FLORIDA INFLUENZA SURVEILLANCE

Week 20: May 17th 2009—May 23rd 2009



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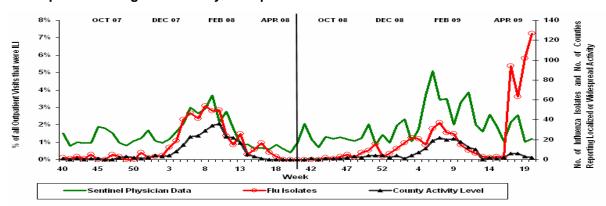
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I. SUMMARY

This is the thirty-fourth weekly Florida influenza surveillance report for the 2008-09 season. Influenza surveillance in Florida consists of seven surveillance components*: 1) Florida Sentinel Physician Influenza Surveillance Network (FSPISN); 2) Florida Pneumonia & Influenza Mortality Surveillance System; 3) Bureau of Laboratories viral surveillance; 4) County influenza activity levels; 5) Notifiable Disease Reports: Influenza-associated deaths in children, post-influenza infection encephalitis and novel influenza cases; 6) Influenza or ILI outbreaks; 7) Syndromic surveillance.

During week 20 (05/17/09-05/23/09), the proportion of patient visits for influenza-like illness (ILI) as reported by the Florida Sentinel Physician Influenza Surveillance Network was 1.19 percent. This is below the state threshold for moderate activity of 2.98 percent. One hundred and twenty-seven of the two hundred and eighty-five ILI specimens tested by Bureau of Laboratories were positive for influenza. No counties reported widespread activity and two counties reported localized activity. Twenty-seven counties reported sporadic activity and 19 counties reported no activity. Nineteen counties did not report. The graph below shows the progression of the 2007-08 & 2008-09 Florida influenza seasons as monitored by three** of seven surveillance systems.

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. Sporadic activity has been reported in Florida for this reporting week (week 20). Florida meets the CDC sporadic activity definition. The CDC definition for sporadic activity is: Small numbers of laboratory-confirmed influenza cases or a single laboratory confirmed outbreak has been reported, but there is no increase in cases of ILI. The CDC report can be viewed at http://www.cdc.gov/flu/weekly/usmap.htm.

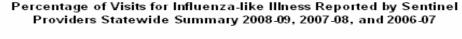


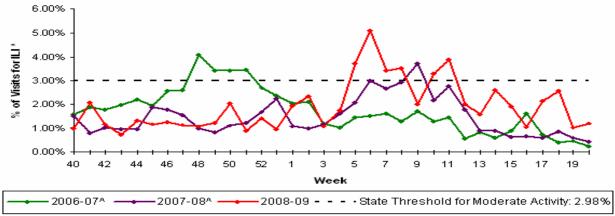
^{*}The purposes of these surveillance systems are to determine when and where influenza activity is occurring, to identify circulating viruses, to detect changes in the circulating influenza viruses, to track patterns of influenza-associated morbidity and mortality and estimate the overall impact of 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 20, 1.19%* of patient visits to Florida sentinel providers were due to ILI. This percentage is below the statewide threshold for moderate activity of 2.98%**. The percentage of visits ranged from 0.00% in the Southwest to 1.54% in the Southheast region.





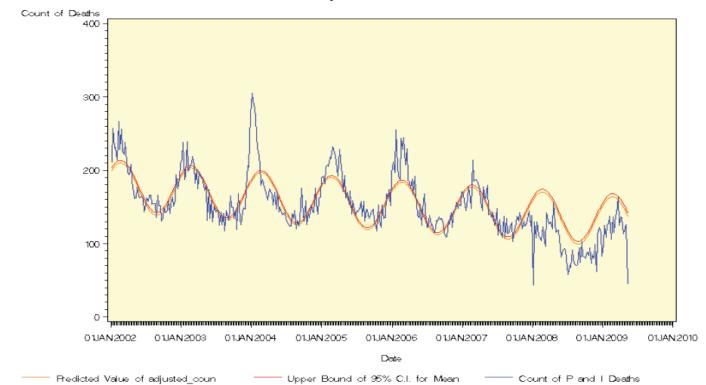
^{*}FSPISN reporting is incomplete for this week (29% of providers reported). Numbers may change as more reports are received. Data displayed is weighted to the state population.

