



Summit County Public Health Influenza Surveillance Report 2022 – 2023 Season



Report #11 Flu Surveillance Weeks 13 & 14 (12/25/2022 to 1/7/2023) Centers for Disease Control and Prevention MMWR Weeks 52 & 1

Summit County Surveillance Data:

In Weeks 13 & 14 of influenza surveillance, influenza-related activity was Low¹ in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 13 MMWR 52 N (%) ¹	Week 14 MMWR 1 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	1239	1037	-16.3	↓6
Positive Tests (Number and %)	217 (17.5)	113 (10.9)	-37.8%	↓5
Influenza A (Number and %)	216 (17.4)	113 (10.9)	-37.5%	↓5
Influenza B (Number and %)	1 (0.08)	0 (0.0)	-100.0%	↓2
Acute care hospitalizations for Influenza:	55	38	-30.9%	↓4
Schools absenteeism²	-	-	-	-
Deaths (occurred in Summit County)				
Pneumonia associated	10	15	50.0%	↑3
Influenza associated	4	4	0.0%	-
COVID-19 associated	8	4	-50.0%	↓1
Emergency room visits (EpiCenter)³ (Figure 3)**				
Total ED Visits	-	-	-	-
Constitutional Complaints	-	-	-	-
Fever and ILI	-	-	-	-
<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 temporary programming issue in one or more of the reporting facilities. **A significant number of ER visits are expected to be unaccounted for at this time** 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 13 & 14 of influenza surveillance, reporting Summit County facilities performed 2,276 flu tests, of which 330 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 93 reported admissions during week 13 & 14. **Figure 2** displays hospitalizations in Summit County.

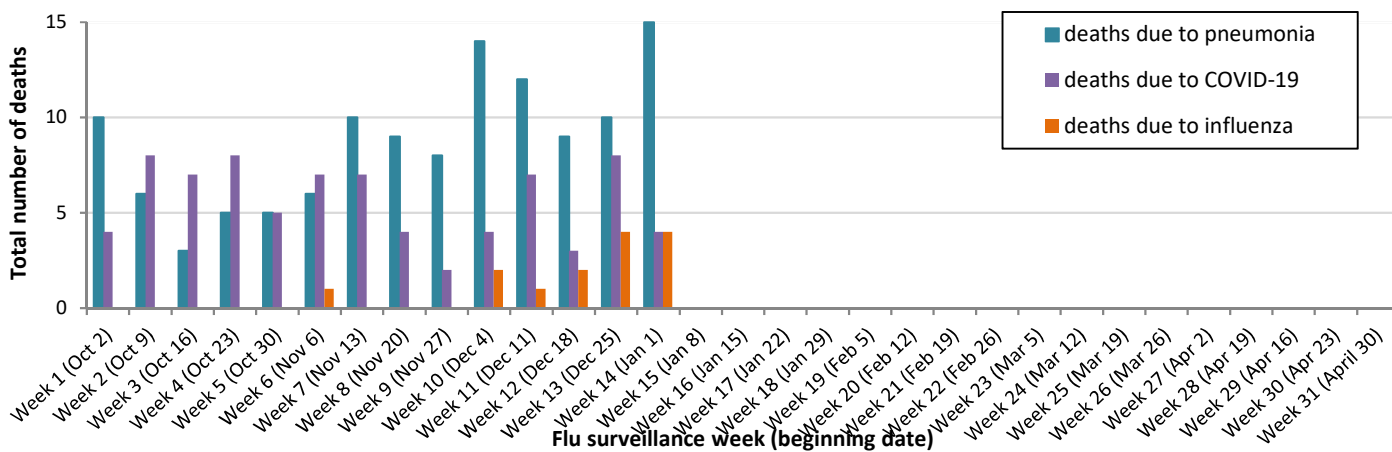
School absenteeism includes absences regardless of reasoning. Week 13 included holiday break for all schools in the district. Reporting will resume when school is back in session.

