

Weekly Influenza & Respiratory Illness Activity Report

Week Ending November 2, 2024 | WEEK 44

A summary of influenza surveillance indicators prepared by the Division of Infectious Disease Epidemiology Prevention & Control.
All data are preliminary and may change as more information is received.

| Minnesota Influenza Key Statistics | |
|--|-------------|
| Percent of molecular laboratory tests positive | 0.3% |
| Hospitalizations | 9 |
| Most common strain | Influenza A |
| School outbreaks | 0 |
| Long-term care outbreaks | 0 |
| Pediatric influenza-associated deaths | 0 |

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[Minnesota Influenza Surveillance \(www.health.state.mn.us/diseases/flu/stats/\)](http://www.health.state.mn.us/diseases/flu/stats/)

[CDC: FluView Weekly \(www.cdc.gov/fluview/\)](https://www.cdc.gov/fluview/)

[World Health Organization \(WHO\) Global Influenza Programme \(www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs\)](https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs)

Neighboring states' influenza information:

Iowa: [Iowa Influenza Surveillance \(https://hhs.iowa.gov/center-acute-disease-epidemiology/iowa-influenza-surveillance\)](https://hhs.iowa.gov/center-acute-disease-epidemiology/iowa-influenza-surveillance)

Wisconsin: [Influenza \(Flu\) \(https://dhs.wisconsin.gov/influenza/index.htm\)](https://dhs.wisconsin.gov/influenza/index.htm)

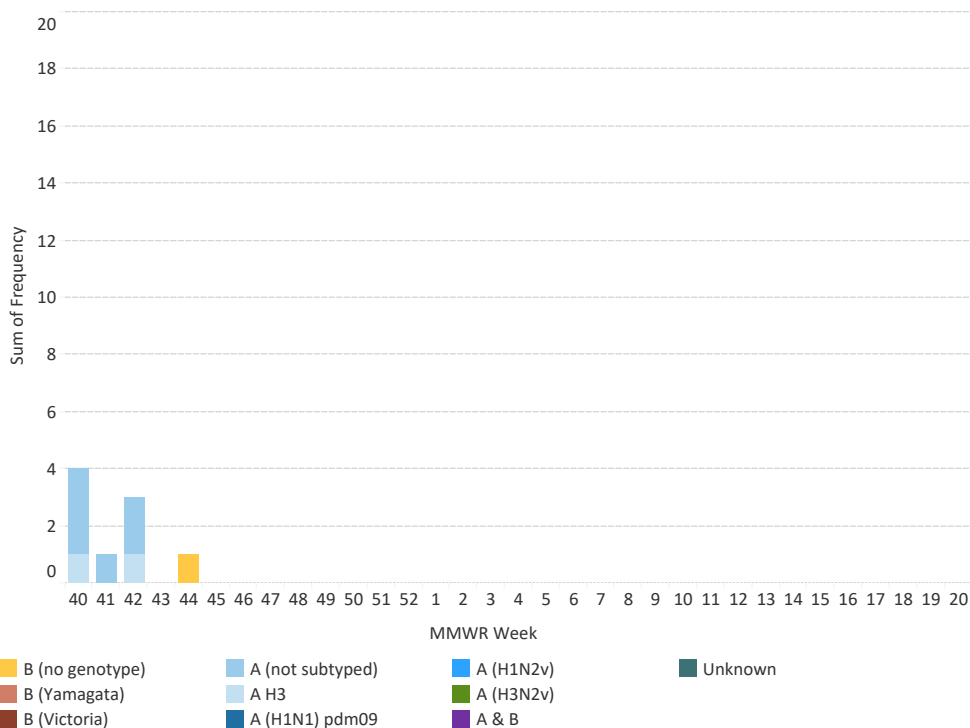
North Dakota: [North Dakota Influenza \(www.hhs.nd.gov/health/influenza\)](http://www.hhs.nd.gov/health/influenza)

South Dakota: [South Dakota Influenza Dashboard \(https://doh.sd.gov/health-data-reports/data-dashboards/influenza-dashboard/\)](https://doh.sd.gov/health-data-reports/data-dashboards/influenza-dashboard/)

Hospitalized Influenza Surveillance

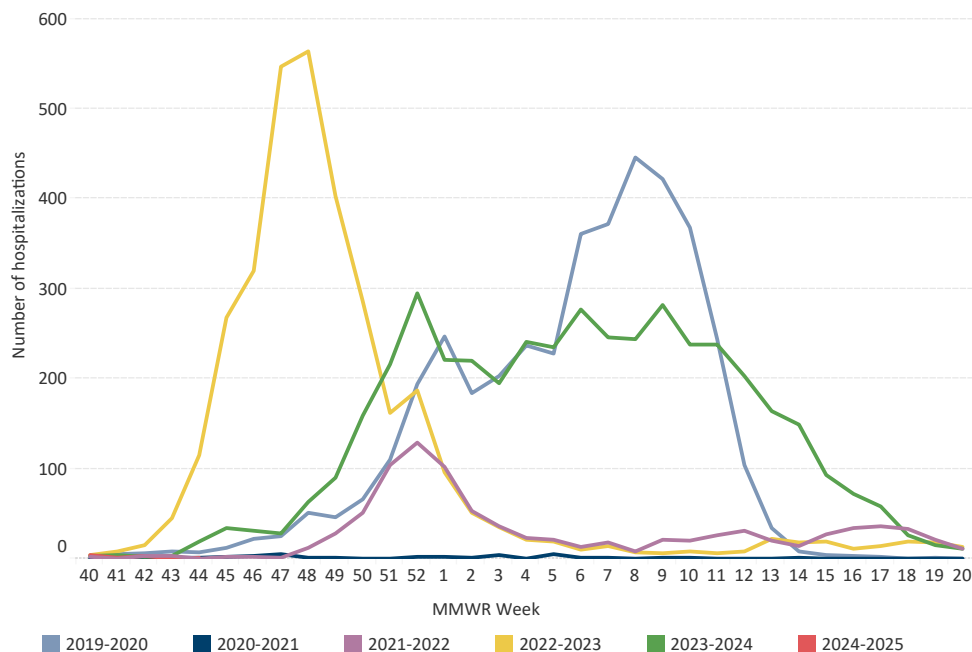
Hospitalized influenza cases are based on disease reports of laboratory-positive influenza (via DFA, IFA, viral culture, EIA, rapid test, paired serological tests or RT-PCR) and specimens from hospitalized patients with acute respiratory illness submitted to MDH-PHL by hospitals and laboratories. Due to the need to confirm reports and reporting delays, consider current week data preliminary.

