



**Summit County Public Health  
Influenza Surveillance Report  
2017 – 2018 Season  
Report #3**



**Flu Surveillance Weeks 5 & 6 (Beginning 11/05/2017 through 11/18/2017)  
Centers for Disease Control and Prevention MMWR Weeks 45 & 46**

**Summit County Surveillance Data:**

In **Weeks 5&6** of influenza surveillance, influenza-related activity remains low in Summit County.

<b>Table 1: Overall Influenza Activity Indicators in Summit County by Week</b>				
	<b>Week 45 N (%)*</b>	<b>Week 46 N (%)*</b>	<b>Percent change from previous week</b>	<b>Number of weeks increasing or decreasing</b>
<b>Lab Reports</b>				
Total Test Performed	219	281	↑28.3	↑4
Positive Tests (Number and %)	8 (3.6)	16(5.7)	↑100	↑2
Influenza A (Number and %)	7 (3.1)	15 (5.3)	↑114.3	↑2
Influenza B (Number and %)	1(0.5)	1(0.4)	–	–
<b>Acute care hospitalization for Influenza:</b>	5	3	↓25	↓1
<b>Influenza ILI Community Report:</b>				
Long-term Care ILI	0	0	--	--
Correctional & Addiction Facility	0	0	--	--
Physician Offices & University Clinic	1	0	↓100	↓1
<b>Pharmacy Prescriptions</b>				
Amantidine	1	3	↑200	↑1
Rimantidine Flumadine	0	0	--	--
Relenza	0	0	--	--
Oseltamivir Tamiflu	2	2	–	–
Total	3	5	↑66.7	↑1
<b>Schools** 7 Schools reporting</b>	229(9.8)	265 (11.3.)	↑15.7	↑1
<b>Deaths (Total)</b>				
Pneumonia associated	3(2.1)	2 (1.6)	↓7.2	↓1
Influenza associated	0	0	--	--
<b>Emergency room visits (Epi Center)***</b>				
Constitutional Complaints	496(8.2)	477(8.0)	↓3.8	↓1
Fever and ILI	103 (1.7)	78 (1.3)	↓24.3	↓1
* N and % are reported when available				
**Percent is from total number of students enrolled between all schools. WK 5 (n=2345) and WK6 (n=2345) (Incomplete)				
***Percent is from total number of emergency room interactions				
<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.)				

Zero deaths related to influenza were reported during WK 5 & 6, however there were 5 total deaths associated with pneumonia. **Figure 1** displays weekly Summit County death counts associated with pneumonia and influenza.

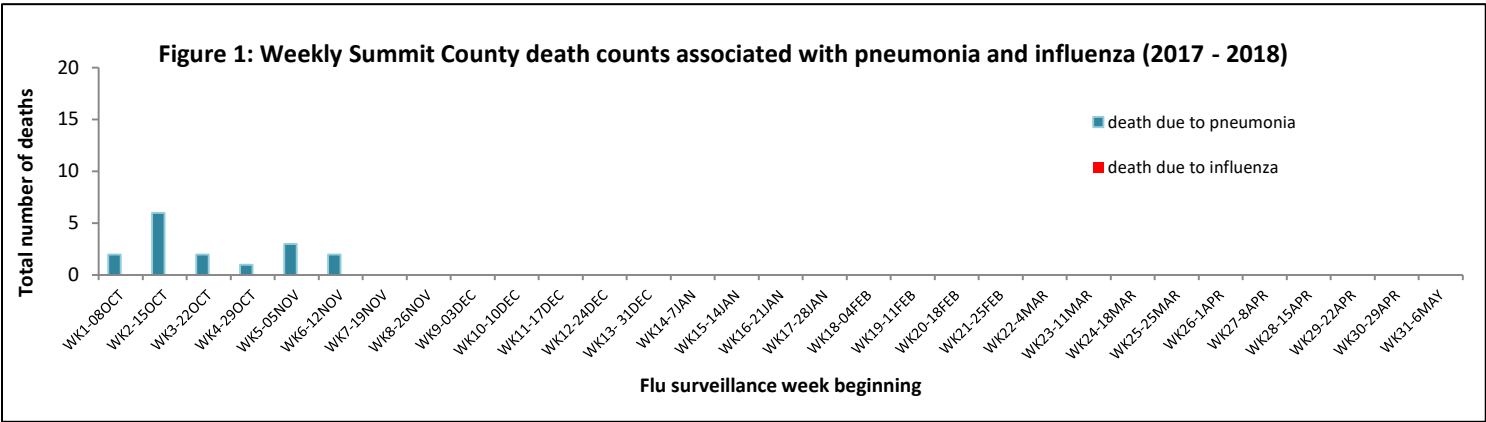
**Acute Care Hospitalizations:** 5 reported influenza associated hospitalizations during week 5, and 3 in week 6. **Figure 2** displays Influenza Associated Hospitalizations in Summit County.

