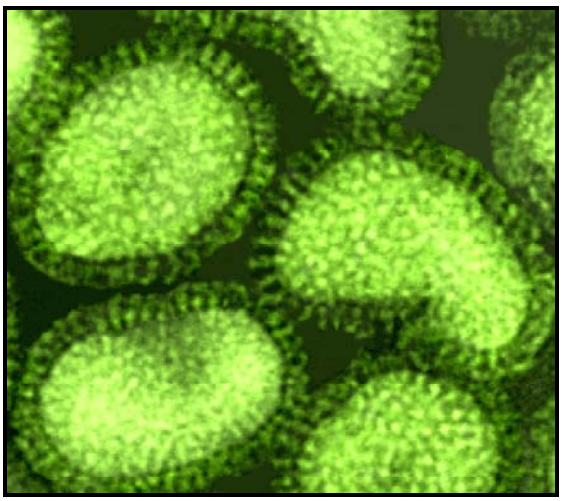
Florida Influenza Surveillance



Week Ending March 13, 2004 (Week 10)

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Summary

Florida influenza-like illness (ILI) decreased slightly across the state for the week ending March 13, 2004. Six counties reported as having a high ILI% activity for week 10. However, not all sentinels have reported at the time that this summary was written (83% reporting as of March 22, 2004). Compared to data from the previous week, seven counties reported an increase in ILI activity for week 10, while twelve counties reported a decrease and eleven counties remained at a level activity. Three counties did not have at least 50% of the active sentinels reporting 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), twelve counties reported no influenza-like illness activity for the week ending March 13, 2004. The FSPISN providers reported seeing 16,534 total patients during week 10, of which, 211 patients were seen with influenza-like illness symptoms (1.28% statewide ILI activity). None of the specimens tested positive for influenza at the state branch laboratories for this surveillance week. The influenza activity code for Florida was reported to the Centers for Disease Control and Prevention as "no activity" for the week ending March 13, 2004.

Across the nation, local activity was reported in West Virginia; twenty-five states reported sporadic activity; and twenty-three states, including Florida, reported no ILI activity for the week ending March 13, 2004. One state did not report. Mortality due to pneumonia and influenza (P&I) remained below the epidemic threshold for the week ending March 13, 2004. The percentage of patient visits seen with influenza-like illness to sentinel providers across the nation was 1.2% for week 10.

On March 17th the World Health Organization (WHO) announced another confirmed case of human infection with the avian influenza virus H5N1 in Thailand. The case, which was fatal, was a 39-year-old woman who developed symptoms on March 1st, was hospitalized on March 3rd, and died on March 12th. There have also been media reports of another fatal case in a 12-year-old boy from Vietnam. According to the media the boy was hospitalized on March 13th and died two days later. Currently WHO is asking health authorities in Vietnam for more details about the case; however, they have yet to receive any confirmatory information. This would be the first reported case of human infection in Vietnam since February 20th. The total number of confirmed human cases to date in Vietnam is 22, of which 15 have passed away and 12 in Thailand, of which 8 have passed away. 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

FSPISN Influenza-Like Illness (ILI) Summary

Seventy-six sentinels from 68 public clinics and private offices submitted reports for 31 counties during the week ending March 13, 2004 (Week 10). Counties with the highest percentage of patients with ILI were Lake (2.31%, with 2 of 2 sentinel locations reporting); Polk (2.47%, 3 of 4 reporting); Monroe (2.63%, 1 of 1 reporting); Wakulla (3.94%, 1 of 1 reporting); Indian River (4.54%, 3 of 3 reporting); Santa Rosa (11.67%, 1 of 2 reporting); and Escambia (14.00%, 1 of 1 reporting). Twelve counties reported a low percentage of patients with ILI, and 12 counties reported no cases of ILI. A breakdown of ILI% reported for week ending March 13, 2004 by county is listed in Table 1.

