



**Summit County Public Health
Influenza Surveillance Report
2022 – 2023 Season
Report #8**



**Flu Surveillance Weeks 9 & 10 (11/27/2022 to 12/10/2022)
Centers for Disease Control and Prevention MMWR Weeks 48 & 49**

Summit County Surveillance Data:

In **Weeks 9 & 10** of influenza surveillance, influenza-related activity was moderate in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 9 MMWR 48 N (%) ¹	Week 10 MMWR 49 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
Test Performed	1667	1598	-4.1%	↓2
Positive Tests (Number and %)	569 (34.1)	527 (33.0)	-3.4%	↓1
Influenza A (Number and %)	561 (33.7)	524 (32.8)	-2.6%	↓1
Influenza B (Number and %)	8 (0.5)	3 (0.2)	-60.9%	↓1
Acute care hospitalizations for Influenza:	91	123	35.2%	↑3
Schools absenteeism²	10.4	10.5	0.7%	↑1
Deaths (occurred in Summit County)				
Pneumonia associated	8	13	62.5	↑1
Influenza associated	0	2	-	↑1
COVID-19 associated	2	3	50.0%	↑1
Emergency room visits (EpiCenter)³ (Figure 3)**				
Total ED Visits	4682	3993	-14.7%**	↓1
Constitutional Complaints	904 (19.3)	660 (16.5)	-14.4%**	↓2
Fever and ILI	184 (3.9)	69 (1.7)	-56.0%**	↓2
<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 in 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 9 & 10 of influenza surveillance, reporting Summit County facilities performed 3,265 flu tests, of which 1,096 had positive results. **(Figure 4) Note: Influenza data are collected from selected reporting partners and do not represent positivity rates for the entire county.**

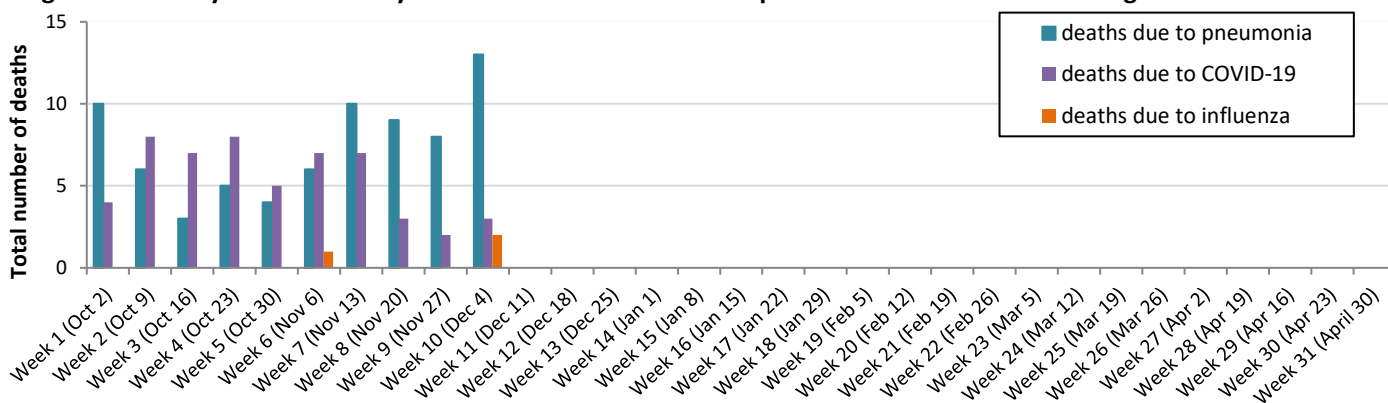
Acute Care Hospitalizations: There were 214 reported admissions during week 9 & 10. **Figure 2** displays hospitalizations in Summit County.

School absenteeism includes absences regardless of reasoning. In week 9, the absence rate was 10.4% and in week 10 the rate increased slightly to 10.5%.

