Centers for Disease Control and Prevention

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

Weekly U.S. Influenza Surveillance Report

Updated November 17, 2023

FLUVIEW

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Key Updates for Week 45, ending November 11, 2023

Seasonal influenza activity continues to increase in most parts of the country, most notably in the South Central, Southeast, and West Coast regions.

Viruses

Clinical Lab

4.0% (Trend ⬆)

positive for influenza
this week
(/flu/weekly/index.htm#ClinicalLaboratories)

Public Health Lab

The most frequently reported influenza viruses this week were influenza A(H1N1).

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

Virus Characterization

Genetic and antigenic characterization are summarized in this report.

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

Illness

Outpatient Respiratory Illness

3.5% (Trend 🔺)

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

[(/flu/weekly/index.htm#ILINet)](/flu/weekly/index.htm#ILINet)

Outpatient Respiratory Illness: Activity Map

This week 8 jurisdictions experienced moderate activity and 9 jurisdictions experienced high or very high activity.

[(/flu/weekly/index.htm#ORIAM)](/flu/weekly/index.htm#ORIAM)

FluSurv-NET

1.7 per 100,000

cumulative hospitalization rate.

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

NHSN Hospitalizations

2,721 (Trend 🔺)

patients admitted to hospitals with influenza this week.

[(/flu/weekly/index.htm#NHSN)](/flu/weekly/index.htm#NHSN)

NCHS Mortality

0.10% (Trend ➡️)

of deaths attributed to influenza this week.

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

Pediatric Deaths

0

influenza-associated deaths reported this week.

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

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

Directional arrows indicate changes between the current week and the previous week. Additional information [(/flu/weekly/index.htm#Trends)](/flu/weekly/index.htm#Trends) on the arrows can be found at the bottom of this page.

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 increase in most parts of the country, most notably in the South Central, Southeast, and West Coast regions.

- Outpatient respiratory illness is above baseline[1] nationally for the second week and is at or above baseline in five of 10 HHS Regions. Region 3 (Mid-Atlantic) is at its region-specific outpatient respiratory illness baseline and Regions 2, 4, 6, and 9 (New York/New Jersey/Puerto Rico/Virgin Islands, Southeast, South Central, and West Coast) are above their region-specific baselines.
- The number of weekly flu hospital admissions continues to increase.
- During week 45, of the 310 viruses reported by public health laboratories, 235 (75.8%) were influenza A and 75 (24.2%) were influenza B. Of the 133 influenza A viruses subtyped during week 45, 116 (87.2%) were influenza A(H1N1) and 17 (12.8%) were A(H3N2).
- CDC estimates that there have been at least 780,000 illnesses, 8,000 hospitalizations, and 490 deaths from flu so far this season.
- CDC recommends that everyone 6 months and older get an annual flu vaccine.[2]
- There also are prescription flu antiviral drugs that can be used to treat flu illness; those should be started as early as possible and are especially important for higher risk patients.[3]
- Influenza viruses are among several viruses that contribute to respiratory disease activity. CDC is providing updated, integrated information (https://www.cdc.gov/respiratory-viruses/index.html) about COVID-19, influenza, and RSV activity on a weekly basis.

# U.S. Virologic Surveillance (https://www.cdc.gov/flu/weekly/overview.htm#LabSurveillance)

Nationally and in HHS Regions 1, 2, 4, 5, 6, 7, 8, 9 and 10, the percentage of respiratory specimens testing positive for influenza in clinical laboratories increased (change of ≥0.5 percentage points) compared to the previous week. In Region 3 the percentage remained stable compared to the previous week but is trending upwards. The regions with the highest percent positivity were Regions 8 (7.4%), 4 (7.0%), 6 (6.5%) and 9 (5.3%). For regional and state level data and age group distribution, please visit FluView Interactive (https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html). Viruses known to be associated with recent receipt of live attenuated influenza vaccine (LAIV) 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 virus) are used to monitor whether influenza activity is increasing or decreasing.

	Week 45	Data Cumulative since October 1, 2023 (Week 40)
No. of specimens tested	74,217	396,399
No. of positive specimens (%)	3,002 (4.0%)	8,508 (2.2%)
Positive specimens by type		
Influenza A	2,144 (71.4%)	5,912 (69.5%)
Influenza B	858 (28.6%)	2,596 (30.5%)

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, May 21, 2023 – November 11, 2023

(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html)
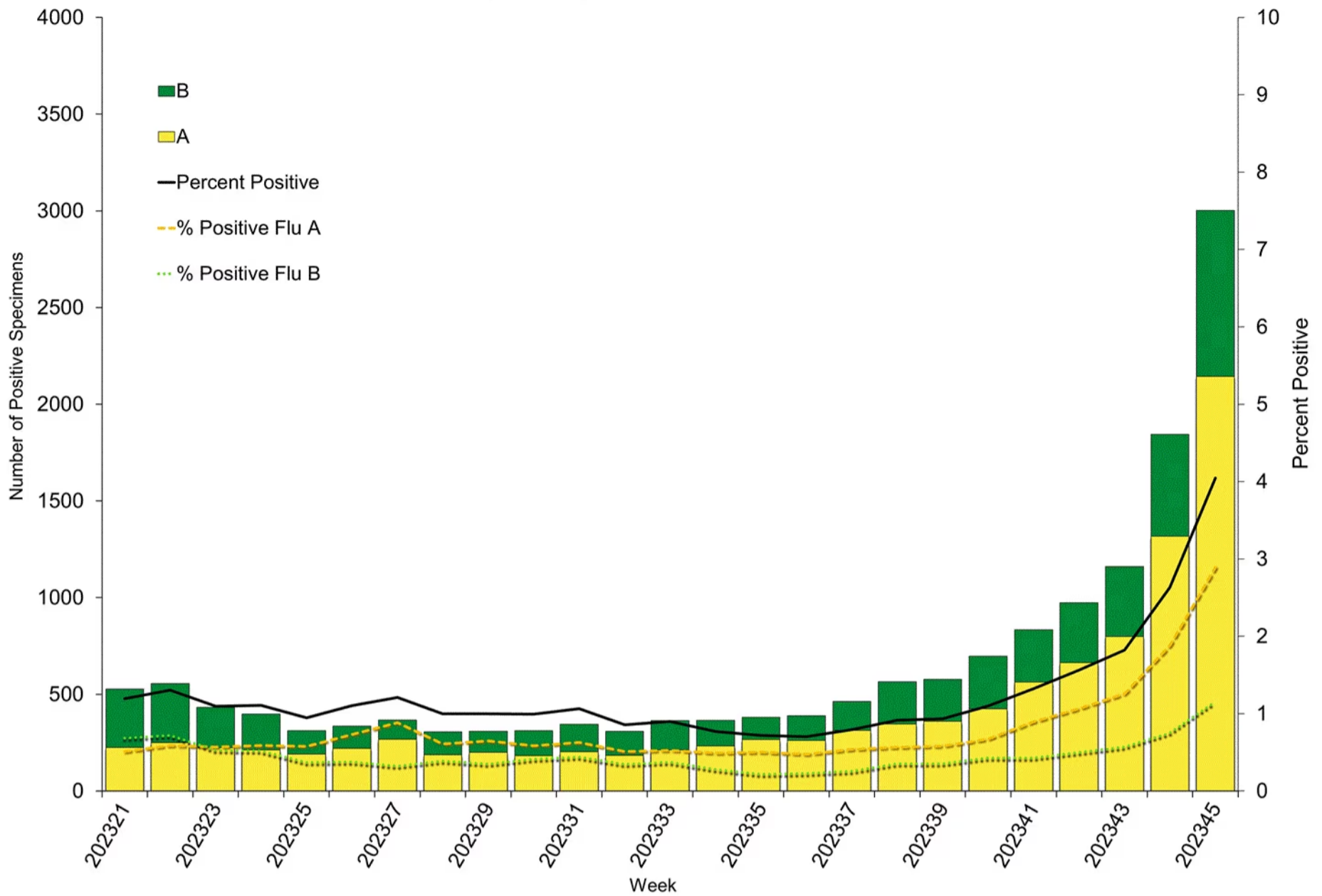
View Chart Data (/flu/weekly/weeklyarchives2023-2024/data/whoAllregt_cl45.html) | View Full Screen (/flu/weekly/WeeklyArchives2023-2024/WHONPHL45.html)

