

Toledo-Lucas County Health Department Seasonal Influenza Activity Summary

MMWR Week 19 May 6-12, 2018

Local Surveillance:

Current Influenza Activity Levels:

Lucas County had **10** confirmed Influenza-associated Hospitalizations (IAH) reported in week 19, bringing the total to **736** cases as of May 12, 2018. *81% of cases are flu type A, 95 were H3 strain-the majority were not subtyped.*

--There were no deaths reported

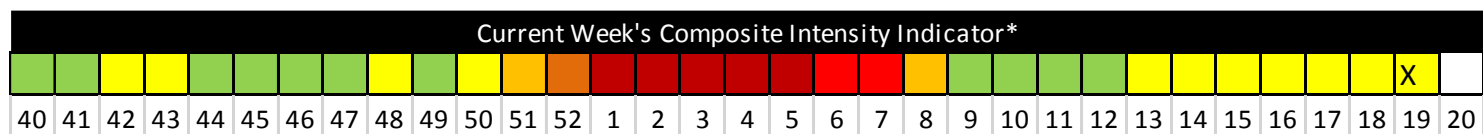
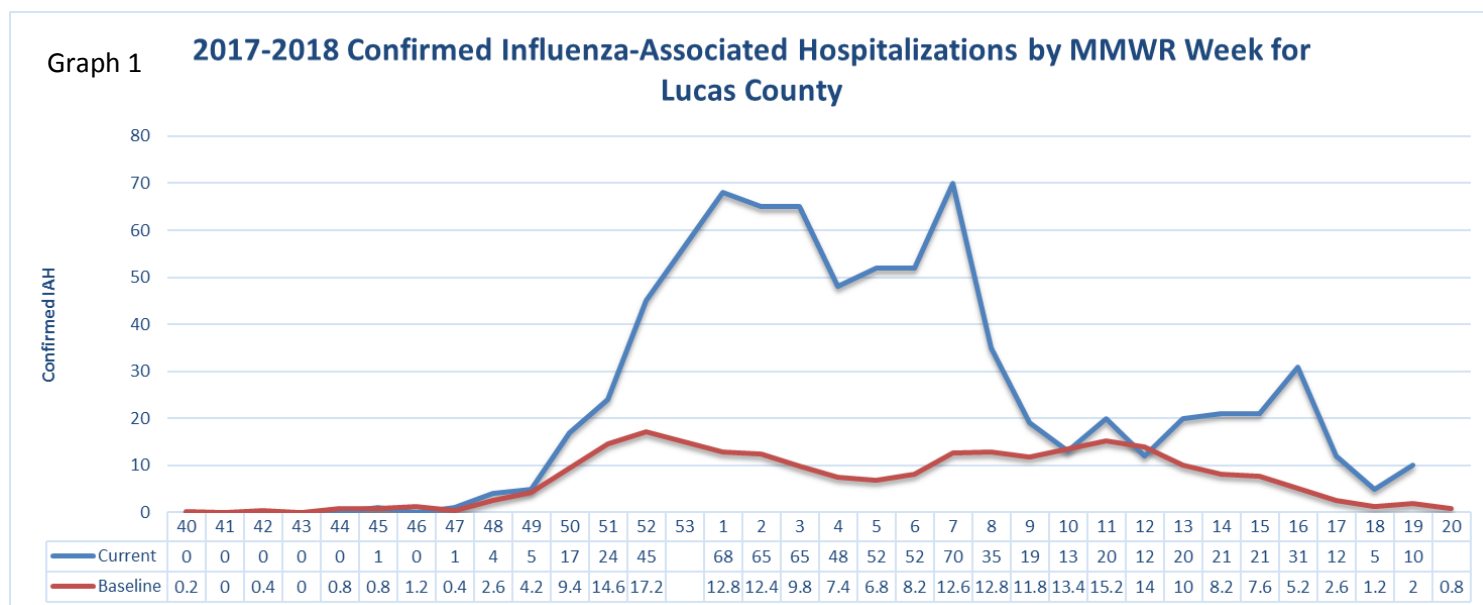
Gender Distribution of Cases: 55% female, 45% male

Lucas County accounts for 4.2% of the IAH reported in Ohio. Rate per 100,000 population^{**}: 165.91

^{*}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.



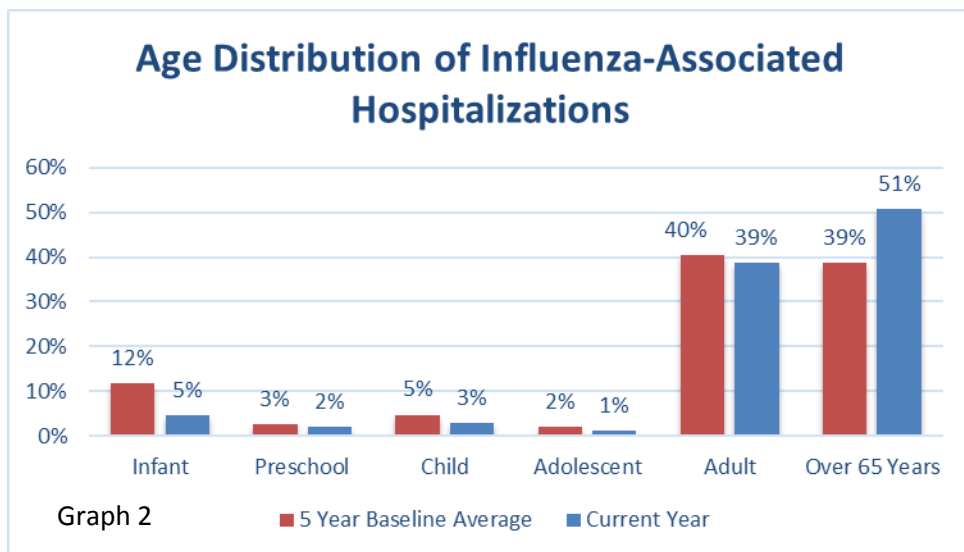
ED Visits are comprised of Influenza-like illness and respiratory syndrome as **compared to the baseline average**

