

2016-2017 Influenza Season Week 40 ending October 8, 2016

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

Background: The Centers for Disease Control and Prevention's (CDC) Influenza Division collects, compiles, and analyzes information on influenza activity year-round in the United States and produces [FluView](#), a weekly influenza surveillance report, and [FluView Interactive](#), which allows for more in-depth exploration of influenza surveillance data. The U.S. influenza surveillance system provides information in five categories collected from eight data sources. This is the first report of the 2016-2017 influenza season, which began on October 2, 2016.

The five categories and eight data components of CDC influenza surveillance are:

- **Viral Surveillance:** U.S. World Health Organization (WHO) collaborating laboratories, the National Respiratory and Enteric Virus Surveillance System (NREVSS), and human infection with novel influenza A virus case reporting;
- **Mortality:** National Center for Health Statistics (NCHS) Mortality Surveillance System and influenza-associated pediatric deaths;
- **Hospitalizations:** Influenza Hospitalization Network (FluSurv-NET) including the Emerging Infections Program (EIP) and three additional states;
- **Outpatient Illness Surveillance:** U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet);
- **Geographic Spread of Influenza:** State and territorial epidemiologists' reports.

An overview of the CDC influenza surveillance system, including methodology and detailed descriptions of each data component, is available at: <http://www.cdc.gov/flu/weekly/overview.htm>.

Synopsis: During week 40 (October 2-8, 2016), influenza activity was low in the United States.

- **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 40 was influenza A. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low.
- **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.
- **Influenza-associated Pediatric Deaths:** No influenza-associated pediatric deaths were reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.1%, which is below the national baseline of 2.2%. All 10 regions reported ILI below region-specific baseline levels. New York City and 50 states experienced minimal ILI activity and the District of Columbia and Puerto Rico had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in Guam was reported as widespread; Puerto Rico and one state reported local activity; the U.S. Virgin Islands and 36 states reported sporadic activity; and the District of Columbia and 13 states reported no activity.

National and Regional Summary of Select Surveillance Components

HHS Surveillance Regions*	Data for current week			Data cumulative since October 2, 2016 (week 40)						
	Out-patient ILI†	Number of jurisdictions reporting regional or widespread activity	% respiratory specimens positive for flu in clinical laboratories‡	A(H1N1) pdm09	A (H3)	A (Subtyping not performed)	B Victoria lineage	B Yamagata lineage	B lineage not performed	Pediatric Deaths
Nation	Normal	1 of 54	1.7%	4	28	5	1	0	2	0
Region 1	Normal	0 of 6	0.5%	0	4	0	0	0	0	0
Region 2	Normal	0 of 4	0.6%	0	0	0	0	0	0	0
Region 3	Normal	0 of 6	0.5%	2	0	1	0	0	0	0
Region 4	Normal	0 of 8	4.2%	0	0	1	0	0	1	0
Region 5	Normal	0 of 6	0.8%	0	5	0	0	0	0	0
Region 6	Normal	0 of 5	1.9%	0	0	0	0	0	0	0
Region 7	Normal	0 of 4	0.1%	0	0	2	1	0	0	0
Region 8	Normal	0 of 6	0.5%	2	2	0	0	0	0	0
Region 9	Normal	1 of 5	1.2%	0	7	0	0	0	1	0
Region 10	Normal	0 of 4	2.4%	0	10	1	0	0	0	0

*<http://www.hhs.gov/about/agencies/staff-divisions/iea/regional-offices/index.html>

† Elevated means the % of visits for ILI is at or above the national or region-specific baseline.

§ Includes all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands

‡ National data are for current week; regional data are for the most recent three weeks.

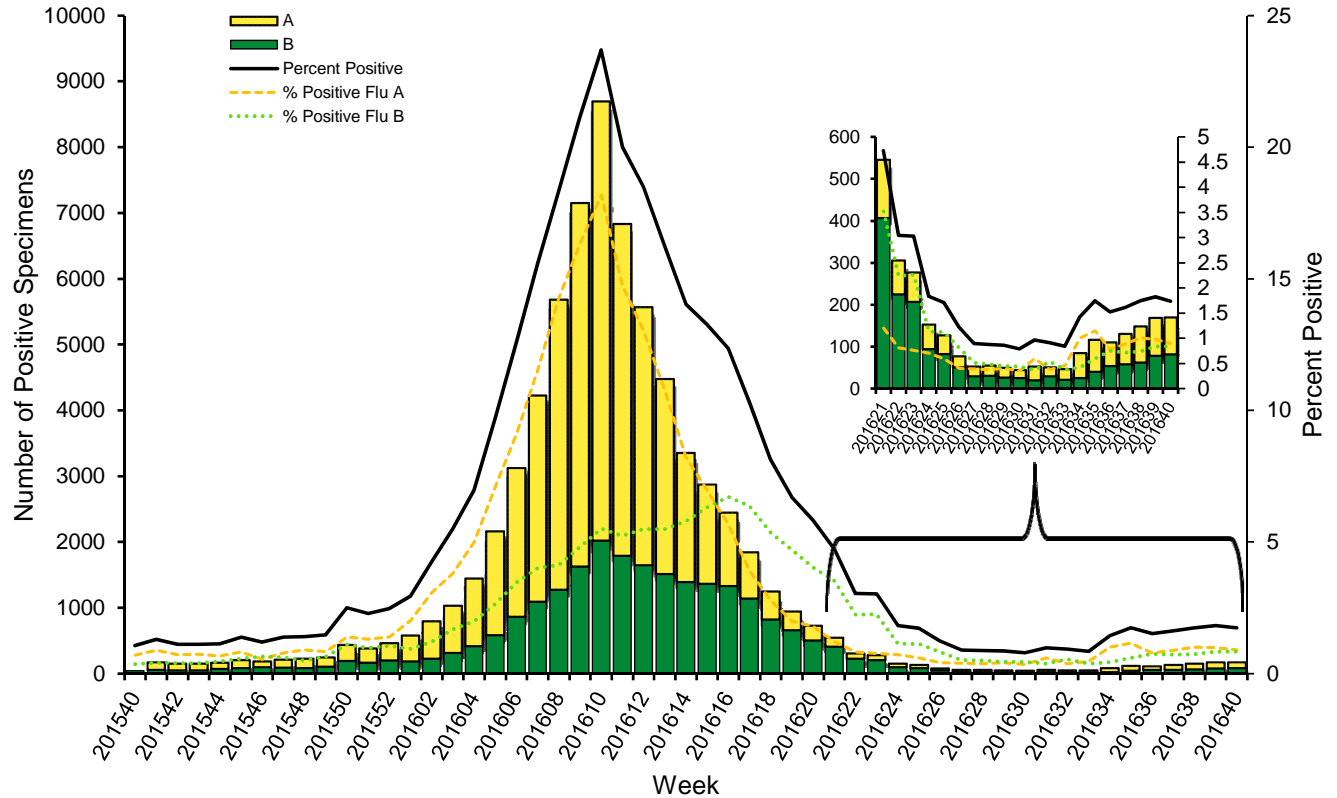
U.S. Virologic Surveillance: WHO and NREVSS collaborating laboratories, which include both public health and clinical laboratories located in all 50 states, Puerto Rico, and the District of Columbia, report to CDC the total number of respiratory specimens tested for influenza and the number positive for influenza by virus type. In addition, public health laboratories also report the influenza A subtype (H1 or H3) and influenza B lineage information of the viruses they test and the age or age group of the persons from whom the specimens were collected.

