

for public health partners

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Thank you to all of the public health and medical professionals who provided timely reports and continue to make the surveillance system possible.

The influenza surveillance system consists of six different components: Pneumonia & Influenza Mortality surveillance, sentinel provider surveillance for influenza-like illness (ILI), Columbus public schools absenteeism, emergency department visits, over-the-counter medication sales, and laboratory surveillance.

During the 2005-2006 season, influenza activity was fairly mild both locally and nationwide. In Franklin County, influenza did not peak until late February and remained at low levels overall throughout the rest of the season. Nationally, influenza activity was low from October through early January, increased during February, and peaked in early March.

No human infections with avian influenza A (H5N1) have been identified in the U.S. However, during the 2005-06 season, outbreaks of avian influenza A (H5N1) among poultry and isolated human cases were reported from countries in Africa, Europe, and Asia. The Centers for Disease Control and Prevention (CDC) continues to recommend enhanced surveillance for human infection with avian influenza among travelers returning to the United States from H5N1-affected countries. On June 13, 2006, updated recommendations for enhanced surveillance were issued and can be found on the CDC Web site at:

<http://www2a.cdc.gov/han/ArchiveSys/ViewMsgV.asp?AlertNum=00246>.

Pneumonia and Influenza (P&I) Mortality

The percentage of P&I deaths in Franklin County peaked at 12.1% during the week ending March 25 and exceeded the epidemic thresholds set during the 2004-05 season. (Figure1)

Influenza Morbidity and Influenza-Like Illness (ILI) Reports

The proportion of patient visits to Franklin County sentinel providers for influenza-like-illness (ILI) averaged 0.48% for the season, exceeded the season average seven consecutive weeks from the 7th week to the 13th week (reaching the highest at 2.0% during week 8), and then started declining. Nationally, the percentage of outpatient visits for ILI reported by U.S. sentinel providers peaked twice, once at 3.3% during the week ending December 31, 2005 (week 52), and again at 3.2% during the week ending March 4, 2006 (week 9), and exceeded baseline levels (2.2%) for 16 consecutive weeks. (Figure3)

Columbus Public Schools (CPS): Absenteeism

The percent of Columbus Public Schools students absent peaked to 13.6% the week ending January 7, 2006, which is higher than the increase seen same periods in the previous two seasons. (Figure 2)

Laboratory Surveillance

Even though this was the first season implementing comprehensive laboratory surveillance in Franklin County, a total of 6,538 specimens were tested for influenza and 1,288 (19.7%) were positive. Nationally, the World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories tested 148,636 specimens for influenza viruses, of which 17,977 (12.1%) were positive.



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Emergency Department Visits and Over-the-Counter Medication Sales

For the 2005-06 season, there was a rapid increase and subsequent decrease in respiratory ED visits in late December, and a peak in visits in late February and early March. Compared to the previous season, the peak was slightly later and the intensity of respiratory visits was milder throughout this season. In general, the OTC cough and cold sales followed the same trend as last year, but were less intense. (Figure 4)

Figure 1: Percentage of Deaths due to Pneumonia and Influenza
Columbus, Ohio 2005-2006

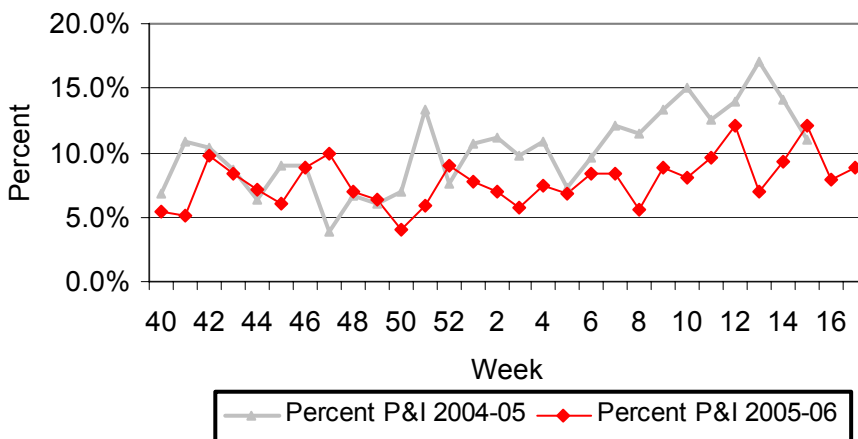
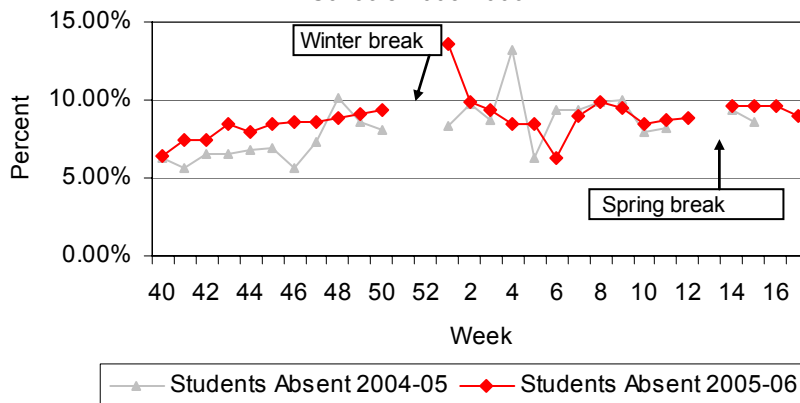


