

Ohio Department of Health Seasonal Influenza Activity Summary

MMWR Week 11

March 8th – March 14th, 2020

Current Influenza Activity:

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 High intensity for influenza-like illness (ILI) in outpatient settings reported by Ohio’s sentinel providers. The percentage of emergency department visits with patients exhibiting constitutional symptoms increased and are still above baseline levels statewide; fever and ILI specified ED visits increased and are also still above baseline levels. Reported cases of influenza-associated hospitalizations are above the seasonal threshold*. There were 579 influenza-associated hospitalizations reported during MMWR Week 11.

Ohio Weekly Influenza-associated Hospitalizations by Ohio Public Health Region

Central	47
East Central	126
Northeast	115
Northwest	68
Southeast	59
Southwest	96
West Central	68
Total	579

Ohio Influenza Activity Summary Dashboard:

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)	3.46%	14.95%	↑ 1	
Thermometer Sales (National Retail Data Monitor)	9996	193.65%	↑ 3	
Fever and ILI Specified ED Visits (EpiCenter)	4.20%	28.05%	↑ 2	
Constitutional ED Visits (EpiCenter)	15.60%	9.17%	↑ 1	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	579	-36.65%	↓ 3	
Outpatient Medical Claims Data ⁴	3.62%	-21.13%	-	

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

⁴Medical Claims Data provided by athenahealth® not available for week 11, data as of week 9 is shown.

*The seasonal threshold is 25 cases of influenza-associated hospitalizations; historical data demonstrate that once the weekly count exceeds 25 cases, the number of weekly cases thereafter will likely not decrease until after the peak of influenza activity for the season

State, Regional, and National Data:

Ohio Surveillance Data:

- **ODH lab** has reported **969 positive** influenza tests from specimens sent from sentinel ILINet providers and hospital clinical labs. 2019-2020 influenza season results: **(570) A/H1N1pdm09; (17) A/H3N2; (382) Influenza B;** (through 03/14/2020).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** has reported **75,071** influenza specimens tested by RT-PCR at participating facilities. 2019-2020 influenza season positive results: **(553) A/pdmH1N1; (3) A/H3N2; (8,619) Flu A Not Subtyped; and (8,380) Flu B;** (through 03/14/2020)
- **4 influenza-associated pediatric mortalities** have been reported during the 2019-2020 season (through 03/14/2020).
- No **novel influenza A virus infections** have been reported during the 2019-2020 season (through 03/14/2020).
- Incidence of confirmed **influenza-associated hospitalizations** in 2019-2020 season = **10,008** (through 03/14/2020).

HHS Regional Surveillance Data*: During week 10 (**March 1st – March 7th, 2020**), the proportion of outpatient visits for ILI in Region 5 (Ohio is in Region 5) decreased to 4.37%, which is **above** the regional baseline of 1.9%. Michigan, Ohio, West Virginia, Pennsylvania, Kentucky, and Indiana reported Widespread Activity.

National Surveillance Data*: During week 10 (**March 1st – March 7th, 2020**), the majority of the U.S. reported High influenza activity. The proportion of outpatient visits for ILI increased to 5.2%, which is **above** the national baseline of 2.4%. All 10 HHS regions reported ILI levels at or above their region-specific baseline level. While influenza B/Victoria viruses predominated earlier in the season, during recent weeks, influenza A(H1N1)pdm09 viruses have been reported more frequently than B/Victoria viruses nationally and in all surveillance regions. For the season, A(H1N1)pdm09 viruses are the predominant virus nationally.



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending Mar 07, 2020 - Week 10



*This map indicates geographic spread and does not measure the severity of influenza activity.

2019-2020 Influenza Vaccine Components:

A/B	Virus	Trivalent (High-dose only)	Quadrivalent
A	A/Brisbane/02/2018 (H1N1)pdm09-like	X	X
A	A/Kansas/14/2017 (H3N2)-like virus	X	X
B	B/Colorado/06/2017-like virus (Victoria lineage)	X	X
B	Phuket/3073/2013-like (B/Yamagata lineage)		X

Antigenic Characterization:

CDC **antigenically characterizes** a subset of influenza viruses by [hemagglutination inhibition \(HI\)](#) or neutralization based Focus Reduction assays (FRA). Antigenic drift is evaluated by comparing antigenic properties of cell-propagated reference viruses representing currently recommended vaccine components with those of cell-propagated circulating viruses. CDC antigenically characterized 403 influenza viruses collected in the United States from September 29, 2019, to March 7, 2020. These data are not used to make calculations about [vaccine effectiveness \(VE\)](#). CDC conducts [VE studies](#) each year to measure the benefits of flu vaccines in people.

