



Ohio Department of Health Seasonal Influenza Activity Summary

MMWR Week 11

March 10th – March 16th, 2019

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 and fever and ILI specified ED visits are above baseline levels. Reported cases of influenza-associated hospitalizations are **above** the seasonal threshold*. There were 1108 influenza-associated hospitalizations reported during MMWR Week 11.

Ohio Weekly Influenza-associated Hospitalizations by Ohio Public Health Region

Central	218
East Central	218
Northeast	160
Northwest	145
Southeast	110
Southwest	149
West Central	108
Total	1108

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)	2.72%	-20.47%	↓ 1	
Thermometer Sales (National Retail Data Monitor)	2198	-5.62%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter)	3.56%	-1.93%	↓ 1	
Constitutional ED Visits (EpiCenter)	14.87%	-1.52%	↓ 1	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	1108	26.05%	↑ 7	
Outpatient Medical Claims Data⁴	3.81%	-18.42%	↓ 1	

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 999 **positive** influenza tests from specimens sent from various submitters. 2018-2019 influenza season positive results: **(535) A/pdmH1N1; (462) A/H3N2; (2) Influenza B;** (through 3/16/2019).
- The **National Respiratory and Enteric Virus Surveillance System (NREVSS)** has reported **56,039** influenza tests performed at participating facilities. 2018-2019 influenza season positive results: **(271) A/pdmH1N1, (220) A/H3N2, (8,388) Flu A Not Subtyped, and (130) Flu B** (through 3/16/2019).
- **4 pediatric influenza-associated mortalities** have been reported during the 2018-2019 season (through 3/16/2019).
- No **novel influenza A virus infections** have been reported during the 2018-2019 season (through 3/16/2019).
- Incidence of confirmed **influenza-associated hospitalizations** in 2018-2019 season = 6553 (through 3/16/2019).

HHS Regional Surveillance Data*: During week 10 (**March 3rd – March 9th, 2019**), the proportion of outpatient visits for ILI in Region 5 (Ohio is in Region 5) was 3.35%, which is **above** the regional baseline of 1.8%. West Virginia, Michigan, Indiana, Pennsylvania, Ohio, and Kentucky reported Widespread Activity.

National Surveillance Data*: During week 10 (**March 3rd – March 9th, 2019**) Most U.S. States reported Moderate or High influenza activity, though some are reporting Low or Minimal activity. The proportion of outpatient visits for ILI was 4.5%, which is **above** the national baseline of 2.2%. All 10 regions reported ILI at or above their region-specific baseline level. **Influenza A(H1N1)pdm09** and **influenza A(H3)** viruses are both circulating widely on a national level. Nationally, influenza A(H3) viruses were reported more frequently than influenza A(H1N1)pdm09 viruses during week 10.

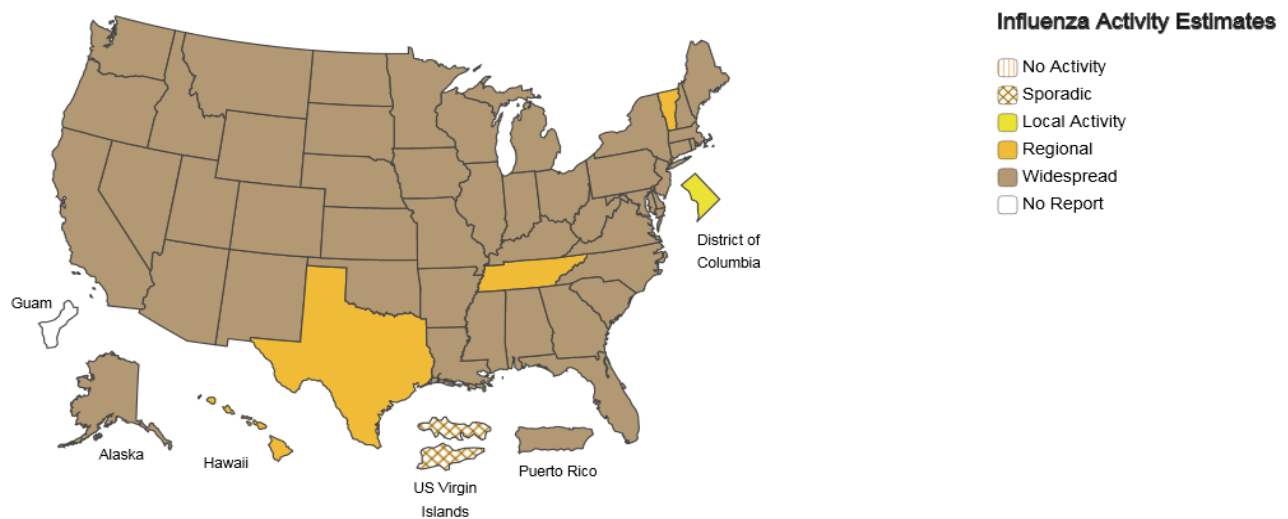
*National-level and regional-level data are reported one week later than Ohio state-level data



