Summit County Public Health
Influenza Surveillance Report
2021 – 2022 Season
Report #28
Flu Surveillance Weeks 28 & 29 (4/10/2022 to 4/23/2022)
Centers for Disease Control and Prevention MMWR Weeks 15 & 16

Summit County Surveillance Data:

In **Week 29** 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 28 MMWR 15 N (%)[1]	Week 29 MMWR 16 N (%)[1]	Percent change from previous week	No. of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	886	844	- 4.7%	↓1
Positive Tests (Number and %)	161 (18.2)	147 (17.4)	- 4.2%	↓2
Influenza A (Number and %)	158 (17.8)	146 (17.3)	- 3.0%	↓2
Influenza B (Number and %)	3 (0.34)	1 (0.12)	- 65.0%	↓1
Lab Reports: COVID-19				
Test Performed	2103	1904	- 9.5%	↓2
Positive Tests (Number and %)	93 (4.4)	87 (4.6)	+ 3.3%	↑3
Acute care hospitalizations for Influenza:	13	10	- 23.1%	↓1
Acute care hospitalizations for COVID-19:	13	22	+ 69.2%	↑2
Pharmacy Prescriptions				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	0	0	--	--
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
Total	0	0	--	--
Schools absenteeism[2]	7.8%	4.9%	- 38.2%	↓3
Deaths (occurred in Summit County)				
Total deaths certified	135	145	+ 7.4%	↑2
Pneumonia associated	8 (5.9)	11 (7.6)	+ 28.0%	↑2
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	2 (1.5)	2 (1.4)	- 6.9%	↓1
Emergency room visits (EpiCenter)[3] (Figure 3)				
Total ED Visits	6227	6228	+ 0.0%	**NC**
Constitutional Complaints	597 (9.6)	633 (10.2)	+ 6.0%	↑3
Fever and ILI	92 (1.5)	111 (1.8)	+ 20.6%	↑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 Week 29 of influenza surveillance, reporting Summit County facilities performed 844 flu tests, of which 147 had positive results (146 Type A; 1 Type B). 1,904 COVID-19 tests were completed by reporting partners, with a positivity rate of 4.6% in Week 29 (a 3.3% increase from previous week) **(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.***

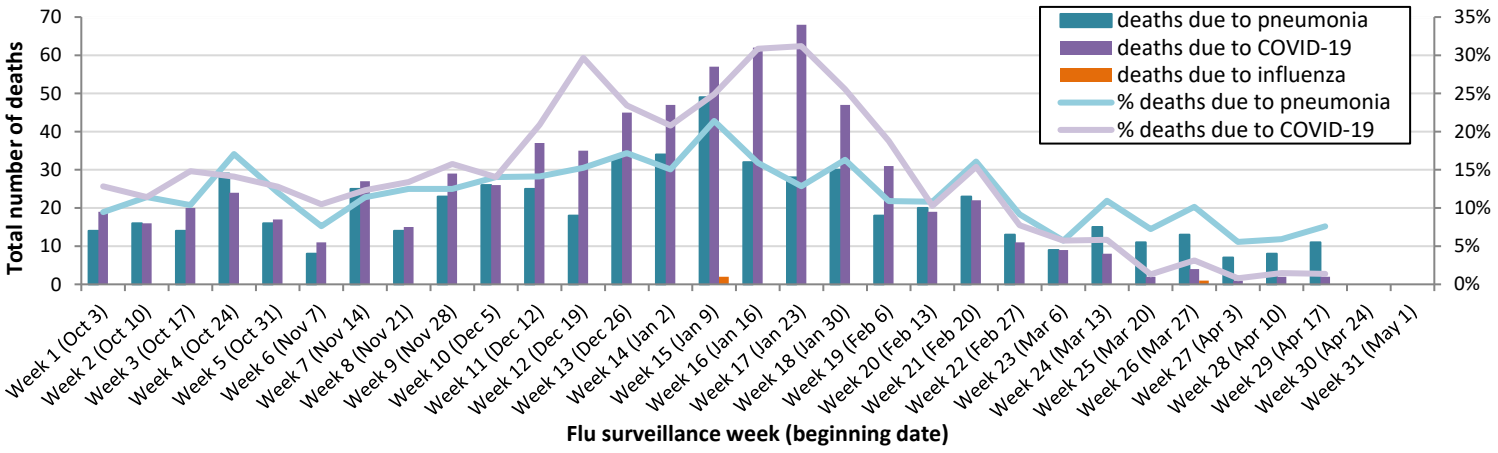
Acute Care Hospitalizations: There were 10 reported influenza and 22 COVID-19 admissions during Week 29. **Figure 2** displays hospitalizations in Summit County.