Figure 2: Percentage of Students Absent from Columbus Public Schools 2005-2006



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Figure 3: Percentage of Visits for Influenza-Like Illness (ILI) Reported by Sentinel Providers
Franklin County 2005-2006

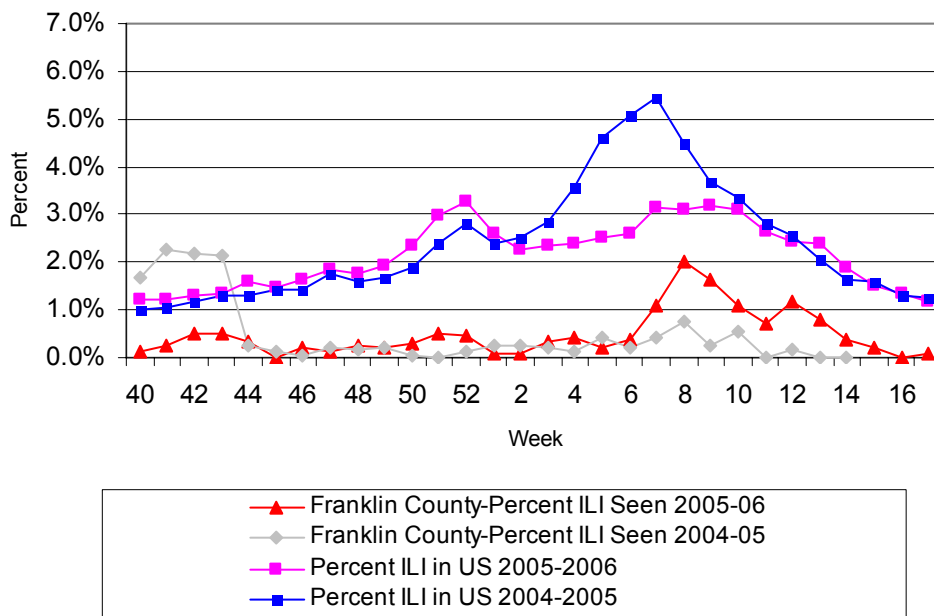
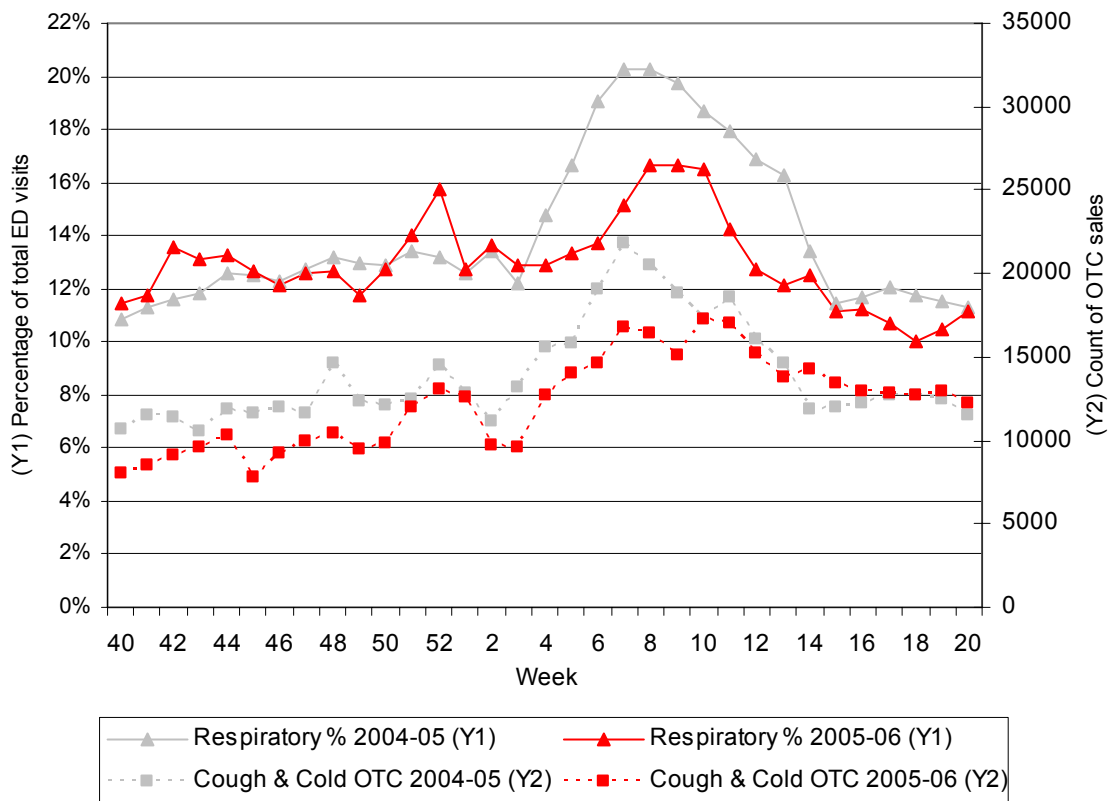


Figure 4: Franklin County Early Event Surveillance Respiratory ED Visits and Frequency of Selected Over-the-Counter Medication Sales



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