



Weekly U.S. Influenza Surveillance Report

Updated October 6, 2023



2022-2023 Influenza Season

Week 39 ending September 30, 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) (<http://www.cdc.gov/flu/weekly/overview.htm>) page.

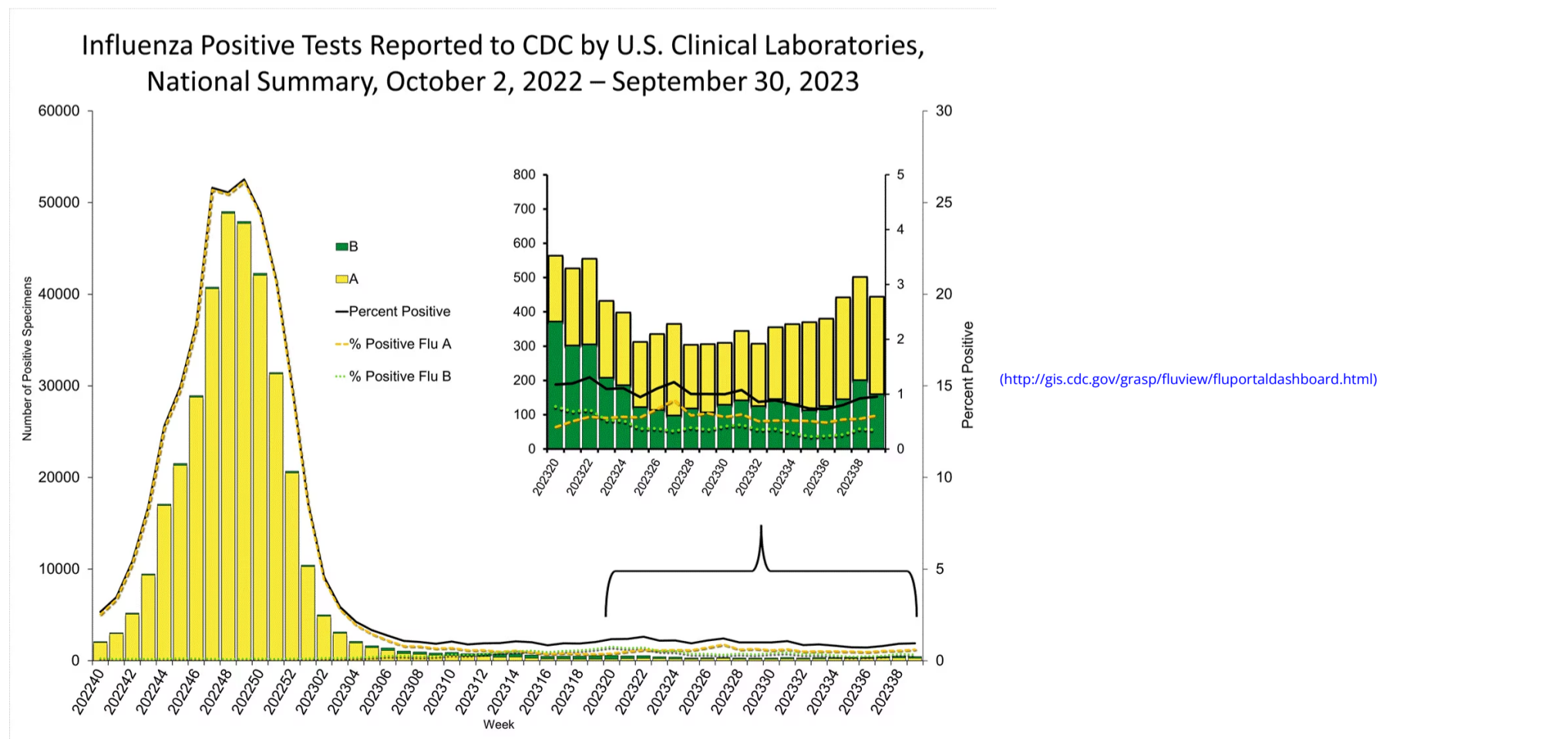
Additional information on the current and previous influenza seasons for each surveillance component is available on [FluView Interactive](https://www.cdc.gov/flu/weekly/fluviewinteractive.htm) (<https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>).

