

Weekly U.S. Influenza Surveillance Report

Updated August 26, 2022



2021-2022 Influenza Season for Week 33, ending August 20, 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) (<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) (<https://wwwdev.cdc.gov/flu/weekly/fluviewinteractive.htm>).

U.S. Virologic Surveillance

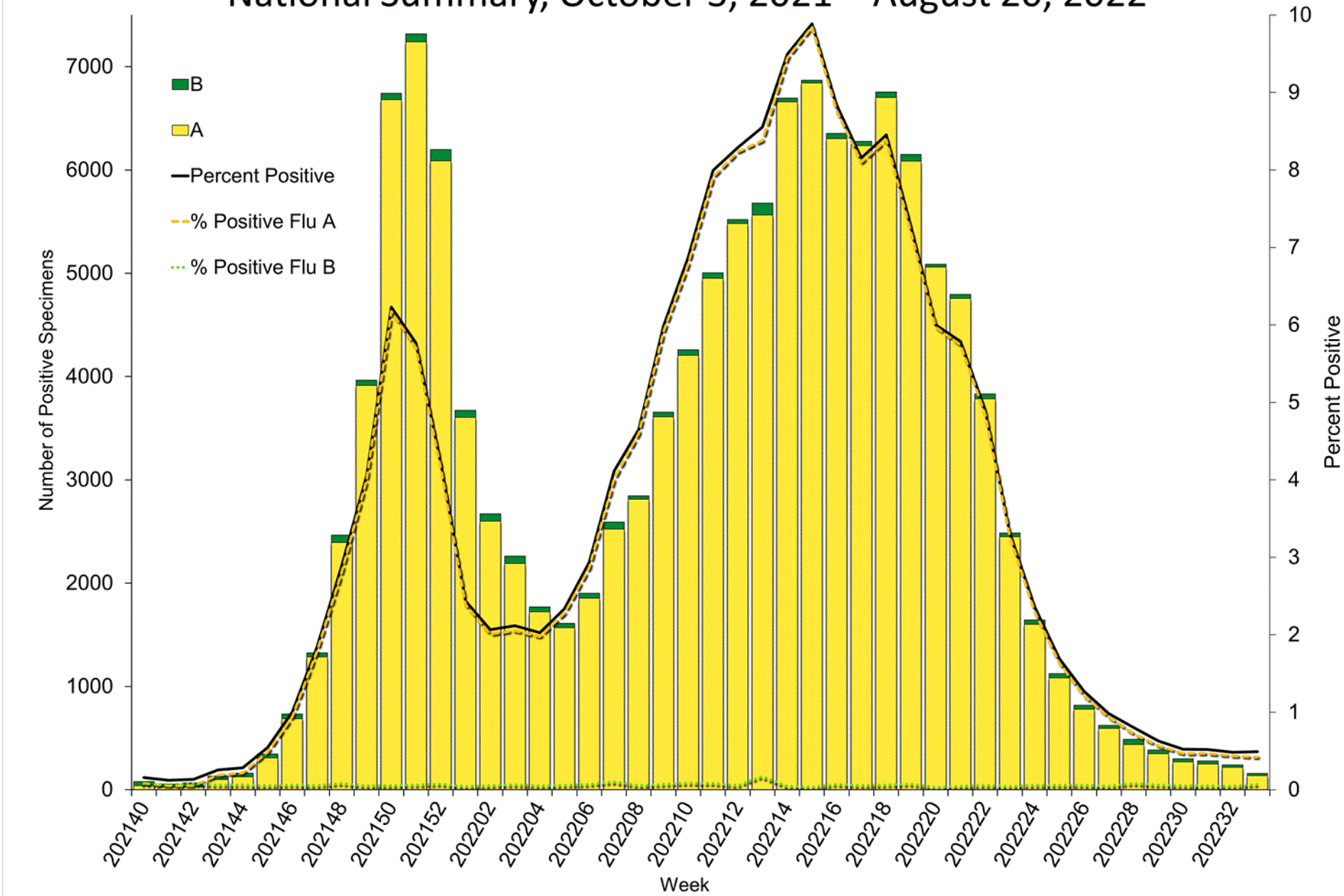
https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633697372803

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 33	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	32,491	3,431,123
No. of positive specimens (%)	159 (0.5%)	134,375 (3.9%)
<i>Positive specimens by type</i>		
Influenza A	136 (85.5%)	132,205 (98.4%)
Influenza B	23 (14.5%)	2,170 (1.6%)

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, October 3, 2021 – August 20, 2022



