

# Florida Influenza Surveillance

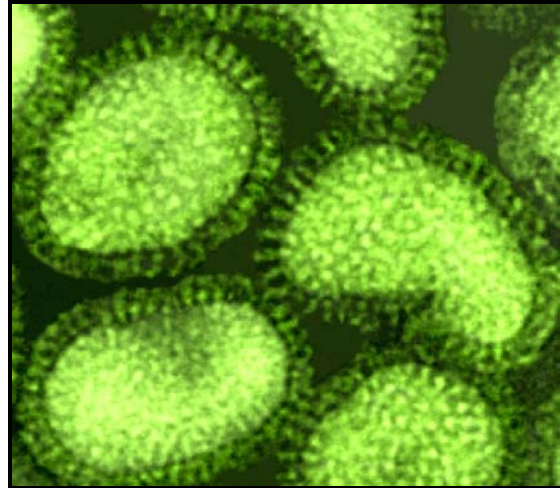
*Week Ending January 21, 2006  
(Week 3)*

*Aimee Pragle, MS; Florida Epidemic Intelligence  
Service Fellow*

*Brittini Jones, Influenza Surveillance Coordinator*

*D'Juan Harris, GIS Specialist*

*Aaron Kite-Powell, MS; Florida Epidemic Intelligence  
Service Fellow*



## **In This Issue:**

- I. Summary
- II. FSPISN Influenza and Influenza Like Illness Surveillance Summary
- III. FSPISN Influenza Like Illness Graphs by Region
- IV. County Health Department Influenza Activity
- V. Summary of Worldwide A/H5N1 Influenza Activity

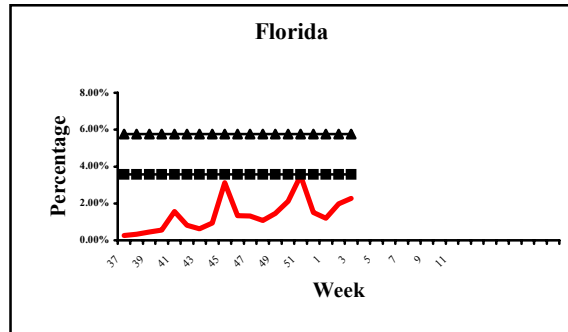
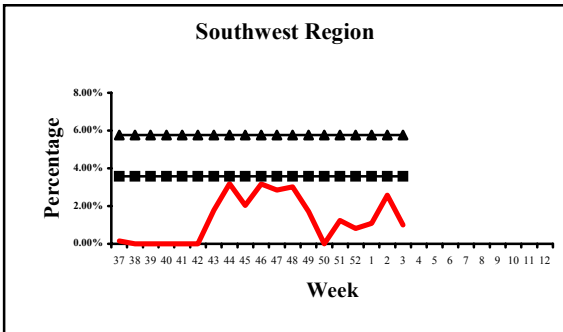
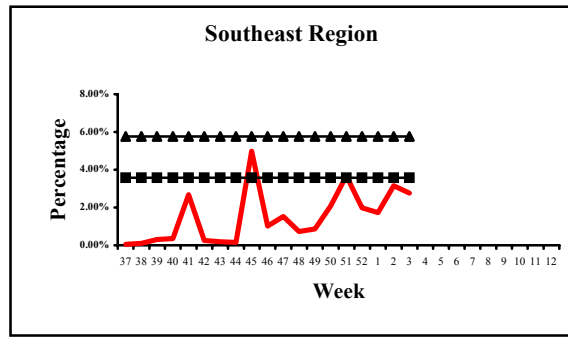
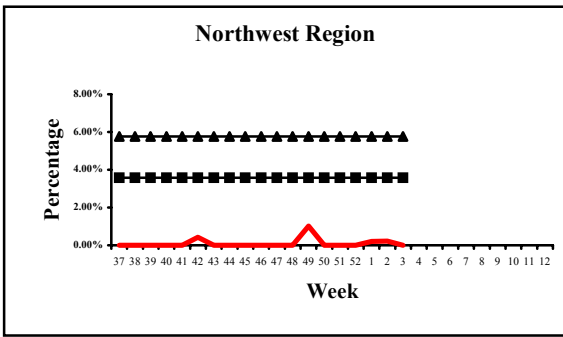
## **I. Summary**

This is the sixteenth weekly Florida influenza surveillance report for the 2005-06 season. Influenza surveillance in Florida consists of six surveillance components: Florida Sentinel Physician Influenza Surveillance Network (FSPISN), state laboratory-based viral surveillance, county influenza activity levels as determined and reported by county health department epidemiologists based on county level influenza and influenza-like illness (ILI) surveillance, reporting of influenza-associated deaths among those <18 years of age, post-influenza infection encephalitis reporting, and reports of influenza or ILI outbreaks in the community or institutional settings. Influenza is not a reportable disease in Florida and therefore information regarding the exact number of influenza cases within the state is not available.

