FluView Summary ending on October 17, 2020

Key Updates for Week 42, ending October 17, 2020

Seasonal influenza activity in the United States remains low.

Viruses

Clinical Labs

The percentage of respiratory specimens testing positive for influenza at clinical laboratories is 0.3% this week.

(/flu/weekly/#ClinicalLaboratories)

Public Health Labs

Influenza activity has been low over the summer months. Few specimens have tested positive in the public health labs during the most recent weeks.

(/flu/weekly/#PublicHealthLaboratories)

Virus Characterization

Influenza virus characterization information will be updated weekly starting later this season.

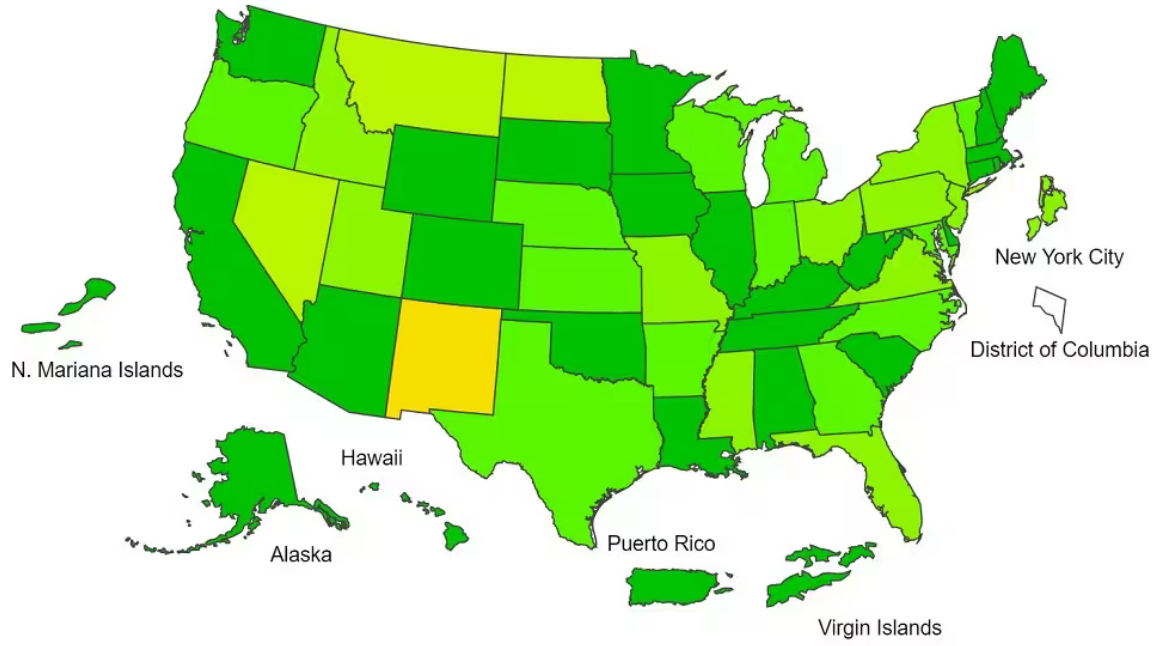
(/flu/weekly/#VirusCharacterization)

Illness

Outpatient Illness: ILINet

1.2% of visits to a health care provider were for ILI. ILI activity remains **below** the national baseline of 2.6% and remained the same as the previous week.

Outpatient Illness: ILINet Activity Map



One jurisdiction experienced low activity, while the remaining jurisdictions experienced minimal activity.

Severe Disease

Hospitalizations

Hospitalization rates will be updated weekly starting later this season.

P&I Mortality

7.6% of deaths were attributed to pneumonia, influenza, or COVID-19 (PIC). This is **above** the epidemic threshold of 5.8%.

Pediatric Deaths

Two influenza-associated pediatric deaths occurring during the 2019-20 season were reported to CDC bringing the total for that season to 194. No deaths occurring during the 2020-21 season were reported.

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).

