



**Summit County Public Health  
Influenza Surveillance Report  
2020 – 2021 Season  
Report #4**



**Public Health**  
Prevent. Promote. Protect.

**Flu Surveillance Weeks 4 & 5 (10/25/2020 to 11/7/2020)  
Centers for Disease Control and Prevention MMWR Weeks 44 & 45**

**Summit County Surveillance Data:**

During Week 5 of influenza surveillance, influenza-related activity was minimal in Summit County, but COVID-19 activity is high and continues to increase.

<b>Table 1: Overall Influenza Activity Indicators in Summit County by week</b>				
	<b>Week 4 MMWR 44 N (%)<sup>1</sup></b>	<b>Week 5 MMWR 45 N (%)<sup>1</sup></b>	<b>Percent change from previous week</b>	<b>Number of weeks increasing or decreasing</b>
<b>Lab Reports: Influenza</b>				
Test Performed	344	339	- 1.5%	<b>NC</b>
Positive Tests (Number and %)	0 (0.0)	0 (0.0)	--	--
Influenza A (Number and %)	0 (0.0)	0 (0.0)	--	--
Influenza B (Number and %)	0 (0.0)	0 (0.0)	--	--
<b>Lab Reports: COVID-19</b>				
Test Performed	2067	2453	+ 18.7%	<b>↑1</b>
Positive Tests (Number and %)	133 (6.4)	238 (9.7)	+ 50.8%	<b>↑4</b>
<b>Acute care hospitalizations for Influenza:</b>	0	0	--	--
<b>Acute care hospitalizations for COVID-19:</b>	79	116	+ 46.8%	<b>↑1</b>
<b>Pharmacy Prescriptions</b>				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	0	0	--	--
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
<i>Total</i>	0	0	--	--
<b>Schools absenteeism<sup>2</sup></b>	5.8	5.3	- 8.8%	<b>↓1</b>
<b>Deaths (occurred in Summit County)</b>				
Pneumonia associated	4 (3.8)	3 (2.6)	- 32.1%	<b>↓1</b>
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	4 (2.9)	9 (7.8)	+ 172%	<b>↑1</b>
<b>Emergency room visits (EpiCenter)<sup>3</sup></b>				
Constitutional Complaints	459 (8.5)	498 (8.7)	+ 1.7%	<b>NC</b>
Fever and ILI	59 (1.1)	80 (1.4)	+ 27.2%	<b>↑1</b>
<sup>1</sup> N and % are reported when available <sup>2</sup> Absence is for any reason. Percent is from total number of students enrolled. Data was collected from 12 schools or school districts throughout Summit County (n = approx. 32,000 students) <sup>3</sup> Percent is from total number of emergency room interactions <b>Note:</b> 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				

**Lab reports:** During the Week 5, reporting Summit County facilities ordered influenza 339 tests, of which none had positive results. 2453 COVID-19 tests were completed by reporting partners, with a positivity rate of 9.7% in Week 5 (a 50.8% increase from Week 4) (**Figure 4**)  
**Note: Influenza and COVID-19 testing data are collected from selected reporting partners and do not represent positivity rates for the entire county.**

