



**Summit County Public Health
Influenza Surveillance Report
2018 – 2019 Season
Report #7**



**Flu Surveillance Week 8 (11/25/2018 to 12/1/2018)
Centers for Disease Control and Prevention MMWR Week 48**

Summit County Surveillance Data:

During **Week 8**, influenza-related activity did not increase, and remained low overall.

Table 1: Overall Influenza Activity Indicators in Summit County by Week				
	Week 7 MMWR 47 N (%)¹	Week 8 MMWR 48 N (%)¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports				
Test Performed	451	517	+ 14.6%	↑1
Positive Tests (Number and %)	8 (1.8)	8 (1.6)	- 11.1%	↓1
Influenza A (Number and %)	8 (1.8)	6 (1.2)	- 33.3%	↓1
Influenza B (Number and %)	0 (0.0)	2 (0.4)	+ 100%	↑1
Influenza hospitalizations:	4	4	NC	NC
Influenza ILI Community Report:				
Long-term Care Facilities	0	0	--	--
Correctional & Addiction Facilities	0	0	--	--
Physician Offices & Clinics	0	0	--	--
Pharmacy Prescriptions				
Amantidine	3	1	- 66.7%	↓1
Rimantidine Flumadine	0	0	--	--
Relenza	0	0	--	--
Oseltamivir Tamiflu	2	1	- 50.0%	↓1
<i>Total antiviral prescriptions</i>	5	2	- 60.0%	↓1
Schools absenteeism daily rate²	7.8	6.5	- 16.7%	↓1
Deaths				
Pneumonia associated	3 (3.4)	4 (4.0)	+ 17.7%	↑1
Influenza associated	0	0	--	--
Emergency room visits (EpiCenter)³				
Constitutional Complaints	483 (8.8)	465 (7.9)	- 10.2%	↓1
Fever and ILI	72 (1.3)	73 (1.2)	- 7.7%	↓1
¹) N and % are reported when available; NC = no change ²) Absence is for any reason. Percent is from total number of students enrolled. Data was collected from 7 schools or school districts throughout Summit County (n = ~37,000 students) ³) Percent is from total number of emergency room interactions Note: Data is provisional and may be updated as more information is received. Percentages should be interpreted with caution. Small changes in number can result in large changes in percent. When a percentage, or prevalence, is available in this table, the percent change will be calculated from those values				

Zero deaths related to influenza were reported during Week 8, and there were four total deaths associated with pneumonia. **Figure 1** displays weekly Summit County death counts associated with pneumonia and influenza.

Acute Care Hospitalizations: There were four flu-related hospitalizations reported during Week 8. (**Figure 2**)

COMMUNITY ILI REPORTS: Influenza like illness (ILI) as defined by the CDC is fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat without a known cause other than influenza.

Long Term Care Facilities: There were 0 cases of ILI reported.

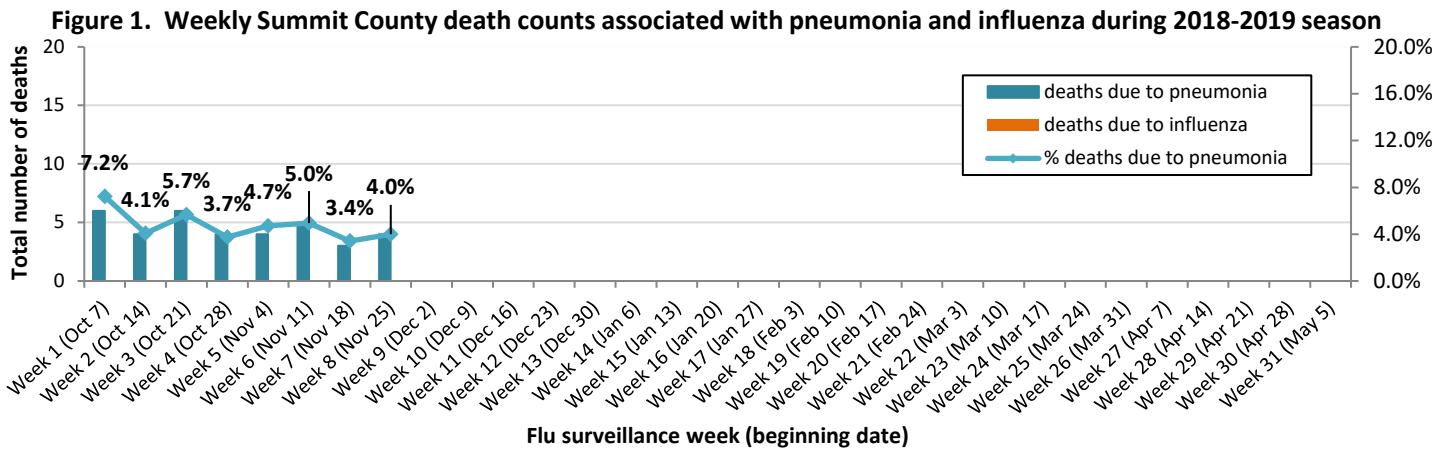
Correctional and Inpatient Addiction facilities: There were 0 cases of ILI reported.