^ There was no week 53 during the 2006-07 and 2007-08 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

III. FLORIDA PNEUMONIA AND INFLUENZA MORTALITY SURVEILLANCE

During week 20, the total count of pneumonia and influenza (P&I) deaths reported was below the epidemic threshold. This indicates there were no deaths in excess of the expected count for week 20 and observed mortality does not indicate that Florida has surpassed the epidemic threshold for this week**.

Pneumonia and Influenza Mortality for 24 Florida Counties, Counts Model

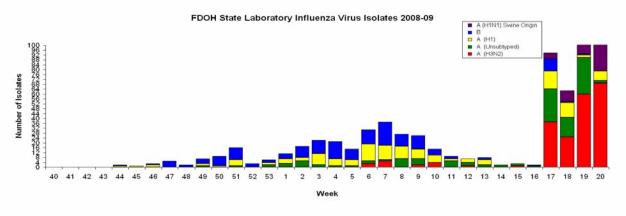


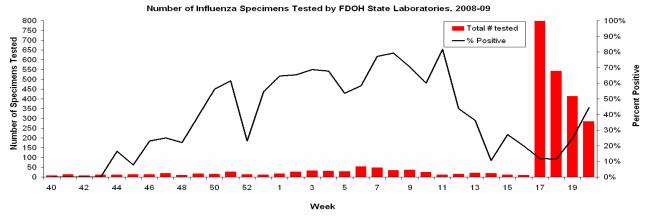
**Twenty-one of 24 counties reported P&I deaths to create this trend graph. Please note: Data from Lake, Orange, and Volusia was not available. 100% participation is required for this graph to provide an accurate representation. We look forward to 100% participation for the duration of the influenza season.

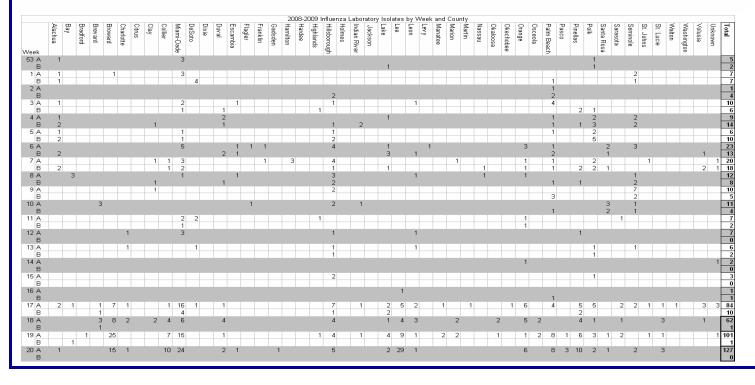
^{**}The 2008—09 threshold for moderate activity is calculated from FSPISN data. The threshold for moderate activity is the mean percentage of patient visits for ILI during influenza weeks for the previous three seasons plus two standard deviations. Only weeks with 10% or greater of laboratory specimens 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.

IV. FDOH LABORATORY SURVEILLANCE

During week 20, Florida Department of Health Bureau of Laboratories tested a total of 285 specimens for influenza viruses. One hundred twenty-seven (45%) of 285 were positive for influenza. Eight were influenza AH1, sixty-nine were influenza A H3, two were influenza A unknown, forty-eight were influenza A H1N1 swine origin, and none were influenza B unknown. The Bureau of Laboratories have tested a total of 2649 specimens so far this season. Out of the 2649 tested, 693 (26%) isolates were positive: 536 (77%) of the 564 isolates have been influenza A and 157 (23%) influenza B isolates. Enhanced laboratory testing activities in response to possible swine origin influenza A H1N1 activity was initiated in week 17. Increased testing lead to an increase in the total number of positive influenza isolates identified. Laboratory information is preliminary and may change as additional results are received. Totals from previous weeks will be adjusted to reflect correct specimen numbers.

