



Summit County Public Health Influenza Surveillance Report 2021 – 2022 Season



Public Health
Prevent. Promote. Protect.

Report #11

Flu Surveillance Weeks 11 & 12 (12/12/2021 to 12/25/2021) Centers for Disease Control and Prevention MMWR Weeks 50 & 51

Summit County Surveillance Data:

In **Week 12** of influenza surveillance, influenza-related activity was at a high level in Ohio but an increase was not observed in Summit County; COVID-19 activity remained high and continued to increase.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 11 MMWR 50 N (%)¹	Week 12 MMWR 51 N (%)¹	Percent change from previous week	No. of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	1967	2578	+ 31.1%	↑4
Positive Tests (Number and %)	65 (3.3)	62 (2.4)	- 27.2%	↓1
Influenza A (Number and %)	65 (3.3)	62 (2.4)	- 27.2%	↓1
Influenza B (Number and %)	0 (0.0)	0 (0.0)	--	NC
Lab Reports: COVID-19				
Test Performed	4674	4546	- 2.7%	↓1
Positive Tests (Number and %)	782 (16.7)	1049 (23.1)	+ 37.9%	↑7
Acute care hospitalizations for Influenza:	5	5	--	NC
Acute care hospitalizations for COVID-19:	346	379	+ 9.5%	↑6
Pharmacy Prescriptions				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	2	4	+ 100%	↑3
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
<i>Total</i>	2	4	+ 100%	↑3
Schools absenteeism²	11.0	Break	--	--
Deaths (occurred in Summit County)				
Total deaths certified	177	118	- 33.3%	↓2
Pneumonia associated	25 (14.1)	18 (15.3)	+ 8.0%	↑1
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	37 (20.9)	35 (29.7)	+ 41.9%	↑2
Emergency room visits (EpiCenter)³ (Figure 3)				
Total ED Visits	6613	6577	- 0.5%	NC
Constitutional Complaints	857 (13.0)	1044 (15.9)	+ 22.5%	↑4
Fever and ILI	171 (2.6)	243 (3.7)	+ 42.9%	↑4
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 Week 12 of influenza surveillance, reporting Summit County facilities performed 2,578 flu tests, of which 62 had positive results (all were Type A). 4,546 COVID-19 tests were completed by reporting partners, with a positivity rate of 23.1% in Week 12 (a 37.9% 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.**

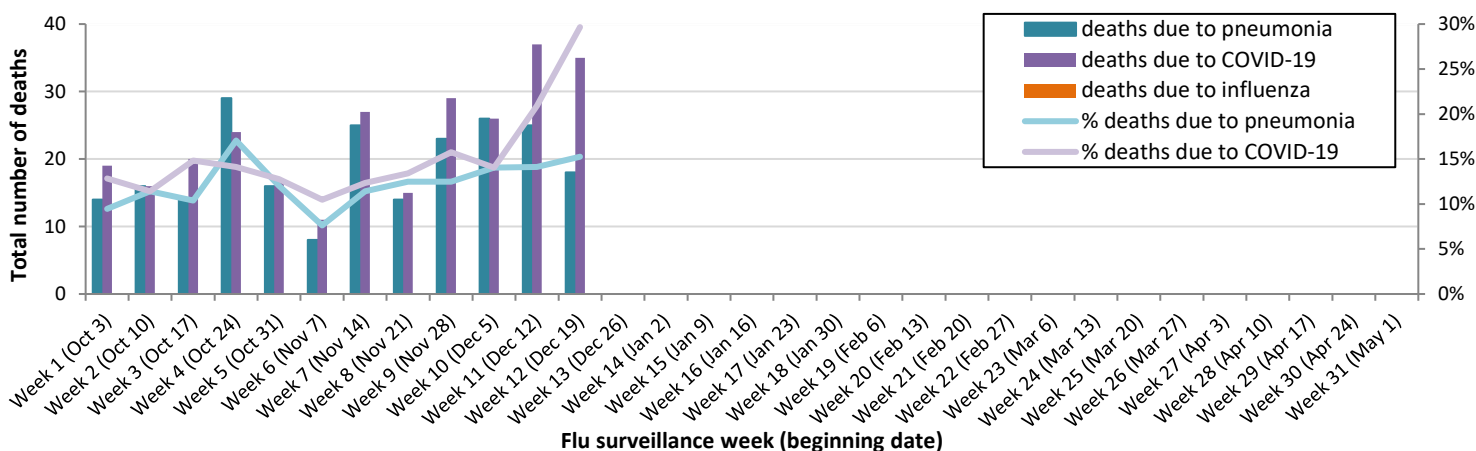
Acute Care Hospitalizations: There were five reported influenza and 379 COVID-19 admissions during Week 12. **Figure 2** displays hospitalizations in Summit County.

