



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



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

## Report #1 Flu Surveillance Weeks 1 & 2 (10/1/2023 to 10/14/2023) 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 Very Low<sup>1</sup> 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	660	635	-3.8%	1↓
Positive Tests (Number and %)	2 (0.3%)	0 (0.0%)	-100.0%	1↓
Influenza A (Number and %)	2 (0.3%)	0 (0.0%)	-100.0%	1↓
Influenza B (Number and %)	0 (0.0%)	0 (0.0%)	-	-
<b>Acute care hospitalizations for Influenza:</b>	0	0	-	-
<b>Schools absenteeism<sup>2</sup></b>	8.5	8.3	-3.0%	1↓
<b>Deaths (occurred in Summit County)</b>				
Pneumonia associated	11	8	-27.3%	1↓
Influenza associated	0	0	-	-
COVID-19 associated	5	2	-60.0%	1↓
<b>Emergency room visits (EpiCenter)<sup>3</sup> (Figure 3)**</b>				
Total ED Visits	4108	3796	-7.6%	1↓
Constitutional Complaints	399	349	-5.3%	1↓
Fever and ILI	14	10	-22.7%	1↓
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. <b>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**</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>				
<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 week 1 and 2 of influenza surveillance, reporting Summit County facilities performed 1,295 flu tests, of which 2 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 0 reported admissions during week 1 and 2. **Figure 2** displays hospitalizations in Summit County.

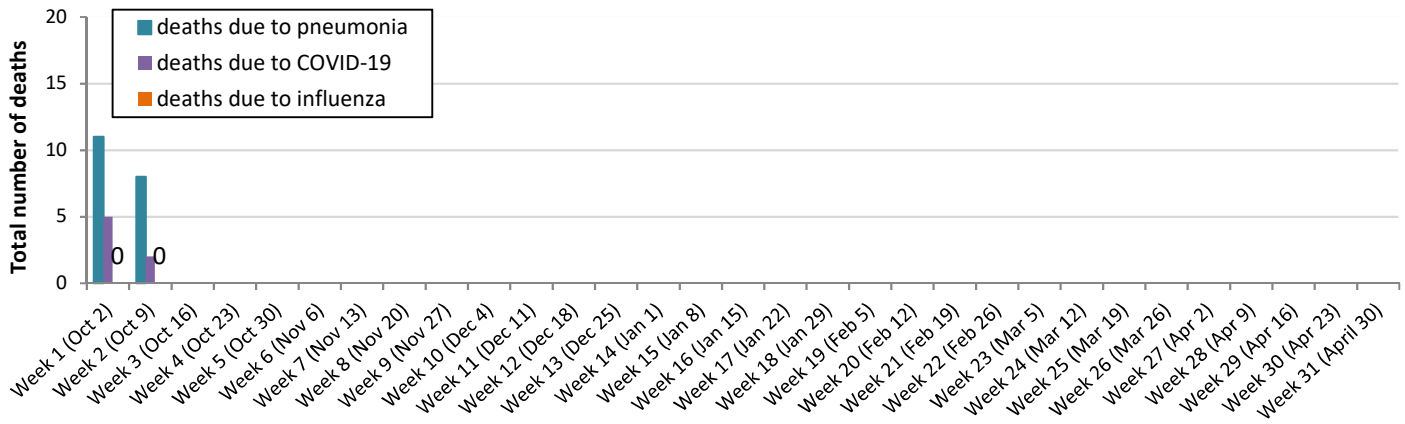
**School absenteeism** includes absences regardless of reasoning. There was a 3.0% decrease in school absences from week 1 to 2.

0 deaths related to influenza, 7 COVID-19 related deaths and 19 pneumonia related deaths occurred in Summit County during week 1 & 2. Pneumonia associated and COVID-19 associated deaths decreased in week 2 and influenza associated deaths stayed the same.

