

FLORIDA INFLUENZA SURVEILLANCE

Week 42: October 15th—October 21st 2006



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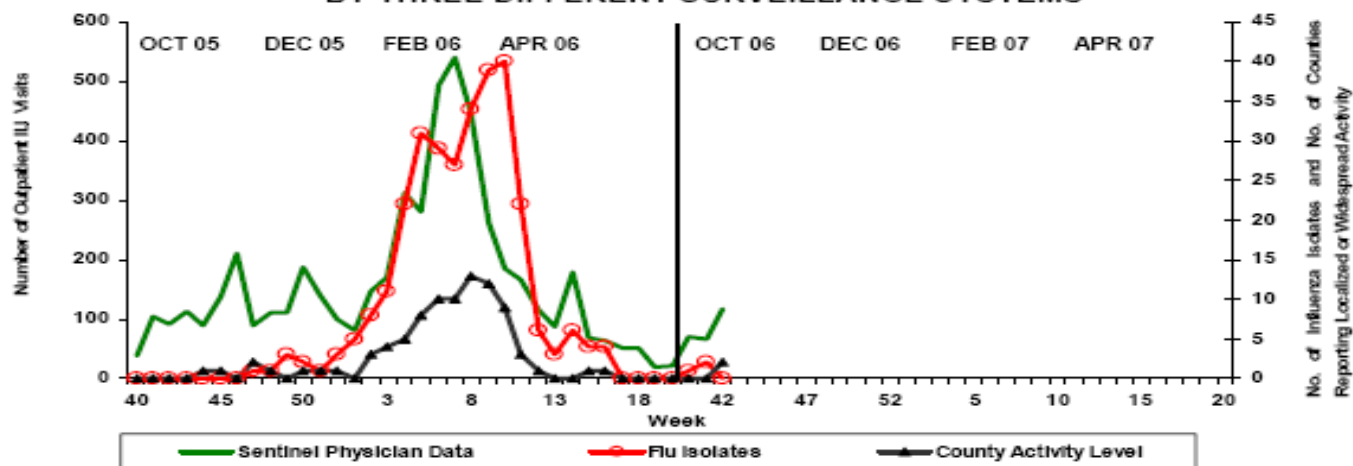
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I. SUMMARY

This is the third weekly Florida influenza surveillance report for the 2006-07 season. Influenza surveillance* in Florida consists of five surveillance components: 1) Florida Sentinel Physician Influenza Surveillance Network (FSPISN); 2) State laboratory viral surveillance; 3) County influenza activity levels; 4) Notifiable Disease Reports: Influenza-associated deaths in children & post-influenza infection encephalitis; 5) Influenza or ILI outbreaks.

During week 42 statewide influenza activity was sporadic. The proportion of patient visits for influenza-like illness (ILI) as reported by the Florida Sentinel Physician Influenza Surveillance Network was 1.80 percent and this is below the state threshold for moderate activity of 2.08 percent. Similarly to week 41, a heightened level of influenza activity was detected in the southeast region with an ILI activity percentage of 3.30 percent. Two counties reported localized activity, 12 counties reported sporadic activity and 35 counties reported no activity. Eighteen counties did not report. The graph below shows the progression of the 2005-06 & 2006-07 Florida influenza seasons as monitored by three** of five surveillance systems.

