Weekly U.S. Influenza Surveillance Report

Updated May 24, 2024

FLUVIEW

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Key Updates for Week 20, ending May 18, 2024

Seasonal influenza activity is low nationally.

Viruses

Clinical Lab

2.0% (Trend ➡)

positive for influenza this week

(/flu/weekly/index.htm#ClinicalLaboratories)

Public Health Lab

Influenza A(H1N1)pdm09, A(H3N2), and B viruses were all co-circulating this week.

(/flu/weekly/index.htm#PublicHealthLaboratories)

Virus Characterization

Genetic and antigenic characterization and antiviral susceptibility are summarized in this report.

(/flu/weekly/index.htm#VirusCharacterization)

Illness

Outpatient Respiratory Illness

2.0% (Trend ➡)

of visits to a health care provider this week were for respiratory illness
(below baseline).

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

Outpatient Respiratory Illness: Map

2 Moderate

0 High or Very High

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

FluSurv-NET

0.2 per 100,000

weekly hospitalization rate.

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

NCHS Mortality

0.1% (Trend ⬇)

of deaths attributed to influenza this week.

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

Pediatric Deaths

2

influenza-associated deaths were reported this week for a total of 169 deaths this season.

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

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

Directional arrows indicate changes between the current week and the previous week. Additional information (/flu/weekly/index.htm#Trends) on the arrows can be found at the bottom of this page.

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

- Seasonal influenza activity remains low nationally.
- Nationally, outpatient respiratory illness remained stable and is below baseline for the seventh week in a row.[1] All 10 HHS regions are below their region-specific baselines.
- One human infection with an influenza A(H5N1) virus was reported by the Michigan Department of Health.
- During Week 20, of the 64 viruses reported by public health laboratories, 49 (76.6%) were influenza A and 15 (23.4%) were influenza B. Of the 38 influenza A viruses subtyped during Week 20, 15 (39.5%) were influenza A(H1N1)pdm09 and 23 (60.5%) were A(H3N2).
- Two influenza-associated pediatric deaths were reported to CDC during Week 20, bringing the season total to 169 pediatric deaths.
- CDC estimates that there have been at least 35 million illnesses, 390,000 hospitalizations, and 25,000 deaths from flu so far this season.
- CDC recommends that everyone 6 months and older get an annual flu vaccine as long as flu activity continues.[2]
- There also are prescription flu antiviral drugs that can treat flu illness; those should be started as early as possible and are especially important for higher risk patients.[3]
- Seasonal flu viruses are among several viruses contributing to respiratory disease activity. CDC is providing updated, integrated information (https://www.cdc.gov/respiratory-viruses/index.html) about COVID-19, flu, and RSV activity on a weekly basis.

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

Nationally, the percentage of respiratory specimens testing positive for influenza in clinical laboratories remained stable (change of ≤0.5 percentage points) compared to the previous week. Regions 1, 2, 7, and 9 decreased in percent positivity while regions 3, 4, 5, 6, 8, and 10 remained stable during Week 20 compared to Week 19. The regions with the highest percent positivity were regions 10 (4.8%), 9 (2.9%), and 8 (2.0%). Nationally, influenza A(H1N1)pdm09, A(H3N2), and B/Victoria viruses are all co-circulating. However, the distribution of circulating viruses varies by region. 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 receipt of live attenuated influenza vaccine (LAIV) or found upon further testing to be a vaccine virus are not included, as they are not circulating influenza viruses.
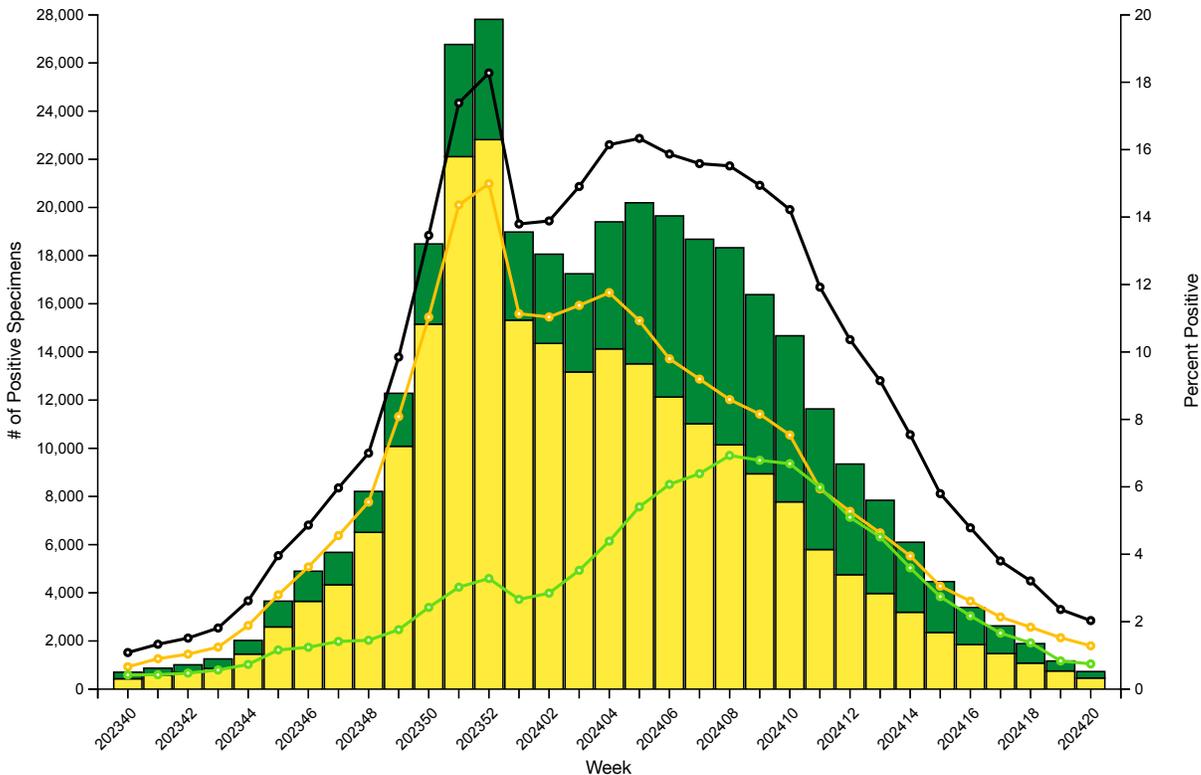
Clinical Laboratories

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 virus) are used to monitor whether influenza activity is increasing or decreasing.

