



**Summit County Public Health  
Influenza Surveillance Report  
2022 – 2023 Season  
Report #10**



**Public Health**  
Prevent. Promote. Protect.

**Flu Surveillance Weeks 12 & 13 (12/18/2022 to 12/31/2022)  
Centers for Disease Control and Prevention MMWR Weeks 51 & 52**

**Summit County Surveillance Data:**

In **Weeks 12 & 13** of influenza surveillance, influenza-related activity was Low<sup>1</sup> in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 12 MMWR 51 N (%) <sup>1</sup>	Week 13 MMWR 52 N (%) <sup>1</sup>	Percent change from previous week	Number of weeks increasing or decreasing
<b>Lab Reports: Influenza</b>				
Test Performed	1367	1239	-9.4	↓5
Positive Tests (Number and %)	369 (27.0)	217 (17.5)	-35.1%	↓4
Influenza A (Number and %)	367 (26.8)	216 (17.4)	-35.1%	↓4
Influenza B (Number and %)	2 (0.1)	1 (0.08)	-44.8%	↓1
<b>Acute care hospitalizations for Influenza:</b>	74	55	-25.7%	↓3
<b>Schools absenteeism<sup>2</sup></b>	-	-	-	-
<b>Deaths (occurred in Summit County)</b>				
Pneumonia associated	9	6	-33.3%	↓4
Influenza associated	2	3	50.0%	↑3
COVID-19 associated	3	5	66.7%	↑1
<b>Emergency room visits (EpiCenter)<sup>3</sup> (Figure 3)**</b>				
Total ED Visits	-	-	-	-
Constitutional Complaints	-	-	-	-
Fever and ILI	-	-	-	-
<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. <b>Notable changes in EpiCenter data are the result of a temporary programming issue in one or more of the reporting facilities. **A significant number of ER visits are expected to be unaccounted for at this time**</b> Notable decrease/ elimination of ER Related data may be the result of a reporting delay and not reflective of actual trends. <b>This will be revised in future reports.</b></p> <p><b>Note:</b> 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 12 & 13 of influenza surveillance, reporting Summit County facilities performed 2,606 flu tests, of which 586 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 129 reported admissions during week 12 & 13. **Figure 2** displays hospitalizations in Summit County.

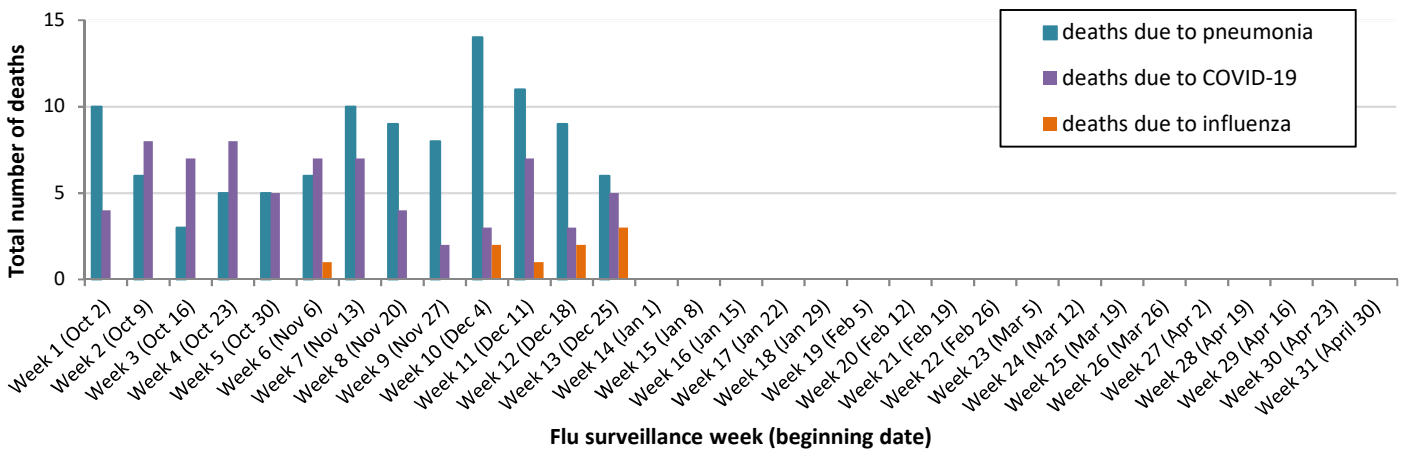
**School absenteeism** includes absences regardless of reasoning. Week 12 & 13 included holiday break for all schools in the district. Reporting will resume when school is back in session.