Pharmacies: Zero prescriptions for CDC-approved antiviral medications was reported during Week 29.

School absenteeism includes absences regardless of reason. During Week 29, the absence rate was 4.9%, a decrease of 38.2% from the previous week.

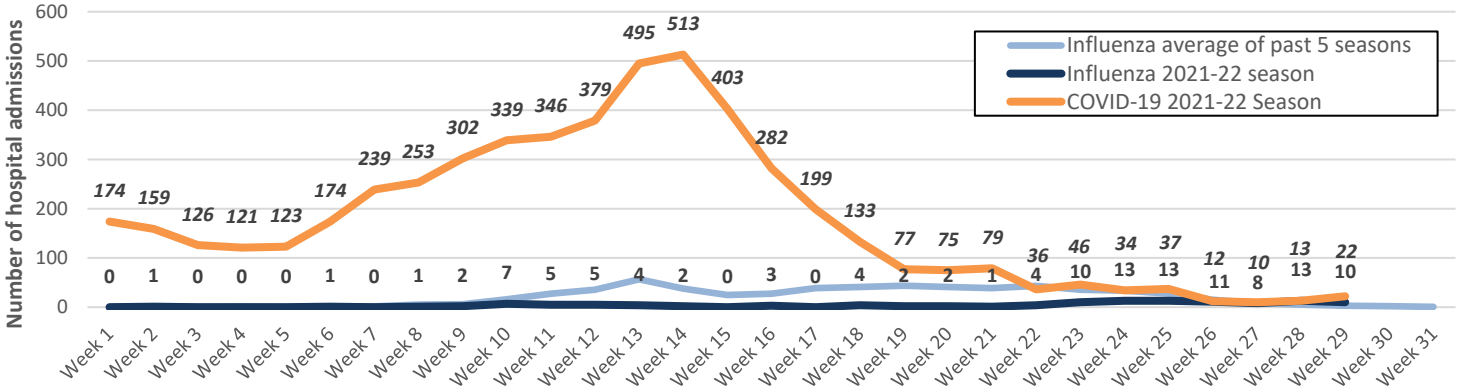
Zero deaths related to influenza, 11 pneumonia deaths and 2 COVID-19 related deaths were reported during Week 29. The rates of pneumonia deaths increased by 28.0% and COVID-19 deaths decreased by 6.9%. **Figure 1** displays weekly counts of flu season deaths occurring in Summit County. ***The seasonal total for influenza deaths in Summit County is three deaths.***

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



Hospitalizations: In Week 29, participating Summit County hospitals reported 10 influenza-associated hospitalizations and 22 COVID-19 admissions. **Figure 2** displays weekly confirmed hospitalization counts for Summit County.
Influenza hospitalization cumulative count to date = 122.

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 111 ILI-related visits reported during Week 29, which was 1.8% of total ED visits (n = 6,228). This rate was 20.6 higher than the ILI rate during Week 28.

