Weekly U.S. Influenza Surveillance Report

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/)

Key Updates for Week 46, ending November 20, 2021

Seasonal influenza activity in the United States remains low, but the number of influenza virus detections reported by clinical and public health laboratories and the percent of patient visits for influenza-like illness has increased in recent weeks.

Viruses

Clinical Lab

1.0%
positive for influenza this week

Public Health Lab

A small but increasing number of specimens have tested positive.

Virus Characterization

Influenza virus characterization information will be reported later this season.

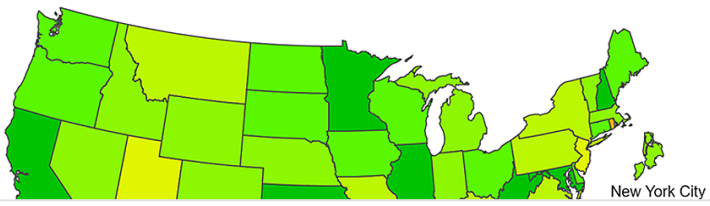
(/flu/weekly/#VirusCharacterization)

Illness

Outpatient Illness: ILINet

2.2%
of visits to a health care provider for ILI this week
(below baseline)

Outpatient Illness: ILINet Activity Map



Long-term Care Facilities

0.2%

of facilities reported
≥ 1 influenza-positive test
among residents this week.

Severe Disease

FluSurv-NET

Hospitalization rates will be updated starting later this season.

HHS Protect Hospitalizations

356

patients admitted to hospitals with influenza this week.

NCHS Mortality

14.5%

of deaths attributed to pneumonia, influenza, or COVID-19 this week (above threshold)

Pediatric Deaths

0

influenza-associated deaths occurring this season

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) 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).

Key Points

- Influenza activity remains low nationally, but in recent weeks both laboratory-confirmed influenza detections and outpatient visits due to ILI are increasing.
- The number of influenza viruses detected by clinical and public health labs has increased in recent weeks. The majority of viruses detected are A(H3N2). About 89% have occurred among children and young adults aged 5-24 years.
- The percentage of outpatient visits due to ILI has trended upwards in recent weeks but remains below baseline.
- An annual flu vaccine is the best way to protect against flu and its potentially serious complications. CDC recommends everyone 6 months and older get a flu vaccine.
- As of November 19, 2021, 166.9M doses of flu vaccine have been distributed in the US.
- Flu vaccines are available at many different locations including pharmacies and health departments. Visit www.vaccines.gov to find a flu vaccine near you.
- There also are flu antiviral drugs that can be used to treat flu illness.

U.S. Virologic Surveillance

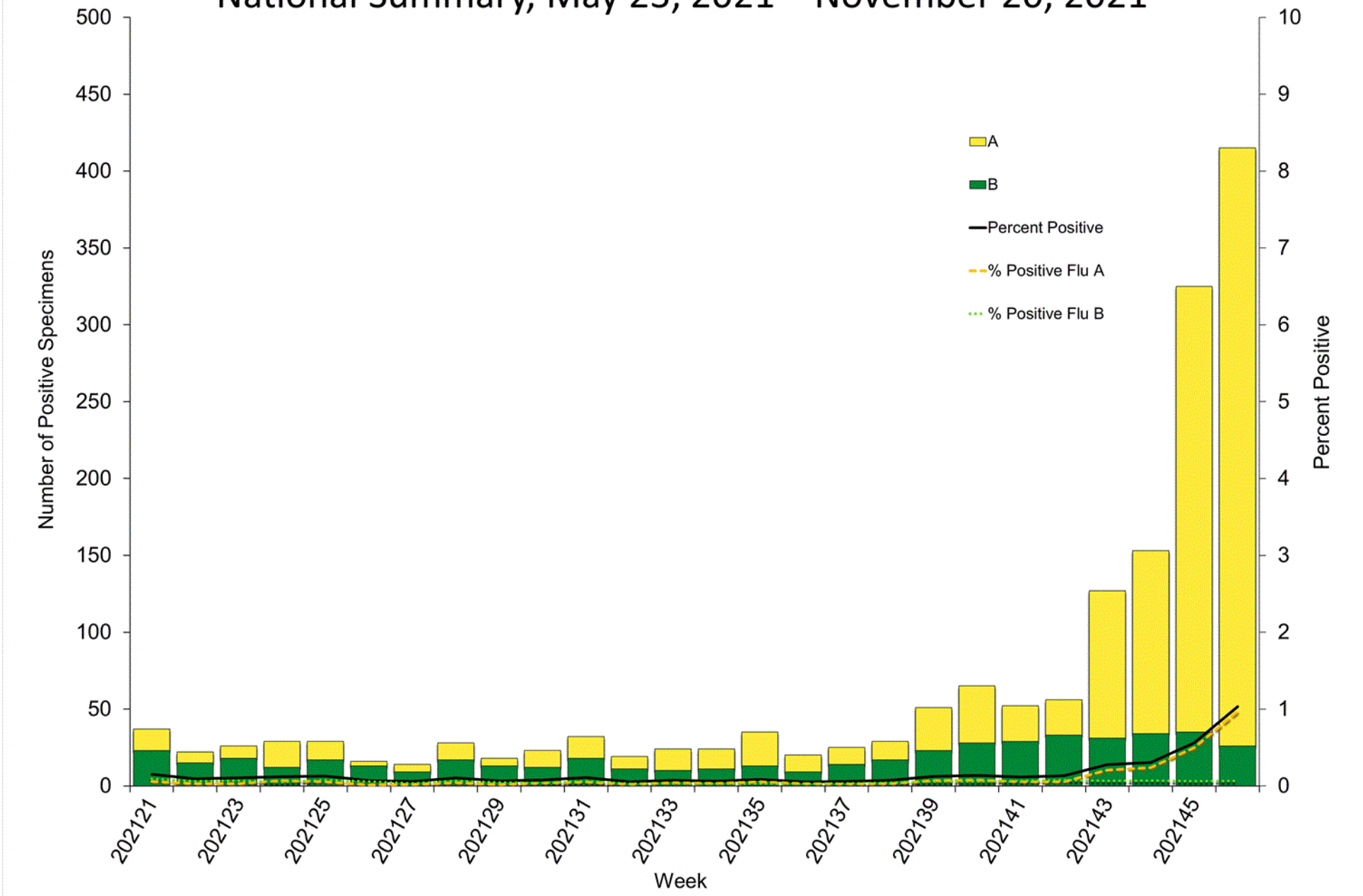
(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633697372803)

