2019-2020 Influenza Season
Week 38 ending September 19, 2020

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

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.

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

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

U.S. Virologic Surveillance

Clinical Laboratories
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.

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, 2019-2020 Season
Public Health Laboratories
Data from public health laboratories are used to monitor the proportion of circulating viruses that belong to each influenza subtype/lineage.

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories,
National Summary, 2019-2020 Season

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 38, 1.0% 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%.

Note: In response to the COVID-19 pandemic, new data sources will be incorporated into ILINet throughout the summer weeks when lower levels of influenza and other respiratory virus circulation are typical. Starting in week 21, increases in the number of patient visits will be seen as new sites are enrolled and the percentage of visits for ILI may change in comparison to previous weeks. While all regions remain below baseline levels for ILI, these system changes should be kept in mind when drawing conclusions from these data. Any changes in ILI due to changes in respiratory virus circulation will be highlighted here.

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2019-2020 and Selected Previous Seasons
**ILI Activity Map**

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

During week 37, the following ILI activity levels were experienced:

- **Moderate** – Puerto Rico.
- **Low** – Iowa.
- Data were insufficient to calculate an ILI activity level from the District of Columbia, the U.S. Virgin Islands, and one state (Alaska).

*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](#)
**Influenza-Associated Hospitalizations:** The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts all age 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.

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 additional information is received.

Additional hospitalization surveillance information for current and past seasons and additional age groups: [Surveillance Methods](#) | [FluView Interactive](#)

**Pneumonia and Influenza (P&I) Mortality Surveillance**

Based on National Center for Health Statistics (NCHS) mortality surveillance data available on September 24, 2020, 5.4% of the deaths occurring during the week ending September 19, 2020 (week 38) were due to P&I. This percentage is below the epidemic threshold of 5.6% for week 38.

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. Due to the additional time needed for manual coding, the initially reported P&I percentages are likely to increase as more data are received and processed.

**Pneumonia and Influenza Mortality from the National Center for Health Statistics Mortality Surveillance System**

Data through the week ending September 19, 2020, as of September 24, 2020

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 occurring during the 2019-2020 season were reported to CDC during week 38.

A total of 188 influenza-associated pediatric deaths occurring during the 2019-2020 season have been reported to CDC.

Number of Influenza-Associated Pediatric Deaths by Week of Death, 2016-2017 season to 2019-2020 season

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

Additional national and international influenza surveillance information is available at: https://www.cdc.gov/flu/weekly/#AddInfo

Report prepared: September 25, 2020