



**Summit County Public Health
Influenza Surveillance Report
2023 – 2024 Season**



Public Health
Prevent. Promote. Protect.

**Report #16
Flu Surveillance Weeks 17 & 18 (1/21/2024 to 2/3/2024)
Centers for Disease Control and Prevention MMWR Weeks 4 & 5**

Summit County Surveillance Data:

In **Weeks 17 & 18** of influenza surveillance, influenza-related activity was High¹ in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 17 MMWR 4 N (%) ¹	Week 18 MMWR 5 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
<u>Test Performed</u>	1034	1149	11.1%	2↑
<u>Positive Tests (Number and %)</u>	210 (20.3%)	264 (23.0%)	13.1%	3↑
Influenza A (Number and %)	153 (14.8%)	158 (13.8%)	-7.1%	1↓
Influenza B (Number and %)	57 (5.5%)	106 (9.2%)	67.4%	3↑
<u>Acute care hospitalizations for Influenza:</u>	39	43	10.3%	2↑
Schools absenteeism²	9.7	9.3	-4.2%	1↓
Deaths (occurred in Summit County)				
Pneumonia associated	7	7	0.0%	-
<u>Influenza associated</u>	1	1	0.0%	-
COVID-19 associated	4	1	-75.0%	3↓
Emergency room visits (EpiCenter)³ (Figure 3)**				
Total ED Visits	3873	3992	3.1%	2↑
Constitutional Complaints	448	501	8.5%	2↑
<u>Fever and ILI</u>	27	32	15.0%	1↑
<p>2) Absence is for any reason. Percent is from total number of students enrolled. Data was collected from approx. 9 schools or school districts throughout Summit County (n = approx. 32,000 students)</p> <p>3)** Percent is from total number of emergency room interactions – elimination of data from a significant reporting facility has resulted in decreases in current and previous week data. Notable changes in Epicenter data are the result of a change in reporting practices from at least one of the reporting facilities. **These figures should not be compared to previous year's reports** Notable decrease/ elimination of ER Related data may be the result of a reporting delay and not reflective of actual trends. This will be revised in future reports.</p> <p>Note: Data is provisional and may be updated as more information is received. Percentages should be interpreted with caution. Small changes in number can result in large changes in percent. When a percentage, or prevalence, is available in this table, the percent change will be calculated from those values</p>				

Lab reports: During week 17 and 18 of influenza surveillance, reporting Summit County facilities performed 2,183 flu tests, of which 474 had positive results. (Figure 4) **Note:** *Influenza data are collected from selected reporting partners and do not represent positivity rates for the entire county.*

Acute Care Hospitalizations: There were 43 reported admissions during week 18. **Figure 2** displays hospitalizations in Summit County.

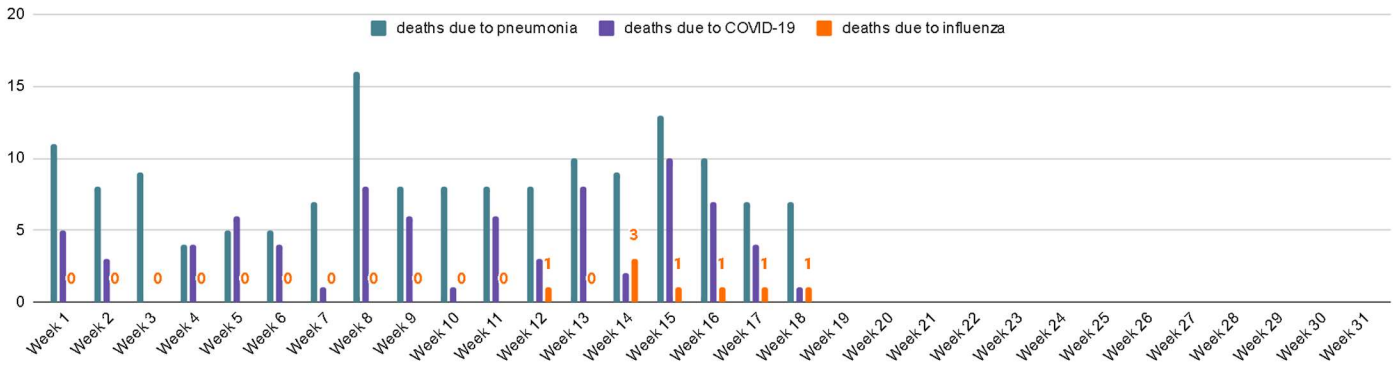
School absenteeism includes absences regardless of reason. The absence rate decreased by 4.2% from week 17 to 18.

