



**Summit County Public Health  
Influenza Surveillance Report  
2022 – 2023 Season  
Report #1**



**Flu Surveillance Weeks 1 & 2 (10/2/2022 to 10/15/2022)  
Centers for Disease Control and Prevention MMWR Weeks 40 & 41**

**Summit County Surveillance Data:**

In **Weeks 1 & 2** of influenza surveillance, influenza-related activity was minimal in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 1 MMWR 40 N (%) <sup>1</sup>	Week 2 MMWR 41 N (%) <sup>1</sup>	Percent change from previous week	Number of weeks increasing or decreasing
<b>Lab Reports: Influenza</b>				
Test Performed	844	846	0.2%	NC
Positive Tests (Number and %)	7 (0.8)	11 (1.3)	+ 56.8%	↑1
Influenza A (Number and %)	5 (0.6)	11 (1.3)	+ 120%	↑1
Influenza B (Number and %)	2 (0.2)	0 (0.0)	- 100%	↓1
<b>Acute care hospitalizations for Influenza:</b>	1	1	0.0%	NC
<b>Schools absenteeism<sup>2</sup></b>	9.4	9.2	- 1.5%	↓1
<b>Deaths (occurred in Summit County)</b>				
Pneumonia associated	9	5	- 44.4%	↓1
Influenza associated	0	0	--	--
COVID-19 associated	4	6	+ 50.0	↑1
<b>Emergency room visits (EpiCenter)<sup>3</sup> (Figure 3)</b>				
Total ED Visits	6875	6986	1.6%	↑1
Constitutional Complaints	723 (10.5)	743 (10.6)	1.1%	↑1
Fever and ILI	176 (2.6)	172 (2.5)	- 3.8%	↓1
1) N and % are reported when available				
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				
<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				

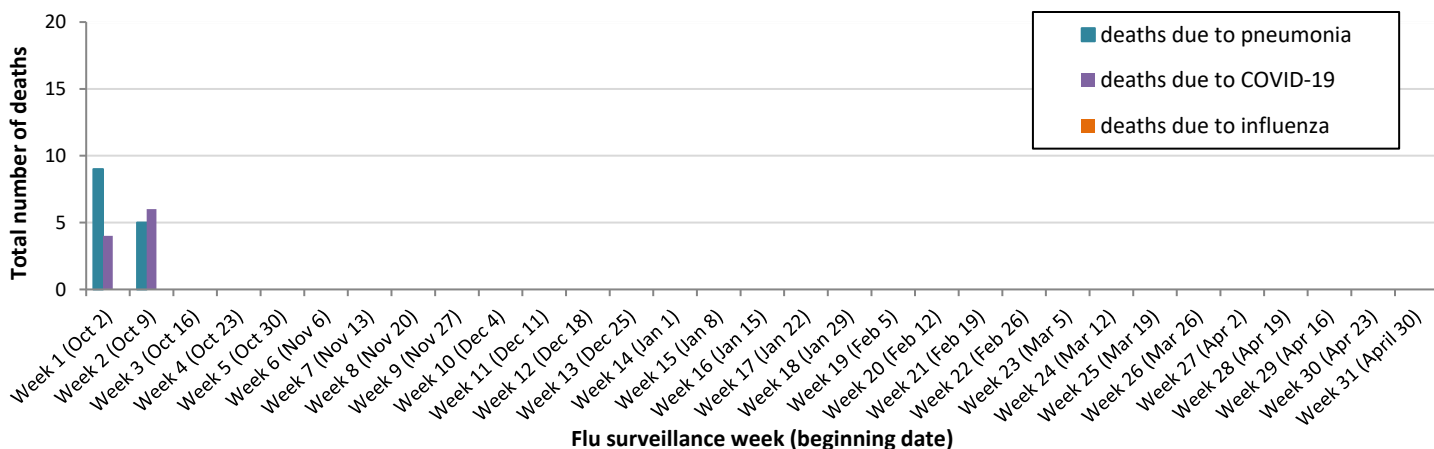
**Lab reports:** During the first 2 weeks of influenza surveillance, reporting Summit County facilities performed 1,690 flu tests, of which 18 had positive results. (Figure 4) *Note: Influenza data are collected from selected reporting partners and do not represent positivity rates for the entire county.*

**Acute Care Hospitalizations:** There was one reported admission during week 1 and week 2. Figure 2 displays hospitalizations in Summit County.

**School absenteeism** includes absences regardless of reason. In Week 1, the absence rate was 9.4% and in Week 2 the rate decreased to 9.2%.

