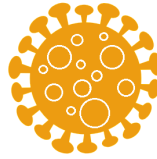


Geographic Spread:
Widespread



Predominant Strain:
A 2009 (H1N1)



ILI Activity Trend:
Increasing



Influenza & influenza-like illness (ILI) activity summary:

In week 5, ILI activity increased statewide and was above peak activity observed during the 2016-17 season. Regional differences were observed, with notable increases observed in all regions except the southeast (see page 8). Heightened influenza activity is expected for several more weeks.

While most counties reported mild influenza activity for week 5, 16 counties reported moderate influenza activity (up from nine counties in week 4).

Eight new outbreaks of influenza or ILI were reported in week 5: five with laboratory evidence of influenza and three ILI. A total of 89 influenza or ILI outbreaks have been reported so far this season (see page 14).

No new influenza-associated pediatric deaths were reported in week 5. Children, especially those with underlying medical conditions, are at higher risk for complications from influenza infection. Influenza vaccination can be life-saving in children. For more information, see page 10.

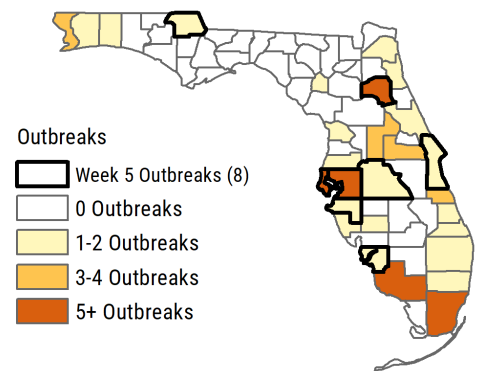
In weeks 4 and 5, an increase in the portion of influenza viruses subtyped as influenza A (H3) at the Bureau of Public Health Laboratories in Florida was observed. Both influenza A 2009 (H1N1) and influenza A (H3) viruses have co-circulated throughout the season in Florida, with influenza A 2009 (H1N1) remaining the most common overall. Mid-season changes in predominantly circulating strain have been observed in past seasons in Florida. This trend will continue to be monitored closely.

It's not too late to get your flu vaccine. People who have not yet been vaccinated for the 2018-19 season should do so as soon as possible. Influenza vaccines are safe and are the best way to protect yourself and your loved ones from influenza and its potentially severe complications. These vaccines are designed to protect against both influenza A 2009 (H1N1) and influenza A (H3) viruses, as well as one or two influenza B viruses.

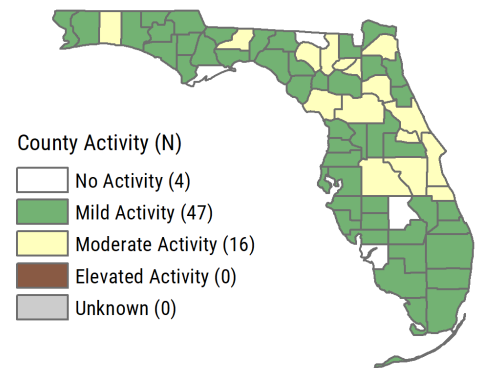
In addition to getting vaccinated, the Florida Department of Health also recommends you take everyday precautions to prevent the spread of influenza and other respiratory viruses:

- Wash your hands often with soap and water (if soap is not available, use an alcohol-based sanitizer).
- Avoid touching your eyes, nose, and mouth.
- If you do get sick, stay home until fever-free for at least 24 hours (without the use of fever-reducing medication).

Influenza and ILI Outbreaks
Reported as of 2/2/19



County Influenza Activity



Flu Shot Locator



Your flu shot is the first and most important step to fight the flu.

To locate a vaccine near you, visit:
FloridaHealth.gov/FindAFluShot

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Background

Influenza, or flu, is a respiratory infection caused by a variety of influenza viruses. Most experts believe influenza viruses spread primarily by droplets made when infected people cough, sneeze, or talk. Less often, a person might become infected with influenza by touching a surface or object contaminated with influenza virus and then touching their own mouth, eyes, or nose.

The best way to prevent influenza infection is to get vaccinated each year. Influenza vaccines protect against the three or four influenza viruses research suggests will be most common.

Influenza Surveillance

Individual cases of influenza are not reportable in Florida with the exception of novel influenza A (a new subtype of influenza A) and influenza-associated pediatric deaths. All outbreaks, including those due to influenza or influenza-like illness (ILI), are reportable in Florida.

Influenza surveillance is conducted to detect changes in the influenza virus. These data are used to help determine the annual northern hemisphere vaccine composition and to prepare for potential pandemics.

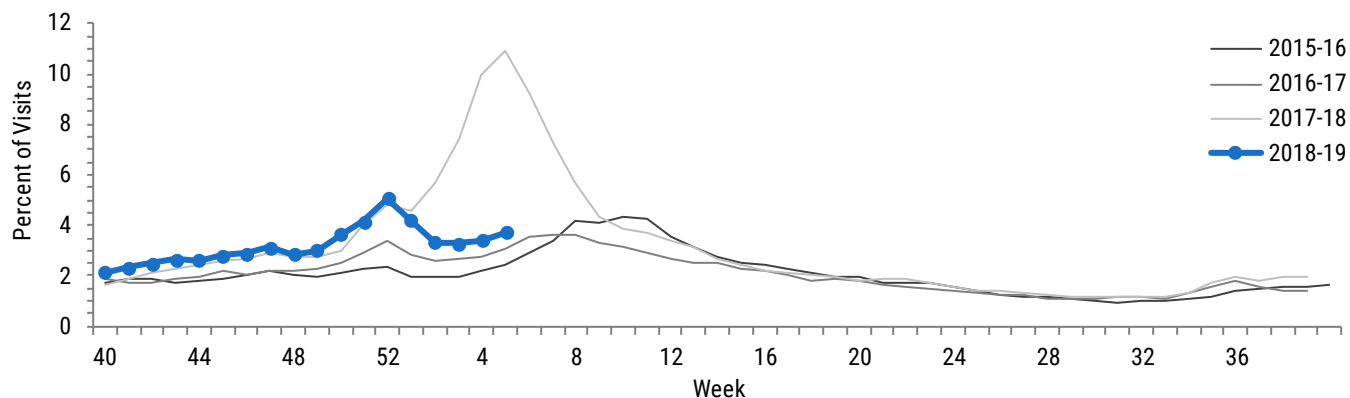
Surveillance is also conducted to identify any unusually severe presentations of influenza, detect outbreaks, and determine the onset, peak, and wane of the influenza season to assist with influenza prevention, particularly in high-risk populations like the very young, adults aged ≥65 years, and pregnant women.

The influenza reporting year is defined by standard reporting weeks outlined by the Centers for Disease Control and Prevention, where every year has 52 or 53 reporting weeks. Increased surveillance for influenza in Florida for the 2018-19 season began in week 40 (starting on September 30, 2018) and will extend through week 20 (ending May 21, 2019). This report is produced by the Florida Department of Health on a weekly basis during the regular influenza season and an abbreviated report is published on a biweekly basis during the summer months.

Surveillance case definitions for ILI vary slightly across surveillance systems. **For more information on Florida’s influenza surveillance systems and associated case definitions, see page 16.**

Statewide Activity

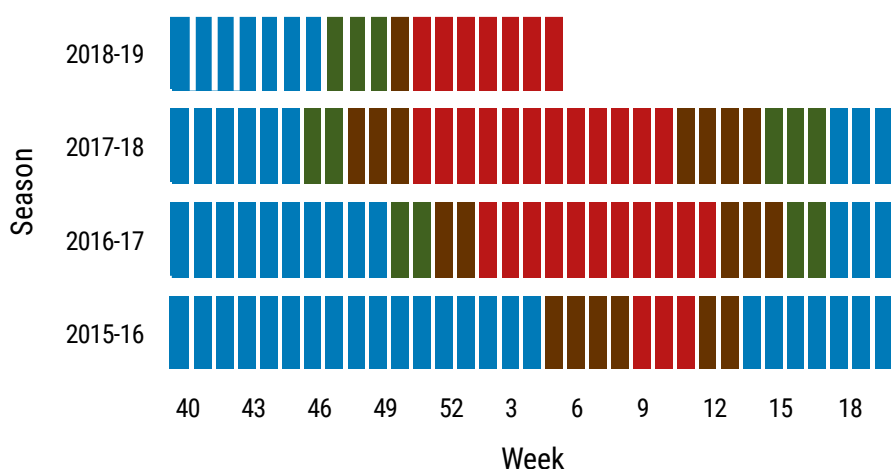
Figure 1: In week 5, **the percent of emergency department and urgent care center visits for ILI statewide increased.** Levels were above those observed at the peak of the 2016-17 season.



▲ **Figure 1** shows **the percent of visits for influenza-like illness (ILI)** for facilities participating in ESSENCE-FL (n=344) statewide for the current season (week 40, 2018 to week 5, 2019) and the last three seasons (2017-18, 2016-17, and 2015-16). The ESSENCE-FL ILI syndrome captures visits with chief complaints that include the words “influenza” or “flu,” or chief complaints that include the words “fever” and “cough,” or “fever” and “sore throat.” For more information on the use of ESSENCE-FL for influenza and ILI surveillance, see page 16.

Statewide Activity

Figure 2: In week 5, Florida reported **widespread geographic spread of influenza** to the Centers for Disease Control and Prevention.



