Florida Influenza Surveillance for the Week Ending January 17, 2004 (Week 02)

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Summary

Florida influenza-like illness (ILI) activity decreased statewide for the week ending January 17, 2004 (Week 02) compared to the previous weeks. Twelve counties reported as having high ILI% activity for the week, this is down from sixteen for the previous week. Eight counties have reported an increase in ILI activity from the previous week, seventeen counties reported a decrease and four counties remained level. Three counties did not have at least 50% of the sentinels reporting or did not report the previous week and therefore the change in activity could not be determined. Of the 17,178 patients seen by the sentinel providers during the week ending January 17, 316 were seen for influenza-like illnesses (an overall state ILI activity of 1.84%). The Florida ILI activity code reported to the Centers for Disease Control and Prevention (CDC) for the week ending January 17, 2004 was regional.

During the last two influenza seasons there has been a slight decrease in ILI activity in January followed by an increase in ILI activity in February. Therefore, the Bureau of Epidemiology asks that reporting still be completed in a timely manner to insure accurate representation of influenza-like illness activity across the state throughout the entire year.

Enhanced surveillance reports from the counties indicate that the number of outbreaks of influenza-like illness is beginning to subside. For the week ending January 17, 2004, there was only one county reporting any outbreaks compared to four counties the previous week.

In the most recent updates form CDC and WHO, it has been reported that there have been eleven laboratory confirmed cases of avian Influenza A (H5N1) infections in humans in Vietnam and Thailand. Eight of the eleven cases have been fatal. There still has been no evidence of person-to-person transmission of the virus. Health officials believe that the patients were infected with the virus through contact with the droppings of the infected birds. The CDC is recommending enhanced surveillance efforts by state and local health agencies to identify patients who have been hospitalized with unexplained pneumonia, ARDS, or severe respiratory illness that have traveled to any of the known infected areas within ten days from onset of symptoms. CDC and WHO are currently working in collaboration to develop a vaccine against the H5N1 strain.

Enhanced Surveillance for Influenza 2003-2004 Season for Week 02

<u>Influenza or ILI Outbreaks</u>: One county reported two new and two continuing outbreaks of influenza or influenza-like illness across the state. This is a decrease compared to the previous week in which four counties were reporting outbreaks.

<u>Pediatric Encephalopathies</u>: No new cases of encephalopathy have been reported to the Bureau of Epidemiology during the week ending January 17, 2004.

<u>Pediatric Deaths</u>: No new cases of influenza-associated deaths among those 17 years and younger were reported o the Bureau of Epidemiology during the week ending January 17, 2004.

<u>Notes</u>: Counties have reported a decrease in influenza-like illness (ILI) activity in the hospitals and ERs. No reports of increased absenteeism have been reported.

A statewide summary of the county enhanced surveillance reports has been made available on EpiCom.

Influenza-Like Illness (ILI) Florida Summary

Seventy-seven sentinels from 71 public clinics and private offices submitted reports for 30 counties during the week ending January 17, 2004 (Week 02). Counties with the highest percentage of patients with ILI were Okaloosa (2.27%, with 3 of 4 sentinels reporting); Santa Rosa (2.37%, 1 of 1 reporting); Orange (2.88%, 4 of 7 reporting); Volusia (3.26%, 3 of 3 reporting); Lake (3.37%, 2 of 2 reporting); Lee (3.42%, 2 of 2 reporting); Palm Beach (3.60%, 4 of 5 reporting); Polk (4.42%, 4 of 4 reporting); Monroe (5.71%, 1 of 1 reporting); Brevard (6.80%, 3

of 3 reporting); and Putnam (20.60%, 2 of 2 reporting). Twelve counties reported a low percentage of patients with ILI, and six counties reported no cases of ILI. A breakdown of ILI% reported for the week ending January 17, 2004 by county is listed in Table 1.