**COMMUNITY ILI REPORTS:** Influenza like Illness (ILI) as defined by the CDC is fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat without a known cause other than influenza. Community ILI reports:  
**Long Term Care Facilities:** There were 0 cases ILI reported from Long Term Care facilities.  
**Correctional and Addiction facility:** Zero cases ILI reported  
**Physician Office and University Clinic:** During week 5, 1 case of ILI was reported and Week 6 reported 0 case.

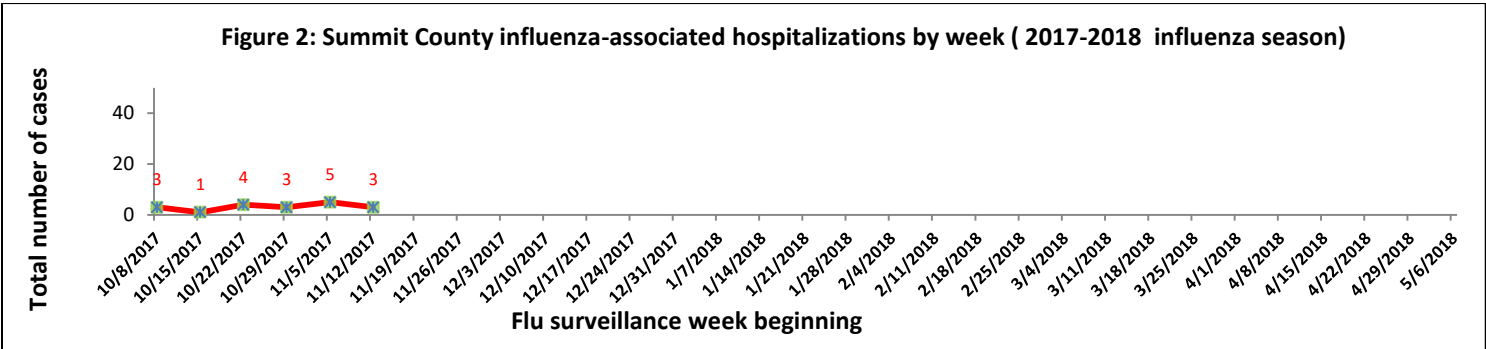
**Pharmacy:** One prescription for Amantidine was reported during week 5; 3 prescriptions for week 6, as well as 4 prescriptions for Oseltamivir Tamiflu.

**School absenteeism** includes absences regardless of reason. In WK5, there were 229 absences and in WK 6 there were 265. That is a 15.7% change from week 5, however reporting was incomplete.

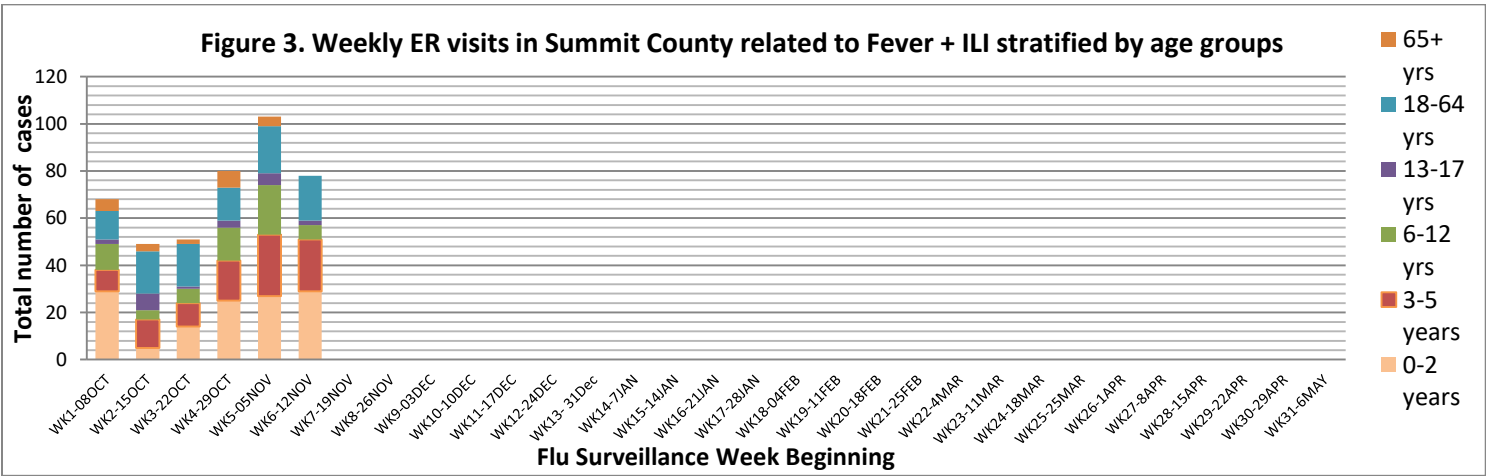
**Lab reports:** During weeks 5&6 of influenza surveillance, Summit County labs performed 500 tests, of which 22 tested positive for influenza A & 2 for Influenza B. See **Figure 4**.

