



Ohio Department of Health Seasonal Influenza Activity Summary MMWR Week 20 May 13th – May 19th, 2018

**** THIS WILL BE THE LAST INFLUENZA SURVEILLANCE WEEKLY REPORT OF THE 2017-2018 **
INFLUENZA SEASON. ODH WILL CONTINUE PERFORMING WEEKLY SURVEILLANCE BUT WILL
DISCONTINUE POSTING THE REPORT UNTIL THE START OF THE 2018-2019 INFLUENZA SEASON**

Current Influenza Activity:

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;

During MMWR Week 20, 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 46 influenza-associated hospitalizations reported during MMWR Week 20.

Ohio Weekly Influenza-associated Hospitalizations by Ohio Public Health Region

Central	6
East Central	12
Northeast	12
Northwest	9
Southeast	0
Southwest	3
West Central	4
Total	46

Weekly influenza-associated hospitalization totals are provisional and may be subject to change as more information is reported. Combined weekly totals presented in this report may not reflect the seasonal totals reported in subsequent reports.

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)	0.17%	-77.92%	↓ 3	
Thermometer Sales (National Retail Data Monitor)	781	11.01%	↑ 1	
Fever and ILI Specified ED Visits (EpiCenter)	1.36%	-4.90%	↓ 3	
Constitutional ED Visits (EpiCenter)	7.82%	-1.76%	↓ 3	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	46	-51.06%	↓ 8	
Outpatient Medical Claims Data⁴	0.22%	-8.33%	↓ 7	

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®

*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 **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 05/19/2018).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** has reported **81,391** influenza tests performed at participating facilities. 2017-2018 influenza season positive results: **(209) H1N1, (644) A/H3N2, (11,384) Flu A Not Subtyped, and (4,551) Flu B** (through 05/19/2018).
- **4 pediatric influenza-associated mortalities** have been reported during the 2017-2018 season (through 05/19/2018).
- No **novel influenza A virus infections** have been reported during the 2017-2018 season (through 05/19/2018).
- Incidence of confirmed **influenza-associated hospitalizations** in 2017-2018 season = **17,397*** (through 05/19/2018).

Regional Surveillance Data:** During week 19 (May 6th – May 12th, 2018), the proportion of outpatient visits for ILI in Region 5 (Ohio is in Region 5) was 0.96%, which is below the regional baseline of 1.8%. Kentucky reported Regional Activity; Ohio and Michigan reported Local Activity; West Virginia, Pennsylvania, and Indiana reported Sporadic Activity.

National Surveillance Data:** During week 19 (May 6th – May 12th, 2018), most U.S. states reported Minimal or Low influenza activity. The proportion of outpatient visits for ILI was 1.2%, which is **below** 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**.

*Weekly influenza-associated hospitalization totals are provisional and may be subject to change as more information is reported. Combined weekly totals presented in this report may not reflect the seasonal totals reported in subsequent reports.

**National-level and regional-level data are reported one week later than Ohio state-level data

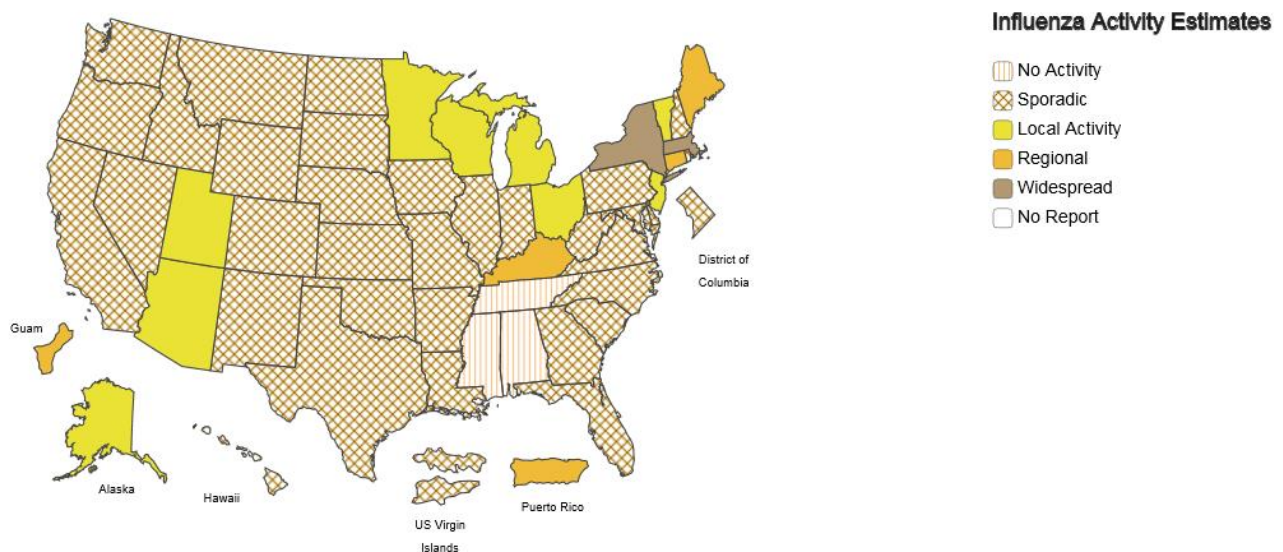
FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending May 12, 2018 - Week 19