Overall influenza activity is still low; however, an increasing number of influenza positive tests have been reported by clinical and public health laboratories during recent weeks; the majority of which are influenza A(H3N2). Influenza A(H3N2) viruses have been reported by public health laboratories in all 10 HHS regions this season. So far during the 2021-22 season, 558 (88.9%) of the 628 A(H3N2) viruses with known age were reported among children and young adults aged 5-24 years. For regional and state level data about circulating influenza viruses, please visit FluView Interactive (https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html).

Clinical Laboratories

The results of tests performed by clinical laboratories nationwide are summarized below. 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.

	Week 46	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	40,167	327,924
No. of positive specimens (%)	415 (1.0%)	1,193 (0.4%)
Positive specimens by type		
Influenza A	389 (93.7%)	977 (81.9%)
Influenza B	26 (6.3%)	216 (18.1%)



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

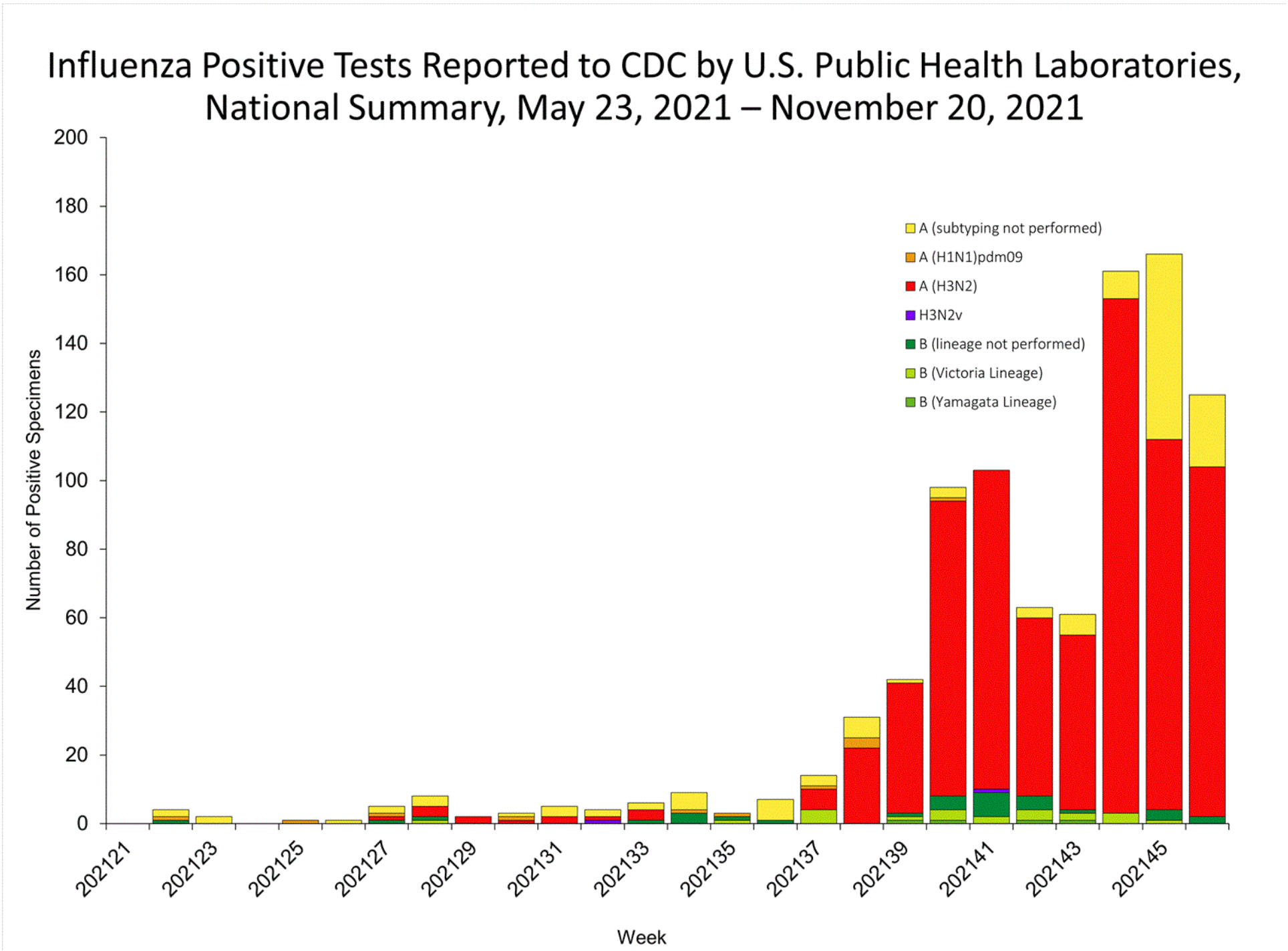
View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_cl46.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/WhoNPHL46.html)

Public Health Laboratories

The results of tests performed by public health laboratories nationwide are summarized below. Data from public health laboratories are used to monitor the proportion of circulating viruses that belong to each influenza subtype/lineage.

