



# Weekly U.S. Influenza Surveillance Report

Updated June 21, 2024

## FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Key Updates for Week 24, ending June 15, 2024

Seasonal influenza activity remains low nationally.

## Viruses

### Clinical Lab

**1.4% (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

**1.6% (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

This week no jurisdictions experienced moderate,  
high, or very high activity.

</flu/weekly/index.htm#ORIAM>

## FluSurv–NET

**0.1 per 100,000**  
weekly hospitalization rate.

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

### NCHS Mortality

**0.1% (Trend →)**  
of deaths attributed to influenza this week.

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

### Pediatric Deaths

**3**  
influenza-associated deaths were reported this week  
for a total of 178 deaths this season.

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

- Seasonal influenza activity remains low nationally.
- 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.<sup>2</sup>
- 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.<sup>3</sup>
- 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  $\leq 0.5$  percentage points) compared to the previous week. 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) (<https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>).

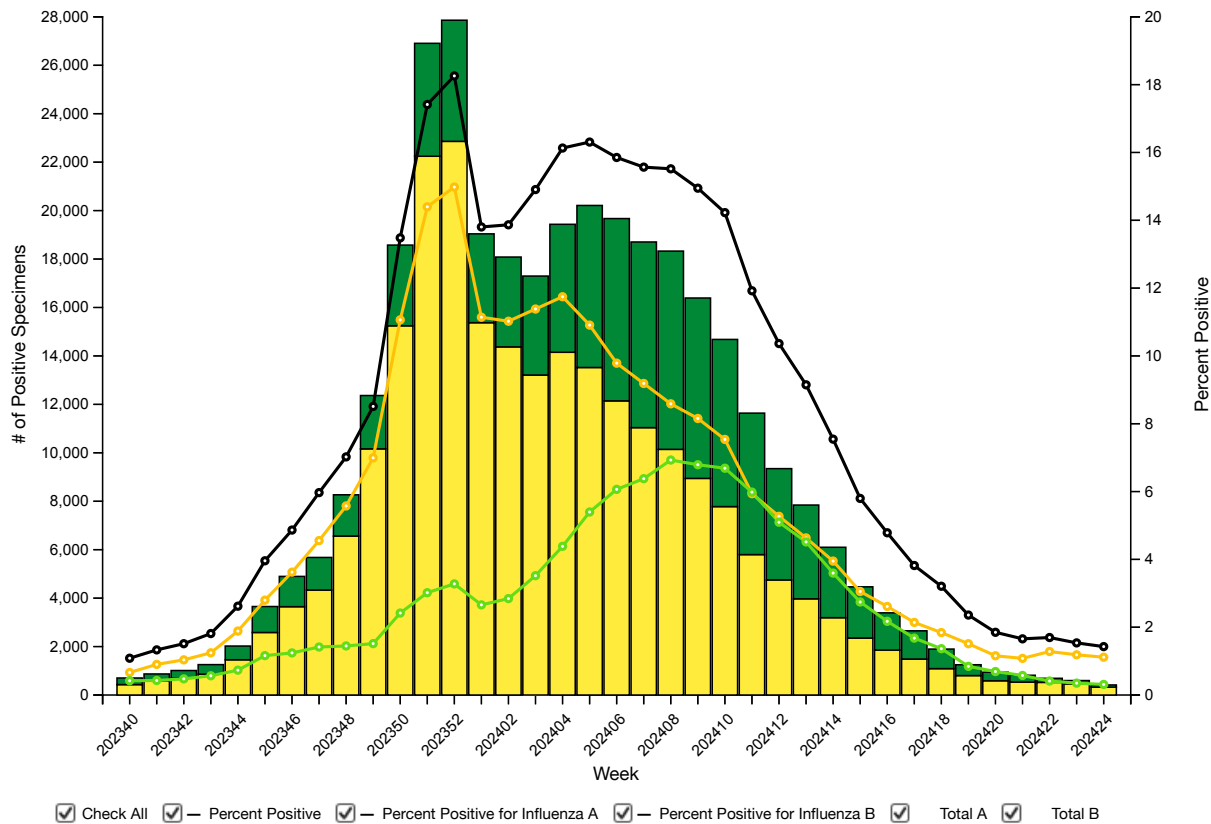
## Clinical Laboratories

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 24	Data Cumulative since October 1, 2023 (Week 40)
No. of specimens tested	29,139	3,436,067
No. of positive specimens (%)	416 (1.4%)	347,958 (10.1%)
<i>Positive specimens by type</i>		
Influenza A	325 (78.1%)	240,071 (69.0%)
Influenza B	91 (21.9%)	107,876 (31.0%)

Season: 2023-24 Surveillance Area: National

### Influenza Positive Tests Reported to CDC by Clinical Laboratories, National Summary, 2023-24 Season, week ending Jun 15, 2024