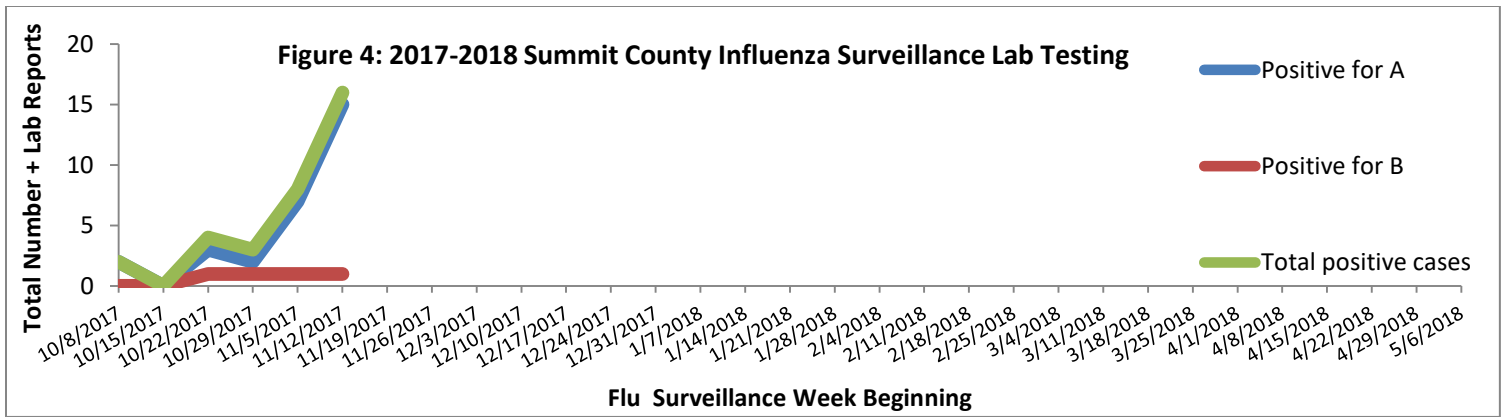


**Influenza-associated hospitalization:** Summit County hospitals reported 5 influenza-associated hospitalizations in WK 5 and 3 hospitalizations during week 6. **Figure 2** displays weekly confirmed hospitalization count for Summit County (cumulative count to date = 19).



**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. **Figure 3** displays the weekly number of ER visits related to ILI and flu symptoms in Summit County, stratified by age group.





## Ohio Influenza Activity: From the Ohio Department of Health

During MMWR Week 45, public health surveillance datasources indicate minimal intensity for influenza-like illness (ILI) in outpatient settings reported by Ohio’s sentinel providers. The percentage of emergency department visits with patients exhibiting constitutional symptoms are above baseline levels statewide; fever and ILI specified ED visits are below baseline levels. Reported cases of influenza-associated hospitalizations are below the seasonal threshold\*. There were 20 influenza-associated hospitalizations reported.