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

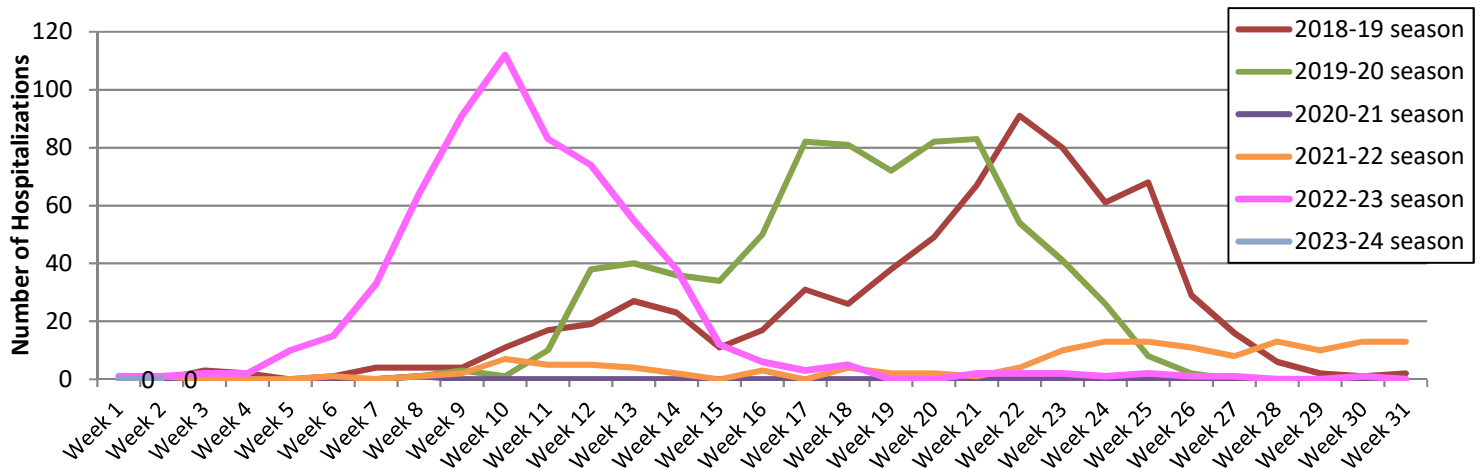
<sup>1</sup>The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high),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

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



**Hospitalizations:** In Week 1, Summit County hospitals reported 0 influenza-associated hospitalizations. In Week 2 there were 0 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**

