



**Summit County Public Health
Influenza Surveillance Report
2021 – 2022 Season
Report #8**



**Flu Surveillance Weeks 8 & 9 (11/21/2021 to 12/4/2021)
Centers for Disease Control and Prevention MMWR Weeks 47 & 48**

Summit County Surveillance Data:

In **Week 9** of influenza surveillance, influenza-related activity was minimal in Summit County but continued to increase; COVID-19 activity remained elevated and was also increasing.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 8 MMWR 47 N (%)¹	Week 9 MMWR 48 N (%)¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	1275	1641	+ 28.7%	↑1
Positive Tests (Number and %)	18 (1.4)	31 (1.9)	+ 33.8%	↑3
Influenza A (Number and %)	18 (1.4)	31 (1.9)	+ 33.8%	↑3
Influenza B (Number and %)	0 (0.0)	0 (0.0)	--	NC
Lab Reports: COVID-19				
Test Performed	3479	4183	+ 20.2%	↑1
Positive Tests (Number and %)	450 (12.9)	550 (13.1)	+ 1.7%	↑4
Acute care hospitalizations for Influenza:	1	2	+ 100%	↑2
Acute care hospitalizations for COVID-19:	253	274	+ 8.3%	↑4
Pharmacy Prescriptions				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	1	0	- 100%	↓1
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
<i>Total</i>	1	0	- 100%	↓1
Schools absenteeism²	11.6	9.6	- 18.9%	↓1
Deaths (occurred in Summit County)				
Total deaths certified	112	184	+ 64.3%	↑1
Pneumonia associated	14 (12.5)	23 (12.5)	0%	NC
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	15 (13.4)	29 (15.8)	+ 17.7%	↑3
Emergency room visits (EpiCenter)³ (Figure 3)				
Total ED Visits	6314	6989	+ 10.7%	↑1
Constitutional Complaints	646 (10.2)	784 (11.2)	+ 9.6%	↑1
Fever and ILI	115 (1.8)	148 (2.1)	+ 16.3%	↑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 9 of influenza surveillance, reporting Summit County facilities performed 1,641 flu tests, of which 31 had positive results (All were Type A). 4,183 COVID-19 tests were completed by reporting partners, with a positivity rate of 13.1% in Week 9 (a 1.7% 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.**

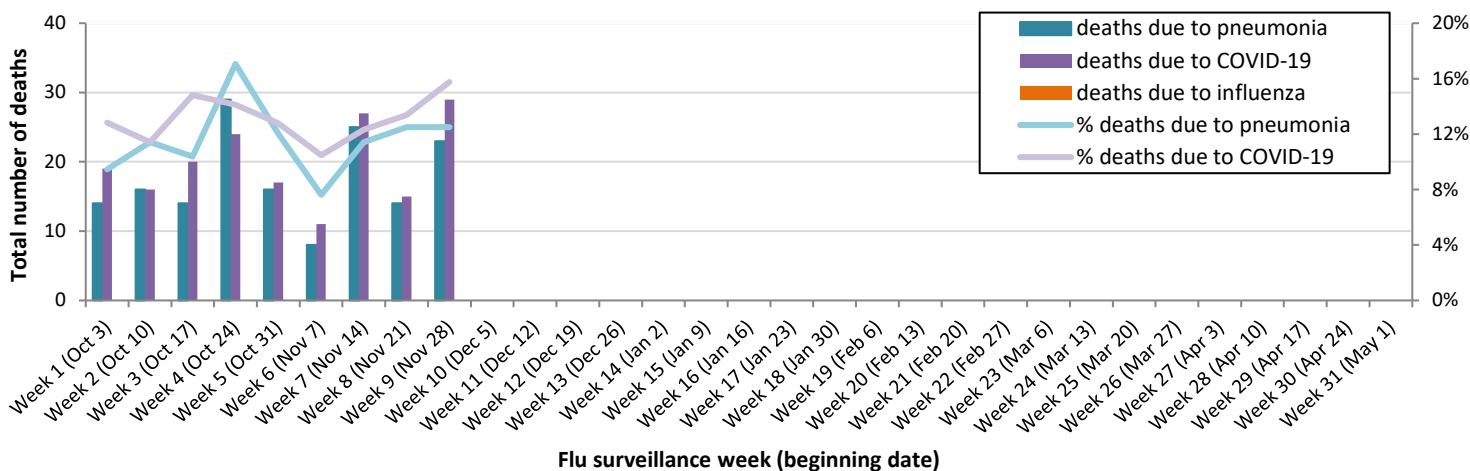
Acute Care Hospitalizations: There were two reported influenza and 274 COVID-19 admissions during Week 9. **Figure 2** displays hospitalizations in Summit County.

