Week 3 influenza & influenza-like illness (ILI) activity summary:

During week 3, influenza and ILI activity remained at low levels across the state. Influenza seasons vary in timing, severity, and duration.

Get your flu shot now; it’s not too late! Flu shots can take up to two weeks to become fully effective. Influenza vaccination is especially important for people at higher risk for complications (children, adults 65 years and older, pregnant women, and people with underlying medical conditions). Influenza vaccination reduces risk of flu illness, hospitalization, and death.

During the last four weeks, the percent of influenza-positive laboratory results remained low. Due to low testing volume it is difficult to determine what strain will predominate during the 2020-21 influenza season.

Likewise, the percent of emergency department and urgent care center visits with discharge diagnoses that include influenza remained low in recent weeks.

No new influenza-associated pediatric deaths were reported in week 3.

The Centers for Disease Control and Prevention recommends antiviral treatment be initiated as soon as possible for people with confirmed or suspected influenza who are at higher risk for complications (children <2 years, adults 65 years and older, pregnant women, and people with underlying medical conditions). Treatment should be administered within 48 hours of illness onset. For more information, contact your health care provider.

The COVID-19 pandemic is affecting health care seeking behavior, which may be impacting the ILI and influenza activity trends shown in this report. An overall reduction in the number of emergency department and urgent care center visits has been observed since March 2020, along with changes in the reasons for seeking care at these facilities.

Of note, some of the figures in this report that previously displayed chief complaints of ILI were updated to display discharge diagnoses of influenza to better reflect influenza activity trends in Florida. The Florida Department of Health will continue to make updates and provide clarification on the trends presented in this report as needed.
Statewide Activity

Figure 1: In week 3, the percent of emergency department and urgent care center visits with a discharge diagnosis of influenza statewide stayed stable and was below the previous three-season average for this time.

- Figure 1 shows the percent of visits with discharge diagnoses that include influenza (with certain exceptions) for facilities participating in ESSENCE-FL (n=389) statewide for the current season (week 40, 2020 to week 3, 2021) and the previous three season average (2019-20, 2018-19, and 2017-18). Of note, influenza may not be laboratory-confirmed for all the visits included in this query. For more information on the use of ESSENCE-FL for influenza and ILI surveillance, see page 14.
Figure 2: In week 3, Florida reported **sporadic geographic spread of influenza**.

Defining geographic spread of influenza:

**Sporadic**: small numbers of laboratory-confirmed influenza or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.

**Local**: outbreaks of influenza or increases in ILI and recent laboratory confirmed influenza in at least two but less than half the regions of the state.

**Regional**: outbreaks of influenza or increases in ILI and recent laboratory-confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions.

**Widespread**: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state.

Figure 3: In week 3, **the percent of patients with ILI reported by ILINet providers statewide stayed stable** and was within levels observed during previous seasons. Of note, the number of submitting providers was low during week 3, 2021.

For ILINet, ILI is defined as a fever ≥100°F in conjunction with sore throat or cough in the absence of another known cause.

Figure 4: In week 1 (ending 1/9/21), **the number of pneumonia and influenza deaths identified statewide stayed stable** and was below levels observed at this time in previous seasons. Of note, the query used to capture these data excludes pneumonia associated with Coronavirus Disease 2019 (COVID-19) to better capture influenza death trends in Florida.

*Recent P&I death counts are preliminary numbers that may change as more data are received. The most recent data available are displayed here.*
County Influenza Activity

Figure 5: All counties reported no activity or mild activity for week 3.

Figure 6: Most counties reported activity at a plateau for week 3. Thirteen counties reported decreasing activity, and no counties reported increasing activity.

▲ Figures 5-6 show county influenza activity data as reported by county health departments in EpiGateway. These data are collected on a weekly basis and are used to determine influenza activity levels for each county (Figure 5). County health departments also report their weekly influenza activity trend (Figure 6).

Figure 7: In week 3, the percent of specimens testing positive for rhinovirus increased and remained higher than other respiratory viruses under surveillance (including influenza). Of note, a significant decrease in the volume of testing has been observed in previous weeks. This figure may change as additional data are received.

▲ Figure 7 shows the percent of laboratory results testing positive for eight common respiratory viruses, as reported by laboratories participating in the National Respiratory and Enteric Virus Surveillance System (NRVESS) and laboratories reporting validated respiratory virus data to the Florida Department of Health via electronic laboratory reporting (n=6), week 30, 2020 to week 3, 2021.
Influenza and ILI Outbreaks

Week 3 Outbreaks at a Glance:

Number Reported: 0 Outbreaks

Influenza-Associated:
0 Outbreaks

Severe Outcomes*:
0 Outbreaks

Outbreak Summary:

No influenza-associated or ILI outbreaks were reported in week 3.

