Centers for Disease Control and Prevention

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

Weekly U.S. Influenza Surveillance Report

Updated August 11, 2023

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

2022-2023 Influenza Season

Week 31 ending August 5, 2023

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

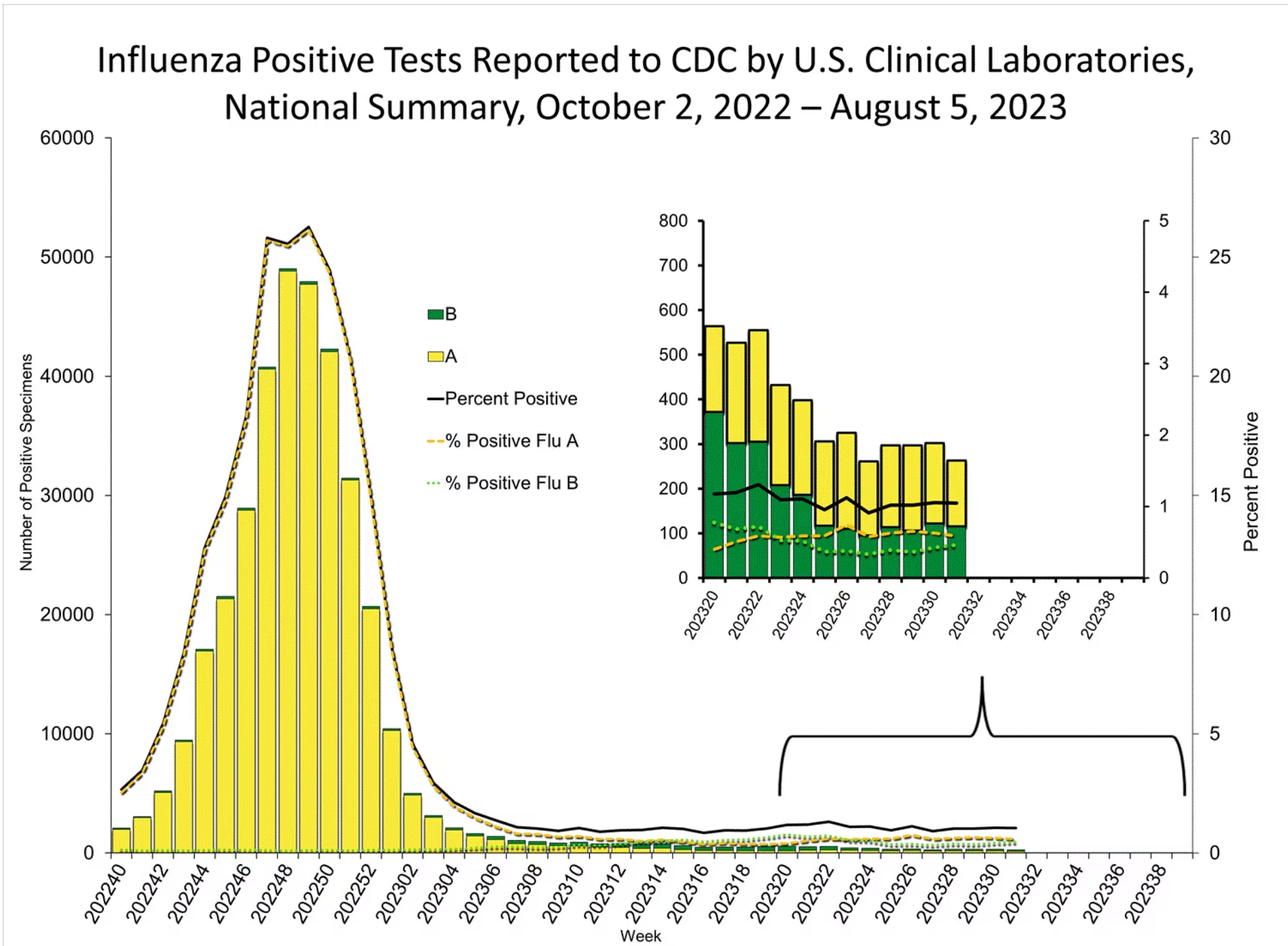
(https://www.cdc.gov/flu/weekly/overview.htm#LabSurveillance)

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 31	Data Cumulative since October 2, 2022 (Week 40)
No. of specimens tested	25,162	3,812,287
No. of positive specimens (%)	263 (1.0%)	357,111 (9.4%)
Positive specimens by type		
Influenza A	147 (55.9%)	347,976 (97.4%)

