



**Summit County Public Health
Influenza Surveillance Report
2020 – 2021 Season
Report #1**



Public Health
Prevent. Promote. Protect.

**Flu Surveillance Weeks 1 & 2 (10/4/2019 to 10/17/2019)
Centers for Disease Control and Prevention MMWR Weeks 41 & 42**

Summit County Surveillance Data:

In **Weeks 1 & 2** of influenza surveillance, influenza-related activity was minimal in Summit County, but COVID-19 activity is elevated and increasing.

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: Influenza				
Test Performed	271	296	+ 9.2%	↑1
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)	--	--
Lab Reports: COVID-19				
Test Performed	2397	2254	- 6.0%	↓1
Positive Tests (Number and %)	66 (2.8)	76 (3.4)	+ 22.5%	↑1
Acute care hospitalizations for Influenza:	0	0	--	--
Acute care hospitalizations for COVID-19:	36	67	+ 86.1%	↑1
Pharmacy Prescriptions				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	0	0	--	--
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
<i>Total</i>	0	0	--	--
Schools absenteeism²	5.0	5.5	+ 10.0%	↑1
Deaths (occurred in Summit County)				
Pneumonia associated	5 (3.8)	5 (4.1)	+ 8.1%	↑1
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	2 (1.5)	4 (3.3)	+ 116%	↑1
Emergency room visits (EpiCenter)³				
Constitutional Complaints	484 (8.1)	474 (8.3)	2.4%	↑1
Fever and ILI	62 (1.0)	81 (1.4)	36.6%	↑1
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 12 schools or school districts throughout Summit County (n = approx. 32,000 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				

Lab reports: During the first 2 weeks of influenza surveillance, reporting Summit County facilities performed flu 567 tests, of which none had positive results. 4,651 COVID-19 tests were completed by reporting partners, with a positivity rate of 2.8% in Week 1 and 3.4% in Week 2 (a 22.5% increase) (**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.*

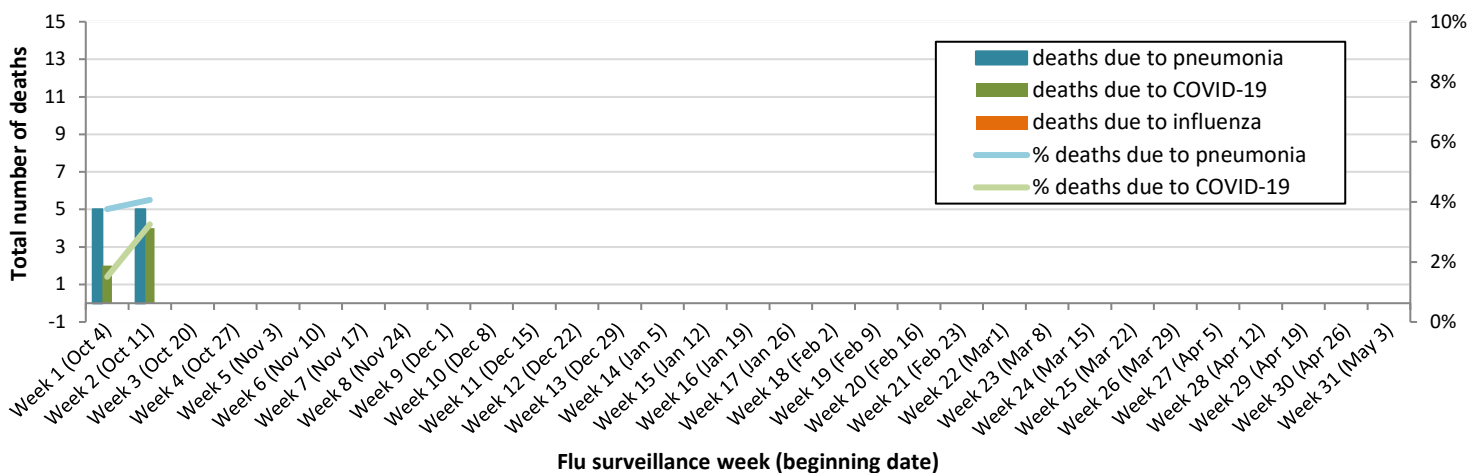
Acute Care Hospitalizations: There was no reported influenza and 103 COVID-19 admissions during Weeks 1 and 2. **Figure 2** displays hospitalizations in Summit County.

