

HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 40: SEPTEMBER 29, 2024– OCTOBER 5, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 40

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 2.2% | Comparable to the previous week. Comparable to the Hawaii's historical baseline, higher than the national ILI rate, and comparable to the national baseline. |
| Number of ILI clusters reported to HDOH | 0 | There have been 0 clusters this season. |

| Laboratory Surveillance | | |
|---|------|---|
| Percent of all respiratory specimens positive for influenza this week | 2.2% | Lower than the previous week. This number means that many, if not all, of the 97.8% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 4.3% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 5.6% | Comparable to the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 0 | 0 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

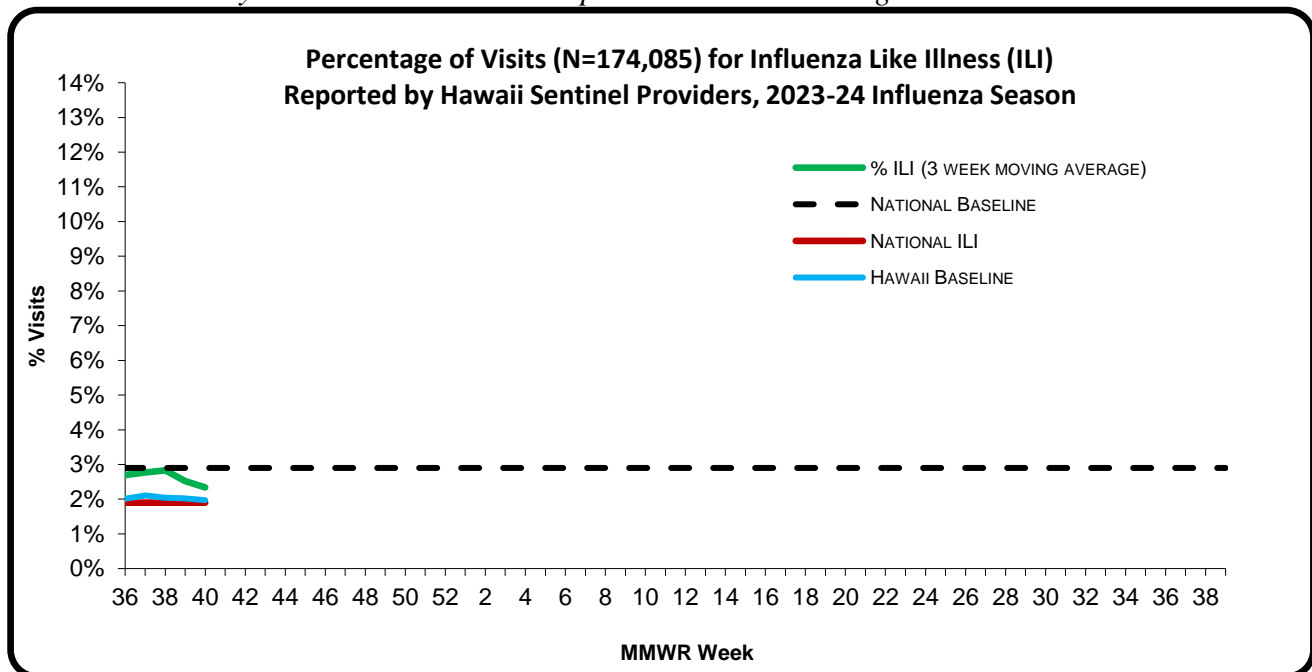
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For week 40 of the current influenza season:

- **2.2%** (season to date: **2.2%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were lower than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and higher than the national ILI rate (**1.9%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: No new clusters were reported to HDOH during week 40.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

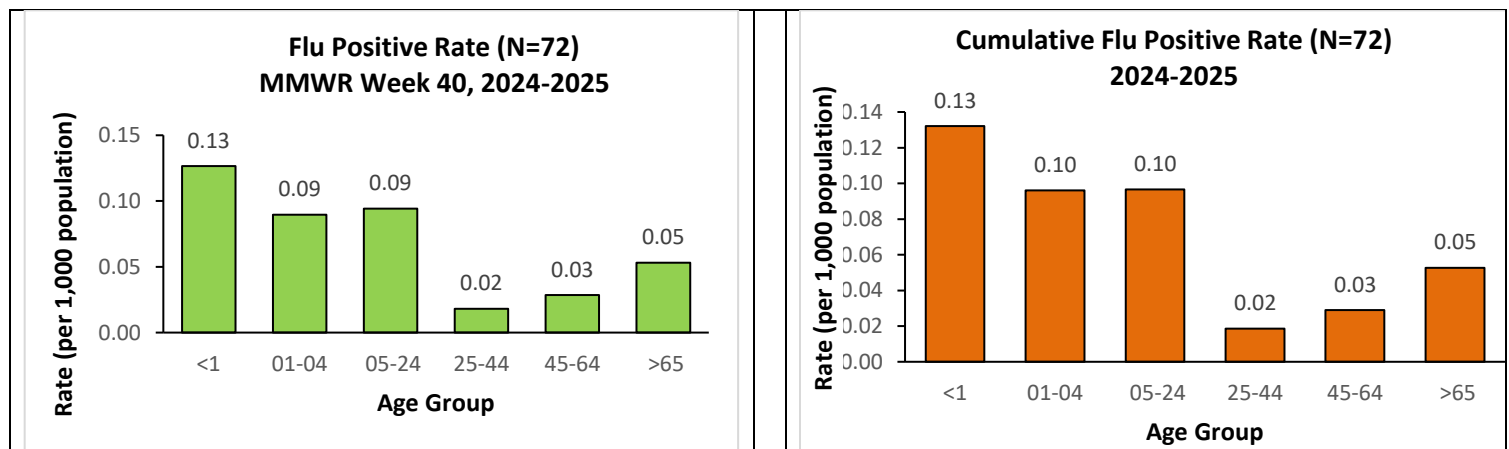
A. INFLUENZA:

- The following reflects laboratory findings for week 40 of the 2024–25 influenza season:
 - A total of **1,669** specimens have been tested statewide for influenza viruses (positive: 72 [**4.3%**]). (Season to date: 1,669 tested (**4.3%** positive))
 - 287 (17.2%) were screened only by rapid antigen tests with no confirmatory testing.
 - 1,382 (82.8%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 1,597 (95.7%) were negative.

| Influenza type | Current week 40 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 1 (0.4) | 1 (0.4) |
| Influenza A (H3) | 1 (0.4) | 1 (0.4) |
| Influenza A no subtyping | 70 (97.2) | 70 (97.2) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 0 (0.0) | 0 (0.0) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

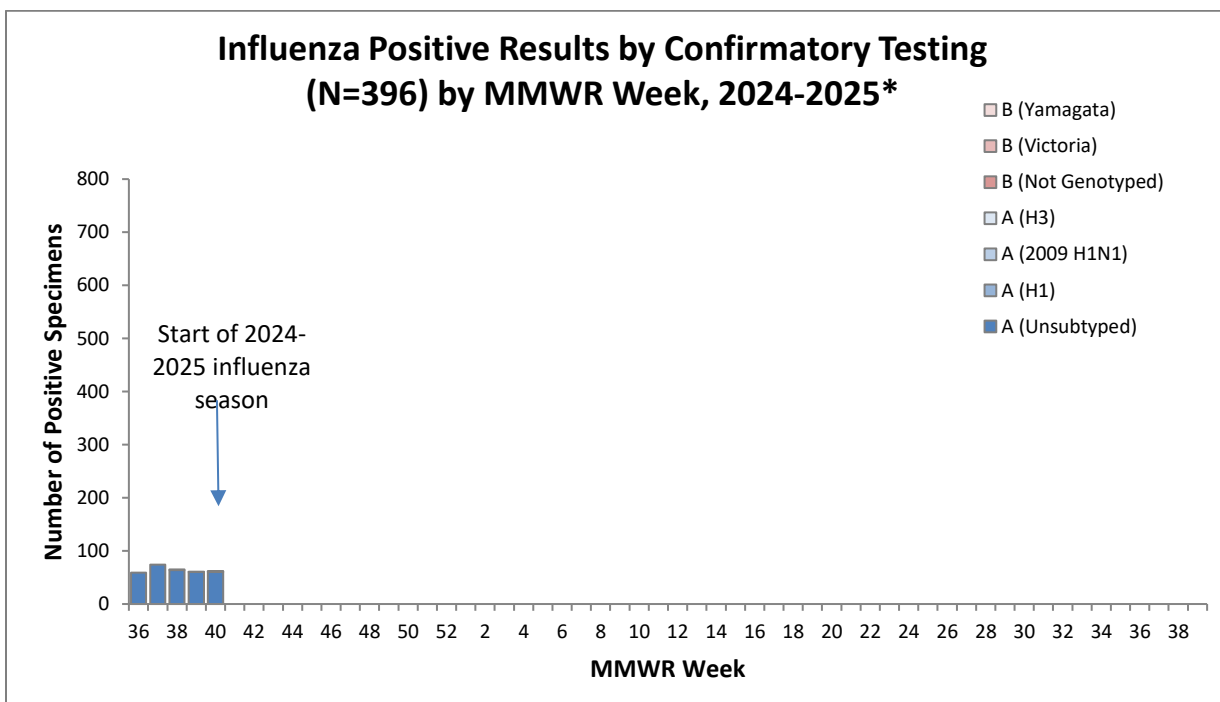
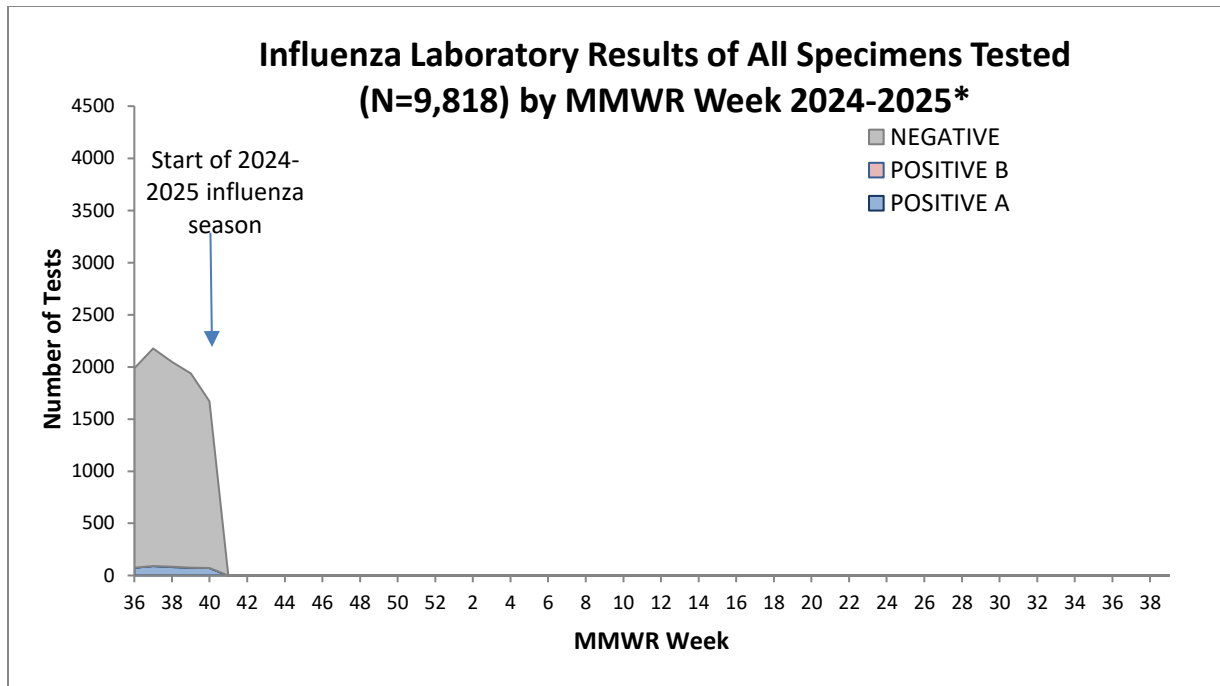
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

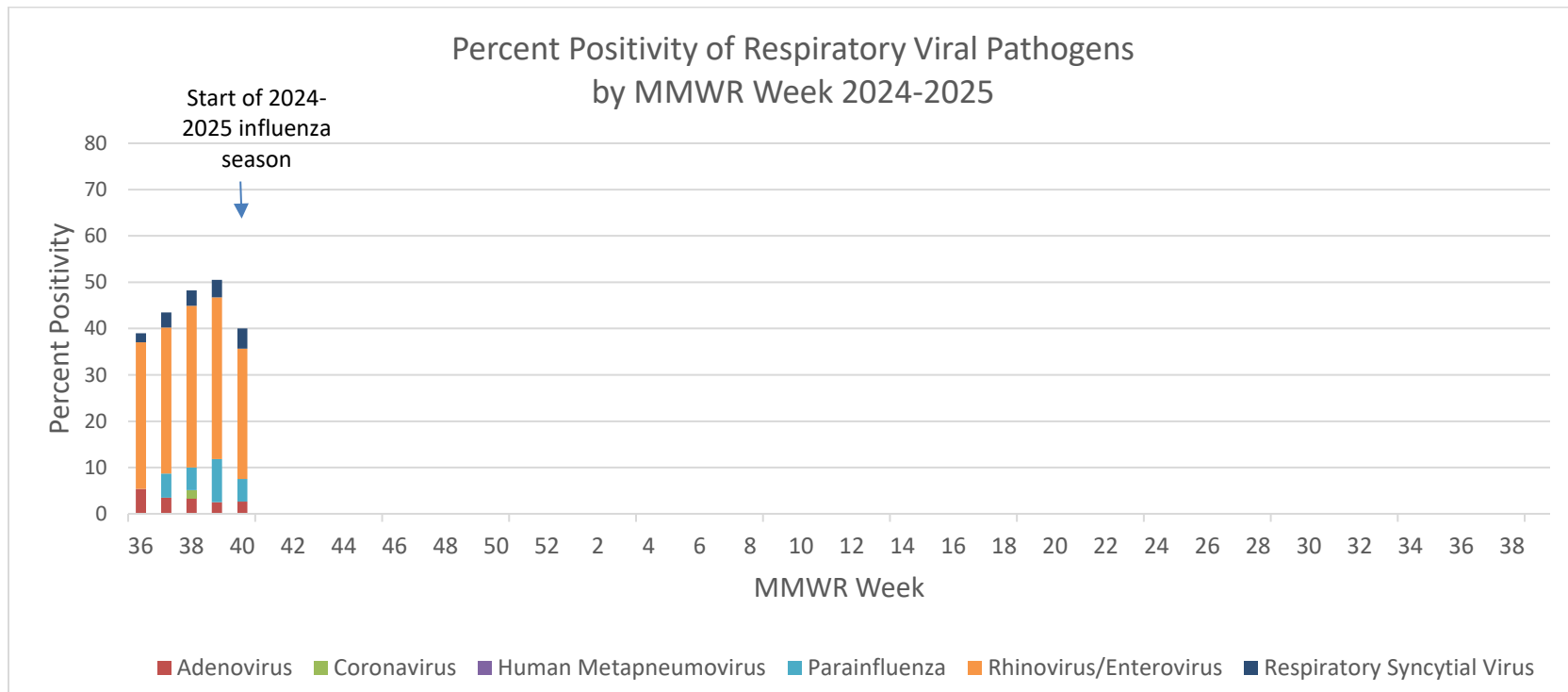
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



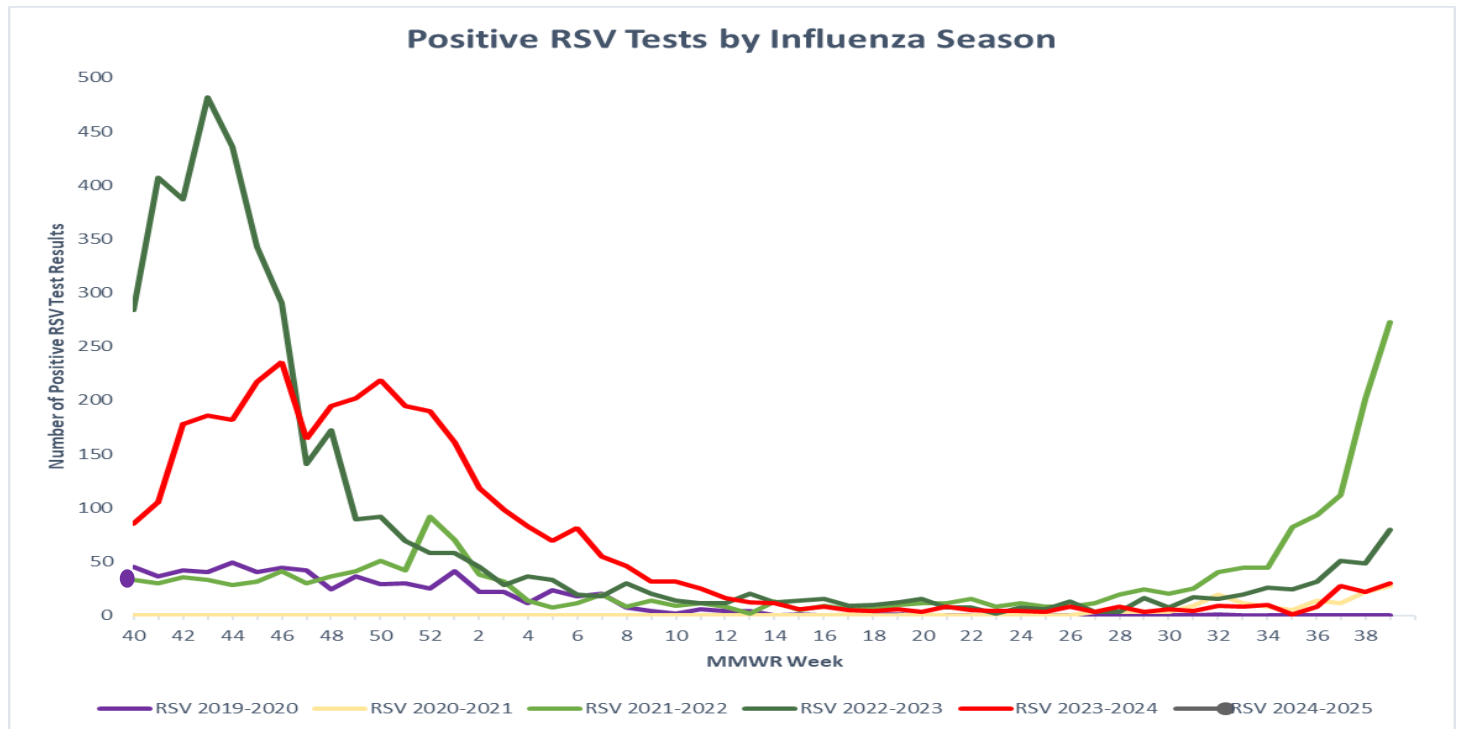
* Not all positive influenza specimens receive confirmatory testing, and results may not necessarily represent the proportion of types/subtypes that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

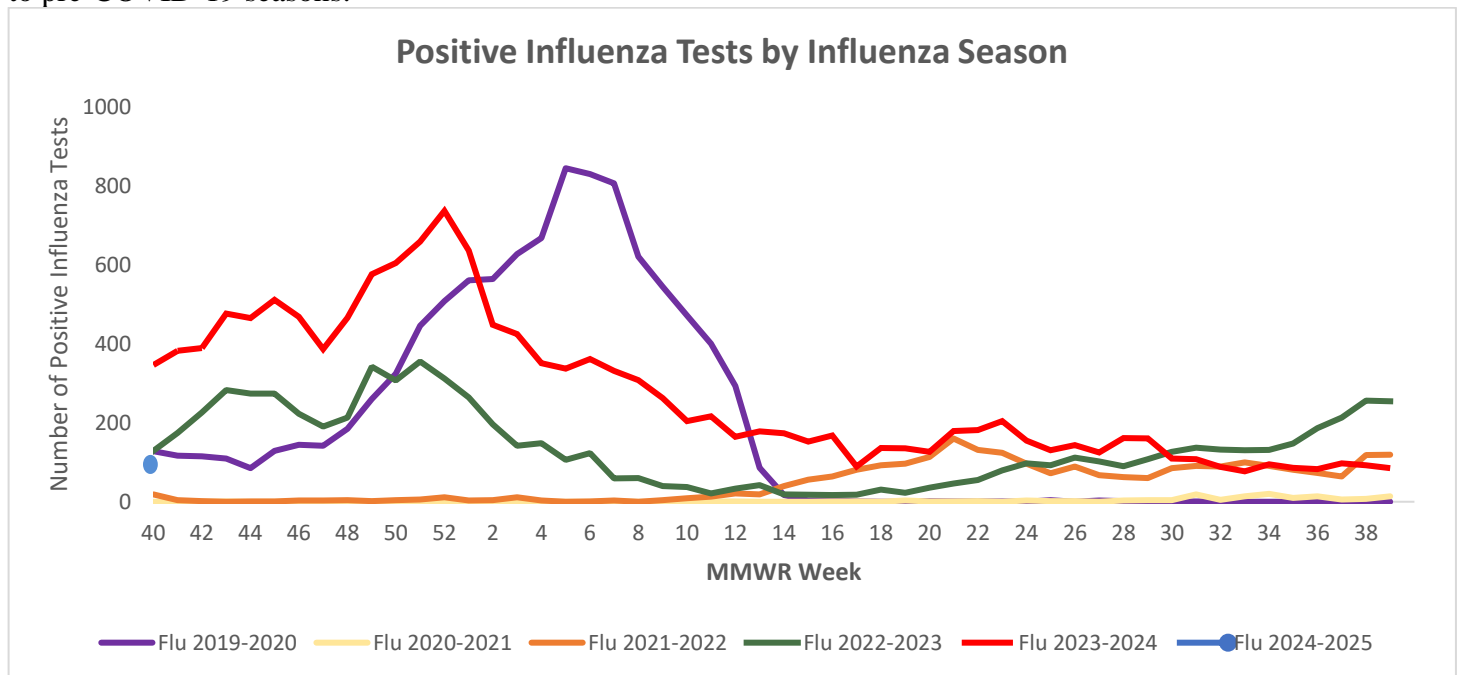


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to have increased earlier than past seasons in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased earlier than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

