

Weekly U.S. Influenza Surveillance Report

Updated June 24, 2022



2021-2022 Influenza Season Week 24 ending June 18, 2022

This abbreviated version of FluView will be published weekly throughout the summer The first full report of the 2022-2023 influenza season will include data for week 40 (week ending October 8, 2022) and will be published on Friday, October 14, 2022. FluView Interactive is updated weekly year round.

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 (/flu/weekly/overview.htm) page.

Additional information on the current and previous influenza seasons for each surveillance component are available on *FluView Interactive (/flu/weekly/fluviewinteractive.htm).*

U.S. Virologic Surveillance

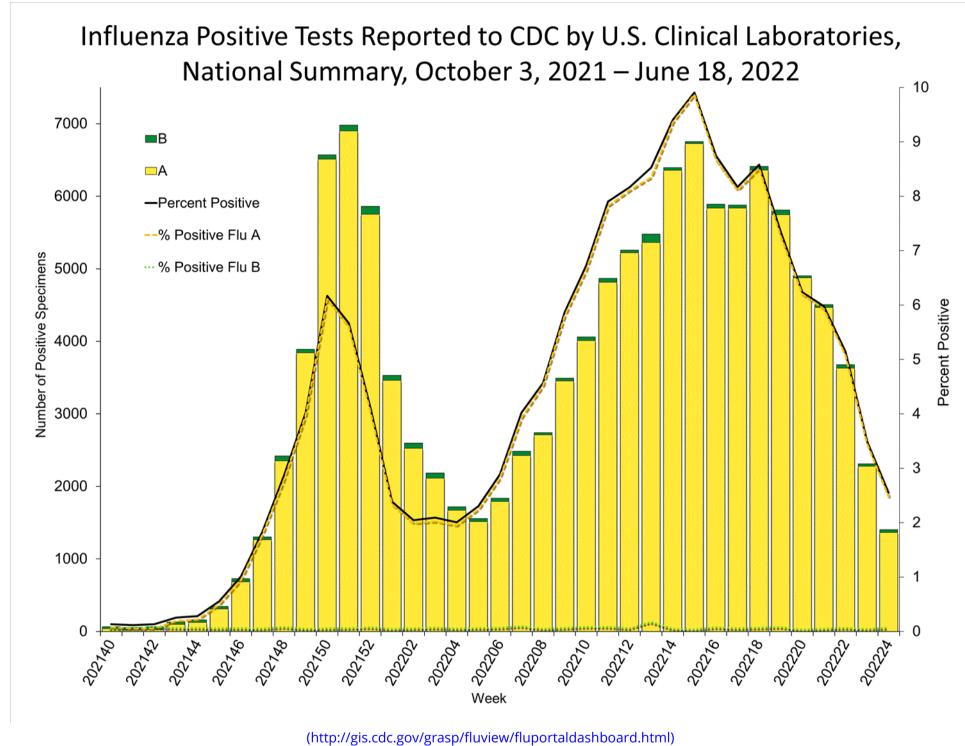
(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633697372803)

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 24	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	55,035	2,813,522
No. of positive specimens (%)	1,402 (2.5%)	124,303 (4.4%)
Positive specimens by type		
Influenza A	1,364 (97.3%)	122,486 (98.5%)

	Week 24	Data Cumulative since October 3, 2021 (Week 40)
Influenza B	38 (2.7%)	1,817 (1.5%)



View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_cl24.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/WhoNPHL24.html)