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

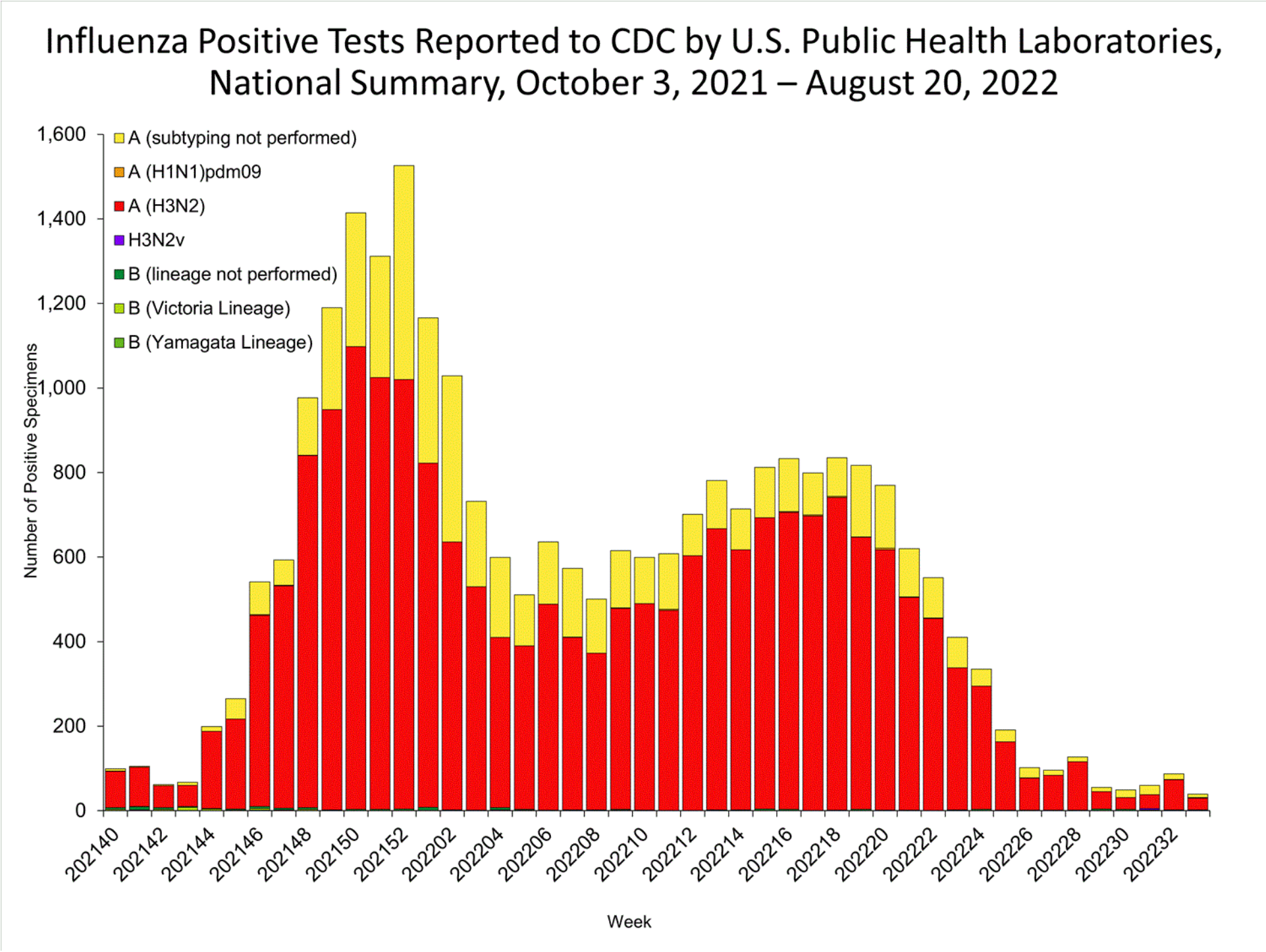
[View Chart Data \(/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_cl33.html\)](/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_cl33.html) | [View Full Screen \(/flu/weekly/weeklyarchives2021-2022/WhoNPHL33.html\)](/flu/weekly/weeklyarchives2021-2022/WhoNPHL33.html)

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 33	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	11,062	1,059,682
No. of positive specimens	39	25,703
<i>Positive specimens by type/subtype</i>		
Influenza A	37 (94.9%)	25,557 (99.4%)
(H1N1)pdm09	1 (3.4%)	28 (0.1%)
H3N2	28 (96.6%)	20,237 (99.9%)