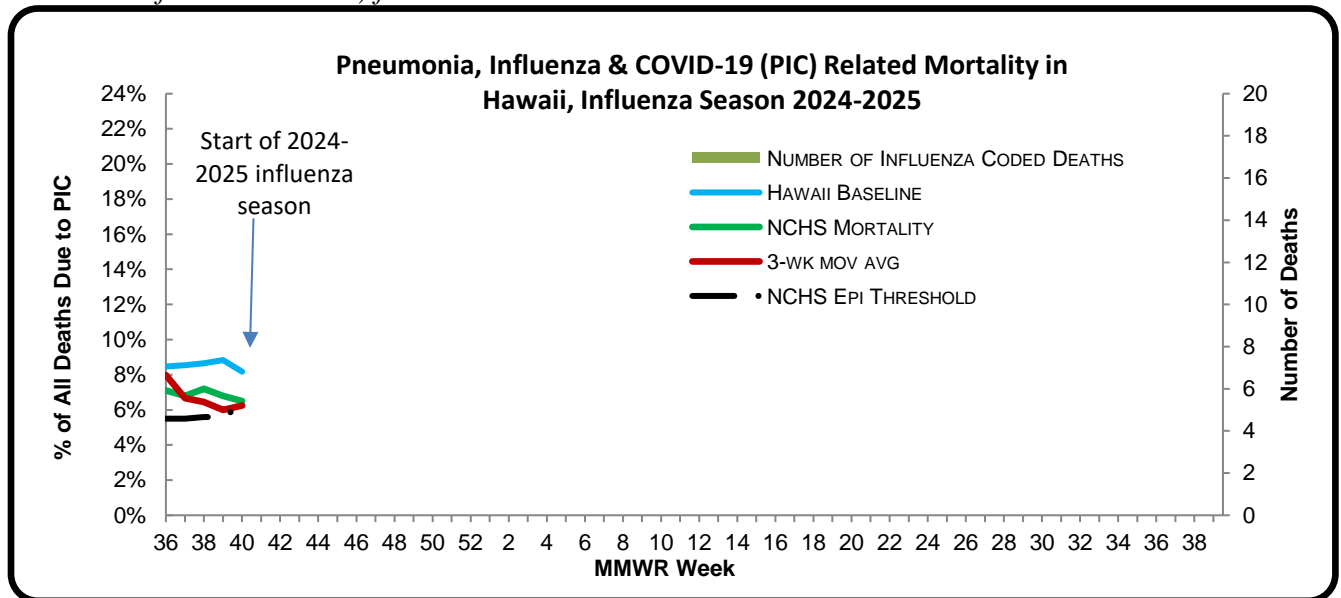
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 40** of the current influenza season:

- **5.6%** of all deaths that occurred in Hawaii during week 40 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **6.3%**), there have been 858 deaths from any cause, 54 of which were due to PIC¹².
- The PIC rate was comparable to the historical baseline in Hawaii¹³ (i.e., inside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (5.4%) (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (5.7%) (i.e., inside the 95% confidence interval) for week 40.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 82.1% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been zero influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, no new influenza-associated pediatric deaths were reported to CDC during week 40. (2024–2025 season total: 0).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **August 14, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

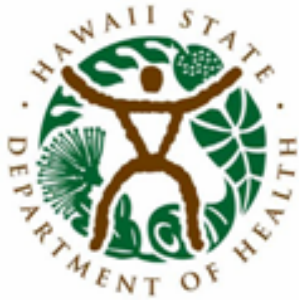
For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 41: OCTOBER 6, 2024– OCTOBER 12, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 41

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|---|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 2.2% | Comparable to the previous week. Comparable to the Hawaii's historical baseline, comparable to the national ILI rate, and lower than the national baseline. |
| Number of ILI clusters reported to HDOH | 0 | There have been 0 clusters this season. |

| Laboratory Surveillance | | |
|---|------|--|
| Percent of all respiratory specimens positive for influenza this week | 3.2% | Higher than the previous week. This number means that many, if not all, of the 96.8% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 3.8% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 6.3% | Comparable to the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 0 | 0 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

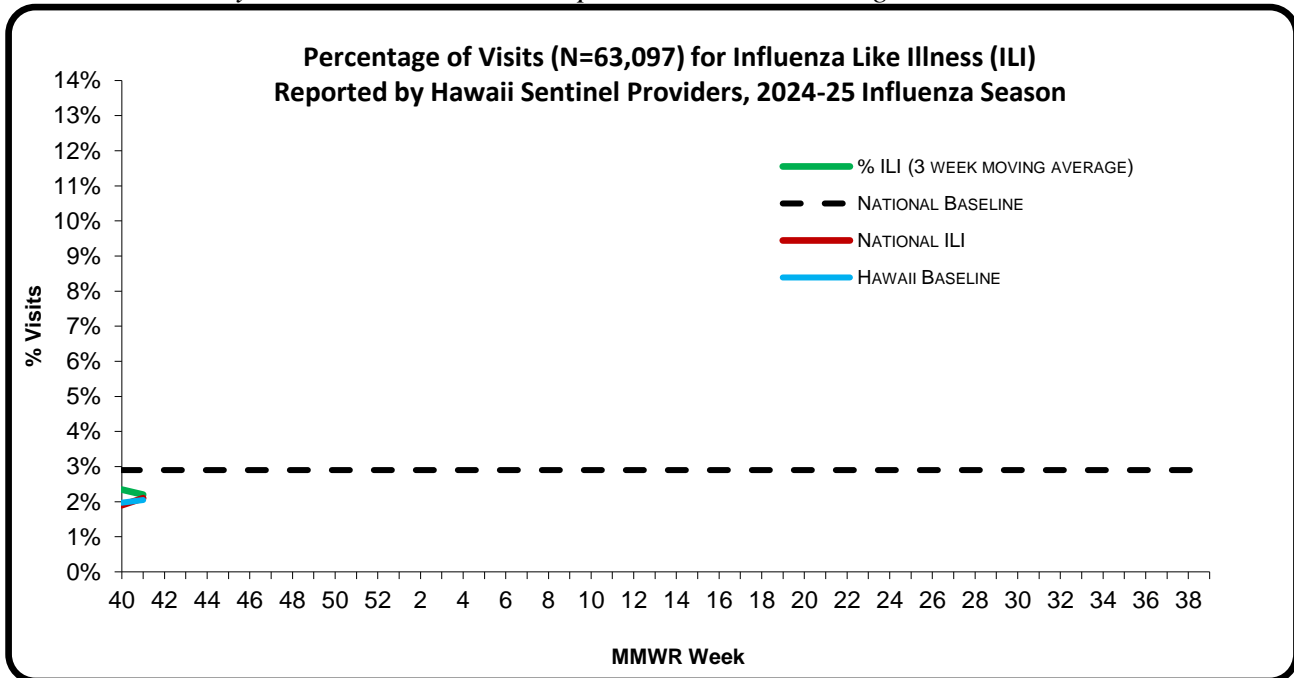
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 41** of the current influenza season:

- **2.2%** (season to date: **2.2%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were lower than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and comparable to the national ILI rate (**2.1%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: No new clusters were reported to HDOH during week 41.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

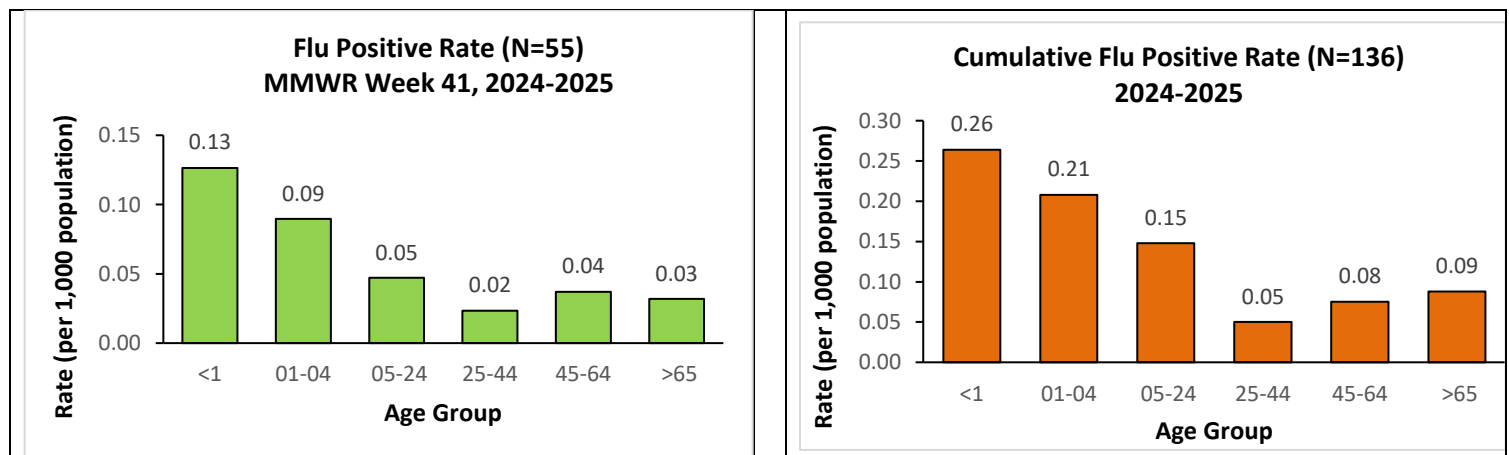
A. INFLUENZA:

- The following reflects laboratory findings for week 41 of the 2024–25 influenza season:
 - A total of **1,716** specimens have been tested statewide for influenza viruses (positive: 55 [3.2%]). (Season to date: 3,583 tested (3.8% positive))
 - 298 (17.2%) were screened only by rapid antigen tests with no confirmatory testing.
 - 1,418 (82.8%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 1,661 (96.8%) were negative.

| Influenza type | Current week 41 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 3 (5.5) | 3 (2.2) |
| Influenza A (H3) | 0 (0.0) | 1 (0.7) |
| Influenza A no subtyping | 52 (94.5) | 132 (97.1) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 0 (0.0) | 0 (0.0) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

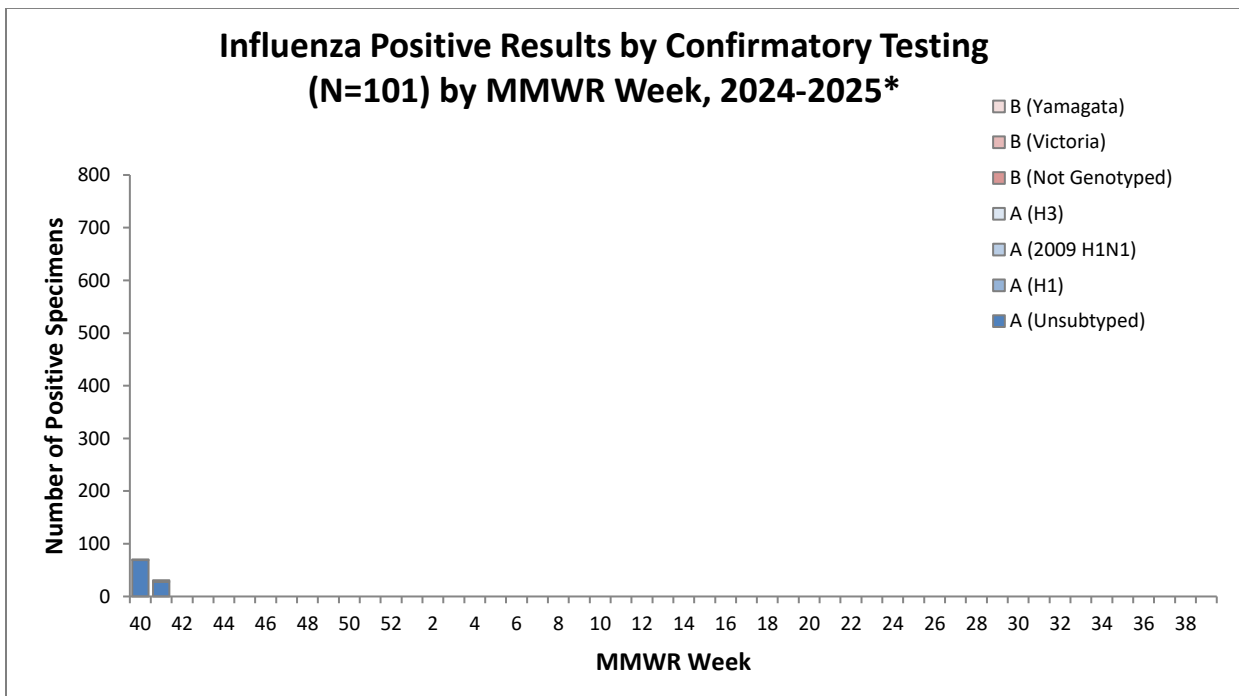
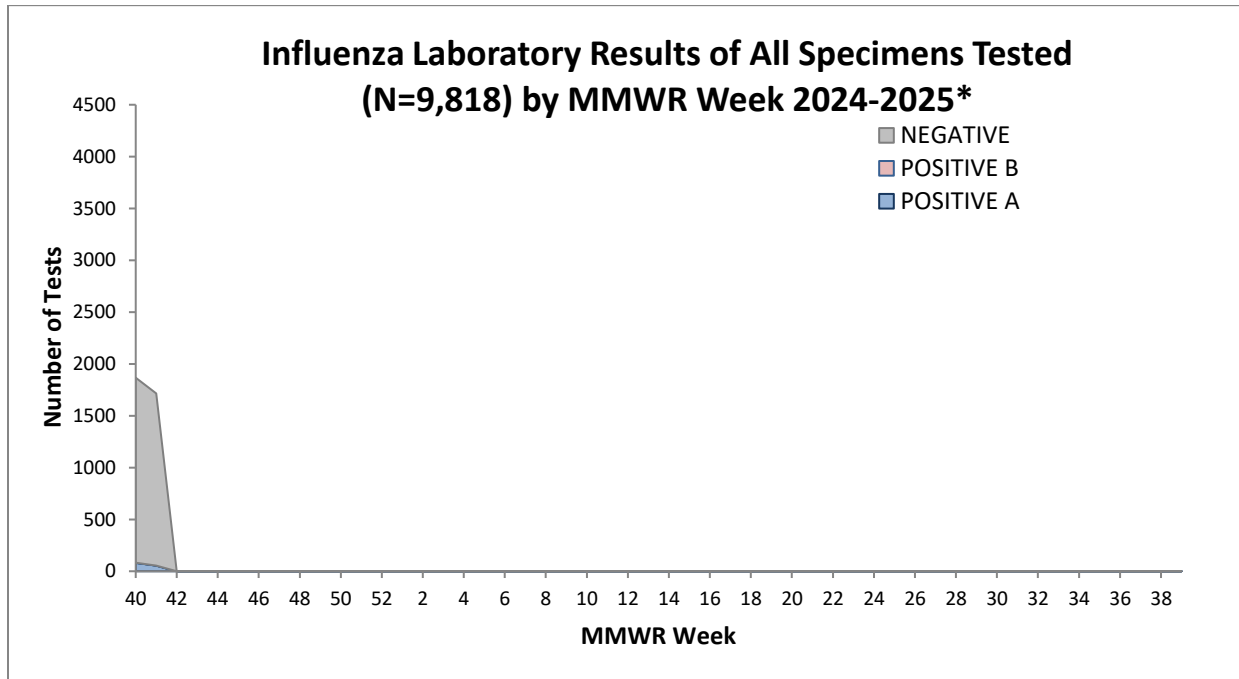
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

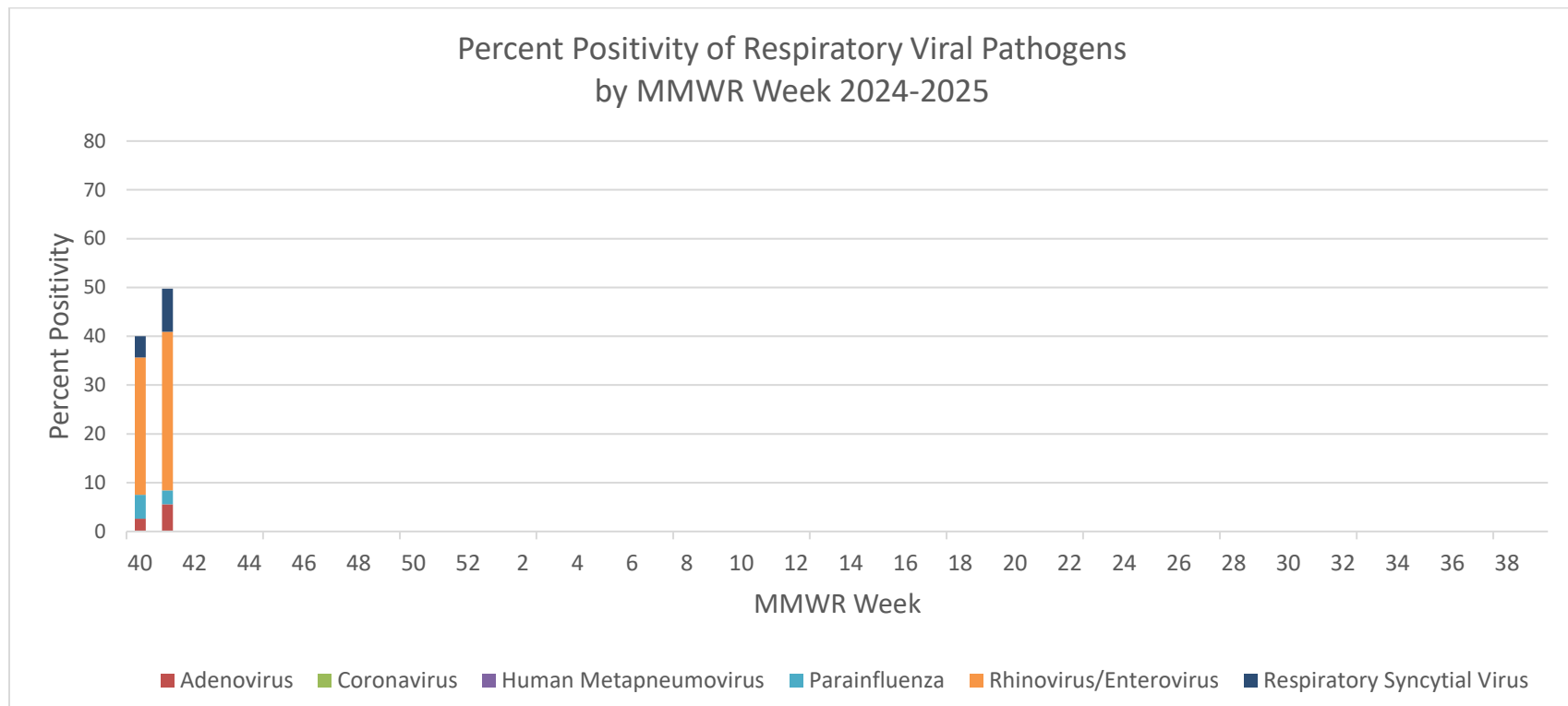
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



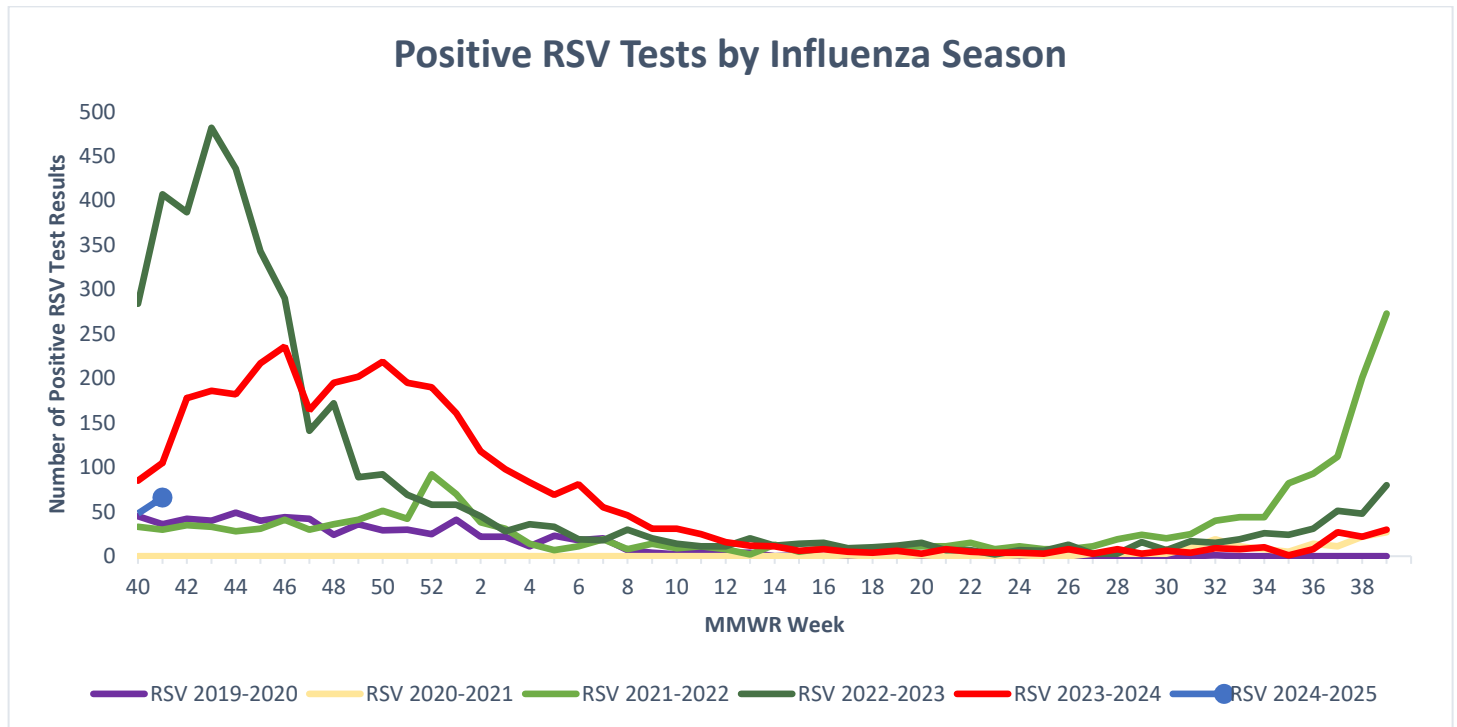
* A total of 2,963 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