To date, one outbreak has had specimens collected for influenza testing this season.

Severe outcomes* (hospitalizations or deaths) were not reported in any of the outbreaks reported so far this season.

During the previous season, severe outcomes were most commonly reported in facilities serving adults aged ≥65 years (assisted living facilities, nursing facilities, and long-term care facilities).

Figure 8 shows reported influenza or ILI outbreaks by county. Counties with outbreaks reported in week 3 are outlined in bold.

Figure 9: In week 3, no outbreaks were reported.

Figure 10: As of week 3, 20% of outbreaks reported so far this season were influenza-associated.

*Severe outcomes are defined as hospitalization or death among one or more outbreak cases.

**Total outbreaks includes the number of influenza-associated outbreaks in addition to outbreaks of ILI.
Laboratory Surveillance

Figure 11: In week 3, no specimens tested positive for influenza.*

Figure 12: There is not a predominant subtype detected so far this season, though influenza A H3, influenza A 2009 (H1N1), and influenza B Yamagata have been detected. Influenza A 2009 (H1N1) was the most common influenza subtype detected during the 2019-2020 influenza season.
Regional Activity

Figures 13-19 show the percent of emergency department and urgent care center visits with discharge diagnoses of influenza at ESSENCE-FL participating facilities (n=389) from week 40, 2017 to week 3, 2021. Data are organized by region (see Figure 23).

Figure 13: In region 1, influenza activity increased slightly during week 3 and was below the previous three-season average for this time.

Figure 14: In region 2, influenza activity decreased during week 3 and was below the previous three-season average for this time.

Figure 15: In region 3, influenza activity remained stable during week 3 and was below the previous three-season average for this time.

Figure 16: In region 4, influenza activity remained stable during week 3 and was below the previous three-season average for this time.

Figure 17: In region 5, influenza activity remained stable during week 3 and was below the previous three-season average for this time.

Figure 18: In region 6, influenza activity decreased slightly during week 3 and was below the previous three-season average for this time.

Figure 19: In region 7, influenza activity remained stable during week 3 and was below the previous three-season average for this time.

Figure 20 shows emergency departments and urgent care centers reporting data to ESSENCE-FL (n=389) with regions outlined in bold.
At-Risk Populations

Background: At-Risk Populations, Children

Children, especially those with underlying health conditions (like asthma or diabetes), 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 continues to recommend influenza vaccination as long as flu viruses are circulating. To find a flu shot near you, please visit: VaccineFinder.org.

Figure 21: In week 3, the percent of emergency department and urgent care center visits with a discharge diagnosis of influenza in children <18 years remained stable and was below the previous three-season average for this time.

Figures 22-23: In week 3, no new influenza-associated pediatric deaths were reported. A total of 14 influenza-associated pediatric deaths were reported last season.

*The Advisory Committee on Immunization Practices (ACIP) recommends children aged six months to eight years receive two doses of influenza vaccine administered a minimum of four weeks apart during their first season of vaccination for optimal protection. The Florida Department of Health includes children in this age group who did not receive a second influenza vaccine in this unvaccinated category. To learn more about the ACIP’s 2020-21 recommendations, please visit: cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm.
At-Risk Populations Continued

Background: At-Risk Populations, Pregnant Women

Influenza is five times more likely to cause severe illness in pregnant women (even those who are generally healthy) compared to women who are not pregnant. Pregnant women with certain underlying medical conditions (such as asthma or heart disease) are at even greater risk for severe complications from influenza. Inactivated influenza vaccines are safe, provide the best protection for pregnant women and their babies, and are recommended at any time during pregnancy. Vaccination during pregnancy provides maternal antibody protection to infants too young to be vaccinated for influenza and has been shown to protect pregnant women from influenza-associated hospitalization and preterm birth. For more information, talk to your health care provider.

Figure 24: In week 3, the number of emergency department and urgent care center visits for influenza among pregnant women increased slightly and was below levels observed at this time during previous seasons.

*This count underrepresents the true number of pregnant women presenting for care to emergency departments and urgent care centers with influenza, however, the overall trend has been validated through review of discharge data collected by the Agency of Health Care Administration.

Background: At-Risk Populations, Adults Aged ≥65 Years

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. In Florida, an average of 80% of seasonal pneumonia and influenza deaths occurred in adults aged ≥65 years over the last five influenza seasons. Annual vaccination is the best way to prevent influenza infection.

Figure 25: In week 3, the percent of emergency department and urgent care center visits with a discharge diagnosis of influenza in adults ≥65 years stayed stable and was below the previous three-season average for this time.

*Figure 24 shows the number of visits* to emergency departments and urgent care centers with chief complaints of influenza and pregnancy, as reported in ESSENCE-FL, week 40, 2017 to week 3, 2021.