Influenza A Viruses

- **A (H1N1)pdm09:** 153 A(H1N1)pdm09 viruses were antigenically characterized by HI with ferret antisera, and 123 (80.4%) were antigenically similar (reacting at titers that were within 4-fold of the homologous virus titer) to cell-propagated A/Brisbane/02/2018-like reference viruses representing the A(H1N1)pdm09 component for the 2019-20 Northern Hemisphere influenza vaccines. The decrease in the percent of A(H1N1)pdm09 viruses similar to A/Brisbane/02/2018 is due to some of the recent viruses selected for testing having a single amino acid change that is antigenically distinguishable in antigenic assays using ferret sera. Similar viruses were observed last season as well and these represented a small proportion of virus circulating. We have observed an increase in the proportion of H1N1pdm09 viruses with this change late in the US season.
- **A (H3N2):** 76 A(H3N2) viruses were antigenically characterized by FRA with ferret antisera, and 31 (40.8%) were antigenically similar to cell-propagated A/Kansas/14/2017-like reference viruses representing the A(H3N2) component for the 2019-20 Northern Hemisphere influenza vaccines.

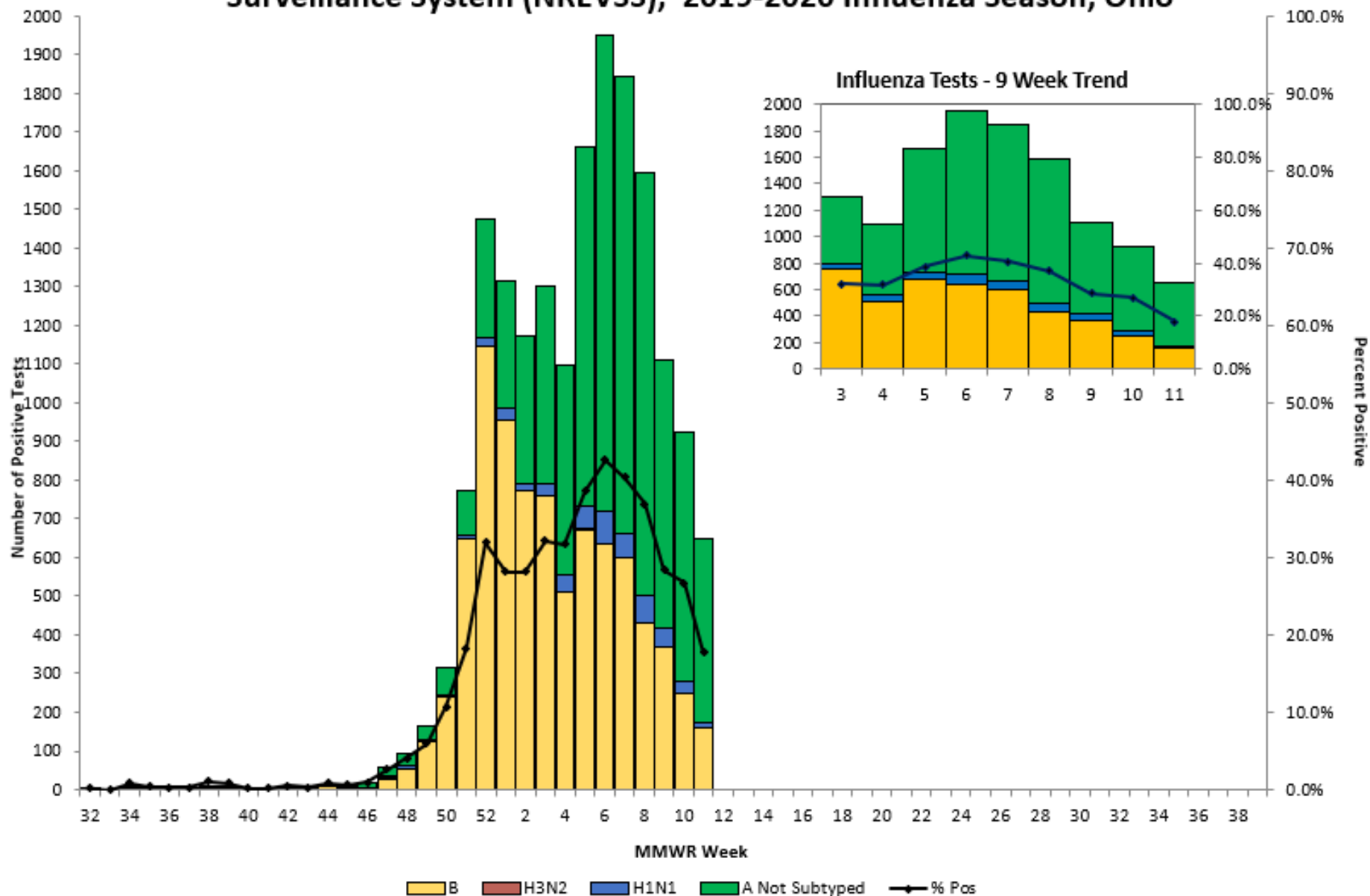
Influenza B Viruses

- **B/Victoria:** 146 B/Victoria lineage viruses, including viruses from both co-circulating sub-clades, were antigenically characterized by HI with ferret antisera, and 95 (65.1%) were antigenically similar to cell-propagated B/Colorado/06/2017-like reference viruses representing the B/Victoria component for the 2019-20 Northern Hemisphere influenza vaccines.
- **B/Yamagata:** 28 B/Yamagata lineage viruses were antigenically characterized by HI with ferret antisera, and all 28 (100%) were antigenically similar to cell-propagated B/Phuket/3073/2013-like reference viruses representing the B/Yamagata component for the 2019-20 Northern Hemisphere influenza vaccines.

