



Summit County Public Health
Influenza Surveillance Report
2023 – 2024 Season



Public Health
Prevent. Promote. Protect.

Report #29
Flu Surveillance Weeks 30 & 31 (4/21/2024 to 5/4/2024)
Centers for Disease Control and Prevention MMWR Weeks 17 & 18

2023-2024 Influenza Season Summary (October 1, 2023 to May 4, 2024)

Laboratory Testing:

	<u>2023-2024</u>	<u>2022 – 2023</u>	<u>2021 – 2022</u>
Influenza Tests ordered:	30,290	30,573	35,598
Positive test results:	4,339	3,617	1,942
Type A:	2,701	3,575	1,913
Type B:	1,638	42	29

<i>Total influenza hospitalizations:</i>	641	619	148
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<i>Influenza – related deaths:</i>	12	17	3
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<i>Pneumonia – related deaths:</i>	265	278	602
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<i>COVID-19 – related deaths:</i>	112	150	716
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Some deaths were due to the development of pneumonia as the result of a COVID-19 infection, while others were due to pneumonia from other causes, or complications of COVID-19 that did not include pneumonia.

Summit County Surveillance Data:

In **Weeks 30 & 31** of influenza surveillance, influenza-related activity was low¹ in Summit County.

Table 1: Overall Influenza Activity Indicators in Summit County by week				
	Week 30 MMWR 17 N (%) ¹	Week 31 MMWR 18 N (%) ¹	Percent change from previous week	Number of weeks increasing or decreasing
Lab Reports: Influenza				
<u>Test Performed</u>	645	561	-11.0%	5↓
<u>Positive Tests (Number and %)</u>	18 (2.8%)	10 (1.8%)	-19.1%	9↓
Influenza A (Number and %)	15 (2.3%)	9 (1.6%)	-15.7%	4↓
Influenza B (Number and %)	3 (0.5%)	1(0.2%)	-32.6%	9↓
<u>Acute care hospitalizations for Influenza:</u>	6	1	-83.3%	6↓
<u>Schools absenteeism</u> ²	8.0	10.0	24.8%	2↑
Deaths (occurred in Summit County)				
Pneumonia associated	3	7	133.3	1↑
<u>Influenza associated</u>	0	1	-	1↑
COVID-19 associated	1	0	-100.0%	1↓
Emergency room visits (EpiCenter)³ (Figure 3)**				
Total ED Visits	3798	4166	9.7%	1↑
Constitutional Complaints	255	275	-1.7%	1↓
<u>Fever and ILI</u>	21	34	47.6%	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. 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.</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 30 and 31 of influenza surveillance, reporting Summit County facilities performed 1,206 flu tests, of which 28 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 6 reported admissions during week 30 and 1 admission for week 31. **Figure 2** displays hospitalizations in Summit County.

School absenteeism

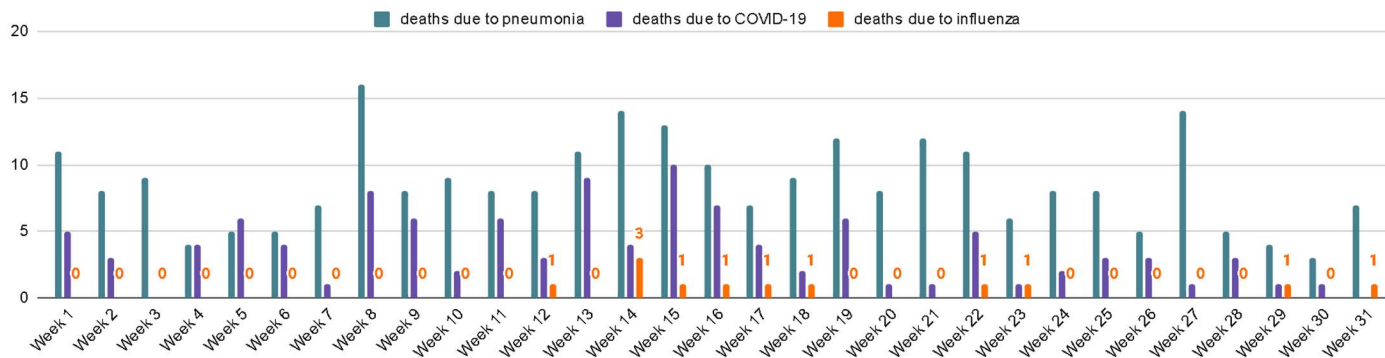
includes absences regardless of reason. The absence rate increased from week 30 to 31.

