

COPH

Influenza Surveillance

2011-2012 Weekly Summary MMWR Week 42 (10/16/2011-10/22/2011)

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/ccbh/opencms/CCBH/pdf/ESI Docs/2011flusurv.pdf

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

Ohio's Activity Level: Sporadic Activity

Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.

Pneumonia and Influenza (P&I) Mortality

For MMWR week 42, 7.8% of all deaths reported to the Cleveland Bureau of Vital Statistics were due to pneumonia. Adults 85 years old and older accounted for 66.7% of the pneumonia related deaths. No influenza related deaths were reported so far this season (**Figure 1**).

Influenza-Like Illness (ILI) Reports

Two ILI Sentinel Providers in Cuyahoga County reported 0.43% of patients had ILI for week 42. Statewide ILI Sentinel Providers reported 0.55% of patients had ILI signs and symptoms (**Figure 2**). ILI is defined as a fever ($\geq 100^{\circ}$ F), and cough and/or sore throat.

School Absenteeism

Participating schools in Cuyahoga County reported the percentage (median = 2.7%) of absenteeism due to any illness on Tuesday for week 42 (Figure 3A). Figure 3B shows the total absenteeism *due to any reason* during the school week (median = 2.7%). Data were reported by participating schools throughout Cuyahoga County.

Influenza-Associated Hospitalizations and Influenza-Associated Pediatric Mortality

No confirmed cases of influenza-associated hospitalization in Cuyahoga County were reported during week 42 (Figure 4). In Ohio, three confirmed cases of hospitalizations due to influenza have been reported, but no pediatric influenza-associated mortalities.

Emergency Department (ED) visits and Over-the-Counter Medication Sales

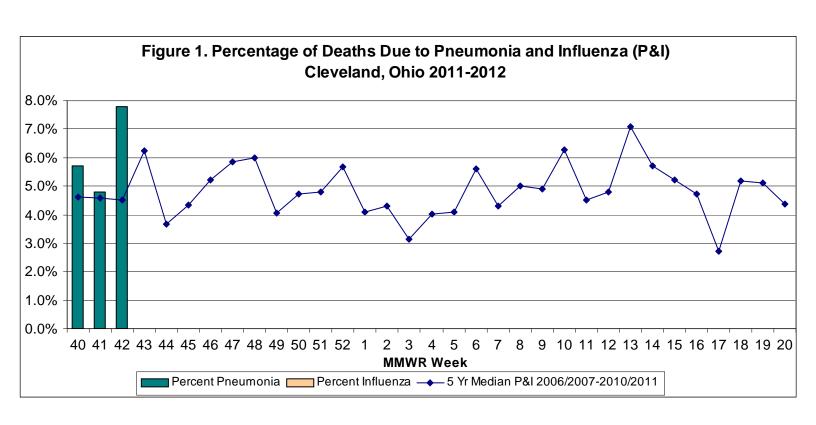
Approximately 45 more patients visited EDs for fever and ILI symptoms this year compared to 2010 during week 42 (Figure 5). Figure 6 shows that about the same number of OTC products per drugstore were purchased this year than in the same period in 2010. The significant increase was due to promoted sales of pediatric antifever medication. Figure 7 shows the frequency of ED visits for fever and ILI by zip code. Three other graphs will show, by zip code, the frequency of ED visits for three other chief complaints that can be caused by influenza viruses: congestion and cough (Figure 8), vomiting and nausea (Figure 9), and diarrhea (Figure 10).

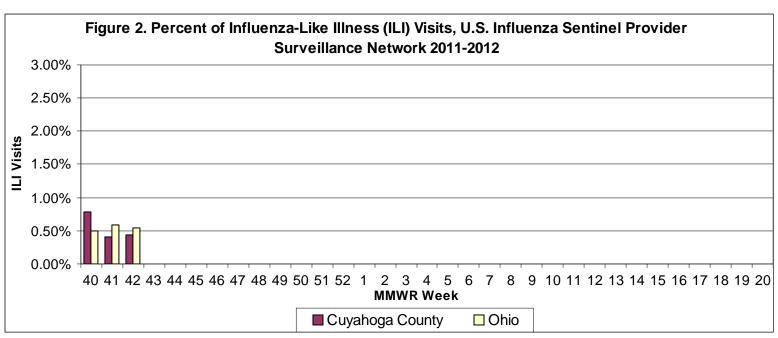
Descriptions of data sources used to complete the weekly influenza write-up can be found on the last page of this report. For more information on national and world surveillance please refer to the Centers for Disease Control and Prevention at www.cdc.gov/flu/weekly.

