



**Summit County Public Health
Influenza Surveillance Report
2020 – 2021 Season**



Public Health
Prevent. Promote. Protect.

Report #22

Flu Surveillance Weeks 23 & 24 (3/7 to 3/20/2021)

Centers for Disease Control and Prevention MMWR Weeks 10 & 11

Summit County Surveillance Data:

During Week 24 of influenza surveillance, influenza-related activity was minimal in Summit County. COVID-19 activity remains high with continued elevated risk of community exposure.

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

	Week 23 MMWR 10 N (%)¹	Week 24 MMWR 11 N (%)¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Tests Performed	513	450	- 12.3%	↓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)	--	--
Lab Reports: COVID-19				
Tests Performed	2076	1954	- 5.9%	↓1
Positive Tests (Number and %)	81 (3.9)	68 (3.5)	- 10.8%	↓2
Acute care hospitalizations for Influenza:	0	0	--	--
Acute care hospitalizations for COVID-19:	79	92	+ 16.5%	↑1
Pharmacy Prescriptions				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	0	1	+ 100%	↑1
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
<i>Total</i>	0	1	+ 100%	↑1
Schools absenteeism²	5.2%	6.2%	+ 19.6%	↑1
Deaths (occurred in Summit County)				
Total deaths certified	132	120	- 9.1%	↓3
Pneumonia associated	12 (9.1)	14 (11.7)	+ 28.3%	↑2
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	15 (11.4)	11 (9.2)	- 19.3%	↓1
Emergency room visits (ESSENCE)³				
Total ED Visits	5191	5197	+ 0.1%	NC
Respiratory Encounters	476 (9.2)	439 (8.4)	- 7.9%	↓1
ILI Encounters	30 (0.6)	36 (0.7)	+ 19.9%	↑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 24, reporting Summit County facilities ordered 450 influenza tests, none of which had a positive result. 1,954 COVID-19 tests were completed by reporting partners, with a positivity rate of 3.5% in Week 24 (a 10.8% decrease from Week 23) (**Fig. 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 was zero reported influenza and 92 COVID-19 admissions during Week 24. **Figure 2** displays hospitalizations in Summit County.

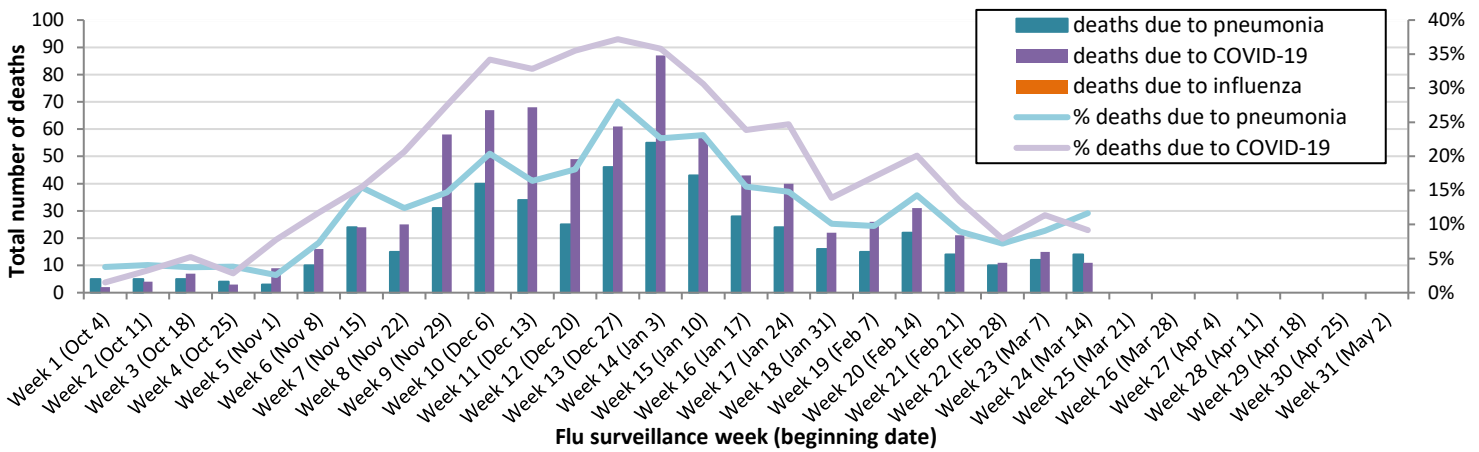
Pharmacies: One prescription for CDC- approved influenza antiviral medications were reported during Week 24.

