

Week 1: January 4 - 10, 2015



Summary

National influenza activity:

Influenza activity is elevated nationally.

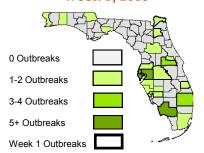
- The Centers for Disease Control and Prevention (CDC) has identified an antigenically drifted influenza A (H3N2) strain circulating nationally and in Florida that is different from the strain of influenza A (H3N2) contained in the current 2014-15 influenza vaccine formulations.
- The CDC recommends the use of neuraminidase inhibitor antiviral medications, when indicated, for treatment and prevention to influenza, as an adjunct to vaccination. More information can be found here: http://www.floridahealth.gov/diseases-and-conditions/influenza/ documents/Other/influenza-letter-for-health-care-providers.pdf.

State Influenza and influenza-like illness (ILI) activity:

- The 2014-15 flu season started early and is now in full swing in Florida.
- Flu activity remains high in Florida and is widespread.
- While influenza activity has decreased in recent weeks in some surveillance systems, overall activity levels remain high and it is too early to tell if the season has peaked.
- Seasons like this one, where influenza A (H3) is the predominantly circulating strain, are
 typically associated with higher morbidity and mortality particularly in the the very young
 and the elderly.
- While biggest increases in ILI activity levels most recently have been in the 65+ age group, activity is still greatest in children.
- Increased influenza activity in children typically comes ahead of increases in activity in adults and the elderly.
- In the past week, the number of pneumonia and influenza associated deaths, particularly in those over the age of 65 have increased. These increases are in line with what we expect to see for severe flu years, like this one.
- During flu season, increases in ED visits typically come before increases hospitalizations and deaths.
- It is likely that flu deaths will reach higher levels later this season since mortality tends to lag behind other indicators.
- In Florida, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) in recent weeks has been influenza A (H3).
- In the past week, 35 of 70 (50.0%) specimens submitted for influenza testing at BPHL were PCR positive for seasonal strains of influenza: 28 were positive for influenza A (H3), five were influenza A not yet subtyped, one was influenza B Yamagata lineage, and one was influenza B not yet subtyped.
- Seventeen outbreaks of influenza (two or more cases of influenza or ILI in a specific setting) were reported to EpiCom in week 1.
- No pediatric influenza-associated deaths were reported in week 1.

Map 1: County Influenza Activity Week 1, 2015 No Report No Activity Mild Moderate Widespread Fifteen counties reported moderate influenza activity. For more information, see page 6.

Map 2: Influenza and ILI Outbreaks Week 1, 2015



Sixty-two outbreaks of ILI or influenza have been reported since Week 40, 2014. For more information, see page 10.

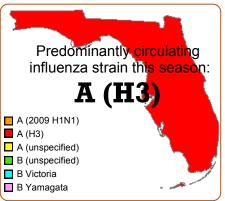
January 14, 2015 Posted on the Bureau of Epidemiology website:

http://www.floridahealth.gov/floridaflu

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Descriptions of Florida influenza and ILI surveillance systems can be found on page 11.

TABLE 1: Summary of Florida Influenza-Like Illness (ILI) Activity for Week 1

Measure	Difference from Previous Week	Current Week 1	Previous Week 53	Page of Report
Overall statewide activity code reported to CDC	No Change	Widespread	Widespread	1
Percent of visits to ILINet providers for ILI	▼ 0.6	2.2%	2.8%	2
Percent of ED and UCC visits (from ESSENCE-FL) due to ILI	▼ 1.0	4.0%	5.0%	3
Percent of laboratory specimens that were positive for influenza	▼ 24.7	50.0%	74.7%	5
Number of counties reporting moderate influenza activity	▼ 9	15	24	6
Number of counties reporting widespread influenza activity	No Change	0	0	6
Number of counties reporting increasing influenza activity	▼ 21	13	34	6
Number of counties reporting decreasing influenza activity	▲ 17	19	2	6
Number of ILI outbreaks reported in EpiCom	▲ 11	17	6	10