Public Health Laboratories

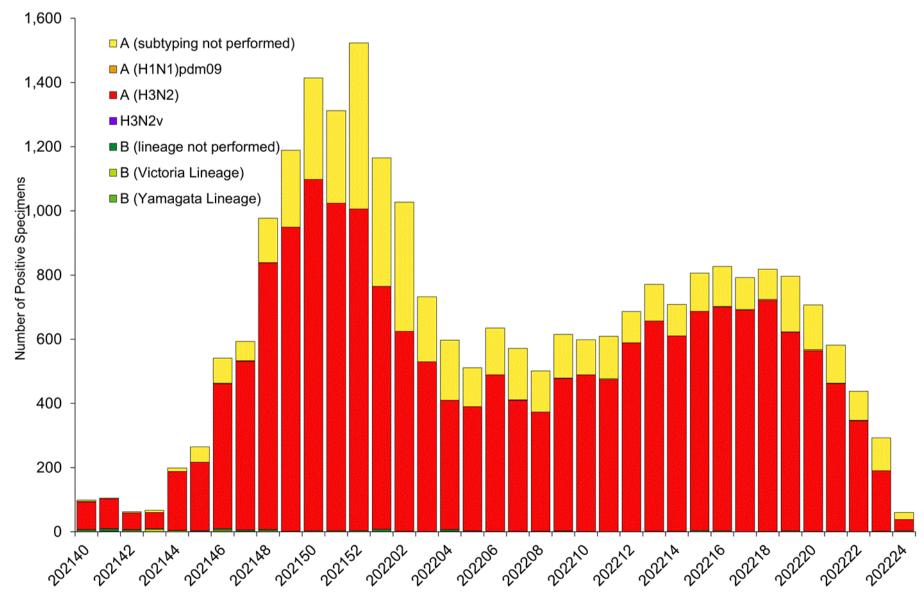
The results of tests performed by public health laboratories nationwide are summarized below. Data from public health laboratories are used to monitor the proportion of circulating viruses that belong to each influenza subtype/lineage. Data

from public health laboratories are used to monitor the proportion of circulating viruses that belong to each influenza subtype/lineage. Viruses known to be associated with recent live attenuated influenza vaccine (LAIV) receipt or found upon further testing to be a vaccine virus are not included as they are not circulating influenza viruses.

	Week 24	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	6,558	880,606
No. of positive specimens	60	24,197

	Week 24	Data Cumulative since October 3, 2021 (Week 40)
Positive specimens by type/subtype		
Influenza A	57 (95.0%)	24,068 (99.5%)
(H1N1)pdm09	0	28 (0.1%)
H3N2	35 (100%)	18,806 (99.9%)
H3N2v	0	1 (<0.1%)
Subtyping not performed	22	5,233
Influenza B	3 (5.0%)	129 (0.5%)
Yamagata lineage	0	1 (2.4%)
Victoria lineage	0	40 (97.6%)
Lineage not performed	3	88

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, October 3, 2021 – June 18, 2022



Week

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

Additional virologic surveillance information for current and past seasons:

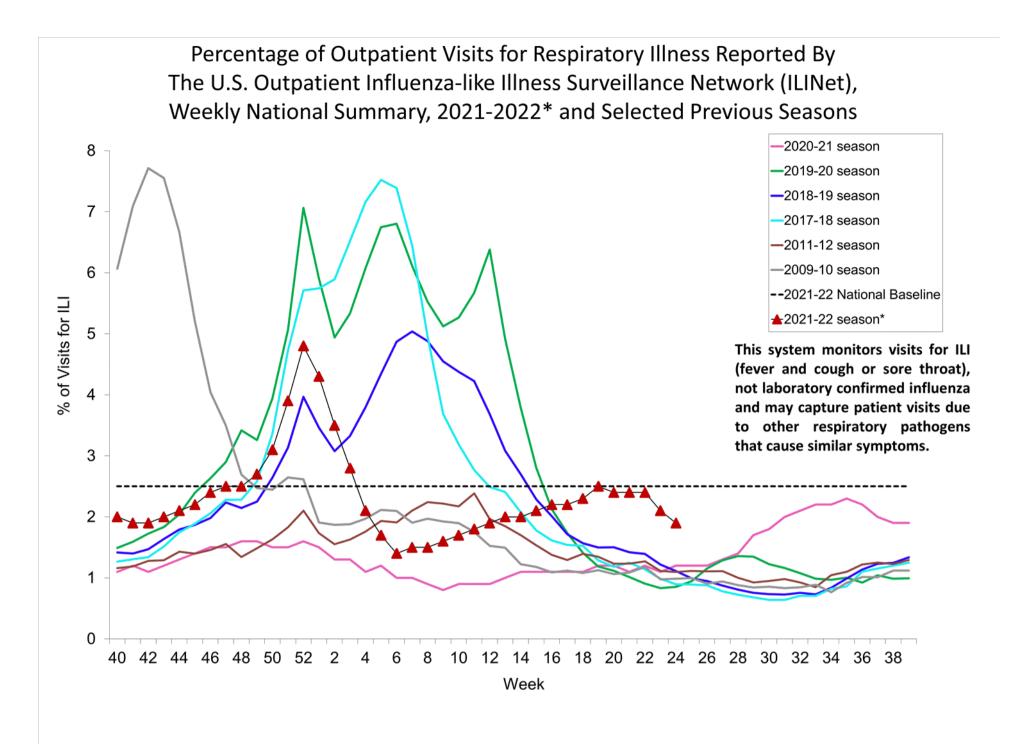
Surveillance Methods (/flu/weekly/overview.htm#anchor_1633697372803) | FluView Interactive: National, Regional, and State Data (http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) or Age Data (https://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html)

