

FLORIDA INFLUENZA SURVEILLANCE

Week 39: September 27th-October 3rd, 2009



Produced on: October 7, 2009

Posted on the Bureau of Epidemiology website: http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/Reports/reports.htm

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

Contributors: Kateesha McConnell, MPH; Kate Goodin, MPH; Lea Wansbrough, MPH; Leah Eisenstein, MPH; Aaron Kite-Powell, MS; Brian Fox, MA; Lillian Stark, PhD, MPH, MS; Valerie Mock; Julian Everett; Subir Goyal, MBBS; Janet Hamilton, MPH; Richard Hopkins, MD, MSPH

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Weekly state influenza activity:
Widespread



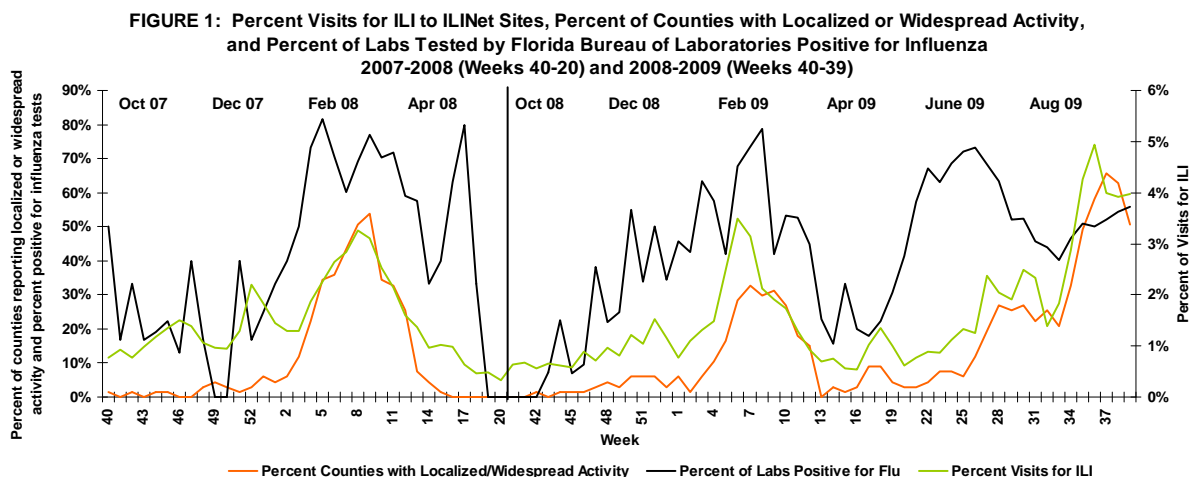
I. SUMMARY

The Florida Department of Health (FDOH) monitors influenza activity through multiple surveillance systems. This report is produced weekly in order to assist FDOH monitor the current influenza and novel H1N1 influenza situation. Data summarized in this report includes multiple sources: 1) emergency department syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE); 2) laboratory data from the Bureau of Laboratories; 3) county influenza activity levels as reported by county health department epidemiologists; 4) the Florida Pneumonia and Influenza Mortality Surveillance System (FPIMSS); 5) Florida Outpatient Influenza-like Illness Surveillance Network (ILINet) providers; 6) novel H1N1 influenza notifiable disease data for special surveillance populations (deaths, hospitalized pregnant women, and those with life threatening illness) and pediatric influenza-associated mortality as reported in the Merlin system for notifiable disease surveillance; and 7) outbreaks or clusters of influenza-like illness (ILI) as reported through EpiCom. The criteria for influenza-like illness differ somewhat across the data systems.

These data sources indicate influenza-like illness activity increased sharply around week 34, coinciding with the start of the school year for students. ESSENCE data show a slight increase for week 39, but it is has not followed the same sharp increases we have seen over the past few weeks. ILINet data showed a slight decrease from the previous week at 3.98%. The number of counties reporting widespread or localized activity also decreased slightly for week 39. The majority (98-100%) of the influenza viruses being detected are novel H1N1 influenza viruses. Virtually all infections due to the new virus are caused by strains that are sensitive to Tamiflu and Relenza.

Each week an activity code for the state as a whole is reported to the Centers for Disease Control and Prevention (CDC). There are five possible categories: No Activity, Sporadic, Local, Regional, or Widespread. For week 39, Florida meets the CDC widespread activity definition: outbreaks of influenza or increases in ILI cases in more than half the regions of the state with recent laboratory evidence of influenza in those regions. The CDC report can be viewed at <http://www.cdc.gov/flu/weekly/usmap.htm>.

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



Find more information at: http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/index.htm

Florida uses the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) for syndromic surveillance, which currently collects data from 121 hospitals. 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. The data are collected on a daily basis from participating hospital emergency departments (ED) across the state.

Overall activity for influenza-like illness remains well above expected levels for this time of year. In most areas it exceeds levels seen at the peak of normal influenza season, and exceeds the initial surge of worried well at week 17, 2009. The majority of the increase is occurring in younger age groups. These data are based on the patient's chief complaint and may not reflect the actual diagnosis.

Hospital admissions due to ILI as a percentage of all hospital admissions are shown in the bottom graph. Twenty-six 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 2: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, Florida ESSENCE Participating Hospitals (N=121), Week 40, 2006 through September 29, 2009

