



**Summit County Public Health
Influenza Surveillance Report
2023 – 2024 Season
Report #26**



**Flu Surveillance Weeks 27 & 28 (3/31/2024 to 4/13/2024)
Centers for Disease Control and Prevention MMWR Weeks 14 & 15**

Summit County Surveillance Data:

In **Weeks 27 & 28** of influenza surveillance, influenza-related activity was very low¹ in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 27 MMWR 14 N (%) ¹	Week 28 MMWR 15 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
<u>Test Performed</u>	830	736	-11.3%	2↓
<u>Positive Tests (Number and %)</u>	88 (10.6%)	54 (7.3%)	-30.8%	6↓
Influenza A (Number and %)	62 (7.5%)	39 (5.3%)	-29.1%	1↓
Influenza B (Number and %)	26 (3.1%)	15 (2.0%)	-34.9%	6↓
<u>Acute care hospitalizations for Influenza:</u>	14	12	-14.3%	2↓
Schools absenteeism²	N/A	8.5	-	-
Deaths (occurred in Summit County)				
Pneumonia associated	13	4	-69.2%	1↓
<u>Influenza associated</u>	0	0	-	NC
COVID-19 associated	1	3	200.0%	1↑
Emergency room visits (EpiCenter)³ (Figure 3)**				
Total ED Visits	3638	3824	5.1%	2↑
Constitutional Complaints	301	237	-25.1%	1↓
<u>Fever and ILI</u>	29	21	-31.1%	3↓
<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. 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.</p> <p>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</p>				

Lab reports: During week 27 and 28 of influenza surveillance, reporting Summit County facilities performed 1,566 flu tests, of which 142 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 14 reported admissions during week 27 and 12 admissions for week 28. **Figure 2** displays hospitalizations in Summit County.

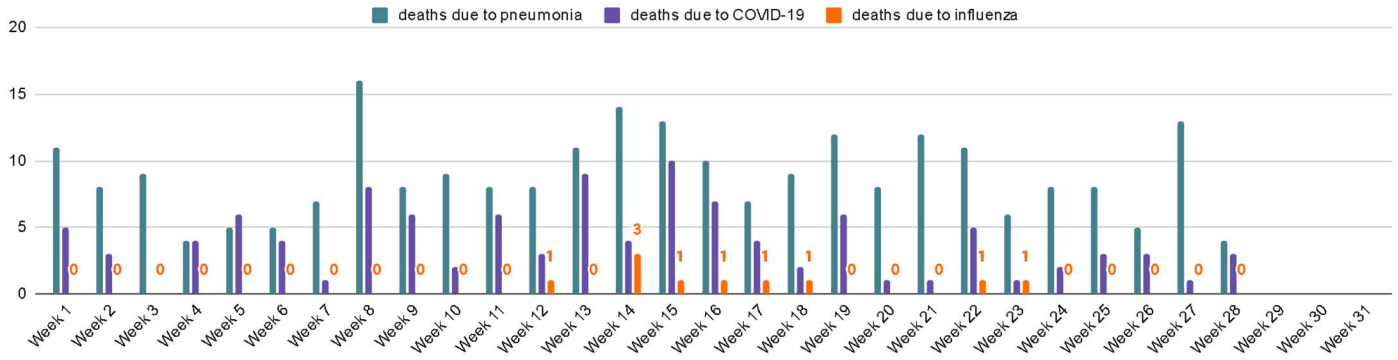
School absenteeism includes absences regardless of reason. The absence rate cannot be accurately compared for these weeks due to spring break.

0 deaths related to influenza, 4 COVID-19 related deaths and 17 pneumonia related deaths occurred in Summit County during week 27 and 28. Influenza associated deaths remained at 0, COVID-19 associated deaths increased and pneumonia associated deaths decreased.

