

Weekly U.S. Influenza Surveillance Report

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Note: CDC is tracking the COVID-19 pandemic in a weekly publication called COVID Data Tracker Weekly Review.
(<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/>)

2020-2021 Influenza Season for Week 32, ending August 14, 2021

All data are preliminary and may change as more reports are received.

A description of the CDC influenza surveillance system, including methodology and detailed descriptions of each data component is available on the [surveillance methods](http://www.cdc.gov/flu/weekly/overview.htm) (<http://www.cdc.gov/flu/weekly/overview.htm>) page.

Additional information on the current and previous influenza seasons for each surveillance component are available on [FluView Interactive](https://www.cdc.gov/flu/weekly/fluviewinteractive.htm) (<https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>).

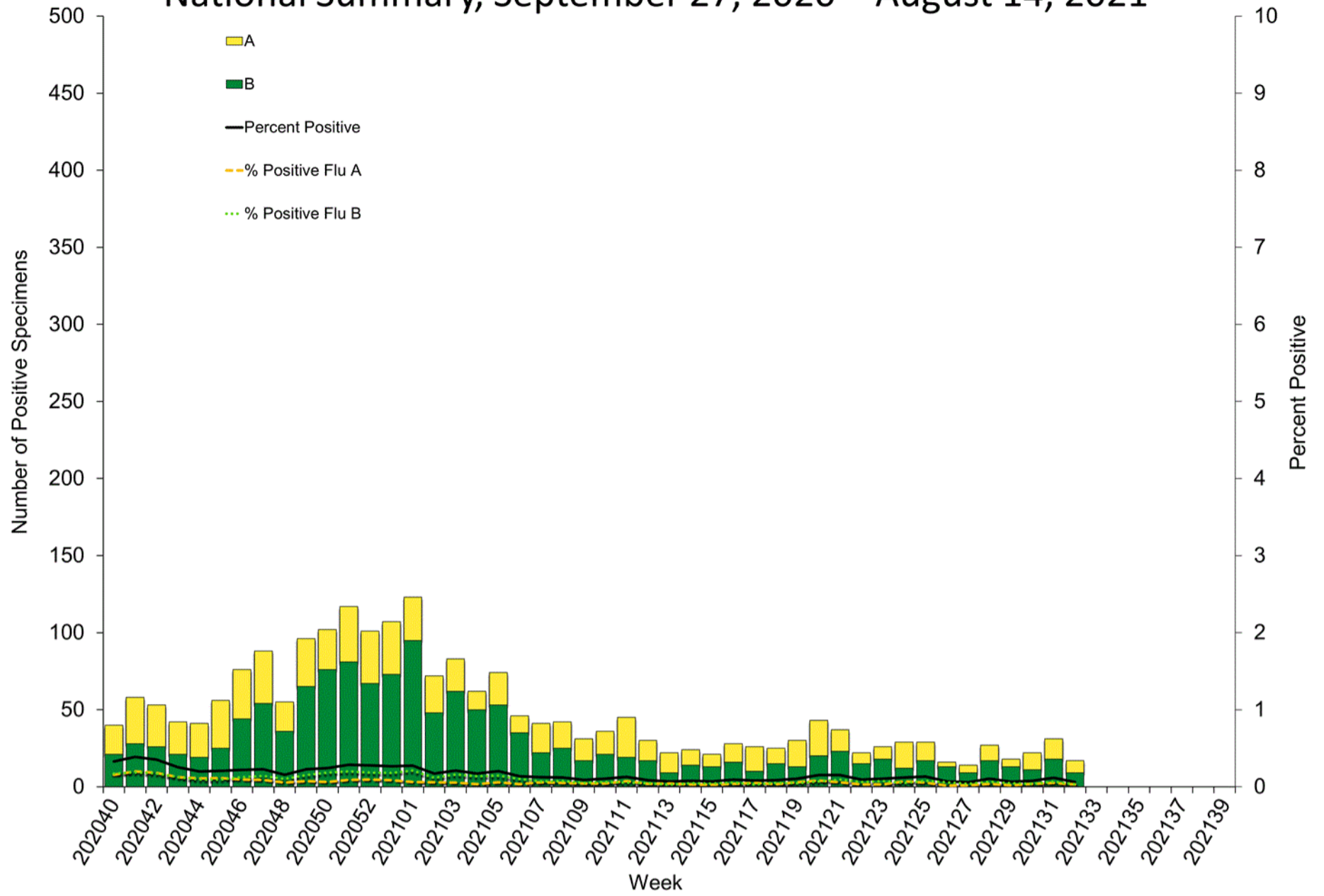
U.S. Virologic Surveillance:

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281228772)

Clinical Laboratories

Data from clinical laboratories (the percentage of specimens tested that are positive for influenza) are used to monitor whether influenza activity is increasing or decreasing.

