

# FLORIDA INFLUENZA SURVEILLANCE

Week 44: November 1st-November 7th, 2009

Produced on: November 12, 2009

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; Kateesha McConnell, 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; Janet Hamilton, MPH; Richard Hopkins, MD, MSPH



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Weekly state influenza activity:  
Widespread



For more information, and to view the CDC definition for Widespread activity, visit:

<http://www.cdc.gov/flu/weekly/usmap.htm>

The Florida Department of Health (FDOH) monitors and reports 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.

- Recent influenza activity in the United States continues to be widespread, with 48 states reporting widespread activity for week 43, including Florida. Flu-related emergency department visits, hospitalizations, and deaths in Florida remain higher than expected for this time of year, and higher than seen during the regular influenza season for Florida, for the ninth consecutive week.
- While influenza is unpredictable, high levels of influenza activity may continue for several more weeks or even months, as we have not reached the time of year when influenza normally peaks (January -- March). Other waves of influenza activity may occur – caused by either 2009 H1N1 viruses or regular seasonal flu viruses.
- Young children and adolescents have the highest incidence rate for influenza but the lowest death rates. Deaths do occur at all ages, but are concentrated in people in their 30s, 40s, 50s, and early 60s. This is very different from seasonal influenza, where most mortality is in people over age 65.
- Strains of the novel 2009 H1N1 influenza virus remain uniformly sensitive to the antivirals oseltamivir and zanamivir (Tamiflu and Relenza). There is no evidence of a change in the virus to a more virulent form. This week the Bureau of Laboratories, for the first time since May, detected two infections with the seasonal H3 influenza virus. The vast majority of influenza infections are still due to the 2009 H1N1 influenza A virus.

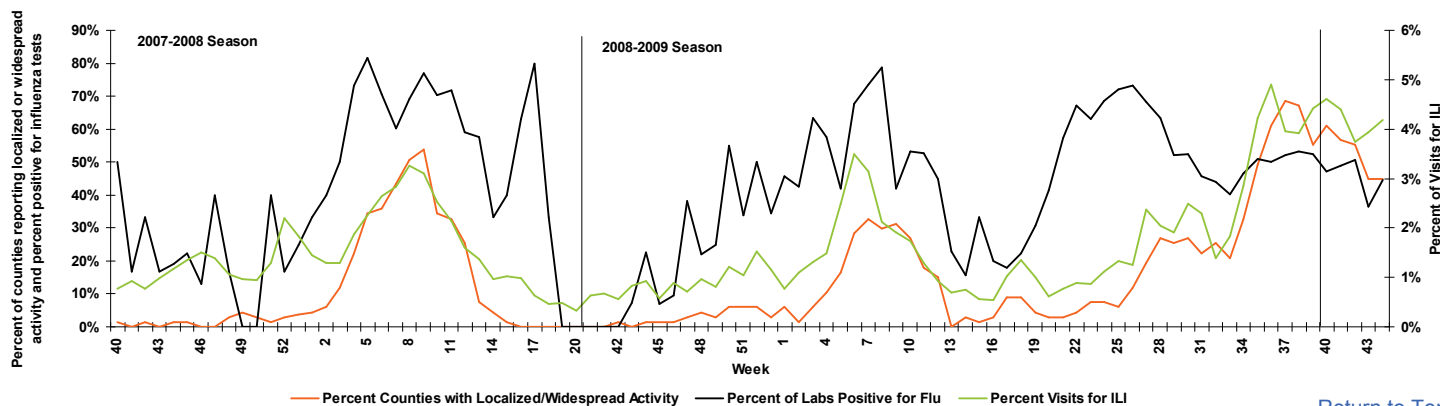
**TABLE 1: Summary of Florida Influenza-Like Illness (ILI) Activity for Week 44**

Measure	Current week 44	Previous week 43	Difference from previous week	Page of Report
Overall statewide activity code reported to CDC	Widespread	Widespread	No change	<a href="#">1</a>
Percent of visits to ILINet providers for ILI	4.2%	3.9%	0.3	<a href="#">2</a>
Percent of emergency department visits (from ESSENCE) due to ILI	5.7%	6.1%	-0.4	<a href="#">4</a>
Percent of hospital admissions (from ESSENCE) due to ILI	1.0%	0.6%	0.4	<a href="#">4</a>
Percent of laboratory specimens that were positive for influenza	44.5%	36.5%	8.0	<a href="#">6</a>
Percent of positive influenza specimens that were identified as 2009 H1N1	97.7%	100.0%	-3.3	<a href="#">6</a>
Number of counties reporting localized influenza activity	25 counties	26 counties	-1	<a href="#">7</a>
Number of counties reporting widespread influenza activity	5 counties	4 counties	1	<a href="#">7</a>
Number of counties reporting increasing influenza activity	6 counties	4 counties	2	<a href="#">8</a>
Number of counties reporting decreasing influenza activity	24 counties	22 counties	2	<a href="#">8</a>
Number of recent hospitalizations in confirmed 2009 H1N1 influenza cases	43 hospitalizations	42 hospitalizations	1	<a href="#">11</a>
Number of recent deaths in confirmed 2009 H1N1 influenza cases	11 deaths	9 deaths	2	<a href="#">12</a>
Number of ILI outbreaks reported in Epi Com	13 outbreaks	22 outbreaks	-9	<a href="#">13</a>

Find more information at: [http://www.doh.state.fl.us/disease\\_ctrl/epi/htopics/flu/index.htm](http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/index.htm)

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

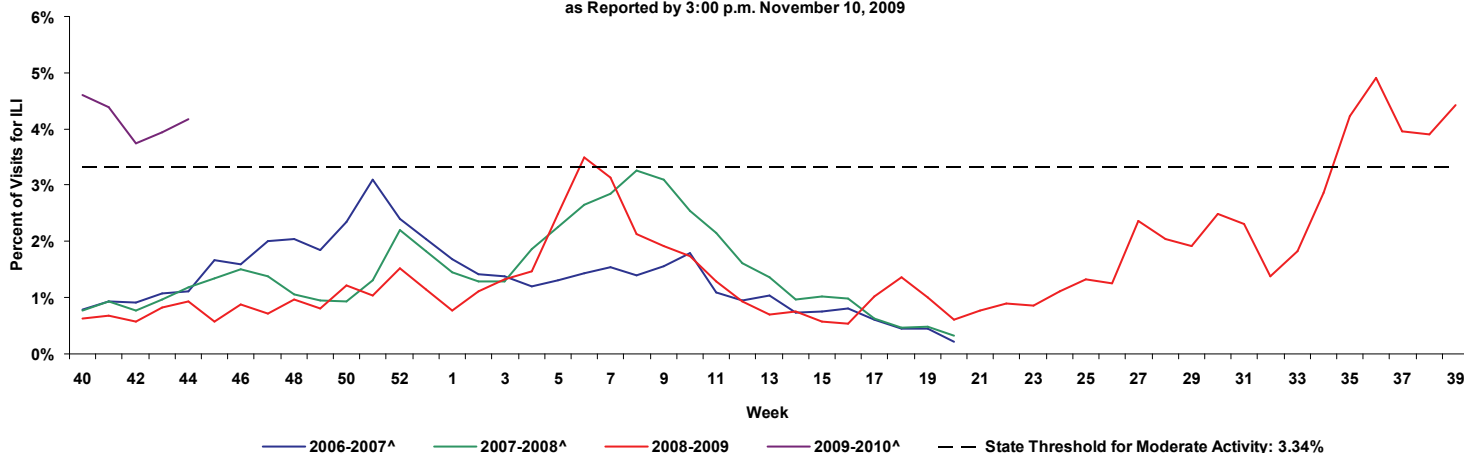
FIGURE 1: Percent Visits for ILI to ILINet Sites, Percent of Counties with Localized or Widespread Activity, and Percent of Labs Tested by Florida Bureau of Laboratories Positive for Influenza, 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39), and 2009-2010 (Week 40-44)



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II. 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 40-44) as Reported by 3:00 p.m. November 10, 2009