5 deaths related to influenza, 8 COVID-19 related deaths and 15 pneumonia related deaths occurred in Summit County during week 12 & 13. The number of influenza and COVID-19 associated deaths increased in Week 13 and Pneumonia deaths decreased.

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

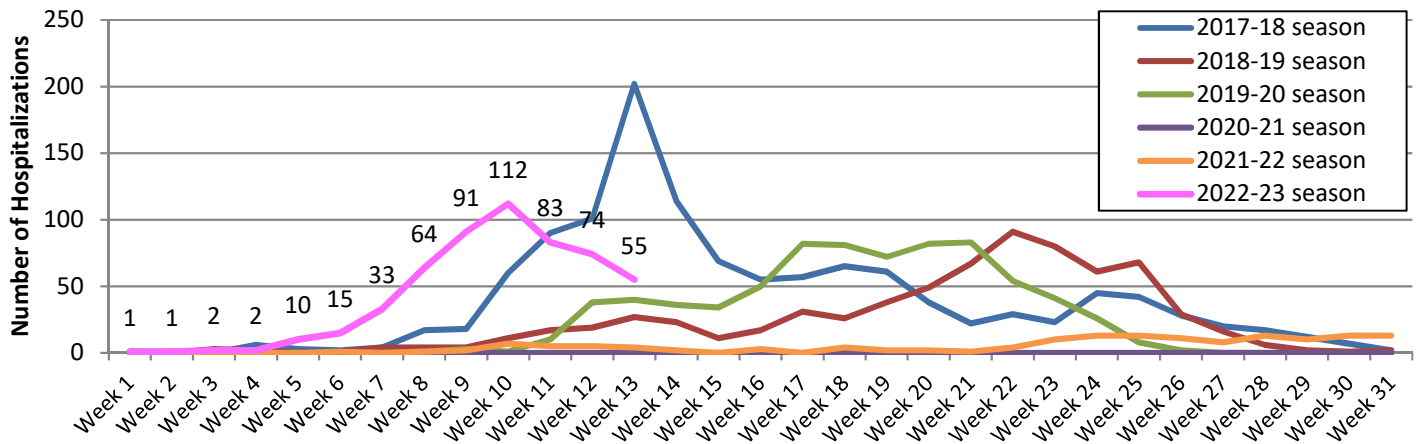
<sup>1</sup>The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high),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

