



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



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

## Report #20

Flu Surveillance Weeks 21 & 22 (2/18/2024 to 3/2/2024)

Centers for Disease Control and Prevention MMWR Weeks 8 & 9

### Summit County Surveillance Data:

In Weeks 21 & 22 of influenza surveillance, influenza-related activity was Moderate<sup>1</sup> in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 21 MMWR 8 N (%) <sup>1</sup>	Week 22 MMWR 9 N (%) <sup>1</sup>	Percent change from previous week	Number of weeks increasing or decreasing
<b>Lab Reports: Influenza</b>				
<u>Test Performed</u>	1429	1441	0.8%	2↑
<u>Positive Tests (Number and %)</u>	407 (28.5%)	455 (31.6%)	10.9%	2↑
Influenza A (Number and %)	209 (14.6%)	209 (14.5%)	-0.8%	1↓
Influenza B (Number and %)	198 (13.9%)	246 (17.1%)	23.2%	7↑
<u>Acute care hospitalizations for Influenza:</u>	68	-	-	-
<u>Schools absenteeism</u> <sup>2</sup>	9.9	9.6	-3.2%	1↓
<b>Deaths (occurred in Summit County)</b>				
Pneumonia associated	12	8	-33.3%	1↓
<u>Influenza associated</u>	0	0	-	-
COVID-19 associated	1	4	300.0%	2↑
<b>Emergency room visits (EpiCenter)<sup>3</sup> (Figure 3)**</b>				
Total ED Visits	4190	4150	-1.0%	1↓
Constitutional Complaints	447	434	-2.0%	3↓
<u>Fever and ILI</u>	61	41	-32.1%	1↓
<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 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></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 21 and 22 of influenza surveillance, reporting Summit County facilities performed 2,870 flu tests, of which 862 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 68 reported admissions during week 21. Hospital surveillance data is incomplete for week 22, this will be updated once data is available. **Figure 2** displays hospitalizations in Summit County.

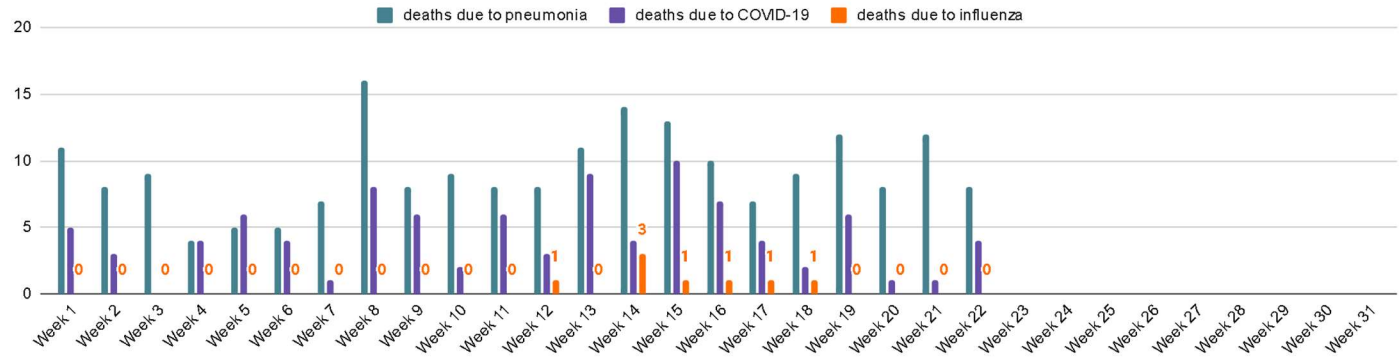
**School absenteeism** includes absences regardless of reason. The absence rate decreased by 3.2% from week 21 to 22.

0 deaths related to influenza, 5 COVID-19 related deaths and 20 pneumonia related deaths occurred in Summit County during week 21 and 22. COVID-19 associated deaths increased, Pneumonia associated deaths decreased and Influenza associated deaths were unchanged.

