



**Summit County Public Health  
Influenza Surveillance Report  
2020 – 2021 Season  
Report #9**



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

**Flu Surveillance Weeks 9 & 10 (11/29/2020 to 12/12/2020)  
Centers for Disease Control and Prevention MMWR Weeks 49 & 50**

**Summit County Surveillance Data:**

During Week 10 of influenza surveillance, influenza-related activity was minimal in Summit County, and COVID-19 activity remained high with continued elevated risk of community exposure.

<b>Table 1: Overall Influenza Activity Indicators in Summit County by week</b>				
	<b>Week 9 MMWR 49 N (%)<sup>1</sup></b>	<b>Week 10 MMWR 50 N (%)<sup>1</sup></b>	<b>Percent change from previous week</b>	<b>Number of weeks increasing or decreasing</b>
<b>Lab Reports: Influenza</b>				
Test Performed	715	746	+ 4.3%	<b>↑2</b>
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)	--	--
<b>Lab Reports: COVID-19</b>				
Test Performed	2597	2568	- 1.1%	<b>NC</b>
Positive Tests (Number and %)	455 (17.5)	416 (16.2)	- 7.5%	<b>↓2</b>
<b>Acute care hospitalizations for Influenza:</b>	0	0	--	--
<b>Acute care hospitalizations for COVID-19:</b>	327	343	+ 4.9%	<b>↑6</b>
<b>Pharmacy Prescriptions</b>				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	1	0	- 100%	<b>↓1</b>
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
<i>Total</i>	1	0	- 100%	<b>↓1</b>
<b>Schools absenteeism<sup>2</sup></b>	6.5	6.3	- 2.3%	<b>↓2</b>
<b>Deaths (occurred in Summit County)</b>				
Total deaths certified	211	196	- 7.1%	<b>↓1</b>
Pneumonia associated	31 (14.7)	40 (20.4)	+ 38.9%	<b>↑2</b>
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	58 (27.5)	67 (34.2)	+ 24.4%	<b>↑6</b>
<b>Emergency room visits (EpiCenter)<sup>3</sup></b>				
Total ED Visits	5744	5617	- 2.2%	<b>↓1</b>
Constitutional Complaints	557 (9.7)	560 (10.0)	+ 2.8%	<b>↑1</b>
Fever and ILI	80 (1.4)	65 (1.2)	- 16.9%	<b>↓3</b>
<sup>1</sup> ) N and % are reported when available <sup>2</sup> ) 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) <sup>3</sup> ) Percent is from total number of emergency room interactions <b>Note:</b> 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 10, reporting Summit County facilities ordered influenza 746 tests, of which none had positive results. 2,568 COVID-19 tests were completed by reporting partners, with a positivity rate of 16.2% in Week 10 (a 7.5% decrease from Week 9) (**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.**

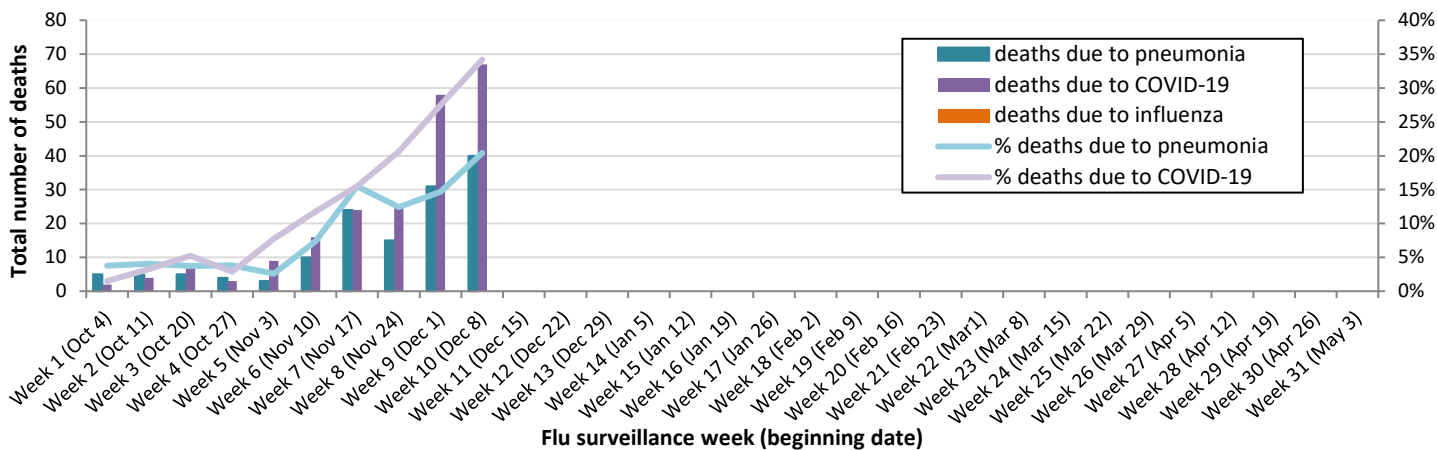
**Acute Care Hospitalizations:** There was zero reported influenza and 343 COVID-19 admissions during Week 10. **Figure 2** displays hospitalizations in Summit County.

