

# Weekly Influenza & Respiratory Illness Activity Report

## Week Ending January 4, 2025 | WEEK 1

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	22.1%
Hospitalizations	1,763
Most common strain	Influenza A/H1N1 (2009)
School outbreaks	24
Long-term care outbreaks	20
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 \(www.cdc.gov/fluview/\)](http://www.cdc.gov/fluview/)

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

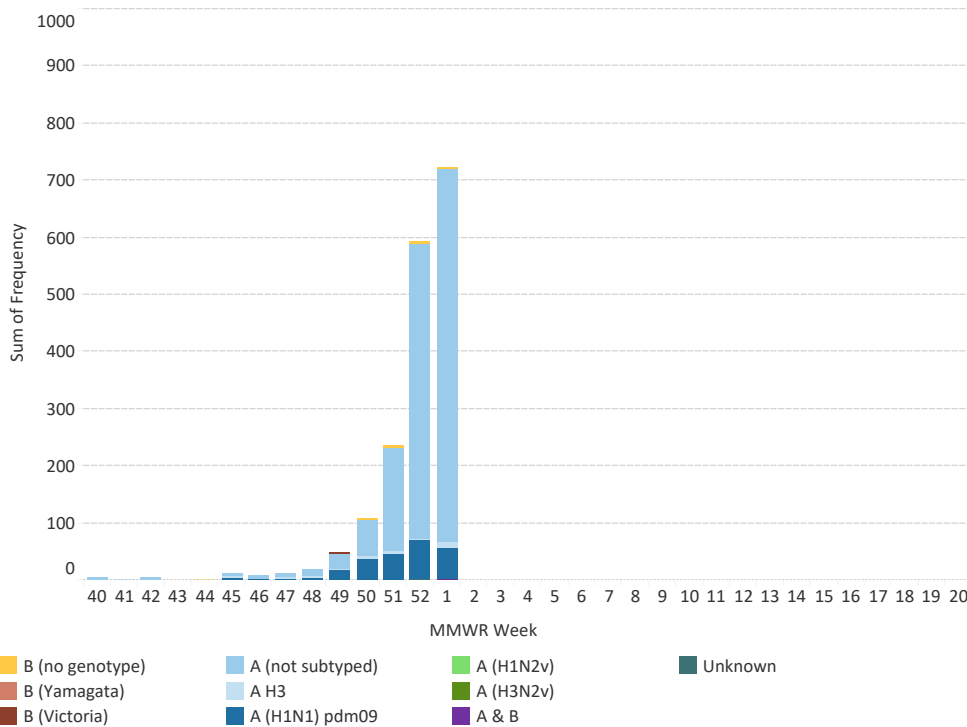
North Dakota: [North Dakota Influenza \(www.hhs.nd.gov/health/influenza\)](http://www.hhs.nd.gov/health/influenza)

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/)

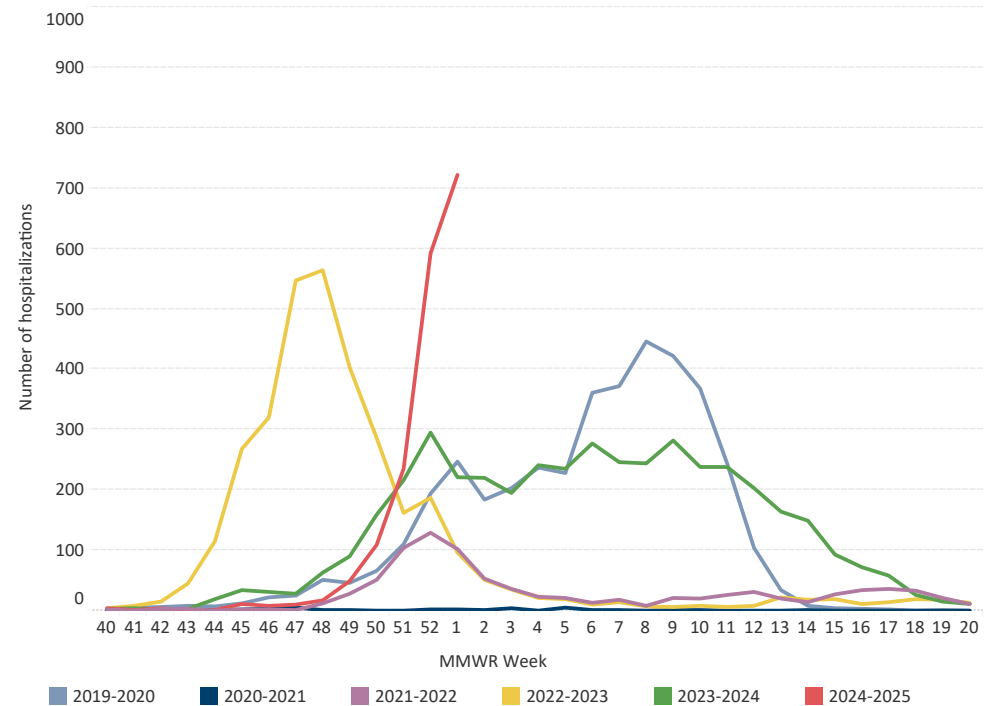
# Hospitalized Influenza Surveillance

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\*)



