Week 17: April 21-27, 2013

Summary

The Florida Department of Health (FDOH) uses many different surveillance systems to measure influenza activity. A summary of all these systems can be found on page 11.

• On April 1, 2013, the World Health Organization (WHO) reported that confirmed human infection with novel avian influenza A(H7N9) virus was identified in China. The first onset of illness was on February 19, 2013. WHO reports 126 total confirmed cases as of April 29, all in or with recent travel to China. Twenty-four infected individuals have died. FDOH continues to actively monitor the situation.

• There is no evidence that avian influenza A(H7N9) virus is capable of sustained person-to-person transmission.

• There is no evidence of avian influenza A(H7N9) virus infection in the United States or any countries other than China. No travel advisories to China are in effect.

• On April 5, FDOH distributed a CDC Avian Influenza A(H7N9) virus Health Advisory to state, county and community health partners via EpiCom, Florida’s health alert notification system.

• More information on avian influenza A(H7N9) virus and other novel and variant influenza viruses can be found at: http://www.doh.state.fl.us/Environment/medicine/arboviral/zoonoses/Zoonotic-avian.html

• Avian influenza A(H7N9) virus is a kind of influenza normally found in birds. These are the first identified cases of human infection with avian influenza A(H7N9) virus.

• All Florida counties reported Mild or No influenza activity. No counties reported Moderate influenza activity. Thirty-three counties reported declining influenza activity.

• Emergency department and urgent care center influenza-like illness (ILI) visits have decreased overall in recent weeks. In emergency departments and urgent care centers reporting to ESSENCE-FL, the statewide percent of emergency department visits for ILI was less than 3%.

• In the Panhandle ILI visits increased in the current week.

• In Northeast, Central and South Florida, emergency department visits for ILI decreased in the current week.

• Nationally (including Florida), the most common subtypes of influenza detected this season have been influenza A H3, followed by influenza B. In the last few weeks, influenza B is the most commonly detected subtype in Florida and nationwide.

• In week 17, three of the 21 specimens submitted for influenza testing at BPHL tested positive for influenza B. Influenza B, influenza A H3 and 2009 influenza A H1N1 have been detected. All of these are seasonal strains of influenza.

• Nationally (including Florida), almost all circulating influenza is a good match for the vaccine.

• Two influenza or ILL outbreaks (epidemiologically linked cases of influenza in a single setting) were reported in week 17.

• No pediatric influenza-associated deaths were reported in week 17.

• The preliminary estimated number of Florida deaths due to pneumonia or influenza in week 16 is lower than the seasonal baseline, based on previous years’ data. Estimated deaths due to pneumonia and influenza are identified using preliminary death certificate data.

• Nationwide data from CDC show pneumonia and influenza deaths for week 16 within expected levels.

• Because of low influenza activity in most regions of the state, Florida reported Sporadic influenza activity to CDC in week 17.

• This activity level represents the geographic spread of influenza in Florida.

May 1, 2013
Posted on the Bureau of Epidemiology website: http://www.doh.state.fl.us/floridaflu/
Produced by: Bureau of Epidemiology, Florida Department of Health
Contributors: Heather Rubino, MS; Colin Malone, MPH; Leah Eisenstein, MPH; Lea Heberlein-Larson, MPH; Valerie Mock; Janet Hamilton, MPH

Weekly state influenza activity: Sporadic

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County Influenza Activity Week 17, 2013

Thirty-six counties reported mild influenza activity. For more information, see page 6.

Influenza Outbreaks Week 40, 2012 – Week 17, 2013

0 Outbreaks
1-2 Outbreaks
3-4 Outbreaks
5+ Outbreaks

Week 17 Outbreaks

Fifty-four outbreaks of influenza or ILL have been reported since October, 2012 (two in week 17, 2013). For more information, see page 10.

http://www.doh.state.fl.us/Environment/medicine/arboviral/zoonoses/Zoonotic-avian.html
The ILINet is a nationwide surveillance system composed of sentinel providers. Florida has 110 providers enrolled in ILINet who submit weekly ILI and total visit counts, as well as submitting ILI specimens to the Bureau of Public Health Laboratories (BPHL) for confirmatory testing. For this season, the Bureau of Epidemiology (DCBE) has designated 13 of these ILINet physicians’ offices as Super-Sentinels. These Super-Sentinels receive more active follow-up from DCBE and participating county health departments, with the goal of increasing data quality and surveillance specimen submission.