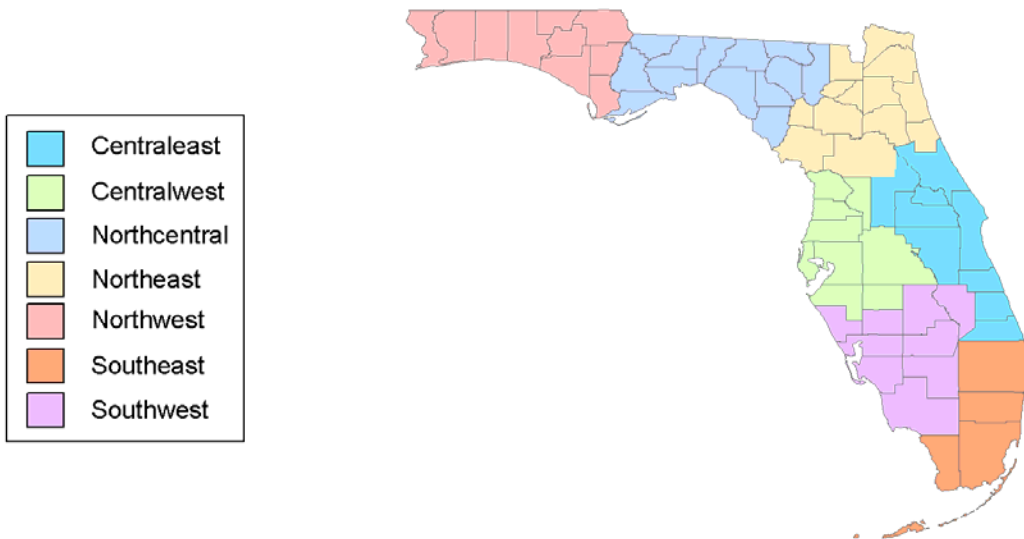
These surveillance systems allow the Florida Department of Health, in collaboration with the Centers for Disease Control and Prevention (CDC), to determine when and where influenza activity is occurring, identify circulating viruses, detect changes in the circulating influenza viruses, track patterns of influenza-associated morbidity and mortality and estimate the overall impact of influenza in the state of Florida. Almost all of the reporting by the counties, laboratories and healthcare providers for the various surveillance programs that track influenza-associated morbidity and mortality is voluntary.

During week 3, Influenza-like illness (ILI) activity as reported by FSPISN increased in 4 of the seven regions (Centraleast, Centralwest, Northcentral, and Northeast). County level influenza reporting recorded as of January 26, 2006: Localized activity was reported by Miami-Dade, Hendry, Orange, and Seminole Counties. Twenty-two county health departments (Alachua, Bay, Brevard, Broward, Charlotte, Clay, Collier, Duval, Escambia, Glades, Gulf, Highlands, Hillsborough, Lee, Leon, Nassau, Palm Beach, Pinellas, Polk, Santa Rosa, Sarasota, and Volusia) reported sporadic ILI activity and 17 reported no activity. Twenty-four counties did not report this week.