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, September 27, 2020 – August 14, 2021



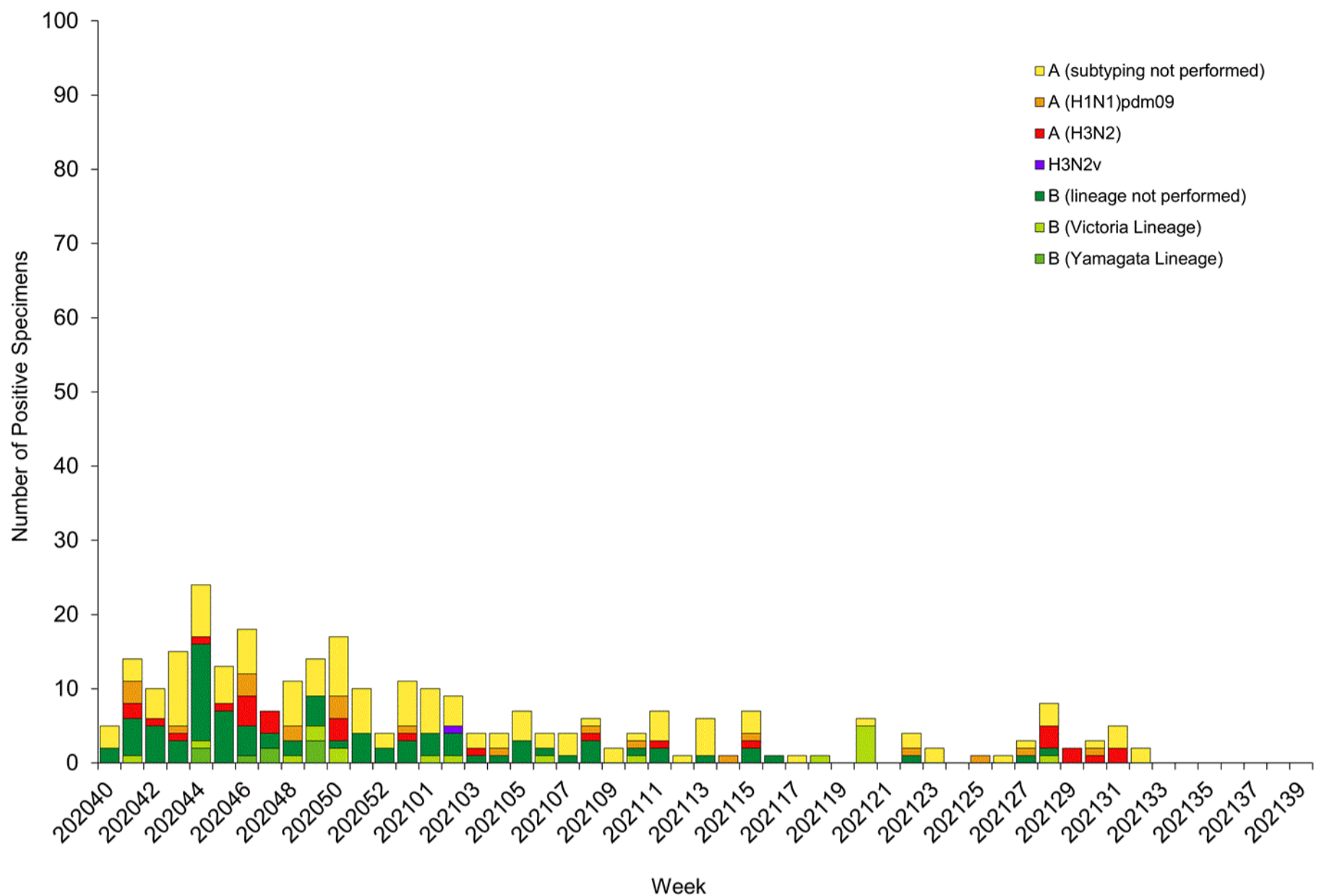
(<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>)

[View Chart Data \(/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_cl32.html\)](/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_cl32.html) | [View Full Screen \(/flu/weekly/weeklyarchives2020-2021/WhoNPHL32.html\)](/flu/weekly/weeklyarchives2020-2021/WhoNPHL32.html)

Public Health Laboratories

Data from public health laboratories are used to monitor the proportion of circulating viruses that belong to each influenza subtype/lineage.

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, September 27, 2020 – August 14, 2021



(<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>)

[View Chart Data \(/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_ph132.html\)](/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_ph132.html) | [View Full Screen \(/flu/weekly/weeklyarchives2020-2021/WhoPHL32.html\)](/flu/weekly/weeklyarchives2020-2021/WhoPHL32.html)

Additional information about medically attended visits for ILI for current and past seasons:

[Surveillance Methods \(https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932\)](https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932) | [FluView Interactive: National, Regional, and State Data \(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html\)](#) or [ILI Activity Map \(https://gis.cdc.gov/grasp/fluview/main.html\)](https://gis.cdc.gov/grasp/fluview/main.html)

Novel Influenza A Virus

Two human infections with a novel influenza A virus were reported by Wisconsin. Both individuals were infected with influenza A(H1N2) variant (A(H1N2)v) virus. Both patients were ≥ 18 years of age. One patient was hospitalized, and both have completely recovered from their illness. Investigation into the source of the infections revealed that prior to illness onset both patients attended the same county fair where swine were being exhibited. No human-to-human transmission of (A(H1N2)v) virus associated with either patient has been identified.

When an influenza virus that normally circulates in swine (but not people) is detected in a person, it is called a “variant influenza virus”. Seven human infections with a novel influenza A virus have been reported in the United States this influenza season, including one H3N2v (WI), three H1N2v (OH, WI (2)), and three H1N1v (IA, NC, WI) virus infections. Three infections have occurred in children < 18 years of age and four have occurred in adults ≥ 18 years of age. All cases either had direct contact with swine or were on a property with swine present prior to illness onset.

