



Summit County Public Health Influenza Surveillance Report 2020 – 2021 Season



Public Health
Prevent. Promote. Protect.

Report #11

Flu Surveillance Weeks 12 & 13 (12/20/2020 to 1/2/2021) Centers for Disease Control and Prevention MMWR Weeks 52 & 53

Summit County Surveillance Data:

During Weeks 12 and 13 of influenza surveillance, influenza-related activity was minimal in Summit County, and COVID-19 activity remained high with continued elevated risk of community exposure.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 12 MMWR 52 N (%) ¹	Week 13 MMWR 53 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	619	652	+ 5.3%	↑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				
Test Performed	1471	1595	+ 8.4%	↑1
Positive Tests (Number and %)	254 (17.3)	273 (17.1)	- 0.9%	NC
Acute care hospitalizations for Influenza:	0	0	--	--
Acute care hospitalizations for COVID-19:	271	262	- 3.3%	↓3
Pharmacy Prescriptions				
Zanamivir (Relenza)	0	0	--	--
Oseltamivir (Tamiflu)	1	0	- 100%	↓1
Baloxavir marboxil (Xofluza)	0	0	--	--
Peramivir (Rapivab)	0	0	--	--
<i>Total</i>	1	0	- 100%	↓1
Schools absenteeism²	--	--	--	NA
Deaths (occurred in Summit County)				
Total deaths certified	138	164	+ 18.8%	↑1
Pneumonia associated	25 (18.1)	46 (28.0)	+ 54.8%	↑2
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	49 (35.5)	61 (37.2)	+ 4.8%	↑2
Emergency room visits (EpiCenter)³ – through Week 12				
Total ED Visits	4873	--	- 8.6%	↓3
Constitutional Complaints	428 (8.8)	--	- 4.6%	↓2
Fever and ILI	56 (1.1)	--	+ 3.9%	↑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 13, reporting Summit County facilities ordered 652 influenza tests, of which none had positive result. 1,595 COVID-19 tests were completed by reporting partners, with a positivity rate of 17.1% in Week 13 (a 8.4% increase from Week 12) (**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 262 COVID-19 admissions during Week 13. **Figure 2** displays hospitalizations in Summit County.

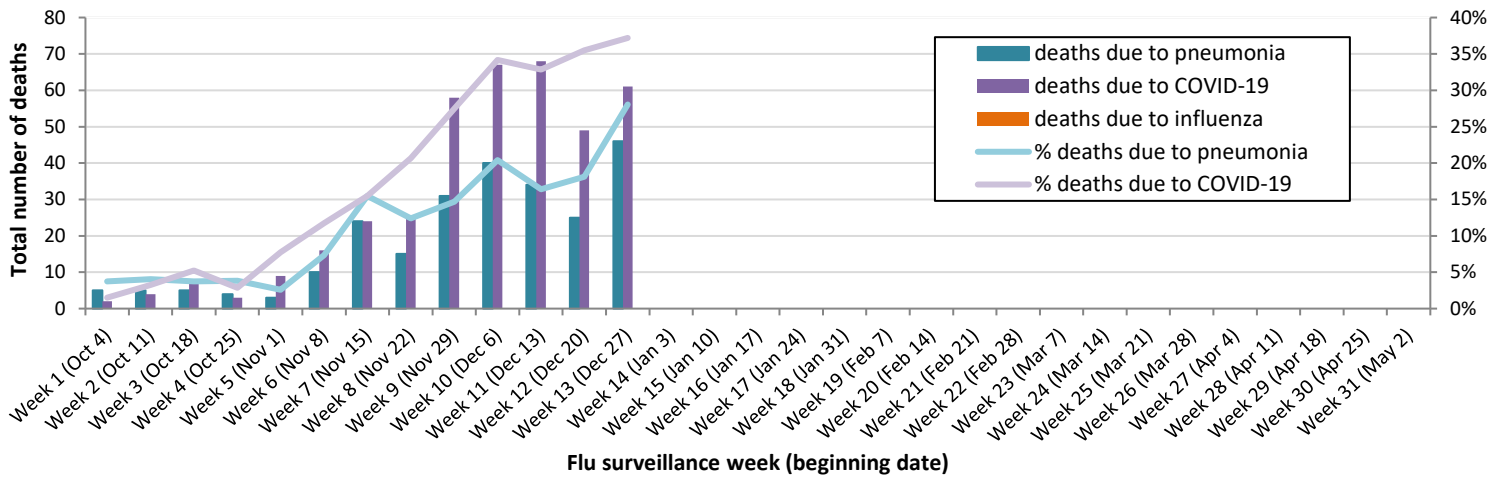
Pharmacies: Zero prescriptions for CDC- approved influenza antiviral medications were reported during Week 13.

