



**Summit County Public Health
Influenza Surveillance Report
2019 – 2010 Season
Report #1**



**Flu Surveillance Weeks 1 & 2 (10/6/2019 to 10/19/2019)
Centers for Disease Control and Prevention MMWR Weeks 41 & 42**

Summit County Surveillance Data:

In **Week 1** of influenza surveillance, influenza-related activity was very low in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by Week				
	Week 1 MMWR 41 N (%)¹	Week 2 MMWR 42 N (%)¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports				
Test Performed	364	416	+ 14.3%	↑1
Positive Tests (Number and %)	0 (0.0)	2 (0.5)	+ 100%	↑1
Influenza A (Number and %)	0 (0.0)	0 (0.0)	-	--
Influenza B (Number and %)	0 (0.0)	2 (0.5)	+ 100%	↑1
Acute care hospitalization for Influenza:	0	0	--	--
Influenza ILI Community Report:				
Long-term Care ILI	0	0	--	--
Correctional & Addiction Facility	0	0	--	--
Physician Offices & University Clinic	1	0	- 100%	↓1
Pharmacy Prescriptions				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	0	0	--	--
Baloxavir marboxil (Xofluza)	0	0	--	--
<i>Total</i>	0	0	--	--
Schools absenteeism²	6.5	6.9	+ 6.2%	↑1
Deaths				
Pneumonia associated	0 (0.0)	0 (0.0)	--	--
Influenza associated	0	0	--	--
Emergency room visits (EpiCenter)³				
Constitutional Complaints	445 (7.5)	448 (7.7)	2.8%	NC
Fever and ILI	59 (1.0)	60 (1.0)	0.0%	NC
1) N and % are reported when available				
2) Absence is for any reason. Percent is from total number of students enrolled. Data was collected from 6 schools or school districts throughout Summit County (n = 10,459 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 Weeks 1 & 2, however there were no deaths associated with pneumonia. **Figure 1** displays weekly Summit County death counts associated with pneumonia and influenza.

Acute Care Hospitalizations: There was no reported hospitalizations during Week 1 and Week 2. **Figure 2** displays Influenza Associated Hospitalizations in Summit County.

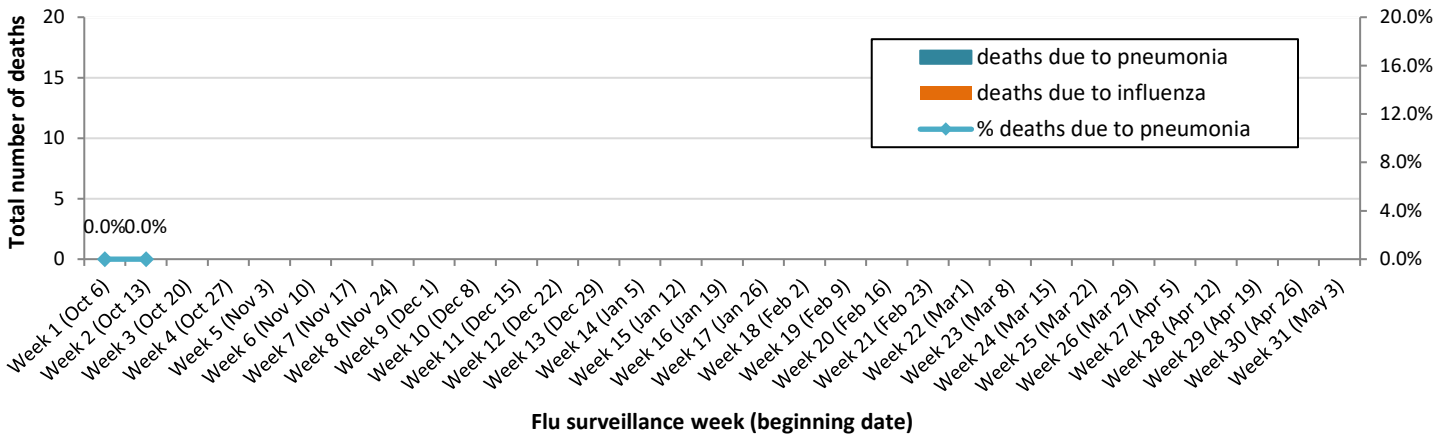
COMMUNITY ILI REPORTS: Influenza like Illness (ILI) as defined by the CDC is fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat without a known cause other than influenza. Community ILI reports: **Long Term Care Facilities:** There were 0 cases of ILI reported. **Correctional and Inpatient Addiction facilities:** Zero cases ILI reported. **Physician offices and clinics:** During Weeks 1 and 2, one and zero cases of ILI were reported, respectively.

