

FLORIDA INFLUENZA SURVEILLANCE

Week 12: March 16th 2008—March 22nd 2008



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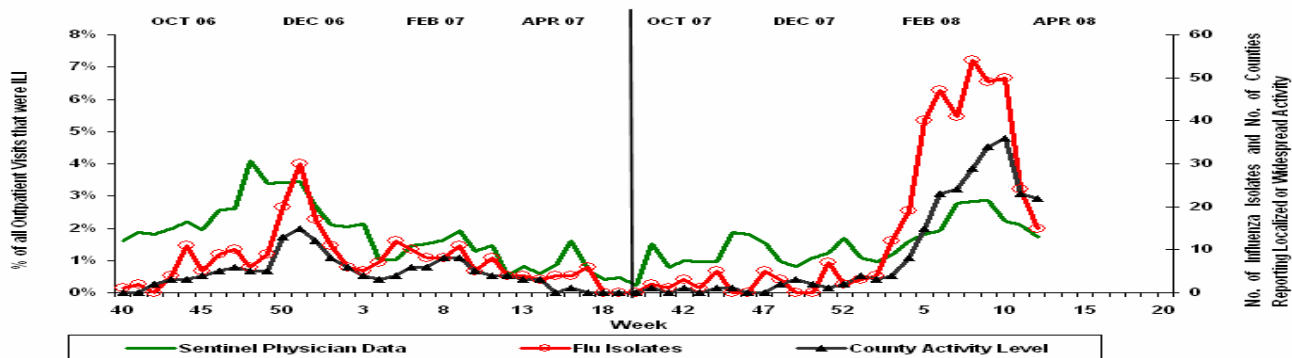
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I. SUMMARY

This is twenty-fifth weekly Florida influenza surveillance report for the 2007-08 season. Influenza surveillance in Florida consists of six surveillance components: 1) Florida Sentinel Physician Influenza Surveillance Network (FSPISN)*; 2) Florida Pneumonia & Influenza Mortality Surveillance System; 3) State laboratory viral surveillance; 4) County influenza activity levels; 5) Notifiable Disease Reports: Influenza-associated deaths in children & post-influenza infection encephalitis; 6) Influenza or ILI outbreaks.

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. Regional activity has been reported for Florida for this reporting week (Week 12). There has been an increase in influenza activity in the Southeast and Northwest regions of Florida as well as recent lab confirmed cases. Because of this increase, Florida meets the CDC regional activity definition. The CDC definition for regional activity is: Outbreaks of influenza or increases in influenza-like illness (ILI) cases and recent laboratory confirmed influenza in at least 2 but less than half the regions of the state. The CDC report can be viewed at <http://www.cdc.gov/flu/weekly/usmap.htm>.

During week 12 the proportion of patient visits for influenza-like illness (ILI) as reported by the Florida Sentinel Physician Influenza Surveillance Network was 1.71 percent. This is below the state threshold for moderate activity of 1.75 percent. Fourteen of the 22 specimens tested by Bureau of Laboratories were positive for influenza. Two counties reported widespread activity and twenty-two counties reported localized activity. Twenty-one counties reported sporadic activity and 6 counties reported no activity. Seventeen counties did not report. The graph below shows the progression of the 2006-07 & 2007-08 Florida influenza seasons as monitored by three** of six surveillance systems.



