



**Summit County Public Health
Influenza Surveillance Report
2022 – 2023 Season
Report #5**



**Flu Surveillance Weeks 5 & 6 (10/30/2022 to 11/12/2022)
Centers for Disease Control and Prevention MMWR Weeks 44 & 45**

Summit County Surveillance Data:

In **Weeks 5 & 6** of influenza surveillance, influenza-related activity was moderate in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 5 MMWR 44 N (%) ¹	Week 6 MMWR 45 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	1131	1210	7.0%	↑5
Positive Tests (Number and %)	110 (9.7)	143 (11.8)	21.5%	↑5
Influenza A (Number and %)	108 (9.5)	139 (11.5)	20.3%	↑5
Influenza B (Number and %)	2 (0.2)	4 (0.3)	86.9	↑2
Acute care hospitalizations for Influenza:	10	15	50.0%	↑2
Schools absenteeism²	10.0	9.8	-2.3%	↓1
Deaths (occurred in Summit County)				
Pneumonia associated	4	2	-50.0%	↓1
Influenza associated	0	1	100.0%	↑1
COVID-19 associated	2	5	0.0%	-
Emergency room visits (EpiCenter)³ (Figure 3)**				
Total ED Visits	4812	4923	2.3%	↑3
Constitutional Complaints	708 (14.7)	752 (15.3)	3.8%	↑3
Fever and ILI	196 (4.1)	231 (4.7)	15.2.%	↑3
<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 temporary programming issue in one of the reporting facilities. Week 3 data has been retroactively adjusted for accurate week-to-week comparison. However, a significant number of ER visits are expected to be unaccounted for at this time.</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 5 and 6 of influenza surveillance, reporting Summit County facilities performed 2,341 flu tests, of which 253 had positive results. **(Figure 4) Note: Influenza data are collected from selected reporting partners and do not represent positivity rates for the entire county.**

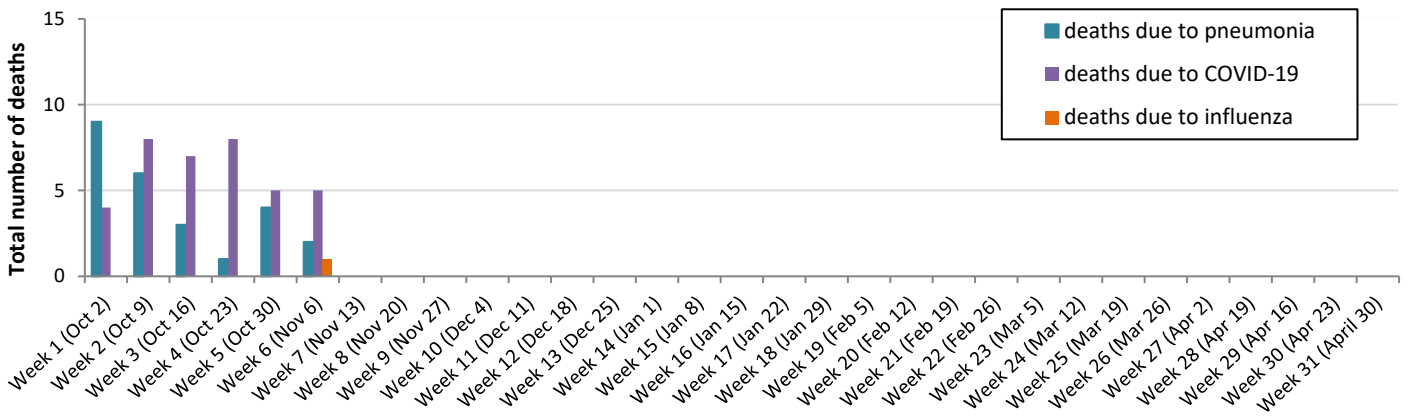
Acute Care Hospitalizations: There were 15 reported admissions during week 5 and week 6. **Figure 2** displays hospitalizations in Summit County.

School absenteeism includes absences regardless of reasoning. In week 5, the absence rate was 10.0% and in week 6 the rate decreased to 9.8%.

One death related to influenza, 5 COVID-19 related deaths and 2 pneumonia related deaths occurred in Summit County during Weeks 5 & 6. The number of influenza associated deaths increased, pneumonia associated deaths decreased and COVID-19 associated deaths stayed the same in Week 6.