Pharmacies: Zero prescriptions for CDC-approved antiviral medications were reported during Weeks 1 and 2.

School absenteeism includes absences regardless of reason. In Week 1, the absence rate was 6.5% and in Week 2 the rate increased slightly to 3.3%.

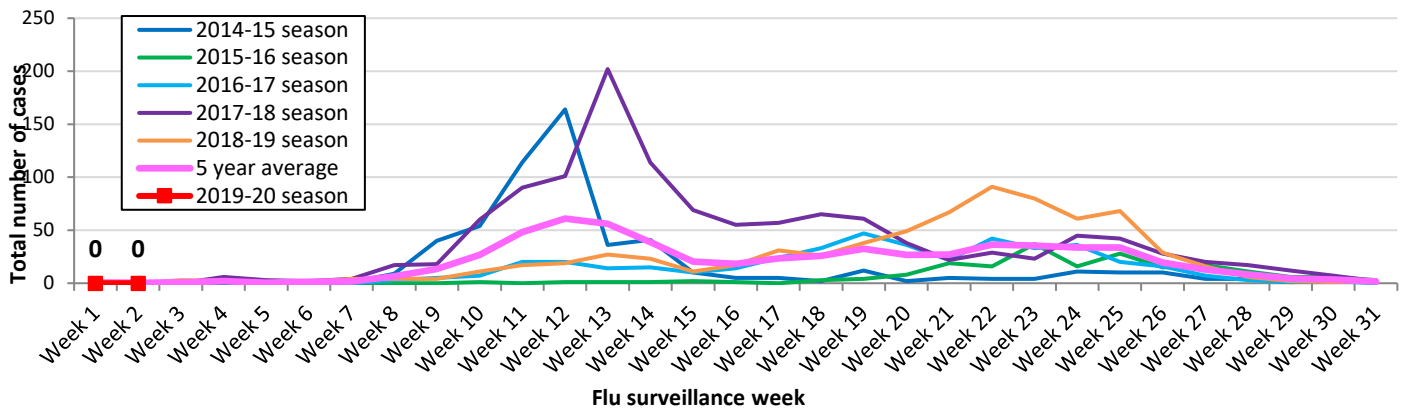
Lab reports: During the first 2 weeks of influenza surveillance, Summit County facilities performed flu 780 tests, of which 2 tested positive in Week 2 (both were type B). (**Figure 4**)

Figure 1. Weekly Summit County death counts associated with pneumonia and influenza during 2019-2020 season



Influenza-associated hospitalization: Summit County hospitals reported no influenza-associated hospitalizations in Week 1 and Week 2. **Figure 2** displays weekly confirmed hospitalization count for Summit County (**cumulative count to date = 0**).

Figure 2. Summit County influenza-associated hospitalizations by week, 2019-2020 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. **Figures 3** displays the weekly number of ER visits related to ILI and flu symptoms in Summit County. There were 60 ILI-related visits reported during Week 2, which was 1.0% of total ED visits (n = 5789). This rate was the same as the ILI rate during Week 1.

Figure 3. Weekly ED visits in Summit County related to Fever + ILI stratified by age groups, 2019 to 2020 season

