Florida Influenza Surveillance for the Week Ending November 29, 2003 (Week 48)

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Summary

Florida influenza-like illness (ILI) activity continues to increase statewide. Eleven counties are reported as having high ILI% activity for the week ending November 29 (Week 48). Significance testing is not done for these percentages. Of the 13,652 patients seen by the sentinel providers during the week ending November 29, 344 were seen for influenza-like illnesses (overall state ILI activity of 2.59%). The number of specimen submissions and positive laboratory results increased during the week ending November 29. Thirty specimens were received by the state laboratories for influenza isolate testing during this week, of which nine were positive for Influenza A (H3N2). With a new variant circulating it is increasingly more important to subtype any Influenza A isolates. The Bureau of Epidemiology continues to encourage the county influenza coordinators to contact their sentinel providers to provide some cross-protection against this drift variant, the level of protection is not known. The CDC encourages vaccination because the current vaccine continues to protect against other types of influenza. Health care workers and care givers are encouraged to get vaccinated in an effort to decrease transmission of the virus to patients who may be at high risk for complications.

Florida Influenza-Like Illness (ILI) Summary

Seventy-six sentinels from 69 public clinics and private offices submitted reports for 29 counties during the week ending November 29, 2003 (Week 48). Counties with the highest percentage of patients with ILI were Okaloosa (2.02%, with 3 of 4 sentinel locations reporting); Leon (2.12%, 2 of 2); Brevard (2.43%, 2 of 3); Duval (2.50%, 5 of 9); Alachua (2.71%, 1 of 2); Broward (4.41%, 7 of 7); Walton, (4.82%, 1 of 1); Polk (4.96%, 4 of 4); Orange (5.32%, 6 of 9); Palm Beach (5.70%, 5 of 5); Indian River (6.08%, 3 of 5). Eight counties reported a low percentage of patients with ILI, and 10 counties reported no cases of ILI. A breakdown of ILI% reported for weeks ending November 29 by county is listed in Table 1.

Table 1: Influenza-Like Illness Reporting by County for Weeks Ending 11/29/03 (Week 48)								
			d as of I/03	Reporting for Week 48		ILI% Reported	ILI% Reported	ILI% Reported
County	Change in ILI Activity	Sentinels recruited	from Offices	Locations Reporting	Participation Rate		for Week 47 (Updated)	for Week 46 (Updated)
Alachua	Level	2	2	1 of 2	50%	2.71%	2.66%	3.23%
Brevard	Level	3	3	2 of 3	67%	2.43%	2.53%	4.63%
Broward	Increasing	7	7	7 of 7	100%	4.41%	2.82%	4.25%
Charlotte	-	1	1	1 of 1	100%	0.00%	0.00%	0.00%
Citrus	Decreasing	1	1	1 of 1	100%	0.00%	0.09%	0.13%
Collier	Decreasing	2	2	1 of 2	50%	0.00%	0.47%	0.00%
Duval	Increasing	12	9	5 of 9	56%	2.50%	2.10%	1.74%
Hillsborough	Increasing	6	6	2 of 6	33%	0.90%	0.34%	0.32%
Indian River	Increasing	8	3	3 of 5	60%	6.08%	4.84%	5.25%
Lake	Increasing	2	2	2 of 2	100%	1.72%	0.99%	0.50%
Lee	Decreasing	2	2	2 of 2	100%	0.00%	0.78%	0.80%
Leon	Increasing	2	2	2 of 2	100%	2.12%	1.16%	0.94%
Marion	Decreasing	1	1	1 of 1	100%	0.00%	0.24%	0.14%
Martin	Increasing	1	1	1 of 1	100%	0.57%	0.33%	0.00%
Miami-Dade	Increasing	6	6	5 of 6	83%	1.18%	0.59%	0.98%
Monroe	Increasing	1	1	1 of 1	100%	1.79%	1.55%	5.36%
Okaloosa	Increasing	4	4	3 of 4	75%	2.02%	1.32%	2.29%
Orange	Increasing	12	9	6 of 9	67%	5.32%	3.21%	1.87%
Osceola	-	2	2	1 of 2	50%	0.00%	0.00%	0.00%

