



## Week 10: March 7-March 13, 2010



### Summary

The Florida Department of Health (FDOH) monitors multiple surveillance systems such as the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), the Florida Pneumonia and Influenza Mortality Surveillance System (FPIMSS), notifiable disease reports (Merlin), EpiCom, and Florida ILINet in order to track influenza activity in the state.

**National:**

- There were low levels of influenza activity in the United States during week 9. Florida's national surveillance region, Region 4, shows elevated activity compared to the rest of the country. In week 9, Georgia (one of the other 6 southern states in Region 4) increased its activity code to regional. No states reported widespread activity, and the highest proportion of states reported sporadic activity. Nationally, activity is less than previous years at this time.

**State:**

- Recently we have seen increases in some of our surveillance systems consistent with previous winter influenza seasons, although influenza-like activity (ILI) remains low in many of these monitoring systems. No counties reported widespread influenza activity, the highest activity level, and 3 reported localized activity. We will continue to monitor for a resurgence of influenza activity.
- Virtually all current infection seen throughout the western hemisphere and most of the rest of the world is 2009 H1N1. Neither a different influenza virus, nor any other viruses that can cause influenza-like illness, have started causing significant illness in Florida. RSV, a virus that primarily affects infants and toddlers, is active throughout the state, as is usual this time of year.

**Weekly state influenza activity: Sporadic**

Florida is currently reporting Sporadic influenza activity statewide, due to the continuing low levels of influenza reflected in many of our surveillance systems. We are closely monitoring recent increases in county flu activity, outbreaks, and percent ILI at ESSENCE emergency departments. However, ILI activity remains well within the levels typically seen during this time of year.

**TABLE 1: Summary of Florida Influenza-Like Illness (ILI) Activity for Week 10**

Measure	Difference from previous week	Current week 10	Previous week 9	Page of Report
Overall statewide activity code reported to CDC	No Change	Sporadic	Sporadic	1
Percent of visits to ILINet providers for ILI	▲ 0.1	1.3%	1.2%	2
Percent of emergency department visits (from ESSENCE) due to ILI	▲ 0.1	2.6%	2.5%	4
Percent of hospital admissions (from ESSENCE) due to ILI	▲ 2.3	5.6%	3.3%	4
Percent of laboratory specimens that were positive for influenza	▲ 1.9	26.9%	25.0%	6
Percent of positive influenza specimens that were identified as 2009 H1N1	▼ 39.9	61.1%	100.0%	6
Number of counties reporting localized influenza activity	▲ 1	3	2	7
Number of counties reporting widespread influenza activity	No Change	0	0	7
Number of counties reporting increasing influenza activity	▼ 4	8	12	8
Number of counties reporting decreasing influenza activity	▼ 7	12	19	8
Number of recent hospitalizations in confirmed 2009 H1N1 influenza cases	▼ 2	5	7	13
Number of recent deaths in confirmed 2009 H1N1 influenza cases	▼ 1	0	1	12
Number of ILI outbreaks reported in Epi Com	No Change	1	1	14

March 17, 2010

Posted on the Bureau of Epidemiology website: [http://www.doh.state.fl.us/disease\\_ctrl/epi/swineflu/Reports/reports.htm](http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/Reports/reports.htm)

Produced by: Bureau of Epidemiology, Florida Department of Health (FDOH)

Contributors: Colin Malone, MPH; Anita Ofori-Addo, MPH; Aaron Kite-Powell, MS; Brian Fox, MA; Kate Goodin, MPH; Leah Eisenstein, MPH; Lillian Stark, PhD, MPH, MS; Valerie Mock; Julian Everett B.S.; Subir Goyal, MBBS, MPH; Janet Hamilton, MPH; Richard Hopkins, MD, MSPH

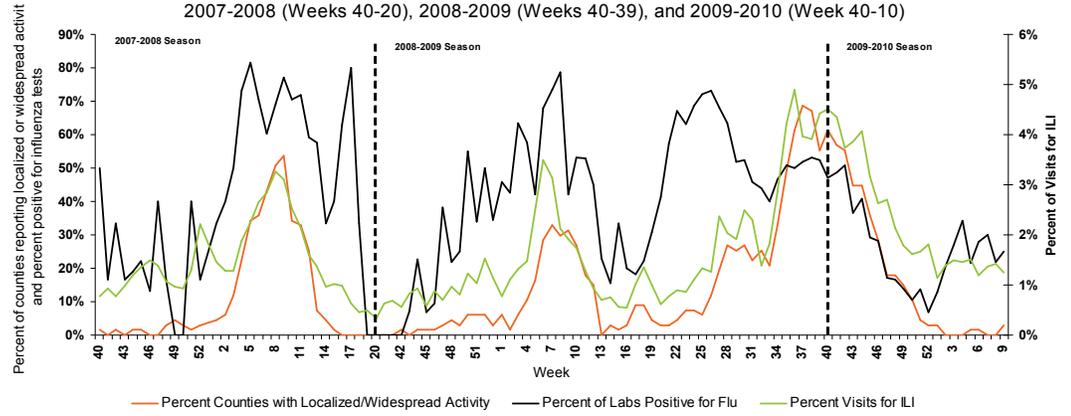


Weekly state influenza activity: **Sporadic**

**In this Issue:**

Summary	1
Outpatient Influenza-like Illness Surveillance Network (ILINet)-Statewide	2
Outpatient Influenza-like Illness Surveillance Network (ILINet)-Regional	3
ESSENCE Syndromic Surveillance Summary-Statewide	4
ESSENCE Syndromic Surveillance Summary-Regional	5
Florida Bureau of Laboratories Viral Surveillance	6
County Influenza Activity	7
New County Influenza Activity	8
Florida Pneumonia and Influenza Mortality Surveillance (FPIMSS)	10
Summary of Notifiable Disease Reports and Outbreaks	11
Notifiable Disease Reports: Influenza-Associated Pediatric Mortality	11
Notifiable Disease Reports-Novel H1N1-Deaths	12
Notifiable Disease Reports-Novel H1N1-Hospitalizations	13
Reports of Influenza or Influenza-like Illness (ILI) Outbreaks	14

FIGURE 1: Percent Visits for ILI to ILINet Sites, Percent of Counties with Localized or Widespread Activity, and Percent of Specimens Tested by Florida Bureau of Laboratories Positive for Influenza, 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39), and 2009-2010 (Week 40-10)

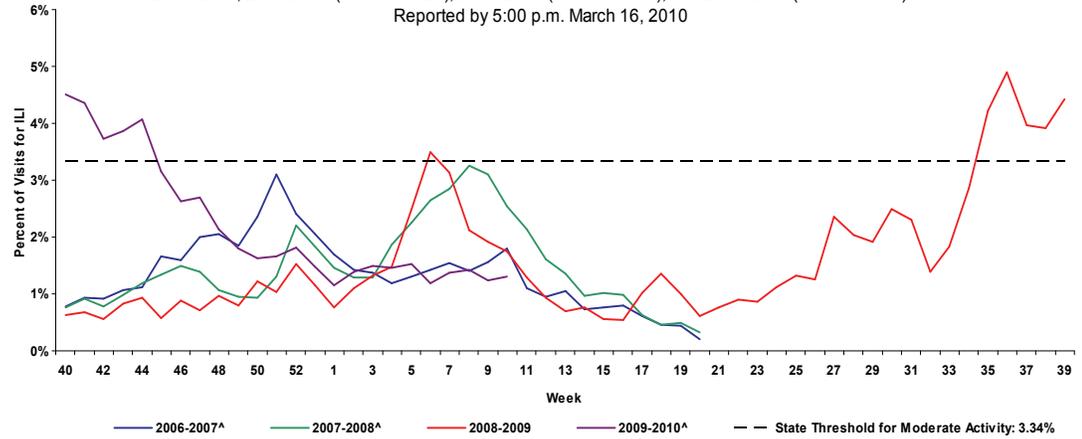


**FIGURE 1** shows the progression of the 2007-2008, 2008-2009, and 2009-2010 Florida influenza seasons as monitored by three surveillance systems: ILINet, Bureau of Laboratories viral surveillance, and county activity levels.

[Return to Top](#)

## ILINET Influenza-like Illness-Statewide

FIGURE 2: Percentage of Visits for Influenza-Like Illness\* Reported by ILINet Sentinel Providers Statewide, 2006-2007, 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39), and 2009-2010 (Weeks 40-10) as Reported by 5:00 p.m. March 16, 2010

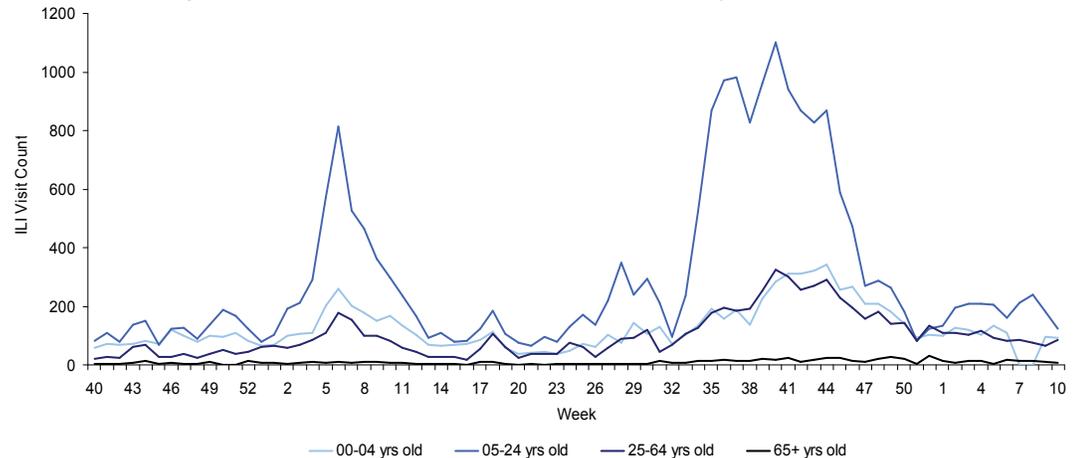


**FIGURE 2** shows the percentage of visits for influenza-like illness\* reported by ILINet Sentinel Providers statewide.