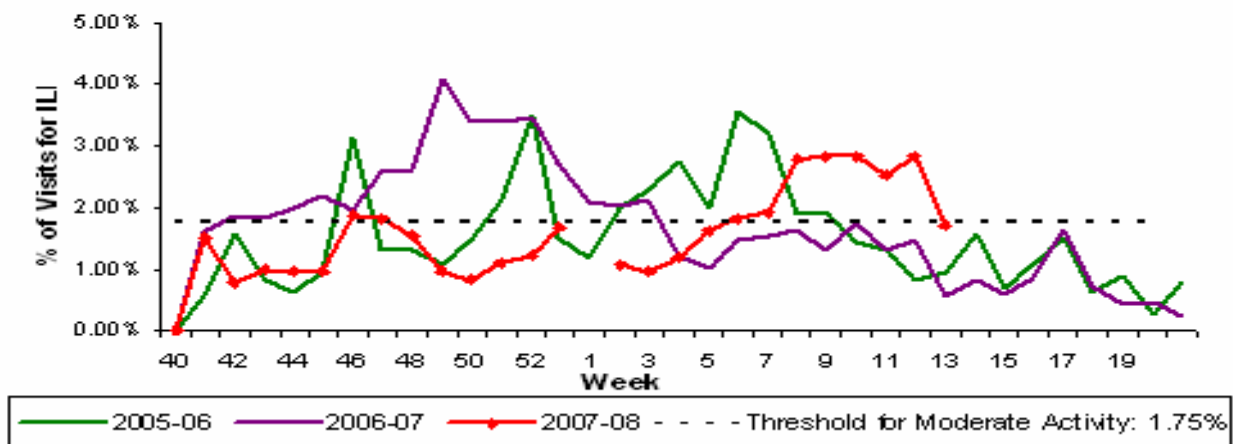
*The purposes of these surveillance systems are to determine when and where influenza activity is occurring, to identify circulating viruses, to detect changes in the circulating influenza viruses, to track patterns of influenza-associated morbidity and mortality and estimate the overall impact of influenza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

**1) FSPISN, 2) State Laboratory Viral Surveillance, and 3) County Activity Levels.

II. FSPISN INFLUENZA-LIKE ILLNESS STATEWIDE GRAPH

During week 12, 1.71%* of patient visits to Florida sentinel providers were due to ILI. This percentage is above the statewide baseline of 1.75%** . The percentage of visits ranged from 0.00% in the Southwest region to 3.03% in the Northwest region. For the 2006-07 influenza season the statewide ILI activity percent 1.93% for week 12.

Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers Statewide Summary 2007-08, 2006-07, and 2005-06



*FSPISN reporting is incomplete for this week (36%). Numbers may change as more reports are received.

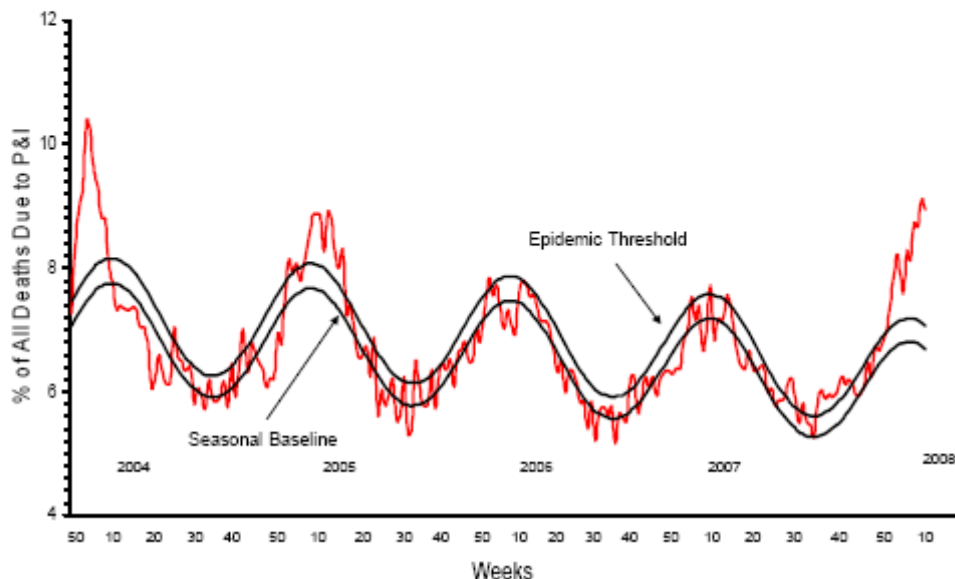
**The 2006—07 threshold for moderate activity is calculated from the previous 3 years of FSPISN data. Only weeks with 10% or greater of laboratory specimens testing positive are included in the calculation. The threshold is only specific to 2007—08 data.

