



**Summit County Public Health
Influenza Surveillance Report
2022 – 2023 Season
Report #22**



**Flu Surveillance Weeks 24 & 25 (3/12/2023 to 3/26/2023)
Centers for Disease Control and Prevention MMWR Weeks 11 & 12**

Summit County Surveillance Data:

In Weeks 24 & 25 of influenza surveillance, influenza-related activity was Moderate¹ in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 24 MMWR 11 N (%) ¹	Week 25 MMWR 12 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	813	737	-9.3%	↓1
Positive Tests (Number and %)	7 (0.9)	9 (1.2)	41.8%	↑1
Influenza A (Number and %)	7 (0.9)	7 (0.9)	10.3%	-
Influenza B (Number and %)	0 (0.0)	2 (0.3)	-	↑1
Acute care hospitalizations for Influenza:	1	2	100.0%	↑1
Schools absenteeism²	10.7	11.7	9.4%	↑3
Deaths (occurred in Summit County)				
Pneumonia associated	9	6	-33.3%	↓1
Influenza associated	0	1	100.0%	↑1
COVID-19 associated	2	0	-100.0%	↓2
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 24 and 25 of influenza surveillance, reporting Summit County facilities performed 1,550 flu tests, of which 9 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 2 reported admissions during week 25, this was one more than the previous week. **Figure 2** displays hospitalizations in Summit County.

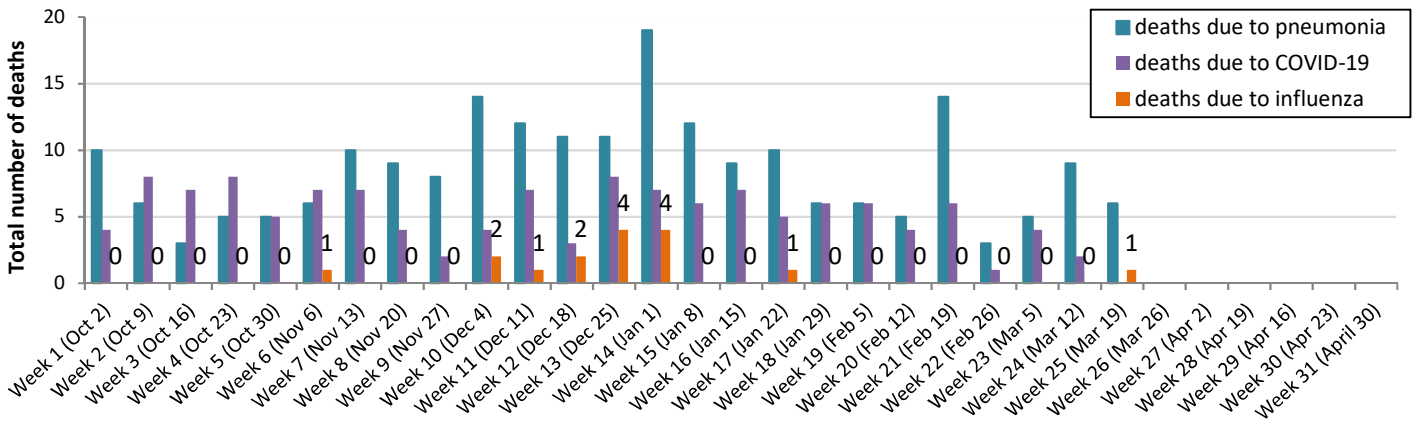
School absenteeism includes absences regardless of reasoning. There was a 9.4% increase in school absences from week 24 to 25.

1 influenza related death, 2 COVID-19 related deaths and 15 pneumonia related deaths occurred in Summit County during week 24 & 25. The number of influenza associated deaths increased while pneumonia and COVID associated deaths decreased from week 24 to 25.

