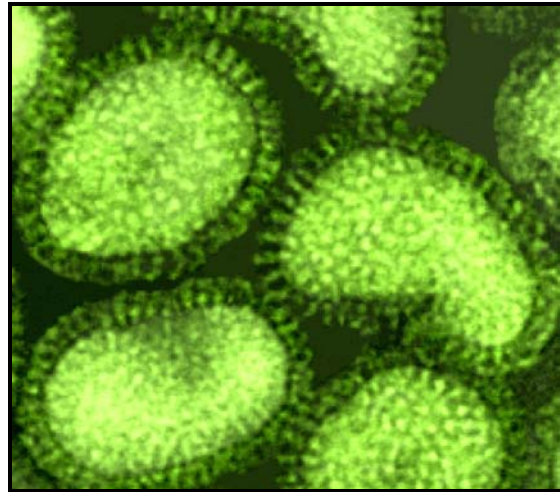


# Florida Influenza Surveillance

*Week Ending October 22, 2005  
(Week 42)*

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## Summary

This is the third weekly Florida influenza surveillance report for the 2005-06 season. Influenza surveillance in Florida consists of six surveillance components: Florida Sentinel Physician Influenza Surveillance Network (FSPISN), state laboratory-based viral surveillance, county influenza activity levels as determined and reported by county health department epidemiologists based on county level influenza and influenza-like illness (ILI) surveillance, reporting of influenza-associated deaths among those <18 years of age, post-influenza infection encephalitis reporting, and reports of influenza or ILI outbreaks in the community or institutional settings. Influenza is not a reportable disease in Florida and therefore information regarding the exact number of influenza cases within the state is not available.

These surveillance systems allow the Florida Department of Health, in collaboration with the Centers for Disease Control and Prevention (CDC), to determine when and where influenza activity is occurring, identify circulating viruses, detect changes in the circulating influenza viruses, track patterns of influenza-associated morbidity and mortality and estimate the overall impact of influenza in the state of Florida. Almost all of the reporting by the counties, laboratories and healthcare providers for the various surveillance programs that track influenza-associated morbidity and mortality is voluntary.

During week 42, Influenza-like illness (ILI) activity as reported by FSPSN increased in three of seven regions (Centraleast, Northcentral, and Northwest), however reported ILI activity levels remained below the state baseline (3.58%) in all regions. Although county influenza level activity reporting had not yet initiated, four county health departments (Escambia, Highlands, Pinellas and Seminole) reported sporadic ILI activity, while six reported no activity (Flagler, Holmes, Lake, Polk, St. Johns, and Sumter).

## **FSPSN Influenza and Influenza-like Illness (ILI) Surveillance Summary:**

Table 1 shows the weighted ILI activity by region as reported by Florida Sentinel Physician Influenza Surveillance Network (FSPISN) providers. The overall weighted percent ILI activity for the state for the week ending October 22, 2005 was 0.82%, compared to 1.56% for the previous week. This is based on 60% of sentinel sites reporting. The highest activity was in the Centraleast region (2.09%), while the Southwest region had no reported ILI cases from FSPSN.

