

# Summit County Public Health Influenza Surveillance Report 2023 – 2024 Season Report #27 Flu Surveillance Weeks 28 & 29 (4/6/2024 to 4/20/2024) Centers for Disease Control and Prevention MMWR Weeks 15 & 16

## Summit County Surveillance Data:

In Weeks 28 & 29 of influenza surveillance, influenza-related activity was low<sup>1</sup> in Summit County.

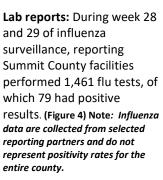
	Week 28 MMWR 15 N (%) <sup>1</sup>	Week 29 MMWR 16 N (%) <sup>1</sup>	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	736	725	-1.5%	3↓
Positive Tests (Number and %)	54 (7.3%)	25 (3.4%)	-53.0%	7↓
Influenza A (Number and %)	39 (5.3%)	20 (2.8%)	-47.9%	2↓
Influenza B (Number and %)	15 (2.0%)	5 (0.7%)	-66.2%	7↓
Acute care hospitalizations for Influenza:	12	9	-25.0%	3↓
Schools absenteeism <sup>2</sup>	8.5	7.6	-11.2%	1↓
Deaths (occurred in Summit County)				
Pneumonia associated	4	4	0.0%	NC
Influenza associated	0	1	-	1↑
COVID-19 associated	3	1	-66.7%	1↓
Emergency room visits (EpiCenter) <sup>3</sup> (F	igure 3)**			
Total ED Visits	3824	3916	2.4%	3↑
Constitutional Complaints	237	241	-0.7%	2↓
Fever and ILI	21	23	7.0%	1个

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)

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.

**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

<sup>1</sup>The 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).



#### Acute Care Hospitalizations:

There were 12 reported admissions during week 28 and 9 admissions for week 29. **Figure 2** displays hospitalizations in Summit County.

#### School absenteeism

includes absences regardless of reason. The absence rate decreased from week 28 to 29.

1 deaths related to influenza, 4 COVID-19 related deaths and 8 pneumonia related deaths occurred in Summit County during week 28 and 29. Influenza associated deaths increased to 1, COVID-19 associated deaths decreased and pneumonia associated deaths remained the same.

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

Page 1

Summit County 2023-2024 Influenza Surveillance Report, weeks 28 and 29



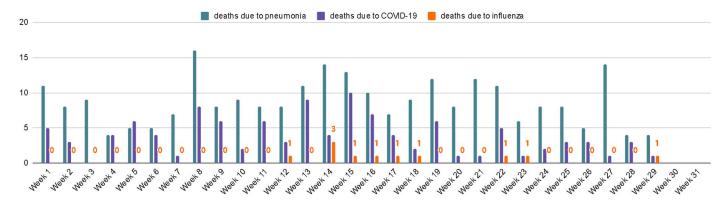


Figure 1. Weekly Summit County death counts associated with pneumonia and influenza during 2023-2024 season

Hospitalizations: In Week 28, Summit County hospitals reported 12 influenza-associated hospitalizations, 9 hospitalizations were reported during Week 29. Figure 2 displays weekly confirmed hospitalization counts for Summit County.

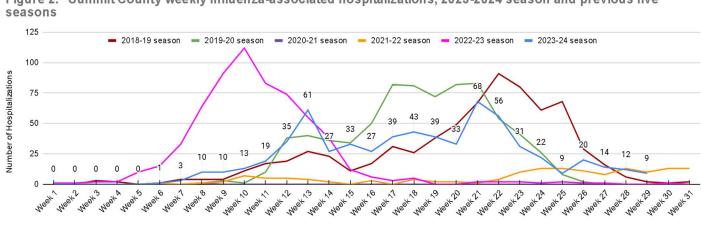


Figure 2. Summit County weekly influenza-associated hospitalizations, 2023-2024 season and previous five

Flu Surveillance Week

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 complaints 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.\*\*

