Florida FLU REVIEW

Season: 2020-21

Week 53: 12/27/20-1/2/21

Geographic Spread: **Sporadic**

Predominant Strain: **Unknown**

Influenza Activity Trend: **Stable**

Week 53 influenza & influenza-like illness (ILI) activity summary:

During week 53, influenza and ILI activity remained at low levels across the state. Influenza seasons vary in timing, severity, and duration.

Get your flu shot now. Annual vaccination is the best way to protect yourself and your loved ones from influenza and its potentially severe complications.

During the last four weeks, the percent of influenza-positive laboratory results remained low. Due to low testing volume it is difficult to determine what strain will predominate during the 2020-21 influenza season.

Likewise, the percent of emergency department and urgent care center visits with discharge diagnoses that include influenza remained low in recent weeks.

No new influenza-associated pediatric deaths were reported in week 53.

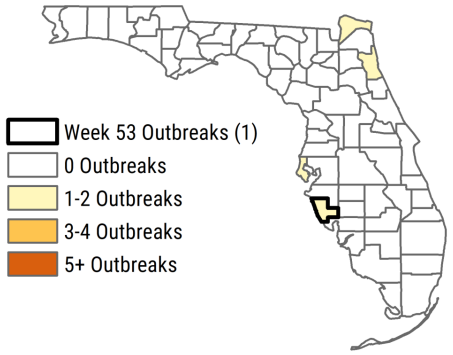
The Centers for Disease Control and Prevention recommends antiviral treatment be initiated as soon as possible for people with confirmed or suspected influenza who are at higher risk for complications (children <2 years, adults ≥65 years, pregnant women, and people with underlying medical conditions). Treatment should be administered within 48 hours of illness onset. For more information, contact your health care provider.

The COVID-19 pandemic is affecting health care seeking behavior, which may be impacting the ILI and influenza activity trends shown in this report. An overall reduction in the number of emergency department and urgent care center visits has been observed since March 2020, along with changes in the reasons for seeking care at these facilities.

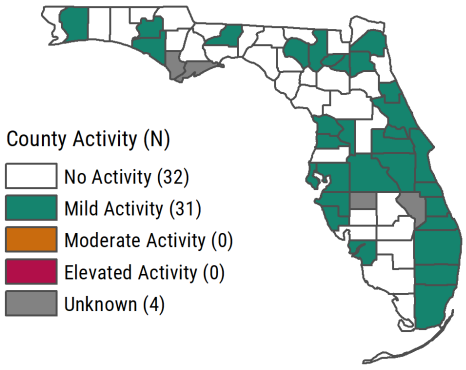
Of note, some of the figures in this report that previously displayed chief complaints of ILI were updated to display discharge diagnoses of influenza to better reflect influenza activity trends in Florida. The Florida Department of Health will continue to make updates and provide clarification on the trends presented in this report as needed.

Influenza or ILI Outbreaks

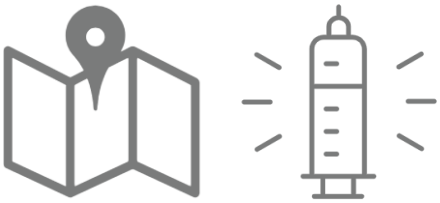
Reported as of 1/2/21



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:
VaccineFinder.org

Posted January 6, 2021 on the Bureau of Epidemiology (BOE) website: FloridaHealth.gov/FloridaFlu
Produced by the BOE, Florida Department of Health

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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.

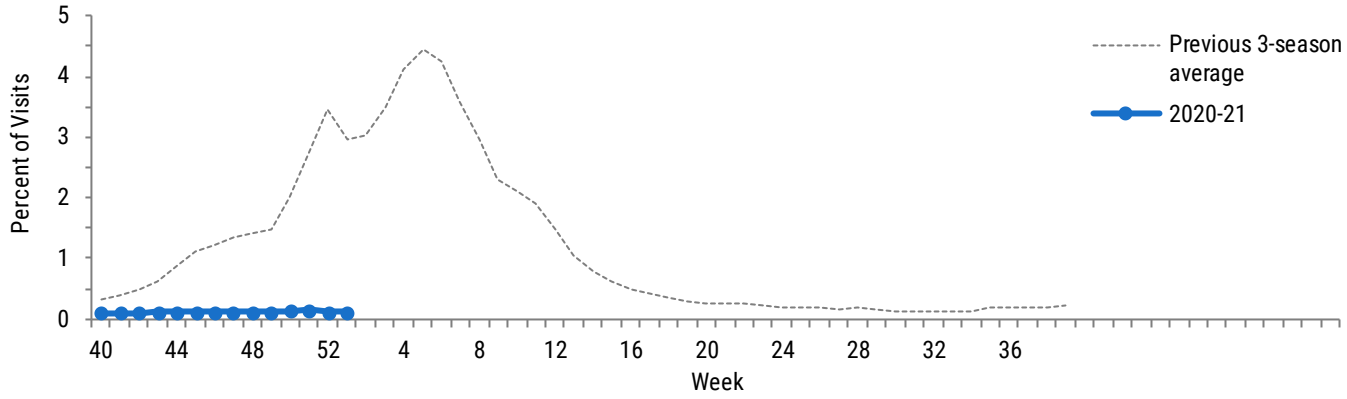
Surveillance is also conducted to identify any unusually severe presentations of influenza, detect outbreaks, and determine the onset, peak, and wane of the influenza season to assist with influenza prevention, particularly in high-risk populations like the very young, adults aged ≥65 years, and pregnant 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 2020-21 season began in week 40 (starting on September 27, 2020) and will extend through week 20 (ending May 22, 2021). 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 14.**

Statewide Activity

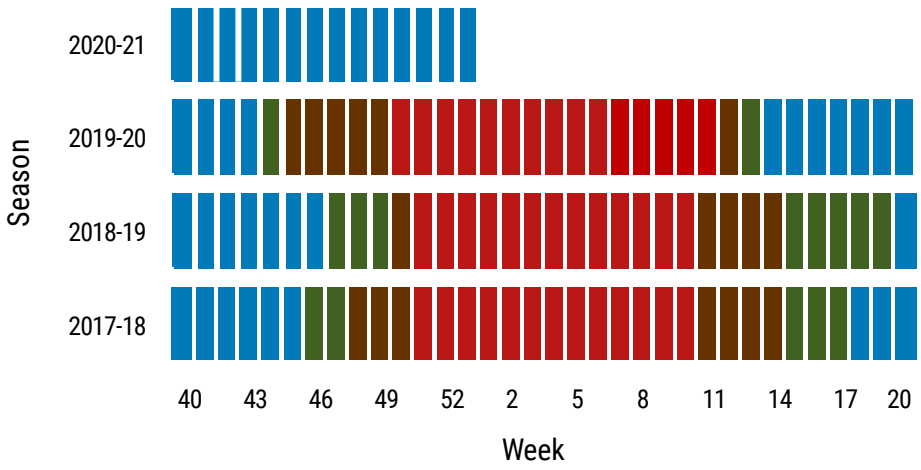
Figure 1: In week 53, **the percent of emergency department and urgent care center visits with a discharge diagnosis of influenza statewide stayed stable** and was below the previous three-season average for this time.



▲ **Figure 1** shows **the percent of visits with discharge diagnoses that include influenza** (with certain exceptions) for facilities participating in ESSENCE-FL (n=389) statewide for the current season (week 40, 2020 to week 53, 2020) and the previous three season average (2019-20, 2018-19, and 2017-18). Of note, influenza may not be laboratory-confirmed for all the visits included in this query. For more information on the use of ESSENCE-FL for influenza and ILI surveillance, see page 14.

