



**Summit County Public Health
Influenza Surveillance Report
2020 – 2021 Season
Report #7**



Public Health
Prevent. Promote. Protect.

**Flu Surveillance Weeks 7 & 8 (11/15/2020 to 11/28/2020)
Centers for Disease Control and Prevention MMWR Weeks 47 & 48**

Summit County Surveillance Data:

During Week 8 of influenza surveillance, influenza-related activity was minimal in Summit County, but COVID-19 activity is high and continues to increase.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 7 MMWR 47 N (%)¹	Week 8 MMWR 48 N (%)¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	657	634	- 3.5%	↓1
Positive Tests (Number and %)	0 (0.0)	1 (0.2)	+ 100%	↑1
Influenza A (Number and %)	0 (0.0)	0 (0.0)	--	--
Influenza B (Number and %)	0 (0.0)	1 (0.2)	+ 100%	↑1
Lab Reports: COVID-19				
Test Performed	2983	2203	- 26.1%	↓1
Positive Tests (Number and %)	395(13.2)	408 (18.5)	+ 39.9%	↑7
Acute care hospitalizations for Influenza:	0	1	+ 100%	↑1
Acute care hospitalizations for COVID-19:	225	276	+ 22.7%	↑4
Pharmacy Prescriptions				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	2	0	- 100%	↓1
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
<i>Total</i>	2	0	- 100%	↓1
Schools absenteeism²	7.6	7.7	+ 2.4%	↑3
Deaths (occurred in Summit County)				
Total deaths certified	155	121	- 21.9%	↓1
Pneumonia associated	24 (15.5)	15 (12.4)	- 19.9%	↓1
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	24 (15.5)	25 (20.7)	+ 33.4%	↑4
Emergency room visits (EpiCenter)³				
Total ED Visits	5820	5721	- 6.4%	↓1
Constitutional Complaints	591 (10.2)	591 (10.3)	+ 1.7%	NC
Fever and ILI	103 (1.8)	95 (1.7)	- 6.2%	↓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 8, reporting Summit County facilities ordered influenza 634 tests, of which one had positive results (Type B). 2203 COVID-19 tests were completed by reporting partners, with a positivity rate of 18.5% in Week 8 (a 39.9% increase from Week 7) (**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.**

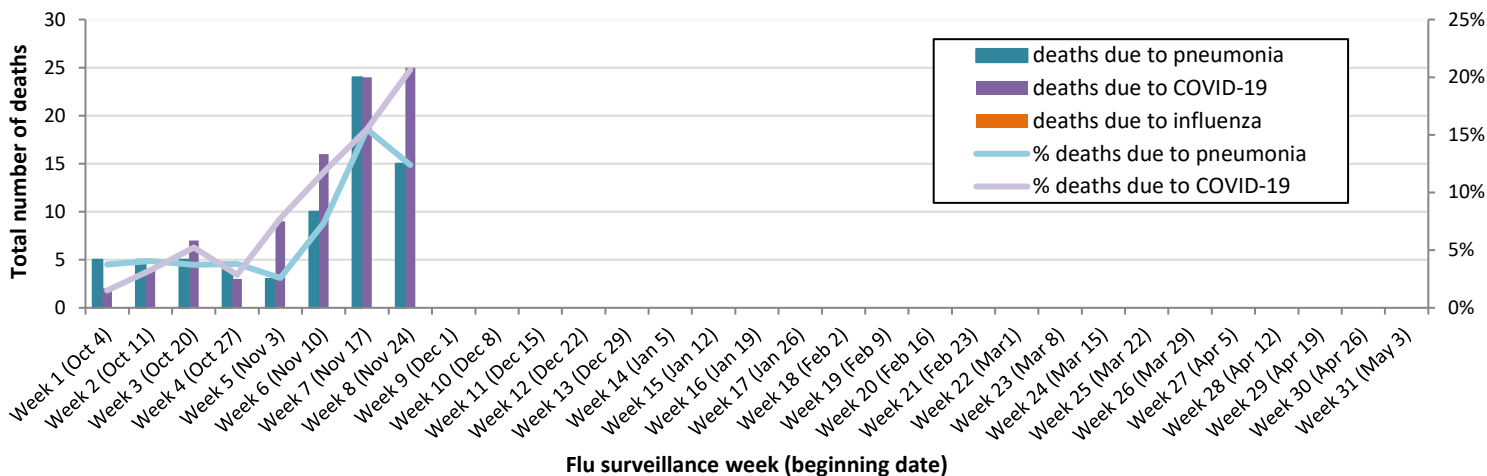
Acute Care Hospitalizations: There was one reported influenza and 276 COVID-19 admissions during Week 8. **Figure 2** displays hospitalizations in Summit County.

