



Summit County Public Health Influenza Surveillance Report 2023 – 2024 Season



Public Health
Prevent. Promote. Protect.

Report #18 Flu Surveillance Weeks 19 & 20 (2/4/2024 to 2/17/2024) Centers for Disease Control and Prevention MMWR Weeks 6 & 7

Summit County Surveillance Data:

In Weeks 19 & 20 of influenza surveillance, influenza-related activity was Very Low¹ in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 19 MMWR 6 N (%) ¹	Week 20 MMWR 7 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
<u>Test Performed</u>	1325	1288	-2.8%	1↓
<u>Positive Tests (Number and %)</u>	364 (27.5%)	340 (26.4%)	-3.9%	1↓
Influenza A (Number and %)	207 (15.6%)	182 (14.1%)	-9.6%	1↓
Influenza B (Number and %)	157 (11.9%)	158 (2.3%)	3.5%	5↑
<u>Acute care hospitalizations for Influenza:</u>	39	33	-30.0%	2↓
Schools absenteeism²	9.6	9.4	-1.3%	1↓
Deaths (occurred in Summit County)				
Pneumonia associated	12	7	-41.7%	1↓
<u>Influenza associated</u>	0	0	-	-
COVID-19 associated	6	0	-100.0%	1↓
Emergency room visits (EpiCenter)³ (Figure 3)**				
Total ED Visits	4038	4014	-0.6%	1↓
Constitutional Complaints	552	480	-12.5%	1↓
<u>Fever and ILI</u>	51	45	-11.2%	1↓
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) 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 change in reporting practices from at least one of the reporting facilities. **These figures should not be compared to previous year's reports** 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. 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				

Lab reports: During week 19 and 20 of influenza surveillance, reporting Summit County facilities performed 2,613 flu tests, of which 704 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 72 reported admissions during weeks 19 and 20. **Figure 2** displays hospitalizations in Summit County.

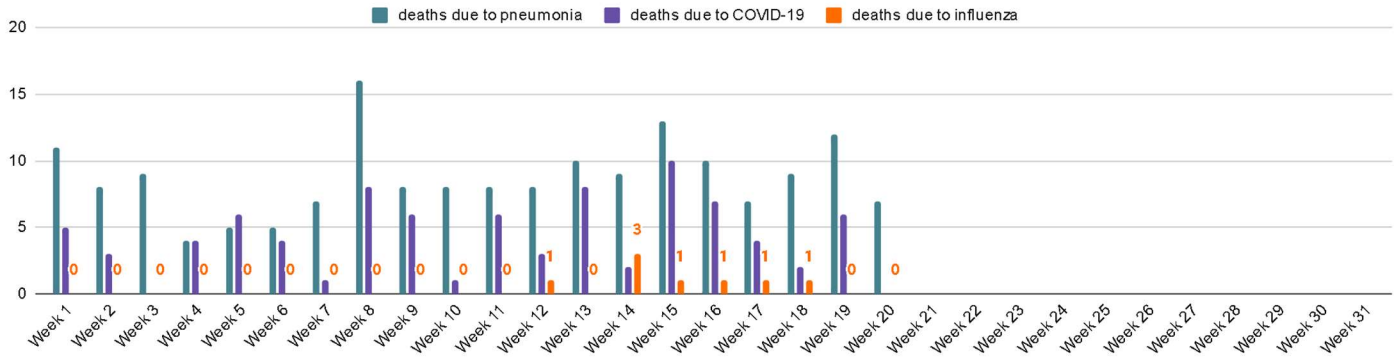
School absenteeism includes absences regardless of reason. The absence rate decreased by 1.3% from week 19 to 20.

0 deaths related to influenza, 6 COVID-19 related deaths and 19 pneumonia related deaths occurred in Summit County during week 19 and 20. COVID-19 and pneumonia associated deaths decreased in week 20. Influenza associated deaths were unchanged.