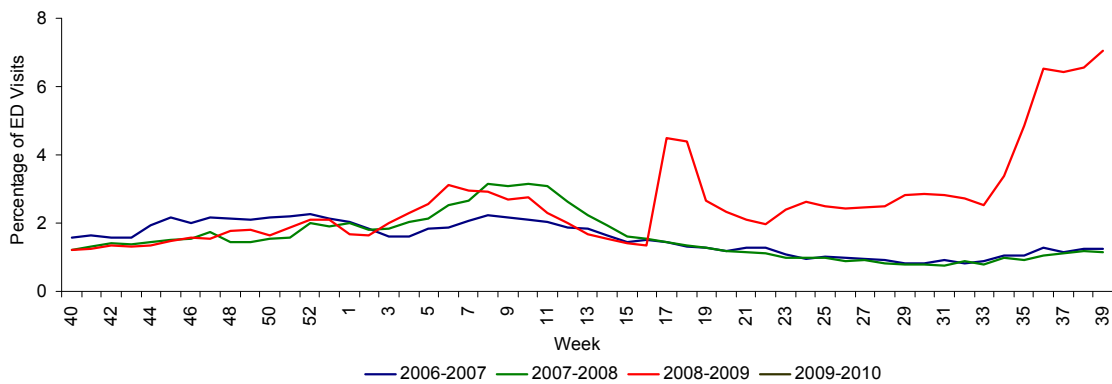


FIGURE 3: Percentage of Influenza-like Illness from Emergency Department (ED) Chief Complaints by Age, Florida ESSENCE Participating Hospitals (N=121), Week 40, 2008 through September 29, 2009

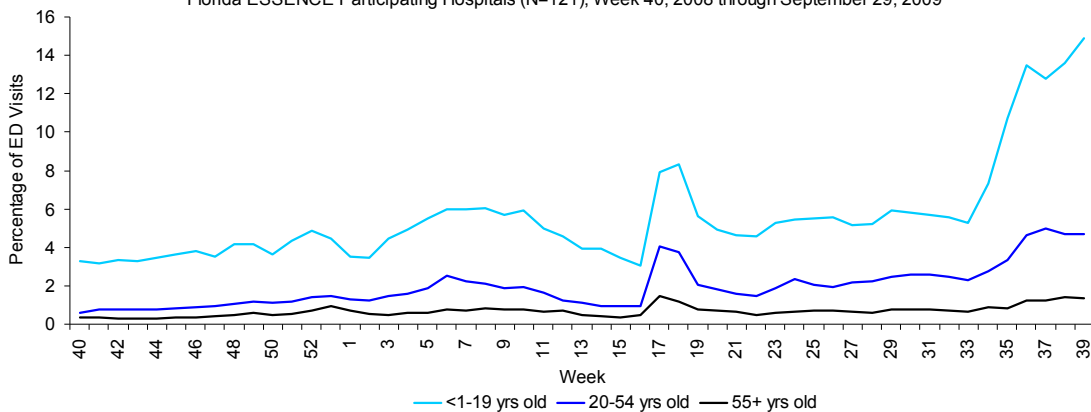
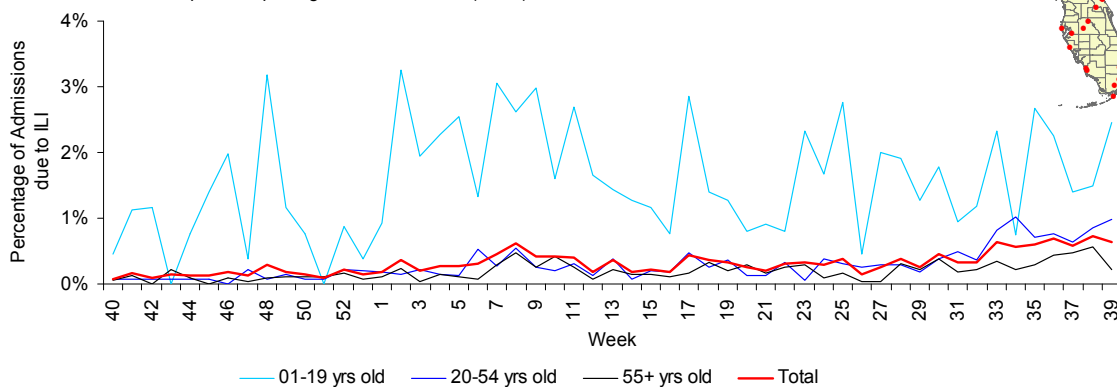


FIGURE 4: Hospital Admissions due to Influenza-Like Illness (ILI) as a Percentage of All Hospital Admissions Based on Emergency Department Chief Complaints, Hospitals Reporting Admissions Data (N=27) for Week 40, 2008 to Week 39, 2009

MAP 1: Hospitals Reporting Admissions to ESSENCE



The figures below 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 with reporting hospitals show very large increases in flu activity in the last few weeks coinciding with school opening. At the time novel H1N1 influenza was first identified (week 17, 2009), data from 5 of the 7 regions indicated large increases in patients presenting for care of influenza-like illness. Our interpretation of this peak is that it includes many individuals who we may classify as “worried well,” others may be truly ill with a respiratory illness but in the absence of swine flu news may have stayed home to get better, and then of course some of these probably had some strain of influenza. The increase in ILI activity after week 21 are more likely to be associated with actual 2009 H1N1 influenza infection.

MAP 2: Hospitals Reporting Emergency Department (ED) Data to Florida ESSENCE, September 22, 2009 (N=121)

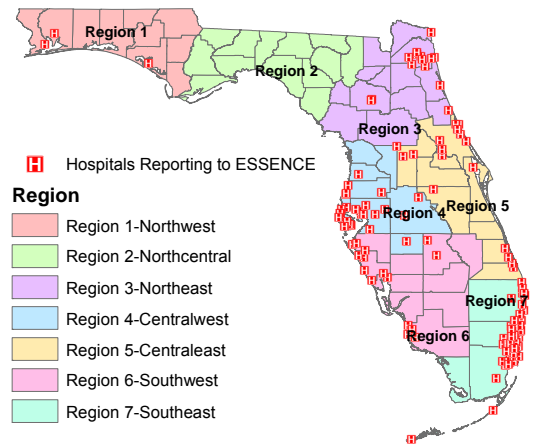


FIGURE 5: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 1 ESSENCE Participating Hospitals (N=3), Week 40, 2007 through September 29, 2009

