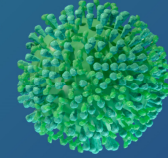
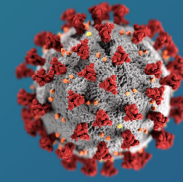
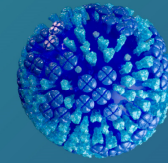


RESP-NET

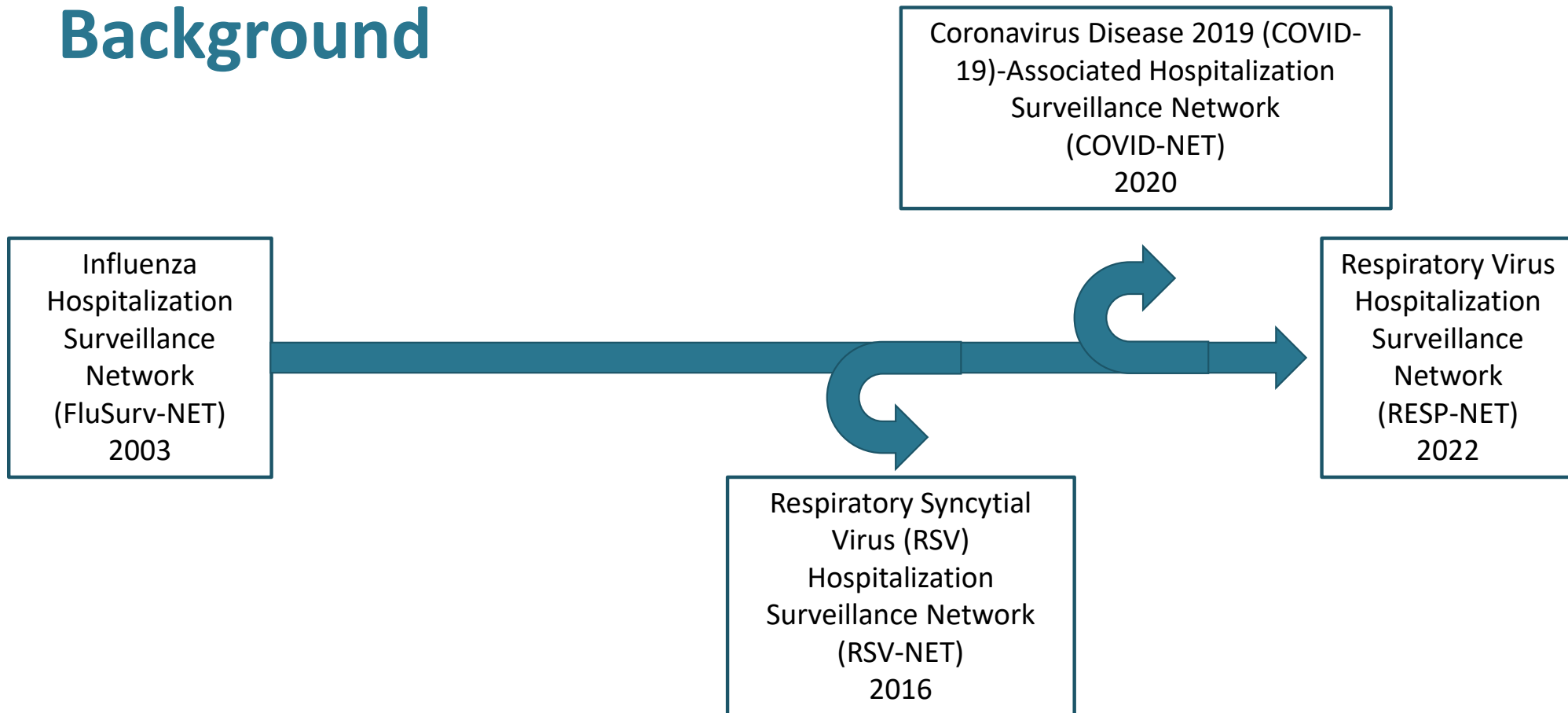


Respiratory Virus Hospitalization Surveillance **Network**

RESP-NET Update

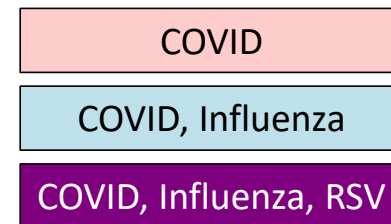
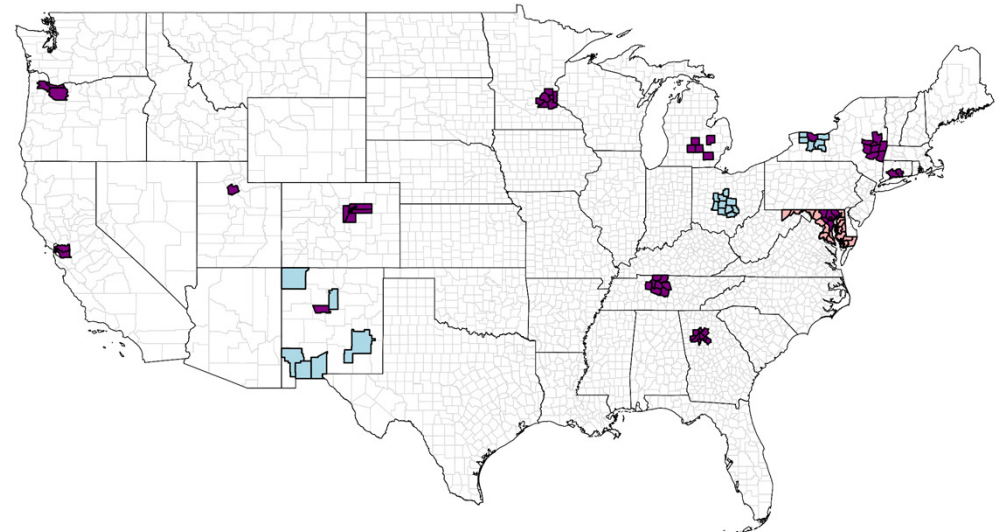
Catherine Bozio, PhD, MPH
Influenza Division
Centers for Disease Control and Prevention

Background



RESP-NET Overview

- Population-based surveillance for laboratory confirmed hospitalizations associated with influenza, RSV, and COVID-19 among children and adults
- 13 states (8-10% US population)
- Surveillance is typically conducted
 - From October 1-April 30 for each influenza and RSV season
 - Year-round for COVID-19
- Testing for influenza, SARS-CoV-2, and RSV is clinician-driven (non-systematic)



FluSurv-NET Methods

- **Similar methods used for COVID-19 and RSV**
- **Multiple data sources can be used for influenza case ascertainment**
 - Laboratory records
 - Reportable condition system
 - Infection Control Practitioners
 - Admission/Discharge List
- **Hospitalization rates**
 - Numerator is calculated as the number of residents of the defined catchment area who are hospitalized with a positive influenza test within 14 days prior to or during hospitalization