Outpatient Respiratory 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 therefore capture respiratory illness visits due to infection with any pathogen that can present with similar symptoms, including influenza, SARS-CoV-2, and RSV. 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, SARS-CoV-2, 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).

Outpatient Respiratory Illness Visits

Nationwide during week 24, 1.9% 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. Multiple respiratory viruses are co-circulating, and the relative contribution of influenza virus infection to ILI varies by location.



(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."

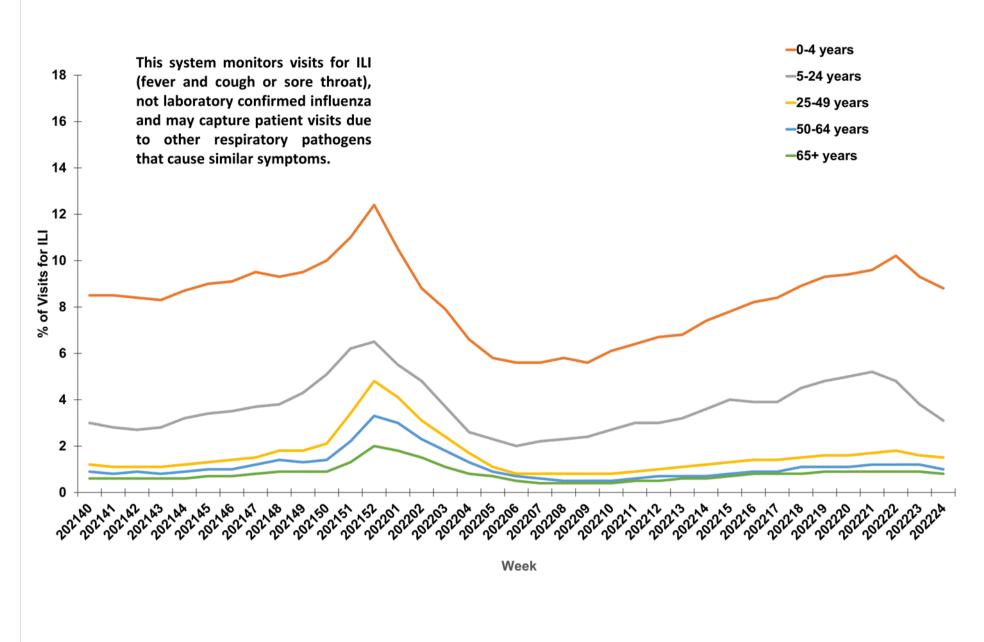
View Chart Data (current season only) (/flu/weekly/weeklyarchives2021-2022/data/senAllregt24.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/ILI24.html)

Outpatient Respiratory Illness Visits by Age Group

More than 70% of ILINet participants provide both the number of patient visits for respiratory illness 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 respiratory illness by age group.

During week 24, the percentage of visits for respiratory illness reported in ILINet was 8.8% among those 0-4 years, 3.1% among those 5-24 years, 1.5% among those 25-49 years, 1.0% among those 50-64 years and 0.8% among those 65 years and older.

