



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



**Report #26
Flu Surveillance Weeks 28 & 29 (4/9/2023 to 4/22/2023)
Centers for Disease Control and Prevention MMWR Weeks 15 & 16**

Summit County Surveillance Data:

In Weeks 28 & 29 of influenza surveillance, influenza-related activity was Very Low¹ in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 28 MMWR 15 N (%) ¹	Week 29 MMWR 16 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	710	592	-16.6%	↓1
Positive Tests (Number and %)	5 (0.4)	1 (0.2)	-76.0%	↓1
Influenza A (Number and %)	3 (0.4)	1 (0.2)	-60.0%	↓1
Influenza B (Number and %)	2 (0.3)	0 (0.0)	-100.0%	↓1
Acute care hospitalizations for Influenza:	0	0	No Change	-
Schools absenteeism²	Spring Break	9.4	-	-
Deaths (occurred in Summit County)				
Pneumonia associated	9	6	-33.3%	↓1
Influenza associated	0	0	-	-
COVID-19 associated	4	2	-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 28 and 29 of influenza surveillance, reporting Summit County facilities performed 1,302 flu tests, of which 6 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 no reported admissions during week 29, this was the same as the previous week. **Figure 2** displays hospitalizations in Summit County.

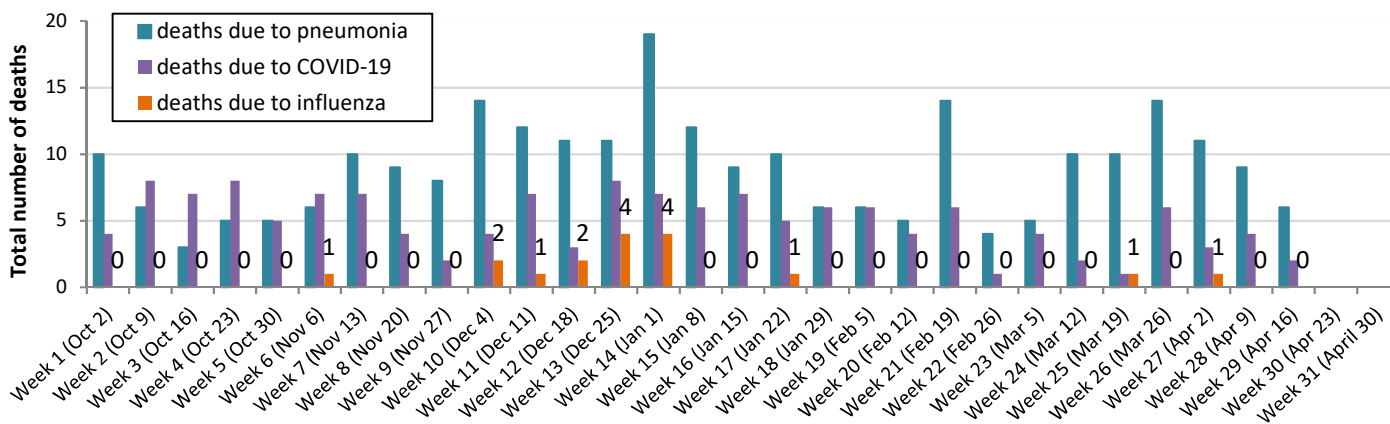
School absenteeism includes absences regardless of reasoning. *Comparison unavailable due to spring break closures.

0 Influenza related deaths, 6 COVID-19 related deaths and 15 pneumonia related deaths occurred in Summit County during week 28 & 29. Pneumonia and COVID-19 associated deaths decreased while influenza associated deaths remained at 0 from week 28 to 29.

