

Toledo-Lucas County Health Department Seasonal Influenza Activity Summary

MMWR Week 11 March 11-17, 2018

Local Surveillance:

Current Influenza Activity Levels:

Lucas County had **20** confirmed Influenza-associated Hospitalizations (IAH) reported in week 11, bringing the total to **604** cases as of March 17, 2018. *88% of cases were flu type A, 87 were H3 strain-the majority were not subtyped.*

--There was one death reported in week 11: 86 yo female

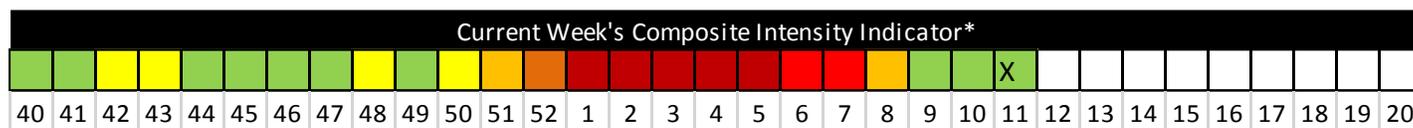
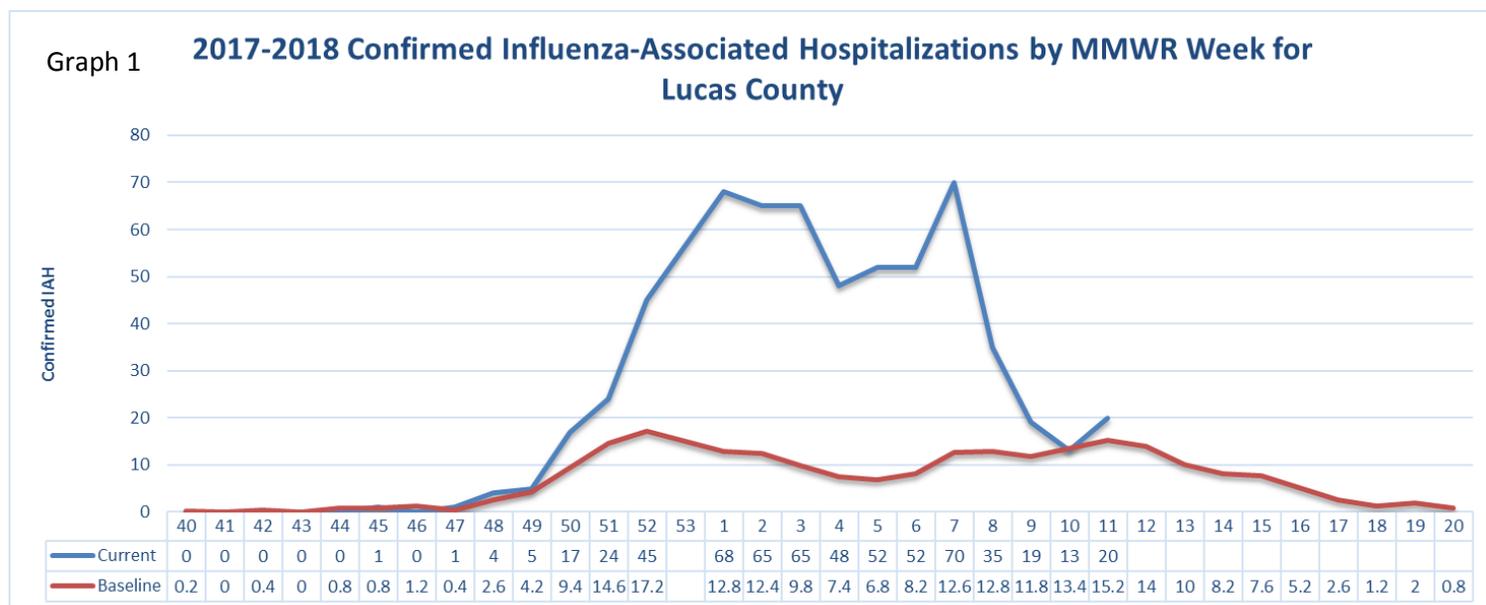
Gender Distribution of Cases: 55% female, 45% male

Lucas County accounts for 4.1% of the IAH reported in Ohio. Rate per 100,000 population^{**}: 136.03

^{*}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.



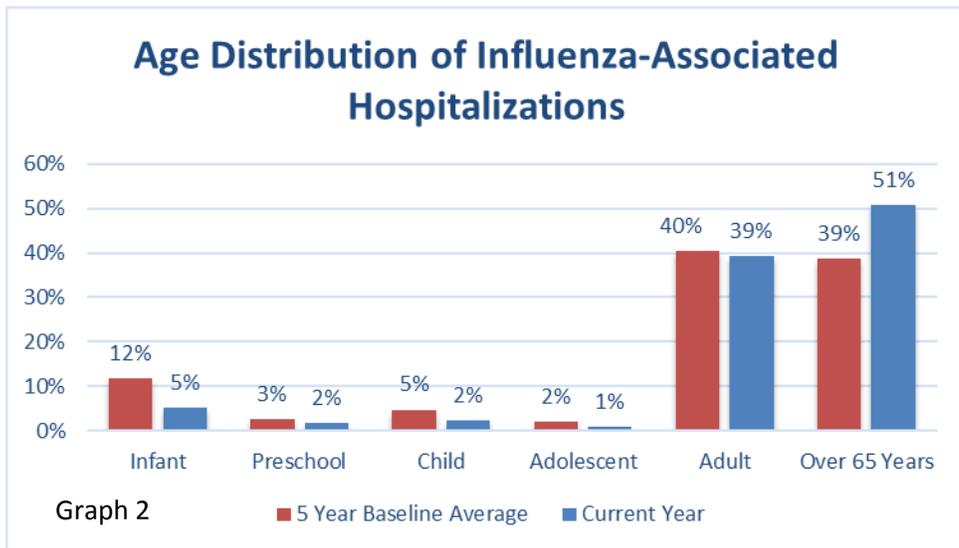
ED Visits are comprised of Influenza-like illness and respiratory syndrome as **compared to the baseline average**