Statewide Activity

Figure 2: In week 53, Florida reported **sporadic geographic spread of influenza.**



◀ **Figure 2** shows Florida's self-reported **geographic spread of influenza**, week 40, 2017 to week 53, 2020.

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 53, **the percent of patients with ILI reported by ILINet providers statewide increased** and was within levels observed during previous seasons.

Figure 3 shows the **percent of patients with influenza-like illness (ILI)** reported statewide by ILINet providers (n=352), week 40, 2017 to week 53, 2020. ▶

For ILINet, ILI is defined as a fever ≥100°F in conjunction with sore throat or cough in the absence of another known cause.

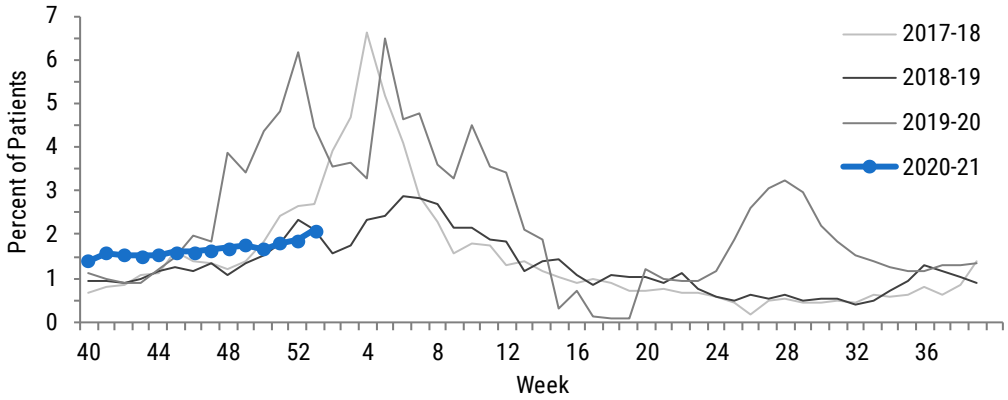
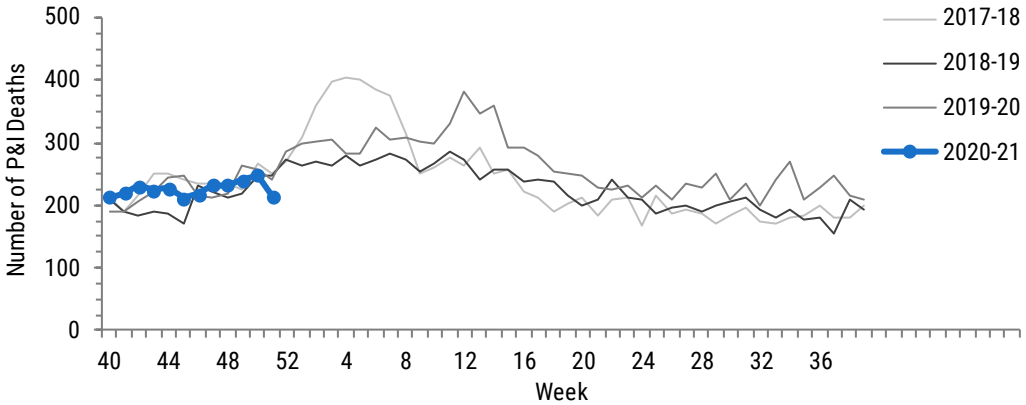


Figure 4: In week 51 (ending 12/19/20), **the number of pneumonia and influenza deaths identified statewide decreased** and was below levels observed at this time in previous seasons. Of note, the query used to capture these data excludes pneumonia associated with Coronavirus Disease 2019 (COVID-19) to better capture influenza death trends in Florida.



◀ **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, 2017 to week 51, 2020.

*Recent P&I death 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: All counties reported no activity or **mild activity** for week 53.

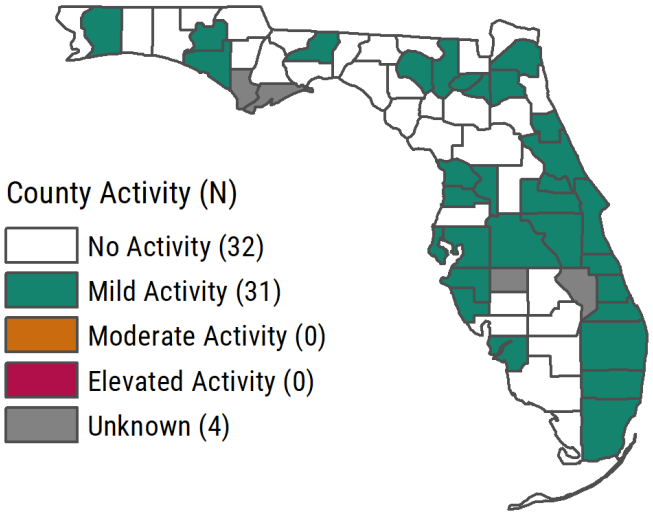
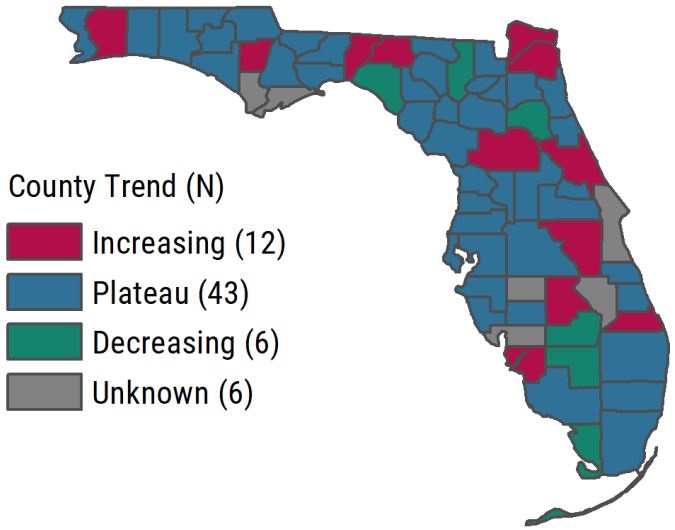
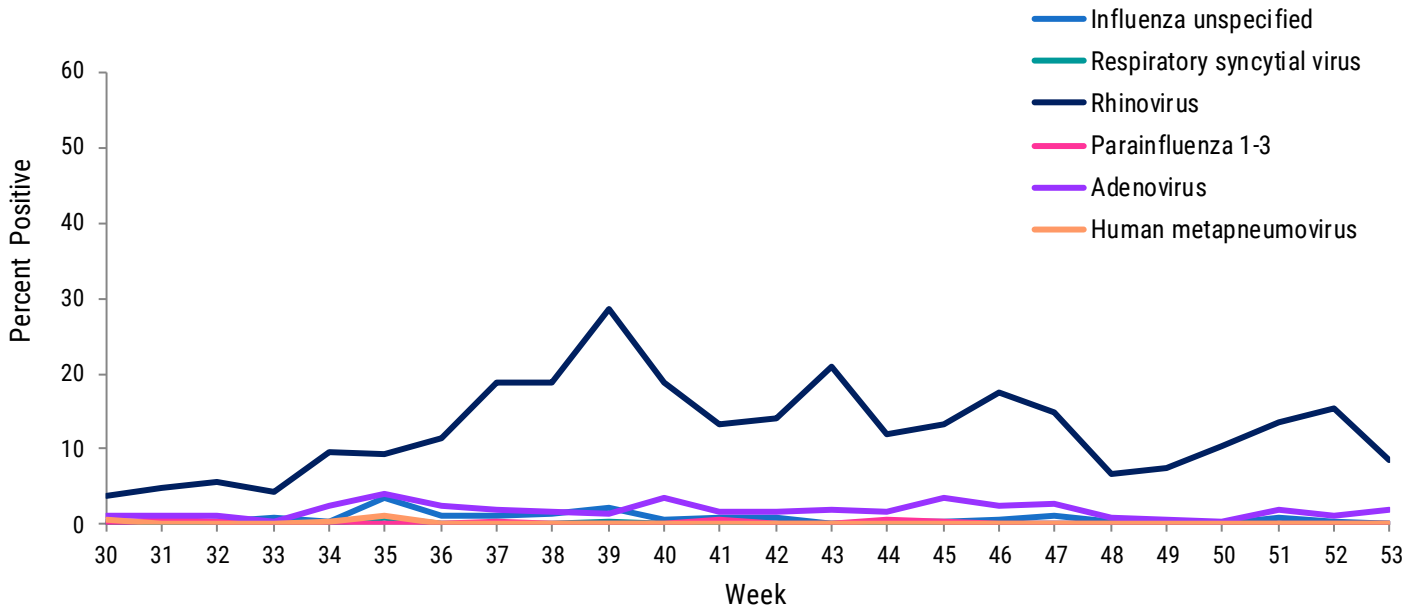