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending Mar 09, 2019 - Week 10



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

2018-2019 Influenza Vaccine Components:

A/B	Virus	Trivalent	Quadrivalent
A	Michigan/45/2015 (H1N1)pdm09-like	X	X
A	A/Singapore/INFIMH-16-0019/2016 (H3N2)-like	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 has antigenically or genetically characterized 1,467 influenza viruses collected September 30, 2018 – March 2, 2019, and submitted by U.S. laboratories, including 783 influenza A(H1N1)pdm09 viruses, 514 influenza A(H3N2) viruses, and 170 influenza B viruses.

Influenza A Viruses

- **A (H1N1)pdm09:** Phylogenetic analysis of the HA genes from 783 A(H1N1)pdm09 viruses showed that all belonged to clade 6B.1. Two hundred seventy six A(H1N1)pdm09 viruses were antigenically characterized, and 270 (97.8%) were antigenically similar (analyzed using HI with ferret antisera) to A/Michigan/45/2015 (6B.1), a cell-propagated A/Michigan/45/2015-like reference virus representing the A(H1N1)pdm09 component for the 2018-19 Northern Hemisphere influenza vaccines.
- **A (H3N2):** Phylogenetic analysis of the HA genes from 514 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=65), subclade 3C.2a1 (n=138) or clade 3C.3a (n=311). Two hundred twenty four A(H3N2) viruses were antigenically characterized by FRA with ferret antisera, and 138 (61.6%) A(H3N2) viruses tested were well-inhibited (reacting at titers that were within 4-fold of the homologous virus titer) by ferret antisera raised against A/Singapore/INFIMH-16-0019/2016 (3C.2a1), a cell-propagated reference virus representing the A(H3N2) component of 2018-19 Northern Hemisphere influenza vaccines. Eighty-six (38.4%) viruses reacted poorly (at titers that were 8-fold or greater reduced compared with that of the homologous virus A/Singapore/INFIMH-16-0019/2016) and of those, 85 (98.8%) belonged to clade 3C.3a.