	Week 33	Data Cumulative since October 3, 2021 (Week 40)
H3N2v	0	4 (<0.1%)
Subtyping not performed	8	5,288
Influenza B	2 (5.1%)	146 (0.6%)
Yamagata lineage	0	1 (2.4%)
Victoria lineage	1 (100%)	41 (97.6%)
Lineage not performed	1	104



[View Chart Data \(/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_phl33.html\)](#) | [View Full Screen \(/flu/weekly/weeklyarchives2021-2022/WhoPHL33.html\)](#)

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

A human infection with a novel influenza A virus was reported by the Ohio Department of Health. The patient was infected with a swine-origin influenza A(H1N2) variant (A(H1N2)v) virus. The patient is <18 years of age, was not hospitalized, and has recovered from their illness. An investigation by local public health officials found that the patient had attended an agricultural fair on the day of their illness onset. Additional investigation did not identify respiratory illness in any of the patient's household contacts. No person-to-person transmission of A(H1N2)v virus associated with this patient has been identified. This is the second patient infected with an H1N2v virus reported in the United States in 2022.

A total of five human infections with variant influenza A viruses have been reported in the United States in 2022, including three H3N2v (West Virginia) and two H1N2v (Ohio, Oregon) viruses. 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 exposure 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 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

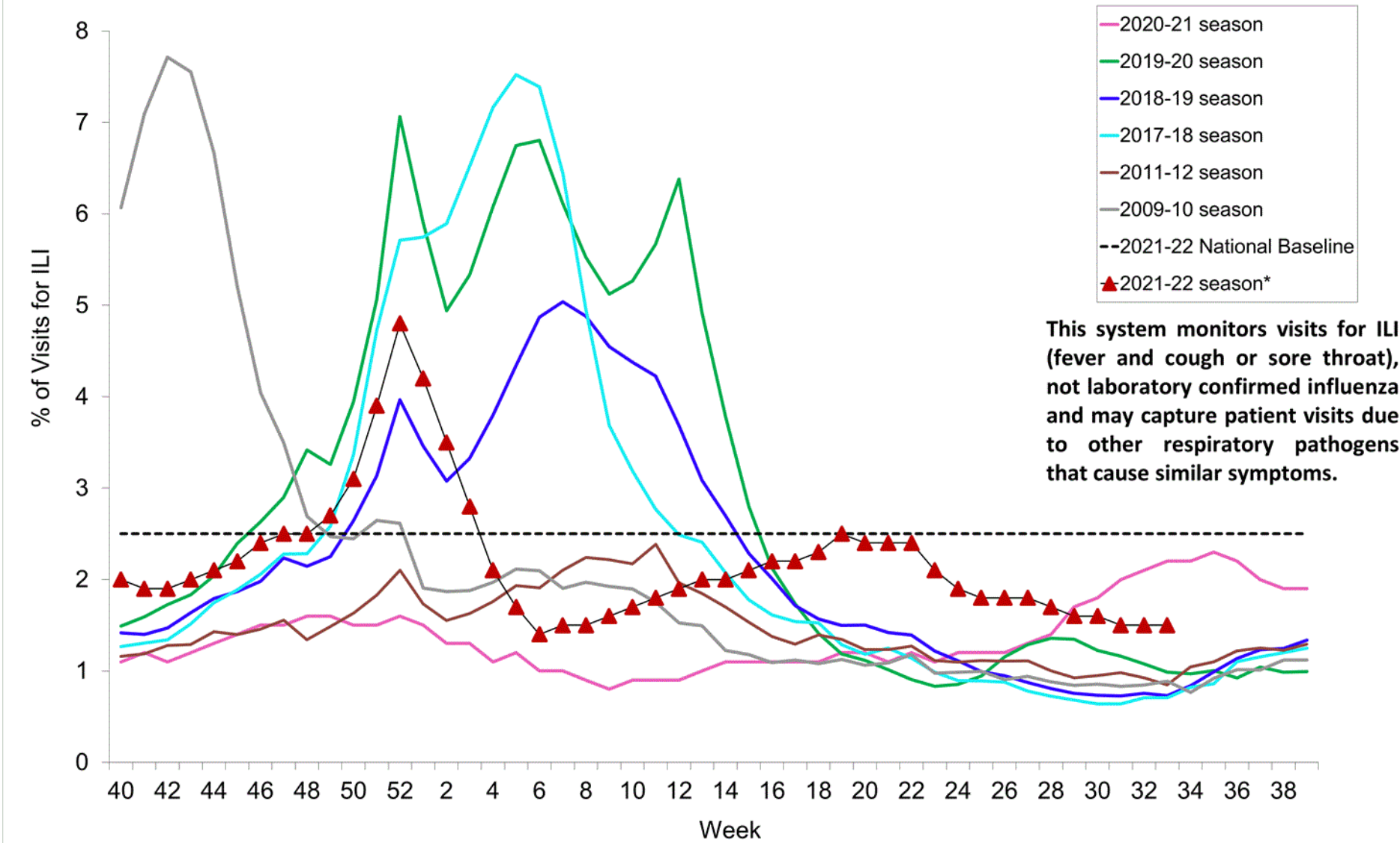
(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932)

