Florida FLU REVIEW 2015-16 season

Summary

Week 52: December 27, 2015 - January 2, 2016 🍠

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

- Florida reported sporadic activity to the Centers for Disease Control and Prevention (CDC) in week 52.
- Overall the influenza season has been mild, however influenza activity has increased in recent weeks. While activity has remained low, low activity levels are not necessarily predictive of an overall mild influenza season.
 - Statewide emergency department (ED) and urgent care center (UCC) ILI visits remain below levels seen in previous years at this time in every region (although highest in the South East).
 - Thus far influenza A (H3) is the predominately circulating strain. Seasons where influenza A (H3) is the predominately circulating strain are generally more severe, particularly in children <5 years old and adults ≥65 years old, than other seasons.
- The preliminary estimated number of deaths due to pneumonia and influenza is below levels seen in previous years at this time.
- In week 52, all counties reported mild or no influenza activity. However, the number of counties reporting increasing influenza activity rose from eight to 17 counties.
- One influenza-associated pediatric death was reported in week 52 in a Dade County resident. Two influenza-associated pediatric deaths have been reported so far in the 2015-16 influenza season.
 - While rare, Florida receives reports of influenza-associated pediatric deaths each year. Most deaths occur in unvaccinated children with underlying health conditions.
- No outbreaks of influenza or ILI were reported in week 52.
- In week 52, the percent of specimens testing positive for influenza at the Bureau of Public Health Laboratories (BPHL) decreased and is below levels seen in previous years at this time.
- In the 2015-16 season, BPHL has identified influenza A (H3) as the most commonly circulating influenza virus so far in Florida: 49% of 55 influenza positive specimens were typed as influenza A (H3). Low levels influenza A (2009 H1N1), influenza B Yamagata lineage, and influenza B Victoria lineage have also been identified as circulating at this time.

National influenza activity:

- National influenza activity levels have been increasing but remain low.
- While influenza A (H3) has been the predominately circulating strain since season start, the most frequently identified influenza virus type reported by public health laboratories in recent weeks has been influenza A (2009 H1N1).
- The vast majority of circulating flu viruses analyzed this season remain similar to the vaccine virus components for this season's flu vaccines. CDC recommends an annual flu vaccine for everyone 6 months of age and older. If you have not gotten vaccinated yet this season, get vaccinated now.
 - To learn more, please visit: www.cdc.gov/flu/weekly/.
- Highly pathogenic avian influenza (HPAI) H5 viruses have been identified in U.S. backyard and commercial flocks of birds during the spring and summer of 2015. HPAI H5 has not been identified in Florida birds, but identifications are anticipated. No human HPAI infections have been identified in Florida or the rest of the nation.
 - To learn more, please visit: www.floridahealth.gov/novelflu.

Weekly State Influenza Activity Sporadic For more information see page 2 ▶ **Predominately Circulating Strain** For more information see page 6 Influenza and ILI Outbreaks Reported as of 1/6/16 Outbreaks Week 52 Outbreaks (0) 0 Outbreaks 1-2 Outbreaks 3-4 Outbreaks 5+ Outbreaks For more information see page 5 **County Influenza Activity** County Activity (N) No Activity (27) Mild Activity (40) Moderate Activity (0) Elevated Activity (0) For more information see page 4 **Table of Contents** on the next page **>**



Posted January 6, 2016 on the Bureau of Epidemiology (BOE) website: floridahealth.gov/floridaflu Produced by the BOE, Florida Department of Health Contributors: Heather Rubino, PhD; Ellen Dugan, MPH; Brandon Ramsey, MS; Julia Munroe, MS; Leah Eisenstein, MPH; Lea Heberlein-Larson, MPH; Valerie Mock, BS; Marshall Cone, MS; Janet Hamilton, MPH.