8 deaths related to influenza, 12 COVID-19 related deaths and 25 pneumonia related deaths occurred in Summit County during week 13 & 14. The number of pneumonia associated deaths increased in Week 14 and COVID-19 deaths decreased.

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

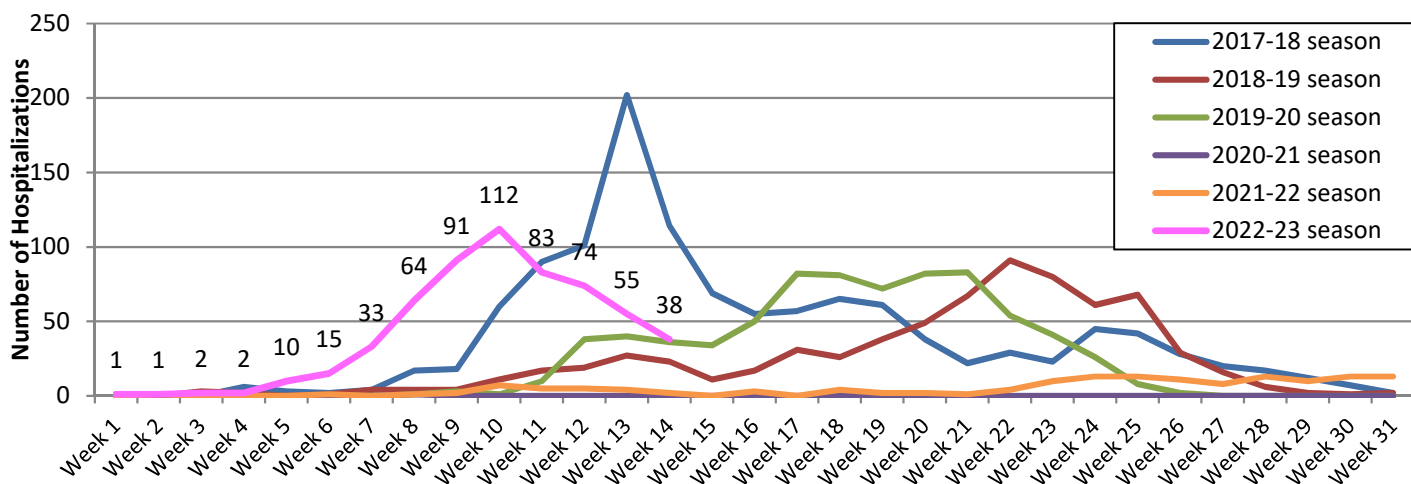
¹The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high), 5/5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

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



Hospitalizations: In Week 13, Summit County hospitals reported 55 influenza-associated hospitalizations. In Week 14 there were 38 influenza-associated hospitalizations. **Figure 2** displays weekly confirmed hospitalization counts for Summit County.

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. ****A significant number of ER visits are expected to be unaccounted for at this time**** The graph containing ER deaths will be updated once the data is available for weeks 10-14.

Figure 3. Weekly ED visits in Summit County related to Fever + ILI stratified by age groups, 2022 to 2023 season

