

Sentinel Provider Influenza-Like Illness (ILI)¹ Surveillance Summary (health.state.tn.us/TNflu_report_archive.htm)
for the Week of June 16-22, 2013 (Week 25)

Summary for	# Sites reporting	Total Sites	Total Regional ILI	Total Regional Patients	% ILI	Compared to State ²
Hamilton County (Chattanooga)	4	4	0	747	0.0%	
East Tennessee Region	6	7	1	2312	0.0%	
Jackson-Madison County	1	1	1	550	0.2%	
Knoxville-Knox County	3	4	0	649	0.0%	
Mid-Cumberland Region	10	10	5	698	0.7%	higher
Shelby County (Memphis)	0	10	0	0	0.0%	
Nashville-Davidson County	2	6	0	109	0.0%	
Northeast Region	2	3	0	201	0.0%	
South Central Region	3	3	0	176	0.0%	
Southeast Region	4	5	0	154	0.0%	
Sullivan County (Tri-Cities)	1	2	0	313	0.0%	
Upper Cumberland Region	3	4	0	334	0.0%	
West Tennessee Region	5	6	0	229	0.0%	
State of Tennessee	44	65	7	6472	0.11%	

Novel influenza A virus updates

H3N2v in Indiana: The Indiana State Department of Health has reported 4 cases of human infection with H3N2 variant influenza virus to CDC, diagnosed between June 21 and 26 in persons who attended a county fair (13 pigs at the fair have also tested positive for H3N2v) . These are the first 2013 cases of H3N2v, which was first detected in US swine in 2010 and caused 309 confirmed human infections (one death) in 12 states in the summer of 2012 (none in TN). Human infections with H3N2v have most commonly occurred after close contact with infected pigs in barns and livestock exhibits. Illness is indistinguishable from seasonal influenza. Contact public health if H3N2v is suspected.

H7N9 in China: No new cases of avian A(H7N9) influenza virus have been identified since May. Persons hospitalized with severe respiratory illness of unknown cause within 10 days of travel to China should be evaluated for H7N9; providers should contact public health for testing of such patients. See

The percentage of patients with ILI reported in Week 25 was 0.11% as compared to 0.13% in Week 24 .

Nationally, influenza activity continues to remain low. To date, 7 specimens from Week 25 have been tested. None tested positive for influenza viruses, but 4 were positive for other respiratory viruses. A map of counties with confirmed influenza (PCR or culture) in the past six weeks is below.

