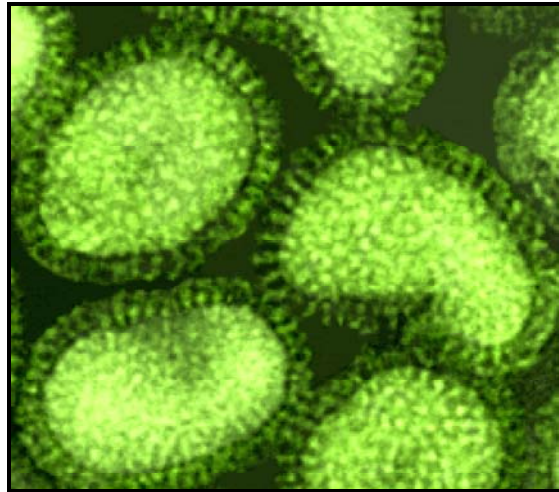


Florida Influenza Surveillance

*Week Ending February 21, 2004
(Week 07)*

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Summary

Florida influenza-like illness (ILI) activity continues to decrease across the state for the week ending February 21, 2004. Eight counties reported as having a high ILI% activity for the week. However, not all sentinels have reported at the time that this summary was written (74% reporting as of March 1, 2004). Compared to the previous week, seven counties reported an increase in ILI activity, while twelve counties reported a decrease and nine counties remained at a level activity. Five counties did not have at least 50% of the active sentinels reporting or did not report the previous week and therefore the change in ILI activity could not be determined. Of the thirty-three counties represented by the Florida Sentinel Physician Influenza Surveillance Network (FSPISN), nine counties reported no influenza-like illness activity for the week ending February 21, 2004. The FSPISN providers reported seeing 17,781 total patients during week 07, of which, 277 were seen with influenza-like illness symptoms (1.56% statewide ILI activity).

Across the nation, one state (Maryland) reported regional ILI activity; nine states, including Florida, reported local activity; thirty-one states reported sporadic activity; and nine states reported no ILI activity for the week ending February 21, 2004. Mortality due to pneumonia and influenza (P&I) declined below the epidemic threshold for the first time in ten weeks.

As of March 2, thirty-three laboratory confirmed cases of avian influenza A (H5N1) infections in humans were reported in Vietnam and Thailand. Twenty-three cases are from Vietnam, of which, fifteen have been fatal. Ten cases have been reported from Thailand, of which, seven have been fatal. A fact sheet about the significance of avian influenza for human health can be found at the World Health Organization's website: <http://www.who.int>

Enhanced Surveillance for Influenza 2003-2004 Season - Week 07

At the end of December 2003, the Bureau of Epidemiology sent out information regarding the reporting of outbreaks of influenza and influenza-like illness, as well as influenza associated deaths and encephalopathies among children (<18 yrs old). In that request, counties were instructed to report this information using the Influenza forum in EpiCom.

As of February 27, 2004 the Bureau of Epidemiology informed the counties that weekly reporting of enhanced influenza surveillance was no longer required. Outbreaks of influenza, as with any disease, are still reportable to the Bureau. Keep in mind that while influenza is not a reportable disease on an individual case basis, any grouping, clustering or outbreak of patients having

similar diseases, symptoms or syndromes, including influenza or influenza-like illness, should be reported to the Bureau of Epidemiology. The following is a summary of the enhanced surveillance reports since December 2003:

Influenza or ILI Outbreaks

Influenza and influenza-like illness outbreaks were reported by the counties to the Bureau of Epidemiology as confirmed or unconfirmed as well as the area in which the outbreak was occurring. Outbreaks were considered confirmed if at least one sample from the outbreak was identified as influenza by laboratory testing. A total of eleven confirmed outbreaks and nine unconfirmed outbreaks were reported during the enhanced surveillance period.

Pediatric Deaths and Encephalopathies

There was total of five deaths among children less than 18 years of age were reported to the Bureau of Epidemiology since December 2003. Two of these cases were first diagnosed as encephalopathy. Samples from these cases were sent to CDC for confirmation and identification of the influenza virus strain.

Notes

Twenty-two counties reported every week during the enhanced surveillance period from December 28, 2003 through February 14, 2004. The Bureau of Epidemiology would like to thank all of the counties who participated in the enhanced influenza surveillance.

