



STARK COUNTY INFLUENZA SNAPSHOT, WEEK 15

Week ending 18 April, 2009. With updates through 04/26/2009.

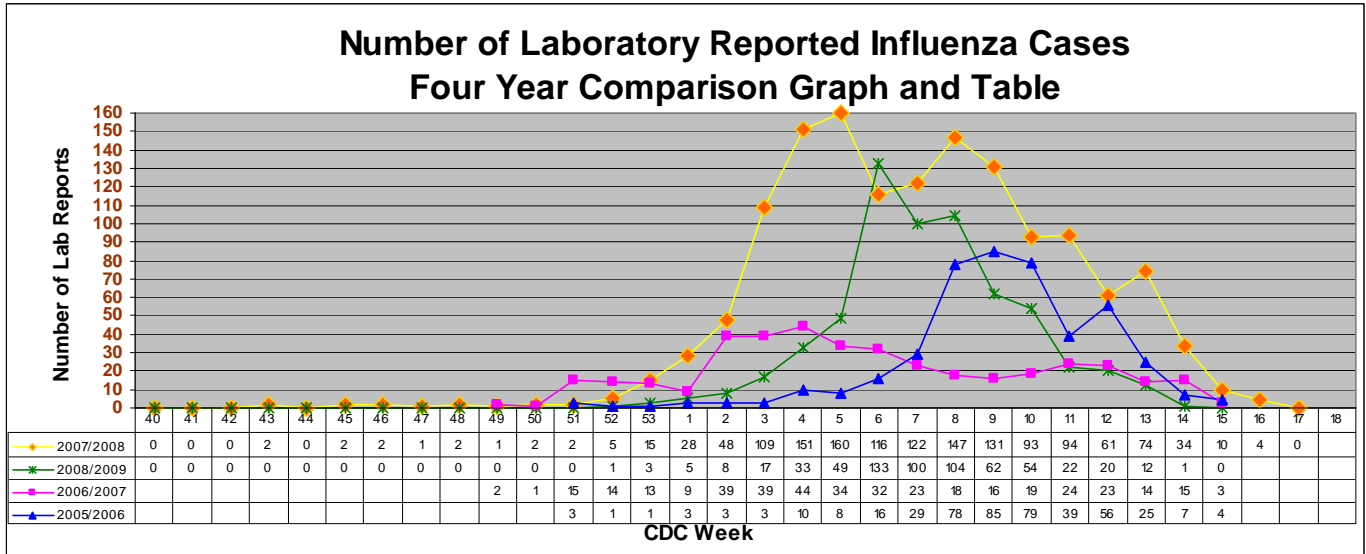
During week 15, countywide, state and national indicators confirmed very low markers of seasonal influenza activity, however a newly identified strain of Influenza A (H1N1) has been identified, see pages 5 and 6 of this report for details from the CDC.

- In week 15, there were **no individual reports positive** for influenza in Stark County, a **decrease** from 1 seen in week 14. For the 5th week there were **NO** Influenza-Associated Hospitalizations reported.(See graphs 1 & 2)
- Currently the Ohio Department of Health Laboratory is reporting 147 positive confirmed isolates (total through 4/21/09). Circulating Strains: (90) Influenza A/ (H1N1), (57) Influenza B/Malaysia-like; 14 and 6 respectively from Stark County. Antiviral Resistance testing from the CDC indicates Influenza A (H1N1) viruses from 44 states are resistant to **oseltamivir** this season. All oseltamivir resistant viruses tested are sensitive to adamantanes. Additionally, the adamantanes (amantadine and rimantadine) are not effective against influenza B viruses or the newly identified Influenza A (H1N1)Swine Influenza strain.
- Year-To-date reports indicate identification of **407 Type A and 220 Type B** viruses throughout Stark County. To date, the Type B strain identified in Ohio is **NOT a match** to this year's vaccine. (See graph 3)
- Year-to-date, 627 medically identified cases have been reported in Stark County, of which 60 were hospitalized. Of those reported with age information, the age range is 1 month to 93 years with a mean of 27 years and a median of 22.5 years. This information differs significantly from influenza-associated hospitalizations, which have a mean of 45.6 and a median of 49 years.
- Once again only two local Sentinel Providers provided ILI data during week 15. Both of these providers had zero visits for ILI. Nationally sentinel Providers continue to report low levels of influenza like activity. National Sentinel activity is **below** the baseline. (See Graph 4)
- Real-Time Outbreak and Disease Surveillance (RODS) data reflected **declining** sales of Cough/Cold products, however there was an **increase** in thermometer sales. (See Graph 5)
- The percentage of Emergency Department visits classified as Respiratory and Constitutional **decreased** in week 15. Likewise the combined data indicates an overall **decrease** in ILI activity in Emergency Departments. (See Graph 6)
- Fifty states reported their geographical influenza activity with only None reporting Widespread activity (a **decrease** from 1 last week), Regional activity was reported by 9, Local activity was seen in 17 states, and **Sporadic** activity was reported in 22 states, including Ohio, and no activity in two states. (See Map)

