



Respiratory Illnesses

Severe Viral Respiratory Illness

Provides an update on how respiratory viruses are contributing to serious health outcomes, like hospitalizations and deaths, both nationally and in your state.

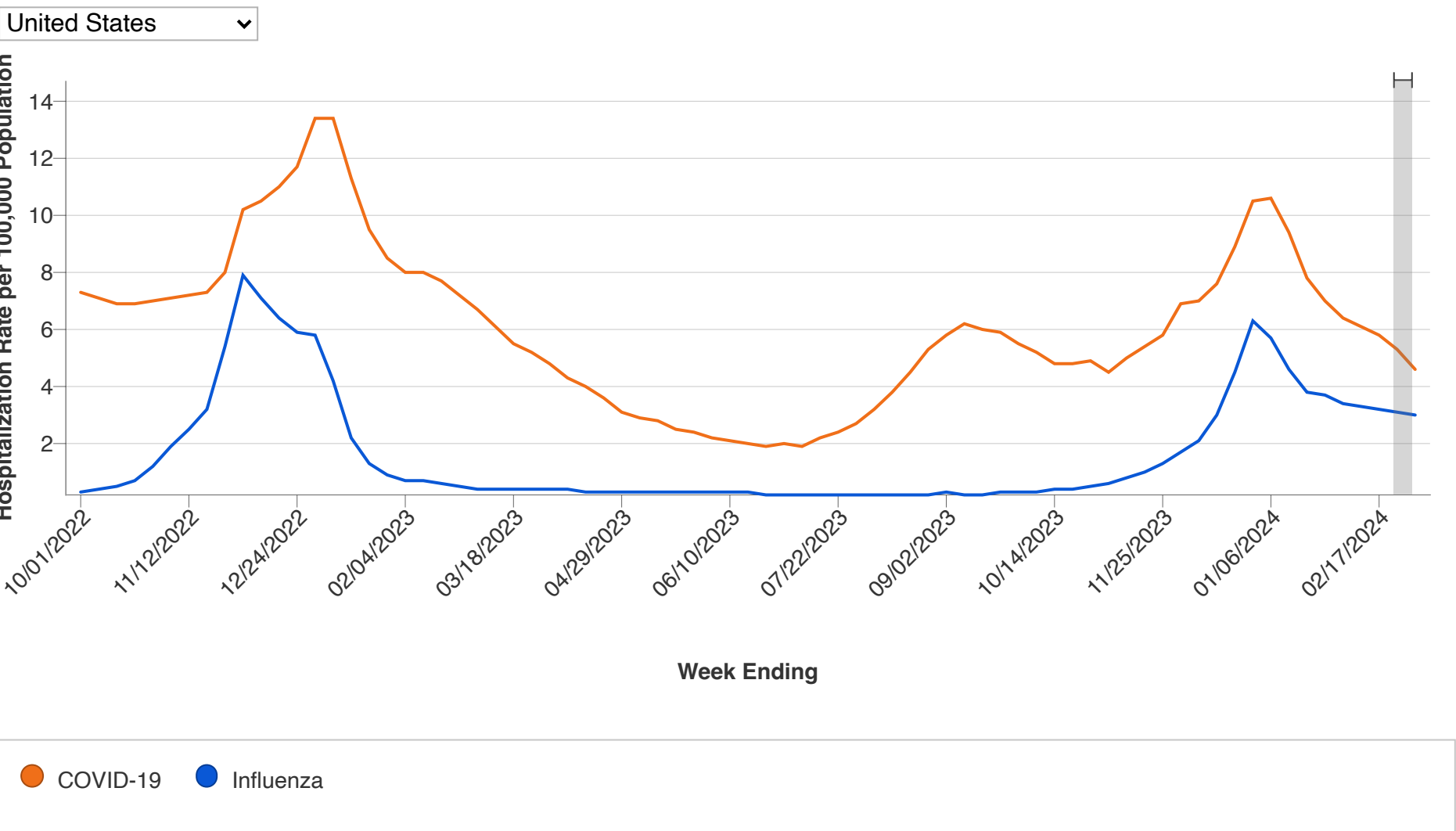
Illness Severity Update:

- Rates of COVID-19-, and influenza-related hospitalizations remain elevated but are decreasing in some parts of the country. RSV-related hospitalizations but are decreasing in all areas of the country.
- Nationally, for the week ending February 24, the percent of total deaths due to COVID-19, influenza, or RSV remained stable at 2.9%. All indicators remained stable including the percent of COVID-19 (2.2%), influenza (0.7%) and RSV (<0.1%) deaths.

