



**Summit County Public Health
Influenza Surveillance Report
2021 – 2022 Season
Report #24**



**Flu Surveillance Weeks 24 & 25 (3/13/2022 to 3/26/2022)
Centers for Disease Control and Prevention MMWR Weeks 11 & 12**

Summit County Surveillance Data:

In **Week 25** of influenza surveillance, influenza-related activity remained a minimal level in Ohio and Summit County; COVID-19 activity in Summit County remained at the CDC Community Level of LOW.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 24 MMWR 11 N (%)¹	Week 25 MMWR 12 N (%)¹	Percent change from previous week	No. of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	940	881	- 6.3%	↓1
Positive Tests (Number and %)	163 (17.3)	145 (16.5)	- 5.1%	↓1
Influenza A (Number and %)	163 (17.3)	140 (15.9)	- 8.4%	↓1
Influenza B (Number and %)	0 (0.0)	5 (0.6)	+ 100%	↑1
Lab Reports: COVID-19				
Test Performed	2237	2050	- 8.4%	↓4
Positive Tests (Number and %)	35 (1.6)	35 (1.7)	+ 9.1%	↑1
Acute care hospitalizations for Influenza:	13	13	--	NC
Acute care hospitalizations for COVID-19:	34	37	+ 8.8%	↑1
Pharmacy Prescriptions				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	2	0	- 100%	↓1
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
<i>Total</i>	2	0	- 100%	↓1
Schools absenteeism²	9.1%	9.4%	+ 3.1%	↑2
Deaths (occurred in Summit County)				
Total deaths certified	137	152	+ 10.9%	↑1
Pneumonia associated	15 (10.9)	11 (7.2)	- 33.9%	↓1
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	8 (5.8)	2 (1.3)	- 77.5%	↓1
Emergency room visits (EpiCenter)³ (Figure 3)				
Total ED Visits	6181	6077	- 1.7%	↓1
Constitutional Complaints	532 (8.6)	573 (9.4)	+ 9.6%	↑2
Fever and ILI	94 (1.5)	97 (1.6)	+ 5.0%	↑2
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 25 of influenza surveillance, reporting Summit County facilities performed 881 flu tests, of which 145 had positive results (140 Type A; 5 Type B). 2,050 COVID-19 tests were completed by reporting partners, with a positivity rate of 1.7% in Week 25 (a 9.1% 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.**

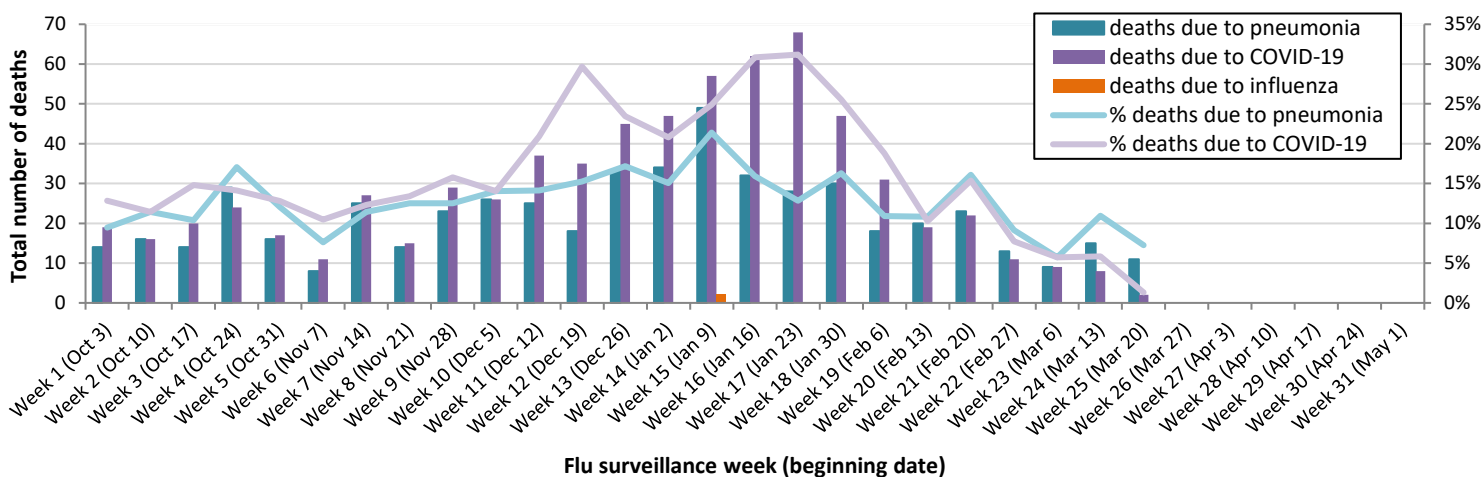
Acute Care Hospitalizations: There were thirteen reported influenza and 37 COVID-19 admissions during Week 25. **Figure 2** displays hospitalizations in Summit County.