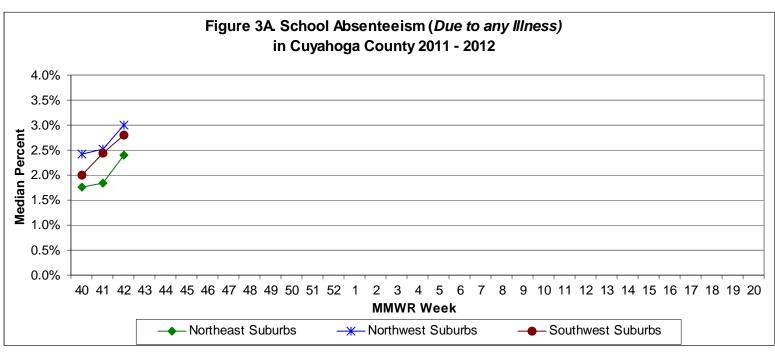


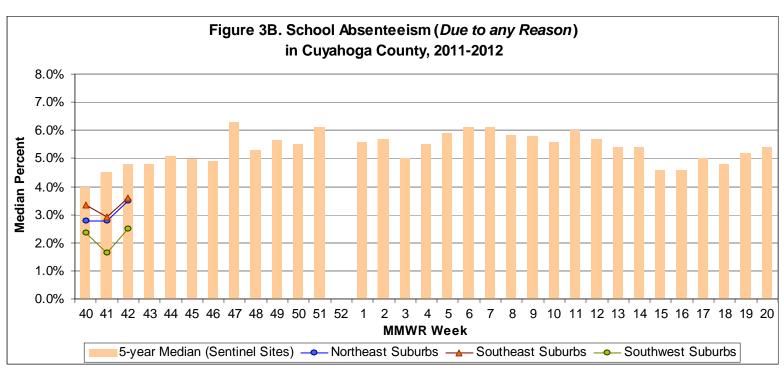
Influenza (Flu) Indicator	Current Activity Level	Activity Compared to Last Week	# Weeks ¹²	General Trend for the Season
Percentage of deaths due to influenza & pneumonia - Cleveland [Figure 1]	Pneumonia: 7.8% Influenza: 0.0%	63% Unchanged	▲ 1	N/A
Influenza like illness (ILI) doctor visits [Figure 2]	Cuyahoga: 0.43%	7.5%	1	N/A
12 5000 2 2	Ohio: 0.55%	(7.3%)	1	
School absenteeism due to ILLNESS ONLY – sites recruited within last three years [Figure 3A]	Northeast: 2.4%	33%	1	N/A
	Northwest: 3.0%	25%	1	
	Southwest: 2.8%	17%	^ 2	
School absenteeism due to ALL CAUSES – sentinel sites [Figure 3B]	N/A	N/A	N/A	N/A
School absenteeism due to ALL CAUSES – sites recruited within last three years [Figure 3B]	Northeast: 2.8%	25%	1	N/A
	Southeast: 3.6%	24%	1	
	Southwest: 2.5%	47%	1	
Influenza associated hospitalizations [Figure 4]	0	100%	▼ 1	N/A
Emergency room visits due to ILI [Figure 5]	175	(5%)	•1	N/A
Sales of over-the-counter medications used to treat ILI. [Figure 6]	255	53%	^ 2	N/A
Congestion and cough complaints [Figure 8]	698	2.6%	•1	N/A
Vomiting and nausea complaints [Figure 9]	522	(9.5%)	•1	N/A
Diarrhea complaints [Figure 10]	95	(6.8%)	•1	N/A

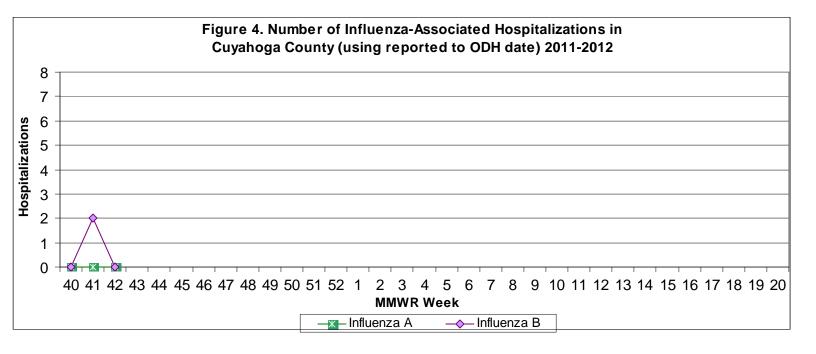
¹For figures 1 − 6 & figures 8-10, \triangle = (Increase \ge 10%), \bigvee = (Decrease \ge -10%), \bigcirc = Stable (-9.9% to +9.9%)

