



FluView Summary ending on February 27, 2021

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Note: CDC is tracking the COVID-19 pandemic in a weekly publication called [COVID Data Tracker Weekly Review](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/).
(<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/>)

Key Updates for Week 8, ending February 27, 2021

Seasonal influenza activity in the United States remains lower than usual for this time of year.

Viruses

Clinical Labs

The percentage of respiratory specimens testing positive for influenza at clinical laboratories is 0.1% this week.

(</flu/weekly/#ClinicalLaboratories>)

Public Health Labs

The number of influenza positives reported by public health labs remains unusually low.

(</flu/weekly/#PublicHealthLaboratories>)

Virus Characterization

Influenza virus characterization information will be reported later this season.

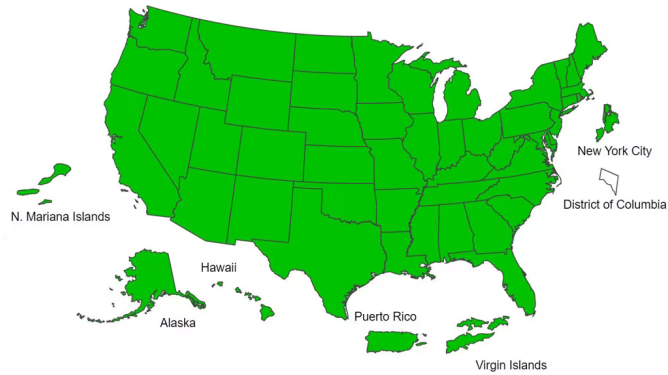
(</flu/weekly/#ivc>)

Illness

Outpatient Illness: ILINet

During week 8, 0.9% of patient visits to a health care provider were for influenza-like illness (ILI), remaining stable (change of $\leq 0.1\%$) compared to week 7 (1.0%). National ILI remains below the national baseline of 2.6%. ILI surveillance may be impacted by the COVID-19 pandemic and should be interpreted with caution.

Outpatient Illness: ILINet Activity Map



During week 8, all jurisdictions experienced minimal activity. ILI activity levels may be impacted by the COVID-19 pandemic and should be interpreted with caution.

Severe Disease

Hospitalizations

FluSurv-NET sites have reported a current cumulative hospitalization rate of 0.7 per 100,000 population. In 2011-12, a low severity season, the rate was 2.3 times higher at this time that season.

NCHS Mortality

16.4% of deaths were attributed to pneumonia, influenza, or COVID-19 (PIC). This is above the epidemic threshold of 7.2%. Currently, a majority of PIC deaths are due to COVID-19.

Pediatric Deaths

No new influenza-associated pediatric deaths were reported to CDC during week 8. The total for the 2020-21 season is one.

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) (<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) (<https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>).

Key Points

- Flu activity is unusually low at this time but may increase in the coming months.
- An annual flu vaccine is the best way to protect against flu and its potentially serious complications.
- If you haven't gotten your flu vaccine yet, get vaccinated now (<https://www.cdc.gov/flu/season/protect-your-health.html>).
- There are also flu antiviral drugs that can be used to treat flu illness.

U.S. Virologic Surveillance:

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

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 8	Data Cumulative since September 27, 2020 (Week 40)
No. of specimens tested	22,242	693,603
No. of positive specimens (%)	32 (0.1%)	1,543 (0.2%)
<i>Positive specimens by type</i>		
Influenza A	16 (50.0%)	533 (34.5%)
Influenza B	16 (50.0%)	1,010 (65.5%)

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

[View Chart Data \(/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_cl08.html\)](/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_cl08.html) | [View Full Screen \(/flu/weekly/weeklyarchives2020-2021/WhoNPHL08.html\)](/flu/weekly/weeklyarchives2020-2021/WhoNPHL08.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 subtype/lineage.