*Figure 25 shows the percent of visits with discharge diagnoses that contain influenza among adults ≥65 years old at emergency departments and urgent care centers, as reported into ESSENCE-FL, for the current season (week 40, 2020 to week 3, 2021) and the previous three-season average.
Respiratory Syncytial Virus Surveillance

Background

Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. Young children and older adults, especially those with certain underlying health conditions, are at higher risk for severe illness from RSV. Prophylaxis is available for children who qualify. For more information, contact your health care provider.

RSV Surveillance

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 in Florida has important implications for prescribing patterns for initiating prophylaxis to children at high risk for complications from RSV infection. The American Academy of Pediatrics currently recommends pre-approval for prophylactic treatment be made based on state surveillance data. For more information on RSV surveillance systems used in Florida, see the last page of this report.

Florida's RSV season is longer than the rest of the nation and has distinct regional patterns. The Florida Department of Health established regional RSV seasons based on activity thresholds provided by the Centers for Disease Control and Prevention (see Figure 29). Currently, all of Florida's five regions are in RSV season.

To learn more about RSV in Florida, please visit: FloridaHealth.gov/RSV.

Week 3 (January 17–23, 2021) Activity Summary

In week 3, RSV activity in children <5 years increased and remained below levels observed at this time in previous seasons. No new RSV-associated outbreaks were reported in week 3. No RSV-associated outbreaks have been reported since week 30, 2020 (beginning on July 19, 2020).

Figure 27: In week 3, the percent of emergency department and urgent care center visits for RSV among children <5 years increased and remained below levels observed at this time in previous seasons.

*The overall trend displayed in Figure 30 has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.
Figure 28: In week 3, the percent of specimens testing positive for RSV stayed stable. Levels were below those observed at this time in previous seasons.

Figure 28 shows the percent of specimens testing positive for respiratory syncytial virus (RSV), as reported by hospital laboratories (n=6), week 30, 2017 to week 3, 2021.

Summary of RSV-Associated Outbreaks:
In week 3, no new RSV-associated outbreaks were reported. Since week 30, 2020, no RSV-associated outbreaks have been reported.

RSV-Associated Outbreaks in Week 3:
0 Outbreaks

Figure 29: In week 3, no new RSV-associated outbreaks were reported.

Figure 29 shows the number of RSV-associated outbreaks by setting and week as reported by county health departments in Merlin, week 30, 2020 to week 3, 2021.
Figure 30 shows the number of unique times a pathogen was associated with a respiratory outbreak for outbreaks reported from week 30, 2020 to week 3, 2021.

Figure 31* shows the number of PCR-positive laboratory findings for enterovirus unspecified, enterovirus D68, and rhinovirus by week** among specimens submitted to the Bureau of Public Health Laboratories (BPHL) for extended respiratory panel testing.

Figure 32* shows the number of PCR-positive laboratory findings for parainfluenza 1-3 by week** among specimens submitted to BPHL for extended respiratory panel testing.

Figure 33* shows the number of PCR-positive laboratory findings for seasonal coronaviruses NL63, HKU1, OC43, and 229E by week** among specimens submitted to BPHL for extended respiratory panel testing.

Figure 34* shows the number of PCR-positive laboratory findings for human metapneumovirus and adenovirus by week** among specimens submitted to BPHL for extended respiratory panel testing.

*Data shown in figures 30-34 include results for specimens submitted by Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) providers (n=4) as reported by BPHL.

**Results are organized by week based on "lab event date" (defined as the earliest of the following dates associated with testing at the laboratory: date specimen collected, date received by the laboratory, date reported, or date inserted).
**Summary of Notable Outbreaks**

Table 1: Summary of Notable* Influenza-Associated, Respiratory Syncytial Virus (RSV)-Associated, and Influenza-like Illness (ILI) Outbreaks Reported in Week 3, 2021

<table>
<thead>
<tr>
<th>Setting</th>
<th>County</th>
<th>Number of Cases</th>
<th>Number of Cases Hospitalized</th>
<th>Number of Cases Died</th>
<th>Outbreak Etiology</th>
<th>Control Measures Recommended to Facility Leadership</th>
<th>Investigation Status</th>
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No notable outbreaks were reported in week 3, 2021.

*For the purposes of this report, notable outbreaks are defined as influenza-associated, RSV-associated, or ILI outbreaks with two or more hospitalizations, one or more deaths, or 30 or more cases. For more information on how outbreaks are defined, see page 14.
ESSENCE-FL Syndromic Surveillance and Vital Statistics Portal Data source for figures 1, 4, 13-19, 21, 24, 25, 27

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) measures trends in influenza and flu-related 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=389) electronically transmit visit data into ESSENCE-FL daily or hourly.

