



Weekly U.S. Influenza Surveillance Report

Updated July 26, 2024

FLUVIEW

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Key Updates for Week 29, ending July 20, 2024

Seasonal influenza activity remains low nationally.

Viruses

Clinical Lab	Public Health Lab	Virus Characterization
<p>0.7% (Trend ➔) positive for influenza this week (/flu/weekly/index.htm#ClinicalLaboratories)</p>	<p>Influenza A(H1N1)pdm09, A(H3N2), and B viruses were all co-circulating this week. (/flu/weekly/index.htm#PublicHealthLaboratories)</p>	<p>Genetic and antigenic characterization and antiviral susceptibility are summarized in this report. (/flu/weekly/index.htm#VirusCharacterization)</p>

Illness

Outpatient Respiratory Illness	Outpatient Respiratory Illness: Map
<p>1.4% (Trend ➔) of visits to a health care provider this week were for respiratory illness <i>(below baseline)</i> (/flu/weekly/index.htm#ILINet)</p>	<p>This week, no jurisdictions experienced moderate, high, or very high activity. (/flu/weekly/index.htm#ORIAM)</p>

0.1 per 100,000
weekly hospitalization rate.[\(/flu/weekly/index.htm#FluSurvNet\)](/flu/weekly/index.htm#FluSurvNet)

NCHS Mortality

0.04% (Trend ➔)

of deaths attributed to influenza this week.

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

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.
- Four additional human infections with an influenza A(H5) virus were reported by the Colorado Department of Public Health and Environment.
- CDC estimates that there have been at least 35 million illnesses, 400,000 hospitalizations, and 25,000 deaths from flu so far this season.
- There 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

[\(<https://www.cdc.gov/flu/weekly/overview.htm#LabSurveillance>\)](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. 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

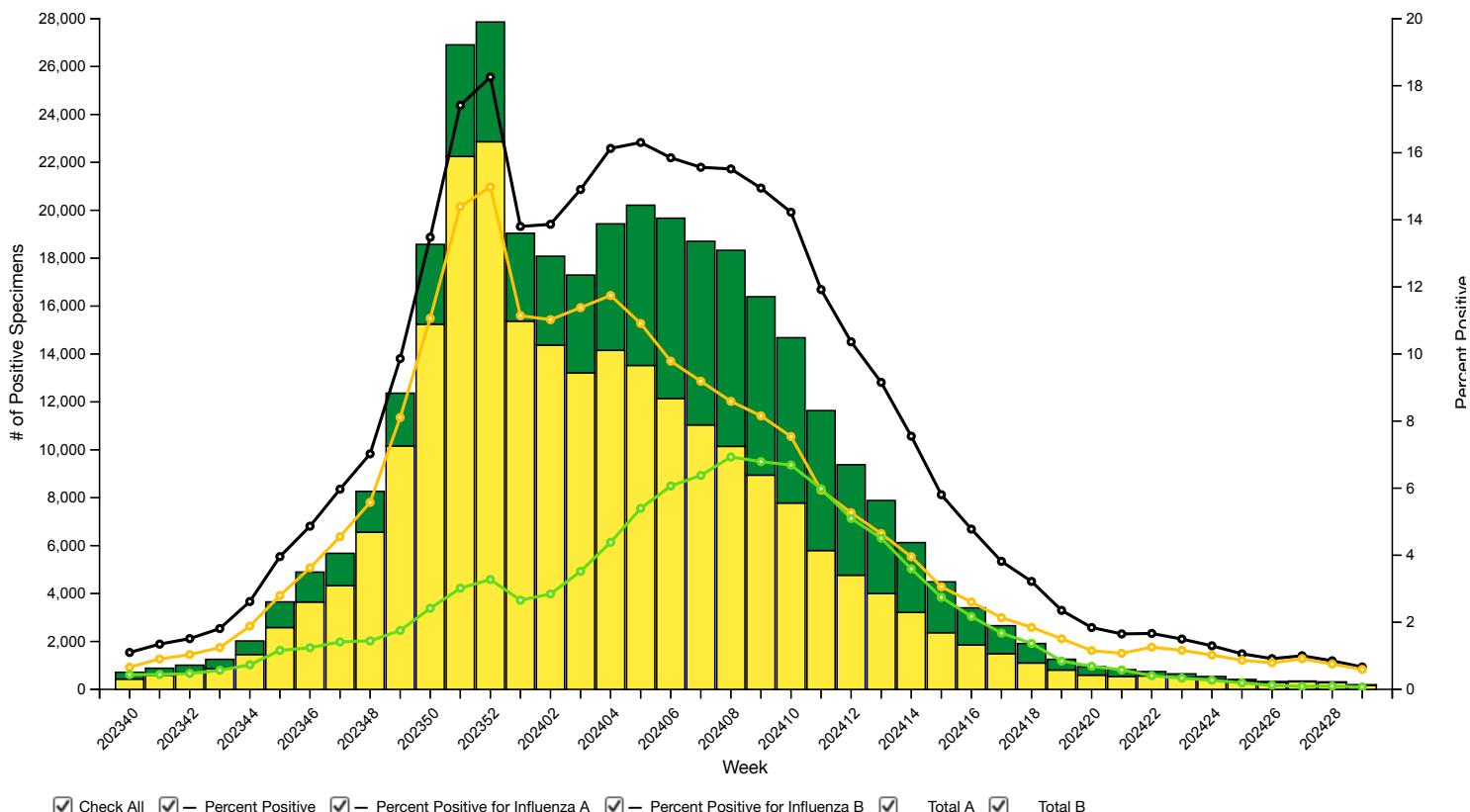
The results of tests performed by clinical laboratories nationwide are summarized below. Data from clinical laboratories (the percentage of specimens tested that are positive for influenza virus) are used to monitor whether influenza activity is increasing or decreasing.

