FLORIDA INFLUENZA SURVEILLANCE

Week 45: November 5th — November 11th 2006



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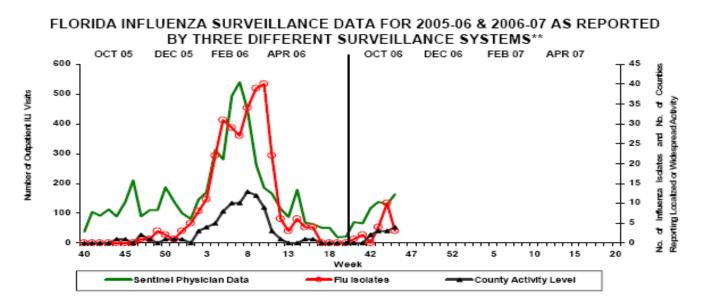
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I. SUMMARY

This is the sixth weekly Florida influenza surveillance report for the 2006-07 season. Influenza surveillance* in Florida consists of five surveillance components: 1) Florida Sentinel Physician Influenza Surveillance Network (FSPISN); 2) State laboratory viral surveillance; 3) County influenza activity levels; 4) Notifiable Disease Reports: Influenza-associated deaths in children & post-influenza infection encephalitis: 5) Influenza or ILI outbreaks.

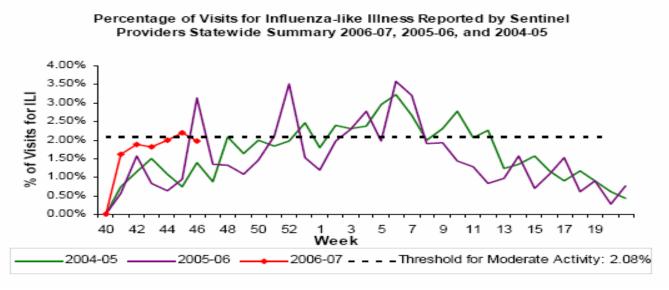
During week 45 statewide influenza activity was localized. The proportion of patient visits for influenza-like illness (ILI) as reported by the Florida Sentinel Physician Influenza Surveillance Network was 1.96 percent and this is below the state threshold for moderate activity of 2.08 percent. Five of the 16 specimens (31%) tested by Bureau of Laboratories were positive for influenza. Four counties reported localized activity, 15 counties reported sporadic activity and 33 counties reported no activity. Fifteen counties did not report. The graph below shows the progression of the 2005-06 & 2006-07 Florida influenza seasons as monitored by three** of five surveillance systems.



*The purposes of these surveillance systems are to determine when and where influenza activity is occurring, to identify circulating viruses, to detect changes in the circulating influenza viruses, to track patterns of influenza-associated morbidity and mortality and estimate the overall impact of influenza in the state of Florida.

II. FSPISN INFLUENZA-LIKE ILLNESS STATEWIDE GRAPH

During week 45, 1.96%* of patient visits to Florida sentinel providers were due to ILI. This percentage is below the 2006—07 statewide threshold for moderate activity of 2.08%**. The percentage of visits ranged from 0.29% in the Northwest region to 4.43% in the Southwest region. For the 2005-06 influenza season the statewide ILI activity percentage was 3.13% for week 45.

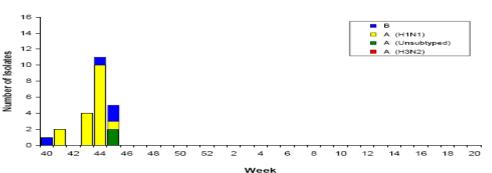


*FSPISN reporting is incomplete for this week (50%). Numbers may change as more reports are received.

**The 2006—07 threshold for moderate activity is calculated from the previous 3 years of FSPISN data. Only weeks with 10% or greater of laboratory specimens testing positive are included in the calculation. The threshold is only specific to 2006—07 data.

