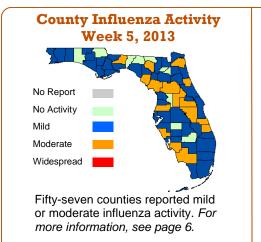


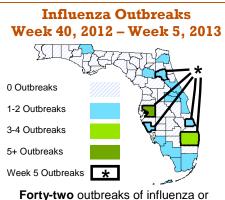
Week 5: January 27-February 2, 2013

Summary

The Florida Department of Health (FDOH) uses many different surveillance systems to measure influenza activity. A summary of all these systems can be found on page 11.

- Most Florida county health departments report Mild or Moderate influenza activity. Sixteen counties reported Moderate influenza activity.
- Eight counties reported increasing influenza activity, a decrease from 17 last week. Thirtyeight counties reported that influenza activity has plateaued (flat activity that is neither increasing nor decreasing), the highest number of counties reporting flat activity since October.
- Emergency department influenza-like illness (ILI) visits remain elevated statewide, but have decreased in recent weeks. In emergency departments reporting to ESSENCE-FL, the statewide percent of emergency department visits that are for ILI is between 4 and 5%.
 - In the Panhandle and Southwest Florida, emergency department ILI visits continue to trend downward, but visits are slightly elevated in week 5.
 - In Northeast, Central, and Southeast Florida, emergency department visits for ILI remain elevated, and have stayed flat in the past few weeks.
- Nationally, the most common subtype of influenza detected is influenza A H3, followed by influenza B. Florida is showing the same trend.
 - In Florida, around half of the specimens that have been submitted for influenza testing at BPHL in recent weeks are testing positive for influenza. Most of these are influenza A H3, but influenza B is also circulating, and small numbers of 2009 influenza A H1N1 specimens have also been reported. All of these are seasonal strains of influenza.
 - Influenza virus is circulating in all regions of the state.
 - Nationally (including Florida) almost all circulating influenza is a good match for the vaccine.
- Influenza outbreaks (epidemiologically linked cases of influenza in a single setting) continue to be reported by counties around the state. Most of these are caused by influenza A and are occurring in skilled nursing facilities, nursing homes, and other long-term care facilities.
- No pediatric influenza-associated mortalities were reported in week 5, 2013.
 - Five pediatric influenza-associated mortalities have been reported in the 2012-2013 season.
- The preliminary estimated number of Florida deaths due to pneumonia or influenza in week 4 is lower than the seasonal baseline, based on previous years' data. Estimated deaths due to pneumonia and influenza are identified using preliminary death certificate data.
 - Nationwide data from CDC show higher than expected numbers of pneumonia and influenza deaths for week 4.





Forty-two outbreaks of influenza or ILI have been reported since October, 2012 (five in week 5, 2013). For more information, see page 10.

February 6, 2013

Posted on the Bureau of Epidemiology website: <u>http://</u> www.doh.state.fl.us/floridaflu/

HEALTH

Produced by: Bureau of Epidemiology, Florida Department of Health (FDOH)

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TABLE 1: Summary of Florida Influenza-Like Illness (ILI) Activity for Week 5				
Measure	Difference from Previous Week	Current Week 5	Previous Week 4	Page of Report
Overall statewide activity code reported to CDC	No Change	Widespread	Widespread	1
Percent of visits to ILINet providers for ILI	▲ 0.1	2.3%	2.2%	2
Percent of emergency department visits (from ESSENCE-FL) due to ILI	▼ 0.1	4.0%	4.1%	3
Percent of laboratory specimens that were positive for influenza	▲ 1.4	50.0%	48.6%	5
Number of counties reporting moderate influenza activity	▼ 8	16	24	6
Number of counties reporting widespread influenza activity	▼ 1	0	1	6
Number of counties reporting increasing influenza activity	▼ 9	8	17	7
Number of counties reporting decreasing influenza activity	▲ 4	17	13	7
Number of ILI outbreaks reported in EpiCom	▲ 3	4	1	10

ILINet Influenza-Like Illness-Statewide

ILINet is a nationwide surveillance system composed of sentinel providers. Florida has 110 providers enrolled in ILINet who submit weekly ILI and total visit counts, as well as submitting ILI specimens to the Bureau of Public Health Laboratories (BPHL) for confirmatory testing. For this season, the Bureau of Epidemiology (BOE) has designated 14 of these ILINet physicians' offices as Super-Sentinels. These Super-Sentinels will receive more active follow-up from BOE and participating county health departments, with the goal of increasing data quality and surveillance specimen submission.

