



Summary

Week 4: January 24-30, 2016

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

- Florida reported 'local' activity to the Centers for Disease Control and Prevention (CDC) in week 4, this is up from 'sporadic' activity reported in previous weeks.
- **While influenza activity has been low, the flu season is finally beginning; there has been an increase in reported outbreaks and a notable increase in emergency department (ED) and urgent care center (UCC) ILI visits in the North, Central, and South East regions of Florida, particularly in the 10 to 19 year age group.**
- Influenza activity in Florida often peaks in late January and February; current activity levels are consistent with those historic trends.
- The preliminary estimated number of deaths due to pneumonia and influenza is below levels seen in previous seasons at this time.
- In week 4, four counties reported 'moderate' activity and 46 counties reported 'mild' activity.
- **Thirty-two counties reported 'increasing' activity in week 4. This is up from twenty in week 3.**
- No influenza-associated pediatric deaths were reported in week 4.
 - Two influenza-associated pediatric deaths have been reported so far this season. While rare, Florida receives reports of influenza-associated pediatric deaths each season.
- In week 4, two influenza outbreaks and one ILI outbreak were reported in a Holmes County nursing home, a Baker County correctional facility, and a Pasco County nursing home, respectively.
- **In recent weeks, influenza A (2009 H1N1) has been the most commonly identified influenza subtype by BPHL.**

National influenza activity:

- **Influenza activity has increased nationally.**
- **CDC has received increased reports of hospitalizations and other severe outcomes from influenza infection. Individuals at high risk of complications from influenza infection with suspected influenza should be treated with antivirals as early as possible, even prior to laboratory confirmation.**
- Influenza A (2009 H1N1) is the predominately circulating strain.
- The vast majority of circulating flu viruses analyzed this season remain similar to the vaccine virus components for this season's flu vaccines. **If you have not yet been vaccinated 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



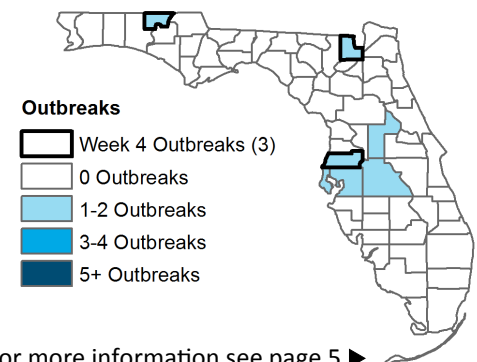
For more information
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Predominately Circulating Strain



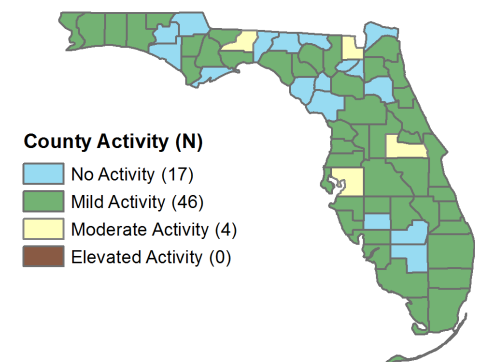
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Influenza and ILI Outbreaks Reported as of 2/2/2016



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County Influenza Activity



For more information see page 4 ►

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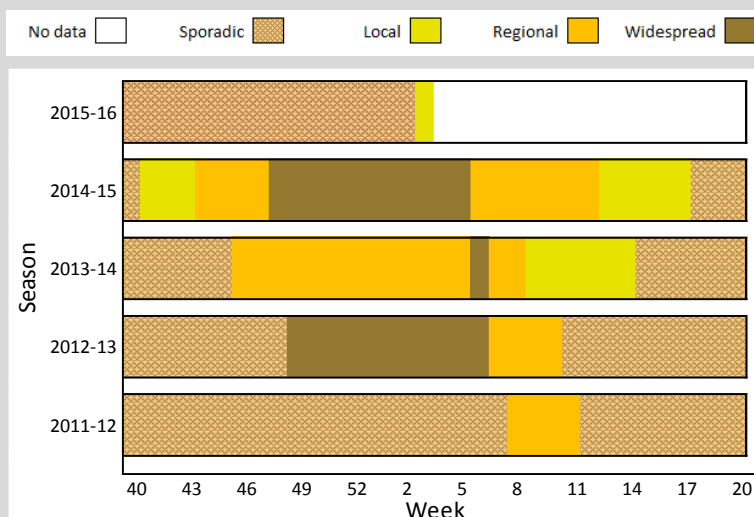
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Weekly State Influenza Activity Reporting

Below is the state influenza activity level reported to CDC each week since the 2011-12 influenza season. **Florida reported local influenza activity for week 4.**



The graphic above shows how influenza activity in Florida can vary widely from season to season. 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, adults ≥65 years old, 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.

ED and UCC Visits for ILI by Flu Season

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

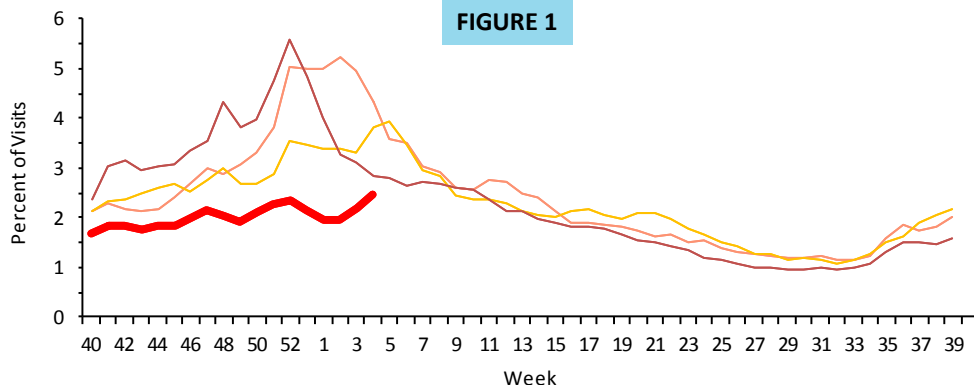


FIGURE 1

Figure 1 shows the percent of visits for ILI from ED and UCC chief complaints for ESSENCE-FL participating facilities (N=261), week 40, 2012 to week 4, 2016.

In week 4, the percent of visits to EDs and UCCs for ILI increased but remains below levels seen in previous seasons at this time.

