

Sentinel Provider Influenza-Like Illness (ILI)¹ Surveillance Summary (health.state.tn.us/TNflu_report_archive.htm) for the Week of March 9-15, 2014 (Week 11)

Summary for	# Sites reporting	Total Sites	Total Regional ILI	Total Regional Patients	% ILI	Compared to State ²
Hamilton County (Chattanooga)	4	4	0	638	0.0%	lower
East Tennessee Region	7	8	61	2379	2.6%	higher
Jackson-Madison County	1	2	0	0	0.0%	n/a
Knoxville-Knox County	4	4	11	1957	0.6%	
Mid-Cumberland Region	8	10	4	515	0.8%	
Shelby County (Memphis)	0	5	0	0	0.0%	n/a
Nashville-Davidson County	3	6	11	395	0.3%	
Northeast Region	2	3	11	229	0.4%	
South Central Region	3	3	0	191	0.0%	
Southeast Region	4	5	0	197	0.0%	
Sullivan County (Tri-Cities)	2	2	0	503	0.0%	lower
Upper Cumberland Region	4	4	11	552	0.2%	
West Tennessee Region	5	6	0	307	0.0%	
State of Tennessee	47	62	79	7863	1.00%	

Flu activity decreasing, but not gone

Flu activity continues to decrease nationally but remains elevated in certain areas of the country. The proportion of deaths attributed to pneumonia and influenza was 6.9% and fell below the epidemic threshold after 8 consecutive weeks above it. Reports of recent pediatric deaths from influenza are still being made to CDC.

Vaccine still offers protection against circulating strains (H1N1, H3N2 and B types) of the flu and its potentially serious complications. People can still benefit from getting vaccinated. A CDC report showed a 60% reduction in a vaccinated person's risk of having to go to the doctor, compared to those who are unvaccinated. More at

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6307a1.htm>

Sentinel Providers - Use Current (9/13) Specimen Form

The percentage of patients with ILI reported in Week 11 was 1.00% as compared to 1.64% in Week 10. To date, 42 specimens from Week 11 have been tested; 5 (or 11.9%) were positive for influenza: two were A(H1N1) and three were B type viruses.

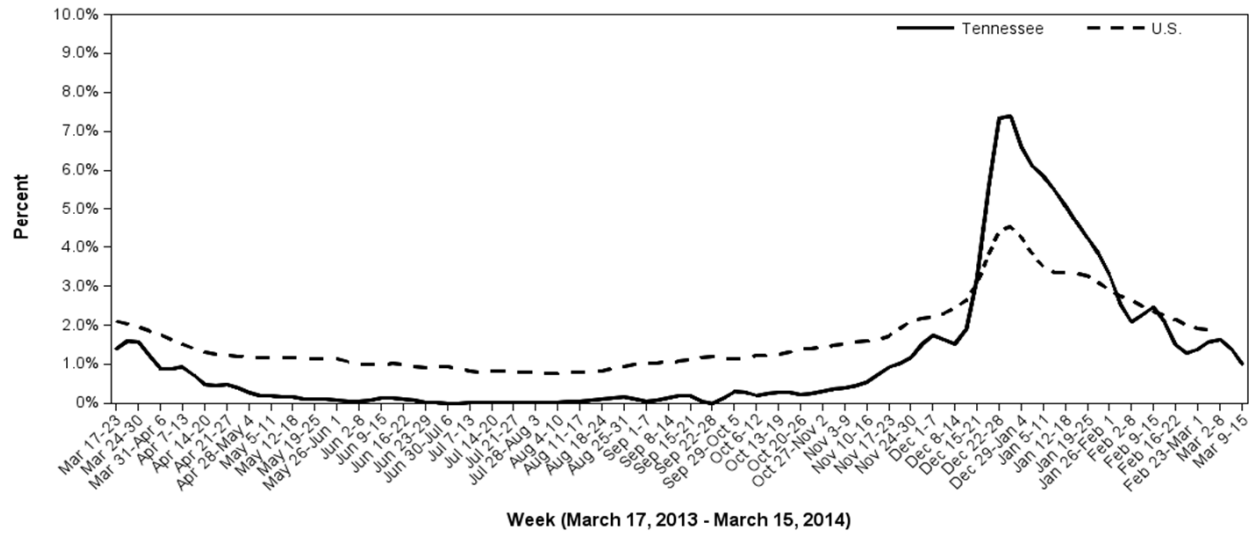
Pregnant women are one of the groups at highest risk of developing complications from influenza infection. It is not too late to benefit from **influenza** vaccination. Vaccine takes about 2 weeks to work: do not delay. Those who develop influenza symptoms should consult their **healthcare provider promptly and take antiviral medication, if prescribed.**