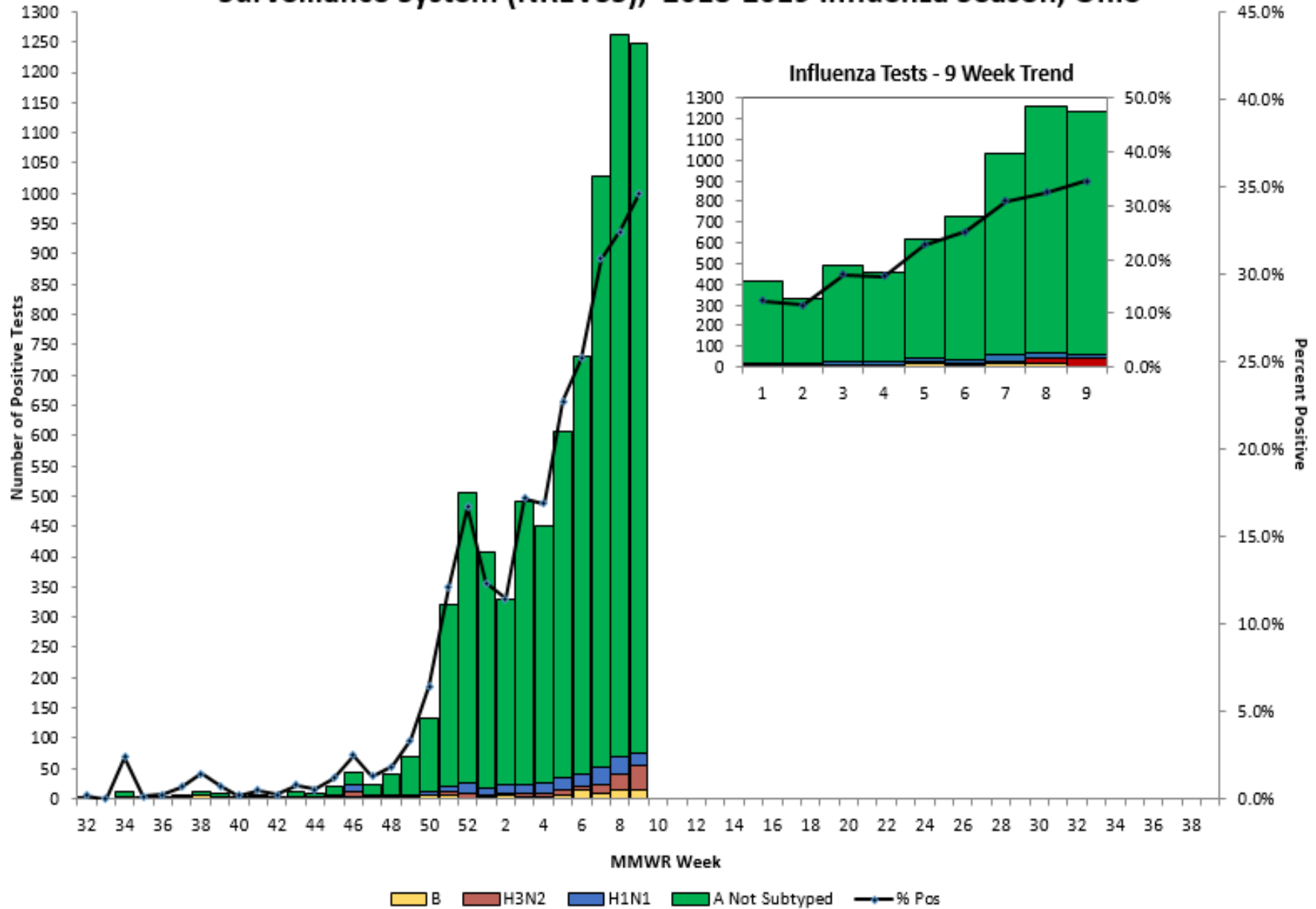
Influenza B Viruses

- **B/Victoria:** Phylogenetic analysis of 73 B/Victoria-lineage viruses indicate that all HA genes belonged to genetic clade V1A, however genetic subclades which are antigenically distinct have emerged. Genetic subclades which are antigenically distinct include viruses with a two amino acid deletion (162-163) in the HA protein (V1A.1, previously abbreviated as V1A-2Del) and viruses with a three amino acid deletion (162-164) in the HA protein (abbreviated as V1A-3Del). Fifty-four B/Victoria lineage viruses were antigenically characterized and 44 (81.5%) were antigenically similar with ferret antisera raised against cell-propagated B/Colorado/06/2017-like V1A.1 reference virus. Ten (18.5%) reacted poorly (at titers that were 8-fold or greater reduced compared with the homologous virus titer) and belonged to clade V1A or genetic subclade V1A-3Del.
- **B/Yamagata:** Phylogenetic analysis of 97 influenza B/Yamagata-lineage viruses indicate that the HA genes belonged to clade Y3. A total of 83 influenza B/Yamagata-lineage viruses were antigenically characterized, and all were antigenically similar to cell-propagated B/Phuket/3073/2013 (Y3), the reference vaccine virus representing the influenza B/Yamagata-lineage component of the 2018-19 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), 2018-2019 Influenza Season, Ohio



The NREVSS data above is shown through MMWR Week 9; comprehensive data from MMWR Week 10 and Week 11 was not available at the time of this report due to a reporting lag from one of the NREVSS reporting sites.

