



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

Weekly U.S. Influenza Surveillance Report

Updated June 9, 2023



2022-2023 Influenza Season

Week 22 ending June 3, 2023

This abbreviated version of FluView will be published weekly throughout the summer. The first full report of the 2023-2024 influenza season will include data for week 40 (week ending October 7, 2023) and will be published on Friday, October 13, 2023. FluView Interactive is updated weekly year-round.

All data in this report are preliminary and may change as more reports are received.

A description of the CDC influenza surveillance system, including methodology and detailed descriptions of each data component, is available on the surveillance methods (http://www.cdc.gov/flu/weekly/overview.htm) page.

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

U.S. Virologic Surveillance

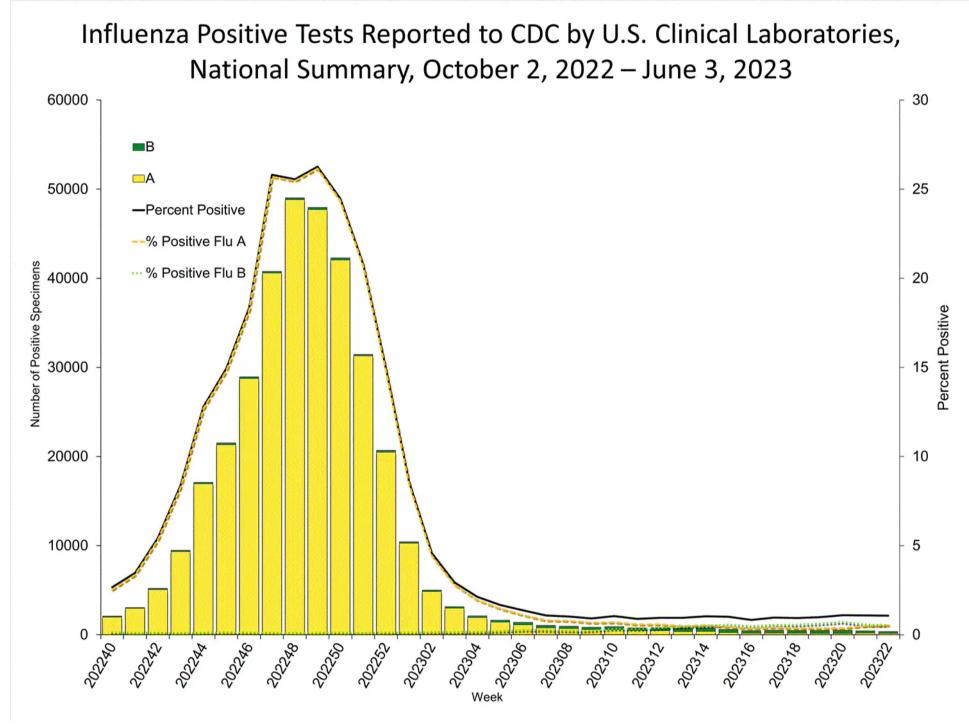
(https://www.cdc.gov/flu/weekly/overview.htm#LabSurveillance)

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 22	Data Cumulative since October 2, 2022 (Week 40)
No. of specimens tested	32,971	3,499,800
No. of positive specimens (%)	352 (1.1%)	353,643 (10.1%)

	Week 22	Data Cumulative since October 2, 2022 (Week 40)
Positive specimens by type		
Influenza A	174 (49.4%)	346,014 (97.8%)
Influenza B	178 (50.6%)	7,629 (2.2%)



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

View Chart Data (/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_cl22.html) | View Full Screen (/flu/weekly/WeeklyArchives2022-2023/WHONPHL22.html)