Physician offices and clinics: During Week 8, there were 0 cases of ILI reported.

Pharmacies: Two prescription for antiviral medications was reported during Week 8.

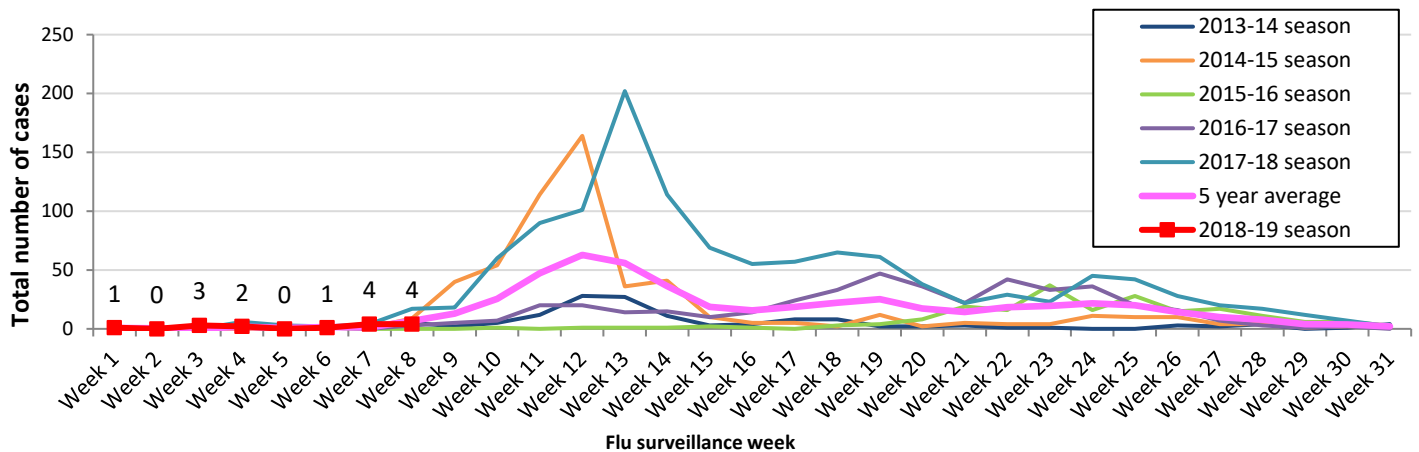
School absenteeism includes absences regardless of reason. In Week 8, the absence rate was 6.5%, which was similar to the rate in Week 6 (6.4%). Week 7 was the week of Thanksgiving break, which likely contributed to the higher rate that week.

Lab reports: During the Week 8, Summit County labs performed 517 tests, of which 8 tested positive (6 Type A; 2 Type B). (**Figure 4**) 15% more flu tests were ordered than in Week 7, but the number of positive results remained the same.



Influenza-associated hospitalizations: Summit County hospitals reported four influenza-associated hospitalizations in Week 8. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (season count to date = 15).

Figure 2. Summit County influenza-associated hospitalizations by week, 2018-2019 and previous five seasons



EpiCenter collects and analyzes health related data in real time to provide information about the health of the community. This system tracks ER visits related to constitutional complaints and fever and ILI. **Figure 3** displays the weekly number of ER visits related to ILI and flu symptoms in Summit County, and there were 73 ILI-related visits reported during Week 8. This was not a significant change from the previous week.

Figure 3. Weekly ER visits in Summit County related to Fever + ILI stratified by age groups, 2018 to 2019 season

