CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Influenza (Flu) (/flu/index.htm)

Influenza (Flu) Home (/flu/index.htm)

FluView Summary ending on October 22, 2022

Updated October 28, 2022

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/)

Key Updates for Week 42, ending October 22, 2022

Early increases in seasonal influenza activity continue, with the southeast and south-central areas of the country reporting the highest levels of activity.

Viruses

Clinical Lab	Public Health Lab	Virus Characterization
6.2% positive for influenza this week (/flu/weekly/index.htm#ClinicalLaboratories)	The most frequently reported viruses this week were influenza A(H3N2). (/flu/weekly/index.htm#PublicHealthLaboratories)	Genetic and antigenic characterization are summarized in this report. (/flu/weekly/index.htm#VirusCharacterization)

Illness

Outpatient Respiratory Illness

3.3%

of visits to a health care provider are for respiratory illness this week
(above baseline)

[(/flu/weekly/index.htm#ILINet)](/flu/weekly/index.htm#ILINet)

Outpatient Respiratory Illness: Activity Map

This week, 1 jurisdiction experienced moderate activity and 13 jurisdictions experienced high or very high activity.

[(/flu/weekly/index.htm#ORIAM)](/flu/weekly/index.htm#ORIAM)

Long-term Care Facilities

0.5%

of facilities reported
≥ 1 influenza-positive test
among residents this week.

[(/flu/weekly/index.htm#LTCF)](/flu/weekly/index.htm#LTCF)

Severe Disease

FluSurv-NET

1.5 per 100,000

cumulative hospitalization rate

[(/flu/weekly/index.htm#FluSurvNet)](/flu/weekly/index.htm#FluSurvNet)

HHS Protect Hospitalizations

2,332

patients admitted to hospitals with influenza this week.

[(/flu/weekly/index.htm#HHSProtect)](/flu/weekly/index.htm#HHSProtect)

NCHS Mortality

9.2%

of deaths attributed to pneumonia, influenza, or COVID-19 this week (*above threshold*)

[(/flu/weekly/index.htm#NCHSMortality)](/flu/weekly/index.htm#NCHSMortality)

Pediatric Deaths

1

influenza-associated death reported this week

[(/flu/weekly/index.htm#PedMortality)](/flu/weekly/index.htm#PedMortality)

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 *(/flu/weekly/overview.htm)* page.

Additional information on the current and previous influenza seasons for each surveillance component are available on FluView Interactive *(/flu/weekly/fluviewinteractive.htm)*.

Key Points

- Influenza activity continues to increase. Regions 4 (southeast) and 6 (south-central) are reporting the highest levels of flu activity.
- The first influenza-associated pediatric death of the 2022-2023 season was reported this week.
- CDC estimates that, so far this season, there have been at least 880,000 flu illnesses, 6,900 hospitalizations, and 360 deaths from flu.
- The cumulative hospitalization rate in the FluSurv-NET system is higher than the rate observed in week 42 during previous seasons going back to 2010-2011.
- An annual flu vaccine is the best way to protect against flu. Vaccination helps prevent infection and can also prevent serious outcomes in people who get vaccinated but still get sick with flu.
- CDC recommends that everyone ages 6 months and older get a flu vaccine annually.
- There are also prescription flu antiviral drugs that can be used to treat flu illness; those need to be started as early as possible.

U.S. Virologic Surveillance (https://www.cdc.gov/flu/weekly/overview.htm#LabSurveillance)

Nationally, the percentage of specimens testing positive for influenza in clinical laboratories is increasing; however, activity varies by region. Percent positivity increased ≥ 0.5% this week in regions 2, 3, 4, 5, 6, 7, 8, 9, and 10, and was similar to the previous week but trending upward in region 1. For regional and state level data and age group distribution, please visit FluView Interactive (https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html). Viruses known to be associated with recent live attenuated influenza vaccine (LAIV) receipt or found upon further testing to be a vaccine virus are not included, as they are not circulating influenza viruses.