The enhanced surveillance report is also available on EpiCom.

FSPISN Influenza-Like Illness (ILI) Summary

Seventy-three sentinels from 64 public clinics and private offices submitted reports for 30 counties during the week ending February 21, 2004 (Week 07). Counties with the highest percentage of patients with ILI were Indian River (2.25%, with 3 of 3 sentinel locations reporting); Monroe (3.05%, 1 of 1 reporting); Palm Beach (3.33%, 3 of 5 reporting); Polk (3.50%, 3 of 4 reporting); Pasco (7.55%, 1 of 1 reporting); Collier (8.21%, 2 of 2 reporting); Escambia (15.87%, 1 of 1 reporting); and Putnam (22.74%, 2 of 3 reporting). Twelve counties reported a low percentage of patients with ILI, and ten counties reported no cases of ILI. A breakdown of ILI% reported for week ending February 21, 2004 by county is listed in Table 1.

TABLE 1. INFLUENZA-LIKE ILLNESS REPORTING BY COUNTY FOR WEEK ENDING 02/21/04 (WEEK 07)
Report Date: March 1, 2004

County	Change	Active within the last 4 weeks		Reporting for Week 07		Participation for Week 07	ILI % Reported Week 07 (Current)	ILI% Reported Week 06 (Updated)	ILI% Reported Week 05 (Updated)
		Active Sentinels	From Offices	Sentinels Reporting	From Offices				
Alachua	Decreasing	1	1	1	1	100%	0.13%	0.20%	--
Brevard	Decreasing	3	3	2	2	67%	1.28%	2.70%	5.41%
Broward	Decreasing	7	7	5	5	71%	0.63%	1.35%	0.69%
Charlotte	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Citrus	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Collier	Increasing	2	2	2	2	100%	8.21%	0.00%	7.80%
Duval	Decreasing	7	7	4	4	57%	1.03%	1.46%	2.05%
Escambia	Increasing	1	1	1	1	100%	15.87%	10.47%	13.71%
Hardee	--	1	1	0	0	0%	--	0.00%	0.00%
Hillsborough	--	5	5	2	2	40%	0.00%	0.42%	0.42%
Indian River	Level	8	3	8	3	100%	2.25%	2.56%	3.93%
Lake	Decreasing	2	2	2	2	100%	1.45%	2.41%	1.55%
Lee	Decreasing	2	2	2	2	100%	0.39%	0.71%	0.00%
Leon	Decreasing	2	2	2	2	100%	0.26%	0.43%	0.37%
Marion	Decreasing	1	1	1	1	100%	0.00%	0.14%	0.00%

Martin	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Miami-Dade	Increasing	5	5	5	5	100%	0.61%	0.38%	0.51%
Monroe	Increasing	1	1	1	1	100%	3.05%	2.17%	0.00%
Okaloosa	Decreasing	4	4	3	3	75%	0.20%	1.05%	0.19%
Orange	Increasing	10	7	6	5	60%	1.22%	0.89%	1.97%
Osceola	Level	2	2	1	1	50%	0.00%	0.00%	0.00%
Palm Beach	Decreasing	5	5	3	3	60%	3.33%	6.75%	5.93%
Pasco	Increasing	1	1	1	1	100%	7.55%	0.00%	0.00%
Pinellas	Level	7	7	5	5	71%	1.79%	1.80%	1.52%
Polk	Decreasing	7	4	6	3	86%	3.50%	5.45%	5.47%
Putnam	Increasing	3	3	2	2	67%	22.74%	0.00%	0.00%
Santa Rosa	Decreasing	1	1	1	1	100%	1.05%	1.57%	0.63%
Sarasota	--	1	1	0	0	0%	--	--	5.98%
Seminole	--	1	1	0	0	0%	--	--	--
St. Johns	Level	1	1	1	1	100%	0.00%	0.00%	0.28%
St. Lucie	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Volusia	Level	4	4	2	2	50%	0.00%	0.00%	0.20%
Wakulla	--	1	1	0	0	0%	--	3.42%	--

