



**Summit County Public Health
Influenza Surveillance Report
2021 – 2022 Season
Report #6**



**Flu Surveillance Weeks 6 & 7 (11/7/2021 to 11/20/2021)
Centers for Disease Control and Prevention MMWR Weeks 45 & 46**

Summit County Surveillance Data:

In **Week 7** of influenza surveillance, influenza-related activity was minimal in Summit County, but is increasing; COVID-19 activity remained elevated and is also increasing.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 6 MMWR 45 N (%)¹	Week 7 MMWR 46 N (%)¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	1197	1296	+ 8.3%	↑4
Positive Tests (Number and %)	1 (0.1)	14 (1.1)	+ 1193%	↑1
Influenza A (Number and %)	1 (0.1)	13 (1.0)	+1101%	↑1
Influenza B (Number and %)	0 (0.0)	1 (0.1)	+ 100%	↑1
Lab Reports: COVID-19				
Test Performed	4346	4261	- 2.0%	↓1
Positive Tests (Number and %)	401 (9.2)	445 (10.4)	+ 13.2%	↑2
Acute care hospitalizations for Influenza:	1	0	- 100%	↓1
Acute care hospitalizations for COVID-19:	174	239	+ 37.4%	↑2
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	8.2	9.1	+ 11.0%	↑1
Deaths (occurred in Summit County)				
Total deaths certified	105	219	+ 109%	↑1
Pneumonia associated	8 (7.6)	25 (11.4)	+ 49.8%	↑1
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	11 (10.5)	27 (12.3)	+ 17.7%	↑1
Emergency room visits (EpiCenter)³ (Figure 3)				
Total ED Visits	6734	6758	+ 0.4%	NC
Constitutional Complaints	683 (10.1)	726 (10.7)	+ 5.9%	↑3
Fever and ILI	132 (2.0)	135 (2.0)	+ 1.9%	NC
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 7 of influenza surveillance, reporting Summit County facilities performed 1,296 flu tests, of which 14 had positive results (13 Type A; 1 Type B). 4,261 COVID-19 tests were completed by reporting partners, with a positivity rate of 10.4% in Week 7 (a 13.2% increase) (**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.**

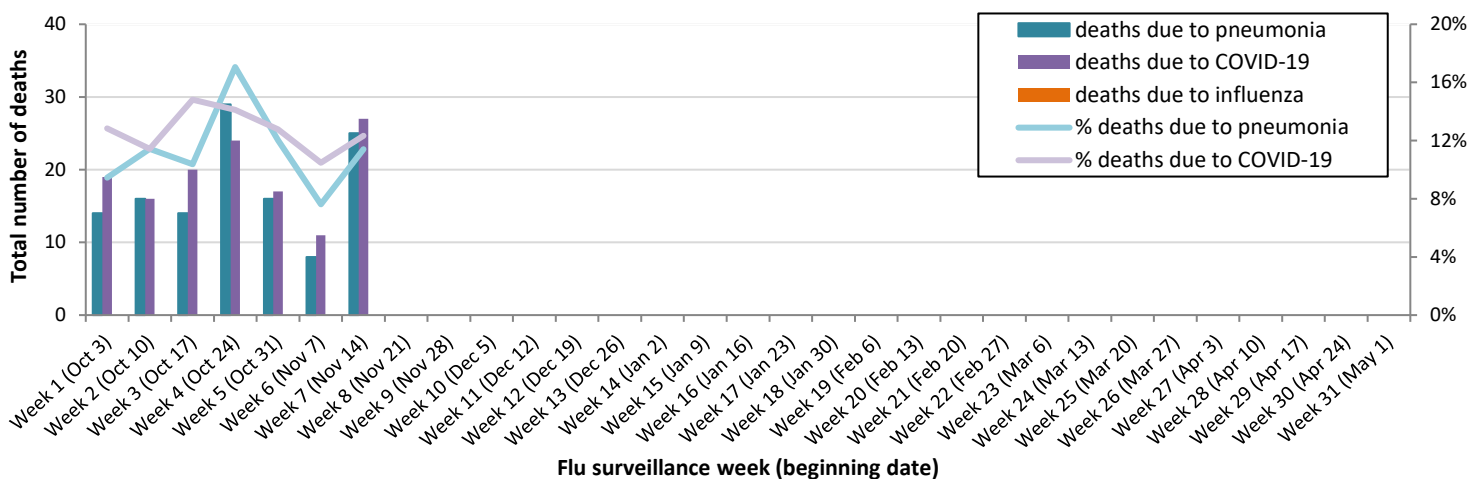
Acute Care Hospitalizations: There were zero reported influenza and 239 COVID-19 admissions during Week 7. **Figure 2** displays hospitalizations in Summit County.

