County Influenza Activity

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.

State Influenza and influenza-like illness (ILI) activity:
- Florida reported sporadic activity to the CDC in week 41.
- **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 41, seven 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.
- One outbreak of influenza-like illness was reported in week 41 in a Lake County elementary school.
- No influenza-associated pediatric deaths were reported in week 41.
  - 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.
- The most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) in recent weeks has been influenza A (H3).
  - In week 41, 26 specimens were submitted to BPHL for influenza testing and one (3.85%) was PCR positive for influenza A (H3).
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 seasonal influenza trends in order 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.

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.
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 (n=82), week 40, 2011 through week 41, 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 41, 2015, from the Bureau of Vital Statistics as reported into ESSENCE-FL.

As of week 40 (ending October 10, 2015), 159 P&I deaths have been reported in the 2015-16 influenza season.

The number of P&I deaths is similar to levels seen in previous years at this time.

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 40 (ending October 10, 2015):

159 preliminary estimated P&I deaths were reported.

Upper bound of 95% confidence interval for prediction is 187 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 40, 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 41, 2011 by influenza season.

Children, especially those with underlying health conditions are at higher risk of severe outcomes (including death) from influenza infection. The best way to prevent influenza in children is to get them vaccinated every year. For more information visit: http://www.cdc.gov/flu/protect/whosouldvax.htm#annual-vaccination
One outbreak of influenza or ILI has been reported into EpiCom so far in the 2015-16 season.

**Lake County**

An elementary school in Lake County reported 11 students with ILI. These 11 students spanned multiple grades. Ill students experiencing fever, cough, and sneezing were sent home. The facility reported an overall high rate of absenteeism. This investigation is ongoing.

### Table 1: Summary of Florida Influenza and ILI Outbreaks by Setting, Week 40-41, 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>
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<td>Jails &amp; prisons</td>
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<td>Nursing homes &amp; long term care facilities</td>
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<td><strong>0</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>

**Reported Influenza and ILI Outbreaks by Facility Type**

**ILI Activity and Outbreaks by Setting**

**ILI = influenza-like illness**

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

One outbreak of influenza-like illness was reported in week 41 in a Lake County elementary school.

In Florida, influenza activity often increases in children and then moves through other age groups. As such, early season outbreaks are expected in facilities serving children, such as schools and daycares.
These figures use Bureau of Public Health Laboratories (BPHL) viral surveillance data.

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). It is too early in the influenza season to predict what will be the predominately circulating strain in Florida for the 2015-16 season. However, influenza A (H3) has been the most commonly circulating virus identified by BPHL. This is consistent with the national trend.

*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.

For 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:
Regional ILI Visits

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, 2012 through week 41, 2015 data accessed October 14, 2015 is shown in each graph*. ED and UCC visits for ILI in all regions remains low and similar to 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.
**Age Groups: ILI Visits and P&I Deaths**

**Figure 19** shows ILI visit counts reported by ILINet outpatient providers by age group. The number of ILI visits to ILINet outpatient providers has been increasing in all age groups but is similar to levels seen in previous years in week 41.

**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 41, the proportion of ED and UCC visits for ILI has increased most notably in the 0-4 age group.

†Data presented here are counts, not proportions as included in Figure 1. This is because age group denominator data is not available through ILINet.

**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 is slightly above levels seen in previous years in the 65+ age group.
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.

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 41, 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.

Figure 22 shows the percent 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 old is below levels seen in previous years at this time.

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 old 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 41, 2015 accessed October 21, 2015.

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

**Settings for Children under 18**

In elementary schools, one county (1.5%) reported moderate influenza and ILI activity.

In daycare settings, 50 counties (75%) reported none or minimal influenza and ILI activity.

**Settings for Adults over 65**

In nursing homes, 53 counties (80%) reported none or minimal influenza and ILI activity.

In retirement homes, 41 counties (60%) reported none or minimal influenza and ILI activity.

**Settings for Adults ages 18 to 65**

In colleges and universities, 34 (81%) 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, 52 (78%) counties reported none or minimal influenza and ILI activity.

In healthcare settings, including rehabilitation facilities and mental health facilities, two counties (3.0%) reported moderate influenza and ILI activity.
Viral Surveillance (Continued)

Viral Respiratory Surveillance with NREVSS Laboratories

NREVSS = National Respiratory and Enteric Viral Surveillance System

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

In recent weeks, RSV activity has increased sharply.

- Respiratory Syncytial Virus (RSV)
- Parainfluenza 1-3
- Adenovirus
- Human Metapneumovirus
- Rhinovirus
- Influenza

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Florida ILI Surveillance System Summary

**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](http://www.Floridahealth.gov/diseasereporting)