



Summit County Public Health
Influenza Surveillance Report
2021 – 2022 Season



Public Health
Prevent. Promote. Protect.

Report #30
Flu Surveillance Weeks 30 & 31 (4/24/2022 to 5/7/2022)
Centers for Disease Control and Prevention MMWR Weeks 17 & 18

2021-2022 Influenza Season Summary (October 3, 2021 to May 7, 2022)

Laboratory Testing:

	<u>2021 – 2022</u>	<u>2020 – 2021</u>	<u>2019 - 2020</u>
Influenza Tests ordered:	35,598	16,247	29,898
Positive test results:	1,942	3	6,581
Type A:	1,913	0	3,472
Type B:	29	3	3,109

Total influenza hospitalizations:	148	1	744
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Influenza – related deaths:	3	0	4
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Pneumonia – related deaths:	602	584	188
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COVID-19 – related deaths:	716	829	--
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Notes: COVID-19 data was not reported in influenza reports during the 2019-2020 season.

Some deaths were due to the development of pneumonia as the result of a COVID-19 infection, while others were due to pneumonia from other causes, or complications of COVID-19 that did not include pneumonia.

Summit County Surveillance Data:

In **Week 31** of influenza surveillance, influenza-related activity remained a minimal level in Ohio and Summit County; COVID-19 activity in Summit County is increasing but remained at the CDC Community Level of LOW.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 30 MMWR 17 N (%) ¹	Week 31 MMWR 18 N (%) ¹	Percent change from previous week	No. of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	1016	1082	+ 6.5%	↑2
Positive Tests (Number and %)	163 (16.0)	161 (14.9)	- 7.3%	↓1
Influenza A (Number and %)	163 (16.0)	161 (14.9)	- 7.3%	↓1
Influenza B (Number and %)	0 (0.0)	0 (0.0)	--	--
Lab Reports: COVID-19				
Test Performed	2088	2222	+ 6.4%	↑2
Positive Tests (Number and %)	126 (6.0)	189 (8.5)	+ 41.0%	↑5
Acute care hospitalizations for Influenza:	13	13	--	NC
Acute care hospitalizations for COVID-19:	13	28	+ 115%	↑1
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	8.5%	9.6%	+ 14.4%	↑2
Deaths (occurred in Summit County)				
Total deaths certified	144	133	- 7.6%	↓1
Pneumonia associated	10 (6.9)	10 (7.5)	+ 8.3%	↑1
Influenza associated	0 (0.0)	0 (0.0)	--	--
COVID-19 associated	0 (0.0)	3 (2.3)	+ 100%	↑1
Emergency room visits (EpiCenter)³ (Figure 3)				
Total ED Visits	6172	6587	+ 6.7%	↑1
Constitutional Complaints	609 (9.9)	677 (10.3)	+ 4.2%	↑1
Fever and ILI	108 (1.7)	135 (2.0)	+ 17.1%	↑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 31 of influenza surveillance, reporting Summit County facilities performed 1,082 flu tests, of which 161 had positive results (all were Type A). 2,222 COVID-19 tests were completed by reporting partners, with a positivity rate of 8.5% in Week 31 (a 41.0% increase from previous week) (**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.**

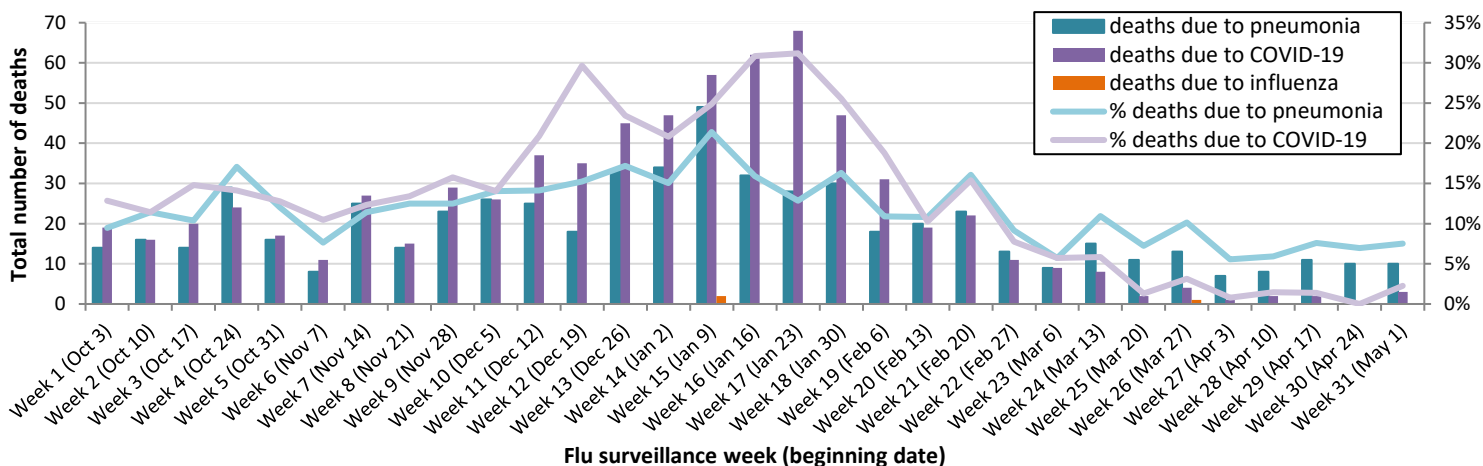
Acute Care Hospitalizations: There were 13 reported influenza and 28 COVID-19 admissions during Week 31. **Figure 2** displays hospitalizations in Summit County.