Pharmacies: Zero prescriptions for CDC-approved antiviral medications was reported during Week 25.

School absenteeism includes absences regardless of reason. During Week 25, the absence rate was 9.4%, an increase of 3.1% from the prior week.

Zero deaths related to influenza, 11 pneumonia deaths and 2 COVID-19 related deaths were reported during Week 25. The rates of pneumonia deaths decreased by 33.9% and COVID-19 deaths decreased by 77.5%. **Figure 1** displays weekly counts of flu season deaths occurring in Summit County. **The seasonal total for influenza deaths in Summit County is two deaths.**

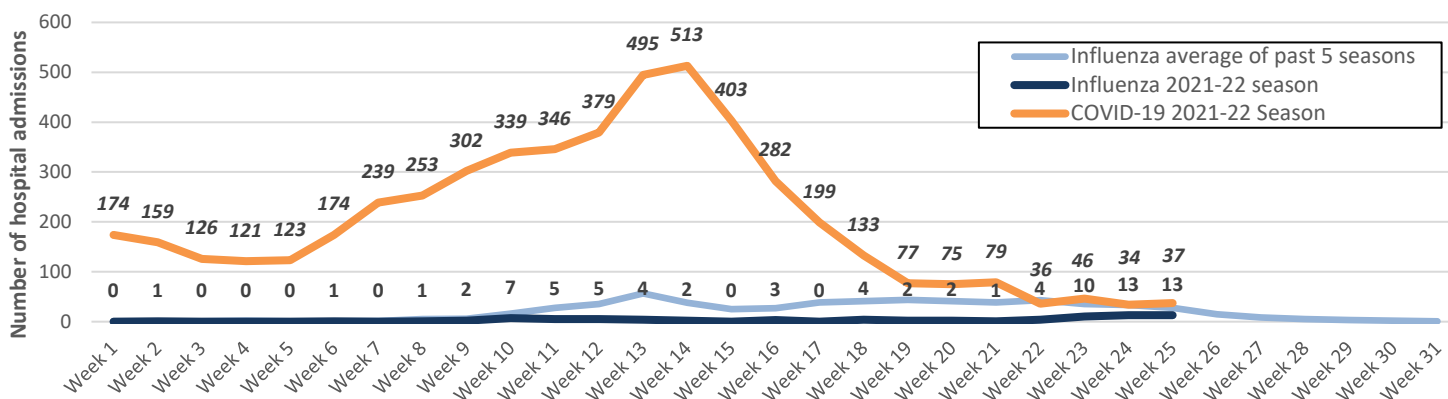
Figure 1. Weekly Summit County death counts associated with pneumonia and influenza during 2021-2022 season



Hospitalizations: In Week 25, participating Summit County hospitals reported 13 influenza-associated hospitalizations and 37 COVID-19 admissions. **Figure 2** displays weekly confirmed hospitalization counts for Summit County.

Influenza hospitalization cumulative count to date = 80.

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 97 ILI-related visits reported during Week 25, which was 1.6% of total ED visits (n = 6,077). This rate was 5.0% higher than the ILI rate during Week 24.