Early identification and investigation of human infections with novel influenza A viruses are critical so that the risk of infection can be more fully understood and appropriate public health measures can be taken. Additional information on influenza in swine, variant influenza virus infection in humans, and strategies to interact safely with swine can be found at [www.cdc.gov/flu/swineflu/index.htm \(https://www.cdc.gov/flu/swineflu/index.htm\)](https://www.cdc.gov/flu/swineflu/index.htm). Additional information regarding human infections with novel influenza A viruses can be found at [https://gis.cdc.gov/grasp/fluview/Novel_Influenza.html \(https://gis.cdc.gov/grasp/fluview/Novel_Influenza.html\)](https://gis.cdc.gov/grasp/fluview/Novel_Influenza.html).

Additional information about medically attended visits for ILI for current and past seasons:

Surveillance Methods (https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932) | FluView Interactive: National, Regional, and State Data (<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>) or ILI Activity Map (<https://gis.cdc.gov/grasp/fluview/main.html>)

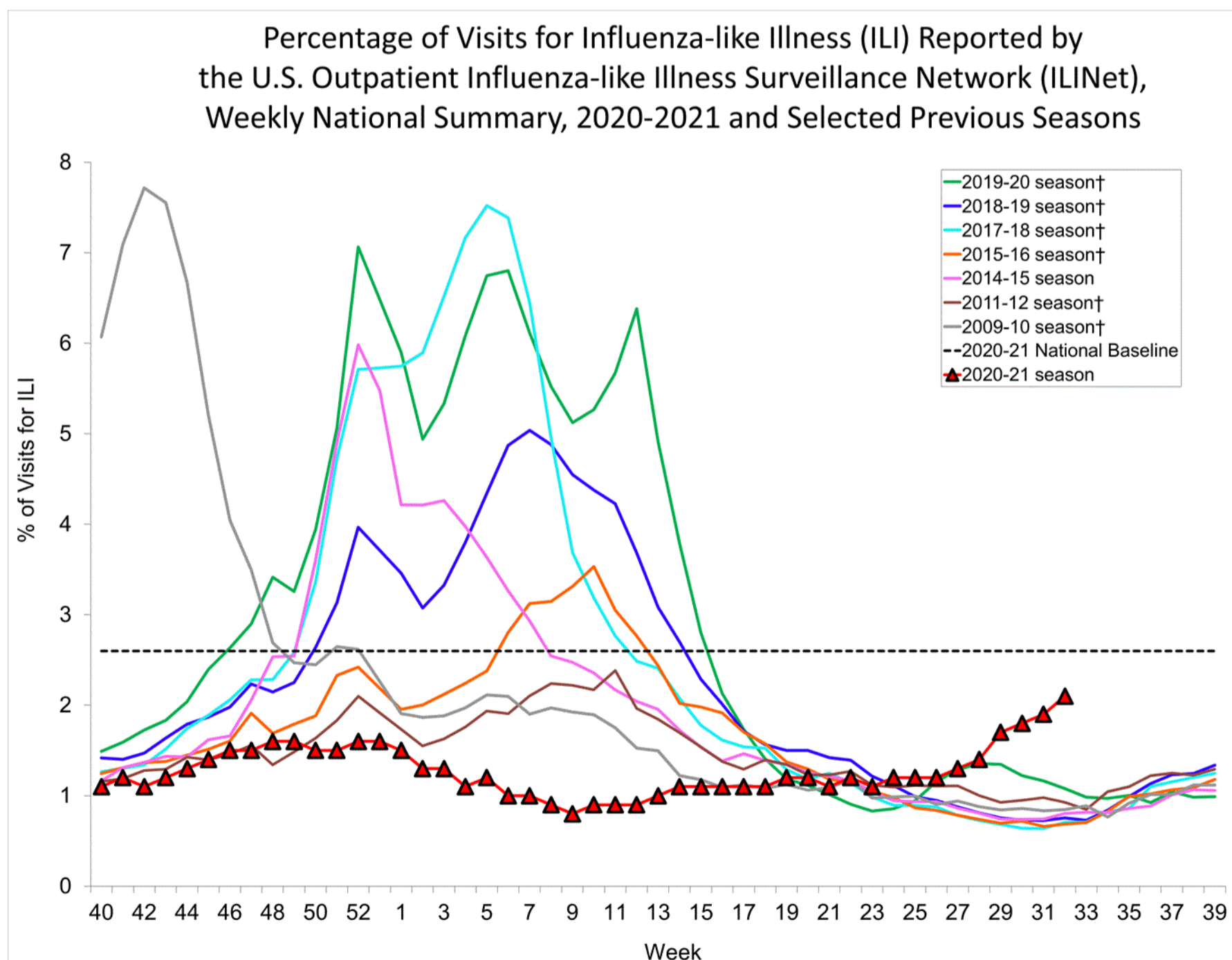
Outpatient Illness Surveillance

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932)

Please note, the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for influenza-like illness (ILI), not laboratory-confirmed influenza, and will capture visits due to other respiratory pathogens, such as SARS-CoV-2, that present with similar symptoms. In addition, health care-seeking behaviors have changed dramatically during the COVID-19 pandemic. Many people are accessing the health care system in alternative settings, which may or may not be captured as a part of ILINet. Therefore, ILI data, including ILI activity levels, should be interpreted with caution. It is particularly important at this time to evaluate syndromic surveillance data, including that from ILINet, in the context of other sources of surveillance data to obtain a complete and accurate picture of influenza, COVID-19, and other respiratory virus activity. CDC is tracking the COVID-19 pandemic in a weekly publication called [COVID Data Tracker Weekly Review](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview.html) (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview.html>). Information about other respiratory virus activity can be found on CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS) website (<https://www.cdc.gov/surveillance/nrevss/index.html>).

