Summit County Public Health
Influenza Surveillance Report
2023 – 2024 Season
Report #13
Flu Surveillance Weeks 14 & 15 (12/31/2023 to 1/13/2024)
Centers for Disease Control and Prevention MMWR Weeks 1 & 2

Summit County Surveillance Data:

In **Weeks 14 & 15** of influenza surveillance, influenza-related activity was Low[1] in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week

	Week 14 MMWR 1 N (%)[1]	Week 15 MMWR 2 N (%)[1]	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	1433	1209	-15.6%	2↓
Positive Tests (Number and %)	228 (15.9%)	158 (13.1%)	-17.0%	2↓
Influenza A (Number and %)	153 (10.7%)	123 (10.2%)	-4.7%	2↓
Influenza B (Number and %)	75 (5.2%)	35 (2.9%)	-44.7%	1↓
Acute care hospitalizations for Influenza:	27	33	22.2%	1↑
Schools absenteeism[2]	N/A	8.1	-	-
Deaths (occurred in Summit County)				
Pneumonia associated	13	4	-69.2%	2↓
Influenza associated	2	0	-100%	1↓
COVID-19 associated	4	5	25.0%	1↑
Emergency room visits (EpiCenter)[3] (Figure 3)**				
Total ED Visits	4205	3885	-7.6%	2↓
Constitutional Complaints	614	444	-21.7%	2↓
Fever and ILI	47	42	-3.3%	2↓

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 14 and 15 of influenza surveillance, reporting Summit County facilities performed 2,642 flu tests, of which 386 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 33 reported admissions during week 15. **Figure 2** displays hospitalizations in Summit County.

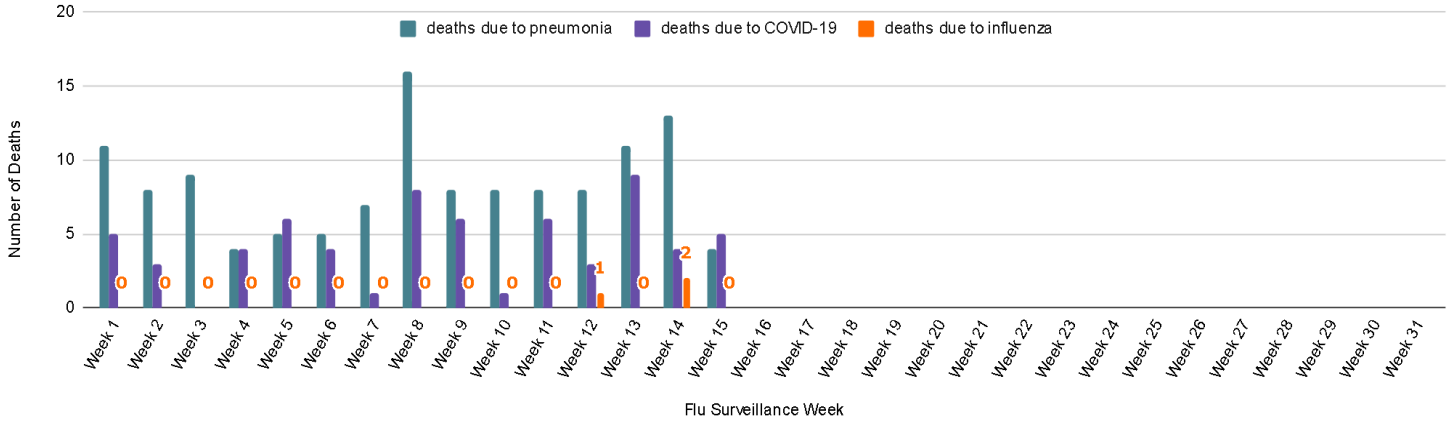
School absenteeism includes absences regardless of reason. The absenteeism rate in Week 15 was 8.1%.

2 deaths related to influenza, 9 COVID-19 related deaths and 17 pneumonia related deaths occurred in Summit County during week 14 and 15. Pneumonia associated deaths and influenza associated deaths decreased in week 14 and COVID-19 associated deaths increased.