	Week 31	Data Cumulative since October 2, 2022 (Week 40)
Influenza B	116 (44.1%)	9,135 (2.6%)



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

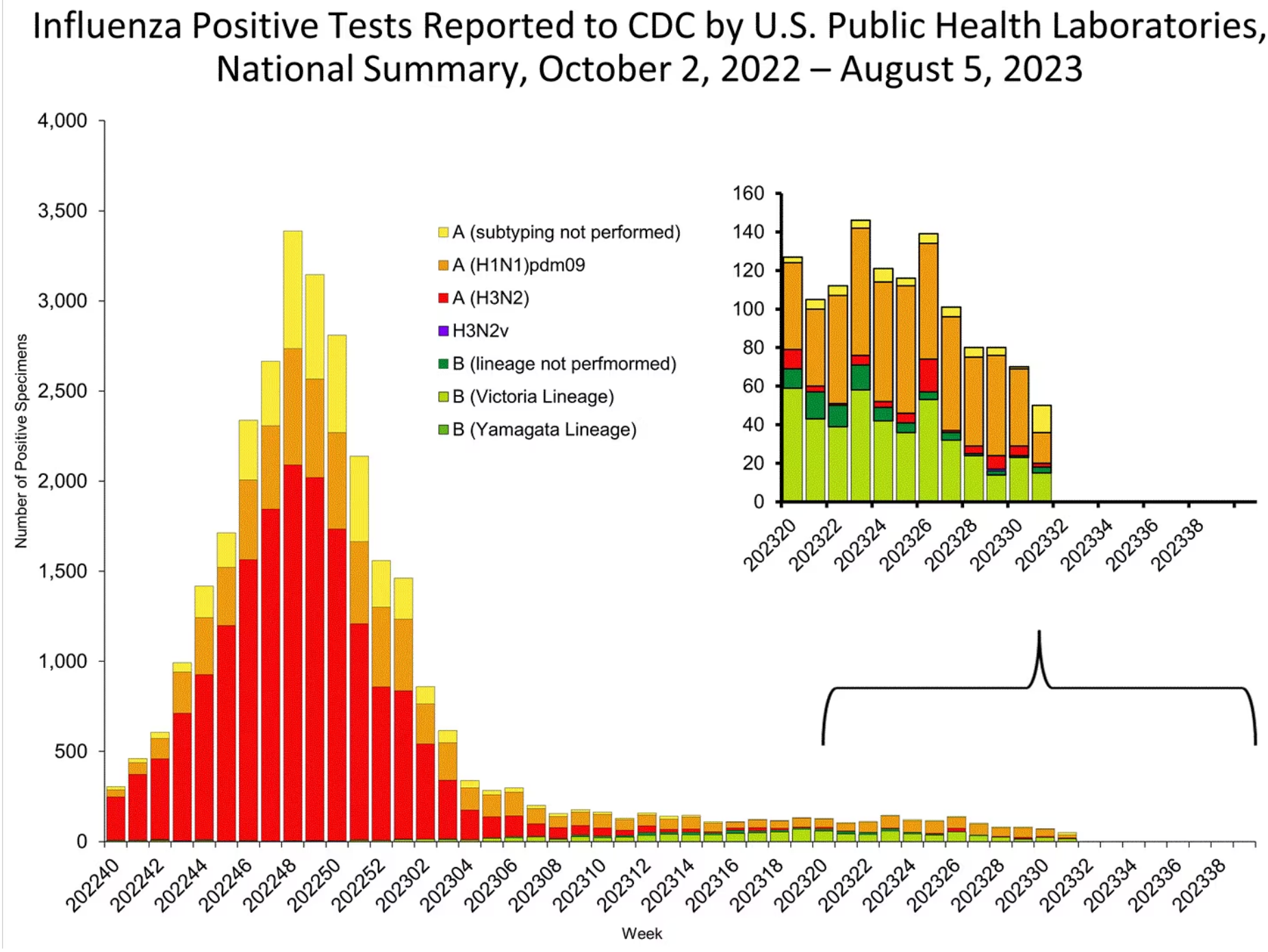
View Chart Data (/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_cl31.html) | View Full Screen (/flu/weekly/WeeklyArchives2022-2023/WHONPHL31.html)

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 virus type/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 2, 2022 (Week 40)
No. of specimens tested	1,072	273,164
No. of positive specimens	50	30,503
Positive specimens by type/subtype		