TABLE 1. INFLUENZA-LIKE ILLNESS REPORTING BY COUNTY FOR WEEK ENDING 03/13/04 (WEEK 10)
Report Date: March 22, 2004

County	Change	Active within the last 4 weeks		Reporting for Week 10		Participation for Week 10	ILI % Reported Week 10 (Current)	ILI% Reported Week 09 (Updated)	ILI% Reported Week 08 (Updated)
		Active Sentinels	From Offices	Sentinels Reporting	From Offices				
Alachua	Decreasing	1	1	1	1	100%	0.00%	0.07%	0.07%
Brevard	Increasing	4	4	4	4	100%	1.75%	0.34%	1.54%
Broward	Decreasing	6	6	5	5	83%	0.29%	0.57%	1.47%
Charlotte	Increasing	1	1	1	1	100%	0.47%	0.00%	0.00%
Citrus	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Collier	--	0	0	1	1	--	--	0.00%	0.00%
Duval	Decreasing	7	7	5	5	71%	0.28%	0.77%	1.04%
Escambia	Increasing	1	1	1	1	100%	14.00%	10.73%	4.26%
Hillsborough	Level	4	4	4	4	100%	0.11%	0.13%	0.00%
Indian River	Level	8	3	8	3	100%	4.54%	4.72%	1.91%
Lake	Increasing	2	2	2	2	100%	2.31%	0.55%	0.78%
Lee	Decreasing	2	2	2	2	100%	0.00%	0.49%	0.38%
Leon	Increasing	2	2	2	2	100%	1.31%	0.38%	0.56%
Manatee	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Marion	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Martin	Decreasing	1	1	1	1	100%	0.00%	0.40%	0.52%
Miami-Dade	Decreasing	5	5	4	4	80%	0.23%	0.61%	0.79%
Monroe	Level	1	1	1	1	100%	2.63%	2.23%	2.72%
Okaloosa	Decreasing	4	4	2	2	50%	0.00%	0.56%	0.71%
Orange	--	9	8	3	3	33%	0.90%	1.45%	1.36%
Osceola	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Palm Beach	Decreasing	4	4	4	4	100%	1.31%	2.04%	1.43%
Pasco	Decreasing	1	1	1	1	100%	1.79%	3.03%	3.28%
Pinellas	Decreasing	6	6	5	5	83%	0.16%	1.36%	1.30%
Polk	Increasing	7	4	6	3	86%	2.47%	1.67%	0.00%
Putnam	--	0	0	2	2	--	--	0.00%	0.00%
Santa Rosa	Decreasing	2	2	1	1	50%	11.67%	18.79%	25.00%
Sarasota	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Seminole	Decreasing	2	2	2	2	100%	0.80%	1.21%	0.78%
St. Johns	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
St. Lucie	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Volusia	Level	4	4	3	3	75%	0.00%	0.00%	0.00%
Wakulla	Increasing	1	1	1	1	100%	3.94%	2.56%	5.98%

State Laboratory Specimen Testing in Florida

None of the 4 specimens received by the Florida State Branch Laboratories for influenza isolate testing during the week ending March 13, 2004 (Week 10) were found positive for influenza. This is the second surveillance week in which the number of isolates testing positive for influenza has dropped below 10%.

From September 28, 2003 to March 13, 2004, the Florida laboratories tested a total of 731 specimens and found 238 positive for influenza A (H3N2), 100 that were influenza A of an unknown subtype, and one positive for influenza B. The remaining specimens were negative for influenza. Table 2 details the isolates found since September 28, 2003 by county.

TABLE 2. ISOLATES BY COUNTY FOUND DURING 2003-2004 SURVEILLANCE
Report Date: March 22, 2004
Number of previously reported positive specimens (positive specimens, Week 10)

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	34		17		
Lake	1				
Lee	2				
Leon	22		4		
Marion	1				
Martin	1				
Miami-Dade	16		14		
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

Table 3 summarizes the reports received from non-sentinel private providers, private hospitals and private laboratories on the number of rapid tests for the influenza virus since September 28, 2003.