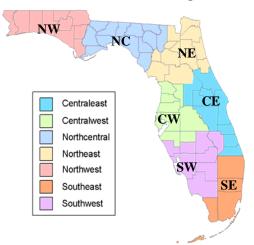






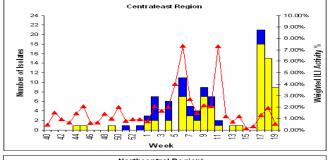
V. LABORATORY AND INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE BY REGION

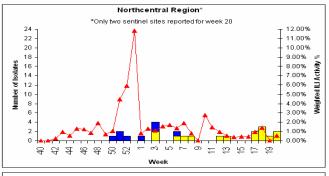
Influenza Surveillance Regions

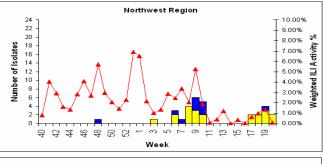


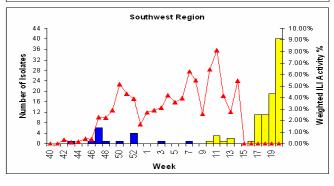
The table below shows the weighted ILI activity by region as reported by Florida sentinel physicians for the 2007-08 & 2008-09 seasons. The graphs below include ILI activity as reported by sentinel physicians and FDOH laboratory data.

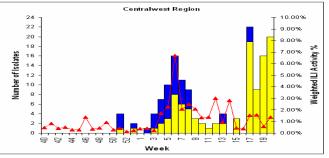
Week 20: FSPISN Weighted ILI Activity, by Region 2007-08 & 2008-09 Seasons					
REGION	2008-09 ILI %	2007-08 ILI %			
Centraleast	0.56%	0.00%			
Centralwest	1.35%	0.02%			
Northcentral	0.53%	0.00%			
Northeast	1.28%	0.00%			
Northwest	0.08%	0.75%			
Southeast	1.54%	0.90%			
Southwest	0.00%	0.00%			

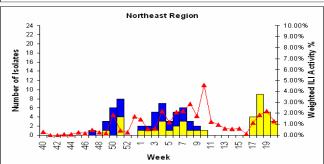


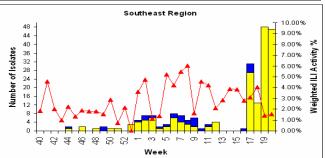












- Influenza A specimens FDOH Laboratories
- Influenza B specimens FDOH Laboratories
- % of visits for ILI, reported by sentinel providers

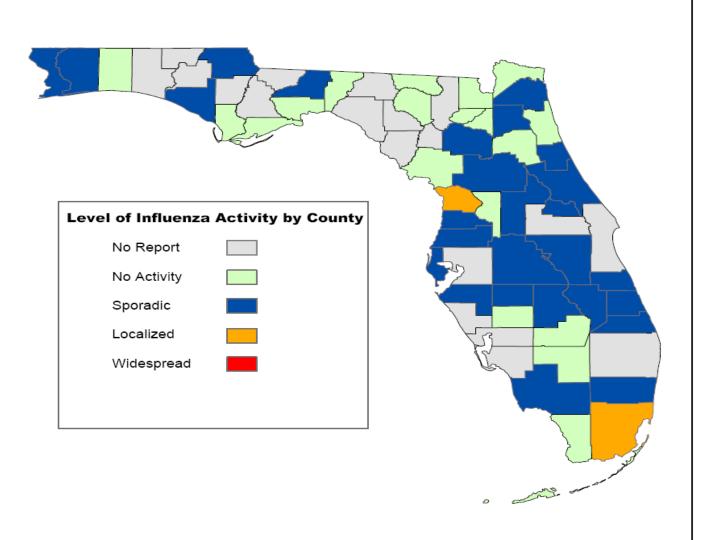
VI. COUNTY INFLUENZA ACTIVITY MAP

During week 20, no counties reported widespread activity. Two counties reported localized activity (Citrus, Miami-Dade). Twenty-seven counties (Alachua, Bay, Broward, Clay, Collier, Duval, Escambia, Flagler, Hardee, Hernando, Highlands, Indian River, Jackson, Lake, Leon, Manatee, Marion, Martin, Okeechobee, Osceola, Pasco, Pinellas, Polk, St. Lucie, Santa Rosa, Seminole, Volusia) reported sporadic activity. Nineteen counties reported no activity. Nineteen counties did not report. *Please note:* data reported from counties reporting after the deadline are recorded but may not be included in the activity map below.