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



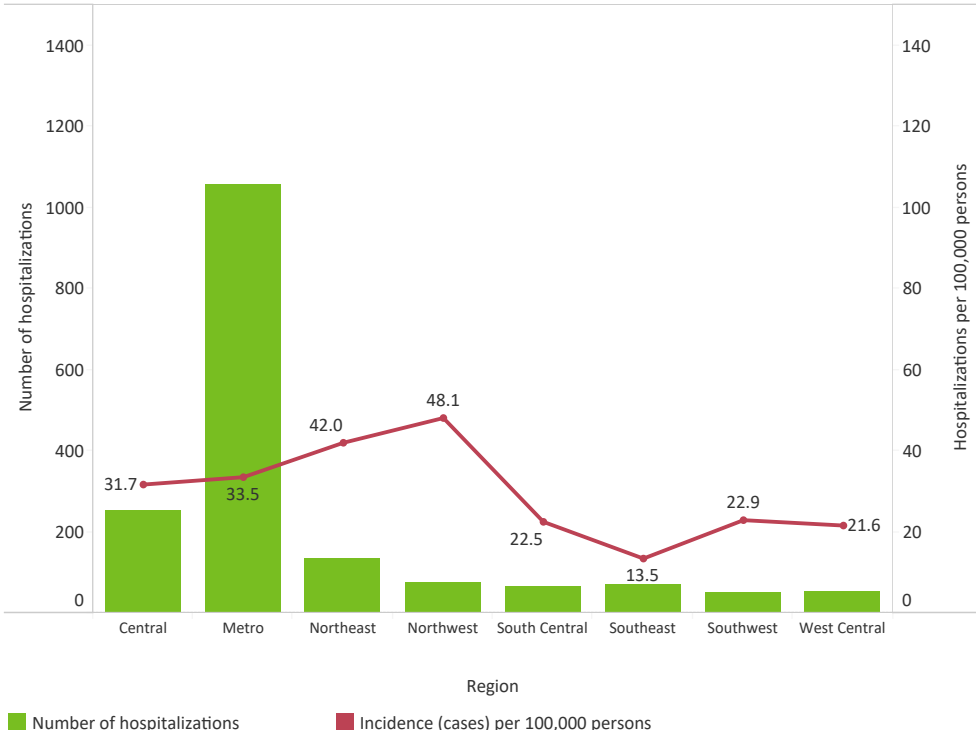
Hospitalizations this week	Hospitalizations last week	Total hospitalizations (to date)
722	592	1,763

Season	Total hospitalizations (historic)
2019-2020	4022
2020-2021	35
2021-2022	905
2022-2023	3,338
2023-2024	4,375
<b>2024-2025 (to date)</b>	<b>1,763</b>

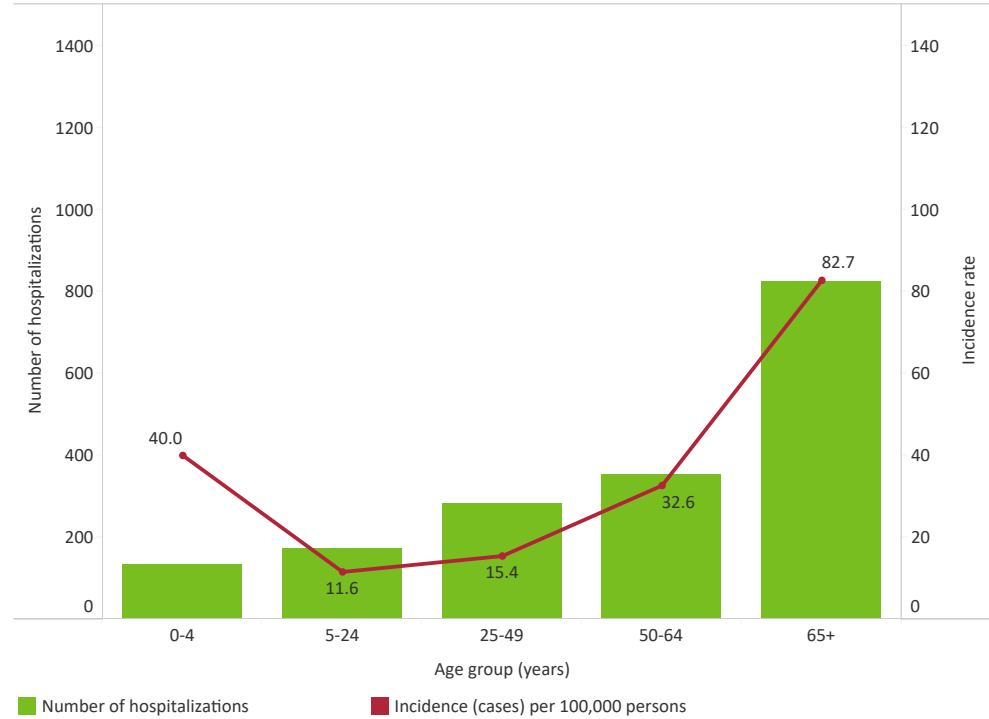
\*FluSurv-NET = Influenza Surveillance Network