### Ohio Influenza Activity Summary Dashboard (week of 11/05/2017):

Data Source	Current week value	Percent Change from last week <sup>1</sup>	# of weeks <sup>2</sup>	Trend Chart <sup>3</sup>
Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	0.93%	3.33%	↑ 1	
Thermometer Sales (National Retail Data Monitor)	1459	11.29%	↑ 3	
Fever and ILI Specified ED Visits (EpiCenter)	1.69%	-0.59%	↓ 1	
Constitutional ED Visits (EpiCenter)	8.41%	-1.52%	↓ 1	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	20	-4.76%	↓ 1	
Outpatient Medical Claims Data <sup>4</sup>	0.21%	-19.23%	↓ 1	

<sup>1</sup>Interpret percent changes with caution. Large variability may be exhibited in data sources with low weekly values.

<sup>2</sup>Number of weeks that the % change is increasing or decreasing.

<sup>3</sup>Black lines represent current week's data; red lines represent baseline averages (Week 40 data is a single data point, no line is visible until week 41).

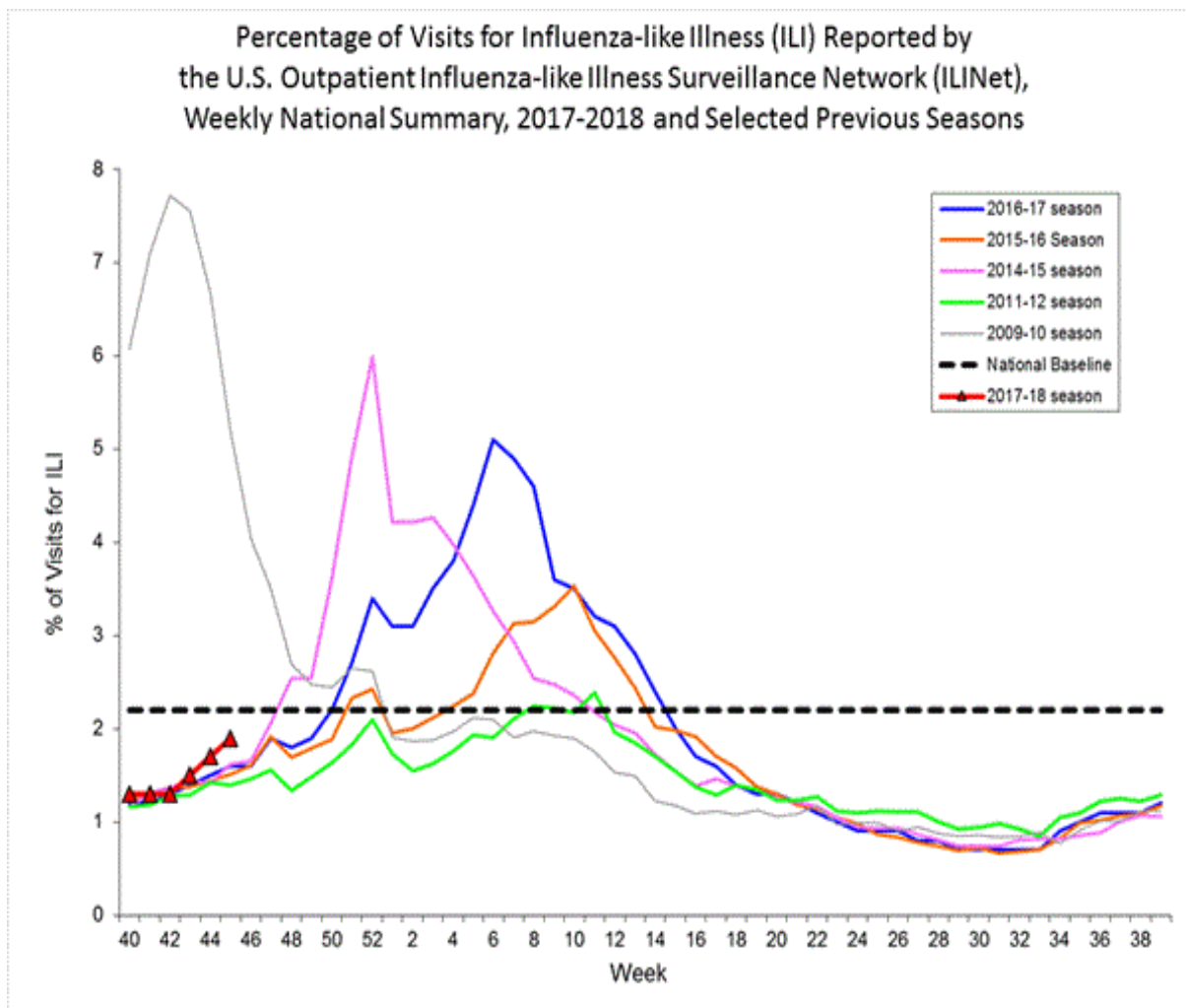
<sup>4</sup>Medical Claims Data provided by athenahealth®

