Sentinel Provider Influenza-Like Illness (ILI)[1] Surveillance Summary (health.state.tn.us/TNflu_report_archive.htm) for the Week of Feb. 22-28, 2015 (Week 08)

Summary for	# Sites reporting	Total Sites		Total Regional ILI	Total Regional Patients	% ILI	Compared to State[2]
Hamilton County (Chattanooga)	3	4		8	409	2.0%	
East Tennessee Region	4	7		9	1256	0.7%	
Jackson-Madison County	2	2		18	625	2.9%	higher
Knoxville-Knox County	1	4		15	970	1.6%	
Mid-Cumberland Region	8	10		17	1046	1.6%	
Shelby County (Memphis)	1	5		0	12	0.0%	
Nashville-Davidson County	2	5		1	96	1.0%	
Northeast Region	3	3		4	157	2.6%	
South Central Region	3	3		1	203	0.5%	
Southeast Region	3	5		5	497	1.0%	
Sullivan County (Tri-Cities)	0	2		0	0	0.0%	n/a
Upper Cumberland Region	3	4		0	370	0.0%	lower
West Tennessee Region	4	6		1	190	0.5%	
State of Tennessee	37	60		79	5831	1.35%	

Prompt treatment of very young & >65 year olds urged

More hospitalizations and deaths are typical of H3N2 seasons, which hit young children and older people harder. Currently, the hospitalization rate for people 65 years and older is the highest it has been in this age group since CDC began tracking this information in 2005.

On Jan. 29, 2015, CDC and partners jointly called on health care professionals to promptly treat young children and people age 65 and older with flu antiviral drugs. The letter is available at www.cdc.gov/flu/pdf/professionals/antiviral-letter-providers-2014-2015.pdf.

The percentage of patients with ILI reported in Week 8 was 1.35% as compared to 1.53% in Week 7. To date, 248 specimens from Week 8 have been tested by TDH Laboratory Services and two commercial laboratories that serve clinics and hospitals in Tennessee; 24 (9.6%) tested positive for influenza viruses, including an increasing proportion of influenza type B viruses. Forty-seven of 95 Tennessee counties have had positive specimens in recent weeks.

