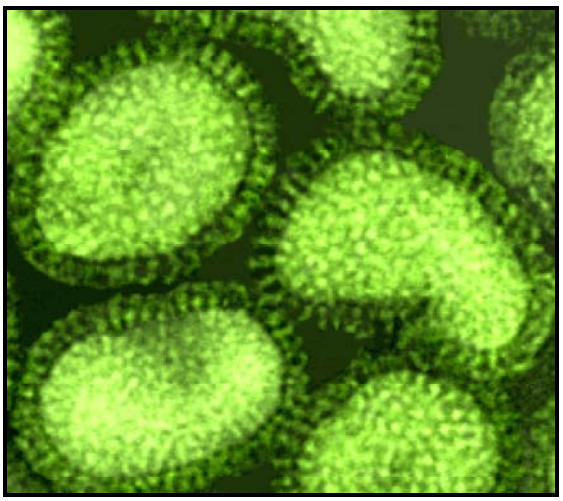
Florida Influenza Surveillance



Week Ending February 28, 2004 (Week 08)

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Summary

Florida influenza-like illness (ILI) activity has begun to level off across the state according to the most recent data for the week ending February 28, 2004. Five counties reported as having a high ILI% activity for the week compared to eight the previous week. However, not all sentinels have reported at the time that this summary was written (83% reporting as of March 9, 2004). Compared with the previous week, six counties reported an increase in ILI activity, while ten counties reported a decrease and fourteen counties remained at a level activity. Of the thirty counties represented by the Florida Sentinel Physician Influenza Surveillance Network (FSPISN), eleven counties reported no influenza-like illness activity for the week ending February 28, 2004. The FSPISN providers reported seeing 19,569 total patients during week 08, of which, 267 patients were seen with influenza-like illness symptoms (1.36% statewide ILI activity). The percentage of specimens testing positive for influenza at the state branch laboratories has decreased from previous weeks. The influenza activity code for Florida was reported to the Centers for Disease Control and Prevention as "local" for the week ending February 28, 2004.

Across the nation, five states, including Florida, reported local activity; thirty-two states reported sporadic activity; and twelve states reported no ILI activity for the week ending February 28, 2004. One state did not report. Mortality due to pneumonia and influenza (P&I) remained below the epidemic threshold for the week ending February 28, 2004. The percentage of patient visits seen with influenza-like illness to sentinel providers across the nation was 1.1% for week 08.

On March 9, 2004, the World Health Organization announced the 11th confirmed human case of avian influenza H5N1 in Thailand. The patient is a 29-year-old man who developed symptoms on February 13 and was admitted to the hospital on February 20. The patient recovered and was discharged from the hospital on March 7. The man had a history of contact with diseased and dead chickens. This brings the total number of human cases to 22 in Vietnam, of which 15 have passed away and 11 in Thailand, of which 7 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-seven sentinels from 69 public clinics and private offices submitted reports for 30 counties during the week ending February 28, 2004 (Week 08). Counties with the highest percentage of patients with ILI were Monroe (2.72%); Pasco (3.28%); Escambia (4.26%); Citrus

(10.48%); and Santa Rosa (25.00%). Fourteen counties reported a low percentage of patients with ILI, and 11 counties reported no cases of ILI. A breakdown of ILI% reported for week ending February 28, 2004 by county is listed in Table 1.

TABLE 1. INFLUENZA-LIKE ILLNESS REPORTING BY COUNTY FOR WEEK ENDING 02/28/04 (WEEK 08)
Report Date: DATE

County	Change	Active within the last 4 weeks		Reporting for Week 08		Participation for Week 08	ILI % Reported Week 08 (Current)	ILI% Reported Week 07 (Updated)	ILI% Reported Week 07 (Updated)
		Active Sentinels	From Offices	Sentinels Reporting	From Offices				
Alachua	Decreasing	1	1	1	1	100%	0.07%	0.13%	0.20%
Brevard	Decreasing	3	3	2	2	67%	1.54%	3.65%	2.70%
Broward	Decreasing	6	6	5	5	83%	1.47%	0.63%	1.35%
Charlotte	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Citrus	Increasing	1	1	1	1	100%	10.48%	8.42%	0.00%
Collier	Decreasing	2	2	1	1	50%	0.00%	8.21%	5.40%
Duval	Increasing	8	8	7	7	88%	1.04%	0.60%	1.29%
Escambia	Decreasing	1	1	1	1	100%	4.26%	15.87%	10.47%
Hillsborough	Level	3	3	3	3	100%	0.00%	0.00%	0.42%
Indian River	Level	8	3	8	3	100%	1.91%	2.25%	2.56%
Lake	Decreasing	2	2	2	2	100%	0.78%	1.45%	2.41%
Lee	Level	2	2	2	2	100%	0.38%	0.39%	0.71%
Leon	Increasing	2	2	2	2	100%	0.56%	0.26%	0.43%
Marion	Level	1	1	1	1	100%	0.00%	0.00%	0.14%
Martin	Increasing	1	1	1	1	100%	0.52%	0.00%	0.00%
Miami-Dade	Level	4	4	4	4	100%	0.51%	0.61%	0.38%
Monroe	Level	1	1	1	1	100%	2.72%	3.05%	2.17%
Okaloosa	Increasing	4	4	2	2	50%	0.59%	0.20%	1.05%
Orange	Increasing	8	7	5	5	63%	1.41%	1.07%	0.89%
Osceola	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Palm Beach	Decreasing	5	5	3	3	60%	0.98%	1.52%	3.05%
Pasco	Decreasing	1	1	1	1	100%	3.28%	7.55%	0.00%
Pinellas	Level	6	6	5	5	83%	1.56%	1.79%	1.80%
Polk	Decreasing	7	4	7	4	100%	0.00%	2.62%	4.07%
Putnam	Decreasing	2	2	1	1	50%	0.00%	22.74%	0.00%
Santa Rosa	Level	2	2	2	2	100%	25.00%	23.22%	28.86%
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	4	4	100%	0.00%	0.00%	0.00%
Walton	Level	1	1	1	1	100%	0.00%	0.00%	0.00%