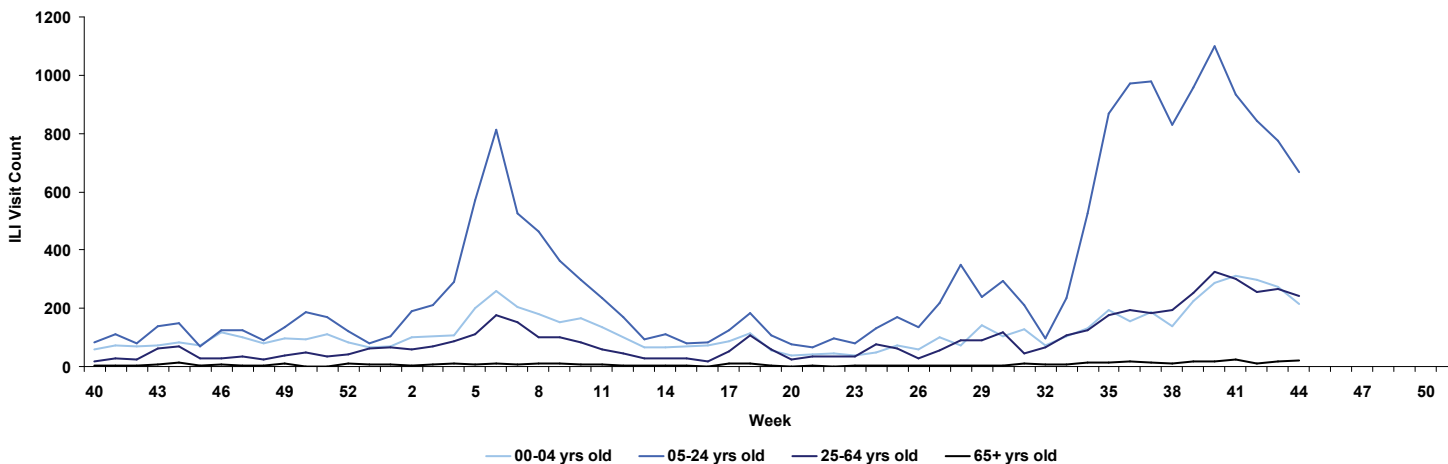


\*ILI = Influenza-like illness, fever >100°F AND sore throat and/or cough *in the absence* of another known cause.

\*\*The 2009-2010 threshold for moderate activity is calculated from ILINet data. The threshold for moderate activity is the mean percentage of ILI visits during influenza weeks for the previous three seasons plus two standard deviations. Only weeks with ≥10% 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 only a week 53 during the 2008-2009 season; the week 53 data point for other 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 44, 2009 as Reported to ILINet as Reported by 3:00 p.m. November 10, 2009



\*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.

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The table below shows the weighted ILI activity by Domestic Security Task Force Region (RSTDF) as reported by Florida ILINet physicians for week 44 (ending November 10, 2009). The graphs below include ILI activity as reported by sentinel physicians for the 2006-2007, 2007-2008, and 2008-2009, and 2009-10 seasons.

MAP 1: RSTDF Regions for ILINet Data

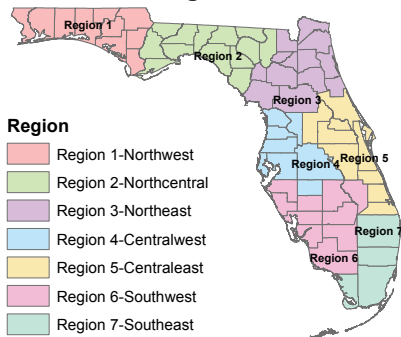
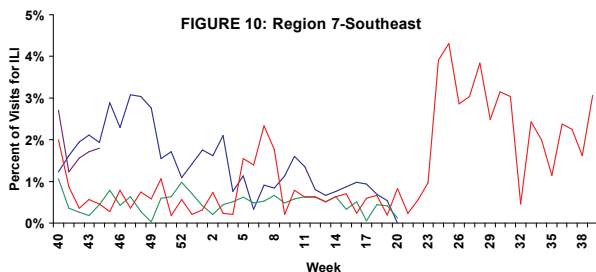
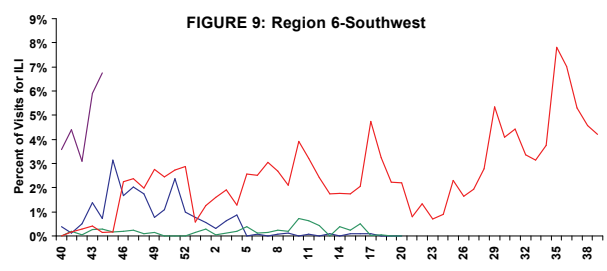
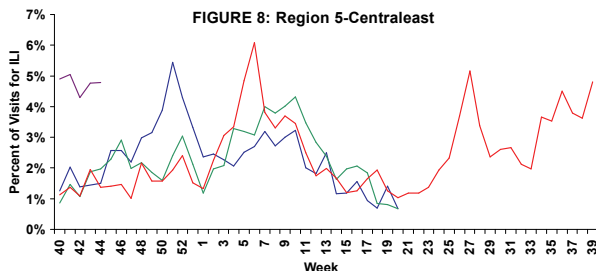
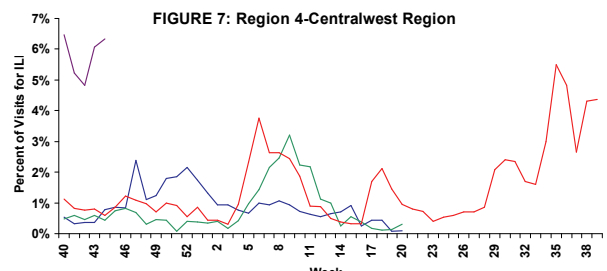
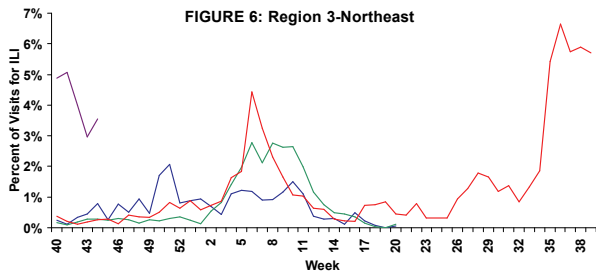
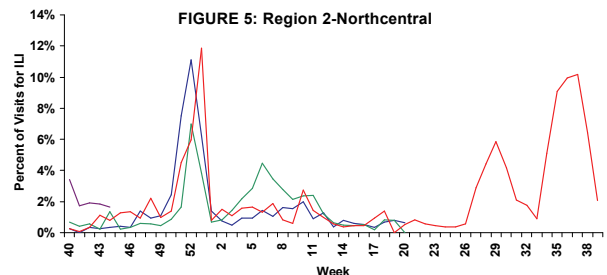
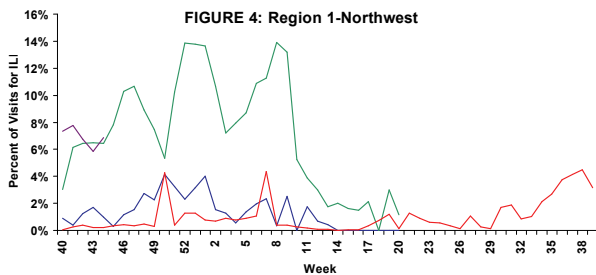


TABLE 2: ILINet Providers and Percent of Visits for ILI by Region, Week 44, as Reported by 3:00 p.m. November 10, 2009

Region	Number of Participating Providers	Providers that Reported	Percent Visits for ILI
Region 1-Northwest	17	4 (23.53%)	6.88%
Region 2-Northcentral	5	2 (40.00%)	1.65%
Region 3-Northeast	23	10 (43.48%)	3.56%
Region 4-Centralwest	38	18 (47.37%)	6.34%
Region 5-Centraleast	46	34 (73.91%)	4.79%
Region 6-Southwest	20	5 (25.00%)	6.76%
Region 7-Southeast	23	12 (52.17%)	1.80%
<b>Total</b>	<b>172</b>	<b>85 (49.42%)</b>	<b>4.18%</b>

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 40-44) as Reported by 3:00 p.m. November 10, 2009

This week there are 3 regions (Regions 1, 2, and 7) 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.



Graph Legend

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

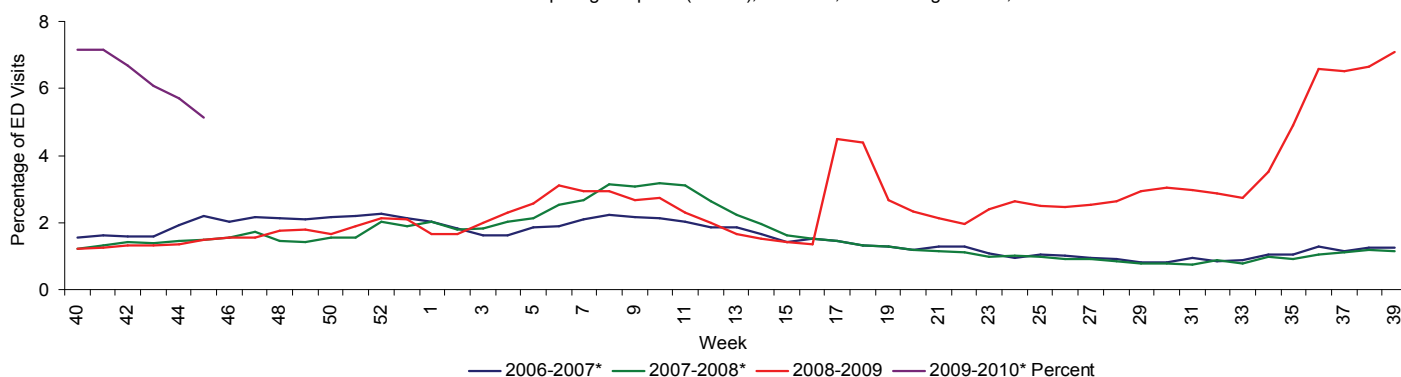
\*There is no week 53 during the 2006-07, 2007-08, and 2009-10 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

Florida uses the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) for syndromic surveillance, which currently collects data daily from 132 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.

