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.


The percentage of patients with ILI reported in Week 7 was 1.64% as compared to 2.33% in Week 6. To date, 159 specimens from Week 7 have been tested at TDH Laboratory Services and two commercial laboratories that serve hospitals and clinics in Tennessee; 16 (10.1%) were positive for influenza viruses. Forty-nine of 95 counties have 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

<table>
<thead>
<tr>
<th>Month/Week</th>
<th># Total Sites</th>
<th>Flu A (H1N1)</th>
<th>Flu A (H3)</th>
<th>Unsub.</th>
<th>Flu B</th>
<th>RSV A</th>
<th>RSV B</th>
<th>Paraflu</th>
<th>Rhino</th>
<th>Meta-</th>
<th>Adeno C</th>
<th>Corona OC43</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td>159</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>430</td>
<td>0</td>
<td>23</td>
<td>17</td>
<td>11</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>483</td>
<td>1</td>
<td>33</td>
<td>36</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>January</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>488</td>
<td>0</td>
<td>31</td>
<td>31</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>452</td>
<td>0</td>
<td>19</td>
<td>41</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>508</td>
<td>0</td>
<td>40</td>
<td>38</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

† 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.
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

January 11 through February 21, 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)