Pharmacies: Four prescriptions for CDC- approved antiviral medications were reported during Week 12.

School absenteeism includes absences regardless of reason. In Week 12, schools were closed due to Christmas break

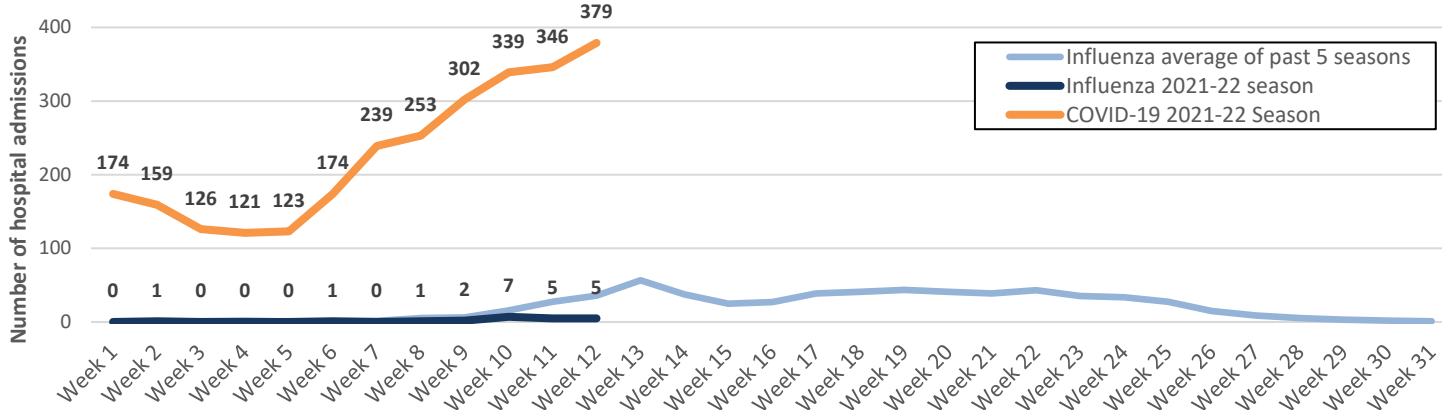
Zero deaths related to influenza, 18 COVID-19 deaths and 35 pneumonia related deaths were reported during Week 12. The rates of pneumonia deaths increased by 8.0% and COVID-19 deaths increased by 41.9%. **Figure 1** displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

Figure 1. Weekly Summit County death counts associated with pneumonia and influenza during 2021-2022 season



Hospitalizations: In Week 12, participating Summit County hospitals reported five influenza-associated hospitalizations and 379 COVID-19 admissions. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza cumulative count to date = 22**).

Figure 2. Summit County influenza and COVID-19 associated hospitalizations by week , 2021-2022 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 243 ILI-related visits reported during Week 12, which was 3.7% of total ED visits (n = 6,577). This rate was 42.9% higher than the ILI rate during Week 11.