**Influenza Surveillance Regions**

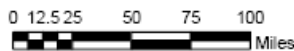
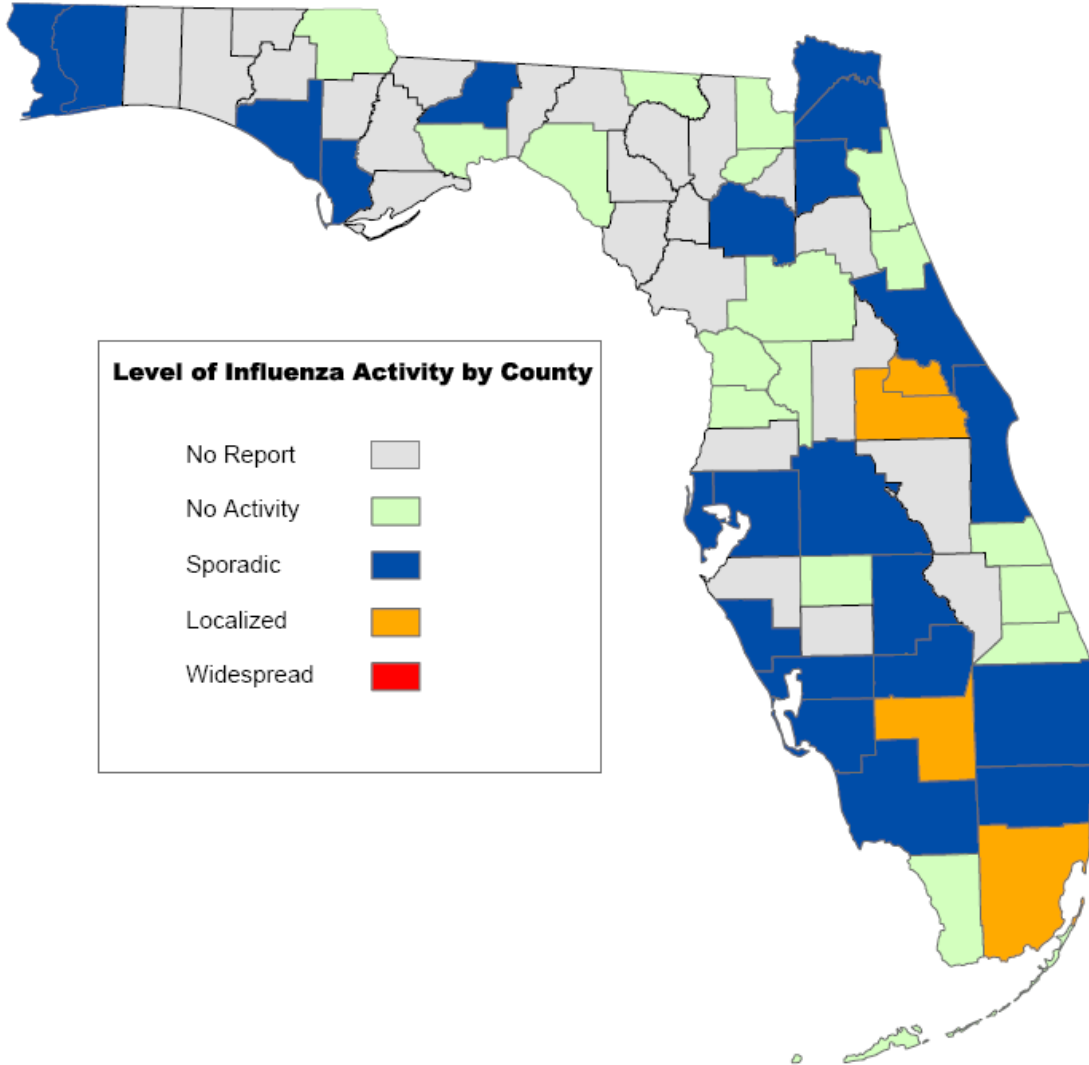


## IV. County Health Department Influenza Activity

# Weekly County Influenza Activity

(Week ending January 21, 2006 - Week 3)

County influenza activity levels are reported by county health department epidemiologists



1:3724185



**Florida Department of Health**  
Bureau of Epidemiology

**Disclaimer:**  
This product is for reference purposes only and is not to be construed as a legal document. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting therefrom. Map printed January 26, 2006

**County influenza activity level definitions.** (County activity levels should be reported via EpiCom.)

**0 = No Activity:**

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

**1 = Sporadic:**

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

**2 = Localized:**

- And/or { a. 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).  
b. Two or more outbreaks (ILI<sup>§</sup> or lab confirmed<sup>†</sup>) detected in a *single* setting<sup>‡</sup> in the county.

**AND**

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

**3 = Widespread:**

- And/or { a. An increase in ILI<sup>§</sup> activity detected in  $\geq 2$  surveillance systems in the county.  
b. 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> Setting includes institutional settings (LTCFs, hospitals, prisons, schools, companies, etc.) as well as the community.