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

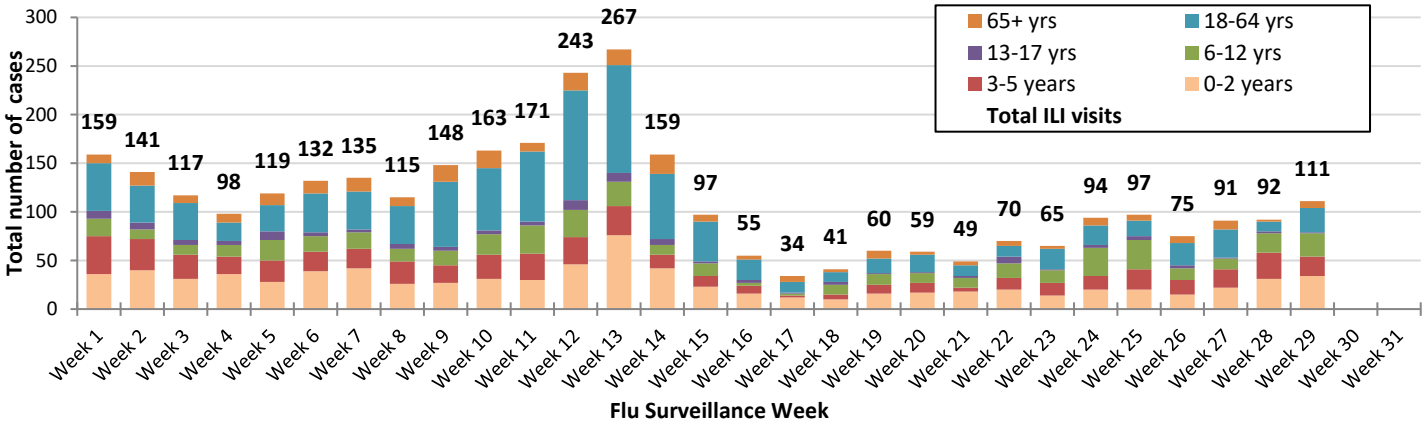
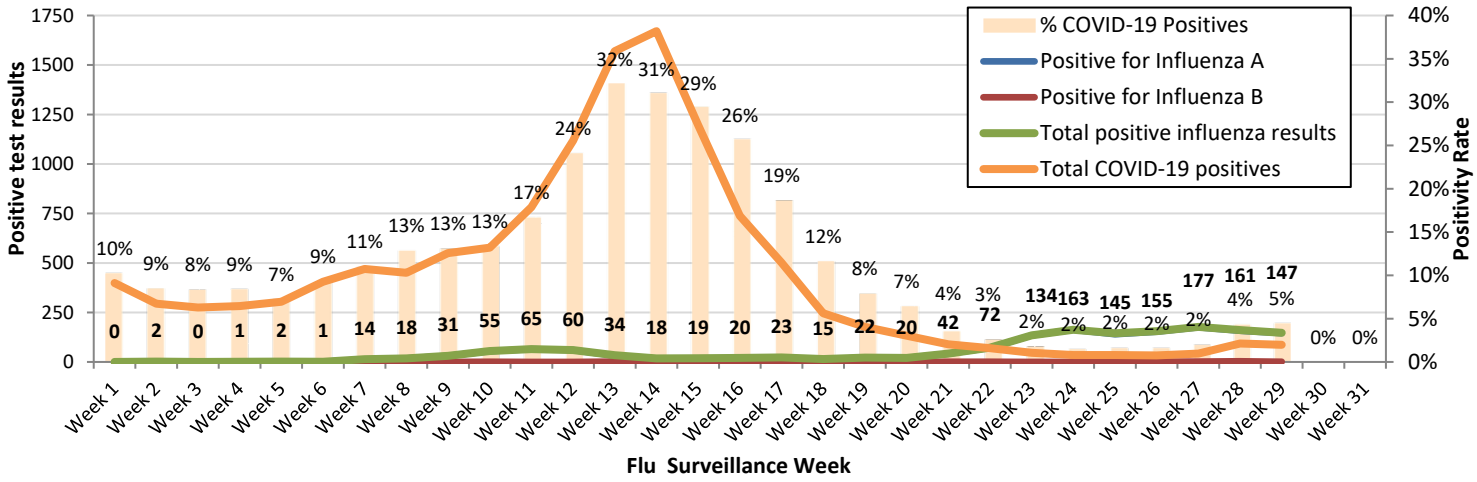


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2021 - 2022 season

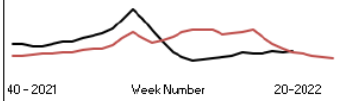
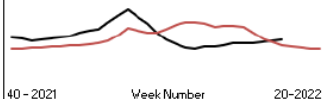
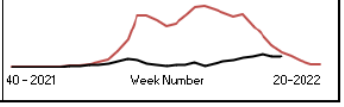


Ohio Influenza Activity: from the Ohio Department of Health:

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

During MMWR Week 16, 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; both are now above baseline levels statewide. Reported cases of influenza-associated hospitalizations are above the seasonal threshold (25 hospitalizations). There were 134 influenza-associated hospitalizations reported during MMWR Week 16.

Ohio Influenza Activity Summary Dashboard (April 17 – April 23, 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)	3.14%	0.96%	↑ 1	
Thermometer Sales (National Retail Data Monitor)[4]	0.27%	-3.57%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter)	1.84%	5.14%	↑ 1	
Constitutional ED Visits (EpiCenter)	9.83%	2.61%	↑ 4	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	134	-1.47%	↓ 2	

[1]Interpret percent changes with caution. Large variability may be exhibited in data sources with low weekly values.