National activity levels and more information can be found at the following CDC pages:

- <http://www.cdc.gov/flu/weekly/usmap.htm>
- <http://www.cdc.gov/flu/>

Positive Influenza Tests (PCR), National Respiratory and Enteric Virus Surveillance System (NREVSS), 2019-2020 Influenza Season, Ohio



**Influenza-Associated Hospitalizations, Ohio
2019-2020 Season***

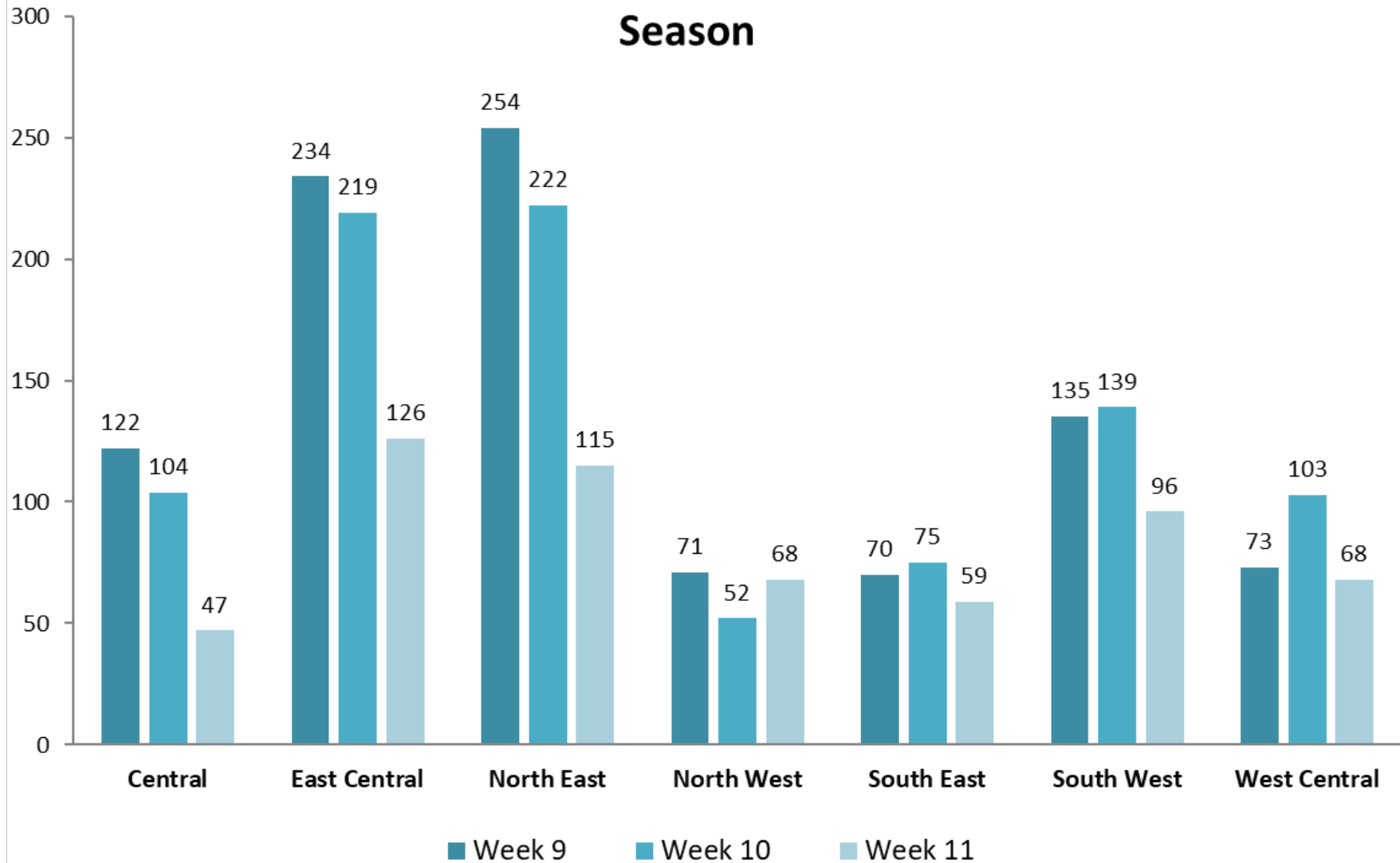
County	Influenza-Associated Hospitalizations	Percent of All Influenza-Associated Hospitalizations	Rate per 100,000 Population†	County	Influenza-Associated Hospitalizations	Percent of All Influenza-Associated Hospitalizations	Rate per 100,000 Population†
ADAMS	15	0.1%	52.54	LOGAN	16	0.2%	34.89
ALLEN	116	1.2%	109.09	LORAIN	202	2.0%	67.03
ASHLAND	34	0.3%	63.98	LUCAS	363	3.6%	82.16
ASHTABULA	118	1.2%	116.26	MADISON	27	0.3%	62.16
ATHENS	33	0.3%	50.96	MAHONING	223	2.2%	93.37
AUGLAIZE	29	0.3%	63.11	MARION	57	0.6%	85.71
BELMONT	36	0.4%	51.14	MEDINA	102	1.0%	59.19
BROWN	12	0.1%	26.76	MEIGS	15	0.1%	63.10
BUTLER	286	2.9%	77.69	MERCER	43	0.4%	105.36
CARROLL	12	0.1%	41.61	MIAMI	80	0.8%	78.04
CHAMPAIGN	37	0.4%	92.28	MONROE	6	0.1%	40.98
CLARK	186	1.9%	134.46	MONTGOMERY	747	7.5%	139.59
CLERMONT	118	1.2%	59.79	MORGAN	12	0.1%	79.71
CLINTON	23	0.2%	54.71	MORROW	15	0.1%	43.07
COLUMBIANA	87	0.9%	80.67	MUSKINGUM	85	0.8%	98.75
