Summary

Week 2: January 8-14, 2017

State influenza and influenza-like illness (ILI) activity:
- Influenza season is here. Florida reported widespread activity to the Centers of Disease Control and Prevention (CDC). This is up from regional activity in recent weeks.
- In week 2, influenza activity in Florida remained elevated overall. Increased influenza activity is expected for several weeks, with peak activity still ahead.
- Statewide, the percent of emergency department (ED) and urgent care center (UCC) visits for influenza-like illness (ILI) decreased slightly, however, the percent of ED and UCC visits for ILI among adults aged ≥65 remained similar to peak levels observed in the 2015-16 season.
- ILI activity among pregnant women increased and was slightly above levels observed in previous seasons at this time. Pregnant women are at higher risk for severe complications from influenza infection.
- Respiratory syncytial virus (RSV) activity in children <5 years old decreased, but remained above levels observed in the 2014-15 and 2013-14 seasons at this time (see page 12).
- In week 1, the preliminary estimated number of deaths due to pneumonia and influenza (P&I) increased and was similar to levels seen in previous seasons at this time.
- One influenza-associated pediatric death was reported. The child had underlying health conditions and no reported vaccination for the 2016-17 influenza season.
  - This is the second influenza-associated pediatric death reported so far this season in Florida. While rare, Florida receives reports of influenza-associated pediatric deaths each season.
  - Annual vaccination remains the best way to protect children against influenza infection. It is not too late to vaccinate children for the 2016-17 influenza season. If you have not gotten vaccinated yet, you should get vaccinated now.
- Eleven counties reported moderate influenza activity, 48 counties reported mild influenza activity, and eight counties reported no influenza activity.
- Twelve ILI or influenza outbreaks were reported. A total of 34 outbreaks of influenza or ILI have been reported so far this season.
- Since the start of the 2016-17 influenza season, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) statewide has been influenza A (H3).

National influenza activity:
- In recent weeks, influenza and ILI activity remains elevated. In week 1, levels were above the national baseline for the fourth consecutive week. Twelve states reported widespread influenza activity. Florida and 20 states reported regional influenza activity in week 1.
  - While the timing and severity of influenza seasons vary and are unpredictable, influenza activity is expected continue for several more weeks.
- In recent weeks, influenza A (H3) has been the most common subtype reported to CDC by public health laboratories across the nation.
  - Seasons in which influenza A (H3) predominates have been associated with more severe illness, particularly in young children and adults ≥65 years old.
- In week 1, CDC reported the first three influenza-associated pediatric deaths of the 2016-17 season. One of these deaths occurred in a Florida resident.
- CDC recommends annual vaccination for everyone ≥6 months old. People who have not been vaccinated against influenza should get vaccinated as soon as possible.
  - There is increased risk for highly pathogenic avian influenza (HPAI) H5 virus identification in birds during the fall and winter migratory season. HPAI H5 has not been identified in Florida birds and would be expected to be seen in more northerly states first, but identifications are possible. To date, only two wild ducks have tested positive for HPAI H5 since August 2016; one was identified in Alaska in August and the second was just identified in Montana. No human HPAI infections have been identified in Florida or other states.
  - To learn more about HPAI, please visit: www.floridahealth.gov/novelflu.

Weekly State Influenza Activity

Widespread

For more information see page 2 ▶

Predominately Circulating Strain

A (H3)

Influenza and ILI Outbreaks

Reported as of 1/14/2017

Outbreaks

- Week 2 Outbreaks (12)
- 0 Outbreaks
- 1-2 Outbreaks
- 3-4 Outbreaks
- 5+ Outbreaks

County Influenza Activity

County Activity (N)

- No Activity (8)
- Mild Activity (48)
- Moderate Activity (11)
- Elevated Activity (0)
- Unknown (0)

For more information see page 4 ▶

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Posted January 18, 2017 on the Bureau of Epidemiology (BOE) website: www.floridahealth.gov/floridaflu
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Influenza surveillance goals:

- Influenza surveillance is conducted to detect changes in the influenza virus. These data are used to help determine the annual national vaccine composition and to prepare for potential epidemics or pandemics.
- Surveillance is also 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, adults ≥65 years old, and pregnant women.
- See the back page of this report for more information on influenza surveillance systems used in Florida: page 14.