Hospitalized Influenza Cases by Type, Minnesota (FluSurv-NET*)



| Hospitalizations this week | Hospitalizations last week | Total hospitalizations (to date) |
|----------------------------|----------------------------|----------------------------------|
| 1 | 0 | 9 |

Hospitalized Influenza Cases by Season, Minnesota (FluSurv-NET*)

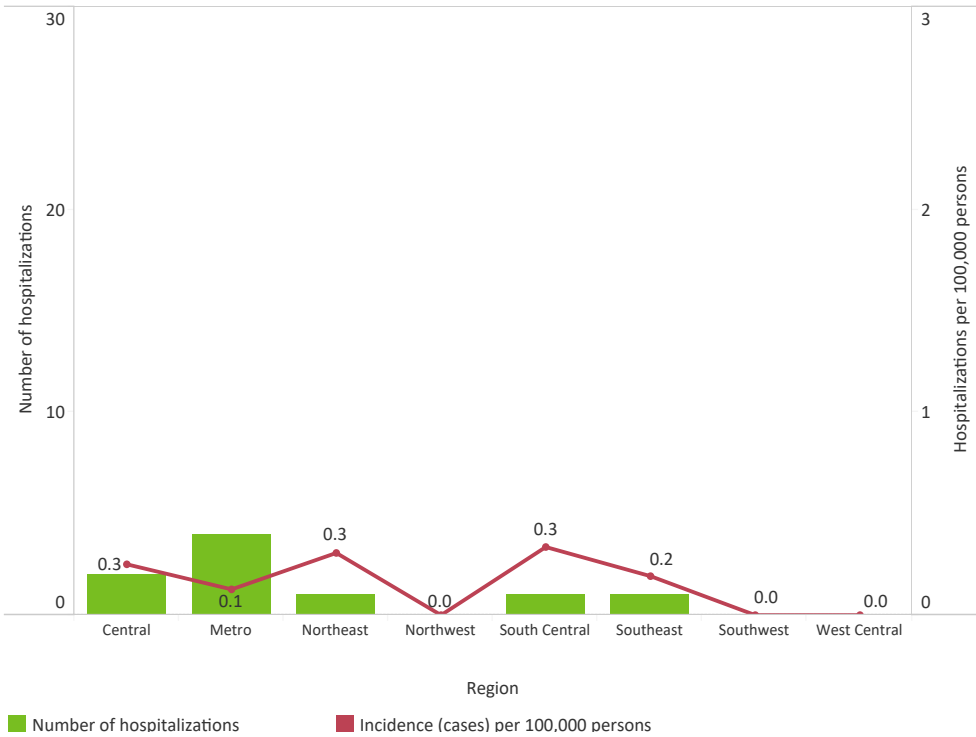


| Season | Total hospitalizations (historic) |
|----------------------------|-----------------------------------|
| 2019-2020 | 4022 |
| 2020-2021 | 35 |
| 2021-2022 | 905 |
| 2022-2023 | 3,338 |
| 2023-2024 | 4,375 |
| 2024-2025 (to date) | 9 |

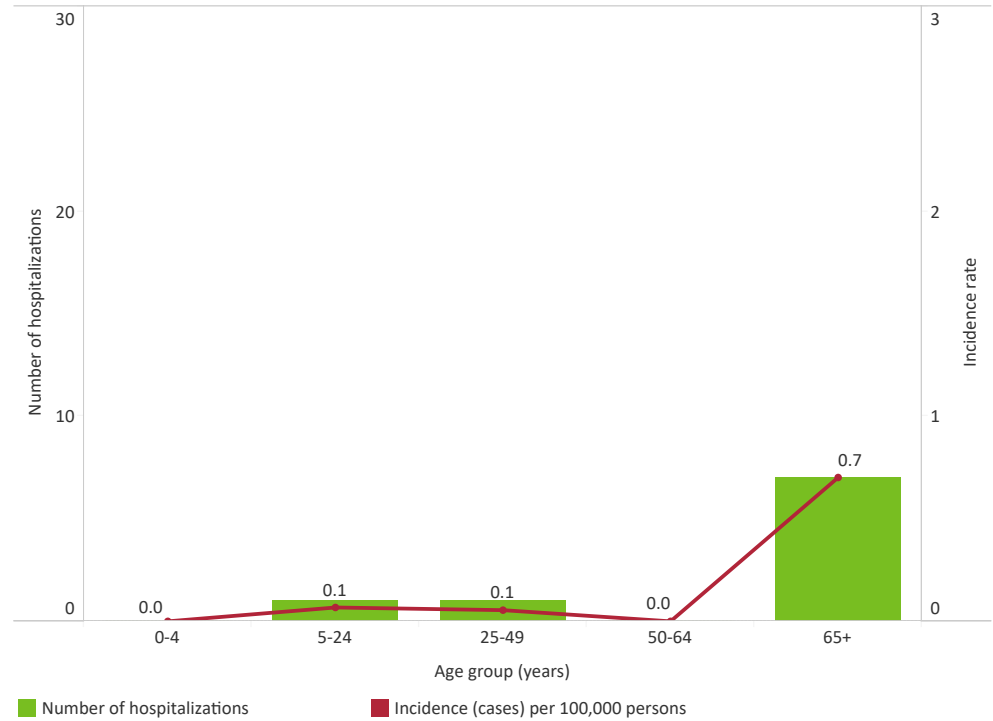
*FluSurv-NET = Influenza Surveillance Network

Hospitalized Influenza Surveillance (continued)