School absenteeism includes absences regardless of reason. In Week 24, the absence rate was 6.2%. This was 20% higher than the rate reported in Week 23.

Zero deaths related to influenza, 11 COVID-19 deaths and 14 pneumonia related deaths were reported during Wk 24. The rates of pneumonia deaths increased by 28% and the COVID-19 associated death rate decreased by 19%.

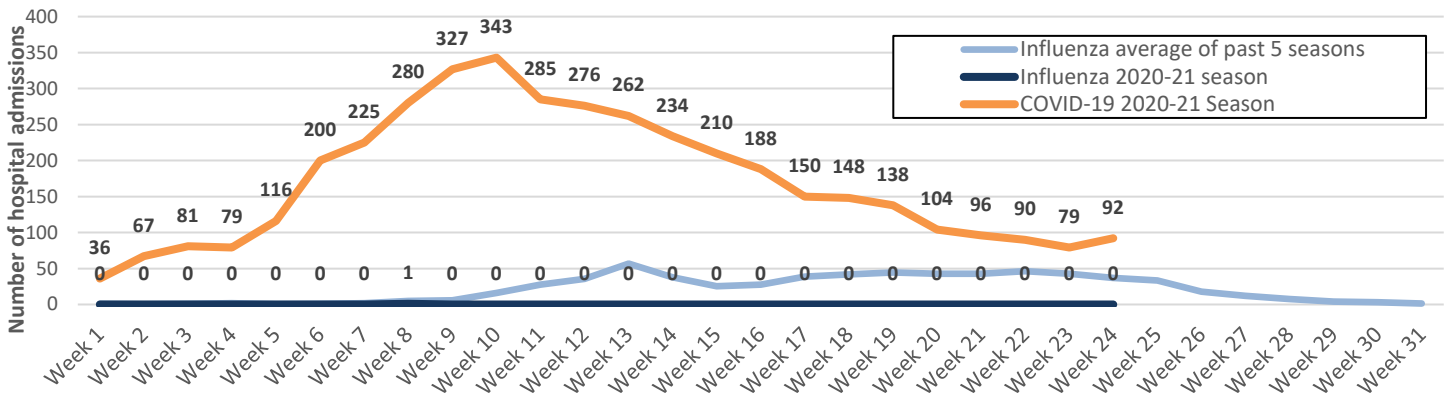
Figure 1 displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

Figure 1. Weekly Summit County death counts associated with pneumonia and influenza during 2020-2021 season



Hospitalizations: Summit County hospitals reported no influenza-associated hospitalizations, and 92 COVID-19 admissions in Week 24. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza total count to date = 1**).

Figure 2. Summit County influenza and COVID-19 associated hospitalizations by week, 2020-2021 season



ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics) is a web-based disease surveillance information system that lets agencies analyze events of public health interest, monitor healthcare data for events that could affect public health. For this report, ED visits related to respiratory complaints and influenza-like illness (ILI) are included.