	Week 20	Data Cumulative since October 1, 2023 (Week 40)
No. of specimens tested	35,946	3,234,435
No. of positive specimens (%)	731 (2.0%)	344,458 (10.6%)
Positive specimens by type		
Influenza A	462 (63.2%)	237,465 (68.9%)
Influenza B	269 (36.8%)	106,982 (31.1%)

Season: 2023-24   **Surveillance Area:** National

Influenza Positive Tests Reported to CDC by Clinical Laboratories, National Summary, 2023-24 Season, week ending May 18, 2024

☑ Check All ☑ — Percent Positive ☑ — Percent Positive for Influenza A ☑ — Percent Positive for Influenza B ☑ Total A ☑ Total B

View Additional Graphs and Data (http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) | Download Chart Data | Download PowerPoint Presentation
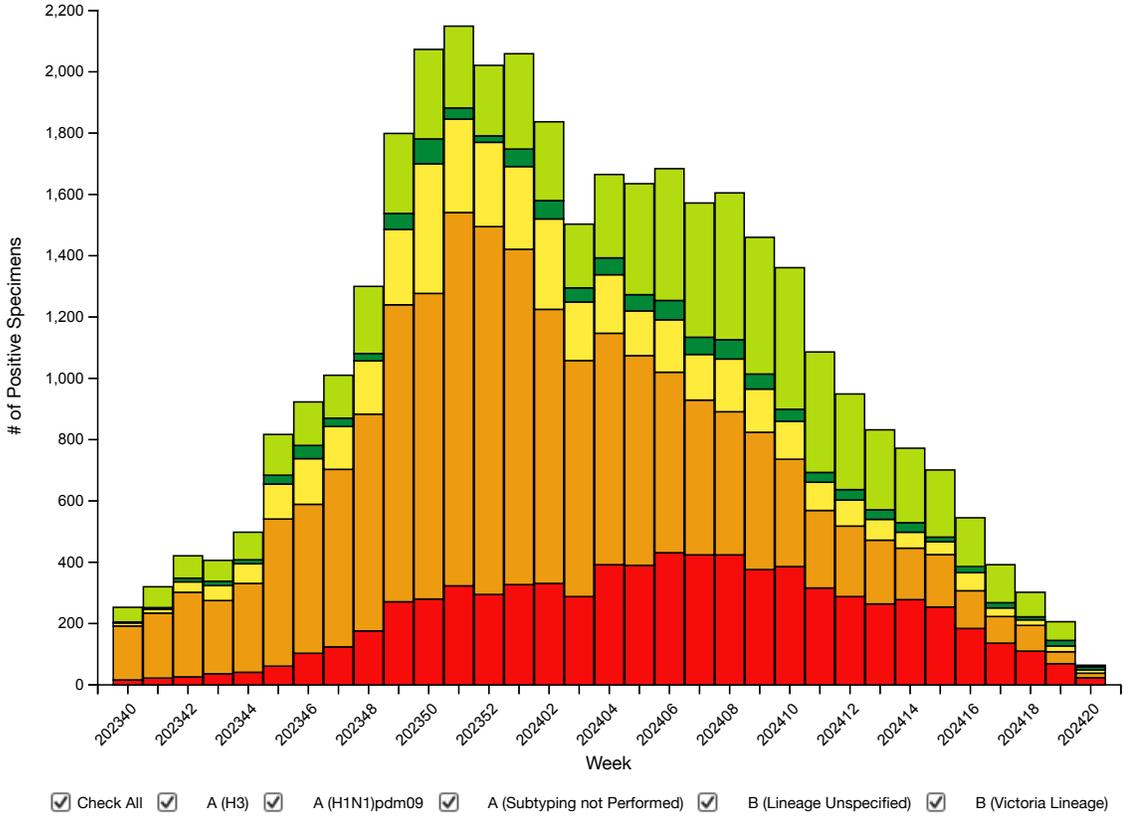
Public Health Laboratories

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 influenza viruses that belong to each influenza subtype/lineage.

	Week 20	Data Cumulative since October 1, 2023 (Week 40)
No. of specimens tested	594	108,684
No. of positive specimens	64	36,220
Positive specimens by type/subtype		
Influenza A	49 (76.6%)	27,548 (76.1%)
Subtyping Performed	38 (77.6%)	23,228 (84.3%)
(H1N1)pdm09	15 (39.5%)	15,763 (67.9%)
H3N2	23 (60.5%)	7,465 (32.1%)
H3N2v	0 (0.0%)	0 (0.0%)
Subtyping not performed	11 (22.4%)	4,320 (15.7%)
Influenza B	15 (23.4%)	8,672 (23.9%)
Lineage testing performed	5 (33.3%)	7,553 (87.1%)
Yamagata lineage	0 (0.0%)	0 (0.0%)
Victoria lineage	5 (100.0%)	7,553 (100.0%)
Lineage not performed	10 (66.7%)	1,119 (12.9%)

Influenza Positive Tests Reported to CDC by Public Health Laboratories, National Summary, 2023-24 Season, week ending May 18, 2024

☑ Check All   ☑ A (H3)   ☑ A (H1N1)pdm09   ☑ A (Subtyping not Performed)   ☑ B (Lineage Unspecified)   ☑ B (Victoria Lineage)

View Additional Graphs and Data (http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) | Download Chart Data | Download PowerPoint Presentation

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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)

Novel Influenza A Virus

A human infection with highly pathogenic avian influenza (HPAI) A(H5N1) virus was reported by the Michigan Department of Health and Human Services.

