

Sentinel Provider Influenza-Like Illness (ILI)¹ Surveillance Summary health.state.tn.us/TNflu_report_archive.htm

For the Week of Jan. 8-14, 2012 (Week 2)

Summary for	# Providers reporting	Total Providers	Total Regional ILI	Total Regional Patients	% ILI	Comparison to State ²
Hamilton County (Chattanooga)	3	4	1	528	0.2%	
East Tennessee Region	8	8	39	3424	1.1%	higher
Jackson-Madison County	1	1	8	415	1.9%	higher
Knoxville-Knox County	4	4	3	1243	0.2%	lower
Mid-Cumberland Region	6	9	1	905	0.1%	lower
Shelby County (Memphis)	0	4	0	0	0.0%	
Nashville-Davidson County	5	6	22	1388	1.6%	higher
Northeast Region	2	2	0	323	0.0%	
South Central Region	2	3	0	205	0.0%	
Southeast Region	4	4	1	599	0.2%	
Sullivan County (Tri-Cities)	2	2	2	543	0.4%	
Upper Cumberland Region	4	5	3	682	0.4%	
West Tennessee Region	5	6	1	292	0.3%	
State of Tennessee	46	58	81	10547	0.77%	

Note: Because of a small number of cases of illness with H3N2 variant strains in other states, the CDC has asked states to test more specimens from patients with ILI, especially children.

SP sites in TN may submit up to 10 viral specimens / week from patients with ILI.

Specimens are essential for surveillance.

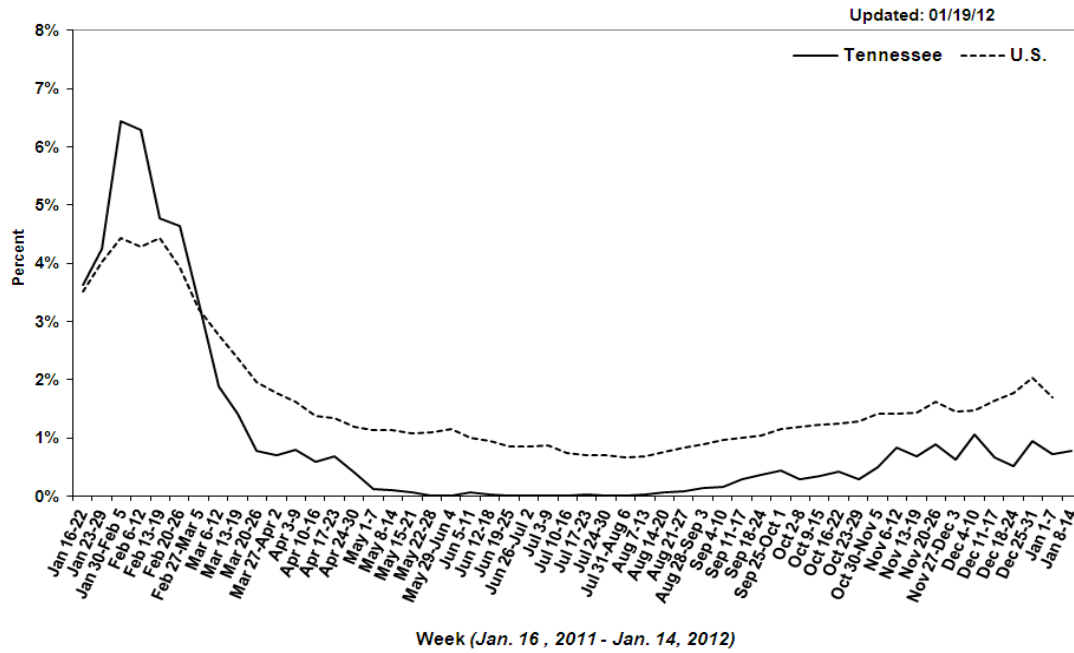
Contact your regional coordinator if you need assistance.