Additional virologic data can be found at: <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html> and http://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html.

The results of tests performed by clinical laboratories are summarized below.

	Week 40
No. of specimens tested	9,799
No. of positive specimens (%)	170 (1.7%)
Positive specimens by type	
Influenza A	88 (51.8%)
Influenza B	82 (48.2%)

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, October 4, 2015 – October 8, 2016

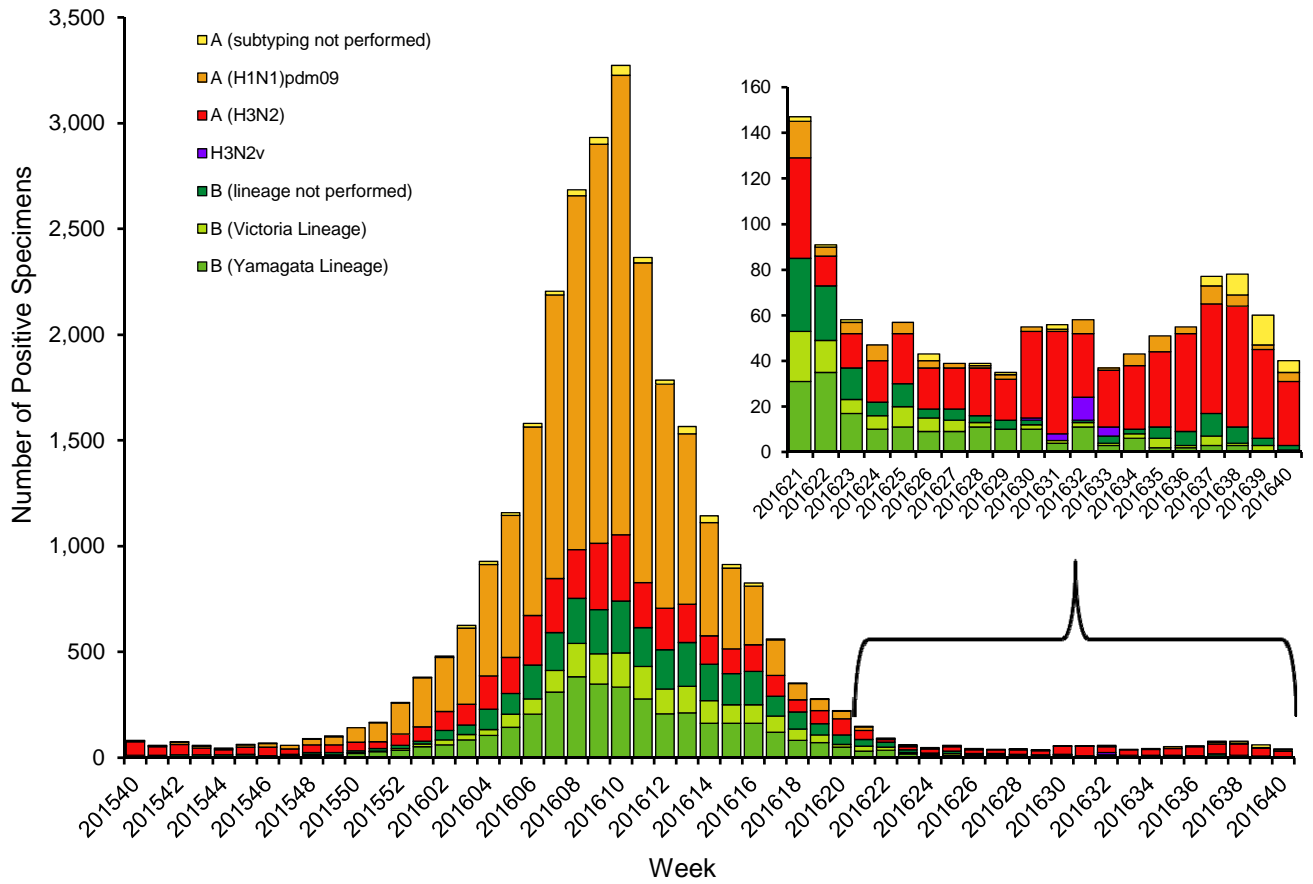


The results of tests performed by public health laboratories, as well as the age group distribution of influenza positive tests, are summarized below.