Figure 6: Most counties reported **activity at a plateau** for week 53. Six counties reported **decreasing activity,** and twelve counties reported **increasing activity.**



▲ **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 53, the **percent of specimens testing positive for rhinovirus decreased** but remained higher than other respiratory viruses under surveillance (including influenza). Of note, a significant decrease in the volume of testing has been observed in previous weeks. This figure may change as additional data are received.



▲ **Figure 7** 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=4), week 30, 2020 to week 53, 2020.

Influenza and ILI Outbreaks

Week 53 Outbreaks at a Glance:

Number Reported:
1 Outbreaks

Influenza-Associated:
0 Outbreaks

Severe Outcomes*:
0 Outbreaks

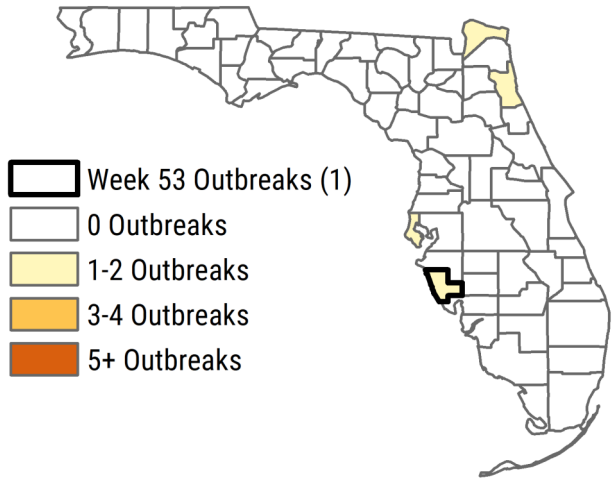
Outbreak Summary:

One influenza-associated or ILI outbreak was reported in week 53.

To date, one outbreak has had specimens collected for influenza testing this season. The outbreak reported during week 53 has not had specimens collected for influenza testing to date.

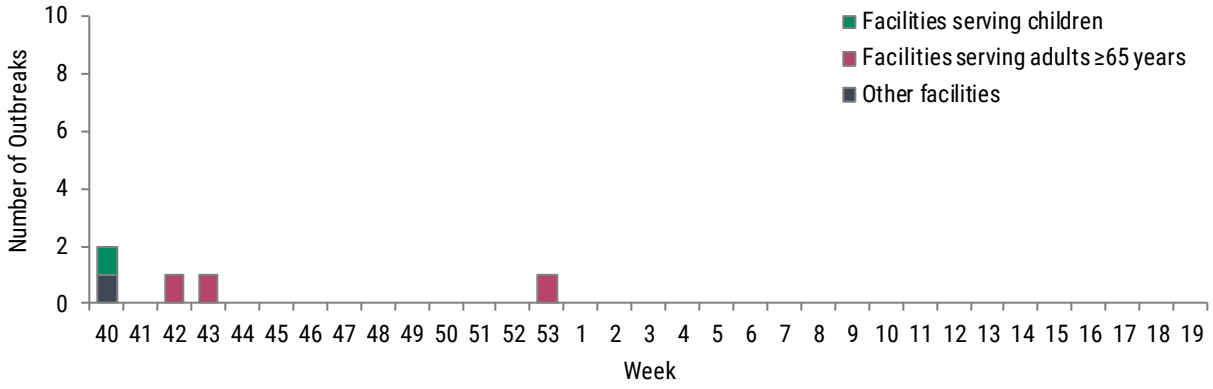
Severe outcomes* (hospitalizations or deaths) were not reported in any of the outbreaks reported so far this season.

During the previous season, severe outcomes were most commonly reported in facilities serving adults aged ≥65 years (assisted living facilities, nursing facilities, and long-term care facilities).



▲ **Figure 8** shows **reported influenza or ILI outbreaks by county**. Counties with outbreaks reported in week 53 are **outlined in bold.**

Figure 9: In week 53, **one outbreak** was reported in a **facility serving adults 65+ years.**



◀ **Figure 9** shows the number of **influenza-associated or ILI outbreaks by week** as reported in Merlin by county health departments, week 40, 2020 to week 53, 2020. More information on how these setting categories are defined is available on pages 14-15.

Figure 10: As of week 53, **20% of outbreaks** reported so far this season were **influenza-associated.**



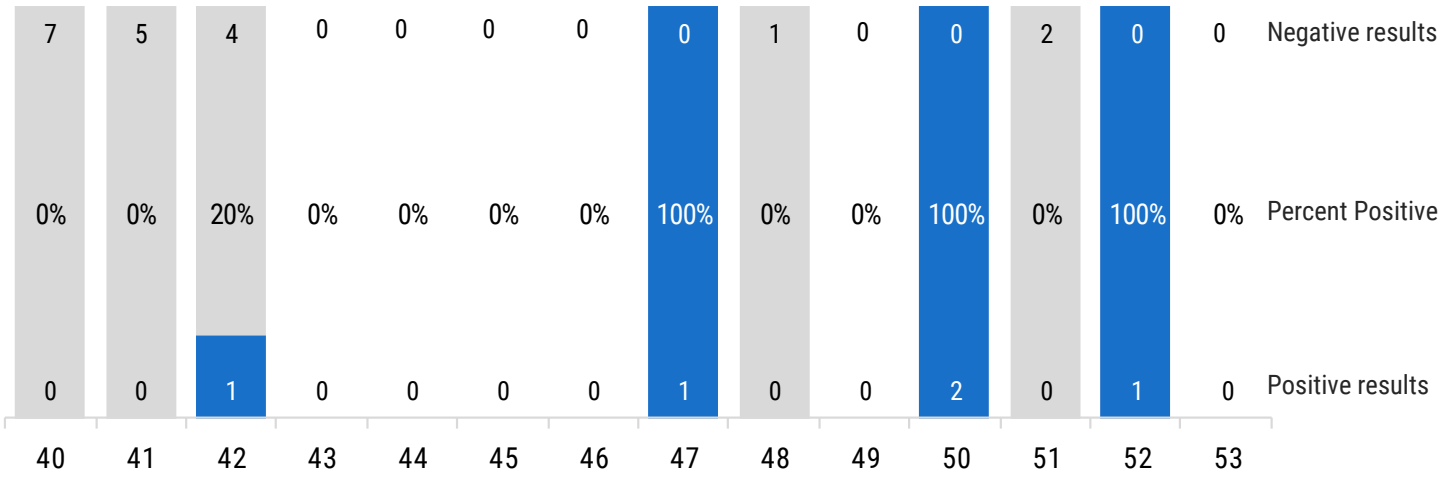
◀ **Figure 10** shows the total number of outbreaks and the number of influenza-associated outbreaks as reported in Merlin by county health departments for the 2020-21 season as of week 53, 2020. For more information on how ILI and influenza-associated outbreaks are defined, see page 14.