Week 10 is the 17th week in a row that Florida has been below the threshold for moderate activity. Influenza activity is similar to previous influenza seasons at this time.

\*ILI = Influenza-like illness, fever >100°F AND sore throat and/or cough *in the absence* of another known cause.  
 \*\*The 2009—2010 threshold for moderate activity is calculated from ILINet data. The threshold for moderate activity is the mean percentage of patient visits for ILI during influenza weeks for the previous three seasons plus two standard deviations. Only weeks with 10% or greater of laboratory specimens testing positive are included in the calculation. Due to wide variability in regional level data, it is not appropriate to apply the state baseline to regional data.  
 ^There is no week 53 during the 2006-2007, 2007-2008, and 2009-2010 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

FIGURE 3: Influenza-like Illness (ILI) Visit Counts Reported by ILINet Sentinel Providers Statewide by Age Group Week 40, 2008-Week 10, 2010 as Reported to ILINet by 5:00 p.m. March 16, 2010



**FIGURE 3** shows influenza-like illness (ILI) visit counts reported by ILINet sentinel providers statewide by age group.

\*ILI = Influenza-like illness, fever >100°F AND sore throat and/or cough *in the absence* of another known cause.  
 †Data presented here are counts, not proportions as included in Figure 2. This is because age group denominator data is not available through ILINet.

[Return to Top](#)

Map 1: RDSTF Regions for ILINet Data

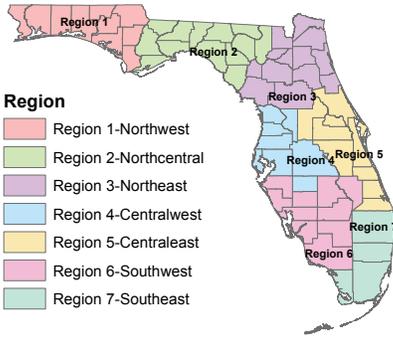


TABLE 2: ILINet Providers and Percent of Visits for ILI by Region, Week 10, as Reported by 5:00 p.m. March 16, 2010

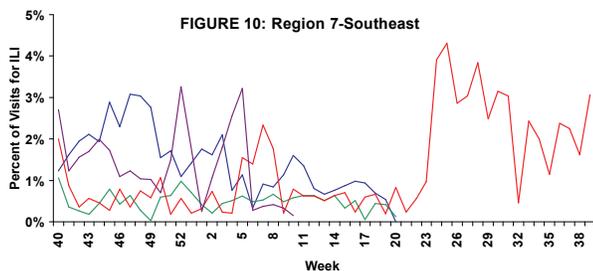
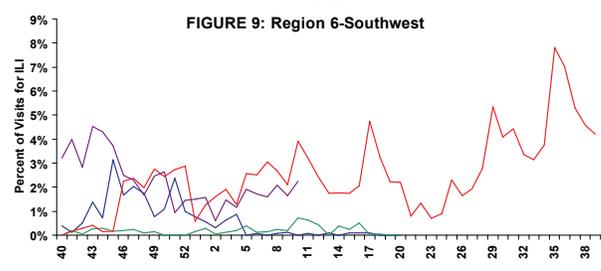
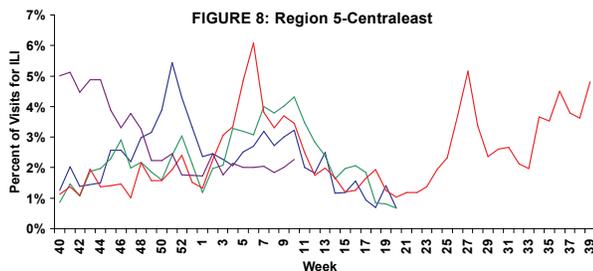
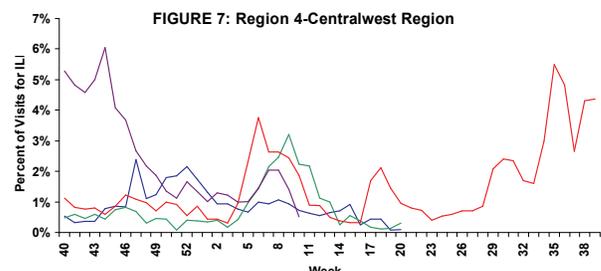
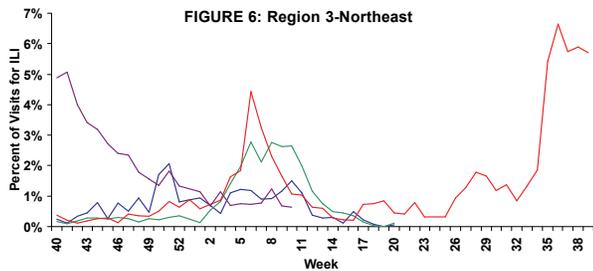
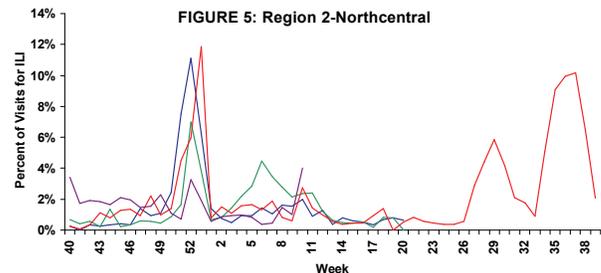
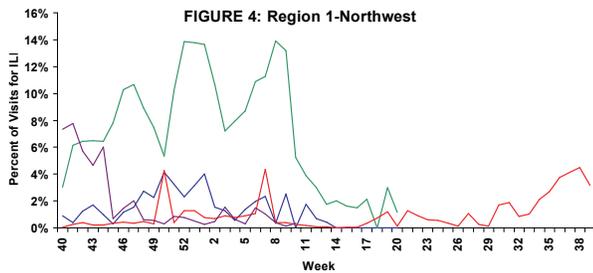
	Number of Participating Providers	Providers that Reported	Percent Visits for ILI
Region 1-Northwest	18	6	33.33%
Region 2-Northcentral	5	3	60.00%
Region 3-Northeast	23	12	52.17%
Region 4-Centralwest	39	19	48.72%
Region 5-Centraleast	51	33	64.71%
Region 6-Southwest	20	5	25.00%
Region 7-Southeast	26	10	38.46%
<b>Total</b>	<b>182</b>	<b>88</b>	<b>48.35%</b>

TABLE 2 shows the ILI activity by Regional Domestic Security Task Force (RDSTF) as reported by Florida ILINet physicians for week 10 (ending March 13, 2010).

FIGURE 4 - FIGURE 10 include ILI activity as reported by sentinel physicians for the 2006-2007, 2007-2008, 2008-2009, and 2009-2010 seasons.

This week all 7 regions are reporting the percentage of visits due to ILI that is similar to what has been seen in previous years. Please refer to table above for the number of providers reporting for each region. Data should be interpreted with caution due to the low number of providers reporting in some regions. Numbers will change as more data are received.

Percentage of Visits for Influenza-Like Illness Reported by ILINet Sentinel Providers by RDSTF Region, 2006-07 (Weeks 40-20), 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39), and 2009-10 (Weeks 40-10) as Reported by 5:00 p.m. March 16, 2010.



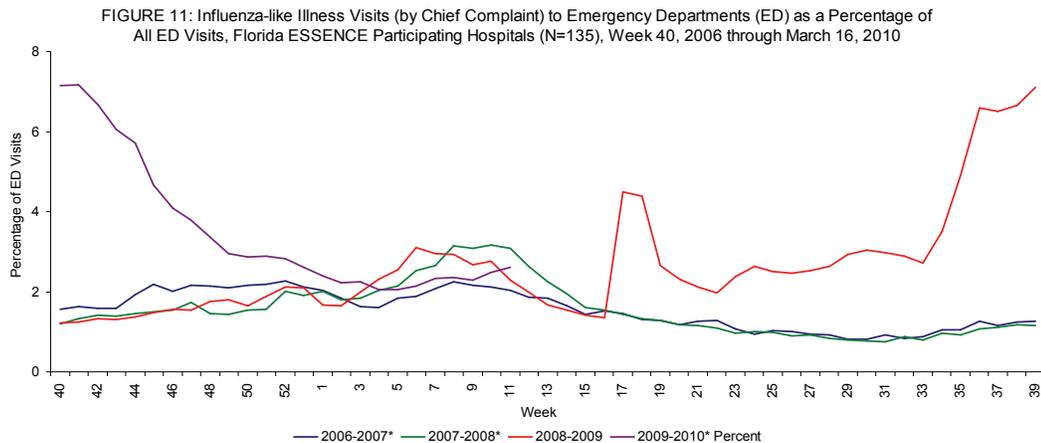
**Graph Legend**

- 2006-2007\*
- 2007-2008\*
- 2008-2009
- 2009-2010\*

\*There is no week 53 during the 2006-07, 2007-08, and 2009-10 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

Florida uses the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) for syndromic surveillance, which currently collects data daily from 133 hospital emergency departments (ED). These data are processed into 11 different syndrome categories based on the patient's chief complaint. One of the categories is influenza-like illness (ILI), which is composed of chief complaints that include the words "influenza" or "flu," or either fever and cough or sore throat. Thirty facilities participating in ESSENCE have been able to provide historical admissions data and are included here.