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

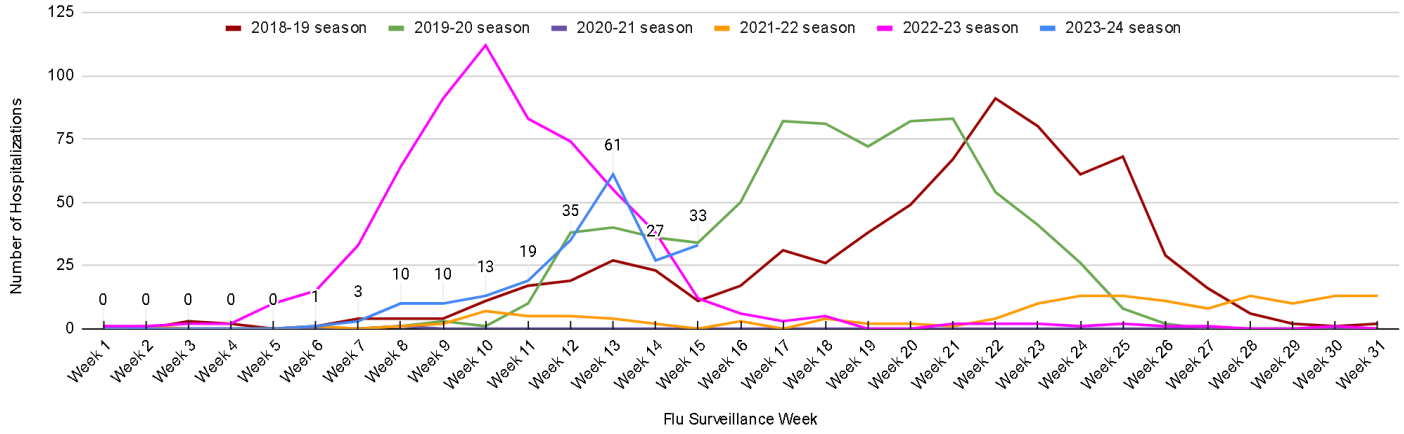
[1]The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of underlined table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase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

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



Hospitalizations: In Week 14, Summit County hospitals reported 27 influenza-associated hospitalizations. In Week 15 there were 33 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 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

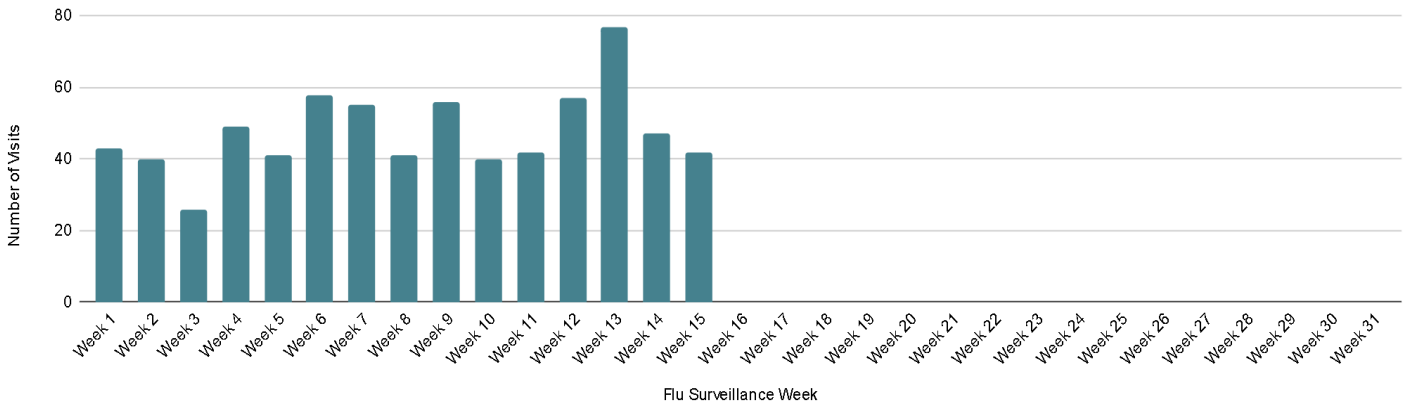
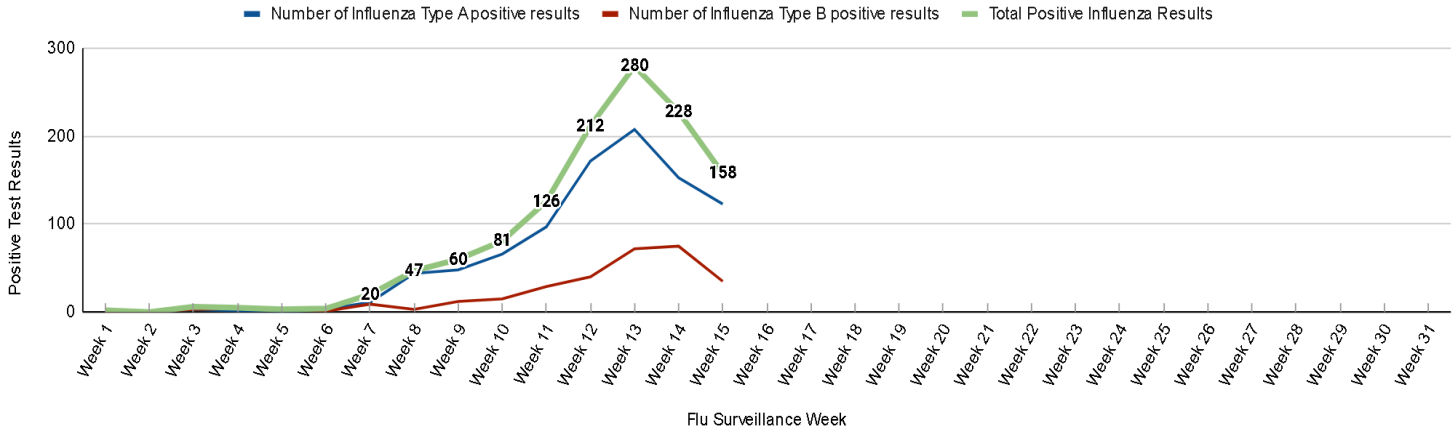