◀ **Figure 2** shows Florida's self-reported **geographic spread of influenza** as reported to the Centers for Disease Control and Prevention, week 40, 2015 to week 5, 2019.

Defining geographic spread of influenza:

Sporadic: small numbers of laboratory-confirmed influenza or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.

Local: outbreaks of influenza or increases in ILI and recent laboratory confirmed influenza in at least two but less than half the regions of the state.

Regional: outbreaks of influenza or increases in ILI and recent laboratory-confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions.

Widespread: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state.

Figure 3: In week 5, **the percent of patients with ILI reported by ILINet outpatient providers statewide decreased slightly** and was slightly below levels observed at this time in previous seasons.

Figure 3 shows the **percent of patients with influenza-like illness (ILI)** reported by ILINet outpatient providers statewide (n=51), week 40, 2015 to week 5, 2019. ▶

For ILINet, ILI is defined as a fever $\geq 100^{\circ}\text{F}$ AND sore throat and/or cough in the absence of another known cause.

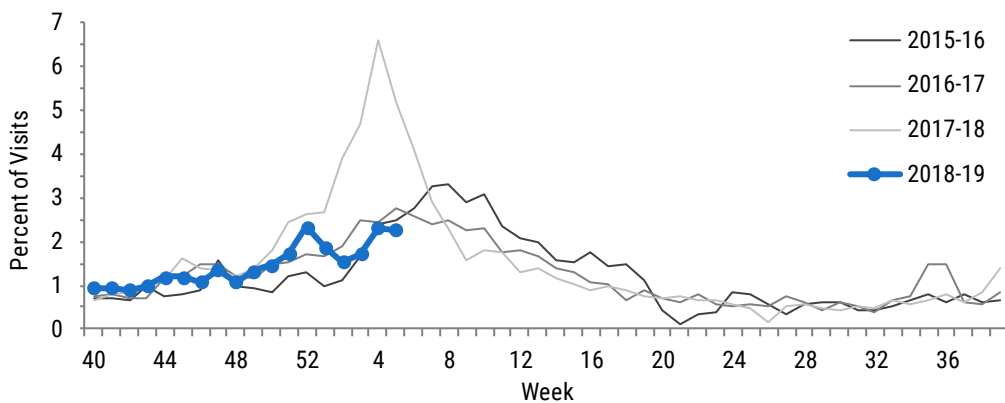
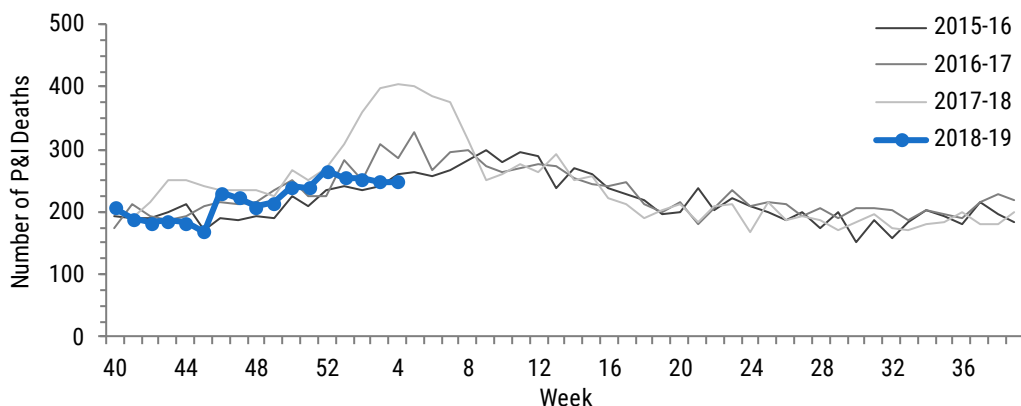


Figure 4: In week 4 (ending 1/26/19), **the number of pneumonia and influenza deaths identified statewide was stable** and was slightly below levels observed at this time in previous seasons.



◀ **Figure 4** shows **pneumonia and influenza (P&I) deaths*** for all Florida counties from the Bureau of Vital Statistics, as reported into ESSENCE-FL, week 40, 2015 to week 4, 2019.

*Current season P&I counts are preliminary numbers that may change as more data are received. The most recent data available are displayed here.

County Influenza Activity

Figure 5: Most counties reported **mild activity** for week 5.

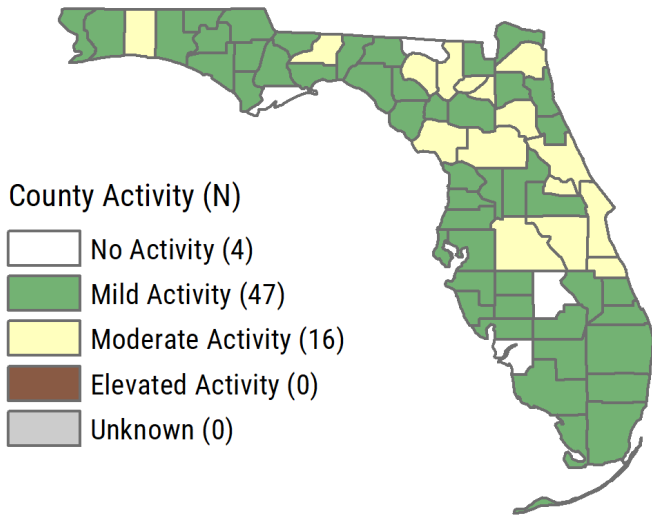
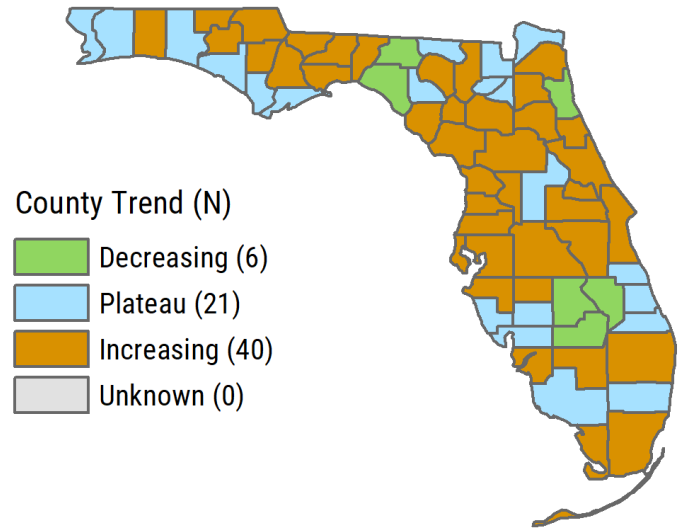
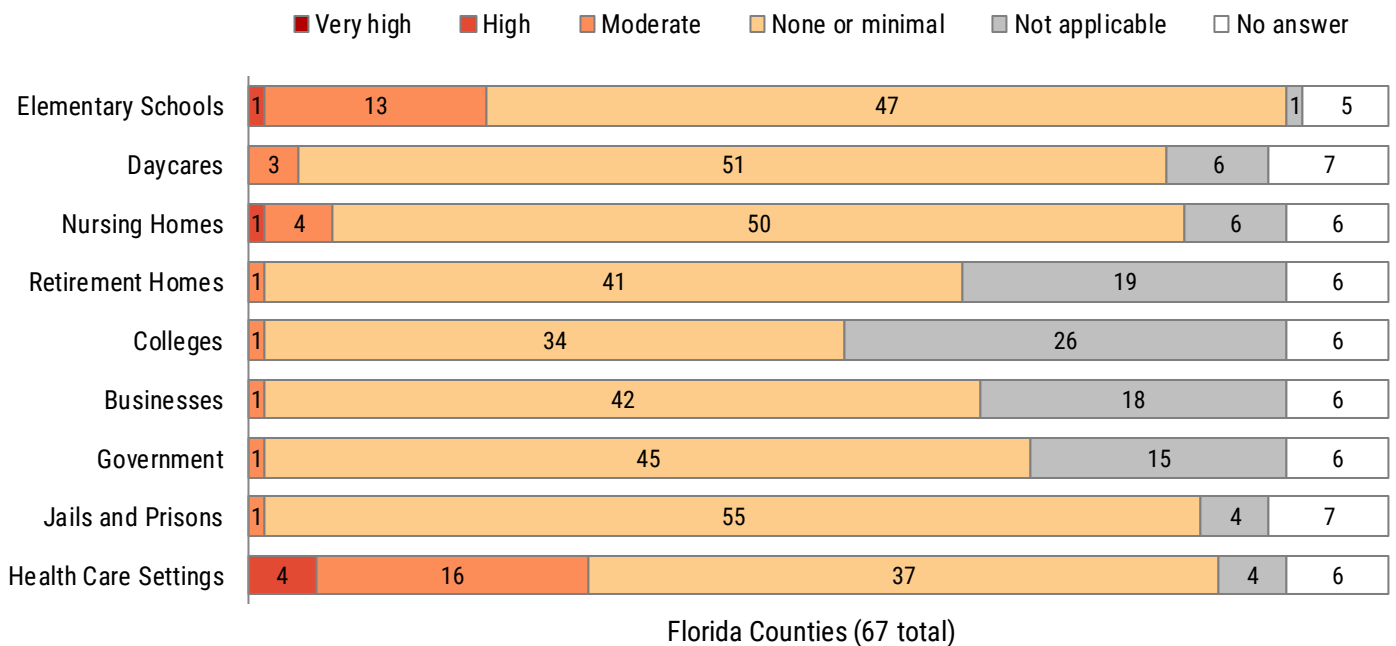


Figure 6: Most counties reported **increasing activity** for week 5.