 - Population denominators stratified by age, sex, and race/ethnicity are defined using bridged-race population estimates from the National Center for Health Statistics
- **Clinical data**
 - Trained surveillance staff conduct extensive medical chart abstractions on identified cases using a standardized case report form

RESP-NET Interactive Dashboard

- Rates presented on the RESP-NET interactive dashboard can be used to follow trends and comparisons of COVID-19, RSV, and influenza-associated hospitalization rates in different demographic groups and across seasons.
- The dashboard is updated weekly.



RESP-NET Interactive Dashboard

[Print](#)

The Respiratory Virus Hospitalization Surveillance Network (RESP-NET) comprises three platforms that conduct population-based surveillance for laboratory-confirmed hospitalizations associated with COVID-19, Influenza, and Respiratory Syncytial Virus (RSV) among children and adults. While RESP-NET does not collect data on all hospitalizations caused by respiratory illnesses, it can describe hospitalizations caused by three viruses that account for a large proportion of these hospitalizations. Surveillance is conducted through a network of acute care hospitals in select counties in 13 states. The surveillance platforms for COVID-19, Influenza, and RSV (known as [COVID-NET](#), [FluSurv-NET](#), and [RSV-NET](#), respectively) cover more than 29 million people and include an estimated 8-10% of the U.S. population.