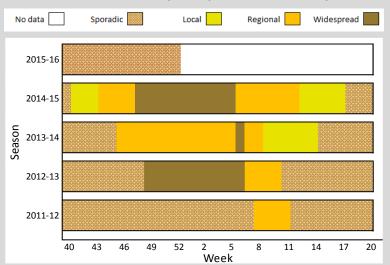
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Weekly State Influenza Activity Reporting

Below is the state influenza activity level reported to CDC each week since the 2011-12 influenza season. **Florida reported sporadic influenza activity for week 52.**



The graphic above shows how influenza activity in Florida can vary widely from year to year. This unpredictability underscores the importance of influenza surveillance in Florida.

Influenza surveillance goals:

- Influenza surveillance is conducted to detect changes in the influenza virus. These data are used to help determine the annual vaccine composition and to prepare for potential epidemics or pandemics.
- Surveillance is also conducted to identify unusually severe presentations of influenza infection, detect outbreaks, and determine seasonal influenza trends in order to guide influenza prevention, particularly in high-risk populations like children, the elderly, and pregnant women.
- See the back page of this report for more information on influenza surveillance systems used in Florida: Page 11 🕨

Statewide ILI Visits

Influenza-like illness (ILI) is defined as a fever ≥100°F AND sore throat and/or cough in the absence of another known cause.

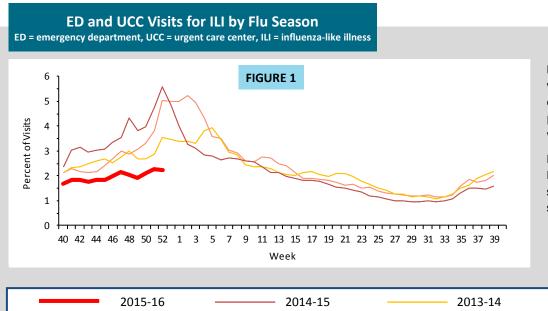


Figure 1 shows the percent of visits for ILI from ED and UCC chief complaints for ESSENCE-FL participating facilities (N=259), week 40, 2012 to week 52, 2015.

In week 52, the percent of visits to EDs and UCCs for ILI decreased slightly and remains below levels seen in previous years at this time.

2012-13

Statewide ILI Outpatient Visits and P&I Deaths

2014-15

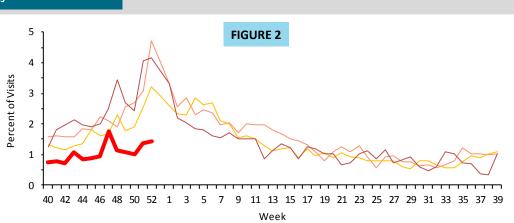
2012-13

Visits for ILI to Outpatient Providers by Flu Season ILI = influenza-like illness

2015-16

Figure 2 shows the percent of visits for ILI reported by ILINet outpatient providers statewide (n=45), week 40, 2012 to week 52, 2015.

In week 52, the percent of visits for ILI reported to ILINet outpatient providers has increased slightly but remains below levels seen in previous years at this time.



2013-14



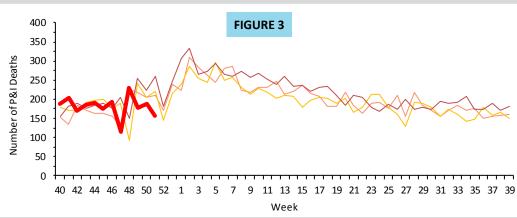


Figure 3 shows P&I deaths* for all Florida counties from the Bureau of Vital Statistics, as reported into ESSENCE-FL, week 40, 2012 to week 51, 2015.

As of week 51 (ending December 26, 2015), 2,174 P&I deaths have been reported in the 2015-16 influenza season.

The number of P&I deaths is below levels seen in previous years at this time.