Overall activity for influenza-like illness remains well above expected levels for this time of year (Figure 11). In many 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 in ED visits is occurring in younger age groups (Figure 12). In the last 3-4 weeks the percent of ED visits has either stabilized or has declined, depending on the region and age group. 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 (Figure 13). Twenty-seven 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 11: Influenza-like Illness Visits (by Chief Complaint) to Emergency Departments (ED) as a Percentage of All ED Visits, Florida ESSENCE Participating Hospitals (N=132), Week 40, 2006 through Nov. 9, 2009



\*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 12: Percentage of Influenza-like Illness from Emergency Department (ED) Chief Complaints by Age, Florida ESSENCE Participating Hospitals (N=132), Week 40, 2008 through Nov. 9, 2009

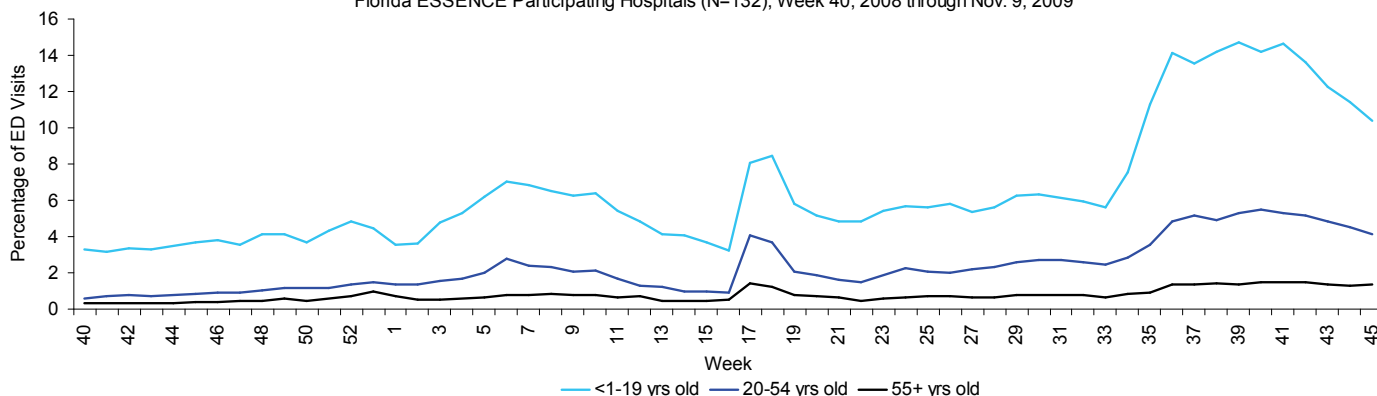
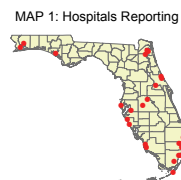
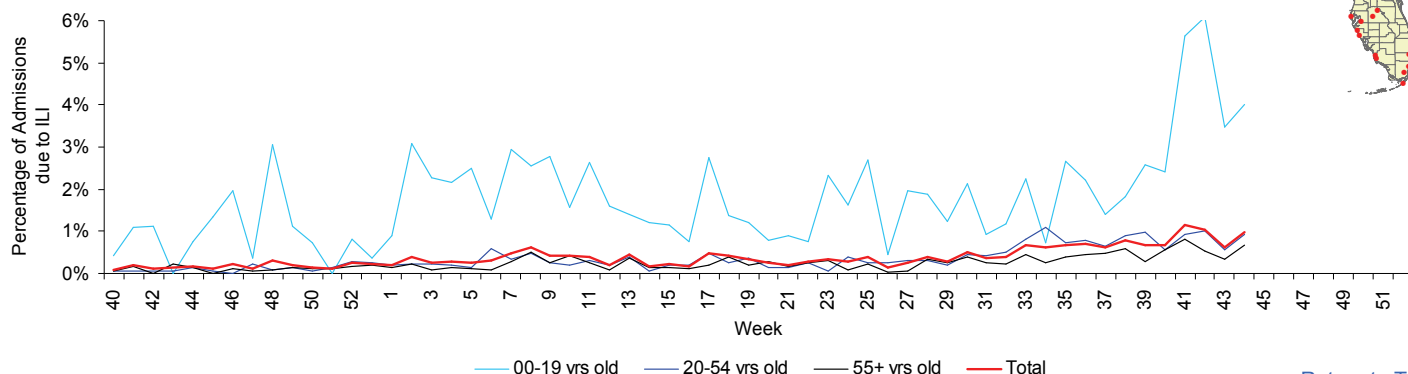
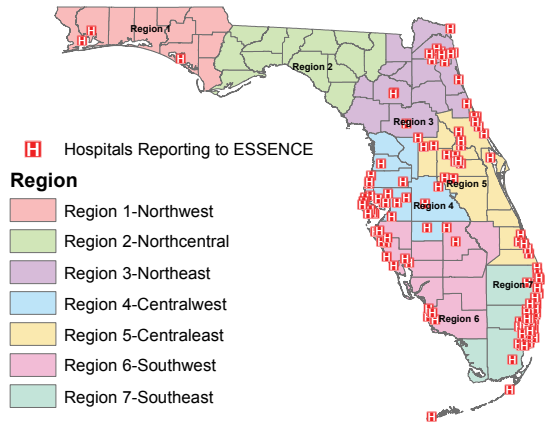


FIGURE 13: Percentage Admitted to Hospital for Influenza-Like Illness (ILI) Among All Persons Admitted in the Hospital through the ED Based on ED Chief Complaint, Hospitals Reporting Admissions Data (N=27) for Week 40, 2008 to Week 44, 2009

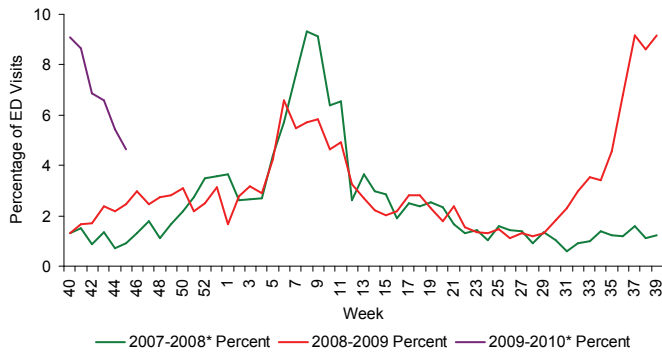


The figures below describe emergency department chief complaint data from ESSENCE by Domestic Security Task Force Region (Region 2 does not have any participating facilities in ESSENCE and therefore is not displayed). All regions with reporting hospitals show very large increases in flu activity in the weeks coinciding with school opening (week 34). At this time it appears that most regions have stabilized or are showing decreases in ED visits categorized as ILI. 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.