**TABLE 1: Summary of Florida Influenza-Like Illness (ILI) Activity for Week 17**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Difference from Previous Week</th>
<th>Current Week 17</th>
<th>Previous Week 16</th>
<th>Page of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall statewide activity code reported to CDC</td>
<td>No Change</td>
<td>Sporadic</td>
<td>Sporadic</td>
<td>1</td>
</tr>
<tr>
<td>Percent of visits to ILINet providers for ILI</td>
<td>▲ 0.2</td>
<td>1.4%</td>
<td>1.2%</td>
<td>2</td>
</tr>
<tr>
<td>Percent of emergency department visits (from ESSENCE-FL) due to ILI</td>
<td>▲ 0.1</td>
<td>2.0%</td>
<td>1.9%</td>
<td>3</td>
</tr>
<tr>
<td>Percent of laboratory specimens that were positive for influenza</td>
<td>▼ 11.5</td>
<td>14.3%</td>
<td>25.8%</td>
<td>5</td>
</tr>
<tr>
<td>Number of counties reporting moderate influenza activity</td>
<td>▼ 2</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Number of counties reporting widespread influenza activity</td>
<td>No Change</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Number of counties reporting increasing influenza activity</td>
<td>▲ 4</td>
<td>4</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Number of counties reporting decreasing influenza activity</td>
<td>▲ 1</td>
<td>33</td>
<td>32</td>
<td>7</td>
</tr>
<tr>
<td>Number of ILI outbreaks reported in EpiCom</td>
<td>▲ 1</td>
<td>2</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

**Summary**

The percent of visits to sentinel outpatient physicians for ILI has increased slightly in the last three weeks after declining for several weeks. 42 of 110 ILINet Sentinels reported visit counts as of 12:00 p.m., May 1, 2013. 8 of 13 ILINet Super-Sentinels reported visit counts as of 12:00 p.m., May 1, 2013.

**FIGURE 1** shows the percentage of visits for ILI* reported by ILINet sentinel providers statewide.

**FIGURE 2** shows ILI visit counts reported by ILINet sentinel providers statewide by age group.

In week 17, the number of visits to sentinel outpatient physicians decreased in the 0-24 and 65+ age groups and increased in the 25-64 age group.

*ILI = Influenza-like illness, fever >100°F AND sore throat and/or cough in the absence of another known cause.

†Data presented here are counts, not proportions as included in Figure 2. This is because age group denominator data is not available through ILINet.
ESSENCE-FL collects data daily from 180 hospital emergency departments (ED) and urgent care centers (UCC). These data are processed into 11 different syndrome categories based on the patient’s chief complaint. One of the categories is ILI, which is composed of chief complaints that include the words “influenza” or “flu,” or complaints that contain fever plus cough or sore throat.

FIGURE 3 shows ESSENCE-FL data on ILI visits to EDs and UCCs as a percentage of all visits.

The percent of visits to emergency departments for ILI is declining to levels seen in previous years at this time.

FIGURE 4 shows percentage of ILI among all ED and UCC visits by age

In the current week, the percent of visits to emergency departments and urgent care centers for ILI is similar to previous years at this time for all age groups.

One hundred five ESSENCE-FL participating facilities are able to provide discharge disposition data for their ED visits going back to week 40, 2010. Using this information, the percent of ED visits for ILI that result in hospitalization can be calculated. The highest percentage of admissions is in the 55+ years old age group. The low number of visits in the 55+ age group causes variability in the ILI admission percentage from week to week.

FIGURE 5 shows the percentage of ED and UCC visits for ILI that resulted in hospitalization, by age group.

Of persons 55 years and older that visited an emergency department with ILI complaints, between 25% and 30% were admitted.
The percent of emergency department and urgent care center visits for ILI is near expected levels in all regions of Florida. Percent ILI increased slightly in Regions 3, 4, 6 and 7 this week.

Map 1: Emergency Departments and Urgent Care Centers reporting data to ESSENCE-FL, May 1, 2013 (N=180)

*There is no week 53 for the 2009-2010, 2010-2011 and 2011-2012 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

**Historical data for region 2 is only available beginning week 1, 2009
Bureau of Public Health Laboratories Viral Surveillance

**FIGURE 13 - FIGURE 14** use BPHL viral surveillance data to track the progress of influenza infection over time. They include weekly information on how many specimens are tested by the BPHL, what proportion of those test positive for influenza, and what subtypes are identified.

Recent influenza specimens submitted to BPHL tested positive for influenza A H3, 2009 H1N1, and influenza B.

In recent weeks, influenza B has been the most common strain detected by BPHL. Specimen submissions have decreased as ILI visits and other influenza indicators have declined.