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

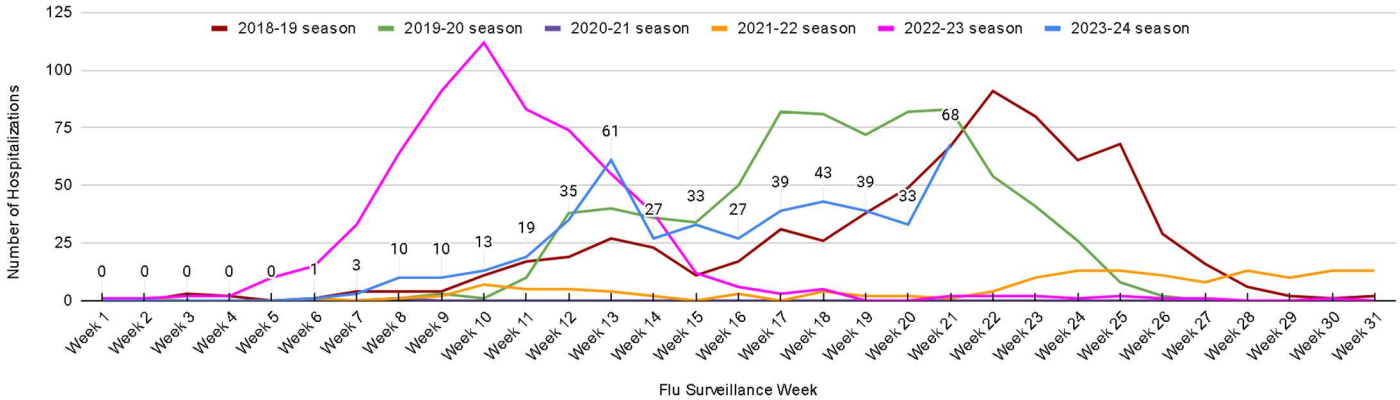
<sup>1</sup>The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of underlined table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators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

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



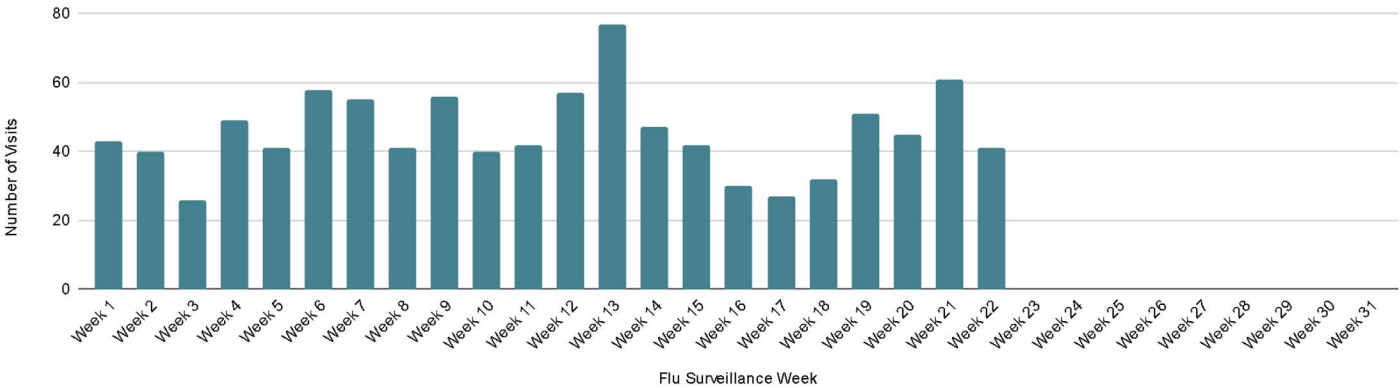
**Hospitalizations:** In Week 21, Summit County hospitals reported 68 influenza-associated hospitalizations. Hospital surveillance data is incomplete for week 22, this will be updated once data is available. **Figure 2** displays weekly confirmed hospitalization counts for Summit County.

