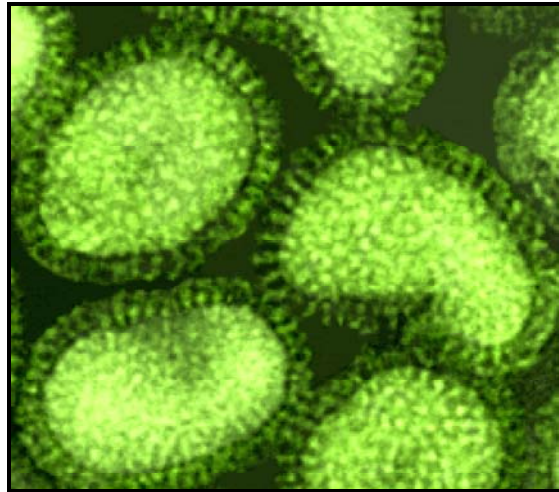


# Florida Influenza Surveillance

*Week Ending February 7, 2004  
(Week 05)*

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## Summary

Florida influenza-like illness (ILI) activity greatly decreased across the state during the week ending February 7, 2004 (Week 05) compared to the previous weeks. Seven counties reported as having high ILI% activity for the week. However, not all sentinels have reported at the time this summary was written (81% reporting as of February 16, 2004). Eight counties have reported an increase in ILI activity from the previous week, eleven counties reported a decrease, and ten counties remained level. Four counties did not have at least 50% of the sentinels reporting or did not report the previous week and therefore the change in activity could not be determined. Of the 17,085 patients seen by the Florida Sentinel Physician Influenza Surveillance Network (FSPISN) providers during the week ending February 7, 287 were seen for influenza-like illness. The overall state ILI activity for the week was 1.68%. This is a decrease in activity compared to the previous week (2.36%). The Florida ILI activity code reported to the Centers for Disease Control and Prevention (CDC) for the week ending February 7, 2004 was local.

Across the nation, four states reported regional ILI activity, fourteen states, including Florida, reported local ILI activity and 30 states reported sporadic ILI activity for the week ending February 7, 2004. No states reported widespread ILI activity and one state (Alabama) reported no ILI activity. One state did not report. The percentage of deaths due to influenza and pneumonia (8.7%) continued to decrease across the nation, however, it was still above the epidemic threshold for Week 05 (8.3%).

As of February 17, twenty-nine laboratory confirmed cases of avian influenza A (H5N1) infections in humans in Vietnam and Thailand, of which twenty cases have been fatal. Twenty-one cases were from Vietnam (14 fatal) and eight were from Thailand (six fatal). Florida physicians and health care workers are asked to report any suspected cases of avian influenza immediately to the local county health department who have been instructed to contact the Bureau of Epidemiology, Dr. Joann Schulte, for immediate triage of all suspected avian influenza cases. A fact sheet about the significance of avian influenza for human health can be found at the World Health Organization's website at: <http://www.who.int/>

## Enhanced Surveillance for Influenza 2003-2004 Season - Week 05

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 (less than 18 years of age). In that request,

counties were instructed to report this information using the Influenza forum in EpiCom. The following is a statewide summary of the reports submitted by the counties for the week ending February 7, 2004.

Influenza or ILI Outbreaks

No outbreaks of influenza or influenza-like illness were reported to the Bureau of Epidemiology during this surveillance week.

Pediatric Deaths and Encephalopathies

No influenza deaths or encephalopathies among children were reported to the Bureau of Epidemiology during this surveillance week.

Notes

More counties continue to report a decrease in influenza-like illness (ILI) activity across the state. There have been no reports of increased absenteeism.

*A statewide summary of the enhanced surveillance report is also available on EpiCom.*

**FSPISN Influenza-Like Illness (ILI) Summary**

Seventy-nine sentinels from 70 public clinics and private offices submitted reports for 29 counties during the week ending February 7, 2004 (Week 05). Counties with the highest percentage of patients with ILI were Indian River (3.93%, with 3 of 8 sentinel locations reporting); Palm Beach (5.25%, 4 of 5 reporting); Brevard (5.41%, 3 of 3 reporting); Polk (5.47%, 3 of 7 reporting); Sarasota (5.98%, 1 of 1 reporting); Collier (7.80%, 2 of 2 reporting); and Escambia (13.71%, 1 of 1 reporting). Eleven 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 February 7, 2004 by county is listed in Table 1.

**TABLE 1. INFLUENZA-LIKE ILLNESS REPORTING BY COUNTY FOR WEEK ENDING 02/07/04 (WEEK 05)**  
Report Date: February 16, 2004

County	Change	Active within the last 4 weeks		Reporting for Week 05		Participation for Week 05	ILI % Reported Week 05 (Current)	ILI% Reported Week 04 (Updated)	ILI% Reported Week 03 (Updated)
		Active Sentinels	From Offices	Sentinels Reporting	From Offices				
Alachua	--	1	1	0	0	0%	--	0.21%	0.00%
Brevard	Increasing	3	3	3	3	100%	5.41%	3.16%	4.89%
Broward	Increasing	7	7	6	6	86%	0.69%	0.57%	0.96%
Charlotte	Level	1	1	1	1	100%	0.00%	0.00%	1.16%
Citrus	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Collier	Decreasing	2	2	2	2	100%	7.80%	10.82%	7.84%
Duval	Decreasing	6	6	5	5	83%	0.00%	0.36%	0.73%
Escambia	Level	1	1	1	1	100%	13.71%	15.92%	13.64%
Hardee	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Hillsborough	Decreasing	5	5	3	3	60%	0.42%	1.19%	0.15%
Indian River	Level	8	3	8	3	100%	3.93%	4.33%	5.66%
Lake	Decreasing	2	2	2	2	100%	1.55%	2.15%	1.69%
Lee	Decreasing	2	2	1	1	50%	0.00%	3.80%	3.33%
Leon	Decreasing	2	2	2	2	100%	0.37%	0.73%	1.11%
Marion	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Martin	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Miami-Dade	Decreasing	5	5	4	4	80%	0.40%	0.54%	0.59%
Monroe	Decreasing	1	1	1	1	100%	0.00%	1.78%	0.00%
Okaloosa	Decreasing	4	4	3	3	75%	0.00%	0.38%	1.75%
Orange	Increasing	10	7	6	5	60%	1.99%	1.71%	2.03%
Osceola	Level	2	2	1	1	50%	0.00%	0.00%	0.00%

Palm Beach	Level	5	5	4	4	80%	5.25%	5.75%	6.90%
Pasco	--	1	1	0	0	0%	--	0.00%	7.32%
Pinellas	Decreasing	7	7	6	6	86%	1.52%	2.34%	1.89%
Polk	Increasing	7	4	6	3	86%	5.47%	4.48%	6.30%
Putnam	--	3	3	1	1	33%	0.00%	29.03%	26.53%
Santa Rosa	Increasing	2	2	1	1	50%	0.63%	0.00%	65.71%
Sarasota	Increasing	1	1	1	1	100%	5.98%	0.70%	4.67%
Seminole	--	1	1	0	0	0%	--	0.00%	1.54%
St. Johns	Increasing	1	1	1	1	100%	0.28%	0.00%	0.00%
St. Lucie	Level	1	1	1	1	100%	0.00%	0.00%	0.00%
Volusia	Decreasing	4	4	4	4	100%	0.20%	0.57%	0.42%
Walton	Increasing	1	1	1	1	100%	1.75%	0.00%	0.00%

### State Laboratory Specimen Testing in Florida

Nine of the 24 specimens received by the Jacksonville Central and Tampa Branch laboratories for influenza isolate testing during the week ending February 7, 2004 (Week 05) were found positive for influenza A. Of these nine viruses, seven were found positive for A (H3N2), and two were identified as unknown influenza A. These viruses came from Alachua, Indian River, Miami-Dade and Putnam counties. The CDC has returned results from 14 specimens collected from Florida, all were positive for influenza A (H3N2). Five were antigenically similar to the vaccine strain A/Panama/2007/99 and nine were similar to the drift variant, A/Fujian/411/2002.

From September 28, 2003 to February 7, 2004, the Florida laboratories tested a total of 690 specimens and found 231 positive for influenza A (H3N2) and 93 that were unknown A or had culture results pending. 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: February 16, 2004  
 Number of previously reported positive specimens (positive specimens, Week 05)

County	Type A - H3N2	Type A - H1N1	Type A - Unknown	Type A - Unknown Culture Pending	Type B
Alachua	10		5(1)		
Brevard	1				
Broward	6			6	
Charlotte				1	
Citrus	5			3	
Collier	3				
Duval	30		10		
Hardee	1			1	
Hernando	1				
Hillsborough	14			8	
Indian River	26(4)		12		
Lake	1				
Lee	2				
Leon	22		4		
Marion	1				
Martin	1				
Miami-Dade	14(1)		12(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	4(2)		1	3	
Sarasota	9				
St Johns	10		4		
Volusia	6		3	1	
Wakulla	1			1	
Washington			1		

### 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: February 16, 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	14	0	0
Pinellas	3	1	2	67	0
Sarasota	Unknown	Unknown	79	77	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 7, 2004

The proportion of patient visits to sentinel physicians for influenza-like illness (ILI) decreased to 1.5% nationwide. This is below the national baseline of 2.5%. On a regional level, the percentage of patient visits for ILI was highest in the South Atlantic region (2.2%) and lowest in the West North Central region (0.7%). 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, 584 influenza A (H3N2) viruses, and seven influenza B viruses that were submitted by U.S. laboratories since October 1, 2003. The influenza A (H1) viruses were antigenically similar to the vaccine strain A/New Caledonia/20/99. Of the 584 influenza A (H3N2) isolates characterized, 106 (18.2%) were antigenically similar to the vaccine strain A/Panama/2007/99, and 478 (81.8%) were similar to the drift variant, A/Fujian/411/2002. Six of the influenza B viruses were similar to B/Sichuan/379/99 and one influenza B virus was 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 7, 2004, 48 (3.6%) of the 1,322 specimens tested at WHO and NREVSS laboratories were positive. Of these 48 positive specimens, 25 were influenza A (H3N2) viruses, 22 were influenza A viruses that were not subtyped, and one was an influenza B virus. Since September 28, 2003 WHO and NREVSS laboratories tested 92,159 specimens for influenza viruses and found 22,419 positive specimens. Of the positive specimens, 133 were influenza B viruses, 5,862 were influenza A (H3N2), and one was A (H1). The remaining 16,423 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: February 16, 2004

Region	Total Specimens	A H1N1	A H3N2	A-Unk	B	Ratio Pos.	ILI Reporting Weighted ILI %
New England	3,278	-	279	806	2	0.332	2.269
Mid-Atlantic	9,936	-	256	1347	7	0.162	2.538
East North Central	5,378	-	1007	445	4	0.271	3.835
West North Central	10,440	-	383	1731	4	0.203	3.041
South Atlantic	17,128	1	1273	3711	63	0.295	3.438
East South Central	4,170	-	421	268	1	0.165	3.099
West South Central	18,600	-	957	4031	9	0.269	6.543
Mountain	11,818	-	624	2802	36	0.293	2.722
Pacific	11,411	-	661	1283	7	0.171	4.077

## 122 U.S. Cities Vital Statistics Mortality Report

The percentage of all deaths due to pneumonia and influenza was 8.7%. This percentage is above the epidemic threshold of 8.3% for the week ending February 7, 2004.

## Influenza-Associated Deaths Among Children

Of the 133 influenza-associated deaths among children less than 18 years of age in the United States reported to CDC as of February 12, 2004, over half (60.9%) were under five years of age. The median age was 3.4 years, ranging from two weeks to 17 years of age. Thirty-two of the children had medical conditions that put them at an increased risk for complications due to influenza. Of the 79 children whose influenza vaccination status was available, 76 were not vaccinated according to current recommendations. These reports are preliminary and subject to change as more data become available.

## 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 influenza activity continues to move across Europe from the west to east. Increased influenza activity was reported in Central Europe, the Baltic States, Italy and Germany during the week ending February 7, 2004. Of the 22 European countries that are members of the EISS, widespread influenza activity was reported in Italy; Czech Republic, Germany, Latvia, and Switzerland reported regional activity; 17 networks reported either local outbreaks or no influenza activity for the week. Younger age groups (0-14) experienced the highest clinical incidence of influenza. A/Fujian/411/2002-like viruses continue to be most common. For more information about the EISS report, please visit the following website at: <http://dev.eiss.org/>

### World Health Organization (WHO) Communicable Disease Surveillance and Response

As of February 6, 2004 widespread influenza activity was reported in Quebec and Ontario, Canada, Croatia, the Russian Federation, Slovenia and the Ukraine; regional activity was

reported in Italy, Japan, Latvia, Norway, Romania and Switzerland; localized activity was reported in Austria, Germany, Slovakia, and Sweden; sporadic activity was reported in Belarus, Finland, and Poland. Thirteen countries reported low influenza activity and five countries reported no influenza activity. The Republic of Korea reported influenza B activity. *The Weekly Epidemiological Record (WER)*, vol. 79, 6 (pp. 63-64): <http://www.who.int/wer/en/>

#### **2002-2003 Influenza Surveillance Summaries**

An international summary of the 2002-2003 influenza surveillance season (October-September) can be found in the November 7, 2003 edition of *The Weekly Epidemiological Record (WER)* vol.78, 45 (pp. 393-396): <http://www.who.int/wer/en/>

#### **WHO Recommended Composition of Influenza Vaccine**

WHO recommended composition of influenza virus vaccines for use in the 2004 influenza season <http://www.who.int/csr/disease/influenza/recommendations2004/en/>

## **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.*