# Hospitalized Influenza Surveillance (continued)

## Number of Influenza Hospitalizations and Incidence by Region, Minnesota



## Number of Influenza Hospitalizations and Incidence by Age, Minnesota



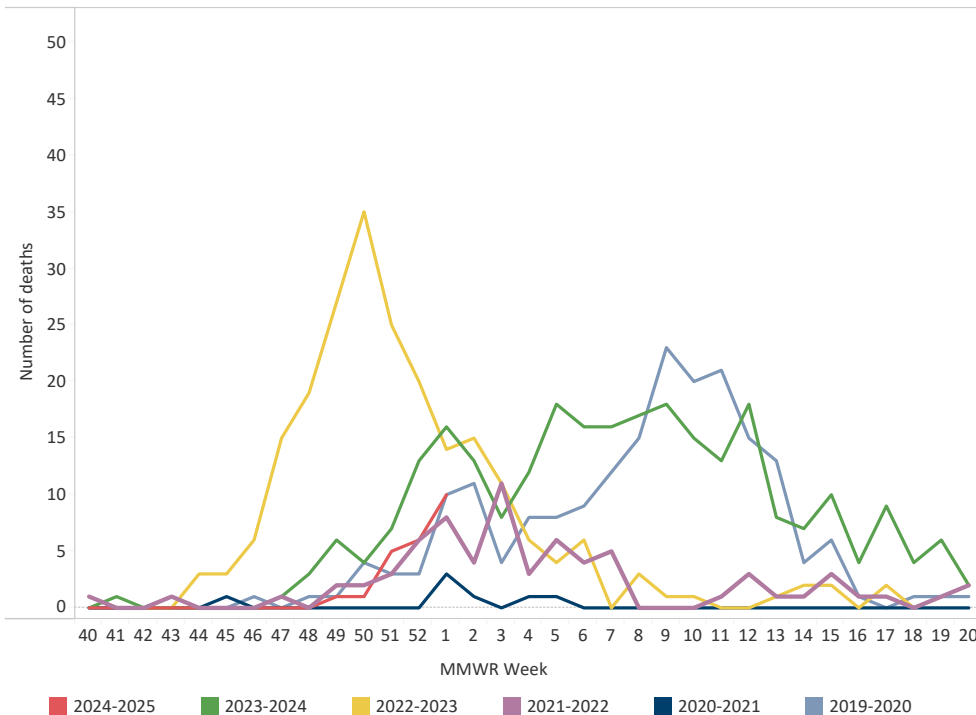
Region	Hospitalizations this week	Total (to date)	% Hospitalizations this week	% Total (to date)
Central	98	253	14%	14%
Metro	470	1,056	65%	60%
Northeast	39	137	5%	8%
Northwest	18	76	2%	4%
South Central	23	67	3%	4%
Southeast	36	70	5%	4%
Southwest	13	50	2%	3%
West Central	25	54	3%	3%

Median age (years) at time of admission
63

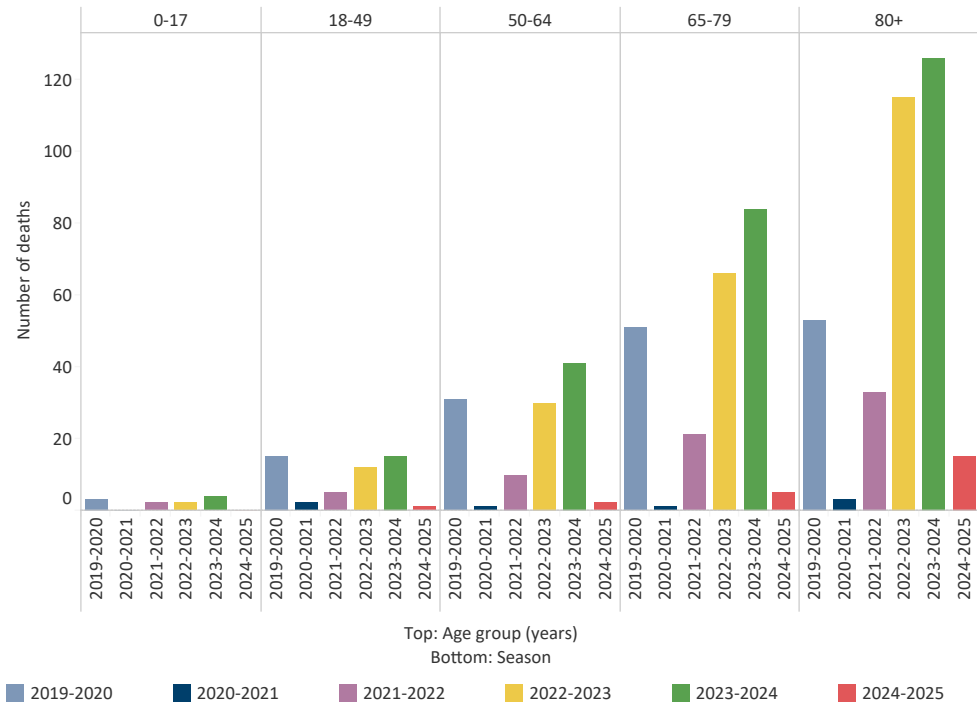
# Influenza-associated Death Surveillance

