

Sentinel Provider Influenza-Like Illness (ILI)¹ Surveillance Summary (health.state.tn.us/TNflu_report_archive.htm)
for the Week of May 18-24, 2014 (Week 21)

Summary for	# Sites reporting	Total Sites	Total Regional ILI	Total Regional Patients	% ILI	Compared to State ²
Hamilton County (Chattanooga)	3	4	0	493	0.0%	
East Tennessee Region	8	8	7	2518	0.3%	
Jackson-Madison County	0	2	0	0	0.0%	n/a
Knoxville-Knox County	4	4	0	1298	0.0%	
Mid-Cumberland Region	8	10	0	617	0.0%	
Shelby County (Memphis)	0	5	0	0	0.0%	n/a
Nashville-Davidson County	2	5	2	110	1.8%	higher
Northeast Region	1	3	0	73	0.0%	
South Central Region	3	3	0	223	0.0%	
Southeast Region	4	5	0	185	0.0%	
Sullivan County (Tri-Cities)	0	2	0	0	0.0%	n/a
Upper Cumberland Region	4	4	0	511	0.0%	
West Tennessee Region	6	6	0	315	0.0%	
State of Tennessee	43	61	9	6343	0.14%	

Flu activity is low and declining

Though flu viruses continue to cause illness, activity is low and declining across the U.S. Vaccination is still recommended as long as viruses are circulating.

Sentinel Providers

- Submit a specimen for EVERY patient meeting the ILI case definition (up to 10 per week) for surveillance purposes. Please use current (9/13) Specimen Form
- If you have questions, contact your regional or state SPN representative.

The percentage of patients with ILI reported in Week 21 was 0.14% as compared to 0.13% in Week 20. To date, 3 specimens from Week 21 have been tested; none were positive for influenza viruses.

Influenza viruses are not entirely gone: 6.5% of all specimens tested by CDC are positive for influenza viruses. Clinicians are reminded that patients with severe illness consistent with influenza or those with influenza-like illness at high risk of complications from influenza should still be treated with influenza antiviral medications as appropriate. Rapid influenza diagnostic tests have high false negative rates: a negative rapid test does not rule out influenza disease and treatment should not be withheld or discontinued based on a negative rapid test result.

Respiratory Viral Panel

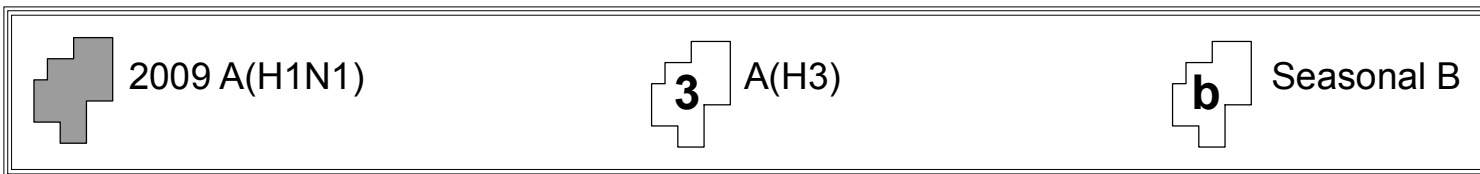
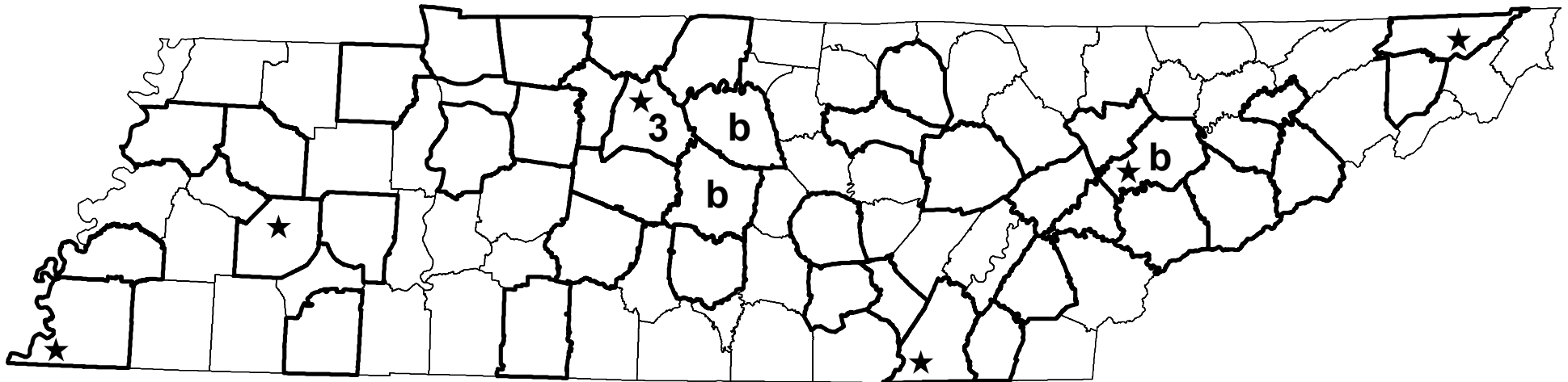
Number of Positive Specimens, by week

Month/Week	#	Flu A (H3)	Flu B	RSV A	Rhino	Meta-pneumo	Corona 229E
May							
Current	3	0	0	0	1	0	0
20	6	0	0	0	0	0	0
19	9	0	1	0	0	0	0
April							
18	11	0	0	0	2	1	0
17	16	1	0	1	0	1	2
16	15	0	2	0	0	1	0

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

April 13 to May 24, 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

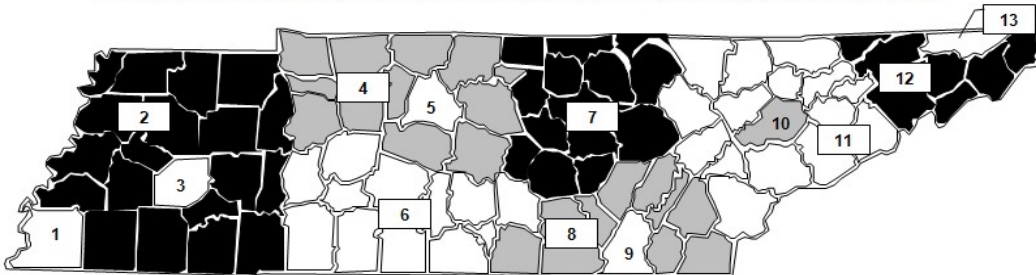
State Lab: Dr. Amy Woron (Molecular Biology, PCR) 615-262-6362
Jim Gibson (Virology, Respiratory Viral Panel) 615-262-6300

SPN Questions:

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

County/Region: Regional SPN Coordinator (see map)

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