



Summary

Week 16: April 15-21, 2018

State influenza and influenza-like illness (ILI) activity:

- In week 16, influenza and ILI activity continued to decrease and remained at normal levels for this time of the season. Data indicate influenza activity peaked during week 5 (ending February 3, 2018).
- No new influenza-associated pediatric deaths were confirmed in week 16. Eight influenza-associated pediatric deaths have been confirmed so far in the 2017-18 influenza season.
- Deaths due to pneumonia and influenza were below expected levels.
- Three outbreaks of influenza or ILI were reported in week 16: two with laboratory confirmation of influenza and one ILI. Thus far, 493 outbreaks of influenza and ILI have been reported since the start of the 2017-18 season.
- The Florida Department of Health is conducting enhanced surveillance of intensive-care unit (ICU) patients aged <65 years with laboratory-confirmed influenza. In week 16, six cases were reported; 366 cases have been reported since February 1, 2018. Of the 234 cases with known vaccination status, the majority (69%) were unvaccinated individuals. Of the 363 cases with medical histories available, the majority (89%) had underlying medical conditions.

Treatment:

- In severe seasons like this one, the use of antivirals is especially important.
- The Centers for Disease Control and Prevention (CDC) recommends the use of antiviral treatment as soon as possible for all people who are hospitalized, severely ill, or at higher risk for complications with suspect influenza: children <2 years old, adults ≥65 years old, pregnant women, and people with underlying medical conditions. Administer treatment within 48 hours of illness onset (but treatment administered after this period can still be beneficial). A recent CDC health advisory stresses the importance of rapid and early antiviral treatment this season. Visit: http://www.floridahealth.gov/diseases-and-conditions/influenza/_documents/cdc-han-influenza-12-27-2017.pdf.
 - Clinicians should not wait for laboratory confirmation to administer antivirals to people with suspect influenza.

Immunizations and prevention:

- The Florida Department of Health recommends that sick people stay home until fever-free for at least 24 hours (without the use of fever-reducing medication) and that all people use good handwashing practices.
- CDC recommends vaccination now and as long as influenza viruses are circulating. To find a flu shot near you, visit: www.floridahealth.gov/findaflushot. Flu vaccines are also available at your local county health department.

National influenza activity:

- Influenza activity decreased and remained below the national baseline.
- As in Florida, influenza A (H3) has been the most common strain of influenza identified for the season; however, influenza B viruses have been more frequently reported than influenza A viruses since early March.
 - This late-season circulation of influenza B is expected.

Weekly State Influenza Activity

Local

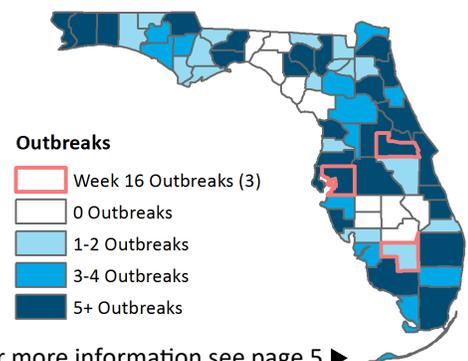
For more information see page 2 ►

Predominately Circulating Strain

A (H3)

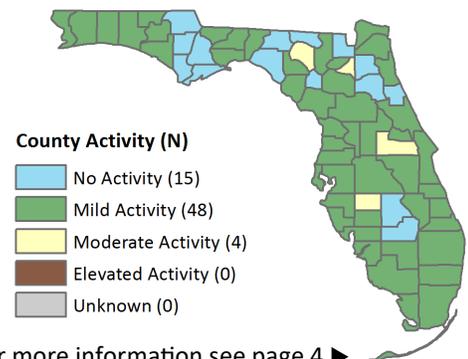
For more information see page 6 ►

Influenza and ILI Outbreaks Reported as of 4/14/2018



For more information see page 5 ►

County Influenza Activity



For more information see page 4 ►

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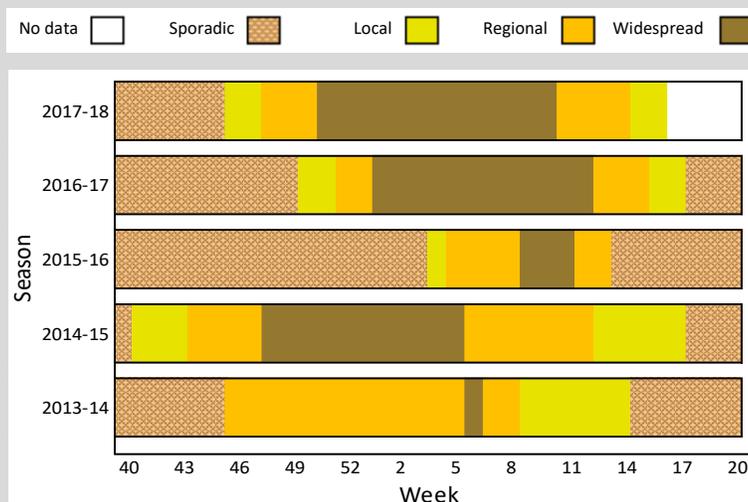
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Weekly State Influenza Activity Reporting

Below is the state influenza activity level reported to the Centers for Disease Control and Prevention each week since the 2013-14 influenza season. **Florida reported local influenza activity for week 16.**



Influenza activity in Florida can vary widely from season to season. This unpredictability underscores the importance of influenza surveillance in Florida.

Influenza surveillance goals:

- Influenza surveillance is conducted to detect changes in the influenza virus. These data are used to help determine the annual national vaccine composition and to prepare for potential epidemics or pandemics.
- Surveillance is also conducted to identify unusually severe presentations of influenza infection, detect outbreaks, and determine seasonal influenza trends in order to guide influenza prevention, particularly in high-risk populations like children, adults ≥65 years old, and pregnant women. These activities are particularly important at the start of flu season in order to identify potential changes in circulating influenza strains.

Note: Surveillance case definitions for influenza-like illness vary across surveillance systems. For more information on influenza surveillance systems and associated case definitions used in Florida, see page 17 ►

Statewide ILI Visits

ED and UCC Visits for ILI by Flu Season

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

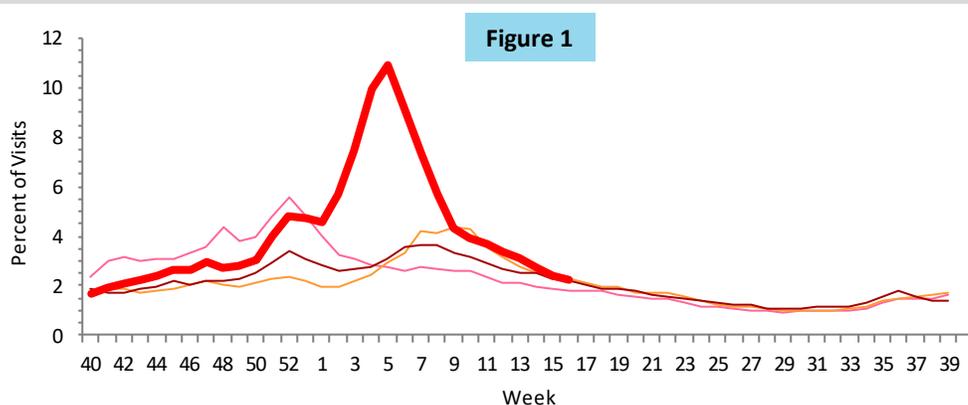


Figure 1 shows the percent of visits for ILI from ED and UCC chief complaint data for ESSENCE-FL participating facilities (n=322), week 40, 2014 to week 16, 2018.

In week 16, the percent of visits to EDs and UCCs decreased statewide. Levels were similar to those observed during previous seasons at this time.

Data indicate influenza activity this season peaked during week 5 (ending February 3, 2018).

The ESSENCE-FL ILI syndrome is composed of chief complaints that include the words “influenza” or “flu,” or chief complaints that include the words “fever” and “cough,” or “fever” and “sore throat.” For more information on ESSENCE-FL, see page 17.

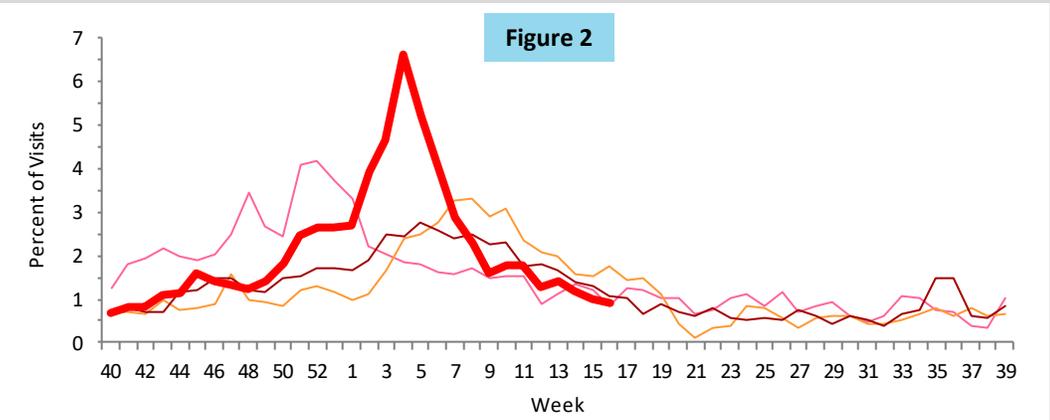


Visits for ILI to Outpatient Providers by Flu Season

ILI = influenza-like illness

Figure 2 shows the percent of visits for ILI reported by ILINet outpatient providers statewide (n=47), week 40, 2014 to week 16, 2018. For ILINet, ILI is defined as a fever $\geq 100^{\circ}\text{F}$ AND sore throat and/or cough in the absence of another known cause.

In week 16, the percent of visits for ILI reported by ILINet outpatient providers decreased and was similar to levels observed in previous seasons at this time.