FIGURE 1 shows the percentage of visits for ILI* reported by ILINet Sentinel Providers statewide.

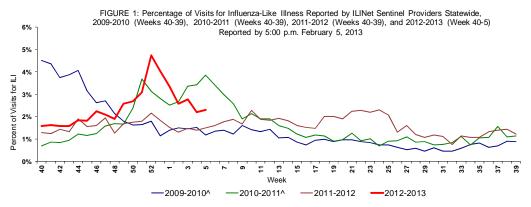
The percent of visits to sentinel outpatient physicians for ILI has declined in the last three weeks.

65 of 110 ILINet Sentinels reported visit counts as of 12:00 p.m., February 6, 2013.

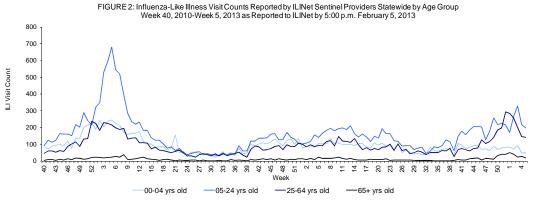
11 of 14 ILINet Super-Sentinels reported visit counts as of 12:00 p.m., February 6, 2013.

FIGURE 2 shows ILI visit counts reported by ILINet sentinel providers statewide by age group.

In week 5, the number of visits to sentinel outpatient physicians decreased in those 5-65+ age group, and stayed flat in the 0-4 age group.



*ILI = Influenza-like illness, fever >100°F AND sore throat and/or cough *in the absence* of another known cause. ^There is no week 53 during the 2009-2010, 2010-2011, and 2011-12 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.



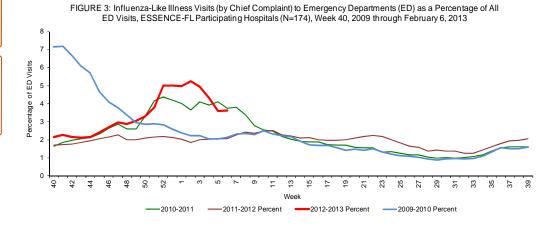
†Data presented here are counts, not proportions as included in Figure 2. This is because age group denominator data is not available through ILINet.

ESSENCE-FL Syndromic Surveillance Summary-Statewide

ESSENCE-FL collects data daily from 174 hospital emergency departments (ED). These data are processed into 11 different syndrome categories based on the patient's chief complaint. One of the categories is ILI, which is composed of chief complaints that include the words "influenza" or "flu," or complaints that contain fever plus cough or sore throat.

FIGURE 3 shows ESSENCE-FL data on ILI visits to EDs as a percentage of all ED Visits.

The percent of visits to emergency departments for ILI has declined in recent weeks, plateauing at levels below those seen at this time in previous seasons.



*There is no week 53 for the 2007-2008, 2009-2010, and 2010-2011 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

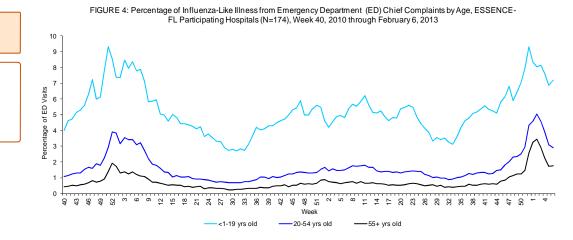


FIGURE 4 shows percentage of ILI among all ED visits by age group.

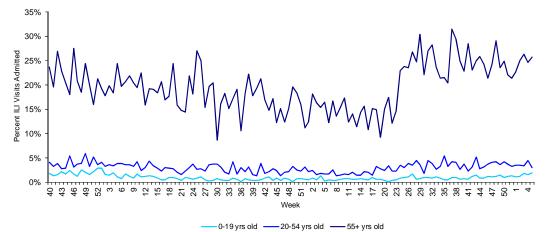
In week 5, the percent of visits to emergency departments for ILI increased in the 0-19 and 55+ age groups and decreased in the 20-54 year old age group.