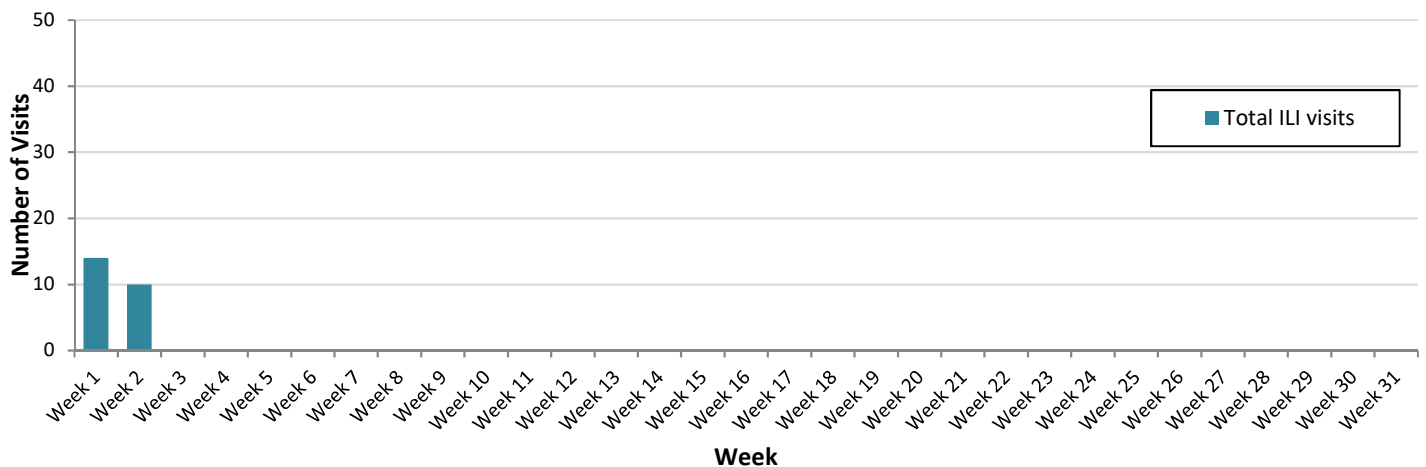
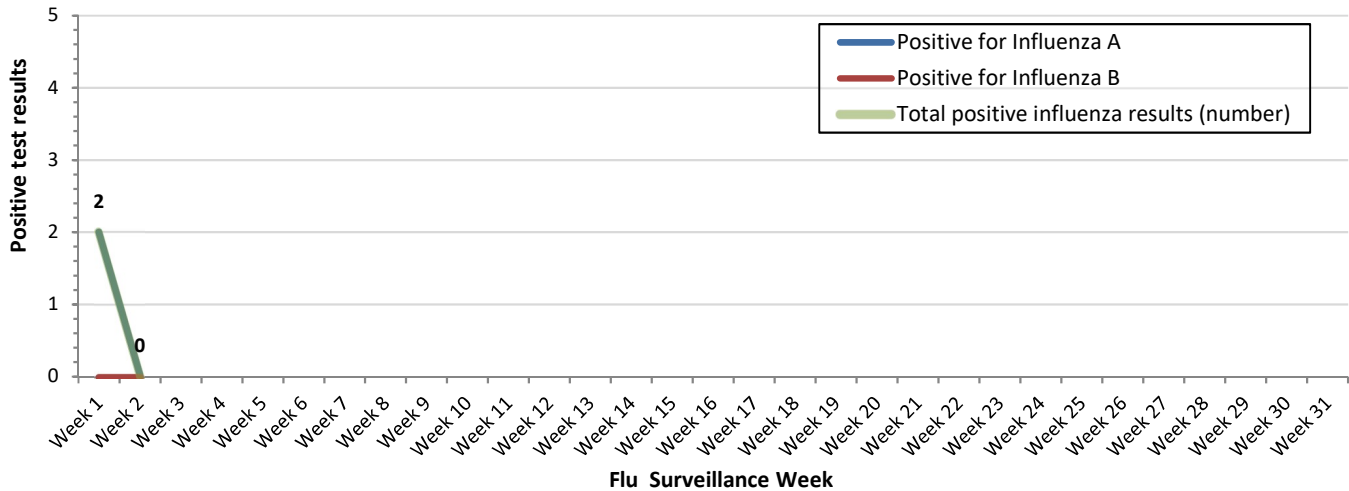


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season



**Ohio Influenza Activity: from the Ohio Department of Health:**

Current Ohio Activity Level (Geographic Spread) –Minimal

Ohio Influenza Surveillance Summary: Week Ending 10/14/2023

Data Source	Current Week	Percent Change from last week	Trend Direction	Above 5 yr Average	Below 5 yr Average	5 yr Average	Current Season Percent
Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)**	2.08%	16.20%	↑	Yes	No	Yes	Yes
Thermometer Sales (National Retail Data Monitor)	0.47%	-4.08%	↓	No	Yes	Yes	No
Fever and ILI Specified ED Visits (EpiCenter)	1.34%	-4.29%	↓	No	Yes	Yes	No
Constitutional ED Visits (EpiCenter)	9.22%	-0.86%	↓	No	Yes	Yes	No
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	20	5.26%	↑	Yes	No	Yes	Yes

