Summer 2018

Summary

Weeks 21-22: May 20-June 2, 2018

State influenza and influenza-like illness (ILI)¹ activity²:

- Influenza continues to circulate at low levels across the state. While activity has remained low overall, it is important to note that influenza continues to circulate throughout the summer months in Florida and may cause outbreaks.
- Over the past two weeks (21-22), the percent of emergency department (ED) and urgent care center (UCC) visits for ILI increased and was slightly above levels observed during the previous three seasons at this time.
- No new outbreaks of influenza or ILI were reported over the past two weeks; 507 outbreaks of influenza and ILI have been reported since the start of the 2017-18 season. Week 21 marks the first week since the start of the 2017-18 season where no outbreaks were reported.
- In week 21, the preliminary estimated number of deaths due to pneumonia and influenza decreased and was below levels observed in previous seasons at this time.
- No new influenza-associated pediatric deaths were confirmed in weeks 21-22.
 - Eight influenza-associated pediatric deaths have been confirmed since the start of the 2017-18 influenza season. The number of confirmed influenza-associated pediatric deaths ranged from three to 11 during the past five influenza seasons. Annual vaccination remains the best way to protect children against influenza.
- In weeks 21-22, 13 (48.2%) of the 27 specimens submitted to the Bureau of Public Health Laboratories (BPHL) for influenza testing were positive by real-time reverse transcription polymerase chain reaction (RT-PCR) for influenza: four influenza A (2009) H1N1, one influenza A (H3), one influenza A unspecified, five influenza B Yamagata lineage, one influenza B Victoria lineage, and one influenza B unspecified.

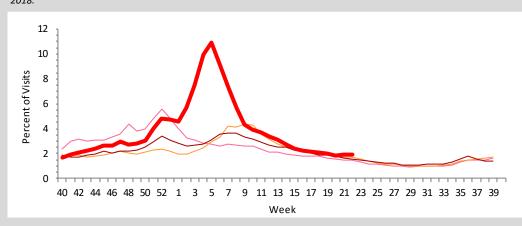
National influenza activity:

- Influenza viruses continue to circulate at low levels nationally.
- While influenza A (H3) viruses predominated overall for the 2017-18 season, influenza B viruses have been more commonly reported than influenza A since early-March. This late-season circulation of influenza B is expected.

ED and UCC Visits for ILI by Flu Season

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

The figure below shows the percent of visits for ILI from ED and UCC chief complaint data for ESSENCE-FL participating facilities (n=323) from week 40, 2014 to week 22, 2018.



In week 22, the percent of visits to EDs and UCCs remained low although slightly above levels observed during the last three influenza seasons at this time.



¹ Influenza-like illness (ILI) is defined as a fever ≥ 100°F AND sore throat and/or cough in the absence of another known cause.

Florida HEALTH

² In Florida, only influenza-associated pediatric mortalities, cases of novel influenza infection, and outbreaks of influenza or ILI are reportable. The Florida Department of Health (DOH) uses many different surveillance systems to measure influenza activity. A summary of all these systems can be found on our website: www.floridahealth.gov/floridaflu and on page 4.

P&I Deaths from Vital Statistics by Age Group

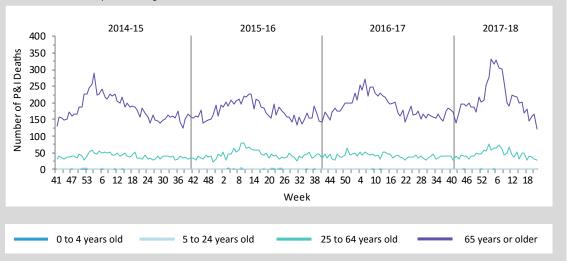
P&I = pneumonia and influenza

The figure below shows the number of preliminary P&I deaths by age group from week 40, 2014 through week 21, 2018, as reported into ESSENCE-FL. Vital statistics death records data are currently considered to be complete through week 21, 2017.

The number of P&I deaths reported in week 21 was similar to or below levels seen in previous seasons at this time in all age groups.

149 preliminary estimated P&I deaths were reported for week 21, 2018.