One hundred five ESSENCE-FL participating facilities are able to provide discharge disposition data for their ED visits going back to week 40, 2010. Using this information, the percent of ED visits for ILI that result in hospitalization can be calculated. The highest percentage of admissions is in the 55+ years old age group. The low number of visits in the 55+ age group causes variability in the ILI admission percentage from week to week.

FIGURE 5 shows the percentage of ED visits for ILI that resulted in hospitalization, by age group.

Of persons 55 years and older that visited the emergency department for complaints of ILI, between 20% and 30% were admitted.

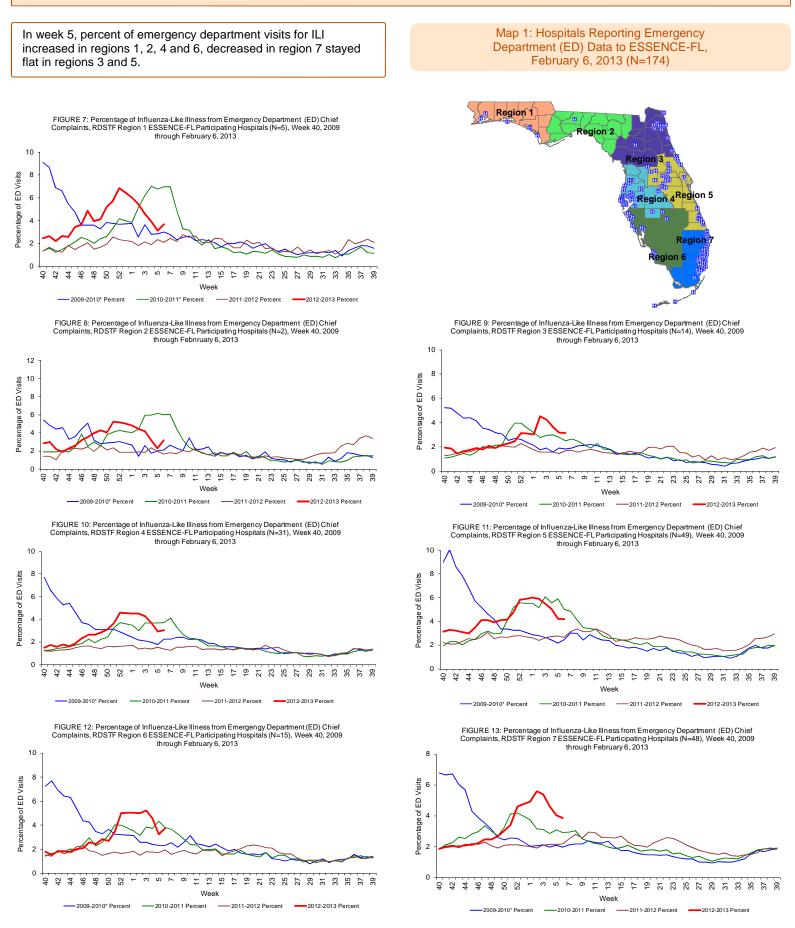
FIGURE 5: Percentage of ED Visits for ILI Resulting in Hospital Admission, Hospitals Reporting Discharge Disposition (N=105), Week 40, 2010 to Week 6, 2013



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ESSENCE-FL Syndromic Surveillance Summary-Regional

FIGURE 6 - FIGURE 12 describe ED chief complaint data from ESSENCE-FL by Regional Domestic Security Task Force (RDSTF).



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*There is no week 53 for the 2009-2010, 2010-2011 and 2011-2012 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1. **Historical data for region 2 is only available beginning week 1, 2009

Bureau of Public Health Laboratories Viral Surveillance

TABLE 2 shows the number of specimens tested by BPHL, how many are influenza positive, and their subtypes.

FIGURE 14 - FIGURE 15 use BPHL viral surveillance data to track the progress of influenza infection over time. They include weekly information on how many specimens are tested by the BPHL, what proportion of those test positive for influenza, and what subtypes are identified.