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – High

Ohio Department of Health Seasonal Influenza Activity Summary Week ending on 1/13/2024

Activity Indicators
(Week ending on 1/13/2024)

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)	4.48%	-14.18%	↓	
Thermometer Sales (National Retail Data Monitor)	0.60%	1.69%	↑	
% of Emergency Department (ED) Visits Fever and ILI Specified ED Visits (EpiCenter)	2.01%	-9.46%	↓	
% of ED Visits Constitutional ED Visits (EpiCenter)	12.25%	-5.26%	↓	
Hospitalizations Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	521	-14.03%	↓	

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 2, 4.7% 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 compared to Week 1 and is above the national baseline of 2.9%. All regions have decreased compared to Week 1 and 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.

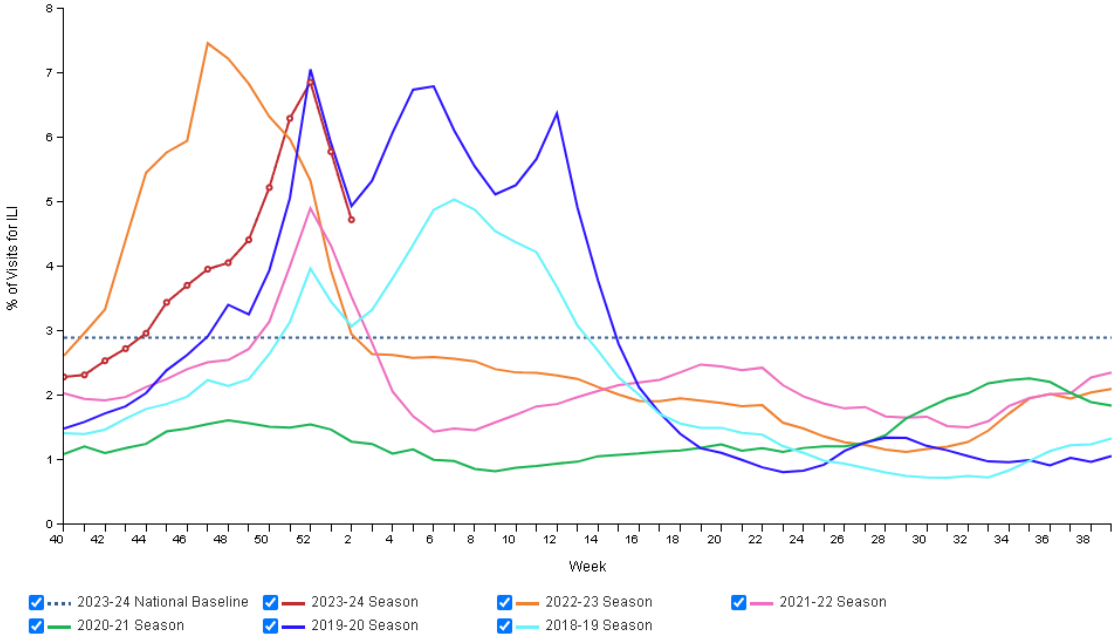
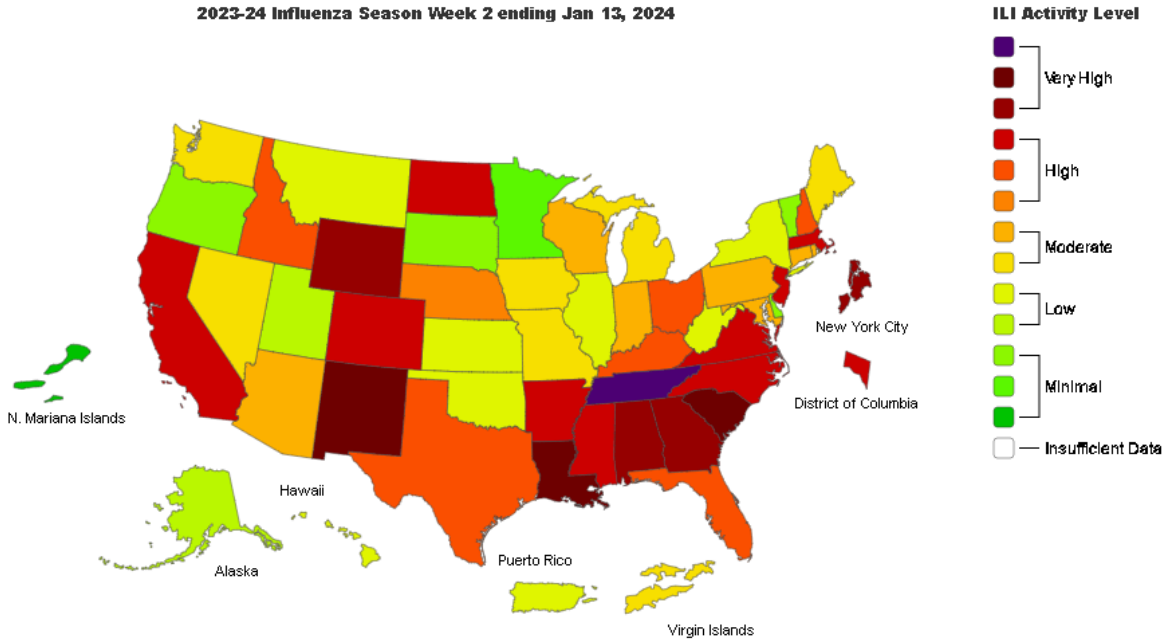