COSHOCTON	34	0.3%	92.14	NOBLE	3	0.0%	20.48
CRAWFORD	27	0.3%	61.67	OTTAWA	24	0.2%	57.93
CUYAHOGA	1906	19.0%	148.89	PAULDING	6	0.1%	30.59
DARKE	34	0.3%	64.20	PERRY	33	0.3%	91.52
DEFIANCE	16	0.2%	40.99	PICKAWAY	45	0.4%	80.79
DELAWARE	43	0.4%	24.68	PIKE	27	0.3%	94.05
ERIE	61	0.6%	79.14	PORTAGE	119	1.2%	73.72
FAIRFIELD	81	0.8%	55.42	PREBLE	35	0.3%	82.80
FAYETTE	16	0.2%	55.12	PUTNAM	13	0.1%	37.68
FRANKLIN	777	7.8%	66.79	RICHLAND	94	0.9%	75.52
FULTON	34	0.3%	79.63	ROSS	89	0.9%	114.01
GALLIA	22	0.2%	71.12	SANDUSKY	47	0.5%	77.12
GEAUGA	59	0.6%	63.18	SCIOTO	96	1.0%	120.76
GREENE	141	1.4%	87.27	SENECA	19	0.2%	33.48
GUERNSEY	27	0.3%	67.35	SHELBY	51	0.5%	103.19
HAMILTON	751	7.5%	93.60	STARK	338	3.4%	89.99
HANCOCK	29	0.3%	38.78	SUMMIT	560	5.6%	103.36
HARDIN	4	0.0%	12.48	TRUMBULL	196	2.0%	93.19
HARRISON	12	0.1%	75.64	TUSCARAWAS	53	0.5%	57.25
HENRY	16	0.2%	56.71	UNION	19	0.2%	36.33
HIGHLAND	37	0.4%	84.88	VAN WERT	3	0.0%	10.44
HOCKING	10	0.1%	34.04	VINTON	13	0.1%	96.76
HOLMES	22	0.2%	51.93	WARREN	151	1.5%	70.99
HURON	52	0.5%	87.21	WASHINGTON	55	0.5%	89.03
JACKSON	35	0.3%	105.34	WAYNE	54	0.5%	47.15
JEFFERSON	11	0.1%	15.78	WILLIAMS	12	0.1%	31.88
KNOX	23	0.2%	37.75	WOOD	79	0.8%	62.95
LAKE	187	1.9%	81.29	WYANDOT	13	0.1%	57.48
LAWRENCE	66	0.7%	105.68	UNKNOWN	0	0.0%	*
LICKING	93	0.9%	55.86	TOTAL	10008	100%	86.75