[2]Number of weeks that the % change is increasing or decreasing.

[3]Black 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.

[4]Due 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 682 specimens for influenza during the 2021-2022 influenza season: of these, **2 tested positive for influenza A(H1N1pdm09), 615 for influenza A(H3N2), 5 for influenza B, and 1 for swine variant influenza A(H3N2v)** (through 4/23/2022).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** and **U.S. World Health Organization (WHO) Collaborating Laboratories** reported **153,097** tests for influenza performed at participating facilities; **11 tested positive for influenza A(H1N1pdm09), 1,202 for influenza A(H3N2), 3,426 for influenza A (subtyping not performed), and 144 for influenza B and 1 for swine variant influenza A(H3N2v)** (through 4/16/2022).
- One **pediatric influenza-associated mortality** has been reported so far during the 2021-2022 influenza season (through 4/23/2022).
- One **novel influenza A virus infection** has been reported so far during the 2021-2022 influenza season (through 4/23/2022).
- Incidence of confirmed **influenza-associated hospitalizations** in 2021-2022 season = 1525 (through 4/23/2022).

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

Seasonal influenza activity continues to increase in some areas of the country. The first human detection of avian influenza A(H5) in the United States was reported this week.

National Outpatient Illness Surveillance:

Nationwide during Week 16, 2.1% 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. Five of the 10 HHS regions are below their region-specific baselines; Regions 1, 2, and 8 are above their respective baselines, while Regions 7 and 10 are at 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