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



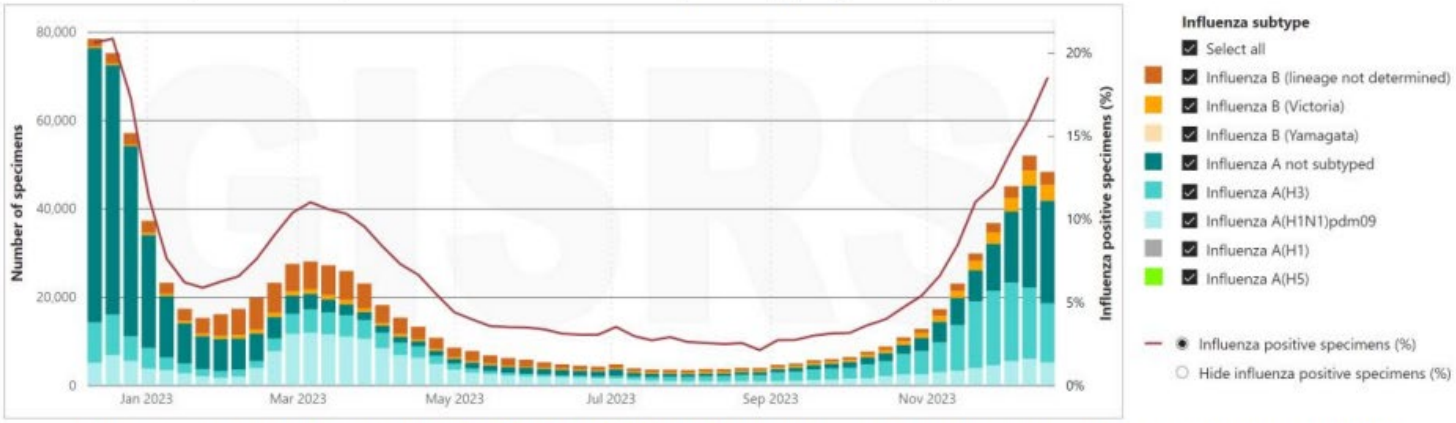
Source: https://www.cdc.gov/flu/weekly/

Global Surveillance:

Influenza Update N° 462 08 January 2024, based on data up to 24 December 2023

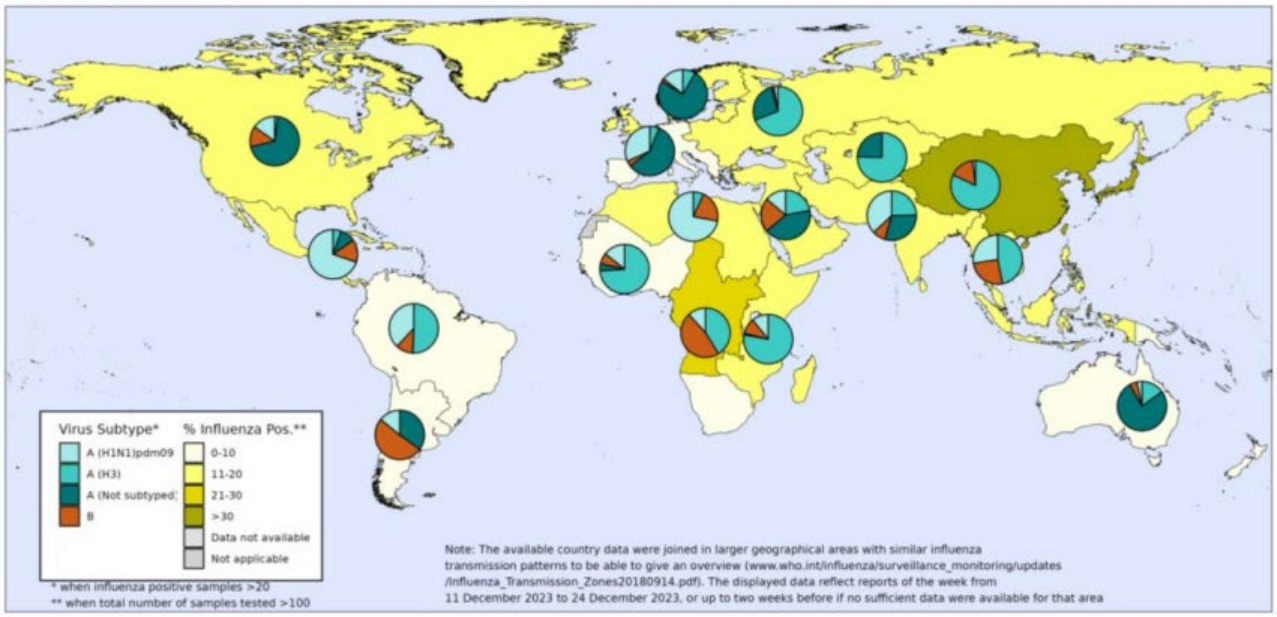
- **Countries are recommended to monitor the relative co-circulation of influenza and SARS-CoV-2 viruses in integrated surveillance and report to RespiMART (FluNet and FluID) directly or via regional platforms. Clinicians should consider influenza in differential diagnosis, especially for high-risk groups for influenza, and test and treat according to national and WHO guidance. Under-reporting due to the end of the year holidays may affect the data and conclusions below.**
- **Globally**, influenza detections increased due to increases in the temperate Northern hemisphere, mainly in parts of Europe, Central Asia and North America.
- In the **countries of North America**, influenza activity continued to increase and was near expected levels for this time of year. Influenza hospitalizations have increased in recent weeks. Influenza A(H1N1)pdm09 viruses predominated among the detections.
- In **Europe and Central Asia**, as of the week ending 31 December 2023, influenza activity increased sharply overall above the 10% positivity epidemic threshold. Of 31 reporting countries, influenza activity was reported at very high intensity in one, high intensity in two, medium intensity in nine, low intensity in 14 and below baseline in the others, and geographic spread was widespread in 15 of 30 reporting countries. Influenza hospitalizations and intensive care unit (ICU) admissions increased sharply. Influenza A virus detections predominated among detections in primary and secondary care sentinel surveillance, with A(H1N1)pdm09 viruses predominant in primary care sentinel surveillance and A(H3N2) viruses predominant in secondary care sentinel surveillance.
- In **Northern Africa**, detections of predominantly influenza A(H1N1)pdm09 continued to increase in Algeria and detections of A(H1N1)pdm09 and B viruses decreased in Egypt.
- In **East Asia**, influenza activity remained elevated mainly due to activity in China and the Republic of Korea.
- In **Western Asia**, influenza activity continued to be reported in some countries of the Arabian Peninsula and remained low in other reporting countries except for Lebanon that reported increased influenza A(H1N1)pdm09 virus detections.
- In the **Central American and Caribbean countries**, influenza activity remained moderate in the Caribbean with detections of predominantly influenza A(H1N1)pdm09 and low in Central America with detections of predominantly B/Victoria lineage viruses.
- In **tropical South America**, influenza activity remained low.
- In **tropical Africa**, influenza detections remained low in Western Africa and decreased in Eastern Africa. Influenza A(H3N2) viruses predominated. A few detections were reported in Middle Africa.