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

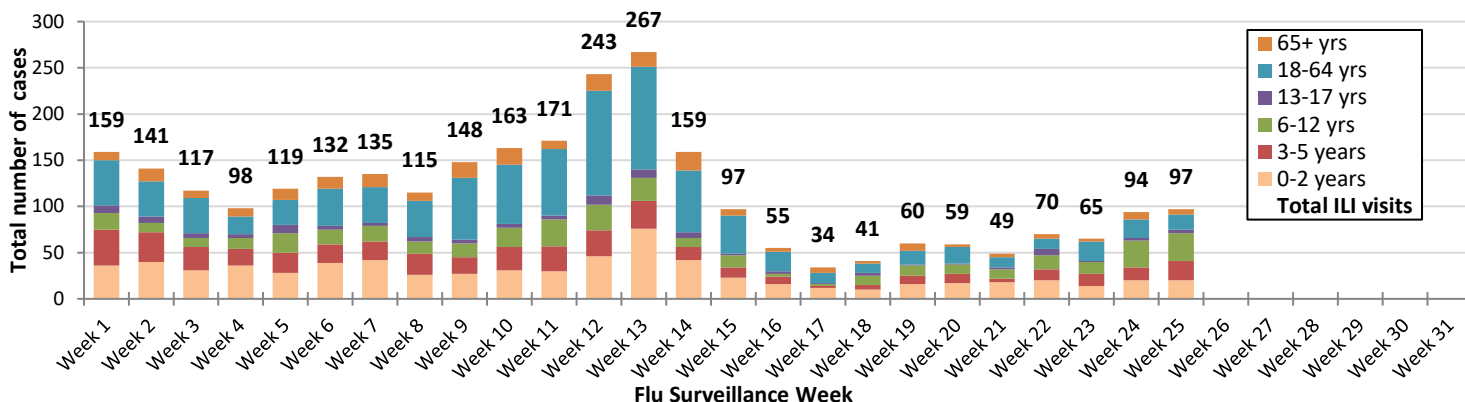
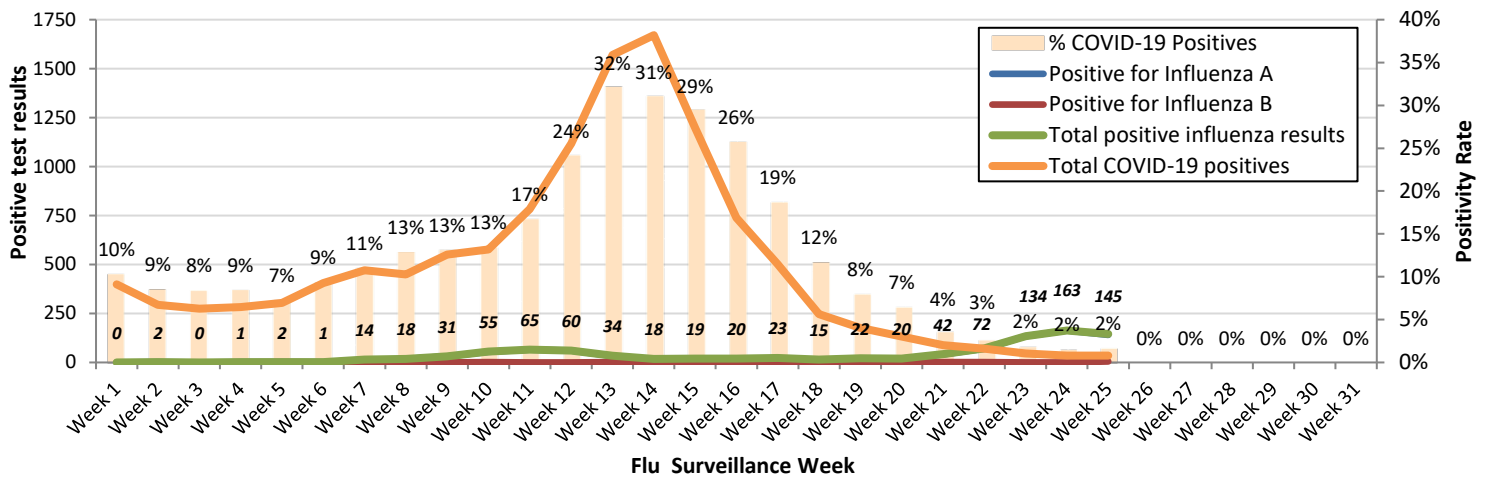


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2021 - 2022 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Minimal

During MMWR Week 12, 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 increased slightly but are below baseline levels statewide. Reported cases of influenza-associated hospitalizations are above the seasonal threshold (25 hospitalizations). There were 112 influenza-associated hospitalizations reported during MMWR Week 12.

