Florida Influenza Surveillance

Week Ending January 14, 2006 (Week 2)

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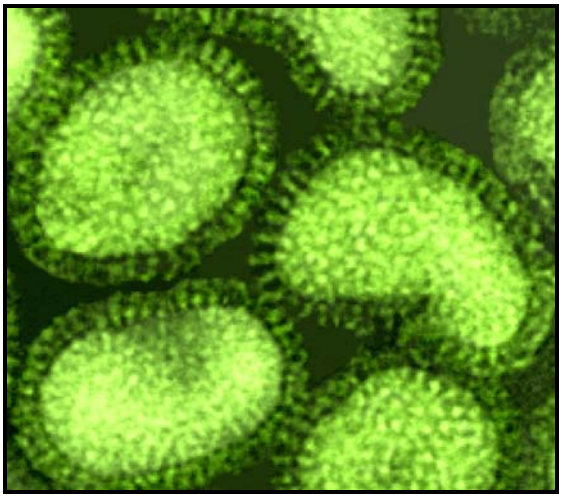


In This Issue:

I. Summary

This is the fifteenth weekly Florida influenza surveillance report for the 2005-06 season. Influenza surveillance in Florida consists of six surveillance components: Florida Sentinel Physician Influenza Surveillance Network (FSPISN), state laboratory-based viral surveillance, county influenza activity levels as determined and reported by county health department epidemiologists based on county level influenza and influenza-like illness (ILI) surveillance, reporting of influenza-associated deaths among those <18 years of age, post-influenza infection encephalitis reporting, and reports of influenza or ILI outbreaks in the community or institutional settings. Influenza is not a reportable disease in Florida and therefore information regarding the exact number of influenza cases within the state is not available.

These surveillance systems allow the Florida Department of Health, in collaboration with the Centers for Disease Control and Prevention (CDC), to determine when and where influenza activity is occurring, identify circulating viruses, detect changes in the circulating influenza viruses, track patterns of influenza-associated morbidity and mortality and estimate the overall impact of influenza in the state of Florida. Almost all of the reporting by the counties, laboratories and healthcare providers for the various surveillance programs that track influenza-associated morbidity and mortality is voluntary.

During week 2, Influenza-like illness (ILI) activity as reported by FSPISN increased in 4 of the seven regions (Centraleast, Centralwest, Southeast, and Southwest). County level influenza reporting recorded as of January 18, 2006: Localized activity was reported by Hendry, Orange, and Seminole Counties. Nineteen county health departments (Alachua, Bay, Brevard, Clay, Escambia, Flagler, Hernando, Hillsborough, Jackson, Lee, Martin, Nassau, Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Taylor, and Volusia) reported sporadic ILI activity and 31 reported no activity. Twenty-three counties did not report this week.

II. FSPISN Influenza and Influenza-like Illness (ILI) Surveillance Summary:

Table 1 shows the weighted ILI activity by region as reported by Florida Sentinel Physician Influenza Surveillance Network (FSPISN) providers. The overall weighted percent ILI activity for the state for the week ending January 14, 2006 was 1.97%, compared to 1.19% for the previous week. This is based on 39% of sentinel sites reporting. The highest weighted % ILI activity reported was in the Southeast region (3.15%), while the Northeast region reported the lowest at 0.00% ILI cases (30% Sentinels reporting) from FSPISN.

FSPISN*§ Weighted ILI Activity, by Region, Week ending January 7, 2006

REGION	REPORTED ILI%
Centraleast	2.15%
Centralwest	0.73%
Northcentral	0.36%
Northeast	0.00%
Northwest	0.22%
Southeast	3.15%
Southwest	2.57%

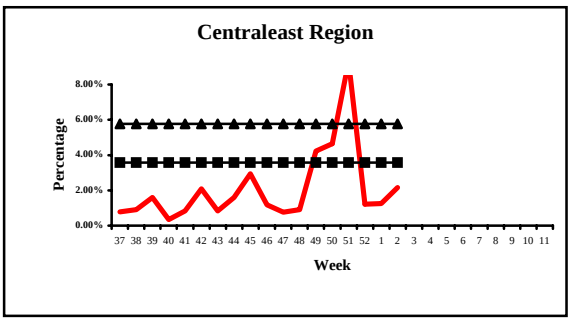
*The ILI activity levels are based on information reported by the Florida Sentinel Physician Influenza Network.

