



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

FluView Summary ending on July 25, 2020



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Note: CDC is tracking the COVID-19 pandemic in a weekly publication called COVIDView (https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview.html).

2019-2020 Influenza Season Week 30, ending July 25, 2020

All data 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.

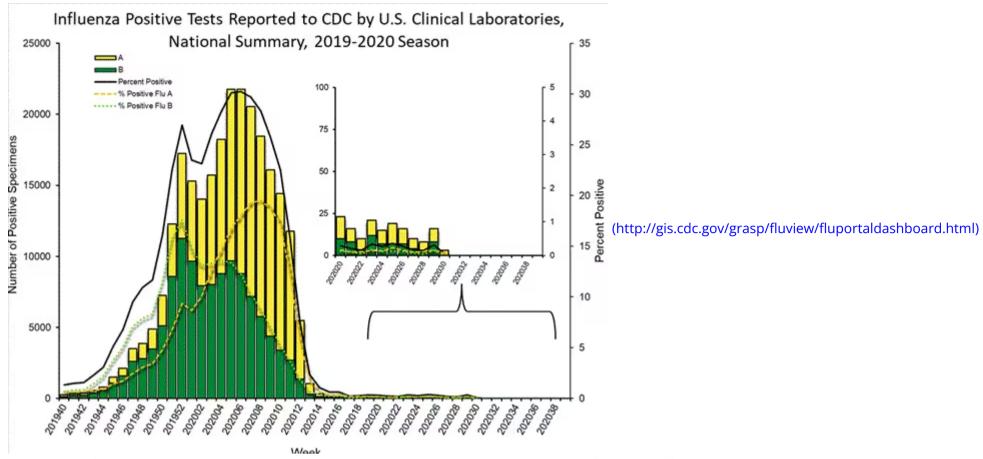
Additional information on the current and previous influenza seasons for each surveillance component are available on FluView Interactive (https://www.cdc.gov/flu/weekly/fluviewinteractive.htm).

U.S. Virologic Surveillance:

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281228772)

Clinical Laboratories

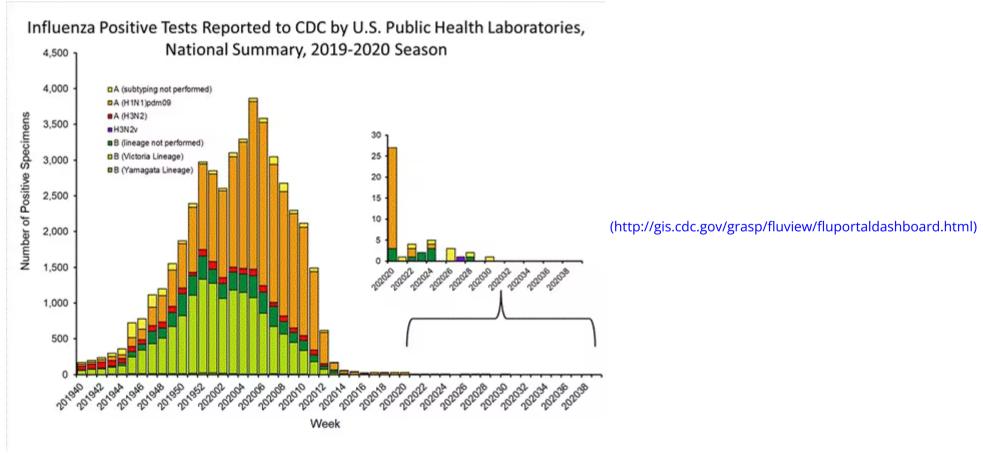
Data from clinical laboratories (the percentage of specimens tested that are positive for influenza) are used to monitor whether influenza activity is increasing or decreasing.



View Chart Data (/flu/weekly/weeklyarchives2019-2020/data/whoAllregt_cl30.html) | View Full Screen (/flu/weekly/weeklyarchives2019-2020/WhoNPHL30.html)

Public Health Laboratories

Data from public health laboratories are used to monitor the proportion of circulating viruses that belong to each influenza subtype/lineage.



View Chart Data (/flu/weekly/weeklyarchives2019-2020/data/whoAllregt_phl30.html) | View Full Screen (/flu/weekly/weeklyarchives2019-2020/WhoPHL30.html)

Additional virologic surveillance information for current and past seasons:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281228772) | FluView Interactive: National, Regional, and State Data (http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) or Age Data (http://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html)

Novel Influenza A Virus

One human infection with a novel influenza A virus was reported by Hawaii. This person was infected with an influenza A(H3N2) variant (A(H3N2)v) virus. The patient is a child < 18 years of age, was not hospitalized, and has recovered from their illness. While no exposure to swine has been reported to date, an investigation is ongoing into the source of the patient's infection. This is the first influenza A(H3N2)v virus infection detected in the United States since 2018.

Influenza viruses that circulate in swine are called swine influenza viruses when isolated from swine, but are called variant viruses when isolated from humans. Seasonal influenza viruses that circulate worldwide in the human population have important antigenic and genetic differences from influenza viruses that circulate in swine.