Key Points

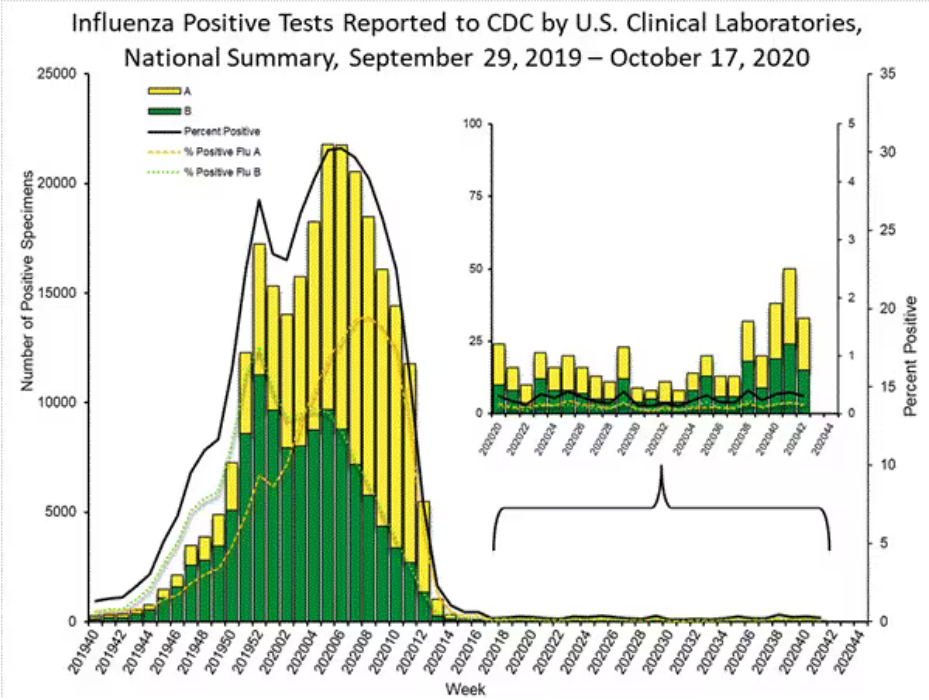
- An annual flu vaccine is the best way to protect against flu and its potentially serious complications.
- CDC recommends everyone 6 months and older get a flu vaccine by the end of October.
- There are also flu antiviral drugs that can be used to treat flu illness.

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 42	Data Cumulative since September 27, 2020 (Week 40)
No. of specimens tested	10,809	35,688
No. of positive specimens (%)	33 (0.3%)	121 (0.3%)
Positive specimens by type		
Influenza A	18 (54.5%)	63 (52.1%)
Influenza B	15 (45.5%)	58 (47.9%)



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

View Chart Data (/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_cl42.html) | View Full Screen (/flu/weekly/weeklyarchives2020-2021/WhoNPHL42.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 42	Data Cumulative since September 27, 2020 (Week 40)
No. of specimens tested	3,071	17,012
No. of positive specimens	1	5
Positive specimens by type/subtype		
Influenza A	0 (0.0%)	2 (40.0%)
(H1N1)pdm09	0 (0.0%)	0 (0.0%)
H3N2	0 (0.0%)	0 (0.0%)
Subtyping not performed	1	2
Influenza B	0 (0.0%)	3 (60.0%)

Yamagata lineage	0 (0.0%)	0 (0.0%)
Victoria lineage	0 (0.0%)	1 (33.3%)
Lineage not performed	0	2 (66.7%)

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

View Chart Data (/flu/weekly/weeklyarchives2020-2021/data/whoAllregt_phl42.html) | View Full Screen (/flu/weekly/weeklyarchives2020-2021/WhoPHL42.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)

Influenza Virus Characterization

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 weekly starting 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)

ILINet

Nationwide during week 42, 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 2.6%.

Healthcare seeking behaviors have changed dramatically during the COVID-19 pandemic. While outpatient ILI activity remains low, many people are accessing the healthcare system in alternative settings. Therefore, while traditional healthcare providers are not seeing increased numbers of cases of ILI, it is important to evaluate other sources of surveillance data to obtain a complete and accurate picture of both COVID-19 and influenza activity. CDC is tracking the COVID-19 pandemic in a weekly publication called COVIDView (https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview.html).

(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html)View Chart Data (current season only) (/flu/weekly/weeklyarchives2020-2021/data/senAllregt42.html) | View Full Screen (/flu/weekly/weeklyarchives2020-2021/ILI42.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).

