



Ohio Department of Health Seasonal Influenza Activity Summary

MMWR Week 13

March 24-30, 2013

Current Influenza Activity Levels:

- **Ohio:** Regional
 - Definition: Increased ILI in ≥ 2 but less than half of the regions AND recent (within the past 3 weeks) lab-confirmed influenza in the affected regions, OR institutional outbreaks (ILI or lab-confirmed) in ≥ 2 but less than half of the regions AND recent (within the past 3 weeks) lab-confirmed influenza in the affected regions.
 - **Summary:** Public health surveillance data sources indicate **minimal intensity** for influenza-like illness in outpatient settings reported by Ohio's sentinel providers. One hundred eleven confirmed influenza-associated hospitalizations were reported this week: 24 in the Northeast Central, 18 in the Northeast, 18 in the Southwest, 16 in the Central, 14 in the Northwest, 12 in the West Central, and 9 in the Southeast region. The percentage of emergency department visits with patients exhibiting constitutional symptoms is currently above baseline levels statewide, but decreased slightly from the previous week.
- **Regional** Kentucky and Pennsylvania report regional activity; Michigan and West Virginia report local activity; Indiana reports sporadic activity.
- **National:** During week 12 (March 17-23, 2013), influenza activity remained decreased in the U.S. The proportion of outpatient visits for ILI was 1.8%, which is below the national baseline of 2.2%. Three of 10 regions reported ILI at or above their region-specific baseline levels (Ohio is in Region 5, which reported elevated ILI). The geographic spread of influenza in six states was reported as widespread; Puerto Rico and eight states reported regional activity; The District of Columbia and 23 states reported local activity; 11 states reported sporadic activity; Guam and one state reported no influenza activity; and the U.S. Virgin Islands and one state did not report.

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 (Sentinel Provider Visits)	0.43%	-53.49%	↓ 2	
Thermometer Sales	1047	-23.97%	↓ 4	
Fever and ILI Specified ED Visits	2.40%	-9.17%	↓ 5	
Constitutional ED Visits	9.20%	-2.17%	↓ 6	
Confirmed Influenza-associated Hospitalizations	111	14.41%	↑ 1	
Google Flu Trends (Flu-related Internet Search Queries)	2.41%	-8.71%	↓ 5	

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 are data from the current season. Red lines are baseline averages. Data from the 2009-10 season was not used for baseline calculations due to the irregular pattern caused by the H1N1 pandemic.

State Surveillance Data:

- ODH lab reported results for those cases that are PCR positive for seasonal influenza. Positive results: (2) influenza A/2009 H1N1; (241) influenza A/H3; (72) Influenza B (total through 3/30/13).
 - 13 influenza B specimens have undergone influenza antigenic characterization testing either at the ODH lab or CDC.
 - 8 have been characterized as B/Brisbane/60/2008-like, which is from a lineage of B viruses that is not included in the 2012-2013 influenza vaccine.
 - 5 have been characterized as B/Wisconsin/1/2010-like, which is the influenza B component of the 2012-2013 influenza vaccine.
- Four confirmed influenza-associated pediatric mortalities have been reported in the 2012-2013 season (through 4/3/13).
 - Influenza-associated pediatric deaths are from the following regions: Northeast Central (2); West Central (2).
- Incidence of confirmed influenza-associated hospitalizations in 2012-2013 season = 4938 (through 3/30/13).