Pharmacies: No prescriptions for CDC- approved influenza antiviral medications were reported during Week 8.

School absenteeism includes absences regardless of reason. In Week 8, the absence rate was 7.7%, a 2.4% increase from Wk 7.

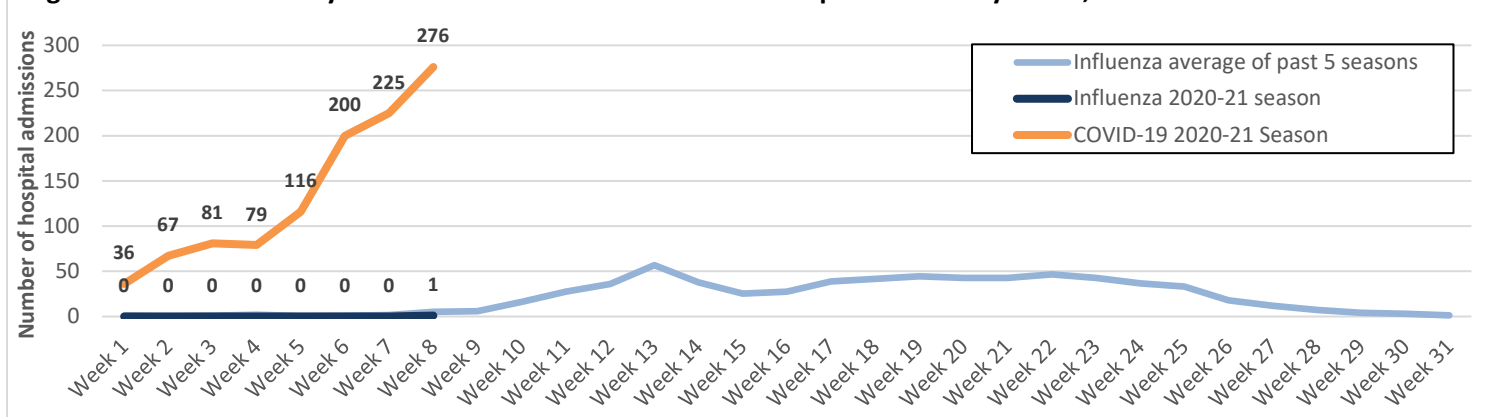
Zero deaths related to influenza, 25 COVID-19 deaths and 15 pneumonia related deaths were reported during Week 8. The rates of pneumonia deaths decreased by 20% and the COVID-19 associated death rate increased by 33%. **Figure 1** displays weekly counts of deaths occurring in Summit County associated 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 one influenza-associated hospitalization, and 276 COVID-19 admissions in Week 8. **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 95 ILI-related visits reported during Week 8, which was 1.7% of total ED visits (n = 5721). This rate was 6% lower than the ILI rate during Week 7.