▲ **Figures 5-6** show **county influenza activity data** as reported by county health departments in EpiGateway. These data are collected on a weekly basis and are used to determine influenza activity levels for each county (Figure 5). County health departments also report their weekly influenza activity trend (Figure 6).

Figure 7: In week 5, most counties reported **no or minimal influenza activity** across all settings. **Moderate to high influenza activity** was reported by a notable proportion of counties in **elementary schools** and **health care settings**.



▲ **Figure 7** shows the results of the influenza activity assessment completed by county health departments for week 5, 2019. As part of the assessment, county health departments are asked to evaluate influenza activity in certain settings within their county. The assessment scale for activity ranges from no or minimal activity to very high activity.

Outbreaks of Influenza and Influenza-like Illness

Statewide Outbreaks

In week 5, eight outbreaks of influenza or ILI were reported: one outbreak of influenza A (H3), four outbreaks of influenza A unspecified, and three outbreaks of ILI.

As of week 5, a total of 89 outbreaks of influenza or ILI have been reported for the 2018-19 season. A complete list of the outbreaks reported so far this season by etiology and setting type is available on page 14.

Laboratory testing

Thus far, specimens were collected for testing at the Bureau of Public Health Laboratories in two of the eight outbreaks reported in week 5.

Hospitalizations and deaths

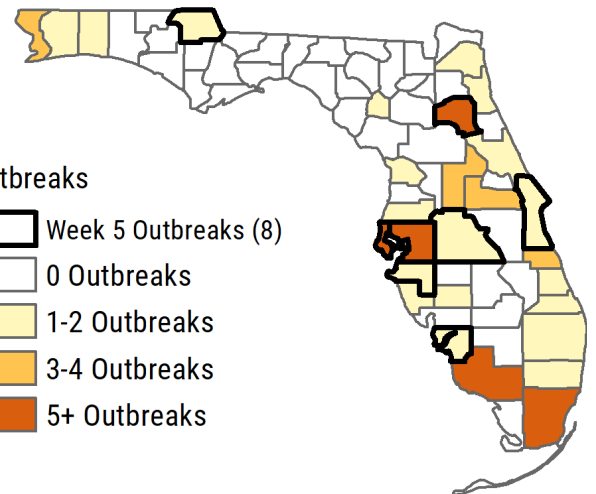
One or more hospitalizations were reported in three of the eight outbreaks reported in week 5. A single death was also reported in one of eight outbreaks reported in week 5.

So far this season, hospitalizations have been reported in 18 out of 89 outbreaks. One or more deaths were reported in four of the 89 total outbreaks this season.

For detailed information on notable outbreaks reported in week 5, see page 15.

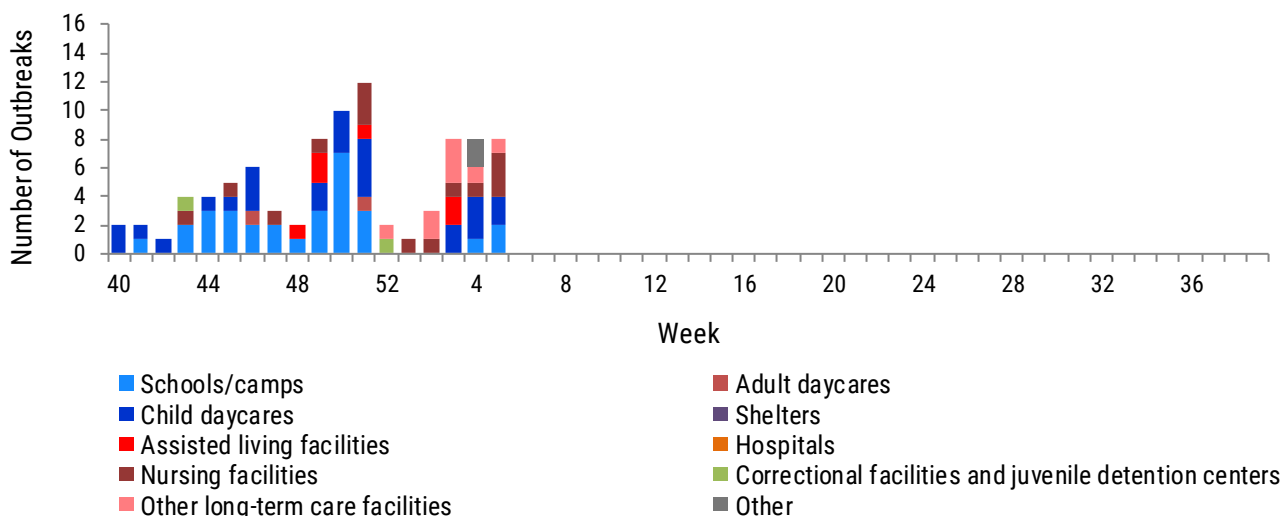
For information on outbreaks in facilities serving children, see page 9.

For information on outbreaks in facilities serving adults aged ≥65 years, see page 11.



▲ Figure 8 shows reported influenza and influenza-like illness (ILI) outbreaks by county. Counties with outbreaks reported in week 5 are **outlined in bold**.

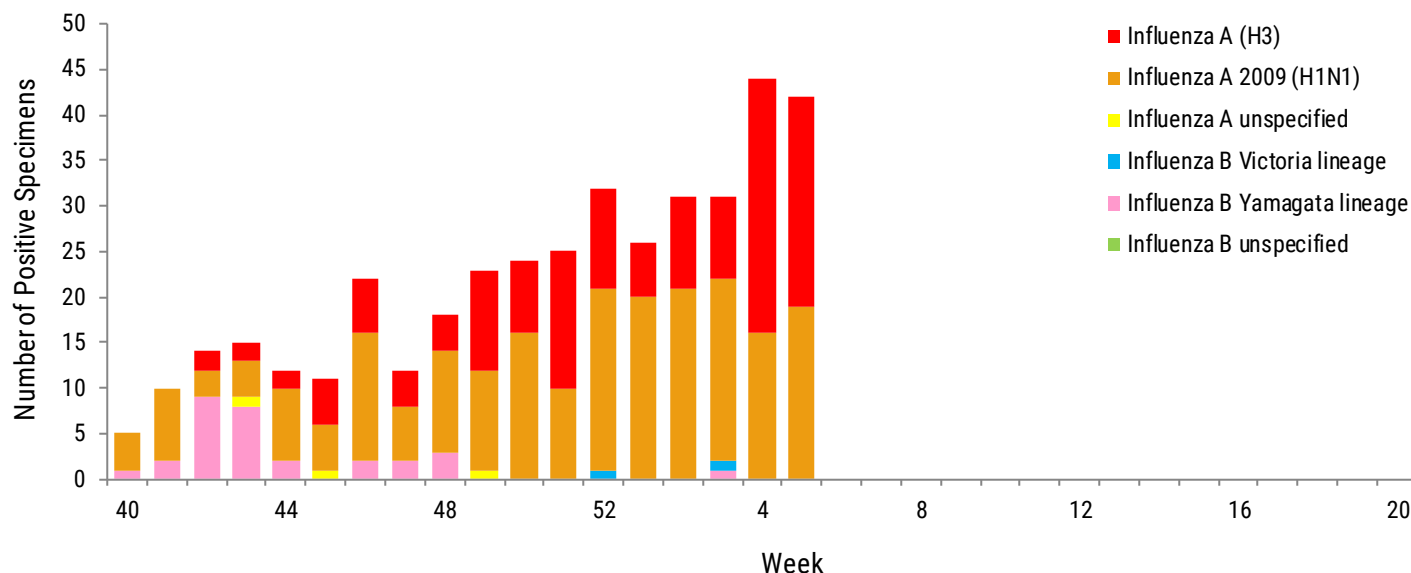
Figure 9: In week 5, **three outbreaks** were reported in **nursing facilities**, **one outbreak** was reported in a **long-term care facility**, **two outbreaks** were reported in a **schools/camps**, and **two outbreaks** were reported in **child daycares**.



▲ Figure 9 shows the distribution of influenza and influenza-like illness (ILI) outbreaks by facility type as reported in Merlin, week 40, 2018 to week 5, 2019.

Laboratory Surveillance

Figure 10: In weeks 4 and 5, **influenza A (H3)** has been the most common influenza subtype detected at BPHL. Overall, **influenza A 2009 (H1N1)** has remained the most common influenza subtype detected at BPHL this season.



▲ **Figure 10** shows the number of **influenza-positive specimens at the Bureau of Public Health Laboratories (BPHL)** by lab-event date,* week 40, 2018 through week 5, 2019.

Nationally, the Centers for Disease Control and Prevention has reported regional differences in predominantly circulating strains of influenza. In the southeastern United States, influenza A (H3) has been observed as the predominant strain. Elsewhere, influenza A 2009 (H1N1) viruses have predominated. Mid-season changes in predominantly circulating strain have been observed in Florida in past seasons. The Florida Department of Health will continue to monitor these virologic data closely.