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

2017-2018 Influenza Vaccine Components:

A/B	Virus	Trivalent	Quadrivalent
A	Michigan/45/2015 (H1N1)pdm09-like	X	X
A	Hong Kong/4801/2014 (H3N2)-like	X	X
B	Brisbane/60/2008-like (B/Victoria lineage)	X	X
B	Phuket/3073/2013-like (B/Yamagata lineage)		X

Influenza Virus Characterization:

CDC has antigenically or genetically characterized 3,174 influenza viruses collected during October 1, 2017 – May 12, 2018, and submitted by U.S. laboratories, including 791 influenza A(H1N1)pdm09 viruses, 1,274 influenza A(H3N2) viruses, and 1,109 influenza B viruses.

Influenza A Viruses

- **A (H1N1)pdm09:** Phylogenetic analysis of the HA genes from 791 A(H1N1)pdm09 viruses showed that all belonged to clade 6B.1. Seven hundred and eight A(H1N1)pdm09 viruses were antigenically characterized, and all were antigenically similar (analyzed using HI with ferret antisera) to the reference 6B.1 virus A/Michigan/45/2015, representing the recommended influenza A(H1N1)pdm09 reference virus for the 2017–18 Northern Hemisphere influenza vaccines.
- **A (H3N2):** Phylogenetic analysis of the HA genes from 1,274 A(H3N2) viruses revealed extensive genetic diversity with multiple clades/subclades co-circulating. The HA genes of circulating viruses belonged to clade 3C.2a (n=1,043), subclade 3C.2a1 (n=143) or clade 3C.3a (n=88). Six hundred thirty-five influenza A(H3N2) viruses were antigenically characterized, and 596 (93.9%) A(H3N2) viruses tested were well-inhibited (reacting at titers that were within fourfold of the homologous virus titer) by ferret antisera raised against A/Michigan/15/2014 (3C.2a), a cell-propagated A/Hong Kong/4801/2014-like reference virus representing the A(H3N2) component of 2017–18 Northern Hemisphere influenza vaccines.

