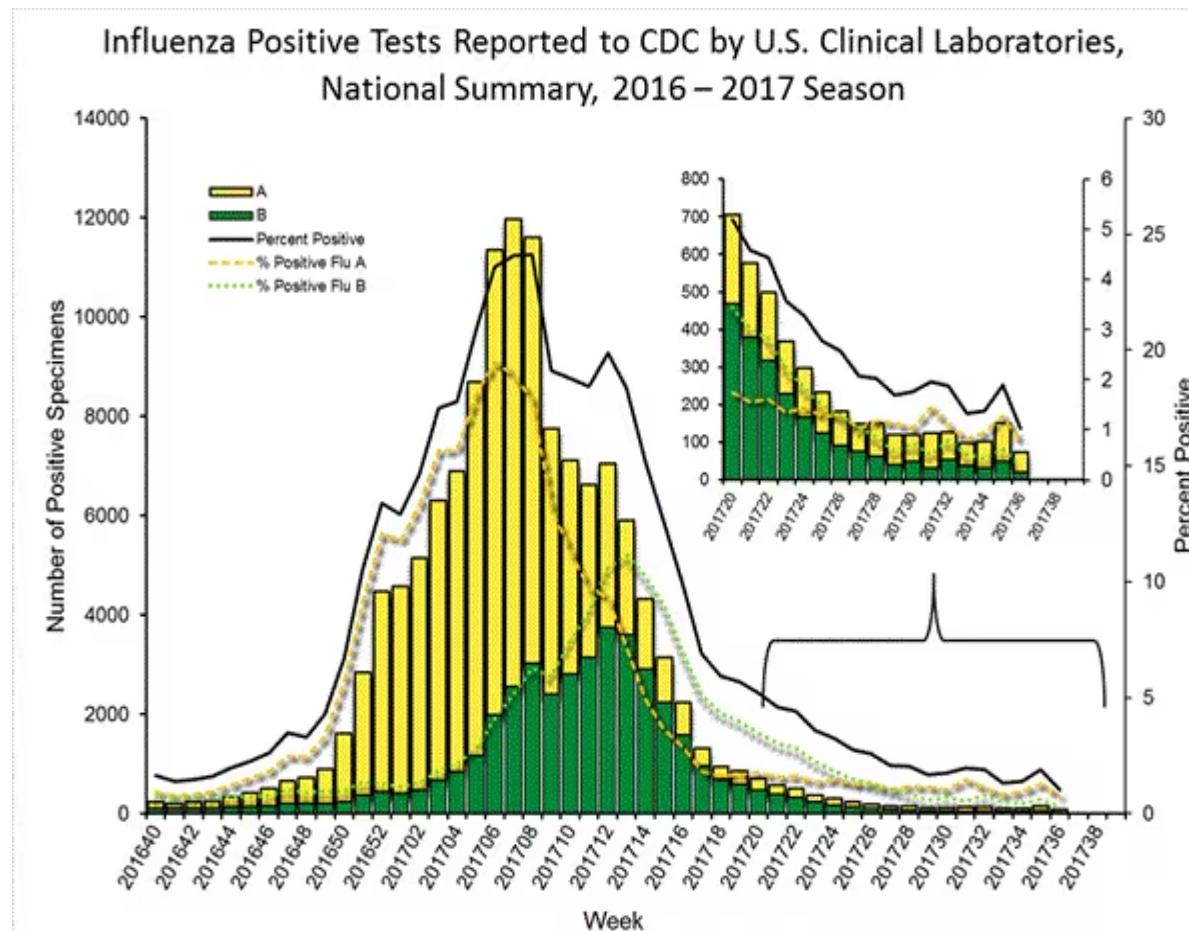


2016-2017 Influenza Season Week 36 ending September 9, 2017

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

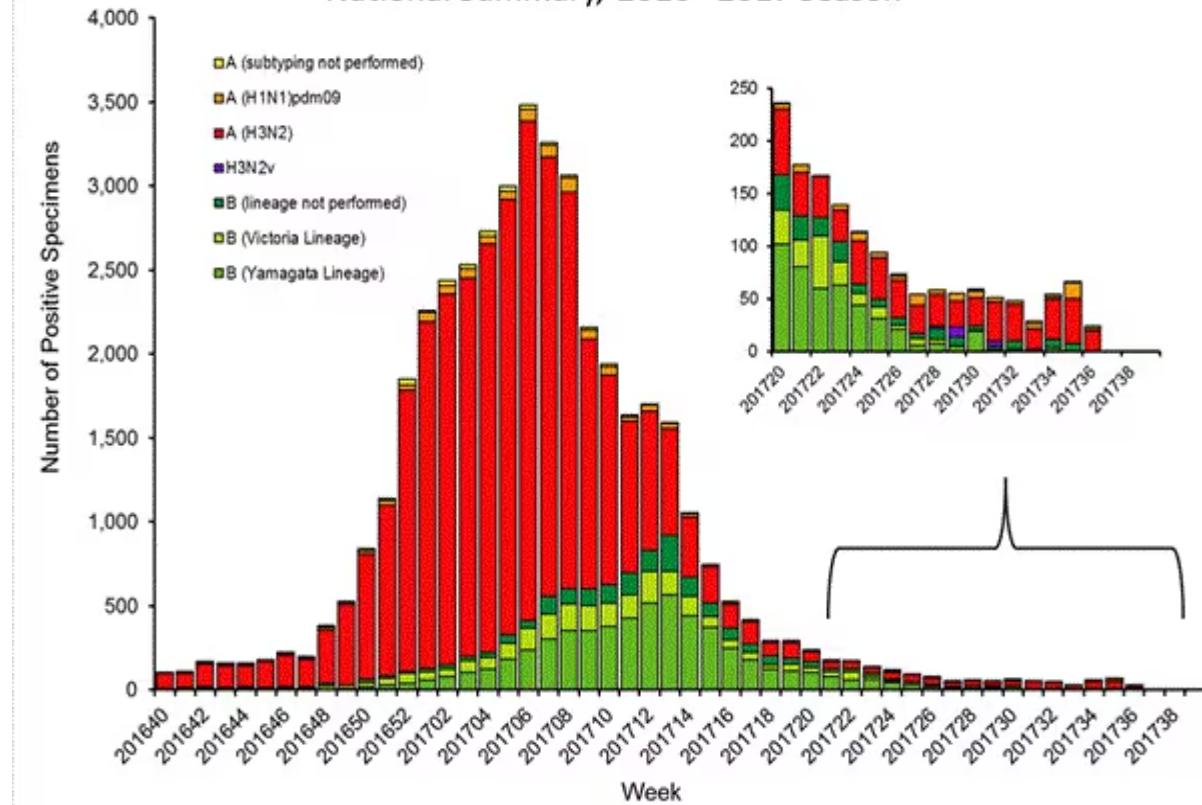
U.S. Virologic Surveillance:

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 for the viruses they test and the age or age group of the persons from whom the specimens were collected. Additional virologic data can be found at: <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html> and http://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html.



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Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2016–2017 Season



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Novel Influenza A Virus:

No additional human infections with novel influenza A viruses were reported to CDC during week 36. To date, a total of 20 variant virus infections have been reported in the United States during 2017. Eighteen of these were H3N2v viruses (Texas [1], North Dakota [1], Pennsylvania [1], and Ohio [15]) and two were H1N2v viruses (Ohio [2]). Two of the 20 infected persons were hospitalized as a result of their illness. No deaths have occurred. All variant virus infections have been associated with swine exposure in fair settings and no human-to-human transmission has been identified.

Early identification and investigation of human infections with novel influenza A viruses are critical to ensure timely risk assessment and so that 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>.