2015-16 2014-15 2013-14 2012-13

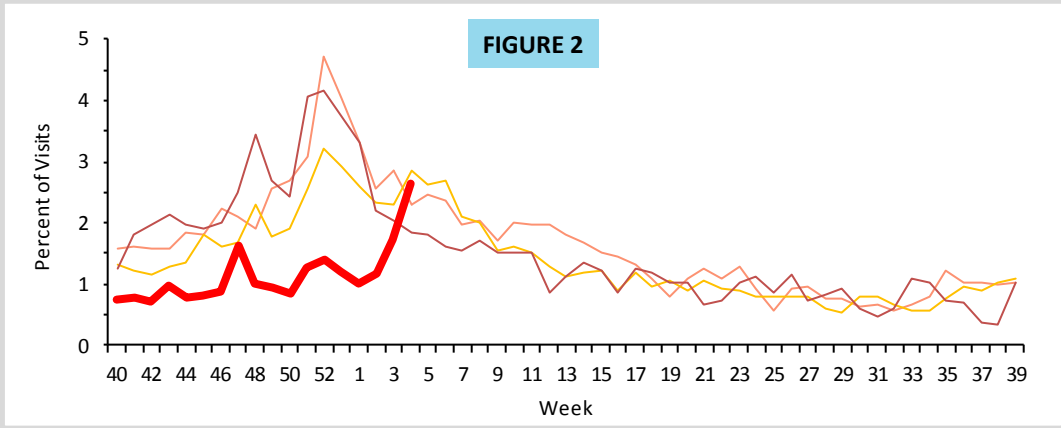


Visits for ILI to Outpatient Providers by Flu Season

ILI = influenza-like illness

Figure 2 shows the percent of visits for ILI reported by ILINet outpatient providers statewide (n=49), week 40, 2012 to week 4, 2016.

The percent of visits for ILI reported to ILINet outpatient providers has steadily increased and is similar to levels seen in previous seasons at this time.



P&I Deaths* from Vital Statistics by Flu Season

P&I = pneumonia and influenza

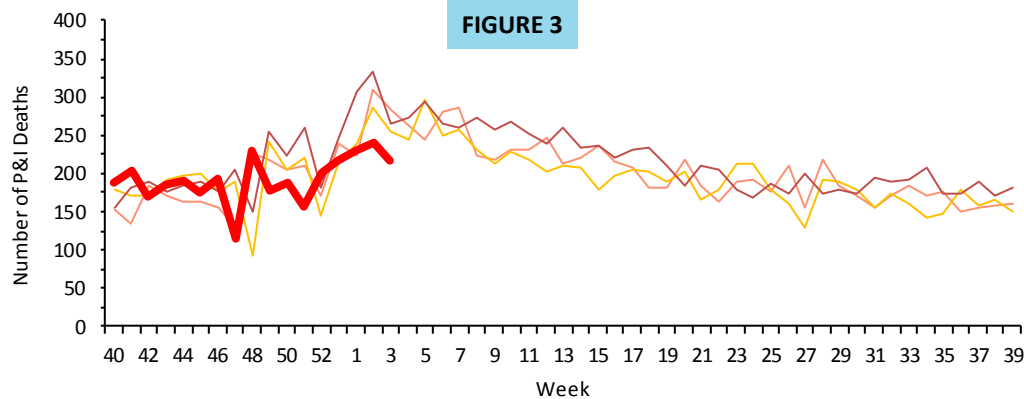


Figure 3 shows P&I deaths* for all Florida counties from the Bureau of Vital Statistics, as reported into ESSENCE-FL, week 40, 2012 to week 3, 2016.

As of week 3 (ending January 23, 2016), 3,283 P&I deaths have been reported in the 2015-16 influenza season.

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

P&I Deaths*, Multi-Year Regression Model

P&I = pneumonia and influenza

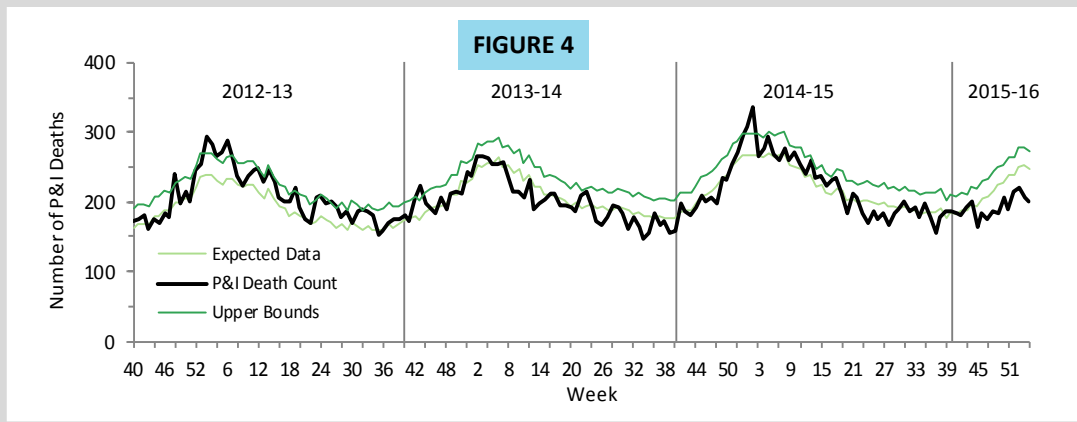
Figure 4 shows the number of preliminary estimated P&I deaths* for all Florida counties, the number of deaths predicted using a multi-year regression model, and the upper bound of the 95% confidence interval for this prediction.

For week 3 (ending January 23, 2016):

202 preliminary estimated P&I deaths were reported.

The upper bound of the 95% confidence interval for prediction is 274 deaths, with no excess deaths.

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



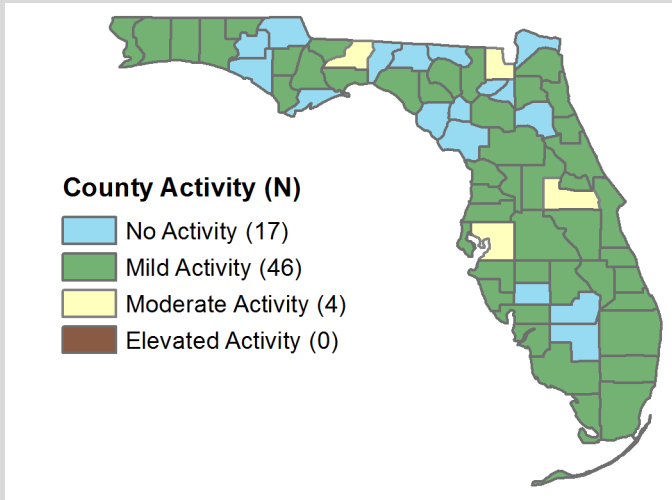
* Current season P&I death counts are preliminary estimates, and may change as more data are received. *The most recent data available are displayed here. Vital statistics death records received in ESSENCE-FL are considered to be complete through week 3, 2016.*

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 ILI activity. **The figures below reflect a county's assessment of influenza activity within their county. For week 4, 32 counties reported 'increasing' activity, 35 counties reported activity at a 'plateau', and no counties reported 'decreasing' activity.**