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 October 2, 2022 (Week 40)
No. of specimens tested	66,955	216,088
No. of positive specimens (%)	4,129 (6.2%)	9,142 (4.2%)
Positive specimens by type		
Influenza A	4,061 (98.4%)	8,887 (97.2%)
Influenza B	68 (1.6%)	255 (2.8%)

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

View Chart Data (/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_cl42.html) | View Full Screen (/flu/weekly/WeeklyArchives2022-2023/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 October 2, 2022 (Week 40)
No. of specimens tested	8,367	24,935
No. of positive specimens	298	984
Positive specimens by type/subtype		
Influenza A	291 (97.7%)	965 (98.1%)
(H1N1)pdm09	43 (25.4%)	121 (16.3%)
H3N2	126 (74.6%)	621 (83.7%)
H3N2v	0	0
Subtyping not performed	122	223
Influenza B	7 (2.3%)	19 (1.9%)
Yamagata lineage	0	0
Victoria lineage	0	8 (100%)
Lineage not performed	7	11

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

View Chart Data (/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_phl42.html) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/WhoPHL42.html)

Additional virologic surveillance information for current and past seasons:
Surveillance Methods (/flu/weekly/overview.htm#LabSurveillance) | FluView Interactive: National, Regional, and State Data (http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) or Age Data (https://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html)

Influenza Virus Characterization (/flu/weekly/overview.htm#VirusCharacterization)

CDC performs genetic (https://www.cdc.gov/flu/about/professionals/genetic-characterization.htm) and antigenic (https://www.cdc.gov/flu/about/professionals/antigenic.htm) characterization of U.S. viruses submitted from state and local public health laboratories according to the 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. The data are also used to monitor evolutionary changes that continually occur in influenza viruses circulating in humans. CDC also tests susceptibility of circulating influenza viruses to antiviral medications including the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir) and the PA endonuclease inhibitor baloxavir.

CDC genetically characterized 452 influenza viruses collected since May 1, 2022.

Virus Subtype or Lineage	Total No. of Subtype/Lineage Tested	Genetic Characterization			
		HA Clade	Number (% of subtype/lineage tested)	HA Subclade	Number (% of subtype/lineage tested)
A/H1	38				
		6B.1A	38 (100%)	5a.1	5 (13.2%)
				5a.2	33 (86.8%)
A/H3	412				
		3C.2a1b	412 (100%)	1a	0
				1b	0
				2a	0
				2a.1	0
				2a.2	412 (100%)
		3C.3a	0	3a	0
B/Victoria	2				
		V1A	2 (100%)	V1A	0
				V1A.1	0
				V1A.3	0
				V1A.3a	0
				V1A.3a.1	0

				V1A.3a.2	2 (100%)
B/Yamagata	0				
		Y3	0		

CDC antigenically characterizes (https://www.cdc.gov/flu/about/professionals/antigenic.htm) influenza viruses by hemagglutination inhibition (HI) (https://www.cdc.gov/flu/about/professionals/antigenic.htm) (H1N1pdm09, B/Victoria, and B/Yamagata viruses) or neutralization-based HINT (https://archive.cdc.gov/#/details?url=https://www.cdc.gov/flu/spotlights/2018-2019/new-lab-method-test-flu.html) (H3N2 viruses) using antisera that ferrets make after being infected with reference viruses representing the 2022-2023 Northern Hemisphere recommended egg-based and cell- or recombinant-based vaccine viruses. Antigenic differences between viruses are determined by comparing how well the antibodies made against the vaccine reference viruses recognize the circulating viruses that have been grown in cell culture. Ferret antisera are useful because antibodies raised against a particular virus can often recognize small changes in the surface proteins of other viruses. In HI assays, viruses with similar antigenic properties have antibody titer differences of less than or equal to 4-fold when compared to the reference (vaccine) virus. In HINT, viruses with similar antigenic properties have antibody neutralization titer differences of less than 8-fold. Viruses selected for antigenic characterization are a subset representing the genetic changes in the surface proteins seen in genetically characterized viruses.

