

Influenza (Flu)

Weekly U.S. Influenza Surveillance Report



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Note: The COVID-19 pandemic is affecting healthcare seeking behavior. The number of persons and their reasons for seeking care in the outpatient and ED settings is changing. These changes impact data from ILINet in ways that are difficult to differentiate from changes in illness levels, therefore ILINet data should be interpreted with caution. CDC is tracking the COVID-19 pandemic in a weekly publication called COVIDView.

Key Updates for Week 17, ending April 25, 2020

Laboratory confirmed flu activity as reported by clinical laboratories remains low. Influenza-like illness activity continues to decrease and is below the national baseline. The percent of deaths due to pneumonia or influenza (P&I) is high but the increase is due primarily to COVID-19, not influenza. Reported pediatric flu deaths for the season are high at 170.

Viruses

Clinical Labs

The percentage of respiratory specimens testing positive for influenza at clinical laboratories is 0.2%. This is down from 0.4% the previous week.

Public Health Labs

Nationally, influenza A(H1N1)pdm09 viruses are now the most commonly reported influenza viruses this season.

Virus Characterization

Reporting of genetic and antigenic characterization and antiviral susceptibility of influenza viruses has been stopped and will resume with the 2020-2021 season.

Illness

Outpatient Illness: ILINet

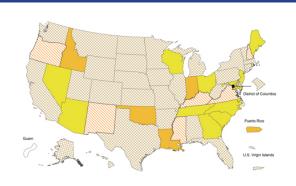
Visits to health care providers for influenza-like illness (ILI) decreased from 2.2% last week to 1.8% this week. Nationally, ILI is below baseline, but 4 of 10 regions are above their baselines.

Outpatient Illness: ILINet Activity Map



Three jurisdictions experienced high ILI activity this week compared to 8 jurisdictions that experienced high or very high last week.

Geographic Spread



The number of jurisdictions reporting regional influenza activity decreased from 10 last week to 5 this week. No jurisdictions reported widespread influenza activity.

Severe Disease

Hospitalizations

The overall cumulative hospitalization rate for the season increased to 69.0 per 100,000.

P&I Mortality

The percentage of deaths attributed to pneumonia and influenza is 9.3%, down from 13.6% last week, but above the epidemic threshold of 6.8%.

Pediatric Deaths

One influenza-associated pediatric death occurring during the 2019-2020 season was reported this week. The total for the season is 170.

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

A description of the CDC influenza surveillance system, including methodology and detailed descriptions of each data component is available on the surveillance methods page.

Additional information on the current and previous influenza seasons for each surveillance component are available on FluView Interactive.

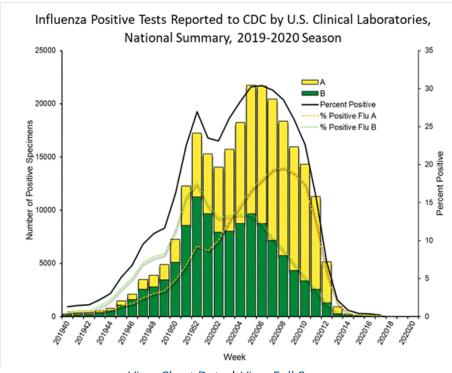
Key Points

- Nationally, influenza activity remains low.
- With ongoing declines in influenza activity and the continued effects of the COVID-19 pandemic, FluView will be abbreviated for the remainder of the 2019-2020 season.
- More detailed interpretation of data and more COVID-19 specific information can be found in COVIDView

U.S. Virologic Surveillance

Clinical Laboratories

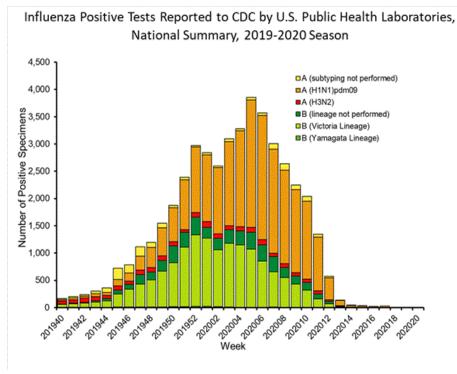
The results of tests performed by clinical laboratories nationwide are summarized below. Data from clinical laboratories (the percentage of specimens tested that are positive for influenza) are used to monitor whether influenza activity is increasing or decreasing.



View Chart Data | View Full Screen

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 viruses that belong to each influenza subtype/lineage.