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
<b>2024-2025 (to date)</b>	<b>23</b>	<b>0</b>

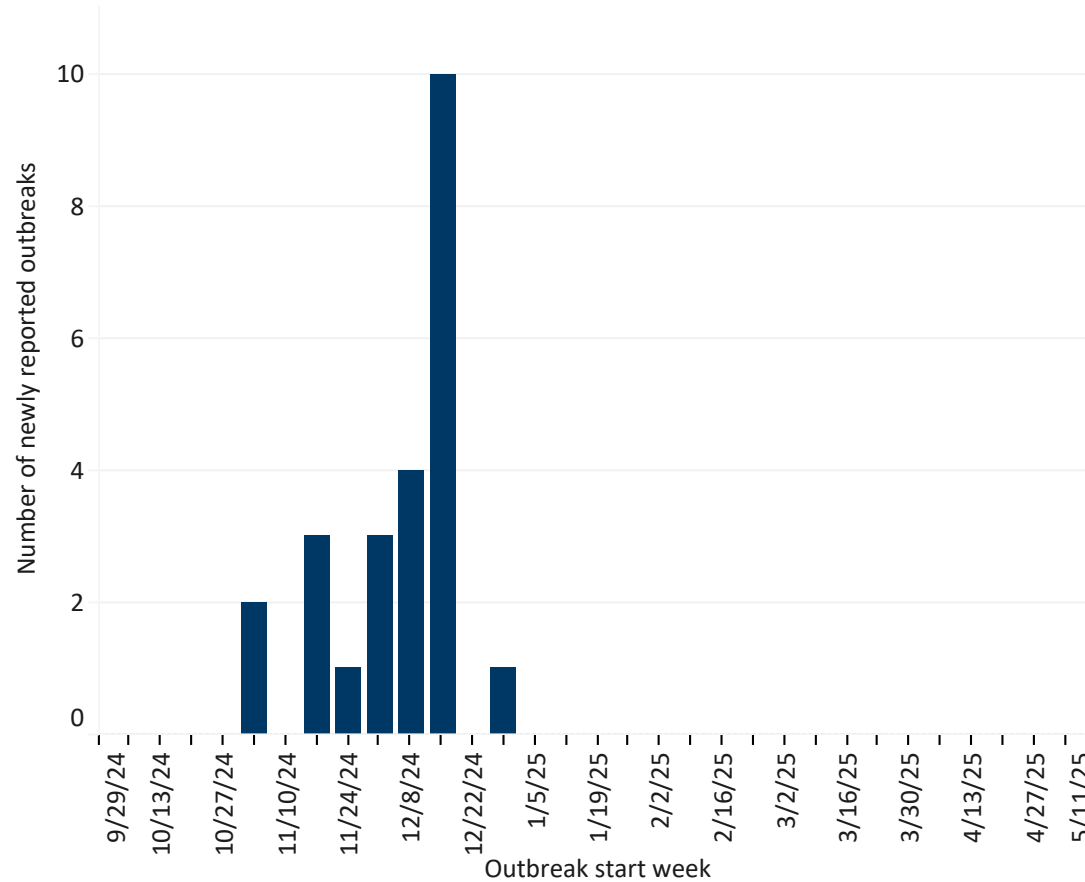
Season	Median age (years) at time of death
2019-2020	73
2020-2021	76
2021-2022	77
2022-2023	80
2023-2024	77
<b>2024-2025 (to date)</b>	<b>82</b>

