

# Sentinel Provider Influenza-Like Illness (ILI)<sup>1</sup> Surveillance Summary for the Week of August 23-29, 2020 (Week 35)

#### https://www.tn.gov/health/cedep/immunization-program/ip/flu-in-tennessee.html

	# Sites	Total	Total Regional	Total Regional		Compared	
Summary for	reporting	Sites	ILI	Patients	% ILI	to State <sup>2</sup>	
Hamilton County (Chattanooga)	5	6	18	1822	1.0%	<b>,</b>	
East Tennessee Region	7	10	17	3211	0.5%	lower	
Jackson-Madison County	2	2	50	2554	2.0%	higher	
Knoxville-Knox County	2	5	11	3252		lower	Influenza activity in Tennessee
Mid-Cumberland Region	10	18	68	5120	1.3%	•	• The percentage of outpatients with ILI visiting the state's Sentinel cl
Shelby County (Memphis)	9	17	128	7186	1.8%	higher	sites was 1.21%. The CDC's baseline rate is 2.4%.
Nashville-Davidson County	10	13	35	4757	0.7%	lower	
Northeast Region	3	5	9	1108	0.8%		<ul> <li>No specimens tested positive for influenza viruses.</li> </ul>
South Central Region	3	3	0	137	0.0%		<ul> <li>1 of 95 Tennessee counties have had at least one confirmed influenz</li> </ul>
Southeast Region	4	6	39	1433	2.7%	higher	positive result in recent weeks.
Sullivan County (Tri-Cities)	3	5	18	1592	1.1%	,	
Upper Cumberland Region	3	4	0	230	0.0%		
West Tennessee Region	4	6	0	148	0.0%	)	
State of Tennessee	65	100	393	32550	1.21%	)	4

The percentage of patients with ILI reported in Week 35 was 1.21% as compared to 1.04% in Week 34. To date, 46 specimens from Week 35 have been tested by TDH Laboratory Services and one commercial laboratory that serves clinics across Tennessee; none were positive for influenza virus.

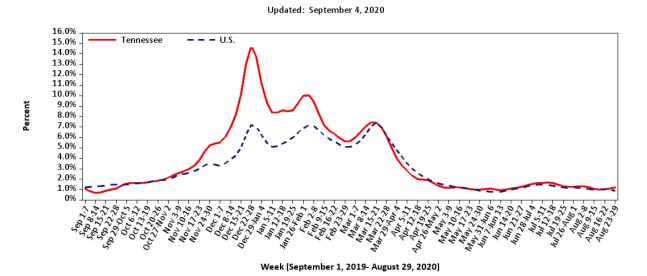
SPN sites should submit specimens year-round from ALL patients meeting the ILI case definition: Fever > 100°F (37.8°C) plus cough and/or sore throat, in the absence of a known cause (other than influenza). Case definition is not dependent on any test. If you have questions, contact your regional or state SPN representative. The TDH specimen submission form dated September 2015 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

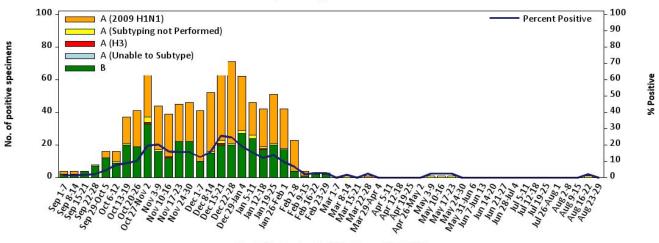
Month/Week	#	Unsub. Flu A	Rhino
August			
Current	46	0	1
34	50	1	0
33	36	0	0
32	34	0	0
July			
31	36	0	0
30	25	0	0

## Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2019-2020



# Influenza Positive Tests Submitted to TN Dept. of Health Laboratory Services Tennessee, 2019-2020

Updated: September 4, 2020



Week (September 1, 2019- August 29, 2020)

## **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 Wednesday following the end of the reporting week (https://wwwn.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.

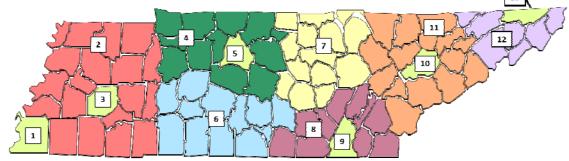
Additional laboratory supplies can be obtained by completing the lab order supply form. To ensure the order is filled, please include the CDC Provider ID Code.

Contact Information Submit weekly reports to: https://wwwn.cdc.gov/ilinet/ OR Fax 888-232-1322

State Lab: Bryan Mason (Virology, Respiratory Viral Panel) 615-262-6300

SPN Questions: State: Cassie Jones 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	731-927-8535
4	Mid-Cumberland Region	615-650-7000
5	Nashville-Davidson County	615-340-5350
6	South Central Region	931-380-2532
7	Upper Cumberland Region	931-646-7505
8	Southeast Region	423-634-6065
9	Chattanooga-Hamilton County	423-209-8067
10	Knoxville-Knox County	865-215-5084
11	East TN Region	865-549-5287
12	Northeast Region	423-979-3200
13	Sullivan County	423-279-2868

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.

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