Number of Influenza Hospitalizations and Incidence by Region, Minnesota



Number of Influenza Hospitalizations and Incidence by Age, Minnesota



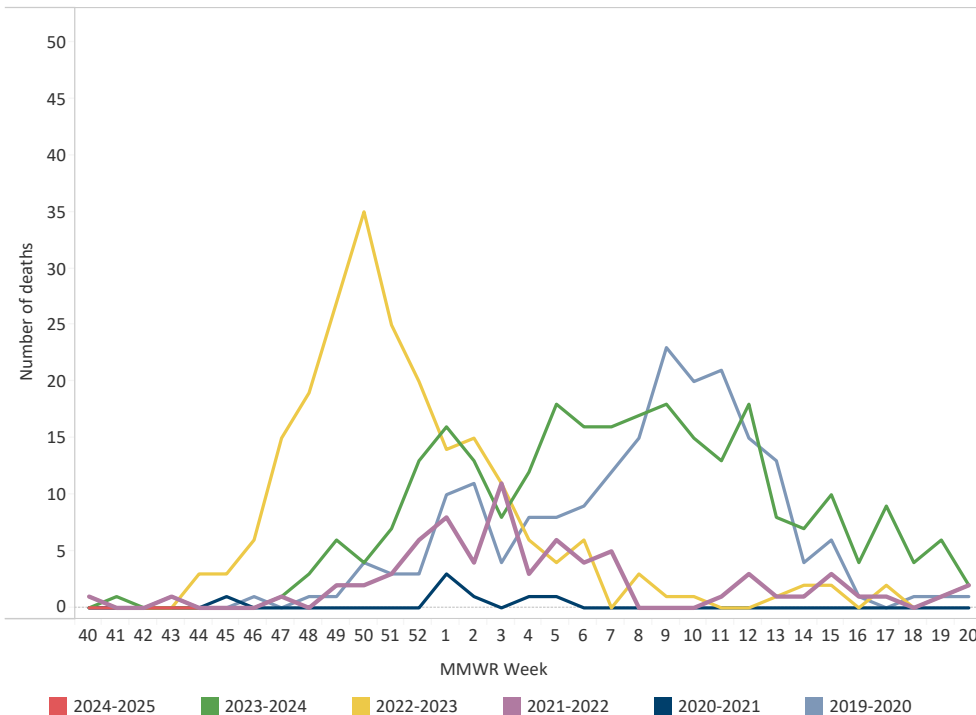
| Region | Hospitalizations this week | Total (to date) | % Hospitalizations this week | % Total (to date) |
|---------------|----------------------------|-----------------|------------------------------|-------------------|
| Central | 0 | 2 | 0% | 22% |
| Metro | 0 | 4 | 0% | 44% |
| Northeast | 1 | 1 | 100% | 11% |
| Northwest | 0 | 0 | 0% | 0% |
| South Central | 0 | 1 | 0% | 11% |
| Southeast | 0 | 1 | 0% | 11% |
| Southwest | 0 | 0 | 0% | 0% |
| West Central | 0 | 0 | 0% | 0% |

| Median age (years) at time of admission |
|---|
| 73 |

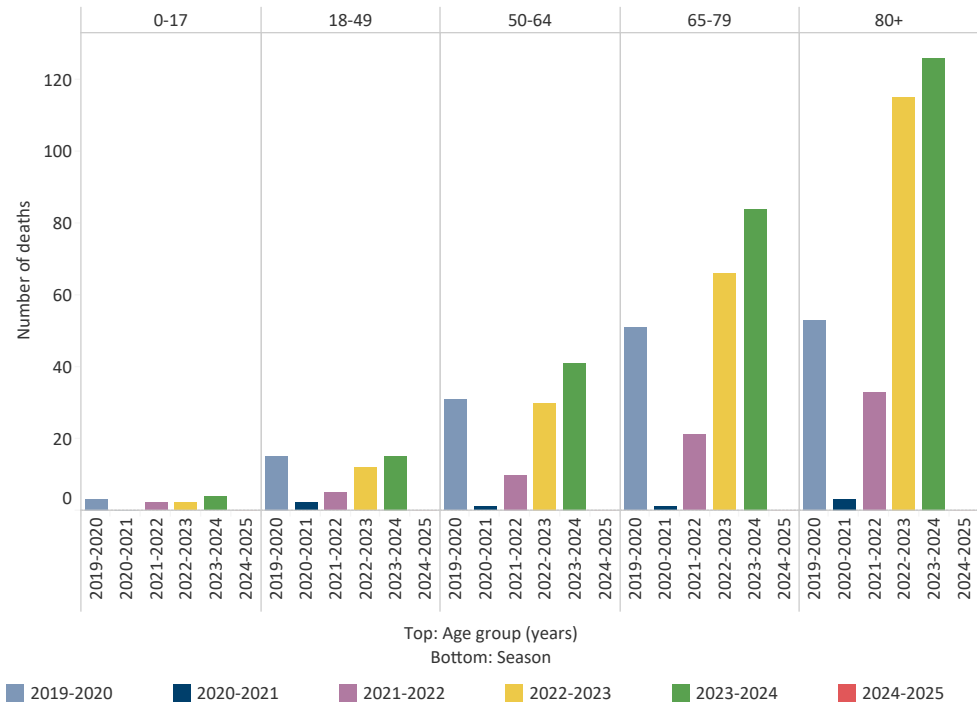
Influenza-associated Death Surveillance

Influenza deaths are collected via reports from Minnesota’s death certificate database, hospitals, and long-term care facilities. Decedents with influenza listed as a cause of or contributor to death, have recent laboratory confirmation of influenza, or are part of an ongoing influenza outbreak at a long-term care facility are reported to influenza surveillance. Due to the need to confirm reports and reporting delays, consider current week data preliminary.

