Summit County Public Health
Influenza Surveillance Report
2023 – 2024 Season
Report #11
Flu Surveillance Weeks 12 & 13 (12/17/2023 to 12/30/2023)
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 Very High[1] in Summit County.

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

	Week 12 MMWR 51 N (%)[1]	Week 13 MMWR 52 N (%)[1]	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	1278	1390	8.8%	8↑
Positive Tests (Number and %)	192 (15.0%)	269 (19.4%)	28.8%	7↑
Influenza A (Number and %)	155 (12.1%)	198 (14.2%)	17.4%	4↑
Influenza B (Number and %)	37 (2.9%)	71 (5.19%)	76.4	5↑
Acute care hospitalizations for Influenza:	34	44	29.4	3↑
Schools absenteeism[2]	11.8	N/A	N/A	-
Deaths (occurred in Summit County)				
Pneumonia associated	4	1	-75.0%	3↓
Influenza associated	0	1		1↑
COVID-19 associated	1	3	200.0%	1↑
Emergency room visits (EpiCenter)[3] (Figure 3)**				
Total ED Visits	4209	4532	7.7%	2↑
Constitutional Complaints	553	769	29.1%	3↑
Fever and ILI	57	77	25.5%	3↑

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 12 and 13 of influenza surveillance, reporting Summit County facilities performed 2,668 flu tests, of which 461 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 44 reported admissions during week 13. **Figure 2** displays hospitalizations in Summit County.

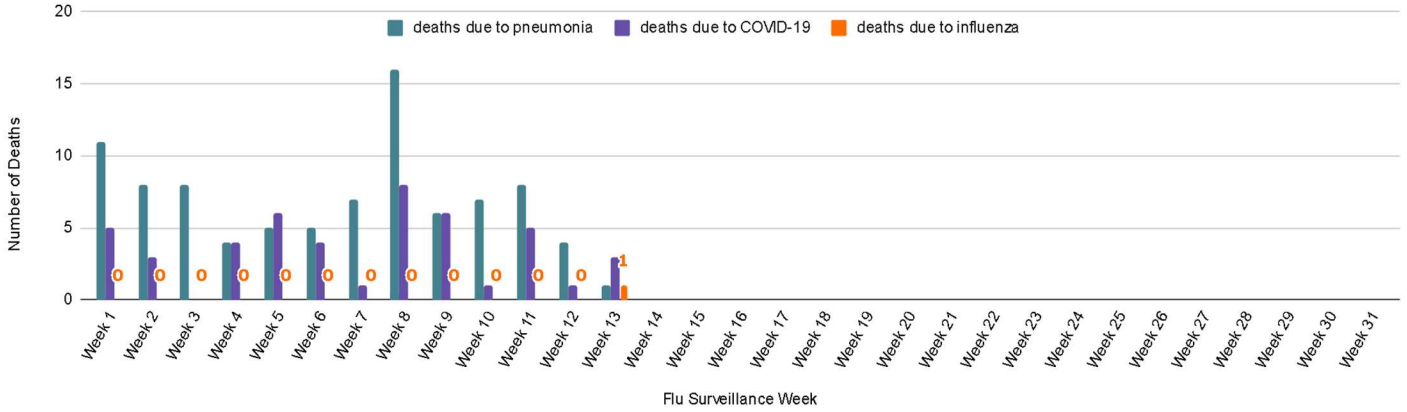
School absenteeism includes absences regardless of reasoning. Due to the holiday break, changes in school absences are not applicable for these reporting weeks.

1 death related to influenza, 4 COVID-19 related deaths and 5 pneumonia related deaths occurred in Summit County during week 12 and 13. Pneumonia associated deaths decreased in week 13, COVID-19 associated deaths increased and influenza associated deaths increased from 0 to 1.

