

CDC Influenza Division Key Points

November 4, 2016

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Summary Key Points

- The most recent [FluView](#) report indicates that there is low flu activity in the United States at this time.
- While influenza A (H1N1)pdm09, influenza A (H3N2) and influenza B viruses have been detected, most activity so far has been caused by influenza A (H3N2) viruses.
- Influenza A (H3N2)-predominant seasons are often associated with more severe illness, especially in people 65 and older.
- Flu is unpredictable. It's not possible to say when flu activity will increase, how severe it will be or what viruses will predominate.
- Each flu season, flu causes millions of illnesses, hundreds of thousands of hospitalizations and thousands or sometimes tens of thousands of deaths.
- The Centers for Disease Control and Prevention (CDC) recommends annual flu vaccination for everyone 6 months and older by the end of October, if possible.
- People who have not gotten vaccinated against flu by the end of October should get their vaccine as soon as possible after October.
- This season only injectable flu vaccines (flu shots) are recommended. The nasal spray vaccine should not be used.
- A flu vaccine is our best defense against getting the flu.
- While flu vaccine can vary in how well it works, vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations.
- Getting a flu vaccine yourself also can protect people around you who are more vulnerable to serious flu complications, like pregnant women, older people, young children and people with certain chronic conditions like asthma or diabetes. Flu can be more serious for these people and you can help protect them by getting vaccinated yourself.
- The composition of this season's vaccine has been updated to better match circulating viruses.
- Both four-component (quadrivalent) and three-component (trivalent) flu vaccines are available this season. Trivalent flu vaccine is designed to protect against three

different flu viruses; quadrivalent protects against those three viruses plus an additional influenza B virus.

- CDC has not expressed a preference for any one flu shot over another. The important thing is to get vaccinated.
- It takes about two weeks after vaccination for protection to set in.
- Now is a good time to get vaccinated.
- Manufacturers report having shipped more than 127.9 million doses of flu vaccine as of October 28, 2016.
<http://www.cdc.gov/flu/professionals/vaccination/vaccinesupply.htm>
- The original total projected supply of vaccine in the United States this season was between 157 million and 168 million doses of injectable flu vaccine.
- Early season supply projections can differ from the actual number of vaccine doses distributed at the end of the season based on a number of factors.
- Go to <http://vaccine.healthmap.org/> or www.cdc.gov/flu to find a location near you where you can get vaccinated.

Summary of Influenza Virus Laboratory Data

- Global laboratory data to date continue to indicate that most circulating influenza viruses are similar to the reference vaccine viruses recommended for the production of 2016-2017 U.S. vaccines.
- No significant antigenic drift has been identified.
- This suggests that vaccination with Northern Hemisphere influenza vaccine should offer protection against the majority of circulating influenza viruses.
- CDC will continue to carefully review the results of laboratory studies of currently circulating influenza viruses to look for any evidence that viruses are changing.
- Laboratory results are published weekly in FluView, along with surveillance information related to influenza activity.
- FluView is available at <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>.
- CDC also will conduct vaccine effectiveness studies to tell how well the vaccine is actually protecting against illness.

FluView Activity Update

According to the FluView report for the week ending October 29, 2016, flu activity is low overall in the continental United States, with only Guam reporting widespread flu activity. Influenza A (H3) viruses were most commonly reported during week 43. While the timing

of influenza activity varies and is unpredictable, flu activity is expected to increase in the coming weeks. CDC recommends that everyone 6 months of age and older get an annual flu vaccine before the end of October, or as soon as possible after October. Below is a summary of the key flu indicators for the week ending October 29, 2016:

- For the week ending October 29, the proportion of people seeing their [health care provider](#) for influenza-like illness (ILI) was 1.3%. This is below the national baseline of 2.2%. All 10 regions reported ILI below their region-specific baseline levels.
- Puerto Rico experienced high ILI activity. New York City and all 50 states experienced minimal ILI activity. The District of Columbia did not have sufficient data to calculate an activity level. ILI activity data indicate the amount of flu-like illness that is occurring in each state.
- Widespread flu activity was reported by Guam. Regional influenza activity was reported by Puerto Rico. Local flu activity was reported by three states (Alabama, Maine, and New Hampshire). Sporadic flu activity was reported by the District of Columbia, the U.S. Virgin Islands, and 39 states (Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, and Wisconsin). No activity was reported by 8 states (Illinois, Kentucky, Mississippi, Nebraska, Rhode Island, South Carolina, Vermont, and Wyoming). Geographic spread data show how many areas within a state or territory are seeing flu activity.
- Influenza-associated hospitalization data from the Influenza Hospitalization Surveillance Network (FluSurv-NET) for the 2016-2017 influenza season will be updated weekly starting later this season.
- The [proportion of deaths](http://www.cdc.gov/flu/weekly/#S2) attributed to pneumonia and influenza (P&I) was 5.6% for the week ending October 15, 2016 (week 41). This percentage is below the epidemic threshold of 6.5% for week 41 in the NCHS Mortality Surveillance System.
- No influenza-associated [pediatric deaths](http://www.cdc.gov/flu/weekly/#S3) for the 2016-2017 season have been reported to CDC.

- Two influenza associated pediatric deaths that occurred during the 2015-2016 season were reported to CDC during week 43. Both deaths were associated with an influenza A virus for which no subtyping was performed. These deaths bring the total number of reported influenza-associated pediatric deaths occurring during that season to 87.
- Nationally, the percentage of [respiratory specimens](#) testing positive for influenza viruses in clinical laboratories during the week ending October 29 was 1.6%.
- Regional clinical laboratory data percentages ranged from 0.4% to 3.6% for the most recent three weeks.
- For viruses collected between May 22–October 29, 2016, antigenic and/or genetic characterization shows that the majority of the tested viruses remain similar to the recommended components of the 2016-2017 Northern Hemisphere vaccines.
- Since October 1, 2016, CDC tested 10 specimens (0 influenza A (H1N1)pdm09, 7 influenza A (H3N2), and 3 influenza B viruses) for resistance to the neuraminidase inhibitors antiviral drugs. None of the tested viruses were found to be resistant to either oseltamivir, zanamivir, or peramivir.

[FluView \(http://www.cdc.gov/flu/weekly/fluactivitysurv.htm\)](http://www.cdc.gov/flu/weekly/fluactivitysurv.htm) is available – and past issues are [archived \(http://www.cdc.gov/flu/weekly/pastreports.htm\)](http://www.cdc.gov/flu/weekly/pastreports.htm) – on the CDC website.

Note: Delays in reporting may mean that data changes over time. The most up to date data for all weeks during the 2016-2017 season can be found on the current [FluView\(http://www.cdc.gov/flu/weekly/\)](http://www.cdc.gov/flu/weekly/).