**Pharmacies:** Zero prescriptions for CDC- approved influenza antiviral medications were reported during Week 10.

**School absenteeism** includes absences regardless of reason. In Week 10, the absence rate was 6.3%, a 2.3% decrease from Wk 9.

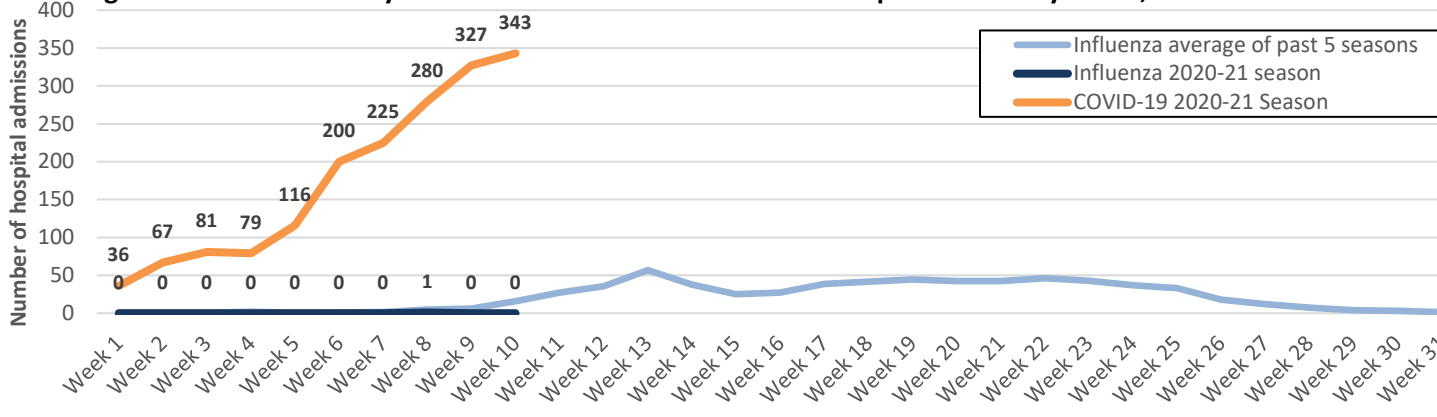
**Zero** deaths related to influenza, 67 COVID-19 deaths and 40 pneumonia related deaths were reported during Wk 10. The rates of pneumonia deaths increased by 39% and the COVID-19 associated death rate increased by 34%. **Figure 1** displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

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



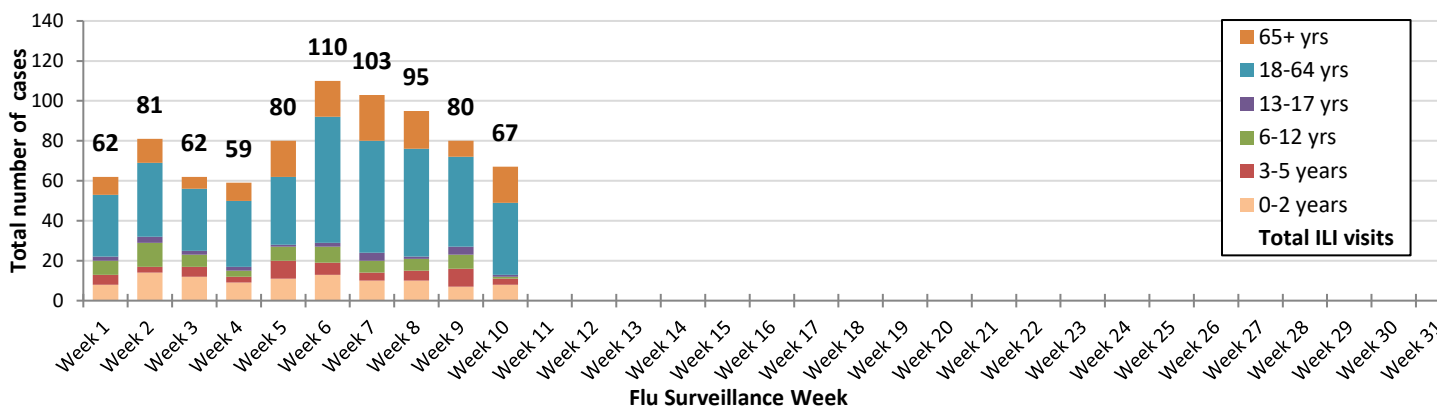
**Hospitalizations:** Summit County hospitals reported no influenza-associated hospitalizations, and 343 COVID-19 admissions in Week 10. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza total count to date = 1**).