ILINet Influenza-Like Illness-Statewide

ILINet is a nationwide surveillance system composed of sentinel providers. Florida has 107 providers enrolled in ILINet who submit weekly ILI and total visit counts, as well as submit ILI specimens to the BPHL for confirmatory testing. For this season, the Bureau of Epidemiology (BOE) has designated 13 of these ILINet physicians' offices as Super-Sentinels. These Super-Sentinels receive more active follow-up from BOE and participating county health departments (CHDs), with the goal of increasing data quality and surveillance specimen submission.

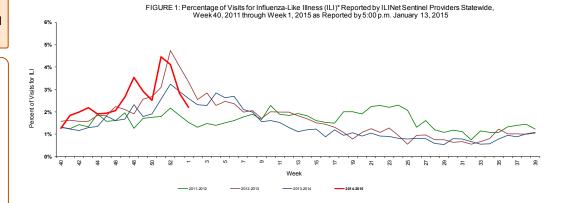
FIGURE 1 shows the percentage of visits for ILI* reported by ILINet sentinel providers statewide.

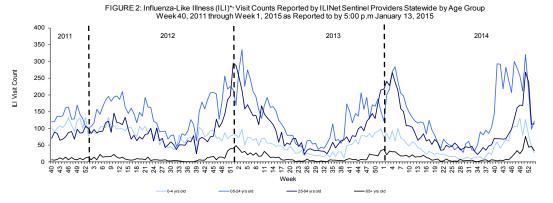
The percent of visits to ILINet sentinel outpatient physicians for ILI is above levels seen at this time in previous years.

- Fifty-four of 107 ILINet providers reported visit counts as of 5:00 p.m., January 13, 2015.
- Eight of 13 ILINet Super-Sentinels reported visit counts as of 5:00 p.m., January 13, 2015.

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

In week 1, the number of visits to ILINet sentinels for ILI decreased in the 0-4 and 65+ age groups. The number of visits in the 5-24 and 25-64 age groups increased slightly in after seeing declines the previous week.





†Data presented here are counts, not proportions as included in Figure 1. This is because age group denominator data is not available through ILINet.

*ILI = Influenza-like illness, fever >100°F AND sore throat and/or cough in the absence of another known cause.

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ESSENCE-FL collects data daily from 219 EDs and UCCs. 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 and UCCs as a percentage of all visits.

The percent of visits to EDs and UCCs for ILI has been above levels seen in previous years at this time, but has declined in recent weeks. There continues to be increased levels of influenza in pregnant women presenting to EDs for care that is above expected levels for this time of year. Pregnant women are among those at high risk for severe complications due to influenza infection. More information can be found here: http:// www.floridahealth.gov/diseases-andconditions/influenza/ documents/Other/ influenza-guidance-for-health-careproviders.pdf

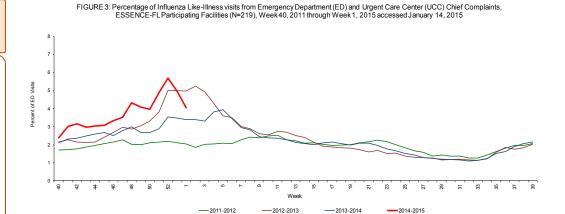
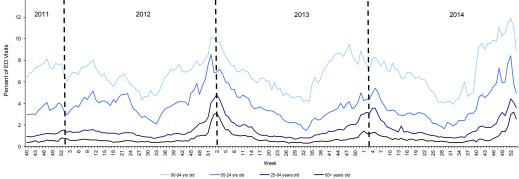


FIGURE 4 shows percentage of ILI among all ED and UCC visits by age.

The percent of ED and UCC visits for ILI is similar to levels seen in previous years in all age groups at this time.

While the proportion of ED and UCC visits for ILI has decreased in almost all age groups in the past few weeks, activity still remains highest in children.

