





# Influenza Surveillance

2012-2013 Weekly Summary MMWR Week 46 (11/11/2012-11/17/2012)

This report is intended to provide an overview of influenza related activity occurring within Cuyahoga County while providing some general information on the state activity. It will be published on a weekly basis and can be found at the following web site:

http://www.ccbh.net/flu-weekly-surveillance-report/

Note: Data are provisional and subject to change. Updates will be included in future reports.

## **Ohio's Activity Level: Regional Activity**

Increased influenza like illness in  $\geq 2$  but less than half of the regions AND recent (past 3 weeks) lab-confirmed influenza in the affected regions OR institutional outbreaks (ILI or lab-confirmed) in  $\geq 2$  but less than half of the regions AND recent (past 3 weeks) lab-confirmed influenza in the affected regions.

## Pneumonia and Influenza (P&I) Mortality

2.1% of all deaths reported to the Cleveland Bureau of Vital Statistics were due to pneumonia. Adults 85 years old and older accounted for 100% of the pneumonia related deaths. No influenza related death has occurred this season (**Figure 1**).

# Influenza-Like Illness (ILI) Reports

One ILI Sentinel Provider in Cuyahoga County reported no patients had ILI symptoms this week. Statewide ILI Sentinel Providers reported 0.74% of patients had flu-like symptoms (**Figure 2**). ILI is defined as a fever ( $\geq 100^{\circ}$  F), **and** cough <u>and/or</u> sore throat.

### **School Absenteeism**

Participating schools in Cuyahoga County reported the percentage (median = 2.3%) of absenteeism *due to any illness* on Tuesday (**Figure 3A**). **Figure 3B** shows the total absenteeism *due to any reason* during the school week (median = 3.9%). Data were reported by sentinel sites and other participating schools throughout Cuyahoga County.

Influenza-Associated Hospitalizations and Influenza-Associated Pediatric Mortality One confirmed case of influenza-associated hospitalizations in Cuyahoga County were reported this week with two cases were reported for week 45. (**Figure 4**). The state of Ohio reported 31 confirmed hospitalizations due to influenza, but no pediatric influenza related mortalities.

Emergency Department (ED) visits and Over-the-Counter Medication Sales 2.2% of all ED visits were for fever + ILI symptoms. Approximately 10 <u>more</u> patients visited EDs for fever and ILI symptoms this year compared to 2011 (**Figure 5**). **Figure 6** shows approximately 5 <u>more</u> OTC products per drugstore were purchased this year than in the same period in 2011. **Figure 7** shows the frequency of ED visits for fever and ILI by zip code.

Three other maps show, by zip code, the frequency of ED visits for three symptoms that are common during the fall and winter seasons and are of interest to the general public: congestion and cough (**Figure 8**), vomiting and nausea (**Figure 9**), and diarrhea (**Figure 10**).

Descriptions of data sources used to complete the weekly influenza write-up can be found on the last page of this report. More information on national and world surveillance can be found at the Centers for Disease Control and Prevention website at www.cdc.gov/flu/weekly.

