



**Summit County Public Health  
Influenza Surveillance Report  
2022 – 2023 Season  
Report #7**



**Flu Surveillance Weeks 8 & 9 (11/20/2022 to 12/3/2022)  
Centers for Disease Control and Prevention MMWR Weeks 47 & 48**

**Summit County Surveillance Data:**

In **Weeks 8 & 9** of influenza surveillance, influenza-related activity was moderate in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 8 MMWR 47 N (%) <sup>1</sup>	Week 9 MMWR 48 N (%) <sup>1</sup>	Percent change from previous week	Number of weeks increasing or decreasing
<b>Lab Reports: Influenza</b>				
Test Performed	1709	1667	-2.5%	↓1
Positive Tests (Number and %)	548 (32.1)	569 (34.1)	6.4%	↑7
Influenza A (Number and %)	543 (31.8)	561 (33.7)	5.9%	↑7
Influenza B (Number and %)	5 (0.3)	8 (0.5)	64.0%	↑2
<b>Acute care hospitalizations for Influenza:</b>	64	91	42.2%	↑3
<b>Schools absenteeism<sup>2</sup></b>	12.6	10.4	-17.0	↓1
<b>Deaths (occurred in Summit County)</b>				
Pneumonia associated	9	4	-40.0%	↓1
Influenza associated	0	0	-	-
COVID-19 associated	3	2	0.0%	-
<b>Emergency room visits (EpiCenter)<sup>3</sup> (Figure 3)**</b>				
Total ED Visits	4571	4682	2.4%	↑2
Constitutional Complaints	912 (20.0)	904 (19.3)	-3.2%	↓1
Fever and ILI	216 (4.7)	184 (3.9)	-16.8%	↓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 temporary programming issue in one of the reporting facilities. Week 3 data has been retroactively adjusted for accurate week-to-week comparison. However, a significant number of ER visits are expected to be unaccounted for at this time.</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 8 & 9 of influenza surveillance, reporting Summit County facilities performed 3,376 flu tests, of which 1,117 had positive results. **(Figure 4) Note: Influenza data are collected from selected reporting partners and do not represent positivity rates for the entire county.**

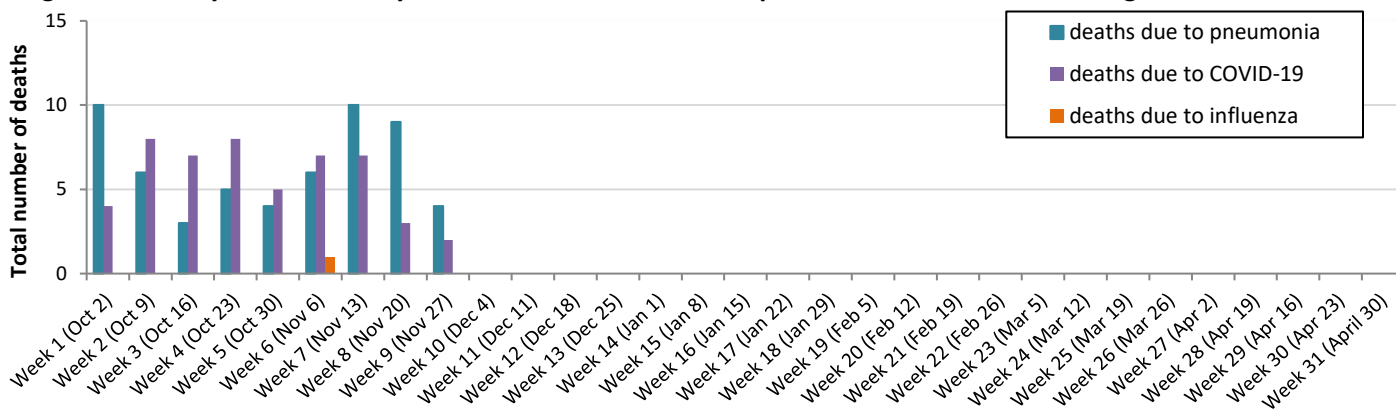
**Acute Care Hospitalizations:** There were 155 reported admissions during week 8 & 9. **Figure 2** displays hospitalizations in Summit County.

**School absenteeism** includes absences regardless of reasoning. In week 8, the absence rate was 12.6% (slight adjustment from report #6 due to late reporting) and in week 9 the rate decreased to 10.4%.