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 5.0% and in Week 2 the rate increased by 10% to 5.5%.

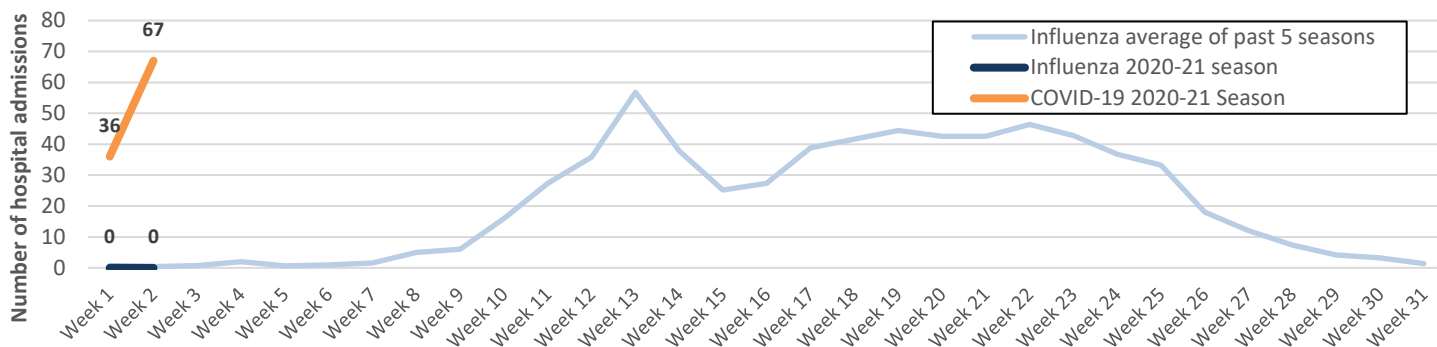
Zero deaths related to influenza, 6 COVID-19 deaths and 10 pneumonia related deaths were reported during Weeks 1 & 2. The rates of pneumonia and COVID-19 associated deaths both increased in Week 2. **Figure 1** displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 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 36 admissions in Week 1 and 67 admissions in Week 2. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza cumulative 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 81 ILI-related visits reported during Week 2, which was 1.4% of total ED visits (n = 5722). This rate was 36.6% higher than the ILI rate during Week 1.

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

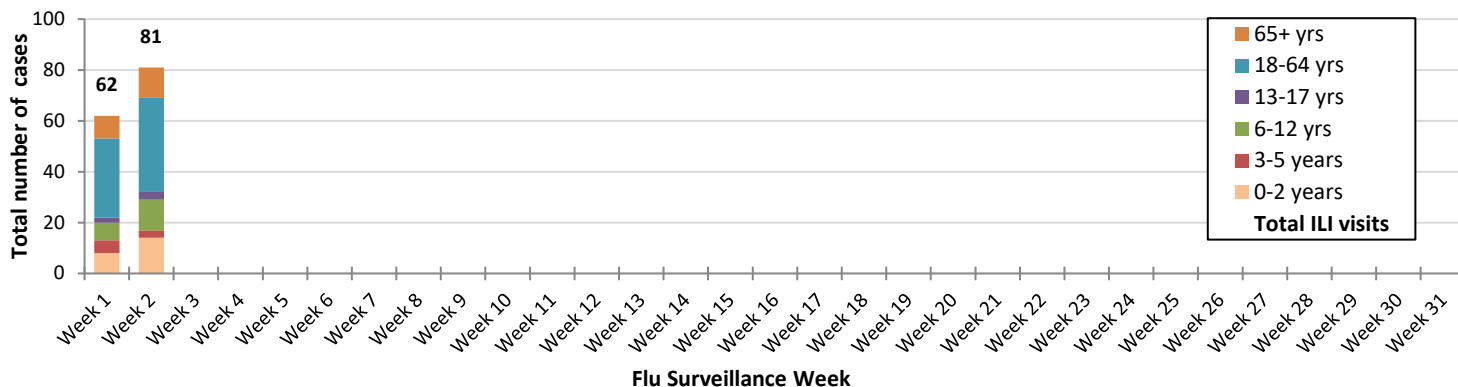
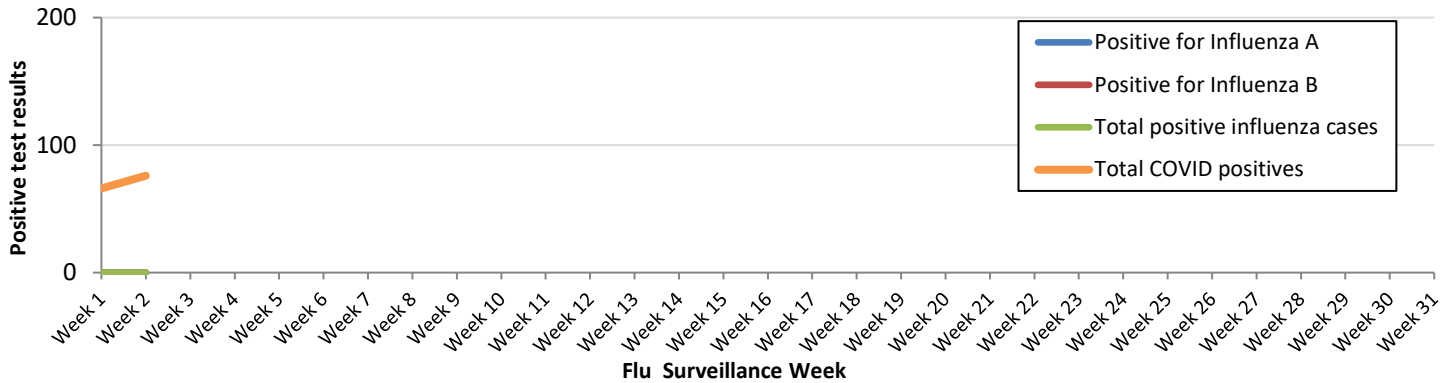