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 influenza viruses that belong to each influenza subtype/lineage.

	Week 45	Data Cumulative since October 1, 2023 (Week 40)
No. of specimens tested	2,136	16,551
No. of positive specimens	310	1,909
Positive specimens by type/subtype		
Influenza A	235 (75.8%)	1,501 (78.6%)
Subtyping Performed	133 (56.6%)	1,166 (77.7%)
(H1N1)pdm09	116 (87.2%)	1,053 (90.3%)
H3N2	17 (12.8%)	113 (9.7%)
H3N2v	0 (0%)	0 (0%)

	Week 45	Data Cumulative since October 1, 2023 (Week 40)
Subtyping not performed	102 (43.4%)	335 (22.3%)
Influenza B	75 (24.2%)	408 (21.4%)
Lineage testing performed	52 (69.3%)	340 (83.3%)
Yamagata lineage	0 (0%)	0 (0%)
Victoria lineage	52 (100%)	340 (100%)
Lineage not performed	23 (30.7%)	68 (16.7%)

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, May 21, 2023 – November 11, 2023

(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html)
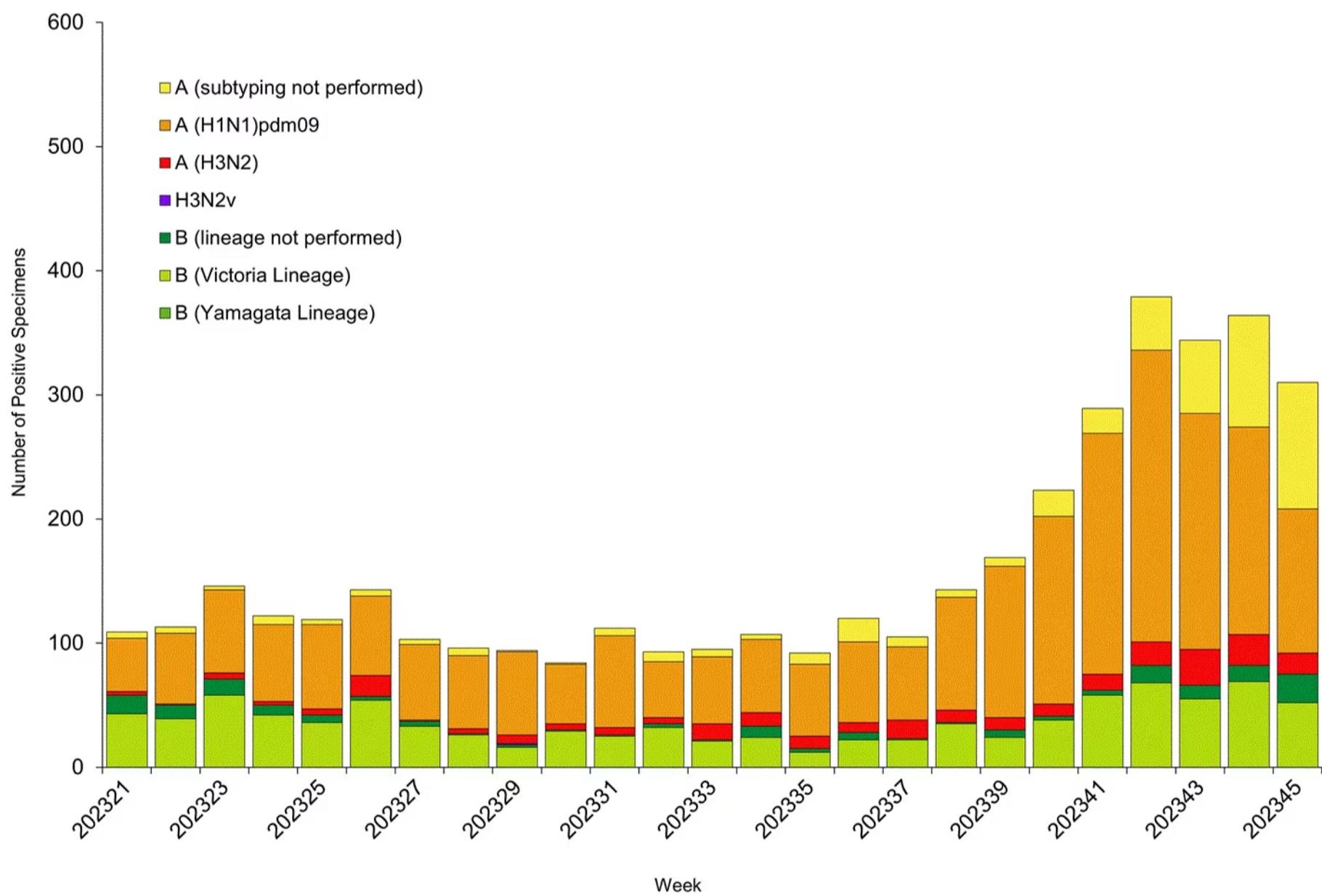
View Chart Data (/flu/weekly/weeklyarchives2023-2024/data/whoAllregt_phl45.html) | View Full Screen (/flu/weekly/weeklyarchives2023-2024/WhoPHL45.html)

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)

Influenza Virus Characterization

(/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 viruses submitted by U.S. 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 current influenza vaccines. The data are also used to monitor evolutionary changes that continually occur in influenza viruses circulating in humans. CDC also tests susceptibility of circulating influenza viruses to influenza antiviral medications including the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir) and the PA endonuclease inhibitor baloxavir.

CDC has genetically characterized 567 influenza viruses collected since May 1, 2023.