P&I Deaths* from Vital Statistics by Flu Season

P&I = pneumonia and influenza

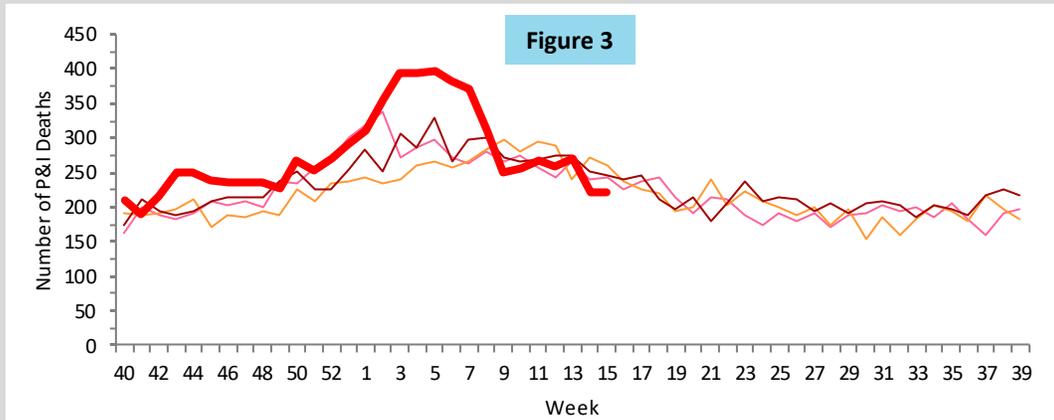


Figure 3 shows P&I deaths* for all Florida counties from the Bureau of Vital Statistics, as reported into ESSENCE-FL, week 40, 2014 to week 15, 2018.

In week 15 (ending April 14, 2018), 206 P&I deaths were reported.

The preliminary number of P&I deaths remained relatively stable and was below levels observed during previous seasons at this time.

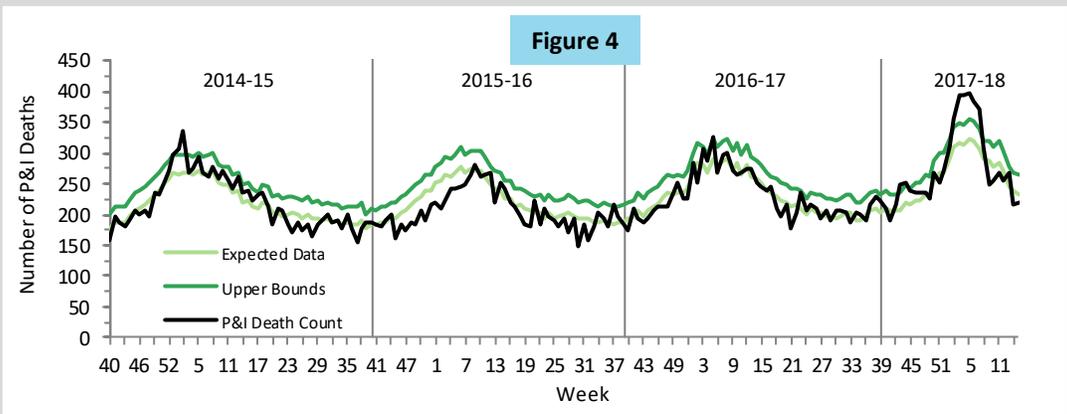
P&I Deaths* Multi-Year Regression Model

P&I = pneumonia and influenza

Figure 4 shows the number of preliminary estimated P&I deaths* for all Florida counties, the number of deaths predicted using a multi-year regression model, and the upper bound of the 95% confidence interval for this prediction.

For week 15 (ending April 14, 2018), 221 preliminary estimated P&I deaths were reported.

The upper bound of the 95% confidence interval for prediction is 264 deaths, with no excess deaths.



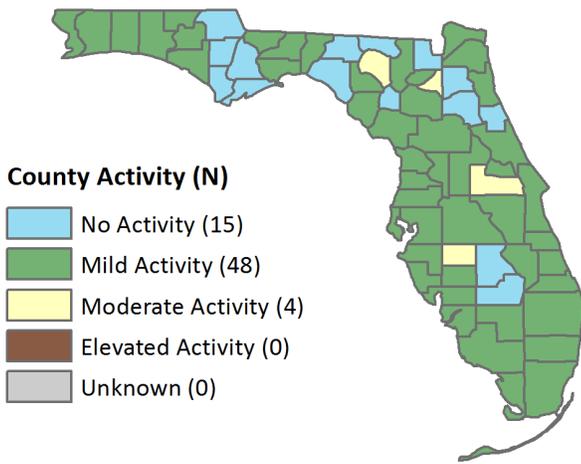
* Current season P&I death counts are preliminary estimates and may change as more data are received. The most recent data available are displayed here. Vital statistics death records received in ESSENCE-FL are considered to be complete through week 15, 2018.

County influenza activity data are reported by county health departments through EpiGateway on a weekly basis. Information is used to determine county activity and includes laboratory results, outbreak reports, and ILI activity. **The figures below reflect a county health department's assessment of influenza activity within their county. For week 16, 24 counties reported activity at a plateau and 43 counties reported decreasing activity.**

County Influenza Activity

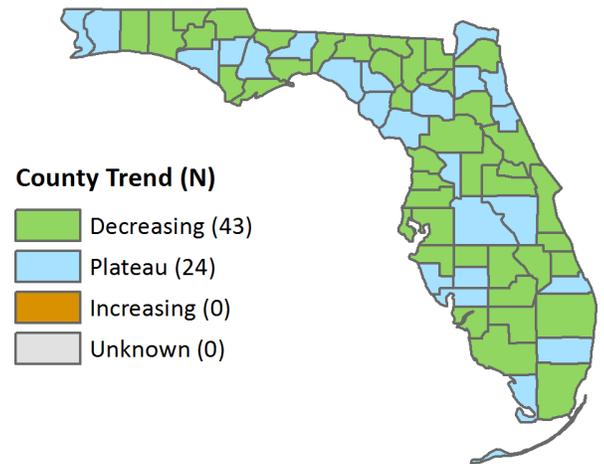
Map 1

County Influenza Activity Level for Week 16
Reported by 9:30 a.m. April 25, 2018



Map 2

County Influenza Activity Trend for Week 16
Reported by 9:30 a.m. April 25, 2018



As of 9:30 a.m. April 25, 2018, a total of 67 (100%) counties reported their weekly level of influenza activity. Please note that data reported after the deadline (Tuesday at 5 p.m.) are recorded but may not be included in the activity maps for this week.

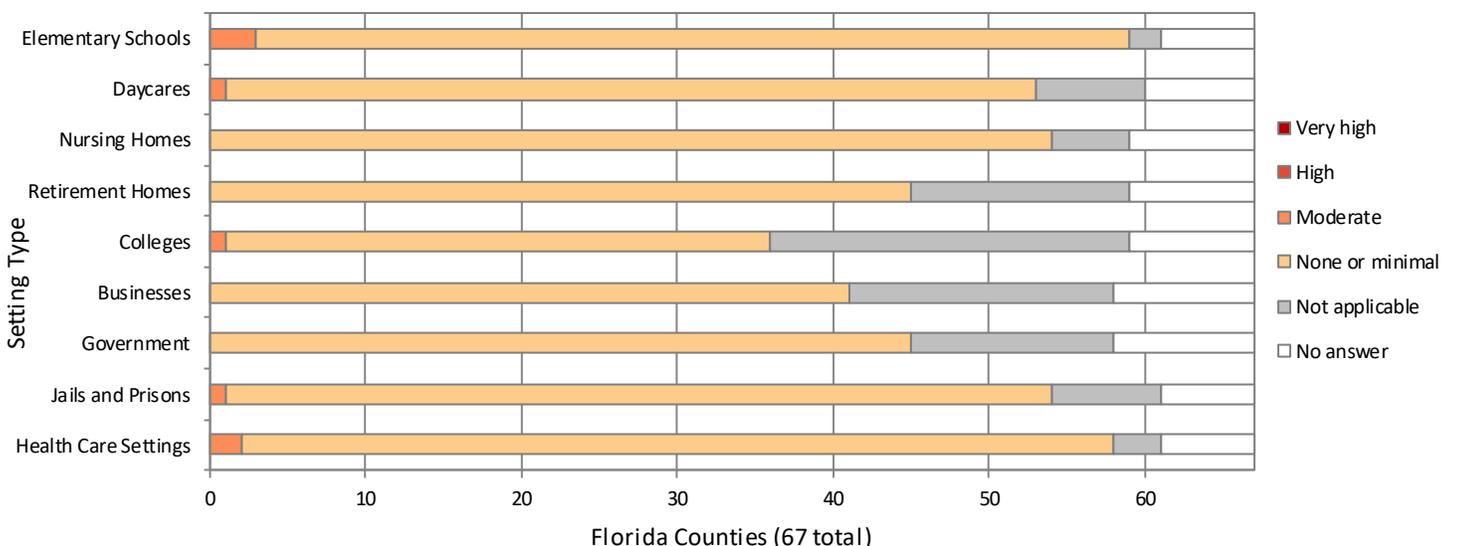
County ILI Activity by Setting Type

ILI = influenza-like illness

County health departments are asked to evaluate influenza activity in certain settings within their county. The assessment scale for activity ranges from no or minimal activity to very high activity.

Figure 5 shows the results of the influenza activity assessment for week 16, 2018.

Figure 5



Reported Influenza and ILI Outbreaks

ILI = influenza-like illness

Map 3 shows influenza and ILI outbreaks by county for week 40, 2017 through week 16, 2018, as reported into Merlin.

Total Outbreaks:

- In week 16, three outbreaks were reported: two with laboratory evidence of influenza and one ILI.
 - Influenza and ILI outbreaks were reported in three counties located in the central and southern regions of the state (see map 3). Of the three outbreaks reported, two have ongoing investigations.
- A total of 493 outbreaks have been reported so far this season. Of those, 451 (91%) have been in facilities serving people at higher risk for complications due to influenza infection (children and adults aged ≥65 years).
 - More outbreaks have been reported this season than in previous seasons on record. An average of 91 total outbreaks were reported during the last five seasons.

