



Summit County Public Health Influenza Surveillance Report 2023 – 2024 Season



Public Health
Prevent. Promote. Protect.

Report #7

Flu Surveillance Weeks 8 & 9 (11/19/2023 to 12/2/2023) Centers for Disease Control and Prevention MMWR Weeks 47 & 48

Summit County Surveillance Data:

In Weeks 8 & 9 of influenza surveillance, influenza-related activity was Moderate¹ in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 8 MMWR 47 N (%) ¹	Week 9 MMWR 48 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
<u>Test Performed</u>	860	1044	21.4%	4↑
<u>Positive Tests (Number and %)</u>	47 (5.5%)	60 (5.7%)	5.2%	3↑
Influenza A (Number and %)	44 (5.1%)	48 (4.6%)	-10.1%	1↓
Influenza B (Number and %)	3 (0.4%)	12 (1.1%)	229.5%	1↑
<u>Acute care hospitalizations for Influenza:</u>	10	10	--	NC
Schools absenteeism²	12.7	9.4	-25.8%	1↓
Deaths (occurred in Summit County)				
Pneumonia associated	15	4	-73.3%	1↓
<u>Influenza associated</u>	0	0	-	-
COVID-19 associated	7	5	-28.6%	1↓
Emergency room visits (EpiCenter)³ (Figure 3)**				
Total ED Visits	3779	4038	6.9%	1↑
Constitutional Complaints	412	517	17.4%	4↑
<u>Fever and ILI</u>	41	56	27.8%	1↑
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				

Lab reports: During week 8 and 9 of influenza surveillance, reporting Summit County facilities performed 1,904 flu tests, of which 107 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 20 reported admissions during week 8 and 9. **Figure 2** displays hospitalizations in Summit County.

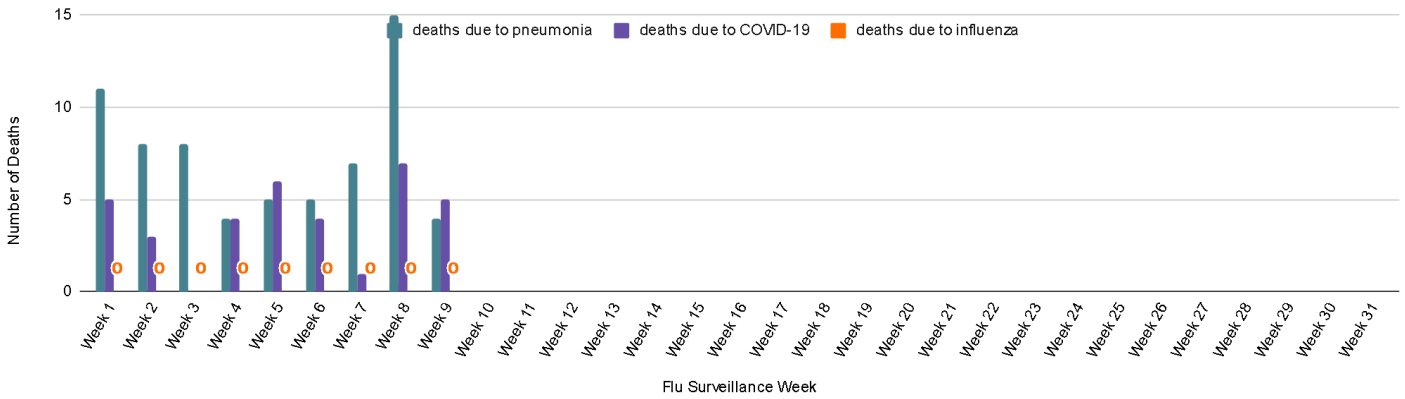
School absenteeism includes absences regardless of reasoning. There was a 25.8% decrease in school absences from week 8 to 9. Some of this decrease may be explained by the holiday.

0 deaths related to influenza, 12 COVID-19 related deaths and 19 pneumonia related deaths occurred in Summit County during week 8 & 9. Pneumonia associated deaths and COVID-19 associated deaths decreased from week 8 to 9 and influenza associated deaths remained 0.