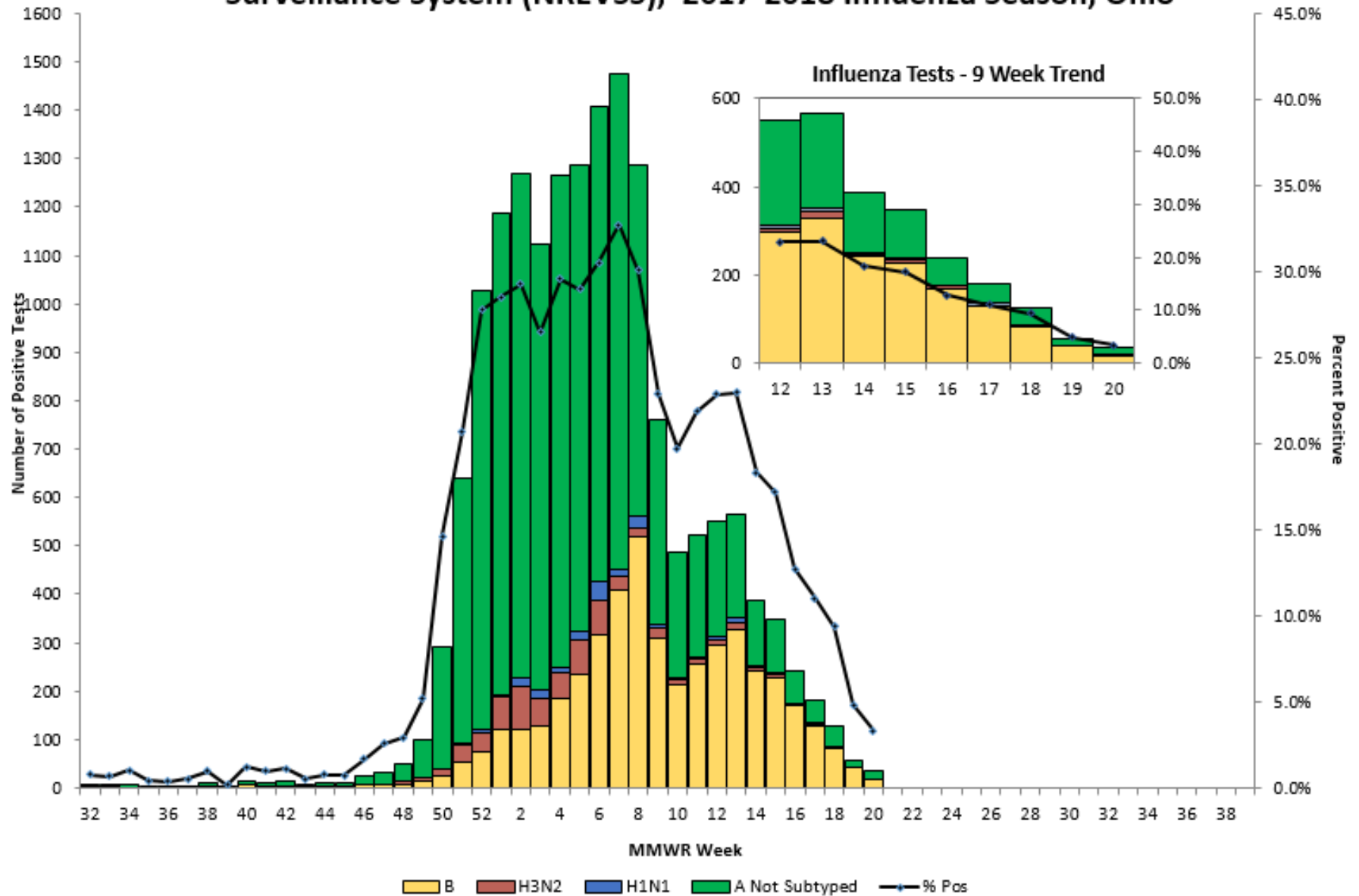
Influenza B Viruses

- **B/Victoria:** Phylogenetic analysis of 263 B/Victoria-lineage viruses indicate that all HA genes belonged to genetic clade V1A, the same genetic clade as the vaccine reference virus, B/Brisbane/60/2008. However, a number of viruses had a 6-nucleotide deletion (encoding amino acids 162 and 163) in the HA (abbreviated as V1A-2Del). Forty-six (24.9%) B/Victoria lineage viruses were well-inhibited by ferret antisera raised against cell-propagated B/Brisbane/60/2008 reference virus, representing a recommended B virus component of 2017–18 Northern Hemisphere influenza vaccines. One hundred thirty-nine (75.1%) B/Victoria lineage viruses reacted poorly (at titers that were 8-fold or greater reduced compared with the homologous virus titer) with ferret antisera raised against cell-propagated B/Brisbane/60/2008, and these viruses had the V1A-2Del HA.
- **B/Yamagata:** Phylogenetic analysis of 846 influenza B/Yamagata-lineage viruses indicate that the HA genes belonged to clade Y3. A total of 738 influenza B/Yamagata-lineage viruses were antigenically characterized, and all were antigenically similar to cell-propagated B/Phuket/3073/2013, the reference vaccine virus representing the influenza B/Yamagata-lineage component of the 2017–18 Northern Hemisphere quadrivalent 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), 2017-2018 Influenza Season, Ohio