TABLE 3. RAPID INFLUENZA TESTS BY COUNTY DURING 2003-2004 Report Date: March 22, 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	1239	948	0	300	0
Broward	7	6	0	1	0
Clay	Unknown	Unknown	1	0	0
Collier	Unknown	Unknown	362	0	0
Hillsborough	Unknown	Unknown	3	41	1
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 March 13, 2004
The proportion of patient visits to sentinel physicians for influenza-like illness (ILI) was 1.2% nationwide. This is below the national baseline of 2.5%. 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 three influenza A (H1) viruses, 727 influenza A (H3N2) viruses, and 23 influenza B viruses that were submitted by U.S. laboratories since October 1, 2003. The influenza A (H1) viruses were similar antigentically to the vaccine strain A/New Caledonia/20/99. Of the 648 influenza A (H3N2) isolates characterized, 106 (14.6%) were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and 621 (85.4%) were similar to the drift variant, A/Fujian/411/2002 (H3N2). Twenty of the influenza B viruses were similar to B/Sichuan/379/99 and three influenza B viruses were similar to B/Hong Kong/330/2001. Nine of the A/Fujian/411/2002 (H3N2)-like viruses came from Florida.

The influenza A drift variant, A/Fujian/411/2002 (H3N2) was the predominant strain during the outbreaks in Australian and New Zealand that peaked in mid-to-late August 2003. The strain has been detected in many countries in the Northern Hemisphere, including the United States. The CDC expects the current U.S. vaccine will offer some protective immunity against the A/Fujian/411/2002-like viruses because these viruses are related to the vaccine strain, A/Panama/2007/99.

U.S. World Health Organization (WHO) and Nation Respiratory and Enteric Virus Surveillance System (NREVSS) Laboratories Report
During week ending March 22, 2004, four (0.3%) of the 1,184 specimens tested at WHO and NREVSS laboratories were positive. Of these four positive specimens, one was an influenza A viruses that was not subtyped, and three were influenza B viruses.

Since September 28, 2003, WHO and NREVSS laboratories tested 110,725 specimens for influenza viruses and found 23,948 positive specimens. Of the positive specimens, 171 were

influenza B viruses, 6,623 were influenza A (H3N2), and two were A (H1). Weekly ratios reported by the nine regions are presented in Table 4.

TABLE 4. 2003-2004 SPECIMEN TESTING SUMMARY BY REGION
Report Date: March 22, 2004

Region	Total Specimens	A H1N1	A H3N2	A-Unk	B	Ratio Pos.	ILI Reporting Weighted ILI %
New England	4,642	-	478	933	2	0.305	1.988
Mid-Atlantic	11,854	-	324	1412	14	0.148	2.379
East North Central	10,146	-	1057	678	8	0.172	3.334
West North Central	12,227	-	716	1803	4	0.206	2.55
South Atlantic	19,251	1	1310	3775	71	0.268	3.033
East South Central	4,547	-	442	248	2	0.152	2.834
West South Central	20,592	-	962	4145	19	0.249	5.523
Mountain	13,154	-	650	2804	39	0.266	2.625
Pacific	14,312	-	684	1354	12	0.143	3.357

122 U.S. Cities Vital Statistics Mortality Report
The percentage of all deaths due to pneumonia and influenza was 7.4%. This percentage is below the epidemic threshold of 8.3% for the week ending March 6, 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)
EISS reports influenza activity in Europe continues to decline, with only German and Italy reporting regional activity. Since September 28, 2003, influenza A/Fujian/411/2002 (H3N2)-like viruses were the predominant strain circulating in Europe this season. For more information about the EISS, please visit the following website: http://dev.eiss.org/

World Health Organization (WHO) Communicable Disease Surveillance and Response
WHO influenza updates and reports to date have included the following item:

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

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.*