2 deaths related to influenza, 5 COVID-19 related deaths and 14 pneumonia related deaths occurred in Summit County during week 17 and 18. COVID-19 associated deaths decreased in week 18. Pneumonia associated and Influenza associated deaths did not change.

Figure 1 displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

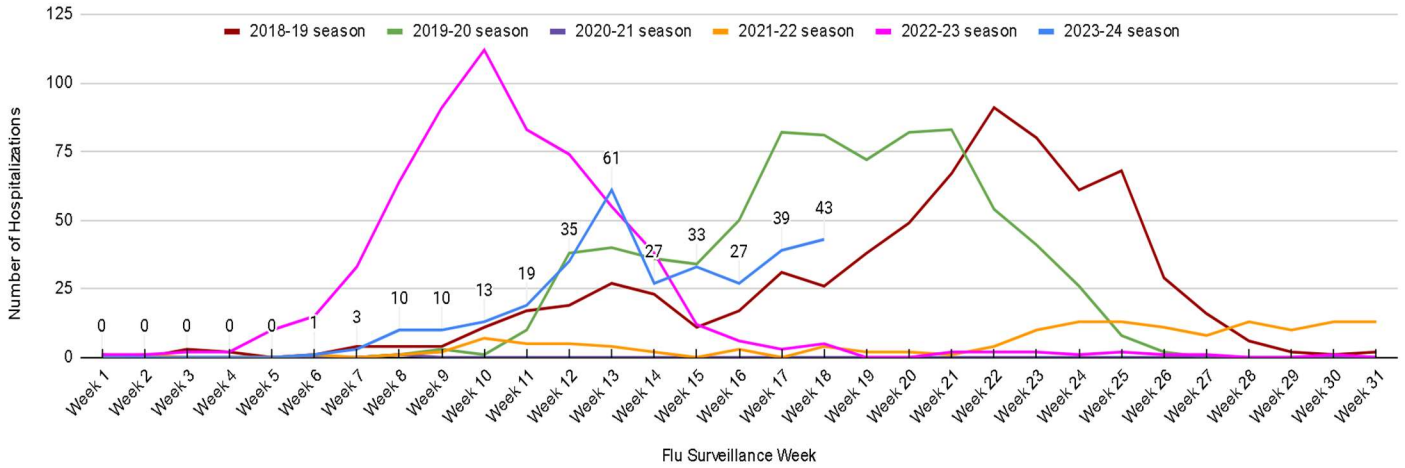
¹The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of underlined table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high), 5/5 indicators increase (very high).

Figure 1. Weekly Summit County death counts associated with pneumonia and influenza during 2023-2024 season



Hospitalizations: In Week 17, Summit County hospitals reported 39 influenza-associated hospitalizations. In Week 18 there were 43 new influenza-associated hospitalizations. **Figure 2** displays weekly confirmed hospitalization counts for Summit County.