School absenteeism includes absences regardless of reason. Reporting schools were on break during Weeks 12 and 13.

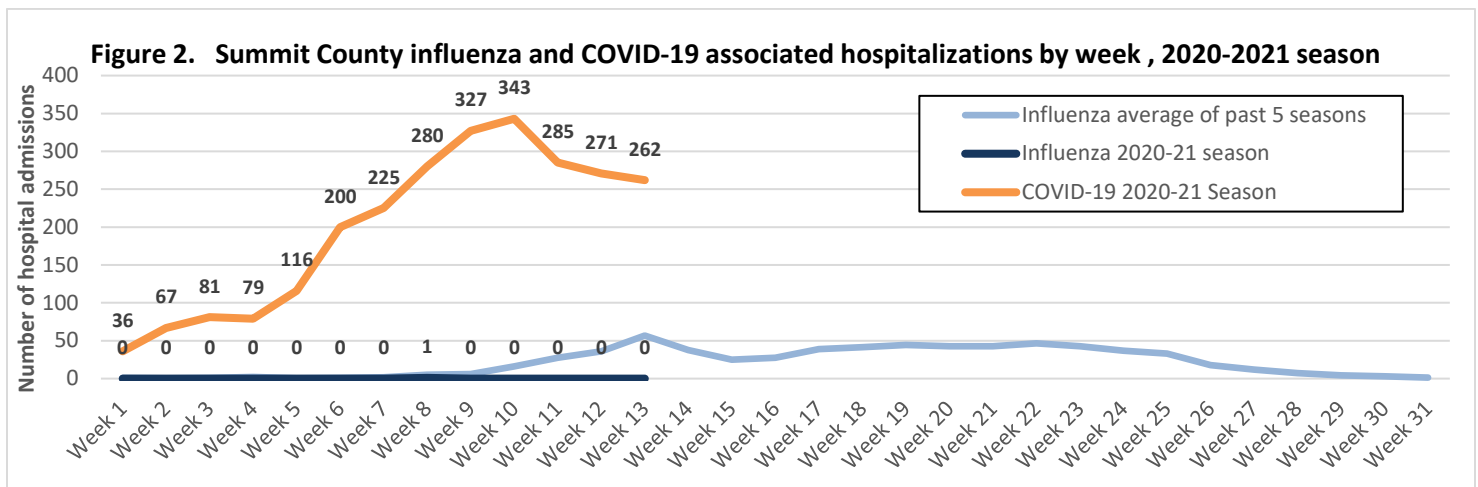
Zero deaths related to influenza, 61 COVID-19 deaths and 46 pneumonia related deaths were reported during Wk 13. The rates of pneumonia deaths increased by 54.8% and the COVID-19 associated death rate increased by 4.8%.

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 262 COVID-19 admissions in Week 13. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza total count to date = 1**).



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. *On January 1, the EpiCenter system was replaced with the ESSENCE surveillance system; data in this graph will be updated with data from the new system once it is validated.* **Figure 3** displays the weekly number of ER visits related to ILI and flu symptoms in Summit County. There were 56 ILI-related visits reported during Week 12, which was 1.1% of total ED visits (n = 4873). This rate was 3.9% higher than the ILI rate during Week 11.