	Week 46	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	10,781	141,516
No. of positive specimens	125	777
Positive specimens by type/subtype		
Influenza A	123 (98.4%)	739 (95.1%)
(H1N1)pdm09	0	1 (0.2%)
H3N2	102 (100%)	642 (99.7%)
H3N2v	0	1 (0.2%)
Subtyping not performed	21	95

	Week 46	Data Cumulative since October 3, 2021 (Week 40)
Influenza B	2 (1.6%)	38 (4.9%)
Yamagata lineage	0	3 (17.6%)
Victoria lineage	0	14 (82.4%)
Lineage not performed	2	21



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

View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_phl46.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/WhoPHL46.html)

Additional virologic surveillance information for current and past seasons:

Surveillance Methods (https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor_1633697372803) | FluView Interactive: National, Regional, and State Data (http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) or Age Data (https://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html)

Novel Influenza A Virus

One human infection with a novel influenza A virus (H1, neuraminidase result pending) was reported by Oklahoma. The infection occurred in an adult ≥ 18 years of age. The patient was hospitalized for an unrelated illness and has since been discharged. The patient had direct swine contact at home and at an agricultural event prior to specimen collection. No ongoing human-to-human transmission has been identified associated with this case.

This is the second human infection with a novel influenza A virus that has occurred during the 2021-22 influenza season. The previous infection was an influenza A (H3N2) variant reported by Ohio that occurred in a child < 18 years of age.

When an influenza virus that normally circulates in swine (but not people) is detected in a person, it is called a “variant influenza virus”. Most human infections with variant influenza viruses occur following close proximity to swine, but human-to-human transmission can occur. It is important to note that in most cases, variant influenza viruses have not shown the ability to spread easily and sustainably from person to person. 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). 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).

Influenza Virus Characterization (/flu/weekly/overview.htm#anchor_1633697390939)

CDC performs genetic (https://www.cdc.gov/flu/professionals/laboratory/genetic-characterization.htm) and antigenic (https://www.cdc.gov/flu/professionals/laboratory/antigenic.htm) characterization of U.S. viruses submitted from state and local health laboratories using Right Size Roadmap submission guidance. These data are used to compare how similar the currently circulating influenza viruses are to the reference viruses representing viruses contained in the current influenza vaccines and to monitor evolutionary changes that continually occur in influenza viruses circulating in humans. CDC also tests susceptibility of influenza viruses to antiviral medications including the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir) and the PA endonuclease inhibitor baloxavir.

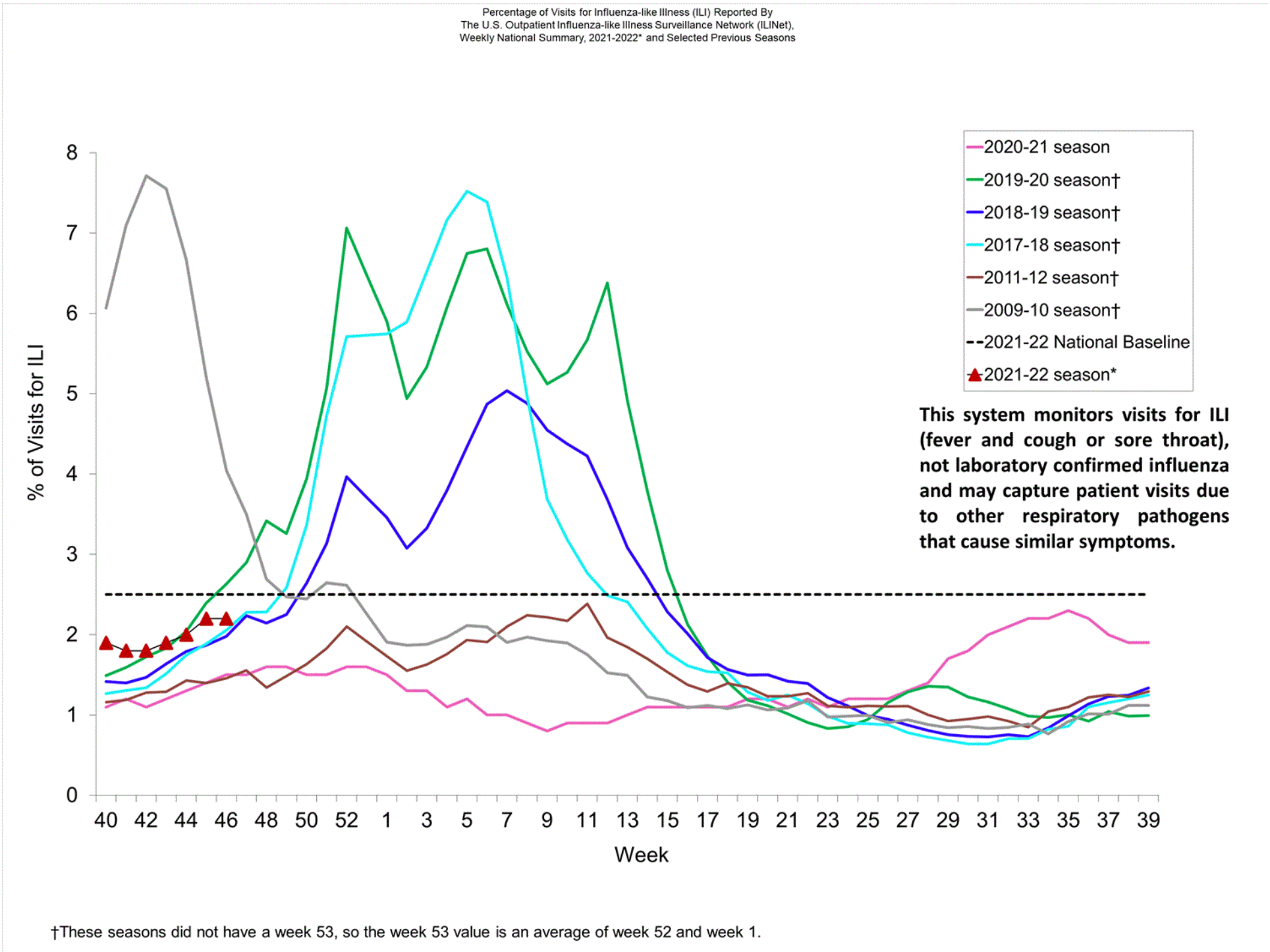
Virus characterization data will be updated later this season when a sufficient number of specimens have been tested.