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



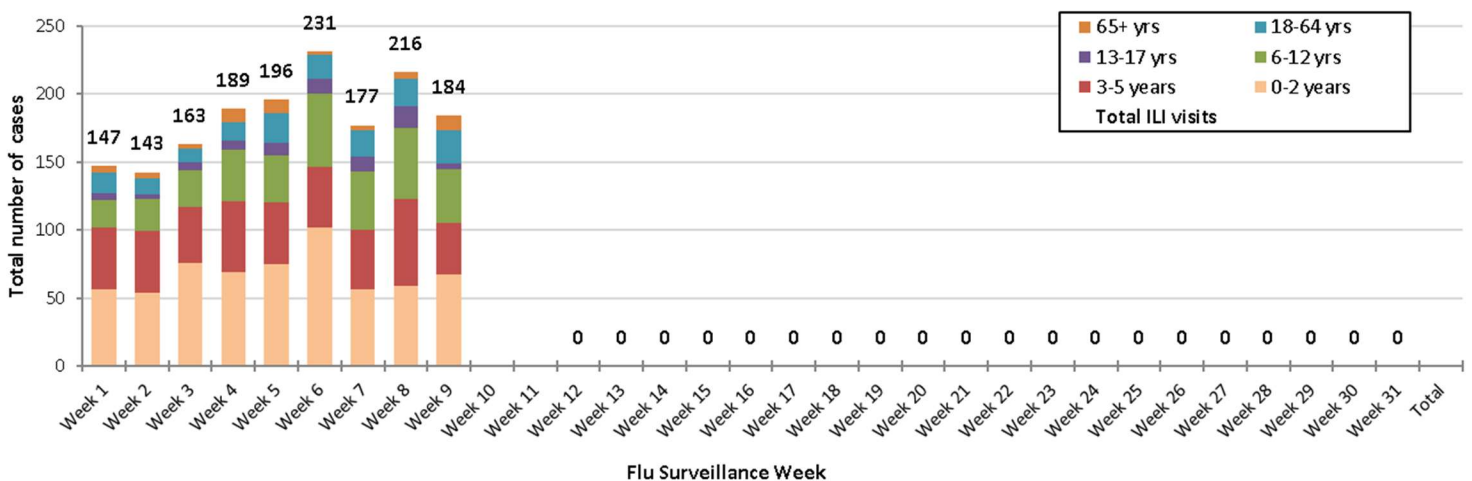
**Hospitalizations:** In Week 12, Summit County hospitals reported 74 influenza-associated hospitalizations. In Week 13 there were 55 influenza-associated hospitalizations. **Figure 2** displays weekly confirmed hospitalization counts for Summit County.

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

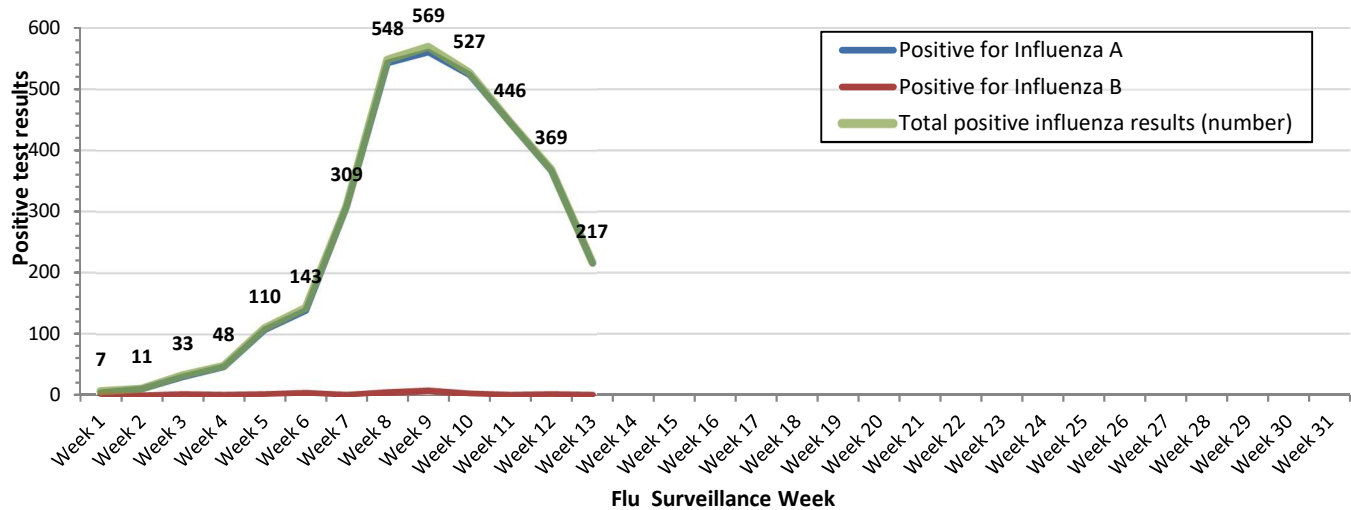


**EpiCenter** collects and analyzes health related data in real time to provide information about the health of the community. This system tracks ER visits related to constitutional complaints and fever and ILI. **Figures 3** displays the weekly number of ER visits related to ILI and flu symptoms in Summit County. **\*\*A significant number of ER visits are expected to be unaccounted for at this time\*\*** The graph containing ER deaths will be updated once the data is available for weeks 10-13.