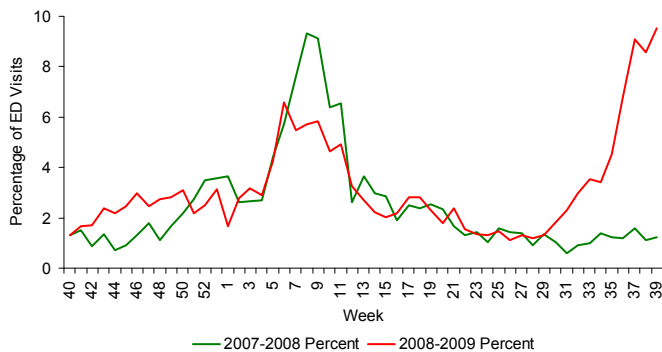


FIGURE 6: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 3 ESSENCE Participating Hospitals (N=14), Week 40, 2007 through September 29, 2009

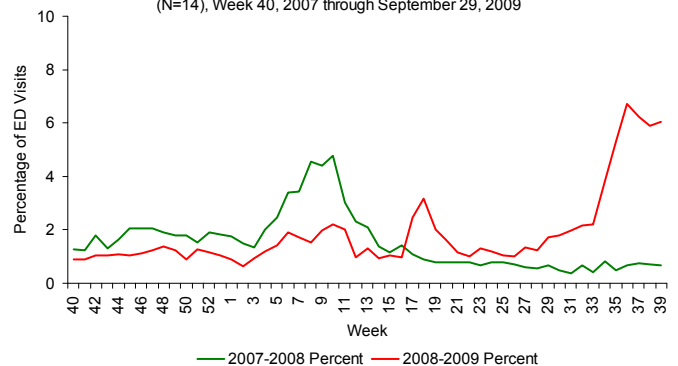


FIGURE 7: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 4 ESSENCE Participating Hospitals (N=29), Week 40, 2006 through September 29, 2009

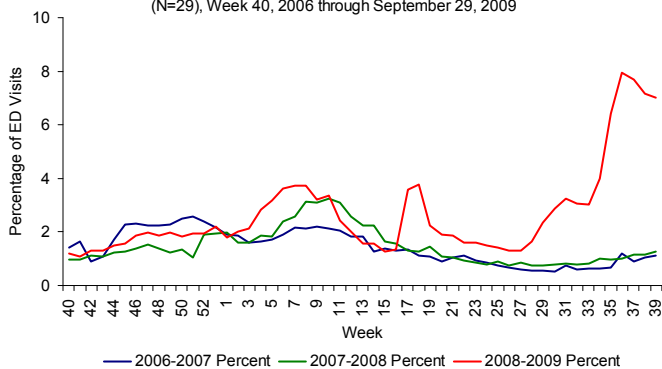


FIGURE 8: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 5 ESSENCE Participating Hospitals (N=16), Week 40, 2007 through September 29, 2009

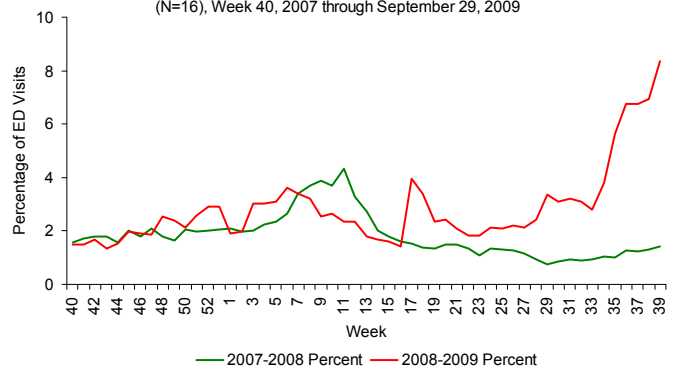


FIGURE 9: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 6 ESSENCE Participating Hospitals (N=15), Week 40, 2007 through September 29, 2009

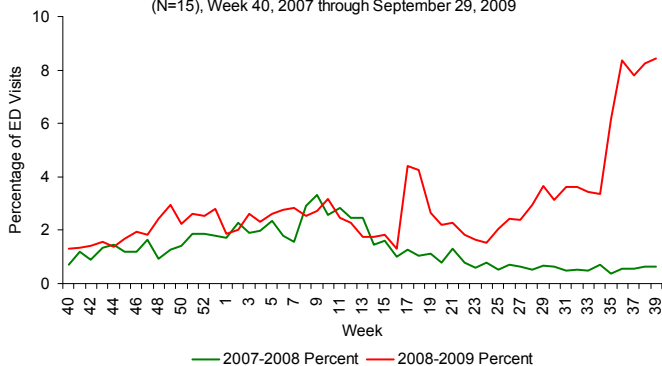
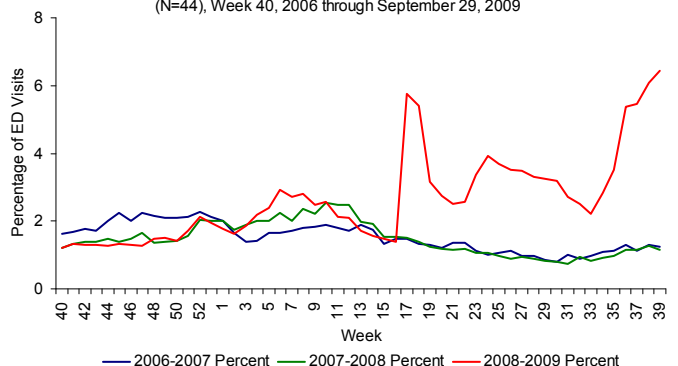


FIGURE 10: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 7 ESSENCE Participating Hospitals (N=44), Week 40, 2006 through September 29, 2009



As of 6:30 p.m. October 6, 2009, a total of 45 (67.2%) counties had reported their weekly level of influenza activity. Please note that data reported by counties after the deadline are recorded but may not be included in the activity map below. During week 38 Orange County reported widespread activity and was omitted from the report in error.