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

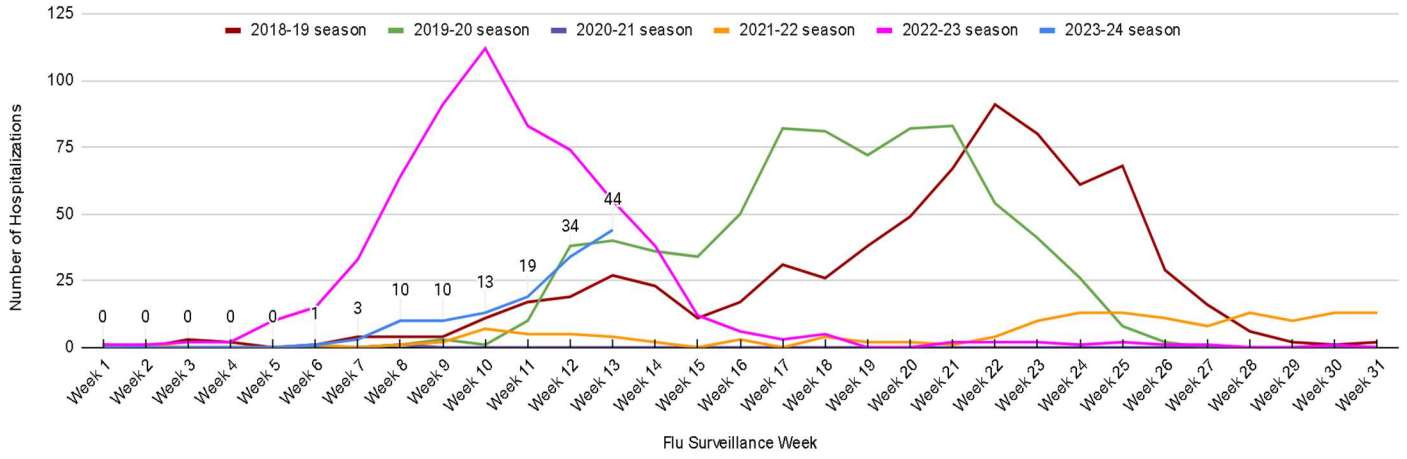
[1]The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of underlined table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (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 12, Summit County hospitals reported 34 influenza-associated hospitalizations. In Week 13 there were 44 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

