

Toledo-Lucas County Health Department Seasonal Influenza Activity Summary

MMWR Week 12 March 19-25, 2017

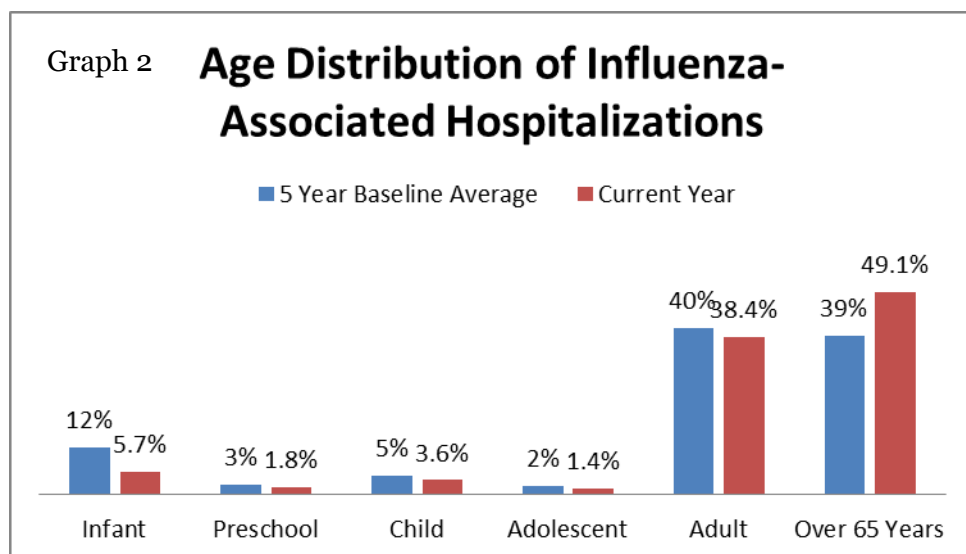
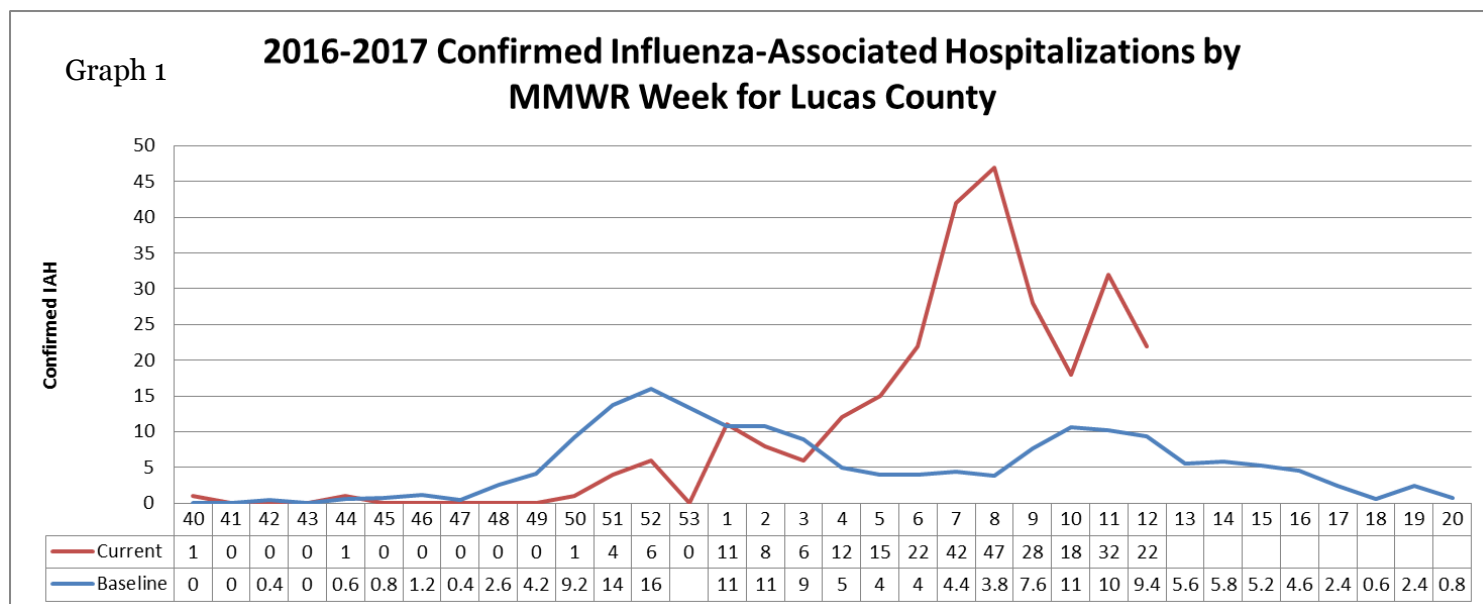
Local Surveillance:

Current Influenza Activity Levels:

- Lucas County had **22** confirmed Influenza-associated Hospitalizations (IAH) reported, bringing the total to **276** as of March 25, 2017.
- Gender Distribution of Cases:* 59% female, 41% male

Lucas County accounts for 3.9% of the IAH reported in Ohio.