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	297				
		6B.1A.5a	297 (100%)	2a	90 (30.3%)
				2a.1	207 (69.7%)
A/H3	41				
		3C.2a1b.2a	41 (100%)	2a.3a	4 (9.8%)
				2a.3a.1	36 (87.8%)
				2b	1 (2.4%)
B/Victoria	229				
		V1A	229 (100%)	3a.2	229 (100%)
B/Yamagata	0				
		Y3	0	Y3	0 (0%)

CDC antigenically characterizes (https://www.cdc.gov/flu/about/professionals/antigenic.htm) influenza viruses by hemagglutination inhibition (HI) (http://www.cdc.gov/flu/professionals/laboratory/antigenic.htm) (H1N1pdm09, H3N2, B/Victoria, and B/Yamagata viruses) or neutralization-based HINT (https://archive.cdc.gov/#/details?url=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 2023-2024 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 or equal to 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:** One hundred and nine A(H1N1)pdm09 viruses 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 A/Wisconsin/67/2022-like reference viruses representing the A(H1N1)pdm09 component for the cell- and recombinant-based influenza vaccines.
- **A (H3N2):** Twenty-three A(H3N2) viruses were antigenically characterized by HI or HINT, and all were well-recognized (reacting at titers that were within 4-fold of the homologous virus titer in HI or reacting at titers that were less than or equal to 8-fold of the homologous virus in HINT) 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:** Seventy-three 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.

Antiviral susceptibility data will be reported later this season, when a sufficient number of viruses has been tested.

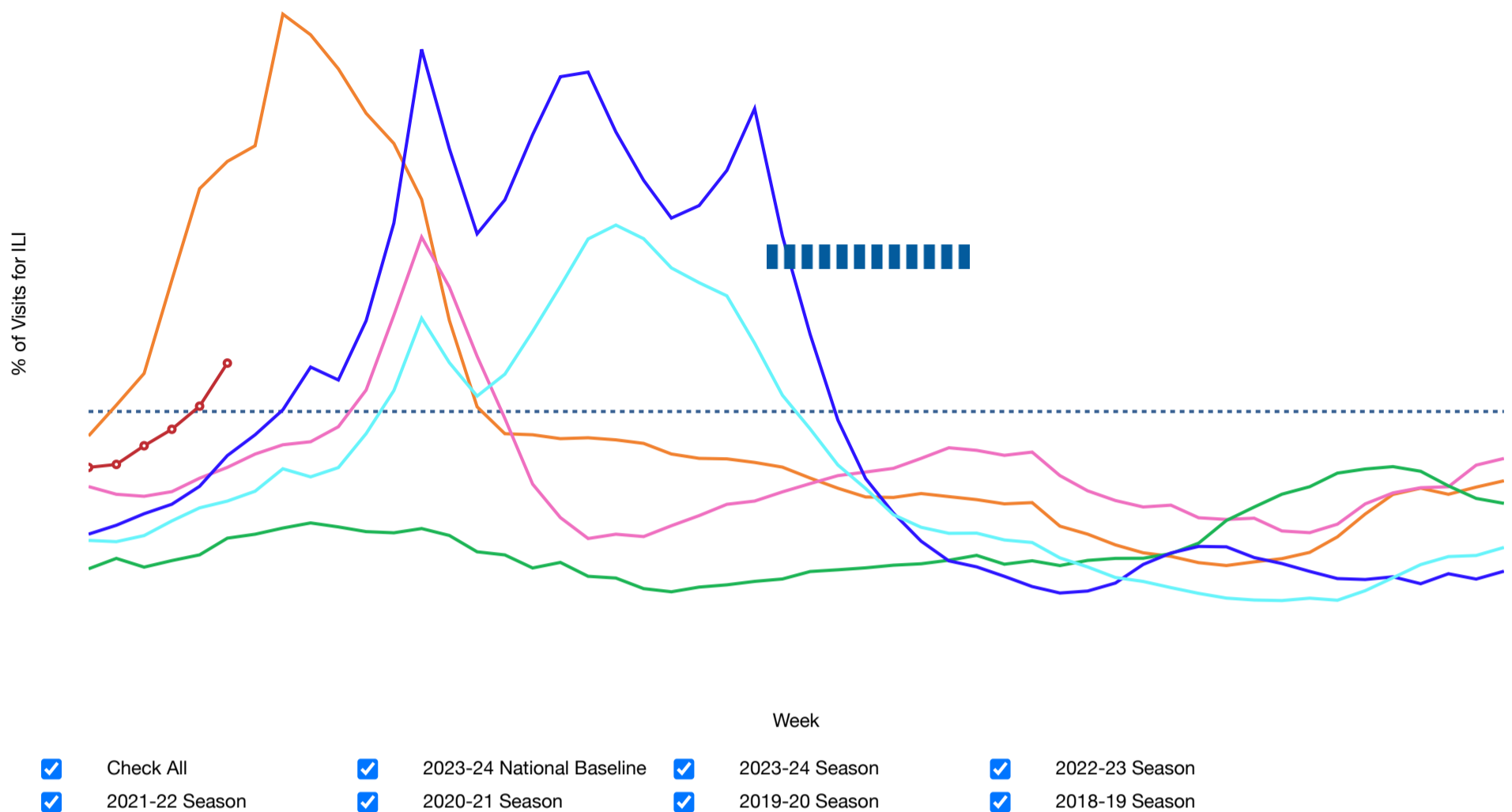# Outpatient Respiratory Illness Surveillance (https://www.cdc.gov/flu/weekly/overview.htm#ILINet)

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 pathogens that can present with similar symptoms, including influenza viruses, SARS-CoV-2, and RSV. It is important to evaluate syndromic surveillance data, including that from ILINet, in the context of other sources of surveillance data to obtain a more complete and accurate picture of influenza, SARS-CoV-2, and other respiratory virus activity. CDC is providing integrated information about COVID-19, influenza and RSV activity on a website (https://www.cdc.gov/respiratory-viruses/index.html) that is updated weekly. 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).

Outpatient Respiratory Illness Visits

Nationwide during week 45, 3.5% 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. This has increased (change of > 0.1 percentage points) compared to week 44 and is above the national baseline of 2.9%. ILI activity is trending upward in 9 of the 10 HHS Regions (Regions 1, 2, 3, 4, 5, 6, 7, 8, and 9). Five regions are at or above their region-specific baselines (Regions 2, 3, 4, 6, and 9) this week. 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, 2023-24 Season and Selected Previous Seasons

	Week		
☑ Check All	☑ 2023-24 National Baseline	☑ 2023-24 Season	☑ 2022-23 Season
☑ 2021-22 Season	☑ 2020-21 Season	☑ 2019-20 Season	☑ 2018-19 Season

View National and Regional Level Graphs and Data (https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) | Download Chart Data | Download PowerPoint Presentation

Outpatient Respiratory Illness Visits by Age Group

About 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 has increased (change of > 0.1 percentage points) in all age groups in week 45 compared to week 44.