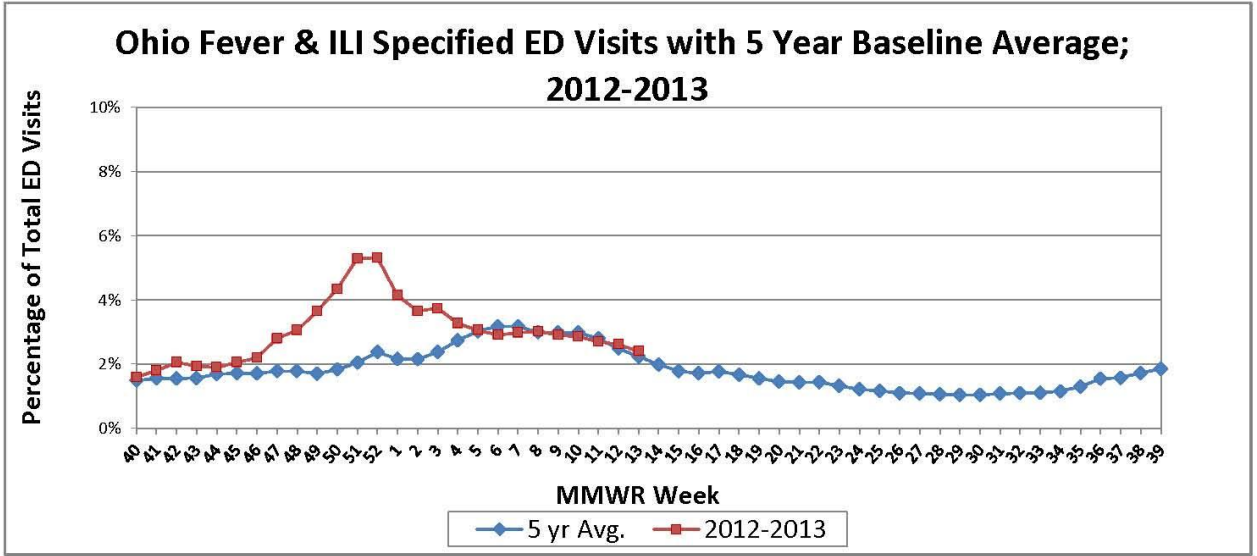
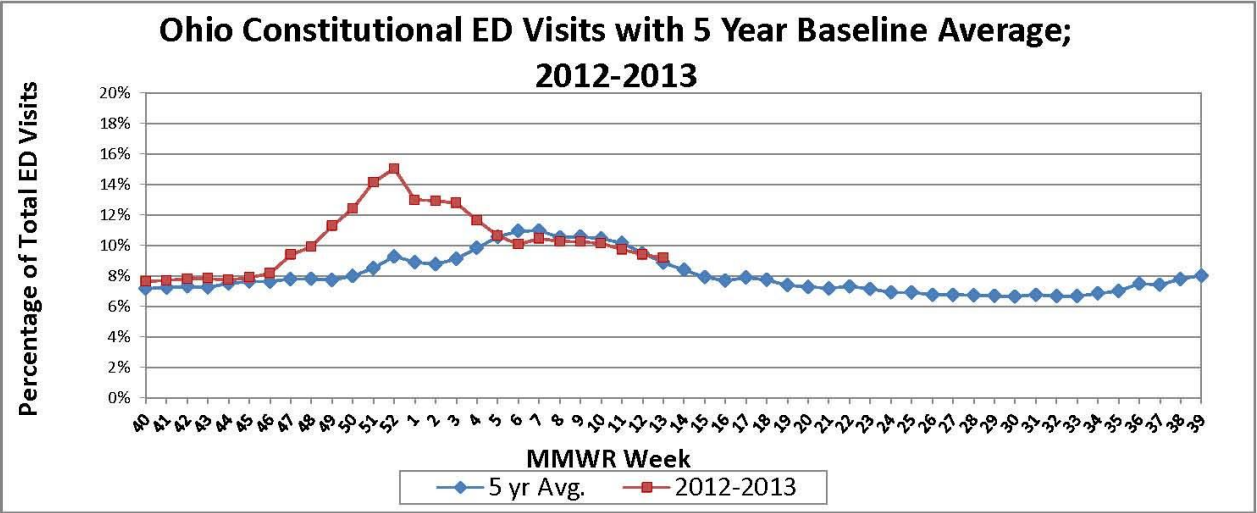
Analysis Considerations:

