



**Summit County Public Health
Influenza Surveillance Report
2016 – 2017 Season**



**Report # 1
Flu Surveillance WK 1 & 2 (10/9/2016 – 10/16/2016)
Centers for Disease Control and Prevention Week 41 & 42**

Summit County Surveillance Data (Surveillance began October 9, 2016)

In the 1st and 2nd week of Summit County’s influenza surveillance, influenza related activity has **been low** in Summit County.

Table 1 Interpretation

The percent change from week to week should continue to be interpreted with caution due to low incidence. Table 1 compares first two weeks of flu surveillance (WK 1 and WK2).

Table 1: Overall Influenza Activity Indicators in Summit County by Week

	Week 41 N (%)[*]	Week 42 N (%)[*]	Percent change from previous week^a	Number of weeks increasing or decreasing
Lab Reports				
Test Performed	92	59	↓56	↓1
Positive Tests (Number and %)	0(0.0)	0(0.0)	--	--
Influenza A (Number and %)	0(0.0)	0(0.0)	--	--
Influenza B (Number and %)	0(0.0)	0(0.0)	--	--
Acute care hospitalization for Influenza ILI reports				
Long-term Care ILI	2	0	↓100.0	↓1
Community-based Care Providers	0	0	--	--
Physician Offices	0	0	--	--
Pharmacy Prescriptions				
Amantidine	0	0	--	--
Rimantidine Flumadine	0	0	--	--
Relenza	0	0	--	--
Oseltamivir Tamiflu	0	0	--	--
Total	0	0	--	--
Schools (5 schools, n= 1946)**	191 (12.5)	210 (10.8)	↑9.0	↑1
Deaths				
Influenza associated	0(0.0)	0(0.0)	--	--
Pneumonia associated	6(100)	6(100)	--	--
Emergency room visits (Epi Center)				
Constitutional Complaints	399(6.4)	473(7.2)	↑15.6 ^b	↑1
Fever and ILI	54(0.9)	88(1.3)	↑38.6 ^b	↑1

^{*} N and% are reported when available

^{**}Percent is from total number of students enrolled between all schools. WK 41 includes data from 14 schools (total no. of students = 1529) and WK 42 includes data from 5 schools (total no. of students = 1946).

^a Percentages should be interpreted with caution. Small changes in number can result in big changes in percent.

^b This percent change is the difference in percent (i.e., the percent change in prevalence). It is not the percent change in the number of tests, number of school absences, number of deaths, etc.)

Lab reports: During WK 1 and WK 2 of surveillance, Summit county labs performed 92 tests and 59 test respectively. None of the tests were positive for influenza in first two weeks.

Acute care hospitalizations: There was only one reported case of hospitalization during WK1 and no case in WK2 during surveillance in Summit County.

Long-term care facilities, Community-based care providers and physicians’ offices reported 0 cases of influenza like illness (ILI) during WK1 and WK2.

Pharmacies dispensed 0 antiviral prescriptions during WK1 and WK2

School absenteeism includes absences regardless of reason. There was a 9% increase in school absenteeism in WK2 when compared to WK1.

There were no **Deaths** related to influenza in WK1 and WK2; 6 deaths related to Pneumonia were reported in WK1 and 6 deaths in WK2.

Epicenter reported slightly increased proportions of **emergency room visits** for constitutional complaints and ILI / fever cases in WK2 compared WK1.

Ohio Surveillance Data (Ohio Department of Health (ODH): Oct 9th – Oct 15th, 2016)

Note: Since ODH report for WK42 has not been released, this report includes only WK 41 report update.

Influenza activity during WK 41 was **sporadic** (Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI).

There has been increased ILI in at least half of the regions AND recent (within the past 3 weeks) lab confirmed influenza in the state.ⁱ

There were 7 influenza-associated hospitalizations in WK 41. Incidence of confirmed influenza-associated hospitalizations to date in 2016 – 2017 season = 15.

During WK41, public health surveillance data sources indicate minimal intensity for ILI in outpatient settings. Emergency room activity was **below statewide baseline levels statewide**. The percentage of fever and ILI specified ED visits is **also below baseline levels**. Reported constitutional complaints and fever/ILI are provided in Table 3.

Table 2: Statewide Influenza-Associated Hospitalization Counts

CDC Week	Central	East Central	Northeast	Northwest	Southeast	Southwest	West Central	Total	Percent change from previous week	Number of weeks increasing or decreasing
41	2	3	1	0	0	1	0	7	--	--

There were 0 confirmed positive tests for influenza at the ODH lab (n = 38 tests).

There was **0 pediatric influenza associated mortality** during the 2016-2017 season.

There has been no **novel influenza A virus** infections.