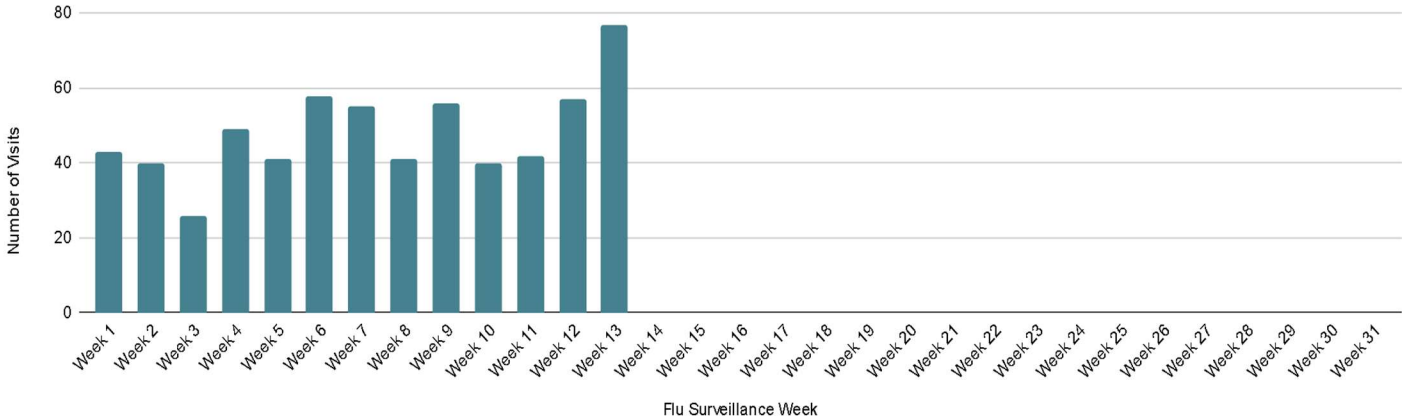
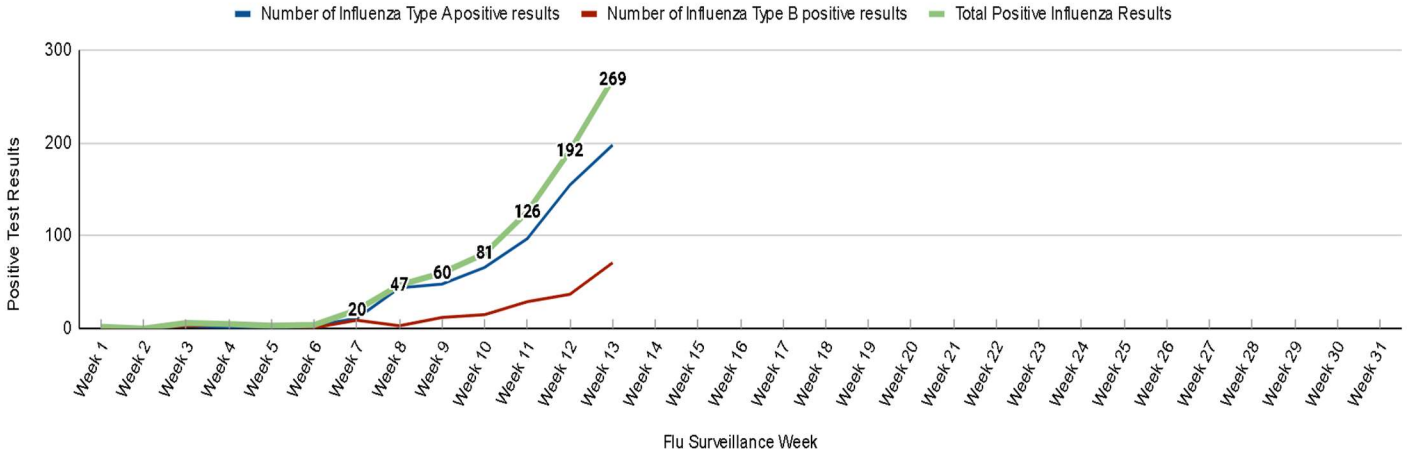


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) –Very High

Activity Indicators
(Week ending on 12/30/2023)

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)	6.85%	28.52%	↑	
Thermometer Sales (National Retail Data Monitor)	0.63%	3.28%	↑	
%of Emergency Department (ED) Visits Fever and ILI Specified ED Visits (EpiCenter)	2.82%	9.30%	↑	
%of ED Visits Constitutional ED Visits (EpiCenter)	14.84%	9.28%	↑	
Hospitalizations Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	548	72.87%	↑	

Ohio Department of Health Seasonal Influenza Activity Summary Week ending on 12/30/2023

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 52, 6.9% 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 compared to Week 51 and has remained above the national baseline of 2.9% since Week 44. All regions are 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.