Pharmacies: Zero prescriptions for CDC- approved antiviral medications were reported during Week 7.

School absenteeism includes absences regardless of reason. In Week 7, the absence rate was 9.1%, which was an 11.0% increase from Week 6.

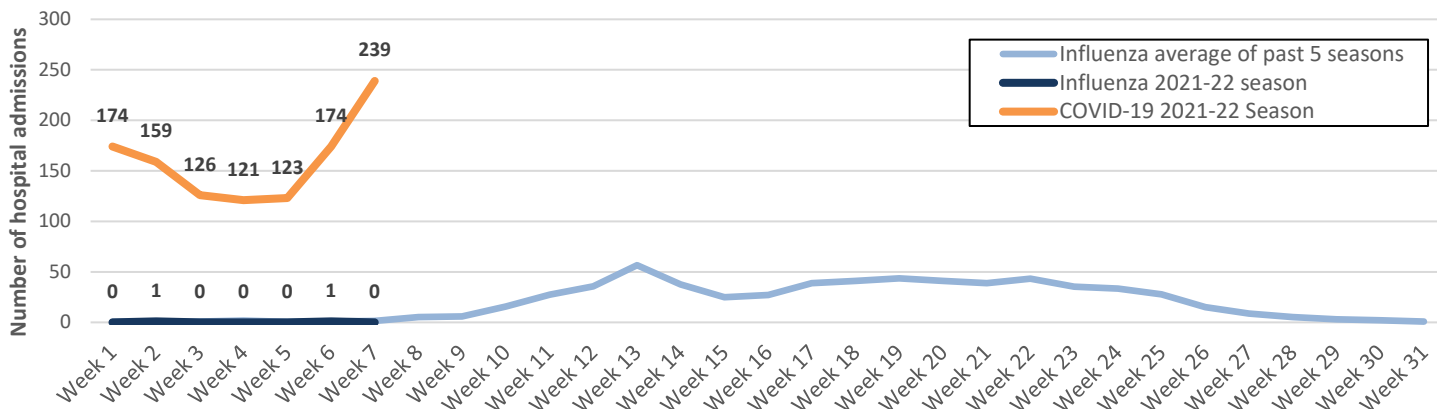
Zero deaths related to influenza, 27 COVID-19 deaths and 25 pneumonia related deaths were reported during Week 7. The rates of pneumonia deaths increased by 49.8% and COVID-19 deaths increased by 17.7%. **Figure 1** displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

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



Hospitalizations: In Week 7, participating Summit County hospitals reported no influenza-associated hospitalizations and 239 COVID-19 admissions. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza cumulative count to date = 2**).

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 135 ILI-related visits reported during Week 7, which was 2.0% of total ED visits (n = 6,758). This rate was nearly the same as the ILI rate during Week 6.