Figure 3. Weekly ED visits in Summit County related to Fever + ILI stratified by age groups, 2020 to 2021 season

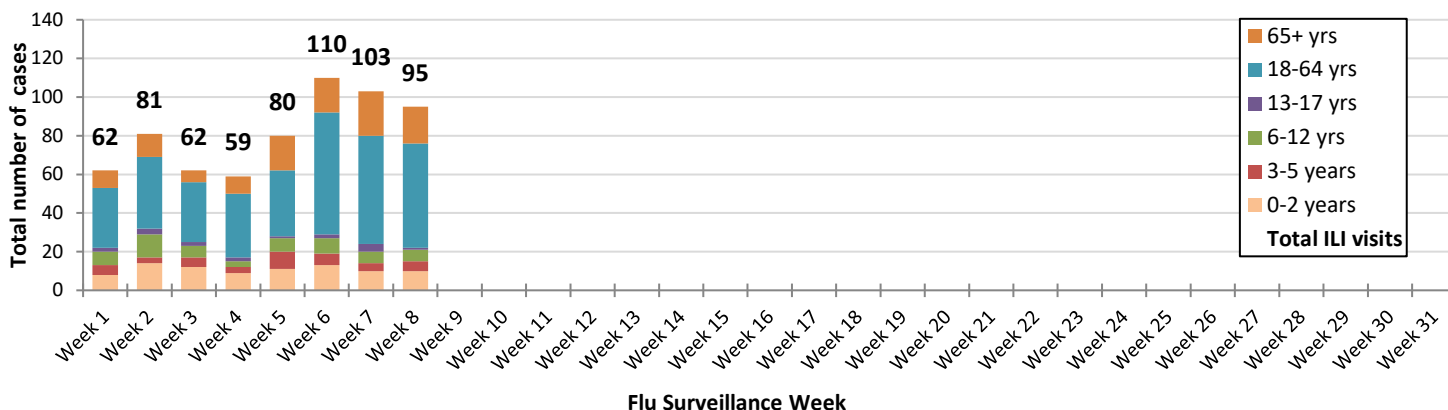
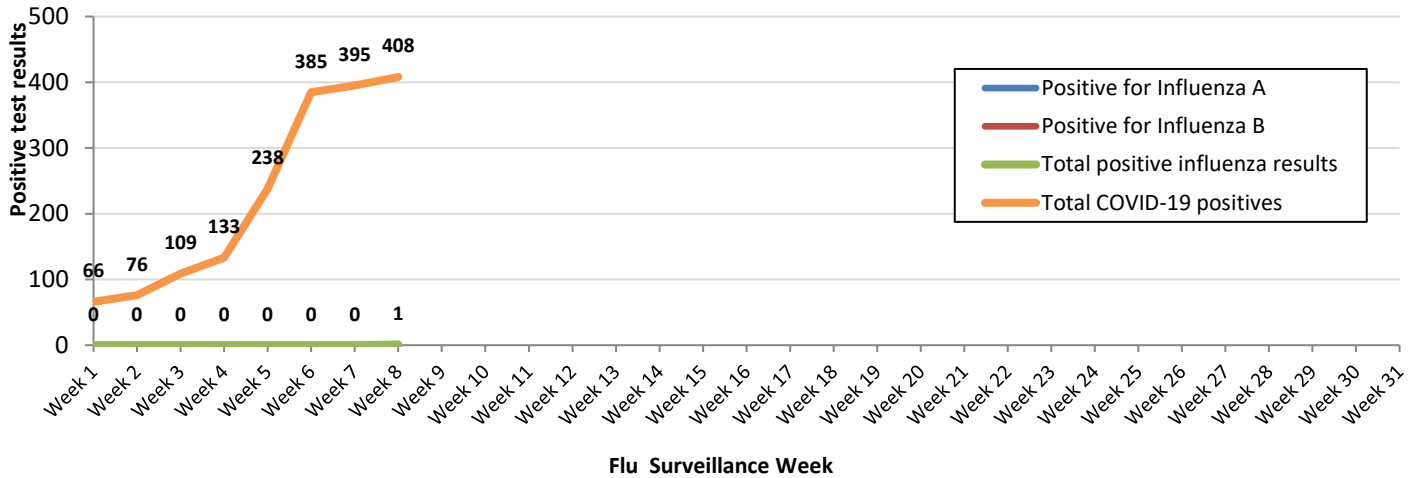


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2020 - 2021 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Minimal

During MMWR Week 48, 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 and are above baseline levels; fever and ILI specified ED visits also increased and are above baseline levels. Reported cases of influenza-associated hospitalizations are below the seasonal threshold*. There was one influenza-associated hospitalization reported during MMWR Week 48.