**Footnotes:**  
 - **National Retail Data Monitor (NRDM)-OTC Drug Purchases:** A five-year average, which includes data from the 2016-2017 season through the 2018-2019 season in addition to the 2021-2022 and 2022-2023 seasons is displayed. Thermometer sales from the 2019-2020 and 2020-2021 influenza season has been omitted from the five-year baseline average due to abnormally high sales during the COVID-19 pandemic.  
 - **Emergency Department Visits (EpiCenter):** A five-year average, which includes data from the 2016-2017 season through the 2018-2019 season in addition to the 2021-2022 and 2022-2023 seasons is displayed in the figure above. EpiCenter data from the 2019-2020 and 2020-2021 influenza season has been omitted from the five-year baseline average due to data instability and the effects of the COVID-19 pandemic.  
 - **Sentinel Providers (ILINet):** A five-year average, which includes data from the 2016-2017 season through the 2018-2019 season in addition to the 2021-2022 and 2022-2023 seasons is displayed in the figure above. ILINet data from the 2019-2020 and 2020-2021 influenza season has been omitted from the five-year baseline average due to data instability and the effects of the COVID-19 pandemic.  
 - **Influenza-associated Hospitalizations (ODRS):** A five-year average, which includes data from the 2016-2017 season through the 2018-2019 season in addition to the 2021-2022 and 2022-2023 seasons is displayed in the figure above. Influenza-associated hospitalization data from the 2019-2020 and 2020-2021 influenza season has been omitted from the five-year baseline average due to data instability and the effects of the COVID-19 pandemic.

**Ohio Department of Health Seasonal Influenza Activity Summary 10/7/2023-10/21/2023**

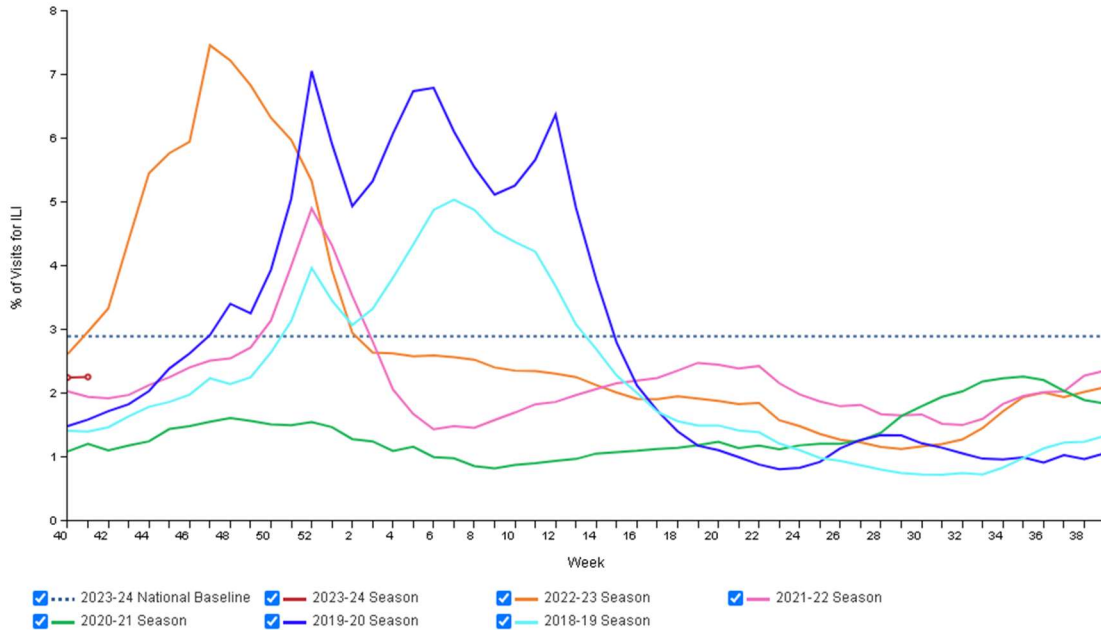
Source: <https://odh.ohio.gov/know-our-programs/seasonal-influenza/influenza-dashboard>