Weekly County Influenza Activity

(Week ending May 23, 2009 - Week 20)

County influenza activity levels are reported by county health department epidemiologists





Florida Department of Health Bureau of Epidemiology

Disclaimer: This product is for reference purposes only and is not to be construed as a legal document. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting there from. Map printed May 28, 2009 at 3:10 pm ET.

COUNTY INFLUENZA ACTIVITY LEVEL DEFINITIONS

0 = No Activity:

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

1 = Sporadic:

a. Isolated cases of laboratory confirmed influenza[†] in the county.

b. An ILI§ outbreak in a single setting[‡] in the county. (No detection of decreased ILI§ activity by surveillance systems*)

2 = Localized:

And/or

- (a. ILI[§] activity detected by a *single* surveillance system* within the county. ILI[§] activity has not been detected by *multiple* ILI surveillance systems.)
 - b. Two or more outbreaks (ILI§ or lab confirmed) detected in a *single* setting in the county.

AND

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

3 = Widespread:

- a. An increase in ILI[§] activity detected in ≥2 surveillance systems in the county.
- b. 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 ³ 100°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.

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

During week 20 there was an influenza outbreak at a Seminole county high school. Two students and a teacher tested positive for novel influenza A H1N1 swine origin by the Bureau of Laboratories (Jacksonville). The onset of the first case was on May 18, 2009. Four additional contacts to the ill individuals were tested for influenza and only one has tested positive at this time. Results are pending on a final specimen.

During week 20 the Hillsborough county epidemiology department reported a summary of several seasonal influenza outbreaks and clusters of novel influenza over the last month. Outbreak details can be found on Epi Com.

County Health Department epidemiologists should report Influenza and ILI outbreaks via EpiCom at: https://fdens.com/ vabtrs/GateStart.aspx within the Influenza Forum.

Total influenza or ILI outbreaks reported as of week 20 (05/23/09): 10

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

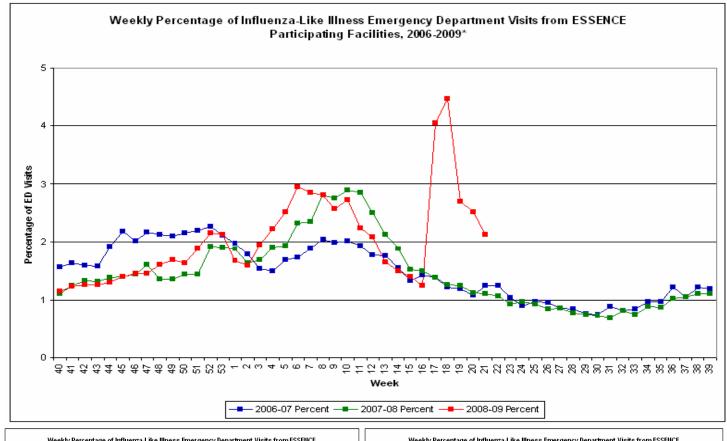
As of the week ending May 23, 2009, there were no influenza-associated deaths among those <18 years of age and/ or post influenza infection encephalitis reported in the state of Florida.