Deaths Associated with Influenza by Season, Minnesota



Deaths Associated with Influenza by Age Group and Season, Minnesota



| Season | Total deaths | Total pediatric (<18 years) deaths |
|----------------------------|--------------|------------------------------------|
| 2019-2020 | 197 | 3 |
| 2020-2021 | 7 | 0 |
| 2021-2022 | 71 | 2 |
| 2022-2023 | 224 | 2 |
| 2023-2024 | 270 | 4 |
| 2024-2025 (to date) | 0 | 0 |

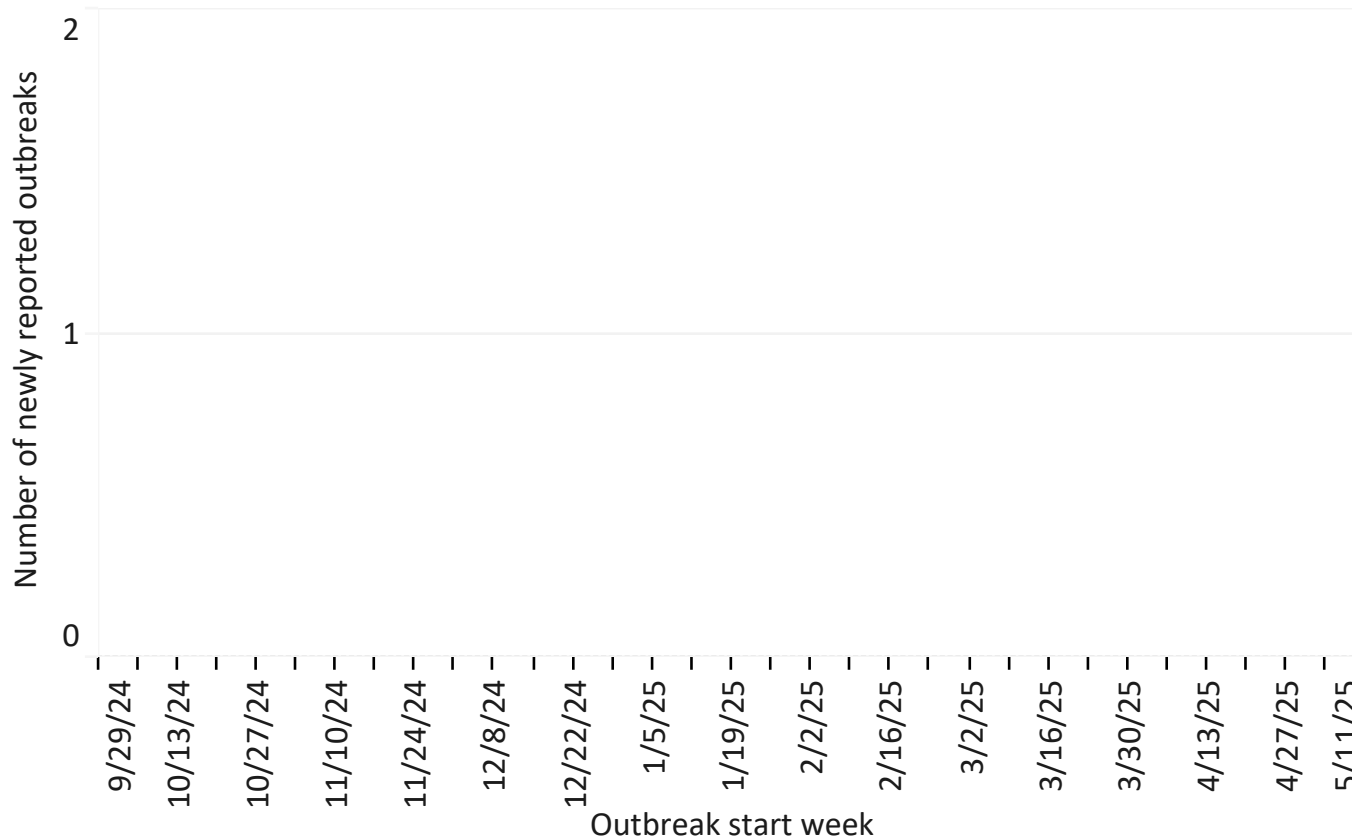
| Season | Median age (years) at time of death |
|----------------------------|-------------------------------------|
| 2019-2020 | 73 |
| 2020-2021 | 76 |
| 2021-2022 | 77 |
| 2022-2023 | 80 |
| 2023-2024 | 77 |
| 2024-2025 (to date) | --- |

*FluSurv-NET = Influenza Surveillance Network

Weekly Acute Respiratory Illness Outbreaks in K-12 Schools

K-12 schools report an outbreak of acute respiratory illness (ARI; e.g. COVID-19, influenza, RSV) when the number of students absent with ARI reaches 10% of the facility's total enrollment.