*2019-2020 Season 09/29/2019 thru 09/26/2020; data as of 03/08/2020

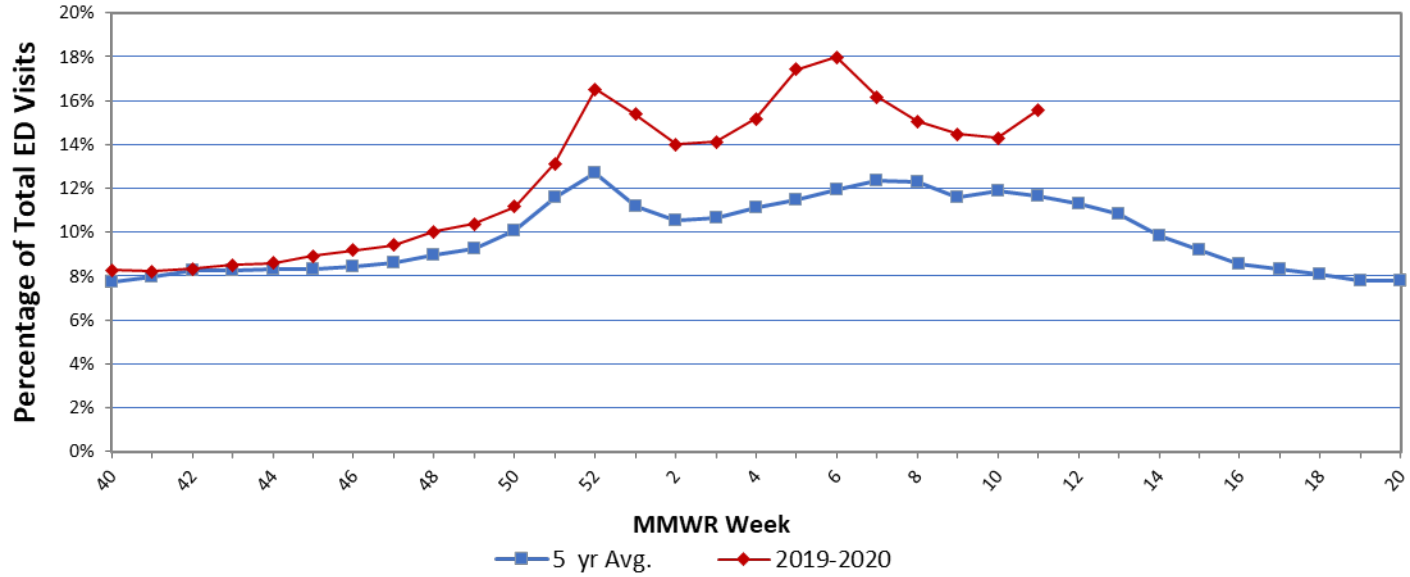
† Disease rates were calculated by number of cases per 100,000 residents using 2010 census data.

Source: Ohio Disease Reporting System

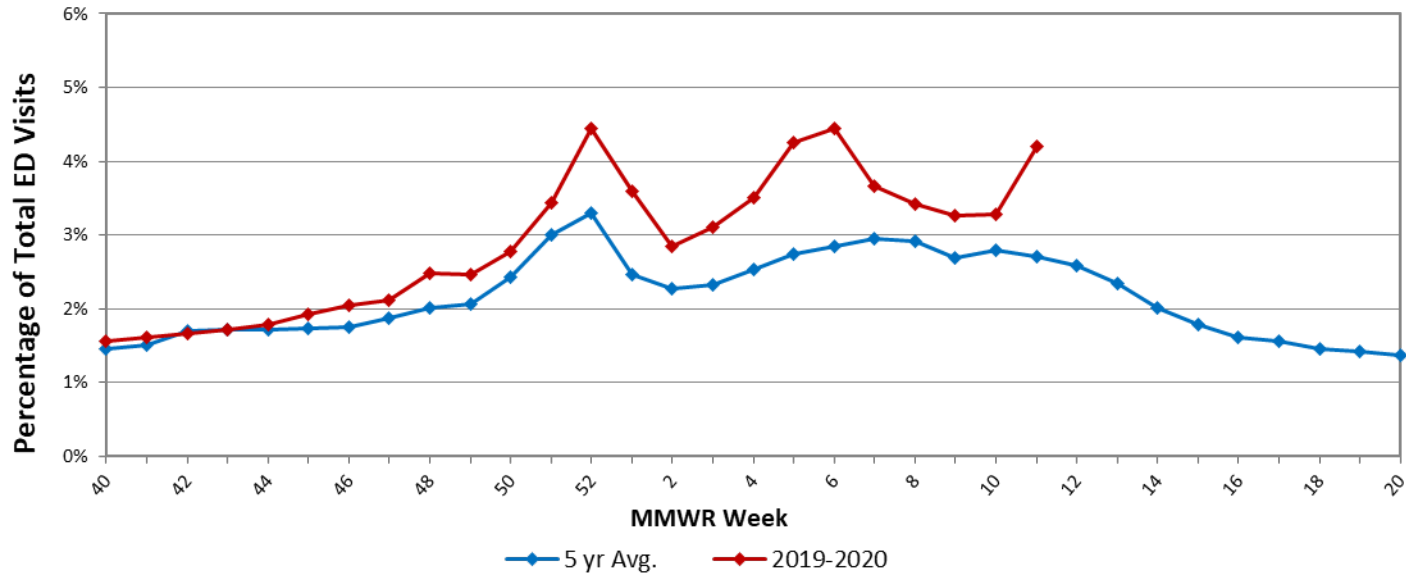
Influenza-associated Hospitalizations by Public Health Region and MMWR Week, Ohio, 2019-2020 Influenza Season