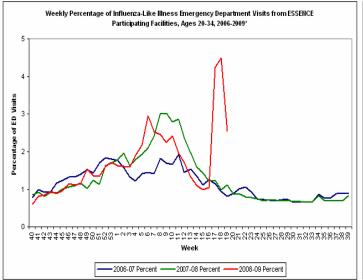
Reportable Disease	# of Cases 08-09 Influenza Season	
Influenza-associated deaths among those <18 years of age	3*	
Post-influenza infection encephalitis	0	

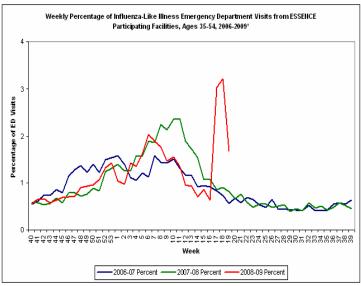
^{*}Case reported during week 6 was reclassified as a suspect case. Please note that status of reported cases are subject to change upon receipt of additional information. Influenza-associated deaths among those <18 years of age and/or post-influenza infection encephalitis

are reportable; case report forms can be accessed at: http://www.doh.state.fl.us/disease ctrl/epi/topicscrforms.htm.

Florida uses the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) for syndromic surveillance, which currently collects data from 107* hospitals. 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. The data are collected on a daily basis from participating hospital emergency departments (ED) across the state. Displayed below are the percentage of ILI visits to local EDs from 2006 to 2009 by week.







*The total number of facilities participating in ESSENCE has increased steadily from 2006 to 2009. In 2007 ES-SENCE was implemented as the state syndromic surveillance system. Please note that numbers may change as facility data is updated.

X. SUMMARY OF WORLDWIDE, UNITED STATES, AND FLORIDA NOVEL INFLUENZA ACTIVITY

Accessed on: 05/28/09

Avian Influenza A (H5N1)

Since the outbreak activity of avian influenza A (H5N1) began at the end of December 2003, there have been a total of 431 confirmed human cases and 262 deaths. Cases and deaths have occurred in the following nations: Azerbaijan 8 cases and 5 deaths; Bangladesh 1 case 0 and deaths; Cambodia 8 cases and 7 deaths; China 38 cases and 25 deaths; Djibouti 1 case and 0 deaths; Egypt 76 cases and 27 deaths; Indonesia 141 cases and 115 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; Pakistan 3 cases and 1 death; Thailand 25 cases and 17 deaths; Turkey 12 cases and 4 deaths; and, Vietnam 111 cases and 56 deaths. 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/ai_timeline/en/index.html

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

During week 20, the Ministry of Health of Egypt reported seven new cases of avian influenza. The first case is a 4-year old boy from Kafr Sakr District, Sharkia Governorate. His symptoms began on May 10, 2009 and he was admitted to Zagazig Fever Hospital on May 11th. He is in a stable condition. The second case is a 3-year old boy from Mahalla District, Gharbia Governorate. His symptoms began on May 12th, and he was admitted to Mahalla Fever Hospital on May 15, 2009. He is in a stable condition. The third case was a 4-year old girl from Meet Ghamr District, Dakahlia Governorate. Her symptoms began on May 9, 2009 and she was admitted to Mansoura Chest Hospital on May 17th. She died on May 18, 2009. The fourth case is a 4-year old boy from Sherbin District, Dakahlia Governorate. His symptoms began on May 18, 2009 and he was admitted to Mansoura Chest Hospital on the same day. He is in a stable condition. The fifth case is a 3-year old boy from Sohag District, Sohag Governorate. His symptoms began on May 17, 2009 and he was admitted to Sohag Fever Hospital on May 18, 2009. He is in a stable condition. The sixth and seventh cases are from two separate districts of Sharkia Governorate. The sixth case is a 4-year old male from Hehia City, Hehia District. His symptoms began with fever on May 24, 2009. The seventh case is a 4-year old female from Abo Hammad District. Her symptoms began with fever on May 23, 2009. Both cases were admitted to Zagazig Fever Hospital where they received oseltamivir and are in a stable condition. All reported cases had close contact with dead and sick poultry.

