

Weekly Influenza & Respiratory Illness Activity Report

Week Ending March 8, 2025 | WEEK 10

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	14.1%
Hospitalizations	7,087
Most common strain	Influenza A/H1N1 (2009)
School outbreaks	205
Long-term care outbreaks	119
Pediatric influenza-associated deaths	2

Contents

Hospitalized Influenza Surveillance	2
Influenza-Associated Death Surveillance	4
Weekly Acute Respiratory Illness Outbreaks in K-12 Schools	5
Weekly Influenza & RSV Outbreaks in Long-term Care Facilities	6
Sentinel Provider Surveillance (Outpatients)	7
Laboratory Surveillance	8
Weekly U.S. Influenza Surveillance Report	11

[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)

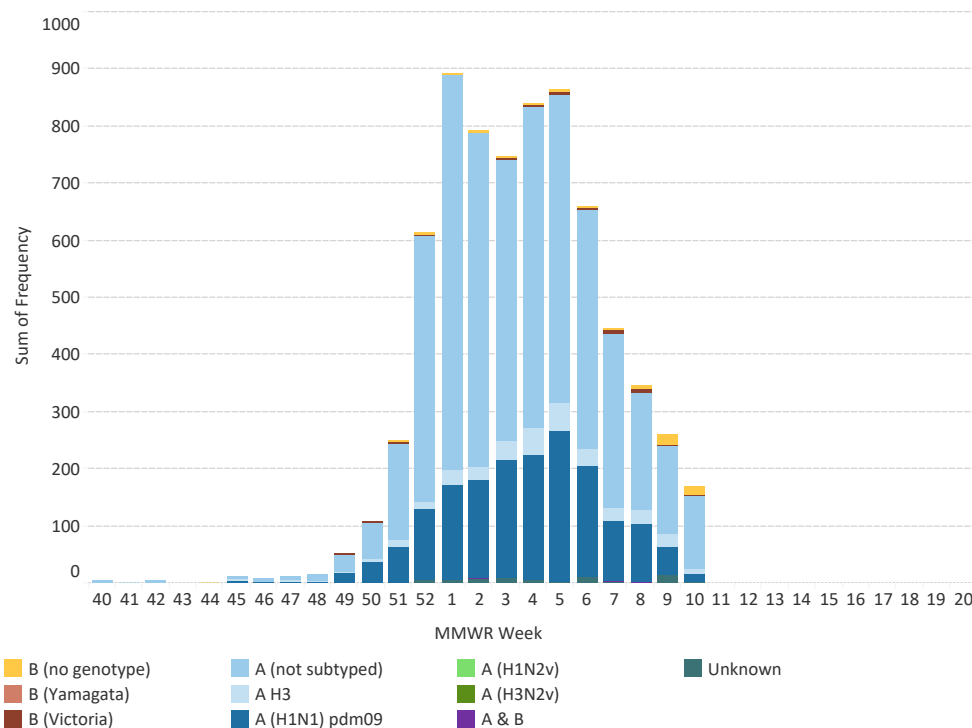
North Dakota: [North Dakota Influenza \(www.hhs.nd.gov/health/influenza\)](http://www.hhs.nd.gov/health/influenza)

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

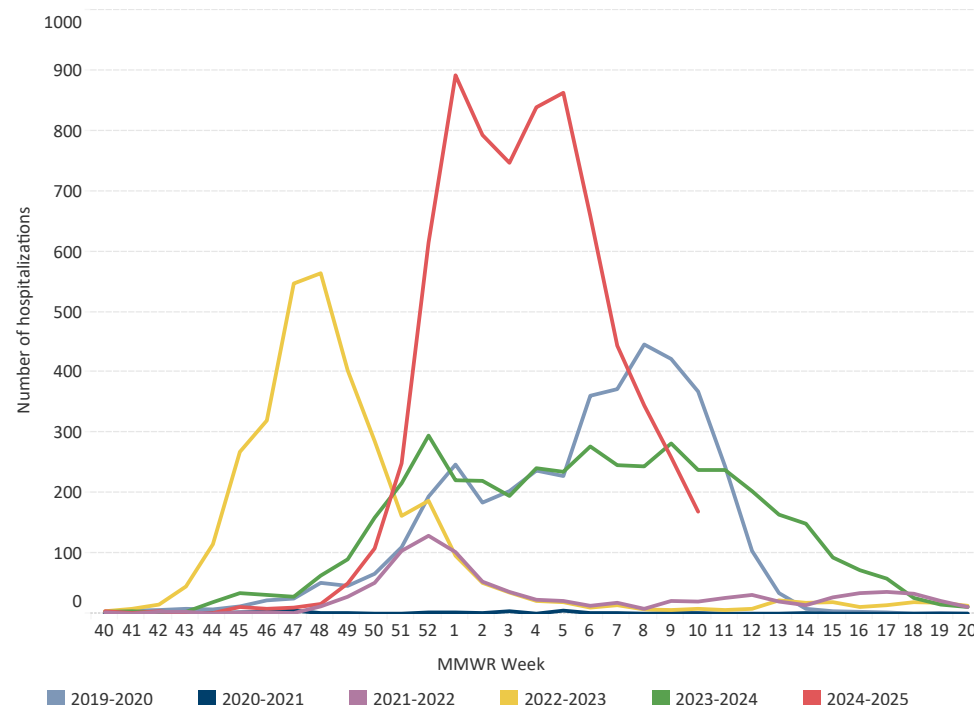
Hospitalized influenza cases are based on disease reports of laboratory-positive influenza (via DFA, IFA, viral culture, EIA, rapid test, paired serological tests or RT-PCR) and specimens from hospitalized patients with acute respiratory illness submitted to MDH-PHL by hospitals and laboratories. Due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

