FLUVIEW

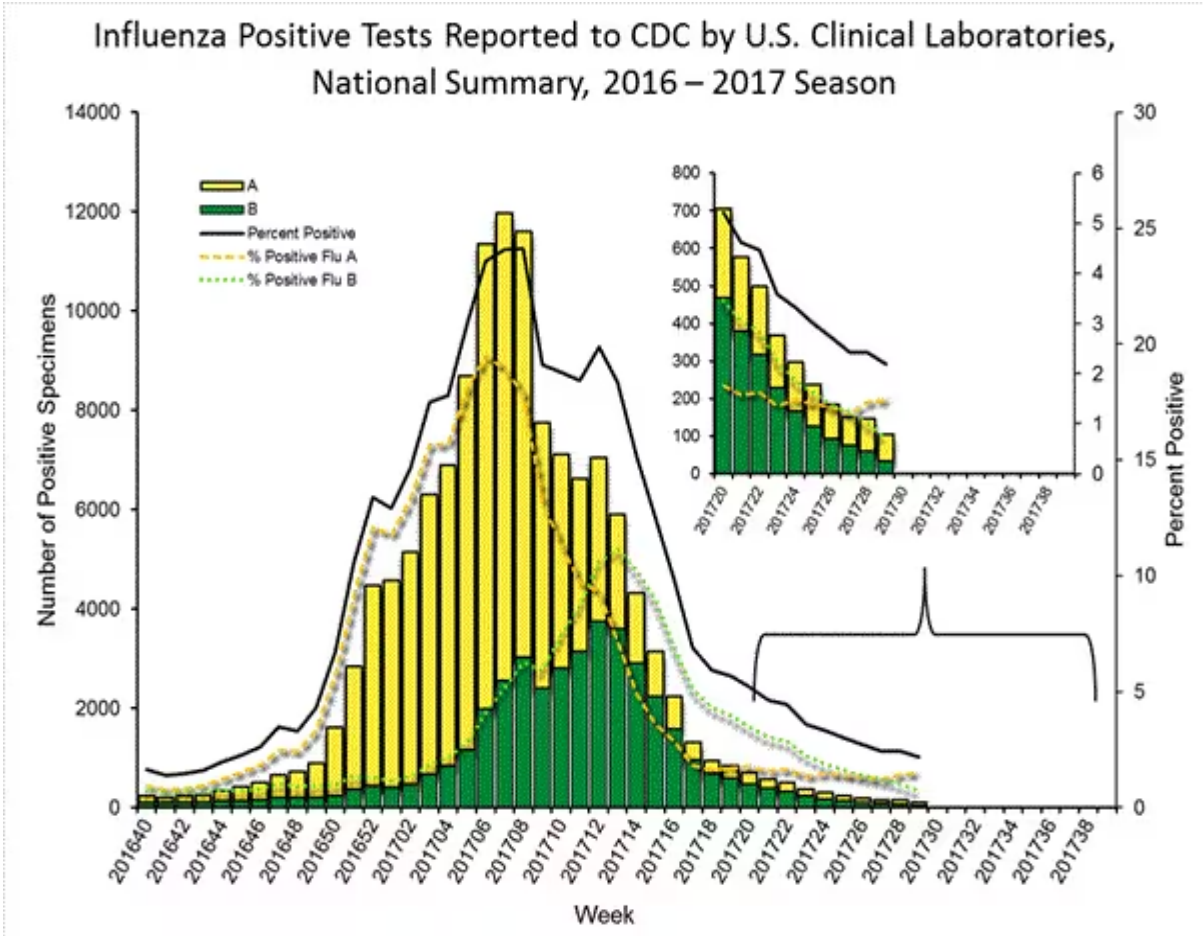
A Weekly Influenza Surveillance Report Prepared by the Influenza Division