	Week 29	Data Cumulative since October 1, 2023 (Week 40)
No. of specimens tested	29,220	3,616,901
No. of positive specimens (%)	195 (0.7%)	350,001 (9.7%)
<i>Positive specimens by type</i>		
Influenza A	174 (89.2%)	241,761 (69.1%)
Influenza B	21 (10.8%)	108,229 (30.9%)

Season: 2023-24

Surveillance Area: National

**Influenza Positive Tests Reported to CDC by Clinical Laboratories,
National Summary, 2023-24 Season, week ending Jul 20, 2024**



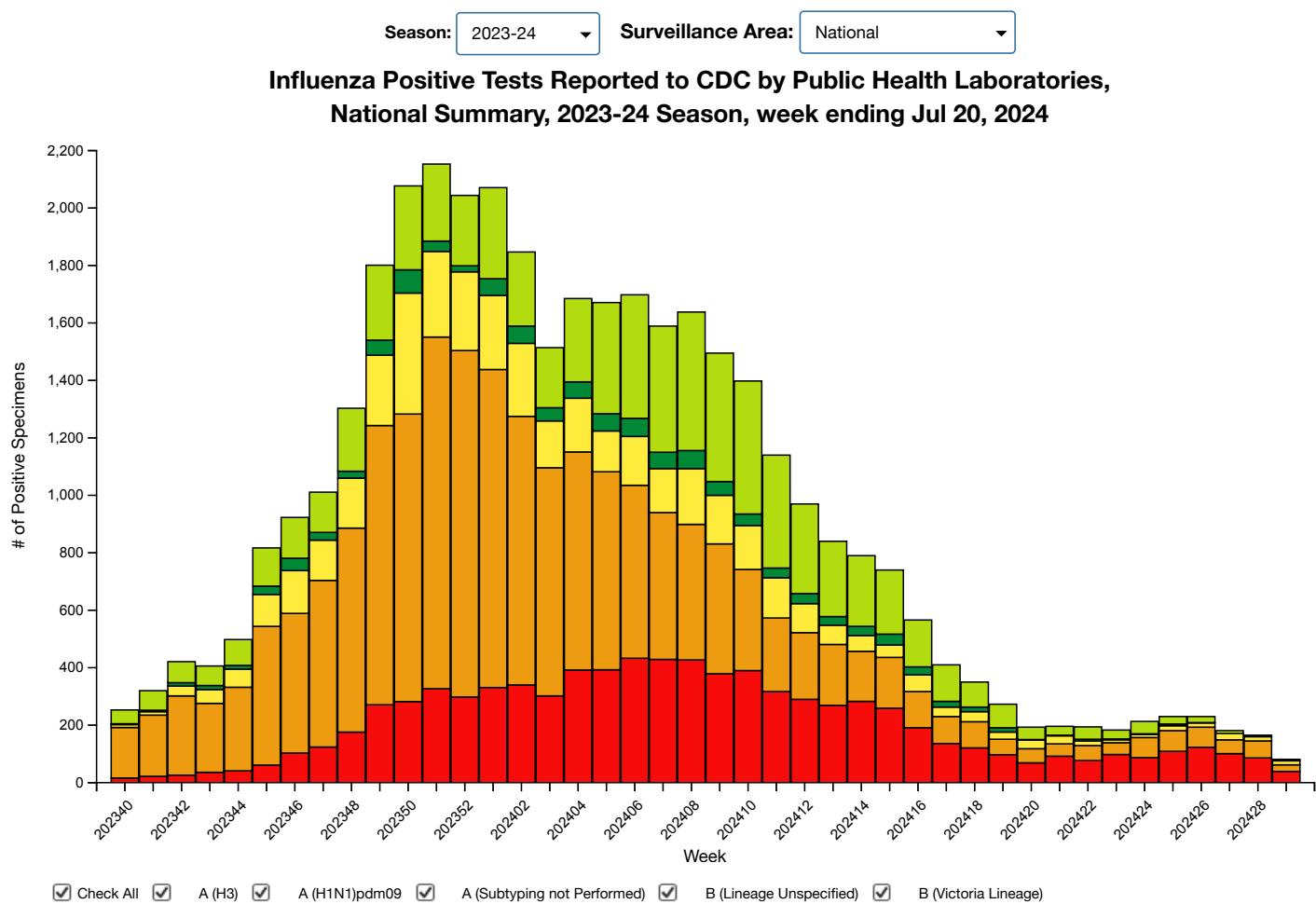
[View Additional Graphs and Data \(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html\)](http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) | [Download Chart Data](#) | [Download PowerPoint Presentation](#)

