



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



Public Health
Prevent. Promote. Protect.

Report #18

**Flu Surveillance Weeks 18 & 19 (1/30/2022 to 2/12/2022)
Centers for Disease Control and Prevention MMWR Weeks 5 & 6**

Summit County Surveillance Data:

In **Week 19** of influenza surveillance, influenza-related activity remained a minimal level in Ohio and Summit County; COVID-19 activity in Summit County dropped to the CDC category Substantial and continued to decrease.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 18 MMWR 5 N (%)¹	Week 19 MMWR 6 N (%)¹	Percent change from previous week	No. of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	744	728	- 2.2%	↓6
Positive Tests (Number and %)	15 (2.0)	22 (3.0)	+ 49.9%	↑1
Influenza A (Number and %)	13 (1.7)	12 (3.0)	+ 73.0%	↑1
Influenza B (Number and %)	2 (0.27)	0 (0.0)	- 100%	↓1
Lab Reports: COVID-19				
Test Performed	2097	2218	+ 5.8%	↑1
Positive Tests (Number and %)	246 (11.7)	177 (8.0)	- 32.0%	↓6
Acute care hospitalizations for Influenza:	4	2	- 50.0%	↓1
Acute care hospitalizations for COVID-19:	133	77	- 42.1%	↓5
Pharmacy Prescriptions				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	0	0	--	--
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
<i>Total</i>	0	0	--	--
Schools absenteeism²	7.5%	8.4%	+ 12.1%	↑1
Deaths (occurred in Summit County)				
Total deaths certified	184	165	- 10.3%	↓2
Pneumonia associated	30 (16.3)	18 (10.9)	- 33.1%	↓1
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	47 (25.5)	31 (18.8)	- 26.4%	↓2
Emergency room visits (EpiCenter)³ (Figure 3)				
Total ED Visits	4691	5570	+ 18.7%	↑1
Constitutional Complaints	370 (7.9)	412 (7.4)	- 6.2%	↓6
Fever and ILI	41 (0.9)	60 (1.1)	+ 23.2%	↑2
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 19 of influenza surveillance, reporting Summit County facilities performed 728 flu tests, of which 22 had positive results (22 Type A, 0 Type B). 2,218 COVID-19 tests were completed by reporting partners, with a positivity rate of 8.0% in Week 19 (a 32.0% decrease) (**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.*

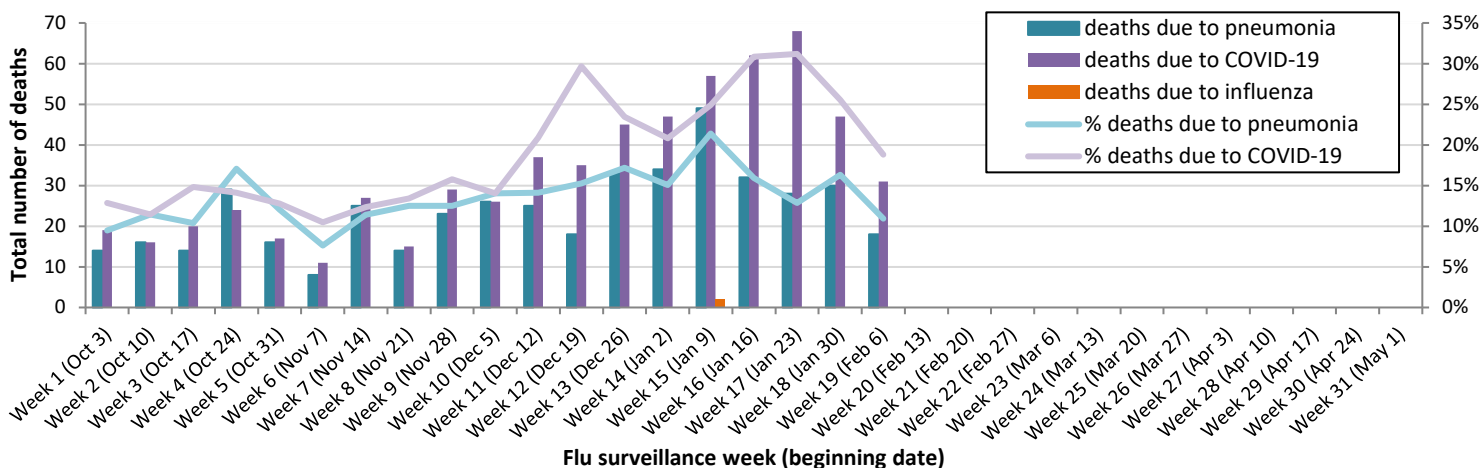
Acute Care Hospitalizations: There were two reported influenza and 77 COVID-19 admissions during Week 19. **Figure 2** displays hospitalizations in Summit County.