Figure 3 displays the weekly number of ER visits related to ILI symptoms in Summit County. There were 36 ILI-related visits reported during Week 24, which was 0.7% of total ED visits (n = 5197). This rate was 19.9% higher than the ILI rate during Week 24. *The ILI-only indicator replaces the ILI and fever indicator that was used in previous reports.*

Figure 3. Weekly ED visits in Summit County associated with influenza-like illness (ILI), by age groups, 2020 - 21 season

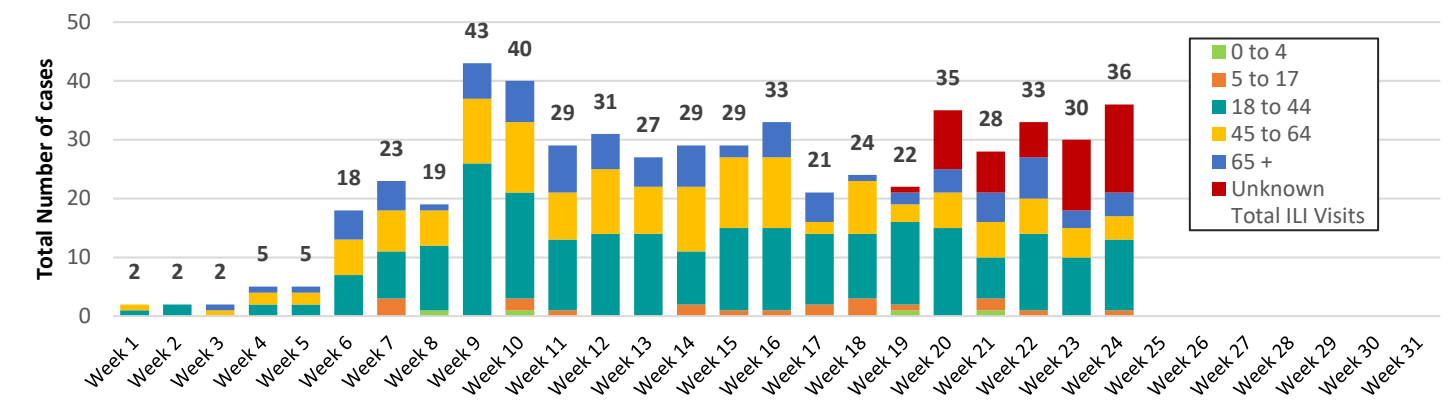
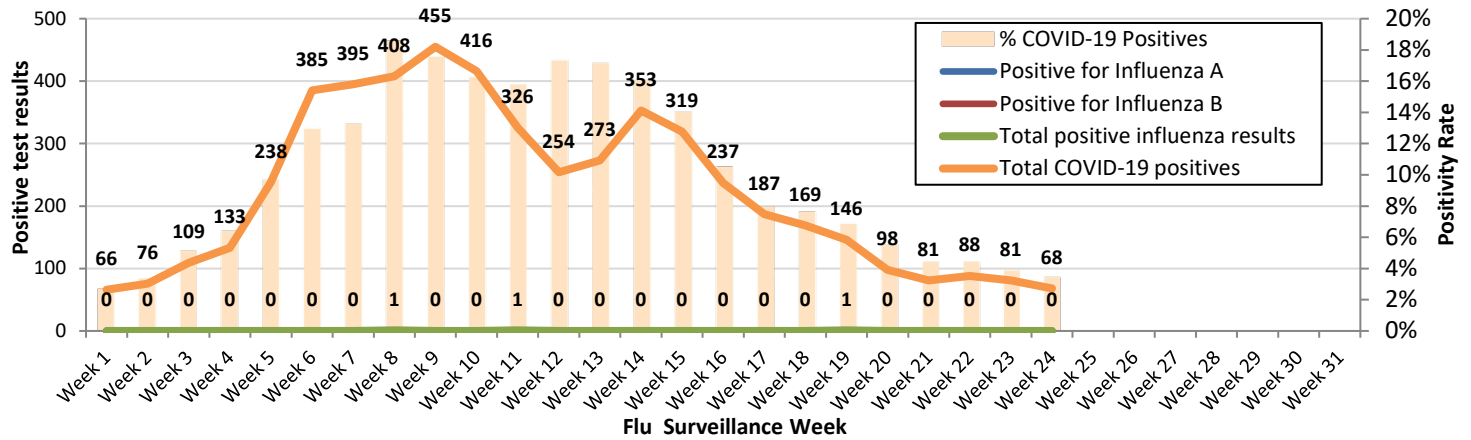