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

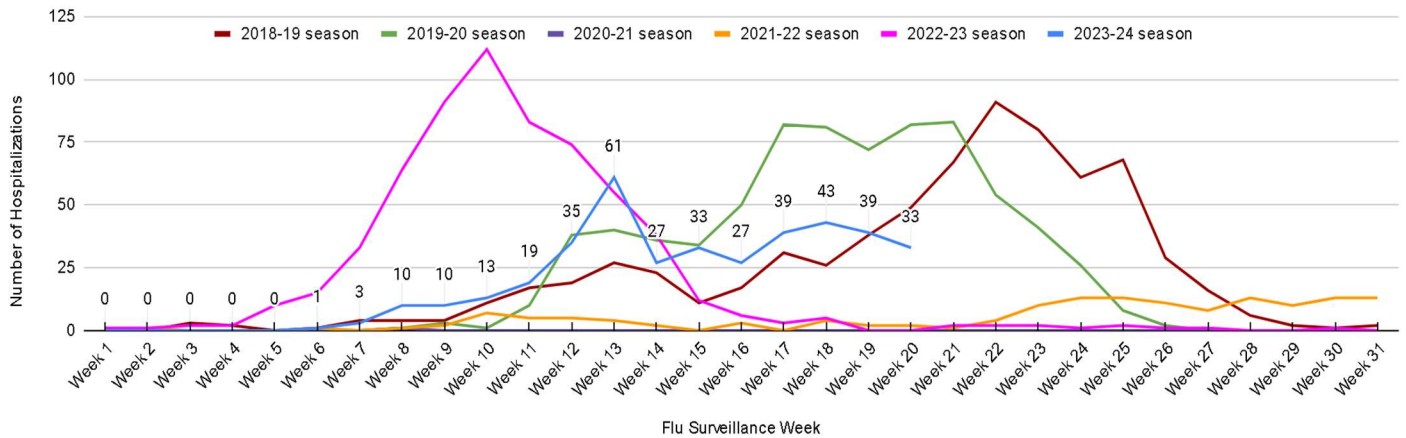
¹The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of underlined table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high),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

Figure 1. Weekly Summit County death counts associated with pneumonia and influenza during 2023-2024 season



Hospitalizations: In Week 19, Summit County hospitals reported 39 influenza-associated hospitalizations. In Week 20 there were 33 new influenza-associated hospitalizations. **Figure 2** displays weekly confirmed hospitalization counts for Summit County.

Figure 2. Summit County weekly influenza-associated hospitalizations, 2023-2024 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 ER visits related to ILI and flu symptoms in Summit County. ***A significant number of ER visits are expected to be unaccounted for due to limited reporting partner participation. As a result, these figures should not be compared to previous year's reports.***

Figure 3. Weekly ED visits in Summit County related to Fever + ILI reported in EpiCenter, 2023 to 2024 season