Ohio Influenza Activity Summary Dashboard (March 20 – March 26, 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)	2.55%	-5.90%	↓ 1	
Thermometer Sales (National Retail Data Monitor) ⁴	0.28%	-3.45%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter)	1.66%	-4.05%	↓ 1	
Constitutional ED Visits (EpiCenter)	9.08%	-1.41%	↓ 1	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	112	31.76%	↑ 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 519 specimens for influenza during the 2021-2022 influenza season: of these, **1 tested positive for influenza A(H1N1pdm09), 464 for influenza A(H3N2), 5 for influenza B, and 1 for swine variant influenza A(H3N2v)** (through 3/26/2022).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** and **U.S. World Health Organization (WHO) Collaborating Laboratories** reported **147,719** tests for influenza performed at participating facilities; **10 tested positive for influenza A(H1N1pdm09), 905 for influenza A(H3N2), 3,107 for influenza A (subtyping not performed), and 64 for influenza B and 1 for swine variant influenza A(H3N2v)** (through 3/19/2022).
- One **pediatric influenza-associated mortality** has been reported so far during the 2021-2022 influenza season (through 3/26/2022).
- One **novel influenza A virus infection** has been reported so far during the 2021-2022 influenza season (through 3/26/2022).
- Incidence of confirmed **influenza-associated hospitalizations** in 2021-2022 season = 972 (through 3/26/2022).

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

Influenza activity is still highest in the central and south-central regions of the country but appears to be declining slightly in these regions. Influenza activity is increasing in the northeast and northwest regions.

National Outpatient Illness Surveillance:

Nationwide during Week 12, 1.8% 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 below the national baseline. Nine of the 10 HHS regions are below their region-specific baselines; Region 7 is above its baseline. 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