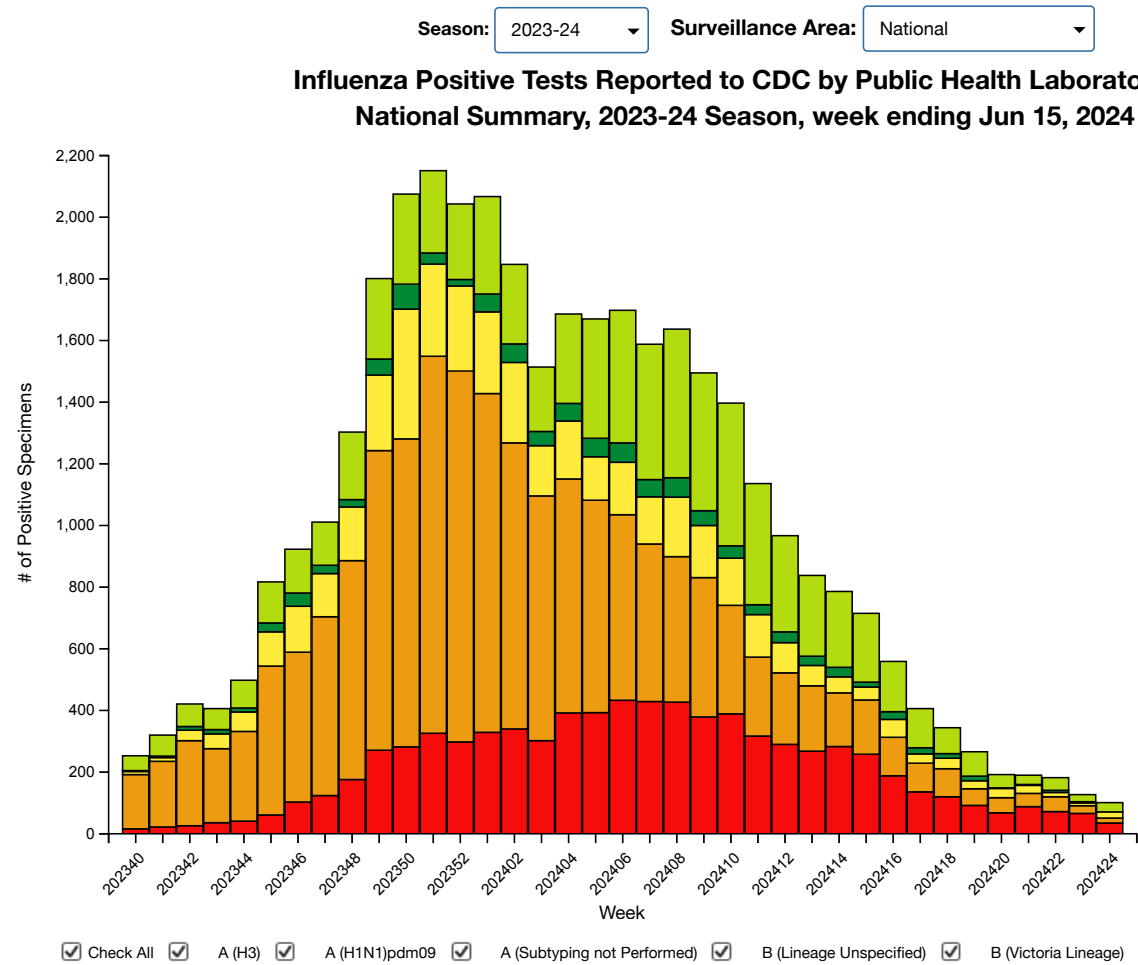
View Additional Graphs and Data (<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>) | Download Chart Data | Download PowerPoint Presentation

## 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 24	Data Cumulative since October 1, 2023 (Week 40)
No. of specimens tested	828	113,599
No. of positive specimens	101	37,430
<i>Positive specimens by type/subtype</i>		
Influenza A	71 (70.3%)	28,461 (76.0%)
Subtyping Performed	51 (71.8%)	23,980 (84.3%)

(H1N1)pdm09	16 (31.4%)	16,104 (67.2%)
H3N2	35 (68.6%)	7,876 (32.8%)
H3N2v	0 (0.0%)	0 (0.0%)
Subtyping not performed	20 (28.2%)	4,481 (15.7%)
Influenza B	30 (29.7%)	8,969 (24.0%)
Lineage testing performed	30 (100.0%)	7,823 (87.2%)
Yamagata lineage	0 (0.0%)	0 (0.0%)
Victoria lineage	30 (100.0%)	7,823 (100.0%)
Lineage not performed	0 (0.0%)	1,146 (12.8%)



## 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](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) (<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 has genetically characterized 4,824 influenza viruses collected since October 1, 2023.



