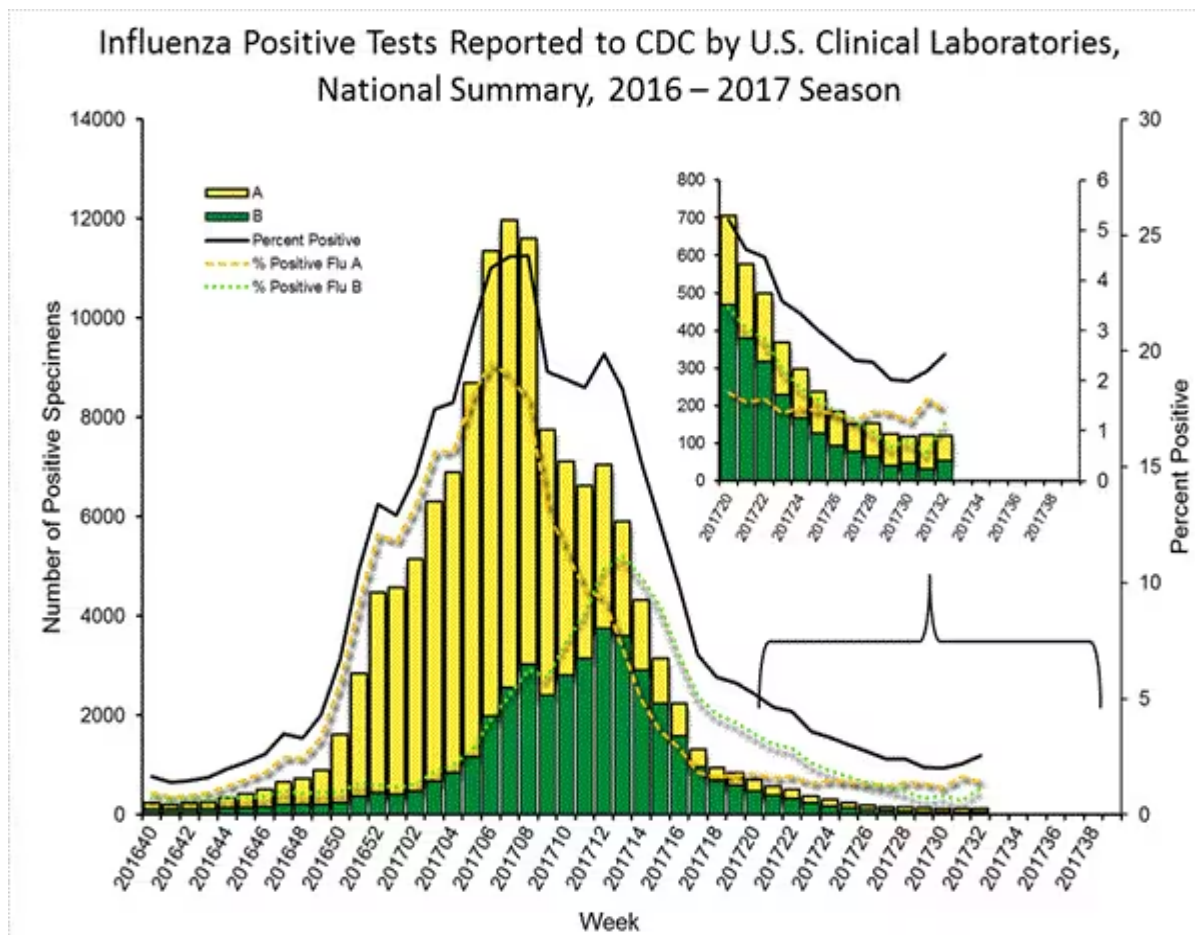


2016-2017 Influenza Season Week 32 ending August 12, 2017

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

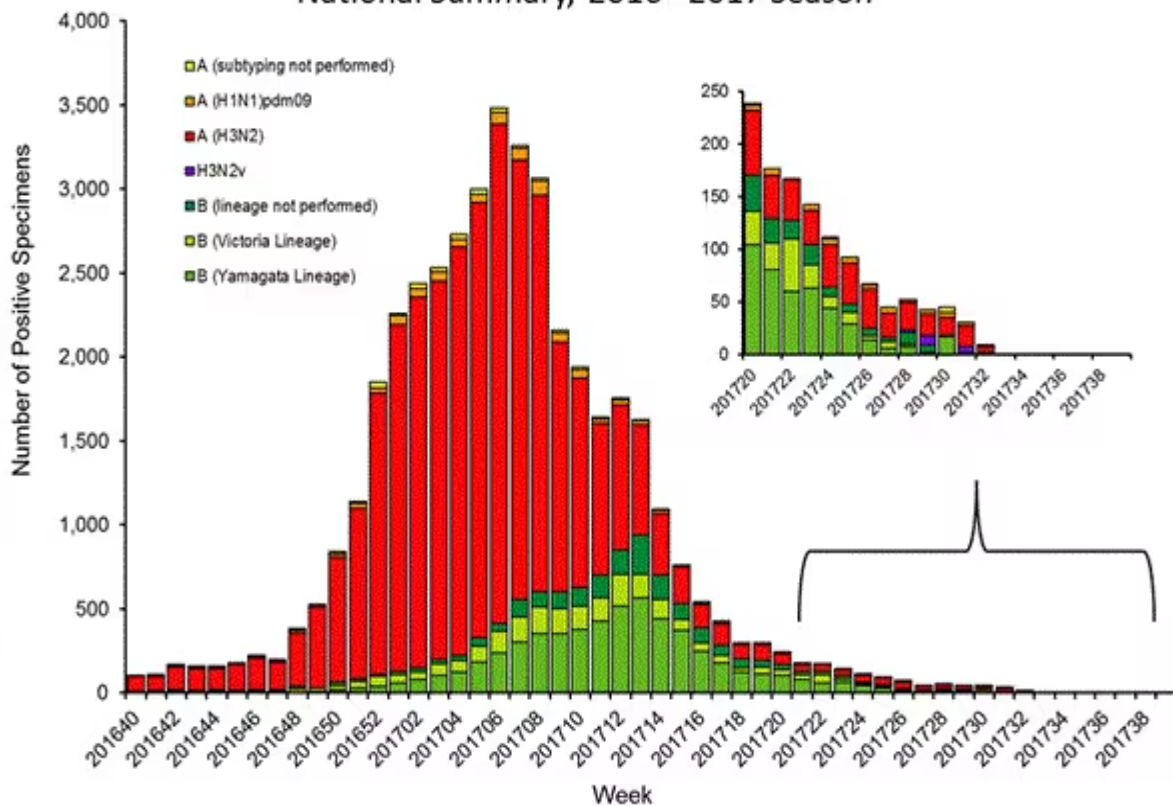
U.S. Virologic Surveillance:

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.



[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, 2016 –2017 Season



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

Novel Influenza A Virus:

Three human infections with novel influenza A viruses were reported by three states (North Dakota [1], Ohio [1], and Pennsylvania [1]) during week 32. All three infections were with variant viruses (influenza A viruses that normally circulate in pigs and not people are called variant viruses when detected in people.) Viruses from two of the infections have been fully characterized and are influenza A (H3N2) variant (H3N2v) viruses; the third infection has been characterized as an influenza A (H3) variant (H3v) virus at this time (further analysis is being performed at CDC to characterize the neuraminidase protein of this virus). All three patients reported exposure to swine in a fair setting during the week preceding illness onset. Two patients reported attendance at the same agricultural fair. The exposure to swine at the agricultural fair reported by the Pennsylvania resident occurred out of state. Two of the three patients were children younger than 18 years of age and one patient was an adult aged > 64 years. Two of the three patients were hospitalized but all have fully recovered from their illness. No human-to-human transmission of these viruses has been identified. To date, a total of 19 variant virus infections have been reported in the United States during 2017. Eighteen of these have been H3 variant viruses (Texas [1], North Dakota [1], Pennsylvania [1], and Ohio [15]) and one has been with an H1N2 variant virus (Ohio [1]).

