

# FLORIDA INFLUENZA SURVEILLANCE

Week 42: October 14th—October 20th 2007



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## IN THIS ISSUE:

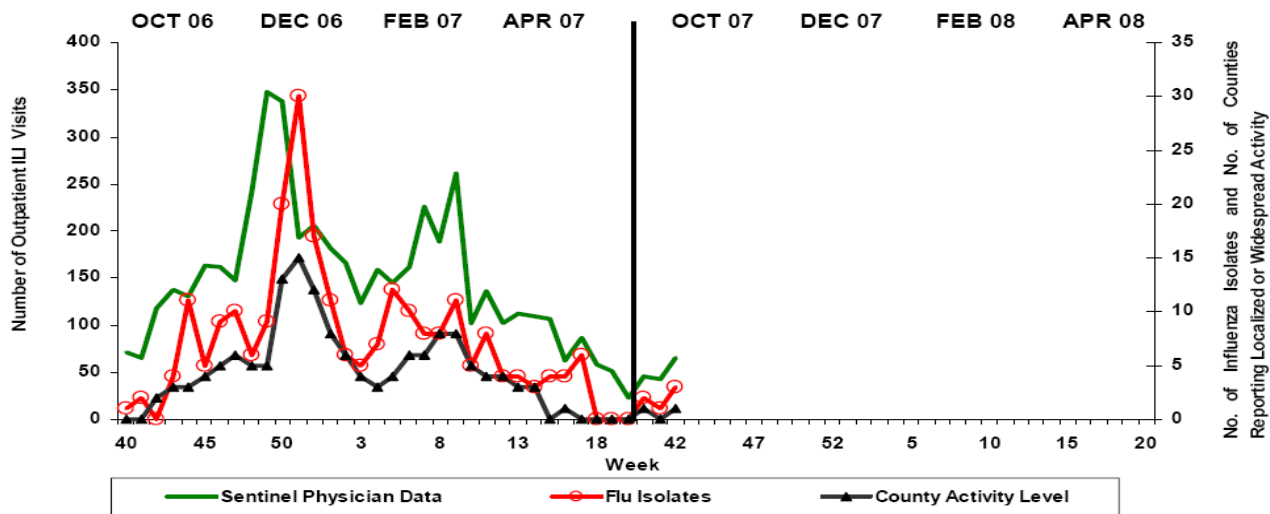
- I. Summary
- II. FSPISN Influenza-like Illness Statewide Graph
- III. Regression Prediction Model of Proportion of Influenza-Like Illness
- IV. FDOH Laboratory Surveillance
- V. Laboratory and Influenza-like Illness Surveillance by Region
- VI. County Influenza Activity Map
- VII. Reports of Influenza or Influenza-like Illness (ILI) Outbreaks
- VIII. Notifiable Disease Reports: Influenza-assoc. deaths in children & post-influenza infection encephalitis
- IX. Summary of Worldwide A/H5N1 Influenza Activity

## I. SUMMARY

This is the third weekly Florida influenza surveillance report for the 2007-08 season. Influenza surveillance\* in Florida consists of six surveillance components: 1) Florida Sentinel Physician Influenza Surveillance Network (FSPISN); 2) Florida Pneumonia & Influenza Mortality Surveillance System; 3) State laboratory viral surveillance; 4) County influenza activity levels; 5) Notifiable Disease Reports: Influenza-associated deaths in children & post-influenza infection encephalitis; 6) Influenza or ILI outbreaks.

During week 42 statewide influenza activity was reported as sporadic. The proportion of patient visits for influenza-like illness (ILI) as reported by the Florida Sentinel Physician Influenza Surveillance Network was 1.43 percent and this is below the state threshold for moderate activity of 1.75 percent. Three of 9 specimens tested by Bureau of Laboratories were positive for influenza. No counties reported widespread activity. St. Lucie county reported localized activity. Fourteen counties reported sporadic activity and 36 counties reported no activity. Sixteen counties did not report. The graph below shows the progression of the 2006-07 & 2007-08 Florida influenza seasons as monitored by three\*\* of six surveillance systems.

