

# 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/index.html).  
(<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>)

2020-2021 Influenza Season for Week 35, ending September 4, 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>).*

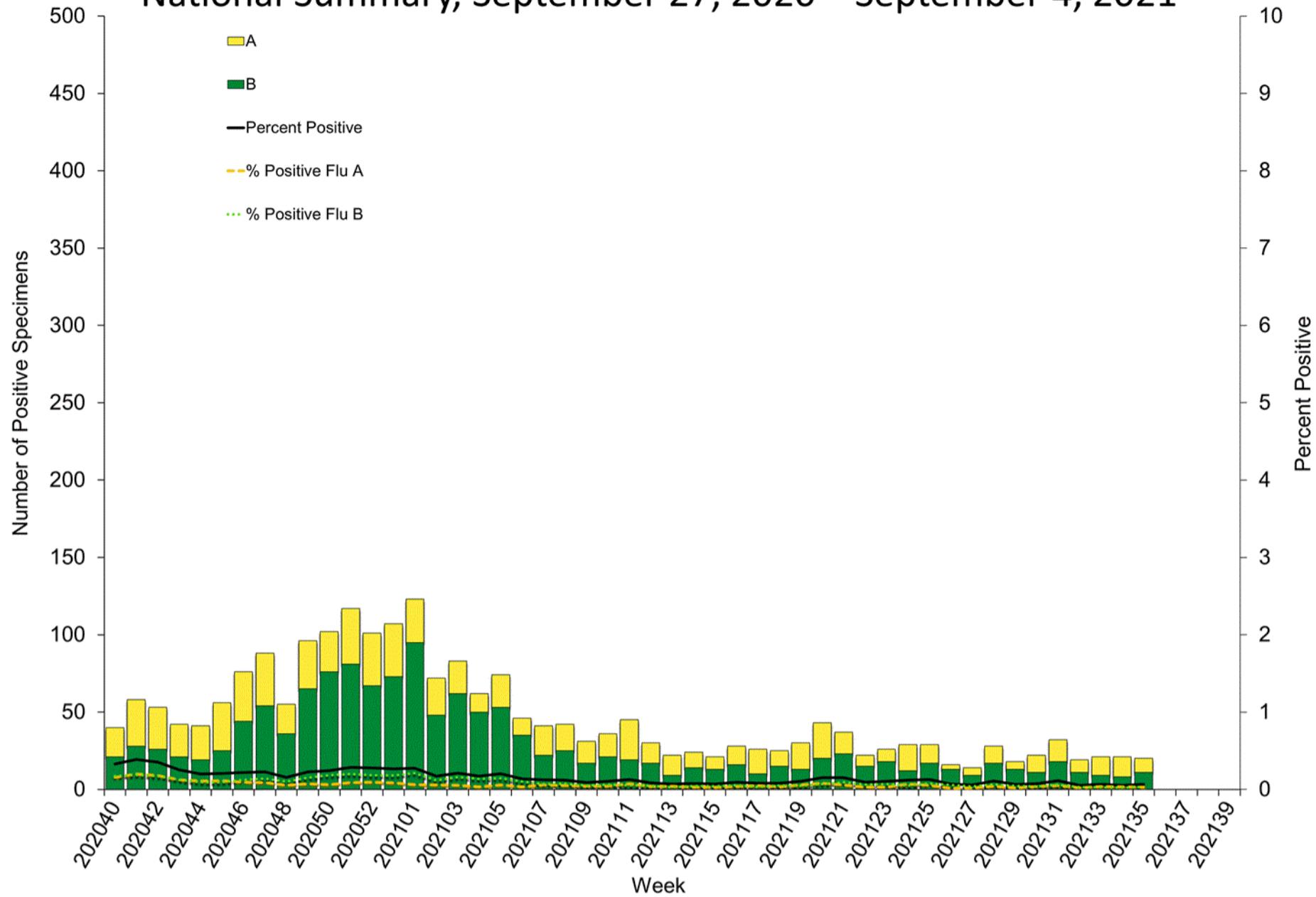
## U.S. Virologic Surveillance:

