

Influenza Key Points

February 3, 2012

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Summary Key Messages

- According to FluView, flu activity in the United States increased slightly, but remained relatively low for the week ending January 28, 2012.
- Increases in activity are expected in the coming weeks based on previous experience.
- In 15 of the last 30 years, flu activity has begun to increase in January, peaked in February or March and continued into May.
- If you haven't gotten vaccinated yet, get your vaccine now before flu activity increases.
- You need this season's vaccine to protect against influenza this season.
- It takes about two weeks after vaccination for the body's immune response to fully kick in. CDC recommends that everyone 6 months and older get an annual flu vaccine.
- More than 132 million doses of vaccine had been delivered in the United States as of late January 2012.
- This season, people have more options than ever, both in terms of where they get vaccinated and which vaccine they chose to get.
- In addition to the traditional seasonal flu shot that has been available for decades, a nasal spray vaccine was introduced in 2003 for non-pregnant healthy people between 2 and 49 years of age, and a high dose flu shot was introduced last season for people aged 65 and older.
- Also, new for this season is an intradermal shot, which uses a needle 90% smaller than the regular flu shot and is approved for people 18 to 64 years of age.
- While doctor's offices and health departments continue to provide flu vaccinations, vaccine also is available at many pharmacies, work places and other retail and clinic locations.

FluView Activity Report

Nationally, influenza activity increased slightly in the United States for the week ending January 28 according to [FluView](#), but still remains relatively low. The

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percentage of respiratory specimens testing positive for influenza rose from 5.6 to 7.2 percent. Additional increases in activity are expected in the coming weeks.

Below is a summary of the most recent key indicators:

- [Visits to doctors](#) for influenza-like illness (ILI) remained below the national baseline this week. All 10 U.S. regions reported ILI activity below region-specific baseline levels.
- No states reported widespread [influenza activity](#). Regional influenza activity was reported by six states (an increase from four states last week). Thirteen states reported local influenza activity (an increase from eight states last week). Thirty-one states (a decrease from 35 states last week), Guam and Puerto Rico reported sporadic influenza activity. Only the U.S. Virgin Islands reported no influenza activity (a decrease from three states last week). The District of Columbia did not report.
- Hospitalization rates of patients with laboratory-confirmed influenza, based on FluSurv-NET, are lower than the rates reported at this time during previous influenza seasons.
- The [proportion of deaths](#) attributed to pneumonia and influenza (P&I) based on the 122 Cities Mortality Reporting System decreased slightly from the previous report, but was within the level expected for this time of year.
- No [influenza-associated pediatric deaths](#) were reported this week. One influenza-associated pediatric death has been reported thus far for the 2011-12 season.
- Nationally, the percentage of specimens testing positive for influenza in the United States was 7.2%, an increase from last week (5.6%). All regions except Region 1 (the Northeast) saw increases in the percent of specimens testing positive, but there are regional differences in current virus activity. For example, in Region 3 (mid-Atlantic) 1.4% of specimens tested positive for influenza, while in Region 5 (the Midwest) 17.4% specimens tested positive.
- [Influenza viruses](#) identified so far include 2009 H1N1 viruses, influenza A (H3N2) viruses and influenza B viruses. Nationally influenza A (H3N2) viruses predominate, however regional differences exist. For example, over the past three weeks 2009 H1N1 viruses have been most commonly reported in Region 6 (the south central region of the country).
- Though few [viruses](#) have been available for testing so far this season, isolates tested remain susceptible to the [antiviral drugs](#) oseltamivir and zanamivir.
- [FluView](#) is available – and past issues are archived – on the CDC website.