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

The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for influenza-like illness [(ILI) fever plus cough or sore throat], not laboratory-confirmed influenza, and will capture visits due to other respiratory pathogens, such as SARS-CoV-2, that present with similar symptoms. Due to the COVID-19 pandemic, health care-seeking behaviors have changed and people may be accessing the health care system in alternative settings not captured as a part of ILINet or at a different point in their illness than they might have before the pandemic. Therefore, it is important 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). 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 46, 2.2% of patient visits reported through ILINet were due to ILI. This percentage is below the national baseline of 2.5%. Region 7 is above their region-specific baseline; all other regions are below their baselines. Multiple respiratory viruses are co-circulating, and the relative contribution of influenza virus infection to ILI can vary by location.



†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)

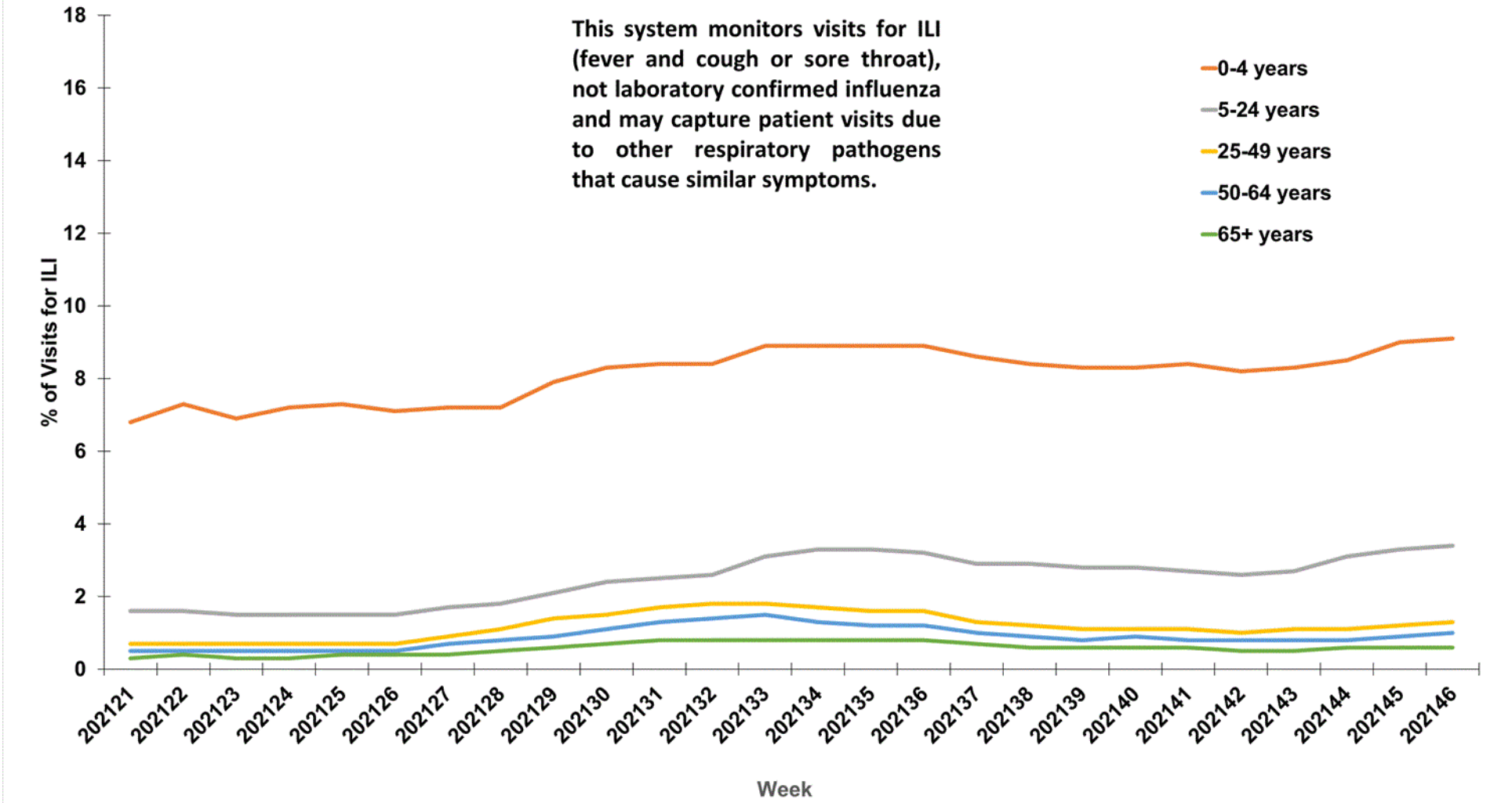
* Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes “without a known cause other than influenza.”

