

Sentinel Provider Influenza-Like Illness (ILI)¹ Surveillance Summary (health.state.tn.us/TNflu_report_archive.htm)
for the Week of September 15-21, 2013 (Week 38)

Summary for	# Sites reporting	Total Sites	Total Regional ILI	Total Regional Patients	% ILI	Compared to State ²
Hamilton County (Chattanooga)	3	4	0	551	0.0%	
East Tennessee Region	7	7	3	2976	0.1%	
Jackson-Madison County	1	1	7	579	1.2%	higher
Knoxville-Knox County	2	4	1	1438	0.1%	
Mid-Cumberland Region	6	10	4	501	0.8%	higher
Shelby County (Memphis)	1	10	0	175	0.0%	
Nashville-Davidson County	2	6	0	167	0.0%	
Northeast Region	2	2	0	216	0.0%	
South Central Region	3	3	0	182	0.0%	
Southeast Region	5	5	0	750	0.0%	
Sullivan County (Tri-Cities)	1	2	0	393	0.0%	
Upper Cumberland Region	4	4	0	549	0.0%	
West Tennessee Region	6	6	1	362	0.3%	
State of Tennessee	43	64	16	8839	0.18%	

The percentage of patients with ILI reported in Week 38 was 0.18% as compared to 0.15% in Week 37. To date, 12 specimens from Week 38 have been tested; all were negative for influenza, but some were positive for other respiratory viruses.

All clinicians who see patients with influenza like illness and exposure to swine or agricultural fairs within 7 days of illness onset should contact public health. Testing for H3N2v can be done at the State Public Health Laboratory for patients meeting clinical and epidemiologic criteria for suspected H3N2v infection. Only sentinel providers are authorized to send in routine surveillance specimens from patients without specific epidemiologic risk factors for novel influenza virus infection.

Novel H3N2v Influenza in the Midwest

No new cases of human infection with influenza A(H3N2) variant virus have been reported since Sep. 6. The total cases reported in 2013 is 18 (Indiana-14, Michigan-2, Ohio-1, Illinois-1). Most infections have been associated with prolonged exposure to pigs at agricultural fairs with limited human-to-human transmission detected in the past. Illness is indistinguishable from seasonal influenza. Contact public health if H3N2v is suspected.

H7N9 in China

No new cases of human infection of avian A(H7N9) influenza have been reported to WHO since Aug. 11. The total case count of lab-confirmed human cases with H7N9 is 135, including 44 deaths. There is no evidence of sustained human-to-human transmission.

For Sentinel Providers - New Specimen Form:

Sentinel Providers are reminded to submit a specimen for every patient meeting the ILI case definition (up to 10 per week). A new TDH specimen submission form was released for use; please use the form dated September 2013.