**Influenza-Associated Hospitalizations, Ohio
2018-2019 Season***

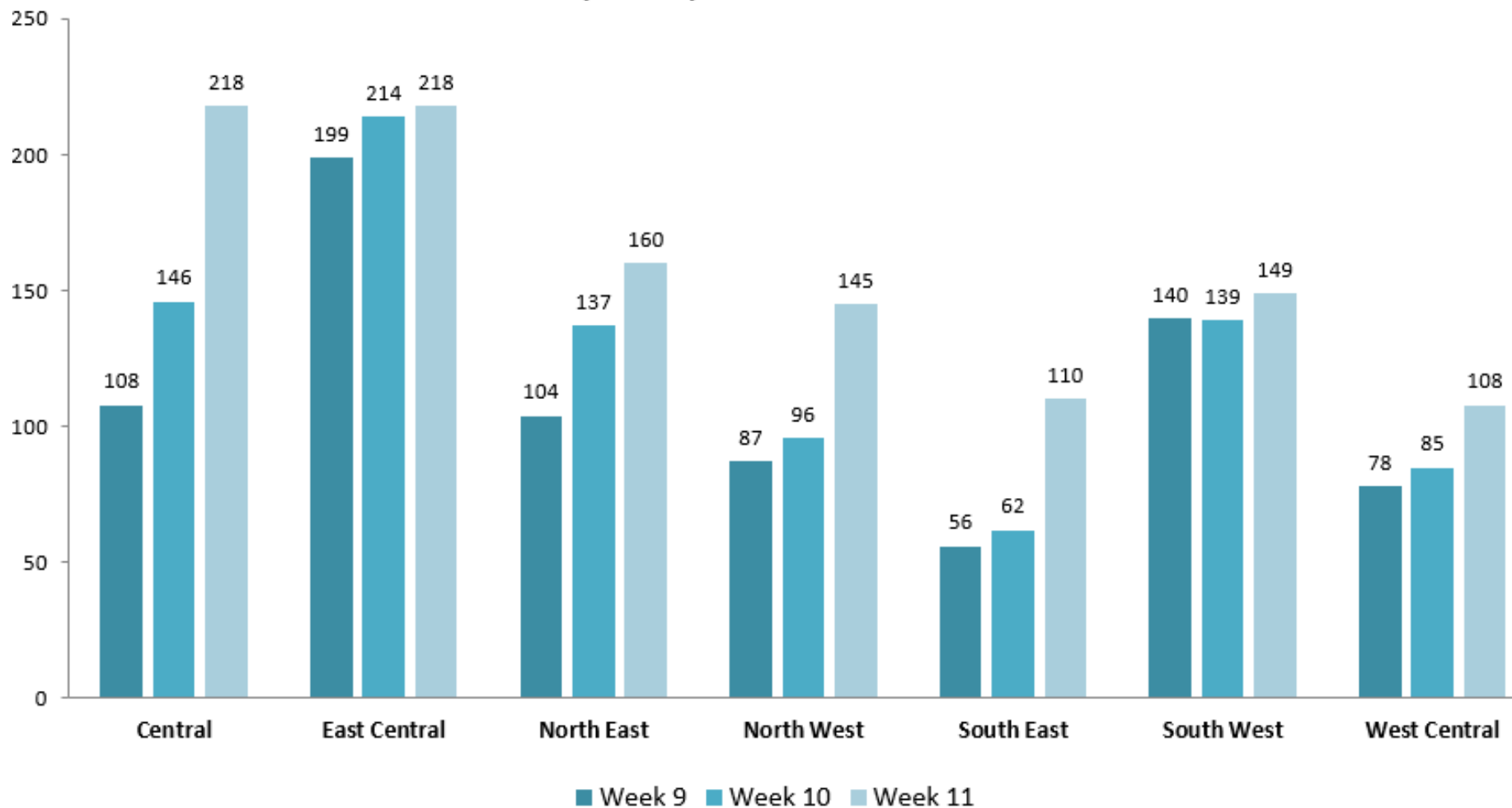
County	Influenza-Associated Hospitalizations	Percent of All Influenza-Associated Hospitalizations	Rate per 100,000 Population†	County	Influenza-Associated Hospitalizations	Percent of All Influenza-Associated Hospitalizations	Rate per 100,000 Population†
ADAMS	9	0.1%	31.52	LOGAN	9	0.1%	19.63
ALLEN	90	1.4%	84.64	LORAIN	97	1.5%	32.19
ASHLAND	19	0.3%	35.76	LUCAS	335	5.1%	75.82
ASHTABULA	62	0.9%	61.09	MADISON	24	0.4%	55.25
ATHENS	32	0.5%	49.42	MAHONING	136	2.1%	56.95
AUGLAIZE	31	0.5%	67.47	MARION	49	0.7%	73.68
BELMONT	20	0.3%	28.41	MEDINA	94	1.4%	54.55
BROWN	2	0.0%	4.46	MEIGS	16	0.2%	67.31
BUTLER	211	3.2%	57.32	MERCER	16	0.2%	39.20
CARROLL	15	0.2%	52.02	MIAMI	32	0.5%	31.22
CHAMPAIGN	10	0.2%	24.94	MONROE	5	0.1%	34.15
CLARK	110	1.7%	79.52	MONTGOMERY	411	6.3%	76.80
CLERMONT	116	1.8%	58.77	MORGAN	10	0.2%	66.43
CLINTON	9	0.1%	21.41	MORROW	11	0.2%	31.58
COLUMBIANA	67	1.0%	62.13	MUSKINGUM	95	1.4%	110.37
COSHOCTON	15	0.2%	40.65	NOBLE	3	0.0%	20.48
CRAWFORD	25	0.4%	57.10	OTTAWA	19	0.3%	45.86
CUYAHOGA	898	13.7%	70.15	PAULDING	16	0.2%	81.57
DARKE	24	0.4%	45.32	PERRY	25	0.4%	69.33
DEFIANCE	20	0.3%	51.23	PICKAWAY	40	0.6%	71.82
DELAWARE	55	0.8%	31.57	PIKE	18	0.3%	62.70
ERIE	27	0.4%	35.03	PORTAGE	93	1.4%	57.61
FAIRFIELD	39	0.6%	26.68	PREBLE	11	0.2%	26.02
FAYETTE	10	0.2%	34.45	PUTNAM	11	0.2%	31.88
FRANKLIN	554	8.5%	47.62	RICHLAND	66	1.0%	53.02
FULTON	12	0.2%	28.10	ROSS	49	0.7%	62.77
GALLIA	31	0.5%	100.21	SANDUSKY	24	0.4%	39.38
GEAUGA	38	0.6%	40.69	SCIOTO	39	0.6%	49.06
GREENE	107	1.6%	66.22	SENECA	20	0.3%	35.25
GUERNSEY	19	0.3%	47.40	SHELBY	20	0.3%	40.47
HAMILTON	482	7.4%	60.07	STARK	258	3.9%	68.69
HANCOCK	35	0.5%	46.80	SUMMIT	376	5.7%	69.40
HARDIN	8	0.1%	24.95	TRUMBULL	140	2.1%	66.57
HARRISON	7	0.1%	44.13	TUSCARAWAS	57	0.9%	61.57
HENRY	15	0.2%	53.16	UNION	12	0.2%	22.94
HIGHLAND	24	0.4%	55.06	VAN WERT	4	0.1%	13.92
HOCKING	7	0.1%	23.83	VINTON	11	0.2%	81.88
HOLMES	14	0.2%	33.05	WARREN	108	1.6%	50.78
HURON	29	0.4%	48.64	WASHINGTON	39	0.6%	63.13
JACKSON	24	0.4%	72.23	WAYNE	88	1.3%	76.84
JEFFERSON	28	0.4%	40.17	WILLIAMS	19	0.3%	50.48
KNOX	26	0.4%	42.68	WOOD	78	1.2%	62.16
LAKE	77	1.2%	33.47	WYANDOT	13	0.2%	57.48
LAWRENCE	28	0.4%	44.84	UNKNOWN	0	0.0%	*
LICKING	75	1.1%	45.05	TOTAL	6553	100%	56.80

