County Influenza Activity

Weekly State Influenza Activity

Sporadic

Predominately Circulating Strain

A (H3)

Influenza and ILI Outbreaks

Reported Since 10/4/15

State Influenza and influenza-like illness (ILI) activity: sporadic.

National influenza activity:

- Influenza virus continues to circulate at low levels nationally.
- The predominantly circulating strain in recent weeks has shifted from influenza B to influenza A (H3), which is typical for this time of year.
- The Centers for Disease Control and Prevention recommends vaccination as long as influenza viruses are circulating.
- Highly pathogenic avian influenza (HPAI) H5 viruses have been identified in U.S. backyard and commercial flocks of birds during the spring and summer of 2015. HPAI H5 has not been identified in Florida birds, but identifications are anticipated. No humans have been identified with HPAI infection in Florida or the rest of the nation.

- To learn more about HPAI, please visit: http://www.floridahealth.gov/diseases-and-conditions/diseases-from-animals/novel-influenza-viruses.html.

- Influenza activity is increasing slightly but remains at low levels across the state.
- Most Florida counties are reporting mild or no influenza activity. In week 40, eight counties reported moderate influenza activity.
- Emergency department (ED) and urgent care center (UCC) ILI visits have increased in recent weeks but are below levels seen in previous years at this time.
- No outbreaks of influenza-like illness (two or more cases of influenza or ILI in a specific setting) were reported to EpiCom in week 40.
- No influenza associated pediatric deaths were reported in week 40. No influenza-associated pediatric mortalities have been reported so far in the 2015-16 influenza season.
- The preliminary estimated number of deaths due to pneumonia and influenza is similar to levels seen in previous years at this time.
- In Florida, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) in recent weeks has been influenza A (H3).

- In the past week, 2 (11.1%) of 18 specimens submitted to BPHL for influenza testing were PCR positive for influenza A (H3).
Statewide ILI Visits

Influenza-like illness (ILI) is defined as a fever >100°F AND sore throat and/or cough in the absence of another known cause.

Influenza surveillance goals:

- Surveillance for influenza is conducted to detect changes in the influenza virus, which is used to help determine the vaccine composition each year as well as prepare for epidemics and pandemics.
- Surveillance is conducted to identify unusually severe presentations; detect outbreaks; and determine the onset, peak, and wane of influenza season to assist with influenza prevention, particularly in high-risk populations like the very young, the elderly, and pregnant women.
- See the back page of this report for more information on influenza surveillance systems used in Florida: Page 11

Weekly State Influenza Activity Reporting

Below shows the state influenza activity level reported to CDC each week since the 2010-11 flu season. Florida reported sporadic influenza activity for week 40.

Figure 1 shows the percentage of influenza-like illness visits from emergency department (ED) and urgent care centers (UCC) chief complaints, of ESSENCE-FL participating facilities (N=258), Week 40, 2011 through Week 40, 2015 accessed October 14, 2015.

The percent of visits to EDs and UCCs for ILI is below levels seen in previous years at this time.
Statewide ILI Outpatient Visits and P & I Deaths

**Visits for ILI to Outpatient Providers by Flu Season**

ILI = influenza-like illness

Figure 2 shows the percentage of visits for ILI reported by ILINet outpatient providers statewide, Week 40, 2011 through Week 40, 2015 accessed October 13, 2015.

The percent of visits to ILINet outpatient providers for ILI is below levels seen in previous years at this time.

**P & I Deaths* from Vital Statistics by Flu Season**

P&I = pneumonia and influenza

Figure 3 shows pneumonia and influenza (P&I) deaths for all Florida counties, week 40, 2010 - week 40, 2015, from the Bureau of Vital Statistics as reported into ESSENCE-FL.

As of week 39 (ending October 4, 2015), 163 P&I deaths have been reported in the 2014-15 influenza season.

The number of P&I deaths is similar to levels seen in previous years at this time. Low activity is normal for this time period as ILI activity remains low.

**P & I Deaths*, Multi-Year Regression Model**

P&I = pneumonia and influenza

Figure 4 shows the count of preliminary estimated pneumonia and influenza (P&I) 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 39 (ending October 4, 2015):

163 preliminary estimated P&I deaths were reported.

Upper bound of 95% confidence interval for prediction is 179 deaths.

No excess deaths.

The number of P&I deaths is expected to increase as ILI activity increases throughout the season.

* Current season P&I death numbers are preliminary estimates, and may change as more data are received. The most recent data available are displayed here. Vital statistics death records received in ESSENCE-FL are currently considered to be complete through week 39, 2015.
In the 2015-16 flu season, there have been no influenza associated pediatric deaths reported to the Department of Health.