*Severe outcomes are defined as hospitalization or death among one or more outbreak cases.

**Total outbreaks includes the number of influenza-associated outbreaks in addition to outbreaks of ILI.

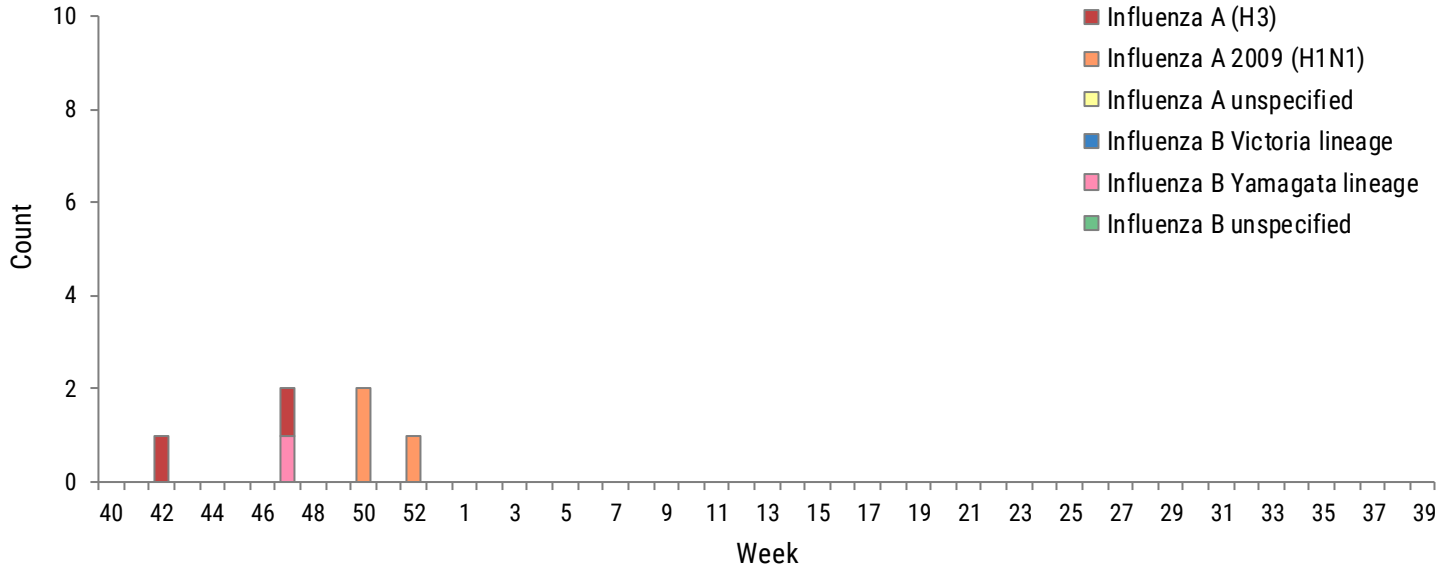
Laboratory Surveillance

Figure 11: In week 53, no specimens tested positive for **influenza.** Of note, the number of specimens tested at BPHL remained low overall.



▲ **Figure 11** shows the number of **specimens tested for influenza at the Bureau of Public Health Laboratories (BPHL)** by lab-event date*, week 30, 2020 through week 53, 2020. Specimens are organized by result and percent positivity of results was calculated by dividing positive results over total results.

Figure 12: There is not a predominant subtype detected so far this season, though **influenza A H3,** **influenza A 2009 (H1N1),** and **influenza B Yamagata** have been detected. **Influenza A 2009 (H1N1)** was the most common influenza subtype detected during the 2019-2020 influenza season.



▲ **Figure 12** shows the number of **influenza-positive laboratory results at the Bureau of Public Health Laboratories (BPHL)** by lab-event date,* week 30, 2020 through week 53, 2020.

*"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.

Regional Activity

Figures 13-19 show **the percent of emergency department and urgent care center visits with discharge diagnoses of influenza** at ESSENCE-FL participating facilities (n=389) from week 40, 2017 to week 53, 2020. Data are organized by region (see Figure 23).

2020-21
Previous 3-season average

Figure 13: In **region 1, influenza activity decreased slightly** during week 53 and was below the previous three-season average for this time.

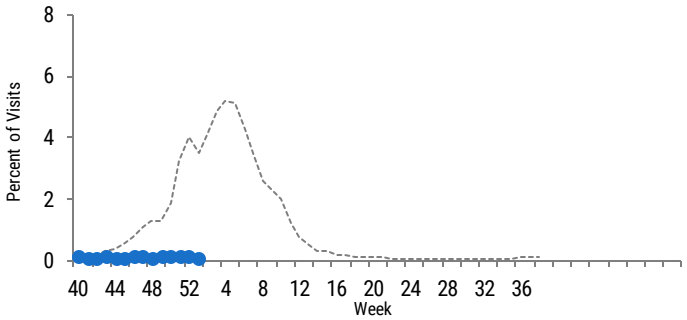


Figure 14: In **region 2, influenza activity increased** during week 53 and was below the previous three-season average for this time.

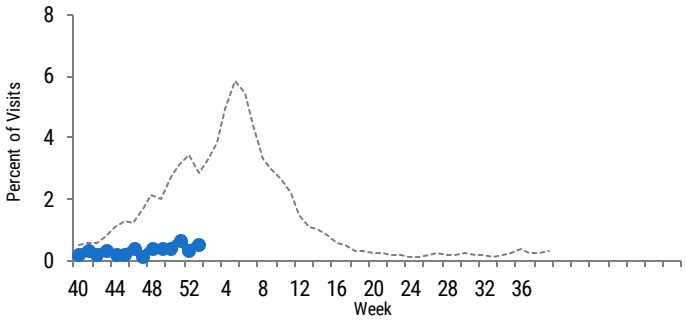


Figure 15: In **region 3, influenza activity decreased** during week 53 and was below the previous three-season average for this time.

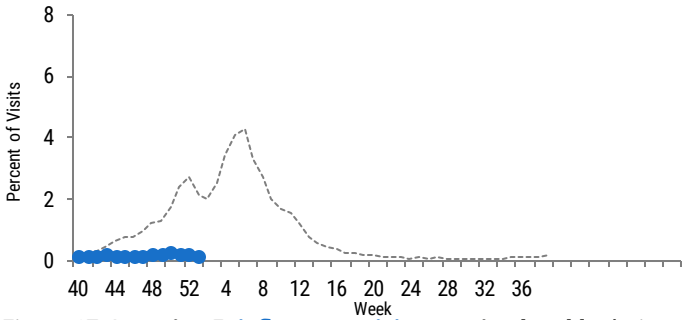


Figure 16: In **region 4, influenza activity remained stable** during week 53 and was below the previous three-season average for this time.

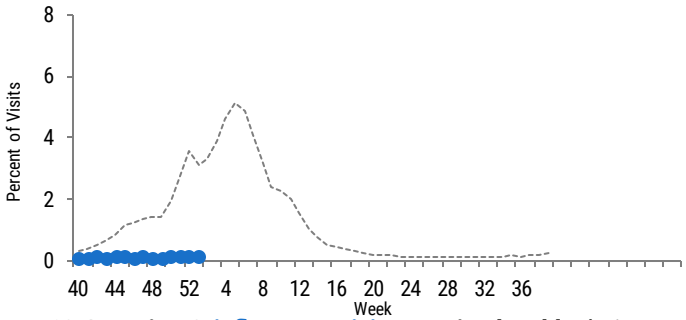


Figure 17: In **region 5, influenza activity remained stable** during week 53 and was below the previous three-season average for this time.