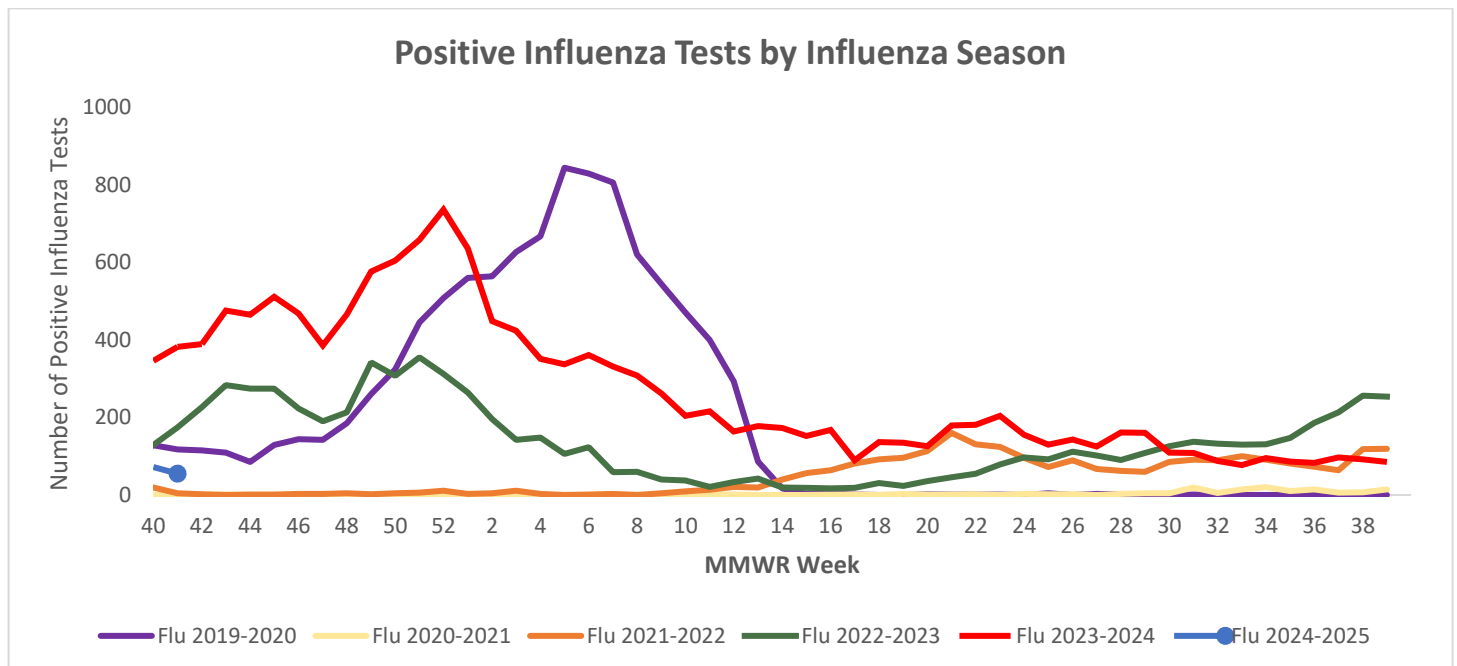


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

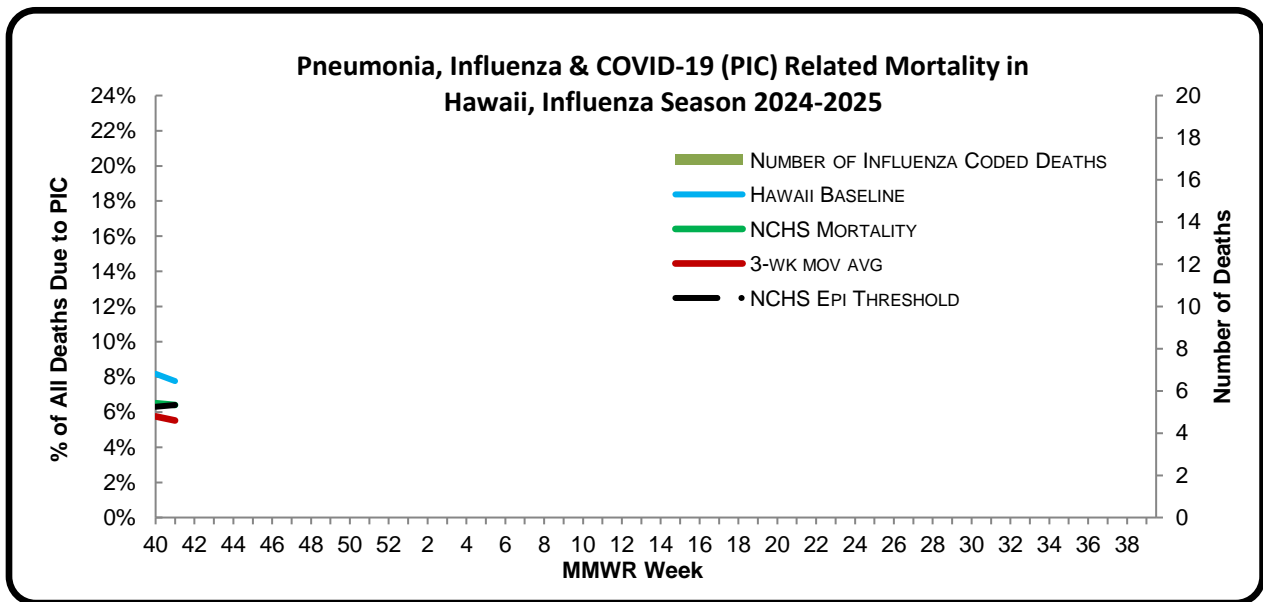
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 41** of the current influenza season:

- **6.3%** of all deaths that occurred in Hawaii during week 41 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **4.8%**), there have been 250 deaths from any cause, 12 of which were due to PIC¹².
- The PIC rate was comparable to the historical baseline in Hawaii¹³ (i.e., inside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (6.4%) (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (**6.4%**) (i.e., inside the 95% confidence interval) for week 41.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 72.4% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been zero influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, no new influenza-associated pediatric deaths were reported to CDC during week 41. (2024–2025 season total: 0).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **September 27, 2024**. Six human cases of influenza A(H5) were reported to WHO by USA. Five cases have mild illnesses and were offered antiviral medication. Two of the cases were working at a poultry farm in Colorado where HPAI viruses had been detected. Three of the five cases were part of the culling operation at a commercial poultry farm where HPAI

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

viruses were detected. One case was reported by the state of Missouri with symptoms such as chest pain, nausea, vomiting, diarrhea and weakness. The patient was hospitalized and since recovered. Potential source of exposure was ongoing at the time of reporting. Three human cases of influenza A(H5N1) were reported to WHO by Cambodia. All three cases were hospitalized with dyspnea and had since recovered. All cases had exposure to dead chickens. Two human case of influenza A(H9N2) were reported to WHO by China and Ghana, respectively. The case reported from China had mild illness but has since recovered. No known exposure to live poultry or travel history prior to the illness was reported. The case reported from Ghana was diagnosed with influenza like illness. Similar to the case in China, no known source of exposure was reported.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 42: OCTOBER 13, 2024– OCTOBER 19, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 42

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|---|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 2.3% | Comparable to the previous week. Comparable to the Hawaii's historical baseline, higher than the national ILI rate, and lower than the national baseline. |
| Number of ILI clusters reported to HDOH | 0 | There have been 0 clusters this season. |

| Laboratory Surveillance | | |
|---|------|---|
| Percent of all respiratory specimens positive for influenza this week | 1.7% | Lower than the previous week. This number means that many, if not all, of the 98.3% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 3.0% | |

| Surveillance for Severe Outcomes | | |
|---|------|--|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 2.4% | Lower than the Hawaii's historical baseline, lower than the national epidemic threshold and lower than the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 0 | 0 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

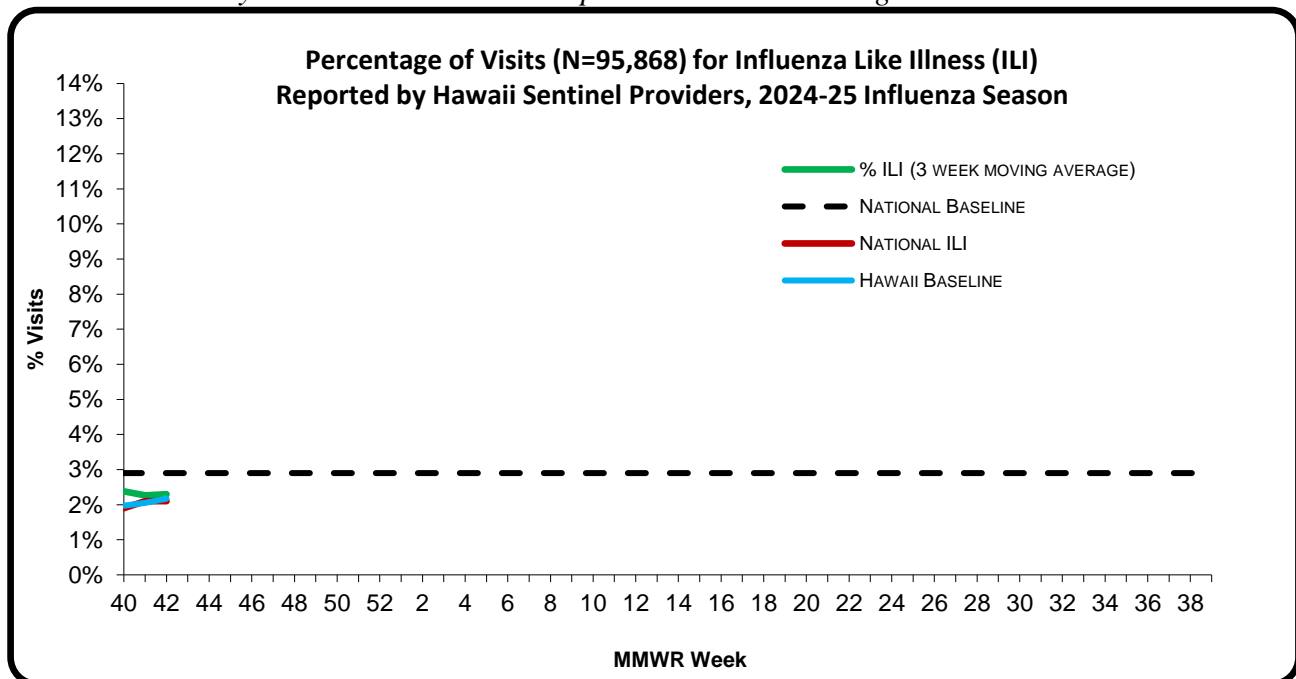
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 42** of the current influenza season:

- **2.3%** (season to date: **2.3%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were lower than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and higher than the national ILI rate (**2.1%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: No new clusters were reported to HDOH during week 42.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii’s major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

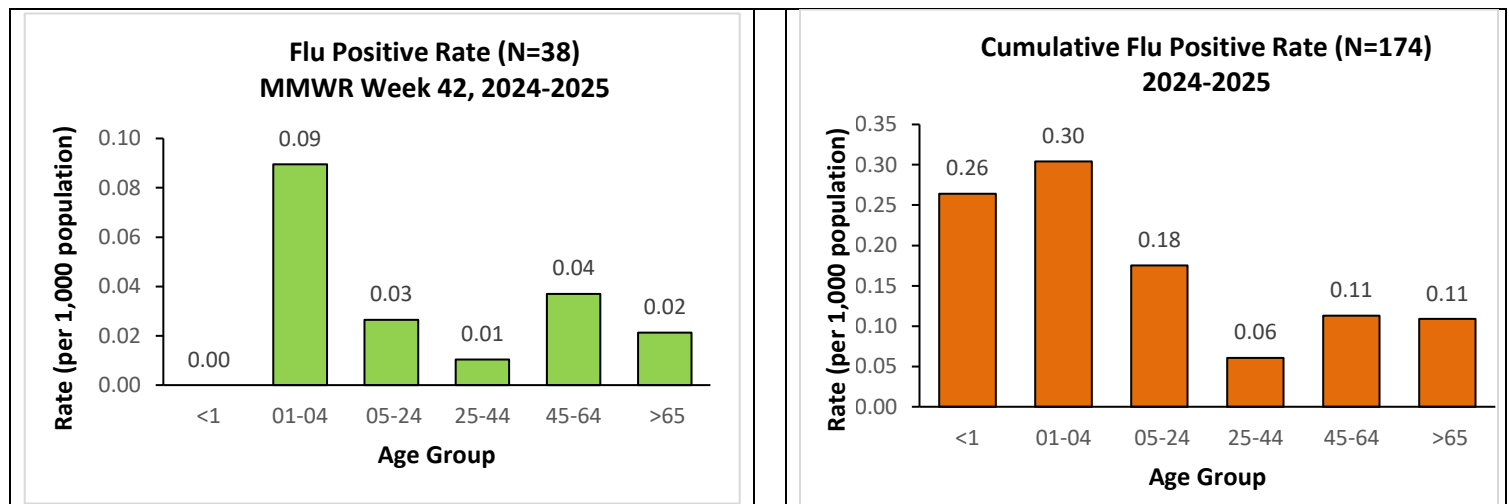
A. INFLUENZA:

- The following reflects laboratory findings for week 42 of the 2024–25 influenza season:
 - A total of **2,275** specimens have been tested statewide for influenza viruses (positive: 38 [**1.7%**]). (Season to date: 5,858 tested (**3.0%** positive))
 - 396 (17.4%) were screened only by rapid antigen tests with no confirmatory testing.
 - 1,879 (82.6%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 2,237 (98.3%) were negative.

| Influenza type | Current week 42 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 0 (0.0) | 4 (2.3) |
| Influenza A (H3) | 1 (2.6) | 1 (0.6) |
| Influenza A no subtyping | 37 (97.4) | 169 (97.1) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 0 (0.0) | 0 (0.0) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks’ post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

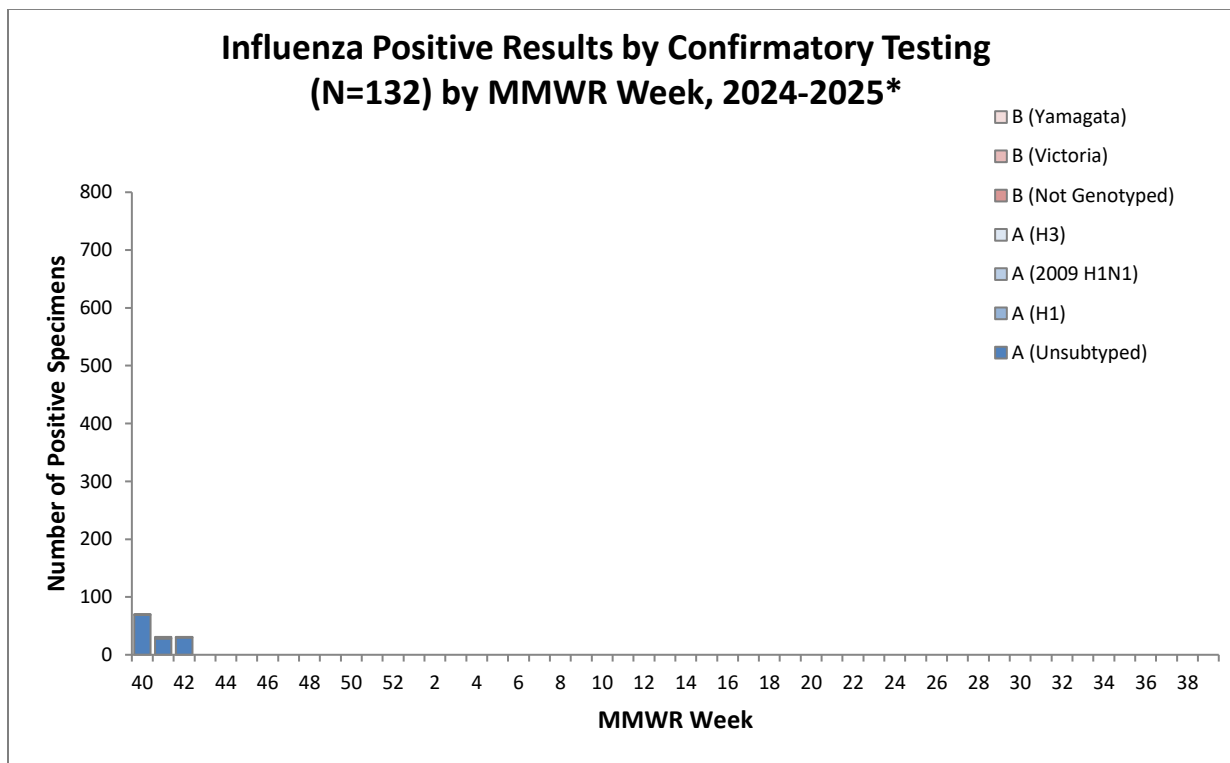
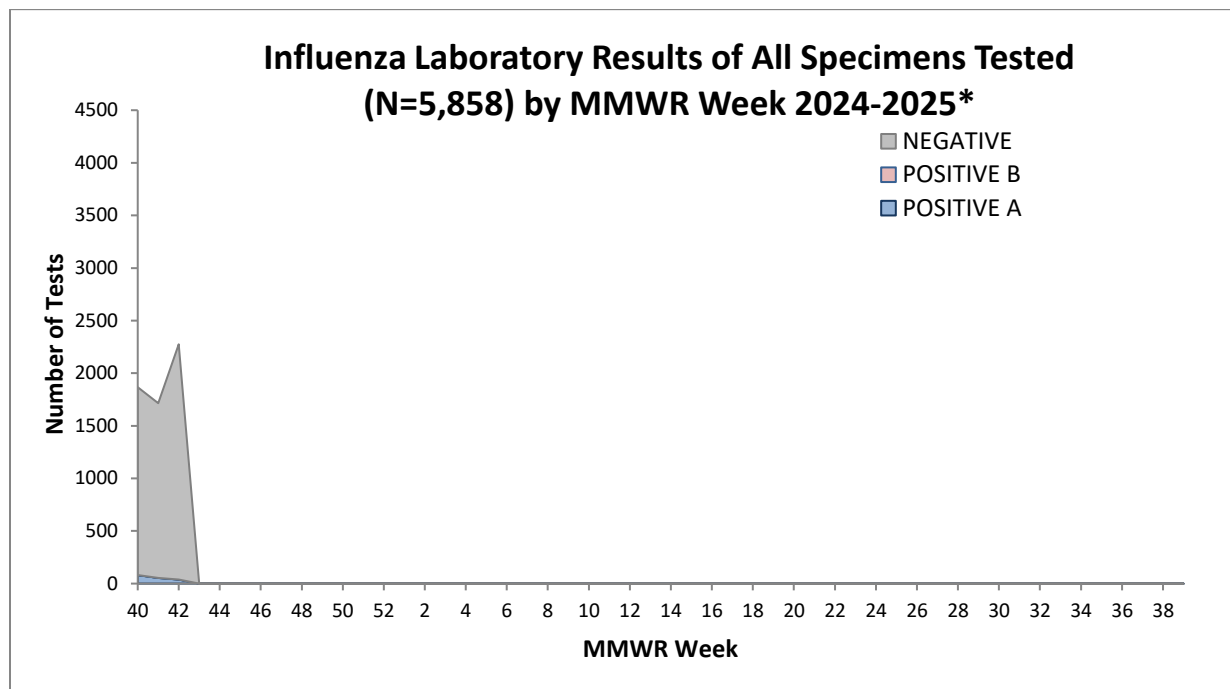
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

