State influenza and influenza-like illness (ILI) activity:
- Florida reported sporadic activity to the Centers for Disease Control and Prevention (CDC) in week 46.
- Influenza activity has remained relatively stable but has increased slightly in recent weeks. Low activity early in the season is not uncommon and is not predictive of an overall mild influenza season.
  - Of concern, seasons where influenza A (H3) is the predominantly circulating strain are generally more severe, particularly in children <5 and adults ≥65 years old.
  - Statewide emergency department (ED) and urgent care center (UCC) ILI visits are below levels seen in previous years at this time, although ILI visits to EDs and UCCs have increased slightly in recent weeks and are highest in the 0-4 age group in the South East.
  - The preliminary estimated number of deaths due to pneumonia and influenza is similar to levels seen in previous years at this time.
  - All Florida counties reported mild or no influenza activity in week 46.
  - No influenza-associated pediatric deaths were reported in week 46 and none have been reported so far during the 2015-16 influenza season.
  - No outbreaks of influenza or ILI were reported in week 46.
  - The proportion of specimens testing positive for influenza at the Bureau of Public Health Laboratories (BPHL) has increased slightly in recent weeks but has remained low. Influenza percent positivity is expected to increase as the 2015-16 influenza season progresses.
  - Influenza A (H3) is the most commonly circulating virus identified by BPHL so far in the 2015-16 season.

National influenza activity:
- Influenza activity levels remain low nationally but are increasing.
- The predominantly circulating strain identified nationally so far this season is influenza A (H3). Other strains of influenza are also circulating, but at lower levels.
- The CDC recommends vaccination as long as influenza viruses are circulating.
  - To learn more, please visit: http://www.cdc.gov/flu/weekly/.
- 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 human HPAI infections have been identified in Florida or the rest of the nation.
  - To learn more about HPAI, please visit: www.floridahealth.gov/novelflu.

For more information see page 2

For more information see page 6

For more information see page 5

For more information see page 4
Influenza surveillance goals:
- Influenza surveillance is conducted to detect changes in the influenza virus. This data is used to help determine the annual vaccine composition and to prepare for potential epidemics or pandemics.
- Surveillance is conducted to identify unusually severe presentations of influenza infection, detect outbreaks, and determine seasonal influenza trends in order to guide influenza prevention, particularly in high-risk populations like children, 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.

**Figure 1** shows the percent of ILI visits from emergency department (ED) and urgent care center (UCC) chief complaints for ESSENCE-FL participating facilities (N=259), week 40, 2012 through week 46, 2015.

The percent of visits to EDs and UCCs for ILI has increased slightly in recent weeks but remains below levels seen in previous years at this time.
Figure 2 shows the percent of visits for ILI reported by ILINet outpatient providers statewide (n=46), week 40, 2012 through week 46, 2015.

The percent of visits to ILINet outpatient providers for ILI has remained stable in recent weeks and is below levels seen in previous years at this time.

Figure 3 shows pneumonia and influenza (P&I) deaths* for all Florida counties, week 40, 2012 through week 45, 2015, from the Bureau of Vital Statistics as reported into ESSENCE-FL.

As of week 45 (ending November 14, 2015), 1078 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.

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 45 (ending November 14, 2015):

151 preliminary estimated P&I deaths were reported.

The upper bound of the 95% confidence interval for prediction is 193 deaths with no excess deaths.

The number of P&I deaths are similar to recent years at this time. P&I deaths tend to occur later in the season as at-risk populations become ill with influenza.

* 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 45, 2015.
No influenza-associated pediatric deaths have been reported to the Florida Department of Health so far in the 2015-16 influenza season.

Figures 5-7 show the number of pediatric deaths associated with influenza that have been reported since week 40, 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 please visit: http://www.cdc.gov/flu/protect/whoshouldvax.htm#annual-vaccination.
Reported Influenza and ILI Outbreaks

*ILI = influenza-like illness*

Four outbreaks of influenza or influenza-like illness (ILI) have been reported into EpiCom so far in the 2015-16 season. No outbreaks of influenza or ILI were reported in week 46.