FLORIDA INFLUENZA SURVEILLANCE DATA FOR 2006-07 & 2007-08 AS REPORTED BY THREE DIFFERENT SURVEILLANCE SYSTEMS\*\*



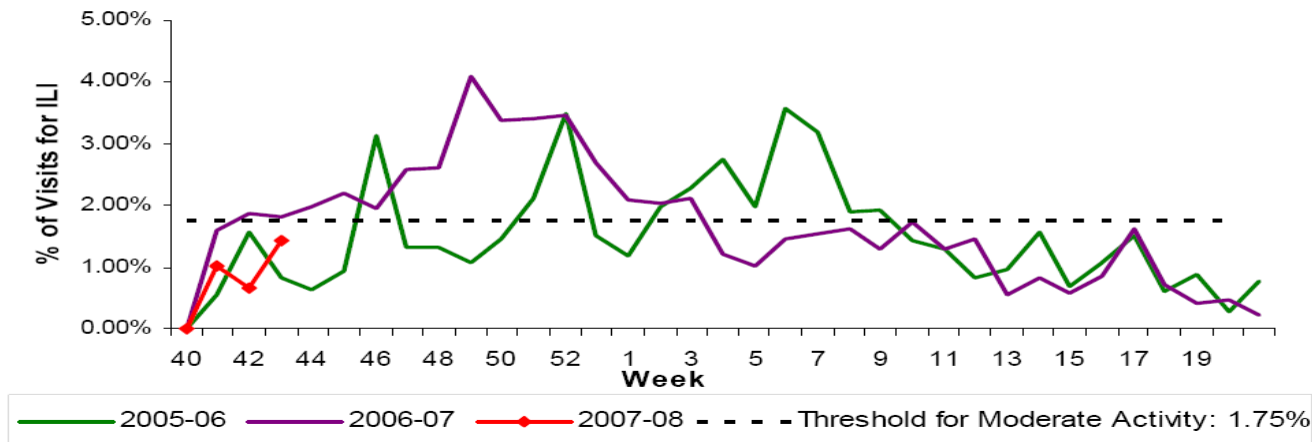
\*The purposes of these surveillance systems are to determine when and where influenza activity is occurring, to identify circulating viruses, to detect changes in the circulating influenza viruses, to track patterns of influenza-associated morbidity and mortality and estimate the overall impact of influenza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

Find more information at: [http://www.doh.state.fl.us/disease\\_ctrl/epi/htopics/flu/index.htm](http://www.doh.state.fl.us/disease_ctrl/epi/htopics/flu/index.htm)

## II. FSPISN INFLUENZA-LIKE ILLNESS STATEWIDE GRAPH

During week 42, 1.43%\* of patient visits to Florida sentinel providers were due to ILI. This percentage is below the statewide baseline of 1.75%\*\* . The percentage of visits ranged from 0.18% in the Southwest region to 2.85% in the Southeast region. For the 2006-07 influenza season the statewide ILI activity percent was 1.80% percent for week 42.

Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers Statewide Summary 2007-08, 2006-07, and 2005-06