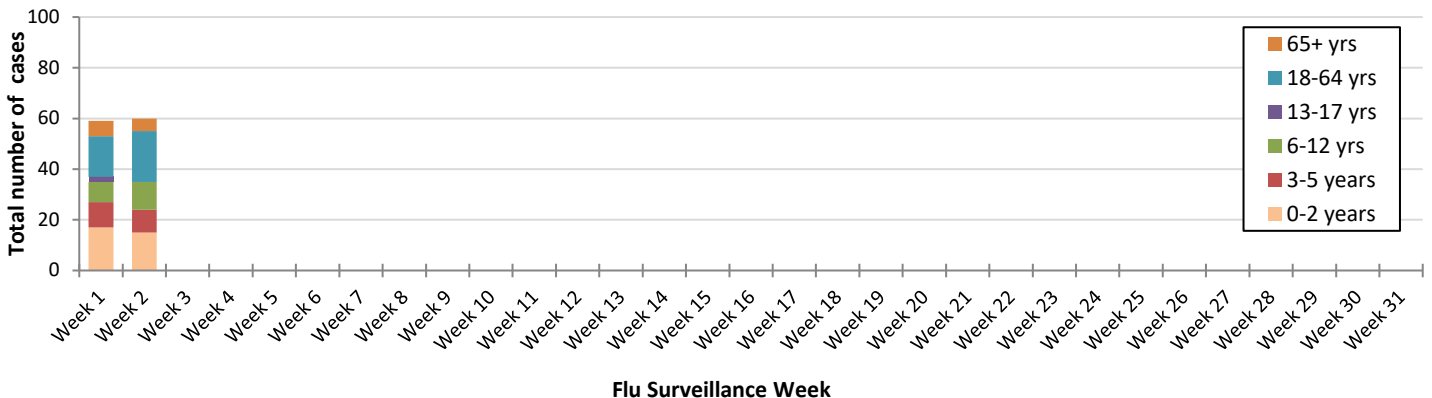
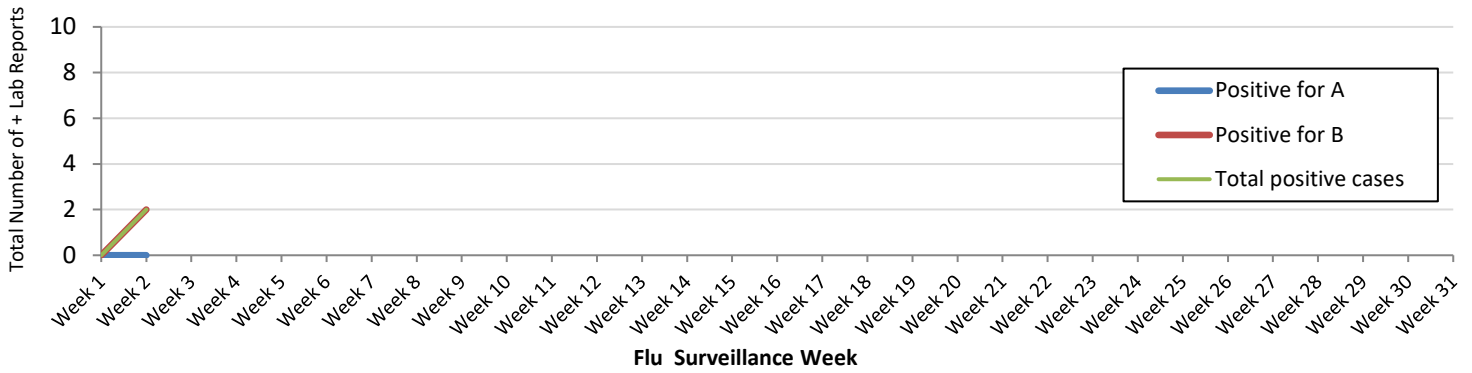


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2019 - 2020 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Sporadic Definition: Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.

During MMWR Week 42, 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 slightly above baseline levels statewide; fever and ILI specified ED visits are also above baseline levels. Reported cases of influenza-associated hospitalizations are below the seasonal threshold. There were 22 influenza-associated hospitalizations reported during MMWR Week 42.

Ohio Influenza Activity Summary Dashboard (October 13 – 19, 2019):

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)	0.76%	-13.64%	↓ 2	
Thermometer Sales (National Retail Data Monitor)	907	1.91%	↑ 2	
Fever and ILI Specified ED Visits (EpiCenter)	1.69%	3.68%	↑ 5	
Constitutional ED Visits (EpiCenter)	8.35%	1.58%	↑ 1	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	22	100.00%	↑ 3	
Outpatient Medical Claims Data ⁴	0.41%	10.81%	↑ 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/seasflu/Ohio%20Flu%20Activity.aspx>

National Surveillance: from Centers for Disease Control and Prevention (CDC):

Nationally, flu activity is low and similar to what has been observed during recent previous seasons at the same time, but Louisiana and Puerto Rico are experiencing high levels of influenza-like-illness.