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2020 - 2021 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Minimal

During MMWR Week 42, 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 above baseline levels statewide; fever and ILI specified ED visits decreased back to baseline levels for week 42. Reported cases of influenza-associated hospitalizations are below the seasonal threshold*. There were 2 influenza-associated hospitalizations reported during MMWR Week 42.

Ohio Influenza Activity Summary Dashboard (October 11 – 17, 2020):

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)	0.68%	-12.82%	↓ 1	
Thermometer Sales (National Retail Data Monitor)	1852	19.72%	↑ 5	
Fever and ILI Specified ED Visits (EpiCenter)	1.59%	16.06%	↑ 4	
Constitutional ED Visits (EpiCenter)	8.63%	9.80%	↑ 3	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	1	-50.00%	↓ 2	

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

*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 10/17/2020).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** has reported **2,625** tests for influenza performed at participating facilities; of these, **0 tested positive for influenza A(H1N1pdm09), 0 for influenza A(H3N2), 6 for influenza A (subtyping not performed), and 6 for influenza B** (through 10/17/2020).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2020-2021 influenza season (through 10/17/2020).
- No **novel influenza A virus infections** have been reported so far during the 2020-2021 influenza season (through 10/17/2020).
- Incidence of confirmed **influenza-associated hospitalizations** in 2020-2021 season = 5 (through 10/17/2020).

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 42 (October 11 - October 17, 2020), all U.S. states reported Minimal or Low influenza activity reported by sentinel ILINet providers (**Figure 6**). The percentage of outpatient visits for ILI remained at 1.2% (**Figure 5**), which is below the national baseline of 2.6%. All 10 HHS regions reported ILI levels below their region-specific baseline levels.

