



**Summit County Public Health
Influenza Surveillance Report
2021 – 2022 Season
Report #16**



Public Health
Prevent. Promote. Protect.

**Flu Surveillance Weeks 16 & 17 (1/16/2022 to 1/29/2022)
Centers for Disease Control and Prevention MMWR Weeks 3 & 4**

Summit County Surveillance Data:

In **Week 17** of influenza surveillance, influenza-related activity remained a minimal level in Ohio and Summit County; COVID-19 activity remained high in Summit County but continued to decrease.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 16 MMWR 3 N (%)¹	Week 17 MMWR 4 N (%)¹	Percent change from previous week	No. of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	999	958	- 4.1%	↓4
Positive Tests (Number and %)	20 (2.0)	23 (2.4)	+ 19.9%	↑3
Influenza A (Number and %)	19 (1.9)	22 (2.3)	+ 20.7%	↑3
Influenza B (Number and %)	1 (0.10)	1 (0.10)	+ 4.3%	↑1
Lab Reports: COVID-19				
Test Performed	2872	2687	- 6.4%	↓3
Positive Tests (Number and %)	738 (25.7)	502 (18.7)	- 27.3%	↓4
Acute care hospitalizations for Influenza:	3	0	- 100.0%	↓1
Acute care hospitalizations for COVID-19:	282	199	- 29.4%	↓3
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	10.9%	11.3%	+ 4.2%	↑2
Deaths (occurred in Summit County)				
Total deaths certified	201	218	+ 8.5%	↑1
Pneumonia associated	32 (15.9)	28 (12.8)	- 19.3%	↓2
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	62 (30.8)	68 (31.2)	+ 1.1%	↑3
Emergency room visits (EpiCenter)³ (Figure 3)				
Total ED Visits	4718	4957	+ 5.1%	↑1
Constitutional Complaints	429 (9.1)	417 (8.4)	- 7.5%	↓4
Fever and ILI	55 (1.2)	34 (0.7)	- 41.2%	↓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 17 of influenza surveillance, reporting Summit County facilities performed 958 flu tests, of which 23 had positive results (22 Type A, 1 Type B). 2,687 COVID-19 tests were completed by reporting partners, with a positivity rate of 18.7% in Week 17 (a 27.3% decrease) (**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.**

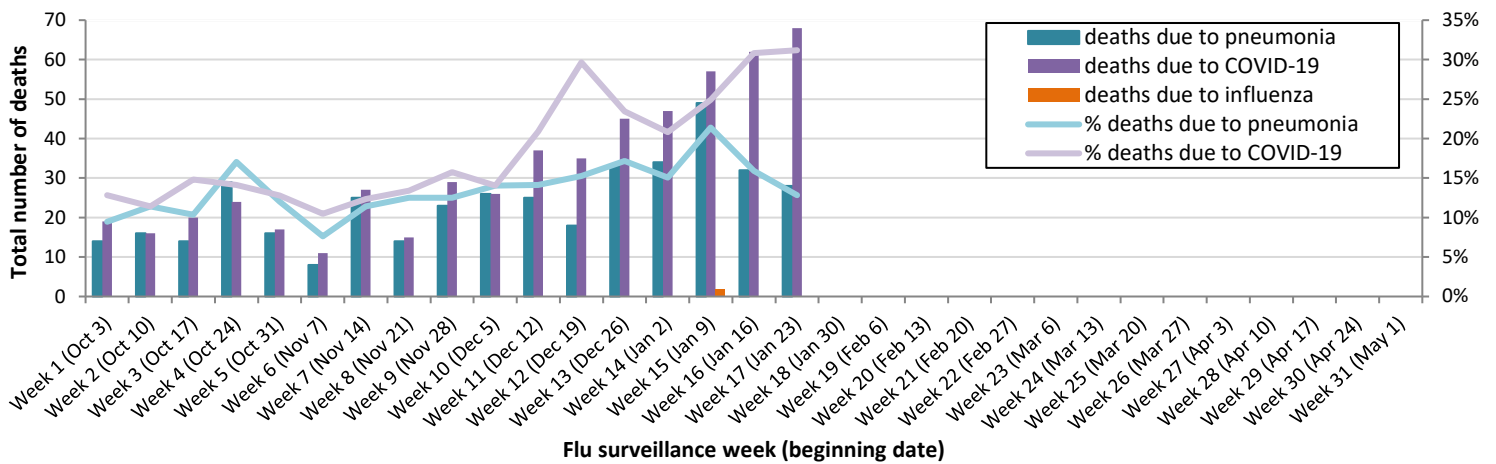
Acute Care Hospitalizations: There were zero reported influenza and 199 COVID-19 admissions during Week 17. **Figure 2** displays hospitalizations in Summit County.

