Weekly U.S. Influenza Surveillance Report

Updated August 12, 2022

2021-2022 Influenza Season for Week 31, ending August 6, 2022

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 (https://wwwdev.cdc.gov/flu/weekly/overview.htm) page.

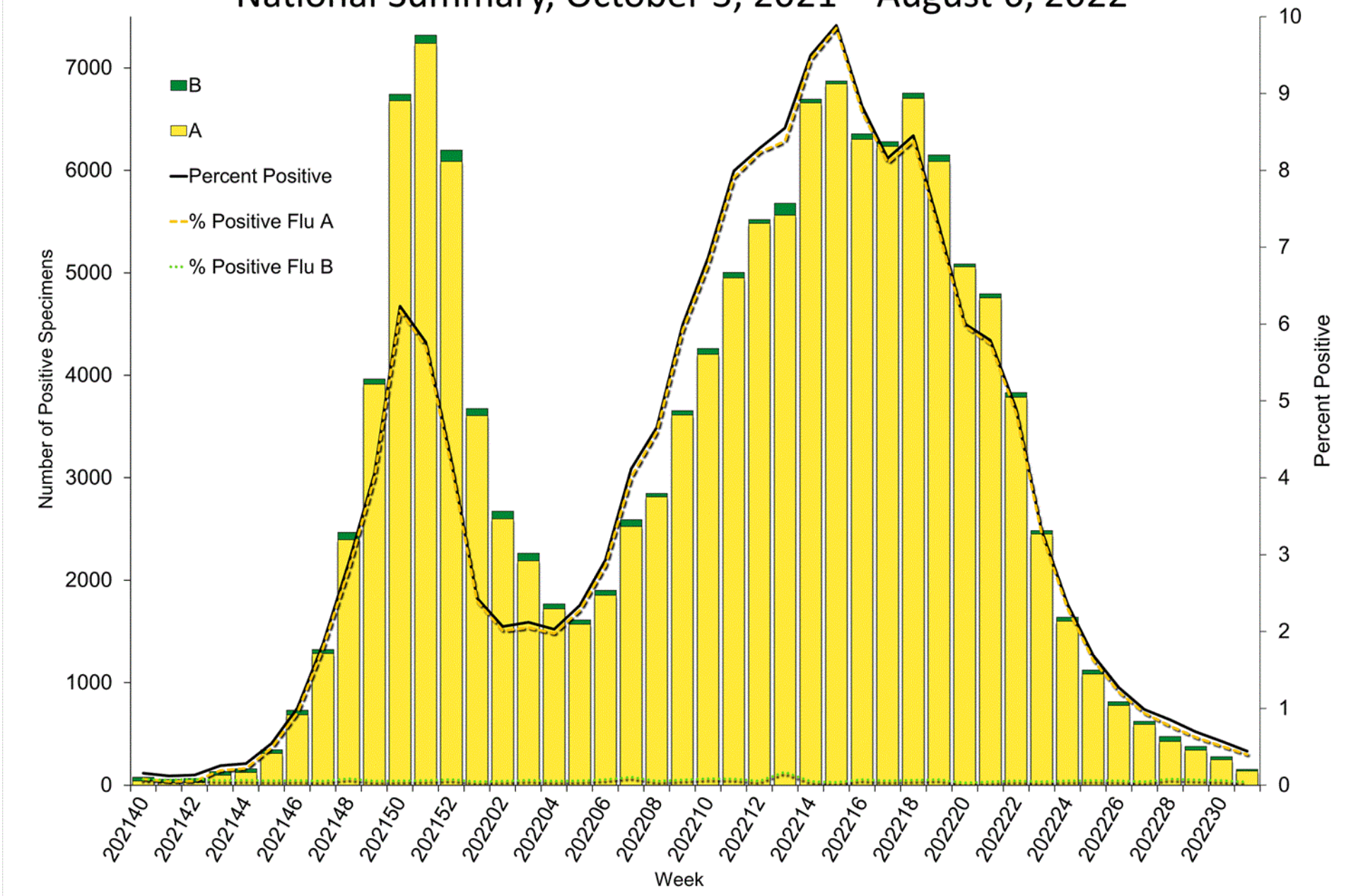
Additional information on the current and previous influenza seasons for each surveillance component are available on FluView Interactive (https://wwwdev.cdc.gov/flu/weekly/fluviewinteractive.htm).