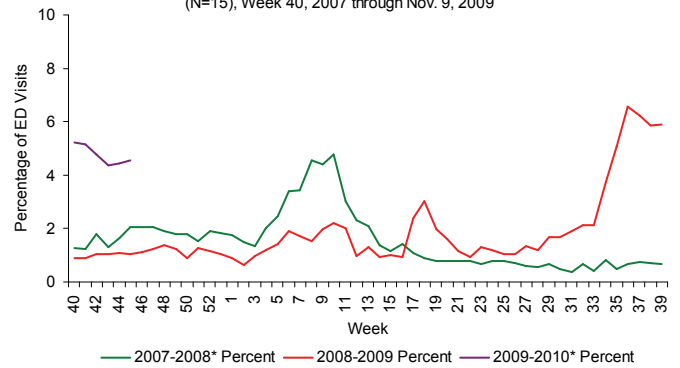
**MAP 2: Hospitals Reporting Emergency Department (ED) Data to Florida ESSENCE, November 9, 2009 (N=132)**



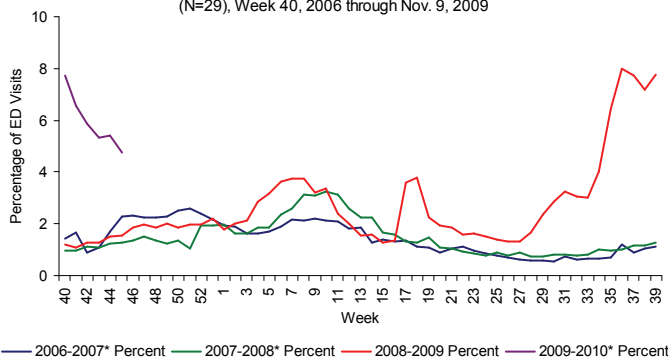
**FIGURE 14: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 1 ESSENCE Participating Hospitals (N=3), Week 40, 2007 through Nov. 9, 2009**



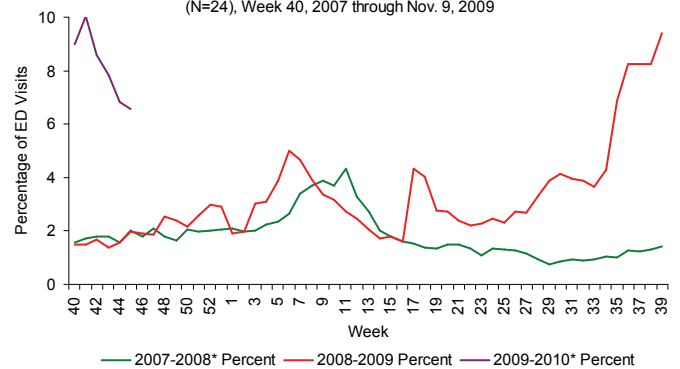
**FIGURE 15: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 3 ESSENCE Participating Hospitals (N=15), Week 40, 2007 through Nov. 9, 2009**



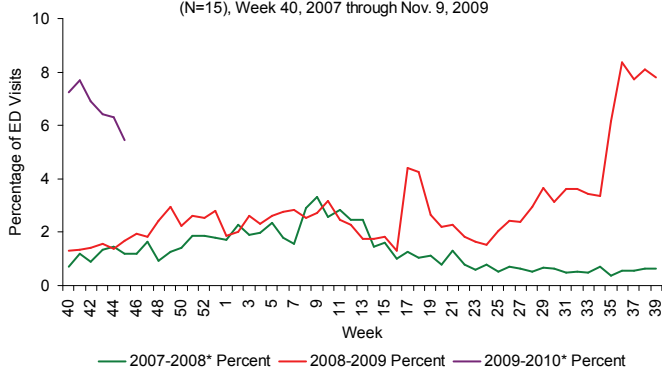
**FIGURE 16: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 4 ESSENCE Participating Hospitals (N=29), Week 40, 2006 through Nov. 9, 2009**



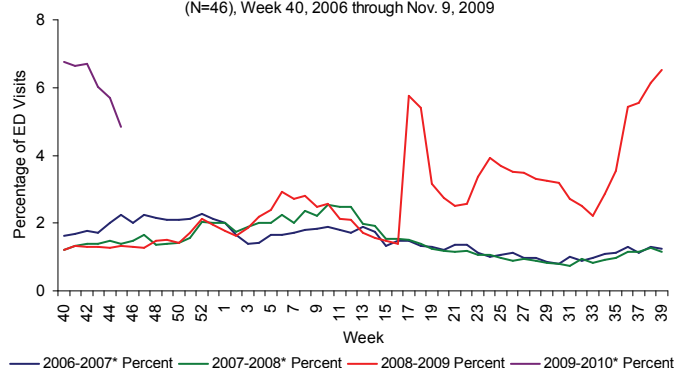
**FIGURE 17: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 5 ESSENCE Participating Hospitals (N=24), Week 40, 2007 through Nov. 9, 2009**



**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 Nov. 9, 2009**



**FIGURE 19: Percentage of Influenza-Like Illness from Emergency Department (ED) Chief Complaints, RDSTF Region 7 ESSENCE Participating Hospitals (N=46), Week 40, 2006 through Nov. 9, 2009**



\*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

As of 9:00 a.m. November 10, 191 specimens with a Lab Event Date\* during week 44 were tested by the Bureau of Laboratories (BOL). Of those, 85 (44.5%) were positive for influenza. Of the 85 positive for influenza, 83 (97.7%) were novel H1N1 influenza (Figure 20-22). The two remaining specimens from week 44 tested positive for seasonal influenza A (H3), the first time. Since week 39, two specimens tested by BOL have tested positive for influenza B; one of the had a lab event date of week 39 and the other from week 40. Influenza B, unlike influenza A does not cause epidemics. Virtually all infections due to the new novel H1N1 virus are caused by strains that are sensitive to Tamiflu and Relenza.

A total of 310 specimens with a Lab Event Date\* during week 43 have now been tested by BOL with 113 (36.5%) positive for influenza (Figure 20-22). Laboratory information is preliminary and will change as additional results are received. Totals from previous weeks will be adjusted to reflect correct specimen numbers.

Enhanced laboratory testing activities in response to novel H1N1 influenza activity was initiated in week 17.

FIGURE 20: Number of Influenza-Positive Specimens Tested by the Florida Bureau of Laboratories by Subtype by Lab Event Date\* Week 40, 2008 to Week 44, 2009 as Reported in Merlin by 9:00 a.m. November 10, 2009

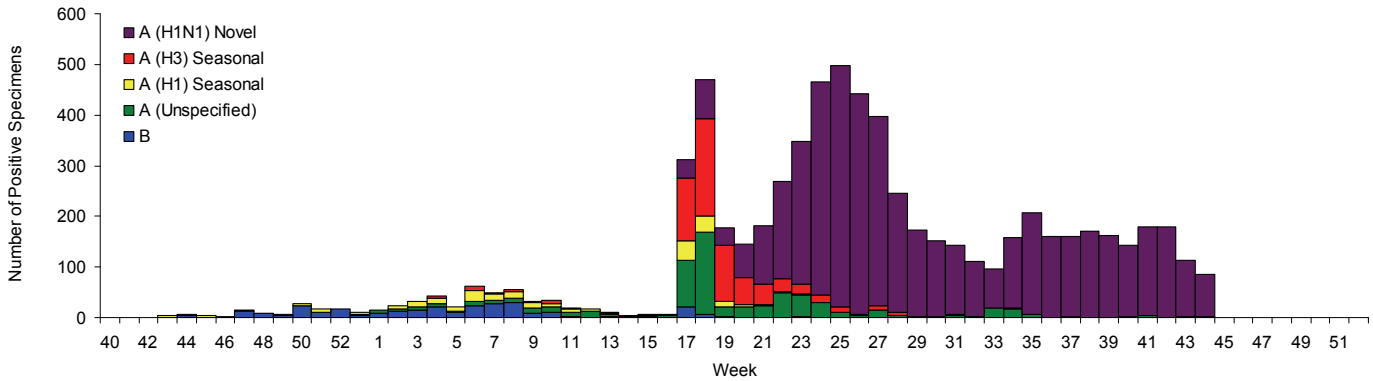


FIGURE 21: Number of Specimens Tested by Florida Bureau of Laboratories and Percent Positive for Influenza by Lab Event Date\* Week 40, 2008 to Week 44, 2009 as Reported in Merlin by 9:00 a.m. November 10, 2009