	Week 31	Data Cumulative since October 2, 2022 (Week 40)
Influenza A	32 (64.0%)	29,195 (95.7%)
(H1N1)pdm09	16 (88.9%)	7,181 (28.9%)
H3N2	2 (11.1%)	17,655 (71.1%)
H3N2v	0	2 (<0.1%)
Subtyping not performed	14	4,357
Influenza B	18 (36.0%)	1,308 (4.3%)
Yamagata lineage	0 (0%)	0
Victoria lineage	15 (100%)	1,058 (100%)
Lineage not performed	3	250



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

View Chart Data (/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_phl31.html) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/WhoPHL31.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)

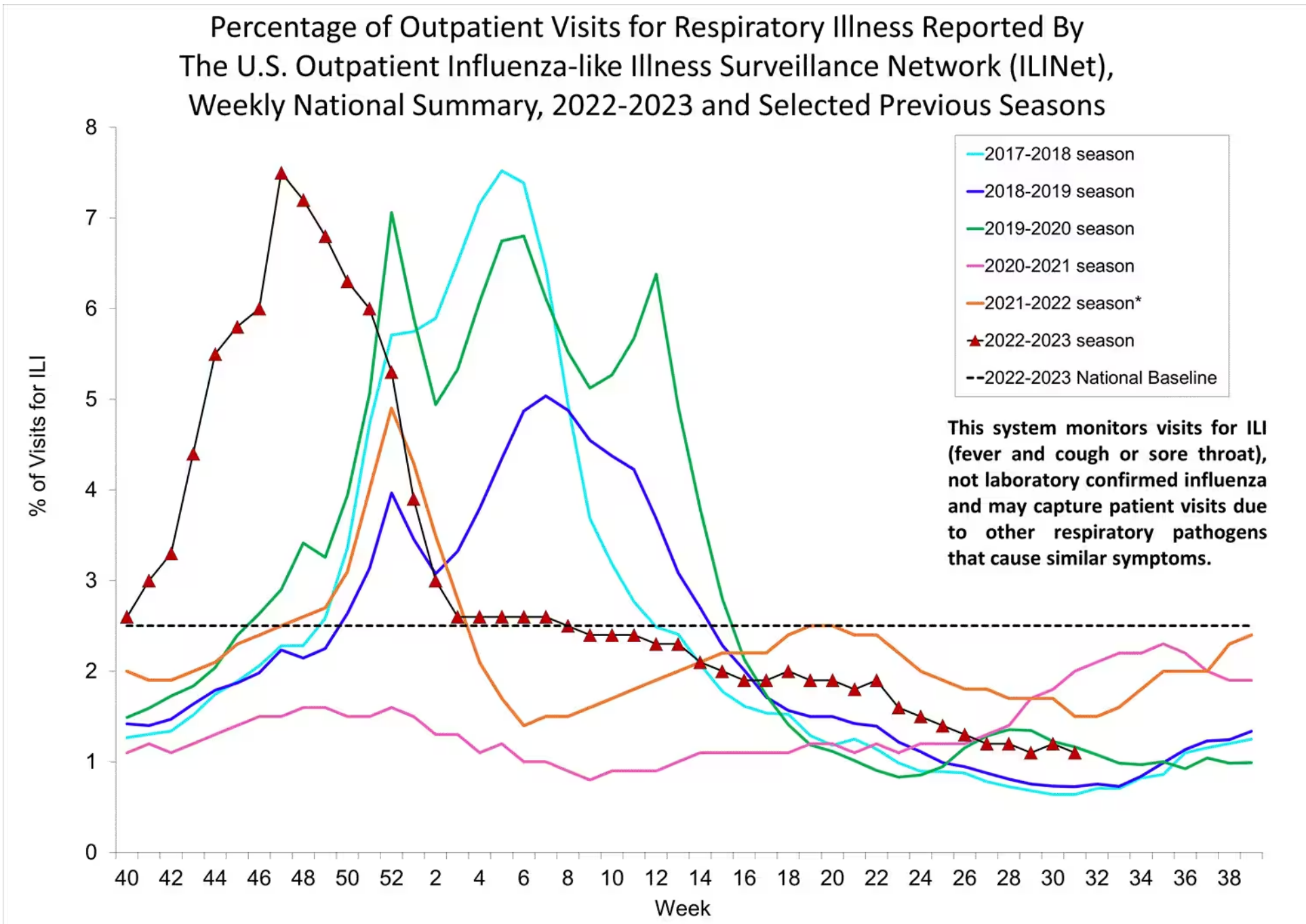
Outpatient Respiratory Illness Surveillance