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 39	Data Cumulative since October 2, 2022 (Week 40)
No. of specimens tested	46,412	4,205,970
No. of positive specimens (%)	444 (1.0%)	360,500 (8.6%)
<i>Positive specimens by type</i>		
Influenza A	284 (64.0%)	350,169 (97.1%)
Influenza B	160 (36.0%)	10,331 (2.9%)



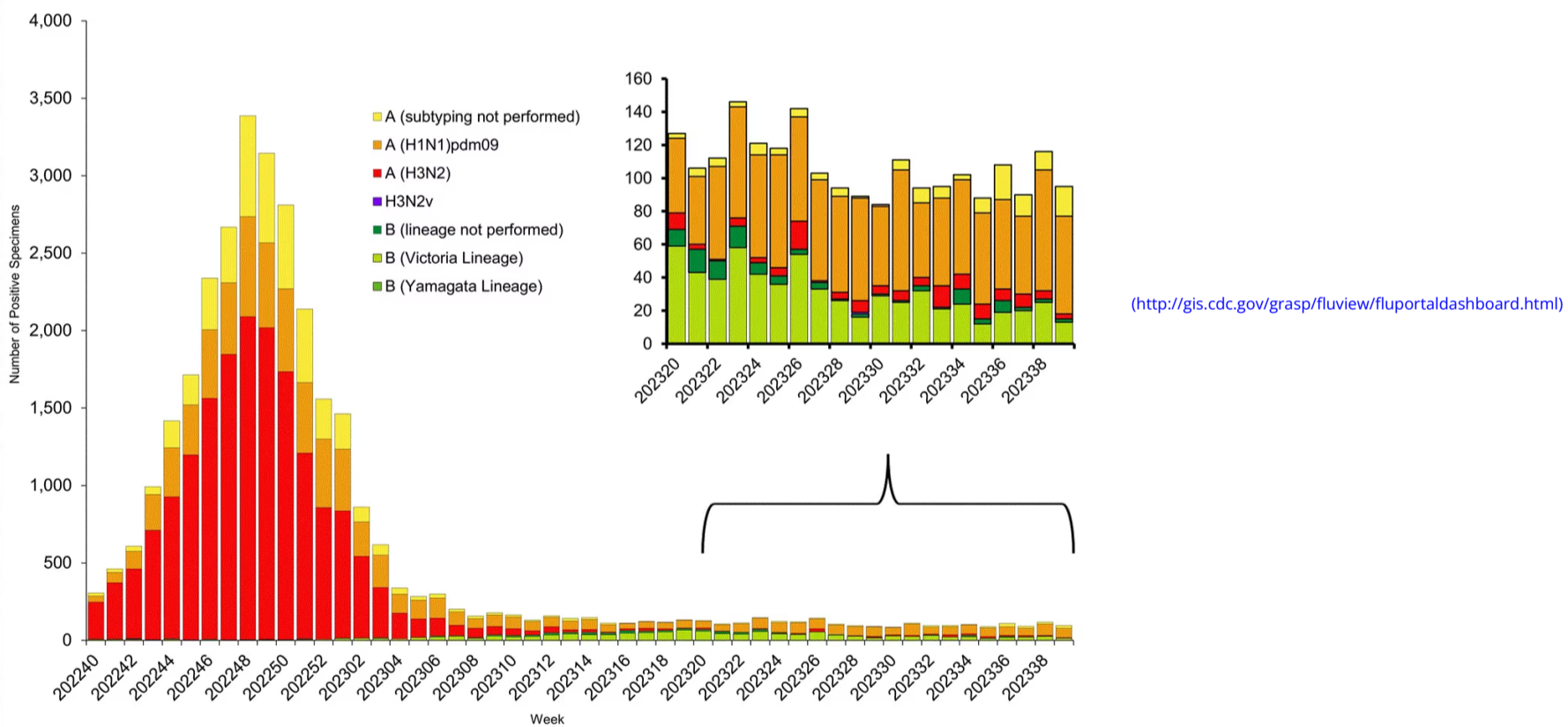
<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>

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 39	Data Cumulative since October 2, 2022 (Week 40)
No. of specimens tested	2,404	292,869
No. of positive specimens	95	31,398
<i>Positive specimens by type/subtype</i>		
Influenza A	80 (84.2%)	29,876 (95.2%)
(H1N1)pdm09	59 (95.2%)	7,723 (30.3%)
H3N2	3 (4.8%)	17,722 (69.6%)
H3N2v	0	2 (<0.1%)
Subtyping not performed	18	4,428
Influenza B	15 (15.8%)	1,522 (4.8%)
Yamagata lineage	0 (0%)	0 (0%)
Victoria lineage	13 (100%)	1,246 (100%)
Lineage not performed	2	276

