

Influenza (Flu) (</flu/index.htm>)

Weekly U.S. Influenza Surveillance Report

Updated January 20, 2023



Note: CDC is also tracking the impact of other respiratory viruses, including COVID-19. Data comparing the impact of these viruses can be found in two new dashboards: RESP-NET (<https://www.cdc.gov/surveillance/resp-net/dashboard.html>) and NSSP's Emergency Department Visits for COVID-19, Influenza and Respiratory Syncytial Virus (<https://www.cdc.gov/ncird/surveillance/respiratory-illnesses/index.html>).

Key Updates for Week 2, ending January 14, 2023

Seasonal influenza activity continues to decline across the country.

Viruses

Clinical Lab

4.6%
positive for influenza
this week

(</flu/weekly/index.htm#ClinicalLaboratories>)

Public Health Lab

The most frequently reported
viruses this week were influenza
A(H3N2).

(</flu/weekly/index.htm#PublicHealthLaboratories>)

Virus Characterization

Genetic and antigenic
characterization and antiviral
susceptibility are summarized in
this report.

(</flu/weekly/index.htm#VirusCharacterization>)

Illness

Outpatient Respiratory Illness

3.0%
of visits to a health care provider this week were for respiratory illness
(*above baseline*).

(</flu/weekly/index.htm#ILINet>)

Outpatient Respiratory Illness: Activity Map

This week, 8 jurisdictions experienced moderate activity and 7 jurisdictions experienced high or very high activity.

(</flu/weekly/index.htm#ORIAM>)

Long-term Care Facilities

2.8%

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

[\(/flu/weekly/index.htm#LTCF\)](/flu/weekly/index.htm#LTCF)

Severe Disease

FluSurv-NET

56.7 per 100,000

cumulative hospitalization rate

[\(/flu/weekly/index.htm#FluSurvNet\)](/flu/weekly/index.htm#FluSurvNet)

HHS Protect Hospitalizations

6,367

patients admitted to hospitals with influenza
this week.

[\(/flu/weekly/index.htm#HHSProtect\)](/flu/weekly/index.htm#HHSProtect)

NCHS Mortality

13.1%

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

[\(/flu/weekly/index.htm#NCHSMortality\)](/flu/weekly/index.htm#NCHSMortality)

Pediatric Deaths

7

deaths were reported (1 occurred in 2021-22 season
and 6 occurred in 2022-23 season)

[\(/flu/weekly/index.htm#PedMortality\)](/flu/weekly/index.htm#PedMortality)

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

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

Key Points

- Seasonal influenza activity continues to decline across the country.
- Three regions were below their outpatient respiratory illness baselines for the first time since October 2022.
- The number of flu hospital admissions reported in the HHS Protect system decreased compared to week 1.
- Of influenza A viruses detected and subtyped during week 2, 81% were influenza A(H3N2) and 19% were influenza A(H1N1).
- Six influenza-associated pediatric deaths that occurred during the 2022-23 season were reported this week, for a total of 85 pediatric flu deaths reported so far this season.
- CDC estimates that, so far this season, there have been at least 25 million illnesses, 270,000 hospitalizations, and 17,000 deaths from flu.
- The cumulative hospitalization rate in the FluSurv-NET system was 1.6 times higher than the highest cumulative in-season hospitalization rate observed for week 2 during previous seasons going back to 2010-2011. However, this in-season rate is still lower than end-of-season hospitalization rates for all but 4 pre-COVID-19-pandemic seasons going back to 2010-2011.
- The majority of influenza viruses tested are in the same genetic subclade as and antigenically similar to the influenza viruses included in this season's influenza vaccine.
- All viruses collected and evaluated this season have been susceptible to the influenza antivirals oseltamivir, peramivir, zanamivir, and baloxavir.
- An annual flu vaccine is the best way to protect against flu. Vaccination helps prevent infection and can also prevent serious outcomes in people who get vaccinated but still get sick with flu.

- CDC continues to recommend that everyone ages 6 months and older get an annual flu vaccine as long as flu activity continues.
- CDC issued Interim Guidance for Clinicians to Prioritize Antiviral Treatment of Influenza in the Setting of Reduced Availability of Oseltamivir (<https://emergency.cdc.gov/han/2022/han00482.asp>) through the Health Alert Network (HAN) on December 15, 2022.

U.S. Virologic Surveillance

(<https://www.cdc.gov/flu/weekly/overview.htm#LabSurveillance>)

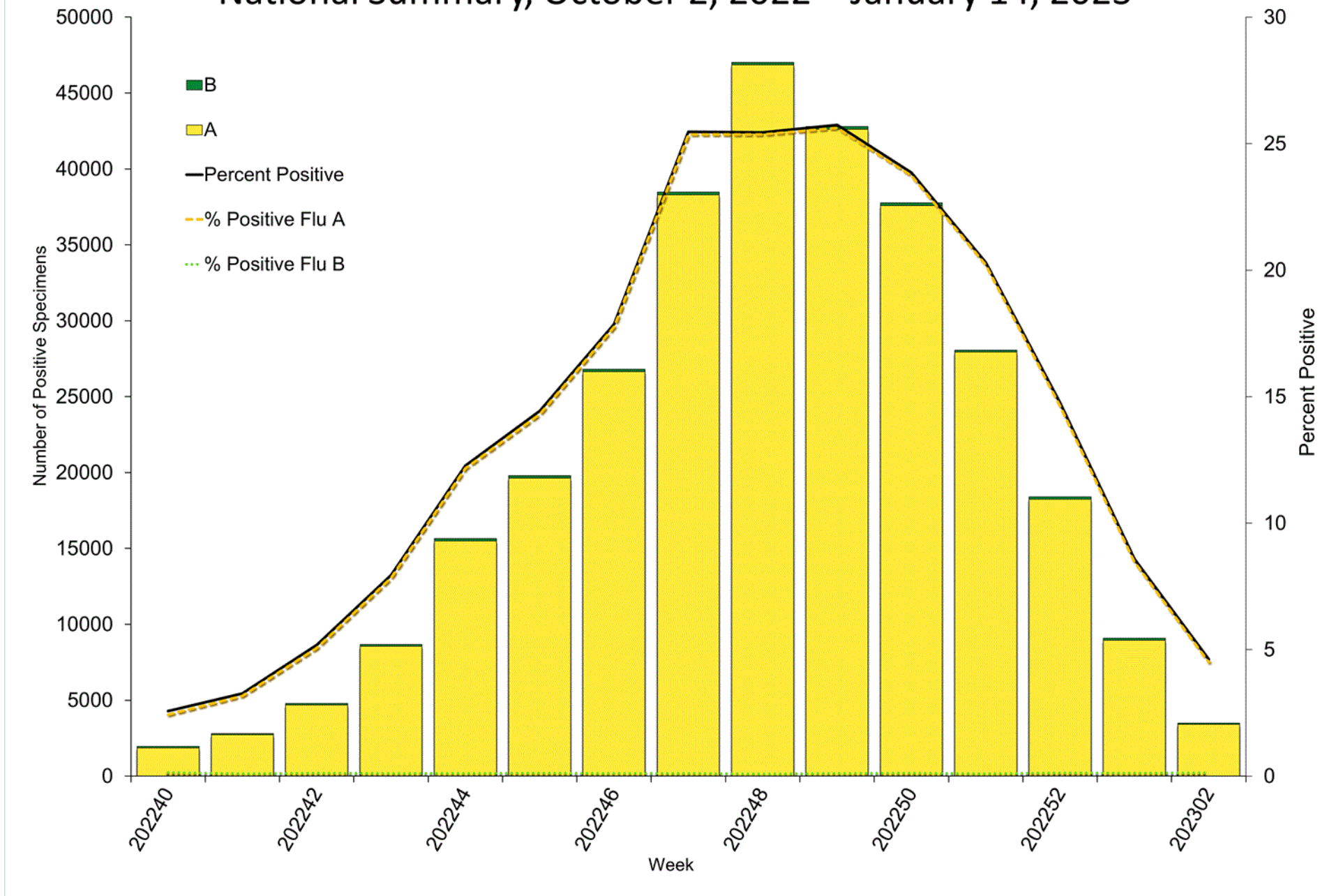
Nationally, the percentage of specimens testing positive for influenza in clinical laboratories declined compared to the previous week. Percent positivity decreased in all HHS regions. For regional and state level data and age group distribution, please visit [FluView Interactive](https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) (<https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>). 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.