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, May 21, 2023-November 11, 2023

This system monitors visits for ILI (fever and cough or sore throat), not laboratory confirmed respiratory virus and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html)
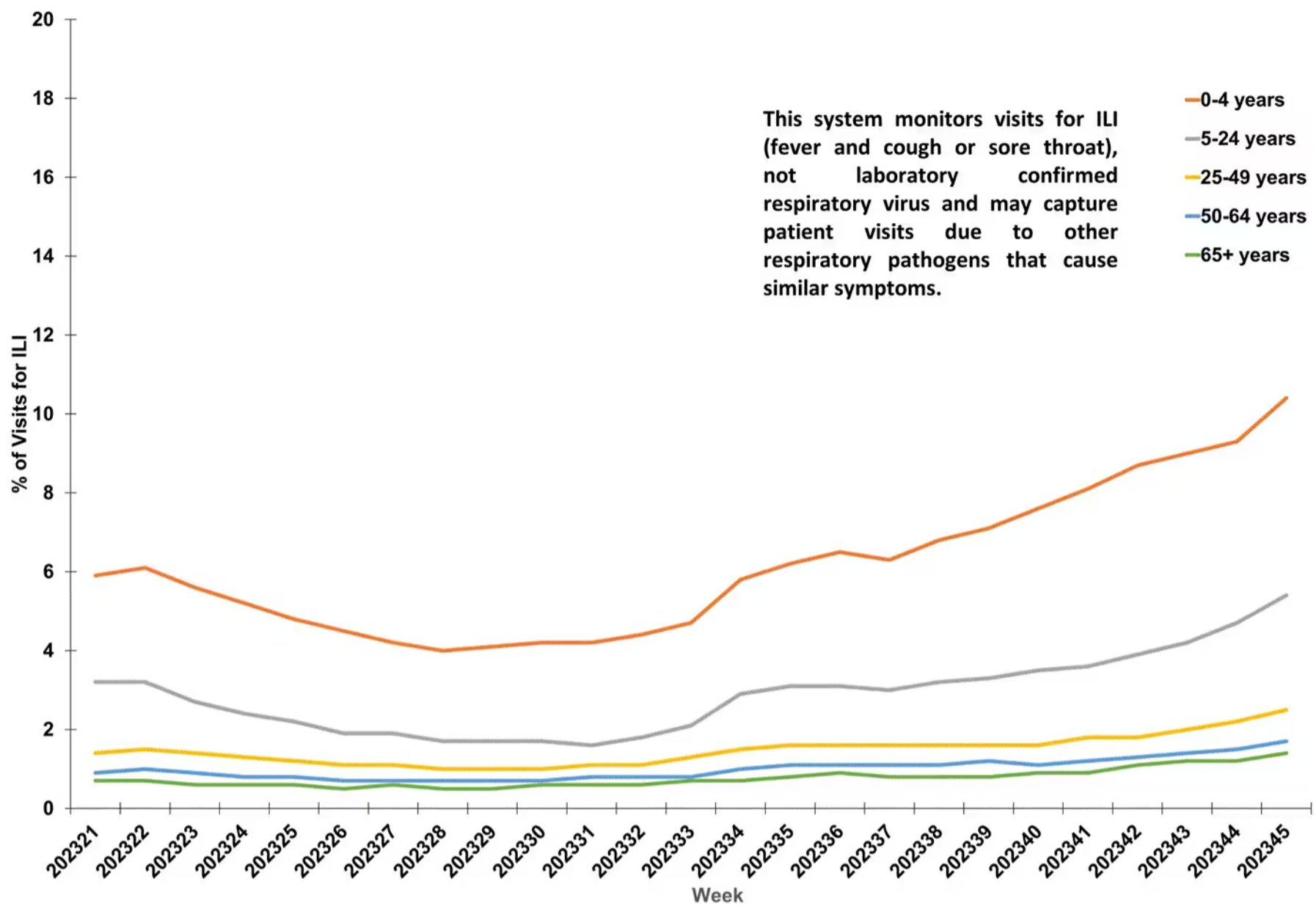
View Chart Data (/flu/weekly/weeklyarchives2023-2024/data/iliage45.html) | View Full Screen (/flu/weekly/weeklyarchives2023-2024/ILIAge45.html)

Outpatient Respiratory Illness Activity Map

Data collected in ILINet are used to produce a measure of ILI activity* (/flu/weekly/overview.htm#ILINet) by state/jurisdiction and Core Based Statistical Areas (CBSA).

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 45 (Week ending Nov. 11, 2023)	Week 44 (Week ending Nov. 4, 2023)	Week 45 (Week ending Nov. 11, 2023)	Week 44 (Week ending Nov. 4, 2023)
Very High	1	0	9	1
High	8	4	41	31
Moderate	8	6	62	37
Low	10	10	125	104
Minimal	27	35	453	532
Insufficient Data	1	0	239	224

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.
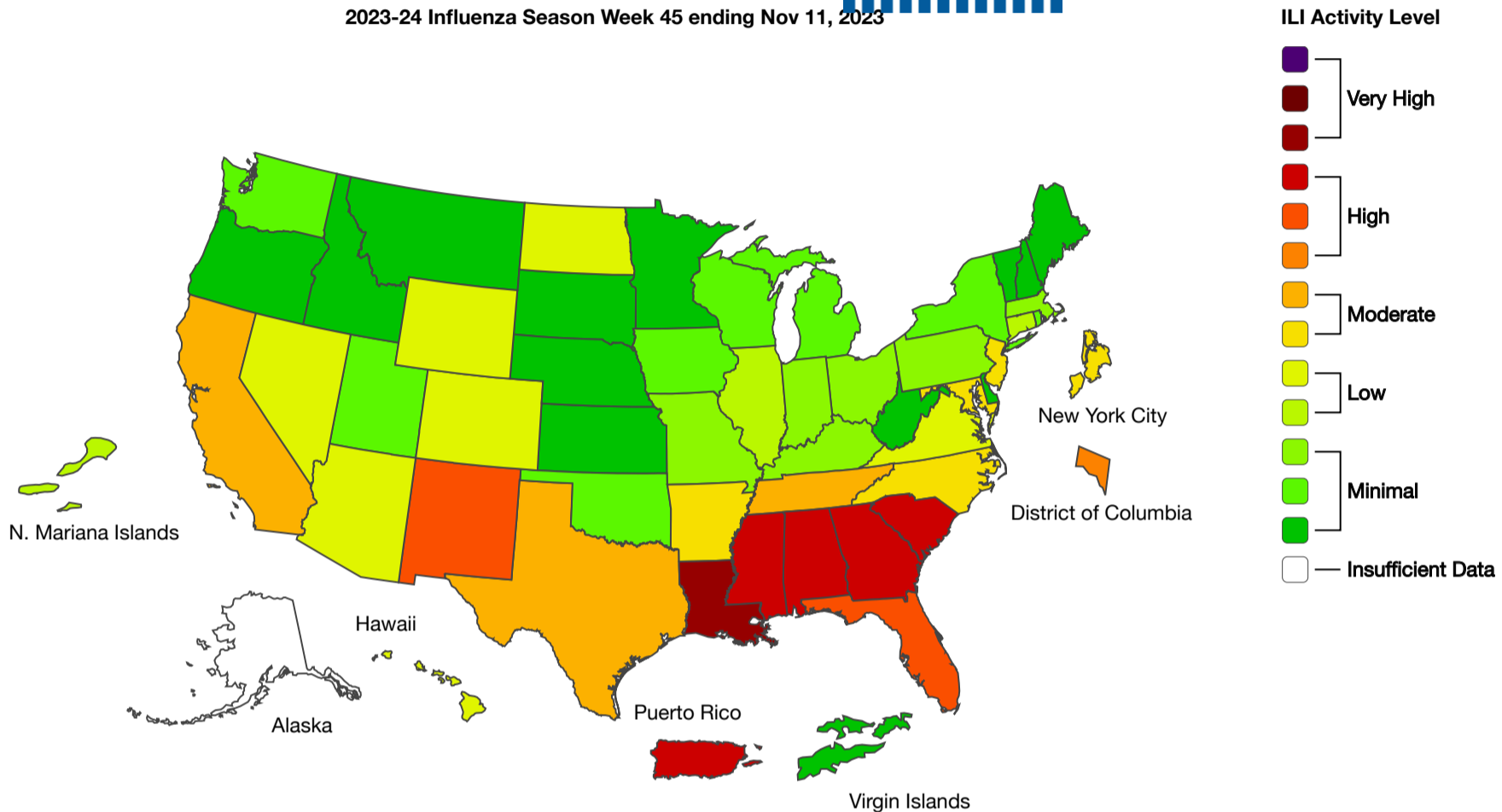
[prev] [Play] [Pause] [next]