2016-2017 Influenza Season Week 29 ending July 22, 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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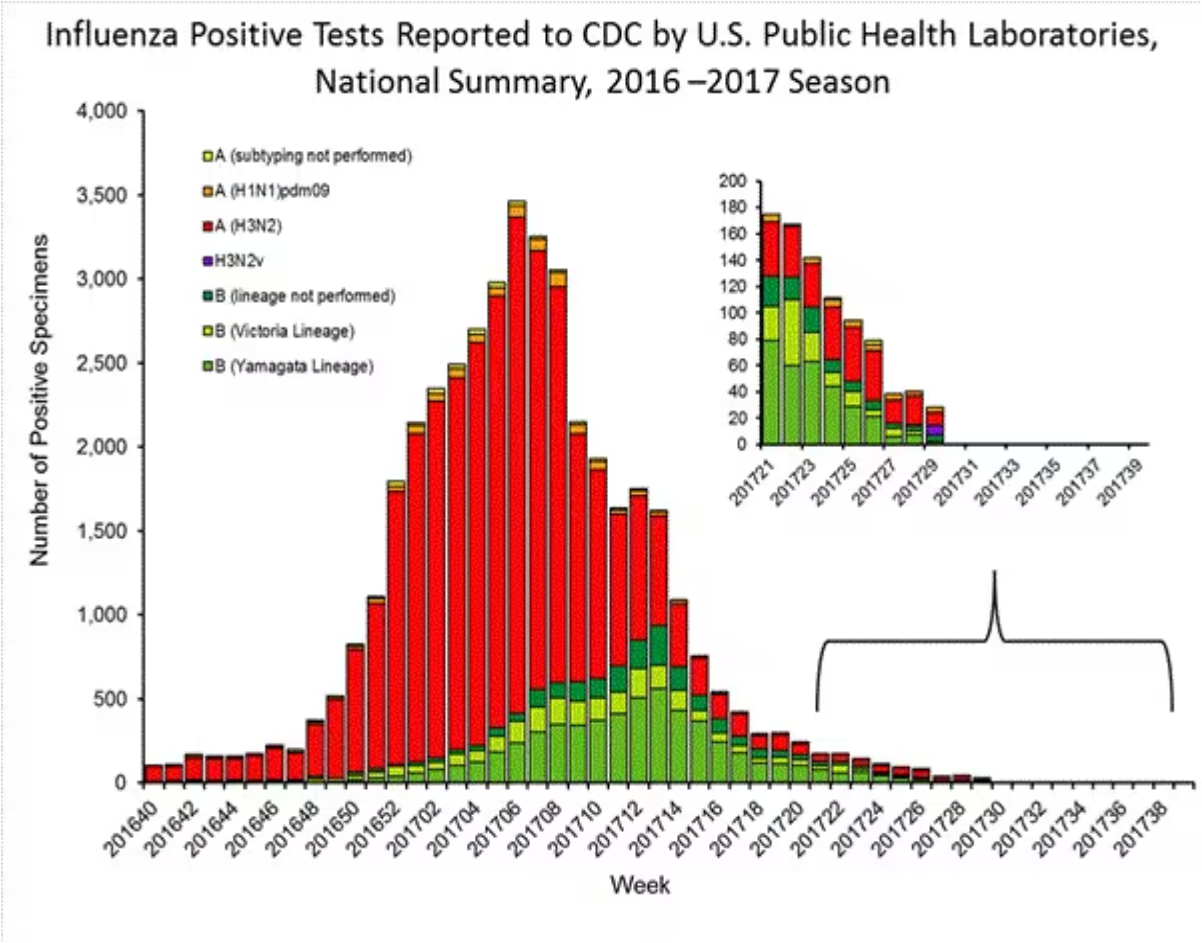

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Novel Influenza A Virus:

Eleven human infections with novel influenza A viruses were detected in Ohio during week 29. All 11 persons were infected with influenza A (H3N2) variant (H3N2v) viruses and reported exposure to swine in a fair setting during the week preceding illness onset. Ten of the 11 patients were children less than 18 years of age and one patient was an adult aged 50-64 years. None were hospitalized and all have fully recovered from their illness. No human-to-human transmission has been identified. Swine influenza A (H3N2) viruses were identified from respiratory samples collected from pigs at the same fair. Public health and agriculture officials are investigating the extent of disease among humans and swine, but no increases in influenza-like illness in the community have been reported. These 11 infections bring the total number of H3N2v infections during 2017 to 12 and the cumulative total since 2011 to 376.