*2018-2019 Season 10/1/2018 thru 9/29/2019

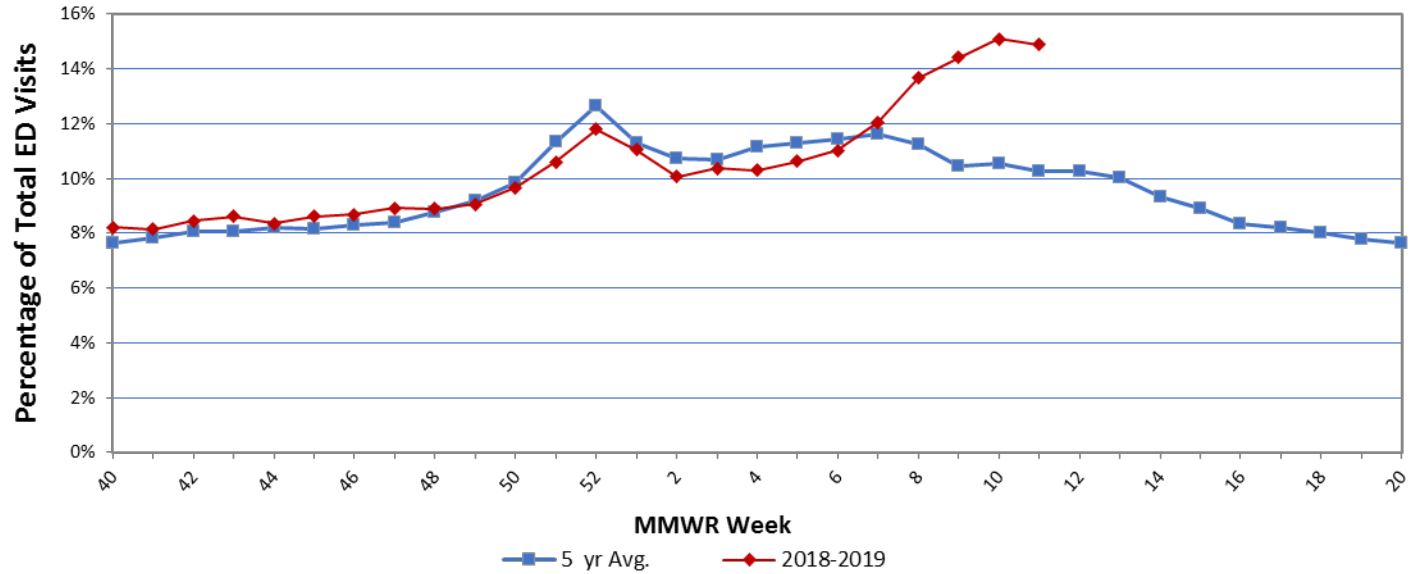
† Disease rates were calculated by number of cases per 100,000 residents using 2010 census data.