The rates presented on the RESP-NET interactive dashboard can be used to follow trends and compare COVID-19, Influenza, and RSV-associated hospitalization rates in different demographic groups including by age, sex, and race and ethnicity, and across seasons. Surveillance for COVID-19, Influenza, and RSV in RESP-NET relies on clinical testing ordered by a healthcare provider. Hospitalization rates are unadjusted and do not account for undertesting, differing provider or facility testing practices, and diagnostic test sensitivity. The true burden of COVID-19-, Influenza, and RSV-associated hospitalizations in the United States may be greater than what is shown by these numbers.

RESP-NET hospitalization data are preliminary and subject to change as more data become available. Rates for recent hospital admissions are subject to reporting delays that might increase around holidays or during periods of increased hospital utilization. As new data are received each week, previous rates are updated accordingly.

COVID-NET: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covid-net/purpose-methods.html>

FluSurv-NET: <https://www.cdc.gov/flu/weekly/influenza-hospitalization-surveillance.htm>

RSV-NET: <https://www.cdc.gov/rsv/research/rsv-net/dashboard.html>

How to Use the RESP-NET Interactive Dashboard

1. Select a topic of interest

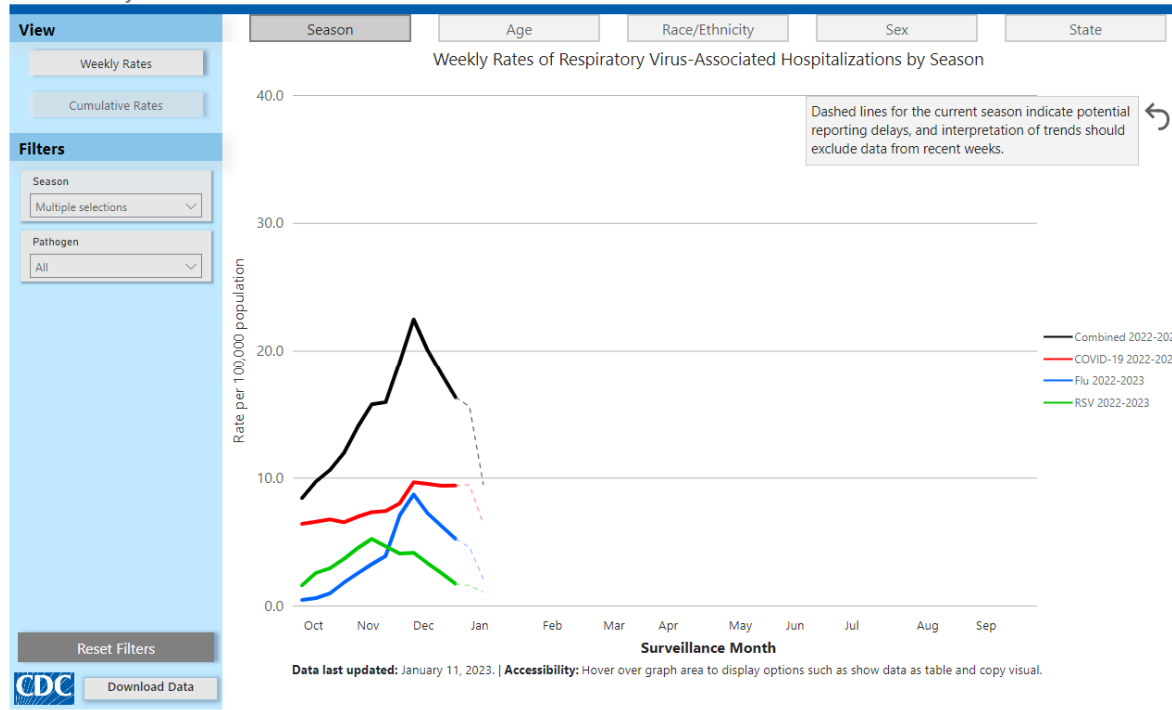
To use the RESP-NET interactive dashboard, select a topic to see specific data trends. Topics include age group, race and ethnicity, sex, state, and season. Hospitalization rates can be viewed as weekly or cumulative rates.

2. Select a filter of interest

Data can be filtered by pathogen, age group, race and ethnicity, sex, season, and state. Filters vary by topic, as not all topics have filters available.