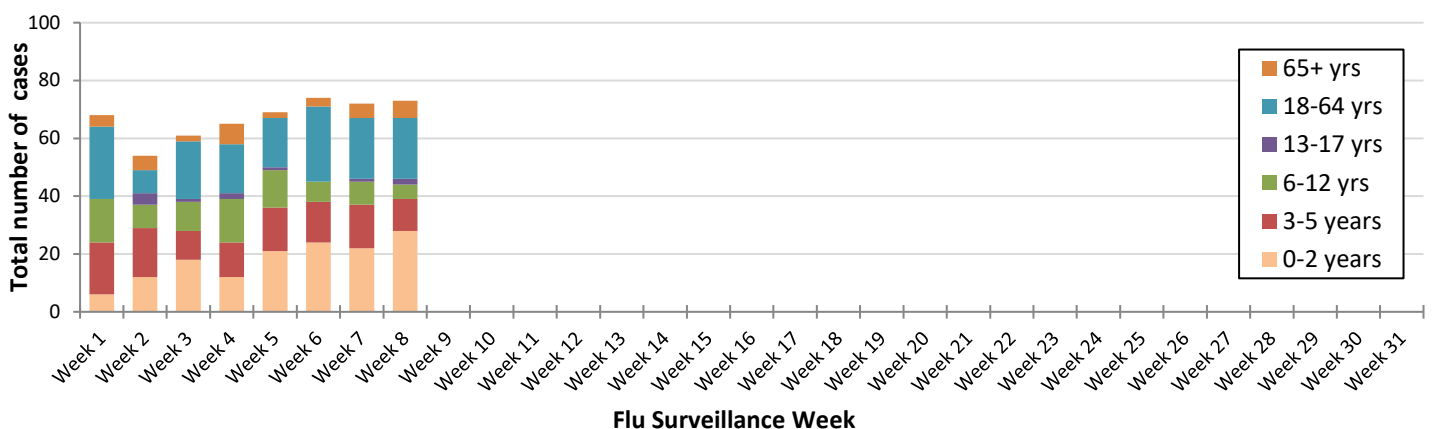
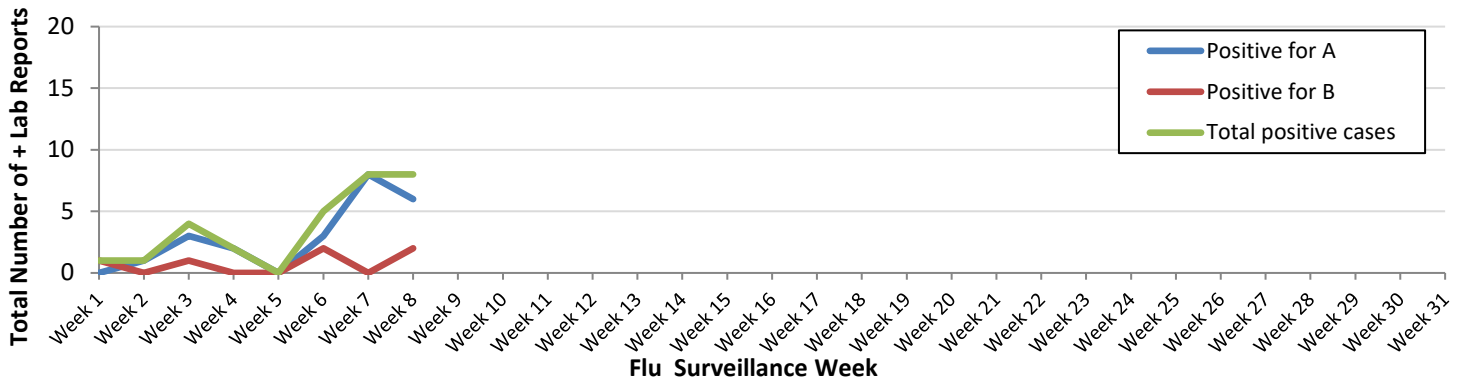


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2018 - 2019 season



Ohio Influenza Activity:

Current Ohio Activity Level (Geographic Spread) – Local

Definition: Increased ILI in 1 region; ILI activity in other regions is not increased AND recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI, OR 2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased AND recent (within the past 3 weeks) lab evidence of influenza in region with the outbreaks; virus activity is no greater than sporadic in other regions.

During MMWR Week 48, public health surveillance data sources indicate minimal intensity for influenza-like illness (ILI) in outpatient settings reported by Ohio’s sentinel providers. The percentage of emergency department visits with patients exhibiting constitutional symptoms are above baseline levels statewide; fever and ILI specified ED visits are below baseline levels. Reported cases of influenza-associated hospitalizations are above the seasonal threshold*. There were 44 influenza-associated hospitalizations reported during MMWR Week 48.

Ohio Influenza Activity Summary Dashboard (November 25 – December 1, 2018):

Data Source	Current week value	Percent Change from last week ¹	# of weeks ²	Trend Chart ³
Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	0.97%	-10.19%	↓ 1	
Thermometer Sales (National Retail Data Monitor)	1049	7.26%	↑ 1	
Fever and ILI Specified ED Visits (EpiCenter)	1.85%	0.00%	—	
Constitutional ED Visits (EpiCenter)	8.89%	-0.45%	↓ 1	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	44	83.33%	↑ 4	
Outpatient Medical Claims Data ⁴	0.33%	-15.38%	↓ 1	

¹Interpret percent changes with caution. Large variability may be exhibited in data sources with low weekly values.

²Number of weeks that the % change is increasing or decreasing.