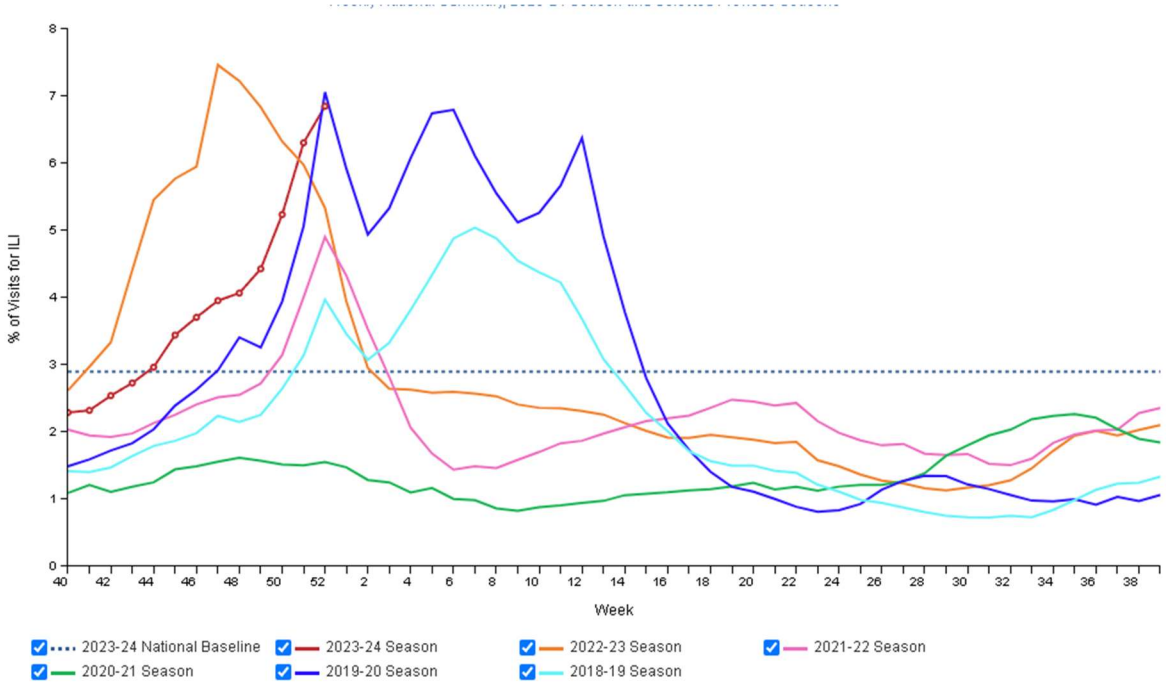
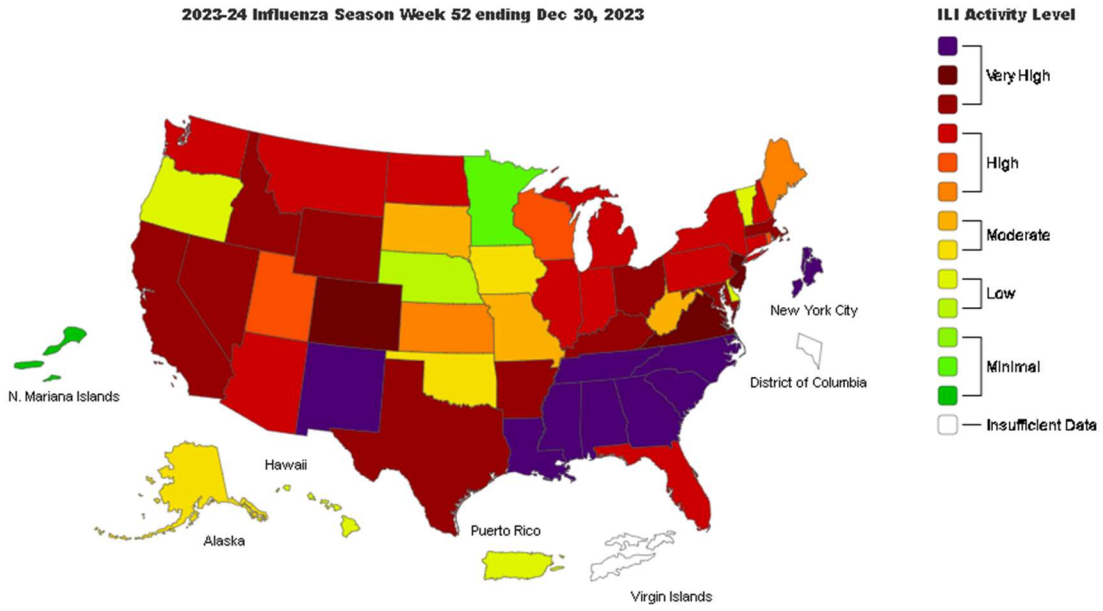


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 461 27 December 2023, based on data up to 10 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.**

- Globally, influenza detections increased due to increases in the temperate Northern hemisphere, including parts of Europe and Central Asia, North America, and Eastern and Western Asia.

