



**Summit County Public Health
Influenza Surveillance Report
2023 – 2024 Season
Report #3**



**Flu Surveillance Weeks 4 & 5 (10/22/2023 to 11/4/2023)
Centers for Disease Control and Prevention MMWR Weeks 43 & 44**

Summit County Surveillance Data:

In Weeks 4 & 5 of influenza surveillance, influenza-related activity was Low¹ in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 4 MMWR 43 N (%) ¹	Week 5 MMWR 44 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	632	674	6.6%	1↑
Positive Tests (Number and %)	5 (0.8%)	3 (0.4%)	-43.7%	2↓
Influenza A (Number and %)	1 (0.2%)	0 (0.0%)	-100.0%	2↓
Influenza B (Number and %)	4 (0.6%)	3 (0.4%)	-29.7%	1↓
Acute care hospitalizations for Influenza:	0	0	-	-
Schools absenteeism²	8.8	9.0	3.2%	2↑
Deaths (occurred in Summit County)				
Pneumonia associated	4	3	-25.0%	5↓
Influenza associated	0	0	-	-
COVID-19 associated	3	5	150.0%	1↑
Emergency room visits (EpiCenter)³ (Figure 3)**				
Total ED Visits	3904	4220	8.1%	2↑
Constitutional Complaints	381	394	-4.3%	1↓
Fever and ILI	49	41	-22.6	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 4 and 5 of influenza surveillance, reporting Summit County facilities performed 1,306 flu tests, of which 8 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 was 1 reported admission during week 4 and 5. **Figure 2** displays hospitalizations in Summit County.

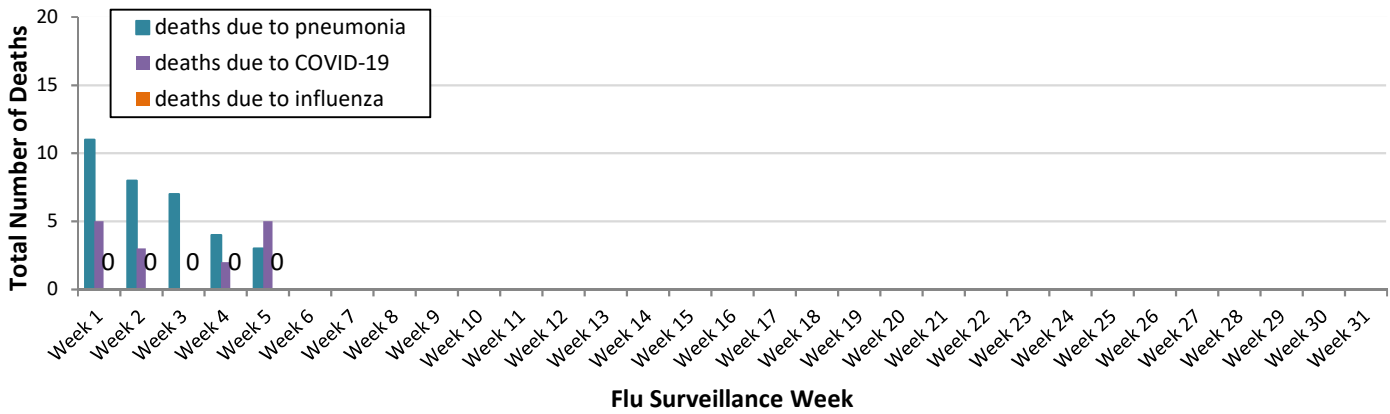
School absenteeism includes absences regardless of reasoning. There was a 3.2% increase in school absences from week 4 to 5.

0 deaths related to influenza, 8 COVID-19 related deaths and 7 pneumonia related deaths occurred in Summit County during week 4 & 5. Pneumonia associated deaths decreased in week 5, COVID-19 associated deaths increased and influenza associated deaths remained 0.