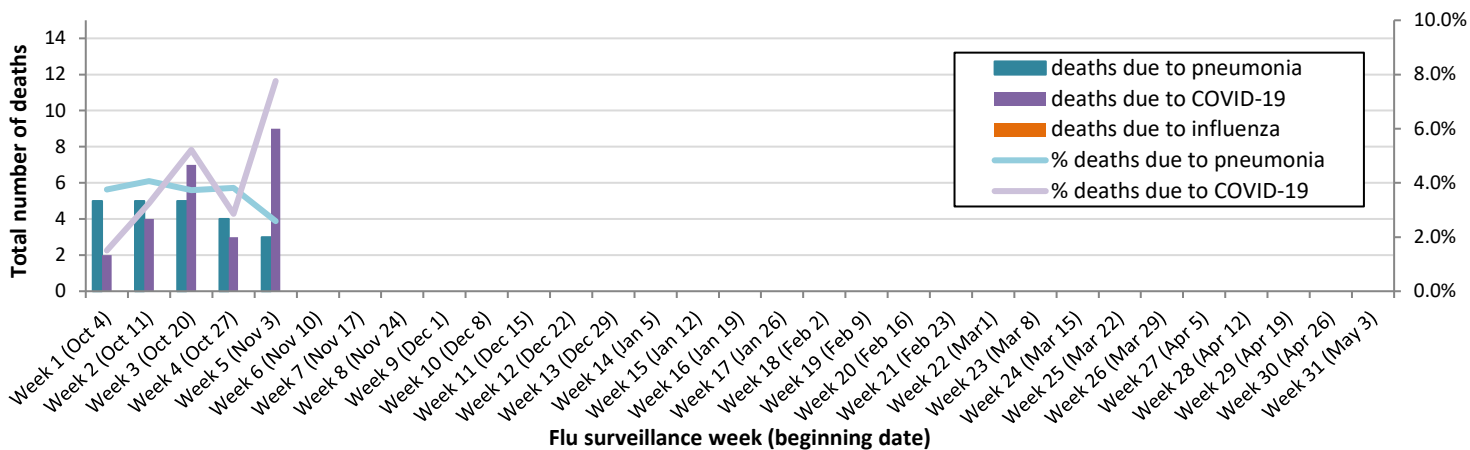
**Acute Care Hospitalizations:** There were no reported influenza and 116 COVID-19 admissions during Week 5. **Figure 2** displays hospitalizations in Summit County.

**Pharmacies:** Zero prescriptions for CDC- approved antiviral medications were reported during Week 5.

**School absenteeism** includes absences regardless of reason. In Week 5, the absence rate decreased to 5.3%, a 8.8% decrease from Week 4.

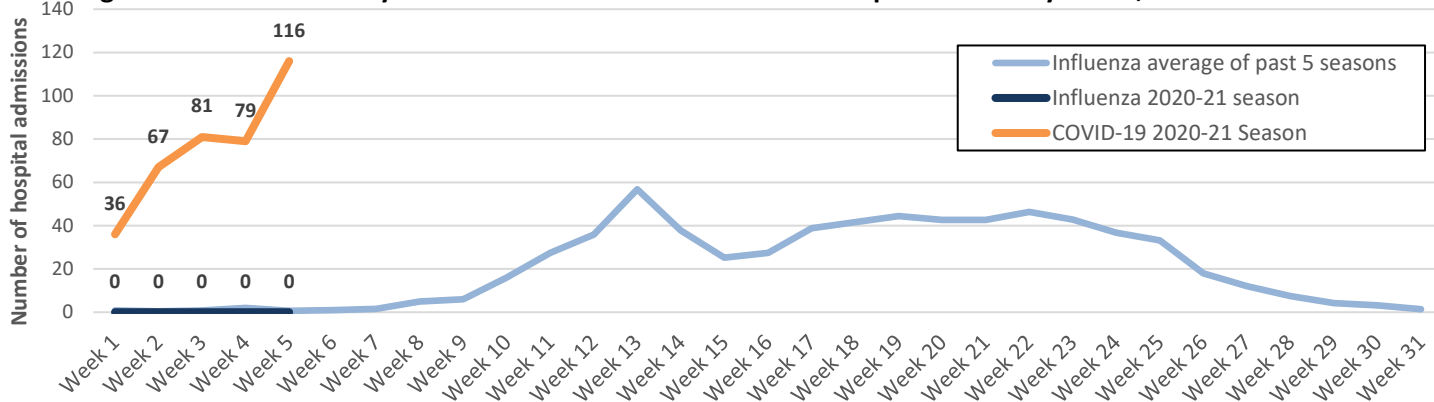
**Zero** deaths related to influenza, 9 COVID-19 deaths and 3 pneumonia related deaths were reported during Week 5. The rates of pneumonia deaths decreased by 32% and the COVID-19 associated death rate increased by 172%. **Figure 1** displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

**Figure 1. Weekly Summit County death counts associated with pneumonia and influenza during 2020-2021 season**



**Hospitalizations:** Summit County hospitals reported no influenza-associated hospitalizations, and 116 COVID-19 admissions in Week 5. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza total count to date = 0**).