Reported on Friday, March 8th, 2024.

COVID-19 and Influenza Hospitalization Rates

Weekly (7-day total) hospitalization rates reported per 100,000 population. RSV hospitalizations are not included in this dataset (see footnotes). Preliminary data are shaded in gray.



Data presented through: 03/02/2024; Data as of: 03/07/2024

[Dataset on data.cdc.gov](#) | [Link to Dataset](#)

Week Ending	COVID-19	Influenza
10/01/2022	7.3	0.3
10/08/2022	7.1	0.4
10/15/2022	6.9	0.5
10/22/2022	6.9	0.7
10/29/2022	7.0	1.2
11/05/2022	7.1	1.9
11/12/2022	7.2	2.5
11/19/2022	7.3	3.2
11/26/2022	8.0	5.4
12/03/2022	10.2	7.9
12/10/2022	10.5	7.1
12/17/2022	11.0	6.4
12/24/2022	11.7	5.9
12/31/2022	13.4	5.8
01/07/2023	13.4	4.2
01/14/2023	11.3	2.2
01/21/2023	9.5	1.3
01/28/2023	8.5	0.9
02/04/2023	8.0	0.7
02/11/2023	8.0	0.7
02/18/2023	7.7	0.6
02/25/2023	7.2	0.5
03/04/2023	6.7	0.4
03/11/2023	6.1	0.4
03/18/2023	5.5	0.4
03/25/2023	5.2	0.4
04/01/2023	4.8	0.4
04/08/2023	4.3	0.4
04/15/2023	4.0	0.3
04/22/2023	3.6	0.3
04/29/2023	3.1	0.3
05/06/2023	2.9	0.3
05/13/2023	2.8	0.3
05/20/2023	2.5	0.3
05/27/2023	2.4	0.3
06/03/2023	2.2	0.3
06/10/2023	2.1	0.3
06/17/2023	2.0	0.3
06/24/2023	1.9	0.2
07/01/2023	2.0	0.2
07/08/2023	1.9	0.2
07/15/2023	2.2	0.2
07/22/2023	2.4	0.2
07/29/2023	2.7	0.2

Week Ending	COVID-19	Influenza
08/05/2023	3.2	0.2
08/12/2023	3.8	0.2
08/19/2023	4.5	0.2
08/26/2023	5.3	0.2
09/02/2023	5.8	0.3
09/09/2023	6.2	0.2
09/16/2023	6.0	0.2
09/23/2023	5.9	0.3
09/30/2023	5.5	0.3
10/07/2023	5.2	0.3
10/14/2023	4.8	0.4
10/21/2023	4.8	0.4
10/28/2023	4.9	0.5
11/04/2023	4.5	0.6
11/11/2023	5.0	0.8
11/18/2023	5.4	1.0
11/25/2023	5.8	1.3
12/02/2023	6.9	1.7
12/09/2023	7.0	2.1
12/16/2023	7.6	3.0
12/23/2023	8.9	4.5
12/30/2023	10.5	6.3
01/06/2024	10.6	5.7
01/13/2024	9.4	4.6
01/20/2024	7.8	3.8
01/27/2024	7.0	3.7
02/03/2024	6.4	3.4
02/10/2024	6.1	3.3
02/17/2024	5.8	3.2
02/24/2024	5.3	3.1
03/02/2024	4.6	3.0

