



**Summit County Public Health
Influenza Surveillance Report
2023 – 2024 Season
Report #5**



**Flu Surveillance Weeks 6 & 7 (11/5/2023 to 11/18/2023)
Centers for Disease Control and Prevention MMWR Weeks 45 & 46**

Summit County Surveillance Data:

In Weeks 6 & 7 of influenza surveillance, influenza-related activity was High¹ in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 6 MMWR 45 N (%) ¹	Week 7 MMWR 46 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
<u>Test Performed</u>	767	834	8.7%	2↑
<u>Positive Tests (Number and %)</u>	4 (0.5%)	20 (2.4%)	359.8%	1↑
Influenza A (Number and %)	3 (0.4%)	11 (1.3%)	237.2%	1↑
Influenza B (Number and %)	1 (0.1%)	9 (1.1%)	727.7%	1↑
<u>Acute care hospitalizations for Influenza:</u>	1	3	200.0%	1↑
Schools absenteeism²	8.1	9.2	13.6%	1↑
Deaths (occurred in Summit County)				
Pneumonia associated	4	6	50.0%	1↑
<u>Influenza associated</u>	0	0	-	-
COVID-19 associated	3	1	-66.7%	2↓
Emergency room visits (EpiCenter)³ (Figure 3)**				
Total ED Visits	4386	3931	-10.4%	1↓
Constitutional Complaints	444	422	6.0%	2↑
<u>Fever and ILI</u>	58	55	5.8%	2↑
<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 6 and 7 of influenza surveillance, reporting Summit County facilities performed 1,601 flu tests, of which 24 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 4 reported admissions during week 6 and 7. **Figure 2** displays hospitalizations in Summit County.

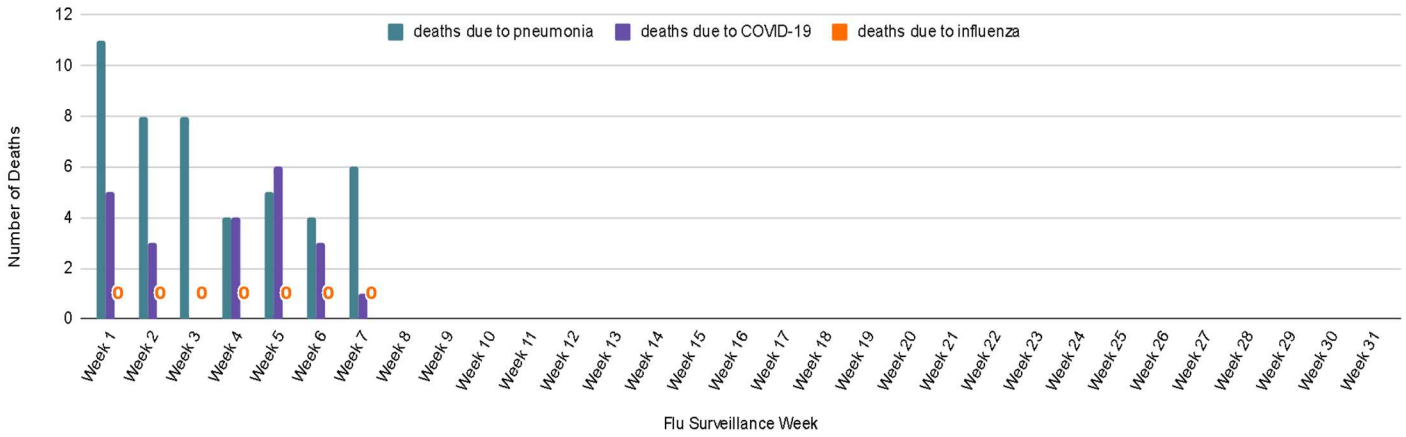
School absenteeism includes absences regardless of reasoning. There was a 13.6% increase in school absences from week 6 to 7.

