

# Toledo-Lucas County Health Department Seasonal Influenza Activity Summary

MMWR Week 4 January 21-27, 2018

## Local Surveillance:

### Current Influenza Activity Levels:

Lucas County had **48** confirmed Influenza-associated Hospitalizations (IAH) reported in week 4, bringing the total to **340** cases as of January 27, 2018. *93% of cases were flu type A, 65 were H3 strain-the majority were not subtyped.*

--Two additional deaths\* reported in week 4: 69 yo female, 89 yo female

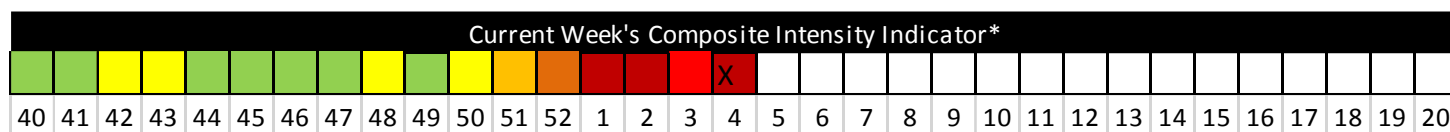
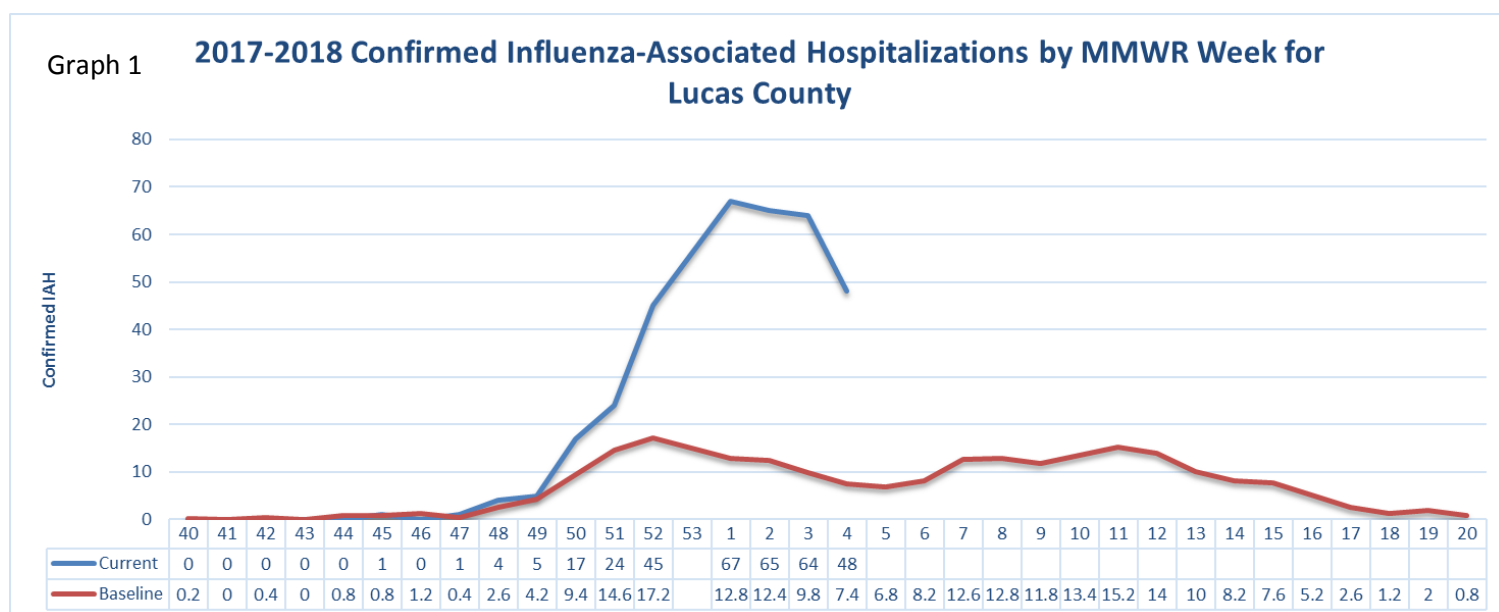
*Gender Distribution of Cases: 54% female, 46% male*

Lucas County accounts for 3.8% of the IAH reported in Ohio. Rate per 100,000 population\*\*: 73.79

\*Stating Influenza as the cause of death OR as 'a consequence of' on the certificate of death. Please note that some individuals may have underlying health conditions and influenza may not be the sole cause of their death.