**TABLE 1: Summary of Florida Influenza and ILI Outbreaks by Setting, Week 40-46, 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>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Daycares</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1– respiratory syncytial virus (RSV)</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>
</tr>
<tr>
<td>Nursing homes &amp; long term care facilities</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1– rhinovirus</td>
<td>-</td>
</tr>
<tr>
<td>Healthcare facilities</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

**Figure 8** shows the distribution of outbreaks by facility type and season. In Florida, influenza and ILI activity often increases first 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*. Influenza A (H3) is the most commonly circulating virus identified by BPHL in recent weeks. This is consistent with the national trend.

Low levels of influenza B Yamagata lineage have also been identified circulating in Florida by BPHL this season.

**Figure 10** shows the number of specimens tested by BPHL and the percent that were positive for influenza by lab event date*. In recent weeks, the total number of samples tested for influenza has decreased slightly, while influenza percent positivity has increased slightly. Both indicators are below levels seen in previous years at this time.

*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.

**Influenza A inconclusive test results are due to technical difficulties including insufficient sample for testing or internal sample control failure and occur occasionally in routine laboratory testing.

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** shows the percent of ILI visits from emergency department (ED) and urgent care center (UCC) chief complaints for ESSENCE-FL participating facilities (N=259), by ESSENCE-FL Regional Domestic Security Task Force (RDSTF) regions (see map 4) from week 40, 2012 through week 46, 2015*, accessed November 25, 2015. **ED and UCC visits for ILI in Regions 1, 2, and 7 have increased most notably in recent weeks while activity in Regions 3 - 6 remain at low levels.** Visits in most regions are below levels seen in 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.

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**MAP 4**

Emergency Departments and Urgent Care Centers Reporting Data to ESSENCE-FL by Regional Domestic Security Task Force (RDSTF), November 25, 2015 (N=259)
Figure 19 shows ILI visit counts reported by ILINet outpatient providers by age group. The number of ILI visits to ILINet outpatient providers has increased most notably in the 5-24 age group in recent weeks, however levels are below those seen in previous years for all age groups at this time.

*Data presented here are counts, not proportions. 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 through week 45, 2015, as reported into ESSENCE-FL. The number of P&I deaths has remained stable in all age groups in recent weeks and are similar to levels seen in previous years in all age groups at this time.

*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 45, 2015.
ESSENCE-FL collects data daily from 259 emergency departments (ED), and urgent care centers (UCCs). 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”, “cough”, and/or “sore throat”. The Florida Department of Health 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 years old, and adults ≥65 years old.

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

Pregnant women are 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 46, the number of visits by pregnant women presenting to EDs and UCCs with mention of influenza has increased but is similar to levels seen in previous years at this time.

**ED and UCC Visits for ILI by Children ≤18 Years Old**

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

The percent of ED and UCC visits for ILI in children ≤18 years old is increasing but remains below levels seen in previous years at this time.

**ED and UCC Visits for ILI by Adults ≥65 Years Old**

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

The percent of ED and UCC visits for ILI in adults ≥65 years old is slightly below 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.
County health departments are asked to evaluate influenza activity in certain settings within their county. The assessment scale for activity ranges from none or minimal activity to very high activity.

**Figure 24** shows the results of the influenza activity assessment for week 46, 2015 accessed November 25, 2015.

Counties that reported “not applicable” for the listed settings are excluded from the denominator in the calculations below.

**ILI activity levels:**
- None or very minimal activity
- Moderate activity
- High activity
- Very high activity

### Settings for Children under 18
- **In elementary schools**, 59 counties (92%) reported none or minimal influenza and ILI activity.
- **In daycare settings**, 51 counties (88%) reported none or minimal influenza and ILI activity.

### Settings for Adults ages 18 to 65
- **In colleges and universities**, 38 (83%) counties reported none or minimal influenza and ILI activity.
- **In private businesses**, 44 (85%) counties reported none or minimal influenza and ILI activity.
- **In government offices**, 49 (88%) counties reported none or minimal influenza and ILI activity.

### Settings for Adults over 65
- **In nursing homes**, one county (2%) reported moderate influenza and ILI activity.
- **In retirement homes**, 43 counties (83%) reported none or minimal influenza and ILI activity.

### Other Unique settings
- **In jails and prisons**, 56 (89%) counties reported none or minimal influenza and ILI activity.
- **In healthcare settings**, including rehabilitation facilities and mental health facilities, one county (2%) reported moderate influenza and ILI activity.
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 and 2
- County health department (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 Elevated. 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/](http://www.Floridahealth.gov/)