Settings:

- In week 16, outbreaks occurred in the following settings: one in a child day care and two in other long-term care facilities.
- In the 2017-18 season, outbreaks occurred in the following settings: 59 (12%) in assisted living facilities, 82 (17%) in nursing facilities, 99 (20%) in other long-term care facilities, 2 (0.4%) in adult daycares, 84 (17%) in child daycares, 127 (26%) in schools/camps, 18 (4%) in correctional facilities/juvenile detention centers, 6 (1%) in hospitals, 2 (0.4%) in shelters, and 14 (3%) in other settings (figure 6).

Laboratory Testing:

- None of the three outbreaks reported in week 16 had specimens collected and submitted to the Bureau of Public Health Laboratories thus far.

Control Measures:

- Outbreak control measures were reviewed with facility leadership for two of the three reported outbreaks by county health departments (CHDs).
 - Antiviral treatment was recommended for ill individuals by the CHD for one of these outbreaks and was administered by the facility.
 - Antiviral chemoprophylaxis was recommended for at-risk individuals in one of two outbreaks was administered by the facility .

Hospitalizations and Deaths:

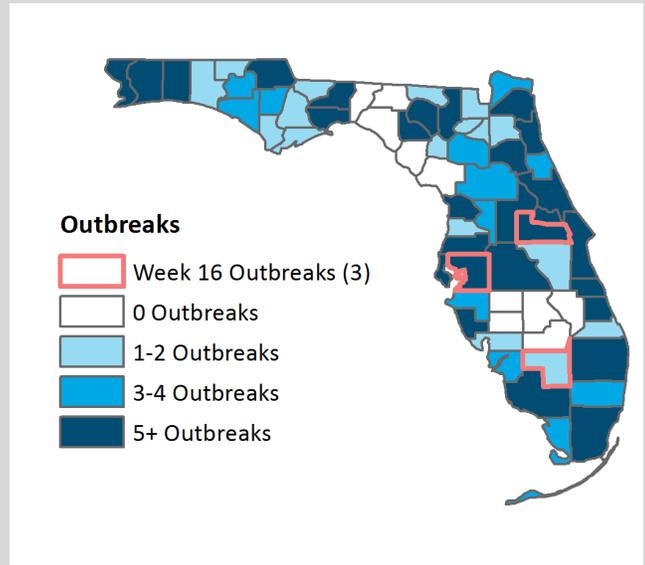
- Of the three outbreaks reported in week 16, one had a hospitalization. No deaths have been reported in these three outbreaks.
- Of the 493 outbreaks reported so far this season, people were hospitalized in 124 outbreaks (25%) and deaths were reported in 24 outbreaks (5%).

For detailed information on select outbreaks reported during week 16, see page 16. For updates on select outbreaks reported in week 15 (ending April 14, 2018), see page 16.

For information on outbreaks reported in settings serving children, see page 9. For information on outbreaks reported in settings serving adults aged ≥65 years, see page 11.

Map 3

Influenza and ILI Outbreaks by County
Week 40, 2017 through Week 16, 2018



Reported Influenza and ILI Outbreaks by Facility Type

ILI = influenza-like illness

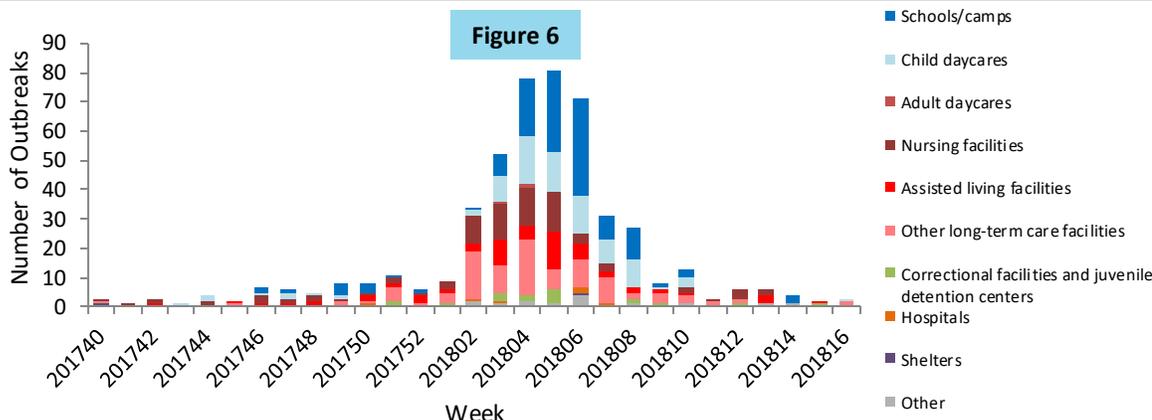


Figure 6 shows the distribution of outbreaks by facility as reported in Merlin, week 40, 2017-week 16, 2018 by facility type.

In week 16, the number of influenza and ILI outbreaks increased slightly. Three outbreaks were reported: two with laboratory confirmation of influenza and one ILI.

BPHL Viral Influenza Specimen Testing

BPHL = Bureau of Public Health Laboratories

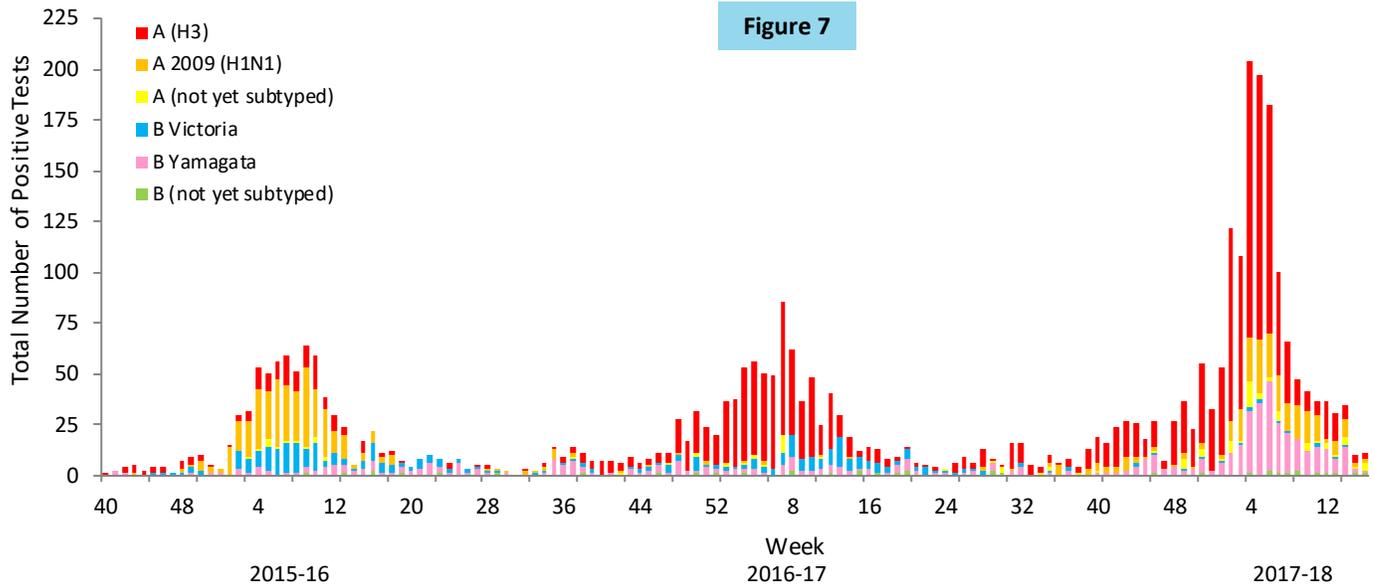


Figure 7 shows the number of influenza-positive specimens tested by subtype and lab event date.*

While the most common influenza subtype detected at BPHL statewide for the 2017-18 influenza season has been influenza A (H3), in recent weeks, the percentage of specimens testing positive for influenza A viruses declined. The majority of influenza B viruses identified at BPHL thus far were Yamagata lineage, which is consistent with the national trend. A recent increase in influenza B activity has also been observed nationally. This late-season circulation of influenza B is expected.

Seasons in which A (H3) viruses predominate are associated with more severe illness in young children and adults ≥65 years old. While statewide data indicate influenza A (H3) is the predominantly circulating strain this season, these data also indicate a substantial amount of influenza B Yamagata lineage and influenza A 2009 (H1N1) viruses present and co-circulating.

Table 1: Bureau of Public Health Laboratories (BPHL) Viral Surveillance by Lab Event Date*
Reported by 10:00 a.m. April 25, 2018

Influenza Type	Current Week 16	Previous Week 15	Current 2017-18 Season
Total Specimens Tested	19	49	2493
Influenza positive specimens (% of total specimen tested)	11 (57.9%)	10 (38.5%)	1614 (64.1%)
Influenza A 2009 (H1N1) (% of influenza positives)	2 (18.2%)	2 (20.0%)	225 (13.9%)
Influenza A (H3) (% of influenza positives)	3 (27.3%)	4 (40.0%)	989 (61.3%)
Influenza A not yet subtyped (% of influenza positives)	4 (36.4%)	1 (10.0%)	59 (3.7%)
Influenza B Yamagata (% of influenza positives)	1 (9.1%)	2 (20.0%)	310 (19.2%)
Influenza B Victoria (% of influenza positives)	-	-	17 (1.1%)
Influenza B not yet subtyped (% of influenza positives)	1 (9.1%)	1 (10.0%)	14 (0.9%)

*“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.

For county health departments seeking 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:

www.floridahealth.gov/diseases-and-conditions/influenza/_documents/flulabreportguide.pdf

ED and UCC Visits for ILI by Region

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Figures 8-14 show the percent of visits for ILI from ED and UCC chief complaints for ESSENCE-FL participating facilities (n=322), by ESSENCE-FL Regional Domestic Security Task Force regions (see map 4) from week 40, 2014 to week 16, 2018.* In week 16, the percent of ED and UCC visits for ILI decreased slightly in region 3, 4, and 5. Activity remained relatively stable in all other regions. Levels were slightly above those observed in previous seasons at this time in regions 2, 3, and 7. Levels were similar to or below those observed in previous seasons at this time in all other regions.