Pharmacies: Zero prescriptions for CDC-approved antiviral medications was reported during Week 31.

School absenteeism includes absences regardless of reason. During Week 31, the absence rate was 9.6%, an increase of 14.4% from the previous week.

Zero deaths related to influenza, 10 pneumonia deaths and 3 COVID-19 related deaths were reported during Week 31. The rates of pneumonia deaths increased by 8.3% and COVID-19 deaths increased by 100%. **Figure 1** displays weekly counts of flu season deaths occurring in Summit County. **The seasonal total for influenza deaths in Summit County is three deaths.**

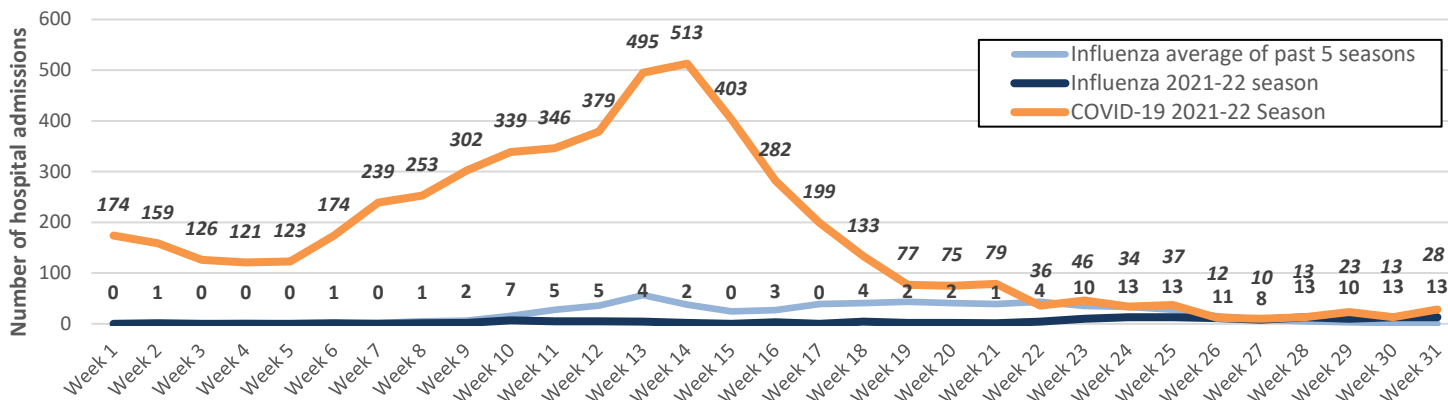
Figure 1. Weekly Summit County death counts associated with pneumonia and influenza during 2021-2022 season



Hospitalizations: In Week 30, participating Summit County hospitals reported 13 influenza-associated hospitalizations and 28 COVID-19 admissions. **Figure 2** displays weekly confirmed hospitalization counts for Summit County.

Influenza hospitalization cumulative count to date = 148.

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 31, which was 2.0% of total ED visits (n = 6,587). This rate was 17.1% higher than the ILI rate during Week 30.