MAIN OFFICE
635 North Erie Street
Toledo, Ohio 43604
419.213.4100

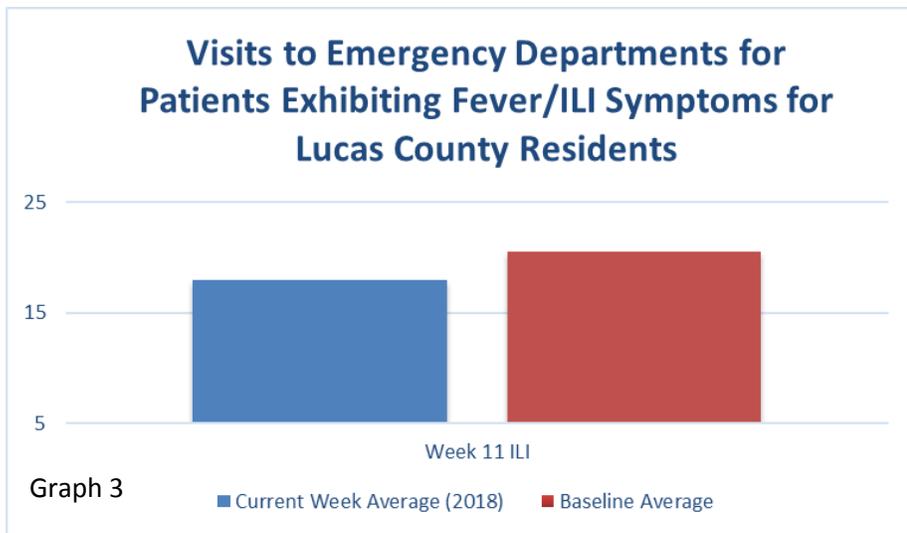
WESTERN CLINIC SITE
330 Oak Terrance Blvd.
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419.213.6255

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The number of emergency department visits with patients exhibiting fever/ILI symptoms was below baseline for MMWR 11. 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 11, public health surveillance data sources indicate decreased influenza-like illness (ILI) activity in outpatient settings reported by Ohio’s sentinel ILINet providers. Outpatient medical claims related to influenza-like illness decreased again during MMWR Week 11. The percentage of emergency department visits with

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patients exhibiting constitutional symptoms and fever and ILI specified ED visits increased slightly. Reported cases of influenza-associated hospitalizations are above the seasonal threshold*. There were 453 influenza-associated hospitalizations reported.

State Surveillance:

- ODH lab has reported 1138 influenza tests from specimens sent from various submitters. 2017-2018 influenza season positive results: (681) A/H3N2; (101) A/pdmH1N1; (141) Influenza B; (through 03/17/2018).
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) has reported 65,180 influenza tests performed at participating facilities. 2017-2018 influenza season positive results: (173) H1N1, (593) A/H3N2, (10,498) Flu A Not Subtyped, and (3012) Flu B (through 03/17/2018).
- 4 pediatric influenza-associated mortalities have been reported during the 2017-2018 season (through 03/17/2018).
- No novel influenza A virus infections have been reported during the 2017-2018 season (through 03/17/2018).
- Incidence of confirmed influenza-associated hospitalizations in 2017-2018 season = 14,718* (through 03/17/2018).

Regional Surveillance*: During week 10 (March 4 th – March 10th 2018), the proportion of outpatient visits for ILI in Region 5 (Ohio is in Region 5) was 2.51%, which is above the regional baseline of 1.8%. Michigan, Ohio, and Indiana, reported Widespread Activity; Kentucky and Pennsylvania reported Regional Activity; and West Virginia reported Local Activity.

National Surveillance*: During week 10 (March 4th – March 10th 2018), most U.S. states reported Low or Moderate influenza activity, though a few are still reporting High activity. The proportion of outpatient visits for ILI was 3.3%, 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 B.

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

Flu Information: CIDRAP: Flu peaks in some Northern Hemisphere countries, but levels still high

As the Northern Hemisphere enters the final months of its flu season, activity appears to have peaked in some regions, such as North America and parts of Europe, but flu levels are still high in many countries, with similar proportions of influenza A and B, the World Health Organization (WHO) said yesterday in an update.

In eastern Europe, flu activity is still rising, including a sharp increase in Russia, with all subtypes detected. However, detections are declining in northern Europe, except for Norway, and disease levels seem to have peaked in southwestern Europe.

In Asia, flu levels are still elevated in China but are decreasing in the eastern and western parts of the region, but in recent weeks activity has been on the rise in central Asian countries. In northern Africa, flu activity also dropped, though levels remained high in Egypt.

Temperate countries in the Southern Hemisphere, where the flu season typically runs from May through October, are still reporting interseasonal flu levels.

Globally, the proportion of influenza A and B detections are similar, and of subtyped influenza A samples, 60.4% were the 2009 H1N1 virus. Of characterized influenza B viruses, 94.7% belonged to the Yamagata lineage.

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

[ODH Influenza Activity Summary MMWR 11](#)