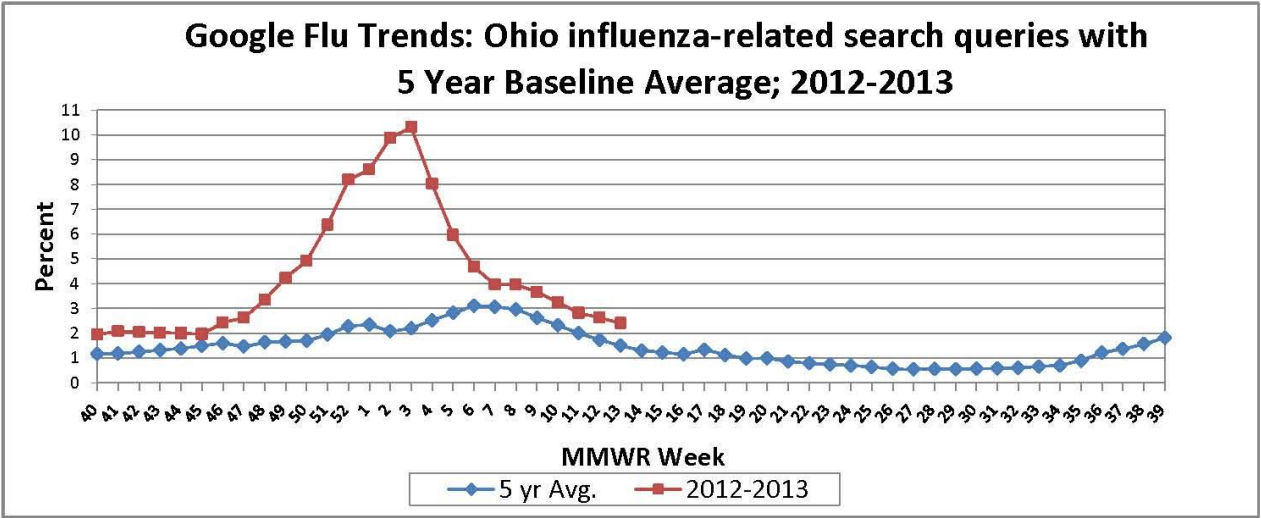
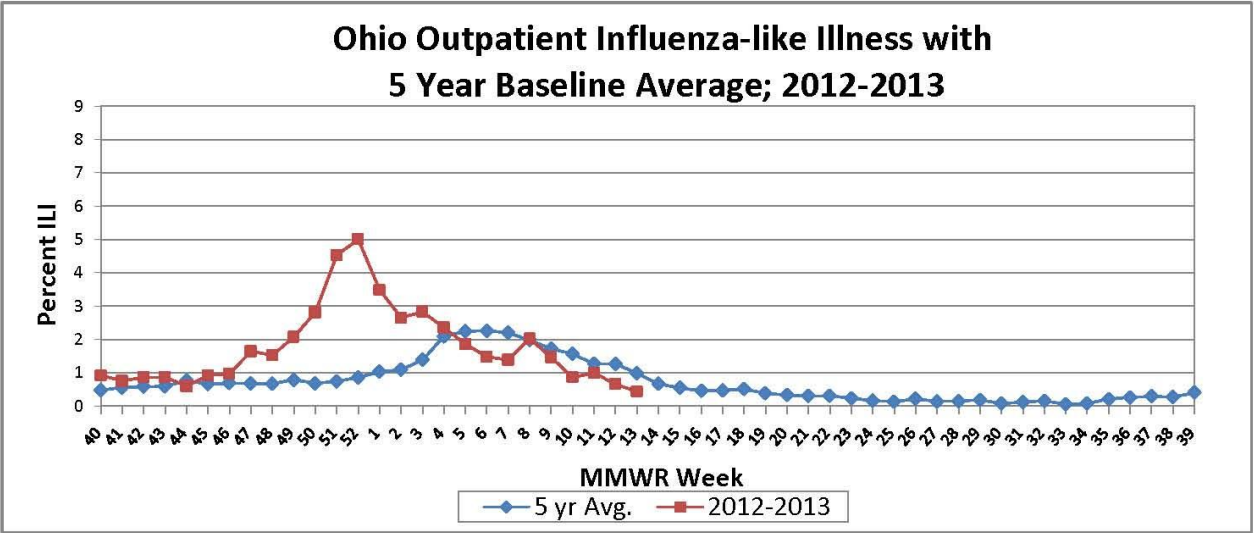
- Historical data from the 2009-10 influenza season was not used for baseline calculations due to the irregular pattern caused by the H1N1 pandemic.