0 deaths related to influenza, 4 COVID-19 related deaths and 10 pneumonia related deaths occurred in Summit County during week 6 & 7. Pneumonia associated deaths increased in week 7, COVID-19 associated deaths decreased and influenza associated deaths remained 0.

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

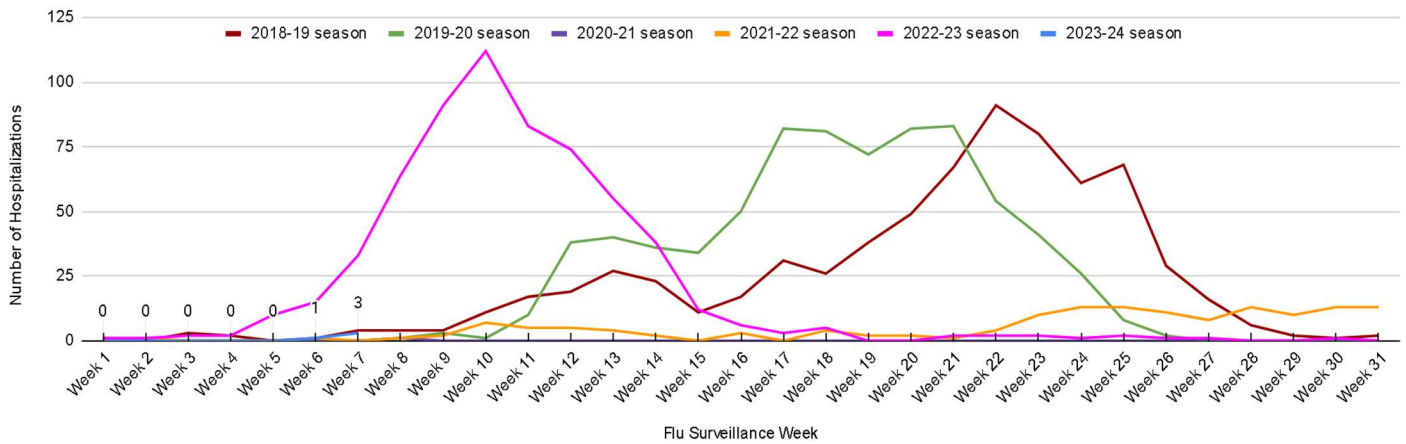
¹The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high), 5/5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

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



Hospitalizations: In Week 6, Summit County hospitals reported 1 influenza-associated hospitalization. In Week 7 there were 3 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