**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 52, public health surveillance data sources indicate moderate 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 decreased and are below baseline levels statewide. Reported cases of influenza-associated hospitalizations increased. There were 882 influenza-associated hospitalizations reported during MMWR Week 52.

Data Source	Current week value	Percent Change from last week <sup>1</sup>	# of weeks <sup>2</sup>	Trend Chart <sup>3</sup>
Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	6.81%	-21.18%	↓ 5	
Thermometer Sales (National Retail Data Monitor) <sup>4</sup>	0.66%	-2.94%	↓ 2	
Fever and ILI Specified ED Visits (EpiCenter)	2.42%	-21.17%	↓ 5	
Constitutional ED Visits (EpiCenter)	13.15%	-12.10%	↓ 5	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	882	2.80%	↑ 1	

<sup>1</sup>Interpret percent changes with caution. Large variability may be exhibited in data sources with low weekly values.  
<sup>2</sup>Number of weeks that the % change is increasing or decreasing.  
<sup>3</sup>Black 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.  
<sup>4</sup>Due 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 Department of Health Seasonal Influenza Activity Summary December 25th – December 31st, 2022**

Source <https://odh.ohio.gov/know-our-programs/seasonal-influenza/activity-reports-2022-2023/seasonal-influenza-week-49-20222023>

## 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 95,487 tests for influenza performed at participating facilities; of these, 857 tested positive for influenza A(H1N1pdm09), 1,039 for influenza A(H3N2), 19,087 for influenza A (subtyping not performed), and 94 for influenza B (through 12/31/2022).
- Three influenza-associated pediatric mortalities have been reported so far during the 2022-2023 influenza season (through 12/31/2022).
- No novel influenza A virus infections have been reported so far during the 2022-2023 influenza season (through 12/31/2022).
- Incidence of confirmed influenza-associated hospitalizations in 2022-2023 season = 7,152 (through 12/31/2022).

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

### National Outpatient Illness Surveillance:

Nationwide during week 52, 5.4% 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. The percent of patient visits for respiratory illness remained stable for regions 4 and 9 and decreased in all other regions during week 52 compared to week 51. 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.**