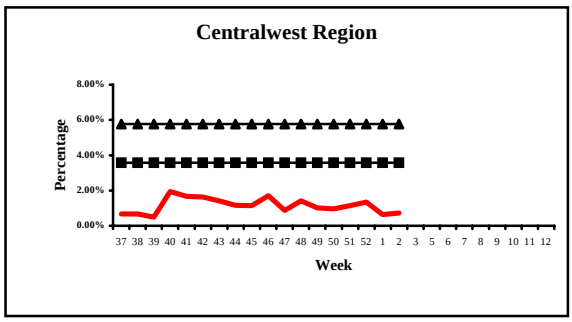
§ **FSPISN** Reporting is incomplete for this week (39%). Numbers may change dramatically as more reports are received.

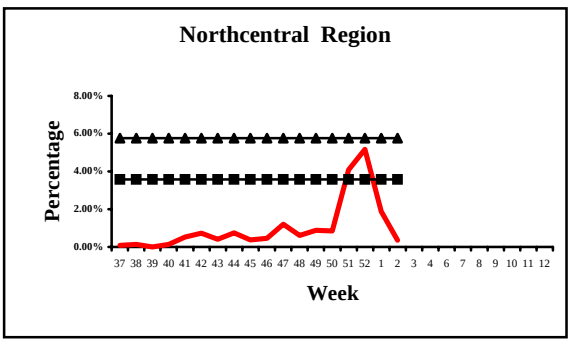
III. FSPISN Influenza-like Illness Graphs By Region

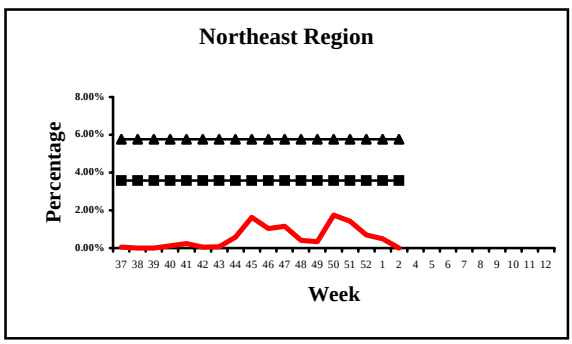
✞✞✞✞✞**Florida Baseline:** 3.58%, calculated using the previous 3 years of data as reported by FSPISN. (A line exceeding the baseline indicates moderate ILI activity.)

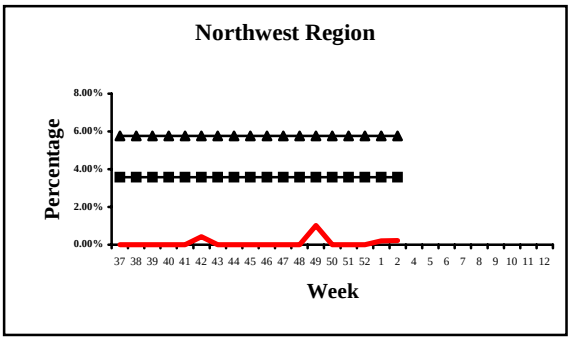
▲▲▲▲▲▲**Florida Threshold:** 5.76%, calculated using the previous 3 years of data as reported by FSPISN. (A line exceeding the threshold indicates high ILI activity.)