Pharmacies: Zero prescriptions for CDC-approved antiviral medications was reported during Week 19.

School absenteeism includes absences regardless of reason. During Week 19, the absence rate was 8.4%, an increase of 12.1% from the prior week.

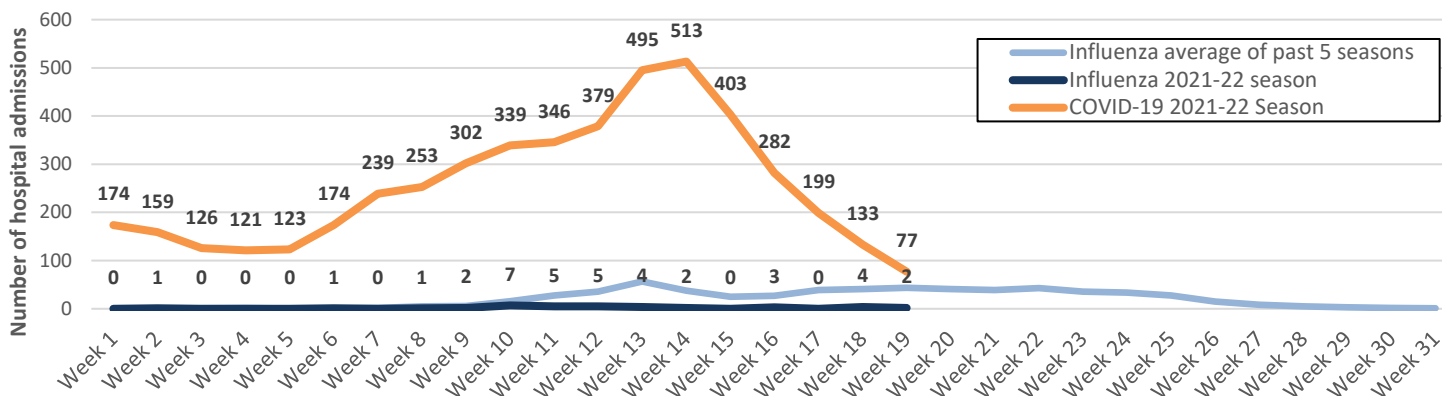
Zero deaths related to influenza, 18 pneumonia deaths and 31 COVID-19 related deaths were reported during Week 19. The rates of pneumonia deaths decreased by 33.1% and COVID-19 deaths decreased by 26.4%. **Figure 1** displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

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



Hospitalizations: In Week 19, participating Summit County hospitals reported two influenza-associated hospitalizations and 77 COVID-19 admissions. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza cumulative count to date = 37**).

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 60 ILI-related visits reported during Week 19, which was 1.1% of total ED visits (n = 5,570). This rate was 23.2% higher than the ILI rate during Week 18.