(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 31 1.1% 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)

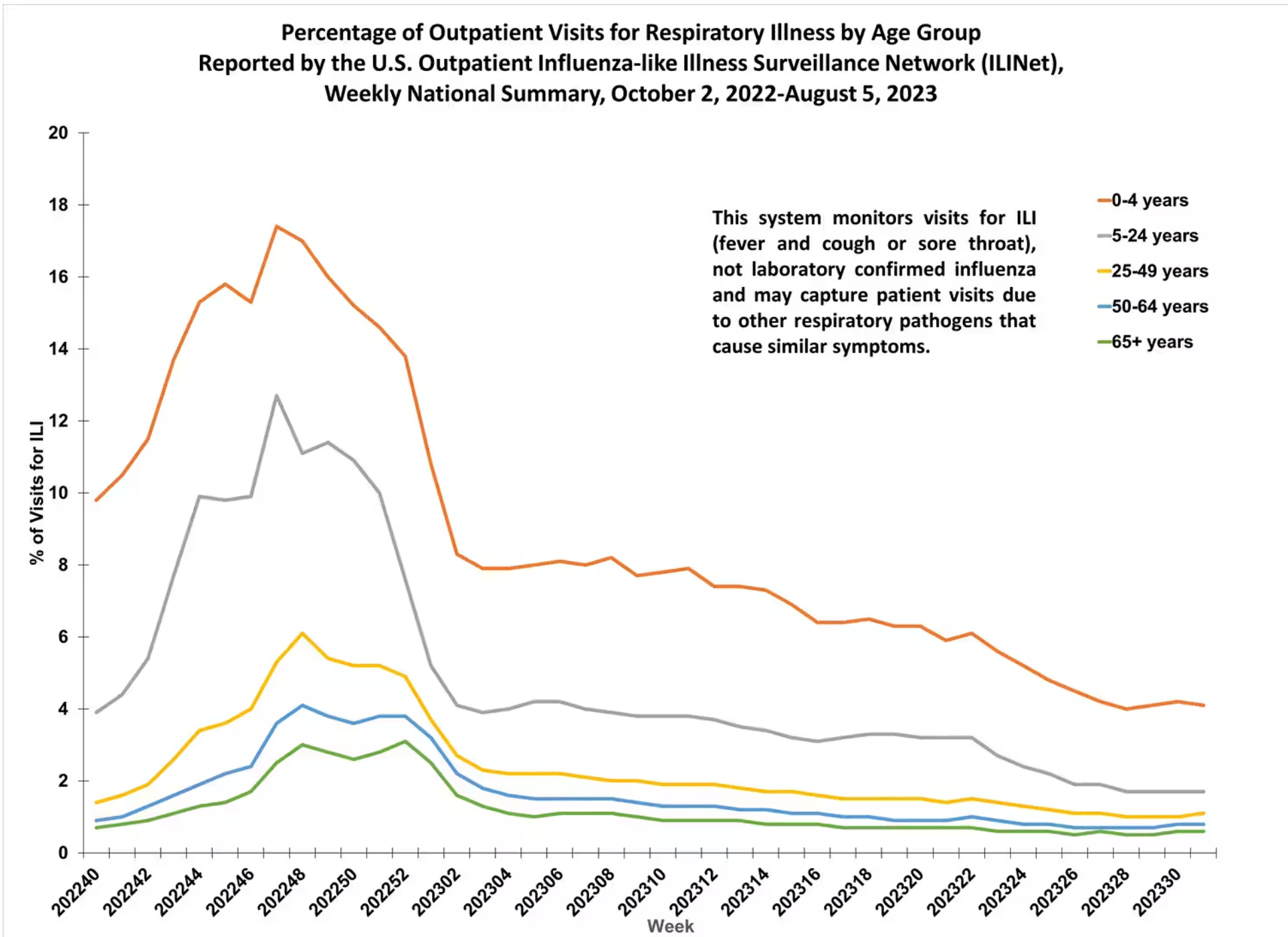
* Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes "without a known cause other than influenza."