\*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

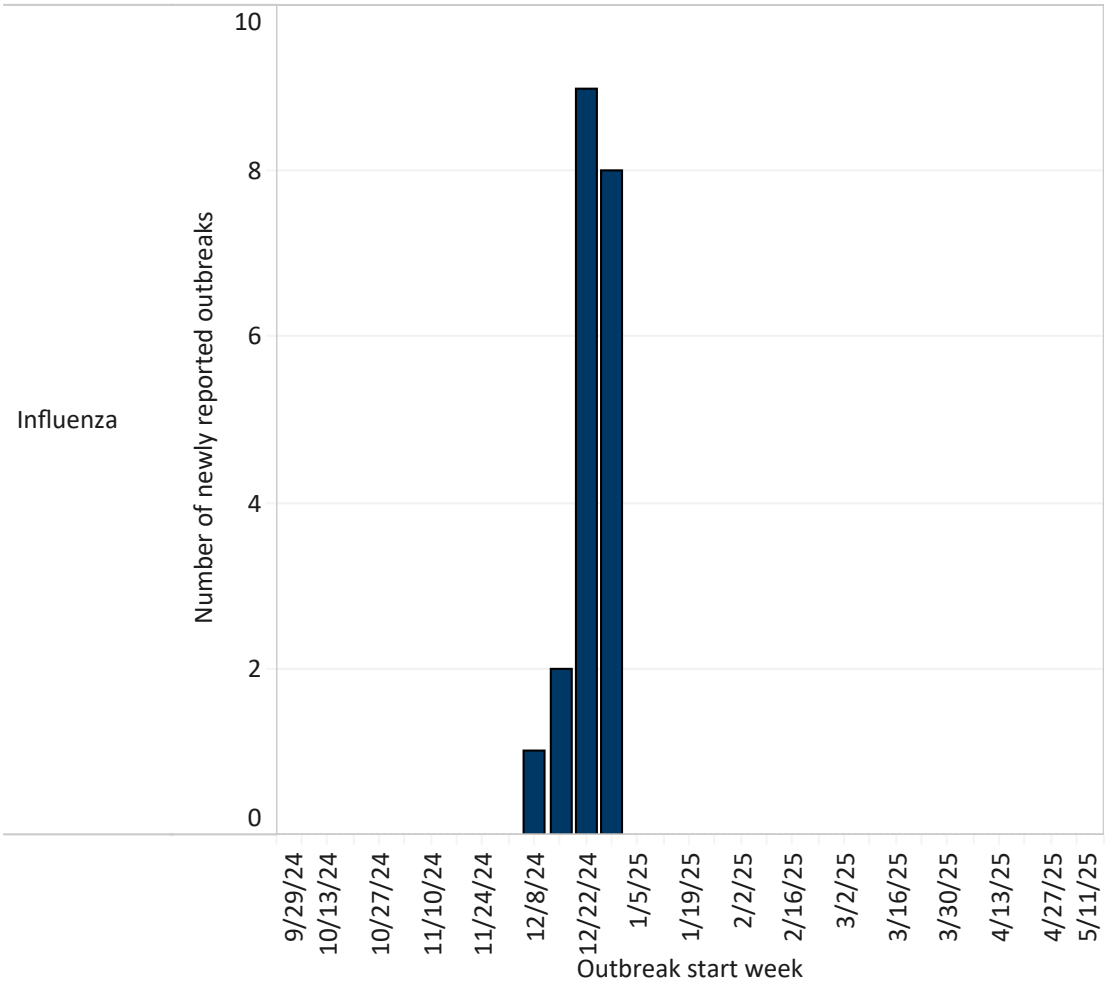


New school outbreaks this week	New school outbreaks last week	Total this season (to date)
1	0	24