View Chart Data (current season only) (/flu/weekly/weeklyarchives2021-2022/data/senAllregt46.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/ILI46.html)

ILI Visits by Age Group

More than 70% 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 46 remained stable (change of ≤ 0.1%) for all age groups (0–4 years, 5–24 years, 25–49 years, 50–64 years, and 65+ years) compared to week 45.



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

* Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes “without a known cause other than influenza.”

View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/iliage46.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/ILIAge46.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_1633697504110) by state/jurisdiction and Core Based Statistical Areas (CBSA).

	Number of Jurisdictions		Number of CBSAs	
Activity Level	Week 46 (Week ending Nov. 20, 2021)	Week 45 (Week ending Nov. 13, 2021)	Week 46 (Week ending Nov. 20, 2021)	Week 45 (Week ending Nov. 13, 2021)
Very High	0	0	2	2
High	1	1	18	16
Moderate	2	1	41	39
Low	11	8	115	92
Minimal	40	44	468	506
Insufficient Data	1	1	285	274

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet

This system monitors visits for ILI (fever and cough or sore throat), not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

prev Play Pause next

40 41 42 43 44 45 46

weeks

State **CBSA**

2021-22 Influenza Season Week 46 ending Nov 20, 2021

ILI Activity Level

- Very High
- High
- Moderate
- Low
- Minimal
- Insufficient Data

Season: 2021-22 ▲

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 disproportionally 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.

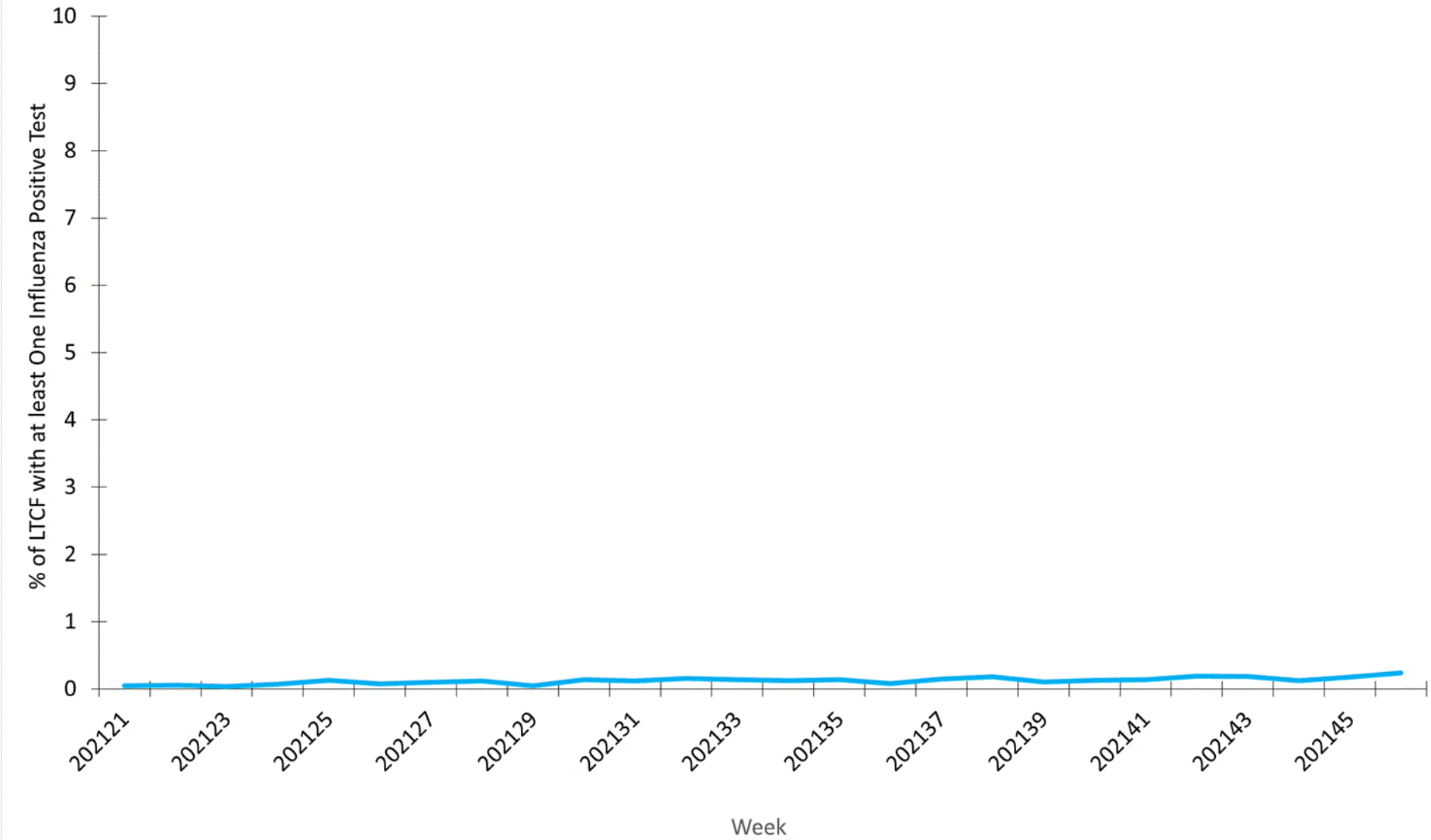
Additional information about medically attended visits for ILI for current and past seasons:

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)

Long-term Care Facility (LTCF) Surveillance (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698386507)

LTCFs (e.g., nursing homes/skilled nursing, long-term care for the developmentally disabled, and assisted living facilities) from all 50 states and U.S. territories report data on influenza infections among residents through the National Healthcare Safety Network (NHSN) Long-term Care Facility Component (https://www.cdc.gov/nhsn/ltc/index.html). During week 46, 34 (0.2%) of 14,292 reporting LTCFs reported at least one influenza positive test among their residents.

Percent of Long-term Care Facilities (LTCF) with at Least One Confirmed Influenza Positive Test among Residents, Reported to CDC National Healthcare Safety Network (NHSN), National Summary, May 24, 2021 – November 21, 2021



(/flu/weekly/weeklyarchives2021-2022/LTCF46.html)View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/LTCFData46.csv) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/LTCF46.html)

Additional information about long-term care facility surveillance:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698386507) | Additional Data (https://data.cms.gov/covid-19/covid-19-nursing-home-data)

Hospitalization Surveillance (http://www.cdc.gov/flu/weekly/overview.htm#anchor_1634240269291)

FluSurv-NET

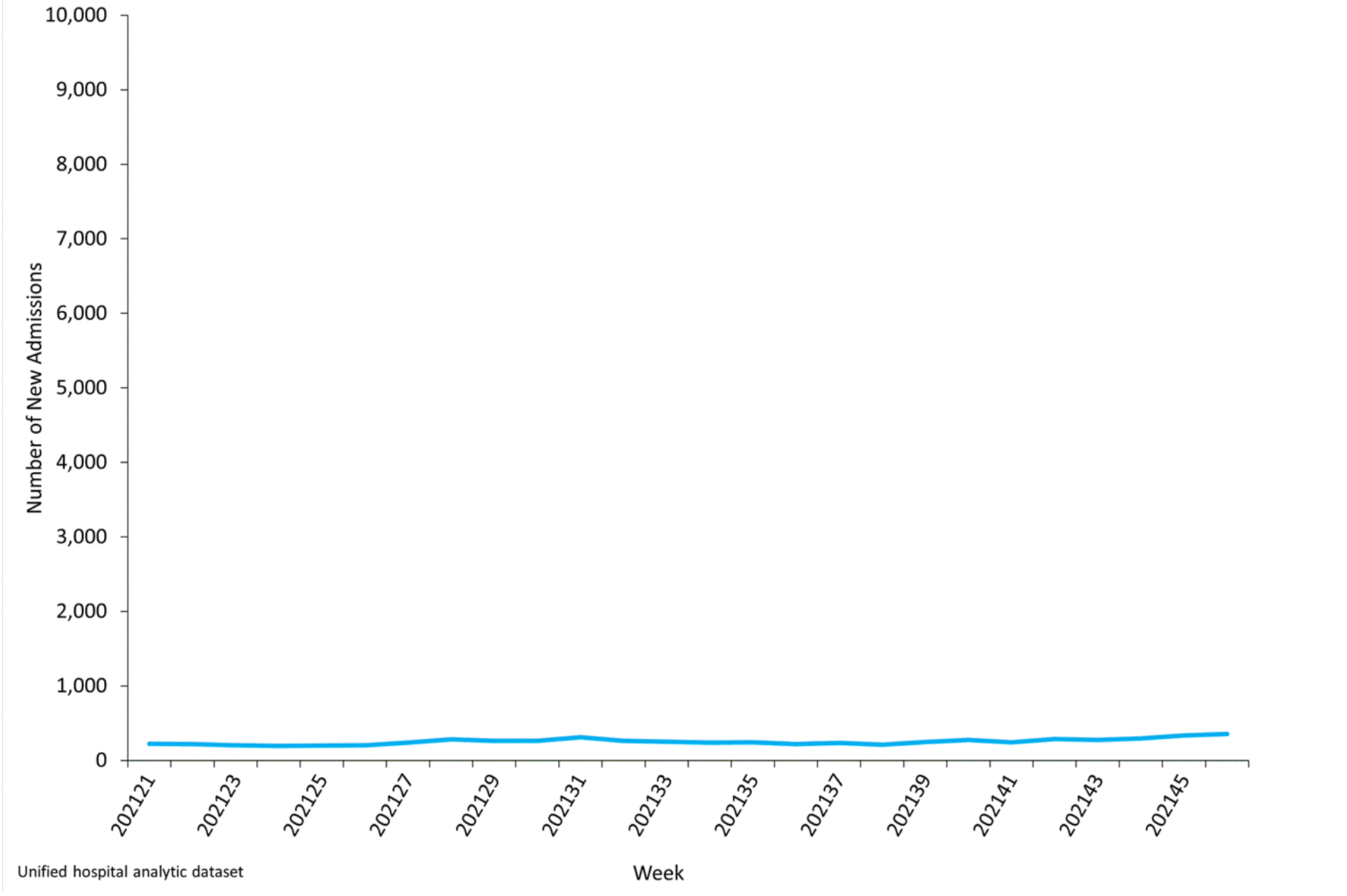
The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in 14 states and represents approximately 9% of the U.S. population. FluSurv-NET estimated hospitalization rates will be updated weekly starting later this season.