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

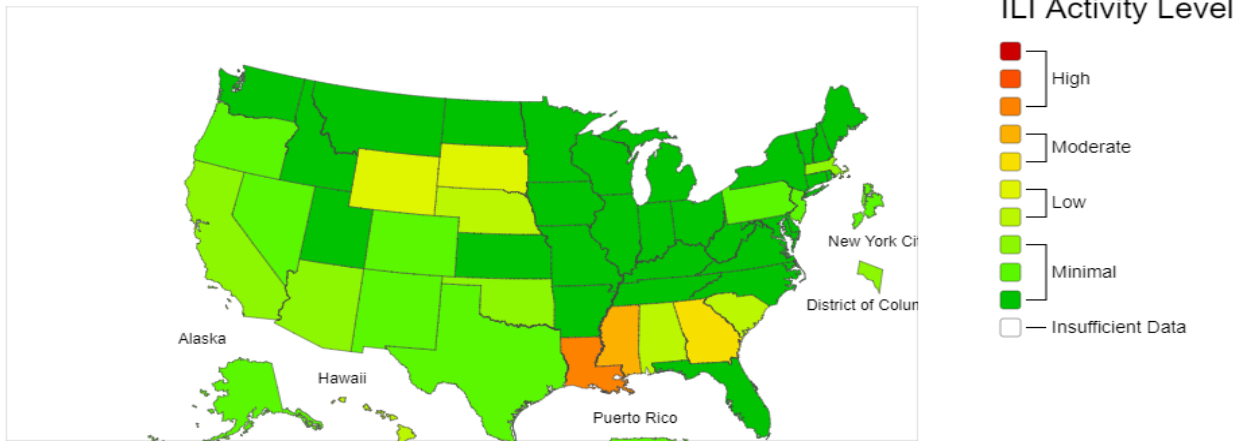
According to the FluView report for the week of 11/05/2017, seasonal influenza activity is increasing in the United States. During week 45 (the week ending November 11, 2017), several flu activity indicators were higher than is typically seen for this time of year. Nine U.S. states, Puerto Rico and Guam reported regional flu activity and 13 states reported local influenza activity. Flu vaccine is the best available way to protect against influenza. CDC recommends that everyone 6 months and older get an injectable flu vaccine as soon as possible.

During week 45, the following ILI activity levels were experienced:

- One state experienced high ILI activity (Louisiana)
- Two states experienced moderate ILI activity (Georgia and Mississippi)
- Six states experienced low ILI activity (Alabama, Hawaii, Nebraska, South Carolina, South Dakota and Wyoming).
- New York City, the District of Columbia, Puerto Rico, and 41 states experienced minimal ILI activity (Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin).