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

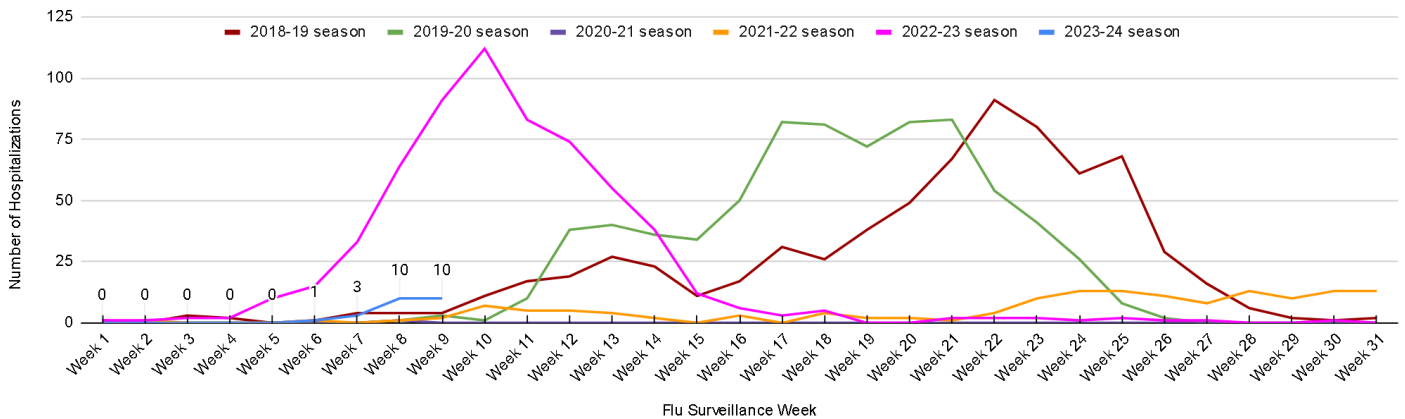
¹The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of underlined table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high),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

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



Hospitalizations: In Weeks 8 and 9, Summit County hospitals reported 10 influenza-associated hospitalizations each week. **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