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 31	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	34,645	3,308,468
No. of positive specimens (%)	153 (0.4%)	133,801 (4.0%)
Positive specimens by type		
Influenza A	138 (90.2%)	131,699 (98.4%)
Influenza B	15 (9.8%)	2,102 (1.6%)



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

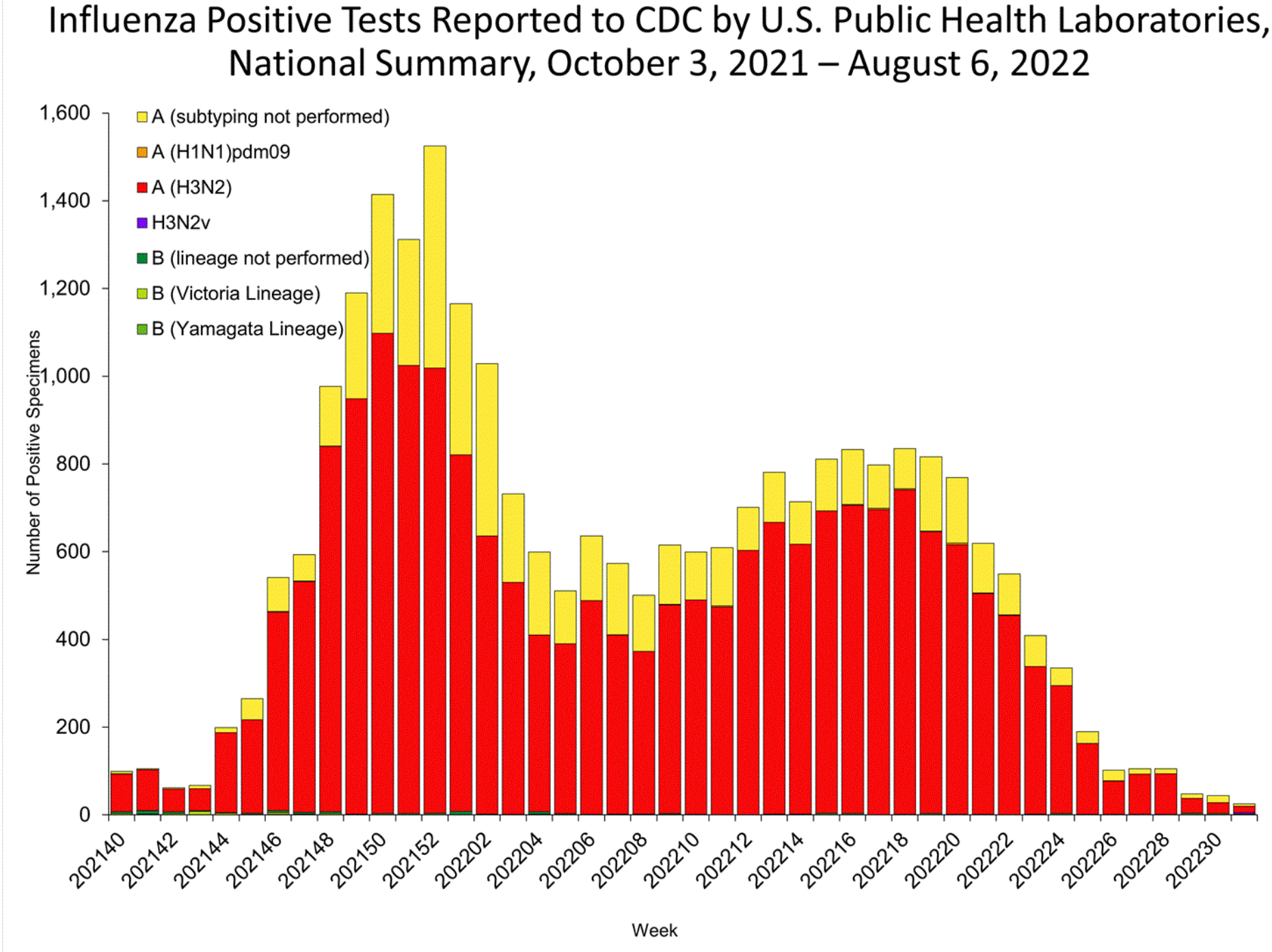
View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_cl31.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/WhoNPHL31.html)

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 31	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	12,394	1,006,839
No. of positive specimens	25	25,507
Positive specimens by type/subtype		
Influenza A	23 (92.0%)	25,365 (99.4%)
(H1N1)pdm09	0	26 (0.1%)
H3N2	15 (83.3%)	20,092 (99.9%)

	Week 31	Data Cumulative since October 3, 2021 (Week 40)
H3N2v	3 (16.7)	4 (<0.1%)
Subtyping not performed	5	5,243
Influenza B	2 (8.0%)	142 (0.6%)
Yamagata lineage	0	1 (2.4%)
Victoria lineage	0	40 (97.6%)
Lineage not performed	2	101



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

View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_phl31.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/WhoPHL31.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)

Novel Influenza A Virus

Two human infections with a novel influenza A virus were reported by West Virginia. The patients were infected with an influenza A(H3N2) variant (A(H3N2)v) virus. Both patients are <18 years of age, were not hospitalized, and have recovered from their illness. An investigation by health officials showed that both patients attended an agricultural fair and that swine at this fair tested positive for swine influenza A(H3N2). No person-to-person spread of this virus has been confirmed to date. This is the third patient infected with an H3N2v virus reported from West Virginia in the past 2 weeks; all three attended the same agricultural fair prior to illness onset.

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 has occurred previously. 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.