- In the countries of North America, influenza detections increased and activity was above the seasonal baseline. Influenza A(H1N1)pdm09 viruses predominated among the detections.

- In Europe and Central Asia, in the most recent week, influenza activity remained low overall but was increasing and approaching the 10% positivity epidemic threshold. Of 33 reporting countries, influenza activity was reported at high intensity in one, medium intensity in five, low intensity in 15 and below baseline in the others, and geographic spread was widespread in seven reporting countries. Among the influenza detections in primary care sentinel surveillance, influenza A viruses predominated with similar proportions s of A(H1N1)pdm09 and A(H3N2) virus detections.

- In Northern Africa, detections of predominantly influenza A(H1N1)pdm09 increased in Algeria and appeared to decrease in Egypt.

- In East Asia, influenza activity continued to increase mainly due to activity in China and the Republic of Korea.

- In Western Asia, influenza activity remained elevated in some countries of the Arabian Peninsula and remained low in other reporting countries except for Jordan that reported increased influenza A(H3N2) detections.

- In the Central American and Caribbean countries, influenza activity remained moderate in the Caribbean with detections of predominantly influenza A(H1N1)pdm09 and remained low but increased in Central America with detections of predominantly B/Victoria lineage viruses.

- In tropical South America, influenza activity remained low.

- In tropical Africa, influenza detections decreased in Western Africa but were elevated in some countries of Eastern and Middle Africa. Influenza A(H3N2) viruses were predominant but all seasonal influenza subtypes were reported.

- In Southern Asia, influenza activity driven predominantly by influenza A(H1N1)pdm09 decreased 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 120 countries, areas or territories reported data to FluNet for the time period from 27 November 2023 to 10 December 2023 (data as of 22/12/2023 06:43:27 AM UTC). The WHO GISRS laboratories tested more than 424 940 specimens during that time period. 59 000 were positive for influenza viruses, of which 52 260 (88.6%) were typed as influenza A and 6740 (11.4%) as influenza B. Of the sub-typed influenza A viruses, 6700 (17.9%) were influenza A(H1N1)pdm09 and 30 748 (82.1%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (4596) belonged to the B/Victoria lineage.

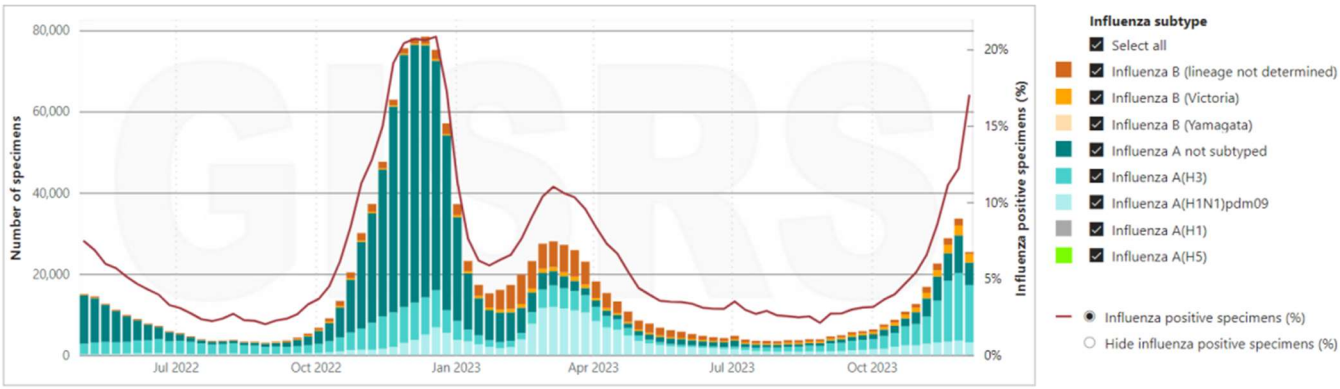
- Globally, SARS-CoV-2 positivity from sentinel surveillance increased slightly to around 7%. Positivity was highest in the European Region, where it was stable at around 20%. Positivity was stable around or below 5% in the other regions, except the Eastern Mediterranean Region where positivity increased but remained below 10%. SARS-CoV-2 positivity from non-sentinel surveillance was around 17% globally.