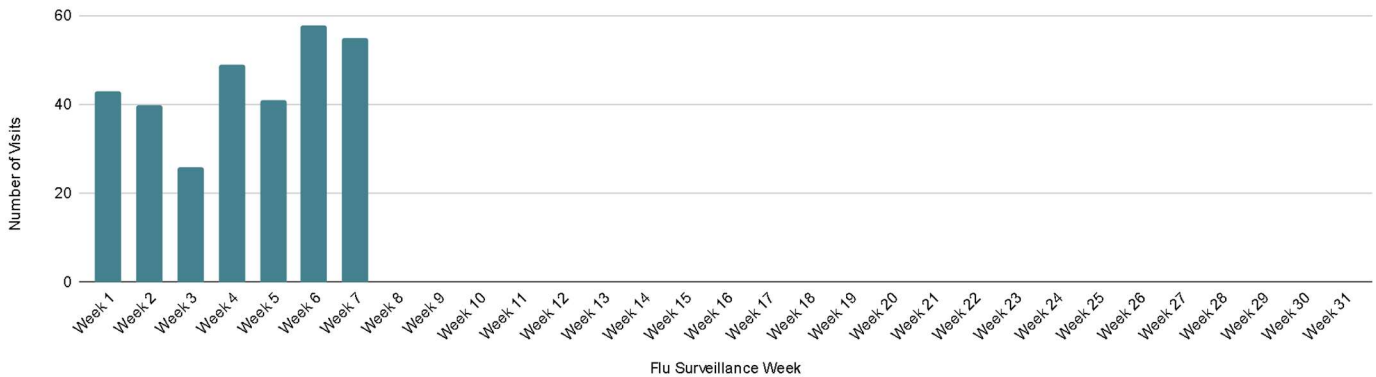
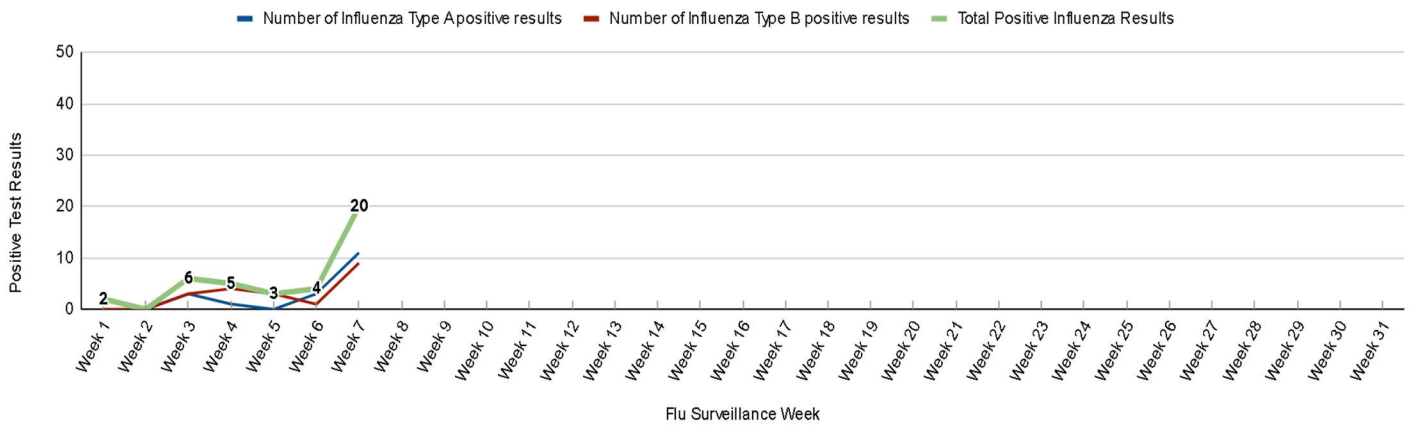


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) –Minimal

Activity Indicators (Week ending on 11/18/2023)				
Data Source	Current Week	Percent Change from last week	Trend Direction	
% of Outpatient Visits <small>Influenza-like Illness (ILI) Outpatient Data..</small>	2.72%	11.93%	↑	
Thermometer Sales <small>(National Retail Data Monitor)</small>	0.47%	2.17%	↑	
% of Emergency Department (ED) Visits <small>Fever and ILI Specified ED Visits (EpiCenter)</small>	1.76%	4.76%	↑	
% of ED Visits <small>Constitutional ED Visits (EpiCenter)</small>	10.37%	3.29%	↑	
Hospitalizations <small>Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)</small>	29	16.00%	↑	

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 46, 3.7% 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 increased (change of > 0.1 percentage points) compared to week 45 and is above the national baseline of 2.9%. ILI activity has increased in 8 of the 10 HHS Regions (Regions 1, 3, 4, 5, 6, 7, 8, and 9). Seven regions are at or above their region-specific baselines (Regions 1, 2, 3, 4, 6, 8, and 9) 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.