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

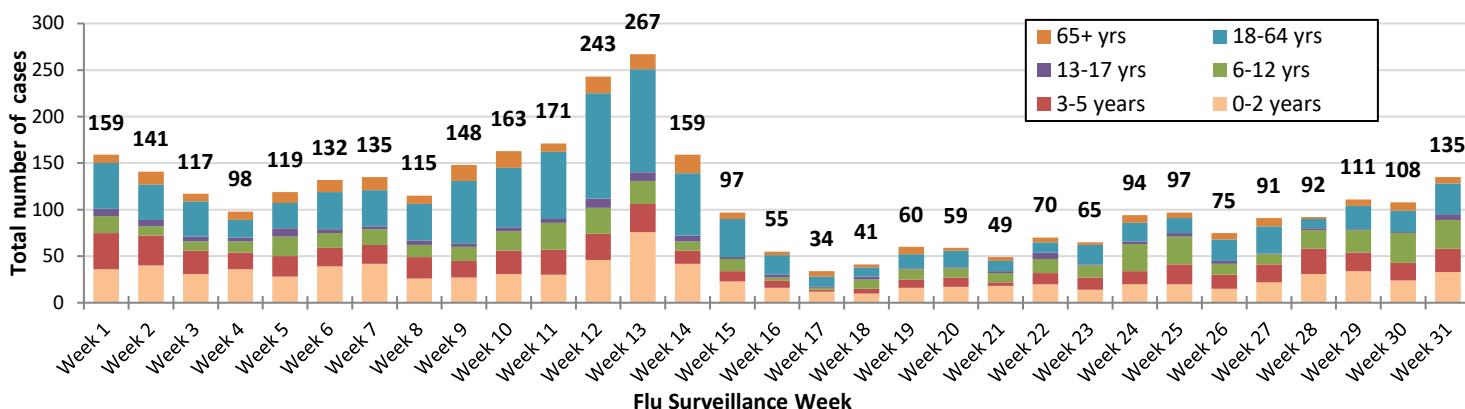
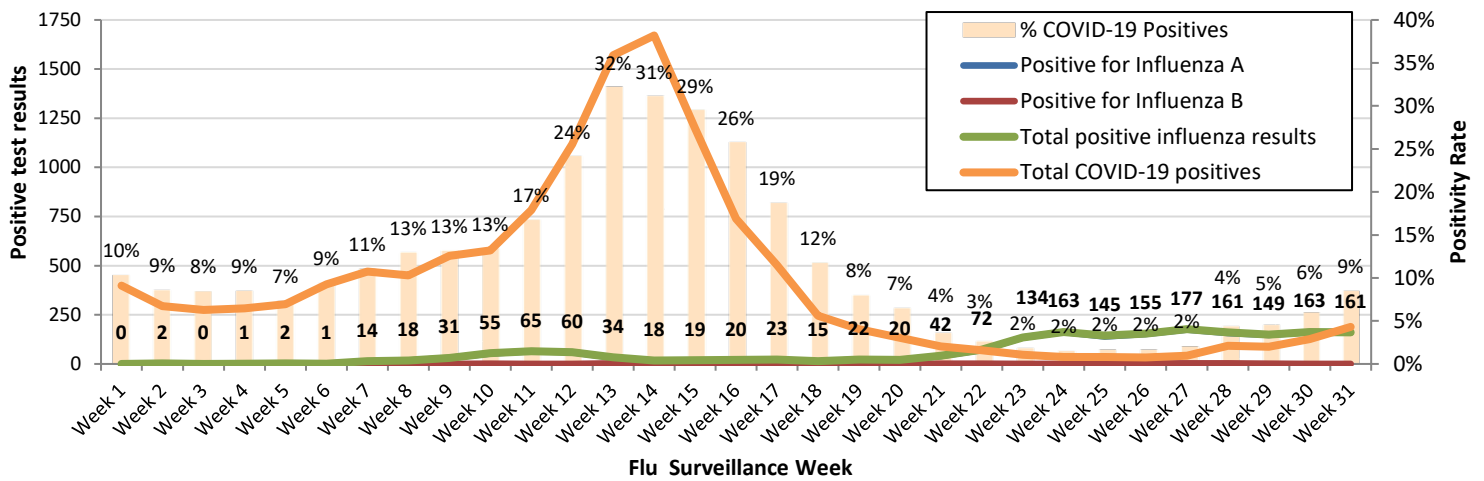


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2021 - 2022 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Minimal

During MMWR Week 18, 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 increased; both are above baseline levels statewide. Reported cases of influenza-associated hospitalizations are above the seasonal threshold (25 hospitalizations). There were 88 influenza-associated hospitalizations reported during MMWR Week 18.