Weekly County Influenza Activity for Week 39 (ending October 3, 2009) as Reported by 6:30 p.m. October 6, 2009		
Activity Level	Number of counties	Counties
No Report	22	Bay, Brevard, Calhoun, Columbia, Dade, Desoto, Dixie, Gadsden, Gilchrist, Hamilton, Hernando, Highlands, Jefferson, Lafayette, Liberty, Madison, Monroe, Osceola, Suwannee, Taylor, Washington
No Activity	0	
Sporadic	11	Alachua, Charlotte, Flagler, Franklin, Glades, Holmes, Levy, Okeechobee, Putnam, St. Johns, Union
Localized	19	Bradford, Broward, Citrus, Clay, Escambia, Gulf, Hendry, Indian River, Lake, Lee, Leon, Marion, Martin, Nassau, Palm Beach, Polk, Sumter, Volusia, Wakulla, Walton
Widespread	15	Baker, Collier, Duval, Hardee, Hillsborough, Jackson, Manatee, Okaloosa, Orange, Pasco, Pinellas, Santa Rosa, Sarasota, Seminole, St. Lucie

MAP 3: Weekly County Influenza Activity for Week 39 (ending October 3, 2009) as Reported by 6:30 p.m. October 6, 2009

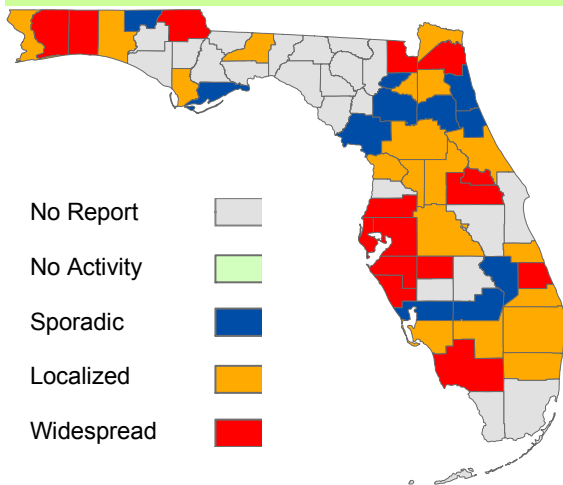
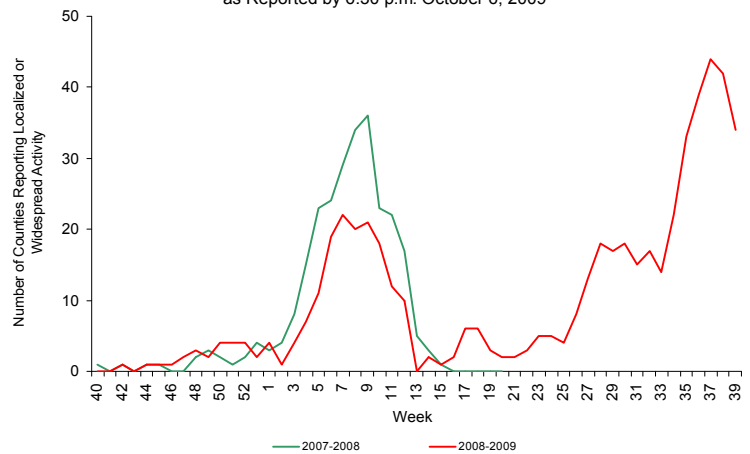


FIGURE 14: Number of Counties Reporting Localized or Widespread Activity, 2007-2008 (Weeks 40-20) and 2008-2009 (Weeks 40-39) as Reported by 6:30 p.m. October 6, 2009



The number of counties reporting localized or widespread influenza activity has been increasing over the past weeks and is now at 39 (58%). This is unusual for this time of year and similar to what we expect during the normal winter influenza season

COUNTY INFLUENZA ACTIVITY LEVEL DEFINITIONS

0 = No Activity:

Overall clinical activity remains low with no laboratory confirmed cases[†] in the county.

1 = Sporadic:

- a. Isolated cases of laboratory confirmed influenza[†] in the county.
- b. An ILI[§] outbreak in a single setting[‡] in the county. (No detection of decreased ILI[§] activity by surveillance systems*)

2 = Localized:

- a. ILI[§] activity detected by a *single* surveillance system* within the county. (ILI[§] activity has not been detected by *multiple* ILI surveillance systems.)
- b. Two or more outbreaks (ILI[§] or lab confirmed[†]) detected in a *single* setting[‡] in the county.

AND

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

3 = Widespread:

- a. An increase in ILI[§] activity detected in ≥2 surveillance systems in the county.
- b. Two or more outbreaks ((ILI[§] or laboratory confirmed[†]) detected in *multiple* settings[‡] in the county.

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

[†] Laboratory confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR.

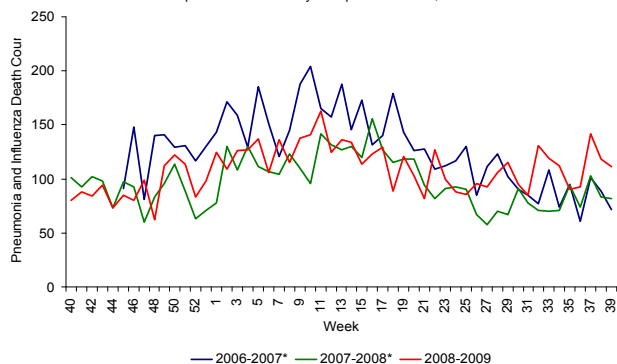
[§]ILI = Influenza-like illness, fever ≥ 100°F AND sore throat and/or cough *in the absence* of another known cause.

*ILI surveillance system activity can be assessed using a variety of surveillance systems including sentinel providers, school/workplace absenteeism, long-term care facility (LTCF) surveillance, correctional institution surveillance, hospital emergency department surveillance

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.