Recent influenza specimens submitted to BPHL tested positive for influenza A H3, 2009 H1N1, and influenza B.

In recent weeks, influenza A H3 has been the most common strain detected by BPHL. Influenza B was the most common strain type in the early weeks of the 2012-2013 influenza season.

In addition to PCR testing, BPHL also cultures for influenza specimens, including those positive for influenza B.

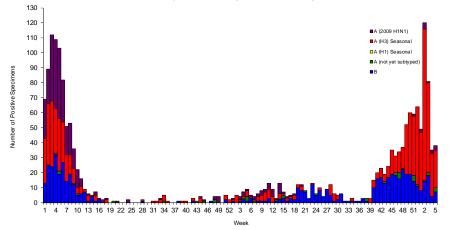
There are two distinct antigenic lineages of influenza B, known as Victoria and Yamagata. Both have circulated in Florida in the past year.

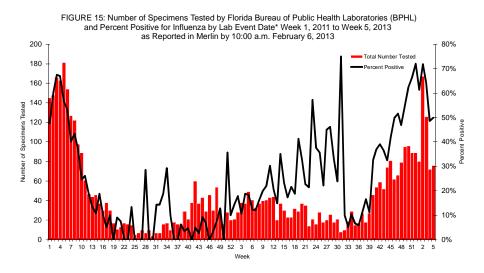
At BPHL this season, 12 specimens have tested positive for Victoria lineage influenza B and one specimen has tested positive for Yamagata lineage influenza B. Last year's 2011-12 vaccine included a Victoria lineage virus, while this year's 2012-2013 vaccine includes a Yamagata lineage virus. Influenza viruses that circulate at the beginning of the flu season may be different than those that circulate later in the year, and these specimens represent a very small sample of statewide influenza activity. Not all flu positive specimens are cultured. FDOH will continue to monitor subtype and lineage for influenza viruses.

Table 2: Bureau of Public Health Laboratories (BPHL) Viral Surveillance for Week 5 by Lab Event Date* as reported by 10:00 a.m. February 6, 2013

	Current Week 5	Previous Week 4
Total Specimens Tested	76	72
Influenza Positive Specimens (% of total)	38 (50.0%)	35 (48.6%)
H1N1 Positive Specimens (% of influenza positives)	3 (7.9%)	2 (5.7%)
H3 Influenza A	25 (65.8%)	29 (82.9%)
Influenza A Unspecified	3 (7.9%)	-
Influenza B Unspecified	7 (18.5%)	4 (11.4%)

FIGURE 14: Number of Influenza-Positive Specimens Tested by the Florida Bureau of Public Health Laboratories (BPHL) by Subtype by Lab Event Date* Week 1, 2011 to Week 5, 2013 as Reported in Merlin by 10:00 a.m. February 6, 2013





*Please note that lab event date is defined as the earliest of the following dates associated with the lab: date collected, date received by the laboratory, date reported, or date inserted.

For county-specific laboratory data, please refer to the Flu Lab Report in Merlin.

For instructions on how to use the Flu Lab Report, please see the Guide to Flu Lab Report on the Bureau of Epidemiology website: <u>http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/FluLabReportGuide.pdf</u>

County Influenza Activity

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As of 10:00 a.m. February 6, 2013 a total of 67 (100%) counties had reported their weekly level of influenza activity. Please note that data reported by counties after the deadline Tuesday at 5 p.m. are recorded but may not be included in the activity map for previous weeks.

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as Reported by 10:00 a.m. February 6, 2013					
Activity Level	Week 4 Number of Counties	Week 5 Number of Counties	Week 5 Counties		
No Report	-	-	-		
No Activity	5	10	Bradford, Glades, Hamilton, Hardee, Jackson, Jefferson, Madison, Sumter, Union, Walton		
Mild	37	41	Alachua, Baker, Bay, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Columbia, Dade, Desoto, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Hendry, Hernando, Highlands, Hillsborough, Holmes, Lafayette, Liberty, Manatee, Martin, Monroe, Nassau, Okaloosa, Okeechobee, Palm Beach, Pinellas, Polk, Putnam, Santa Rosa, Seminole, St. Johns, Taylor, Volusia, Wakulla, Washington		
Moderate	24	16	Collier, Dixie, Duval, Flagler, Indian River, Lake, Lee, Leon, Levy, Marion, Orange, Osceola, Pasco, Sarasota, St. Lucie, Suwannee		
Widespread	1	-	-		
			Map 2: Weekly County Influenza Activity for Week 5 as Reported by 10:00 a.m. February 6, 2013		
Most counties report mild or moderate activity. Sixteen counties report moderate activity.			No Report No Activity Mild Moderate Widespread		