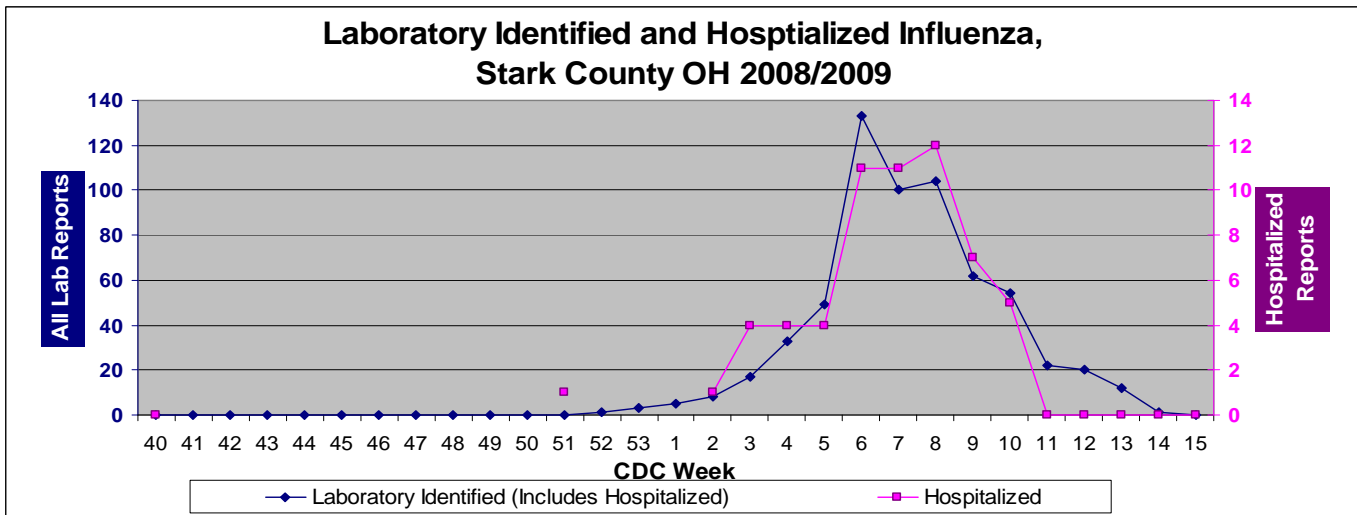
Definition of Sporadic Activity currently reported in Ohio: Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.

- National Pneumonia and Influenza (P & I) Mortality Surveillance **decreased** to 6.8% of all deaths reported through the 122 Cities Mortality Reporting System as due to P & I. This percentage is **below** the epidemic threshold of 7.7% for week 15.
- Ohio is reporting **four** confirmed influenza-associated pediatric mortalities: two from Hamilton County one with influenza A and one with Influenza B, one from Summit County with influenza A, and one from Brown County with influenza B (through 4/21/09). Since September 28, 2008, CDC has received 55 reports of influenza-associated pediatric deaths that occurred during the current season.