State Laboratory Specimen Testing in Florida

Two of the 14 specimens received by the Jacksonville Central and Tampa Branch laboratories for influenza isolate testing during the week ending February 21, 2004 (Week 07) were found positive for influenza A. One virus was found positive for influenza B (Sichuan-like) and the other virus was influenza A, unknown. The CDC has returned results from 14 specimens collected from Florida during October and November. All were positive for influenza A (H3N2): five were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and nine were similar to the drift variant, A/Fujian/411/2002 (H3N2)

From September 28, 2003 to February 21, 2004, the Florida laboratories tested a total of 716 specimens and found 235 positive for influenza A (H3N2), 100 that were unknown A or had culture results pending, and one positive for influenza B. The remaining specimens were negative for influenza. Table 2 details isolates found since September 28, 2003 by county.

TABLE 2. ISOLATES BY COUNTY FOUND DURING 2003-2004 SURVEILLANCE					
Report Date: March 1, 2004					
Number of previously reported positive specimens (positive specimens, Week 07)					
County	Type A - H3N2	Type A - H1N1	Type A - Unknown	Type A -Unknown Culture Pending	Type B
Alachua	10		6		
Bay					(1)
Brevard	1				
Broward	6			5	
Charlotte				1	
Citrus	5			3	
Collier	3				
Duval	30		10		
Hardee	1			1	
Hernando	1				
Hillsborough	14			6	
Indian River	31		17		
Lake	1				
Lee	2				
Leon	22		4		
Marion	1				
Martin	1				

Miami-Dade	16		13(1)		
Monroe	2		1		
Okaloosa	6				
Orange	5		4	1	
Osceola	2		1		
Palm Beach	7			3	
Pasco	3				
Pinellas	10			3	
Polk	21			5	
Putnam	6		1	3	
Sarasota	9				
St Johns	10		4		
Taylor			1		
Volusia	8		4		

Rapid Testing Performed by Private Laboratories in Florida

Reports received from non-sentinel, private hospitals and private laboratories since September 28, 2003 are summarized in Table 3.

TABLE 3. RAPID INFLUENZA TESTS BY COUNTY DURING 2003-2004
Report Date: March 1, 2004

County	Rapid Tests Performed	Negative Tests	Positive for A/B	Positive for A	Positive for B
Alachua	Unknown	Unknown	5	0	0
Bay	714	468	103	144	1
Brevard	1212	922	0	299	0
Broward	7	6	0	1	0
Clay	Unknown	Unknown	1	0	0
Collier	Unknown	Unknown	362	0	0
Hillsborough	Unknown	Unknown	3	40	0
Marion	2	1	1	0	0
Miami-Dade	294	180	91	0	0
Orange	24	16	15	0	0
Pinellas	3	1	2	67	0
Sarasota	Unknown	Unknown	79	80	1

National Influenza Surveillance

This section summarizes the weekly influenza report from the Centers for Disease Control and Prevention. More detailed information can be found at: <http://www.cdc.gov/flu>

Influenza-Like Illness Report for the Week Ending February 21, 2004

Influenza activity remained low during the week ending February 21, 2004. The proportion of patient visits to sentinel physicians for influenza-like illness (ILI) was 1.4% nationwide. This is below the national baseline of 2.5%. On a regional level, the percentage of patient visits for ILI ranged from 2.4% in the West South Central region to 0.6% in the West North Central region. Due to wide variability in regional level data, it is not appropriate to apply the national baseline to regional level data. National percentage and regional percentages of patient visits for ILI are weighted on the basis of state population.

Antigenic Characterization

The CDC has antigenically characterized two influenza A (H1) viruses, 648 influenza A (H3N2) viruses, and 18 influenza B viruses that were submitted by U.S. laboratories since October 1, 2003. The hemagglutinin proteins of the influenza A (H1) viruses were similar antigenically to the

vaccine strain A/New Caledonia/20/99. Of the 648 influenza A (H3N2) isolates characterized, 106 (16.4%) were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and 542 (83.6%) were similar to the drift variant, A/Fujian/411/2002 (H3N2). Sixteen of the influenza B viruses were similar to B/Sichuan/379/99 and the two influenza B viruses were similar to B/Hong Kong/330/2001.