- **Viral Surveillance:** Influenza A (H3N2) viruses and Influenza B/Victoria viruses have circulated at similar levels nationally this season. Influenza B/Victoria viruses have predominated in the south and southeast regions (regions 4 and 6) while influenza A (H3N2) viruses have predominated elsewhere.
 - **Virus Characterization:** Virus characterization data will be updated starting later this season when sufficient numbers of specimens have been tested.
 - **Antiviral Resistance:** Antiviral resistance data will be updated starting later this season when sufficient numbers of specimens have been tested.
- **Influenza-like Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) remained low at 1.7%, which is below the national baseline of 2.4%. All regions reported ILI below their region-specific baseline level, except Region 7 which reported ILI activity of 1.9% (above its baseline of 1.7%).
 - **ILI State Activity Indicator Map (Figure 6):** Puerto Rico and Louisiana reported high ILI activity; Alabama, Connecticut, Hawaii and Missouri reported low activity; and New York City, the District of Columbia, and 45 states experienced minimal ILI activity.
- **Geographic Spread of Influenza (Figure 7):** The geographic spread of influenza was reported widespread in Maryland, regional in Louisiana, and in six states was reported as local; the District of Columbia, Puerto Rico, the U.S. Virgin Islands and 40 states reported sporadic activity; Rhode Island reported no activity; and Guam and Nevada did not report.
- **Pneumonia and Influenza Mortality:** For Week 41, the proportion of deaths attributed to pneumonia and influenza (P&I) was 4.9%, which was below the system-specific epidemic threshold (5.7%) in the National Center for Health Statistics (NCHS) Mortality Surveillance System.
- **Influenza-associated Pediatric Deaths:** Two influenza-associated pediatric deaths were reported to CDC during Week 42.

National Outpatient Illness Surveillance:

Nationwide during week 42, 1.7% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is below the national baseline of 2.4%.

Figure 5. Percentage of visits for influenza-like illness (ILI) reported by the U.S. Outpatient Influenza-like Surveillance Network (ILINet), weekly national summary, 2019-2020 and selected previous seasons