Pharmacies: Zero prescriptions for CDC- approved antiviral medications was reported during Week 9.

School absenteeism includes absences regardless of reason. In Week 9, the absence rate was 9.6%, which was a 18.9% decrease from Week 8.

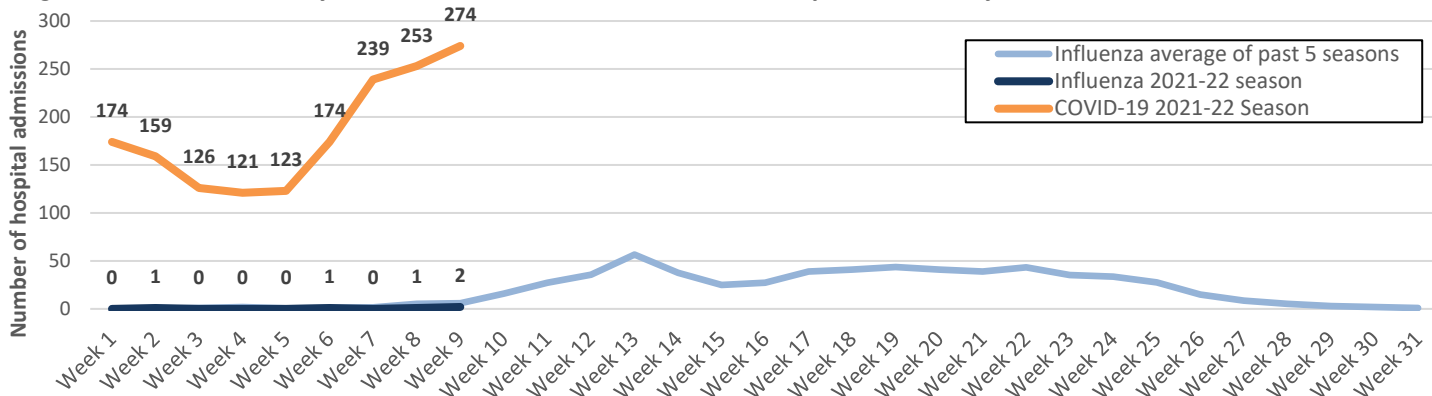
Zero deaths related to influenza, 29 COVID-19 deaths and 23 pneumonia related deaths were reported during Week 9. The rates of pneumonia deaths did not change and COVID-19 deaths increased by 17.7%. **Figure 1** displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

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



Hospitalizations: In Week 9, participating Summit County hospitals reported two influenza-associated hospitalizations and 274 COVID-19 admissions. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza cumulative count to date = 5**).

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 148 ILI-related visits reported during Week 9, which was 2.1% of total ED visits (n = 6,989). This rate was 16.3% higher than the ILI rate during Week 5.