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

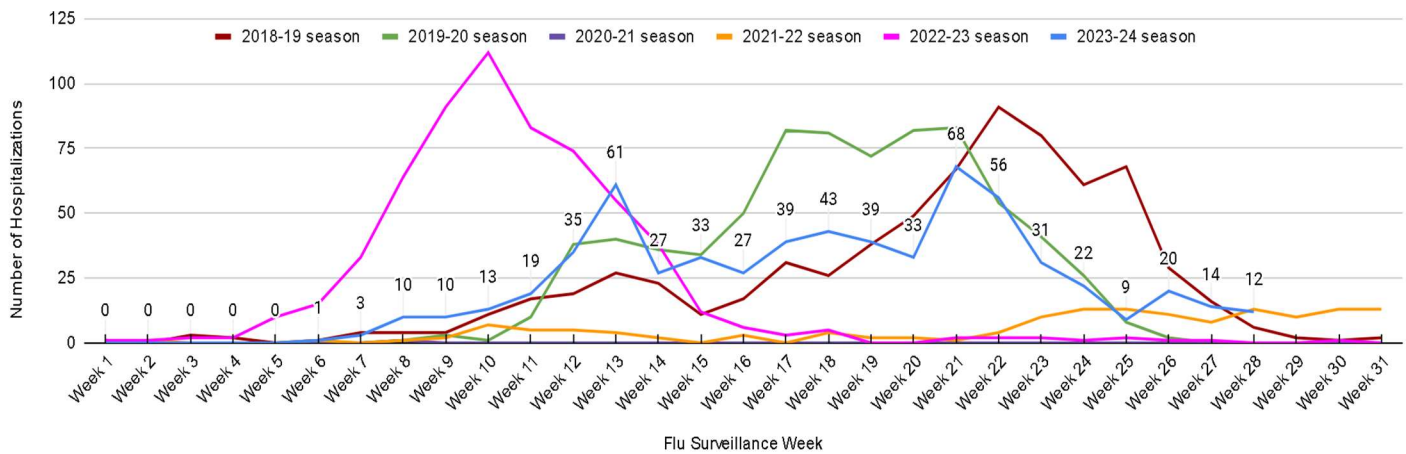
¹The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of underlined table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high), 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 27, Summit County hospitals reported 14 influenza-associated hospitalizations, 12 hospitalizations were reported during Week 28. **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

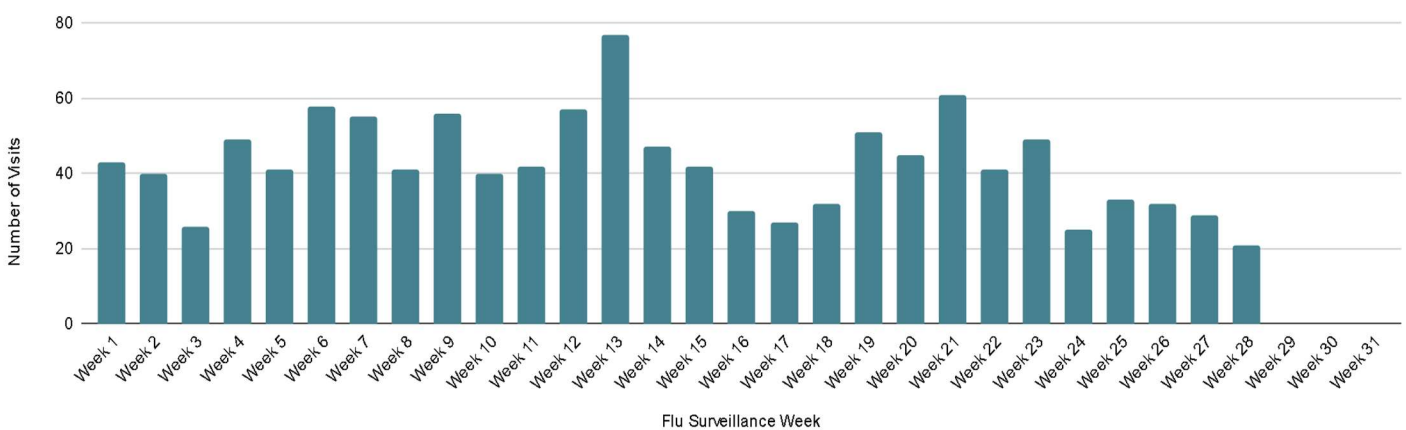
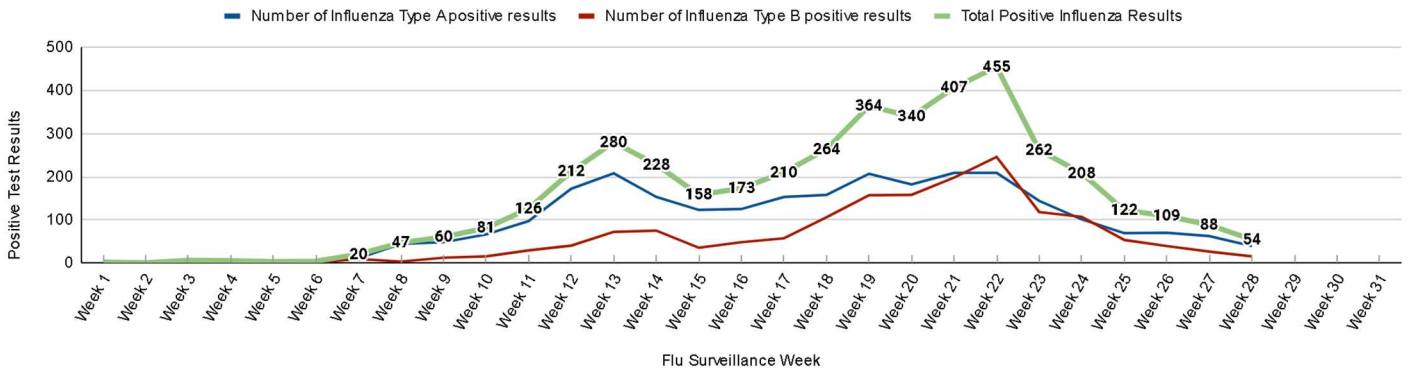


