

USET Area Seasonal Respiratory Illness Report: 2024-2025 Season Data

Additional Information on Data Sources

The respiratory virus season begins each year on the Sunday of *Morbidity and Mortality Weekly Report* (MMWR) week 40. For the 2024-2025 respiratory season, week 40 began on September 29, 2024.

Data is reported in the MMWR. Each MMWR week is a seven-day period known as an epidemiological week, starting on Sunday and ending on Saturday. The 365 days of the year are divided into up to 53 epidemiological weeks, forming what is known as the epidemiological year, a standard tool used by surveillance epidemiologists.

The data included is sourced from the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS) Protect platform, and the Indian Health Service (IHS). This data aims to provide a general overview on the current incidence of influenza like illness (ILI), influenza, COVID-19, and vaccination across the United States, within the Indian Health Service Areas, and specifically within the IHS Nashville Area. The United South and Eastern Tribes (USET) serves 33 Federally recognized Tribal Nations in 13 states. A USET state is where USET member Tribal Nation has the majority of their Sovereign lands residing. The current USET states are Maine, Massachusetts, Vermont, Connecticut, New York, Virginia, North Carolina, South Carolina, Florida, Louisiana, Mississippi, Alabama, and Texas.

Each week, local and state health departments submit reportable and notifiable disease data (both infectious and non-infectious) to the National Notifiable Disease Surveillance System (NNDSS), a nationwide collaboration. The CDC disseminates this data through weekly electronic tables and reports via the CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) system and [Data.cdc.gov](https://data.cdc.gov).

The IHS Nashville Area data is the reporting area for the USET member Tribal Nations. Data is also reported by regions, designated by the HHS' Regional Health Operations (RHO), which divides the United States into 10 regions, serving all states and territories. USET member Tribal Nations in the 13 USET states fall within five HHS regions (as seen below):

Figure (1). Regional Map of HHS Protect Regional Offices that serve State and local Organization. USET States in HHS Regions are highlighted in yellow.



HHS Protect Region	USET States Served
Region 1	Maine, Massachusetts, Connecticut, Rhode Island
Region 2	New York
Region 3	Virginia
Region 4	North Carolina, South Carolina, Alabama, Mississippi, Florida
Region 6	Texas, Louisiana

Influenza Like Illness (ILI)

Percentage of IHS ILI Visits

At the top of the report, “Percentage of IHS ILI Visits” compares data from the most recent MMWR week, highlighting weekly trends and emphasizing any increase or decrease in the metrics.

National IHS Percentage

The national IHS percentage is the number of ILI visits divided by the total number of daily outpatient visits on a national scale for IHS. ILI visits are reported as a fever and cough or sore throat and these cases are not laboratory-confirmed as influenza.

Data Source: IHS Weekly Influenza Report

Nashville Area IHS Percentage

Nashville Area IHS percentage is the number of ILI Visits divided by the total number of daily outpatient visits specifically for the IHS Nashville Area. ILI visits are reported as a fever and cough or sore throat and these cases are not laboratory-confirmed as influenza.

Data Source: IHS Weekly Influenza Report

Percentage of ILI Visits by Age:

The bar graph in the upper right corner of the first page, titled "Percentage of ILI Visits by Age," presents data collected from the CDC's U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). This data reflects the percentage of patient visits for respiratory illness categorized by age group. The five age groups represented are: 0-4 years, 5-24 years, 25-49 years, 50-64 years, and 65 and older. As the respiratory season progresses, these percentages may help identify age groups more susceptible to respiratory illnesses, aiding in resource allocation and vaccination efforts. The respiratory visits included in this data involve symptoms such as fever with a cough or sore throat (ILI), though not necessarily laboratory-confirmed influenza, and may involve other respiratory pathogens with similar symptoms. Data Source: <https://www.cdc.gov/fluview/index.html>

Header: Outpatient Respiratory Illness Visits by Age Group for current week report

Influenza Like Illness Activity Level by State:

The map on the first page, titled “Influenza-Like-Illness Activity Level by State,” shows data collected from the CDC’s U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet). This system monitors visits for respiratory illnesses characterized by fever plus a cough or sore throat (ILI), not laboratory-confirmed influenza, and may include patient visits due to other respiratory pathogens that cause similar symptoms. The activity levels compare the mean reported percentage of ILI visits during the current week with the mean percentage of visits during non-influenza weeks.