2 deaths related to influenza, 3 COVID-19 related deaths and 13 pneumonia related deaths occurred in Summit County during week 9 & 10. The number of influenza, pneumonia and COVID-19 associated deaths increased in Week 10.

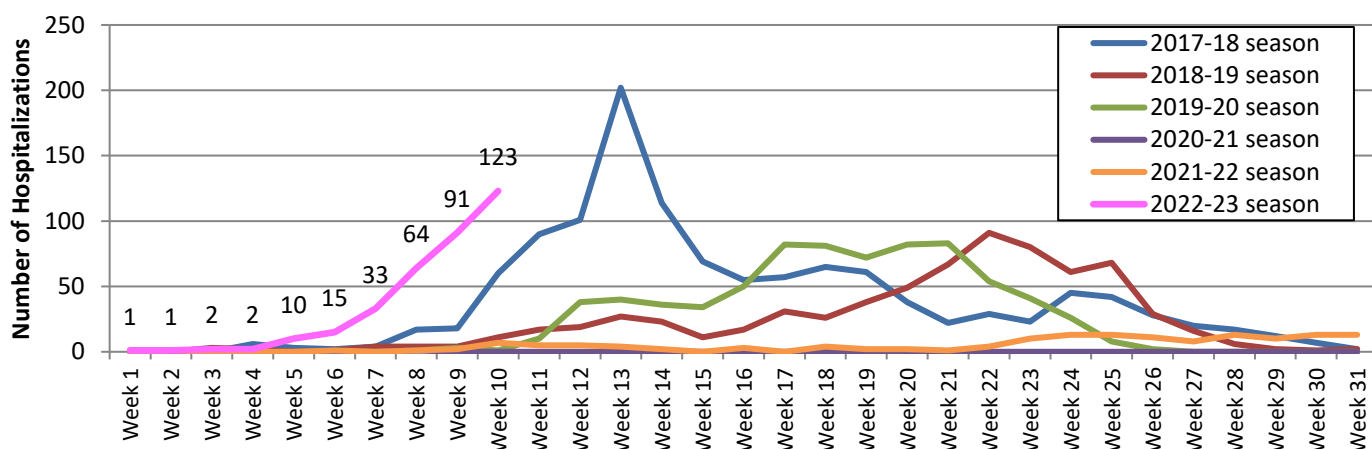
Figure 1 displays weekly counts of deaths occurring in Summit County associated with pneumonia, COVID-19 and influenza.

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



Hospitalizations: In Week 9, Summit County hospitals reported 91 influenza-associated hospitalizations. In Week 10 there were 123 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. **Figure 3** displays the weekly number of ER visits related to ILI and flu symptoms in Summit County. There were 69 ILI-related visits reported during Week 10, which was 1.7% of total ED visits (n = 3993). This rate was 56.0% lower than the ILI rate during Week 9. ***A significant number of ER visits are expected to be unaccounted for at this time*** Notable decrease in ER Related data may be the result of a reporting delay and not reflective of actual trends. This will be revised in future reports.