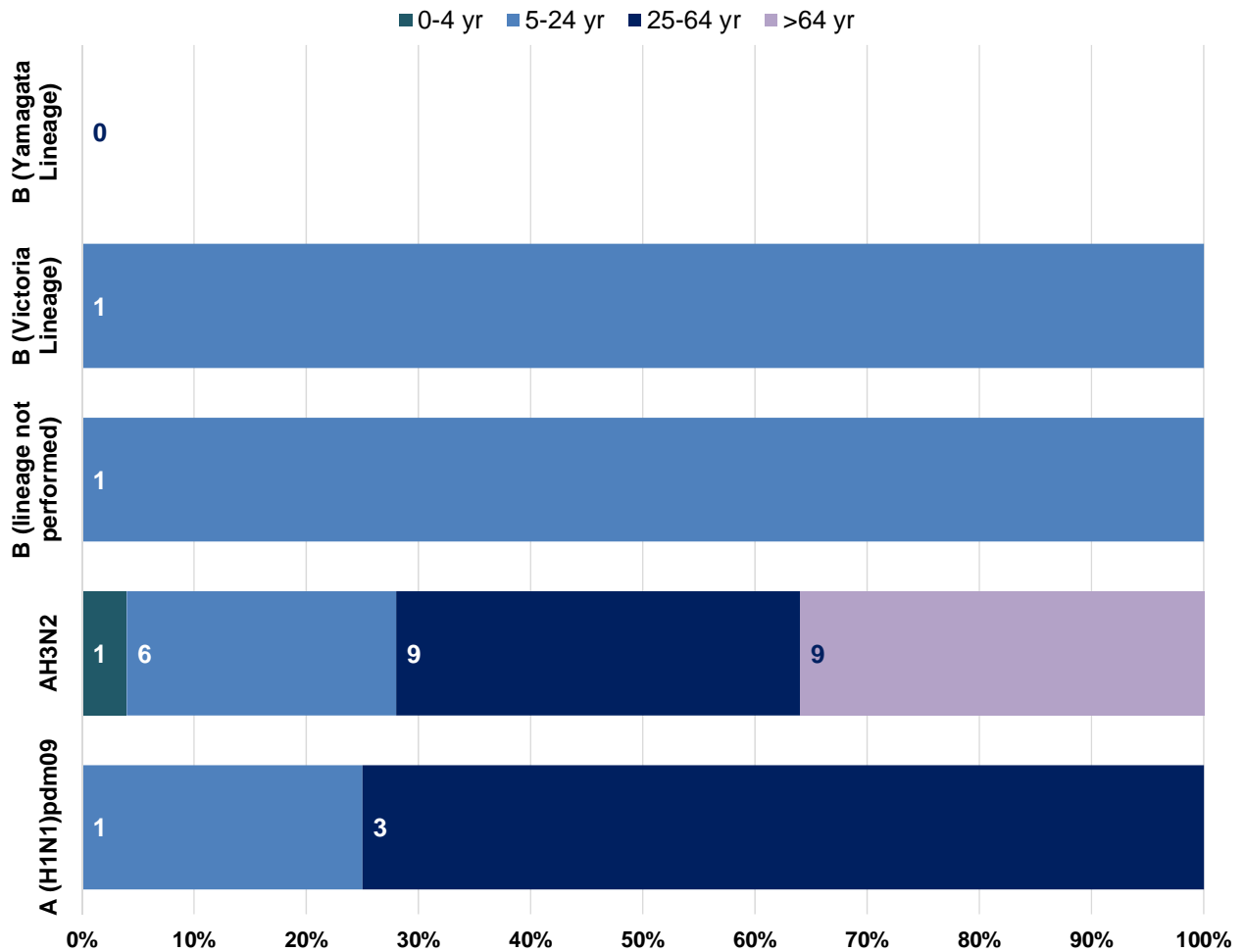
	Week 40
No. of specimens tested	403
No. of positive specimens*	40
Positive specimens by type/subtype	
Influenza A	37 (92.5%)
A(H1N1)pmd09	4 (10.8%)
H3	28 (75.7%)
Subtyping not performed	5 (13.5%)
Influenza B	3 (7.5%)
Yamagata lineage	0 (0%)
Victoria lineage	1 (33.3%)
Lineage not performed	2 (66.7%)

*The percent of specimens testing positive for influenza is not reported because public health laboratories often receive samples that have already been tested positive for influenza at a clinical laboratory and therefore percent positive would not be a valid indicator of influenza activity. Additional information is available at <http://www.cdc.gov/flu/weekly/overview.htm>

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, October 4, 2015 – October 8, 2016



Age Group Proportions and Total by Influenza Subtype Reported by Public Health Laboratories, 2016-2017 Season



Influenza Virus Characterization: CDC characterizes influenza viruses through one or more tests including [genomic sequencing](#), [hemagglutination inhibition \(HI\)](#) and/or neutralization assays. These data are used to compare how similar currently circulating influenza viruses are to the reference viruses used for developing influenza vaccines, and to monitor for changes in circulating influenza viruses. Historically, HI data have been used most commonly to assess the similarity between reference viruses and circulating viruses to suggest how well the vaccine may work until such a time as [vaccine effectiveness estimates](#) are available.

For nearly all virus positive surveillance samples received at CDC, next-generation sequencing is performed to ascertain genomic data of circulating influenza viruses. Viruses can be classified into genetic groups/clades based on analysis of their HA gene segments using phylogenetics and key amino acid changes ([Klimov Vaccine 2012](#)).

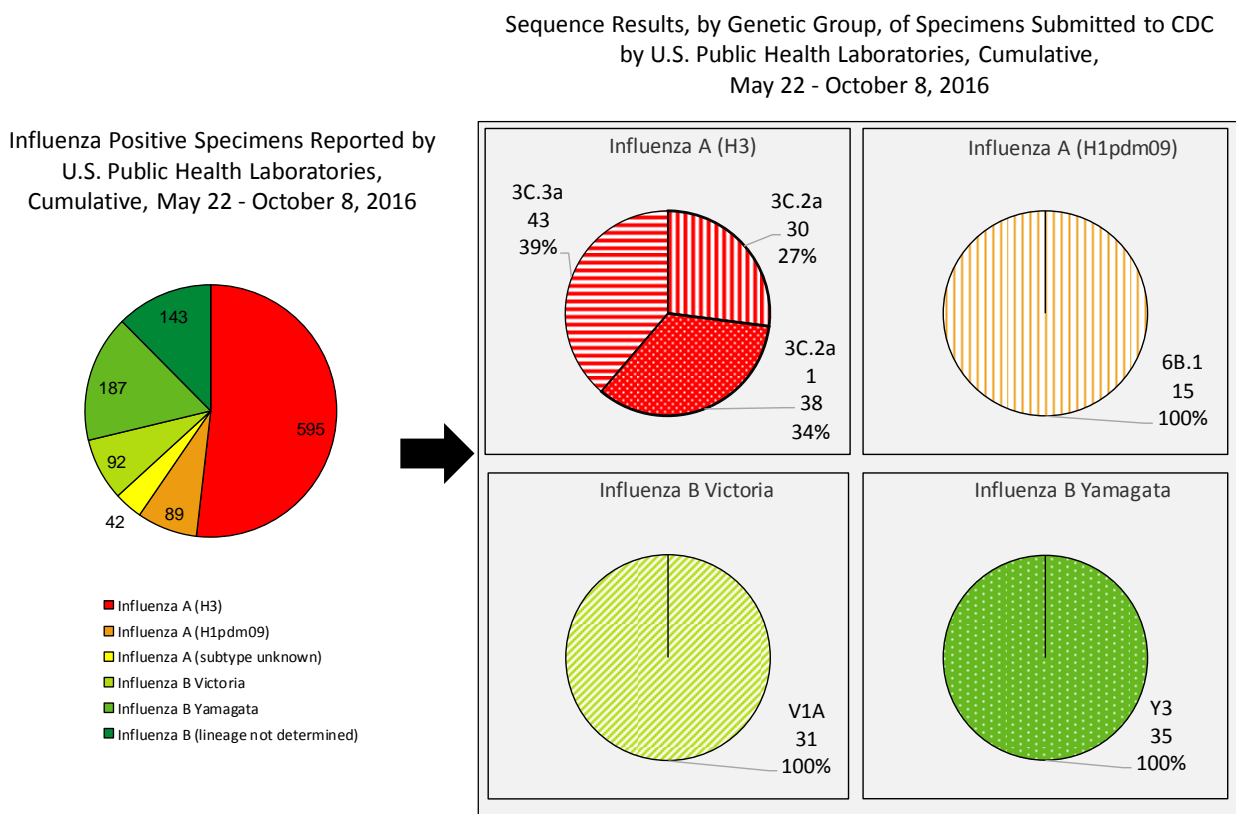
A proportion of influenza A (H3N2) viruses don't yield sufficient hemagglutination titers for antigenic characterization using the hemagglutination inhibition test. Therefore, CDC selects a subset of influenza A (H3N2) viruses to test using a focus reduction assay for supplementary antigenic characterization

No characterization data is currently available for specimens collected after October 1, 2016.