**Influenza-Associated Hospitalizations, Ohio
2017-2018 Season***

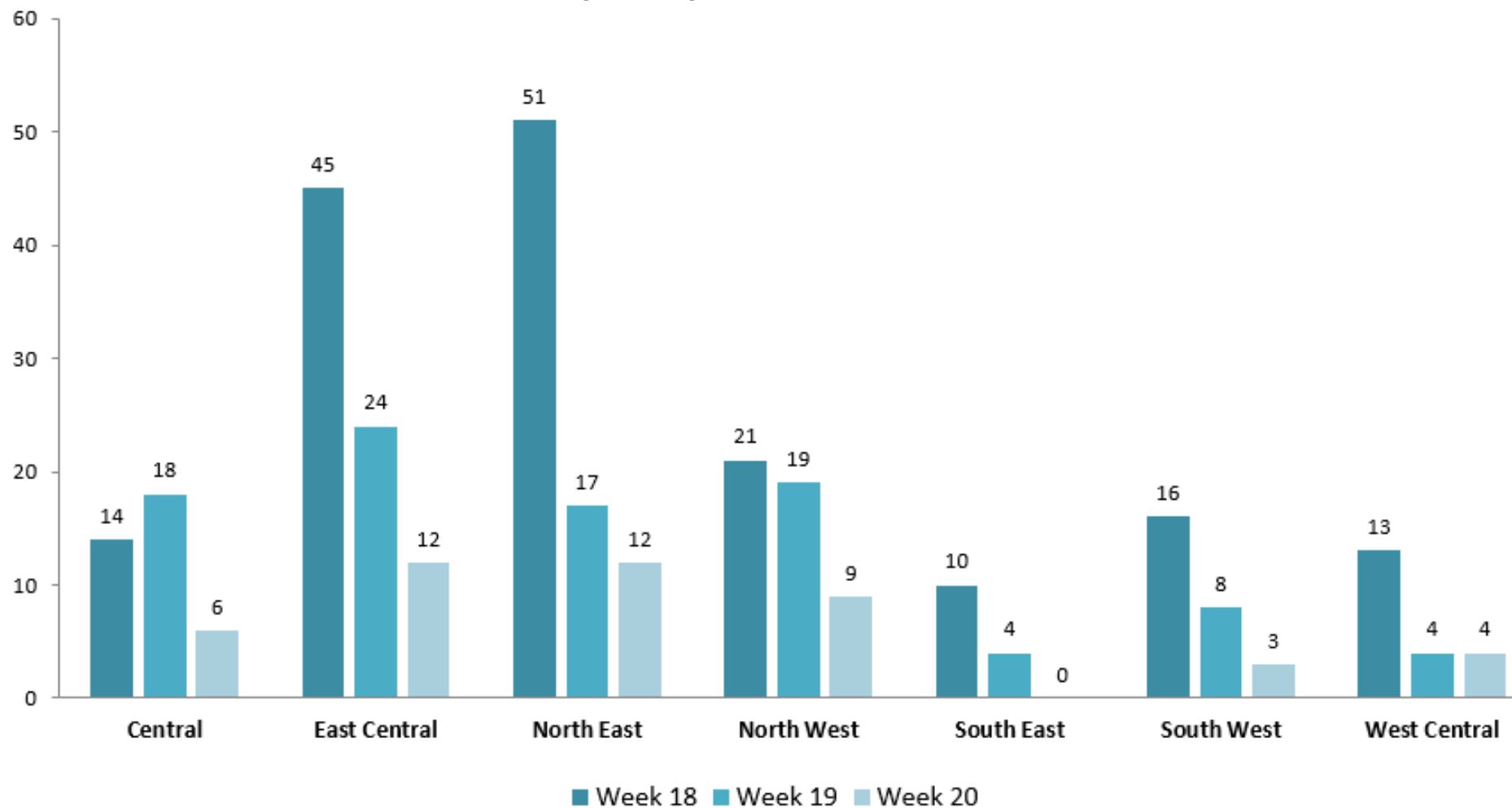
County	Influenza-Associated Hospitalizations	Percent of All Influenza-Associated Hospitalizations	Rate per 100,000 Population†	County	Influenza-Associated Hospitalizations	Percent of All Influenza-Associated Hospitalizations	Rate per 100,000 Population†
ADAMS	11	0.1%	38.53	LOGAN	21	0.1%	45.79
ALLEN	214	1.2%	201.26	LORAIN	310	1.8%	102.87
ASHLAND	51	0.3%	95.97	LUCAS	738	4.2%	167.04
ASHTABULA	115	0.7%	113.30	MADISON	93	0.5%	214.11
ATHENS	57	0.3%	88.02	MAHONING	445	2.6%	186.33
AUGLAIZE	64	0.4%	139.28	MARION	151	0.9%	227.06
BELMONT	60	0.3%	85.23	MEDINA	253	1.5%	146.81
BROWN	7	0.0%	15.61	MEIGS	24	0.1%	100.97
BUTLER	521	3.0%	141.53	MERCER	58	0.3%	142.11
CARROLL	70	0.4%	242.75	MIAMI	124	0.7%	120.97
CHAMPAIGN	60	0.3%	149.64	MONROE	13	0.1%	88.79
CLARK	353	2.0%	255.18	MONTGOMERY	989	5.7%	184.81
CLERMONT	297	1.7%	150.48	MORGAN	12	0.1%	79.71
CLINTON	38	0.2%	90.39	MORROW	46	0.3%	132.08
COLUMBIANA	165	0.9%	153.00	MUSKINGUM	134	0.8%	155.68
COSHOCTON	22	0.1%	59.62	NOBLE	16	0.1%	109.25
CRAWFORD	38	0.2%	86.79	OTTAWA	69	0.4%	166.55
CUYAHOGA	2764	15.9%	215.92	PAULDING	24	0.1%	122.36
DARKE	92	0.5%	173.72	PERRY	29	0.2%	80.43
DEFIANCE	35	0.2%	89.66	PICKAWAY	95	0.5%	170.56
DELAWARE	143	0.8%	82.08	PIKE	36	0.2%	125.40
ERIE	121	0.7%	156.98	PORTAGE	222	1.3%	137.53
FAIRFIELD	85	0.5%	58.16	PREBLE	49	0.3%	115.92
FAYETTE	17	0.1%	58.56	PUTNAM	44	0.3%	127.54
FRANKLIN	1270	7.3%	109.16	RICHLAND	141	0.8%	113.28
FULTON	54	0.3%	126.47	ROSS	120	0.7%	153.72
GALLIA	37	0.2%	119.61	SANDUSKY	83	0.5%	136.19
GEAUGA	130	0.7%	139.20	SCIOTO	129	0.7%	162.27
GREENE	272	1.6%	168.34	SENECA	51	0.3%	89.88
GUERNSEY	56	0.3%	139.70	SHELBY	58	0.3%	117.35
HAMILTON	1128	6.5%	140.58	STARK	700	4.0%	186.38
HANCOCK	83	0.5%	110.99	SUMMIT	1183	6.8%	218.35
HARDIN	41	0.2%	127.89	TRUMBULL	363	2.1%	172.60
HARRISON	9	0.1%	56.73	TUSCARAWAS	122	0.7%	131.78
HENRY	41	0.2%	145.31	UNION	57	0.3%	108.99
HIGHLAND	51	0.3%	117.00	VAN WERT	14	0.1%	48.71
HOCKING	25	0.1%	85.09	VINTON	18	0.1%	133.98
HOLMES	34	0.2%	80.25	WARREN	269	1.5%	126.47
HURON	71	0.4%	119.08	WASHINGTON	112	0.6%	181.29
JACKSON	70	0.4%	210.68	WAYNE	176	1.0%	153.68
JEFFERSON	173	1.0%	248.17	WILLIAMS	54	0.3%	143.46
KNOX	54	0.3%	88.64	WOOD	200	1.1%	159.38
LAKE	268	1.5%	116.50	WYANDOT	25	0.1%	110.55
LAWRENCE	52	0.3%	83.27	UNKNOWN	0	0.0%	*
LICKING	208	1.2%	124.93	TOTAL	17397	100%	150.80