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

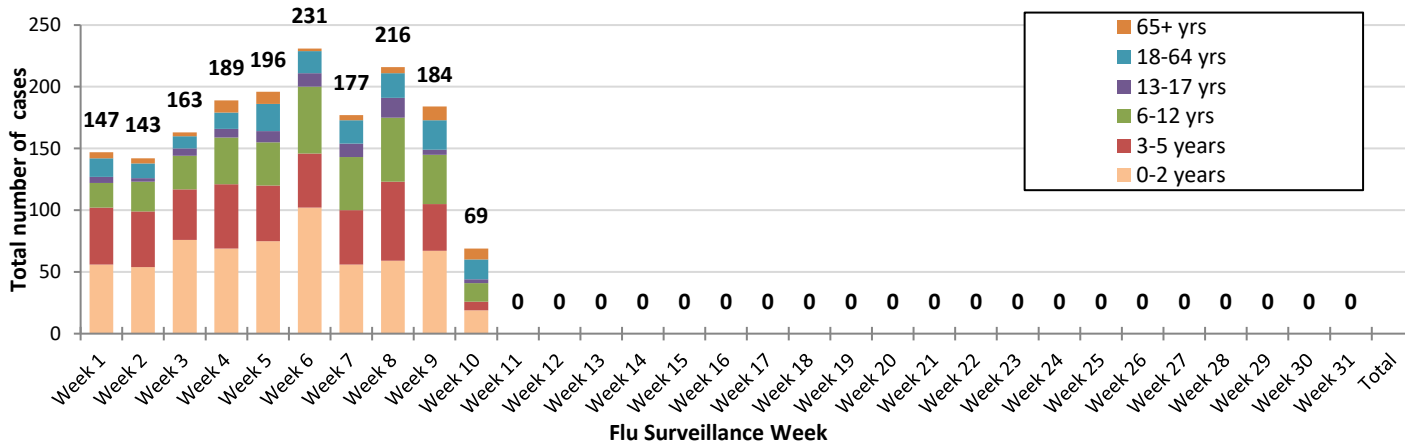
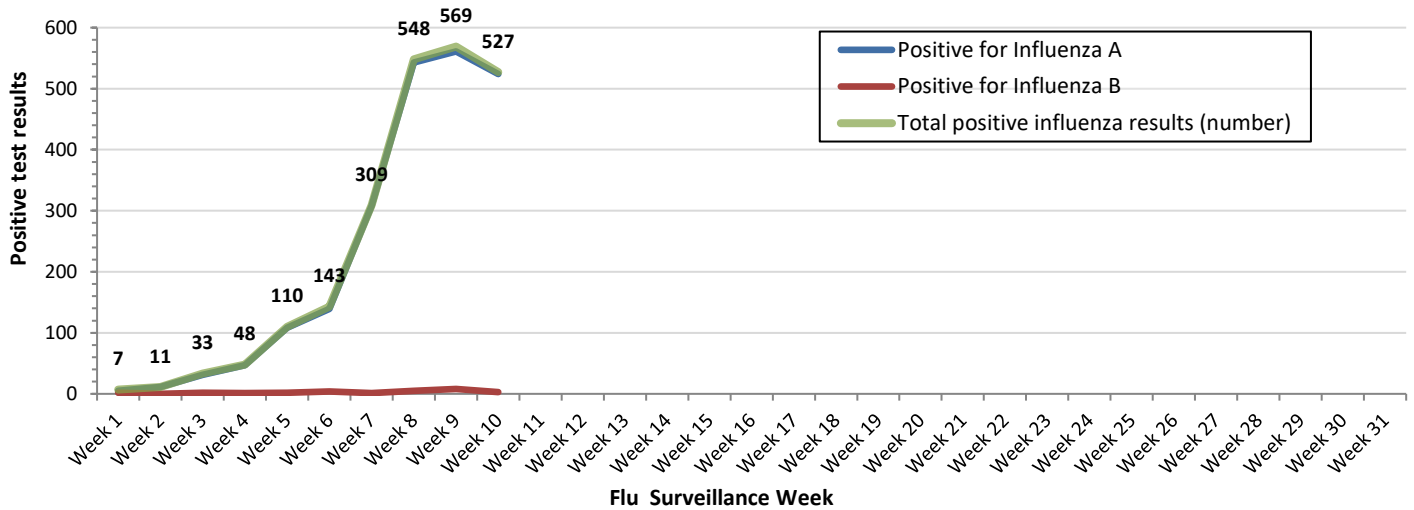


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2022 - 2023 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Very High

During MMWR Week 49, 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 decreased but are still above baseline levels statewide. Reported cases of influenza-associated hospitalizations decreased. There were 1,199 influenza-associated hospitalizations reported during MMWR Week 49.

