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Total

	TENNESSEE
6-53	DEFARTMENT OF
	HEALTH

milton County (Chattanooga) 4 4 10 780 1.3% lower st Tennessee Region 7 7 199 2410 8.3% higher iskson-Madison County 1 2 34 653 5.2% oxville-Knox County 2 4 32 1715 1.9% lower i-Cumberland Region 7 10 34 914 3.7% elby County (Memphis) 4 4 2 1027 0.2% lower i-Lumberland Region 7 10 34 914 3.7% elby County (Memphis) 4 4 2 1027 0.2% lower ishville-Davidson County 4 5 97 1201 8.1% higher rtheast Region 3 3 1 2177 0.5% lower uth Central Region 3 5 24 430 5.6% livan County (Tri-Cities) 1 2 0 358 0.0% lower oper Cumberland Region 3 4 6 398 1.5%	Summary for	# Sites reporting	Total Sites	Regional	Regional Patients	% ILI	Compared to State ²
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I-Cumberland Region 7 10 34 914 3.7% elby County (Memphis) 4 4 2 1027 0.2% lower shville-Davidson County 4 5 97 1201 8.1% higher rtheast Region 3 3 2 243 0.8% lower uth Central Region 3 5 24 430 5.6% livan County (Tri-Cities) 1 2 0 358 0.0% per Cumberland Region 3 4 6 398 1.5% lower	Jackson-Madison County	1	2	34	653		
Biby County (Memphis) 4 4 2 1027 0.2% lower shville-Davidson County 4 5 97 1201 8.1% higher rtheast Region 3 3 2 243 0.8% lower uth Central Region 3 3 1 217 0.5% lower utheast Region 3 5 24 430 5.6% lower livan County (Tri-Cities) 1 2 0 358 0.0% lower per Cumberland Region 3 4 6 398 1.5% lower	Knoxville-Knox County	2	4	32	1715	1.9%	lower
shville-Davidson County 4 5 97 1201 8.1% higher rtheast Region 3 3 2 243 0.8% lower uth Central Region 3 3 1 217 0.5% lower utheast Region 3 5 24 430 5.6% livan County (Tri-Cities) 1 2 0 358 0.0% lower per Cumberland Region 3 4 6 398 1.5% lower	Mid-Cumberland Region	7	10	34	914	3.7%	
ast Region 3 3 2 243 0.8% lower uth Central Region 3 3 1 217 0.5% lower utheast Region 3 5 24 430 5.6% livan County (Tri-Cities) 1 2 0 358 0.0% lower per Cumberland Region 3 4 6 398 1.5% lower	Shelby County (Memphis)	4	4	2	1027	0.2%	lower
uth Central Region 3 3 1 217 0.5% lower utheast Region 3 5 24 430 5.6% livan County (Tri-Cities) 1 2 0 358 0.0% lower per Cumberland Region 3 4 6 398 1.5% lower	Nashville-Davidson County	4	5	97	1201	8.1%	higher
utheast Region 3 5 24 430 5.6% livan County (Tri-Cities) 1 2 0 358 0.0% lower per Cumberland Region 3 4 6 398 1.5% lower	Northeast Region	3	3	2	243	0.8%	lower
Iivan County (Tri-Cities) 1 2 0 358 0.0% lower per Cumberland Region 3 4 6 398 1.5% lower	South Central Region	3	3	1	217	0.5%	lower
per Cumberland Region 3 4 6 398 1.5% lower	Southeast Region	3	5	24	430	5.6%	
	Sullivan County (Tri-Cities)	1	2	0	358	0.0%	lower
st Tennessee Region 5 6 5 312 1.6% lower	Upper Cumberland Region	3	4	6	398	1.5%	lower
	West Tennessee Region	5	6	5	312	1.6%	lower
te of Tennessee 47 59 446 10658 4.18%	State of Tennessee	47	59	446	10658		

Prompt treatment of very young & >65 year olds urged More hospitalizations and deaths are typical of H3N2 seasons, which hit young children and older people harder. Currently, the hospitalization rate for people 65 years and older is the highest it has been in this age group since CDC began tracking this information in 2005.

On Jan. 29, 2015, CDC and partners jointly called on health care professionals to promptly treat young children and people age 65 and older with flu antiviral drugs. The letter is available at www.cdc.gov/flu/pdf/professionals/antiviral-letter-providers-2014-2015.pdf.

