

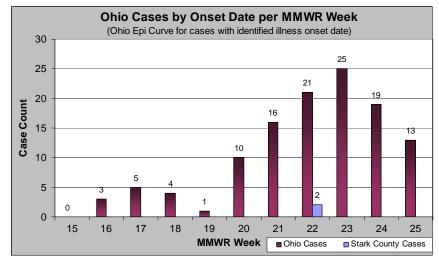
STARK COUNTY INFLUENZA SNAPSHOT, WEEK 25

Week ending 27 June, 2009, with updates through 07/05/2009.

During week 25, Stark County had low levels of influenza activity. However, hospital emergency room visits for influenza-like illness, remained higher than expected for this time of year.

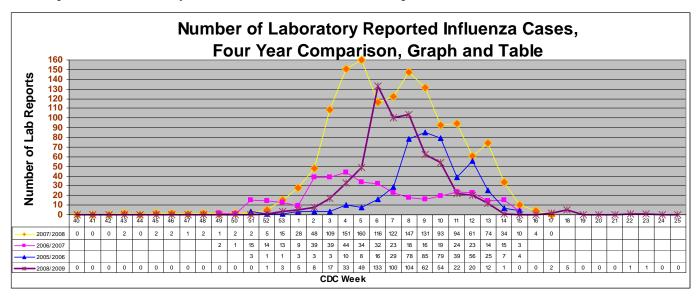
• Novel H1N1 provisional summary of Ohio Cases:

- Stark County confirmed no additional cases of Novel Influenza A in week 25.
- o As of 07/05/2009, Ohio confirmed 132 cases of *Novel Influenza* A (H1N1) in 40 health jurisdictions. See Map 1.
- Dates of onset range from 04/22/2009 to 06/28/2009.
 (See Epi curve to the right)
- Cases range in age from 1
 month to 57 years with a
 mean of 20.6 and a median of
 16 years and a mode of 14
 years.
- Cases are racially diverse with 78.8% White, 17.6% Black and 3.53% Other. The Hispanic population represents 7.79% of cases with completed responses.

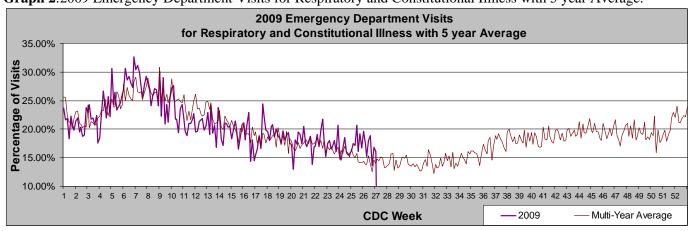


- o Predominant Symptoms include Fever, Cough, Sore Throat, and Headache.
- o Nationally the CDC reports that as of July 2, 2009, 33,902 confirmed and probable infections with pandemic influenza A (H1N1) virus and 170 deaths (37 deaths in individuals less than 25 years, 133 deaths in adults 25 years of age older, and five deaths with unknown age) have been identified by CDC and state and local public health departments.
- In week 25, there were no reports of either *Novel* H1N1 or seasonal influenza confirmed in Stark County. (See graph 1) Note: three commercial rapid tests for type A Influenza in week 25 were culture negative and presumed to be false positives.
- Nationally, the CDC identified greater than **98%** of cocirculating strains of influenza A (seasonal influenza A (H1), A (H3), and *Novel* influenza) as *Novel* **H1N1**.
- Antiviral Resistance testing from the CDC indicates that adamantanes are **not** effective against *Novel* H1N1 strain and influenza A (H3N2) as well as the influenza B viruses. The CDC has identified three samples of seasonal H1N1 that are **dually resistant** to oseltamivir and the adamantanes and are monitoring the situation closely. Due to the low number of samples with dual resistance, no changes are recommended in treatment protocols.
- Emergency Department visits for Constitutional and Respiratory visits were **elevated** 17% above baseline data. (see graph 2)
- Only one Local Sentinel Provider provided ILI data during week 25 and reported no visits for ILI. Nationally sentinel Providers reported visits below baseline levels. (See Graph 3)
- Real-Time Outbreak and Disease Surveillance (RODS) data reflected Thermometer and Cough/Cold product sales below the five-year average. (See Graph 4)
- Ohio continues to report **Sporadic** influenza activity. Note: Widespread geographical activity **decreased** for the first time in 5 weeks to 10 states. (See Map 2)
- National Pneumonia and Influenza (P & I) Mortality Surveillance **decreased to 6.5**% of all deaths reported through the 122 Cities Mortality Reporting System as due to P & I. This percentage is **below** the epidemic threshold of 6.7% for week 25.