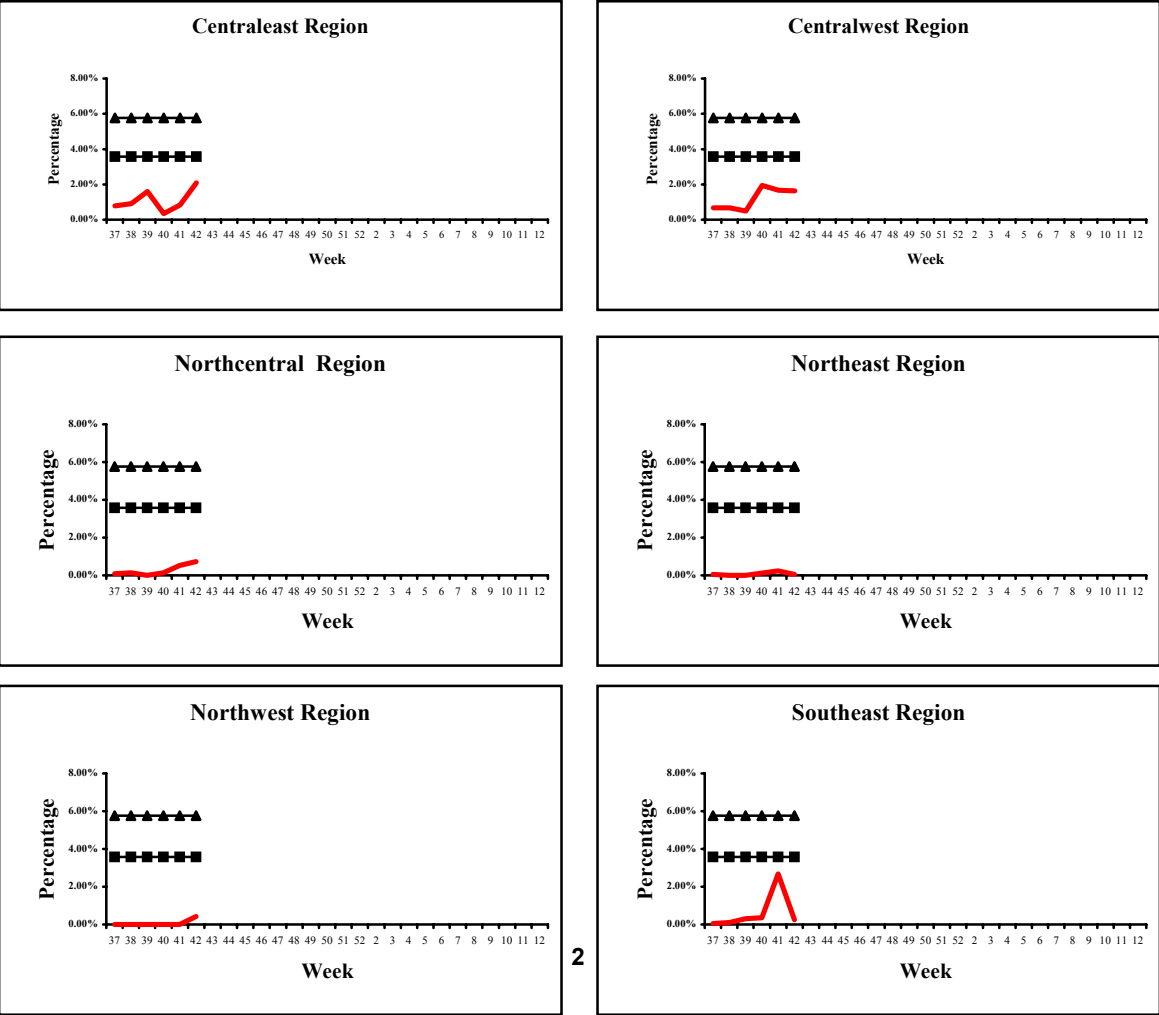
FSPSN Weighted ILI Activity, by Region, Week ending October 22, 2005	
REGION	REPORTED ILI%
Centraleast	2.09%
Centralwest	1.64%
Northcentral	0.73%
Northeast	0.05%
Northwest	0.43%
Southeast	0.25%
Southwest	0.00%

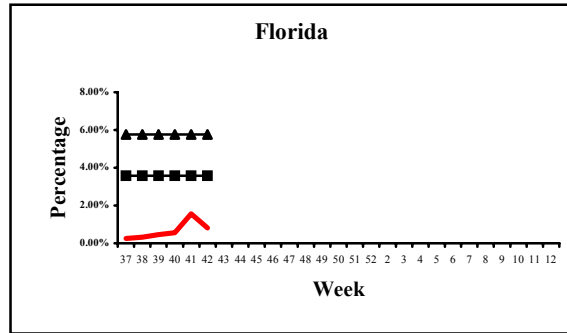
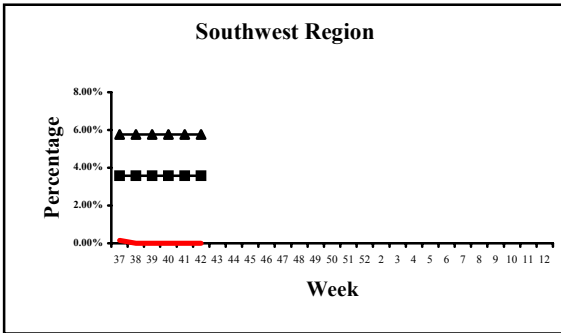
The ILI activity levels are based on information reported by the Florida Sentinel Physician Influenza Network.