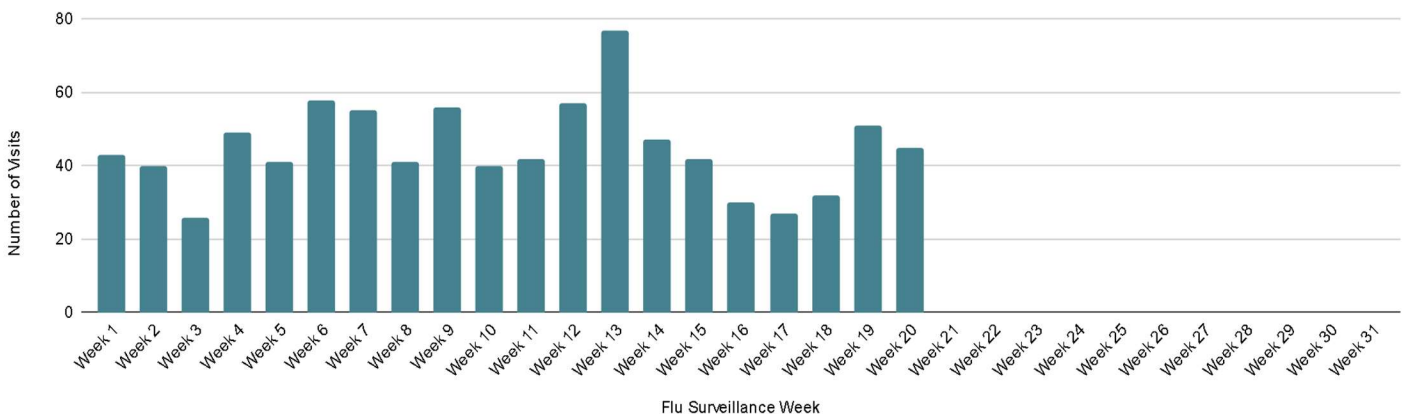
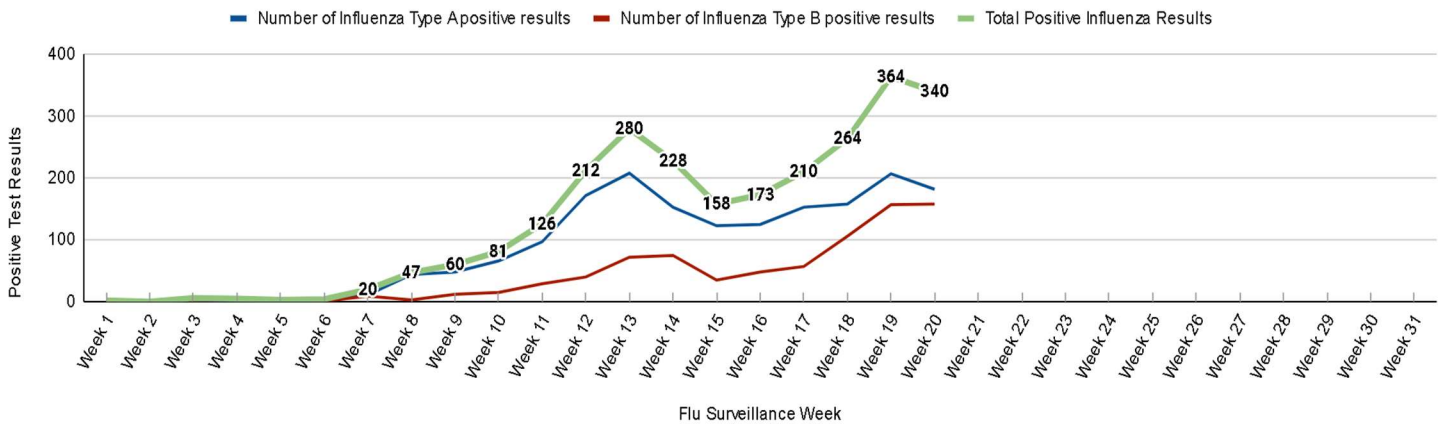


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – **Very High**

Ohio Department of Health Seasonal Influenza Activity Summary Week ending on 2/17/2024

Activity Indicators (Week ending on 2/17/2024)				
Data Source	Current Week	Percent Change from last week	Trend Direction	
% of Outpatient Visits Influenza-like Illness (ILI) Outpatient Data (ILINet Sentinel Provider Visits)	7.51%	9.32%	↑	
Thermometer Sales (National Retail Data Monitor)	0.57%	-1.72%	↓	
% of Emergency Department (ED) Visits Fever and ILI Specified ED Visits (EpiCenter)	2.58%	4.88%	↑	
% of ED Visits Constitutional ED Visits (EpiCenter)	14.12%	1.44%	↑	
Hospitalizations Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	631	12.88%	↑	

Details pertaining to the table above as well as other Ohio Influenza data can be found here → Source: <https://odh.ohio.gov/know-our-programs/seasonal-influenza/influenza-dashboard>

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

National Outpatient Illness Surveillance:

Nationwide, during Week 7, 4.5% 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 (change of ≤ 0.1 percentage points) compared to Week 6. The percentage of visits for ILI remained stable in regions 1, 2, 3, and 10, increased in regions 5, 7, and 9, and decreased in regions 4, 6, and 8 in Week 7 compared to Week 6. All regions remain above their region-specific baselines this week. 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, 2023-2024 and Selected Previous Seasons.