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – **Minimal**

Ohio Department of Health Seasonal Influenza Activity Summary Week ending on 4/13/2024

Activity Indicators (Week ending on 4/13/2024)				
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)	2.47%	-16.84%	↓	
Thermometer Sales (National Retail Data Monitor)	0.23%	-4.17%	↓	
% of Emergency Department (ED) Visits Fever and ILI Specified ED Visits (EpiCenter)	1.22%	-12.86%	↓	
% of ED Visits Constitutional ED Visits (EpiCenter)	9.16%	-6.72%	↓	
Hospitalizations Confirmed Influenza a-associated Hospitalizations (Ohio Disease Reporting System)	237	-27.74%	↓	

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:

Nationally, during Week 15, 2.5% 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) since Week 14 and is below the national baseline. The percentage of visits for ILI decreased in regions 1, 2, 3, 4, 5, 6, and 7 and remained stable in regions 8, 9, and 10 in Week 15 compared to Week 14. Region 1 is above its region-specific baseline, and all other regions are below their respective 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.

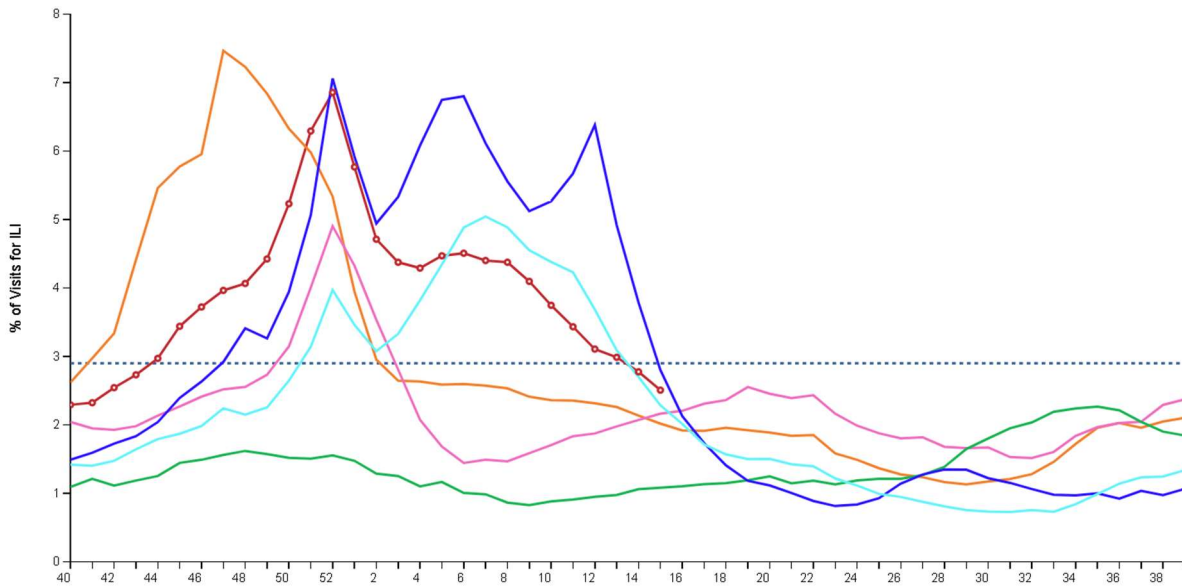
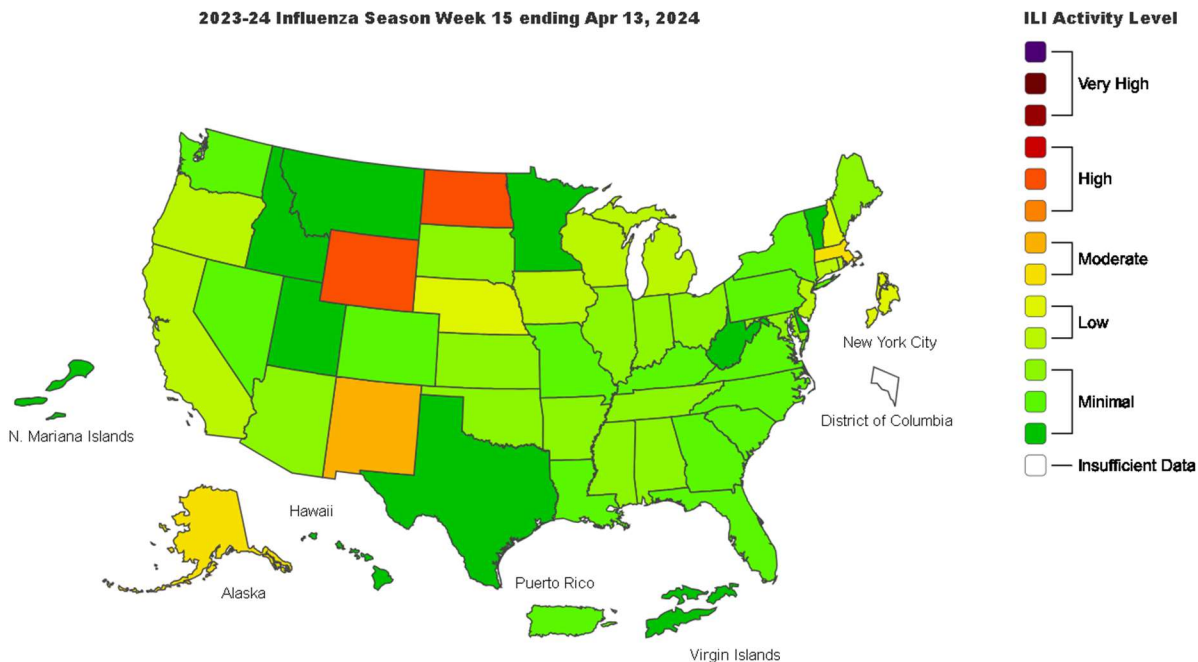


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 470 11 April 2024 | For reporting week 13 of 2024, which ended 24 March

Influenza Summary

- Influenza activity continued to decline in temperate zones of northern hemisphere. Globally, the proportion of influenza B viruses increased compared with the previous week. The predominant virus varied by geographical area.
- In the temperate zones of southern hemisphere, influenza activity remained low with few exceptions in South America, where influenza activity with mainly influenza A viruses is elevated