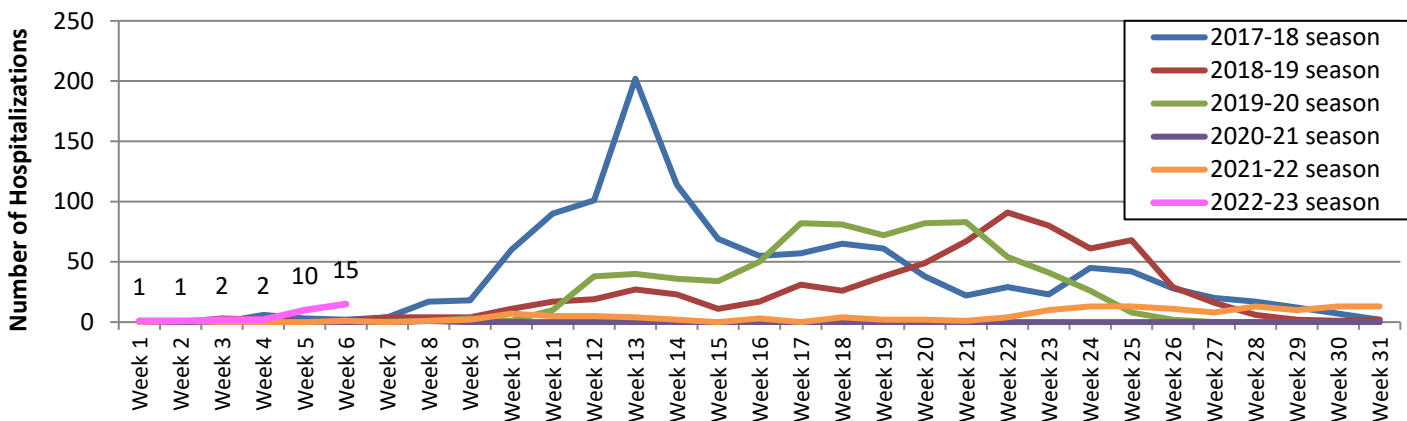
Figure 1 displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

Figure 1. Weekly Summit County death counts associated with pneumonia and influenza during 2022-2023 season



Hospitalizations: In Week 5, Summit County hospitals reported 10 influenza-associated hospitalization. In Week 6 there were 15 influenza-associated hospitalizations. **Figure 2** displays weekly confirmed hospitalization counts for Summit County.

Figure 2. Summit County weekly influenza-associated hospitalizations, 2022-2023 season and previous five season



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. **Figures 3** displays the weekly number of ER visits related to ILI and flu symptoms in Summit County. There were 231 ILI-related visits reported during Week 6, which was 4.7% of total ED visits (n = 4923). This rate was 15.2% higher than the ILI rate during Week 5. ***Notable changes in EpiCenter data are the result of a temporary programming issue in one of the reporting facilities. Data has been retroactively adjusted for accurate week-to-week comparison. However, a significant number of ER visits are expected to be unaccounted for at this time..*

Figure 3. Weekly ED visits in Summit County related to Fever + ILI stratified by age groups, 2022 to 2023 season