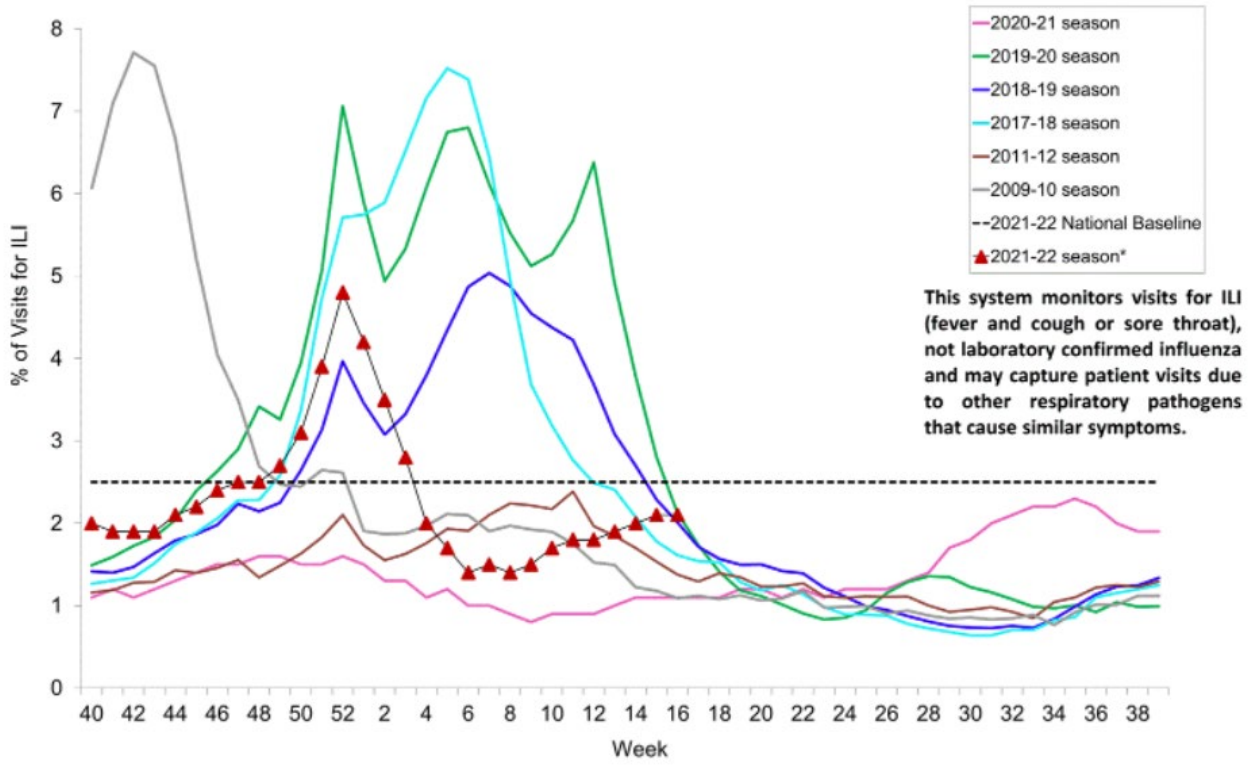
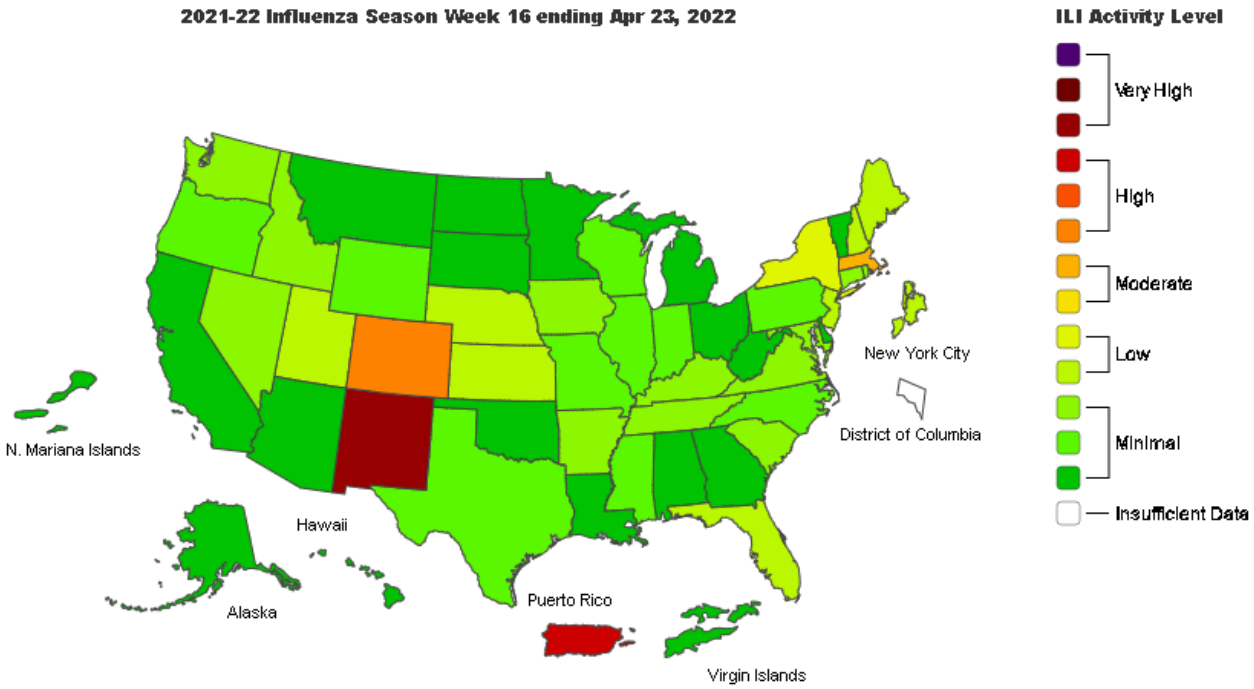


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 417, World Health Organization (WHO), published 18 April 2022, based on data up to 3 April 2022. The Update is published every two weeks.

