



U.S. Influenza Activity

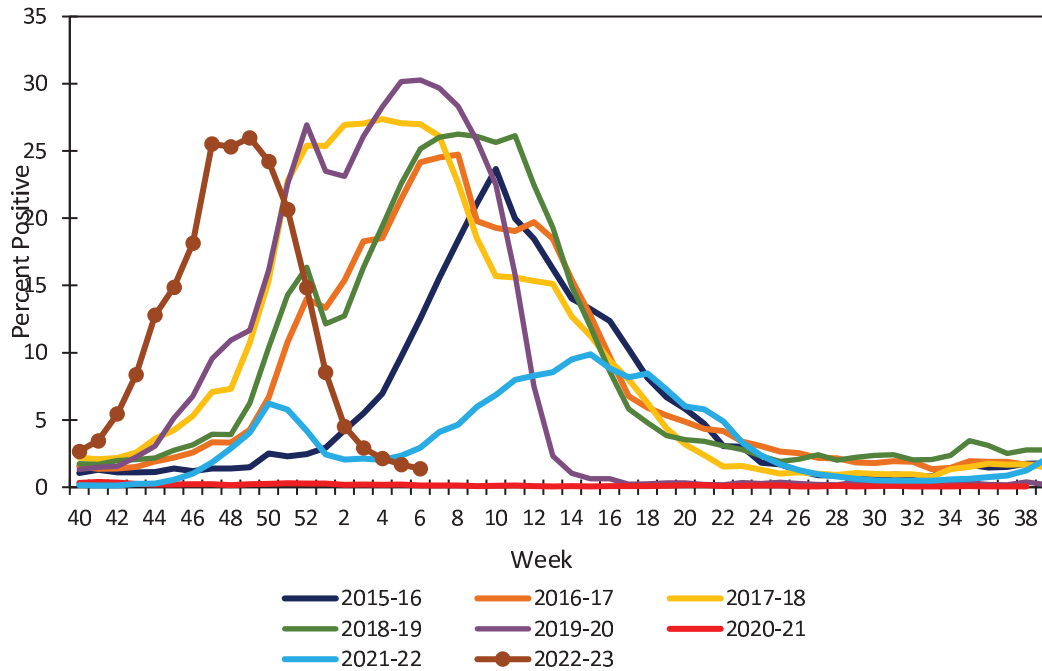
Lisa Grohskopf

Advisory Committee on Immunization Practices

February 22, 2023

Virologic Surveillance

Clinical Laboratories:
Percent Positive for Influenza

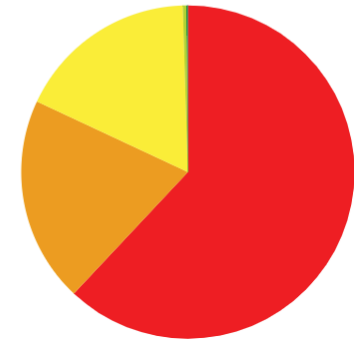


Public Health Laboratories:
Influenza Virus Subtyping/Lineage Testing



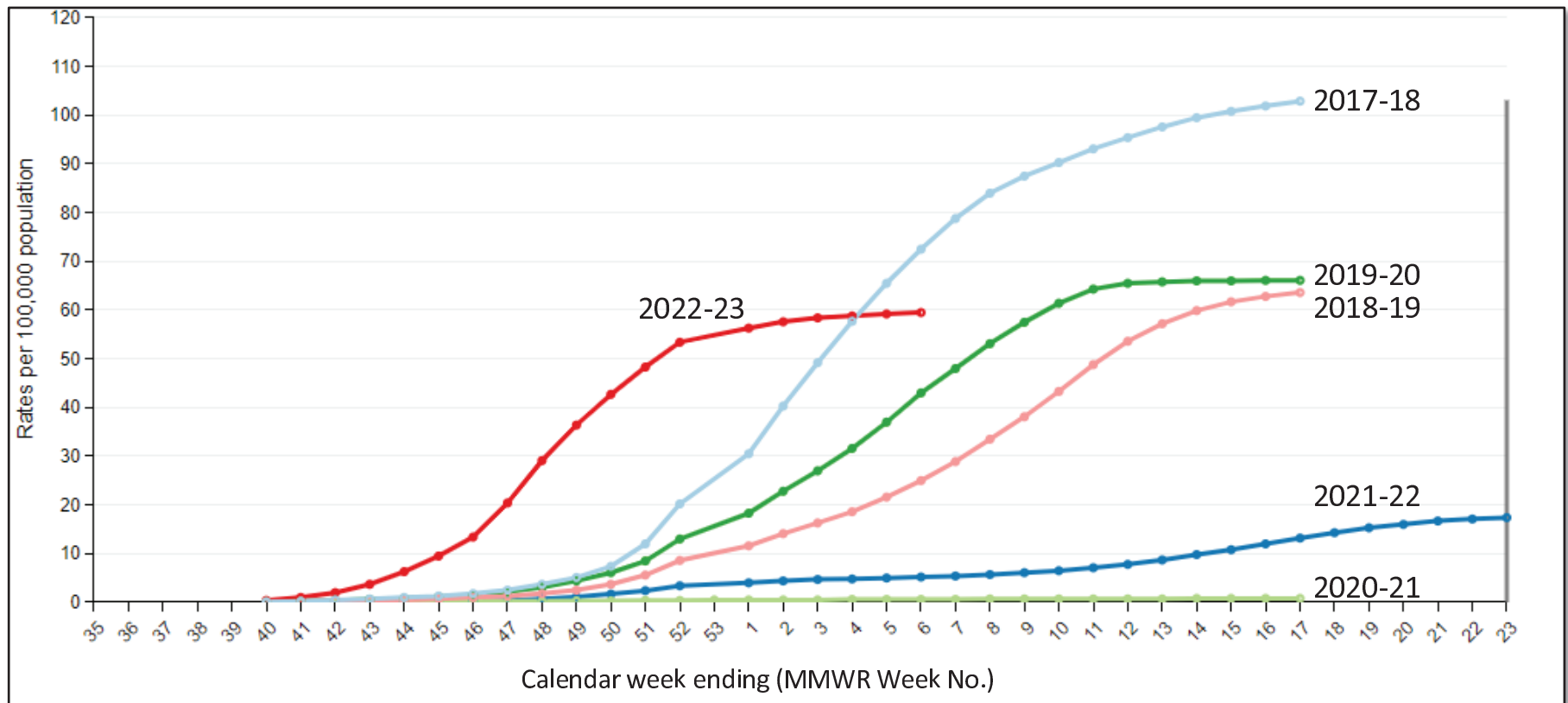
Influenza Positive Tests Reported to CDC by Public Health Laboratories, National Summary,
2022-23 Season, week ending Jan 28, 2023
Reported by: U.S. WHO/NREVSS Collaborating Laboratories and ILINet

- A (H1)
- A (Unable to Subtype)
- A (H3)
- A (H1N1)pdm09
- A (Subtyping not Performed)
- B (Lineage Unspecified)
- H3N2v
- B (Victoria Lineage)
- B (Yamagata Lineage)
- No Data/Small Data Sample



- 99.5% influenza A
 - 76% H3
 - 24% H1
- 0.5% influenza B
 - 100% Victoria lineage