III. Florida Pneumonia and Influenza Mortality Surveillance

Florida is currently in the process of updating P&I mortality surveillance. Please refer to the national data compiled by the CDC below.

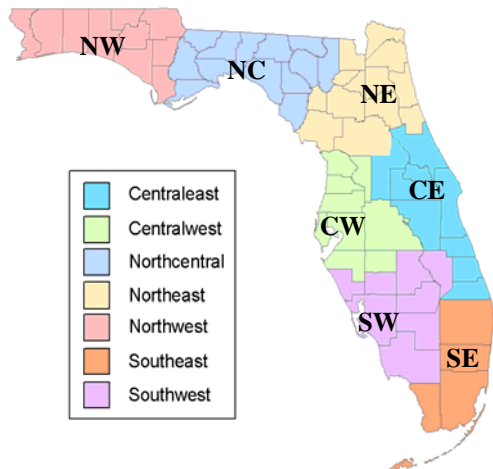
Pneumonia and Influenza (P&I) Mortality Surveillance: During week 12, 8.9% of all deaths reported through the 122 Cities Mortality Reporting System were reported as due to P&I. This percentage is above the epidemic threshold of 7.1% for week 12. Including week 12, P&I mortality has been above epidemic threshold for eleven consecutive weeks.

Pneumonia and Influenza Mortality
for 122 U.S. Cities
Week Ending 03/22/2008



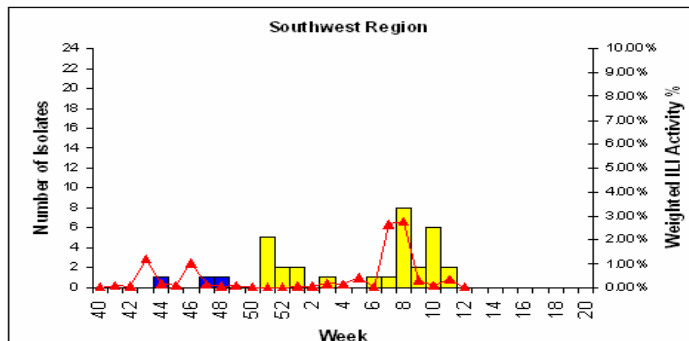
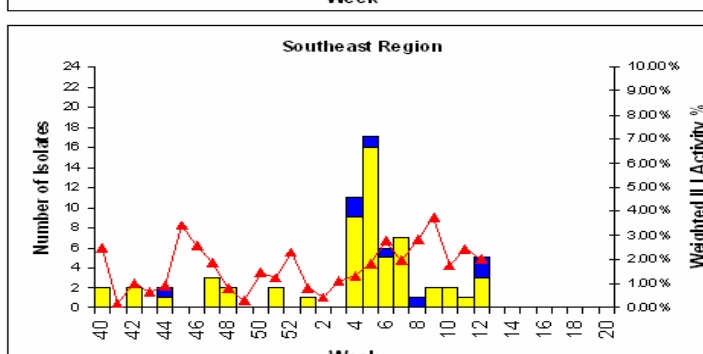
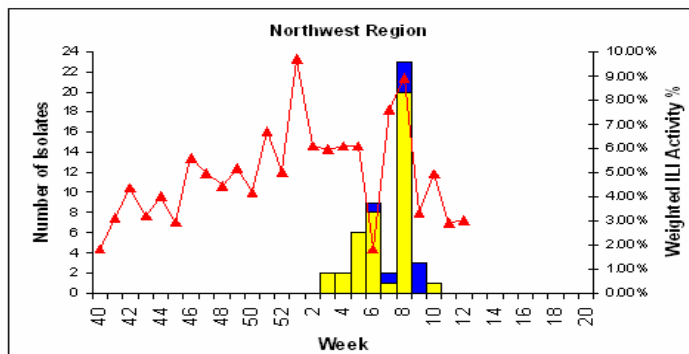
