Weekly U.S. Influenza Surveillance Report

FLUVIEW
Weekly Influenza Surveillance Report
Prepared by the Influenza Division
NCIRD, National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

Note: The COVID-19 pandemic is affecting healthcare seeking behavior. The number of persons with chronic illnesses is rising due to the suspected effect of COVID-19 and is changing. These changes impact data from Fluview in ways that are difficult to differentiate from changes in illness levels. Interpret a FluView State Snapshot in comparison with caution. Only 14 states (DE, ID, IL, IN, KS, MD, MN, NJ, OH, OR, PA, SC, TN, WV) are currently posting laboratory data.

Data Updates for Week 53, ending January 02, 2021

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 and influenza (P&I) is decreasing but remains elevated, primarily due 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 0.3%. This is similar to the previous week.

Public Health Labs

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

Virus Characterization

Reporting of genetic and antigenic characterization and antiviral susceptibility of influenza viruses will resume with the 2021-2022 season.

Illness

Outpatient Illness: ILINet

Illness levels in the United States for influenza-like illness (ILI) increased from 1.2% last week to 1.1% this week. ILI is below baseline nationally and for all regions.

Outpatient Illness: ILINet Activity Map

Similar to last week, one jurisdiction experienced high ILI activity this week.

Geographic Spread

No jurisdictions reported regional or widespread influenza activity this week.

Severe Disease

Hospitalizations

The overall cumulative hospitalization rate for the season is now 9.0 per 100,000.

P&I Mortality

The percentage of deaths attributed to pneumonia and influenza (P&I) is now lower than 10.0% for two weeks, but above the epidemic threshold of 6.7%.

Pediatric Deaths

Two influenza associated pediatric deaths occurring during the 2020-2021 season were 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 is available on the FluView Archives.

Key Points

- Nationally, influenza activity remains low.
- CDC will continue to track influenza activity year-round as always, but as flu activity remains low, all recommendations for and guidance regarding flu activity during the remainder of the 2020-2021 season will be removed from this report.
- More detailed interpretation of data and more COVID-19 specific information can be found in COVEXnet.

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.

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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 53, 1.1% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). The weighted ILI is below the national baseline of 2.4.

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

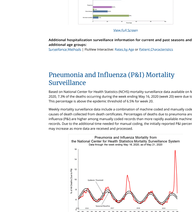
On a regional level, the percentage of outpatient visits for ILI ranged from 0.0% to 1.8% during week 53. Six regions reported ILI at or above their baseline levels. Nationwide, of those who seek care for a cough and/or fever, the majority (approximately 75 and 90 respectively) of all other regions, 48 regions reported a percentage of outpatient visits for ILI below their region-specific baseline.

ILI Activity Map

Data collected in ILINet are used to produce a measure of ILI activity[1] for state:

During week 53, the following ILI activity levels were expressed:

- High - Puerto Rico and 1 state (Texas)
- Moderate - Puerto Rico and one state (Idaho)
- Low - District of Columbia and one state (Maryland)
- Minimal - New York City and 47 states (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, 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 and Wyoming)
- Data were insufficient to calculate an ILI activity level from the U.S. Virgin Islands



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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 state health departments may be due to differences in how data are collected from outpatient care providers and how the data are then analyzed.

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 Association Collaborative (Flurosa) ILI activity classification indicates geographic spread of influenza viruses but does not measure the severity of influenza activity.

During week 53, the following influenza activity was reported:

- Local - Puerto Rico and one state (Louisiana)
- Sporadic - the District of Columbia, the U.S. Virgin Islands and 37 states (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin and Wyoming)
- No Activity - 12 states (Delaware, Kansas, Kentucky, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Oregon, Rhode Island, Tennessee and Virginia)
- Guam did not report

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

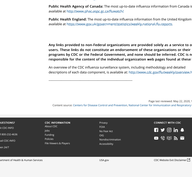
Additional geographic spread surveillance information for current and past seasons:
Surveillance Methods | FluView Interactive

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) sites and Influenza Hospitalization Surveillance Project (IHSP) sites.

As in previous seasons, patients admitted for laboratory-confirmed influenza-related hospitalization after April 30, 2020 will not be included in FluSurv-NET. Data on patients admitted through April 30, 2020 will continue to be updated as more data are received.

A total of 23,144 laboratory-confirmed influenza-associated hospitalizations were reported to FluSurv-NET since October 1, 2019 and April 30, 2020 with a cumulative hospitalization rate of 69.4 per 100,000 population.



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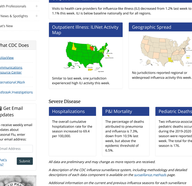
Additional hospitalization surveillance information for current and past seasons and additional age groups:
Surveillance Methods | FluView Interactive: Rates by Age or Rates Characteristics

Pneumonia and Influenza (P&I) Mortality Surveillance

Based on National Center for Health Statistics (NCHS) mortality surveillance data available on May 21, 2020, 6.8% of all deaths occurring during week 53 were reported as being due to pneumonia or flu. This percentage is above the epidemic threshold of 6.6% for week 53.

Weekly mortality surveillance data include a combination of machine-coded and manually coded causes of death collected from death certificates. Percentages of deaths due to pneumonia and influenza (P&I) are higher among manually coded records than more rapidly available machine coded records. As more death certificates are manually coded, the initially reported flu percentage may increase as more data are processed.



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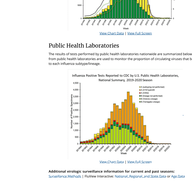
Additional pneumonia and influenza mortality surveillance information for current and past seasons:
Surveillance Methods | FluView Interactive

Influenza-Associated Pediatric Mortality

Two influenza associated pediatric deaths occurring during the 2019-2020 season were reported to CDC during week 20. One was associated with an influenza A virus with no subtyping performed and occurred during week 23 the week ending May 16, 2020. One was associated with an influenza B virus with no lineage determined and occurred during week 4 the week ending January 25, 2020.

A total of 176 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

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 include more detailed information about influenza activity for the United States and allow state-to-state comparisons across the seasons, regions, age groups and a variety of other demographic factors. For more details, visit http://www.cdc.gov/flueview/interactive/overview.html.

National Institute for Occupational Safety and Health: Monthly surveillance reports on the prevalence of health-related workplace absenteeism among full-time workers in the United States are available at http://www.cdc.gov/niosh/topics/healthsurveillance/allsurv.html#absenteeism.

U.S. State and local influenza surveillance systems are listed below in alphabetical order by state:

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 and more detailed international influenza 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.ecdc.europa.eu/.

Canada: For the most recent influenza information from Canada's surveillance system, please see http://www.phac-aspc.gc.ca/index-eng.php.

Public Health England: The most recent influenza information from the United Kingdom is available at https://www.gov.uk/government/collections/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/flueveillance/overview.html.