Influenza A Viruses

- **A (H1N1)pdm09:** Fourteen A(H1N1)pdm09 viruses were antigenically characterized by HI, and 12 (86%) were well recognized (reacting at titers that were within 4-fold of the homologous virus titer) by ferret antisera to cell-grown A/Wisconsin/588/2019-like reference viruses representing the A(H1N1)pdm09 component for the cell- and recombinant-based influenza vaccines and 12 (86%) were well recognized by ferret antisera to egg-grown A/Victoria/2570/2019-like reference viruses representing the A(H1N1)pdm09 component for the egg-based influenza vaccines.

- **A (H3N2):** Thirty-five A(H3N2) viruses were antigenically characterized by HINT; all were well-recognized (reacting at titers that were within 8-fold of the homologous virus titer) by ferret antisera to cell-grown A/Darwin/6/2021-like reference viruses representing the A(H3N2) component for the cell- and recombinant-based influenza vaccines and 33 (94%) were well-recognized by ferret antisera to egg-grown A/Darwin/9/2021-like reference viruses representing the A(H3N2) component for egg-based influenza vaccines.

Influenza B Viruses

- **B/Victoria:** One influenza B/Victoria-lineage virus was antigenically characterized by HI; it was well recognized (reacting at titers that were within 4-fold of the homologous virus titer) by ferret antisera to cell-grown B/Austria/1359417/2021-like reference viruses representing the B/Victoria component for the cell- and recombinant-based influenza vaccines and by ferret antisera to egg-grown B/Austria/1359417/2021-like reference viruses representing the B/Victoria component for the egg-based influenza vaccines

- **B/Yamagata:** No influenza B/Yamagata-lineage viruses were available for antigenic characterization.

Virus antiviral susceptibility data will be reported later this season when a sufficient number of specimens have been tested.

Outpatient Respiratory Illness Surveillance

Outpatient Respiratory Illness Surveillance (https://www.cdc.gov/flu/weekly/overview.htm#ILINet)

The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for respiratory illness referred to as influenza-like illness [ILI (fever plus cough or sore throat)], not laboratory-confirmed influenza, and will therefore capture respiratory illness visits due to infection with any pathogen that can present with similar symptoms, including influenza, SARS-CoV-2, and RSV. Due to the COVID-19 pandemic, health care-seeking behaviors have changed, and people may be accessing the health care system in alternative settings not captured as a part of ILINet or at a different point in their illness than they might have before the pandemic. Therefore, it is important 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 influenza, SARS-CoV-2, and other respiratory virus 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). Information about other respiratory virus activity can be found on CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS) website (https://www.cdc.gov/surveillance/nrevss/index.html).

Outpatient Respiratory Illness Visits

Nationwide during week 42, 3.3% of patient visits reported through ILINet were due to respiratory illness that included fever plus a cough or sore throat, also referred to as ILI. This increased compared to week 41 and is above the national baseline of 2.5%. Regions 2, 3, 4, 5, 6, 7, and 9 are at or above their region-specific baselines. The remaining three regions are below their region-specific baselines. Multiple respiratory viruses are co-circulating, and the relative contribution of influenza virus infection to ILI varies by location.

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

* Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes "without a known cause other than influenza."

View Chart Data (current season only) (/flu/weekly/weeklyarchives2022-2023/data/senAllregt42.html) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/ILI42.html)

Outpatient Respiratory Illness Visits by Age Group

More than 70% of ILINet participants provide both the number of patient visits for respiratory illness 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 respiratory illness by age group.

The percentage of visits for respiratory illness reported in ILINet is trending upwards in all age groups (0-4 years, 5-24 years, 25-49 years, 50-64 years, and 65+ years).

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

* Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes "without a known cause other than influenza."