Genetic Characterization

During May 22 – October 8, 2016, 1,148 influenza positive specimens were reported by public health laboratories in the United States (figure, left). CDC genetically characterized 192 influenza viruses [15 influenza A (H1N1)pdm09, 111 influenza A (H3N2), and 66 influenza B viruses] collected by U.S. laboratories. The HA gene segment of all influenza A (H1N1)pdm09 viruses analyzed belonged to genetic group 6B.1. Influenza A (H3N2) virus HA gene segments analyzed belonged to genetic groups 3C.2a, 3C.2a1 or 3C.3a. The HA of influenza B/Victoria-lineage viruses all belonged to genetic group V1A. The HA of influenza B/Yamagata-lineage viruses analyzed all belonged to genetic group Y3.

The majority of U.S. viruses submitted for characterization come from state and local public health laboratories. Specimen submission guidance issued to the laboratories request that, if available, 2 influenza A (H1N1), 2 A influenza (H3N2), and 2 influenza B viruses be submitted every other week. [Because of this](#), the number of each virus type/subtype characterized should be approximately equal. In the figure below, the results of tests performed by public health labs are presented on the left and sequence results by genetic group of specimens submitted to CDC are presented on the right.



Antigenic Characterization

During May 22 – September 30, 2016, CDC antigenically characterized 120 influenza viruses [8 influenza A (H1N1)pdm09, 53 influenza A (H3N2), and 59 influenza B viruses] collected by U.S. laboratories.

Influenza A Virus [61]

A (H1N1)pdm09 [8]: All 8 (100%) influenza A (H1N1)pdm09 viruses were antigenically characterized using ferret post-infection antisera as A/California/7/2009-like, the influenza A (H1N1) component of the 2016-2017 Northern Hemisphere vaccine.

A (H3N2) [53]: 44 (83%) of 53 influenza A (H3N2) viruses were antigenically characterized as A/Hong Kong/4801/2014-like, a virus that belongs in genetic group 3C.2a and is the influenza A (H3N2) component of the 2016-2017 Northern Hemisphere vaccine, by HI testing or neutralization testing. Among the viruses that reacted poorly with ferret antisera raised against A/Hong Kong/4801/2014-like viruses, 8 of 9 (90%) are more closely related to A/Switzerland/9715293/2013, a virus belonging to genetic group 3C.3a.

Influenza B Virus [59]

Victoria Lineage [26]: All 26 (100%) B/Victoria-lineage viruses were antigenically characterized using ferret post-infection antisera as B/Brisbane/60/2008-like, which is included as an influenza B component of the 2016-2017 Northern Hemisphere trivalent and quadrivalent influenza vaccines.

Yamagata Lineage [33]: All 33 (100%) B/Yamagata-lineage viruses were antigenically characterized using ferret post-infection antisera as B/Phuket/3073/2013-like, which is included as an influenza B component of the 2016-2017 Northern Hemisphere quadrivalent influenza vaccines.

Antiviral Resistance: No antiviral resistance data are available for specimens collected after October 1, 2016.

During May 22-September 30, 2016, 159 specimens (14 influenza A (H1N1)pdm09, 84 influenza A (H3N2), and 61 influenza B viruses) collected in the United States were tested for susceptibility to the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir). Among the 14 influenza A (H1N1)pdm09 viruses tested for oseltamivir and peramivir, one (7.1%) was resistant to both drugs. A total of 12 influenza A (H1N1)pdm09 viruses were tested for zanamivir susceptibility and all were susceptible. None of the 84 influenza A (H3) and 61 influenza B viruses were found to be resistant to either oseltamivir, zanamivir, or peramivir.

The majority of recently circulating influenza viruses are susceptible to the neuraminidase inhibitor antiviral medications, oseltamivir, zanamivir, and peramivir; however, rare sporadic instances of oseltamivir-resistant and peramivir-resistant influenza A (H1N1)pdm09 viruses and oseltamivir-resistant influenza A (H3N2) viruses have been detected worldwide. Antiviral treatment as early as possible is recommended for patients with confirmed or suspected influenza who have severe, complicated, or progressive illness; who require hospitalization; or who are at [high risk](#) for serious influenza-related complications. Additional information on recommendations for treatment and chemoprophylaxis of influenza virus infection with antiviral agents is available at <http://www.cdc.gov/flu/antivirals/index.htm>.

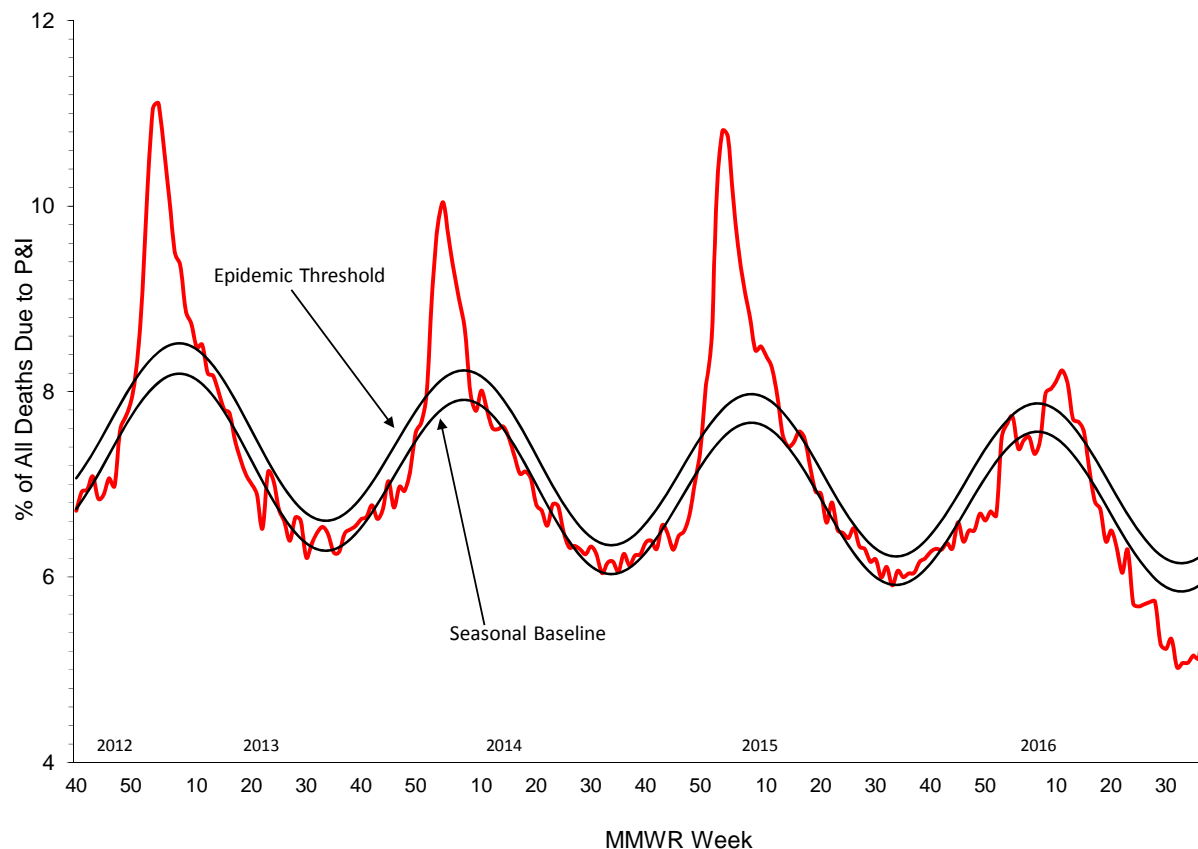
Pneumonia and Influenza (P&I) Mortality Surveillance: Based on National Center for Health Statistics (NCHS) mortality surveillance data available on October 12, 2016, 5.4% of the deaths occurring during the week ending September 24, 2016 (week 38) were due to P&I. This percentage is below the epidemic threshold of 6.3% for week 38.