The ‘ILI Activity Indicator’ map reflects the intensity, not the geographic spread, of ILI activity within a jurisdiction. As a result, localized outbreaks can cause an entire jurisdiction to display high or very high activity levels. Additionally, ILINet data may disproportionately represent certain populations within a jurisdiction and may not fully capture respiratory illness activity across the area. Differences between CDC-reported data and independent health department reports likely reflect variations in data completeness, with health department data typically being more comprehensive.

Activity levels are based on the percentage of outpatient visits for ILI in a jurisdiction compared to the average during non-influenza weeks. Since the number of reporting sites varies each week, baselines are adjusted weekly based on contributing sites. Provider-specific baselines are calculated for those with sufficient reporting history, while providers without this history are assigned baselines based on their practice type. The jurisdiction-level baseline is a weighted sum of each provider’s baseline ratio.

The 13 activity levels correspond to standard deviations from the mean ILI percentage for non-influenza weeks. Activity levels are classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), high (levels 8-10), and very high (levels 11-13). Level 1 indicates an ILI percentage below the mean, while level 2 reflects less than 1 standard deviation above the mean. This pattern continues, with level 10 representing 8 to 11 standard deviations above the mean. Very high levels range from 12 to 15 standard deviations above the mean for level 11, 16 to 19 for level 12, and 20 or more for level 13.

Data Source: <https://www.cdc.gov/fluview/index.html>

Header: Outpatient Respiratory Illness Activity Map for current week report

Percentage of Outpatient Visits for Respiratory Illness Reported by ILINet

The lower graph on the first page titled “Percentage of Outpatient Visits for Respiratory Illness reported by The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet).” The graph compares the percentage of outpatient visits for respiratory illness by season. The new season begins each year on the Sunday of MMWR week 40, which for 2024, started on September 29. The current season (2024-2025) is notated as a purple line on the graph. The baseline is calculated by averaging the percentage of patient visits for ILI during non-influenza weeks for the most recent three seasons excluding the COVID-19 pandemic and adding two standard deviations. Note that the national baseline

should not be compared with regional data. For regional baseline estimates or additional information, visit https://www.cdc.gov/fluview/overview/?CDC_AAref_Val=https://www.cdc.gov/flu/weekly/overview.htm.

Data Source: <https://www.cdc.gov/fluview/index.html>

Header: Outpatient Respiratory Illness Visits for current week report

Influenza

Seasonal Influenza Vaccination Percentage by IHS Region

The top bar chart on page two, titled “Seasonal Influenza Vaccination Percentage by IHS Region.” The bars in red emphasize the National IHS seasonal vaccination percentage and the Nashville Area, in which USET member Tribal Nations are located.

Percentages are calculated by dividing the number of individuals vaccinated with the seasonal influenza vaccine (at least one dose) by the active clinical population of the IHS region. Individuals vaccinated are counted as unique patients with at least one dose administered. Active clinical population is defined as patients who have had at least two visits to an IHS facility in three years.

Data Source: IHS Weekly Influenza Report

Percentage of Positive Influenza Specimens by Type for Clinical Laboratories

The pie graph on the middle-left side of page three titled “Percentage of Positive Influenza Specimens by Type for Clinical Laboratories,” displays data collected from clinical laboratories nationwide and includes the percentage of specimens tested that are positive for influenza virus. From the percentage of positive specimens tested, the type is divided into the percentage of influenza A or influenza B that is currently circulating.