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.

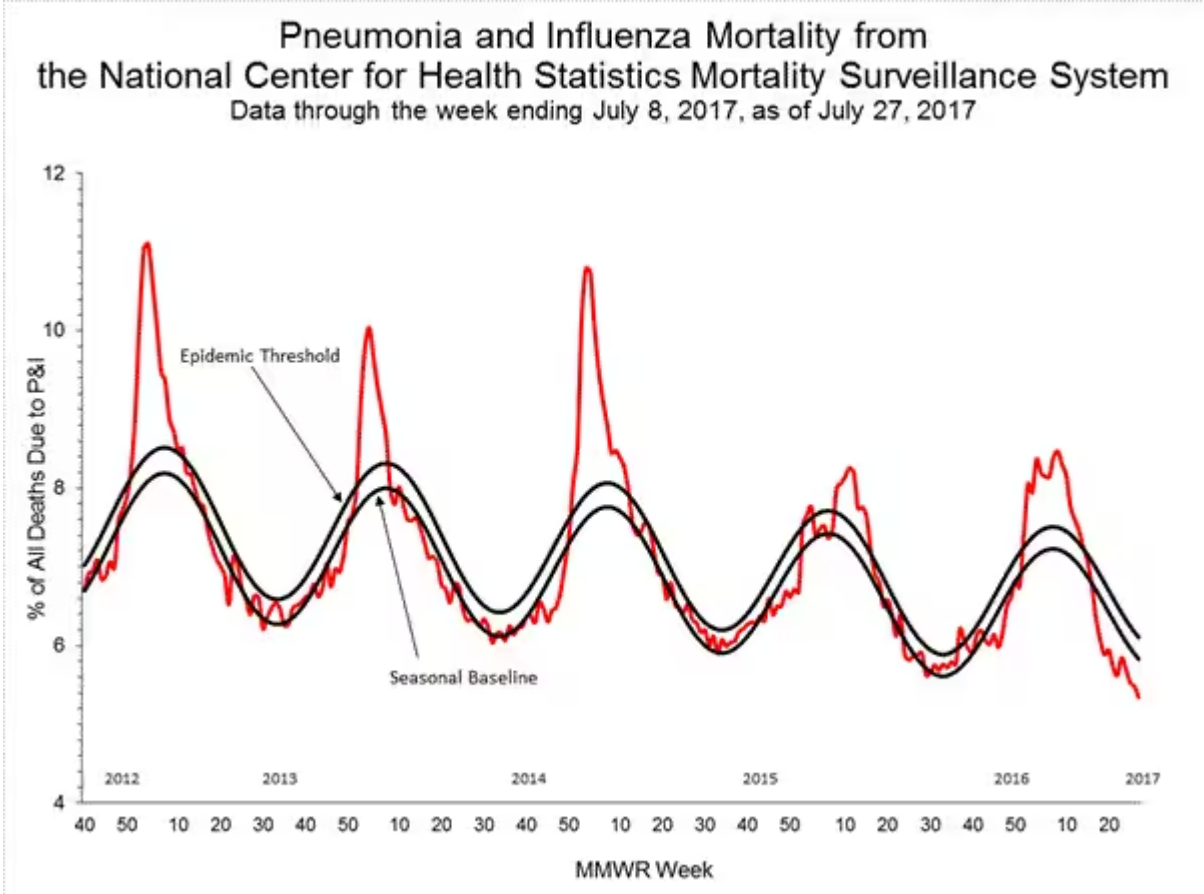
Pneumonia and Influenza (P&I) Mortality Surveillance:

Based on National Center for Health Statistics (NCHS) mortality surveillance data available on July 27, 2017, 5.3% of the deaths occurring during the week ending July 8, 2017 (week 27) were due to P&I. This percentage is below the epidemic threshold of 6.1% for week 27.

