

# Sentinel Provider Influenza-Like Illness (ILI)<sup>1</sup> Surveillance Summary [health.state.tn.us/TNflu\\_report\\_archive.htm](http://health.state.tn.us/TNflu_report_archive.htm)

## For the Week of Aug. 5-11, 2012 (Week 32)

Summary for	# Providers reporting	Total Providers	Total Regional ILI	Total Regional Patients	% ILI	Comparison to State <sup>2</sup>
Hamilton County (Chattanooga)	3	4	0	417	0.0%	
East Tennessee Region	7	8	0	1908	0.0%	
Jackson-Madison County	0	1	0	0	0.0%	
Knoxville-Knox County	4	4	1	986	0.1%	
Mid-Cumberland Region	10	10	1	818	0.1%	
Shelby County (Memphis)	0	5	0	0	0.0%	
Nashville-Davidson County	4	6	1	951	0.1%	
Northeast Region	2	3	0	196	0.0%	
South Central Region	2	3	0	188	0.0%	
Southeast Region	3	4	0	136	0.0%	
Sullivan County (Tri-Cities)	2	2	0	497	0.0%	
Upper Cumberland Region	4	5	0	568	0.0%	
West Tennessee Region	6	6	0	407	0.0%	
State of Tennessee	47	61	3	7072	0.04%	

### Note to Sentinel Providers:

Please look for an invitation to a brief Sentinel Provider conference call for an update on novel influenza A H3N2v and your role in surveillance.

A new influenza lab submission form has been drafted, and Sentinel Providers are urged to submit specimens on all patients meeting the ILI case definition (up to 10 per week).

The Tennessee State Public Health Laboratory can test for this novel strain.

*The percentage of patients with ILI reported in Week 32 was 0.04%, compared with 0.06% in Week 31. Seven specimens from Week 32 were received; none were positive for influenza viruses. Tennessee has not detected cases of novel influenza A H3N2v infections currently identified in several states in association with swine contact at agricultural fairs. H3N2v symptoms have been consistent with seasonal influenza; over 90% of confirmed cases to date are children. For the latest information see: [www.cdc.gov/flu/swineflu/influenza-variant-viruses-h3n2v.htm](http://www.cdc.gov/flu/swineflu/influenza-variant-viruses-h3n2v.htm). Clinicians suspecting H3N2v infection in a person with ILI and recent swine contact or contact with a confirmed H3N2v case should collect an appropriate nasopharyngeal specimen for viral testing and contact public health.*

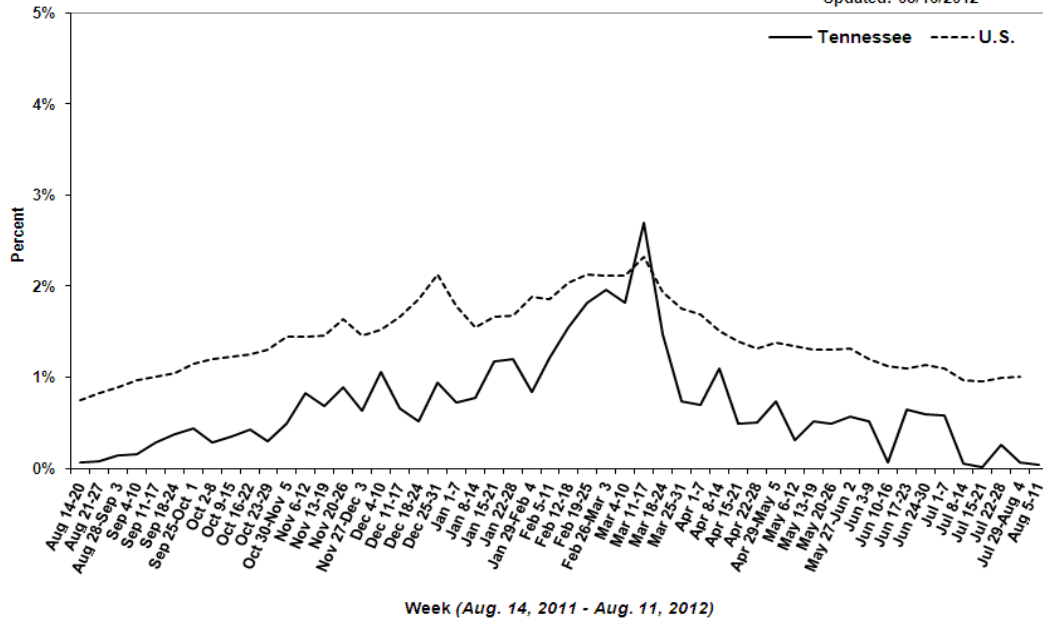
State Public Health Laboratory  
Respiratory Viral Panel

