The percentage of patients with ILI reported in Week 50 was 2.24% as compared to 2.09% in Week 49. Testing results from 499 specimens were available from TDH Laboratory Services (n=131) and two commercial laboratories serving outpatient clinics and hospitals in Tennessee: 86 (17.2%) were positive for influenza viruses, mostly influenza A/H3 (46.5%) or unsubtyped influenza A (51.1%) viruses. As a result of the inclusion of testing data from two commercial labs for the first time, the number of counties with positive specimens in recent weeks increased substantially (39 of 95 counties).

Updated: Drifted Influenza A(H3N2) Viruses

Current CDC data indicates the percentage of influenza A (H3N2) viruses analyzed in the U.S. were antigenically different from the H3N2 vaccine virus has increased to 69.4%.

Current points of emphasis:
- Vaccine may offer some protection and reduce the risk of severe outcomes
- Treatment with oseltamivir and zanamivir, initiated soon after illness onset, can shorten the duration of symptoms, reduce the risk of complications and reduce the risk of death in hospitalized patients.
- Other preventative measures, like hand washing, cough etiquette, and staying home when ill, can decrease spread of influenza.

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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># Specimens</th>
<th>Flu A (H1N1)</th>
<th>Flu A (H3)</th>
<th>Unsub. Flu A</th>
<th>Flu B</th>
<th>RSV A</th>
<th>RSV B</th>
<th>Parafiu 2</th>
<th>Parafiu 3</th>
<th>Parafiu 4</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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<td>December</td>
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<td>Current</td>
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</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

November 2 through December 13, 2014

- 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.

Important Information for Sentinel Providers

Sentinel Providers report ILI by the end of Tuesday following the end of the reporting week (www2a.cdc.gov/illinet) 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/illinet/ 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)