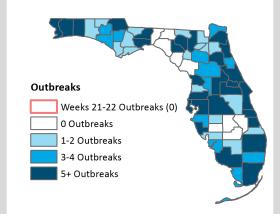
Based on a multi-year regression model to predict P&I death counts in the Florida population, no excess deaths were reported for week 21, 2018. The upper bound of the 95% confidence interval for prediction is 216 deaths.



Influenza and ILI Outbreaks

ILI = influenza-like illness

Influenza and ILI Outbreaks by County Week 40, 2017 through Week 22, 2018



The map to the left shows influenza and ILI outbreaks by county from week 40, 2017 (beginning on October 1, 2017) through week 22, 2018 (ending on June 2, 2018).

In weeks 21-22, no outbreaks of influenza or ILI were reported. A total of 507 outbreaks have been reported since the start of the 2017-18 season. Week 21 marks the first week since the start of the 2017-18 season where no outbreaks were reported. More outbreaks were reported this season than in previous seasons on record. An average of 91 total influenza or ILI outbreaks were reported during the last five influenza seasons.

Since the start of the 2017-18 season, outbreaks occurred in the following settings: 64 (12%) in assisted living facilities, 86 (17%) in nursing facilities, 98 (19%) in other long-term care facilities, 2 (0.4%) in adult daycares, 85 (17%) in child daycares, 132 (26%) in schools/camps, 18 (4%) in correctional facilities/juvenile detention centers, 6 (1%) in hospitals, 2 (0.4%) in shelters, and 14 (3%) in other settings.

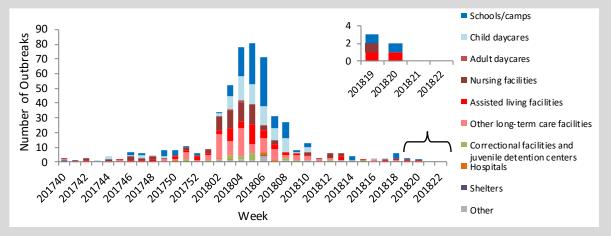
Influenza and ILI Outbreaks by Facility Type

ILI = influenza-like illness

The figure below shows the distribution of influenza and ILI outbreaks by facility type as reported in Merlin, week 40, 2017 through week 22, 2018.

In weeks 21-22, no influenza or ILI outbreaks were reported.

Of the 507 total outbreaks reported this season, 465 (92%) have been in facilities serving people at higher risk for complications due to influenza infection (children and adults aged 65 years and older).



RSV and Other Respiratory Virus Surveillance

RSV = respiratory syncytial virus

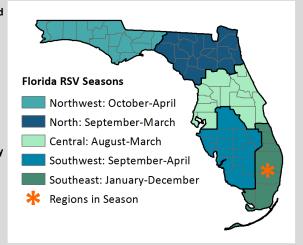
RSV activity:

- In week 22, the percent of children <5 years old diagnosed with RSV at EDs and UCCs decreased but remained above levels observed in previous seasons at this time.
- Florida's southeast region is currently in RSV season.
- No new RSV-associated pediatric deaths were identified in week 22. One RSV-associated
 pediatric death has been identified so far this year. Premature infants and children <2 years with
 certain underlying medical conditions are at higher risk for complications from RSV infection.
 Prophylaxis is available for children who qualify. For more information, contact your physician.
- To learn more about RSV in Florida, please visit: http://www.floridahealth.gov/rsv.

RSV seasonality:

- RSV activity in Florida typically peaks between November and January, though activity can vary
 dramatically by region. According to CDC, the start of RSV season is marked by the first two
 consecutive weeks during which the average percentage of specimens testing positive for RSV is
 ≥10%. Florida has established regular RSV seasons based on these thresholds.
- Despite some regions being out of season, RSV continues to circulate at low levels throughout the states, even in the off-season.
- Florida's RSV season is longer than the rest of the nation and has distinct regional seasonality.
 For more information on RSV seasonality in Florida, see the American Academy of Pediatrics' 2015 Red Book.