For statewide and regional figures, percentages are calculated as the proportion of ED and UCC visits to participating facilities that include the words “influenza” or “flu” in the discharge diagnoses (with certain exceptions).

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.

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. These deaths are also investigated to ensure they meet case definition.

Florida ILINet Data source for figures 2 and 3

ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. Florida has 118 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 for virologic surveillance. For health care providers interested in enrolling in ILINet, contact your local county health department.

ILINet is also used as a portal in which the Florida Department of Health reports Florida’s geographic spread of influenza each week to the Centers for Disease Control and Prevention (CDC). Geographic spread is not an indication of influenza severity. Geographic spread can be reported as sporadic, local, regional, or widespread. This reporting was suspended by CDC for the 2020-2021 influenza season.

- Sporadic: small number of laboratory-confirmed influenza or a single laboratory-confirmed influenza has been reported but there is no increase in cases of ILI
- Local: outbreaks of influenza or increases in ILI and recent laboratory-confirmed influenza in at least two but less than half the regions of the state
- Regional: outbreaks of influenza or increases in ILI and recent laboratory-confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions
- Widespread: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state.

County Influenza Activity in EpiGateway Data source for figure 5 and 6

County health department (CHD) epidemiologists report their county’s influenza and ILI surveillance data weekly into The Florida Department of Health’s EpiGateway website. Data from these reports are used to classify influenza activity as: no activity, mild, moderate, or elevated. Setting-specific influenza activity and influenza trend information is also reported by CHDs as available. EpiGateway data provided by CHDs creates a county-by-county breakdown of influenza and ILI activity around the state.

Laboratory Viral Respiratory Surveillance Data source for figures 7 and 28

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a CDC surveillance system that captures on eight commonly circulating respiratory viruses as reported by participating laboratories in Florida. NREVSS data are combined with validated electronic laboratory data from Florida laboratories that submit RSV laboratory results via electronic laboratory reporting. Together, this information is used to monitor the temporal and geographic patterns of these viruses.

Outbreak Reporting in Merlin Data source for figures 8-10, 29-30; table 1

Outbreak investigations are tracked in Merlin (Florida’s reportable disease surveillance system) by investigating county health departments. Outbreak reports include implicated viruses or bacteria, the outbreak setting, and recommendations made to mitigate the spread of disease (among other data elements). All outbreak data are considered preliminary and subject to change. As such, outbreak counts may increase or decrease as additional information is received.

- ILI outbreaks in facilities serving adults aged ≥65 years (assisted living facilities, nursing facilities, and long-term care facilities) are defined as two or more individuals with ILI (fever and cough or fever and sore throat in the absence of positive laboratory results). ILI outbreaks in facilities serving children (primary/secondary schools and child daycares) are defined as three or more epidemiologically linked individuals with ILI.

- Influenza-associated outbreaks in facilities serving adults aged ≥65 years are defined as two or more individuals with respiratory symptoms, where at least one individual tests positive for influenza. Influenza-associated outbreaks in facilities serving children are defined as three or more epidemiologically linked individuals with respiratory symptoms, where at least one individual tests positive for influenza. Testing may be conducted by the Bureau of Public Health Laboratories (BPHL), commercial laboratories, hospitals, or private health care providers.

Continued on next page.
RSV-associated outbreaks in facilities serving adults aged ≥65 years are defined as two or more individuals with respiratory symptoms, where at least one individual tests positive for RSV. RSV-associated outbreaks in facilities serving children are defined as three or more epidemiologically linked individuals with respiratory symptoms, where at least one individual tests positive for RSV. Testing may be conducted by BPHL, commercial laboratories, hospitals, or private health care providers.

Notable outbreaks include influenza-associated, RSV-associated, or ILI outbreaks in any setting with 30 or more cases, two or more hospitalized cases, or one or more cases who died.

Household clusters are not counted as outbreaks.

**Bureau of Public Health Laboratories (BPHL)** Data source for figures 11, 12, and 31-34.

BPHL performs testing and subtyping on surveillance specimens from sentinel providers, outbreak investigations, patients with severe or unusual influenza presentations, and medical examiners. Sentinel providers include both ILINet and Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) providers. Some laboratories also routinely submit pre-screened influenza-positive specimens for testing at BPHL for surveillance purposes.

**Case-Based Influenza Surveillance** Data source for figures 22 and 23

Death in a child whose laboratory-confirmed influenza infection has been identified as contributing to the child’s death is a reportable condition in Florida. Influenza-associated pediatric deaths are documented by county health departments in Merlin.

In addition, an individual of any age suspected as being infected with non-seasonal or pandemic influenza A is reportable condition in Florida. Such cases are referred to as cases of ‘novel influenza A.’ Novel influenza A cases are documented by county health departments in Merlin.

For more information about reportable diseases and conditions, please visit FloridaHealth.gov/DiseaseReporting.