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>.

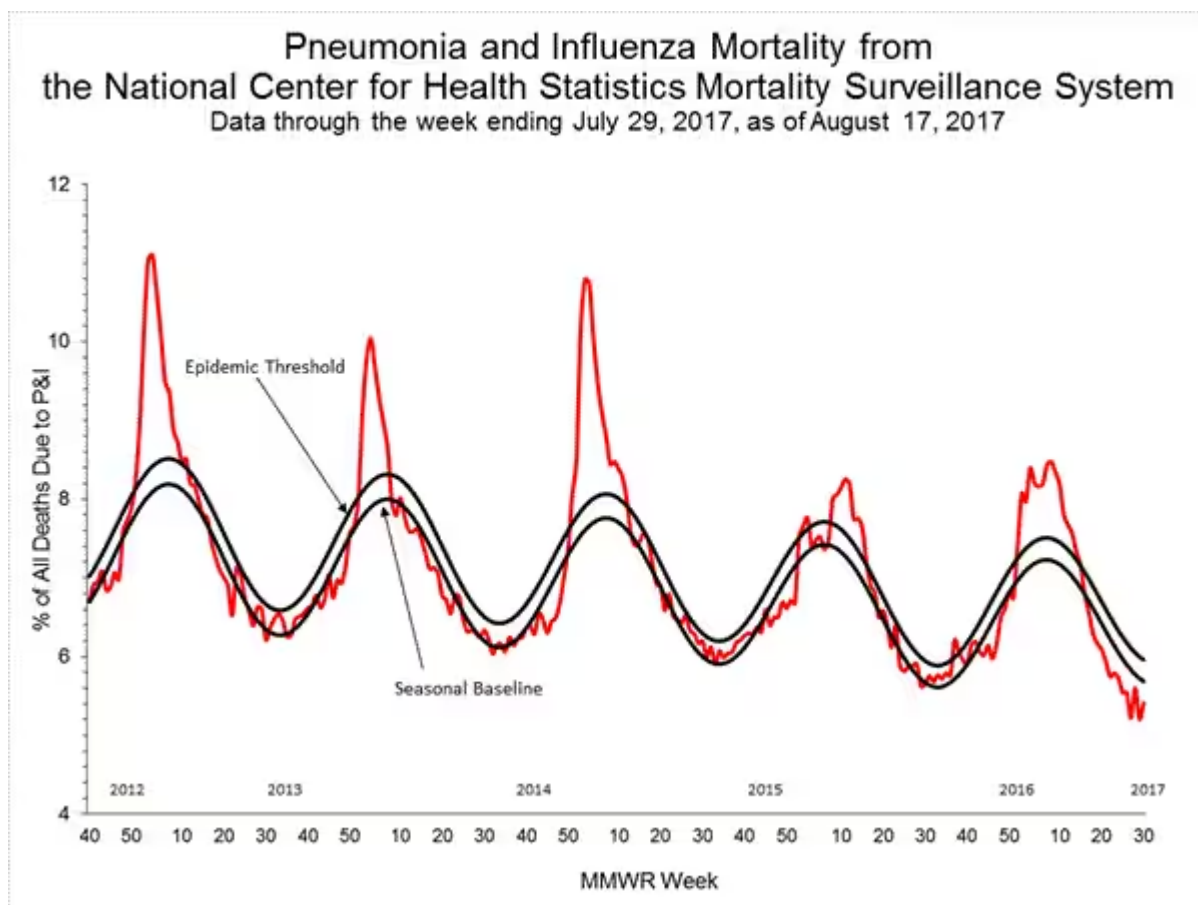
[Pneumonia and Influenza \(P&I\) Mortality Surveillance:](#)

Based on National Center for Health Statistics (NCHS) mortality surveillance data available on August 17, 2017, 5.4% of the deaths occurring during the week ending July 29, 2017 (week 30) were due to P&I. This percentage is below the epidemic threshold of 6.0% for week 30.