1 death related to influenza, 1 COVID-19 related death and 10 pneumonia related deaths occurred in Summit County during weeks 30 and 31. Influenza associated and pneumonia associated deaths increased, and COVID-19 associated deaths decreased.

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

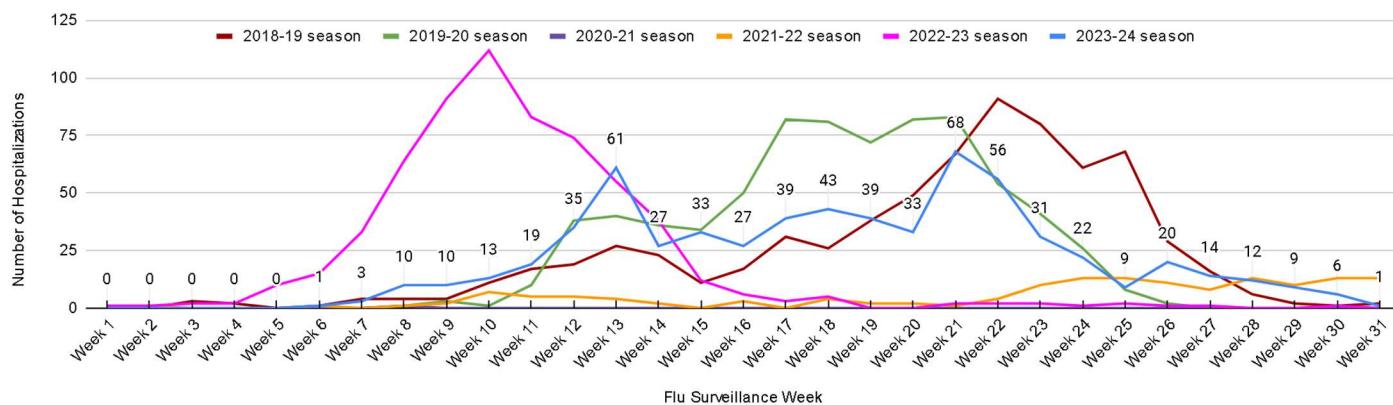
¹The measure of 'influenza-related activity in Summit County' will be determined based on week to week comparison of underlined table 1 indicators. The scale is as follows: 1/5 indicators increase (very low), 2/5 indicators increase (low), 3/5 indicators increase (moderate), 4/5 indicators increase (high), 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 30, Summit County hospitals reported 6 influenza-associated hospitalizations, 1 hospitalization was reported during Week 31. **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

