



**Summit County Public Health
Influenza Surveillance Report
2022 – 2023 Season
Report #9**



**Flu Surveillance Weeks 11 & 12 (12/11/2022 to 12/24/2022)
Centers for Disease Control and Prevention MMWR Weeks 50 & 51**

A temporary disruption in the influenza surveillance systems used to generate this report has significantly reduced the sample size of Summit County specific influenza related information. This has resulted in temporarily skewed data that does not provide an accurate depiction of local ILI activity—once this is resolved the report will be retroactively completed and uploaded [here](#). The state, national and global data for week 11 and 12 is still available below:

Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – Very High

During MMWR Week 51, 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 858 influenza-associated hospitalizations reported during MMWR Week 51.

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)	8.80%	-5.38%	↓ 4	
Thermometer Sales (National Retail Data Monitor)⁴	0.68%	-15.00%	↓ 1	
Fever and ILI Specified ED Visits (EpiCenter)	3.06%	-13.31%	↓ 4	
Constitutional ED Visits (EpiCenter)	14.95%	-6.09%	↓ 4	
Confirmed Influenza-associated Hospitalizations (Ohio Disease Reporting System)	858	-36.16%	↓ 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-51-20222023>

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 85,299 tests for influenza performed at participating facilities; of these, 761 tested positive for influenza A(H1N1pdm09), 939 for influenza A(H3N2), 16,142 for influenza A (subtyping not performed), and 78 for influenza B (through 12/24/2022).
- One pediatric influenza-associated mortality has been reported so far during the 2022-2023 influenza season (through 12/24/2022).
- No novel influenza A virus infections have been reported so far during the 2022-2023 influenza season (through 12/24/2022).
- Incidence of confirmed influenza-associated hospitalizations in 2022-2023 season = 6,270 (through 12/24/2022).

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

National Outpatient Illness Surveillance:

Nationwide during week 51, 6.1% 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 2 and 9 and decreased in all other regions during week 51 compared to week 50. 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.