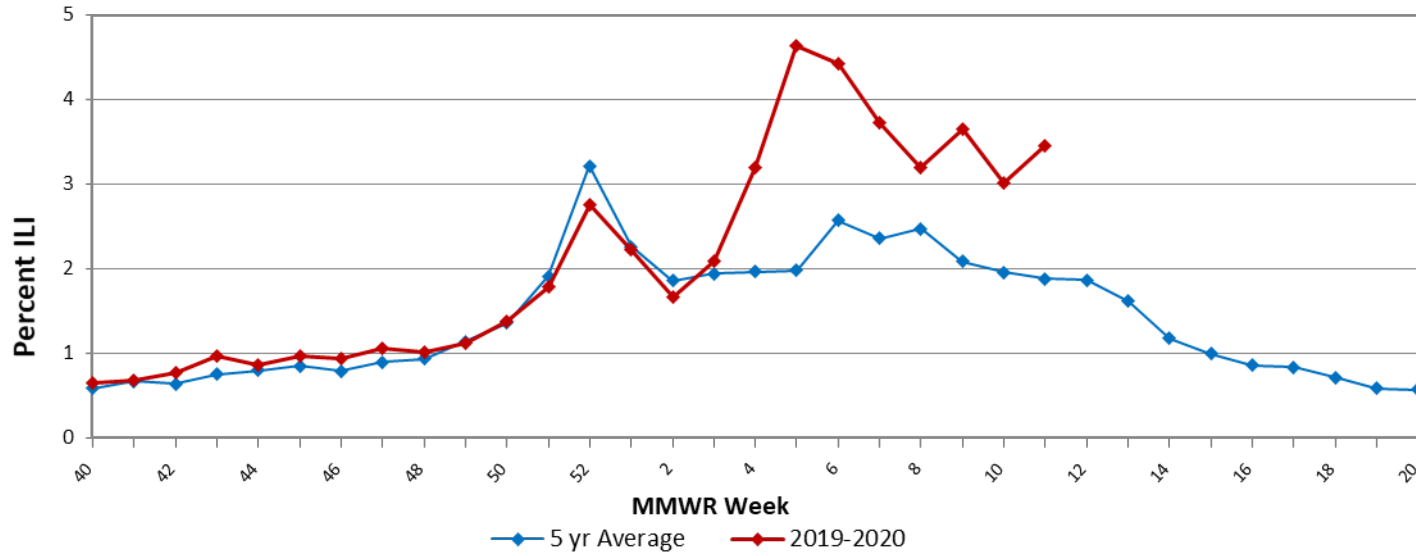
Ohio Constitutional ED Visits with 5 Year Baseline Average; 2019-2020



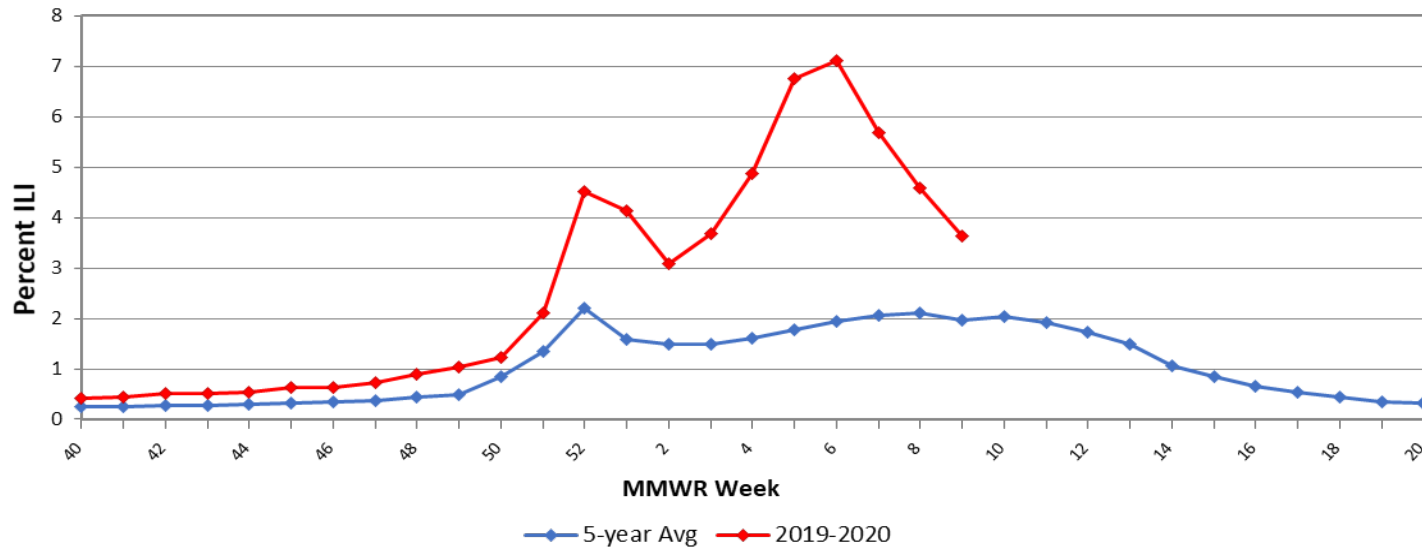
Ohio Fever & ILI Specified ED Visits with 5 Year Baseline Average; 2019-2020



Ohio Outpatient Influenza-like Illness Network (ILINet) with 5 Year Baseline Average; 2019-2020