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

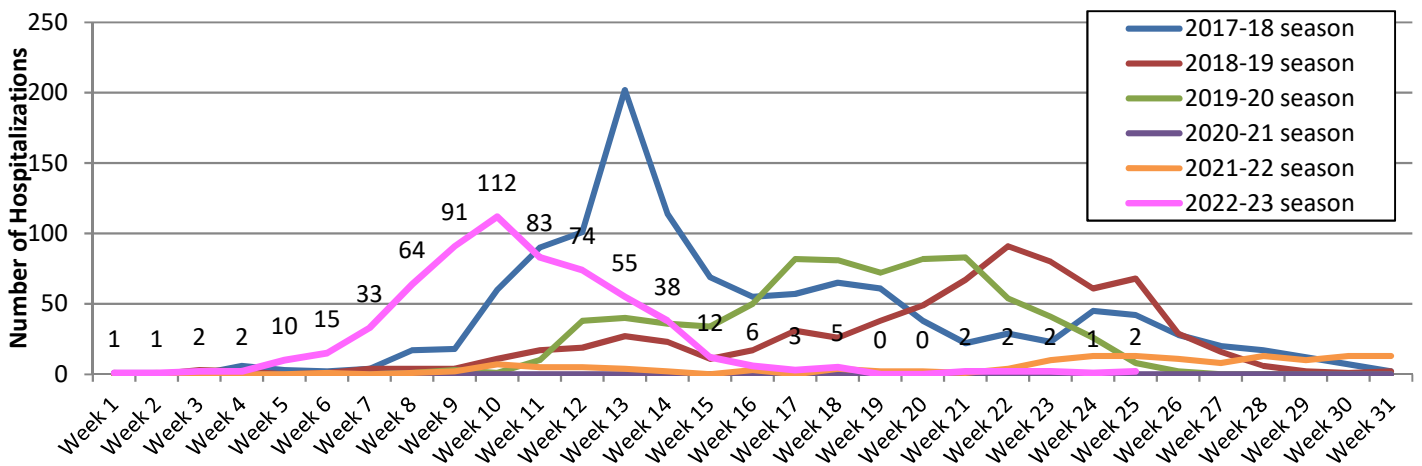
¹The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high), 5/5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

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



Hospitalizations: In Week 24, Summit County hospitals reported 1 influenza-associated hospitalization. In Week 25 there were 2 new 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 10-25.

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

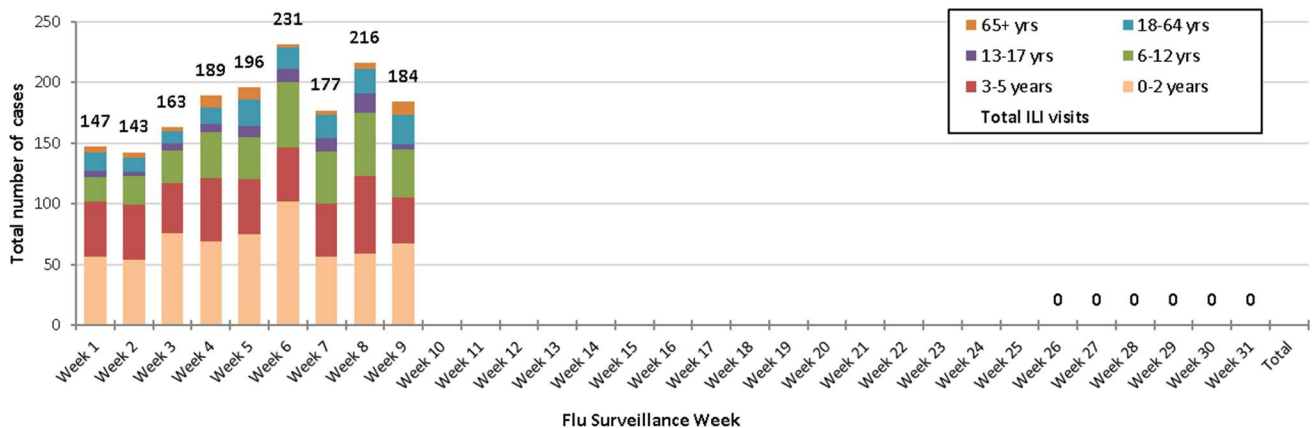
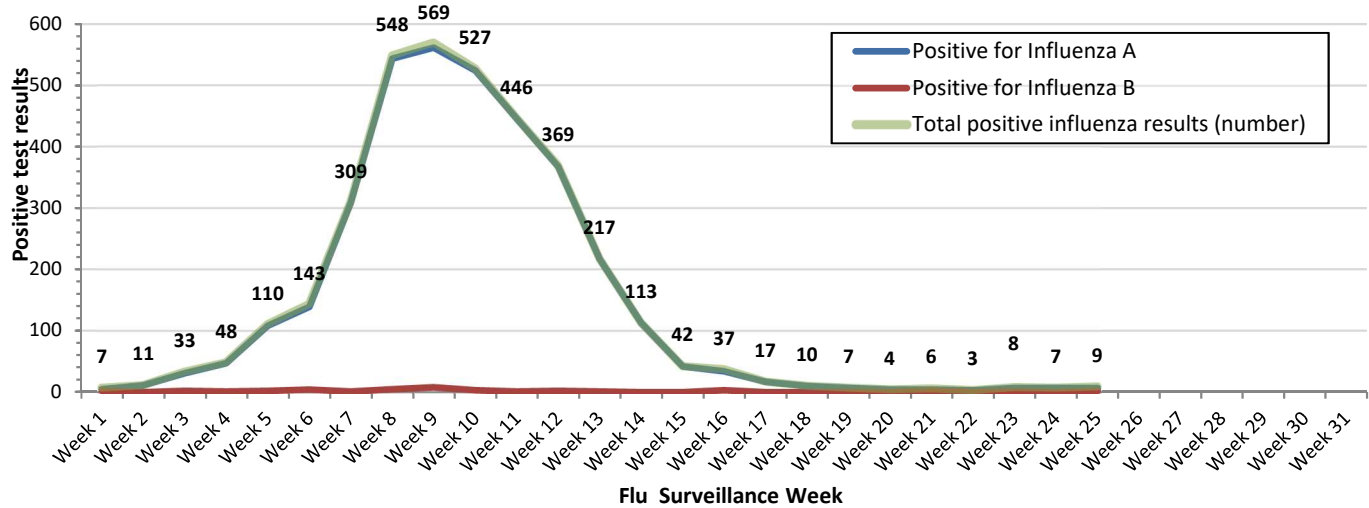