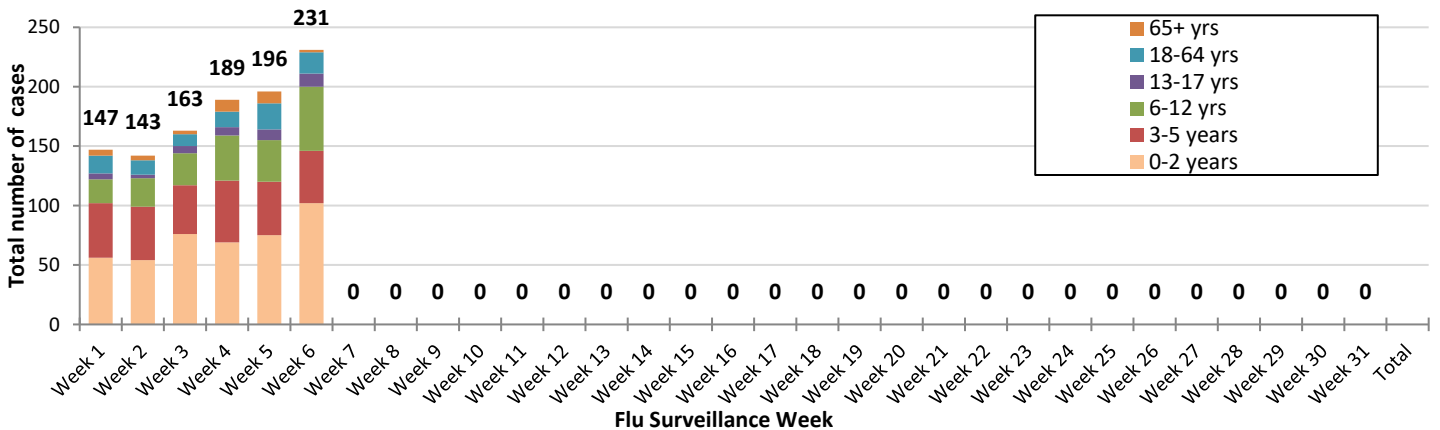
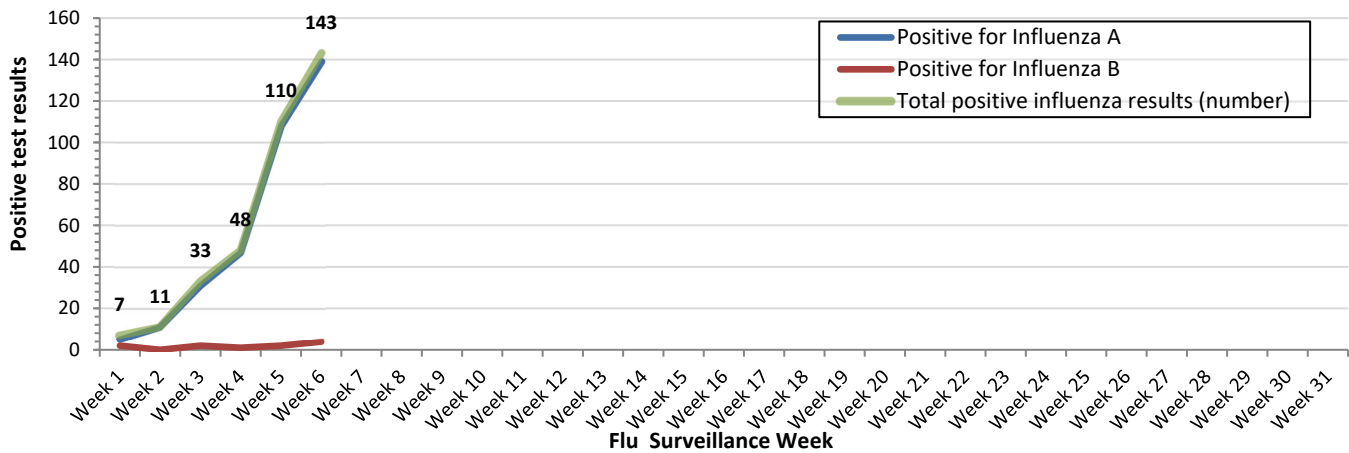


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2022 - 2023 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – High

During MMWR Week 45, public health surveillance data sources indicate high intensity for influenza-like illness (ILI) in outpatient settings reported by Ohio’s sentinel ILINet providers. The percentage of emergency department visits with patients exhibiting constitutional symptoms and Fever/ILI specified ED visits increased and are above baseline levels statewide. Reported cases of influenza associated hospitalizations increased. There were 245 influenza-associated hospitalizations reported during MMWR Week 45.

Data Source	Current week value	Percent Change from last week ¹	# of weeks ²	Trend Chart ³
Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	6.33%	5.68%	↑ 7	
Thermometer Sales (National Retail Data Monitor) ⁴	0.57%	-5.00%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter)	3.47%	0.29%	↑ 7	
Constitutional ED Visits (EpiCenter)	13.75%	2.69%	↑ 7	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	245	44.12%	↑ 7	

¹Interpret percent changes with caution. Large variability may be exhibited in data sources with low weekly values.
²Number of weeks that the % change is increasing or decreasing.
³Black lines represent current week’s data; red lines represent baseline averages. The 2020-2021 influenza season has been omitted from the five-year baseline averages due to abnormal counts reported during the COVID-19 pandemic. A five-year average, which includes data from the 2016-2017 season through the 2021-2022 season, is displayed.
⁴Due to abnormally high thermometer sales during the COVID-19 pandemic, the 2019-2020 and 2020-2021 season data has been omitted. A 5-year average, which includes data from the 2015-2016 season through the 2021-2022 season, is shown.

