE DIFFERENT SURVEILLANCE SYSTEMS**



II. FSPISN INFLUENZA-LIKE ILLNESS STATEWIDE GRAPH

During week 52, 2.18%* of patient visits to Florida sentinel providers were due to ILI. This percentage is above the statewide baseline of 1.75%**. The percentage of visits ranged from 0.00% in the Centralwest, and Southwest region to 6.98% in the Northcentral region. For the 2006-07 influenza season the statewide ILI activity percent was 2.68% for week 52.

Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers Statewide Summary 2007-08, 2006-07, and 2005-06



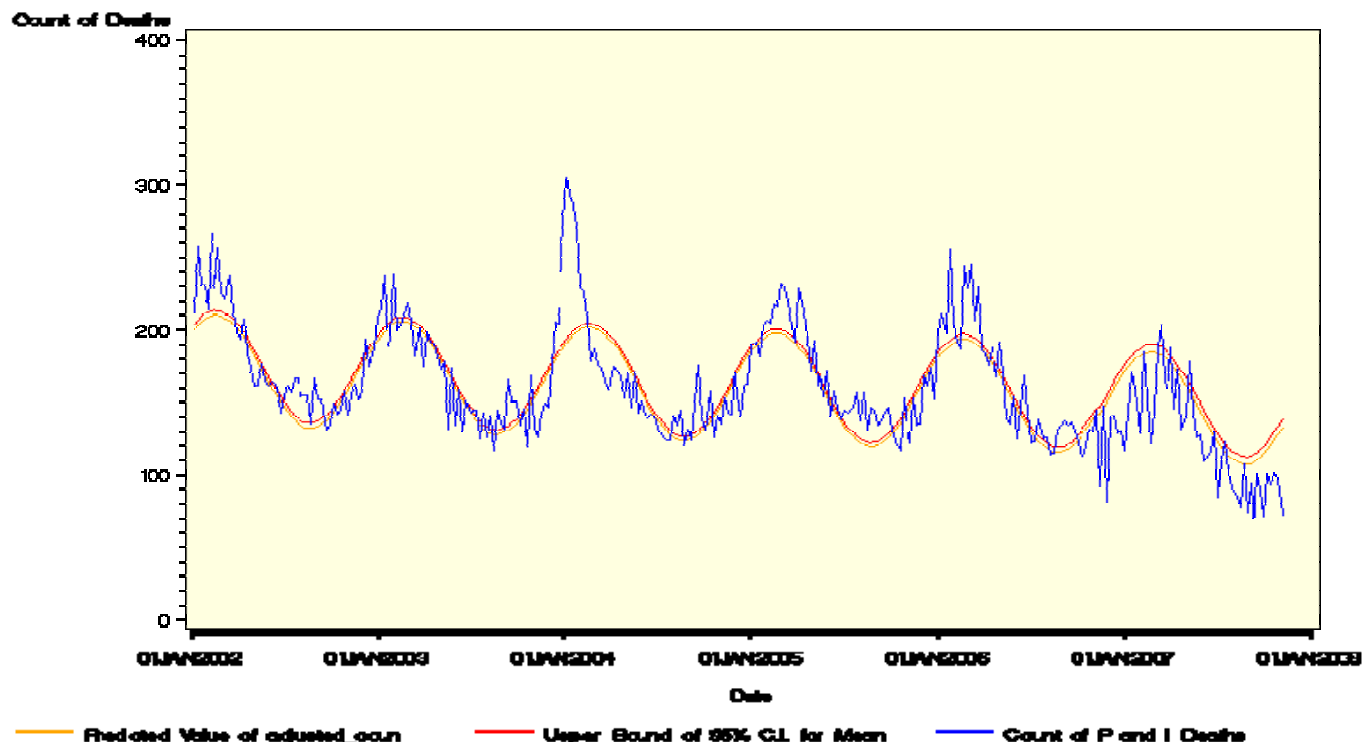
*FSPISN reporting is incomplete for this week (34%). Numbers may change as more reports are received.