Pharmacies: Zero prescriptions for CDC-approved antiviral medications was reported during Week 17.

School absenteeism includes absences regardless of reason. In Week 17, the absence rate was 11.3%, an increase of 4.2% from the prior week.

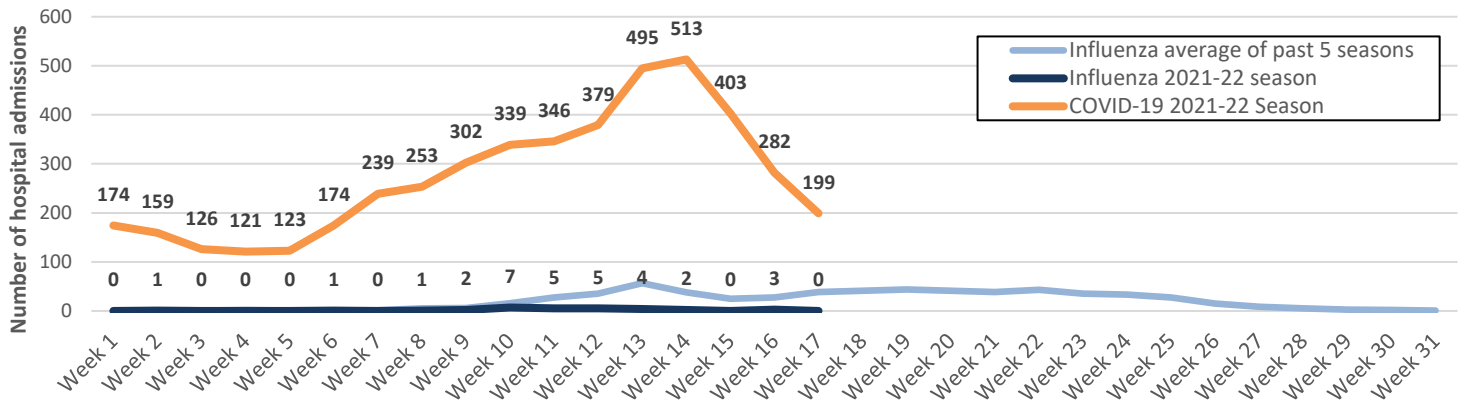
Zero deaths related to influenza, 28 pneumonia deaths and 68 COVID-19 related deaths were reported during Week 17. The rates of pneumonia deaths decreased by 19.3% and COVID-19 deaths increased by 1.1%. **Figure 1** displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

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



Hospitalizations: In Week 17, participating Summit County hospitals reported zero influenza-associated hospitalizations and 199 COVID-19 admissions. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza cumulative count to date = 31**).

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 34 ILI-related visits reported during Week 17, which was 0.7% of total ED visits (n = 4,957). This rate was 41.2% lower than the ILI rate during Week 16.