**Table 1: Bureau of Public Health Laboratories Viral Surveillance by Lab Event Date*
Reported by 10:00 a.m. February 6, 2019**

Influenza Type	Current Week 5	Previous Week 4	Current 2018-19 Season
Total Specimens Tested	62	68	795
Influenza positive specimens (% of total specimens tested)	42 (67.7%)	44 (64.7%)	397 (49.9%)
Influenza A 2009 (H1N1) (% of influenza positives)	23 (54.8%)	16 (36.4%)	216 (54.4%)
Influenza A (H3) (% of influenza positives)	19 (45.2%)	28 (63.6%)	146 (36.8%)
Influenza A unspecified (% of influenza positives)	-	-	3** (0.8%)
Influenza B Yamagata (% of influenza positives)	-	-	30 (7.6%)
Influenza B Victoria (% of influenza positives)	-	-	2 (0.5%)
Influenza B unspecified (% of influenza positives)	-	-	-

*“Lab event date” is defined as the earliest of the following dates associated with influenza testing at the laboratory: date specimen collected, date received by the laboratory, date reported, or date inserted.

**This number includes both influenza A specimens for which subtyping has not yet been performed as well as specimens that tested positive for influenza A but were unable to be subtyped due to low viral load.

For county health departments seeking county-specific laboratory data, please refer to the Flu Lab Report in Merlin. For instructions on how to use the Flu Lab Report, please see the Guide to Flu Lab Report on the Bureau of Epidemiology website:

FloridaHealth.gov/diseases-and-conditions/influenza/_documents/flulabreportguide.pdf

Laboratory Surveillance: Antigenic Characterization

Background

The Bureau of Public Health Laboratories (BPHL) routinely submits influenza isolates to the Centers for Disease Control and Prevention (CDC) for antigenic characterization. **The purpose of this testing is to monitor changes in circulating influenza viruses and compare how similar currently circulating influenza viruses are to the reference viruses used for developing influenza vaccines.** While antigenic characterization can provide an indication of the influenza vaccine's ability to produce an immune response against circulating influenza viruses, **annual vaccine effectiveness estimates remain necessary to determine how much protection has been provided to the population by vaccination.**

BPHL submits two influenza A (H3) isolates, two influenza A 2009 (H1N1) isolates, and four influenza B virus isolates (two Victoria lineage and two Yamagata lineage) every two weeks to CDC (as available). CDC's most recent FluView (www.cdc.gov/flu/weekly/index.htm) offers national context for data displayed in Table 2 and Figure 11 (below).

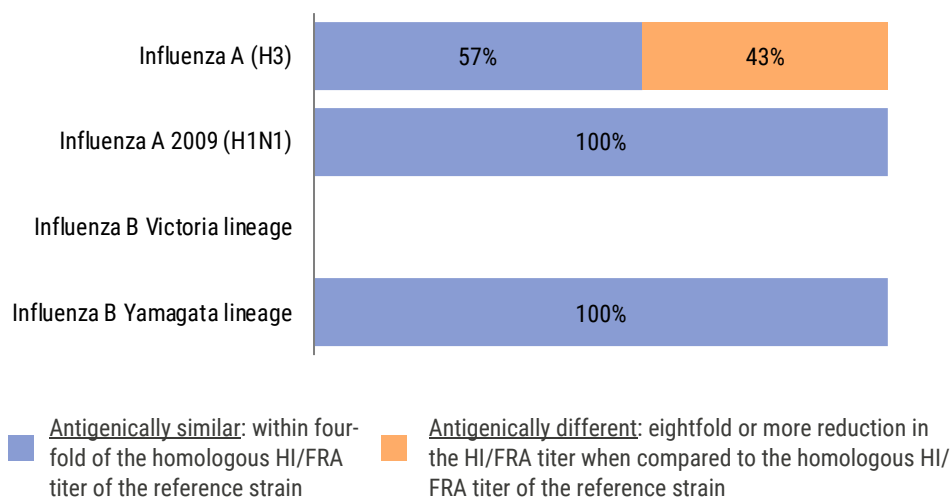
The official recommendation is quadrivalent vaccines administered for the 2018-19 northern hemisphere influenza season contain the following: (1) an A/Michigan/45/2018 (H1N1)pdm09-like virus, (2) an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus, (3) a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage), and (4) a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage). It is recommended that the influenza B component of trivalent vaccines administered for the 2018-19 northern hemisphere influenza season be a B/Colorado/06/2017-like virus. For more information, visit: www.who.int/influenza/vaccines/virus/recommendations/2018_19_north/en/.

Antigenic Characterization	Number of Specimens
A/MICHIGAN/45/2015-LIKE (H1N1)pdm09	20
A/SINGAPORE/INFIMH-16-0019/2016-LIKE (H3N2) BY FRA	4
A/SINGAPORE/INFIMH-16-0019/2016-LIKE (H3N2) LOW BY FRA	3
B/COLORADO/06/2018-LIKE	0
B/PHUKET/3073/2013-LIKE	11

◀ **Table 2** summarizes **available antigenic characterization results** received for specimens collected from week 30, 2018 (beginning July 22, 2018) through week 5, 2019, as reported by CDC. Results for submitted specimens that have not yet been tested will be included in future reports as those results are received.

According to CDC, a specimen is considered "reference-virus-like" if its hemagglutination inhibition (HI) or neutralization focus reduction assay (FRA) titer is within fourfold of the homologous HI/FRA titer of the reference strain; a specimen is considered as "low" to the reference virus if there is an eightfold or more reduction in the HI or FRA titer when compared with the homologous HI or FRA titer of the reference strain.

Figure 11: As of week 5, **the majority of specimens** submitted to CDC for antigenic characterization were **antigenically similar** to their respective vaccine reference strain.



◀ **Figure 11** shows the **percentage of specimens** submitted to CDC that are **antigenically similar to reference strains** representing the recommended vaccine components of the 2018-19 northern hemisphere vaccine, week 30, 2018 to week 5, 2019 by virus type.

As of week 5, 2019, antigenic characterizations results are still pending for 12 influenza A (H3N2) isolates, nine influenza A 2009 (H1N1) isolates, three influenza B Yamagata lineage isolates, and one influenza B Victoria lineage isolate submitted to CDC by BPHL during this timeframe.

Regional Activity

Figures 12-18 show the percent of emergency department and urgent care center visits for influenza-like illness (ILI) at ESSENCE-FL participating facilities (n=344) from week 40, 2015 to week 5, 2019. Data are organized by region (see Figure 19).



Figure 12: In **region 1**, ILI activity increased notably during week 5 and was similar to peak levels observed during the 2016-17 season.

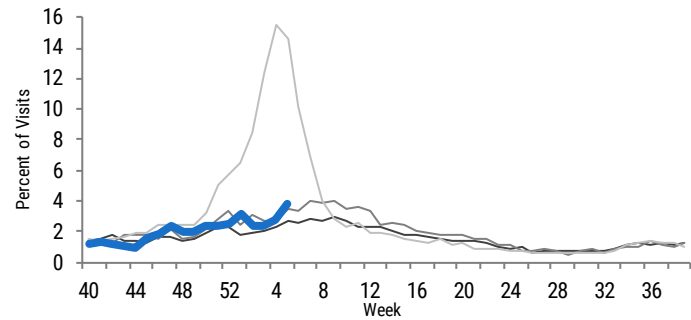


Figure 14: In **region 3**, ILI activity increased notably during week 5 and was above peak levels observed during the 2016-17 and 2015-16 seasons.

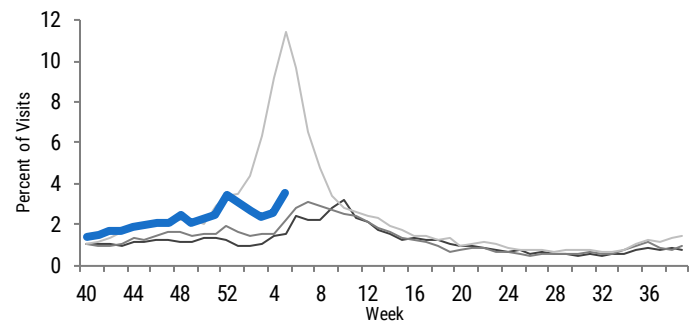


Figure 16: In **region 5**, ILI activity increased notably during week 5 and was similar to peak levels observed during the 2016-17 season.

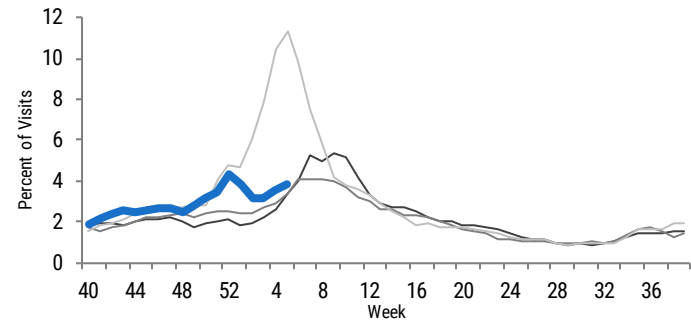


Figure 18: In **region 7**, ILI activity decreased during week 5 and was similar to levels observed at this time in past seasons.