**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 2007—08 data.

III. Florida Pneumonia and Influenza Mortality Surveillance

During week 52, the total count of pneumonia and influenza (P&I) deaths reported was below the epidemic threshold. This indicates there were no deaths in excess of the expected count for week 52 and observed mortality does not indicate that Florida has surpassed the epidemic threshold for this week**.

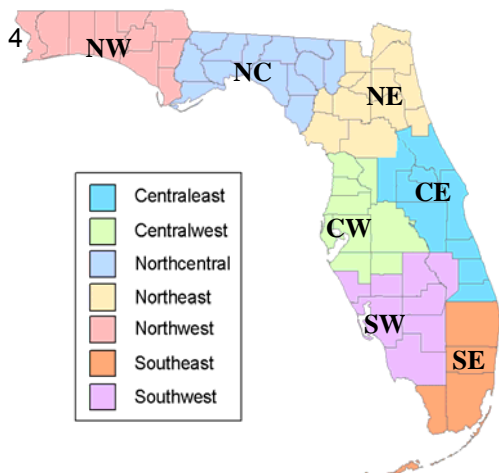
Pneumonia and Influenza Mortality for 23 Florida Counties, Counts Model



**Twenty-one of 23 counties are currently reporting P&I deaths. 100% participation is required for this graph to provide an accurate representation. We look forward to 100% participation in the near future.