([https://www.cdc.gov/flu/weekly/overview.htm#anchor\\_1539281228772](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 – September 4, 2021



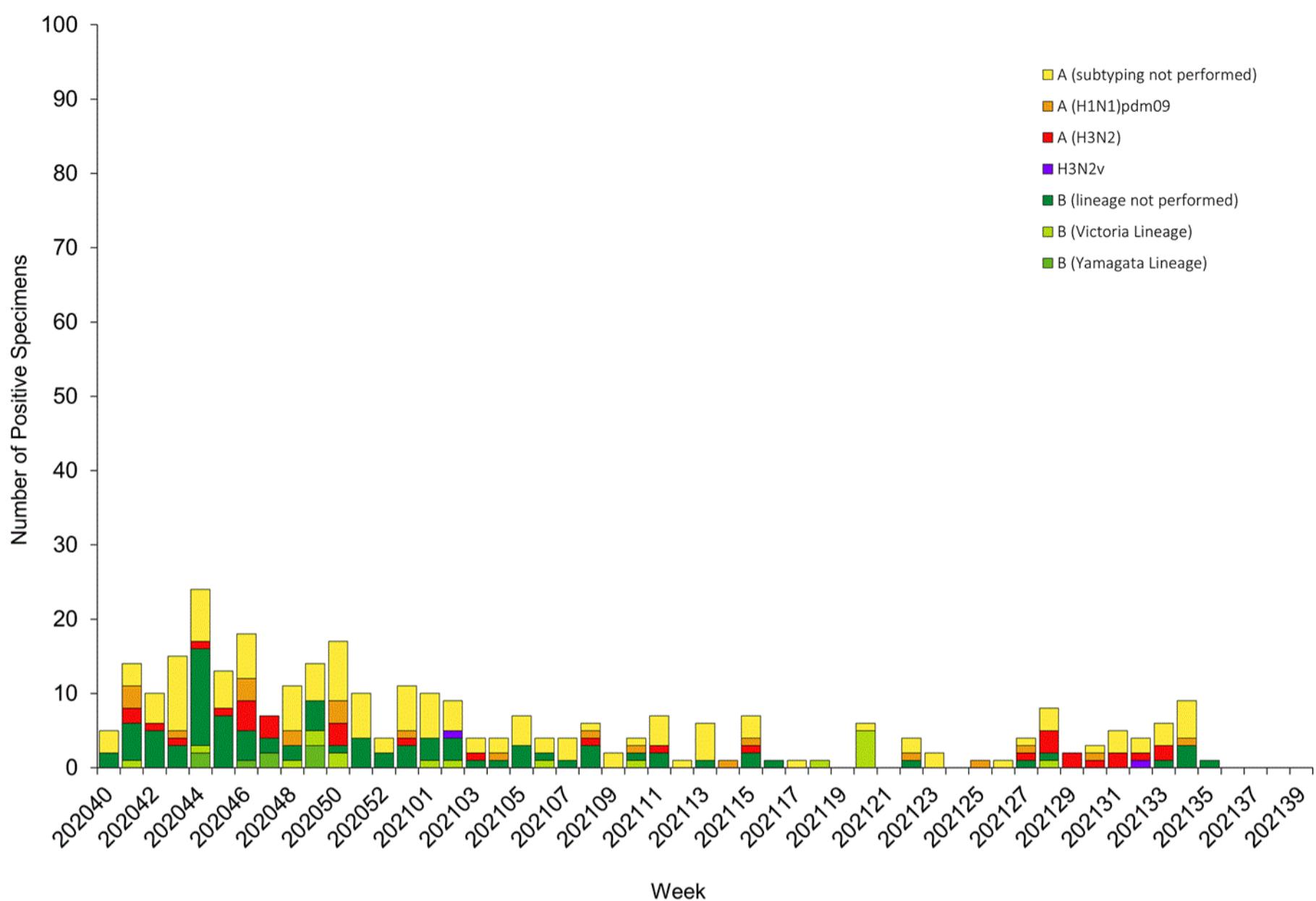
(<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>)