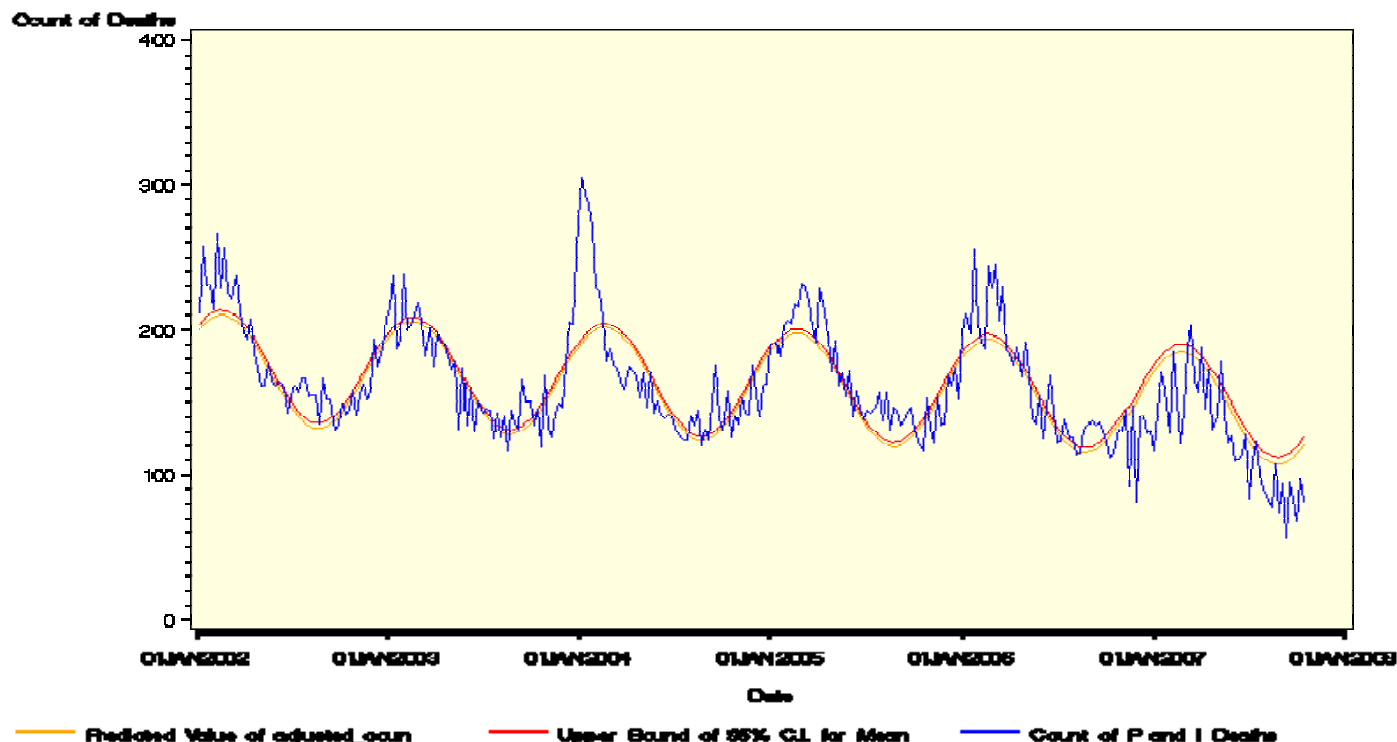
\*FSPISN reporting is incomplete for this week (50%). Numbers may change as more reports are received.

\*\*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 2007—08 data.

## III. Regression Prediction Model of Proportion of Influenza-Like Illness

During week 42, the total count of pneumonia and influenza (P&I) deaths reported was below the epidemic threshold. This indicates there were no deaths in excess of the expected count for week 42 and observed mortality does not indicate that Florida has surpassed the epidemic threshold for this week\*\*.

### Pneumonia and Influenza Mortality for 23 Florida Counties, Counts Model

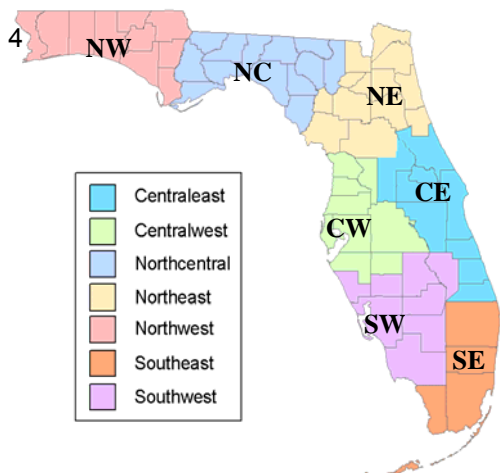


\*\*Nineteen of 23 counties are currently reporting P&I deaths. 100% participation is required for this graph to provide an accurate representation. We look forward to 100% participation in the near future.