Ohio Influenza Activity Summary Dashboard (November 22 – 28, 2020):

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)	0.83%	-29.06%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter)	2.56%	3.23%	↑ 6	
Constitutional ED Visits (EpiCenter)	11.29%	1.90%	↑ 6	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	1	-50.00%	↓ 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

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 11/28/2020).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** and **U.S. World Health Organization (WHO) Collaborating Laboratories** reported **8,641** tests for influenza performed at participating facilities; of these, **0 tested positive for influenza A(H1N1pdm09), 0 for influenza A(H3N2), 26 for influenza A (subtyping not performed), and 14 for influenza B** (through 11/27/2020).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2020-2021 influenza season (through 11/28/2020).
- No **novel influenza A virus infections** have been reported so far during the 2020-2021 influenza season (through 11/28/2020).
- Incidence of confirmed **influenza-associated hospitalizations** in 2020-2021 season = **27** (through 11/28/2020).

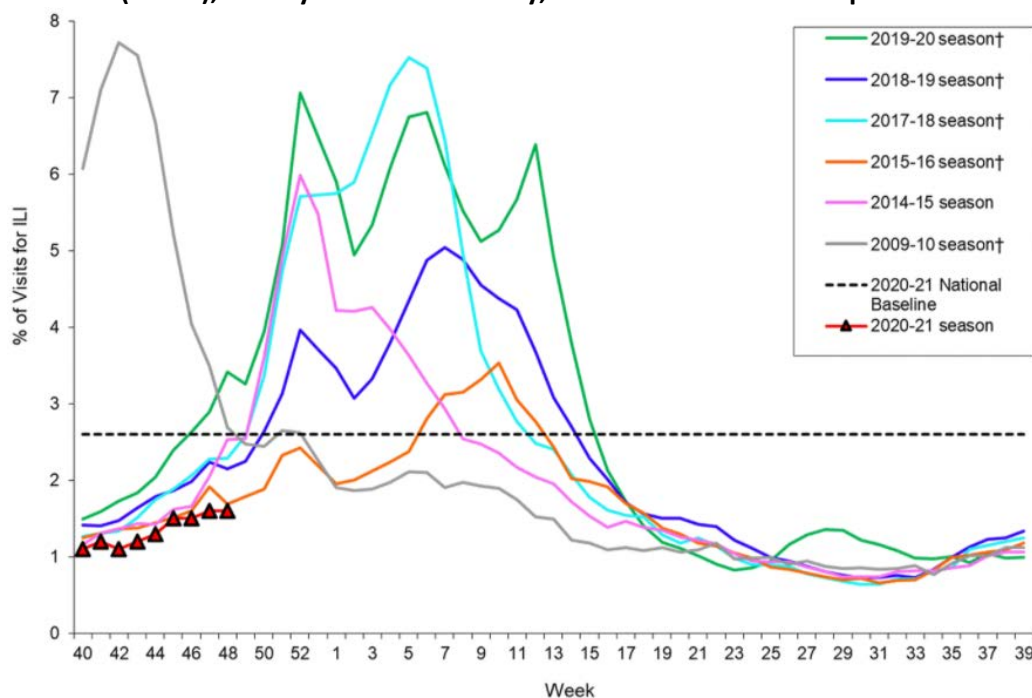
National Surveillance: from Centers for Disease Control and Prevention (CDC):

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

National Outpatient Illness Surveillance:

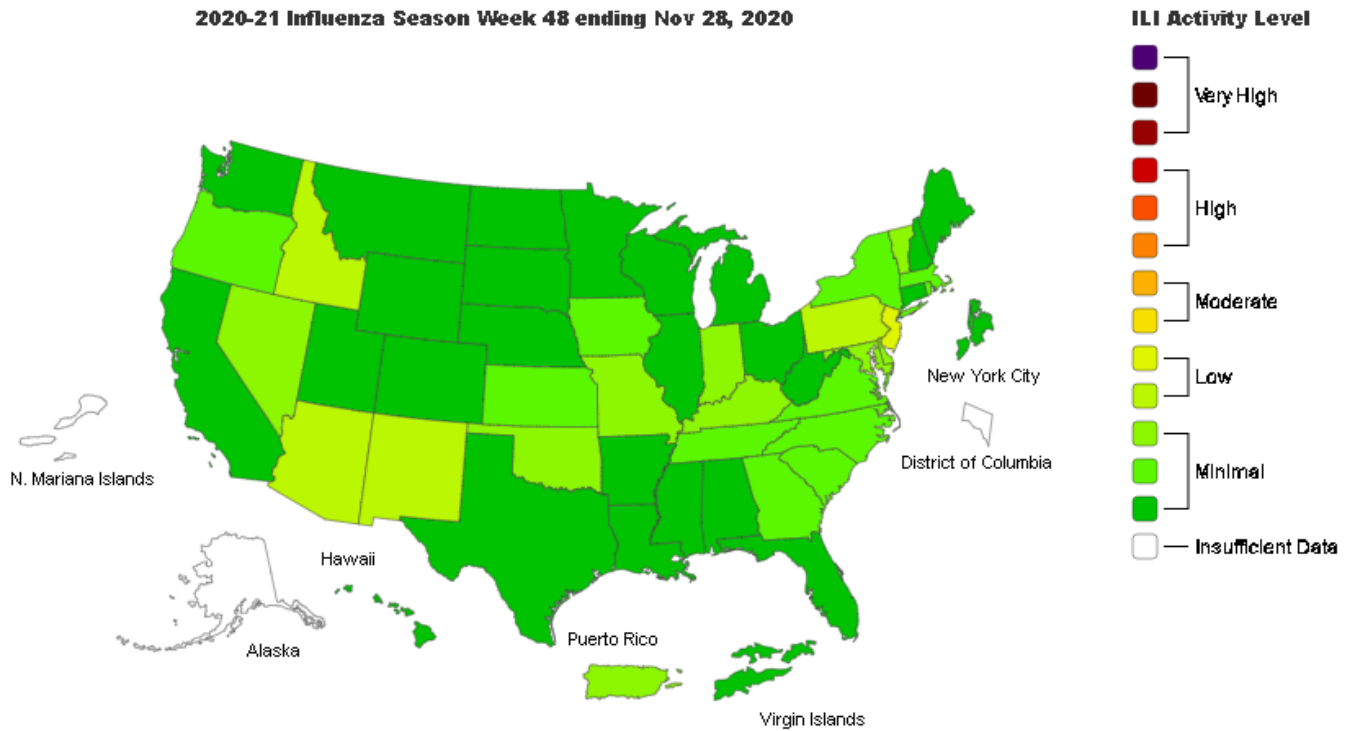
During week 48 (November 22 to 28, 2020), the percentage of outpatient visits for ILI increased to 1.6% (**Figure 5**), which is below the national baseline of 2.6%. Two HHS regions (Regions 3 and 9) had increases in ILI activity, three regions (Region 5, 6, and 7) had a decrease in ILI activity, and five regions (Regions 1, 2, 4, 8, and 10) remained stable (change of $\leq 0.1\%$). All ten regions reported a percentage of outpatient visits for ILI below their region-specific baselines. In Week 48, five states (Arizona, Idaho, New Jersey, New Mexico and Pennsylvania) experienced low 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° 381, World Health Organization (WHO), published November 23, 2020, based on data up to November 8, 2020. The Update is published every two weeks.