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

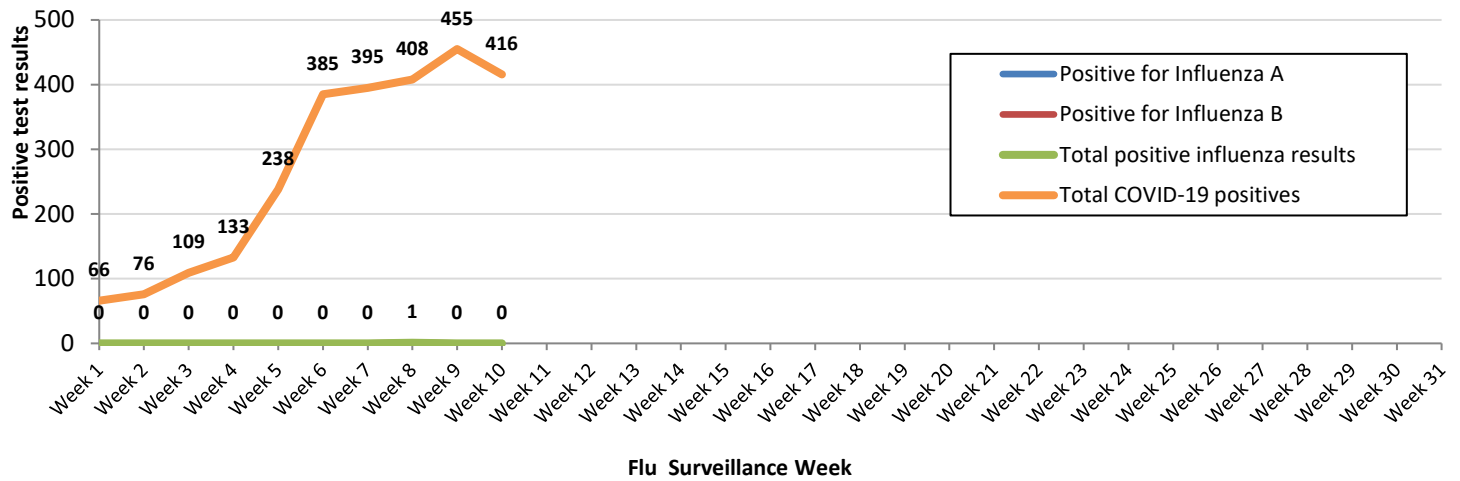


**EpiCenter** collects and analyzes health related data in real time to provide information about the health of the community. This system tracks ER visits related to constitutional complaints and fever and ILI. **Figures 3** displays the weekly number of ER visits related to ILI and flu symptoms in Summit County. There were 65 ILI-related visits reported during Week 10, which was 1.2% of total ED visits (n = 5617). This rate was 17% lower than the ILI rate during Week 9.

**Figure 3. Weekly ED visits in Summit County related to Fever + ILI stratified by age groups, 2020 to 2021 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 50, 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. The percentage of emergency department visits with patients exhibiting constitutional symptoms increased slightly and are above baseline levels; fever and ILI specified ED visits decreased slightly and are below baseline levels. Reported cases of influenza-associated hospitalizations are below the seasonal threshold\*. There were 12 influenza-associated hospitalization reported during MMWR Week 50.