A patient aged >18 years in Michigan developed conjunctivitis while working at a commercial dairy farm where HPAI A(H5N1) virus had been detected in cows. The patient reported their symptom onset to the Michigan Department of Health and Human Services via a text-based symptom monitoring system. Respiratory and conjunctival swab specimens were collected from the patient. The respiratory specimen (a nasopharyngeal swab) tested negative for influenza A virus at the Michigan Public Health Laboratory using a Centers for Disease Control and Prevention (CDC) assay. Both specimens were sent to CDC for further testing, where they were received and tested on May 21, 2024. The conjunctival specimen was positive for A(H5N1) virus using diagnostic RT-PCR and sequencing, and the respiratory specimen tested negative for influenza A and A(H5) virus. The patient did not report symptoms other than

eye redness, discharge, and discomfort consistent with conjunctivitis, was not hospitalized, and has fully recovered. (https://www.cdc.gov/flu/avianflu/clinicians-evaluating-patients.htm (https://www.cdc.gov/flu/avianflu/clinicians-evaluating-patients.htm)).

In response to this detection, public health officials are conducting surveillance in the area and additional case investigation activities, including contact tracing. Additional symptomatic persons among workers exposed to infected cattle at the same farm have not been identified through monitoring of workers. Additional cases of human infection with A(H5) virus associated with this case and human-to-human transmission of A(H5) virus have not been identified to date.

This is the third person to test positive for A(H5) virus in the United States. The first was reported in April 2022 in Colorado in a person who reported fatigue during culling of poultry infected with HPAI A(H5N1) virus, and the second was reported in April 2024 in a dairy farm worker with conjunctivitis in Texas. This is the second case associated with an ongoing multistate outbreak of HPAI A(H5N1) in dairy cows.

Currently in the United States, HPAI A(H5N1) virus detections among wild birds are widespread. There are outbreaks among animals including poultry, backyard flocks, and dairy cows. Sporadic infections in wild mammals also have been reported by United States Department of Agriculture (USDA) Animal Plant Health Inspection Service (APHIS).

CDC recommends that state and local public health departments monitor people who are exposed to birds or other animals (including livestock) infected or suspected to be infected with avian influenza A viruses for onset of signs and symptoms for 10 days after their last exposure and that people who develop signs or symptoms of respiratory illness and/or conjunctivitis be tested for influenza. Between February 9, 2022 and May 21, 2024, more than 9,000 people were actively monitored following HPAI exposure.

Information about avian influenza is available at https://www.cdc.gov/flu/avianflu/index.htm (https://www.cdc.gov/flu/avianflu/index.htm).

Interim recommendations for Prevention, Monitoring, and Public Health Investigations are available at https://www.cdc.gov/flu/avianflu/hpai/hpai-interim-recommendations.html (https://www.cdc.gov/flu/avianflu/hpai/hpai-interim-recommendations.html).

The latest case reports on avian influenza outbreaks in wild birds, commercial poultry, backyard or hobbyist flocks, and mammals in the U.S. are available from the USDA at https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/animal-disease-information/avian/avian-influenza/2022-hpai ⧉ (https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/animal-disease-information/avian/avian-influenza/2022-hpai).

Additional information regarding human infections with novel influenza A viruses:

Surveillance Methods (https://www.cdc.gov/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) 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 has genetically characterized 4,540 influenza viruses collected since October 1, 2023.

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	1,725				
		6B.1A.5a	1,725 (100%)	2a	398 (23.1%)
				2a.1	1,327 (76.9%)
A/H3	1,529				
		3C.2a1b.2a	1,529 (100%)	2a.1b	1 (0.1%)
				2a.3a	1 (0.1%)
				2a.3a.1	1,526 (99.8%)
				2b	1 (0.1%)
B/Victoria	1,286				
		V1A	1,286 (100%)	3a.2	1,286 (100%)
B/Yamagata	0				
		Y3	0	Y3	0 (0%)

CDC antigenically characterizes (https://www.cdc.gov/flu/about/professionals/antigenic.htm) influenza viruses by hemagglutination inhibition (HI) (H1N1pdm09, H3N2, B/Victoria, and B/Yamagata viruses) or neutralization-based HINT ☒ (https://pubmed.ncbi.nlm.nih.gov/30804469/) (H3N2 viruses) using antisera that ferrets make after being infected with reference viruses representing the 2023-2024 Northern Hemisphere recommended 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 or equal to 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:** 398 A(H1N1)pdm09 viruses were antigenically characterized by HI, and all were well-recognized (reacting at titers that were within 4-fold of the homologous virus titer) by ferret antisera to cell-grown A/Wisconsin/67/2022-like reference viruses representing the A(H1N1)pdm09 component for the cell- and recombinant-based influenza vaccines.

- **A (H3N2):** 405 A(H3N2) viruses were antigenically characterized by HI or HINT, and 394 (97.3%) were well-recognized (reacting at titers that were within 4-fold of the homologous virus titer in HI or reacting at titers that were less than or equal to 8-fold of the homologous virus in HINT) 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.

Influenza B Viruses

- **B/Victoria:** 281 influenza B/Victoria-lineage virus were antigenically characterized by HI, and all were 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.

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

Assessment of Virus Susceptibility to Antiviral Medications

CDC assesses susceptibility of influenza viruses to the antiviral medications including the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir) and the PA endonuclease inhibitor baloxavir using next generation sequence analysis supplemented by laboratory assays. Information about antiviral susceptibility test methods can be found at U.S. Influenza Surveillance: Purpose and (https://www.cdc.gov/flu/weekly/overview.htm) Methods | CDC (https://www.cdc.gov/flu/weekly/overview.htm).