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2020 - 2021 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Minimal

During MMWR Week 11, public health surveillance data sources indicate minimal intensity for influenza-like illness (ILI) in outpatient settings reported by Ohio’s sentinel providers. Data from public health and clinical laboratories show very low levels of influenza virus circulation. Week 11 syndromic emergency department data is delayed as Ohio finalizes the transition between syndromic surveillance data vendors. Reported cases of influenza-associated hospitalizations are below the seasonal threshold (25 influenza-associated hospitalizations). There was 1 influenza-associated hospitalization reported during MMWR Week 11.

Ohio Influenza Activity Summary Dashboard (March 14 to 20, 2021):

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)	0.92%	9.52%	↑ 2	
Thermometer Sales (National Retail Data Monitor) ⁴	0.81%	15.71%	↑ 4	
Fever and ILI Specified ED Visits (EpiCenter) ⁵	1.73%	-14.78%	↓ 4	
Constitutional ED Visits (EpiCenter) ⁵	9.82%	-5.12%	↓ 2	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	1	-50.00%	↓ 1	

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

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

³Black lines represent current week's data; red lines represent baseline averages

⁴Due to abnormally high thermometer sales during the COVID-19 pandemic, the 2019-2020 season data has been omitted. A 4-year average, which includes data from the 2015-2016 season through the 2018-2019 season, is shown

⁵Week 11 syndromic emergency department data is delayed as Ohio finalizes the transition between syndromic surveillance data vendors; Data through week 52 is shown.

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

Ohio Surveillance Data:

- **The Ohio Department of Health Laboratory** has tested 15 specimens for influenza during the 2020-2021 influenza season; of these, **0 tested positive for influenza A(H1N1pdm09), 0 for influenza A(H3N2), 1 for influenza A (not subtyped), 0 for influenza B, and 14 were negative** (through 3/20/2021).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** and **U.S. World Health Organization (WHO) Collaborating Laboratories** reported **29,840** tests for influenza performed at participating facilities; of these, **0 tested positive for influenza A(H1N1pdm09), 2 for influenza A(H3N2), 35 for influenza A (subtyping not performed), and 19 for influenza B** (through 03/13/2021; 2020-2021 season positive influenza testing data reflects a two-week lag to ensure data completeness).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2020-2021 influenza season (through 3/20/2021).
- No **novel influenza A virus infections** have been reported so far during the 2020-2021 influenza season (through 3/20/2021).
- Incidence of confirmed **influenza-associated hospitalizations** in 2020-2021 season = **102** (through 3/20/2021).