# 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**

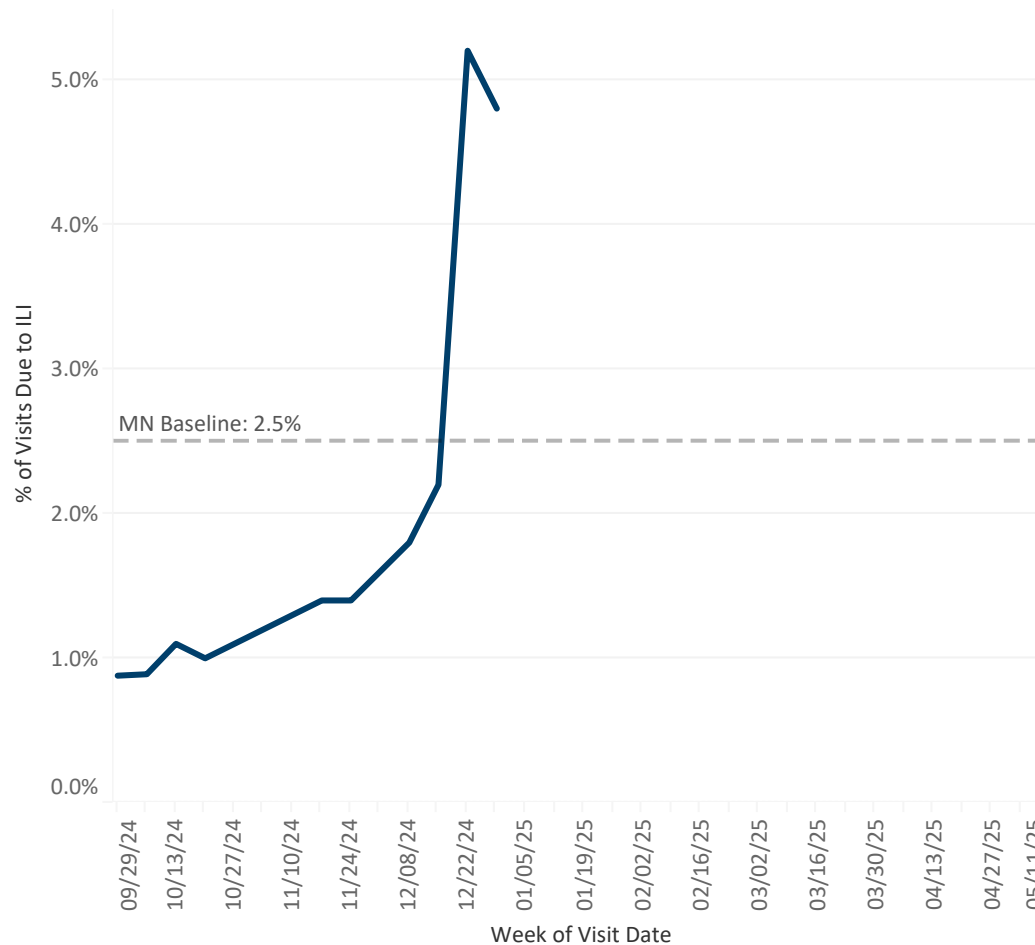


New LTC outbreaks this week	New LTC outbreaks last week	Total this season (to date)
8	9	20

# 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)**



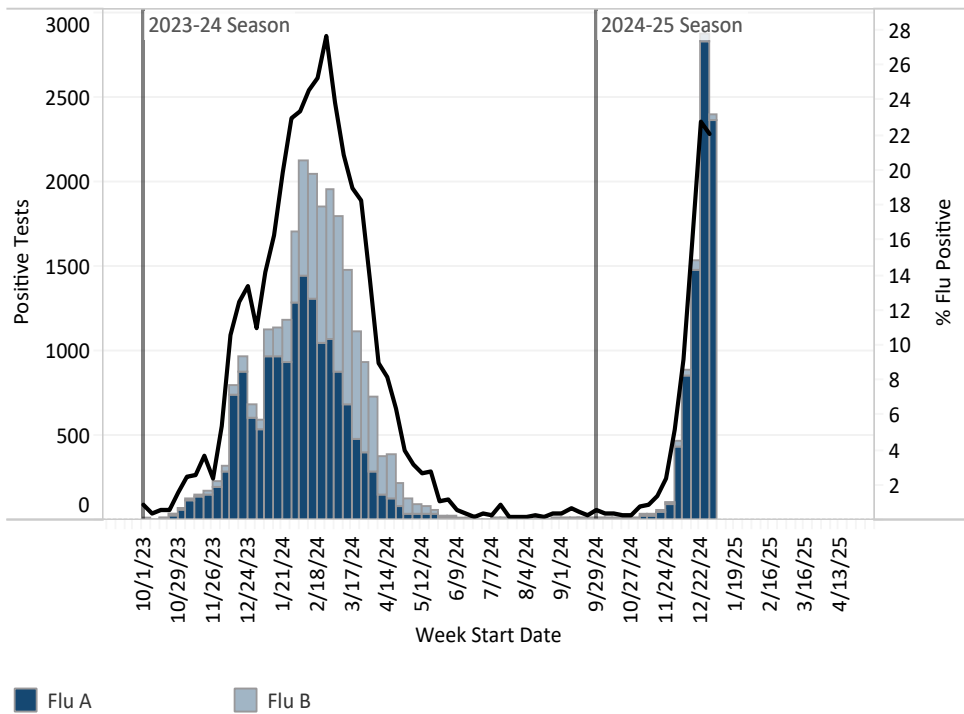
\* Indicates current week-data may be delayed by 1 or more weeks  
 ‡ MN Baseline valid for 2024-2025 season only, do not compare it with previous flu seasons. The baseline is calculated by averaging the ILI percent for non-influenza weeks over the recent seasons and adding two standard deviations. Non-influenza 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
4.8%	5.2%