Viruses collected in the U.S. since October 1, 2023, were tested for antiviral susceptibility as follows:

Antiviral Medication			Total Viruses	A/H1	A/H3	B/Victoria
Neuraminidase Inhibitors	Oseltamivir	Viruses Tested	4,530	1,726	1,527	1,277
		Reduced Inhibition	1 (0.02%)	1 (0.1%)	0 (0.00%)	0 (0.00%)
		Highly Reduced Inhibition	2 (0.04%)	2 (0.1%)	0 (0.00%)	0 (0.00%)
	Peramivir	Viruses Tested	4,530	1,726	1,527	1,277
		Reduced Inhibition	1 (0.02%)	0 (0.00%)	0 (0.00%)	1 (0.1%)
		Highly Reduced Inhibition	2 (0.04%)	2 (0.1%)	0 (0.00%)	0 (0.00%)
	Zanamivir	Viruses Tested	4,530	1,726	1,527	1,277
		Reduced Inhibition	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
		Highly Reduced Inhibition	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
PA Cap-Dependent Endonuclease Inhibitor	Baloxavir	Viruses Tested	4,397	1,670	1,486	1,241
		Decreased Susceptibility	1 (0.02%)	0 (0.0%)	1 (0.1%)	0 (0.0%)

Two A(H1N1)pdm09 viruses had NA-H275Y amino acid substitution conferring highly reduced inhibition by oseltamivir and peramivir. One (H1N1)pdm09 virus had NA-I223V and NA-S247N amino acid substitutions and showed reduced inhibition by oseltamivir. One B virus had NA-A245G amino acid substitution and showed reduced inhibition by peramivir.

One A(H3N2) virus had PA-I38T amino acid substitution and showed reduced susceptibility to baloxavir.

High levels of resistance to the adamantanes (amantadine and rimantadine) persist among influenza A(H1N1)pdm09 and influenza A(H3N2) viruses (the adamantanes are not effective against influenza B viruses). Therefore, use of these antivirals for treatment and prevention of influenza A virus infection is not recommended and data from adamantane resistance testing are not presented.

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 pathogens that can present with similar symptoms, including influenza viruses, SARS-CoV-2, and RSV. It is important to evaluate syndromic surveillance data, including that from ILINet, in the context of other sources of surveillance data to obtain a more complete and accurate picture of influenza, SARS-CoV-2, and other respiratory virus activity. CDC is providing integrated information about COVID-19, influenza, and RSV activity on a website (https://www.cdc.gov/respiratory-viruses/index.html) that is updated weekly. 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

Nationally, during Week 20, 2.0% 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 has remained stable (change of ≤ 0.1 percentage points) since Week 19 and is below the national baseline. The percentage of visits for ILI decreased in regions 8 and 10, increased slightly in Region 2, and remained stable in all other regions in Week 20 compared to Week 19. All 10 regions are below their respective baselines. Multiple respiratory viruses are co-circulating, and the relative contribution of influenza virus infection to ILI varies by location.

**Percentage of Outpatient Visits for Respiratory Illness Reported by
The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),**
Weekly National Summary, 2023-24 Season and Selected Previous Seasons
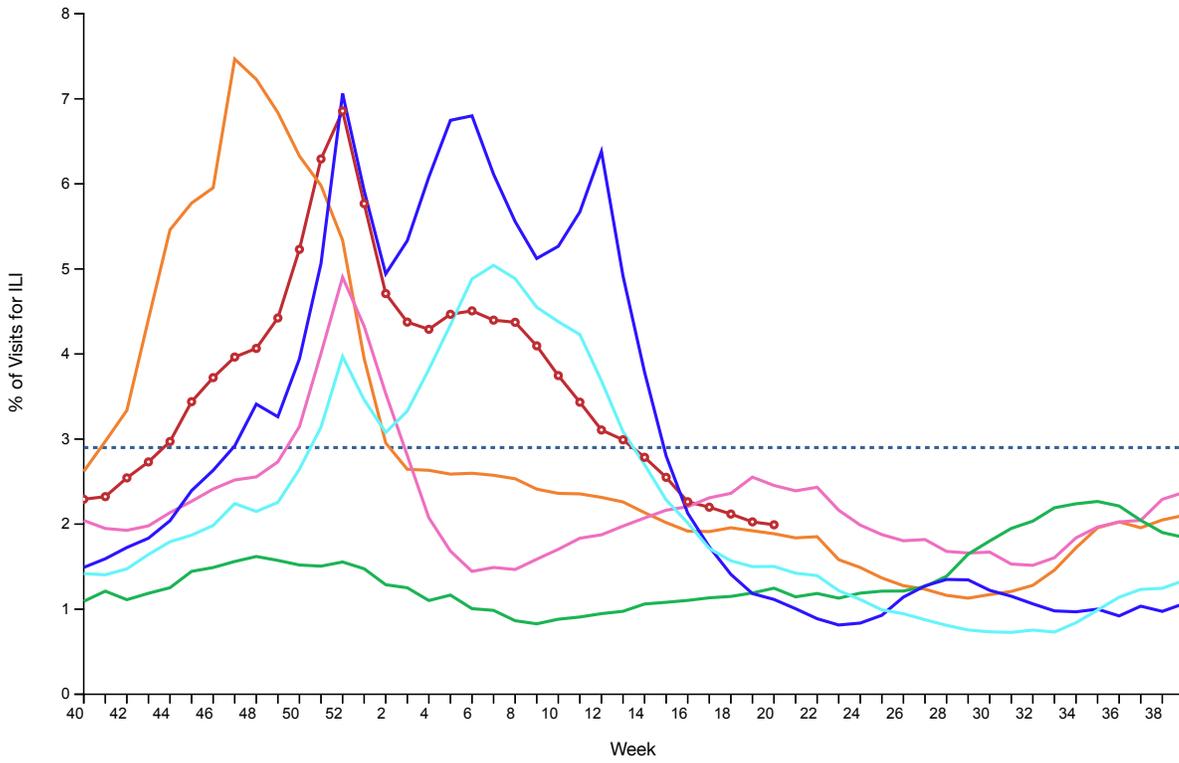
| ☑ | 2023-24 National Baseline | ☑ | 2023-24 Season | ☑ | 2022-23 Season | ☑ | 2021-22 Season |
| ☑ | 2020-21 Season | ☑ | 2019-20 Season | ☑ | 2018-19 Season | | |

View National and Regional Level Graphs and Data (https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) | Download Chart Data | Download PowerPoint Presentation

Outpatient Respiratory Illness Visits by Age Group

About 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 remained stable in all age groups in Week 20 compared to Week 19.