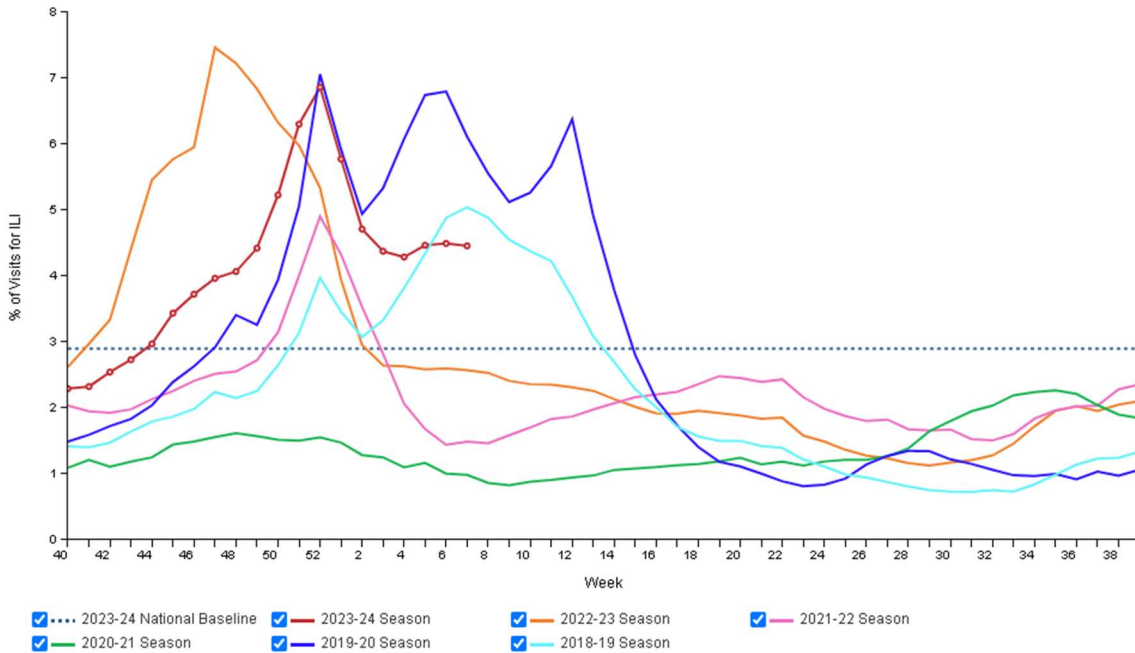
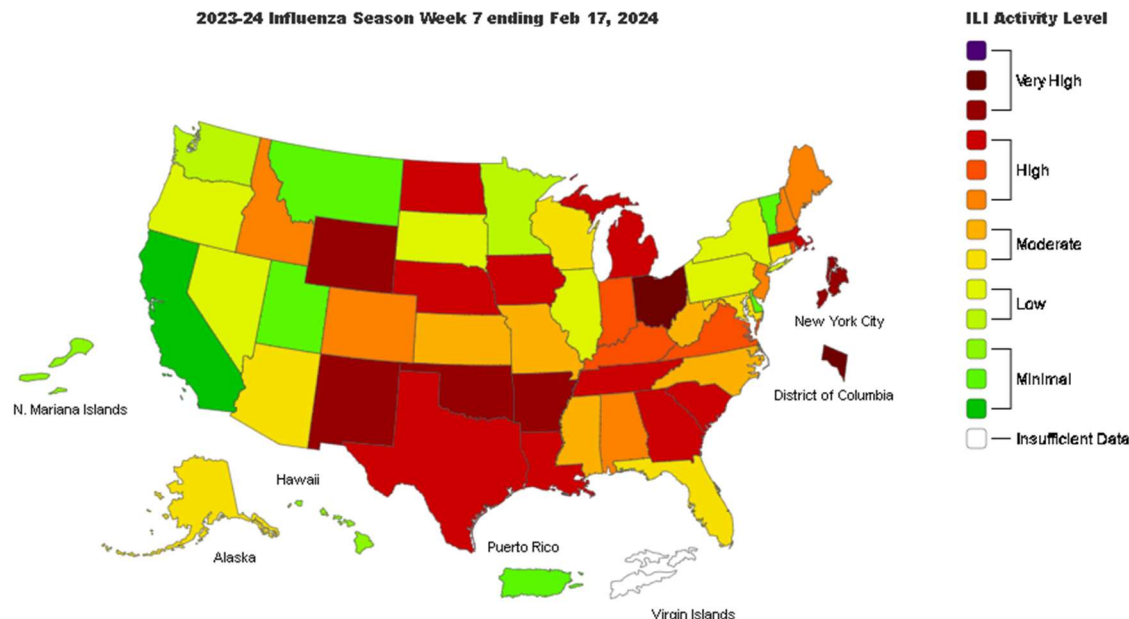