FIGURE 4: Percentage of Influenza Like-Illness visits from Emergency Department (ED) and Urgent Care Center (UCC) Chief Complaints by Age, ESSENCE-FL Participating Facilities (N=219), Week 40, 2011 through Week 1, 2015 accessed January 14, 2015



ESSENCE-FL Syndromic Surveillance-Regional

Map 3: Emergency Departments and Urgent Care Centers Reporting Data to ESSENCE-FL by Regional Domestic Security Task Force (RDSTF), January 14, 2015 (N=219)

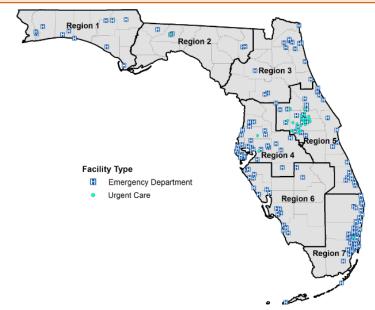
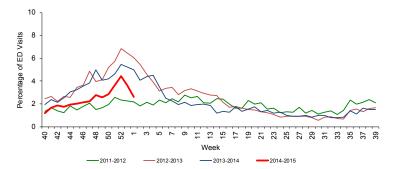


FIGURE 5 - FIGURE 11 describe Emergency Department (ED) and Urgent Care Center (UCC) chief complaint data from ESSENCE-FL by Regional Domestic Security Task Force (RDSTF) regions.

FIGURE 5: Percentage of of Influenza Like-Illness Visits from ED Chief Complaints, RDSTF Region 1 ESSENCE-FL Participating Hospitals (N=12), Week 40, 2011 through Week 1, 2015 accessed January 14, 2015



After having been elevated, ED and UCC visits for ILI in RDSTF Regions 1-7 are at or near levels seen during previous years at this time.

FIGURE 6: Percentage of of Influenza Like-Illness Visits from ED and UCC Chief Complaints, RDSTF Region 2 ESSENCE-FL Participating Facilities (N=8), Week 40, 2011 through Week 1, 2015 accessed January 14, 2015

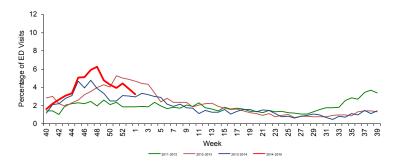


FIGURE 7: Percentage of of Influenza Like-Ilness Visits from ED Chief Complaints, RDSTF Region 3 ESSENCE-FL Participating Facilities (N=20), Week 40, 2011 through Week 1, 2015 accessed January 14, 2015

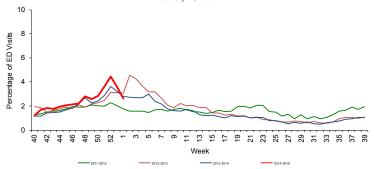


FIGURE 8: Percentage of of Influenza Like-Illness Visits from ED and UCC Chief Complaints, RDTSF Region 4 ESSENCE-FL Participating Facilities (N=42), Week 40, 2011 through Week 1, 2015 accessed January 14, 2015

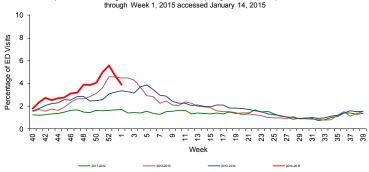


FIGURE 9: Percentage of ILI visits from ED and UCC Chief Complaints, ESSENCE-FL Participating Facilities RDSTF Region 5 ESSENCE-FL Participating Facilities (N=61), Week 40, 2011 through Week 1, 2015 accessed January 14, 2015

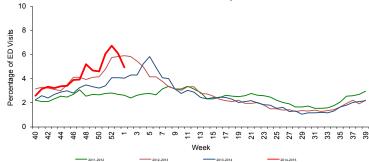


FIGURE 10: Percentage of of Influenza Like-Iliness Visits from ED and UCC Chief Complaints, RDSTF Region 6 ESSENCE-FL Participating Facilities (N=24), Week 40, 2011 through Week 1, 2015 accessed January 14, 2015