Figure 2. Summit County weekly influenza-associated hospitalizations, 2023-2024 season and previous five seasons



EpiCenter collects and analyzes health related data in real time to provide information about the health of the community. This system tracks ER visits related to constitutional pcomplaints and fever and ILI. **Figure 3** displays the weekly ER visits related to ILI and flu symptoms in Summit County. ****A significant number of ER visits are expected to be unaccounted for due to limited reporting partner participation. As a result, these figures should not be compared to previous year's reports.****

Figure 3. Weekly ED visits in Summit County related to Fever + ILI reported in EpiCenter, 2023 to 2024 season

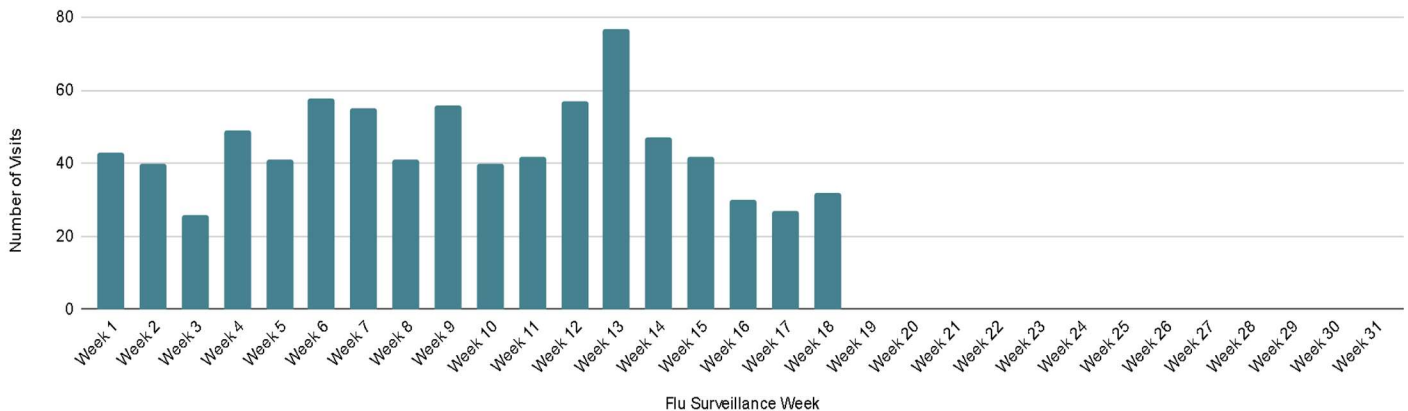
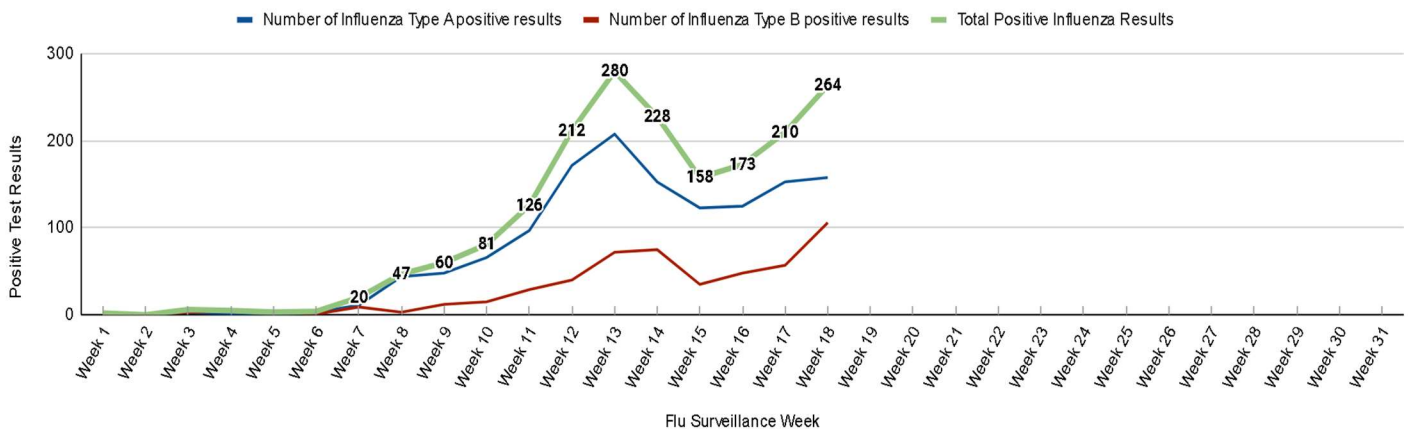