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) (<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>).

Outpatient Respiratory Illness Visits

Nationwide during week 33, 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.

Percentage of Outpatient Visits for Respiratory Illness Reported By
The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),
Weekly National Summary, 2021-2022* and Selected Previous Seasons



(<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 \(current season only\) \(/flu/weekly/weeklyarchives2021-2022/data/senAllregt33.html\)](/flu/weekly/weeklyarchives2021-2022/data/senAllregt33.html) | [View Full Screen](#)
(</flu/weekly/weeklyarchives2021-2022/ILI33.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 33, the percentage of visits for respiratory illness reported in ILINet was 6.3% among those 0-4 years, 2.4% among those 5-24 years, 1.0% among those 25-49 years, 0.8% among those 50-64 years, and 0.6% 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-August 20, 2022***

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.

Legend:

- 0-4 years
- 5-24 years
- 25-49 years
- 50-64 years
- 65+ years

Approximate Data Points (Percentage of Visits for ILI):

Week	0-4 years	5-24 years	25-49 years	50-64 years	65+ years
202140	8.5	3.0	1.2	0.8	0.5
202152	12.5	6.5	4.8	3.2	2.0
202202	8.8	5.0	3.0	2.2	1.2
202206	5.8	2.0	0.8	0.5	0.3
202210	6.2	2.5	0.8	0.5	0.3
202214	7.5	4.0	1.2	0.8	0.5
202218	8.8	4.5	1.5	1.0	0.8
202222	10.2	5.2	1.8	1.2	0.8
202226	7.8	3.0	1.2	0.8	0.5
202230	6.5	2.2	1.0	0.7	0.4
202232	6.2	2.0	1.0	0.7	0.4
202234	6.5	2.5	1.0	0.7	0.4

* 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 \(/flu/weekly/weeklyarchives2021-2022/data/iliage33.html\)](/flu/weekly/weeklyarchives2021-2022/data/iliage33.html) | [View Full Screen \(/flu/weekly/weeklyarchives2021-2022/ILIAGE33.html\)](/flu/weekly/weeklyarchives2021-2022/ILIAGE33.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).

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 33 (Week ending Aug. 20, 2022)	Week 32 (Week ending Aug. 13, 2022)	Week 33 (Week ending Aug. 20, 2022)	Week 32 (Week ending Aug. 13, 2022)
Very High	0	0	1	2
High	1	0	6	5
Moderate	2	0	20	15
Low	1	3	56	36
Minimal	51	52	568	587
Insufficient Data	0	0	278	284

prev

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next

Season:

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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.

