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Weekly U.S. Influenza Surveillance Report

Note: Due to the Thanksgiving holiday, the week 47 FluView report will be released on Monday, November 28, instead of Friday, November 27.

FLUVIEW
Week 46, ending November 16, 2024

Note: CDC is tracking the COVID-19 pandemic in a weekly publication called COVINet.

Key Updates for Week 46, ending November 14, 2020

Seasonal influenza activity in the United States remains lower than usual for this time of year.

Viruses

Clinical Labs

The percentage of respiratory specimens testing positive for influenza in clinical laboratories is 0.2% (link).

Public Health Labs

Influenza activity was low during the summer months and few specimens were reported (link). Of the 2 specimens tests data during recent weeks,

Virus Characterization

- Influenza virus characterization: No influenza virus isolates were reported testing later this season.

Illness

Outpatient Illness: ILINet

1.9% of visits to a health care provider were for influenza-like illness (ILI), the same as the previous week (2.1%). ILI activity remains below the national baseline of 2.6%. ILI surveillance may be impacted by the COVID-19 pandemic and should be interpreted with caution.

Outpatient Illness: ILINet Activity Map

This week, two jurisdictions experienced low ILI activity while the remaining jurisdictions experienced minimal activity. ILI activity levels may be impacted by the COVID-19 pandemic and should be interpreted with caution.

Severe Disease

Hospitalizations

Hospitalizations rates are for laboratory-confirmed influenza associated hospitalizations. Data are preliminary and may change as more reports are received.

Flu Mortality

7.7% of deaths were attributed to pneumonia, influenza, or COVID-19 (PIC). This is above the epidemic threshold of 7.2%. Of the PIC deaths are due to COVID-19.

Pediatric Deaths

No influenza-associated pediatric deaths occurring in the 2024-2025 season have been reported.

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

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

Key Points

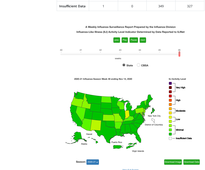
- This activity is unusually low at this time of the season for influenza viruses.
- An annual flu vaccine is the best way to protect against flu and its potentially serious complications.
- If you haven't gotten your flu vaccine yet, get vaccinated now.
- There are also flu antiviral drugs that can be used to treat flu illness.

U.S. Virologic Surveillance:

Clinical Laboratories

Weekly data from U.S. clinical laboratories nationwide are summarized below. Data from these laboratories (the percentage of specimens tested that are positive for influenza) are used to monitor whether influenza activity is increasing or decreasing.

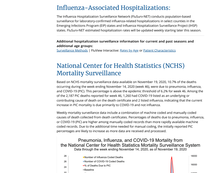
	Week 46	Data Cumulative since September 27, 2020 (Week 40)
No. of specimens tested	16,482	122,915
No. of positive specimens (%)	41 (0.2%)	310 (0.3%)
Positive specimens by type		
Influenza A	16 (39.0%)	161 (52.0%)
Influenza B	25 (61.0%)	138 (44.0%)



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 to each influenza subtype/lineage.

	Week 46	Data Cumulative since September 27, 2020 (Week 40)
No. of specimens tested	14,089	103,818
No. of positive specimens	7	60
Positive specimens by type/subtype		
Influenza A	0 (0.7%)	30 (50.0%)
(H1N1)pandemic	0 (0.0%)	1 (2.0%)
H3N2	7 (100%)	3 (5.0%)
Subtyping not performed	5	32
Influenza B	7 (14.3%)	24 (40.0%)
Yamagata lineage	0 (0%)	1 (25.0%)
Victoria lineage	0 (0%)	3 (75.0%)
Lineage not performed	1	20



Additional virologic surveillance information for current and past seasons: Surveillance Methods | FluView Interactive: National, Regional, and State Data or Age Data

Influenza Virus Characterization

CDC performs genetic and antigenic characterization of U.S. viruses submitted from state and local Public Health laboratories using high throughput sequencing and cell culture. These data are used to compare circulating influenza viruses to the vaccine strains for the current season, to monitor changes in influenza viruses that could impacting vaccine uptake and to monitor substitutions in antigenic sites continually occur in influenza viruses circulating in humans. CDC also tests susceptibility of influenza viruses to antiviral medications. Most influenza viruses remain susceptible to the antiviral drugs recommended for treatment and chemoprophylaxis of influenza.

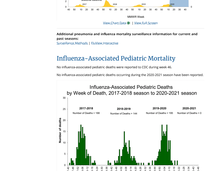
Virus characterization data will be updated weekly starting later this season when a sufficient number of specimens have been tested.