FLORIDA INFLUENZA SURVEILLANCE DATA FOR 2005-06 & 2006-07 AS REPORTED BY THREE DIFFERENT SURVEILLANCE SYSTEMS**



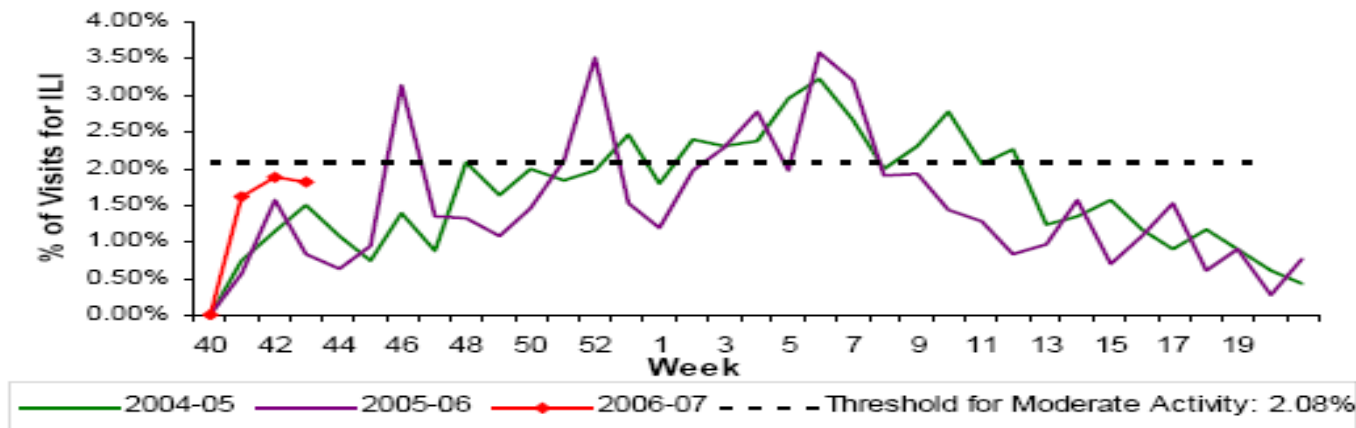
*The purposes of these surveillance systems are to determine when and where influenza activity is occurring, to identify circulating viruses, to detect changes in the circulating influenza viruses, to track patterns of influenza-associated morbidity and mortality and estimate the overall impact of influenza in the state of Florida.

Find more information at: http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/index.htm

II. FSPISN INFLUENZA-LIKE ILLNESS STATEWIDE GRAPH

During week 42, 1.80%* of patient visits to Florida sentinel providers were due to ILI. This percentage is below the 2006—07 statewide threshold for moderate activity of 2.08%**. The percentage of visits ranged from 0.32% in the Northcentral region to 3.30% in the Southeast region. For the 2005-06 influenza season the statewide ILI activity percent was 0.82 percent for week 42.

Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers Statewide Summary 2006-07, 2005-06, and 2004-05



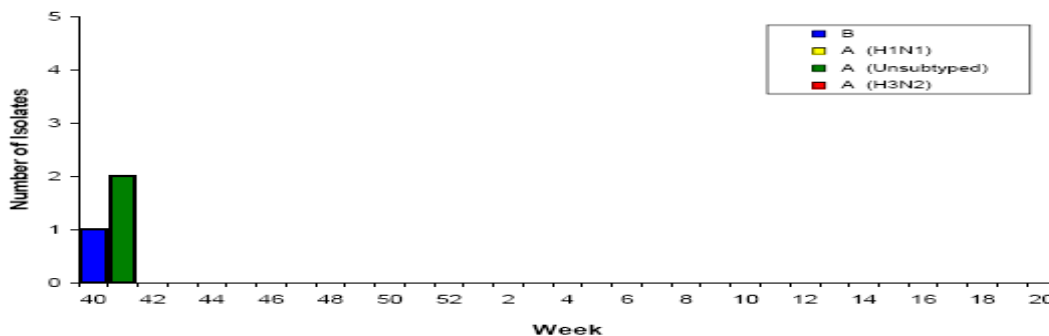
*FSPISN reporting is incomplete for this week (45%). Numbers may change as more reports are received.

**The 2006—07 threshold for moderate activity is calculated from the previous 3 years of FSPISN data. Only weeks with 10% or greater of laboratory specimens testing positive are included in the calculation. The threshold is only specific to 2006—07 data.