P&I percentages for recent weeks may be artificially low due to a backlog of records requiring manual processing. Percentages will likely increase to levels more similar to the baseline as more data becomes available.

Beginning in the week ending October 8, 2016, data from the National Center for Health Statistics (NCHS) Mortality Surveillance System will replace the information reported in FluView and Table III of the *Morbidity and Mortality Weekly Report* and the 122 Cities Mortality Reporting System will be retired. For more information, please see [Notice to Readers: Update to Reporting of Pneumonia and Influenza Mortality](#). For a final complete set of data reported to the 122 Cities Mortality Reporting System, please see [Deaths in 122 U.S. Cities – 1962-2016. 122 Cities Mortality Reporting System](#).

Region and state-specific data are available at <http://gis.cdc.gov/grasp/fluview/mortality.html>.

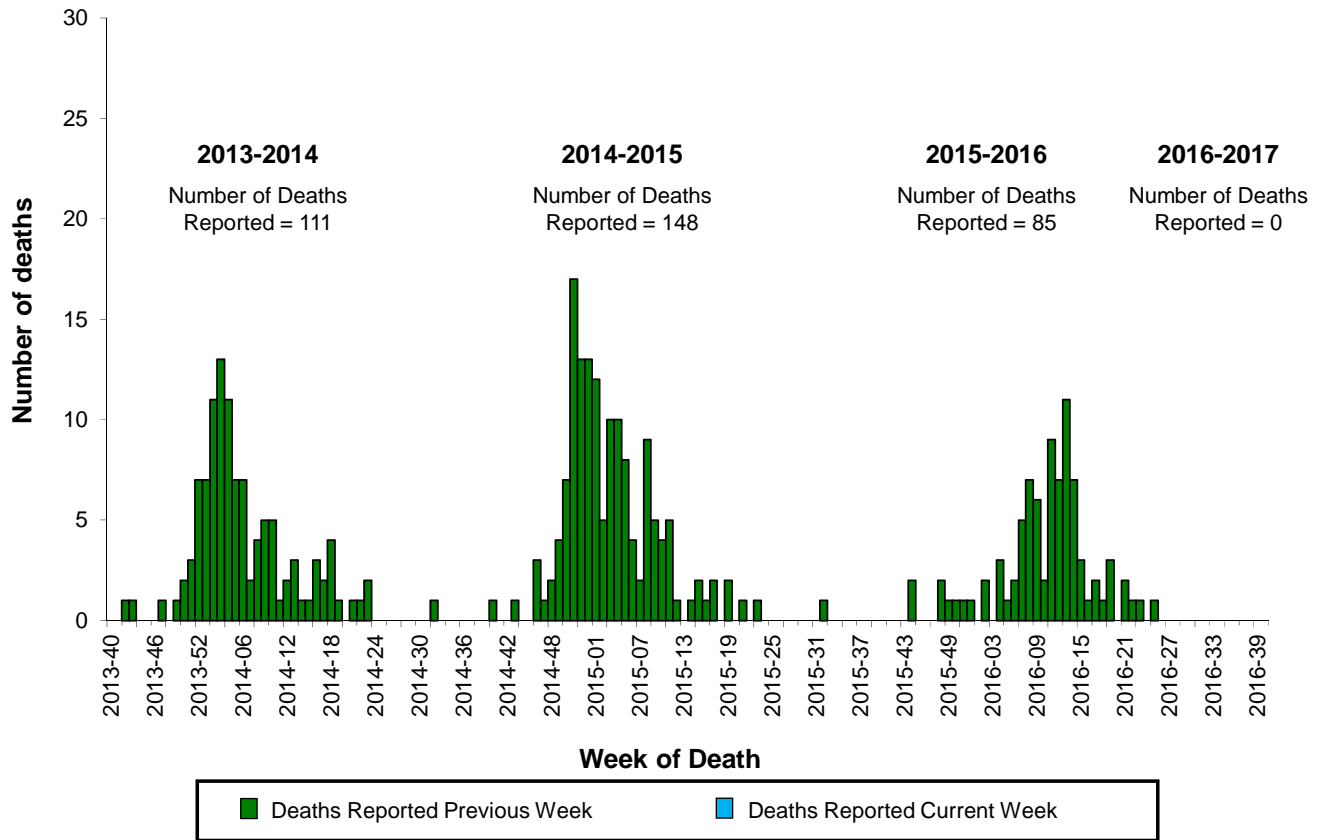
Pneumonia and Influenza Mortality from the National Center for Health Statistics Mortality Surveillance System Data through the week ending September 24, 2016, as of October 12, 2016



Influenza-Associated Pediatric Mortality: No influenza-associated pediatric deaths were reported to CDC during week 40.

Additional data can be found at: <http://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>.