In addition to PCR testing, BPHL also cultures influenza specimens, including those positive for influenza B.

There are two distinct antigenic lineages of influenza B, known as Victoria and Yamagata. Both have circulated in Florida in the past year.

At BPHL this season, 27 specimens have tested positive for Victoria lineage influenza B and 9 specimens have tested positive for Yamagata lineage influenza B. Last year’s 2011-12 vaccine included a Victoria lineage virus, while this year’s 2012-2013 vaccine includes a Yamagata lineage virus. Influenza viruses that circulate at the beginning of the flu season may be different than those that circulate later in the year, and these specimens represent a very small sample of statewide influenza activity. Not all flu positive specimens are cultured. FDOH will continue to monitor subtype and lineage for influenza viruses.

**TABLE 2** shows the number of specimens tested by BPHL, how many are influenza positive, and their subtypes.

<table>
<thead>
<tr>
<th></th>
<th>Current Week 17</th>
<th>Previous Week 16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Specimens Tested</strong></td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Influenza positive specimens (% of total)</td>
<td>3 (14.3%)</td>
<td>8 (25.8%)</td>
</tr>
<tr>
<td>H1N1 positive specimens (% of influenza positives)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Influenza A H3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Influenza A not yet subtyped</td>
<td>-</td>
<td>1 (12.5%)</td>
</tr>
<tr>
<td>Influenza B unspecified</td>
<td>3 (100.0%)</td>
<td>7 (87.5%)</td>
</tr>
</tbody>
</table>

**FIGURE 13** shows the number of influenza-positive specimens tested by the Florida Bureau of Public Health Laboratories (BPHL) by subtype by lab event date* week 1, 2011 to week 17, 2013 as reported in Merlin by 11:00 a.m. May 1, 2013.

**FIGURE 14** shows the number of specimens tested by Florida Bureau of Public Health Laboratories (BPHL) and percent positive for influenza by lab event date* week 1, 2011 to week 17, 2013 as reported in Merlin by 11:00 a.m. May 1, 2013.

*Please note that lab event date is defined as the earliest of the following dates associated with the lab: date collected, date received by the laboratory, date reported, or date inserted.

For county-specific laboratory data, please refer to the Flu Lab Report in Merlin.

As of 11:00 a.m. May 1, 2013 a total of 67 (100%) counties had reported their weekly level of influenza activity. Please note that data reported by counties after the deadline Tuesday at 5 p.m. are recorded but may not be included in the activity map for previous weeks.

TABLE 3: Weekly County Influenza Activity for Week 17 (ending April 27, 2013) as Reported by 11:00 a.m. May 1, 2013

<table>
<thead>
<tr>
<th>Activity Level</th>
<th>Week 16 Number of Counties</th>
<th>Week 17 Number of Counties</th>
<th>Week 17 Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Activity</td>
<td>32</td>
<td>31</td>
<td>Alachua, Baker, Bay, Brevard, Broward, Citrus, Clay, Collier, Dade, Duval, Escambia, Gadsden, Hendry, Hernando, Hillsborough, Jackson, Lake, Lee, Leon, Levy, Manatee, Marion, Martin, Nassau, Okaloosa, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Taylor, Volusia</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td>-</td>
<td>No counties report Moderate Activity.</td>
</tr>
<tr>
<td>Widespread</td>
<td>-</td>
<td>-</td>
<td>No counties report Widespread Activity.</td>
</tr>
</tbody>
</table>

County influenza activity data is reported to the DCBE through EpiGateway on a weekly basis by the county influenza coordinator. Specific information is requested about laboratory results, outbreak reports, and surveillance system activity. Figures 16-25 displayed below reflect a county's assessment of influenza activity within their county as a whole as well as influenza activity within specific settings. For week 17, 33 counties indicated that activity was decreasing, 26 indicated it was about the same as previous weeks, and four indicated that activity was increasing.

**FIGURE 15** shows the assessment of the overall influenza activity trend in each county as reported by county health department flu coordinators for week 17 as of 11:00 a.m. May 1, 2013.

Definitions for the County Influenza Activity Trends are available at: [http://www.doh.state.fl.us/disease_ctrl/epi/CountyInfluenzaTrendGuide.html](http://www.doh.state.fl.us/disease_ctrl/epi/CountyInfluenzaTrendGuide.html)
Counties are asked to evaluate influenza activity in certain settings within their county. Each setting has a scale for activity that ranges from none or minimal activity to very high activity. What defines each of the values varies by facility type, but the example of the assessment in elementary, middle, and high schools is included below. More detailed information on the meanings of the levels for each setting can be found on the webpage also included below.