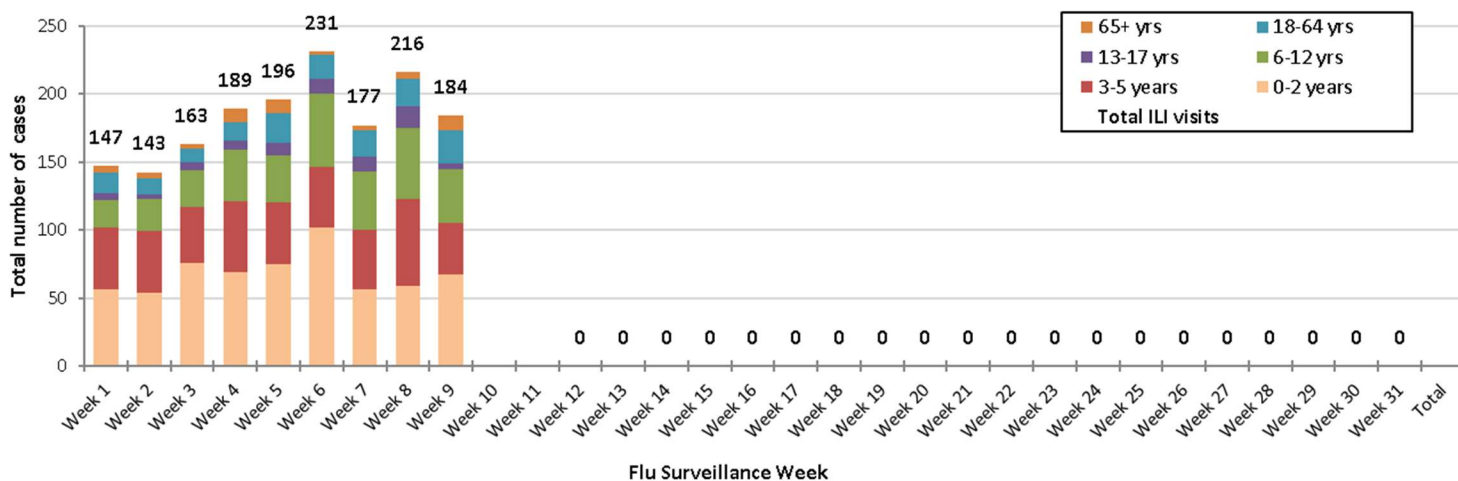
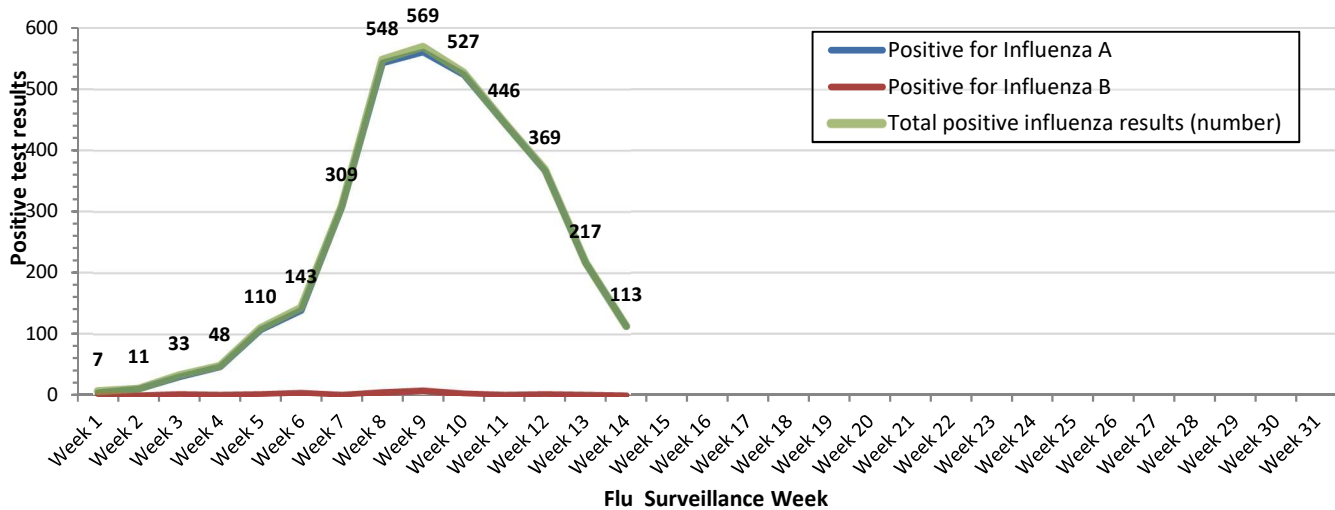


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2022 - 2023 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) –Low

During MMWR Week 1, public health surveillance data sources indicate low 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 decreased and are below baseline levels statewide. Reported cases of influenza associated hospitalizations increased. There were 818 influenza-associated hospitalizations reported during MMWR Week 1.