	Week 8	Data Cumulative since September 27, 2020 (Week 40)
No. of specimens tested	13,483	336,133
No. of positive specimens	1	196

<i>Positive specimens by type/subtype</i>		
Influenza A	1 (100%)	119 (60.7%)
(H1N1)pdm09	0 (0%)	12 (41.4%)
H3N2	0 (0%)	16 (55.2%)
H3N2v	0 (0%)	1 (3.4%)
Subtyping not performed	1	90
Influenza B	0 (0%)	77 (39.3%)
Yamagata lineage	0 (0%)	8 (50.0%)
Victoria lineage	0 (0%)	8 (50.0%)
Lineage not performed	0	61

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

[View Chart Data \(/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_phl08.html\)](/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_phl08.html) | [View Full Screen \(/flu/weekly/weeklyarchives2020-2021/WhoPHL08.html\)](/flu/weekly/weeklyarchives2020-2021/WhoPHL08.html)

Additional virologic surveillance information for current and past seasons:

[Surveillance Methods \(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281228772\)](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 \(http://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html\)](http://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html)

Influenza Virus Characterization

[\(/flu/weekly/overview.htm#anchor_1571167630754\)](/flu/weekly/overview.htm#anchor_1571167630754)

CDC performs genetic (</flu/about/professionals/genetic-characterization.htm>) and antigenic (</flu/about/professionals/antigenic.htm>) characterization of U.S. viruses submitted from state and local health laboratories using 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 the current influenza vaccines and to monitor evolutionary changes that continually occur in influenza viruses circulating in humans. CDC also tests susceptibility of influenza viruses to antiviral medications, including the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir) and the PA endonuclease inhibitor baloxavir.

Virus characterization data will be updated later this season when a sufficient number of specimens have been tested.

Outpatient Illness Surveillance

https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932

Please note, the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for influenza-like illness (ILI), not laboratory-confirmed influenza, and will capture visits due to other respiratory pathogens, such as SARS-CoV-2, that present with similar symptoms. In addition, healthcare-seeking behaviors have changed dramatically during the COVID-19 pandemic. Many people are accessing the healthcare system in alternative settings, which may or may not be captured as a part of ILINet. Therefore, ILI data, including ILI activity levels, should be interpreted with extreme caution. It is particularly important at this time 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 both influenza and COVID-19 activity. CDC is tracking the COVID-19 pandemic in a weekly publication called [COVID Data Tracker Weekly Review](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html) (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>).

ILINet

Nationwide during week 8, 0.9% of patient visits reported through ILINet were due to ILI. This percentage is below the national baseline of 2.6%.

<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html> View Chart Data (current season only) (/flu/weekly/weeklyarchives2020-2021/data/senAllregt08.html) | [View Full Screen \(/flu/weekly/weeklyarchives2020-2021/ILI08.html\)](/flu/weekly/weeklyarchives2020-2021/ILI08.html)

During week 8, compared with week 7, the percentage of visits for ILI decreased for two regions (Regions 2 and 6) and remained stable (change of $\leq 0.1\%$) in the remaining eight regions. All regions reported percentages of outpatient visits for ILI below their region-specific baselines.

ILI Visits by Age Group

About 65% of ILINet providers provide both the number of patient visits for ILI 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 ILI by age group. The percentages of visits for ILI reported in ILINet in week 8 remained stable (change of $\leq 0.1\%$) for all age groups (0–4 years, 5–24 years, 25–49 years, 50–64 years, and 65 years and older) compared with week 7. However, during the past seven weeks there has been a slightly decreasing trend among four age groups (5–24 years, 25–49 years, 50–64 years, and 65 years and older).

<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html> View Chart Data (</flu/weekly/weeklyarchives2020-2021/data/iliage08.html>) | View Full Screen (</flu/weekly/weeklyarchives2020-2021/ILIAge08.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/jurisdiction and Core Based Statistical Areas (CBSA).

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 8 (Week ending Feb. 27, 2021)	Week 7 (Week ending Feb. 20, 2021)	Week 8 (Week ending Feb. 27, 2021)	Week 7 (Week ending Feb. 20, 2021)
Very High	0	0	0	0
High	0	0	1	0
Moderate	0	0	1	1
Low	0	0	16	11
Minimal	54	55	594	599
Insufficient Data	1	0	317	318

*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 (https://wcmis-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>)

Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1568388833450)

The geographic spread of influenza as reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Due to the impact of COVID-19 on ILI surveillance, and the fact that the state and territorial epidemiologists report relies heavily on ILI activity, reporting for this system will be suspended for the 2020-21 influenza season. Data from previous seasons is available on FluView Interactive.

Additional geographic spread surveillance information for current and past seasons:

Surveillance Methods (https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor_1568388833450) | FluView Interactive (<https://gis.cdc.gov/grasp/fluview/FluView8.html>)

Influenza-Associated Hospitalizations:

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

The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in 14 states and represents approximately 9% of the U.S. population.