**No or very minimal activity** -- Scattered cases ofILI with no increase in absenteeism or disruption of school activities.

**Moderate activity** -- Absenteeism elevated above baseline (in range of 10 to 25%) in some but fewer than half of schools where it is known; occasional children sent home because of ILI.

**High activity** -- Absenteeism elevated above baseline (in range of 10 to 25%) in more than half of schools; most schools sending several or many children home each day because of ILI.

**Very high activity** -- Absenteeism high enough to force curtailment of some or all school activities.

County influenza settings assessment guides are available at:
http://www.doh.state.fl.us/disease_ctrl/epi/FluAssessment.htm

**FIGURE 16 - FIGURE 19** show the activity levels in various facilities by county as reported by county health department flu coordinators for week 17 as of 11:00 a.m., May 1, 2013.
FIGURE 20 - FIGURE 24 show the activity levels in various facilities by county as reported by county health department flu coordinators for week 17 as of 11:00 a.m., May 1, 2013.

Pediatric Influenza-Associated Mortality

In week 17 2013, there were no influenza-associated pediatric deaths reported in Florida.

Eight influenza-associated pediatric deaths have been reported in Florida since October, 2012.
Over the past year, the FDOH Bureau of Vital Statistics and county health departments have been rolling out an electronic death record system for Florida. ESSENCE-FL now displays electronic vital statistics death record data from all 67 Florida counties. For pneumonia and influenza surveillance, death record literals are queried in ESSENCE-FL using a free-text query that searches for references to pneumonia and influenza on death certificates. Any mention of pneumonia or influenza in the death certificate literals, with certain exceptions, is counted as a pneumonia and influenza death. Current season pneumonia and influenza death numbers are preliminary estimates, and may change as more data are received. The most recent data available are displayed here. ESSENCE-FL vital statistics death records data are currently considered to be complete through week 16, 2013.

**FIGURE 25** shows the count of preliminary estimated pneumonia and influenza deaths for all Florida counties, the number of deaths predicted using a multi-year regression model, and the upper bound of the 95% confidence interval for this prediction.

For week 16 (ending April 20, 2013) there were:

- 176 preliminary estimated pneumonia and influenza deaths reported
- Upper bound of 95% confidence interval for prediction: 203 deaths
- No excess deaths.

**FIGURE 26** shows pneumonia and influenza deaths for all Florida counties, Week 40, 2010 - Week 18, 2013, as reported into ESSENCE-FL.

**FIGURE 27** shows pneumonia and influenza deaths for all Florida counties by age group, Week 40, 2010 - Week 18, 2013, as reported into ESSENCE-FL.

*Death records data reported into ESSENCE-FL are currently considered to be complete through week 16, 2013.*
The National Respiratory and Enteric Virus Surveillance System (NREVSS) collects data from laboratories around the country on a weekly basis. NREVSS monitors temporal and geographic patterns of six common respiratory viruses. Sixteen Florida facilities reported in week 17.

**FIGURE 29** shows the percentage of positive tests for multiple respiratory viruses reported by NREVSS-participating laboratories in Florida.

The 6 respiratory viruses summarized in Figure 29 are:
- Respiratory Syncytial Virus (RSV)
- Parainfluenza 1-3
- Adenovirus
- Human Metapneumovirus (HMPV)
- Rhinovirus
- Influenza

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### Influenza and ILI Outbreaks

In week 17, 2013 there were two influenza outbreaks reported in EpiCom.

- Charlotte County: An elementary school reported twenty-three students with ILI. Two of the affected children tested positive for influenza B by rapid antigen test. Two of the affected students had received this season’s flu vaccine. Vaccination status for the other affected students is unknown at this time.
- Marion County: A correctional facility reported ten inmates with ILI. Two specimens were collected and sent to BPHL for testing. The specimens were unsatisfactory for influenza testing. Vaccination status of the affected inmates is unknown at this time.