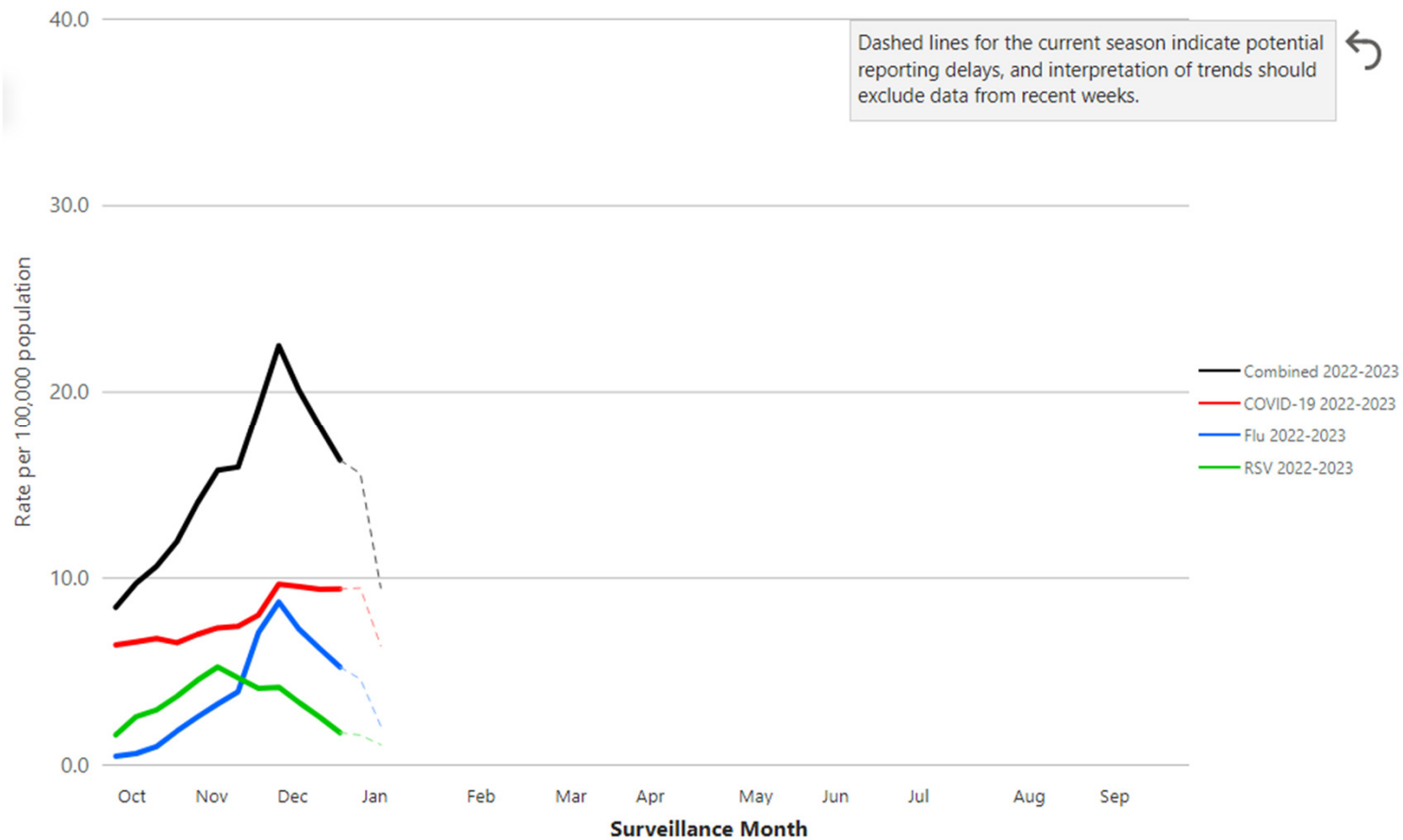
3. Select different ways to view the data

The data can be displayed in a graph, which is the default view, or as a table. Right click anywhere in the graph and select "Show as a table" for a tabular view. Hovering your mouse over or selecting a data point or bar in the graph will display detailed information. Some graphs allow you to hide or show data from the legend for detailed analysis.