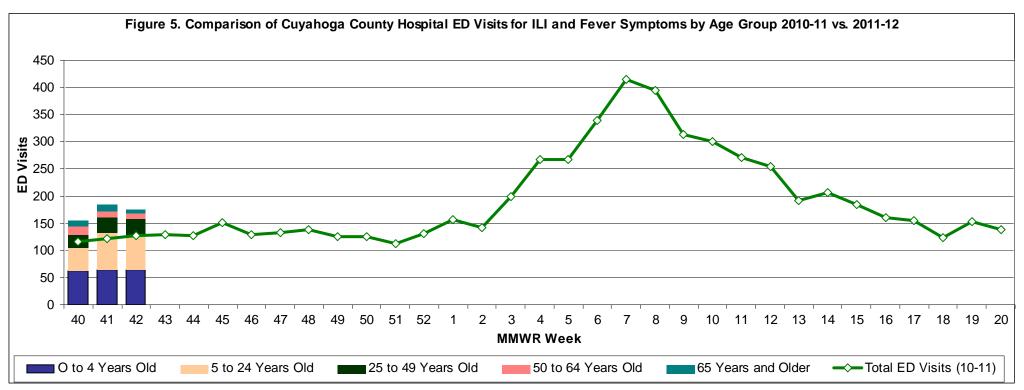


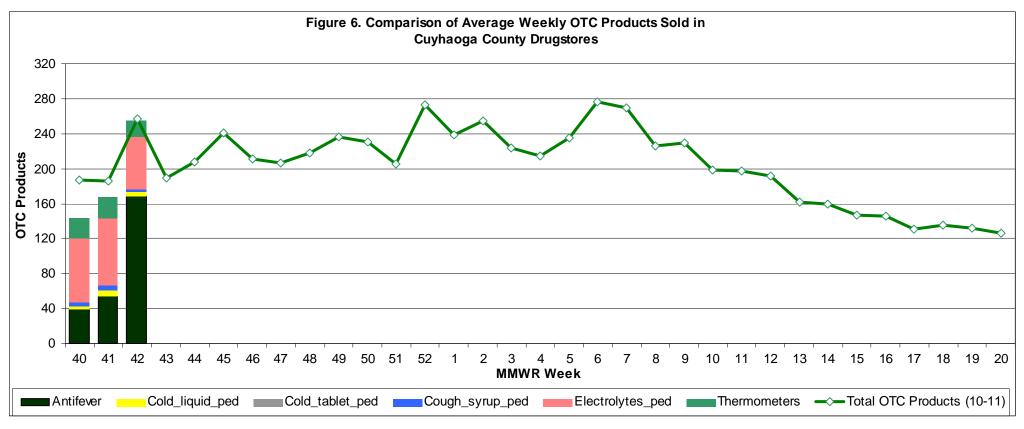


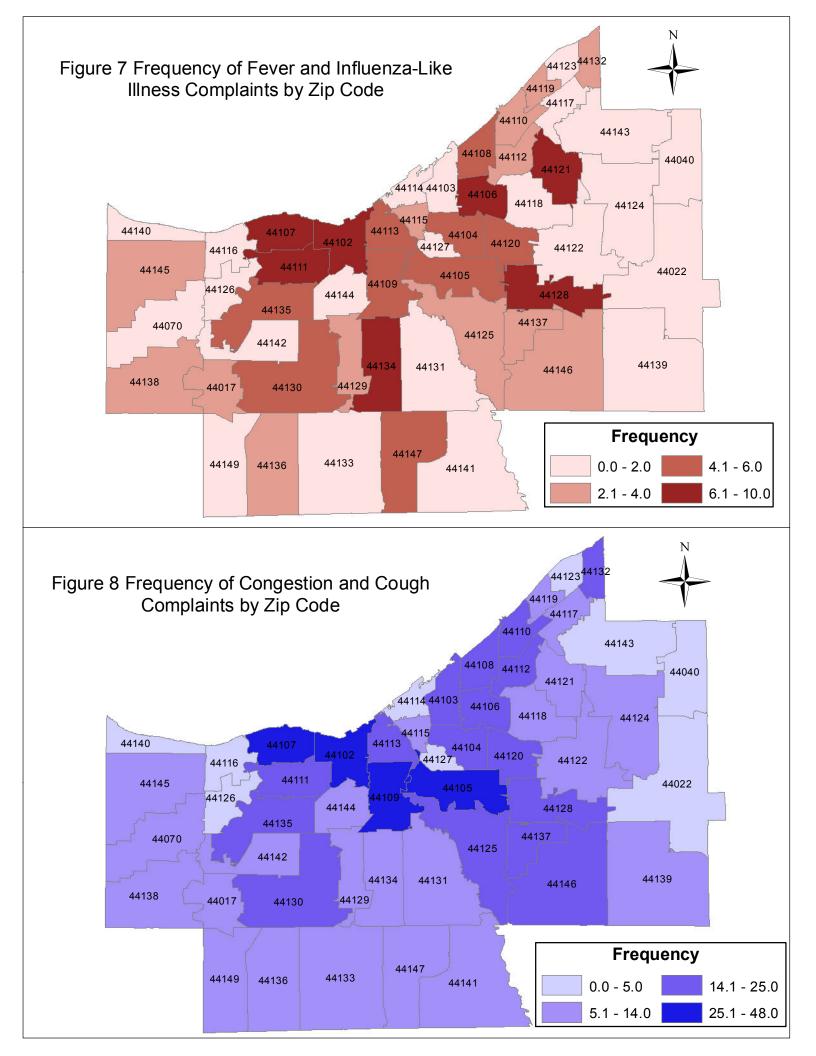