[View Chart Data](#) (/flu/weekly/weeklyarchives2020-2021/data/whoAllregt\_cl35.html) | [View Full Screen](#) (/flu/weekly/weeklyarchives2020-2021/WhoNPHL35.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 – September 4, 2021



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

[View Chart Data](#) ([/flu/weekly/weeklyarchives2020-2021/data/whoAllregt\\_phl35.html](/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_phl35.html)) | [View Full Screen](#) (</flu/weekly/weeklyarchives2020-2021/WhoPHL35.html>)

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

[Surveillance Methods](#) ([https://wcmis-wp.cdc.gov/flu/weekly/overview.htm#anchor\\_1539281266932](https://wcmis-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>)

## Novel Influenza A Virus

Two human infections with novel influenza A viruses were reported by Iowa: one influenza A(H3N2) variant (A(H3N2)v) and one influenza A(H1N2) variant (A(H1N2v)). Both infections were in individuals who were <18 years of age. Neither of the individuals were hospitalized and both have fully recovered from illness. Investigation into the sources of infections showed that household members of one individual kept or cared for swine and the other individual had direct contact with swine. No human-to-human transmission has been identified associated with either case.

When an influenza virus that normally circulates in swine (but not people) is detected in a person, it is called a "variant influenza virus". Nine human infections with a novel influenza A virus have been reported in the United States this influenza season, including two H3N2v (IA, WI), two H1N2v (IA, OH), and five H1N1v (IA, NC, WI (3)) virus infections. Five infections have occurred in children <18 years of age and four have occurred in adults ≥ 18 years of age. All individuals had direct contact with swine, were on a property with swine present, or had a household member who had direct contact with swine prior to illness onset. No human-to-human transmission of variant influenza virus associated with any of the nine cases has been identified.

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](http://www.cdc.gov/flu/swineflu/index.htm) (<http://www.cdc.gov/flu/swineflu/index.htm>). Additional information regarding human infections with novel influenza A viruses can be found at [http://gis.cdc.gov/grasp/fluview/Novel\\_Influenza.html](http://gis.cdc.gov/grasp/fluview/Novel_Influenza.html) ([http://gis.cdc.gov/grasp/fluview/Novel\\_Influenza.html](http://gis.cdc.gov/grasp/fluview/Novel_Influenza.html)).

## Outpatient Illness Surveillance ([https://www.cdc.gov/flu/weekly/overview.htm#anchor\\_1539281266932](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/index.html) (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.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) (<https://www.cdc.gov/surveillance/nrevss/index.html>).

### ILINet

Nationwide during week 35, 2.2% of patient visits reported through ILINet were due to ILI. The percentage of patient visits for ILI remains below the baseline of 2.6% nationally. Three regions (Regions 4, 7 and 9) are at or above their region-specific baselines, and the remaining regions are below their region-specific baselines. Influenza virus circulation remains low; therefore, increases in ILI activity are likely due to increased circulation of other respiratory viruses.

## 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 have been stable or decreasing among adult age groups (25-49 years, 50-64 years and 65+ years) and may be starting to stabilize among the younger age groups (0-4 years and 5-24 years).