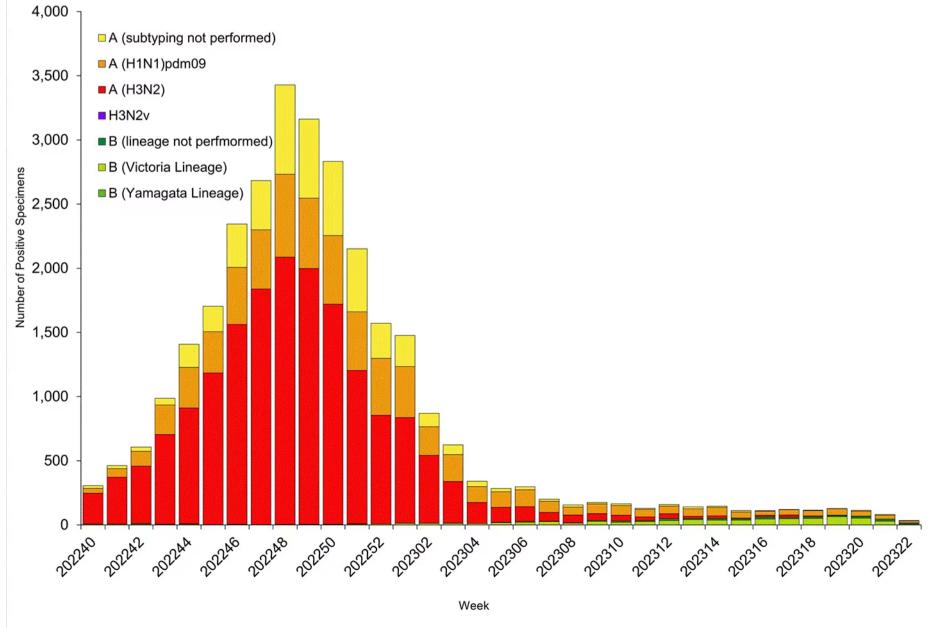
Public Health Laboratories

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. 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 22	Data Cumulative since October 2, 2022 (Week 40)
No. of specimens tested	2,248	254,852

	Week 22	Data Cumulative since October 2, 2022 (Week 40)
No. of positive specimens	34	29,612
Positive specimens by type/subtype		
Influenza A	20 (58.8%)	28,697 (96.9%)
(H1N1)pdm09	15 (93.8%)	6,650 (27.5%)
H3N2	1 (6.3%)	17,510 (72.5%)
H3N2v	0	1 (<0.1%)
Subtyping not performed	4	4,536
Influenza B	14 (41.2%)	915 (3.1%)
Yamagata lineage	0	0
Victoria lineage	5 (100%)	699 (100%)
Lineage not performed	9	216

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, October 2, 2022 – June 3, 2023



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

Additional virologic surveillance information for current and past seasons: Surveillance Methods (/flu/weekly/overview.htm#LabSurveillance) | FluView Interactive: National, Regional, and State Data

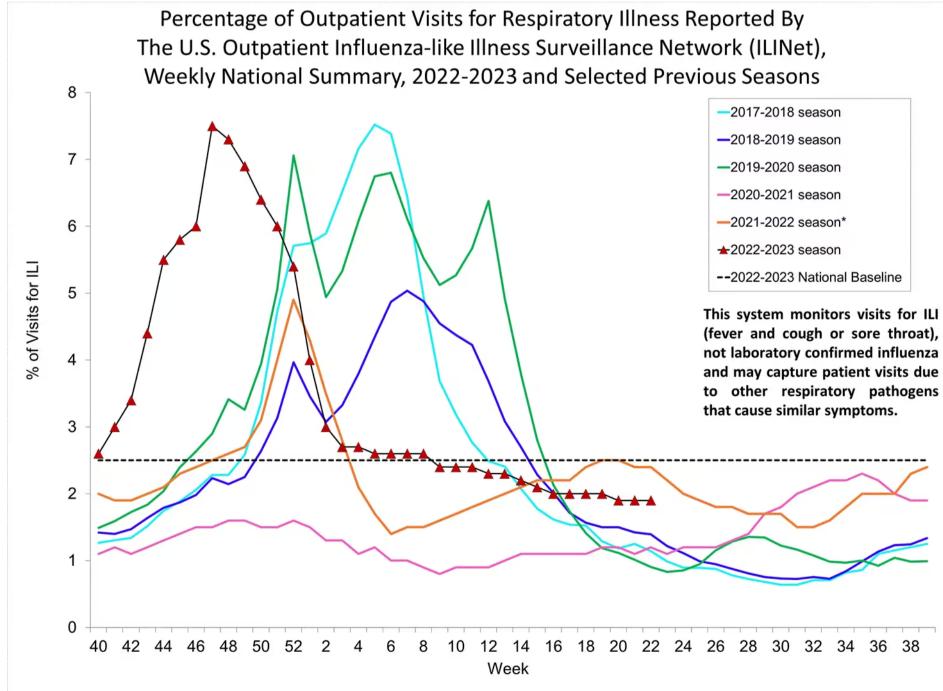
(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) or Age Data (https://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html)