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2022 - 2023 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) –Minimal

During MMWR Week 12, public health surveillance data sources indicate minimal intensity for influenza-like illness (ILI) in outpatient settings reported by Ohio’s sentinel ILINet providers. The percentage of emergency department (ED) visits with patients exhibiting constitutional symptoms and fever/ILI specified ED visits are below baseline levels statewide. Reported cases of influenza-associated hospitalizations decreased. There were 25 influenza-associated hospitalizations reported during MMWR Week 12.

Ohio Department of Health Seasonal Influenza Activity Summary March 19th – March 25th, 2023

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)	2.45%	-8.92%	↓ 1	
Thermometer Sales (National Retail Data Monitor) ⁴	0.45%	-6.25%	↓ 3	
Fever and ILI Specified ED Visits (EpiCenter)	1.68%	-4.55%	↓ 1	
Constitutional ED Visits (EpiCenter)	10.11%	0.10%	↑ 2	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	25	-39.02%	↓ 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.

Source: <https://odh.ohio.gov/know-our-programs/seasonal-influenza/activity-reports-2022-2023/seasonal-influenza-week-12-20222023>

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 149,370 tests for influenza performed at participating facilities; of these, 1,088 tested positive for influenza A(H1N1pdm09), 1,255 for influenza A(H3N2), 21,563 for influenza A (subtyping not performed), and 166 for influenza B (through 03/25/2023).
- Five influenza-associated pediatric mortalities have been reported so far during the 2022-2023 influenza season (through 03/25/2023).
- No novel influenza A virus infections have been reported so far during the 2022-2023 influenza season (through 03/25/2023).
- Incidence of confirmed influenza-associated hospitalizations in 2022-2023 season = 8,968 (through 03/25/2023).

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

National Outpatient Illness Surveillance:

Nationwide during week 12, 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 compared to week 11 and is below the national baseline of 2.5%. Eight of the 10 HHS regions are below their respective baselines; regions 2 and 9 are at or above 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, 2022-2023* and Selected Previous Seasons.