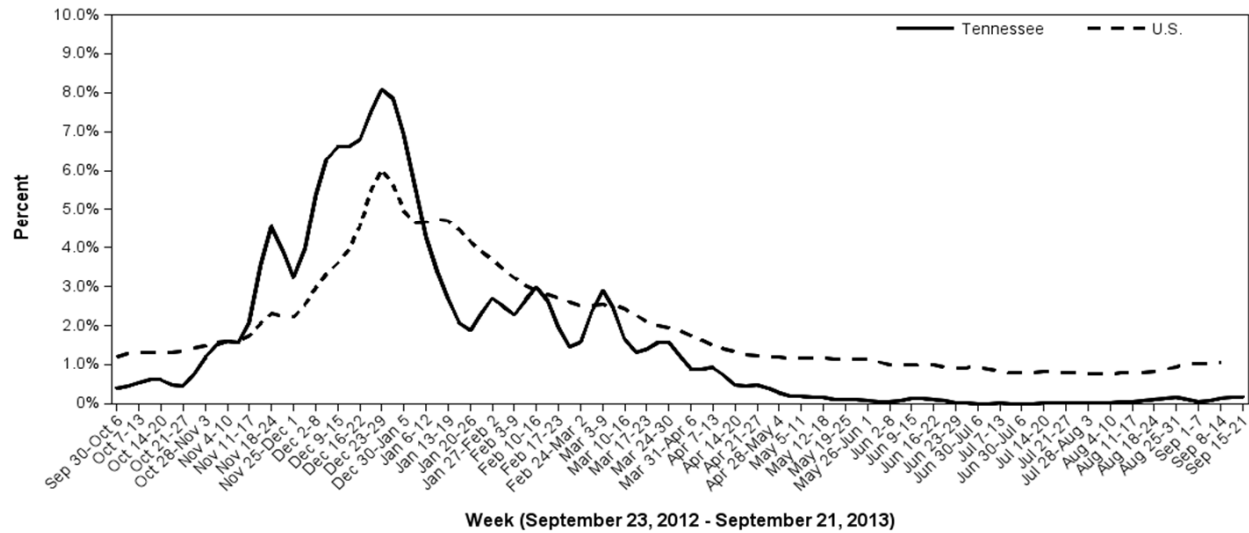
Respiratory Viral Panel

Number of Positive Specimens, by week

Month/Week	#	RSV A	Paraflu 1	Paraflu 3	Paraflu 4	Rhino	Adeno C
September							
Current	12	0	1	0	1	5	0
37	16	1	1	0	1	5	1
36	7	0	1	1	1	0	0
August							
35	10	0	0	0	0	4	0
34	5	1	0	0	1	2	0
33	6	0	0	0	0	2	0

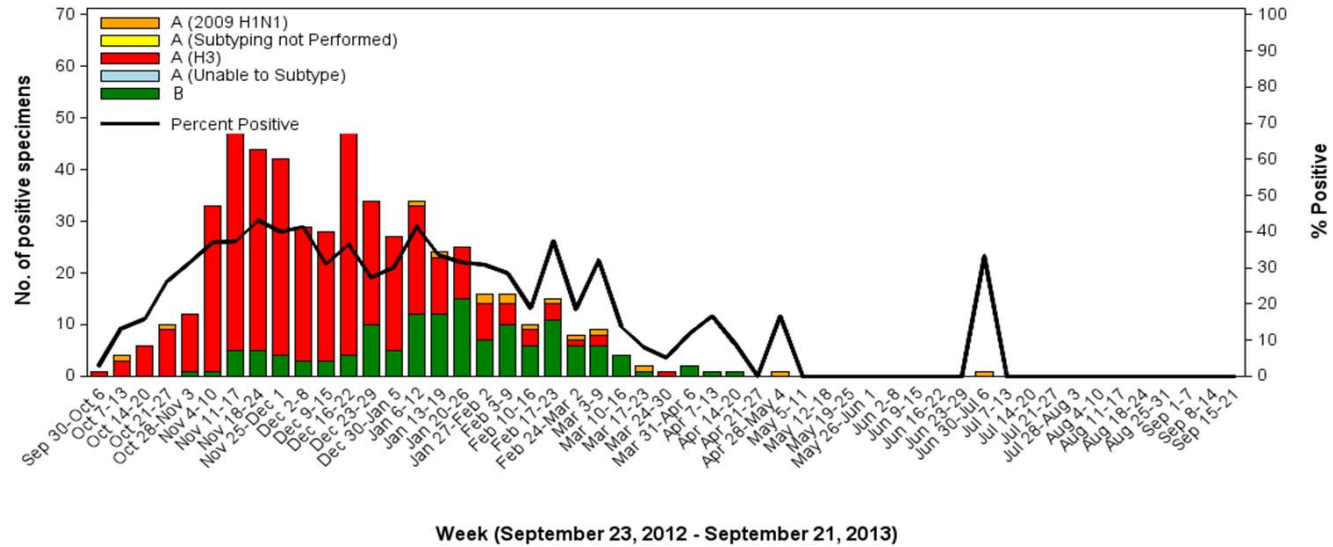
Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2012-2013

Updated: September 26, 2013



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

Updated: September 26, 2013



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

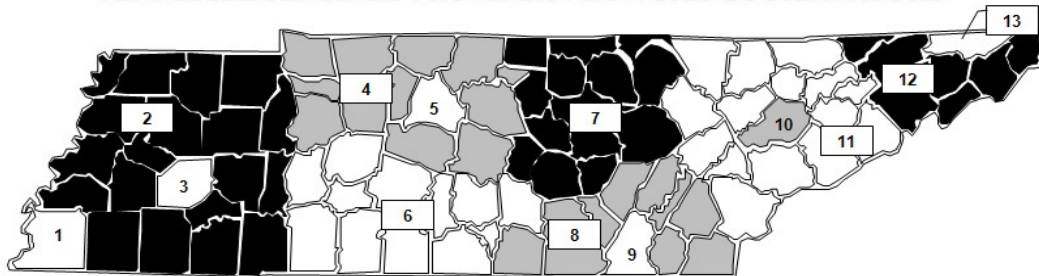
State Lab: Susan McCool 615-262-6351

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