



2017-2018 Influenza Season Week 31 ending August 4, 2018

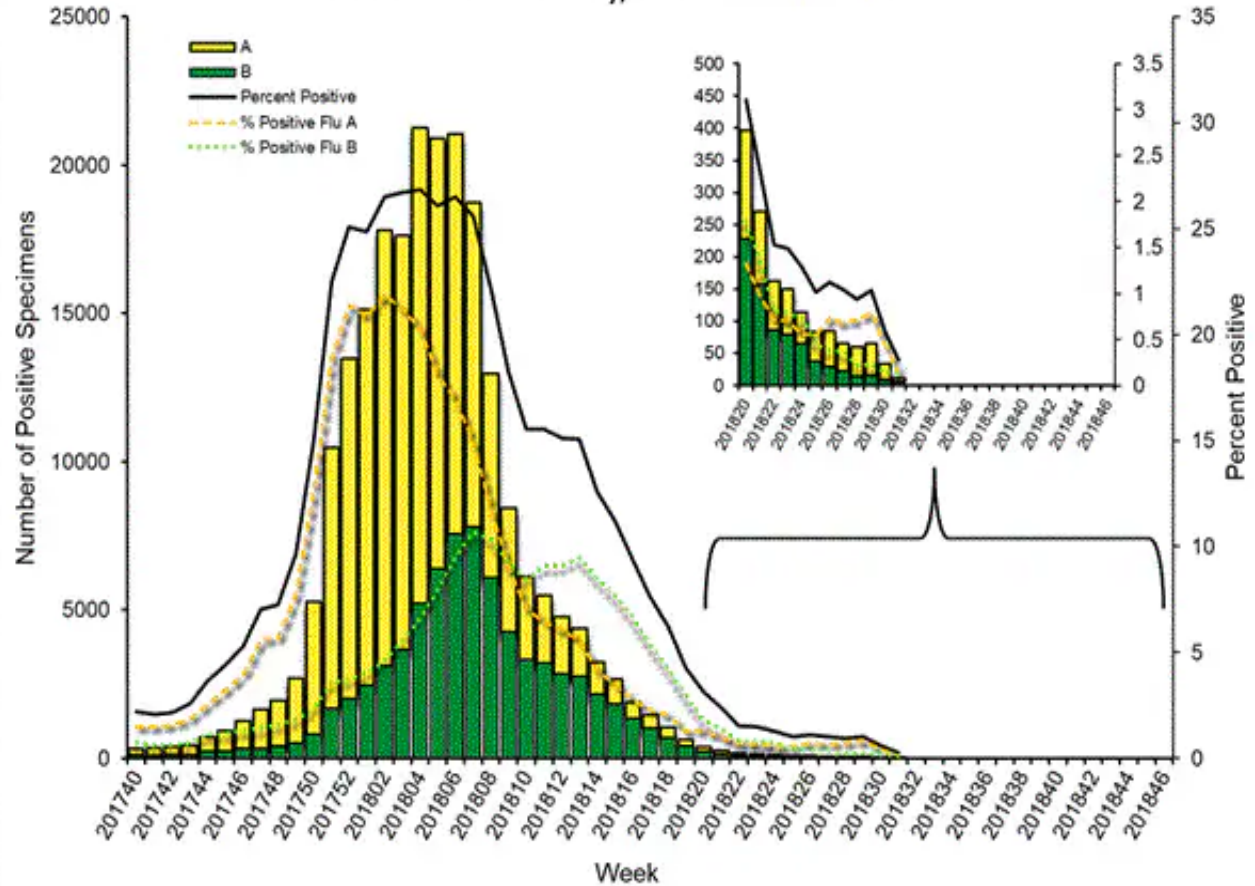
All data are preliminary and may change as more reports are received.

U.S. Virologic Surveillance:

WHO and NREVSS collaborating laboratories, which include both public health and clinical laboratories located in all 50 states, Puerto Rico, and the District of Columbia, report to CDC the total number of respiratory specimens tested for influenza and the number positive for influenza by virus type. In addition, public health laboratories also report the influenza A subtype (H1 or H3) and influenza B lineage information of the viruses they test and the age or age group of the persons from whom the specimens were collected.

