# Sentinel Provider Influenza-Like Illness (ILI)<sup>1</sup> Surveillance Summary (health.state.tn.us/TNflu\_report\_archive.htm) for the Week of Aug 10-16, 2014 (Week 33)

			Total	Total		
	# Sites	Total	Regional	Regional		Compared
Summary for	reporting	Sites	ILI	Patients	% ILI	to State <sup>2</sup>
Hamilton County (Chattanooga)	3	4	0	562	0.0%	
East Tennessee Region	7	7	1	2337	0.0%	
Jackson-Madison County	1	2	3	543	0.6%	higher
Knoxville-Knox County	4	4	0	1479	0.0%	
Mid-Cumberland Region	6	10	0	566	0.0%	
Shelby County (Memphis)	0	5	0	0	0.0%	n/a
Nashville-Davidson County	3	5	0	443	0.0%	
Northeast Region	3	3	0	230	0.0%	
South Central Region	3	3	0	224	0.0%	
Southeast Region	5	5	0	759	0.0%	
Sullivan County (Tri-Cities)	1	2	0	162	0.0%	
Upper Cumberland Region	3	4	0	528	0.0%	
West Tennessee Region	6	6	0	331	0.0%	
State of Tennessee	45	60	4	8164	0.05%	

Update: Novel A(H3N2)v influenza reappears in Midwest U.S.

The Ohio Department of Health reported a recent case of Influenza A(H3N2) variant in a child after exposure to pigs at a county agricultural fair. The child recovered and there is no evidence of human-to-human transmission of this virus. This is the first report of human infection with influenza A(H3N2)v in the U.S. in 2014 (309 in 2012 and 19 in 2013).

The percentage of patients with ILI reported in Week 33 was 0.05% as compared to 0.13% in Week 32. Two specimens were tested for influenza and other respiratory viruses; both were negative.

# Respiratory Viral Panel Number of Positive Specimens, by week

Month/Week	#	Flu A (H3)	Rhino
Aug			
Current	2	0	0
32	5	1	0
July			
31	3	0	1
30	0	0	0
29	3	0	0
28	1	0	0

### Sentinel sites should submit specimens year-round

SPN sites should submit specimens from ALL patients meeting the ILI case definition at this time.

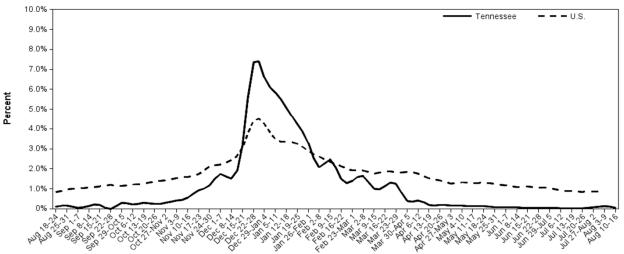
Specimens are critical to be able to TRACK, DETECT and SELECT:

- track the geographic spread and intensity of seasonal influenza viruses
- · detect the emergence of novel influenza viruses or of antiviral resistance in circulating viral strains and
- provide data for vaccine strain selections.

Surveillance is performed year-round on patients meeting the ILI case definition (up to 10 per week). If you have questions, contact your regional or state SPN representative. Please use the TDH specimen submission form dated Sep 2013.

## Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2013-2014

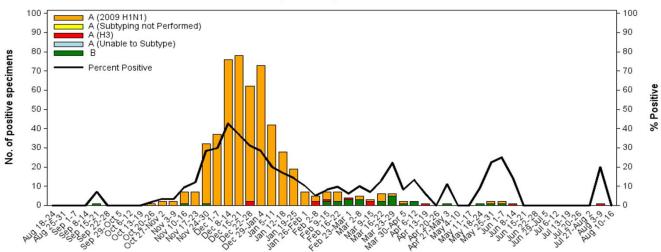




#### Week (Aug 18, 2013 - Aug 16, 2014)

## Influenza Positive Tests Submitted to TN Dept. of Health Laboratory Services Tennessee, 2013-2014

#### Updated: August 21, 2014



Week (Aug 18, 2013 - Aug 16, 2014)

#### Reference Information for Sentinel Provider Network

1 Influenza-like illness (ILI) is defined as fever > 100°F (37.8°C) plus cough and/or sore throat, in the absence of a known cause (other than influenza). Classification of ILI is based upon symptoms only and does not require any test.

2 The % of patients with ILI seen in each region is compared to the statewide average. Regions with % statistically-significantly different from the state average are noted as "higher" or "lower." The CDC reports that the percentage of patients visiting outpatient healthcare providers in the Sentinel Provider Network (SPN) with influenza-like-illness (ILI) when influenza viruses are not circulating is expected to fall at or below a specific SPN baseline [nationwide = 2.2%, East South Central region (AL, TN, MS, KY) = 2.3%]. When the percentage of patients with ILI exceeds this baseline, this suggests that influenza viruses may be circulating.

#### Important information for Sentinel Providers

Sentinel Providers report ILI by the end of Tuesday following the end of the reporting week (www2a.cdc.gov/ilinet) and collect and ship specimens from ILI cases Monday through Thursday (maximum 10/week per provider). All Sentinel Provider specimens MUST be accompanied by the Influenza and Respiratory Viral Panel Submission form or testing will not be done. The Respiratory Viral Panel is only validated for nasopharyngeal (NP) specimens. Specimens collected from other sites cannot be tested.

Additional laboratory supplies can be obtained by completing the lab order supply form. To ensure the order is filled, please include the CDC Provider ID Code.

#### **Contact Information**

Submit weekly reports to: http://www2a.cdc.gov/ilinet/ OR Fax 888-232-1322

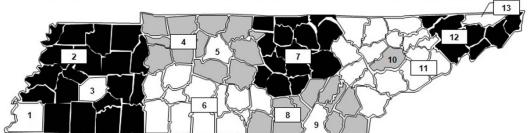
State Lab: Dr. Amy Woron (Molecular Biology, PCR) 615-262-6362

Jim Gibson (Virology, Respiratory Viral Panel) 615-262-6300

SPN Questions:

State: Robb Garman 800-404-3006 OR 615-741-7247 County/Region: Regional SPN Coordinator (see map)

### TENNESSEE SENTINEL PROVIDER NETWORK COORDINATORS



1	Shelby County	901-222-9239
2	West TN Region	731-421-6758
3	Jackson-Madison County	731-927-8540
4	Mid-Cumberland Region	615-650-7000
5	Nashville-Davidson County	615-340-0551
6	South Central Region	931-380-2532
7	Upper Cumberland Region	931-646-7505
8	Southeast Region	423-634-6065
9	Chattanooga-Hamilton County	423-209-8063
10	Knoxville-Knox County	865-215-5084
11	East TN Region	865-549-5287
12	Northeast Region	423-979-3200
13	Sullivan County	423-279-7545