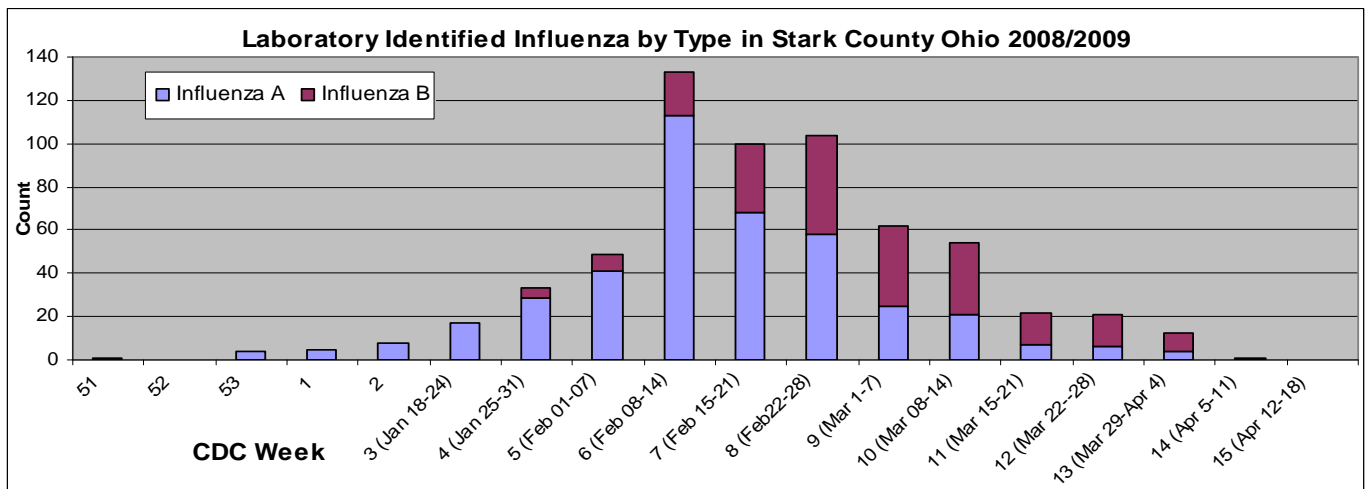
Graph 1: Number of medically identified cases of Influenza in Stark County, Ohio. (Cases reported from a medical provider or laboratory; established with a minimum of a rapid test confirmation).



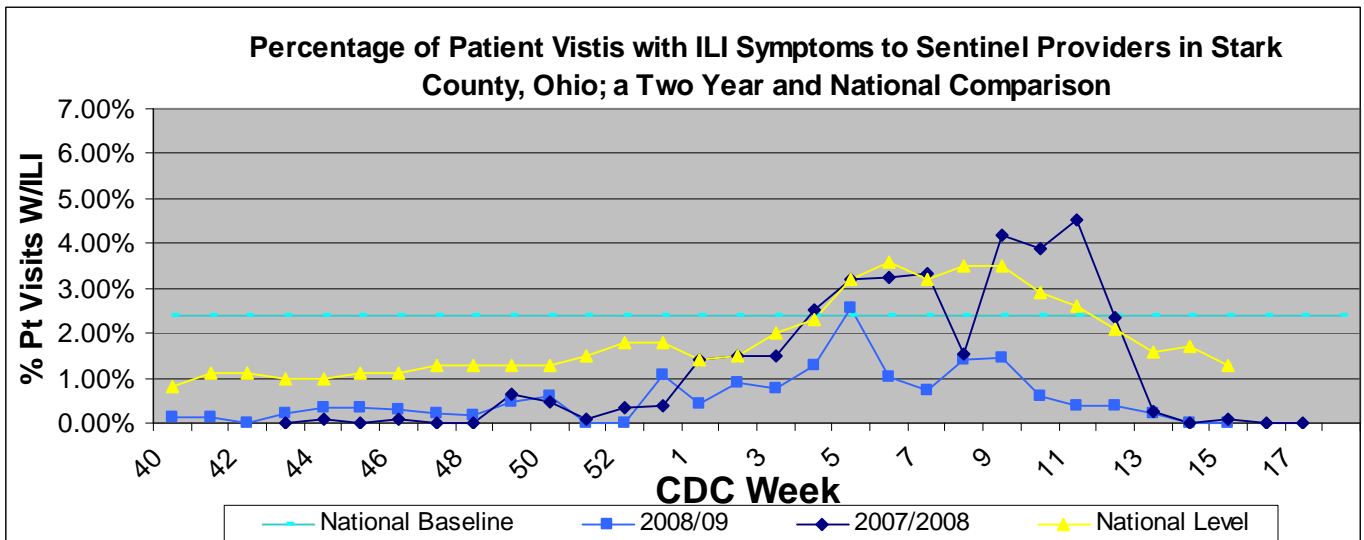
Graph 2: Number of Influenza-Associated Hospitalizations and medically identified cases of Influenza (cases reported from a medical provider or laboratory; established with a minimum of rapid test confirmation).