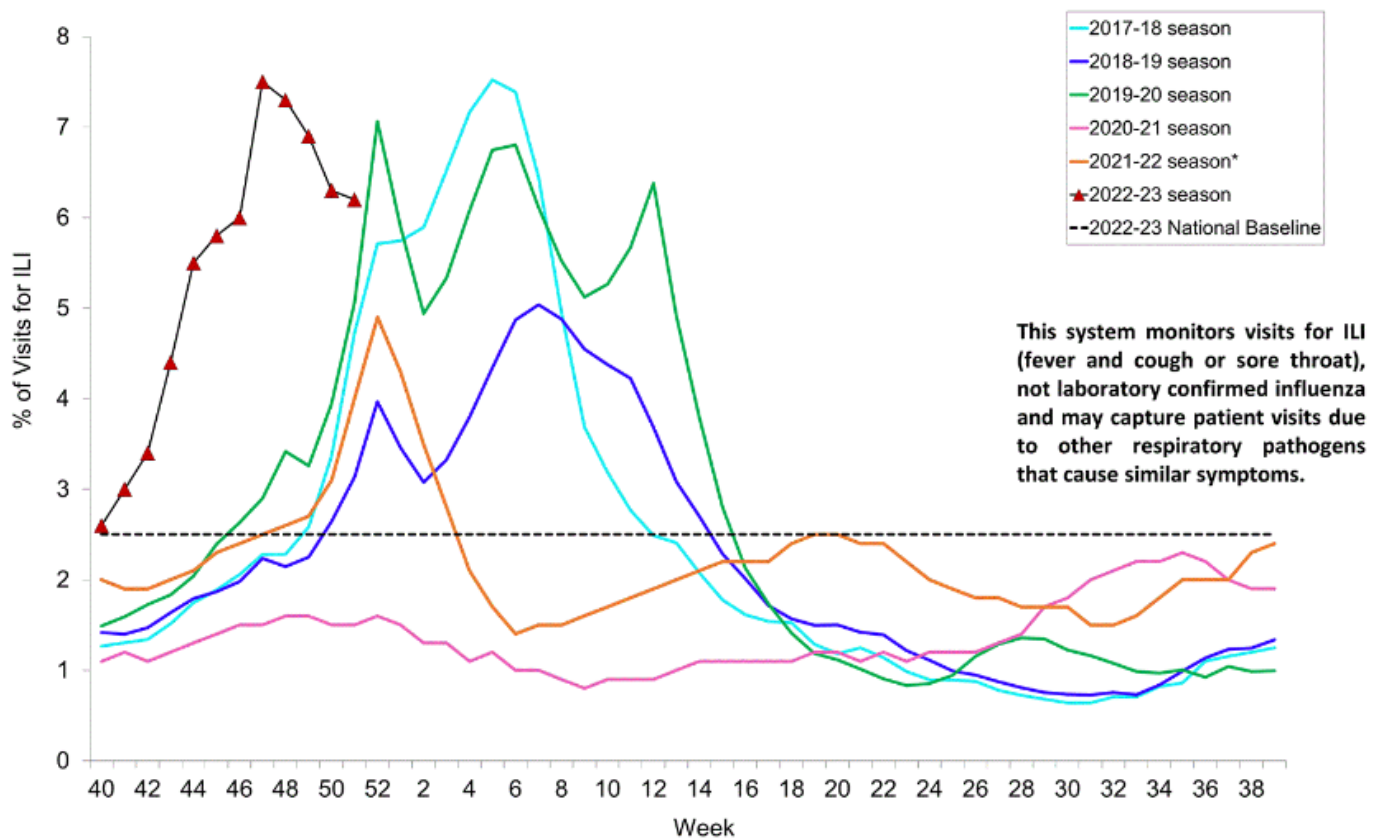
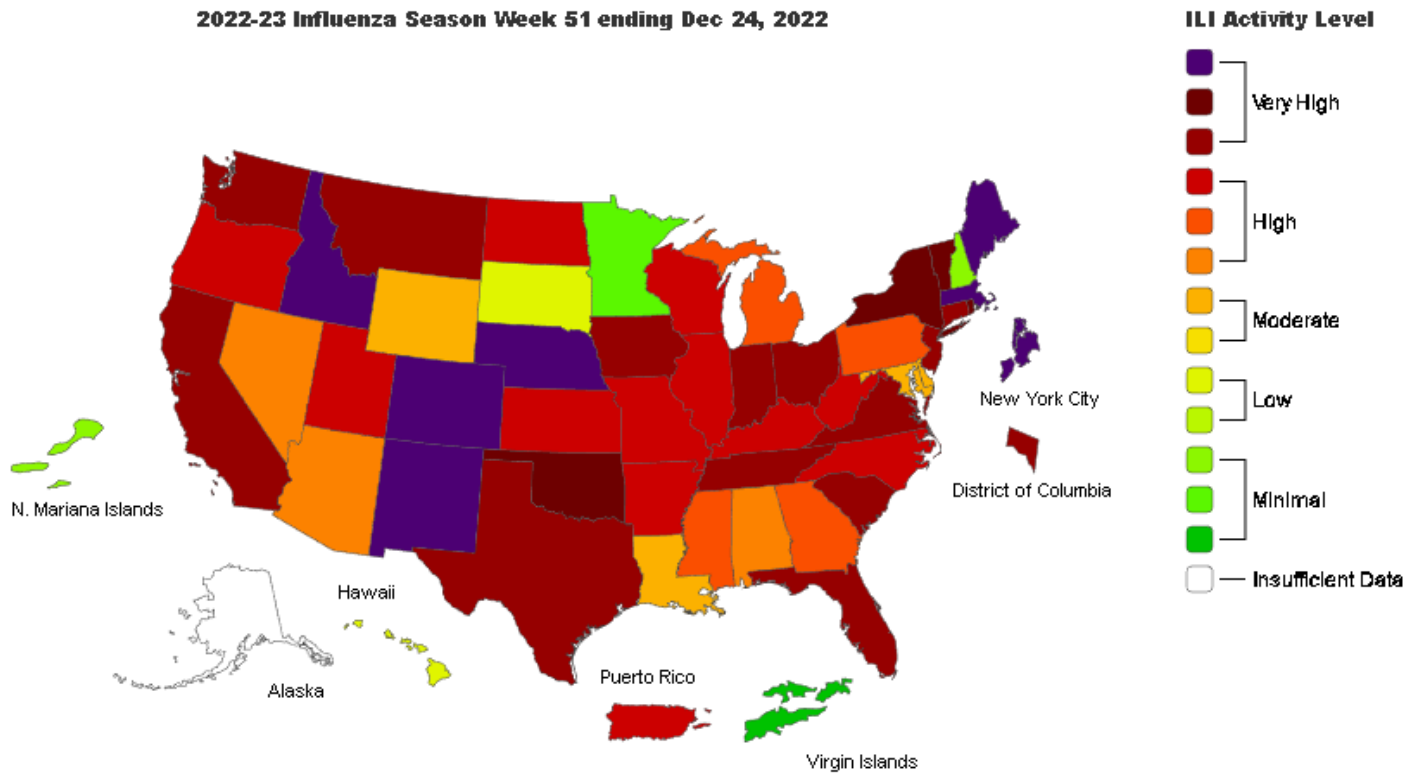