**Figure 2. Summit County influenza and COVID-19 associated hospitalizations by week , 2020-2021 season**



**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 80 ILI-related visits reported during Week 5, which was 1.4% of total ED visits (n = 5757). This rate was 27% higher than the ILI rate during Week 4.

**Figure 3. Weekly ED visits in Summit County related to Fever + ILI stratified by age groups, 2020 to 2021 season**

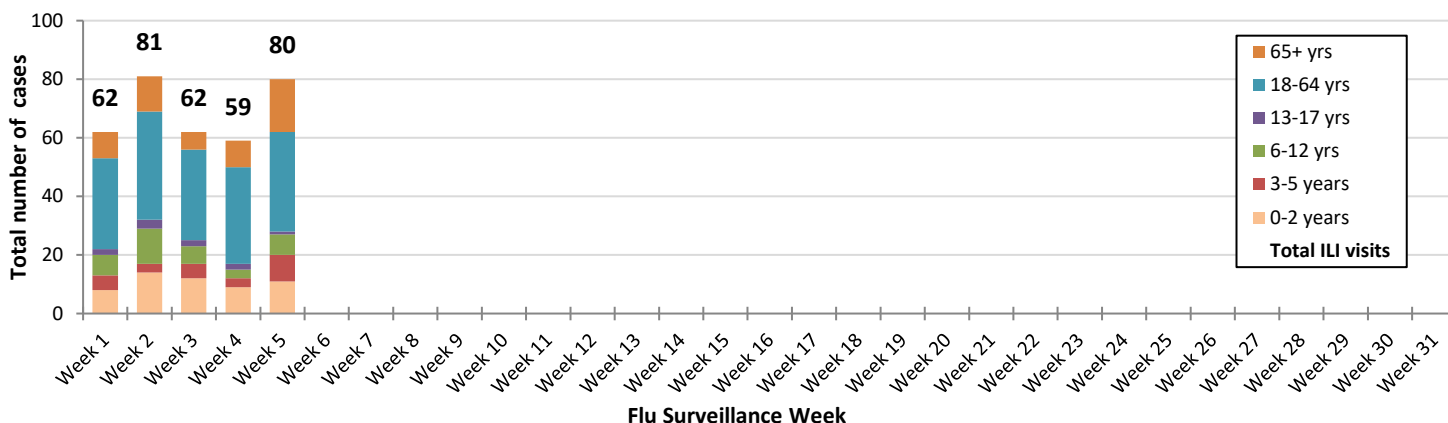
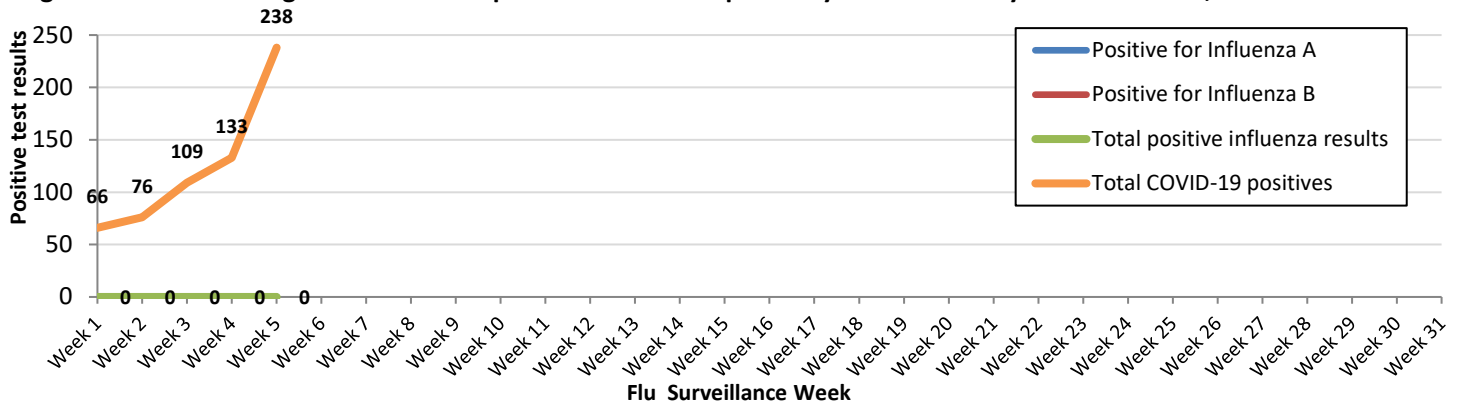