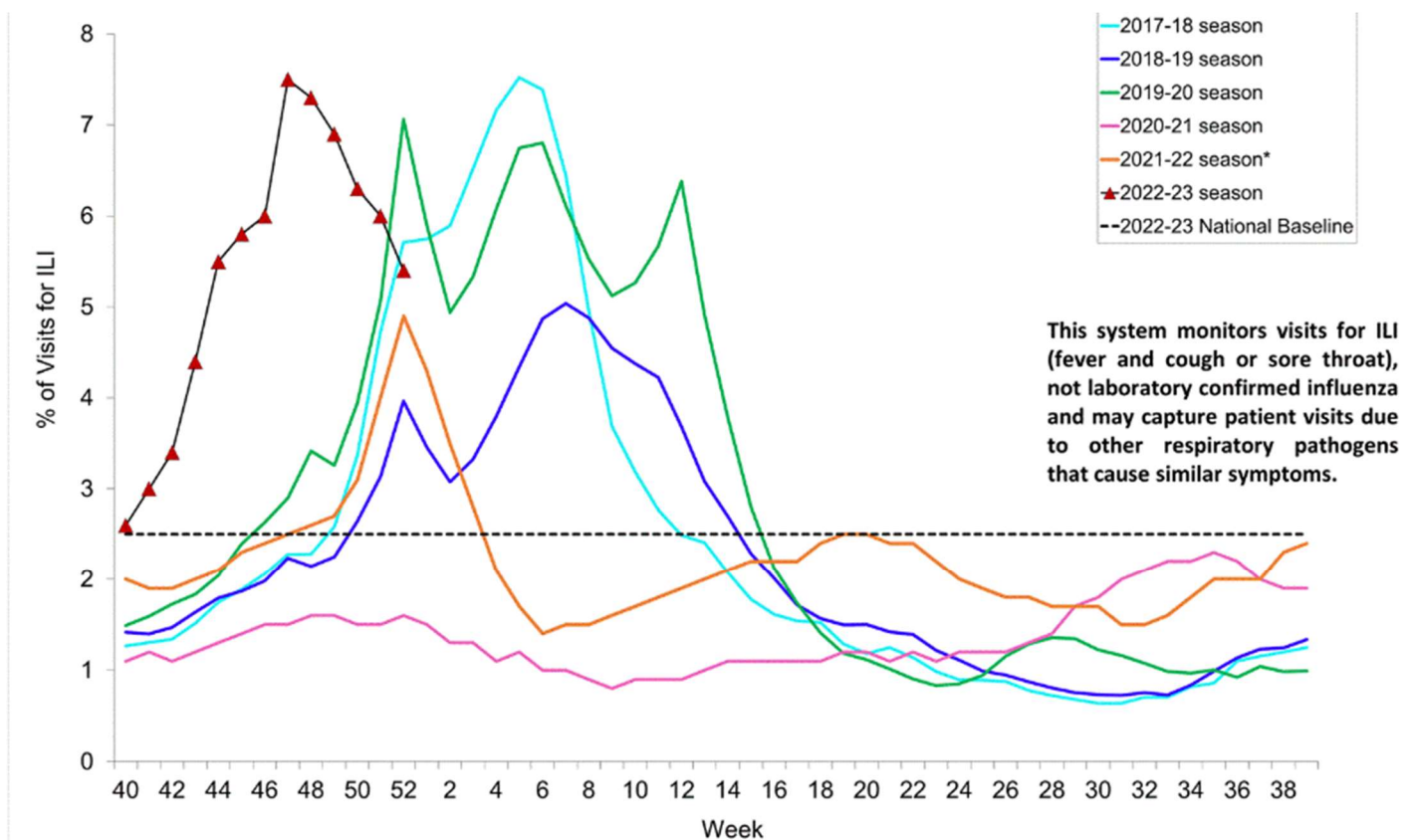