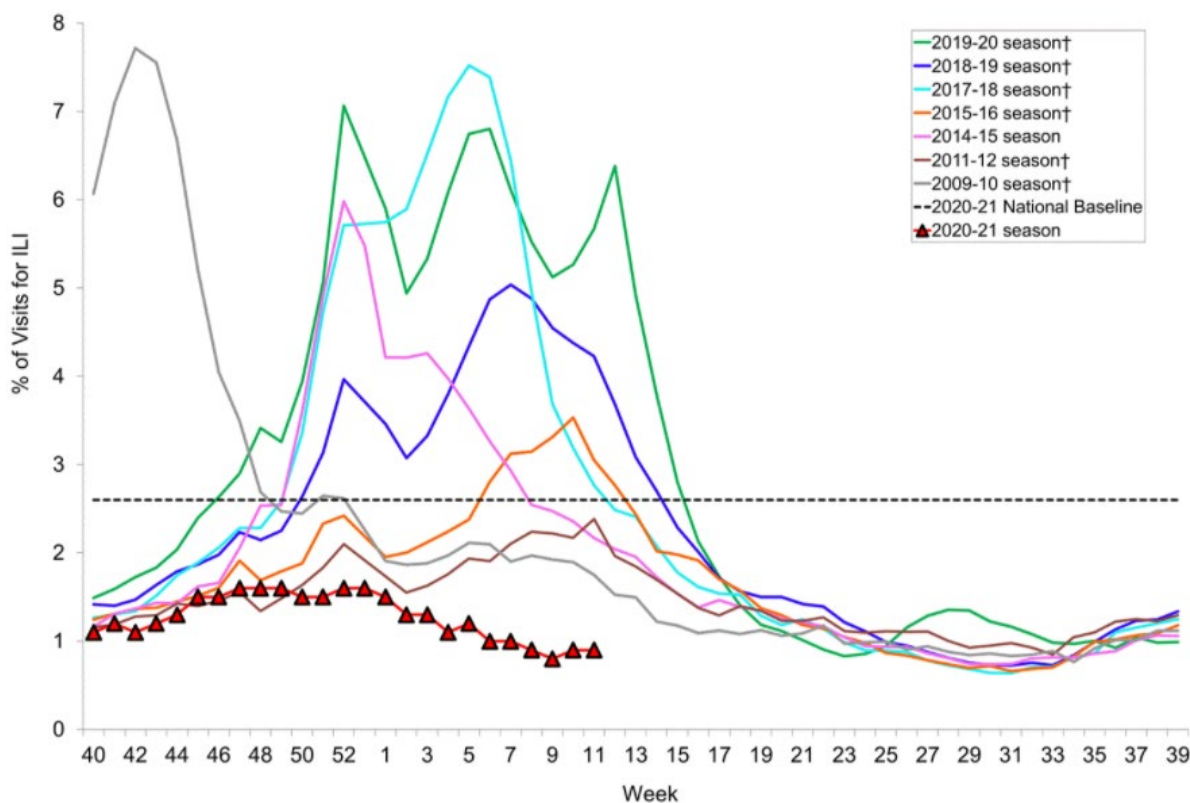
National Surveillance: from Centers for Disease Control and Prevention (CDC):

Seasonal influenza activity in the United States remains lower than usual for this time of year.

National Outpatient Illness Surveillance:

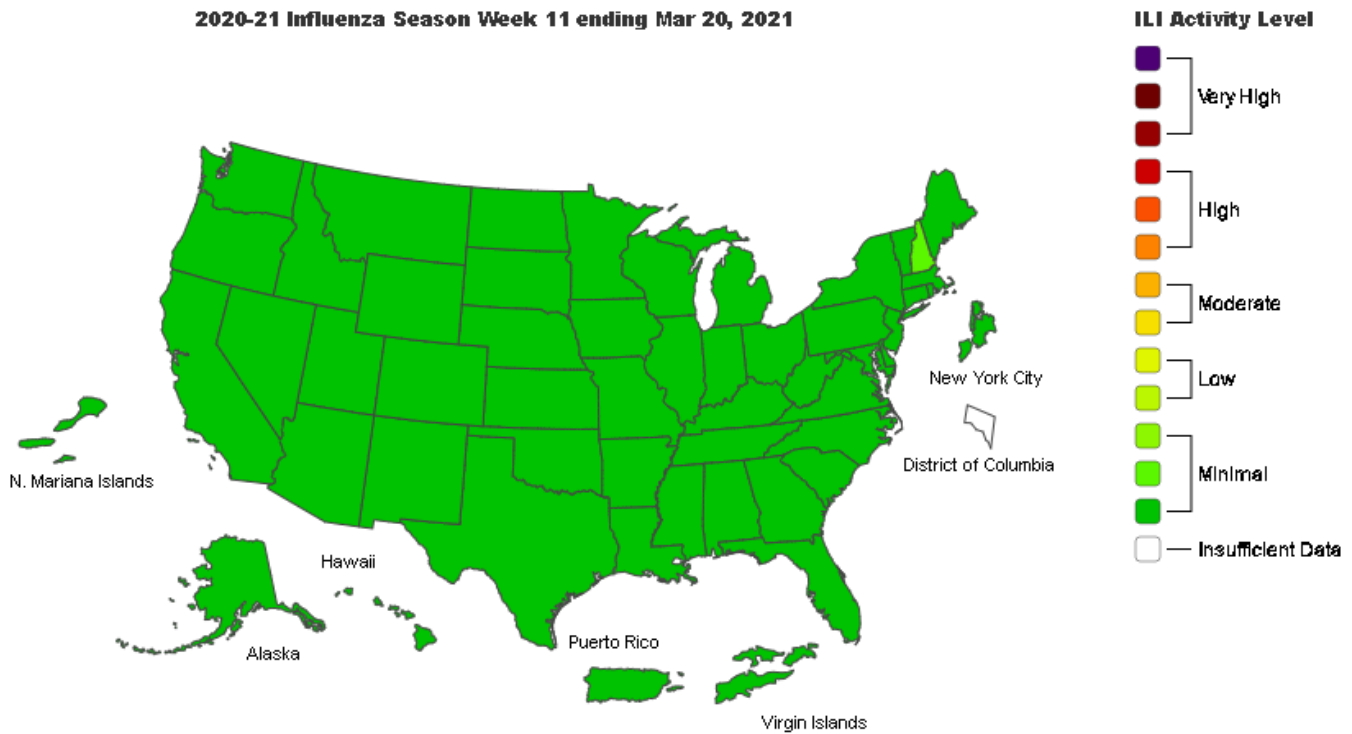
During week 11, the percentage of outpatient visits for ILI remained at 0.9% (**Figure 5**), which is below the national baseline of 2.6%. During week 11, compared with week 10, the percentage of visits for ILI remained stable (change of $\leq 0.1\%$) in all ten regions. All regions reported percentages of outpatient visits for ILI below their region-specific baselines. In Week 11, all reporting states & territories experienced minimal activity as reported by sentinel ILINet providers (**Fig. 6**).

Figure 5. Percentage of visits for influenza-like illness (ILI) reported by the U.S. Outpatient Influenza-like Surveillance Network (ILINet), weekly national summary, 2020-2021 and selected previous seasons



†These seasons did not have a week 53, so the week 53 value is an average of week 52 and week 1.

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° 389, World Health Organization (WHO), published 15 March 2021, based on data up to 28 February 2021. The Update is published every two weeks.