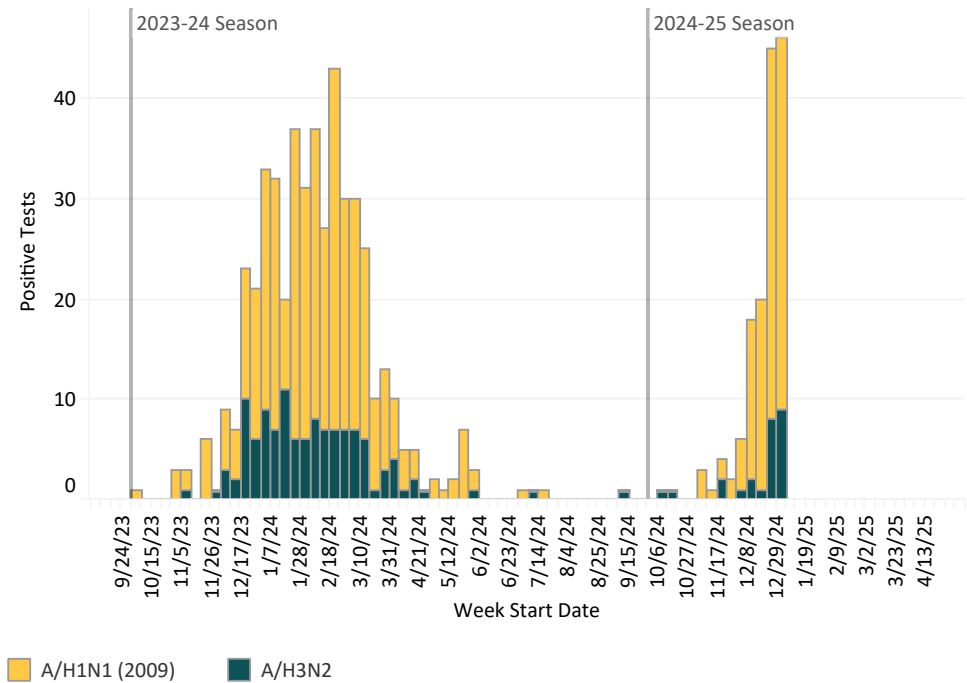
# Laboratory Surveillance

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**



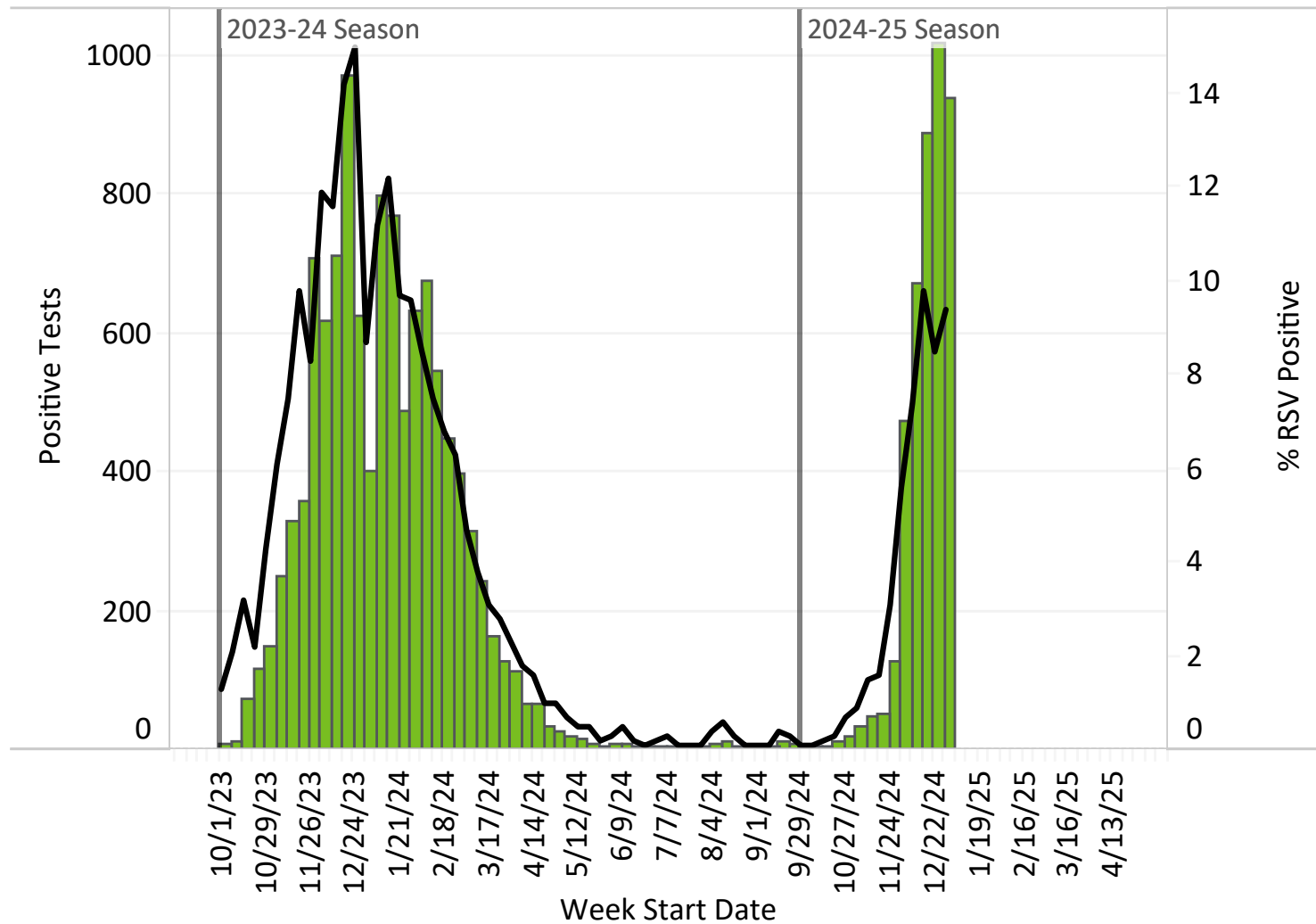
Region	Central	Metro	Northeast	Northwest	South Central	Southeast	Southwest	West Central	Statewide (overall)
% molecular influenza tests + this week	23.8%	22.2%	18.8%	29.4%	21.1%	14.6%	22.3%	27.9%	22.1%



