This is eleventh 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 50). There has not been an increase in influenza activity in the 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 50 the proportion of patient visits for influenza-like illness (ILI) as reported by the Florida Sentinel Physician Influenza Surveillance Network was 0.65 percent. This is below the state threshold for moderate activity of 1.75 percent. None of the 10 specimens tested by Bureau of Laboratories were positive for influenza. One county reported widespread activity and one county reported localized activity. Seventeen counties reported sporadic activity and 33 counties reported no activity. Sixteen 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 sys-

Find more information at: http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/index.htm
During week 50, 0.65%* of patient visits to Florida sentinel providers were due to ILI. This percentage is below the statewide baseline of 1.75%**. The percentage of visits ranged from 0.00% in the Southwest region to 1.08% in the Southeast region. For the 2006-07 influenza season the statewide ILI activity percent was 3.41% for week 50.

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**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.

II. FSPISN INFLUENZA-LIKE ILLNESS STATEWIDE GRAPH

During week 50, 0.65%* of patient visits to Florida sentinel providers were due to ILI. This percentage is below the statewide baseline of 1.75%**. The percentage of visits ranged from 0.00% in the Southwest region to 1.08% in the Southeast region. For the 2006-07 influenza season the statewide ILI activity percent was 3.41% for week 50.

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III. Florida Pneumonia and Influenza Mortality Surveillance

During week 50, 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 50 and observed mortality does not indicate that Florida has surpassed the epidemic threshold for this week**.

**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.
Since September 30th, 2007, Florida Department of Health Laboratories have tested a total of 127 specimens for influenza viruses and 22 (17%) were positive. Among the 22 influenza viruses, 15 (68%) were influenza A viruses and 7 (32%) were influenza B viruses. Of the 15 influenza A viruses, 6 were A H3N2, 2 were H1N1, and 7 were A unsubtyped. Of the 7 influenza B viruses 6 were Shanghai. All of the influenza B viruses have not been subtyped. Laboratory information is preliminary and may change as additional results are received. Totals from previous weeks have been adjusted to reflect correct specimen numbers.
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.

![Influenza Surveillance Regions](image)

<table>
<thead>
<tr>
<th>REGION</th>
<th>2007-08 ILI %</th>
<th>2006-07 ILI %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centraleast</td>
<td>0.28%</td>
<td>5.57%</td>
</tr>
<tr>
<td>Centralwest</td>
<td>0.53%</td>
<td>2.90%</td>
</tr>
<tr>
<td>Northcentral</td>
<td>0.86%</td>
<td>2.44%</td>
</tr>
<tr>
<td>Northeast</td>
<td>0.42%</td>
<td>1.79%</td>
</tr>
<tr>
<td>Northwest</td>
<td>0.00%</td>
<td>4.74%</td>
</tr>
<tr>
<td>Southeast</td>
<td>1.08%</td>
<td>3.04%</td>
</tr>
<tr>
<td>Southwest</td>
<td>0.00%</td>
<td>3.13%</td>
</tr>
</tbody>
</table>

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

- **Influenza A specimens FDOH Laboratories**
- **Influenza B specimens FDOH Laboratories**
- **% of visits for ILI, reported by sentinel providers**
During week 50, one county reported widespread activity (Hardee), one county reported localized activity (Volusia). Seventeen counties (Brevard, Broward, Collier, Miami-Dade, Duval, Escambia, Hernando, Hillsborough, Lake, Lee, Manatee, Okaloosa, Orange, Palm Beach, Santa Rosa, Sarasota, Union) reported sporadic activity. Thirty-three counties reported no activity. Sixteen 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:
And/or
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:
And/or
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

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

3=Widespread:
And/or
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.

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

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.

Influenza and ILI outbreaks should be reported via EpiCom at: [https://www.epicom.fl.net](https://www.epicom.fl.net) on the Influenza Forum.

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

As of the week ending December 1, 2007, no influenza-associated deaths among those <18 years of age and/or post influenza infection encephalitis were reported in the state of Florida.

<table>
<thead>
<tr>
<th>Reportable Disease</th>
<th># of Cases 07-08 Influenza Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza-associated deaths among those &lt;18 years of age</td>
<td>0</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](http://www.doh.state.fl.us/disease_ctrl/epi/topicscrforms.htm).
Since the recent outbreak activity began at the end of December 2003, there have been a total of 340 confirmed human cases and 209 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 38 cases and 15 deaths; Indonesia 115 cases and 93 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 100 cases and 46 deaths.

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 50, Myanmar confirmed its first human case of H5N1 in a 7-year-old girl. Pakistan also had its first suspected human cases of H5N1 this week in 8 people in the North West Frontier Province. This map will be updated after confirmation from Pakistan is received.

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.

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