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

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698456778) | FluView Interactive (http://gis.cdc.gov/GRASP/Fluview/FluHospRates.html)

HHS-Protect Hospitalization Surveillance

Hospitals report to HHS-Protect the number of patients admitted with laboratory-confirmed influenza. During week 46, 356 patients with laboratory-confirmed influenza were admitted to the hospital.



(/flu/weekly/weeklyarchives2021-2022/Protect46.html)View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/ProtectData46.csv) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/Protect46.html)

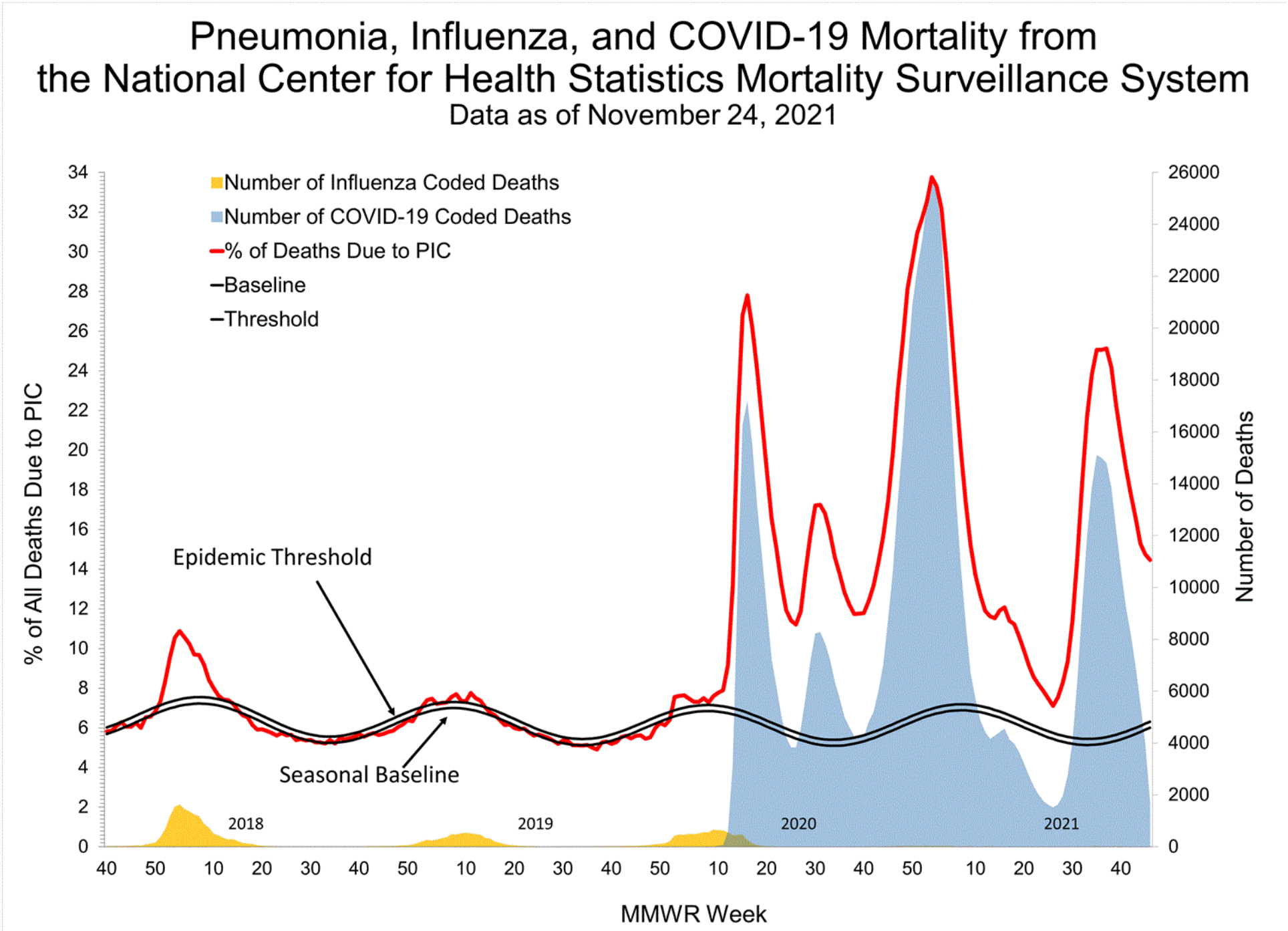
Additional HHS Protect hospitalization surveillance information:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698474047) | Additional Data (https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/anag-cw7u)

Mortality Surveillance (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1634311686144)

National Center for Health Statistics (NCHS) Mortality Surveillance

Based on NCHS mortality surveillance data available on November 24, 2021, 14.5% of the deaths that occurred during the week ending November 20, 2021 (week 46), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is above the epidemic threshold of 6.3% for this week. Among the 2,408 PIC deaths reported for this week, 1,699 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and six 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.