**Fifty-four** outbreaks of influenza or ILI have been reported so far in the 2012-2013 flu season.

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**Map 3: Influenza and ILI outbreaks by county, Week 40, 2012 - Week 17, 2013 as Reported by 11:00 a.m. May 1, 2013**

**Fifty-four** influenza or ILI outbreaks have been reported into EpiCom in the 2012-2013 season.
Florida ILINet

Measures trends in ILI visits to outpatient doctor’s offices
Doctors submit specimens from ill patients for influenza testing
Network of volunteer healthcare providers who:
- Report ILI and total visit counts every week
- Submit specimens for confirmatory testing

ESSENCE-FL Syndromic Surveillance

Measures trends in ILI visits and hospital admissions from emergency departments and urgent care clinics
Emergency departments and urgent care clinics electronically transmit visit data into ESSENCE-FL daily
Visit data summarized in the Florida Flu Review include:
- Percent of ED/urgent care visits due to ILI
- Percent of ED/urgent care visitors with ILI who are admitted to the hospital

ESSENCE-FL Vital Statistics Portal

Death certificates with pneumonia or influenza listed as a cause of death are used as a proxy to measure influenza mortality
Death certificate data from the Bureau of Vital Statistics can be accessed through ESSENCE-FL
Vital statistics data in ESSENCE are used for pneumonia and influenza mortality surveillance

County Influenza Activity in EpiGateway

Uses data provided by CHDs to create a county-by-county breakdown of influenza and ILI activity around the state
CHD epidemiologists report their county’s influenza and ILI surveillance data weekly into the EpiGateway website
Influenza activity is classified as: No Activity, Mild, Moderate, or Widespread
Setting-specific influenza activity and influenza trend is also reported

Outbreak Reporting in EpiCom

Tracks influenza and ILI outbreak investigations by CHDs
Shows what types of influenza are responsible for outbreaks and where outbreaks are occurring
Outbreaks are defined as two or more cases of influenza or ILI in a specific setting

BPHL Viral Surveillance

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

Case-Based Influenza Surveillance

Pediatric Influenza-Associated Mortality
Deaths in children with laboratory-confirmed influenza infection are reportable in Florida
Influenza due to Novel or Pandemic Strains
Patients with influenza infection due to novel or pandemic strains are reportable in Florida

NREVSS

Measures trends in different viruses that cause respiratory disease
Network of laboratories who report counts of test results for common respiratory viruses, including influenza, RSV, rhinovirus, and others

Information on locating influenza vaccination can be found using the flu vaccine locator at: http://flushot.healthmap.org/

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**TABLE 4: Summary of Florida ILI Outbreaks by Facility Status, Week 40, 2012-Week 17, 2013**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number of Outbreaks</th>
<th>Implicated Viruses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctional facility or jail</td>
<td>5</td>
<td>- Two outbreaks due to influenza A H3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- One outbreak was due to influenza B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- One outbreak was due to influenza A (subtype not identified)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- One outbreak was due to influenza that was not typed as influenza A or B</td>
</tr>
<tr>
<td>Domestic violence shelter</td>
<td>1</td>
<td>- One outbreak was due to influenza that was not typed as influenza A or B</td>
</tr>
<tr>
<td>Facility for persons with disability</td>
<td>2</td>
<td>- One outbreak was due to influenza A H3</td>
</tr>
<tr>
<td>Nursing home</td>
<td>12</td>
<td>- Three outbreaks were due to influenza that was not typed as influenza A or B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Eight outbreaks were due to influenza A (subtype not identified)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- One outbreak was due to influenza A (subtype not identified) and influenza B</td>
</tr>
<tr>
<td>Long-term care facility</td>
<td>9</td>
<td>- Two outbreaks were due to influenza A H3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- One outbreak was due to influenza B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Six outbreaks were due to influenza A (subtype not identified)</td>
</tr>
<tr>
<td>Assisted living facility</td>
<td>8</td>
<td>- Six outbreaks were due to influenza A (subtype not identified)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- One outbreak was due to influenza that was not typed as influenza A or B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- One outbreak was due to influenza A H3</td>
</tr>
<tr>
<td>Short-term rehabilitation facility</td>
<td>1</td>
<td>- Seven outbreaks were due to influenza A (subtype not identified)</td>
</tr>
<tr>
<td>School or Daycare facility</td>
<td>16</td>
<td>- Two outbreaks were due to influenza B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Three outbreaks were due to influenza A (subtype not identified) and influenza B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Four outbreaks were due to influenza that was not typed as influenza A or B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Eight outbreaks were due to influenza A H3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Four outbreaks were due to influenza B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Six outbreaks were due to influenza A H3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Eight outbreaks were due to influenza that was not typed as influenza A or B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Five outbreaks were due to influenza A (subtype not identified) and influenza B</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>- Twenty-eight outbreaks were due to influenza A (subtype not identified)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Four outbreaks were due to influenza B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Six outbreaks were due to influenza A H3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Eight outbreaks were due to influenza that was not typed as influenza A or B</td>
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<tr>
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<td>- Five outbreaks were due to influenza A (subtype not identified) and influenza B</td>
</tr>
</tbody>
</table>