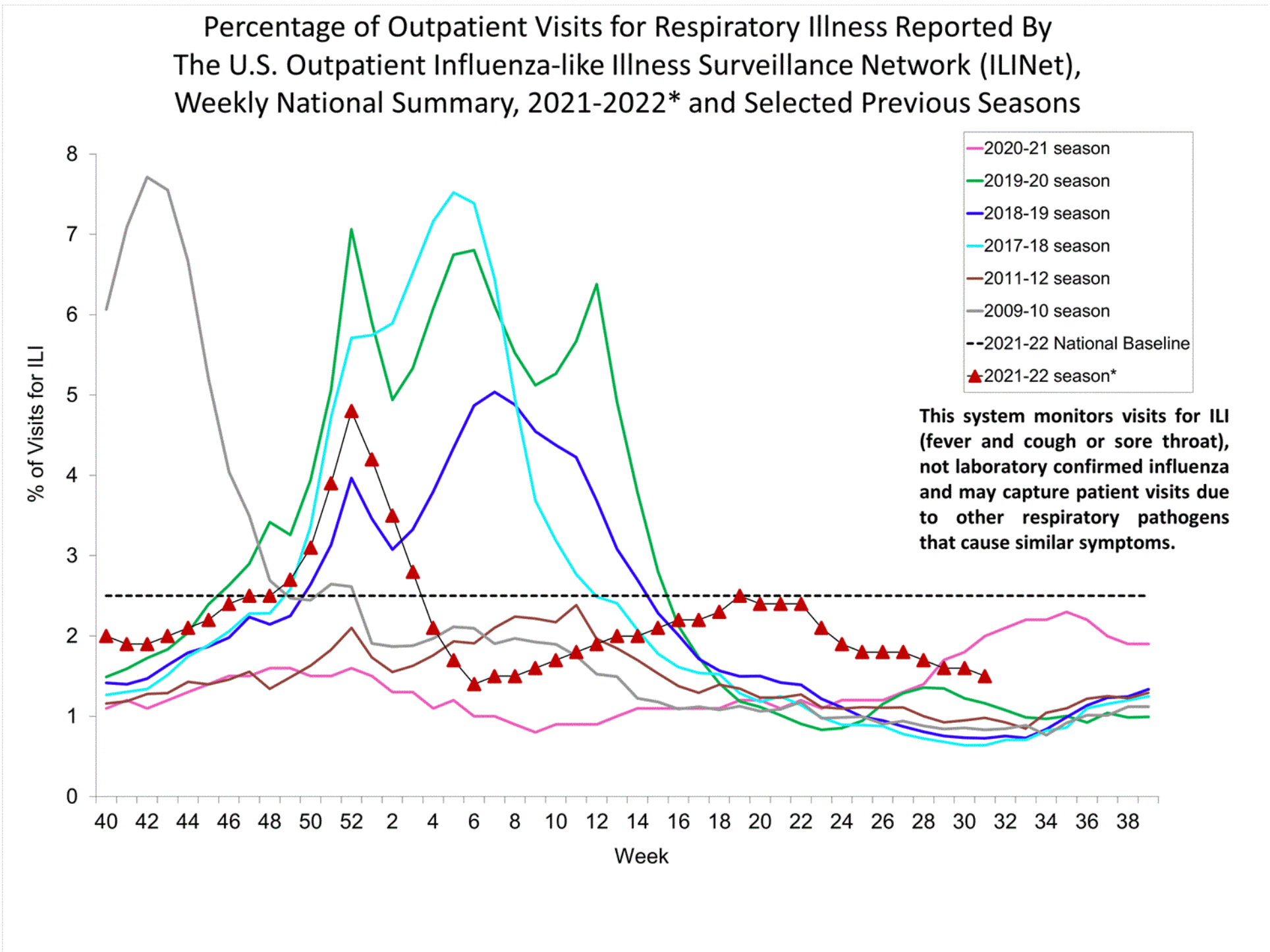
Early identification and investigation of human infections with novel influenza A viruses are critical so that the risk of infection can be understood and appropriate public health measures can be taken. Additional information on influenza in swine, variant influenza virus infection in humans, and guidance 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).

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 31, 1.5% 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)