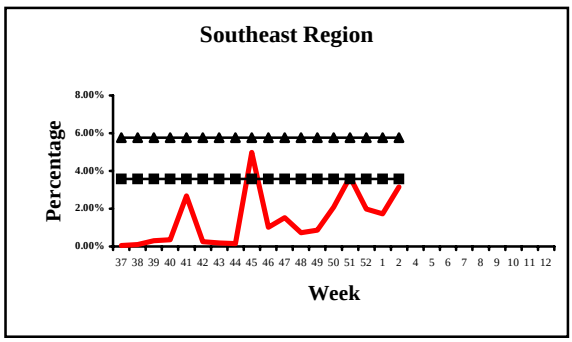


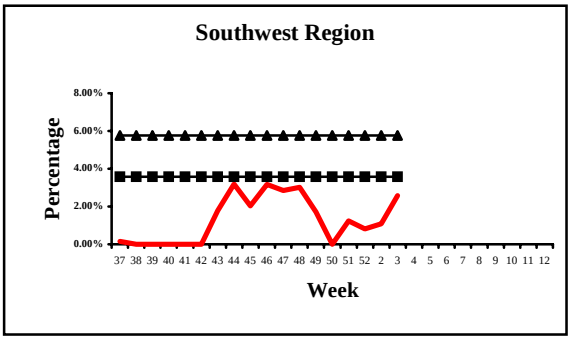


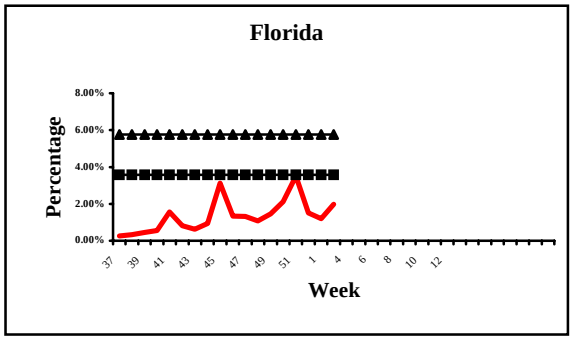




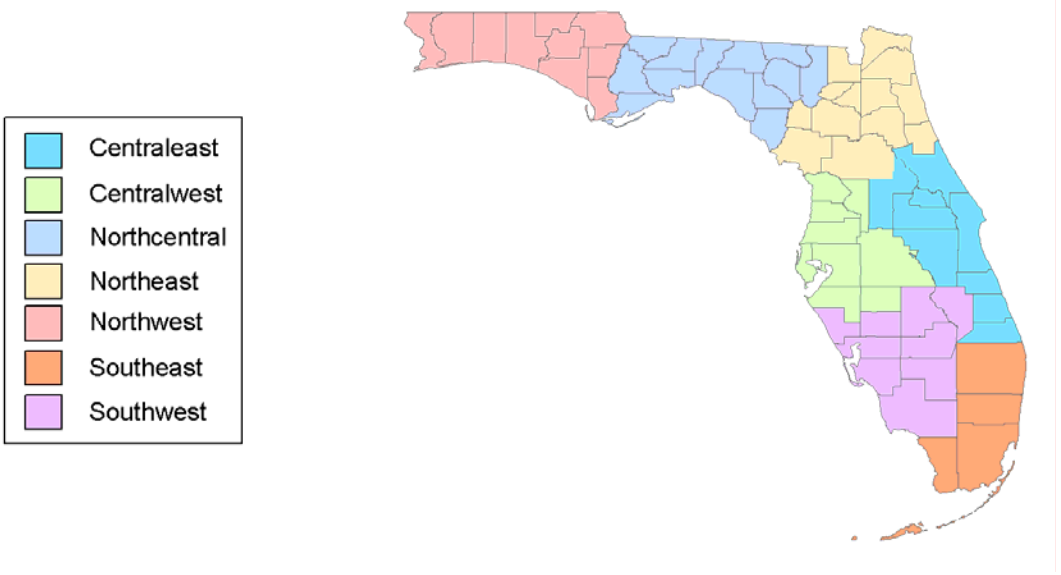








Influenza Surveillance Regions

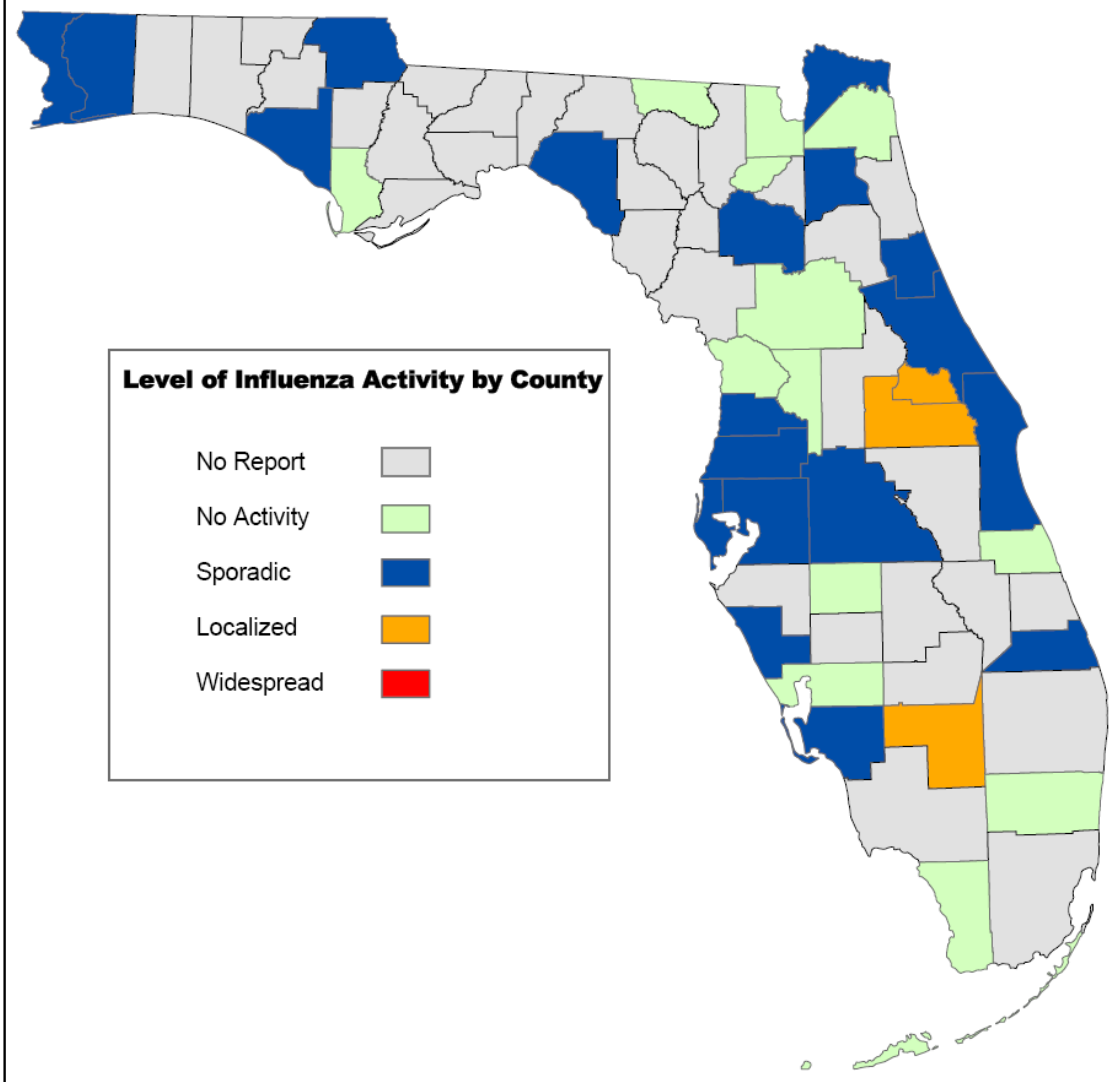


IV. County Health Department Influenza Activity

Weekly County Influenza Activity

(Week ending January 14, 2005 - Week 2)

County influenza activity levels are reported by county health department epidemiologists



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Florida Department of Health
Bureau of Epidemiology

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Map printed January 18, 2006

County influenza activity level definitions. (County activity levels should be reported via EpiCom.)

0 = No Activity:
Overall clinical activity remains low with no laboratory confirmed cases† in the county.

1 = Sporadic:
And/or
a. Isolated cases of laboratory confirmed influenza† in the county.
b. An ILI§ outbreak in a single setting‡ in the county.
(No detection of increased ILI§ activity by surveillance systems*****)

2 = Localized:
And/or
a. An increase of ILI§ activity detected by a *single* surveillance system* within the county. (An increase in ILI§ activity has not been detected by *multiple* ILI surveillance systems).
b. Two or more outbreaks (ILI§ or lab confirmed†) detected in a *single* setting‡ in the county.

AND

c. Recent (within the past three weeks) laboratory evidence† of influenza activity in the county.

3 = Widespread:
And/or
a. An increase in ILI§ activity detected in ≥2 surveillance systems in the county.
b. Two or more outbreaks (ILI§ or laboratory confirmed†) detected in *multiple* settings‡ in the county.

No Report: (*No report was received from the county at the time of publication*)

† Laboratory confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR.
§ ILI = Influenza-like-illness, fever ≥100°F AND sore throat and/or cough *in the absence* of another known cause.
***** ILI surveillance system activity can be assessed using a variety of surveillance systems including sentinel providers, school/workplace absenteeism, long term care facility (LTCF) surveillance, correctional institution surveillance, hospital emergency department surveillance and laboratory surveillance.
‡ Setting includes institutional settings (LTCFs, hospitals, prisons, schools, companies, etc.) as well as the community.