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 29	Data Cumulative since October 1, 2023 (Week 40)
No. of specimens tested	935	120,400	
No. of positive specimens	81	38,579	
Positive specimens by type/subtype			
Influenza A	76 (93.8%)	29,474 (76.4%)	
Subtyping Performed	62 (81.6%)	24,917 (84.5%)	

(H1N1)pdm09	23 (37.1%)	16,474 (66.1%)
H3N2	39 (62.9%)	8,443 (33.9%)
H3N2v	0 (0.0%)	0 (0.0%)
Subtyping not performed	14 (18.4%)	4,557 (15.5%)
Influenza B	5 (6.2%)	9,104 (23.6%)
Lineage testing performed	5 (100.0%)	7,922 (87.0%)
Yamagata lineage	0 (0.0%)	0 (0.0%)
Victoria lineage	5 (100.0%)	7,922 (100.0%)
Lineage not performed	0 (0.0%)	1,182 (13.0%)



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

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:

Four additional human infections with an influenza A(H5) virus were reported by the Colorado Department of Public Health and Environment.

Four individuals in Colorado, all aged >18 years, have tested positive for influenza A(H5) virus infection. All four individuals had performed disposal and culling operations prior to symptom onset at one of two Colorado poultry facilities where highly pathogenic avian influenza (HPAI) A(H5N1) virus clade 2.3.4.4b, genotype B3.13, was detected in poultry.

All four individuals reported their symptoms to the Colorado Department of Public Health and Environment during regular active monitoring on the farm conducted by public health staff. Specimens were collected from the individuals. Specimens were initially tested at the Colorado State Public Health Laboratory using the Centers for Disease Control and Prevention (CDC) influenza A(H5) assay before being sent to CDC for further testing. Specimens from all four individuals were positive for influenza A and A(H5) virus using diagnostic rRT-PCR at CDC. Additional analysis including genetic sequencing is underway.

In response to these detections, additional case investigations and surveillance activities are being conducted by public health officials, including the collection of additional specimens from symptomatic individuals at these farms. Further symptom screening will also continue.

A total of 14 people have tested positive for influenza A(H5) virus in the United States since 2022. The first case occurred in April 2022 in Colorado in an individual who had performed poultry culling. The next four cases occurred April-June 2024 in Texas (one case), Michigan (two cases), and Colorado (one case) in individuals who worked with dairy cows, followed by nine cases in persons associated with poultry disposal and culling operations in Colorado in July 2024.

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

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

The latest case reports on avian influenza outbreaks in wild birds, commercial poultry; backyard or hobbyist flocks; and mammals in the United States 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 5,077 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	1,890				
		6B.1A.5a	1,890 (100%)	2a	451 (23.9%)
				2a.1	1,439 (76.1%)
A/H3	1,775				
		3C.2a1b.2a	1,775 (100%)	2a.1b	1 (0.1%)
				2a.3a	1 (0.1%)
				2a.3a.1	1,772 (99.8%)
B/Victoria	1,462			2b	1 (0.1%)
		V1A	1,462 (100%)	3a.2	1,462 (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:** 494 A(H1N1)pdm09 viruses were antigenically characterized by HI, and 493 (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):** 581 A(H3N2) viruses were antigenically characterized by HI or HINT, and 558 (96.0%) 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:** 400 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 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	5,037	1,864	1,744	1,429
		Reduced Inhibition	1 (0.02%)	1 (0.1%)	0 (0.00%)	0 (0.00%)
		Highly Reduced Inhibition	5 (0.1%)	5 (0.3%)	0 (0.00%)	0 (0.00%)
	Peramivir	Viruses Tested	5,037	1,864	1,744	1,429
		Reduced Inhibition	3 (0.1%)	0 (0.00%)	0 (0.00%)	3 (0.2%)
		Highly Reduced Inhibition	6 (0.1%)	5 (0.3%)	0 (0.00%)	1 (0.1%)
	Zanamivir	Viruses Tested	5,037	1,864	1,744	1,429
		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	4,960	1,820	1,723	1,417
		Decreased Susceptibility	1 (0.02%)	0 (0.00%)	1 (0.1%)	0 (0.00%)

Four A(H1N1)pdm09 viruses had NA-H275Y amino acid substitution and one A(H1N1)pdm09 virus had NA-H275Y/H, 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 B virus had NA-H273Y amino acid substitution and showed highly 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>)