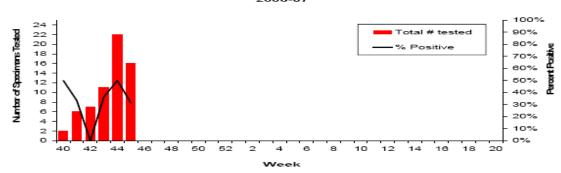
III. FDOH LABORATORY SURVEILLANCE

Since October 1, 2006, Florida Department of Health Laboratories have tested a total of 69 specimens for influenza viruses and 23 (33%) were positive. Among the 23 influenza viruses, 19 (83%) were influenza A viruses and 4 (17%) were influenza B viruses. Twenty-one of the 23 influenza viruses have been subtyped. Of the Influenza A viruses 17 were A H1N1, 2 were A unsubtyped. Of the four influenza B viruses, 3 have been subtyped as influenza B Malaysia and 1 as influenza B Shanghai. Laboratory information is preliminary and may change as additional results are received.



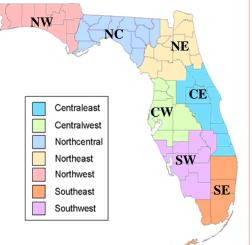


Number of Influenza Specimens Tested by FDOH State Laboratories, 2006-07



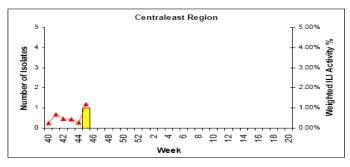
IV. LABORATORY AND INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE BY REGION

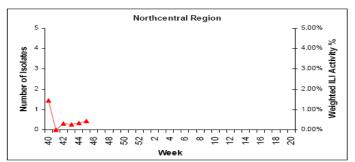


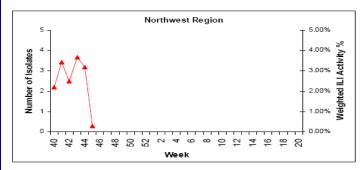


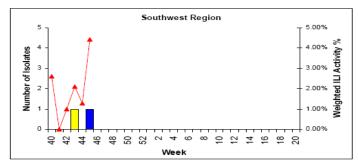
The table below shows the weighted ILI activity by region as reported by Florida sentinel physicians for the 2005-06 & 2006-07 seasons. The graphs below include ILI activity as reported by sentinel physicians and FDOH laboratory data.

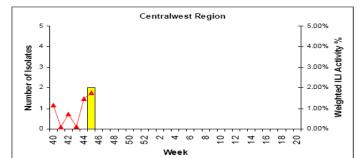
Week 45: FSPISN Weighted ILI Activity, by Region 2005-06 & 2006-07 Seasons		
REGION	2006-07 ILI %	2005-06 ILI %
Centraleast	1.18%	2.93%
Centralwest	1.77%	1.14%
Northcentral	0.43%	0.38%
Northeast	3.64%	1.62%
Northwest	0.29%	0.00%
Southeast	1.89%	4.99%
Southwest	4.43%	2.04%