Season: 2023-24 ▾

Percent of Outpatient Visits for Respiratory Illness by Age Group
Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)
Weekly National Summary, 2023-24 Influenza Season through the Week Ending May 18, 2024

☑ 0-4 yr   ☑ 5-24 yr   ☑ 25-49 yr   ☑ 50-64 yr
☑ 65+ yr
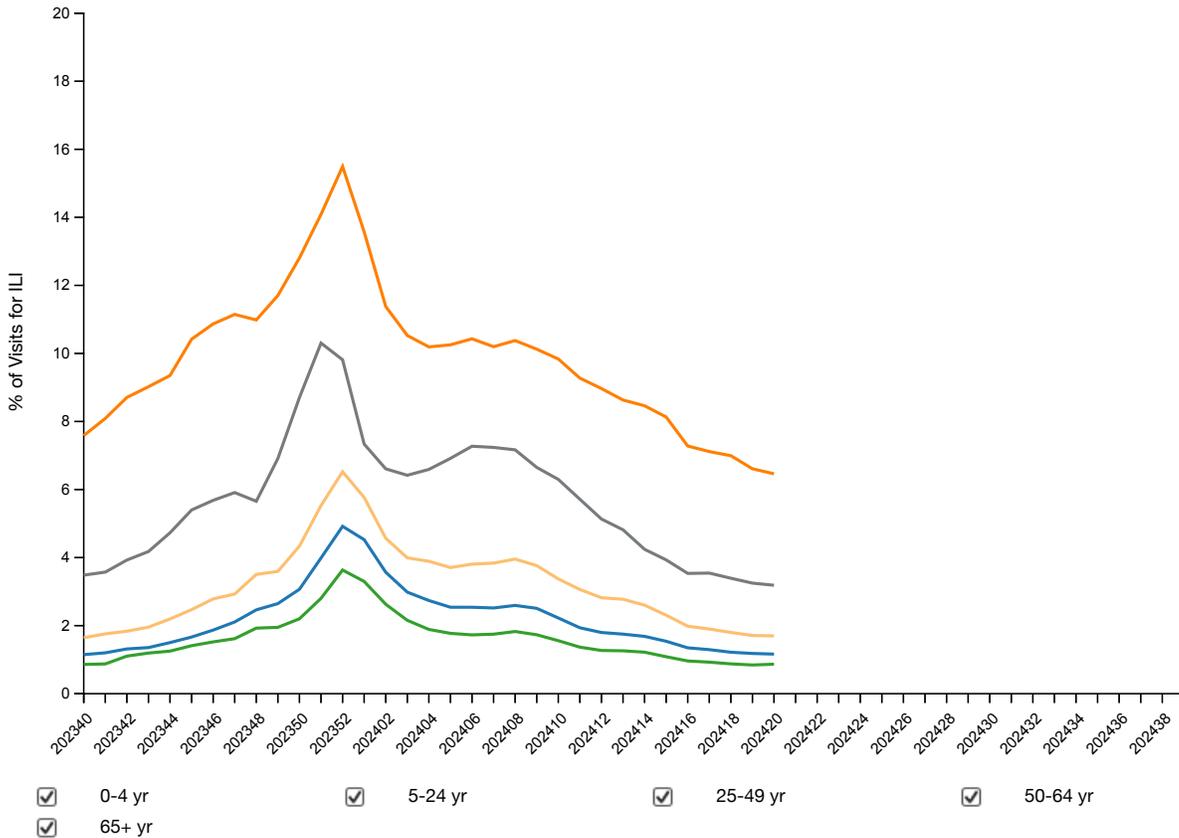
View FluView Interactive (https://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html) | Download Chart Data | Download PowerPoint Presentation

Outpatient Respiratory Illness Activity Map

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

	Number of Jurisdictions		Number of CBSAs	
	Week 20 (Week ending	Week 19 (Week ending	Week 20 (Week ending	Week 19 (Week ending

Activity Level	May 18, 2024)	May 11, 2024)	May 18, 2024)	May 11, 2024)
Very High	0	0	0	0
High	0	0	1	1
Moderate	2	0	3	1
Low	1	5	19	36
Minimal	52	50	644	662
Insufficient Data	0	0	262	229

