Tatal

Total



	# Sites	Total	l otal Regional	l otal Regional		Compared	
Summary for	reporting	Sites	ILI	Patients	% ILI	to State <sup>2</sup>	
Hamilton County (Chattanooga)	4	4	1	853	0.1%		Coing going but not gong
East Tennessee Region	5	7	16	1581		higher	Going, goingbut not gone
Jackson-Madison County	0	2	0	0	0.0%	n/a	Nationally, several indicators of influenza activity continue to declin
Knoxville-Knox County	1	4	14	1121	1.3%	higher	(www.cdc.gov/flu/weekly).
Mid-Cumberland Region	5	10	3	786	0.4%		
Shelby County (Memphis)	1	6	0	215	0.0%		Continal Dravidara Cubrait anadimana warna
Nashville-Davidson County	2	5	3	118	2.5%	higher	Sentinel Providers - Submit specimens year-round.
Northeast Region	3	3	2	218	0.9%		Specimens should be submitted year-round for patients meeting the
South Central Region	3	3	1	270	0.4%		case definition using the specimen submission form dated Oct 2014
Southeast Region	3	5	0	338	0.0%		you have questions, contact your regional or state SPN representati
Sullivan County (Tri-Cities)	2	2	0	553	0.0%		
Upper Cumberland Region	4	4	2	484	0.4%		
West Tennessee Region	6	6	0	304	0.0%		
State of Tennessee	39	61	42	6841	0.61%		

The percentage of patients with ILI reported in Week 12 was 0.61% as compared to 0.95% in Week 11. To date, 168 specimens in Week 12 have been tested at TDH Laboratory Services and two commercial laboratories that serve clinics and hospitals in Tennessee; 14 (8.3%) tested positive for influenza viruses, mostly influenza type B. Thirty-four 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.

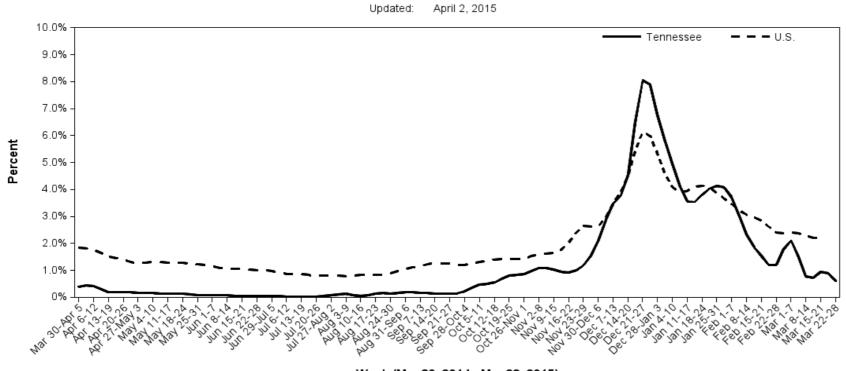
**Respiratory Viral Panel** 

Number of Positive Specimens, by week

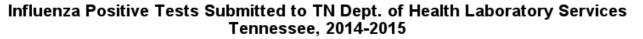
Month/Week	#	Flu A (H3)	Unsub. Flu A	Flu B	RSV A	RSV B	Paraflu 3	Rhino	Meta- pneumo	Adeno B or E	Adeno C	Corona OC43	Corona NL63
March													
Current	168	0	2	12	0	0	0	1	2	0	0	0	1
11	186	1	2	24	1	1	0	4	0	1	0	1	1
10	219	3	0	19	1	2	0	3	6	0	1	2	0
9	191	1	5	14	2	0	1	2	0	0	0	0	1
February													
8	261	3	7	15	3	1	0	0	2	0	1	1	1
7	183	10	4	9	0	1	0	1	0	0	0	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.

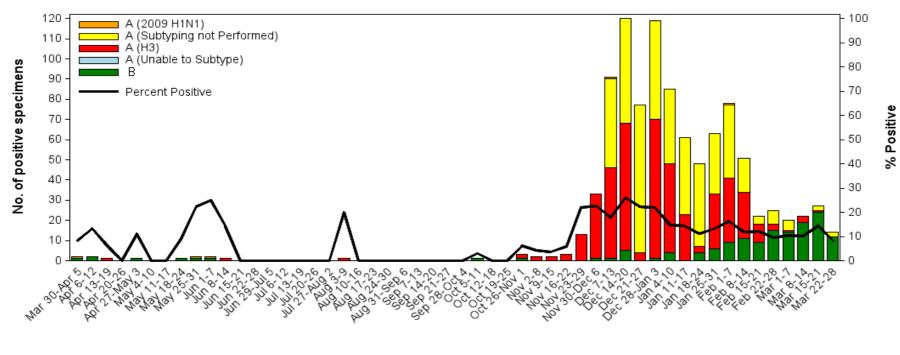
#### Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2014-2015



Week (Mar 30, 2014 - Mar 28, 2015)



Updated: April 2, 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.

Week (Mar 30, 2014 - Mar 28, 2015)

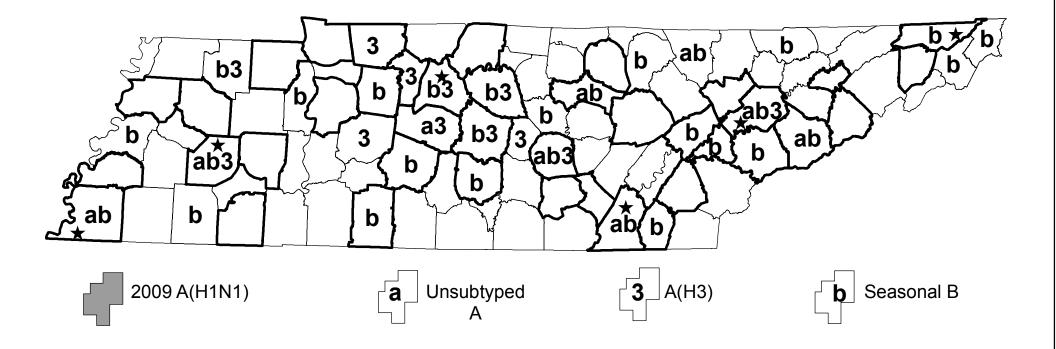
# Influenza Confirmed by Culture or PCR in Tennessee from Specimens Collected by Any Source within the Past 6 Weeks

February 15 through March 28, 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**

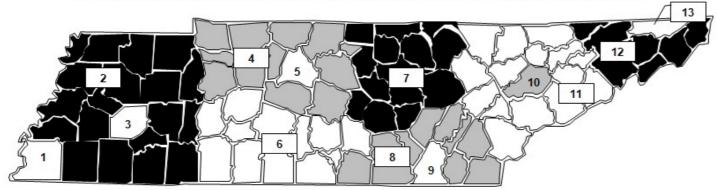
Submit weekly reports to: http://www2a.cdc.gov/ilinet/ OR Fax 888-232-1322

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
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.