County	Change	Recruited as of 1/1/04		Reporting for Week 02			ILI % ILI% Reported for Reported for		ILI% Reported for
		Sentinels Recruited	From Offices	Sentinels Reporting	From Offices	Participation for Week 02		Week 01 (Updated)	Week 53 (Updated)
Alachua	Decreasing	1	1	1	1	100%	0.48%	1.83%	5.26%
Brevard	Increasing	3	3	3	3	100%	6.80%	5.03%	8.67%
Broward	Decreasing	7	7	6	6	86%	1.86%	4.66%	5.60%
Charlotte	Decreasing	1	1	1	1	100%	0.71%	3.63%	0.00%
Citrus	Decreasing	1	1	1	1	100%	0.00%	0.22%	0.28%
Collier	Decreasing	2	2	1	1	50%	0.43%	6.68%	0.00%
Duval	Increasing	7	7	6	6	86%	1.58%	1.01%	1.41%
Escambia	Increasing	1	1	1	1	100%	12.65%	10.08%	
Hardee		1	1	1	1	100%	0.00%		
Hillsborough	Decreasing	5	5	4	4	80%	0.59%	1.18%	0.77%
Indian River	Decreasing	8	3	4	2	50%	0.35%	0.65%	9.41%
Lake	Decreasing	2	2	2	2	100%	3.37%	5.49%	6.77%
Lee	Increasing	2	2	2	2	100%	3.42%	2.32%	0.46%
Leon	Level	2	2	2	2	100%	1.60%	1.53%	17.04%
Marion	Decreasing	1	1	1	1	100%	0.00%	0.40%	2.51%
Martin	Increasing	1	1	1	1	100%	0.56%	0.29%	0.00%
Miami-Dade	Decreasing	5	5	4	4	80%	0.43%	0.74%	1.98%
Monroe	Increasing	1	1	1	1	100%	5.71%	4.17%	12.81%
Okaloosa	Level	4	4	3	3	75%	2.27%	2.47%	2.06%
Orange	Decreasing	10	7	5	4	50%	2.88%	6.49%	11.33%
Osceola	Level	2	2	1	1	50%	0.00%	0.00%	5.88%
Palm Beach	Decreasing	5	5	4	4	80%	3.60%	7.46%	14.52%
Pasco	Decreasing	1	1	1	1	100%	0.00%	2.94%	0.00%
Pinellas	Decreasing	7	7	6	6	86%	1.65%	4.10%	4.99%
Polk	Decreasing	7	4	7	4	100%	4.42%	5.61%	9.77%
Putnam	Increasing	3	3	2	2	67%	20.60%	14.63%	39.30%
Santa Rosa	Level	1	1	1	1	100%	2.37%	2.08%	0.73%
Seminole	Decreasing	2	2	1	1	50%	0.56%	3.76%	6.69%
St. Johns	Decreasing	1	1	1	1	100%	0.00%	1.19%	0.00%
St. Lucie		1	1	0	0	0%		0.00%	0.00%
Volusia	Increasing	3	3	3	3	100%	3.26%	1.93%	1.50%
Walton		1	1	0	0	0%		0.00%	2.22%

Table 1: Influenza-Like Illness Reporting by County for Week Ending 1/17/04 (Week 02)

Laboratory Specimen Testing in Florida

Twenty-five of the 57 specimens received by the Jacksonville Central and Tampa Branch laboratories for influenza testing during the week ending January 17, 2004 (Week 02) were found positive for Influenza A. Of these 25 viruses, 13 were positive for A (H3N2) and twelve were positive for Influenza A, unknown. These viruses came from Alachua, Duval, Hillsborough, Indian River, Leon, Miami-Dade, Pinellas, Polk, Putnam, St. Johns, and Volusia counties. Culture testing continues on five of the 12 unknown Influenza A specimens received during week 02 that were found positive for Influenza A through PCR testing.

From September 28, 2003 to January 17, 2004, the Florida laboratories tested a total of 587 specimens and found 209 positive for Influenza A (H3N2) and 80 that were unknown A or have culture results pending. The remaining specimens were negative for the influenza virus. Table 2 details the isolates found since September 28, 2003 by county. The CDC has returned results from 14 specimens collected from Florida during October and November 2003. All were positive for Influenza A (H3N2): five were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2) and 9 were similar to the drift variant A/Fujian/411/2002 (H3N2).

	anuary 26, 2003			2004 Surveillance	
Number of prev	/iously reported po	sitivo spocimo	ne (nositivo eno	cimens week 02)	
County		Type A - H1N1		- Type A - Unknown Culture Pending	Туре В
Alachua	10		4(1)		
Brevard	1				
Broward	6			6	
Charlotte				1	
Citrus	5			3	
Collier	3				
Duval	26(4)		8		
Hernando	1				
Hillsborough	12(1)			6(1)	
Indian River	24(1)		10(1)		
Lake	1				
Lee	2				
Leon	20(1)		3(1)		
Marion	1				
Martin	1				
Miami-Dade	5(1)		6(2)		
Monroe	2		1		
Okaloosa	5				
Orange	5		4	1	
Osceola	2		1		
Palm Beach	7			3	
Pasco	3				
Pinellas	9(1)			2(1)	
Polk	19(1)			5	
Putnam	3(1)			(3)	
Sarasota	8				
St Johns	10		3(1)		
Volusia	4(2)		2(1)		
Wakulla	1		•	1	
Washington			1		

Rapid Testing Performed by Private Laboratories in Florida Reports received from non-sentinel, private hospitals and private laboratories since September 28, 2003 are summarized in Table 3.