County influenza activity data is reported to the BOE through EpiGateway on a weekly basis by the county influenza coordinator. Specific information is requested about laboratory results, outbreak reports, and surveillance system activity. Figures 16-25 displayed below reflect a county's assessment of influenza activity within their county as a whole as well as influenza activity within specific settings. For week 5, 2013 seventeen counties indicated that activity was decreasing, 38 indicated it was about the same as previous weeks, and 8 indicated that activity was increasing.

FIGURE 16 shows the assessment of the overall influenza activity trend in each county as reported by county health department flu coordinators for week 5 as of 10:00 a.m. February 6, 2013.

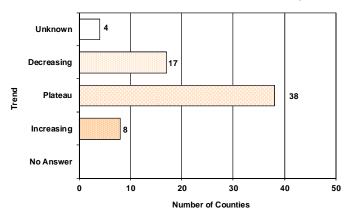


FIGURE 16: Assessment of Overall Influenza Activity Trend

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Definitions for the County Influenza Activity Trends are available at: <u>http://www.doh.state.fl.us/disease_ctrl/epi/CountyInfluenzaTrendGuide.html</u>

County Influenza Activity

Counties are asked to evaluate influenza activity in certain settings within their county. Each setting has a scale for activity that ranges from none or minimal activity to very high activity. What defines each of the values varies by facility type, but the example of the assessment in elementary, middle, and high schools is included below. More detailed information on the meanings of the levels for each setting can be found on the webpage also included below.

No or very minimal activity -- Scattered cases of ILI with no increase in absenteeism or disruption of school activities.

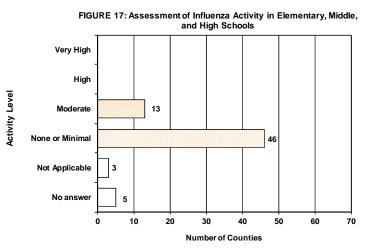
Moderate activity -- Absenteeism elevated above baseline (in range of 10 to 25%) in some but fewer than half of schools where it is known; occasional children sent home because of ILI.

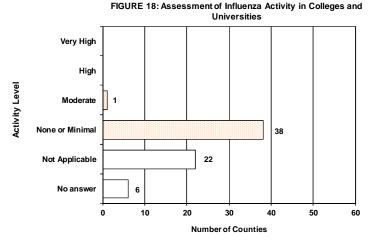
High activity -- Absenteeism elevated above baseline (in range of 10 to 25%) in more than half of schools; most schools sending several or many children home each day because of ILI.

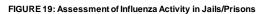
Very high activity -- Absenteeism high enough to force curtailment of some or all school activities.

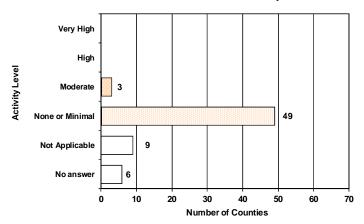
County influenza settings assessment guides are available at: http://www.doh.state.fl.us/disease_ctrl/epi/FluAssessment.htm

FIGURE 17 - FIGURE 20 show the activity levels in various facilities by county as reported by county health department flu coordinators for week 5 as of 10:00 a.m. February 6, 2013.