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

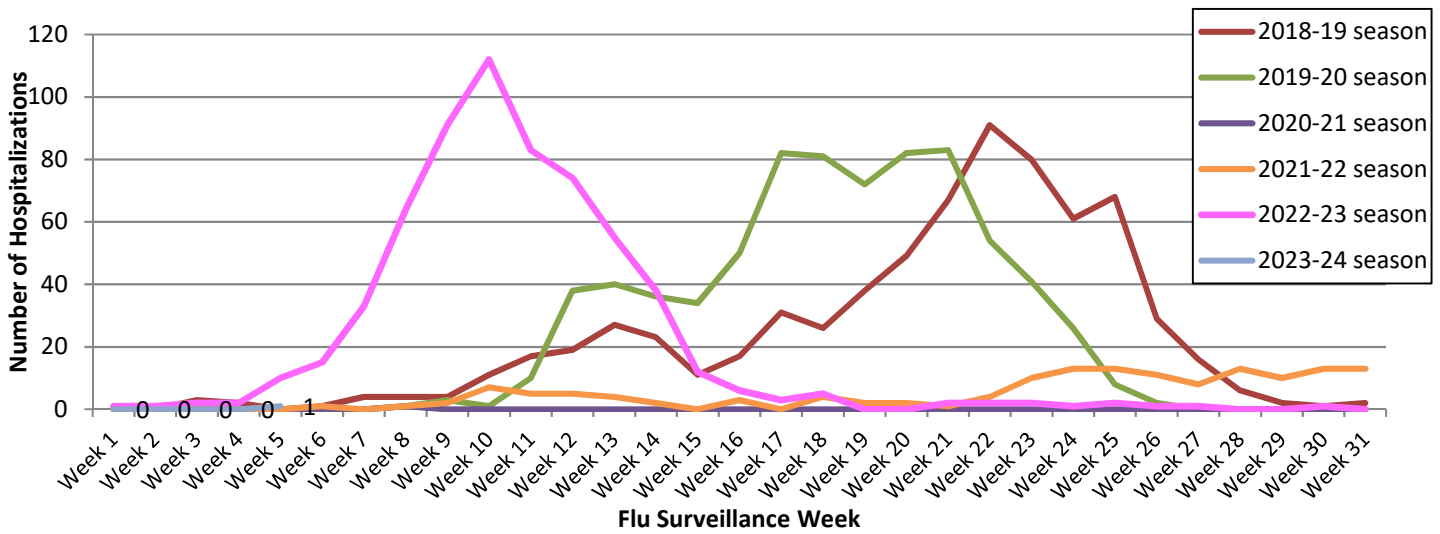
¹The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high), 5/5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

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



Hospitalizations: In Week 4, Summit County hospitals reported 0 influenza-associated hospitalizations. In Week 5 there was 1 new influenza-associated hospitalization. **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 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