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

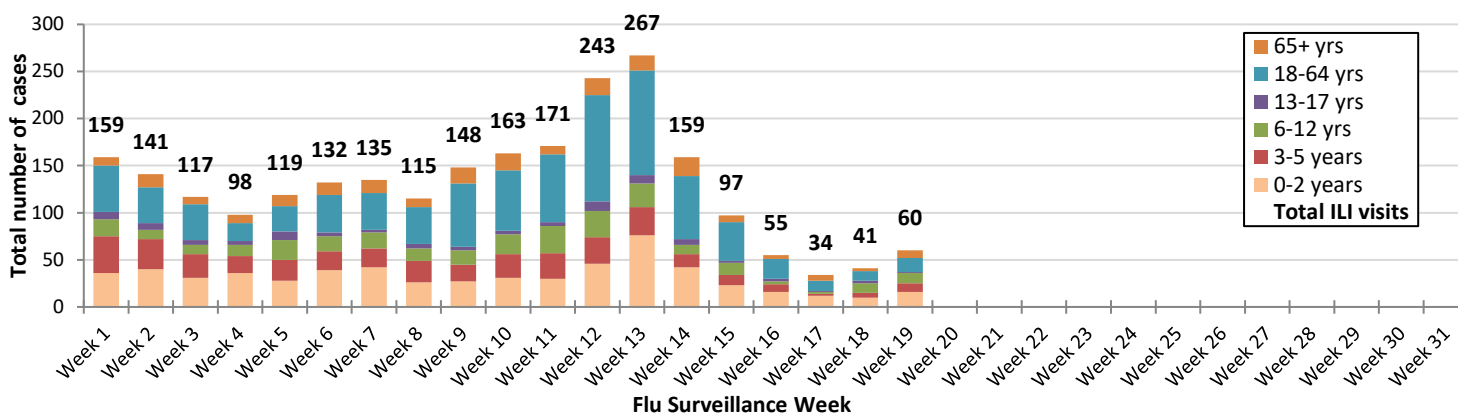
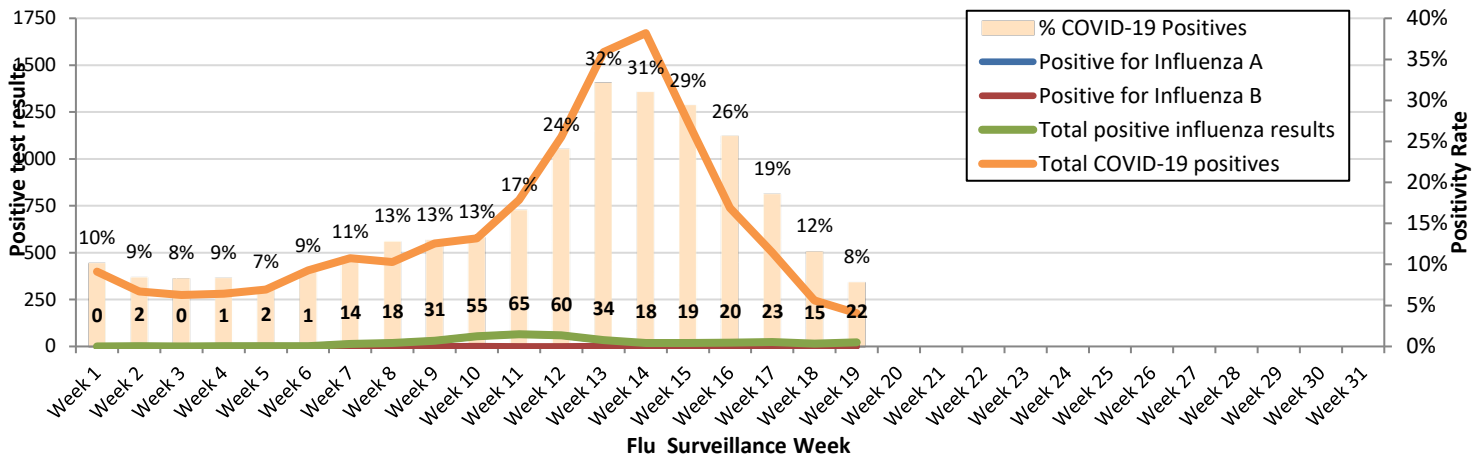


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2021 - 2022 season



[Ohio Influenza Activity: from the Ohio Department of Health:](#)

Current Ohio Activity Level (Geographic Spread) – Minimal

During MMWR Week 6, public health surveillance data sources indicate 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 decreased and are below baseline levels statewide. Reported cases of influenza-associated hospitalizations are also above the seasonal threshold*. There were 33 influenza-associated hospitalizations reported during MMWR Week 6.

Ohio Influenza Activity Summary Dashboard (February 6 - 12, 2022):

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)	1.55%	-17.99%	↓ 6	
Thermometer Sales (National Retail Data Monitor) ⁴	0.34%	-15.00%	↓ 3	
Fever and ILI Specified ED Visits (EpiCenter)	1.20%	-15.49%	↓ 6	
Constitutional ED Visits (EpiCenter)	8.07%	-9.12%	↓ 6	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	33	17.86%	↑ 2	

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. The 2020-2021 influenza season has been omitted from the five-year baseline averages due to abnormal counts reported during the COVID-19 pandemic. A five-year average, which includes data from the 2015-2016 season through the 2019-2020 season, is displayed.

⁴Due to abnormally high thermometer sales during the COVID-19 pandemic, the 2019-2020 and 2020-2021 season data has been omitted. A 4-year average, which includes data from the 2015-2016 season through the 2018-2019 season, is shown.