Acute Respiratory Illness Outbreaks in Schools, 2024-2025 season

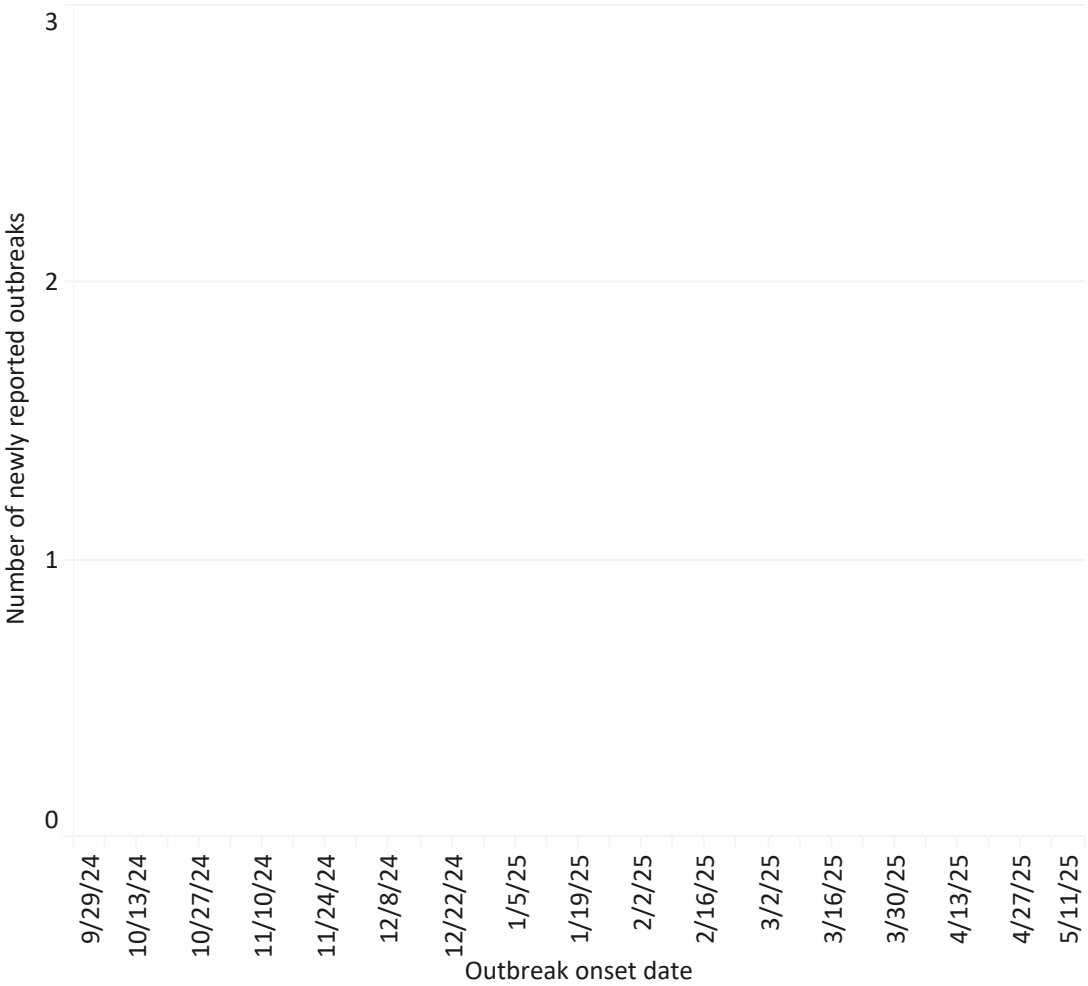


| New school outbreaks this week | New school outbreaks last week | Total this season (to date) |
|--------------------------------|--------------------------------|-----------------------------|
| 0 | 0 | 0 |

Weekly Influenza & RSV Outbreaks in Long-term Care Facilities

Long-Term Care (LTC) facilities report to MDH when they have a lab-confirmed influenza or RSV outbreak in their facility. The definition of an outbreak is at least 2 cases of laboratory-confirmed influenza (or RSV) identified within 72 hours of each other in residents on the same unit.

Confirmed Influenza or RSV Outbreaks, 2024-2025 Season

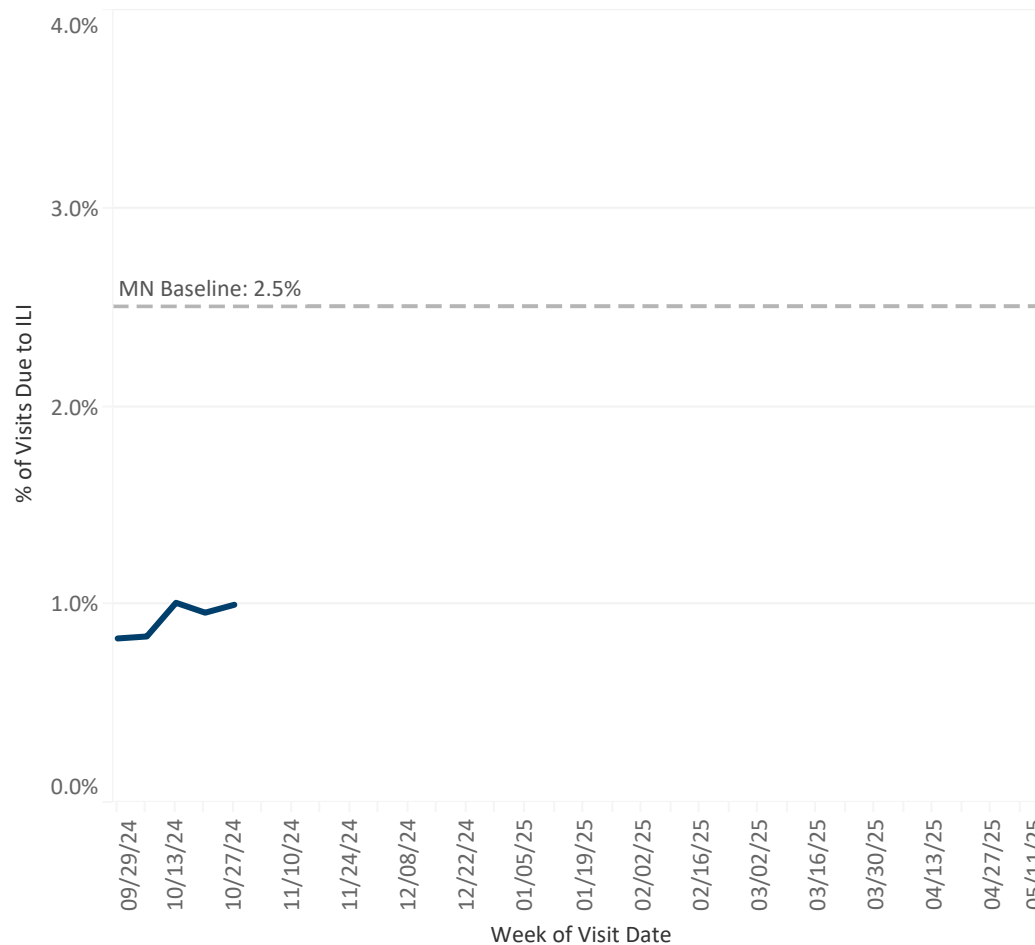


| New LTC outbreaks this week | New LTC outbreaks last week | Total this season (to date) |
|-----------------------------|-----------------------------|-----------------------------|
| 0 | 0 | 0 |

Sentinel Provider Surveillance (Outpatients)

MDH collaborates with healthcare providers who report the total number of patients seen and the total number of those patients presenting to outpatient clinics with influenza-like illness (ILI). ILI is defined as fever with a cough and/or sore throat. ILI data may capture visits due to viruses other than influenza.