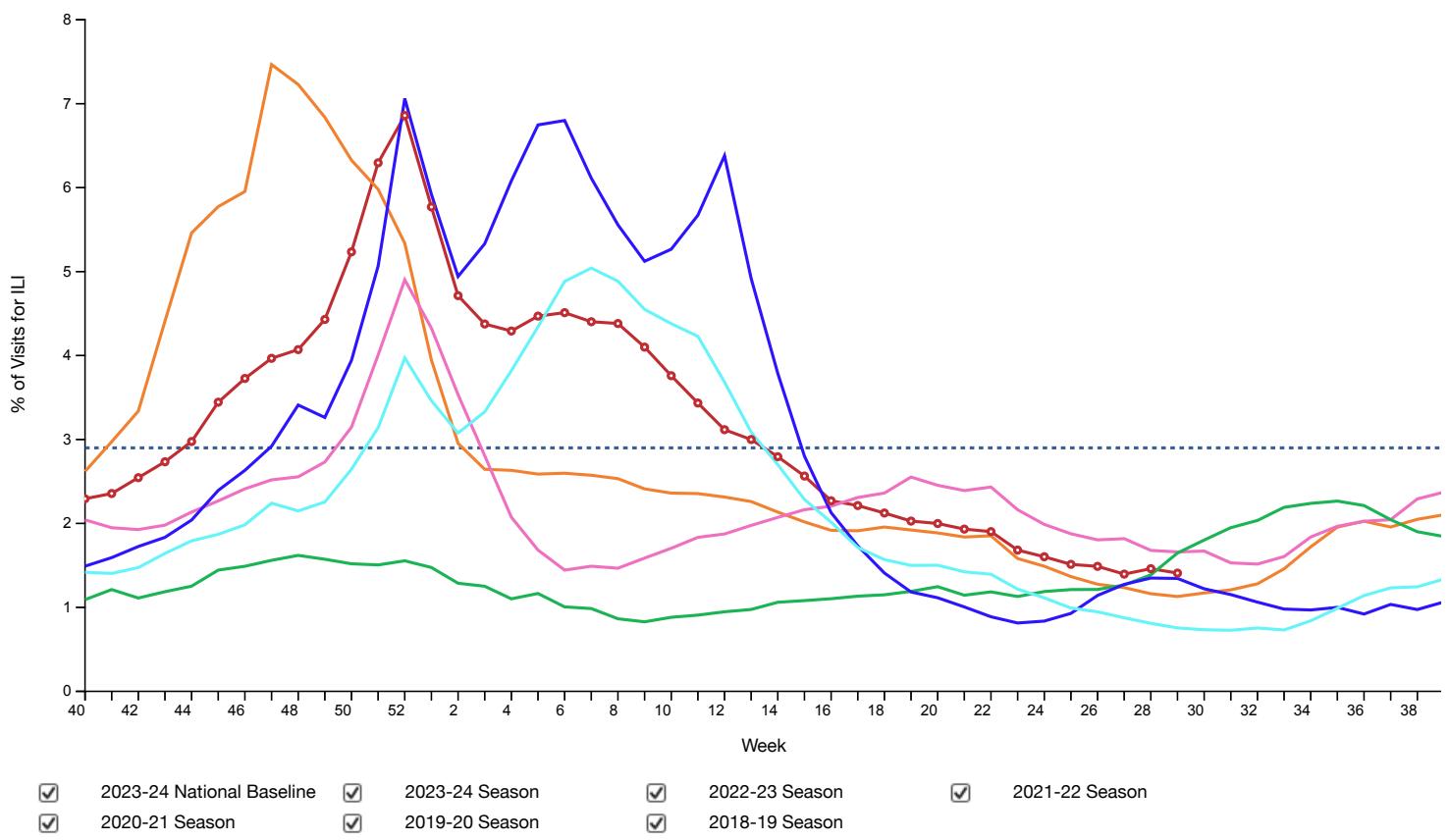
The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for respiratory illness referred to as influenza-like illness [ILI (fever plus cough or sore throat)], not laboratory-confirmed influenza and will therefore capture respiratory illness visits due to infection 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) (<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 ≤ 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