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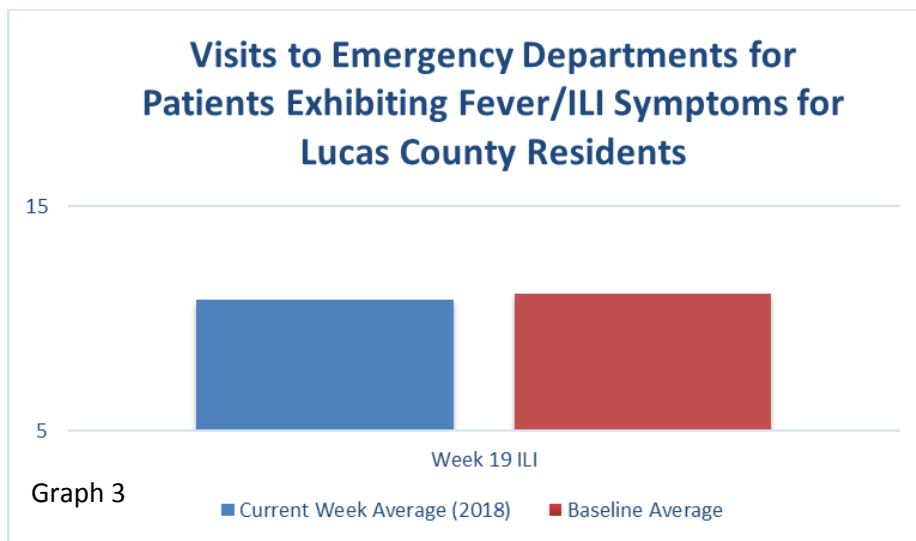
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The number of emergency department visits with patients exhibiting fever/ILI symptoms was right around baseline for MMWR 19. ILI (Influenza-Like Illness) is defined as a fever greater than or equal to 100 degrees F AND a cough or sore throat. (Graph 3)



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

Definition: Increased ILI in 1 region; ILI activity in other regions is not increased AND recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI, OR 2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased AND recent (within the past 3 weeks) lab evidence of influenza in region with the outbreaks; virus activity is no greater than sporadic in other regions.

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During MMWR Week 19, 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 also decreased during MMWR Week 19. The percentage of emergency department visits with patients exhibiting constitutional symptoms and ILI specified ED visits decreased. Reported cases of influenza-associated hospitalizations remain above the seasonal threshold* with 94 influenza-associated hospitalizations reported during MMWR Week 19.

State Surveillance:

- ODH lab has reported 1241 influenza tests from specimens sent from various submitters. 2017-2018 influenza season positive results: (683) A/H3N2; (105) A/pdmH1N1; (201) Influenza B; (through 05/12/2018).
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) has reported 80,375 influenza tests performed at participating facilities. 2017-2018 influenza season positive results: (208) H1N1, (644) A/H3N2, (11,368) Flu A Not Subtyped, and (4,530) Flu B (through 05/12/2018).
- 4 pediatric influenza-associated mortalities have been reported during the 2017-2018 season (through 05/12/2018).
- No novel influenza A virus infections have been reported during the 2017-2018 season (through 05/12/2018).
- Incidence of confirmed influenza-associated hospitalizations in 2017-2018 season = 17,355* (through 05/12/2018).

Regional Surveillance*: During week 18 (April 29th – May 5th, 2018), the proportion of outpatient visits for ILI in Region 5 (Ohio is in Region 5) was 1.03%, which is below the regional baseline of 1.8%. Kentucky reported Regional Activity; Ohio, West Virginia, Pennsylvania, and Michigan reported Local Activity; Indiana reported Sporadic Activity.

National Surveillance*: During week 18 (April 29th – May 5th, 2018), most U.S. states reported Minimal or Low influenza activity. The proportion of outpatient visits for ILI was 1.5%, which is below the national baseline of 2.2%. One of 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*

As US flu continues at low levels, CDC reports 2 more pediatric deaths

Post-epidemic influenza activity in the United States continues at much reduced levels, but CDC officials today confirmed 2 new flu-related deaths in children, bringing the number of pediatric fatalities this season to 165, the highest recorded since 2012-13.

The percentage of clinical visits for influenza-like illness stayed the same as the previous week, at 1.5%, well below the national baseline of 2.2%. Likewise, the number of states reporting geographically widespread flu remained the same, at three (Connecticut, Massachusetts, and New York).

The overall rate of hospitalization for flu, a marker that often lags other indicators, also held, at 106.0 per 100,000 population. For seniors, the number rose from 457.2 to 459.7 per 100,000 population.

As is common late in the flu season, respiratory specimens testing positive for influenza B continued to strongly outpace influenza A, totaling 65% for the week. (Over the season, however, influenza A has been twice as prevalent as influenza B, and the H3N2 strain has constituted 85% of "A" viruses that were subtyped.)

The two new pediatric deaths were both recorded in March, one caused by H3N2 and one by influenza B. The 2012-13 season saw 171 pediatric flu deaths, according to CDC data. ([CIDRAP](#))

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

[ODH Influenza Activity Summary MMWR 19](#)