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 visits for ILI from ED and UCC chief complaint data for ESSENCE-FL participating facilities (n=285), week 40, 2013 to week 2, 2017. In week 2, the percent of visits to EDs and UCCs for ILI decreased and was similar to levels seen in previous seasons at this time.
Visits for ILI to Outpatient Providers by Flu Season
ILI = influenza-like illness

Figure 2 shows the percent of visits for ILI reported by ILINet outpatient providers statewide (n=39), week 40, 2013 to week 2, 2017.

In week 2, the percent of visits for ILI reported by ILINet outpatient providers increased and was similar to levels seen in previous seasons at this time.

P&I Deaths* from Vital Statistics by Flu Season
P&I = pneumonia and influenza

Figure 3 shows P&I deaths* for all Florida counties from the Bureau of Vital Statistics, as reported into ESSENCE-FL, week 40, 2013 to week 1, 2017.

As of week 1 (ending January 7, 2017), 2,988 P&I deaths have been reported in the 2016-17 influenza season.

The preliminary number of P&I deaths increased and was similar to levels seen in previous seasons at this time.

P&I Deaths*, Multi-Year Regression Model
P&I = pneumonia and influenza

Figure 4 shows the number of preliminary estimated 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 1 (ending January 7, 2017), 242 preliminary estimated P&I deaths were reported.

The upper bound of the 95% confidence interval for prediction is 269 deaths, with no excess deaths.

* Current season P&I death counts 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 considered to be complete through week 1, 2017.
County Influenza and ILI Activity Maps

County influenza activity data are reported by county health departments through EpiGateway on a weekly basis. Information is used to determine county activity and includes laboratory results, outbreak reports, and ILI activity. The figures below reflect a county health department's assessment of influenza activity within their county. For week 2, 30 counties reported increasing activity, 33 counties reported activity at a plateau, and four counties reported decreasing activity.

Influenza-Associated Pediatric Deaths

Figures 5-7 show the number of pediatric deaths associated with influenza infection, week 40, 2012 to week 2, 2017. One influenza-associated pediatric death was reported in week 2. The child had underlying health conditions and had no reported vaccination for the 2016-17 influenza season. This is the second influenza-associated pediatric death reported in Florida so far this season.

While rare, Florida receives reports of influenza-associated pediatric deaths each season. Most deaths occur in unvaccinated children with underlying health conditions. Children, especially those with underlying health conditions, are at higher risk of severe outcomes from influenza infection. Annual vaccination remains the best way to protect against influenza. It is not too late to vaccinate children for the 2016-17 influenza season. CDC recommends vaccination as long as influenza viruses are circulating. To learn more, please visit: www.cdc.gov/flu/protect/whoshouldvax.htm#annual-vaccination.
Note: Colleges and universities, private businesses, local and state government offices, retirement homes, and other settings have not reported any outbreaks during this season.

The setting categorized as “Other” includes hotels, home schools, mental health facilities, and rehabilitation facilities.

Table 1: Summary of Florida Influenza and ILI Outbreaks by Setting, Week 40 through Week 2, 2017

<table>
<thead>
<tr>
<th>Setting</th>
<th>Total</th>
<th>A (H3)</th>
<th>A 2009 (H1N1)</th>
<th>A Unsubtyped</th>
<th>A &amp; B Unsubtyped</th>
<th>B Yamagata</th>
<th>B Victoria</th>
<th>B Unsubtyped</th>
<th>Influenza Unspecified</th>
<th>Other respiratory viruses</th>
<th>Currently unknown pathogen</th>
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<tbody>
<tr>
<td>Schools</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>Daycares</td>
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<td>-</td>
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<td>-</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Nursing homes &amp; long-term care facilities</td>
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<td>2</td>
<td>13</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2-RSV</td>
<td>10</td>
<td>10</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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

In week 2, 12 outbreaks of influenza or ILI were reported in facilities serving adults ≥65 years old.

Seasons in which influenza A (H3) predominates have been associated with more severe illness, particularly adults ≥65 years old. As such, it is expected that outbreaks will occur in long-term care facilities and nursing homes.

For more information on influenza and ILI outbreaks reported in week 2, see page 6.
In week 2, 12 outbreaks were reported into EpiCom or Merlin. Thirty-four outbreaks of influenza or ILI have been reported into EpiCom or Merlin so far this season.