County Influenza Activity

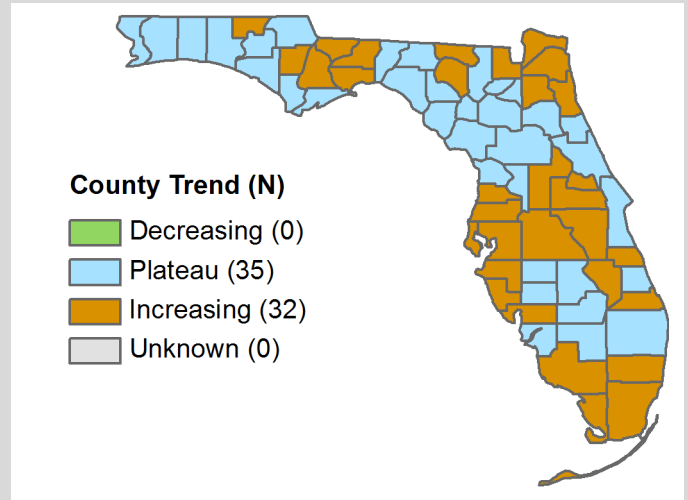
Map 1

County Influenza Activity Level for Week 4
Reported by 9:30 a.m. February 3, 2016



Map 2

County Influenza Activity Trend for Week 4
Reported by 9:30 a.m. February 3, 2016



As of 9:30 a.m. February 3, 2016, a total of 67 (100%) counties reported their weekly level of influenza activity. Please note that data reported 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

Influenza-Associated Pediatric Deaths

FIGURES 5 - 7

Figures 5-7 show the number of pediatric deaths associated with influenza infection, week 40, 2011 to week 4, 2016.

No influenza-associated pediatric deaths were reported in week 4.

Two influenza-associated pediatric deaths have been reported this season; both occurred in unvaccinated Dade County residents. While rare, Florida receives reports of influenza-associated pediatric deaths each season. Most deaths occur in unvaccinated children with underlying health conditions.

Children, especially those with underlying health conditions, are at higher risk of severe outcomes from influenza infection. **Vaccination remains the best way to protect against the flu; get children vaccinated now.** To learn more please visit: www.cdc.gov/flu/protect/whoshouldvax.htm#annual-vaccination.

Figure 5: Influenza-Associated Pediatric Deaths by Vaccination Status

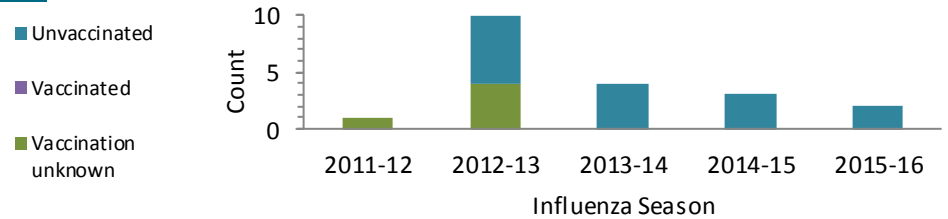


Figure 6: Influenza-Associated Pediatric Deaths by Medical History

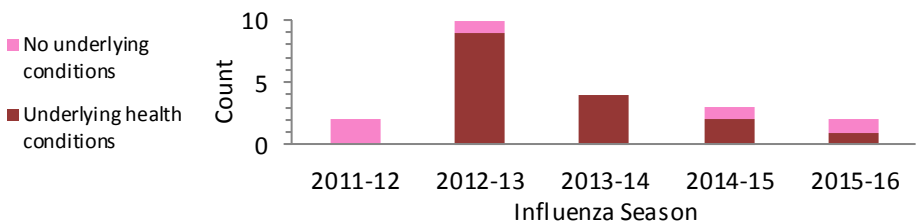
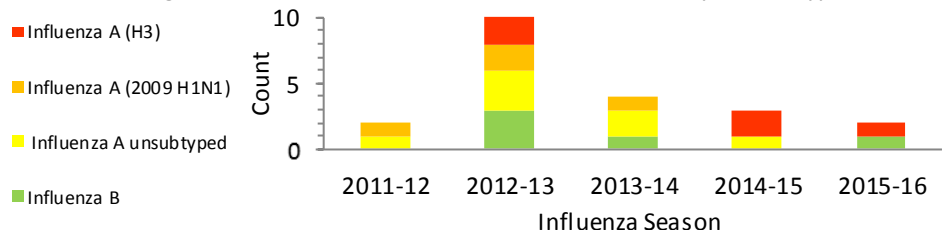


Figure 7: Influenza-Associated Pediatric Deaths by Strain Type



Reported Influenza and ILI Outbreaks

ILI = influenza-like illness

Nine outbreaks of influenza or ILI have been reported into EpiCom so far in the 2015-16 season. **Three new influenza or ILI outbreaks were reported in week 4.**

Pasco County: A nursing facility reported nine residents without fever but with other ILI symptoms, and suspected to have pneumonia. Five specimens were collected from ill residents and were negative for influenza by rapid antigen testing at local healthcare providers. No specimens were available for testing at BPHL. The majority of ill residents live in the same hall.

Holmes County: A nursing home reported five residents with ILI. Of the five specimens collected from ill residents, four were positive for influenza B by rapid antigen testing at local healthcare providers. No specimens were available for testing at BPHL. All ill residents live on the same floor. Prophylaxis of residents and staff was recommended and is being implemented.

Baker County: A correctional facility reported 24 inmates with ILI. Of the seven specimens collected from ill residents, two were positive for influenza A by rapid antigen testing at local healthcare providers. Four specimens were sent to BPHL for testing and results are pending.

For each outbreak, control measures were reviewed with facility leadership and implemented. All investigations are ongoing. Individuals at high risk of complications from influenza infection with suspected influenza should be treated with antivirals as early as possible, even prior to laboratory confirmation.