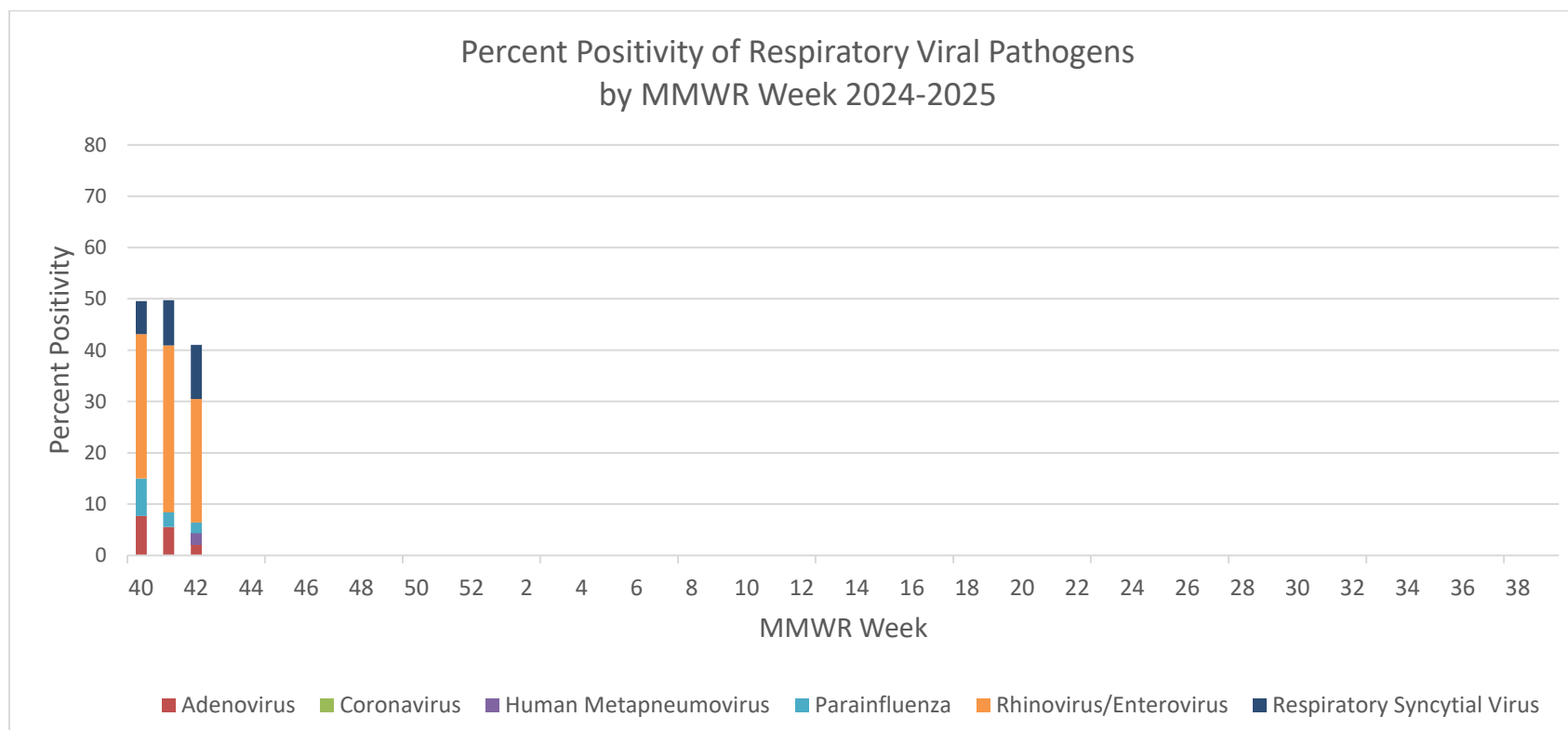
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



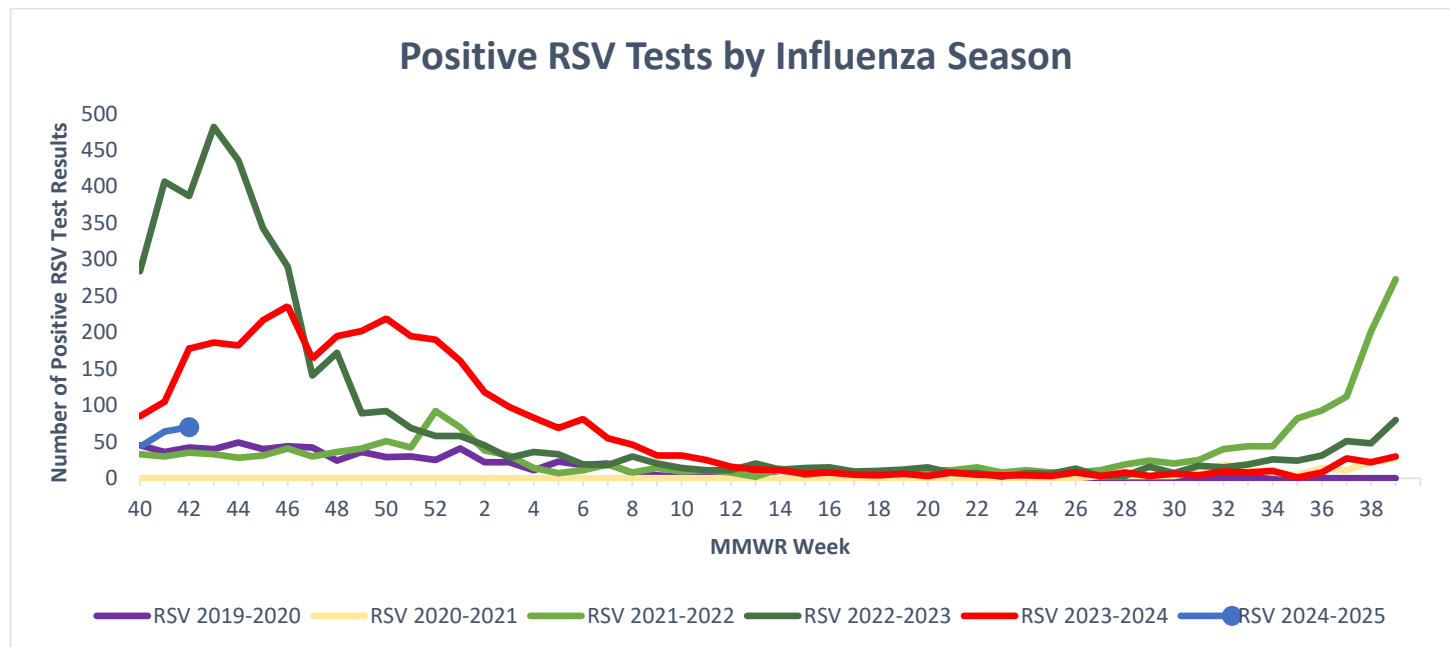
* A total of 4,842 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

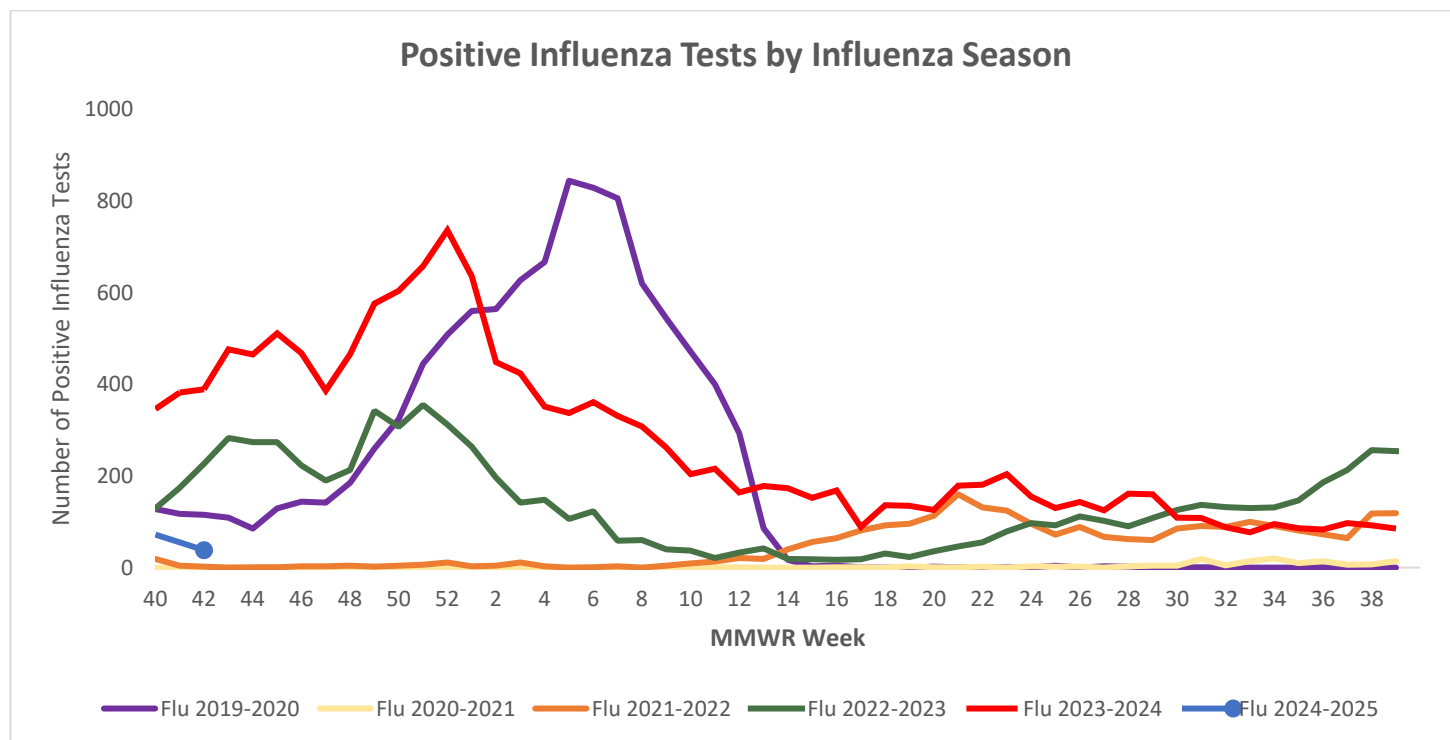


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

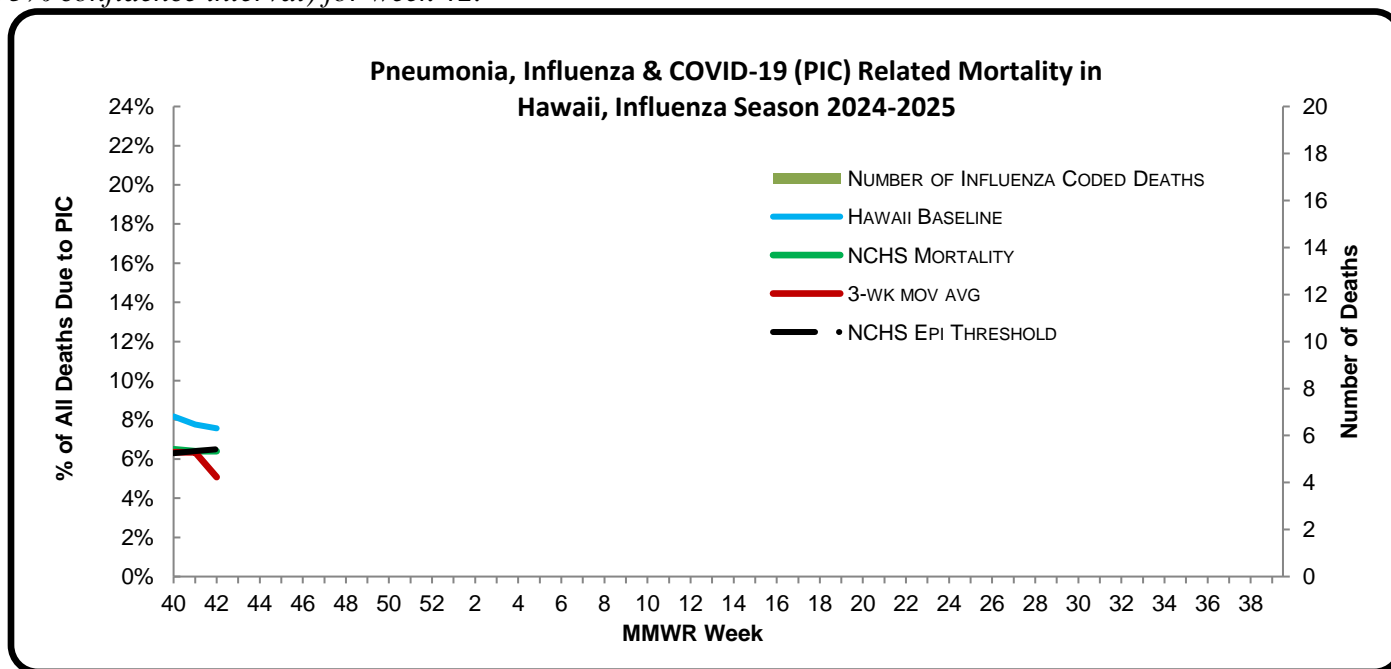
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 42** of the current influenza season:

- **2.4%** of all deaths that occurred in Hawaii during week 42 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **5.3%**), there have been 591 deaths from any cause, 31 of which were due to PIC¹².
- The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was lower than the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (6.4%) (i.e., outside the 95% confidence interval) and lower than the national epidemic threshold (6.4%) (i.e., outside the 95% confidence interval) for week 42.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 100.0% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been zero influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, no new influenza-associated pediatric deaths were reported to CDC during week 42. (2024–2025 season total: 0).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **September 27, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

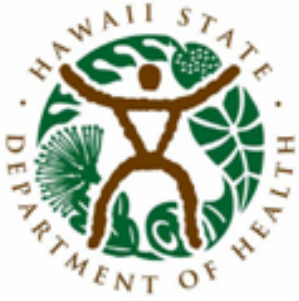
For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 43: OCTOBER 20, 2024– OCTOBER 26, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 43

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 2.2% | Lower than the previous week. Comparable to the Hawaii's historical baseline, comparable to the national ILI rate, and lower than the national baseline. |
| Number of ILI clusters reported to HDOH | 1 | There have been 1 cluster this season. |

| Laboratory Surveillance | | |
|---|------|--|
| Percent of all respiratory specimens positive for influenza this week | 3.1% | Higher than the previous week. This number means that many, if not all, of the 96.9% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 3.0% | |

| Surveillance for Severe Outcomes | | |
|---|------|--|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 4.0% | Lower than the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 0 | 0 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

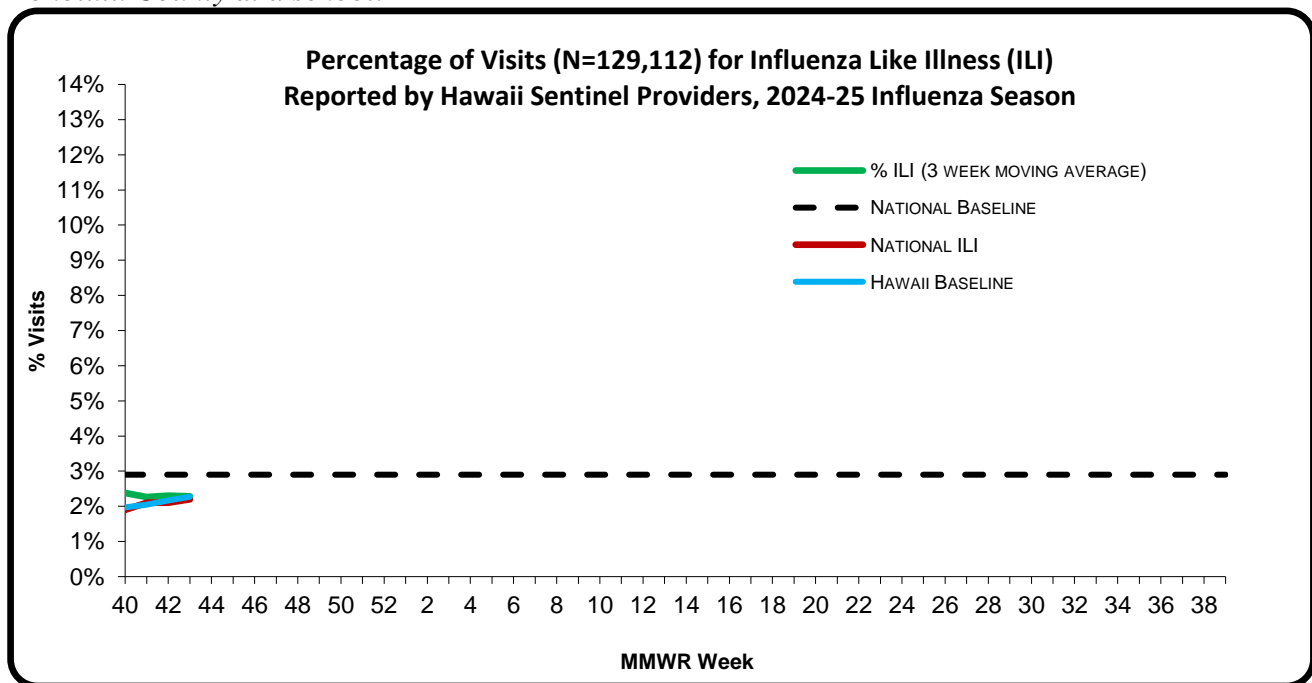
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 43** of the current influenza season:

- **2.2%** (season to date: **2.3%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were lower than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and comparable to the national ILI rate (**2.2%**) (i.e. inside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: One new cluster was reported to HDOH during week 43. The cluster occurred in Honolulu County at a school.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii’s major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

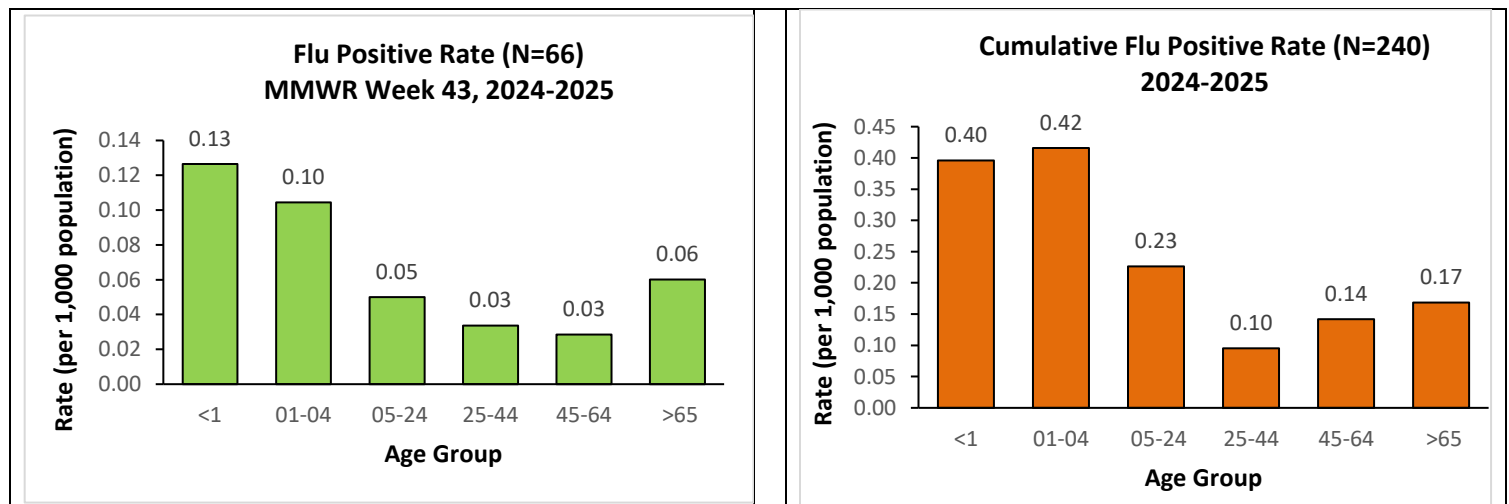
A. INFLUENZA:

- The following reflects laboratory findings for week 43 of the 2024–25 influenza season:
 - A total of **2,113** specimens have been tested statewide for influenza viruses (positive: 66 [3.1%]). (Season to date: 7,971 tested (3.0% positive))
 - 366 (17.3%) were screened only by rapid antigen tests with no confirmatory testing.
 - 1,747 (82.7%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 2,047 (96.9%) were negative.

| Influenza type | Current week 43 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 4 (6.1) | 8 (3.3) |
| Influenza A (H3) | 1 (1.5) | 2 (0.8) |
| Influenza A no subtyping | 61 (92.4) | 230 (95.8) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 0 (0.0) | 0 (0.0) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks’ post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