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

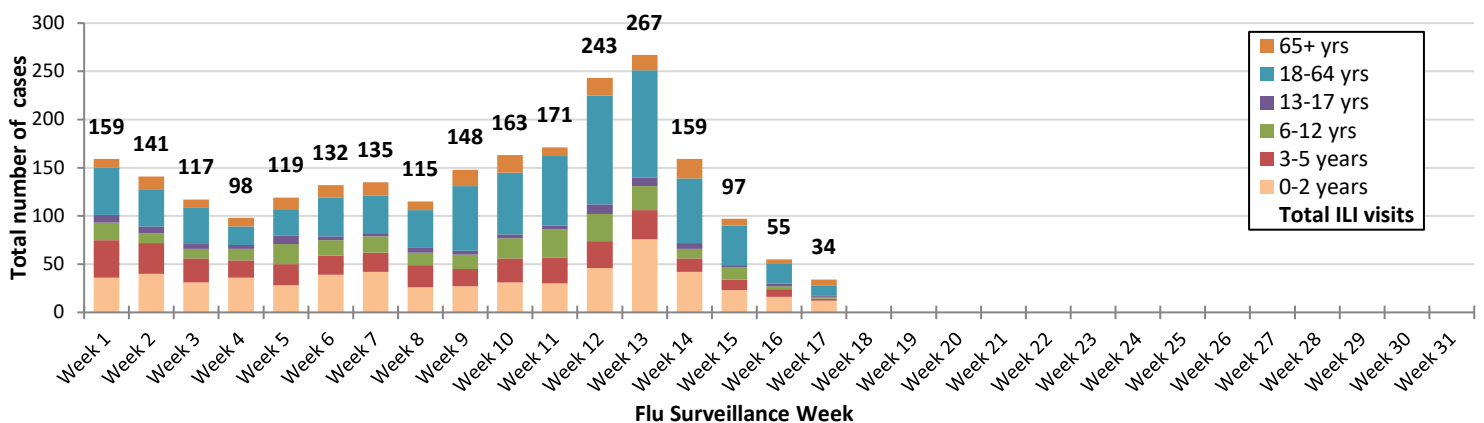
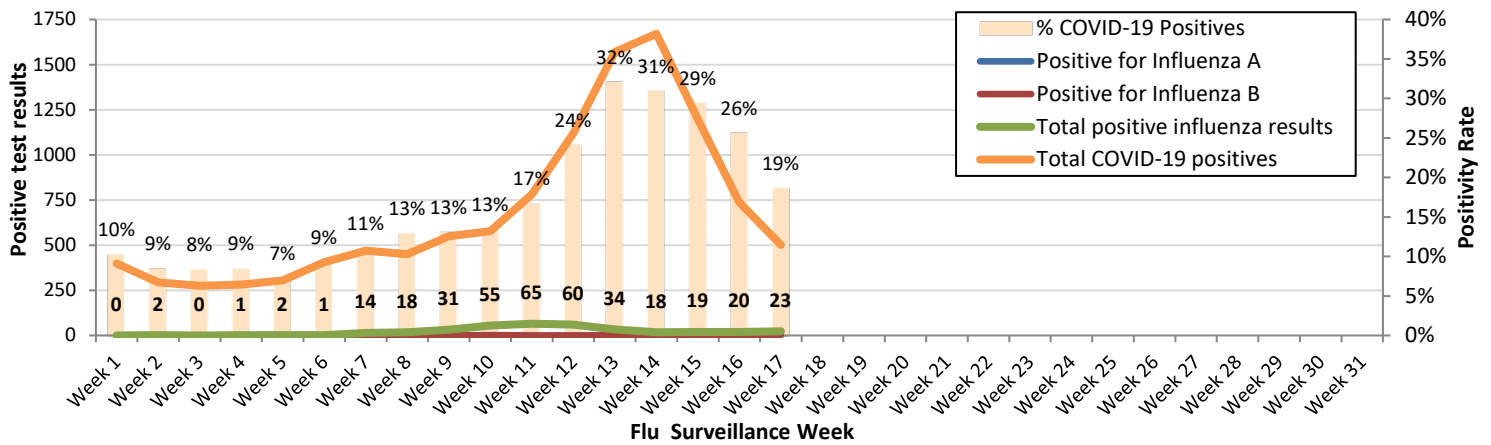


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2021 - 2022 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Minimal

During MMWR Week 4, public health surveillance data sources indicate Minimal 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 decreased but are still above baseline levels statewide. Reported cases of influenza-associated hospitalizations are also above the seasonal threshold*. There were 23 influenza-associated hospitalizations reported during MMWR Week 4.