Data Notes: COVID-19 and Influenza Hospitalization Rates



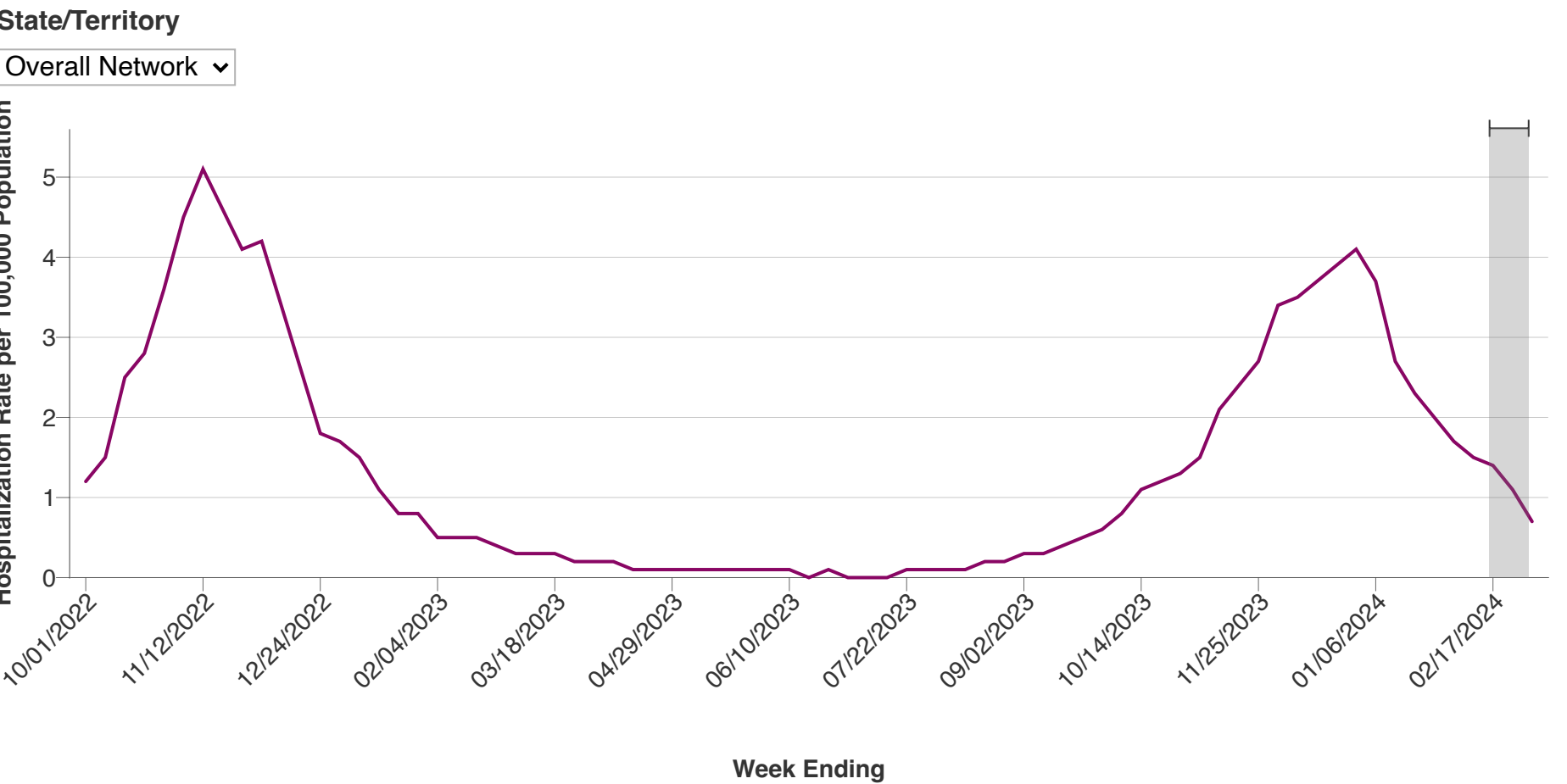
- **Source:** CDC's National Healthcare Safety Network (NHSN).
- Additional information available at: <https://www.cdc.gov/nhsn/covid19/hospital-reporting.html>.
- March 1, 2024: Hospitalization data reported to CDC's NHSN through February 24, 2024, may be impacted by a CDC system upgrade that took place between February 23, 2024, and February 27, 2024. Metrics including new hospital admissions for COVID-19 and influenza and hospital occupancy may change over time due to backfilling of additional historical data.
- As of December 15, 2022, COVID-19 and influenza hospital data are required to be reported to CDC's NHSN, which monitors national and local trends in healthcare system stress, capacity, and community disease levels for approximately 6,000 hospitals in the United States. Data reported by hospitals to NHSN represent aggregated counts and include metrics capturing information specific to hospital capacity, occupancy, hospitalizations, and