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

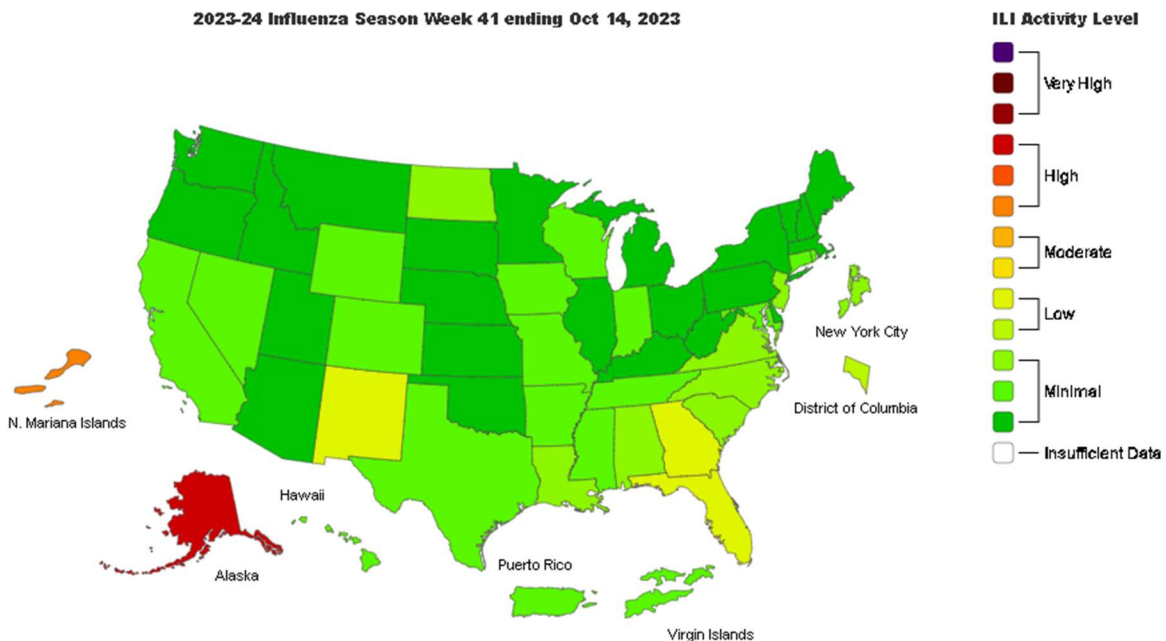
## National Outpatient Illness Surveillance:

Nationwide during week 41, 2.3% 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 remained stable (change of  $\leq 0.1$  percentage points) compared to week 40 and is below the national baseline of 2.9%. All 10 HHS regions are below their respective baselines. Region 8 increased, Region 2 decreased, and all other regions remained stable compared to week 40. 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:

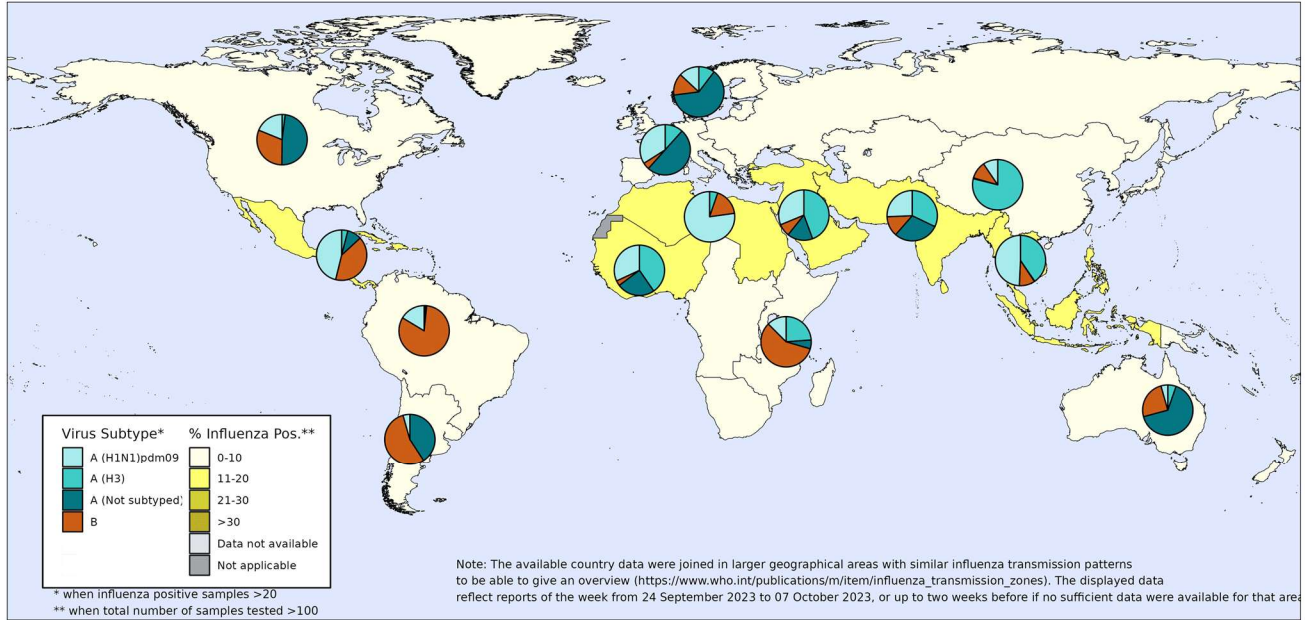
Influenza Update N° 456 16 October 2023, based on data up to 1 October 2023

