

# CDC Influenza Division Key Points

December 1, 2017

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## Summary Key Points

- According to the most recent [FluView](#) report, seasonal influenza activity continues to increase in the United States.
- During week 47 (the week ending November 25, 2017), several flu activity indicators were higher than is typically seen for this time of year.
- The proportion of people seeing their health care provider for influenza-like-illness (ILI) is above the national baseline for the first time this season.
- So far, influenza A(H3N2) viruses have been most common this season.
- Flu is difficult to predict. It's not possible to say when the 2017-2018 flu season will begin, peak or end, 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 as soon as possible.
- CDC recommends injectable influenza vaccine this season (flu shots).
- There is no preferential recommendation for one flu shot over another.
- It takes about two weeks after vaccination for protection to set in.
- Now is a good time to get vaccinated.
- There are many reasons to get a flu vaccine.
  1. While flu vaccine can vary in how well it works, it is the best way to prevent flu illness and serious flu complications, including those that can result in hospitalization.
  2. Even with vaccine effectiveness in the range of 30 to 60 percent, flu vaccination prevents millions of illnesses and tens of thousands of flu-related hospitalizations each year.
  3. We cannot know which viruses will circulate over the season and which virus will predominate. Flu vaccine protects against three or four different flu viruses, depending on which vaccine you get.
  4. A [2017 study](#) was the first of its kind to show that [flu vaccination can significantly reduce a child's risk of dying from influenza](#).

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5. Getting vaccinated yourself protects people around you, including those who are more vulnerable to serious flu illness, like babies and young children, older people, and people with certain chronic health conditions.
  6. While flu vaccine is not perfect and some people who get vaccinated may still get flu, there is some data to suggest that flu vaccination may make illness milder.
- Manufacturers report having shipped more than 148 million doses of flu vaccine as of October 20, 2017.
  - The total projected supply of vaccine in the United States this season is between 151 million and 166 million doses of flu vaccine. About 119 million doses will be quadrivalent vaccine.
  - Go to <https://vaccinefinder.org> or [www.cdc.gov/flu](http://www.cdc.gov/flu) to find a location near you where you can get vaccinated.

## **Flu Activity**

### **FluView Activity Update (Key Flu Indicators)**

According to this week's FluView report, seasonal influenza activity increased in the United States. The proportion of people seeing their health care provider for influenza-like-illness (ILI) is above the national baseline for the first time this season. Influenza A(H3N2) viruses were most commonly reported during week 47 (the week ending November 25, 2017) and have been the predominant virus so far this season. Several flu activity indicators were higher than is typically seen for this time of year. Four states reported widespread flu activity, ten states reported regional flu activity and 24 states reported local influenza activity. Flu vaccine is the best available way to protect against influenza. CDC recommends that everyone 6 months and older get an injectable flu vaccine as soon as possible. Below is a summary of the key flu indicators for the week ending November 25, 2017:

- **Influenza-like Illness Surveillance:** For the week ending November 25, the proportion of people seeing their [health care provider](#) for influenza-like illness (ILI) was 2.3% which is above the national baseline of 2.2%. This increase in the percentage of patient visits for ILI during week 47 might be influenced in part by a reduction in routine health care visits during the holidays, as has occurred in previous seasons. Regions 1, 4, 6 and 7 reported a proportion of outpatient visits for ILI at or above their region-specific baseline levels.
  - Additional ILINet data, including national, regional, and select state-level data for the current and previous seasons, can be found at <http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>.