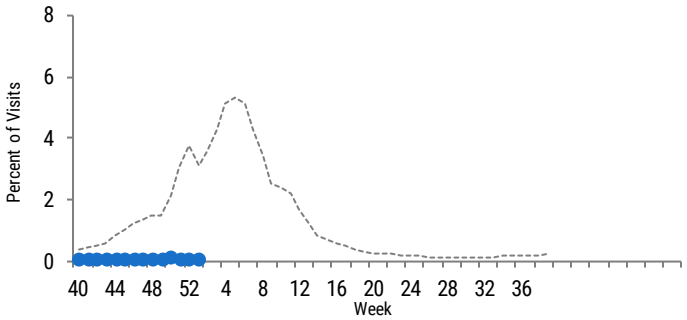


Figure 18: In **region 6, influenza activity remained stable** during week 53 and was below the previous three-season average for this time.

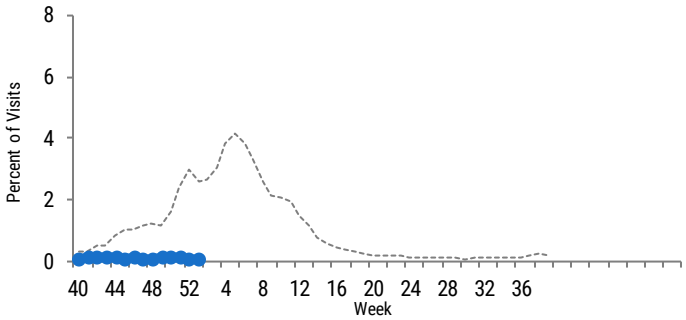
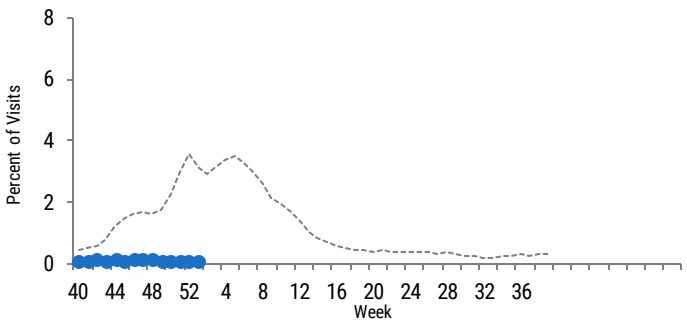


Figure 19: In **region 7, influenza activity remained stable** during week 53 and was below the previous three-season average for this time.



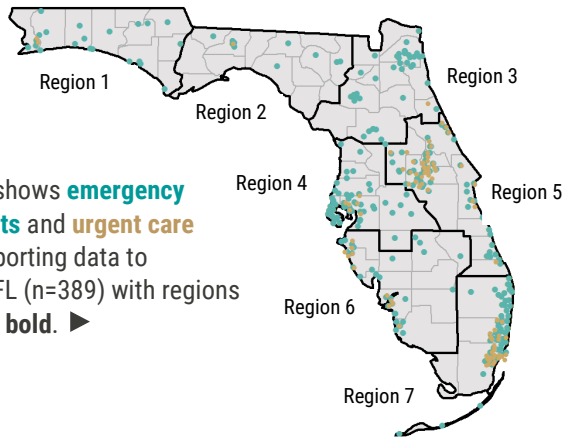


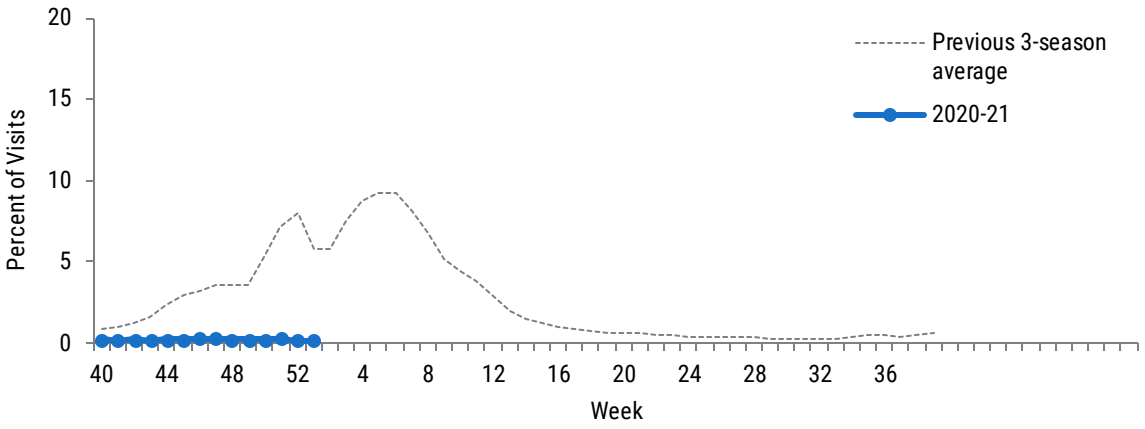
Figure 20 shows **emergency departments** and **urgent care centers** reporting data to ESSENCE-FL (n=389) with regions **outlined in bold**. ▶

At-Risk Populations

Background: At-Risk Populations, Children

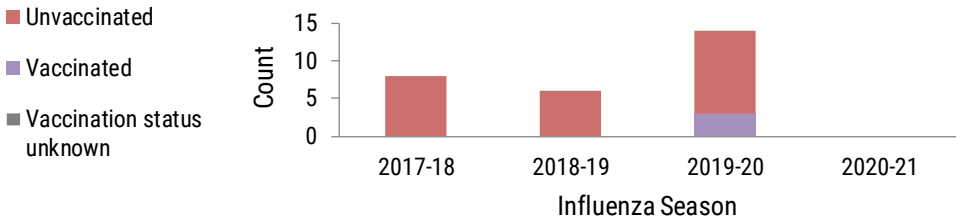
Children, especially those with underlying health conditions (like asthma or diabetes), are at higher risk for severe complications from influenza infection. **The single best way to protect children from influenza is to get them vaccinated every year.** The Centers for Disease Control and Prevention continues to recommend influenza vaccination as long as flu viruses are circulating. To find a flu shot near you, please visit: VaccineFinder.org.

Figure 21: In week 53, **the percent of emergency department and urgent care center visits with a discharge diagnosis of influenza in children <18 years remained stable** and was below the previous three-season average for this time.

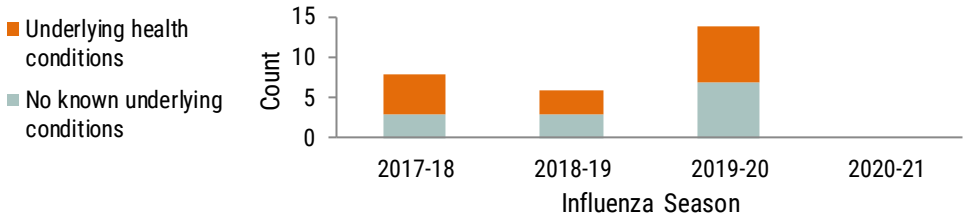


◀ **Figure 21** shows **the percent visits with discharge diagnoses that contain influenza among children <18 years** at emergency departments and urgent care centers, as reported into ESSENCE-FL, for the current season (week 40, 2020 to week 53, 2020) and the previous three-season average.

Figures 22-23: In week 53, **no new influenza-associated pediatric deaths were reported**. A total of 14 influenza-associated pediatric deaths were reported last season.



▲ **Figure 22** shows the number of **influenza-associated pediatric deaths** as reported in Merlin **by vaccination status**, week 40, 2017 to week 53, 2020.