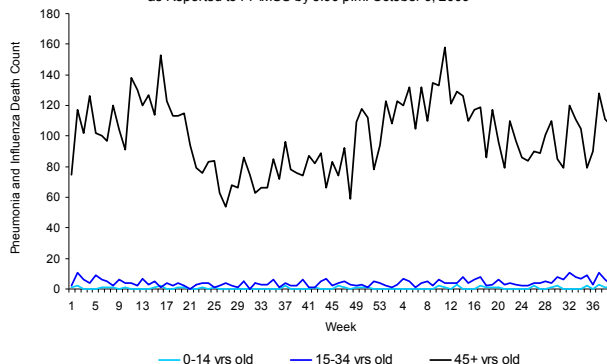
All 24 of the 24 participating counties reported data to FPIMSS for week 39 (ending October 3, 2009) as of 5:00 p.m. October 6, 2009. One hundred eleven deaths were reported. Only 104 deaths were expected for week 39; the seven excess deaths observed exceed the epidemic threshold. The majority of the deaths are in those aged 45 years and older.

FIGURE 15: Pneumonia and Influenza Deaths for 24 Florida Counties, 2006-2007 (Weeks 40-39), 2007-2008 (Weeks 40-39), 2008-2009 (Weeks 40-39) as Reported to FPIMSS by 5:00 p.m. October 6, 2009



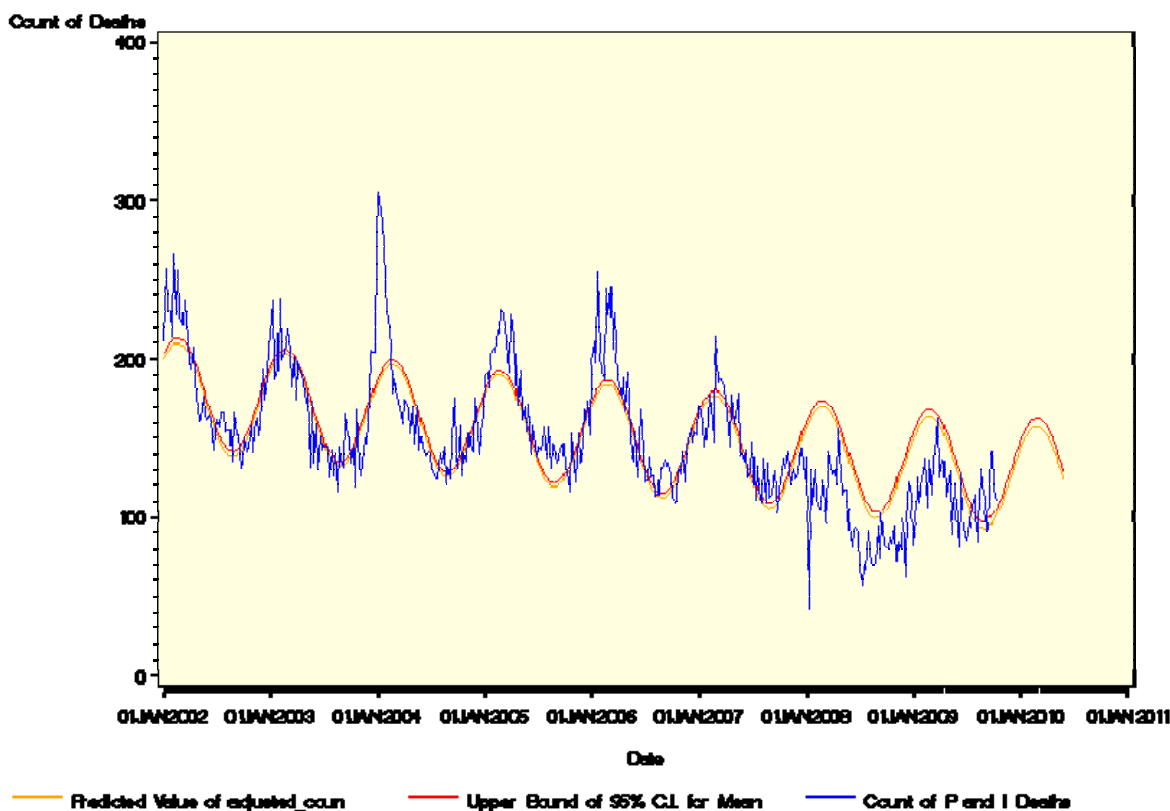
*There was no week 53 during the 2006-07 and 2007-08 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.
All 24 of the 24 participating counties reported their data for week 39. The 111 deaths for week 39 exceeded the 104 expected deaths.

FIGURE 16: Pneumonia and Influenza Deaths in 3 Age Groups for 24 Florida Counties, Week 1, 2008-Week 39, 2009 as Reported to FPIMSS by 5:00 p.m. October 6, 2009



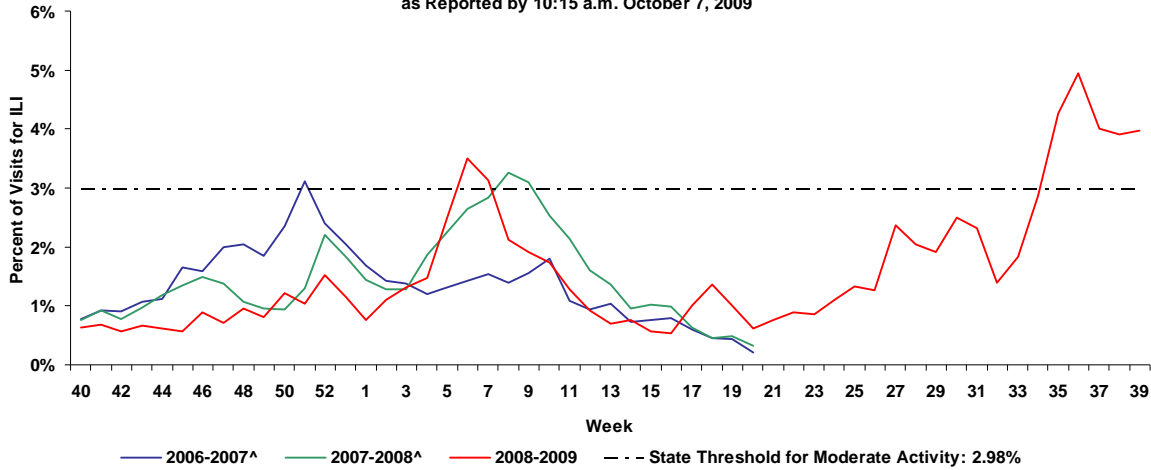
All 24 of the 24 participating counties reported their data for week 39 as of 5:00 p.m. October 6, 2009. The highest number of pneumonia and influenza deaths has occurred in those over 45.