Table 3. Rapid Influenza Tests by County During 2003-2004 Report Date: January 26, 2003							
County	Rapid Tests performed	Negative Tests	Positive for A or B	Positive for A	Positive for B		
Alachua	Unknown	Unknown	5	0	0		
Bay	526	408	91	128	1		
Brevard	675	495	0	189	0		
Broward	7	6	0	1	0		
Clay	Unknown	Unknown	1	0	0		
Collier	Unknown	Unknown	362	0	0		
Hillsborough	Unknown	Unknown	3	21	0		
Marion	2	1	1	0	0		
Miami-Dade	249	138	88	0	0		
Orange	24	16	14	0	0		
Pinellas	3	1	2	0	0		
Sarasota	Unknown	Unknown	61	61	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: http://www.cdc.gov/flu

Influenza-Like Illness Report for the Week Ending January 17, 2004

The proportion of patient visits to sentinel physicians for influenza-like illness (ILI) was 2.0% nationwide. This is below the national baseline of 2.5%. On a regional level, the percentage of visits for ILI ranged from 2.5% in the Pacific region to 1.1% in the New England and West North Central regions. The South Atlantic, in which Florida is located, reported 2.3% of patient visits were due to ILI. Due to wide variability in regional level data, it is not appropriate to apply the national baseline to regional level data. The national and regional percentages are weighted on the basis of national and state population.

Antigenic Characterization

Since October 1, 2003, CDC has antigenically characterized two Influenza A (H1) viruses, 565 Influenza A (H3N2) viruses, and six Influenza B viruses that were submitted by U.S. laboratories. The Influenza A (H1) viruses were similar antigenically to the vaccine strain A/New Caledonia/20/99. Of the 565 Influenza A (H3N2) isolates characterized, 106 (18.8%) were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and 459 (81.2%) were similar to the drift variant A/Fujian/411/2002 (H3N2). Five of the Influenza B viruses were similar to B/Sichuan/379/99 and one was similar to B/Hong Kong/330/2001.

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

During Week 02, 123 (8.0%) of the 1,544 specimens tested at WHO and NREVSS laboratories were positive. Of these 123 positive specimens, 26 were Influenza A (H3N2) viruses, 95 were Influenza A viruses that were not subtyped, and two were Influenza B viruses. Since September 28, 2003 WHO and NREVSS laboratories have tested 76,311 specimens for influenza viruses and found 19,968 positive specimens. Of the positive specimens, 115 were Influenza B viruses, 4,651 were Influenza A (H3N2), one was Influenza A (H1), and 15,201 were Influenza A viruses that have not been subtyped. Weekly ratios reported by nine regions are presented in Table 4.

Table 4. 2003-2004 Summary Specimen Testing By Region							
Report Date: January 26, 2003							
Region	Total Specimens	AH1N1	AH3N2	A-Unk	в	Ratio Pos.	ILI Reporting: Weighted ILI%
New England Region	2,396	0	192	667	1	0.359	2.208
Mid-Atlantic Region	8,194	0	71	1,273	6	0.165	2.693
East North Central Region	4,375	0	823	405	3	0.281	4.183
West North Central Region	9,339	0	317	1,662	4	0.212	3.928
South Atlantic Region	13,805	1	1,059	3,265	53	0.317	3.542
East South Central Region	3,542	0	185	245	1	0.122	3.464
West South Central Region	16,124	0	922	3,943	8	0.302	6.788
Mountain Region	10,516	0	597	2,750	35	0.322	3.085
Pacific Region	8,020	0	485	991	4	0.185	4.621

122 US Cities Vital Statistics Mortality Report

The percentage of all deaths due to pneumonia and influenza was 10.3%. This percentage is above the epidemic threshold of 8.1% for the week ending January 17, 2004.

Influenza Surveillance in the United States Definitions and Reminders

Definitions of the influenza activity levels are as follows:

No Activity: No laboratory-confirmed cases of influenza and no reported increase in the number of cases of ILI.

Sporadic: Small numbers of laboratory-confirmed influenza cases or a single influenza outbreak has been reported, but there is no increase in cases of ILI.

Local: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state.

Regional: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of the state.

Widespread: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state.

Important Reminders:

- Influenza activity reporting by sentinel providers is voluntary
- The influenza surveillance data is used to answer the question of where, when, and what viruses are circulating. It can be used to determine if influenza activity is increasing or decreasing, but it cannot be used to ascertain how many people have become ill with influenza so far this season.

International Influenza Activity

This section summarizes updated influenza reports from the World Health Organization Global Influenza Surveillance Network. More detailed information can be found at: http://www.who.int/csr/disease/influenza/en/

World Health Organization Communicable Disease Surveillance and Response

WHO reported on January 21, 2004 (Update 8) that influenza activity associated with A/Fujian/411/2002-like viruses continued to increase or remain widespread in Austria, Croatia, Latvia, Norway, Russia, Federation, Slovenia, Switzerland, and the Ukraine (central and eastern European counties). Italy and Japan also reported increases in influenza activity. Parts of Canada continue to experience widespread influenza activity.

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 vaccine for use in 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