**Zero** deaths related to influenza, 5 COVID-19 related deaths and 13 pneumonia related deaths occurred in Summit County during week 8 & 9 (slight adjustment from report #6 due to late reporting). The number of influenza associated deaths did not change while pneumonia associated deaths decreased and COVID-19 associated deaths decreased in Week 9.

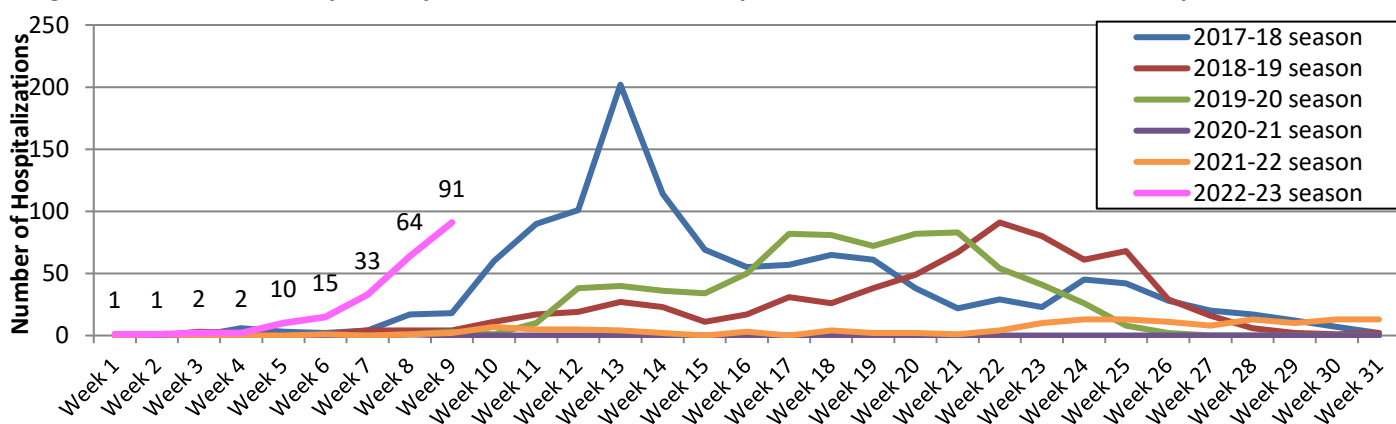
**Figure 1** displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

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



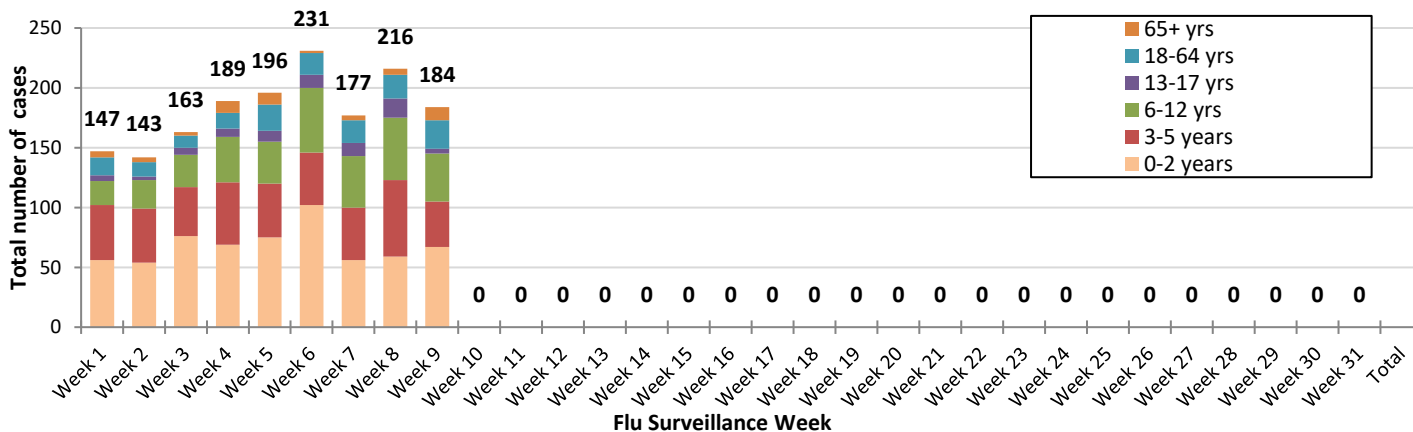
**Hospitalizations:** In Week 8, Summit County hospitals reported 64 influenza-associated hospitalizations. In Week 9 there were 91 influenza-associated hospitalizations. **Figure 2** displays weekly confirmed hospitalization counts for Summit County.