Ohio Influenza Activity Summary Dashboard (January 23 – January 29, 2022):

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)	2.40%	-20.53%	↓ 4	
Thermometer Sales (National Retail Data Monitor)⁴	0.46%	-34.29%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter)	1.80%	-26.53%	↓ 4	
Constitutional ED Visits (EpiCenter)	9.89%	-14.30%	↓ 4	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	23	-20.69%	↓ 4	

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 366 specimens for influenza during the 2021-2022 influenza season: of these, **1 tested positive for influenza A(H1N1pdm09), 329 for influenza A(H3N2), 5 for influenza B, and 1 for swine variant influenza A(H3N2v)** (through 1/29/2022).
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) and U.S. World Health Organization (WHO) Collaborating Laboratories reported **121,958 tests for influenza performed at participating facilities; 8 tested positive for influenza A(H1N1pdm09), 599 for influenza A(H3N2), 2,385 for influenza A (subtyping not performed), and 51 for influenza B and 1 for swine variant influenza A(H3N2v)** (through 1/22/2022).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2021-2022 influenza season (through 1/29/2022).
- One **novel influenza A virus infection** has been reported so far during the 2021-2022 influenza season (through 1/29/2022).
- Incidence of confirmed **influenza-associated hospitalizations** in 2021-2022 season = 510 (through 1/29/2022).

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

Influenza activity has decreased in recent weeks, but sporadic activity continues across the country.

National Outpatient Illness Surveillance:

Nationwide during week 4, 2.0% 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 above the national baseline of 2.5%. Two of the 10 HHS regions are above their region-specific baselines (Regions 7 and 10); the remaining Regions are below their baselines. Multiple respiratory viruses are co-circulating, and the relative contribution of influenza virus infection to ILI varies 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

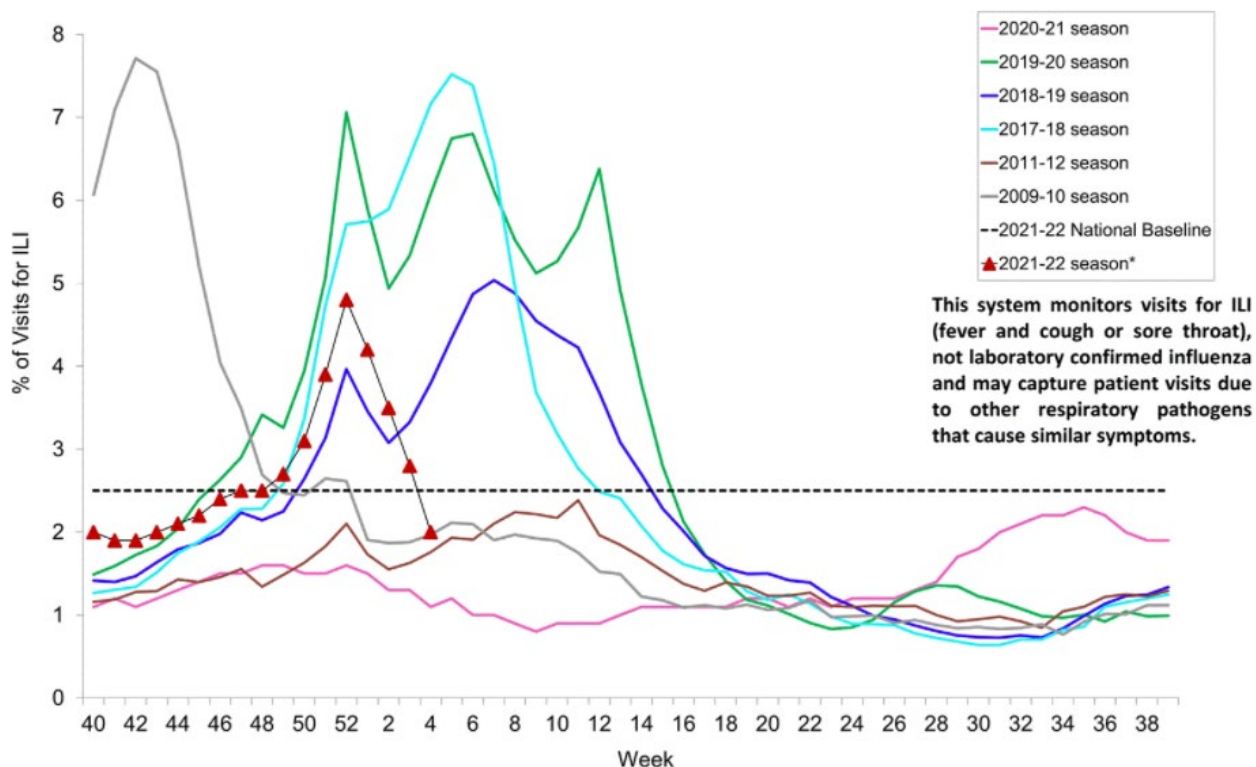
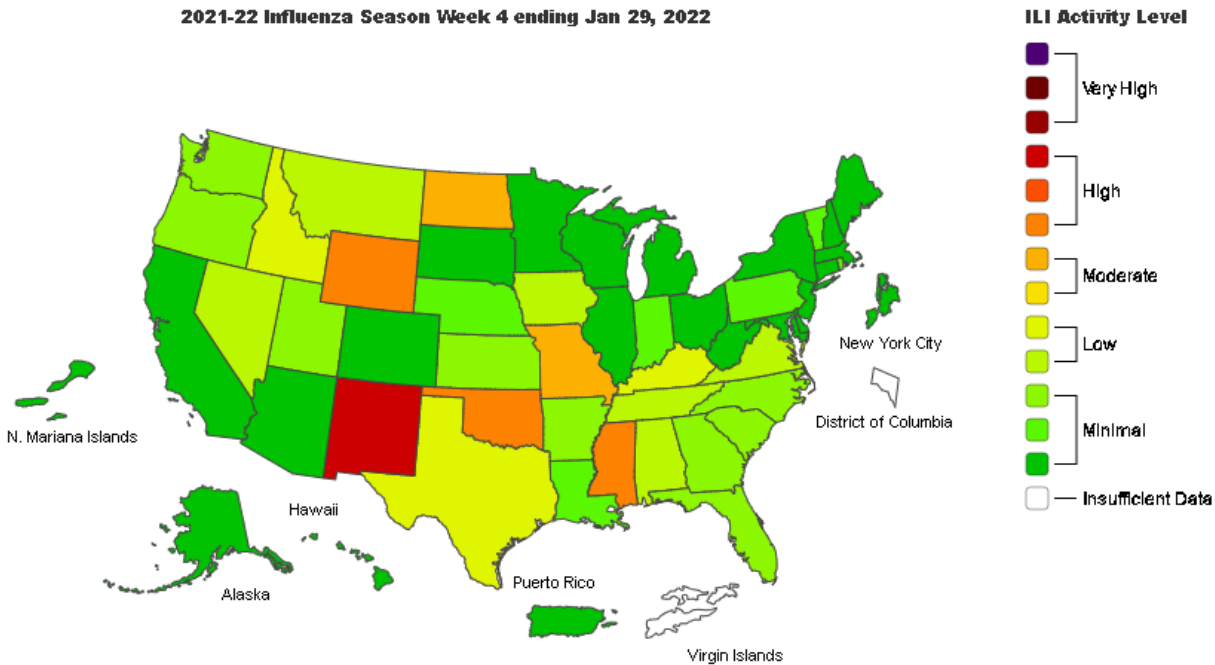