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 may capture respiratory illness visits due to infection with any pathogen that can present with similar symptoms, including influenza, SARS-CoV-2, and RSV. 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. Other respiratory virus surveillance data can be found on CDC's COVID Data Tracker (https://covid.cdc.gov/covid-data-tracker/#datatracker-home), NCIRD Surveillance Systems website (https://www.cdc.gov/ncird/surveillance/index.html) and National Respiratory and Enteric Virus Surveillance System (NREVSS) website (https://www.cdc.gov/surveillance/nrevss/index.html).

Outpatient Respiratory Illness Visits

Nationwide during week 22, 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)

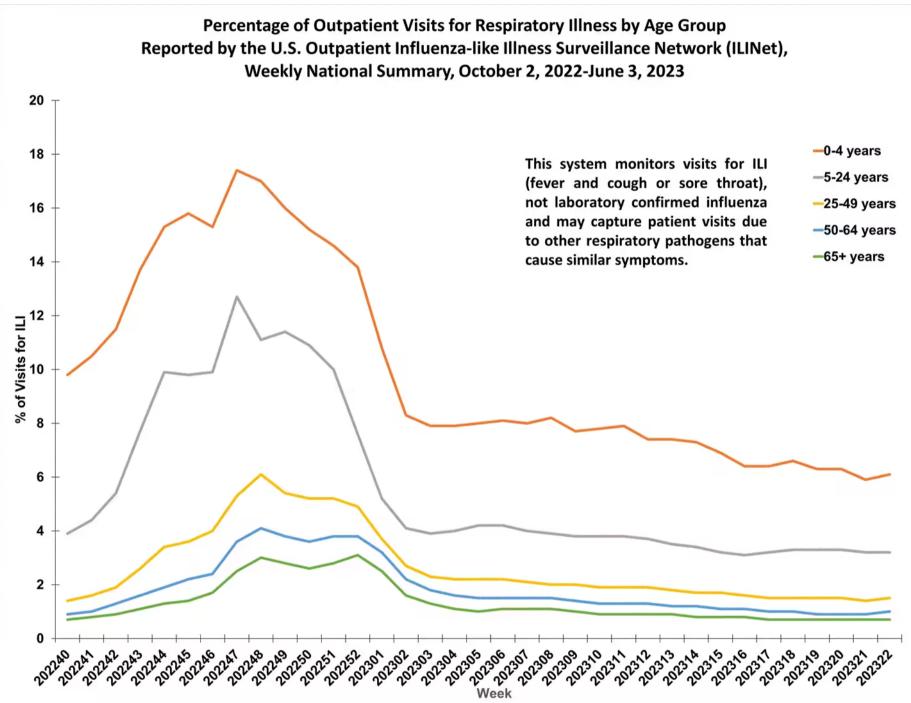
* Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes "without a known cause other than influenza."

View Chart Data (current season only) (/flu/weekly/weeklyarchives2022-2023/data/senAllregt22.html) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/ILI22.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 22, the percentage of visits for respiratory illness reported in ILINet was 6.1% among those 0-4 years, 3.2% among those 5-24 years, 1.5% among those 25-49 years, 1.0% among those 50-64 years, and 0.7% among those 65 years and older.