The CDC performs genetic and antigenic characterization of viruses that are submitted by U.S. state and local public health laboratories. Data is then used to assess how similar the current circulating influenza viruses are to the reference viruses that are in the current year’s vaccines and whether influenza activity is increasing or decreasing. Additionally, it helps monitor evolutionary changes that occur in influenza viruses circulating in humans. This is important for predicting the next respiratory season’s vaccine efficiency. For more information regarding influenza vaccine effectiveness, visit https://www.cdc.gov/flu-vaccines-work/benefits/?CDC_AAref_Val=https://www.cdc.gov/flu/vaccines-work/vaccineeffect.htm. Since the Southern Hemisphere’s influenza season is earlier, there may be predictive insights for the current vaccine effectiveness in the Northern Hemisphere. For information regarding the Southern Hemisphere’s 2024 influenza vaccine effectiveness, visit <https://www.cdc.gov/mmwr/volumes/73/wr/mm7339a1.htm>.

Data Source: <https://www.cdc.gov/fluview/index.html>

Header: Clinical Laboratories for current week report

IHS Nashville Area Seasonal Influenza Vaccination Percentage by Age Group

The table on the middle right of page two, titled “IHS Nashville Area Seasonal Influenza Vaccination Percentage by Age Group.” The chart indicates vaccination rates in the Nashville Area by two age groups: 6 months to 17 years, and 65 years or older. Vaccination data reported by age group supports data-driven vaccination campaign strategies, highlights which groups may be more susceptible to illness, and may assist in resource and/or vaccination allocation efforts. For more information regarding influenza vaccines by age group, visit

https://www.cdc.gov/flu/vaccines/vaccinations.html?CDC_AAref_Val=https://www.cdc.gov/flu/prevent/vaccinations.htm. The vaccination rates for all age groups in the Nashville Area are shown in the bar graph on the upper left side of page three, titled “Seasonal Influenza Vaccination Percentage by IHS Region.”

Percentages are calculated by dividing the number of individuals vaccinated with the seasonal influenza vaccine (at least one dose) by the active clinical population of the Nashville Area. Individuals vaccinated are counted as unique patients with at least one dose administered. Active clinical population is defined as patients who have had at least two visits to an IHS facility in three years.

Data Source: IHS Weekly Influenza Report

National IHS Seasonal Influenza Vaccination Percentage by Age Group

The bottom bar chart on page two, titled “National IHS Seasonal Influenza Vaccination Percentage by Age Group.” The chart indicates vaccination rates nationally for IHS by seven age groups: 6 months to 23 months, 2 years to 4 years, 5 to 17 years, 18 years to 49 years, 50 to 64 years, 65 years or older, and the total of everyone 6 months and older. The age group categories range from six months and up because a seasonal influenza vaccine is recommended for everyone six months of age and older. Vaccination data reported by age group supports data-driven vaccination campaign strategies, highlights which groups may be more susceptible to illness, and may assist in resource and/or vaccination allocation efforts. For more information regarding influenza vaccines by age group, visit https://www.cdc.gov/flu/vaccines/vaccinations.html?CDC_AAref_Val=https://www.cdc.gov/flu/prevent/vaccinations.htm.

Data Source: IHS Weekly Influenza Report

Influenza Weekly Hospital Admissions

Weekly Average Confirmed Influenza Hospital Admissions

The table on the upper left of page three titled, “Weekly Average Influenza Hospital Admissions.” This table indicates the weekly average number of hospital admissions of patients with confirmed influenza from the prior MMWR week to the current MMWR week and is organized by USET States and United States (average). The new season begins each year on the Sunday of MMWR week 40. For the 2024-2025 season, September 29, 2024, was the start of week 40. Each USET state is represented in the bar graph, with the average USET State (combined) metric runs along the horizontal axis. This metric allows visualization of the comparison of each state average against the USET State (combined) average.

The data for this metric is now collected by hospitals on a voluntary basis, a shift from the COVID-19 pandemic when reporting was mandatory. The hospital admission data includes the weekly average number of new hospital admissions of patients with laboratory-confirmed influenza virus infection. The data is aggregated by week at the national and state level.

New hospital admissions are defined as patients who were admitted to an inpatient bed on the previous calendar day and had a positive influenza test at admission or during the 14 days prior. Data is reported for each day separately during the reporting week from Sunday to Saturday. Laboratory confirmation includes detection of influenza virus infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, or viral culture. A positive result in the prior 14 days, whether completed as an inpatient or outpatient can be used as the laboratory confirmation. For hospital reporting, laboratory-confirmed influenza is defined as influenza A or B.