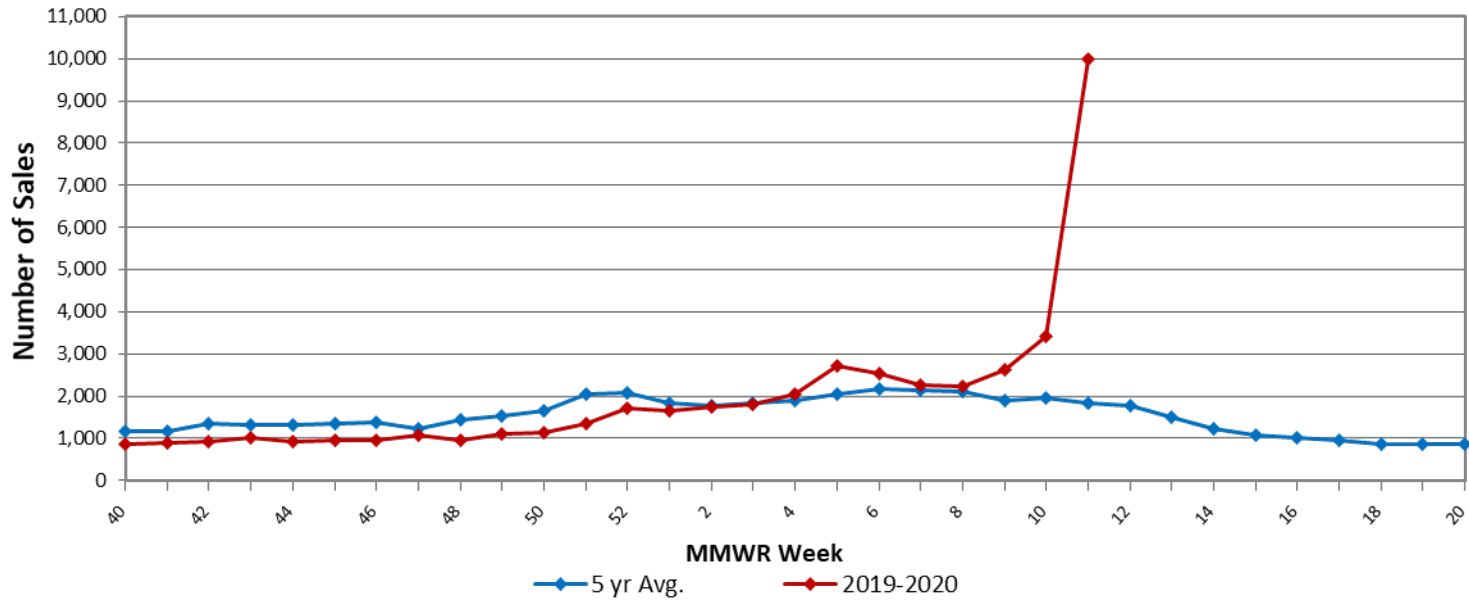


AthenaHealth: Ohio Influenza Related Outpatient Medical Claims with 5 Year Baseline Average; 2019-2020

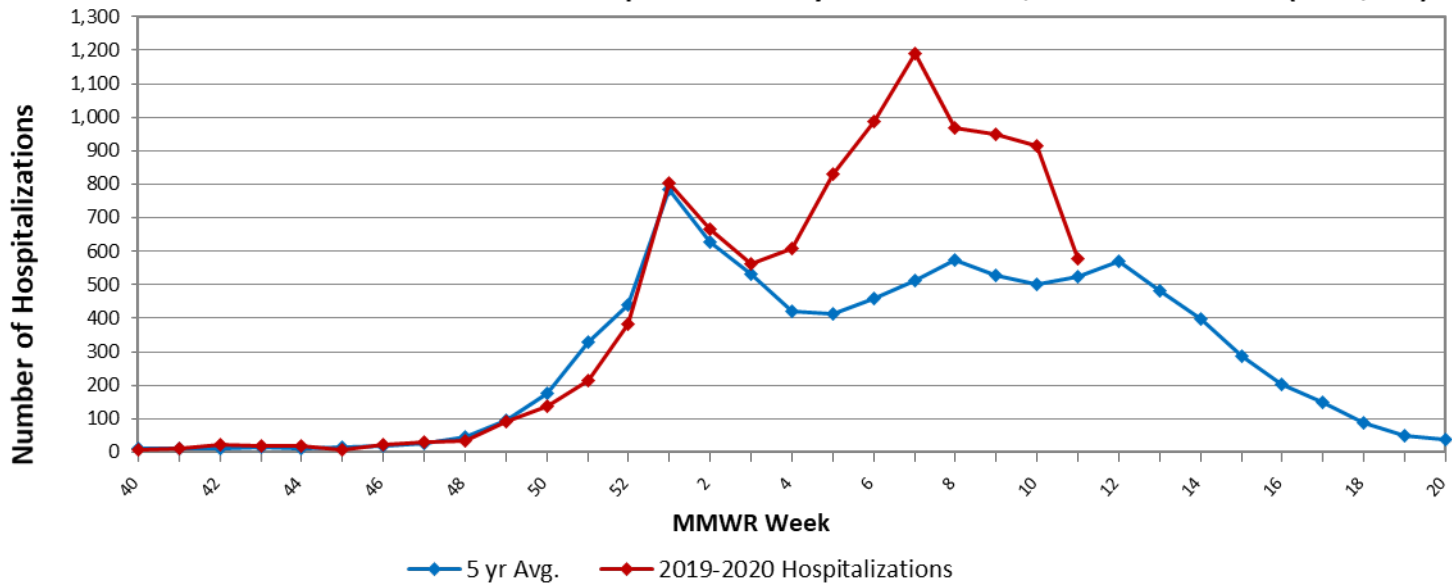


Medical Claims Data provided by athenahealth® not available for week 11, week 9 data are shown.