▲ **Figure 23** shows the number of **influenza-associated pediatric deaths** as reported in Merlin by **medical history**, week 40, 2017 to week 53, 2020.

In week 53, **no new influenza-associated pediatric deaths were reported**. Fourteen influenza-associated pediatric deaths were reported last season.

While rare, the Florida Department of Health receives reports of influenza-associated pediatric deaths each season. **Parents who have not yet had their children vaccinated for the 2020-21 season should do so as soon as possible.**

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.

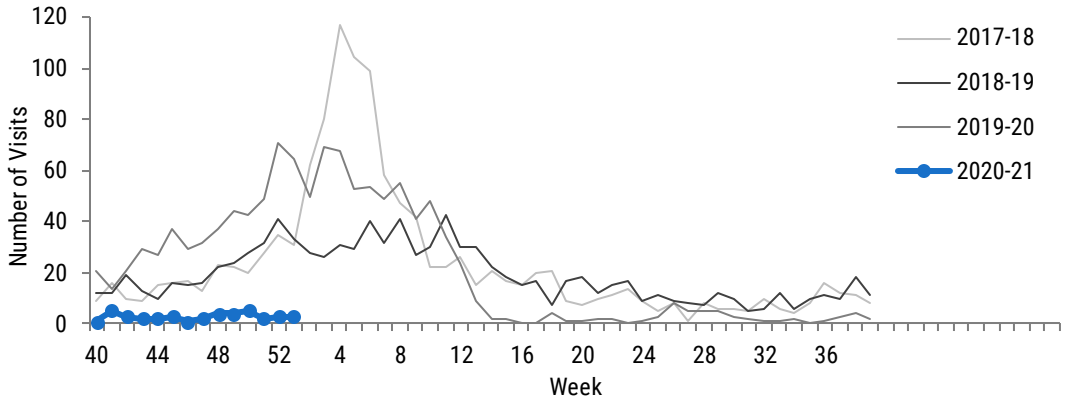
*The Advisory Committee on Immunization Practices (ACIP) recommends children aged six months to eight years receive two doses of influenza vaccine administered a minimum of four weeks apart during their first season of vaccination for optimal protection. The Florida Department of Health includes children in this age group who did not receive a second influenza vaccine in this unvaccinated category. To learn more about the ACIP's 2020-21 recommendations, please visit: cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm.

At-Risk Populations Continued

Background: At-Risk Populations, Pregnant Women

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 24: In week 53, the **number of emergency department and urgent care center visits for influenza among pregnant women remained stable** and was below levels observed at this time during previous seasons.



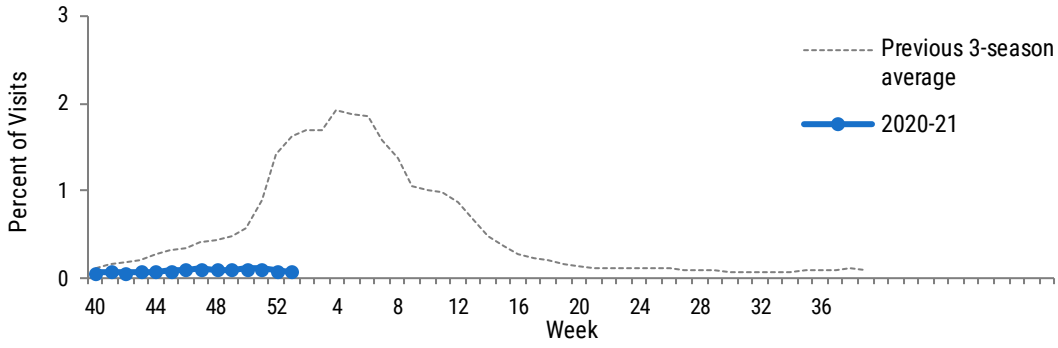
◀ **Figure 24** shows the **number of visits* to emergency departments and urgent care centers with chief complaints of influenza and pregnancy**, as reported in ESSENCE-FL, week 40, 2017 to week 53, 2020.

*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.

Background: At-Risk Populations, Adults Aged ≥65 Years

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 25: In week 53, the **percent of emergency department and urgent care center visits with a discharge diagnosis of influenza in adults ≥65 years remained stable** and was below the previous three-season average for this time.

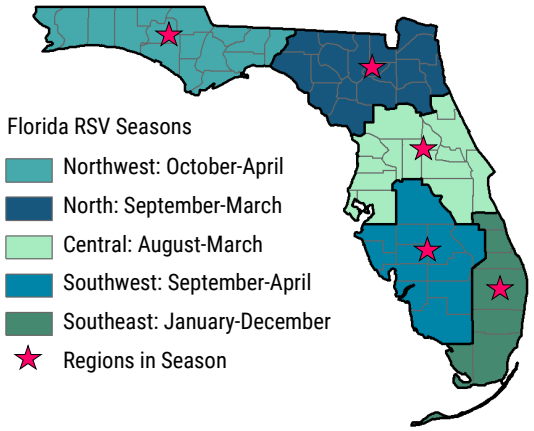


◀ **Figure 25** shows **the percent of visits with discharge diagnoses that contain influenza among adults ≥65 years old** at emergency departments and urgent care centers, as reported into ESSENCE-FL, for the current season (week 40, 2020 to week 53, 2020) and the previous three-season average.

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.



▲ **Figure 26** shows **Florida's RSV regional season breakdown.** Regions that are currently in RSV season are marked with **pink stars.**

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 pre-approval 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 29). **Currently, all of Florida's five regions are in RSV season.**

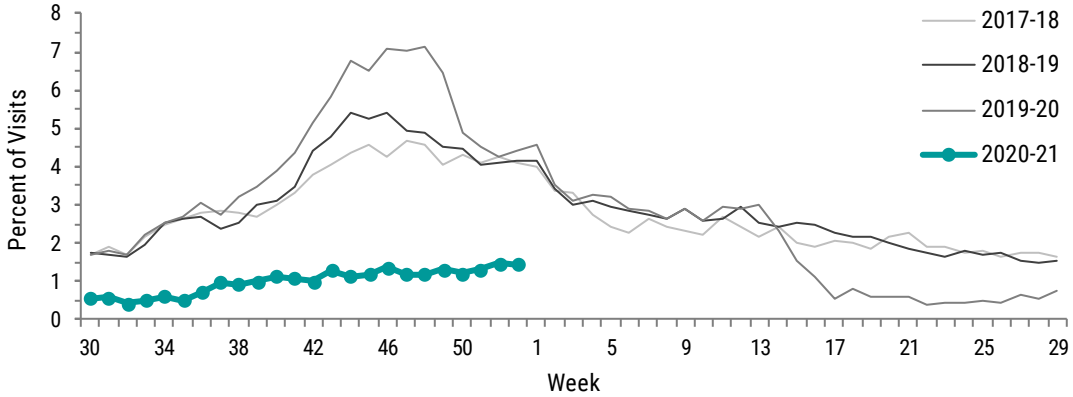
To learn more about RSV in Florida, please visit: FloridaHealth.gov/RSV.

Week 53 (December 27, 2020 — January 2, 2021) Activity Summary

In week 53, RSV activity in children <5 years was stable but remained below levels observed at this time in previous seasons.

No new RSV-associated outbreaks were reported in week 53. No RSV-associated outbreaks have been reported since week 30, 2020 (beginning on July 19, 2020).

Figure 27: In week 53, **the percent of emergency department and urgent care center visits for RSV among children <5 years was stable** and remained below levels observed at this time in previous seasons.