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

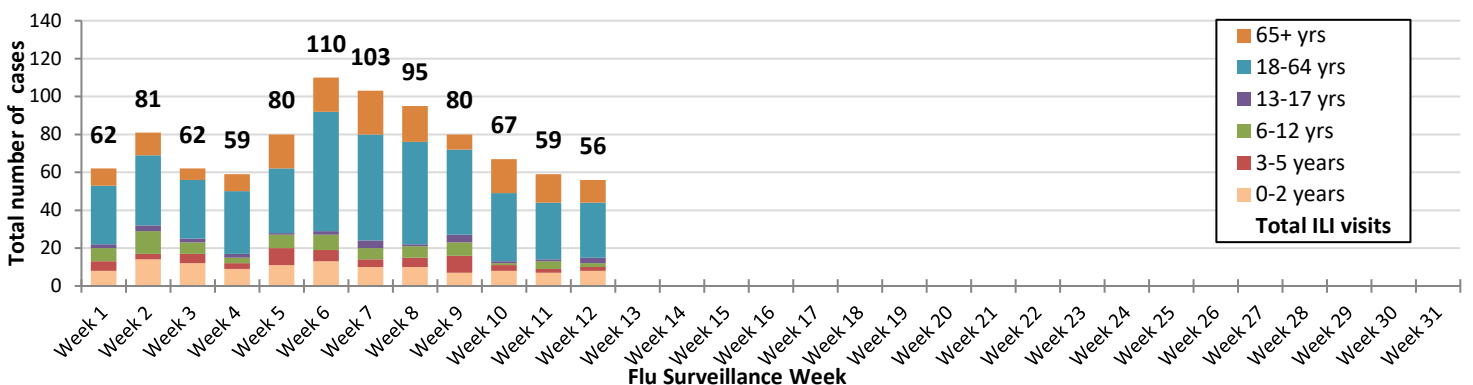
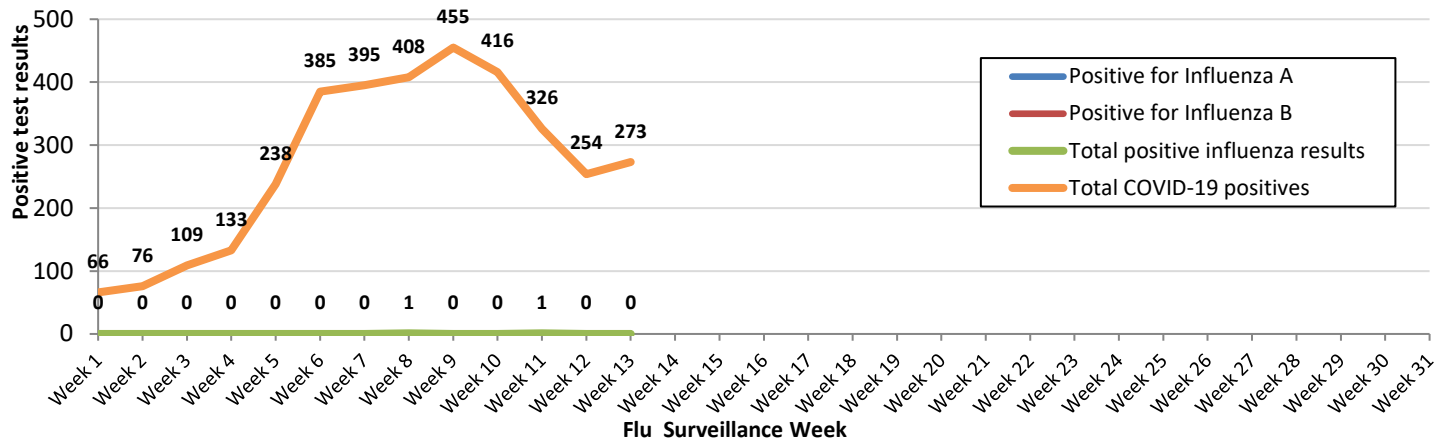


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2020 - 2021 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Minimal

During MMWR Week 53, 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 53 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 cases of influenza-associated hospitalizations). There was 1 influenza-associated hospitalization reported during MMWR Week 53.