- **A (H1N1)pdm09:** 458 A(H1N1)pdm09 viruses were antigenically characterized by HI, and 457 (99.8%) 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):** 509 A(H3N2) viruses were antigenically characterized by HI or HINT, and 492 (96.7%) 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:** 342 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) (<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	4,795	1,796	1,631	1,368
		Reduced Inhibition	1 (0.02%)	1 (0.1%)	0 (0.00%)	0 (0.00%)
		Highly Reduced Inhibition	3 (0.1%)	3 (0.2%)	0 (0.00%)	0 (0.00%)
	Peramivir	Viruses Tested	4,795	1,796	1,631	1,368
		Reduced Inhibition	3 (0.1%)	0 (0.00%)	0 (0.00%)	3 (0.2%)
		Highly Reduced Inhibition	3 (0.1%)	3 (0.2%)	0 (0.00%)	0 (0.00%)
	Zanamivir	Viruses Tested	4,795	1,796	1,631	1,368
		Reduced Inhibition	1 (0.02%)	0 (0.00%)	0 (0.00%)	1 (0.1%)
		Highly Reduced Inhibition	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
PA Cap-Dependent Endonuclease Inhibitor	Baloxavir	Viruses Tested	4,718	1,755	1,608	1,355
		Decreased Susceptibility	1 (0.02%)	0 (0.0%)	1 (0.1%)	0 (0.0%)

Three 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. Two B viruses had NA-A245G amino acid substitution and showed reduced

inhibition by peramivir. One B virus had NA-D197N amino acid substitution and showed reduced inhibition by zanamivir and 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>)

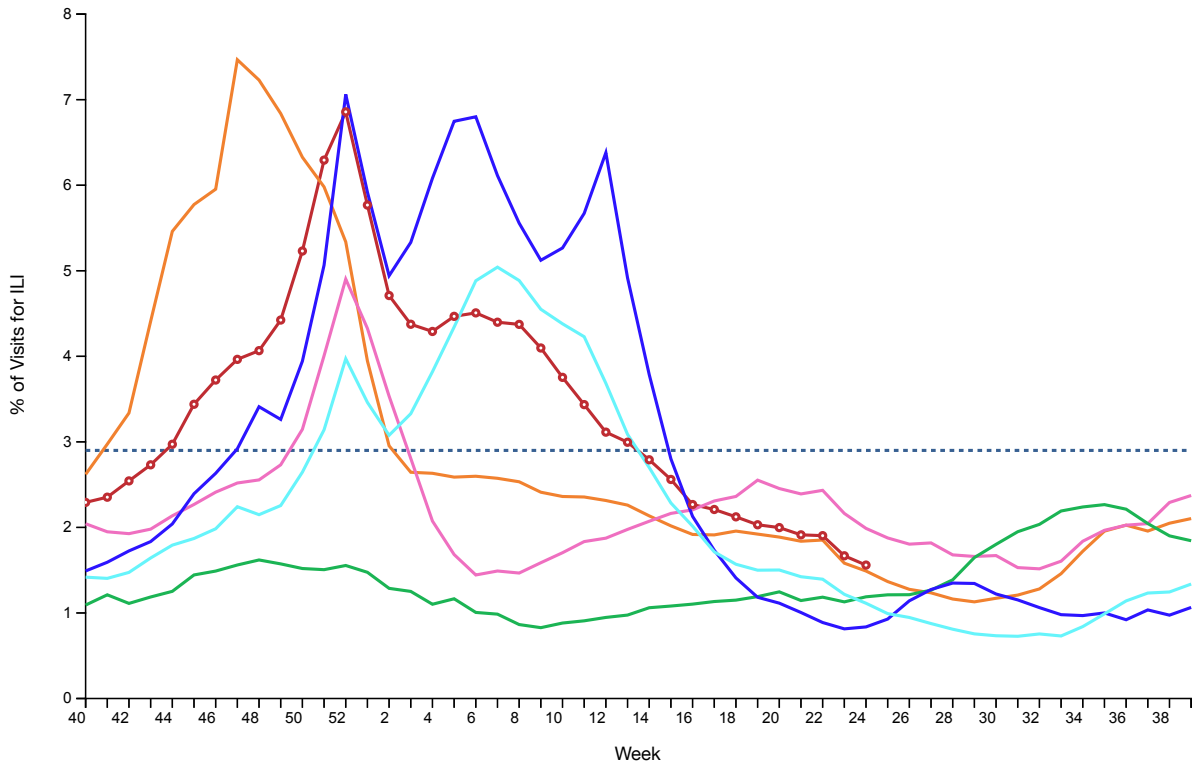
The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for respiratory illness referred to as influenza-like illness [ILI (fever plus cough or sore throat)], not laboratory-confirmed influenza and will therefore capture respiratory illness visits due to infection 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) (<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) (<https://www.cdc.gov/surveillance/nrevss/index.html>).

## Outpatient Respiratory Illness Visits

Nationally, the percentage of visits for respiratory illness that were reported through ILINet remained stable (change of  $\leq 0.1$  percentage points) compared to the previous week and is below the national baseline. All 10 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.