— 2017-18 — 2016-17 — 2015-16 — 2014-15

Figure 8: Region 1 (20 facilities)

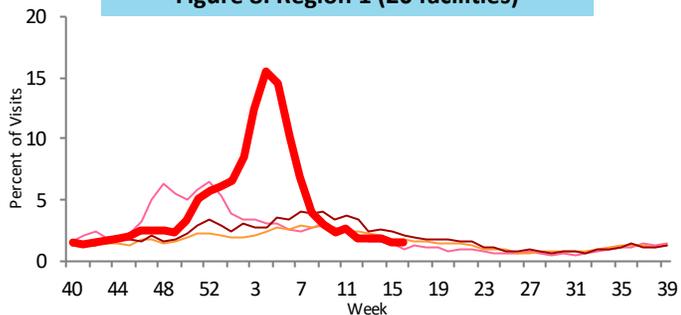


Figure 9: Region 2 (10 facilities)

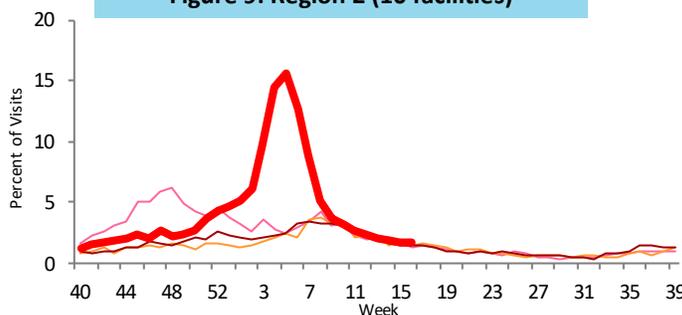


Figure 10: Region 3 (37 facilities)

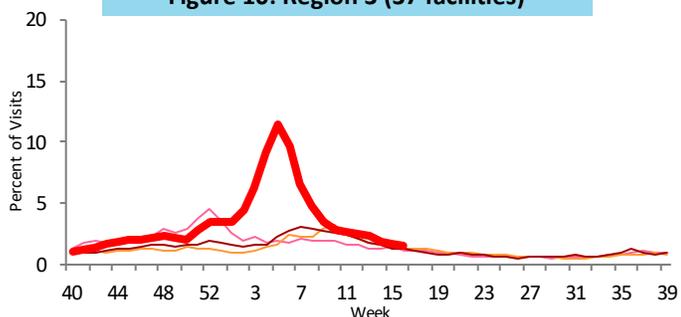


Figure 11: Region 4 (55 facilities)

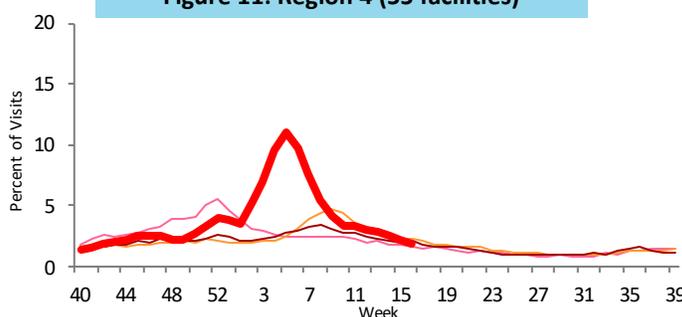


Figure 12: Region 5 (74 facilities)

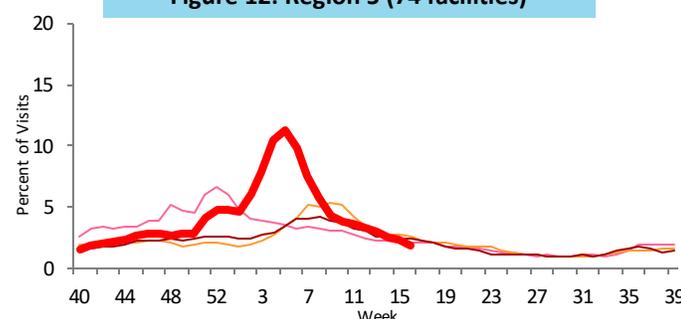


Figure 13: Region 6 (40 facilities)

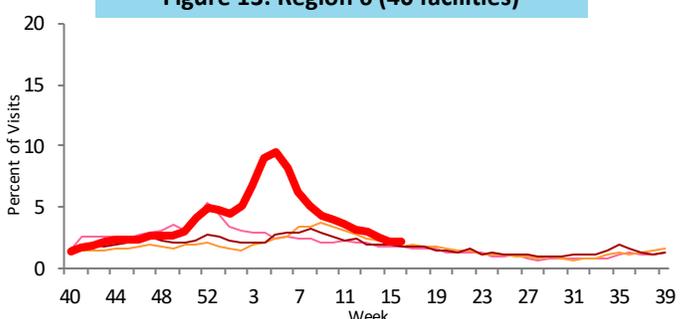
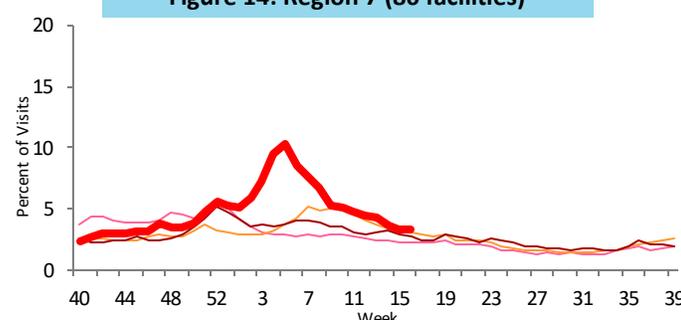
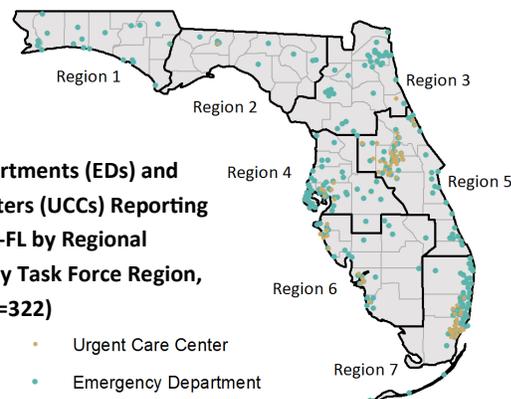


Figure 14: Region 7 (86 facilities)



Map 4

Emergency Departments (EDs) and Urgent Care Centers (UCCs) Reporting Data to ESSENCE-FL by Regional Domestic Security Task Force Region, April 25, 2018 (n=322)



- Urgent Care Center
- Emergency Department

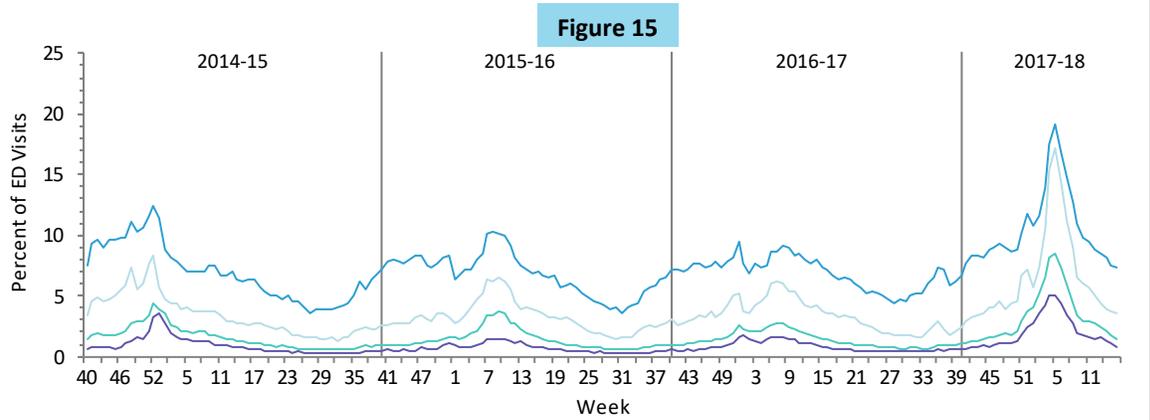
0 to 4 years old 5 to 24 years old 25 to 64 years old ≥65 years old

ED and UCC Visits for ILI by Age Group

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Figure 15 shows the percent of visits for ILI from ED and UCC chief complaints by age group for ESSENCE-FL participating facilities (n=322), week 40, 2014 to week 16, 2018.

In week 16, ED and UCC visits for ILI decreased in all age groups. Levels were similar to or below those observed in previous seasons at this time in all age groups.



Visits to Outpatient Providers for ILI by Age Group*

ILI = influenza-like illness

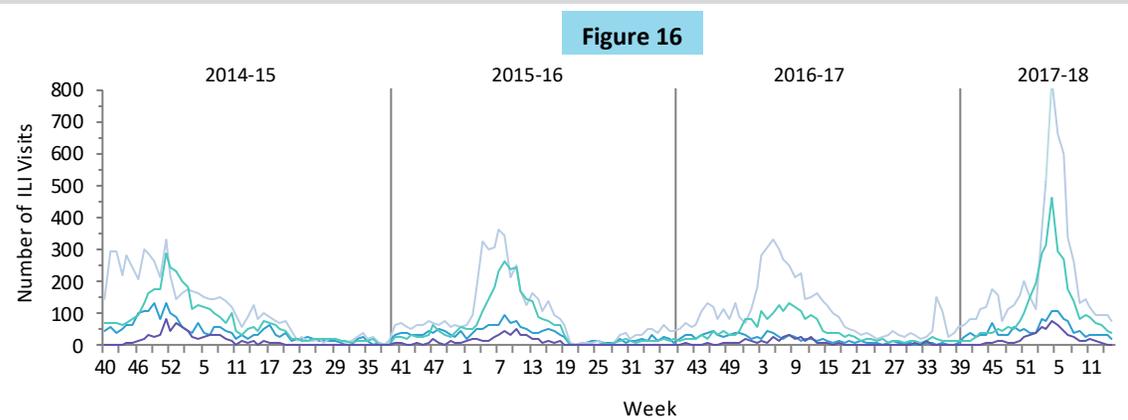


Figure 16 shows the number of visits for ILI reported by ILINet outpatient providers statewide (n=47) by age group, week 40, 2014 to week 16, 2018.