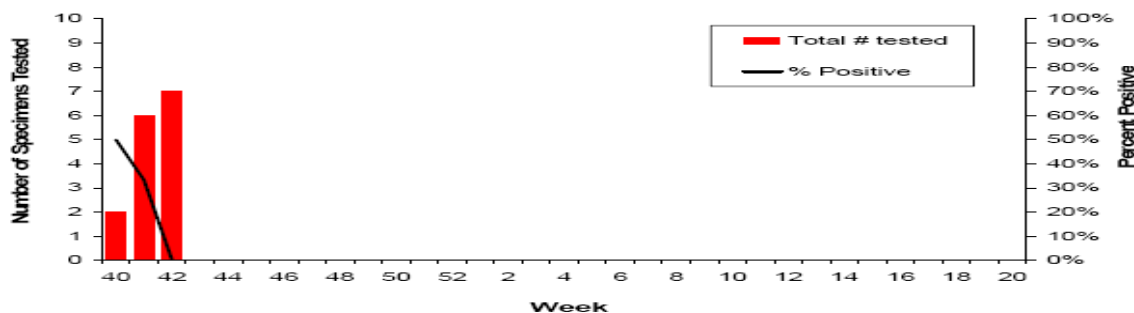
III. FDOH LABORATORY SURVEILLANCE

Since October 1, 2006, Florida Department of Health Laboratories have tested a total of 15 specimens for influenza viruses and 3 (20%) were positive. Among the 3 influenza viruses, 2 (67%) were influenza A viruses and 1 (34%) was influenza B virus. The influenza B virus has been subtyped as Influenza B Malaysia.

FDOH State Laboratory Influenza Virus Isolates 2006-07

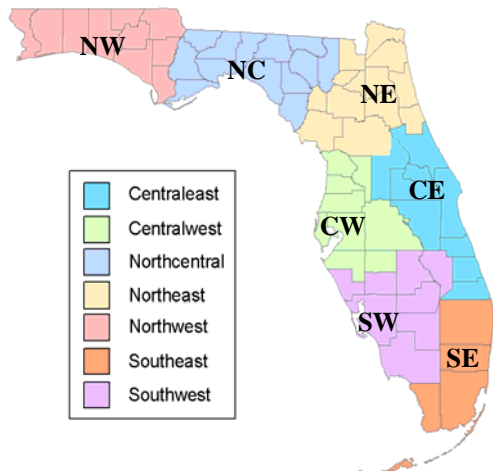