P&I Deaths*, Multi-Year Regression Model P&I = pneumonia and influenza

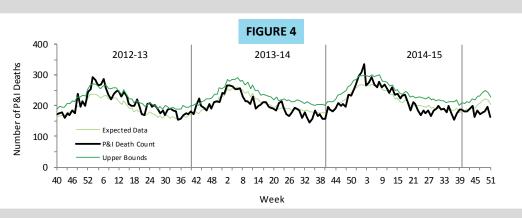
Figure 4 shows the number of preliminary estimated P&I deaths* for all Florida counties, the number of deaths predicted using a multi-year regression model, and the upper bound of the 95% confidence interval for this prediction.

For week 51 (ending December 26, 2015):

153 preliminary estimated P&I deaths were reported.

The upper bound of the 95% confidence interval for prediction is 214 deaths, with no excess deaths.

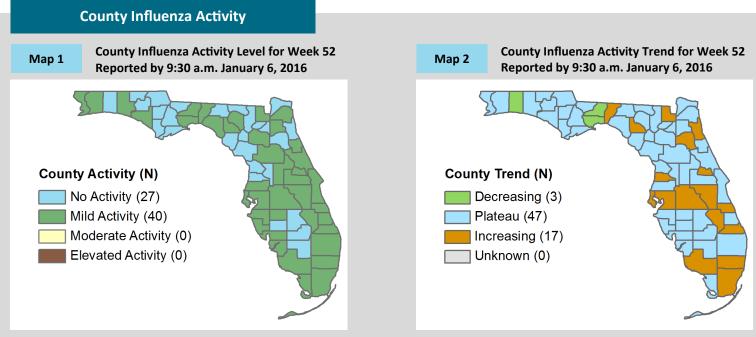
The number of P&I deaths is below levels seen in previous years at this time. P&I deaths tend to occur later in the season as at-risk populations develop complications from influenza infection.



* Current season P&I death counts are preliminary estimates, and may change as more data are received. The most recent data available are displayed here. Vital statistics death records received in ESSENCE-FL are considered to be complete through week 51, 2015.

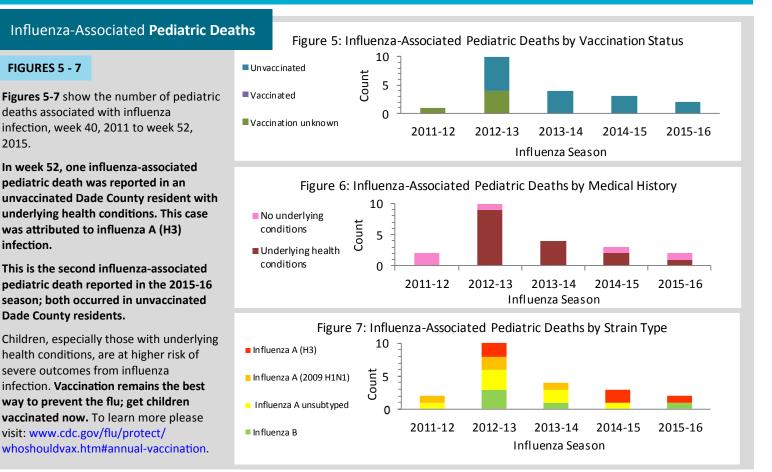
County Influenza and ILI Activity Maps

County influenza activity data are reported by county health departments through EpiGateway on a weekly basis. Information is used to determine county activity and includes laboratory results, outbreak reports, and influenza-like illness (ILI) activity. **The figures below** reflect a county's assessment of influenza activity within their county as a whole. For week 52, 17 counties reported that activity is increasing, 47 counties reported that activity is at a plateau, and three counties reported that activity is decreasing.



As of 9:30 a.m. January 6, 2016, 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 maps for this week.

Influenza-Associated Pediatric Deaths



ILI Activity and Outbreaks by Setting

Reported Influenza and ILI Outbreaks ILI = influenza-like illness

Five outbreaks of influenza or ILI have been reported into EpiCom so far in the 2015-16 season.

No outbreaks of influenza or ILI were reported in week 52.