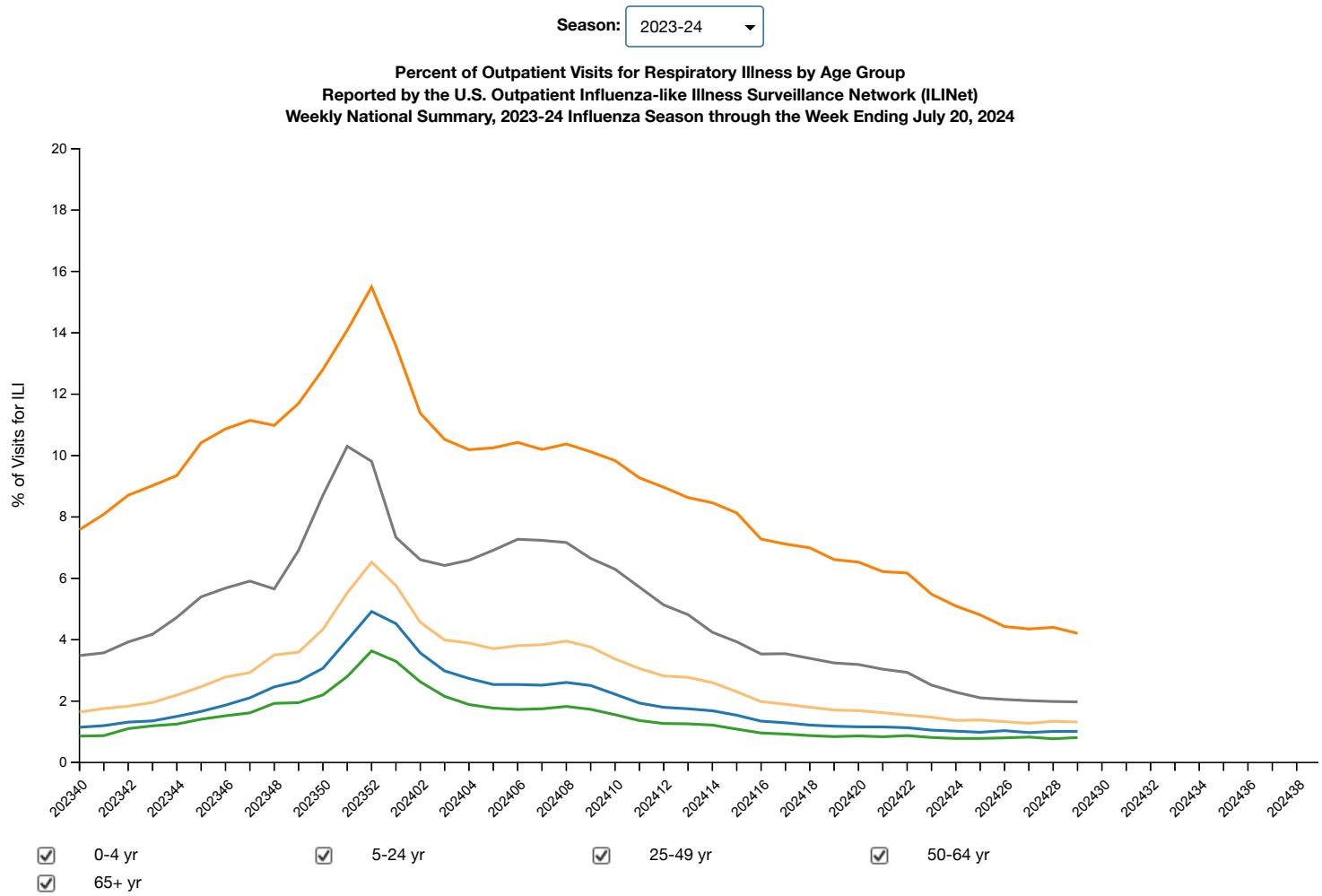
2023-24 National Baseline 2023-24 Season 2022-23 Season 2021-22 Season
 2020-21 Season 2019-20 Season 2018-19 Season

[View National and Regional Level Graphs and Data \(https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html\)](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 age group and remained stable for all other age groups in Week 29 compared to Week 28.



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 29 (Week ending)	Week 28 (Week ending)	Week 29 (Week ending)	Week 28 (Week ending)

Activity Level	Jul. 20, 2024)	Jul. 13, 2024)	Jul. 20, 2024)	Jul. 13, 2024)
Very High	0	0	0	0
High	0	0	0	1
Moderate	0	0	2	2
Low	0	0	5	2
Minimal	55	55	663	668
Insufficient Data	0	0	259	256

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](#)