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 2	Data Cumulative since October 2, 2022 (Week 40)
No. of specimens tested	75,638	1,882,770
No. of positive specimens (%)	3,498 (4.6%)	305,535 (16.2%)
<i>Positive specimens by type</i>		
Influenza A	3,403 (97.3%)	303,449 (99.3%)
Influenza B	95 (2.7%)	2,086 (0.7%)

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, October 2, 2022 – January 14, 2023



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

[View Chart Data \(/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_cl02.html\)](/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_cl02.html) | [View Full Screen \(/flu/weekly/WeeklyArchives2022-2023/WHONPHL02.html\)](/flu/weekly/WeeklyArchives2022-2023/WHONPHL02.html)

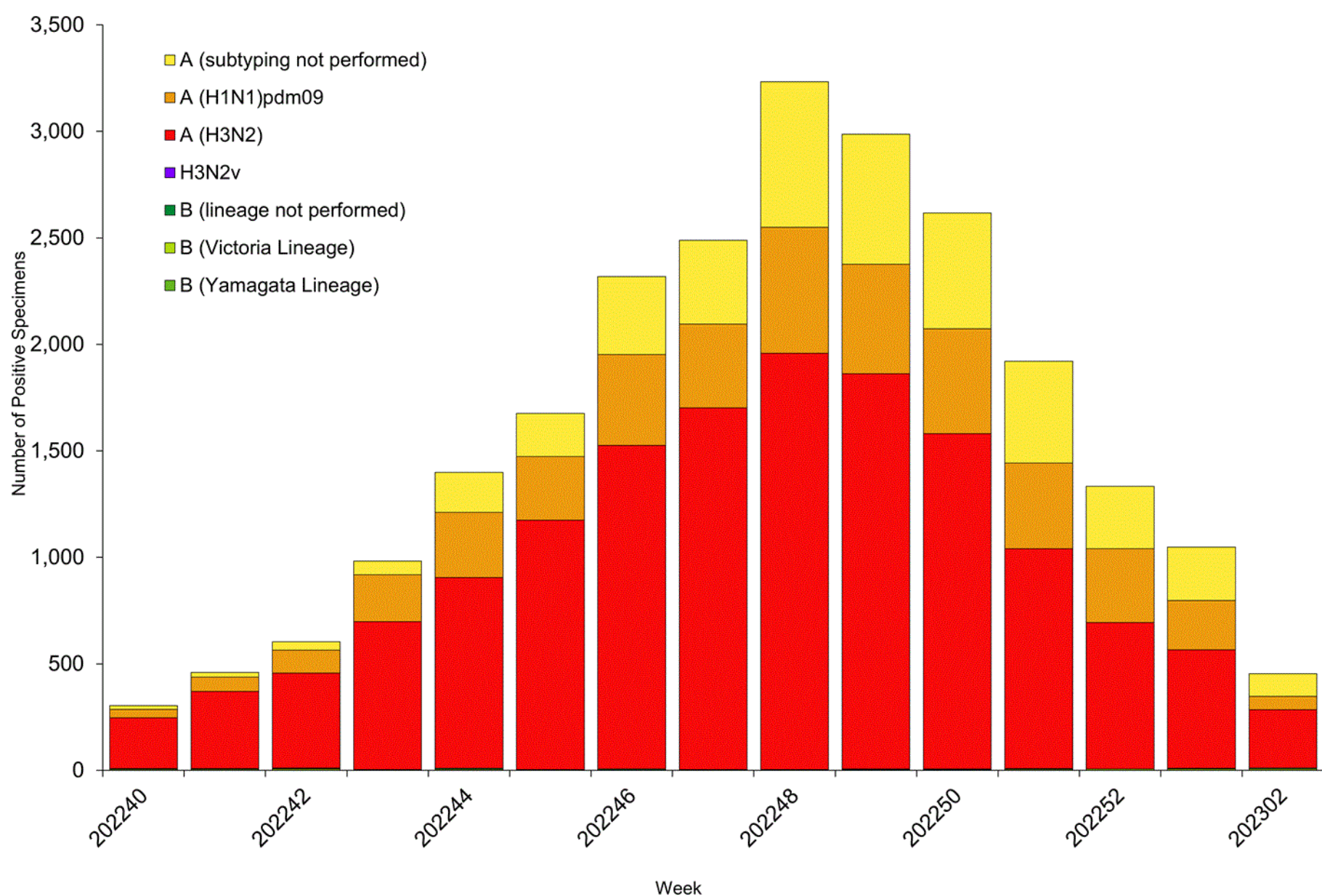
Public Health Laboratories

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 2	Data Cumulative since October 2, 2022 (Week 40)
No. of specimens tested	6,315	141,009
No. of positive specimens	453	23,823
<i>Positive specimens by type/subtype</i>		
Influenza A	442 (97.6%)	23,720 (99.6%)
(H1N1)pdm09	63 (18.7%)	4,498 (23.1%)
H3N2	274 (81.3%)	14,964 (76.9%)
H3N2v	0	1 (<0.1%)
Subtyping not performed	105	4,257

	Week 2	Data Cumulative since October 2, 2022 (Week 40)
Influenza B	11 (2.4%)	102 (0.4%)
Yamagata lineage	0	0
Victoria lineage	6 (100%)	65 (100%)
Lineage not performed	5	37

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, October 2, 2022 – January 14, 2023



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

[View Chart Data \(/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_phl02.html\)](/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_phl02.html) | [View Full Screen \(/flu/weekly/weeklyarchives2022-2023/WhoPHL02.html\)](/flu/weekly/weeklyarchives2022-2023/WhoPHL02.html)

Additional virologic surveillance information for current and past seasons:

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

Influenza Virus Characterization

[\(/flu/weekly/overview.htm#VirusCharacterization\)](/flu/weekly/overview.htm#VirusCharacterization)

CDC performs genetic (<https://www.cdc.gov/flu/about/professionals/genetic-characterization.htm>) and antigenic (<https://www.cdc.gov/flu/about/professionals/antigenic.htm>) characterization of U.S. viruses submitted from state and local public health laboratories according to the 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. The data are also used to monitor evolutionary changes that continually occur in influenza viruses circulating in humans.

CDC genetically characterized 1,366 influenza viruses collected since October 2, 2022.