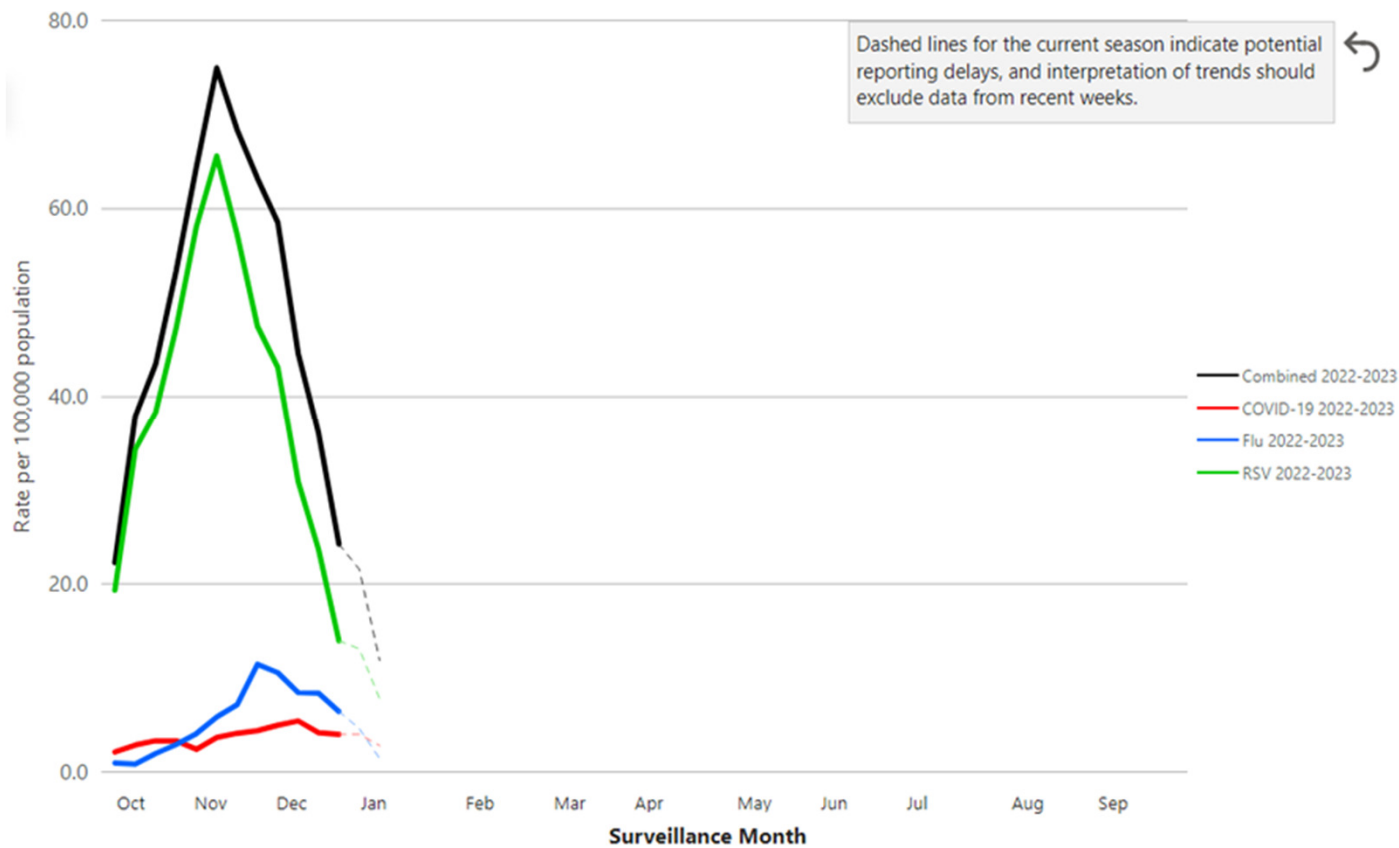
Data as of 1/11/2023; preliminary and subject to change

Laboratory-Confirmed COVID-19, Influenza, and RSV-Associated Weekly Hospitalization Rates; RESP-NET, October 1, 2022 – January 7, 2023