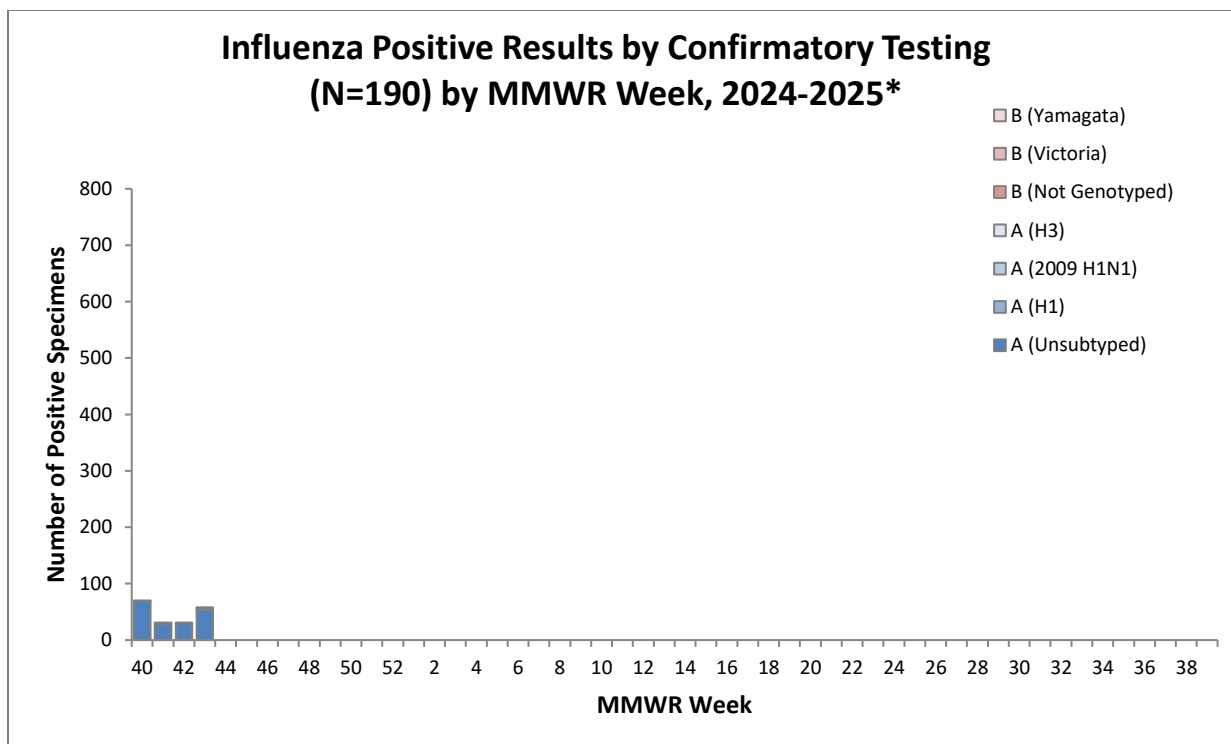
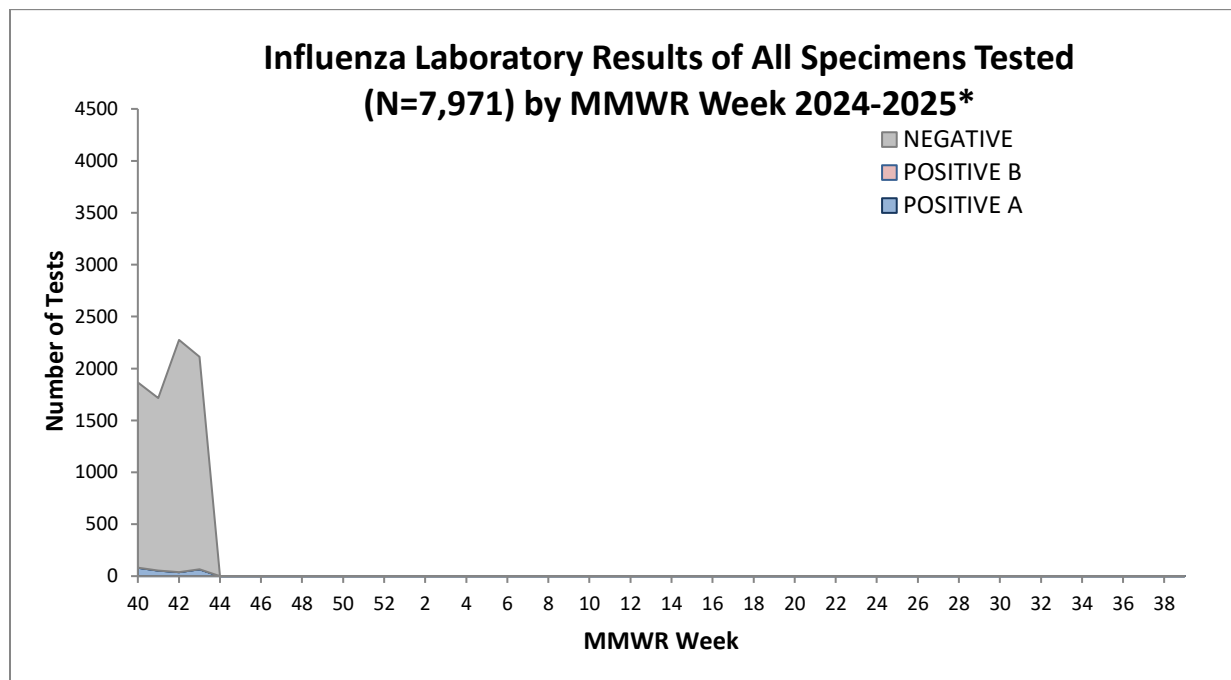
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

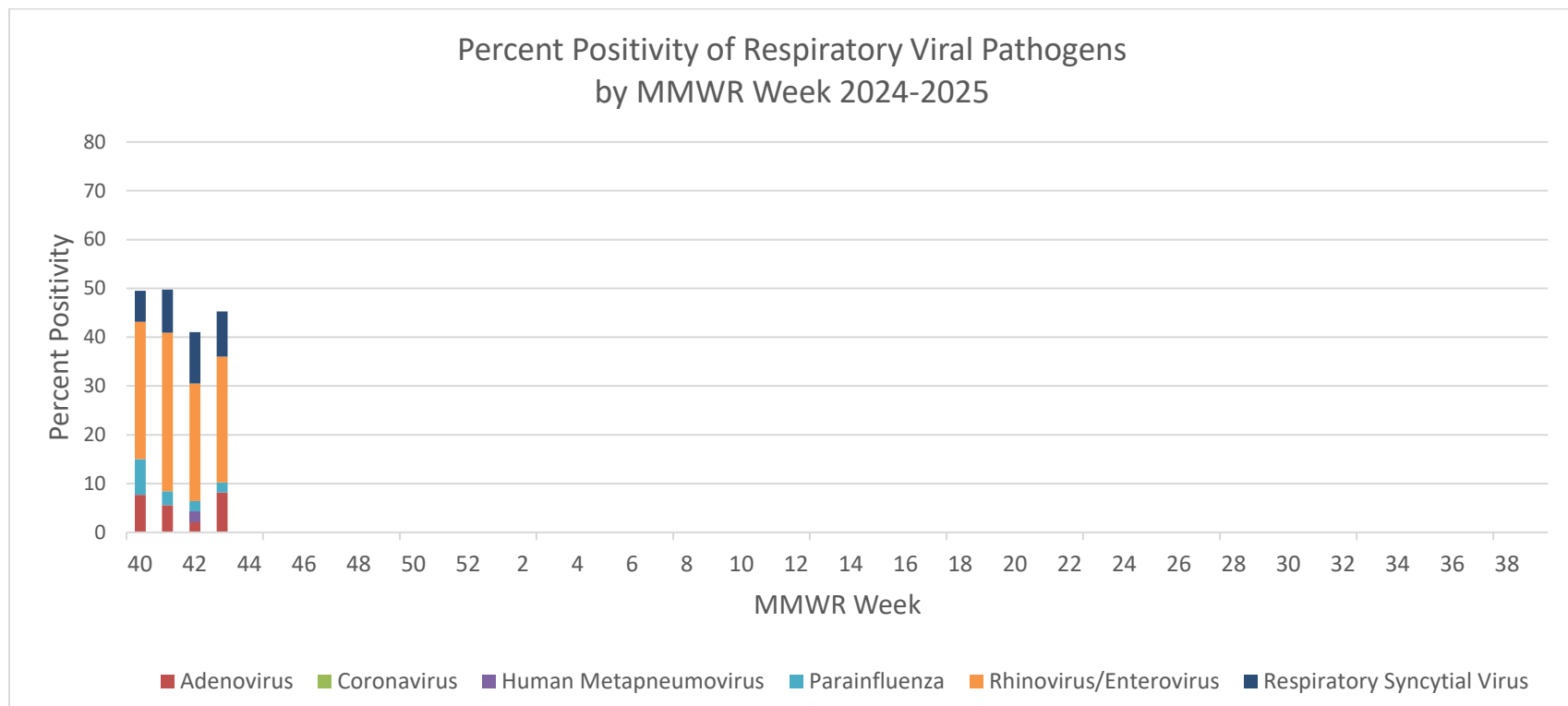
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



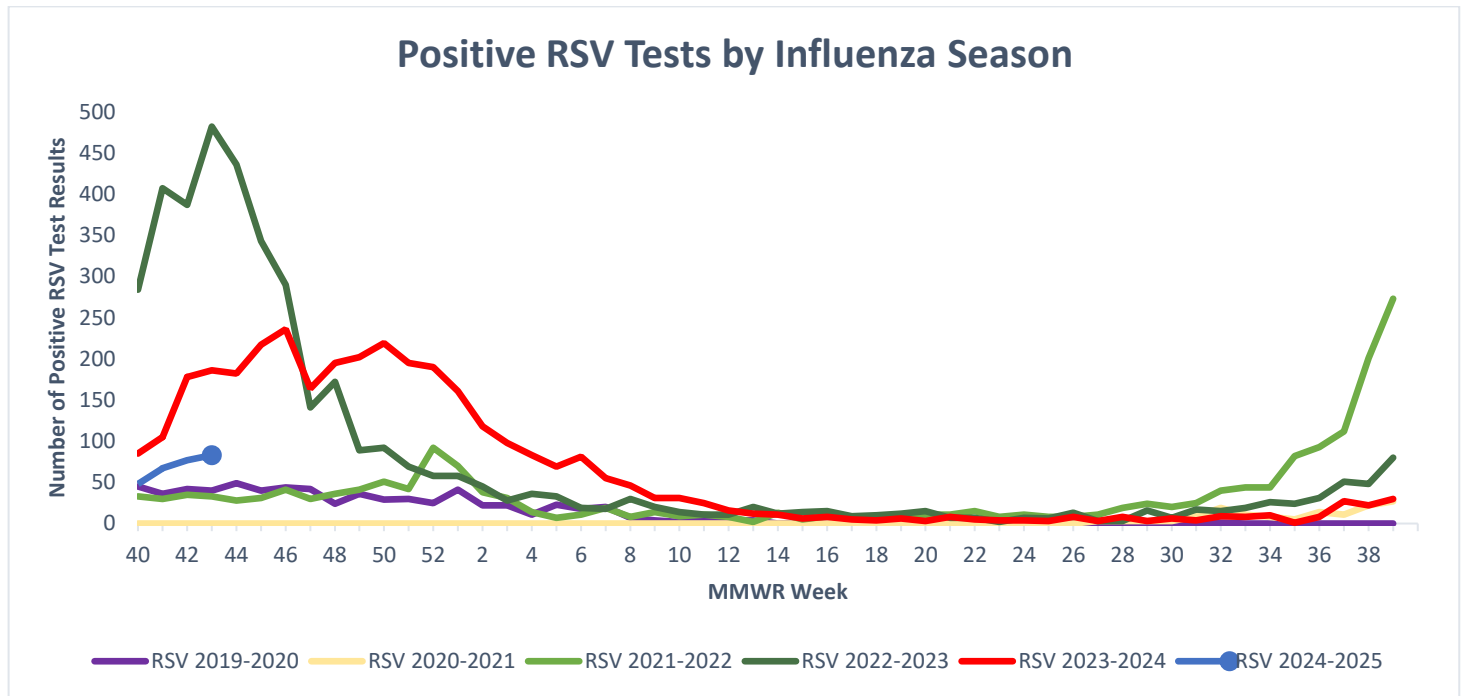
* A total of 6,589 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

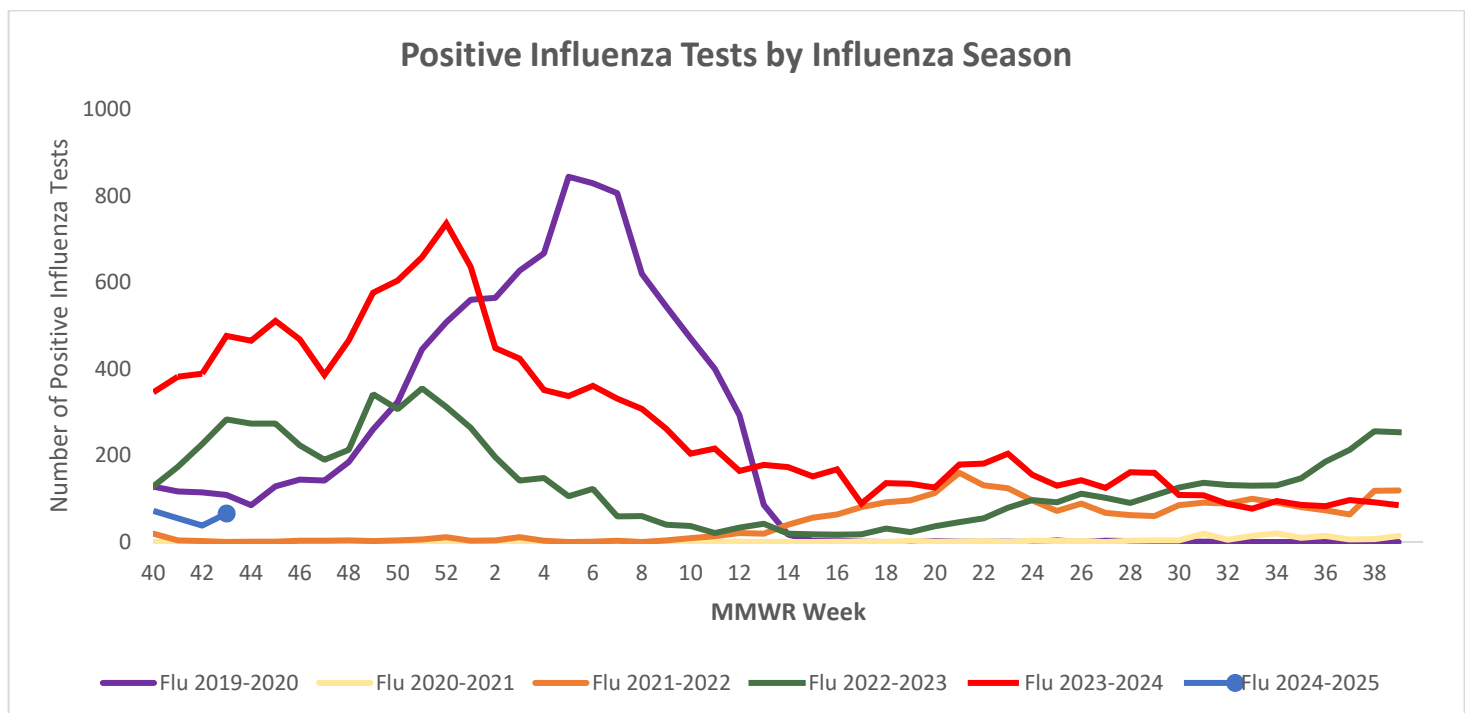


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

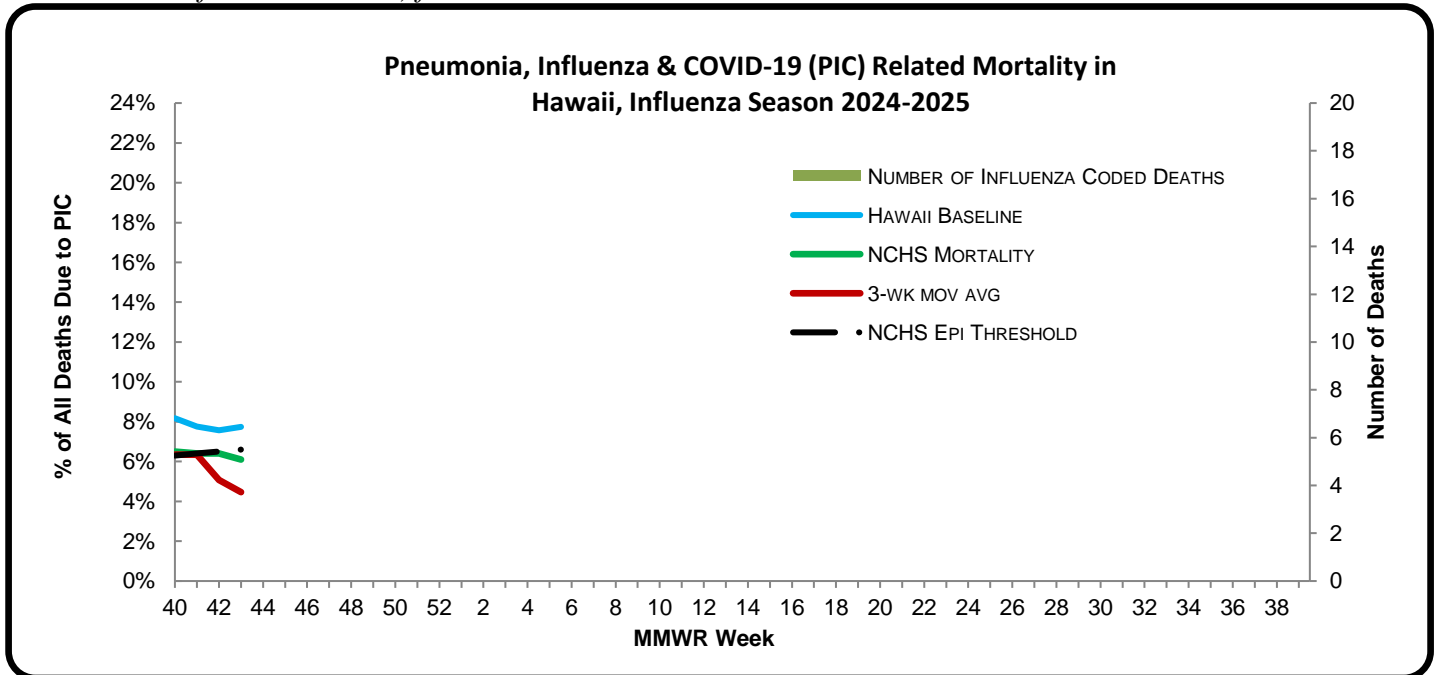
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 43** of the current influenza season:

- **4.0%** of all deaths that occurred in Hawaii during week 43 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **5.1%**), there have been 690 deaths from any cause, 35 of which were due to PIC¹².
- The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (6.1%) (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (6.6%) (i.e., inside the 95% confidence interval) for week 43.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 93.3% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been zero influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, no new influenza-associated pediatric deaths were reported to CDC during week 43. (2024–2025 season total: 0).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **September 27, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

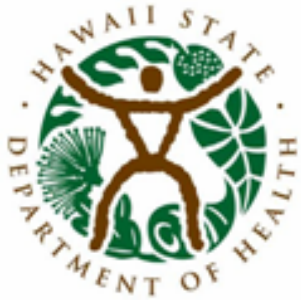
For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 44: OCTOBER 27, 2024–NOVEMBER 2, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 44

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 2.3% | Higher than the previous week. Lower than the Hawaii's historical baseline, comparable to the national ILI rate, and lower than the national baseline. |
| Number of ILI clusters reported to HDOH | 1 | There have been 2 clusters this season. |

| Laboratory Surveillance | | |
|---|------|--|
| Percent of all respiratory specimens positive for influenza this week | 6.0% | Higher than the previous week. This number means that many, if not all, of the 94.0% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 3.6% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 5.1% | Comparable to the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 1 | 0 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

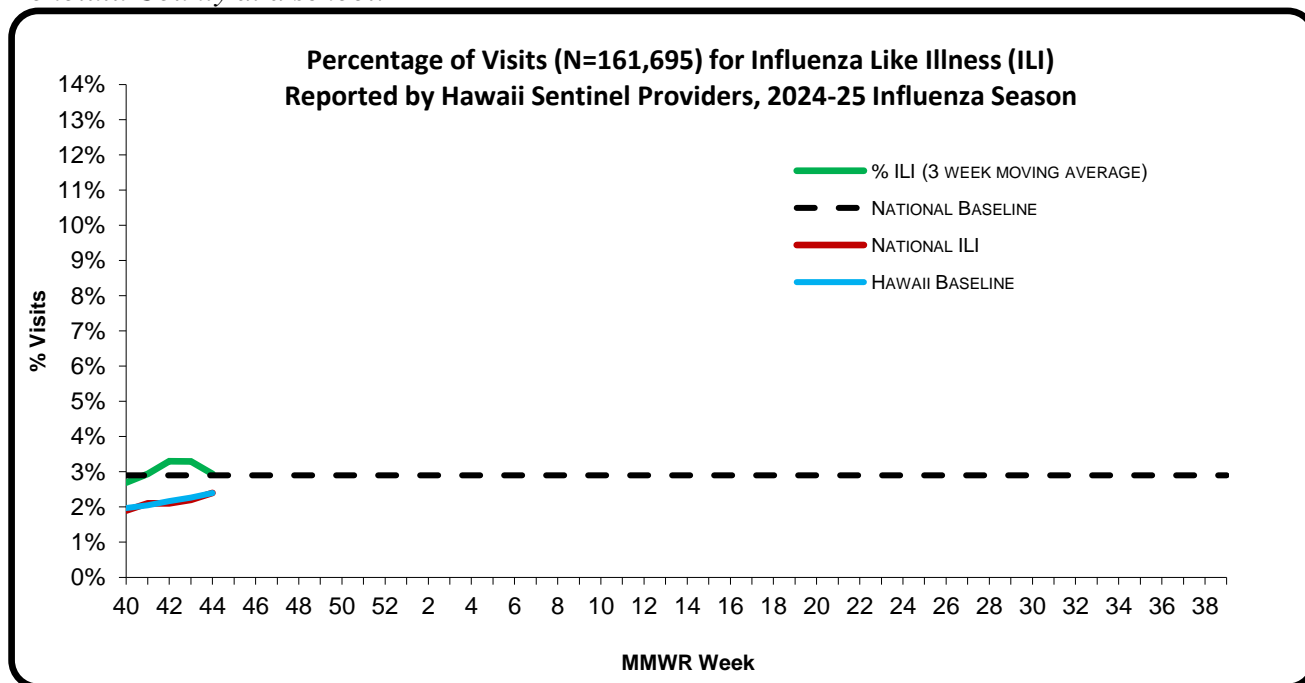
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For week 44 of the current influenza season:

- **2.3%** (season to date: **3.1%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were lower than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and comparable to the national ILI rate (**2.4%**) (i.e. inside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: One new cluster was reported to HDOH during week 44. The cluster occurred in Honolulu County at a school.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii’s major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