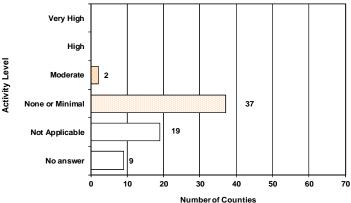






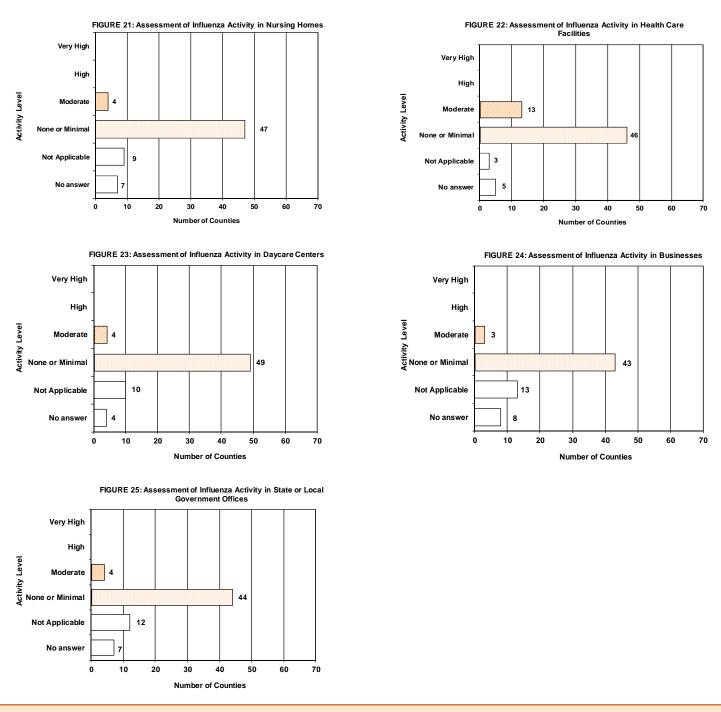






County Influenza Activity-Continued

FIGURE 21 - FIGURE 25 show the activity levels in various facilities by county as reported by county health department flu coordinators for week 5 as of 10:00 a.m. February 6, 2013.



Pediatric Influenza-Associated Mortality

In week 5, 2013 there were no reported influenza-associated pediatric mortalities in Florida.

Five Influenza-associated pediatric mortalities have been reported in Florida since October, 2012.

ESSENCE-FL Pneumonia & Influenza Mortality

Over the past year, the FDOH Bureau of Vital Statistics and county health departments have been rolling out an electronic death record system for Florida. ESSENCE-FL now displays electronic vital statistics death record data from all 67 Florida counties. For pneumonia and influenza surveillance, death record literals are queried in ESSENCE-FL using a free-text query that searches for references to pneumonia and influenza on death certificates. Any mention of pneumonia or influenza in the death certificate literals, with certain exceptions, is counted as a pneumonia and influenza death. Current season pneumonia and influenza death numbers are preliminary estimates, and may change as more data are received. The most recent data available are displayed here. ESSENCE-FL vital statistics death records data are currently considered to be complete through week 4, 2013.

FIGURE 26 shows the reported count of preliminary estimated pneumonia and influenza deaths for all Florida counties, the number of deaths predicted using a multi-year regression model, and the upper bound of the 95% confidence interval for this prediction

For week 4 (ending January 26, 2013) there were:

- 225 preliminary estimated pneumonia and influenza deaths reported
- Upper bound of 95% confidence interval for prediction: 234 deaths
- No excess deaths

The majority of the deaths are in those aged 75 years and older.

FIGURE 27 shows pneumonia and influenza deaths for all Florida counties, Week 40, 2010 - Week 6, 2013, as reported into ESSENCE-FL

FIGURE 28 shows pneumonia and influenza deaths for all Florida counties by age group, Week 40, 2010 - Week 6, 2013, as reported into ESSENCE-FL.

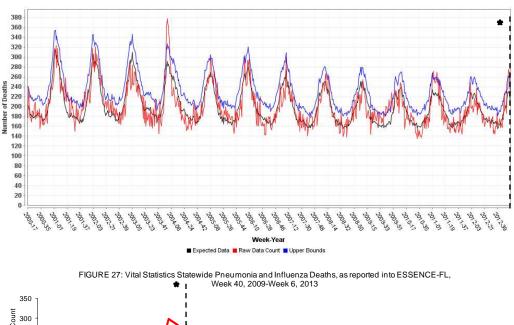


Figure 26: Vital Statistics Statewide Pneumonia and Influenza Deaths, Multi-Year Regression Model