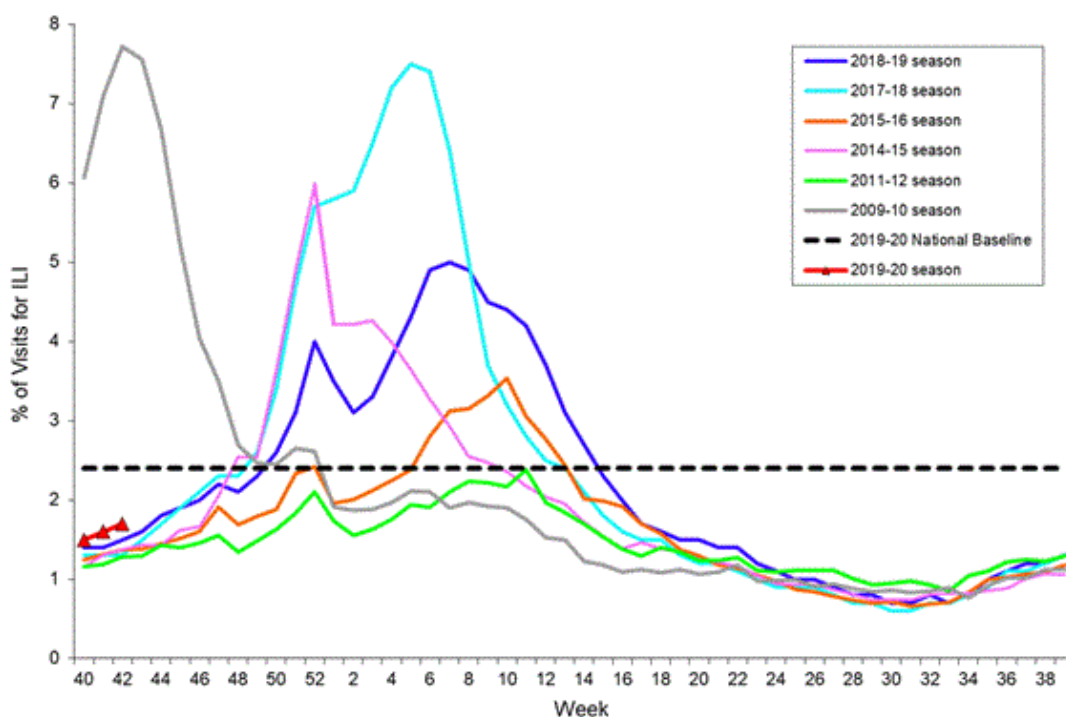


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet

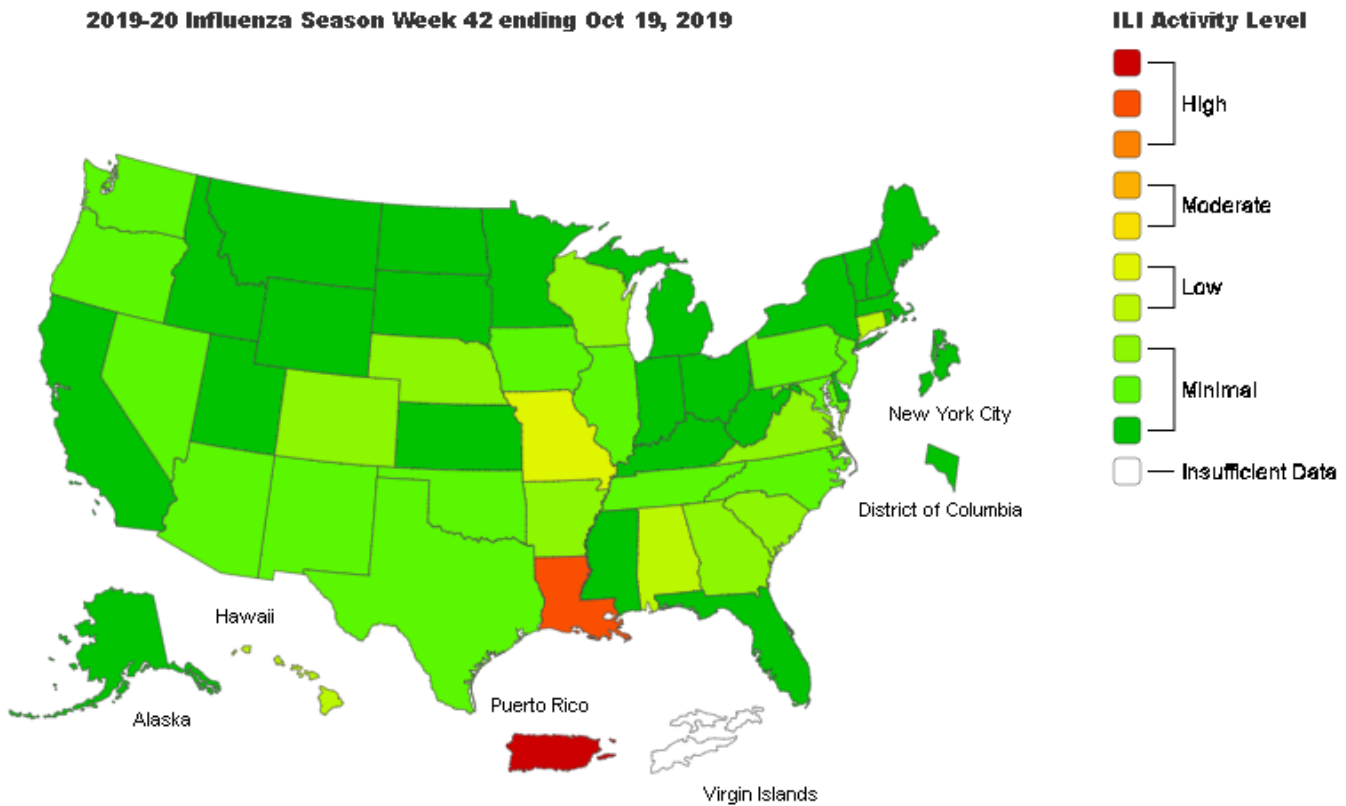
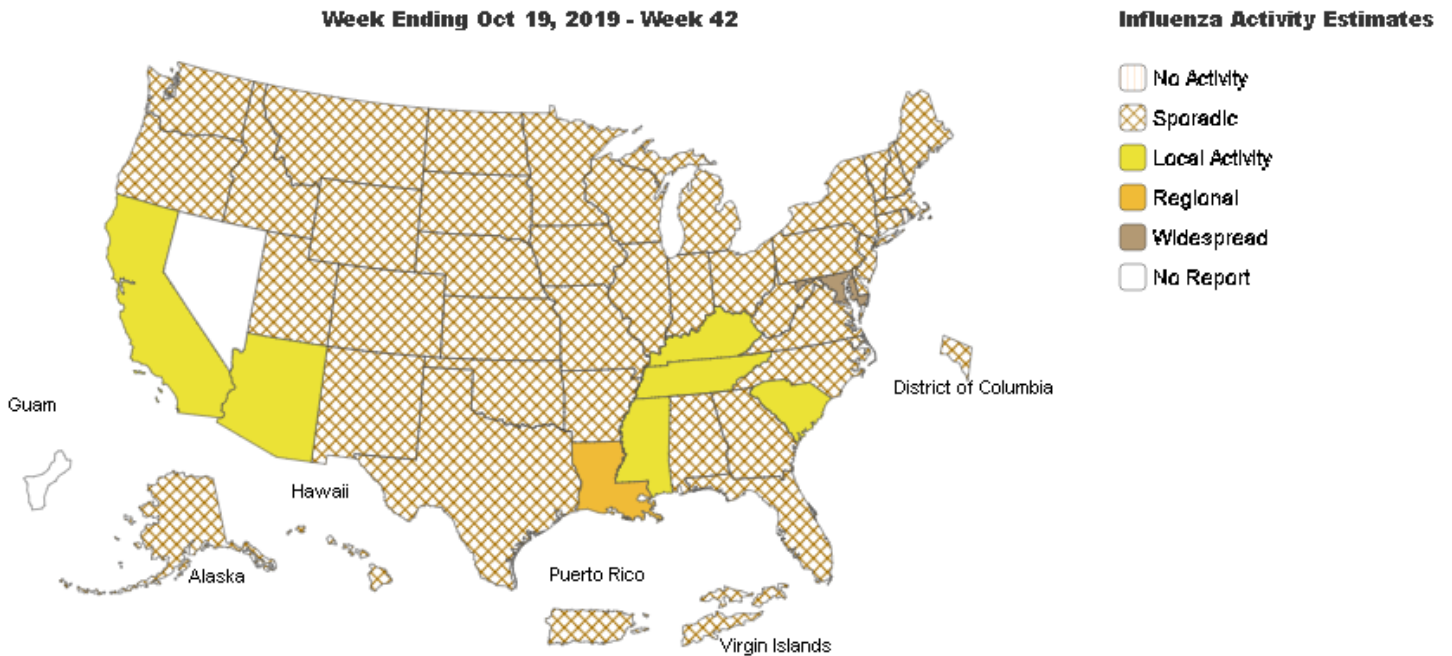