Ohio Influenza Activity Summary Dashboard (May 1 – May 7, 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)	2.63%	-15.97%	↓ 1	
Thermometer Sales (National Retail Data Monitor) ⁴	0.32%	18.52%	↑ 1	
Fever and ILI Specified ED Visits (EpiCenter)	1.67%	-9.73%	↓ 1	
Constitutional ED Visits (EpiCenter)	9.16%	-7.01%	↓ 1	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	146	9.77%	↑ 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://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 682 specimens for influenza during the 2021-2022 influenza season: of these, **2 tested positive for influenza A(H1N1pdm09), 740 for influenza A(H3N2), 5 for influenza B, and 1 for swine variant influenza A(H3N2v)** (through 5/7/2022).
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) and U.S. World Health Organization (WHO) Collaborating Laboratories reported **182,650 tests for influenza performed at participating facilities; 11 tested positive for influenza A(H1N1pdm09), 1,379 for influenza A(H3N2), 7,236 for influenza A (subtyping not performed), and 147 for influenza B and 1 for swine variant influenza A(H3N2v)** (through 4/30/2022).
- One **pediatric influenza-associated mortality** has been reported so far during the 2021-2022 influenza season (through 5/7/2022).
- One **novel influenza A virus infection** has been reported so far during the 2021-2022 influenza season (through 5/7/2022).
- Incidence of confirmed **influenza-associated hospitalizations** in 2021-2022 season = 1758 (through 5/7/2022).

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

Seasonal influenza viruses continue to circulate and activity is increasing in parts of the country.

National Outpatient Illness Surveillance:

Nationwide during Week 18, 2.3% 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 remained stable (change of $\leq 0.1\%$) compared to week 17. Six of the 10 HHS regions are below their region-specific baselines; Regions 1, 2, 8, and 10 are above their respective 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