Virus Subtype or Lineage	Genetic Characterization						
	Total No. of Subtype/Lineage Tested	HA Clade	Number (% of subtype/lineage tested)	HA Subclade	Number (% of subtype/lineage tested)		
A/H1	470						
		6B.1A	470 (100%)	5a.1	1 (0.2%)		
				5a.2	469 (99.8%)		
A/H3	875						
		3C.2a1b	875 (100%)	1a	0		
				1b	0		
				2a	0		
				2a.1	0		
				2a.2	875 (100%)		
				3C.3a	0	3a	0
B/Victoria	21						
		V1A	19 (100%)	V1A	0		
				V1A.1	0		
				V1A.3	2 (9.5%)		
				V1A.3a	0		
				V1A.3a.1	0		
				V1A.3a.2	19 (90.5%)		
B/Yamagata	0						
		Y3	0				

CDC antigenically characterizes (<https://www.cdc.gov/flu/about/professionals/antigenic.htm>) influenza viruses by hemagglutination inhibition (HI) (<https://www.cdc.gov/flu/about/professionals/antigenic.htm>) (H1N1pdm09, B/Victoria, and B/Yamagata viruses) or neutralization-based HINT (<https://www.cdc.gov/flu/spotlights/2018-2019/new-lab-method-test-flu.html>) (H3N2 viruses) using antisera that ferrets make after being infected with reference viruses representing the 2022-2023 Northern Hemisphere recommended cell- or recombinant-based vaccine viruses. Antigenic differences between viruses are determined by comparing how well the antibodies made against the vaccine reference viruses recognize the circulating viruses that have been grown in cell culture. Ferret antisera are useful because antibodies raised against a particular virus can often recognize small changes in the surface proteins of other viruses. In HI assays, viruses with similar antigenic properties have antibody titer differences of less than or equal to 4-fold when compared to the reference (vaccine) virus. In HINT, viruses with similar antigenic properties have antibody neutralization titer differences of less than 8-fold. Viruses selected for antigenic characterization are a subset representing the genetic changes in the surface proteins seen in genetically characterized viruses.

Influenza A Viruses

- **A (H1N1)pdm09:** Seventy-four A(H1N1)pdm09 viruses were antigenically characterized by HI, and 73 (99.9%) were well-recognized (reacting at titers that were within 4-fold of the homologous virus titer) by ferret antisera to cell-grown A/Wisconsin/588/2019-like reference viruses representing the A(H1N1)pdm09 component for the cell- and recombinant-based influenza vaccines.
- **A (H3N2):** One hundred and three A(H3N2) viruses were antigenically characterized by HINT, and 94 (91%) were well-recognized (reacting at titers that were within 8-fold of the homologous virus titer) by ferret antisera to cell-grown A/Darwin/6/2021-like reference viruses representing the A(H3N2) component for the cell- and recombinant-based influenza vaccines.

Influenza B Viruses

- **B/Victoria:** Ten influenza B/Victoria-lineage virus were antigenically characterized by HI, and all were well-recognized (reacting at titers that were within 4-fold of the homologous virus titer) by ferret antisera to cell-grown B/Austria/1359417/2021-like reference viruses representing the B/Victoria component for the cell- and recombinant-based influenza vaccines.
- **B/Yamagata:** No influenza B/Yamagata-lineage viruses were available for antigenic characterization.

Assessment of Virus Susceptibility to Antiviral Medications

CDC assesses susceptibility of influenza viruses to antiviral medications including the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir) and the PA endonuclease inhibitor baloxavir using next generation sequence analysis supplemented by laboratory assays. Information about antiviral susceptibility test methods can be found at [U.S. Influenza Surveillance: Purpose and Methods | CDC](https://www.cdc.gov/flu/weekly/overview.htm) (<https://www.cdc.gov/flu/weekly/overview.htm>).

Viruses collected in the U.S. since October 2, 2022, were tested for antiviral susceptibility as follows:

Antiviral Medication	Total Viruses	A/H1	A/H3	B/Victoria	B/Yamagata
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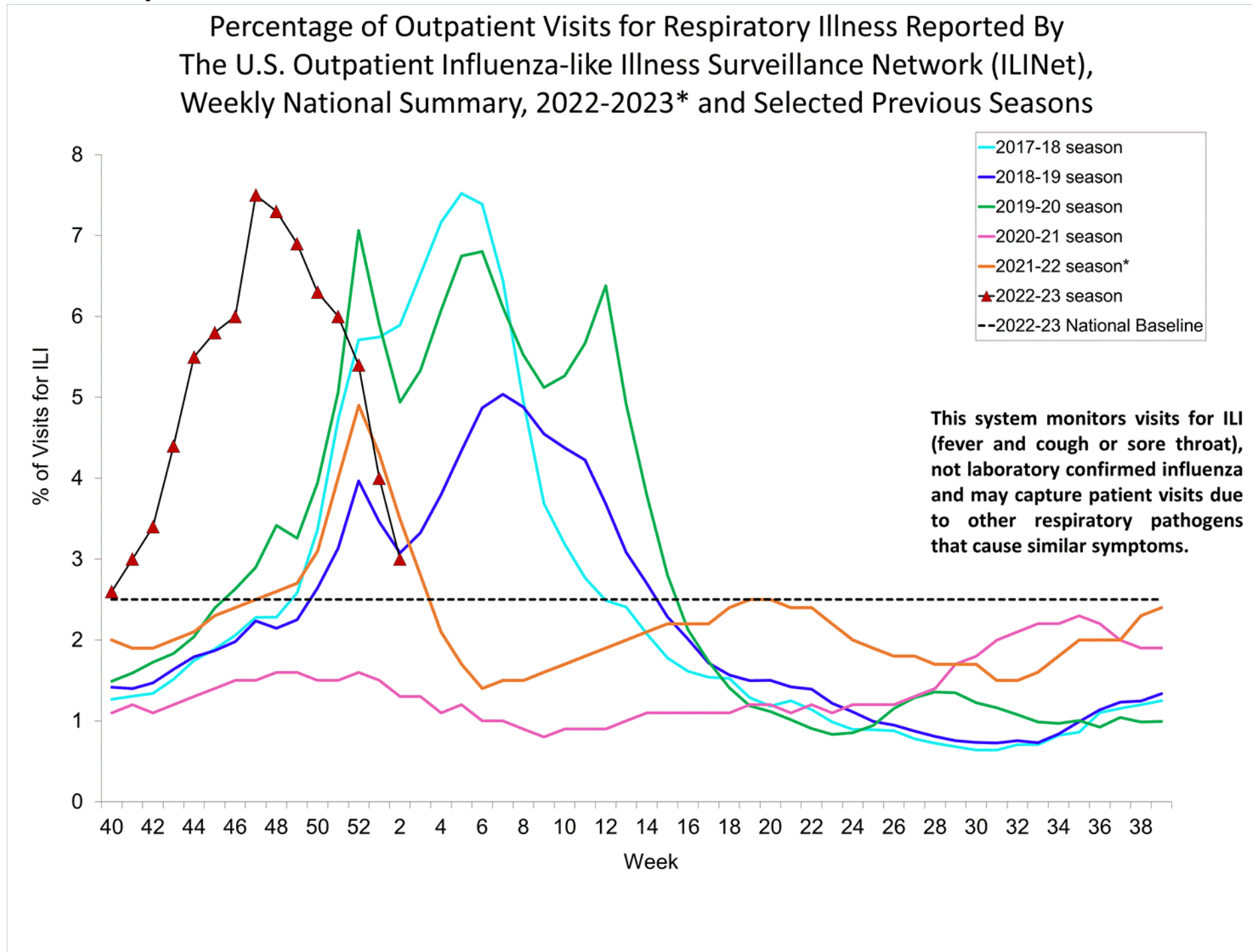
Antiviral Medication			Total Viruses	A/H1	A/H3	B/Victoria	B/Yamagata
Neuraminidase Inhibitors	Oseltamivir	Viruses Tested	1,370	472	877	21	0
		Reduced Inhibition	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
		Highly Reduced Inhibition	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	Peramivir	Viruses Tested	1,370	472	877	21	0
		Reduced Inhibition	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
		Highly Reduced Inhibition	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	Zanamivir	Viruses Tested	1,370	472	877	21	0
		Reduced Inhibition	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
		Highly Reduced Inhibition	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
PA Cap-Dependent Endonuclease Inhibitor	Baloxavir	Viruses Tested	1,320	446	853	21	0
		Reduced Susceptibility	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Outpatient Respiratory Illness Surveillance (<https://www.cdc.gov/flu/weekly/overview.htm#ILINet>)

The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for respiratory illness referred to as 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 2, 3.0% 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. This is a decline compared to what was reported in week 1 but remains above the national baseline of 2.5%. Seven of the 10 HHS regions are above their respective baselines; regions 5, 6, and 8 are below their respective baselines. The percent of patient visits for respiratory illness decreased for all regions during week 2 compared to week 1. 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."