**Figure 2. Summit County weekly influenza-associated hospitalizations, 2023-2024 season and previous five seasons**

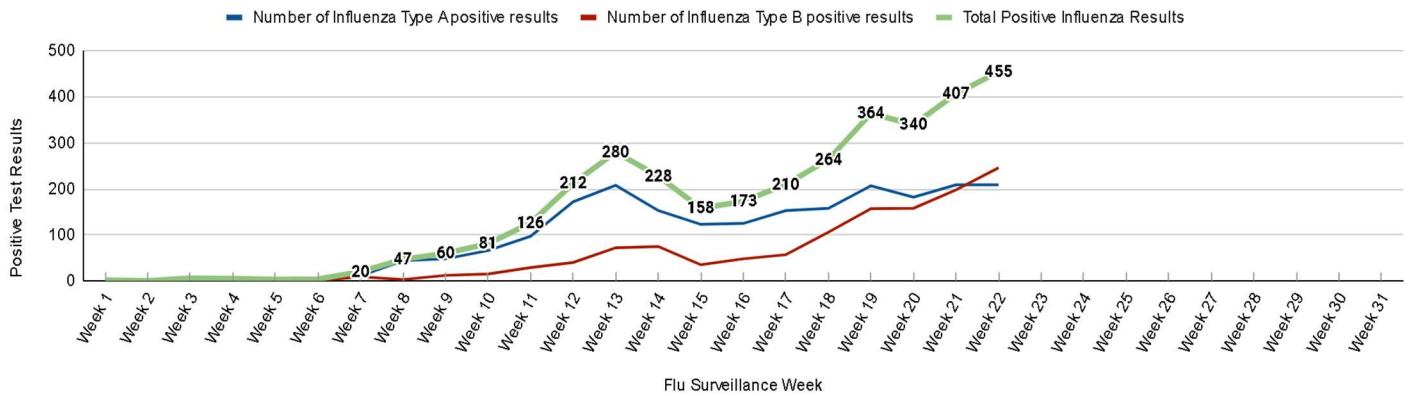


**EpiCenter** collects and analyzes health related data in real time to provide information about the health of the community. This system tracks ER visits related to constitutional complaints and fever and ILI. **Figure 3** displays the weekly ER visits related to ILI and flu symptoms in Summit County. **\*\*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**

**Ohio Department of Health Seasonal Influenza Activity Summary Week ending on 3/2/2024**

Activity Indicators (Week ending on 3/2/2024)				
Data Source	Current Week	Percent Change from last week	Trend Direction	<div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Above 5 yr Average</span> <span>5 yr Average</span> </div> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Below 5 yr Average</span> <span>Current Season Percent</span> </div>
<b>% of Outpatient Visits</b> Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	7.44%	-4.62%	↓	
<b>Thermometer Sales</b> (National Retail Data Monitor)	0.57%	3.64%	↑	
<b>% of Emergency Department (ED) Visits</b> Fever and ILI Specified ED Visits (EpiCenter)	2.52%	-3.82%	↓	
<b>% of ED Visits</b> Constitutional ED Visits (EpiCenter)	14.17%	-1.12%	↓	
<b>Hospitalizations</b> Confirmed Influenza a-associated Hospitalizations (Ohio Disease Reporting System)	927	27.69%	↑	