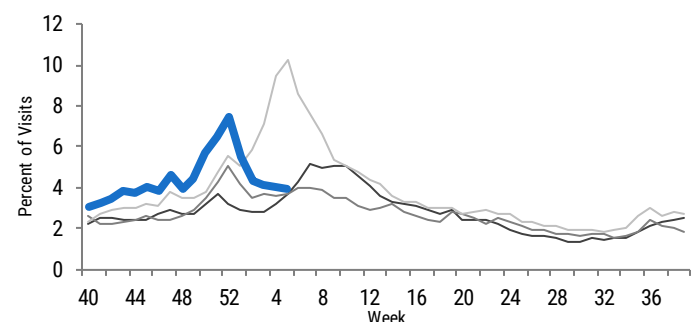


Figure 13: In **region 2**, ILI activity increased notably during week 5 and was similar to peak levels observed during the 2016-17 and 2015-16 seasons.

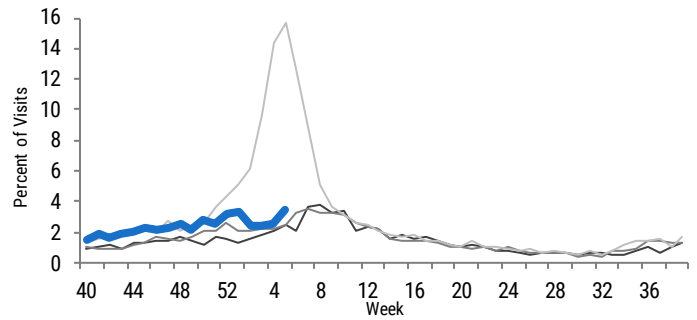


Figure 15: In **region 4**, ILI activity increased notably during week 5 and was above peak levels observed during the 2016-17 season.

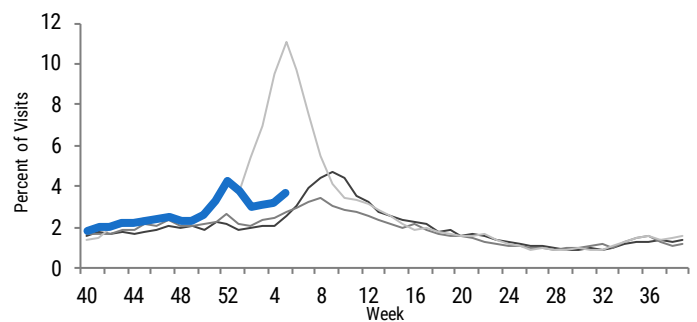


Figure 17: In **region 6**, ILI activity increased notably during week 5 and was above peak levels observed during the 2016-17 and 2015-16 seasons.

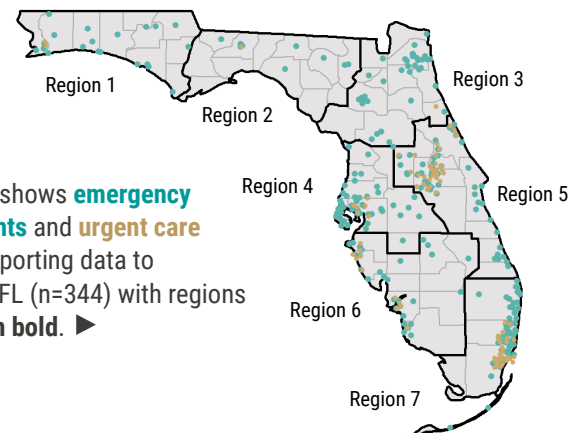
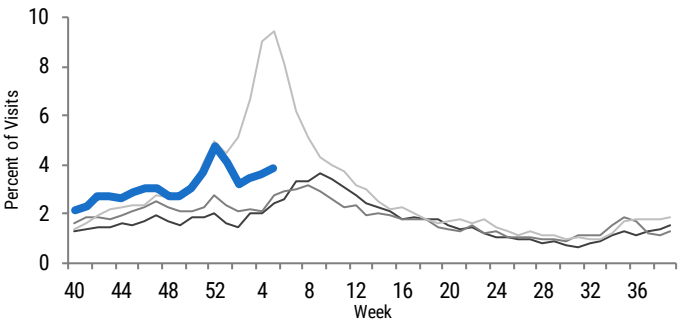


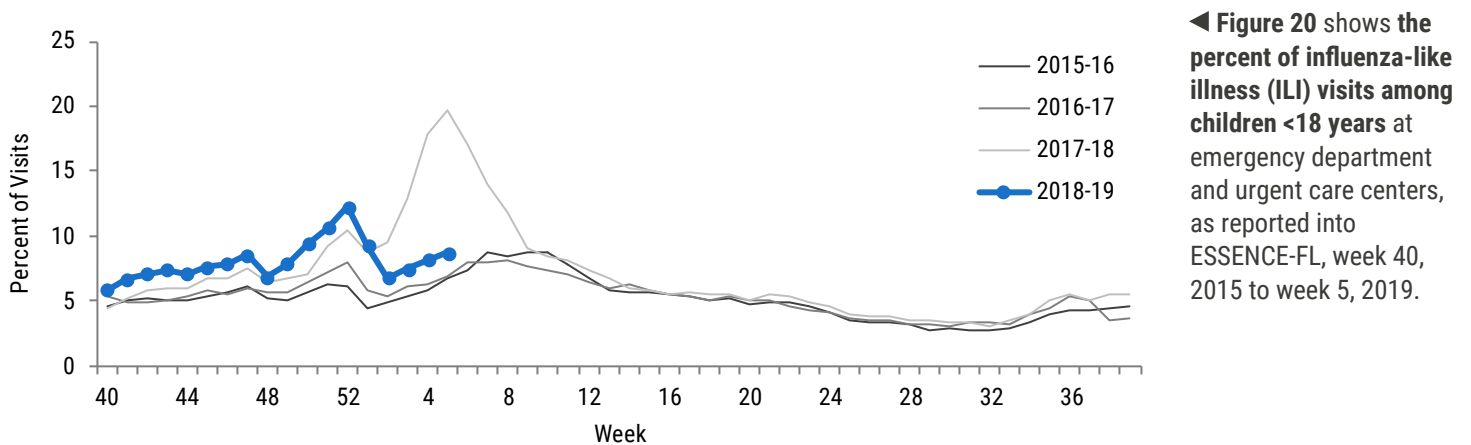
Figure 19 shows **emergency departments** and **urgent care centers** reporting data to ESSENCE-FL (n=344) with regions outlined in bold. ▶

At-Risk Populations: Children

Background

Children, especially those with underlying health conditions (like asthma or diabetes), are at higher risk for severe complications from influenza infection. **The single best way to protect children from influenza is to get them vaccinated every year.** The Florida Department of Health encourages you and your family to get vaccinated as soon as possible. To find a flu shot near you, please visit: [FloridaHealth.gov/FindAFluShot](https://www.floridahealth.gov/FindAFluShot).

Figure 20: In week 5, **the percent of emergency department and urgent care center visits for ILI in children <18 years increased** and was similar to peak levels observed during the 2016-17 and 2015-16 seasons.



Outbreaks in Facilities Serving Children

In week 5, four new outbreaks were reported in facilities serving children (schools/camps and child daycares):

- One outbreak of influenza A unspecified in a child daycare
- One outbreak of ILI in a child daycare
- Two outbreaks of ILI in schools/camps

So far this season, 55 outbreaks have been reported in facilities serving children. Additional outbreak reports are expected as the season progresses.

In addition to getting vaccinated each season, the Florida Department of Health also recommends you take everyday actions to prevent the spread of influenza (and other viruses) such as **keeping sick children home until they are fever-free for 24 hours (without the use of fever reducing medication)**, covering your nose and mouth with your arm when you cough or sneeze, washing your hands often with soap and water, and avoiding touching your eyes, nose, and mouth.

Laboratory testing

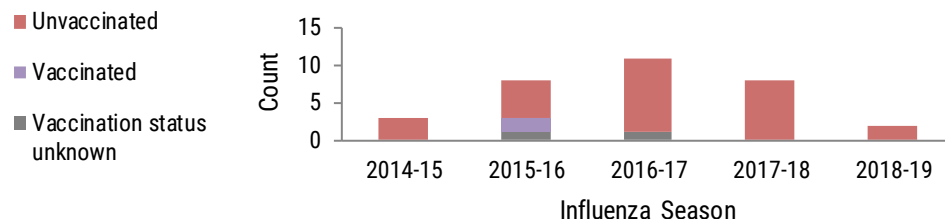
Thus far, no specimens have been available for testing at the Bureau of Public Health Laboratories for these four outbreaks.

Hospitalizations and deaths

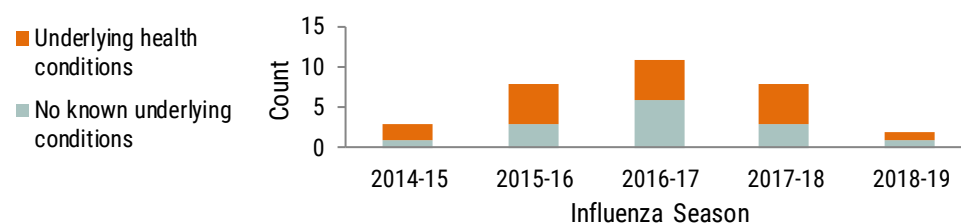
No hospitalizations or deaths were reported in these four outbreaks. So far this season, hospitalizations have been reported in six out of 55 total outbreaks in facilities serving children. No deaths have been reported for any of the outbreaks in facilities serving children so far this season.

At-Risk Populations: Children

Figures 21-22: In week 5, **no new influenza-associated pediatric deaths were reported.**



▲ **Figure 21** shows the number of **influenza-associated pediatric deaths** as reported in Merlin **by vaccination status**, week 40, 2014 to week 5, 2019.