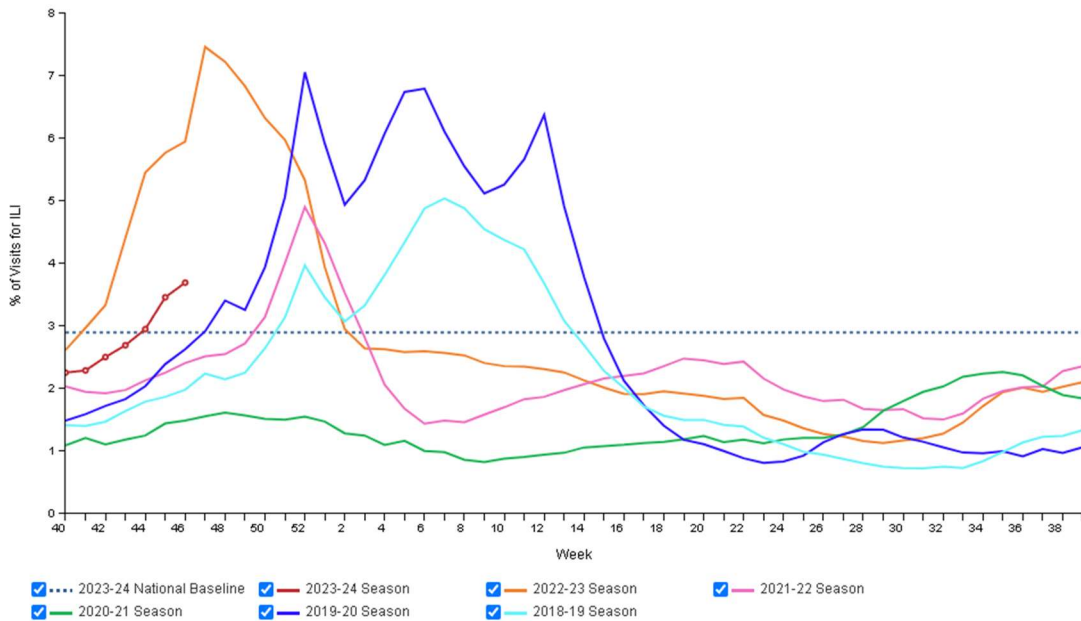
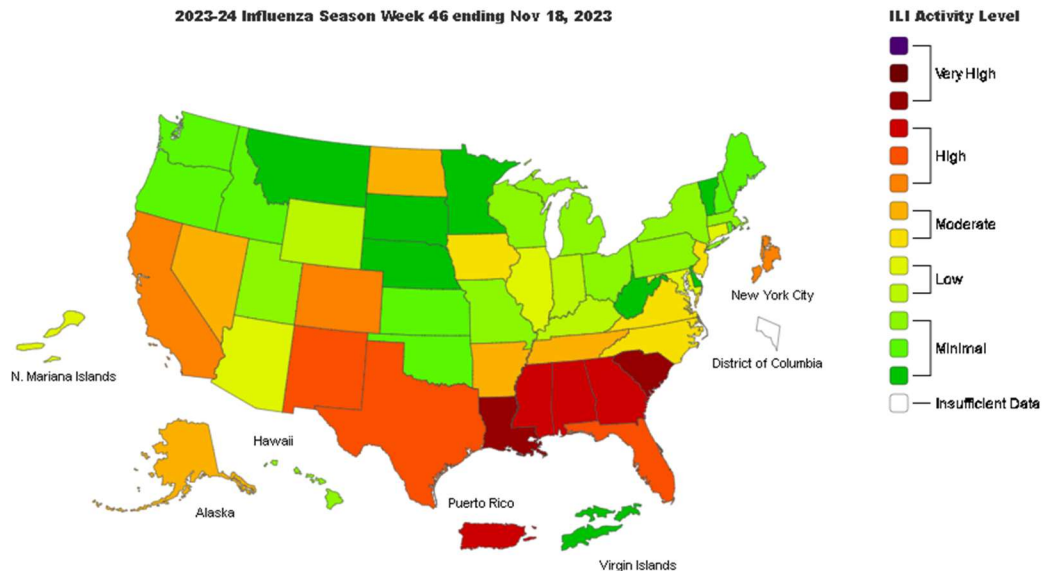