View Chart Data (/flu/weekly/weeklyarchives2022-2023/data/iliage22.html) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/ILIAge22.html)

Outpatient Respiratory Illness Activity Map

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

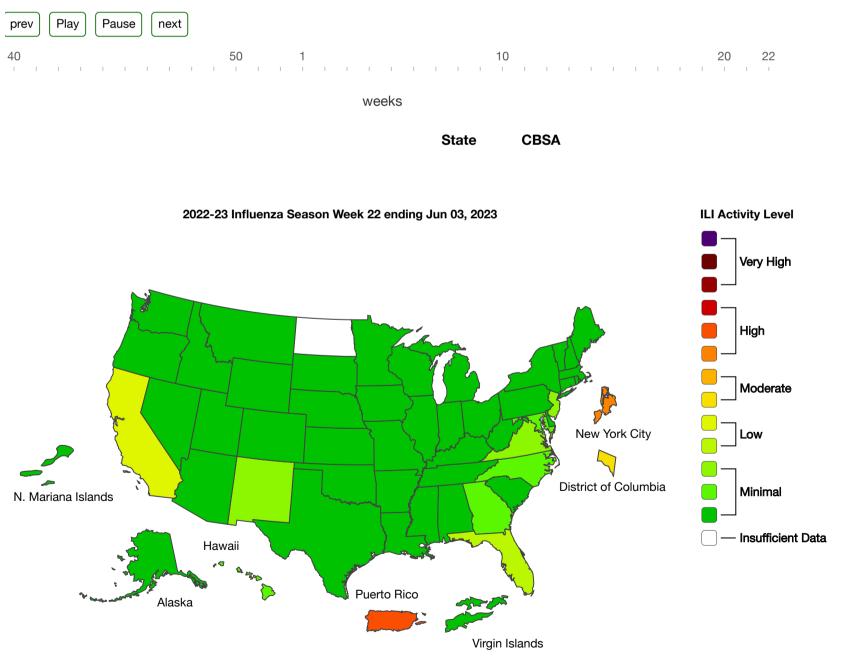
(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633697504110) by state/jurisdiction and Core Based Statistical Areas (CBSA).

	Number of Jurisdictions		Number of CBSAs	
Activity Level	Week 22 (Week ending June 3, 2023)	Week 21 (Week ending May 27, 2023)	Week 22 (Week ending June 3, 2023)	Week 21 (Week ending May 27, 2023)
Very High	0	0	0	0
High	2	2	2	4
Moderate	1	1	14	9
Low	2	2	36	41
Minimal	49	50	602	599
Insufficient Data	1	0	275	276

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#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)

Hospitalization Surveillance

(http://www.cdc.gov/flu/weekly/overview.htm#HospitalizationSurv)