View Chart Data (current season only) (/flu/weekly/weeklyarchives2022-2023/data/senAllregt31.html) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/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 4.1% among those 0-4 years, 1.7% among those 5-24 years, 1.1% among those 25-49 years, 0.8% among those 50-64 years, and 0.6% among those 65 years and older.



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

View Chart Data (/flu/weekly/weeklyarchives2022-2023/data/iliage31.html) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/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).

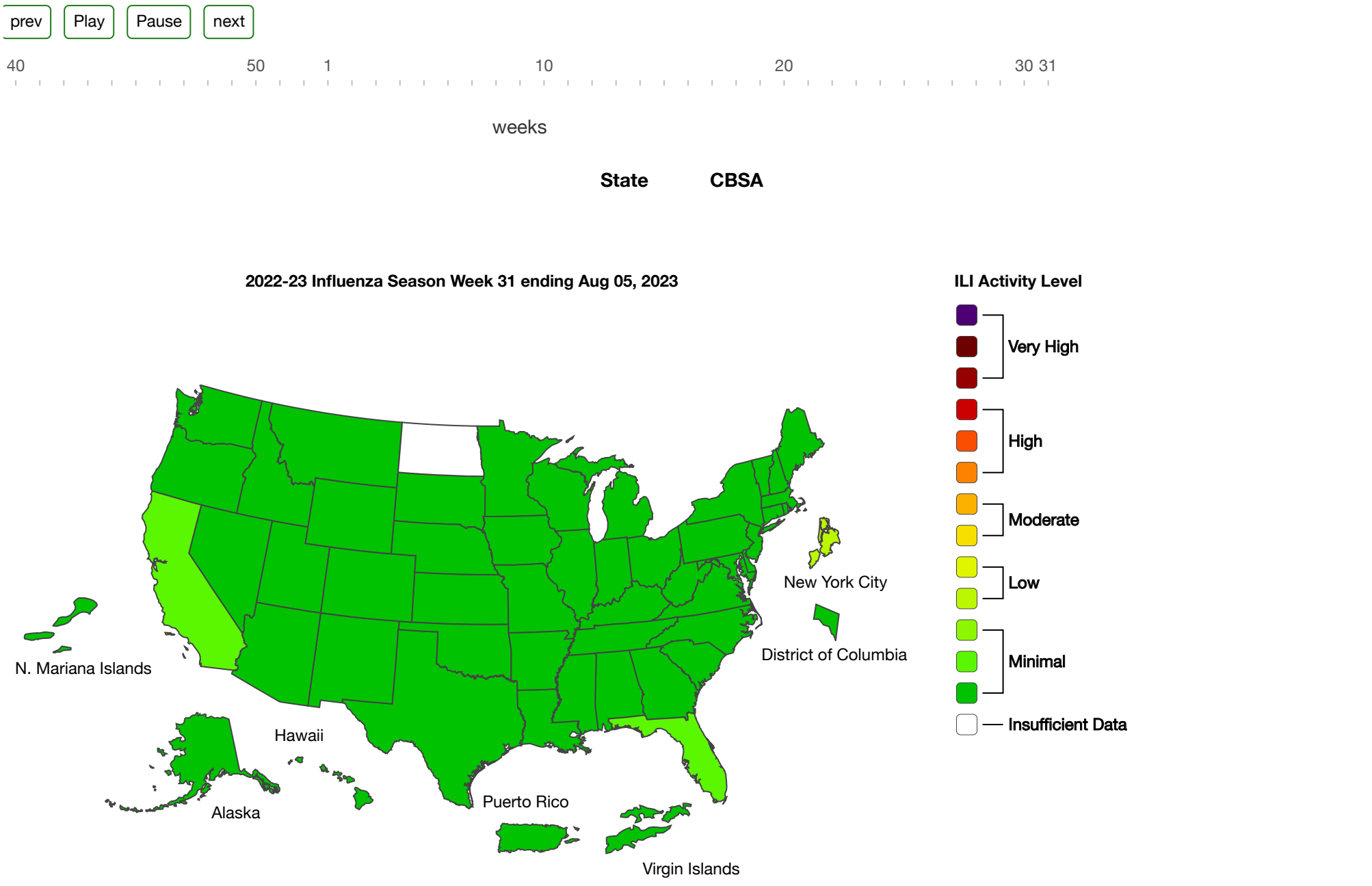
Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 31 (Week ending Aug. 5, 2023)	Week 30 (Week ending Jul. 29, 2023)	Week 31 (Week ending Aug. 5, 2023)	Week 30 (Week ending Jul. 29, 2023)
Very High	0	0	0	0

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 31 (Week ending Aug. 5, 2023)	Week 30 (Week ending Jul. 29, 2023)	Week 31 (Week ending Aug. 5, 2023)	Week 30 (Week ending Jul. 29, 2023)
High	0	0	1	0
Moderate	0	0	2	2
Low	1	0	10	15
Minimal	53	55	625	645
Insufficient Data	1	0	291	267

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.