*2017-2018 Season 10/1/2017 thru 9/30/2018

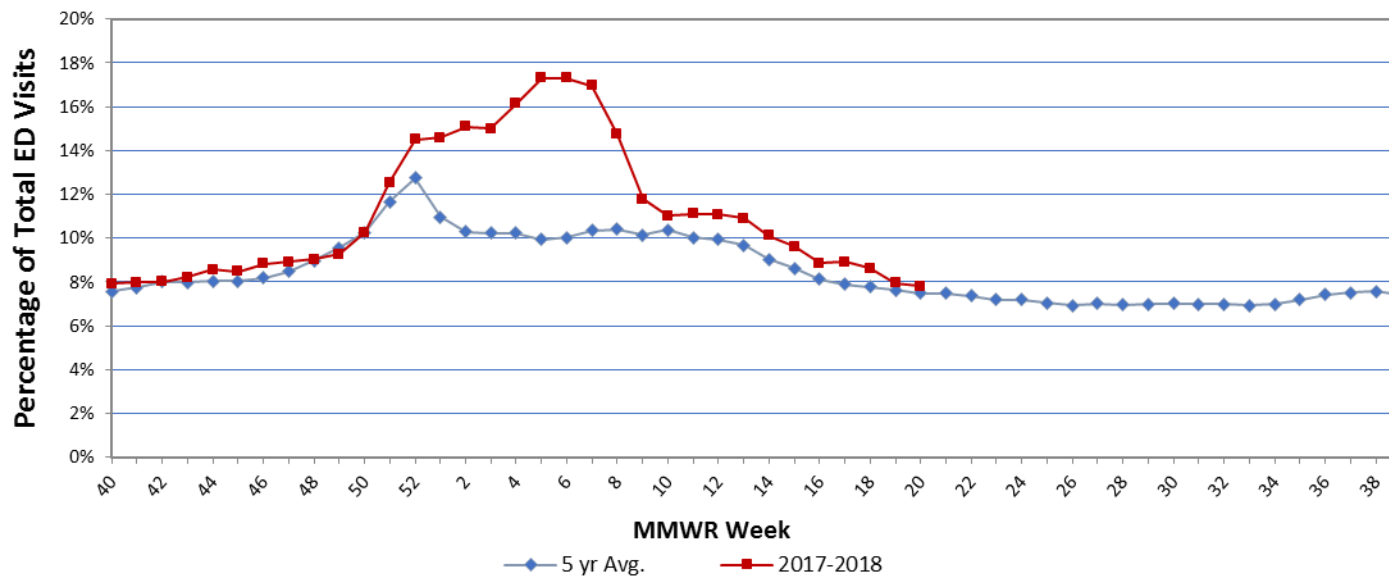
† Disease rates were calculated by number of cases per 100,000 residents using 2010 census data.