³Black lines represent current week's data; red lines represent baseline averages

⁴Medical Claims Data provided by athenahealth®

Source: <https://www.odh.ohio.gov/en/seasflu/Ohio-Flu-Activity>

National Influenza Activity

Influenza activity in the United States increased slightly. Influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B viruses continue to co-circulate, with influenza A(H1N1)pdm09 viruses reported most commonly by public health laboratories since September 30, 2018. Below is a summary of the key influenza indicators for the week ending December 1, 2018:

- **Viral Surveillance:** Influenza A viruses have predominated in the United States since the beginning of October. The percentage of respiratory specimens testing positive for influenza in clinical laboratories remains low, but is increasing.
 - **Virus Characterization:** The majority of influenza viruses characterized antigenically and genetically are similar to the cell-grown reference viruses representing the 2018–2019 Northern Hemisphere influenza vaccine viruses.
 - **Antiviral Resistance:** All viruses tested show susceptibility to the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir).
- **Influenza-like Illness Surveillance (Figure 5):** The proportion of outpatient visits for influenza-like illness (ILI) remained at 2.2%, which is at the national baseline of 2.2%. Four of 10 regions reported ILI at or above their region-specific baseline level.
 - **ILI State Activity Indicator Map (Figure 6):** Two states experienced high ILI activity; two states experienced moderate ILI activity; New York City and eight states experienced low ILI activity; and the District of Columbia, Puerto Rico, and 38 states experienced minimal ILI activity.
- **Geographic Spread of Influenza (Figure 7):** The geographic spread of influenza in one state was reported as widespread; nine states reported regional activity; 18 states reported local activity; the District of Columbia, Puerto Rico, the U.S. Virgin Islands and 22 states reported sporadic activity; and Guam did not report.
- **Influenza-associated Hospitalizations:** A cumulative rate of 1.3 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.
- **Influenza-associated Pediatric Deaths:** No influenza-associated pediatric deaths were reported to CDC for week 48.

Figure 5. Percentage of visits for influenza-like illness (ILI) reported by the U.S. Outpatient Influenza-like Surveillance Network (ILINet), weekly national summary, 2018-2019 and selected previous seasons