**FIGURE 11** shows ESSENCE data on ILI visits to Emergency Departments as a percentage of all ED Visits.

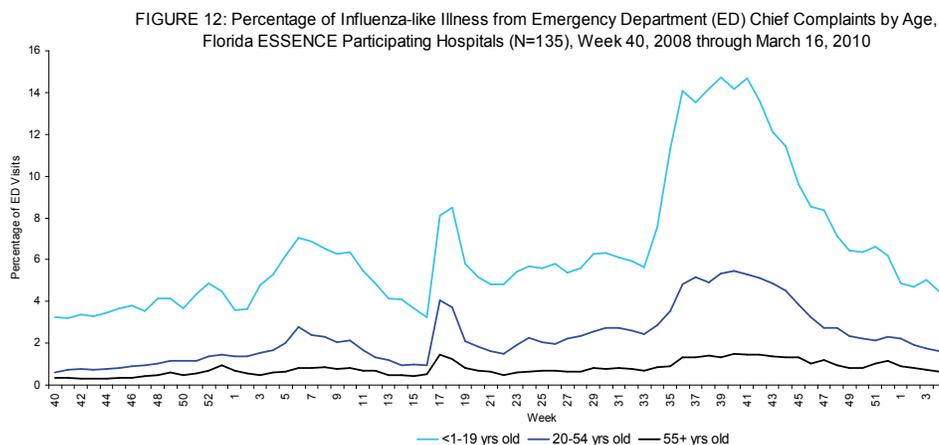


\*There is no week 53 for the 2006-2007, 2007-2008, or 2009-2010 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

**Overall activity for influenza-like illness reported in ESSENCE is near expected levels for this time of year.**

The majority of the increase in ED visits is occurring in younger age groups. Although overall in the previous 15-16 weeks the percent of ED visits has either stabilized or has declined across regions and age groups, there have been small but steady increases in recent weeks. These data are based on the patient's chief complaint and may not reflect the actual diagnosis.

**FIGURE 12** shows percentage of ILI among all ED visits by age group.

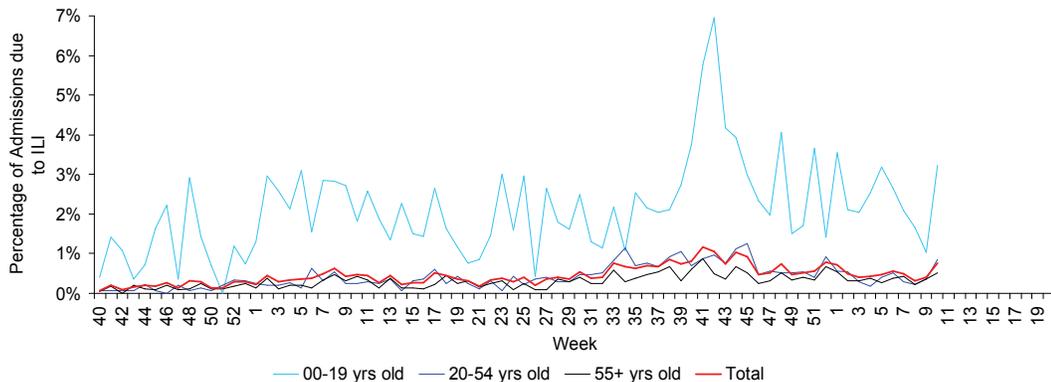


Age-specific trends show that there are decreases in ILI activity for most age groups this month, compared to last month. However, this is not the case for younger age groups (<1-19) which have seen a slight increase in ILI activity levels.

Thirty facilities participating in ESSENCE have been able to provide historical admissions data and are included here. The percentage of admissions for ILI is highest in those less than 20 years old, but the small numerators and denominators in this age group result in high variability. The percentages in the older age groups is less variable and shows a distinct increase starting around week 32. Overall, the percentage of admissions due to ILI is very low. These data are based on the patient's chief complaint when presenting to the emergency department and may not reflect the actual diagnosis.

**FIGURE 13** shows hospital admissions due to ILI as a percentage of all hospital admissions.

FIGURE 13: Percentage Admitted to Hospital for Influenza-Like Illness (ILI) Among All Persons Admitted in the Hospital through the ED Based on ED Chief Complaint, Hospitals Reporting Admissions Data (N=30) for Week 40, 2008 to Week 10, 2010



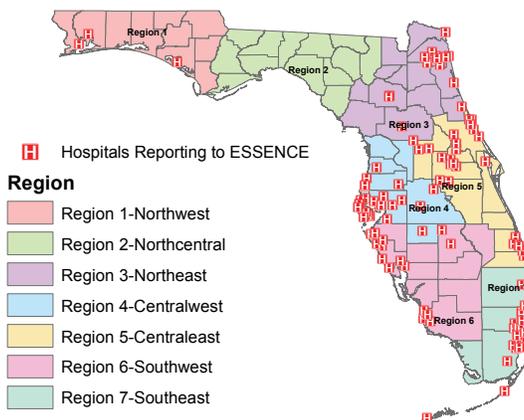
Hospitals Reporting Admissions to ESSENCE



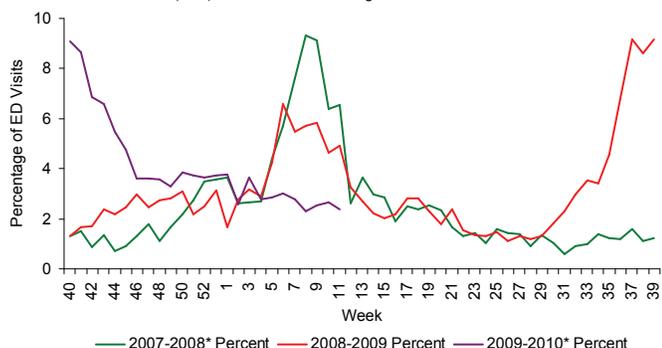
**FIGURE 14 - FIGURE 19** describe emergency department chief complaint data from ESSENCE by Domestic Security Task Force Region (Region 2 does not have any participating facilities in ESSENCE and therefore is not displayed).

- All regions' percentage of ILI among emergency department (ED) visits have stabilized and are at levels similar to normal influenza seasons.
- All regions with reporting hospitals show very large increases in flu activity in the weeks coinciding with school opening (week 34).
- When novel H1N1 influenza was first identified (week 17, 2009), 5 of 7 regions showed large increases in patients presenting for care of influenza-like illness. This peak may include many "worried well," as well as those with actual respiratory illness or influenza.
- ILI activity seen after week 21 is more likely to be associated with actual 2009 H1N1 influenza infection.

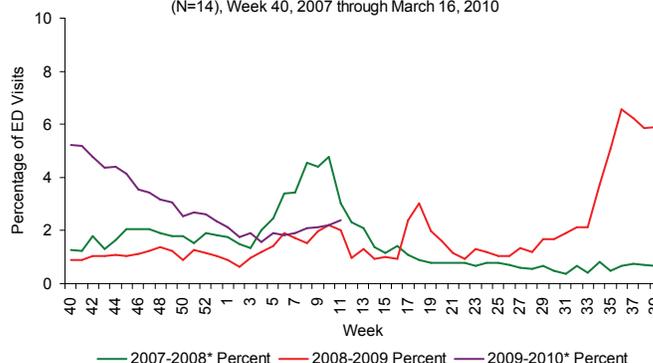
**Map 2: Hospitals Reporting Emergency Department (ED) Data to Florida ESSENCE, March 16, 2010 (N=135)**



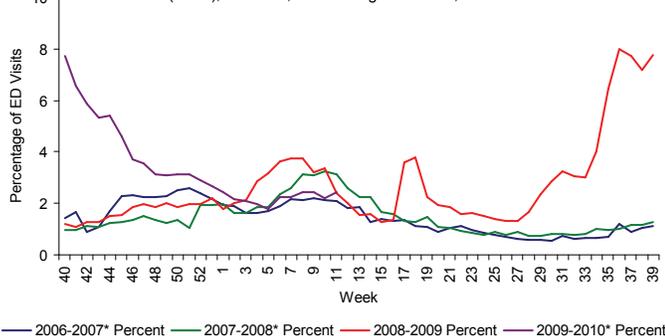
**FIGURE 14: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 1 ESSENCE Participating Hospitals (N=3), Week 40, 2007 through March 16, 2010**



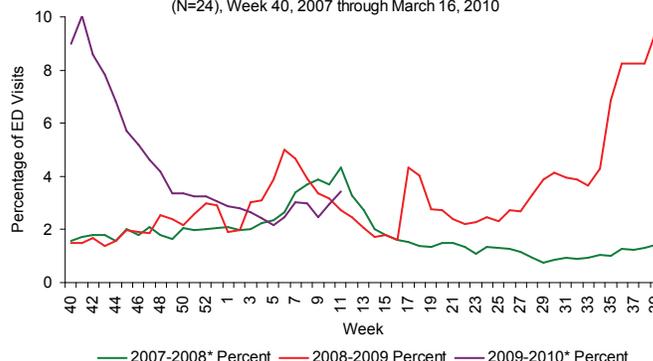
**FIGURE 15: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 3 ESSENCE Participating Hospitals (N=14), Week 40, 2007 through March 16, 2010**



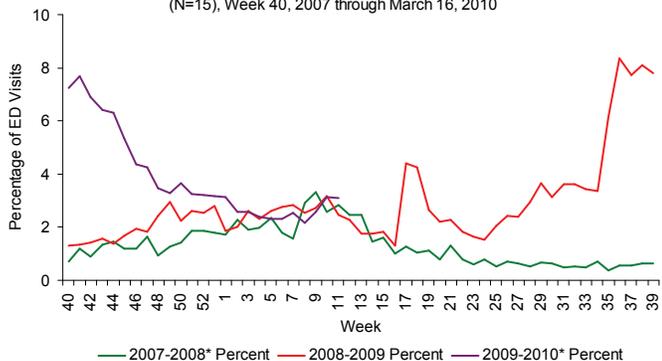
**FIGURE 16: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 4 ESSENCE Participating Hospitals (N=31), Week 40, 2006 through March 16, 2010**