40   41

State   CBSA

2023-24 Influenza Season Week 45 ending Nov 11, 2023

ILI Activity Level

- Very High
- High
- Moderate
- Low
- Minimal
- Insufficient Data

New York City

District of Columbia

N. Mariana Islands

Hawaii

Alaska

Puerto Rico

Virgin Islands

Season: 2023-24 ▴

[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 selected counties in 14 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 527 laboratory-confirmed influenza-associated hospitalizations were reported by FluSurv-NET sites between October 1, 2023, and November 11, 2023; 425 (80.6%) were associated with influenza A virus, 93 (17.6%) with influenza B virus, 4 (0.8%) with influenza A virus and influenza B virus co-infection, and 5 (0.9%) with influenza virus for which the type was not determined. Among those with influenza A subtype information, 76 (83.5%) were A(H1N1)pdm09 virus and 14 (15.4%) were A(H3N2).

The weekly hospitalization rate observed during week 45 was 0.5 per 100,000 population. The overall cumulative hospitalization rate was 1.7 per 100,000 population. This cumulative hospitalization rate is the second highest cumulative in-season hospitalization rate observed during week 45, after the 2022-2023 season (8.1). Cumulative in-season hospitalization rates observed during week 45 from 2010-2011 through 2021-2022 ranged from 0.1 to 0.9.

When examining rates by age, the highest cumulative hospitalization rate per 100,000 population was among adults 65 years and older (4.3), followed by children 0-4 years (2.4) and adults 50-64 years (2.1). When examining unadjusted rates by race and ethnicity, the highest hospitalization rate per 100,000 population was among non-Hispanic Black persons (2.7), followed by Hispanic persons (1.9), non-Hispanic American Indian or Alaska Native persons (1.6), non-Hispanic Asian persons (1.4), and non-Hispanic White persons (1.3).

Cumulative Rate of Laboratory-Confirmed Influenza Hospitalizations among cases of all ages, 2015-16 to 2023-24, MMWR Week 45

(https://gis.cdc.gov/grasp/fluview/FluHospRates.html)
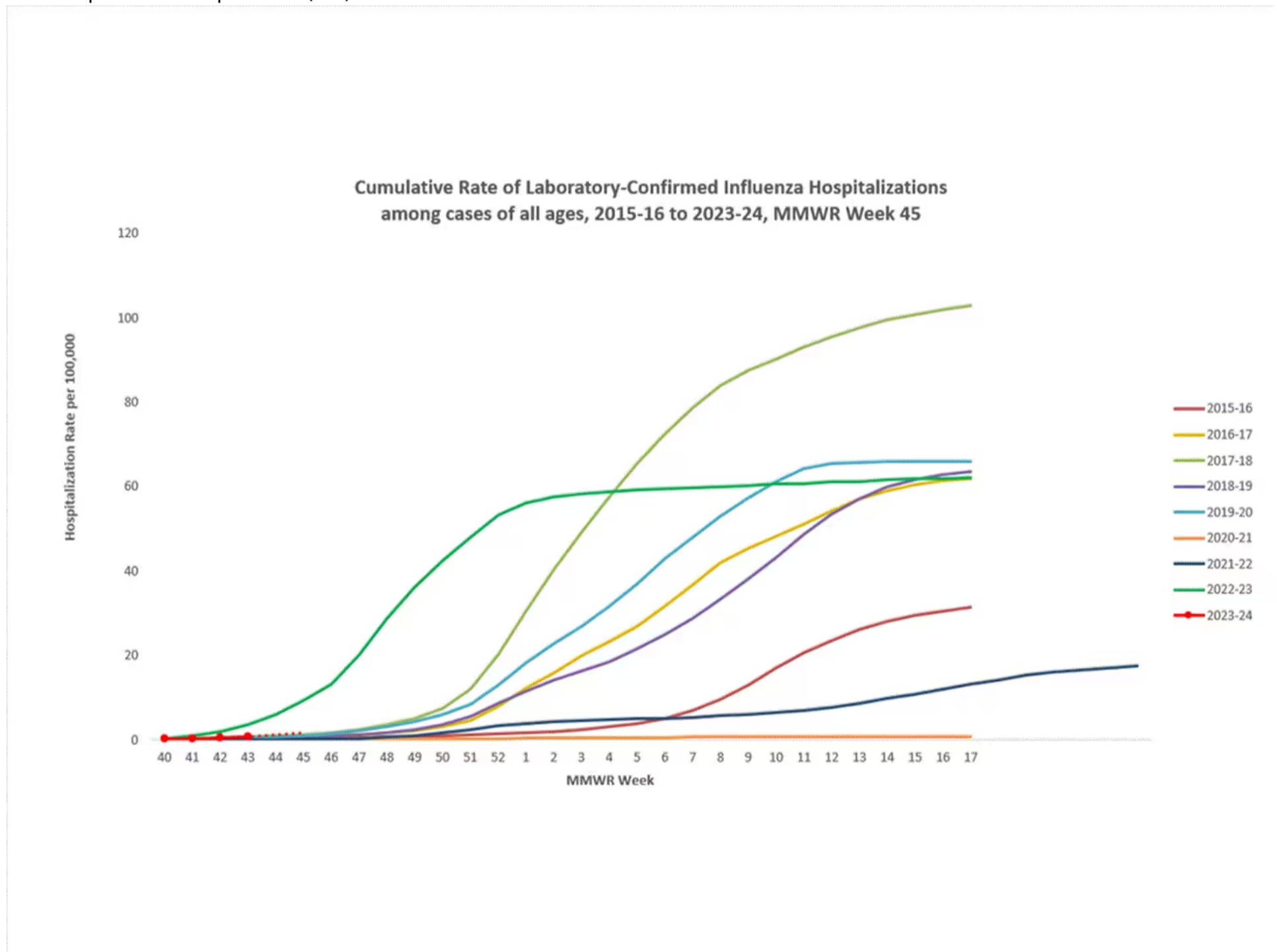
View Full Screen (/flu/weekly/weeklyarchives2023-2024/EIPRates45.html)

In this figure, cumulative rates for all seasons prior to the 2023-2024 season reflect end-of-season rates. For the 2023-2024 season, rates for recent hospitals admissions are subject to reporting delays. As hospitalization data are reviewed each week, prior case counts and rates are updated accordingly.