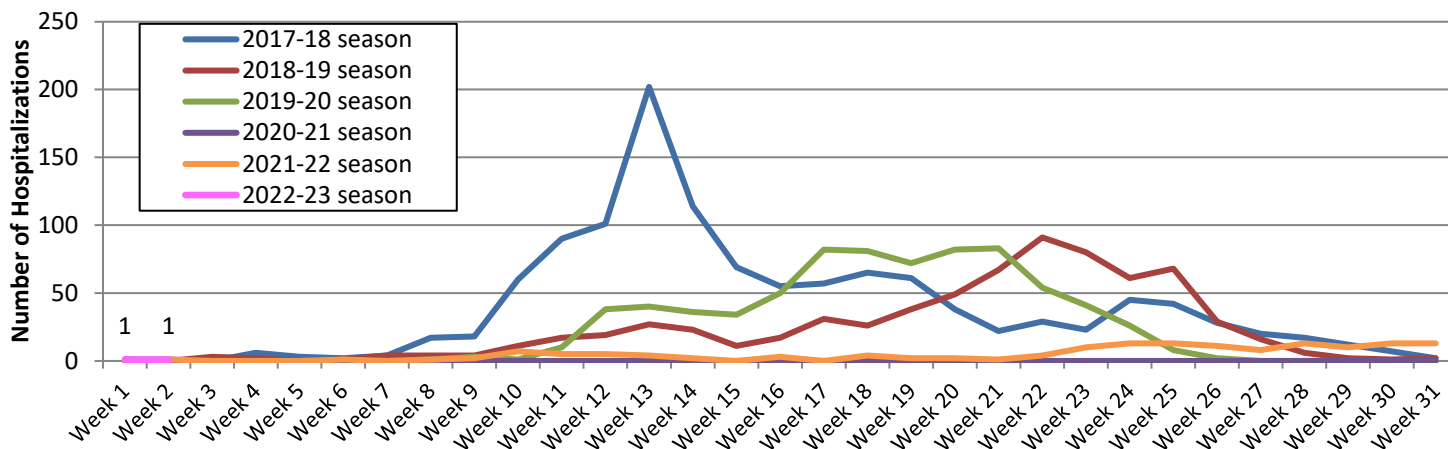
**Zero** deaths related to influenza, 10 COVID-19 deaths and 14 pneumonia related deaths occurred in Summit County during Weeks 1 & 2. The number of pneumonia associated deaths decreased and COVID-19 associated deaths increased in Week 2. Figure 1 displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

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



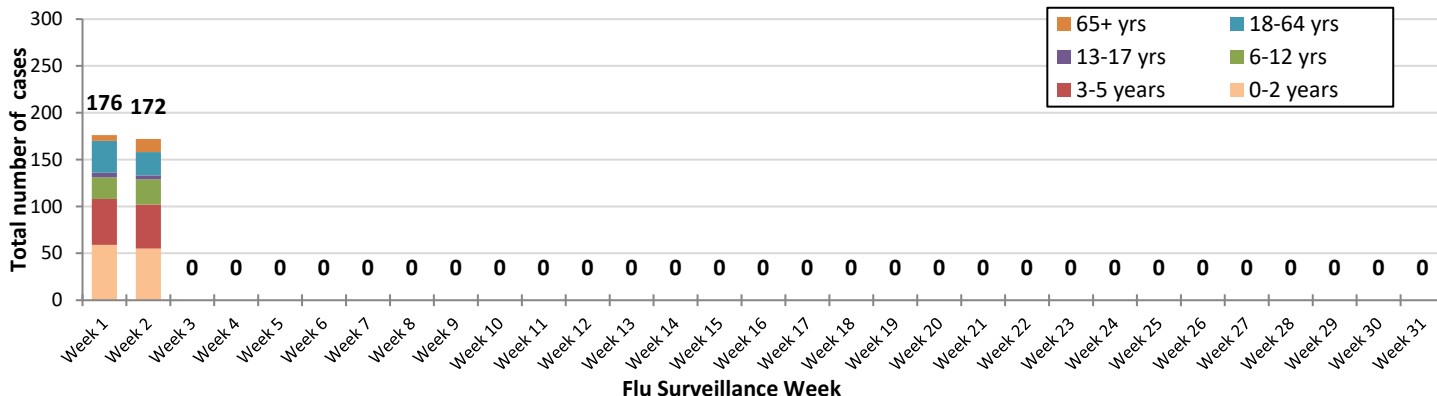
**Hospitalizations:** In Week 1, Summit County hospitals reported one influenza-associated hospitalization. In Week 2 there was one influenza admission. **Figure 2** displays weekly confirmed hospitalization counts for Summit County (**influenza cumulative count to date = 1**).