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

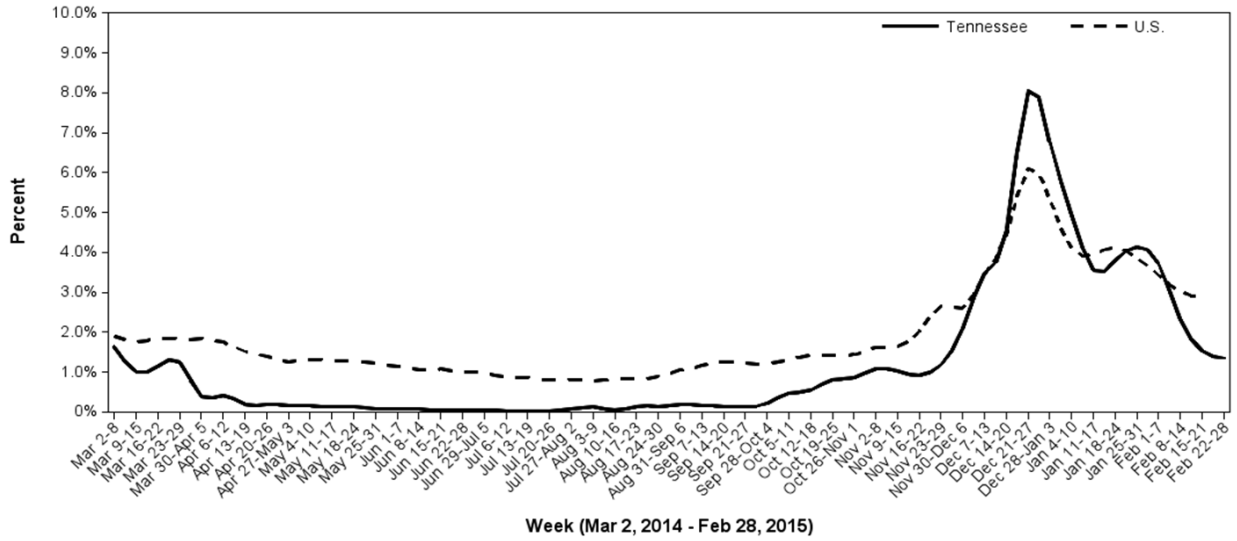
Number of Positive Specimens, by week

Month/Week	#	Flu A (H1N1)	Flu A (H3)	Unsub. Flu A	Flu B	RSV A	RSV B	Paraflu 1	Rhino	Meta-pneumo	Adeno C	Corona OC43
February												
Current	248	0	2	7	15	1	0	0	0	0	0	0
7	183	0	9	4	9	0	1	0	1	0	0	0
6	430	0	25	17	11	3	2	2	8	3	2	3
5	483	1	33	36	9	1	2	1	6	2	2	0
January												
4	488	0	31	31	7	0	0	0	0	0	0	0
3	452	0	19	41	5	0	0	0	1	0	0	0

† 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.

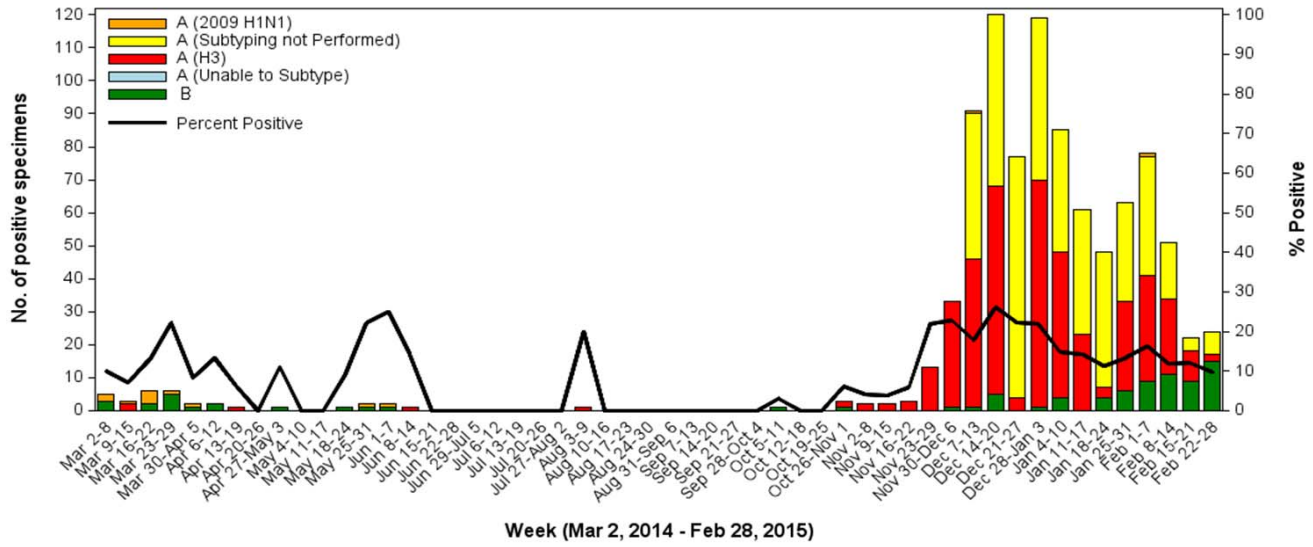
Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2014-2015