ILINet

Nationwide during week 32, 2.1% of patient visits reported through ILINet were due to ILI. Although increasing, the percentage of patient visits for ILI remains below the baseline of 2.6% nationally. One region (Region 4) is above their region-specific baseline while the remaining regions are below their baselines. Influenza virus circulation remains low; therefore, increases in ILI activity are likely due to increased circulation of other respiratory viruses.



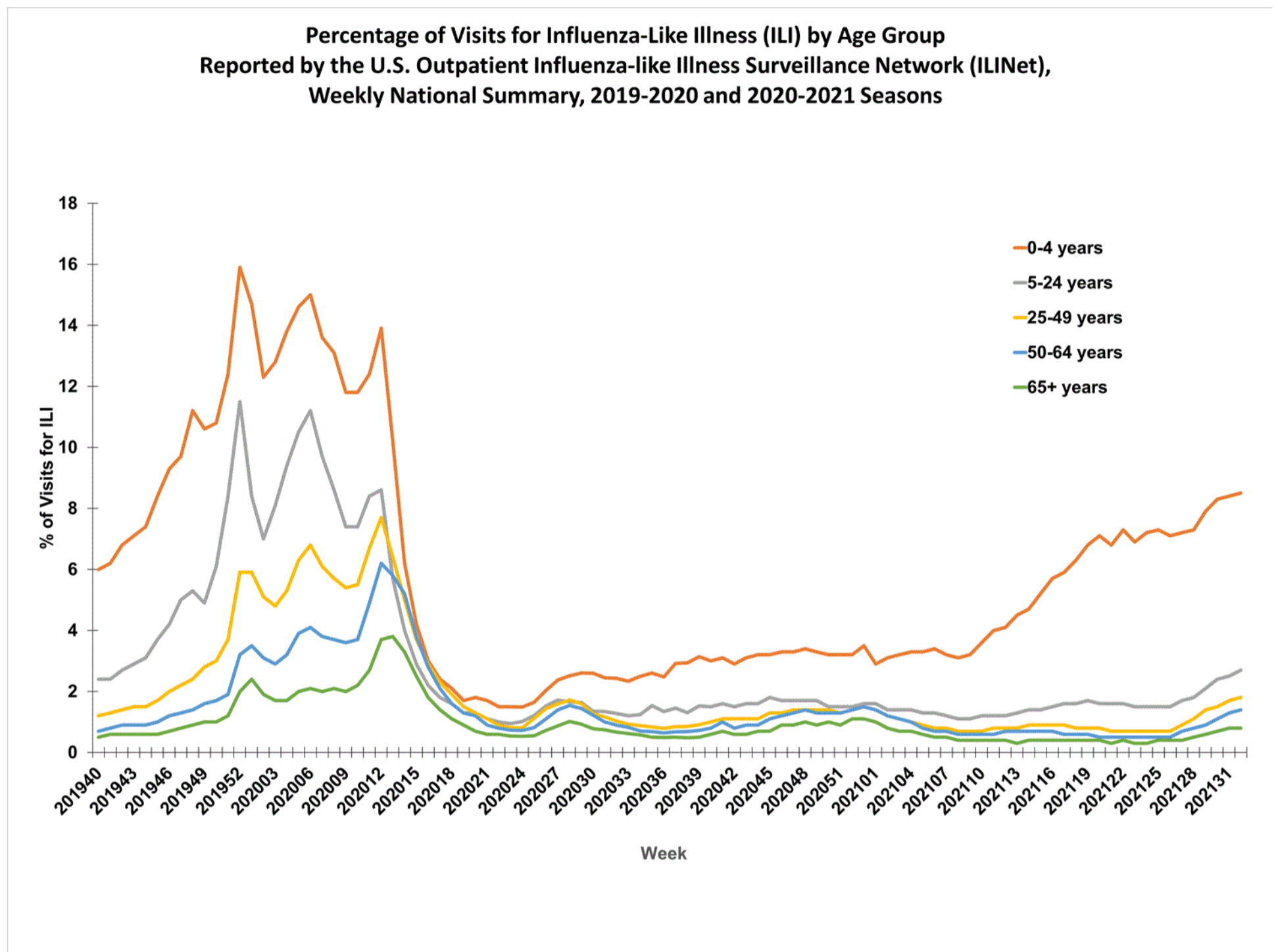
†These seasons did not have a week 53, so the week 53 value is an average of week 52 and week 1.

(<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>)View Chart Data (current season only) (</flu/weekly/weeklyarchives2020-2021/data/senAllregt32.html>) | View Full Screen (</flu/weekly/weeklyarchives2020-2021/ILI32.html>)

ILI Visits by Age Group

About 65% of ILINet participants provide both the number of patient visits for ILI and the total number of patient visits for the week broken out by age group. Data from this subset of providers are used to calculate the percentages of patient visits for ILI by age group.