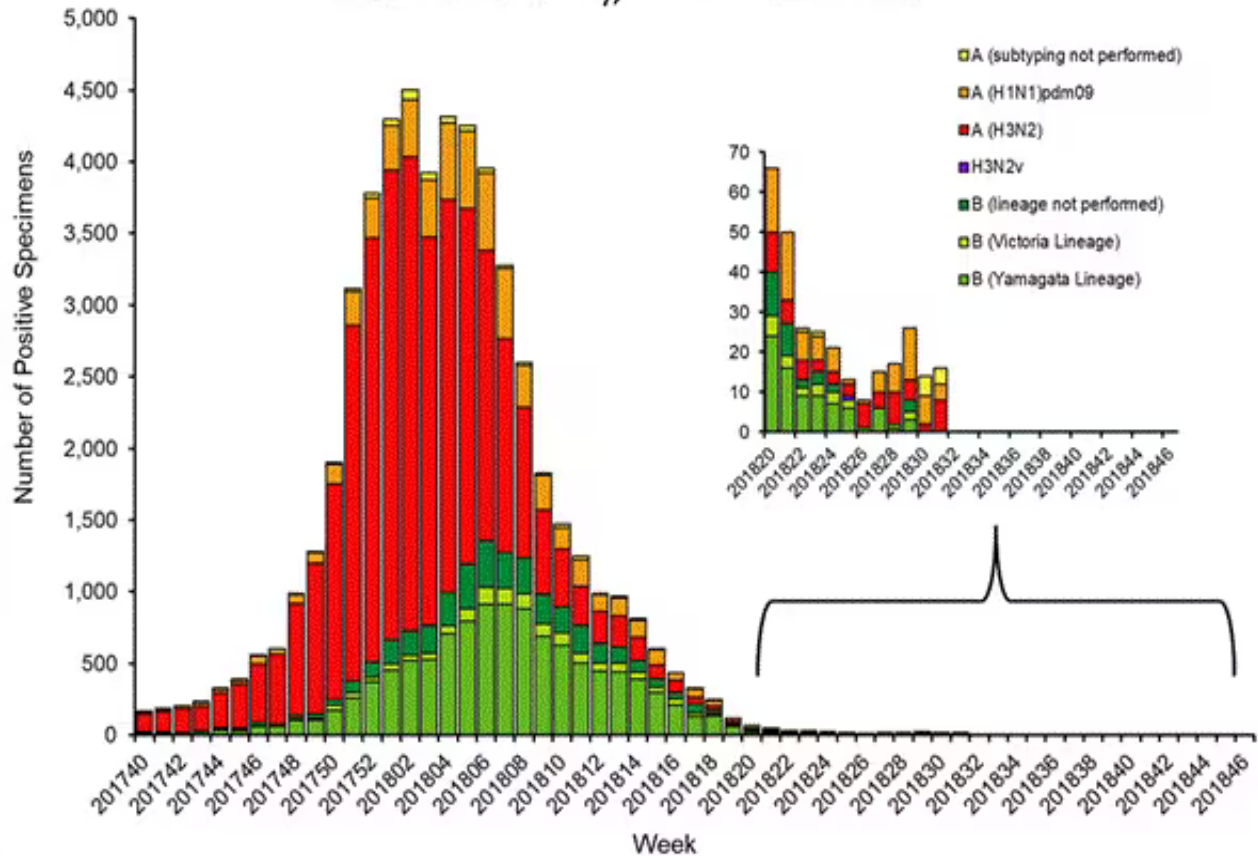
Additional virologic data, including national, regional and select state-level data, can be found at: <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>. Age group proportions and totals by influenza subtype reported by public health laboratories can be found at: http://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html.