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



Hospitalizations this week	Hospitalizations last week	Total hospitalizations (to date)
169	259	7,087

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

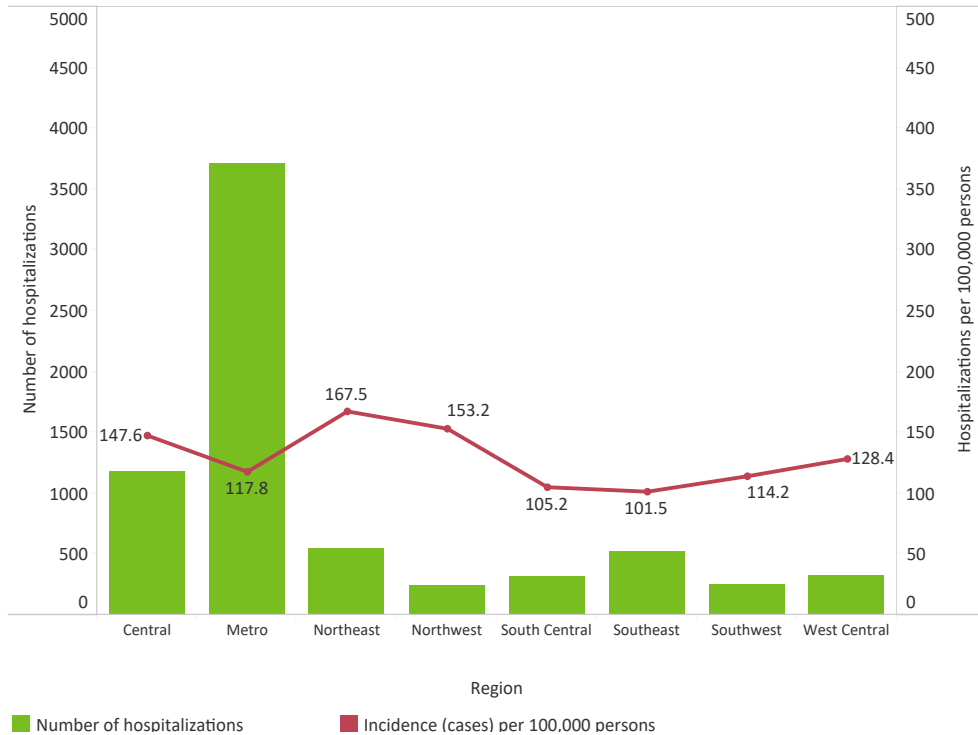


Season	Total hospitalizations (historic)
2019-2020	4022
2020-2021	35
2021-2022	905
2022-2023	3,338
2023-2024	4,375
2024-2025 (to date)	7,087

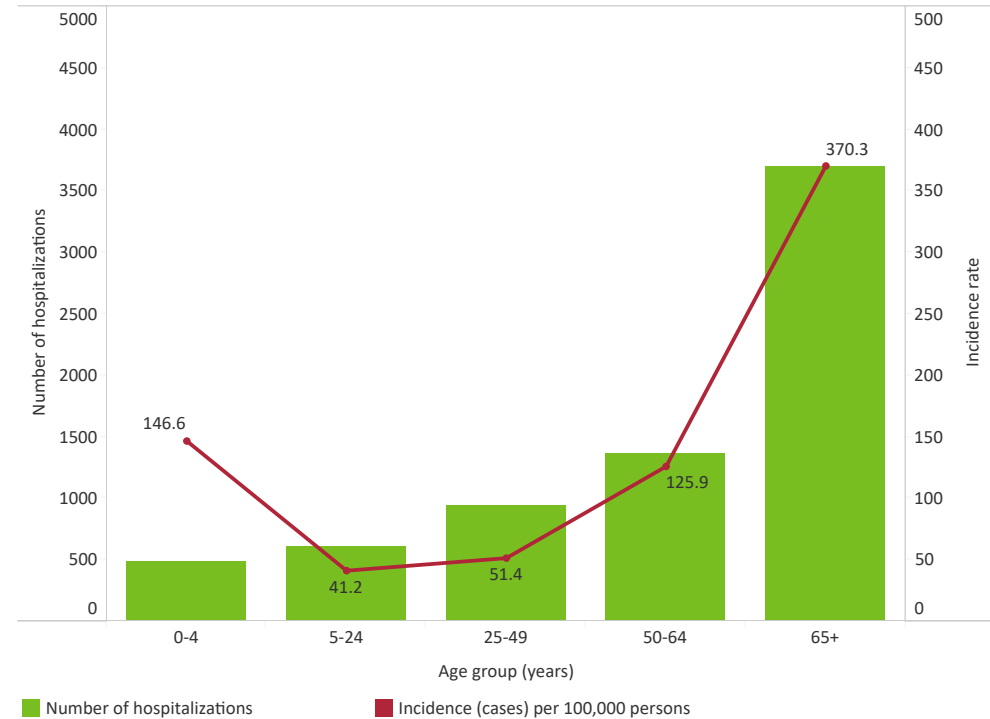
*FluSurv-NET = Influenza Surveillance Network

