Summary for	# Sites reporting	Total Sites	Total Regional ILI	Total Regional Patients	% ILI	Compared to State ²
Hamilton County (Chattanooga)	3	4	1	761	0.1%	
East Tennessee Region	5	7	8	1482	0.5%	
Jackson-Madison County	1	2	10	111	9.0%	higher
Knoxville-Knox County	2	4	8	1418	0.6%	
Mid-Cumberland Region	4	10	3	262	1.2%	
Shelby County (Memphis)	1	5	1	109	0.9%	
Nashville-Davidson County	3	5	2	397	0.5%	
Northeast Region	3	3	0	264	0.0%	
South Central Region	3	3	0	171	0.0%	
Southeast Region	5	5	3	746	0.4%	
Sullivan County (Tri-Cities)	1	2	0	306	0.0%	
Upper Cumberland Region	4	4	1	521	0.2%	
West Tennessee Region	5	6	0	276	0.0%	
State of Tennessee	40	60	37	6824	0.54%	

Influenza and pregnancy

C experts published a perspective piece in the New England Journal of dicine (www.nejm.org/doi/full/10.1056/NEJMp1403496) exploring how the luenza virus affects pregnant women and their unborn babies. Also, a joint ter from public health and medical influenza experts to health care ofessionals encouraging flu vaccination in pregnant women is available at vw.cdc.gov/flu/pdf/professionals/providers-letter-pregnant-2014.pdf

ear-round influenza testing

N sites should submit specimens from <u>ALL</u> patients meeting the ILI case finition. Specimens are critical to be able to TRACK, DETECT and SELECT: rack the geographic spread and intensity of seasonal influenza viruses letect the emergence of novel influenza viruses or of antiviral resistance in culating viral strains and

rovide data for vaccine strain selections.

The percentage of patients with ILI reported in Week 42 was 0.54% as compared to 0.47% in Week 41. Thirty-five (35) specimens from patients with ILI from Week 42 were tested for influenza and other respiratory viruses; none were positive for influenza but other viruses were detected.

SPN sites should submit specimens from ALL patients meeting the ILI case definition. Specimens are critical to be able to TRACK, DETECT and SELECT:

• track the geographic spread and intensity of seasonal influenza viruses

• detect the emergence of novel influenza viruses or of antiviral resistance in circulating viral strains and

provide data for vaccine strain selections.

Specimens should be submitted on patients meeting the ILI case definition (up to 10/week YEAR-ROUND). If you have questions, contact your regional or state SPN representative. Please use the TDH specimen submission form dated October 2014.

Respiratory Viral Panel

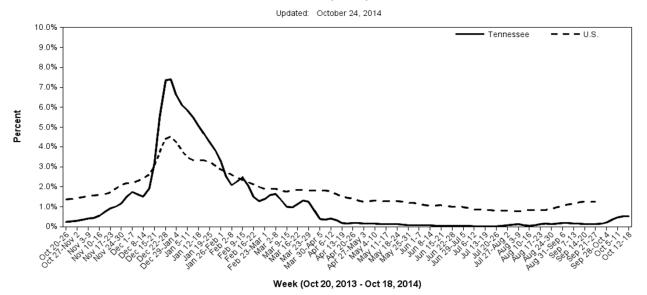
Number of Positive Specimens, by week

Month/Week	#	Flu B	RSV B	Paraflu 2	Rhino	Adeno C	Corona OC43
October							
Current	35	0	0	0	7	1	1
41	32	1	0	1	4	1	1
40	10	0	0	0	2	0	0
September							
39	6	0	0	0	3	1	0
38	12	0	0	0	2	0	0
37	8	0	1	0	1	0	0

Specimens can be submitted year-round for patients meeting the ILI case definition If you have questions, contact your regional or state SPN representative. The TDH specimen submission form dated Oct 2014 should be used.

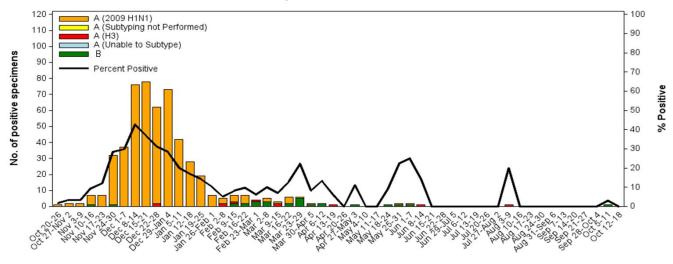


Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2014-2015



Influenza Positive Tests Submitted to TN Dept. of Health Laboratory Services Tennessee, 2014-2015

Updated: October 24, 2014



Week (Oct 20, 2013 - Oct 18, 2014)

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

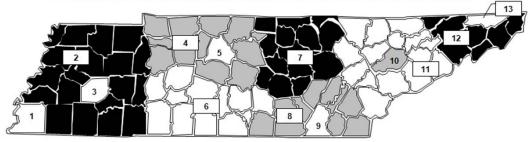
Submit weekly reports to: http://www2a.cdc.gov/ilinet/ OR Fax 888-232-1322

State Lab:	Dr. Amy Woron (Molecular Biology, PCR)	615-262-6362
	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.