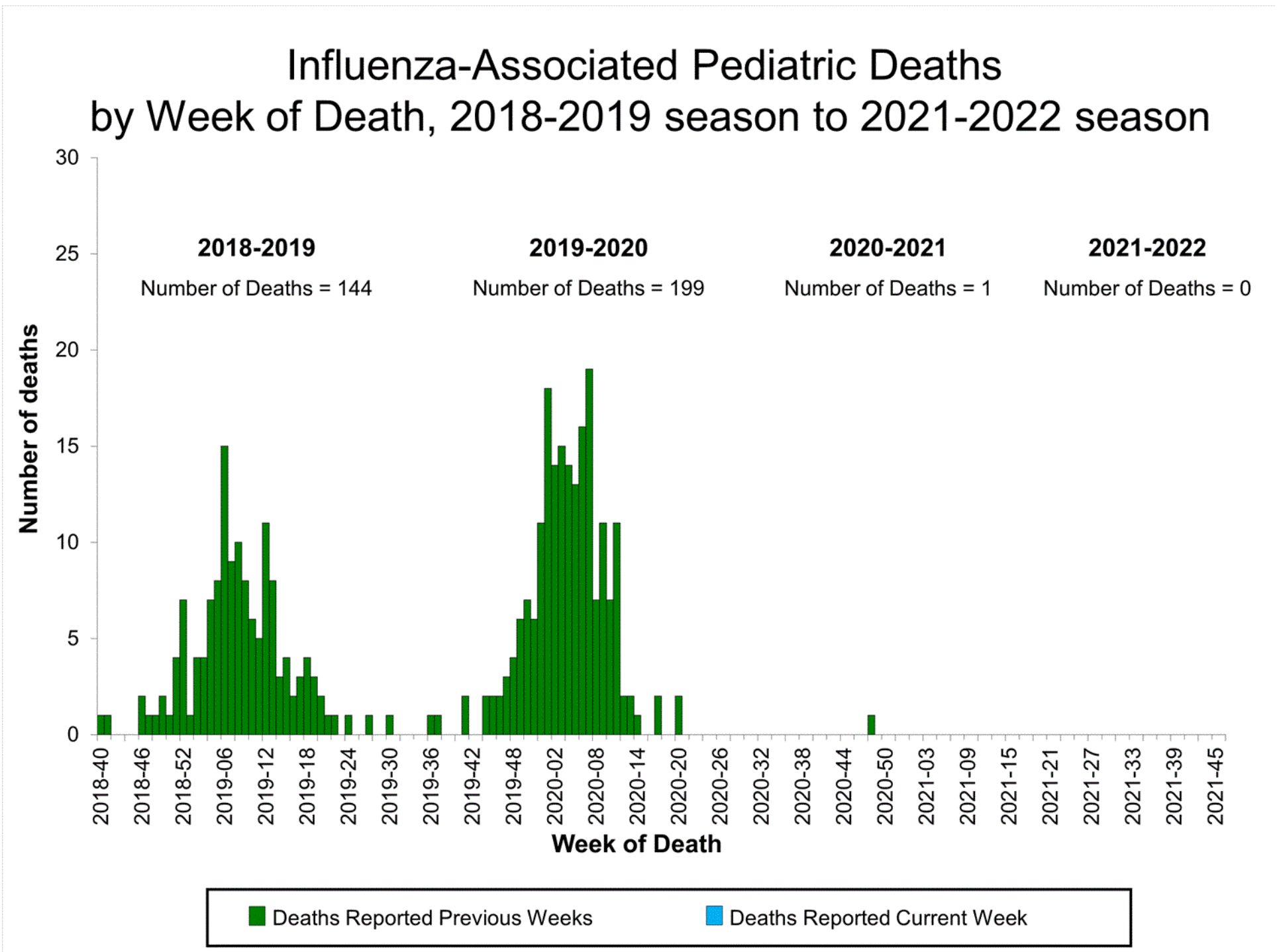


(https://gis.cdc.gov/grasp/fluview/mortality.html)View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/NCHSData46.csv) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/NCHS46.html)

Additional pneumonia, influenza and COVID-19 mortality surveillance information for current and past seasons:
Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698570680) | FluView Interactive (https://gis.cdc.gov/grasp/fluview/mortality.html)

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths occurring during the 2021-2022 season have been reported to CDC.



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

View Full Screen (/flu/weekly/weeklyarchives2021-2022/PedFlu46.html)

Additional pediatric mortality surveillance information for current and past seasons:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698596803) | 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.

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-Em

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 (https://dphhs.mt.gov/publichealth/cdepi/diseases/
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 (https://www.who.int/tools/flunet) and the Global Epidemiology Reports. (https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs)

WHO Collaborating Centers for Influenza:
Australia (http://www.influenzacentre.org/Surveillance_Samples_Received.html), 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/).

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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Page last reviewed: November 29, 2021, 01:00 PM