Sentinel Provider Influenza-Like Illness (ILI)[1] Surveillance Summary (health.state.tn.us/TNflu_report_archive.htm)
for the Week of August 18-24, 2013 (Week 34)

Summary for	# Sites reporting	Total Sites		Total Regional ILI	Total Regional Patients	% ILI	Compared to State[2]
Hamilton County (Chattanooga)	3	4		0	645	0.0%	
East Tennessee Region	7	7		0	3062	0.0%	
Jackson-Madison County	1	1		5	500	1.0%	higher
Knoxville-Knox County	4	4		0	1762	0.0%	
Mid-Cumberland Region	9	10		2	812	0.3%	
Shelby County (Memphis)	1	10		0	146	0.0%	
Nashville-Davidson County	3	6		0	419	0.0%	
Northeast Region	2	3		0	196	0.0%	
South Central Region	3	3		0	207	0.0%	
Southeast Region	5	5		0	621	0.0%	
Sullivan County (Tri-Cities)	1	2		0	378	0.0%	
Upper Cumberland Region	4	4		3	619	0.5%	higher
West Tennessee Region	5	6		0	311	0.0%	
State of Tennessee	48	65		10	9678	0.10%	

The percentage of patients with ILI reported in Week 34 was 0.10% as compared to 0.06% in Week 33. Nationally, influenza activity remains at its usual low levels. To date, 5 specimens from Week 34 have been tested; all were negative for influenza though other respiratory viruses were detected. Sporadic cases of influenza and other respiratory viruses can be detected in summer months.

Update: H7N9 in China

There have been no new cases of human infection of avian A(H7N9) influenza reported to the World Health Organization (WHO) since Aug. 11. To date, WHO reports a total of 135 lab-confirmed human cases with H7N9 including 44 deaths. Four cases are hospitalized and 87 have been discharged. There is no evidence of sustained human-to-human transmission.

Update: H3N2v in Indiana

There have been no new cases of human infection with influenza A(H3N2) variant virus reported since Aug. 16. A total of 16 cases of human infection with H3N2v have been reported in 2013 to CDC from three states (Indiana-14, Ohio-1, Illinois-1). H3N2v was first detected in U.S. swine in 2010 and caused 309 confirmed human infections (one death) in 12 states in the summer of 2012 (none in TN). Most infections have been associated with prolonged exposure to pigs at agricultural fairs with limited human-to-human transmission detected in the past. Illness is indistinguishable from seasonal influenza. Contact public health if H3N2v is suspected.

Notes to Sentinel Providers:

Sentinel Providers are reminded to submit specimens on all patients meeting the ILI case definition (up to 10 per week). Please use the TDH specimen submission form dated October 2012.

All clinicians who see patients with influenza like illness and exposure to swine or agricultural fairs within 7 days of illness onset should contact public health. Testing for H3N2v can be done at the State Public Health Laboratory for patients meeting clinical and epidemiologic criteria for suspected H3N2v infection. Only sentinel providers are authorized to send in routine surveillance specimens from patients without specific epidemiologic risk factors for novel influenza virus infection.