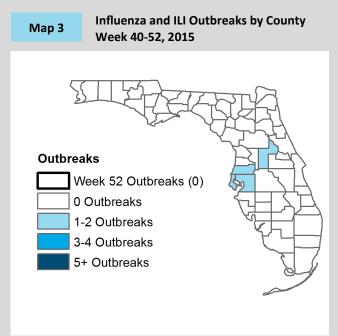


	TABLE 1	Sumr	nary of	Florida In	fluenza a	nd ILI Ou	utbreaks by	Setting, Week 40-52, 2015	
Setting	Total	A (H3)	A (2009 H1N1)	A Unspecified	A & B Unspecified	B Yamagata	B Unspecified	Other respiratory viruses	Currently unknown virus
Schools	1	-	-	-	-	-	-	-	1
Daycares	1	-	-	-	-	-	-	1- respiratory syncytial virus (RSV)	-
Jails & prisons	-	-	-	-	-	-	-	-	-
Mental health facilities	-	-	-	-	-	-	-	-	-
Nursing homes & lor term care facilities	ng 3	-	-	1	-	-	-	1– rhinovirus	1
Healthcare facilities	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Total	5	0	0	1	0	0	0	2	2

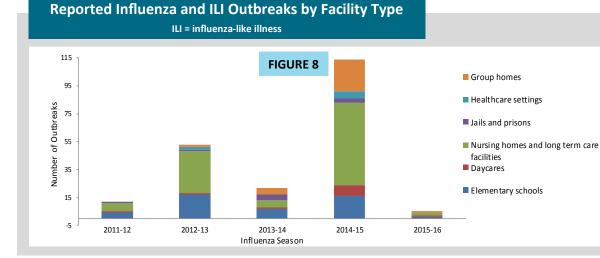
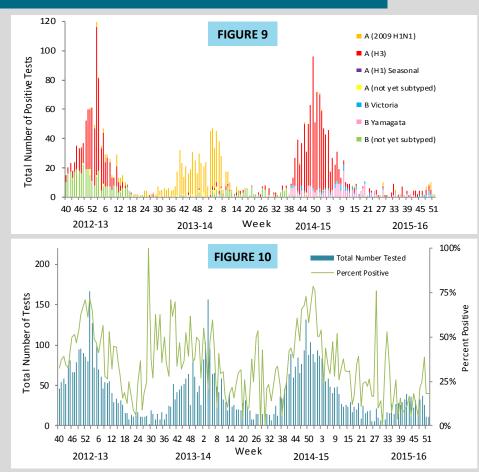


Figure 8 shows the distribution of outbreaks by facility type and season.

In Florida, influenza and ILI activity often increases first in children and then spreads to other age groups. As such, mid-season outbreaks are expected in facilities serving older age groups.

Respiratory Virus Surveillance





These figures use Bureau of Public Health Laboratories (BPHL) viral surveillance data.

Figure 9 shows the number of influenzapositive specimens tested by subtype and lab event date*.

Influenza A (H3) is the most commonly circulating virus identified by BPHL so far this season. In the past two weeks, however, influenza A (2009 H1N1) has been the most commonly identified subtype. Due to a low total number of specimens tested, it is uncertain if this observed change in most commonly circulating subtype is a real trend or a data artifact.

Low to moderate levels of influenza B Yamagata lineage and influenza B Victoria lineage are also identified by BPHL as circulating at this time.

Figure 10 shows the number of specimens tested by BPHL and the percent that were positive for influenza by lab event date*.

In week 52, the number of specimens tested for influenza and the percent of laboratory results testing positive for influenza have decreased. Both indicators are below levels seen in previous years at this time.