Ohio Thermometer Sales with 5 Year Baseline Average; 2019-2020



Ohio Confirmed Influenza-associated Hospitalizations by MMWR Week; 2019-2020 Season (n=10,008)



Sources of Influenza Surveillance Data

- **National Retail Data Monitor (NRDM)-OTC Drug Purchases:** The NRDM collects over-the-counter (OTC) drug sales information from approximately 1,420 Ohio chain drug stores and grocery stores. For influenza surveillance, thermometer and adult cold relief sales are monitored on a weekly basis.
- **Emergency Department Visits (EpiCenter):** EpiCenter collects emergency department chief complaint data from 180 hospitals and urgent care facilities across Ohio in real time and classifies them into symptom and syndrome categories. Chief complaints from the constitutional syndrome category and the fever + ILI symptoms classifier are analyzed for influenza surveillance.
- **Sentinel Providers (ILINet):** Sentinel providers, through the US Influenza-like Illness Surveillance Network (ILINet), collect outpatient influenza-like illness (ILI) data. ILI is defined as a fever (≥ 100 F), **and** cough and/or sore throat without another known cause. Providers report the total number of patients seen and the number of patients with ILI by age group on a weekly basis. Sentinel providers also submit specimens for influenza testing to the ODH laboratory throughout the influenza season. There are 70 sentinel providers enrolled in Ohio for the 2019-2020 season.
- **ODH Laboratory Surveillance:** The Ohio Department of Health Laboratory reports the number of specimens that test positive for influenza each week. Generally, specimens are submitted by sentinel provider participants. A subset of the positive specimens is sent to CDC for further testing during the season.
- **Influenza-associated Hospitalizations (ODRS):** Influenza-associated hospitalizations are reported to ODH from local health departments and hospitals by direct entry into the Ohio Disease Reporting System (ODRS). Hospitalizations can be used as an indicator of the severity of illness during a particular influenza season. This condition became reportable in 2009.
- **Influenza-associated Pediatric Mortality (ODRS):** Influenza-associated pediatric mortalities are reported into ODRS by local health department and hospital staff. Pediatric deaths can be an indicator of the severity of illness during the influenza season. This condition became reportable in 2005.
- **National Respiratory and Enteric Virus Surveillance System (NREVSS):** The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses and rotavirus. There are 19 facilities in Ohio that submit data to this system.
- **athenahealth®:** athenahealth is a technology and services company for medical billing and electronic health records. Diagnosis and procedure data from primary care visits are automatically queried to produce influenza related statistics.

Ohio Public Health Regions: These counties comprise the Ohio Public Health Regions described in the figures shown on pages 1 and 5.

Central		East Central		Noth East	North West		South East		South West	West Central
CRAWFORD	LOGAN	ASHLAND	RICHLAND	ASHTABULA	ALLEN	MERCER	ATHENS	MONROE	ADAMS	CHAMPAIGN
DELAWARE	MADISON	CARROLL	STARK	CUYAHOGA	AUGLAIZE	OTTAWA	BELMONT	MORGAN	BROWN	CLARK
FAIRFIELD	MARION	COLUMBIANA	SUMMIT	GEAUGA	DEFIANCE	PAULDING	COSHOCTON	MUSKINGUM	BUTLER	DARKE
FAYETTE	MORROW	HOLMES	TRUMBULL	LAKE	ERIE	PUTNAM	GALLIA	NOBLE	CLERMONT	GREENE
FRANKLIN	PICKAWAY	MAHONING	TUSCARAWAS	LORAIN	FULTON	SANDUSKY	GUERNSEY	PERRY	CLINTON	MIAMI
HARDIN	UNION	MEDINA	WAYNE		HANCOCK	SENECA	HARRISON	PIKE	HAMILTON	MONTGOMERY
KNOX	WYANDOT	PORTAGE			HENRY	VAN WERT	HOCKING	ROSS	HIGHLAND	PREBLE
LICKING					HURON	WILLIAMS	JACKSON	SCIOTO	WARREN	SHELBY
					LUCAS	WOOD	JEFFERSON	VINTON		
							LAWRENCE	WASHINGTON		
							MEIGS			

If you have any further questions or comments about surveillance for seasonal influenza for the State of Ohio, please contact the Infectious Disease Informatics and Vaccine Preventable Disease Epidemiology Unit at SMED@odh.ohio.gov or call (614) 995-5599.