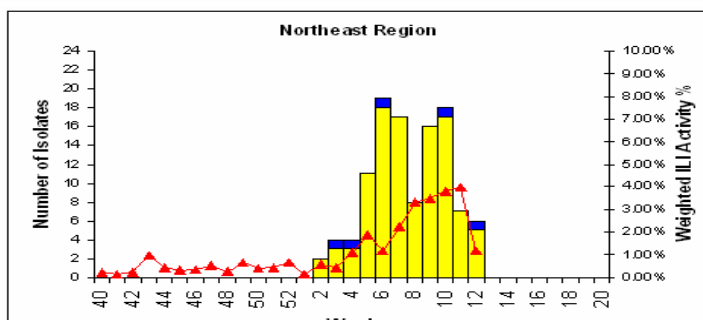
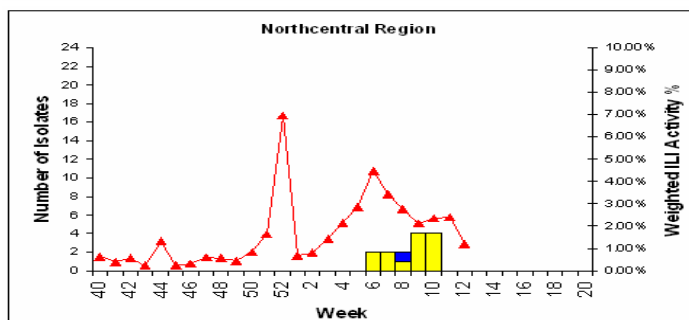
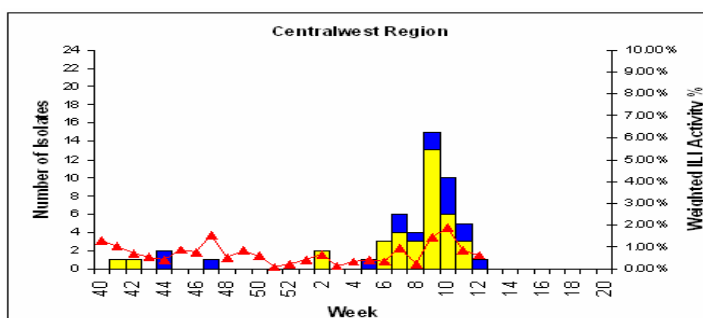
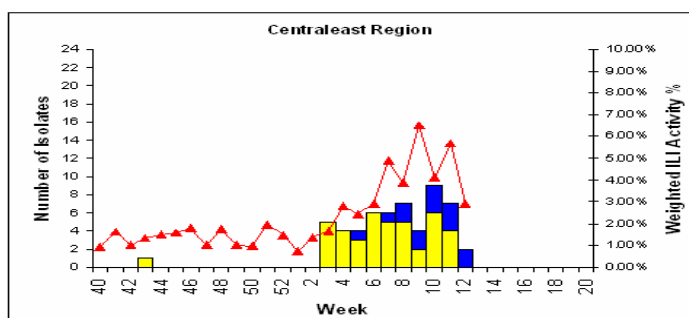
IV. LABORATORY AND INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE BY REGION

Influenza Surveillance Regions



The table below shows the weighted ILI activity by region as reported by Florida sentinel physicians for the 2006-07 & 2007-08 seasons. The graphs below include ILI activity as reported by sentinel physicians and FDOH laboratory data.

Week 12: FSPISN Weighted ILI Activity, by Region 2006-07 & 2007-08 Seasons		
REGION	2007-08 ILI %	2006-07 ILI %
Centraleast	2.92%	0.88%
Centralwest	0.62%	0.58%
Northcentral	1.20%	1.29%
Northeast	1.17%	0.54%
Northwest	3.03%	0.69%
Southeast	1.99%	0.38%
Southwest	0.00%	0.00%



