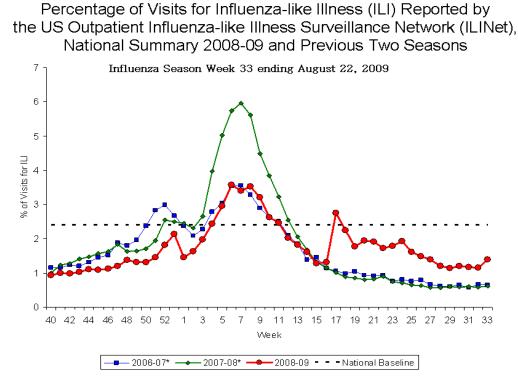
Sentinel Provider Influenza-Like Illness (ILI) Surveillance Summary For the Week of August 23-29, 2009 (Week 34)

				Total		
	# Providers	Total	Total	Regional		Comparison
Summary for	reporting	Providers	Regional ILI	Patients	% ILI	to State*
Chattanooga-Hamilton County	2	4	1	569	0.2%	lower
East Tennessee Region	5	7	40	3760	1.1%	lower
Jackson-Madison County	1	1	37	1131	3.3%	
Knoxville-Knox County	3	5	110	994	11.1%	higher
Mid-Cumberland Region	11	10	33	1329	2.5%	
Memphis-Shelby County	1	3	0	75	0.0%	
Nashville-Davidson County	4	5	86	1444	6.0%	higher
Northeast Region	2	3	0	592	0.0%	lower
South Central Region	3	3	0	286	0.0%	lower
Southeast Region	4	5	16	895	1.8%	
Sullivan County	2	2	2	354	0.6%	lower
Upper Cumberland Region	5	5	8	693	1.2%	lower
West Tennessee Region	6	6	6	594	1.0%	lower
State of Tennessee	49	59	339	12716	2.67%	

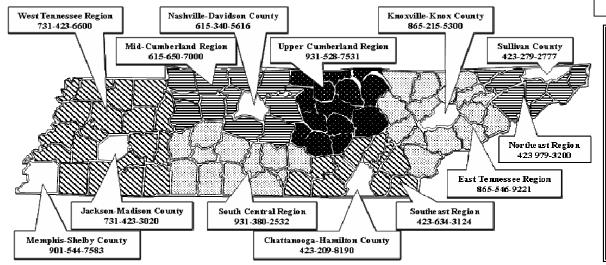
The percentage of patients with ILI reported by the TN SPN was 2.67% for Week 34 - a significant increase over week 32. In Week 34, 60% (191 of 320) of specimens submitted were PCR positive for influenza. Of the positives, 96% were pandemic H1N1. Sentinel providers should review the new SPN Protocol (eff. Sept 1, 2009): ILI reports must be submitted by the end of Tuesday (was Monday) following the end of the reporting week; specimens should be collected and shipped to the lab on Mondays and/or Wednesdays (with a maximum 10/wk). Sentinel providers should contact regional SPN coordinators with questions. Visit www.cdc.gov/h1n1flu for the most current pandemic information.

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) = 2.4%]. When the percentage of patients with ILI exceeds this baseline, this suggests that influenza viruses may be circulating.

*The percentage of influenza-like-illness patients seen in each region is compared to the statewide average. Regions with percentages statistically-significantly different from the state average are noted as "higher" or "lower."



*There was no week 53 during the 2006-07 and 2007-08 seasons, therefore the week 53 data point for those seasons is an average of weeks 52 and 1.



TENNESSEE SENTINEL PROVIDER NETWORK

State Public Health Laboratory

Influenza PCR - specimens from all sources

Month 2009	Report Week	Number Received	Seasonal A	Pandemi c A	
June	25	29	2	15	
	26	35	2	24	
July	27	44	2	18	
	28	47	1	13	
	29	78	2	39	
	30	67	4	31	
Aug.	31	86	0	44	
	32	83	6	40	
	33	264	7	63	
	34	320	8	183	
Sept.	35				
	36				

The state public health laboratory is PCR testing for seasonal types A and B influenza and the 2009 pandemic type A (H1N1). This table shows all specimens submitted (not only those from the SPN). The Department's policy for testing for H1N1 is available at http://health.state.tn.us/H1N1.htm#hcp.

Sentinel Providers should submit specimens using the SPN Influenza Submission form dated 8/21/2009. The revised SPN protocol was distributed 9/1/2009.

Important Information for Sentinel Providers				
Pandemic influenza: www.cdc.gov or http://health.state.tn.us/H1N1.htm				
SPN Providers only - submit weekly reports to: www.ncid.cdc.gov/flu/ or Fax 888-232-1322				
• Jerry Hindman or Susan McCool				
615-262-6351 or 6374				
SPN Questions: • Regional SPN Coordinator (see map)				
• Robb Garman or Robert Taylor 800-404-3006 or 615-741-7247				

Influenza confirmed by culture or PCR in Tennessee from specimens collected by any source within the past 8 weeks. July 5, 2009 to August 30, 2009

•Strains are reported by county of case residence or, if unknown, county where the specimen was collected.

•Counties where influenza sentinel providers are located are identified with bold boundary lines.

•Stars marks counties with large metropolitan populations (Memphis, Jackson, Nashville, Chattanooga, Knoxville, and the Tri-Cities area)

•Novel 2009 H1N1 results are for confirmed cases identified by PCR testing; counties with their first case identified this week are indicated by diagonal striping.