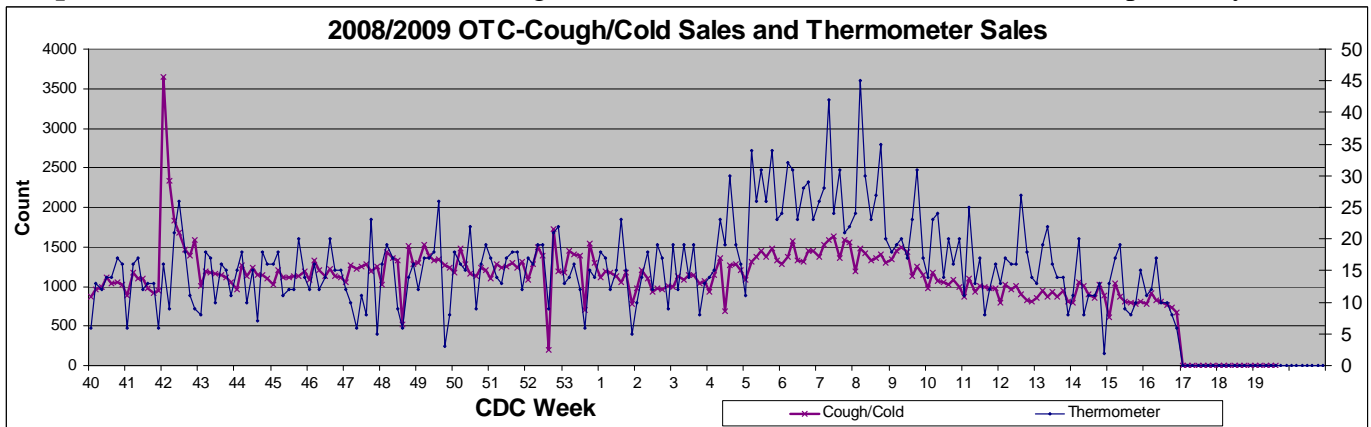
Graph 3: Laboratory Identified Influenza by Type in Stark County Ohio 2008/2009. (Laboratory identified includes Commercial Rapid Diagnostic Kits, EIA and Viral Cultures)



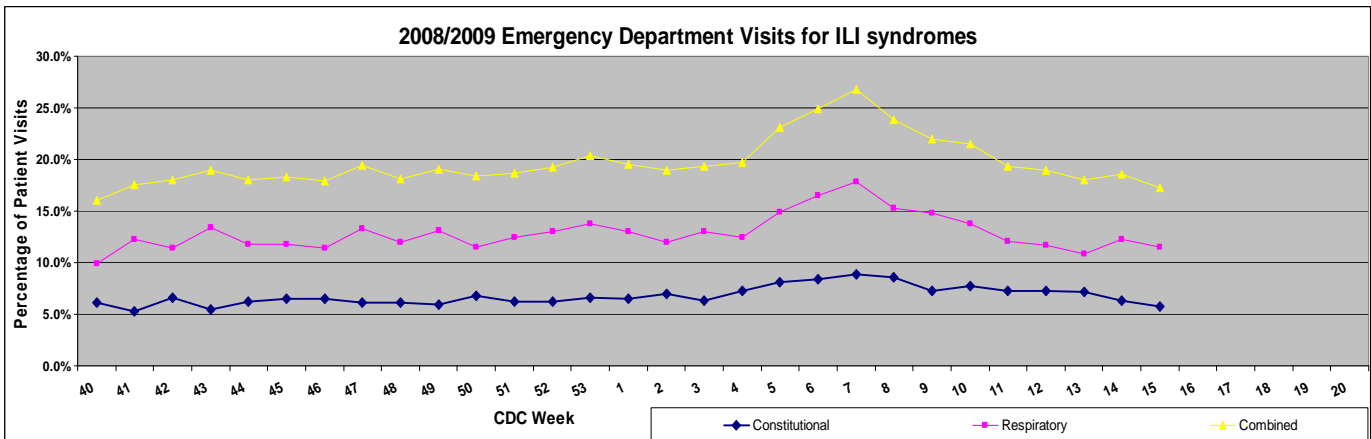
Graph 4: Sentinel Provider visits for ILI in Stark County Ohio and the Nation.



Graph 5 Sales of Over-The-Counter Cough/Cold Medications and Thermometers, as reported by RODS.