Number of Influenza Specimens Tested by FDOH State Laboratories, 2006-07



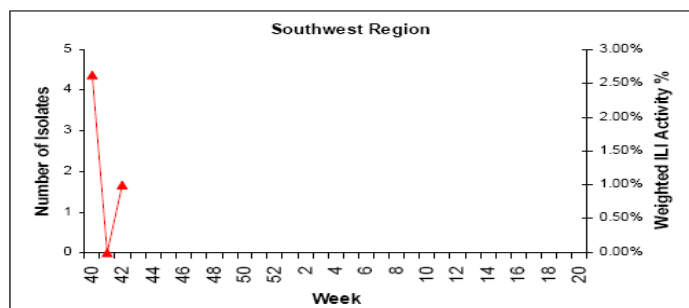
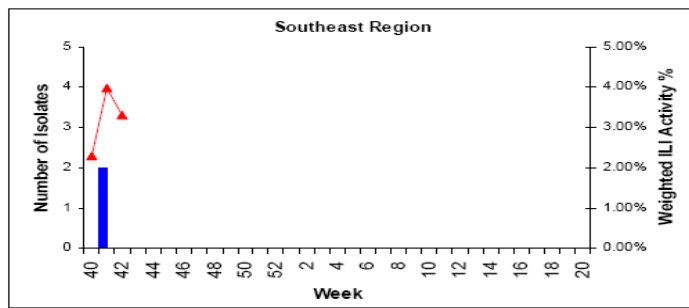
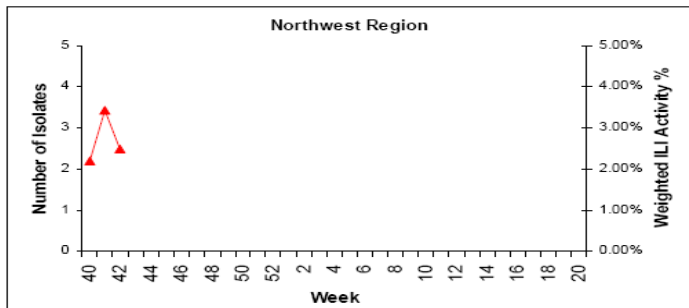
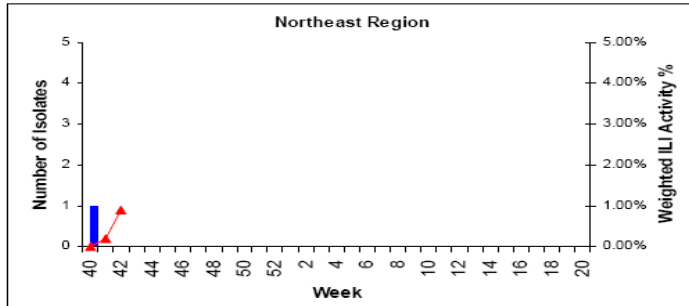
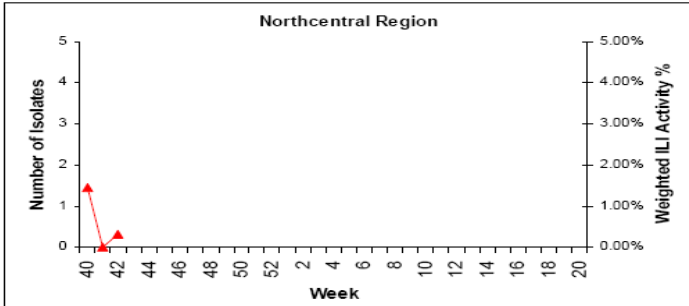
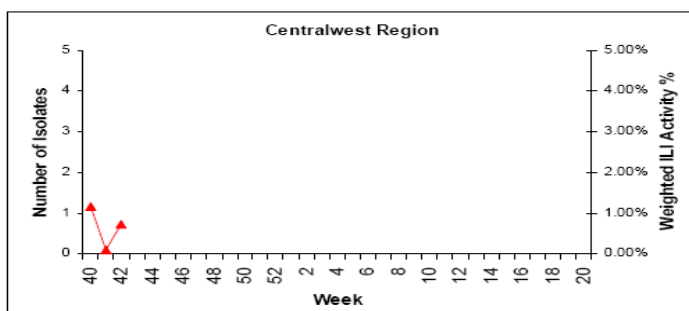
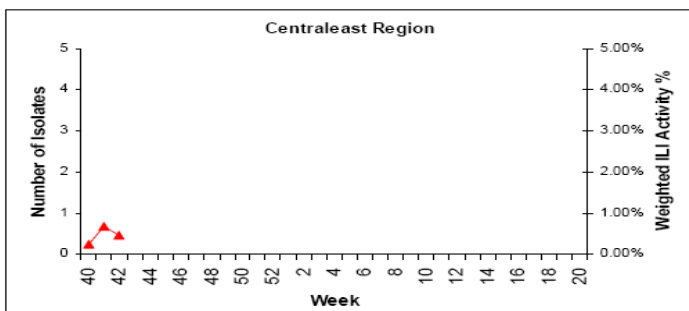
IV. LABORATORY AND INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE BY REGION