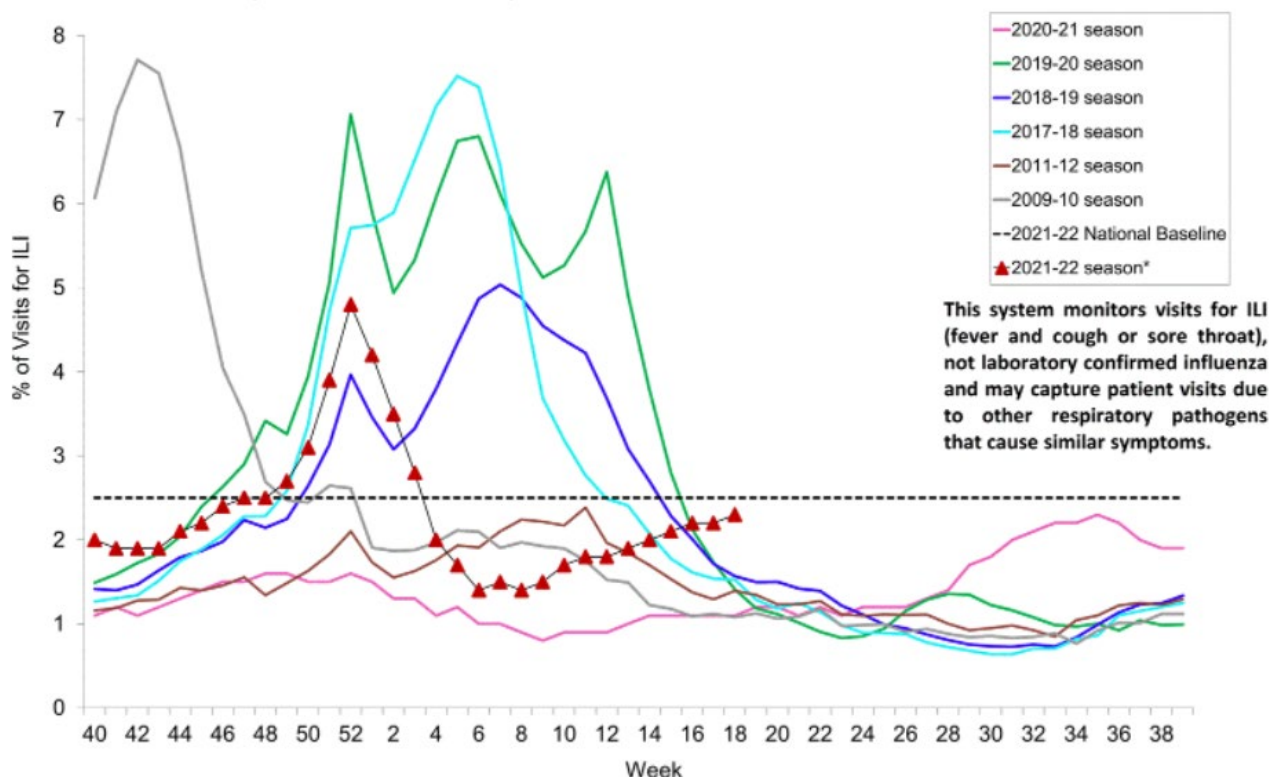
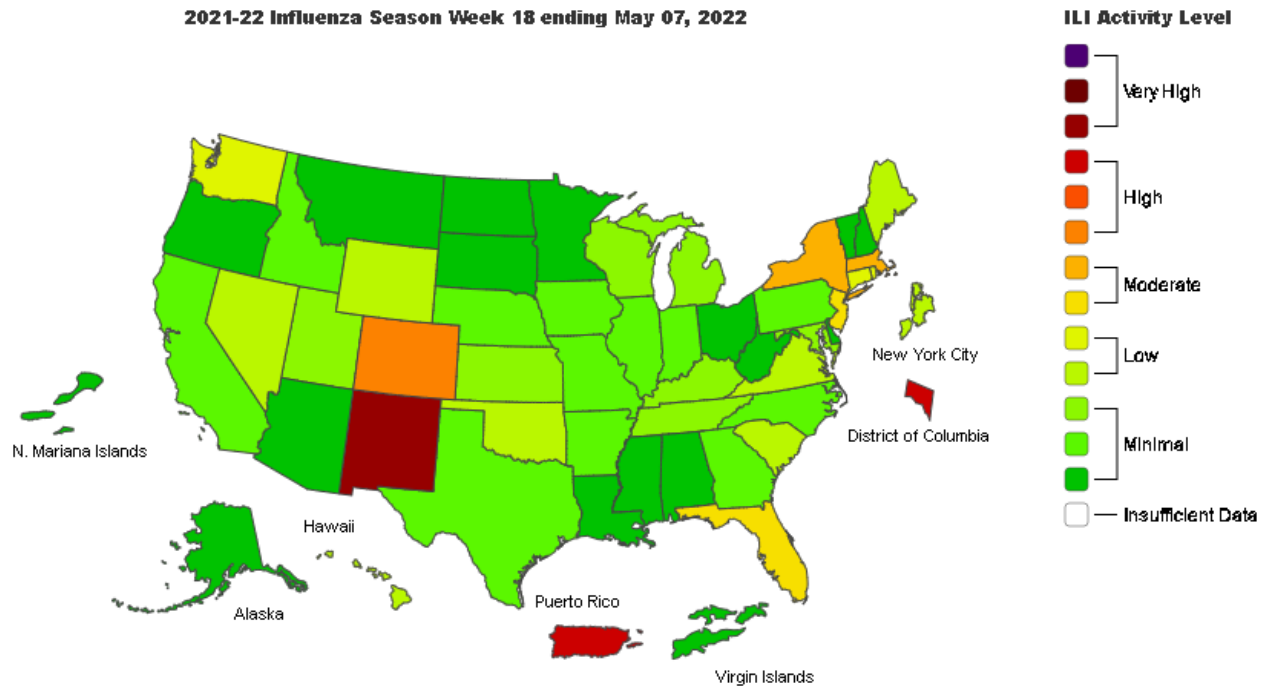


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 418, World Health Organization (WHO), published 2 May 2022, based on data up to 17 April 2022. The Update is published every two weeks.