admissions. Prior to December 15, 2022, hospitals reported data directly to the U.S. Department of Health and Human Services (HHS) or via a state submission for collection in the HHS Unified Hospital Data Surveillance System (UHDSS).

- Data are preliminary and subject to change as more data become available.
- COVID-19 and influenza hospital admissions data displayed represent facility-level data reported by U.S hospitals in the 50 states, the District of Columbia, and all U.S. territories. Many hospital subtypes, including acute care and critical access hospitals, as well as Veterans Administration, Defense Health Agency, and Indian Health Service hospitals, are included in the metric calculations displayed. Psychiatric, rehabilitation, and religious non-medical hospital types are excluded from calculations.
- Weekly total new hospital admissions of patients with COVID-19 or influenza per 100,000 population: Total number of new admissions of patients with laboratory-confirmed COVID-19 or influenza (including both adult and pediatric admissions) for the entire jurisdiction divided by 2019 intercensal population estimate for that jurisdiction multiplied by 100,000, for any weekly period defined as Sunday – Saturday.
- Hospital admissions for respiratory syncytial virus (RSV) are not currently reported to NHSN, so are not included in this visualization. See respiratory syncytial virus (RSV) Hospitalization Rates figure for respiratory syncytial virus (RSV)-specific information.
- Full details on COVID-19 and influenza hospital data reporting guidance, including data elements and definitions, can be found here: <https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf> [724 KB, 57 pages] .

RSV Hospitalization Rates

Weekly hospitalization rates reported per 100,000 population. Based on findings from participating sites in 58 counties in 12 states. Preliminary data are shaded in gray.



Data presented through: 03/02/2024; Data as of: 03/07/2024

[Dataset on data.cdc.gov](#) | [Link to Dataset](#)

Data Table	
Week Ending	RSV
10/01/2022	1.2
10/08/2022	1.5
10/15/2022	2.5

Week Ending	RSV
10/22/2022	2.8
10/29/2022	3.6
11/05/2022	4.5
11/12/2022	5.1
11/19/2022	4.6
11/26/2022	4.1
12/03/2022	4.2
12/10/2022	3.4
12/17/2022	2.6
12/24/2022	1.8
12/31/2022	1.7
01/07/2023	1.5
01/14/2023	1.1
01/21/2023	0.8
01/28/2023	0.8
02/04/2023	0.5
02/11/2023	0.5
02/18/2023	0.5
02/25/2023	0.4
03/04/2023	0.3
03/11/2023	0.3
03/18/2023	0.3
03/25/2023	0.2
04/01/2023	0.2
04/08/2023	0.2
04/15/2023	0.1
04/22/2023	0.1
04/29/2023	0.1
05/06/2023	0.1
05/13/2023	0.1
05/20/2023	0.1
05/27/2023	0.1
06/03/2023	0.1
06/10/2023	0.1
06/17/2023	0.0
06/24/2023	0.1
07/01/2023	0.0
07/08/2023	0.0
07/15/2023	0.0
07/22/2023	0.1
07/29/2023	0.1
08/05/2023	0.1
08/12/2023	0.1
08/19/2023	0.2

Week Ending	RSV
08/26/2023	0.2
09/02/2023	0.3
09/09/2023	0.3
09/16/2023	0.4
09/23/2023	0.5
09/30/2023	0.6
10/07/2023	0.8
10/14/2023	1.1
10/21/2023	1.2
10/28/2023	1.3
11/04/2023	1.5
11/11/2023	2.1
11/18/2023	2.4
11/25/2023	2.7
12/02/2023	3.4
12/09/2023	3.5
12/16/2023	3.7
12/23/2023	3.9
12/30/2023	4.1
01/06/2024	3.7
01/13/2024	2.7
01/20/2024	2.3
01/27/2024	2.0
02/03/2024	1.7
02/10/2024	1.5
02/17/2024	1.4
02/24/2024	1.1
03/02/2024	0.7

Data Notes: RSV Hospitalization Rates

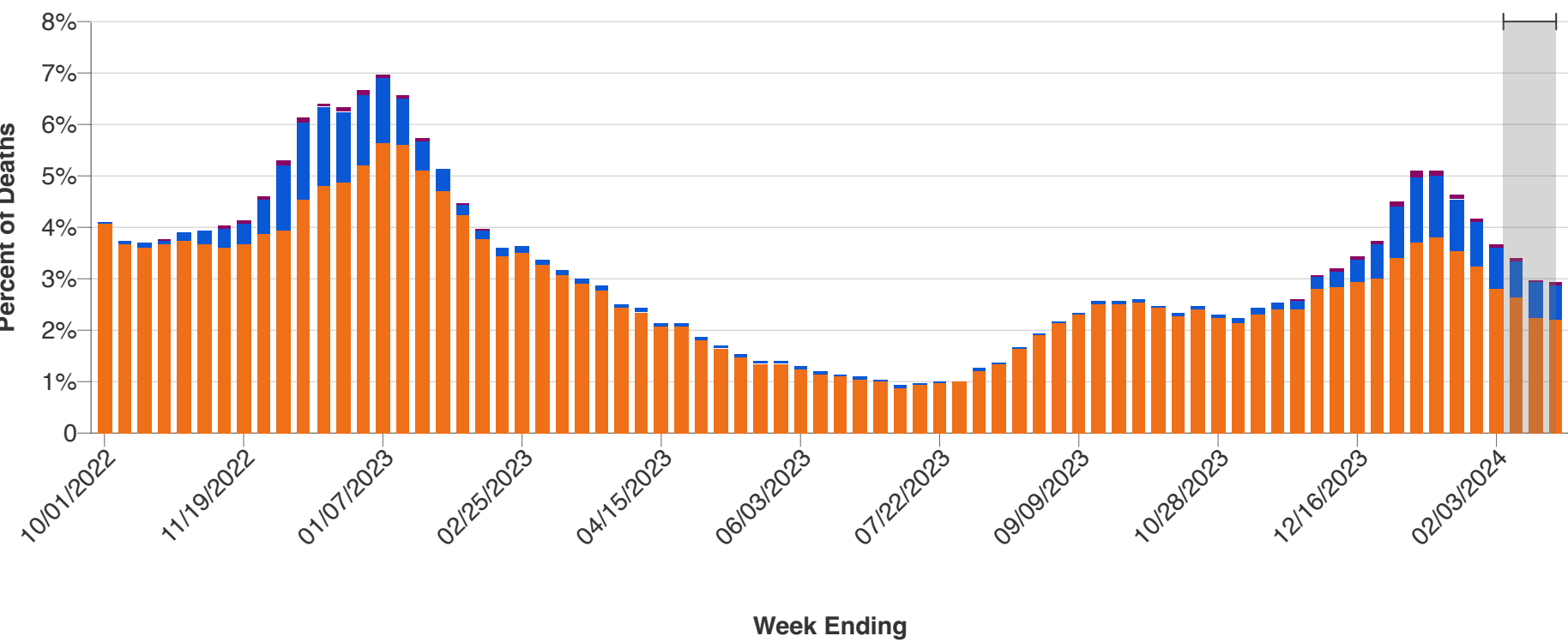


- **Source:** Respiratory Syncytial Virus (RSV)-Associated Hospitalization Surveillance Network (RSV-NET).
- Additional information available at: <https://www.cdc.gov/rsv/research/rsv-net/index.html>.
- Data are collected and reported from a network of sites in acute-care hospitals across 58 counties in 12 states; data are provided for the overall combined network and for each state with contributing hospitals.
- Data are preliminary and subject to change as more data become available. In particular, case counts and rates for recent hospital admissions are subject to lag. Data for the last four weeks may be affected by potential reporting delays; caution should be taken when interpreting these data.
- Incidence rates of respiratory syncytial virus (RSV)-associated hospitalizations (per 100,000) are calculated using the National Center for Health statistics (NCHS) vintage 2020 bridged-race postcensal population estimates for the counties included in the surveillance area.
- These rates are likely to be underestimated as some respiratory syncytial virus (RSV)-associated hospitalizations might be missed because of undertesting, differing provider or facility testing practices, and diagnostic test sensitivity. Rates presented do not adjust for testing practices which may differ by pathogen, age, race and ethnicity, and other demographic criteria.

- The NCHS bridged-race population estimates used as denominators for race provide data for children ages 0–1 year. To calculate rates of hospitalization among children ages <6 months and 6 months to <12 months, the population estimate for children ages 0–1 year is halved.

Trends in Viral Respiratory Deaths in the United States

Weekly percent of total deaths associated with COVID-19, influenza, and RSV. Preliminary data are shaded in gray.



One or more data points are based on death counts between 1-9 and have been suppressed in accordance with National Center for Health Statistics confidentiality standards.

Data presented through: 02/24/2024; Data as of: 03/05/2024

[Dataset on data.cdc.gov](#) | [Link to Dataset](#)

Data Table			
week_end	COVID-19	Influenza	RSV
10/01/2022	4.1%	0.0%	
10/08/2022	3.7%	0.1%	
10/15/2022	3.6%	0.1%	0.0%
10/22/2022	3.7%	0.1%	0.0%
10/29/2022	3.7%	0.2%	0.0%
11/05/2022	3.7%	0.2%	0.0%
11/12/2022	3.6%	0.4%	0.1%
11/19/2022	3.7%	0.4%	0.1%
11/26/2022	3.9%	0.7%	0.1%
12/03/2022	3.9%	1.3%	0.1%
12/10/2022	4.5%	1.5%	0.1%
12/17/2022	4.8%	1.6%	0.1%
12/24/2022	4.9%	1.4%	0.1%
12/31/2022	5.2%	1.4%	0.1%
01/07/2023	5.6%	1.3%	0.1%
01/14/2023	5.6%	0.9%	0.1%
01/21/2023	5.1%	0.6%	0.1%

week_end	COVID-19	Influenza	RSV
01/28/2023	4.7%	0.4%	0.0%
02/04/2023	4.2%	0.2%	0.0%
02/11/2023	3.8%	0.2%	0.0%
02/18/2023	3.4%	0.2%	
02/25/2023	3.5%	0.1%	
03/04/2023	3.3%	0.1%	
03/11/2023	3.1%	0.1%	0.0%
03/18/2023	2.9%	0.1%	
03/25/2023	2.8%	0.1%	
04/01/2023	2.4%	0.1%	
04/08/2023	2.4%	0.1%	
04/15/2023	2.1%	0.1%	
04/22/2023	2.1%	0.1%	0.0%
04/29/2023	1.8%	0.1%	
05/06/2023	1.7%	0.1%	
05/13/2023	1.5%	0.1%	
05/20/2023	1.4%	0.1%	
05/27/2023	1.4%	0.1%	
06/03/2023	1.2%	0.1%	
06/10/2023	1.1%	0.1%	
06/17/2023	1.1%	0.1%	
06/24/2023	1.0%	0.1%	
07/01/2023	1.0%	0.0%	
07/08/2023	0.9%	0.1%	0.0%
07/15/2023	0.9%	0.0%	0.0%
07/22/2023	1.0%	0.0%	
07/29/2023	1.0%	0.0%	0.0%
08/05/2023	1.2%	0.1%	0.0%
08/12/2023	1.3%	0.0%	
08/19/2023	1.6%	0.0%	
08/26/2023	1.9%	0.0%	0.0%
09/02/2023	2.1%	0.0%	
09/09/2023	2.3%	0.1%	
09/16/2023	2.5%	0.1%	
09/23/2023	2.5%	0.1%	
09/30/2023	2.6%	0.1%	
10/07/2023	2.4%	0.0%	
10/14/2023	2.3%	0.1%	
10/21/2023	2.4%	0.1%	
10/28/2023	2.2%	0.1%	
11/04/2023	2.1%	0.1%	
11/11/2023	2.3%	0.1%	0.0%
11/18/2023	2.4%	0.1%	0.0%
11/25/2023	2.4%	0.2%	0.0%

week_end	COVID-19	Influenza	RSV
12/02/2023	2.8%	0.3%	0.0%
12/09/2023	2.8%	0.3%	0.1%
12/16/2023	2.9%	0.4%	0.1%
12/23/2023	3.0%	0.7%	0.1%
12/30/2023	3.4%	1.0%	0.1%
01/06/2024	3.7%	1.3%	0.1%
01/13/2024	3.8%	1.2%	0.1%
01/20/2024	3.5%	1.0%	0.1%
01/27/2024	3.2%	0.9%	0.1%
02/03/2024	2.8%	0.8%	0.1%
02/10/2024	2.6%	0.7%	0.1%
02/17/2024	2.2%	0.7%	0.1%
02/24/2024	2.2%	0.7%	0.0%

Data Notes: Viral Respiratory Deaths



- **Source:** Provisional Deaths from the CDC’s National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS). Accessed from <https://wonder.cdc.gov/mcd-icd10-provisional.html>
- Provisional data are non-final counts of deaths based on the flow of mortality data in NVSS. Data during recent periods are incomplete because of the lag in time between when a death occurs and when a death certificate is completed, submitted to NCHS, and processed for reporting. This delay can range from 1 week to 8 weeks or more, depending on the jurisdiction.
- Definitions: Provisional data are non-final counts of deaths based on the flow of mortality data in NVSS. Cause-specific death counts are defined as those deaths with the designated ICD-10 codes listed as an underlying or contributing cause of death on the death certificate. The ICD-10 code definitions are as follows: COVID-19 (U07.1), Influenza (J09-J11), Respiratory Syncytial Virus (J12.1, J20.5, J21.0).
- The death certificate data presented here provide a timely understanding of trends in deaths associated with each condition. However, it has been long recognized that only counting deaths where influenza was recorded on death certificates would [underestimate influenza’s overall impact on mortality](#). Influenza can lead to death from other causes, such as pneumonia and congestive heart failure; however, it may not be listed on the death certificate as a contributing cause for multiple reasons, including a lack of testing. Therefore, CDC has an established history of using models to [estimate influenza-associated death totals](#). While under-reporting of deaths attributed to RSV- and COVID-19 likely also occurs, regularly updated model estimates are currently not available. Modeled burden estimates for influenza are not directly comparable to death certificate derived counts for COVID-19 and RSV.
- Death data are displayed by date of death. Death data reported are based on the total number of deaths received and coded as of the date of analysis and may not represent all deaths that occurred in that period.
- Percent of deaths is not presented for weeks where death counts are between 1-9 in accordance with NCHS data confidentiality standards.
- Provisional death data represent deaths among U.S. residents and occurring in the 50 states, plus the District of Columbia. Assignment to a geographic area is based on the place of residence listed on the death certificate. Data from U.S. territories are not currently included in NVSS provisional reporting.
- The percentage of all reported deaths that are attributed as COVID-19/Influenza/Respiratory syncytial virus (RSV) is calculated as the number of COVID-19/Influenza/Respiratory syncytial virus (RSV) deaths divided by the number of deaths from all causes multiplied by 100. The percentage of deaths is less affected by incomplete reporting in recent weeks because death certificate data from natural causes of death and all causes have similar timeliness.

Explore deeper data

Respiratory Virus Hospitalizations Dashboard

COVID-19 Hospital Admissions by County

COVID-19 Hospital Admissions Dashboard

COVID-19 Mortality Data

Influenza Hospitalizations Dashboards

RSV Hospitalizations Dashboard

 **PREVIOUS**
Respiratory Virus Activity Levels

NEXT
Groups Most Impacted: Emergency Department Visits