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 465 19 February 2024, based on data up to 4 February 2023

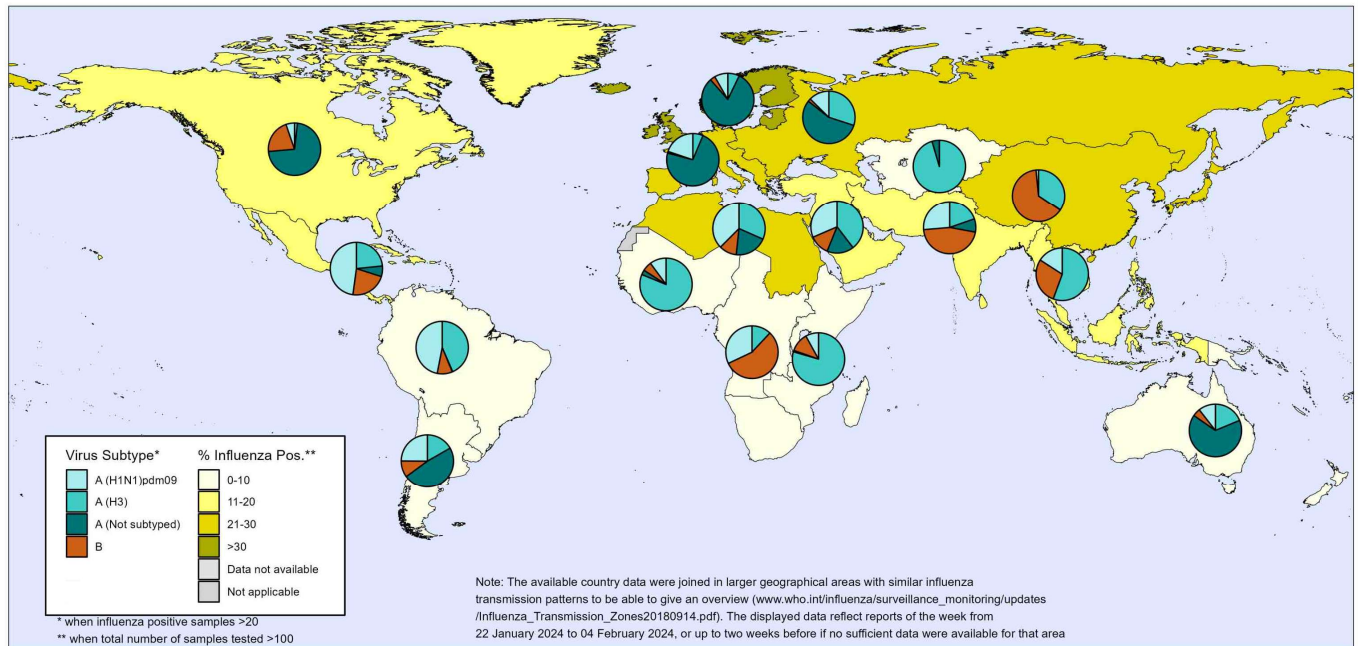
- **Countries are recommended to monitor the relative co-circulation of influenza and SARS-CoV-2 viruses in [integrated surveillance](#) and report to RespiMART (FluNet and FluID) directly or via regional platforms. Clinicians should consider influenza in differential diagnosis, especially for high-risk groups for influenza, and test and treat according to national and WHO guidance.**
- Globally, influenza activity remained elevated in most Northern hemisphere countries, although global influenza virus detections decreased.
- In the countries of North America, influenza activity remained elevated but some indicators showed a decreasing trend. Influenza A(H1N1)pdm09 viruses predominated among the detections.
- In Europe and Central Asia, influenza activity remained elevated. Of thirty-five reporting countries, influenza activity was reported at very high intensity in two, high intensity in six, medium intensity in twenty, low intensity in six and below baseline in one, and geographic spread was widespread in majority of reporting countries. Influenza hospitalizations and intensive care unit (ICU) admissions remained elevated. Influenza A virus detections predominated among detections in primary and secondary care sentinel surveillance, with A(H1N1)pdm09 viruses predominant.
- In Northern Africa, detections of influenza A(H1N1)pdm09 and A(H3N2) continued to increase in Tunisia but decreased in the other countries.
- In Eastern Asia, influenza activity remained elevated but decreasing overall.
- In Western Asia, influenza activity decreased overall, although increased influenza A virus detections were reported in Armenia, Georgia, Israel and Türkiye.
- In the Central American and Caribbean countries, influenza activity remained elevated in sentinel surveillance but decreased in non-sentinel surveillance. Influenza A(H1N1)pdm09 viruses were predominant in the Caribbean followed by influenza A(H3N2) viruses, while influenza A(H1N1)pdm09 was predominant in Central America, followed by B/Victoria.
- In tropical South America, influenza activity remained low with few detections of influenza A viruses reported in some countries.
- In tropical Africa, influenza detections remained low in most reporting countries with a few exceptions and influenza A(H3N2) viruses predominated.
- In Southern Asia, overall influenza activity continued to decrease but remained elevated in some countries, with all seasonal influenza subtypes co-circulating.
- In South-East Asia, influenza activity driven by all seasonal subtypes increased in Malaysia and Singapore and remained elevated in Thailand.
- In the temperate zones of the southern hemisphere, indicators of influenza activity were reported at low levels or below the seasonal threshold in most reporting countries.