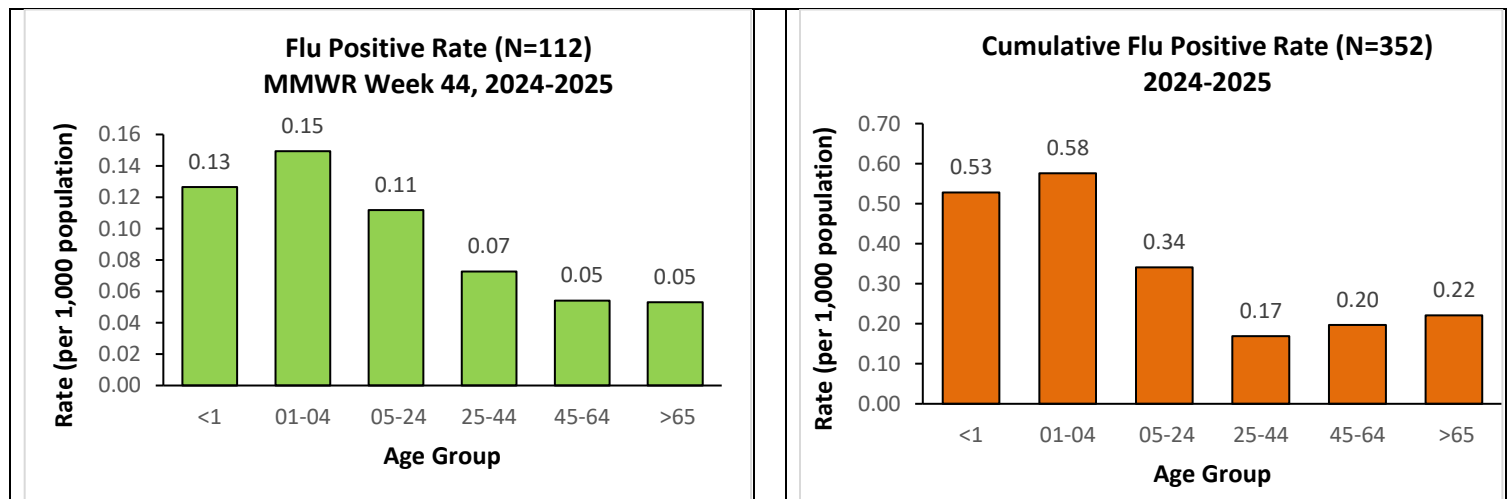
A. INFLUENZA:

- The following reflects laboratory findings for week 44 of the 2024–25 influenza season:
 - A total of **1,871** specimens have been tested statewide for influenza viruses (positive: 112 [6.0%]). (Season to date: 9,842 tested (3.6% positive))
 - 328 (17.5%) were screened only by rapid antigen tests with no confirmatory testing.
 - 1,543 (82.5%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 1,759 (94.0%) were negative.

| Influenza type | Current week 44 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 1 (0.9) | 9 (2.6) |
| Influenza A (H3) | 2 (1.8) | 4 (1.1) |
| Influenza A no subtyping | 108 (96.4) | 338 (96.0) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 1 (0.9) | 1 (0.3) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks’ post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

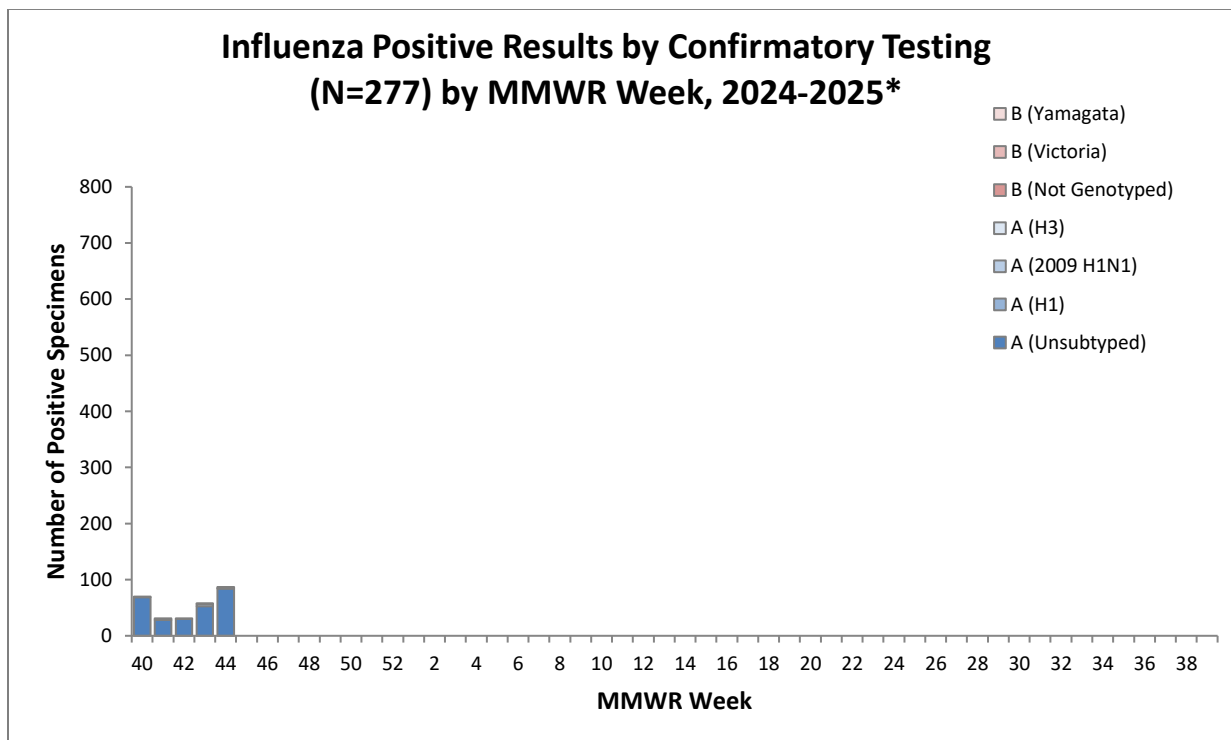
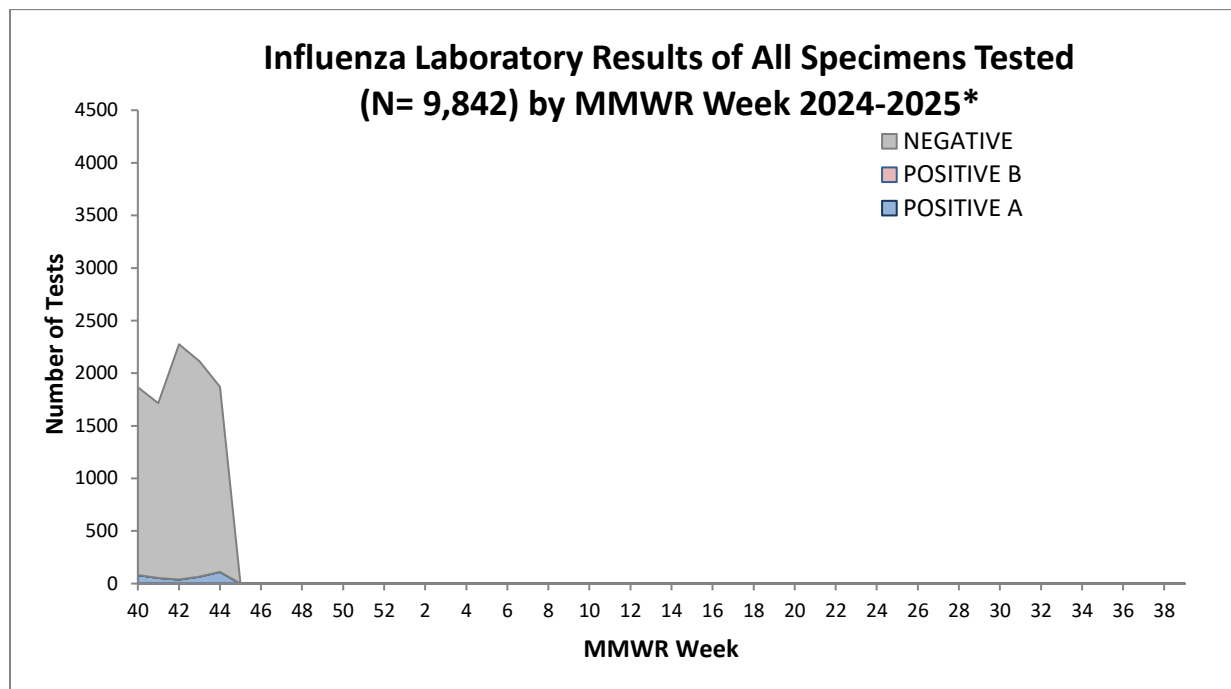
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

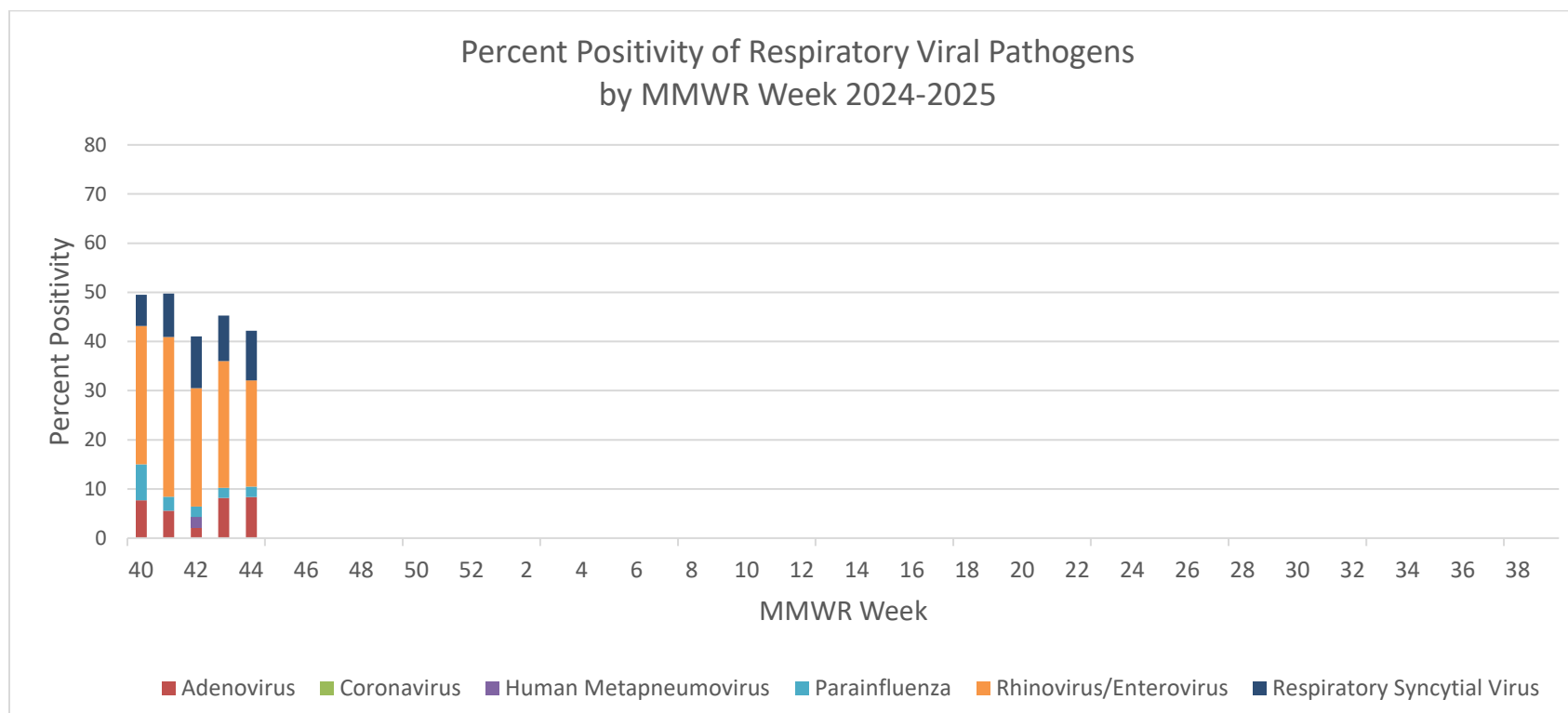
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



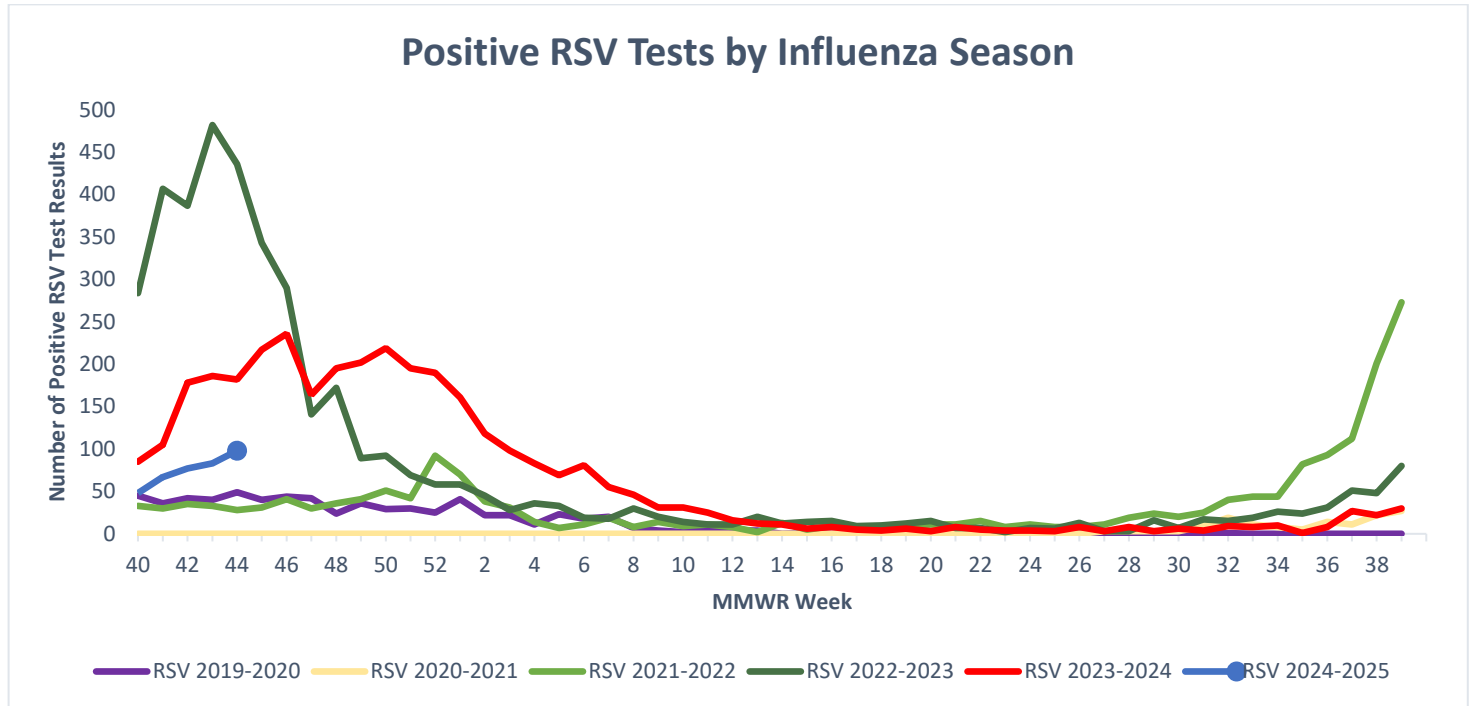
* A total of 8,131 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

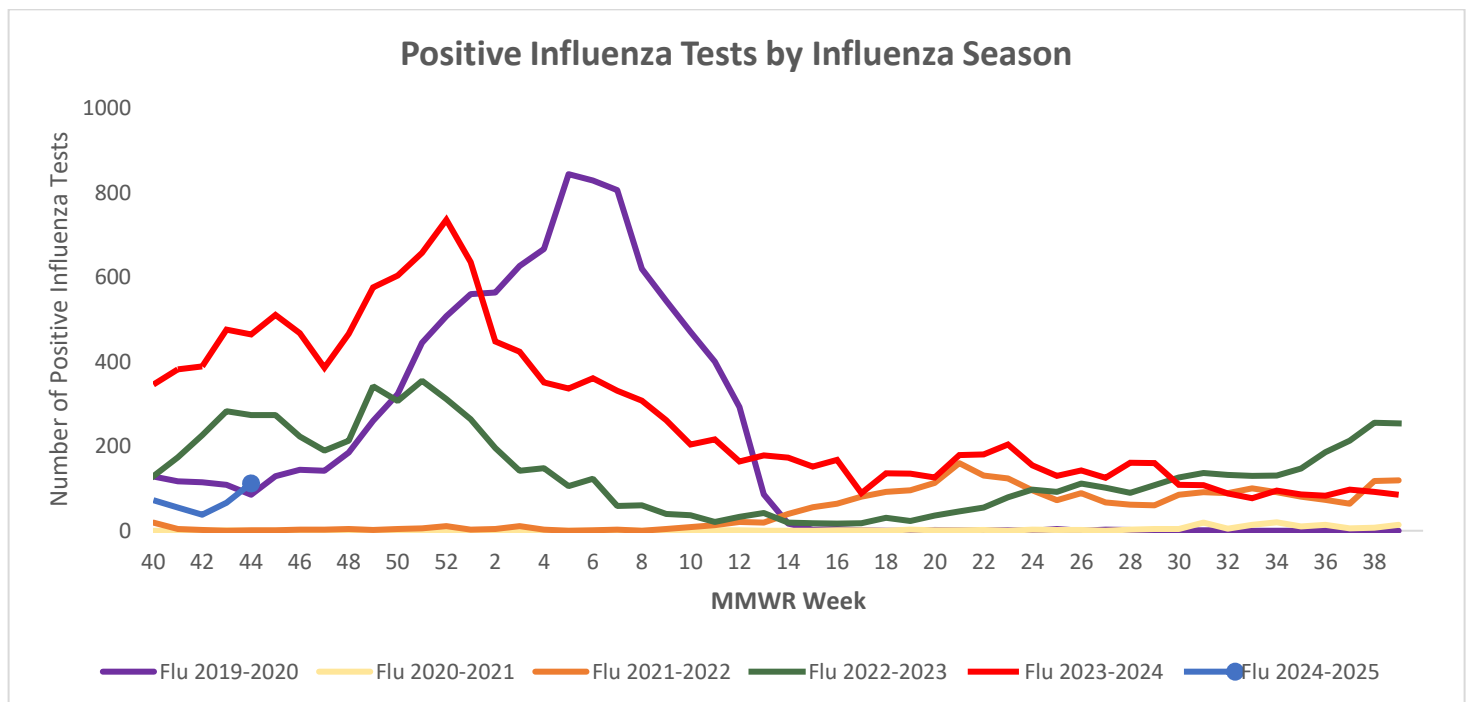


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

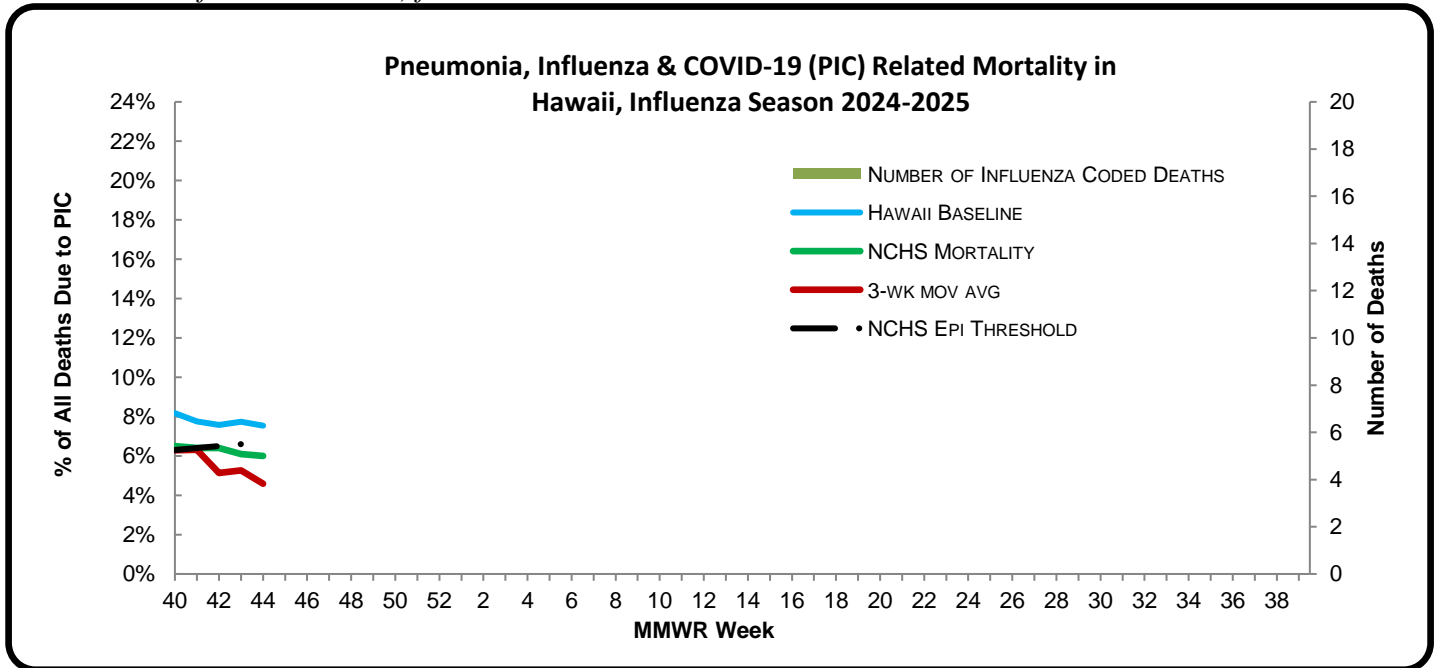
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 44** of the current influenza season:

- **5.1%** of all deaths that occurred in Hawaii during week 44 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **5.4%**), there have been 891 deaths from any cause, 48 of which were due to PIC¹².
- The PIC rate was comparable the historical baseline in Hawaii¹³ (i.e., inside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (6.0%) (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (6.7%) (i.e., inside the 95% confidence interval) for week 44.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 75.1% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been zero influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, one new influenza-associated pediatric deaths were reported to CDC during week 44. (2024–2025 season total: 1).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **September 27, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

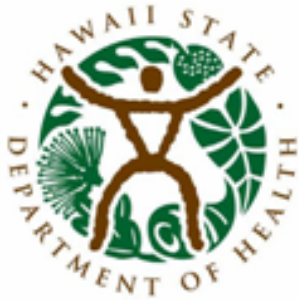
For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 45: NOVEMBER 3, 2024–NOVEMBER 9, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 45

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 2.3% | Higher than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and lower than the national baseline. |
| Number of ILI clusters reported to HDOH | 1 | There have been 3 clusters this season. |

| Laboratory Surveillance | | |
|---|------|---|
| Percent of all respiratory specimens positive for influenza this week | 3.9% | Lower than the previous week. This number means that many, if not all, of the 96.1% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 3.6% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 5.7% | Comparable to the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 1 | 0 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

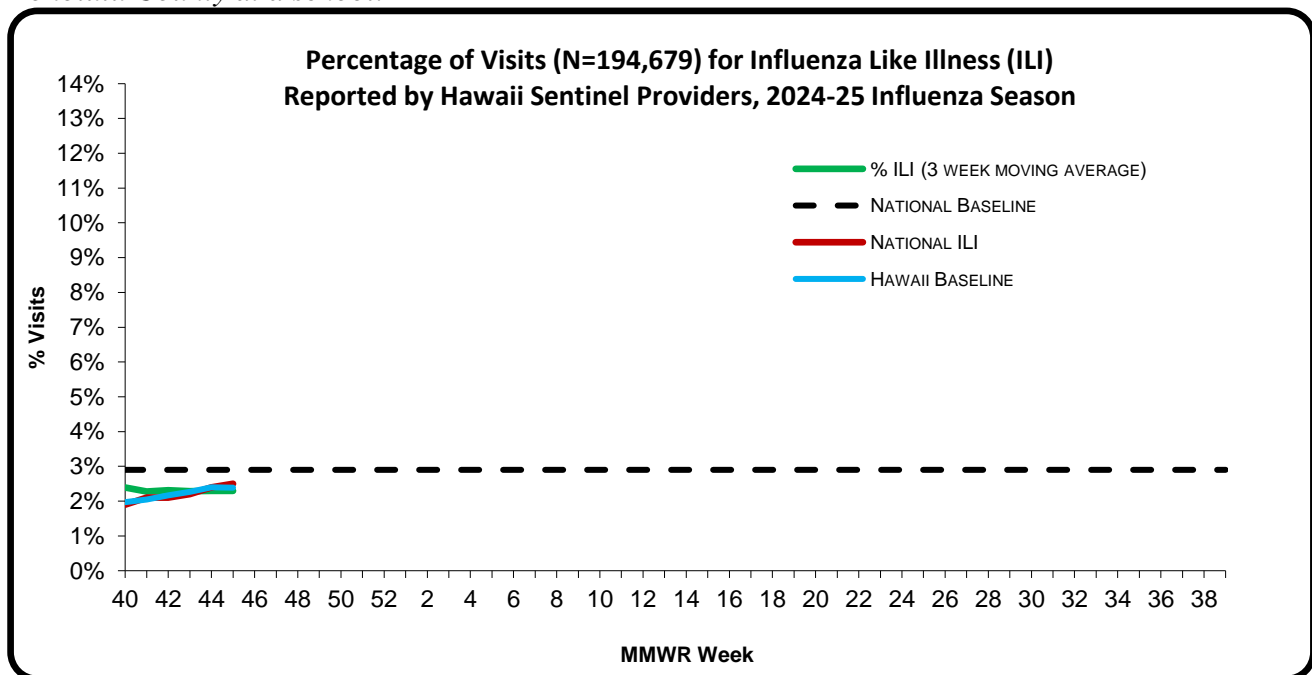
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For week 45 of the current influenza season:

- **2.3%** (season to date: **2.3%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were lower than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**2.5%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: One new cluster was reported to HDOH during week 45. The cluster occurred in Honolulu County at a school.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii’s major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

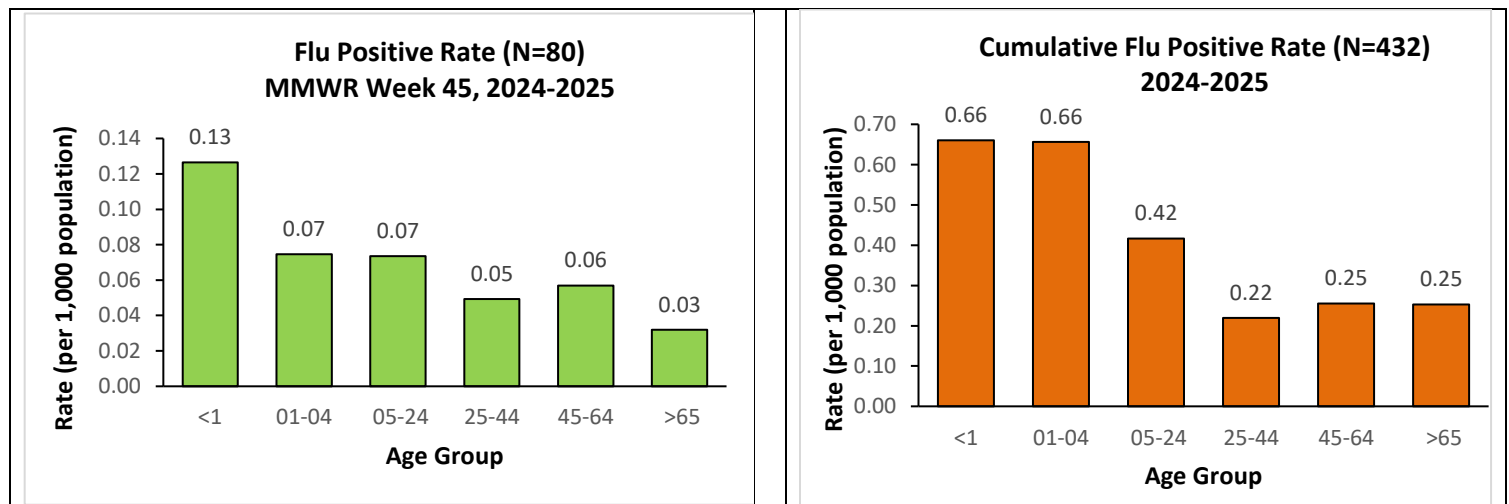
A. INFLUENZA:

- The following reflects laboratory findings for week 45 of the 2024–25 influenza season:
 - A total of **2,065** specimens have been tested statewide for influenza viruses (positive: 80 [3.9%]). (Season to date: 11,907 tested (3.6% positive))
 - 355 (17.2%) were screened only by rapid antigen tests with no confirmatory testing.
 - 1,710 (82.8%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 1,985 (96.1%) were negative.

| Influenza type | Current week 45 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 1 (1.3) | 10 (2.3) |
| Influenza A (H3) | 0 (0.0) | 4 (0.9) |
| Influenza A no subtyping | 79 (98.8) | 417 (96.5) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 0 (0.0) | 1 (0.2) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks’ post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

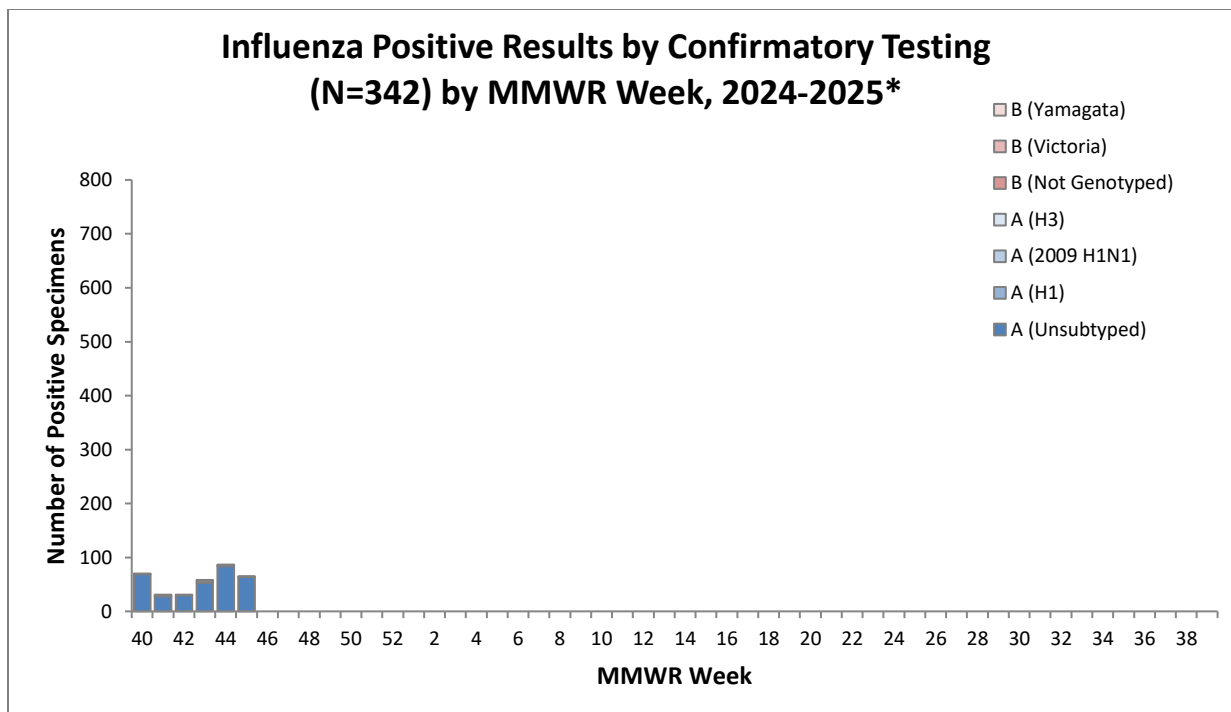
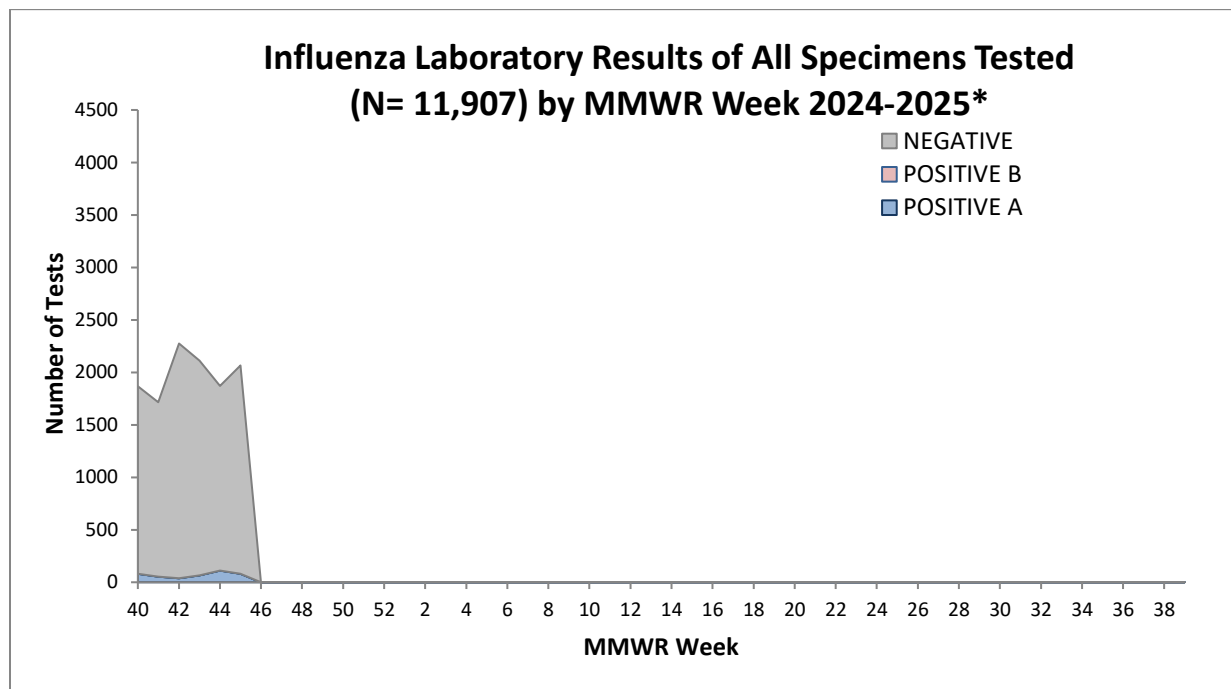
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

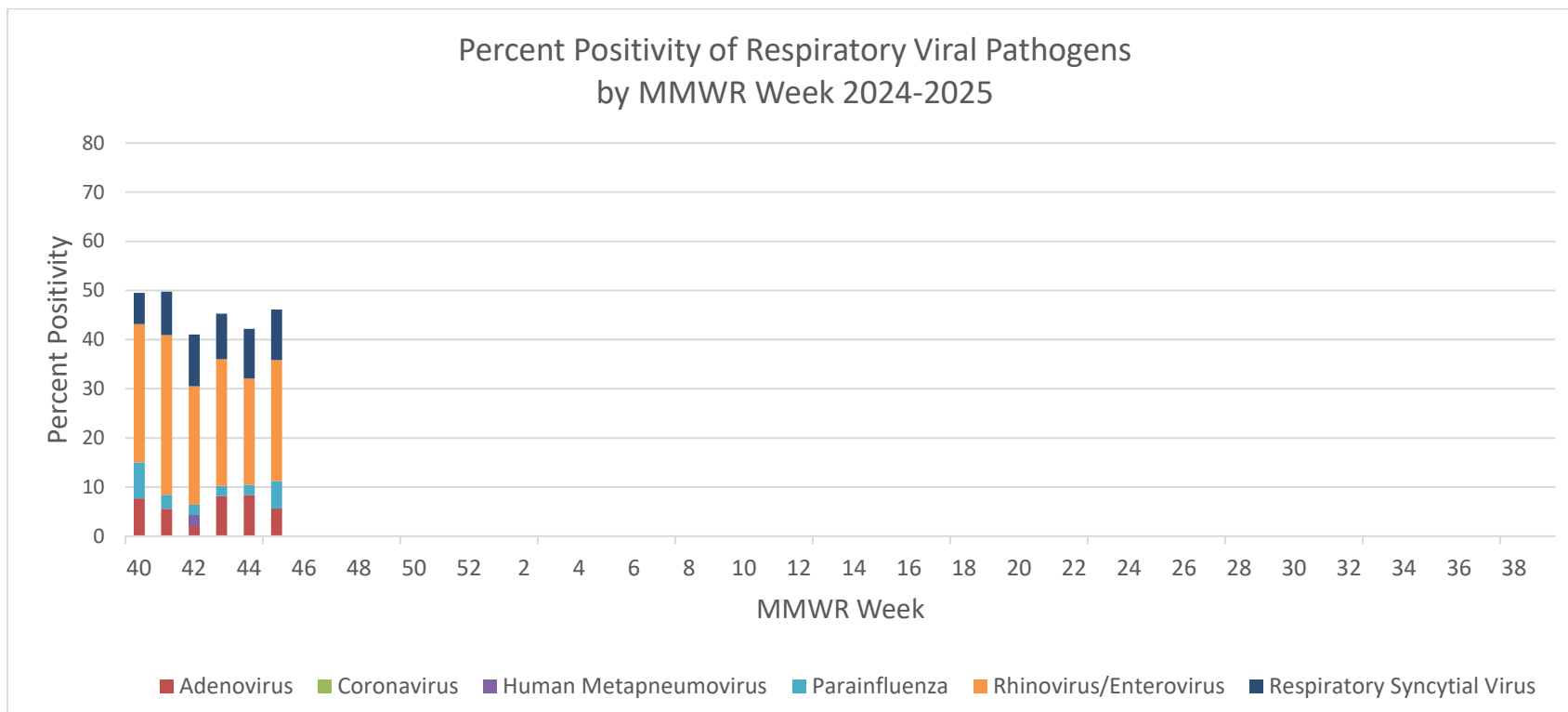
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



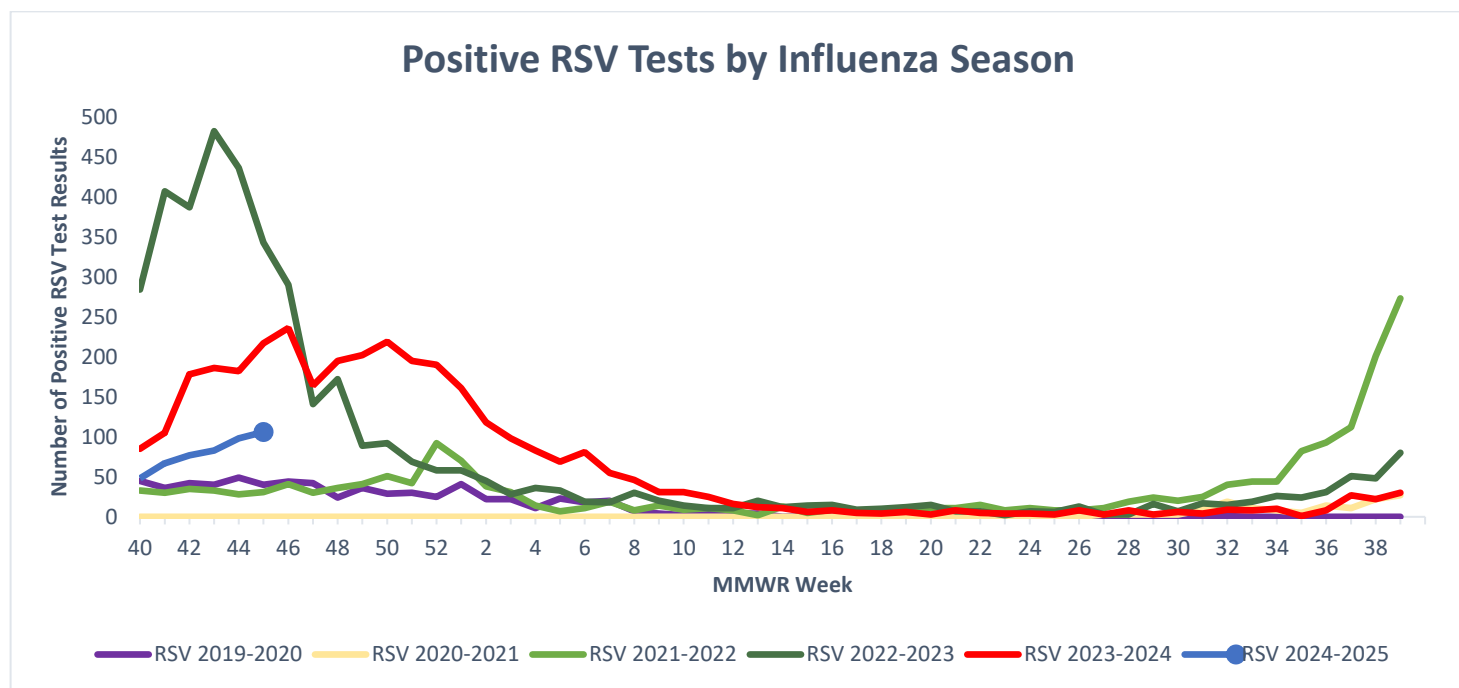
* A total of 9,841 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