Number of Influenza-Associated Pediatric Deaths by Week of Death: 2013-2014 season to present

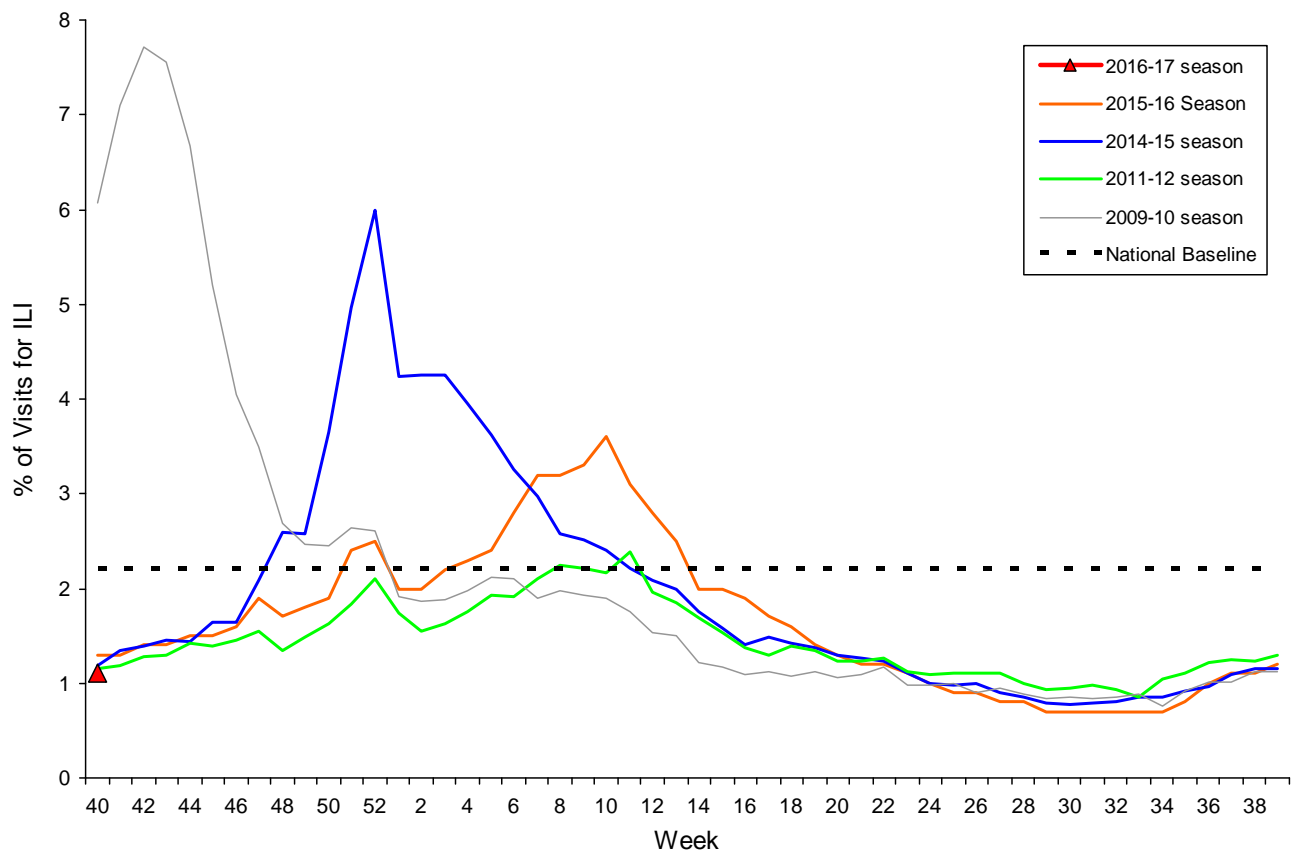


Influenza-Associated Hospitalizations: The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in the Emerging Infections Program (EIP) states and Influenza Hospitalization Surveillance Project (IHSP) states. FluSurv-NET estimated hospitalization rates will be updated weekly starting later this season. Additional FluSurv-NET data can be found at: <http://gis.cdc.gov/GRASP/Fluview/FluHospRates.html> and <http://gis.cdc.gov/grasp/fluview/FluHospChars.html>.

Outpatient Illness Surveillance: Nationwide during week 40, 1.1% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is below the national baseline of 2.2%. (ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.)

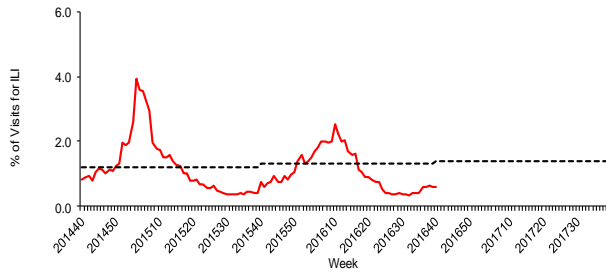
Additional data are available at <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>.

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2016-2017 and Selected Previous Seasons

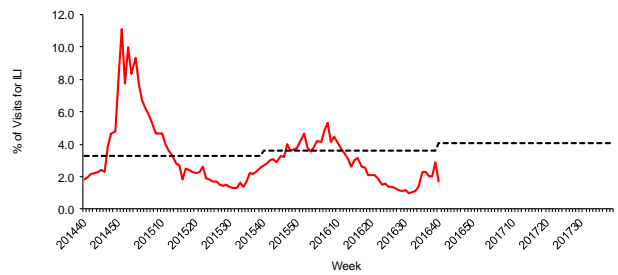


On a regional level, the percentage of outpatient visits for ILI ranged from 0.4% to 1.8% during week 40. All 10 regions reported a proportion of outpatient visits for ILI below their region-specific baseline levels.

