



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



**Public Health**  
Prevent. Promote. Protect.

**Report # 4  
Flu Surveillance WK 4 & 5 (10/30/2016 – 11/6/2016)  
Centers for Disease Control and Prevention Week 44 & 45**

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

In the WK4 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 WK 2 and WK 3 of flu surveillance.

Table 1: Overall Influenza Activity Indicators in Summit County by Week				
	Week 44 N (%) <sup>*</sup>	Week 45 N (%) <sup>*</sup>	Percent change from previous week <sup>a</sup>	Number of weeks increasing or decreasing
<b>Lab Reports</b>				
Test Performed	89	79	↓11.2	↓1
Positive Tests (Number and %)	2(2.2)	0(0.0)	↓100.0	↓1
Influenza A (Number and %)	2(100.0)	0(0.0)	↓100.0	↓1
Influenza B (Number and %)	0(0.0)	0(0.0)	--	--
<b>Acute care hospitalization for Influenza ILI reports</b>				
Long-term Care ILI	0	0	--	--
Community-based Care Providers	0	0	--	--
Physician Offices	0	0	--	--
<b>Pharmacy Prescriptions</b>				
Amantidine	1	3	↑200.0	↑1
Rimantidine Flumadine	0	0	--	--
Relenza	0	0	--	--
Oseltamivir Tamiflu	0	0	--	--
<i>Total</i>	<i>1</i>	<i>3</i>	<i>↑200.0</i>	<i>↑1</i>
<b>Schools**</b>	1257(18.3)	923(13.5)	↓26.2 <sup>b</sup>	↓1
<b>Deaths</b>				
Influenza associated	0(0.0)	0(0.0)	--	--
Pneumonia associated	7(100.0)	8(100.0)	↑14.3	↑1
<b>Emergency room visits (EpiCenter)</b>				
Constitutional Complaints	458(7.1)	413(6.6)	↓7.0 <sup>b</sup>	↓1
Fever and ILI	90(1.4)	66(1.0)	↓28.6 <sup>b</sup>	↓1

<sup>\*</sup> N and % are reported when available  
<sup>\*\*</sup>Percent is from total number of students enrolled between all schools. WK 44 and WK 45 includes data from 7 schools (total no. of students= 6853).  
<sup>a</sup> Percentages should be interpreted with caution. Small changes in number can result in big changes in percent.  
<sup>b</sup> 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 WK45 of surveillance, Summit county labs performed 79 tests, of which none of the testes were positive. Compared to previous week, there was 11% decrease in tests performed by Summit County labs.

**Acute care hospitalizations:** No reported cases of hospitalization associated with influenza during WK45 of surveillance in Summit County.

**Long-term care facilities, community-based care providers and physicians’ offices** reported 0 cases of ILI during WK45.

**Pharmacies** dispensed 3 antiviral prescriptions during WK45 which is a 200% increase when compared to previous week.

**School** absenteeism includes absences regardless of reason. There was 26% decrease in school absenteeism in WK45 when compared to WK44.

There were no **Deaths** related to influenza in WK45 and WK45; 8 deaths related to Pneumonia were reported in WK45 which is an increase by 14% when compared to WK44.

**Epicenter** reported decrease proportions of **emergency room visits** for constitutional complaints (decreased by 7%) as well as for ILI / fever cases (decreased by 29%) in WK45 compared to WK44.

**Ohio Surveillance Data** (Ohio Department of Health (ODH): Nov 6th – Nov 5<sup>th</sup>, 2016)

Influenza activity during WK44 and WK45 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 were 9 influenza-associated hospitalizations in WK 44 and 7 in WK45. Incidence of confirmed influenza-associated hospitalizations to date in 2016 – 2017 season = 45.

**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
44	4	2	0	1	0	2	0	9		
45	1	1	2	2	0	0	1	7	↓22.2	↓2

During WK44 and WK45, 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 3: State Surveillance Emergency Room Visits for Influenza Activity by CDC Week**

	Week 44 N (%)*	Week 45 N (%)*	Percent change from previous week**	Number of weeks increasing or decreasing
<b>Emergency room visits (EpiCenter)</b>				
Constitutional Complaints	9925(7.7)	9899(7.7)	--	--
Fever and ILI	1898(1.5)	1993(1.5)	--	--

\* Percentages are the percent of emergency room visits that are for constitutional complaints or fever and ILI

\*\* Percentages should be interpreted with caution. Small changes in numbers can result in big changes in percent.