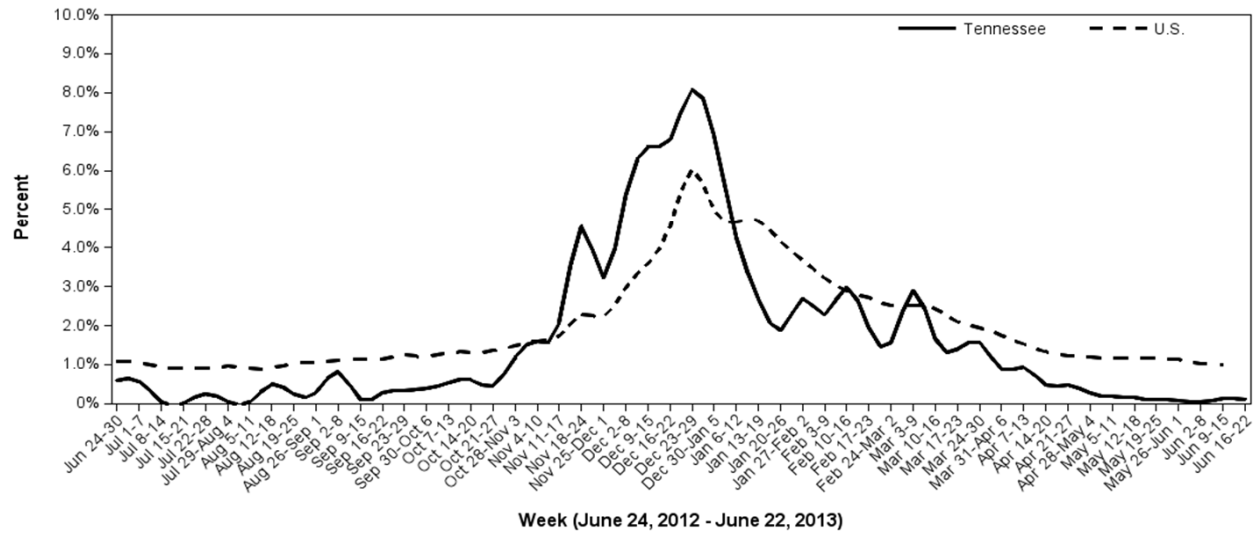
Respiratory Viral Panel

Number of Positive Specimens, by week

Month/Week	#	Flu A (H1N1)	Rhino	Adeno B	Adeno E
June					
Current	7	0	2	1	1
24	8	0	3	0	0
23	3	0	1	0	1
May					
22	6	0	1	0	0
21	6	1	1	0	0
20	7	0	1	0	0

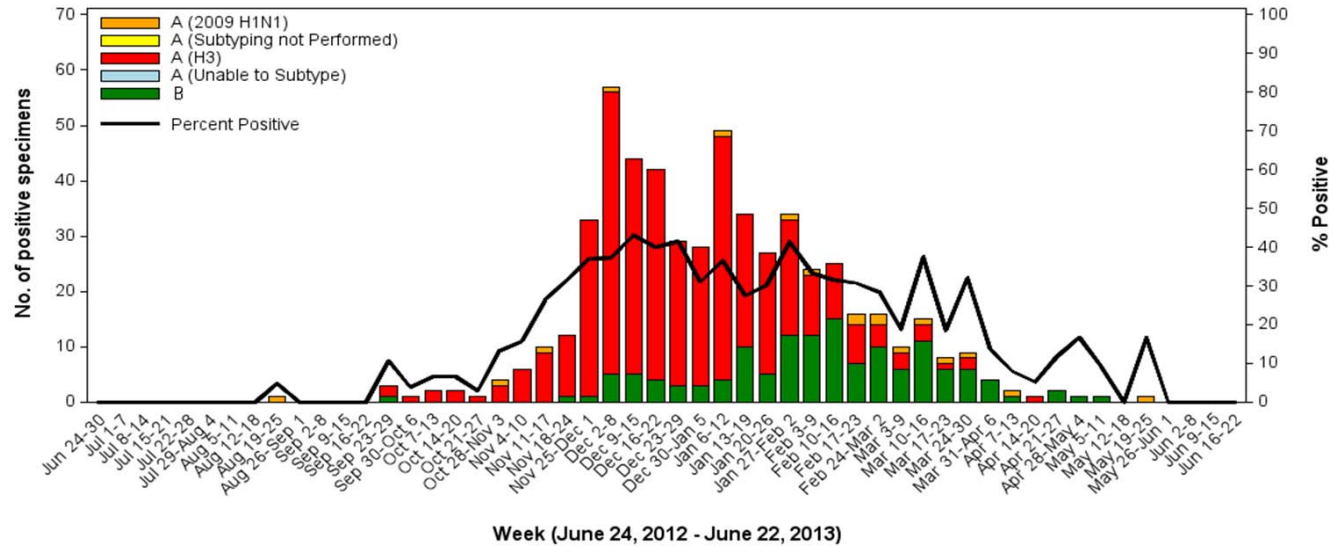
Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2012-2013

Updated: June 27, 2013



Influenza Positive Tests Submitted to TN Dept. of Health Laboratory Services Tennessee, 2012-2013