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

prev Play Pause next

40   50   1   10   20

weeks

State   **CBSA**

2023-24 Influenza Season Week 20 ending May 18, 2024

ILI Activity Level

- Very High
- High
- Moderate
- Low
- Minimal
- Insufficient Data
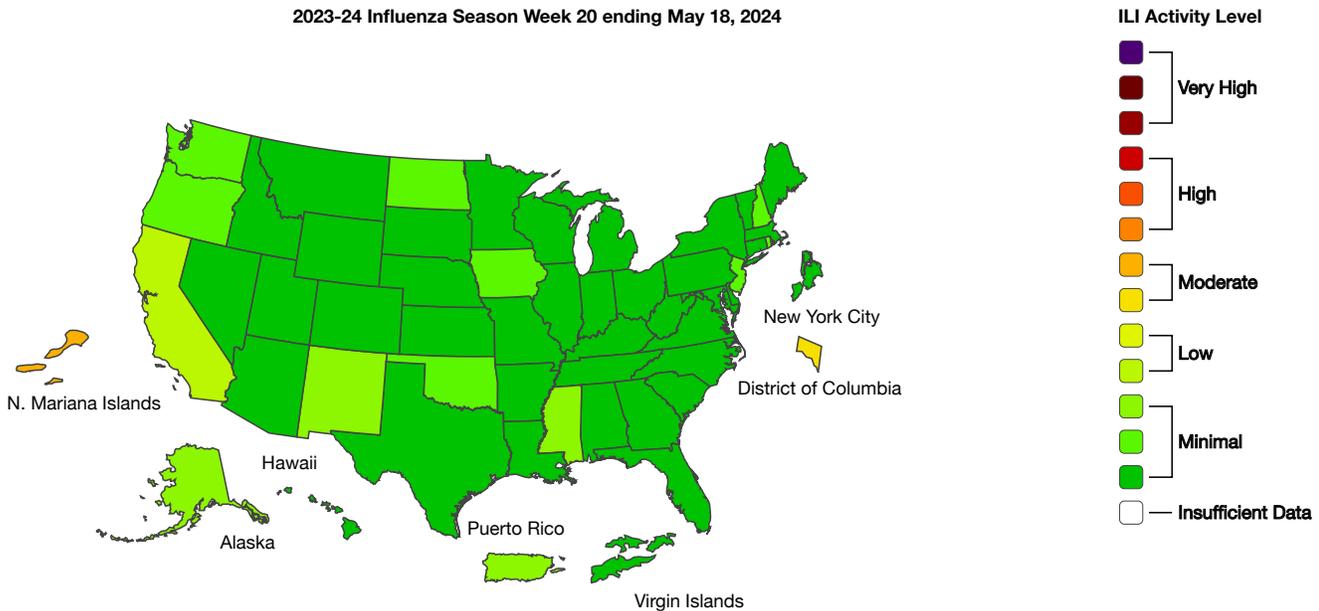
Season: 2023-24 ▲

Download Image   Download Data

(https://www.cdc.gov/flu/weekly/flureport.xml)View Full Screen (http://gis.cdc.gov/grasp/fluview/main.html)

*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)

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 14 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 24,763 laboratory-confirmed influenza-associated hospitalizations were reported by FluSurv-NET sites between October 1, 2023, and May 18, 2024. The weekly hospitalization rate observed in Week 20 was 0.2 per 100,000 population. The peak weekly hospitalization rate observed this season was 9.0 per 100,000 population and occurred during Week 52.

Among 24,763 hospitalizations, 20,954 (84.6%) were associated with influenza A virus, 3,631 (14.7%) with influenza B virus, 50 (0.2%) with influenza A virus and influenza B virus co-infection, and 127 (0.5%) with influenza virus for which the type was not determined. Among those with influenza A subtype information, 3,671 (68.6%) were A(H1N1) pdm09 and 1,683 (31.4%) were A(H3N2).

Laboratory-Confirmed Influenza Hospitalizations
Preliminary cumulative rates as of May 18, 2024
FluSurv-NET :: Entire Network :: Overall Age Group :: Cumulative Rate
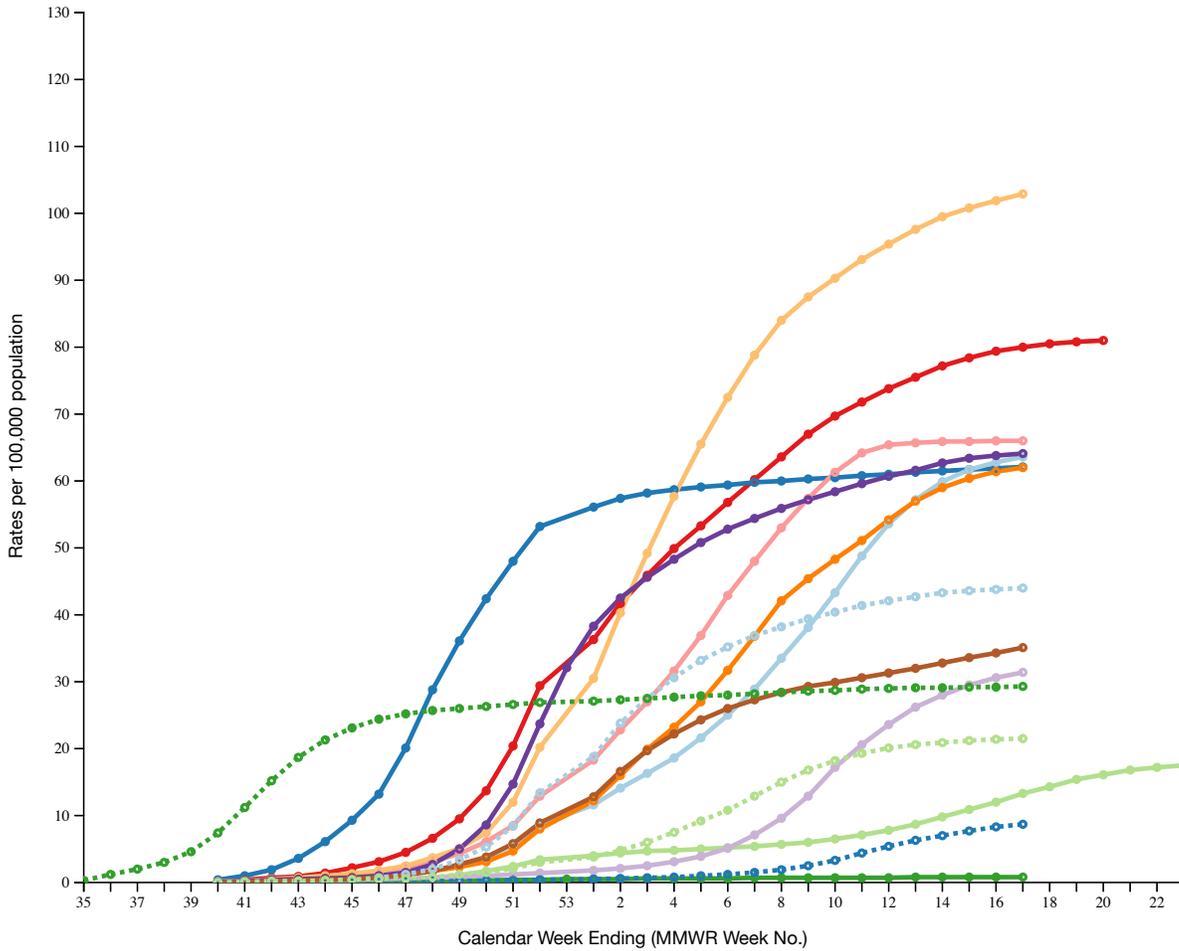
☑ All Seasons	☑ 2023-24	☑ 2022-23	☑ 2021-22	☑ 2020-21	☑ 2019-20	☑ 2018-19
☑ 2017-18	☑ 2016-17	☑ 2015-16	☑ 2014-15	☑ 2013-14	☑ 2012-13	☑ 2011-12
☑ 2010-11	☑ 2009-10					