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

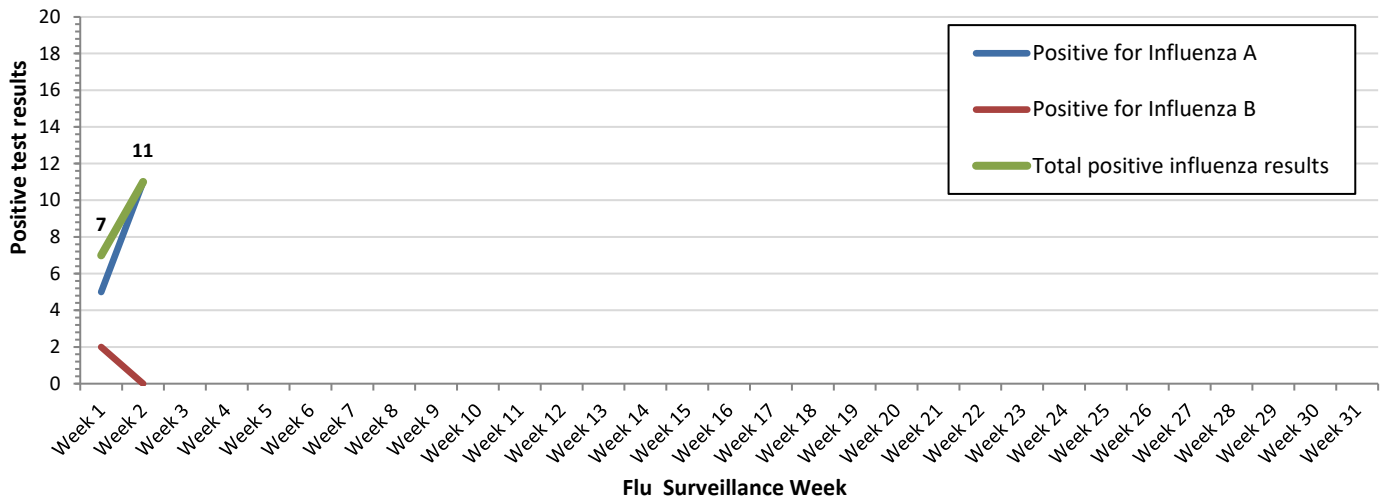


**EpiCenter** collects and analyzes health related data in real time to provide information about the health of the community. This system tracks ER visits related to constitutional complaints and fever and ILI. **Figures 3** displays the weekly number of ER visits related to ILI and flu symptoms in Summit County. There were 172 ILI-related visits reported during Week 2, which was 2.6% of total ED visits (n = 6986). This rate was 3.8% lower than the ILI rate during Week 1.

**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) – Minimal**

During MMWR Week 41, public health surveillance data sources indicate minimal 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 28 influenza associated hospitalizations reported during MMWR Week 41

**Ohio Influenza Activity Summary Dashboard (October 2 – 14, 2022):**

Source:

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)	3.22%	14.59%	↑ 3	
Thermometer Sales (National Retail Data Monitor) <sup>4</sup>	0.48%	-2.04%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter)	2.11%	7.65%	↑ 3	
Constitutional ED Visits (EpiCenter)	10.28%	5.54%	↑ 3	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	28	55.56%	↑ 3	

<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.

<https://odh.ohio.gov/know-our-programs/seasonal-influenza/influenza-dashboard>

## 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 **756** tests for influenza performed at participating facilities; of these, 0 tested positive for influenza A(H1N1pdm09), 3 for influenza A(H3N2), **0 for influenza A (subtyping not performed)**, and **0 for influenza B** (through 10/15/2022).
- No **pediatric influenza-associated mortalities** have been reported so far during the 2022-2023 influenza season (through 10/15/2022).
- No **novel influenza A virus infections** have been reported so far during the 2022-2023 influenza season (through 10/15/2022).
- Incidence of confirmed **influenza-associated hospitalizations** in 2022-2023 season = 46 (through 10/15/2022).