More information about these cases can be found at http://www.who.int/csr/disease/avian_influenza/updates/en/index.html

Influenza A (H1N1) - (Swine Origin) -Accessed 05/28/09

Worldwide, a total of 14,561 confirmed human cases and 96 confirmed deaths due to influenza A (H1N1) have been reported, since the virus was first recognized in April 2009. Laboratory confirmed cases and deaths have occurred in the following nations: Argentina 19 cases, 0 deaths; Australia 39 cases, 0 deaths; Austria 1 case, 0 deaths; Bahrain 1 case, 0 deaths; Belgium 7 cases, 0 deaths; Brazil 9 cases, 0 deaths; Canada 921 cases, 1 death; Chile 86 cases, 0 deaths; China 22 cases, 0 deaths; Columbia 16 cases, 0 deaths; Costa Rica 33 cases, 1 death; Cuba 4 cases, 0 deaths; Denmark 1 case, 0 deaths; Ecuador 28 cases, 0 deaths; El Salvador 11 cases, 0 deaths; Finland 2 cases, 0 deaths; France 16 cases, 0 deaths; Germany 17 cases, 0 deaths; Greece 1 case, 0 deaths; Guatemala 5 cases, 0 deaths; Honduras 1 case, 0 deaths; Iceland 1 case, 0 deaths; India 1 case, 0 deaths; Ireland 1 case, 0 deaths; Israel 9 cases, 0 deaths; Italy 23 cases, 0 deaths; Japan 360 cases, 0 deaths; Kuwait 18 cases, 0 deaths; Malaysia 2 cases, 0 deaths; Mexico 4,541 cases, 83 deaths; Netherlands 3 case, 0 deaths; New Zealand 9 cases, 0 deaths; Norway 4 cases, 0 deaths; Panama 76 cases, 0 deaths; Peru 27 cases, 0 deaths; Philippines 2 cases, 0 deaths; Poland 3 cases, 0 deaths; Portugal 1 case, 0 deaths; Republic of Korea 21 cases, 0 deaths; Russia 2 cases, 0 deaths; Singapore 1 case, 0 deaths; Turkey 2 cases, 0 deaths; Sweden 3 cases, 0 deaths; Switzerland 3 cases, 0 deaths; Thailand 2 cases, 0 deaths; Turkey 2 cases, 0 deaths; and, United Kingdom 137 cases, 0 deaths.

For a summary of the most up to date H1N1 information please visit: http://www.who.int/csr/disease/swineflu/en/index.html

In the United States, a total of 48 states (including the District of Columbia) have reported confirmed cases of Influenza A (H1N1) swine origin. There have been a total of 7,927 cases and 11 deaths reported as of May 27, 2009.

For the latest information about this rapidly evolving situation please visit: http://www.cdc.gov/h1n1flu/

Accessed on:

05/29/09

In Florida, laboratory confirmed cases of Influenza A (H1N1) - Swine Origin are as follows:

Confirmed swine influenza H1N1 cases by county (n=194), Florida, as of May 29, 2009

	Frequency	Percent
ALACHUA	1	0.52
BRADFORD	1	0.52
BREVARD	4	2.06
BROWARD	32	16.49
CLAY	1	0.52
COLLIER	5	2.58
DADE	42	21.65
DESOTO	1	0.52
DUVAL	2	1.03
FLAGLER	1	0.52
HIGHLANDS	1	0.52
HILLSBOROUGH	16	8.25
INDIAN RIVER	1	0.52
LAKE	2	1.03
LEE	21	10.82
LEON	1	0.52
MANATEE	3	1.55
MARION	2	1.03
MARTIN	1	0.52
NASSAU	1	0.52
ОКЕЕСНОВЕЕ	1	0.52
ORANGE	8	4.12
OSCEOLA	2	1.03
PALM BEACH	12	6.19
PASCO	5	2.58
PINELLAS	7	3.61