Outpatient Illness Surveillance

Please note, the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) has been transitioned to a fully electronic system. Some healthcare providers may need to update their reporting to capture electronic laboratory-confirmed influenza diagnoses, such as SARS-CoV-2, that provide such similar symptoms. In addition, healthcare seeking behaviors have changed dramatically during the COVID-19 pandemic and these changes in healthcare seeking behaviors will impact the number of ILI visits that will be captured as part of ILINet. Therefore, ILI data including ILI activity levels should be interpreted with extreme caution. It is particularly important at this time to evaluate syndromic and laboratory data from EDs, UCCs, and hospitals to gain a more complete picture of how ILI activity is driven a complete and accurate picture of both influenza and COVID-19 activity. CDC is tracking the COVID-19 pandemic in a weekly publication called COVINet.

ILINet

Nationwide during week 46, 1.9% of patient visits reported through ILINet were due to ILI. This percentage is below the national baseline of 2.6%.

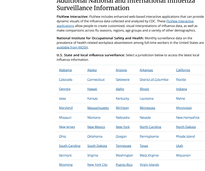


Four regions (Region 2, Region 4, Region 6, Region 10) had increases in ILI activity. Area regions had decreased in ILI activity (Region 1, Region 3, Region 5, Region 7, and entire regions (Region 8, Region 9, Region 11) remained stable (Range of -1.1%). All 10 regions reported a percentage of outpatient visits for ILI below their region-specific baselines.

ILI Activity Map

Data collected in ILINet are used to produce a measure of ILI activity[1] by state/jurisdiction and Core Based Statistical Area (CBSA).

Activity Level	Number of Jurisdictions Week 46 (Week ending Nov. 16, 2024)	Number of Jurisdictions Week 45 (Week ending Nov. 9, 2024)	Number of CBSAs Week 46 (Week ending Nov. 16, 2024)	Number of CBSAs Week 45 (Week ending Nov. 9, 2024)
Very High	0	0	0	1
High	0	0	3	1
Moderate	0	0	23	17
Low	2	3	56	41
Minimal	52	51	515	554
Insufficient Data	1	1	349	327



*Data collected in ILINet may disproportionately represent ill-care locations within a jurisdiction or CBSA, and therefore, may not be representative of the entire population of the jurisdiction or CBSA. Data from ILINet are weighted prior to calculating ILI activity levels and are collected by sites with patients that represent different levels of care (outpatient, urgent care, emergency department, inpatient, and laboratory).

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 geographic spread of influenza is reported by state and territorial epidemiologists indicates geographic spread of influenza across most but not all states. This activity is based on reports by states of the impact of COVID-19 on ILI surveillance, and the fact that the state and territorial epidemiologists have been instructed to base their reports on the impact of COVID-19 on their influenza activity. Influenza season State-level previous seasons is available on FluView Interactive.

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

Influenza-Associated Hospitalizations:

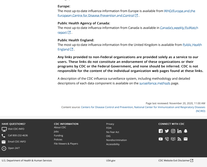
The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza related hospitalizations in select counties in the Emerging Infections Program (EIP) and the Influenza Hospitalization Surveillance Project (IHSP) networks. FluSurv-NET estimated hospitalization rates will be updated weekly during the influenza season.

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

National Center for Health Statistics (NCHS) Mortality Surveillance

Based on NCHS mortality surveillance data available on November 15, 2020, 15.7% of the deaths occurring during the week ending November 14, 2020 (week 46), were due to pneumonia, influenza, and COVID-19 (PIC). This percentage is above the epidemic threshold of 6.2% for week 46. Among the PIC deaths, 100% were attributed to COVID-19. The percentage of deaths due to COVID-19 contributing to the epidemic of the death certificates and 2 Death Influenza, indicating that the current mortality data is not sufficient to calculate the impact of COVID-19 on influenza mortality.

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, influenza, or COVID-19 (PIC) are higher among manually coded records than more rapidly available machine coded records. Manually coded records are typically more complete than machine coded records, so percentages are likely to increase as more data are received and processed.



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

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths were reported to CDC during week 46.

No influenza-associated pediatric deaths occurring during the 2024-2021 season have been reported.

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 a Historical and Weekly web based interactive applications that can provide dynamic visuals of the influenza data collected and analyzed by CDC. These FluView Interactive applications have been developed to allow for customized queries of the influenza surveillance data in many parameters, including by seasons, regions, age groups, and a variety of other epidemiologic parameters.

National Institute for Occupational Safety and Health: Monitoring surveillance data on the prevalence of work-related respiratory absenteism among full-time workers in the United States are available from NIOSH.

U.S. State and local influenza surveillance: Select a jurisdiction below to access the latest influenza surveillance 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: Weekly influenza surveillance information from participating WHO member nations is available through FluNet.

WHO Collaborating Centers for Influenza: Australia [1], China [2], Japan [3], the United Kingdom [4], and the United States (CDC in Atlanta, GA) [5].

Europe: The most up-to-date influenza information from Europe is available from WHO/Europe and the European Centre for Disease Prevention and Control.

Public Health Agency of Canada: The most up-to-date influenza information from Canada is available in Canada's weekly FluWatch report.

Public Health England: The most up-to-date influenza information from the United Kingdom is available from Public Health England.

Flu 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 page.

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