- In **Southern Asia**, influenza activity was stable with predominantly influenza A viruses, of which similar numbers of A(H1N1)pdm09 and A(H3N2) detections were reported overall.
- In **South-East Asia**, influenza activity driven by all seasonal subtypes remained stable overall.
- In the **temperate zones of the southern hemisphere**, indicators of influenza activity were reported at low levels or the below seasonal threshold in most reporting countries.
- National Influenza Centres (NICs) and other national influenza laboratories from 117 countries, areas or territories reported data to FluNet for the time period from 11 to 24 December 2023 (data as of 05/01/2024 07:00:39 PM UTC). The WHO GISRS laboratories tested more than 585 784 specimens during that time period. 100 299 were positive for influenza viruses, of which 86 897 (86.6%) were typed as influenza A and 13 402 (13.4%) as influenza B. Of the sub-typed influenza A viruses, 11 109 (27.3%) were influenza A(H1N1)pdm09 and 29 546 (72.7%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (7053) belonged to the B/Victoria lineage.
- **Globally**, SARS-CoV-2 positivity from sentinel surveillance remained around 7%. Positivity was highest in the European Region, where it was around 16%. Positivity was stable around or below 5% in the other regions. SARS-CoV-2 positivity from non-sentinel surveillance was around 20% globally.
- In countries with RSV surveillance in place, RSV activity was stable or decreased in North America and in most reporting countries in Europe. Activity remained elevated in Central America and was generally low or decreasing elsewhere.
- NICs and other national influenza laboratories from 79 countries, areas or territories from six WHO regions (African Region: 11; Region of the Americas: 15; Eastern Mediterranean Region: 5; European Region: 35; South-East Asia Region: 7; Western Pacific Region: 6) reported to FluNet from sentinel surveillance sites for time period from 11 to 24 December 2023 (data as of 05/01/2024 07:00:39 PM UTC). The WHO GISRS laboratories tested more than 31 320 sentinel specimens during that period and 2522 (8.1%) were positive for SARS-CoV-2. Additionally, more than 22 805 non-sentinel or undefined reporting source samples were tested in the same period and 4186 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 05/01/2024

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone.[1] Map generated on 05 January 2024. (The displayed data reflects reports of the weeks from 11 to 24 December 2023 or up to two weeks before if insufficient data were available for an area for that period.)



Source: https://www.who.int/publications/m/item/influenza-update-n--461

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 January 19, 2024