

Sentinel Provider Influenza-Like Illness (ILI)¹ Surveillance Summary (tn.gov/health/article/flu-summary-archive)
for the Week of March 19-25, 2017 (Week 12)



Summary for	# Sites reporting	Total Sites	Total Regional ILI	Total Regional Patients	% ILI	Compared to State ²
Hamilton County (Chattanooga)	3	4	7	524	1.3%	lower
East Tennessee Region	6	7	153	2539	6.0%	higher
Jackson-Madison County	0	1	0	0	0.0%	n/a
Knoxville-Knox County	2	3	52	1177	4.4%	
Mid-Cumberland Region	7	15	26	1007	2.6%	lower
Shelby County (Memphis)	8	11	152	1222	12.4%	higher
Nashville-Davidson County	2	10	16	608	2.6%	lower
Northeast Region	3	5	4	217	1.8%	lower
South Central Region	3	3	3	199	1.5%	lower
Southeast Region	2	5	4	410	1.0%	lower
Sullivan County (Tri-Cities)	0	1	0	0	0.0%	n/a
Upper Cumberland Region	4	4	1	547	0.2%	lower
West Tennessee Region	6	6	3	331	0.9%	lower
State of Tennessee	46	75	421	8781	4.79%	

Parotitis? Consider mumps AND influenza

This season, CDC has reported an increase in influenza A patients who develop parotitis (salivary gland swelling) similar to symptoms of mumps. Clinicians evaluating a patient with parotitis during flu season should contact public health and should evaluate for both mumps and influenza.

Influenza activity in Tennessee

- The percentage of outpatients with ILI visiting the state's Sentinel clinic sites was above the CDC's baseline rate of 2.1%.
- 21.6% of specimens tested positive for influenza viruses .
- 56 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 12 was 4.79% as compared to 4.12% in Week 11. To date, 434 specimens from Week 12 have been tested by TDH Laboratory Services and two commercial laboratories that serve clinics and hospitals across Tennessee; 94 (21.6%) tested positive for influenza viruses. A map of counties with recent influenza-positive specimens 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 B	Paraflu 2	Paraflu 3	Paraflu 4	Rhino	Meta-pneumo	Adeno C	Corona OC43	Corona 229E	
March															
Current	434	0	18	19	57	0	0	2	0	2	0	0	1	1	
11	423	0	8	24	31	1	0	4	0	3	0	1	2	0	
10	471	0	8	40	32	3	0	1	0	3	1	0	0	0	
9	513	2	22	27	22	0	1	0	0	3	1	0	1	1	
February															
8	557	1	48	45	28	0	0	0	0	0	2	0	0	1	
7	718	8	42	83	23	1	0	2	1	1	0	1	1	2	



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

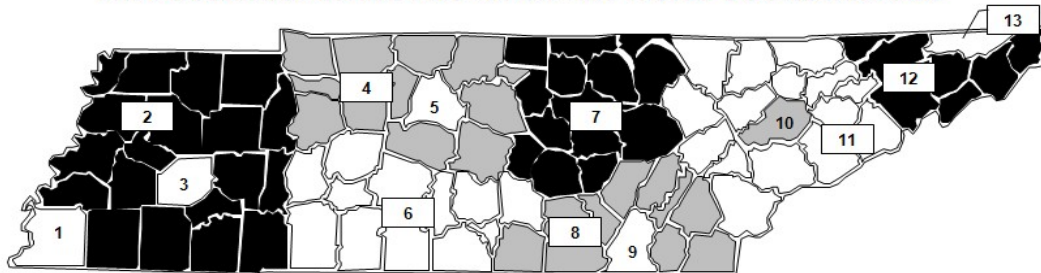
State Lab: Dr. Amy Woron (Molecular Biology, PCR) 615-262-6462
Bryan Mason (Virology, Respiratory Viral Panel) 615-262-6300

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.