View National and Regional Level Graphs and Data (https://gis.cdc.gov/grasp/fluview/FluHospRates.html) | Download Chart Data | Download PowerPoint Presentation

In these figures, cumulative and weekly rates for all seasons prior to the 2023-2024 season reflect end-of-season rates. For the 2023-2024 season, rates for recent hospitals admissions are subject to reporting delays. As hospitalization data are reviewed each week, prior case counts and rates are updated accordingly.

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) | RESP-NET Interactive (https://www.cdc.gov/surveillance/resp-net/dashboard.html)

National Healthcare Safety Network (NHSN) Hospitalization Surveillance

Effective May 1, 2024, hospitals are no longer required to report hospital admissions, hospital capacity, or hospital occupancy data to HHS through NHSN. Voluntarily reported NHSN hospital data can found at **Weekly United States Hospitalization Metrics by Jurisdiction** (https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about_data)**.**

Additional NHSN Hospitalization Surveillance information:

Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#NHSN) | Additional Data (https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about_data) | FluView Interactive (http://gis.cdc.gov/grasp/fluview/FluView12.html)

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 May 23, 2024, 0.1% of the deaths that occurred during the week ending May 18, 2024 (Week 20), were due to influenza. This percentage slightly decreased (≥ 0.1 percentage point change) compared to Week 19. The data presented are preliminary and may change as more data are received and processed.

Pneumonia and Influenza Mortality from
the National Center for Health Statics Mortality Surveillance System

National Summary data through the week ending May 18, 2024

2019-24 ▾   ☑ Show Number of Influenza Deaths

% of Deaths due to Influenza   Influenza Coded Deaths
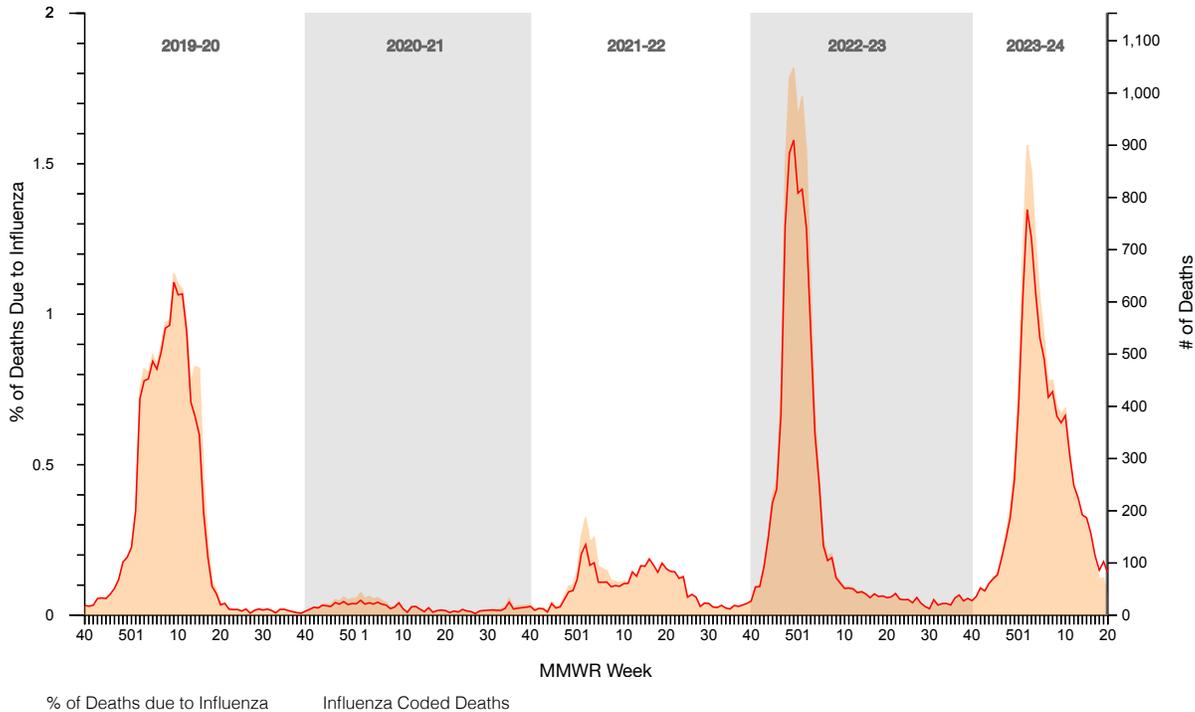
View Regional and State Level Data (https://gis.cdc.gov/grasp/fluview/Mortality.html) | Download Chart Data | Download PowerPoint Presentation

