# Sentinel Provider Influenza-Like Illness (ILI) Surveillance Summary For the Week of August 16-22, 2009 (Week 33)

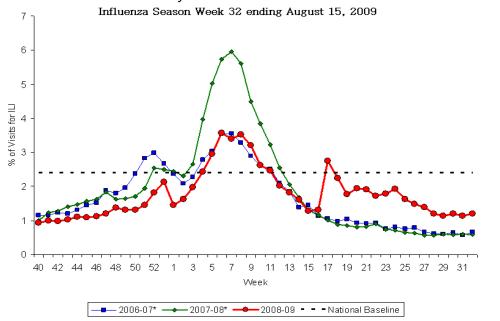
				Total		
	# Providers	Total	Total	Regional		Comparison
Summary for	reporting	<b>Providers</b>	Regional ILI	Patients	% ILI	to State*
Chattanooga-Hamilton County	3	4	0	565	0.0%	lower
East Tennessee Region	7	7	25	3024	0.8%	
Jackson-Madison County	1	1	13	950	1.4%	
Knoxville-Knox County	2	5	4	251	1.6%	
Mid-Cumberland Region	8	10	17	1146	1.5%	
Memphis-Shelby County	1	3	1	68	1.5%	
Nashville-Davidson County	3	5	24	776	3.1%	higher
Northeast Region	3	3	1	635	0.2%	lower
South Central Region	2	3	0	227	0.0%	
Southeast Region	2	5	1	496	0.2%	
Sullivan County	2	2	0	320	0.0%	
Upper Cumberland Region	2	5	0	323	0.0%	
West Tennessee Region	6	6	2	594	0.3%	
State of Tennessee	42	59	88	9375	0.94%	·

The percentage of patients with ILI reported by the TN SPN was 0.94% for Week 33. In Week 33, 27% (70 of 264) of specimens submitted were positive for influenza. Of the 70 positives, 90% were pandemic H1N1 and 10% seasonal Type A influenza. Four counties identified their first H1N1 cases in Week 33. Sentinel Providers should submit ILI reports by the end of Tuesday following the end of the reporting week. The influenza activity map shows an "N" for the counties with laboratory-confirmed novel influenza in the past 8 weeks. Visit www.cdc.gov/h1n1flu for the most current pandemic information.

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) = 2.4%]. When the percentage of patients with ILI exceeds this baseline, this suggests that influenza viruses may be circulating.

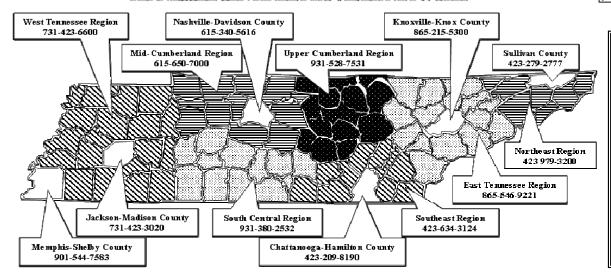
\*The percentage of influenza-like-illness patients seen in each region is compared to the statewide average. Regions with percentages statistically-significantly different from the state average are noted as "higher" or "lower."

Percentage of Visits for Influenza-like Illness (ILI) Reported by the US Outpatient Influenza-like Illness Surveillance Network (ILINet), National Summary 2008-09 and Previous Two Seasons



<sup>\*</sup>There was no week 53 during the 2006-07 and 2007-08 seasons, therefore the week 53 data point for those seasons is an average of weeks 52 and 1.

#### TENNESSEE SENTINEL PROVIDER NETWORK



### **State Public Health Laboratory**

Influenza PCR - specimens from all sources

	Report	Number		Pandemi
Month 2009	Week	Received	Seasonal A	c A
June	25	29	2	15
	26	35	2	24
July	27	44	2	18
	28	47	1	13
	29	78	2	39
	30	67	4	31
Aug.	31	86	0	44
	32	83	6	40
	33	264	7	63
	34			
Sept.	35			
	36			

The state public health laboratory is PCR testing for seasonal type A influenza and the 2009 pandemic type A (H1N1) only (no type B testing). This table shows all specimens submitted (not only those from the SPN).

Sentinel Providers should submit specimens on as many patients as feasible with ILI (fever+cough or sore throat). <u>All specimens require the Influenza PCR specimen submission form dated 5/7/2009 and available on the website.</u> A revised form and protocol will be issued soon.

## Important Information

<u>Pandemic influenza:</u> www.cdc.gov or http://health.state.tn.us/H1N1.htm

#### Submit weekly reports to:

www.ncid.cdc.gov/flu/ or Fax 888-232-1322

#### State Lab:

 Jerry Hindman or Susan McCool 615-262-6351 or 6374

#### SPN Questions:

- Regional SPN Coordinator (see map)
- Robb Garman or Robert Taylor 800-404-3006 or 615-741-7247

# Influenza confirmed by culture or PCR in Tennessee from specimens collected by any source within the past 8 weeks.

June 28, 2009 to August 25, 2009

- •Strains are reported by county of case residence or, if unknown, county where the specimen was collected.
- •Counties where influenza sentinel providers are located are identified with bold boundary lines.

•Novel 2009 H1N1 results are for confirmed cases identified by PCR testing; counties with their first case identified this week are indicated by diagonal striping.