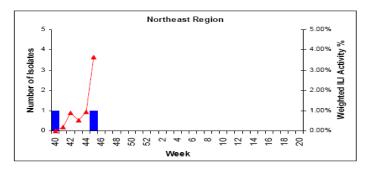


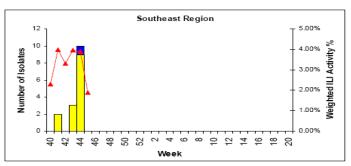






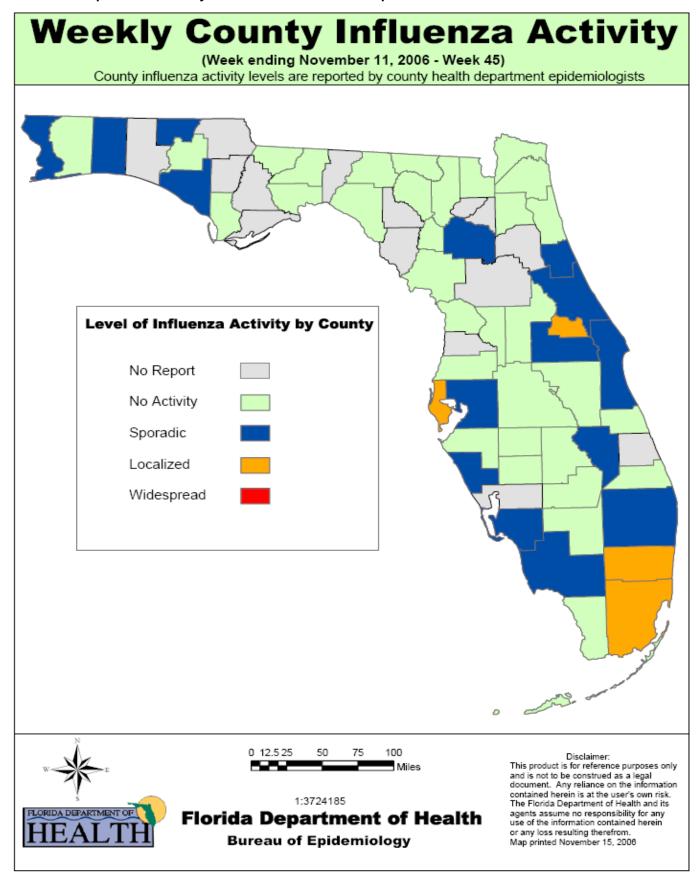




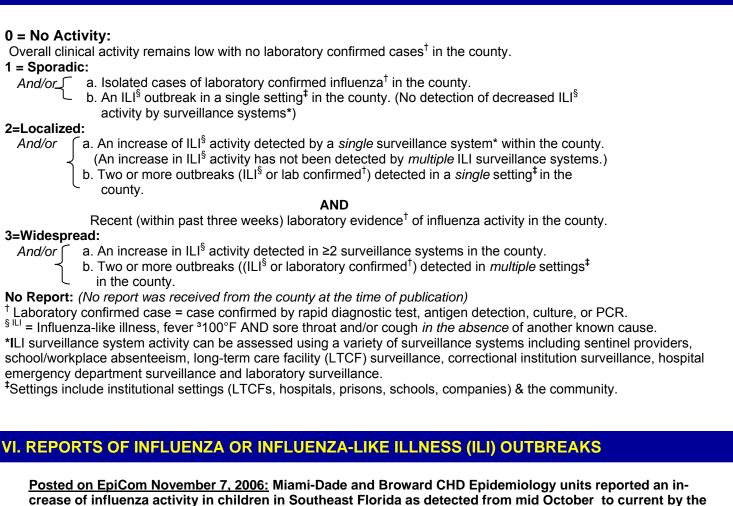


Influenza A specimens FDOH Laboratories
Influenza B specimens FDOH Laboratories
% of visits for ILI, reported by sentinel providers

During week 45, Broward, Miami-Dade, Pinellas, and Seminole reported localized activity. Fifteen counties (Alachua, Bay, Brevard, Collier, Escambia, Flagler, Hillsborough, Holmes, Lee, Okaloosa, Okeechobee, Orange, Palm Beach, Sarasota, and Volusia) reported sporadic activity. Thirty-three counties reported no activity. Fifteen counties did not report.



COUNTY INFLUENZA ACTIVITY LEVEL DEFINITIONS



<u>Posted on EpiCom November 7, 2006:</u> Miami-Dade and Broward CHD Epidemiology units reported an increase of influenza activity in children in Southeast Florida as detected from mid October to current by the following surveillance systems: laboratory viral surveillance, sentinel physician ILI surveillance, and ES-SENCE syndromic surveillance.

A description of reported influenza or ILI outbreaks in community or institutional settings can be viewed via EpiCom at: <u>https://www.epicom.fl.net</u> Influenza and ILI outbreaks should be reported via EpiCom.

VII. NOTIFIABLE DISEASE REPORTS: INFLUENZA-ASSOCIATED DEATHS AMONG CHILDREN (<18 YEARS) & POST-INFLUENZA INFECTION ENCEPHALITIS

As of the week ending November 4, 2006, no influenza-associated deaths among those <18 years of age and/ or post influenza infection encephalitis were reported in the state of Florida.

Reportable Disease	# of Cases 06-07 Influenza Season
Influenza-associated deaths among those <18 years of age	0
Post-influenza infection encephalitis	0

Influenza-associated deaths among those < 18 years of age and/or post-influenza infection encephalitis are reportable; case report forms can be accessed at: <u>http://www.doh.state.fl.us/disease_ctrl/epi/topicscrforms.htm</u>.