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, October 2, 2022 – September 30, 2023



[View Chart Data \(/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_phl39.html\)](#) | [View Full Screen \(/flu/weekly/weeklyarchives2022-2023/WhoPHL39.html\)](#)

Additional virologic surveillance information for current and past seasons:

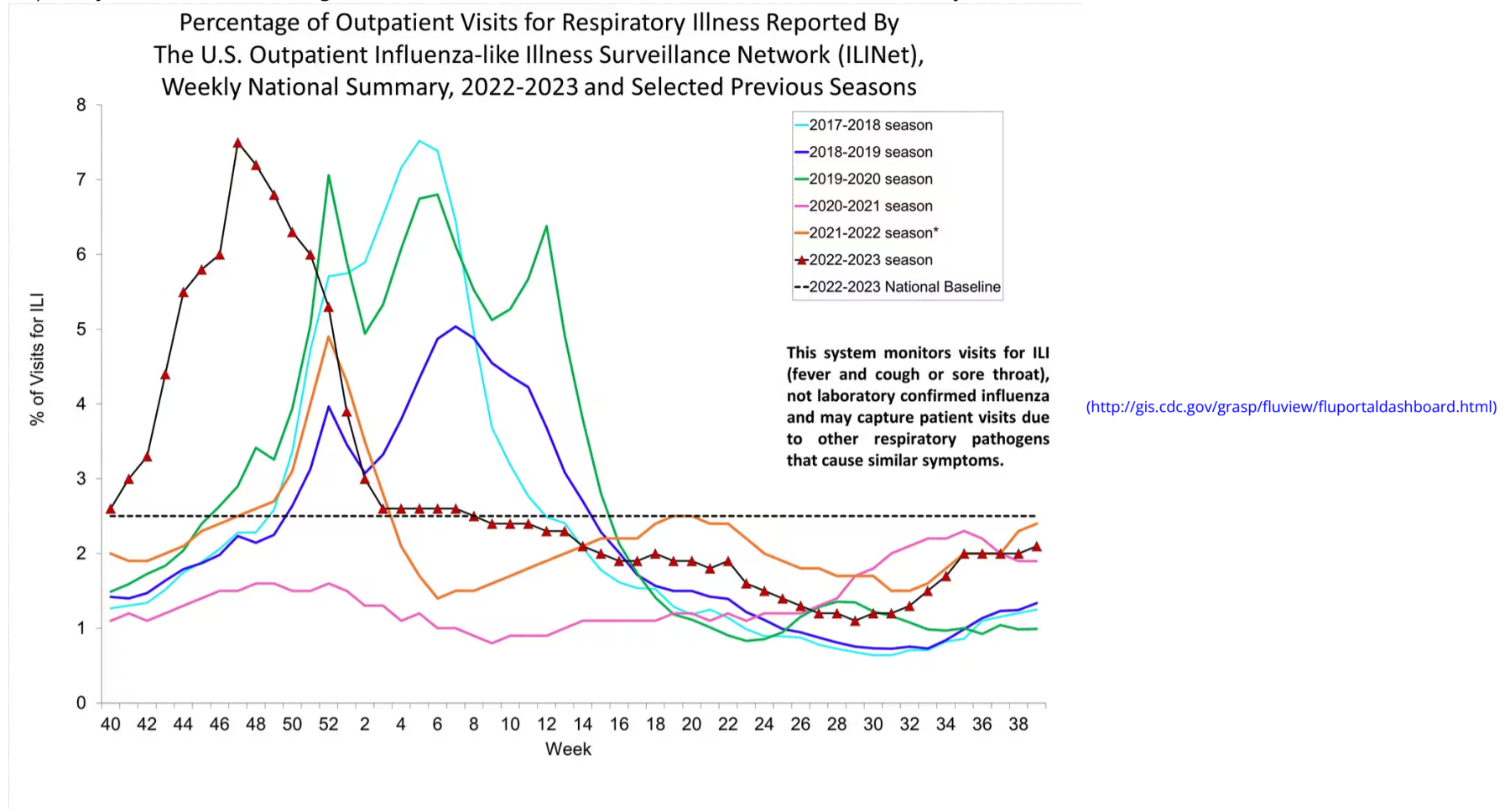
[Surveillance Methods \(/flu/weekly/overview.htm#LabSurveillance\)](#) | [FluView Interactive: National, Regional, and State Data \(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html\)](#) or [Age Data \(https://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html\)](#)

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 \(https://covid.cdc.gov/covid-data-tracker/#datatracker-home\)](https://covid.cdc.gov/covid-data-tracker/#datatracker-home), [NCIRD Surveillance Systems website \(https://www.cdc.gov/ncird/surveillance/index.html\)](https://www.cdc.gov/ncird/surveillance/index.html) and [National Respiratory and Enteric Virus Surveillance System \(NREVSS\) website \(https://www.cdc.gov/surveillance/nrevss/index.html\)](https://www.cdc.gov/surveillance/nrevss/index.html).