Palm Beach	Increasing	5	5	5 of 5	100%	5.70%	3.36%	2.48%
Pasco	Decreasing	1	1	1 of 1	100%	0.00%	1.67%	0.00%
Pinellas	Decreasing	7	7	6 of 7	86%	1.16%	1.72%	0.54%
Polk	Increasing	7	4	4 of 4	100%	4.96%	3.50%	4.10%
Santa Rosa	Increasing	1	1	1 of 1	100%	1.20%	0.00%	0.00%
Seminole	Decreasing	1	1	1 of 5	20%	1.70%	2.20%	1.46%
St. Johns	-	5	5	1 of 2	50%	0.00%	0.00%	0.59%
St. Lucie	-	3	2	1 of 1	100%	0.00%	0.00%	0.00%
Volusia	-	1	1	1 of 1	100%	0.00%	0.00%	0.00%
Walton	Increasing	1	1	1 of 1	100%	4.82%	3.28%	6.82%

Laboratory Specimen Testing in Florida

Nine of the 30 specimens received by the Jacksonville Central and Tampa Branch laboratories for influenza isolate testing during the week ending November 29, 2003 (Week 48) were found positive for influenza A (H3N2). These viruses came from Alachua (31), Indian River (1), Leon (1), Palm Beach (1), Pinellas (1), and Polk (1) counties.

From September 28, 2003 to November 29, 2003, the Florida laboratories tested a total of 102 specimens and found 23 positive for influenza A (H3N2). The remaining specimens were negative for influenza. Table 2 details isolates found since September 28, 2003 by county.

Table 2. Isolates by County Found During 2003-2004 Surveillance Report Date: December 8, 2003									
N	Number of previously reported cases (Number of new cases)								
County	Type A - H3N2 Type A - H1N1 Type A - Unknown Type B								
Alachua	4 (3)	0	0	0					
Hillsborough	Isborough 2 (1) 0 0 0								
Indian River	1 (1)	0	0	0					
Leon	1 (2)	0	0	0					
Okaloosa									
Orange	Orange 2 0 0 0								
Palm Beach	Palm Beach (1) 0 0 0								
Pinellas 1 0 0 0									

Rapid Testing Performed by Private Laboratories in Florida

Reports received from one clinic, three hospitals and one private laboratory since September 28, 2003 are summarized in Table 3.

Table 3. Rapid Influenza Tests by County During 2003-2004										
Report Date: December 8, 2003										
	Number of Rapid tests reported									
County	Rapid Tests Negative Positive for Positive for Positive for County performed Tests A or B A B									
Alachua	(Unknown)	0	5	0	0					
Brevard	108	107	1	0	0					
Broward	7	6	0	1	0					
Marion	2	1	1	0	0					
Miami-Dade	7	6	1	0	0					
Orange	(Unknown)		(4)	1	1					

National Influenza Surveillance

This section summarizes the weekly influenza report from the Centers for Disease Control and Prevention. More detailed information can be found at their website: <u>http://www.cdc.gov/ncidod/diseases/flu/weekly.htm</u> and at <u>http://www.cdc.gov/ncidod/diseases/flu/weekly.htm</u>

Influenza-Like Illness Report for the Week ending November 29, 2003.

The proportion of patient visits to sentinel physicians for influenza-like illness (ILI) was **5.1%** nationwide. This is above the national baseline of 2.5%. On a regional level**, the percentage of visits for ILI was highest in the West South Central region (14.6%), followed by the Pacific (7.2%), Mountain (5.8%), and **South Atlantic (4.2%)** regions. All other regions were below 4%. Due to wide variability in regional level data, it is not appropriate to apply the national baseline to regional level data. National percentage and regional percentages of patient visits for ILI are weighted on the basis of state population.

Antigenic Characterization: CDC has antigenically characterized 157 influenza A (H3N2) viruses submitted by U.S. laboratories since October 1. Of the 157 A (H3N2) viruses tested, 45 (29%) were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and 112 (71%) were similar to the drift variant, A/Fujian/411/2002 (H3N2).

Influenza drift variant, A/Fujian/411/2002 (H3N2), found in the United States and Europe

The influenza A drift variant, A/Fujian/411/2002 (H3N2) predominated the Australian and New Zealand outbreaks that peaked in mid-to-late August 2003. Two of the influenza A (H3N2) viruses submitted to the CDC from Florida in mid-October were A/Fujian/411/2002 (H3N2). The CDC expects the current U.S. vaccine will offer some protective immunity against the A/Fujian/411/2002-like viruses because these viruses are related to the vaccine strain, A/Panama/2007/99. Antibodies produced against the vaccine virus cross-react with A/Fujian/411/2002-like viruses, but at a lower level. A/Fujian/411/2002 (H3N2)-like isolates have also been identified in Denmark (4), England (14), Ireland (8), The Netherlands (8), Northern Ireland (1), Norway (11), Portugal (9), Scotland (4), Spain (16), and Switzerland (3).