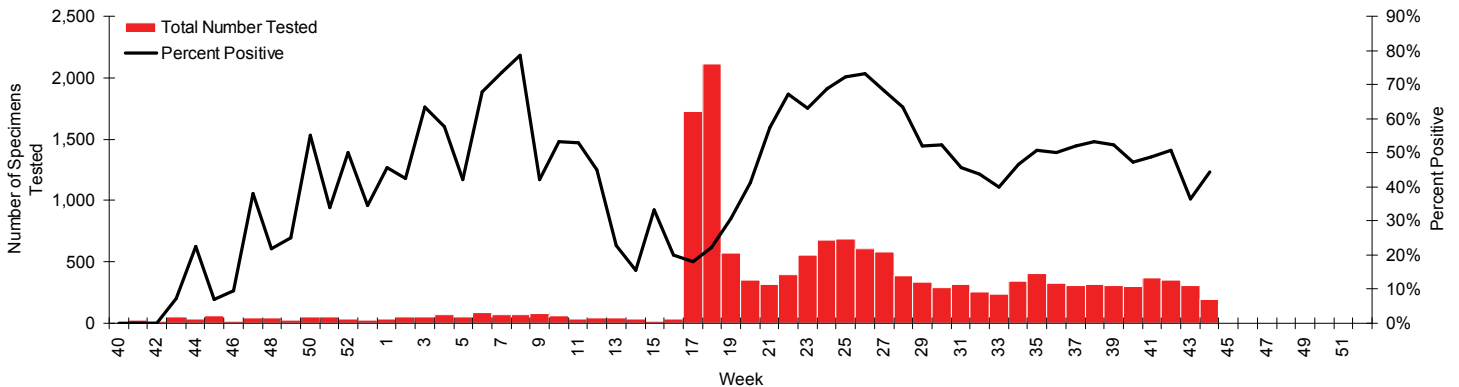
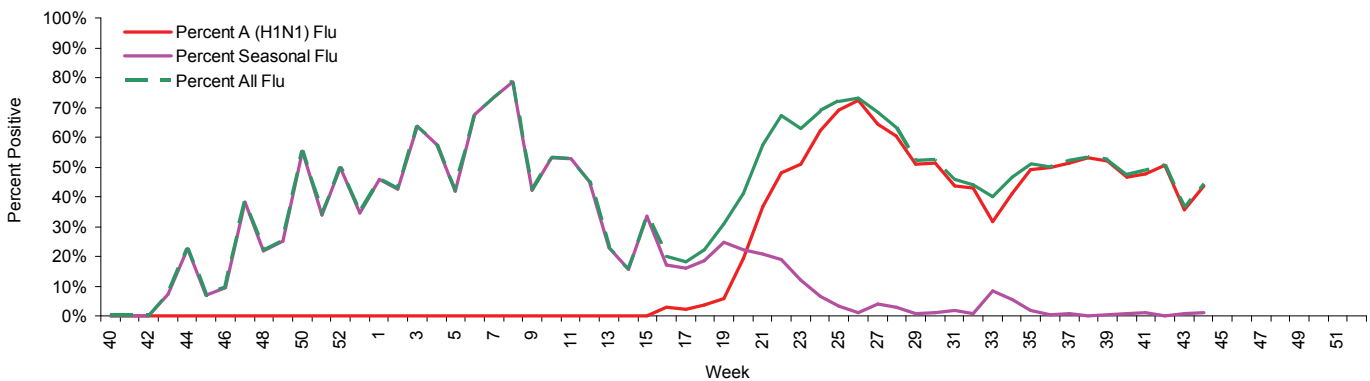


FIGURE 22: Percentage of Specimens Tested by Florida Bureau of Laboratories Positive for Influenza by Subtype by Lab Event Date\* Week 40, 2008 to Week 44, 2009 as Reported in Merlin by 9:00 a.m. November 10, 2009



\*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:

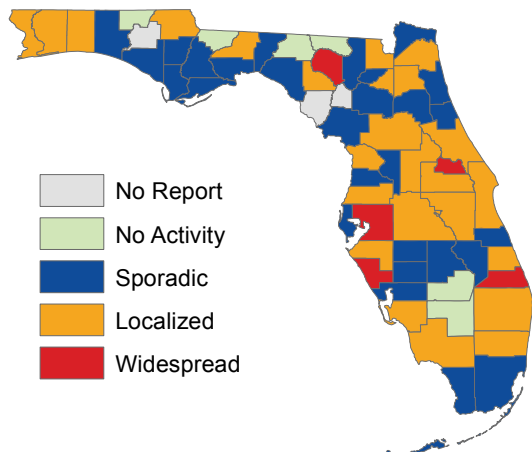
[http://www.doh.state.fl.us/disease\\_ctrl/epi/htopics/flu/FluLabReportGuide.pdf](http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/FluLabReportGuide.pdf)

As of 10:15 a.m. November 12, 2009, a total of 64 (95.5%) 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.

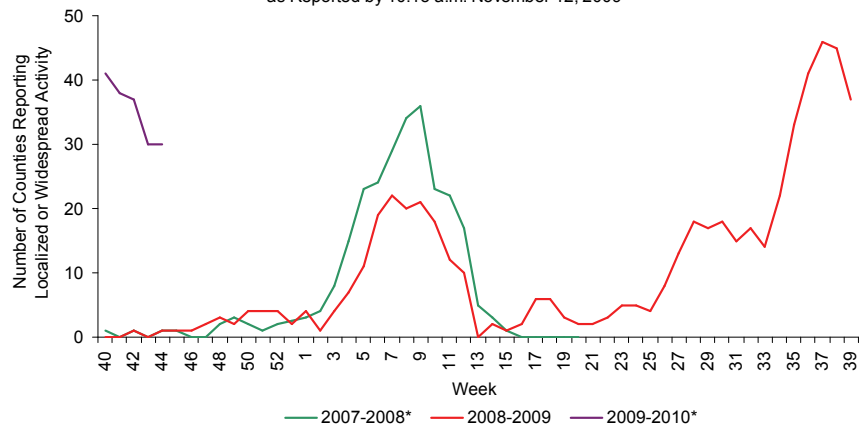
**TABLE 3: Weekly County Influenza Activity for Week 44 (ending November 7, 2009) as Reported by 10:15 am November 12, 2009**

Activity Level	Week 43 Number of Counties	Week 44 Number of Counties	Week 44 Counties
No Report	9	3	Dixie, Gilchrist, Washington
No Activity	2	6	Gasden, Glades, Hamilton, Hendry, Holmes, Madison
Sporadic	26	28	Alachua, Bay, Calhoun, Charlotte, Columbia, Dade, Desoto, Flagler, Franklin, Gulf, Hardee, Hernando, Highlands, Indian River, Jefferson, Levy, Liberty, Monroe, Nassau, Okeechobee, Pinellas, Putnam, St. Johns, Sumter, Taylor, Union, Wakulla, Walton
Localized	26	25	Baker, Bradford, Brevard, Broward, Citrus, Clay, Collier, Duval, Escambia, Jackson, Lafayette, Lake, Lee, Leon, Manatee, Marion, Okaloosa, Orange, Osceola, Palm Beach, Pasco, Polk, St. Lucie, Santa Rosa, Volusia
Widespread	4	5	Hillsborough, Martin, Sarasota, Seminole, Suwannee

**MAP 3: Weekly County Influenza Activity for Week 44 (ending November 7, 2009) as Reported by 10:15 a.m. November 12, 2009**



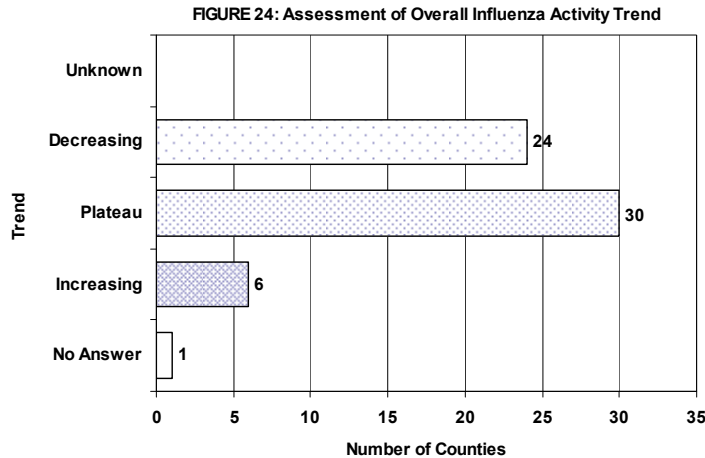
**FIGURE 23: Number of Counties Reporting Localized or Widespread Activity, 2007-2008 (Weeks 40-20), 2008-2009 (Weeks 40-39), and 2009-2010 (Weeks 40-44) as Reported by 10:15 a.m. November 12, 2009**



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 24-32 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 November 7th 24 counties indicated that activity was decreasing, 30 indicated it was about the same, and 6 indicated that activity was increasing.

Assessment of Overall Influenza Activity Trend in County as Reported by County Health Department Flu Coordinators for Week 44 as of 11:00 a.m. November 12, 2009



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 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.