Ohio Influenza Activity Summary Dashboard (December 27, 2020 – January 2, 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)	1.12%	-30.86%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter) ⁴	1.73%	-14.78%	↓ 4	
Constitutional ED Visits (EpiCenter) ⁴	9.82%	-5.12%	↓ 2	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	1	0.00%	-	

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

⁴Week 53 syndromic emergency department data is delayed as Ohio finalizes the transition between syndromic surveillance data vendors; week 52 data is shown.

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

Ohio Surveillance Data:

- **The Ohio Department of Health Laboratory** has tested four 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, 1 for influenza B, and 2 were negative** (through 1/2/2021).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** and **U.S. World Health Organization (WHO) Collaborating Laboratories** reported **16,782** tests for influenza performed at participating facilities; of these, **0 tested positive for influenza A(H1N1pdm09), 2 for influenza A(H3N2), 32 for influenza A (subtyping not performed), and 16 for influenza B** (through 12/25/2020; 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 1/2/2021).
- **No novel influenza A virus infections** have been reported so far during the 2020-2021 influenza season (through 1/2/2021).
- Incidence of confirmed **influenza-associated hospitalizations** in 2020-2021 season = 51 (through 1/2/2021).

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 53, the percentage of outpatient visits for ILI increased to 1.6% (**Figure 5**), which is below the national baseline of 2.6%. During week 53, compared with week 52, the percentage of visits for ILI increased in two regions (Regions 4 and 6) and remained stable (change of $\leq 0.1\%$) in the remaining regions. All 10 regions reported a percentage of outpatient visits for ILI below their region-specific baselines. In Week 51, six states (Arizona, Georgia, Mississippi, Nevada, Oklahoma, and South Carolina) were at a low ILI activity level; the remaining states and 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