**Figure 2. Summit County weekly influenza-associated hospitalizations, 2022-2023 season and previous five season**

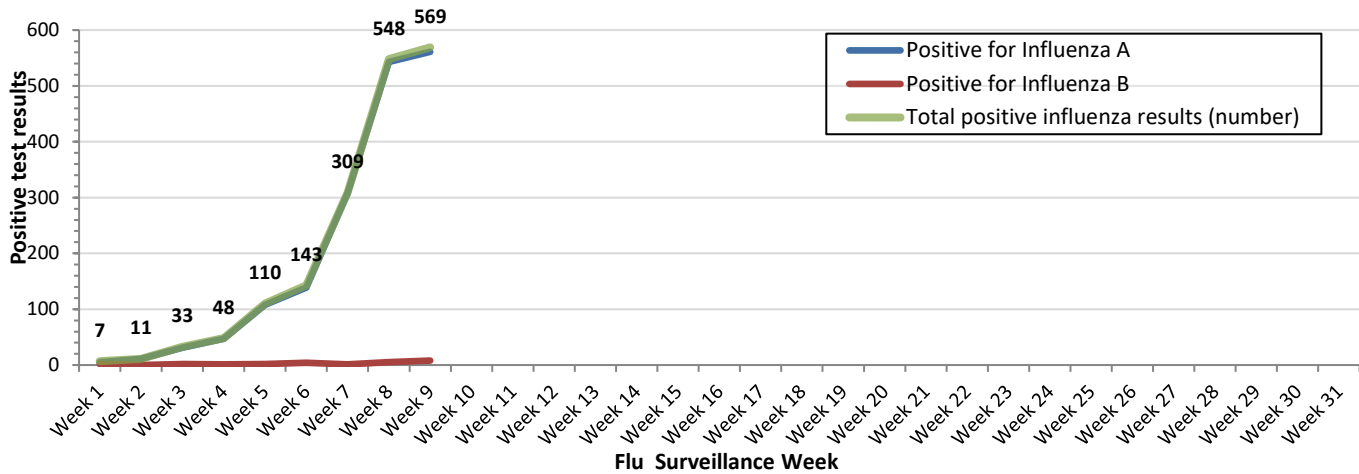


**EpiCenter** collects and analyzes health related data in real time to provide information about the health of the community. This system tracks ER visits related to constitutional complaints and fever and ILI. **Figures 3** displays the weekly number of ER visits related to ILI and flu symptoms in Summit County. There were 184 ILI-related visits reported during Week 9, which was 3.9% of total ED visits (n = 4682). This rate was 16.8% lower than the ILI rate during Week 8. *\*\*Notable changes in EpiCenter data are the result of a temporary programming issue in one of the reporting facilities. Data has been retroactively adjusted for accurate week-to-week comparison. However, a significant number of ER visits are expected to be unaccounted for at this time..*

**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) – High**

During MMWR Week 48, public health surveillance data sources indicate very high 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 increased and are above baseline levels statewide. Reported cases of influenza-associated hospitalizations increased. There were 1,424 influenza-associated hospitalizations reported during MMWR Week 48.

Data Source	Current week value	Percent Change from last week <sup>1</sup>	# of weeks <sup>2</sup>	Trend Chart <sup>3</sup>
Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	9.88%	-6.17%	↓ 1	
Thermometer Sales (National Retail Data Monitor) <sup>4</sup>	0.64%	3.23%	↑ 3	
Fever and ILI Specified ED Visits (EpiCenter)	4.15%	-8.39%	↓ 1	
Constitutional ED Visits (EpiCenter)	17.68%	-0.06%	↓ 1	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	1424	263.27%	↑ 1	

<sup>1</sup>Interpret percent changes with caution. Large variability may be exhibited in data sources with low weekly values.

<sup>2</sup>Number of weeks that the % change is increasing or decreasing.

<sup>3</sup>Black 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.

