State influenza and influenza-like illness (ILI) activity:\footnote{1}

In weeks 37-38, influenza and ILI activity remained low overall and was within expected levels for this time of year. This report marks the end of the production of the biweekly summer report. Beginning week 40, 2020 the full length report will be produced on a weekly basis.

**Annual vaccination is the best way to protect yourself and your loved ones from influenza and its potentially severe complications. Now is the perfect time to get vaccinated.**

In weeks 37-38,\footnote{2} one new influenza or ILI outbreak was reported. Five total influenza or ILI outbreaks have been reported since May 17, 2020 (when the traditional influenza season ended).

**No new influenza-associated pediatric deaths were reported in weeks 37-38.** Fourteen influenza-associated pediatric deaths have been reported since the beginning of the 2019-20 season.

In weeks 37-38, no specimens tested positive for influenza at the Bureau of Public Health Laboratories (BPHL). Of note, the number of specimens tested at BPHL remained low overall. During the 2019-20 season, influenza A 2009 (H1N1) has been the predominant strain detected.

In weeks 37-38, the percent of specimens that tested positive for rhinovirus increased and was higher than other respiratory viruses under surveillance. For more information, see page 3.

In weeks 37-38,\footnote{3} the percent of emergency department and urgent care center visits with a discharge diagnosis of influenza statewide stayed stable\footnote{4} and was below the previous three-season average for this time.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure}
\caption{The figure above shows the percent of visits with discharge diagnoses that include influenza (with certain exceptions) for facilities participating in ESSENCE-FL (n=385) statewide for the current year (week 40, 2019 to week 38, 2020) and the previous three season average (2018-19, 2017-18, and 2016-17). Of note, influenza may not be laboratory-confirmed for all the visits included in this query. For more information on the use of ESSENCE-FL for influenza and ILI surveillance, see page 4.}
\end{figure}
In weeks 37-38, one ILI outbreak was reported in a facility serving children.

Five influenza or ILI outbreaks have been reported since May 17, 2020. To date, there has been no laboratory evidence of influenza and no specimens have been collected for testing in these outbreaks.

Sporadic outbreak reports are expected during the summer months. The number of reported outbreaks is expected to increase slightly as the traditional influenza season approaches. Outbreak data are preliminary and subject to change. If non-influenza etiologies are determined later in the investigation process, outbreaks are removed from the total count.

In weeks 37-38, no specimens tested positive for influenza at BPHL. Of note, the number of specimens tested at BPHL remained low overall. In weeks 23-24, one specimen tested positive for influenza B, unspecified.

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The figure above shows reported influenza and ILI outbreaks by county since May 17, 2020. Counties with outbreaks reported in weeks 37-38 are outlined in bold.

The figure above shows the distribution of influenza and ILI outbreaks by facility type as reported in Merlin, weeks 21-38, 2020.

The figure above shows the number of specimens tested for influenza at the Bureau of Public Health Laboratories (BPHL) by lab-event date, weeks 21-38, 2020. Specimens are organized by result and percent positivity of results was calculated by dividing positive results over total results.

*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.
RSV activity in children <5 years old has increased slightly since week 30. Levels were below those seen at this time in past years.

No new outbreaks of RSV were reported in weeks 37-38.

Currently, four of Florida’s five regions are in RSV season.

Florida’s RSV season is longer than the rest of the nation and has distinct regional patterns. The RSV seasons shown here are based on activity thresholds provided by the Centers for Disease Control and Prevention.

The determination of unique seasonal and geographic trends of RSV activity in Florida has important implications for prescribing patterns for initiating prophylaxis to children at high-risk for complications for RSV infection. The American Academy of Pediatrics recommends preapproval for prophylactic treatment be made based on state surveillance data.

To learn more about RSV in Florida, please visit: FloridaHealth.gov/RSV.

The percent of emergency department and urgent care center visits for RSV among children <5 years has increased slightly since week 30. RSV activity in children <5 years was below levels observed at this time in previous years.

In weeks 37-38, the percent of specimens testing positive for rhinovirus increased and was higher than other respiratory viruses under surveillance. Of note, a significant decrease in the volume of testing was observed in the previous two weeks. Specimens tested are less than half of the number tested at this time in previous years. This figure may change as additional data are received.

The overall trend displayed in this figure has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.
The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a Centers for Disease Control and Prevention (CDC) surveillance system that captures data on eight commonly circulating respiratory viruses as reported by participating laboratories in Florida. Data collected in NREVSS are combined with data from Florida laboratories that submit validated electronic RSV laboratory results to the Florida Department of Health via electronic laboratory reporting. Together, these data are used to monitor the temporal and geographic patterns of these viruses.

Laboratory Surveillance

The Florida Department of Health, Bureau of Public Health Laboratories (BPHL) performs real-time reverse transcription polymerase chain reaction (RT-PCR) influenza testing (including subtyping for influenza A viruses and lineage determination for influenza B viruses) for specimens submitted from sentinel providers, outbreak investigations, health care providers treating patients with severe or unusual influenza presentations, and medical examiners.

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a Centers for Disease Control and Prevention (CDC) surveillance system that captures data on eight commonly circulating respiratory viruses as reported by participating laboratories in Florida. Data collected in NREVSS are combined with data from Florida laboratories that submit validated electronic RSV laboratory results to the Florida Department of Health via electronic laboratory reporting. Together, these data are used to monitor the temporal and geographic patterns of these viruses.

Case-Based Influenza Surveillance

Death in a child whose laboratory-confirmed influenza infection has been identified as contributing to the child’s death is a reportable condition in Florida. Influenza-associated pediatric deaths are investigated by CHDs and reported in Merlin. In turn, the Florida Department of Health reports these deaths to CDC.

In addition, an individual of any age with suspected or laboratory-confirmed novel or pandemic influenza A is reportable in Florida. Suspected or confirmed novel influenza A cases are investigated by CHDs in collaboration with state and national experts. CHDs report cases in Merlin and, in turn, the Florida Department of Health reports these cases to CDC.

Geographic Spread of Influenza

On a weekly basis, the Florida Department of Health evaluates influenza and ILI surveillance data to determine the geographic spread of influenza in Florida and reports the weekly determination to CDC. Geographic spread is not an indication of influenza severity. Geographic spread can be reported as sporadic, local, regional, or widespread.

- **Sporadic:** small numbers of laboratory-confirmed influenza or a single laboratory-confirmed influenza outbreak has been reported but there is no increase in cases of ILI
- **Local:** outbreaks of influenza or increases in ILI and recent laboratory-confirmed influenza in at least two but less than half the regions of the state
- **Regional:** outbreaks of influenza or increases in ILI and recent laboratory-confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions
- **Widespread:** outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state