Data Source: https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about_data

Total Weekly Confirmed Influenza Hospitalizations

The table on the top left of page three labeled, “Weekly Total Influenza Hospital Admissions.” This table indicates the weekly total number of new hospital admissions of patients with laboratory-confirmed influenza virus and compares the totals from the prior MMWR week to the current MMWR week. The new season begins each year on the Sunday of MMWR week 40. For the 2024-2025 season, September 29, 2024, was the start of week 40.

The hospital admission data includes the total number of new hospitalized admission of patients with laboratory-confirmed influenza virus infection. The data for this metric is now collected by hospitals on a voluntary basis, a shift from the COVID-19 pandemic when reporting was mandatory. The number of new hospital admissions with laboratory-confirmed influenza virus infection reported to National Healthcare Safety Network (NHSN) are aggregated by week at the national and state level.

USET States

Each USET State’s new influenza hospitalization admissions are added together to obtain the total number of influenza hospital admissions within the 13 USET States. There is difference of total hospital admissions from the previous MMWR week to the current MMWR week, indicating if influenza admissions have increased or decreased from the previous MMWR week. A ‘green’ flag represents a lower difference of total hospital admissions, indicating influenza severity is decreasing from the previous week. A ‘red’ flag represents a higher difference of total hospital admissions, indicating influenza severity is increasing from the previous week.

United States

The United States weekly total hospital admissions indicate the total number of new influenza hospital admissions in all 50 states and territories. There is a difference of total hospital admissions from the previous MMWR week to the current MMWR week, indicating if influenza admissions have increased or decreased from the previous MMWR week. A ‘green’ flag represents a lower difference of total hospital admissions, indicating influenza severity is decreasing from the previous week. A ‘red’ flag represents a higher difference of total hospital admissions, indicating influenza severity is increasing from the previous week.

New hospital admissions are defined as patients who were admitted to an inpatient bed on the previous calendar day and had a positive influenza test at admission or during the 14 days prior. Data is reported for each day separately during the reporting week from Sunday to Saturday. Laboratory confirmation includes detection of influenza virus infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, or virus culture. A positive result in the prior 14 days, whether completed as an inpatient or outpatient can be used as the laboratory confirmation. For hospital reporting, laboratory-confirmed influenza is defined as influenza A or B.

Data Source: https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about_data

Number of New Hospital Admissions with Influenza by HHS Protect Region

The table on the middle-right side of page three titled “Number of New Hospital Admissions with Influenza by HHS Protect Region.” This table indicates the total number of hospital admissions of patients with laboratory confirmed influenza from the prior MMWR week to the current MMWR week and is organized by HHS region. The new season begins each year on the Sunday of MMWR week 40. For the 2024-2025 season, September 29, 2024, was the start of week 40. The HHS’ Regional Health Operations divides the United States into 10 regions, serving all states and territories. USET Tribal Nation members are in 13 states, covered by five HHS regions:

HHS Protect Region	USET States Served
Region 1	Maine, Massachusetts, Connecticut, Rhode Island
Region 2	New York

Region 3	Virginia
Region 4	North Carolina, South Carolina, Alabama, Mississippi, Florida
Region 6	Texas, Louisiana

The data for this metric is now collected by hospitals on a voluntary basis, a shift from the COVID-19 pandemic era when reporting was mandatory. The hospital admission data includes the total number of new hospitalized admission of patients with laboratory-confirmed influenza virus infection. The number of new hospital admissions with laboratory-confirmed influenza virus infection reported to National Healthcare Safety Network (NHSN) are aggregated by week at the national and state level. Once the data is downloaded, individual state metrics are sorted into HHS Protect Regions to show a comparison for different regions of the United States.

New hospital admissions are defined as patients who were admitted to an inpatient bed on the previous calendar day and had a positive influenza test at admission or during the 14 days prior. Data is reported for each day separately during the reporting week from Sunday to Saturday. Laboratory confirmation includes detection of influenza virus infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, or virus culture. A positive result in the prior 14 days, whether completed as an inpatient or outpatient can be used as the laboratory confirmation. For hospital reporting, laboratory-confirmed influenza is defined as influenza A or B.