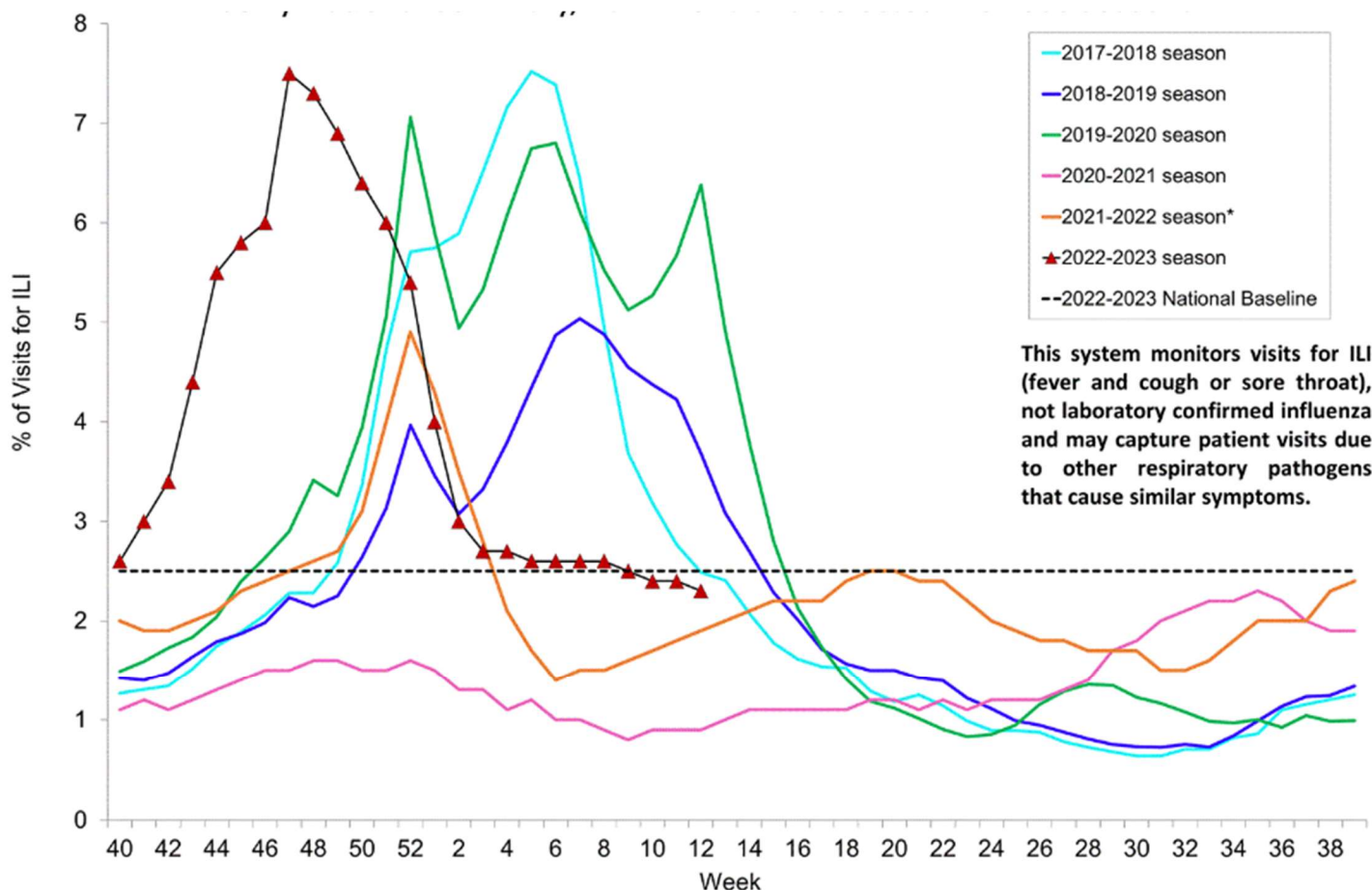