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)	9.68%	0.62%	↑ 1	
Thermometer Sales (National Retail Data Monitor) ⁴	0.78%	21.88%	↑ 4	
Fever and ILI Specified ED Visits (EpiCenter)	3.75%	-10.50%	↓ 2	
Constitutional ED Visits (EpiCenter)	17.08%	-3.17%	↓ 2	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	1199	-15.80%	↓ 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 Influenza Activity Summary Dashboard (December 4th – December 10th, 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 63,799 tests for influenza performed at participating facilities; of these, 610 tested positive for influenza A(H1N1pdm09), 723 for influenza A(H3N2), 9,434 for influenza A (subtyping not performed), and 64 for influenza B (through 12/10/2022).
- One pediatric influenza-associated mortality has been reported so far during the 2022-2023 influenza season (through 12/10/2022).
- No novel influenza A virus infections have been reported so far during the 2022-2023 influenza season (through 12/10/2022).
- Incidence of confirmed influenza-associated hospitalizations in 2022-2023 season = 4,068 (through 12/10/2022).

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

National Outpatient Illness Surveillance:

Nationwide during week 49, 6.9% 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 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, 7, and 8, decreased in regions 2, 3, 4, 6, 9, and 10, and remained stable in region 5 during week 49 compared to week 48. 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.