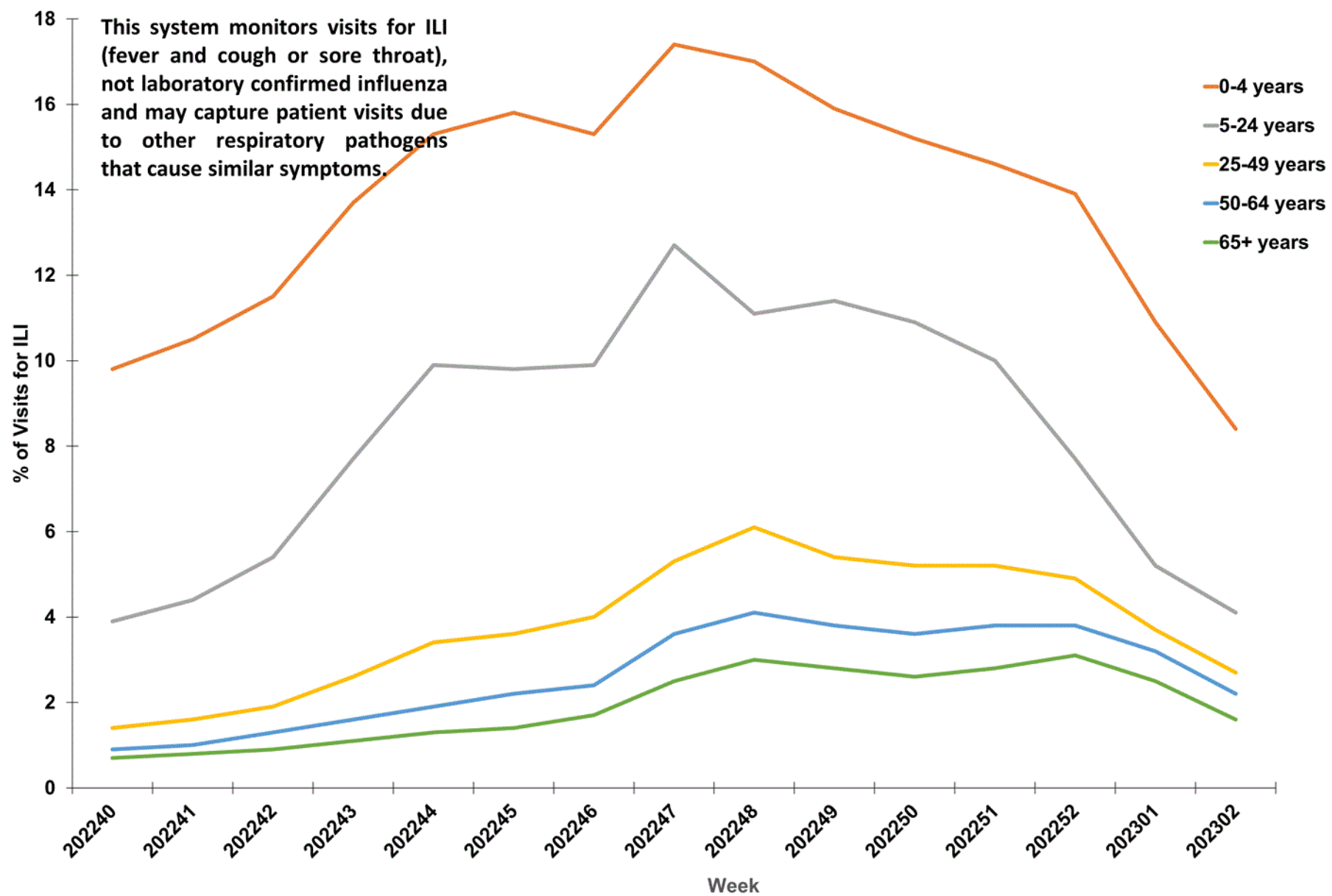
[View Chart Data \(current season only\) \(/flu/weekly/weeklyarchives2022-2023/data/senAllregt02.html\)](/flu/weekly/weeklyarchives2022-2023/data/senAllregt02.html) | [View Full Screen](#)
[\(/flu/weekly/weeklyarchives2022-2023/ILI02.html\)](/flu/weekly/weeklyarchives2022-2023/ILI02.html)

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.

The percentage of visits for respiratory illness reported in ILINet decreased in all age groups (0-4 years, 5-24 years, 25-49 years, 50-64 years, and 65+ years) in week 2 compared to week 1.

**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 2, 2022-January 14, 2023***



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

[View Chart Data \(/flu/weekly/weeklyarchives2022-2023/data/iliage02.html\)](/flu/weekly/weeklyarchives2022-2023/data/iliage02.html) | [View Full Screen \(/flu/weekly/weeklyarchives2022-2023/ILIAge02.html\)](/flu/weekly/weeklyarchives2022-2023/ILIAge02.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 2 (Week ending Jan. 14, 2023)	Week 1 (Week ending Jan. 7, 2022)	Week 2 (Week ending Jan. 14, 2023)	Week 1 (Week ending Jan. 7, 2022)
Very High	0	2	3	20
High	7	20	38	93
Moderate	8	15	67	102
Low	18	8	159	184
Minimal	22	10	396	286
Insufficient Data	0	0	266	244

*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:

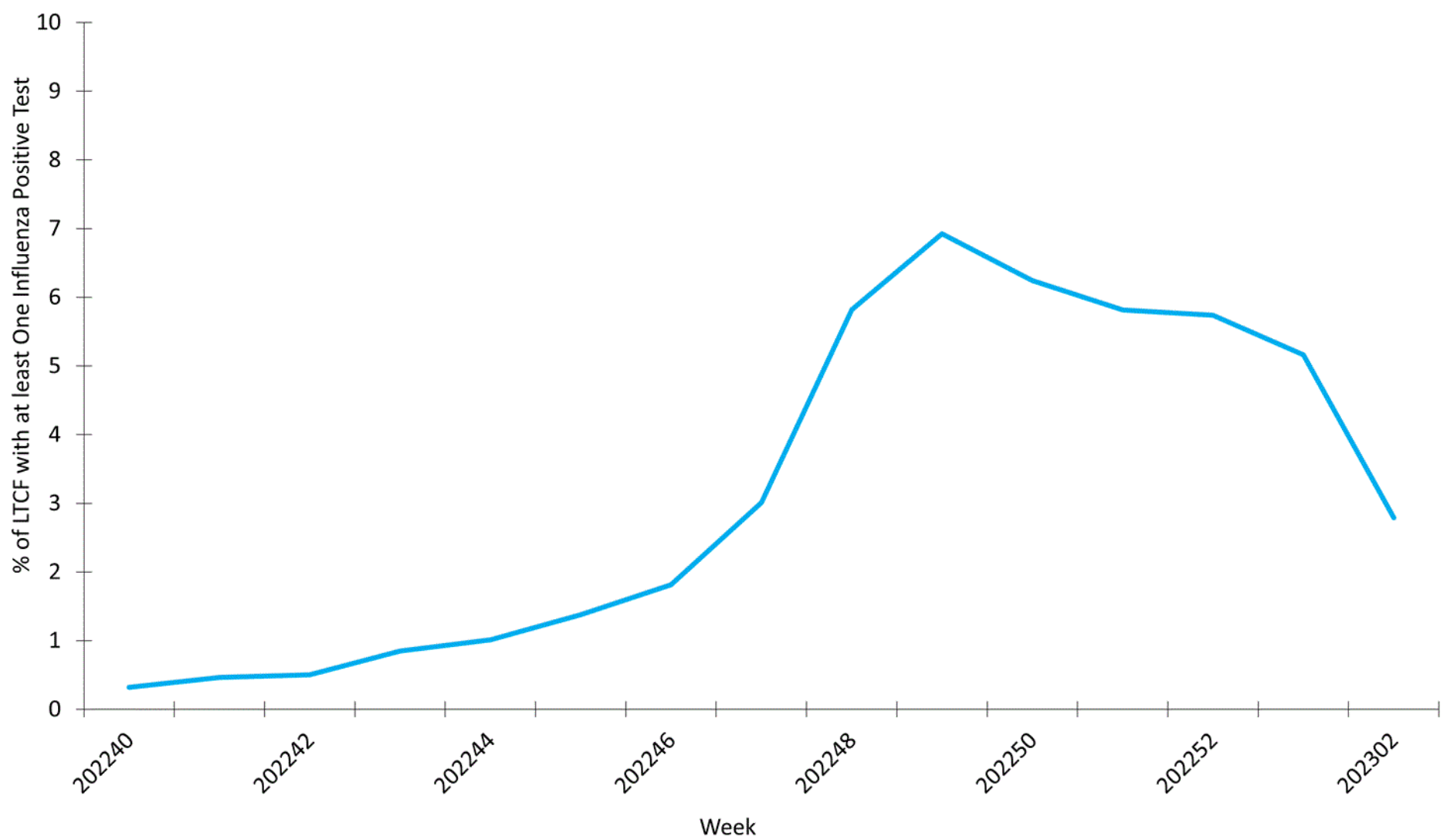
Surveillance Methods (</flu/weekly/overview.htm#ILINet>) | FluView Interactive: National, Regional, and State Data (<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>) or ILI Activity Map (<https://gis.cdc.gov/grasp/fluview/main.html>)

Long-term Care Facility (LTCF) Surveillance

(<https://www.cdc.gov/flu/weekly/overview.htm#LongTermCare>)

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/lc/index.html>). During week 2, 401 (2.8%) of 14,373 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 3, 2022 – January 15, 2023



</flu/weekly/weeklyarchives2022-2023/LTCF02.html> | [View Chart Data](#) </flu/weekly/weeklyarchives2022-2023/data/LTCFData02.csv> | [View Full Screen](#) </flu/weekly/weeklyarchives2022-2023/LTCF02.html>

Additional information about long-term care facility surveillance:

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

Hospitalization Surveillance

<http://www.cdc.gov/flu/weekly/overview.htm#HospitalizationSurv>

FluSurv-NET

The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in 13 states and represents approximately 9% of the U.S. population. FluSurv-NET hospitalization data are preliminary. As data are received each week, prior case counts and rates are updated accordingly.

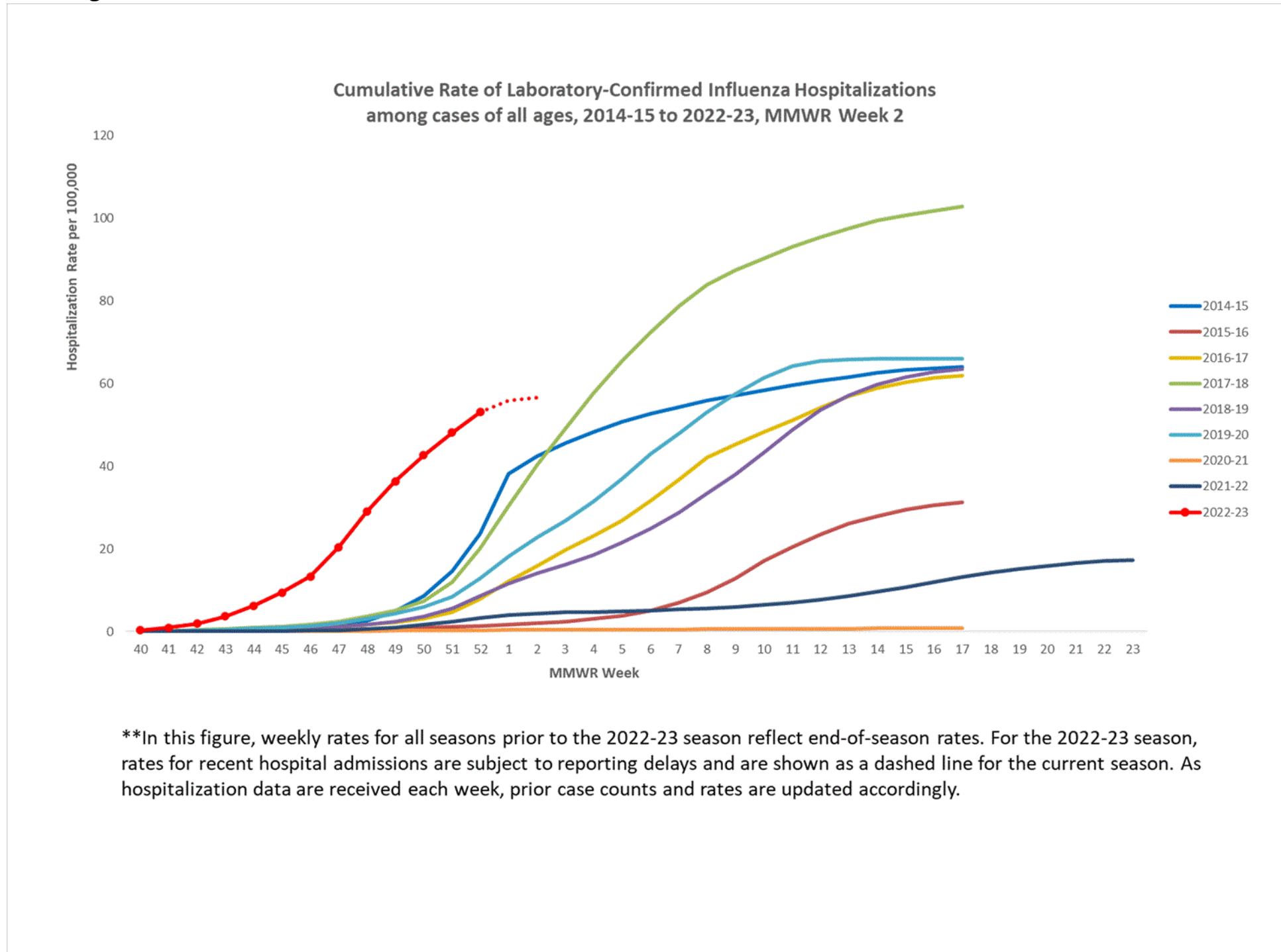
A total of 16,602 laboratory-confirmed influenza-associated hospitalizations were reported by FluSurv-NET sites between October 1, 2022, and January 14, 2023. The weekly hospitalization rate observed in week 2 was 0.8 per 100,000 population. The weekly rate observed during week 48 (week ending December 3, 2022) is the third highest peak weekly rate observed during all seasons going back to 2010-2011; this follows the 2017-18 season, which peaked during week 1 (week ending January 6) and the 2014-15 season, which peaked during week 52 (week ending December 27, 2022).