Outpatient Respiratory Illness Visits

Nationwide during week 39, 2.1% 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.



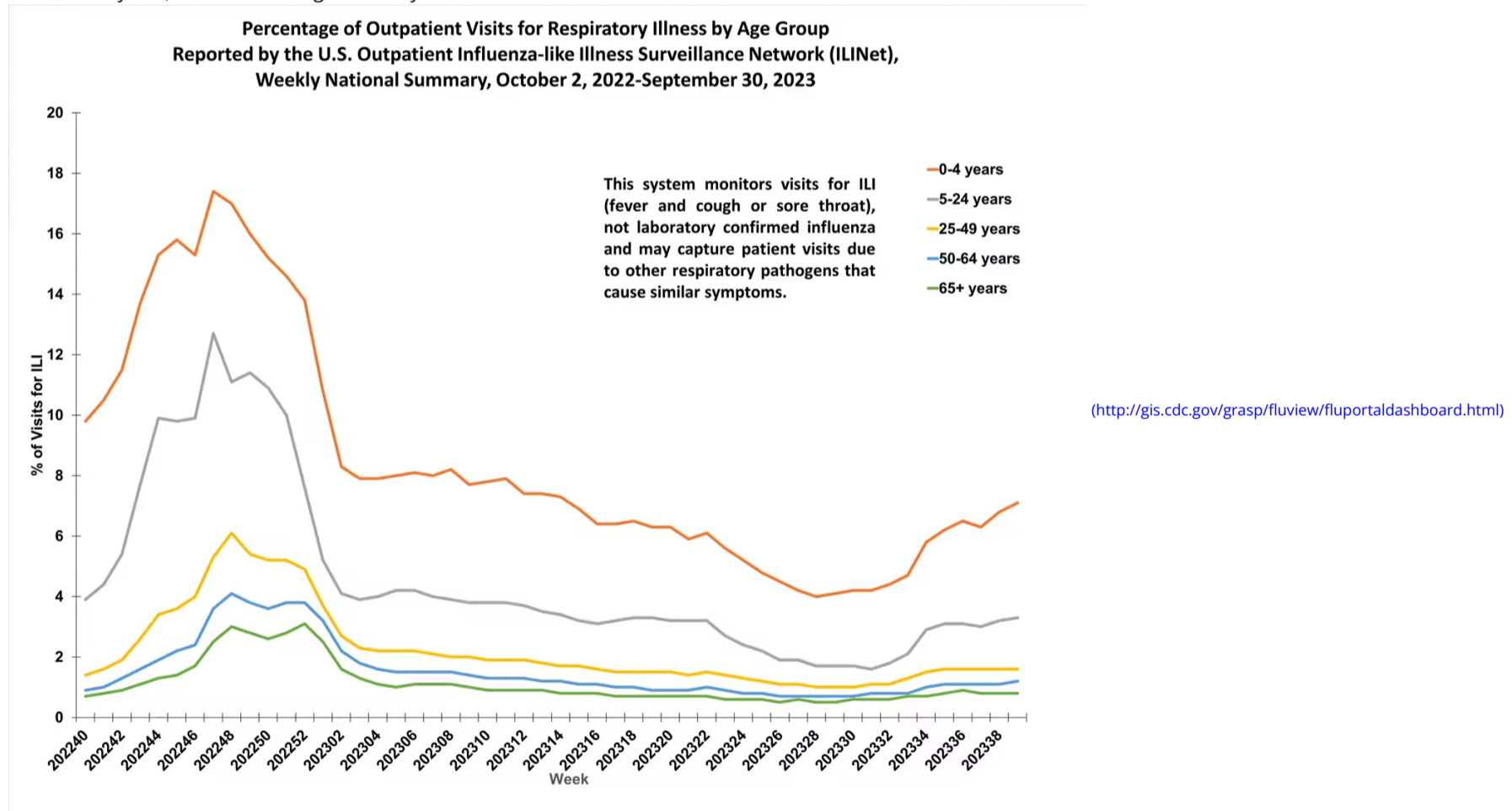
* Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes "without a known cause other than influenza."