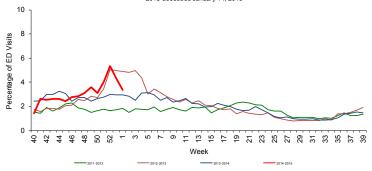


FIGURE 11: Percentage of Influenza Like-Illness Visits from ED and UCC Chief Complaints, ESSENCE-FL Participating Facilities , RDSTF Region 7 ESSENCE-FL Participating Facilities (N=52), Week 40, 2011 through Week 1, 2014 accessed January 14, 2015

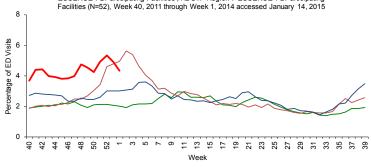


TABLE 2 shows the number of specimens tested by BPHL, how many are influenza positive and their subtypes.

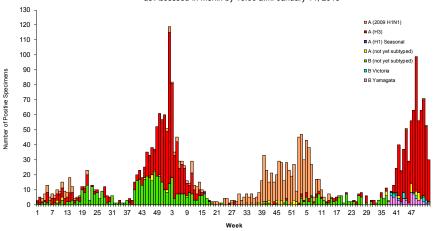
viral surveillance data to track the progress of influenza infection over time. They include weekly information on how many specimens are tested by the BPHL, what proportion of those test positive for influenza and what subtypes are identified.

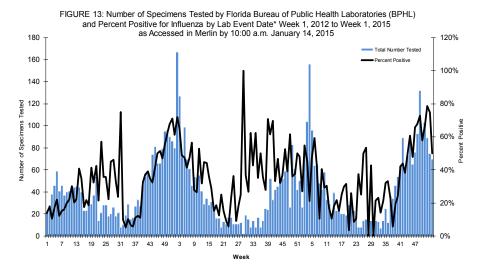
- Influenza A (H3) and influenza B have been identified by BPHL this season.
- In recent weeks, influenza specimens submitted to BPHL tested positive for influenza A (H3), influenza A (2009 H1N1), influenza B Yamagata lineage and influenza B Victoria lineage.
- Influenza A (H3) has been the most common strain of influenza detected by BPHL so far in the 2014-2015 influenza season.
- The drifted Influenza A (H3) strain has been detected in Florida.

Table 2: Bureau of Public Health Laboratories (BPHL) Viral Surveillance for Week 1 by Lab Event Date* as reported by 10:00 a.m. January 14, 2015

	Current Week 1	Previous Week 53
Total Specimens Tested	70	75
Influenza positive specimens (% of total)	35 (50.0%)	56 (74.7%)
Influenza A (2009 H1N1) (% of influenza positives)	-	1 (1.8%)
Influenza A (H3) (% of influenza positives)	28 (80.0%)	49 (87.5%)
Influenza A not yet subtyped (% of influenza positives)	5 (14.3%)	3 (5.4%)
Influenza B Yamagata (% of influenza positives)	1 (2.9%)	1 (1.8%)
Influenza B Victoria (% of influenza positives)	-	2 (3.6%)
Influenza B not yet subtyped (% of influenza positives)	1 (2.9%)	-

FIGURE 12: Number of Influenza-Positive Specimens Tested by the Florida Bureau of Public Health Laboratories (BPHL) by Subtype by Lab Event Date*, Week 1, 2012 to Week 1, 2015 as Accessed in Merlin by 10:00 a.m. January 14, 2015





^{*}Please note that lab event date is defined as the earliest of the following dates associated with the lab: date specimen 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: http://www.floridahealth.gov/diseases-and-conditions/influenza/ documents/flulabreportguide.pdf As of 11:30 a.m. January 14, 2015, a total of 67 (100%) counties 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.*