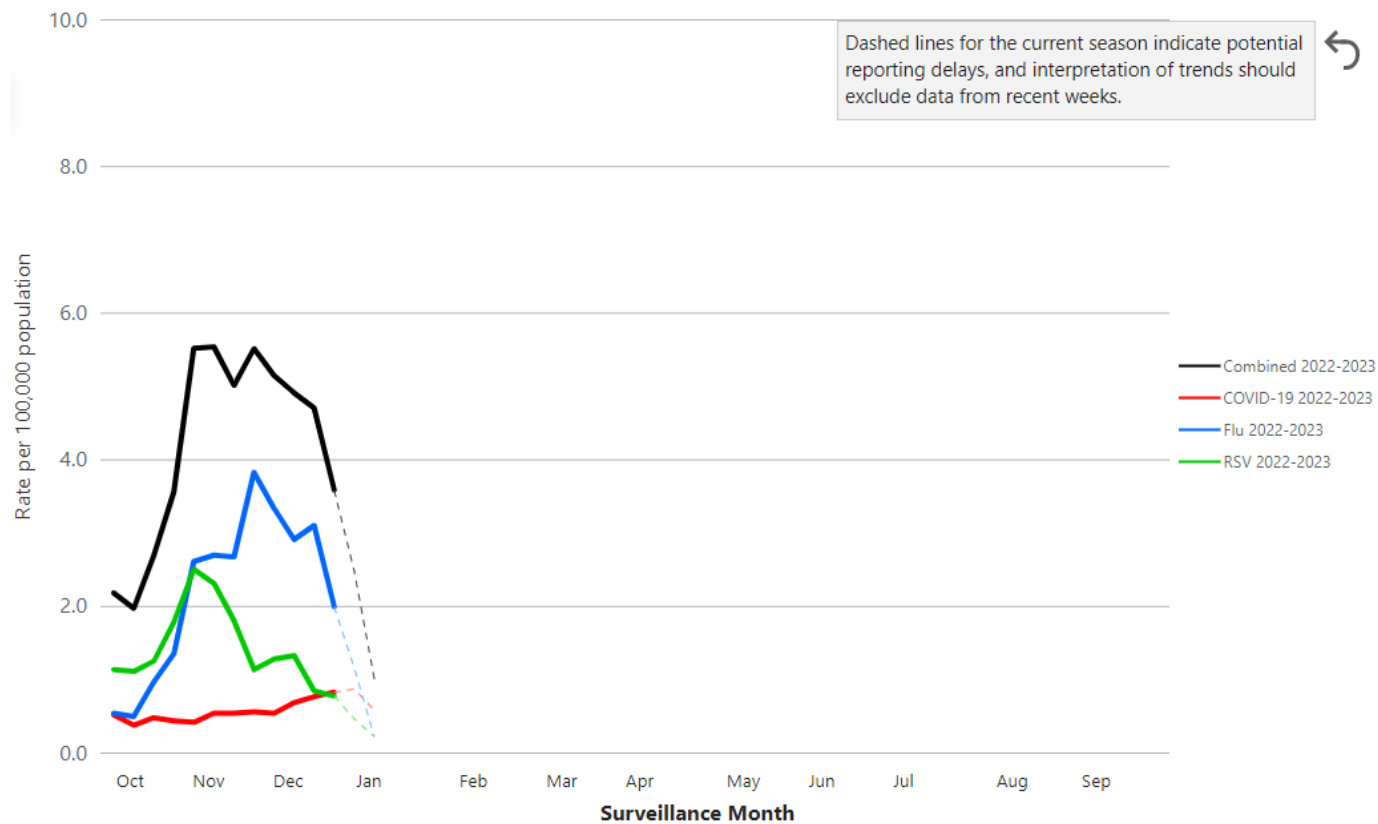
Data as of 1/11/2023; preliminary and subject to change

Laboratory-Confirmed COVID-19, Influenza, and RSV-Associated Weekly Hospitalization Rates among Children aged <5 years; RESP-NET, October 1, 2022 – January 7, 2023