Hospitalized Influenza Surveillance (continued)

Number of Influenza Hospitalizations and Incidence by Region, Minnesota



Number of Influenza Hospitalizations and Incidence by Age, Minnesota



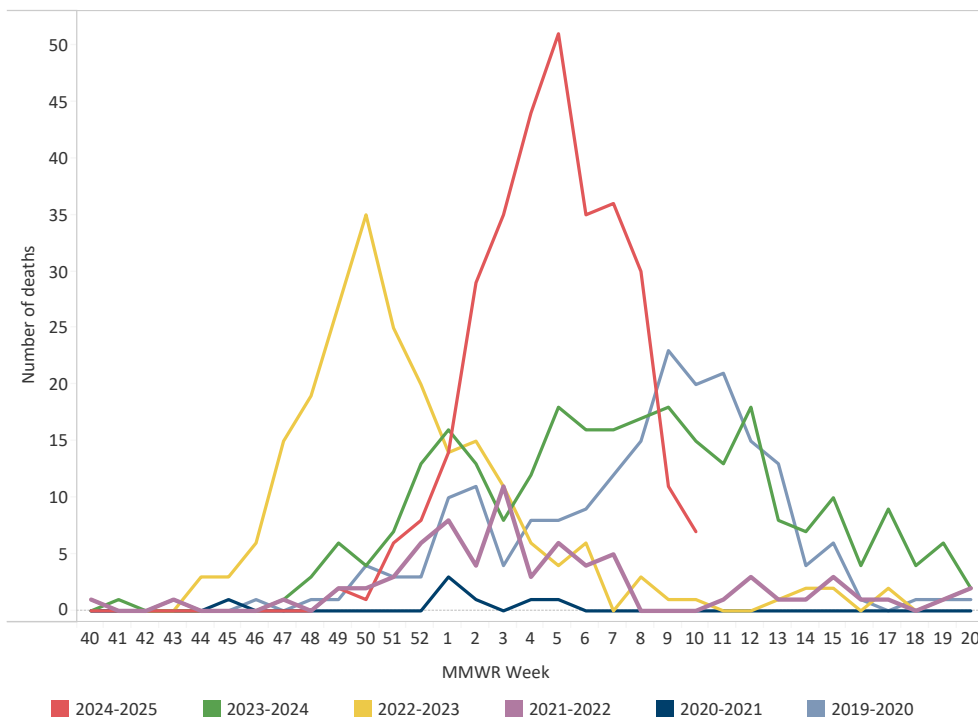
Region	Hospitalizations this week	Total (to date)	% Hospitalizations this week	% Total (to date)
Central	28	1,178	17%	17%
Metro	98	3,710	58%	52%
Northeast	9	546	5%	8%
Northwest	7	242	4%	3%
South Central	5	313	3%	4%
Southeast	9	528	5%	7%
Southwest	6	249	4%	4%
West Central	7	321	4%	5%