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

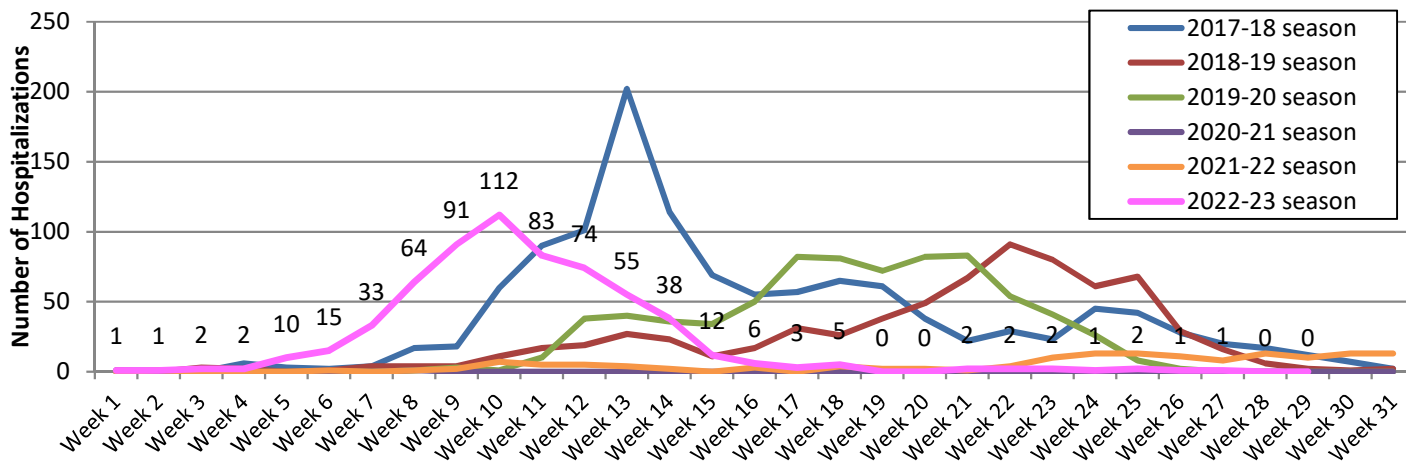
¹The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high), 5/5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

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



Hospitalizations: In Week 28, Summit County hospitals reported 0 influenza-associated hospitalizations. In Week 29 there were no 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 10-29.

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

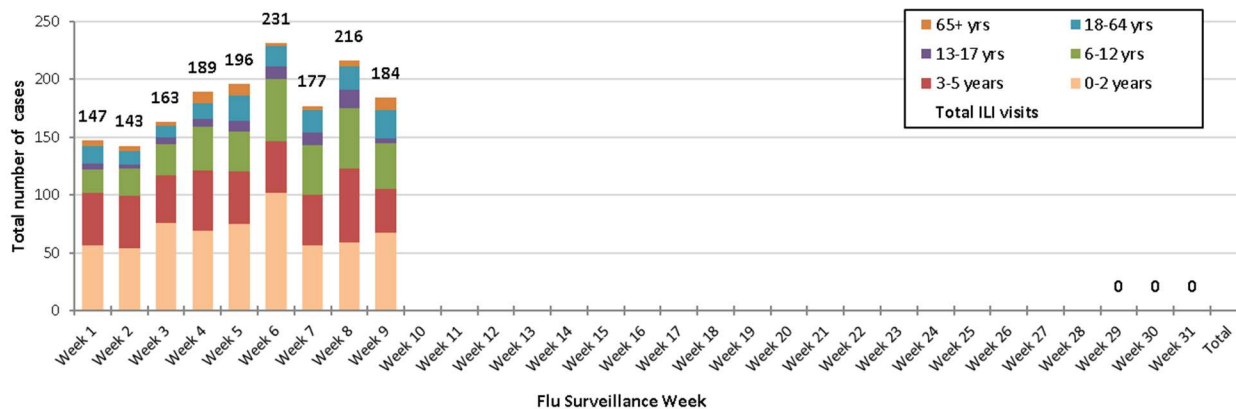
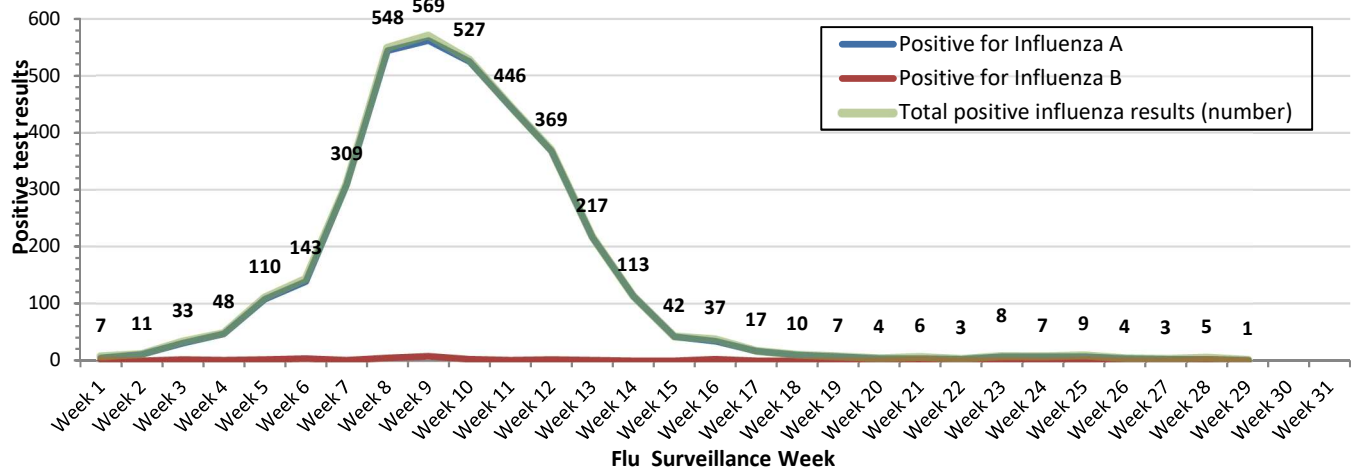