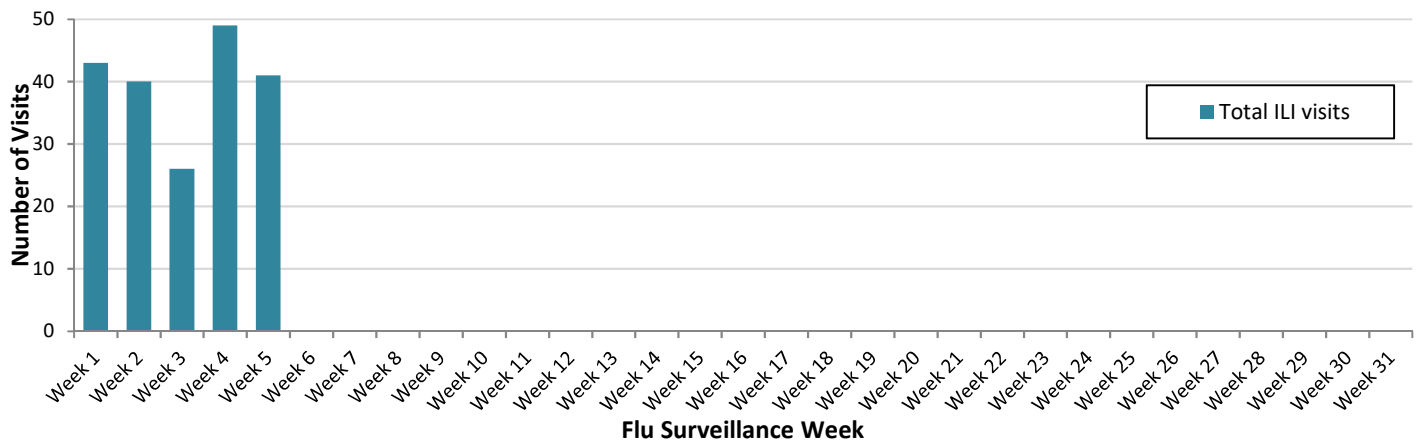
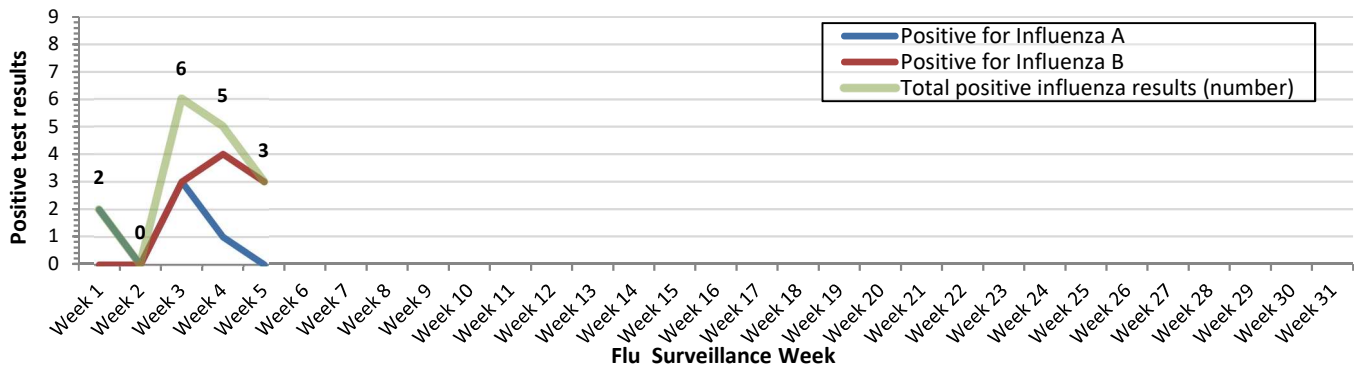


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) –Minimal

Activity Indicators (Week ending on 11/4/2023)				
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 <small>Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)</small>	2.26%	0.89%	↑	
Thermometer Sales <small>(National Retail Data Monitor)</small>	0.46%	0.00%	→	
% of Emergency Department (ED) Visits <small>Fever and ILI Specified ED Visits (EpiCenter)</small>	1.49%	-0.67%	↓	
% of ED Visits <small>Constitutional ED Visits (EpiCenter)</small>	9.68%	1.79%	↑	
Hospitalizations <small>Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)</small>	17	6.25%	↑	

Ohio Department of Health Seasonal Influenza Activity Summary Week ending on 11/4/2023

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 44, 2.9% 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 increased (change of > 0.1 percentage points) compared to week 43 and is at the national baseline of 2.9%. ILI activity is trending upward in 8 of the 10 HHS Regions (Regions 1-6, 8-9). Two regions are above their region-specific baselines [Region 4 (the Southeast) and Region 6 (South Central)] and one region is at their region-specific baseline [Region 9 (West Coast)]. 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.