Influenza Surveillance Regions



The table below shows the weighted ILI activity by region as reported by Florida sentinel physicians for the 2005-06 & 2006-07 seasons. The graphs below include ILI activity as reported by sentinel physicians and FDOH laboratory data.

Week 42: FSPISN Weighted ILI Activity, by Region 2005-06 & 2006-07 Seasons		
REGION	2006-07 ILI %	2005-06 ILI %
Centraleast	0.46%	2.09%
Centralwest	0.72%	1.64%
Northcentral	0.32%	0.73%
Northeast	0.90%	0.05%
Northwest	2.49%	0.43%
Southeast	3.30%	0.25%
Southwest	1.00%	0.00%



- Influenza A specimens FDOH Laboratories
- Influenza B specimens FDOH Laboratories
- ▲ % of visits for ILI, reported by sentinel providers

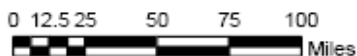
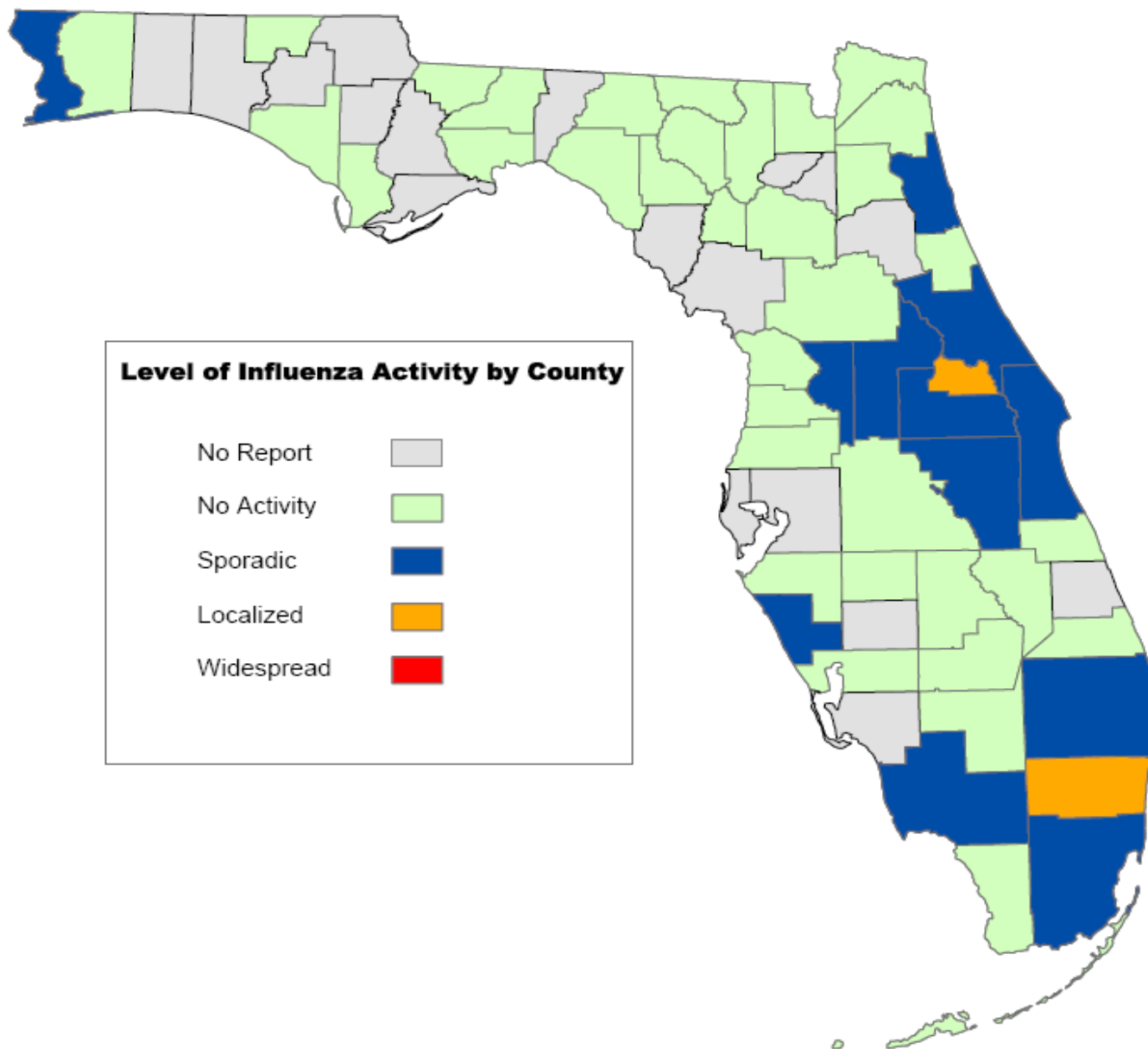
V. COUNTY INFLUENZA ACTIVITY MAP

During week 42, Broward and Seminole county reported localized activity. Twelve counties (Brevard, Collier, Escambia, Lake, Miami-Dade, Orange, Osceola, Palm Beach, St. Johns, Sarasota, Sumter, and Volusia) reported sporadic activity. Thirty-five counties reported no activity. Eighteen counties did not report.

Weekly County Influenza Activity

(Week ending October 21, 2006 - Week 42)

County influenza activity levels are reported by county health department epidemiologists



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Florida Department of Health
Bureau of Epidemiology

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Map printed October 25, 2006

COUNTY INFLUENZA ACTIVITY LEVEL DEFINITIONS

0 = No Activity:

Overall clinical activity remains low with no laboratory confirmed cases[†] in the county.

1 = Sporadic:

- And/or {
- a. Isolated cases of laboratory confirmed influenza[†] in the county.
 - b. An ILI[§] outbreak in a single setting[‡] in the county. (No detection of decreased ILI[§] activity by surveillance systems*)

2=Localized:

- And/or {
- a. An increase of ILI[§] activity detected by a *single* surveillance system* within the county. (An increase in ILI[§] activity has not been detected by *multiple* ILI surveillance systems.)
 - b. Two or more outbreaks (ILI[§] or lab confirmed[†]) detected in a *single* setting[‡] in the county.

AND

Recent (within past three weeks) laboratory evidence[†] of influenza activity in the county.