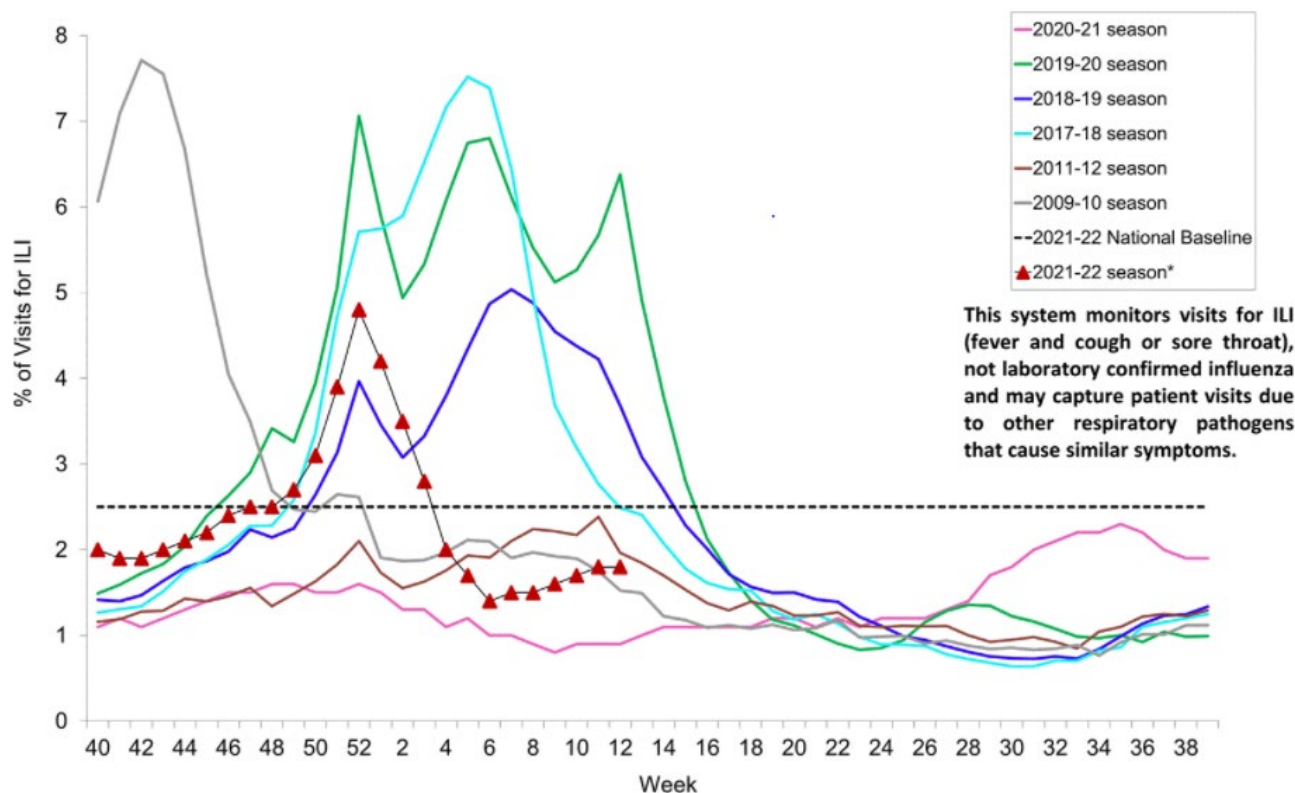
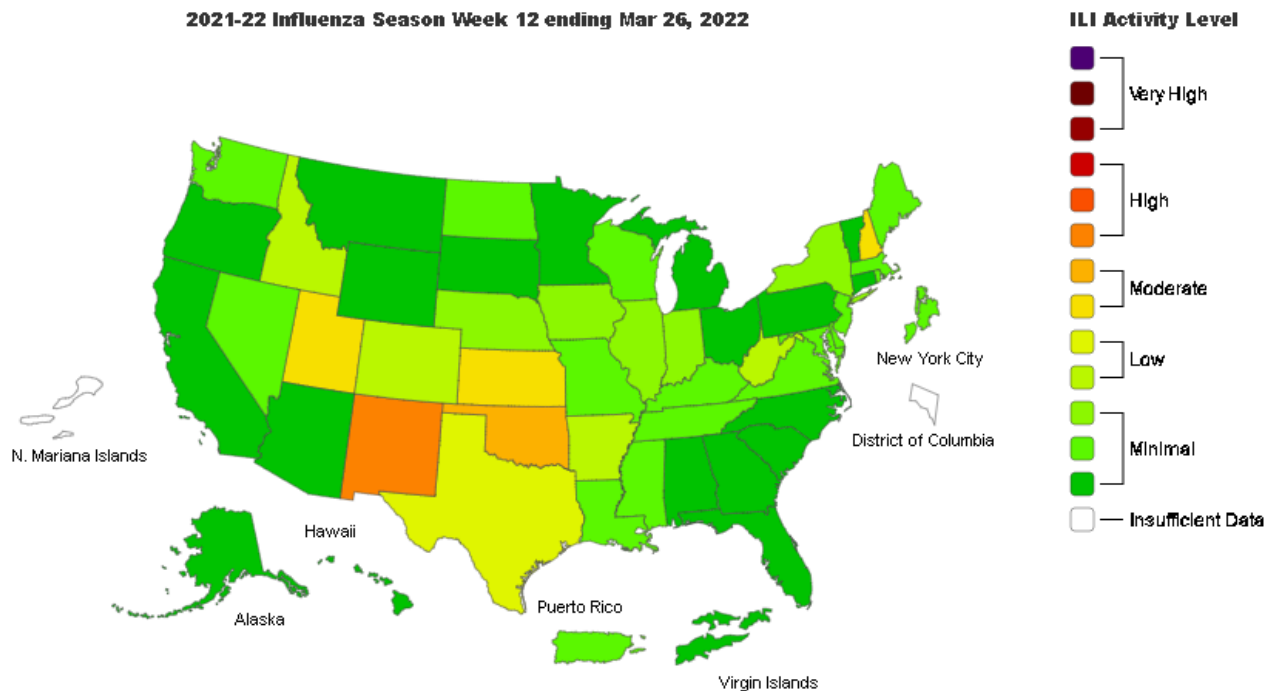


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 415, World Health Organization (WHO), published 21 March 2022, based on data up to 06 March 2022. The Update is published every two weeks.