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

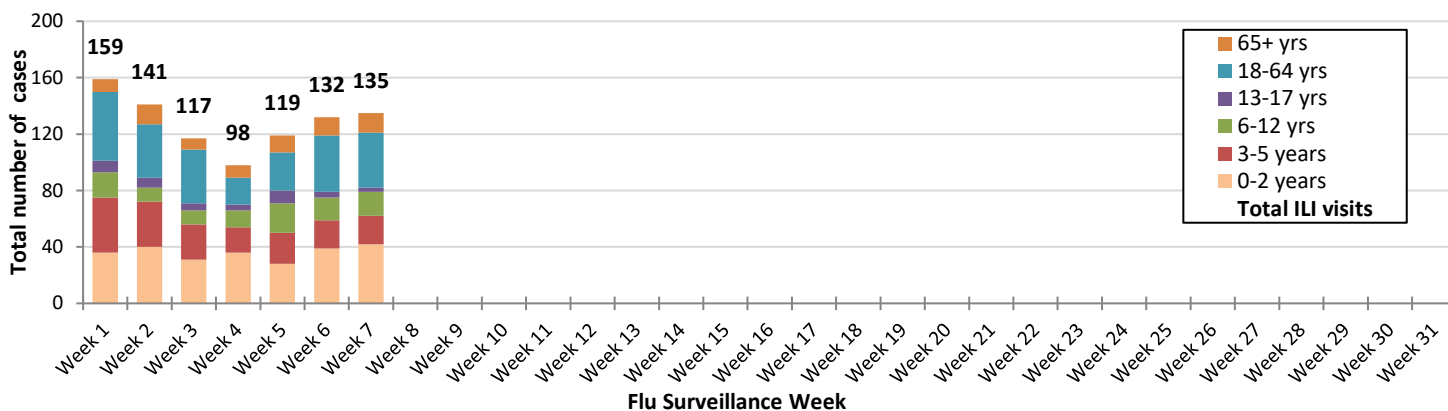
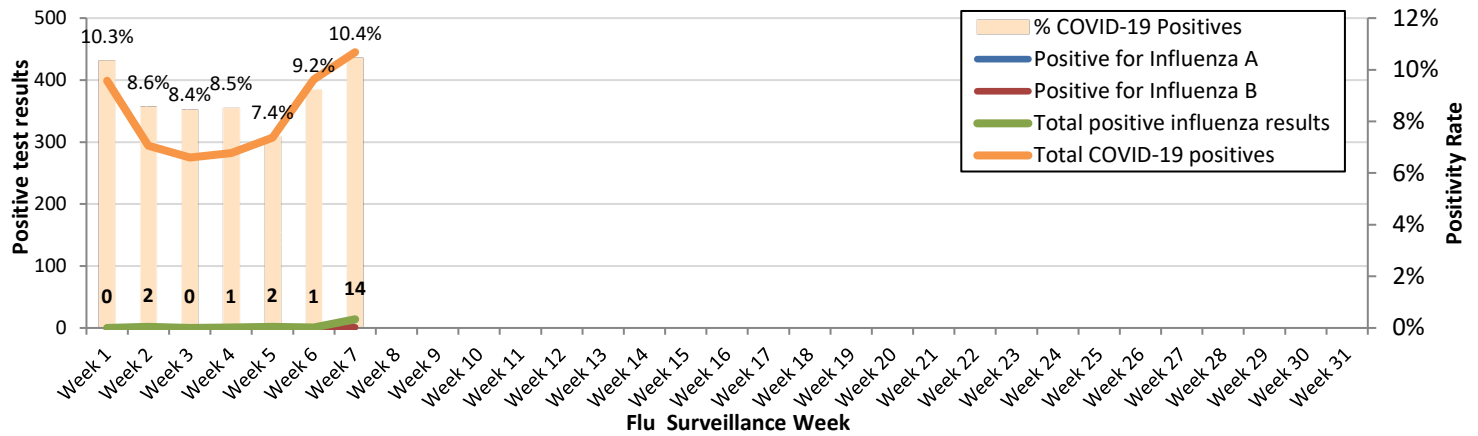


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2021 - 2022 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Minimal

During MMWR Week 46, 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 are above baseline levels statewide. Reported cases of influenza-associated hospitalizations are below the seasonal threshold (25 cases of influenza hospitalizations). There were 11 influenza-associated hospitalizations reported during MMWR Week 46.

Ohio Influenza Activity Summary Dashboard (November 14 – 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)	2.01%	33.11%	↑ 3	
Thermometer Sales (National Retail Data Monitor) ⁴	0.69%	2.99%	↑ 1	
Fever and ILI Specified ED Visits (EpiCenter)	2.41%	-1.23%	↓ 1	
Constitutional ED Visits (EpiCenter)	10.74%	2.78%	↑ 4	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	11	1000.00%	↑ 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. 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://www.odh.ohio.gov/seasflu/Ohio%20Flu%20Activity.aspx>

Ohio Surveillance Data:

- The **Ohio Department of Health Laboratory** has tested 34 specimens for influenza during the 2021-2022 influenza season: of these, **1 tested positive for influenza A(H1N1pdm09), 27 for influenza A(H3N2), 0 for influenza B, and 1 for swine variant influenza A(H3N2v)** (through 11/20/2021).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** and **U.S. World Health Organization (WHO) Collaborating Laboratories** reported **5,740** tests for influenza performed at participating facilities; of these, **2 tested positive for influenza A(H1N1pdm09), 7 for influenza A(H3N2), 0 for influenza A (subtyping not performed), and 4 for influenza B** (through 11/13/2021).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2021-2022 influenza season (through 11/20/2021).
- One **novel influenza A virus infection** has been reported so far during the 2021-2022 influenza season (through 11/20/2021).
- Incidence of confirmed **influenza-associated hospitalizations** in 2021-2022 season = 25 (through 11/20/2021).