<sup>4</sup>Due 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 Influenza Activity Summary Dashboard (November 27<sup>th</sup> – December 3<sup>rd</sup>, 2022):

Source <https://odh.ohio.gov/know-our-programs/seasonal-influenza/activity-reports-2022-2023/seasonal-influenza-week-48-20222023>

### 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 54,255 tests for influenza performed at participating facilities; of these, 550 tested positive for influenza A (H1N1pdm09), 575 for influenza A(H3N2), 6,762 for influenza A (subtyping not performed), and 62 for influenza B (through 12/03/2022).
- One pediatric influenza-associated mortality has been reported so far during the 2022-2023 influenza season (through 12/03/2022).
- No novel influenza A virus infections have been reported so far during the 2022-2023 influenza season (through 12/03/2022).
- Incidence of confirmed influenza-associated hospitalizations in 2022-2023 season = 2,872 (through 12/03/2022).

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

#### National Outpatient Illness Surveillance:

Nationwide during week 48, 7.2% 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%. All 10 HHS regions are above their respective baselines. The percent of patient visits for respiratory illness increased in regions 1 and 2, and decreased in all other regions during week 48 compared to week 47. 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.**

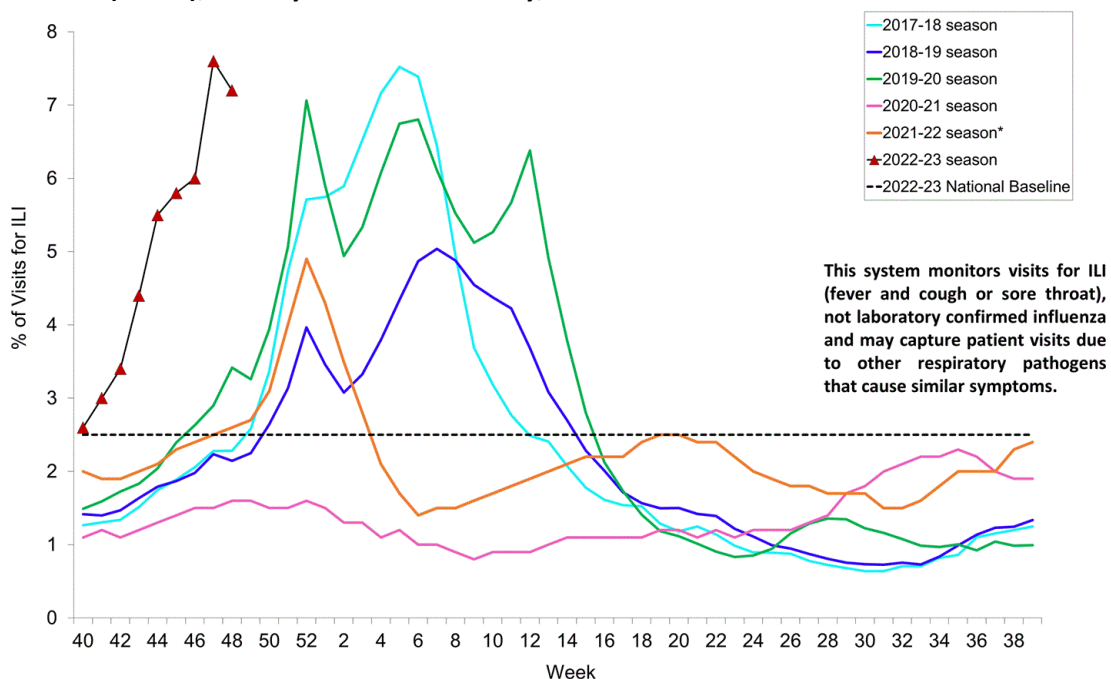
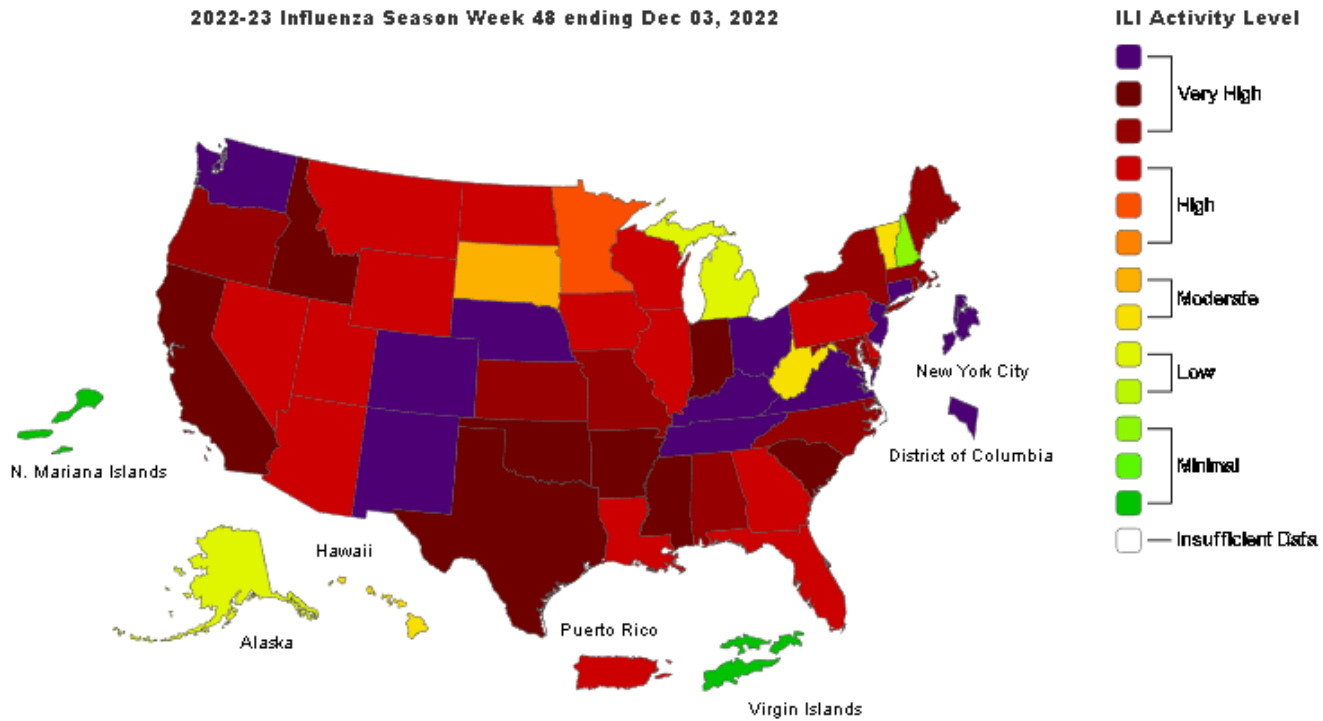