Season: 2022-23 ▲ 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#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)

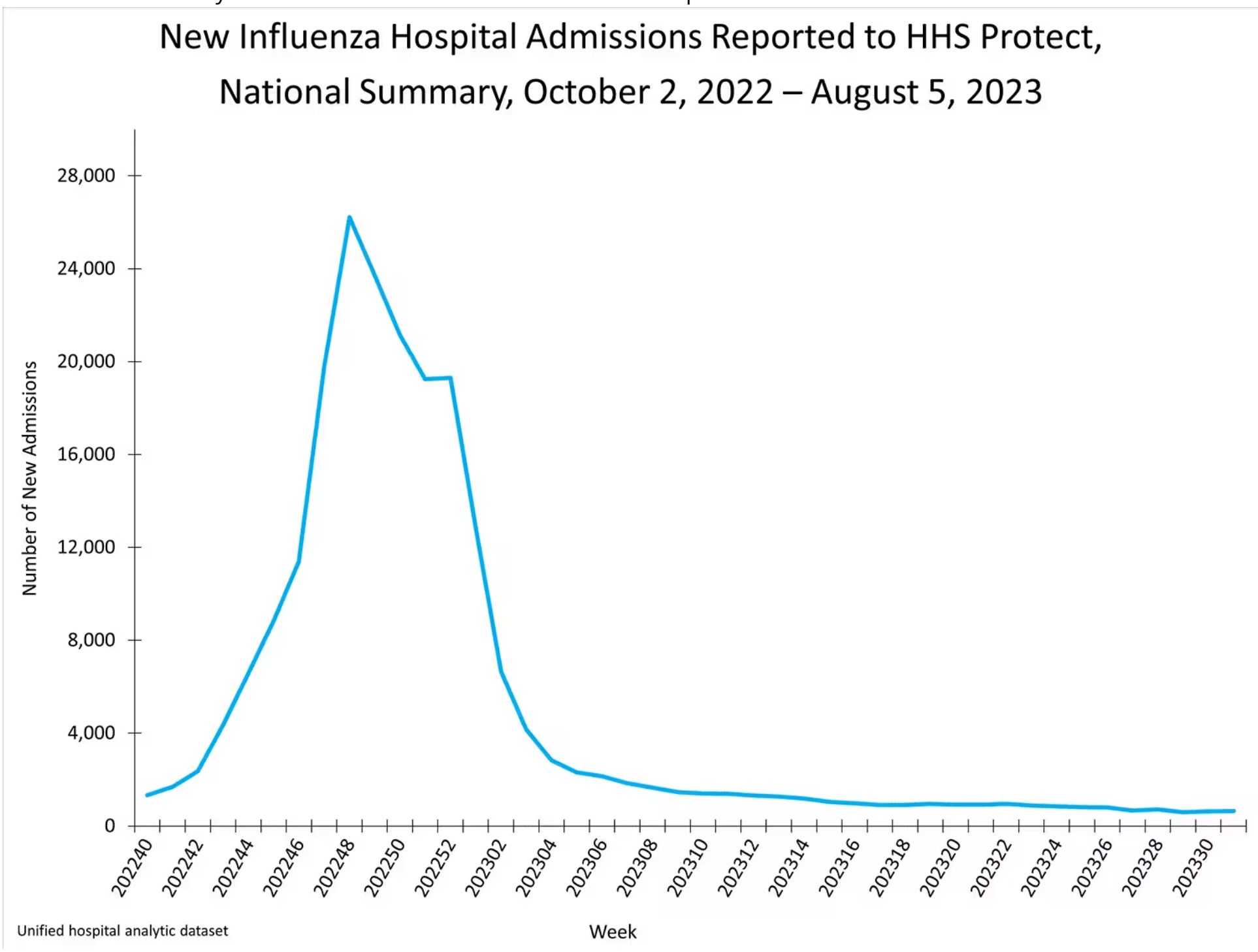
FluSurv-NET

The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for 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. 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 31, 638 patients with laboratory-confirmed influenza were admitted to a hospital.