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/fluview/mortality.html>.

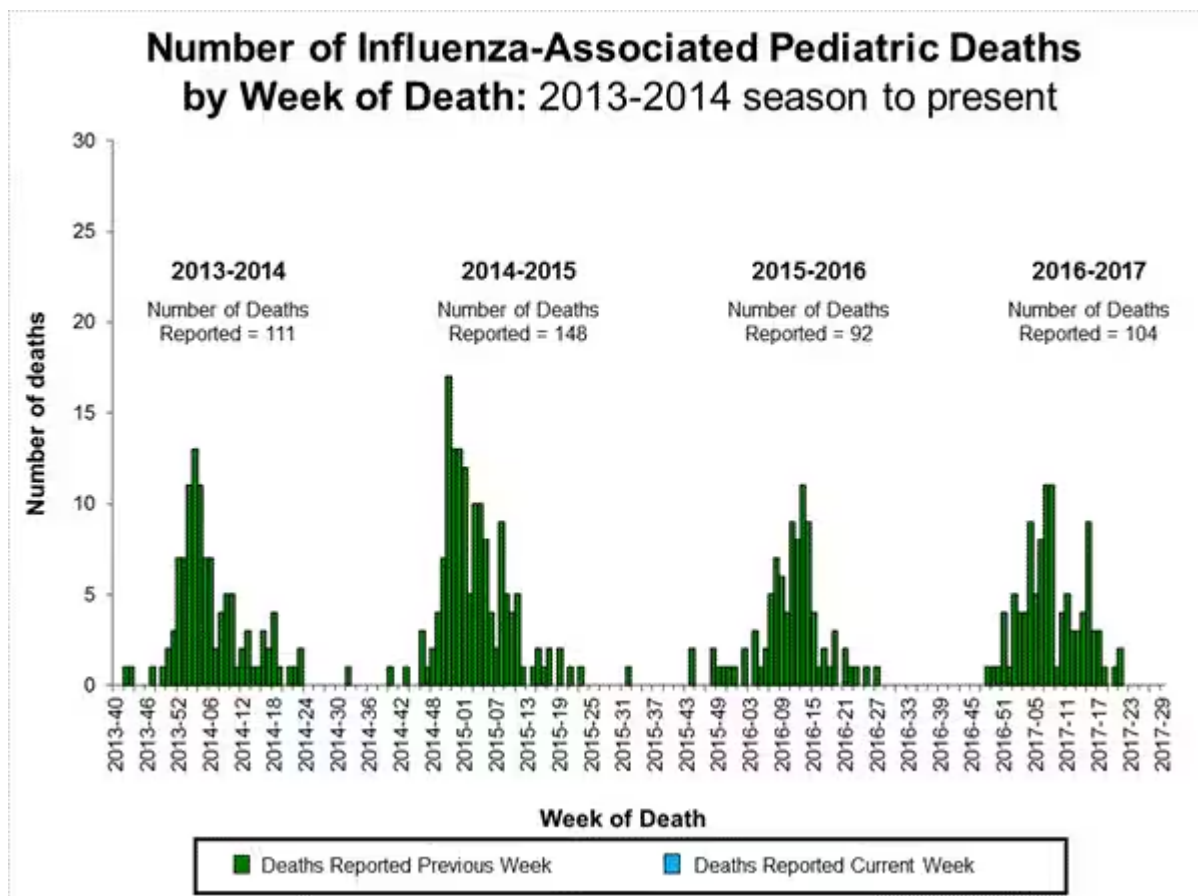


[View Regional and State Level Data](#) | [View Chart Data](#) | [View Full Screen](#) | [View PowerPoint Presentation](#)

[Influenza-Associated Pediatric Mortality:](#)

No influenza-associated pediatric deaths were reported to CDC during week 32. A total of 104 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>.