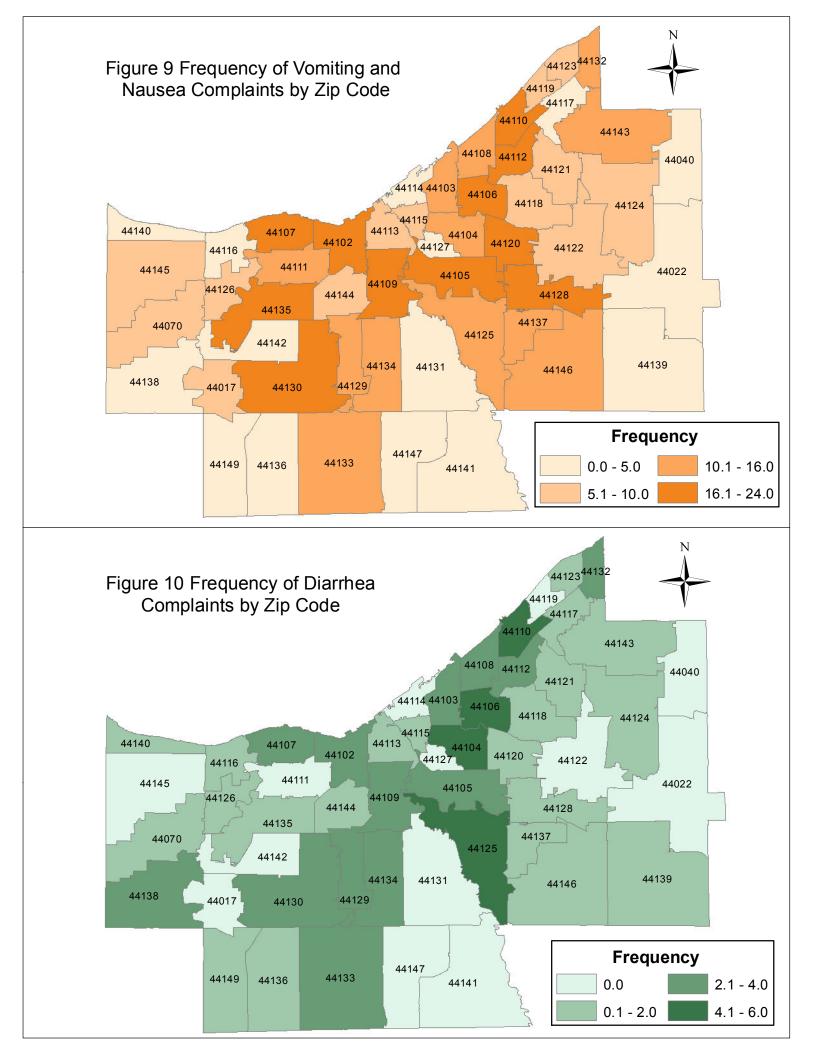












Sources of Influenza Surveillance Data

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