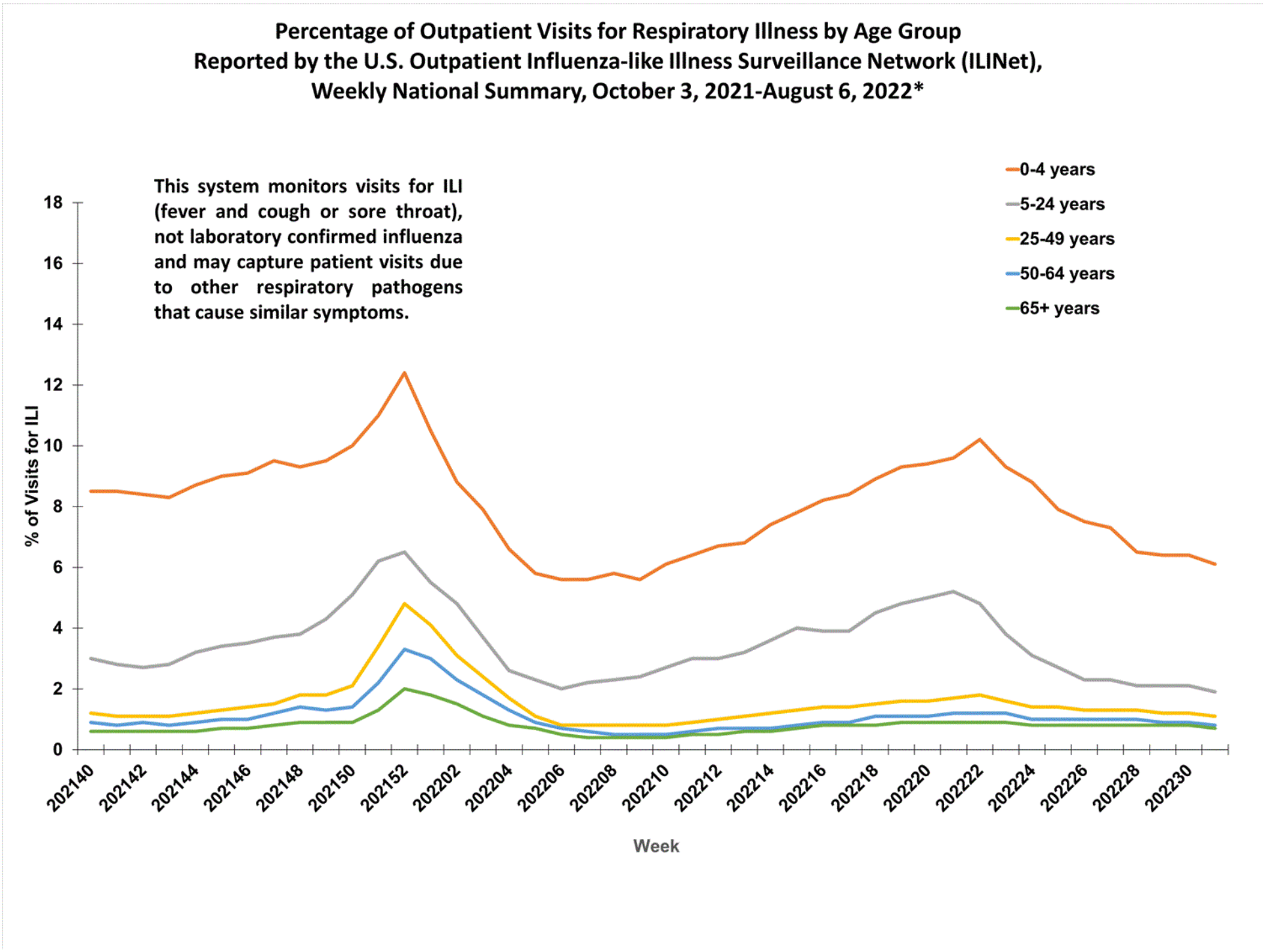
* Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes “without a known cause other than influenza.”

View Chart Data (current season only) (/flu/weekly/weeklyarchives2021-2022/data/senAllregt31.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/ILI31.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 31, the percentage of visits for respiratory illness reported in ILINet was 6.1% among those 0-4 years, 1.9% among those 5-24 years, 1.1% among those 25-49 years, 0.8% among those 50-64 years, and 0.7% among those 65 years and older.



(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/iliage31.html) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/ILIAge31.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 Jurisdictions		Number of CBSAs	
Activity Level	Week 31 (Week ending Aug. 6, 2022)	Week 30 (Week ending Jul. 30, 2022)	Week 31 (Week ending Aug. 6, 2022)	Week 30 (Week ending Jul. 30, 2022)
Very High	0	0	0	2
High	0	0	4	7
Moderate	1	2	10	18
Low	1	1	53	48
Minimal	53	52	582	570
Insufficient Data	0	0	280	284

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.