Figures 5-7 show the number of pediatric deaths associated with influenza that have been reported since week 40, 2010 by flu season.
No outbreaks of influenza or ILI have been reported into EpiCom so far in the 2015-16 season.

A total of seven outbreaks of influenza or ILI were reported during the summer prior to the start of the 2015-16 influenza season.

TABLE 1: Summary of Florida Influenza and ILI Outbreaks by Setting, Week 40, 2015

<table>
<thead>
<tr>
<th>Setting</th>
<th>Total</th>
<th>A (H3)</th>
<th>A (2009 H1N1)</th>
<th>A &amp; B Unspecified</th>
<th>B Yamagata</th>
<th>B Unspecified</th>
<th>Other respiratory viruses</th>
<th>Currently unknown virus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Daycares</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Jails &amp; prisons</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mental health facilities</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Nursing homes &amp; long term care facilities</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Healthcare facilities</td>
<td>-</td>
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<td>-</td>
<td>-</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>Other</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

To date, no influenza or ILI related outbreaks have been reported for the 2015-16 season.

Figure 8 shows the distribution of outbreaks by facility type and season.

No outbreaks of influenza or ILI have been reported in week 40, 2015.

In Florida, influenza activity often increases in children and then moves through other ages groups. As such, it is expected to see early season outbreaks in facilities serving children, such as schools and daycares.
These figures use Bureau of Public Health Laboratories (BPHL) viral surveillance data to track the progress of influenza infection over time.

**Figure 9** shows the number of influenza-positive specimens tested by subtype and lab event date*. **Figure 10** shows the number of specimens tested by BPHL and the percent positive by lab event date.*

In recent weeks, influenza specimens submitted to BPHL tested positive for influenza A (H3), and influenza B Yamagata lineage.

It is too early in the influenza season to determine the predominating strain for the 2015-16 season. However, influenza A viruses have been the most commonly circulating virus identified by BPHL.

**TABLE 2: Bureau of Public Health Laboratories (BPHL) Viral Surveillance for Week 40 by Lab Event Date**

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Current Week 40</th>
<th>Previous Week 39</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Specimens Tested</td>
<td>18</td>
<td>26</td>
</tr>
<tr>
<td>Influenza positive specimens (% of total)</td>
<td>2 (11.1%)</td>
<td>4 (15.4%)</td>
</tr>
<tr>
<td>Influenza A (2009 H1N1) (% of influenza positives)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Influenza A (H3) (% of influenza positives)</td>
<td>1 (50.0%)</td>
<td>2 (50.0%)</td>
</tr>
<tr>
<td>Influenza A not yet subtyped (% of influenza positives)</td>
<td>1 (50.0%)</td>
<td>-</td>
</tr>
<tr>
<td>Influenza B Yamagata (% of influenza positives)</td>
<td>-</td>
<td>2 (50.0%)</td>
</tr>
<tr>
<td>Influenza B Victoria (% of influenza positives)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Influenza B not yet subtyped (% of influenza positives)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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

Regional ED and UCC Visits by Region

ED = emergency department, UCC = urgent care center

Figures 11-17 show the percentage of influenza like illness (ILI) visits from ED and UCC chief complaint data from ESSENCE-FL by Regional Domestic Security Task Force (RDSTF) regions (see map 4). Week 40, 2011 through Week 40, 2015 data accessed October 14, 2015 is shown in each graph.* ED and UCC visits for ILI in RDSTF Regions are at or near levels seen during previous years at this time.

*There is no week 53 for the 2010-2011, 2011-2012, and 2013-2014 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.
Figure 18 shows the percentage of ILI among all ED and UCC visits by age. The percent of ED and UCC visits for ILI is similar to levels seen in previous years in all age groups at this time. In week 40, the proportion of ED and UCC visits for ILI has increased or remained the same in all age groups, with the most notable increase in the 0-4 age group.

Figure 19 shows ILI visit counts reported by ILINet outpatient providers statewide by age group. The number of ILI visits to ILINet sentinel providers has increased in all age groups in recent weeks.

P & I Deaths from Vital Statistics by Age Group

Figure 20 shows P&I deaths for all Florida counties by age group, week 40, 2012 - week 40, 2015, as reported into ESSENCE-FL. The number of P&I deaths reported in recent weeks in similar in all age groups to levels seen in previous years at this time.

†Data presented here are counts, not proportions as included in Figure 1. This is because age group denominator data is not available through ILINet.
ESSENCE-FL collects data daily from 258 EDs and UCCs. 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. DOH uses ED and UCC chief complaint data to monitor influenza and ILI activity in a timely manner in groups at higher risk of severe health outcomes (such as hospitalization and death) from influenza infection. These at-risk groups include pregnant women, children ≤18, and adults ≥ 65 years old.