U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) Laboratories Report.

Since September 28, 2003, **4,992 (25.6%)** of the 19,469 specimens tested for influenza viruses were positive. One thousand fifteen influenza A (H3N2) viruses, one influenza (H1) viruses and 19 influenza B viruses have been identified. Of the specimens submitted to date, 2,194 (44%) were reported from the West South Central region and 1,793 (35.9%) were from the Mountain region.

	2003-200	ILI Reporting: Weighted ILI%					
Region	Total Specimens	AH1N1	AH3N2	A-Unk	в	Ratio Pos.	For Week 48
New England Region	128	0	3	9	0	0.094	0.997
Mid-Atlantic Region	1395	0	11	43	0	0.039	1.452
East North Central Region	874	0	78	5	1	0.096	1.479
West North Central Region	2228	0	28	34	1	0.028	1.409
South Atlantic Region	2729	1	137	454	2	0.218	1.548
East South Central Region	509	0	37	16	0	0.104	1.927
West South Central Region	5167	0	443	1747	4	0.425	10.171
Mountain Region	4801	0	244	1539	10	0.373	2.201
Pacific Region	1638	0	34	110	1	0.089	2.298

* Weekly ratios rather than proportions are presented because specimens reported positive for influenza virus each week may include specimens submitted for testing during an earlier week.

122 US Cities Vital Statistics Mortality Report.

The percentage of all deaths due to pneumonia and influenza was 6.5%. This percentage is below the epidemic threshold of 7.5% for the week ending November 29, 2003.

International Influenza Activity

<u>WHO Collaborating Centre for Reference and Research on Influenza, Melbourne Australia</u> Australia's winter months are from May to October. One of Australia's biggest influenza seasons since 1998 peaked from mid to late August 2003, and by October cases of influenza had generally subsided. Influenza A (H3) viruses were cited as the primary cause of outbreaks, with little A (H1) or B viruses isolated during the season. For more information about Australian influenza, please visit the Melbourne, Australia Branch website at <u>http://www.influenzacentre.org/</u> (specific article can be found at http://www.influenzacentre.org/flunews.htm#subsiding).

FluWatch Report from the Canadian Centre for Infectious Disease Prevention and Control

For the week ending November 15, 2003, widespread influenza activity was reported in all regions in Saskatchewan and 1 region in Ontario, localized influenza activity was reported in all regions of the North West Territories, 2 regions of Nunavut, 1 region of Alberta, Manitoba and Nova Scotia, and sporadic influenza activity was reported Alberta, Manitoba, Nova Scotia, Nunavut, Quebec and the Yukon.

Four Influenza outbreaks were reporting in schools in Nova Scotia (3) and Alberta (1); long-term care facilities in Alberta (2), British Columbia (1), Manitoba (1), Ontario (2), and Saskatchewan (2); and a hospital in British Columbia. Influenza related deaths were reported in Ontario (2 seniors, and a 10-year-old child with co-morbidities).

For more information about the FluWatch report, please visit their website at <u>http://www.hc-sc.gc.ca/pphb-dgspsp/fluwatch/index.html</u>

Report from the European Influenza Surveillance Scheme (EISS)

The EISS reports influenza activity in west Europe is slowing down, however widespread activity and outbreaks were reported during the week ending November 22, 2003 (Week 47). Of the 22 European countries that are members of the EISS, widespread influenza activity was reported in England, Ireland, Norway, Portugal, Scotland and Spain; France reported regional activity; and Belgium and Northern Ireland reported local outbreaks for the week ending November 22, 2003. Countries located in east Europe reported sporadic or no activity. For more information about the EISS report, please visit their website at http://dev.eiss.org/cgi-files/bulletin_v2.cgi.

2002-2003 Influenza Surveillance Summaries

An international summary of the 2002-2003 influenza surveillance season (October-September) can be found on page 303 in the November 7, 2003 edition of the WHO's *Weekly Epidemiological Record (Vol. 78)* at http://www.who.int/wer/2003/wer7845/en/.

WHO Recommended composition of influenza virus vaccines for use in the 2004 influenza season http://www.who.int/csr/disease/influenza/recommendations2004/en/

* Reporting is incomplete for this week. Numbers may change as more reports are received.