The percentage (%) of patients with ILI reported in Week 2 was 0.77%, compared with 0.72% in Week 1. Twenty-two (22) specimens collected from patients with ILI during Week 2 were received. One from Cheatham County was positive for A(H3) influenza virus, and 7 others were positive for other respiratory viruses. Flu activity remains low across the United States: the window of opportunity remains open for effective vaccination. Of the small number of viruses collected nationally and tested at CDC so far, most are seasonal type A H3N2 strains, well matched to the vaccine.

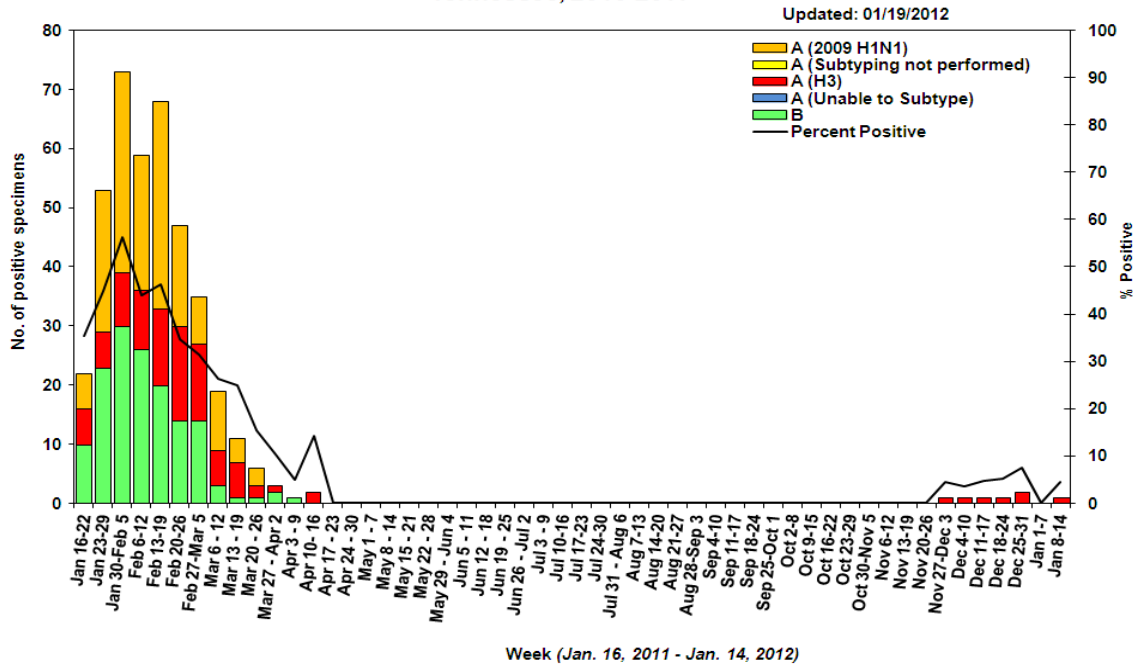
State Public Health Laboratory Respiratory Viral Panel Number of Positive Specimens, by week

Month	Jan	Feb	Mar	Apr	May
Week	Current	1	2	3	4
Total specimens tested	22	20	27	19	21
Influenza A 2009 H1N1	0	0	0	0	0
Influenza A H3	1	0	2	1	1
Influenza B	0	0	0	0	0
Respiratory Syncytial Virus A	0	0	0	0	0
Respiratory Syncytial Virus B	2	0	1	0	0
Parainfluenza 1	0	0	0	0	0
Parainfluenza 2	0	0	0	0	0
Parainfluenza 3	0	0	0	0	0
Rhinovirus	3	3	3	1	5
Metapneumovirus	2	2	0	1	2
Adenovirus	0	1	0	0	0

Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2010-2011



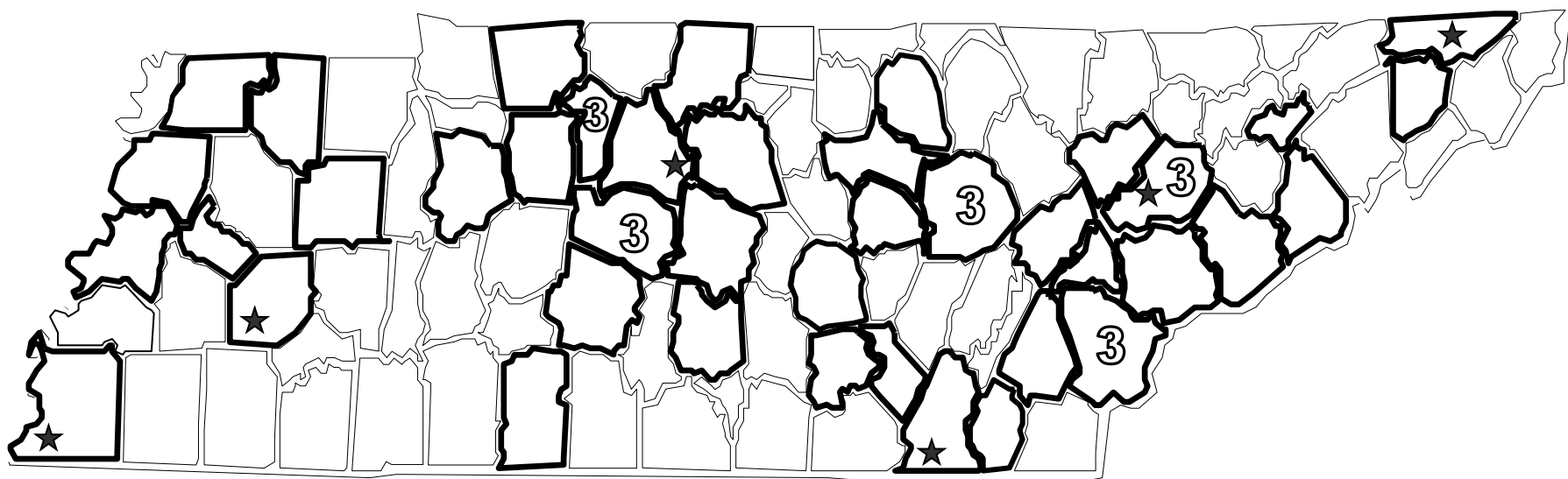
Influenza Positive Tests Submitted to TN Dept. of Health Laboratory Services, Tennessee, 2010-2011




Influenza confirmed by culture or PCR in Tennessee from specimens collected by any source within the past 6 weeks.

December 4, 2011 to January 14, 2012

- Strains are reported by county of case residence or, if unknown, county where the specimen was collected.
- 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)

 3 A(H3)

 b Seasonal B

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

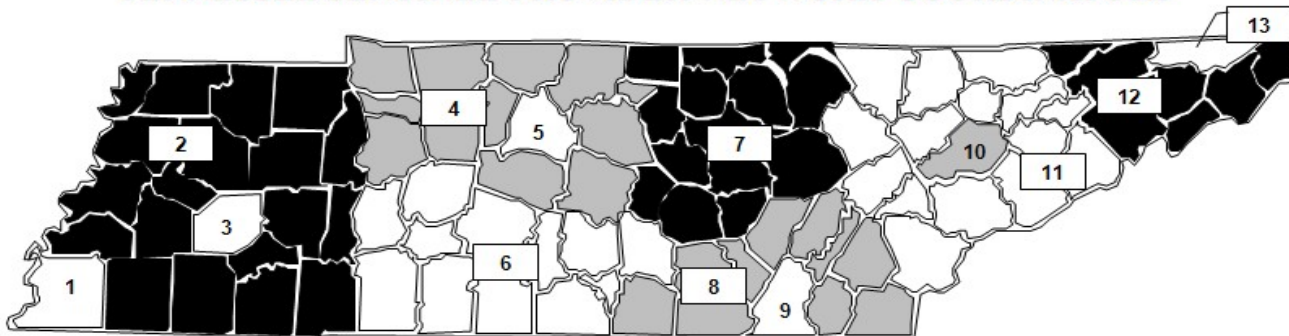
State Lab: Susan McCool 615-262-6351

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