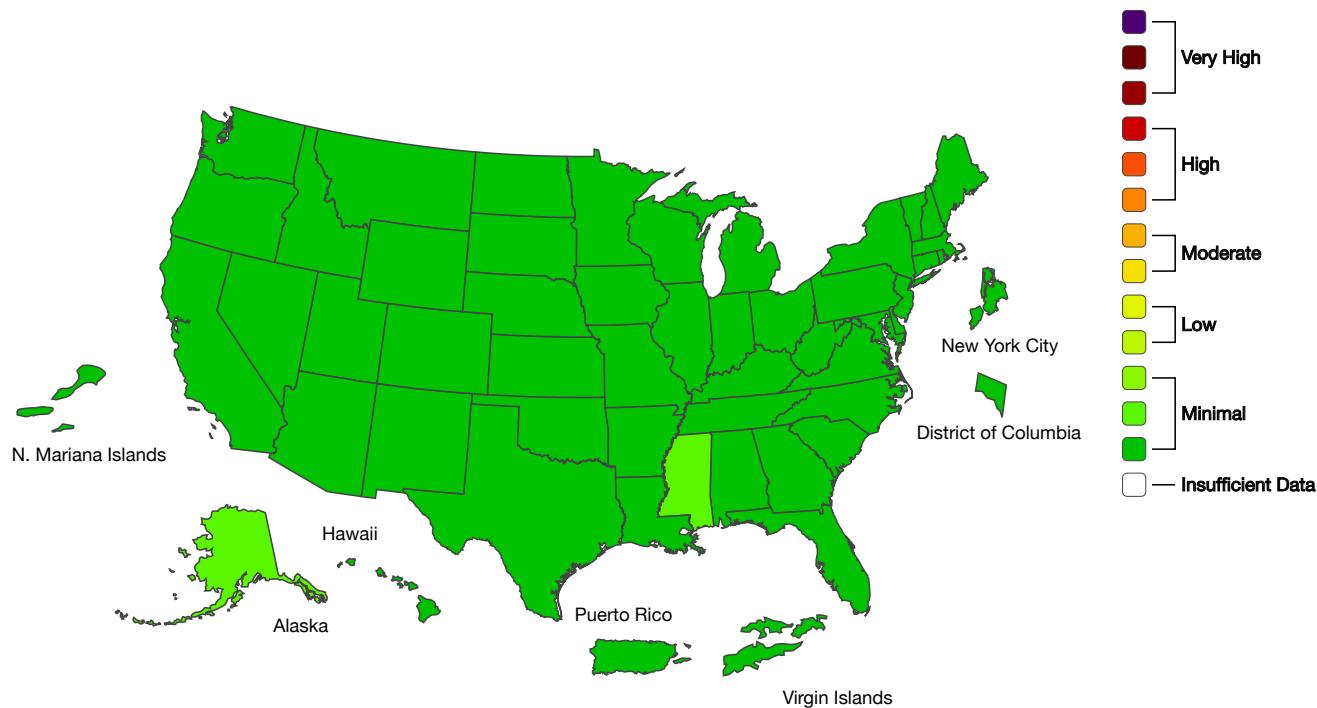
40 50 1 10 20 29

weeks

State CBSA

2023-24 Influenza Season Week 29 ending Jul 20, 2024

ILI Activity Level



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 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 25,279 laboratory-confirmed influenza-associated hospitalizations were reported by FluSurv-NET sites between October 1, 2023, and July 20, 2024. The weekly hospitalization rate observed in Week 29 was 0.1 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 25,279 hospitalizations, 21,376 (84.6%) were associated with influenza A virus, 3,721 (14.7%) with influenza B virus, 51 (0.2%) with influenza A virus and influenza B virus co-infection, and 131 (0.5%) with influenza virus for which the type was not determined. Among those with influenza A subtype information, 4,241 (67.9%) were A(H1N1) pdm09 and 2,009 (32.1%) were A(H3N2).

Age Group:

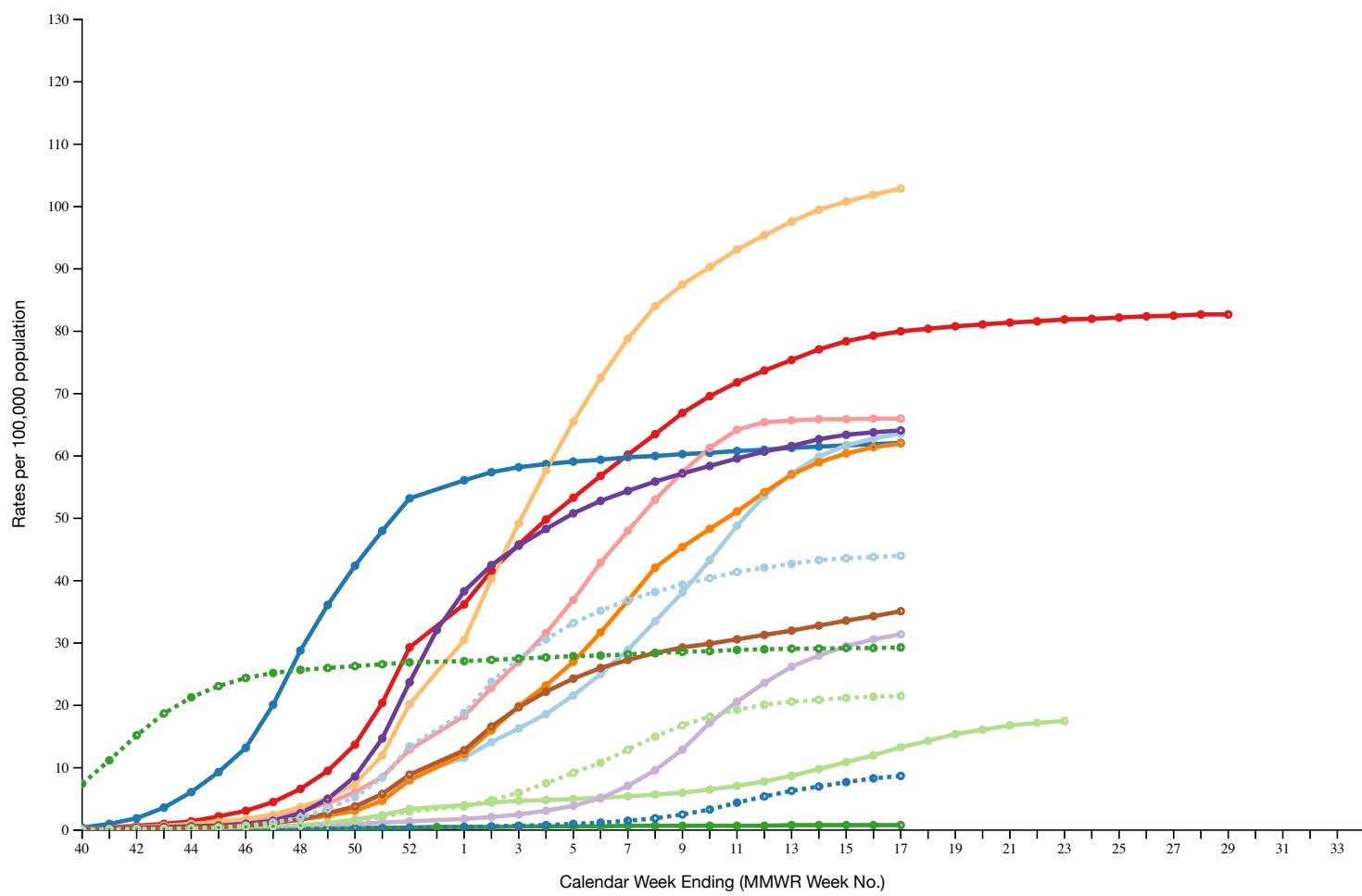
Overall

Display By

Select a Surveillance Area

**Laboratory-Confirmed Influenza Hospitalizations****Preliminary cumulative rates as of Jul 20, 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) (<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 be 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).

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) | [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 July 25, 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.

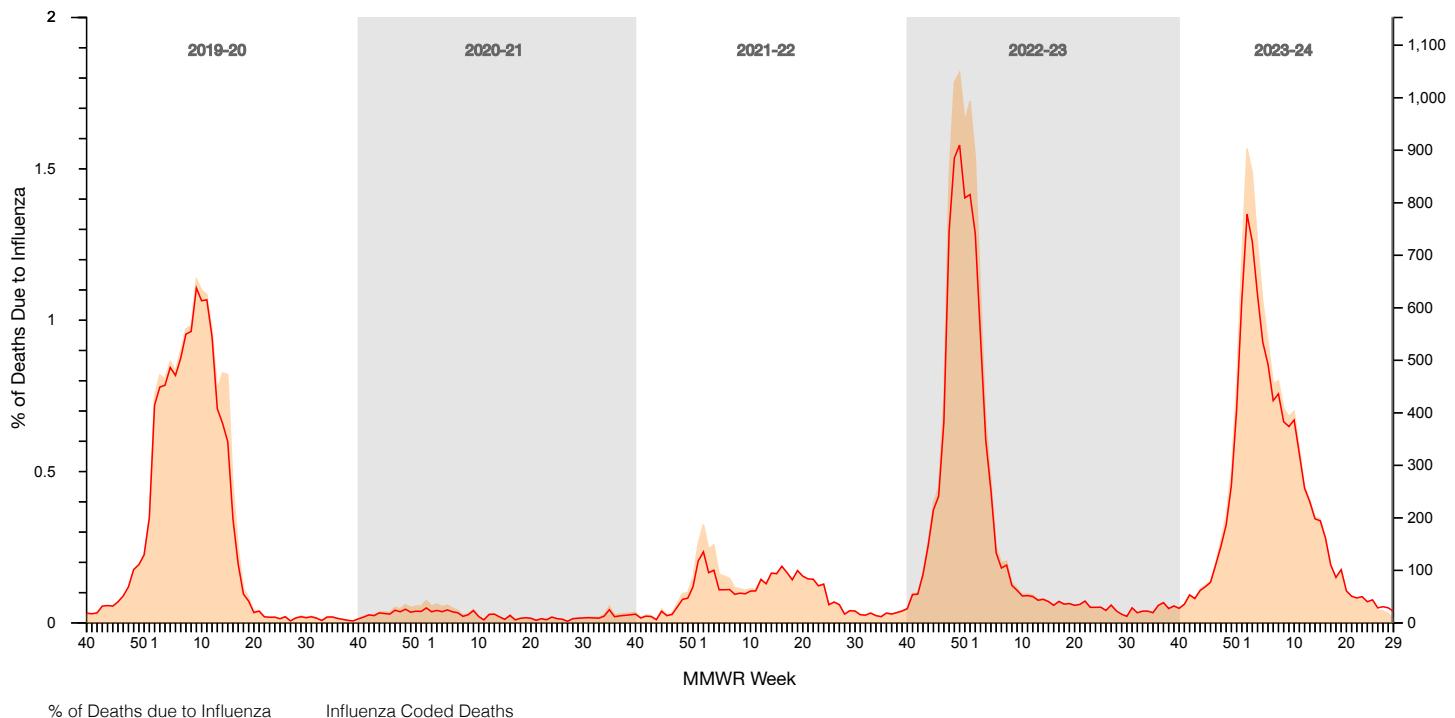
Season: 2023-24

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 July 20, 2024

2019-24

 Show Number of Influenza Deaths[View Regional and State Level Data](#)[Download Chart Data](#)[Download PowerPoint Presentation](#)