The percentages of visits for ILI reported in ILINet in week 32 increased compared to week 31 for one age group (5–24 years) and is showing an increasing trend over at least the past four weeks for all age groups.



(<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>)View Chart Data (</flu/weekly/weeklyarchives2020-2021/data/iliage32.html>) | View Full Screen (</flu/weekly/weeklyarchives2020-2021/ILIAge32.html>)

ILI Activity Map

Data collected in ILINet are used to produce a measure of ILI activity*

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1571167821424) by state/jurisdiction and Core Based Statistical Areas (CBSA).

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 31 (Week ending Aug. 7, 2021)	Week 30 (Week ending Jul. 31, 2021)	Week 31 (Week ending Aug. 7, 2021)	Week 30 (Week ending Jul. 31, 2021)
Very High	0	0	1	1
High	1	1	20	15
Moderate	2	1	33	23

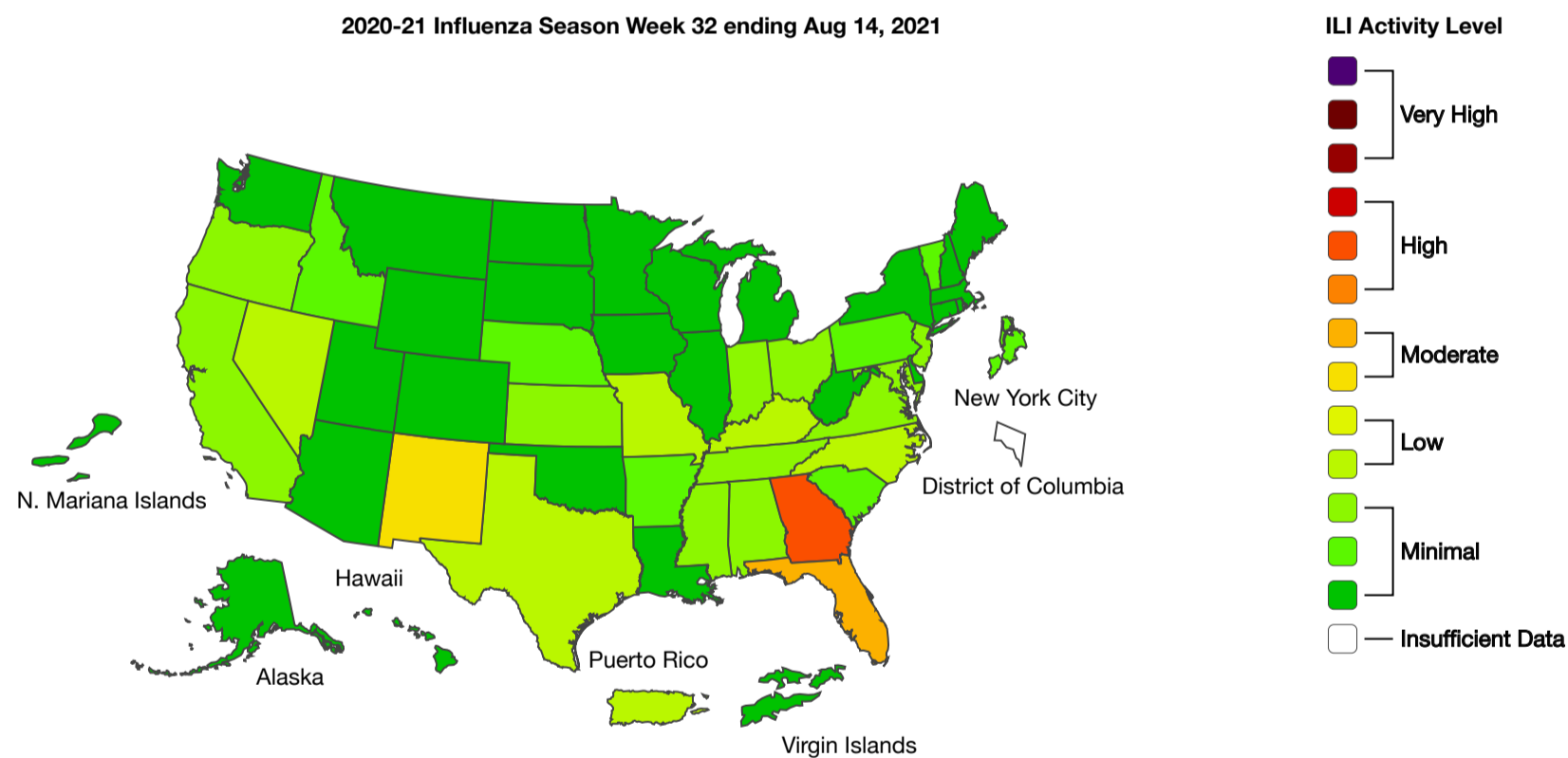
Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 31 (Week ending Aug. 7, 2021)	Week 30 (Week ending Jul. 31, 2021)	Week 31 (Week ending Aug. 7, 2021)	Week 30 (Week ending Jul. 31, 2021)
Low	6	5	81	76
Minimal	45	48	442	475
Insufficient Data	1	0	352	339

A Weekly Influenza Surveillance Report Prepared by the Influenza Division Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet



State CBSA

2020-21 Influenza Season Week 32 ending Aug 14, 2021



Season: 2020-21 ▲

Download Image

Download Data

(<https://www.cdc.gov/flu/weekly/flureport.xml>)View Full Screen (<http://gis.cdc.gov/grasp/fluview/main.html>)

*Data collected in ILINet may disproportionately represent certain populations within a jurisdiction or CBSA, and therefore, may not accurately depict the full picture of influenza activity for the entire jurisdiction or CBSA. Differences in the data presented here by CDC and independently by some health departments likely represent differing levels of data completeness with data presented by the health department likely being the more complete.