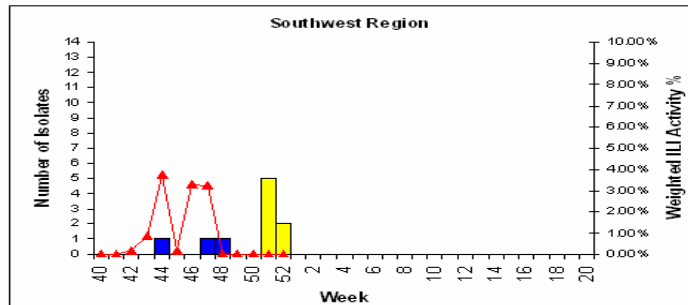
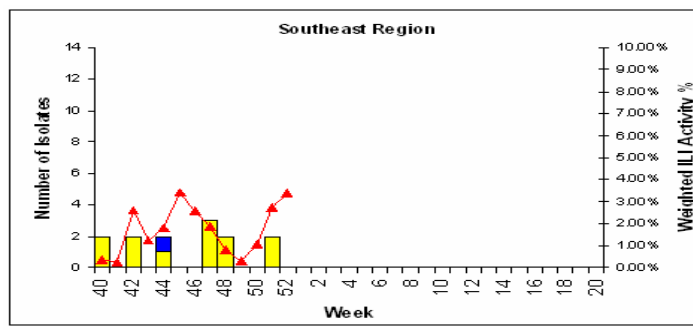
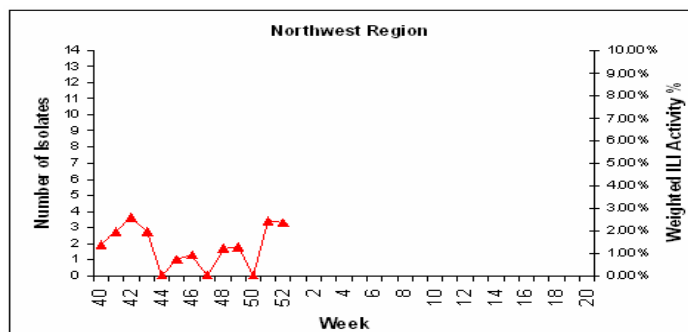
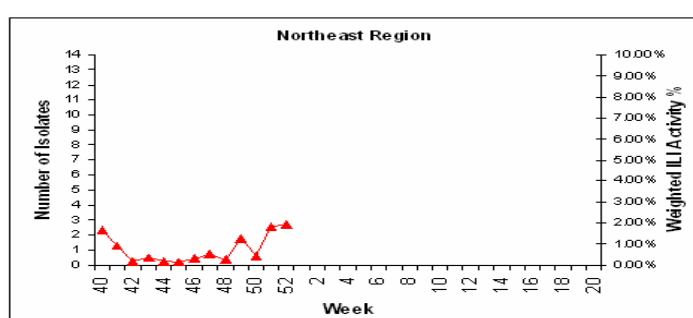
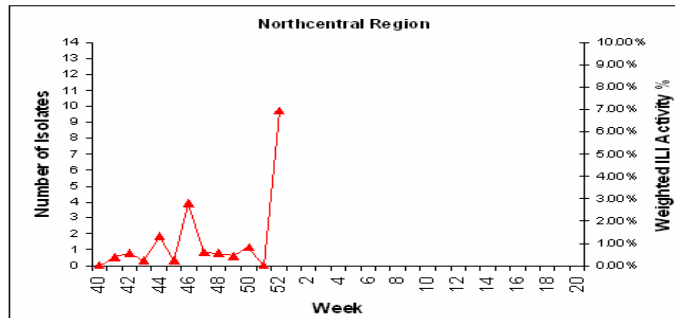
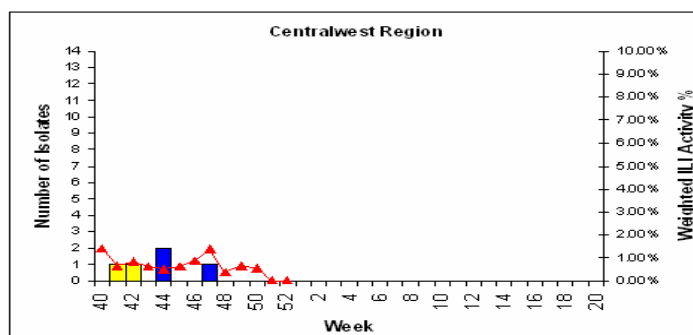
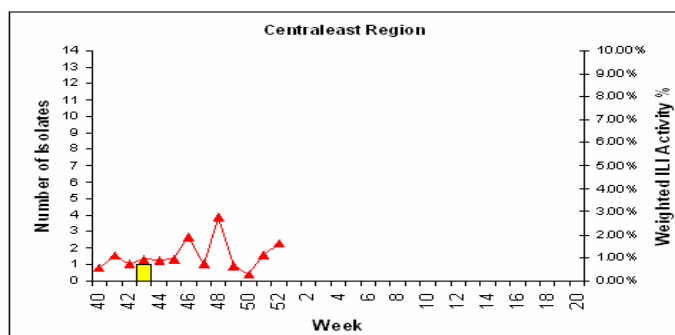
IV. LABORATORY AND INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE BY REGION

Influenza Surveillance Regions



The table below shows the weighted ILI activity by region as reported by Florida sentinel physicians for the 2006-07 & 2007-08 seasons. The graphs below include ILI activity as reported by sentinel physicians and FDOH laboratory data.

Week 52: FSPISN Weighted ILI Activity, by Region 2006-07 & 2007-08 Seasons		
REGION	2007-08 ILI %	2006-07 ILI %
Centraleast	1.62%	6.07%
Centralwest	0.00%	1.49%
Northcentral	6.98%	11.11%
Northeast	1.92%	1.04%
Northwest	2.36%	0.17%
Southeast	3.38%	2.62%
Southwest	0.00%	0.14%