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

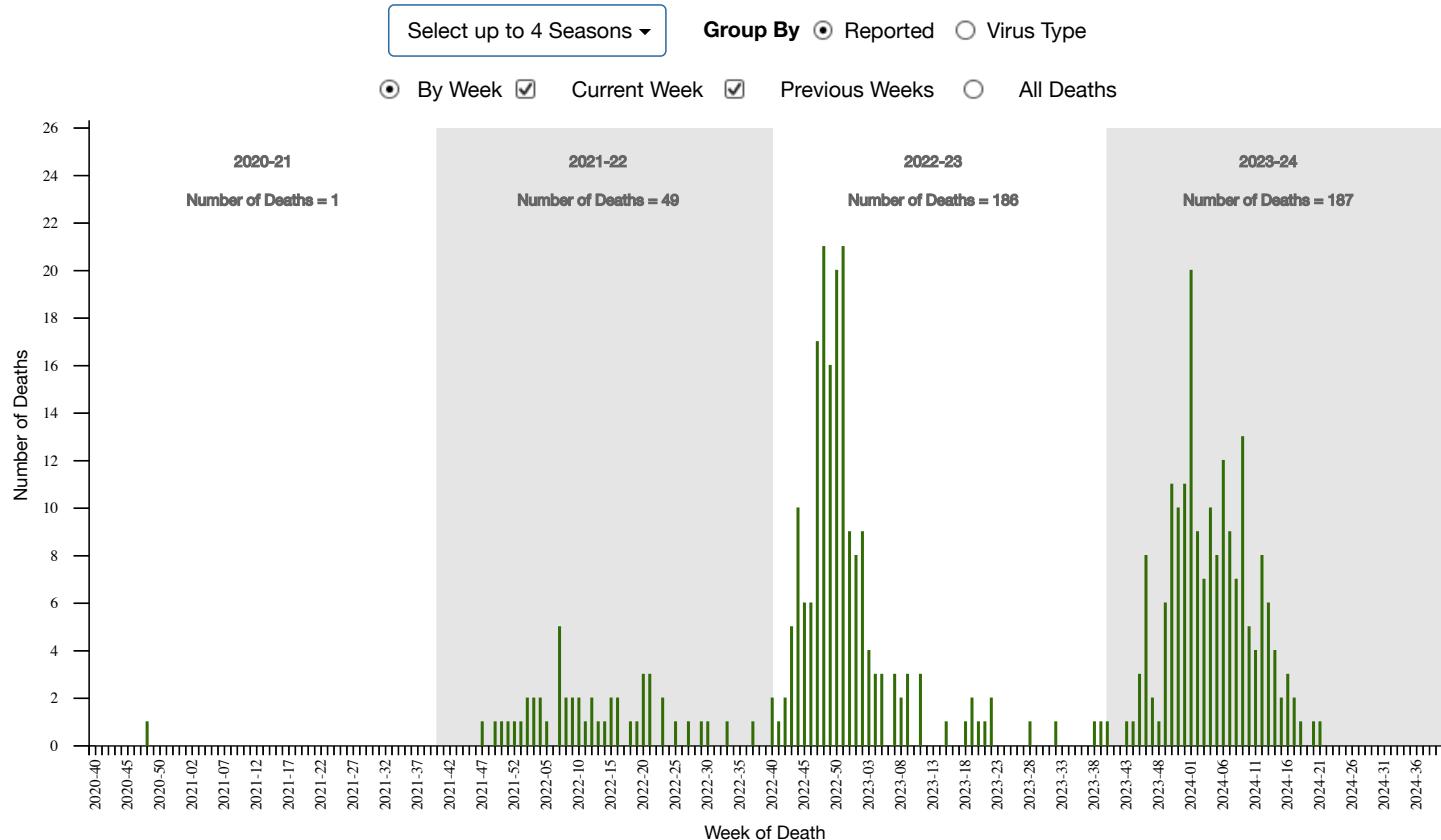
[Surveillance Methods](#) | [FluView Interactive](#)
[\(https://gis.cdc.gov/grasp/fluview/mortality.html\)](#)

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths were reported to CDC during Week 29.

A total of 187 influenza-associated pediatric deaths occurring during the 2023-2024 season have been reported to CDC.

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) (<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

¹U.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)

²Grohskopf LA, Blanton LH, Ferdinand 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)

³Influenza 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/>)

Alaska

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

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.scdhcc.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/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.

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Source: [Centers for Disease Control and Prevention](https://www.cdc.gov/), National Center for Immunization and Respiratory Diseases (NCIRD)

Was this page helpful?

Yes

Partly

No