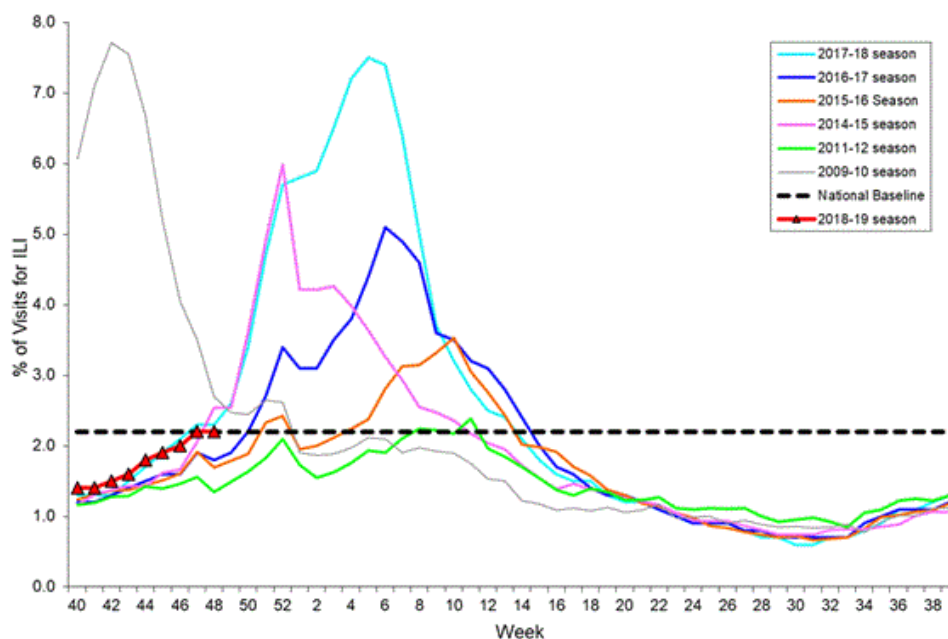


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet

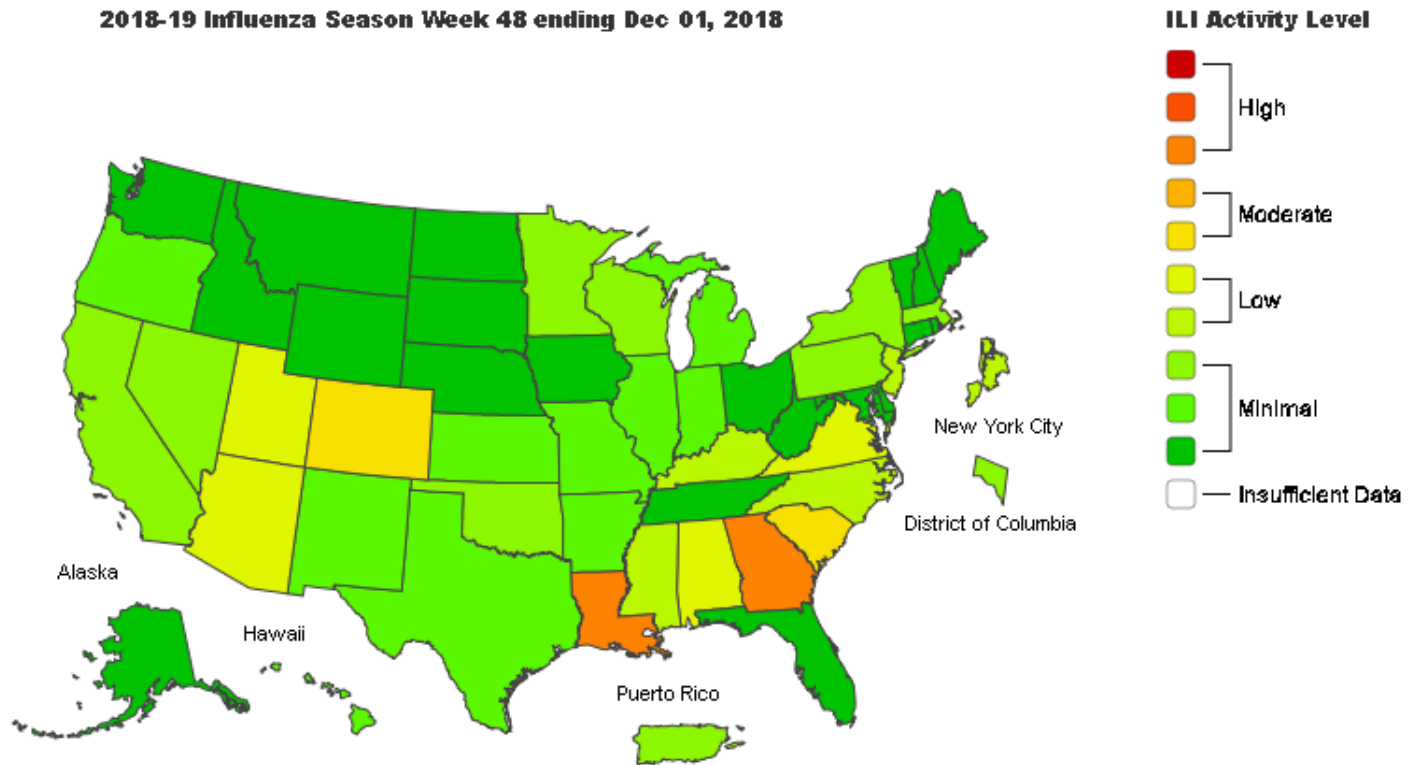
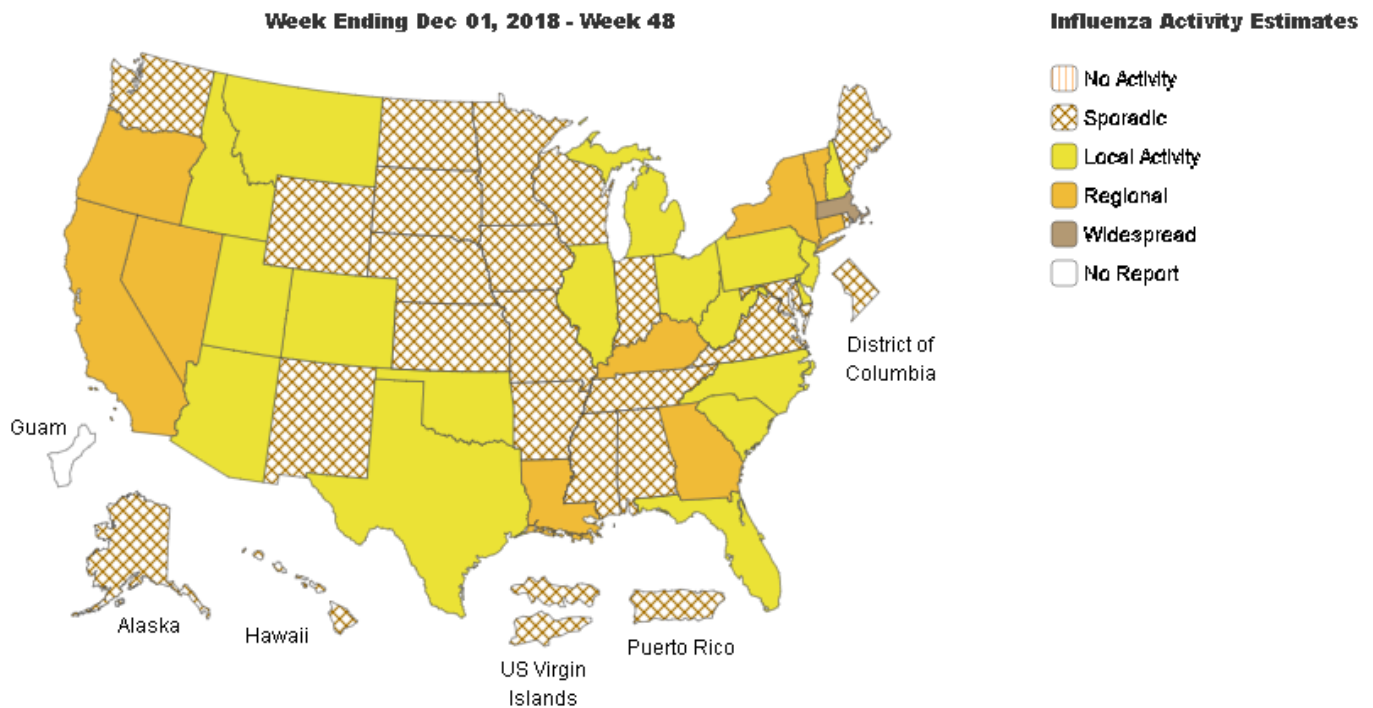