Map 3 Influenza and ILI Outbreaks by County Week 40-3, 2015

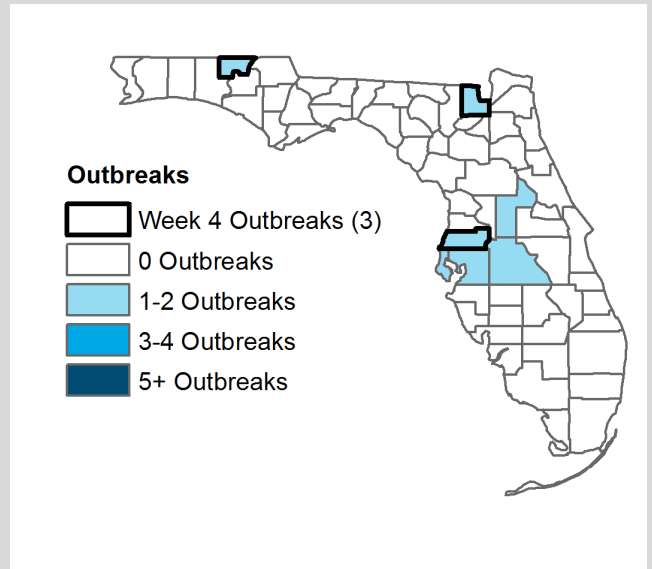


TABLE 1: Summary of Florida Influenza and ILI Outbreaks by Setting, Week 40-4, 2015

Setting	Total	A (H3)	A (2009 H1N1)	A Unspecified	A & B Unspecified	B Yamagata	B Unspecified	Other respiratory viruses	Currently unknown virus
Schools	2	-	-	-	-	-	-	1- respiratory syncytial virus (RSV)	1
Daycares	1	-	-	-	-	-	-	1- RSV	-
Jails & prisons	1	-	-	1	-	-	-	-	-
Mental health facilities	-	-	-	-	-	-	-	-	-
Nursing homes & long term care facilities	5	-	-	1	-	-	1	1- rhinovirus	2
Healthcare facilities	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Total	9	0	0	2	0	0	1	3	3

Reported Influenza and ILI Outbreaks by Facility Type

ILI = influenza-like illness

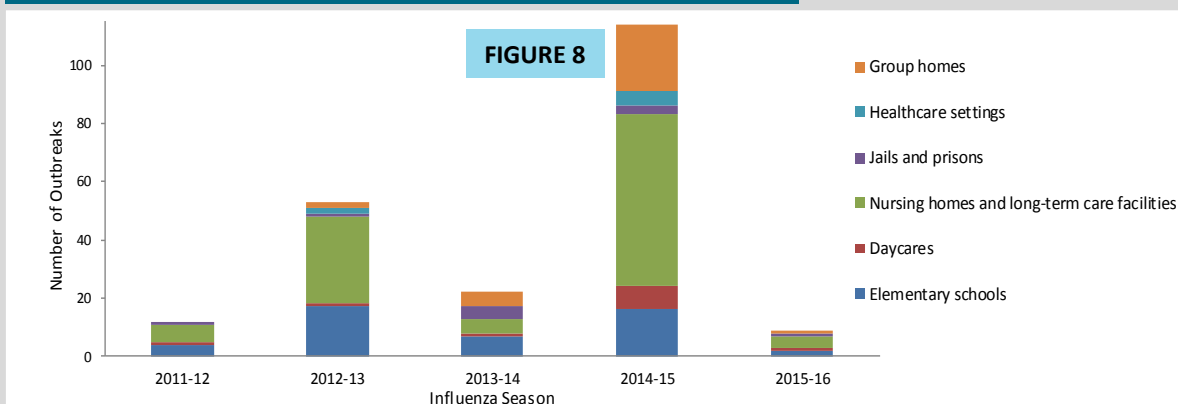
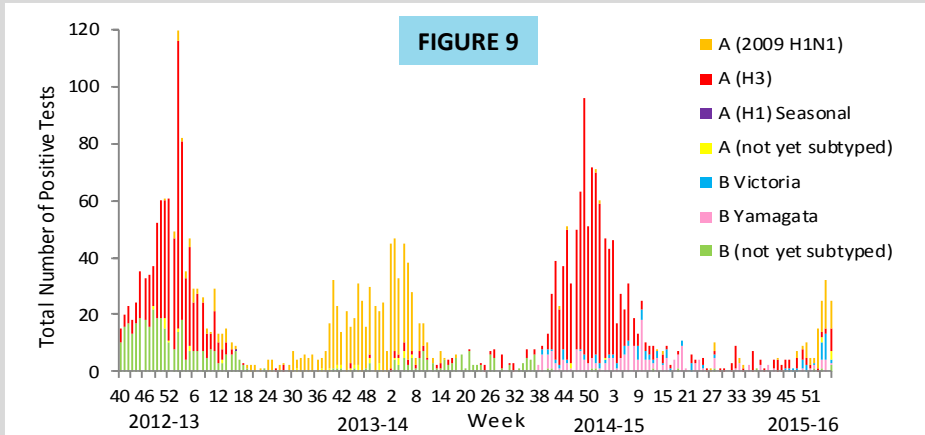


Figure 8 shows the distribution of outbreaks by facility type and season.

Facilities serving groups of at-risk populations, including the young and elderly, are more likely to report influenza and ILI outbreaks throughout the season.

BPHL Viral Influenza Specimen Testing

BPHL = Bureau of Public Health Laboratories



These figures use BPHL viral surveillance data.

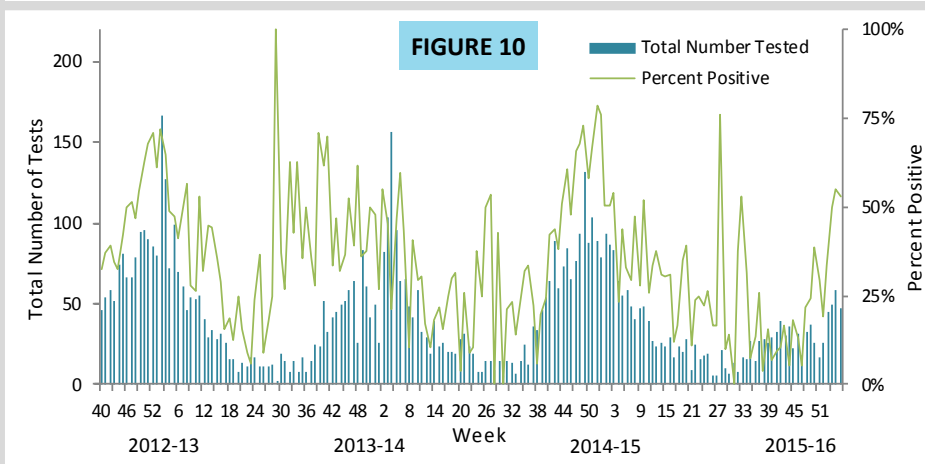
Figure 9 shows the number of influenza-positive specimens tested by subtype and lab event date*.

In recent weeks, influenza A (2009 H1N1) has been the most commonly identified influenza subtype by BPHL. Up until then, influenza A (H3) was the most commonly identified subtype. This change has also been observed nationally.

Low levels of influenza B Yamagata lineage and influenza B Victoria lineage have also been identified by BPHL in recent weeks.

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

In recent weeks, the number of specimens tested for influenza and the percent of laboratory results testing positive for influenza have increased. Both indicators are similar to or below levels seen in previous seasons at this time.