Figure 3. Weekly ED visits in Summit County related to Fever + ILI stratified by age groups, 2021 to 2022 season

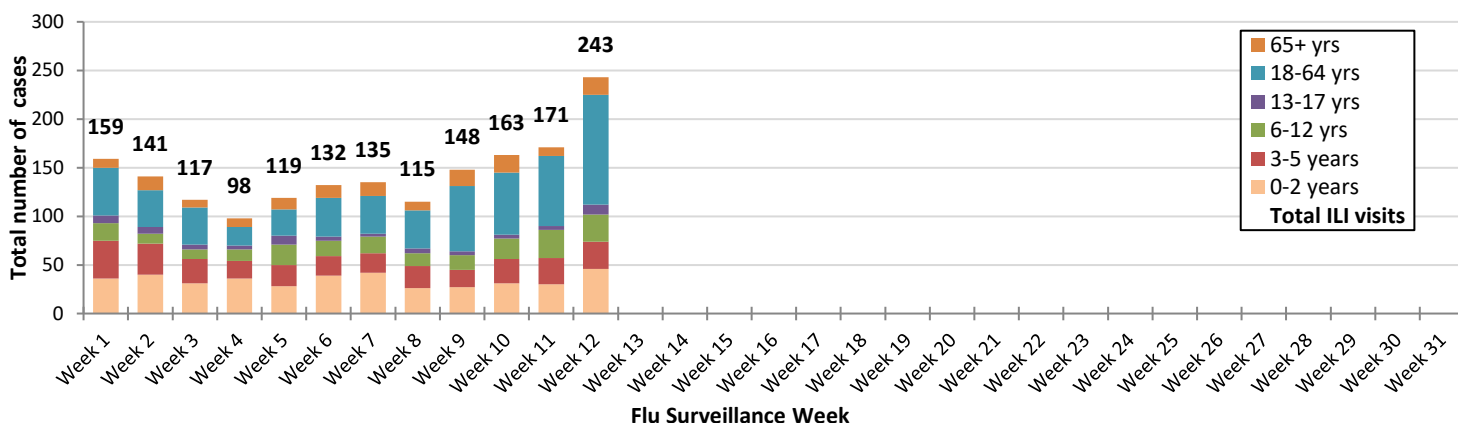
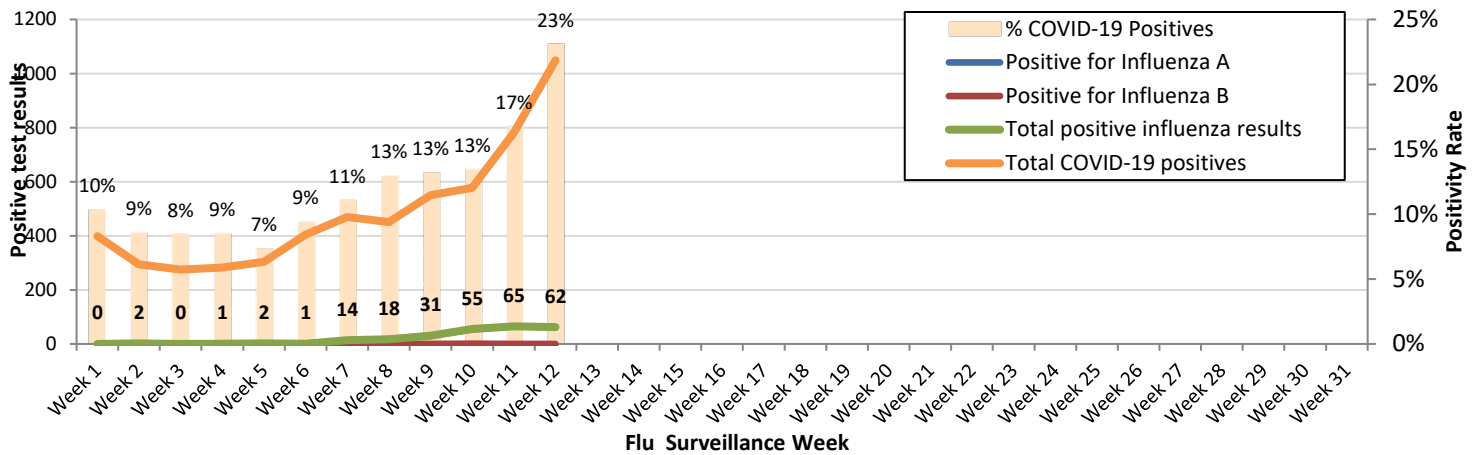