▲ **Figure 22** shows the number of **influenza-associated pediatric deaths** as reported in Merlin **by medical history**, week 40, 2014 to week 5, 2019.

In week 5, **no new influenza-associated pediatric deaths were reported.** Two influenza-associated pediatric deaths have been reported so far this season: one in an **unvaccinated child with no known underlying medical conditions** and one in an **unvaccinated child with underlying medical conditions.**

The Florida Department of Health receives reports of influenza-associated pediatric deaths each season. **Most deaths are reported in unvaccinated children and children with underlying medical conditions.**

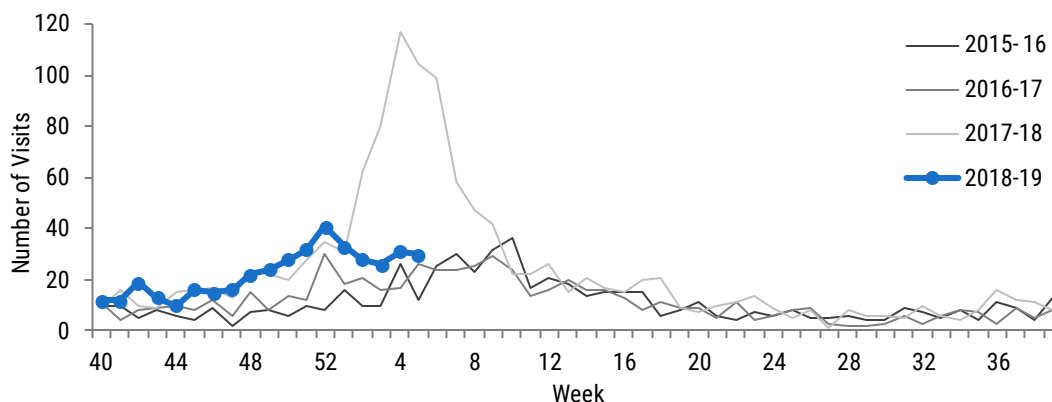
Children, especially those with certain health conditions are at increased risk of severe complications from influenza infection. **Influenza vaccination has been shown to reduce a child's likelihood of dying from influenza by up to 60%.** For more information, please visit: www.cdc.gov/media/releases/2017/p0403-flu-vaccine.html.

At-Risk Populations: Pregnant Women

Background

Influenza is five times more likely to cause severe illness in pregnant women (even those who are generally healthy) compared to women who are not pregnant. Pregnant women with certain underlying medical conditions (such as asthma or heart disease) are at even greater risk for severe complications from influenza. **Inactivated influenza vaccines are safe, provide the best protection for pregnant women and their babies, and are recommended at any time during pregnancy.** Vaccination during pregnancy provides maternal antibody protection to infants too young to be vaccinated for influenza and has been shown to protect pregnant women from influenza-associated hospitalization and preterm birth. For more information, talk to your health care provider.

Figure 23: In week 5, the **number of emergency department and urgent care center visits for influenza among pregnant women decreased slightly** and was within levels observed at this time in previous seasons.



◀ **Figure 23** shows the **number of visits* to emergency department and urgent care centers with chief complaints of influenza infection and pregnancy**, as reported in ESSENCE-FL, week 40, 2015 to week 5, 2019.

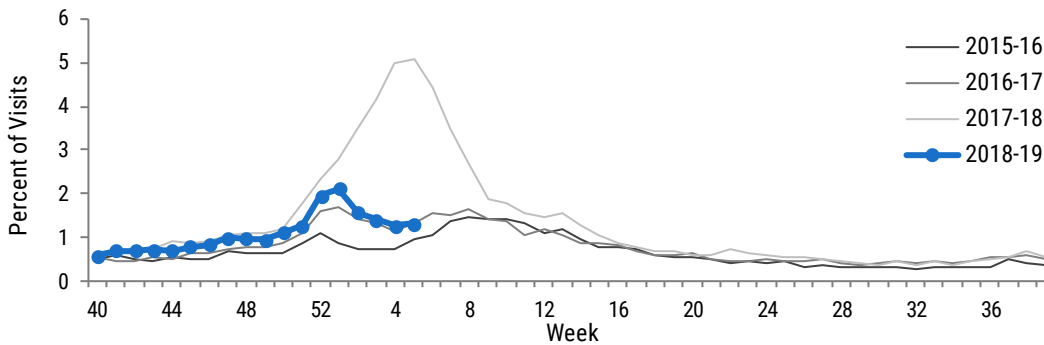
*This count **underrepresents** the true number of pregnant women presenting for care to emergency departments and urgent care centers with influenza, however, **the overall trend** has been validated through review of discharge data collected by the Agency of Health Care Administration.

At-Risk Populations: Adults ≥65 Years Old

Background

Adults ≥65 years old are at higher risk for severe complications from influenza infection, including hospitalization and death. While influenza seasons vary in intensity, adults in this age group bear the greatest burden of severe influenza disease. In Florida, an average of 80% of seasonal pneumonia and influenza deaths occurred in adults aged ≥65 years over the last five influenza seasons. **Annual vaccination is the best way to prevent influenza infection.**

Figure 24: In week 5, the **percent of emergency department and urgent care center visits for ILI in adults ≥65 years increased slightly** and was similar to levels observed at this time during the 2016-17 season.



◀ Figure 24 shows the percent of influenza-like illness (ILI) visits among adults ≥65 years old at emergency departments and urgent care centers, as reported into ESSNECE-FL, week 40, 2015 to week 5, 2019.

Outbreaks in Facilities Serving Adults ≥65 Years

In week 5, four new outbreaks of influenza or ILI were reported in facilities serving adults aged ≥65 years (assisted living facilities, nursing facilities, and long-term care facilities):

- One outbreak of influenza A (H3) in a nursing facility
- Two outbreaks of influenza A unspecified in nursing facilities
- One outbreak of influenza A unspecified in a long-term care facility

So far this season, 28 outbreaks have been reported in facilities serving adults ≥65 years. Additional outbreak reports are expected as we head further into the influenza season.

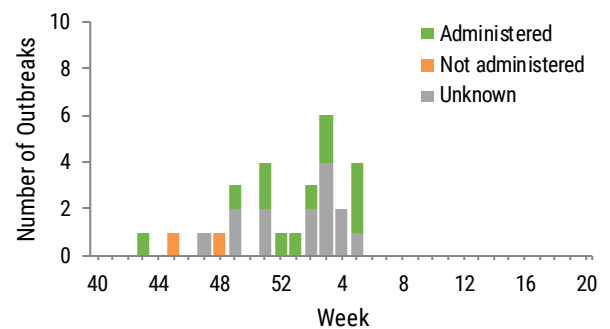
Laboratory testing

Thus far, specimens have been collected for testing at the Bureau of Public Health Laboratories for two of the four outbreaks reported in week 5.

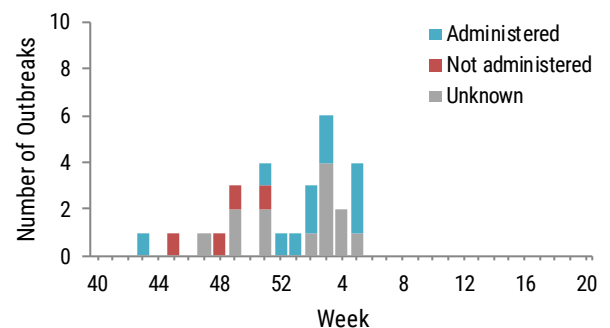
Control measures

Control measures were reviewed with facility leadership for three of the four outbreaks for week 5. It is unknown if control measures were reviewed with facility leadership for the one outbreak reported in week 5.

Antiviral treatment of ill individuals and chemoprophylaxis of at-risk individuals was recommended and administered in three of the four outbreaks reported in week 5. It is unknown if antiviral treatment or chemoprophylaxis was recommended or administered in one outbreak reported in week 5.



▲ Figure 25 shows the number of outbreaks where antiviral treatment was administered to ill individuals by week in facilities serving adults ≥65 years old, as reported in Merlin.



▲ Figure 26 shows the number of outbreaks where antiviral chemoprophylaxis was administered to at-risk individuals by week in facilities serving adults ≥65 years old, as reported in Merlin.

Respiratory Syncytial Virus Surveillance

Background

Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. Young children and older adults, especially those with certain underlying health conditions, are at higher risk for severe illness from RSV. Prophylaxis is available for children who qualify. For more information, contact your health care provider.

RSV Surveillance

A statewide RSV surveillance system was implemented in Florida to support clinical decision-making for prophylaxis of premature infants.

The determination of unique seasonal and geographic trends of RSV activity in Florida has important implications for prescribing patterns for initiating prophylaxis to children at high risk for complications from RSV infection. The American Academy of Pediatrics currently recommends preapproval for prophylactic treatment be made based on state surveillance data. For more information on RSV surveillance systems used in Florida, see the last page of this report.

Florida's RSV season is longer than the rest of the nation and has distinct regional patterns. The Florida Department of Health established regional RSV seasons based on activity thresholds provided by the Centers for Disease Control and Prevention (see Figure 27). **Currently, all five of Florida's regions are in RSV season.**

To learn more about RSV in Florida, please visit: [FloridaHealth.gov/RSV](https://www.floridahealth.gov/RSV).