Median age (years) at time of admission
65

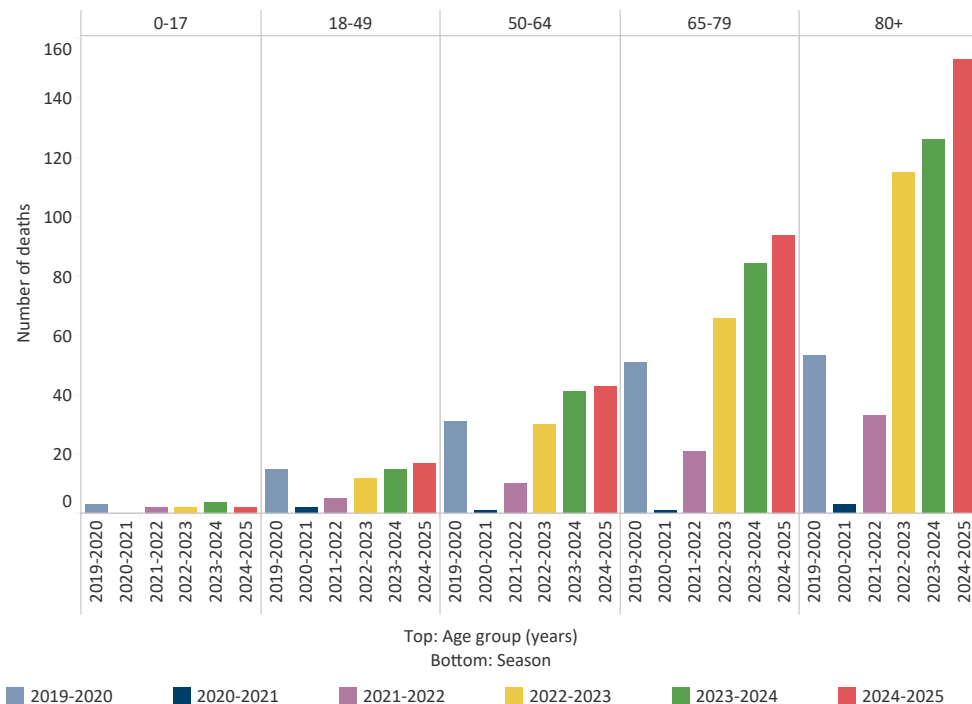
Influenza-associated Death Surveillance

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)	309	2

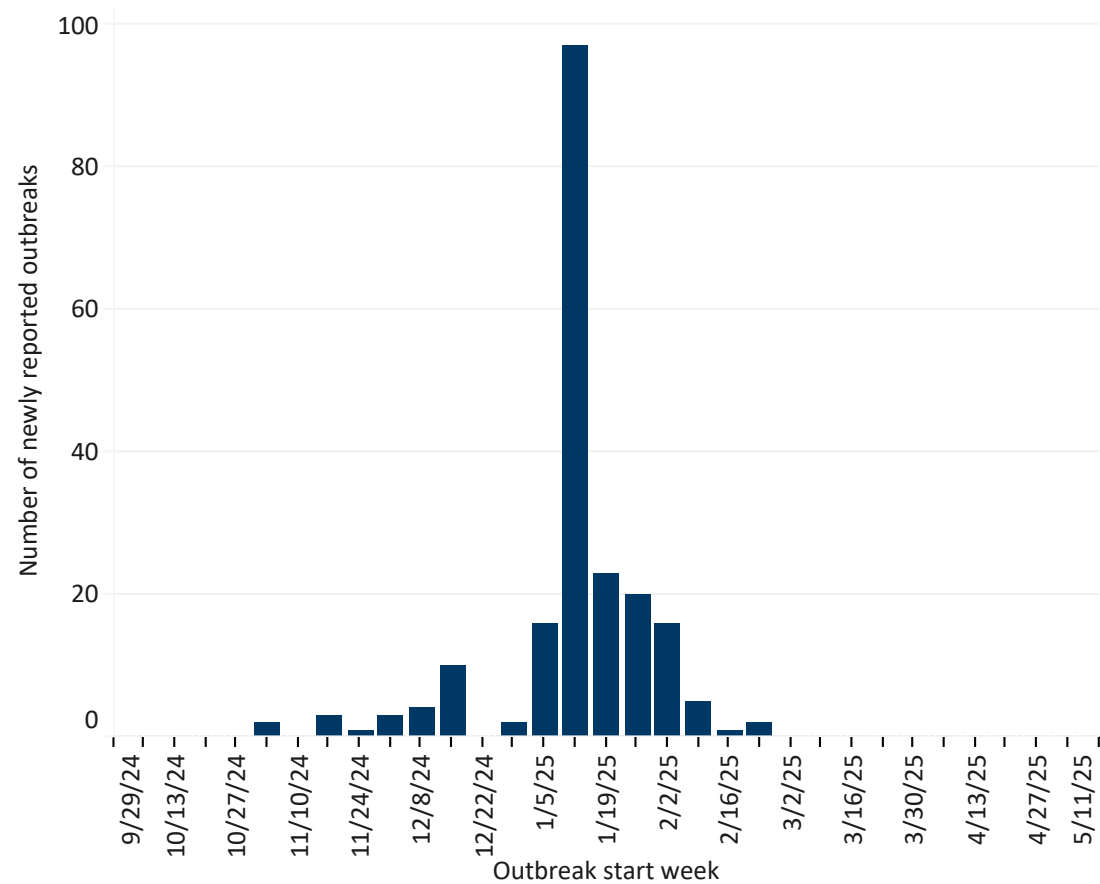
Season	Median age (years) at time of death
2019-2020	73
2020-2021	76
2021-2022	77
2022-2023	80
2023-2024	77
2024-2025 (to date)	79