Ohio Influenza Activity Summary Dashboard (November 6 – 12, 2022):

Source <https://odh.ohio.gov/know-our-programs/seasonal-influenza/activity-reports-2022-2023/seasonal-influenza-week-45-20222023>

Ohio Surveillance Data:

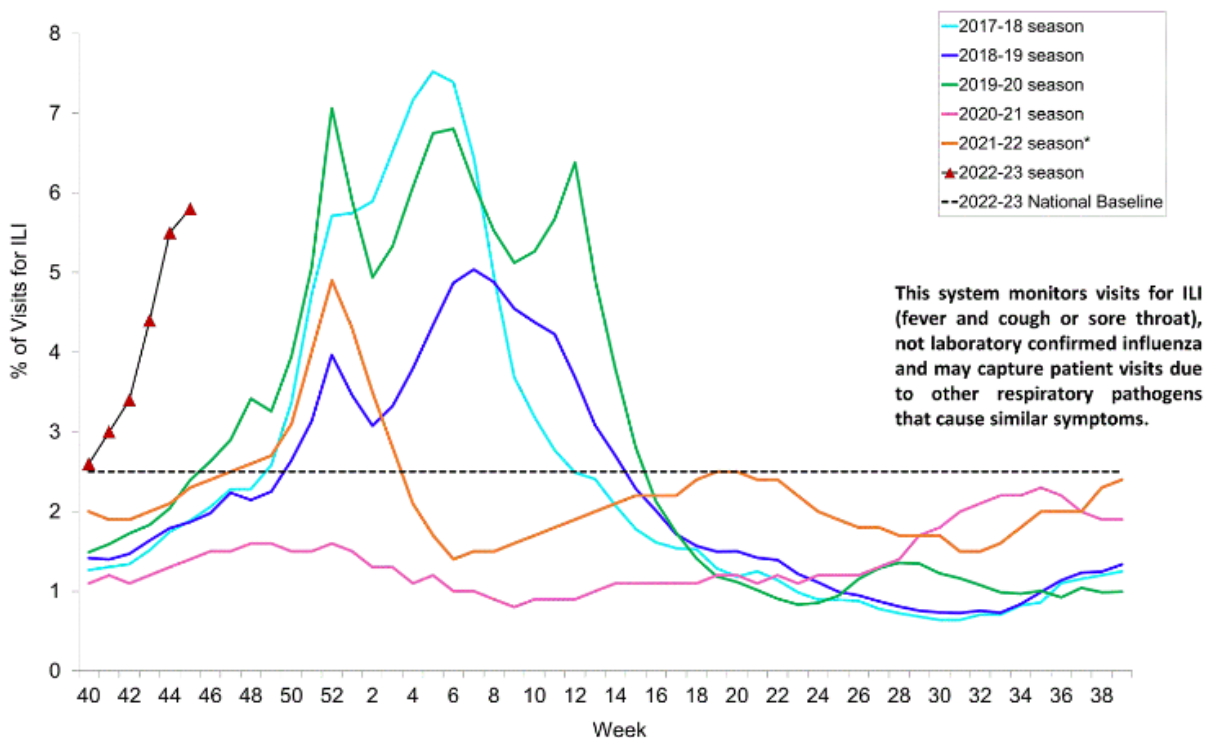
- The U.S. World Health Organization (WHO) Collaborating Laboratories System and the National Respiratory and Enteric Virus Surveillance System (NREVSS) has reported 28,829 tests for influenza performed at participating facilities; of these, 191 tested positive for influenza A(H1N1pdm09), 232 for influenza A(H3N2), 1,423 for influenza A (subtyping not performed), and 18 for influenza B (through 11/12/2022).
- One pediatric influenza-associated mortality has been reported so far during the 2022-2023 influenza season (through 11/12/2022).
- No novel influenza A virus infections have been reported so far during the 2022-2023 influenza season (through 11/12/2022).
- Incidence of confirmed influenza-associated hospitalizations in 2022-2023 season = 625 (through 11/12/2022).