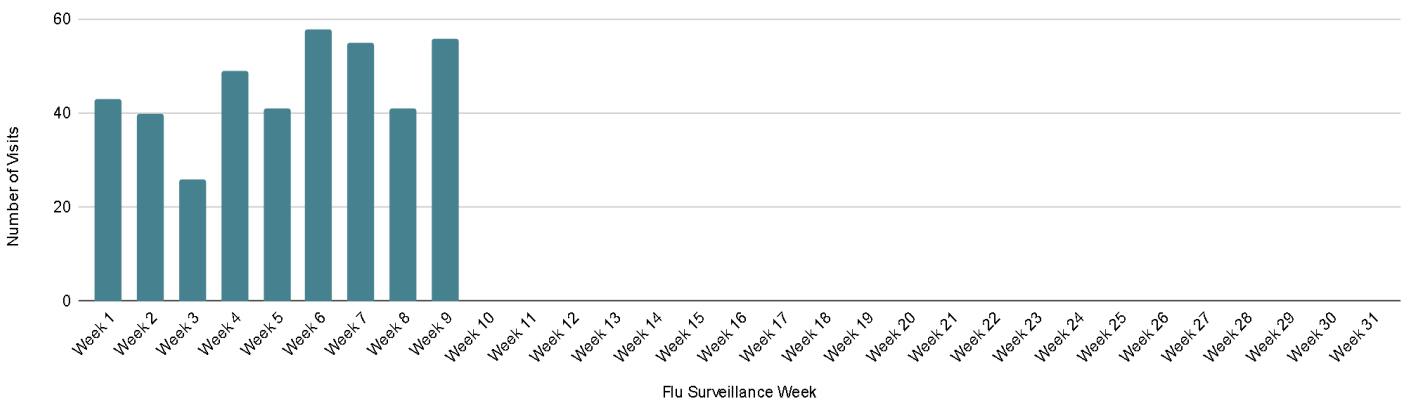
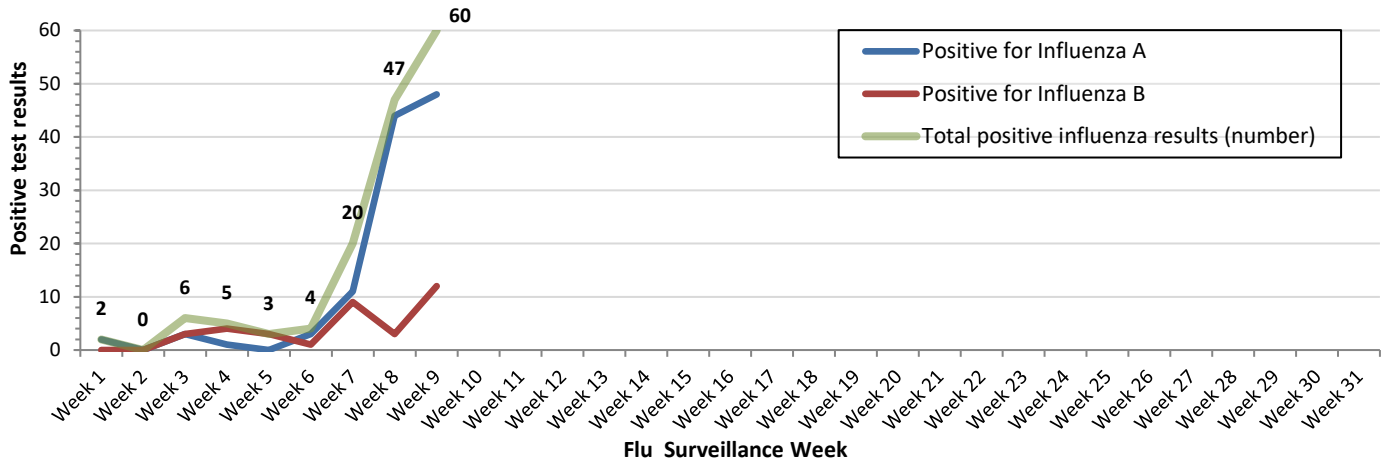


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) –Moderate

Ohio Department of Health Seasonal Influenza Activity Summary Week ending on 12/2/2023

Activity Indicators (Week ending on 12/2/2023)				
Data Source	Current Week	Percent Change from last week	Trend Direction	Above 5 yr Average Below 5 yr Average 5 yr Average Current Season Percent
% of Outpatient Visits <small>Influenza-like Illness (ILI) Outpatient Data..</small>	3.69%	16.77%	↑	
Thermometer Sales <small>(National Retail Data Monitor)</small>	0.50%	16.28%	↑	
% of Emergency Department (ED) Visits <small>Fever and ILI Specified ED Visits (EpiCenter)</small>	2.07%	10.70%	↑	
% of ED Visits <small>Constitutional ED Visits (EpiCenter)</small>	11.66%	10.00%	↑	
Hospitalizations <small>Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)</small>	106	112.00%	↑	

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 48, 4.0% 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 compared to Week 47 and is above the national baseline of 2.9% for the fifth consecutive week. ILI activity increased in regions 1, 3, 5, and 9, decreased slightly in Region 6, and remained stable but trending upward in all other regions (regions 2, 4, 7, 8, and 10) during Week 48 compared to Week 47. All regions are at or 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.

