

Weekly U.S. Influenza Surveillance Report

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[Español](#)



2018-2019 Influenza Season Week 21 ending May 25, 2019

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

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>.

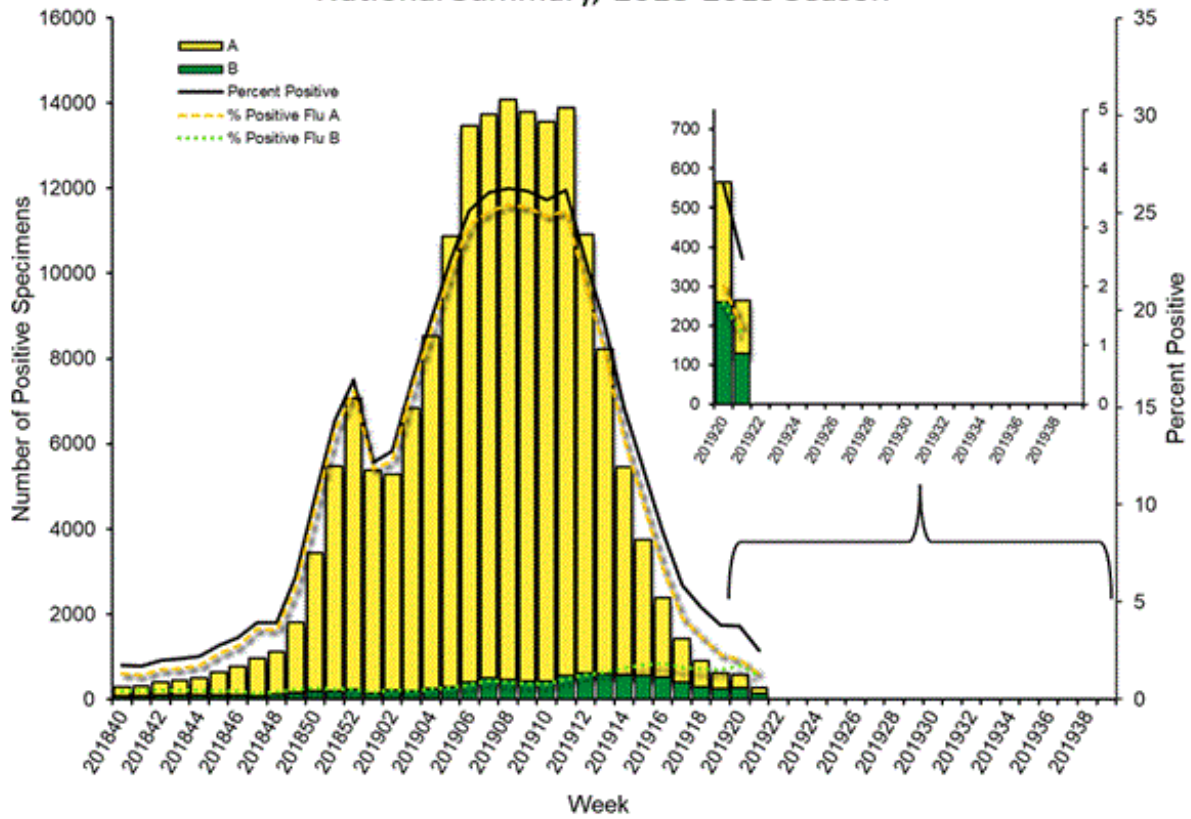
[U.S. Virologic Surveillance:](#)

WHO and NREVSS collaborating laboratories, which include both public health and clinical laboratories located in all 50 states, Puerto Rico, Guam, 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, including national, regional and select state-level data, can be found at: <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>. Age group proportions and totals by influenza subtype reported by public health laboratories can be found at:

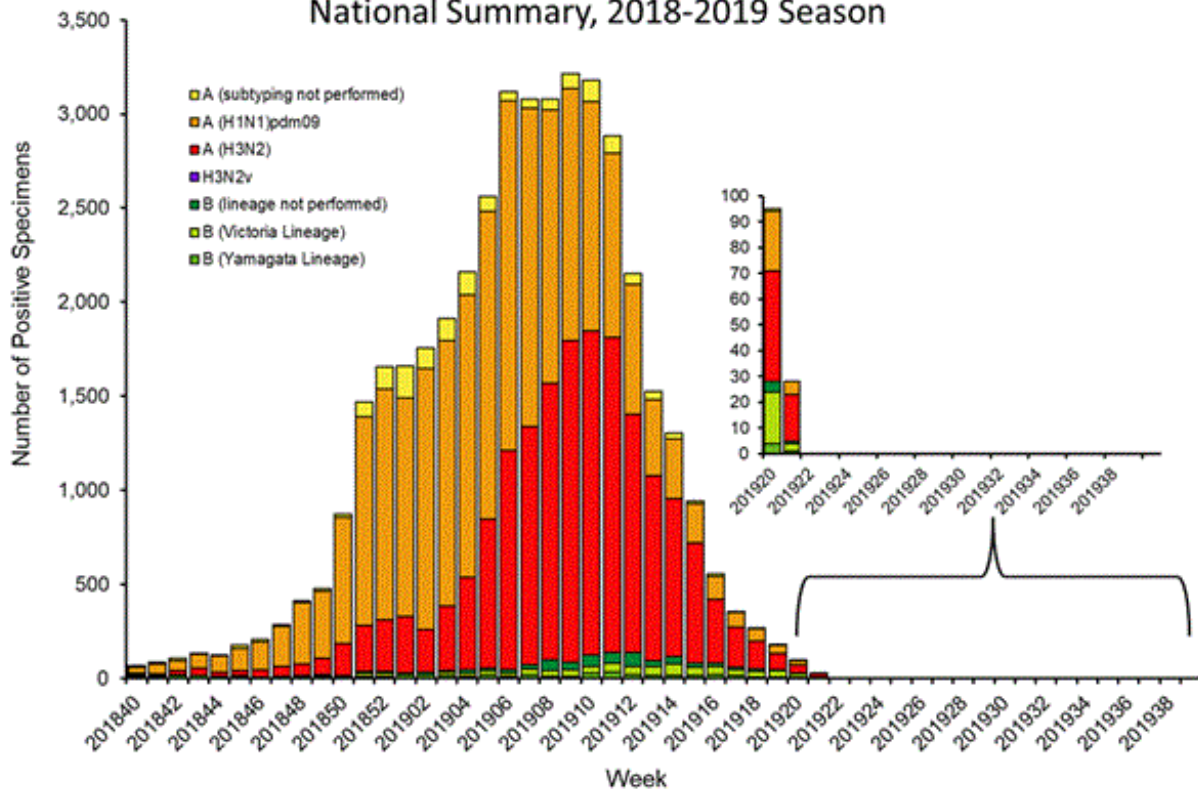
http://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html.

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, 2018-2019 Season



[View National and Regional Level Graphs and Data](#) | [View Chart Data](#) | [View Full Screen](#) | [View PowerPoint Presentation](#)

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2018-2019 Season



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Novel Influenza A Virus:

One human infection with a novel influenza A virus was reported by Michigan. This person was infected with an influenza A(H1N1) variant (A(H1N1)v) virus. The patient is an adult > 65 years of age, was hospitalized, and completely recovered from their illness. While no exposure to swine has been reported, an investigation is ongoing into the source of the patient's infection. This is the first A(H1N1)v virus infection detected in the United States in 2019.

Influenza viruses that circulate in swine are called swine influenza viruses when isolated from swine, but are called variant viruses when isolated from humans. Seasonal influenza viruses that circulate worldwide in the human population have important antigenic and genetic differences from influenza viruses that circulate in swine.