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2021 - 2022 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – High

During MMWR Week 51, public health surveillance data sources indicate High intensity for influenza-like illness (ILI) in outpatient settings reported by Ohio’s sentinel ILINet providers. The percentage of emergency department visits with patients exhibiting constitutional symptoms and Fever/ILI specified ED visits increased and are above baseline levels statewide. Reported cases of influenza-associated hospitalizations are also above the seasonal threshold*. There were 74 influenza-associated hospitalizations reported during MMWR Week 51.

Ohio Influenza Activity Summary Dashboard (December 19 – December 25, 2021):

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)	5.72%	18.67%	↑ 3	
Thermometer Sales (National Retail Data Monitor) ⁴	1.04%	7.22%	↑ 4	
Fever and ILI Specified ED Visits (EpiCenter)	3.99%	19.82%	↑ 5	
Constitutional ED Visits (EpiCenter)	15.12%	11.01%	↑ 9	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	74	51.02%	↑ 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 2020-2021 influenza season has been omitted from the five-year baseline averages due to abnormal counts reported during the COVID-19 pandemic. A five-year average, which includes data from the 2015-2016 season through the 2019-2020 season, is displayed.

⁴Due to abnormally high thermometer sales during the COVID-19 pandemic, the 2019-2020 and 2020-2021 season data has been omitted. A 4-year average, which includes data from the 2015-2016 season through the 2018-2019 season, is shown.

Source: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/seasonal-influenza/influenza-dashboard>

Ohio Surveillance Data:

- The Ohio Department of Health Laboratory has tested 234 specimens for influenza during the 2021-2022 influenza season: of these, **1 tested positive for influenza A(H1N1pdm09), 204 for influenza A(H3N2), 3 for influenza B, and 1 for swine variant influenza A(H3N2v)** (through 12/25/2021).
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) and U.S. World Health Organization (WHO) Collaborating Laboratories reported **50,816 tests for influenza performed at participating facilities; 8 tested positive for influenza A(H1N1pdm09), 182 for influenza A(H3N2), 752 for influenza A (subtyping not performed), and 21 for influenza B and 1 for swine variant influenza A(H3N2v)** (through 12/18/2021).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2021-2022 influenza season (through 12/25/2021).
- One **novel influenza A virus infection** has been reported so far during the 2021-2022 influenza season (through 12/25/2021).
- Incidence of confirmed **influenza-associated hospitalizations** in 2021-2022 season = 234 (through 12/25/2021).

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

Seasonal influenza activity in the United States is increasing, including indicators that track hospitalizations. The amount of activity varies by region.

National Outpatient Illness Surveillance:

Nationwide during week 51, 3.8% of patient visits reported through ILINet were due to respiratory illness that included fever plus a cough or sore throat, also referred to as ILI. This percentage is at the national baseline of 2.5%. Nine of the HHS regions are above their region-specific baselines, only Regions 6 is below their baselines. Multiple respiratory viruses are co-circulating, and the relative contribution of influenza virus infection to ILI can vary by location.