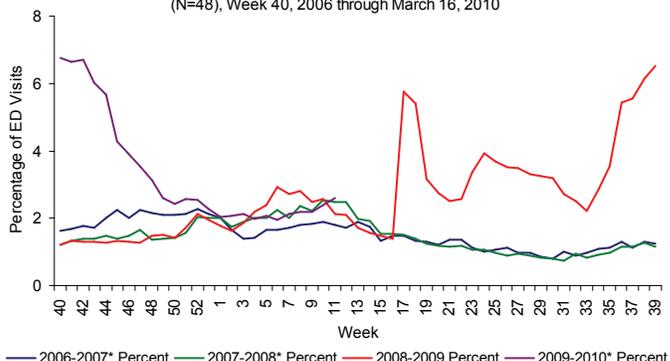
**FIGURE 17: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 5 ESSENCE Participating Hospitals (N=24), Week 40, 2007 through March 16, 2010**



**FIGURE 18: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 6 ESSENCE Participating Hospitals (N=15), Week 40, 2007 through March 16, 2010**



**FIGURE 19: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 7 ESSENCE Participating Hospitals (N=48), Week 40, 2006 through March 16, 2010**



\*There is no week 53 for the 2006-2007, 2007-2008, or 2009-2010 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

Table 3: Bureau of Laboratories Viral Surveillance for Week 10 by Lab Event Date\* as reported by 9:00 a.m. March 16, 2010

	Current Week 10	Previous Week 9
<b>Total Specimens Tested</b>	<b>67</b>	<b>96</b>
Influenza Positive Specimens (% of total)	18 (26.9%)	24 (25.0%)
H1N1 Positive Specimens (% of influenza positives)	11 (61.1%)	24 (100.0%)
Influenza A Unspecified	7 (38.9%)	-

Table 3 shows the number of specimens tested by the Bureau of Laboratories (BOL), how many are influenza positive, and how many are H1N1 or other influenza subtypes.

Virtually all infections due to novel H1N1 are caused by strains that are sensitive to oseltamivir and zanamivir (Tamiflu and Relenza).

FIGURE 20 - FIGURE 22 use BOL viral surveillance data to track the progress of influenza infection over time. They include weekly information on how many specimens are tested by the BOL, what proportion of those test positive for influenza, and what subtypes are found for the positive influenza specimens

The vast majority of positive influenza specimens are H1N1, with some recent exceptions:

Three specimens have tested positive for H3 seasonal Influenza A since week 44.

- One in week 46, two in week 44
- H3 seasonal Influenza A has been seen during normal influenza season.

Six specimens have tested positive for Influenza B since week 39.

- One in week 6, one in week 4, two in week 44, one in week 40, one in week 39

•Influenza B, unlike influenza A, does not have significant pandemic potential.

Laboratory information is preliminary and will change as additional results are received. Totals from previous weeks will be adjusted to reflect correct specimen numbers.

FIGURE 20: Number of Influenza-Positive Specimens Tested by the Florida Bureau of Laboratories (BOL) by Subtype by Lab Event Date\* Week 40, 2008 to Week 10, 2010 as Reported in Merlin by 9:00 a.m. March 16, 2010

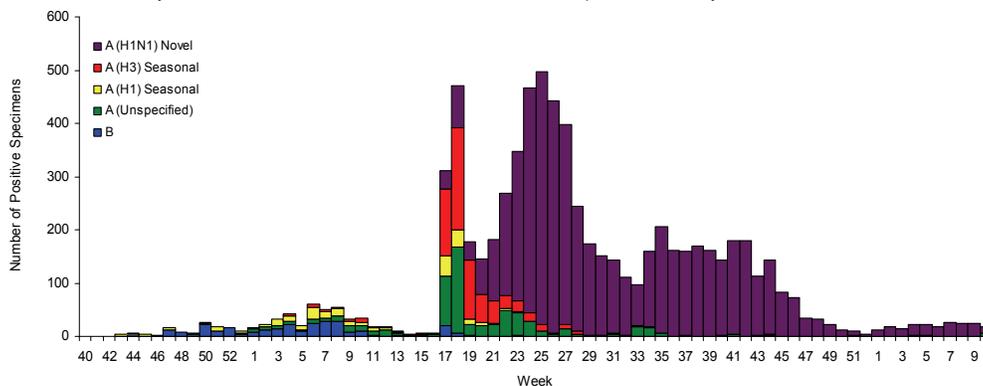


FIGURE 21: Number of Specimens Tested by Florida Bureau of Laboratories (BOL) and Percent Positive for Influenza by Lab Event Date\* Week 40, 2008 to Week 10, 2010 as Reported in Merlin by 9:00 a.m. March 16, 2010

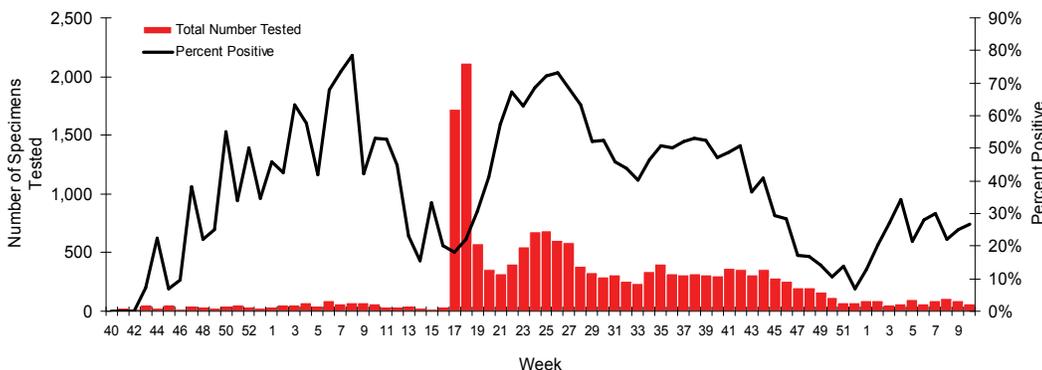
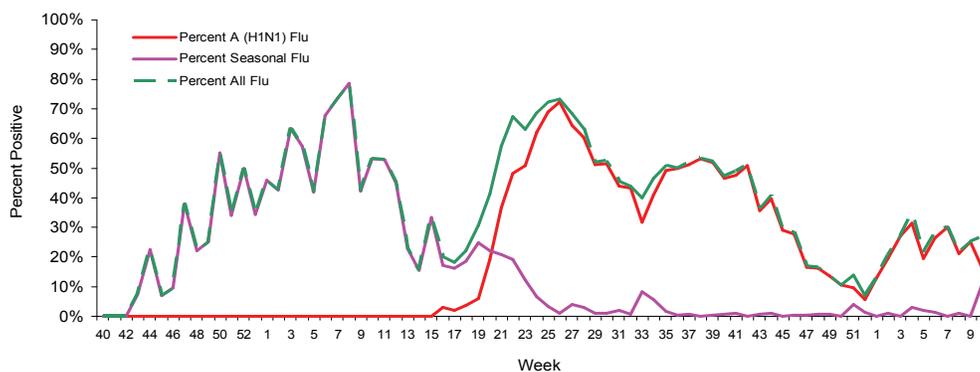


FIGURE 22: Percentage of Specimens Tested by Florida Bureau of Laboratories (BOL) Positive for Influenza by Subtype by Lab Event Date\* Week 40, 2008 to Week 10, 2010 as Reported in Merlin by 9:00 a.m. March 16, 2010



\*Please note that lab event date is defined as the earliest of the following dates associated with the lab: date collected, date received by the laboratory, date reported, or date inserted.

For county-specific laboratory data, please refer to the Flu Lab Report in Merlin.

For instructions on how to use the Flu Lab Report, please see the Guide to Flu Lab Report on the Bureau of Epidemiology website:

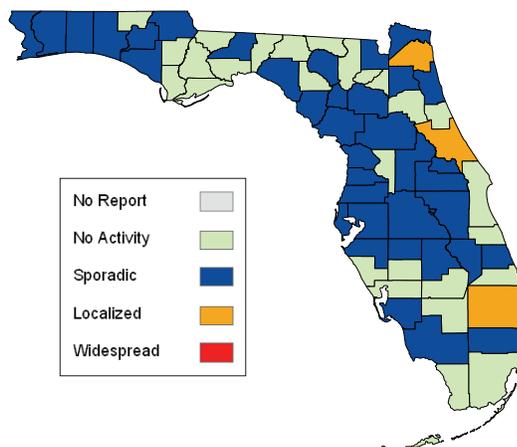
[http://www.doh.state.fl.us/disease\\_ctrl/epi/htopics/flu/FluLabReportGuide.pdf](http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/FluLabReportGuide.pdf)

As of 10:00 a.m. March 17, 2010 a total of 67 (100%) counties had reported their weekly level of influenza activity. This is the sixteenth week in a row we have achieved 100% reporting, thanks to enhanced follow-up with counties. *Please note that data reported by counties after the deadline Tuesday at 5 p.m. are recorded but may not be included in the activity map for previous weeks.*

**TABLE 4: Weekly County Influenza Activity for Week 10 (ending March 13, 2010) as Reported by 10:00 a.m. March 17, 2010**