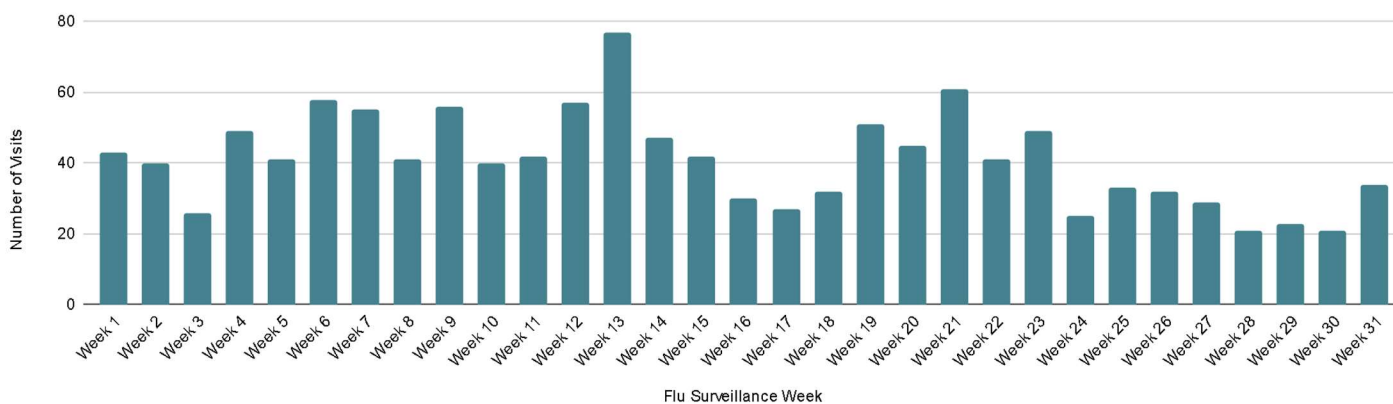
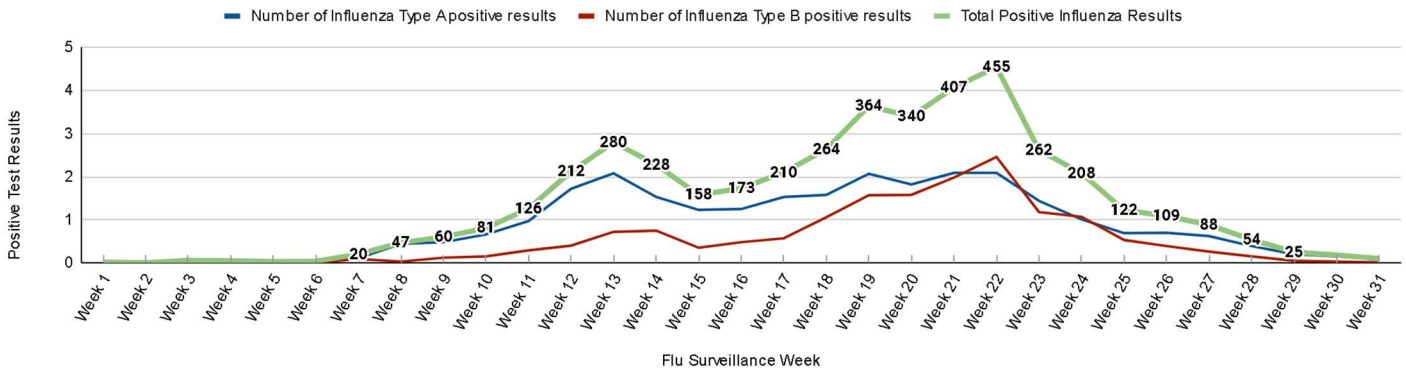


Figure 4. Influenza diagnostic tests with positive results completed by Summit County health facilities, 2023 - 2024 season



Ohio Influenza Activity: from the Ohio Department of Health:

Current Ohio Activity Level (Geographic Spread) – **Minimal**

Ohio Department of Health Seasonal Influenza Activity Summary Week ending on 5/4/2024

Activity Indicators (Week ending on 5/4/2024)				
Data Source	Current Week	Percent Change from last week	Trend Direction	
% of Outpatient Visits Influenza a-like Illness (ILI) Outpatient Data (LLNet Sentinel Provider Visits)	1.77%	-0.56%	↓	
Thermometer Sales (National Retail Data Monitor)	0.23%	-4.17%	↓	
% of Emergency Department (ED) Visits Fever and ILI Specified ED Visits (EpiCenter)	1.16%	2.65%	↑	
% of ED Visits Constitutional ED Visits (EpiCenter)	8.57%	0.00%	↑	
Hospitalizations Confirmed Influenza a-associated Hospitalizations (Ohio Disease Reporting System)	52	-58.73%	↓	

*Due to data instability for thermometer sales received from the reporting site, data shown is through MMWR week 14

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:

Nationally, during Week 18, 2.1% 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 has remained stable (change of ≤ 0.1 percentage points) since Week 17 and is below the national baseline. The percentage of visits for ILI decreased in regions 5 and 7 and remained stable in all other regions in Week 18 compared to Week 17. All 10 regions are below their respective baselines. 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.

