The percentage of influenza A (H3N2) viruses analyzed in the U.S. that are antigenically different from the H3N2 vaccine virus has increased to 69.4%. Testing is done by CDC on a small subset of samples nationally.

- Although the vaccine is likely less effective at preventing infection with drifted strains, vaccination remains strongly recommended: it may help reduce the severity of illness.
- Prompt treatment with antiviral medication can shorten the duration of symptoms, reduce risk of complications and risk of death in hospitalized patients. Treatment is especially recommended for patients hospitalized with suspected influenza and those at risk of complications (children under 2, pregnant women, adults with chronic health problems and adults 65 and older). Treat based on clinical judgment and do not rely on a negative rapid influenza test (false negative rates can run 10-70%).
- Other good health habits, like hand washing, cough etiquette, and staying home when ill, can decrease the spread of influenza.

The percentage of patients with ILI reported in Week 51 was 2.92% as compared to 3.48% in Week 50. Testing results from 439 specimens from Week 51 were available from TDH Laboratory Services (n=46) and two commercial laboratories serving outpatient clinics and hospitals in Tennessee: 113 (25.7%) were positive for influenza viruses, mostly A/H3 (13.0%) or unsubtyped influenza A (80.5%) viruses. Forty-four of 95 counties in Tennessee had positive influenza specimens in Week 51.

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>Unsub. Flu A</th>
<th>Flu A (H3)</th>
<th>Flu B</th>
<th>RSV A</th>
<th>RSV B</th>
<th>Paraflu 2</th>
<th>Paraflu 3</th>
<th>Paraflu 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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<tr>
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† Effective Dec. 7, 2014, TDH 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 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 9 through December 20, 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.
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)