The percentage of patients with ILI reported in Week 4 was 4.18% as compared to 3.80% in Week 3. To date, 385 specimens from Week 4 have been tested at TDH Laboratory Services and two commercial laboratories that service clinics and hospitals in Tennessee: 34 (8.8%) were positive for influenza viruses. Forty-five of 95 counties had positive specimens in recent weeks.

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

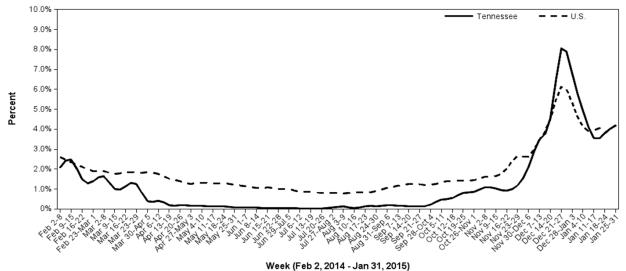
Number of Positive Specimens, by week

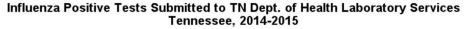
Month/Week	#	Flu A (H3)	Unsub. Flu A	Flu B	RSV A	RSV B	Paraflu 2	Rhino	Meta- pneumo	Adeno B or E	Adeno C
January											
Current	385	1	30	3	0	0	0	0	0	0	0
3	429	3	41	4	0	0	0	1	0	0	0
2	508	37	38	2	0	1	0	4	4	0	1
1	590	53	37	4	0	7	1	2	4	3	0
December											
53	587	93	49	1	0	0	0	3	0	2	0
52	548	134	73	0	1	2	0	4	3	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.

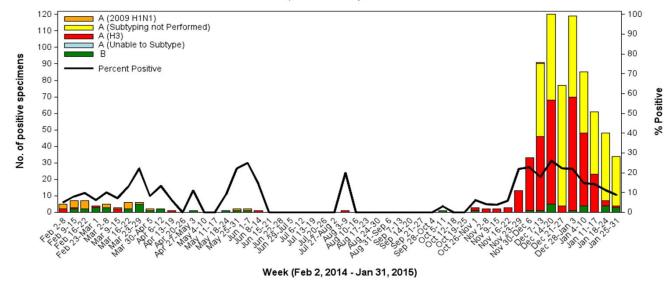
Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2014-2015

Updated: February 5, 2015





Updated: February 5, 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.

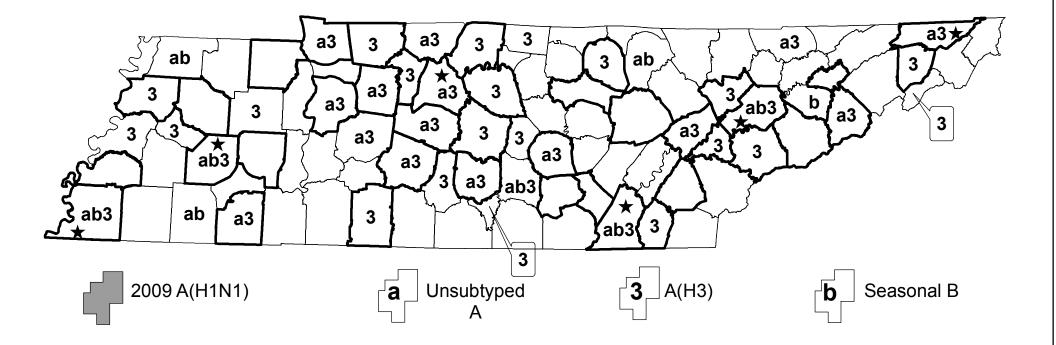
Influenza Confirmed by Culture or PCR in Tennessee from Specimens Collected by Any Source within the Past 6 Weeks

December 21, 2014 through January 31, 2015

- 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).



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.

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

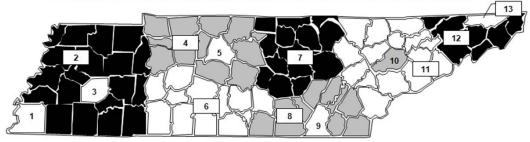
Submit weekly reports to: http://www2a.cdc.gov/ilinet/ OR Fax 888-232-1322

State Lab:	Dr. Amy Woron (Molecular Biology, PCR)	615-262-6462
	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
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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.