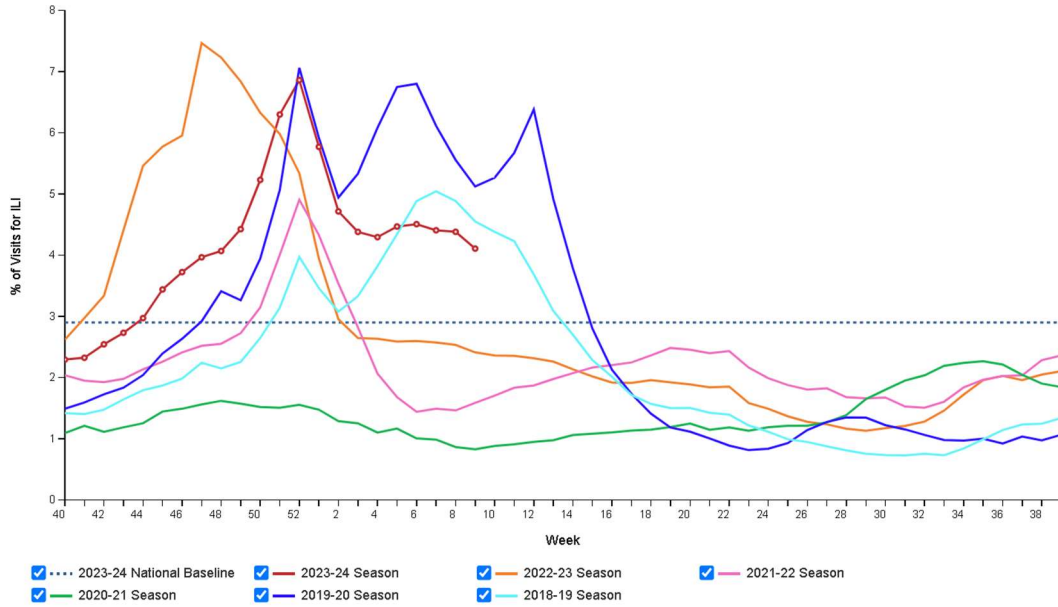
Details pertaining to the table above as well as other Ohio Influenza data can be found here → Source: <https://odh.ohio.gov/know-our-programs/seasonal-influenza/influenza-dashboard>

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

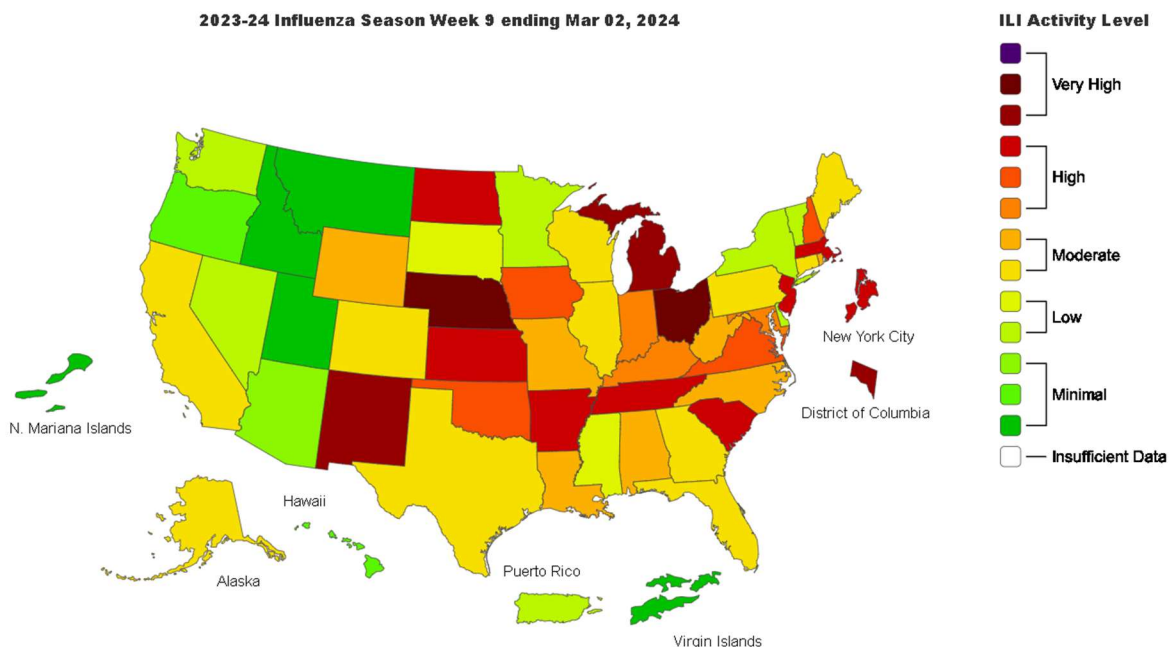
## National Outpatient Illness Surveillance:

Nationwide, during Week 9, 4.1% 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 decreased (change of > 0.1 percentage points) compared to Week 8. The percentage of visits for ILI remained stable in regions 2, 3, 5, and 7, and decreased in regions 1, 4, 6, 8, 9, and 10 in Week 9 compared to Week 8. Regions 8 and 10 are below their region-specific baselines in Week 9 for the first time since early and mid-November respectively, while all other regions remain above 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, 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:

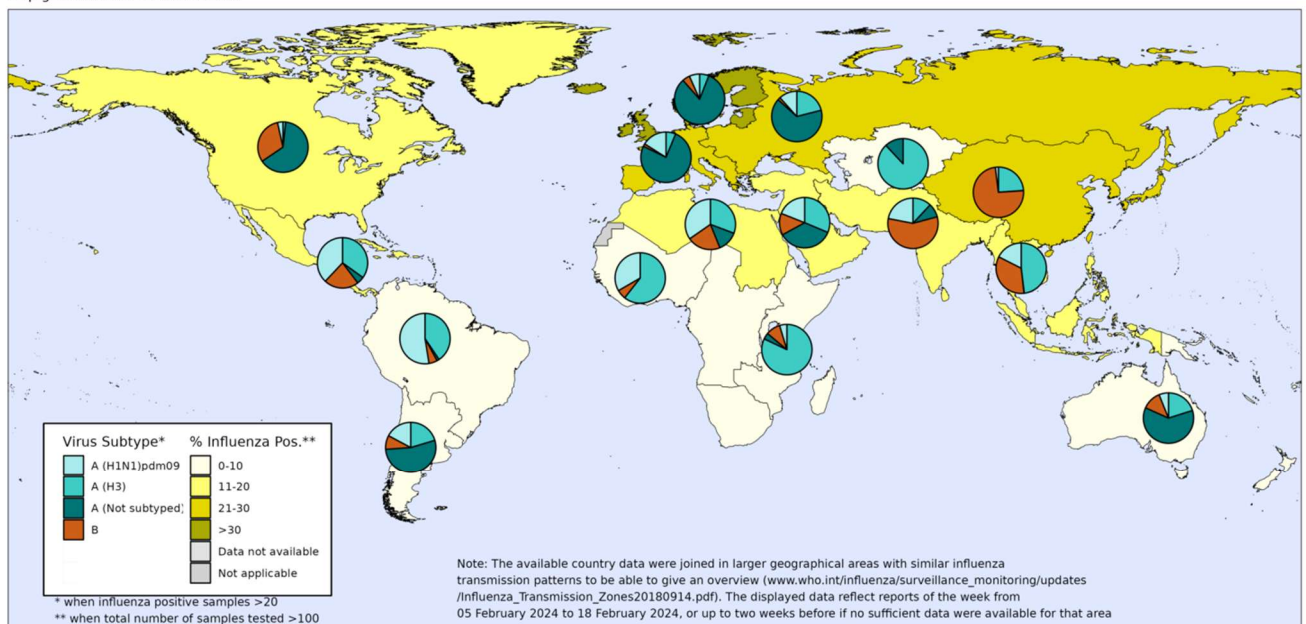
Influenza Update N° 466 4 March 2024, based on data up to 18 February 2023