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

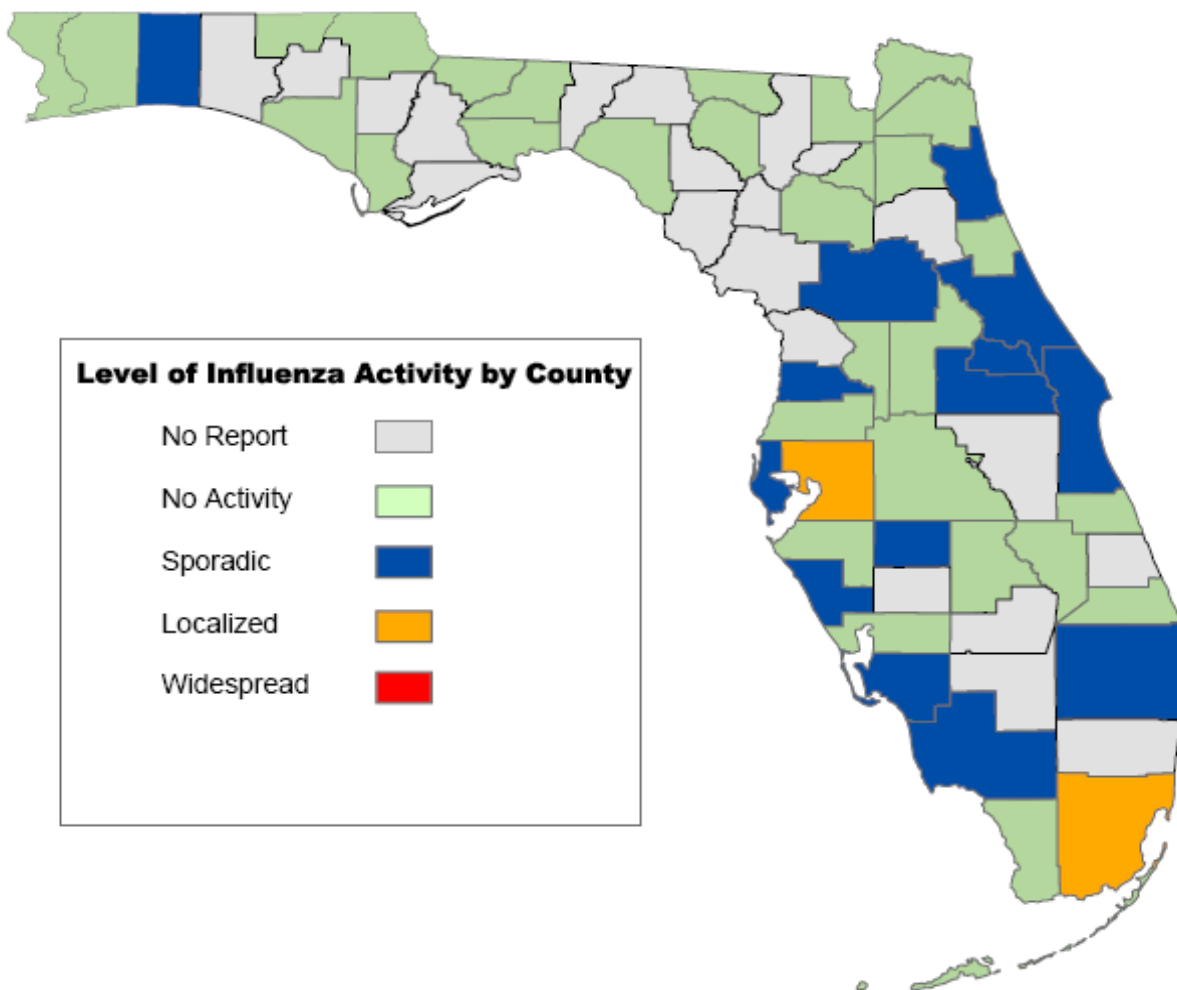
V. COUNTY INFLUENZA ACTIVITY MAP

During week 52, no counties reported widespread activity, two counties reported localized activity (Dade, Hillsborough). Fourteen counties (Brevard, Collier, Hardee, Hernando, Lee, Marion, Okaloosa, Orange, Palm Beach, Pinellas, St. Johns, Sarasota, Seminole, Volusia) reported sporadic activity. Thirty counties reported no activity. Twenty-two counties did not report.