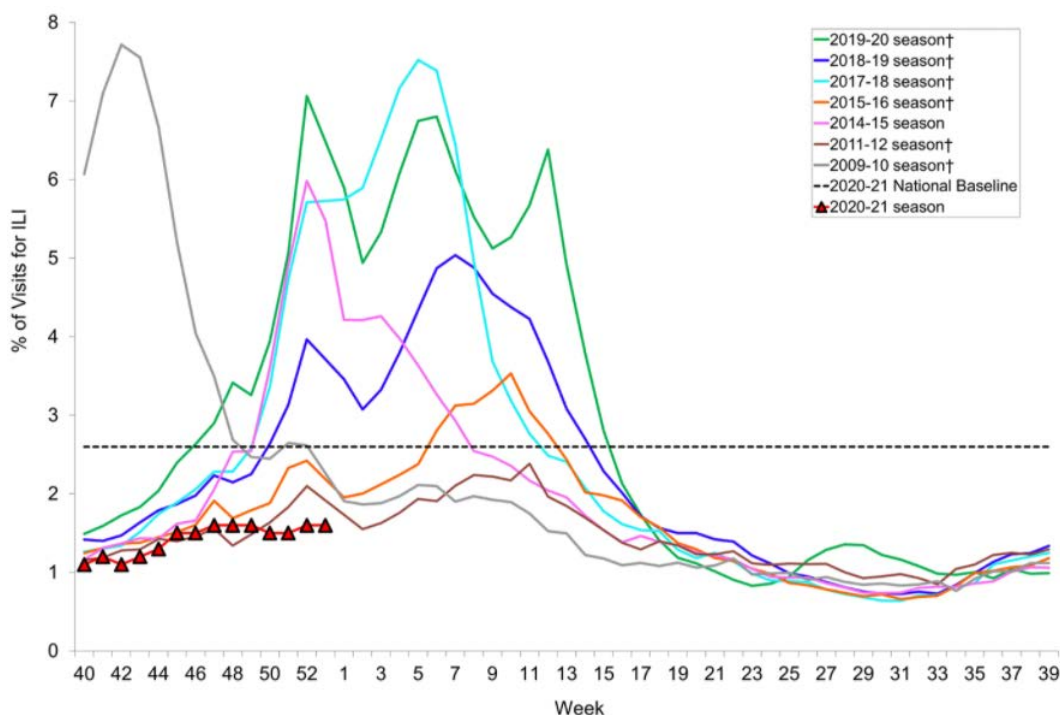
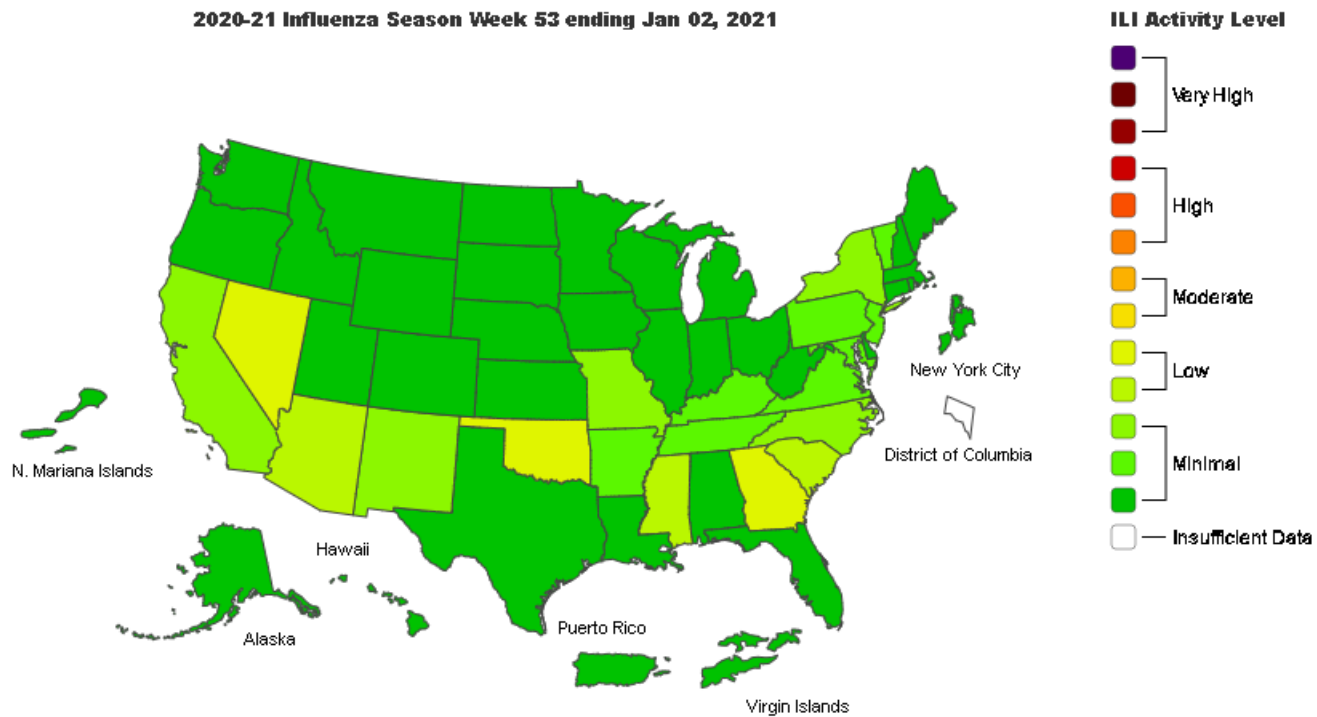


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 384, World Health Organization (WHO), published 04 January 2021, based on data up to 20 December 2020. The Update is published every two weeks.

