

# Florida Influenza Surveillance

*Week Ending May 6, 2006*

*(Week 18)*

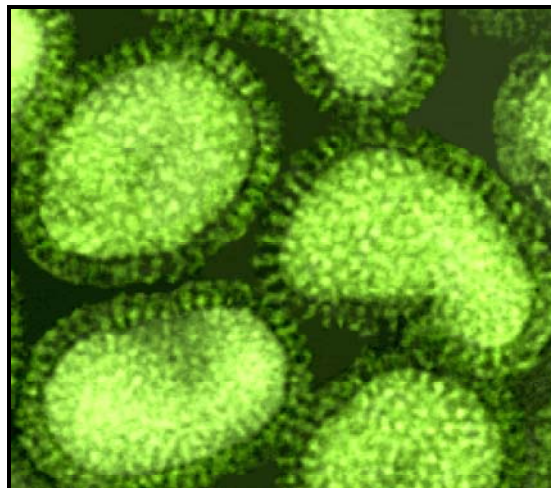
*Aimee Pragle, MS, Respiratory Epidemiologist*

*Brittni Jones, Influenza Surveillance Coordinator*

*D’Juan Harris, GIS Specialist*

*Patti Ragan, PhD, MPH, PA-C; Florida EIS Fellow*

*Aaron Kite-Powell, MS; Florida EIS Fellow*



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## **I. Summary**

This is the thirty-first 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 18, Influenza-like illness (ILI) activity, as reported by FSPISN decreased in three of the seven regions (Centraleast, Centralwest, and Northwest). Overall, state ILI activity as reported by FSPISN slightly increased this week. Influenza activity levels reported by counties as of May 10, 2006 were stable compared to the previous week: No counties reported Widespread activity. No counties reported Localized activity. Seven county health departments reported Sporadic ILI activity: (Brevard, Broward, Collier, Escambia, Palm Beach, Pinellas, and Seminole). Thirty counties reported no activity. Thirty counties did not report this week.

## II. FSPISN Influenza and Influenza-like Illness (ILI) Surveillance Summary:

Table 1 shows the weighted ILI activity by region as reported by Florida Sentinel Physician Influenza Surveillance Network (FSPISN) providers. The overall weighted percent ILI activity for the state for the week ending May 6, 2006 was 0.89%, compared to 0.61% for the previous week. ILI activity is below the Florida baseline. This is based on 46% of sentinel sites reporting. The highest weighted % ILI activity reported was in the Southeast region at 1.73%, while the Northwest region reported the lowest at 0% ILI cases.

FSPISN*§ Weighted ILI Activity, by Region, Week ending May 6, 2006	
REGION	REPORTED ILI%
Centraleast	0.65%
Centralwest	0.13%
Northcentral**	0.78%
Northeast	0.22%
Northwest	0.00%
Southeast	1.73%
Southwest	0.72%

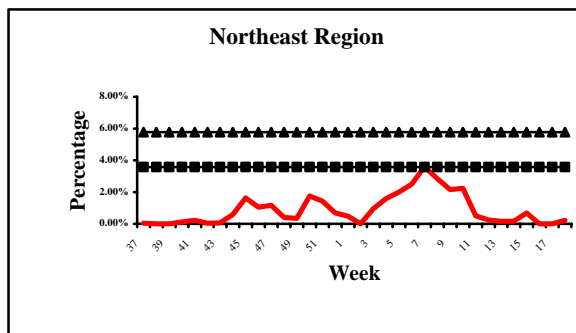
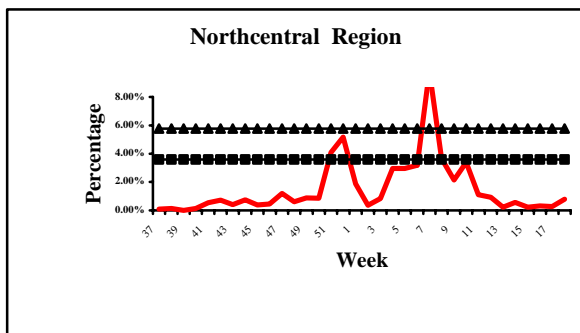
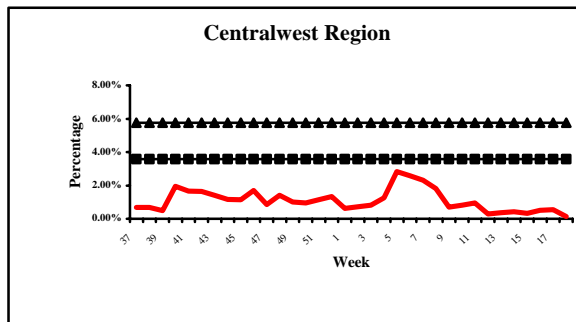
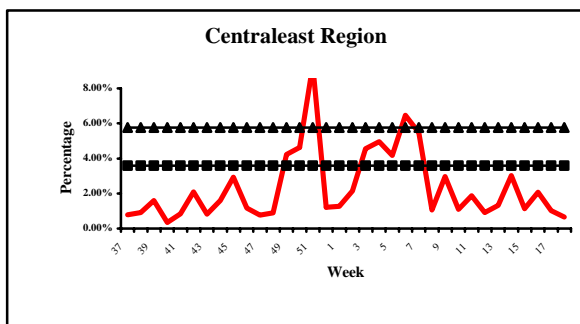
\*The ILI activity levels are based on information reported by the Florida Sentinel Physician Influenza Network.