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.



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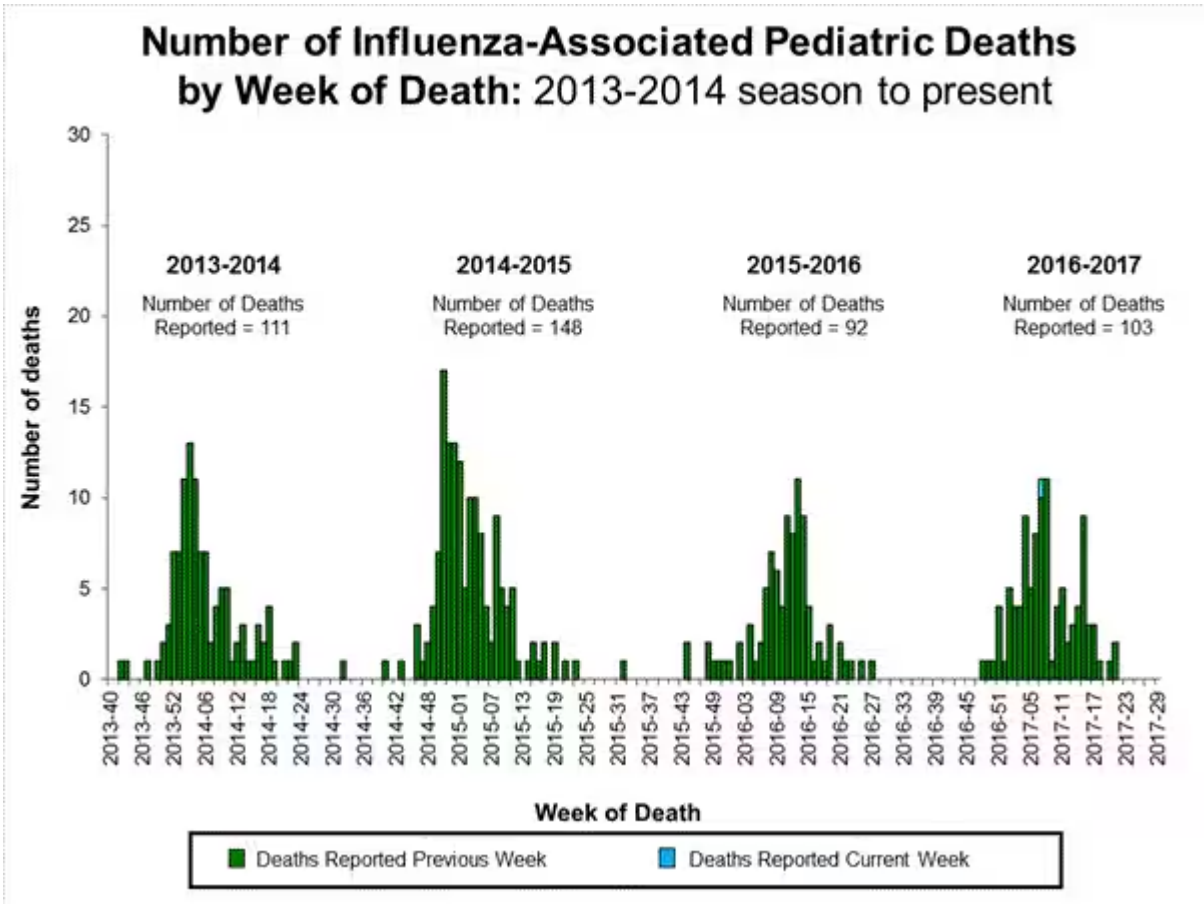
Influenza-Associated Pediatric Mortality:

One influenza-associated pediatric death was reported to CDC during week 29. The death was associated with an influenza A virus for which no subtyping was performed and occurred during week 7 (the week ending February

18, 2017).

A total of 103 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.