Percentage of Persons Presenting to Outpatient Clinics with Influenza-Like Illness (ILI)



* Indicates current week-data may be delayed by 1 or more weeks

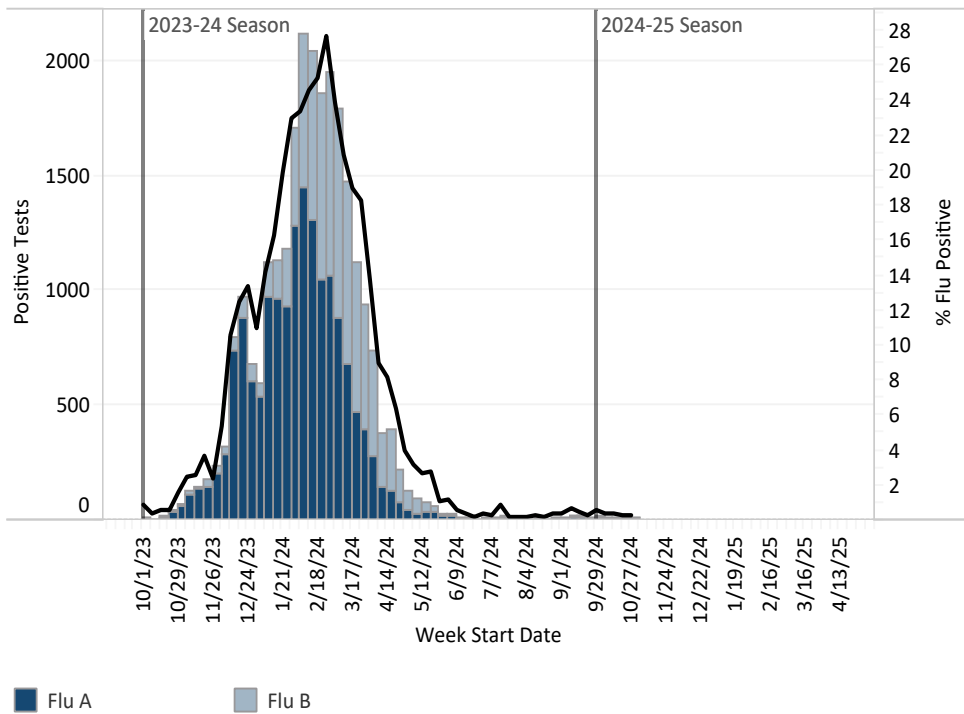
‡ MN Baseline valid for 2024-2025 season only, do not compare it with previous flu seasons. The baseline is calculated by averaging the ILI percent for non-influenza weeks over the recent seasons and adding two standard deviations. Non-influenza weeks account for less than 2% of the season's total flu-positive specimens tested at Public Health Labs in HHS Region 5. Weeks where ILI % is above baseline reflect weeks with excess health care visits due to ILI.

| % of outpatients with ILI this week | % of outpatients with ILI last week |
|-------------------------------------|-------------------------------------|
| 1.0% | 1.0% |

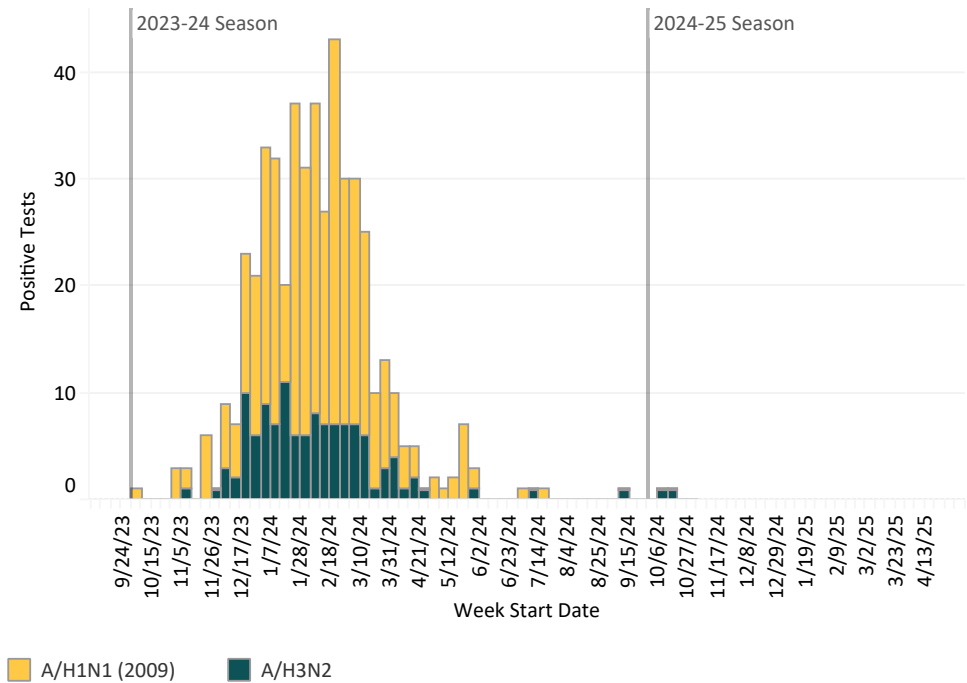
Laboratory Surveillance

The MN Lab System (MLS) Laboratory Influenza Surveillance Program is made up of more than 310 clinic- and hospital-based laboratories, voluntarily submitting testing data weekly. These laboratories perform antigen and molecular testing for influenza and Respiratory Syncytial Virus (RSV). A subset of labs also performs PCR testing for other respiratory viruses. MDH-PHL provides further characterization of submitted influenza isolates to determine the hemagglutinin serotype to indicate vaccine coverage. Tracking the laboratory results assists healthcare providers with patient diagnosis of influenza-like illness and provides an indicator of the progression of the influenza season as well as prevalence of disease in the community.