3=Widespread:

- And/or {
- a. An increase in ILI[§] activity detected in ≥ 2 surveillance systems in the county.
 - b. Two or more outbreaks ((ILI[§] or laboratory confirmed[†]) detected in *multiple* settings[‡] in the county.

No Report: (No report was received from the county at the time of publication)

[†] Laboratory confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR.

[§] ILI = Influenza-like illness, fever $\geq 100^{\circ}\text{F}$ AND sore throat and/or cough *in the absence* of another known cause.

*ILI surveillance system activity can be assessed using a variety of surveillance systems including sentinel providers, school/workplace absenteeism, long-term care facility (LTCF) surveillance, correctional institution surveillance, hospital emergency department surveillance and laboratory surveillance.

[‡]Settings include institutional settings (LTCFs, hospitals, prisons, schools, companies) & the community.

VI. REPORTS OF INFLUENZA OR INFLUENZA-LIKE ILLNESS (ILI) OUTBREAKS

As of the week ending October 21, 2006, no outbreaks influenza or influenza-like illness in the community or institutional setting were reported to the Bureau of Epidemiology.

Influenza and ILI outbreaks should be reported via EpiCom at: <https://www.epicom.fl.net> on the Influenza Forum.

VII. NOTIFIABLE DISEASE REPORTS: INFLUENZA-ASSOCIATED DEATHS AMONG CHILDREN (<18 YEARS) & POST-INFLUENZA INFECTION ENCEPHALITIS

As of the week ending October 21, 2006, no influenza-associated deaths among those <18 years of age and/ or post influenza infection encephalitis were reported in the state of Florida.

Reportable Disease	# of Cases 06-07 Influenza Season
Influenza-associated deaths among those <18 years of age	0
Post-influenza infection encephalitis	0

Influenza-associated deaths among those < 18 years of age and/or post-influenza infection encephalitis are reportable; case report forms can be accessed at: http://www.doh.state.fl.us/disease_ctrl/epi/topicscrforms.htm.

VIII. SUMMARY OF WORLDWIDE A/H5N1 INFLUENZA ACTIVITY

Update 32

10/25/2006

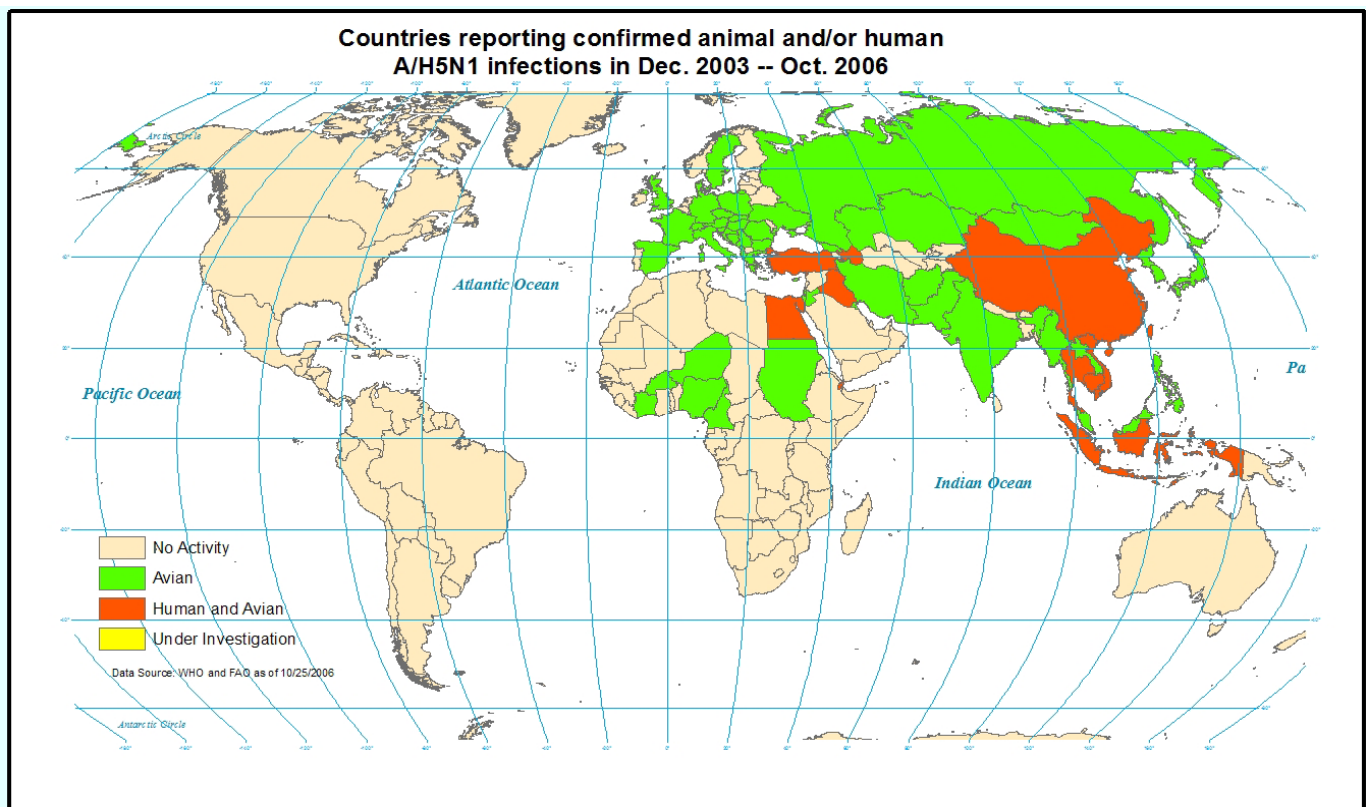
Since the recent outbreak activity began at the end of December 2003, there have been a total of 256 confirmed human cases and 151 deaths*. Cases and deaths occurred in the following nations: Azerbaijan 8 cases and 5 deaths; Cambodia 6 cases and 6 deaths; China 21 cases and 14 deaths; Djibouti 1 case 0 deaths; Egypt 15 cases and 6 deaths; Indonesia 72 cases and 55 deaths; Iraq 3 case and 2 deaths; Thailand 25 cases and 17 deaths; Turkey 12 cases and 4 deaths; and, Vietnam 93 cases and 42 deaths. Since the last update on 10/12/06 there have been three new cases and three new deaths, all occurring in Indonesia. All cases had known close contact with various types of poultry, with the exception of 1 case where the investigation is ongoing.