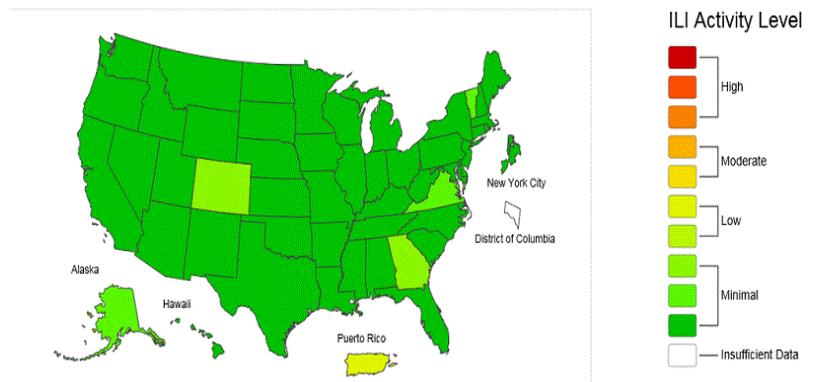
National Surveillance (Centers for Disease Control and Prevention (CDC): Oct 9th – Oct 15th, 2016)

Note: Since CDC report for WK42 has not been released, this report includes only WK 41 report update.

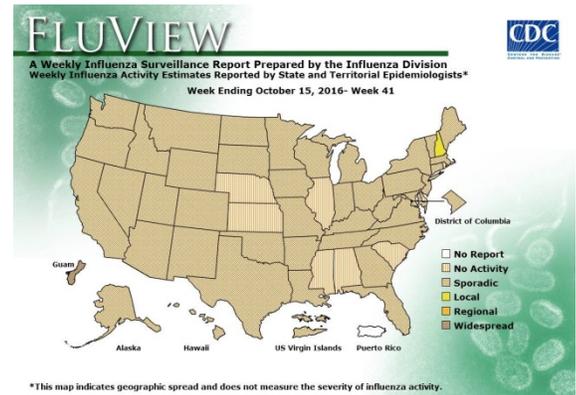
National influenza activity was **low** during WK 41 in the United States.ⁱⁱ

- Most frequently identified influenza virus was influenza A with influenza A (H3N2) predominating.
- Percent of respiratory specimen testing positive for influenza was 5.7% (n = 404) and majority of positive tests were for Influenza A virus (87%, n= 20)
- **No** pediatric influenza associated mortalities were reported.
- Pneumonia and influenza mortality was **below** the system-specific epidemic threshold.
- Outpatient visits for ILI was 1.2% - **at** the national baseline of 2.2% (Figure I –on right). All 10 regions reported ILI below region-specific baseline levels.

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2016-17 Influenza Season Week 41 ending Oct 15, 2016



- Geographic spread of influenza in Guam was reported widespread; the District of Columbia, the U.S. Virgin Islands and 41 states reported sporadic activity; eight states reported no activity; and Puerto Rico did not. (Figure 2 -right)



Influenza Vaccination update for 2016-2017

- Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months.
- In light of low effectiveness against influenza A (H1N1) pdm09 in the United States during the 2013–14 and 2015–16 seasons, for the 2016–17 season, ACIP makes the interim recommendation that LAIV4 should not be used.
- 2016–17 U.S. trivalent influenza vaccines will contain an A/California/7/2009 (H1N1)–like virus, an A/Hong Kong/4801/2014 (H3N2)–like virus and a B/Brisbane/60/2008–like virus (Victoria lineage). Quadrivalent vaccines will include an additional vaccine virus strain, a B/Phuket/3073/2013–like virus (Yamagata lineage).^{iv}

Global Surveillance (World Health Organization, Oct 17th, 2016)

The World Health Organization report is issued every two weeks. This report includes updates from the WHO report published on Oct 17th, 2016, based on data up to Oct 2nd, 2016.ⁱⁱⁱ

- Globally, influenza activity remained low with inter-seasonal level in the temperate zones and slightly increased in tropical countries of Africa such as Ghana and Senegal.

About this report: Reporting agencies include labs, hospitals, long-term care and community-based care providers, physician offices, 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).

Reporting from participants may not be complete each week. Numbers may change as updated reports are received. For questions, please contact Sunita Shakya, MPH ▪ Summit County Public Health Epidemiologist ▪ sshakya@schd.org ▪ 330-926-5747.

Report was issued on **Oct 27th, 2016**.

ⁱ <https://www.odh.ohio.gov/features/odhfeatures/seasflu/Ohio%20Flu%20Activity.aspx>

ⁱⁱ <http://www.cdc.gov/flu/weekly/>

ⁱⁱⁱ http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/

^{iv} http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w