Respiratory Viral Panel Number of Positive Specimens, by week

Month/Week	#	Flu A (H1N1)	Flu A (H3)	Flu B	RSVA	RSVB	Paratlu 1	Paratlu 2	Paratlu 3	Paratlu 4	Rhino	Meta-pneumo	Adeno B	Adeno B or E	Adeno O	Corona OC43	Corona NL63	Corona 229E	Corona HKU1
March																			
Current	42	2	0	3	0	11	0	0	11	0	2	7	0	0	11	6	11	0	0
10	64	0	11	3	11	2	0	0	11	0	2	5	0	0	0	4	3	0	5
February																			
9	75	5	0	2	0	4	0	0	0	1	3	3	0	2	0	3	3	3	2
8	88	4	11	2	11	11	11	11	11	2	7	3	0	0	2	9	4	3	7
7	105	5	2	0	2	5	0	0	11	0	5	3	0	11	11	11	2	3	5
6	115	11	0	0	2	5	11	0	0	11	5	6	11	0	0	6	2	0	3

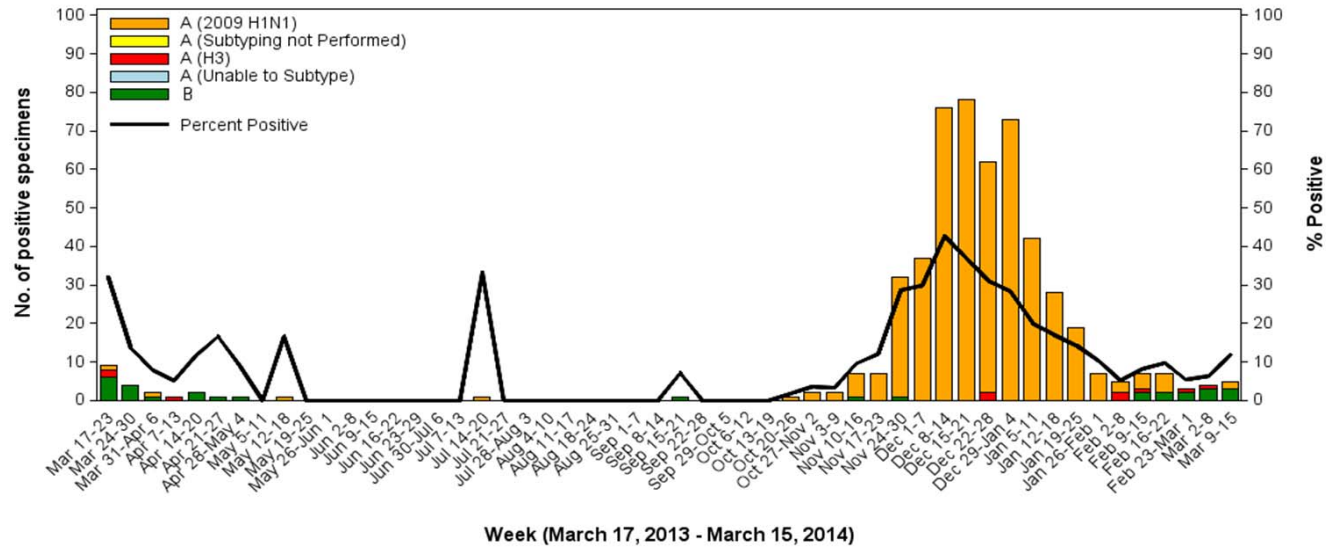
Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2013-2014

Updated: March 21, 2014



Influenza Positive Tests Submitted to TN Dept. of Health Laboratory Services Tennessee, 2013-2014

