Going, going...but not gone

Nationally, several indicators of influenza activity are declining (www.cdc.gov/flu/weekly), but national ILI rates remain above the national baseline. It is possible that flu season will continue for a number of weeks.

People can still benefit from getting vaccinated; there is a good match between the vaccine strain and circulating influenza B virus now appearing in this late part of the season.

Sentinel Providers - Submit specimens year-round. Specimens should be submitted year-round for patients meeting the ILI case definition using the specimen submission form dated Oct 2014. If you have questions, contact your regional or state SPN representative.

The percentage of patients with ILI reported in Week 13 was 0.64% as compared to 0.66% in Week 12. To date, 143 specimens have been tested by TDH Laboratory Services and two commercial laboratories that serve hospitals and clinics in Tennessee; 13 (9.1%) of specimens were positive for influenza viruses, all influenza type B. Thirty one 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

<table>
<thead>
<tr>
<th>Month/Week</th>
<th>#</th>
<th>Flu A (H3)</th>
<th>Unsub. Flu A</th>
<th>Flu B</th>
<th>RSV A</th>
<th>RSV B</th>
<th>Parflu 3</th>
<th>Rhino</th>
<th>Meta-pneumo</th>
<th>Adeno B or E</th>
<th>Adeno C</th>
<th>Corona OC43</th>
<th>Corona NL63</th>
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</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

February 22 through April 4, 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.

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.