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

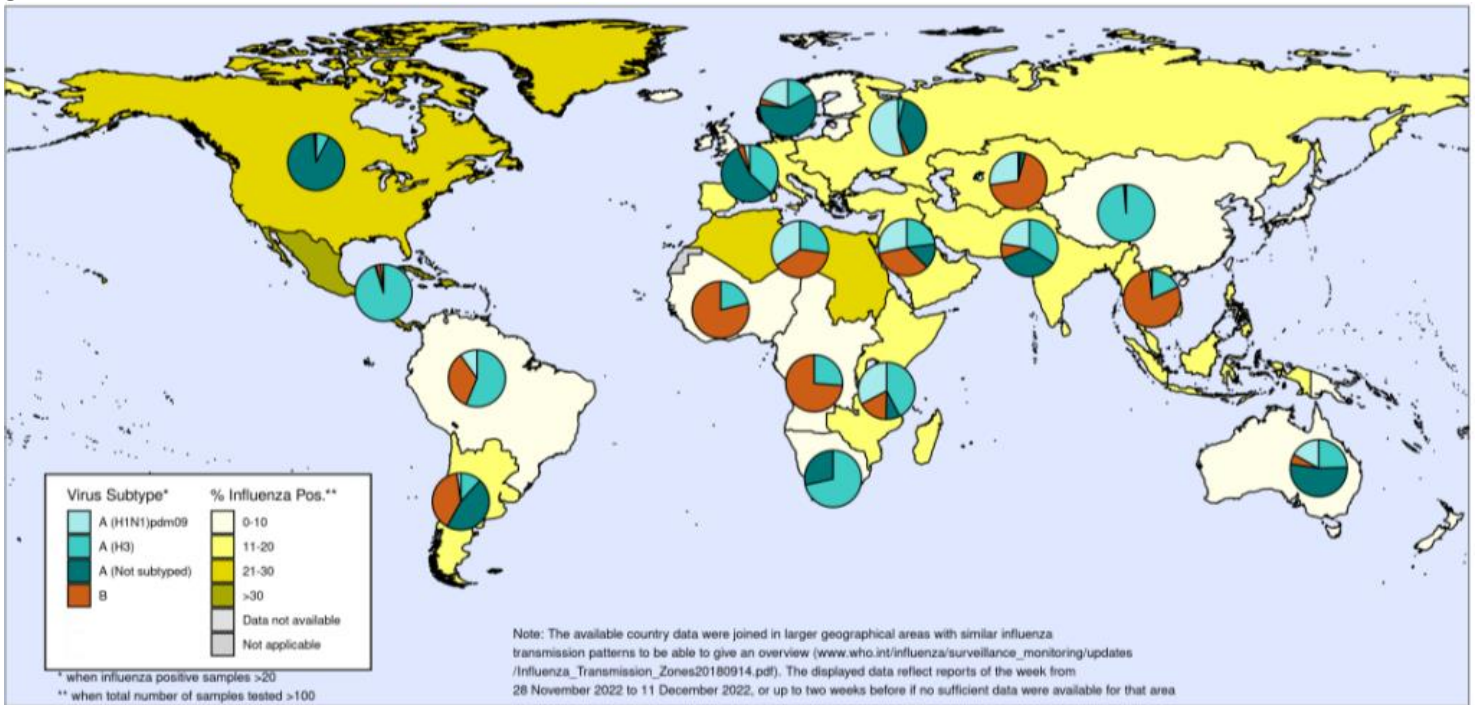
Influenza Update N° 435 December 2022, based on data up to 23 December 2022. The Update is published every two weeks.

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 remained elevated due to activity in the northern hemisphere. Where subtyped, influenza A (H3N2) viruses predominated.
- In the countries of North America, some indicators of influenza activity decreased while others were stable or continued to increase. Many indicators were above levels typically observed at this time of year and some were 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 with A (H3N2) viruses accounting for the majority of subtyped influenza A viruses from sentinel sites and influenza A (H1N1) pdm09 viruses predominant among nonsentinel samples in recent weeks.

- In central Asia, influenza activity increased with relatively equal proportions of influenza A (H1N1) pdm09 and influenza B viruses reported. Influenza B viruses predominated in Kazakhstan and Uzbekistan while influenza A (H1N1) pdm09 predominated in Kyrgyzstan and Tajikistan. ▀ In Northern Africa, influenza detections increased but remained low. Morocco reported mainly B/Victoria lineage virus detections. Tunisia reported increasing detections of mainly influenza A (H1N1) pdm09 as well as some influenza A(H3N2) and influenza B/Victoria lineage virus detections.
- In Western Asia, influenza activity decreased overall with all seasonal influenza subtypes detected in similar proportions, though increased activity was reported in some countries.
- 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 predominantly influenza A (H3N2) viruses decreased but remained elevated in Mexico.
- In the tropical countries of South America, influenza detections were low, and A (H3N2) viruses predominated. Influenza update | 23 December 2022 2
- In tropical Africa, influenza activity remained low with detections of all seasonal influenza subtypes reported. An increased number of detections was reported from Eastern Africa.
- In Southern Asia, influenza activity continued to decrease to low levels, mainly due to decreased activity reported in Iran (Islamic Republic of). Influenza A (H1N1) pdm09 was the most frequently detected subtype in the subregion.
- In South-East Asia, detections of predominantly influenza B increased and remained elevated.
- In the temperate zones of the southern hemisphere, influenza activity decreased in Argentina and Chile and remained low elsewhere.

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/flu-net)
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Source: <https://www.who.int/publications/m/item/influenza-update-n-435>



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 30, 2022.