- **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 activity remained elevated in most northern hemisphere countries, although globally, influenza virus detections decreased. Influenza A viruses remain predominant globally.
- In the countries of North America, influenza activity remained within or below expected levels for this time of year in Canada and remained elevated but may have peaked in the United States of America (USA), with some indicators showing decreases. Influenza A(H1N1)pdm09 viruses predominated.
- In Europe and Central Asia, influenza activity decreased but remained elevated. Of 40 reporting countries, influenza activity was reported at very high intensity in two, high intensity in four, medium intensity in 19, low intensity in 13 and below baseline in two, and geographic spread was widespread in majority of reporting countries. Influenza hospitalizations and intensive care unit (ICU) admissions decreased but remained elevated. Influenza A virus detections predominated among detections in primary and secondary care sentinel surveillance, with A(H1N1)pdm09 viruses predominant.
- In Northern Africa, influenza detections decreased with detections of all seasonal influenza subtypes reported.
- In Eastern Asia, influenza activity continued to decrease overall.
- In Western Asia, influenza activity increased in Georgia and Israel and remained elevated in Armenia with detections of predominantly influenza A viruses.
- In the Central American and Caribbean countries, influenza activity was at low levels overall. Influenza A(H1N1)pdm09 and A(H3N2) viruses predominated followed by B/Victoria lineage viruses.
- In tropical South America, influenza activity remained low with detections of influenza A viruses reported in some countries.
- In tropical Africa, influenza detections remained low in most reporting countries with a few exceptions and influenza A(H3N2) viruses predominated.
- In Southern Asia, overall influenza activity remained stable at a low level with all seasonal influenza subtypes detected.
- In South-East Asia, influenza positivity overall, driven by all seasonal subtypes, remained elevated, mainly driven by detections in Malaysia and Singapore.
- In the temperate zones of the southern hemisphere, indicators of influenza activity were reported at low levels or below seasonal thresholds in most reporting countries.
- National Influenza Centres (NICs) and other national influenza laboratories from 124 countries, areas or territories reported data to FluNet for the time period from 05 February 2024 to 18 February 2024\* (data as of 01/03/2024 07:48:33 AM UTC). The WHO GISRS laboratories tested more than 544 975 specimens during that time period. 96 018 were positive for influenza viruses, of which 69 483 (72.4%) were typed as influenza A and 26 535 (27.6%) as influenza B. Of the sub-typed influenza A viruses, 6680 (45.8%) were influenza A(H1N1)pdm09 and 7900 (54.2%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (10 918) belonged to the B/Victoria lineage.
- Globally, SARS-CoV-2 positivity from sentinel surveillance remained below 10%. Positivity remained below 10% in all WHO Regions with exception of the Region of the Americas where positivity was around 17% and in the Western Pacific Region where positivity increased to 13%. SARS-CoV-2 positivity from non-sentinel surveillance increased to around 18% globally in the most recent week.



- In countries with RSV surveillance in place, RSV activity was stable or decreased in the USA, Canada, Egypt and most countries in Europe, except the Russian Federation. RSV detections increased slightly in New South Wales of Australia, Mozambique, New Zealand and South Africa.
- 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 89 countries, areas or territories from six WHO regions (African Region: 13; Region of the Americas: 19; Eastern Mediterranean Region: 6; European Region: 36; South-East Asia Region: 8; Western Pacific Region: 7) reported to FluNet from sentinel surveillance sites for the time period from 05 February January 2024 to 18 February 2024\* (data as of 01/03/2024 07:48:33 AM UTC). The WHO GISRS laboratories tested more than 33 310 sentinel specimens during that time period and 3038 (9.1%) were positive for SARS-CoV-2. Additionally, more than 823 935 non-sentinel or undefined reporting source samples were tested in the same period and 98 562 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 01 March 2024



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-466>

**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@sched.org](mailto:cdu@sched.org)). This report was issued on March 8, 2024