Percentage of Outpatient Visits for Respiratory Illness by Age Group Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, October 3, 2021-June 18, 2022*



(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/iliage24.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/ILIAge24.html)

Outpatient Respiratory Illness Activity Map

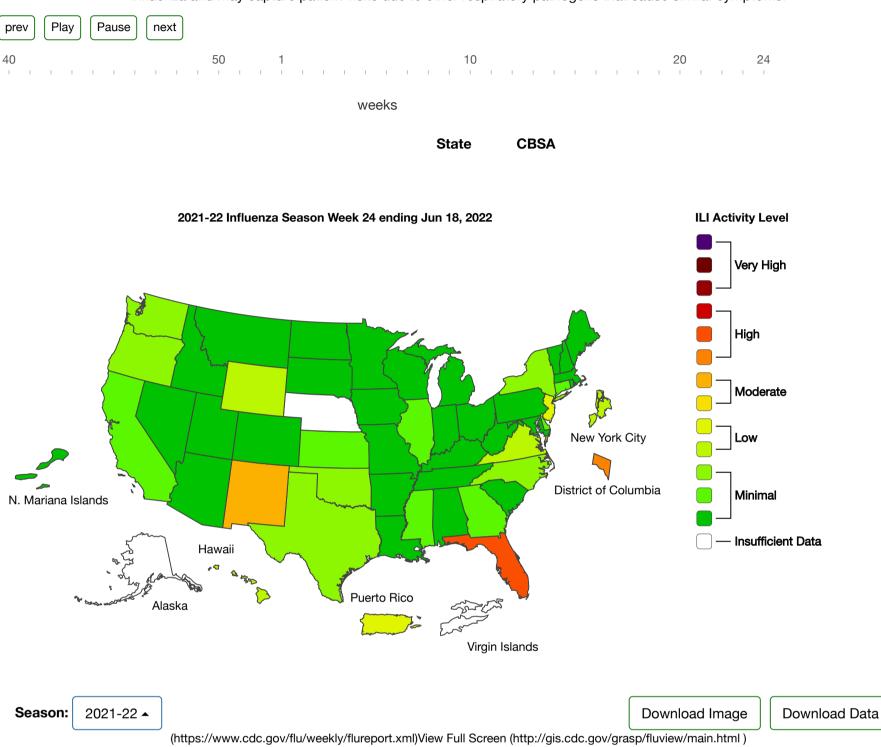
Data collected in ILINet are used to produce a measure of ILI activity*

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633697504110) by state/jurisdiction and Core Based Statistical Areas (CBSA).

	Number of	Number of Jurisdictions		Number of CBSAs	
Activity Level	Week 24 (Week ending Jun. 18, 2022)	Week 23 (Week ending Jun. 11, 2022)	Week 24 (Week ending Jun. 18, 2022)	Week 23 (Week ending Jun. 11, 2022)	
Very High	0	0	1	3	
High	2	3	13	13	
Moderate	1	1	11	25	
Low	6	6	52	60	
Minimal	43	45	531	554	
Insufficient Data	3	0	321	274	

A Weekly Influenza Surveillance Report Prepared by the Influenza Division Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.



*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.

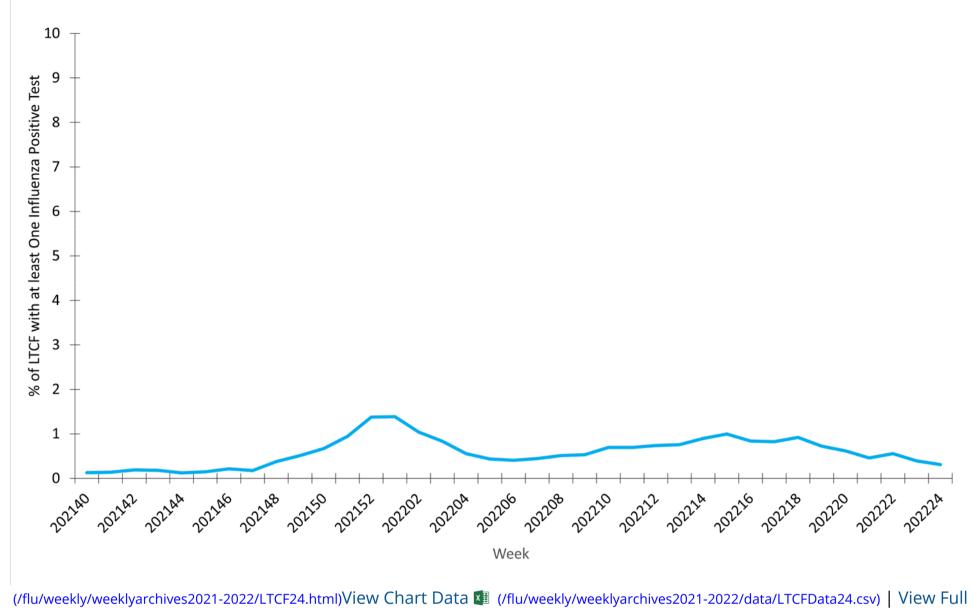
Additional information about medically attended visits for ILI for current and past seasons:

Surveillance Methods (/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 virus 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 24, 45 (0.3%) of 14,448 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, October 4, 2021 – June 19, 2022



Screen (/flu/weekly/weeklyarchives2021-2022/LTCF24.html)

Additional information about long-term care facility surveillance:

Surveillance Methods (/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)

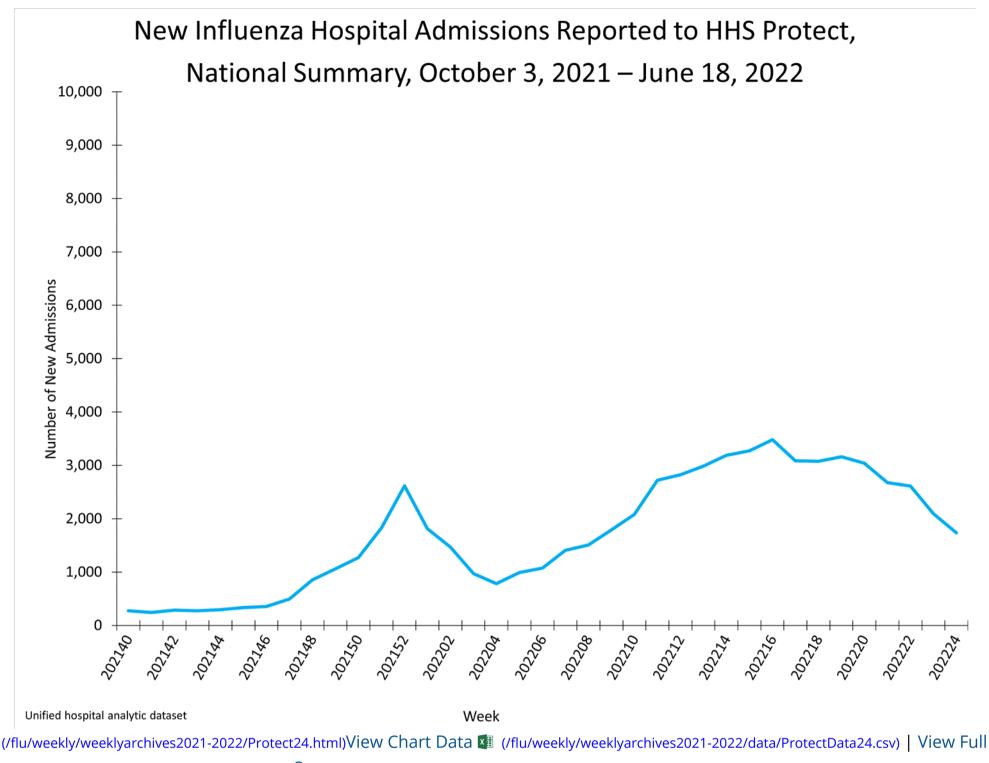
FluSurv-NET

The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratoryconfirmed influenza-related hospitalizations in select counties in 14 states and represents approximately 9% of the U.S. population. FluSurv-NET hospitalization data are preliminary. Patients admitted for laboratory-confirmed influenza-related hospitalization after June 11, 2022, will not be included in FluSurv-NET for the 2021-2022 season. Data on patients admitted through June 11, 2022, will continue to be updated as additional information is received.