Specimens Positive for Influenza by Molecular Testing, by Week



Positive Influenza A Subtypes by Molecular Testing, by Week

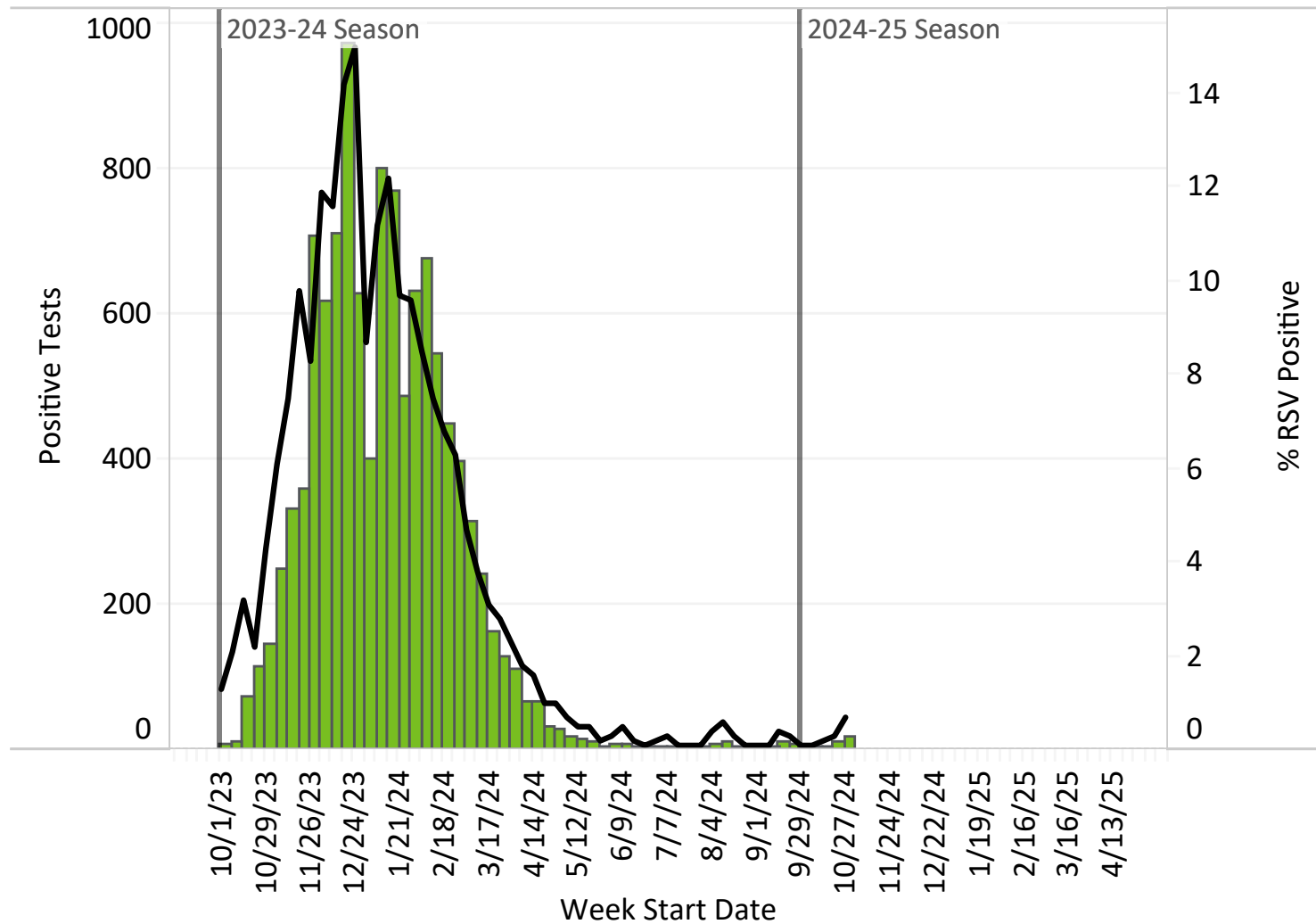


| Region | Central | Metro | Northeast | Northwest | South Central | Southeast | Southwest | West Central | Statewide (overall) |
|---|---------|-------|-----------|-----------|---------------|-----------|-----------|--------------|---------------------|
| % molecular influenza tests + this week | 0.0% | 0.4% | 0.0% | 0.0% | 0.0% | 0.6% | 0.0% | 0.5% | 0.3% |

Laboratory Surveillance (continued)

Similar to influenza, some labs in the MN Lab System perform molecular testing for RSV that may be from a standalone PCR test or a respiratory virus PCR panel. Tracking these laboratory results assists with monitoring for RSV viruses that may be circulating and causing influenza-like illness.