TABLE 2: Bureau of Public Health Laboratories (BPHL) Viral Surveillance by Lab Event Date* Reported by 10:00 a.m. January 6, 2016

Specimen	Current Week 52	Previous Week 51	Current 2015-16 Season
Total Specimens Tested	11	11	354
Influenza positive specimens (% of total)	2 (18%)	2 (18%)	55 (16%)
Influenza A (2009 H1N1) (% of influenza positives)	-	1 (50%)	10 (18%)
Influenza A (H3) (% of influenza positives)	-	-	27 (49%)
Influenza A not yet subtyped (% of influenza positives)	1 (50%)	-	1 (2%)
Influenza A inconclusive** (% of influenza positives)	-	-	2 (4%)
Influenza B Yamagata (% of influenza positives)	-	1 (50%)	5 (9%)
Influenza B Victoria (% of influenza positives)	-	-	9 (16%)
Influenza B not yet subtyped (% of influenza positives)	1 (50%)	-	2 (2%)

*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.

**Influenza A inconclusive test results are due to technical difficulties including insufficient sample for testing or internal sample control failure and occur occasionally in routine laboratory testing.

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:

www.floridahealth.gov/diseases-and-conditions/influenza/_documents/flulabreportguide.pdf

Regional ILI Visits

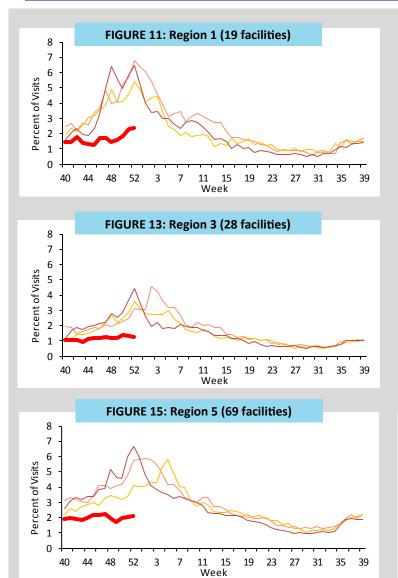
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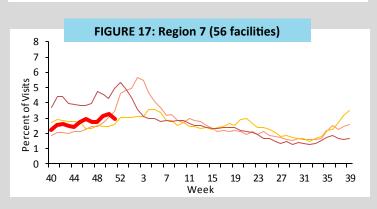
ED and UCC Visits for ILI by Region ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Figures 11-17 shows the percent of ILI visits from ED and UCC chief complaints for ESSENCE-FL participating facilities (N=259), by ESSENCE-FL Regional Domestic Security Task Force (RDSTF) regions (see map 4) from

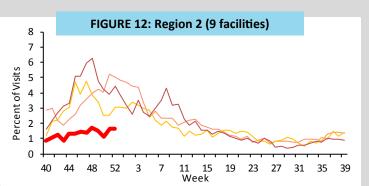
week 40, 2012 to week 52, 2015*. ED and UCC visits for ILI decreased or remained the same in all regions except for regions 1, 5 and 6 where visits increased. ED and UCC visits for ILI in region 7 are similar to levels seen in previous years at this time while ED and UCC visits for ILI in regions 1-6 are below levels seen in previous years at this time.

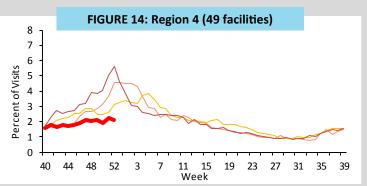


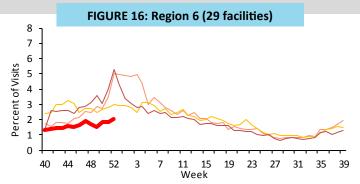




*There is no week 53 for the 2010-2011, 2011-2012, and 2013-2014 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.