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- **Influenza-like Illness State Activity Indicator Map:** Three states experienced high ILI activity (Louisiana, Mississippi, and South Carolina). One state experienced moderate ILI activity (Georgia). Ten states (Alabama, Alaska, Arizona, Hawaii, Massachusetts, Nebraska, Oklahoma, South Dakota, Texas, and Virginia) experienced low ILI activity. The District of Columbia, New York City, and 36 states experienced minimal ILI activity (Arkansas, California, Colorado, Connecticut, Delaware, Florida, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, Washington, West Virginia, Wisconsin and Wyoming). Data was insufficient to calculate an ILI activity level from Puerto Rico.
  - Additional data, including data for previous seasons, can be found at <https://gis.cdc.gov/grasp/fluview/main.html>
- **Geographic Spread of Influenza Viruses:** Widespread influenza activity was reported by four states (Georgia, Louisiana, Massachusetts, and Oklahoma). Regional influenza activity was reported by Guam and ten states (Arkansas, Connecticut, Kentucky, Maine, Mississippi, New Hampshire, North Dakota, Oregon, South Carolina, and Washington). Local influenza activity was reported by Puerto Rico and 24 states (Alabama, Alaska, Arizona, California, Colorado, Florida, Hawaii, Illinois, Kansas, Maryland, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, Ohio, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Wisconsin, and Wyoming). Sporadic activity was reported by the District of Columbia, the U.S. Virgin Islands and 12 states (Delaware, Idaho, Indiana, Iowa, Michigan, Montana, Nevada, North Carolina, Rhode Island, Vermont, Virginia, and West Virginia). No activity was reported by one state (West Virginia). Guam, Puerto Rico, and one state (Nebraska). Geographic spread data show how many areas within a state or territory are seeing flu activity.
  - Additional data are available at: <https://gis.cdc.gov/grasp/fluview/FluView8.html>.
- **Flu-Associated Hospitalizations:** Since October 1, 2017, 566 laboratory-confirmed influenza-associated hospitalizations have been reported through the Influenza Hospitalization Network (FluSurv-NET), a population-based surveillance network for laboratory-confirmed influenza-associated hospitalizations. This translates to a cumulative overall rate of 2.0 hospitalizations per 100,000 people in the United States.
  - The highest hospitalization rates are among people 65 years and older (7.3 per 100,000), followed by adults aged 50-64 years (2.4 per 100,000), and children younger than 5 years (1.6 per 100,000). During most seasons, children younger than 5 years and adults 65 years and older have the highest hospitalization rates.

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- Additional data, including hospitalization rates during other influenza seasons, can be found at <http://gis.cdc.gov/GRASP/Fluview/FluHospRates.html> and <http://gis.cdc.gov/grasp/fluview/FluHospChars.html>.
- **Mortality Surveillance:**
  - The [proportion of deaths](#) attributed to pneumonia and influenza (P&I) was 5.7% for the week ending November 11, 2017 (week 45). This percentage is below the epidemic threshold of 6.5% for week 45 in the National Center for Health Statistics (NCHS) Mortality Surveillance System.
  - Region and state-specific data are available at <https://gis.cdc.gov/grasp/fluview/mortality.html>.
- **Pediatric Deaths:**
  - No influenza-associated pediatric deaths were reported to CDC during week 47.
  - Five influenza-associated pediatric deaths for the 2017-2018 season have been reported to CDC.
  - Additional information on pediatric deaths is available on FluView Interactive at: <https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>.
- **Laboratory Data:**
  - Nationally, the percentage of [respiratory specimens](#) testing positive for influenza viruses in clinical laboratories during the week ending November 25 was 7.2%.
  - Regionally, the three week average percent of specimens testing positive for influenza in clinical laboratories ranged from 1.9% to 8.6%.
  - During the week ending November 25, of the 1,051 (7.2%) influenza-positive tests reported to CDC by clinical laboratories, 795 (75.6%) were influenza A viruses and 256 (24.4%) were influenza B viruses.
  - The most frequently identified influenza virus type reported by public health laboratories was influenza A virus.
  - During the week ending November 25, 186 (88.6%) of the 210 influenza-positive tests reported to CDC by public health laboratories were influenza A viruses and 24 (11.4%) were influenza B viruses. Of the 186 influenza A viruses that were subtyped, 168 (90.3%) were H3N2 viruses and 18 (9.7%) were (H1N1)pdm09 viruses.
  - The majority of the influenza viruses collected from the United States during October 1 through November 25, 2017 were characterized antigenically and genetically as being similar to the cell-grown reference viruses representing the 2017–18 Northern Hemisphere influenza vaccine viruses.
  - Of the influenza viruses tested and collected during October 1-November 25, 2017, none were found to be resistant to antiviral medications (i.e. oseltamivir, zanamivir, or peramivir).

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FluView (<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 2017-2018 season can be found on the current [FluView\(http://www.cdc.gov/flu/weekly/\)](http://www.cdc.gov/flu/weekly/) and FluView Interactive (<https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>).