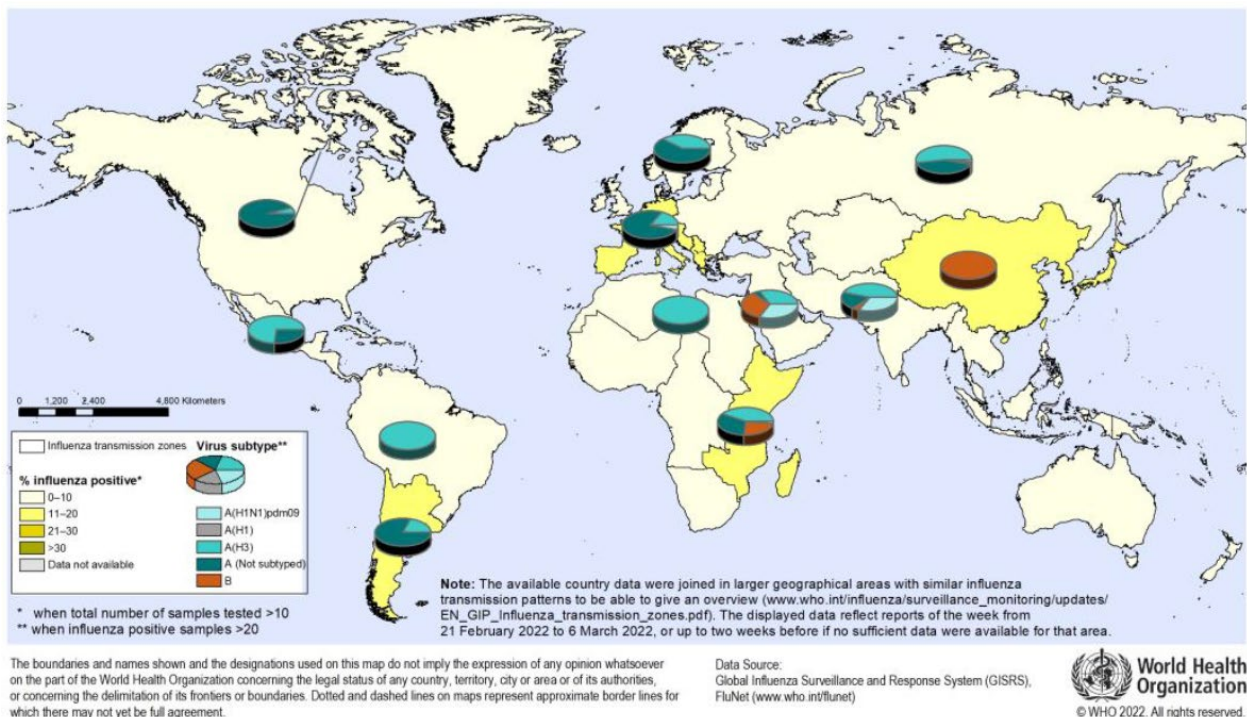
Summary

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 decreased this period after a peak at the end of 2021.
- In the **temperate zones of the northern hemisphere**, influenza activity increased or remained stable with detections of mainly influenza A(H3N2) viruses and B/Victoria lineage viruses reported.
- In **North America**, influenza activity increased in recent weeks but remained lower than pre-COVID-19 pandemic levels at this time of the year and was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. Respiratory syncytial virus (RSV) activity further decreased in the United States of America (USA) and Canada.
- In **Europe**, overall influenza activity appeared to increase again with influenza A(H3N2) predominant. Very little RSV activity was observed.
- In **East Asia**, influenza activity with mainly influenza B/Victoria lineage detections increased in China. Elsewhere, influenza illness indicators and activity remained low. Increased RSV activity was reported in Mongolia and the Republic of Korea.
- In **Northern Africa**, influenza detections of influenza A(H3N2) continued to be reported.
- In **Western Asia**, influenza activity was low across reporting countries.
- In the **Caribbean and Central American countries**, influenza detections were predominantly influenza A(H3N2) and activity remained low.
- In **tropical South America**, low influenza activity was reported with influenza A(H3N2) predominant.

- In **tropical Africa**, influenza activity was reported from Eastern Africa with influenza A(H3N2) predominating followed by influenza B/Victoria lineage viruses.
- In **Southern Asia**, influenza virus detections were at low levels with influenza A(H1N1)pdm09, A(H3N2) and B viruses detected.
- In **South-East Asia**, influenza detections were at low levels with influenza A(H3N2) predominant.
- In the **temperate zones of the southern hemisphere**, influenza activity remained low overall, although detections of influenza A(H3N2) continue to be reported in some countries in temperate South America.
- National Influenza Centres (NICs) and other national influenza laboratories from 117 countries, areas or territories reported data to FluNet for the time period from 21 February 2022 to 06 March 2022* (data as of 2022-03-18 09:25:53 UTC). The WHO GISRS laboratories tested more than 367 148 specimens during that time period. 17 423 were positive for influenza viruses, of which 12 922 (74.2%) were typed as influenza A and 4501 (25.8%) as influenza B. Of the sub-typed influenza A viruses, 337 (12%) were influenza A(H1N1)pdm09 and 2475 (88%) were influenza A(H3N2). Of the characterized B viruses, none belonged to the B-Yamagata lineage and all (4371) 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 March 2022



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 April 1, 2022.