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2022 - 2023 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) –Minimal

During MMWR Week 16, 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 17 influenza-associated hospitalizations reported during MMWR Week 16.

Ohio Department of Health Seasonal Influenza Activity Summary April 16th – April 22nd, 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)	1.71%	-13.20%	↓ 1	
Thermometer Sales (National Retail Data Monitor) ⁴	0.32%	-5.88%	↓ 7	
Fever and ILI Specified ED Visits (EpiCenter)	1.38%	-6.76%	↓ 1	
Constitutional ED Visits (EpiCenter)	8.69%	-7.85%	↓ 4	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	17	-52.78%	↓ 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/ohio-flu-activity>

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 **165,427** tests for influenza performed at participating facilities; of these, **1,130** tested positive for influenza A(H1N1pdm09), **1,256** for influenza A(H3N2), **21,682** for influenza A (subtyping not performed), and **208** for influenza B (through 04/22/2023).
- Five **influenza-associated pediatric mortalities** have been reported so far during the 2022-2023 influenza season (through 04/22/2023).
- No **novel influenza A virus infections** have been reported so far during the 2022-2023 influenza season (through 04/22/2023).
- Incidence of confirmed **influenza-associated hospitalizations** in 2022-2023 season = 9,066 (through 04/22/2023).

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

National Outpatient Illness Surveillance:

Nationwide during week 16, 1.9% 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 remained stable compared to week 15 and is below the national baseline of 2.5%. Nine of 10 HHS regions are below their respective baselines; Region 9 is above baseline. 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.