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

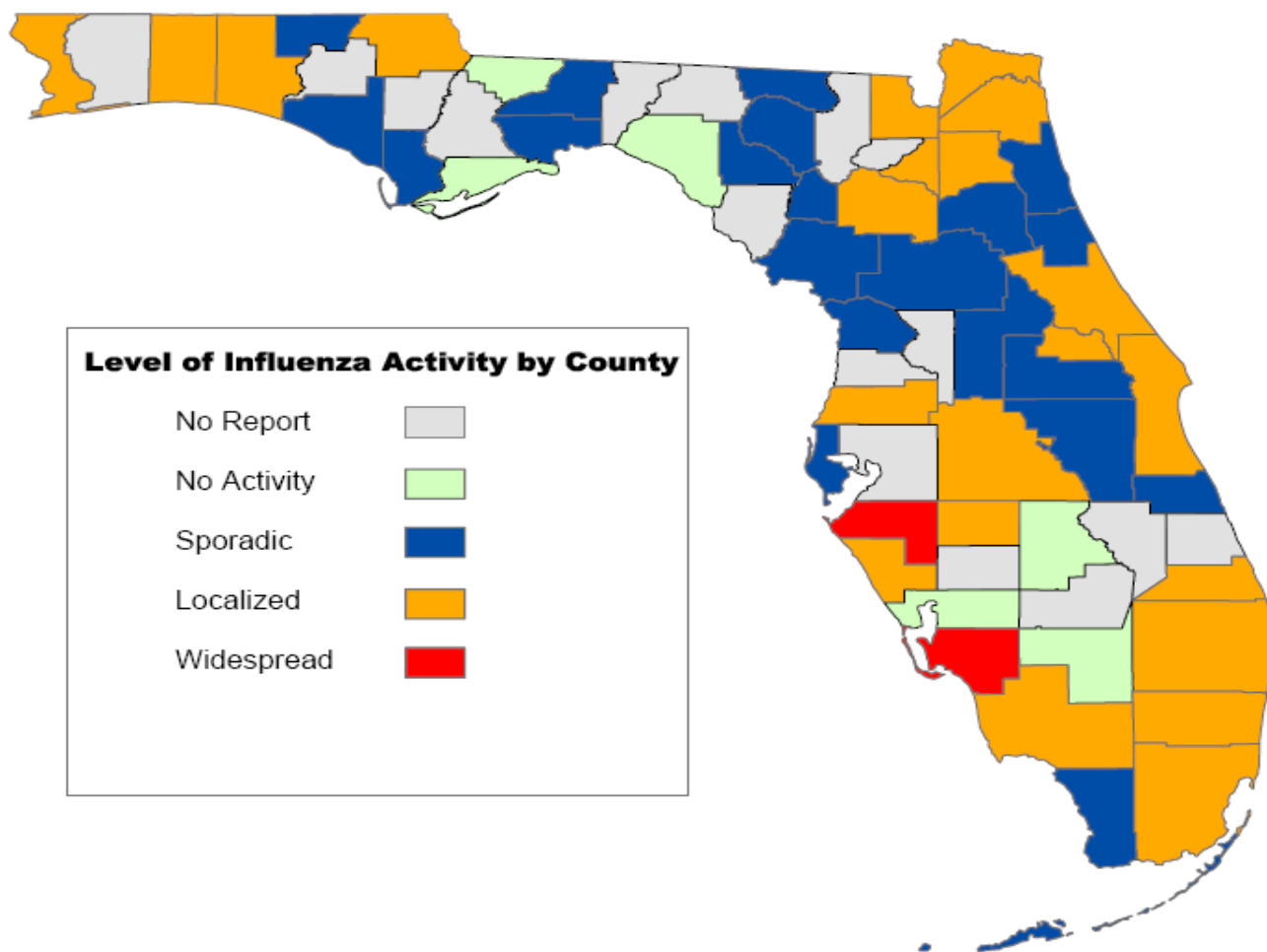
V. COUNTY INFLUENZA ACTIVITY MAP

During week 12, two counties reported widespread activity (Lee, Manatee). Twenty-two counties reported localized activity (Alachua, Baker, Bradford, Brevard, Broward, Clay, Collier, Dade, Duval, Escambia, Hardee, Jackson, Martin, Nassau, Okaloosa, Palm Beach, Pasco, Polk, Sarasota, Seminole, Volusia, Walton). Twenty-one counties (Bay, Citrus, Flagler, Gilchrist, Gulf, Holmes, Indian River, Lafayette, Lake, Leon, Levy, Marion, Orange, Osceola, Pinellas, Putnam, St. Johns, Suwannee, Wakulla) reported sporadic activity. Six counties reported no activity. Seventeen counties did not report.