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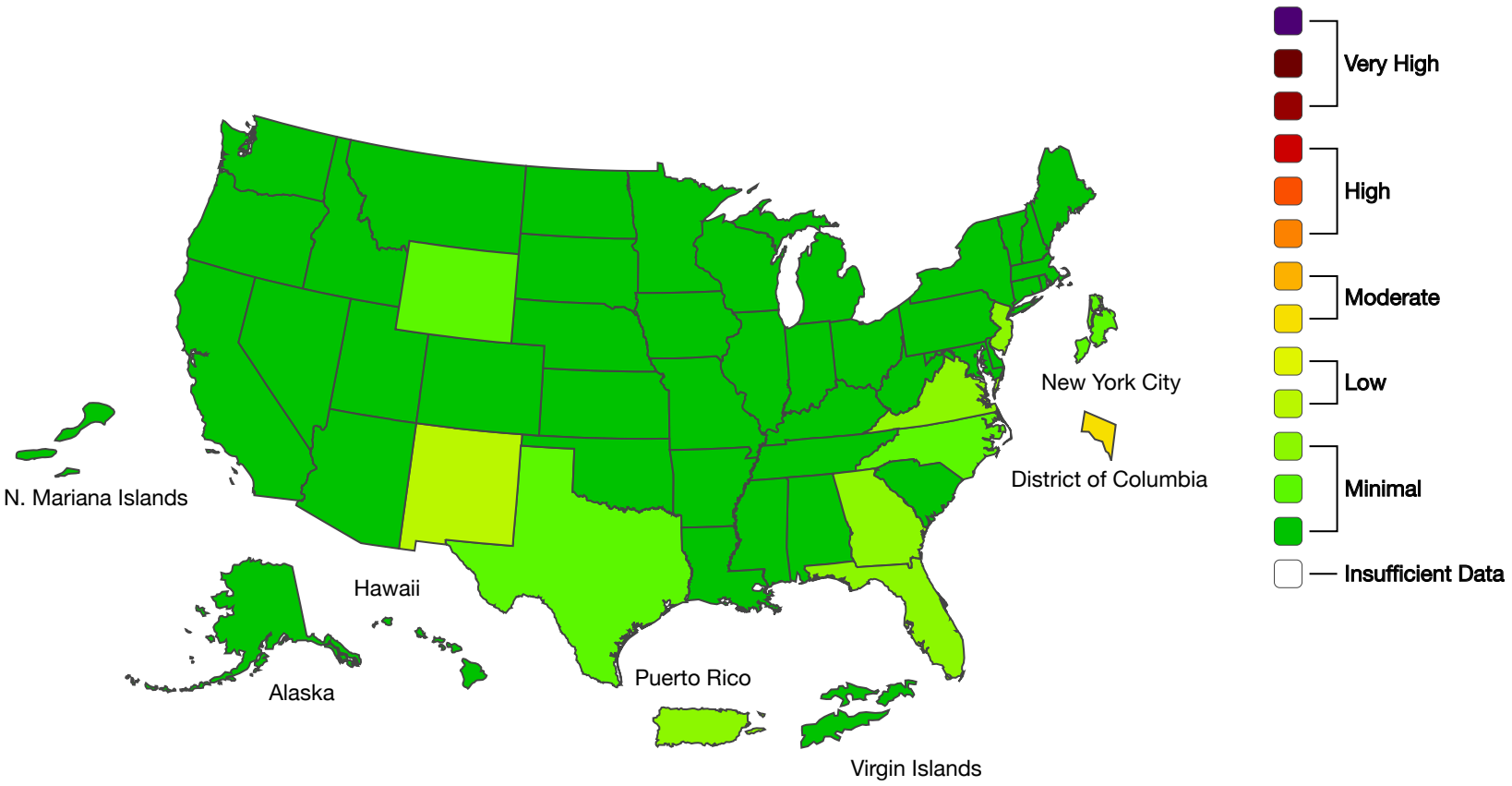
40 50 1 10 20 30 31

weeks

State **CBSA**

2021-22 Influenza Season Week 31 ending Aug 06, 2022



Season: 2021-22 ▲

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(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.

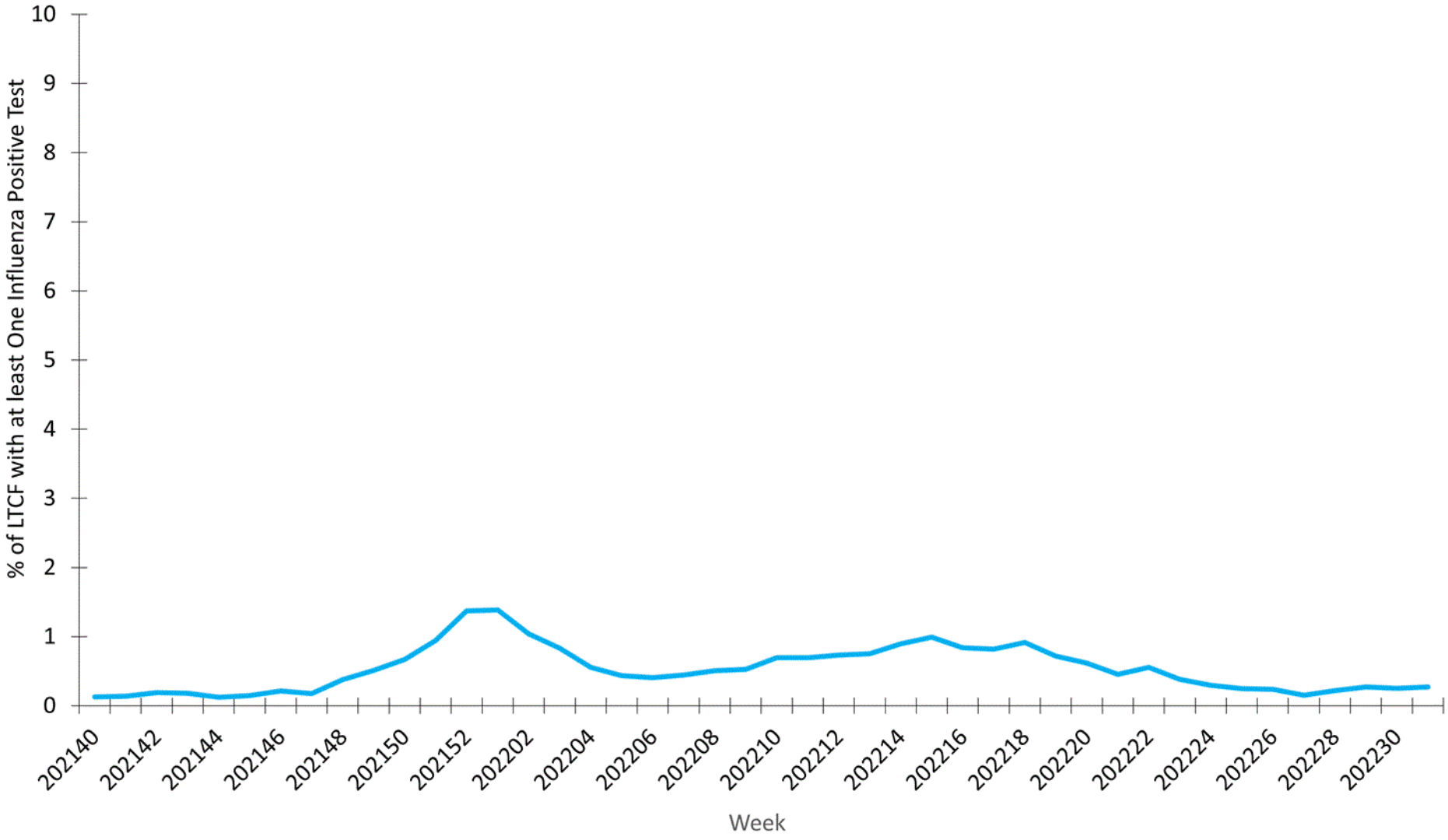
Additional information about medically attended visits for ILI for current and past seasons:

Surveillance Methods (/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 31, 40 (0.3%) of 14,636 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 – August 7, 2022



(/flu/weekly/weeklyarchives2021-2022/LTCF31.html)View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/LTCFData31.csv) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/LTCF31.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

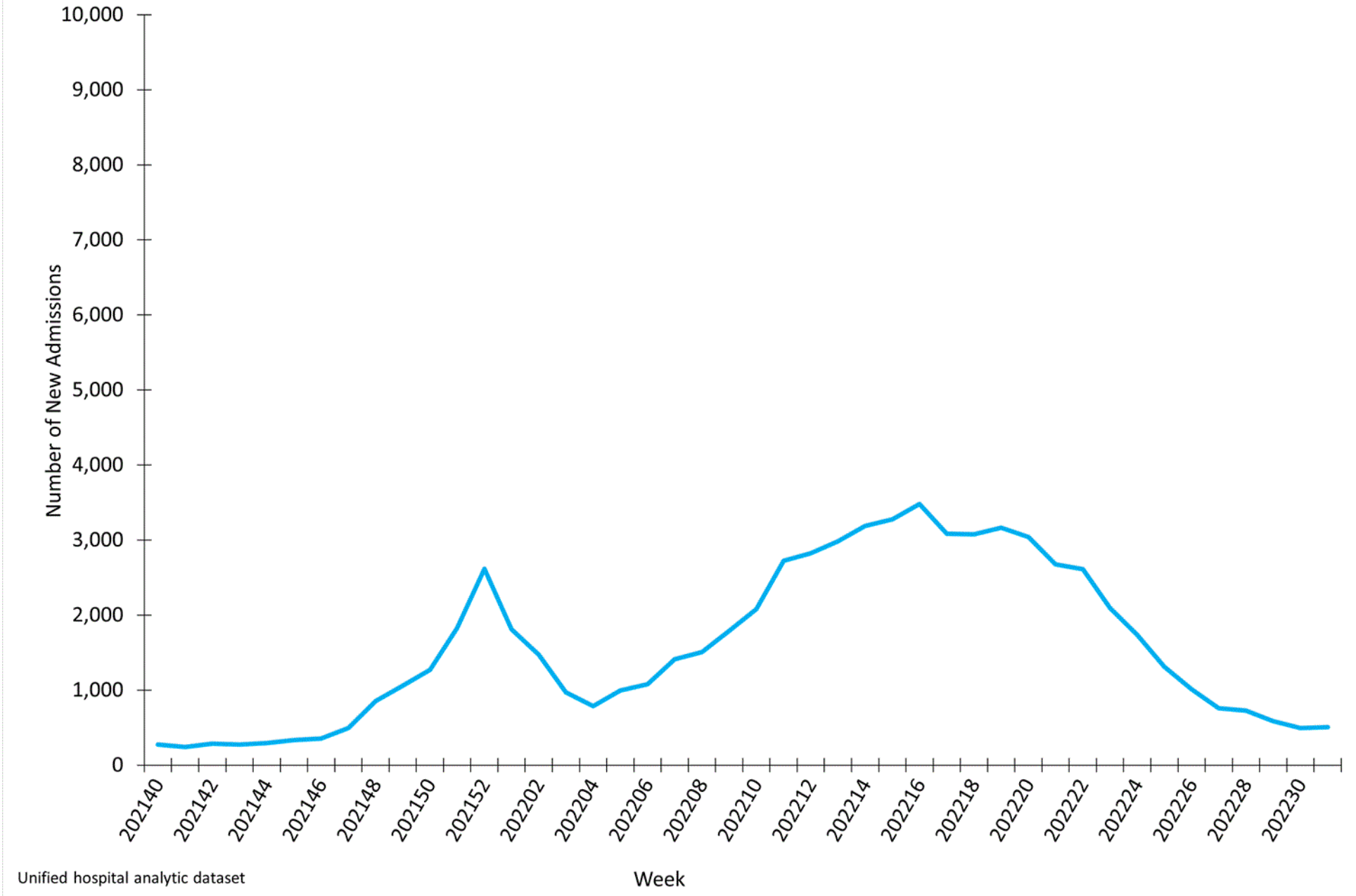
The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in 14 states and represents approximately 9% of the U.S. population. FluSurv-NET hospitalization data are preliminary. 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 31, 506 patients with laboratory-confirmed influenza were admitted to the hospital.