Figure 5. Percentage of visits for influenza-like illness (ILI) reported by the U.S. Outpatient Influenza-like Surveillance Network (ILINet), Weekly National Summary, 2021-2022 and selected previous seasons

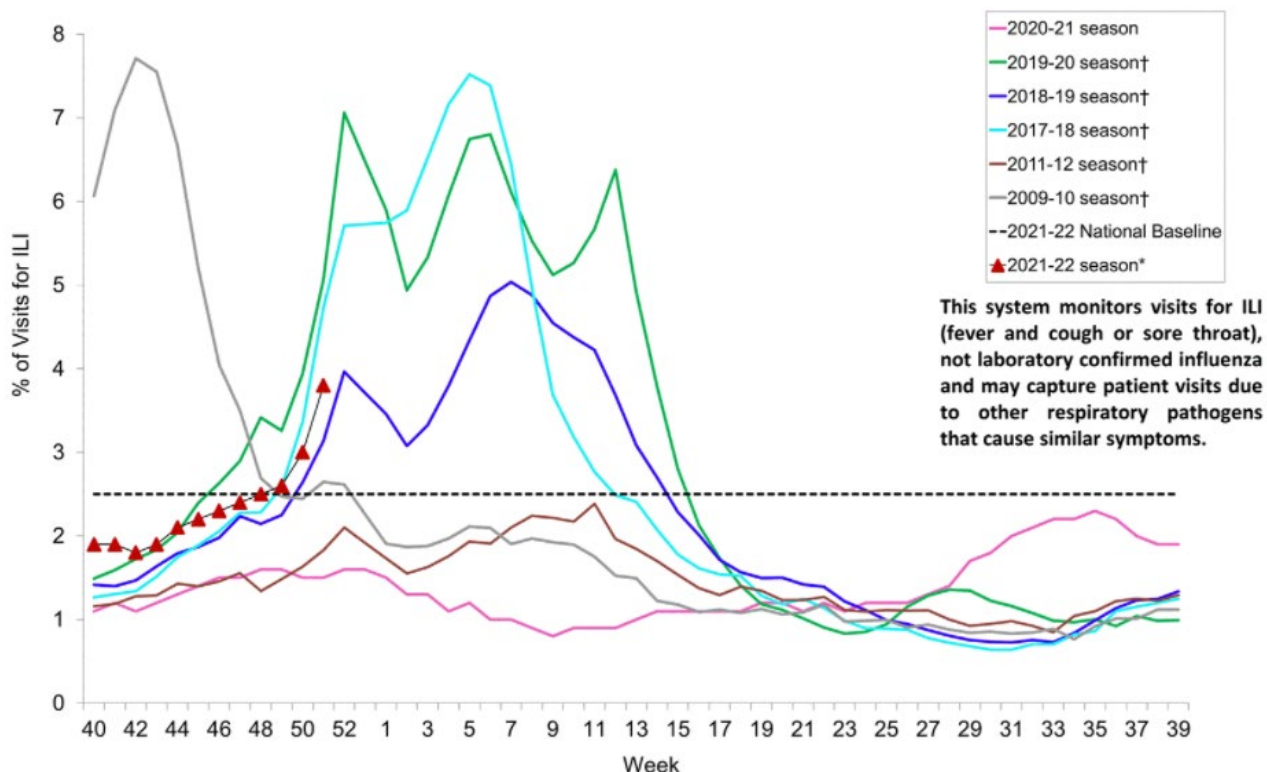
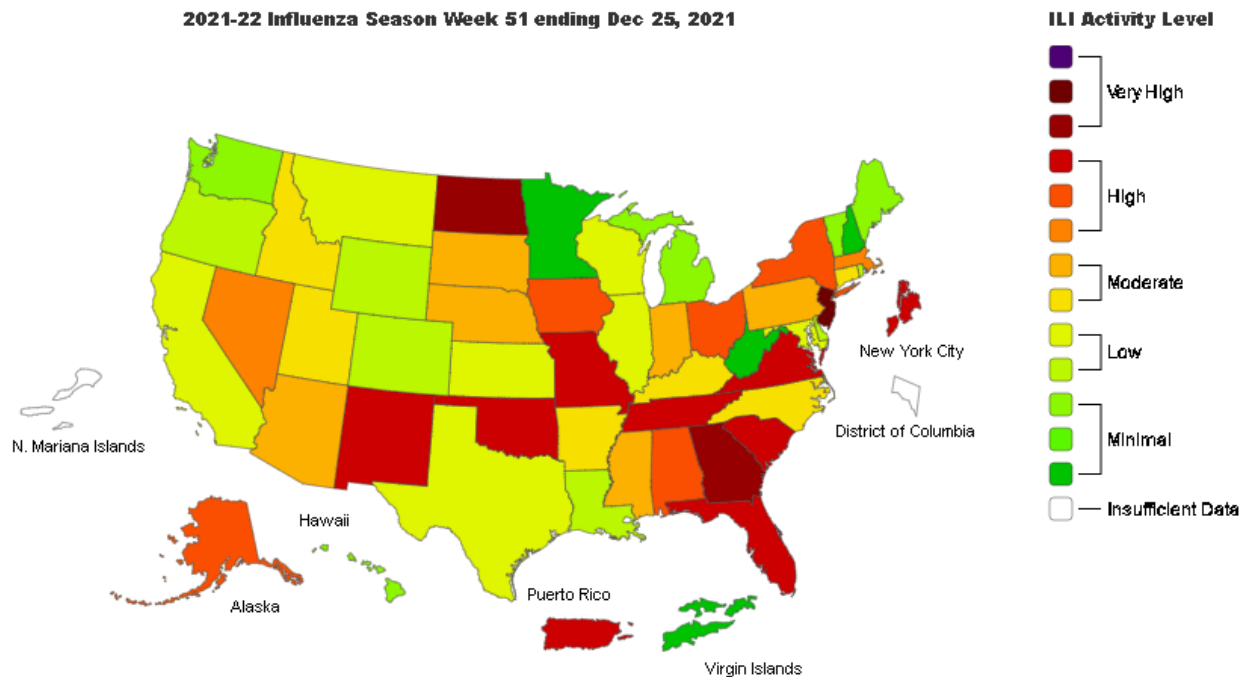