Graph 6 2008/2009 Emergency Department visits for syndromes associated with influenza like illness (Constitutional, Respiratory, and Combined)



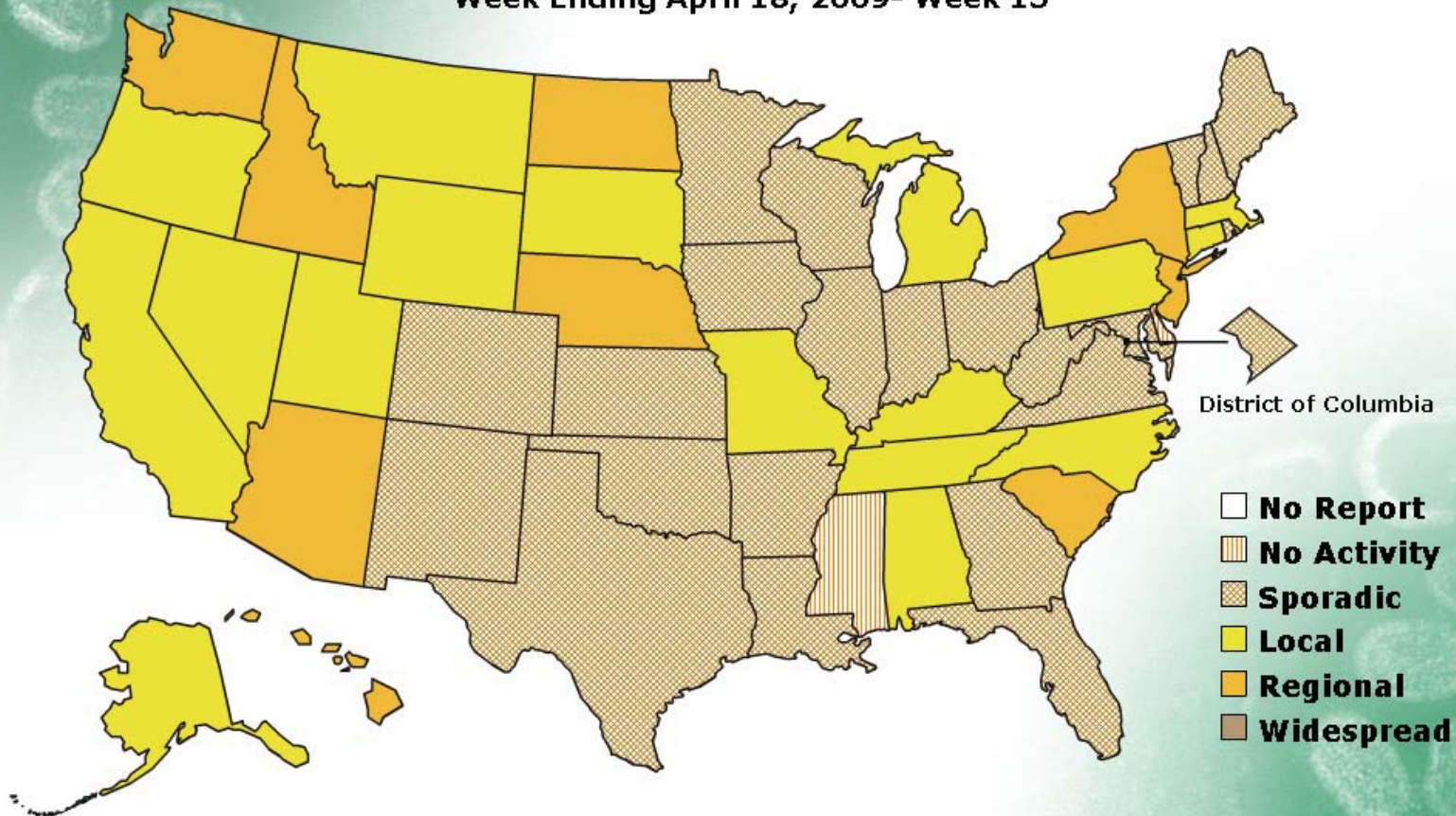
Map: National Influenza Activity. Source www.cdc.gov/flu/weekly

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending April 18, 2009- Week 15



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

Cut and pasted directly from the CDC website:
<http://www.cdc.gov/swineflu/investigation.htm#clinics>

Human Swine Influenza Investigation

April 26, 2009 12:45 ET

Human cases of swine influenza A (H1N1) virus infection have been identified in the United States. Human cases of swine influenza A (H1N1) virus infection also have been identified internationally. The current U.S. case count is provided below.