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

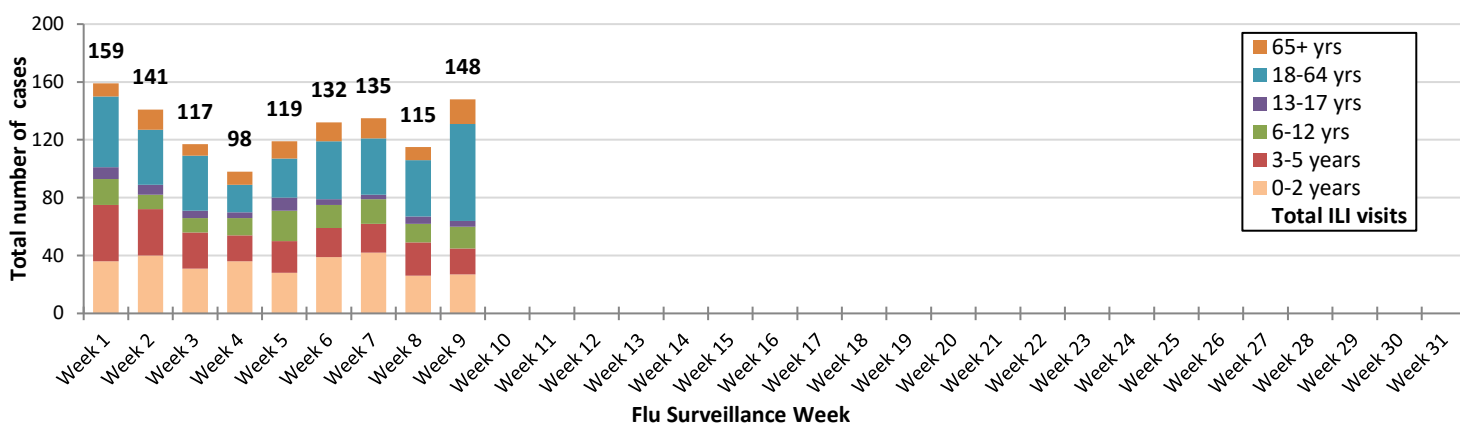
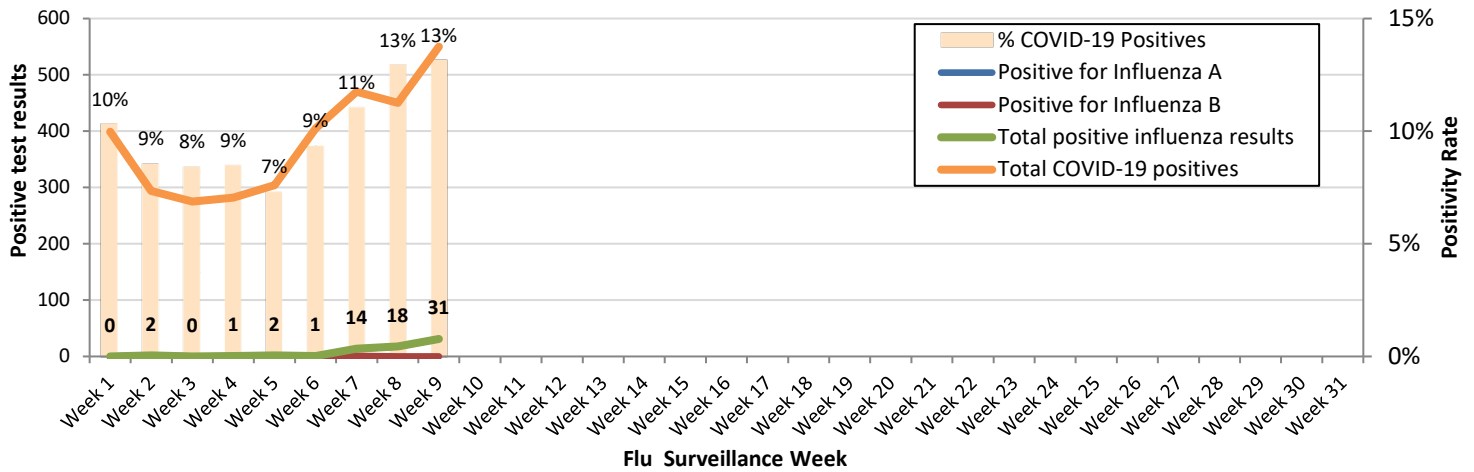


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2021 - 2022 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Minimal but increasing

During MMWR Week 48, public health surveillance data sources indicate increased but 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 and are above baseline levels statewide. Reported cases of influenza-associated hospitalizations are below the seasonal threshold of 25 hospitalizations. There were 37 influenza-associated hospitalizations reported during MMWR Week 48.

Ohio Influenza Activity Summary Dashboard (November 28 – December 4, 2021):

Data Source	Current Week	Percent Change from last week	Trend Direction	5-yr Average 4-yr Average Current Week
Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)**	2.27%	20.11%	↑	Line chart showing 5-yr average (blue), 4-yr average (green), and current week (orange) trends.
Thermometer Sales (National Retail Data Monitor)	0.82%	18.84%	↑	Line chart showing 5-yr average (blue), 4-yr average (green), and current week (orange) trends.
Fever and ILI Specified ED Visits (EpiCenter)	2.76%	5.75%	↑	Line chart showing 5-yr average (blue), 4-yr average (green), and current week (orange) trends.
Constitutional ED Visits (EpiCenter)	11.80%	4.33%	↑	Line chart showing 5-yr average (blue), 4-yr average (green), and current week (orange) trends.
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	37	164.29%	↑	Line chart showing 5-yr average (blue), 4-yr average (green), and current week (orange) trends.

