

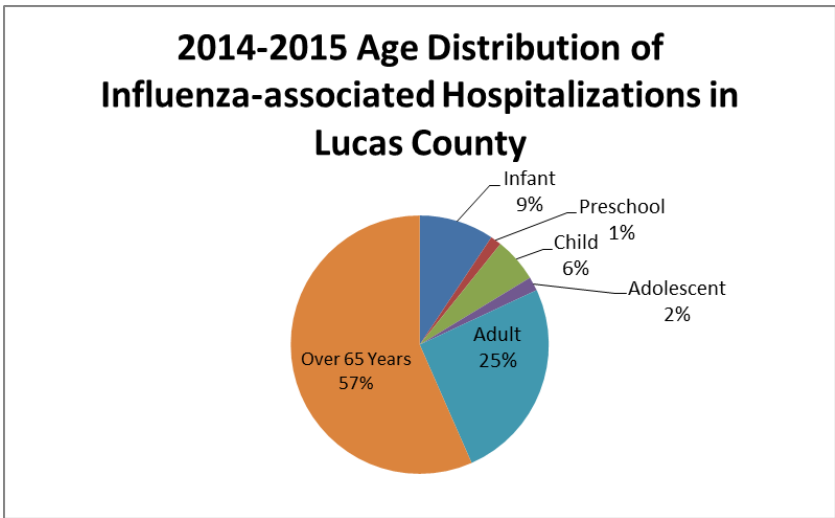
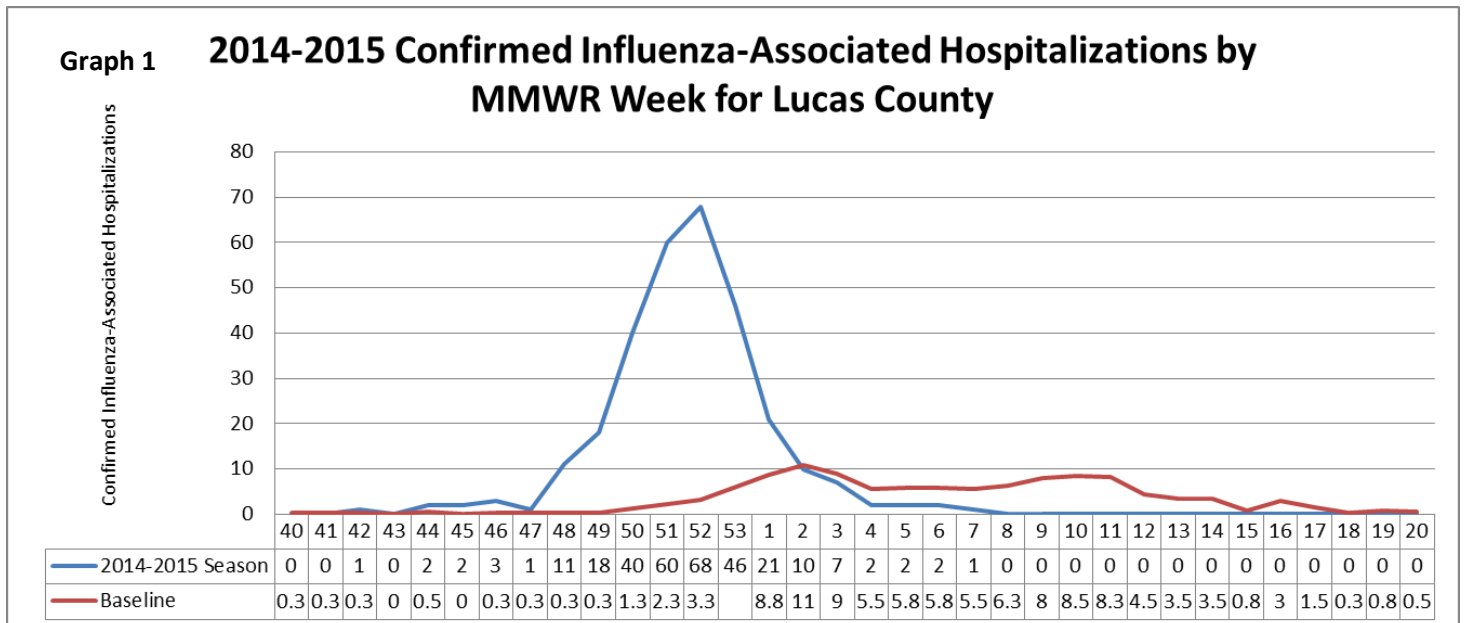
Toledo-Lucas County Health Department Seasonal Influenza Activity Summary

MMWR Week 9

March 1-7, 2015

Current Influenza Activity Levels:

- Lucas County had **no new** confirmed Influenza-associated Hospitalizations, the total remains at **297** as of March 1, 2015.
 - Graph 1 illustrates the current confirmed Influenza-Associated Hospitalizations compared to baseline, which is a four year average excluding the 2009 pandemic year.
 - Females account for 57% of the hospitalizations and males account for the remaining 43%.
- *Lucas County accounts for **3.7%** of all Influenza-Associated Hospitalizations in Ohio for the 2014-2015 flu season thus far.