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

National Outpatient Illness Surveillance:

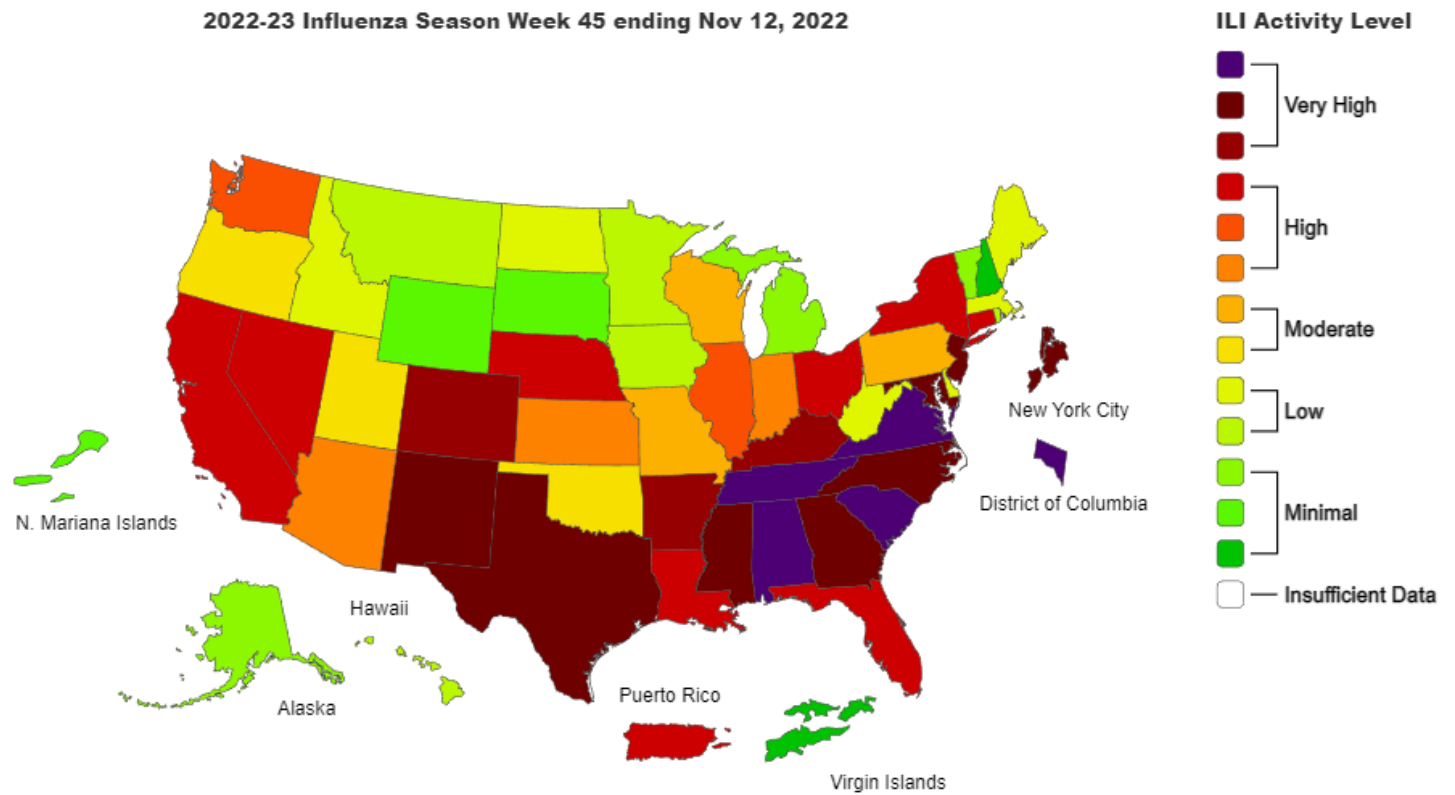
Nationwide during week 45, 5.8% of patient visits reported through ILINet were due to respiratory illness that included fever plus a cough or sore throat, also referred to as ILI. This is above the national baseline of 2.5%. All 10 HHS regions are above their respective baselines. Multiple respiratory 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, 2022-2023* and Selected Previous Seasons.



This system monitors visits for ILI (fever and cough or sore throat), not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

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



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

Global Surveillance:

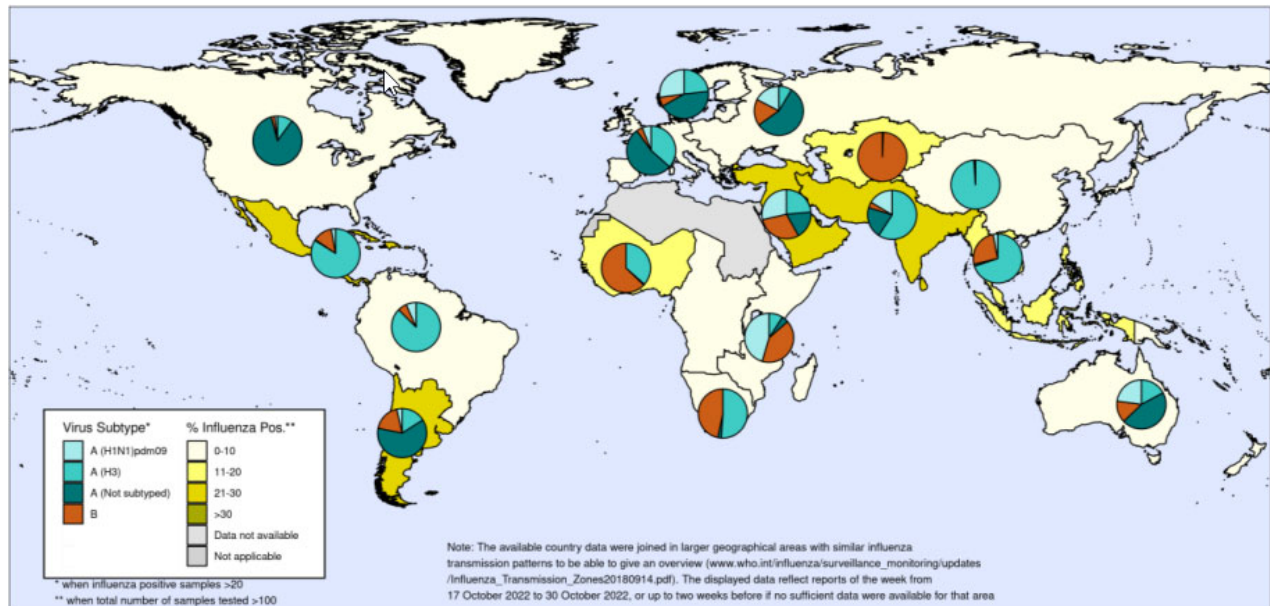
Influenza Update N° 432 14 November 2022, based on data up to 30 October 2022. The Update is published every two weeks.

Summary

- Countries are recommended to monitor the co-circulation of influenza and SARS-CoV-2 viruses. They are encouraged to enhance integrated surveillance, and in northern hemisphere countries step-up their influenza vaccination campaign to prevent severe disease and hospitalizations associated with influenza. Clinicians should consider influenza in differential diagnosis, especially for high-risk groups for influenza, and test and treat according to national guidance.
- Globally, influenza activity increased and where subtyped, influenza A(H3N2) viruses predominated. An increasing trend of influenza activity was observed in the northern hemisphere while a plateau was observed in the southern hemisphere.
- In the countries of North America, influenza activity increased steeply in recent weeks. Influenza A(H3N2) was predominant among the few subtyped viruses.
- In Europe, overall influenza activity followed an increasing trend but remained relatively low. Influenza A viruses predominated among the reported detections in general with A(H3N2) viruses accounting for the majority of subtyped influenza A viruses.
- In central Asia, Kazakhstan reported high influenza activity with B/Victoria-lineage viruses predominating.
- In East Asia, influenza activity of predominantly influenza A(H3N2) remained stable at intermediate levels overall.

- In Western Asia influenza activity was elevated. Detections of influenza continued to increase in some countries of the Arabian Peninsula.
- In the Caribbean and Central American countries, low influenza activity was reported with influenza A(H3N2) most frequently detected.
- In the tropical countries of South America, influenza detections were low and A(H3N2) detections predominated.
- In tropical Africa, influenza activity remained low with detections of influenza A(H3N2), B/Victoria and A(H1N1) pdm09 reported.
- In Southern Asia, influenza activity increased steeply, with elevated activity reported in Bhutan, Iran and Pakistan. The majority of subtyped detections were influenza A(H3N2), followed by A(H1N1) pdm09 and few influenza B detections.
- In South East Asia, detections of predominantly influenza A(H3N2) followed by influenza B and influenza A(H1N1) pdm09 decreased.
- In the temperate zones of the southern hemisphere, overall influenza activity appeared to decrease this reporting period, except in temperate South America where activity increased in several countries.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone 1. Map generated on 11 November 2022.



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/flu-net)
Copyright WHO 2022. All rights reserved.

Source: https://cdn.who.int/media/docs/default-source/influenza/influenza-updates/2022/2022_11_14_surveillance_update_432.pdf?sfvrsn=19cda949_1&download=true

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 18, 2022.