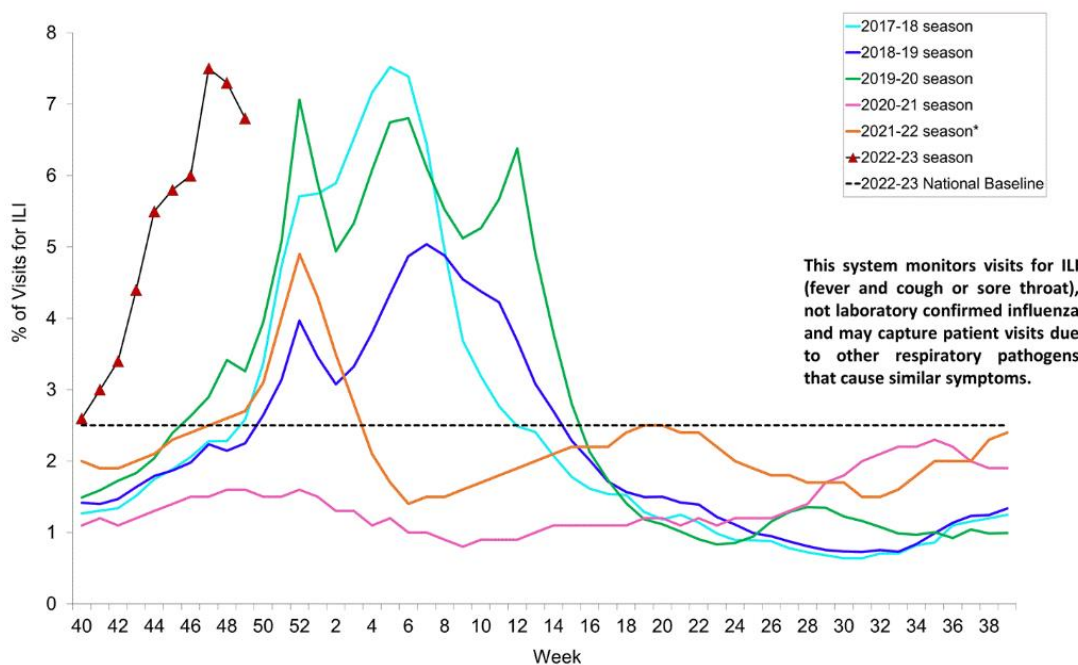
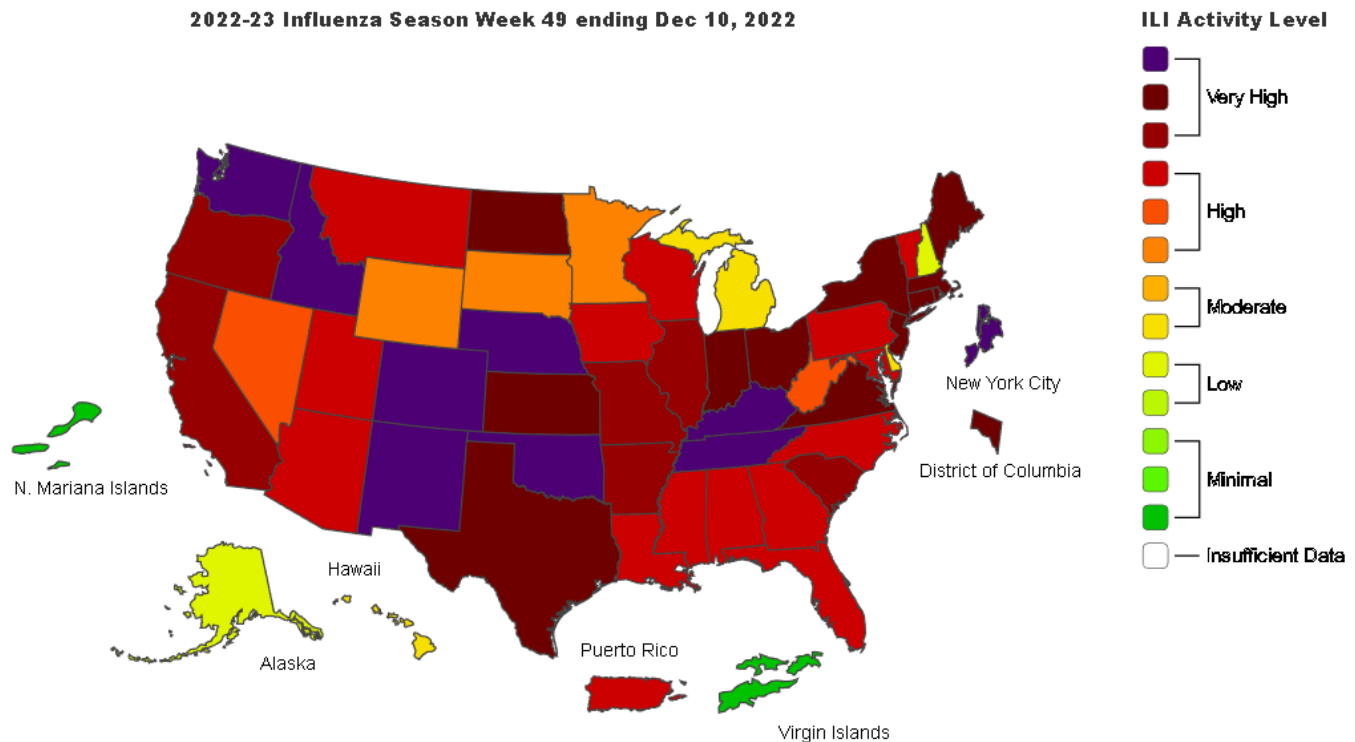