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 411, World Health Organization (WHO), published 24 January 2022, based on data up to 9 January 2022. The Update is published every two weeks.

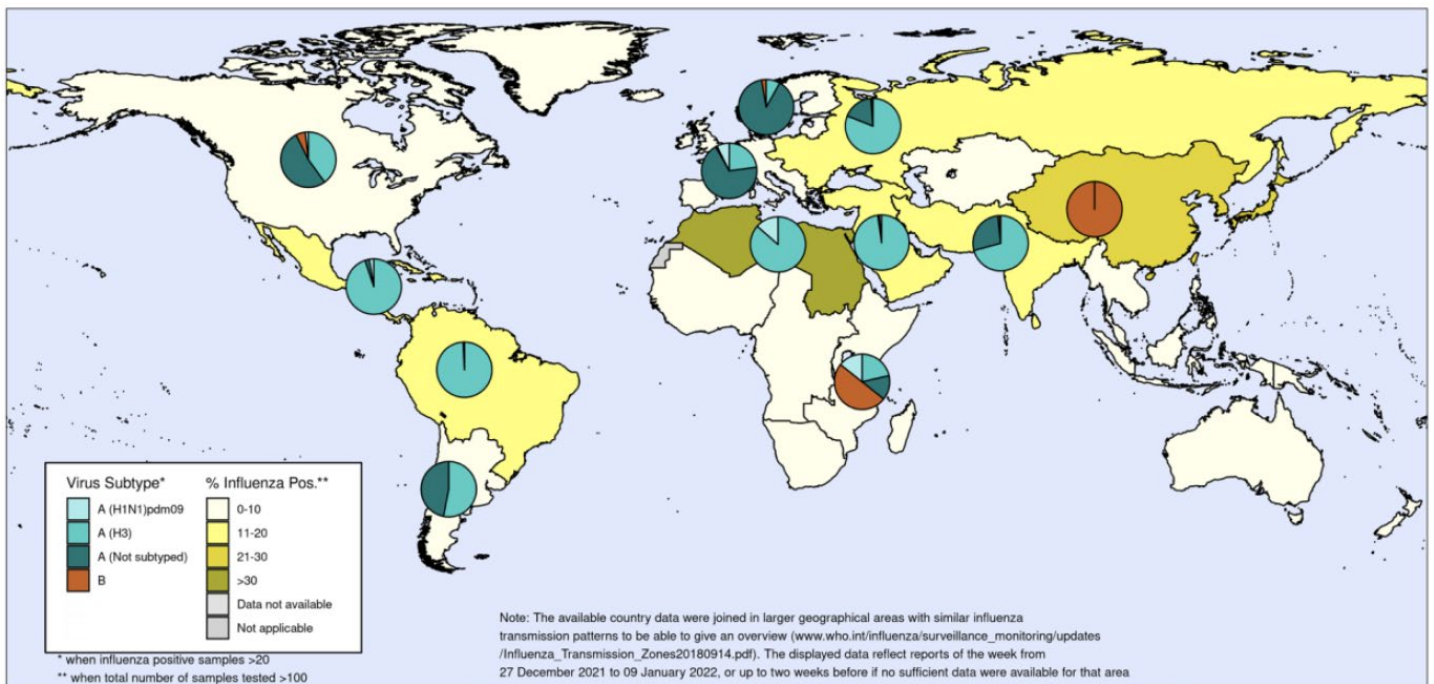
Summary

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 remained low and appeared to decrease. In some countries influenza activity reached the levels seen this time of year in pre-COVID-19 period.
- In the **temperate zones of the northern hemisphere**, influenza activity although still low appeared to increase in some countries with detections of mainly influenza A(H3N2) viruses and in China B-Victoria lineage viruses.
- In **North America**, influenza virus detections were predominately A(H3N2) among those detected and subtyped. Influenza detections remained low compared to similar periods in past seasons (except 2020-2021). RSV activity continued to decrease in the USA and Canada.
- In **Europe**, influenza activity appeared to decrease. Influenza A(H3N2) predominated.
- In **East Asia**, influenza activity continued on an increasing trend in China, while influenza illness indicators and activity remained low in the rest of the subregion. Influenza B-Victoria lineage viruses predominated.
- In **Western Asia and Northern Africa**, continuous influenza transmission has been reported in some countries.
- In the **Caribbean and Central American countries**, some influenza activity was reported with influenza A(H3N2) predominating
- In **tropical South America**, influenza A(H3N2) detections remained elevated. Severe acute respiratory infection (SARI) levels were above the epidemic threshold in some countries.
- In **tropical Africa**, overall influenza activity continued on a decreasing trend.

- In **Southern Asia**, influenza virus detections of predominately influenza A(H3N2) increased overall, although several countries are reporting already declining influenza activity trends.
- In **South-East Asia**, sporadic influenza detections were reported in the Philippines.
- In the **temperate zones of the southern hemisphere**, influenza activity remained low overall, although increased detections of influenza A(H3N2) were reported in some countries in temperate South America.
- National Influenza Centres (NICs) and other national influenza laboratories from 99 countries, areas or territories reported data to FluNet for the time period from 27 December 2021 to 09 January 2022 (data as of 2022-01-21 07:58:14 UTC). The WHO GISRS laboratories tested more than 317198 specimens during that time period. 16862 were positive for influenza viruses, of which 10744 (63.7%) were typed as influenza A and 6118 (36.3%) as influenza B. Of the sub-typed influenza A viruses, 224 (4.3%) were influenza A(H1N1)pdm09 and 4930 (95.7%) were influenza A(H3N2). Of the characterized B viruses, 5959 (100%) belonged to the B-Victoria lineage.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 21 January 2022



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 February 4, 2022.