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: Rates by Age, Sex, and Race/Ethnicity (http://gis.cdc.gov/GRASP/Fluview/FluHospRates.html) or Data on Patient Characteristics (http://gis.cdc.gov/grasp/fluview/FluHospChars.html)

HHS Protect Hospitalization Surveillance

Hospitals report to HHS Protect the number of patients admitted with laboratory-confirmed influenza. During week 24, 1,736 patients with laboratory-confirmed influenza were admitted to the hospital.



Screen (/flu/weekly/weeklyarchives2021-2022/Protect24.html)

Additional HHS Protect hospitalization surveillance information:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698474047) | Additional Data C (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)

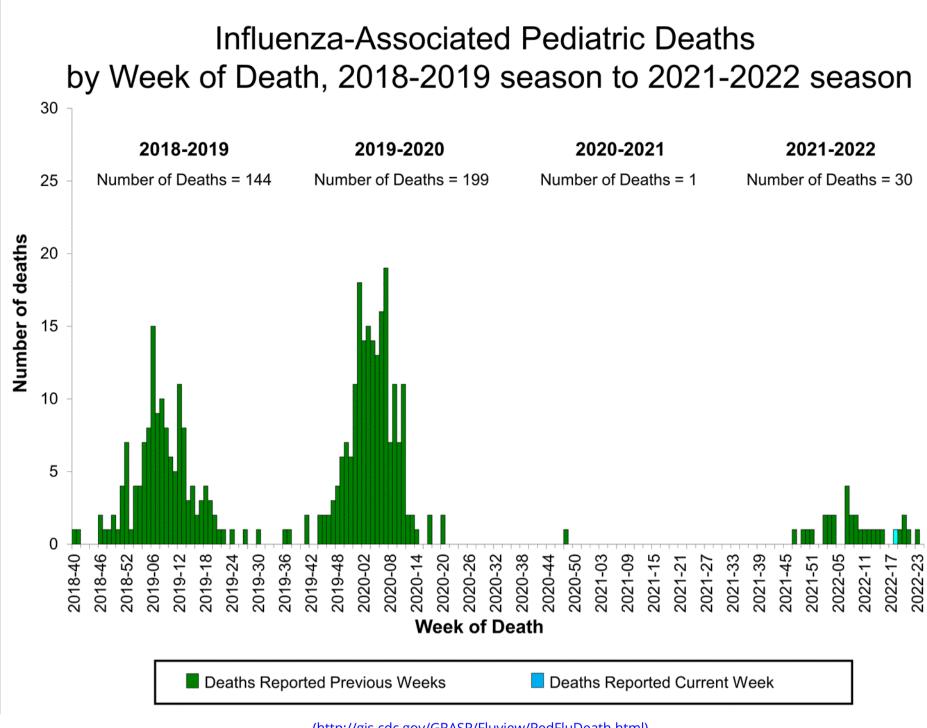
National Center for Health Statistics (NCHS) Mortality Surveillance

Starting June 6, 2022, the National Vital Statistics System (NVSS) cause of death coding system is undergoing a system-wide upgrade. Because of this upgrade period, certain NVSS surveillance datasets and reports will be paused temporarily, including those used to evaluate pneumonia, influenza, and COVID-19 deaths. NCHS mortality data will not be published in FluView or FluView Interactive for MMWR weeks 22, 23, or 24. It is expected to resume for MMWR week 25.

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

One influenza-associated pediatric death occurring during the 2021-2022 season was reported to CDC during week 24. The death was associated with an influenza A virus for which no subtyping was performed and occurred during week 18 (the week ending May 7, 2022).



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

View Full Screen (/flu/weekly/weeklyarchives2021-2022/PedFlu24.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-Err
Georgia (https://dph.georgia.gov/epidemiology/influenza/flu-activity-georgia)	Hawaii (http://health.hawaii.gov/docd/resources/reports/influ
lowa (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 C (https://www.who.int/tools/flunet) and the Global Epidemiology Reports. C (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 (http://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 [2] (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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