Figure 7. Proportion of sentinel specimens testing positive for influenza

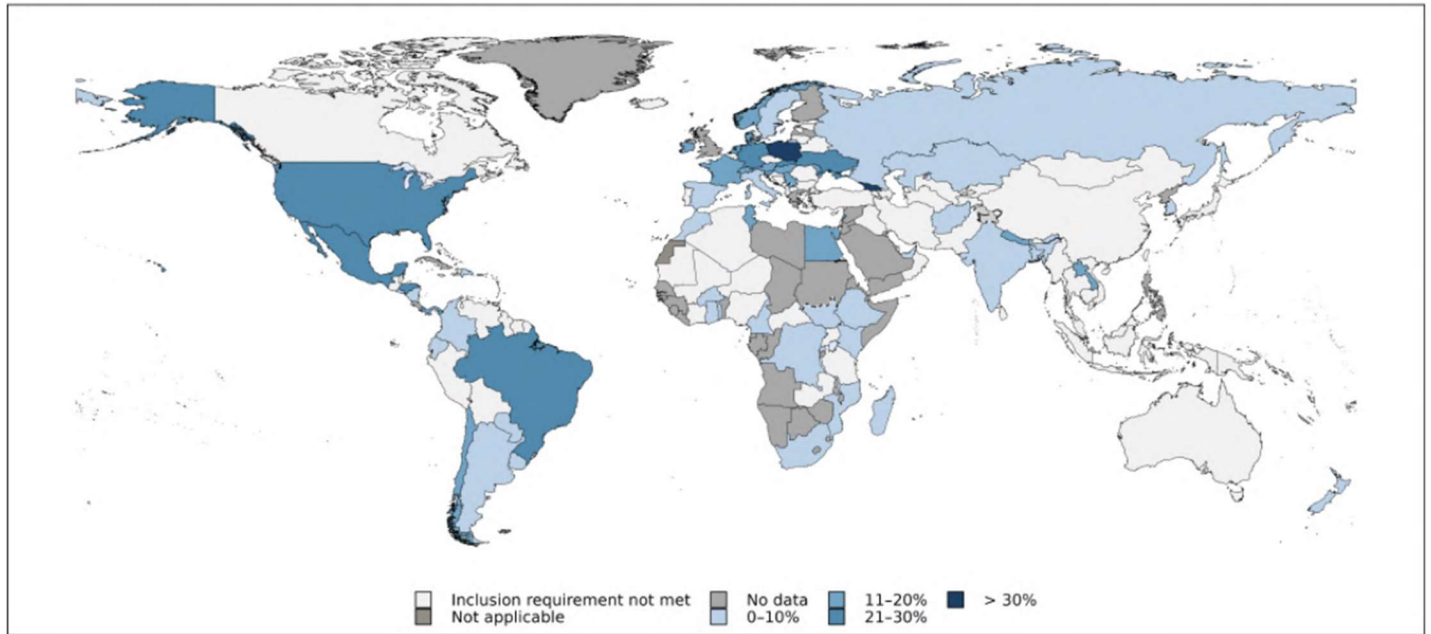
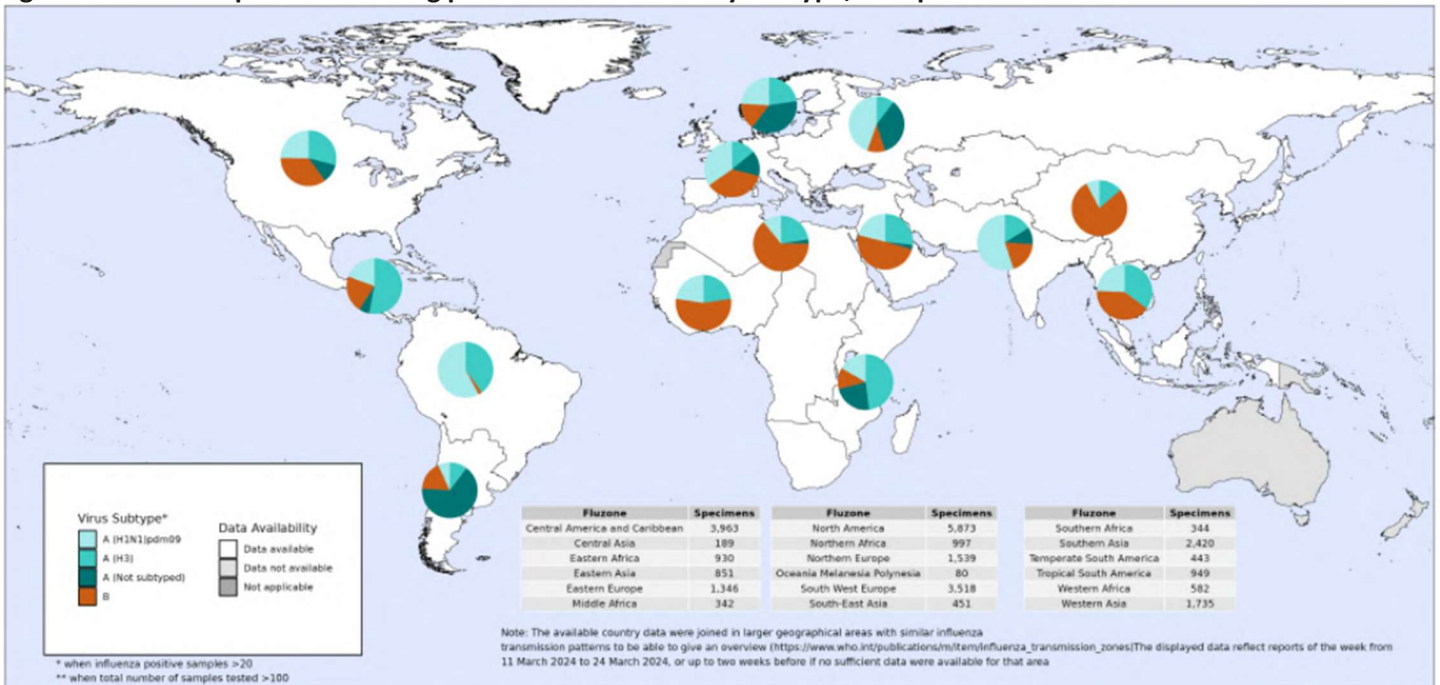