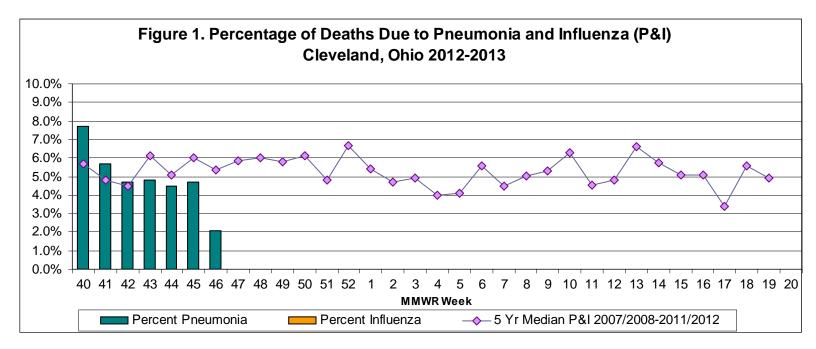


Table 1. Summary of Cuyahoga County Influenza Data

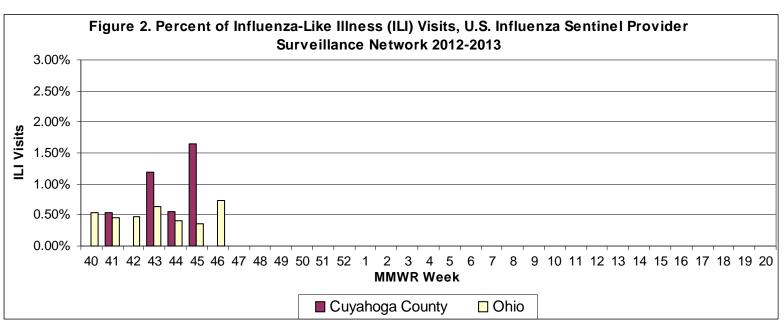
| Influenza (Flu) Indicator   | Current<br>Activity Level   | Activity Compared to Last Week                   | # Weeks <sup>123</sup> | General Trend for the Season   |
|---|---|--|------------------------|--|
| Percentage of deaths due to influenza & pneumonia - Cleveland [Figure 1]                            | Pneumonia: 2.1% Influenza: 0.0%   | (55.3%)<br>Stable                                | <b>▼</b> 1 <b>●</b> 6  | Trending slightly lower than last year. (Avg ~ 5.4)  |
| Influenza like illness (ILI) doctor visits [Figure 2]   | Cuyahoga: 0.00%   | (100%)   | ▼1<br>▲1               | Cuyahoga slightly higher than state ILI average.   |
| School absenteeism due to <b>ILLNESS ONLY</b> – sites recruited within last three years [Figure 3A] | Ohio: 0.74%  Northeast: 3.2%  Northwest: 3.2%  Southeast: 2.8%  Southwest: 2.3% | 106%<br>(20.8%)<br>(29.5%)<br>(29.0%)<br>(12.9%) | ▼1<br>▼1<br>▼1<br>▼1   | Weekly average of children missing due to illness is around 2.5%. Higher levels in the western side of the county. |
| School absenteeism due to ALL CAUSES – sentinel sites [Figure 3B]                                   | 4.6%  | 18.7%  | <b>1</b>               | Absenteeism slightly higher than last year.  |
| School absenteeism due to <b>ALL CAUSES</b> – sites recruited within last three years [Figure 3B]   | Northeast: 3.8%<br>Northwest: 2.8%<br>Southeast: 1.8%<br>Southwest: 3.9%        | (36.6%)<br>(40.6%)<br>50.0%<br>(3.0%)            | ▼1<br>▼1<br>▲1<br>●1   | Weekly average increasing to almost 4.0% with higher absenteeism noted in the west side of the county.             |
| Influenza associated hospitalizations [Figure 4]  | 1   | (1)  | <b>v</b> 2             | Equal split between subtypes. $(N = 12)$ .   |
| Emergency room visits due to ILI [Figure 5]   | 2.2%  | 10.0%  | <b>^</b> 2             | ED Visits slightly lower than last year. (Avg. ~ 135).   |
| Sales of over-the-counter medications used to treat ILI. [Figure 6]                                 | 154   | (3.1%)   | •1                     | OTC sales slightly lower than last year. (Avg. ~ 140).   |
| Congestion and cough complaints [Figure 8]  | 764   | 16.6%  | <b>1</b>               | Congestion/cough slightly higher than last yr (Avg ~ 705).   |
| Vomiting and nausea complaints [Figure 9]   | 635   | 5.8%   | •1                     | Vomiting/nausea slightly higher than last yr (Avg ~ 575).  |
| Diarrhea complaints [Figure 10]   | 118   | 10.3%  | <b>^</b> 2             | Diarrhea slightly higher than last yr (Avg ~ 115).   |

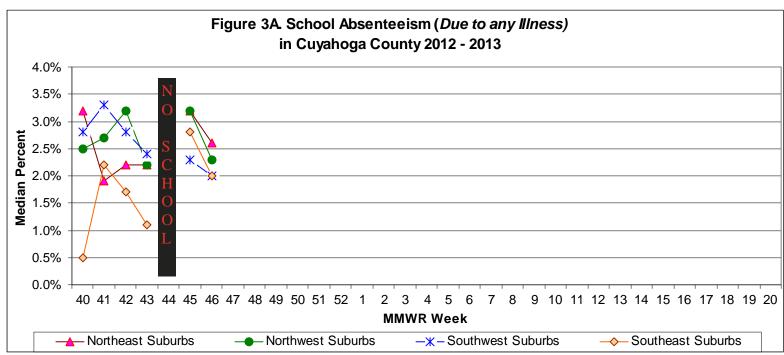
<sup>&</sup>lt;sup>1</sup>Due to small percentages in figures 1-3b & figure 5, caution should be used while interpreting the 'Activity Compared to Last Week' box.