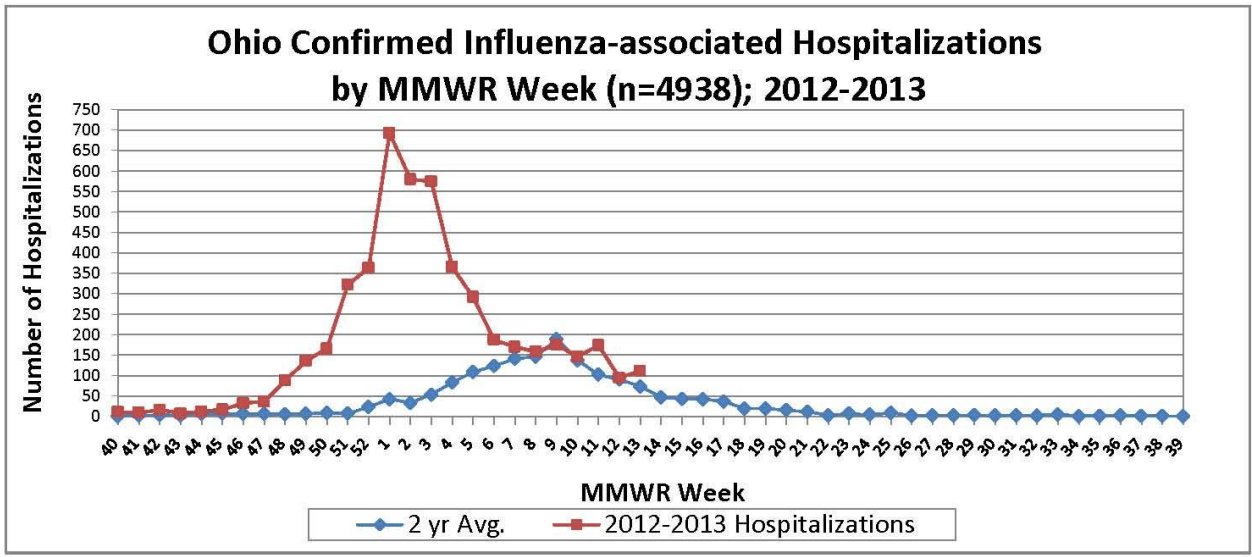
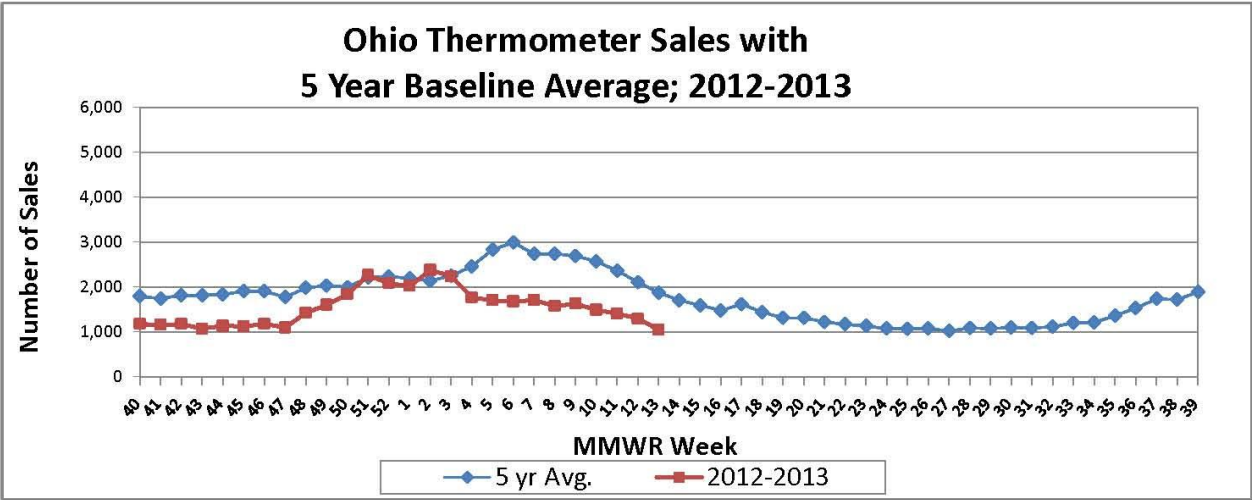
National activity levels and more information can be found at the following CDC pages:

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

If you have any further questions or comments about surveillance for seasonal influenza for the State of Ohio, please contact the Situational Monitoring and Event Detection Unit at SMED@odh.ohio.gov or call (614) 995-5599.







Sources of Influenza Surveillance Data

Eight types of data sources are examined on a weekly basis to help determine the influenza activity level for Ohio:

- **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.
- **Google Flu Trends:** Google Flu Trends tracks influenza-related internet search queries and uses these counts as estimates of influenza-like illness (ILI) in each state. See <http://www.google.org/flutrends/> for more information.
- **Emergency Department Visits (EpiCenter):** EpiCenter collects emergency department chief complaint data from 176 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 76 sentinel providers enrolled in Ohio for the 2012-2013 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.
- **122 Cities Mortality Reporting System (Vital Statistics):** Ohio's eight largest cities 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.
- **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.