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2020 - 2021 season



**Ohio Influenza Activity: from the Ohio Department of Health:**

**Current Ohio Activity Level (Geographic Spread) – Minimal**

During MMWR Week 45, public health surveillance data sources indicate minimal intensity for influenza-like illness (ILI) in outpatient settings reported by Ohio’s sentinel providers. Data from public health and clinical laboratories show very low levels of influenza virus circulation. The percentage of emergency department visits with patients exhibiting constitutional symptoms increased and are above baseline levels; fever and ILI specified ED visits also increased and are above baseline levels. Reported cases of influenza-associated hospitalizations are below the seasonal threshold\*. There were 2 influenza associated hospitalizations reported during MMWR Week 45.

**Ohio Influenza Activity Summary Dashboard (November 1 – 7, 2020):**

Data Source	Current week value	Percent Change from last week <sup>1</sup>	# of weeks <sup>2</sup>	Trend Chart <sup>3</sup>
Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	0.82%	-12.77%	↓ 1	
Thermometer Sales (National Retail Data Monitor)	2186	-3.95%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter)	1.97%	20.12%	↑ 3	
Constitutional ED Visits (EpiCenter)	9.45%	8.00%	↑ 3	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	2	0.00%	-	

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

<sup>2</sup>Number of weeks that the % change is increasing or decreasing.

<sup>3</sup>Black lines represent current week’s data; red lines represent baseline averages

\*The seasonal threshold is 25 cases of influenza-associated hospitalizations; historical data demonstrate that once the weekly count exceeds 25 cases, the number of weekly cases thereafter will likely not decrease until after the peak of influenza activity for the season

Source: <https://www.odh.ohio.gov/seasflu/Ohio%20Flu%20Activity.aspx>

## Ohio Surveillance Data:

- The **Ohio Department of Health Laboratory** has tested 1 specimen for influenza during the 2020-2021 influenza season; of these, **0 tested positive for influenza A(H1N1pdm09), 0 for influenza A(H3N2), 1 for influenza B, and 0 were negative** (through 11/7/2020).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** and **U.S. World Health Organization (WHO) Collaborating Laboratories** reported **4,205 tests** for influenza performed at participating facilities; of these, **0 tested positive for influenza A(H1N1pdm09), 0 for influenza A(H3N2), 12 for influenza A (subtyping not performed), and 9 for influenza B** (through 11/6/2020).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2020-2021 influenza season (through 11/7/2020).
- No **novel influenza A virus infections** have been reported so far during the 2020-2021 influenza season (through 11/7/2020).
- Incidence of **confirmed influenza-associated hospitalizations** in 2020-2021 season = **14** (through 11/7/2020).