U.S. World Health Organization (WHO) and Nation Respiratory and Enteric Virus Surveillance System (NREVSS) Laboratories Report

During week ending February 21, 2004, 23 (2.2%) of the 1,040 specimens tested at WHO and NREVSS laboratories were positive. Of these 23 positive specimens, 19 were influenza A (H3N2) viruses, 2 were influenza A viruses that were not subtyped, and 2 were influenza B viruses.

Since September 28, 2003 WHO and NREVSS laboratories tested 102,599 specimens for influenza viruses and found 23,417 positive specimens. Of the positive specimens, 151 were influenza B viruses, 6,330 were influenza A (H3N2), and two were A (H1). The remaining 16,934 influenza A viruses have not been subtyped. Weekly ratios reported by the nine regions are presented in Table 4.

TABLE 4. 2003-2004 SPECIMEN TESTING SUMMARY BY REGION							
Report Date: March 1, 2004							
Region	Total Specimens	A H1N1	A H3N2	A-Unk	B	Ratio Pos.	ILI Reporting Weighted ILI %
New England	4,563	1	476	932	2	0.309	2.164
Mid-Atlantic	10,450	-	282	1355	9	0.158	2.455
East North Central	8,911	-	1046	553	5	0.18	3.628
West North Central	11,567	-	548	1780	4	0.202	2.818
South Atlantic	18,272	1	1302	3769	68	0.281	3.21
East South Central	4,360	-	423	268	1	0.159	3.001
West South Central	19,010	-	961	4128	17	0.269	6.145
Mountain	12,426	-	628	2802	37	0.279	2.812
Pacific	13,040	-	664	1347	8	0.155	3.749

122 U.S. Cities Vital Statistics Mortality Report

The percentage of all deaths due to pneumonia and influenza was 8.0%. This percentage is below the epidemic threshold of 8.3% for the week ending February 21, 2004.

International Influenza Surveillance

This section summarizes the weekly influenza report from around the globe. More detailed information can be found at the corresponding websites for each organization.

Report from the European Influenza Surveillance Scheme (EISS)

The EISS reports the influenza season appears to be ending in Europe. Of the 22 European countries that are members of the EISS, 16 reported influenza-like illness activity has returned to winter baseline levels. Regional activity was reported in Germany, Italy and Switzerland; and the Czech Republic, Latvia, Poland and Slovakia report local activity. Sixteen networks reported either sporadic or no influenza activity for the week. For more information about the EISS, please visit their website at: <http://dev.eiss.org/>

World Health Organization (WHO) Communicable Disease Surveillance and Response

Frequently asked questions about avian influenza are discussed in length in the current issue of *The Weekly Epidemiological Record (WER)*, vol. 79, 8. <http://www.who.int/wer/en/>

WHO influenza updates and reports to date have also included the following items:

- ◆ Current Confirmed Human Cases of Avian Influenza A (H5N1) reports can be found at http://www.who.int/csr/disease/avian_influenza/country/en/

- ◆ (Update 30) The Ministry of Public Health in Thailand has confirmed the country's tenth case of H5N1 infection. The case is a 47-year-old woman from Lopburi Province who has fully recovered. She had exposure to diseased and dead chickens at her home in January. To date, Thailand has reported 10 cases, of which 7 have been fatal.

WHO Recommended Composition of Influenza Vaccine

WHO has recommended that the composition of influenza virus vaccines for use in the 2004-2005 northern hemisphere influenza season contain the following:

- ◆ An A/New Caledonia/20/99(H1N1)-like virus
- ◆ An A/Fujian/411/2002(H3N2)-like virus
- ◆ A B/Shanghai/361/2002-like virus

For more detailed information please see "Recommended composition of influenza virus vaccine for use in the 2004-2005 influenza season" in *The Weekly Epidemiological Record (WER)*, vol. 79, 9.

Influenza Surveillance – Definitions and Reminders

Definitions of the influenza activity codes

No Activity: *No laboratory-confirmed cases of influenza and no reported increase in the number of cases of ILI.*

Sporadic: *Small numbers of laboratory-confirmed influenza cases or a single influenza outbreak has been reported, but there is no increase in cases of ILI.*

Local: *Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state.*

Regional: *Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of the state.*

Widespread: *Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state.*

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 as more reports are received.*