State Laboratory Specimen Testing in Florida

None of the 18 specimens received by the Jacksonville Central and Tampa Branch laboratories for influenza isolate testing during the week ending February 28, 2004 (Week 08) were found positive for influenza. However, three specimens collected and preserved during the week ending December 27, 2003, one of the busiest weeks for the laboratories this season, were processed during week 08 and found positive for the influenza A (H3N2) virus.

From September 28, 2003 to February 28, 2004, the Florida laboratories tested a total of 729 specimens and found 238 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 9, 2004
Number of previously reported positive specimens (positive specimens, Week 08)

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

Influenza 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 9, 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	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 28, 2004
The proportion of patient visits to sentinel physicians for influenza-like illness (ILI) decreased to 1.1% 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 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 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 (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 two influenza B viruses were similar to B/Hong Kong/330/2001. Nine of the A/Fujian/411/2002 (H3N2)-like viruses came from Florida.

U.S. World Health Organization (WHO) and Nation Respiratory and Enteric Virus Surveillance System (NREVSS) Laboratories Report
During week ending February 28, 2004, eight (1.2%) of the 643 specimens tested at WHO and NREVSS laboratories were positive. Of these eight positive specimens, three were influenza A (H3N2) viruses, three were influenza A viruses that were not subtyped, and 2 were influenza B viruses. Since September 28, 2003, WHO and NREVSS laboratories tested 104,961 specimens for influenza viruses and found 23,540 positive specimens. Of the positive specimens, 157 were influenza B viruses, 6,405 were influenza A (H3N2), and two were A (H1). The remaining 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 9, 2004

Region	Total Specimens	A H1N1	A H3N2	A-Unk	B	Ratio Pos.	ILI Reporting Weighted ILI %
New England	4,620	-	476	932	2	0.305	2.096
Mid-Atlantic	10,575	-	293	1352	10	0.157	2.371
East North Central	9,245	-	1046	554	7	0.174	3.5
West North Central	11,705	-	609	1794	4	0.206	2.701
South Atlantic	18,473	1	1305	3777	70	0.279	3.128
East South Central	4,409	-	423	268	1	0.157	2.945
West South Central	19,950	-	961	4144	17	0.257	5.825
Mountain	12,717	-	628	2802	37	0.273	2.741
Pacific	13,267	-	664	1353	9	0.153	3.619

122 U.S. Cities Vital Statistics Mortality Report
The percentage of all deaths due to pneumonia and influenza was 7.7%. 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)
Influenza activity continued to decrease in most European countries. Eighteen networks reported no or sporadic influenza activity, one network reported local activity. Regional activity (i.e. activity above baseline levels in one or more regions comprising less than 50% of the country's population) was reported in Germany, Italy and Switzerland. Local activity was reported by Latvia. Among the sub-typed viruses, A/Fujian/411/2002 (H3N2)-like viruses remain the predominant circulating strain. For more information about the EISS, please visit the following website: http://dev.eiss.org/

World Health Organization (WHO) Communicable Disease Surveillance and Response
A summary the influenza season from September 2003 to January 2004 as well as an article comparing previous outbreaks of avian influenza (H5N1) to the current year's crisis in Asia can be found in the current issue of *The Weekly Epidemiological Record (WER),* vol. 79, 10.

International influenza activity in humans from February 15 to February 28, 2004: influenza activity in most prefectures in Japan is above the epidemic threshold but is decreasing; regional activity that includes ILI morbidity above epidemic threshold in four cities was reported from the Russian Federation. Germany and Switzerland reported decreasing influenza activity in their countries. Quebec, Canada reported that influenza activity remains widespread, while all other territories reported sporadic or no activity. Sporadic outbreaks of influenza A (H3N2) were reported in schools and an elderly home in Hong Kong. Sporadic activity was also reported in Croatia and Slovakia while low influenza activity was reported in Austria, Belgium, Brazil, Denmark, France, Greece, Iceland, Israel, Madagascar, Norway, Poland, Romania, Serbia and Montenegro, Sweden. Source: 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) March 9, 2004, The Ministry of Public Health in Thailand confirmed an additional case of H5N1. A 29-year-old man from Nakhon Ratchasima Province, developed symptoms on February 13, was admitted to hospital on February 20, and was discharged on March 7. He had a history of exposure to diseased and dead chickens.

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.*