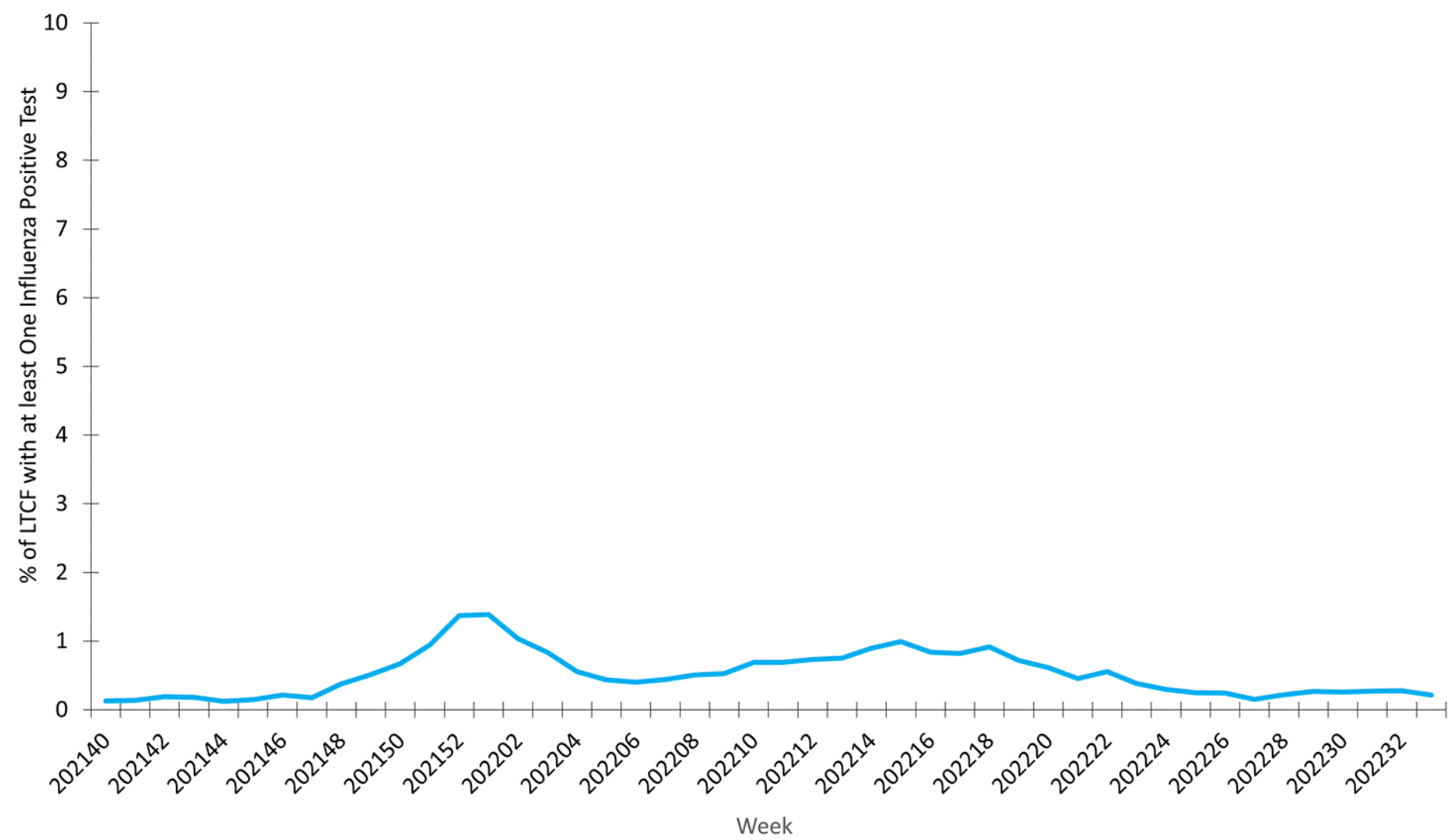
Additional information about medically attended visits for ILI for current and past seasons:
[Surveillance Methods \(/flu/weekly/overview.htm#anchor_1539281266932\)](#) | [FluView Interactive: National, Regional, and State Data \(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html\)](#) or [ILI 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 33, 31 (0.2%) of 14,575 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 21, 2022



</flu/weekly/weeklyarchives2021-2022/LTCF33.html>View Chart Data  </flu/weekly/weeklyarchives2021-2022/data/LTCFData33.csv> | View Full Screen </flu/weekly/weeklyarchives2021-2022/LTCF33.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