- National Influenza Centres (NICs) and other national influenza laboratories from 122 countries, areas or territories reported data to FluNet for the time period from 22 January 2024 to 04 February 2024* (data as of 16/02/2024 05:52:58 AM UTC). The WHO GISRS laboratories tested more than 581 499 specimens during that time period. 115 653 were positive for influenza viruses, of which 91 325 (78.96%) were typed as influenza A and 24 328 (21.04%) as influenza B. Of the sub-typed influenza A viruses, 9620 (45.15%) were influenza A(H1N1)pdm09 and 11 688 (54.85%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (12 192) belonged to the B/Victoria lineage.
- Globally, SARS-CoV-2 positivity from sentinel surveillance remained below 10%. Positivity remained below 10% in all WHO Regions with exception of the Region of the Americas where positivity increased and was around 20%. SARS-CoV-2 positivity from non-sentinel surveillance decreased to around 10% globally.
- In countries with RSV surveillance in place, RSV activity was stable or decreased in most reporting countries except in the Russian Federation and South Africa, New South Wales of Australia where detections slightly increased in this reporting period though overall percentage positivity was still very low. RSV percent positivity was still high in Egypt though slightly dropped compared with last report.
- WHO encourages countries, especially those that have received the multiplex influenza and SARS-CoV-2 reagent kits from GISRS, to conduct integrated surveillance of influenza and SARS-CoV-2 and report epidemiological and

laboratory information in a timely manner to established regional and global platforms. The guidance can be found here: https://www.who.int/publications/i/item/WHO-2019-nCoV-integrated_sentinel_surveillance-2022.1.

- National Influenza Centres (NICs) and other national influenza laboratories from 88 countries, areas or territories from six WHO regions (African Region: 12; Region of the Americas: 15; Eastern Mediterranean Region: 6; European Region: 42; South-East Asia Region: 8; Western Pacific Region: 5) reported to FluNet from sentinel surveillance sites for the time period from 22 January 2024 to 04 February 2024* (data as of 16/02/2024 05:52:58 AM UTC). The WHO GISRS laboratories tested more than 42 430 sentinel specimens during that time period and 3459 (8.15%) were positive for SARS-CoV-2. Additionally, more than 1 189 953 non-sentinel or undefined reporting source samples were tested in the same period and 108 442 were positive for SARS-CoV-2. Further details are included at the end of this update.

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

Map generated on 16 February 2024



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--465>

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 February 23, 2024