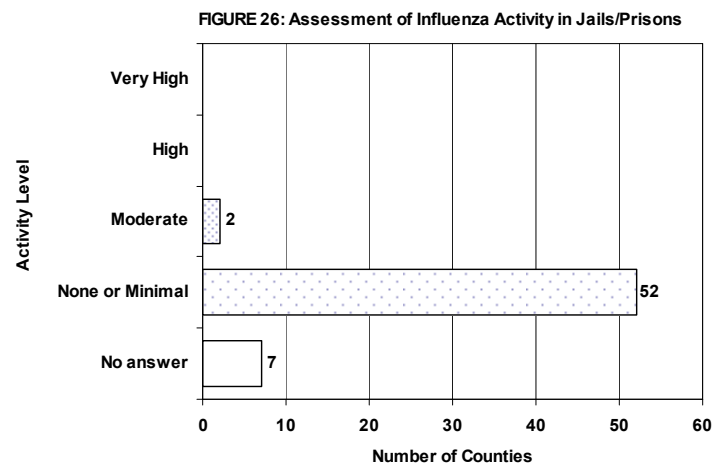
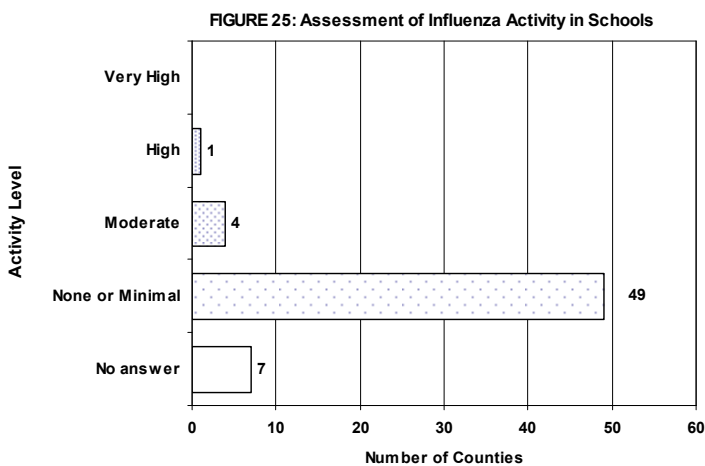
Moderate activity -- Absenteeism elevated above baseline (in range of 10 to 25%) in some but fewer than half of schools where it is known; occasional children sent home because of ILI.

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)

Activity Levels in Various Facilities by County as Reported by County Health Department Flu Coordinators for Week 44 as of 11:00 a.m. November 12, 2009





Assessment of Overall Influenza Activity Trend in County and Activity Levels in Various Facilities by County as Reported by County Health Department Flu Coordinators for Week 44 as of 11:00 a.m. November 12, 2009

FIGURE 27: Assessment of Influenza Activity in Retirement Facilities

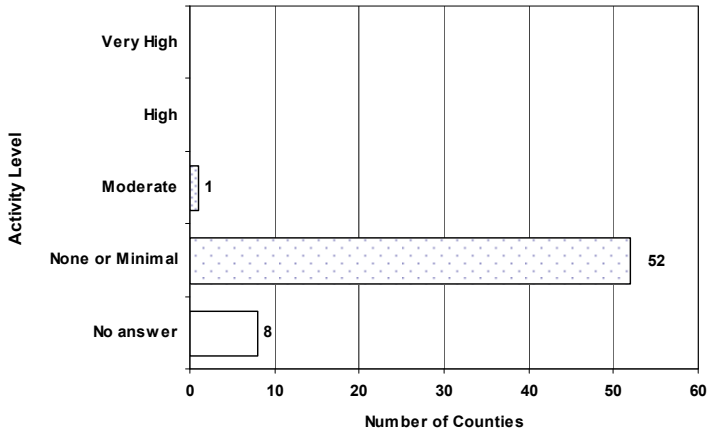


FIGURE 28: Assessment of Influenza Activity in Nursing Homes

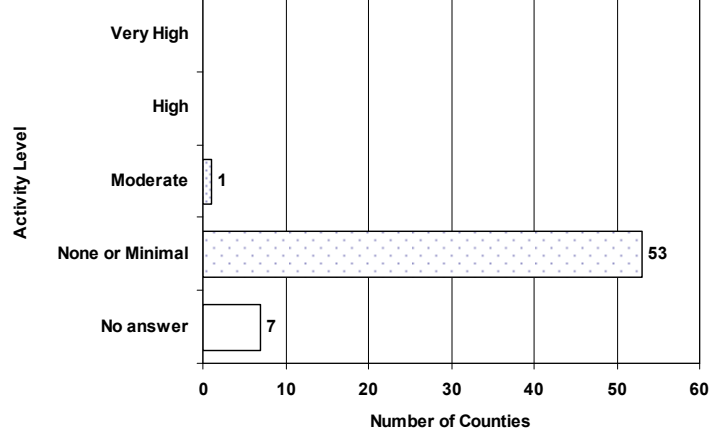


FIGURE 29: Assessment of Influenza Activity in Health Care Facilities

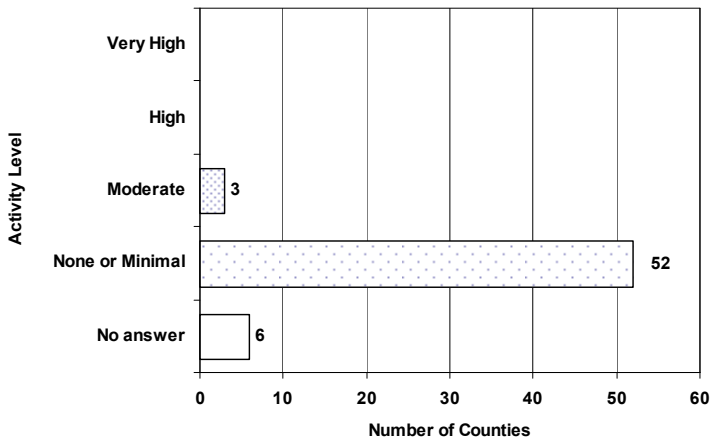


FIGURE 30: Assessment of Influenza Activity in Daycare Centers

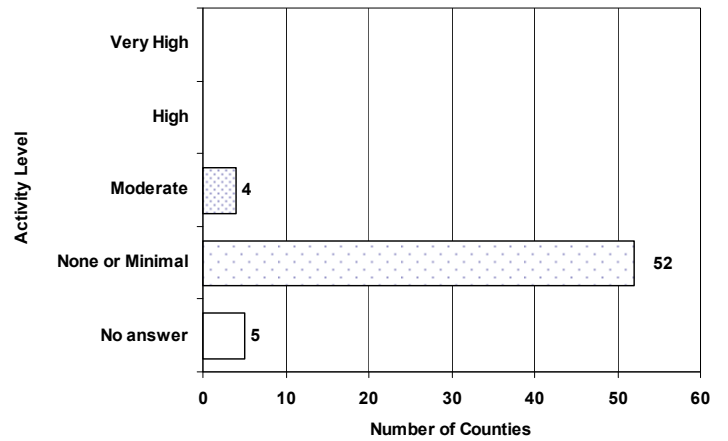


FIGURE 31: Assessment of Influenza Activity in Businesses

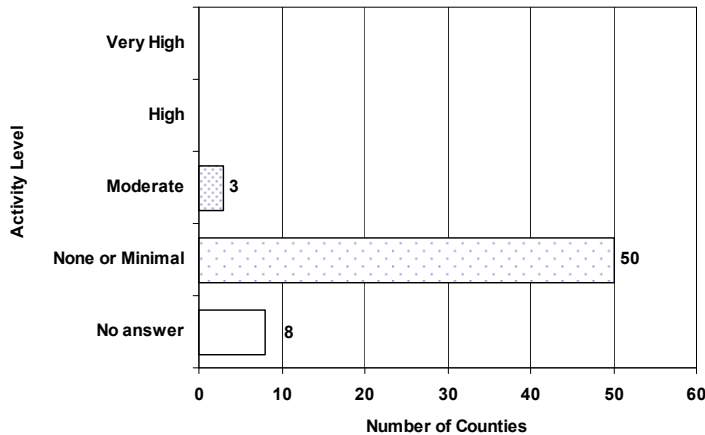
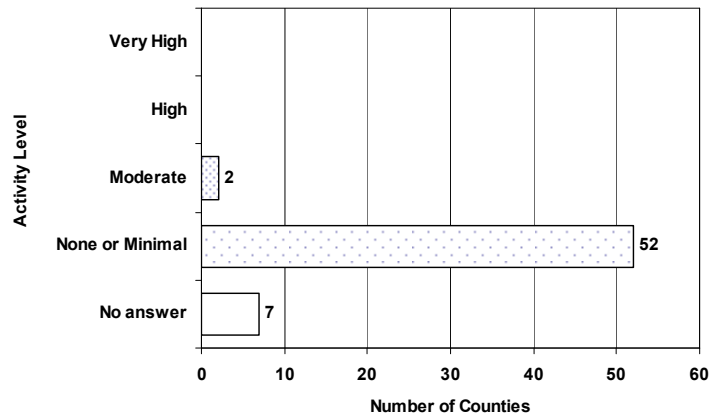


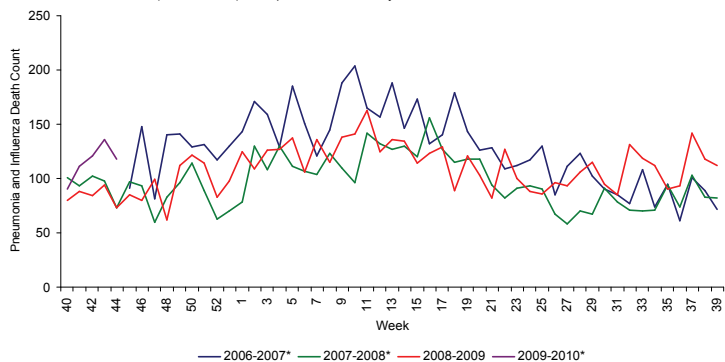
FIGURE 32: Assessment of Influenza Activity in State or Local Government Offices



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 for 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.