	Number of Jurisdictions		Number of CBSAs	
	Week 42	Week 41	Week 42	Week 41

Activity Level	(Week ending Oct. 17, 2020)	(Week ending Oct. 10, 2020)	(Week ending Oct. 17, 2020)	(Week ending Oct. 10, 2020)
Very High	0	0	0	0
High	0	0	1	3
Moderate	0	1	4	6
Low	1	1	28	30
Minimal	53	52	541	553
Insufficient Data	0	0	355	337

*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://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)

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 the Emerging Infections Program (EIP) states and Influenza Hospitalization Surveillance Project (IHSP) states. FluSurv-NET estimated hospitalization rates will be updated weekly starting later this season.

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 October 22, 2020, 7.6% of the deaths occurring during the week ending October 17, 2020 (week 42) were due to pneumonia, influenza, and COVID-19 (PIC). This percentage is above the epidemic threshold of 5.8% for week 42.

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, influenza, or COVID-19 (PIC) 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 PIC percentages are likely to increase as more data are received and processed.

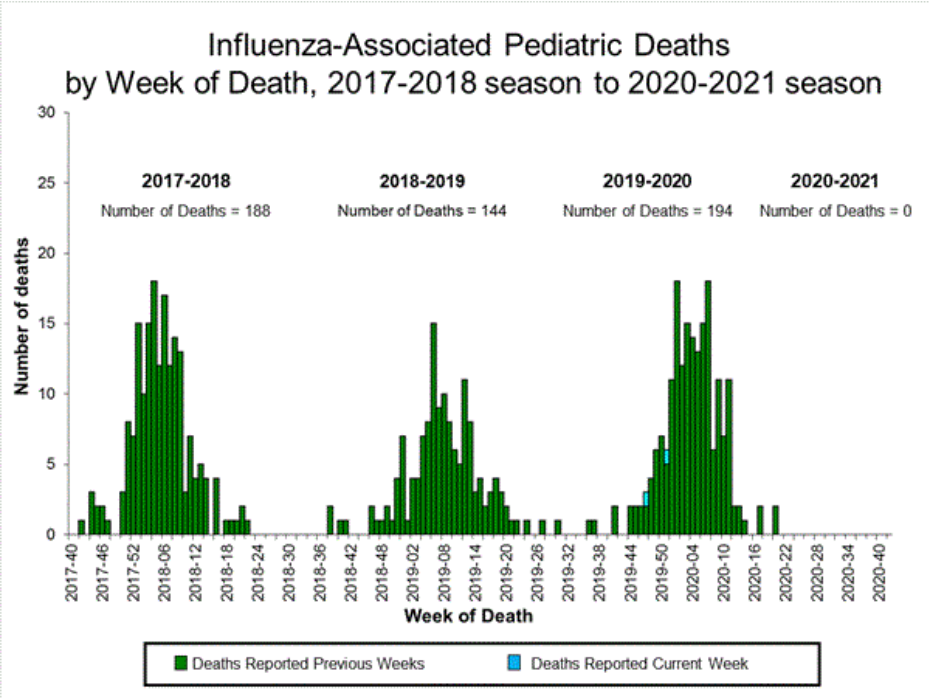
(https://gis.cdc.gov/grasp/fluview/mortality.html)View Chart Data (/flu/weekly/weeklyarchives2020-2021/data/NCHSData42.csv) | View Full Screen (/flu/weekly/weeklyarchives2020-2021/NCHS42.html)

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)

No influenza-associated pediatric deaths occurring during the 2020-21 season have been reported to CDC.

Two influenza-associated pediatric deaths were reported to CDC during week 42. Both deaths occurred during the 2019-2020 influenza season, bringing the total number of deaths occurring during the 2019-2020 season is 194. One death was associated with an influenza A(H3) virus and occurred during week 47 (the week ending November 23, 2019). One death was associated with an influenza B virus with no lineage determined and occurred during week 51 (the week ending December 21, 2019).



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

View Full Screen (/flu/weekly/weeklyarchives2020-2021/PedFlu42.html)

Additional pediatric mortality surveillance information for current and past seasons:
Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1571168571051) | 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 (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_Preparedness
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/providers

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) and the Global Epidemiology Reports. (http://www.who.int/influenza/surveillance_monitoring/en/)

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.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: October 23, 2020, 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)