# Sentinel Provider Influenza-Like Illness (ILI)<sup>1</sup> Surveillance Summary (tn.gov/health/article/flu-summary-archive) for the Week of January 29-February 4, 2017 (Week 5)



			Total	Total		
	# Sites	Total	Regional	Regional		Compared
Summary for	reporting	Sites	ILI	Patients	% ILI	to State <sup>2</sup>
Hamilton County (Chattanooga)	3	4	2	629	0.3%	lower
East Tennessee Region	3	7	0	477	0.0%	lower
Jackson-Madison County	1	1	185	753		higher
Knoxville-Knox County	2	3	116	1352	8.6%	higher
Mid-Cumberland Region	8	15	12	1115	1.1%	lower
Shelby County (Memphis)	9	11	127	1289		higher
Nashville-Davidson County	5	9	23	768	3.0%	lower
Northeast Region	4	4	4	261	1.5%	lower
South Central Region	3	3	0	237	0.0%	lower
Southeast Region	4	5	18	505	3.6%	lower
Sullivan County (Tri-Cities)	1	1	0	281		lower
Upper Cumberland Region	4	4	3	592		lower
West Tennessee Region	6	6	0	304	0.0%	lower
State of Tennessee	53	73	490	8563	5.72%	

Influenza activity in Tennessee: Present and Increasing
The percentage of outpatients with ILI visiting the state's Sentinel clinic sites was above the CDC's baseline rate of 2.1%.

• 15.7% of specimens tested positive for influenza viruses .

• 40 of 95 Tennessee counties have had at least one confirmed influenza-positive result in recent weeks.

The percentage of patients with ILI reported in Week 5 was 5.72% as compared to 4.24% in Week 4. Reported ILI in the Jackson sentinel site is consistently higher than others due to the classification process used there; the levels of laboratory-confirmed influenza suggest that actual influenza cases are rising but are lower than the ILI rate there suggests. To date, 489 specimens from Week 5 have been tested by TDH Laboratory Services and reporting commercial laboratories; 77 (15.7%) tested positive for influenza viruses. A map of counties with recent influenza-positive results is included.

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

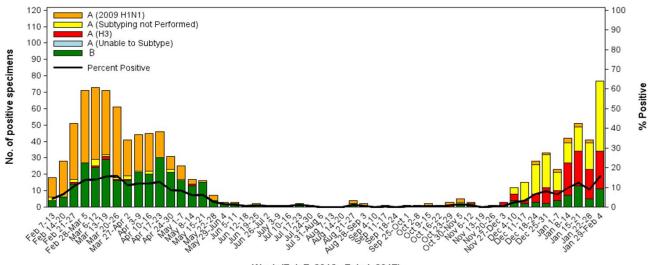
Month/Week	#	Flu A (H1N1)	Flu A (H3)	Unsub. Flu A	Flu B	RSV A	RSV B	Paraflu 3	Rhino	Meta- pneumo	Corona OC43	Corona NL63	Corona 229E
February													
Current	489	0	23	43	11	0	0	1	1	1	1	1	0
January													
4	461	2	18	16	5	0	1	0	0	0	1	0	1
3	411	2	21	15	13	0	1	0	0	0	2	0	0
2	431	3	20	12	7	0	2	0	0	0	0	0	0
1	359	2	7	11	4	1	0	0	1	0	1	0	0
December													
52	413	1	13	20	2	0	0	1	4	0	3	0	0

#### Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2016-2017

Updated: February 10, 2017 10.0% Tennessee - - - U.S. 9.0% 8.0%· 7.0% 6.0% Percent 5.0% 4.0% 3.0% 2.0% 1.0% 0% Week (Feb 7, 2016 - Feb 4, 2017)

### Influenza Positive Tests Submitted to TN Dept. of Health Laboratory Services Tennessee, 2016-2017

Updated: February 10, 2017



Week (Feb 7, 2016 - Feb 4, 2017)

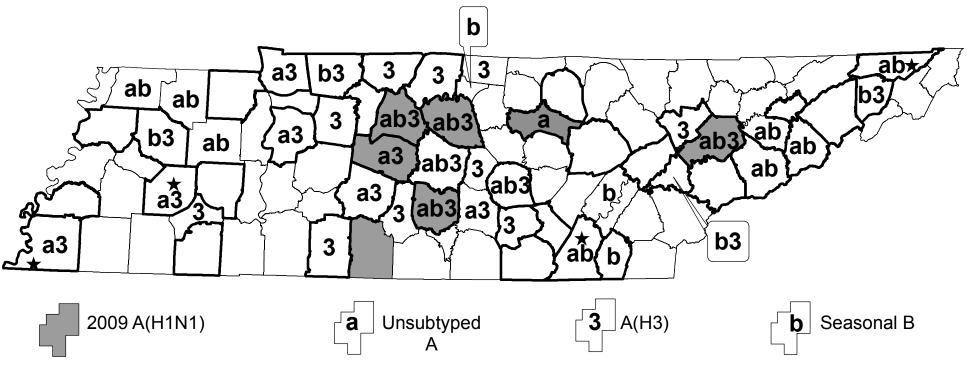
# Influenza Confirmed by Culture or PCR in Tennessee from Specimens Collected by Any Source within the Past 6 Weeks

December 25, 2016 through February 4, 2017

- 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: 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 help provide a picture of influenza activity areas of the state in which there are not Sentinel surveillance sites.

# **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**

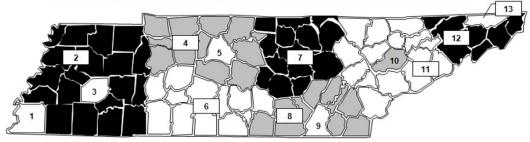
Submit weekly reports to: https://wwwn.cdc.gov/ilinet/ OR Fax 888-232-1322

State Lab:	Dr. Amy Woron (Molecular Biology, PCR)	615-262-6462
	Bryan Mason (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
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	615-340-5667
6	South Central Region	931-380-2532
7	Upper Cumberland Region	931-646-7505
8	Southeast Region	423-634-1932
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	423-279-7545

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.