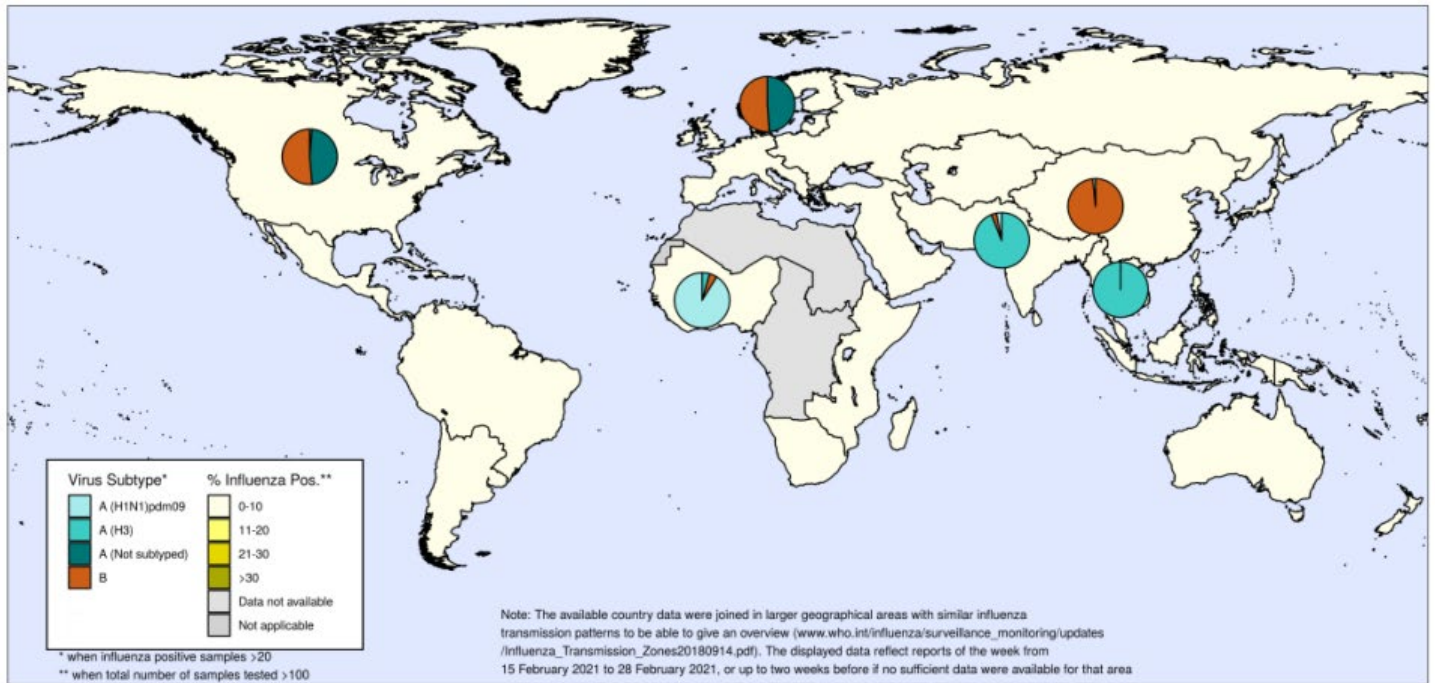
Summary

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**, despite continued or even increased testing for influenza in some countries, influenza activity remained at lower levels than expected for this time of the year.
- In the **temperate zone of the northern hemisphere**, influenza activity remained below baseline, though sporadic detections of influenza A and B viruses continued to be reported in some countries.
- In the **temperate zone of the southern hemisphere**, influenza activity was reported at interseasonal level.
- In the **Caribbean and Central American countries**, no influenza detections were reported. Severe acute respiratory infection (SARI) activity was low in most reporting countries but increased in Jamaica.
- In **tropical South America**, sporadic detections were reported in Colombia.
- In **tropical Africa**, influenza activity was reported in some reporting countries in Western and Eastern Africa in recent weeks.
- In **Southern Asia**, sporadic influenza detections were reported in India.
- In **South East Asia**, influenza A(H3N2) detections continued to be reported in Lao People's Democratic Republic (PDR).
- **Worldwide**, influenza A and B were detected in similar proportions.

- National Influenza Centres (NICs) and other national influenza laboratories from 85 countries, areas or territories reported data to FluNet for the time period from 15 February 2021 to 28 February 2021 (data as of 2021-03-12 07:33:59 UTC). The WHO GISRS laboratories tested more than 266892 specimens during that time period. A total of 387 specimens were positive for influenza viruses, of which 188 (48.6%) were typed as influenza A and 199 (51.4%) as influenza B. Of the sub-typed influenza A viruses, 45 (34.4%) were influenza A(H1N1)pdm09 and 86 (65.6%) were influenza A(H3N2). Of the characterized B viruses, 1 (0.8%) belonged to the B-Yamagata lineage and 127 (99.2%) to the B-Victoria lineage.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone (based on data up to 12 March, 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 March 27, 2021.