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

*Seasonal influenza activity in the United States remains low.*

### National Outpatient Illness Surveillance:

Nationwide during week 41, 3.0% of patient visits reported through ILINet were due to ILI. This increased compared to week 40 and is above the national baseline of 2.5%. Four regions (2, 3, 4, and 6) are above their region-specific baselines, and regions 7 and 9 are at their respective baselines. The remaining four regions are below their region-specific 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.**

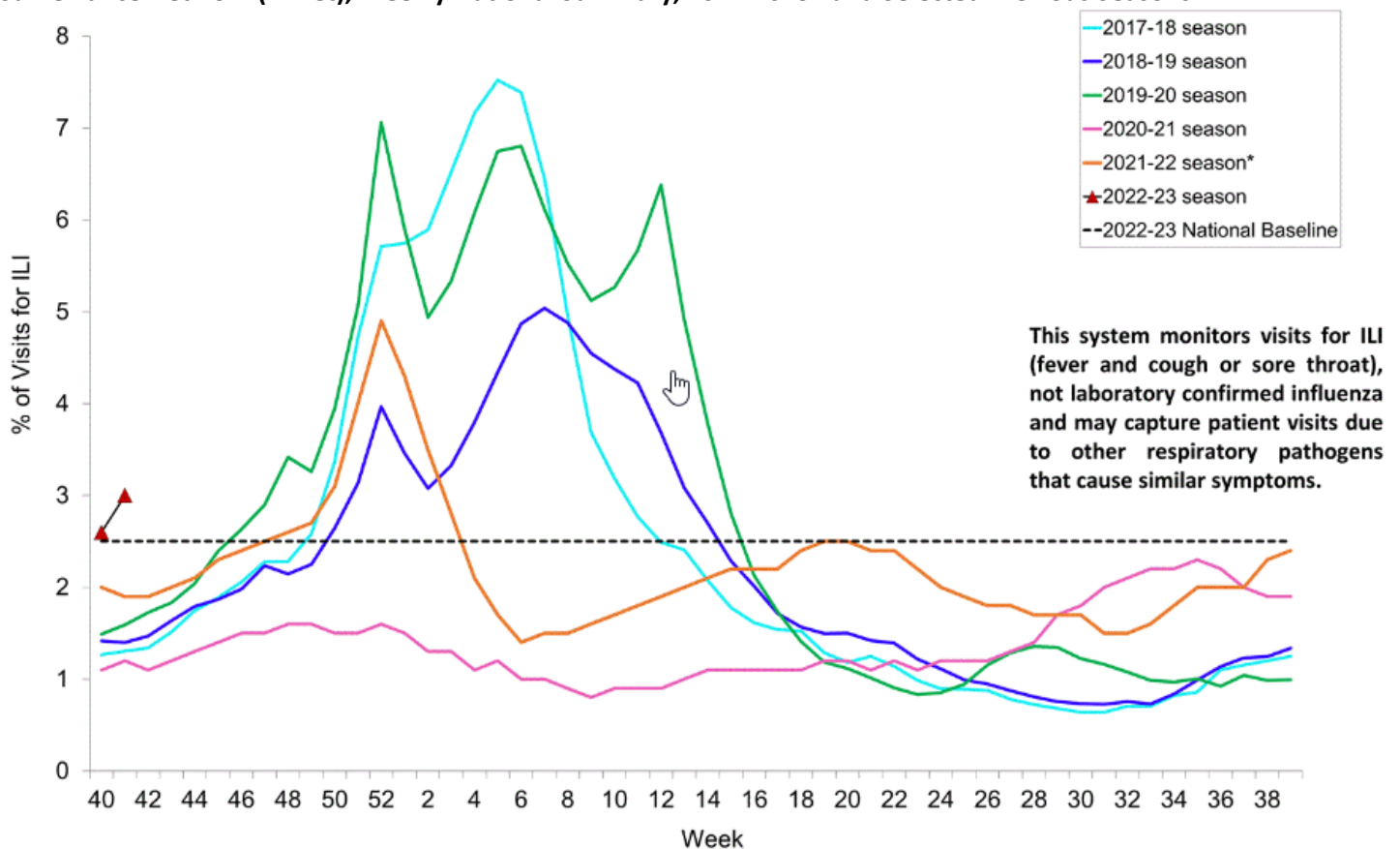
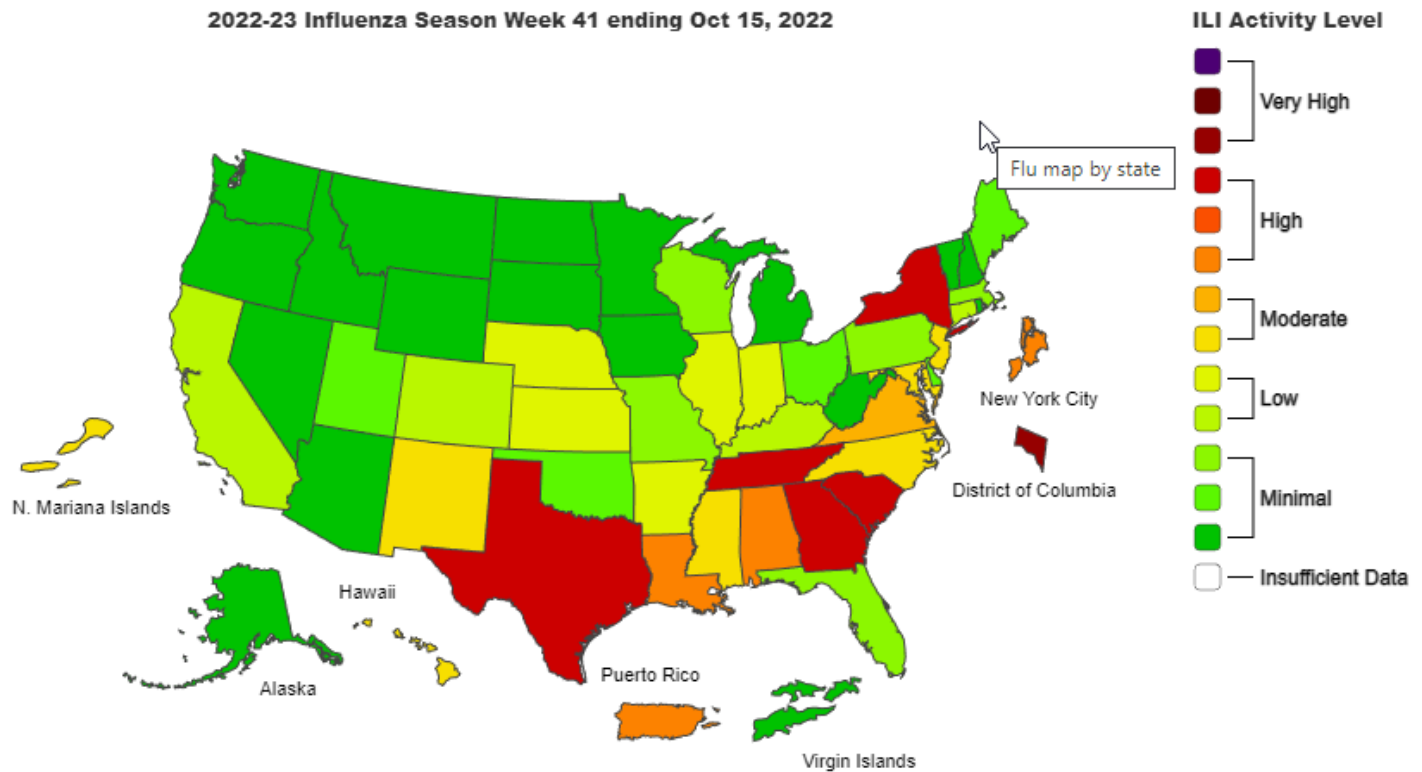