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 414 specimens for influenza during the 2021-2022 influenza season: of these, **1 tested positive for influenza A(H1N1pdm09), 365 for influenza A(H3N2), 5 for influenza B, and 1 for swine variant influenza A(H3N2v)** (through 2/12/2022).
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) and U.S. World Health Organization (WHO) Collaborating Laboratories reported **130,131 tests for influenza performed at participating facilities; 8 tested positive for influenza A(H1N1pdm09), 642 for influenza A(H3N2), 2,493 for influenza A (subtyping not performed), and 51 for influenza B and 1 for swine variant influenza A(H3N2v)** (through 2/5/2022).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2021-2022 influenza season (through 2/12/2022).
- One **novel influenza A virus infection** has been reported so far during the 2021-2022 influenza season (through 2/12/2022).
- Incidence of confirmed **influenza-associated hospitalizations** in 2021-2022 season = 570 (through 2/12/2022).

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

Sporadic influenza activity continues across the country. In some areas, influenza activity is increasing.

National Outpatient Illness Surveillance:

Nationwide during Week 6, 1.4% 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 below the national baseline. One of the 10 HHS regions are above the region-specific baseline (Region 7); the remaining regions are below their baselines. Multiple respiratory viruses are co-circulating, and the relative contribution of influenza virus infection to ILI varies 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