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



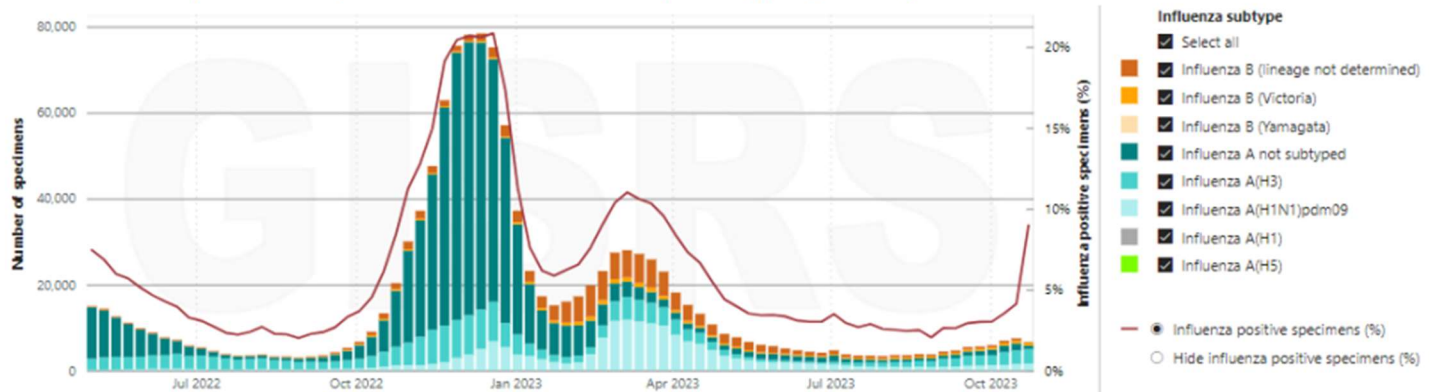
Source: <https://www.cdc.gov/flu/weekly/>

Global Surveillance:

Influenza Update N° 458 13 November 2023, based on data up to 29 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 Eastern and Western Asia.
- In the countries of North America, influenza detections remained low with indicators of influenza activity at levels typically observed between influenza seasons.
- In Europe and Central Asia, in the most recent week, influenza activity remained below baseline or at low levels in all but two reporting countries, where activity was medium. Among the few influenza detections in primary care sentinel surveillance, influenza A viruses predominated.
- In Northern Africa, no influenza detections were reported for this period. However, Egypt reported predominantly influenza A(H1N1)pdm09 activity in the weeks prior to this reporting period.
- In East Asia, influenza activity continued to increase mainly due to activity in the southern provinces of 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 increased slightly in the Caribbean with detections of predominantly influenza A(H1N1)pdm09 and A(H3N2) viruses, and remained low in Central America with detections of predominantly B/Victoria lineage viruses.
- In tropical Africa, influenza detections decreased and were low overall. Influenza A(H3N2) viruses were predominant but all seasonal influenza subtypes were reported.
- In Southern Asia, influenza activity increased due to increased detections of predominantly influenza A viruses in Iran (Islamic Republic of). Detections decreased or were low in other reporting countries.
- In South-East Asia, influenza activity remained elevated with influenza A(H1N1)pdm09 and influenza A(H3N2) viruses predominant. Influenza detections continued to increase in Lao People's Democratic Republic and Thailand, with influenza A(H1N1)pdm09 and A(H3N2) predominant. Detections decreased or were low in other reporting countries.
- In the temperate zones of the southern hemisphere, indicators of influenza activity were reported at low levels or below seasonal threshold in reporting countries.
- National Influenza Centres (NICs) and other national influenza laboratories from 109 countries, areas or territories reported data to FluNet for the period from 16 October 2023 to 29 October 2023 (data as of 10/11/2023 06:08:00 AM UTC). The WHO GISRS laboratories tested more than 262 187 specimens during that period. 14 448 were positive for influenza viruses, of which 12 366 (86.0%) were typed as influenza A and 2082 (14.4%) as influenza B. Of the sub-typed influenza A viruses, 3251 (32.6%) were influenza A(H1N1)pdm09 and 6720 (67.4%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (1295) belonged to the B/Victoria lineage.
- Globally, SARS-CoV-2 positivity from sentinel surveillance decreased to 6%. Positivity increased slightly but remained low in the African Region and remained low in the South-East Asia Region. Positivity decreased in the Region of the Americas and the Eastern Mediterranean Region and remained stable in the European Region around 11% in the Western Pacific Region, activity increased slightly to around 12%. 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 Europe, Central America and the Caribbean. Early signs of RSV activity were noted in Canada 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 76 countries, areas or territories from six WHO regions (African Region: 15; Region of the Americas: 18; Eastern Mediterranean Region: 4; European Region: 28; South-East Asia Region: 5; Western Pacific Region: 6) reported to FluNet from sentinel surveillance sites for time period from 16 October 2023 to 29 October 2023 (data as of 10/11/2023 06:08:00 AM UTC). The WHO GISRS laboratories tested more than 26 817 sentinel specimens during that period and 1610 (6.0%) were positive for SARS-CoV-2. Additionally, more than 26 230 non-sentinel or undefined reporting source samples were tested in the same period and 4681 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