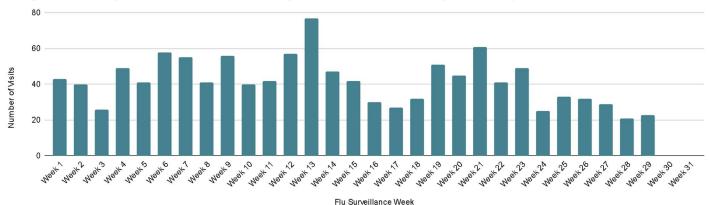


Figure 3. Weekly ED visits in Summit County related to Fever + ILI reported in EpiCenter, 2023 to 2024 season

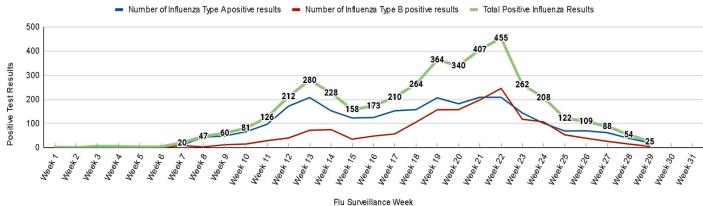


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season

# **Ohio Influenza Activity:** from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Minimal

## Ohio Department of Health Seasonal Influenza Activity Summary Week ending on 4/20/2024

Activity Indicators (Week ending on 4/20/2024)						
Data Source	Current Week	Percent Change from last week	Trend Direction	Above 5 yr Average 5 yr Average   Below 5 yr Average Current Season Percent		
% of Outpatient Visits Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	1.91%	-21.72%	V			
Thermometer Sales (National Retail Data Monitor)	0.23%	-4.17%	V			
% of Emergency Department (ED) Visits Fever and ILI Specified ED Visits (EpiCenter)	1.11%	-9.02%	V			
% <b>of ED Visits</b> Constitutional ED Visits (EpiCenter)	8.58%	-6.33%	V			
Hos pitalizations Confirmed Influenz a-associated Hospitalz ations (Ohio Disease Reporting System)	283	20.43%	ĵ			

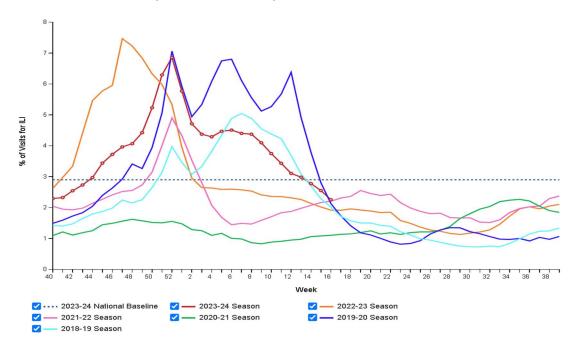
Details pertaining to the table above as well as other Ohio Influenza data can be found here  $\rightarrow$  Source: <u>https://odh.ohio.gov/know-our-programs/seasonal-influenza/influenza-dashboard</u>

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

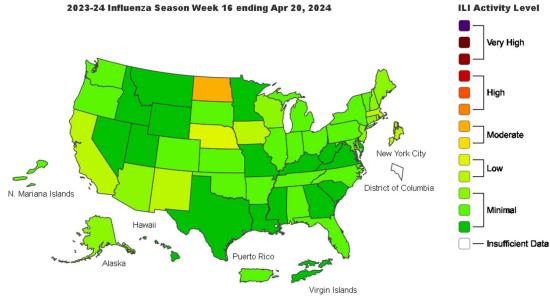
## National Outpatient Illness Surveillance:

Nationally, during Week 16, 2.3% 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 decreased (change of > 0.1 percentage points) since Week 15 and is below the national baseline. The percentage of visits for ILI decreased in regions 1, 2, 3, 4, 5, 6, 8, 9, and 10 and remained stable in Region 7 in Week 16 compared to Week 15. Region 1 is at its region-specific baseline, and all other regions are below their respective baselines. 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/