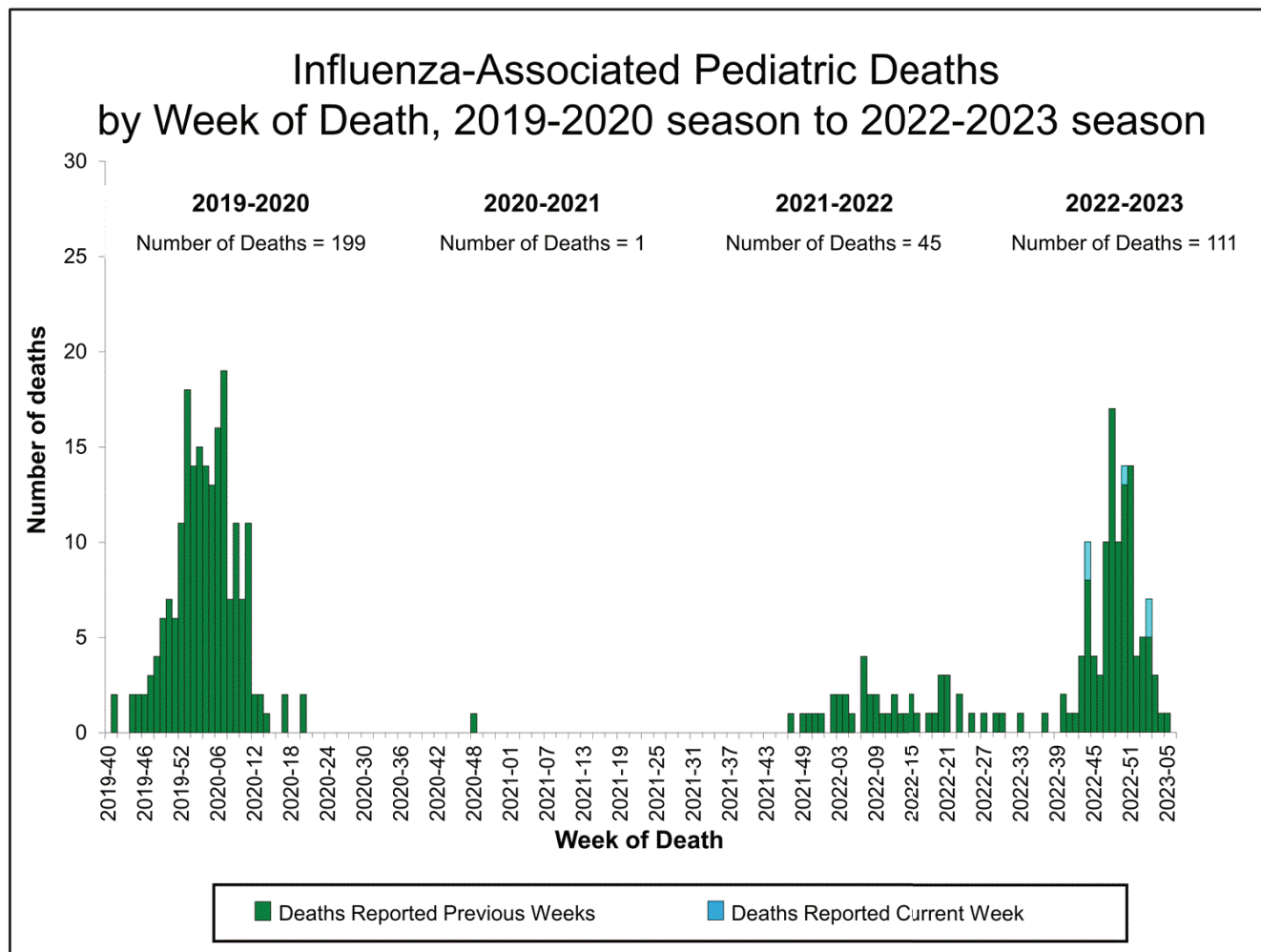
Influenza-Associated Hospitalizations



Source: CDC Fluview—FluSurv-NET, week ending February 11, 2023

Pediatric Mortality

Source: CDC Fluview,
week ending February 11,
2023



Summary as of the Week Ending February 11, 2023

- U.S. influenza activity rose early, peaking nationally during late November/early December
 - Percent of tests positive peaked at ~26%; currently ~1.7%
- Influenza A(H3N2) viruses have predominated, with co-circulation of influenza A(H1N1)pdm09 viruses.
- The cumulative influenza-associated hospitalization rate has leveled in recent weeks to ~59/100,000
- 111 influenza-associated pediatric deaths reported this far this season.
- Overall influenza activity is increased compared with the previous two seasons.
- U.S. influenza activity is currently low.

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For more information, contact CDC
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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.