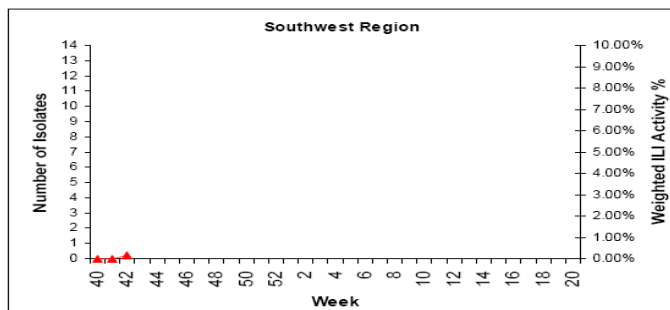
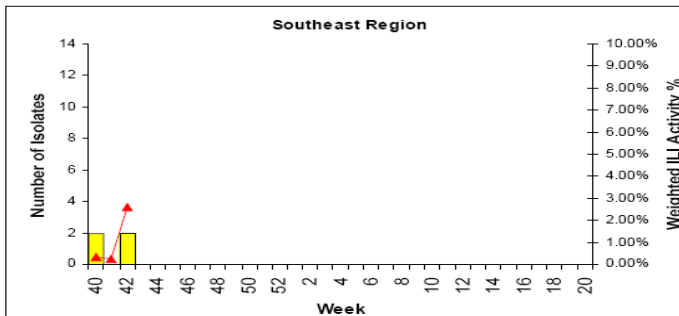
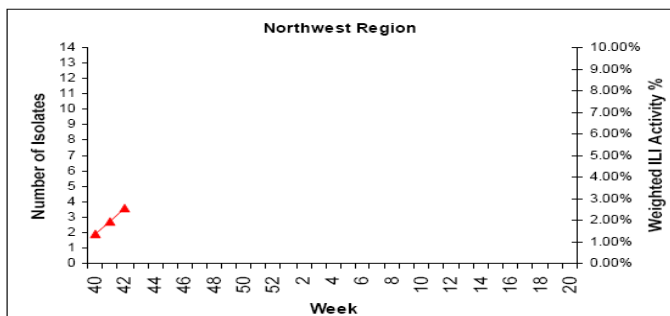
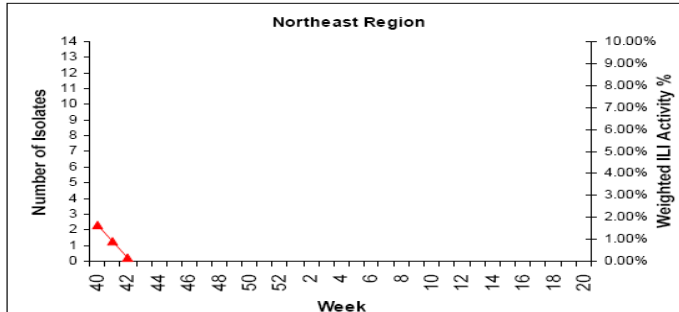
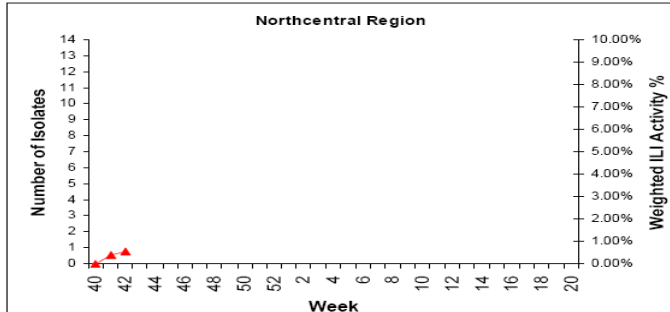
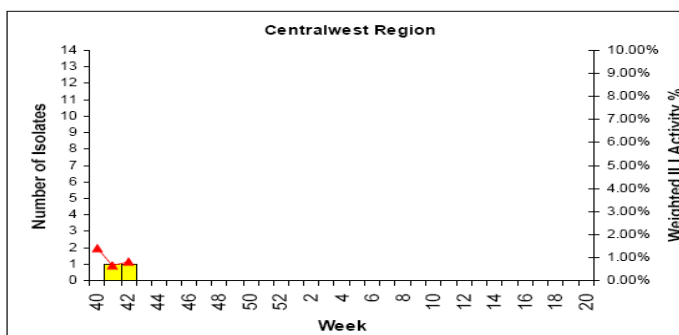
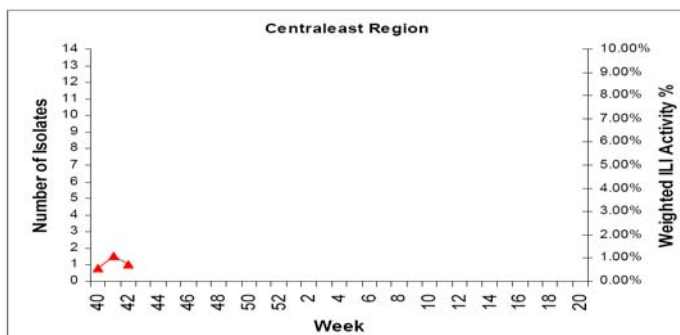
# IV. LABORATORY AND INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE BY REGION