Season: 2023-24 and 5 previous seasons ▾

**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**



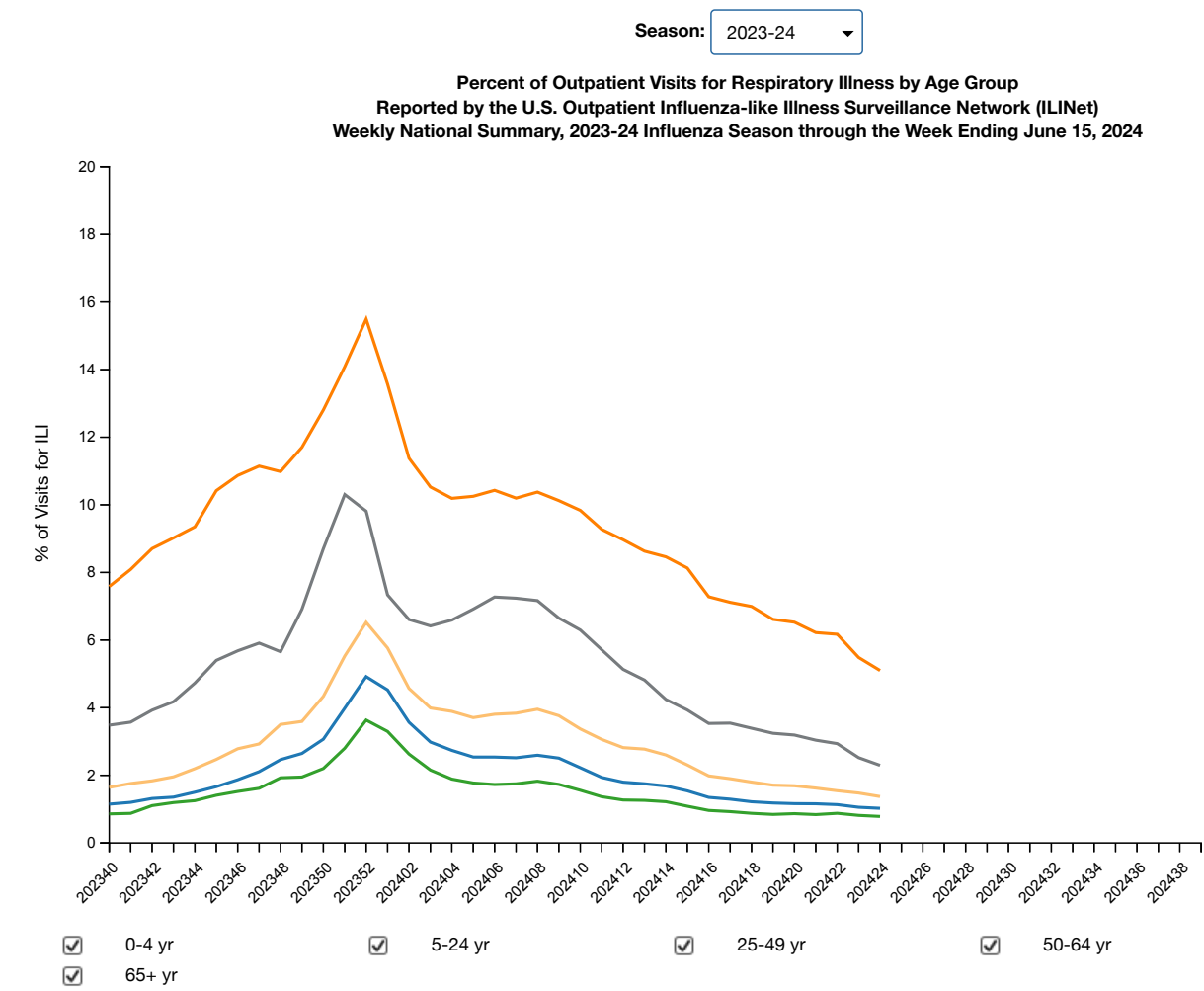
- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> 2023-24 National Baseline | <input checked="" type="checkbox"/> 2023-24 Season | <input checked="" type="checkbox"/> 2022-23 Season | <input checked="" type="checkbox"/> 2021-22 Season |
| <input checked="" type="checkbox"/> 2020-21 Season            | <input checked="" type="checkbox"/> 2019-20 Season | <input checked="" type="checkbox"/> 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 decreased in the 0-4 years and 5-24 years age groups and remained stable for all other age groups in Week 24 compared to Week 23.