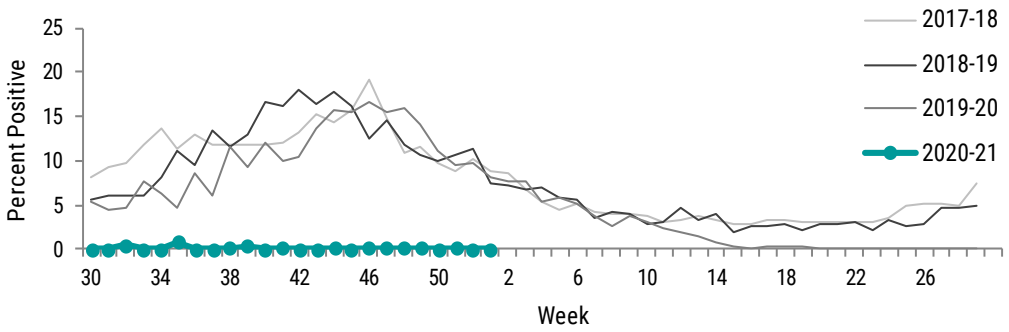
◀ **Figure 27** shows **the percent of emergency department and urgent care center visits with discharge diagnoses that include RSV or RSV-associated illness among children <5 years***, as reported in ESSENCE-FL, week 30, 2017 to week 53, 2020.

*The overall trend displayed in Figure 30 has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.

RSV Surveillance

Figure 28: In week 53, **the percent of specimens testing positive for RSV remained stable.** Levels were below those observed at this time in previous seasons.

Figure 28 shows **the percent of specimens testing positive for respiratory syncytial virus (RSV)**, as reported by hospital laboratories (n=4), week 30, 2017 to week 53, 2020. ▶



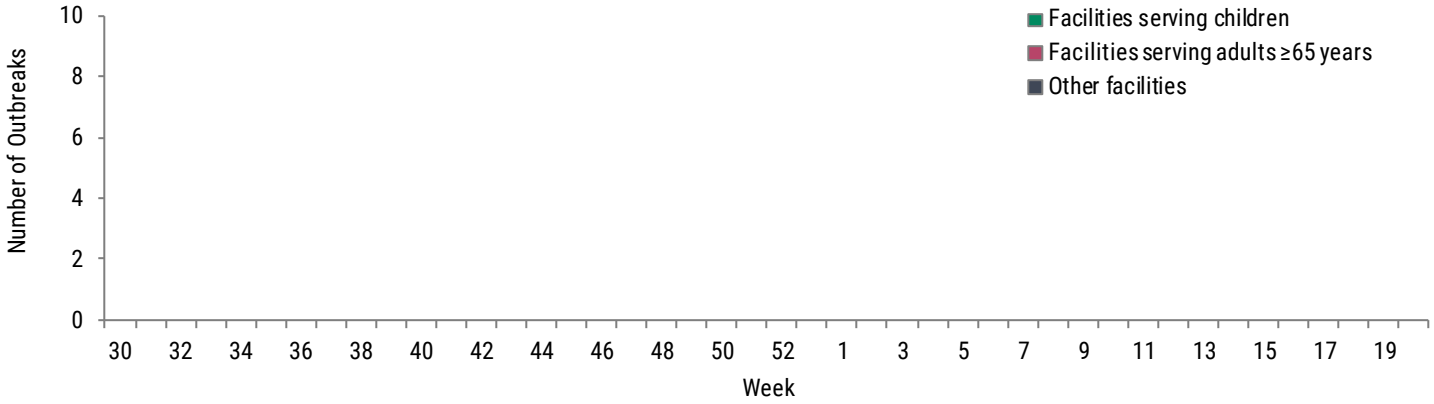
RSV-Associated Outbreaks in Week 53:

0 Outbreaks

Summary of RSV-Associated Outbreaks:

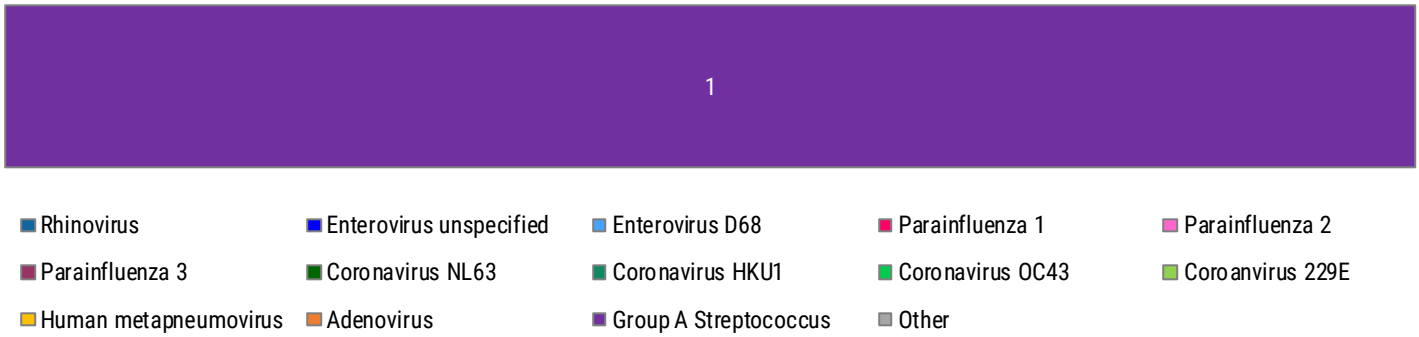
In week 53, no new RSV-associated outbreaks were reported. Since week 30, 2020, no RSV-associated outbreaks have been reported.

Figure 29: In week 53, no new RSV-associated outbreaks were reported.

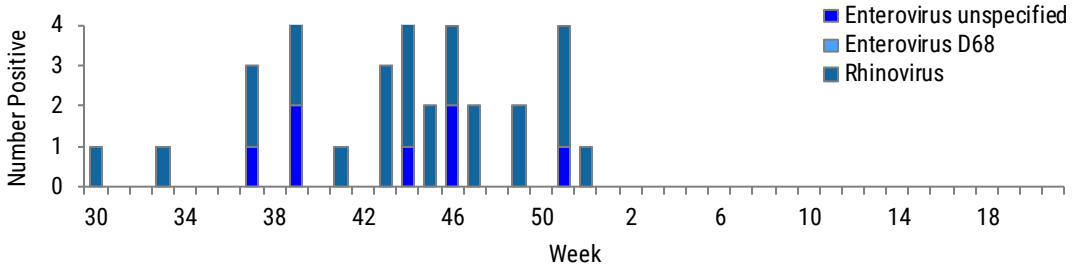


▲ **Figure 29** shows **the number of RSV-associated outbreaks by setting and week** as reported by county health departments in Merlin, week 30, 2020 to week 53, 2020.

Other Respiratory Virus Surveillance

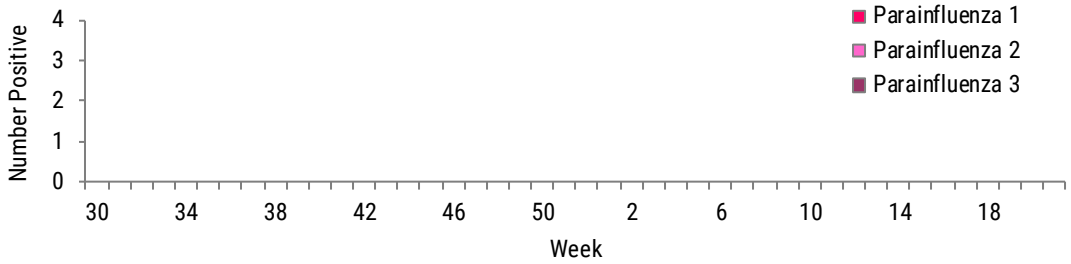


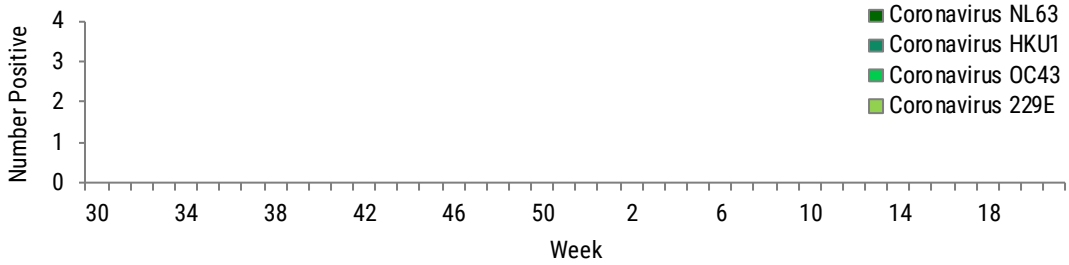
▲ **Figure 30** shows **the number of unique times a pathogen was associated with a respiratory outbreak** for outbreaks reported from week 30, 2020 to week 53, 2020.