Data Source	Current week value	Percent Change from last week ¹	# of weeks ²	Trend Chart ³
Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	4.20%	-38.78%	↓ 6	
Thermometer Sales (National Retail Data Monitor)⁴	0.66%	0.00%	—	
Fever and ILI Specified ED Visits (EpiCenter)	1.77%	-27.16%	↓ 6	
Constitutional ED Visits (EpiCenter)	11.03%	-16.38%	↓ 6	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	818	-7.15%	↓ 1	

¹Interpret percent changes with caution. Large variability may be exhibited in data sources with low weekly values.
²Number of weeks that the % change is increasing or decreasing.
³Black 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.
⁴Due 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.

Ohio Department of Health Seasonal Influenza Activity Summary December 25th – December 31st, 2022

Source <https://odh.ohio.gov/know-our-programs/seasonal-influenza/activity-reports-2022-2023/seasonal-influenza-week-49-20222023>

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 102,400 tests for influenza performed at participating facilities; of these, 935 tested positive for influenza A(H1N1pdm09), 1,117 for influenza A(H3N2), 20,261 for influenza A (subtyping not performed), and 98 for influenza B (through 01/07/2023).
- Three influenza-associated pediatric mortalities have been reported so far during the 2022-2023 influenza season (through 01/07/2023).
- No novel influenza A virus infections have been reported so far during the 2022-2023 influenza season (through 01/07/2023).
- Incidence of confirmed influenza-associated hospitalizations in 2022-2023 season = 7,967 (through 01/07/2023)

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

National Outpatient Illness Surveillance:

Nationwide during week 1, 4.0% 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 is above the national baseline of 2.5%. The percent of patient visits for respiratory illness decreased for all regions during week 1 compared to week 52 but remains above their region-specific baselines in all regions. 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.