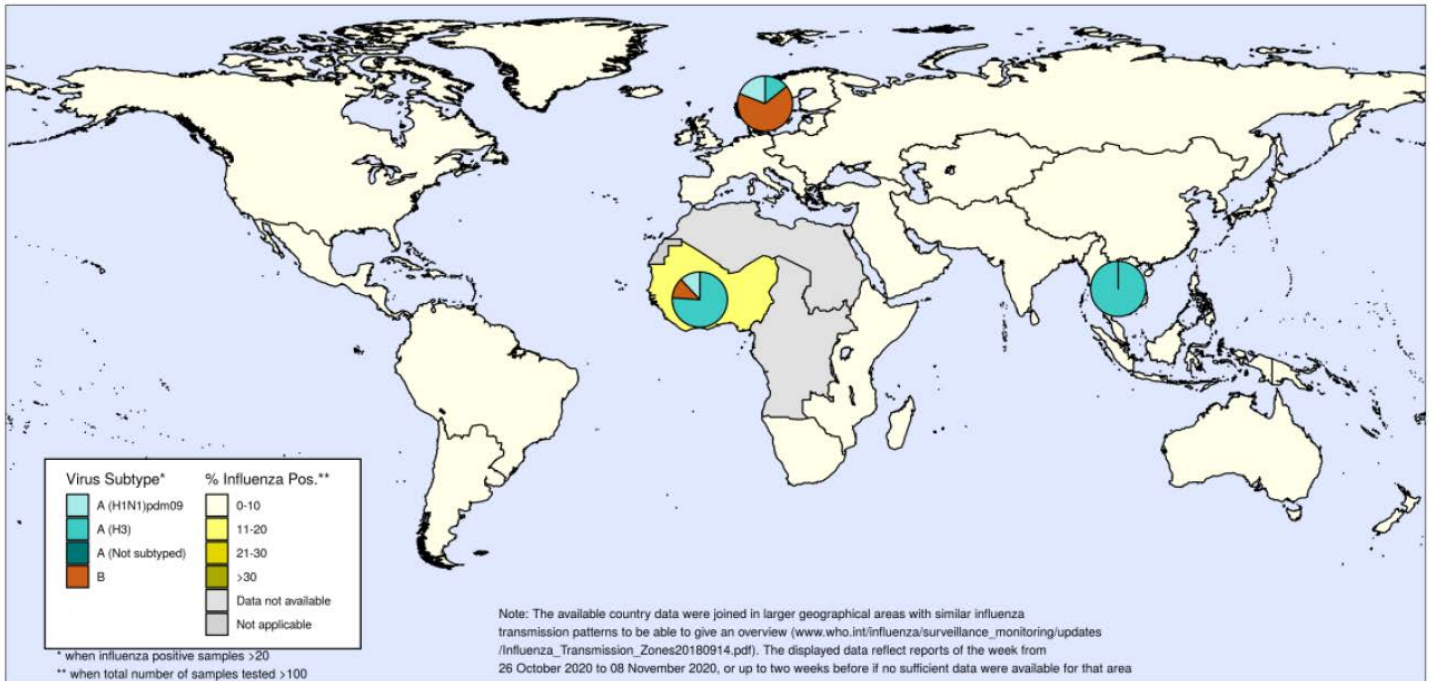
Summary

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**, influenza activity of predominately B/Victoria viruses was reported in **Haiti** in recent weeks. Severe acute respiratory infection (SARI) activity, likely due to COVID-19, decreased in most reporting countries.
- In **tropical South America**, there were no influenza detections across reporting countries.
- 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 Lao People's Democratic Republic (PDR), Thailand and Viet Nam.

- **Worldwide**, of the very low numbers of detections reported, seasonal influenza A(H3N2) viruses accounted for the majority of detections.
- National Influenza Centres (NICs) and other national influenza laboratories from 102 countries, areas or territories reported data to FluNet for the time period from 26 October 2020 to 08 November 2020 (data as of 2020-11-20 03:28:24 UTC). The WHO GISRS laboratories tested more than 108638 specimens during that time period. A total of 100 specimens were positive for influenza viruses, of which 63 (63%) were typed as influenza A and 37 (37%) as influenza B. Of the sub-typed influenza A viruses, 7 (11.3%) were influenza A(H1N1)pdm09 and 55 (88.7%) were influenza A(H3N2). Of the characterized B viruses, 1 (6.7%) belonged to the B-Yamagata lineage and 14 (93.3%) 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/

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 5, 2020.