(/flu/weekly/weeklyarchives2021-2022/Protect31.html)View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/ProtectData31.csv) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/Protect31.html)

Additional HHS Protect hospitalization surveillance information:

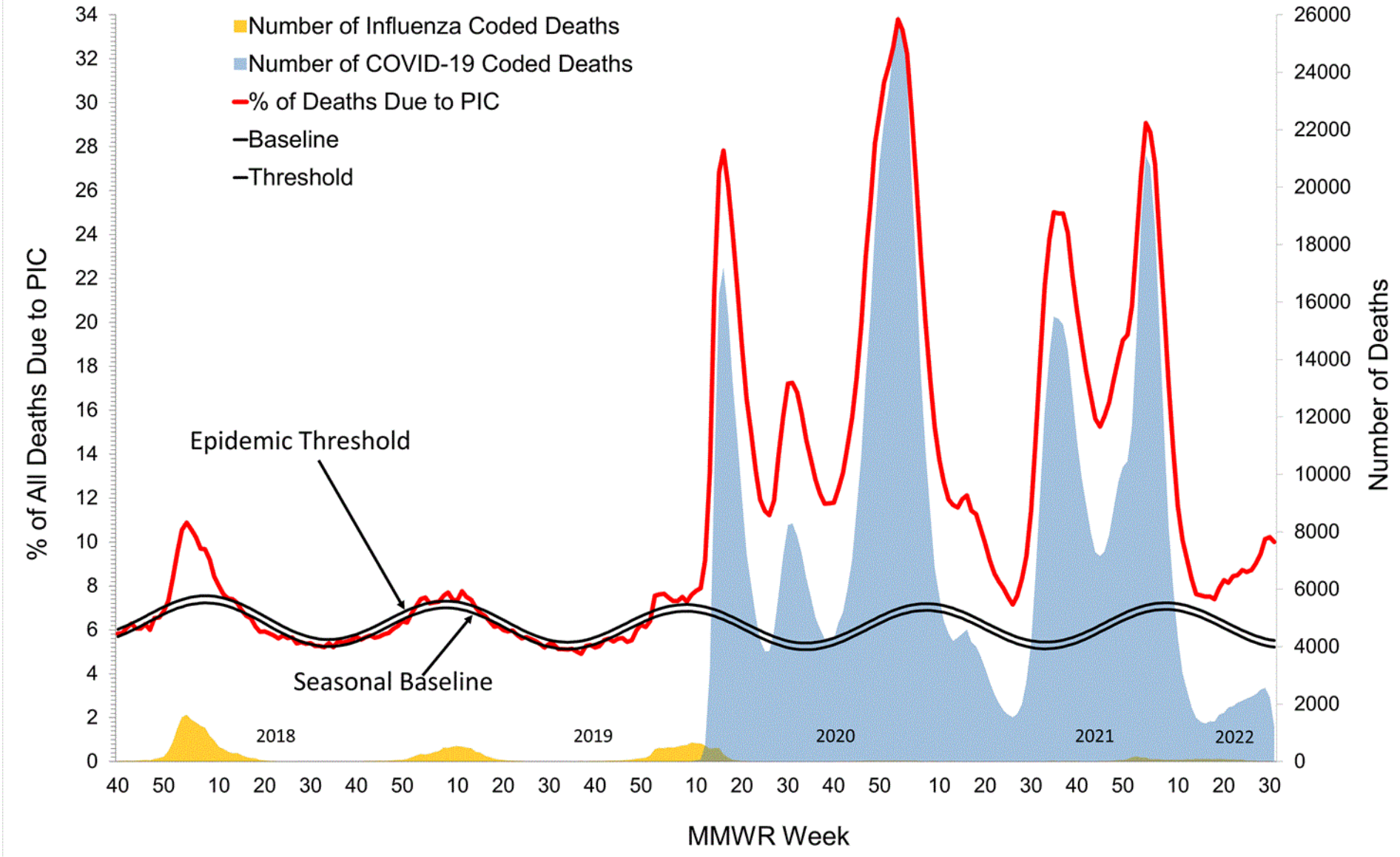
Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698474047) | Additional Data (https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/anag-cw7u)

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

National Center for Health Statistics (NCHS) Mortality Surveillance

On June 6, 2022, the National Vital Statistics System (NVSS) cause of death coding system began a system-wide upgrade, which required a temporary suspension of routine NVSS surveillance reporting. The upgrade required all 2022 death records to be reprocessed into the system. As routine NVSS surveillance reporting resumes, users may temporarily observe lower death counts for prior weeks in 2022 as the backlog is reprocessed and reloaded into the system.