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – **High**

Ohio Department of Health Seasonal Influenza Activity Summary Week ending on 2/3/2024

Activity Indicators (Week ending on 2/3/2024)				
Data Source	Current Week	Percent Change from last week	Trend Direction	
% of Outpatient Visits Influenza-like Illness (ILI) Outpatient Data (LInet Sentinel Provider Visits)	5.17%	8.61%	↑	
Thermometer Sales (National Retail Data Monitor)	0.55%	10.00%	↑	
% of Emergency Department (ED) Visits Fever and ILI Specified ED Visits (EpiCenter)	2.11%	7.11%	↑	
% of ED Visits Constitutional ED Visits (EpiCenter)	12.85%	4.39%	↑	
Hospitalizations Confirmed Influenza a-associated Hospitalizations (Ohio Disease Reporting System)	556	11.87%	↑	

Details pertaining to the table above as well as other Ohio Influenza data can be found here → Source: <https://odh.ohio.gov/know-our-programs/seasonal-influenza/influenza-dashboard>

National Surveillance: from Centers for Disease Control and Prevention (CDC):

National Outpatient Illness Surveillance:

Nationwide, during Week 5, 4.4% of patient visits reported through ILINet were due to respiratory illness that included fever plus a cough or sore throat, also referred to as ILI. This has remained stable (change of ≤ 0.1 percentage points) compared to Week 4 and has remained above the national baseline of 2.9% since Week 44. The percentage of visits for ILI increased in regions 2, 5, 6, 7, and 10, decreased in regions 4 and 9, and remained stable in regions 1, 3, and 8 in Week 5 compared to Week 4. All regions remain above their region-specific baselines this week. Multiple respiratory viruses are co-circulating, and the relative contribution of influenza virus infection to ILI varies by location.

Figure 5. Percentage of Outpatient Visits for Respiratory Illness reported By the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2023-2024 and Selected Previous Seasons.