MAP 4

Region 3 Region 1 Region 2 Emergency Departments (EDs) and Region 5 Regio

Regio

Region 7

Urgent Care Centers (UCCs) Reporting Data to ESSENCE-FL by Regional Domestic Security Task Force (RDSTF), January 6, 2016 (N=259)

- Hospitals
 - **Urgent Care Centers**

Age Groups: ILI Visits and P&I Deaths

0 to 4 years old

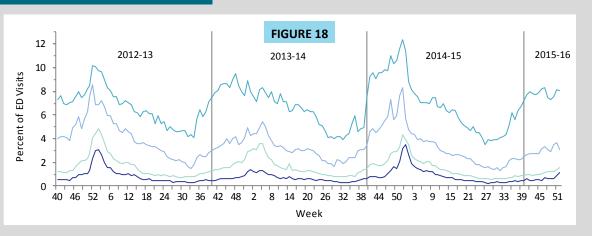
5 to 24 years old

≥65 years old

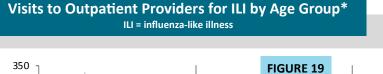
ED and UCC Visits for ILI by Age Group ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Figure 18 shows the percent of ILI visits among all ED and UCC visits by age group, as reported into ESSSENCE-FL, week 40, 2012 to week 52, 2015.

ED and UCC visits for ILI increased in the ≥65 and 25 -64 age groups, decreased in the 0-4 and 5-24 age groups, and are similar to or below levels seen in previous years in all age groups at this time.



25 to 64 years old



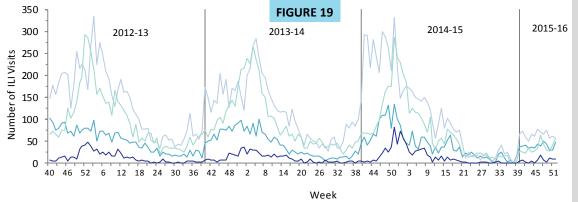


Figure 19 shows the number of visits for ILI reported by ILINet outpatient providers statewide (n=45) by age group, week 40, 2012 to week 52, 2015.

In week 52, the number of visits for ILI reported by ILINet outpatient providers has increased in the 0-4 and 25-64 age groups and decreased or remained the same in adults 25 to 64 and ≥65 years old. The number of ILI visits remains below levels seen in previous years in all age groups at this time.

*Data presented here are counts, not proportions. This is because age group denominator data is not available through ILINet.

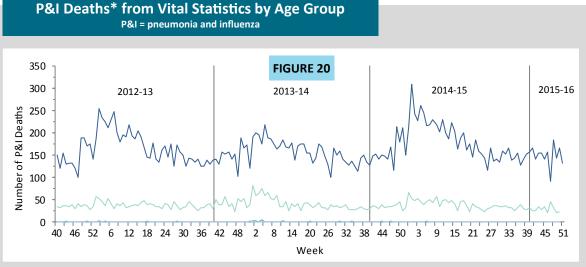


Figure 20 shows P&I deaths* for all Florida counties by age group, as reported into ESSENCE-FL, week 40, 2012 to week 51, 2015.

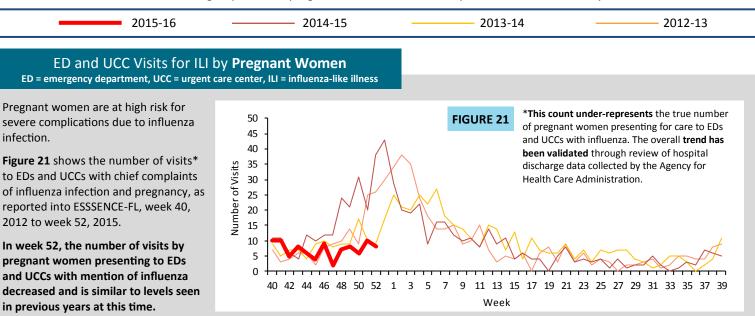
As of week 51 (ending December 26, 2015), the number of P&I deaths is similar to or below levels seen in previous years in all age groups at this time.

*Current season P&I death numbers are preliminary estimates, and may change as more data are received. The most recent data available are displayed here. Vital statistics death records received in ESSENCE-FL are currently considered to be complete through week 51, 2015.