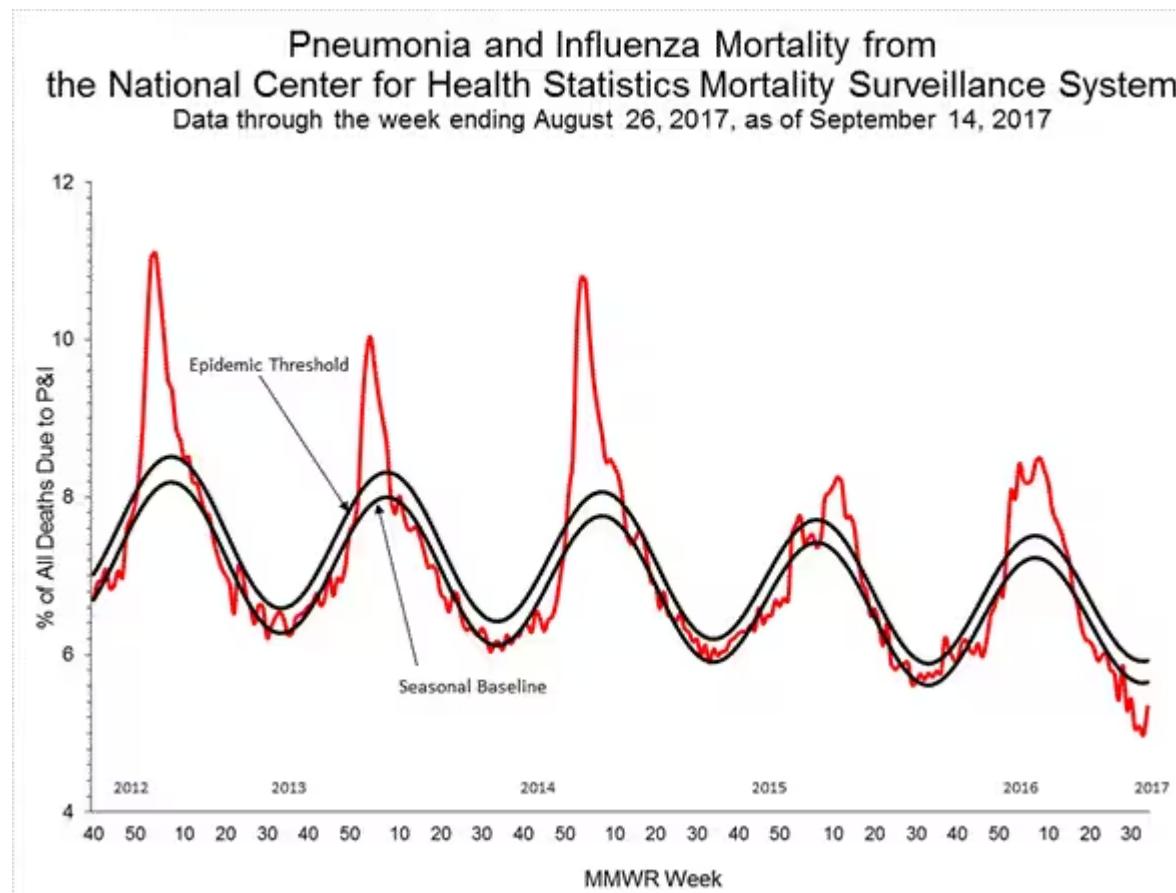
Pneumonia and Influenza (P&I) Mortality Surveillance:

Based on National Center for Health Statistics (NCHS) mortality surveillance data available on September 14, 2017, 5.3% of the deaths occurring during the week ending August 26, 2017 (week 34) were due to P&I. This percentage is below the epidemic threshold of 5.9% for week 34.

Background: Weekly mortality surveillance data include a combination of machine coded and manually coded causes of death collected from death certificates. There is a backlog of data requiring manual coding within NCHS mortality surveillance data. The percentages of deaths due to P&I are higher among manually coded records than more rapidly available machine coded records and may result in initially reported P&I percentages that are lower than percentages calculated from final data. Efforts continue to reduce and monitor the number of records awaiting manual coding.