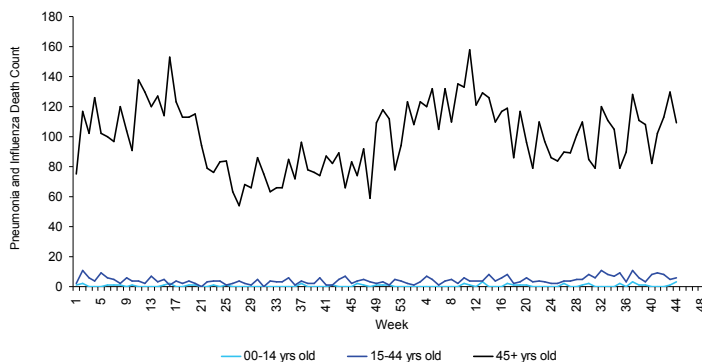
For week 44 (ending November 7, 2009) as of 11:46 a.m., 118 deaths had been reported; 150 deaths were expected for week 44 indicating that there were no excess deaths. The majority of the deaths are in those aged 45 years and older.

FIGURE 33: 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 40-44) as Reported to FPIMSS by 11:46 a.m. November 12, 2009



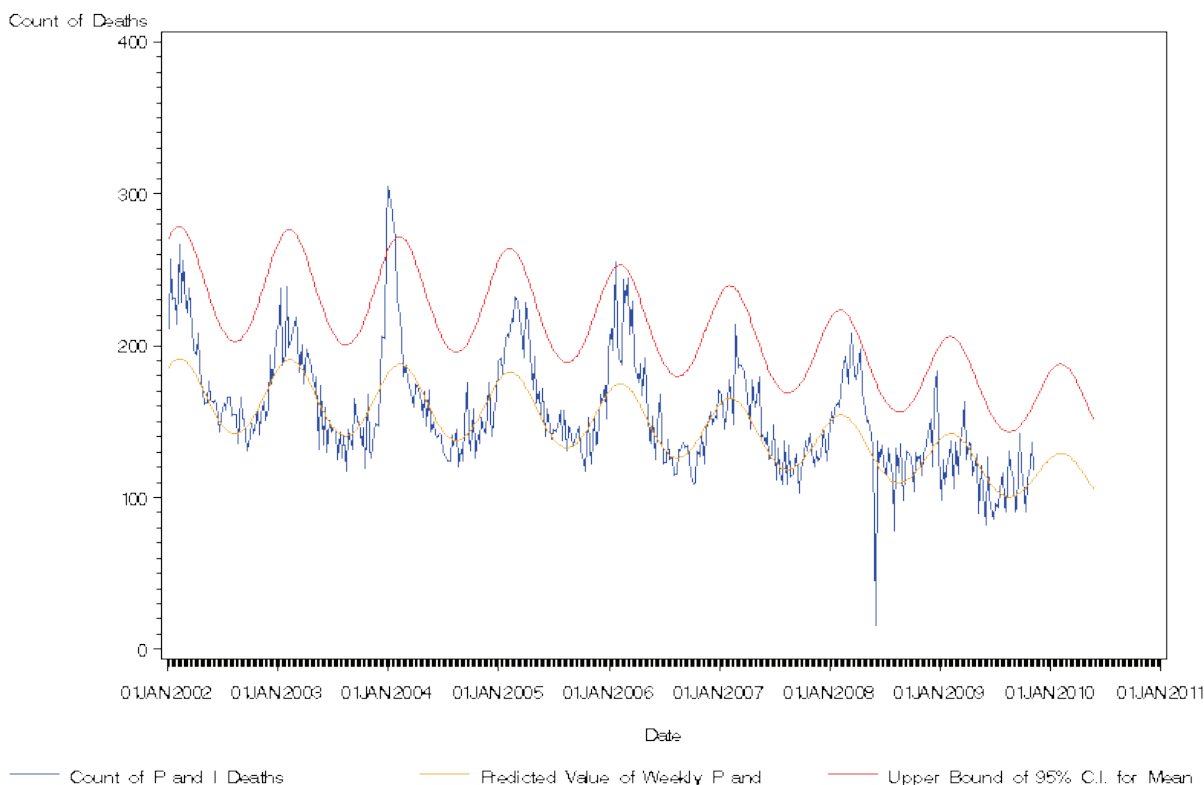
\*There is no week 53 for the 2006-2007, 2007-2008, or 2009-2010 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1. All of the 24 participating counties reported their data for week 44. There were no excess deaths.

FIGURE 34: Pneumonia and Influenza Deaths in 3 Age Groups for 24 Florida Counties, Week 1, 2008-Week 44, 2009 as Reported to FPIMSS by 11:46 a.m. November 12, 2009



All of the 24 participating counties reported their data for week 44. The highest number of pneumonia and influenza deaths has occurred in those over 45.

FIGURE 35: Pneumonia and Influenza Deaths for 24 Florida Counties, Counts Model January 1, 2002-November 7, 2009 as Reported to FPIMSS as of 11:46 a.m. November 12, 2009



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 U.S., 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 4: Cumulative hospitalizations\* in all Reported Novel H1N1 Influenza Cases by County as of 12:00 Noon November 10, 2009**

County	Number	Percent	ICU (percent of hospitalized)
<b>Total</b>	<b>1,054</b>	<b>100.0</b>	<b>421 (39.9)</b>
Alachua	15	1.4	12 (80.0)
Baker	2	0.2	2 (100.0)
Bay	2	0.2	0 (0.0)
Brevard	13	1.2	8 (61.5)
Broward	87	8.3	31 (35.6)
Calhoun	2	0.2	0 (0.0)
Charlotte	5	0.5	1 (20.0)
Citrus	11	1.0	1 (9.1)
Clay	3	0.3	1 (33.3)
Collier	4	0.4	3 (75.0)
Columbia	3	0.3	0 (0.0)
Duval	53	5.0	31 (58.5)
Escambia	5	0.5	0 (0.0)
Flagler	1	0.1	0 (0.0)
Gadsden	4	0.4	1 (25.0)
Hardee	2	0.2	0 (0.0)
Hendry	1	0.1	0 (0.0)
Hernando	8	0.8	3 (37.5)
Highlands	4	0.4	0 (0.0)
Hillsborough	33	3.1	14 (42.4)
Indian River	4	0.4	0 (0.0)
Lake	6	0.6	0 (0.0)
Lee	31	2.9	21 (67.7)
Levy	3	0.3	0 (0.0)
Manatee	14	1.3	6 (42.9)
Marion	5	0.5	0 (0.0)
Martin	6	0.6	3 (50.0)
Miami-Dade	398	37.8	125 (31.4)
Monroe	5	0.5	0 (0.0)
Nassau	4	0.4	4 (100.0)
Okaloosa	8	0.8	7 (87.5)
Okeechobee	1	0.1	0 (0.0)
Orange	88	8.3	33 (37.5)
Osceola	5	0.5	2 (40.0)
Palm Beach	83	7.9	37 (44.6)
Pasco	3	0.3	0 (0.0)
Pinellas	27	2.6	20 (74.1)
Polk	22	2.1	11 (50.0)
Putnam	4	0.4	3 (75.0)
Santa Rosa	6	0.6	1 (16.7)
Sarasota	12	1.1	7 (58.3)
Seminole	20	1.9	7 (35.0)
St. Johns	6	0.6	2 (33.3)
St. Lucie	7	0.7	4 (57.1)
Sumter	1	0.1	1 (100.0)
Taylor	1	0.1	1 (100.0)
Volusia	25	2.4	17 (68.0)
Walton	1	0.1	1 (100.0)

**TABLE 5: Recent Hospitalizations\* in Novel H1N1 Influenza Cases by County, 12:00 Noon November 3, 2009 to 12:00 Noon November 10, 2009**

County	Number	Percent	ICU (percent of hospitalized)
<b>Total</b>	<b>43</b>	<b>100.0</b>	<b>20 (46.5)</b>
Brevard	2	4.7	0 (0.0)
Broward	1	2.3	0 (0.0)
Calhoun	1	2.3	0 (0.0)
Collier	1	2.3	1 (100.0)
Duval	1	2.3	1 (100.0)
Escambia	1	2.3	0 (0.0)
Hernando	1	2.3	0 (0.0)
Hillsborough	6	14.0	2 (33.3)
Lee	2	4.7	2 (100.0)
Levy	1	2.3	0 (0.0)
Martin	1	2.3	1 (100.0)
Miami-Dade	13	30.2	7 (53.8)
Nassau	1	2.3	1 (100.0)
Orange	3	7.0	1 (33.3)
Palm Beach	2	4.7	1 (50.0)
Polk	1	2.3	0 (0.0)
Seminole	1	2.3	1 (100.0)
Sumter	1	2.3	1 (100.0)
Volusia	3	7.0	1 (33.3)

The number of hospitalizations in cases reported each week since July 26, 2009 has ranged from 13 hospitalizations (week 33) to 54 hospitalizations (week 40) with an average of 31.1 hospitalizations in cases reported per week.