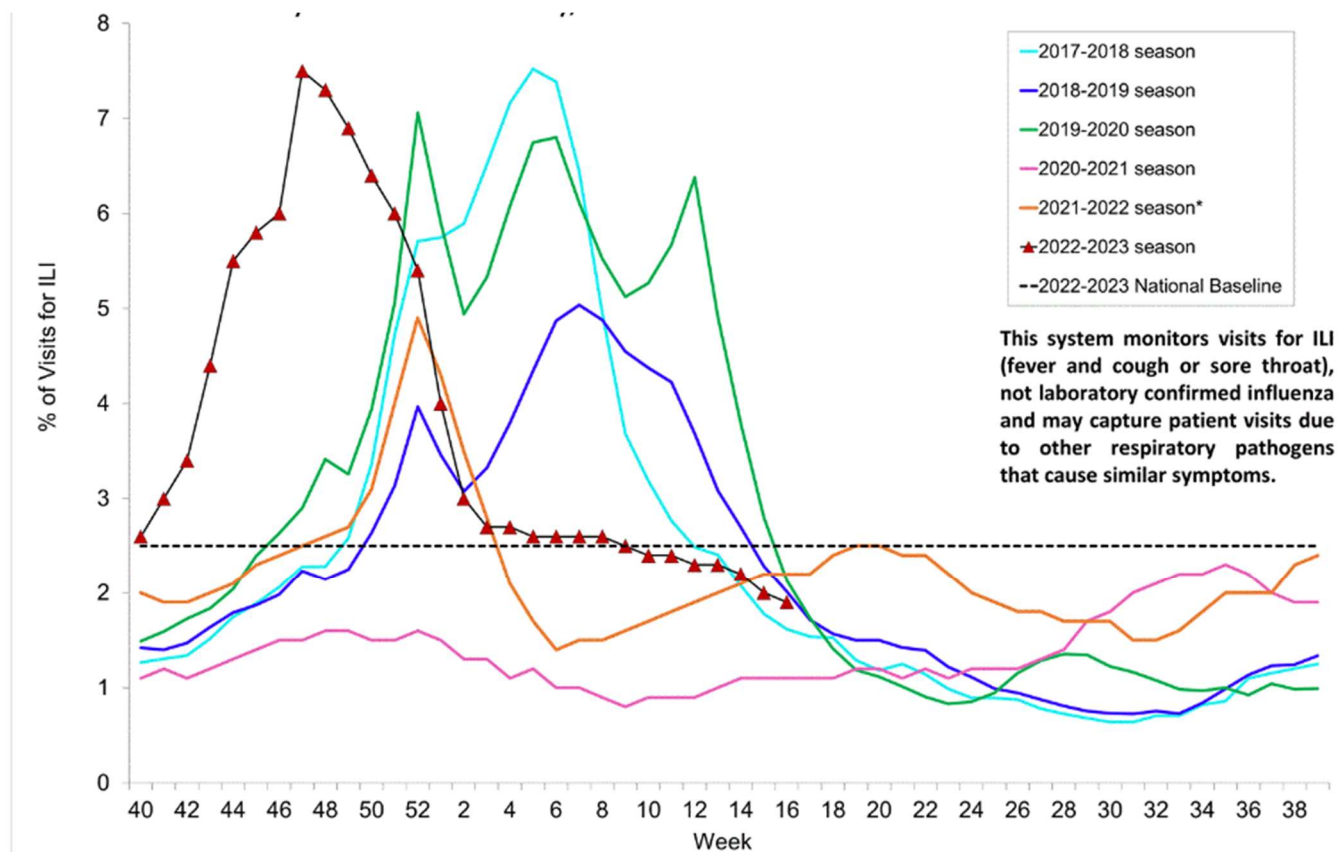
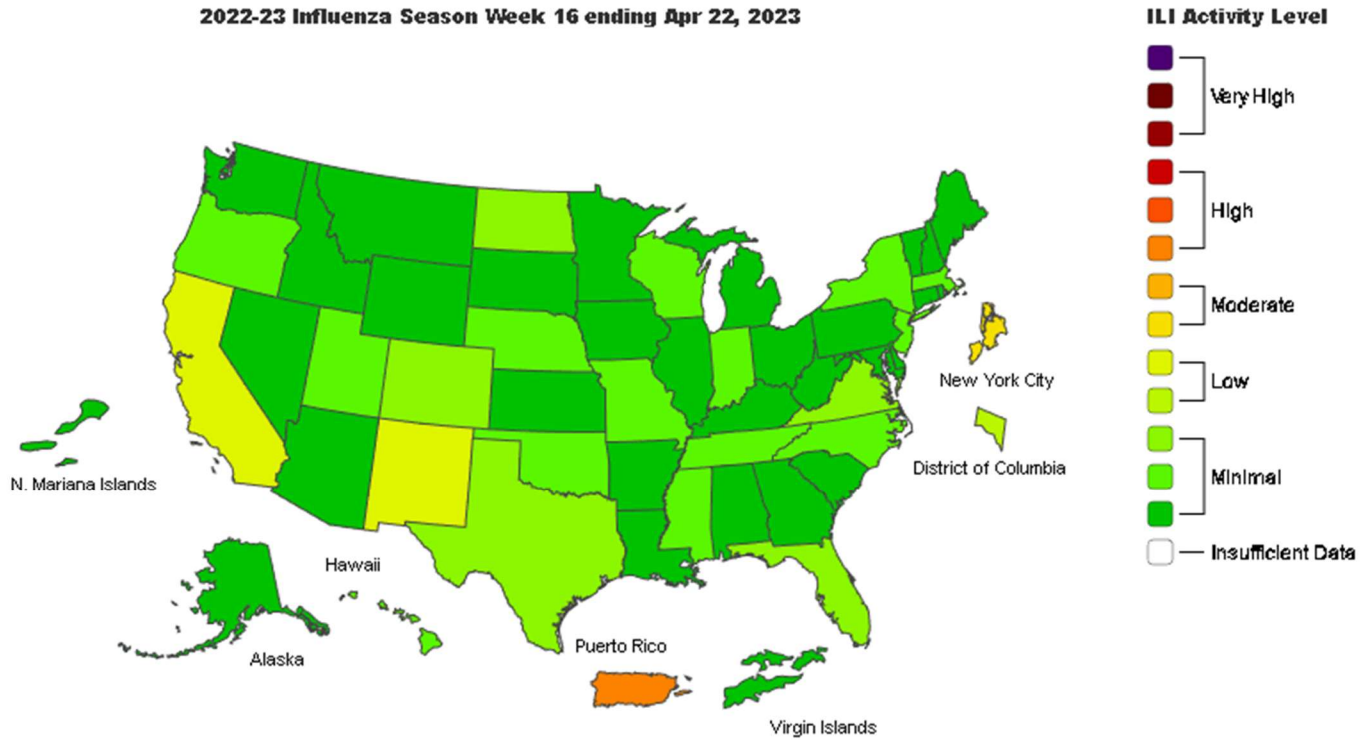