**Ohio Influenza Activity Summary Dashboard (December 6 - 12, 2020):**

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)	1.18%	-10.61%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter)	2.12%	-4.93%	↓ 2	
Constitutional ED Visits (EpiCenter)	10.72%	1.23%	↑ 1	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	12	200.00%	↑ 2	

<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

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

## Ohio Surveillance Data:

- The **Ohio Department of Health Laboratory** has tested 1 specimen 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 B, and 0 were negative** (through 12/12/2020).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** and **U.S. World Health Organization (WHO) Collaborating Laboratories** reported **12,288** tests for influenza performed at participating facilities; of these, **0 tested positive for influenza A(H1N1pdm09), 2 for influenza A(H3N2), 26 for influenza A (subtyping not performed), and 14 for influenza B** (as of 12/4/2020).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2020-2021 influenza season (through 12/12/2020).
- No **novel influenza A virus infections** have been reported so far during the 2020-2021 influenza season (through 12/12/2020).
- Incidence of confirmed **influenza-associated hospitalizations** in 2020-2021 season = **43** (through 12/12/2020).

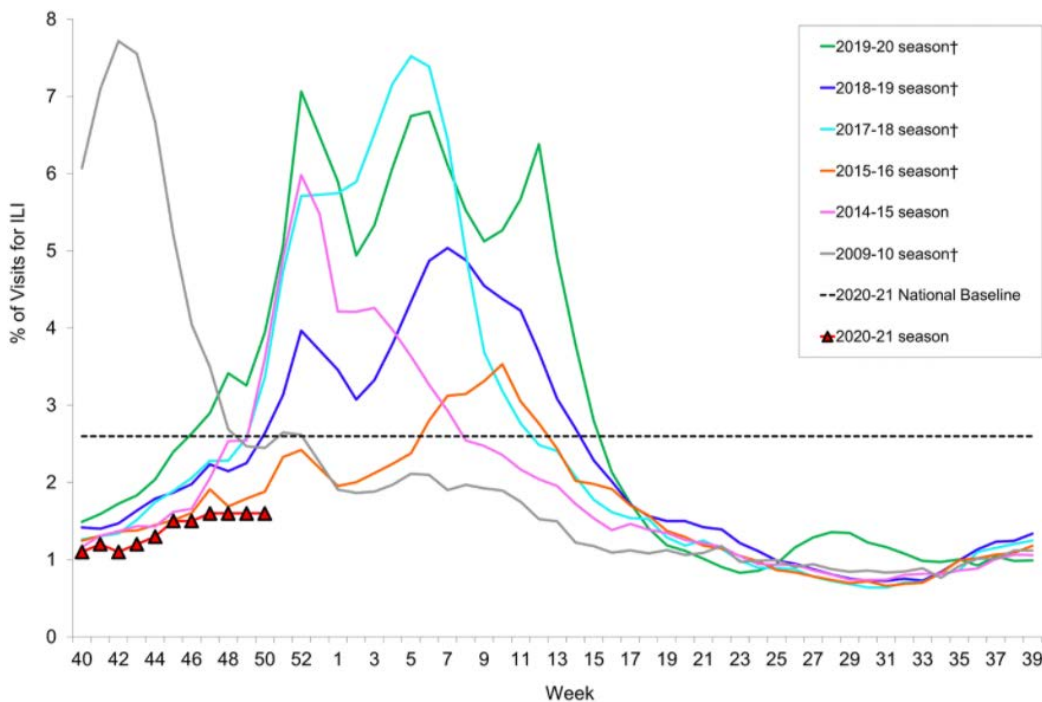
## National Surveillance: from Centers for Disease Control and Prevention (CDC):