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

[Influenza-Associated Hospitalizations:](#)

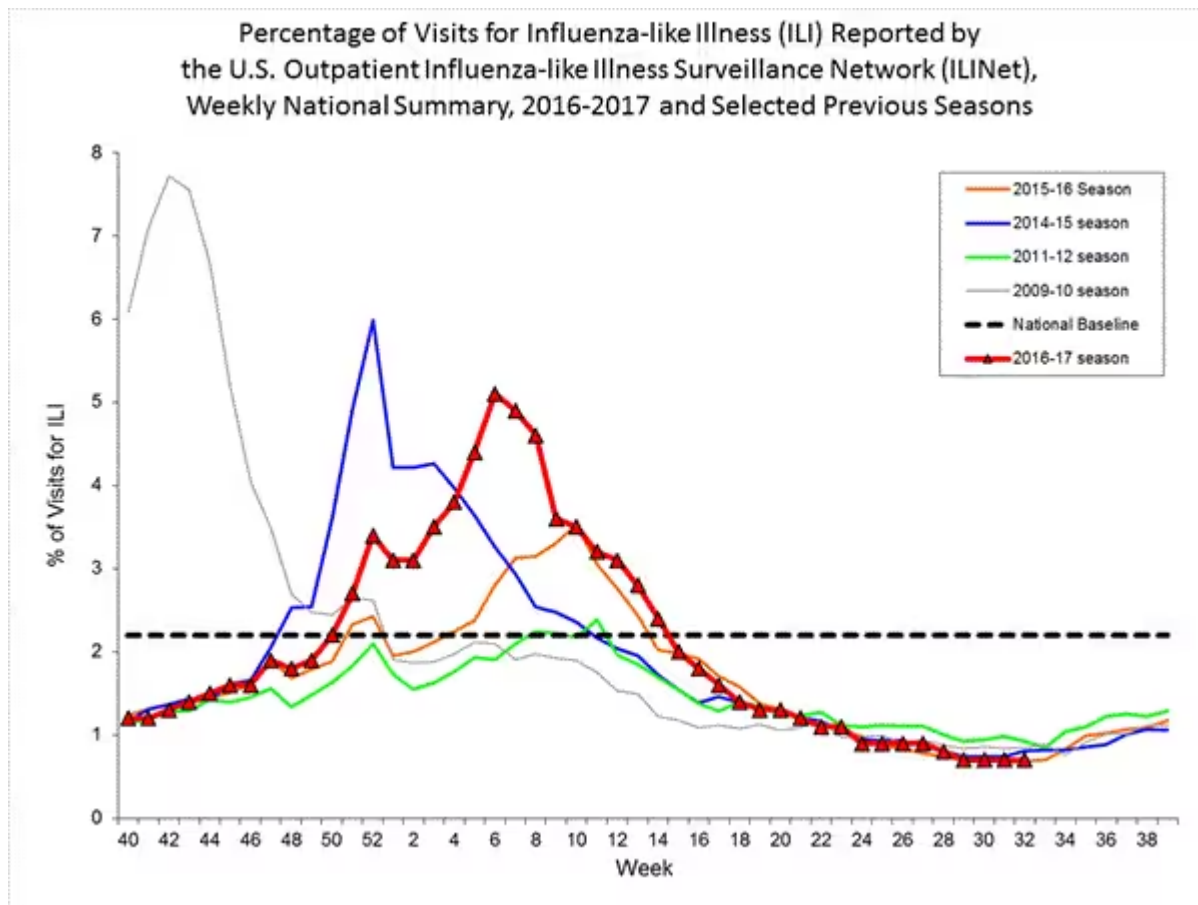
The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts all age population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in the Emerging Infections Program (EIP) states and Influenza Hospitalization Surveillance Project (IHSP) states. 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 32, 0.7% 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>.



[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](#)
[Colorado](#)
[Georgia](#)

[Alaska](#)
[Connecticut](#)
[Hawaii](#)

[Arizona](#)
[Delaware](#)
[Idaho](#)

[Arkansas](#)
[District of Columbia](#)
[Illinois](#)

[California](#)
[Florida](#)
[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>.