[View Chart Data \(current season only\) \(/flu/weekly/weeklyarchives2022-2023/data/senAllregt39.html\)](#) | [View Full Screen \(/flu/weekly/weeklyarchives2022-2023/ILI39.html\)](#)

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 39, the percentage of visits for respiratory illness reported in ILINet was 7.1% among those 0-4 years, 3.3% among those 5-24 years, 1.6% among those 25-49 years, 1.2% among those 50-64 years, and 0.8% among those 65 years and older.



[View Chart Data \(/flu/weekly/weeklyarchives2022-2023/data/iliage39.html\)](#) | [View Full Screen \(/flu/weekly/weeklyarchives2022-2023/ILIAge39.html\)](#)

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).

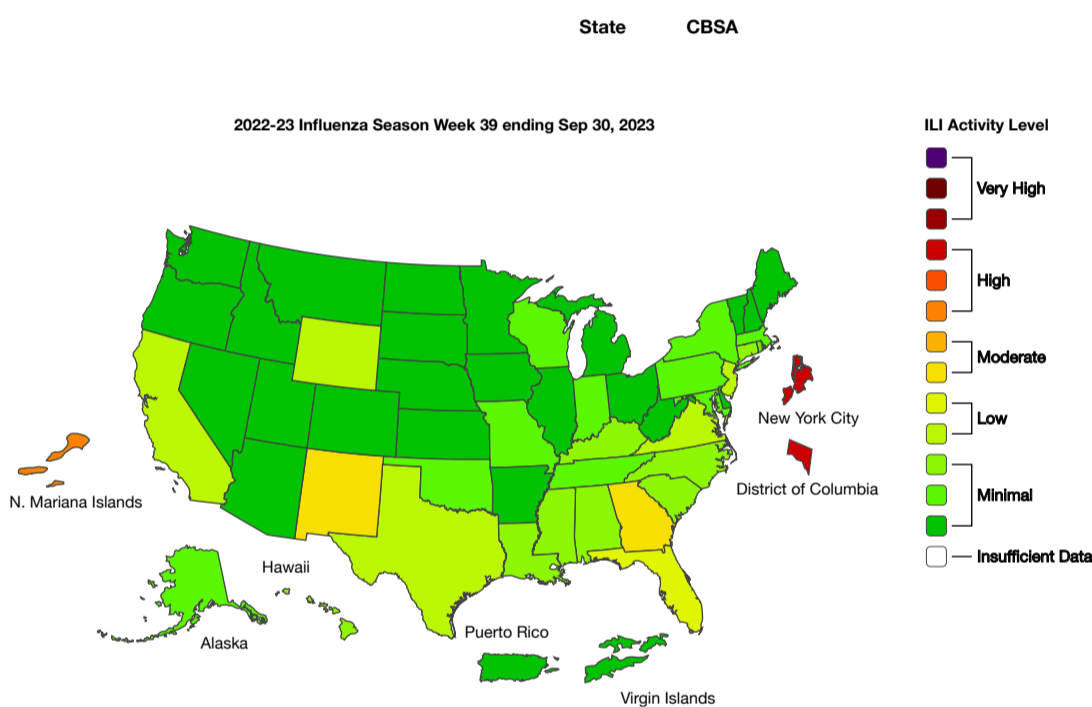
Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 39 (Week ending Sept. 30, 2023)	Week 38 (Week ending Sept. 23, 2023)	Week 39 (Week ending Sept. 30, 2023)	Week 38 (Week ending Sept. 23, 2023)

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 39 (Week ending Sept. 30, 2023)	Week 38 (Week ending Sept. 23, 2023)	Week 39 (Week ending Sept. 30, 2023)	Week 38 (Week ending Sept. 23, 2023)
Very High	0	0	2	1
High	3	3	14	11
Moderate	2	0	25	27
Low	6	9	78	86
Minimal	44	43	550	551
Insufficient Data	0	0	260	253

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/fluereport.xml>) View Full Screen (<http://gis.cdc.gov/grasp/fluview/main.html>)

*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 \(https://gis.cdc.gov/grasp/fluview/main.html\)](#)

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.