Between October 1, 2020, and February 27, 2021, FluSurv-NET sites in 14 states reported 193 laboratory confirmed influenza hospitalizations for an overall cumulative hospitalization rate of 0.7 per 100,000 population. This is much lower than average for this point in the season and lower than rates for any season since routine data collection began in 2005, including the low severity 2011-12 season. During the 2011-12 season, the rate was 2.3 times higher at this time in the season. Hospitalization rates stratified by age will be presented once case counts increase to a level that produces stable rates by age.

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>)

National Center for Health Statistics (NCHS) Mortality Surveillance

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281356004)

Based on NCHS mortality surveillance data available on March 4, 2021, 16.4% of the deaths that occurred during the week ending February 27, 2021 (week 8), were due to pneumonia, influenza, and COVID-19 (PIC). This percentage is above the epidemic threshold of 7.2% for week 8. Among the 3,531 PIC deaths reported for this week (week 8), 2,727 had

COVID-19 listed as an underlying or contributing cause of death on the death certificate and three listed influenza, indicating that the current increase in PIC mortality is due primarily to COVID-19 and not influenza.

Weekly mortality surveillance data include a combination of machine coded and manually coded causes of death collected from death certificates. Prior to week 4 (the week ending January 30, 2021), the percentages of deaths due to PIC were higher among manually coded records than more rapidly available machine coded records. Improvements have been made to the machine coding process that allow for more COVID-19 related deaths to be machine coded, and going forward, the percentage of PIC deaths among machine coded and manually coded data are expected to be more similar. The data presented are preliminary and expected to change as more data are received and processed, but the amount of change in the percentage of deaths due to PIC should be lower going forward. Weeks for which the largest changes in the percentage of deaths due to PIC may occur are highlighted in gray in the figure below and should be interpreted with caution.

[View Chart Data \(/flu/weekly/weeklyarchives2020-2021/data/NCHSData08.csv\)](https://gis.cdc.gov/grasp/fluview/mortality.html) | [View Full Screen \(/flu/weekly/weeklyarchives2020-2021/NCHS08.html\)](#)

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_1571168571052)

No influenza-associated pediatric deaths were reported to CDC during week 8.

One influenza-associated pediatric death occurring during the 2020-2021 season has been reported to CDC.

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

[View Full Screen \(/flu/weekly/weeklyarchives2020-2021/PedFlu08.html\)](/flu/weekly/weeklyarchives2020-2021/PedFlu08.html)

Additional pediatric mortality surveillance information for current and past seasons:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1571168571052) | FluView Interactive

(<https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>)

Additional National and International Influenza Surveillance

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) (<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) (<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/influenz>)

Colorado (<https://www.colorado.gov/pacific/cdphe/influenza>)

Connecticut (<https://portal.ct.gov/DPH/Epidemiology-ar>)

Georgia (<https://dph.georgia.gov/epidemiology/influenza/flu-activity-georgia>)

Hawaii (<http://health.hawaii.gov/docd/resources/reports>)

Iowa (<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/disea>)

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_Preparednes)

South Carolina
(<http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/>)

South Dakota (<https://doh.sd.gov/diseases/infectious/f>)

Vermont (<http://www.healthvermont.gov/immunizations-infectious-disease/influenza/flu-activity-and-surveillance>)

Virginia (<http://www.vdh.virginia.gov/epidemiology/influ>)

Wyoming (<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/influenza/>)

New York City (<http://www1.nyc.gov/site/doh/provider>)

World Health Organization:

Additional influenza surveillance information from participating WHO member nations is available through FluNet [↗](http://www.who.int/influenza/gisrs_laboratory/flunet/en/index.html) (http://www.who.int/influenza/gisrs_laboratory/flunet/en/index.html) and the Global Epidemiology Reports. [↗](http://www.who.int/influenza/surveillance_monitoring/en/) (http://www.who.int/influenza/surveillance_monitoring/en/)

WHO Collaborating Centers for Influenza:

Australia [↗](http://www.influenzacentre.org/surveillance_samplesreceived.htm) (http://www.influenzacentre.org/surveillance_samplesreceived.htm), China [↗](http://www.chinaivdc.cn/cnic/) (<http://www.chinaivdc.cn/cnic/>), Japan [↗](http://idsc.nih.go.jp/index.html) (<http://idsc.nih.go.jp/index.html>), the United Kingdom [↗](https://www.crick.ac.uk/research/worldwide-influenza-centre/) (<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/>).

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/>).

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/>).

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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Content 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>)