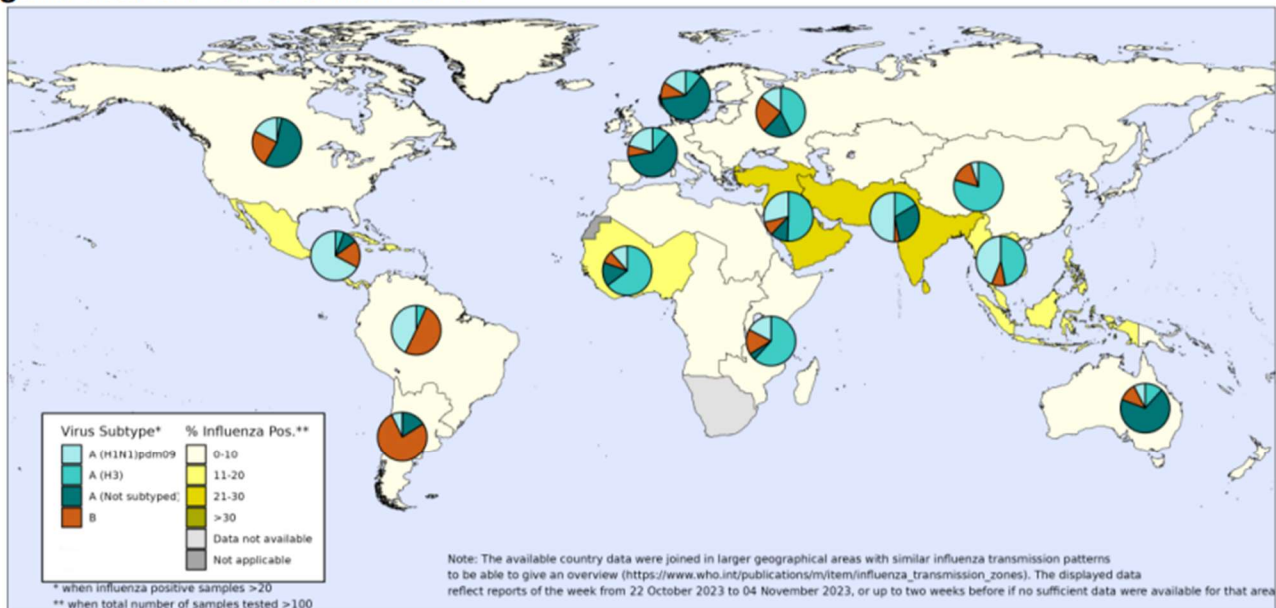


Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS)

Data generated on 09/11/2023

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone¹

Map generated on 10 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/tools/flunet)
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Source: <https://www.who.int/publications/m/item/influenza-update-n--458>

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 1, 2023.