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 409, World Health Organization (WHO), published 20 December 2021, based on data up to 5 December 2021. The Update is published every two weeks.

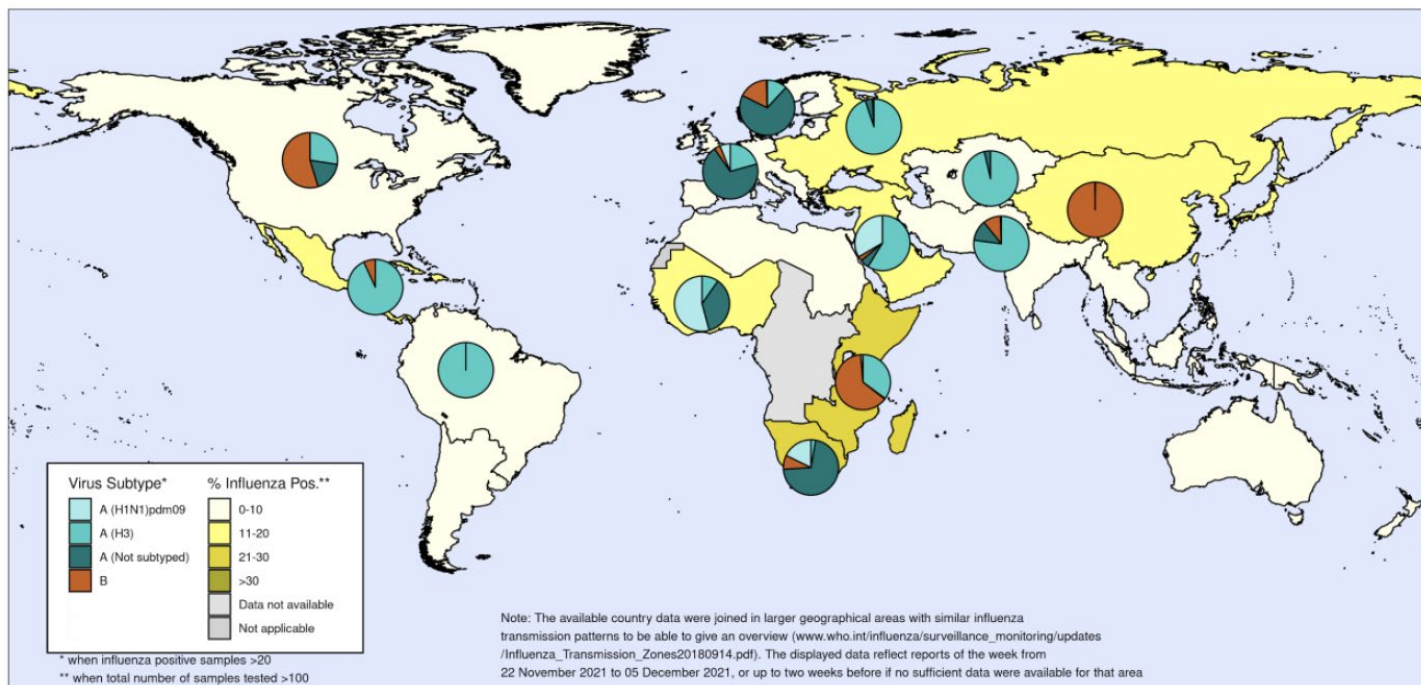
Summary

The current influenza surveillance data should be interpreted with caution as the ongoing COVID-19 pandemic has 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**, influenza activity remains low but continued to increase especially in the temperate zones of the northern hemisphere.
- In the **temperate zones of the northern hemisphere**, influenza activity although still low starts to increase. Both influenza A and B were detected.
- In **North America**, influenza detections (predominately A(H3N2) among the subtyped) increased) but overall remained low. RSV activity decreased in the USA and Canada.
- In **Europe**, influenza activity continued to increase. Influenza A(H3N2) predominated.
- In **East Asia**, influenza activity continued on an increasing trend, but overall, influenza illness indicators and activity remained low. Influenza B (Victoria) predominated.
- In the **Caribbean and Central American countries**, sporadic influenza A and B virus detections, as well as elevated RSV activity were reported in some countries.
- In **tropical South America**, Influenza A(H3N2) detections were reported from Brazil. Elevated RSV activity and severe acute respiratory infection (SARI) levels were reported in some countries.
- In **tropical Africa**, influenza activity continued on a decreasing trend after increased activity since September, with both influenza A and B detected.

- In **Southern Asia**, the number of influenza virus detections reported continued on a decreasing trend, with influenza A(H3N2) predominating.
- In **South-East Asia**, after several weeks of no detections, one detection of A(H3N2) was reported in the Philippines.
- In the **temperate zones of the southern hemisphere**, influenza activity remained low compared to previous seasons. Elevated RSV activity and SARI levels were reported in some countries.
- National Influenza Centres (NICs) and other national influenza laboratories from 102 countries, areas or territories reported data to FluNet for the time period from 22 November 2021 to 5 December 2021* (data as of 2021-12-17 08:17:03 UTC). The WHO GISRS laboratories tested more than 234140 specimens during that time period. 7446 were positive for influenza viruses, of which 4327 (58.1%) were typed as influenza A and 3119 (41.9%) as influenza B. Of the sub-typed influenza A viruses, 276 (9.9%) were influenza A(H1N1)pdm09 and 2520 (90.1%) were influenza A(H3N2). Of the characterized B viruses, 2738 (100%) to the B-Victoria lineage.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 17 December 2021



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 January 4, 2022.