Source: Ohio Disease Reporting System

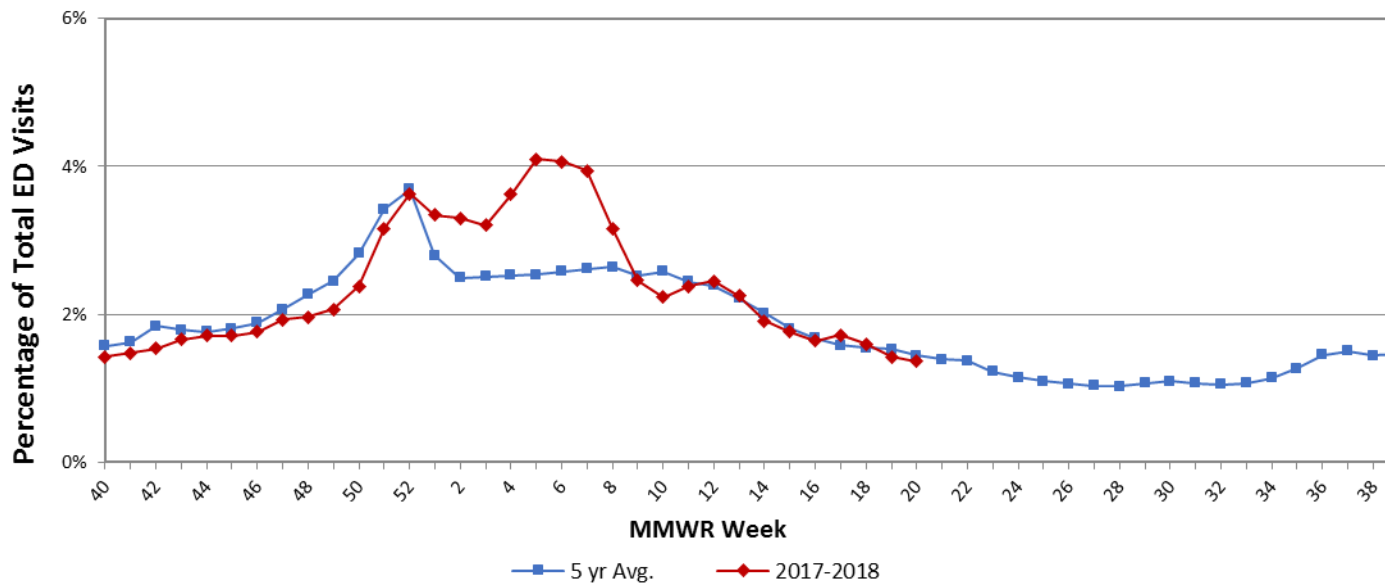
Influenza-associated Hospitalizations by Public Health Region and MMWR Week, Ohio, 2017-2018 Influenza Season



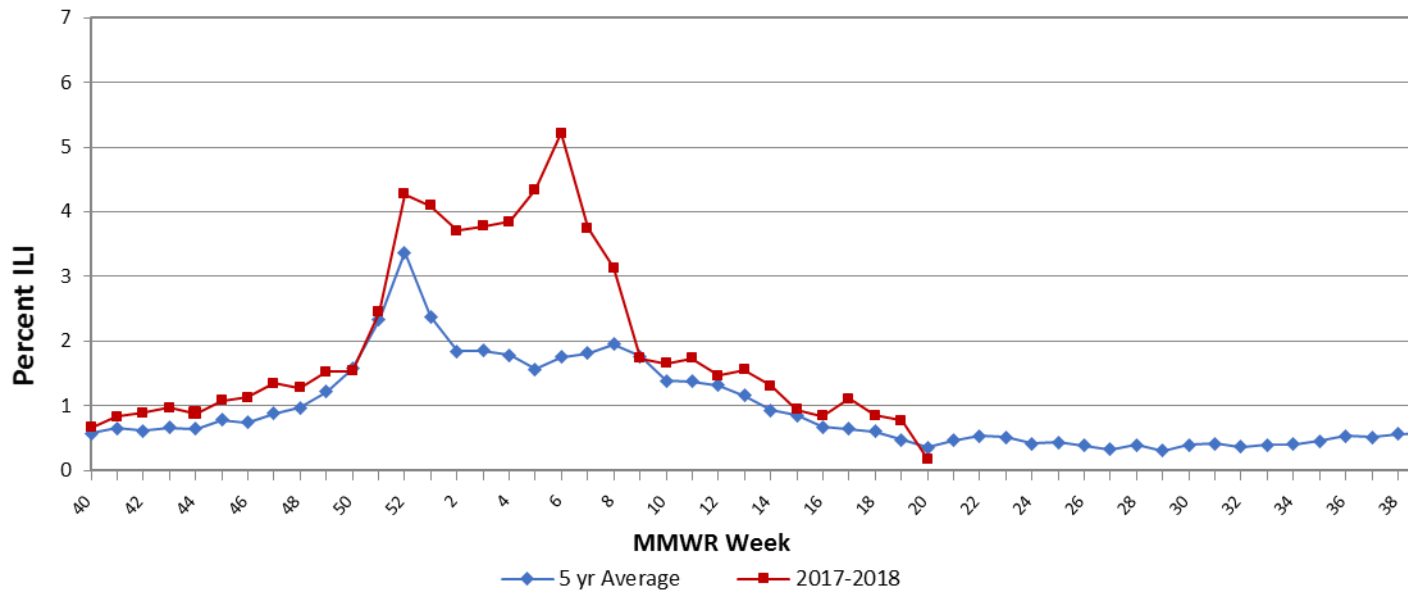
Ohio Constitutional ED Visits with 5 Year Baseline Average; 2017-2018