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 91 specimens for influenza during the 2021-2022 influenza season: of these, **1 tested positive for influenza A(H1N1pdm09), 75 for influenza A(H3N2), 2 for influenza B, and 1 for swine variant influenza A(H3N2v)** (through 12/4/2021).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** and **U.S. World Health Organization (WHO) Collaborating Laboratories** reported **8,831** tests for influenza performed at participating facilities; of these, **2 tested positive for influenza A(H1N1pdm09), 53 for influenza A(H3N2), 39 for influenza A (subtyping not performed), and 6 for influenza B and 1 for swine variant influenza A(H3N2v)** (through 11/27/2021).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2021-2022 influenza season (through 12/4/2021).
- One **novel influenza A virus infection** has been reported so far during the 2021-2022 influenza season (through 12/4/2021).
- Incidence of confirmed **influenza-associated hospitalizations** in 2021-2022 season = 76 (through 12/4/2021).

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

Seasonal influenza activity in the United States remains low but continues to increase.

National Outpatient Illness Surveillance:

Nationwide during week 48, 2.5% 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%. Regions 1, 2, 3 and 7 are above their region-specific baselines; all other regions are 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

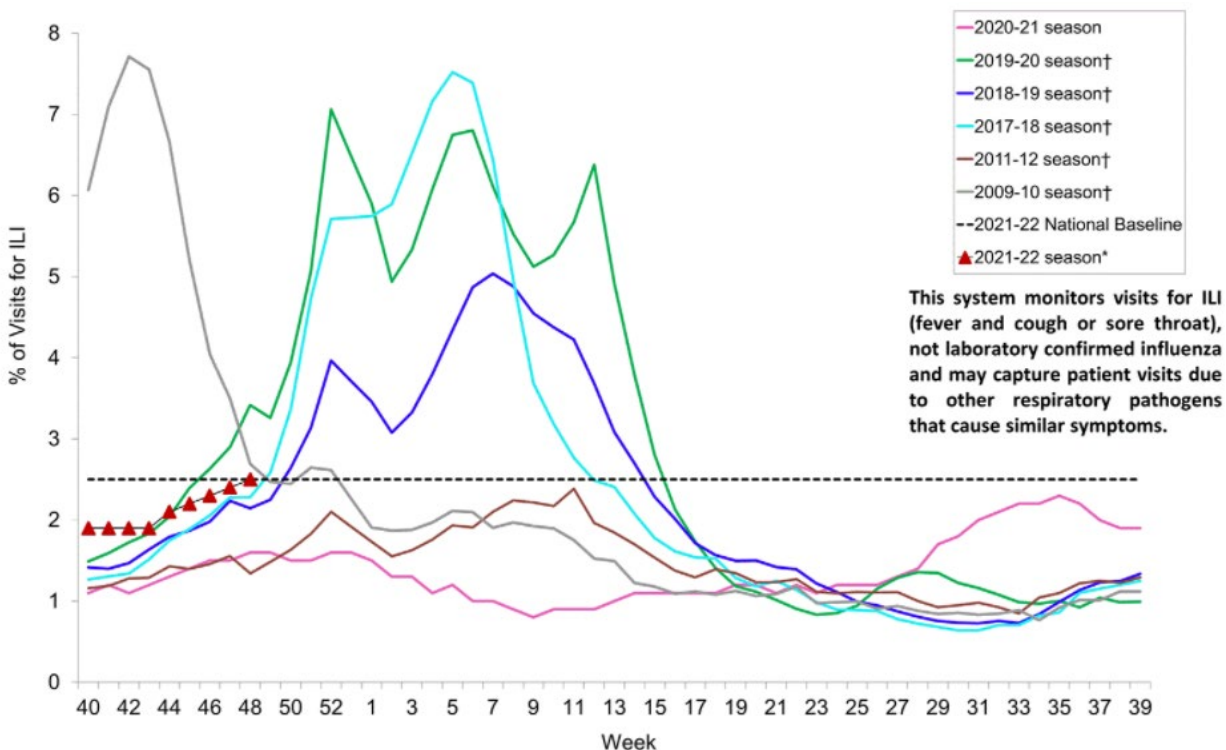
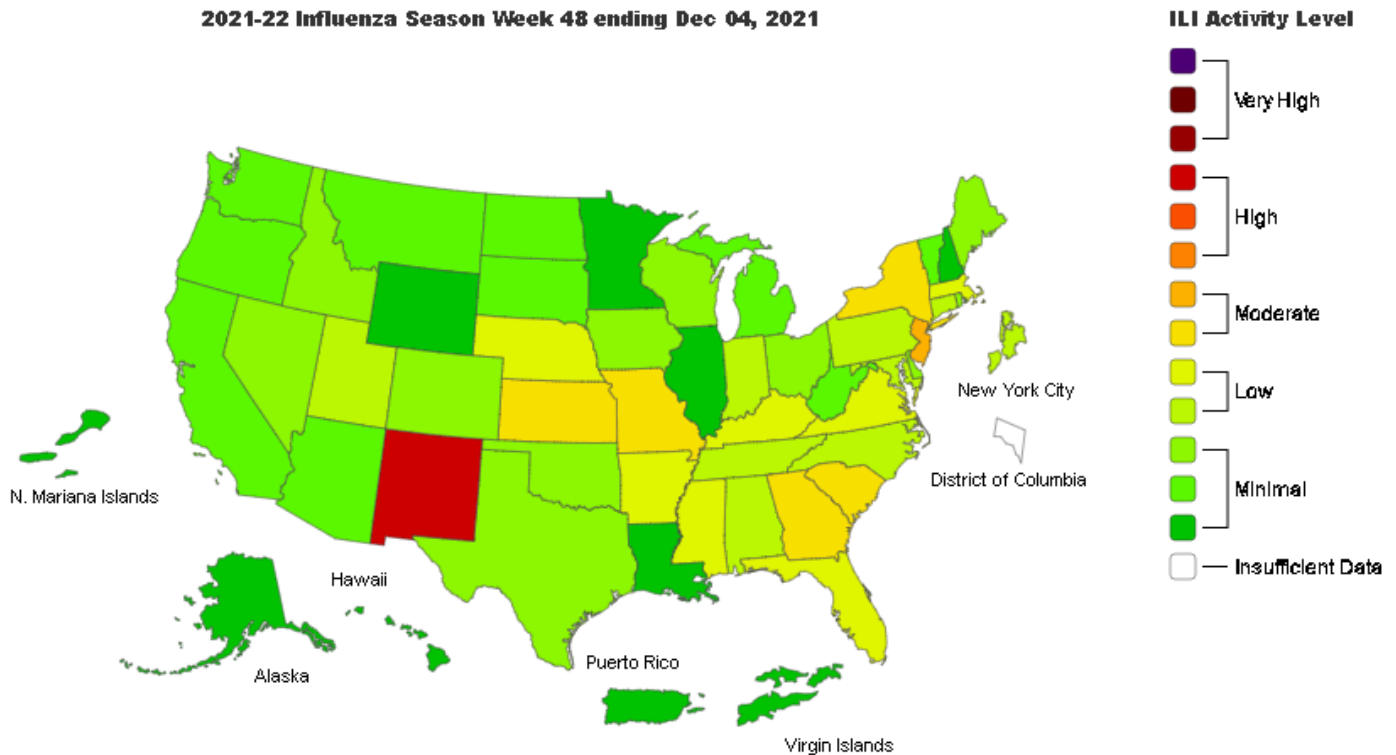


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet

2021-22 Influenza Season Week 48 ending Dec 04, 2021



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

Global Surveillance:

Influenza Update N° 408, World Health Organization (WHO), published 6 December 2021, based on data up to 21 November 2021. The Update is published every two weeks.