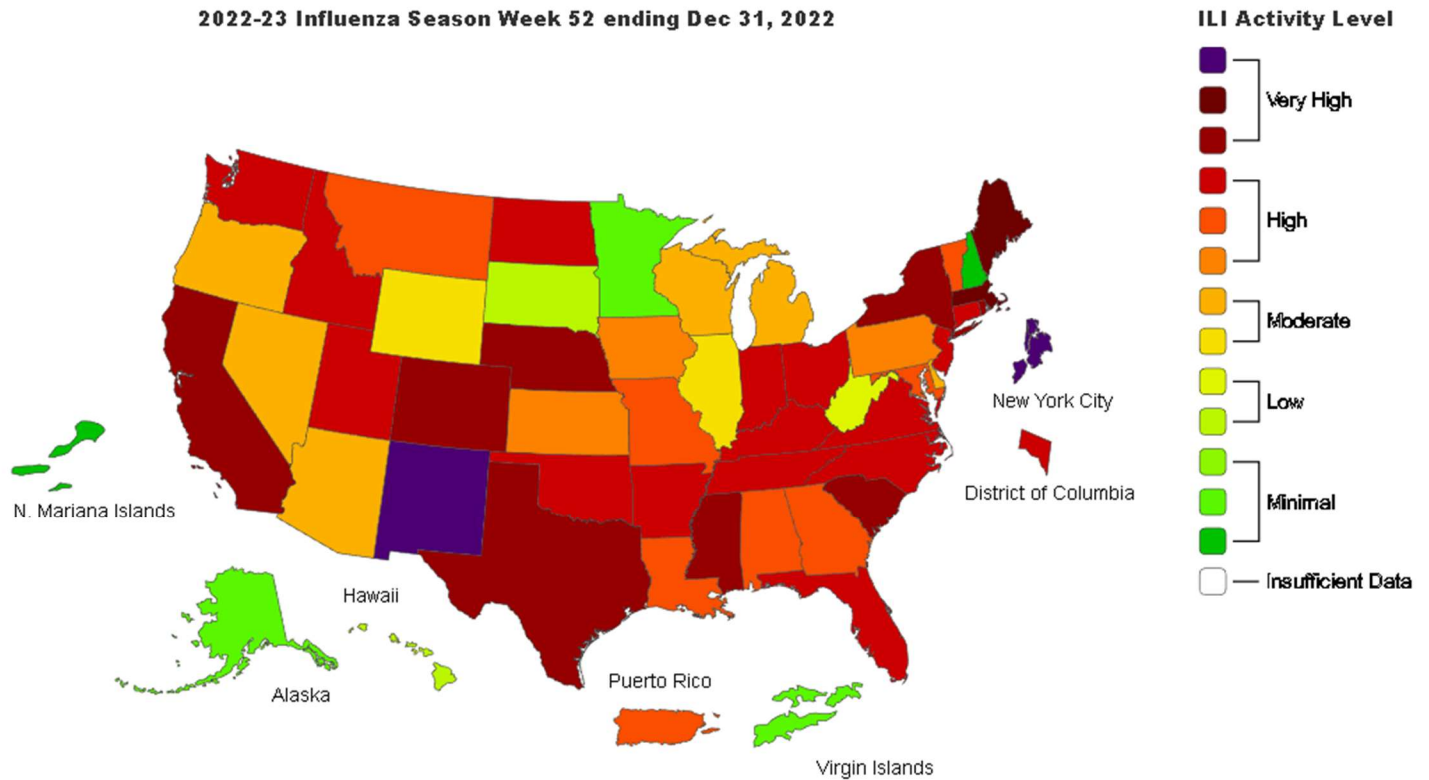