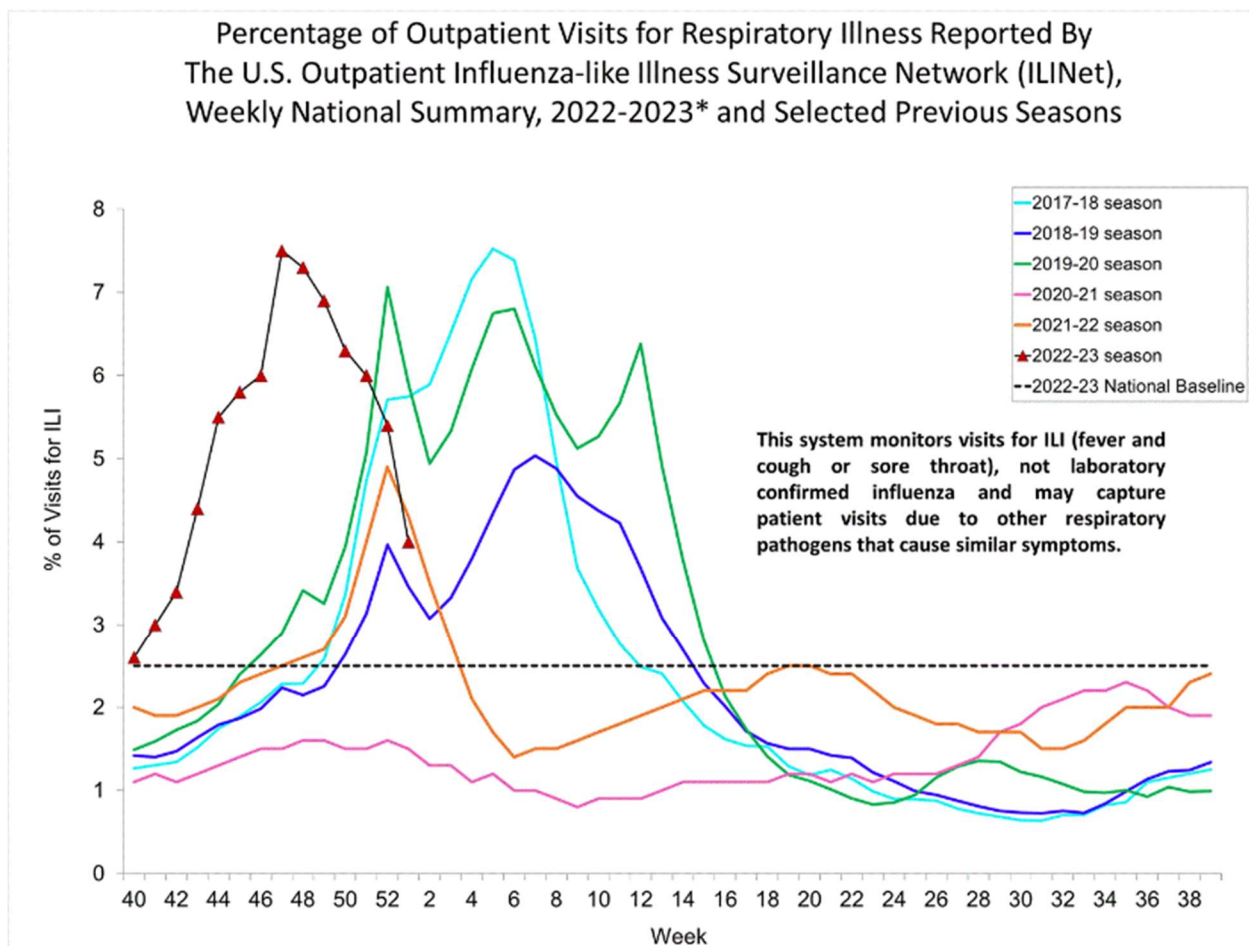
