

Toledo-Lucas County Health Department Seasonal Influenza Activity Summary

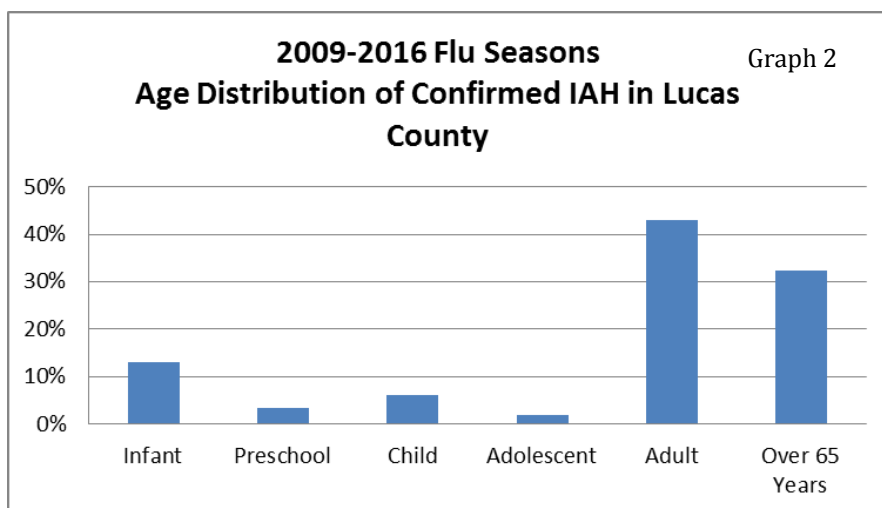
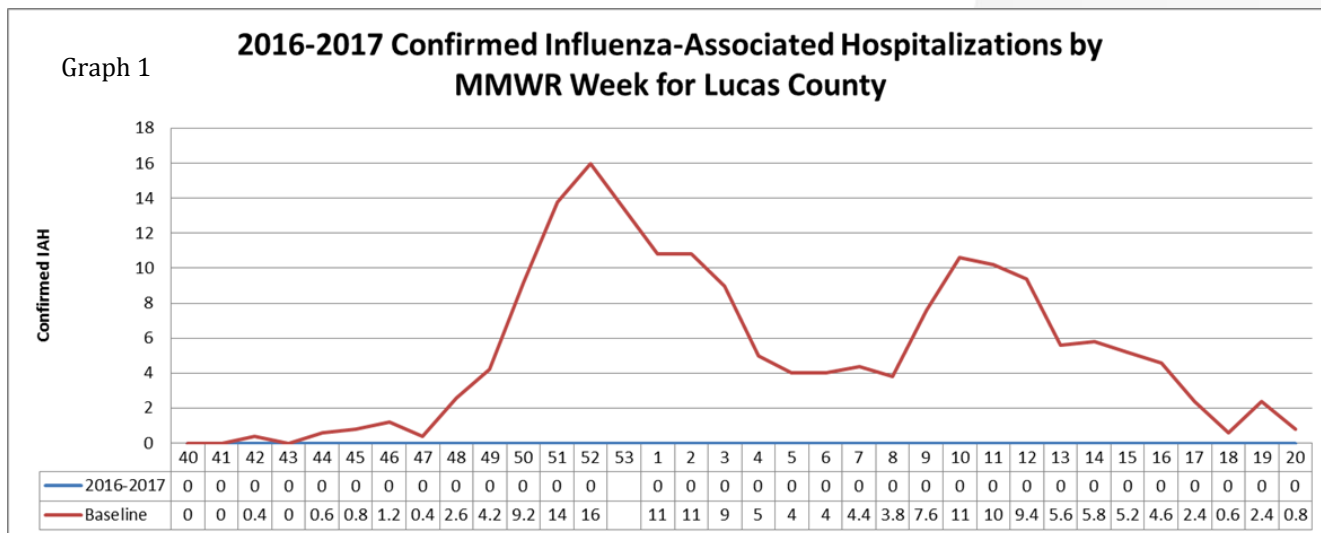
MMWR Week 41 October 9-15, 2016

Local Surveillance:

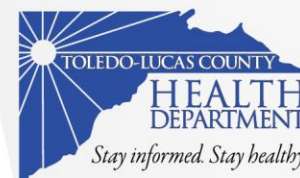
Current Influenza Activity Levels:

- Lucas County had **no** confirmed Influenza-associated Hospitalizations reported, allowing the total to remain at **zero**.
- Gender Distribution of Cases*: currently N/A

Graph 1 illustrates the current confirmed Influenza-Associated Hospitalizations compared to baseline, which is a five year average.



Infant: 0-2 years
 Preschool: 3-5 years
 Child: 6-12 years
 Adolescent: 13-17 years
 Adult: 18-64 years
 Over 65 years