Weekly Rate of Laboratory-Confirmed Influenza Hospitalizations among cases of all ages, 2015-16 to 2023-24, MMWR Week 45

(https://gis.cdc.gov/grasp/fluview/FluHospChars.html)
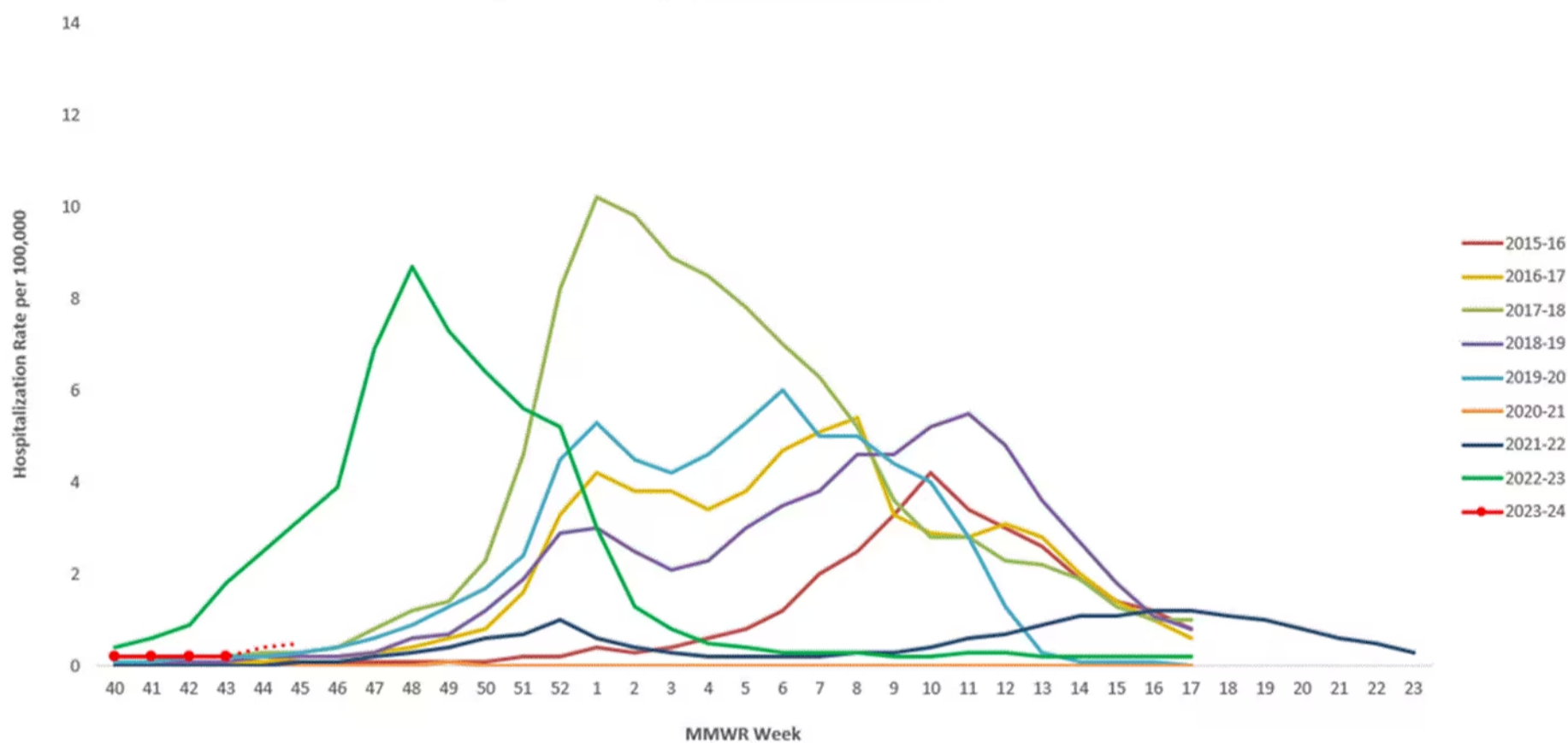
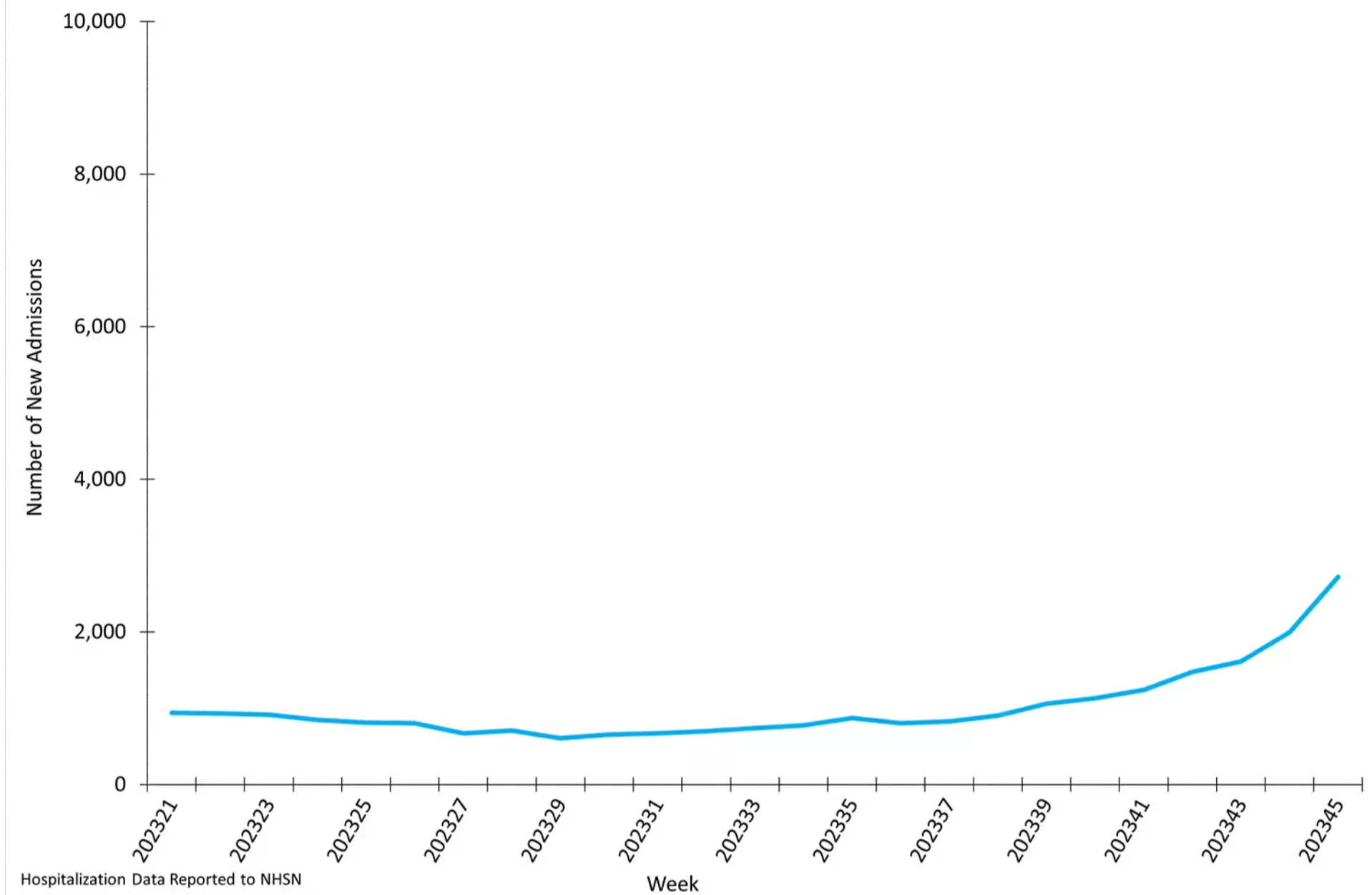View Full Screen (/flu/weekly/weeklyarchives2023-2024/EIPConditions45.html)