Influenza Surveillance – Reminders

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.*

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

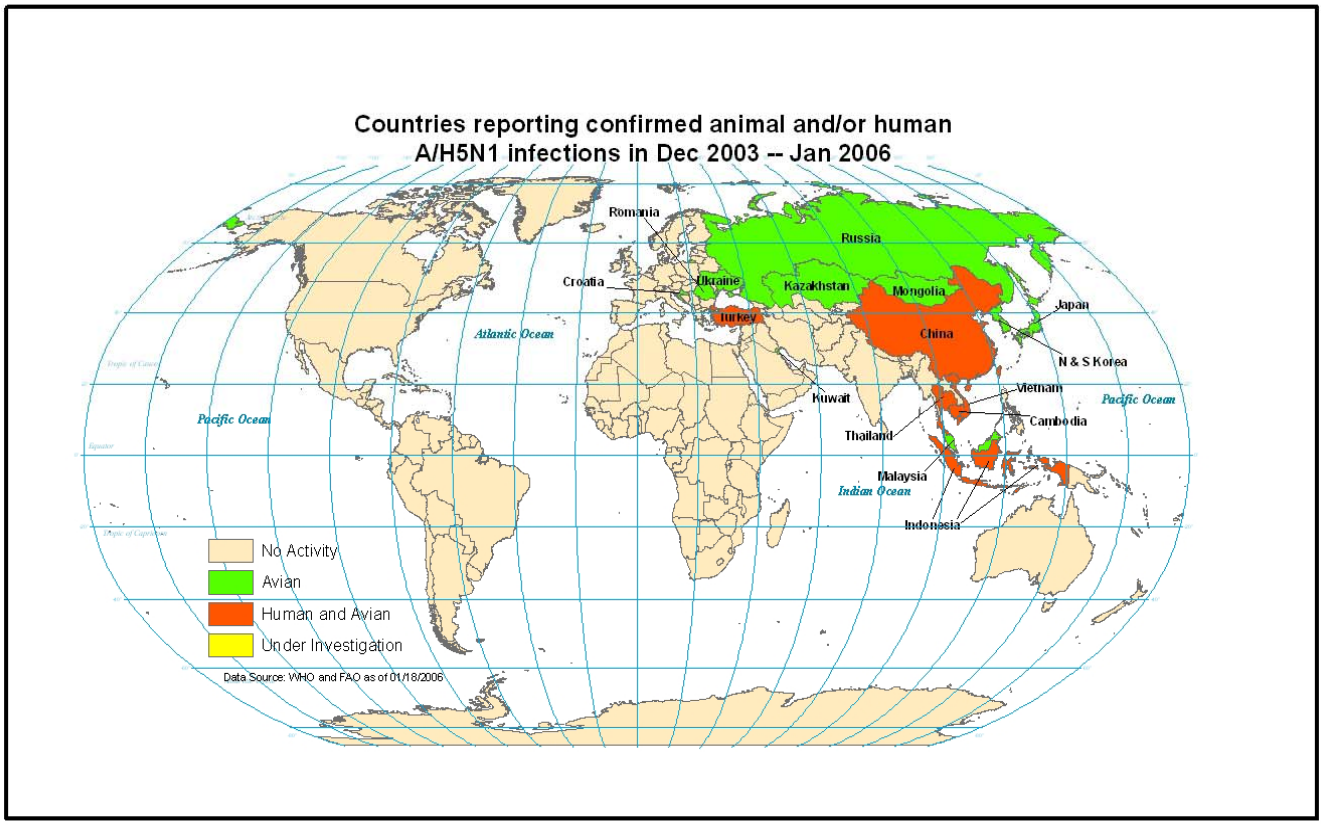
V. Summary of Worldwide A/H5N1 Influenza Activity

Since the recent outbreak activity began at the end of December 2003 there have been a total of 148 confirmed human cases and 79 deaths*. Cases and deaths occurred in the following nations: Cambodia 4 cases and 4 deaths; China 8 cases and 5 deaths; Indonesia 17 cases and 12 deaths; Thailand 22 cases and 14 deaths; Vietnam 93 cases and 42 deaths and Turkey 4 cases and 2 deaths. The most recent confirmed cases and deaths have occurred in Turkey and Indonesia during the last week. Turkish laboratories have confirmed an additional 17 cases and 2 deaths that are waiting for confirmation by WHO labs in the United Kingdom. The majority of

these cases have been in children and young adults ages 4 to 18. Indonesian health officials are investigating 2 additional deaths in patients with suspected avian influenza. To date all confirmed human cases have had close contact with diseased poultry.

Countries reporting confirmed outbreaks of H5N1 in bird species since late December 2003, with the most recent outbreaks listed first, include Turkey, Romania, China, Ukraine, Russia, Thailand, Vietnam, Croatia, Kuwait (only one flamingo), Kazakhstan, Mongolia, Indonesia, Cambodia, Malaysia, Korea (Rep. of), and Japan.

The current phase of alert as defined by the WHO global influenza preparedness plan is phase 3, which states that human infections with a new subtype are occurring, but no human-to-human spread, or at most rare instances of spread to a close contact. At the present time the WHO is not recommending restrictions on travel to areas affected by H5N1 avian influenza, but is suggesting that travelers to these areas avoid contact with live animal markets and poultry farms, and any free-ranging or caged poultry. Evidence suggests that the primary route of infection at this time is associated with direct contact with infected poultry, or surfaces and objects contaminated by their droppings.



**All confirmed results are from official sources – WHO, CDC, FAO. Information on suspect cases comes from a variety of sources including Epi-X, Promed, and the official sources mentioned above.*