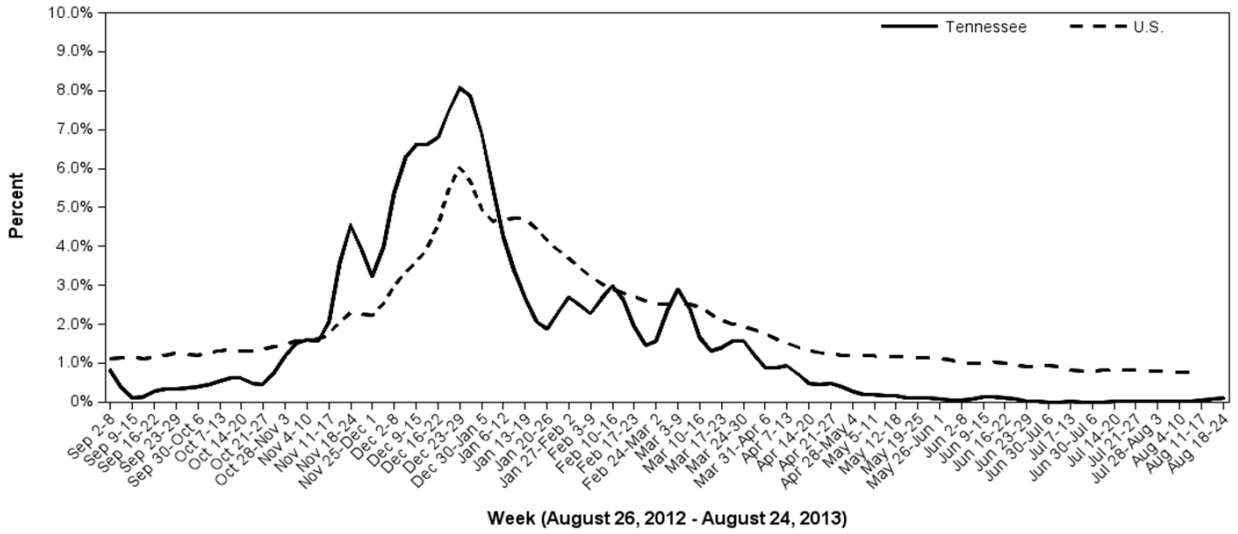
Respiratory Viral Panel

Number of Positive Specimens, by week

Month/Week	#	*Flu A (H1N1)*	*RSV A*	*Paraflu 1*	*Paraflu 4*	*Rhino*
August						
Current	5	0	1	0	1	2
33	6	0	0	0	0	2
32	2	0	0	1	0	0
31	5	0	0	0	0	0
July						
30	3	1	0	0	0	0
29	1	0	0	0	0	0

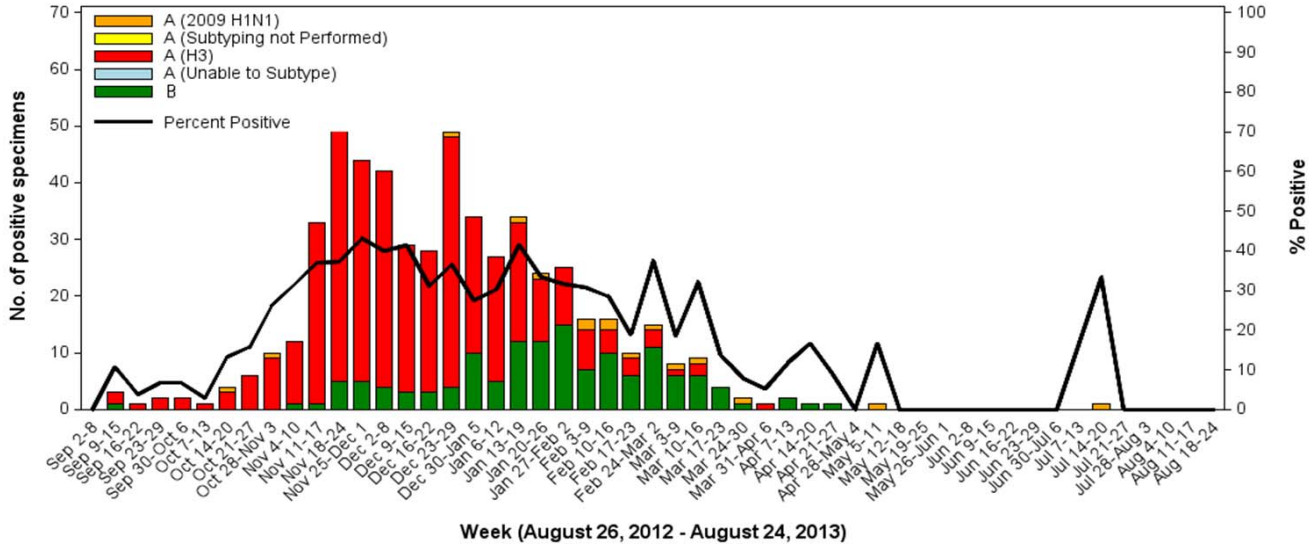
Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2012-2013

Updated: August 29, 2013



Influenza Positive Tests Submitted to TN Dept. of Health Laboratory Services Tennessee, 2012-2013

Updated: August 29, 2013



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

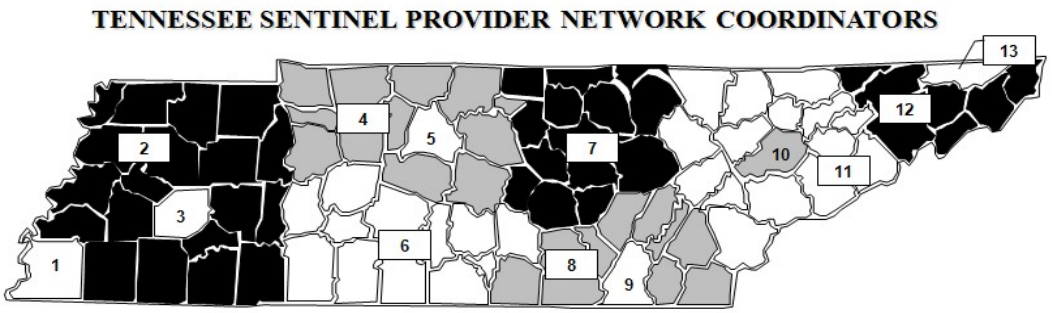
Sentinel Providers report ILI by the end of Tuesday following the end of the reporting week (www2a.cdc.gov/ilinet) and collect and ship specimens from ILI cases Monday through Thursday (maximum 10/week per provider). All Sentinel Provider specimens MUST be accompanied by the Influenza and Respiratory 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)



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