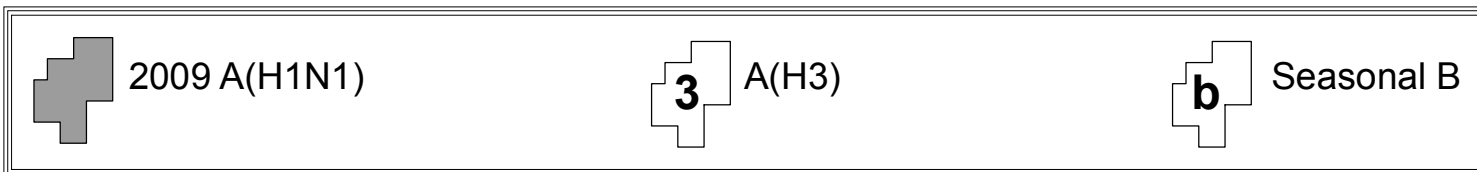
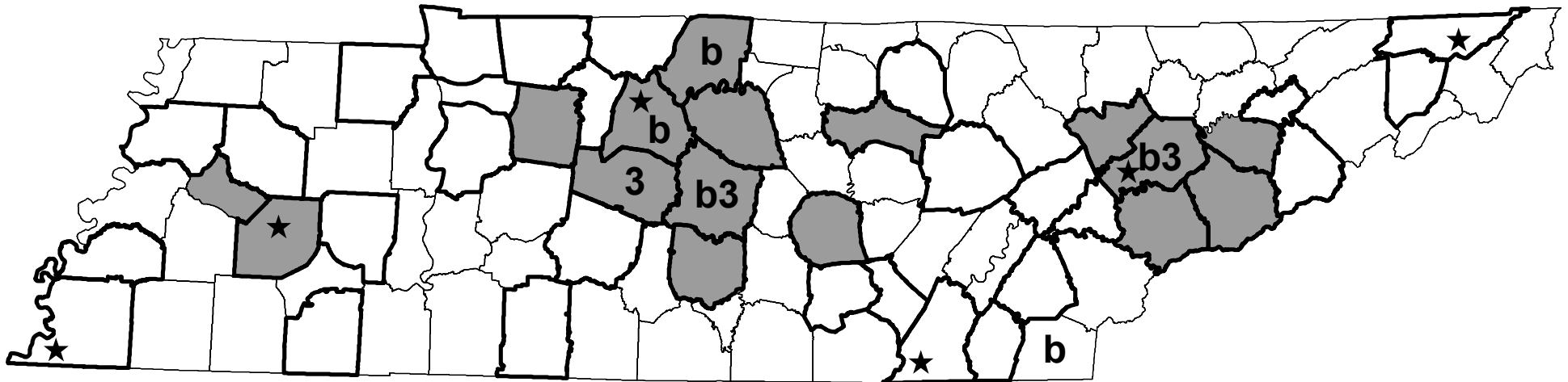
Updated: March 21, 2014



Influenza Confirmed by Culture or PCR in Tennessee from Specimens Collected by Any Source within the Past 6 Weeks

February 2 through March 15, 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).



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

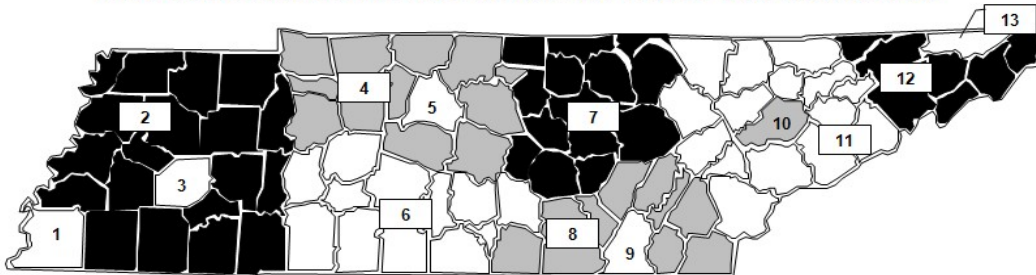
State Lab: Susan McCool 615-262-6351

SPN Questions:

State: Robb Garman 800-404-3006 OR 615-741-7247

County/Region: Regional SPN Coordinator (see map)

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