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

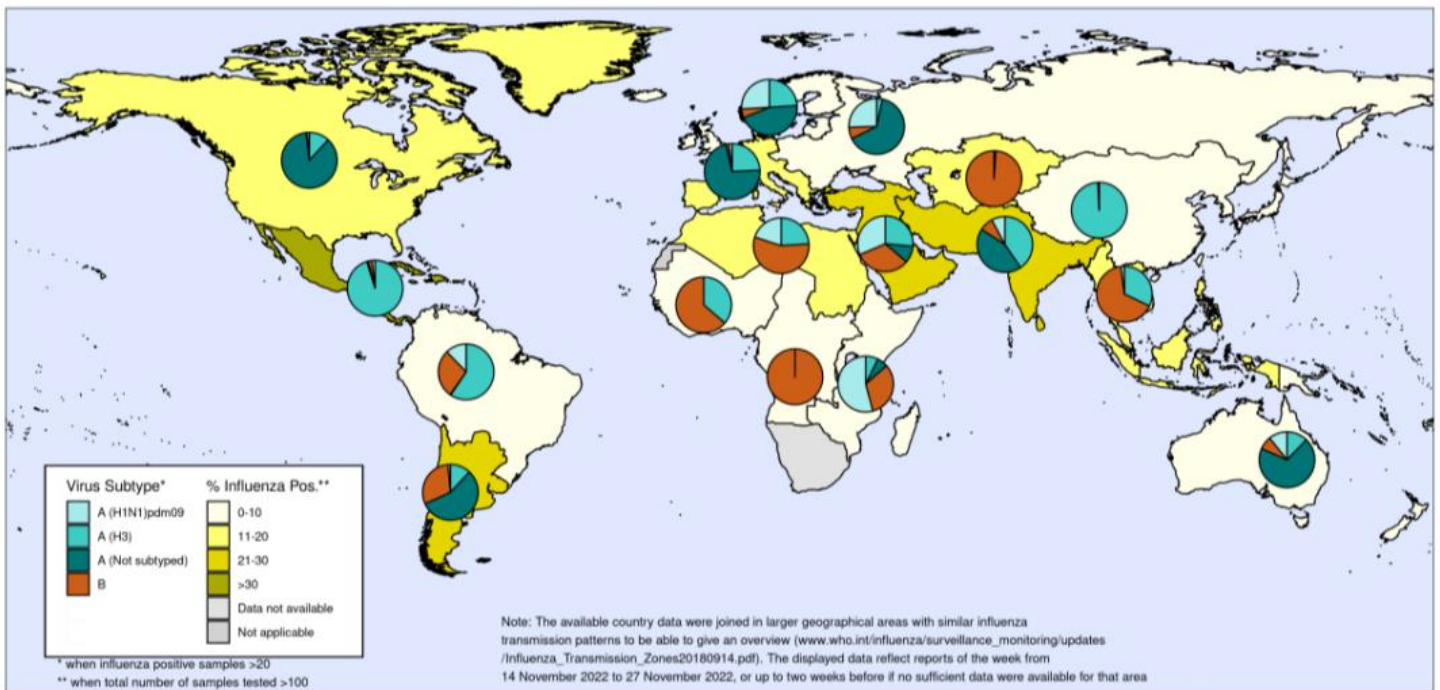
Influenza Update N° 434 December 2022, based on data up to 27 November 2022. The Update is published every two weeks.

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. Because of changes in surveillance of respiratory viruses during the COVID-19 pandemic, comparisons of current data with that from previous seasons may not always be valid and data should be interpreted with caution.
- 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 continued to increase steeply in recent weeks. Many indicators were above levels typically observed at this time of year and some are near or above levels observed at the peak of previous 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. Influenza A viruses predominated among the reported detections in general, with A(H3N2) viruses accounting for the majority of subtyped influenza A viruses from sentinel sites and influenza A(H1N1)pdm09 viruses predominant among non-sentinel samples.
- In central Asia, influenza B virus activity continued to be reported from Kazakhstan and other countries reporting a few influenza A and B virus detections.
- In Northern Africa, influenza detections were low in reporting countries.
- In Western Asia, influenza activity appeared to decrease overall with all seasonal influenza subtypes detected in similar proportions.

- In East Asia, influenza activity of predominantly influenza A(H3N2) remained low overall among reporting countries but with some increases reported in southern China and the Republic of Korea.
- 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) viruses predominated followed by influenza B/Victoria lineage viruses.
- In tropical Africa, influenza activity remained low with detections of all seasonal influenza subtypes reported.
- In Southern Asia, influenza activity decreased this period mainly due to decreased activity reported in Iran (Islamic Republic of). Influenza A (H3N2) was the most frequently detected subtype in the subregion. Influenza update | 12 December 2022 2
- 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 was low in most reporting countries, except in temperate South America where activity remained elevated in Argentina and Chile

Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone. Map generated on 09 December 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/fluNet)
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Source: <https://www.who.int/publications/m/item/influenza-update-n-434>

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 December 16, 2022.