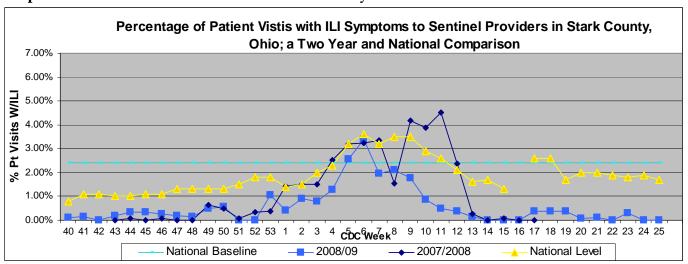
Graph 1: Number of medically identified cases of Influenza in Stark County, Ohio. (Cases reported from a medical provider or laboratory; established with a minimum of a rapid test confirmation).



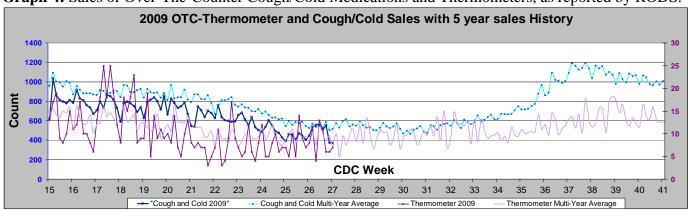
Graph 2:2009 Emergency Department Visits for Respiratory and Constitutional Illness with 5 year Average.



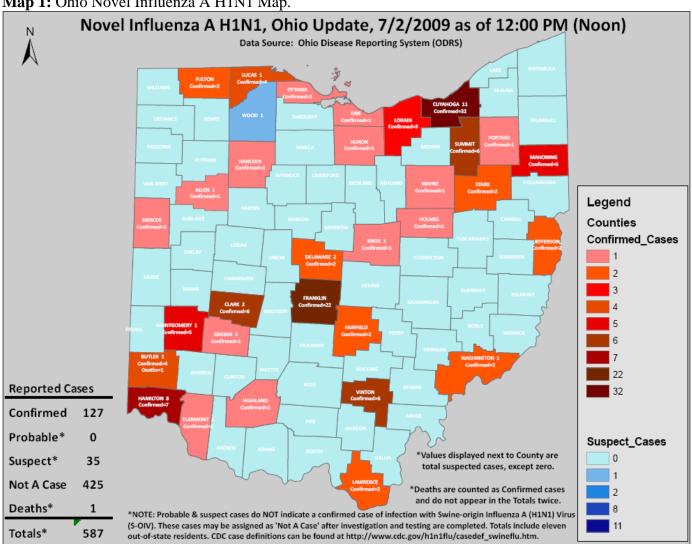
Graph 3: Sentinel Provider visits for ILI in Stark County Ohio and the Nation.



Graph 4: Sales of Over-The-Counter Cough/Cold Medications and Thermometers, as reported by RODS.



Map 1: Ohio Novel Influenza A H1N1 Map.



Map 2: National Influenza Activity. Source www.cdc.gov/flu/weekly

A Weekly Influenza Surveillance Report Prepared by the Influenza Division Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists* Week Ending June 27, 2009- Week 25 District of Columbia ■ No Report No Activity Sporadic Local Regional ■ Widespread Puerto Rico

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