At-Risk Populations: ILI Visits

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ESSENCE-FL collects data daily from 259 EDs and UCCs. 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", "cough", and/or "sore throat". The Florida Department of Health uses ED and UCC chief complaint data to monitor influenza and ILI activity in a timely manner in groups at higher risk of severe health outcomes (such as hospitalization and death) from influenza infection. These at-risk groups include pregnant women, children ≤18 years old, and adults ≥65 years old.



ED and UCC Visits for ILI by **Children ≤18 Years Old** ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

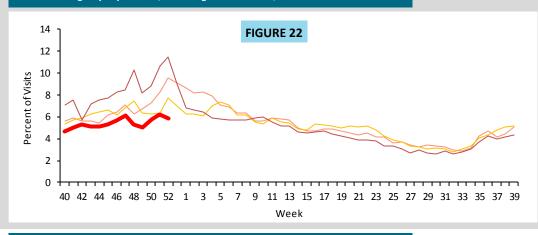


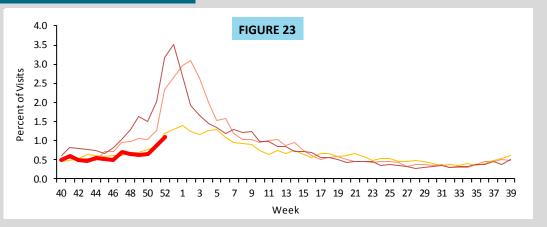
Figure 22 shows the percent of ILI visits among all ED and UCC visits for children ≤18 years old, as reported into ESSSENCE-FL, week 40, 2012 to week 52, 2015.

In week 52, the percent of ILI visits among all ED and UCC visits for children ≤18 years old is below levels seen in previous years at this time.

ED and UCC Visits for ILI by **Adults** ≥65 Years Old ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Figure 23 shows the percent of ILI visits among all ED and UCC visits for adults ≥65 years old, as reported into ESSSENCE-FL, week 40, 2012 to week 52, 2015.

In week 52, the percent of ILI visits among all ED and UCC visits for adults ≥65 years old increased and is similar to levels seen in previous years at this time.



Setting ILI Activity by Population Type

ILI Activity by Setting Type ILI = influenza-like illness

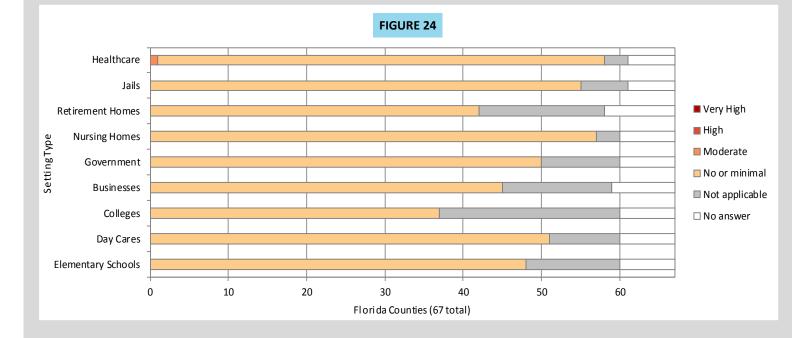
County health departments are asked to evaluate influenza activity in certain settings within their county. The assessment scale for activity ranges from no or minimal activity to very high activity.

Figure 24 shows the results of the influenza activity assessment for week 52, 2015.

Counties that reported "not applicable" for the listed settings are excluded from the denominator in the calculations below.

ILI activity levels:

- No or very minimal activity
- Moderate activity
- High activity
- Very high activity



Settings for Children under 18

In elementary schools, 48 counties (87%) reported no or minimal influenza and ILI activity.

In daycare settings, 51 counties (88%) reported no or minimal influenza and ILI activity.

Settings for Adults over 65

In nursing homes, 57 counties (89%) reported no or minimal influenza and ILI activity.

In retirement homes, 42 counties (82%) reported no or minimal influenza and ILI activity.