TABLE 3: Weekly County Influenza Activity for Week 1 (ending January 10, 2015) as Reported by 11:30 a.m. January 14, 2015

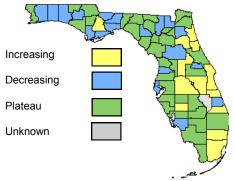
Activity Level	Week 1 Number of Counties	Week 53 Number of Counties	Week 1 Counties
No Report	0	0	-
No Activity	5	6	Dixie, Gilchrist, Hamilton, Sumter, Washington
Mild	47	36	Bay, Brevard, Broward, Calhoun, Citrus, Collier, Columbia, Dade, Desoto, Duval, Escambia, Flagler, Franklin, Gadsden, Gulf, Hendry, Hernando, Highlands, Hillsborough, Holmes, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Martin, Monroe, Nassau, Okaloosa, Okeechobee, Osceola, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Johns, Suwannee, Taylor, Volusia, Wakulla, Walton
Moderate	15	24	Alachua, Baker, Bradford, Charlotte, Clay, Glades, Hardee, Indian River, Marion, Orange, Palm Beach, Pasco, Putnam, St. Lucie, Union
Widespread	0	1	

Map 4: Weekly County Influenza Activity Level for Week 1 Reported by 11:30 a.m. January 14, 2015

No Report
No Activity
Mild
Moderate
Widespread

Fifteen counties reported moderate activity.

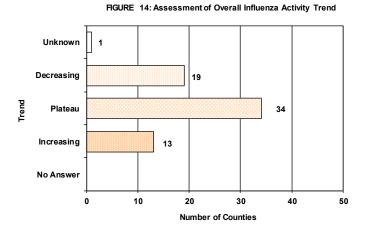
Map 5: Weekly County Influenza Activity Trend for Week 1 Reported by 11:30 a.m January 14, 2015



Thirteen counties reported increasing influenza and ILI activity.

County influenza activity data are reported to BOE through EpiGateway on a weekly basis by each county influenza coordinator. Specific information is requested about laboratory results, outbreak reports and surveillance system activity. Figures 14-23, 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 1,19 counties indicated that activity was decreasing, 34 indicated activity was about the same as previous weeks and 13 indicated that activity was increasing.

FIGURE 14 shows the assessment of the overall influenza activity trend in each county as reported by CHD influenza coordinators for week 1 as of 11:30 a.m. January 14, 2015.



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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.

FIGURE 15 - FIGURE 18 show the activity levels in various facilities by county as reported by CHD influenza coordinators for week 1 as of 11:30 a.m., January 14, 2015.

FIGURE 15: Assessment of Influenza Activity in Elementary, Middle, and High Schools

Very High
High
2
Moderate
None or Minimal
Not Applicable 2

40

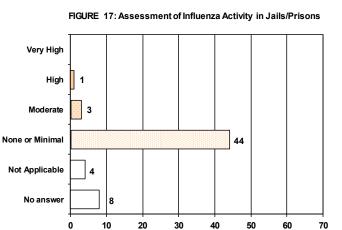
Number of Counties

50

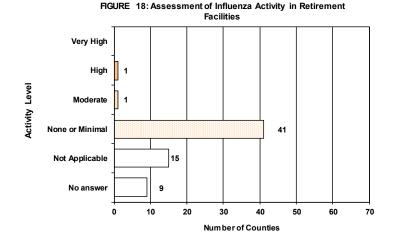
60

70

FIGURE 16: Assessment of Influenza Activity in Colleges and Universities Very High High None or Minimal 35 Not Applicable 22 No answer 0 10 20 40 50 60 Number of Counties