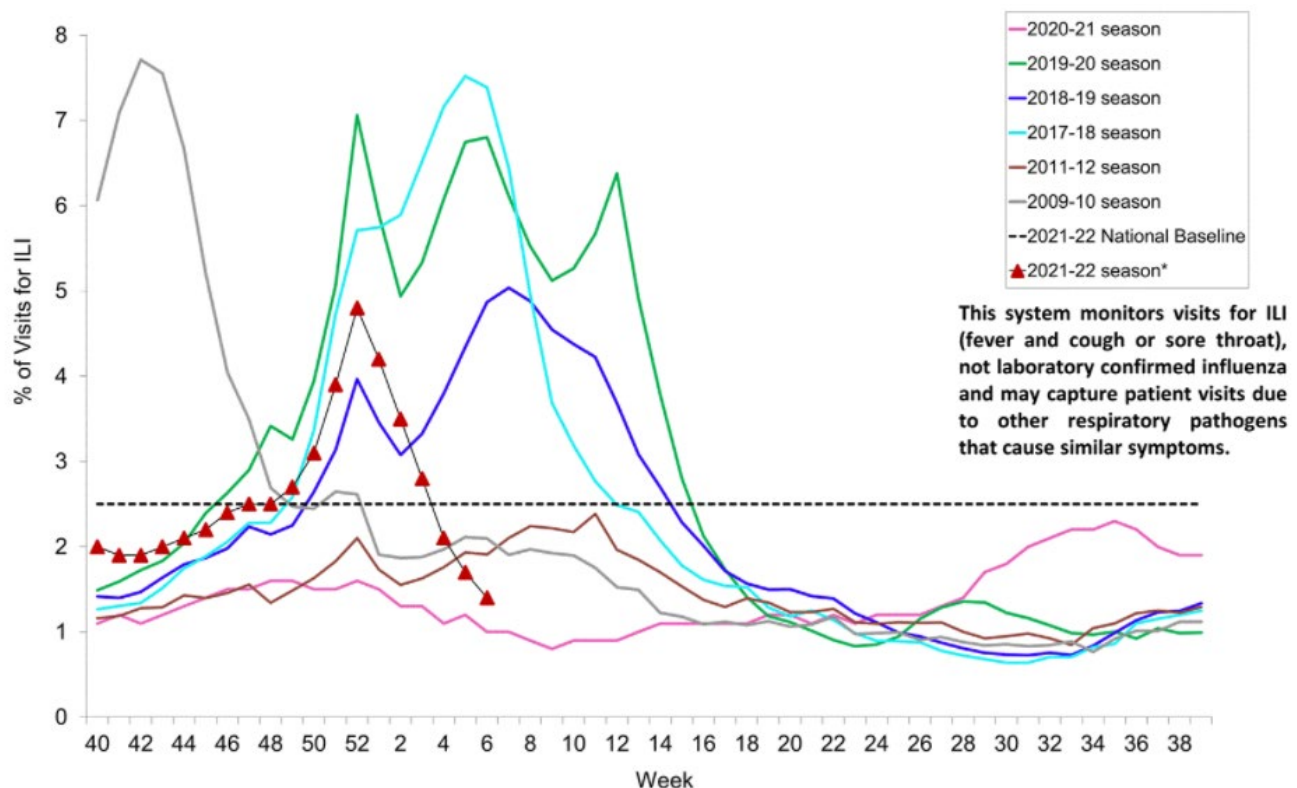
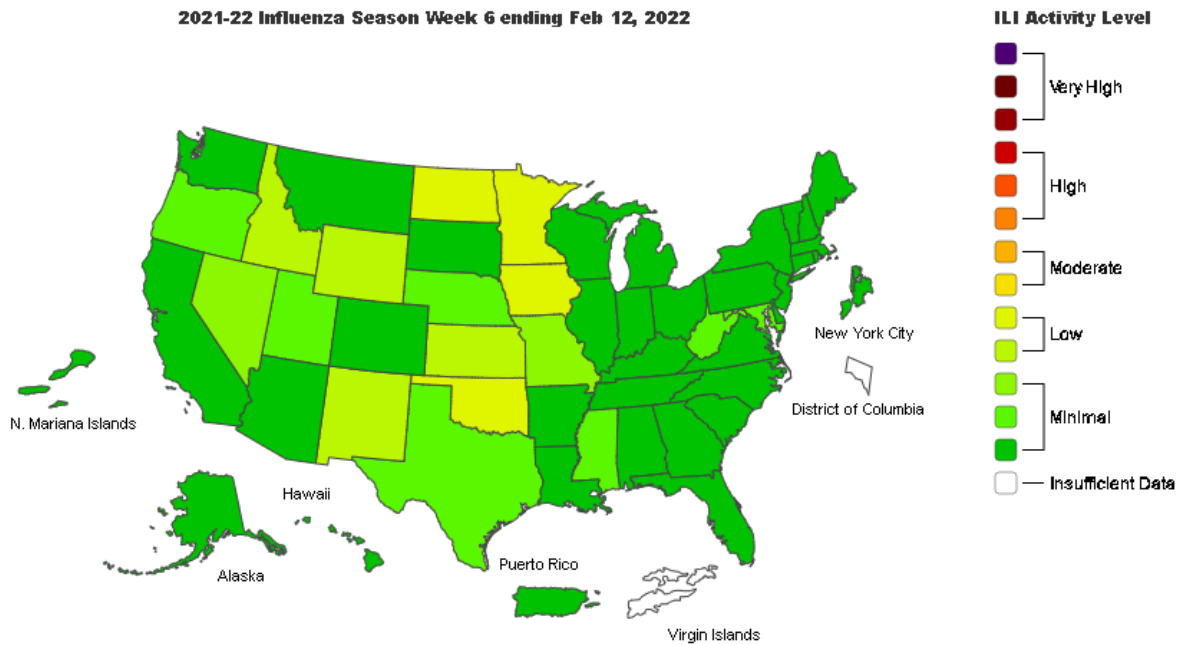


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 412, World Health Organization (WHO), published 7 February 2022, based on data up to 23 January 2022. The Update is published every two weeks.

