

Sentinel Provider Influenza-Like Illness (ILI)¹ Surveillance Summary (health.state.tn.us/TNflu_report_archive.htm)
for the Week of February 16-22, 2014 (Week 8)

Summary for	# Sites reporting	Total Sites	Total Regional ILI	Total Regional Patients	% ILI	Compared to State ²
Hamilton County (Chattanooga)	4	4	4	702	0.6%	lower
East Tennessee Region	7	8	49	1951	2.5%	higher
Jackson-Madison County	1	2	6	486	1.2%	
Knoxville-Knox County	4	4	40	1959	2.0%	
Mid-Cumberland Region	7	10	10	900	1.1%	
Shelby County (Memphis)	1	5	0	45	0.0%	
Nashville-Davidson County	3	6	9	368	2.5%	
Northeast Region	3	3	2	261	0.8%	
South Central Region	3	3	2	218	0.9%	
Southeast Region	5	5	14	895	1.6%	
Sullivan County (Tri-Cities)	1	2	0	289	0.0%	lower
Upper Cumberland Region	4	4	2	416	0.5%	
West Tennessee Region	6	6	0	324	0.0%	lower
State of Tennessee	49	62	138	8814	1.57%	

The percentage of patients with ILI reported in Week 8 was 1.57% as compared to 2.48% in Week 7. To date, 31 specimens from Week 8 were tested; 4 (12.9%) were positive for influenza: three A(H1N1) and one A(H3N2).

People who are still unvaccinated are at the highest risk of contracting influenza; it is not too late to benefit from influenza vaccination. Vaccine takes about 2 weeks to work: do not delay. Persons, including pregnant women, at high risk of complications from influenza infection who develop influenza symptoms should consult their healthcare provider promptly and take antiviral medication, if prescribed.

Going, going... but not gone

Nationally, the proportion of deaths attributed to pneumonia and influenza and the percent of specimens positive for flu viruses have declined for several weeks. National ILI rates have also decreased but because they remain above the national baseline, it is possible that flu season will continue for a number of weeks, especially in areas that experienced increases late in the season.

People can still benefit from getting vaccinated; the match between vaccine strains and the circulating strains of H1N1, H3N2 and B type influenza viruses is very good. Vaccine is the first and most important step in protecting against flu and its potentially serious complications. Preliminary CDC data show 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

If you have questions, contact your regional or state SPN representative.