Number of Counties



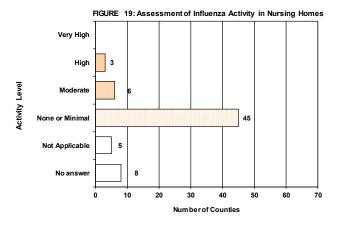
Activity Level

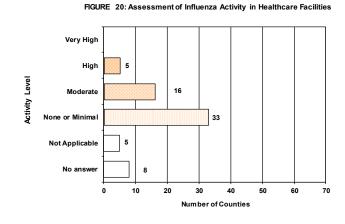
No answer

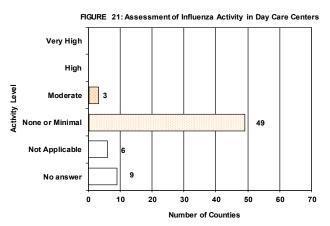
10

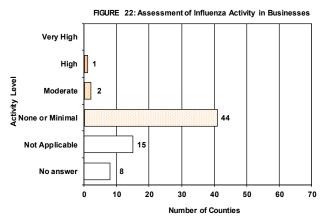
20

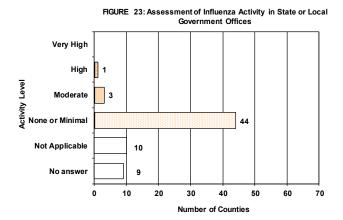
FIGURE 19 - FIGURE 23 show the activity levels in various facilities by county as reported by CHD influenza coordinators for week 1 as of 11:30 a.m., January 14, 2015.











Pediatric Influenza-Associated Mortality

No influenza-associated pediatric deaths were reported in week 1.

Three influenza-associated pediatric deaths have been reported so far in the 2014-15 influenza season.

of Pneumonia and Influenza Deaths

Number

400

FDOH Bureau of Vital Statistics and county health departments (CHDs) collect death record data electronically in all 67 Florida counties, which can be accessed using ESSENCE-FL. 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 53, 2014.

FIGURE 24 shows the 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 53 (ending Jan 3, 2015):

- 253 preliminary estimated pneumonia and influenza deaths were reported.
- Upper bound of 95% confidence interval for prediction: 267 deaths.
- No excess deaths.

FIGURE 25 shows pneumonia and influenza deaths for all Florida counties, week 40, 2010 - week 1 2015, as reported into ESSENCE-FL. Deaths due to pneumonia and influenza are above levels seen during previous years at this time.

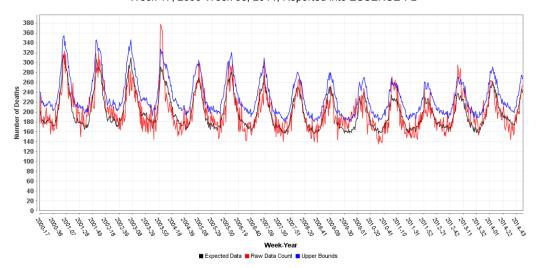
As of week 1 (ending Jan 10, 2015):

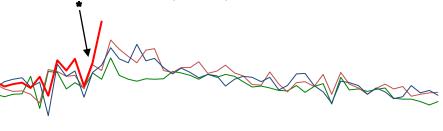
3,114 pneumonia and influenza deaths have been reported so far in 2014-15 influenza season.

FIGURE 26 shows pneumonia and influenza deaths for all Florida counties by age group, week 40, 2012 - week 1, 2015, as reported into ESSENCE-FL.

- •Increases in the preliminary number of P&I deaths are expected for this time of year.
- •Seasons were influenza A(H3) is the predominantly circulating strain are associated with higher mortality and morbidity, particularly in the over 65 age group.
- •It's likely that flu deaths will reach higher levels later this season since mortality tends to lag behind other indicators .