Figure 7. Weekly influenza activity (geographic spread) estimates reported by state and territorial epidemiologists



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

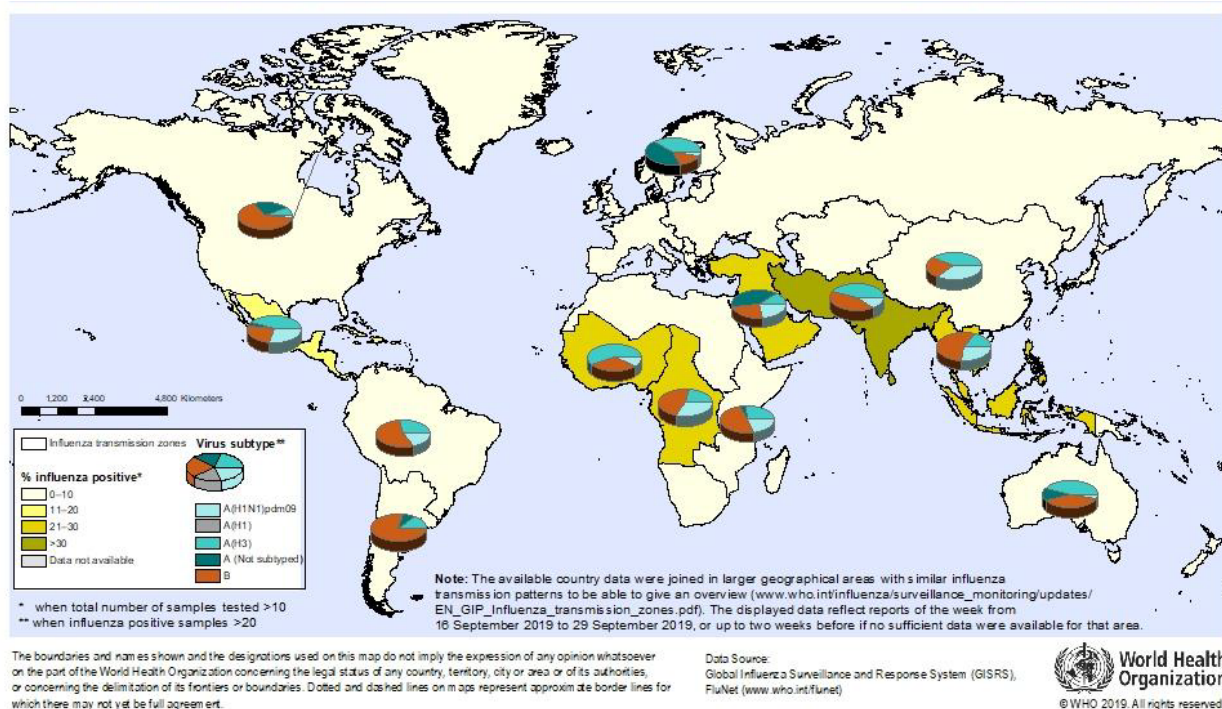
Global Surveillance:

Influenza Update N° 352, World Health Organization (WHO), published 10/14/2019, based on data up to 9/29/2019. The Update is published every two weeks.