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

Seasonal influenza activity in the United States remains low, but the number of influenza virus detections reported by clinical and public health laboratories and the percent of patient visits for influenza-like illness has increased in recent weeks. The majority of viruses detected are A(H3N2). More than 90% are among children and young adults aged 5-24 years.

National Outpatient Illness Surveillance (Note: Week 46 information has not yet been posted by CDC):

Nationwide during week 45, 2.1% of patient visits reported through ILINet were due to ILI. This percentage is below the national baseline of 2.5%. All regions are below their baselines. Multiple respiratory viruses are co-circulating, and the relative contribution of influenza virus infection to ILI can vary 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

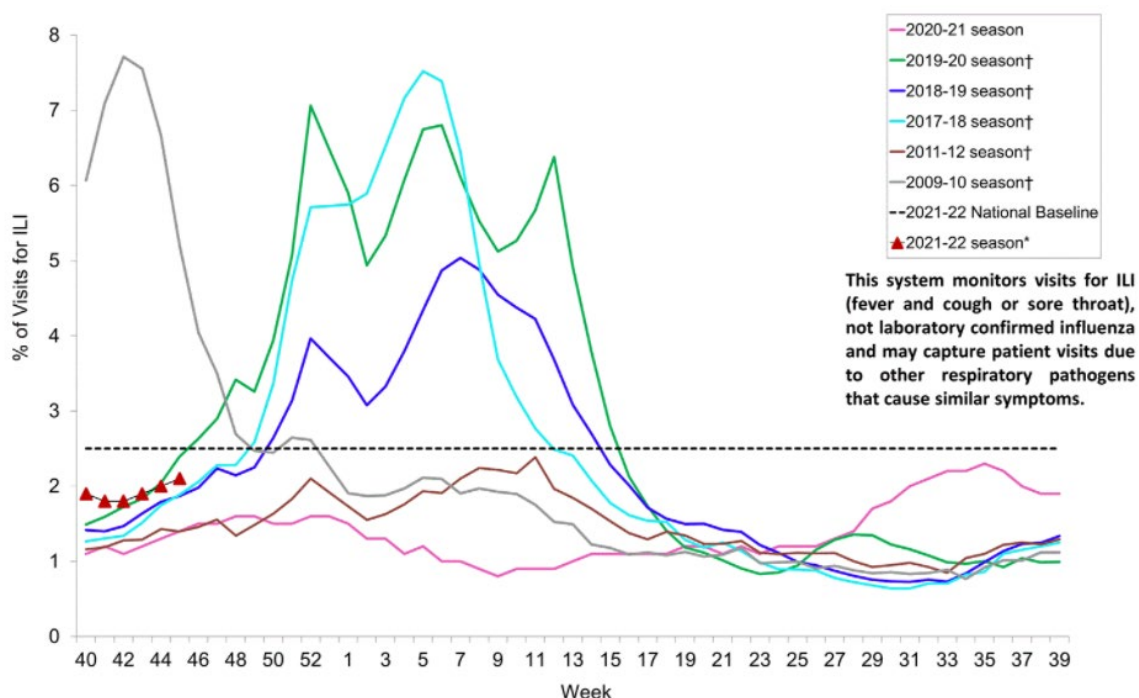
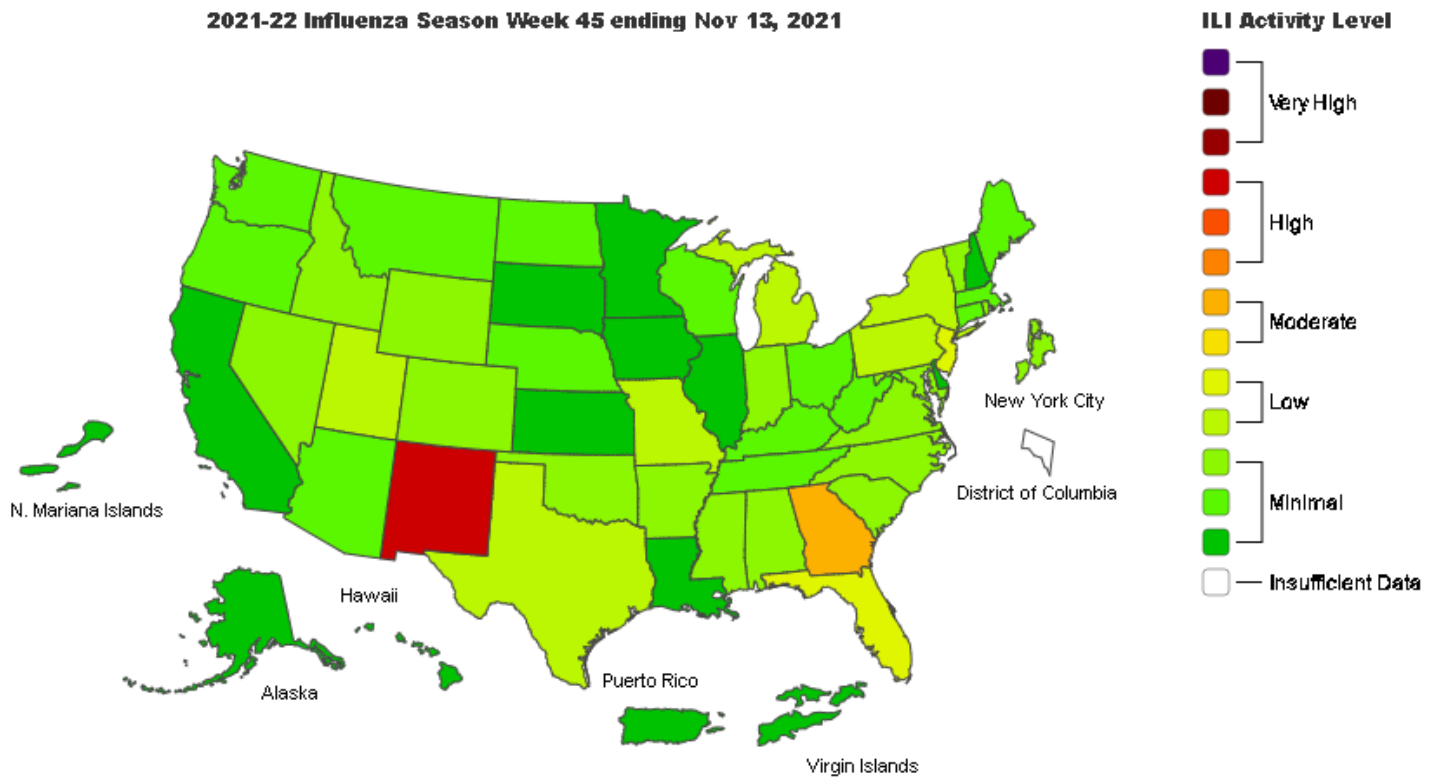


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 407, World Health Organization (WHO), published 22 November 2021, based on data up to 7 November 2021. The Update is published every two weeks.