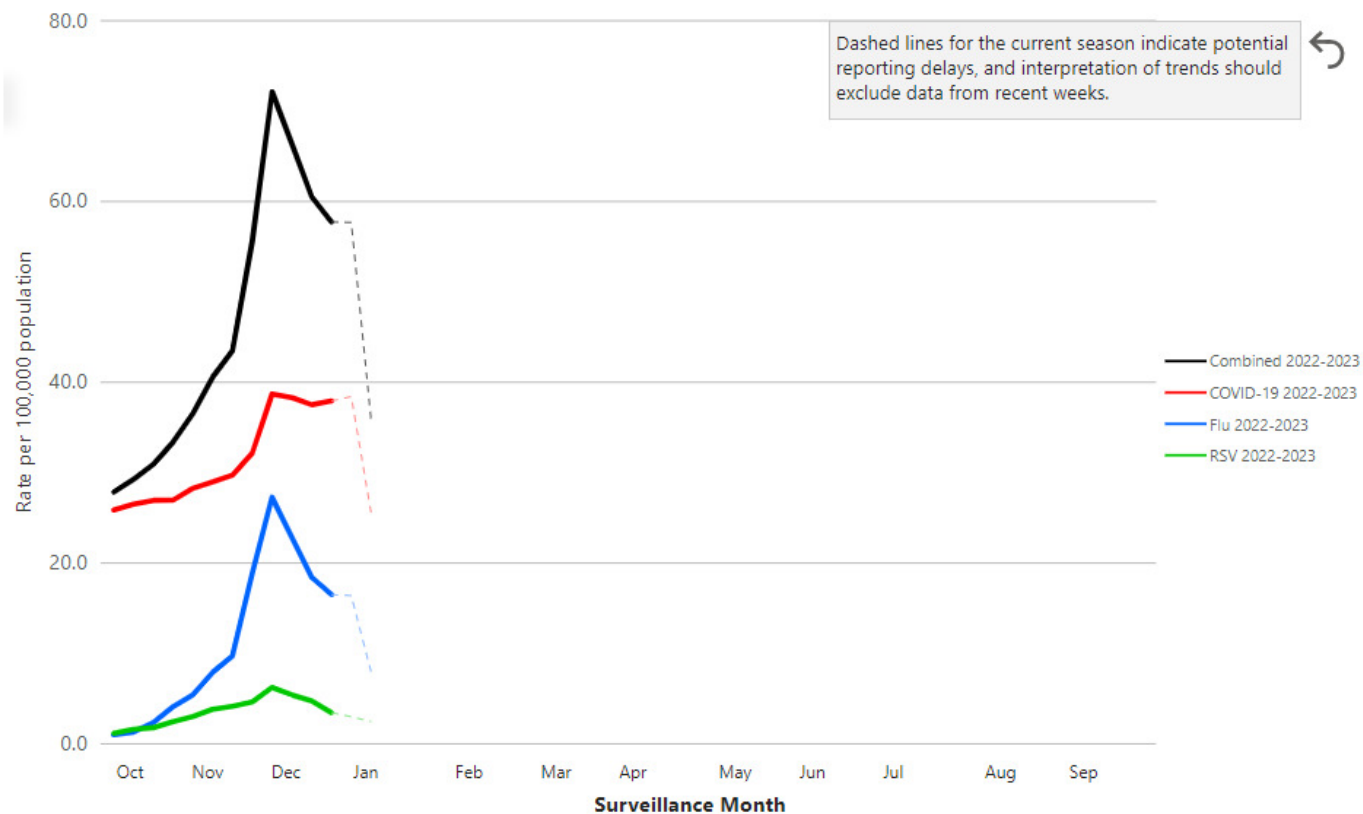
Data as of 1/11/2023; preliminary and subject to change

Laboratory-Confirmed COVID-19, Influenza, and RSV-Associated Weekly Hospitalization Rates among Children aged 5 – 17 years; RESP-NET, October 1, 2022 – January 7, 2023