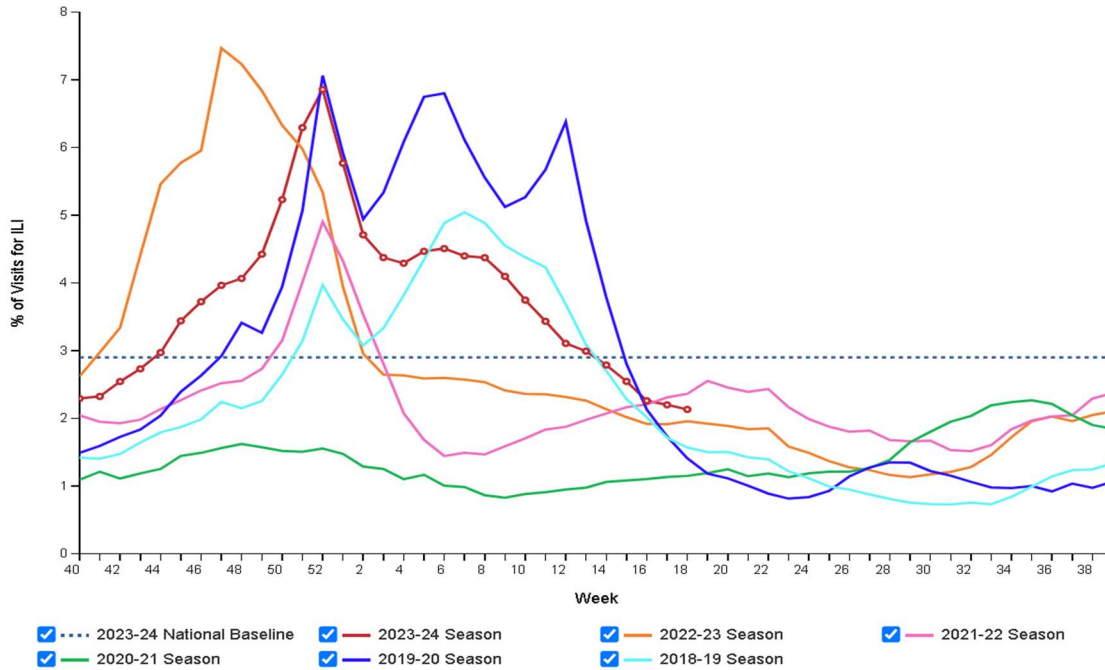
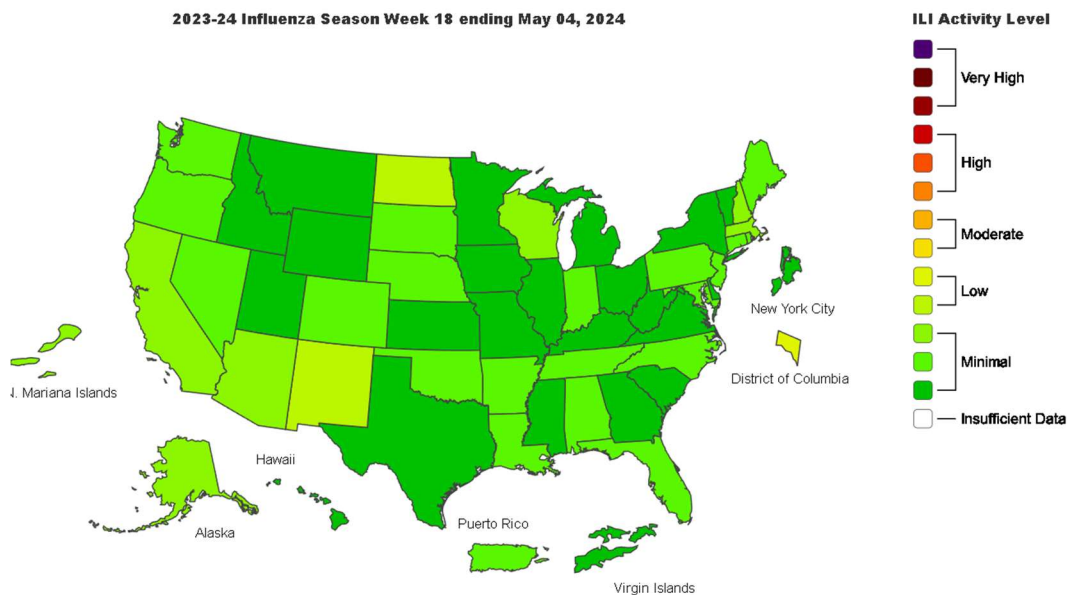


Figure 6. Influenza-like illness (ILI) activity level indicator determined by data reported to ILINet



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

Global Surveillance:

Influenza Update N° 474 8 May 2024 | For reporting week 15, which ended 28 April 2024

Influenza Summary

- In the Northern Hemisphere, influenza activity continued to decline in most countries. Elevated activity is being reported in Central America and the Caribbean, due primarily to influenza A viruses, and in Eastern Europe and Western Asia, due primarily to influenza B viruses.
- In the southern hemisphere, countries in South America reported elevated influenza activity, with mainly influenza A viruses detected. Some countries in Southern Africa reported elevated and increasing activity from prior weeks, with both influenza A and B viruses detected