Changes in the WHO case definition for human infection with avian influenza H5N1 can be found here: http://www.who.int/csr/disease/avian_influenza/guidelines/case_definition2006_08_29/en/index.html

For a complete analysis and summary of WHO confirmed human cases of H5N1 from 12/1/2003 to 4/30/2005, please visit: http://www.who.int/csr/disease/avian_influenza/guidelines/wer8126/en/index.html

There have not been reports of avian influenza spreading to new countries in the last few months. The complete list of countries reporting confirmed outbreaks of H5N1 in bird species since late December 2003, with the most recent outbreaks listed first, include Sudan, Spain, Djibouti, Ivory Coast, Czech Republic, Palestinian Autonomous Territories, United Kingdom (Scotland), Burkina Faso, Jordan, Sweden, Israel, Afghanistan, Cameroon, Myanmar, Albania, Serbia and Montenegro, Hungary, Poland, Switzerland, Niger, Slovakia, France, Austria, Malaysia, Azerbaijan, India, Slovenia, Bosnia Herzegovina, Germany, Nigeria, Egypt, Bulgaria, Italy, Greece, Iran, Croatia, Cyprus, Ukraine, Turkey, Romania, Indonesia, China, Russia, Thailand, Vietnam, Kuwait (only one flamingo), Kazakhstan, Mongolia, Cambodia, Korea (Rep. of), and Japan. Countries with confirmed H5 (neuraminidase not determined yet) infection in birds include the Philippines, Iraq, and Laos.

The current phase of alert as defined by the WHO global influenza preparedness plan is phase 3, which states that human infections with a new subtype are occurring, but no human-to-human spread, or at most rare instances of spread to a close contact. At the present time the WHO is not recommending restrictions on travel to areas affected by H5N1 avian influenza, but is suggesting that travelers to these areas avoid contact with live animal markets and poultry farms, and any free-ranging or caged poultry. Evidence suggests that the primary route of infection at this time is associated with direct contact with infected poultry, or surfaces and objects contaminated by their droppings.



***All confirmed results are from official sources – WHO, CDC, FAO. Information on suspect cases comes from a variety of sources including Epi-X, Promed, and the official sources mentioned above.**

Find more information at: http://www.doh.state.fl.us/disease_ctrl/epi/htopics/BirdFlu.htm