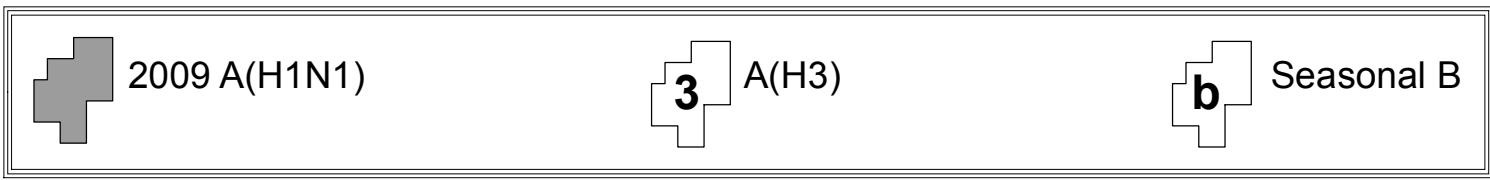
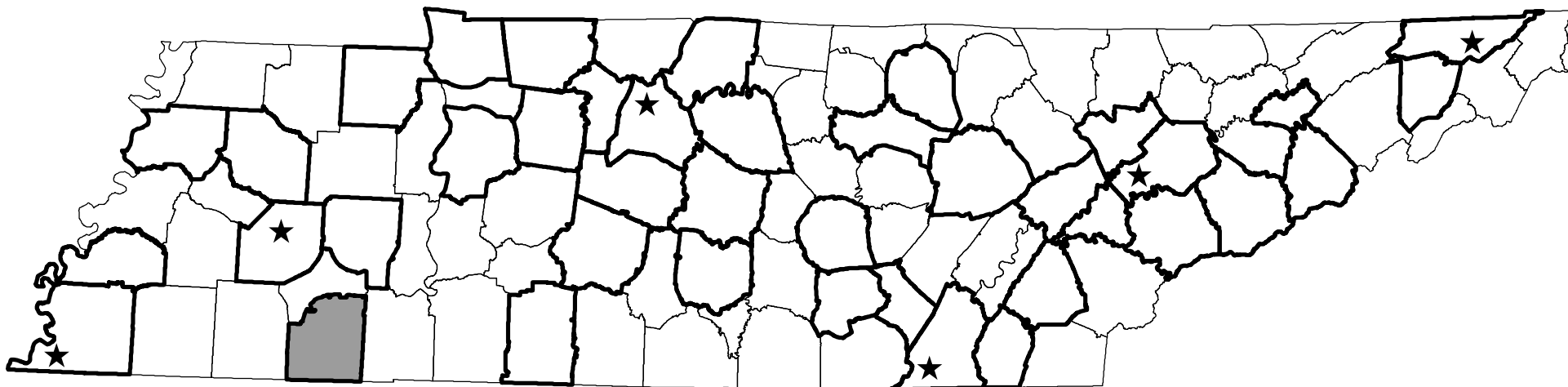
Updated: June 27, 2013



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

June 16-22, 2013

- 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).



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

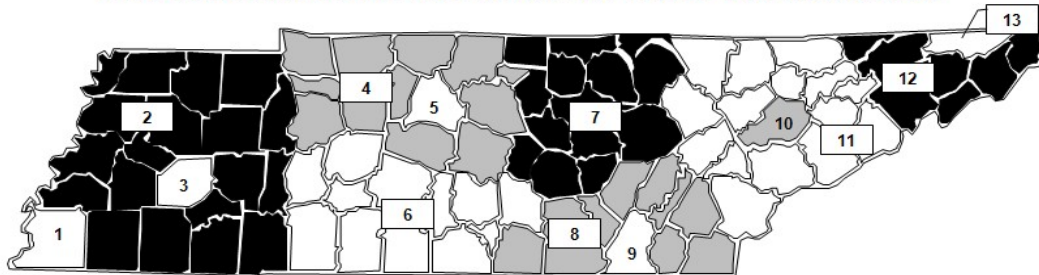
State Lab: Susan McCool 615-262-6351

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