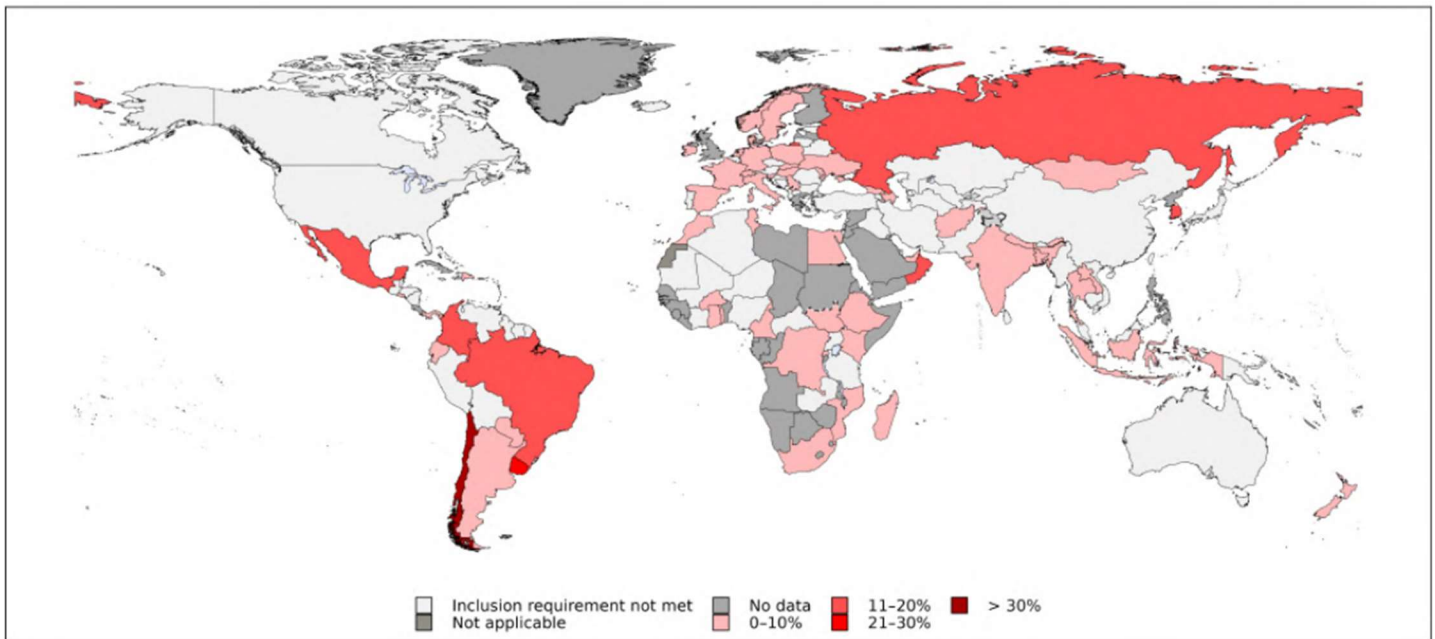
Figure 8. Sentinel specimens testing positive for influenza by subtype, as reported in FluNet



SARS-CoV-2 Summary

- SARS-CoV-2 activity from sentinel surveillance, from 73 countries/areas/territories that met inclusion criteria*, overall remains low but is elevated in some countries of South and Central America, Eastern Europe, West Africa, West, Central, and East Asia, and Oceania. Increases in activity have been reported in Northern Europe, Eastern and Western Africa since the prior week.

Figure 9. Proportion of sentinel specimens testing positive for SARS-CoV-2



Source: <https://www.who.int/publications/m/item/influenza-update-n--470>

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@sched.org). This report was issued on April 19, 2024.