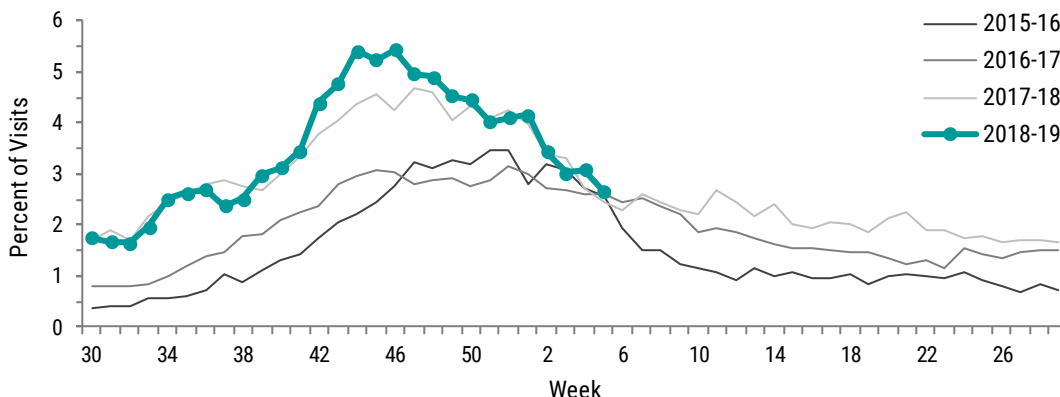
Week 5 (January 27–February 2, 2019) Activity Summary

In week 5, RSV activity in children <5 years old decreased and was similar to levels observed at this time in previous years.

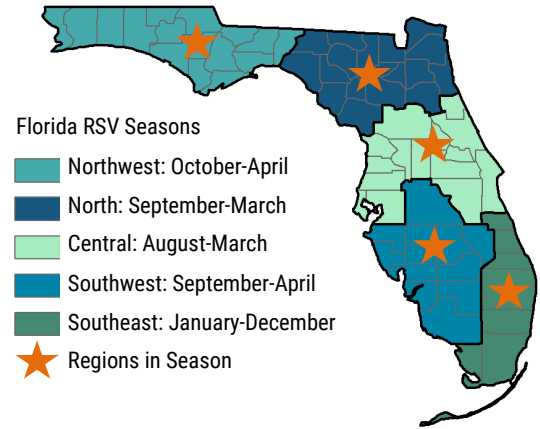
No new possible RSV-associated pediatric deaths were identified in week 5. One possible RSV-associated pediatric death has been identified so far in 2019.

No new outbreaks of RSV were reported in week 5. A total of 10 outbreaks of RSV have been reported since October 2018.

Figure 28: In week 5, **the percent of emergency department and urgent care center visits for RSV among children <5 years decreased** and was similar to levels observed at this time in previous years.



*The overall trend displayed in Figure 28 has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.



▲ **Figure 27 shows Florida's RSV regional season breakdown.** Regions that are currently in RSV season are marked with **orange stars**.

◀ **Figure 28 shows the percent of emergency department and urgent care center visits with discharge diagnoses that include respiratory syncytial virus (RSV) or RSV-associated illness among children <5 years***, as reported in ESSENCE-FL, week 30, 2015 to week 5, 2019.

RSV & Other Respiratory Virus Surveillance

Figure 29: In week 5, the percent of specimens testing positive for RSV decreased and was slightly below levels observed at this time in previous years.

Figure 29 shows the percent of specimens testing positive for respiratory syncytial virus (RSV), as reported by hospital laboratories (n=8), week 30, 2015 to week 5, 2019. ▶

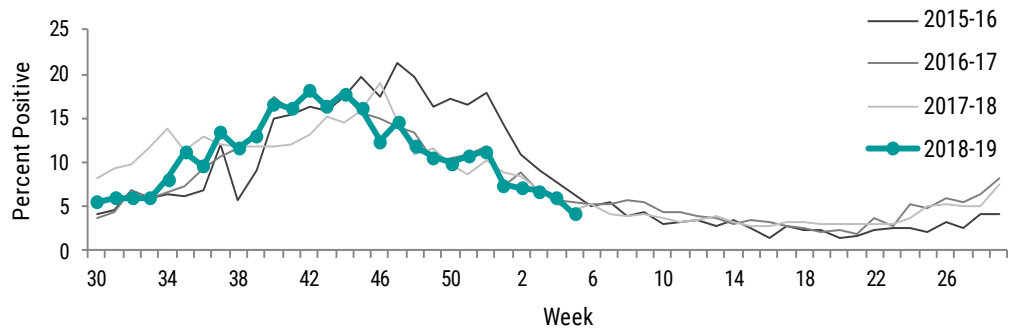
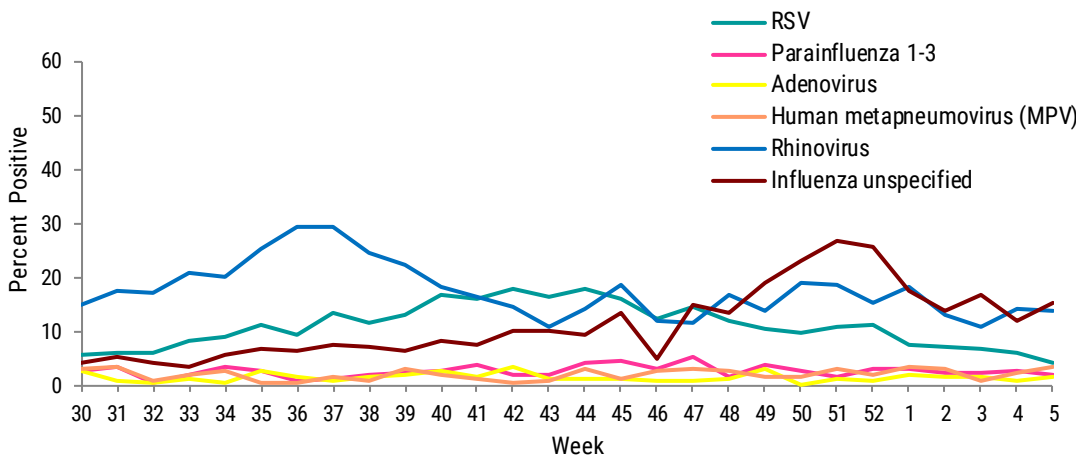


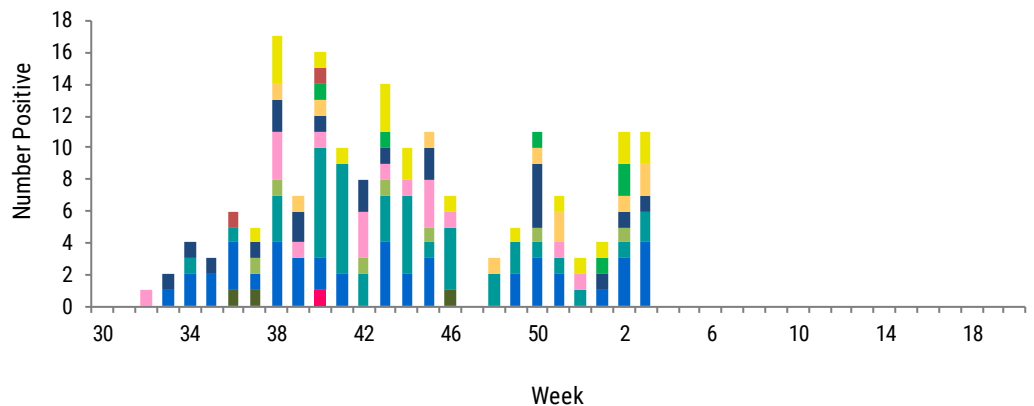
Figure 30: In recent weeks, the percent of specimens testing positive for influenza or rhinovirus remained higher than other respiratory viruses under surveillance.



◀ Figure 30 shows the percent of laboratory results testing positive for eight common respiratory viruses, as reported by laboratories participating in the National Respiratory and Enteric Virus Surveillance System (NRVESS) and laboratories reporting validated respiratory virus data to the Florida Department of Health via electronic laboratory reporting (n=8), week 30, 2018 to week 5, 2019.

Figure 31: None of the specimens submitted by ARIES providers in week 4 (ending 1/26/19) tested positive by extended respiratory panel testing at BPHL thus far.

Figure 31 shows the number of specimens submitted by Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) providers (n=4) testing positive for 12 common respiratory viruses as reported by the Bureau of Public Health Laboratories (BPHL), week 30, 2018 to week 4, 2019 (ending January 26, 2019). ▶



Note: The most recent data available are displayed here. Laboratory results for submitted specimens that have not yet been tested in full will be included in future reports.