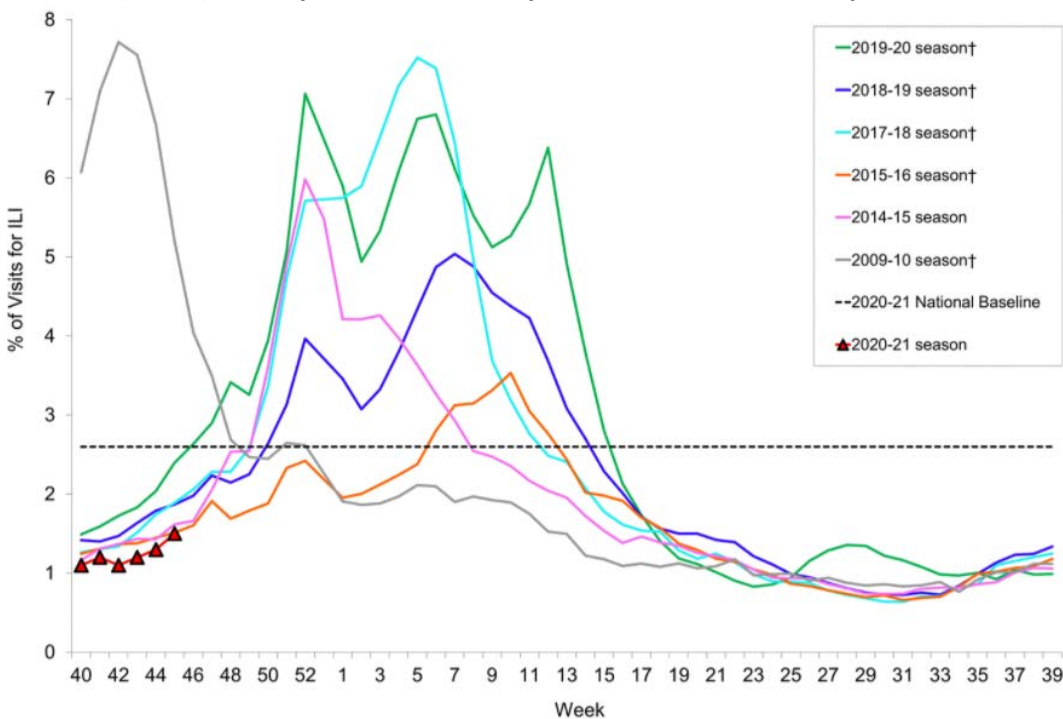
## National Surveillance: from Centers for Disease Control and Prevention (CDC):

**Seasonal influenza activity in the United States remains low.**

### **National Outpatient Illness Surveillance:**

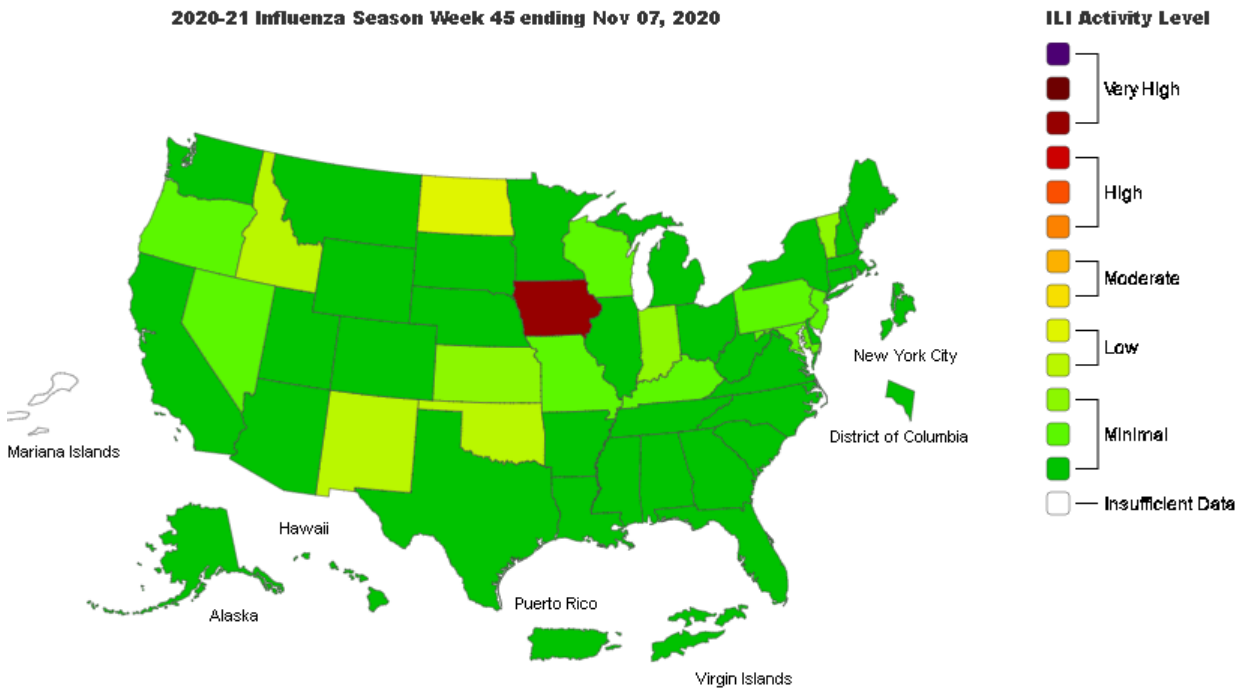
During week 45 (November 1 to 7, 2020), the percentage of outpatient visits for ILI increased to 1.5% (**Figure 5**), which is below the national baseline of 2.6%. One HHS region, Region 7 (Iowa, Kansas, Missouri, and Nebraska), reported a percentage of outpatient visits for ILI (2.4%) above their region-specific baseline (1.7%). The remaining nine regions reported a percentage of outpatient visits for ILI below their region-specific baselines. In Week 45, one state (Iowa) experienced very high ILI activity, four (Idaho, New Mexico, North Dakota and Oklahoma) experienced low activity, and the remaining states or territories experienced minimal activity reported by sentinel ILINet providers (**Figure 6**).