The overall cumulative hospitalization rate was 56.7 per 100,000 population. This cumulative hospitalization rate is 1.6 times higher than the highest cumulative in-season hospitalization rate observed in week 2 during previous seasons going back to 2010-2011 (prior season rates ranged from 0.5 per 100,000 to 36.3 per 100,000). However, this in-season cumulative hospitalization rate is still lower than end-of-season hospitalization rates for all but 4 pre-COVID-19-pandemic seasons (2015-16, 2013-14, 2011-12, and 2010-11 seasons).

When examining rates by age, the highest rate of hospitalization per 100,000 population was among adults aged 65 and older (166.9). Among adults aged 65 and older, rates were highest among adults aged 85 and older (306.6). Among persons aged <65 years, hospitalization rates per 100,000 population were highest among children aged 0-4 years (77.3), followed by adults aged 50-64 years (59.8). When examining rates by race and ethnicity, the highest rate of hospitalization per 100,000 population was among non-Hispanic Black persons (79.3), followed by non-Hispanic American Indian or Alaska Native persons (67.4), non-Hispanic White persons (46.9), Hispanic/Latino persons (43), and non-Hispanic Asian/Pacific Islander persons (24.2).

Among 16,602 hospitalizations, 16,095 (96.9%) were associated with influenza A virus, 282 (1.7%) with influenza B virus, 22 (0.1%) with influenza A virus and influenza B virus co-infection, and 203 (1.2%) with influenza virus for which the type was not determined. Among 3,042 hospitalizations with influenza A subtype information, 2,364 (77.7%) were A(H3N2) and 678 (22.3%) were A(H1N1)pdm09. Based on preliminary data, of the 2,409 laboratory-confirmed influenza-associated hospitalizations with more complete data, 3.2% (95% CI: 2.5%-4.0%) also tested positive for SARS-CoV-2.

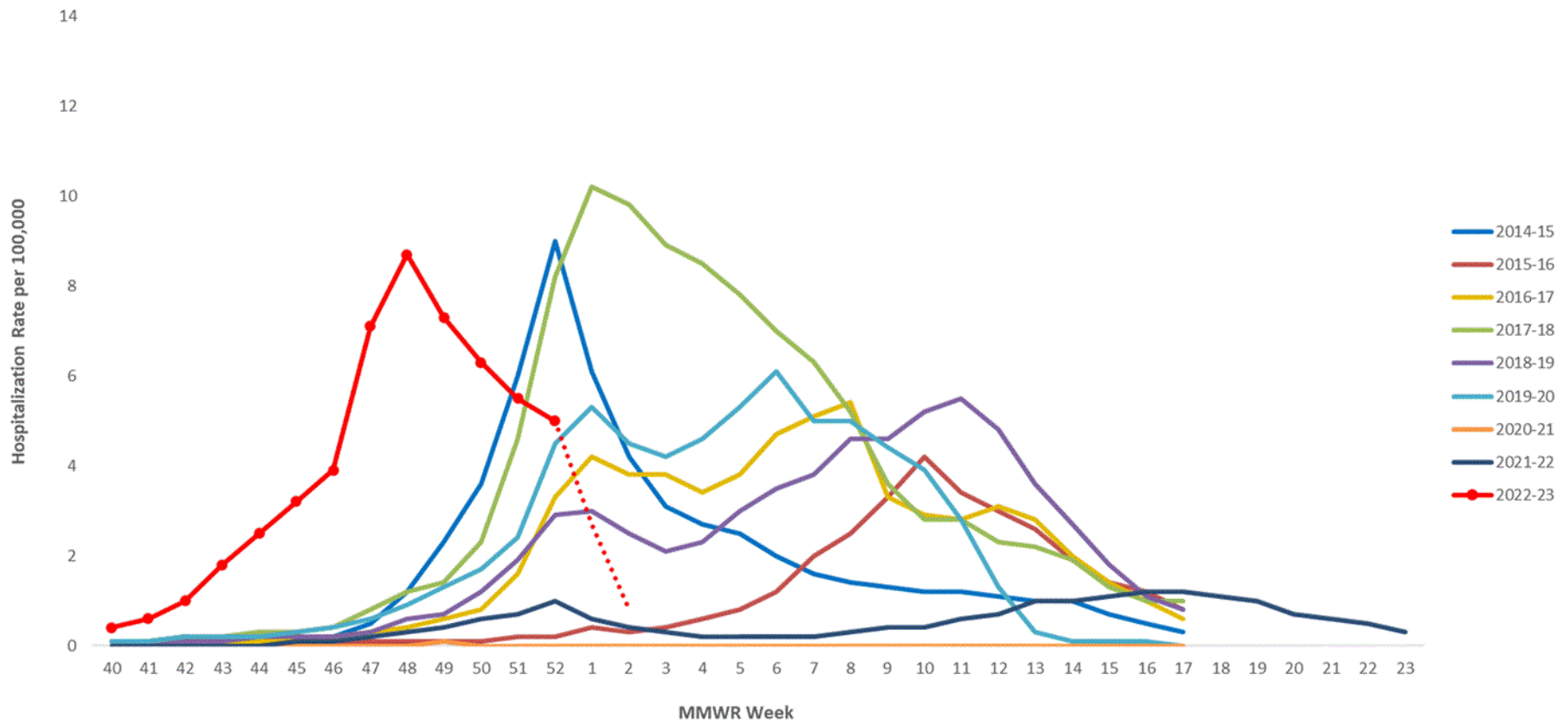
Among 1,694 hospitalized adults with information on underlying medical conditions, 96.5% had at least one reported underlying medical condition, the most commonly reported were hypertension, cardiovascular disease, metabolic disorder, and obesity. Among 669 hospitalized women of childbearing age (15-49 years) with information on pregnancy status, 268 (40.1%) were pregnant. Among 608 hospitalized children with information on underlying medical conditions, 66.1% had at least one reported underlying medical condition; the most commonly reported was asthma, followed by obesity and neurologic disease.



<https://gis.cdc.gov/grasp/fluview/FluHospRates.html>

[View Full Screen \(/flu/weekly/weeklyarchives2022-2023/EIPRates02.html\)](/flu/weekly/weeklyarchives2022-2023/EIPRates02.html)

Weekly Rate of Laboratory-Confirmed Influenza Hospitalizations among cases of all ages, 2014-15 to 2022-23, MMWR Week 2



**In this figure, weekly rates for all seasons prior to the 2022-23 season reflect end-of-season rates. For the 2022-23 season, rates for recent hospital admissions are subject to reporting delays and are shown as a dashed line for the current season. As hospitalization data are received each week, prior case counts and rates are updated accordingly.