*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

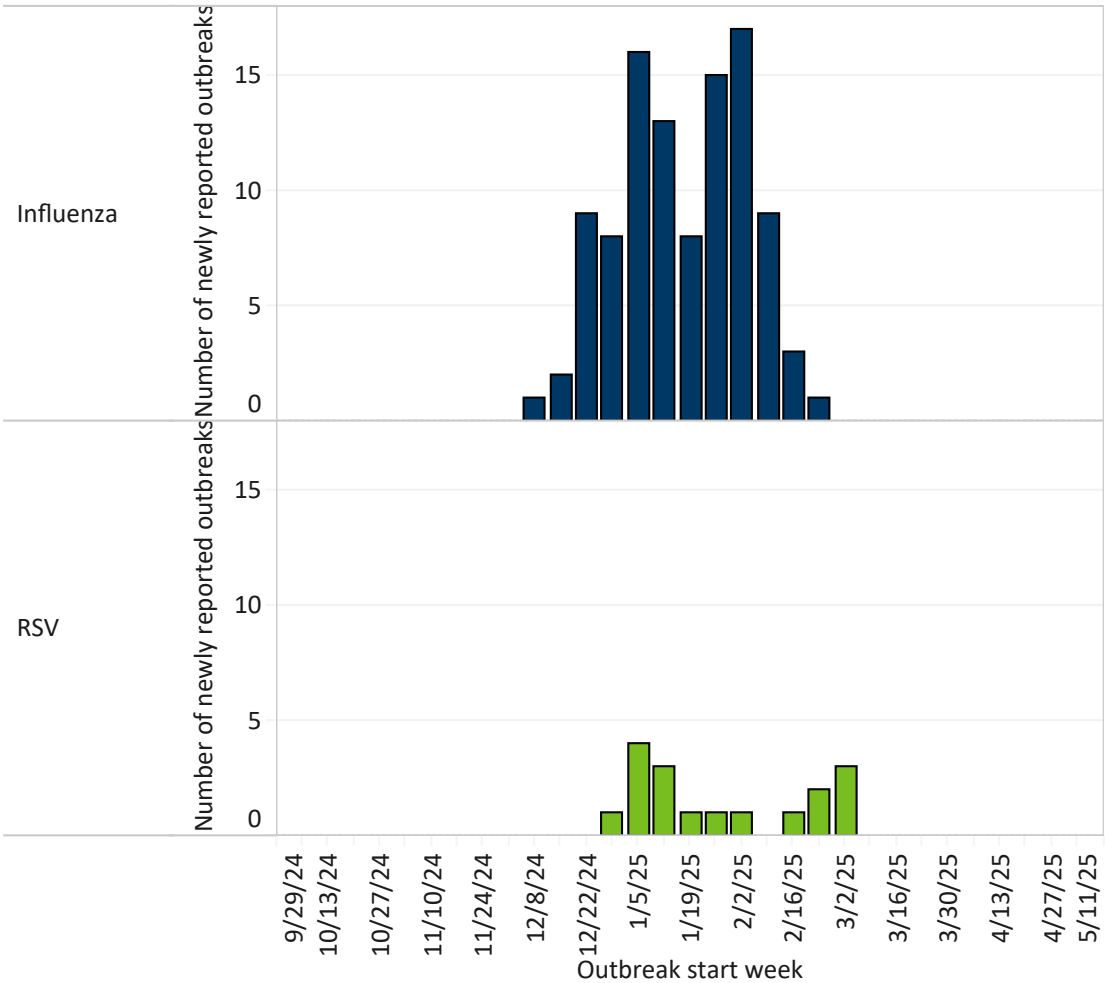


New school outbreaks this week	New school outbreaks last week	Total this season (to date)
0	2	205