In week 16, the number of visits for ILI remained the same in the ≥65 age group and decreased in all other age groups. In all age groups, levels were similar to or below those observed during previous seasons at this time.

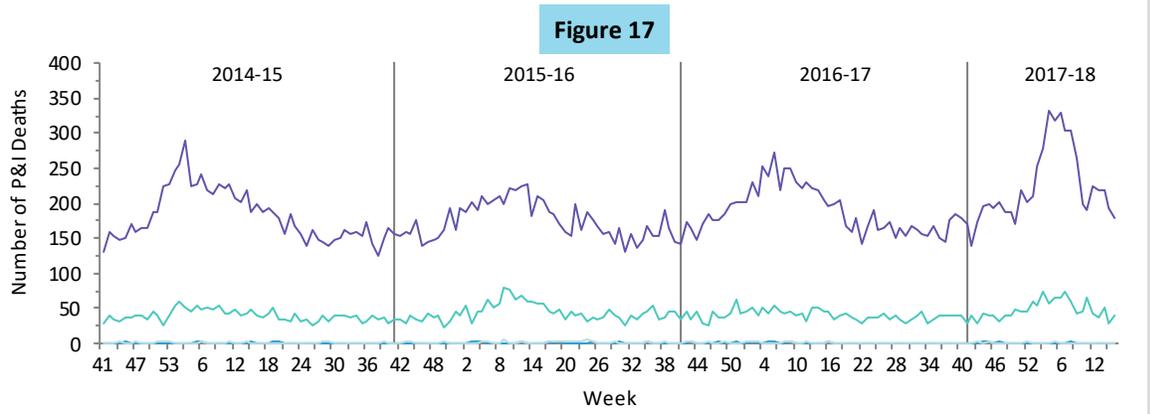
*Data presented here are counts, not proportions. This is because age group denominator data is not available through ILINet.

P&I Deaths* from Vital Statistics by Age Group

P&I = pneumonia and influenza

Figure 17 shows P&I deaths* for all Florida counties by age group, as reported into ESSENCE-FL, week 40, 2014 to week 15, 2018.

In week 15 (ending April 14, 2018), the preliminary number of P&I deaths decreased in the ≥65 age group. Levels increased in all other age groups. In all age groups, levels were similar to or below those observed during previous seasons at this time.



*Current season P&I death numbers are preliminary estimates and may change as more data are received. The most recent data available are displayed here. Vital statistics death records received in ESSENCE-FL are currently considered to be complete through week 15, 2018.

Background: Children, especially those with underlying health conditions, are at higher risk for severe complications from influenza infection. The single best way to protect children from influenza is to get them vaccinated every year. The Centers for Disease Control and Prevention recommends vaccination as long as influenza viruses are circulating. To find a flu shot near you, please visit: www.floridahealth.gov/findaflushot.

ED and UCC Visits for ILI by Children ≤18 Years Old

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

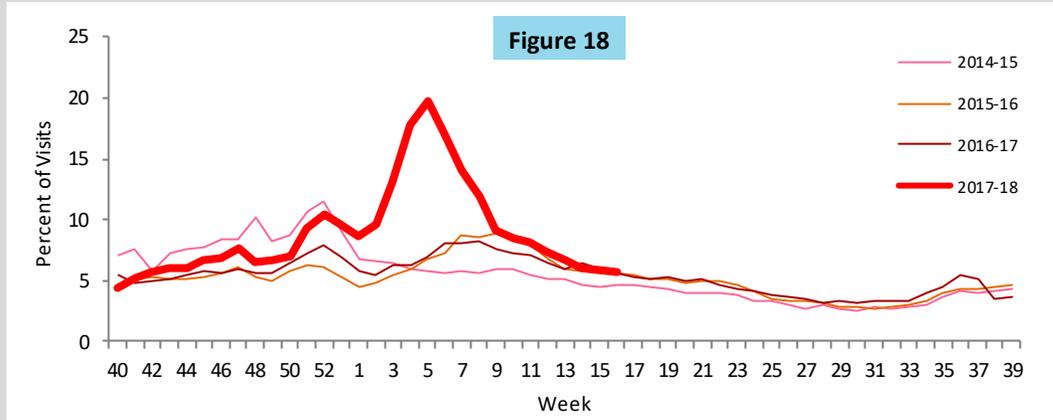


Figure 18 shows the percent of ILI visits among all ED and UCC visits for children ≤18 years old, as reported into ESSENCE-FL, week 40, 2014 to week 16, 2018.

In week 16, the percent of ILI visits among all ED and UCC visits for children ≤18 years old decreased and was similar to levels observed during previous seasons at this time.

Children are at higher risk for complications from influenza. CDC recommends vaccination now and as long as influenza viruses are circulating.

Outbreaks in Facilities Serving Children

ILI = influenza-like illness

Total outbreaks in facilities serving children:

- In week 16, three total outbreaks were reported. One of these outbreaks was reported in a facility serving children (schools/camps or child daycares). Etiology has not yet been determined for this outbreak.
 - This outbreak was reported in the central region of the state and has an ongoing investigation.

Settings:

- This outbreak was reported in a child daycare.

Laboratory testing:

- No specimens have been available for testing at the Bureau of Public Health Laboratories for this outbreak thus far.

Control measures:

- Outbreak control measures were reviewed with facility leadership for this outbreak.

Hospitalizations and deaths:

- No hospitalizations or deaths were reported for this outbreak.

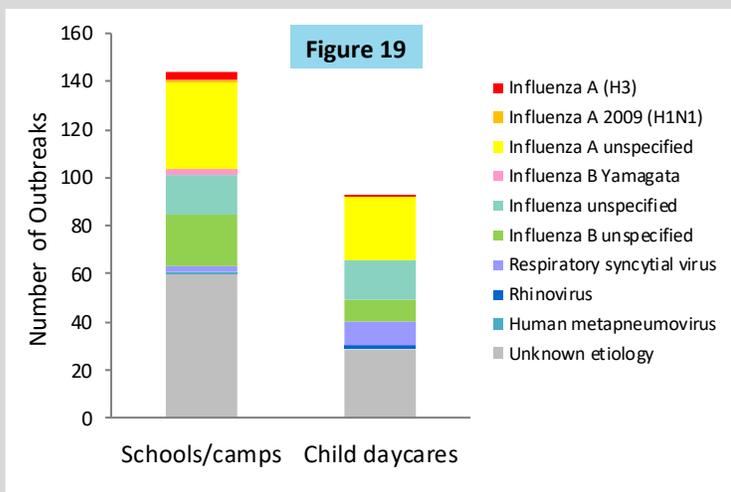


Figure 19 shows the distribution of each outbreak etiology reported in facilities serving children (schools/camps and child daycares) as reported into Merlin, week 40, 2017 through week 16, 2018. Outbreaks with multiple etiologies are displayed more than once.

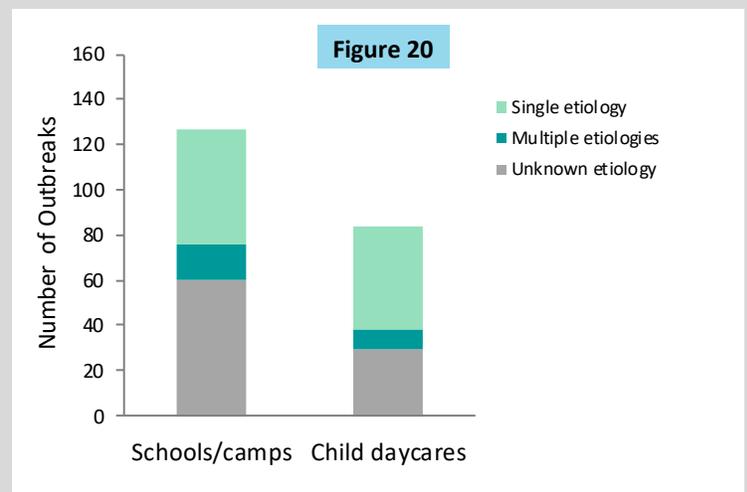


Figure 20 shows the number of outbreaks reported in facilities serving children (schools/camps and child daycares) by single, multiple or unknown etiology as reported into Merlin, week 40, 2017 through week 16, 2018.

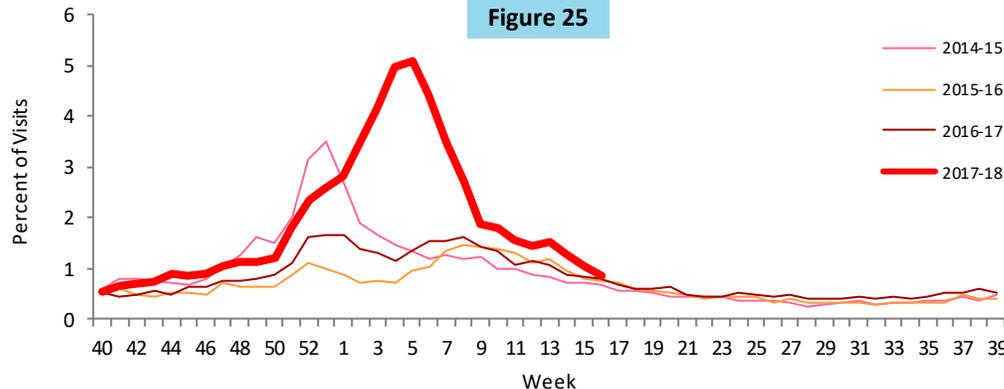
Background: Adults ≥65 years old are at higher risk for severe complications from influenza infection, including hospitalization and death. While influenza seasons vary in intensity, adults in this age group bear the greatest burden of severe influenza disease. Annual vaccination is the best way to prevent influenza infection. The Centers for Disease Control and Prevention recommends vaccination as long as influenza viruses are circulating. To locate a flu shot near you, please visit: www.floridahealth.gov/findaflushot.