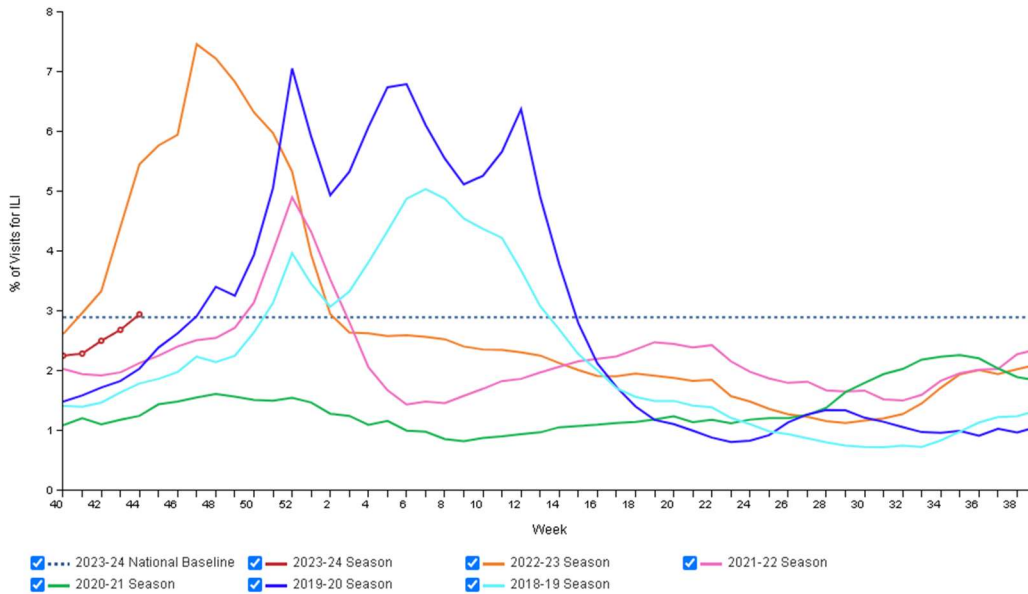
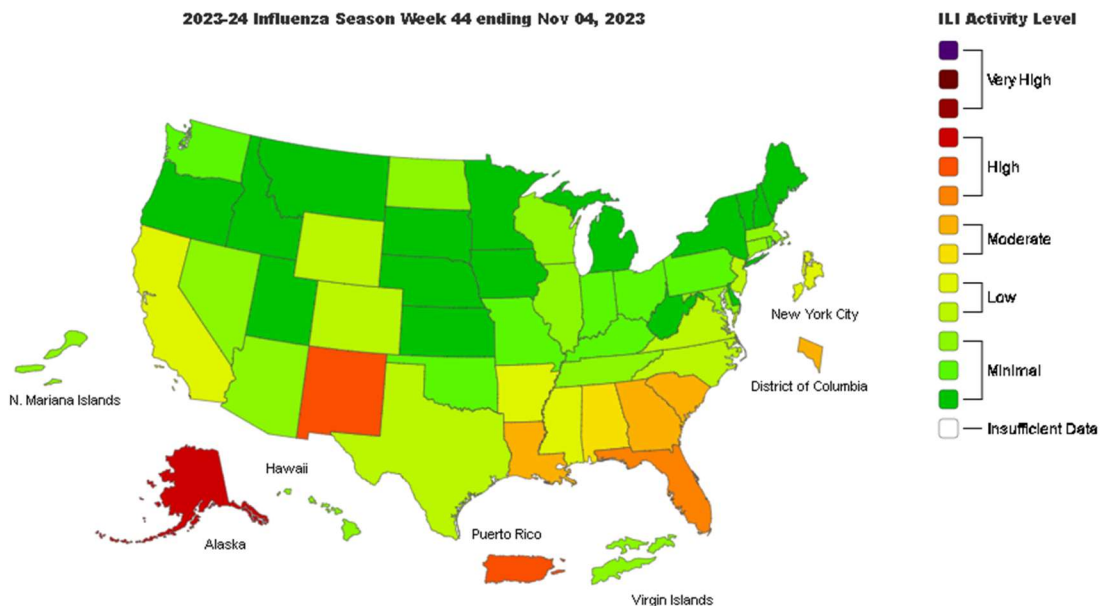