View Chart Data (/flu/weekly/weeklyarchives2022-2023/data/iliage42.html) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/ILIAge41.html)

Outpatient Respiratory Illness Activity Map

Outpatient Respiratory Illness Activity Map

Data collected in ILINet are used to produce a measure of ILI activity*
(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633697504110) by state/jurisdiction and Core Based Statistical Areas (CBSA).

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 42 (Week ending Oct. 22, 2022)	Week 41 (Week ending Oct. 15, 2022)	Week 42 (Week ending Oct. 22, 2022)	Week 41 (Week ending Oct. 15, 2022)
Very High	2	1	13	9
High	11	9	65	39
Moderate	1	8	63	63
Low	14	8	134	103
Minimal	26	29	398	414
Insufficient Data	1	0	256	301

*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 (/flu/weekly/overview.htm#ILINet) | 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)

Long-term Care Facility (LTCF) Surveillance (https://www.cdc.gov/flu/weekly/overview.htm#LongTermCare)

LTCFs (e.g., nursing homes/skilled nursing, long-term care for the developmentally disabled, and assisted living facilities) from all 50 states and U.S. territories report data on influenza virus infections among residents through the National Healthcare Safety Network (NHSN) Long-term Care Facility Component (https://www.cdc.gov/nhsn/ltc/index.html). During week 42, 75 (0.5%) of 14,264 reporting LTCFs reported at least one influenza positive test among their residents.

(/flu/weekly/weeklyarchives2022-2023/LTCF42.html)View Chart Data ⬚ (/flu/weekly/weeklyarchives2022-2023/data/LTCFData42.csv) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/LTCF42.html)

Additional information about long-term care facility surveillance:

Surveillance Methods (/flu/weekly/overview.htm#LongTermCare) | Additional Data ⬈ (https://data.cms.gov/covid-19/covid-19-nursing-home-data)

Hospitalization Surveillance

Hospitalization Surveillance
(http://www.cdc.gov/flu/weekly/overview.htm#HospitalizationSurv)

FluSurv-NET

The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in 13 states and represents approximately 9% of the U.S. population. FluSurv-NET hospitalization data are preliminary. As data are received each week, prior case counts and rates are updated accordingly.

A total of 443 laboratory-confirmed influenza-associated hospitalizations were reported by FluSurv-NET sites between October 1, 2022, and October 22, 2022; 94.4% were associated with influenza A virus, 3.4% were associated with influenza B virus, 0.5% with influenza A virus and influenza B virus co-infection, and 1.8% with influenza virus for which the type was not determined. Among 59 hospitalizations with influenza A subtype information, 27.1% were A(H1N1)pdm09 virus and 72.9% were A(H3N2).

The overall cumulative hospitalization rate per 100,000 population was 1.5. This cumulative hospitalization rate is higher than the cumulative in-season hospitalization rate observed in week 42 during previous seasons going back to 2010-2011, which ranged from 0 to 0.3. The highest hospitalization rates per 100,000 population were among adults aged ≥ 65 years (3.0) and children aged 0-4 years (3.0), followed by children aged 5-17 years (1.7), adults aged 50-64 (1.3) and adults aged 18-49 years (0.8).

Cumulative hospitalization rates for each age group were higher than cumulative in-season hospitalization rates previously observed during week 42; since 2010-11, in-season rates ranged from 0 to 0.4 among children 0-4 years, 0 to 0.1 among children 5-17 years, 0 to 0.2 among adults 18-49 years, 0 to 0.3 among adults 50-64 years, and 0 to 1.0 among adults ≥ 65 years.

(https://gis.cdc.gov/grasp/fluview/FluHospRates.html)

View Full Screen (/flu/weekly/weeklyarchives2022-2023/EIPRates42.html)

Additional FluSurv-NET hospitalization surveillance information for current and past seasons and additional age groups:
Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#FluSurvNet) |FluView Interactive: Rates by Age, Sex, and Race/Ethnicity (http://gis.cdc.gov/GRASP/Fluview/FluHospRates.html) or Data on Patient Characteristics (http://gis.cdc.gov/grasp/fluview/FluHospChars.html)

HHS Protect Hospitalization Surveillance

Hospitals report to HHS Protect the number of patients admitted with laboratory-confirmed influenza. During week 42, 2,332 patients with laboratory-confirmed influenza were admitted to a hospital.