# 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.

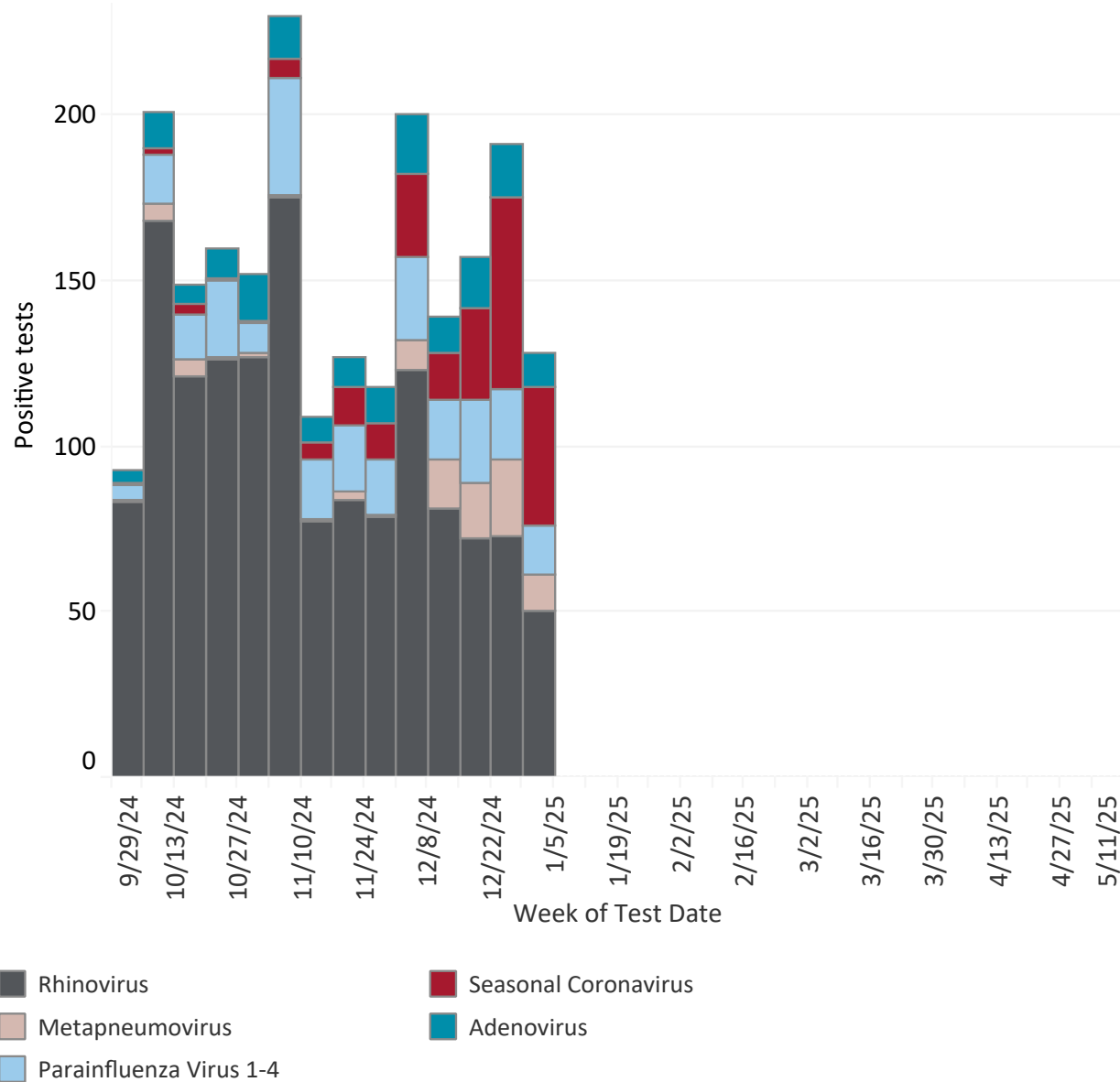
### Positive RSV Cases by Week



# 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 52, ending December 28, 2024

Seasonal influenza activity continues to increase and is elevated across most of the country.

- Nationally, percent positivity for influenza, the percentage of emergency department visits for influenza, and influenza-associated hospitalizations increased this week compared to last week.
- During Week 52, of the 1,254 viruses reported by public health laboratories, 1,234 were influenza A and 20 were influenza B. Of the 823 influenza A viruses subtyped during Week 52, 335 (40.7%) were influenza A(H1N1) pdm09 and 488 (59.3%) were A(H3N2).
- Outpatient respiratory illness is above baseline nationally for the fifth consecutive week and is above baseline in all 10 HHS regions.
- No influenza A(H5) cases were reported to CDC this week. To date, human-to-human transmission of influenza A(H5) virus has not been identified in the United States.
- Two pediatric deaths associated with seasonal influenza virus infection were reported this week, bringing the 2024-2025 season total to 11 pediatric deaths.
- CDC estimates that there have been at least 5.3 million illnesses, 63,000 hospitalizations, and 2,700 deaths from flu so far this season.
- CDC recommends that everyone ages 6 months and older get an annual influenza (flu) vaccine.
- There are prescription flu antiviral drugs that can treat flu illness; those should be started as early as possible and are especially important for patients at higher risk for severe illness.
- 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/)