Figure 7. Weekly influenza activity (geographic spread) estimates reported by state and territorial epidemiologists



Source: <https://www.cdc.gov/flu/weekly/>

Global Surveillance:

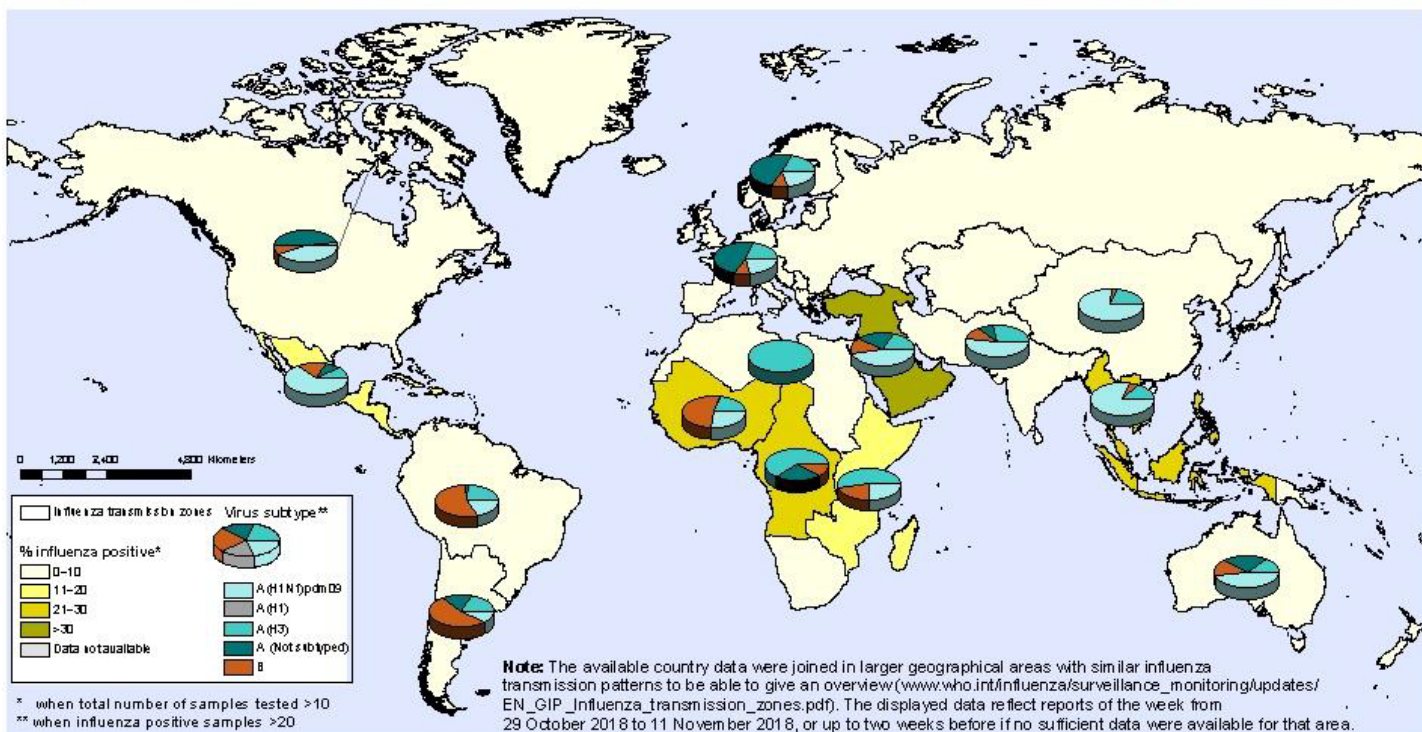
Influenza Update N° 329, World Health Organization (WHO), published 11/26/2018, based on data up to 11/11/2018. The Update is published every two weeks.