◀ **Figure 31*** shows **the number of PCR-positive laboratory findings for enterovirus unspecified, enterovirus D68, and rhinovirus** by week** among specimens submitted to the Bureau of Public Health Laboratories (BPHL) for extended respiratory panel testing.

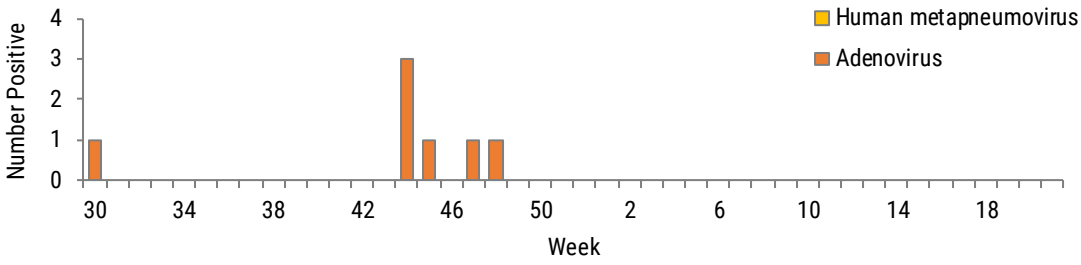
Figure 32* shows **the ▶ number of PCR-positive laboratory findings for parainfluenza 1-3** by week** among specimens submitted to BPHL for extended respiratory panel testing.





◀ **Figure 33*** shows **the number of PCR-positive laboratory findings for seasonal coronaviruses NL63, HKU1, OC43, and 229E** by week** among specimens submitted to BPHL for extended respiratory panel testing.

Figure 34* shows **the ▶ number of PCR-positive laboratory findings for human metapneumovirus and adenovirus** by week** among specimens submitted to BPHL for extended respiratory panel testing.



*Data shown in figures 30-34 include results for specimens submitted by Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) providers (n=4) as reported by BPHL.

**Results are organized by week based on "lab event date" (defined as the earliest of the following dates associated with testing at the laboratory: date specimen collected, date received by the laboratory, date reported, or date inserted).

Summary of Notable Outbreaks

Table 1: Summary of Notable* Influenza-Associated, Respiratory Syncytial Virus (RSV)-Associated, and Influenza-like Illness (ILI) Outbreaks Reported in Week 53, 2020

Setting	County	Number of Cases	Number of Cases Hospitalized	Number of Cases Died	Outbreak Etiology	Control Measures Recommended to Facility Leadership	Investigation Status
No notable outbreaks were reported in week 53, 2020.							

*For the purposes of this report, notable outbreaks are defined as influenza-associated, RSV-associated, or ILI outbreaks with two or more hospitalizations, one or more deaths, or 30 or more cases. For more information on how outbreaks are defined, see page 14.

Summary of Included Surveillance Systems

ESSENCE-FL Syndromic Surveillance and Vital Statistics Portal Data source for figures 1, 4, 13-19, 21, 24, 25, 27

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) measures trends in influenza and flu-related 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=389) electronically transmit visit data into ESSENCE-FL daily or hourly.

For statewide and regional figures, percentages are calculated as the proportion of ED and UCC visits to participating facilities that include the words “influenza” or “flu” in the discharge diagnoses (with certain exceptions).

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 influenza-like illness (ILI) and total visit counts, as well as submit ILI specimens to the Bureau of Public Health Laboratories for virologic surveillance. For health care 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). Geographic spread is not an indication of influenza severity. Geographic spread can be reported as sporadic, local, regional, or widespread. This reporting was suspended by CDC for the 2020-2021 influenza season.

- Sporadic: small number of laboratory-confirmed influenza or a single laboratory-confirmed influenza 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.

County Influenza Activity in EpiGateway Data source for figure 5 and 6

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 are 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.

Laboratory Viral Respiratory Surveillance Data source for figures 7 and 28

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.

Outbreak Reporting in Merlin Data source for figures 8-10, 29-30; table 1

Outbreak investigations are tracked in Merlin (Florida’s reportable disease surveillance system) by investigating county health departments. Outbreak reports include implicated viruses or bacteria, the outbreak setting, and recommendations made to mitigate the spread of disease (among other data elements). All outbreak data are considered preliminary and subject to change. As such, outbreak counts may increase or decrease as additional information is received.

- ILI outbreaks in facilities serving adults aged ≥65 years (assisted living facilities, nursing facilities, and long-term care facilities) are defined as two or more individuals with ILI (fever and cough or fever and sore throat in the absence of positive laboratory results). ILI outbreaks in facilities serving children (primary/secondary schools and child daycares) are defined as three or more epidemiologically linked individuals with ILI.
- Influenza-associated outbreaks in facilities serving adults aged ≥65 years are defined as two or more individuals with respiratory symptoms, where at least one individual tests positive for influenza. Influenza-associated outbreaks in facilities serving children are defined as three or more epidemiologically linked individuals with respiratory symptoms, where at least one individual tests positive for influenza. Testing may be conducted by the Bureau of Public Health Laboratories (BPHL), commercial laboratories, hospitals, or private health care providers.

Continued on next page.

Summary of Included Surveillance Systems Continued

- RSV-associated outbreaks in facilities serving adults aged ≥65 years are defined as two or more individuals with respiratory symptoms, where at least one individual tests positive for RSV. RSV-associated outbreaks in facilities serving children are defined as three or more epidemiologically linked individuals with respiratory symptoms, where at least one individual tests positive for RSV. Testing may be conducted by BPHL, commercial laboratories, hospitals, or private health care providers.
- Notable outbreaks include influenza-associated, RSV-associated, or ILI outbreaks in any setting with 30 or more cases, two or more hospitalized cases, or one or more cases who died.
- Household clusters are not counted as outbreaks.

Bureau of Public Health Laboratories (BPHL) Data source for figures 11, 12, and 31-34.

BPHL performs testing and subtyping on surveillance specimens from sentinel providers, outbreak investigations, patients with severe or unusual influenza presentations, and medical examiners. Sentinel providers include both ILINet and Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) providers. Some laboratories also routinely submit pre-screened influenza-positive specimens for testing at BPHL for surveillance purposes.

Case-Based Influenza Surveillance Data source for figures 22 and 23

Death in a child whose laboratory-confirmed influenza infection has been identified as contributing to the child's death is a reportable condition in Florida. Influenza-associated pediatric deaths are documented by county health departments in Merlin.

In addition, an individual of any age suspected as being infected with non-seasonal or pandemic influenza A is reportable condition in Florida. Such cases are referred to as cases of 'novel influenza A.' Novel influenza A cases are documented by county health departments in Merlin.

For more information about reportable diseases and conditions, please visit FloridaHealth.gov/DiseaseReporting.