Settings for Adults ages 18 to 65

In colleges and universities, 37of 44 counties (84%) reported no or minimal influenza and ILI activity.

In private businesses, 45 counties (85%) reported no or minimal influenza and ILI activity.

In government offices, 50 counties (88%) reported no or minimal influenza and ILI activity.

Other Unique settings

In jails and prisons, 55 counties (90%) reported no or minimal influenza and ILI activity.

In healthcare settings, including rehabilitation facilities and mental health facilities, one county (2%) reported moderate influenza and ILI activity.

Respiratory Virus Surveillance (Continued)

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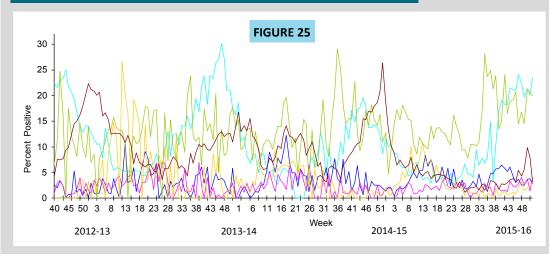


Figure 25 shows the percent of laboratory results testing positive for various respiratory viruses, as reported by NREVSS participating laboratories (n=12), week 40, 2012 to week 52, 2015.

In week 52, the percent of specimens testing positive for RSV and rhinovirus remain elevated and are above levels seen in previous years at this time.

Respiratory syncytial virus (RSV) Parainfluenza 1-3 Adenovirus Human metapneumovirus Rhinovirus
 Influenza

Florida ILI Surveillance System Summary

Florida ILINet · Data source for figures: 2 and 19

 ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient healthcare providers. Florida has 88 sentinel providers enrolled in ILINet who submit weekly ILI and total visit counts, as well as submit ILI specimens to the Bureau of Public Health Labs (BPHL) for confirmatory testing.

ESSENCE-FL Syndromic Surveillance and Vital Statistics Portal · Data source for figures 1, 3-7, 11-18, 20-23; map 4

- ESSENCE-FL measures trends in ILI visits from emergency departments (ED) and urgent care clinics (UCC) and influenza mortality by using death certificates from the Bureau of Vital Statistics. EDs and UCCs electronically transmit visit data into ESSENCE-FL daily or hourly.
- For statewide and regional data on influenza-like illness, visits are counted as ED or UCC visits to participating facilities that include influenza-like illness in patient chief complaints.
- For pneumonia and influenza (P&I) surveillance, death record literals are queried using a free-text query that searches for references to P&I on death certificates. Any mention of P&I in the death certificate literals, with certain exceptions, is counted as a P&I death.
 County Influenza Activity in EpiGateway · Data source for figures 19, 24, and maps 1 and 2

County Influenza Activity in EpiGateway \cdot Data source for figures 19, 24, and maps 1 and

 County health department (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 Elevated. Setting-specific influenza activity and influenza trend information is also

reported. EpiGateway data provided by CHDs creates a county-by-county breakdown of influenza and ILI activity around the state. **Outbreak Reporting in EpiCom** · Data source for figure 8, map 3, and table 1

- EpiCom tracks influenza and ILI outbreak investigations by county health departments. Reports by county health departments include the type of respiratory disease causing the outbreak and settings 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.

Bureau of Public Health Laboratories (BPHL) · Data source for figures 9, 10 and table 2

- 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.
- 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 at www.floridahealth.gov/diseases-andconditions/influenza/_documents/flulabreportguide.pdf.

National Respiratory and Enteric Virus Surveillance System (NREVSS) · Data source for figure 25

• 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.

Case-Based Influenza Surveillance

Pediatric Influenza-Associated Mortality (Merlin) • Data source for figure 5-7 **Influenza due to Novel or Pandemic Strains**

• Deaths in children with laboratory-confirmed influenza infection and patients with influenza infection due to novel or pandemic strains are reportable in Florida. For more information about reportable diseases please visit www.Floridahealth.gov/