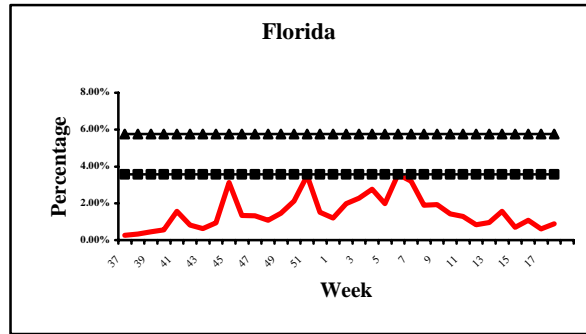
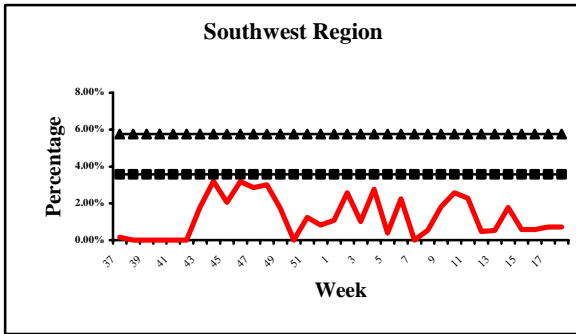
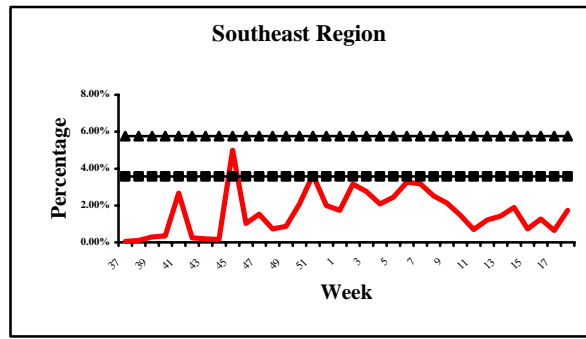
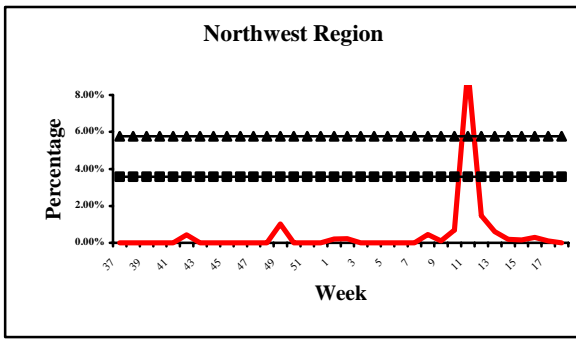
§ FSPISN Reporting is incomplete for this week (46%). Numbers may change dramatically as more reports are received.

## III. FSPISN Influenza-like Illness Graphs by Region

----- **Florida Baseline:** 3.58%, calculated using the previous 3 years of data as reported by FSPISN. (A line exceeding the baseline indicates moderate ILI activity.)