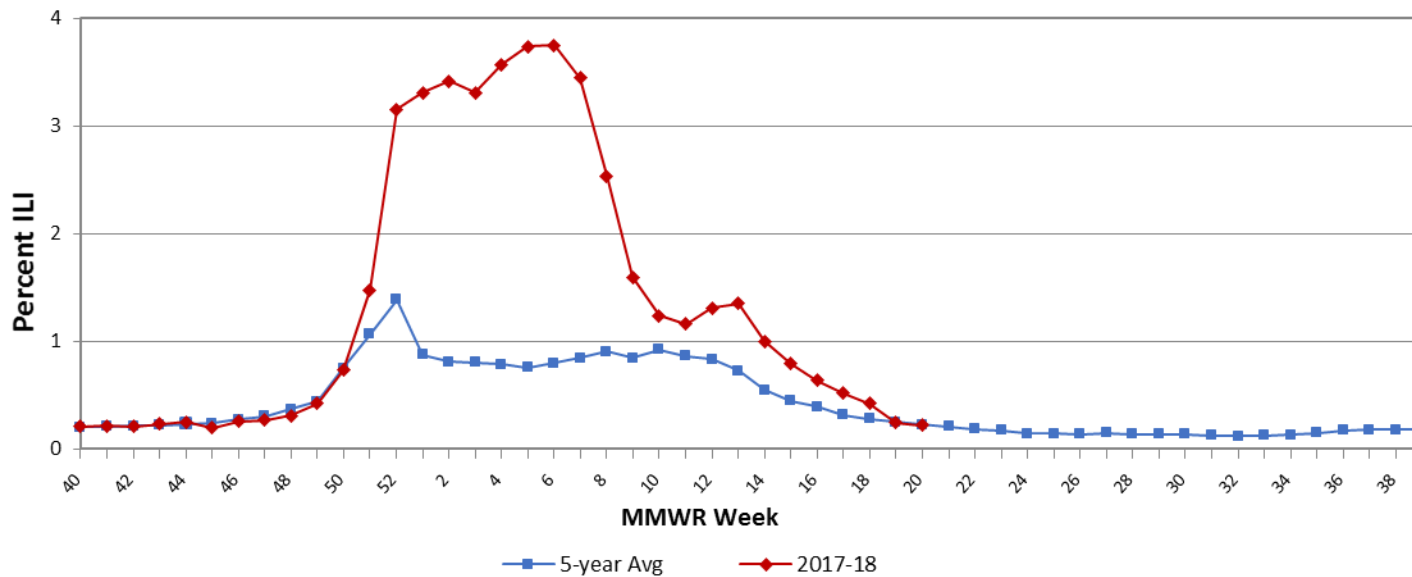
Ohio Fever & ILI Specified ED Visits with 5 Year Baseline Average; 2017-2018