**TABLE 6: Cumulative hospitalizations\* in all Reported Novel H1N1 Influenza Cases by Age as of 12:00 Noon November 10, 2009**

Age group	Number	Percent	Hospitalizations per million population	NO underlying condition <sup>^</sup>	ICU
<b>Total</b>	<b>1,054</b>	<b>100.0</b>	<b>55.1</b>	<b>163 (15.5)</b>	<b>421 (39.9)</b>
0-4	150	14.2	132.6	36 (24.0)	47 (31.3)
5-24	297	28.2	61.9	34 (11.4)	90 (30.3)
25-49	352	33.4	56.8	65 (18.5)	162 (46.0)
50-64	198	18.8	54.0	23 (11.6)	102 (51.5)
65+	57	5.4	17.2	5 (8.8)	20 (35.1)

<sup>^</sup>As of week 41, underlying medical conditions include pregnancy unless otherwise noted.

**TABLE 7: 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 November 10, 2009**

Underlying medical condition status	Number	Percent	ICU	Death
<b>Total</b>	<b>122</b>	<b>100.0</b>	<b>35 (28.7)</b>	<b>6 (4.9)</b>
No underlying medical condition	70	57.4	21 (30.0)	3 (4.3)
Underlying medical condition	30	24.6	9 (30.0)	3 (10.0)
Unknown	22	18.0	5 (22.7)	0 (0.0)

All deaths in reported laboratory-confirmed novel H1N1 influenza cases are presented in the following tables. 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.

**TABLE 8: Cumulative deaths in Novel H1N1 Influenza Cases by County as of 12:00 Noon November 10, 2009**

County	Number	Percent
<b>Total</b>	<b>160</b>	<b>100.0</b>
Alachua	6	3.8
Baker	1	0.6
Brevard	3	1.9
Broward	11	6.9
Calhoun	1	0.6
Charlotte	2	1.3
Citrus	1	0.6
Clay	1	0.6
DeSoto	1	0.6
Duval	13	8.1
Escambia	1	0.6
Hernando	2	1.3
Highlands	1	0.6
Hillsborough	12	7.5
Indian River	1	0.6
Lake	1	0.6
Lee	5	3.1
Levy	1	0.6
Manatee	2	1.3
Miami-Dade	30	18.8
Monroe	2	1.3
Okaloosa	2	1.3
Orange	8	5.0
Osceola	1	0.6
Palm Beach	9	5.6
Pasco	2	1.3
Pinellas	10	6.3
Polk	5	3.1
Putnam	1	0.6
Santa Rosa	1	0.6
Sarasota	4	2.5
Seminole	4	2.5
St. Johns	2	1.3
St. Lucie	5	3.1
Sumter	1	0.6
Taylor	1	0.6
Volusia	5	3.1
Walton	1	0.6

**TABLE 9: Recent Deaths in Novel H1N1 Influenza Cases by County, 12:00 Noon November 3, 2009 to 12:00 Noon November 10, 2009**

County	Number	Percent
<b>Total</b>	<b>11</b>	<b>100.0</b>
Calhoun	1	9.1
Escambia	1	9.1
Hillsborough	2	18.2
Lee	1	9.1
Miami-Dade	2	18.2
Orange	1	9.1
Palm Beach	1	9.1
Seminole	1	9.1
Sumter	1	9.1

**TABLE 10: Cumulative deaths in Novel H1N1 Influenza Cases by Age as of 12:00 Noon November 10, 2009**

Age	Number	Percent	Deaths per million population	NO underlying condition <sup>^</sup>
<b>Total</b>	<b>160</b>	<b>100</b>	<b>8.4</b>	<b>31 (19.4)</b>
0-4	5	3.1	4.4	0 (0.0)
5-24	18	11.3	3.8	7 (38.9)
25-49	68	42.5	11.0	18 (26.5)
50-64	58	36.3	15.8	6 (10.3)
65+	11	6.9	3.3	0 (0.0)

<sup>^</sup>As of week 41, underlying medical conditions include pregnancy unless otherwise noted.

The number of deaths reported each week since July 26, 2009 has ranged from 2 deaths (week 37) to 13 deaths (week 38) with an average of 8.6 deaths reported per week.

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)

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**XII. 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/disss/nndss/casedef/Influenza-Associated\\_current.htm](http://www.cdc.gov/ncphi/disss/nndss/casedef/Influenza-Associated_current.htm)

**Influenza-Associated Pediatric Mortality**

- 1 influenza-associated death among those <18 years of age was reported in week 44, for a total of 3 cases for the 2009-2010 season
- 11 influenza-associated deaths among those <18 years of age were reported for the 2008-2009 influenza season (week 40, 2008 to week 39, 2009)

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**407 confirmed or suspect outbreaks of novel influenza A (H1N1) have been reported as of November 7, 2009**

Schools have been the most heavily impacted setting with 244 (60.0%) of the 407 outbreaks. Summer camps accounted for 50 (12.3%) of the outbreaks, daycares accounted for 27 (6.6%), and correctional facilities accounted for 20 (4.9%).

**13 confirmed or suspect outbreaks of novel influenza A (H1N1) reported during week 44 (ending November 7, 2009)**

During week 44, 13 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 9 schools, 2 correctional facilities, 1 special needs facility, and 1 day care.

County health department epidemiologists should report influenza and ILI outbreaks via the Influenza Forum in EpiCom:

<https://fdens.com/vabtrs/GateStart.aspx>

**TABLE 11: Cumulative outbreaks Reported via EpiCom by County as of Week 44 (Ending November 7, 2009)**

County	Number	Percent
Alachua	1	0.2%
Baker	2	0.5%
Bradford	1	0.2%
Brevard	1	0.2%
Clay	4	1.0%
Collier	27	6.6%
Columbia	2	0.5%
Duval	11	2.7%
Escambia	42	10.3%
Glades	1	0.2%
Hamilton	1	0.2%
Hendry	3	0.7%
Hernando	1	0.2%
Hillsborough	54	13.3%
Holmes	1	0.2%
Indian River	3	0.7%
Jackson	2	0.5%
Lake	54	13.3%
Madison	1	0.2%
Marion	4	1.0%
Martin	1	0.2%
Miami-Dade	21	5.2%
Nassau	20	4.9%
Okaloosa	4	1.0%
Orange	42	10.3%
Osceola	27	6.6%
Palm Beach	48	11.8%
Pasco	4	1.0%
Pinellas	3	0.7%
Polk	2	0.5%
Putnam	1	0.2%
Sarasota	7	1.7%
Seminole	5	1.2%
St. Johns	5	1.2%
Volusia	1	0.2%
<b>Total</b>	<b>407</b>	<b>100.0%</b>

**TABLE 12: Cumulative outbreaks Reported via EpiCom by Setting as of Week 44 (Ending November 7, 2009)**

Setting	Number	Percent
Athletics	3	0.7%
Church	1	0.2%
College/University	3	0.7%
Community Center	5	1.2%
Correctional Facility	20	4.9%
Day Care	27	6.6%
Group/Foster Home	2	0.5%
Healthcare Facility	7	1.7%
Home	4	1.0%
Home/School	1	0.2%
Long-Term Care Facility	4	1.0%
Military Facility	3	0.7%
Out of State Trip	5	1.2%
School	244	60.0%
Special Needs Facility	12	2.9%
Summer Camps	50	12.3%
Work	13	3.2%
Work/Home	3	0.7%
<b>Total</b>	<b>407</b>	<b>100.0%</b>

**TABLE 13: Recent Outbreaks Reported via EpiCom by Setting during Week 44 (Ending November 7, 2009)**

Setting	Number	Percent
School	9	69.2%
Day Care	1	7.7%
Correctional Facility	2	15.3%
Special Needs Facility	1	7.7%
<b>Total</b>	<b>13</b>	<b>100.0%</b>