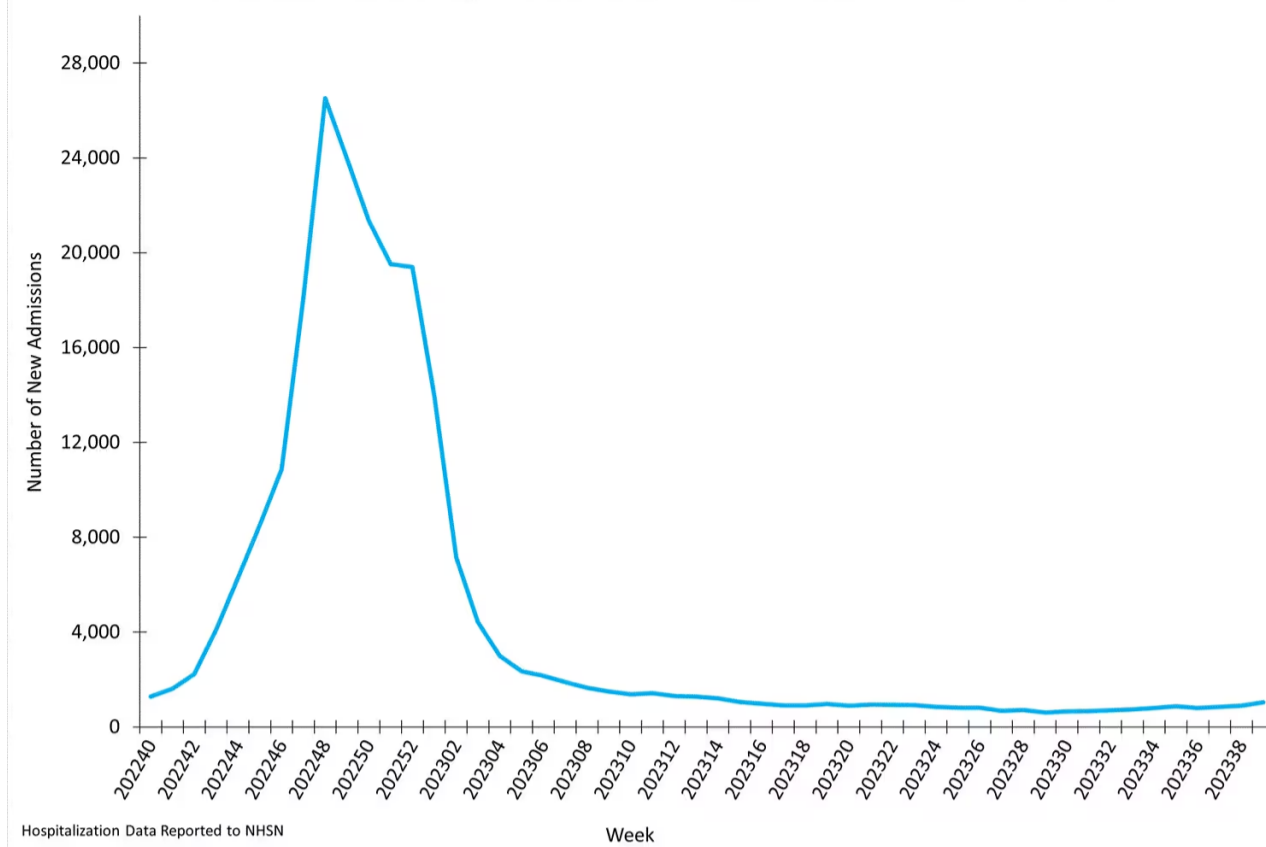
Additional FluSurv-NET hospitalization surveillance information for current and past seasons and additional age groups:

[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 \(https://www.cdc.gov/surveillance/resp-net/dashboard.html\)](#)

National Healthcare Safety Network (NHSN) Hospitalization Surveillance

Hospitals report to NHSN the number of patients admitted with laboratory-confirmed influenza. During week 39, 1,040 patients with laboratory-confirmed influenza were admitted to a hospital.

New Influenza Hospital Admissions Reported to NHSN, National Summary, October 2, 2022 – September 30, 2023



</flu/weekly/weeklyarchives2022-2023/Protect39.html> | [View Chart Data \(/flu/weekly/weeklyarchives2022-2023/data/ProtectData39.csv\)](/flu/weekly/weeklyarchives2022-2023/data/ProtectData39.csv) | [View Full Screen \(/flu/weekly/weeklyarchives2022-2023/Protect39.html\)](/flu/weekly/weeklyarchives2022-2023/Protect39.html)

Additional NHSN Hospitalization Surveillance information:

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

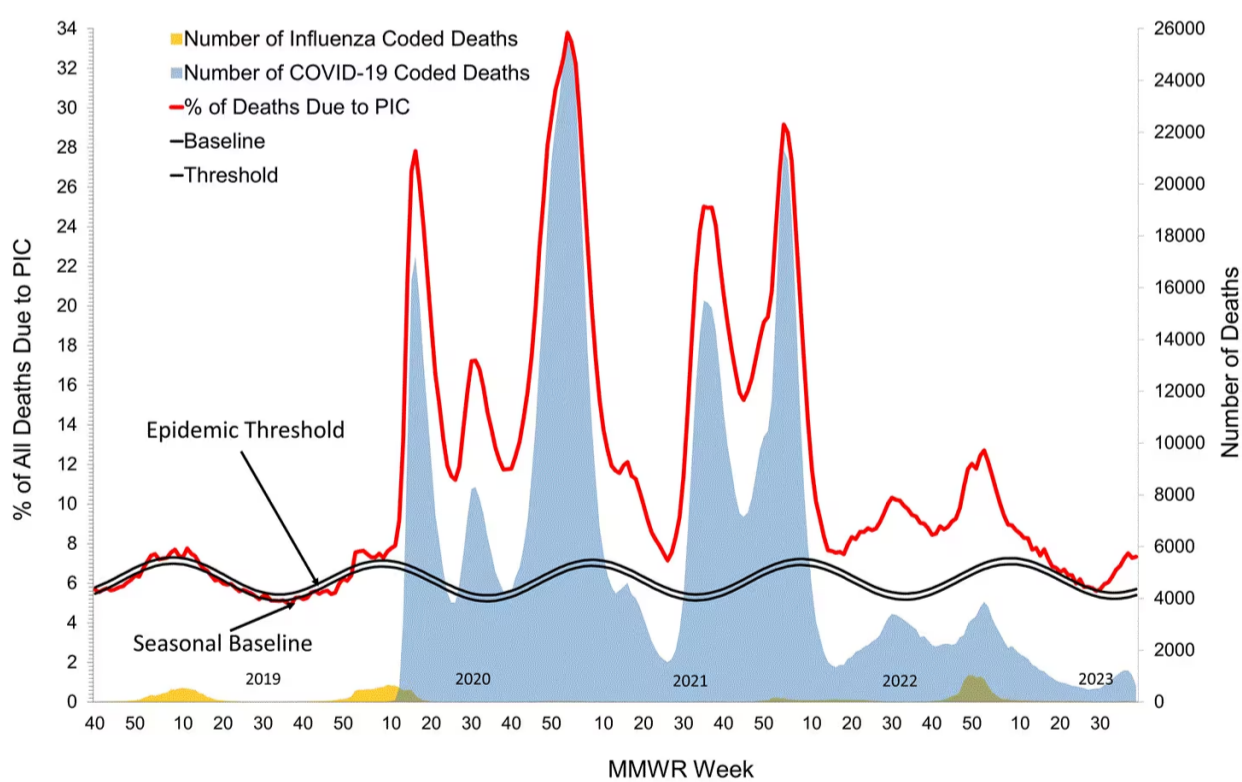
Mortality Surveillance (<https://www.cdc.gov/flu/weekly/overview.htm#MortalitySurveillance>)

National Center for Health Statistics (NCHS) Mortality Surveillance

Based on NCHS mortality surveillance data available on October 5, 2023, 7.3% of the deaths that occurred during the week ending September 30, 2023 (week 39), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is above the epidemic threshold of 5.7% for this week. Among the 1,683 PIC deaths reported for this week, 615 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and 11 listed 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 October 5, 2023



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

[View Chart Data \(/flu/weekly/weeklyarchives2022-2023/data/NCHSData39.csv\)](/flu/weekly/weeklyarchives2022-2023/data/NCHSData39.csv) | [View Full Screen \(/flu/weekly/weeklyarchives2022-2023/NCHS39.html\)](/flu/weekly/weeklyarchives2022-2023/NCHS39.html)

Additional pneumonia, influenza and COVID-19 mortality surveillance information for current and past seasons:

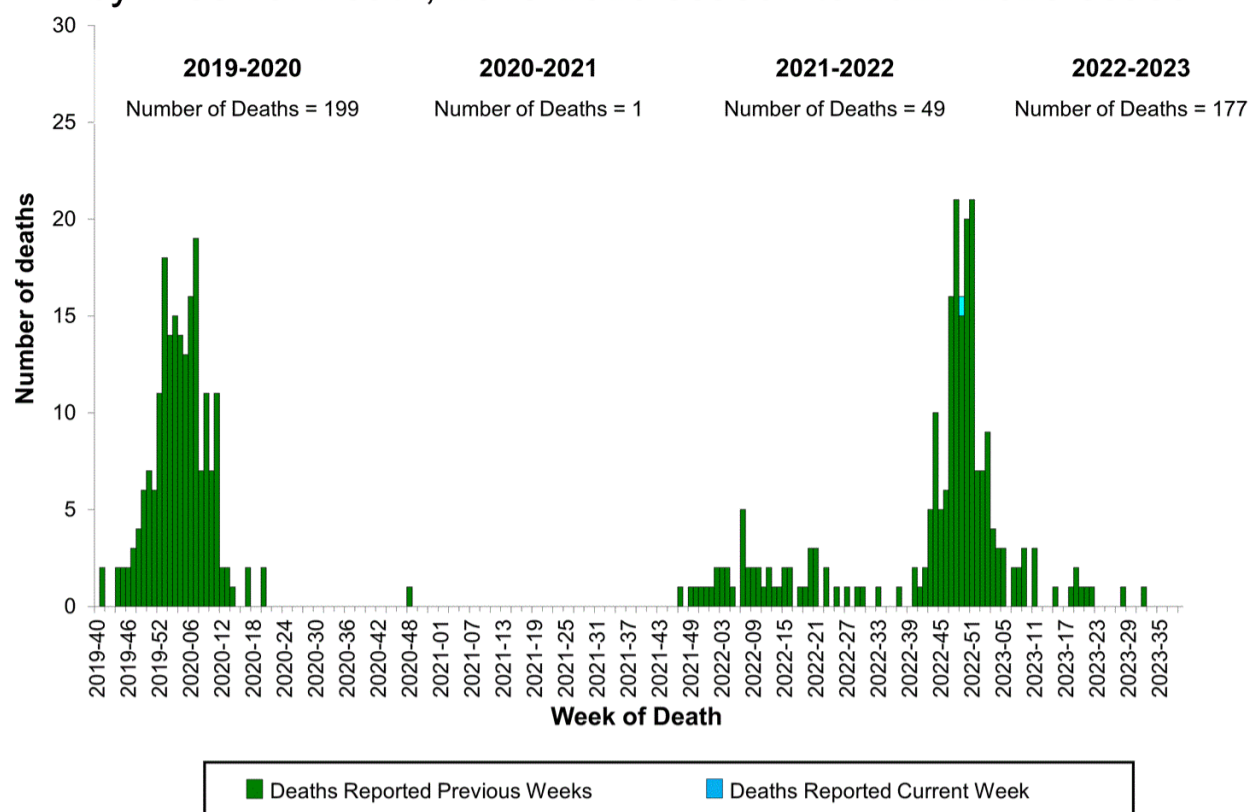
[Surveillance Methods \(https://www.cdc.gov/flu/weekly/overview.htm#NCHSMortality\)](https://www.cdc.gov/flu/weekly/overview.htm#NCHSMortality) | [FluView Interactive \(https://gis.cdc.gov/grasp/fluview/mortality.html\)](https://gis.cdc.gov/grasp/fluview/mortality.html)

Influenza-Associated Pediatric Mortality

One influenza-associated pediatric death occurring during the 2022-2023 season was reported to CDC during week 39. The death was associated with an influenza A(H3) virus and occurred during week 49 (the week ending December 10, 2022).

A total of 177 influenza-associated pediatric deaths occurring during the 2022-2023 season have been reported to CDC.

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



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	Alaska	Arizona
Colorado	Connecticut	Delaware
Georgia	Hawaii	Idaho
Iowa	Kansas	Kentucky
Maryland	Massachusetts	Michigan
Missouri	Montana	Nebraska
New Jersey	New Mexico	New York
Ohio	Oklahoma	Oregon
South Carolina	South Dakota	Tennessee
Vermont	Virginia	Washington
Wyoming	New York City	Puerto Rico

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/) [\(http://www.flunewseurope.org/\)](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/) [\(http://www.phac-aspc.gc.ca/fluwatch/\)](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/) [\(http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/\)](http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/).

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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) [\(http://www.cdc.gov/flu/weekly/overview.htm\)](http://www.cdc.gov/flu/weekly/overview.htm) page.

Last Reviewed: October 6, 2023, 11:00 AM

Source: Centers for Disease Control and Prevention (<https://www.cdc.gov/>), National Center for Immunization and Respiratory Diseases (NCIRD) (<https://www.cdc.gov/ncird/index.html>)