Data Source: https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about_data

Percentage of New Influenza Hospitalizations by Week by HHS Region

The horizontal bar graph on the bottom of page three, titled “Percentage of New Influenza Hospitalizations by Week by HHS Region.” This graph compares the percentage of new influenza hospitalizations of the prior MMWR week and the current MMWR week and is organized by HHS region. Percentages are calculated by dividing the corresponding week’s regional hospital admissions by the total USA hospital admissions. The new season begins each year on the Sunday of MMWR week 40. For the 2024-2025 season, September 29, 2024, was the start of week 40.

The HHS’ Regional Health Operations divides the United States into 10 regions, serving all states and territories. USET Tribal Nation members are in 13 states, covered by five HHS regions:

HHS Protect Region	USET States Served
Region 1	Maine, Massachusetts, Connecticut, Rhode Island
Region 2	New York
Region 3	Virginia
Region 4	North Carolina, South Carolina, Alabama, Mississippi, Florida
Region 6	Texas, Louisiana

The data for this metric is now collected by hospitals on a voluntary basis, a shift from the COVID-19 pandemic era when reporting was mandatory. The hospital admission data includes the total number of new hospitalized admission of patients with laboratory-confirmed influenza virus infection. The number of new hospital admissions with laboratory-confirmed influenza virus infection reported to National Healthcare Safety Network (NHSN) are aggregated by week at the national and state level. Once the data was downloaded, Individual state metrics were sorted into HHS Protect Regions to show a comparison for different regions of the United States.

New hospital admissions are defined as patients who were admitted to an inpatient bed on the previous calendar day and had a positive influenza test at admission or during the 14 days prior. Data is reported for each day separately during the reporting week from Sunday to Saturday. Laboratory confirmation includes detection of influenza virus infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, or virus culture. A positive result in the prior 14 days, whether completed as an inpatient or outpatient can be used as the laboratory confirmation. For hospital reporting, laboratory-confirmed influenza is defined as influenza A or B.

Data Source: https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about_data

COVID-19

COVID-19 Variants of Concern (>5% Total)

The top of the fourth page of the report, “COVID-19 Variants of Concern (>5% Total)” provides data on the variant proportions of the variants of SARS-CoV-2, or the virus that causes COVID-19 disease. In this respiratory report, the variants greater than five percent (>5%) of the total variants currently circulating are presented. This is important because variants circulating more widely have a higher probability of spreading through person-to-person transmission.

The SARS-CoV-2 virus is constantly changing and accumulating mutations in its genetic code over time. New variants of SARS-CoV-2 are expected to continue to emerge. Some variants will emerge and disappear, while others will continue to spread. To track the SARS-CoV-2 variants, the CDC uses genomic surveillance. This is performed by collecting SARS-CoV-2 specimens for sequencing through the National SARS-CoV-2 Strain Surveillance (NS3) program, in addition to sequences that are generated by commercial, academic, state, and local public health laboratories. The viral genetic sequences are analyzed and classified as a particular lineage. The proportions of SARS-CoV-2 variants in a population are calculated nationally, by HHS region, and by jurisdiction. For more information regarding genetic sequencing, and to view the entirety of the variant proportion rates, visit <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>.

Data Source: <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

Header: Types of Variant Proportion Data

Weekly COVID-19 Case Positivity Rate (%) by United States and USET States

The top line graph on the fourth page, titled “Weekly COVID-19 Case Positivity Rate (%) by United States and USET States.” This graph compares the percentage of COVID-19 nucleic antigen amplification tests that were positive over the past week in the United States and the USET states for the respiratory season. The new season begins each year on the Sunday of MMWR week 40. For the 2024-2025 season, September 29, 2024, was the start day of week 40. After data acquisition, each corresponding MMWR week positivity rate will be updated and added to the line graph for both the United States and USET states for comparison.

Data is collected from the United States COVID-19 Hospitalizations, Deaths, Emergency Department (ED) Visits, and Test Positivity by Geographic Area data from CDC’s COVID Data Tracker.