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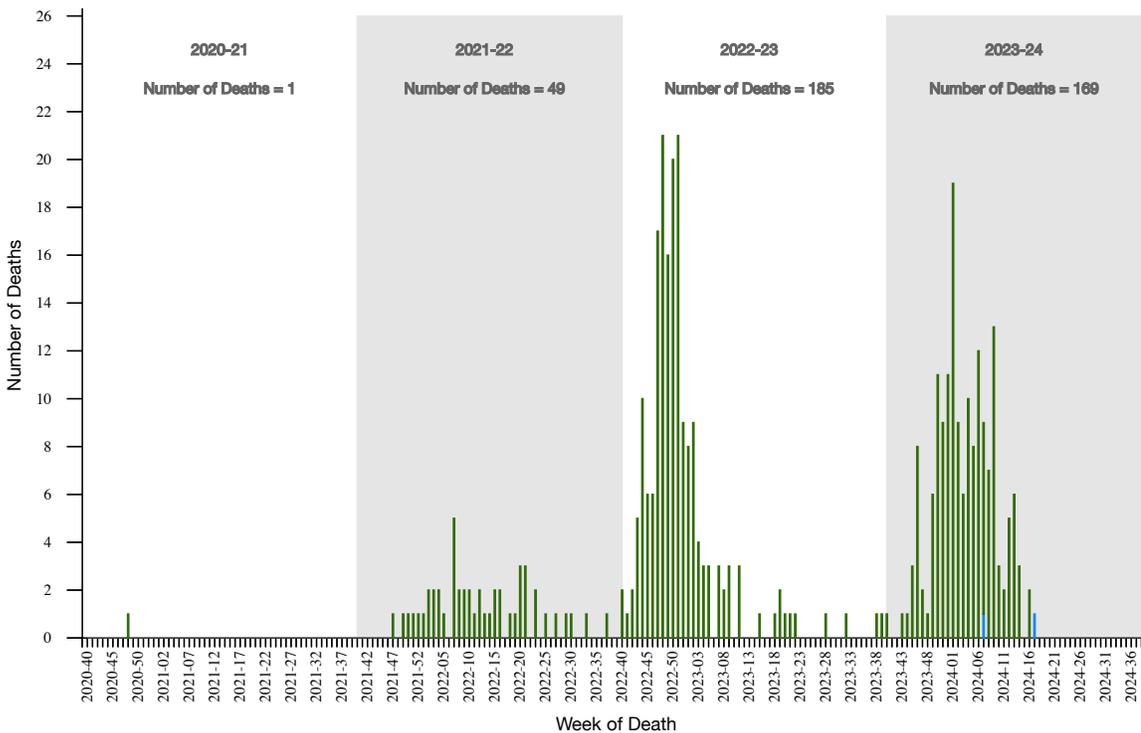(https://gis.cdc.gov/grasp/fluview/mortality.html)

Influenza-Associated Pediatric Mortality

Two influenza-associated pediatric deaths occurring during the 2023-2024 season were reported to CDC during Week 20, bringing the total pediatric deaths for this season to 169. One death was associated with an influenza A virus with no subtyping performed and occurred during Week 7 (the week ending February 17, 2024). The other death was associated with an influenza A(H3) virus and occurred during Week 17 (the week ending April 27, 2024).

Influenza-Associated Pediatric Deaths
by Week of Death, 2020-21 season to 2023-24 season

View FluView Interactive (https://gis.cdc.gov/grasp/fluview/PedFluDeath.html) | Download Chart Data | Download PowerPoint Presentation

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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)

Trend Indicators

Increasing: 🔺
Decreasing: 🔻
Stable: ➡️

Indicators Status by System

Clinical Labs: Up or down arrows indicate a change of greater than or equal to 0.5 percentage points in the percent of specimens positive for influenza compared to the previous week.

Outpatient Respiratory Illness (ILINet): Up or down arrows indicate a change of greater than 0.1 percentage points in the percent of visits due to respiratory illness (ILI) compared to the previous week.

NHSN Hospitalizations: Up or down arrows indicate change of greater than or equal to 5% of the number of patients admitted with laboratory-confirmed influenza compared to the previous week.

NCHS Mortality: Up or down arrows indicate change of greater than 0.1 percentage points of the percent of deaths due to influenza compared to the previous week.

Reference Footnotes

[1]U.S. Influenza Surveillance: Purpose and Methods (2023 Oct). Centers for Disease Control and Prevention. https://www.cdc.gov/flu/weekly/overview.htm#ILINet (https://www.cdc.gov/flu/weekly/overview.htm#ILINet).

[2]Grohskopf LA, Blanton LH, Ferdinands JM, Chung JR, Broder KR, Talbot HK. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season. MMWR Recomm Rep 2023;72(No. RR-2):1–25. DOI: http://dx.doi.org/10.15585/mmwr.rr7202a1 ↗ (http://dx.doi.org/10.15585/mmwr.rr7202a1)

[3]Influenza Antiviral Medications: Summary for Clinicians (2023 Sept). Centers for Disease Control and Prevention. https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm (https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm).

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 (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/fluinf
Colorado (https://www.mass.gov/info-details/influenza-reporting)	Connecticut (https://portal.ct.gov/DPH/Epidemiology-Emerging-Infections/Influenza-Surveillance-and-Statist
Georgia (https://dph.georgia.gov/flu-activity-georgia)	Hawaii

	(http://health.hawaii.gov/docd/resources/reports/influenza-reports/)
Iowa (https://idph.iowa.gov/influenza/reports)	Kansas (http://www.kdheks.gov/flu/surveillance.htm)
Maryland (https://phpa.health.maryland.gov/influenza/fluwatch/)	Massachusetts (https://www.mass.gov/info-details/influenza-reporting)
Missouri (http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php)	Montana (https://dphhs.mt.gov/publichealth/cdepi/diseases/Pan-Respiratory/index)
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/influenza-home-page.html)
South Carolina (http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/)	South Dakota (https://doh.sd.gov/health-data-reports/data-dashboards/influenza-dashboard/)
Vermont (http://www.healthvermont.gov/immunizations-infectious-disease/influenza/flu-activity-and-surveillance)	Virginia (http://www.vdh.virginia.gov/epidemiology/influenza-flu-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/health-topics/f 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.

Last Reviewed: May 24, 2024, 11:00 AM

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)

Was this page helpful?

Yes   Partly   No