**ED and UCC Visits for ILI by Pregnant Women**

Pregnant women are among those at high risk for severe complications due to influenza infection.

**Figure 21** shows the number of visits* to EDs and UCCs with chief complaints of influenza and pregnancy.

In week 40, the number of visits by pregnant women presenting to EDs and UCCs with mention of influenza is at or near levels seen in previous years at this time.

* This count under-represents the true number of pregnant women presenting for care to EDs and UCCs with influenza. The overall trend has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.

**ED and UCC Visits for ILI by Children 18 Years and Under**

**Figure 22** shows the percentage of ILI among all ED and UCC visits for children ≤18 years old.

The percentage of ED and UCC visits for ILI in children 18 years and under is below levels seen in previous years at this time.

**ED and UCC Visits for ILI by Adults 65 Years and Older**

**Figure 23** shows the percentage of ILI among all ED and UCC visits for adults ≥ 65 years old.

The percentage of ED and UCC visits for ILI in adults 65 years and older is at or near levels seen in previous years at this time.
ILI Activity by Setting Type

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.

Figure 24 shows the results of the influenza activity assessment for Week 40, 2015 accessed October 14, 2015.

ILI activity levels:
- No or very minimal activity
- Moderate activity
- High activity
- Very high activity

Settings for Children under 18

In primary schools, one county (2%) reported moderate influenza and ILI activity.

In daycare settings, 50 counties (83%) reported none or minimal influenza and ILI activity.

Settings for Adults over 65

In nursing homes, 54 counties (81%) reported none or minimal influenza and ILI activity.

In retirement homes, 40 counties (60%) reported none or minimal influenza and ILI activity.

Settings for Adults ages 18 to 65

In colleges and universities, 36 counties reported none or minimal influenza and ILI activity.

In private businesses, 43 (64%) counties reported none or minimal influenza and ILI activity.

In government offices, 46 (69%) counties reported none or minimal influenza and ILI activity.

Other Unique settings

In jails and prisons, 54 (81%) counties reported none or minimal influenza and ILI activity.

In healthcare settings, including rehabilitation facilities and mental health facilities, two counties (2.9%) reported moderate influenza and ILI activity.
Viral Surveillance (Continued)

Figure 25 shows the percentage of positive tests by respiratory virus type reported by NREVSS-participating laboratories via electronic lab reporting (ELR) to the department of health (n=11).

Rhinovirus, RSV, and Parainfluenza 1-3 are circulating in Florida at this time.

Florida ILI Surveillance System

Florida ILINet - Data source for figures: 2 and 19
- ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient healthcare providers. Florida has 88 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 Labs (BPHL) for confirmatory testing.

ESSENCE-FL Syndromic Surveillance and Vital Statistics Portal - Data source for figures 1, 3-7, 11-18, 20-23; map 4
- ESSENCE-FL measures trends in ILI visits from emergency departments (ED) and urgent care clinics (UCC) and influenza mortality by using death certificates from the Bureau of Vital Statistics. EDs and UCCs electronically transmit visit data into ESSENCE-FL daily or hourly.
- For statewide and regional data on influenza-like illness, visits are counted as ED or UCC visits to participating facilities that include influenza-like illness in patient chief complaints.
- For pneumonia and influenza (P&I) 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.

County Influenza Activity in EpiGateway - Data source for figures 19, 24, and maps 1, 2
- 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 information is also reported. EpiGateway data provided by CHDs creates a county-by-county breakdown of influenza and ILI activity around the state.

Outbreak Reporting in EpiCom - Data source for figure 8, map 3, and table 1
- EpiCom tracks influenza and ILI outbreak investigations by county health departments. Reports by county health departments include the type of respiratory disease causing the outbreak and settings where outbreaks are occurring. CHD epidemiologists report outbreaks of influenza or ILI into EpiCom, Florida’s online disease communication system.
- Outbreaks are defined as two or more cases of influenza or ILI in a specific setting.

Bureau of Public Health Laboratories (BPHL) - Data source for figures 9,10 and table 2
- BPHL performs confirmatory testing and subtyping on surveillance specimens from ILINet sentinel providers, outbreak investigations, patients with severe or unusual influenza presentations and medical examiners.

National Respiratory and Enteric Virus Surveillance System (NREVSS) - Data source for figure 25
- 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.

Case-Based Influenza Surveillance

Pediatric Influenza-Associated Mortality - (Merlin) Data source for figure 5-7

Influenza due to Novel or Pandemic Strains
- Deaths in children with laboratory-confirmed influenza infection and patients with influenza infection due to novel or pandemic strains are reportable in Florida. For more information about reportable diseases please visit www.Floridahealth.gov/diseasereporting