Summary

- In the **temperate zones of the southern hemisphere**, influenza activity was low in most countries, and appeared to decrease in Chile after a second wave of influenza activity of predominately B viruses.
- In the **Caribbean, and tropical South American countries**, influenza activity was low overall. In Central American countries, influenza activity increased in El Salvador and Nicaragua.
- In **tropical Africa**, influenza activity was low across reporting countries except for some Western Africa countries.
- In **Southern Asia**, influenza activity was low across reporting countries except in Bhutan where influenza activity continued to be reported above alert threshold.
- In **South East Asia**, influenza activity was low in most reporting countries but appeared to increase in Lao PDR.
- In the **temperate zone of the northern hemisphere**, influenza activity remained at inter-seasonal levels in most countries. Influenza season appeared to have started across the countries of the Arabian Peninsula.
- **Worldwide**, seasonal influenza A viruses continued to account for the majority of detections, though the proportion of influenza B viruses increased in recent weeks.
- National Influenza Centres (NICs) and other national influenza laboratories from 94 countries, areas or territories reported data to FluNet for the time period from 16 September 2019 to 29 September 2019 (data as of 2019-10-11 01:51:30 UTC). The WHO GISRS laboratories tested more than 63162 specimens during that time period. 3494 were positive for influenza viruses, of which 1946 (55.7%) were typed as influenza A and 1548 (44.3%) as influenza B. Of the sub-typed influenza A viruses, 447 (35.5%) were influenza A(H1N1)pdm09 and 813 (64.5%) were influenza A(H3N2). Of the characterized B viruses, 56 (14.3%) belonged to the B-Yamagata lineage and 336 (85.7%) to the B-Victoria lineage.

Figure 8. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone (status as of 10 October 2019)



Source: https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/

Influenza News

Update: Influenza Activity — United States and Worldwide, May 19–September 28, 2019, and Composition of the 2020 Southern Hemisphere Influenza Vaccine
Weekly / October 11, 2019 / 68(40);880–884

Summary: During May 19–September 28, 2019,* low levels of influenza activity were reported in the United States, with cocirculation of influenza A and influenza B viruses. In the Southern Hemisphere seasonal influenza viruses circulated widely, with influenza A(H3) predominating in many regions; however, influenza A(H1N1)pdm09 and influenza B viruses were predominant in some countries. In late September, the World Health Organization (WHO) recommended components for the 2020 Southern Hemisphere influenza vaccine and included an update to the A(H3N2) and B/Victoria-lineage components. Annual influenza vaccination is the best means for preventing influenza illness and its complications, and vaccination before influenza activity increases is optimal. Health care providers should recommend vaccination for all persons aged ≥6 months who do not have contraindications to vaccination (1).

This MMWR report can be viewed and downloaded at the source link below.

Source: https://www.cdc.gov/mmwr/volumes/68/wr/mm6840a3.htm?s_cid=mm6840a3_w

Multi-Language Seasonal Flu Factsheets are available on the CDC website!

The CDC website has a resource page that includes four seasonal flu documents translated in to multiple languages. These factsheets were developed as a result of focus groups and educational sessions conducted with refugees in their native languages. The materials are designed to improve knowledge of seasonal flu. All four documents are tailored for low literacy populations by using minimal text and using visual cues to portray seasonal flu information.

Languages available:	<i>Amharic</i>	<i>Dzongkha</i>	<i>Karen</i>	<i>Oromo</i>
	<i>Arabic</i>	<i>English</i>	<i>Kirundi</i>	<i>Somali</i>
	<i>Burmese</i>	<i>Farsi</i>	<i>Nepali</i>	<i>Spanish</i>

Factsheets can be downloaded, printed and ordered here:

<https://www.cdc.gov/flu/resource-center/freeresources/multi-language-factsheets.html>


INFLUENZA (FLU) Cleaning to Prevent the Flu

Cleaning to Prevent the Flu

How long can the flu virus live on objects, such as doorknobs and tables?

The flu virus can "live" on some surfaces for up to 48 hours. Routine cleaning of surfaces may reduce the spread of flu.


48 hours



What kills flu viruses?