**FSPSN Influenza-like Illness Graphs By Region**

—■—■—■—■—■ **Florida Baseline:** 3.58%, calculated using the previous 3 years of data as reported by FSPSN. A line exceeding the baseline indicates moderate ILI activity.

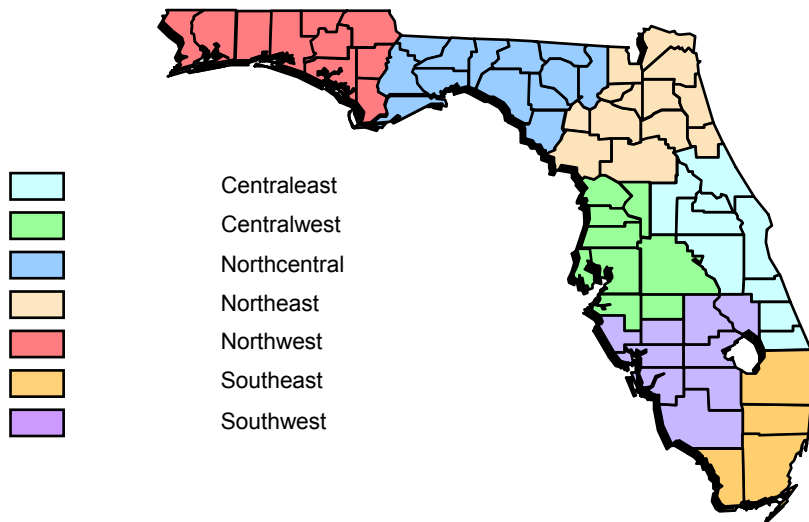
—▲—▲—▲—▲—▲ **Florida Threshold:** 5.76%, calculated using the previous 3 years of data as reported by FSPSN. A line exceeding the threshold indicates high ILI activity.





## Influenza Surveillance – Definitions and Reminders

### Influenza Surveillance Regions



**County influenza activity level definitions.** (County activity levels should be reported via EpiCom.)

**0 = No Activity:**

Overall clinical activity remains low with no laboratory confirmed cases<sup>†</sup> in the county.

**1 = Sporadic:**

- And/or {
- a. Isolated cases of laboratory confirmed influenza<sup>†</sup> in the county.
  - b. An ILI<sup>s</sup> outbreak in a single setting<sup>‡</sup> in the county.
- (No detection of increased ILI<sup>s</sup> activity by surveillance systems\*)

**2 = Localized:**

- And/or {
- a. An increase of ILI<sup>s</sup> activity detected by a *single* surveillance system\* within the county. (An increase in ILI<sup>s</sup> activity has not been detected by *multiple* ILI surveillance systems).
  - b. Two or more outbreaks (ILI<sup>s</sup> or lab confirmed<sup>†</sup>) detected in a *single* setting<sup>‡</sup> in the county.

**AND**

- c. Recent (within the past three weeks) laboratory evidence<sup>†</sup> of influenza activity in the county.

**3 = Widespread:**

- And/or {
- a. An increase in ILI<sup>§</sup> activity detected in  $\geq 2$  surveillance systems in the county.
  - b. Two or more outbreaks (ILI<sup>§</sup> or laboratory confirmed<sup>†</sup>) detected in *multiple settings*<sup>‡</sup> in the county.

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

<sup>†</sup> Laboratory confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR.

<sup>§</sup> ILI = Influenza-like-illness, fever  $\geq 100^\circ\text{F}$  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 and laboratory surveillance.

<sup>‡</sup> Setting includes institutional settings (LTCFs, hospitals, prisons, schools, companies, etc.) as well as the community.

**Important Reminders**

- \* *Influenza activity reporting by sentinel providers is voluntary.*
- \* *The influenza surveillance data is used to answer the question of where, when, and what viruses are circulating. It can be used to determine if influenza activity is increasing or decreasing, but it cannot be used to ascertain how many people have become ill with influenza so far this season.*
- \* *Reporting is incomplete for this week. Numbers may change dramatically as more reports are received.*