### Summary

- **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 Western and Eastern Asia.
- In Oceania, influenza activity decreased with influenza A viruses predominant.
- In South Africa, influenza activity remained below the seasonal threshold.
- In temperate South America, influenza detections remained low overall with A and B viruses co-circulating.
- In the Central American and Caribbean countries, influenza activity remained low overall.
- Was low with detections of predominantly influenza B viruses.
- In tropical Africa, all seasonal influenza subtypes co-circulated. Influenza detections remained low in Middle and Eastern Africa and decreased overall in Western Africa but remained elevated.
- In Southern Asia, influenza activity increased overall in the region and in some countries, except in Bangladesh where activity decreased.
- In South-East Asia, influenza activity remained elevated overall, with continued reporting of predominantly influenza A (H1N1) pdm09 and A(H3N2) virus detections. Some countries reported increasing influenza detections while other reported continued elevated activity.
- In the temperate zones of the northern hemisphere, indicators of influenza activity were reported at low levels or below seasonal threshold in most reporting countries. But increased influenza activity was reported in parts of Eastern and Western Asia. Detections were predominantly influenza A (H3N2) followed by influenza A (H1N1) pdm09 and B viruses.
- National Influenza Centres (NICs) and other national influenza laboratories from 118 countries, areas or territories reported data to FluNet for the period from 18 September 2023 to 01 October 2023\* (data as of 13/10/2023 06:08:28 AM UTC). The WHO GISRS laboratories tested more than 336 169 specimens during that period. 10 167 were positive for influenza viruses, of which 8316 (81.8%) were typed as influenza A and 1851 (18.2%) as influenza B. Of the sub-typed influenza A viruses, 1975 (31.2%) were influenza A (H1N1) pdm09 and 4355 (68.8%) were influenza A (H3N2). Of the type B viruses for which lineage was determined, all (854) belonged to the B/Victoria lineage.
- Globally, SARS-CoV-2 positivity from sentinel surveillance remained around 10%. Activity decreased in the Region of the Americas to under 10% and decreased in the European Region to around 13%. Positivity remained below 10% in the other regions but with slight increases evident in the South-East Asia and Western Pacific Regions. SARS-CoV-2 positivity from non-sentinel surveillance remained around 14% globally.
- From countries with RSV surveillance in place, RSV activity was generally low or decreasing except in some countries in central America and tropical South America. Early signs of RSV activity were noted in parts of the European region.
- 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](https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated_sentinel_surveillance-2022.1).
- National Influenza Centres (NICs) and other national influenza laboratories from 77 countries, areas or territories from six WHO regions (African Region: 16; Region of the Americas: 20; Eastern Mediterranean Region: 4; European Region: 27; South-East Asia Region: 4; Western Pacific Region: 6) reported to FluNet from sentinel surveillance sites for time period from 18 September 2023 to 01 October 2023\* (data as of 13/10/2023 06:08:28 AM UTC). The WHO GISRS laboratories tested more than 33 367 sentinel specimens during that period and 2986 (9.0%) were positive for SARS-CoV-2. Additionally, more than 36 565 non-sentinel or undefined reporting source samples were tested in the same period and 5257 were positive for SARS-CoV-2. Further details are included at the end of this update.

**Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 13 October 2023**

Percentage of respiratory specimens that tested positive for influenza  
By influenza transmission zone  
Map generated on 13 October 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--456>

**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 November 1, 2023.