Additional information about medically attended visits for ILI for current and past seasons:

Surveillance Methods (https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932) | FluView Interactive: National, Regional, and State Data (<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>) or ILI Activity Map (<https://gis.cdc.gov/grasp/fluview/main.html>)

Influenza-Associated Hospitalizations:

(<http://www.cdc.gov/flu/weekly/overview.htm#Hospitalization>)

The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in 14 states and represents approximately 9% of the U.S. population. As in previous seasons, patients admitted for laboratory-confirmed influenza-related hospitalization after April 30, 2021, will not be included in FluSurv-NET. Data on patients admitted through April 30, 2021, will continue to be updated as additional information is received.

Additional hospitalization surveillance information for current and past seasons and additional age groups:

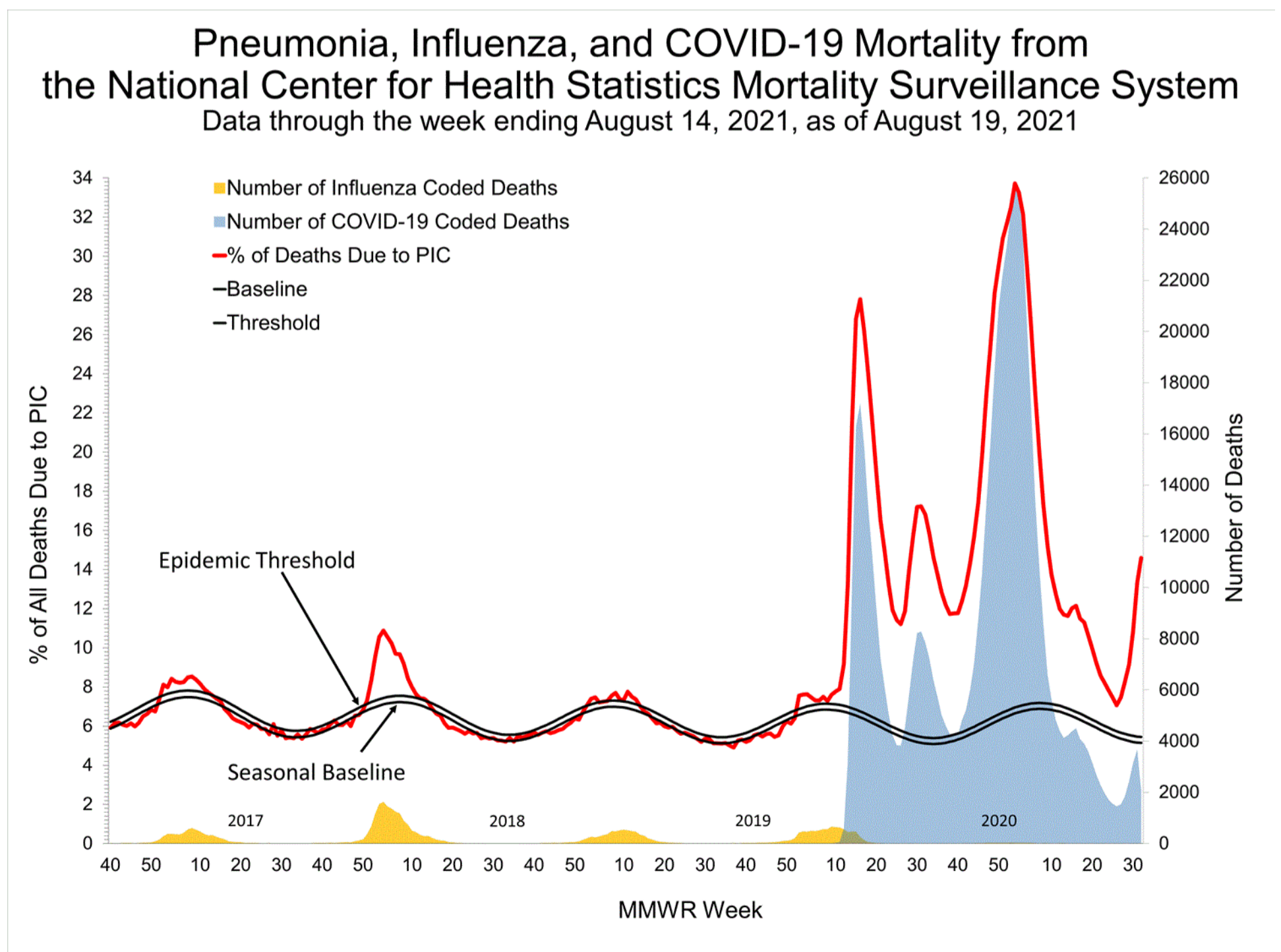
Surveillance Methods (<https://www.cdc.gov/flu/weekly/overview.htm#Hospitalization>) | FluView Interactive: Rates by Age