VIII. SUMMARY OF WORLDWIDE A/H5N1 INFLUENZA ACTIVITY

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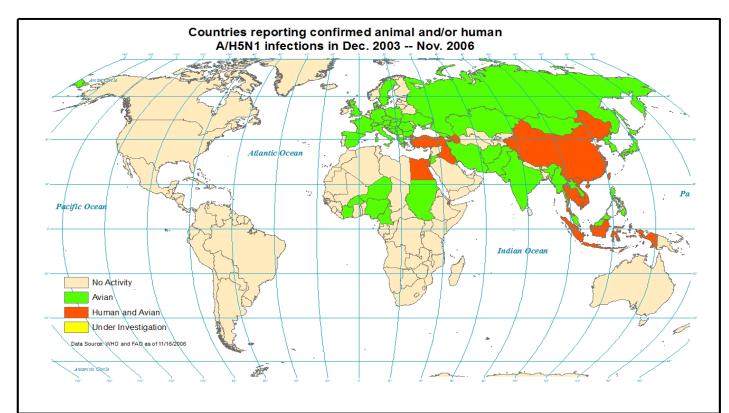
Since the recent outbreak activity began at the end of December 2003, there have been a total of 258 confirmed human cases and 153 deaths^{*}. Cases and deaths occurred in the following nations: Azerbaijan 8 cases and 5 deaths; Cambodia 6 cases and 6 deaths; China 21 cases and 14 deaths; Djibouti 1 case 0 deaths; Egypt 15 cases and 7 deaths; Indonesia 74 cases and 56 deaths; Iraq 3 case and 2 deaths; Thailand 25 cases and 17 deaths; Turkey 12 cases and 4 deaths; and, Vietnam 93 cases and 42 deaths. Since the last update on 10/12/06 there have been three new cases and three new deaths, all occurring in Indonesia. All cases had known close contact with various types of poultry, with the exception of 1 case where the investigation is ongoing.

Changes in the WHO case definition for human infection with avian influenza H5N1 can be found here: <u>http://www.who.int/csr/disease/avian_influenza/guidelines/case_definition2006_08_29/en/index.html</u>

For a complete analysis and summary of WHO confirmed human cases of H5N1 from 12/1/2003 to 4/30/2005, please visit: <u>http://www.who.int/csr/disease/avian_influenza/guidelines/wer8126/en/index.html</u>

There have not been reports of avian influenza spreading to new countries in the last few months. The complete list of countries reporting confirmed outbreaks of H5N1 in bird species since late December 2003, with the most recent outbreaks listed first, include Sudan, Spain, Djibouti, Ivory Coast, Czech Republic, Palestinian Autonomous Territories, United Kingdom (Scotland), Burkina Faso, Jordan, Sweden, Israel, Afghanistan, Cameroon, Myanmar, Albania, Serbia and Montenegro, Hungary, Poland, Switzerland, Niger, Slovakia, France, Austria, Malaysia, Azerbaijan, India, Slovenia, Bosnia Herzegovina, Germany, Nigeria, Egypt, Bulgaria, Italy, Greece, Iran, Croatia, Cyprus, Ukraine, Turkey, Romania, Indonesia, China, Russia, Thailand, Vietnam, Kuwait (only one flamingo), Kazakhstan, Mongolia, Cambodia, Korea (Rep. of), and Japan. Countries with confirmed H5 (neuraminidase not determined yet) infection in birds include the Philippines, Iraq, and Laos.

The current phase of alert as defined by the WHO global influenza preparedness plan is phase 3, which states that human infections with a new subtype are occurring, but no human-to-human spread, or at most rare instances of spread to a close contact. At the present time the WHO is not recommending restrictions on travel to areas affected by H5N1 avian influenza, but is suggesting that travelers to these areas avoid contact with live animal markets and poultry farms, and any free-ranging or caged poultry. Evidence suggests that the primary route of infection at this time is associated with direct contact with infected poultry, or surfaces and objects contaminated by their droppings.



*All confirmed results are from official sources – WHO, CDC, FAO. Information on suspect cases comes from a variety of sources including Epi-X, Promed, and the official sources mentioned above.

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