View Chart Data | View Full Screen

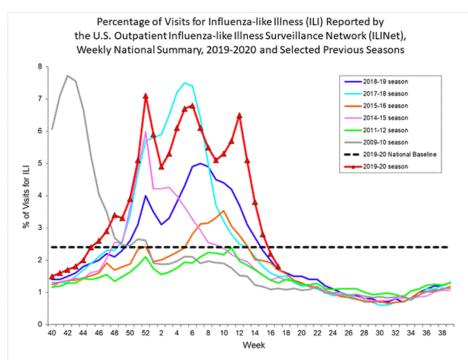
Additional virologic surveillance information for current and past seasons:

Surveillance Methods | FluView Interactive: National, Regional, and State Data or Age Data

Outpatient Illness Surveillance

ILINet

Nationwide during week 17, 1.8% 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 2.4%.



View Chart Data (current season only) | View Full Screen

On a regional level, the percentage of outpatient visits for ILI ranged from 0.9% to 3.7% during week 17. Compared to last week, the percent of outpatient visits for ILI increased in region 5, but decreased in all other regions. Regions 1, 2, 3, and 10 reported a percentage of outpatient visits for ILI above their region-specific baselines. All other regions are below their region-specific baselines.

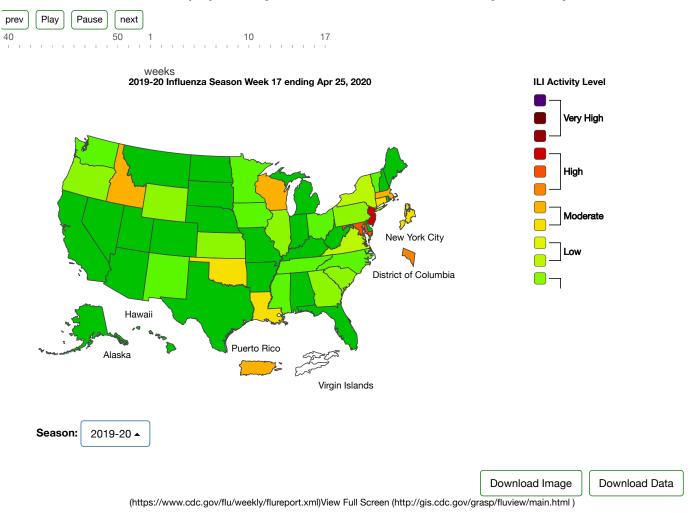
ILI Activity Map

Data collected in ILINet are used to produce a measure of ILI activity* by state.

During week 17, the following ILI activity levels were experienced:

- High the District of Columbia and two states (Maryland and New Jersey)
- Moderate New York City, Puerto Rico, and six states (Connecticut, Idaho, Louisiana, Massachusetts, Oklahoma, and Wisconsin)
- Low two states (New York and Virginia)
- Minimal 40 states (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, West Virginia, and Wyoming)
- Data were insufficient to calculate an ILI activity level from the U.S. Virgin Islands.

A Weekly Influenza Surveillance Report Prepared by the Influenza Division Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet



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

Additional information about medically attended visits for ILI for current and past seasons:

Surveillance Methods | FluView Interactive: National, Regional, and State Data or ILI Activity Map

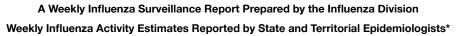
Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists

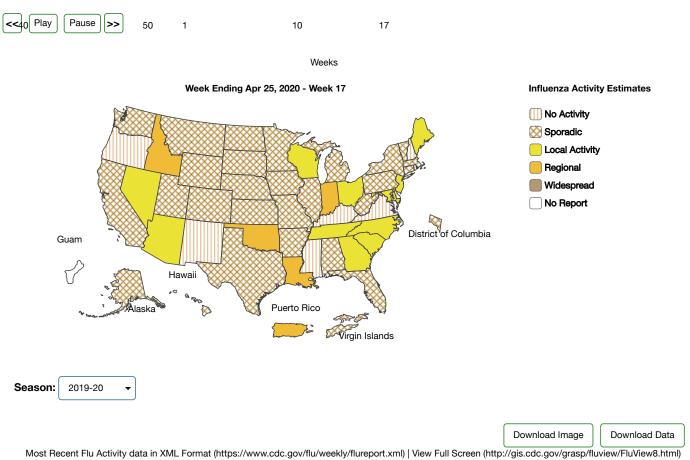
The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity.