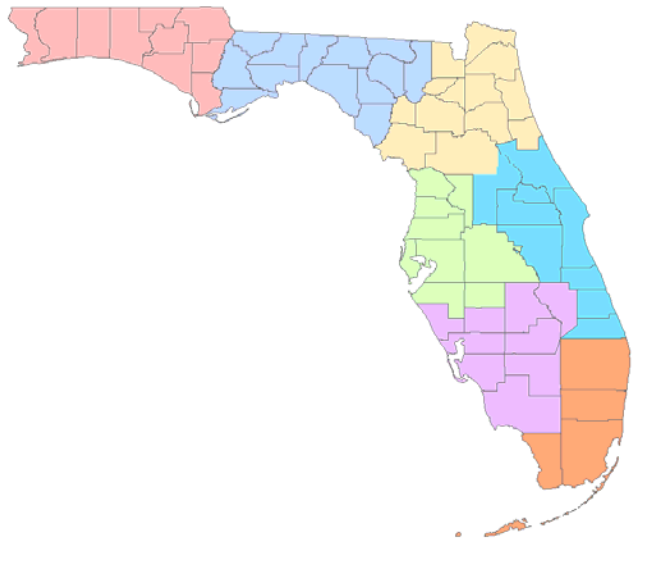
▲▲▲▲▲ **Florida Threshold:** 5.76%, calculated using the previous 3 years of data as reported by FSPISN. (A line exceeding the threshold indicates high ILI activity.)





**Influenza Surveillance Regions**

- Centraleast
- Centralwest
- Northcentral
- Northeast
- Northwest
- Southeast
- Southwest



## Influenza Surveillance – Reminders

### Important Reminders

\*Influenza activity reporting by sentinel providers is voluntary

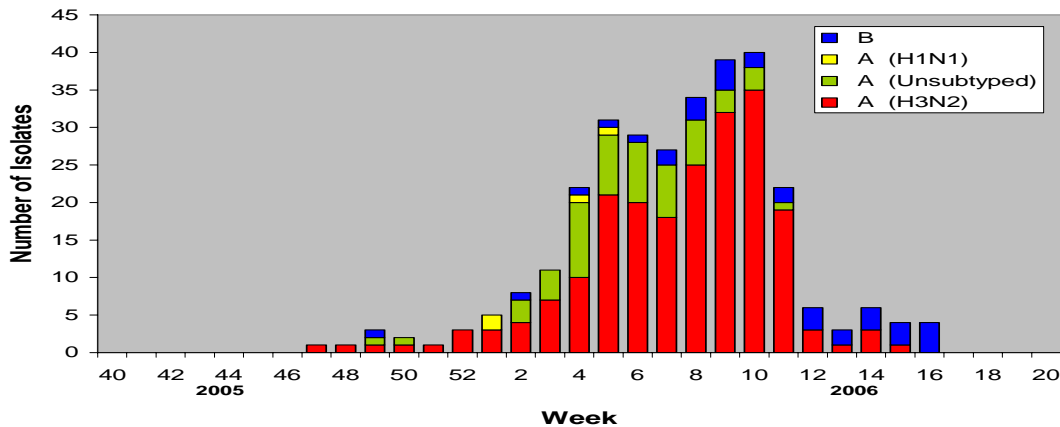
\*The influenza surveillance data is used to answer the questions of where, when, and what viruses are circulating. It can be used to determine if influenza activity is increasing or decreasing, but it cannot be used to ascertain how many people have become ill with influenza so far this season.

\*Reporting is incomplete for this week. Numbers may change dramatically as more reports are received.

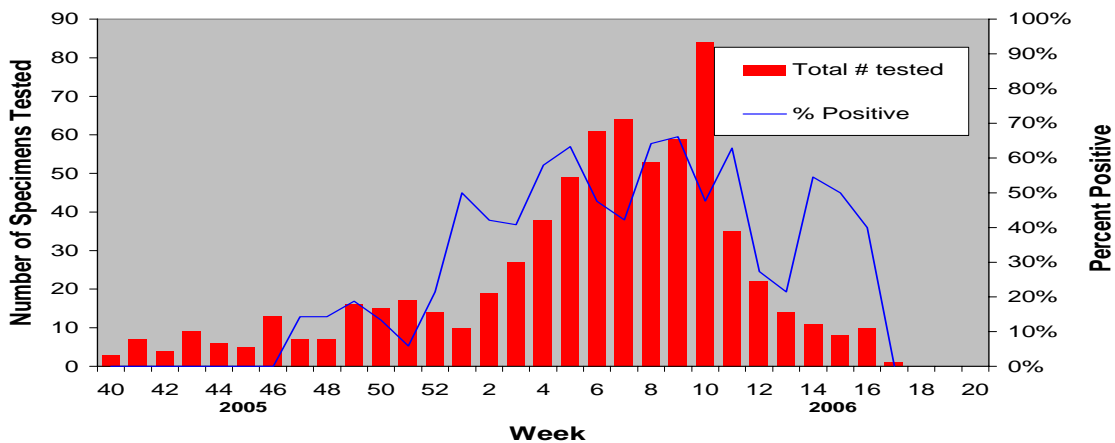
### IV. Laboratory Surveillance:

Since October 4, 2005, Florida Department of Health State Laboratories have tested a total of 688 specimens for influenza viruses and 302 (44%) were positive. Among the 302 influenza viruses, 269 (89%) were influenza A viruses and 33 (11%) were influenza B viruses. Two hundred twelve (214) of the 269 influenza A viruses have been subtyped: 210 were influenza A (H3N2) virus and 4 were influenza A (H1N1) virus. *Laboratory information is preliminary and may change as additional results are received.*

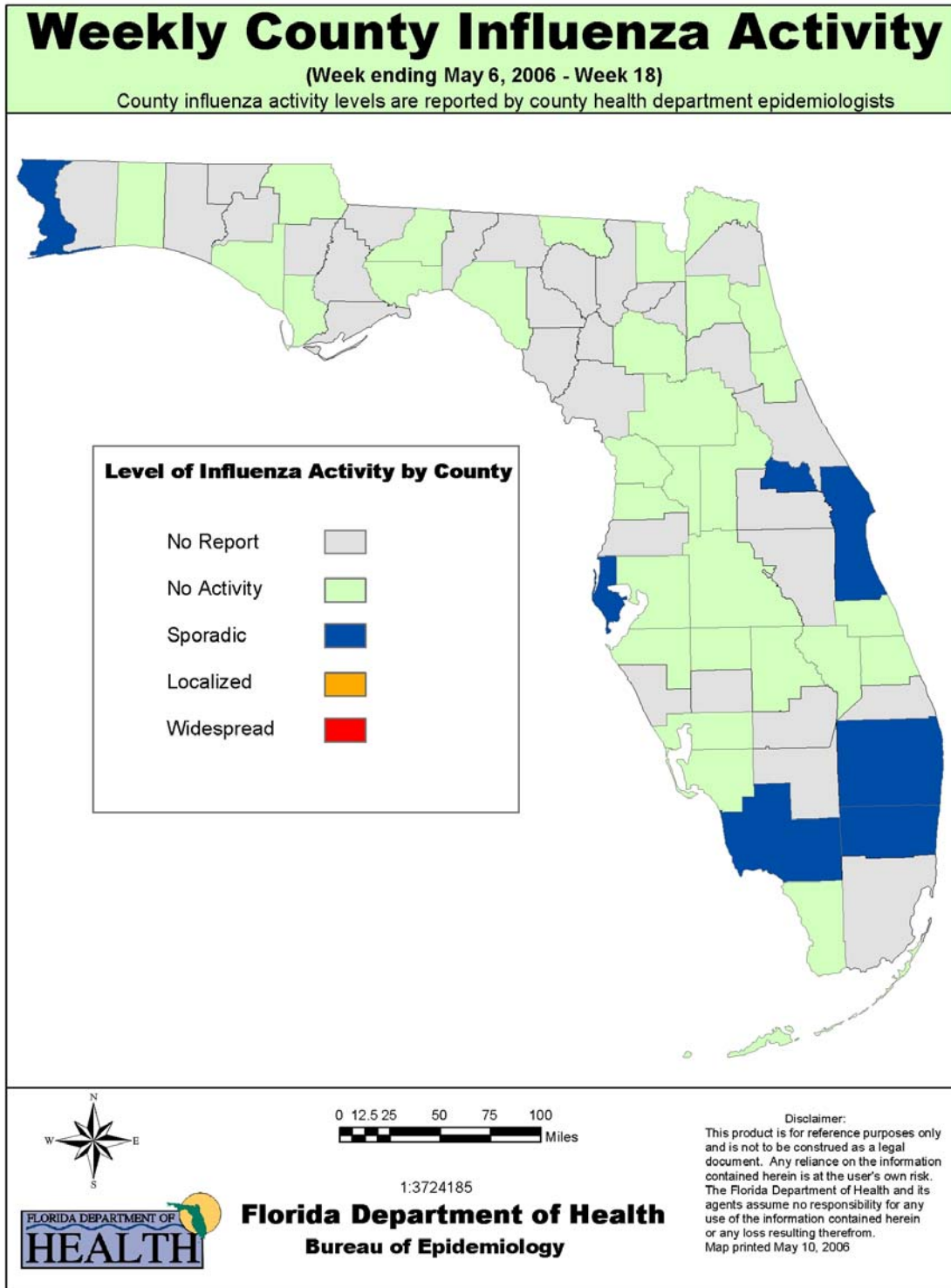
**FL DOH State Laboratory Influenza Virus Isolates 2005-06**



**Number of Influenza Specimens Tested by FL DOH State Laboratories 2005-06**



## V. County Health Department Influenza Activity



**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 past three weeks) laboratory evidence<sup>†</sup> of flu activity in the county.

**3 = Widespread:**

- And/or { a. An increase in ILI<sup>§</sup> activity detected in ≥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 ≥100°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. Influenza-associated deaths among those <18 years of age & post influenza infection encephalitis**

As of the week ending April 29, 2006, one influenza-associated death and/or post influenza infection encephalitis among those <18 years of age were reported in the state of Florida.

Reportable Disease	Number of Cases 05-06 Influenza Season
Influenza-associated deaths among those <18 years of age	1
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/topics/crforms.htm](http://www.doh.state.fl.us/disease_ctrl/epi/topics/crforms.htm).

## VII. Reports of influenza or ILI outbreaks in the community or institutional settings

- Manatee County Health Department reported an Influenza B outbreak in an elementary school on 4/13/06.
- The Department of Corrections reported an influenza A outbreak in a Bay County corrections facility on 3/8/06.
- Duval County Health Department reported an influenza A outbreak in a nursing home on 2/23/06.
- Duval County Health Department reported an influenza A outbreak in an assisted living facility on 2/21/06.
- The Department of Corrections reported an influenza-like illness outbreak in a Jackson County corrections facility on 2/22/06.
- Alachua County Health Department Epidemiology reported an influenza A outbreak in a special needs facility which occurred from 1/20/06 to 2/6/06.
- Brevard County Health Department began investigation of a reported influenza outbreak in a long-term care facility on 2/03/06.

*A description of reported influenza or ILI outbreaks in community or institutional settings can be viewed via EpiCom at: <https://www.epicom.fl.net>. Influenza and ILI outbreaks should be reported to EpiCom on the Influenza forum.*

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

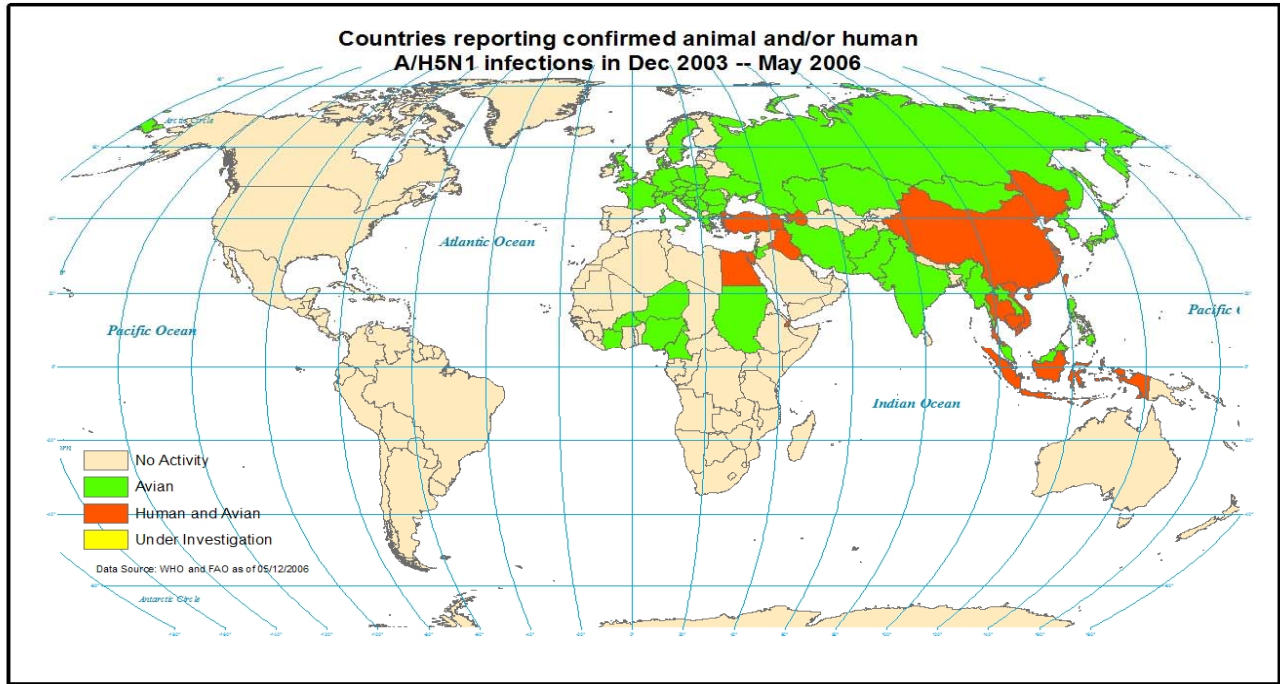
### 05/12/06 Summary of Worldwide A/H5N1 Avian Influenza Activity Update 23

Since the recent outbreak activity began at the end of December 2003, there have been a total of 208 confirmed human cases and 115 deaths\*. Cases and deaths occurred in the following nations: Djibouti 1 case 0 deaths; Egypt 13 cases and 5 deaths; Azerbaijan 8 cases and 5 deaths; Cambodia 6 cases and 6 deaths; China 18 cases and 12 deaths; Indonesia 33 cases and 25 deaths; Thailand 22 cases and 14 deaths; Vietnam 93 cases and 42 deaths; Turkey 12 cases and 4 deaths; and, Iraq 2 case and 2 deaths. The most recent confirmed cases and deaths occurred in Djibouti, Indonesia, and Egypt. Djibouti is the 8<sup>th</sup> country in Africa to report the presence of avian influenza, the 2<sup>nd</sup> country in Africa to report human cases, and the 1<sup>st</sup> country to report H5N1 in the horn of Africa. The case is a 2 year old girl from a rural village close to Somalia. She became symptomatic on 4/23/06, and is currently stable with persistent symptoms. The child's siblings are currently under observation. Apparently 3 chickens also tested positive, although it is unknown at this time if the bird and human cases are related. NAMRU-3 in Cairo performed the testing for this case. The case Egyptian health officials reported last week died on 5/4/06. The case was a 27 year old female from Cairo who was exposed to diseased poultry. The Indonesian case occurred in a 30 year old male from greater Jakarta. He developed symptoms on 4/17/06 and died on 4/26/06. It is not certain what the source of his infection was, although he lived in close proximity to penned animals, including poultry.

Over the last week the H5N1 virus has spread to Djibouti, in the horn of Africa. The virus continues to cause outbreaks in some previously impacted countries. Countries reporting confirmed outbreaks of H5N1 in bird species since late December 2003, with the most recent outbreaks listed first, include Djibouti, Ivory Coast, Czech Republic, Palestinian Autonomous Territories, United Kingdom (Scotland), Burkina Faso, Jordan, Sweden, Israel, Afghanistan, Cameroon, Myanmar, Albania, Serbia and Montenegro, Hungary, Poland, Switzerland, Niger, Slovakia, France, Austria, Malaysia, Azerbaijan, India, Slovenia, Bosnia Herzegovina, Germany, Nigeria, Egypt, Bulgaria, Italy, Greece, Iran, Croatia, Cyprus, Ukraine, Turkey, Romania, Indonesia, China, Russia, Thailand, Vietnam, Kuwait (only one flamingo), Kazakhstan, Mongolia, Cambodia, Korea (Rep. of), and Japan. Countries with confirmed H5 (neuraminidase not determined yet) infection in birds include the Sudan, Philippines, Iraq, and Laos. Media outlets are reporting that flocks of migratory birds returning from Africa in recent weeks did not carry the H5N1 virus or spread it during their migration.

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*