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

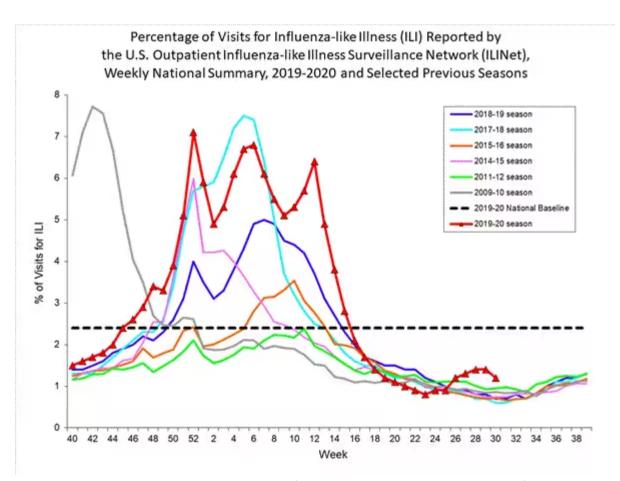
Outpatient Illness Surveillance

(https://wwwdev.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932)

ILINet

Nationwide during week 30, 1.2% 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 2.4%.

Note: In response to the COVID-19 pandemic, new data sources will be incorporated into ILINet as we move into summer weeks when lower levels of influenza and other respiratory virus circulation are typical. Starting in week 21, increases in the number of patient visits will be seen as new sites are enrolled and the percentage of visits for ILI may change in comparison to previous weeks. While all regions remain below baseline levels for ILI, these system changes should be kept in mind when drawing conclusions from these data. Any changes in ILI due to changes in respiratory virus circulation will be highlighted here.



(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html)View Chart Data (current season only) (/flu/weekly/weeklyarchives2019-2020/data/senAllregt30.html) | View Full Screen (/flu/weekly/weeklyarchives2019-2020/ILI30.html)

ILI Activity Map

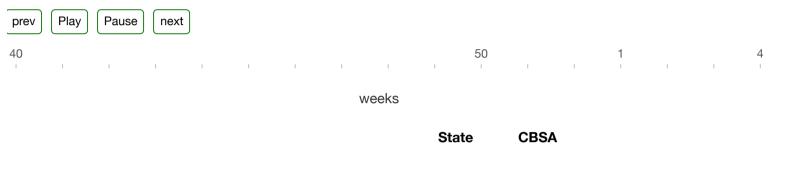
Data collected in ILINet are used to produce a measure of ILI activity* (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1571167821424) by state.

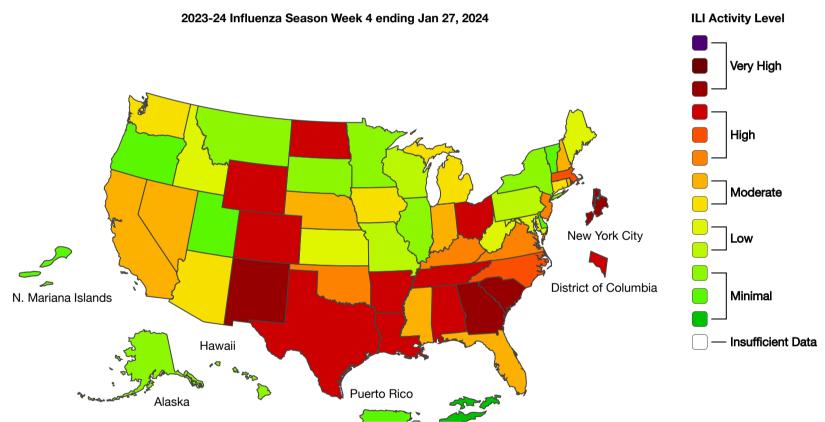
During week 30, the following ILI activity levels were experienced:

- Moderate Puerto Rico.
- Low -One state (Louisiana).
- Minimal –New York City and 49 states (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, 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, and Wyoming).
- Data were insufficient to calculate an ILI activity level from the U.S. Virgin Islands and the District of Columbia.

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 state, and therefore, may not accurately depict the full picture of influenza activity for the whole state. Differences in the data presented here by CDC and independently by some state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

Additional information about medically attended visits for ILI for current and past seasons:

Surveillance Methods (https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932) | 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)

Influenza-Associated Hospitalizations:

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

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.

As in previous seasons, patients admitted for laboratory-confirmed influenza-related hospitalization after April 30, 2020 will not be included in FluSurv-NET. Data on patients admitted through April 30, 2020 will continue to be updated as additional information is received.