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

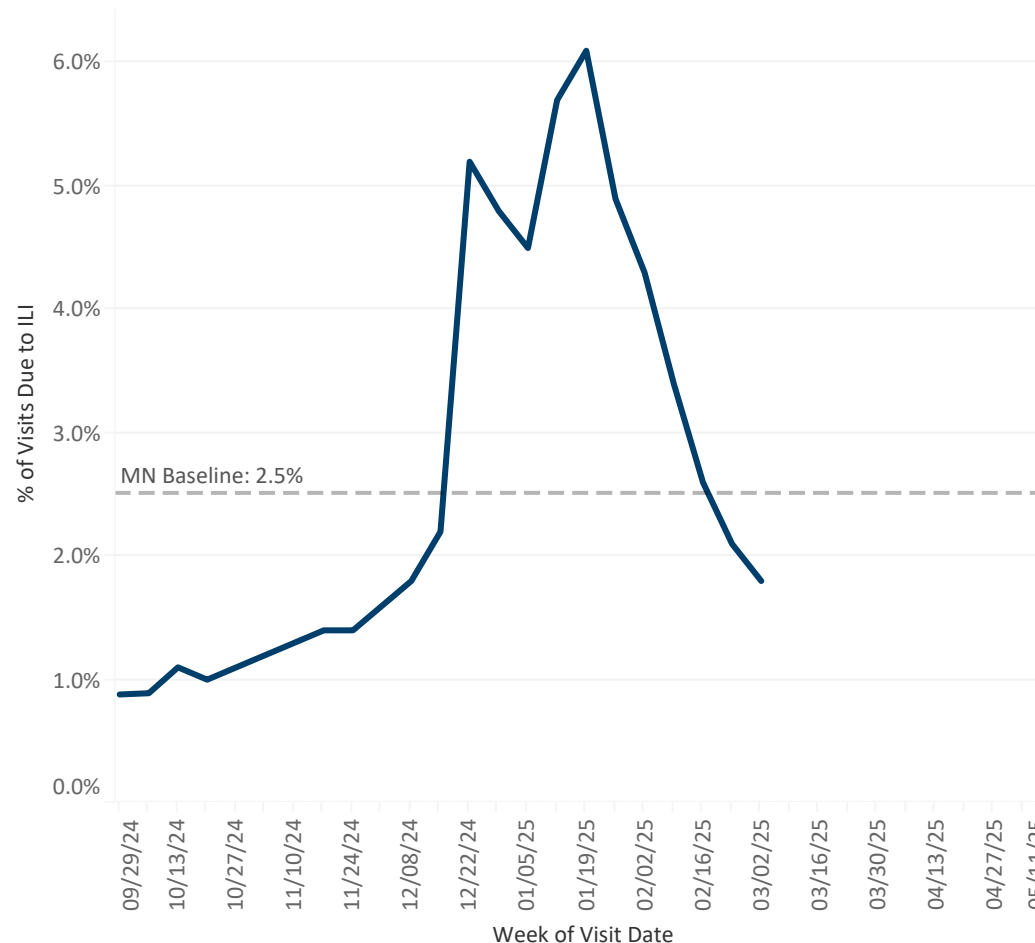


New LTC outbreaks this week	New LTC outbreaks last week	Total this season (to date)
3	3	119

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

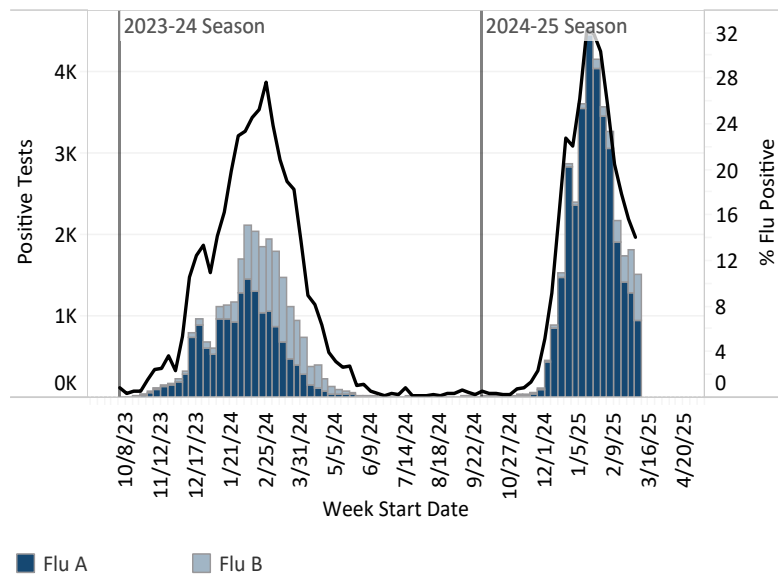
‡ MN Baseline valid for 2024-2025 season only, do not compare it with previous flu seasons. The baseline is calculated by averaging the ILI percent for non-influenza weeks over the recent seasons and adding two standard deviations. Non-influenza weeks account for less than 2% of the season's total flu-positive 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
1.8%	2.1%