Early identification and investigation of human infections with novel influenza A viruses are critical so that the risk of infection can be more fully understood and appropriate public health measures can be taken. Additional information on influenza in swine, variant influenza

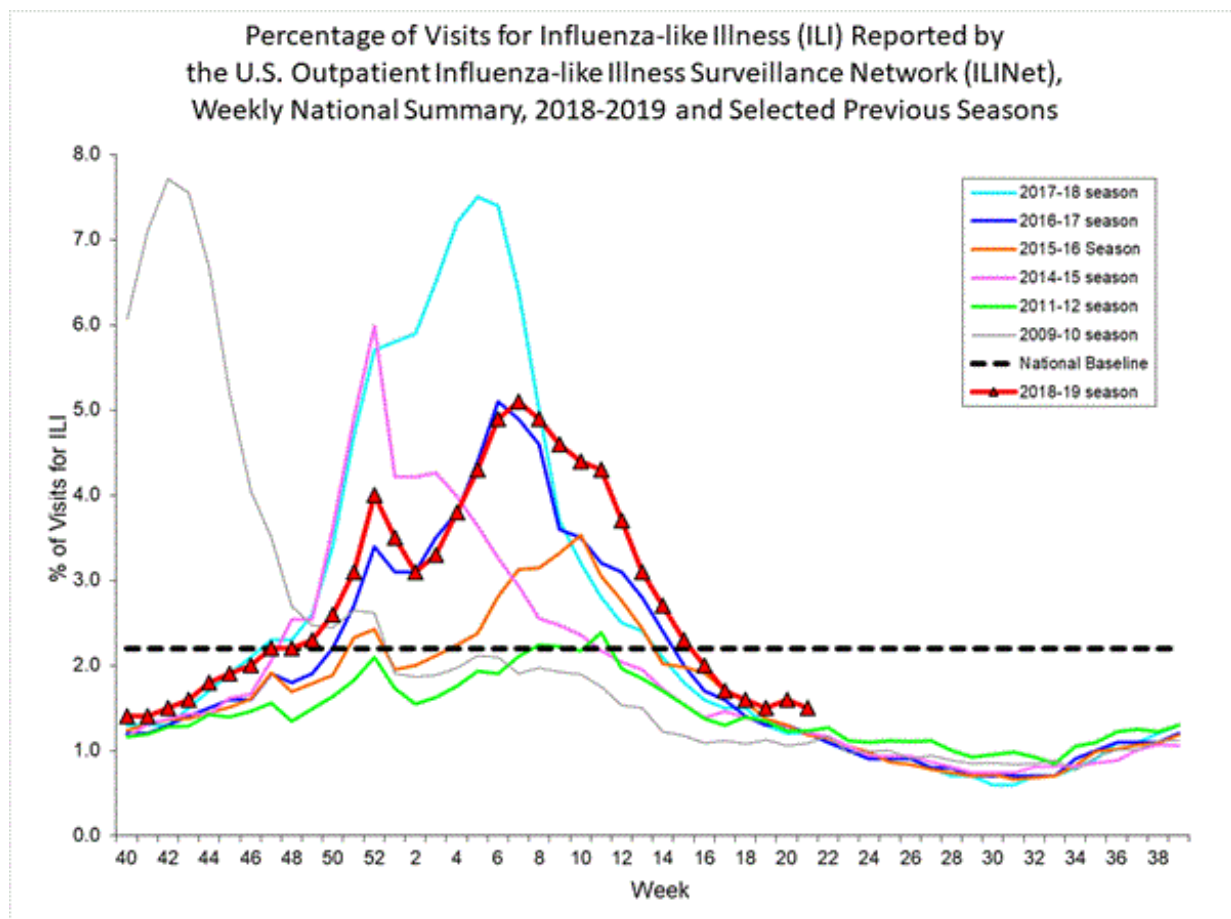
infection in humans, and strategies to interact safely with swine can be found at <http://www.cdc.gov/flu/swineflu/index.htm>.

Additional information regarding human infections with novel influenza A viruses can be found at http://gis.cdc.gov/grasp/fluview/Novel_Influenza.html.

Outpatient Illness Surveillance:

Nationwide during week 21, 1.5% 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 on medically attended visits for ILI for current and past seasons and by geography (national, HHS region, or select states) are available on FluView Interactive <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>.



[View National and Regional Level Graphs and Data](#) | [View Chart Data](#) | [View Full Screen](#) | [View PowerPoint Presentation](#)

Influenza-Associated Hospitalizations:

The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts all age 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.