2017-18 Influenza Season Week 45 ending Nov 11, 2017

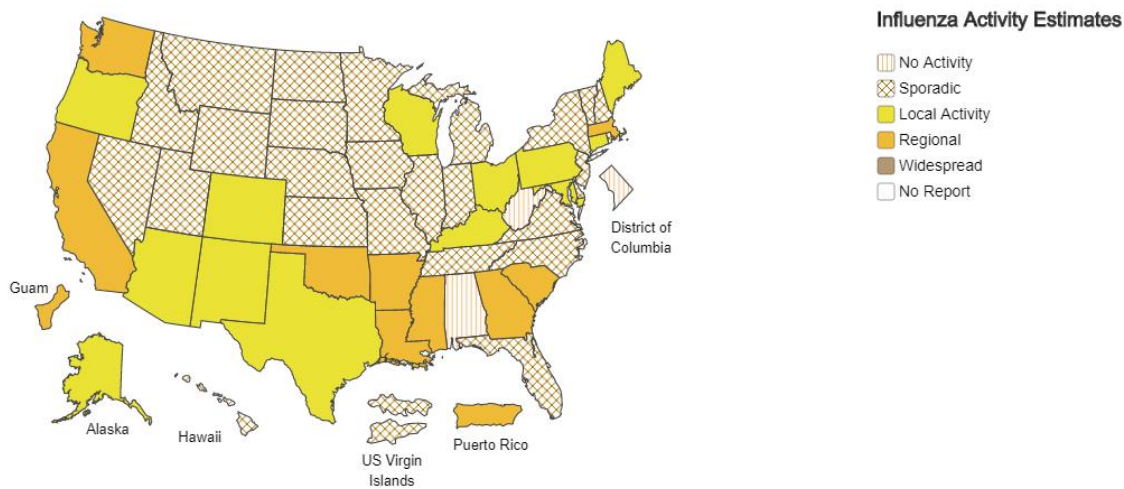


\*This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.  
 \*Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full picture of influenza activity for the whole state.  
 \*Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.  
 \*Differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.  
 \*For the data download you can use Activity Level for the number and Activity Level Label for the text description.

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists\*

Week Ending Nov 11, 2017 - Week 45



\*This map indicates geographic spread and does not measure the severity of influenza activity.

## Global Surveillance: from the World Health Organization

The World Health Organization report is issued every two weeks. This report includes updates from the WHO Influenza Update N° 300, published on November 13, 2017, based on data up to October 29, 2017.

Influenza activity remained at low levels in the temperate zone of the northern hemisphere. Declining levels of influenza activity were reported in the temperate zone of the southern hemisphere and in some countries of South and South East Asia. In Central America and the Caribbean, low influenza activity was reported in a few countries. Worldwide, influenza A(H3N2) and B viruses accounted for the majority of influenza detections.

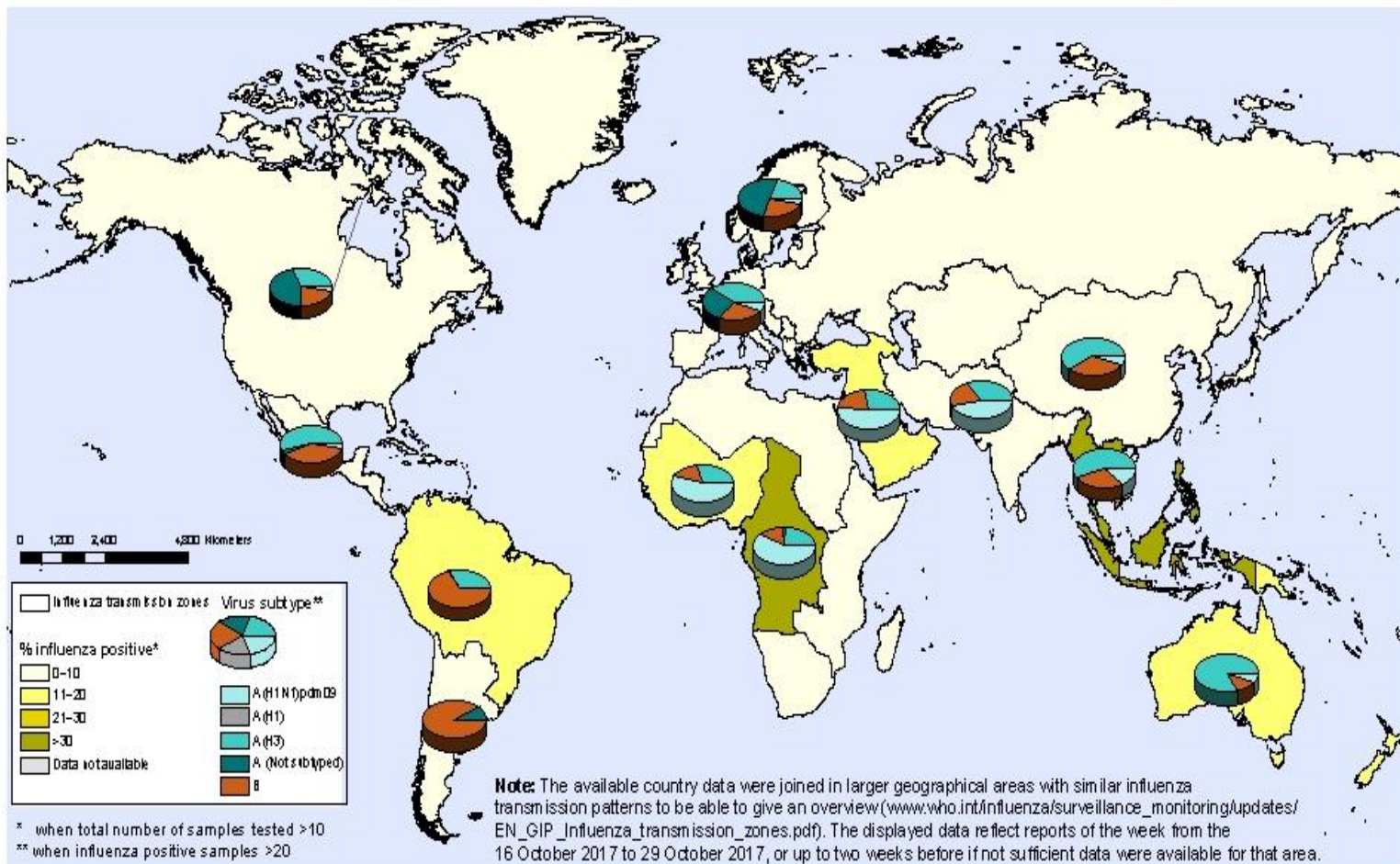
In North America, overall influenza activity increased slightly but remained low, with detections of predominantly influenza A(H3N2) and B viruses in the past weeks.