Sarasota County:
- A short-term rehabilitation facility reported 15 residents and two staff members with ILI. Two ill individuals tested positive for influenza A by rapid antigen testing at the facility. Specimens have been requested for testing at BPHL. Vaccination status for ill individuals for the 2016-17 influenza season is unknown. Infection control measures were reviewed with facility leadership. This investigation is ongoing.

Pinellas County:
- A nursing home reported two staff members with ILI. Both ill individuals tested positive for influenza A by rapid antigen testing at a local urgent care center. No specimens were available for testing at BPHL. Vaccination status for ill individuals for the 2016-17 influenza seasons is unknown. Infection control measures were reviewed with facility leadership. This investigation is closed.
- A nursing home reported seven staff members with ILI. The etiology of this outbreak is currently unknown. Vaccination status for ill individuals for the 2016-17 influenza season is unknown. Infection control measures were reviewed with facility leadership. This investigation is ongoing.
- A long-term care facility reported seven residents with ILI. Four individuals were positive for influenza A by rapid antigen testing at the long-term care facility. Specimens have been requested for testing at BPHL. Vaccination status for ill individuals for the 2016-17 influenza season is unknown. Infection control measures were reviewed with facility leadership. This investigation is ongoing.
- A skilled nursing facility reported five residents with ILI. Four ill residents were hospitalized. Specimens have been requested for testing at BPHL. Vaccination status for ill individuals for the 2016-17 season is unknown. Infection control measures were reviewed with facility leadership. This investigation is ongoing.

Miami-Dade County:
- A nursing and rehabilitation facility reported nine residents and eight staff members with ILI. Three specimens were collected from ill individuals and were positive for influenza A (H3). Vaccination status for ill individuals for the 2016-17 season is unknown. Infection control measures were reviewed with facility leadership. This investigation is closed.

Polk County:
- A long-term care facility reported four residents with ILI. All four residents were hospitalized and one resident expired. Two residents tested positive for influenza A by rapid antigen testing at the long-term care facility and two residents tested positive for influenza A by PCR at the hospital. Two specimens were collected for testing at BPHL. Those results are pending. Of the four ill residents, two were vaccinated for the 2016-17 influenza season. Infection control measures were reviewed with facility leadership. This investigation is ongoing.
- A long-term care facility reported four residents with ILI. All four residents were hospitalized and one resident expired. Specimens collected from all three individuals were positive for RSV by PCR at BPHL. Infection control measures were reviewed with facility leadership. This investigation is ongoing.
- A skilled nursing facility reported three residents with ILI. Three residents were hospitalized and one resident expired. All three residents were positive for influenza A at the hospital. Three specimens were collected for testing at BPHL. Those results are pending. The facility reported that 94% of residents and 100% of staff members were vaccinated for the 2016-17 influenza season. Infection control measures were reviewed with facility leadership and implemented. This investigation is ongoing.

Broward County:
- A nursing home reported 31 residents 18 staff members with ILI. Five ill individuals were hospitalized. Three ill individuals tested positive for influenza A by rapid antigen testing at the facility. Three specimens were collected for testing at BPHL and were positive for influenza A. Subtype results are pending. It is unknown if ill individuals were vaccinated for the 2016-17 influenza season. Infection control measures were reviewed with facility leadership. This investigation is ongoing.

Hillsborough County:
- A nursing home reported four individuals who had been diagnosed with upper respiratory infections. No specimens were available for testing at BPHL. All ill individuals were vaccinated for the 2017-16 influenza season. Infection control measures were reviewed with facility leadership. This investigation is closed.

Manatee County:
- A memory care facility reported 11 individuals with ILI. Specimens were collected for testing at BPHL. Those results are pending. Vaccination status for ill individuals for the 2016-17 influenza season is currently unknown. Infection control measures were reviewed with facility leadership. This investigation is ongoing.
Figures 9 and 10 use BPHL viral surveillance data.

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

In recent weeks, the most common influenza subtype detected at BPHL statewide has been influenza A (H3). Seasons in which A (H3) viruses predominate have been associated with more severe illness in young children and adults ≥65 years old.

Figure 10 shows the number of specimens tested by BPHL and the percent that were positive for influenza by lab event date*.