[View FluView Interactive \(https://gis.cdc.gov/grasp/fluview/flu\\_by\\_age\\_virus.html\)](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 24 (Week ending	Week 23 (Week ending	Week 24 (Week ending	Week 23 (Week ending

Activity Level	Jun. 15, 2024)	Jun. 8, 2024)	Jun. 15, 2024)	Jun. 8, 2024)
Very High	0	0	0	0
High	0	0	0	0
Moderate	0	0	2	2
Low	1	1	4	6
Minimal	54	53	670	672
Insufficient Data	0	1	253	249

# 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

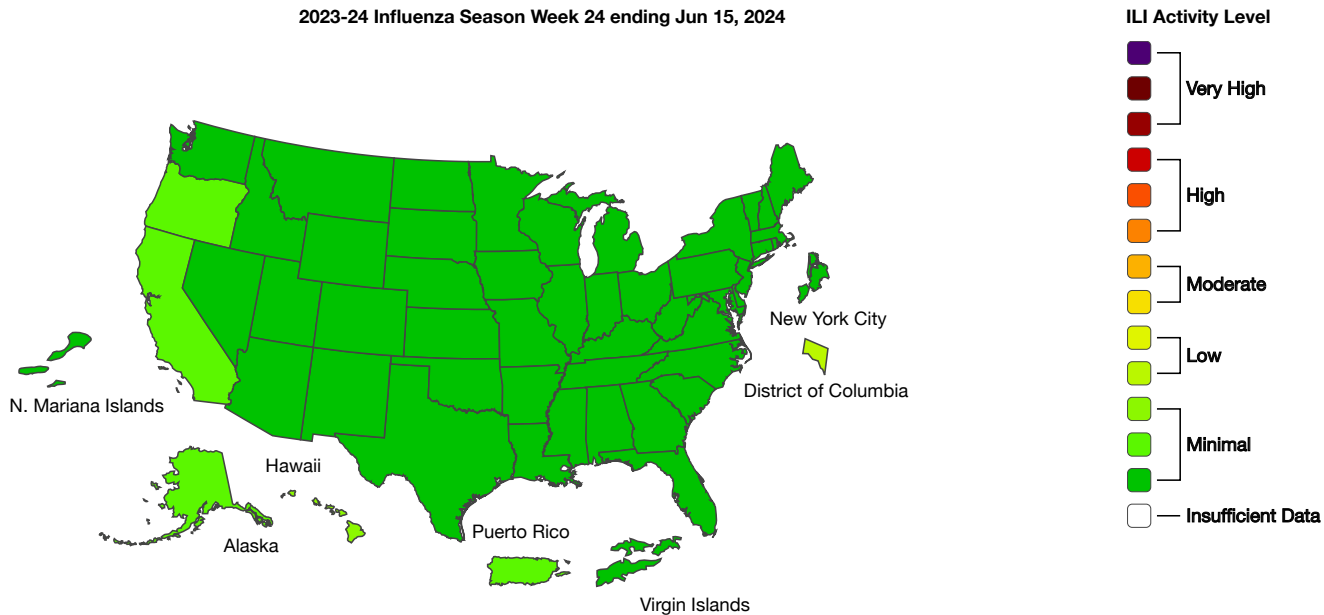
40 50 1 10 20 24

weeks

State

CBSA

2023-24 Influenza Season Week 24 ending Jun 15, 2024



Season: 2023-24 ▲

Download Image

Download Data

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

\*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>)

## 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 25,015 laboratory-confirmed influenza-associated hospitalizations were reported by FluSurv-NET sites between October 1, 2023, and June 15, 2024. The weekly hospitalization rate observed in Week 24 was 0.1 per 100,000 population. The peak weekly hospitalization rate observed this season was 8.9 per 100,000 population and occurred during Week 52.