ED and UCC Visits for ILI by Adults ≥65 Years Old

Figure 25 shows the percent of ILI visits among all ED and UCC visits for adults ≥65 years old, as reported into ESSENCE-FL, week 40, 2014 to week 16, 2018.

In week 16, the percent of ILI visits among all ED and UCC visits for adults ≥65 years old decreased but remained slightly above levels observed in previous seasons at this time.

CDC recommends vaccination now and as long as influenza viruses are circulating. People in this age group who have not yet been vaccinated for the 2017-18 season should get vaccinated as soon as possible.



Outbreaks in Facilities Serving Adults ≥65 Years Old

ILI = influenza-like illness

Figure 26 shows the number of outbreaks with **antiviral treatment** administered to ill individuals by week in facilities serving adults ≥65 years old (nursing homes, assisted living facilities, and other long-term care facilities).

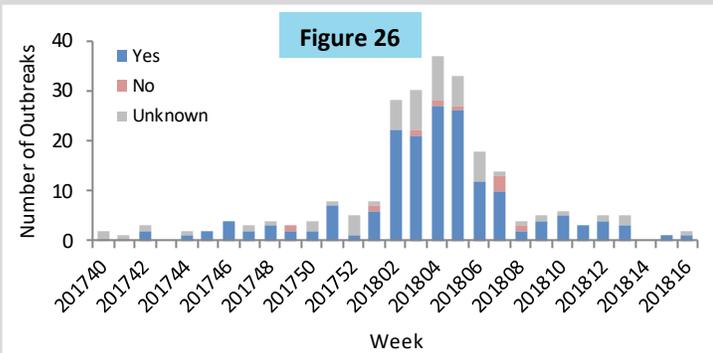
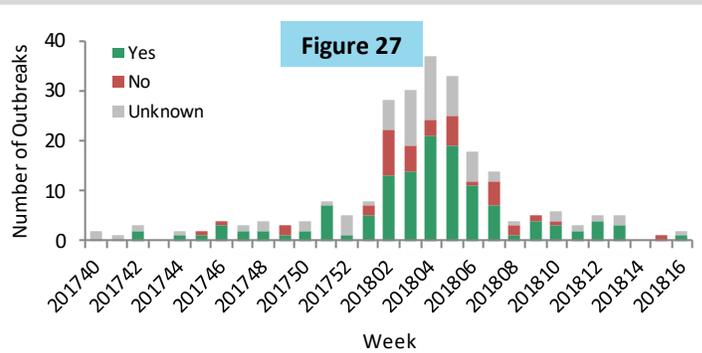


Figure 27 shows the number of outbreaks with **antiviral chemoprophylaxis** administered to at-risk individuals by week in facilities serving adults ≥65 years old.



Total outbreaks in facilities serving adults ≥65 years old:

- In week 16, a total of three outbreaks were reported. Two of these three outbreaks were reported in a facility serving adults aged ≥65 years old. Both of these outbreaks are influenza.
 - These outbreaks were reported in two counties located in the central and southern regions of the state. Of the two outbreaks reported, one has an ongoing investigation.

Settings:

- In week 16, both outbreaks were reported in other long-term care facilities (facilities that are not classified as assisted living facilities or nursing homes).

Laboratory testing:

- No specimens have been collected and submitted to the Bureau of Public Health Laboratories for testing for these two outbreaks so far.
- Both outbreaks have laboratory confirmation of influenza outside of BPHL.

Control measures:

- Outbreak control measures were reviewed with facility leadership for one of the two outbreaks.
 - Antiviral treatment was recommended for ill individuals by the county health department (CHD) and was administered by the facility.
 - Antiviral chemoprophylaxis was recommended for at-risk individuals by the CHD and was administered by the facility.

Hospitalizations and deaths:

- A hospitalization was reported in one of the two outbreaks. No deaths have been reported for either of these outbreaks.

Summary

Week 16: April 15-21, 2018

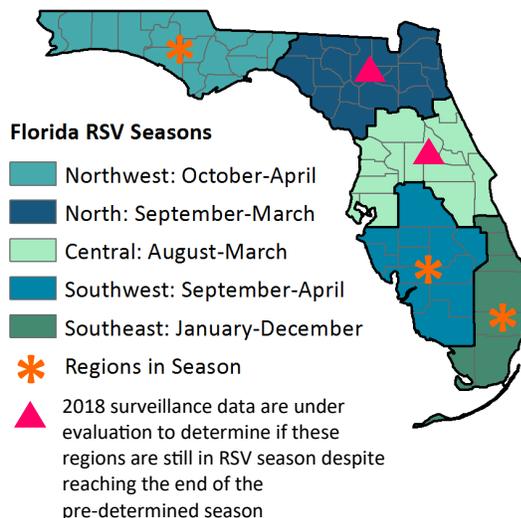
Respiratory syncytial virus (RSV) activity:

- In week 16, the percent of children <5 years old diagnosed with RSV at emergency departments and urgent care centers decreased but remained above levels observed during previous seasons at this time.
- Florida's northwest, southwest, and southeast regions are currently in RSV season.
- No new RSV-associated pediatric deaths were identified in week 16. One RSV-associated pediatric death has been identified so far this year. Premature infants and children <2 years with underlying medical conditions are at higher risk for severe complications from RSV infection. Prophylaxis is available for children who qualify. For more information, contact your physician.
- To learn more about RSV in Florida, please visit: www.floridahealth.gov/rsv.

RSV seasonality:

- RSV activity in Florida typically peaks in November through January, though activity can vary dramatically by region. According to CDC, the start of RSV season is marked by the first two consecutive weeks during which the average percentage of specimens testing positive for RSV is ≥10%.
- Florida has established regular RSV seasons based on these thresholds. Despite circulation at lower levels in different regions at different times of year, RSV is detected in all regions throughout the year.
- Florida's RSV season is longer than the rest of the nation and has distinct regional seasonality. For more information on RSV seasonality in Florida, see the American Academy of Pediatrics' (AAP) 2015 Red Book.

Map 5 Florida Respiratory Syncytial Virus (RSV) Regional Season Breakdown

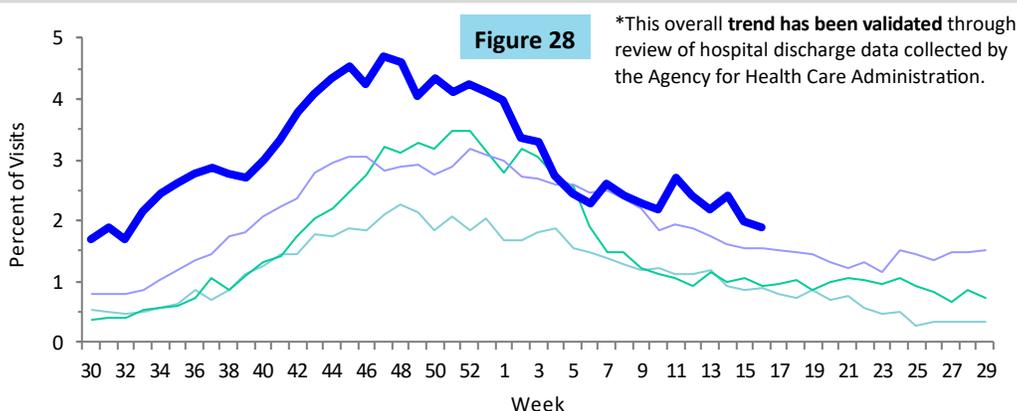


RSV surveillance goals:

- A statewide RSV surveillance system was implemented in Florida to support clinical decision-making for prophylaxis of premature infants. The determination of unique seasonal and geographic trends of RSV activity has important implications for prescribing patterns for initiating prophylaxis to children at high risk for RSV infection. The AAP currently recommends that preapproval for prophylactic treatment be made based on state surveillance data.
- See the back page of this report for more information on RSV surveillance systems used in Florida: page 17 ►

ED and UCC Visits for RSV by Children <5 Years Old

ED = emergency department, UCC = urgent care center, RSV = respiratory syncytial virus



*This overall trend has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.

Figure 28 shows the percent of visits to EDs and UCCs with discharge diagnoses that include RSV or RSV-associated illness, as reported by participating ESSENCE-FL facilities (n=322), week 30, 2014 to week 16, 2018.

In week 16, the percent of children presenting to participating EDs and UCCs for care with RSV decreased but remained above levels observed during previous seasons at this time.

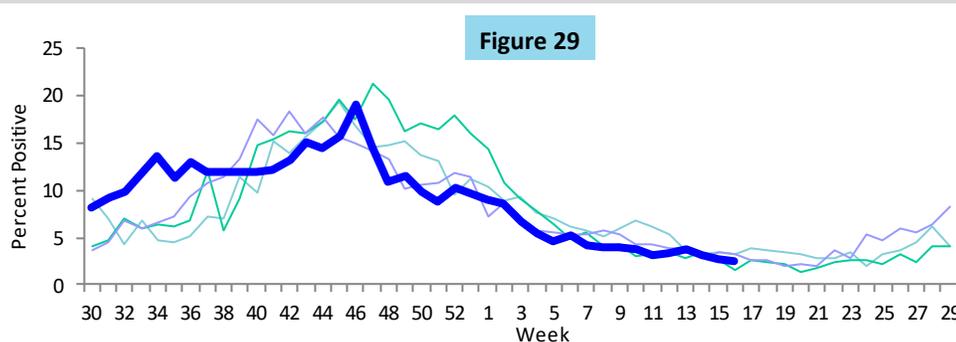
Legend for Figure 28:
 2017-18 (dark blue line)
 2016-17 (purple line)
 2015-16 (green line)
 2014-15 (light blue line)

Laboratory RSV Surveillance

RSV = respiratory syncytial virus

Figure 29 shows the percent of specimens testing positive for RSV, as reported by hospital laboratories (n=8), week 30, 2014 to week 16, 2018.