### Number of Positive Specimens, by week

Month	Aug	July	July	July	July
Week	Current	31	30	29	28
<b>Total specimens tested</b>	<b>7</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>3</b>
Influenza A 2009 H1N1	0	0	0	0	0
Influenza A H3N2	0	0	0	0	0
Influenza B	0	0	0	0	0
Respiratory Syncytial Virus A	0	0	0	0	0
Respiratory Syncytial Virus B	0	0	0	0	0
Parainfluenza 1	0	0	0	0	0
Parainfluenza 2	0	0	0	0	0
Parainfluenza 3	0	0	0	0	0
Rhinovirus	0	0	0	0	0
Metapneumovirus	0	0	0	0	0
Adenovirus	0	0	0	0	0

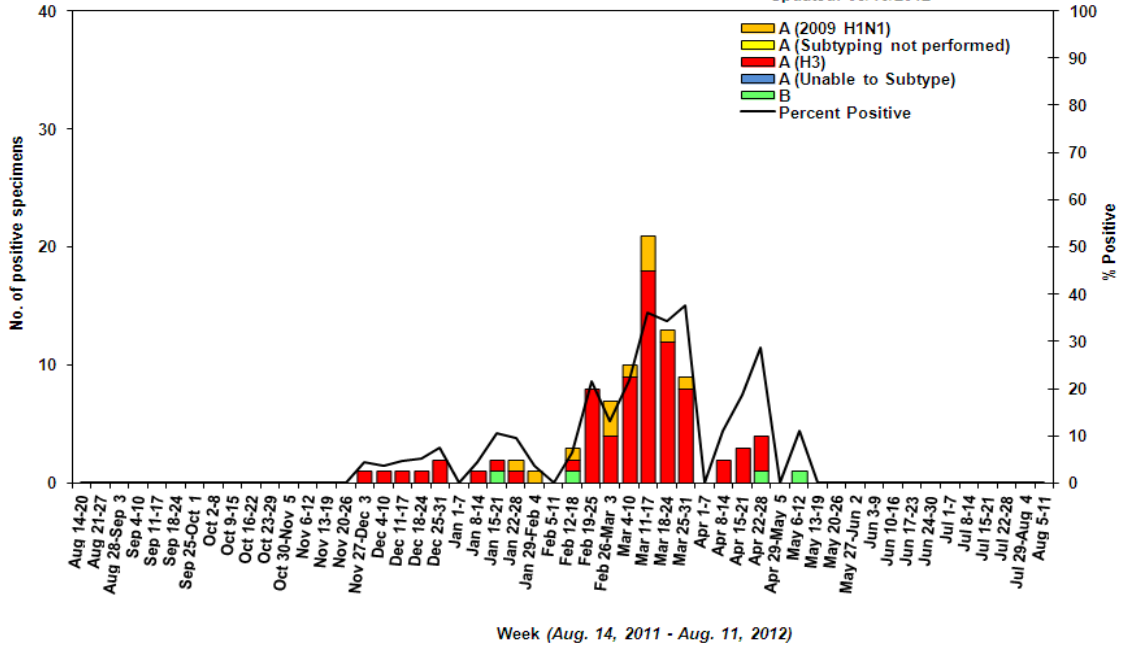
Percentage of Outpatient Visits Reported by the U.S. and Tennessee Outpatient Influenza-like Illness Surveillance Network (ILINet) as Influenza-like Illness, 2011-2012

Updated: 08/16/2012



Influenza Positive Tests Submitted to TN Dept. of Health Laboratory Services, Tennessee, 2011-2012

Updated: 08/16/2012



## Reference Information for Sentinel Provider Network

1 Influenza-like illness (ILI) is defined as fever > 100°F (37.8°C) plus cough and/or sore throat, in the absence of a known cause (other than influenza). Classification of ILI is based upon symptoms only and does not require any test.