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

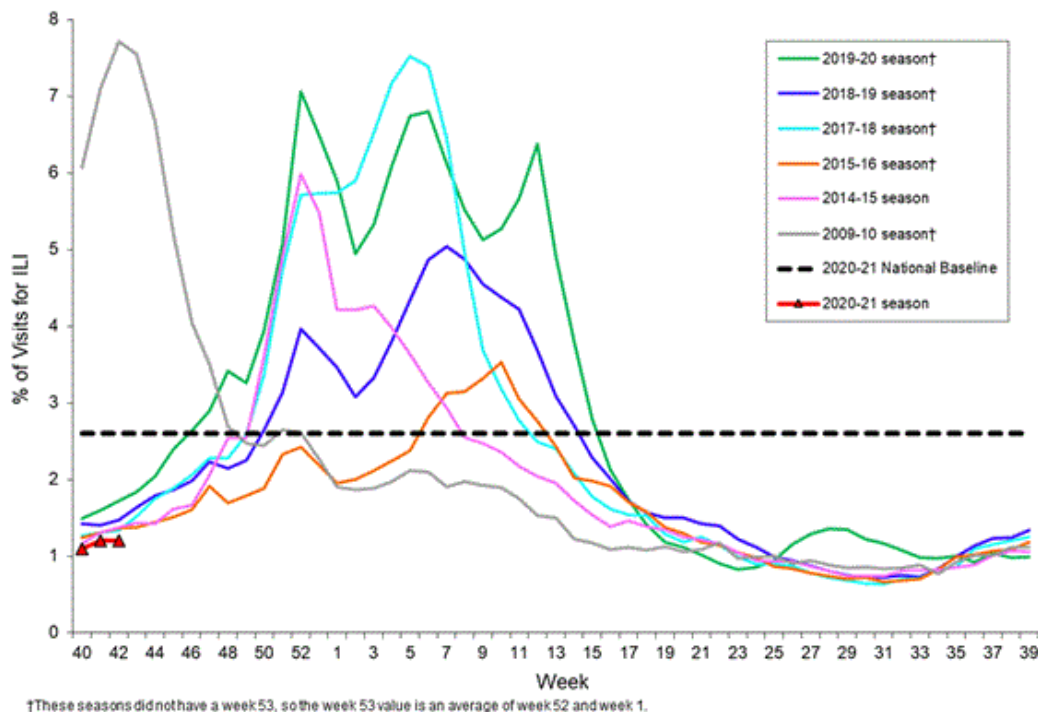
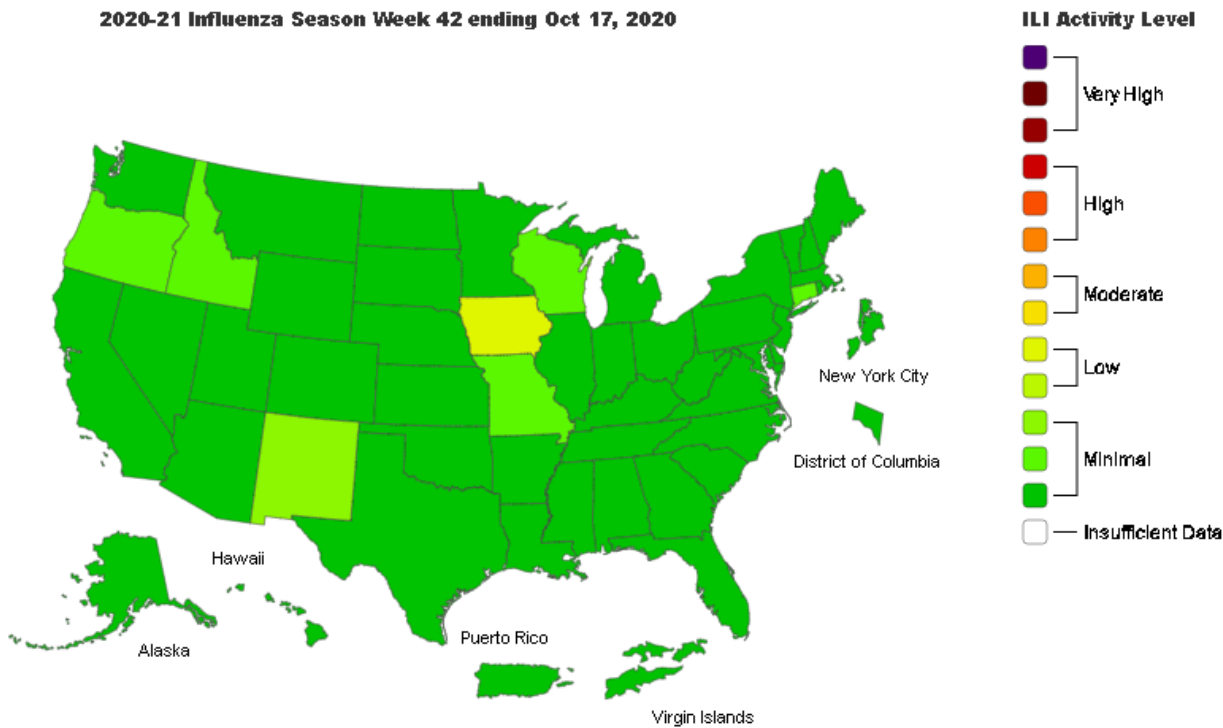


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 379, World Health Organization (WHO), published 10/26/2020, based on data up to 10/11/2020. The Update is published every two weeks.