Based on NCHS mortality surveillance data available on August 11, 2022, 10.0% of the deaths that occurred during the week ending August 6, 2022 (week 31), 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 2,226 PIC deaths reported for this week, 1,207 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and 4 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.



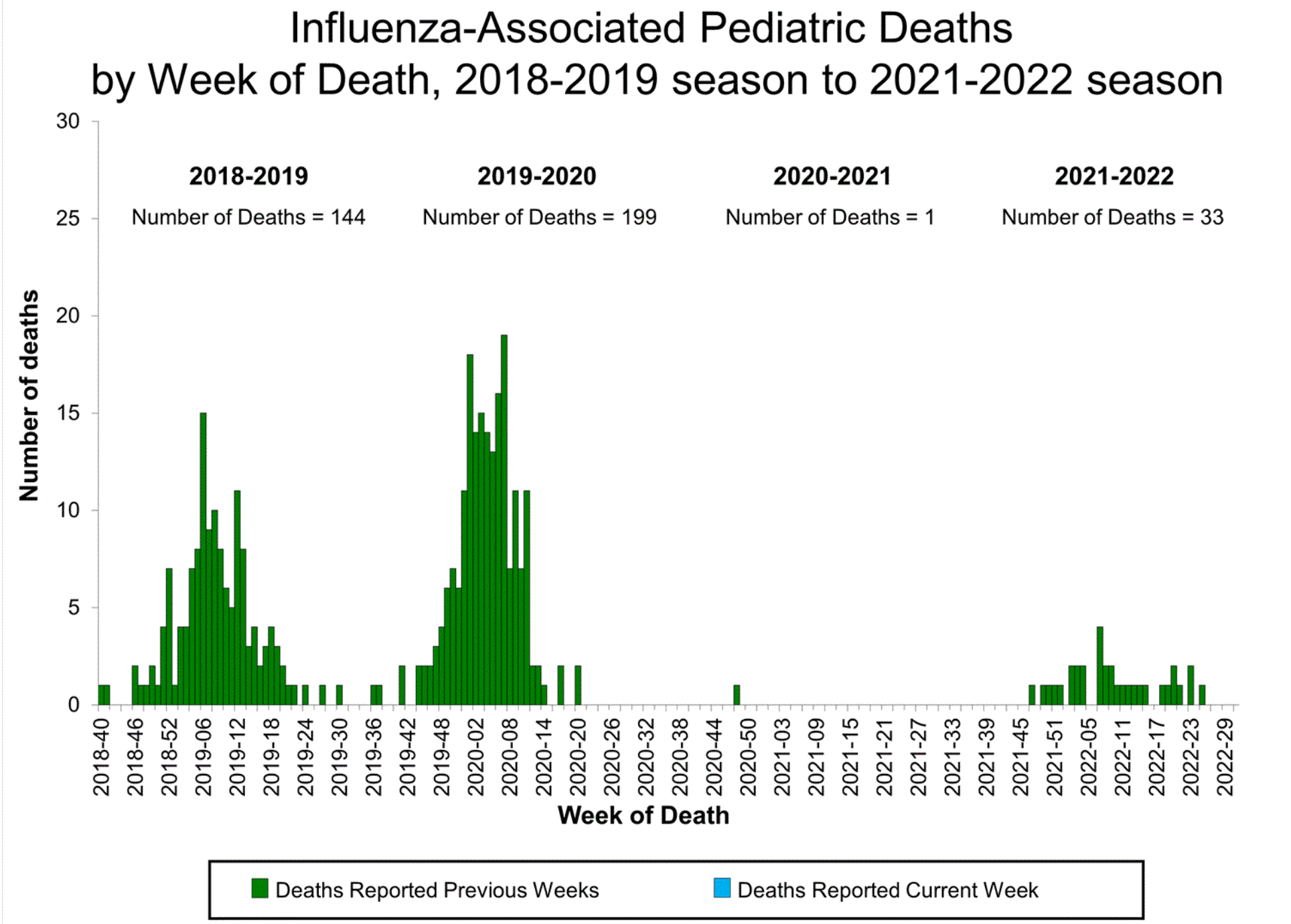
(https://gis.cdc.gov/grasp/fluview/mortality.html)View Chart Data (/flu/weekly/weeklyarchives2021-2022/data/NCHSData31.csv) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/NCHS31.html)

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 death occurring during the 2021-2022 season were reported to CDC during week 31.

A total of 33 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/PedFlu31.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.

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.

Page last reviewed: August 12, 2022, 11:00 AM