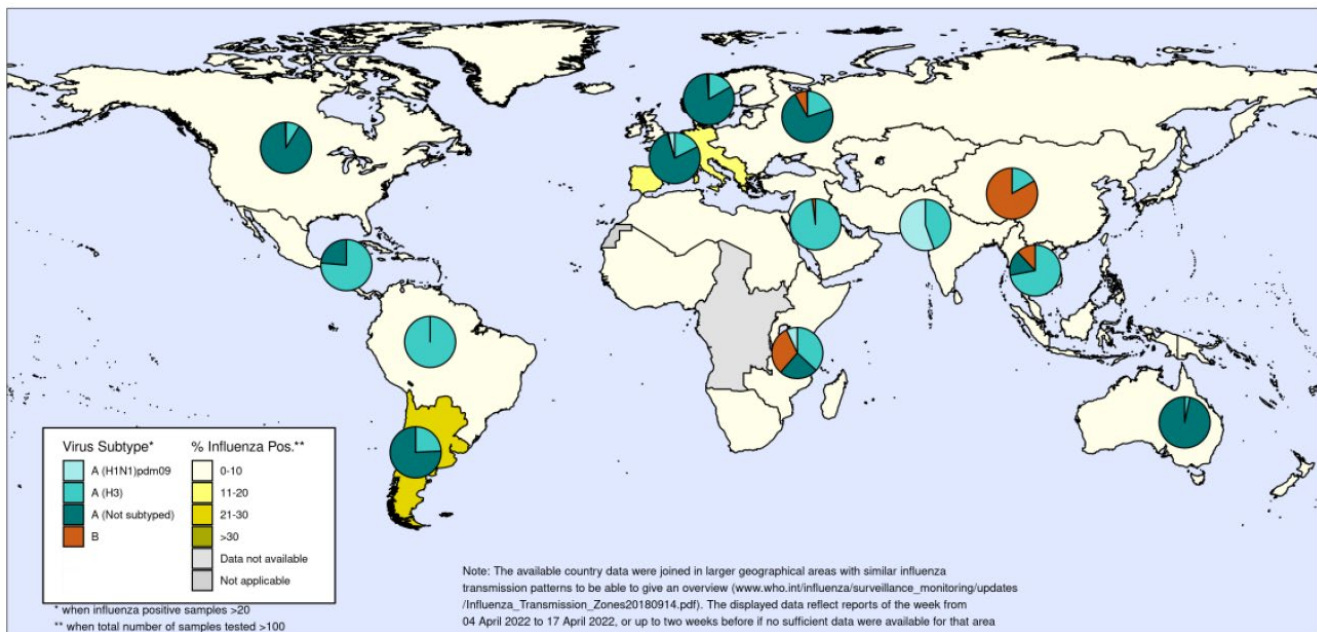
Summary

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, with a further decrease of activity in some areas.
- In the **temperate zones of the northern hemisphere**, influenza activity seems to decrease except in North America. Detections were mainly influenza A(H3N2) viruses and B/Victoria lineage viruses.
- In **North America**, influenza activity continued to increase in recent weeks but remained lower than pre-COVID-19 pandemic levels at this time of the year and was predominantly due to influenza A viruses, with A(H3N2) predominant among the subtyped viruses. Respiratory syncytial virus (RSV) activity remained low in the United States of America (USA) and Canada.
- In **Europe**, overall influenza activity appeared to decline, with influenza A(H3N2) predominant.
- In **Central Asia**, sporadic influenza B detections were reported in Kazakhstan.
- In **East Asia**, influenza activity with mainly influenza B/Victoria lineage detections continued to decrease in China. ILI rate and pneumonia hospitalizations remained elevated in Mongolia. Elsewhere, influenza illness indicators and activity remained low.
- In **Northern Africa**, decreased detections of influenza A(H3N2) were reported in Tunisia.
- In **Western Asia**, Georgia reported increased detections of influenza A(H3N2).
- In the **Caribbean and Central American countries**, low influenza activity was reported with influenza A(H3N2) predominant.
- In **tropical South America**, low influenza activity was reported with influenza A(H3N2) predominant.

- In **tropical Africa**, influenza activity was reported mainly from Eastern Africa with influenza A(H3N2) predominating followed by influenza B viruses.
- In **Southern Asia**, influenza virus detections were at low levels overall.
- In **South-East Asia**, only Malaysia reported influenza detections of influenza A(H3N2) and B viruses.
- In the **temperate zones of the southern hemisphere**, influenza activity remained low overall, although detections of influenza A viruses, predominant with A(H3N2), continued to be reported in some countries in temperate South America and South Africa.
- National Influenza Centres (NICs) and other national influenza laboratories from 112 countries, areas or territories reported data to FluNet for the time period from 04 April 2022 to 17 April 2022 (data as of 2022-04-29 06:59:32 UTC). The WHO GISRS laboratories tested more than 336 269 specimens during that time period. 33 676 were positive for influenza viruses, of which 33 139 (98.4%) were typed as influenza A and 537 (1.6%) as influenza B. Of the sub-typed influenza A viruses, 533 (9.5%) were influenza A(H1N1)pdm09 and 5 085 (90.5%) were influenza A(H3N2). Of the characterized B viruses, 337 (100%) belonged to the B-Victoria lineage.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 29 April 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 May 13, 2022.