Additional FluSurv-NET data can be found at:

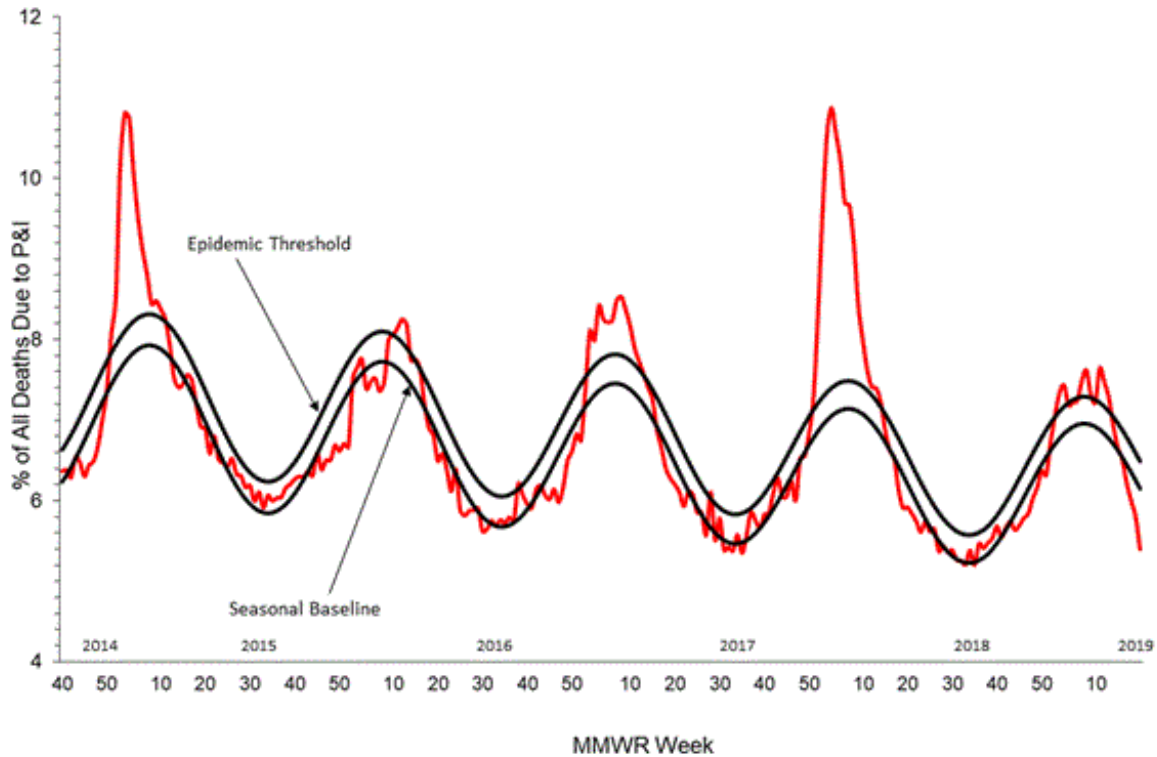
<http://gis.cdc.gov/GRASP/Fluview/FluHospRates.html> and
<http://gis.cdc.gov/grasp/fluview/FluHospChars.html>.

Pneumonia and Influenza (P&I) Mortality Surveillance:

Based on National Center for Health Statistics (NCHS) mortality surveillance data available on May 30, 2019, 5.4% of the deaths occurring during the week ending May 18, 2019 (week 20) were due to P&I. This percentage is below the epidemic threshold of 6.5% for week 20.

Additional pneumonia and influenza mortality data for current and past seasons and by geography (national, HHS region, or state) are available on FluView Interactive (<http://gis.cdc.gov/grasp/fluview/mortality.html>). Data displayed on the regional and state-level are aggregated by the state of residence of the decedent.