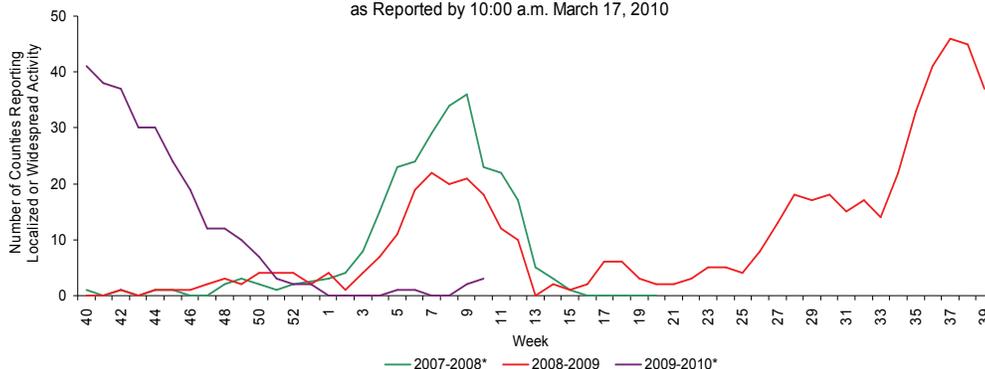
Activity Level	Week 9 Number of Counties	Week 10 Number of Counties	Week 9 Counties
No Report	0	0	-
No Activity	30	27	Bradford, Brevard, Calhoun, Charlotte, Columbia, Dade, Desoto, Flagler, Franklin, Gadsden, Glades, Gulf, Hamilton, Hendry, Holmes, Indian River, Jefferson, Lafayette, Liberty, Madison, Martin, Monroe, Putnam, Sarasota, Sumter, Union, Wakulla
Sporadic	35	37	Alachua, Baker, Bay, Broward, Citrus, Clay, Collier, Dixie, Escambia, Gilchrist, Hardee, Hernando, Highlands, Hillsborough, Jackson, Lake, Lee, Leon, Levy, Manatee, Marion, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Pasco, Pinellas, Polk, St. Johns, St. Lucie, Santa Rosa, Seminole, Suwannee, Taylor, Walton, Washington
Localized	2	3	Duval, Palm Beach, Volusia
Widespread	0	0	-

**Map 3: Weekly County Influenza Activity for Week 10 as Reported by 10:00 a.m. March 17, 2010**



No counties report widespread influenza activity, and 3 counties report localized activity. Activity is slightly lower what was reported last year at this time.

**FIGURE 23: Number of Counties Reporting Localized or Widespread Activity, 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39), and 2009-2010 (Weeks 40-10) as Reported by 10:00 a.m. March 17, 2010**

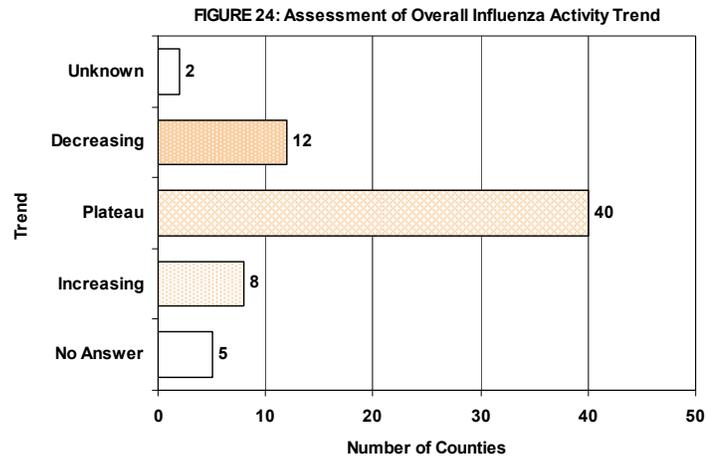


**FIGURE 23** shows the number of counties reporting localized or widespread activity, 2007-2008, 2008-2009, and 2009-2010.

County flu activity level definitions are now available online at: [http://www.doh.state.fl.us/disease\\_ctrl/epi/FluActivityDef.htm](http://www.doh.state.fl.us/disease_ctrl/epi/FluActivityDef.htm)

County influenza activity data is reported to the Bureau of Epidemiology through EpiGateway on a weekly basis by the county influenza coordinator. Specific information is requested about laboratory results, outbreak reports, and surveillance system activity. Figures 24-33 displayed below reflect a county's assessment of influenza activity within their county as a whole as well as influenza activity within specific settings. For the week ending March 13th, 12 counties indicated that activity was decreasing, 40 indicated it was about the same, and 8 indicated that activity was increasing.

**FIGURE 24** shows the assessment of Overall Influenza Activity Trend in County as Reported by County Health Department Flu Coordinators for week 10 as of 10:00 a.m. March 17, 2010.



Definitions for the County Influenza Activity Trends are available at:  
[http://www.doh.state.fl.us/disease\\_ctrl/epi/CountyInfluenzaTrendGuide.html](http://www.doh.state.fl.us/disease_ctrl/epi/CountyInfluenzaTrendGuide.html)

Counties are asked to evaluate influenza activity in certain settings within their county. Each setting has a scale for activity that ranges from none or minimal activity to very high activity. What defines each of the values varies by facility type, but the example of the assessment in elementary, middle, and high schools is included below. More detailed information on the meanings of the levels for each setting can be found on the webpage also included below.

No or very minimal activity -- Scattered cases of ILI with no increase in absenteeism or disruption of school activities.

Moderate activity -- Absenteeism elevated above baseline (in range of 10 to 25%) in some but fewer than half of schools where it is known; occasional children sent home because of ILI.

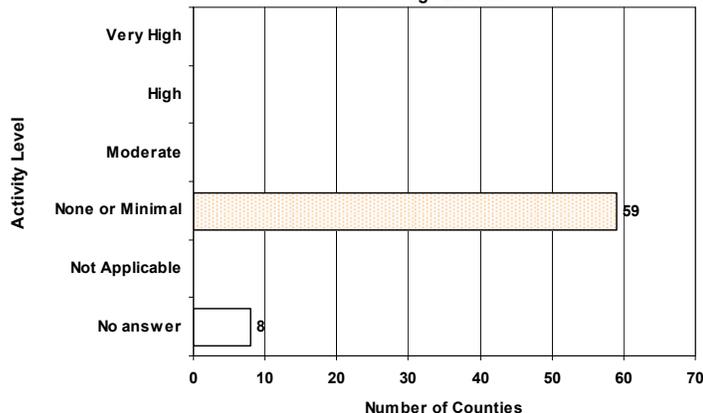
High activity -- Absenteeism elevated above baseline (in range of 10 to 25%) in more than half of schools; most schools sending several or many children home each day because of ILI.

Very high activity -- Absenteeism high enough to force curtailment of some or all school activities.

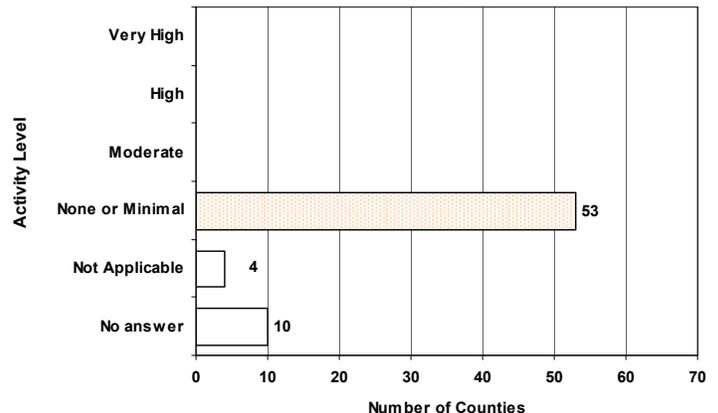
County influenza settings assessment guides are available at:  
[http://www.doh.state.fl.us/disease\\_ctrl/epi/FluAssessment.htm](http://www.doh.state.fl.us/disease_ctrl/epi/FluAssessment.htm)

**FIGURE 25 - FIGURE 26** show the activity levels in various facilities by county as reported by county health department flu coordinators for week 10 as of 10:00 a.m. March 17, 2010.