In this figure, weekly rates for all seasons prior to the 2023-24 season reflect end-of-season rates. For the 2023-24 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.

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 weekly number of patients admitted with laboratory-confirmed influenza. During week 45, 2,721 patients with laboratory-confirmed influenza were admitted to a hospital. The number of patients admitted to a hospital with laboratory-confirmed influenza for week 45 increased compared to week 44 (change of >5%) nationally and in 9 of the 10 HHS Regions (2, 3, 4, 5, 6, 7, 8, 9, and 10). In Region 1, the number of hospitalizations remained stable in week 45 compared to week 44.

New Influenza Hospital Admissions Reported to NHSN, National Summary, May 21, 2023 – November 11, 2023

(/flu/weekly/weeklyarchives2023-2024/Protect45.html)View Chart Data ![xls] (/flu/weekly/weeklyarchives2023-2024/data/NHSNData45.csv) | View Full Screen (/flu/weekly/weeklyarchives2023-2024/Protect45.html)

Additional NHSN Hospitalization Surveillance information:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#NHSN) | Additional Data (https://data.cdc.gov/Public-Health-Surveillance/Respiratory-Virus-Response-RVR-United-States-Hospi/9t9r-e5a3) | FluView Interactive (http://gis.cdc.gov/grasp/fluview/FluView12.html)

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 November 16, 2023, 0.10% of the deaths that occurred during the week ending November 11, 2023 (week 45), were due to influenza. This percentage remained stable (≤ 0.1 percentage point change) compared to week 44. The data presented are preliminary and may change as more data are received and processed.

The percentages of deaths due to pneumonia and influenza (P&I) and due to pneumonia, influenza, or COVID-19 (PIC) will no longer be displayed in FluView but are available in FluView Interactive (https://gis.cdc.gov/grasp/fluview/mortality.html).

**Pneumonia and Influenza Mortality from
the National Center for Health Statics Mortality Surveillance System**

National Summary data through the week ending November 11, 2023

2019-24 ▾ ☑ Show Number of Influenza Deaths

% of Deaths Due to Influenza

# of Deaths

MMWR Week

% of Deaths due to Influenza   Influenza Coded Deaths
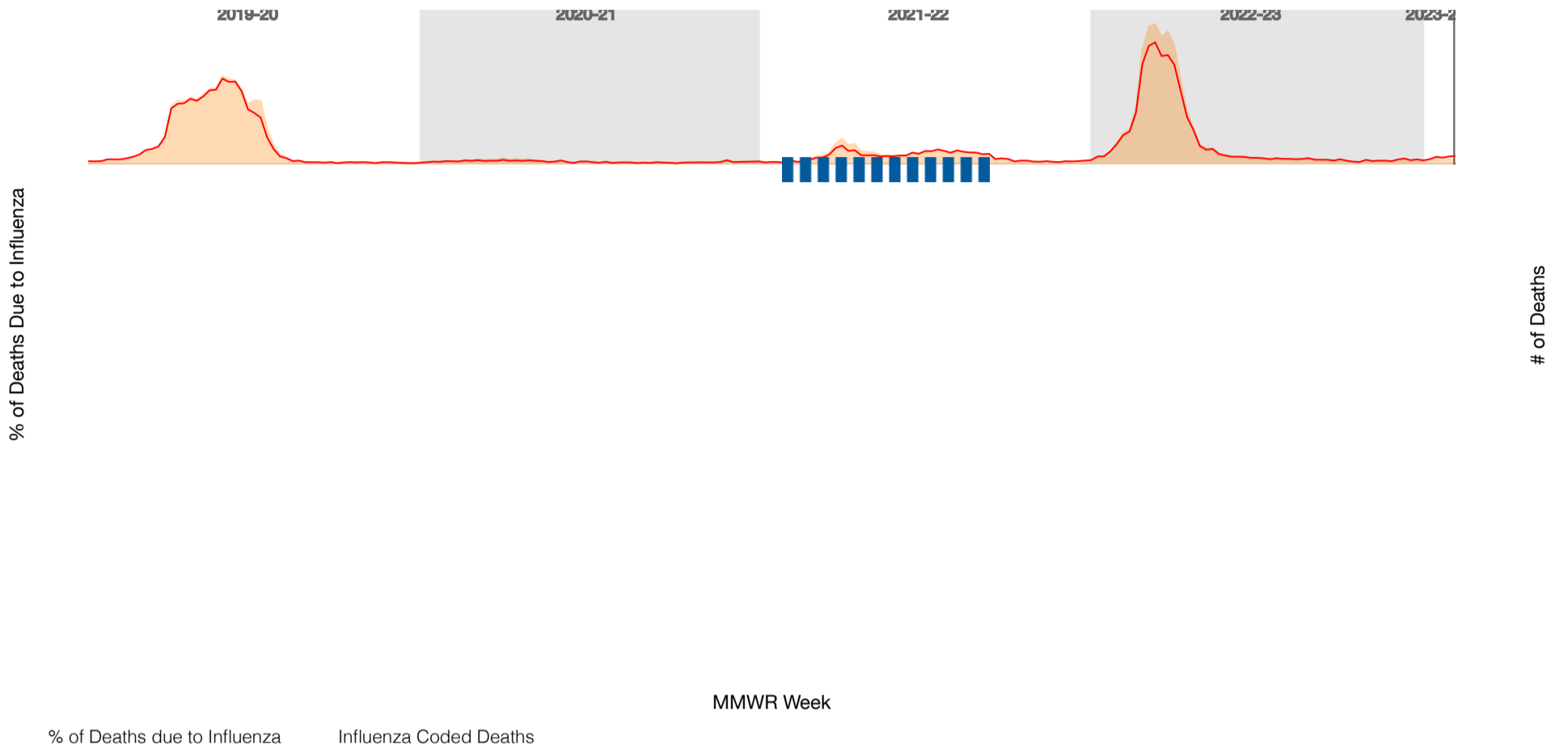
View Regional and State Level Data (https://gis.cdc.gov/grasp/fluview/Mortality.html) | Download Chart Data | Download PowerPoint Presentation

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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 45.