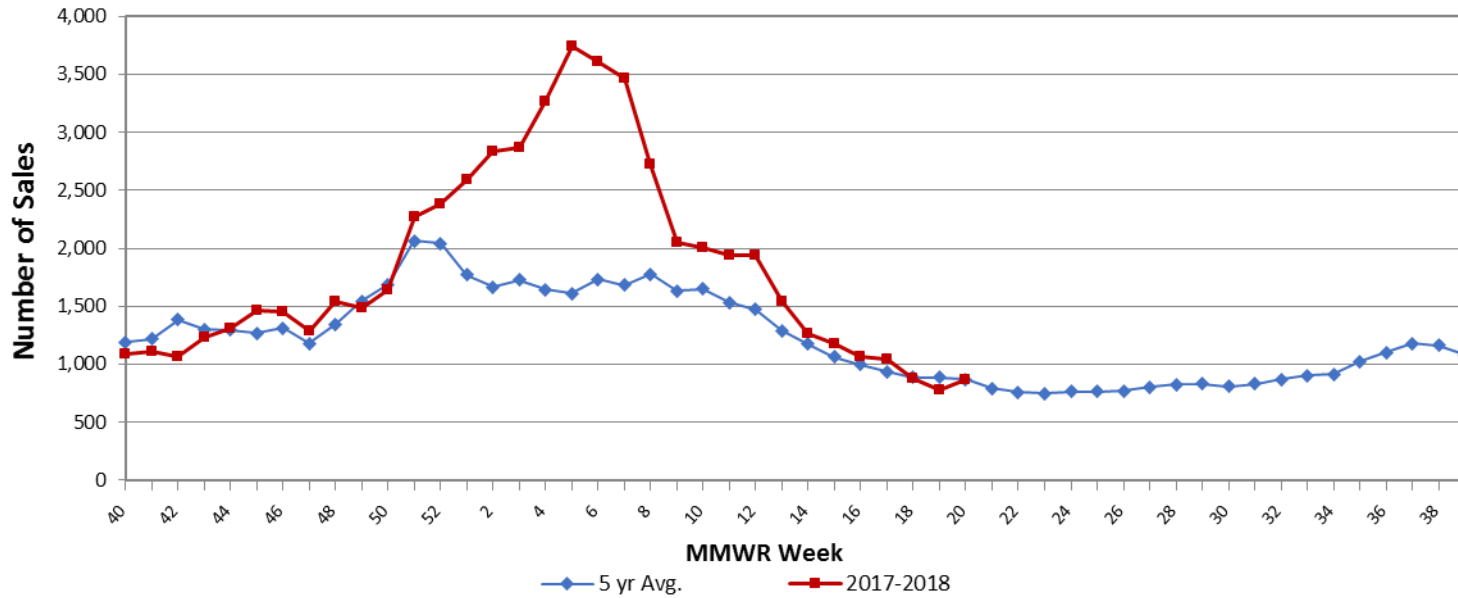
Ohio Outpatient Influenza-like Illness Network (ILINet) with 5 Year Baseline Average; 2017-2018



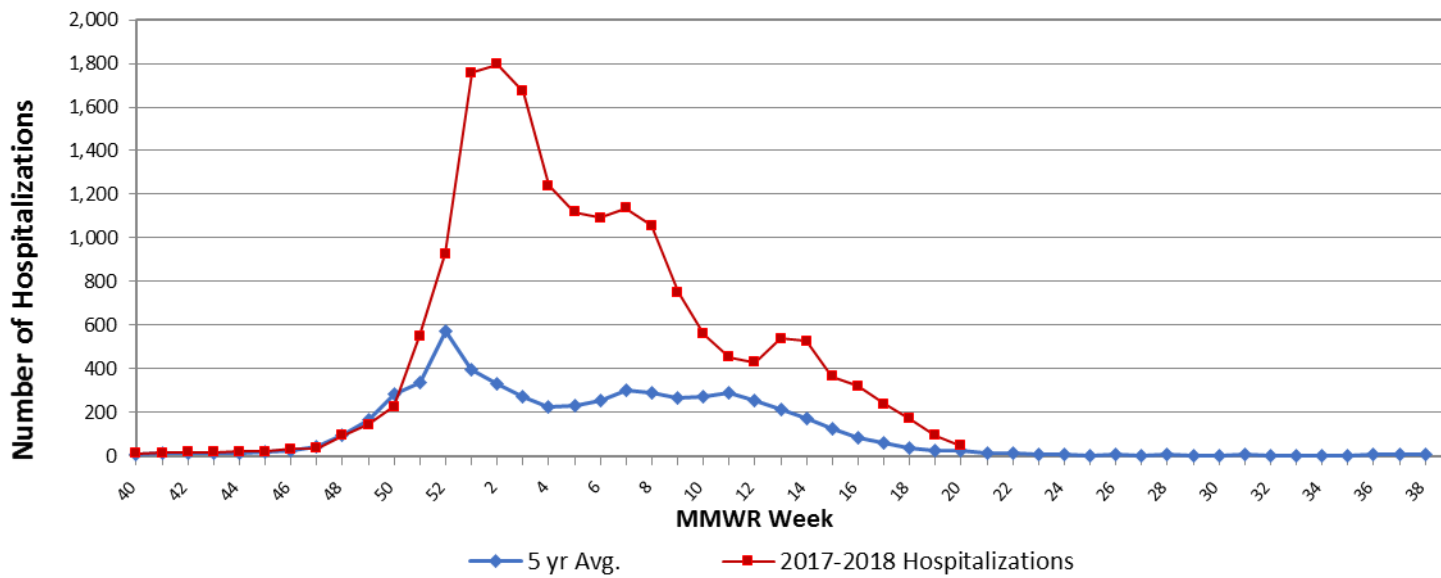
AthenaHealth: Ohio Influenza Related Outpatient Medical Claims 5 Year Baseline Average; 2017-2018



Ohio Thermometer Sales with 5 Year Baseline Average; 2017-2018



Ohio Confirmed Influenza-associated Hospitalizations by MMWR Week; 2017-2018 Season (n=17,397)



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 83 sentinel providers enrolled in Ohio for the 2016-2017 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.