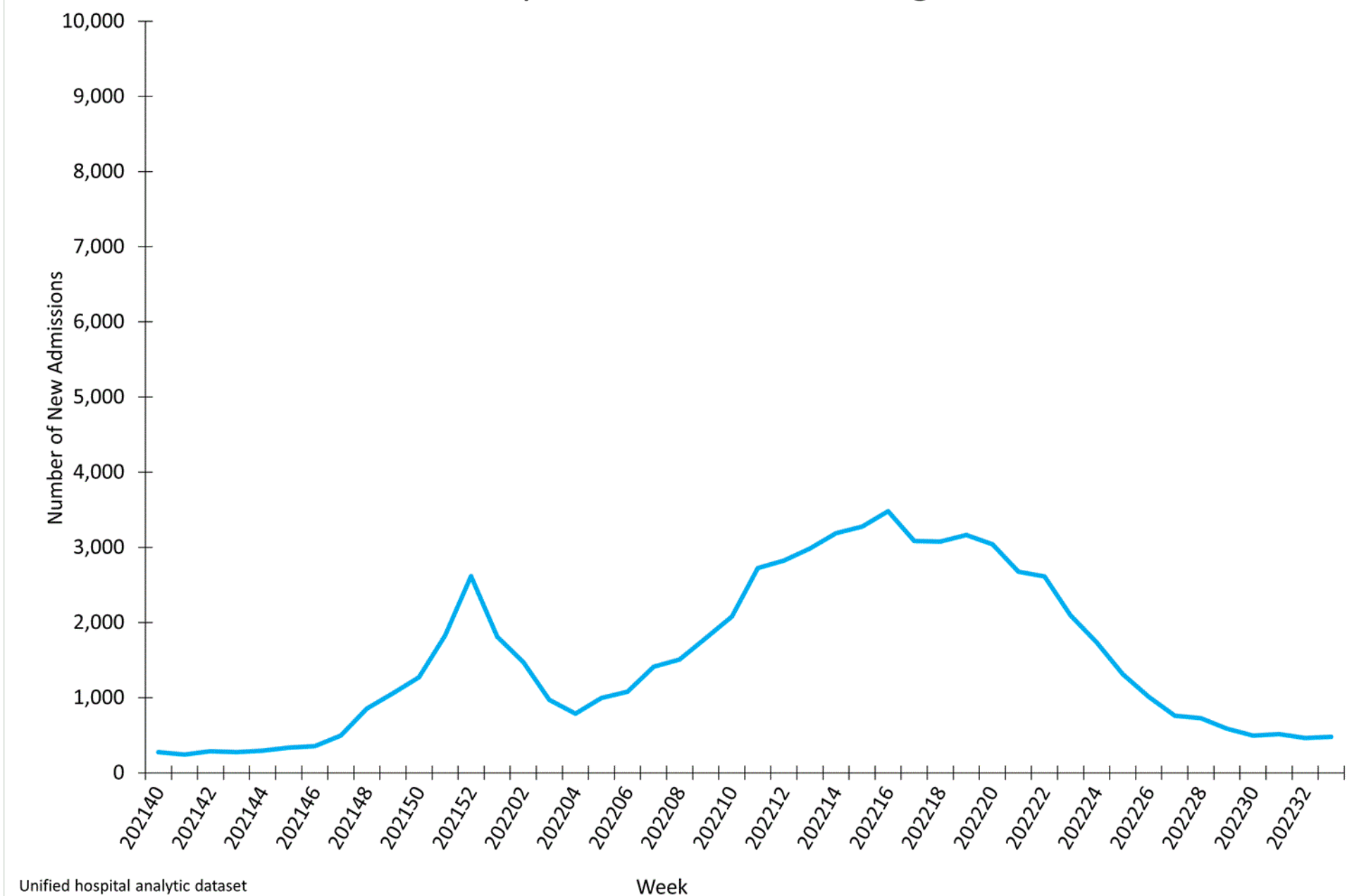
The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in 14 states and represents approximately 9% of the U.S. population. FluSurv-NET hospitalization data are preliminary. 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 week 33, 477 patients with laboratory-confirmed influenza were admitted to the hospital.

New Influenza Hospital Admissions Reported to HHS Protect, National Summary, October 3, 2021 – August 20, 2022



[View Chart Data](/flu/weekly/weeklyarchives2021-2022/Protect33.html) [View Full Screen](/flu/weekly/weeklyarchives2021-2022/data/ProtectData33.csv) [View Full Screen](/flu/weekly/weeklyarchives2021-2022/Protect33.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