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

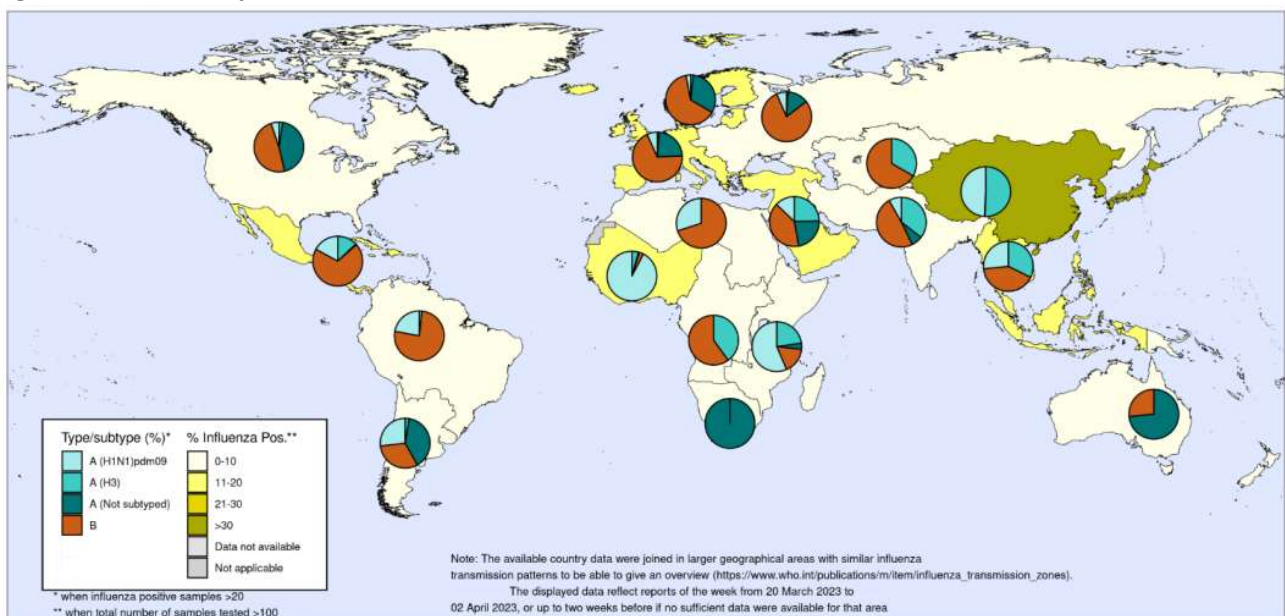
Influenza Update N° 443 17 April 2023, based on data up to 02 April 2023