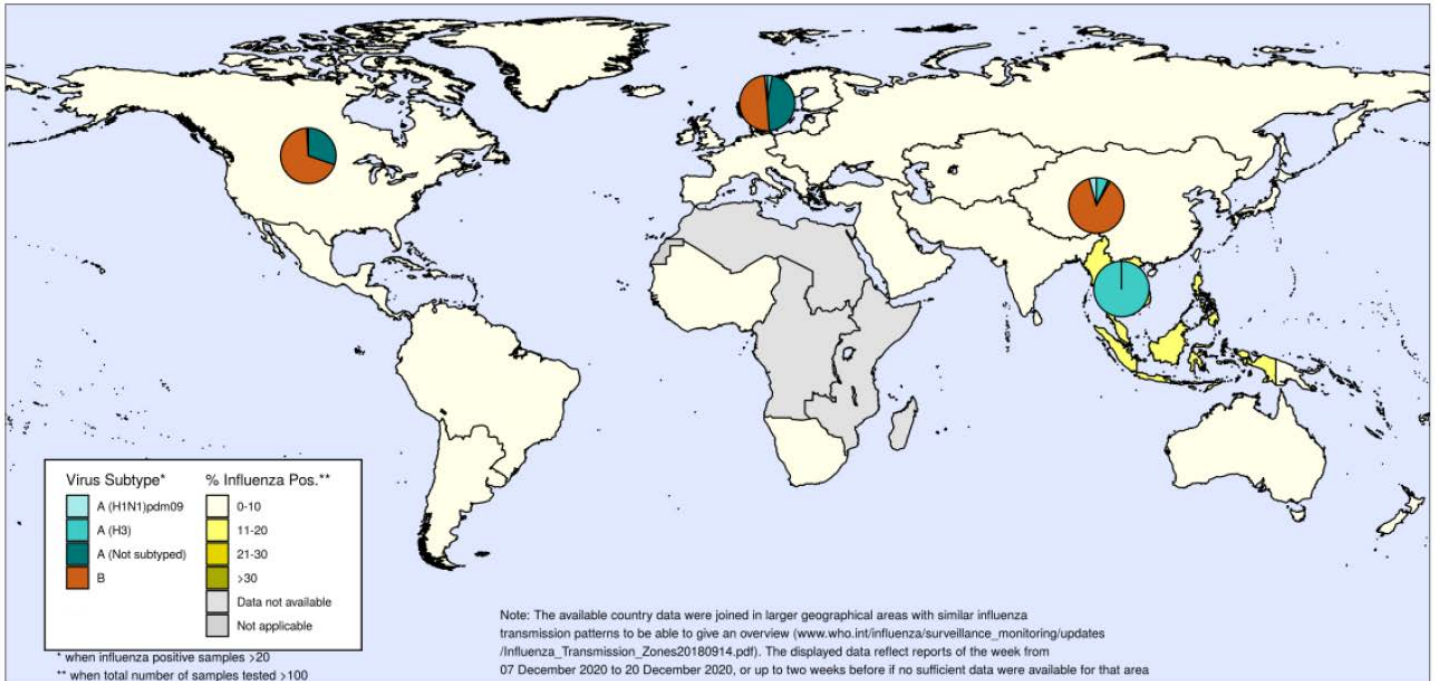
Summary

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 zone of the southern hemisphere**, influenza activity was reported at inter-seasonal level.
- In the **Caribbean and Central American countries**, no influenza detections were reported. Severe acute respiratory infection (SARI) activity, likely due to COVID-19, was elevated in some reporting countries.
- In **tropical South America**, there were no influenza detections in this reporting period.
- In **tropical Africa**, influenza activity continued to be reported in Western Africa.
- In **Southern Asia**, sporadic influenza detections were reported in India.
- In **South East Asia**, influenza detections of predominately influenza A(H3N2) continued to be reported in Lao People's Democratic Republic (PDR) and Viet Nam.
- **Worldwide**, influenza B detections accounted for the majority of the very low numbers of detections reported.

- National Influenza Centres (NICs) and other national influenza laboratories from 75 countries, areas or territories reported data to FluNet for the time period from 07 December 2020 to 20 December 2020 (data as of 2021-01-04 04:42:38 UTC). The WHO GISRS laboratories tested more than 188383 specimens during that time period. A total of 379 specimens were positive for influenza viruses, of which 141 (37.2%) were typed as influenza A and 238 (62.8%) as influenza B. Of the sub-typed influenza A viruses, 8 (13.6%) were influenza A(H1N1)pdm09 and 51 (86.4%) were influenza A(H3N2). Of the characterized B viruses, 1 (1.5%) belonged to the B-Yamagata lineage and 64 (98.5%) 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 December 6, 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 January 8, 2021.