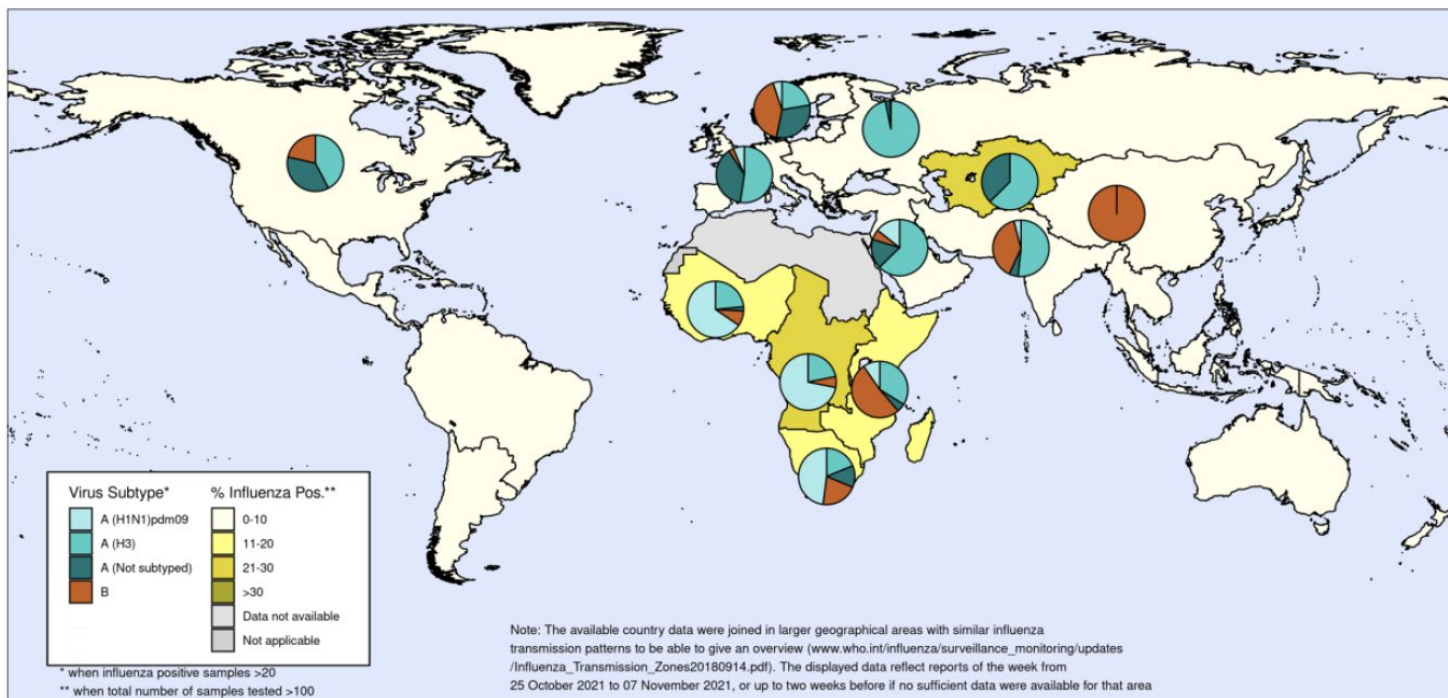
Summary

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** influenza activity remains low but in comparison with last year a slight increase in influenza detections is noticed.
- In the **temperate zones of the northern hemisphere**, influenza activity remained at inter-seasonal levels. Both influenza A and B were detected. Severe acute respiratory infections (SARI) as well as respiratory syncytial virus (RSV) were increased and higher than in previous years in some countries.
- In the **Caribbean and Central American** countries, sporadic influenza A and B virus detections, as well as elevated RSV activity were reported in some countries
- In **tropical South America**, no influenza detections were reported, however RSV activity remained elevated in some countries.
- In **tropical Africa**, a few influenza detections of predominately influenza A and some influenza B viruses were reported. Previously increased activity in West African appeared to continue on a decreasing trend.
- In **Southern Asia**, the number of influenza virus detections reported was in a similar range to previous seasons with detections of influenza A and B viruses.
- In **South-East Asia**, few detections of influenza A(H3N2) and influenza B were reported from Malaysia.

- In the **temperate zones of the southern hemisphere**, influenza activity remained at inter-seasonal levels, with exception of South Africa where increased influenza activity is reported out of season. Elevated RSV activity continued to be reported in some countries.
- **Globally**, among influenza detections, influenza B viruses predominated.
- National Influenza Centres (NICs) and other national influenza laboratories from 100 countries, areas or territories reported data to FluNet for the time period from 25 October 2021 to 07 November 2021* (data as of 2021-11-19 09:58:32 UTC). The WHO GISRS laboratories tested more than 400727 specimens during that time period. 3130 were positive for influenza viruses, of which 1420 (45.4%) were typed as influenza A and 1710 (54.6%) as influenza B. Of the sub-typed influenza A viruses, 148 (13.9%) were influenza A(H1N1)pdm09 and 917 (86.1%) were influenza A(H3N2). Of the characterized B viruses, 0 (0%) belonged to the B-Yamagata lineage and 1493 (100%) to the B/Victoria lineage.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 19 November 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 November 27, 2021.