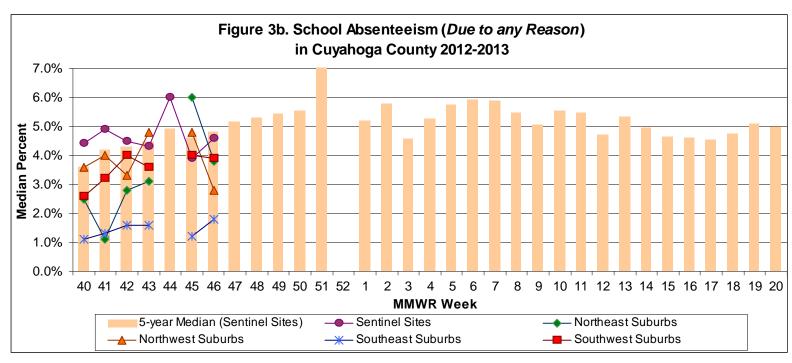
 $<sup>^{3}</sup>$ For figures 5-6 & 8-10, ▲ = (Increase ≥ 10%), ▼ = (Decrease ≥ -10%), ○ = Stable (-9.9% to +9.9%)

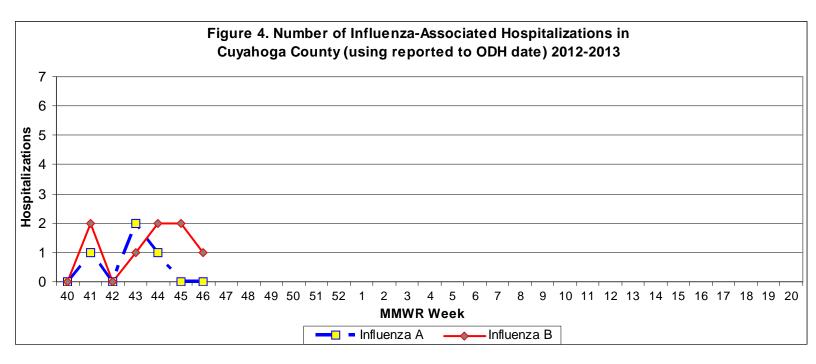


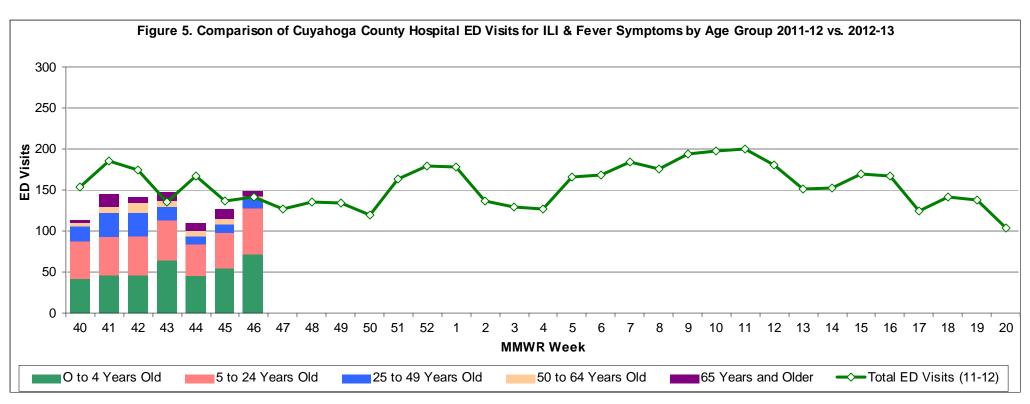
<sup>&</sup>lt;sup>2</sup>For figures 1 – 3b,  $\blacktriangle$  = (Increase ≥ 20%),  $\blacktriangledown$  = (Decrease ≥ -20%),  $\bigcirc$  = Stable (-19.9% to +19.9%)