Summary

- In the temperate zone of the northern hemisphere influenza activity started to increase although overall influenza activity remained low. Increased influenza detections were reported in some countries of South-East Asia and Central America. In the temperate zones of the southern hemisphere, influenza activity returned to inter-seasonal levels. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.
- National Influenza Centres (NICs) and other national influenza laboratories from 114 countries, areas or territories reported data to FluNet for the time period from 29 October 2018 to 11 November 2018 (data as of 2018-11-23 04:11:01 UTC). The WHO GISRS laboratories tested more than 116728 specimens during that time period. 5534 were positive for influenza viruses, of which 4894 (88.4%) were typed as influenza A and 640 (11.6%) as influenza B. Of the sub-typed influenza A viruses, 2695 (85%) were influenza A(H1N1)pdm09 and 475 (15%) were influenza A(H3N2). Of the characterized B viruses, 53 (43.1%) belonged to the B-Yamagata lineage and 70 (56.9%) to the B-Victoria lineage.

Percentage of respiratory specimens that tested positive for influenza By influenza transmission zone

Status as of 23 November 2018



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source:
Global Influenza Surveillance and Response System (GISRS),
FluNet (www.who.int/flu-net)

 **World Health Organization**
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Source: https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/

Influenza News from the CDC:

CDC Influenza Webinar Opportunity!

#How I Recommend Flu Vaccine: How to Make Recommendations that Matter to Patients

*****RESCHEDULED*****

Note: This webinar was postponed in observance of a National Day of Mourning for President George H.W. Bush from 12/5/18 to 12/12/18.

Webinar Registration Link

Please remember to register!

December 12, 2018 2-3 p.m. EST

Every year, large numbers of Americans get sick and die as a result of seasonal flu. Yet, many of your patients may underestimate flu's severity or their own susceptibility to catching it. If patients don't understand that they are at risk and that risk could be serious, they may not prioritize getting their seasonal flu vaccines. This webinar will assist healthcare professionals with making recommendations and addressing important questions from patients.

Webinar Objectives:

- Understand burden and severity of last year's flu season
- Describe flu vaccine benefits, including averted potential flu burden
- Describe how to make a strong and effective flu vaccine recommendation to patients and why your recommendation matters
- Illustrate how to properly administer flu vaccine

Long-Term Care and Flu

Improving Flu Vaccination Coverage among Health Care Providers in LTC Facilities

During the 2017-2018 flu season, [vaccination coverage](#) among health care providers in LTC facilities remained low (67.4%). This puts anyone in those settings at increased risk of flu infection and possible [severe flu complications](#). By comparison, vaccination coverage of HCP in hospital settings was nearly 92%. So what can be done to improve vaccination coverage rates among health care workers in LTC settings? There are some [proven interventions](#) to consider. Some strategies that employers can use to reduce barriers to vaccination include offering flu vaccination:

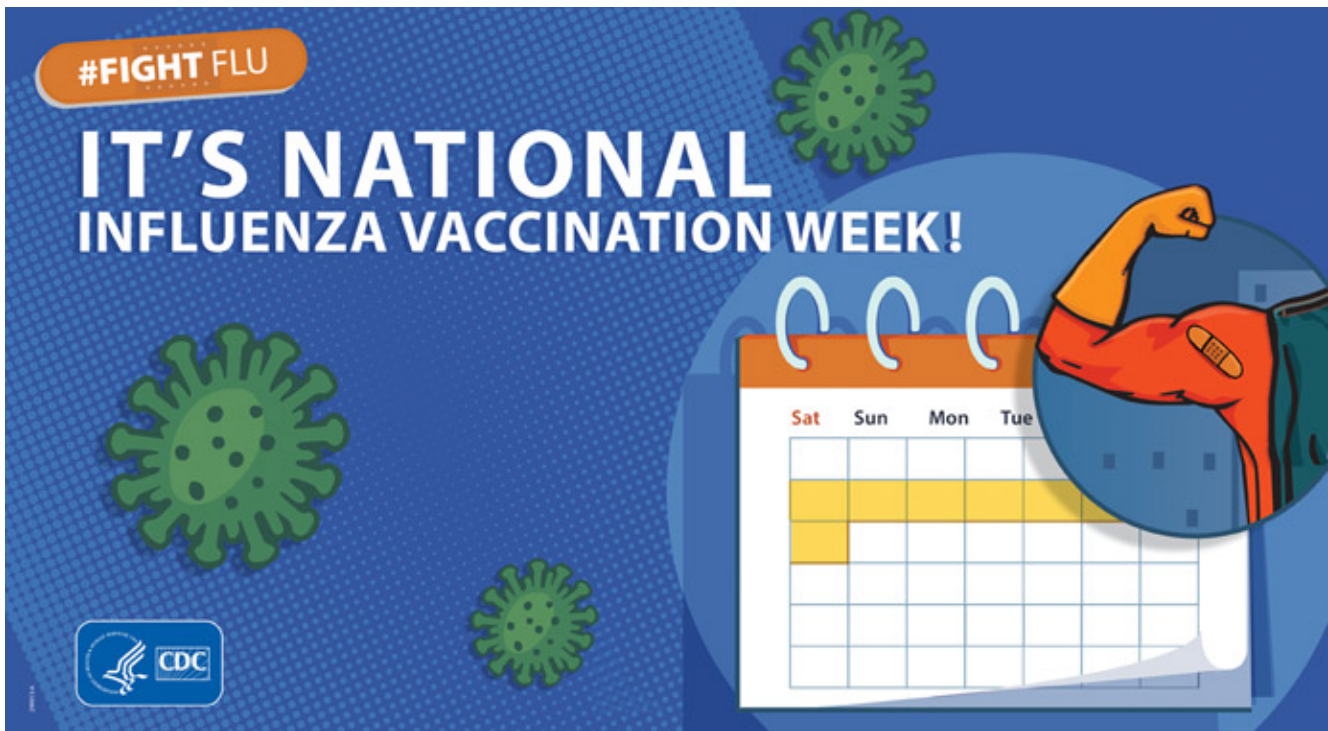
- On-site over multiple days and shifts.
- Free of charge.
- With frequent and strong promotion.

Flu Vaccination Toolkit for Long-Term Care Employers

To help LTC employers increase flu vaccination in LTC settings, the [National Vaccine Program Office](#) and CDC launched a Flu [Toolkit for Long-Term Care Employers](#). This comprehensive toolkit can help LTC owners and administrators understand the importance of flu vaccination, and guide them in providing access to flu vaccination for their employees. This toolkit includes information about:

- [Importance of Vaccination](#)
- [Vaccination Coverage](#)
- [Resources for Increasing Influenza Awareness](#)
- [Successful Best Practices](#)

For more information and resources, visit this web page: <https://www.cdc.gov/features/long-term-care/index.html>



CDC established National Influenza Vaccination Week (NIVW) in 2005 to highlight the importance of continuing flu vaccination through the holiday season and beyond.

NIVW 2018 is this week: December 2-8, 2018

National Influenza Vaccination Week Timing

Flu vaccination coverage estimates from past seasons have shown that few people get vaccinated against influenza after the end of November.

- CDC and its partners choose December for NIVW to remind people that even though the holiday season has begun, it is not too late to get a flu vaccine.
- As long as flu viruses are spreading and causing illness, vaccination should continue throughout flu season in order to protect as many people as possible against flu.
- Vaccination efforts should continue through the holiday season and beyond. It's not too late to vaccinate.
- Getting vaccinated later can still be beneficial and should be done as soon as possible before flu begins spreading in your community.
- Even if you haven't yet been vaccinated and have already gotten sick with flu, you can still benefit from vaccination since the flu vaccine protects against three or four different flu viruses (depending on which flu vaccine you get).

For more information and resources, visit this web page: <https://www.cdc.gov/flu/resource-center/nivw/about.htm>

***About this report:** Reporting agencies include labs, hospitals, long-term care and community-based care providers, physician offices, university clinic, pharmacies, and schools. Agencies are distributed throughout Summit County and report different indicators of flu activity including total lab tests, numbers of positive tests and type, antiviral prescriptions filled, school absences, and influenza like illness (ILI). Hospitalizations are lab confirmed for influenza and are obtained from the Ohio Disease Reporting System. Number of deaths associated with influenza and pneumonia are gathered from the Summit County Office of Vital Records death listings. Emergency room visits for complaints related to influenza are obtained by syndromic surveillance system (Epicenter). Special thanks to all agencies who report Influenza related data weekly.*

Reporting from participants may not be complete each week. Numbers may change as updated reports are received. For questions, please contact Joan Hall or Tracy Rodriguez at the Summit County Public Health Communicable Disease Unit (330-375-2662 or cdu@schd.org). Report was issued on December 7, 2018.