Source: Ohio Disease Reporting System

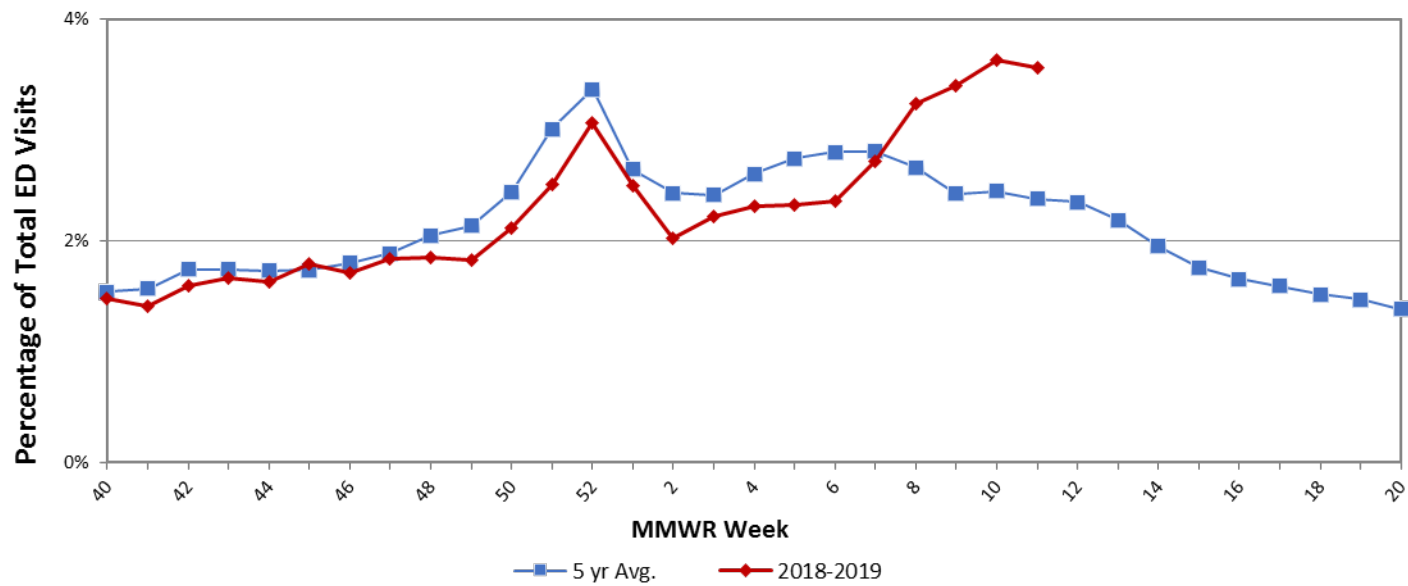
Influenza-associated Hospitalizations by Public Health Region and MMWR Week, Ohio, 2018-2019 Influenza Season



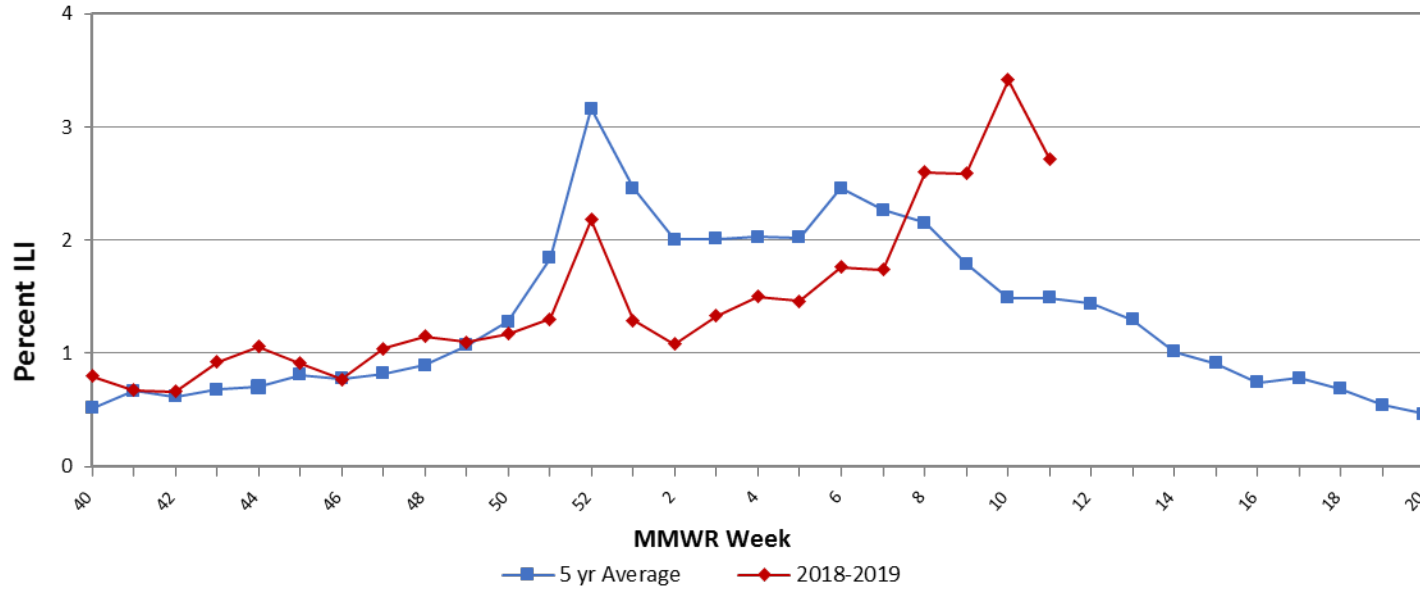
Ohio Constitutional ED Visits with 5 Year Baseline Average; 2018-2019