- Coronavirus 229E
- Parainfluenza 1
- Rhinovirus
- RSV
- Coronavirus NL63
- Parainfluenza 2
- Enterovirus
- MPV
- Coronavirus OC43
- Parainfluenza 3
- Enterovirus D68
- Adenovirus
- Coronavirus HKU1

Summary of Outbreaks

Table 3: Summary of Influenza and Influenza-like Illness Outbreaks Reported in Week 5, 2019 by Setting

Setting	Number of Outbreaks (Percent of Outbreaks)	Implicated Viruses and Bacteria
Schools/camps	2 (25.0%)	2 unknown etiology
Child daycares	2 (25.0%)	1 influenza A unspecified 1 unknown etiology
Adult daycares	0 (0.0%)	No outbreaks
Correctional facilities and juvenile detention centers	0 (0.0%)	No outbreaks
Nursing facilities	3 (37.5%)	1 influenza A (H3) 2 influenza A unspecified
Assisted living facilities	0 (0.0%)	No outbreaks
Other long-term care facilities	1 (12.5%)	1 influenza A unspecified
Hospitals	0 (0.0%)	No outbreaks
Shelters	0 (0.0%)	No outbreaks
Other settings	0 (0.0%)	No outbreaks
Total	8 (100.0%)	1 influenza A (H3) 4 influenza A unspecified 3 unknown etiology

Table 4: Summary of Influenza and Influenza-like Illness Outbreaks Reported for the 2018-19 Season by Setting

Setting	Number of Outbreaks (Percent of Outbreaks)	Implicated Viruses and Bacteria
Schools/camps	30* (33.7%)	1 influenza A 2009 (H1N1) 13 influenza A unspecified 1 influenza A unspecified and influenza B unspecified 2 influenza unspecified 1 respiratory syncytial virus (RSV) 12 unknown etiology
Child daycares	25 (28.1%)	1 influenza A (H3) 3 influenza A unspecified 1 influenza A unspecified and RSV 4 influenza unspecified 1 influenza unspecified and RSV 1 influenza unspecified and group A <i>Streptococcus</i> 5 RSV 1 group A <i>Streptococcus</i> 1 human metapneumovirus (MPV) 7 unknown etiology
Adult daycares	2 (2.2%)	2 influenza A unspecified and influenza B unspecified
Correctional facilities and juvenile detention centers	2 (2.2%)	1 influenza B Yamagata lineage 1 unknown etiology
Nursing facilities	16 (18.0%)	2 influenza A 2009 (H1N1) 2 influenza A (H3) 5 influenza A unspecified 1 influenza unspecified 1 RSV 5 unknown etiology
Assisted living facilities	6 (6.7%)	1 influenza A unspecified 1 influenza unspecified 1 rhinovirus 3 unknown etiology
Other long-term care facilities	6 (6.7%)	2 influenza A unspecified 1 influenza unspecified 1 RSV 2 unknown etiology
Hospitals	0 (0.0%)	No outbreaks
Shelters	0 (0.0%)	No outbreaks
Other settings	2 (2.2%)	1 influenza A 2009 (H1N1) 1 influenza A unspecified and influenza B unspecified

Table 4 continued on page 15.

*After further investigation, it was determined that one event included with this total in a previous report did not meet the definition of an outbreak. For more information on how influenza and ILI outbreaks are defined by the Florida Department of Health, see page 16.

Summary of Outbreaks

Table 4: Summary of Influenza and Influenza-like Illness Outbreaks Reported for the 2018-19 Season by Setting, Continued

Setting	Number of Outbreaks (Percent of Outbreaks)	Implicated Viruses and Bacteria
Total	89 (100.0%)	4 influenza A 2009 (H1N1) 3 influenza A (H3) 24 influenza A unspecified 4 influenza A unspecified and influenza B unspecified 1 influenza A unspecified and RSV 1 influenza B Yamagata lineage 9 influenza unspecified 1 influenza unspecified and RSV 1 influenza unspecified and group A <i>Streptococcus</i> 8 RSV 1 rhinovirus 1 MPV 1 group A <i>Streptococcus</i> 30 unknown etiology

Summary of Notable Influenza and Influenza-like Illness (ILI) Outbreaks Reported in Week 5, 2019

In week 5, 2019, there were three notable outbreaks of influenza or ILI reported.

Brevard County

A long-term care facility reported 20 individuals with ILI. Four individuals sought treatment at local emergency departments and four individuals were hospitalized. Five specimens collected from ill individuals tested positive for influenza A unspecified at local health care providers (two by PCR and three by rapid antigen testing). No specimens have been available for testing at the Bureau of Public Health Laboratories (BPHL) thus far. Outbreak control measures were reviewed with facility leadership. This investigation is still ongoing.

Polk County

A nursing facility reported 12 individuals with ILI. One individual was hospitalized and one individual died. Specimens collected from 12 individuals tested positive for influenza A (H3) by PCR at local health care providers. At least one specimen was collected for testing at BPHL. Those results are pending. Outbreak control measures were reviewed with facility leadership. This investigation is still ongoing.

Jackson County

A nursing facility reported 12 residents with ILI. One resident sought treatment at a local emergency department and one resident was hospitalized. Eleven specimens collected from ill residents tested positive for influenza A unspecified by rapid antigen testing at local health care providers. Three specimens were collected for testing at BPHL. Those results are pending. Outbreak control measures were reviewed with facility leadership. This investigation is still ongoing.

Florida ILI Surveillance System Summary

ESSENCE-FL Syndromic Surveillance and Vital Statistics Portal Data source for figures 1, 4, 12-20, 23, 24, and 28

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) measures trends in influenza-like illness (ILI) visits from emergency departments (ED) and urgent care clinics (UCC) and influenza mortality by using death certificates from the Bureau of Vital Statistics. Participating EDs and UCCs (n=344) electronically transmit visit data into ESSENCE-FL daily or hourly.

For statewide and regional data on ILI, visits are counted as ED or UCC visits to participating facilities that include the words “influenza” or “flu” in patient chief complaints. Chief complaints with the words “fever” and “cough,” or “fever” and “sore throat” are also counted as ILI.

For pneumonia and influenza (P&I) mortality surveillance, death record literals are queried using a free-text query that searches for references to P&I on death certificates. Any mention of P&I in the death certificate literals, with certain exceptions, is counted as a P&I death. Deaths counts are aggregated and presented by date of death.

For respiratory syncytial virus (RSV) surveillance, visits are counted as ED or UCC visits to participating facilities for which RSV or RSV-associated illness is included in the discharge diagnosis.

For RSV mortality surveillance, death record literals are queried using a free-text query that searches for references to RSV on death certificates. Any mention of RSV, syncytial, and bronchiolitis in the death certificate literals, with certain exceptions, is counted as a RSV death. These deaths are also investigated to ensure they meet case definition.

Florida ILINet Data source for figures 2 and 3

ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. Florida has 118 sentinel providers enrolled in ILINet who submit weekly ILI and total visit counts, as well as submit ILI specimens to the Bureau of Public Health Laboratories for virologic surveillance. For healthcare providers interested in enrolling in ILINet, contact your local county health department.

ILINet is also used as a portal in which the Florida Department of Health reports Florida’s geographic spread of influenza each week to the Centers for Disease Control and Prevention (CDC).

County Influenza Activity in EpiGateway Data source for figure 5-7

County health department (CHD) epidemiologists report their county’s influenza and ILI surveillance data weekly into The Florida Department of Health’s EpiGateway website. Data from these reports is used to classify influenza activity as: no activity, mild, moderate, or elevated. Setting-specific influenza activity and influenza trend information is also reported by CHDs as available. EpiGateway data provided by CHDs creates a county-by-county breakdown of influenza and ILI activity around the state.

Outbreak Reporting in Merlin Data source for figures 8, 9, 25, and 26; tables 3 and 4

Merlin tracks influenza and ILI outbreak investigations by CHDs. Reports by CHDs include the type of respiratory disease causing the outbreak, settings where outbreaks are occurring, and recommendations made to mitigate the spread of disease. CHD epidemiologists report outbreaks of influenza or ILI into Merlin, Florida’s reportable disease surveillance system.

Outbreaks in assisted living facilities, nursing facilities, and long-term care facilities are defined as two or more cases of influenza or ILI. In schools/camps and child daycares, outbreaks are defined as three or more epidemiologically linked cases of influenza or ILI. The Florida Department of Health does not count household clusters as outbreaks.

Bureau of Public Health Laboratories (BPHL) Data source for figure 10 and table 1

BPHL performs testing and subtyping on surveillance specimens from sentinel providers, outbreak investigations, patients with severe or unusual influenza presentations, and medical examiners.

United States World Health Organization Collaborating Laboratories Influenza Virus Surveillance Data source for figure 11; table 2

The United States World Health Organization Collaborating Laboratories Influenza Virus Surveillance is a system that captures antigenic characterizations results for specimens submitted by BPHL to CDC for testing.

Case-Based Influenza Surveillance Data source for figures 21 and 22

Death in a child whose laboratory-confirmed influenza infection has been identified as a contributing to the child’s death are reportable in Florida. Influenza-associated pediatric deaths are documented by CHDs in Merlin.

In addition, an individual of any age infected with novel or pandemic influenza strain(s) is reportable in Florida. Pandemic strain influenza cases are documented by CHDs in Merlin.

For more information about reportable diseases, please visit [FloridaHealth.gov/DiseaseReporting](https://www.floridahealth.gov/disease-reporting).

Laboratory Viral Respiratory Surveillance Data source for figures 29 and 30

The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a CDC surveillance system that captures on eight commonly circulating respiratory viruses as reported by participating laboratories in Florida. NREVSS data are combined with validated electronic laboratory data from Florida laboratories that submit RSV laboratory results via electronic laboratory reporting. Together, this information is used to monitor the temporal and geographic patterns of these viruses.

Acute Respiratory Infection Epidemiology and Surveillance (ARIES) Program Data source for figure 31

Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) is a nationwide surveillance system composed of 17 participating jurisdictions. Florida has four sentinel providers enrolled in ARIES who submit weekly ILI counts, as well as submit ILI specimens to BPHL for testing.