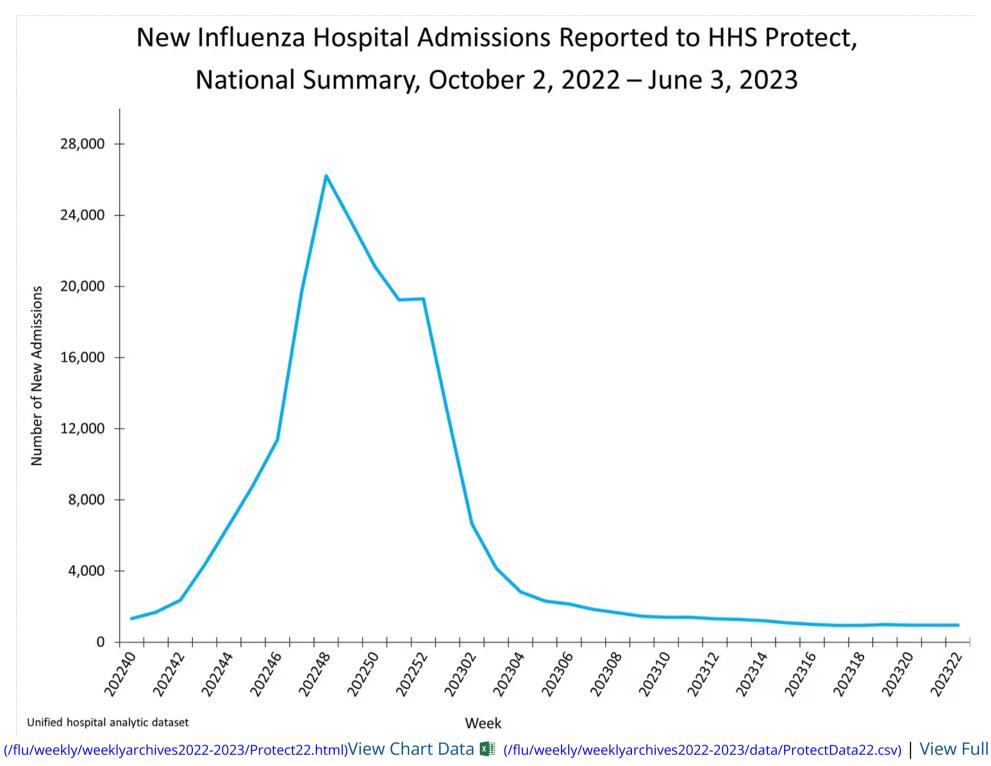
FluSurv-NET

The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratoryconfirmed influenza-related hospitalizations in select counties in 13 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 April 30, 2023, will not be included in FluSurv-NET for the 2022-2023 season. Data on patients admitted through April 30, 2023, will continue to be updated on FluView Interactive 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#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 22, 953 patients with laboratory-confirmed influenza were admitted to a hospital.



Screen (/flu/weekly/weeklyarchives2022-2023/Protect22.html)

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)

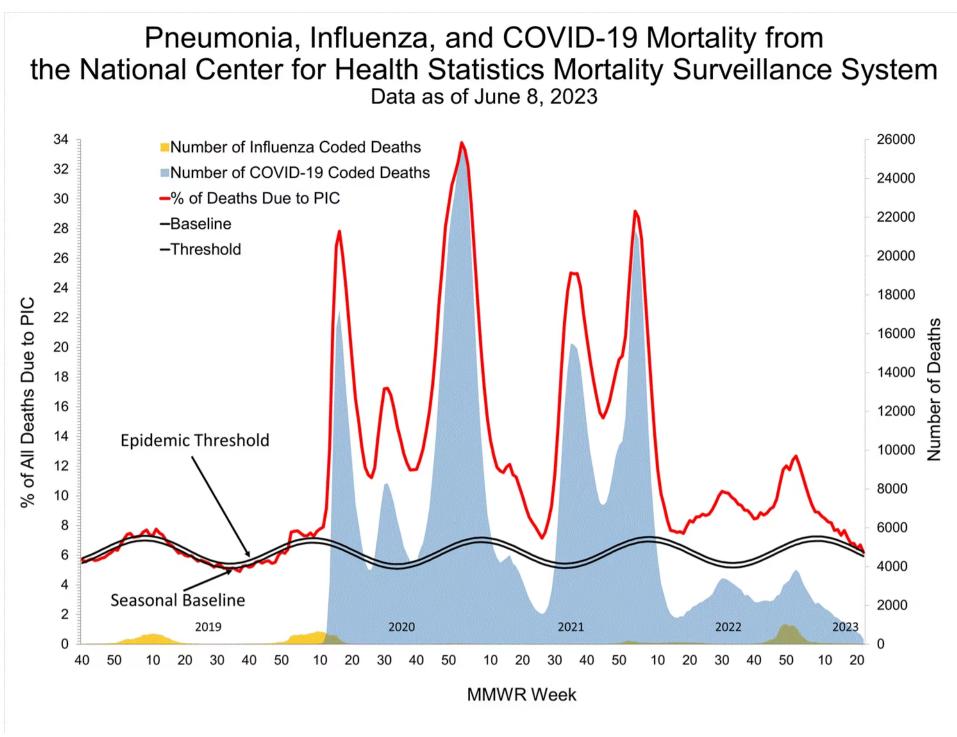
Mortality Surveillance

(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 June 8, 2023, 6.2% of the deaths that occurred during the week ending June 3, 2023 (week 22), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is at the epidemic threshold of 6.2% for this week. Among the 1,319 PIC deaths reported for this week, 266 had COVID-19 listed as an underlying

or contributing cause of death on the death certificate, and 17 listed influenza. The data presented are preliminary and may change as more data are received and processed.