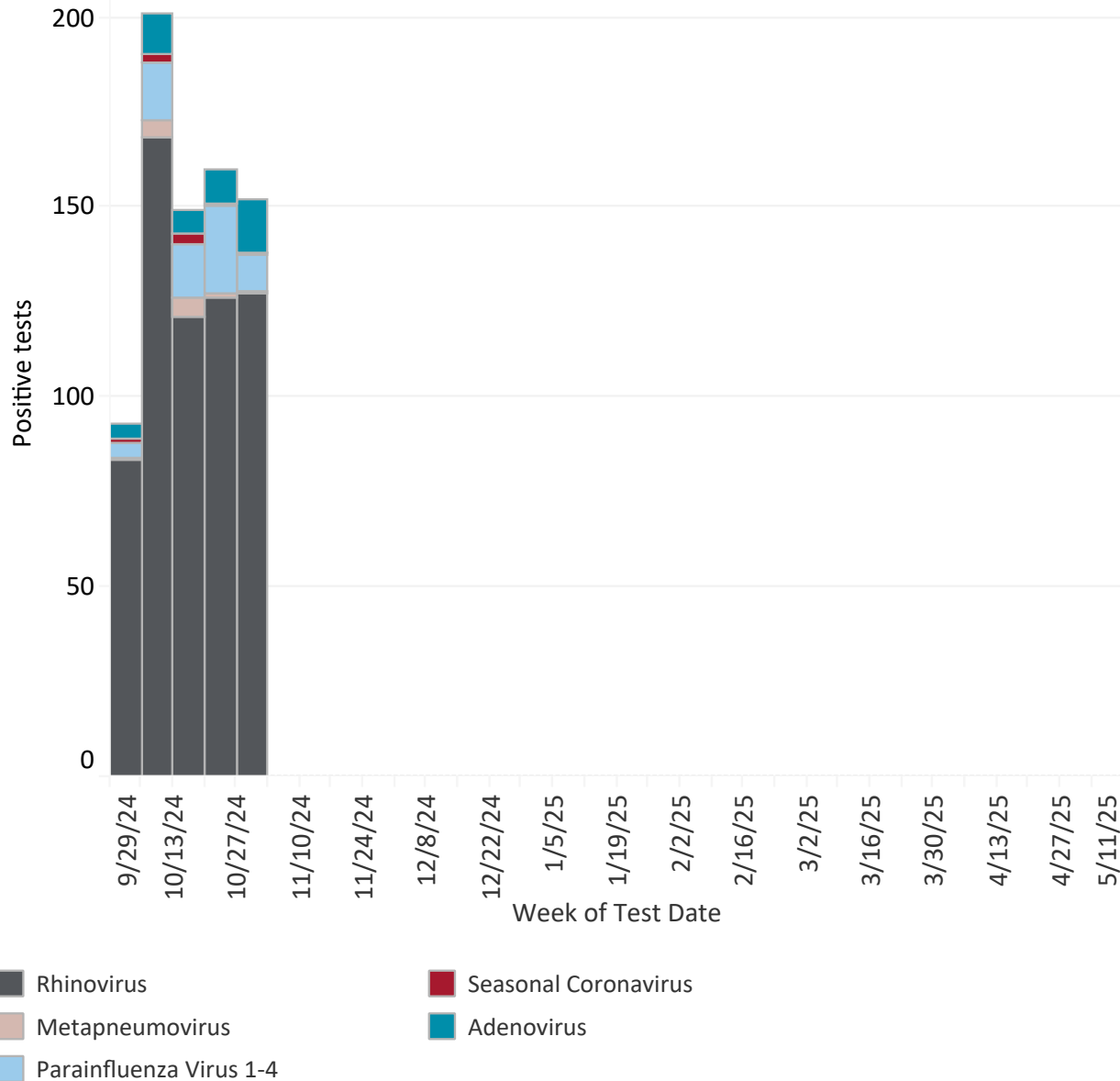
Positive RSV Cases by Week



Laboratory Surveillance (continued)

The graph below summarizes the non-influenza, non-COVID, non-RSV viruses detected on respiratory virus PCR panel tests reported by the MN Lab System. Tracking these results assists monitoring for viruses that may be circulating and causing respiratory illness, but are not reportable or regularly tested for.

Other Molecular Testing Results by Virus from MLS Survey



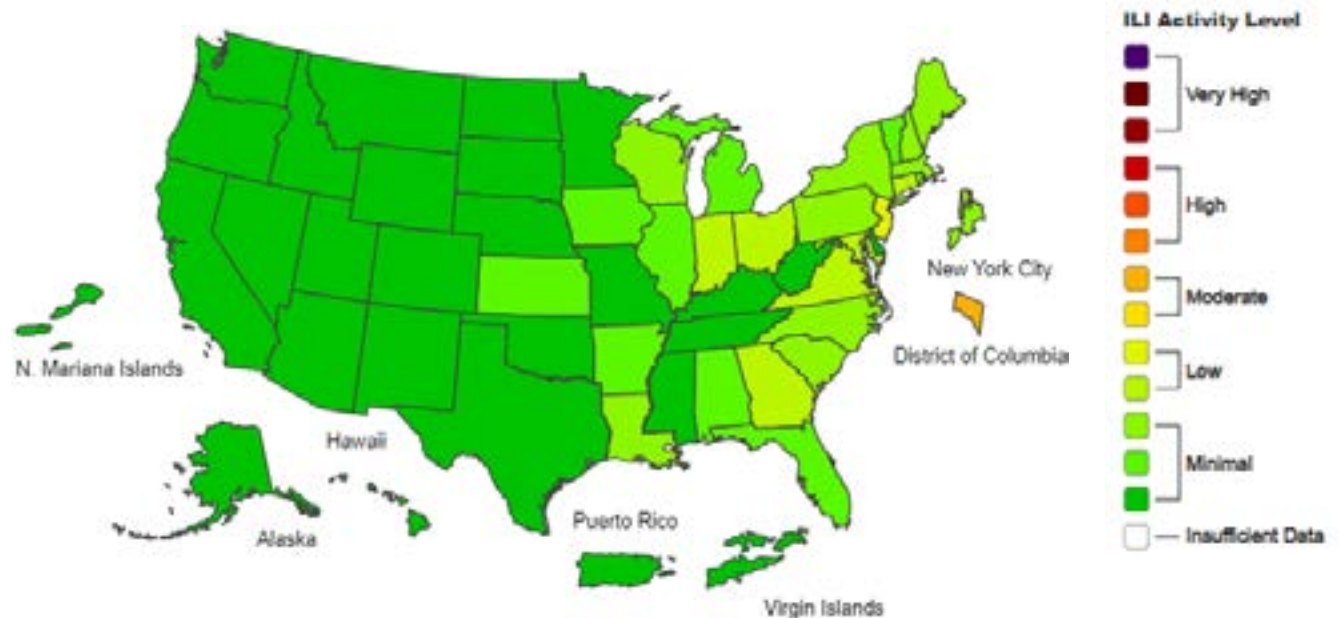
Weekly U.S. Influenza Surveillance Report

Week 43, ending October 26, 2024

Seasonal influenza activity remains low nationally.

- Percent positivity for influenza and the percentage of emergency department visits for influenza are stable at low levels.
- During Week 43, of the 98 viruses reported by public health laboratories, 93 were influenza A and 5 were influenza B. Of the 62 influenza A viruses subtyped during Week 43, 20 (32.3%) were influenza A(H1N1) pdm09, 35 (56.5%) were A(H3N2), and 7 (11.3%) were A(H5).
- Eight human infections with influenza A(H5) virus were reported to CDC this week.
- No influenza-associated pediatric deaths occurring during the 2024-2025 season were reported this week. However, one pediatric death occurring during the 2023-2024 season was reported. This brings last season's total to 203 influenza associated pediatric deaths.
- CDC recommends that everyone ages 6 months and older get an annual influenza (flu) vaccine, ideally by the end of October.
- There are prescription flu antiviral drugs that can treat flu illness; those should be started as early as possible and are especially important for higher risk patients.
- Influenza viruses are among several viruses contributing to respiratory disease activity. CDC is providing updated, integrated information about COVID-19, flu, and respiratory syncytial virus (RSV) activity on a weekly basis.

Outpatient Illness: ILINet Activity Map



[CDC: FluView Weekly \(https://www.cdc.gov/fluview/\)](https://www.cdc.gov/fluview/)