The percentage of patients with ILI reported in Week 31 was 0.03% as compared to 0.02% in Week 30.

Nationally, influenza activity remains at its usual low levels. To date, 5 specimens from Week 31 have been tested and they were all negative for influenza and other respiratory viruses. One specimen collected in the previous week tested positive for seasonal H1N1; sporadic influenza cases can be detected in summer months.

All clinicians who see patients with influenza like illness and exposure to swine or agricultural fairs within 10 days of illness onset should contact public health. Testing for H3N2v can be done at the State Public Health Laboratory for patients meeting clinical and epidemiologic criteria for suspected H3N2v infection. Only sentinel providers are authorized to send in routine surveillance specimens from patients without specific epidemiologic risk factors for novel influenza virus infection.

update: H7N9 in China
There have been no new cases of human infection with avian A(H7N9) influenza virus reported to the World Health Organization (WHO) since July 20, 2013.

update: H3N2v
As of Aug. 2, one case of H3N2v has been reported from Illinois. This is the first Illinois case reported this year. This brings the total number of H3N2v cases reported in 2013 to 15. There have been no cases detected in TN. H3N2v was first detected in U.S. swine in 2010 and caused 309 confirmed human infections (one death) in 12 states in the summer of 2012 (none in TN). Most of the infections have been associated with prolonged exposure to pigs at agricultural fairs with limited human-to-human transmission detected in the past. Illness is indistinguishable from seasonal influenza. Contact public health if H3N2v is suspected.

Notes to Sentinel Providers:
Sentinel Providers are reminded to submit specimens on all patients meeting the ILI case definition (up to 10 per week). Please use the TDH specimen submission form dated October 2012.

Respiratory Viral Panel
Number of Positive Specimens, by week

<table>
<thead>
<tr>
<th>Month/Week</th>
<th>#</th>
<th>Flu A (H1N1)</th>
<th>Rhino</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>July</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
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<td>28</td>
<td>4</td>
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<td>1</td>
</tr>
<tr>
<td>27</td>
<td>6</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>June</td>
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<td>0</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
Influenza Confirmed by Culture or PCR in Tennessee from Specimens Collected by Any Source within the Past 6 Weeks

July 23 to August 3, 2013

- 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).
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: Susan McCool 615-262-6351

SPN Questions:
State: Robb Garman 800-404-3006 OR 615-741-7247
County/Region: Regional SPN Coordinator (see map)