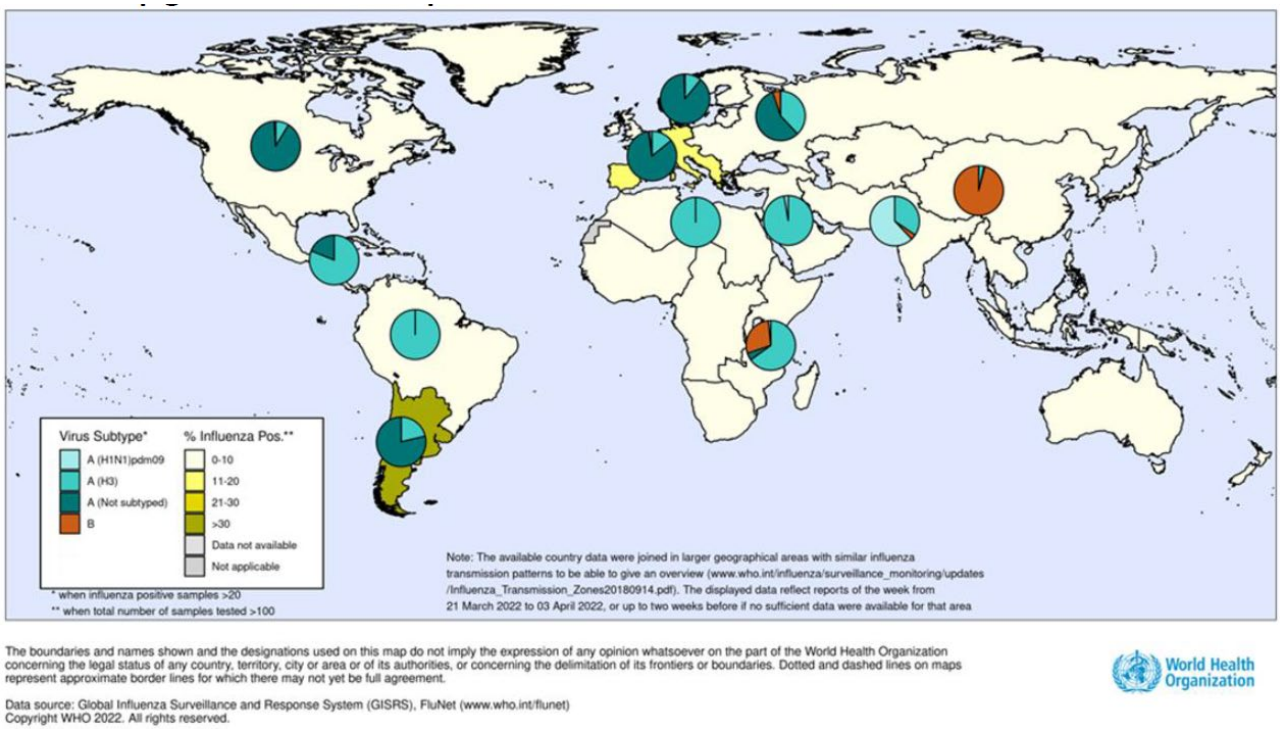
Summary

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, but activity has increased since February 2022 after an initial decrease in January 2022.
- In the **temperate zones of the northern hemisphere**, influenza activity increased or remained stable, except in East Asia where detections decreased. Detections were mainly influenza A(H3N2) viruses and B/Victoria lineage viruses.
- In **North America**, influenza activity continued to increase 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 remained low in the United States of America (USA) and Canada.
- In **Europe**, overall influenza activity has stabilised with influenza A(H3N2) predominant. Very little RSV activity was observed.
- In **Central Asia**, a single influenza B detection was reported in Kyrgyzstan.
- In **East Asia**, influenza activity with mainly influenza B/Victoria lineage detections appeared to decrease in China. ILI rate and pneumonia hospitalizations remained elevated in Mongolia. Elsewhere, influenza illness indicators and activity remained low.
- In **Northern Africa**, increasing detections of influenza A(H3N2) were reported in Tunisia.
- In **Western Asia**, influenza activity was low across reporting countries, with the exception of Georgia where increased detections of influenza A(H3N2) were reported.
- In the **Caribbean and Central American countries**, low influenza activity was reported with influenza A(H3N2) predominant.

- In **tropical South America**, low influenza activity was reported with influenza A(H3N2) predominant.
- In **tropical Africa**, influenza activity was reported mainly 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 and A(H3N2) viruses detected.
- In **South-East Asia**, influenza detections were at low levels except in Timor-Leste with influenza A(H3N2) predominant.
- In the **temperate zones of the southern hemisphere**, influenza activity remained low overall, although detections of influenza A viruses (with A(H3N2) predominant among the subtyped viruses) continued to be reported in some countries in temperate South America and South Africa.
- National Influenza Centres (NICs) and other national influenza laboratories from 113 countries, areas or territories reported data to FluNet for the time period from 21 March 2022 to 03 April 2022* (data as of 2022-04-14 14:09:24 UTC). The WHO GISRS laboratories tested more than 351 420 specimens during that time period. 36 312 were positive for influenza viruses, of which35 040 (96.5%) were typed as influenza A and 1272 (3.5%) as influenza B. Of the sub-typed influenza A viruses, 275 (5.5%) were influenza A(H1N1)pdm09 and 4682 (94.5%) were influenza A(H3N2). Of the characterized B viruses, 1 (0.1%) belonged to the B-Yamagata lineage and 1005 (99.9%) to the B-Victoria lineage.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 14 April 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 29, 2022.