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, 2017-2018 Season



[View National and Regional Level Graphs and Data](#) | [View Chart Data](#) | [View Full Screen](#) | [View PowerPoint Presentation](#)

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2017-2018 Season



[View National and Regional Level Graphs and Data](#) | [View Chart Data](#) | [View Full Screen](#) | [View PowerPoint Presentation](#)

Novel Influenza A Virus:

Four human infections with novel influenza A viruses were reported by two states (California [2] and Michigan [2]). All four persons were infected with an influenza A(H1N2) variant (A(H1N2)v) virus and reported direct exposure to swine at an agricultural fair during the week preceding illness onset. All four patients were children < 18 years of age, were not hospitalized, and are recovering or have fully recovered from their illness. No human-to-human transmission has been identified. These are the first A(H1N2)v virus infections detected in the United States in 2018.

Early identification and investigation of human infections with novel influenza A viruses are critical so that the risk of infection can be more fully understood and appropriate public health measures can be taken. Additional information on influenza in swine, variant influenza infection in humans, and strategies to interact safely with swine can be found at <http://www.cdc.gov/flu/swineflu/index.htm>.

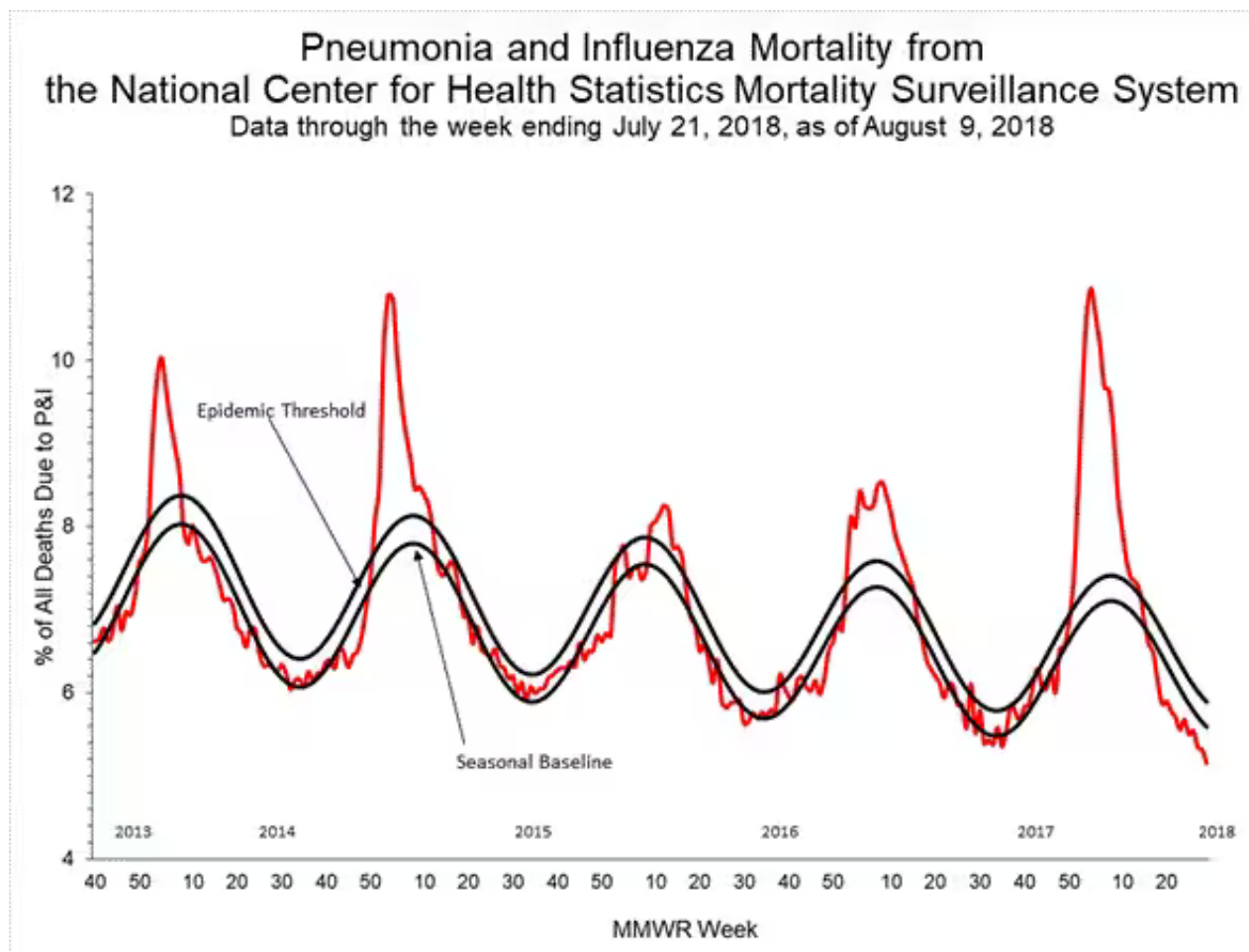
Additional information regarding human infections with novel influenza A viruses can be found at http://gis.cdc.gov/grasp/fluview/Novel_Influenza.html.