During week 17, the following influenza activity was reported:

• Regional – Puerto Rico and four states (Idaho, Indiana, Louisiana, and Oklahoma)

- Local 11 states (Arizona, Georgia, Maine, Maryland, Nevada, New Jersey, North Carolina, Ohio, South Carolina, Tennessee, and Wisconsin)
- Sporadic the District of Columbia, the U.S. Virgin Islands and 27 states (Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Florida, Hawaii, Illinois, Iowa, Kansas, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New York, North Dakota, Pennsylvania, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, and Wyoming)
- No Activity 8 states (Delaware, Kentucky, Mississippi, New Hampshire, New Mexico, Oregon, Rhode Island, and Virginia)
- Guam did not report.





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

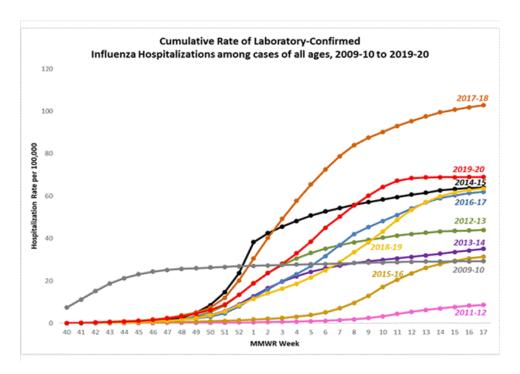
Additional geographic spread surveillance information for current and past seasons:

Surveillance Methods | FluView Interactive

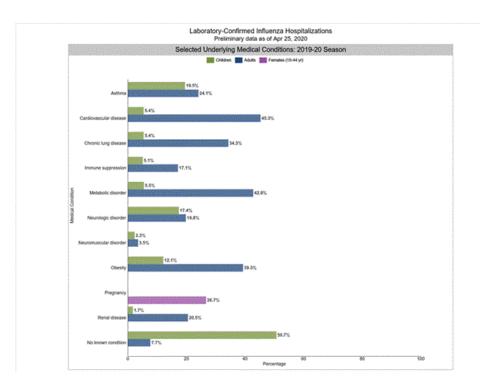
Influenza-Associated Hospitalizations

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.

A total of 20,038 laboratory-confirmed influenza-associated hospitalizations were reported by FluSurv-NET sites between October 1, 2019 and April 25, 2020 with a cumulative hospitalization rate of 69.0 per 100,000 population.



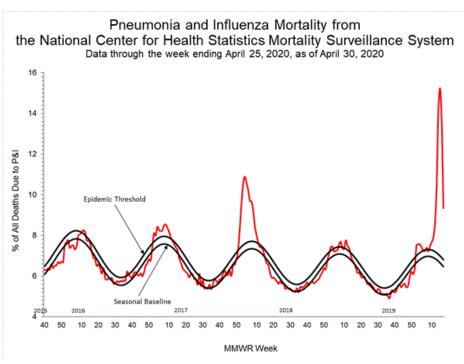
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Pneumonia and Influenza (P&I) Mortality Surveillance

Based on National Center for Health Statistics (NCHS) mortality surveillance data available on April 30, 2020, 9.3% of the deaths occurring during the week ending April 25, 2020 (week 17) were due to P&I. This percentage is above the epidemic threshold of 6.8% for week 17.



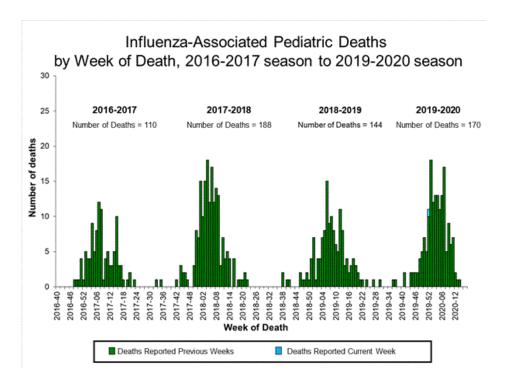
View Chart Data | View Full Screen

Additional pneumonia and influenza mortality surveillance information for current and past seasons: Surveillance Methods | FluView Interactive

Influenza-Associated Pediatric Mortality

One influenza-associated pediatric death occurring during the 2019-2020 season was reported to CDC during week 17. It was associated with an influenza B virus with no lineage determined and occurred during week 52 (the week ending December 28, 2019).

A total of 170 influenza-associated pediatric deaths occurring during the 2019-2020 season have been reported to CDC.



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Additional pediatric mortality surveillance information for current and past seasons: Surveillance Methods | FluView Interactive

<u>Additional National and International Influenza Surveillance</u> <u>Information</u>

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

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 at 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	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	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

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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.

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Content source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD)