

Sentinel Provider Influenza-Like Illness (ILI)¹ Surveillance Summary [\(health.state.tn.us/TNflu_report_archive.htm\)](http://health.state.tn.us/TNflu_report_archive.htm) for the Week of Dec. 21-27, 2014 (Week 52)

Summary for	# Sites reporting	Total Sites	Total Regional ILI	Total Regional Patients	% ILI	Compared to State ²
Hamilton County (Chattanooga)	3	4	10	335	3.0%	lower
East Tennessee Region	4	7	178	1280	13.9%	higher
Jackson-Madison County	1	1	12	262	4.6%	lower
Knoxville-Knox County	2	4	23	349	6.6%	
Mid-Cumberland Region	6	10	3	174	1.7%	lower
Shelby County (Memphis)	1	4	0	65	0.0%	lower
Nashville-Davidson County	1	5	25	96	26.0%	higher
Northeast Region	2	3	0	75	0.0%	lower
South Central Region	3	3	0	93	0.0%	lower
Southeast Region	2	5	1	42	2.4%	
Sullivan County (Tri-Cities)	1	2	0	58	0.0%	lower
Upper Cumberland Region	3	4	2	187	1.1%	lower
West Tennessee Region	3	6	2	76	2.6%	
State of Tennessee	32	58	256	3092	8.28%	

Updated: Drifted Influenza A(H3N2) Viruses

Current CDC data indicates the percentage of influenza A (H3N2) viruses analyzed in the U.S. were antigenically different from the H3N2 vaccine virus has increased to 69.4%.

Current points of emphasis:

- Vaccine may offer some protection and reduce the risk of severe outcomes
- Treatment with oseltamivir and zanamivir, initiated soon after illness onset, can shorten the duration of symptoms, reduce the risk of complications and reduce the risk of death in hospitalized patients.
- Other preventative measures, like hand washing, cough etiquette, and staying home when ill, can decrease spread of influenza.

The percentage of patients with ILI reported in Week 52 was 8.28% as compared to 4.54% in Week 51. Testing results from Week 52 from 266 specimens were available from TDH Laboratory Services and two commercial laboratories serving clinics and hospitals in Tennessee: 79 (29.7%) were positive for influenza viruses. Forty out of 95 counties in Tennessee had positive influenza specimens in Week 52.

SPN sites should submit specimens year-round from ALL patients meeting the ILI case definition: Fever > 100°F (37.8°C) plus cough and/or sore throat, in the absence of a known cause (other than influenza). Case definition is not dependent on any test. If you have questions, contact your regional or state SPN representative. The TDH specimen submission form dated Oct 2014 should be used.

Specimens are critical to be able to track the geographic spread and intensity of seasonal influenza viruses, to detect the emergence of novel virus and/or antiviral resistance and provide data for vaccine strain selections.

Respiratory Viral Panel

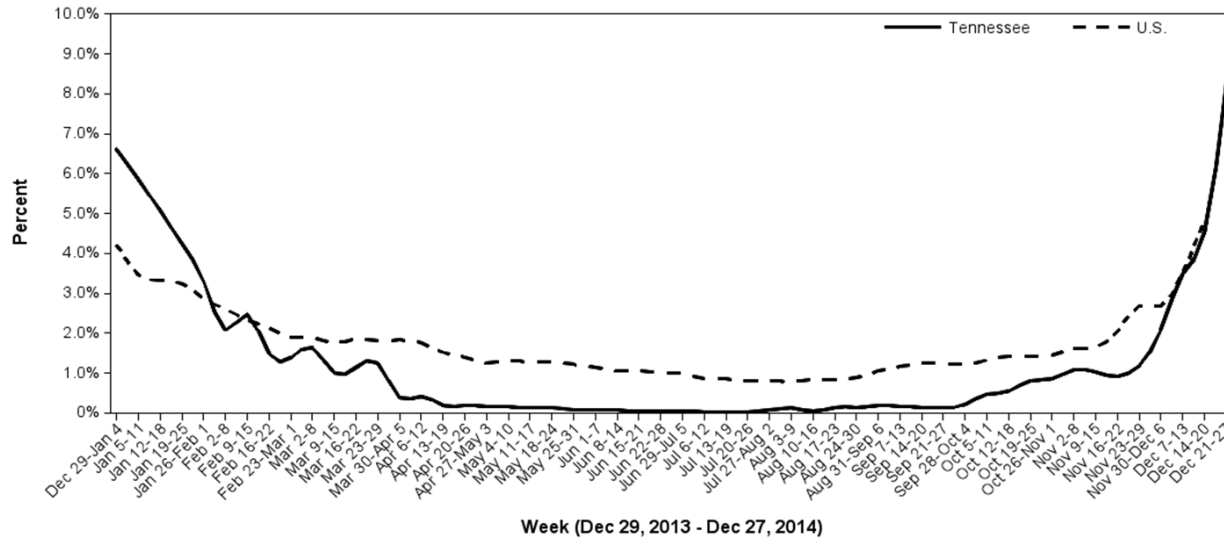
Number of Positive Specimens, by week

Month/Week	#	Flu A (H1N1)	Unsub. Flu A	Flu A (H3)	Flu B	RSV A	RSV B	Paraflu 2	Paraflu 3	Paraflu 4	Rhino	Meta-pneumo	Adeno B or E	Adeno C	Corona OC43	Corona NL63
December																
Current	266	0	77	2	0	0	0	0	0	0	0	0	0	0	0	0
51	72	1	91	28	5	0	1	1	0	0	3	0	3	0	3	0
50	161	0	44	45	1	2	5	1	1	1	7	1	5	1	8	0
49	145	0	.	32	1	0	4	2	0	0	15	2	2	1	4	1
November																
48	63	0	.	14	0	0	2	2	0	1	6	0	1	1	0	0
47	51	0	.	3	0	1	0	0	0	0	8	0	3	0	0	0

† Effective Dec. 7, 2014, TDH weekly laboratory surveillance for influenza includes PCR and culture results for Tennessee specimens submitted to two commercial laboratories serving outpatient clinics and hospitals statewide. These numbers are added to those from TDH Laboratory Services and will provide a more accurate picture of influenza activity from previously under-represented areas of the state.

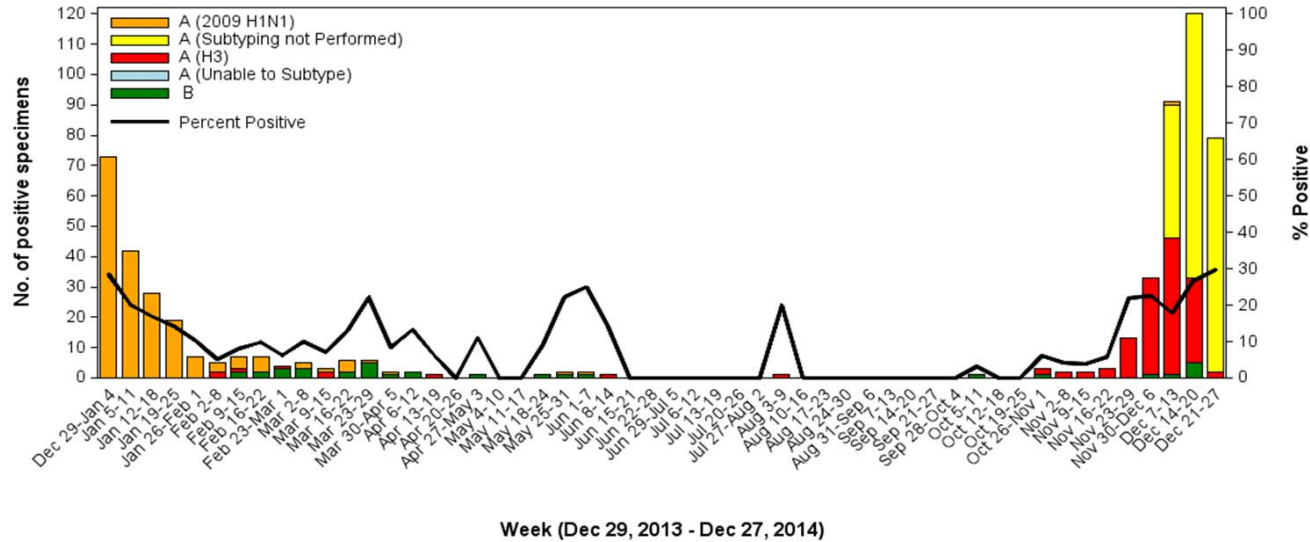
Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2014-2015

Updated: January 2, 2015



Influenza Positive Tests Submitted to TN Dept. of Health Laboratory Services Tennessee, 2014-2015

Updated: January 2, 2015

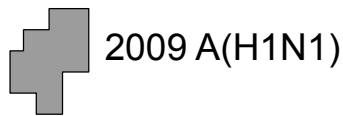
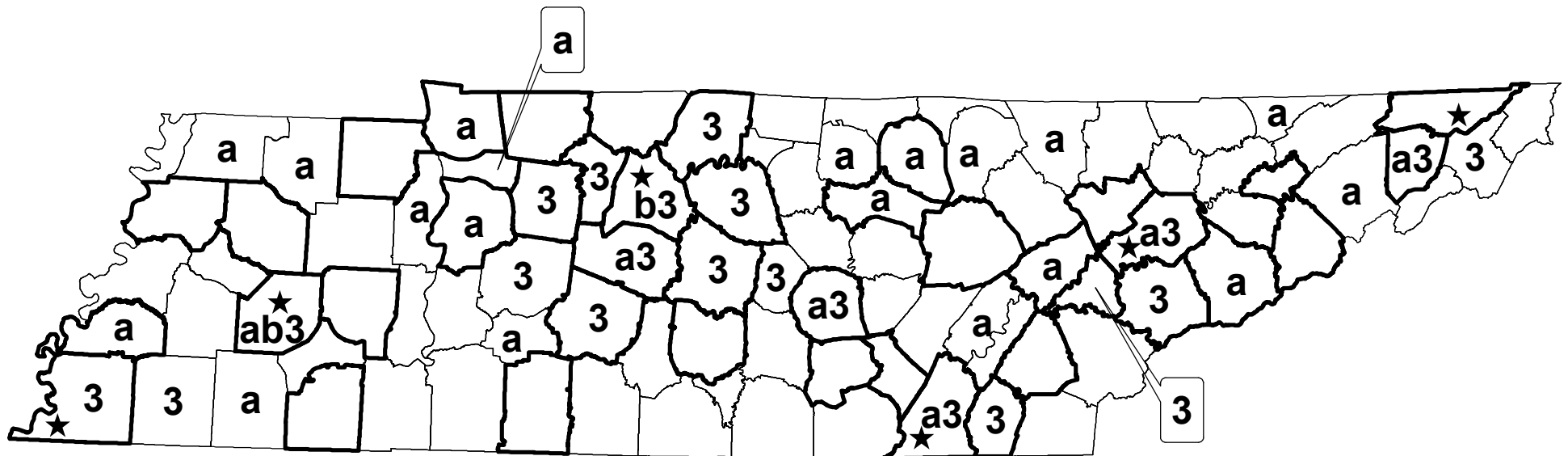


Note: Change to Methods:
 Effective Dec. 7, 2014, TDH weekly laboratory surveillance for influenza includes PCR and culture results for Tennessee specimens submitted to two commercial laboratories serving outpatient clinics and hospitals statewide. These numbers are added to those from TDH Laboratory Services and will provide a more accurate picture of influenza activity from previously under-represented areas of the state.

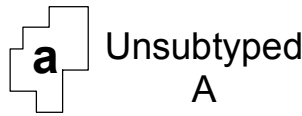
Influenza Confirmed by Culture or PCR in Tennessee from Specimens Collected by Any Source within the Past 6 Weeks

November 16 through December 27, 2014

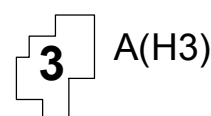
- Strains are reported by county of case residence.
- Counties where influenza sentinel providers are located are identified with bold boundary lines.
- Stars mark counties with large metropolitan populations (Memphis, Jackson, Nashville, Chattanooga, Knoxville, and the Tri-Cities area).



2009 A(H1N1)



Unsubtyped
A



A(H3)



Seasonal B

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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

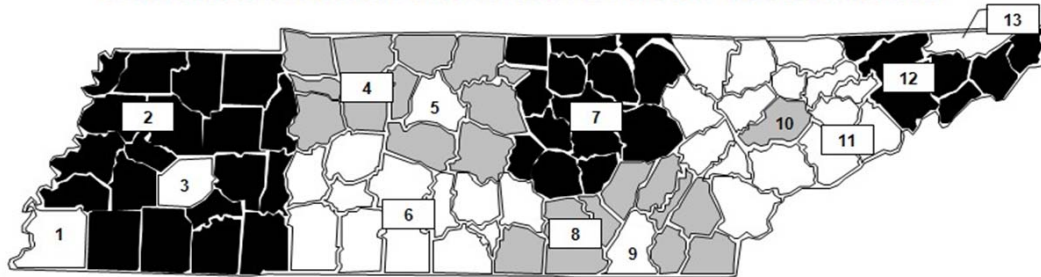
State Lab: Dr. Amy Woron (Molecular Biology, PCR) 615-262-6362
Jim Gibson (Virology, Respiratory Viral Panel) 615-262-6300

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

The Tennessee Department of Health Mission: To protect, promote and improve the health and prosperity of people in Tennessee.

Our Vision: A recognized and trusted leader, partnering and engaging to accelerate Tennessee to one of the nation's ten healthiest states.