In Europe, influenza activity remained low, with detections of predominantly influenza A(H3N2) and B viruses.

In the Caribbean and Central American countries, respiratory illness indicators and influenza activity remained low in general but respiratory syncytial virus (RSV) activity remained high in several countries.

### Percentage of respiratory specimens that tested positive for influenza By influenza transmission zone

Status as of 10 November 2017



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](http://www.who.int/flu-net)).



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## **QUESTIONS ABOUT FLU VACCINE**

### Who should get vaccinated this season?

Everyone 6 months of age and older should get a flu vaccine every season. This recommendation has been in place since [February 24, 2010 when CDC's Advisory Committee on Immunization Practices \(ACIP\)](#) voted for "universal" flu vaccination in the United States to expand protection against the flu to more people.

Vaccination to prevent influenza is particularly important for people who are at high risk of serious complications from influenza. See [People at High Risk of Developing Flu-Related Complications](#) for a full list of age and health factors that confer increased risk.

More information is available at [Who Should Get Vaccinated Against Influenza](#).

### Who Should Not Be Vaccinated?

CDC recommends use of a flu shot; either an inactivated influenza vaccine or (IIV) or a recombinant influenza vaccine (RIV). The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2017-2018. Different flu vaccines are approved for use in different groups of people. Factors that can determine a person's suitability for vaccination, or vaccination with a particular vaccine, include a person's age, health (current and past) and any allergies to flu vaccine or its components.

- [People who cannot get a flu shot](#)
- [People who should talk to their doctor before getting the flu shot](#)

### What about the Flu Vaccine and Pregnancy?

Flu is more likely to cause severe illness in pregnant women than in women who are not pregnant. Changes in the immune system, heart, and lungs during pregnancy make pregnant women (and women up to two weeks postpartum) more prone to severe illness from flu, including illness resulting in hospitalization. Flu also may be harmful for a pregnant woman's developing baby. A common flu symptom is fever, which may be associated with neural tube defects and other adverse outcomes for a developing baby.

### The Flu Shot is the Best Protection Against Flu

Getting a flu shot is the first and most important step in protecting against flu. The flu shot given during pregnancy has been shown to protect both the mother and her baby for several months after birth from flu. Studies in young healthy adults show that getting a flu shot reduces the risk of illness by 40% to 60% during seasons when the flu vaccine is well-matched to circulating viruses. There also are studies that show that a baby whose mother was vaccinated during her pregnancy is protected from flu infection for several months after they are born, before the

baby is old enough to be vaccinated. Pregnant women should get an inactivated influenza vaccine (flu shot); the nasal spray vaccine should not be given to women who are pregnant. Learn more about the [flu vaccine](#).

## A Long Record of Safety for Flu Shots in Pregnant Women

Flu shots have been given to millions of pregnant women over many years with a good safety record. There is a lot of evidence that flu vaccines can be given safely during pregnancy; though these data are limited for the first trimester. CDC and ACIP recommend that pregnant women get vaccinated during any trimester of their pregnancy. It is very important for pregnant women to get the flu shot. See [Seasonal Flu Vaccine Safety and Pregnant Women](#) for more information.

Reference: <https://www.cdc.gov/flu/protect/vaccine/pregnant.htm>

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

Many 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 Jane Adams or Tracy Rodriguez, Summit County Public Health Communicable Disease Unit. Report was issued on November 22, 2017.