Flu viruses are killed by heat above 167° F [75° C]. Common household cleaning products can also kill the flu virus, including products containing:

- chlorine
- hydrogen peroxide
- detergents (soap)
- iodophors (iodine-based antiseptics)
- alcohols




इन्फ्लुएन्जा (फ्लू) फ्लू रोकथामका लागि सरसफाइ

फ्लू रोकथामका लागि सरसफाइ

फ्लूको भाइरस कति लामो समयसम्म कुनै वस्तुमा "बस्न" सक्छ, जस्तै टोकाको चुकुलमा र टेबुलमा ?

फ्लूको भाइरस कुनै बाहिरी भागमा ४८ घण्टासम्म "बस्न" सक्छ । नियमित सरसफाइले फ्लू सर्नाट रोक्न सकिन्छ ।


४८ घण्टा



फ्लूका भाइरसहरूलाई के-ले मार्छ ?

फ्लूका भाइरसहरूलाई 167° F [75° C] भन्दा माथिको तापक्रमले मार्छ । सामान्य घरको सरसफाइ गर्ने उत्पादनहरूले फ्लू फ्लूका भाइरसलाई मार्न सक्छन्, जसमा निम्न बुझाहरू सामेल छन् :

- क्लोरिन
- हाइड्रोजन पेरोक्साइड
- डिटरजेन्टहरू (साबुन)
- इयोडोफोर्स (इयोडिन भएको एन्टिसेप्टिक)
- मोइच



From CDC: What's new this flu season? *A few things are new this season:*

- **Flu vaccines** are updated to better match viruses expected to be circulating in the United States.
 - The **A(H1N1)pdm09 vaccine component** was updated from an A/Michigan/45/2015 (H1N1)pdm09-like virus to an A/Brisbane/02/2018 (H1N1)pdm09-like virus.
 - The **A(H3N2) vaccine component** was updated from an A/Singapore/INFIMH-16-0019/2016 A(H3N2)-like virus to an A/Kansas/14/2017 (H3N2)-like virus.
 - Both **B/Victoria and B/Yamagata virus components** from the 2018-2019 flu vaccine remain the same for the 2019-2020 flu vaccine.
- **All regular-dose flu shots will be quadrivalent.** (No trivalent regular-dose flu shots will be available this season.)
- **All [recombinant vaccine](#) will be quadrivalent.** (No trivalent recombinant vaccine will be available this season.)
- All four of the vaccine viruses used to produce [cell-grown flu vaccine](#) will have been **grown in cells, not eggs.**
- In January 2019, the U.S. Food and Drug Administration (FDA) approved a **change in dose volume for Fluzone Quadrivalent**, a quadrivalent inactivated influenza vaccine.
 - The change in dose volume **affects children 6 through 35 months of age.**
 - Previously, children in this age group were recommended to receive 0.25 mL of this vaccine per dose.
 - Children 6 through 35 months of age **may now receive either 0.25 milliliters or 0.5 milliliters per dose.**
 - There is **no preference for one or the other dose volume** for this age group. All persons 36 months (or 3 years) of age and older should receive 0.5 milliliters per dose.
- In October 2018, **FDA approved an expanded age indication for Afluria Quadrivalent**, a quadrivalent inactivated influenza vaccine. Afluria Quadrivalent is now licensed for children 6 months of age and older. Children 6 months through 35 months of age should receive 0.25 milliliters for each dose. All persons 36 months (or 3 years) of age and older should receive 0.5 milliliters for each dose.
- **Baloxavir marboxil (trade name Xofluza®) is a new flu single-dose antiviral drug** approved October 24, 2018 by FDA. Baloxavir is approved for the treatment of acute uncomplicated flu in people 12 years and older who have had flu symptoms for less than 48 hours.
- For the 2019-2020 flu season, CDC is offering **additional guidance on timing of flu vaccination.**
 - Like last season, CDC and ACIP recommend that vaccination be offered by the end of October.
 - For this season, CDC and ACIP provided additional information on what might be considered vaccinating too early. “Vaccinating early – for example, in July or August – may lead to reduced protection against influenza later in the season, particularly among older adults.”
 - Children 6 months through 8 years of age who need 2 doses should receive their first dose as soon as possible after vaccine becomes available to allow the second dose (which must be administered at least 4 weeks later) to be received by the end of October.

For more information on 2019-2020 influenza vaccine recommendations: [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2019–20 Influenza Season](#)

Source: <https://www.cdc.gov/flu/season/faq-flu-season-2019-2020.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 October 25, 2019.