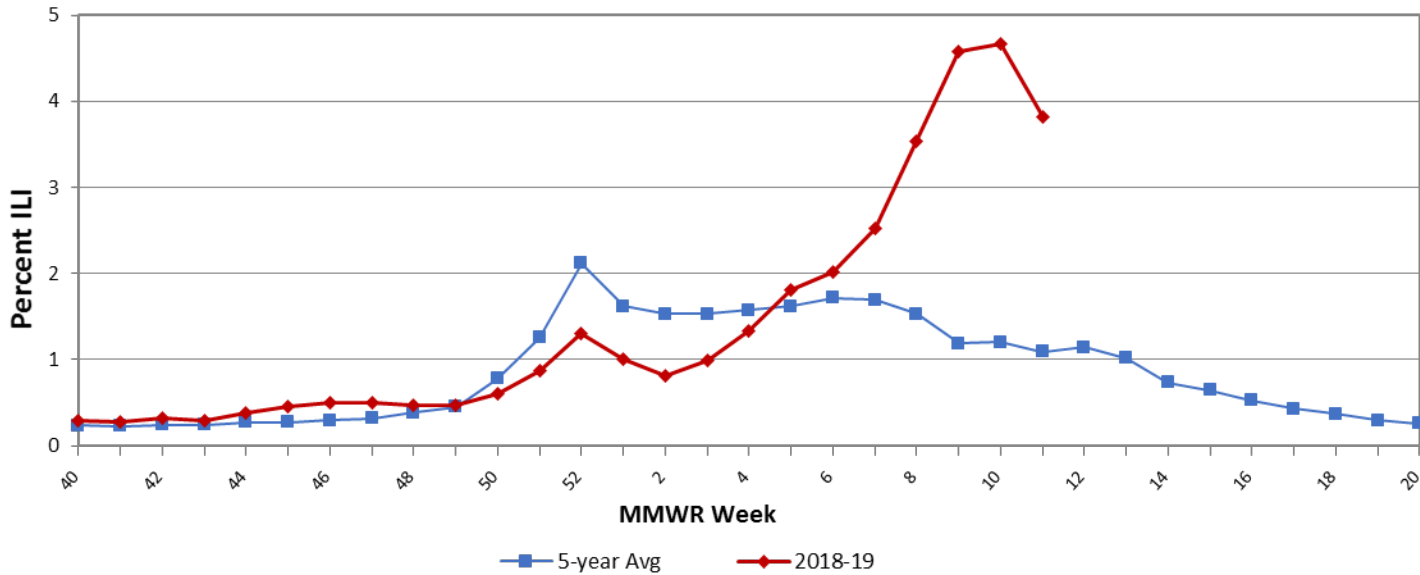
Ohio Fever & ILI Specified ED Visits with 5 Year Baseline Average; 2018-2019