Pneumonia and Influenza (P&I) Mortality Surveillance:

Based on National Center for Health Statistics (NCHS) mortality surveillance data available on August 9, 2018, 5.2% of the deaths occurring during the week ending July 21, 2018 (week 29) were due to P&I. This percentage is below the epidemic threshold of 5.9% for week 29.

Background: Weekly mortality surveillance data include a combination of machine coded and manually coded causes of death collected from death certificates. Percentages of deaths due to P&I are higher among manually coded records than more rapidly available machine coded records. There is currently a delay in manual coding for deaths occurring in 2018. Because of this delay initially reported P&I percentages will be lower than those calculated from the final data.

Region and state-specific data are available at <http://gis.cdc.gov/grasp/fluview/mortality.html>.



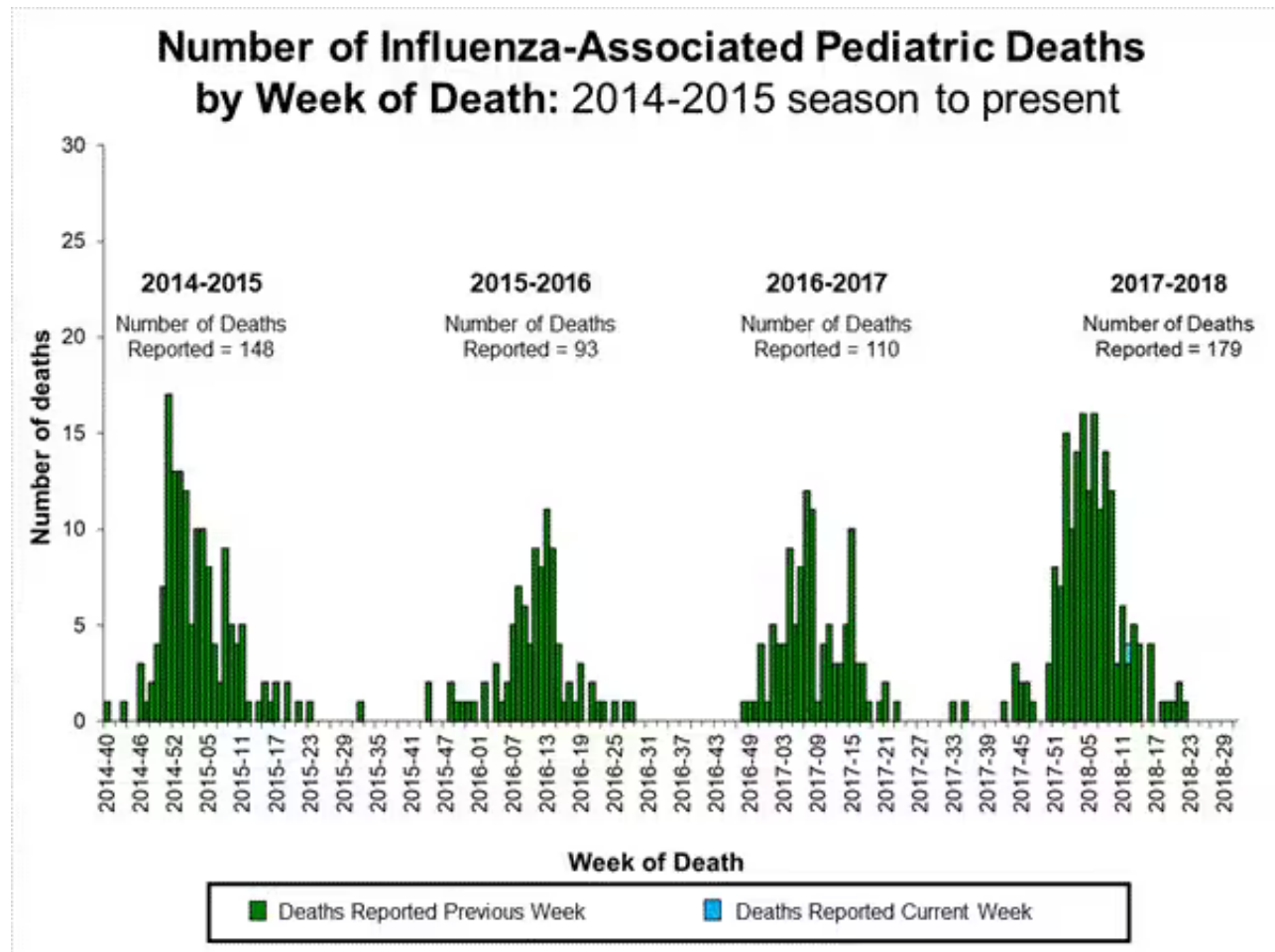
[View Regional and State Level Data](#) | [View Chart Data](#) | [View Full Screen](#) | [View PowerPoint Presentation](#)