Weekly County Influenza Activity

(Week ending March 22, 2008 - Week 12)

County influenza activity levels are reported by county health department epidemiologists



Florida Department of Health
Bureau of Epidemiology

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 Map printed March 28, 2008

COUNTY INFLUENZA ACTIVITY LEVEL DEFINITIONS

0 = No Activity:

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

1 = Sporadic:

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

2=Localized:

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

AND

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

3=Widespread:

- And/or {
- An increase in ILI[§] activity detected in ≥ 2 surveillance systems in the county.
 - 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 $\geq 100^{\circ}\text{F}$ 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.

[‡]Settings include institutional settings (LTCFs, hospitals, prisons, schools, companies) & the community.

VI. REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESS (ILI) OUTBREAKS

On March 20, 2008 the Hillsborough CHD Epidemiology Program received a call from a local ER physician regarding three residents at an Assisted Living Facility that tested positive for Influenza A by Rapid Flu test. Out of the 99 residents, 13 were sent to the hospital with ILI symptoms. Of the 13, 5 tested positive for Influenza A and were treated with Tamiflu. Of the eight other probable cases seven were treated with Tamiflu. Four employees ill with ILI symptoms were not tested for influenza. All but one of the ill residents had received the flu vaccine earlier this year and 90% of the total residents in the facility had also received the influenza vaccine.

The Nassau CHD observed a substantial increase in flu activity at numerous health care sites beginning 2/4/08 and peaking 02/24-29. Two clinics reported 145 ILIs and 93 confirmed cases of influenza using rapid flu test kits. Of the 93 confirmed cases, 85 were type A, 3 were type B, and 5 were unknown.

The Brevard CHD received a phone call on 02/22/08 from a local assisted living facility regarding an outbreak of respiratory illness in patients. Ten of the 39 Alzheimer's and dementia residents were experiencing flu like symptoms of fever, cough, and congestion with onset dates from 02/19/08 to 02/22/08. All residents of the facility had been vaccinated for influenza in November 2007. Prophylaxis was initiated in symptomatic individuals and unvaccinated staff received the influenza vaccine along with Tamiflu.

On 02/20/08, the Jackson CHD was notified by a correctional facility in the county that six inmates were ill with ILI. Five of the 6 pharyngeal swabs sent to the state lab were positive for Influenza A.

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

As of the week ending March 22, 2008, there were 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 07-08 Influenza Season
Influenza-associated deaths among those <18 years of age	1
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: http://www.doh.state.fl.us/disease_ctrl/epi/topicscrforms.htm.

VIII. SUMMARY OF WORLDWIDE A/H5N1 INFLUENZA ACTIVITY

Update 03/18/2008

Since the recent outbreak activity began at the end of December 2003, there have been a total of 373 confirmed human cases and 236 deaths. Cases and deaths occurred in the following nations: Azerbaijan 8 cases and 5 deaths; Cambodia 7 cases and 7 deaths; China 30 cases and 20 deaths; Djibouti 1 case 0 deaths; Egypt 47 cases and 20 deaths; Indonesia 129 cases and 105 deaths; Iraq 3 cases and 2 deaths; Lao People's Democratic Republic 2 cases and 2 deaths; Myanmar 1 case and 0 deaths; Nigeria 1 case and 1 death; Thailand 25 cases and 17 deaths; Turkey 12 cases and 4 deaths; and, Vietnam 106 cases and 52 deaths.

Changes in the WHO case definition for human infection with avian influenza H5N1 can be found here:

http://www.who.int/csr/disease/avian_influenza/guidelines/case_definition2006_08_29/en/index.html

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

During weeks 11-12, the Ministry of Health in Viet Nam announced a new fatal human case of avian influenza A (H5N1). The case was a 11-year-old male from the Thanh Liem district, Ha Nam province with symptom onset March 4, hospitalization on March 9, and died on March 14. A history of contact with sick and/or dead poultry was noted prior to illness.

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.