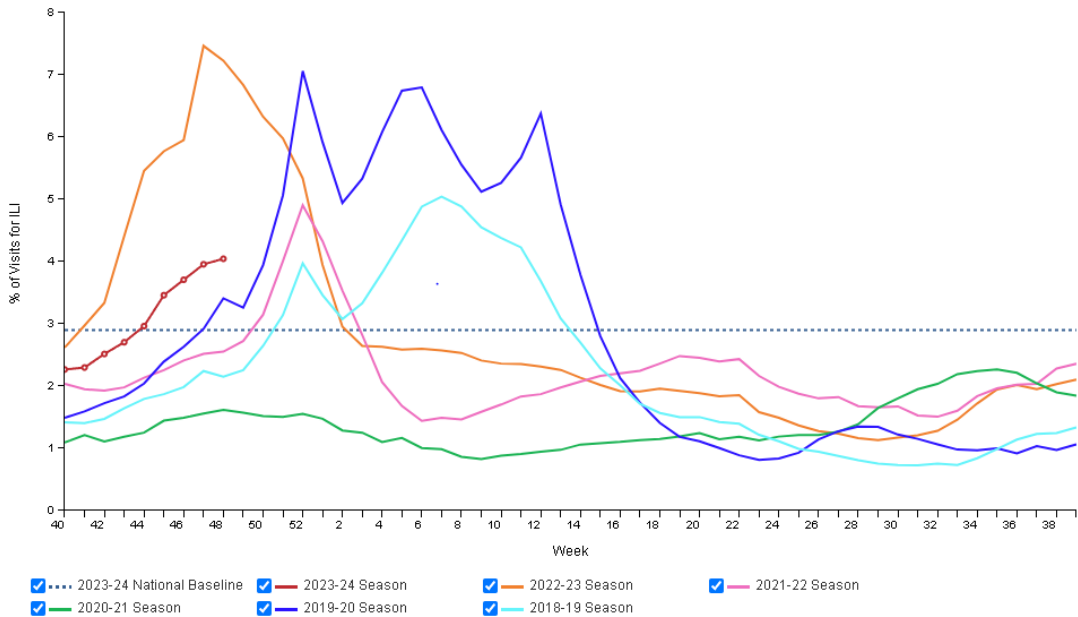
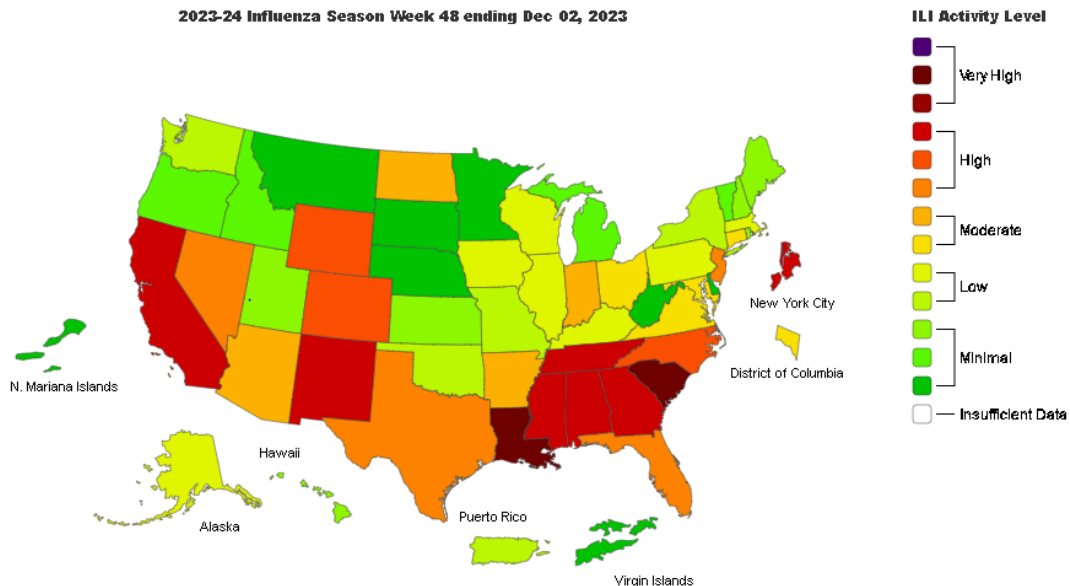