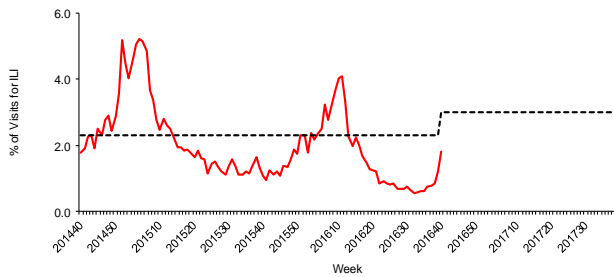
Region 1 - CT, ME, MA, NH, RI, VT



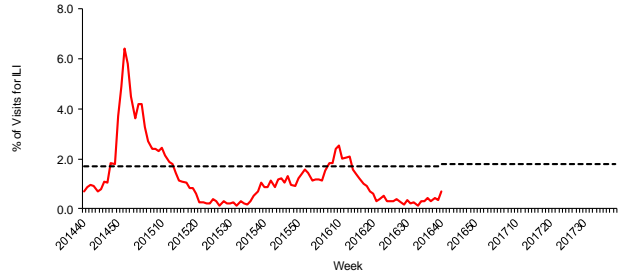
Region 6 - AR, LA, NM, OK, TX



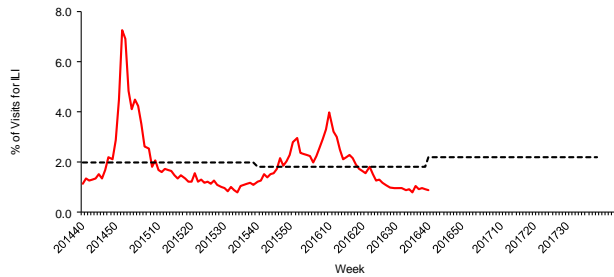
Region 2 - NJ, NY, PR, USVI



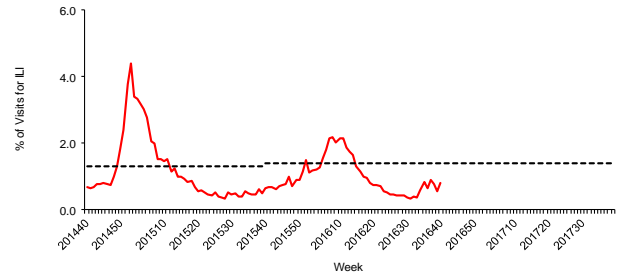
Region 7 - IA, KS, MO, NE



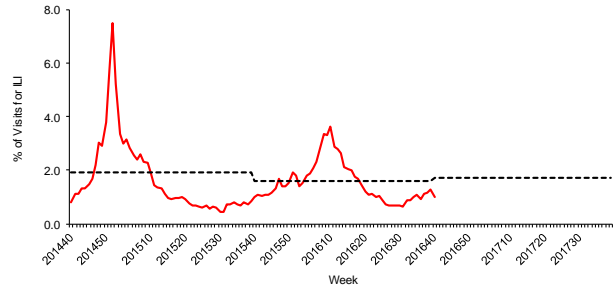
Region 3 - DE, DC, MD, PA, VA, WV



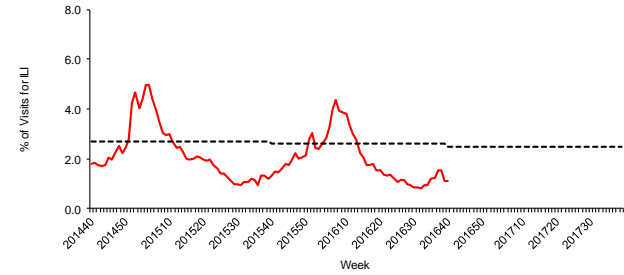
Region 8 - CO, MT, ND, SD, UT, WY



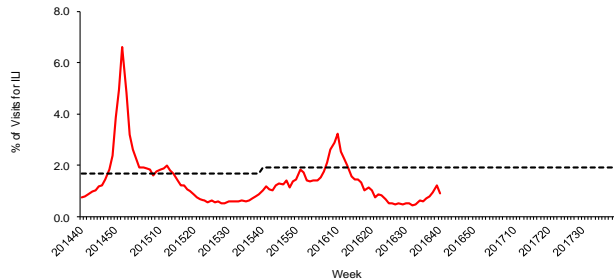
Region 4 - AL, FL, GA, KY, MS, NC, SC, TN



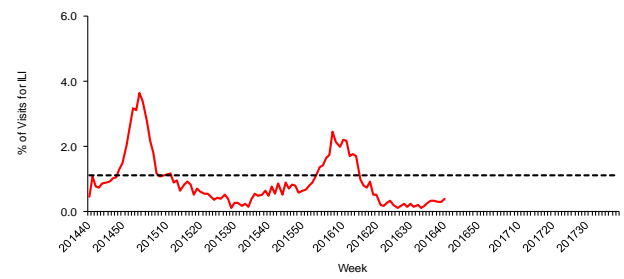
Region 9 - AZ, CA, HI, NV



Region 5 - IL, IN, MI, MN, OH, WI



Region 10 - AK, ID, OR, WA



NOTE: Scales differ between regions

*Use of the regional baselines for state data is not appropriate.

— % ILI

- - - - - Baseline*

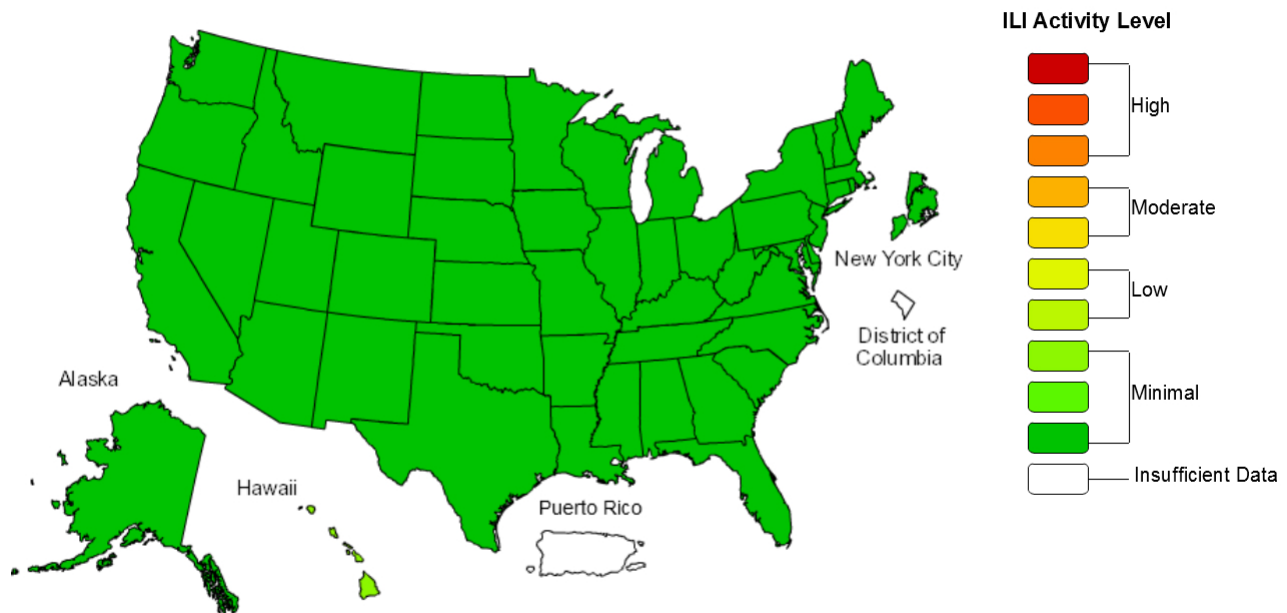


ILINet State Activity Indicator Map: Data collected in ILINet are used to produce a measure of ILI activity* by state. Activity levels are based on the percent of outpatient visits in a state due to ILI and are compared to the average percent of ILI visits that occur during weeks with little or no influenza virus circulation. Activity levels range from minimal, which would correspond to ILI activity from outpatient clinics being below, or only slightly above, the average, to high, which would correspond to ILI activity from outpatient clinics being much higher than average.