Influenza-Associated Pediatric Mortality:

One influenza-associated pediatric death was reported to CDC during week 31. This death was associated with an influenza B virus and occurred during week 12 (the week ending March 24, 2018).

A total of 179 influenza-associated pediatric deaths have been reported for the 2017-2018 season.

Additional data can be found at: <http://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>.



[View Interactive Application](#) | [View Full Screen](#) | [View PowerPoint Presentation](#)

Influenza-Associated Hospitalizations:

The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts all age population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in the Emerging Infections Program (EIP) states and Influenza Hospitalization Surveillance Project (IHSP) states.

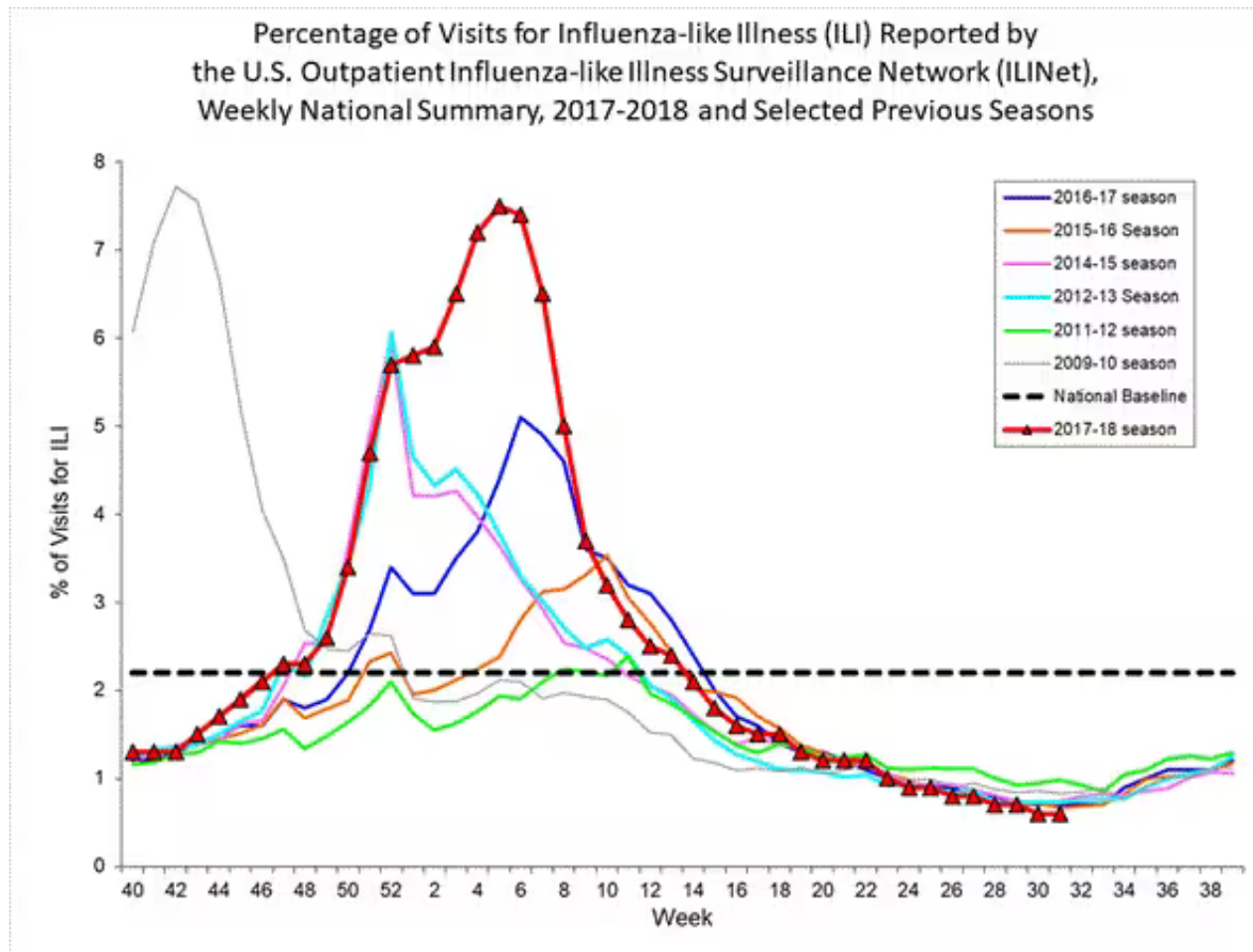
Additional FluSurv-NET data can be found at: <http://gis.cdc.gov/GRASP/Fluview/FluHospRates.html> and