**Pneumonia and Influenza Mortality from
the National Center for Health Statistics Mortality Surveillance System**
Data through the week ending May 18, 2019, as of May 30, 2019



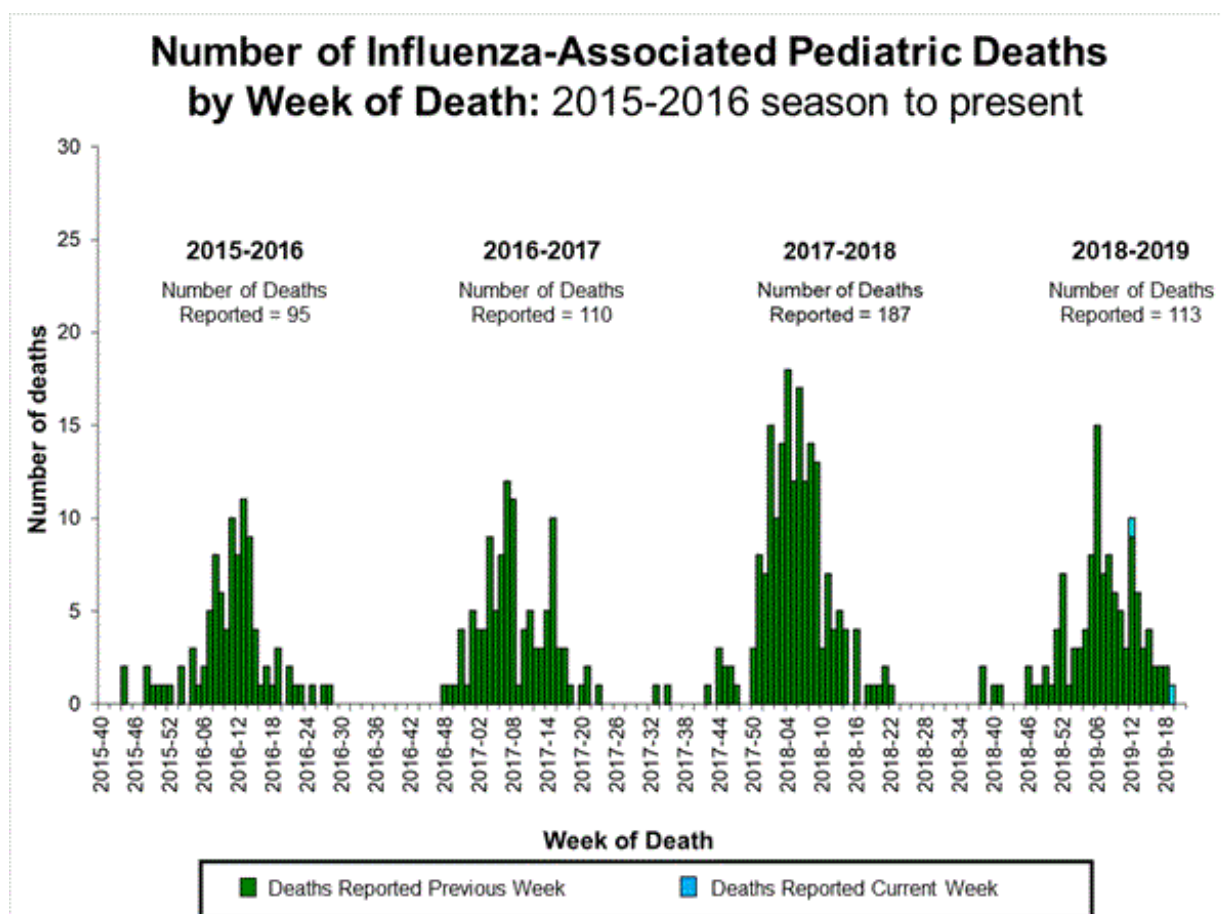
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Influenza-Associated Pediatric Mortality:

Two influenza-associated pediatric deaths were reported to CDC during week 21. Both deaths were associated with an influenza A (H3) virus and occurred during weeks 12 and 19 (the weeks ending March 23, 2019 and May 11, 2019, respectively).

A total of 113 influenza-associated pediatric deaths occurring during the 2018-2019 season have been reported to CDC.

Additional information on influenza-associated pediatric deaths including basic demographics, underlying conditions, bacterial co-infections, and place of death for the current and past seasons, is available on FluView Interactive (<http://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>).



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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 and local influenza surveillance: Click on a jurisdiction below to access the latest local influenza information.

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>

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