Updated: March 6, 2015



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

Updated: March 6, 2015

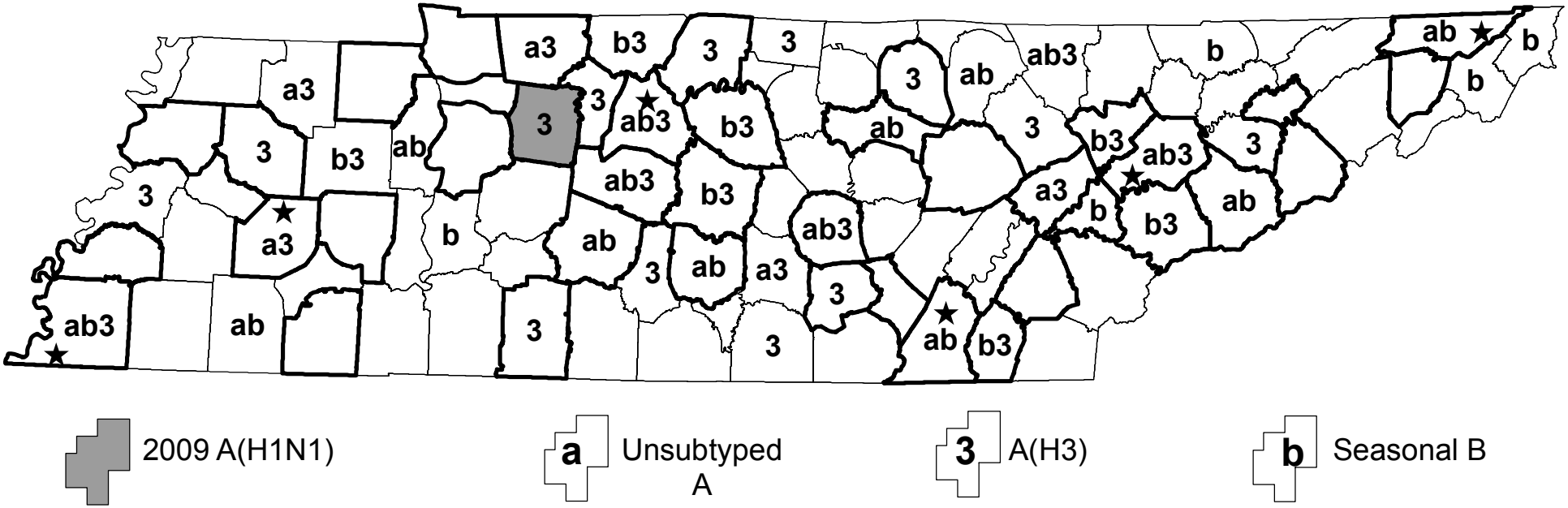


Note: Change to Methods:
Effective Dec. 7, 2014, TDH weekly laboratory surveillance for influenza includes PCR and culture results for Tennessee specimens submitted to two commercial laboratories serving outpatient clinics and hospitals statewide. These numbers are added to those from TDH Laboratory 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

January 18 through February 28, 2015

- 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).



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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.

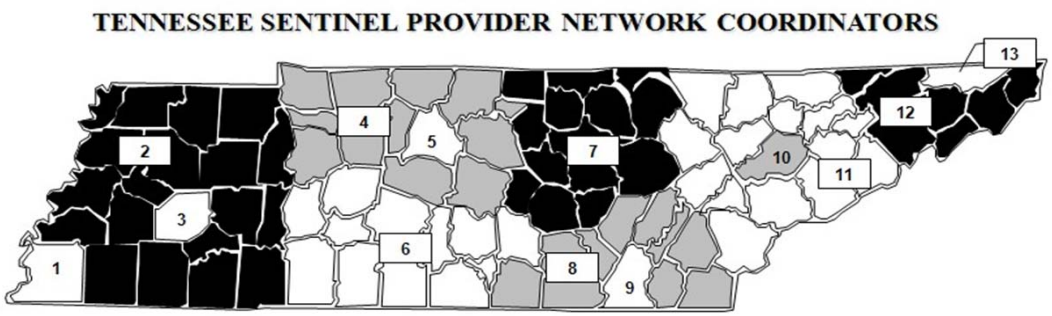
Additional laboratory supplies can be obtained by completing the lab order supply form. To ensure the order is filled, please include the CDC Provider ID Code.

Contact Information

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

State Lab: Dr. Amy Woron (Molecular Biology, PCR) 615-262-6462
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)



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.