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



MAIN OFFICE

635 North Erie Street
Toledo, Ohio 43604
419.213.4100

WESTERN CLINIC SITE

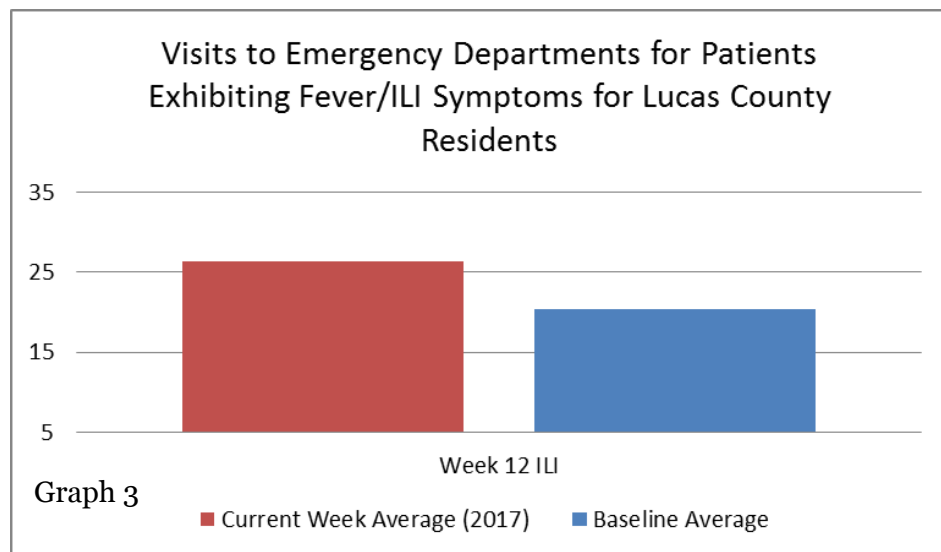
330 Oak Terrance Blvd.
Holland, Ohio 43528
419.213.6255

For more information on state and local flu surveillance please contact:
Lauren Wagener (419) 213-4264 WagenerL@co.lucas.oh.us

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The number of emergency department visits with patients exhibiting fever/ILI symptoms was above baseline for MMWR 12. 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) – Widespread

Definition: Increased ILI in at least half of the regions AND recent (within the past 3 weeks) lab confirmed influenza in the state.

During MMWR Week 12, Ohio public health surveillance data sources indicate increased activity for influenza-like illness (ILI) in outpatient settings reported by Ohio's Sentinel ILINet providers, Athenahealth medical claims data and most other data sources. The percentage of emergency department (ED) visits with patients exhibiting constitutional symptoms and fever and ILI specified ED visits increased and are above baseline levels. Weekly Influenza-associated hospitalization numbers have been above the *seasonal threshold for several weeks. There were 713 influenza-associated hospitalizations reported during MMWR Week 12.

State Surveillance:

- ODH lab has reported 1099 influenza tests from specimens sent from various submitters. 2016-2017 influenza season positive results: (5) A/pdmH1N1; (698) A/H3N2; (194) Influenza B; (through 03/25/2017).
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) has reported 47,238 influenza tests performed at participating facilities. 2016-2017 influenza season positive results: (5) H1N1, (580) A/H3N2, (3705) Flu A Not Subtyped, and (2575) Flu B (through 03/25/2017).
- 5 influenza-associated pediatric mortalities have been reported during the 2016-2017 season (through 03/25/2017).
- No novel influenza A virus infections have been reported during the 2016-2017 season (through 03/25/2017).
- Incidence of confirmed influenza-associated hospitalizations in 2016-2017 season = 6,894 (through 03/25/2017).

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Regional Surveillance*: During week 11 (March 12th – March 18th, 2017), the proportion of outpatient visits for ILI in Region 5 (Ohio is in Region 5) was 3.1%, which is above the regional baseline of 1.9%. Indiana, Ohio, Michigan, Kentucky, and Pennsylvania reported Widespread Activity. West Virginia reports regional activity.

National Surveillance*:

During week 11 (March 12th – March 18th, 2017), 23 U.S. states reported Minimal influenza activity, 9 states reported Low Activity, 6 reported moderate activity, and 12 reported High activity. The proportion of outpatient visits for ILI was 3.2%, which is above the national baseline of 2.2%. Seven HHS regions reported ILI levels at their regionspecific baseline level. 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:

Influenza Virus Characterization:

DC has antigenically characterized 1,069 influenza viruses [176 influenza A (H1N1)pdm09, 547 influenza A (H3N2), and 346 influenza B viruses] collected by U.S. laboratories since October 1, 2016. 96% of the Influenza B viruses that have been antigenically characterized by CDC were similar to viruses included in either the trivalent or quadrivalent 2016-17 influenza vaccine. 98% of the influenza A viruses characterized matched the viruses included in the 2016-17 influenza vaccine.

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

[ODH Influenza Activity Summary MMWR 12](#)

CIDRAP: Recommendation, positive attitude boost flu vaccine use in kids

Only about half (47% to 62%) of US children ages 9 to 17 get the flu vaccine, but a strong recommendation from a health care provider (HCP), and annual check-ups result in more vaccine uptake, according to a new study from researchers at Indiana University. The results were published recently in Vaccine.

Using data collected from an online survey of 2,363 mothers of kids 9 to 13 years old, the researchers identified the key predictors of flu vaccine use. Of the mothers questioned, 59% obtained flu vaccine for their children in the previous year, citing two main reasons: "preventing their child from getting the flu" (40%) followed by "It's routine, I always have my child vaccinated against the seasonal flu"(13.2%). Nearly 30% of mothers who did not get the flu shot for their child said it was because they did not think the vaccine worked, and 23.3% said they believed the vaccine could harm their child.

A strong recommendation from a HCP, seeing a HCP in the past year, positive attitude about the vaccine, and being of a minority race were all good indicators that a mother would choose to vaccinate her child against the flu.

"These data highlight potential areas for intervention (i.e., strong provider recommendations and addressing parents' beliefs about the influenza vaccine) to improve delivery of influenza vaccination in early adolescents," the authors concluded. [STUDY](#)