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

## Global Surveillance:

Influenza Update N° 433 28 November 2022, based on data up to 13 November 2022. The Update is published every two weeks

### Summary

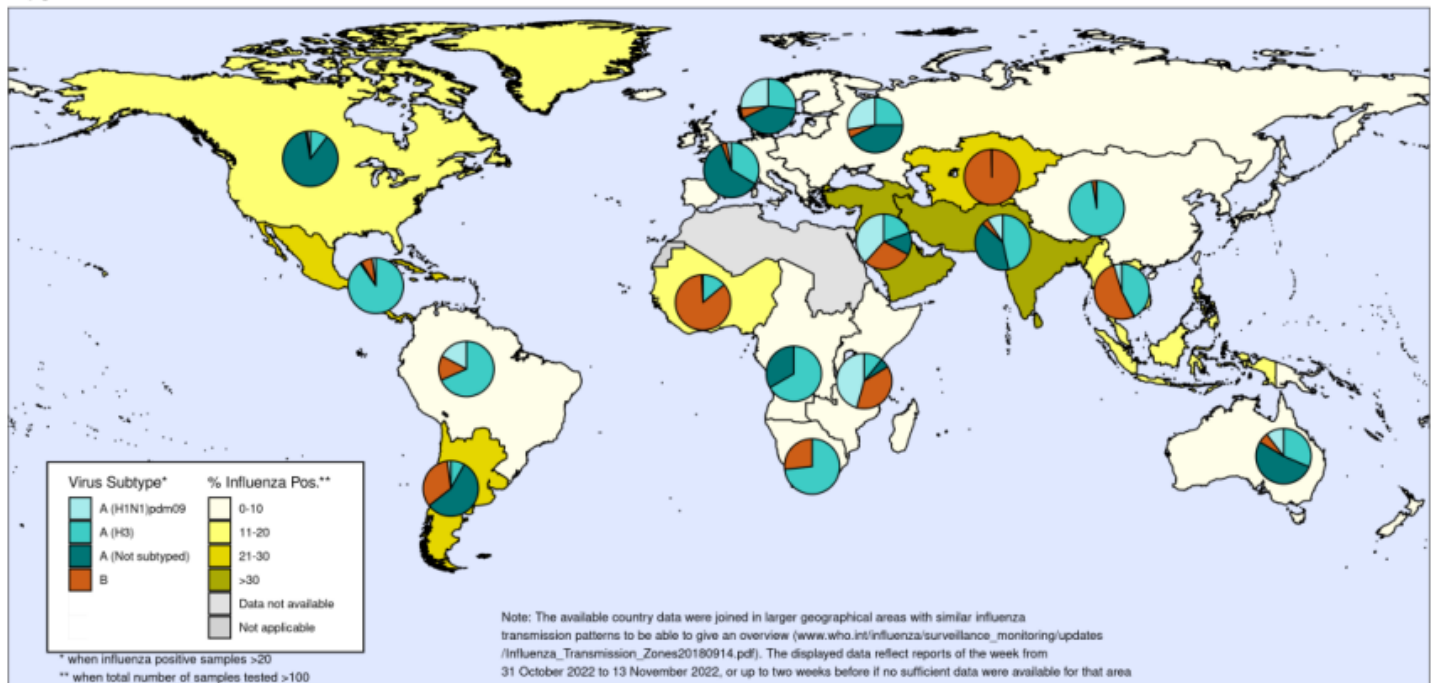
- Countries are recommended to monitor the co-circulation of influenza and SARS-CoV-2 viruses. They are encouraged to enhance **integrated surveillance** and in northern hemisphere countries step-up their influenza vaccination campaign to prevent severe disease and hospitalizations associated with influenza. Clinicians should consider influenza in differential diagnosis, especially for high-risk groups for influenza, and test and treat according to national guidance.
- Globally, influenza activity increased and where subtyped, influenza A(H3N2) viruses predominated.
- In the countries of North America, influenza positivity and influenza-like-illness (ILI) activity increased steeply in recent weeks, indicating an earlier start of the influenza season in comparison with pre-COVID-19-pandemic seasons. Influenza A(H3N2) was the predominant virus detected.
- In Europe, overall influenza activity continued to increase with influenza positivity reported above epidemic threshold in some countries. Influenza A viruses predominated among the reported detections in general, with A(H3N2) viruses accounting for the majority of subtyped influenza A viruses.
- In central Asia, Kazakhstan reported high influenza activity with B/Victoria-lineage viruses predominating.
- In East Asia, influenza activity of predominantly influenza A(H3N2) remained stable at intermediate levels overall.
- In Western Asia influenza activity remained elevated, especially in some countries of the Arabian Peninsula.
- In the Caribbean and Central American countries, influenza activity of predominately influenza A(H3N2) increased in Mexico but remained low in most other reporting countries.

- In the tropical countries of South America, influenza detections were low and A(H3N2) detections predominated.
- In tropical Africa, influenza activity remained low with detections of influenza A(H1N1)pdm09, A(H3N2) and B/Victoria reported.
- In Southern Asia, influenza activity increased steeply mainly due to elevated activity reported in Iran (Islamic Republic of). Influenza A(H3N2) was the most frequently detected subtype in the subregion.
- In South East Asia, detections of predominantly influenza A(H3N2) and influenza B continued to decrease.
- In the temperate zones of the southern hemisphere, influenza activity continued to decrease in most reporting countries, except in temperate South America where activity increased in Argentina and Chile.

**Figure 7. Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone 1. Map generated on 25 November 2022.**

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

Map generated on 25 November 2022



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://cdn.who.int/media/docs/default-source/influenza/influenza-updates/2022/2022\\_11\\_14\\_surveillance\\_update\\_432.pdf?sfvrsn=19cda949\\_1&download=true](https://cdn.who.int/media/docs/default-source/influenza/influenza-updates/2022/2022_11_14_surveillance_update_432.pdf?sfvrsn=19cda949_1&download=true)

**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](mailto:cdu@schd.org)). This report was issued on December 9, 2022.