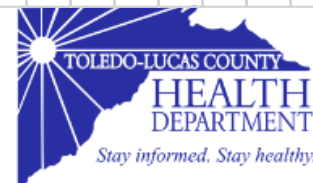
\*\*Disease rates were calculated by number of cases per 100,000 residents using 2010 census data

Graph 1 illustrates the current confirmed IAH compared to baseline, which is a five year average.



High	Mod	Low	Minimal
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\* Combination of ED visit data and Influenza-associated Hospitalizations.



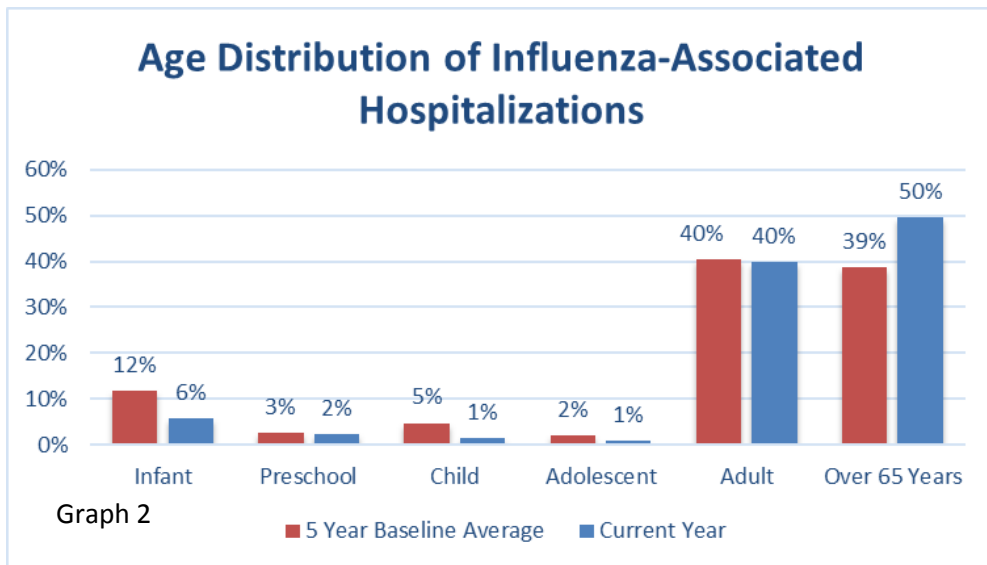
ED Visits are comprised of Influenza-like illness and respiratory syndrome as **compared to the baseline average**

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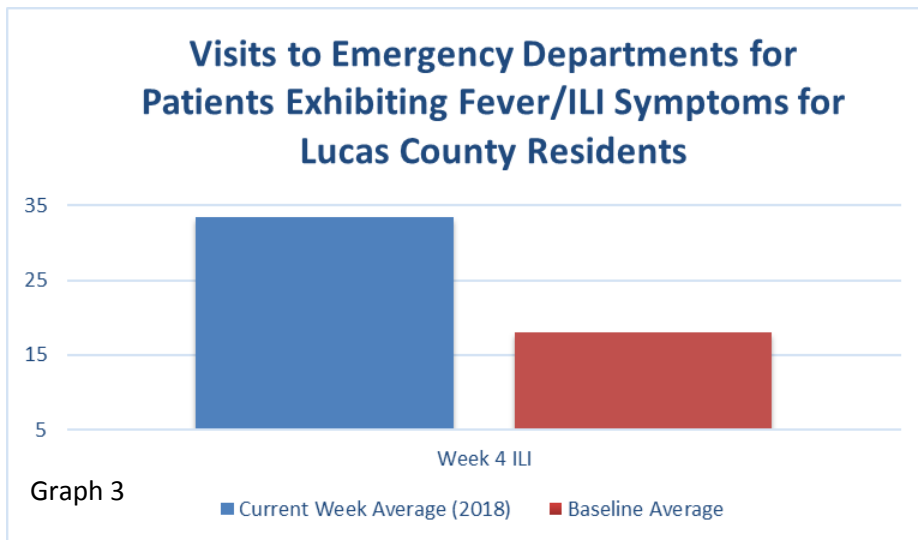
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MMWR Week 4 January 21-27, 2018