Week 17, 2000-Week 4, 2013, as reported into ESSENCE-FL

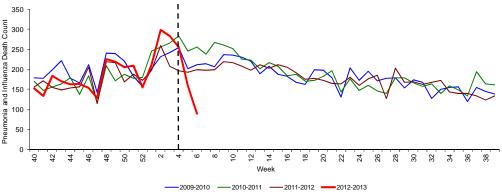
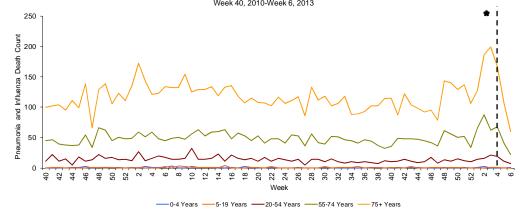


FIGURE 28: Vital Statistics Florida Pneumonia and Influenza Deaths by Age Group, as reported into ESSENCE-FL, Week 40, 2010-Week 6, 2013



Death records data reported into ESSENCE-FL are currently considered to be complete through week 4, 2013.

NREVSS Respiratory Virus Surveillance

The National Respiratory and Enteric Virus Surveillance System (NREVSS) collects data from laboratories around the country on a weekly basis. NREVSS monitors temporal and geographic patterns of six common respiratory viruses. Twenty facilities reported in week 5.

FIGURE 29 shows the percentage of positive tests for multiple respiratory viruses reported by NREVSS-participating laboratories in Florida

The 6 respiratory viruses summarized in Figure 29 are:

- Respiratory Syncytial Virus (RSV)
- Parainfluenza 1-3
- Adenovirus
- Human Metapneumovirus (HMPV)
- Rhinovirus
- Influenza

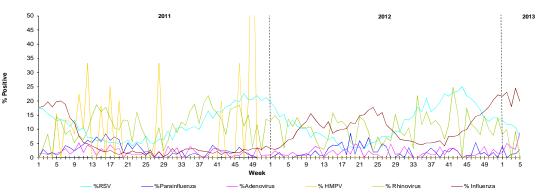


FIGURE 29: Percentage of Positive Respiratory Virus Tests as Collected by NREVSS, Florida, 2010-2012, as of February 5, 2013

Influenza and ILI Outbreaks

In week 5, 2013 there were five influenza and ILI outbreaks reported in EpiCom.

St Lucie County:

• An assisted living facility reported eight residents with ILI. Two affected residents were hospitalized. Several residents tested positive for influenza A by rapid antigen test. Thirty-eight of the 81 residents and six of the 125 staff were vaccinated.

Putnam County:

 A long-term care facility reported nine residents and two staff with ILI. All ILI persons tested positive for influenza A by rapid antigen test. Four affected residents also tested positive by PCR at BPHL for influenza A-H3. Eighty percent of residents and none of the affected staff had been vaccinated.

Sarasota County:

A skilled nursing facility reported 30 residents and two staff with ILI. None of the affected residents were vaccinated. Vaccination status of
the staff is unknown at this time. Two patients already in hospice care passed away while experiencing ILI symptoms. Three specimens
tested positive for influenza A by PCR at BPHL.

Palm Beach County:

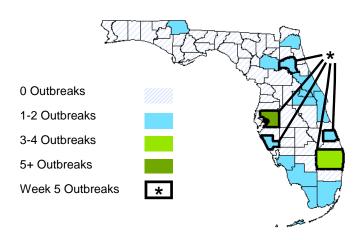
• A short term rehabilitation center reported nine residents and two staff with ILI. All eleven affected individuals tested positive for influenza A by rapid antigen test. Vaccination status is unknown at this time.

Hillsborough County:

• A skilled nursing facility reported 32 residents and 16 staff with ILI. Three residents were hospitalized. Seventeen affected residents had been vaccinated for the current season. Vaccination status of staff is unknown at this time. Two specimens were collected, one tested positive for influenza A by PCR at BPHL and one tested positive for influenza B by rapid antigen test.

Forty-two influenza or ILI outbreaks have been reported into EpiCom in the 2012-2013 season.