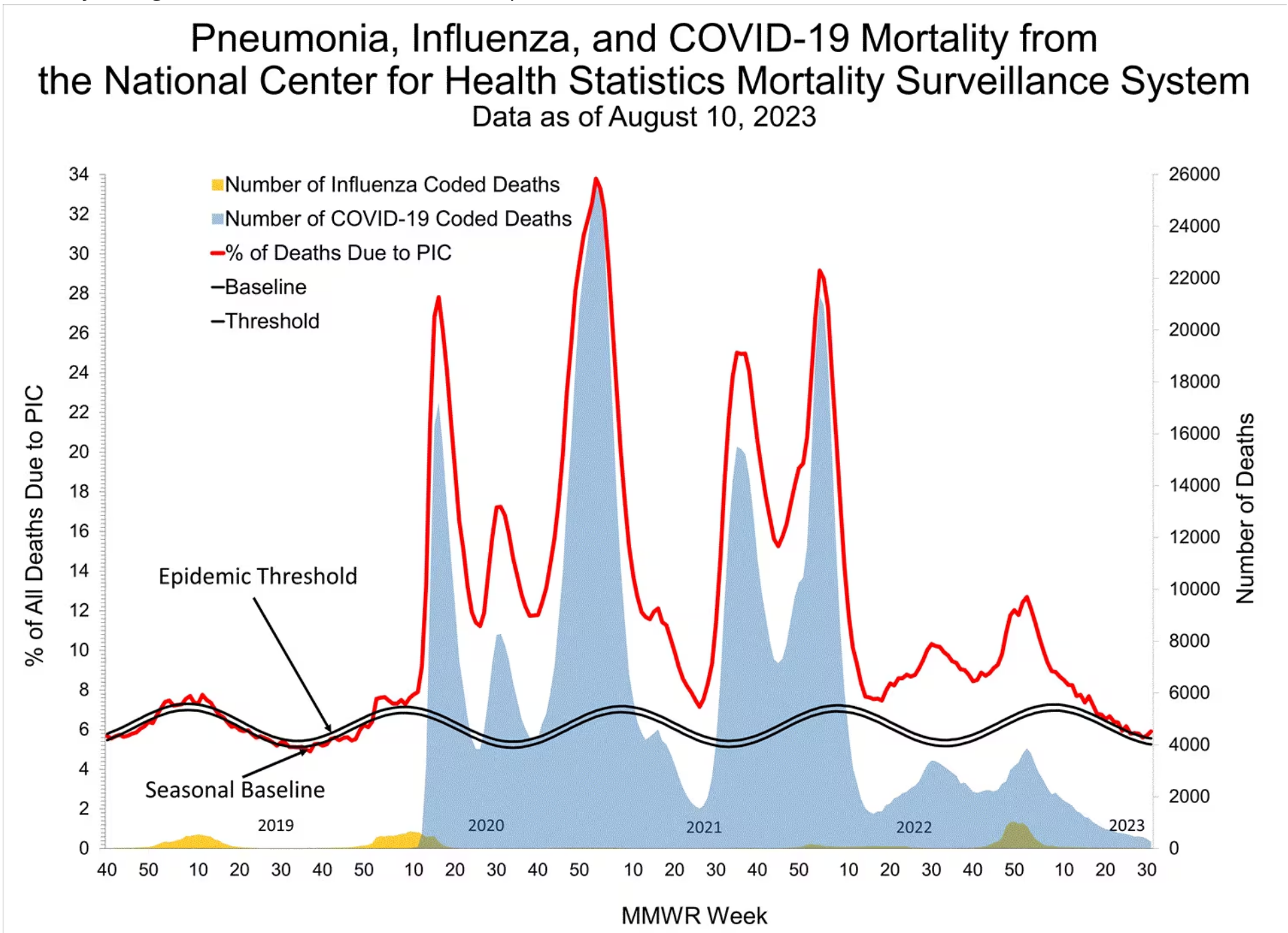
(/flu/weekly/weeklyarchives2022-2023/Protect31.html)View Chart Data (/flu/weekly/weeklyarchives2022-2023/data/ProtectData31.csv) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/Protect31.html)

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 August 10, 2023, 5.9% of the deaths that occurred during the week ending August 5, 2023 (week 31), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is above the epidemic threshold of 5.6% for this week. Among the 1,295 PIC deaths reported for this week, 262 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and 12 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)