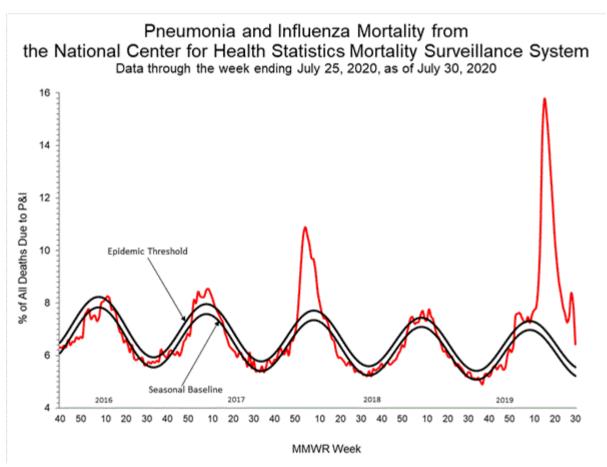
Additional hospitalization surveillance information for current and past seasons and additional age groups:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#Hospitalization) | FluView Interactive: Rates by Age (https://gis.cdc.gov/GRASP/Fluview/FluHospRates.html) or Patient Characteristics (https://gis.cdc.gov/grasp/fluview/FluHospChars.html)

Pneumonia and Influenza (P&I) Mortality Surveillance (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281356004)

Based on National Center for Health Statistics (NCHS) mortality surveillance data available on July 30, 2020, 6.4% of the deaths occurring during the week ending July 25, 2020 (week 30) were due to P&I. This percentage is above the epidemic threshold of 5.6% for week 30.

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 pneumonia and influenza (P&I) are higher among manually coded records than more rapidly available machine coded records. Due to the additional time needed for manual coding, the initially reported P&I percentages are likely to increase as more data are received and processed.



(https://gis.cdc.gov/grasp/fluview/mortality.html)View Chart Data (/flu/weekly/weeklyarchives2019-2020/data/NCHSData30.csv) | View Full Screen (/flu/weekly/weeklyarchives2019-2020/NCHS30.html)

Additional pneumonia and influenza mortality surveillance information for current and past seasons:

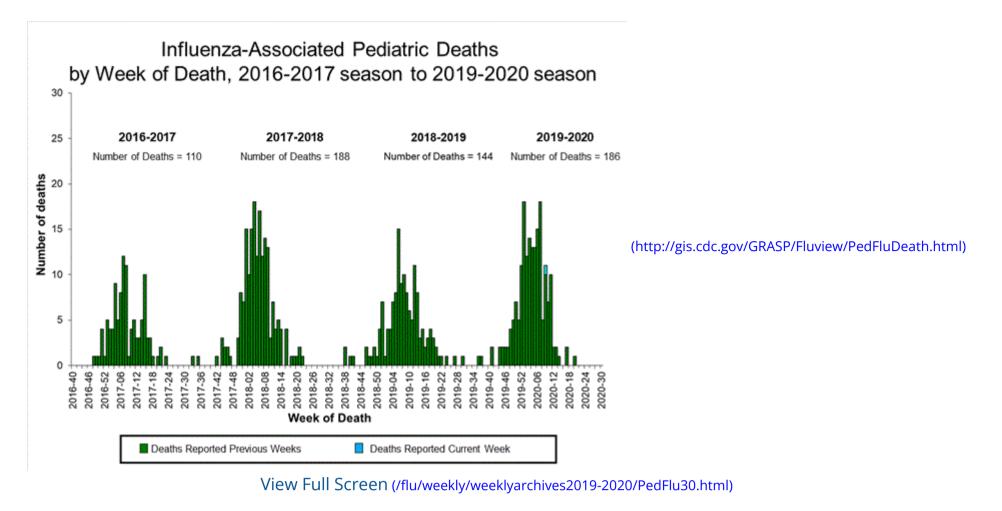
Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281356004) | FluView Interactive (https://gis.cdc.gov/grasp/fluview/mortality.html)

Influenza-Associated Pediatric Mortality

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1571168571051)

One influenza-associated pediatric deaths occurring during the 2019-2020 season was reported to CDC during week 30. This death was associated with an influenza A(H1N1)pdm09 virus and occurred during week 9 (the week ending February 29, 2020)

A total of 186 influenza-associated pediatric deaths occurring during the 2019-2020 season have been reported to CDC.



Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1571168571051) | FluView Interactive (https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html)

Additional pediatric mortality surveillance information for current and past seasons:

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/fluir
Colorado (https://www.colorado.gov/pacific/cdphe/influenza)	Connecticut (https://portal.ct.gov/DPH/Epidemiology-and-Em
Georgia (https://dph.georgia.gov/epidemiology/influenza/flu-activity-georgia)	Hawaii (http://health.hawaii.gov/docd/resources/reports/influ
lowa (http://idph.iowa.gov/influenza/surveillance)	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 (http://dphhs.mt.gov/publichealth/cdepi/diseases/ir

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://www.ok.gov/health/Prevention_and_Preparedness/Acut
South Carolina (http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/)	South Dakota (http://doh.sd.gov/diseases/infectious/flu/defa
Vermont (http://www.healthvermont.gov/immunizations-infectious-disease/influenza/flu-activity-and-surveillance)	Virginia (http://www.vdh.virginia.gov/epidemiology/influenza-1
Wyoming (https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/influenza/)	New York City (http://www1.nyc.gov/site/doh/providers/heal

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)

WHO Collaborating Centers for Influenza:

Australia (http://www.influenzacentre.org/surveillance_samplesreceived.htm), 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.phacaspc.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.

Page last reviewed: July 31, 2020, 11:00 AM