Figure 24: Vital Statistics Statewide Pneumonia and Influenza Deaths, Multi-Year Regression Model Week 17, 2000-Week 53, 2014, Reported into ESSENCE-FL





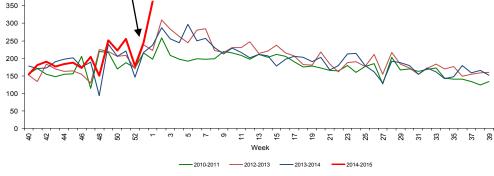
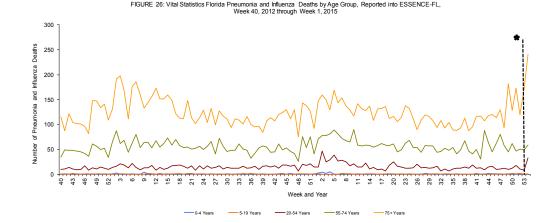


FIGURE 25: Vital Statistics Statewide Pneumonia and Influenza Deaths, Reported into ESSENCE-FL,

Week 40, 2011-Week 1, 2015



Death records data reported into ESSENCE-FL are currently considered to be complete through week 53. 2014.

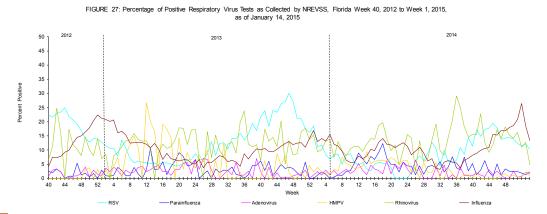
NREVSS Respiratory Virus Surveillance

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. Eight Florida facilities reported in week 1.

FIGURE 27 shows the percentage of positive tests for multiple respiratory viruses reported by NREVSS-participating laboratories in Florida.

The 6 respiratory viruses summarized in Figure 27 are:

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



Influenza and ILI Outbreaks Reported in EpiCom

In week 1, 2015 seventeen outbreaks of influenza or ILI were reported in to EpiCom. **Sixty-two** outbreaks of influenza or ILI have been reported into EpiCom so far in the 2014-2015 season. All investigations are ongoing.

Charlotte County:

A long term care facility reported 27 residents with ILI. Two of the specimens tested positive for influenza A by PCR at healthcare providers. Chemoprophylaxis was recommended for all patients and staff.

Clav County:

A nursing facility reported 39 residents and six staff with ILI. Two residents were hospitalized. Two specimens tested positive for Influenza A (2009 H1N1) by rapid
antigen test at healthcare providers. Chemoprophylaxis was recommended for all residents and staff. Twenty-five of the 39 ill residents (64%) had received the 201415 vaccine.

Collier County:

A nursing facility reported 11 residents and five staff with ILI. One specimen was positive for influenza A by rapid antigen test at a healthcare provider.
 Chemoprophylaxis was recommended for all residents. The resident and staff 2014-15 vaccination rate was 100% and 97%, respectively.

Hillsborough County:

- A nursing facility reported 74 residents and one staff with ILI. One staff and four residents tested positive for Influenza A by rapid antigen test at their healthcare
 provider. Three additional specimens tested positive for influenza A (H3) by PCR at BPHL. Twenty-three residents were put on chemoprophylaxis.
- An elementary school reported 13 students with ILI. Seven specimens were positive for Influenza A by rapid antigen test through healthcare providers. Infection control measures were reviewed with the school nurse and letters were provided to be sent home with students.
- A long term care facility reported 11 residents with ILI. Three specimens tested positive for influenza A by rapid antigen test at healthcare providers.
 Chemoprophylaxis was recommended for asymptomatic patients and unvaccinated staff.
- A school reported 17 children and five staff with ILI. Two children were hospitalized and tested influenza A positive by rapid antigen test by local healthcare providers.

Nassau County:

 A long term care facility reported six residents and two staff with ILI. All six ill residents were hospitalized. Four of the six specimens tested positive for influenza A by PCR. Chemoprophylaxis was recommended for all patients and staff.

Orange County

- A nursing facility reported an outbreak of ILI. Four specimens tested positive for influenza A by PCR and four additional specimens tested negative for influenza by rapid antigen test at healthcare providers. Resident vaccination rate was 100%.
- A nursing facility reported an ILI outbreak. Eight specimens tested positive for influenza at healthcare providers. Chemoprophylaxis was recommended for residents. Resident vaccination rate was 100%.