Figure 7. Proportion of sentinel specimens testing positive for influenza

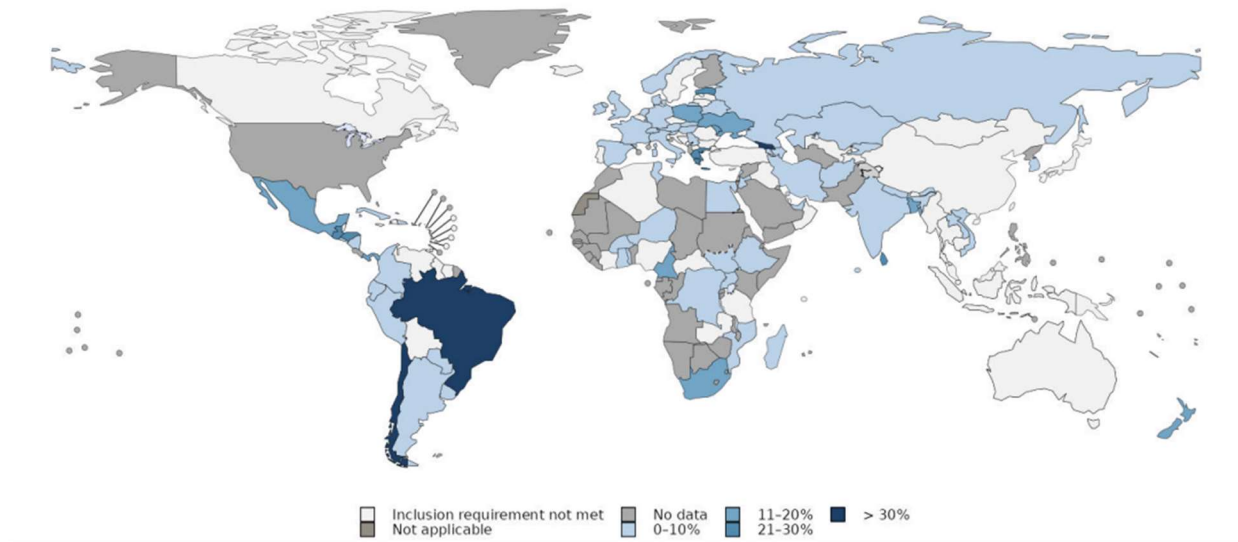
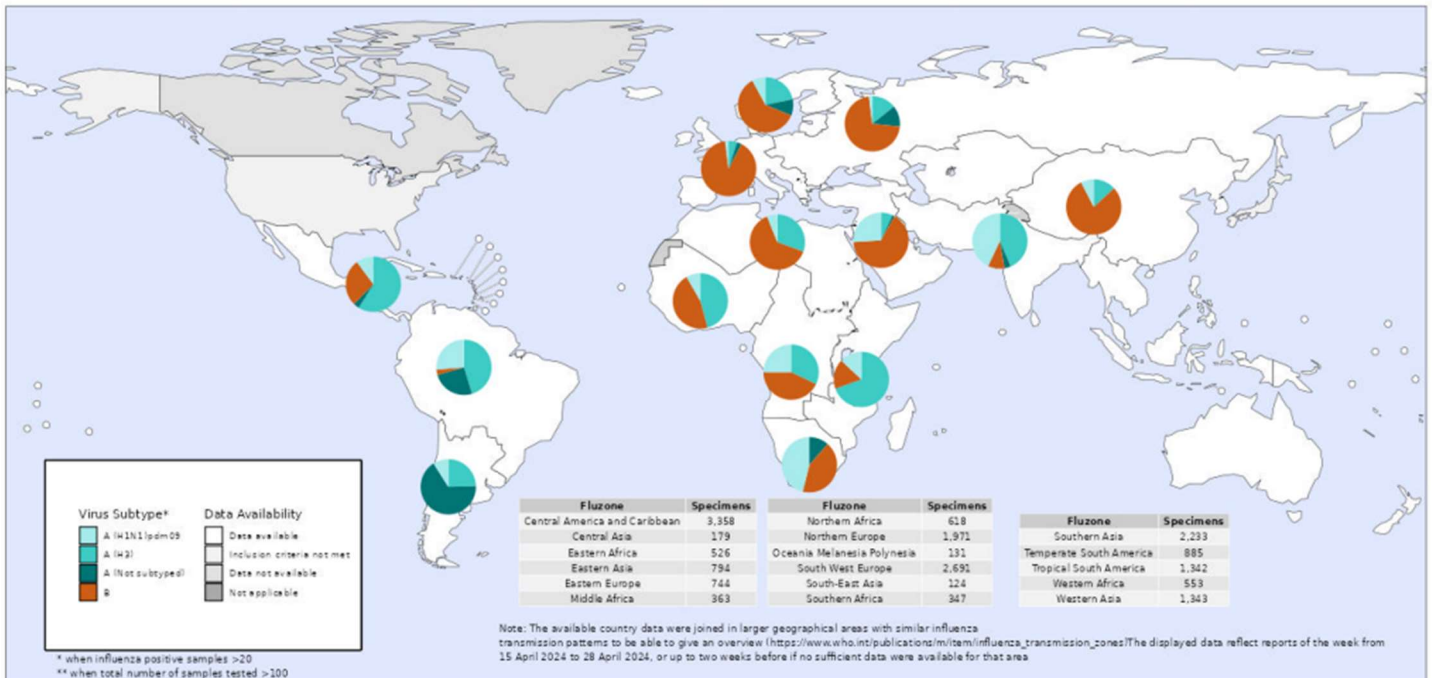