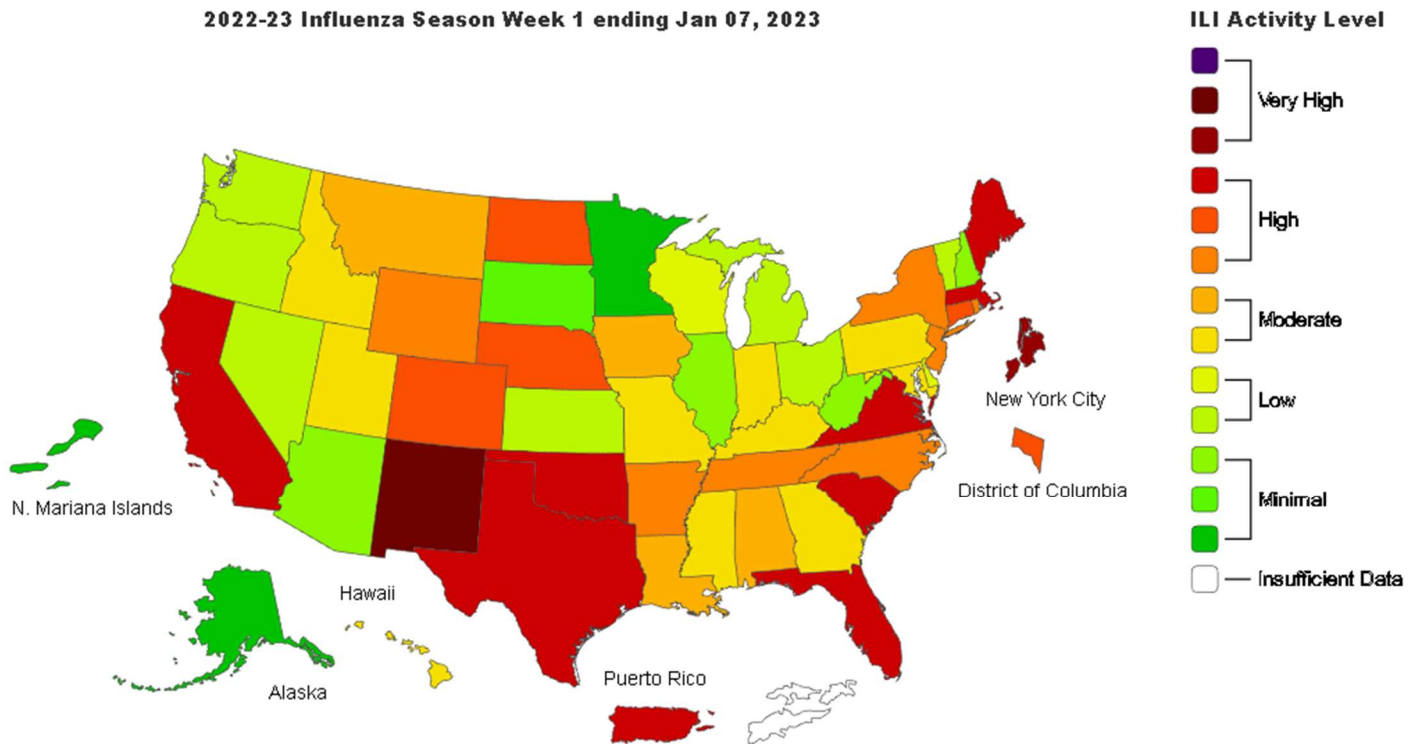