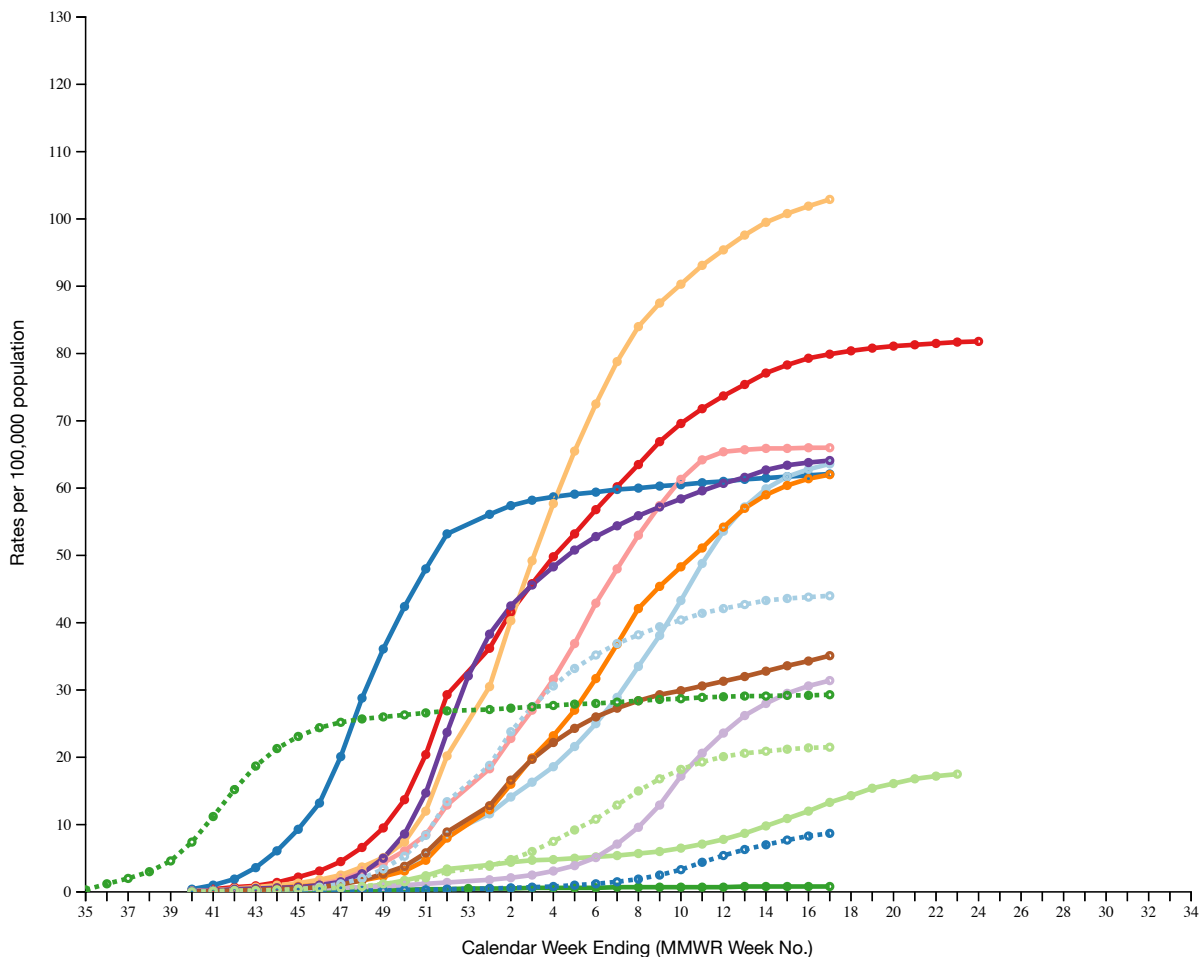
Among 25,015 hospitalizations, 21,171 (84.6%) were associated with influenza A virus, 3,665 (14.7%) with influenza B virus, 52 (0.2%) with influenza A virus and influenza B virus co-infection, and 126 (0.5%) with influenza virus for which the type was not determined. Among those with influenza A subtype information, 3,982 (68.3%) were A(H1N1)pdm09 and 1,845 (31.7%) were A(H3N2).

Age Group: Overall Display By Select a Surveillance Area ?

## Laboratory-Confirmed Influenza Hospitalizations

Preliminary cumulative rates as of Jun 15, 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 this figure, weekly rates for all seasons prior to the 2023-2024 season reflect end-of-season rates. For the 2023-2024 season, rates for recent hospital admissions are subject to reporting delays and are shown as a dashed line for the current season. As hospitalization data are received 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) ([https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about\\_data](https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about_data)).

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## Additional NHSN Hospitalization Surveillance information:

[Surveillance Methods](https://www.cdc.gov/flu/weekly/overview.htm#NHSN) (<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) ([https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about\\_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) (<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 June 20, 2024, the percentage of deaths that were due to influenza remained stable (< 0.1 percentage point change) compared to the previous week. The data presented are preliminary and may change as more data are received and processed.

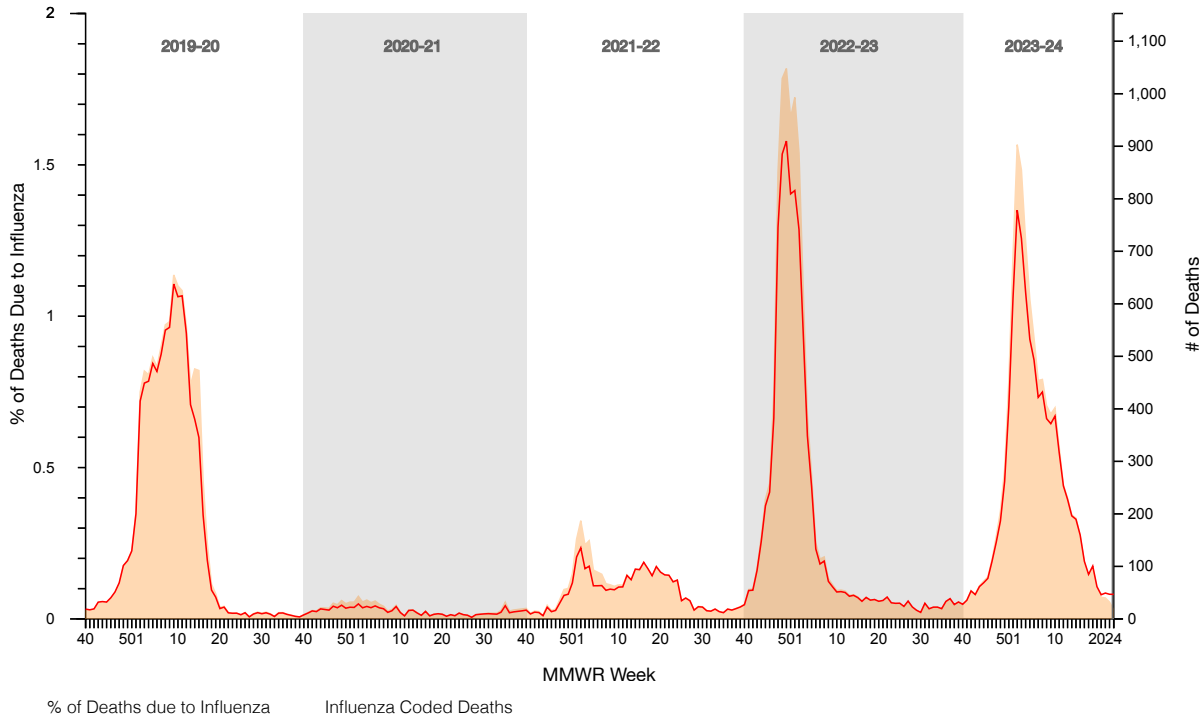
Season: 2023-24 Surveillance Area: National Age: All