Beginning in the week ending October 8, 2016 (week 40), CDC retired the 122 Cities Mortality Reporting System and uses only the NCHS Mortality Surveillance System.

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



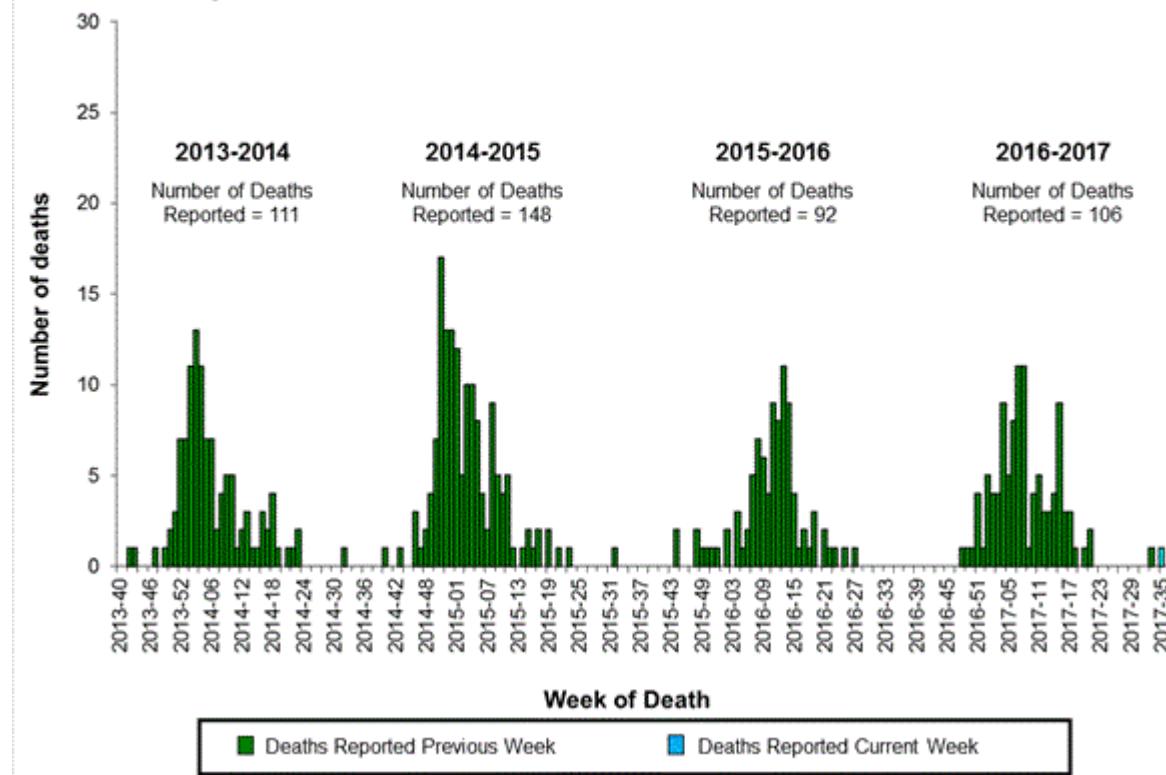
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Influenza-Associated Pediatric Mortality:

One influenza-associated pediatric death was reported to CDC during week 36. This death was associated with an influenza A (H1N1)pdm09 virus and occurred during week 35 (the week ending September 2, 2017). A total of 106 influenza-associated pediatric deaths have been reported for the 2016-2017 season.