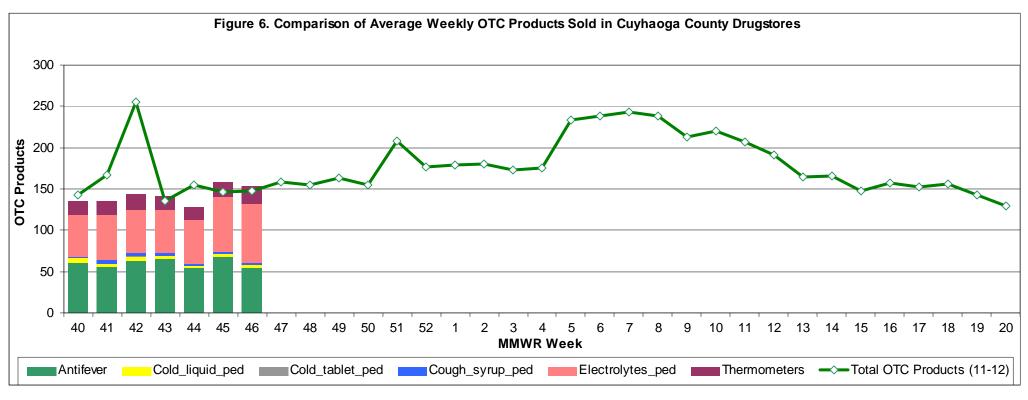


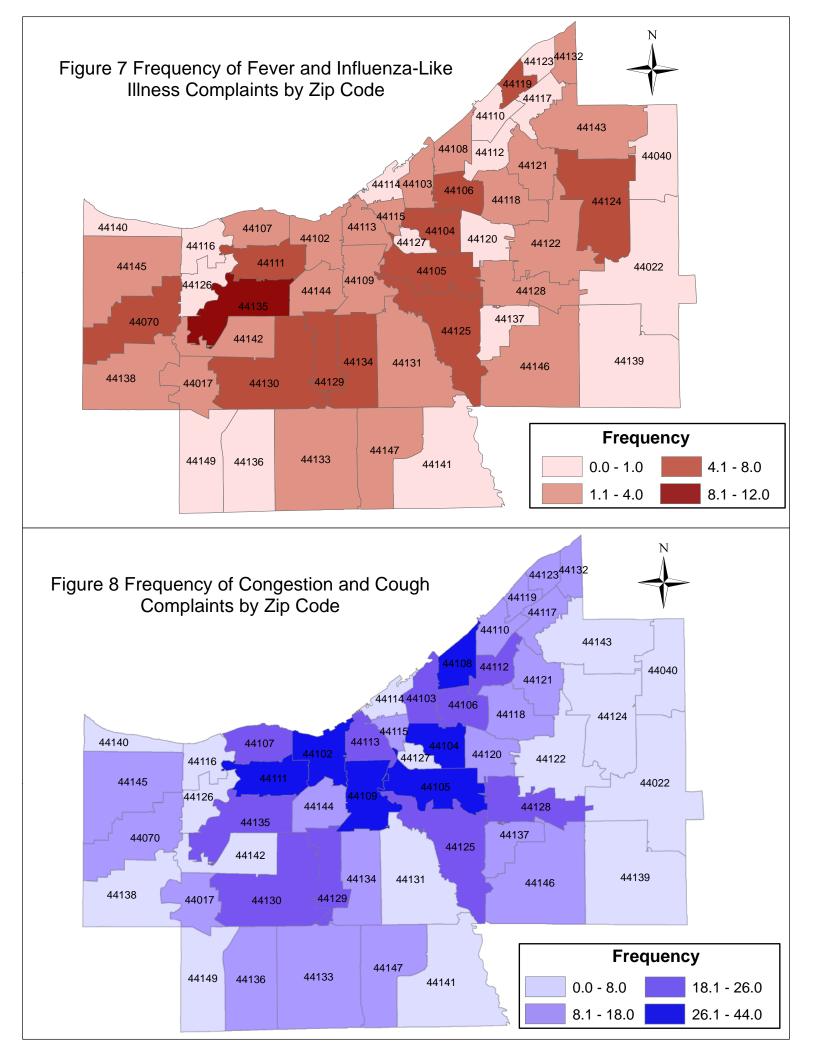


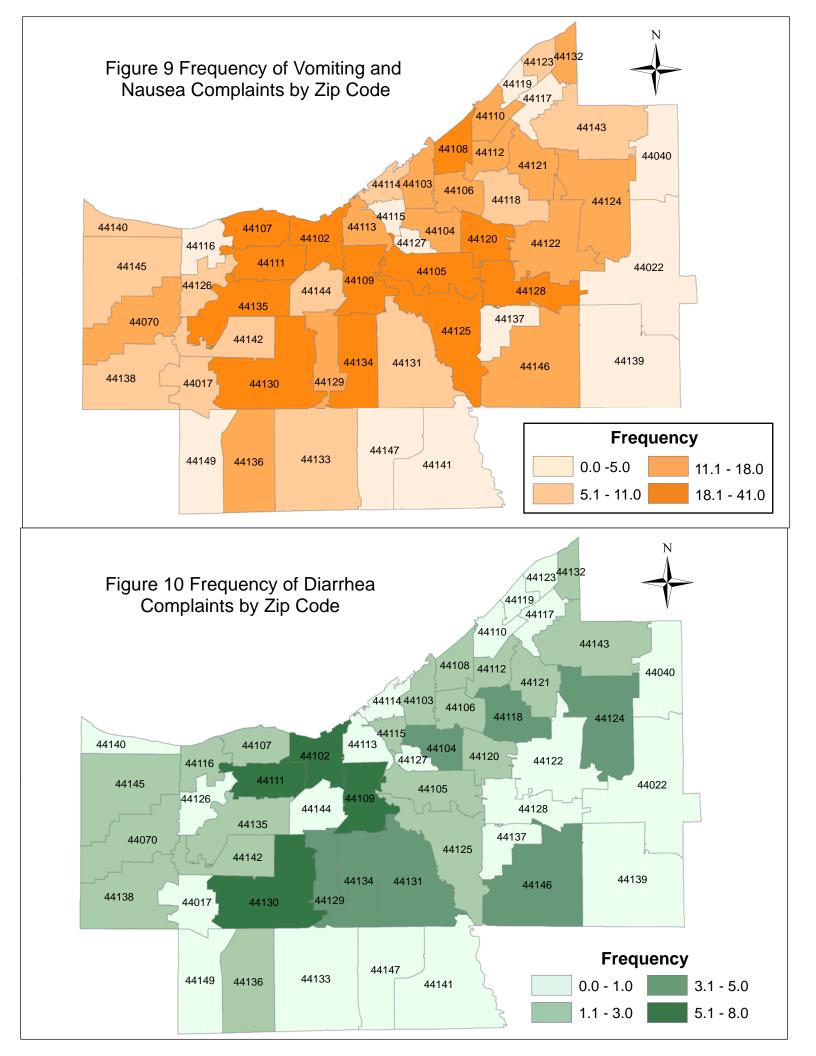












#### Sources of Influenza Surveillance Data

Six types of data sources are examined on a weekly basis to help determine the influenza activity level for Cuyahoga County:

- 1) Ohio Department of Health (ODH) Seasonal Influenza Activity Summary: The ODH influenza summary provides state-wide data. Data used from this report include: influenza activity level, frequency of fever plus influenza-like illness (ILI) associated hospitalizations, number of influenza-associated pediatric mortalities, and number of lab-confirmed influenza cases.
  - A) **Influenza Activity Level:** ODH reports the state influenza activity level on a five point ranking system: no activity, sporadic, local, regional, and widespread.
  - B) Influenza-associated Hospitalizations (ODRS): Influenza-associated hospitalizations are reported by the Cuyahoga County Board of Health (CCBH) and hospitals using 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 due to the H1N1 pandemic virus.
  - C) **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, 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 2 sentinel providers enrolled in Cuyahoga County for the 2011-2012 season.
  - D) **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.
- 2) **Mortality Reporting System (Cleveland's Vital Statistics):** Cleveland and seven other cities in Ohio participate in this reporting on a weekly basis. Vital statistics offices from across the country report the number of death certificates received, along with how many of those have pneumonia or influenza listed as an underlying or contributing cause of death.
- 3) School Absenteeism data (due to illness and due to any reason): Approximately 50 Cuyahoga County schools provide absenteeism data for each Tuesday on the number children absent due to any illness or due to any reason.
- 4) **Influenza-associated Pediatric Mortality (ODRS):** Influenza-associated pediatric mortalities are reported into ODRS by CCBH and hospital staff. Pediatric deaths can be an indicator of the severity of illness during the influenza season. This condition became reportable in 2005.
- 5) National Retail Data Monitor (NRDM)-OTC Drug Purchases: The NRDM collects over-the-counter (OTC) drug sales information from Cuyahoga County chain drug stores and grocery stores. Pediatric cold products, antifever products, and thermometer sales are monitored on a weekly basis.
- 6) **Emergency Department Visits (EpiCenter):** EpiCenter collects emergency department chief complaint data from hospitals and urgent care facilities across Cuyahoga County and classifies them into symptom