**Figure 5. Percentage of visits for influenza-like illness (ILI) reported by the U.S. Outpatient Influenza-like Surveillance Network (ILINet), weekly national summary, 2020-2021 and selected previous seasons**



†These seasons did not have a week 53, so the week 53 value is an average of week 52 and week 1.

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



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

## Global Surveillance:

Influenza Update N° 380, World Health Organization (WHO), published November 9, 2020, based on data up to October 25, 2020. The Update is published every two weeks.

### Summary

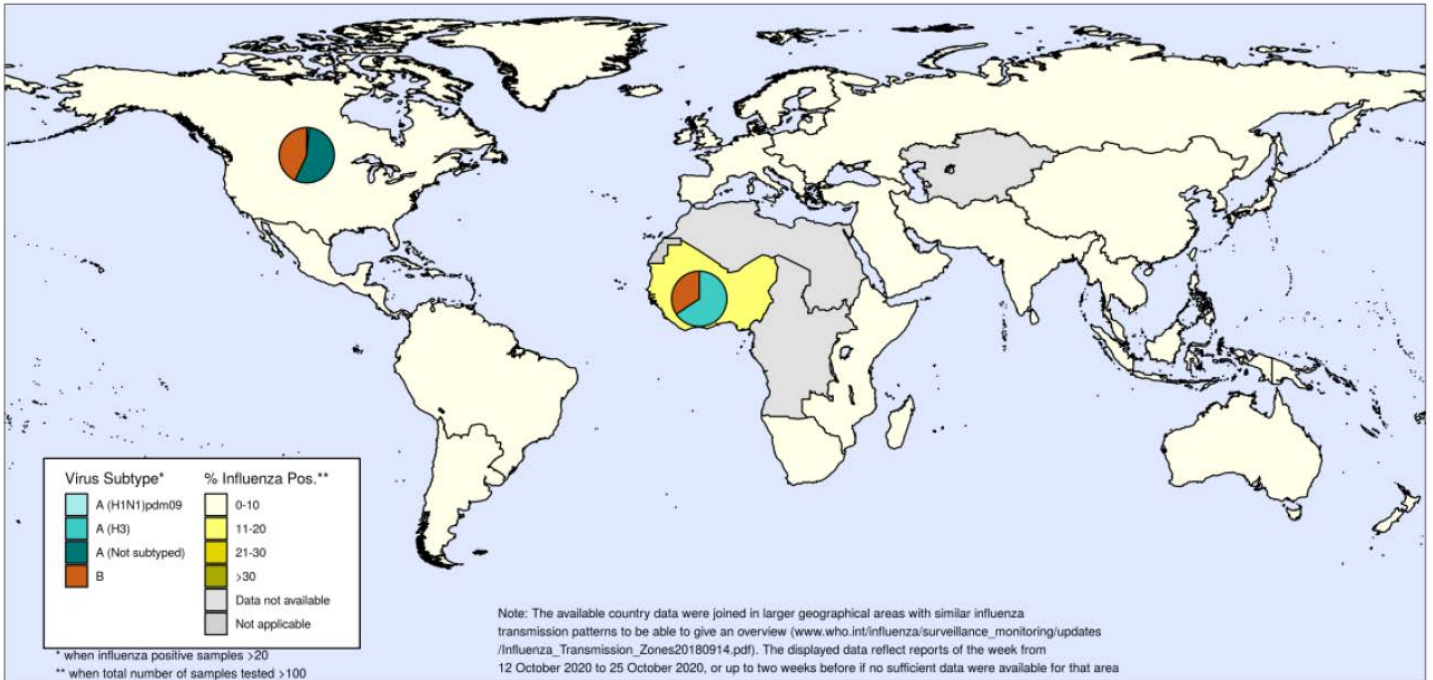
*The current influenza surveillance data should be interpreted with caution as the ongoing COVID-19 pandemic have influenced to varying extents health seeking behaviours, staffing/routines in sentinel sites, as well as testing priorities and capacities in Member States. The various hygiene and physical distancing measures implemented by Member States to reduce SARS-CoV-2 virus transmission have likely played a role in reducing influenza virus transmission.*

- **Globally**, despite continued or even increased testing for influenza in some countries, influenza activity remained at lower levels than expected for this time of the year.
- In the **temperate zone of the northern hemisphere**, influenza activity remained below inter-seasonal levels, though sporadic influenza detections were reported in some countries.
- In the **temperate zones of the southern hemisphere**, no influenza detections were reported across countries.
- In the **Caribbean and Central American countries**, sporadic influenza detections were reported. Severe acute respiratory infection (SARI) activity, likely due to COVID-19, decreased in most reporting countries.