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 436 09 January 2023, based on data up to 25 December 2022. The Update is published every two weeks.

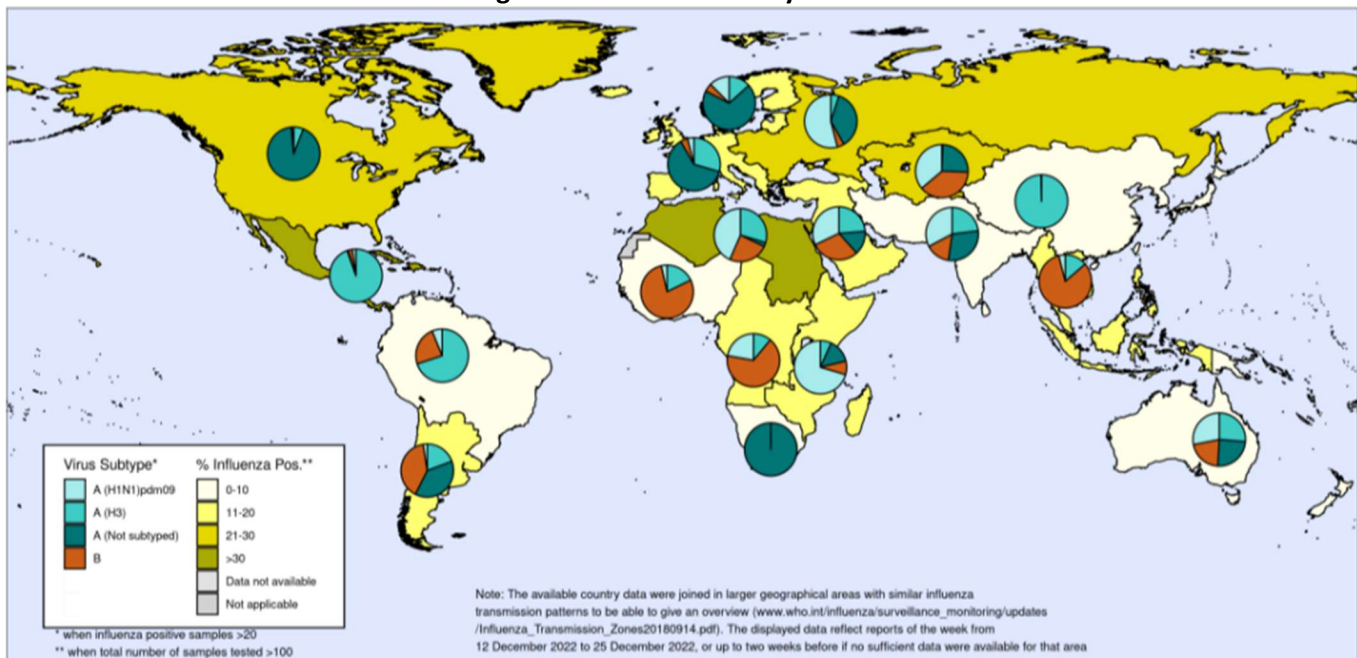
Summary

- Countries are recommended to monitor the relative co-circulation of influenza and SARS-CoV-2 viruses and report to FluNet and FLUID directly or via regional platforms. They are encouraged to enhance integrated surveillance, and in northern hemisphere countries step up their influenza vaccination campaign to prevent severe disease and hospitalizations associated with influenza. Clinicians should consider influenza in differential diagnosis, especially for high-risk groups for influenza, and test and treat according to national guidance. Because of changes in surveillance of respiratory viruses during the COVID-19 pandemic, comparisons of current data with that from previous seasons should be interpreted with caution. Under-reporting due to the end of the year holidays may affect the data and conclusions below.
- Globally, influenza activity remained elevated due to activity in the northern hemisphere. Where subtyped, influenza A viruses predominated with a slightly larger proportion of A(H3N2) viruses detected among the subtyped influenza A viruses.
- In the countries of North America, most indicators of influenza activity decreased while others were stable or continued to increase. Many indicators were at, or above, levels typically observed at this time of year, and some were near or above levels observed at the peak of previous severe epidemics. Influenza A(H3N2) was the predominant virus detected.
- In Europe, overall influenza activity continued to increase with influenza positivity from sentinel sites remaining above the epidemic threshold at the regional level. Overall, influenza A viruses predominated with A(H3N2) viruses accounting for the majority of subtyped influenza viruses from primary care sentinel sites but with regional differences. Half of reporting countries signalled high or very high intensity. In central Asia,

influenza activity increased with influenza A(H1N1)pdm09 viruses predominant followed by influenza B viruses.

- In Northern Africa, influenza detections increased among reporting countries with all seasonal subtypes detected.
- In Western Asia, influenza activity decreased overall with all seasonal influenza subtypes detected, though increased activity was reported in some countries.
- In East Asia, influenza activity of predominantly influenza A(H3N2) viruses remained low overall among reporting countries but with increases reported in Mongolia and the Republic of Korea.
- In the Caribbean and Central American countries, influenza activity of predominantly influenza A(H3N2) viruses decreased overall but remained elevated in Mexico.
- In the tropical countries of South America, influenza detections were generally low, and A(H3N2) viruses predominated. Influenza positivity was at a moderate level in Ecuador.
- In tropical Africa, influenza activity remained low with detections of all seasonal influenza subtypes reported. Activity increased in some countries in Eastern Africa.
- In Southern Asia, influenza activity remained at a low level, mainly due to decreased activity reported in Iran (Islamic Republic of). Influenza A(H1N1)pdm09 was the most frequently detected subtype in the subregion.
- In South-East Asia, detections of predominantly influenza B remained elevated due to continued detections reported in Malaysia.
- In the temperate zones of the southern hemisphere, influenza activity decreased in Argentina and Chile to low levels and remained low elsewhere.

Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 09 January 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/flu-net)
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Source: <https://www.who.int/publications/m/item/influenza-update-n-436>

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 13, 2023.