- There were five confirmed positive tests for influenza A ( H3N2) and one for influenza B at the ODH lab (**n = 58 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): Nov 6th – Nov 5<sup>th</sup>, 2016)

National influenza activity was **low** during WK 42 and 43 in the United States. <sup>i</sup>

- Most frequently identified influenza virus was influenza A with influenza A (H3N2) predominating. Details on the result of lab test for WK 44 and WK 45 are provided in Table 4.

**Table 4: CDC update on results from clinical laboratories**

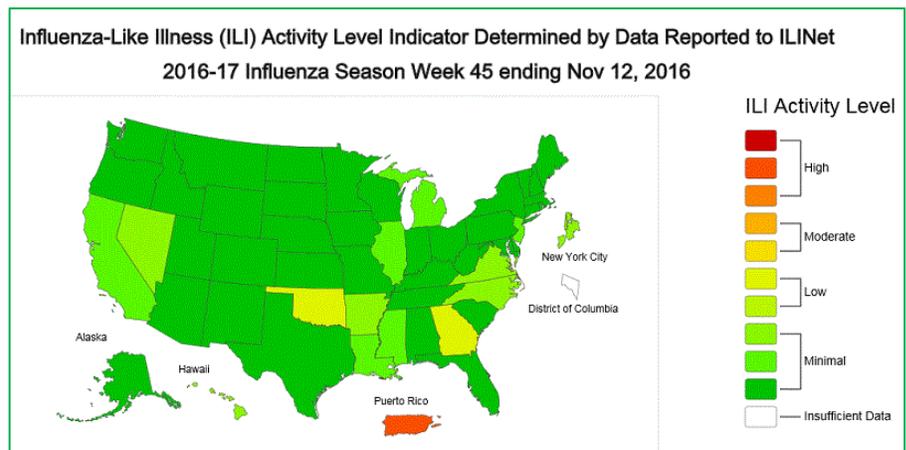
	Week 44 N (%)*	Week 45 N (%)*	Percent change from previous week <sup>a</sup>	Number of weeks increasing or decreasing
Test Performed	12,410	11,841	↓4.6	↓1
Positive Tests (Number and %)	268(2.2)	199(1.7)	↓22.7 <sup>b</sup>	↓2
<i>Influenza A (Number and %)</i>	<i>163(60.8)</i>	<i>163(81.9)</i>	<i>↑34.7<sup>b</sup></i>	<i>↑1</i>
<i>Influenza B (Number and %)</i>	<i>105(39.2)</i>	<i>36(18.1)</i>	<i>↓53.8<sup>b</sup></i>	<i>↓1</i>

<sup>a</sup> Percentages should be interpreted with caution. Small changes in numbers can result in big changes in percent.

<sup>b</sup> 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)

- **No** pediatric influenza associated mortalities were reported.
- Pneumonia and influenza mortality was below the system-specific epidemic threshold.
- Outpatient visits for ILI was 1.6% - at the national baseline of 2.2%.

- Majority of the states reported minimal or low ILI activity except for Puerto Rico (reported high ILI activity).
- Geographic spread of influenza in Guam was reported widespread; Puerto Rico, the U.S. Virgin Islands and one state was reported regional; five states reported local activity; the District of Columbia, and 40 states reported sporadic activity; four states reported no activity (Figure I –on right).



### Influenza Vaccination update for 2016-2017

- Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  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).<sup>iv</sup>

### Global Surveillance (World Health Organization, Nov 14<sup>th</sup>, 2016)

- The World Health Organization report is issued every two weeks. This report includes updates from the WHO report published on Nov 14<sup>th</sup>, 2016, based on data up to Oct 30<sup>th</sup>, 2016.<sup>ii</sup>
- Influenza activity in temperate southern hemisphere countries is back at inter-seasonal levels. Influenza activity in the temperate zone of the northern hemisphere has not yet picked up and remained at inter-seasonal levels.

**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](mailto:sshakya@schd.org) ▪ 330-926-5747.

Report was issued on **Nov 22th, 2016.**

<sup>i</sup> <http://www.cdc.gov/flu/weekly/>

<sup>ii</sup> [http://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/)

<sup>iv</sup> [http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s\\_cid=rr6505a1\\_w](http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w)