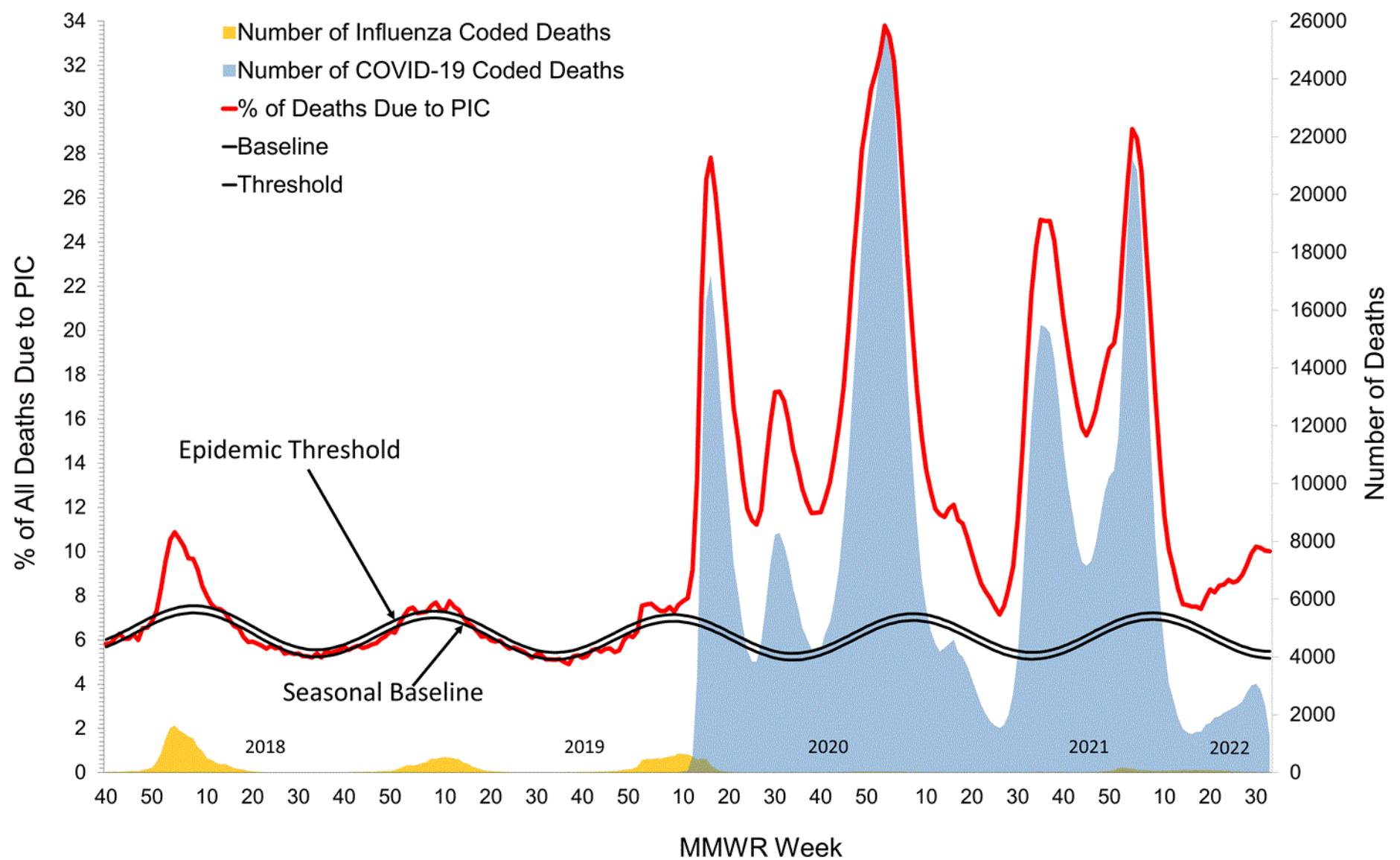
https://www.cdc.gov/flu/weekly/overview.htm#anchor_1634311686144

National Center for Health Statistics (NCHS) Mortality Surveillance

Based on NCHS mortality surveillance data available on August 25, 2022, 10.0% of the deaths that occurred during the week ending August 20, 2022 (week 33), 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 2,320 PIC deaths reported for this week, 1,268 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and seven 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.

Pneumonia, Influenza, and COVID-19 Mortality from the National Center for Health Statistics Mortality Surveillance System

Data as of August 25, 2022



(<https://gis.cdc.gov/grasp/fluview/mortality.html>)View Chart Data  (/flu/weekly/weeklyarchives2021-2022/data/NCHSData33.csv) | View Full Screen (/flu/weekly/weeklyarchives2021-2022/NCHS33.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

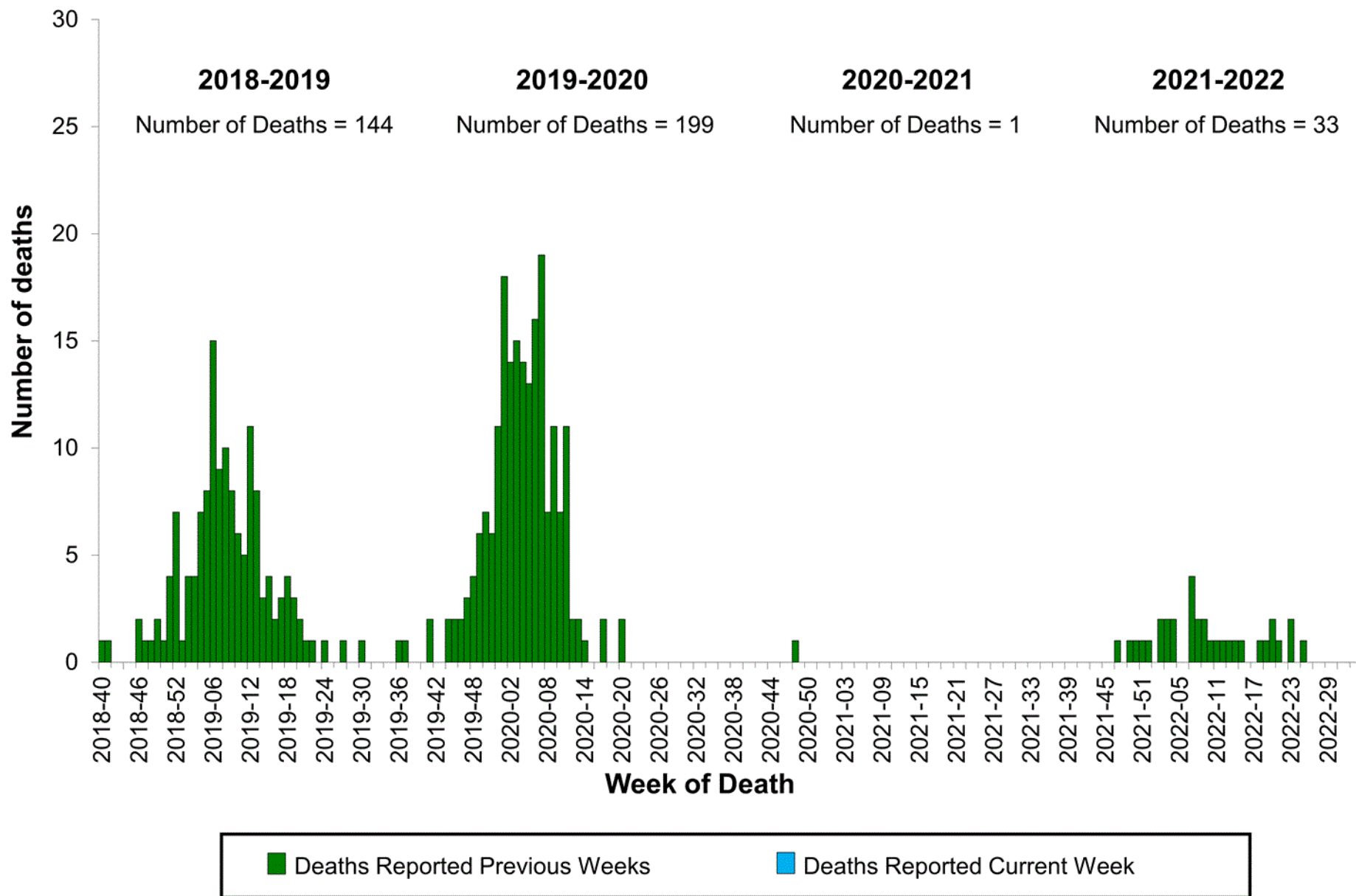
(<https://gis.cdc.gov/grasp/fluview/mortality.html>)

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric death occurring during the 2021-2022 season were reported to CDC during week 33.

A total of 33 influenza-associated pediatric deaths occurring during the 2021-2022 season have been reported to CDC.

Influenza-Associated Pediatric Deaths by Week of Death, 2018-2019 season to 2021-2022 season



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

[View Full Screen \(/flu/weekly/weeklyarchives2021-2022/PedFlu33.html\)](/flu/weekly/weeklyarchives2021-2022/PedFlu33.html)

Additional pediatric mortality surveillance information for current and past seasons:

[Surveillance Methods \(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698596803\)](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) (<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) (<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.

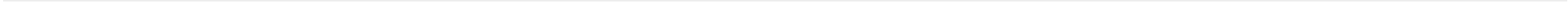
[Alabama \(http://adph.org/influenza/\)](http://adph.org/influenza/)

[Alaska \(http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/flui\)](http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/flui)



[Colorado \(https://www.colorado.gov/pacific/cdphe/influenza\)](https://www.colorado.gov/pacific/cdphe/influenza)

[Connecticut \(https://portal.ct.gov/DPH/Epidemiology-and-En\)](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 (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/sui)
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)  (<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).  (<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)  (http://www.influenzacentre.org/Surveillance_Samples_Received.html), [China](http://www.chinaivdc.cn/cnic/)  (<http://www.chinaivdc.cn/cnic/>), [Japan](http://idsc.nih.go.jp/index.html)  (<http://idsc.nih.go.jp/index.html>), the [United Kingdom](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)


Europe:

The most up-to-date influenza information from Europe is available from [WHO/Europe](http://www.flunewseurope.org/) 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](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.

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.