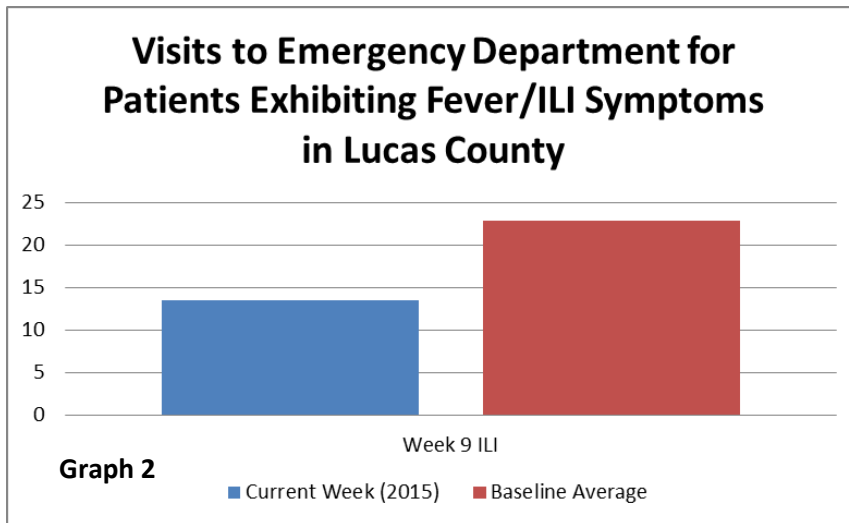


- Infant: 0-2 years
- Preschool: 3-5 years
- Child: 6-12 years
- Adolescent: 13-17 years
- Adult: 18-64 years
- Over 65 years

****According to the CDC, There are early indications that this season may be severe, especially for people aged 65 years and older and young children.**

Summary of State Data: During week 9, influenza-like illness activity decreased in Ohio, the proportion of outpatient visits for ILI was 0.92%, which is above the average percentage of visits for this time period. 92 Influenza-associated hospitalizations were reported from these regions: 16 from Central, 26 from East Central, 16 from Northeast, 6 from Northwest, 16 from Southeast, 5 from Southwest, and from 7 West Central. The percentage of emergency department visits with patients exhibiting constitutional and fever/ILI symptoms are below baseline averages.

*The number of emergency department visits with patients exhibiting fever/ILI symptoms was well below the baseline in Lucas County for MMWR week 9. ILI (Influenza-Like Illness) is defined as a *fever greater than or equal to 100 degrees F AND a cough or sore throat*. (Graph 2)



State Surveillance Data:

- ODH lab reports results for those cases that are PCR positive for seasonal influenza. 2014-2015 Season Positive results: (2) A/pdmH1N1; (997) A/H3N2; (20) Influenza B (through 03/7/15).
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) has reported 16,300 RT-PCR influenza tests performed at participating facilities during the 2014-2015 Season, the following represents those specimens that tested positive: (1) H1N1, (517) H3N2, (878) Flu A Not Subtyped, and (121) Flu B (through 03/7/15).
- 6 influenza-associated pediatric mortalities have been reported for the 2014-2015 season (through 03/7/15).
- Incidence of confirmed influenza-associated hospitalizations in 2014-2015 season =8074 (through 03/7/15).

Regional Surveillance:

During week 8 (February 22– February 28, 2015), influenza-like illness activity among the states surrounding Ohio (Region 5) decreased. Influenza activity in all states was reported as Minimal. The proportion of outpatient visits for ILI was 1.5%, which is below the regional baseline of 1.7%. West Virginia reports Local Activity; Michigan, Kentucky, Ohio, and Pennsylvania report Regional activity. Indiana reports Widespread activity.

Important Flu Information:

[Watch Gigi’s Story on getting the influenza vaccine and why it’s so important.](#)

Recommended composition of influenza virus vaccines for use in the 2015-2016 northern hemisphere influenza season-WHO

26 February 2015

It is recommended that trivalent vaccines for use in the 2015-2016 influenza season (northern hemisphere winter) contain the following:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Switzerland/9715293/2013 (H3N2)-like virus;
- a B/Phuket/3073/2013-like virus.

It is recommended that quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Brisbane/60/2008-like virus.

[ACIP Reaffirms Recommendation for Annual Influenza Vaccination](#)

CDC MMWR

Influenza activity in the United States began to increase in mid-November, remained elevated through February 21, 2015, and is expected to continue for several more weeks. **To date, influenza A (H3N2) viruses have predominated overall. As has been observed in previous seasons during which influenza A (H3N2) viruses predominated, adults aged ≥65 years have been most severely affected. The cumulative laboratory-confirmed influenza-associated hospitalization rate among adults aged ≥65 years is the highest recorded since this type of surveillance began in 2005.** This age group also accounts for the majority of deaths attributed to pneumonia and influenza. The majority of circulating influenza A (H3N2) viruses are different from the influenza A (H3N2) component of the 2014–15 Northern Hemisphere seasonal vaccines, and the predominance of these antigenically and genetically drifted viruses has resulted in reduced vaccine effectiveness (1). This report summarizes U.S. influenza activity* since September 28, 2014, and updates the previous summary (2). [Read More from CDC Here](#)

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/>

State and Regional data provided by the Ohio Department of Health

[ODH Influenza Activity Summary MMWR Week 9](#)