(<https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>) or Patient Characteristics (<https://gis.cdc.gov/grasp/fluview/FluHospChars.html>)

National Center for Health Statistics (NCHS) Mortality Surveillance

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281356004)

Based on NCHS mortality surveillance data available on August 19, 2021, 14.6% of the deaths that occurred during the week ending August 14, 2021 (week 32), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is above the epidemic threshold of 5.4% for week 32. Among the 2,860 PIC deaths reported for this week (week 32), 2,078 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and one listed influenza, indicating that current PIC mortality is due primarily to COVID-19 and not influenza. The data presented are preliminary and may change as more data are received and processed.



(<https://gis.cdc.gov/grasp/fluview/mortality.html>) View Chart Data  (</flu/weekly/weeklyarchives2020-2021/data/NCHSData32.csv>) | View Full Screen (</flu/weekly/weeklyarchives2020-2021/NCHS32.html>)

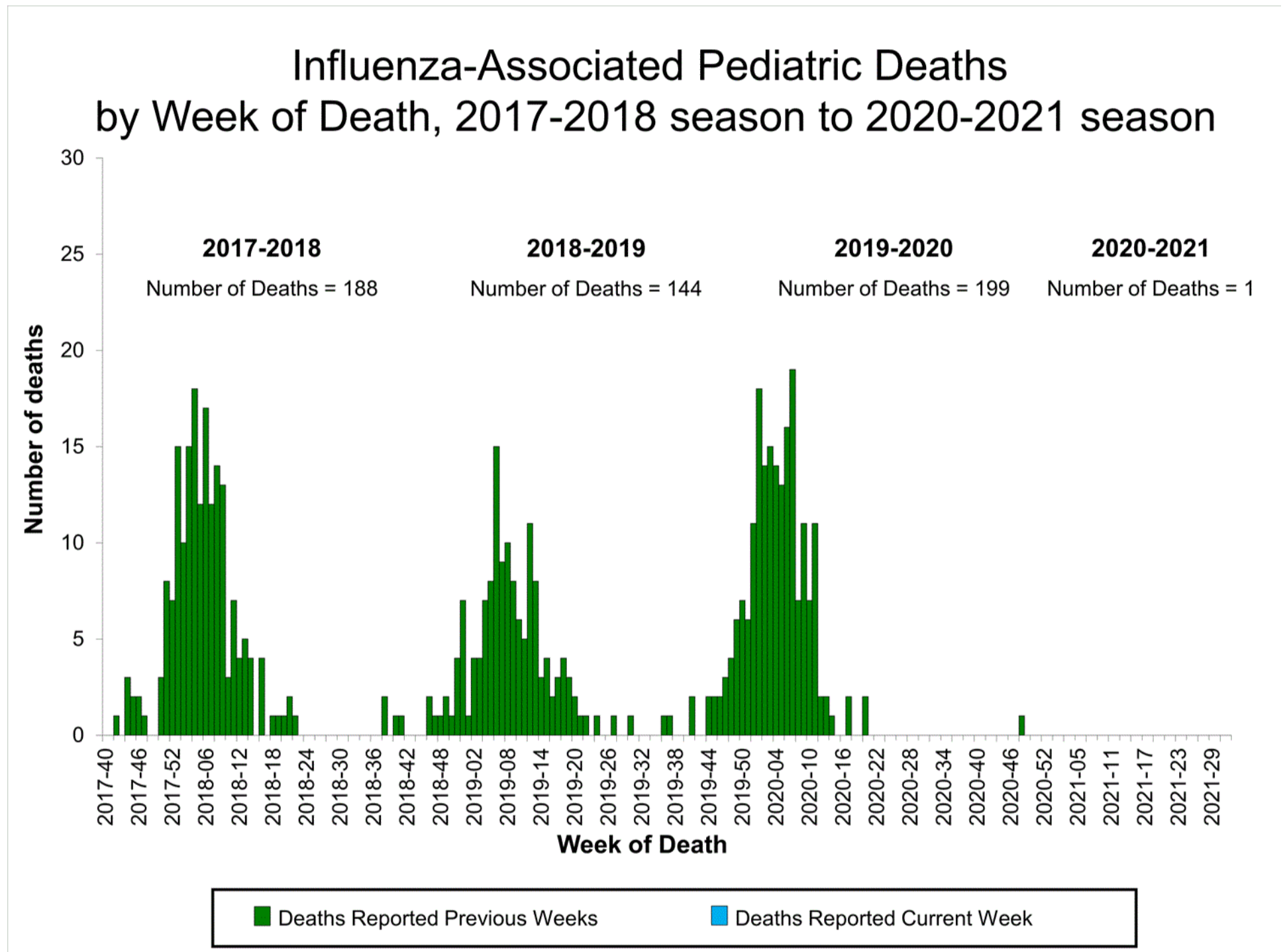
Additional pneumonia and influenza mortality surveillance information for current and past seasons:
Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281356004) | FluView Interactive (<https://gis.cdc.gov/grasp/fluview/mortality.html>)

Influenza-Associated Pediatric Mortality

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1571168571052)

No influenza-associated pediatric deaths were reported to CDC during week 32.