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



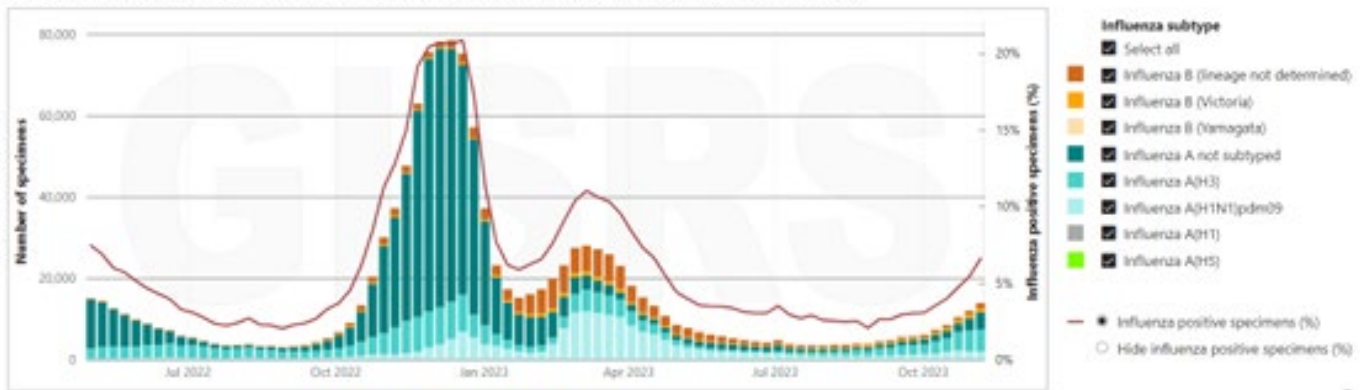
Source: <https://www.cdc.gov/flu/weekly/>

Global Surveillance:

Influenza Update N° 459 27 November 2023, based on data up to 12 November 2023

- Globally, influenza detections increased due to increases in parts of the temperate Northern hemisphere, including parts of Europe and Central Asia, North America, and Eastern and Western Asia.
 - In the countries of North America, influenza detections increased but remained low or below baseline. Influenza A(H1N1)pdm09 viruses predominated among the detections. Influenza-like illness (ILI) increased above the seasonal threshold in the United States of America (USA) and is within expected levels for this time of year in Canada. Influenza-associated hospitalizations increased in the USA.
 - In Europe and Central Asia, in the most recent week, influenza activity remained below baseline or at low levels in all but three reporting countries, where activity was medium and geographic spread was regional in three reporting countries. Among the influenza detections in primary care sentinel surveillance, influenza A viruses predominated.
 - In Northern Africa, few influenza detections were reported this period.
 - In East Asia, influenza activity continued to increase mainly due to activity in China and the Republic of Korea, with influenza A(H3N2) and A(H1N1)pdm09 viruses more frequently detected, respectively.
 - In Western Asia, influenza activity continued to increase in some countries of the Arab Peninsula and remained low in other reporting countries.
 - In the Central American and Caribbean countries, influenza activity continued to increase in the Caribbean with detections of predominantly influenza A(H1N1)pdm09 and remained low overall in Central America with detections of predominantly B/Victoria lineage viruses.
 - In tropical Africa, influenza detections decreased in Western Africa but increased in Eastern and Middle Africa. Influenza A(H3N2) viruses were predominant but all seasonal influenza subtypes were reported.
 - In Southern Asia, influenza activity driven predominantly by influenza A(H1N1)pdm09 decreased overall and appeared to have peaked in Iran (Islamic Republic of) and India.
 - In South-East Asia, influenza activity driven predominantly by influenza A(H1N1)pdm09 and A(H3N2) decreased overall with detections low in most reporting countries.
 - In the temperate zones of the southern hemisphere, indicators of influenza activity were reported at low levels or below seasonal threshold in most reporting countries.
 - National Influenza Centres (NICs) and other national influenza laboratories from 122 countries, areas or territories reported data to FluNet for the period from 30 October 2023 to 12 November 2023 (data as of 24/11/2023 06:34:53 AM UTC). The WHO GISRS laboratories tested more than 431 756 specimens during that period. 25 876 were positive for influenza viruses, of which 21 711 (83.9%) were typed as influenza A and 4165 (16.1%) as influenza B. Of the sub-typed influenza A viruses, 4052 (27.8%) were influenza A(H1N1)pdm09 and 10 533 (72.2%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (2073) belonged to the B/Victoria lineage.
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- Globally, SARS-CoV-2 positivity from sentinel surveillance decreased to just above 5%. Positivity increased slightly but remained low in the African Region, Eastern Mediterranean and South-East Asia Region. Positivity decreased in the Region of the Americas and the Western Pacific Region. Positivity was highest in the European Region, where it was stable at around 14%. Positivity was around or below 5% in the other regions. SARS-CoV-2 positivity from non-sentinel surveillance increased to around 24% globally.
 - In countries with RSV surveillance in place, RSV activity increased in parts of Europe and North America, remained elevated in Central America and the Caribbean and was generally 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.
 - NICs and other national influenza laboratories from 81 countries, areas or territories from six WHO regions (African Region: 15; Region of the Americas: 19; Eastern Mediterranean Region: 4; European Region: 32; South-East Asia Region: 5; Western Pacific Region: 6) reported to FluNet from sentinel surveillance sites for time period from 30 October 2023 to 12 October 2023 (data as of 24/11/2023 06:34:53 AM UTC). The WHO GISRS laboratories tested more than 29 811 sentinel specimens during that period and 1679 (5.6%) were positive for SARS-CoV-2. Additionally, more than 25 854 non-sentinel or undefined reporting source samples were tested in the same period and 5317 were positive for SARS-CoV-2. Further details are included at the end of this update.