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

### National Outpatient Illness Surveillance:

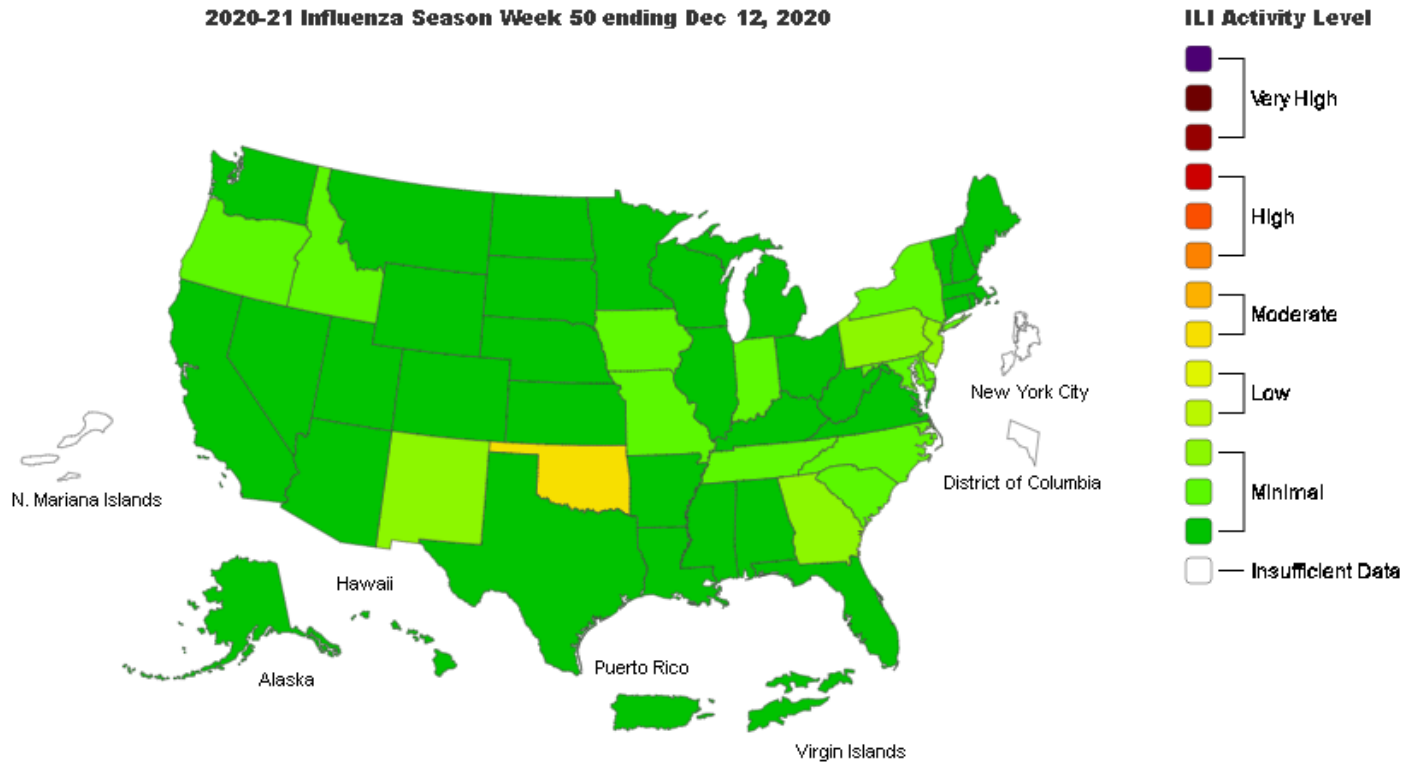
During week 50, the percentage of outpatient visits for ILI remained at 1.6% (**Figure 5**), which is below the national baseline of 2.6%. During week 50 compared with week 49, one region (Region 9) had an increase in the percentage of visits for ILI, three regions (Regions 1, 2, and 7) had a decrease in percentage of visits for ILI, and the remaining regions remained stable (change of  $\leq 0.1\%$ ). All 10 regions reported a percentage of outpatient visits for ILI below their region-specific baselines. In Week 50, one state (Oklahoma) reported moderate ILI activity, and the remaining states or territories experienced minimal activity as reported by sentinel ILINet providers (**Figure 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° 382, World Health Organization (WHO), published December 7, 2020, based on data up to November 22, 2020. The Update is published every two weeks.