## Influenza Surveillance – Reminders

### Important Reminders

- \* *Influenza activity reporting by sentinel providers is voluntary.*
- \* *The influenza surveillance data is used to answer the question of where, when, and what viruses are circulating. It can be used to determine if influenza activity is increasing or decreasing, but it cannot be used to ascertain how many people have become ill with influenza so far this season.*
- \* *Reporting is incomplete for this week. Numbers may change dramatically as more reports are received.*

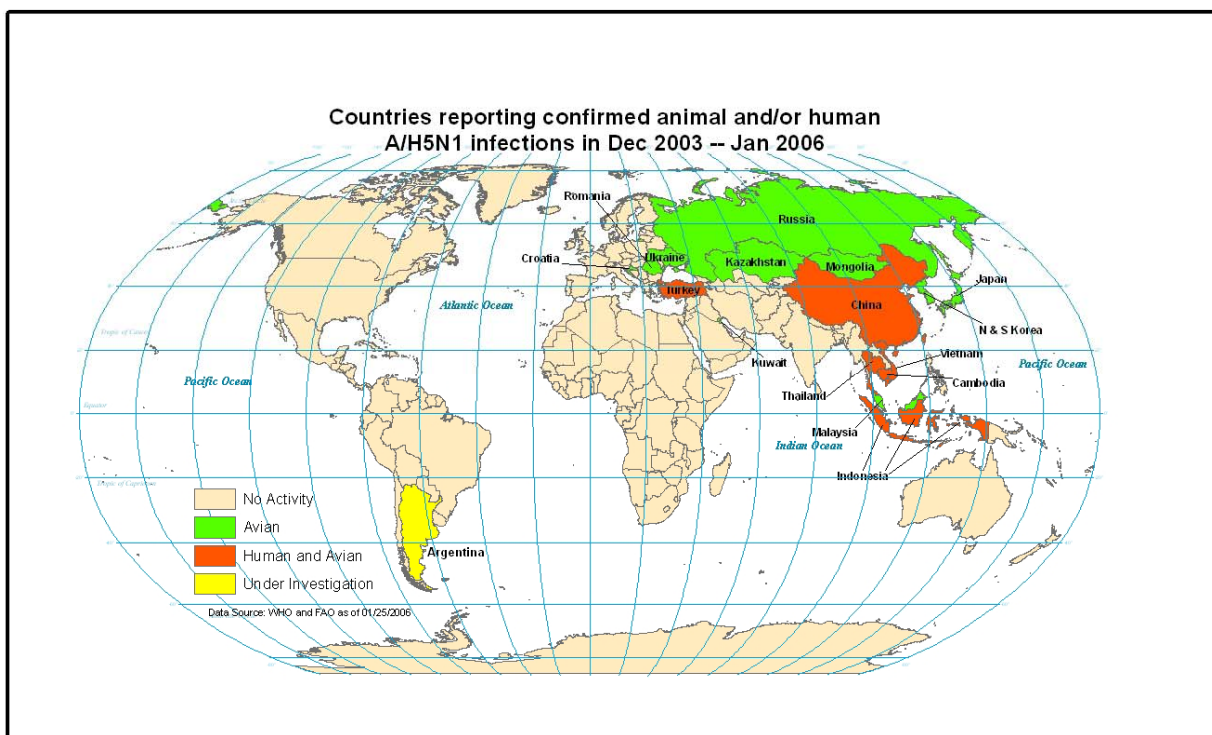
## V. Summary of Worldwide A/H5N1 Influenza Activity

Since the recent outbreak activity began at the end of December 2003 there have been a total of 152 confirmed human cases and 83 deaths\*. Cases and deaths occurred in the following nations: Cambodia 4 cases and 4 deaths; China 10 cases and 7 deaths; Indonesia 19 cases and 14 deaths; Thailand 22 cases and 14 deaths; Vietnam 93 cases and 42 deaths and Turkey 4 cases and 2 deaths. The most recent confirmed cases and deaths have occurred in China, Indonesia, and Turkey during the last week. At present there is no information on exposure to diseased birds in the two recent cases in China, both of whom died, but an investigation is underway. No outbreaks in poultry have been reported in the areas of Sichuan province where

these two Chinese cases resided. The two new cases and deaths in Indonesia were siblings and were found to live in a neighborhood that recently reported outbreaks of avian influenza in poultry. Two family members of these cases are currently being hospitalized with respiratory symptoms. Turkish health authorities are reporting a total of 21 cases and 4 deaths; however, the WHO lab in the United Kingdom has yet to confirm these results.

Countries reporting confirmed outbreaks of H5N1 in bird species since late December 2003, with the most recent outbreaks listed first, include Ukraine, Turkey, Romania, China, Russia, Thailand, Vietnam, Croatia, Kuwait (only one flamingo), Kazakhstan, Mongolia, Indonesia, Cambodia, Malaysia, Korea (Rep. of), and Japan. The island of Cyprus, in the Mediterranean Sea, and Argentina are currently investigating suspicious deaths in birds.

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.*