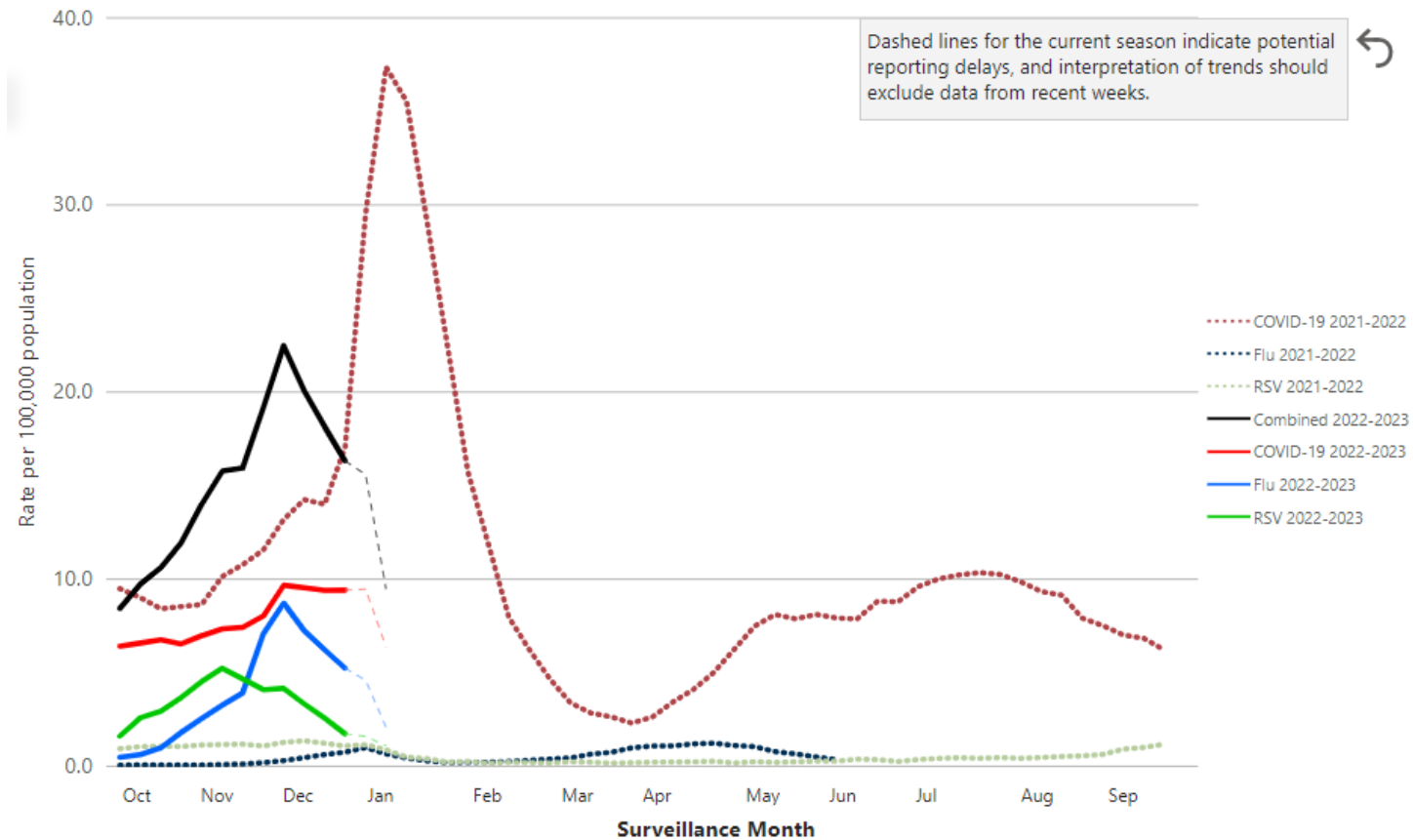
Data as of 1/11/2023; preliminary and subject to change

Laboratory-Confirmed COVID-19, Influenza, and RSV-Associated Weekly Hospitalization Rates among Adults aged ≥ 65 years; RESP-NET, October 1, 2022 – January 7, 2023



Data as of 1/11/2023; preliminary and subject to change

Laboratory-Confirmed COVID-19, Influenza, and RSV-Associated Weekly Hospitalization Rates; RESP-NET, 2021 – 2022 and 2022 – 2023 seasons



Data as of 1/11/2023; preliminary and subject to change

Key public health messages

- An annual influenza vaccine is the best way to protect against influenza. Vaccination helps prevent infection and can also prevent serious outcomes in persons who get vaccinated but still get sick with influenza.
 - Everyone aged 6 months and older are recommended to get an annual influenza vaccine as long as influenza activity continues.
- COVID-19 vaccines are effective at protecting people against severe disease, hospitalization, and death.
 - People are best protected against COVID-19 when they stay up to date with the recommended number of doses, including bivalent boosters, when eligible.

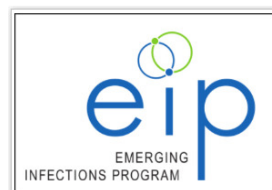
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- Jenny Milucky, Onika Anglin
- Michael Whitaker, Kadam Patel, Huong Pham



- RESP-NET Principal Investigators and Surveillance Officers

RESP-NET

Respiratory Virus Hospitalization Surveillance **Network**



Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.