- In countries with RSV surveillance in place, RSV activity continued to increase in North America and remained stable or slightly decreased in most reporting countries in Europe. Activity remained elevated in Central America and was generally low or decreasing elsewhere.

- 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.

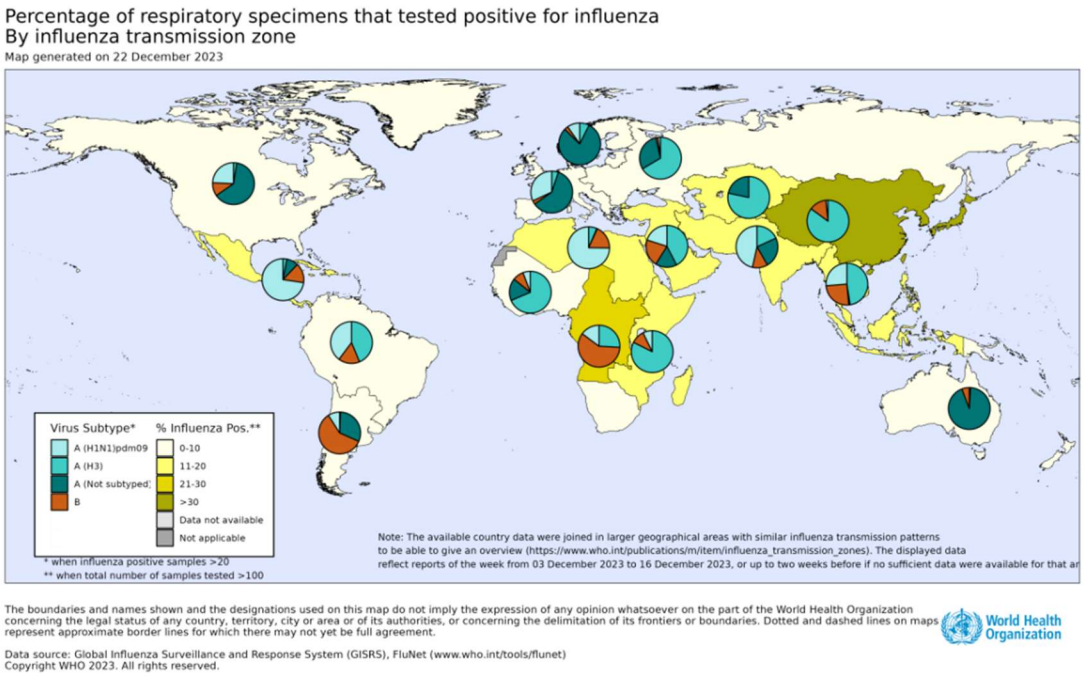
- NICs and other national influenza laboratories from 83 countries, areas or territories from six WHO regions (African Region: 14; Region of the Americas: 16; Eastern Mediterranean Region: 7; European Region: 33; South-East Asia Region: 7; Western Pacific Region: 6) reported to FluNet from sentinel surveillance sites for time period from 27 November 2023 to 10 December 2023 (data as of 22/12/2023 06:43:27 AM UTC). The WHO GISRS laboratories tested more than 32 728 sentinel specimens during that period and 2323 (7.1%) were positive for SARS-CoV-2. Additionally, more than 22 388 non-sentinel or undefined reporting source samples were tested in the same period and 3618 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 21/12/2023

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone[1]
Map generated on 22 December 2023.



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 5, 2023.