FIGURE 16: Pneumonia and Influenza Deaths for 24 Florida Counties, Counts Model January 1, 2002-October 3, 2009 as Reported to FPIMSS as of 5:00 p.m. October 6, 2009



During week 39, 3.98% of patient visits to Florida ILineNet sentinel providers were due to ILI*. This percentage is above the statewide threshold for moderate activity of 2.98%** . The percentage of visits ranged from 1.55% in the Southeast to 6.40% in the Southwest region. As of 10:15 a.m. October 7, 2009, only 43.09% of ILineNet sentinel providers across the state had reported. Numbers will change as more reports are received. Data from previous weeks are updated as additional reports are received.

FIGURE 17: Percentage of Visits for Influenza-Like Illness Reported by ILineNet Sentinel Providers by Region, 2006-2007 (Weeks 40-20), 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39) as Reported by 10:15 a.m. October 7, 2009



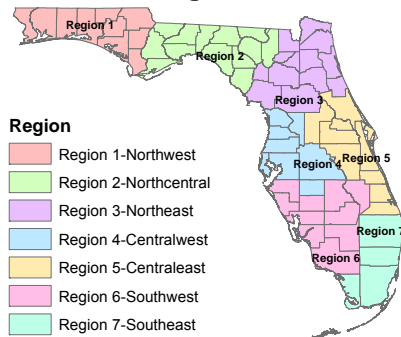
*ILI = Influenza-like illness, fever >100°F AND sore throat and/or cough *in the absence* of another known cause.

**The 2008—09 threshold for moderate activity is calculated from ILineNet 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 was no week 53 during the 2006-07 and 2007-08 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

The table below shows the weighted ILI activity by Domestic Security Task Force Region (RSTDF) as reported by Florida ILINet physicians for week 39 (ending October 3, 2009). The graphs below include ILI activity as reported by sentinel physicians for the 2006-2007, 2007-2008, and 2008-2009 seasons through week 39.

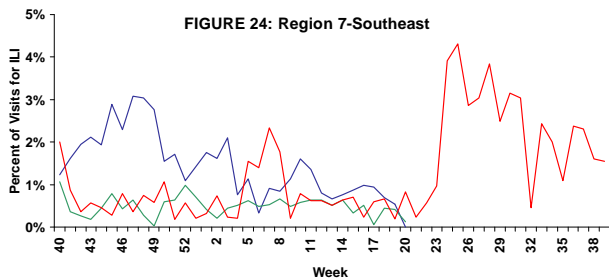
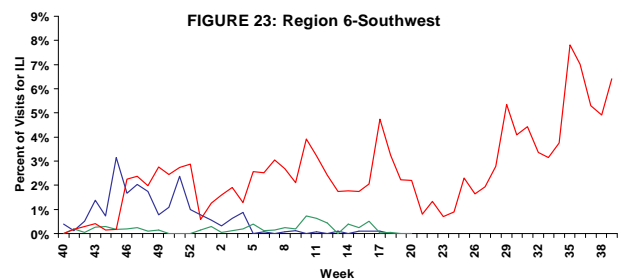
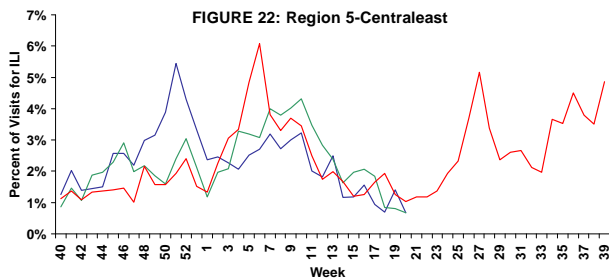
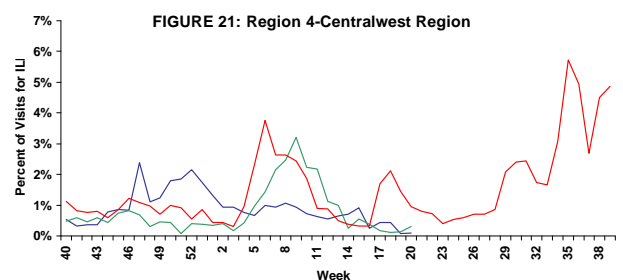
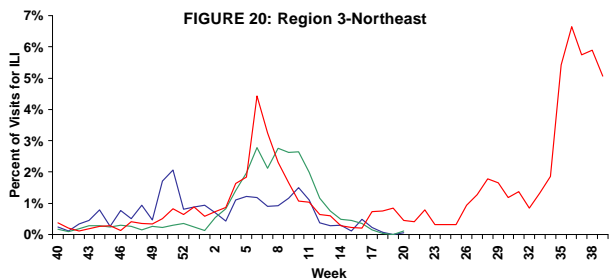
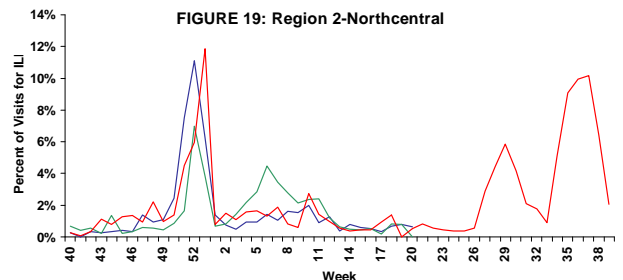
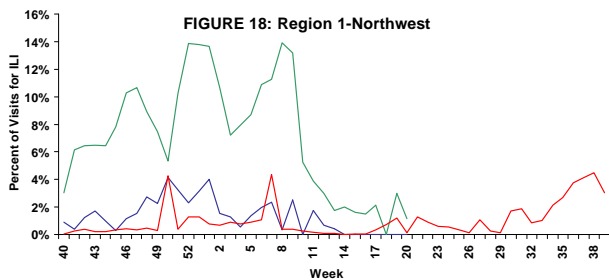
MAP 4: RSTDF Regions for ILINet Data