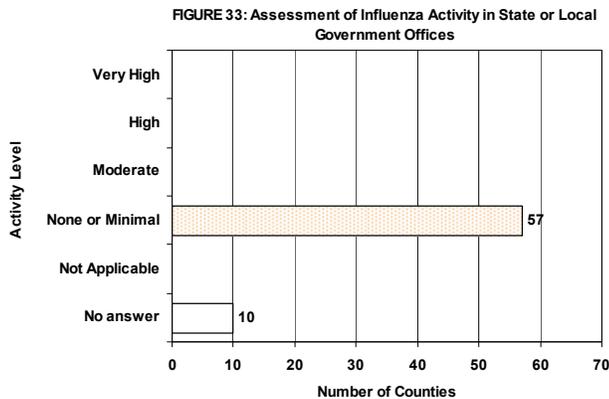
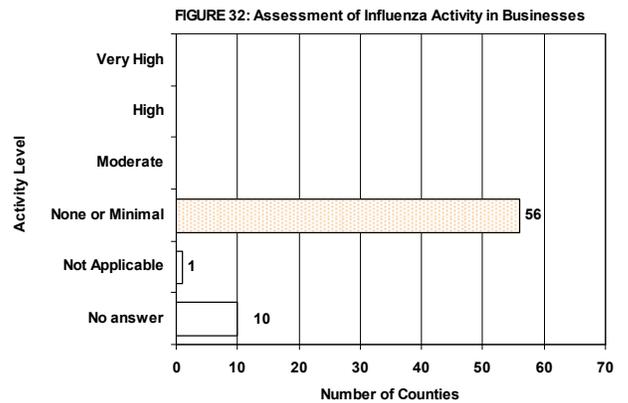
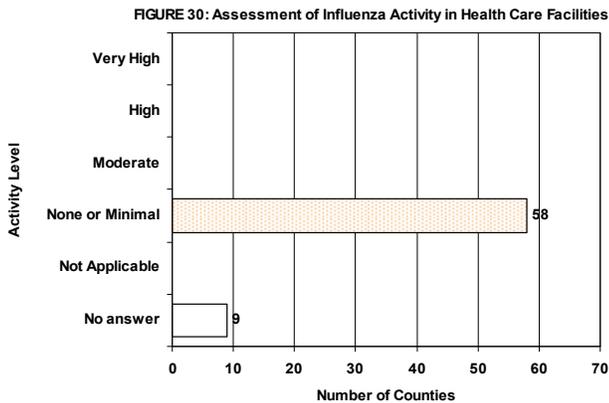
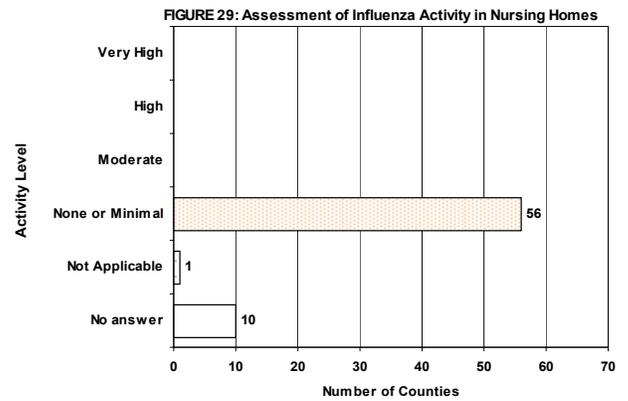
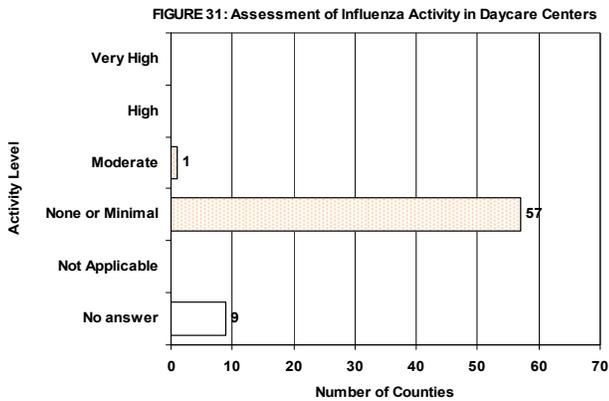
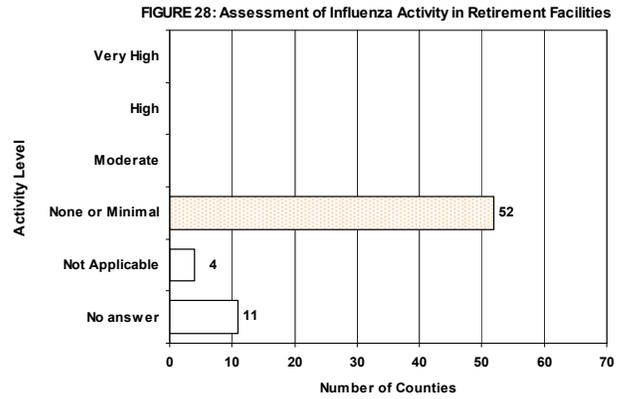
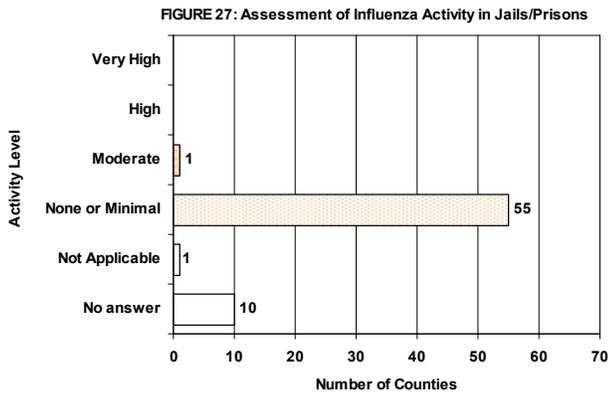
**FIGURE 25: Assessment of Influenza Activity in Elementary, Middle, and High Schools**



**FIGURE 26: Assessment of Influenza Activity in Colleges and Universities**



**FIGURE 27 - FIGURE 32** show the activity levels in Various Facilities by county as reported by county health department flu coordinators for week 10 as of 10:00 a.m. March 17, 2010.



The Florida Department of Health started the Florida Pneumonia and Influenza Mortality Surveillance System (FPIMSS) in 2006 in order to more timely assess the number of pneumonia and influenza deaths occurring in the state. This system was modeled on the CDC's 122 cities surveillance system. Each week, the vital statistics office in the 24 most populous counties in Florida manually reviews the death certificates received for the previous week. Any mention of pneumonia or influenza on the death certificate, with certain prescribed exceptions, is counted as a pneumonia or influenza death. These counts, by age group, are then reported to the state via the EpiGateway web-interface. Note that as of week 44 we are now using a Serfling model to more accurately calculate our predicted values for weekly pneumonia and influenza mortality. Expect continued updates in the coming weeks.

**FIGURE 33** shows Pneumonia and Influenza Deaths for 24 Florida Counties, 2006-2007, 2007-2008, 2008-2009, and 2009-2010

For week 10 (ending March 13, 2010) there were:

- **143 deaths reported**
- **Upper bound of 95% confidence interval for prediction: 182 deaths**
- **NO excess deaths**

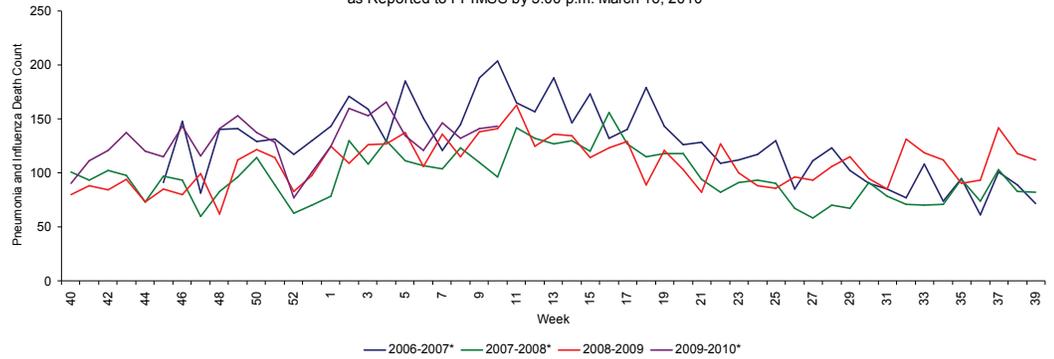
The majority of the deaths are in those aged 45 years and older.

All 24 participating counties reported their data for week 9.

**FIGURE 34** shows Pneumonia and Influenza Deaths for 24 Florida Counties, week 1, 2008 - week 10, 2010 as reported to FPIMSS by 5:00 p.m. March 16, 2010

**FIGURE 35** shows the reported count of pneumonia and influenza deaths for 24 Florida counties, the number of deaths predicted using the Serfling Model, and the upper bound of the 95% confidence interval for this prediction

FIGURE 34: Pneumonia and Influenza Deaths for 24 Florida Counties, 2006-2007 (Weeks 40-39), 2007-2008 (Weeks 40-39), 2008-2009 (Weeks 40-39), and 2009-2010 (Weeks 40-10) as Reported to FPIMSS by 5:00 p.m. March 16, 2010



\*There is no week 53 for the 2006-2007, 2007-2008, or 2009-2010 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

FIGURE 35: Pneumonia and Influenza Deaths in 3 Age Groups for 24 Florida Counties, Week 1, 2008-Week 10, 2010 as Reported to FPIMSS by 5:00 p.m. March 16, 2010

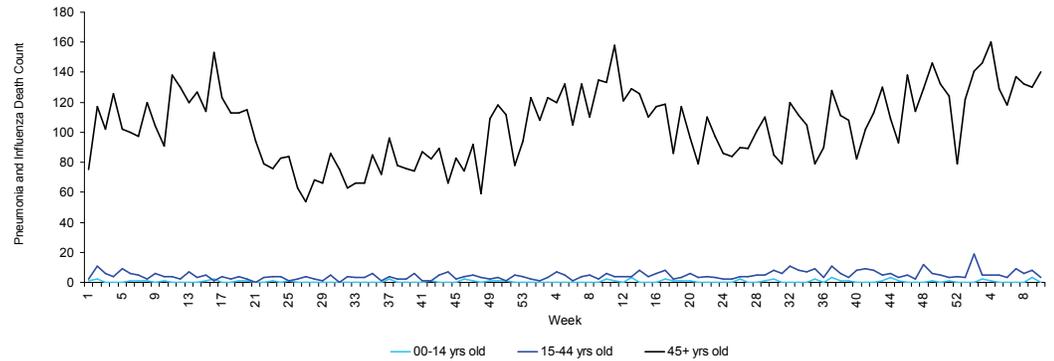
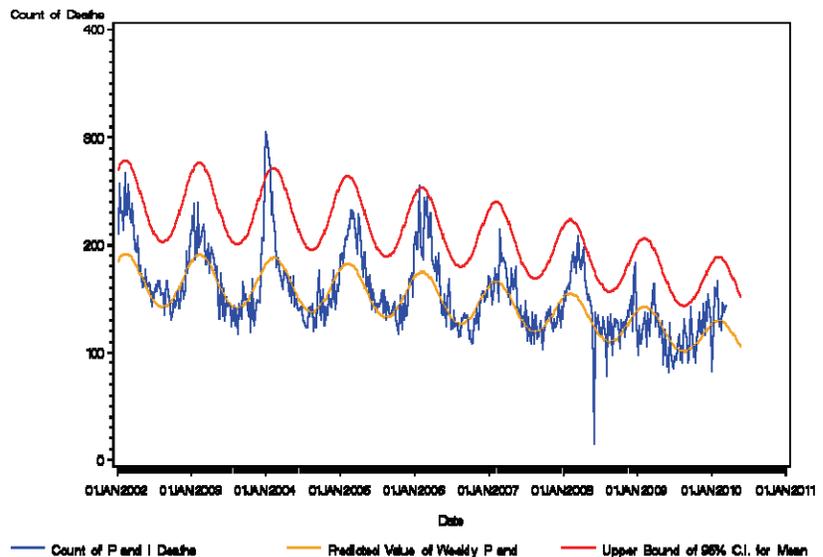