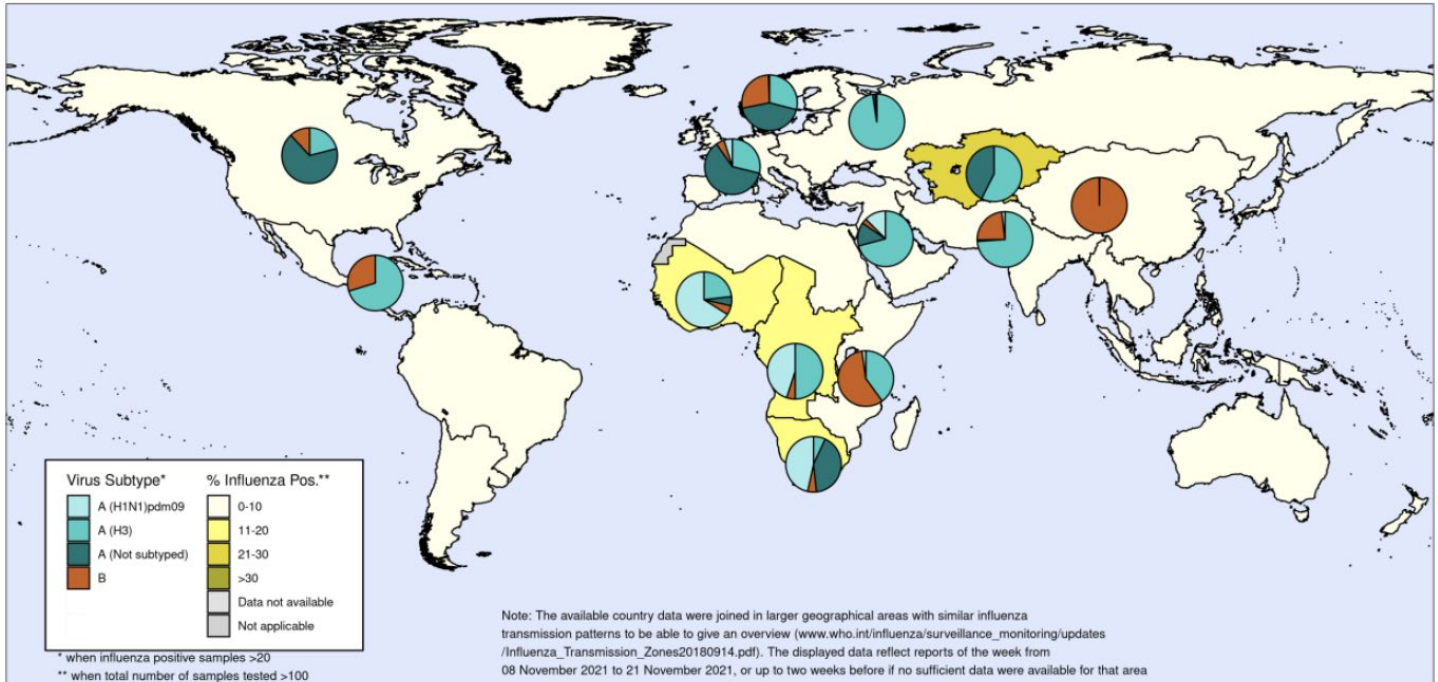
Summary

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 continued to increase but remains well below levels observed in previous seasons.
- In the **temperate zones of the northern hemisphere**, influenza activity remained at inter-seasonal levels. Both influenza A and B were detected. Detections of respiratory syncytial virus (RSV) were higher than expected in Canada.
- 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. RSV activity continued to be elevated in some countries.
- In **tropical Africa**, influenza A predominated with some detections of influenza B. The number of influenza detections remained within inter-seasonal levels.
- In **Southern Asia**, the number of influenza virus detections reported continued on a decreasing trend, with detections of both influenza A and B viruses reported.
- In **South-East Asia**, no new influenza detections were reported.
- In the **temperate zones of the southern hemisphere**, influenza activity remained low in Oceania and temperate South America but was increased in South Africa. RSV activity remained elevated 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 08 November 2021 to 21 November 2021* (data as of 2021-12-03 08:02:46 UTC). The WHO GISRS laboratories tested more than 335 864 specimens during that time period. 3844 were positive for influenza viruses, of which 1658 (43.1%) were typed as influenza A and 2186 (56.9%) as influenza B. Of the sub-typed influenza A viruses, 109 (10.7%) were influenza A(H1N1)pdm09 and 909 (89.3%) were influenza A(H3N2). Of the characterized B viruses, 1984 (100%) to the B-Victoria lineage.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 3 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 December 10, 2021.