Region	Number of Participating Providers	Providers that Reported	Percent Visits for ILI
Region 1-Northwest	17	5 (29.41%)	3.04%
Region 2-Northcentral	5	2 (40.00%)	2.07%
Region 3-Northeast	22	13 (59.09%)	5.08%
Region 4-Centralwest	38	18 (47.37%)	4.87%
Region 5-Centraleast	57	29 (50.88%)	4.85%
Region 6-Southwest	21	2 (9.52%)	6.40%
Region 7-Southeast	21	9 (42.86%)	1.55%
Total	181	78 (43.09%)	3.98%

Percentage of Visits for Influenza-Like Illness Reported by ILINet Sentinel Providers by RSTDF Region, 2006-07 (Weeks 40-20), 2007-08 (Weeks 40-20), 2008-09 (Weeks 40-39) as Reported by 10:15 a.m. October 7, 2009

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. Regions 3,4, 5, and 6 have ILI activity well above what is expected for this time of year.



Graph Legend

- 2006-2007*
- 2007-2008*
- 2008-2009

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

Although the number of cases, hospitalizations*, and deaths continues to rise, there is no evidence that the virus has changed to a more virulent form, either in Florida, the rest of the US, or elsewhere in the world.

*Please 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.*

TABLE 2: Hospitalizations* in all Reported Novel H1N1 Influenza Cases by County as of 12:00 Noon October 6, 2009

County	Number	Percent	ICU (percent of hospitalized)	County	Number	Percent	ICU (percent of hospitalized)
Alachua	10	1.24	8 (80.00)	Manatee	7	0.87	2 (28.57)
Baker	2	0.25	2 (100.00)	Marion	3	0.37	0 (0.00)
Bay	1	0.12	0 (0.00)	Martin	3	0.37	1 (33.33)
Brevard	10	1.24	7 (70.00)	Monroe	4	0.50	0 (0.00)
Broward	70	8.66	20 (28.57)	Nassau	2	0.25	2 (100.00)
Charlotte	3	0.37	1 (33.33)	Okaloosa	3	0.37	1 (33.33)
Citrus	11	1.36	0 (0.00)	Okeechobee	1	0.12	0 (0.00)
Clay	1	0.12	1 (100.00)	Orange	76	9.41	25 (32.89)
Collier	3	0.37	2 (66.67)	Osceola	5	0.62	2 (40.00)
Columbia	1	0.12	0 (0.00)	Palm Beach	67	8.29	27 (40.30)
Dade	323	39.98	91 (28.17)	Pasco	2	0.25	0 (0.00)
Duval	36	4.46	16 (44.44)	Pinellas	17	2.10	11 (64.71)
Escambia	2	0.25	0 (0.00)	Polk	15	1.86	7 (46.67)
Flagler	1	0.12	0 (0.00)	Putnam	3	0.37	2 (66.67)
Gadsden	4	0.50	1 (25.00)	Santa Rosa	3	0.37	1 (33.33)
Hardee	1	0.12	0 (0.00)	Sarasota	8	0.99	4 (50.00)
Hendry	1	0.12	0 (0.00)	Seminole	18	2.23	5 (27.78)
Hernando	7	0.87	3 (42.86)	St. Johns	6	0.74	1 (16.67)
Highlands	4	0.50	0 (0.00)	St. Lucie	5	0.62	3 (60.00)
Hillsborough	21	2.60	8 (38.10)	Taylor	1	0.12	1 (100.00)
Lake	5	0.62	0 (0.00)	Volusia	16	1.98	11 (68.75)
Lee	23	2.85	13 (56.52)	Walton	1	0.12	1 (100.00)
Levy	2	0.25	0 (0.00)	Total	808	100.00	280 (34.65)

TABLE 3: Recent Hospitalizations* in Novel H1N1 Influenza Cases by County, 5:00 p.m. September 29, 2009 to 12:00 Noon October 6, 2009

County	Number	Percent
Alachua	4	9.76
Baker	1	2.44
Broward	1	2.44
Citrus	2	4.88
Dade	10	24.39
Duval	1	2.44
Hernando	3	7.32
Hillsborough	1	2.44
Lake	1	2.44
Nassau	1	2.44
Orange	2	4.88
Palm Beach	2	4.88
Pasco	1	2.44
Polk	2	4.88
Putnam	2	4.88
Sarasota	2	4.88
Seminole	1	2.44
St. Johns	1	2.44
Volusia	3	7.32
Total	41	100.00

TABLE 4: Hospitalizations* in all Reported Novel H1N1 Influenza Cases by Age as of 12:00 Noon October 6, 2009

Age group	Number	Percent	Rate (per million population)	NO underlying condition	ICU
0-4	126	15.59	111.42	28 (22.22)	32 (25.40)
5-24	233	28.84	48.58	52 (22.32)	58 (24.89)
25-49	263	32.55	42.42	77 (29.28)	111 (42.21)
50-64	141	17.45	38.44	19 (13.48)	70 (49.65)
65+	45	5.57	13.56	2 (4.44)	9 (20.00)
Total	808	100.00	42.27	178 (22.03)	280 (34.65)

TABLE 5: Hospitalizations* in all Pregnant Women with Novel H1N1 Influenza Cases by Underlying Medical Condition Status as of 12:00 Noon October 6, 2009

Underlying medical condition status	Number	Percent	ICU	Death
No underlying medical condition	48	57.14	17 (35.42)	2 (4.17)
Underlying medical condition	21	25.00	5 (23.81)	3 (14.29)
Unknown	15	17.86	4 (26.67)	0 (0.00)
Total	84	100.00	26 (30.95)	5 (5.95)

All deaths in reported laboratory-confirmed novel H1N1 influenza cases are presented in the following tables. Note that novel H1N1 influenza may not necessarily be the attributable cause of death in all cases.