During week 40, the following ILI activity levels were experienced:

- New York City and all 50 states experienced minimal ILI activity.
- Data were insufficient to calculate an ILI activity level from the District of Columbia and Puerto Rico.

**Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2016-17 Influenza Season Week 40 ending Oct 08, 2016**



*This map uses the proportion of outpatient visits to health care providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels.

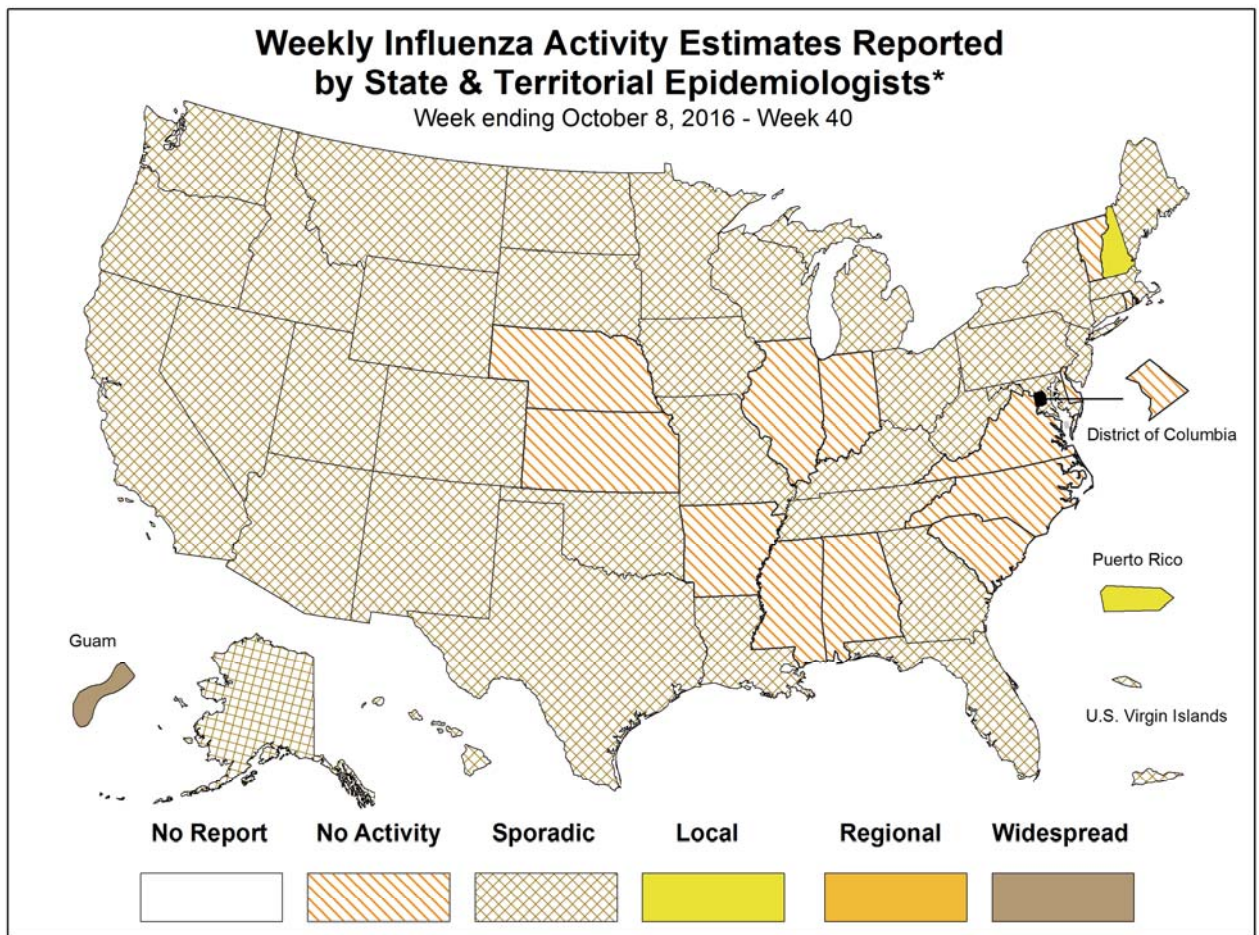
Data collected in ILINet may disproportionately represent certain populations within a state, and therefore, may not accurately depict the full picture of influenza activity for the whole state.

Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map is based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data are received. Differences in the data presented here by CDC and independently by some state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists: The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses, but does not measure the severity of influenza activity.

During week 40, the following influenza activity was reported:

- Widespread influenza activity was reported by Guam.
- Local influenza activity was reported by Puerto Rico and one state (New Hampshire).
- Sporadic influenza activity was reported by the U.S. Virgin Islands and 36 states (Alaska, Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, and Wyoming).
- No activity was reported by the District of Columbia and 13 states (Alabama, Arkansas, Delaware, Illinois, Indiana, Kansas, Mississippi, Nebraska, North Carolina, Rhode Island, South Carolina, Vermont, and Virginia).



* This map indicates geographic spread & does not measure the severity of influenza activity

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 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. To access these tools, visit <http://www.cdc.gov/flu/weekly/fluviewinteractive.htm>.

U.S. State, territorial, and local influenza surveillance: Click on a jurisdiction below to access the latest local influenza information.

Alabama	Alaska	Arizona	Arkansas	California
Colorado	Connecticut	Delaware	District of Columbia	Florida
Georgia	Hawaii	Idaho	Illinois	Indiana
Iowa	Kansas	Kentucky	Louisiana	Maine
Maryland	Massachusetts	Michigan	Minnesota	Mississippi
Missouri	Montana	Nebraska	Nevada	New Hampshire
New Jersey	New Mexico	New York	North Carolina	North Dakota
Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island
South Carolina	South Dakota	Tennessee	Texas	Utah
Vermont	Virginia	Washington	West Virginia	Wisconsin
Wyoming	New York City	Puerto Rico	U.S. Virgin Islands	

World Health Organization: Additional influenza surveillance information from participating WHO member nations is available through [FluNet](#) and the [Global Epidemiology Reports](#).

WHO Collaborating Centers for Influenza located in [Australia](#), [China](#), [Japan](#), the [United Kingdom](#), and the [United States](#) (CDC in Atlanta, Georgia).

Europe: For the most recent influenza surveillance information from Europe, please see WHO/Europe and the European Centre for Disease Prevention and Control at <http://www.flunewseurope.org/>

Public Health Agency of Canada: The most up-to-date influenza information from Canada is available at <http://www.phac-aspc.gc.ca/fluwatch/>.

Public Health England: The most up-to-date influenza information from the United Kingdom is available at <https://www.gov.uk/government/statistics/weekly-national-flu-reports>.

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.

An overview of the CDC influenza surveillance system, including methodology and detailed descriptions of each data component, is available at: <http://www.cdc.gov/flu/weekly/overview.htm>.

Report prepared: October 14, 2016.