2 The % of patients with ILI seen in each region is compared to the statewide average. Regions with % statistically-significantly different from the state average are noted as “higher” or “lower.” The CDC reports that the percentage of patients visiting outpatient healthcare providers in the Sentinel Provider Network (SPN) with influenza-like-illness (ILI) when influenza viruses are not circulating is expected to fall at or below a specific SPN baseline [nationwide = 2.2%, East South Central region (AL, TN, MS, KY) = 2.3%]. When the percentage of patients with ILI exceeds this baseline, this suggests that influenza viruses may be circulating.

### Important information for Sentinel Providers

Sentinel Providers report ILI by the end of Tuesday following the end of the reporting week ([www2a.cdc.gov/ilinet](http://www2a.cdc.gov/ilinet)) and collect and ship specimens from ILI cases Monday through Thursday (maximum 10/week per provider). All Sentinel Provider specimens MUST be accompanied by the Influenza and Respiratory Viral Panel Submission form or testing will not be done. The Respiratory Viral Panel is only validated for nasopharyngeal (NP) specimens. Specimens collected from other sites cannot be tested.

Additional laboratory supplies can be obtained by completing the lab order supply form. To ensure the order is filled, please include the CDC Provider ID Code.

### Contact Information

Submit weekly reports to: <http://www2a.cdc.gov/ilinet/> OR Fax 888-232-1322

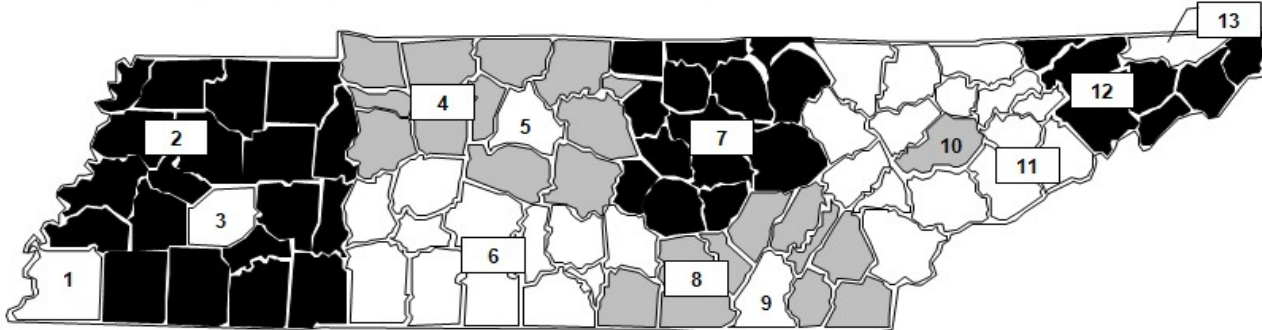
State Lab: Susan McCool 615-262-6351

### **SPN Questions:**

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

County/Region: Regional SPN Coordinator (see map)

### TENNESSEE SENTINEL PROVIDER NETWORK COORDINATORS



1	Shelby County	901-222-9239
2	West TN Region	731-421-6758
3	Jackson-Madison County	731-927-8540
4	Mid-Cumberland Region	615-650-7000
5	Nashville-Davidson County	615-340-0551
6	South Central Region	931-380-2532
7	Upper Cumberland Region	931-646-7505
8	Southeast Region	423-634-6065
9	Chattanooga-Hamilton County	423-209-8063
10	Knoxville-Knox County	865-215-5084
11	East TN Region	865-549-5287
12	Northeast Region	423-979-3200
13	Sullivan County	423-279-7545