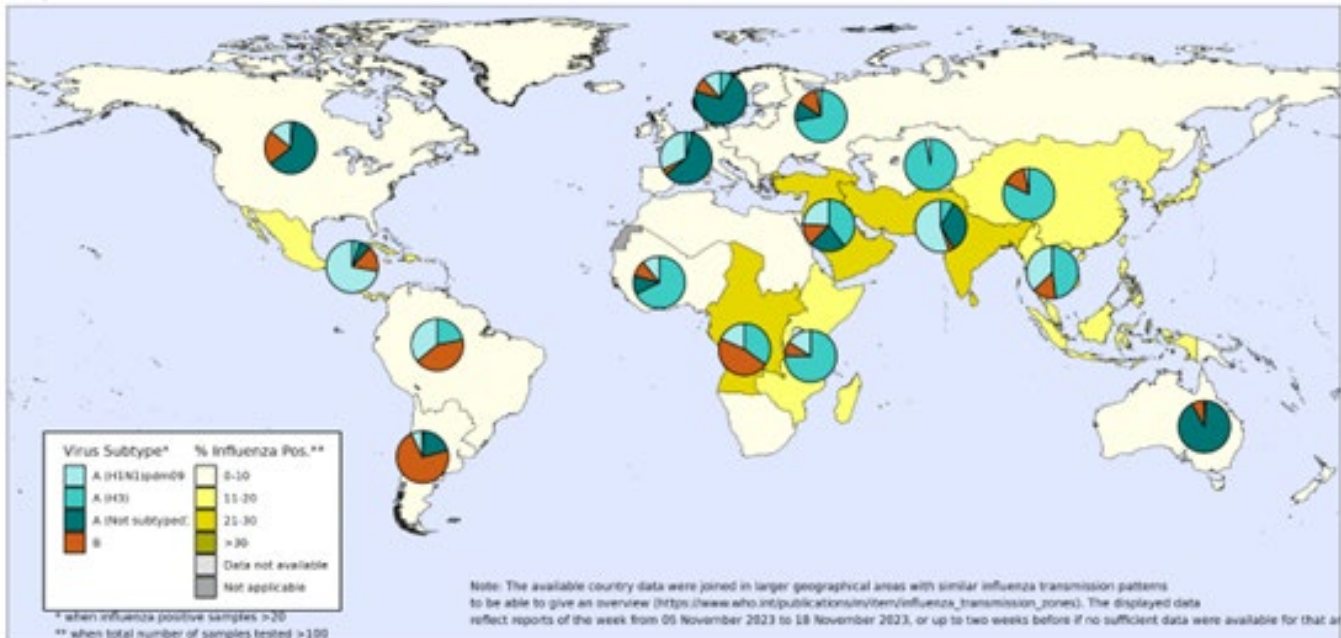
Number of specimens positive for influenza by subtype globally



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

Data generated on 23/11/2023

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone¹ Map generated on 24 November 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/toolkits/flunet)
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Source: <https://www.who.int/publications/m/item/influenza-update-n--459>

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 December 8, 2023.