U.S. Human Cases of Swine Flu Infection	
State	# of laboratory confirmed cases
California	7 cases
Kansas	2 cases
New York City	8 cases
Ohio (Lorain County with travel to Mexico)	1 case
Texas	2 cases
TOTAL COUNT	20 cases
International Human Cases of Swine Flu Infection	
See: World Health Organization	

As of April 26, 2009 9:00 AM ET

Investigations are ongoing to determine the source of the infection and whether additional people have been infected with swine influenza viruses.

CDC is working very closely with officials in states where human cases of swine influenza A (H1N1) have been identified, as well as with health officials in Mexico, Canada and the World Health Organization. This includes deploying staff domestically and internationally to provide guidance and technical support. CDC has activated its Emergency Operations Center to coordinate this investigation.

Laboratory testing has found the swine influenza A (H1N1) virus susceptible to the prescription antiviral drugs oseltamivir and zanamivir and has issued interim guidance for the use of these drugs to treat and prevent infection with swine influenza viruses. CDC also has prepared interim guidance on how to care for people who are sick and interim guidance on the use of face masks in a community setting where spread of this swine flu virus has been detected. This is a rapidly evolving situation and CDC will provide new information as it becomes available.

There are everyday actions people can take to stay healthy.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.

Try to avoid close contact with sick people.

- Influenza is thought to spread mainly person-to-person through coughing or sneezing of infected people.
- If you get sick, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

Residents of States with Swine Influenza Cases

CDC has identified human cases of swine influenza A (H1N1) virus infection in people in the U.S. CDC is working with local and state health agencies to investigate these cases. We have determined that this virus is contagious and is spreading from human to human. However, at this time, we have not determined how easily the virus spreads between people. As with any infectious disease, we are recommending precautionary measures for people residing in these areas.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
- Try to avoid close contact with sick people.
- If you get sick, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- Avoid touching your eyes, nose or mouth. Germs spread that way.

There is no vaccine available at this time, so it is important for people living in these areas to take steps to prevent spreading the virus to others. If people are ill, they should attempt to stay at home and limit contact with others. Healthy residents living in these areas should take [everyday preventive actions](#).

People who live in these areas who develop an illness with fever and respiratory symptoms, such as cough and runny nose, and possibly other symptoms, such as body aches, nausea, or vomiting or diarrhea, should contact their health care provider. Their health care provider will determine whether influenza testing is needed.

Clinicians

Clinicians should consider the possibility of swine influenza virus infections in patients presenting with febrile respiratory illness who

1. Live in an area where human cases of swine influenza A (H1N1) has been identified or
2. Have traveled to an area where human cases of swine influenza A (H1N1) has been identified or
3. Have been in contact with ill persons from these areas in the 7 days prior to their illness onset.

If swine flu is suspected, clinicians should obtain a respiratory swab for swine influenza testing and place it in a refrigerator (not a freezer). Once collected, the clinician should contact their state or local health department to facilitate transport and timely diagnosis at a state public health laboratory.

Guidance Documents

[Interim Guidance for Swine influenza A \(H1N1\): Taking Care of a Sick Person in Your Home](#) Apr 25, 2009

[Interim Guidance on Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection and Close Contacts](#) Apr 25, 2009

[Interim Recommendations for Facemask and Respirator Use in Certain Community Settings Where Swine Influenza A \(H1N1\) Virus Transmission Has Been Detected](#) Apr 26, 2009

[Swine Influenza A \(H1N1\) Virus Biosafety Guidelines for Laboratory Workers](#) Apr 24, 2009

This guidance is for laboratory workers who may be processing or performing diagnostic testing on clinical specimens from patients with suspected swine influenza A (H1N1) virus infection, or performing viral isolation.

[Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#) Apr 24, 2009

[Interim Guidance on Case Definitions to be Used For Investigations of Swine Influenza A \(H1N1\) Cases](#) Apr 26, 2009

This document provides interim guidance for state and local health departments conducting investigations of human cases of swine influenza A (H1N1) virus. The following case definitions are for the purpose of investigations of suspected, probable, and confirmed cases of swine influenza A (H1N1) virus infection.

Travel Notices

[Risk of Swine Flu Associated with Travel to Affected Areas](#)

April 26, 2009 at 12:28 p.m. ET

[Outbreak Notice: Swine Influenza in the United States](#)

April 25, 2009 12:00 p.m. ET

[Travel Health Precaution: Swine Influenza and Severe Cases of Respiratory Illness in Mexico](#)

April 25, 2009 12:00 p.m. ET