## Influenza Surveillance Regions



The table below shows the weighted ILI activity by region as reported by Florida sentinel physicians for the 2006-07 & 2007-08 seasons. The graphs below include ILI activity as reported by sentinel physicians and FDOH laboratory data.

Week 41: FSPISN Weighted ILI Activity, by Region 2006-07 & 2007-08 Seasons		
REGION	2007-08 ILI %	2006-07 ILI %
Centraleast	0.73%	0.46%
Centralwest	0.85%	0.72%
Northcentral	0.55%	0.32%
Northeast	0.17%	0.90%
Northwest	2.59%	2.49%
Southeast	2.85%	3.30%
Southwest	0.18%	1.00%



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

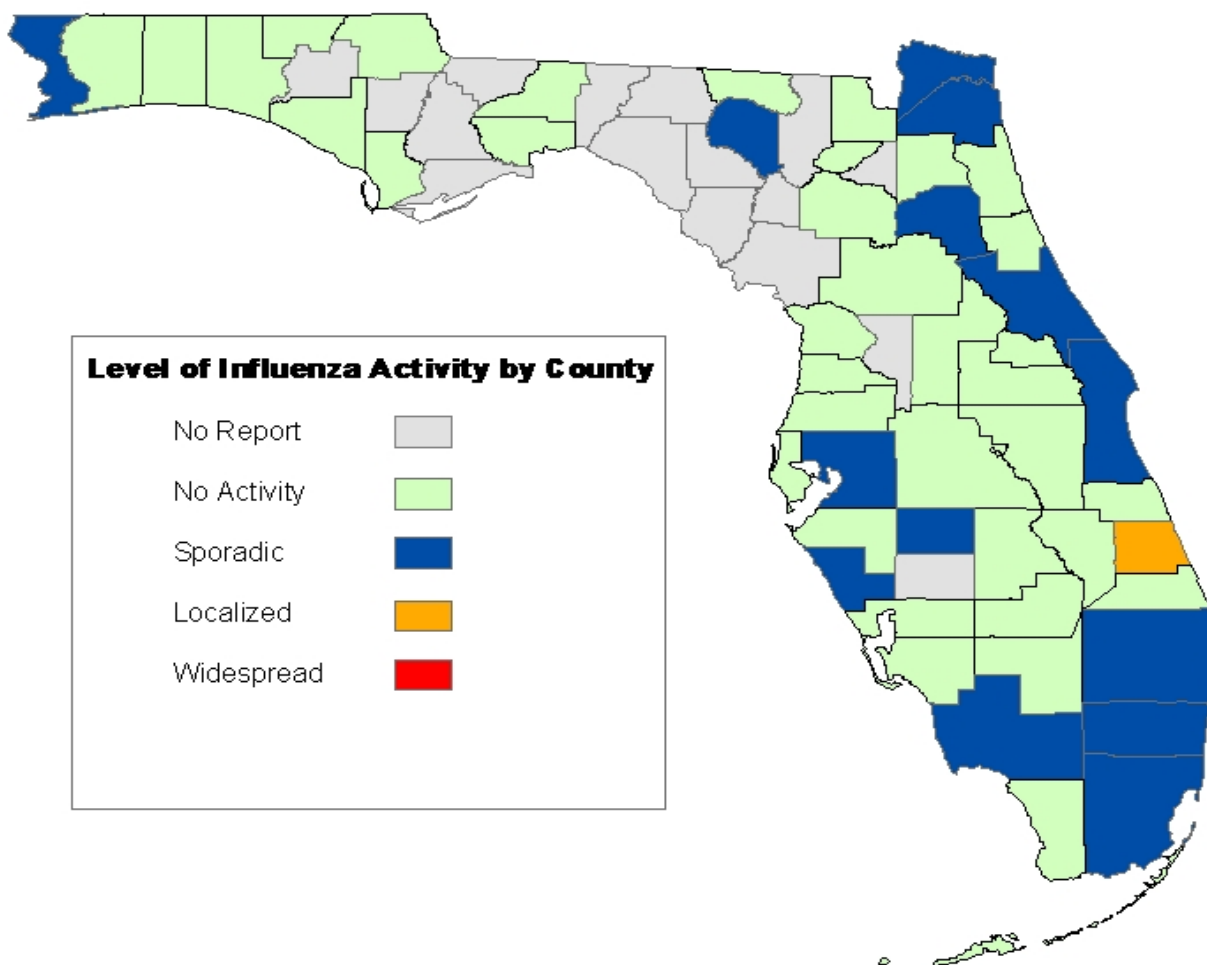
## V. COUNTY INFLUENZA ACTIVITY MAP

During week 42, St. Lucie County reported localized activity. Fourteen counties (Brevard, Broward, Collier, Miami-Dade, Duval, Escambia, Hardee, Hillsborough, Nassau, Palm Beach, Putnam, Sarasota, Suwannee, and Volusia) reported sporadic activity. Thirty-six counties reported no activity. Sixteen counties did not report.

# Weekly County Influenza Activity

(Week ending October 20, 2007 - Week 42)

County influenza activity levels are reported by county health department epidemiologists



**Florida Department of Health**  
**Bureau of Epidemiology**

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 Map printed October 25, 2007

## COUNTY INFLUENZA ACTIVITY LEVEL DEFINITIONS

### 0 = No Activity:

Overall clinical activity remains low with no laboratory confirmed cases<sup>†</sup> in the county.

### 1 = Sporadic:

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

### 2=Localized:

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

### AND

Recent (within past three weeks) laboratory evidence<sup>†</sup> of influenza activity in the county.

### 3=Widespread:

- And/or {
- An increase in ILI<sup>§</sup> activity detected in  $\geq 2$  surveillance systems in the county.
  - Two or more outbreaks ((ILI<sup>§</sup> or laboratory confirmed<sup>†</sup>) detected in *multiple* settings<sup>‡</sup> in the county.

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

<sup>†</sup> Laboratory confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR.