Approximately 25% of deaths are in people with no clear underlying medical condition.

110 deaths in those with laboratory-confirmed novel H1N1 influenza reported as of 12:00 noon October 6, 2009
8 deaths were newly reported (5:00 p.m. September 29, 2009 to 12:00 noon October 6, 2009)

TABLE 6: Deaths in Novel H1N1 Influenza Cases by County as of 12:00 Noon October 6, 2009

County	Number	Percent
Alachua	4	3.64
Baker	1	0.91
Brevard	2	1.82
Broward	9	8.18
Charlotte	1	0.91
Citrus	1	0.91
Clay	1	0.91
Dade	24	21.82
Duval	11	10
Hernando	2	1.82
Highlands	1	0.91
Hillsborough	8	7.27
Lee	3	2.73
Levy	1	0.91
Manatee	1	0.91
Monroe	1	0.91
Orange	6	5.45
Osceola	1	0.91
Palm Beach	6	5.45
Pinellas	5	4.55
Polk	3	2.73
Santa Rosa	1	0.91
Sarasota	4	3.64
Seminole	2	1.82
St. Johns	1	0.91
St. Lucie	4	3.64
Taylor	1	0.91
Volusia	4	3.64
Walton	1	0.91
Total	110	100.00

TABLE 7: Recent Deaths in Novel H1N1 Influenza Cases by County, 5:00 p.m. September 29, 2009 to 12:00 Noon October 6, 2009

County	Number	Percent
Alachua	1	12.50%
Baker	1	12.50%
Citrus	1	12.50%
Dade	2	25.00%
Hernando	1	12.50%
Sarasota	1	12.50%
Volusia	1	12.50%
Total	8	100.00%

TABLE 8: Deaths in Novel H1N1 Influenza Cases by Age as of 12:00 Noon October 6, 2009

Age	Number	Percent	Rate (per million population)	NO underlying condition
0-4	4	3.64	3.54	0 (0.00%)
5-24	16	14.55	3.34	8 (50.00%)
25-49	44	40.00	7.10	15 (34.09%)
50-64	39	35.45	10.63	5 (12.82%)
65+	7	6.36	2.11	0 (0.00%)
Total	110	100.00	5.75	28 (25.45%)

XI. NOTIFIABLE DISEASE REPORTS: INFLUENZA-ASSOCIATED PEDATRIC 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.

Influenza-Associated Pediatric Mortality

- Total of 11 influenza-associated deaths among those <18 years of age reported for the 2008-2009 influenza season as of week 39 (ending October 6, 2009)
- 9 of the 11 were due to novel influenza H1N1
- 2 of the 11 cases were reported during week 39
- 1 of the 11 cases was suspect; the remaining cases are confirmed

Please note that the status of reported cases is subject to change upon receipt of additional information.

268 confirmed or suspect outbreaks of novel influenza A (H1N1) have been reported as of October 3, 2009

Schools have been the most heavily impacted setting with 123 (45.9%) of the 268 outbreaks. Summer camps accounted for 50 (18.7%) of the outbreaks, daycares accounted for 19 (7.1%), and correctional facilities accounted for 18 (6.9%).

30 confirmed or suspect outbreaks of novel influenza A (H1N1) reported during week 39 (ending October 3, 2009)

During week 39, 30 new confirmed or suspect outbreaks of ILI and novel influenza A H1N1 were reported via EpiCom (please note that outbreaks may not have occurred during the week in which they were posted). These outbreaks occurred in 25 schools, 2 day-cares, one group home, one workplace, and one correctional facility.

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

TABLE 9: Outbreaks Reported via EpiCom by County as of Week 39 (Ending October 3, 2009)

County	Number	Percent
Alachua	1	0.4%
Baker	2	0.7%
Bradford	1	0.4%
Brevard	1	0.4%
Clay	3	1.1%
Collier	3	1.1%
Columbia	2	0.7%
Duval	7	2.6%
Escambia	42	15.7%
Glades	1	0.4%
Hamilton	1	0.4%
Hendry	2	0.7%
Hernando	1	0.4%
Hillsborough	54	20.1%
Indian River	2	0.7%
Jackson	2	0.7%
Lake	13	4.9%
Madison	1	0.4%
Marion	2	0.7%
Martin	1	0.4%
Miami-Dade	15	5.6%
Nassau	8	3.0%
Okaloosa	3	1.1%
Orange	42	15.7%
Osceola	6	2.2%
Palm Beach	28	10.4%
Pasco	3	1.1%
Pinellas	3	1.1%
Polk	2	0.7%
Putnam	1	0.4%
Sarasota	7	2.6%
Seminole	5	1.9%
St. Johns	2	0.7%
Volusia	1	0.4%
Total	268	100.0%

TABLE 10: Outbreaks Reported via EpiCom by Setting as of Week 39 (Ending October 3, 2009)

Setting	Number	Percent
Athletics	3	1.1%
Church	1	0.4%
College/University	3	1.1%
Community Center	5	1.9%
Correctional Facility	18	6.7%
Day Care	19	7.1%
Group/Foster Home	2	0.7%
Healthcare Facility	7	2.6%
Home	4	1.5%
Home/School	1	0.4%
Long-Term Care Facility	4	1.5%
Military Facility	2	0.7%
Out of State Trip	5	1.9%
School	123	45.9%
Special Needs Facility	10	3.7%
Summer Camps	50	18.7%
Work	8	3.0%
Work/Home	3	1.1%
Total	268	100.0%

TABLE 11: Recent Outbreaks Reported via EpiCom by Setting during Week 39 (Ending October 3, 2009)

Setting	Number	Percent
School	25	83.3%
Day Care	2	6.6%
Correctional Facility	1	3.3%
Work	1	3.3%
Group/Foster Home	1	3.3%
Total	30	100.0%