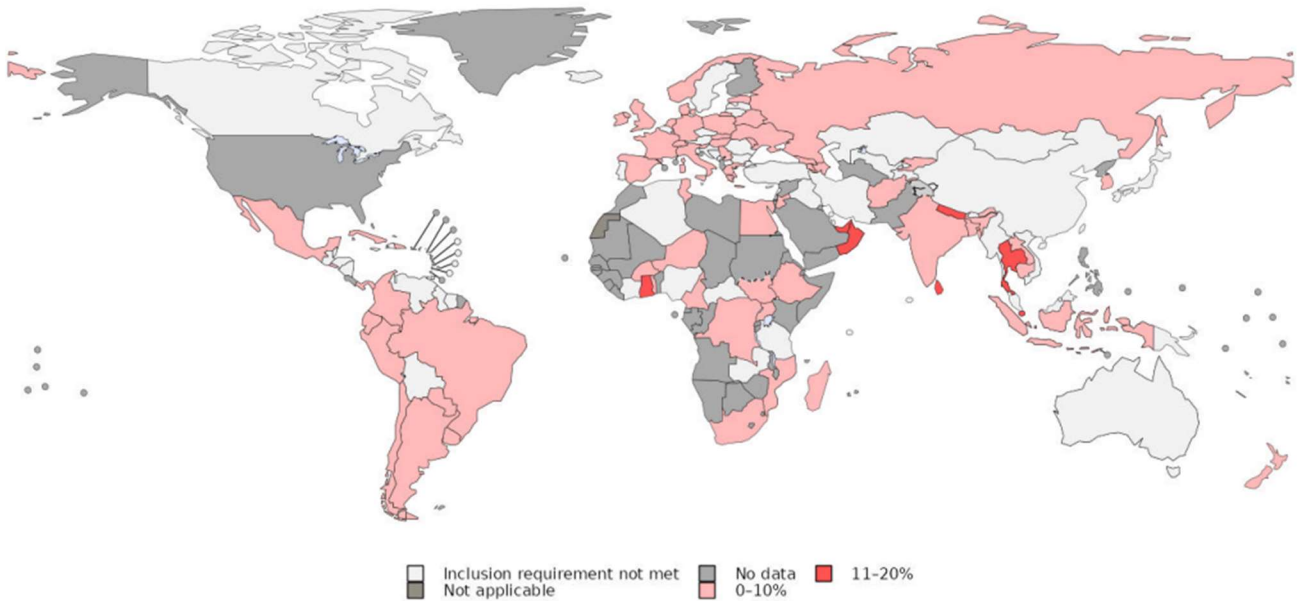
Figure 8. Sentinel specimens testing positive for influenza by subtype, as reported in FluNet



SARS-CoV-2 Summary

- SARS-CoV-2 activity, as reported from sentinel surveillance in 70 countries/areas/territories that met inclusion criteria*, is low overall, but remains elevated in some countries in Western Africa, Western Asia, Southern Asia, and South East Asia. Increases in activity have been reported in countries in Northern Africa, Western Asia, Southern Asia, and South East Asia

Figure 9. Proportion of sentinel specimens testing positive for SARS-CoV-2



Source: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>

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@sched.org). This report was issued on May 10, 2024.