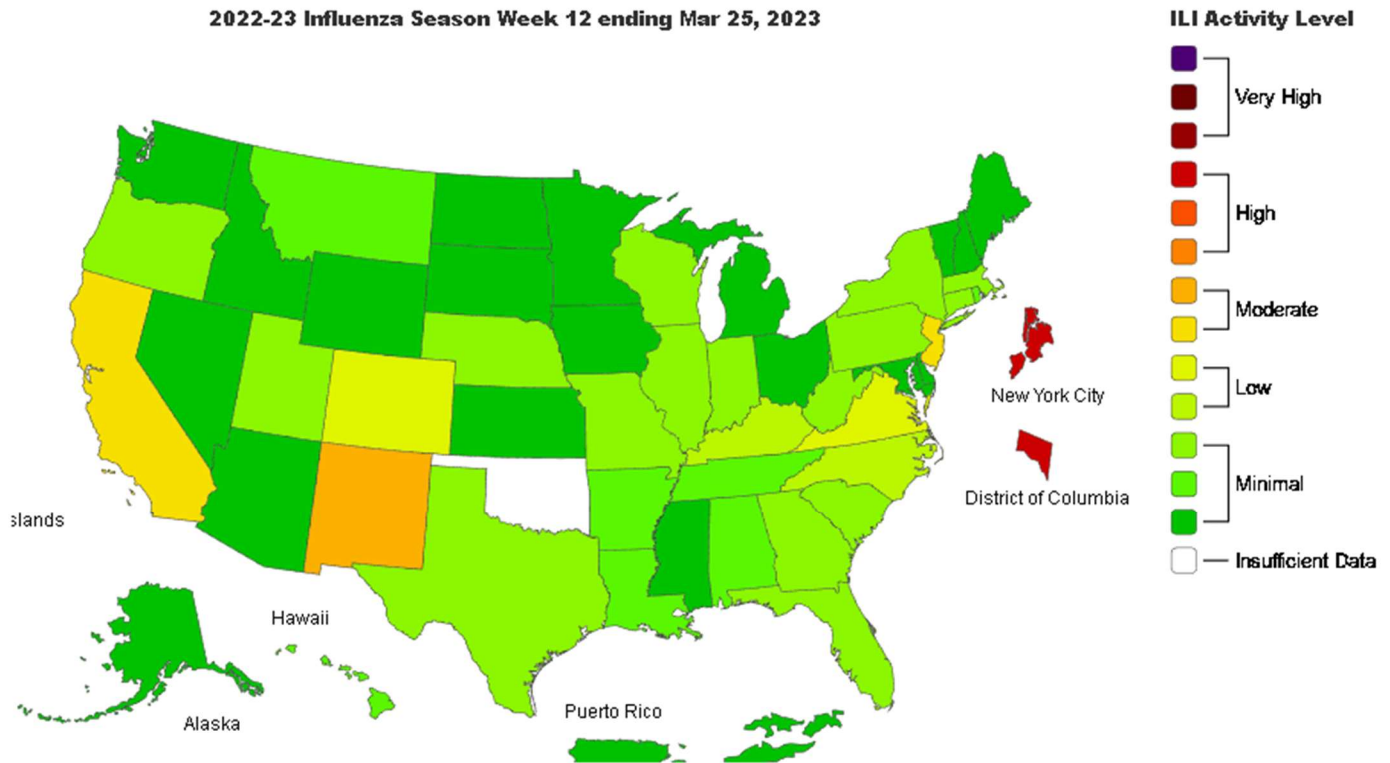