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

View Chart Data 🕼 (/flu/weekly/weeklyarchives2022-2023/data/NCHSData22.csv) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/NCHS22.html)

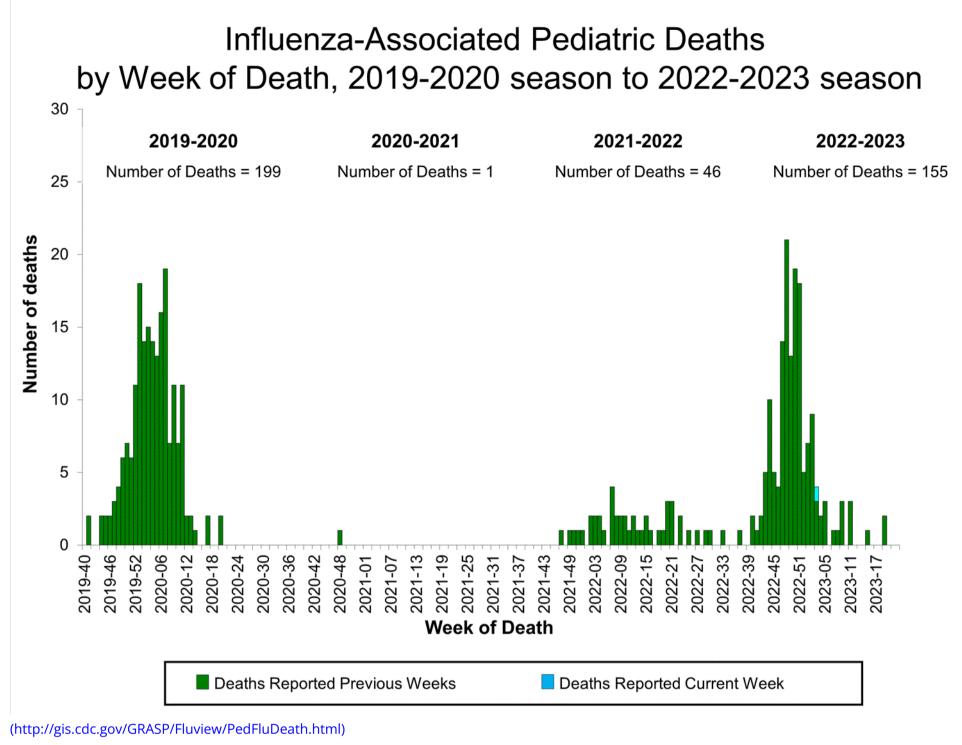
Additional pneumonia, influenza and COVID-19 mortality surveillance information for current and past seasons: Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#NCHSMortality) | FluView Interactive (https://gis.cdc.gov/grasp/fluview/mortality.html)

Influenza-Associated Pediatric Mortality

Two influenza-associated pediatric deaths were reported to CDC during week 22.

One death occurred during the 2022-2023 season, bringing the total number of pediatric deaths for this season to 155. The death was associated with an influenza A virus for which no subtyping was performed and occurred during week 3 of 2023 (the week ending January 21, 2023).

One death occurred during week 11 of 2019 (the week ending March 16, 2019), which was during the 2018-2019 season. This death was associated with an influenza A(H1N1) virus. The total number of pediatric deaths that occurred during the 2018-2019 season is 145.



View Full Screen (/flu/weekly/weeklyarchives2022-2023/PedFlu22.html)

Additional pediatric mortality surveillance information for current and past seasons:

Surveillance Methods (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/)	Alaska (http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/fluinfo.aspx)
Colorado (https://www.colorado.gov/pacific/cdphe/influenza)	Connecticut (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/)
lowa (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	Montana
(http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php)	(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	South Dakota
(http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/)	(https://doh.sd.gov/diseases/infectious/flu/surveillance.aspx)
Vermont (http://www.healthvermont.gov/immunizations-infectious-	Virginia (http://www.vdh.virginia.gov/epidemiology/influenza-1
disease/influenza/flu-activity-and-surveillance)	in-virginia/influenza-surveillance/)
Wyoming (https://health.wyo.gov/publichealth/infectious-disease-epidemiology-	New York City (http://www1.nyc.gov/site/doh/providers/heal
unit/disease/influenza/)	topics/flu-alerts.page)

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-influenzaprogramme/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 C (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. Last Reviewed: June 9, 2023, 11:00 AM