**TABLE 2: Bureau of Public Health Laboratories (BPHL) Viral Surveillance by Lab Event Date*
Reported by 10:00 a.m. February 3, 2016**

Specimen	Current Week 4	Previous Week 3	Current 2015-16 Season
Total Specimens Tested	47	58	575
Influenza positive specimens (% of total specimen tested)	25 (53%)	32 (55%)	158 (27%)
Influenza A (2009 H1N1) (% of influenza positives)	10 (40%)	17 (53%)	66 (42%)
Influenza A (H3) (% of influenza positives)	8 (32%)	2 (6%)	41 (26%)
Influenza A not yet subtyped (% of influenza positives)	3 (12%)	-	5 (3%)
Influenza A inconclusive** (% of influenza positives)	-	-	2 (1%)
Influenza B Yamagata (% of influenza positives)	1 (4%)	4 (13%)	14 (9%)
Influenza B Victoria (% of influenza positives)	1 (4%)	9 (28%)	26 (16%)
Influenza B not yet subtyped (% of influenza positives)	2 (8%)	-	4 (3%)

*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.

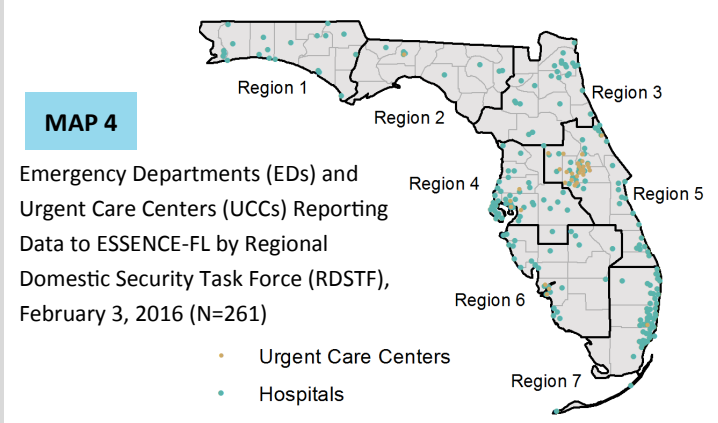
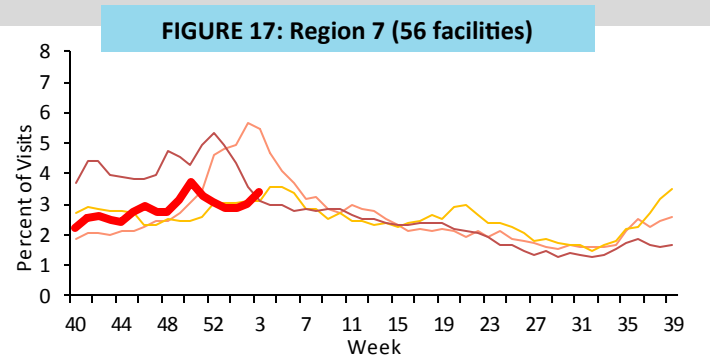
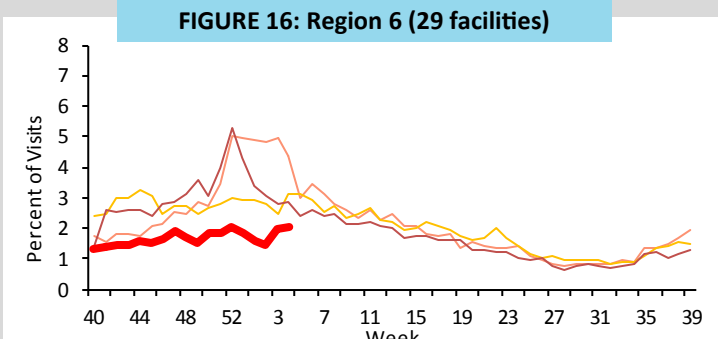
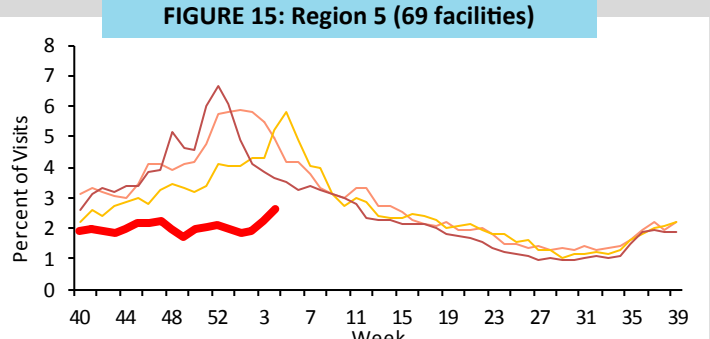
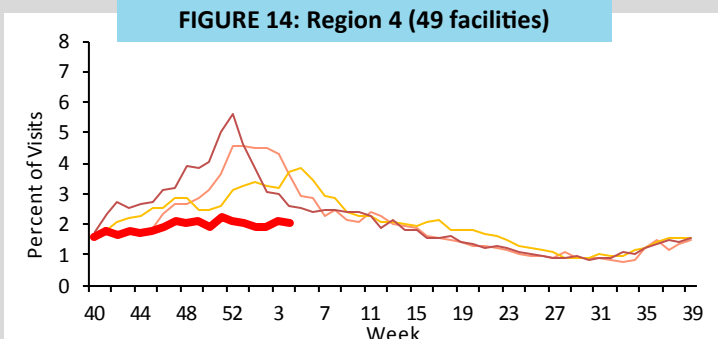
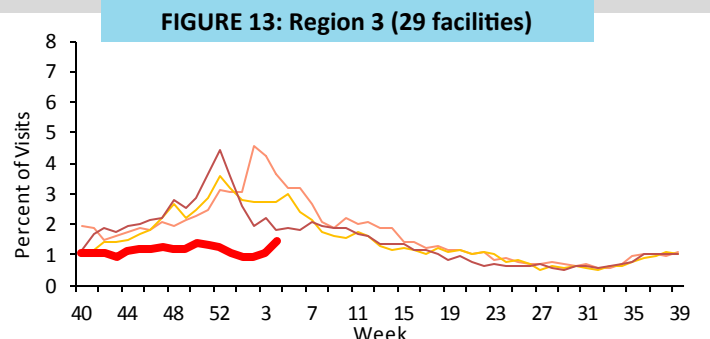
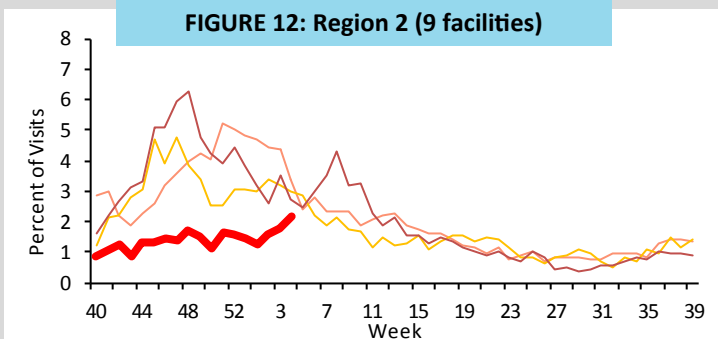
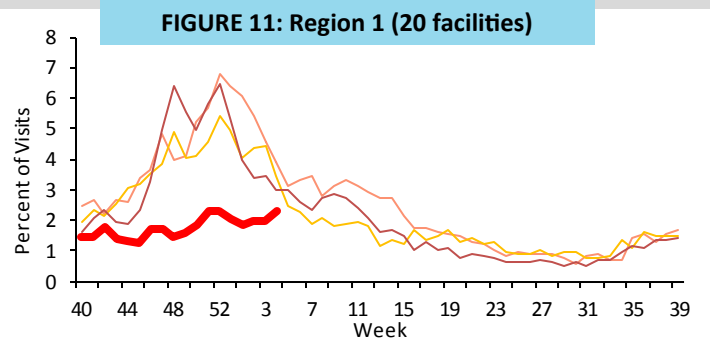
For county-specific laboratory data, please refer to the Flu Lab Report in Merlin. For instructions on how to use the Flu Lab Report, please see the Guide to Flu Lab Report on the Bureau of Epidemiology website:

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

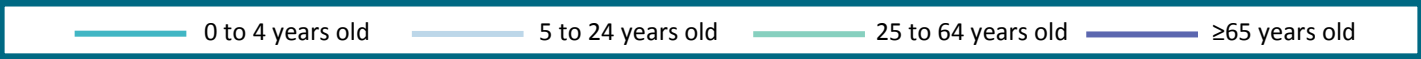
ED and UCC Visits for ILI by Region

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

from week 40, 2012 to week 4, 2016*. In week 4, ED and UCC ILI visits increased in all regions except regions 4 and 6 where visits are at a plateau. ED and UCC ILI visits increased most notably in regions 2 and 5 while visits in region 7 increased but remained similar to levels seen in previous seasons at this time.



*There is no week 53 for the 2012-13, 2013-14, and 2015-16 seasons; the week 53 data point for those seasons is an average of weeks 52 and 1.

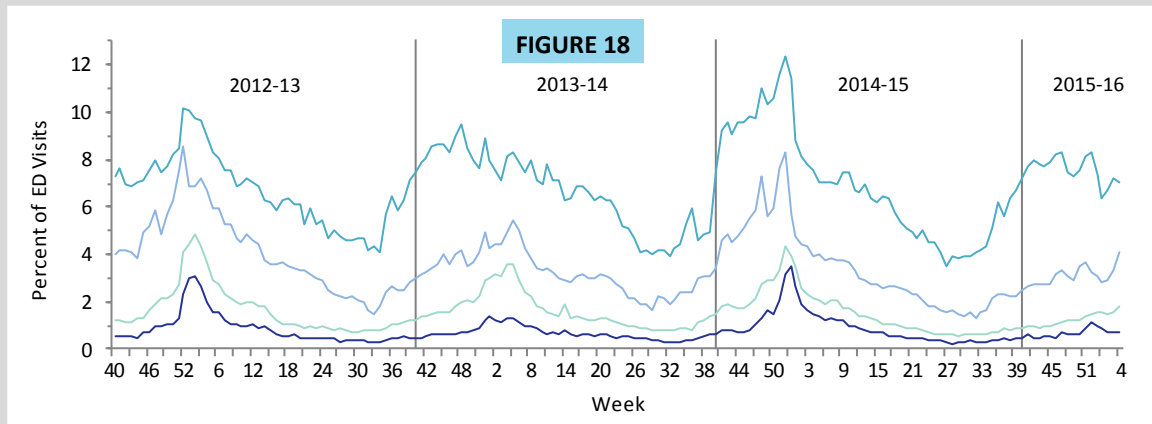


ED and UCC Visits for ILI by Age Group

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Figure 18 shows the percent of visits for ILI from ED and UCC chief complaints by age group for ESSENCE-FL participating facilities (N=261), week 40, 2012 to week 4, 2016.

In week 4, ED and UCC visits for ILI increased notably in persons 5 to 24 years old and are similar to or below levels seen in previous seasons in all age groups at this time.



Visits to Outpatient Providers for ILI by Age Group*

ILI = influenza-like illness

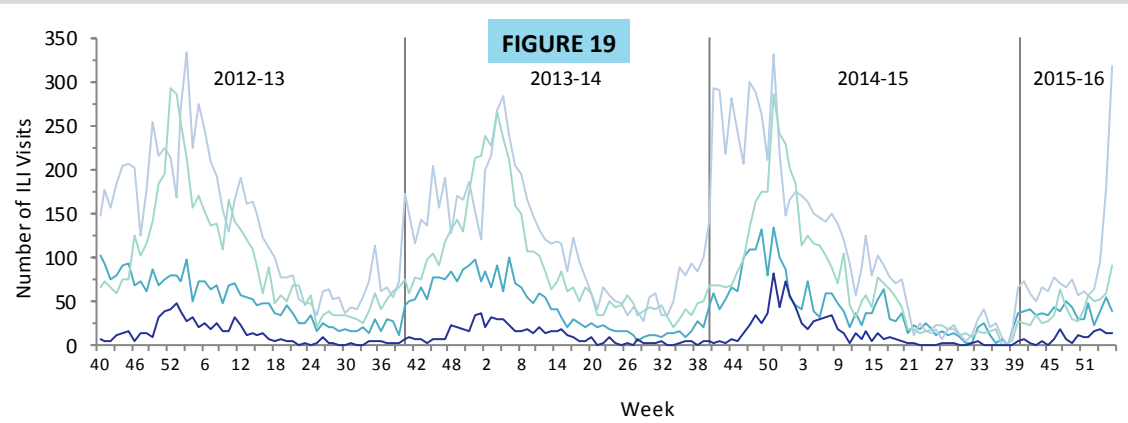


Figure 19 shows the number of visits for ILI reported by ILINet outpatient providers statewide (n=49) by age group, week 40, 2012 to week 4, 2016.

In week 4, the number of visits for ILI reported by ILINet outpatient providers increased notably in the 5-24 age group and are above levels seen in previous seasons. The number of ILI visits for all other age groups is similar to or below levels seen in previous seasons at this time.

