



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

[Influenza \(Flu\) Home \(/flu/index.htm\)](#)

FluView Summary ending on October 15, 2022

Updated October 21, 2022



Note: CDC is tracking the COVID-19 pandemic in a weekly publication called [COVID Data Tracker \(https://covid.cdc.gov/covid-data-tracker/#datatracker-home\)](https://covid.cdc.gov/covid-data-tracker/#datatracker-home).

Key Updates for Week 41, ending October 15, 2022

Early increases in seasonal influenza activity have been reported in most of the United States, with the southeast and south-central areas of the country reporting the highest levels of activity.

Viruses

Clinical Lab	Public Health Lab	Virus Characterization
<p>4.4% positive for influenza this week (/flu/weekly/index.htm#ClinicalLaboratories)</p>	<p>The most frequently reported viruses this week were influenza A(H3N2). (/flu/weekly/index.htm#PublicHealthLaboratories)</p>	<p>Genetic and antigenic characterization are summarized in this report. (/flu/weekly/index.htm#VirusCharacterization)</p>

Illness

Outpatient Respiratory Illness
<p>3.0% of visits to a health care provider are for respiratory illness this week (above baseline) (/flu/weekly/index.htm#LINet)</p>

Outpatient Respiratory Illness: Activity Map

This week, 8 jurisdictions experienced moderate activity and 10 jurisdictions experienced high or very high activity.

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

Long-term Care Facilities

0.4%

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

Hospitalization rates will be updated starting later this season.

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

HHS Protect Hospitalizations

1,674

patients admitted to hospitals with influenza
this week.

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

NCHS Mortality

8.8%

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

0

influenza-associated deaths 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 [\(/flu/weekly/overview.htm\)](/flu/weekly/overview.htm) page.

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

Key Points

- Influenza activity is increasing in most of the country. Regions 4 (southeast) and 6 (south-central) are reporting the highest levels of flu activity.
- 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, ideally by the end of October.
- 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 [\(/flu/weekly/overview.htm#LabSurveillance\)](/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 $\geq 0.5\%$ this week in regions 3, 4, 6, and 9, and was similar to or lower than the previous week in all other regions. For regional and state level data and age group distribution, please visit [FluView Interactive \(https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html\)](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 41	Data Cumulative since October 2, 2022 (Week 40)
No. of specimens tested	61,813	134,628
No. of positive specimens (%)	2,712 (4.4%)	4,782 (3.6%)
<i>Positive specimens by type</i>		
Influenza A	2,639 (97.3%)	4,610 (96.4%)
Influenza B	73 (2.7%)	172 (3.6%)

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

[View Chart Data \(/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_cl41.html\)](/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_cl41.html) | [View Full Screen \(/flu/weekly/WeeklyArchives2022-2023/WHONPHL41.html\)](/flu/weekly/WeeklyArchives2022-2023/WHONPHL41.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 41	Data Cumulative since October 2, 2022 (Week 40)
No. of specimens tested	6,854	14,607
No. of positive specimens	137	349
<i>Positive specimens by type/subtype</i>		
Influenza A	135 (98.5%)	341 (97.7%)
(H1N1)pdm09	20 (22.5%)	50 (20.5%)
H3N2	69 (77.5%)	194 (79.5%)

H3N2v	0	0
Subtyping not performed	46	97
Influenza B	2 (1.5%)	8 (2.3%)
Yamagata lineage	0	0
Victoria lineage	0	2 (100%)
Lineage not performed	2	6

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

[View Chart Data \(/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_ph41.html\)](/flu/weekly/weeklyarchives2022-2023/data/whoAllregt_ph41.html) | [View Full Screen \(/flu/weekly/weeklyarchives2022-2023/WhoPHL41.html\)](/flu/weekly/weeklyarchives2022-2023/WhoPHL41.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)

Novel Influenza A Virus

A human infection with a novel influenza A virus was reported by the Michigan Department of Health and Human Services. The patient was infected with an influenza A(H3N2) variant (A(H3N2)v) virus. The illness occurred during week 36 of 2022. The patient is <18 years of age, was not hospitalized, and has recovered from their illness. An investigation by local public health officials found that the patient had indirect swine exposure at an agricultural fair prior to their illness onset. Additional investigation did not identify respiratory illness in any of the patient's household contacts. No person-to-person transmission of A(H3N2)v virus associated with this patient has been identified.