One influenza-associated pediatric death occurring during the 2020-2021 season has been reported to CDC.



(<http://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>)

[View Full Screen \(/flu/weekly/weeklyarchives2020-2021/PedFlu32.html\)](https://www.cdc.gov/flu/weekly/weeklyarchives2020-2021/PedFlu32.html)

Additional pediatric mortality surveillance information for current and past seasons:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1571168571052) | FluView Interactive (<https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>)

Additional National and International Influenza Surveillance Information

FluView Interactive: FluView includes enhanced web-based interactive applications that can provide dynamic visuals of the influenza data collected and analyzed by CDC. These [FluView Interactive applications](https://www.cdc.gov/flu/weekly/fluviewinteractive.htm) (<http://www.cdc.gov/flu/weekly/fluviewinteractive.htm>) allow people to create customized, visual interpretations of influenza data, as well as make comparisons across flu seasons, regions, age groups and a variety of other demographics.

National Institute for Occupational Safety and Health: Monthly surveillance data on the prevalence of health-related workplace absenteeism among full-time workers in the United States are available from NIOSH

(<https://www.cdc.gov/niosh/topics/absences/default.html>).

U.S. State and local influenza surveillance: Select a jurisdiction below to access the latest local influenza information.

Alabama (http://adph.org/influenza/)	Alaska (http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/flui)
Colorado (https://www.colorado.gov/pacific/cdphe/influenza)	Connecticut (https://portal.ct.gov/DPH/Epidemiology-and-En)
Georgia (https://dph.georgia.gov/epidemiology/influenza/flu-activity-georgia)	Hawaii (http://health.hawaii.gov/docd/resources/reports/influ)
Iowa (http://idph.iowa.gov/influenza/surveillance)	Kansas (http://www.kdheks.gov/flu/surveillance.htm)
Maryland (https://phpa.health.maryland.gov/influenza/fluwatch/)	Massachusetts (https://www.mass.gov/influenza)
Missouri (http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php)	Montana (http://dphhs.mt.gov/publichealth/cdepi/diseases/ir)
New Jersey (http://www.nj.gov/health/cd/topics/flu.shtml)	New Mexico (https://nmhealth.org/about/erd/ideb/isp/)
Ohio (http://www.flu.ohio.gov)	Oklahoma (https://www.ok.gov/health/Prevention_and_Preparedness/Acu)
South Carolina (http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/)	South Dakota (https://doh.sd.gov/diseases/infectious/flu/su)
Vermont (http://www.healthvermont.gov/immunizations-infectious-disease/influenza/flu-activity-and-surveillance)	Virginia (http://www.vdh.virginia.gov/epidemiology/influenza-)
Wyoming (https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/influenza/)	New York City (http://www1.nyc.gov/site/doh/providers/hea)

World Health Organization:

Additional influenza surveillance information from participating WHO member nations is available through FluNet [↗](http://www.who.int/influenza/gisrs_laboratory/flunet/en/index.html) (http://www.who.int/influenza/gisrs_laboratory/flunet/en/index.html) and the Global Epidemiology Reports. [↗](http://www.who.int/influenza/surveillance_monitoring/en/) (http://www.who.int/influenza/surveillance_monitoring/en/)

WHO Collaborating Centers for Influenza:

[Australia](http://www.influenzacentre.org/surveillance_samplesreceived.htm) [↗](http://www.influenzacentre.org/surveillance_samplesreceived.htm) (http://www.influenzacentre.org/surveillance_samplesreceived.htm), [China](http://www.chinaivdc.cn/cnic/) [↗](http://www.chinaivdc.cn/cnic/) (<http://www.chinaivdc.cn/cnic/>), [Japan](http://idsc.nih.gov/jp/index.html) [↗](http://idsc.nih.gov/jp/index.html) (<http://idsc.nih.gov/jp/index.html>), the [United Kingdom](https://www.crick.ac.uk/research/worldwide-influenza-centre) [↗](https://www.crick.ac.uk/research/worldwide-influenza-centre) (<https://www.crick.ac.uk/research/worldwide-influenza-centre>), and the [United States](http://www.cdc.gov/flu/) (CDC in Atlanta, Georgia) (<http://www.cdc.gov/flu/>)

Europe:

The most up-to-date influenza information from Europe is available from WHO/Europe and the European Centre for Disease Prevention and Control [↗](http://www.flunewseurope.org/) (<http://www.flunewseurope.org/>).

Public Health Agency of Canada:

The most up-to-date influenza information from Canada is available in Canada's weekly FluWatch report [↗](http://www.phac-aspc.gc.ca/fluwatch/) (<http://www.phac-aspc.gc.ca/fluwatch/>).

Public Health England:

The most up-to-date influenza information from the United Kingdom is available from [Public Health England](https://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/)  (<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/>).

Any links provided to non-Federal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the Federal Government, and none should be inferred. CDC is not responsible for the content of the individual organization web pages found at these links.

A description of the CDC influenza surveillance system, including methodology and detailed descriptions of each data component is available on the [surveillance methods](http://www.cdc.gov/flu/weekly/overview.htm) (<http://www.cdc.gov/flu/weekly/overview.htm>) page.

Page last reviewed: August 20, 2021, 11:00 AM