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 detections decreased steeply in January after a peak in late 2022. Detections in 2022 were predominantly influenza A(H3N2). After the end of January 2023, activity increased again with a higher proportion of influenza A(H1N1)pdm09 and B virus detections until a peak around week 10, after which detections have decreased.
- 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 in the United States of America (USA), with influenza A(H1N1)pdm09 accounting for the majority of subtyped viruses, whereas influenza B viruses predominated in Canada.
- In Europe, overall influenza detections decreased and influenza positivity from sentinel sites decreased to 16% but remained above the epidemic threshold at the regional level. Out of 41 countries, 13 reported moderate intensity, with the remainder reporting low or below baseline intensity. Out of 40 countries, 20 continued to report widespread activity. Overall, influenza B viruses predominated in both sentinel and non-sentinel surveillance as all subregions experienced a wave of influenza B activity after an initial influenza A wave. Of the few influenza A viruses detected, the majority were influenza A(H1N1)pdm09. Influenza detections decreased or were stable in most countries except in Lithuania and Norway where very slight increases were reported.
- In Central Asia, sporadic influenza detections were reported in Kazakhstan (influenza A(H1N1)pdm09) and Tajikistan (influenza B).
- In Northern Africa, influenza detections were very low.
- In Western Asia, influenza activity overall decreased but continued to be reported in some countries with detections of all seasonal influenza subtypes.

- In East Asia, influenza activity continued to be driven predominantly by A(H1N1)pdm09 detections in China, which appeared to reach a peak and decrease slightly. Slight increases in some indicators of influenza activity were reported in China, Hong Kong Special Administrative Region (SAR), China and the Republic of Korea.
- In the Caribbean and Central American countries, influenza activity of mainly influenza B/Victoria lineage viruses was low, although increases in influenza activity were reported in Belize and Guatemala where activity was close to the moderate threshold.
- In the tropical countries of South America, influenza remained low with all seasonal subtypes detected and influenza B viruses predominant. Increasing trends in influenza activity and detections were reported in Brazil and Peru however activity remained low. In Bolivia (Plurinational State of), SARI activity remained high and RSV activity increased.
- 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 predominating.
- In South-East Asia, influenza activity remained elevated mainly due to influenza B detections in Malaysia and influenza A(H3N2) in Singapore.
- In the temperate zones of the southern hemisphere, influenza activity remained low however influenza activity increased slightly in Chile and Australia.
- Globally, RSV activity was generally low or decreasing except in Australia, New Zealand, South Africa and a few countries in the Region of the Americas. RSV activity increased but remained below the seasonal threshold in parts of Australia and detections among hospitalized SARI patients increased in New Zealand. In South Africa, the RSV detection rate among children under five years of age in pneumonia surveillance reached a very high level. RSV remained elevated in Guatemala and Mexico and increased in Bolivia (Plurinational State of).
- National Influenza Centres (NICs) and other national influenza laboratories from 120 countries, areas or territories reported data to FluNet for the time period from 20 March 2023 to 02 April 2023 (data as of 4/14/2023 8:04:40 AM UTC). The WHO GISRS laboratories tested more than 381 110 specimens during that time period. 40 010 were positive for influenza viruses, of which 30 057 (75.12%) were typed as influenza A and 9953 (24.88%) as influenza B. Of the sub-typed influenza A viruses, 18 779 (70.42%) were influenza A(H1N1)pdm09 and 7890 (29.58%) were influenza A(H3N2). Of the characterized B viruses, 100% (1163) belonged to the B/Victoria lineage.

Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone 1. Map generated on 14 April 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) Copyright WHO 2023. All rights reserved.



Source: <https://www.who.int/publications/m/item/influenza-update-n--443>

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 April 28, 2023.