Map 3: Weekly County Influenza Outbreak Activity for Week 5 as Reported by 11:00 a.m. February 6, 2013



Influenza and ILI Outbreaks

TABLE 4 : Summary of Florida ILI Outbreaks by facility status, Week 40, 2012-Week 5, 2013				
Setting	Number of outbreaks	Implicated Viruses		
Correctional facility or jail	4	 Two outbreaks due to influenza A H3 One outbreak was due to influenza B One outbreak was due to influenza A (subtype not identified) 		
Domestic violence shelter	1	One outbreak was due to influenza that was not typed as influenza A or B		
Facility for persons with disability	1	One outbreak was due to influenza A H3		
Nursing home	10	 Three outbreaks were due to influenza that was not typed as influenza A or B Six outbreaks were due to influenza A (subtype not identified) One outbreak was due to influenza A (subtype not identified) and influenza B 		
Long-term care facility	6	 One outbreak was due to influenza A H3 One outbreak was due to influenza B Four outbreaks were due to influenza A (subtype not identified) 		
Assisted living facility	6	 Five outbreaks were due to influenza A (subtype not identified) One outbreak was due to influenza that was not typed as influenza A or B 		
Short-term rehabilitation facility	1	One outbreak was due to influenza A (subtype not identified)		
School	13	 Six outbreaks were due to influenza A (subtype not identified) Two outbreaks were due to influenza B Two outbreaks were due to influenza A (subtype not identified) and influenza B Three outbreaks were due to influenza that was not typed as influenza A or B 		
Total	42	 Twenty-two outbreaks were due to influenza A (subtype not identified) Four outbreaks were due to influenza B Four outbreaks were due to influenza A H3 Eight outbreaks were due to influenza that was not typed as influenza A or B Four outbreaks were due to influenza A (subtype not identified) and influenza B 		

Florida Surveillance System Summary

Florida ILINet Measures trends in ILI visits to outpatient doctor's offices Doctors submit specimens from ill patients for influenza testing Network of volunteer healthcare providers who: Report ILI and total visit counts every week Submit specimens for confirmatory testing ESSENCE-FL Syndromic Surveillance Measures trends in ILI visits and hospital admissions from emergency departments and urgent care clinics Emergency departments and urgent care clinics electronically transmit visit data into ESSENCE-FL daily Visit data summarized in the Florida Flu Review include: Percent of ED/urgent care visits due to ILI Percent of ED/urgent care visitors with ILI who are admitted to the hospital **ESSENCE-FL Vital Statistics Portal** Death certificates with pneumonia or influenza listed as a cause of death are used as a proxy to measure influenza mortality Death certificate data from the Bureau of Vital Statistics can be accessed through ESSENCE-FL Vital statistics data in ESSENCE are used for pneumonia and influenza mortality surveillance County Influenza Activity in EpiGateway Uses data provided by CHDs to create a county-by-county breakdown of influenza and ILI activity around the state CHD epidemiologists report their county's influenza and ILI surveillance data weekly into the EpiGateway website Influenza activity is classified as: No Activity, Mild, Moderate, or Widespread Setting-specific influenza activity and influenza trend is also reported Outbreak Reporting in EpiCom Tracks influenza and ILI outbreak investigations by CHDs Shows what types of influenza are responsible for outbreaks and where outbreaks are occurring CHD epidemiologists report outbreaks of influenza or ILI into EpiCom, Florida's online disease communication system Outbreaks are defined as two or more cases of influenza or ILI in a specific setting **BPHL Viral Surveillance** BPHL performs confirmatory testing and subtyping on surveillance specimens Surveillance specimens come from ILINet sentinel providers, outbreak investigations, patients with severe or unusual influenza presentations, and medical examiners **Case-Based Influenza Surveillance** Pediatric Influenza-Associated Mortality Deaths in children with laboratory-confirmed influenza infection are reportable in Florida Influenza due to Novel or Pandemic Strains Patients with influenza infection due to novel or pandemic strains are reportable in Florida NREVSS Measures trends in different viruses that cause respiratory disease Network of laboratories who report counts of test results for common respiratory viruses, including influenza, RSV, rhinovirus, and others Information on locating influenza vaccination can be found using the flu vaccine locator at: http://flushot.healthmap.org/