In week 2, the number of specimens tested for influenza decreased and was below levels observed in previous seasons at this time. The percent of specimens testing positive for influenza increased and was similar to levels observed in previous seasons at this time.

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

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

There is no week 53 for the 2013-14, 2015-16, and 2016-17 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.
Figure 19 shows the number of visits for ILI reported by ILINet outpatient providers statewide (n=39) by age group, week 40, 2013 to week 2, 2017.

In week 2, the number of visits for ILI increased in the 5-24 age group and decreased in all other age groups. Levels were similar to or below those seen in previous seasons at this time in all age groups.

*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, as reported into ESSENCE-FL, week 40, 2013 to week 1, 2017.

In week 1 (ending January 7, 2017), the number of P&I deaths increased in the ≥65 age group and remained the same in all other age groups. Levels were similar to or below those seen in previous seasons at this time in all age groups.

*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 1, 2017.
ESSENCE-FL collects data daily from 285 EDs and 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 higher risk for severe complications due to influenza infection.

**Figure 21** shows the number of visits* to EDs and UCCs with chief complaints of influenza infection and pregnancy, as reported into ESSSENCE-FL, week 40, 2013 to week 2, 2017.

In week 2, the number of visits to EDs and UCCs by pregnant women with mention of influenza increased. Levels were above those seen in previous seasons at this time.

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

**Figure 22** shows the percent of ILI visits among all ED and UCC visits for children ≤18 years old, as reported into ESSSENCE-FL, week 40, 2013 to week 2, 2017.

In week 2, the percent of ILI visits among all ED and UCC visits for children ≤18 years old decreased and was similar to levels seen in previous seasons at this time.

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

**Figure 23** shows the percent of ILI visits among all ED and UCC visits for adults ≥65 years old, as reported into ESSSENCE-FL, week 40, 2013 to week 2, 2017.

In week 2, the percent of ILI visits among all ED and UCC visits for adults ≥65 years old decreased, but remained similar to peak levels observed in the 2015-16 season. Activity was above peak levels observed in the 2013-14 season. Seasons where influenza A (H3) predominates have been associated with more severe illness, particularly in adults ≥65 years old.
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 2, 2017. Counties that reported “not applicable” for the listed settings are excluded from the denominator in the calculations below.

**ILI Activity Levels:**
- No or very minimal activity
- Moderate activity
- High activity
- Very high activity

**Settings for Children <18 Years Old**

**In elementary schools,** 54 counties (81.8%) reported no or minimal influenza or ILI activity. Two counties (3.0%) reported moderate influenza or ILI activity. One county (1.5%) reported high influenza or ILI activity.

**In daycare settings,** 51 counties (85.0%) reported no or minimal influenza or ILI activity.

**Settings for Adults 18 to 65 Years Old**

**In colleges,** 36 of 46 counties (76.8%) reported no or minimal influenza or ILI activity. One county (1.8%) reported moderate influenza or ILI activity.

**In businesses,** 42 counties (79.2%) reported no or minimal influenza or ILI activity. One county (1.9%) reported moderate influenza or ILI activity.

**In government offices,** 47 counties (82.5%) reported no or minimal influenza or ILI activity.

**Settings for Adults >65 Years Old**

**In nursing homes,** 51 counties (79.7%) reported no or minimal influenza or ILI activity. Two counties (3.1%) reported moderate influenza or ILI activity. One county (1.6%) reported high influenza or ILI activity.

**In retirement homes,** 43 counties (76.8%) reported no or minimal influenza or ILI activity. One county (1.8%) reported moderate influenza or ILI activity.

**Other Unique Settings**

**In jails and prisons,** 52 counties (83.9%) reported no or minimal influenza or ILI activity. One county (1.6%) reported moderate influenza or ILI activity.

**In health care settings,** including rehabilitation facilities and mental health facilities, 46 counties (70.8%) reported no or minimal influenza or ILI activity. Nine counties (13.8%) reported moderate influenza or ILI activity. One county (1.5%) reported high influenza or ILI activity.
Respiratory Syncytial Virus Surveillance

RSV Activity Summary and Seasonality

**RSV activity:**
- In week 2, the percent of children <5 years old diagnosed with RSV at EDs and UCCs decreased, but remained above levels observed in the 2014-15 and 2013-14 seasons. Currently, all regions are still considered to be in RSV season.
- The percent of specimens testing positive for RSV decreased and was below levels observed in previous seasons at this time.
- To learn more about RSV in Florida, please visit: [http://www.floridahealth.gov/rsv](http://www.floridahealth.gov/rsv).