In week 16, the percent of specimens RSV positive decreased.



Legend for Figure 29:
 2017-18 (dark blue line)
 2016-17 (purple line)
 2015-16 (green line)
 2014-15 (light blue line)

Other Respiratory Virus Surveillance

Statewide activity:

- In week 16, the percent of specimens testing positive for rhinovirus increased and remained higher than all other respiratory viruses under surveillance.
- The percent of specimens testing positive for parainfluenza 1-3 increased notably in recent weeks (see figure 30).

Enterovirus D68 (EV-D68) activity:

- In week 16, no new people tested positive for EV-D68 in Florida.
 - No people have tested positive for EV-D68 by PCR so far in 2018. In 2017, three people tested positive for EV-D68 by PCR in Florida. One person was identified in August 2017 during the investigation of an ILI outbreak. Two people were identified in October 2017 as part of routine outpatient surveillance as a result of Florida participating in the Acute Respiratory Infection Epidemiology and Surveillance (ARIES) Program.
- To learn more about EV-D68, please visit: <http://www.floridahealth.gov/diseases-and-conditions/d68>.

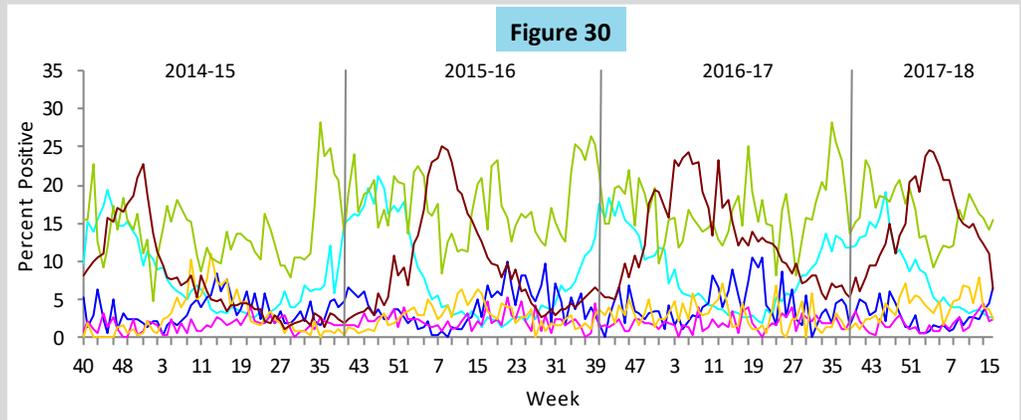
Outbreaks:

- In week 16, no outbreaks of respiratory syncytial virus (RSV), parainfluenza 1-3, adenovirus, human metapneumovirus (MPV), rhinovirus, enterovirus, or coronavirus were reported.

Laboratory Viral Respiratory Surveillance

Figure 30 shows the percent of laboratory results testing positive for eight common respiratory viruses, as reported by hospital laboratories (n=8), week 40, 2014 to week 16, 2018.

In week 16, the percent of specimens testing positive for rhinovirus increased and remained higher than all other respiratory viruses under surveillance.



Non-Influenza ARIES Laboratory Outpatient Surveillance*

ARIES = Acute Respiratory Infection Epidemiology and Surveillance Program
BPHL = Bureau of Public Health Laboratories

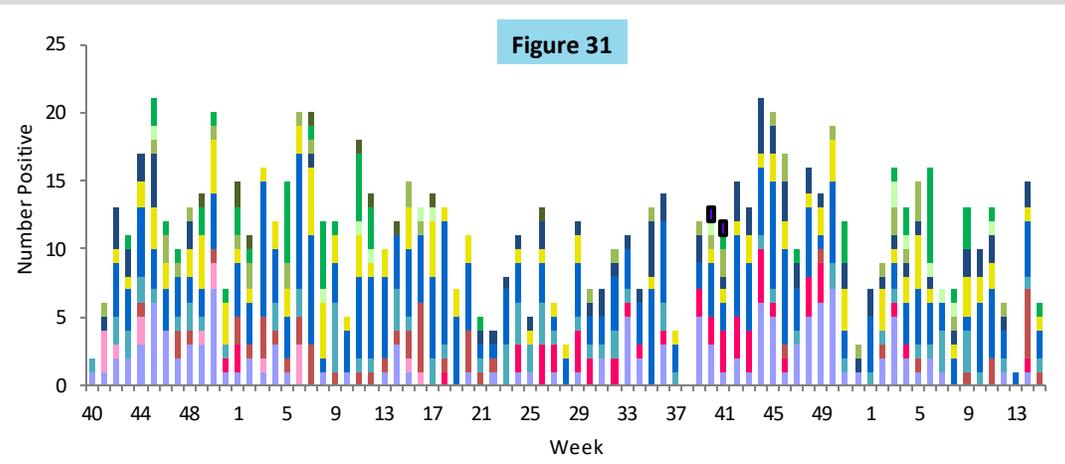
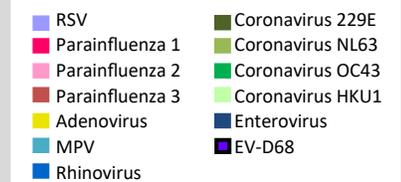


Figure 31 shows the number of specimens testing positive for 12 common respiratory viruses, as reported by BPHL and ARIES outpatient providers statewide (n=6), week 40, 2016 to week 15, 2018.

In week 15 (ending April 14, 2018), specimens submitted by ARIES providers tested positive for parainfluenza 3, MPV, adenovirus, coronavirus OC43, and rhinovirus by PCR at BPHL.



*Data presented here are counts, not proportions. The most recent data available are displayed here. ARIES laboratory data are currently considered to be complete through week 15, 2018. Laboratory results for specimens that have not yet been tested in full will be included in future reports.

Table 2: Week 16 Outbreaks: Summary of Florida Influenza and ILI Outbreaks by Setting

Setting	Number of outbreaks (percent of outbreaks)	Implicated viruses
Schools/camps	0 (0%)	<ul style="list-style-type: none"> No outbreaks
Child daycares	1 (33%)	<ul style="list-style-type: none"> 1 outbreak of unknown etiology
Adult daycares	0 (0%)	<ul style="list-style-type: none"> No outbreaks
Correctional facilities and juvenile detention centers	0 (0%)	<ul style="list-style-type: none"> No outbreaks
Nursing facilities	0 (0%)	<ul style="list-style-type: none"> No outbreaks
Assisted living facilities	0 (0%)	<ul style="list-style-type: none"> No outbreaks
Other long-term care facilities	2 (67%)	<ul style="list-style-type: none"> 1 outbreak of influenza A (H3) 1 outbreak of influenza A unspecified
Hospitals	0 (0%)	<ul style="list-style-type: none"> No outbreaks
Shelters	0 (0%)	<ul style="list-style-type: none"> No outbreaks
Other	0 (0%)	<ul style="list-style-type: none"> No outbreaks
Total	3 (100%)	<ul style="list-style-type: none"> 1 outbreak of influenza A (H3) 1 outbreak of influenza A unspecified 1 outbreak of unknown etiology

Table 3: Season Total: Summary of Florida Influenza and ILI Outbreaks by Setting

Setting	Number of outbreaks (percent of outbreaks)	Implicated viruses
Schools/camps	127 (26%)	<ul style="list-style-type: none"> 1 outbreak of influenza A (H3) 1 outbreak of influenza A (H3) and influenza B Yamagata lineage 1 outbreak of influenza A (H3) and influenza B unspecified 1 outbreak of influenza A 2009 (H1N1) 23 outbreaks of influenza A unspecified 12 outbreaks of influenza A unspecified and influenza B unspecified 1 outbreak of influenza A unspecified, influenza B unspecified, and human metapneumovirus (MPV) 2 outbreaks of influenza B Yamagata lineage 8 outbreaks of influenza B unspecified 15 outbreaks of influenza unspecified 1 outbreak of influenza unspecified and respiratory syncytial virus (RSV) 1 outbreak of RSV 60 outbreaks of unknown etiology
Child daycares	84 (17%)	<ul style="list-style-type: none"> 1 outbreak of influenza A (H3) 18 outbreaks of influenza A unspecified 7 outbreaks of influenza A unspecified and influenza B unspecified 1 outbreak of influenza A unspecified and RSV 2 outbreaks of influenza B unspecified 16 outbreaks of influenza unspecified 1 outbreak of influenza unspecified and RSV 8 outbreaks of RSV 1 outbreak of rhinovirus 29 outbreaks of unknown etiology
Adult daycares	2 (0.4%)	<ul style="list-style-type: none"> 1 outbreak of influenza A (H3) and influenza B unspecified 1 outbreak of influenza B unspecified
Correctional facilities and juvenile detention centers	18 (4%)	<ul style="list-style-type: none"> 8 outbreaks of influenza A (H3) 2 outbreaks of influenza A (H3) and influenza A 2009 (H1N1) 2 outbreaks of influenza A (H3) and influenza B Yamagata lineage 1 outbreak of influenza A unspecified 3 outbreaks of influenza B Yamagata lineage 1 outbreak of adenovirus 1 outbreak of unknown etiology
Nursing facilities	82 (17%)	<ul style="list-style-type: none"> 21 outbreaks of influenza A (H3) 1 outbreak of influenza A (H3) and influenza A 2009 (H1N1) 1 outbreak of influenza A (H3), influenza B unspecified, and RSV 1 outbreak of influenza A (H3) and parainfluenza 1 1 outbreak of influenza A 2009 (H1N1) 20 outbreaks of influenza A unspecified 7 outbreaks of influenza A unspecified and influenza B unspecified 2 outbreaks of influenza B Yamagata lineage 1 outbreak of influenza B Yamagata lineage and MPV 1 outbreak of influenza B Yamagata lineage and RSV 7 outbreaks of influenza B unspecified 1 outbreak of influenza B unspecified and coronavirus HKU1 4 outbreaks of influenza unspecified 1 outbreak of RSV and rhinovirus 13 outbreaks of unknown etiology

Table 3 continued on page 15.