Figure 36: Pneumonia and Influenza Deaths for 24 Counties, Serfling Model January 24, 2009-March 10, 2010 as Reported to FPIMSS as of 5:00 p.m. March 16, 2010



**FIGURE 36** shows deaths in patients with novel H1N1\*, hospitalizations due to H1N1\*\*, and outbreaks of Influenza or ILI\*\*\*, from week 17, when confirmed or probable cases of novel H1N1 in patients with life-threatening illness became reportable, to week 10, 2010

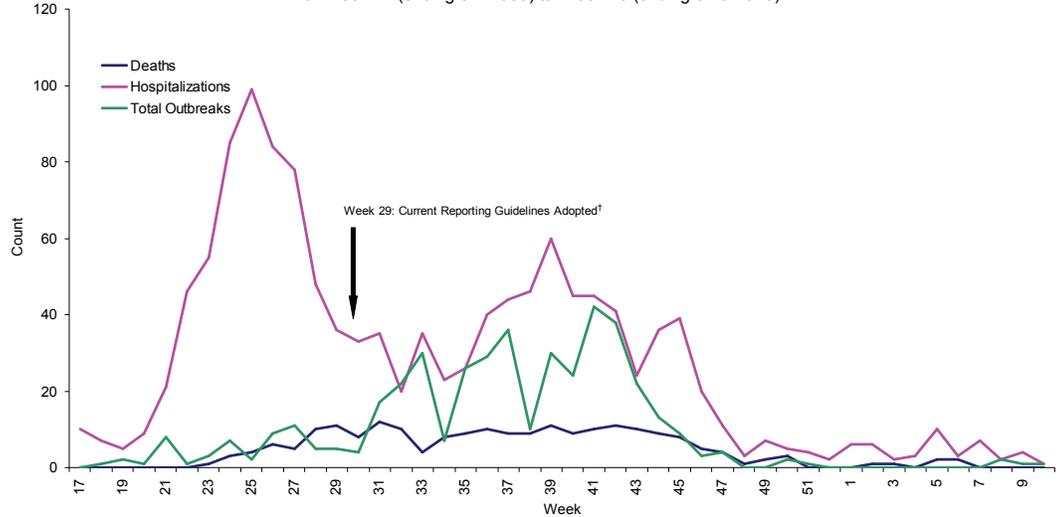
**Deaths:** Note that the exact contribution of H1N1 to the death is variable and may be unknown, as many of these deaths occur in people with complicated medical histories. Novel influenza A H1N1 infection would be coded as the underlying or primary cause on a death certificate for **some but not all** of these deaths. About 20 percent of deaths due to H1N1 are in persons with no underlying conditions.

The case definition for novel H1N1 deaths can be found at:  
[http://www.doh.state.fl.us/disease\\_ctrl/epi/swineflu/ReportingDeaths8-11.pdf](http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/ReportingDeaths8-11.pdf)

**Hospitalizations:** Note that under the current surveillance strategy, case reporting is only required for confirmed or probable cases of novel H1N1 influenza in a) patients with life-threatening illness, b) pregnant women who are hospitalized, and c) deaths.

*Use caution when interpreting hospitalization data, as only hospitalized patients with life-threatening illness are reportable and there is some variability in communities as to how "life-threatening illness" is interpreted.*

Figure 37: Cumulative Deaths<sup>†</sup> and Hospitalizations<sup>††</sup> in Novel H1N1 Cases, and Outbreaks of Influenza or ILI<sup>†††</sup> for Week 17 (ending 5/2/2009) to Week 10 (ending 3/13/2010)



\* Deaths are classified by date of death.

\*\* Hospitalizations are classified by event date which is defined as the earliest of the following dates associated with the case: date of onset, date of diagnosis, lab report date, or date reported to CDH.

\*\*\* Outbreaks are classified by when they are reported into EpiCom.

† In week 29 Florida stopped making all cases of lab-confirmed H1N1 influenza reportable, and adopted the current guidelines for reporting hospitalizations and deaths.

## Notifiable Disease Reports: Influenza-Associated Pediatric Mortality

Influenza-associated deaths among those <18 years of age and/or post-influenza infection encephalitis are reportable; case report forms can be accessed at: [http://www.doh.state.fl.us/disease\\_ctrl/epi/topicscrforms.htm](http://www.doh.state.fl.us/disease_ctrl/epi/topicscrforms.htm).

Note that the case definition for pediatric influenza mortality is different than the case definition for mortality with novel H1N1. Pediatric influenza-associated mortality cases are only counted after influenza is determined to be the cause of death.

The case definition is available at: [http://www.cdc.gov/ncphi/diss/nndss/casedef/Influenza-Associated\\_current.htm](http://www.cdc.gov/ncphi/diss/nndss/casedef/Influenza-Associated_current.htm)

### Influenza-Associated Pediatric Mortality

- **No** influenza-associated deaths among those <18 years of age were reported in week 10, for a total of 6 cases for the 2009-2010 season.
- **Seven** influenza-associated deaths among those <18 years of age were reported for the 2008-2009 influenza season (week 40, 2008 to week 39, 2009).

**TABLE 5 - TABLE 7** The number of deaths reported each week since July 26, 2009 has ranged from 0 (weeks 52, 1, 2, 4, 7, 8 and 10) to 13 (week 38), with an average of 5.2 deaths reported per week. ^As of week 41, underlying conditions include pregnancy unless otherwise noted. The case definition for novel H1N1 deaths can be found at: [http://www.doh.state.fl.us/disease\\_ctrl/epi/swineflu/ReportingDeaths8-11.pdf](http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/ReportingDeaths8-11.pdf)

Note that the exact contribution of H1N1 to the death is variable and may be unknown, as many of these deaths occur in people with complicated medical histories. Novel influenza A H1N1 infection would be coded as the underlying or primary cause on a death certificate for **some but not all** of these deaths. About 20 percent of deaths due to H1N1 are in persons with no underlying conditions.

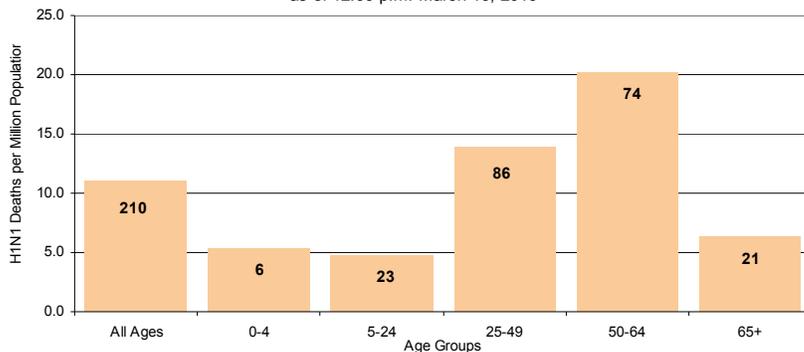
**TABLE 6: Recent Deaths in Novel H1N1 Influenza Cases by County, 12:00 Noon March 9 to 12:00 Noon March 16, 2010**

County	Number	Percent
<b>Total</b>	<b>0</b>	<b>-</b>

**TABLE 7: Cumulative deaths in Novel H1N1 Influenza Cases by Age as of 12:00 Noon March 16, 2010**

Age	Number	Percent	Deaths per million population	NO underlying condition^
<b>Total</b>	<b>210</b>	<b>100</b>	<b>11.0</b>	<b>36 (17.1)</b>
0-4	6	2.9	5.3	1 (16.7)
5-24	23	11.0	4.8	8 (34.8)
25-49	86	41.0	13.9	20 (23.3)
50-64	74	35.2	20.2	7 (9.5)
65+	21	10.0	6.3	0 (0.0)

Figure 38: Cumulative Laboratory-Confirmed Death Rate in Novel H1N1 Cases and Cumulative Deaths in Novel H1N1 Cases by Age Group as of 12:00 p.m. March 16, 2010



**FIGURE 38** shows cumulative rates of H1N1 death by age group, per 1,000,000 population, and cumulative deaths in each age group.

**TABLE 5: Cumulative deaths in Novel H1N1 Influenza Cases by County as of 12:00 Noon March 16, 2010**

County	Number	Percent
<b>Total</b>	<b>210</b>	<b>100.0</b>
Alachua	7	3.3
Baker	1	0.5
Brevard	5	2.4
Broward	12	5.7
Calhoun	1	0.5
Charlotte	2	1.0
Citrus	2	1.0
Clay	1	0.5
Dade	38	18.1
Desoto	1	0.5
Duval	13	6.2
Escambia	1	0.5
Hardee	1	0.5
Hernando	2	1.0
Highlands	2	1.0
Hillsborough	17	8.1
Indian River	1	0.5
Jackson	1	0.5
Lake	1	0.5
Lee	5	2.4
Levy	2	1.0
Manatee	3	1.4
Marion	1	0.5
Monroe	2	1.0
Nassau	1	0.5
Okaloosa	2	1.0
Okeechobee	2	1.0
Orange	13	6.2
Osceola	1	0.5
Palm Beach	13	6.2
Pasco	3	1.4
Pinellas	13	6.2
Polk	9	4.3
Putnam	1	0.5
Santa Rosa	2	1.0
Sarasota	5	2.4
Seminole	4	1.9
St. Johns	2	1.0
St. Lucie	8	3.8
Sumter	1	0.5
Taylor	1	0.5
Volusia	6	2.9
Walton	1	0.5

**TABLE 9 - TABLE 10** The number of hospitalizations reported weekly since July 26, 2009 ranges from 3 (week 1, 2010) to 54 (week 40, 2009), an average of 21.6 hospitalizations reported per week. ^As of week 41, underlying conditions include pregnancy unless otherwise noted.