The number of emergency department visits with patients exhibiting fever/ILI symptoms was well above baseline for MMWR 4. ILI (Influenza-Like Illness) is defined as a fever greater than or equal to 100 degrees F AND a cough or sore throat. (Graph 3)



**Summary of State Data:** Current Ohio Activity Level (Geographic Spread) – Widespread

Definition: Increased ILI in at least half of the regions AND recent (within the past 3 weeks) lab confirmed influenza in the state.

During MMWR Week 4, public health surveillance data sources indicate elevated influenza-like illness (ILI) activity in outpatient settings reported by Ohio’s sentinel ILINet providers. Outpatient medical claims related to influenza-like

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illness decreased during MMWR Week 3 but increased again during MMWR Week 4. The percentage of emergency department visits with patients exhibiting constitutional symptoms and fever and ILI specified ED visits increased again after a brief decline. Reported cases of influenza-associated hospitalizations are above the seasonal threshold\*. There were 1681 influenza-associated hospitalizations reported.

### **State Surveillance:**

- ODH lab has reported 742 influenza tests from specimens sent from various submitters. 2017-2018 influenza season results: (537) A/H3N2; (62) A/pdmH1N1; (42) Influenza B; (through 01/27/2018).
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) has reported 38,806 influenza tests performed at participating facilities. 2017-2018 influenza season positive results: (30) H1N1, (239) A/H3N2, (5720) Flu A Not Subtyped, and (728) Flu B (through 01/27/2018).
- 3 pediatric influenza-associated mortalities have been reported during the 2017-2018 season (through 01/27/2018).
- No novel influenza A virus infections have been reported during the 2017-2018 season (through 01/27/2018).
- Incidence of confirmed influenza-associated hospitalizations in 2017-2018 season = 8611\* (through 01/27/2018).

**Regional Surveillance\*:** During week 3 (January 14th – January 20th, 2018), the proportion of outpatient visits for ILI in Region 5 (Ohio is in Region 5) was 5.09%, which is above the regional baseline of 1.8%. Michigan, West Virginia, Pennsylvania, Ohio, Indiana, and Kentucky reported Widespread Activity.

**National Surveillance\*:** During week 3 (January 14th – January 20th, 2018), most U.S. states reported Moderate or High influenza activity, though a few are still reporting Low or Minimal activity. The proportion of outpatient visits for ILI was 6.6%, which is above the national baseline of 2.2%. All 10 regions reported ILI at or above their region-specific baseline level. The most frequently identified influenza virus type reported by public health laboratories was influenza A (H3N2).

\*Regional and National surveillance data are reported one week later than Ohio state and local data

### **Flu Information:**

#### **How many flu-associated deaths occur in people who have been vaccinated?**

As previously explained, flu-associated deaths in adults are not a nationally notifiable condition, and so states are not required to report flu-associated deaths in adults to CDC. In contrast, flu-associated deaths in children are a nationally notifiable condition, and so jurisdictions (inclusive of state, city or local public health departments) do provide data to CDC on flu-associated deaths in children. These data generally include demographic information, flu laboratory test results, clinical information, and information on the child's vaccination history, when it is available. **During past seasons, approximately 80% of flu-associated deaths in children have occurred in children who were not vaccinated.** Based on available data, this remains true for the 2017-2018 season, as well. For the latest surveillance data on flu deaths in children, see <https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>.

#### **[CIDRAP: US flu levels continue to climb as 37 kids' deaths confirmed](#)**

**State, Regional and National data is provided by the Ohio Department of Health**

[ODH Influenza Activity Summary MMWR 4](#)