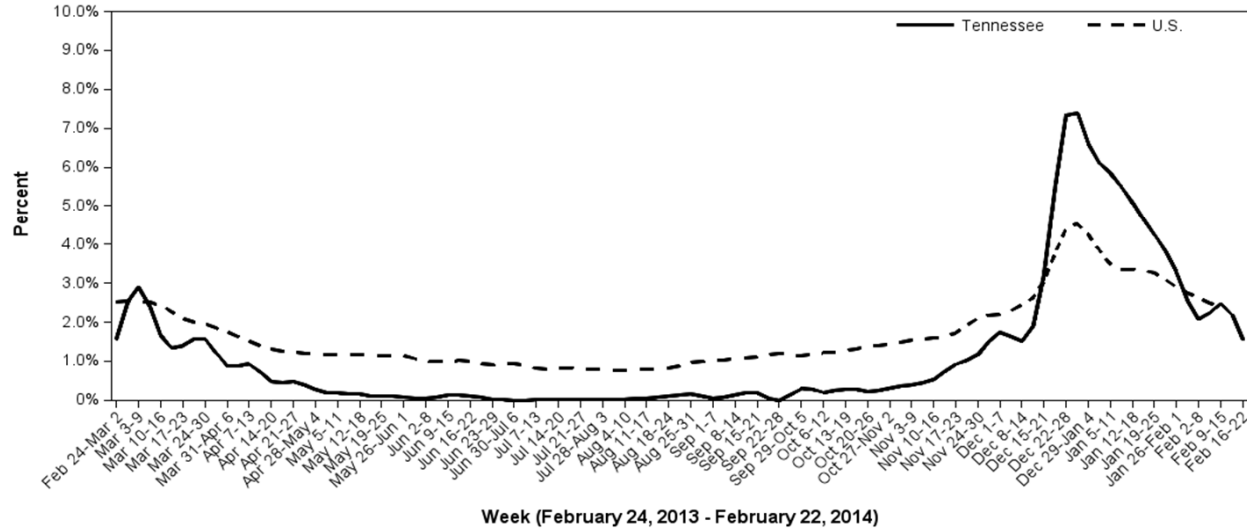
Respiratory Viral Panel

Number of Positive Specimens, by week

Month/Week	#	Flu A (H1N1)	Flu A (H3)	RSV A	RSV B	Paraflu 1	Paraflu 3	Paraflu 4	Rhino	Meta-pneumo	Adeno B	Adeno C	Adeno E	Corona OC43	Corona NL63	Corona 229E	Corona HKU1
February																	
Current	31	3	1	0	0	0	0	1	2	1	0	0	0	1	0	0	1
7	98	3	2	2	4	0	1	0	5	2	0	1	0	7	0	3	4
6	115	11	0	2	5	1	0	1	5	6	1	0	0	5	2	0	2
January																	
5	144	21	0	8	6	1	0	0	8	5	0	1	0	5	3	1	4
4	172	29	0	4	8	2	0	0	10	4	2	0	2	8	1	0	5
3	212	49	0	4	13	3	0	0	5	3	4	2	0	8	2	0	4

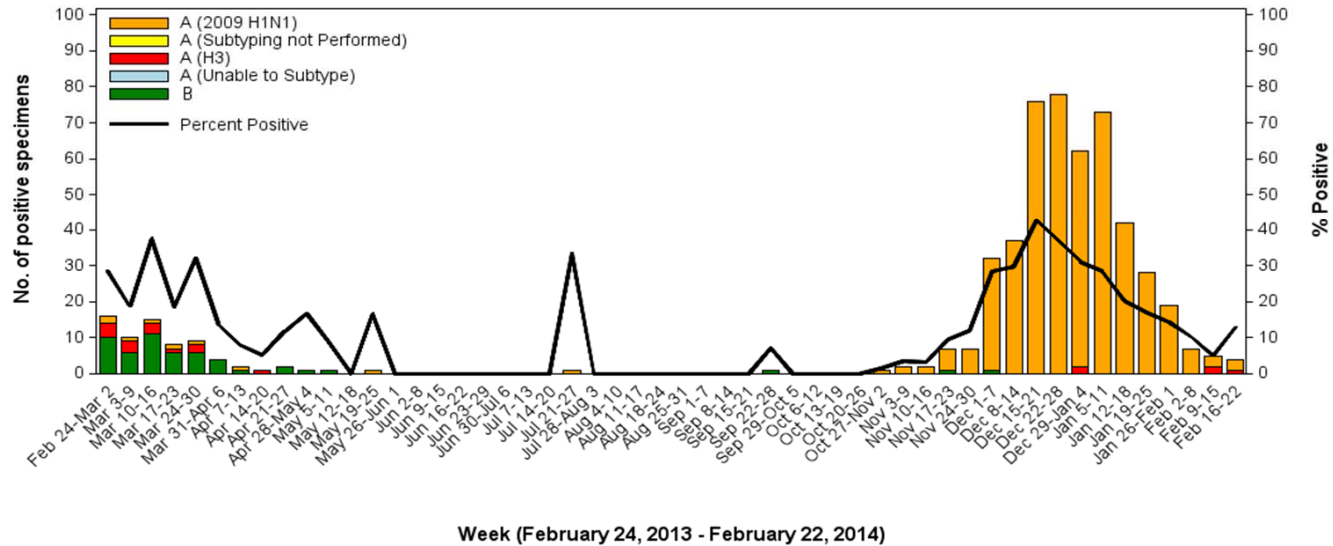
Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2013-2014

Updated: February 27, 2014



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

Updated: February 27, 2014



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

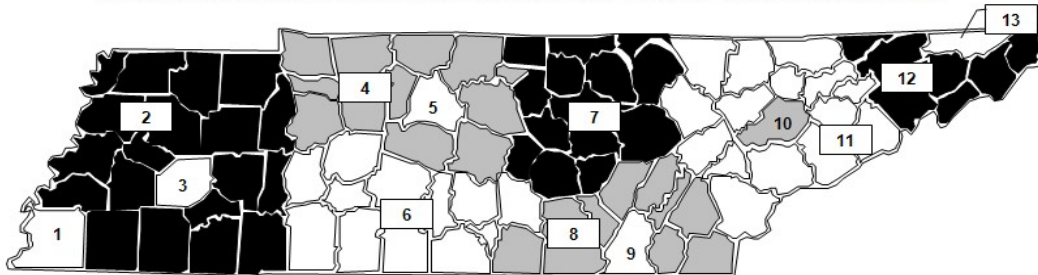
State Lab: Susan McCool 615-262-6351

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