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

P&I Deaths* from Vital Statistics by Age Group

P&I = pneumonia and influenza

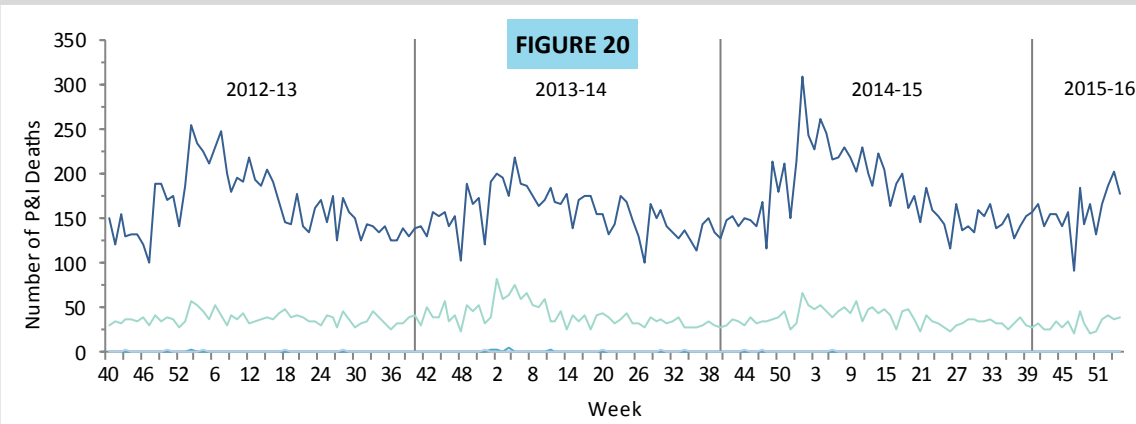


Figure 20 shows P&I deaths* for all Florida counties by age group, as reported into ESSENCE-FL, week 40, 2012 to week 3, 2016.

As of week 3 (ending January 23, 2016), the number of P&I deaths in all age groups decreased or remained the same and are similar to levels seen in previous seasons 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 3, 2016.

ESSENCE-FL collects data daily from 261 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.

2015-16 2014-15 2013-14 2012-13

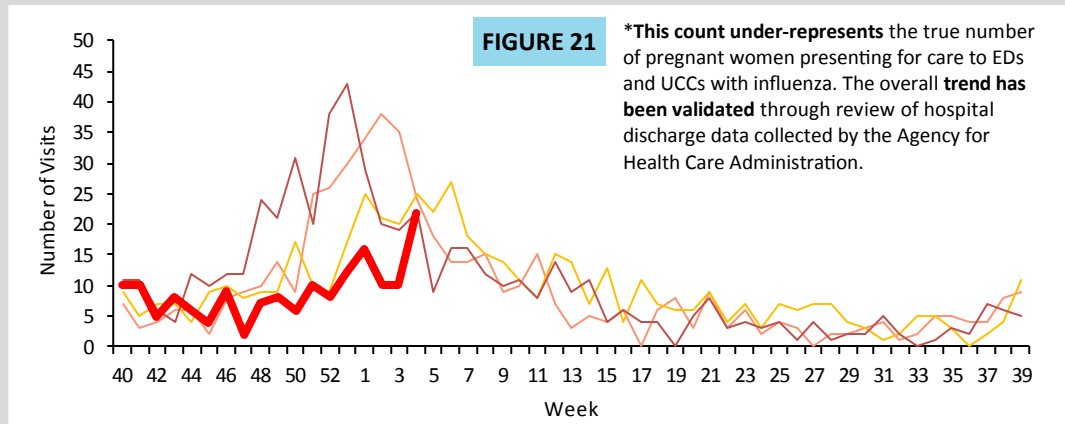
ED and UCC Visits for ILI by Pregnant Women

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

Pregnant women are at high risk for severe complications due to influenza infection.

Figure 21 shows the number of visits* to EDs and UCCs with chief complaints of influenza infection and pregnancy, as reported into ESSENCE-FL, week 40, 2012 to week 4, 2016.

In week 4, the number of visits to EDs and UCCs by pregnant women with mention of influenza increased notably. Seasons where influenza A 2009 (H1N1) predominates are often more severe for pregnant women.



ED and UCC Visits for ILI by Children ≤ 18 Years Old

ED = emergency department, UCC = urgent care center, ILI = influenza-like illness

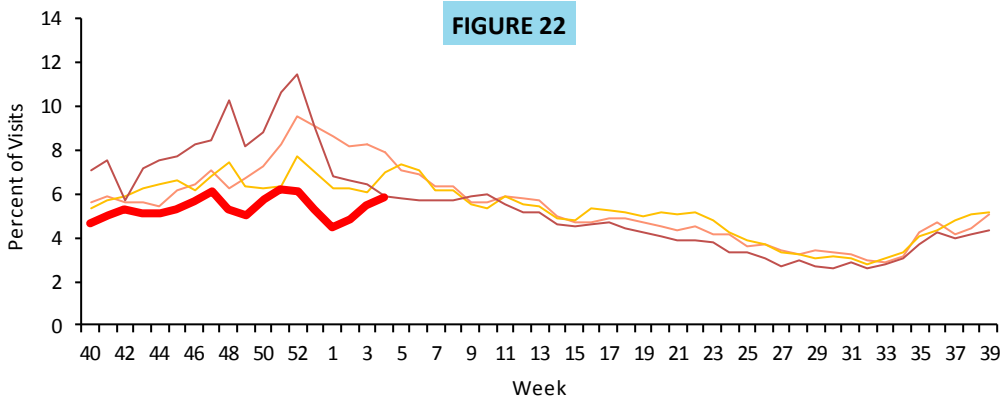


Figure 22 shows the percent of ILI visits among all ED and UCC visits for children ≤ 18 years old, as reported into ESSENCE-FL, week 40, 2012 to week 4, 2016.

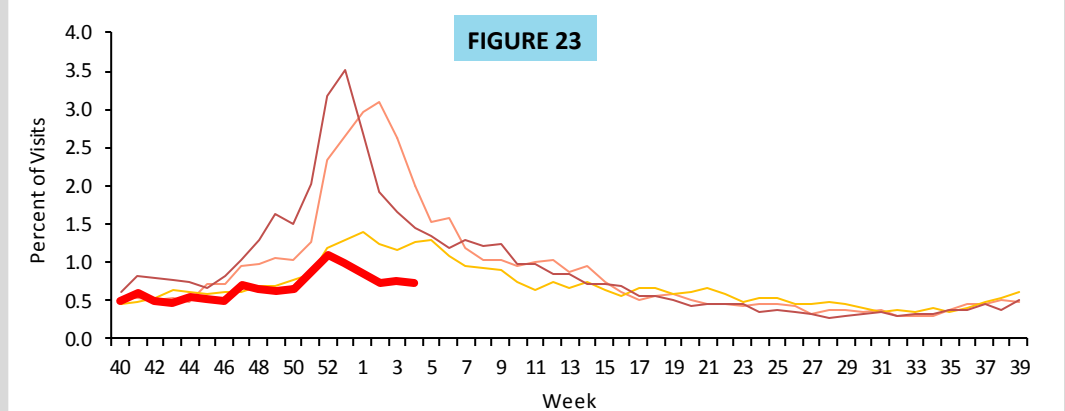
In week 4, the percent of ILI visits among all ED and UCC visits for children ≤ 18 years old increased and is similar to levels seen in previous seasons at this time. Increased activity in children typically comes ahead of increased activity in older age groups.