Pasco County:

A long term care facility reported four residents and two staff with ILI. Two ill residents were hospitalized and both tested positive for influenza A at their healthcare
providers. Chemoprophylaxis was recommended for patients and staff.

Palm Beach County:

 A nursing facility reported four residents with ILI. All four specimens tested positive for influenza A at their healthcare providers. Chemoprophylaxis was administered to all asymptomatic residents.

Pinellas County:

- A nursing facility reported 12 residents and one staff with ILI. Eight specimens tested positive for influenza A positive at healthcare providers. Chemoprophylaxis was advised for residents and staff.
- A long term care facility reported six residents and nine staff with ILI. Specimens from all six residents tested negative for influenza at healthcare providers.
- A long term care facility reported 14 residents with ILI. Three specimens tested positive for influenza A and seven specimens tested negative for influenza at healthcare providers. Chemoprophylaxis was recommended for all residents.

Polk County:

 A nursing home reported three specimens tested positive for influenza A (two unsubtyped, one influenza A) by rapid antigen testing at healthcare providers. An additional specimen tested positive for Influenza A at BPHL. Chemoprophylaxis is being considered.

St. Lucie County:

A long term care facility reported 10 residents and five staff with ILI. Two residents tested
positive for both influenza A and B by rapid antigen test at healthcare providers.

Map 6: Influenza and ILI outbreaks by county,
Week 1, 2015 as Reported by 11:30 a.m.,
January 14, 2015

0 Outbreaks
1-2 Outbreaks
3-4 Outbreaks
Week 1 Outbreaks

TABLE 4: Summary of Florida Influenza and ILI Outbreaks by Facility Status, Week 40-1, 2015

Setting	Number of outbreaks	Implicated Viruses
Schools	11	 Two outbreaks due to influenza A unspecified and influenza B unspecified Five outbreaks due to influenza A unspecified One outbreak due to influenza (H3) Three outbreaks, virus information not yet available
Colleges and universities	0	No outbreaks
Daycares	9	One outbreak due to parainfluenza III One outbreak due to RSV One outbreak due to influenza A unspecified and influenza B unspecified Three outbreaks due to influenza A unspecified Three outbreaks due to influenza (H3)
Private businesses	0	No outbreaks
Local and state government offices	0	No outbreaks
Jails and prisons	0	No outbreaks
Retirement homes	0	No outbreaks
Nursing homes and long term care facilities	42	 Seven outbreaks due to influenza A (H3) Two outbreaks due to influenza A unspecified and influenza B unspecified Twenty-three outbreaks due to influenza A unspecified One outbreak due to influenza A (H3) and rhinovirus One outbreak due to influenza A unspecified and RSV One outbreak due to RSV One outbreak due to influenza B Yamagata One outbreak due to influenza B unspecified One outbreak due to H1N1 Four outbreaks, virus information not yet available
Healthcare facilities	0	No outbreaks
Other	0	No outbreaks
Total	62	Five outbreaks due to influenza A unspecified and influenza B unspecified Thirty-two outbreaks due to influenza A unspecified One outbreak due to parainfluenza III Two outbreaks due to RSV Eleven outbreaks due to influenza A (H3) One outbreak due to influenza A unspecified and RSV One outbreak due to influenza B Yamagata One outbreak due to influenza B unspecified One outbreak due to H1N1 Seven outbreaks, virus information not yet available

Florida ILI Surveillance System Summary

Florida ILINet

Measures trends in ILI visits to outpatient doctor's offices

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

EDs and UCCs 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

Measures influenza mortality by using death certificates with pneumonia or influenza listed as a cause of death.

Death certificate data from the Bureau of Vital Statistics can be accessed through ESSENCE-FL and 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 and 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

BPHL performs confirmatory testing and subtyping on surveillance specimens 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

National Respiratory and Enteric Virus Surveillance System (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/