[(/flu/weekly/weeklyarchives2022-2023/Protect42.html)](/flu/weekly/weeklyarchives2022-2023/Protect42.html)View Chart Data 📊 [(/flu/weekly/weeklyarchives2022-2023/data/ProtectData42.csv)](/flu/weekly/weeklyarchives2022-2023/data/ProtectData42.csv) | View Full Screen [(/flu/weekly/weeklyarchives2022-2023/Protect42.html)](/flu/weekly/weeklyarchives2022-2023/Protect42.html)

Additional HHS Protect hospitalization surveillance information:

Surveillance Methods [(https://www.cdc.gov/flu/weekly/overview.htm#HHSProtect)](https://www.cdc.gov/flu/weekly/overview.htm#HHSProtect) | Additional Data ↗ [(https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/anag-cw7u)](https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/anag-cw7u)

Mortality Surveillance [(https://www.cdc.gov/flu/weekly/overview.htm#MortalitySurveillance)](https://www.cdc.gov/flu/weekly/overview.htm#MortalitySurveillance)

National Center for Health Statistics (NCHS) Mortality Surveillance

Based on NCHS mortality surveillance data available on October 27, 2022, 9.2% of the deaths that occurred during the week ending October 22, 2022 (week 42), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is above the epidemic threshold of 5.9% for this week. Among the 2,128 PIC deaths reported for this week, 949 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and 15 listed influenza, indicating that current PIC mortality is due primarily to COVID-19 and not influenza. The data presented are preliminary and may change as more data are received and processed.

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

View Chart Data ▣ (/flu/weekly/weeklyarchives2022-2023/data/NCHSData42.csv) | View Full Screen (/flu/weekly/weeklyarchives2022-2023/NCHS42.html)

Additional pneumonia, influenza and COVID-19 mortality surveillance information for current and past seasons:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#NCHSMortality) | FluView Interactive (https://gis.cdc.gov/grasp/fluview/mortality.html)

Influenza-Associated Pediatric Mortality

One influenza-associated pediatric death occurring during the 2022-2023 season was reported to CDC during week 42. The death was associated with an influenza A(H3) virus and occurred during week 40 (the week ending October 8, 2022). This is the first influenza-associated pediatric death occurring during the 2022-2023 season that has been reported to CDC.

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

View Full Screen (/flu/weekly/weeklyarchives2022-2023/PedFlu42.html)

Additional pediatric mortality surveillance information for current and past seasons:
Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#PediatricMortality) | FluView Interactive (https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html)

Additional National and International Influenza Surveillance Information

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/influenza/fluinfo.

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

Connecticut (https://portal.ct.gov/DPH/Epidemiology-ar Emerging-Infections/Influenza-Surveillance-and-Statistics)

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

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

Iowa (https://idph.iowa.gov/influenza)

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 (https://dphhs.mt.gov/publichealth/cdepi/diseases/influen

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://oklahoma.gov/health/health-education/acute-disease-service/disease-information/influ home-page.html)

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

South Dakota (https://doh.sd.gov/diseases/infectious/flu/surveillance.asp

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

Virginia (http://www.vdh.virginia.gov/epidemiology/influ in-virginia/influenza-surveillance/)

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

New York City (http://www1.nyc.gov/site/doh/providers topics/flu-alerts.page)

World Health Organization:

Additional influenza surveillance information from participating WHO member nations is available through FluNet ↗ (https://www.who.int/tools/flunet) and the Global Epidemiology Reports. ↗ (https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs)

WHO Collaborating Centers for Influenza:

Australia ↗ (http://www.influenzacentre.org/Surveillance_Samples_Received.html), 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.