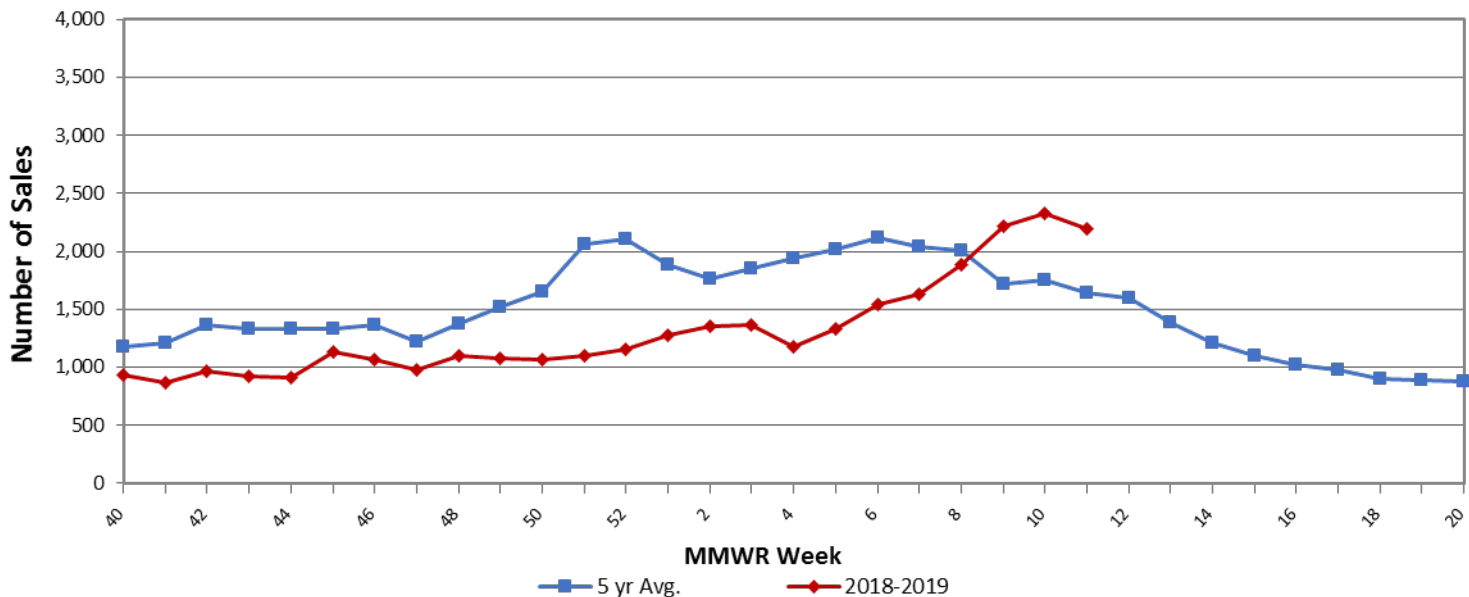
Ohio Outpatient Influenza-like Illness Network (ILINet) with 5 Year Baseline Average; 2018-2019



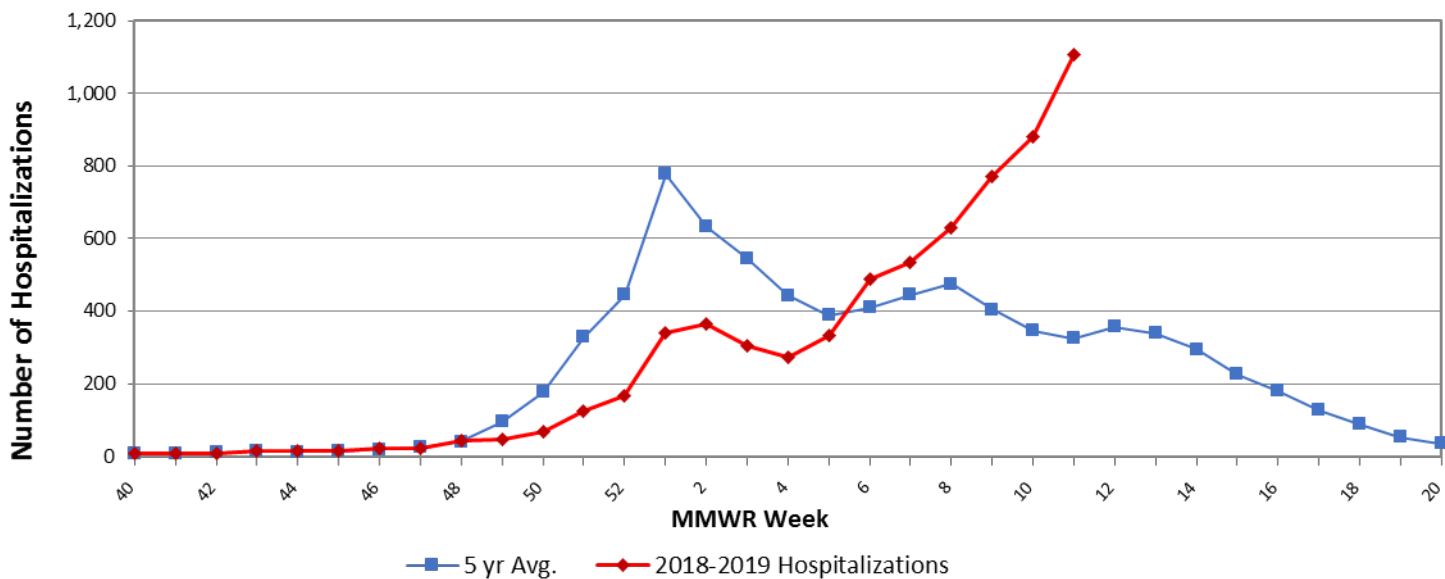
AthenaHealth: Ohio Influenza Related Outpatient Medical Claims with 5 Year Baseline Average; 2018-2019



Ohio Thermometer Sales with 5 Year Baseline Average; 2018-2019



Ohio Confirmed Influenza-associated Hospitalizations by MMWR Week; 2018-2019 Season (n=6553)



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.