Summit County 2023-2024 Influenza Surveillance Report, weeks 28 and 29

# **Global Surveillance:**

Influenza Update N° 472 24 April 2024 | For reporting week 15, which ended 14 April 2024

## Influenza Summary

- In the Northern Hemisphere, influenza activity continued to decline in most countries. Some countries in Central America and the Caribbean and Eastern Europe are reporting continued circulation. The predominant circulating influenza virus varied by geographical area.
- In the southern hemisphere, influenza activity remained low with few exceptions in South America, where influenza activity is elevated and mainly influenza A viruses have been detected.

Figure 7. Proportion of sentinel specimens testing positive for influenza

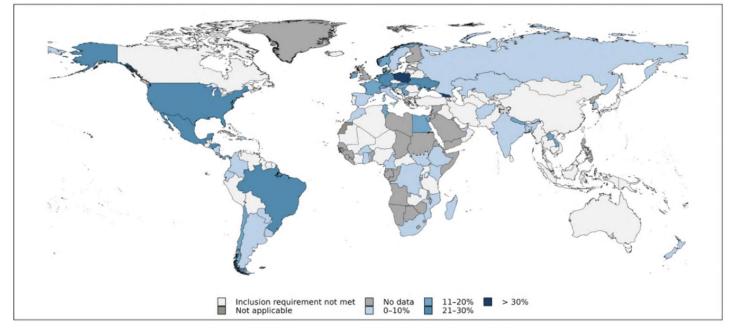
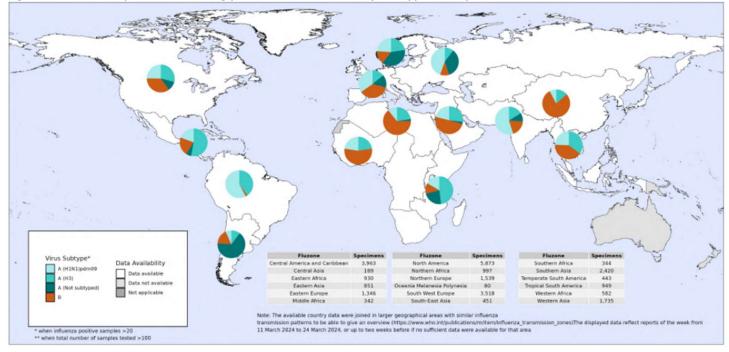


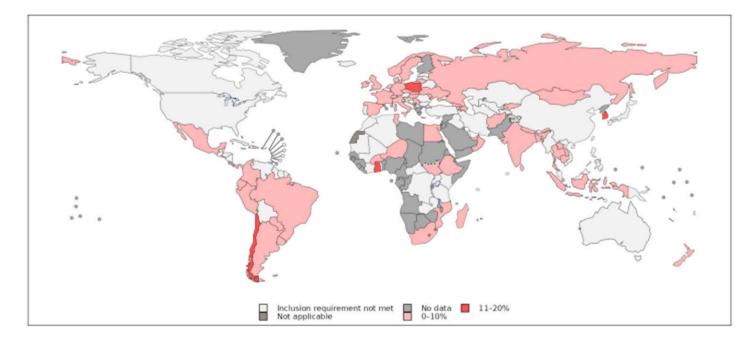
Figure 8. Sentinel specimens testing positive for influenza by subtype, as reported in FluNet



### SARS-CoV-2 Summary

• SARS-CoV-2 activity, as reported from sentinel surveillance in 66 countries/areas/territories that met inclusion criteria, overall remains low but is elevated in some countries in Eastern Europe, South America, Western Africa, and Eastern Asia. Increases in activity have been reported in countries in Eastern Europe, Western Africa, and Eastern Asia.

### Figure 9. Proportion of sentinel specimens testing positive for SARS-CoV-2



Source: https://www.who.int/publications/m/item/influenza-update-n--472

**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 April 26, 2024.