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

## Global Surveillance:

Influenza Update N° 430, World Health Organization (WHO), published 10/17/2022, based on data up to 10/2/2021. The Update is published every two weeks.

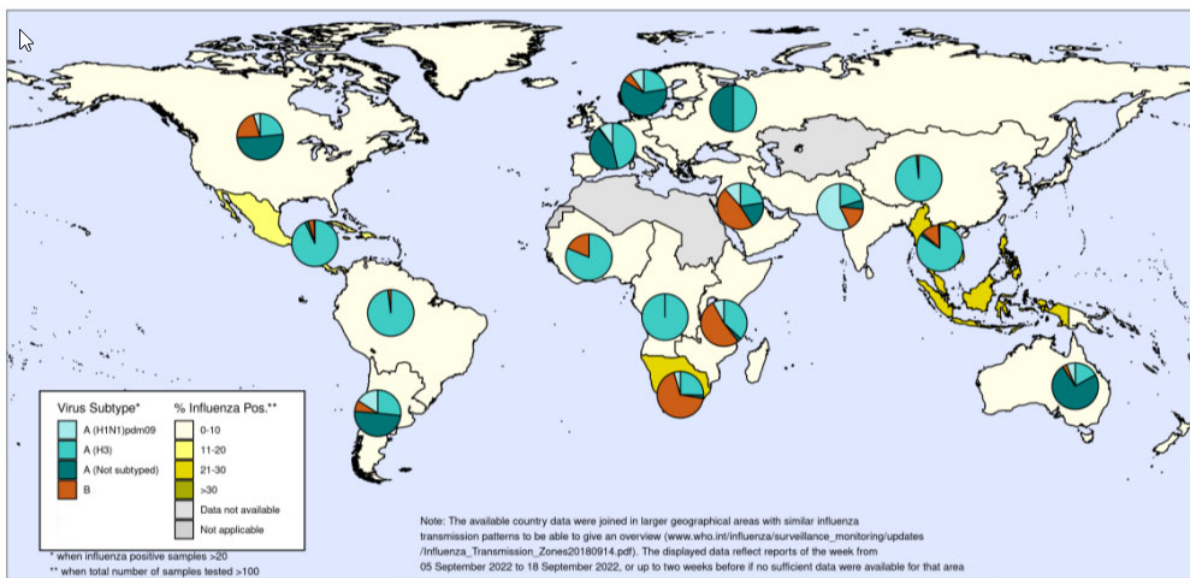
### Summary

- **Globally**, influenza activity remained low with influenza A(H3N2) viruses predominant among detections.
- In the **temperate zones of the southern hemisphere**, overall influenza activity appeared to further decrease this reporting period, except in temperate South America where activity increased.
- In **Oceania**, influenza detections of primarily influenza A(H1N1)pdm09 (among the subtyped influenza A viruses) and influenza-like activity (ILI) activity were at low levels overall.
- In **Southern Africa**, there was a decrease in influenza activity with influenza A and B viruses reported.
- In **temperate South America**, influenza detections increased due to increased activity in Argentina. Elsewhere, influenza activity remained low or below the seasonal threshold. Influenza A viruses predominated with A(H1N1)pdm09 predominant among subtyped viruses in Argentina and other countries reporting mostly A(H3N2) viruses.
- 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 predominantly influenza B/Victoria lineage and A(H3N2) viruses detected but also A(H1N1)pdm09 detections reported in a few countries.
- In **Southern Asia**, influenza detections were generally low or decreasing with predominantly A(H1N1)pdm09 viruses detected, but with influenza A(H3N2) and influenza B viruses also reported.
- In **South-East Asia**, influenza activity continued to be reported, with trends varying by country. Influenza A(H3N2) viruses accounted for the majority of detections but influenza A(H1N1)pdm09 and B viruses were also reported.



- In the **countries of North America**, influenza activity remained low at levels typically observed at this time of year. Influenza A(H3N2) was predominant among the few subtyped viruses.
- In **Europe**, overall influenza activity remained at inter-seasonal levels with influenza detections and ILI activity slightly increased in only a few countries. Influenza A viruses predominated among the reported detections in general with A(H3N2) viruses accounting for the majority of subtyped influenza A virus detections.
- In **central Asia**, Kazakhstan reported a few influenza B virus detections and ILI and severe acute respiratory infections (SARI) activity increased slightly in recent weeks.
- In **Northern Africa**, no influenza detections were reported.
- In **East Asia**, influenza activity of predominantly influenza A(H3N2) remained stable in general.
- In **Western Asia**, detections of influenza slightly increased in some countries of the Arab Peninsula.
- National Influenza Centres (NICs) and other national influenza laboratories from 105 countries, areas or territories reported data to FluNet for the time period from 19 September 2022 to 02 October 2022 (data as of 2022-10-14 07:38:34 UTC). The WHO GISRS laboratories tested more than 133 934 specimens during that time period. 5323 were positive for influenza viruses, of which 4706 (88.4%) were typed as influenza A and 617 (11.6%) as influenza B. Of the subtyped influenza A viruses, 630 (18.3%) were influenza A(H1N1)pdm09 and 2808 (81.7%) were influenza A(H3N2). Of the characterized B viruses, all (208) belonged to the B/Victoria lineage.

**Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 14 October 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)  
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**Source:** [https://cdn.who.int/media/docs/default-source/influenza/influenza-updates/2022/2022\\_10\\_17\\_surveillance\\_update\\_430.pdf?sfvrsn=c158868d\\_1&download=true](https://cdn.who.int/media/docs/default-source/influenza/influenza-updates/2022/2022_10_17_surveillance_update_430.pdf?sfvrsn=c158868d_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 October 21, 2022.