One influenza-associated pediatric death occurring during the 2023-2024 season has been reported to CDC.

Influenza-Associated Pediatric Deaths
by Week of Death, 2020-21 season to 2023-24 season

Select up to 4 Seasons ▾   **Group By** ⦿ Reported ◯ Virus Type

⦿ By Week ☑ Current Week ☑ Previous Weeks ◯ All Deaths
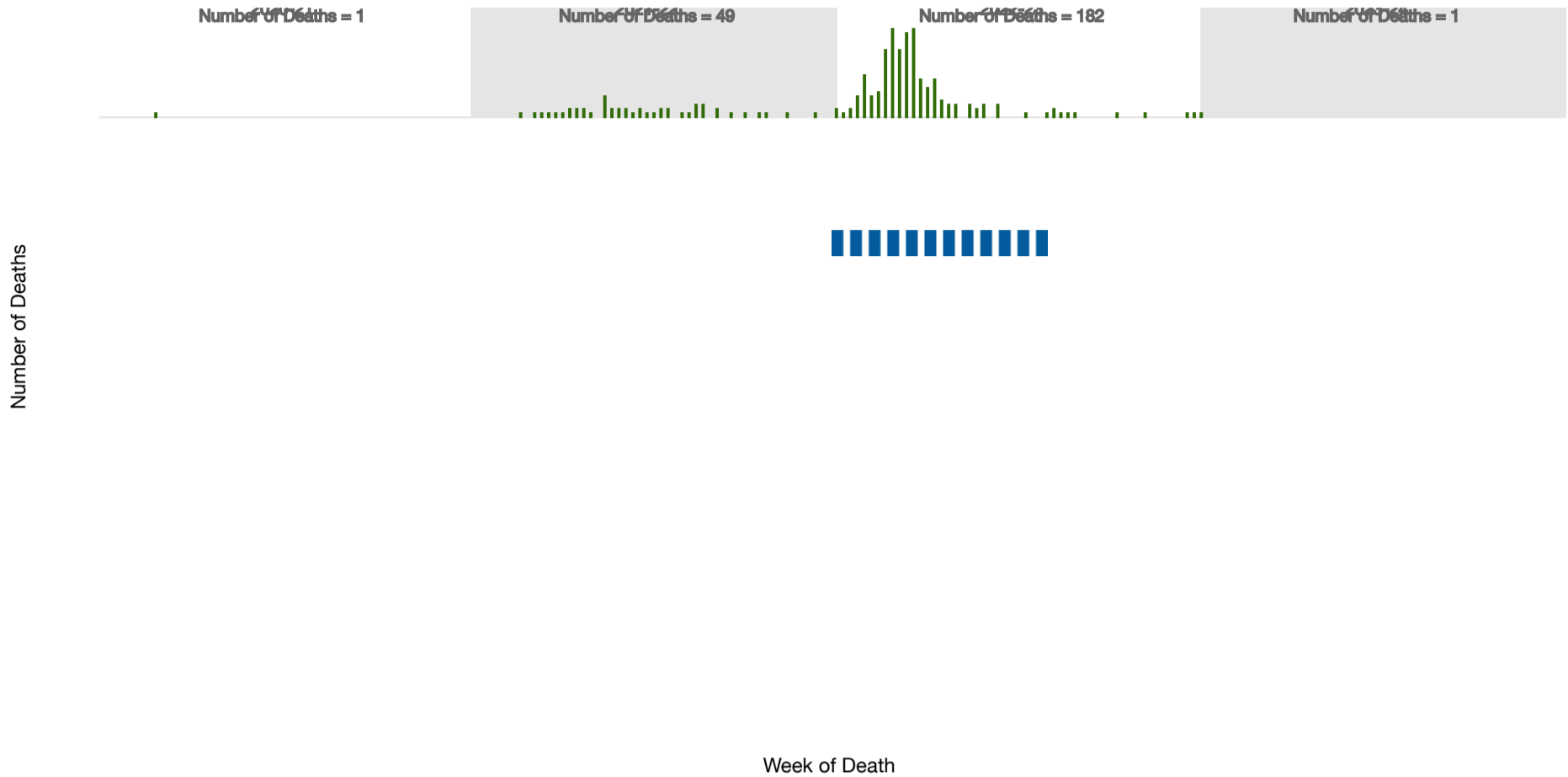
Number of Deaths = 1   Number of Deaths = 49   Number of Deaths = 182   Number of Deaths = 1

Number of Deaths

Week of Death

View FluView Interactive (https://gis.cdc.gov/grasp/fluview/PedFluDeath.html) | Download Chart Data | Download PowerPoint Presentation

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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)

Trend Indicators

Increasing: 🔺
Decreasing: 🔻
Stable: ➡

Indicators Status by System

Clinical Labs: Up or down arrows indicate a change of greater than or equal to 0.5 percentage points in the percent of specimens positive for influenza compared to the previous week.
Outpatient Respiratory Illness (ILINet): Up or down arrows indicate a change of greater than 0.1 percentage points in the percent of visits due to respiratory illness (ILI) compared to the previous week.
NHSN Hospitalizations: Up or down arrows indicate change of greater than or equal to 5% of the number of patients admitted with laboratory-confirmed influenza compared to the previous week.
NCHS Mortality: Up or down arrows indicate change of greater than 0.1 percentage points of the percent of deaths due to influenza compared to the previous week.

Reference Footnotes

[1]U.S. Influenza Surveillance: Purpose and Methods (2023 Oct). Centers for Disease Control and Prevention.
https://www.cdc.gov/flu/weekly/overview.htm#ILINet (https://www.cdc.gov/flu/weekly/overview.htm#ILINet).

[2]Grohskopf LA, Blanton LH, Ferdinands JM, Chung JR, Broder KR, Talbot HK. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season. MMWR Recomm Rep 2023;72(No. RR-2):1–25. DOI: http://dx.doi.org/10.15585/mmwr.rr7202a1 ↗ (http://dx.doi.org/10.15585/mmwr.rr7202a1)

[3]Influenza Antiviral Medications: Summary for Clinicians (2023 Sept). Centers for Disease Control and Prevention. https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm (https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm).

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.mass.gov/info-details/influenza-reporting)	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-f 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.

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: November 17, 2023, 11:00 AM