\*Please note that under the current surveillance strategy, case reporting is only required for confirmed or probable cases of novel H1N1 influenza in a) hospitalized pregnant women, b) deaths, and c) hospitalized patients with life-threatening illness. Note: there is some variability in communities as to how "life-threatening illness" is interpreted.

**TABLE 8: Cumulative hospitalizations\* in all Reported Novel H1N1 Influenza Cases by County as of 12:00 Noon March 16, 2010**

County	Number	Percent	ICU (percent of hospitalized)
<b>Total</b>	<b>1272</b>	<b>100.0</b>	<b>527 (41.4)</b>
Alachua	16	1.3	13 (81.3)
Baker	2	0.2	2 (100.0)
Bay	3	0.2	0 (0.0)
Bradford	1	0.1	0 (0.0)
Brevard	15	1.2	9 (60.0)
Broward	91	7.2	35 (38.5)
Calhoun	2	0.2	0 (0.0)
Charlotte	6	0.5	2 (33.3)
Citrus	14	1.1	4 (28.6)
Clay	4	0.3	1 (25.0)
Collier	4	0.3	3 (75.0)
Columbia	3	0.2	0 (0.0)
Dade	477	37.5	146 (30.6)
Duval	63	5.0	37 (58.7)
Escambia	6	0.5	0 (0.0)
Flagler	1	0.1	0 (0.0)
Gadsden	4	0.3	1 (25.0)
Hardee	2	0.2	0 (0.0)
Hendry	3	0.2	0 (0.0)
Hernando	7	0.6	3 (42.9)
Highlands	10	0.8	2 (20.0)
Hillsborough	52	4.1	24 (46.2)
Indian River	4	0.3	0 (0.0)
Jackson	2	0.2	1 (50.0)
Lake	7	0.6	2 (28.6)
Lee	31	2.4	21 (67.7)
Levy	5	0.4	0 (0.0)
Manatee	15	1.2	6 (40.0)
Marion	10	0.8	3 (30.0)
Martin	7	0.6	4 (57.1)
Monroe	6	0.5	0 (0.0)
Nassau	6	0.5	6 (100.0)
Okaloosa	8	0.6	7 (87.5)
Okeechobee	5	0.4	0 (0.0)
Orange	109	8.6	46 (42.2)
Osceola	10	0.8	3 (30.0)
Palm Beach	94	7.4	47 (50.0)
Pasco	4	0.3	0 (0.0)
Pinellas	32	2.5	22 (68.8)
Polk	26	2.0	15 (57.7)
Putnam	5	0.4	4 (80.0)
Santa Rosa	6	0.5	2 (33.3)
Sarasota	15	1.2	9 (60.0)
Seminole	26	2.0	11 (42.3)
St. Johns	7	0.6	2 (28.6)
St. Lucie	12	0.9	8 (66.7)
Sumter	1	0.1	1 (100.0)
Taylor	2	0.2	1 (50.0)
Volusia	29	2.3	22 (75.9)
Walton	2	0.2	2 (100.0)

**TABLE 9: Recent Hospitalizations\* in Novel H1N1 Influenza Cases by County, 12:00 Noon March 9 to 12:00 Noon March 16, 2010**

County	Number	Percent	ICU (percent of hospitalized)
<b>Total</b>	<b>5</b>	<b>100.0</b>	<b>4 80.0</b>
Dade	2	40.0	2 100.0
Duval	1	20.0	1 100.0
Highlands	1	20.0	0 0.0
Walton	1	20.0	1 100.0

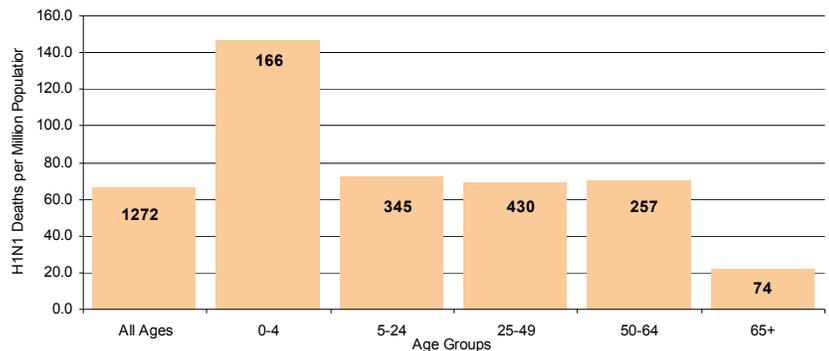
**TABLE 10: Cumulative hospitalizations\* in all Reported Novel H1N1 Influenza Cases by Age as of 12:00 Noon March 16, 2010**

Age group	Number	Percent	Hospitalizations per million population	NO underlying condition^	ICU
<b>Total</b>	<b>1272</b>	<b>100.0</b>	<b>66.5</b>	<b>189 (14.9)</b>	<b>527 (41.4)</b>
0-4	166	13.1	146.8	41 (24.7)	55 (33.1)
5-24	345	27.1	71.9	39 (11.3)	107 (31.0)
25-49	430	33.8	69.4	74 (17.2)	195 (45.3)
50-64	257	20.2	70.1	29 (11.3)	137 (53.3)
65+	74	5.8	22.3	6 (8.1)	33 (44.6)

**TABLE 11: Cumulative hospitalizations\* in all Pregnant Women with Novel H1N1 Influenza Cases by Status of Underlying Medical Conditions Other than Pregnancy as of 12:00 Noon March 16, 2010**

Underlying medical condition status	Number	Percent	ICU	Death
<b>Total</b>	<b>164</b>	<b>100.0</b>	<b>42 (25.6)</b>	<b>8 (4.9)</b>
No underlying medical condition	90	54.9	21 (23.3)	3 (3.3)
Underlying medical condition	59	36.0	19 (32.2)	5 (8.5)
Unknown	15	9.1	2 (13.3)	0 (0.0)

Figure 39: Cumulative Laboratory-Confirmed Novel H1N1 Hospitalization Rate and Cumulative hospitalizations in Reported Novel H1N1 Cases by Age Group as of 12:00 p.m. March 16, 2010



**FIGURE 39** shows cumulative rates of H1N1 hospitalization by age group, per 1,000,000 population, and cumulative hospitalizations in each age group.

## 432 confirmed or suspect outbreaks of novel H1N1 influenza or ILI have been reported as of March 13, 2010

Schools have been the most heavily impacted setting with 257 (59.5%) of the 432 outbreaks. Summer camps accounted for 50 (11.6%) of the outbreaks, daycares accounted for 27 (6.3%), and correctional facilities accounted for 25 (5.8%).

## 1 confirmed or suspect outbreak of novel influenza A (H1N1) or ILI was reported during week 10 (ending March 13, 2010)

This is the third week in a row that ILI outbreaks have been reported into EpiCom. Before week 8, Florida saw a decline in the total number of new outbreaks reported per week, from approximately 30 new outbreaks per week down to no outbreaks reported during weeks 48, 49, and 52 through week 7.

County health department epidemiologists should report influenza and ILI outbreaks via the Influenza Forum in EpiCom: <https://fdens.com/vabtrs/GateStart.aspx>

**TABLE 12: Cumulative outbreaks Reported via EpiCom by County as of Week 10 (Ending March 13, 2010)**

County	Number	Percent
<b>Total</b>	<b>432</b>	<b>100.0%</b>
Alachua	2	0.5%
Baker	2	0.5%
Bradford	1	0.2%
Brevard	1	0.2%
Clay	4	0.9%
Collier	28	6.5%
Columbia	2	0.5%
Duval	11	2.5%
Escambia	42	9.7%
Glades	1	0.2%
Hamilton	1	0.2%
Hendry	3	0.7%
Hernando	1	0.2%
Hillsborough	56	13.0%
Holmes	1	0.2%
Indian River	3	0.7%
Jackson	2	0.5%
Lake	64	14.8%
Madison	1	0.2%
Marion	4	0.9%
Martin	1	0.2%
Miami-Dade	23	5.3%
Nassau	21	4.9%
Okaloosa	5	1.2%
Orange	43	10.0%
Osceola	28	6.5%
Palm Beach	49	11.3%
Pasco	7	1.6%
Pinellas	3	0.7%
Polk	2	0.5%
Putnam	1	0.2%
Sarasota	7	1.6%
Seminole	5	1.2%
St. Johns	5	1.2%
St Lucie	1	0.2%
Volusia	1	0.2%

**TABLE 13: Cumulative outbreaks Reported via EpiCom by Setting as of Week 10 (Ending March 13, 2010)**

Setting	Number	Percent
<b>Total</b>	<b>432</b>	<b>100.0%</b>
Athletics	3	0.7%
Church	1	0.2%
College/University	3	0.7%
Community Center	5	1.2%
Correctional Facility	25	5.8%
Day Care	27	6.3%
Group/Foster Home	2	0.5%
Healthcare Facility	12	2.8%
Home	4	0.9%
Home/School	1	0.2%
Long-term Care Facility	4	0.9%
Military Facility	3	0.7%
Out of State Trip	5	1.2%
School	257	59.5%
Special Needs Facility	14	3.2%
Summer Camp	50	11.6%
Work	13	3.0%
Work/Home	3	0.7%

**TABLE 14: Recent Outbreaks Reported via EpiCom by Setting during Week 10 (Ending March 13, 2010)**

Setting	Number	Percent
<b>Total</b>	<b>1</b>	<b>100.0%</b>
Correctional Facility	1	100.0%