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

National Summary data through the week ending June 15, 2024

2019-24

☒ Show Number of Influenza Deaths



[View Regional and State Level Data \(https://gis.cdc.gov/grasp/fluview/Mortality.html\)](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:**

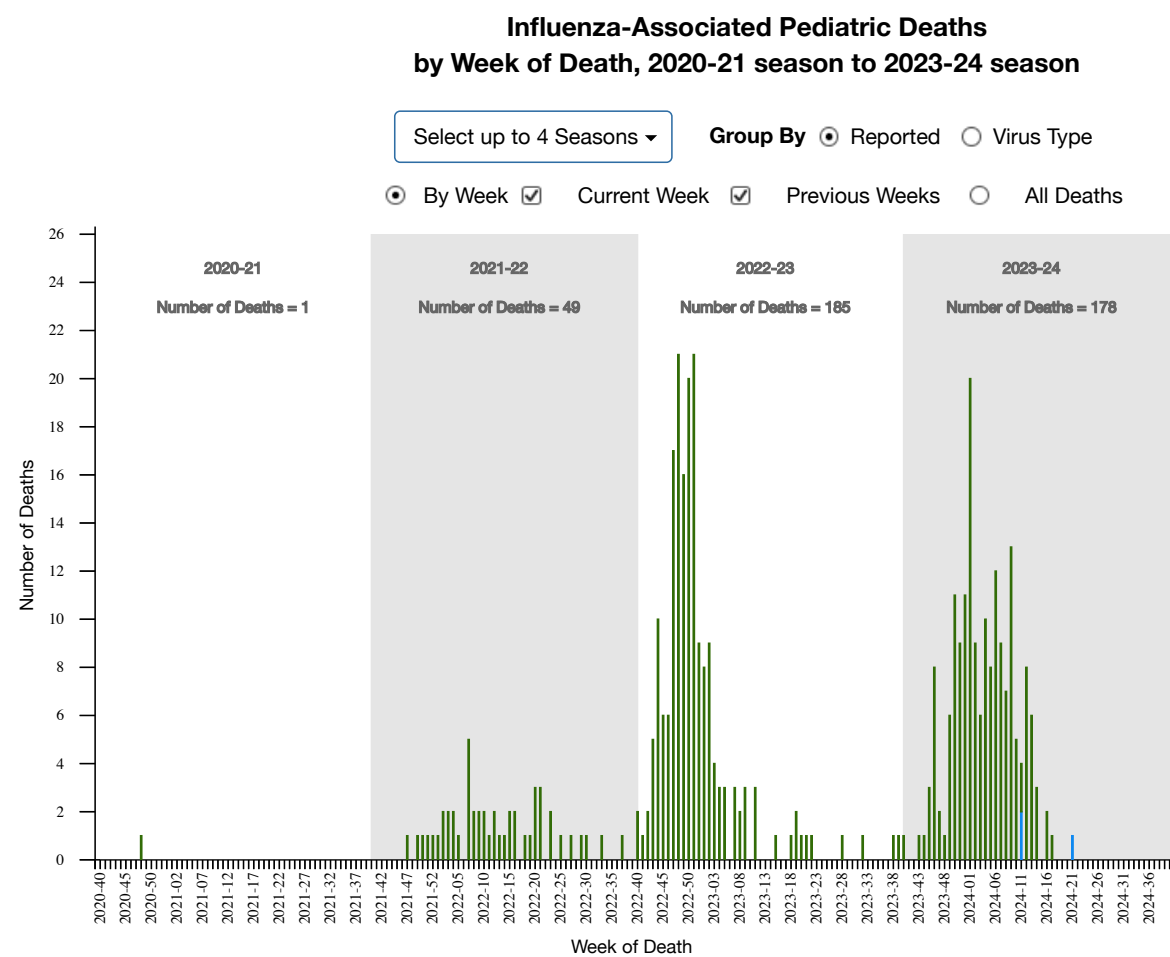
[Surveillance Methods \(https://www.cdc.gov/flu/weekly/overview.htm#NCHSMortality\)](https://www.cdc.gov/flu/weekly/overview.htm#NCHSMortality) | [FluView Interactive](#)