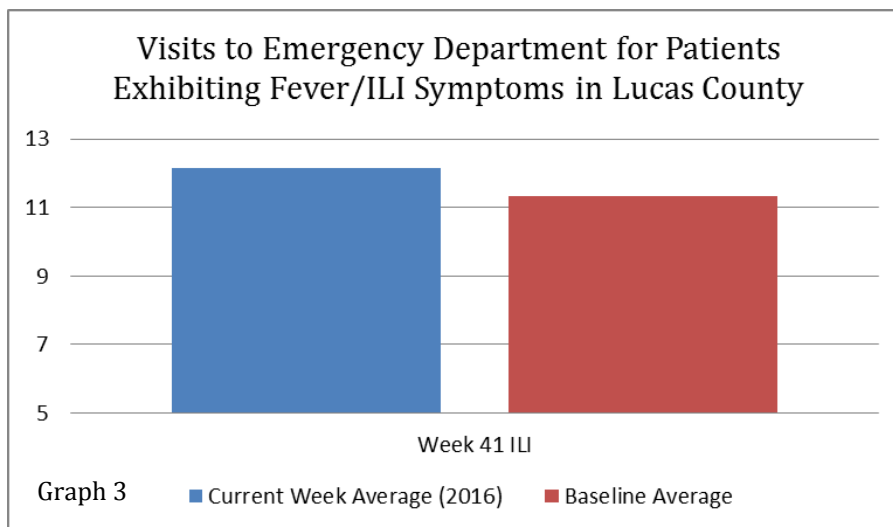
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The number of emergency department visits with patients exhibiting fever/ILI symptoms was right around baseline in Lucas County for MMWR week 41. ILI (Influenza-Like Illness) is defined as a fever greater than or equal to 100 degrees F AND a cough or sore throat. (Graph 3)



Summary of State Data: Current Ohio Activity Level (Geographic Spread) – Sporadic Definition: 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.

During MMWR Week 41, Ohio public health surveillance data sources indicate minimal intensity for influenza-like illness (ILI) in outpatient settings reported by Ohio's sentinel providers. The percentage of emergency department visits with patients exhibiting constitutional symptoms are below baseline levels statewide; fever and ILI specified ED visits are also below baseline levels. There were 7 influenza-associated hospitalizations reported.

State Surveillance:

- ODH lab has reported 38 influenza tests from specimens sent from various submitters. 2016-2017 influenza season results: (0) A/pdmH1N1; (0) A/H3N2; (0) Influenza B; (38) Negative (through 10/15/2016).
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) has reported 672 influenza tests performed at participating facilities. 2016-2017 influenza season positive results: (0) H1N1, (0) A/H3N2, (2) Flu A Not Subtyped, and (2) Flu B (through 10/15/16).
- 0 pediatric influenza-associated mortalities have been reported during the 2016-2017 season (through 10/15/2016).
- No novel influenza A virus infections have been reported during the 2016-2017 season (through 10/15/2016).
- Incidence of confirmed influenza-associated hospitalizations in 2016-2017 season = 15 (through 10/15/16).



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Regional Surveillance*: During week 40 (October 2- October 8, 2016), the proportion of outpatient visits for ILI in Region 5 (Ohio is in Region 5) was 0.9%, which is below the regional baseline of 1.9%. Indiana reported No Activity; Ohio, Pennsylvania, West Virginia, Michigan and Kentucky reported Sporadic Activity.

National Surveillance*: During week 40 (October 2- October 8, 2016), all U.S. states reported Minimal influenza activity. The proportion of outpatient visits for ILI was 1.1%, which is below the national baseline of 2.2%. All 10 HHS regions reported ILI levels below their region-specific baseline levels. The most frequently identified influenza virus type reported by public health laboratories was influenza A (H3N2).

*Regional and National surveillance data are reported one week later than Ohio state and local data

Flu Information:

Flu vaccines have been updated to better match circulating viruses.

For 2016-2017, three-component vaccines are recommended to contain:

- A/California/7/2009 (H1N1)pdm09-like virus,
- A/Hong Kong/4801/2014 (H3N2)-like virus and a
- B/Brisbane/60/2008-like virus (B/Victoria lineage).

Four component vaccines are recommended to include the same three viruses above, plus an additional B virus called B/Phuket/3073/2013-like virus (B/Yamagata lineage).

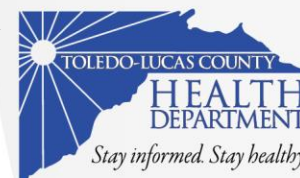
The recommendations for people with egg allergies have been updated for this season:

- People who have experienced only hives after exposure to egg can get any licensed and recommended flu vaccine that is otherwise appropriate for their age and health.
- People who have symptoms other than hives after exposure to eggs, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who have needed epinephrine or another emergency medical intervention, also can get any licensed and recommended flu vaccine that is otherwise appropriate for their age and health, but the vaccine should be given in a medical setting and be supervised by a health care provider who is able to recognize and manage severe allergic conditions. (Settings include hospitals, clinics, health departments, and physician offices). People with egg allergies no longer have to wait 30 minutes after receiving their vaccine.

Only Flu Shots This Season

Nasal spray flu vaccine (FluMist) is no longer recommended, only injectable flu vaccines are recommended by the Centers for Disease Control (CDC) and the American Academy of Pediatrics this season. CDC found that flu shots reduced a child's risk of ending up at the doctor's office sick with flu by more than 60% last season.

[Read More](#)



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[Influenza Vaccination Reduces Risk of Hospitalizations by More than Half Among Seniors](#)

[4 Variant Virus Infections Linked to Pig Exposures](#)

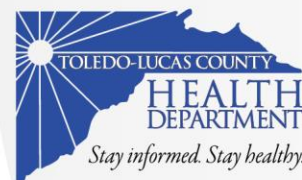
The four human infections were caused by H3N2v viruses in Ohio (2) and Michigan (2). All four patients reported attending fairs where they had exposure to pigs during the week preceding illness onset.

[CDC's #FightFlu Campaign](#)

State, Regional and National data is provided by the Ohio Department of Health

[Ohio Department of Health Seasonal Influenza Activity Summary MMWR 41](#)

For more information on state and local flu surveillance please contact:
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