[View Chart Data](http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) | [View Full Screen](/flu/weekly/weeklyarchives2020-2021/data/iliage35.html)

## ILI Activity Map

Data collected in ILINet are used to produce a measure of [ILI activity\\*](#)

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

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 35 (Week ending Sep. 4, 2021)	Week 34 (Week ending Aug. 28, 2021)	Week 35 (Week ending Sep. 4, 2021)	Week 34 (Week ending Aug. 28, 2021)
Very High	0	0	1	2
High	2	2	29	28
Moderate	4	3	35	46

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 35 (Week ending Sep. 4, 2021)	Week 34 (Week ending Aug. 28, 2021)	Week 35 (Week ending Sep. 4, 2021)	Week 34 (Week ending Aug. 28, 2021)
Low	14	11	109	116
Minimal	33	39	410	401
Insufficient Data	2	0	345	336

\*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://wcmis-wp.cdc.gov/flu/weekly/overview.htm#anchor\\_1539281266932](https://wcmis-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](https://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.

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**Additional hospitalization surveillance information for current and past seasons and additional age groups:**  
[Surveillance Methods](https://www.cdc.gov/flu/weekly/overview.htm#Hospitalization) (<https://www.cdc.gov/flu/weekly/overview.htm#Hospitalization>) | [FluView Interactive: Rates by Age](https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html) (<https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>) or [Patient Characteristics](https://gis.cdc.gov/grasp/fluview/FluHospChars.html) (<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](https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281356004))

Based on NCHS mortality surveillance data available on September 9, 2021, 20.1% of the deaths that occurred during the week ending September 4, 2021 (week 35), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is above the epidemic threshold of 5.5% for this week. Among the 3,388 PIC deaths reported for this week, 2,785 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and three 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.

Additional pneumonia and influenza mortality surveillance information for current and past seasons:  
Surveillance Methods ([https://www.cdc.gov/flu/weekly/overview.htm#anchor\\_1539281356004](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](https://www.cdc.gov/flu/weekly/overview.htm#anchor_1571168571052))

No influenza-associated pediatric deaths were reported to CDC during week 35.

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/PedFlu35.html>)

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Additional pediatric mortality surveillance information for current and past seasons:  
Surveillance Methods ([https://www.cdc.gov/flu/weekly/overview.htm#anchor\\_1571168571052](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](#) (<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.

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Alabama (<http://adph.org/influenza/>)

Alaska (<http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/flu1.htm>)

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Colorado (<https://www.colorado.gov/pacific/cdphe/influenza>)

Connecticut (<https://portal.ct.gov/DPH/Epidemiology-and-Environmental-Health-Agency/Influenza>)

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Georgia (<https://dph.georgia.gov/epidemiology/influenza/flu-activity-georgia>)

Hawaii (<http://health.hawaii.gov/docd/resources/reports/influenza>)

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Iowa (<http://idph.iowa.gov/influenza/surveillance>)

Kansas (<http://www.kdheks.gov/flu/surveillance.htm>)

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Maryland (<https://phpa.health.maryland.gov/influenza/fluwatch/>)

Massachusetts (<https://www.mass.gov/influenza>)

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Missouri  
(<http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php>)

Montana (<http://dphhs.mt.gov/publichealth/cdepi/diseases/influenza>)

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New Jersey (<http://www.nj.gov/health/cd/topics/flu.shtml>)

New Mexico (<https://nmhealth.org/about/erd/ideb/isp/>)

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Ohio (<http://www.flu.ohio.gov>)

Oklahoma  
([https://www.ok.gov/health/Prevention\\_and\\_Preparedness/Acu](https://www.ok.gov/health/Prevention_and_Preparedness/Acu))

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South Carolina  
(<http://www.scdhetc.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/>)

South Dakota (<https://doh.sd.gov/diseases/infectious/flu/surveillance>)

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Vermont (<http://www.healthvermont.gov/immunizations-infectious-disease/influenza/flu-activity-and-surveillance>)

Virginia (<http://www.vdh.virginia.gov/epidemiology/influenza>)

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Wyoming (<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/influenza/>)

New York City (<http://www1.nyc.gov/site/doh/providers/health-unit/disease/influenza/>)

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

### 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/>).

### 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/>).

**Public Health England:**

The most up-to-date influenza information from the United Kingdom is available from [Public Health England](http://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.

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