Florida Respiratory Syncytial Virus (RSV) Regional Season Breakdown



Other respiratory virus surveillance:

• In weeks 21-22, no outbreaks of RSV, adenovirus, human metapneumovirus, rhinovirus, parainfluenza 1-3, coronavirus (CoV) NL63, CoV-229E, CoV-OC43, CoV-HKU1, or enterovirus were reported.

ED and UCC Visits for RSV by Children <5 Years Old

ED = emergency department, UCC = urgent care center, RSV = respiratory syncytial virus

The figure below shows the percent of visits to EDs and UCCs with discharge diagnoses that include RSV or RSV-associated illness, as reported by participating ESSENCE-FL facilities (n=323), week 30, 2014 through week 22, 2018.



In week 22, the percent of children diagnosed with RSV at participating EDs and UCCs decreased. Levels remained above those observed in previous seasons at this time.

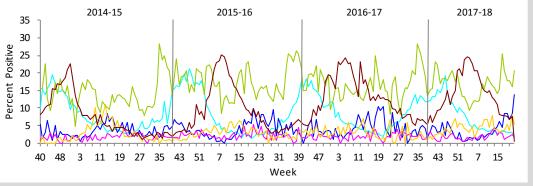


Laboratory Viral Respiratory Surveillance

The figure below shows the percent of laboratory results testing positive for eight common respiratory viruses, as reported by the National Respiratory and Enteric Virus Surveillance System (NREVSS) and participating validated laboratories reporting via electronic laboratory reporting (ELR) to DOH (n=7), week 40, 2014 to week 22, 2018.

In recent weeks, the percent of specimens testing positive for rhinovirus or parainfluenza 1-3 remained higher than other respiratory viruses under surveillance.





Florida ILI Surveillance System Summary

ESSENCE-FL Syndromic Surveillance and Vital Statistics Portal

- · Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) is used to measure trends in ILI visits from emergency departments (ED) and urgent care clinics (UCC) and influenza mortality using death certificates from the Bureau of Vital Statistics. Participating EDs and UCCs (n=323) electronically transmit visit data into ESSENCE-FL daily or hourly.
- · For statewide and regional data on ILI, ED and UCC visits with chief complaints that include the words "influenza" or "flu" are counted along with chief complaints that include the word "fever" and one or both of the following: "cough" or "sore throat."
- For pneumonia and influenza (P&I) surveillance, death record literals are examined 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.
- · For respiratory syncytial virus (RSV) surveillance, ED and UCC visits with RSV or RSV-associated illness included in the discharge diagnosis are counted. Death record literals are also queried using a free-text query that searches for references to RSV on death certificates for children <18 years old. Any mention of RSV in the death certificate literals, with certain exceptions, is counted as an RSV-associated pediatric death.

Bureau of Public Health Laboratories (BPHL)

- · BPHL performs confirmatory testing and subtyping on surveillance specimens from sentinel providers, outbreak investigations, patients with severe or unusual influenza presentations, and medical examiners.
- · For county health departments (CHDs) seeking 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.

Outbreak Reporting in Merlin

- · Merlin, Florida Department of Health (DOH)'s reportable disease surveillance system, is used to track influenza and ILI outbreak investigations by CHDs. CHD epidemiologists document outbreaks of influenza and ILI in Merlin, including type of respiratory disease causing the outbreak and settings where outbreaks occurred.
- · Outbreaks are defined as two or more cases of influenza or ILI in a specific setting.

Laboratory Viral Respiratory Surveillance

· National Respiratory and Enteric Virus Surveillance System (NREVSS) and electronic laboratory reporting (ELR) data are from Florida laboratories are used to monitor temporal and geographic patterns of six commonly circulating respiratory viruses on a weekly basis. NREVSS data are collected by the Centers for Disease Control and Prevention (CDC) and ELR data are collected by DOH.

Case-Based Influenza Surveillance

- Death in a child whose laboratory-confirmed influenza infection has been identified as contributing to the child's death is reportable in Florida. Influenza-associated pediatric deaths are documented by CHDs in Merlin.
- · In addition, an individual of any age infected with a novel or pandemic influenza strain(s) is reportable in Florida. Pandemic strain influenza cases are documented by CHDs in Merlin.
- · For more information about reportable diseases, please visit www.Floridahealth.gov/diseasereporting.