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

Outpatient Illness Surveillance:

Nationwide during week 31, 0.6% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is below the national baseline of 2.2%. (ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.)

Additional ILINet data, including national, regional and select state-level data, are available at <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>.



[View National and Regional Level Graphs and Data](#) | [View Chart Data](#) | [View Full Screen](#) | [View PowerPoint Presentation](#)

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 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. To access these tools, visit <http://www.cdc.gov/flu/weekly/fluviewinteractive.htm>.

U.S. State and local influenza surveillance: Click on a jurisdiction below to access the latest local influenza information.

Alabama	Alaska	Arizona	Arkansas	California
Colorado	Connecticut	Delaware	District of Columbia	Florida
Georgia	Hawaii	Idaho	Illinois	Indiana
Iowa	Kansas	Kentucky	Louisiana	Maine
Maryland	Massachusetts	Michigan	Minnesota	Mississippi
Missouri	Montana	Nebraska	Nevada	New Hampshire
New Jersey	New Mexico	New York	North Carolina	North Dakota
Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island
South Carolina	South Dakota	Tennessee	Texas	Utah
Vermont	Virginia	Washington	West Virginia	Wisconsin
Wyoming	New York City	Puerto Rico	Virgin Islands	

World Health Organization: Additional influenza surveillance information from participating WHO member nations is available through [FluNet](#) and the [Global Epidemiology Reports](#).

WHO Collaborating Centers for Influenza located in [Australia](#), [China](#), [Japan](#), the [United Kingdom](#), and the [United States](#) (CDC in Atlanta, Georgia).

Europe: For the most recent influenza surveillance information from Europe, please see WHO/Europe and the European Centre for Disease Prevention and Control at <http://www.flunewseurope.org/>.

Public Health Agency of Canada: The most up-to-date influenza information from Canada is available at <http://www.phac-aspc.gc.ca/fluwatch/>

Public Health England: The most up-to-date influenza information from the United Kingdom is available at <https://www.gov.uk/government/statistics/weekly-national-flu-reports>

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.

An overview of the CDC influenza surveillance system, including methodology and detailed descriptions of each data component, is available at: <http://www.cdc.gov/flu/weekly/overview.htm>.