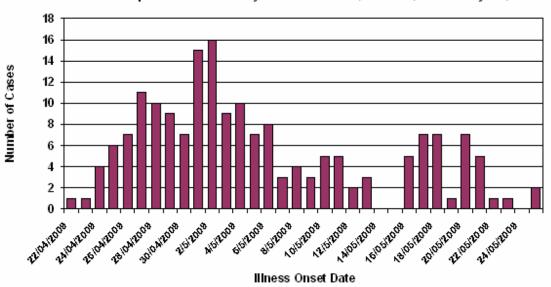
X. SUMMARY OF WORLDWIDE, UNITED STATES, AND FLORIDA NOVEL INFLUENZA ACTIVITY

POLK	6	3.09
SANTA ROSA	1	0.52
SARASOTA	4	2.06
SEMINOLE	4	2.06
ST. JOHNS	3	1.55
ST. LUCIE	1	0.52
SUMTER	1	0.52

There are no probable swine influenza H1N1 cases in Florida, as of May 29, 2009

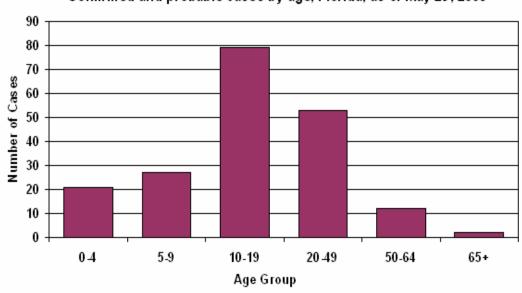
Note: Flagler County case diagnosed in AZ while in the process of relocating was determined to be a FL resident and is included in the case count. Four cases (2 Dade, 2 Okaloosa) previously reported as probable were found to be negative and were removed from the case count. Subsequently, one of the Dade County cases was determined to be positive and was added back into the case count.

Confirmed and probable cases by date of onset*, Florida, as of May 29, 2009



*Note that 12 confirmed cases are missing dates of onset.

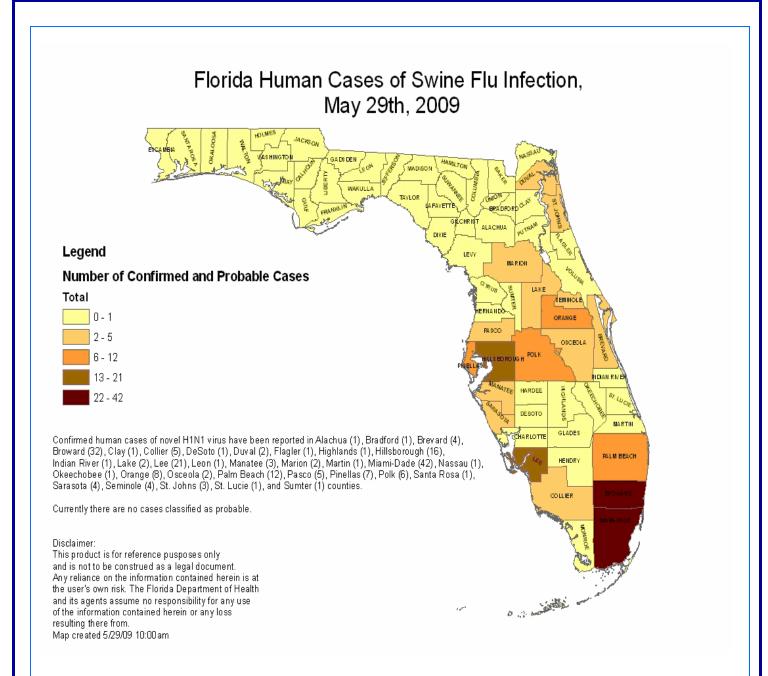
Confirmed and probable cases by age, Florida, as of May 29, 2009



Confirmed and probable cases by date of gender* and age, Florida, as of May 29, 2009

	#	%	Rate (per 100,000)			
Gender						
Female	89	45.88	0.91			
Male	105	54.12	1.12			
Total	194	100.00	1.01			
Age (range=1-75, average=19.5, median=15)						
0-4	21	10.82	1.86			
5-9	27	13.92	2.33			
10-19	79	40.72	3.29			
20-49	53	27.32	0.71			
50-64	12	6.19	0.33			
65+	2	1.03	0.06			
Total	194	100.00	1.01			

X. SUMMARY OF WORLDWIDE, UNITED STATES, AND FLORIDA NOVEL INFLUENZA ACTIVITY



Human cases of influenza due to infection from novel or pandemic strains are reportable in Florida. Reports should be made to the Department of Health 24/7 upon initial suspicion. Reporting guidelines for hospitals and clinicians can be found at http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/index.html