### Summary

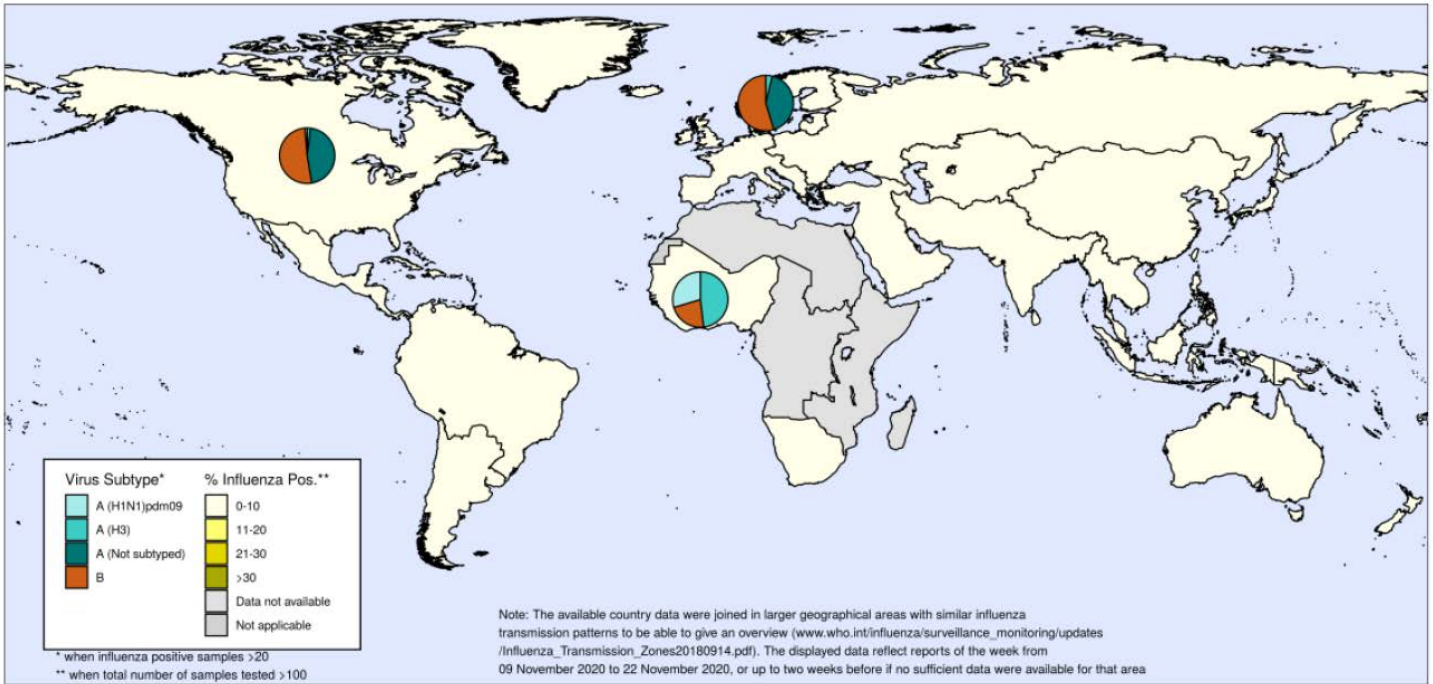
*The current influenza surveillance data should be interpreted with caution as the ongoing COVID-19 pandemic has influenced to varying extents health seeking behaviours, staffing/routines in sentinel sites, as well as testing priorities and capacities in Member States. The various hygiene and physical 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 inter-seasonal levels, though sporadic detections of influenza A and B viruses were reported in some countries.
- In the **temperate zones of the southern hemisphere**, influenza activity was reported at inter-seasonal level.
- In the **Caribbean and Central American countries**, sporadic influenza B detections were reported in some reporting countries. Severe acute respiratory infection (SARI) activity, likely due to COVID-19, continued to decrease in most reporting countries.
- In **tropical South America**, there were no influenza detections in this reporting period.
- In **tropical Africa**, influenza activity was reported in some countries of Western Africa.
- In **Southern Asia**, influenza detections continued to be reported in Afghanistan and India.
- In **South East Asia**, influenza detections of predominately influenza A(H3N2) continued to be reported in Cambodia, Lao People's Democratic Republic (PDR) and Thailand.
- **Worldwide**, influenza A and B viruses were detected in similar proportions.



- National Influenza Centres (NICs) and other national influenza laboratories** from 88 countries, areas or territories reported data to FluNet for the time period from 09 November 2020 to 22 November 2020 (data as of 2020-12-04 04:24:00 UTC). The WHO GISRS laboratories tested more than 192375 specimens during that time period. A total of 327 specimens were positive for influenza viruses, of which 162 (49.5%) were typed as influenza A and 165 (50.5%) as influenza B. Of the sub-typed influenza A viruses, 11 (20%) were influenza A(H1N1)pdm09 and 44 (80%) were influenza A(H3N2). Of the characterized B viruses, 2 (10.5%) belonged to the B-Yamagata lineage and 17 (89.5%) 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 November 8, 2020)**



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/](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 December 18, 2020.