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

## Global Surveillance:

Influenza Update N° 435 December 2022, based on data up to 23 December 2022. The Update is published every two weeks.

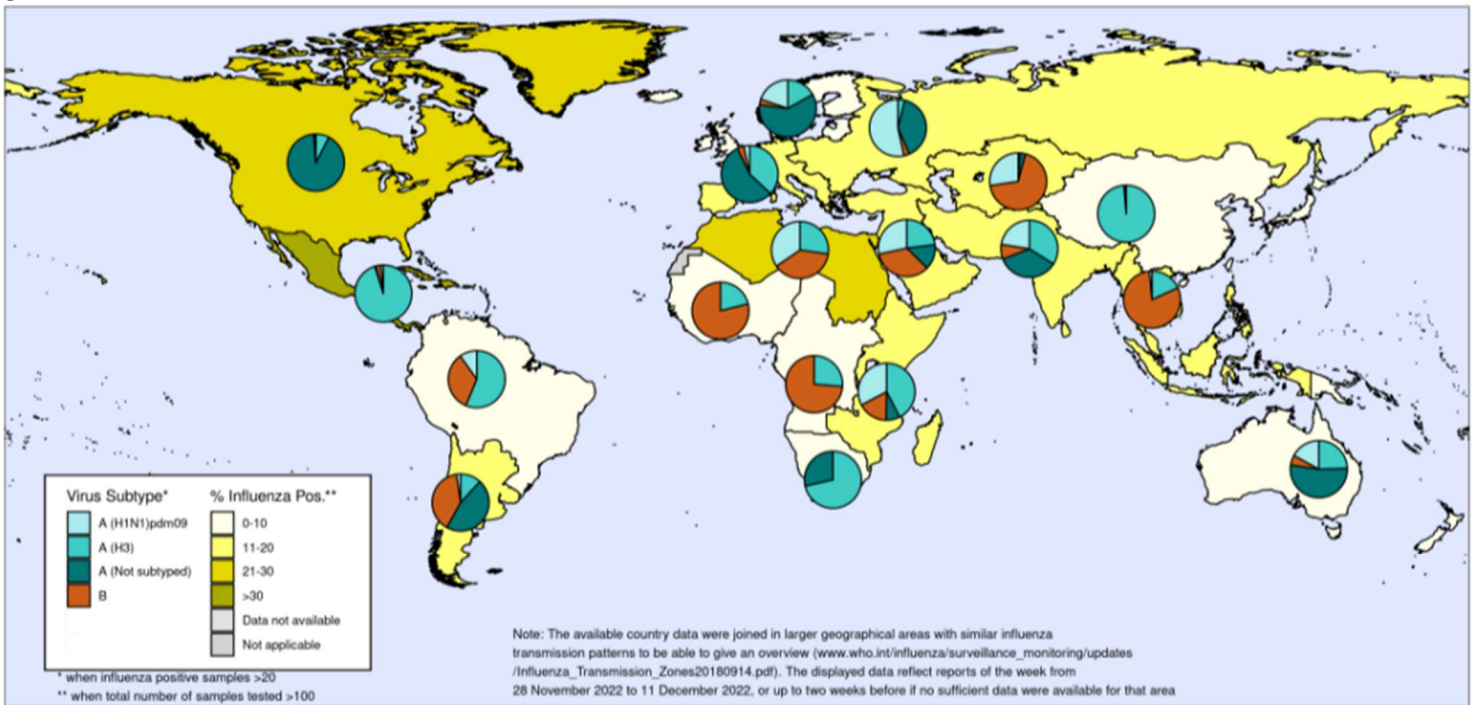
### Summary

- 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. Because of changes in surveillance of respiratory viruses during the COVID-19 pandemic, comparisons of current data with that from previous seasons may not always be valid and data should be interpreted with caution
- Globally, influenza activity remained elevated due to activity in the northern hemisphere. Where subtyped, influenza A (H3N2) viruses predominated.
- In the countries of North America, some indicators of influenza activity decreased while others were stable or continued to increase. Many indicators were above levels typically observed at this time of year and some were near or above levels observed at the peak of previous epidemics. Influenza A (H3N2) was the predominant virus detected.
- In Europe, overall influenza activity continued to increase with influenza positivity from sentinel sites remaining above the epidemic threshold at the regional level. Influenza A viruses predominated with A (H3N2) viruses accounting for the majority of subtyped influenza A viruses from sentinel sites and influenza A (H1N1) pdm09 viruses predominant among nonsentinel samples in recent weeks.



- In central Asia, influenza activity increased with relatively equal proportions of influenza A (H1N1) pdm09 and influenza B viruses reported. Influenza B viruses predominated in Kazakhstan and Uzbekistan while influenza A (H1N1) pdm09 predominated in Kyrgyzstan and Tajikistan.
- In Northern Africa, influenza detections increased but remained low. Morocco reported mainly B/Victoria lineage virus detections. Tunisia reported increasing detections of mainly influenza A (H1N1) pdm09 as well as some influenza A(H3N2) and influenza B/Victoria lineage virus detections.
- In Western Asia, influenza activity decreased overall with all seasonal influenza subtypes detected in similar proportions, though increased activity was reported in some countries.
- In East Asia, influenza activity of predominantly influenza A (H3N2) remained low overall among reporting countries but with some increases reported in southern China and the Republic of Korea.
- In the Caribbean and Central American countries, influenza activity of predominantly influenza A (H3N2) viruses decreased but remained elevated in Mexico.
- In the tropical countries of South America, influenza detections were low, and A (H3N2) viruses predominated. Influenza update | 23 December 2022 2
- In tropical Africa, influenza activity remained low with detections of all seasonal influenza subtypes reported. An increased number of detections was reported from Eastern Africa.
- In Southern Asia, influenza activity continued to decrease to low levels, mainly due to decreased activity reported in Iran (Islamic Republic of). Influenza A (H1N1) pdm09 was the most frequently detected subtype in the subregion.
- In South-East Asia, detections of predominantly influenza B increased and remained elevated.
- In the temperate zones of the southern hemisphere, influenza activity decreased in Argentina and Chile and remained low elsewhere.

**Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 09 December 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](http://www.who.int/flu-net))  
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Source: <https://www.who.int/publications/m/item/influenza-update-n-435>



**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.***

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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](mailto:cdu@schd.org)). This report was issued on January 6, 2023.