<https://gis.cdc.gov/grasp/fluview/mortality.html>

# Influenza-Associated Pediatric Mortality

Three influenza-associated pediatric deaths occurring during the 2023-2024 season were reported to CDC during Week 24. Two deaths occurred during Week 11 (the week ending March 16, 2024). One of the deaths was associated with an influenza A(H3) virus and the other was associated with an influenza B/Victoria virus. The third death occurred during Week 21 (the week ending May 25, 2024) and was associated with an influenza B virus with no lineage determined.

A total of 178 influenza-associated pediatric deaths occurring during the 2023-2024 season have been reported to CDC.



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

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

<sup>1</sup>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>).

<sup>2</sup>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>)

<sup>3</sup>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) (<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) (<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/) (<http://adph.org/influenza/>)

[Alaska](http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/fluinf)

(<http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/fluinf>)

Colorado ( <a href="https://www.mass.gov/info-details/influenza-reporting">https://www.mass.gov/info-details/influenza-reporting</a> )	Connecticut ( <a href="https://portal.ct.gov/DPH/Epidemiology-Emerging-Infections/Influenza-Surveillance-and-Statistic">https://portal.ct.gov/DPH/Epidemiology-Emerging-Infections/Influenza-Surveillance-and-Statistic</a> )
Georgia ( <a href="https://dph.georgia.gov/flu-activity-georgia">https://dph.georgia.gov/flu-activity-georgia</a> )	Hawaii ( <a href="http://health.hawaii.gov/docd/resources/reports/influenza-reports/">http://health.hawaii.gov/docd/resources/reports/influenza-reports/</a> )
Iowa ( <a href="https://idph.iowa.gov/influenza/reports">https://idph.iowa.gov/influenza/reports</a> )	Kansas ( <a href="http://www.kdheks.gov/flu/surveillance.htm">http://www.kdheks.gov/flu/surveillance.htm</a> )
Maryland ( <a href="https://phpa.health.maryland.gov/influenza/fluwatch/">https://phpa.health.maryland.gov/influenza/fluwatch/</a> )	Massachusetts ( <a href="https://www.mass.gov/info-details/influenza-reporting">https://www.mass.gov/info-details/influenza-reporting</a> )
Missouri ( <a href="http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php">http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php</a> )	Montana ( <a href="https://dphhs.mt.gov/publichealth/cdepi/diseases/Pan-Respiratory/index">https://dphhs.mt.gov/publichealth/cdepi/diseases/Pan-Respiratory/index</a> )
New Jersey ( <a href="http://www.nj.gov/health/cd/topics/flu.shtml">http://www.nj.gov/health/cd/topics/flu.shtml</a> )	New Mexico ( <a href="https://nmhealth.org/about/erd/ideb/isp">https://nmhealth.org/about/erd/ideb/isp</a> )
Ohio ( <a href="http://www.flu.ohio.gov">http://www.flu.ohio.gov</a> )	Oklahoma ( <a href="https://oklahoma.gov/health/health-education/acute-disease-service/disease-information/influenza-home-page.html">https://oklahoma.gov/health/health-education/acute-disease-service/disease-information/influenza-home-page.html</a> )
South Carolina ( <a href="http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/">http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/</a> )	South Dakota ( <a href="https://doh.sd.gov/health-data-reports/data-dashboards/influenza-dashboard/">https://doh.sd.gov/health-data-reports/data-dashboards/influenza-dashboard/</a> )
Vermont ( <a href="http://www.healthvermont.gov/immunizations-infectious-disease/influenza/flu-activity-and-surveillance">http://www.healthvermont.gov/immunizations-infectious-disease/influenza/flu-activity-and-surveillance</a> )	Virginia ( <a href="http://www.vdh.virginia.gov/epidemiology/influenza-flu-virginia/influenza-surveillance/">http://www.vdh.virginia.gov/epidemiology/influenza-flu-virginia/influenza-surveillance/</a> )
Wyoming ( <a href="https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/influenza/">https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/influenza/</a> )	New York City ( <a href="http://www1.nyc.gov/site/doh/providers/health-topics/flu-alerts.page">http://www1.nyc.gov/site/doh/providers/health-topics/flu-alerts.page</a> )

### 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/influenza-surveillance-outputs) (<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) ([http://www.influenzacentre.org/Surveillance\\_Samples\\_Received.html](http://www.influenzacentre.org/Surveillance_Samples_Received.html)), China [🔗](http://www.chinaivdc.cn/cnic/) (<http://www.chinaivdc.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 (<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/) [⏏](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/) (<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/) (<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) (<http://www.cdc.gov/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>)

Was this page helpful?

Yes

Partly

No