Weekly County Influenza Activity

(Week ending December 29, 2007 - Week 52)

County influenza activity levels are reported by county health department epidemiologists



Florida Department of Health
Bureau of Epidemiology

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 Map printed January 3, 2007

COUNTY INFLUENZA ACTIVITY LEVEL DEFINITIONS

0 = No Activity:

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

1 = Sporadic:

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

2=Localized:

- And/or {
- 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.)
 - Two or more outbreaks (ILI[§] or lab confirmed[†]) detected in a *single* setting[‡] in the county.

AND

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

3=Widespread:

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

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

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

[§] ILI = Influenza-like illness, fever $\geq 100^{\circ}\text{F}$ AND sore throat and/or cough *in the absence* of another known cause.

*ILI surveillance system activity can be assessed using a variety of surveillance systems including sentinel providers, school/workplace absenteeism, long-term care facility (LTCF) surveillance, correctional institution surveillance, hospital emergency department surveillance and laboratory surveillance.

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

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

On December 28, 2007 DeSoto CHD Epidemiology reported an outbreak of ILI in a local correctional facility. Five out of the initial 30 individuals with ILI were positive for influenza A/H1N1 via PCR testing at the State Laboratory—Tampa.

On October 16, 2007 Duval CHD Epidemiology reported a pediatric patient hospitalized by Acute Disseminated Encephalomyelitis (ADEM) caused by recent Influenza A infection. Nasopharyngeal specimen was positive for Influenza A by EIA.

On October 10, 2007 Palm Beach CHD Epidemiology reported ILI activity in two long-term care facilities. In addition, a local laboratory hospital reported four positive cases of influenza A by rapid antigen testing.

On September 27, 2007 Miami-Dade CHD Epidemiology reported two university students with ILI symptoms and confirmed influenza A by PCR testing at the State Laboratory—Jacksonville.

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

As of the week ending December 29, 2007, there was one influenza-associated deaths among those <18 years of age and/ or post influenza infection encephalitis were reported in the state of Florida.

Reportable Disease	# of Cases 07-08 Influenza Season
Influenza-associated deaths among those <18 years of age	1
Post-influenza infection encephalitis	0

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.

VIII. SUMMARY OF WORLDWIDE A/H5N1 INFLUENZA ACTIVITY

Update 66

12/27/2007

Since the recent outbreak activity began at the end of December 2003, there have been a total of 346 confirmed human cases and 213 deaths. Cases and deaths occurred in the following nations: Azerbaijan 8 cases and 5 deaths; Cambodia 7 cases and 7 deaths; China 27 cases and 17 deaths; Djibouti 1 case 0 deaths; Egypt 41 cases and 16 deaths; Indonesia 116 cases and 94 deaths; Iraq 3 cases and 2 deaths; Lao People's Democratic Republic 2 cases and 2 deaths; Myanmar 1 case and 0 deaths; Nigeria 1 case and 1 death; Thailand 25 cases and 17 deaths; Turkey 12 cases and 4 deaths; and, Vietnam 101 cases and 47 deaths.

Changes in the WHO case definition for human infection with avian influenza H5N1 can be found here:

http://www.who.int/csr/disease/avian_influenza/guidelines/case_definition2006_08_29/en/index.html

For a complete analysis and summary of WHO confirmed human cases of H5N1 from 12/1/2003 to current, please visit: http://www.who.int/csr/disease/avian_influenza/guidelines/wer8126/en/index.html

During week 52 there was a confirmed case of H5N1 in a 24-year-old female from the West Jakarta municipality of Pakistan who later died from the virus. One fatal case of H5N1 occurred in a 4-year-old male from Son La Province, Vietnam. Two new cases of H5N1 were also reported in Egypt during this reporting week.

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.