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

[View Full Screen \(/flu/weekly/weeklyarchives2022-2023/EIPConditions02.html\)](/flu/weekly/weeklyarchives2022-2023/EIPConditions02.html)

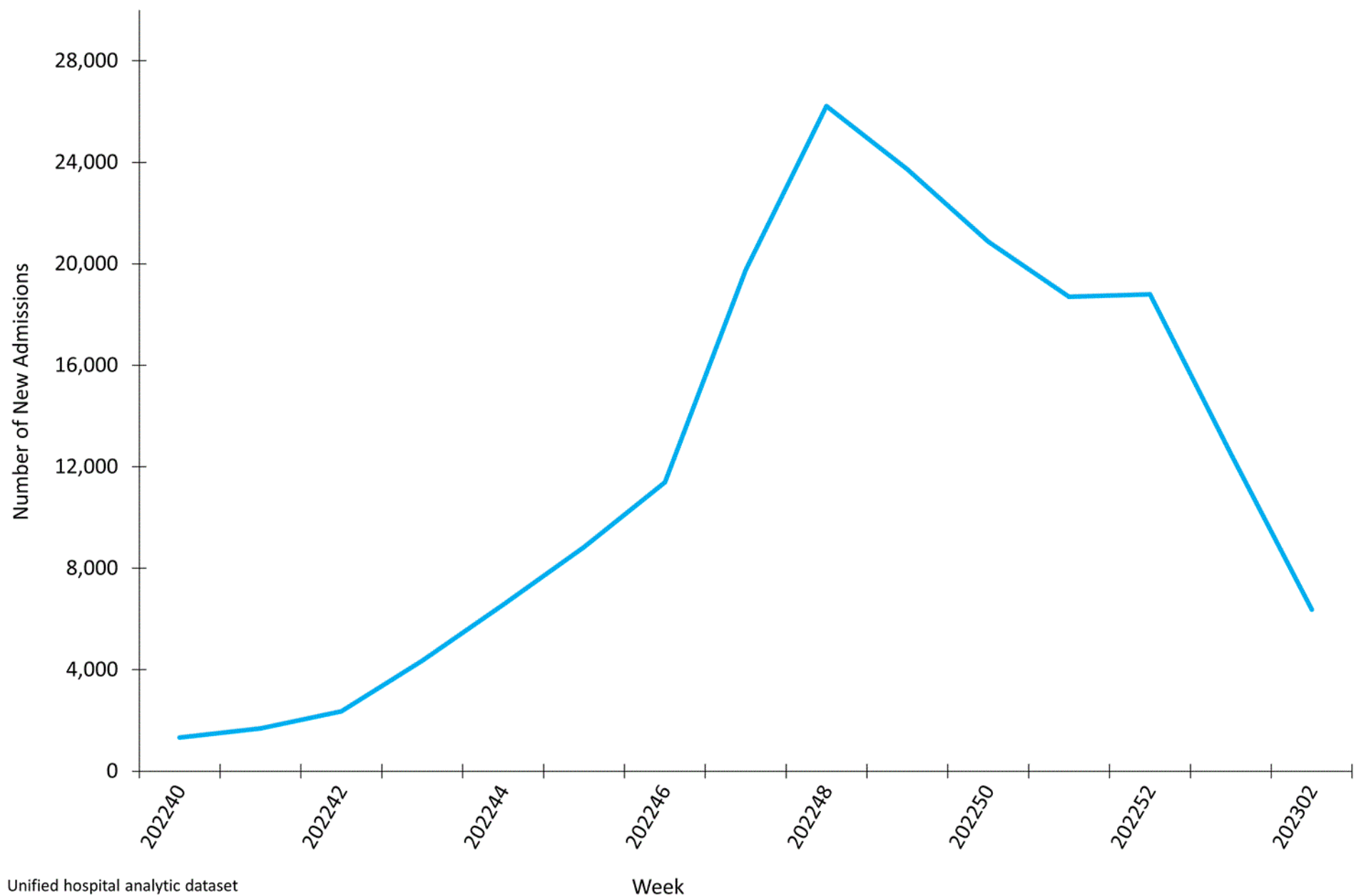
Additional FluSurv-NET hospitalization surveillance information for current and past seasons and additional age groups:

Surveillance Methods (<https://www.cdc.gov/flu/weekly/overview.htm#FluSurvNet>) | 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>) | RESP-NET Interactive (<https://www.cdc.gov/surveillance/resp-net/dashboard.html>)

HHS Protect Hospitalization Surveillance

Hospitals report to HHS Protect the number of patients admitted with laboratory-confirmed influenza. During week 2, 6,367 patients with laboratory-confirmed influenza were admitted to a hospital.

New Influenza Hospital Admissions Reported to HHS Protect, National Summary, October 2, 2022 – January 14, 2023



Unified hospital analytic dataset

Week

[View Chart Data](/flu/weekly/weeklyarchives2022-2023/Protect02.html) [View Full Screen](/flu/weekly/weeklyarchives2022-2023/data/ProtectData02.csv)

Additional HHS Protect hospitalization surveillance information:

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

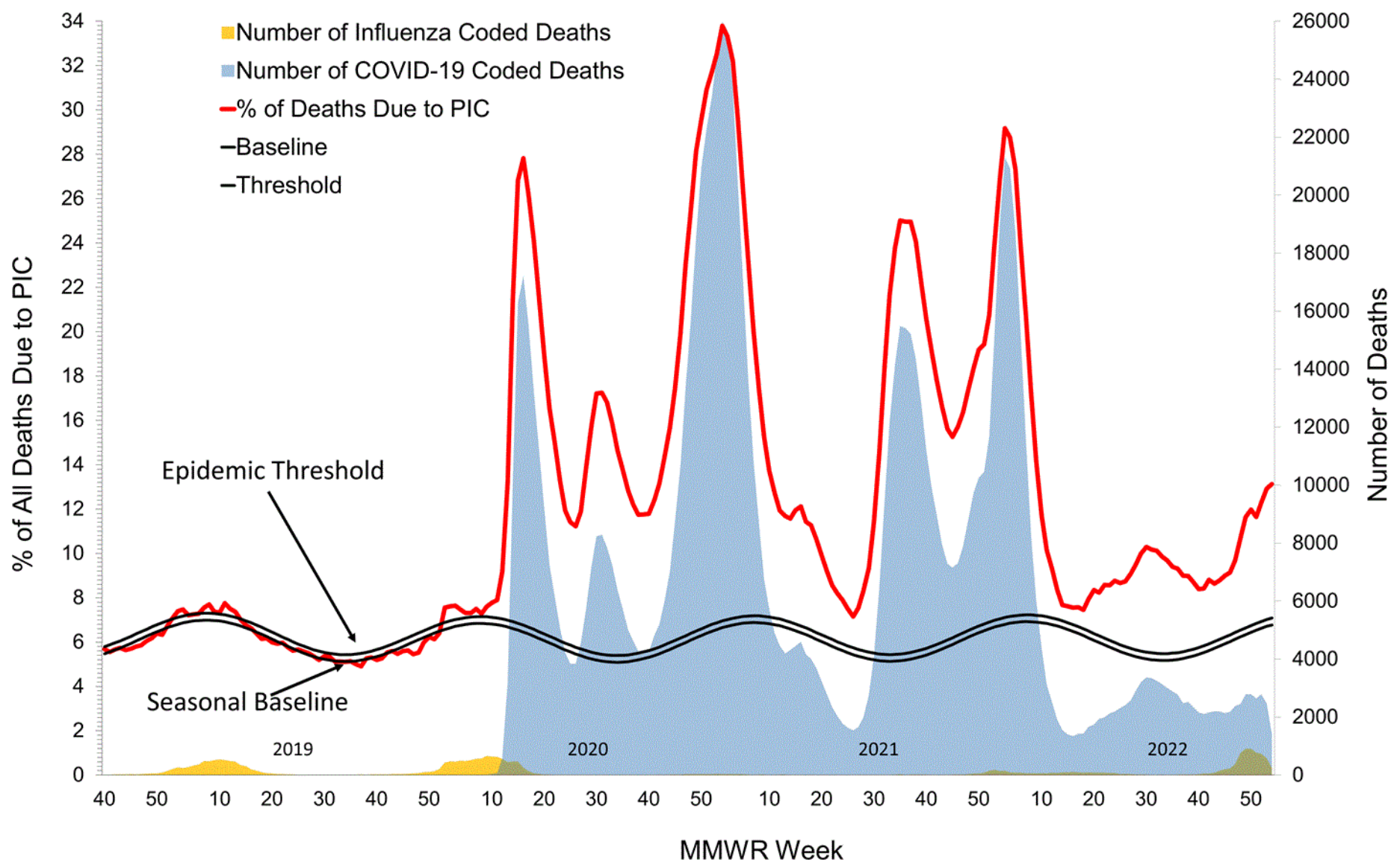
Mortality Surveillance

<https://www.cdc.gov/flu/weekly/overview.htm#MortalitySurveillance>

National Center for Health Statistics (NCHS) Mortality Surveillance

Based on NCHS mortality surveillance data available on January 19, 2023, 13.1% of the deaths that occurred during the week ending January 14, 2023 (week 2), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is above the epidemic threshold of 7.1% for this week. Among the 2,954 PIC deaths reported for this week, 1,422 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and 251 listed influenza. While current PIC mortality is due primarily to COVID-19, the proportion due to influenza increased from October through mid-December and has been decreasing for the past four weeks. 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 January 19, 2023



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

View Chart Data (</flu/weekly/weeklyarchives2022-2023/data/NCHSData02.csv>) | View Full Screen (</flu/weekly/weeklyarchives2022-2023/NCHS02.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#NCHSMortality>) | FluView Interactive

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

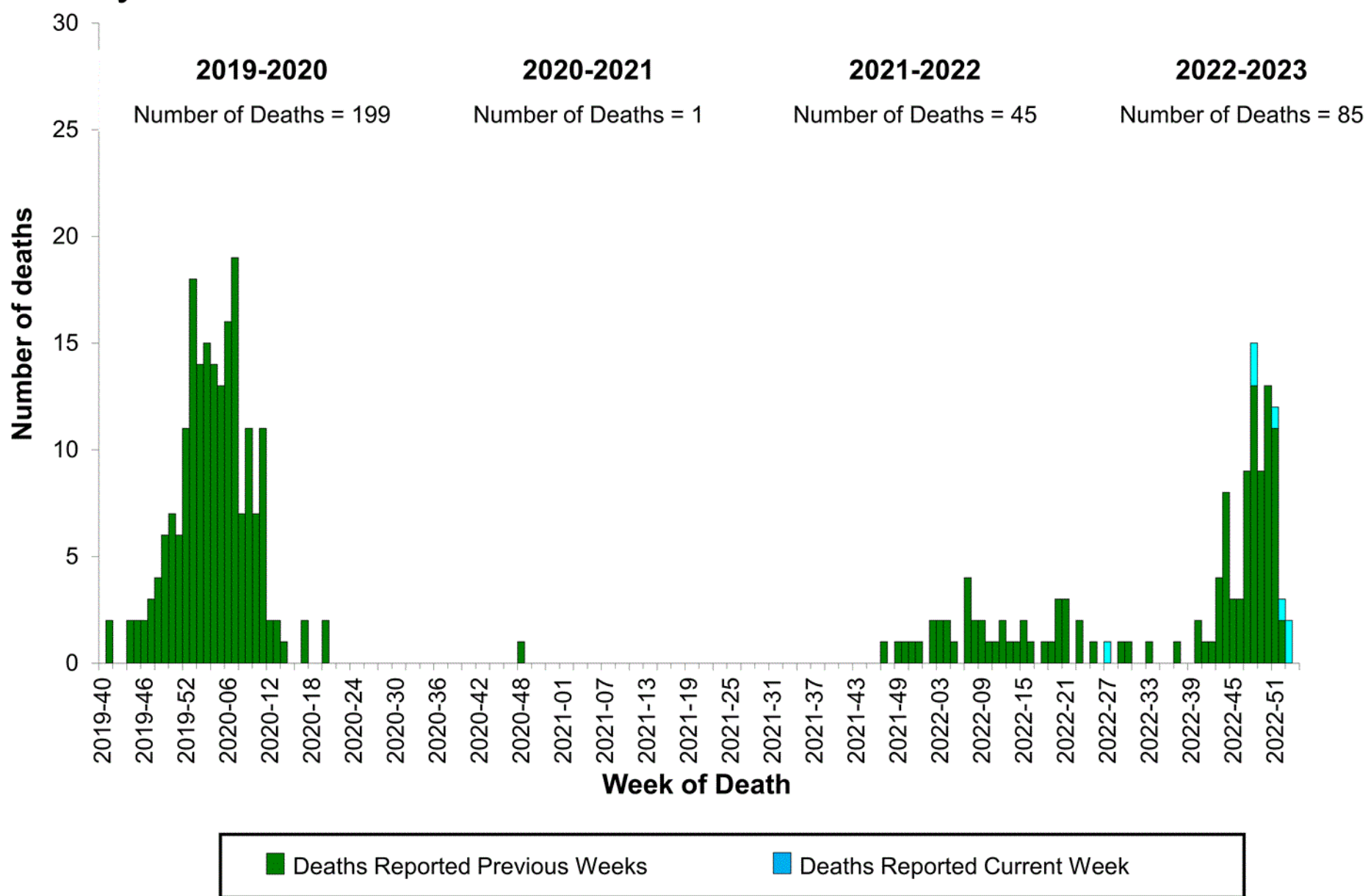
Influenza-Associated Pediatric Mortality

Seven influenza-associated pediatric deaths were reported to CDC during week 2.

Six of the deaths occurred during the 2022-2023 season between week 48 of 2022 (the week ending December 3, 2022) and week 1 of 2023 (the week ending January 7, 2023). All six deaths were associated with influenza A viruses. Four of the influenza A viruses had subtyping performed; three were A(H3) viruses and one was an A(H1N1) virus. A total of 85 influenza-associated pediatric deaths occurring during the 2022-2023 season have been reported to CDC

One death occurred during week 27 of the 2021-2022 season (the week ending July 9, 2022). The death was associated with an influenza A virus for which no subtyping was performed. The total number of deaths that occurred in the 2021-2022 season is 45.

Influenza-Associated Pediatric Deaths by Week of Death, 2019-2020 season to 2022-2023 season



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

[View Full Screen \(/flu/weekly/weeklyarchives2022-2023/PedFlu02.html\)](/flu/weekly/weeklyarchives2022-2023/PedFlu02.html)

Additional pediatric mortality surveillance information for current and past seasons:

[Surveillance Methods \(https://www.cdc.gov/flu/weekly/overview.htm#PediatricMortality\)](https://www.cdc.gov/flu/weekly/overview.htm#PediatricMortality) | [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 \(http://adph.org/influenza/\)](http://adph.org/influenza/)

[Alaska](#)

(<http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/fluinfo.aspx>)

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

[Connecticut \(https://portal.ct.gov/DPH/Epidemiology-and-Emerging-Infections/Influenza-Surveillance-and-Statistics\)](https://portal.ct.gov/DPH/Epidemiology-and-Emerging-Infections/Influenza-Surveillance-and-Statistics)

Georgia (https://dph.georgia.gov/flu-activity-georgia)	Hawaii (http://health.hawaii.gov/docd/resources/reports/influenza-reports/)
Iowa (https://idph.iowa.gov/influenza/reports)	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/influenza/in)
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://oklahoma.gov/health/health-education/acute-disease-service/disease-information/influenza-home-page.html)
South Carolina (http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/)	South Dakota (https://doh.sd.gov/diseases/infectious/flu/surveillance.aspx)
Vermont (http://www.healthvermont.gov/immunizations-infectious-disease/influenza/flu-activity-and-surveillance)	Virginia (http://www.vdh.virginia.gov/epidemiology/influenza-in-virginia/influenza-surveillance/)
Wyoming (https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/influenza/)	New York City (http://www1.nyc.gov/site/doh/providers/health-topics/flu-alerts.page)

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 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.