A total of nine human infections with variant novel influenza A viruses have been reported in the United States in 2022, including four H3N2v (Michigan (1) West Virginia (3)) and five H1N2v (Georgia, Michigan, Ohio, Oregon, Wisconsin) viruses. When an influenza virus that normally circulates in swine (but not people) is detected in a person, it is called a "variant" influenza virus. Most human infections with variant influenza viruses occur following exposure to swine, but human-to-human transmission can occur. It is important to note that in most cases, variant influenza viruses have not shown the ability to spread easily and sustainably from person to person.

Early identification and investigation of human infections with novel influenza A viruses are critical so that the risk of infection can be understood, and appropriate public health measures can be taken.

Additional information on [influenza in swine, variant influenza virus infection in humans \(/flu/swineflu/index.htm\)](#), and guidance to interact safely with swine is available.

Additional information regarding human infections with novel influenza A viruses:

[Surveillance Methods \(/flu/weekly/overview.htm#NovelASurveillance\)](#) | [FluView Interactive \(http://gis.cdc.gov/grasp/fluview/Novel_Influenza.html\)](#)

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

CDC performs [genetic \(https://www.cdc.gov/flu/about/professionals/genetic-characterization.htm\)](https://www.cdc.gov/flu/about/professionals/genetic-characterization.htm) and [antigenic \(https://www.cdc.gov/flu/about/professionals/antigenic.htm\)](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 446 influenza viruses collected since May 1, 2022.

Virus Subtype or Lineage	Genetic Characterization				
	Total No. of Subtype/Lineage Tested	HA Clade	Number (% of subtype/lineage tested)	HA Subclade	Number (% of subtype/lineage tested)
A/H1	36				
		6B.1A	36 (100%)	5a.1	5 (13.9%)
				5a.2	31 (86.1%)
A/H3	408				
		3C.2a1b	408 (100%)	1a	0
				1b	0
				2a	0

				2a.1	0
				2a.2	408 (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:** Eleven A(H1N1)pdm09 viruses were antigenically characterized by HI, and 9 (82%) 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 9 (82%) 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-two 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 30 (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

(<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) (<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) (<https://www.cdc.gov/surveillance/nrevss/index.html>).

Outpatient Respiratory Illness Visits

Nationwide during week 41, 3.0% 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 40 and is above the national baseline of 2.5%. Regions 2, 3, 4, and 6 are above their region-specific baselines, and regions 7 and 9 are at their respective baselines. The remaining four 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 \(current season only\) \(/flu/weekly/weeklyarchives2022-2023/data/senAllregt41.html\)](/flu/weekly/weeklyarchives2022-2023/data/senAllregt41.html) | [View Full Screen \(/flu/weekly/weeklyarchives2022-2023/ILI41.html\)](/flu/weekly/weeklyarchives2022-2023/ILI41.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 \(/flu/weekly/weeklyarchives2022-2023/data/liage41.html\)](/flu/weekly/weeklyarchives2022-2023/data/liage41.html) | [View Full Screen \(/flu/weekly/weeklyarchives2022-2023/ILIAge41.html\)](/flu/weekly/weeklyarchives2022-2023/ILIAge41.html)

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).

	Number of Jurisdictions		Number of CBSAs	
	Week 41	Week 40	Week 41	Week 40

Activity Level	(Week ending Oct. 15, 2022)	(Week ending Oct. 8, 2022)	(Week ending Oct. 15, 2022)	(Week ending Oct. 8, 2022)
Very High	1	1	9	9
High	9	4	38	23
Moderate	8	4	60	38
Low	9	14	101	106
Minimal	28	32	389	495
Insufficient Data	0	0	332	258

*Data collected in ILINet may disproportionately 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) (<https://www.cdc.gov/nhsn/ltc/index.html>). During week 41, 64 (0.4%) of 14,239 reporting LTCFs reported at least one influenza positive test among their residents.

(</flu/weekly/weeklyarchives2022-2023/LTCF41.html>) [View Chart Data](#)  (</flu/weekly/weeklyarchives2022-2023/data/LTCFData41.csv>) | [View Full Screen](#)
(</flu/weekly/weeklyarchives2022-2023/LTCF41.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

(<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 selected counties in 14 states and represents approximately 9% of the U.S. population. FluSurv-NET estimated hospitalization rates will be updated weekly starting later this season.


Additional FluSurv-NET hospitalization surveillance information for current and past seasons and additional age groups:

Surveillance Methods (</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 41, 1,674 patients with laboratory-confirmed influenza were admitted to a hospital.

</flu/weekly/weeklyarchives2022-2023/Protect41.html> View Chart Data  </flu/weekly/weeklyarchives2022-2023/data/ProtectData41.csv> | [View Full Screen](#)
</flu/weekly/weeklyarchives2022-2023/Protect41.html>

Additional HHS Protect hospitalization surveillance information:

[Surveillance Methods \(/flu/weekly/overview.htm#HHSProtect\)](/flu/weekly/overview.htm#HHSProtect) | [Additional Data](#)  (<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>)

National Center for Health Statistics (NCHS) Mortality Surveillance

Based on NCHS mortality surveillance data available on October 20, 2022, 8.8% of the deaths that occurred during the week ending October 15, 2022 (week 41), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is above the epidemic threshold of 5.8% for this week. Among the 2,060 PIC deaths reported for this week, 931 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and 18 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/NCHSData41.csv>) | [View Full Screen](#) (</flu/weekly/weeklyarchives2022-2023/NCHS41.html>)

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

[Surveillance Methods](#) (/flu/weekly/overview.htm#anchor_1539281356004) | [FluView Interactive](#) (<https://gis.cdc.gov/grasp/fluview/mortality.html>)

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths were reported to CDC during week 41. No influenza-associated pediatric deaths occurring during the 2022-2023 season have been reported to CDC.

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

[View Full Screen \(/flu/weekly/weeklyarchives2022-2023/PedFlu41.html\)](/flu/weekly/weeklyarchives2022-2023/PedFlu41.html)

Additional pediatric mortality surveillance information for current and past seasons:

[Surveillance Methods \(/flu/weekly/overview.htm#anchor_1571168571051\)](/flu/weekly/overview.htm#anchor_1571168571051) | [FluView Interactive \(https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html\)](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 \(/flu/weekly/fluviewinteractive.htm\)](/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 \(/niosh/topics/absences/default.html\)](/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.aspx)	Arizona 
Colorado  (https://www.colorado.gov/pacific/cdphe/influenza)	Connecticut  (https://portal.ct.gov/DPH/Epidemiology-and-Emerging-Infections/Influenza-Surveillance-and-Statistics)	Delaware
Georgia  (https://dph.georgia.gov/epidemiology/influenza/flu-activity-georgia)	Hawaii  (http://health.hawaii.gov/docd/resources/reports/influenza-reports/)	Idaho 
Iowa  (https://idph.iowa.gov/immmtb/immunization/influenza)	Kansas  (http://www.kdheks.gov/flu/surveillance.htm)	Kentucky
Maryland  (https://phpa.health.maryland.gov/influenza/fluwatch/)	Massachusetts  (https://www.mass.gov/influenza)	Michigan
Missouri  (http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php)	Montana  (https://dphhs.mt.gov/publichealth/cdepi/diseases/influenza/index)	Nebraska
New Jersey  (http://www.nj.gov/health/cd/topics/flu.shtml)	New Mexico  (https://nmhealth.org/about/erd/ideb/isp/)	New York
Ohio  (https://odh.ohio.gov/know-our-programs/seasonal-influenza)	Oklahoma  (https://oklahoma.gov/health/services/personal-health/immunizations/provider/influenza-.html)	Oregon 
South Carolina  (http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/)	South Dakota  (http://doh.sd.gov/diseases/infectious/flu/default.aspx)	Tennessee
Vermont  (http://www.healthvermont.gov/immunizations-infectious-disease/influenza/flu-activity-and-surveillance)	Virginia  (http://www.vdh.virginia.gov/epidemiology/influenza-flu-in-virginia/influenza-surveillance/)	Washington  (http://www)
Wyoming  (https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/influenza/)	New York City  (http://www1.nyc.gov/site/doh/providers/health-topics/flu-alerts.page)	Puerto Rico

World Health Organization:

Additional influenza surveillance information from participating WHO member nations is available through

FluNet [↗](https://www.who.int/tools/flunet) (<https://www.who.int/tools/flunet>) and the Global Epidemiology Reports. [↗](https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring) (<https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring>)

WHO Collaborating Centers for Influenza:

Australia [↗](http://www.influenzacentre.org/) (<http://www.influenzacentre.org/>), China [↗](https://ivdc.chinacdc.cn/cnic/) (<https://ivdc.chinacdc.cn/cnic/>), Japan [↗](http://idsc.nih.go.jp/index.html) (<http://idsc.nih.go.jp/index.html>), the United Kingdom [↗](https://www.crick.ac.uk/research/worldwide-influenza-centre) (<https://www.crick.ac.uk/research/worldwide-influenza-centre>), and the United States (*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/) (<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/) (<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/) (<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 \(/flu/weekly/overview.htm\)](/flu/weekly/overview.htm) page.

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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>)