Table 3: Season Total: Summary of Florida Influenza and ILI Outbreaks by Setting, Continued

Setting	Number of outbreaks (percent of outbreaks)	Implicated viruses
Assisted living facilities	59 (12%)	<ul style="list-style-type: none"> • 8 outbreaks of influenza A (H3) • 2 outbreaks of influenza A (H3) and influenza A 2009 (H1N1) • 1 outbreak of influenza A (H3), influenza B unspecified, parainfluenza 1, and MPV • 1 outbreak of influenza A 2009 (H1N1) • 23 outbreaks of influenza A unspecified • 4 outbreaks of influenza A unspecified and influenza B unspecified • 4 outbreaks of influenza B unspecified • 4 outbreaks of influenza unspecified • 2 outbreaks of RSV • 10 outbreaks of unknown etiology
Other long-term care facilities	99 (20%)	<ul style="list-style-type: none"> • 16 outbreaks of influenza A (H3) • 1 outbreak of influenza A (H3), influenza A 2009 (H1N1), and influenza B Yamagata lineage • 2 outbreaks of influenza A (H3) and influenza B unspecified • 1 outbreak of influenza A (H3) and adenovirus • 1 outbreak of influenza A (H3) and coronavirus HKU1 • 1 outbreak of influenza A (H3) and coronavirus NL63 • 1 outbreak of influenza A (H3) and rhinovirus • 1 outbreak of influenza A (H3), rhinovirus, and enterovirus • 1 outbreak of influenza A 2009 (H1N1) • 27 outbreak of influenza A unspecified • 16 outbreak of influenza A unspecified and influenza B unspecified • 2 outbreaks of influenza B Yamagata lineage • 1 outbreak of influenza B Yamagata lineage, influenza A unspecified, and RSV • 1 outbreak of influenza B Yamagata lineage and MPV • 6 outbreaks of influenza B unspecified • 3 outbreaks of influenza unspecified • 1 outbreak of rhinovirus • 17 outbreaks of unknown etiology
Hospitals	6 (1%)	<ul style="list-style-type: none"> • 1 outbreak of influenza A 2009 (H1N1) • 1 outbreak of influenza A unspecified • 2 outbreaks of influenza B unspecified • 1 outbreak of RSV • 1 outbreak of unknown etiology
Shelters	2 (0.4%)	<ul style="list-style-type: none"> • 1 outbreak of influenza A (H3) • 1 outbreak of influenza A (H3) and rhinovirus
Other	14 (3%)	<ul style="list-style-type: none"> • 2 outbreaks of influenza A (H3) • 5 outbreaks of influenza A unspecified • 1 outbreak of influenza A unspecified and influenza B unspecified • 1 outbreak of influenza unspecified • 5 outbreaks of unknown etiology
Total	493 (100%)	<ul style="list-style-type: none"> • 58 outbreaks of influenza A (H3) • 5 outbreaks of influenza A (H3) and influenza A 2009 (H1N1) • 1 outbreak of influenza A (H3), influenza A 2009 (H1N1), and influenza B Yamagata lineage • 3 outbreaks of influenza A (H3) and influenza B Yamagata lineage • 4 outbreaks of influenza A (H3) and influenza B unspecified • 1 outbreak of influenza A (H3), influenza B unspecified, parainfluenza 1, and MPV • 1 outbreak of influenza A (H3), influenza B unspecified, and RSV • 1 outbreak of influenza A (H3) and adenovirus • 1 outbreak of influenza A (H3) and coronavirus HKU1 • 1 outbreak of influenza A (H3) and coronavirus NL63 • 1 outbreak of influenza A (H3) and parainfluenza 1 • 2 outbreaks of influenza A (H3) and rhinovirus • 1 outbreak of influenza A (H3), rhinovirus, and enterovirus • 5 outbreaks of influenza A 2009 (H1N1) • 118 outbreaks of influenza A unspecified • 47 outbreaks of influenza A unspecified and influenza B unspecified • 1 outbreak of influenza A unspecified, influenza B unspecified, and MPV • 1 outbreak of influenza A unspecified and RSV • 9 outbreaks of influenza B Yamagata lineage • 1 outbreak of influenza B Yamagata lineage, influenza A unspecified, and RSV • 2 outbreaks of influenza B Yamagata lineage and MPV • 1 outbreak of influenza B Yamagata lineage and RSV • 30 outbreaks of influenza B unspecified • 1 outbreak of influenza B unspecified and coronavirus HKU1 • 43 outbreaks of influenza unspecified • 2 outbreaks of influenza unspecified and RSV • 12 outbreaks of RSV • 1 outbreak of RSV and rhinovirus • 2 outbreaks of rhinovirus • 1 outbreak of adenovirus • 136 outbreaks of unknown etiology

Reported Influenza and ILI Outbreaks

ILI = influenza-like illness

BPHL = Bureau of Public Health Laboratories

In week 16, three outbreaks were reported in Merlin: two with laboratory evidence of influenza and one ILI. Of the three outbreaks reported during week 16 (ending April 21, 2018), one select outbreak is summarized below.

Hendry County

- **A long-term care facility** reported six residents with ILI. One resident was hospitalized as a result of their illness. All six residents tested positive for influenza A by rapid antigen testing at local health care providers. Influenza vaccination status for the 2017-18 season for residents and staff is not yet known. Control measures were reviewed with facility leadership. This investigation is ongoing.

In week 15 (ending April 14, 2018), two outbreaks were reported into Merlin. No updates were made to select outbreaks during week 16.

Florida ILINet · Data source for figures 2 and 16

- ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. Florida has 88 sentinel providers enrolled in ILINet who submit weekly influenza-like illness (ILI) and total visit counts, as well as submit ILI specimens to the Bureau of Public Health Laboratories (BPHL) for confirmatory testing.

ESSENCE-FL Syndromic Surveillance and Vital Statistics Portal · Data source for figures 1, 3-4, 8-15, 17-18, 24-25, 28; map 4

- Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) measures trends in ILI visits from emergency departments (ED) and urgent care clinics (UCC) and influenza mortality by using death certificates from the Bureau of Vital Statistics. Participating EDs and UCCs (n=322) electronically transmit visit data into ESSENCE-FL daily or hourly.
- For statewide and regional data on ILI, visits are counted as ED or UCC visits to participating facilities that include the words “influenza” or “flu” in patient chief complaints. Chief complaints with the words “fever” and “cough,” or “fever” and “sore throat” are also counted as ILI.
- For pneumonia and influenza (P&I) mortality surveillance, death record literals are queried using a free-text query that searches for references to P&I on death certificates. Any mention of P&I in the death certificate literals, with certain exceptions, is counted as a P&I death. Deaths counts are aggregated and presented by date of death.
- For respiratory syncytial virus (RSV) surveillance, visits are counted as ED or UCC visits to participating facilities for which RSV or RSV-associated illness is included in the discharge diagnosis. Death record literals are also queried using a free-text query that searches for references to RSV on death certificates for children <18 years old. Any mention of RSV in the death certificate literals, with certain exceptions, is counted as an RSV-associated pediatric death.
- For RSV mortality surveillance, death record literals are queried using a free-text query that searches for references to RSV on death certificates. Any mention of RSV, syncytial, and bronchiolitis in the death certificate literals, with certain exceptions, is counted as a RSV death.

County Influenza Activity in EpiGateway · Data source for figure 5, and maps 1 and 2

- County health department (CHD) epidemiologists report their county’s influenza and ILI surveillance data weekly into the EpiGateway website. Influenza activity is classified as: no activity, mild, moderate, or elevated. Setting-specific influenza activity and influenza trend information is also reported. EpiGateway data provided by CHDs creates a county-by-county breakdown of influenza and ILI activity around the state.

Outbreak Reporting in Merlin · Data source for figures 6, 19-20, 26-27, map 3, and tables 2 and 3

- Merlin tracks influenza and ILI outbreak investigations by CHDs. Reports by CHDs include the type of respiratory disease causing the outbreak and settings where outbreaks are occurring. CHD epidemiologists report outbreaks of influenza or ILI into Merlin, Florida’s reportable disease surveillance system.
- Outbreaks are defined as two or more cases of influenza or ILI in a specific setting.

Bureau of Public Health Laboratories (BPHL) · Data source for figure 7 and table 1

- BPHL performs confirmatory testing and subtyping on surveillance specimens from sentinel providers, outbreak investigations, patients with severe or unusual influenza presentations, and medical examiners.
- 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 at www.floridahealth.gov/diseases-and-conditions/influenza/_documents/flulabreportguide.pdf.

Laboratory Viral Respiratory Surveillance · Data sources for figures 29-30

- The National Respiratory and Enteric Virus Surveillance System (NREVSS) and Electronic Laboratory Reporting (ELR) collect data from laboratories in Florida on a weekly basis and monitor temporal and geographic patterns of eight commonly circulating respiratory viruses. NREVSS data is collected by the Centers for Disease Control and Prevention (CDC) and ELR data is collected by the Florida Department of Health (DOH).

Acute Respiratory Infection Epidemiology and Surveillance (ARIES) Program · Data source for figure 31

- Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) is a nationwide surveillance system composed of nine participating jurisdictions. Florida has seven sentinel providers enrolled in ARIES who submit weekly ILI counts, as well as submit ILI specimens to BPHL for testing.

Case-Based Influenza Surveillance

- Death in a child whose laboratory-confirmed influenza infection has been identified as a contributing to the child’s death is reportable in Florida. Influenza-associated pediatric deaths are documented by CHDs in Merlin.
- In addition, an individual of any age infected with novel or pandemic influenza strain(s) is reportable in Florida. Pandemic strain influenza cases are documented by CHDs in Merlin.
- For more information about reportable diseases, please visit www.Floridahealth.gov/diseasereporting.