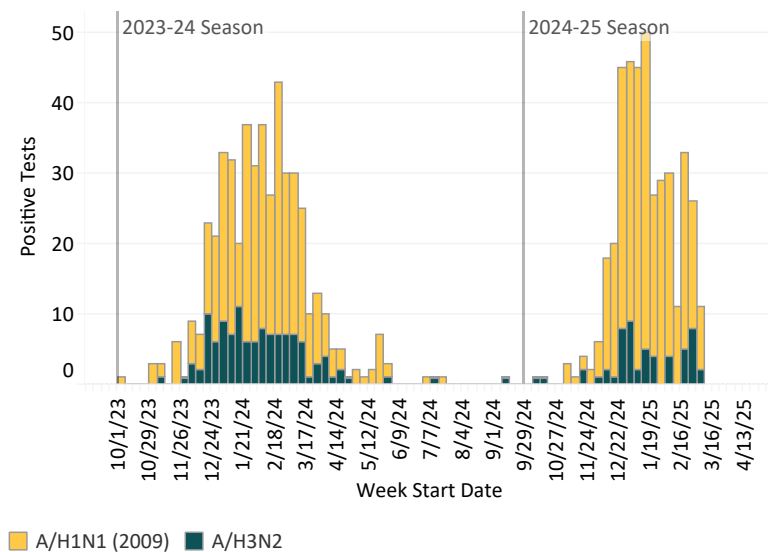
Laboratory Surveillance

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

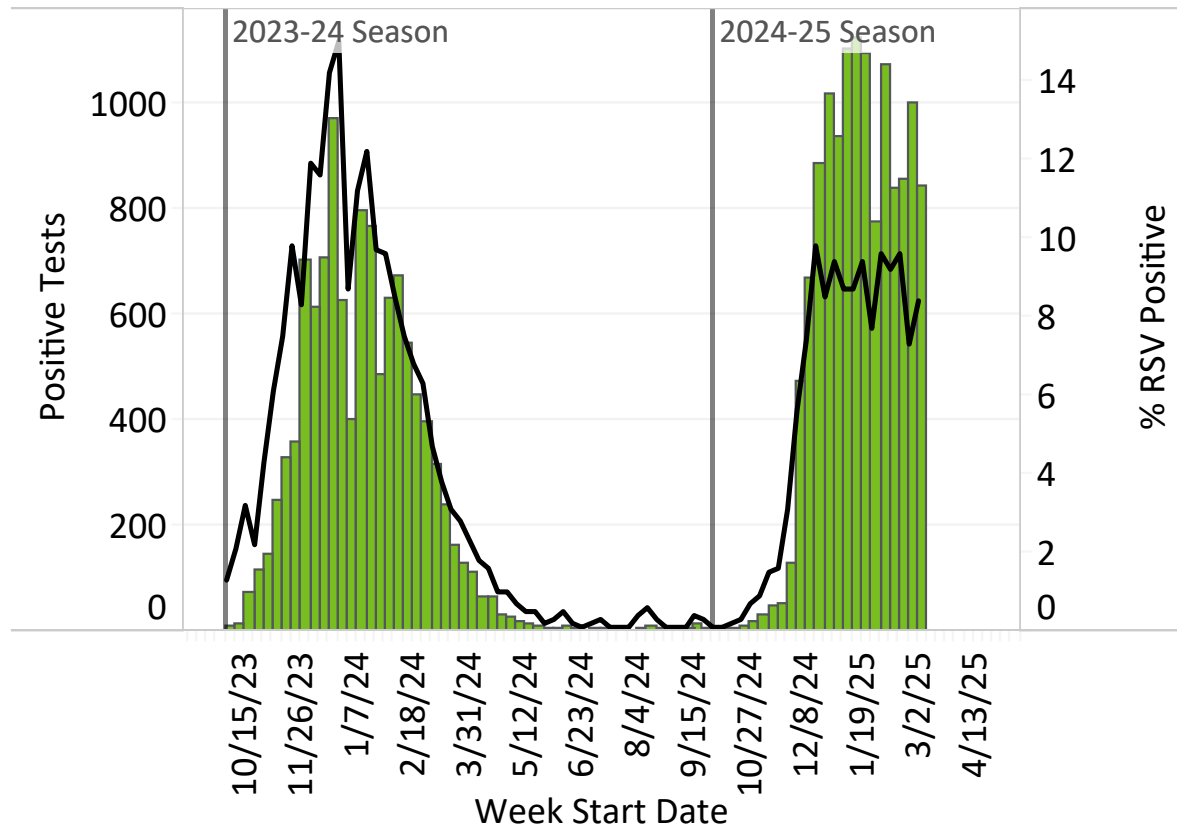


Region	Central	Metro	Northeast	Northwest	South Central	Southeast	Southwest	West Central	Statewide (overall)
% molecular influenza tests + this week	12.3%	14.7%	19.0%	11.3%	16.7%	11.5%	13.9%	12.0%	14.1%

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.