<sup>§</sup> 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.

<sup>‡</sup>Settings include institutional settings (LTCFs, hospitals, prisons, schools, companies) & the community.

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

On October 16, 2007 Duval CHD Epidemiology reported a pediatric patient hospitalized by Acute Disseminated Encephalomyelitis (ADEM) caused by recent Influenza A infection. Nasopharyngeal specimen was positive for Influenza A by EIA.

On October 10, 2007 Palm Beach CHD Epidemiology reported ILI activity in two long-term care facilities. In addition, a local laboratory hospital reported four positive cases of influenza A by rapid antigen testing.

On September 27, 2007 Miami-Dade CHD Epidemiology reported two university students with ILI symptoms and confirmed influenza A by PCR testing at the State Laboratory—Jacksonville.

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 23, 2007, 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 07-08 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](http://www.doh.state.fl.us/disease_ctrl/epi/topicscrforms.htm).



## VIII. SUMMARY OF WORLDWIDE A/H5N1 INFLUENZA ACTIVITY

Update 61

10/25/2007

Since the recent outbreak activity began at the end of December 2003, there have been a total of 331 confirmed human cases and 203 deaths. Cases and deaths occurred in the following nations: Azerbaijan 8 cases and 5 deaths; Cambodia 7 cases and 7 deaths; China 25 cases and 16 deaths; Djibouti 1 case 0 deaths; Egypt 38 cases and 15 deaths; Indonesia 109 cases and 88 deaths; Lao People's Democratic Republic 2 cases and 2 deaths; Nigeria 1 case and 1 death; Iraq 3 cases and 2 deaths; Thailand 25 cases and 17 deaths; Turkey 12 cases and 4 deaths; and, Vietnam 100 cases and 46 deaths.

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](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 current, please visit:

[http://www.who.int/csr/disease/avian\\_influenza/guidelines/wer8126/en/index.html](http://www.who.int/csr/disease/avian_influenza/guidelines/wer8126/en/index.html)

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.