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

Number of Influenza-Associated Pediatric Deaths by Week of Death: 2013-2014 season to present



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Influenza-Associated Hospitalizations:

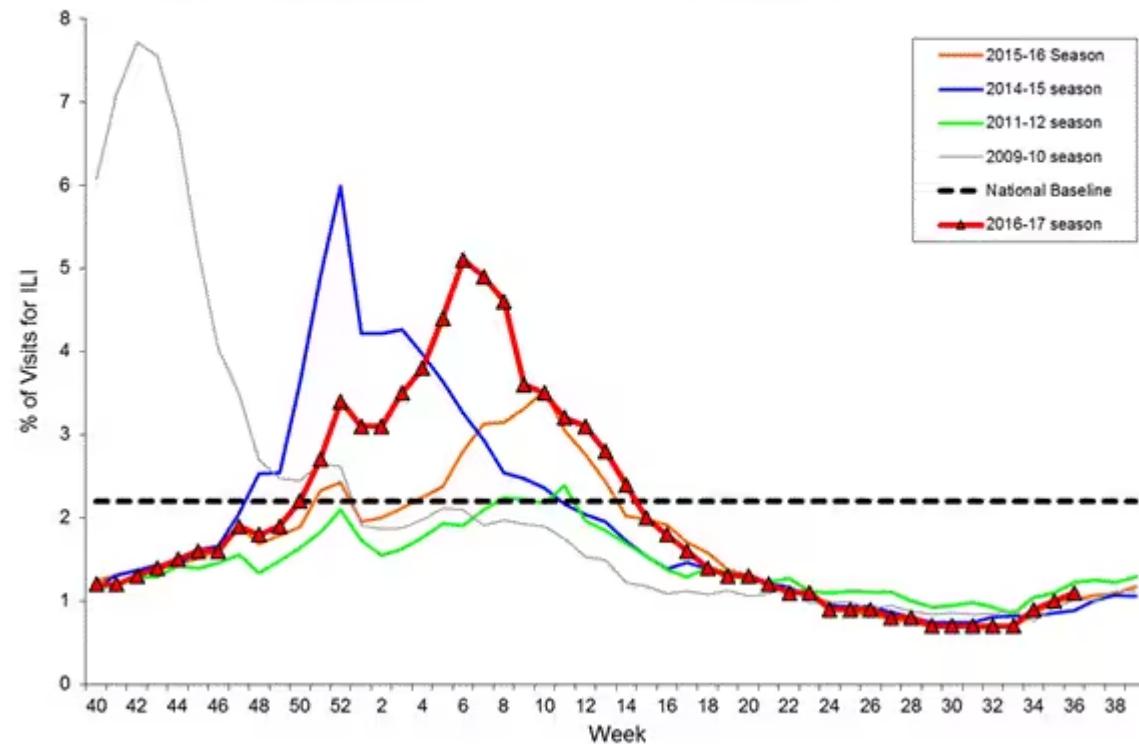
The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts all age population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in the Emerging Infections Program (EIP) states and Influenza Hospitalization Surveillance Project (IHSP) states. 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 36, 1.1% 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 data are available at <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>.

Percentage of Visits for Influenza-like Illness (ILI) Reported by
the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),
Weekly National Summary, 2016-2017 and Selected Previous Seasons



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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/fluvviewinteractive.htm>.

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

[Alabama](#)

[Colorado](#)

[Georgia](#)

[Iowa](#)

[Maryland](#)

[Missouri](#)

[New Jersey](#)

[Alaska](#)

[Connecticut](#)

[Hawaii](#)

[Kansas](#)

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[Idaho](#)

[Kentucky](#)

[Michigan](#)

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[District of Columbia](#)

[Illinois](#)

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[North Carolina](#)

[California](#)

[Florida](#)

[Indiana](#)

[Maine](#)

[Mississippi](#)

[New Hampshire](#)

[North Dakota](#)

[Ohio](#)
[South Carolina](#)
[Vermont](#)
[Wyoming](#)

[Oklahoma](#)
[South Dakota](#)
[Virginia](#)
[New York City](#)

[Oregon](#)
[Tennessee](#)
[Washington](#)
[Puerto Rico](#)

[Pennsylvania](#)
[Texas](#)
[West Virginia](#)
[Virgin Islands](#)

[Rhode Island](#)
[Utah](#)
[Wisconsin](#)

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.fluneweurope.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>.