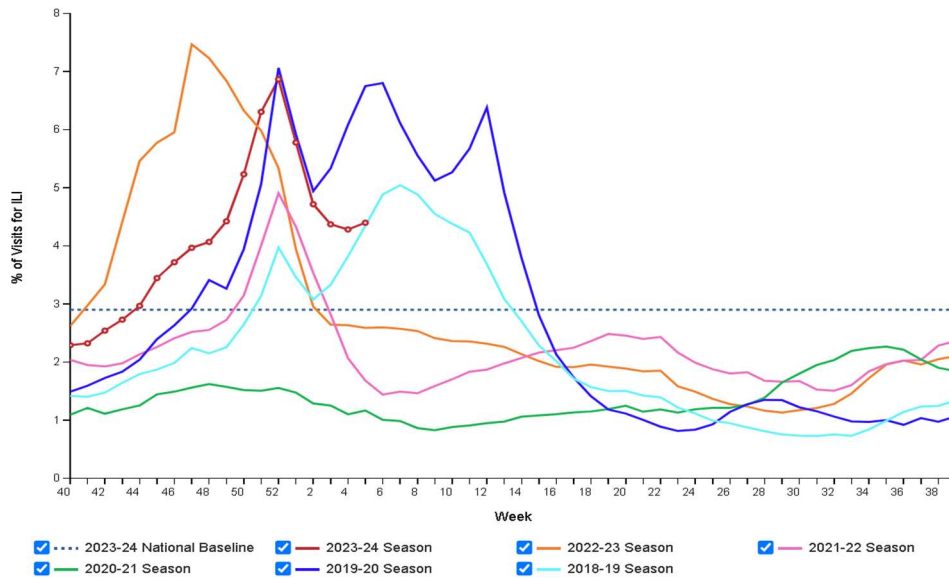
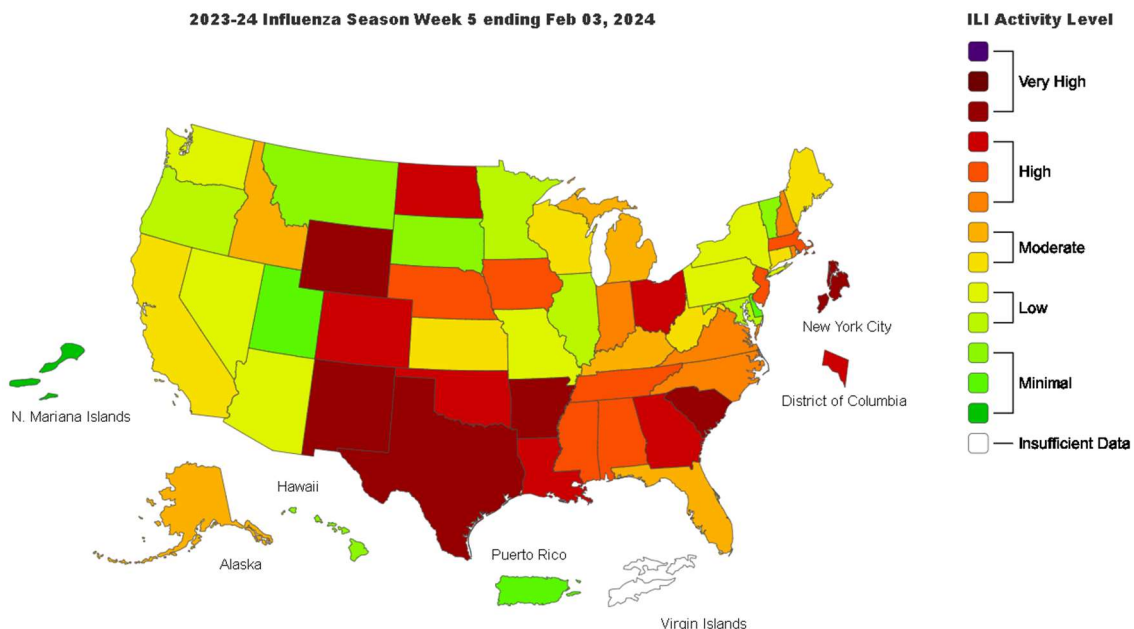


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



Source: <https://www.cdc.gov/flu/weekly/>

Global Surveillance:

Influenza Update N° 464 05 February 2024, based on data up to 21 January 2023

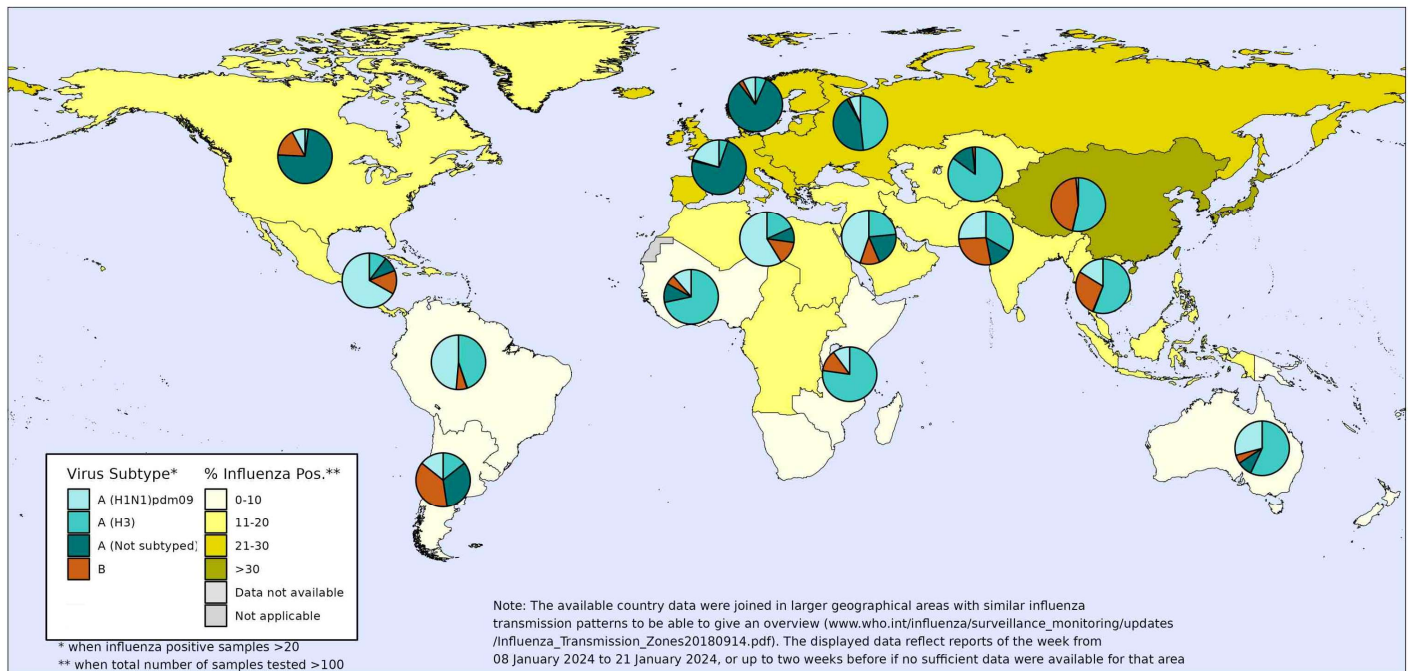
- **Countries are recommended to monitor the relative co-circulation of influenza and SARS-CoV-2 viruses in [integrated surveillance](#) and report to RespiMART (FluNet and FluID) directly or via regional platforms. Clinicians should consider influenza in differential diagnosis, especially for high-risk groups for influenza, and test and treat according to national and WHO guidance.**
- Globally, influenza activity remained elevated in most Northern hemisphere countries, although global influenza virus detections decreased.
- In the countries of North America, influenza activity remained elevated but showed a decreasing trend. Influenza A(H1N1)pdm09 viruses predominated among the detections.
- In Europe and Central Asia, influenza activity remained elevated. Of thirty-six reporting countries, influenza activity was reported at very high intensity in one, high intensity in eight, medium intensity in seventeen, low intensity in ten and below baseline in five, and geographic spread was widespread in thirty of forty reporting countries. Influenza hospitalizations and intensive care unit (ICU) admissions decreased. Influenza A virus detections predominated among detections in primary and secondary care sentinel surveillance, with A(H1N1)pdm09 viruses predominant.
- In Northern Africa, detections of predominantly influenza A(H1N1)pdm09 remained elevated overall, with increased activity reported in Algeria and Tunisia.
- In Eastern Asia, influenza activity remained elevated but decreasing overall.
- In Western Asia, influenza activity decreased overall, although increased influenza A virus detections were reported in Armenia, Georgia and Israel and.
- In the Central American and Caribbean countries, influenza activity decreased. Influenza A(H1N1)pdm09 viruses were predominant in the Caribbean followed by influenza A(H3N2) viruses, while influenza A(H1N1)pdm09 was predominant in Central America, followed by B/Victoria.
- In tropical South America, influenza activity remained low with few detections of influenza A and B viruses reported in most countries.
- In tropical Africa, influenza detections remained low in most reporting countries with a few exceptions and influenza A(H3N2) viruses predominated.
- In Southern Asia, overall influenza activity continued to decrease but remained elevated in some countries, with all seasonal influenza subtypes co-circulating.
- In South-East Asia, influenza activity driven by all seasonal subtypes increased in Malaysia and Singapore. Influenza A(H3N2) detections also increased in Timor-Leste.
- In the temperate zones of the southern hemisphere, indicators of influenza activity were reported at low levels or below the seasonal threshold in most reporting countries.
- National Influenza Centres (NICs) and other national influenza laboratories from 118 countries, areas or territories reported data to FluNet for the time period from 8 January 2023 to 21 January 2024* (data as of 02/02/2024 09:22:05 AM UTC). The WHO GISRS laboratories tested more than 452 836 specimens during that time period. 74 302 were positive for influenza viruses, of which 54 310 (73.1%) were typed as influenza A and 19 992 (26.9%) as influenza B. Of the sub-typed influenza A viruses, 5685 (30.7%) were influenza A(H1N1)pdm09 and 12 858 (69.3%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (12 563) belonged to the B/Victoria lineage.
- Globally, SARS-CoV-2 positivity from sentinel surveillance remained around 10%. Positivity remained below 10% in all WHO Regions with exception of the European Region and the Region of the Americas where positivity was 20% and 15%, respectively. SARS-CoV-2 positivity from non-sentinel surveillance decreased to around 12% globally.
- In countries with RSV surveillance in place, RSV activity was stable or decreased in most reporting countries in Europe and in North America. In the Russian Federation and Republic of Korea, RSV activity increased but