- In **tropical South America**, there were no influenza detections across reporting countries.
- In **tropical Africa**, influenza activity was reported in West Africa in Côte d'Ivoire and Niger, and in East Africa in Kenya.
- In **Southern Asia**, influenza activity of predominately influenza A(H3N2) was reported in Bangladesh and India in recent weeks.
- In **South East Asia**, influenza detections continued to be reported in Cambodia and Lao People's Democratic Republic (PDR).



- **Worldwide**, of the very low numbers of detections reported, *seasonal influenza A(H3N2) viruses accounted for the majority of detections.*
- National Influenza Centres (NICs) and other national influenza laboratories from 95 countries, areas or territories reported data to FluNet for the time period from 12 October 2020 to 25 October 2020 (data as of 2020-11-06 02:55:12 UTC). The WHO GISRS laboratories tested more than 94 241 specimens during that time period. A total of 140 specimens were positive for influenza viruses, of which 80 (57.1%) were typed as influenza A and 60 (42.9%) as influenza B. Of the sub-typed influenza A viruses, 2 (5.4%) were influenza A(H1N1)pdm09 and 35 (94.6%) were influenza A(H3N2). Of the characterized B viruses, 1 (6.7%) belonged to the B-Yamagata lineage and 14 (93.3%) to the B-Victoria lineage.

**Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone (October 11 to 25, 2020)**



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)  
 Copyright WHO 2020. All rights reserved.

**Source:** [https://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/](https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/)

**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 at the Summit County Public Health Communicable Disease Unit (330-375-2662 or [cdu@schd.org](mailto:cdu@schd.org)). This report was issued on November 14, 2020.