**RSV Seasonality:**
- RSV activity in Florida typically peaks in November through January, though activity can vary dramatically by region. According to CDC, the start of RSV season is marked by the first two consecutive weeks during which the average percentage of specimens testing positive for RSV is ≥10%.
- Florida has established regular RSV seasons based on these thresholds.
- Florida’s RSV season is longer than the rest of the nation and has distinct regional seasonality. For more information on RSV seasonality in Florida, see the American Academy of Pediatrics’ 2015 Red Book.

RSV surveillance goals:
- A statewide RSV surveillance system was implemented in Florida to support clinical decision-making for prophylaxis of premature infants. The determination of unique seasonal and geographic trends of RSV activity has important implications as it relates to prescribing patterns for initiating prophylaxis to children at high risk for RSV infection.
- See the back page of this report for more information on RSV surveillance systems used in Florida: page 14

ED and UCC Visits for RSV by Children <5 Years Old

**ED = emergency department, UCC = urgent care center, RSV = respiratory syncytial virus**

Figure 25 shows the percent of visits to EDs and UCCs with discharge diagnoses that include RSV or RSV-associated illness, as reported by participating ESSSENCE-FL facilities (n=285), week 30, 2013 to week 2, 2017.

In week 2, the percent of children presenting to participating EDs and UCCs for care with RSV decreased. Levels remained above those seen in the 2014-15 and 2013-14 seasons.

Laboratory RSV Surveillance

**RSV = respiratory syncytial virus**

Figure 26 shows the percent of laboratory results testing positive for RSV, as reported by hospital laboratories (n=11), week 40, 2013 to week 2, 2017.

In week 2, the percent of specimens testing positive for RSV decreased and was below levels observed in previous seasons at this time.

*This overall trend has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.*
Other Respiratory Virus Surveillance

Statewide activity:
- In week 2, the percent of specimens testing positive for influenza decreased slightly, but remained above levels observed in previous seasons at this time. The percent of specimens testing positive for influenza was higher than other respiratory viruses under surveillance.
- The percent of specimens testing positive for RSV decreased and was below levels observed in previous seasons at this time.
- The percent of specimens testing positive for rhinovirus increased and was above levels observed in the 2014-15 and 2013-14 seasons at this time. Levels were below those observed in the 2015-16 season at this time.

Enterovirus D68 (EV-D68) activity:
- In week 2, no new cases of EV-D68 were identified in Florida.
- Eight cases of EV-D68 have been identified in Florida since February 2016. These eight cases were identified in different regions of the state and represent the full spectrum of disease. These are the first identifications of EV-D68 in the United States since the fall of 2014.
- Six of these cases were identified as a result of Florida’s participation in the Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES).
- To learn more about EV-D68, please visit: http://www.floridahealth.gov/diseases-and-conditions/d68.

Outbreaks:
- In week 2, one outbreak of RSV was reported in a Polk County long-term care facility.

Laboratory Viral Respiratory Surveillance

Figure 27 shows the percent of laboratory results testing positive for eight common respiratory viruses, as reported by hospital laboratories (n=11), week 40, 2013 to week 2, 2017.

In recent weeks, the percent of specimens testing positive for influenza increased and was higher than other respiratory viruses under surveillance.

Non-Influenza ARIES Laboratory Outpatient Surveillance*

ARIES = Acute Respiratory Infection Epidemiology and Surveillance Program

Figure 28 shows the number of specimens testing positive for 12 common respiratory viruses, as reported by BPHL and ARIES outpatient providers statewide (n=6), week 40, 2015 to week 1, 2017.

None of the specimens submitted by ARIES providers in week 1 (ending January 7, 2017) have tested positive by extended respiratory panel thus far.

*Data presented here are counts, not proportions. The most recent data available are displayed here. ARIES laboratory data are currently considered to be complete through week 1, 2017. Laboratory results for specimens that have not yet been tested in full will be included in future reports.