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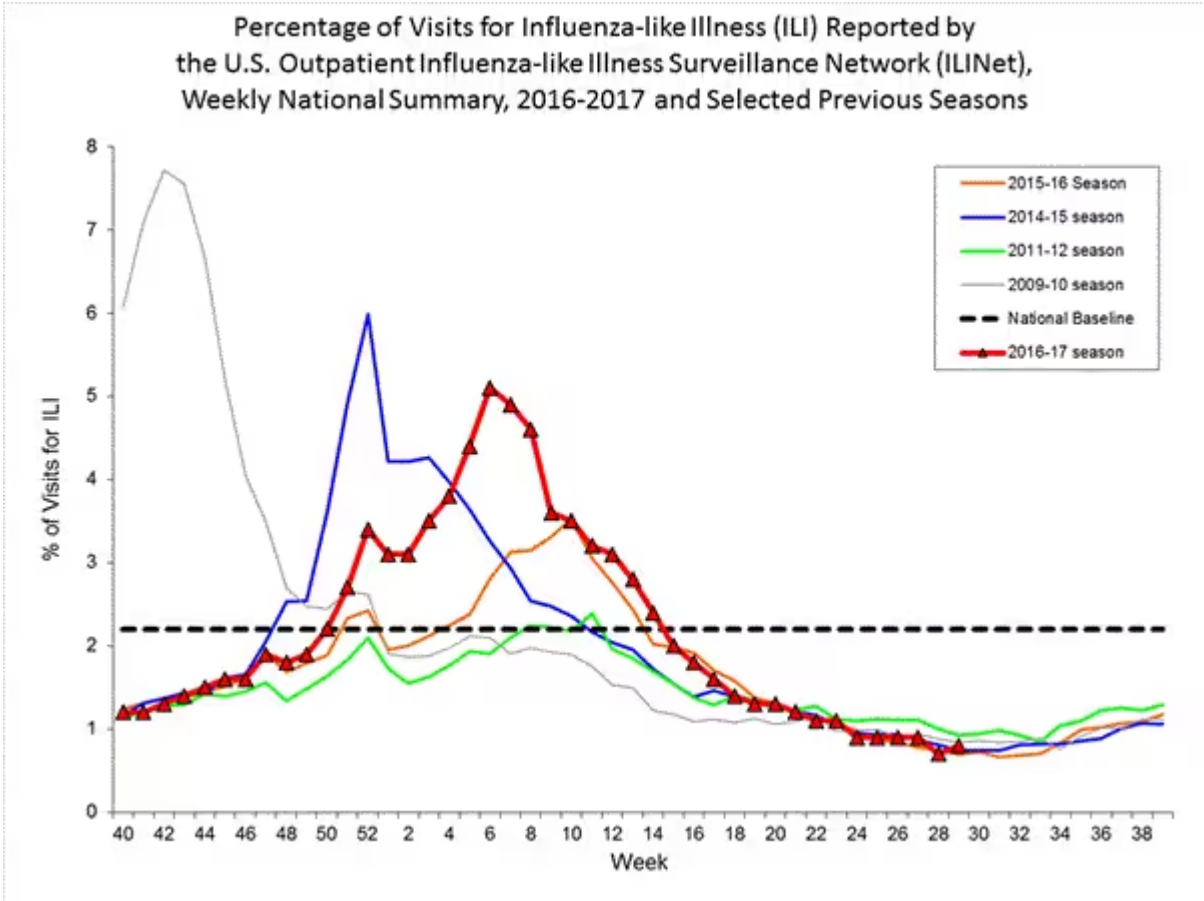
Influenza-Associated Hospitalizations:

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 29, 0.8% 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 100Â°F [37.8Â°C] or greater) and cough and/or sore throat.)*

Additional data are available at http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html.



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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/fluviewinteractive.htm.

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

Alabama	Alaska	Arizona	Arkansas	California

Colorado	Connecticut	Delaware	District of Columbia	Florida
Georgia	Hawaii	Idaho	Illinois	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

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.