remained below or similar to expected levels. RSV activity remained high in Egypt. Activity was low or decreasing elsewhere.

- WHO encourages countries, especially those that have received the multiplex influenza and SARS-CoV-2 reagent kits from GISRS, to conduct integrated surveillance of influenza and SARS-CoV-2 and report epidemiological and laboratory information in a timely manner to established regional and global platforms. The guidance can be found here: https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated_sentinel_surveillance-2022.1.
- National Influenza Centres (NICs) and other national influenza laboratories from 84 countries, areas or territories from six WHO regions (African Region: 12; Region of the Americas: 17; Eastern Mediterranean Region: 4; European Region: 38; South-East Asia Region: 7; Western Pacific Region: 6) reported to FluNet from sentinel surveillance sites for time period from 08 January 2023 to 21 January 2024* (data as of 02/02/2024 09:22:05 AM UTC). The WHO GISRS laboratories tested more than 32 041 sentinel specimens during that period and 2741 (8.55%) were positive for SARS-CoV-2. Additionally, more than 105 116 non-sentinel or undefined reporting source samples were tested in the same period and 16 015 were positive for SARS-CoV-2. Further details are included at the end of this update.

Percentage of respiratory specimens that tested positive for influenza By influenza transmission zone

Map generated on 02 February 2024



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



Data source: Global Influenza Surveillance and Response System (GISRS), FluNet (www.who.int/fluNet)
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Source: <https://www.who.int/publications/m/item/influenza-update-n--464>

About this report: Reporting agencies include labs, hospitals, long-term care and community-based care providers, physician offices, university clinic, pharmacies, and schools. Agencies are distributed throughout Summit County and report different indicators of flu activity including total lab tests, numbers of positive tests and type, antiviral prescriptions filled, school absences, and influenza like illness (ILI). Hospitalizations are lab confirmed for influenza and are obtained from the Ohio Disease Reporting System. Number of deaths associated with influenza and pneumonia are gathered from the Summit County Office of Vital Records death listings. Emergency room visits for complaints related to influenza are obtained by syndromic surveillance system (Epicenter).

Special thanks to all agencies who report Influenza related data weekly.

Reporting from participants may not be complete each week. Numbers may change as updated reports are received. For questions, please contact Julie Zidones at the Summit County Public Health Communicable Disease Unit (330-375-2662 or cdu@schd.org). This report was issued on February 9, 2024