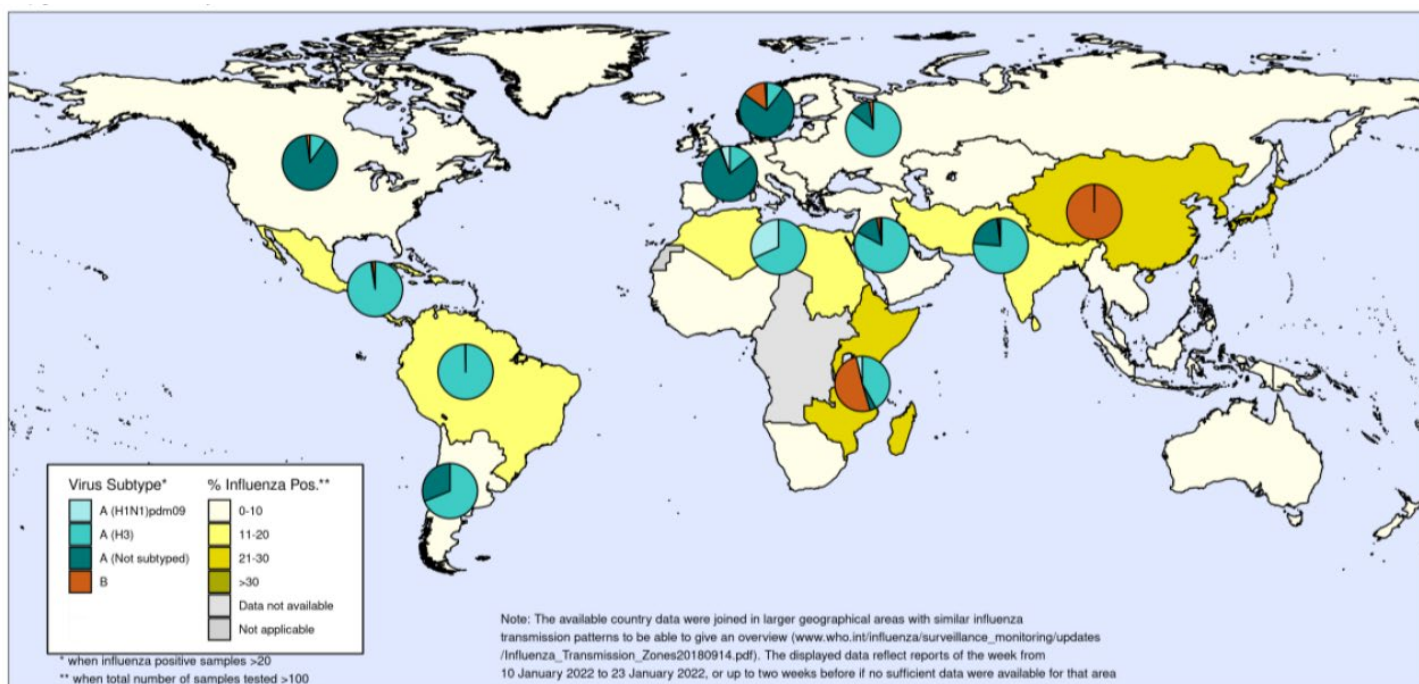
Summary

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 remained low and decreased this period after a peak at the end of 2021.
- In the **temperate zones of the northern hemisphere**, influenza activity decreased with detections of mainly influenza A(H3N2) viruses and B/Victoria lineage viruses reported.
- In **North America**, influenza virus detections decreased and were predominantly A(H3N2) among those detected and subtyped. Influenza detections remained low compared to similar periods in past seasons (except 2020-2021). Respiratory syncytial virus (RSV) activity decreased in the USA and Canada.
- In **Europe**, influenza activity appeared to decrease. Influenza A(H3N2) predominated.
- In **East Asia**, influenza activity with mainly influenza B/Victoria lineage continued in an increasing trend in China, while influenza illness indicators and activity remained low in the rest of the subregion.
- In **Western Asia and Northern Africa**, continuous influenza transmission has been reported in some countries.
- In the Caribbean and Central American countries, some influenza activity was reported with influenza A(H3N2) predominating.
- In **tropical South America**, some influenza activity was reported with influenza A(H3N2) predominating.
- In **tropical Africa**, influenza activity was reported in some countries with influenza A(H3N2) predominating followed by influenza B/Victoria lineage viruses.
- In **Southern Asia**, influenza virus detections of predominantly influenza A(H3N2) remained elevated, although several countries reported a decrease in detections.

- In **South-East Asia**, sporadic influenza detections were reported by a few countries.
- In the **temperate zones of the southern hemisphere**, influenza activity remained low overall, although increased detections of influenza A(H3N2) were reported in some countries in temperate South America.
- National Influenza Centres (NICs) and other national influenza laboratories from 97 countries, areas or territories reported data to FluNet for the time period from 10 January 2022 to 23 January 2022* (data as of 2022-02-04 07:59:13 UTC). The WHO GISRS laboratories tested more than 608 024 specimens during that time period. 18 237 were positive for influenza viruses, of which 11 786 (64.6%) were typed as influenza A and 6451 (35.4%) as influenza B. Of the sub-typed influenza A viruses, 137 (3.2%) were influenza A(H1N1)pdm09 and 4116 (96.8%) were influenza A(H3N2). Of the characterized B viruses, 0 (0%) belonged to the B-Yamagata lineage and 6162 (100%) to the B-Victoria lineage.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 04 February 2022



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 February 18, 2022.