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 ESSENCE-FL, week 40, 2012 to week 4, 2016.

In week 4, the percent of ILI visits among all ED and UCC visits for adults ≥ 65 years old remained the same and is below levels seen in previous seasons at this time.



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.

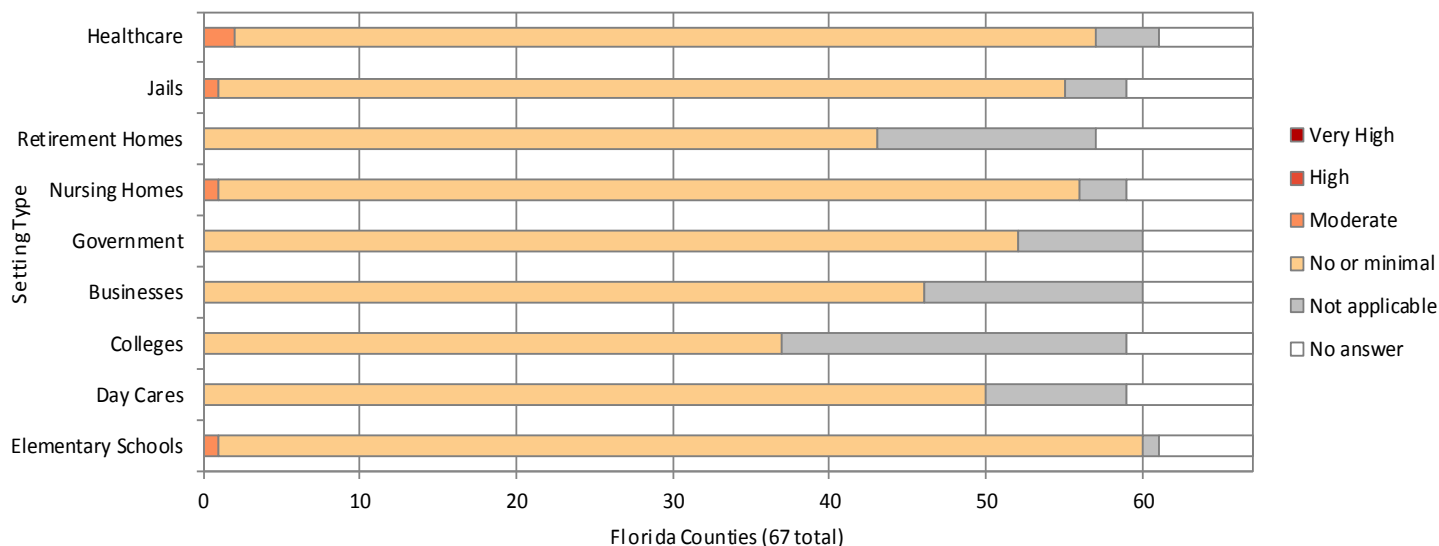
Figure 24 shows the results of the influenza activity assessment for week 4, 2016.

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

FIGURE 24



Settings for Children under 18

In elementary schools, one county (2%) reported moderate influenza and ILI activity.

In daycare settings, 50 counties (86%) reported no or minimal influenza and ILI activity.

Settings for Adults over 65

In nursing homes, one county (2%) reported moderate influenza and ILI activity.

In retirement homes, 43 counties (81%) reported no or minimal influenza and ILI activity.

Settings for Adults ages 18 to 65

In colleges and universities, 37 of 45 counties (82%) reported no or minimal influenza and ILI activity.

In private businesses, 46 counties (87%) reported no or minimal influenza and ILI activity.

In government offices, 52 counties (88%) reported no or minimal influenza and ILI activity.

Other Unique settings

In jails and prisons, one county (2%) reported moderate influenza and ILI activity.

In healthcare settings, including rehabilitation facilities and mental health facilities, two counties (3%) reported moderate influenza and ILI activity.

Laboratory Viral Respiratory Surveillance

FIGURE 25

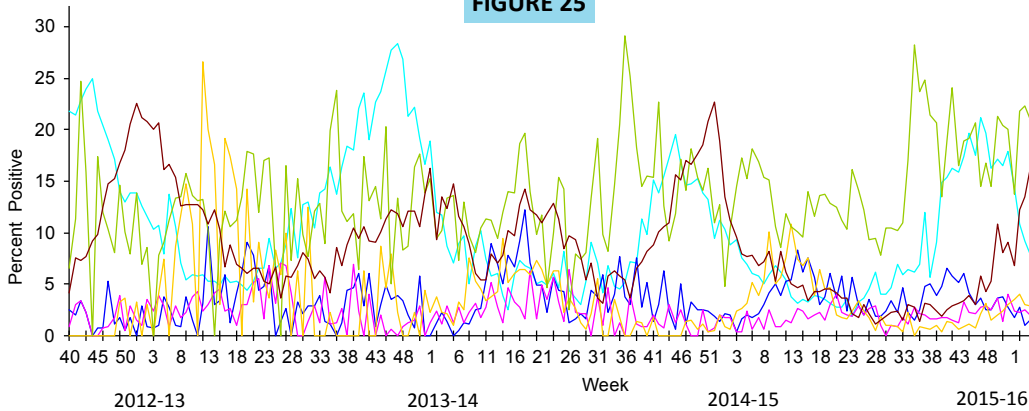
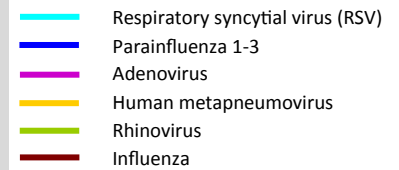


Figure 25 shows the percent of laboratory results testing positive for eight respiratory viruses, as reported by hospital laboratories (n=13), week 40, 2012 to week 4, 2016.

In week 4, the percent of specimens testing positive for influenza has increased and is similar to levels seen in previous seasons at this time. The percent of specimens testing positive for rhinovirus decreased but is above levels seen in previous seasons at this time.



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 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-and-conditions/influenza/_documents/flulabreportguide.pdf.

Laboratory Viral Respiratory Surveillance- Data sources for figure 25

- The National Respiratory and Enteric Virus Surveillance System (NREVVSS) and Electronic Laboratory Reporting (ELR) collect data from laboratories in Florida on a weekly basis and monitor temporal and geographic patterns of six commonly circulating respiratory viruses. NREVVSS data is collected by the Centers for Disease Control and Prevention (CDC) and ELR data is collected by the Florida Department of Health (DOH).

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