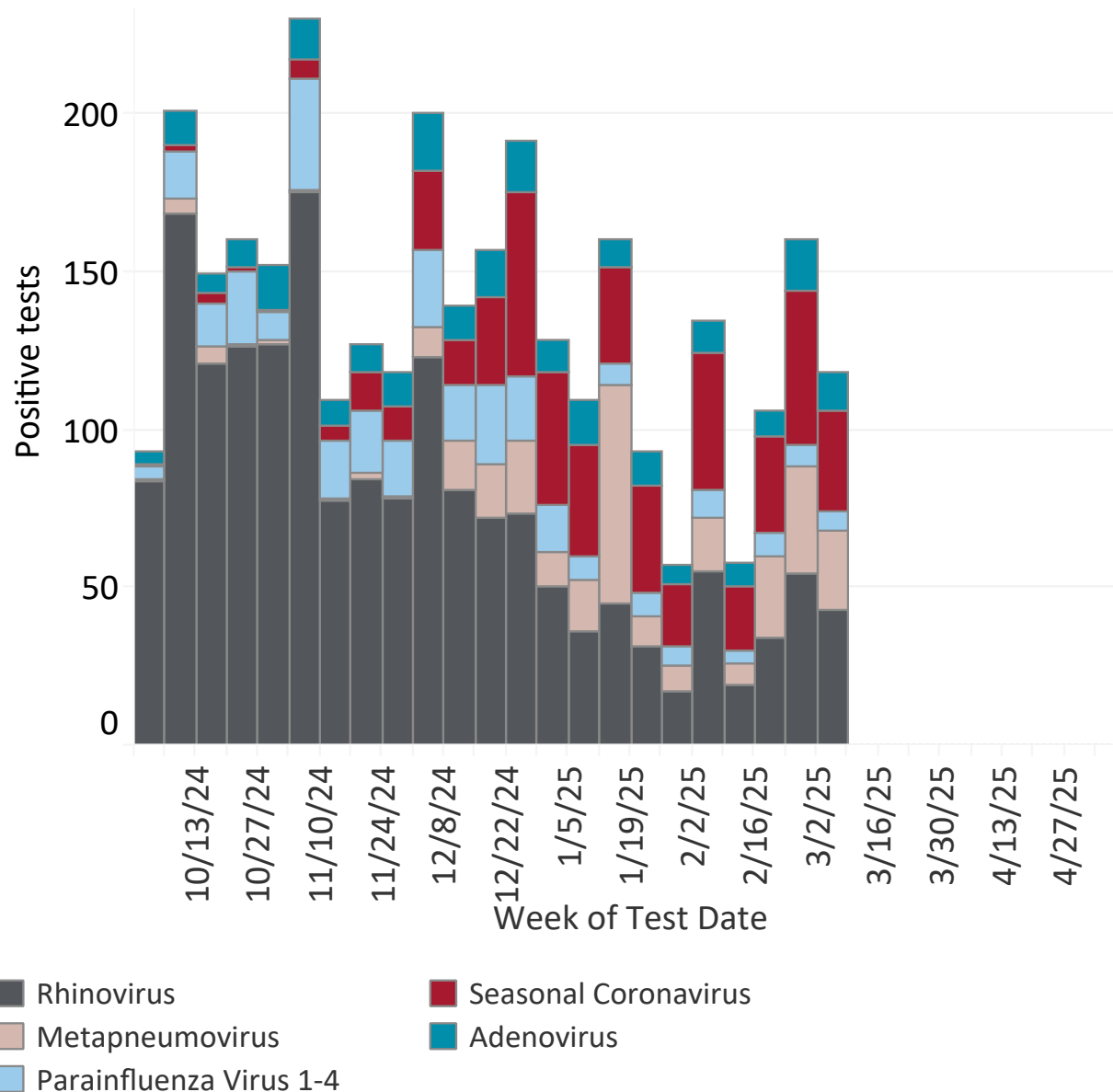
Positive RSV Cases by Week



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 9, ending March 1, 2025

Seasonal influenza activity remains elevated nationally but has decreased for three consecutive weeks.

- Data to date suggests the season has peaked; however, flu-related medical visits, hospitalizations, and deaths remain elevated, and CDC expects several more weeks of flu activity.
- This season is classified as a high severity season overall and for all age groups (children, adults, older adults) and is the first high severity season since 2017-2018.
- During Week 9, of the 2,651 viruses reported by public health laboratories, 2,546 were influenza A and 105 were influenza B. Of the 2,149 influenza A viruses subtyped during Week 9, 1,169 (54.4%) were influenza A(H1N1)pdm09, 980 (45.6%) were A(H3N2), and 0 (0%) were A(H5).
- No new influenza A(H5) cases were reported to CDC this week. To date, human-to-human transmission of avian influenza A(H5) virus (H5 bird flu) has not been identified in the United States.
- Outpatient respiratory illness decreased this week compared to last week but remains above the national baseline for the fourteenth consecutive week. All 10 HHS regions are above their region-specific baselines. Thirty-two jurisdictions reported high or very high levels of influenza-like illness. This is down from 42 jurisdictions last week.
- Based on data from FluSurv-NET, the cumulative hospitalization rate for this week is the highest observed since the 2010-2011 season.
- Sixteen pediatric deaths associated with seasonal influenza virus infection were reported this week, bringing the 2024-2025 season total to 114 pediatric deaths.
- CDC estimates that there have been at least 40 million illnesses, 520,000 hospitalizations, and 22,000 deaths from flu so far this season.
- CDC continues to recommend that everyone ages 6 months and older get an annual influenza vaccine as long as influenza viruses are circulating.
- 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/>)