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



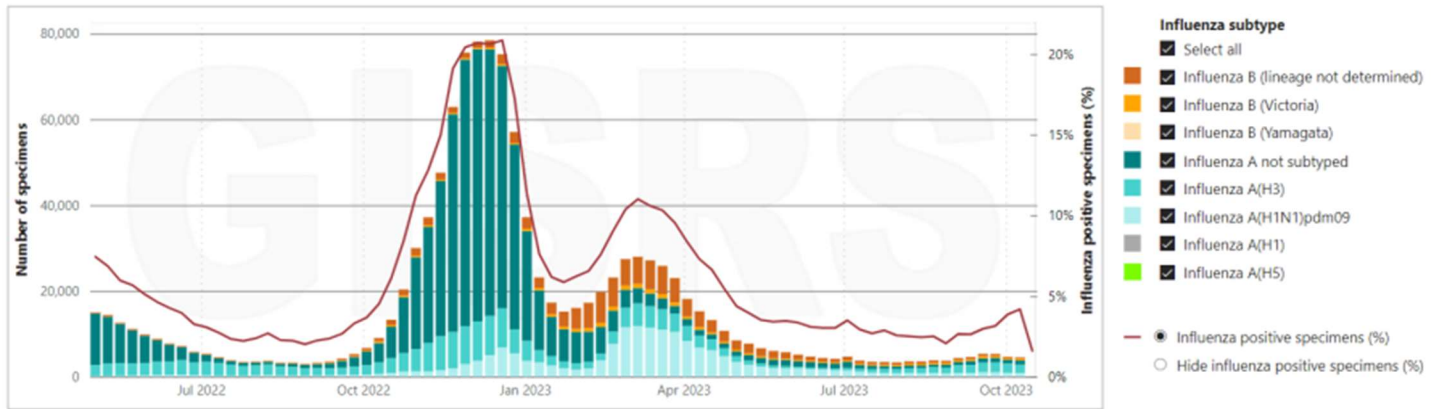
Source: <https://www.cdc.gov/flu/weekly/>

Global Surveillance:

Influenza Update N° 457 30 October 2023, based on data up to 15 October 2023

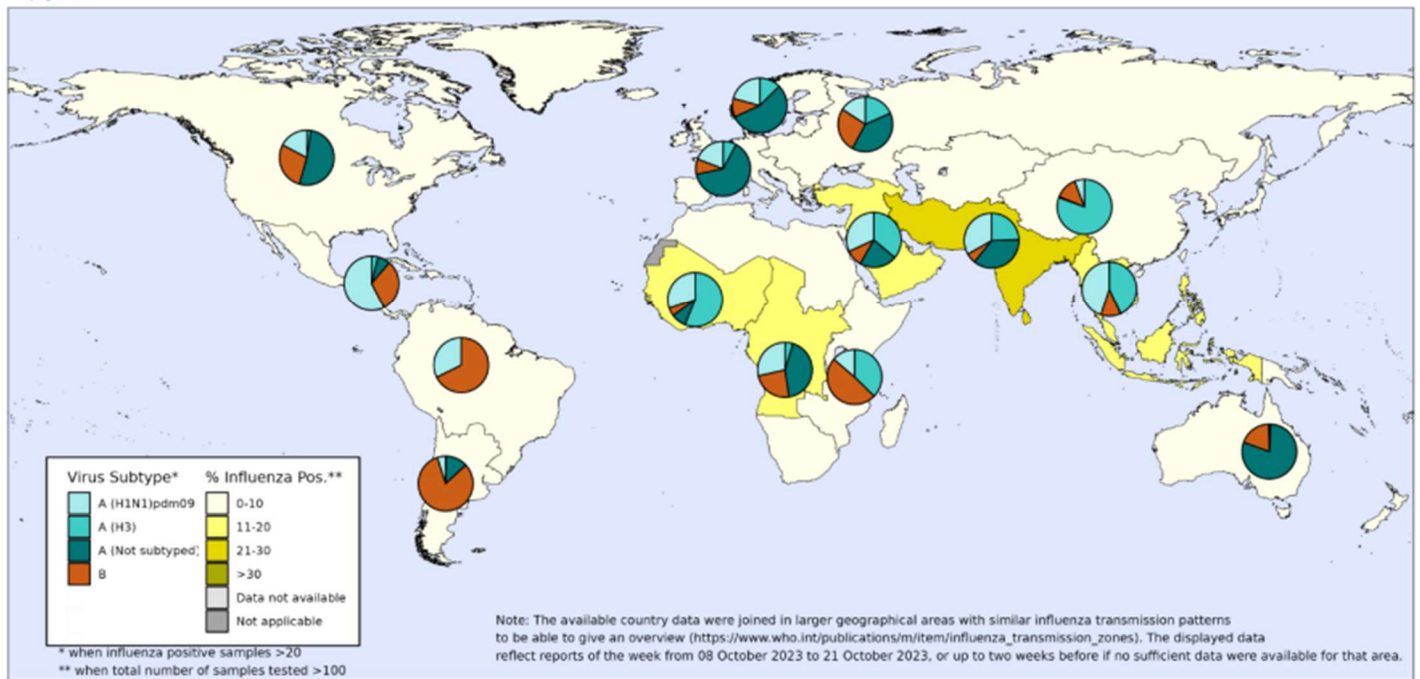
- **Countries are recommended to monitor the relative co-circulation of influenza and SARS-CoV-2 viruses in [integrated surveillance](#) and report to RespiMART (FluNet and FluID) directly or via regional platforms. Clinicians should consider influenza in differential diagnosis, especially for high-risk groups for influenza, and test and treat according to national and WHO guidance.**
- Globally, influenza detections remained low, with most activity reported from tropical areas and increased activity reported in the temperate Northern hemisphere in Western and Eastern Asia.
- In Oceania, influenza activity decreased with influenza A viruses predominant.
- In South Africa, influenza activity remained below the seasonal threshold.
- In temperate South America, influenza detections remained low overall but increased slightly in Chile with mainly influenza B detections.
- In the Central American and Caribbean countries, influenza activity remained low overall.
- was low with detections of predominantly influenza B viruses.
- In tropical Africa, all seasonal influenza subtypes co-circulated. Influenza detections remained low in Middle and Eastern Africa and decreased overall in Western Africa but remained elevated.
- In Southern Asia, influenza activity remained low but increased, mainly due to increases in Iran.
- In South-East Asia, influenza activity decreased, with predominantly influenza A(H1N1)pdm09 and A(H3N2) virus detections reported.
- In the temperate zones of the northern hemisphere, indicators of influenza activity were reported at low levels or below seasonal threshold in most reporting countries. But increased influenza activity was reported in parts of Eastern and Western Asia. Detections were predominantly influenza A(H3N2) followed by influenza A(H1N1)pdm09 and B viruses.
- National Influenza Centres (NICs) and other national influenza laboratories from 124 countries, areas or territories reported data to FluNet for the period from 02 October 2023 to 15 October 2023 (data as of 27/10/2023 06:38:45 AM UTC). The WHO GISRS laboratories tested more than 357 752 specimens during that period. 11 470 were positive for influenza viruses, of which 9518 (83.0%) were typed as influenza A and 1952 (17.02%) as influenza B. Of the sub-typed influenza A viruses, 2239 (32.8%) were influenza A(H1N1)pdm09 and 4582 (67.2%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (902) belonged to the B/Victoria lineage
- Globally, SARS-CoV-2 positivity from sentinel surveillance remained just below 10%. Positivity was below 5 % in the African Region and South-East Asia Region. Positivity decreased in the Region of the Americas and the Eastern Mediterranean and European Regions. Activity was highest in the European region at around 11%. In the Western Pacific Region, activity increased a little to around 10%. SARS-CoV-2 positivity from non-sentinel surveillance increased to around 20% globally.
- In countries with RSV surveillance in place, RSV activity was generally low or decreasing except in some countries in central America and tropical South America. Early signs of RSV activity were noted in parts of the European region and the United States of America.
- 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.
- NICs and other national influenza laboratories from 85 countries, areas or territories from six WHO regions (African Region: 17; Region of the Americas: 19; Eastern Mediterranean Region: 4; European Region: 33; South-East Asia Region: 6; Western Pacific Region: 6) reported to FluNet from sentinel surveillance sites for time period from 02 October 2023 to 15 October 2023 (data as of 27/10/2023 06:38:45 AM UTC). The WHO GISRS laboratories tested more than 29 896 sentinel specimens during that period and 2555 (8.6%) were positive for SARS-CoV-2. Additionally, more than 27 586 non-sentinel or undefined reporting source samples were tested in the same period and 4944 were positive for SARS-CoV-2. Further details are included at the end of this update.

Number of specimens positive for influenza by subtype globally



Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)
Data generated on 27/10/2023

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone¹ Map generated on 27 October 2023.



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/tools/flunet)
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Source: <https://www.who.int/publications/m/item/influenza-update-n--457>

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 November 13, 2023.