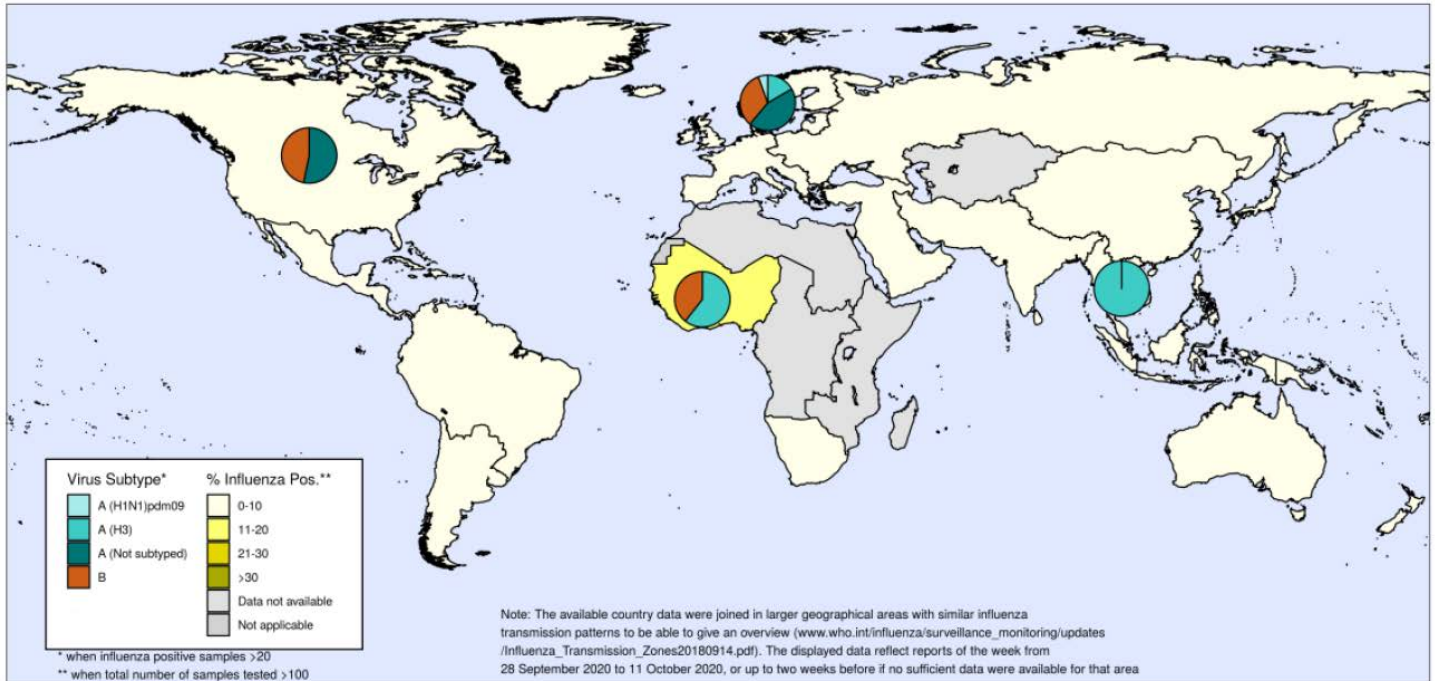
Summary

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 influenza detections were reported in some countries.
- In the **temperate zones of the southern hemisphere**, the influenza season remained low or below baseline overall. Very few influenza detections were reported across countries.
- In the **Caribbean and Central American countries**, there were no influenza detections 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 Côte d'Ivoire and Mali.
- In **Southern Asia** there were sporadic influenza detections across reporting countries.
- In **South East Asia**, increased influenza detections were 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 69 countries, areas or territories reported data to FluNet for the time period from 28 September 2020 to 11 October 2020 (data as of 2020-10-23 04:13:16 UTC). The WHO GISRS laboratories tested more than 81 257 specimens during that time period. A total of 172 specimens were positive for influenza viruses, of which 108 (62.8%) were typed as influenza A and 64 (37.2%) as influenza B. Of the sub-typed influenza A viruses, 4 (6.1%) were influenza A(H1N1)pdm09 and 62 (93.9%) were influenza A(H3N2). Of the characterized B viruses, 2 (8%) belonged to the B-Yamagata lineage and 23 (92%) to the B-Victoria lineage.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone (September 28 to October 11, 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)
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Source: 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). This report was issued on October 29, 2020.