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 441 20 March 2023, based on data up to 05 March 2023

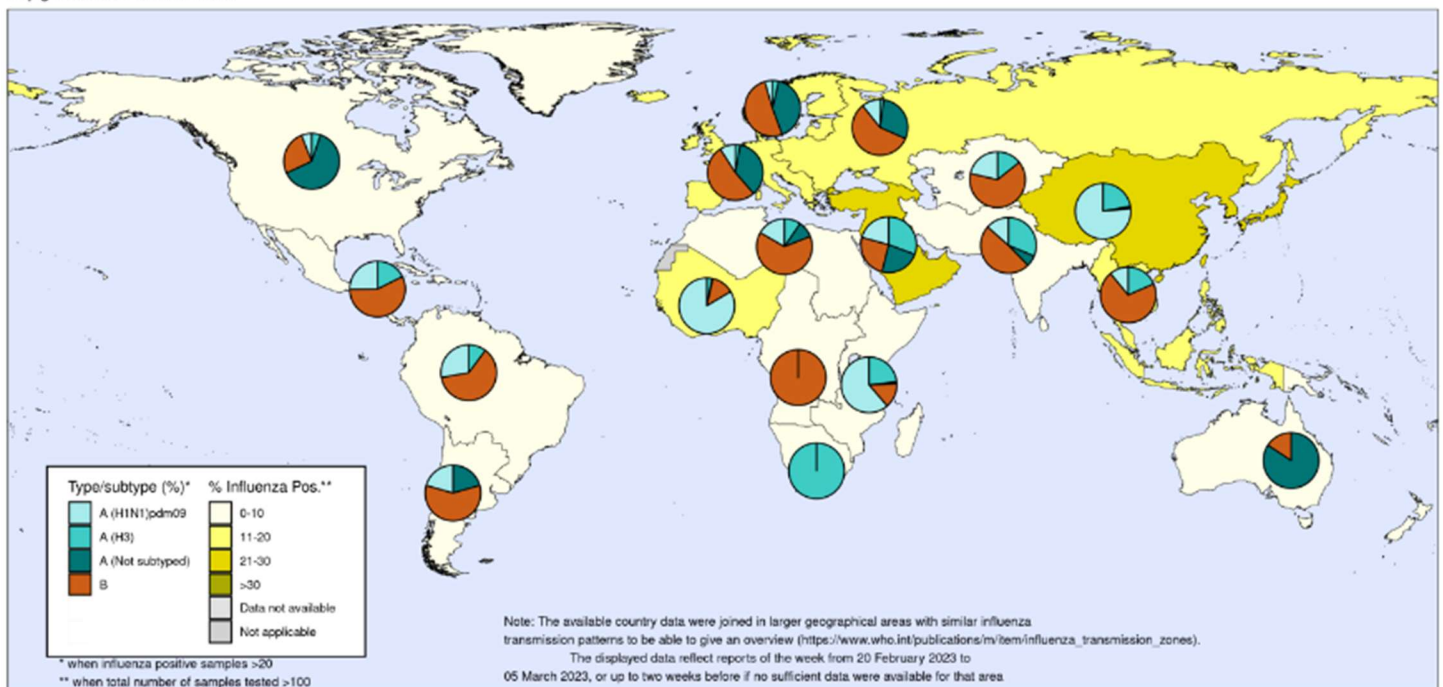
Summary

- 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 southern 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.
- Globally, influenza activity continued to decrease following the peak in late 2022. Influenza A viruses predominated with a slightly larger proportion of A (H1N1) pdm09 viruses detected among the subtyped influenza A viruses. The proportion of influenza B virus detections increased in recent weeks.
- In the countries of North America, most indicators of influenza activity were at levels typically observed towards the end of the season. Influenza A viruses predominated overall, with influenza A (H3N2) accounting for the majority of subtyped influenza A viruses in the United States of America (USA), whereas influenza A and B viruses circulated at similar level in Canada.
- In Europe, overall influenza detections decreased slightly and influenza positivity from sentinel sites decreased although remaining above the epidemic threshold at the regional level. Out of 39 countries, 17 reported high or moderate intensity, and over half continued to report widespread activity. Overall, influenza B viruses were predominated in both sentinel and non-sentinel surveillance as all sub regions experienced a wave of influenza B activity after an initial influenza A wave.

- In Central Asia, influenza activity decreased overall.
- In Northern Africa, detections of influenza A and B viruses continued to decrease in Morocco and Tunisia.
- In Western Asia, influenza activity continued to be reported in some countries with detections of all seasonal influenza subtypes.
- In East Asia, influenza activity of predominantly A (H1N1) pdm09 steeply increased in China but decreased in the other reporting countries.
- In the Caribbean and Central American countries, influenza activity of mainly influenza A (H3N2) and B viruses continued to decrease.
- In the tropical countries of South America, influenza remained low with all seasonal subtypes co-circulating and influenza B/Victoria predominant.
- In tropical Africa, influenza activity increased in some countries of Western Africa while detections were low across reporting countries in Middle and Eastern Africa.
- In Southern Asia, influenza activity remained low with influenza A (H3N2) and B/Victoria lineage viruses mostly detected.
- In South-East Asia, influenza activity remained elevated with influenza B mainly detected in Malaysia and A (H3N2) in Singapore and Thailand.
- In the temperate zones of the southern hemisphere, influenza activity remained at inter-seasonal level.
- Globally, RSV activity was generally low or decreasing except in South Africa where activity remained high.
- National Influenza Centers (NICs) and other national influenza laboratories from 115 countries, areas or territories reported data to FluNet for the time period from 20 February 2023 to 05 March 2023* (data as of 3/17/2023 9:55:32 AM UTC). The WHO GISRS laboratories tested more than 354698 specimens during that time period. 42 459 were positive for influenza viruses, of which 29 522 (69.5%) were typed as influenza A and 12 937 (30.5%) as influenza B. Of the sub-typed influenza A viruses, 16 188 (74.5%) were influenza A(H1N1)pdm09 and 5549 (25.5%) were influenza A(H3N2). Of the characterized B viruses, 100% (1411) belonged to the B/Victoria lineage.

**Percentage of respiratory specimens that tested positive for influenza
By influenza transmission zone**

Map generated on 17 March 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 (<https://www.who.int/initiatives/global-influenza-surveillance-and-response-system>)
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Source: <https://www.who.int/publications/m/item/influenza-update-n-441>

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 March 31, 2023.