Data Source: <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Header: View Trends > Hospitalizations, Deaths, Emergency Department (ED) Visits, and Test Positivity

Weekly Average COVID-19 Hospitalizations

The graph on the middle of page four titled, “Weekly Average COVID-19 Hospital Admissions.” This table indicates the weekly average number of hospital admissions of patients with confirmed COVID-19 from the prior MMWR week to the current MMWR week and is organized by USET States and United States. The new season begins each year on the Sunday of MMWR week 40. For the 2024-2025 season, September 29, 2024, was the start of week 40.

Each USET state is represented in the bar graph, with the average USET State (combined) metric is the line along the horizontal axis. This metric allows visualization of the comparison of each state average against the USET State (combined) average. The data for this metric is now collected by hospitals on a

voluntary basis, a shift from the COVID-19 pandemic era when reporting was mandatory. The hospital admission data includes the weekly average number of new hospital admissions of patients with laboratory-confirmed SARS-CoV-2 virus infection. The data is aggregated by week at the national and state level.

New hospital admissions are defined as patients who were admitted to an inpatient bed on the previous calendar day and had a positive COVID-19 test at admission or during the 14 days prior. Data is reported for each day separately during the reporting week from Sunday to Saturday. Laboratory confirmation includes detection of SARS-CoV-2 virus infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, OR viral culture. A positive result in the prior 14 days, whether completed as an inpatient or outpatient can be used as the laboratory confirmation.

Data Source: https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about_data

Weekly Total COVID-19 Hospital Admissions

The table on the bottom of page four labeled, “Weekly Total COVID-19 Hospital Admissions.” This table indicates the weekly total number of new hospital admissions of patients with laboratory-confirmed COVID-19 and compares the totals from the prior MMWR week to the current MMWR week. The new season begins each year on the Sunday of MMWR week 40. For the 2024-2025 season, September 29, 2024, was the start of week 40.

The hospital admission data includes the total number of new hospitalized admission of patients with laboratory-confirmed COVID-19 virus infection. The data for this metric is now collected by hospitals on a voluntary basis, a shift from the COVID-19 pandemic era when reporting was mandatory. The number of new hospital admissions with laboratory-confirmed SARS-CoV-2 virus infection reported to National Healthcare Safety Network (NHSN) are aggregated by week at the national and state level.

USET States

Each USET State’s new COVID-19 hospital admissions are added together to obtain the total number of influenza hospital admissions within the 13 USET States. There is difference of total COVID-19 hospital admissions from the previous MMWR week to the current MMWR week, indicating if COVID-19 admissions have increased or decreased from the previous MMWR week. A ‘green’ flag represents a lower difference of total hospital admissions, indicating COVID-19 severity is decreasing from the previous week. A ‘red’ flag represents a higher difference of total COVID-19 hospital admissions, indicating COVID-19 severity is increasing from the previous week.

United States

United States weekly total COVID-19 hospital admissions indicate the total number of COVID-19 hospital admissions in all 50 states and territories. There is difference of total hospital admissions from

the previous MMWR week to the current MMWR week, indicating if influenza admissions have increased or decreased from the previous MMWR week. A 'green' flag represents a lower difference of total COVID-19 hospital admissions, indicating COVID-19 severity is decreasing from the previous week. A 'red' flag represents a higher difference of total hospital admissions, indicating influenza severity is increasing from the previous week.

New hospital admissions are defined as patients who were admitted to an inpatient bed on the previous calendar day and had a positive COVID-19 test at admission or during the 14 days prior. Data is reported for each day separately during the reporting week from Sunday to Sunday. Laboratory confirmation includes detection of SARS-CoV-2 virus infection through molecular tests (e.g., polymerase chain reaction, nucleic acid amplification), antigen detection tests, immunofluorescence tests, OR virus culture. A positive result in the prior 14 days, whether completed as an inpatient or outpatient can be used as the laboratory confirmation.

Data Source: https://data.cdc.gov/Public-Health-Surveillance/Weekly-United-States-Hospitalization-Metrics-by-Ju/aemt-mg7g/about_data