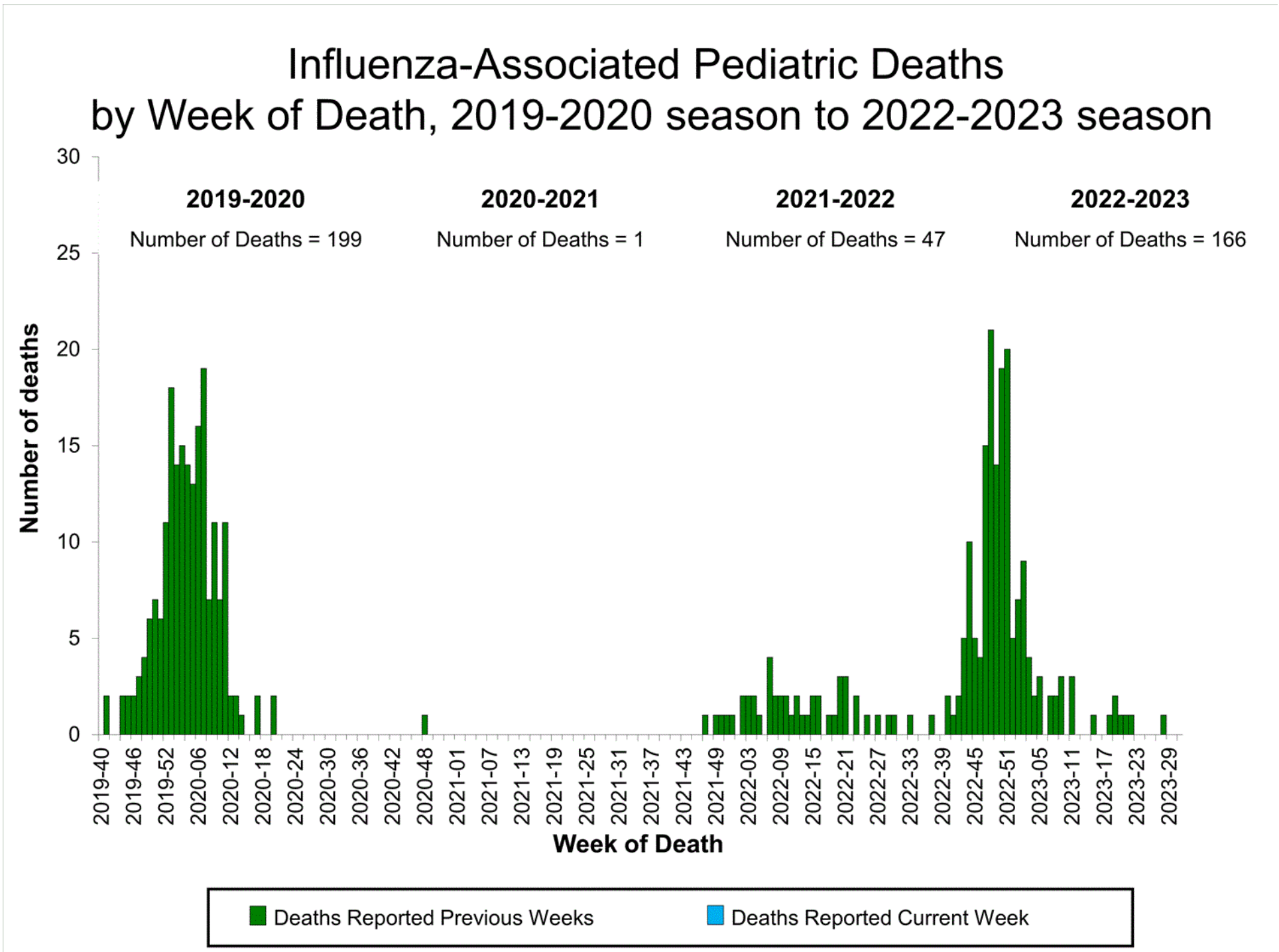
View Chart Data (/flu/weekly/weeklyarchives2022-2023/data/NCHSData31.csv) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/NCHS31.html)

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

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths were reported to CDC during week 31.

A total of 166 influenza-associated pediatric deaths occurring during the 2022-2023 season have been reported to CDC.



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

View Full Screen (/flu/weekly/weeklyarchives2022-2023/PedFlu31.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/)
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-i 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/heal 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) 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.

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Last Reviewed: August 11, 2023, 11:00 AM