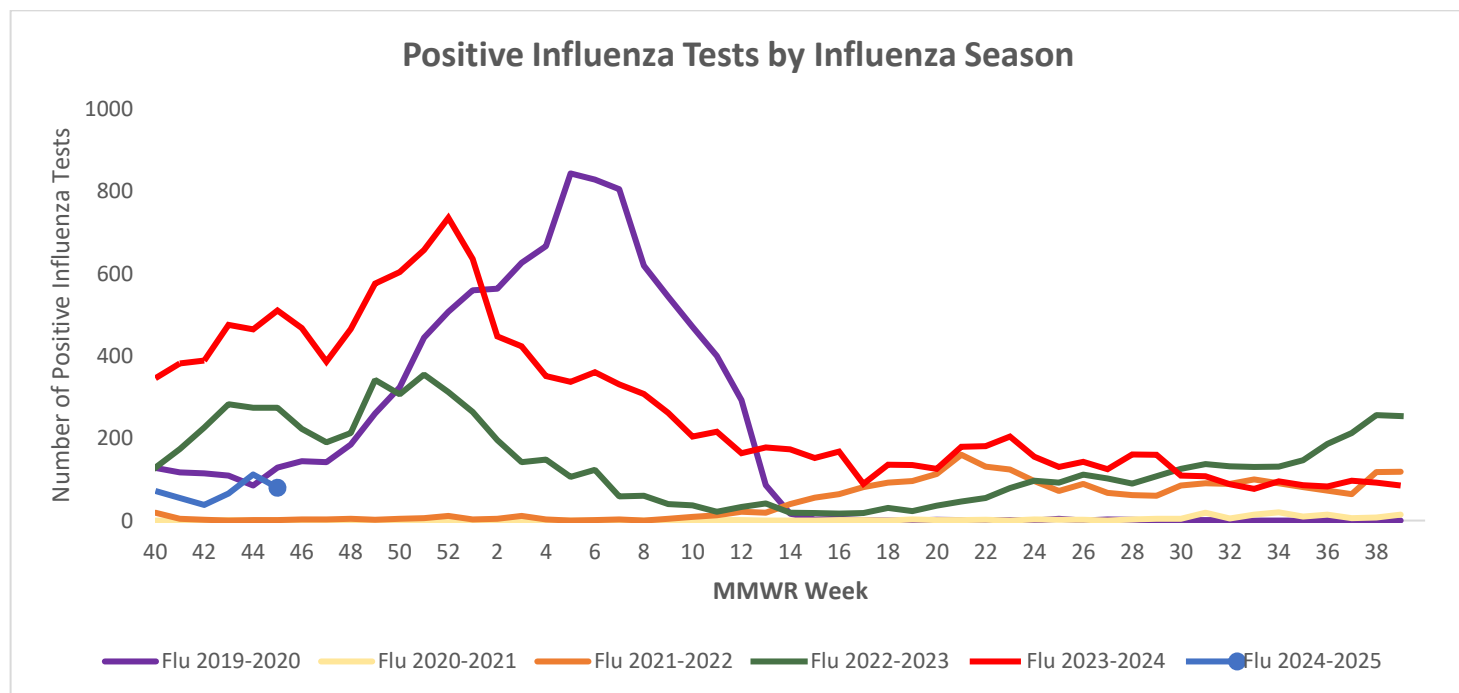


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

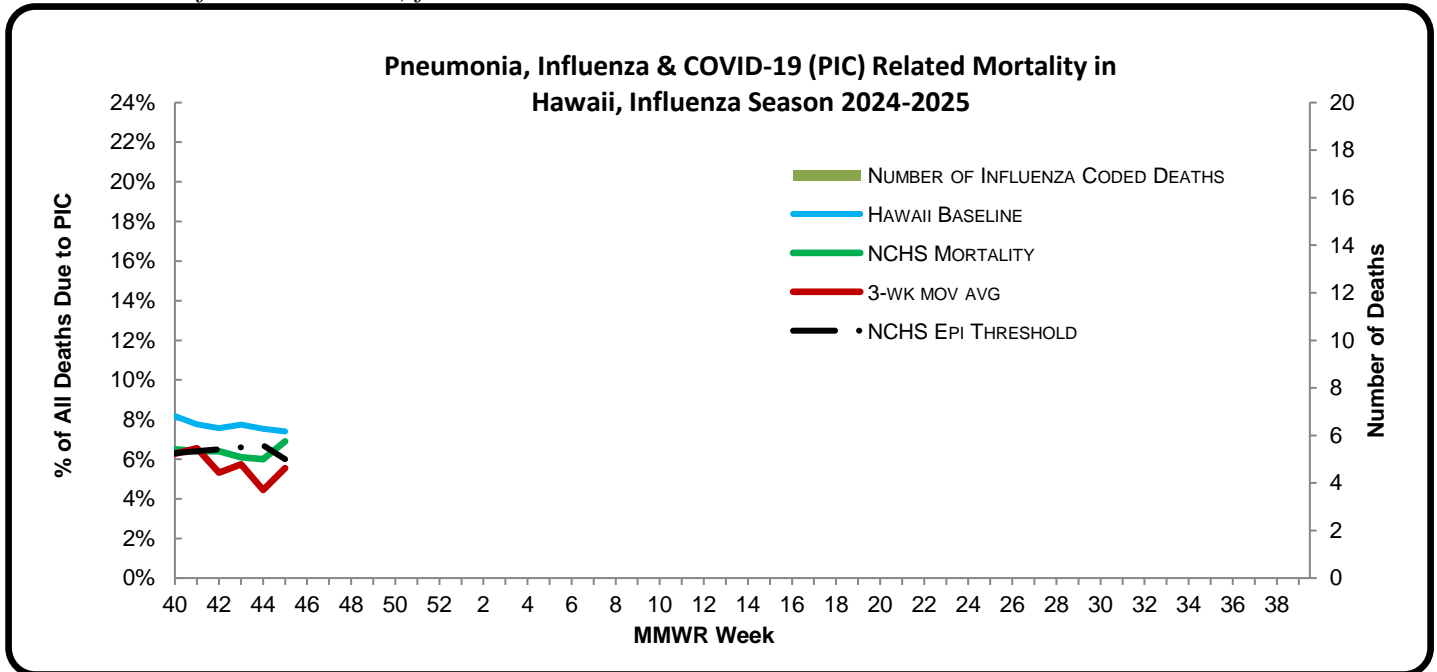
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 45** of the current influenza season:

- *5.7% of all deaths that occurred in Hawaii during week 45 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: 5.4%), there have been 1,116 deaths from any cause, 61 of which were due to PIC¹².*
- *The PIC rate was comparable the historical baseline in Hawaii¹³ (i.e., inside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 6.0% (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (6.9%) (i.e., inside the 95% confidence interval) for week 45.*



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 82.9% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been zero influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, one new influenza-associated pediatric deaths were reported to CDC during week 45. (2024–2025 season total: 1).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **November 1, 2024**. Thirty new human cases of influenza A(H5) were reported to WHO by USA. Twenty of the cases were detected in California while ten of the cases were detected in Washington. All of the cases had reported mild illness which resulted in no hospitalizations. The cases had all since recovered. One new human cases of influenza A(H9N2) were

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

reported to WHO by China. Case was seen at the hospital for fever and running nose. Case was not hospitalized and had since recovered.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 46: NOVEMBER 10, 2024–NOVEMBER 16, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 46

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 2.7% | Higher than the previous week. Comparable to the Hawaii's historical baseline, comparable to the national ILI rate, and comparable to the national baseline. |
| Number of ILI clusters reported to HDOH | 0 | There have been 3 clusters this season. |

| Laboratory Surveillance | | |
|---|------|--|
| Percent of all respiratory specimens positive for influenza this week | 4.6% | Higher than the previous week. This number means that many, if not all, of the 95.4% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 3.8% | |

| Surveillance for Severe Outcomes | | |
|---|------|--|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 2.5% | Lower than the Hawaii's historical baseline, lower than the national epidemic threshold and lower than the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 1 | 0 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

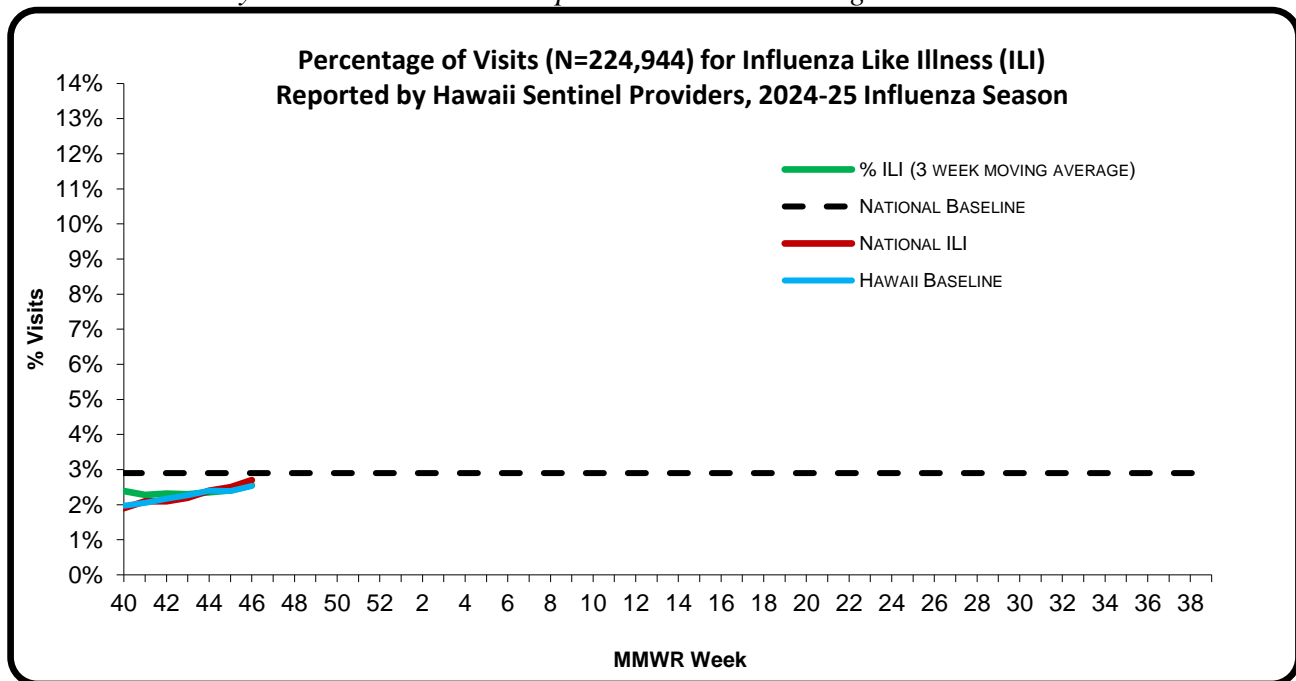
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 46** of the current influenza season:

- **2.7%** (season to date: **2.3%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were comparable to the national baseline (**2.9%**)⁴ (i.e., inside the 95% confidence interval) and comparable to the national ILI rate (**2.7%**) (i.e. inside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: No new cluster was reported to HDOH during week 46.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

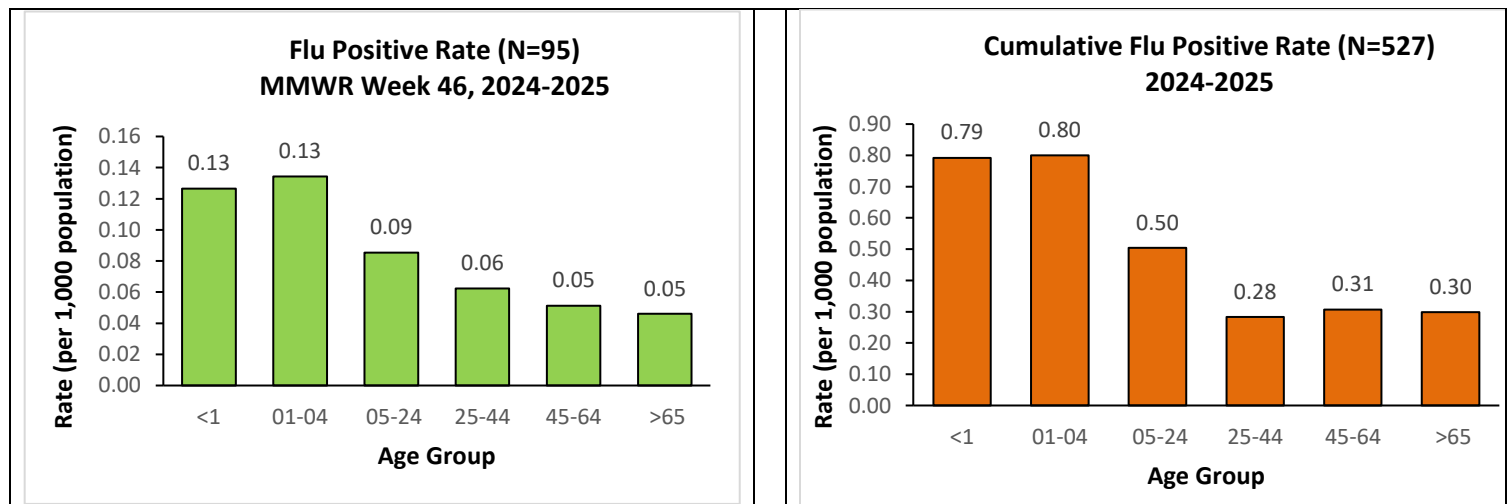
A. INFLUENZA:

- The following reflects laboratory findings for week 46 of the 2024–25 influenza season:
 - A total of **2,061** specimens have been tested statewide for influenza viruses (positive: 95 [**4.6%**]). (Season to date: 11,907 tested (3.8% positive))
 - 301 (14.6%) were screened only by rapid antigen tests with no confirmatory testing.
 - 1,760 (85.4%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 1,966 (95.4%) were negative.

| Influenza type | Current week 46 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 2 (2.1) | 12 (2.3) |
| Influenza A (H3) | 1 (1.0) | 5 (0.9) |
| Influenza A no subtyping | 90 (94.7) | 507 (96.2) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 2 (2.1) | 3 (0.6) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

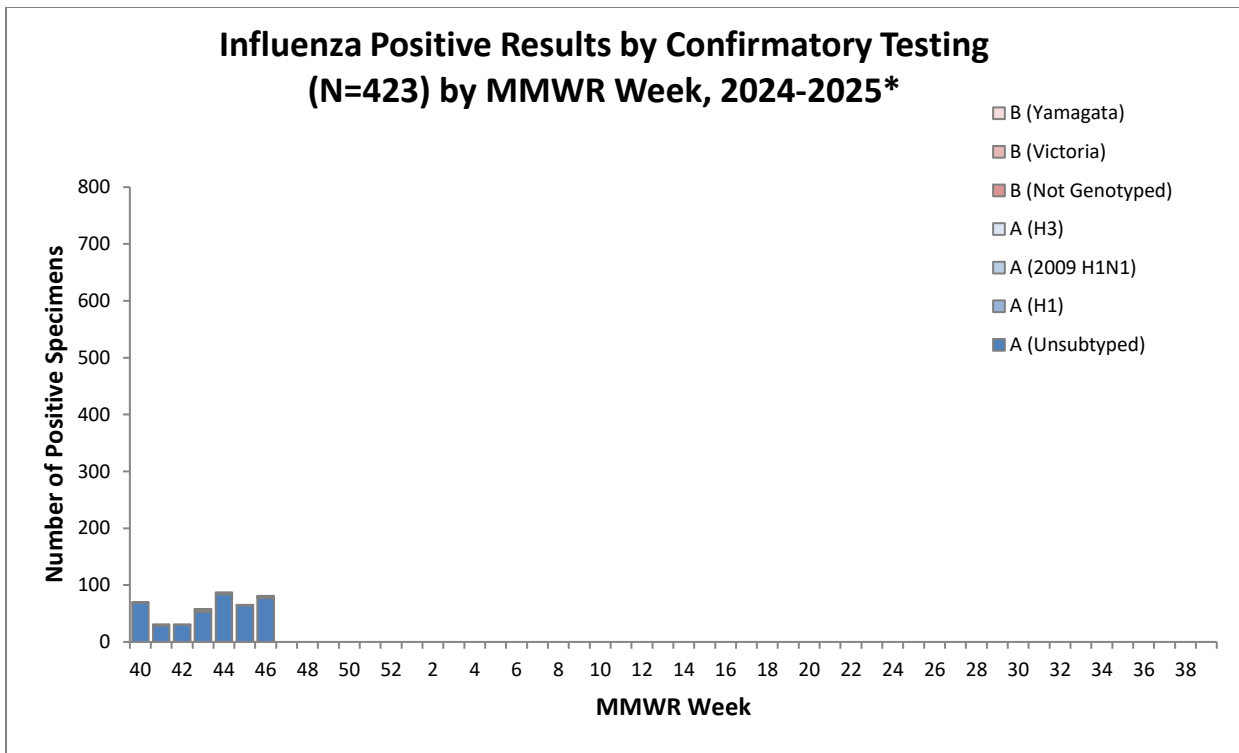
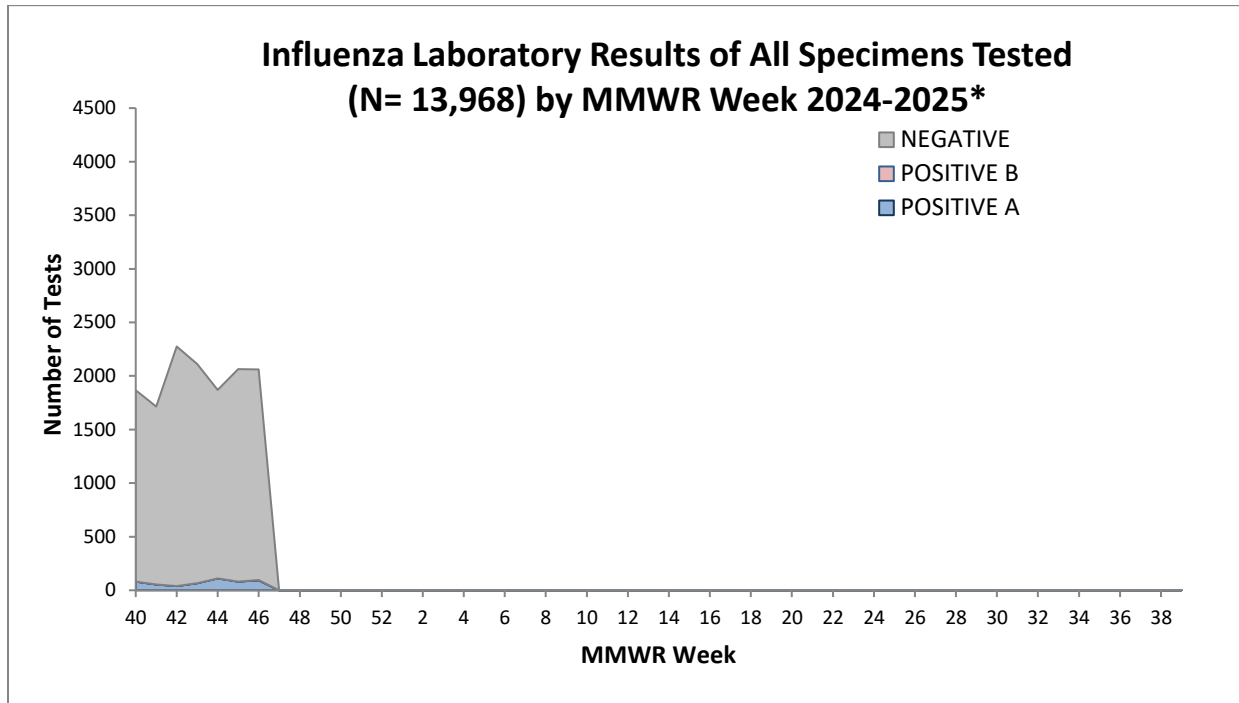
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

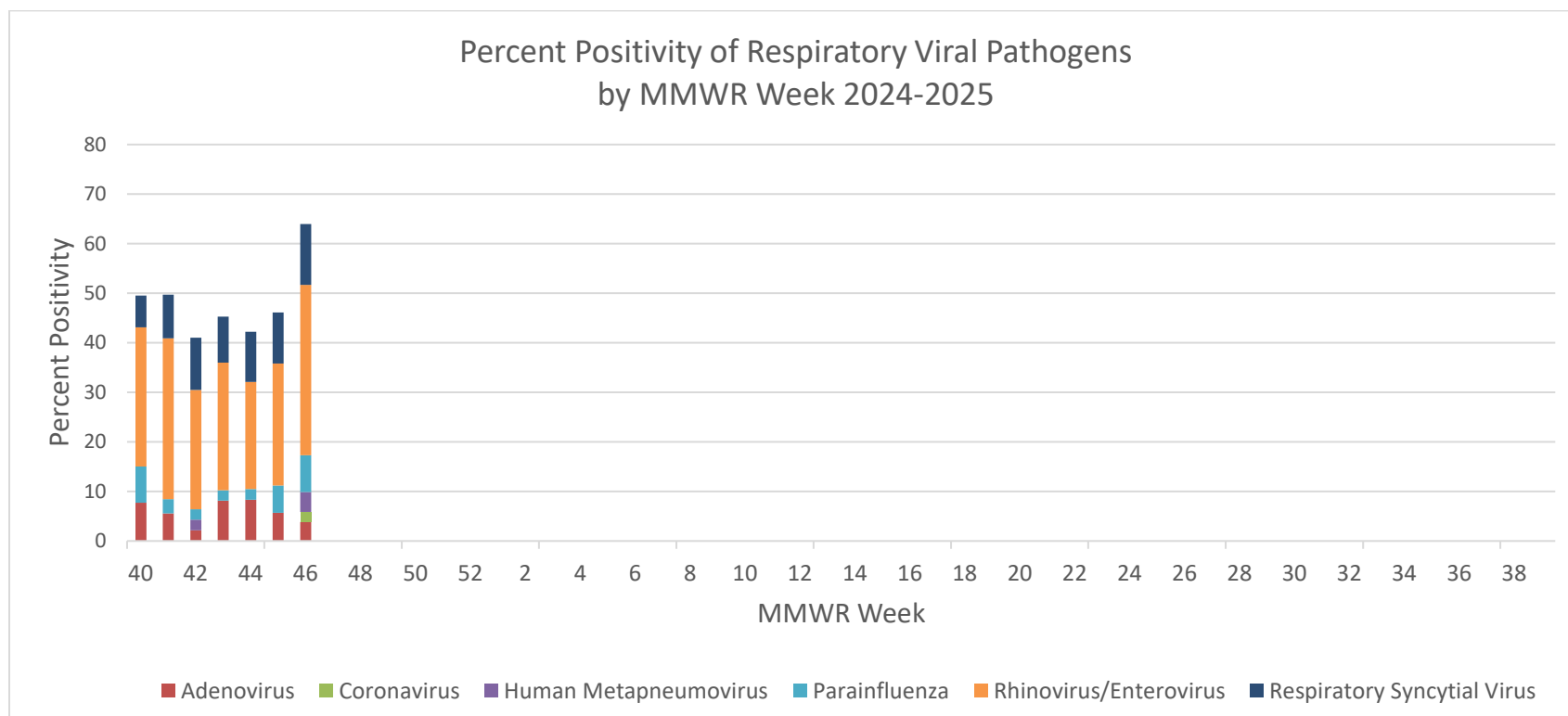
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



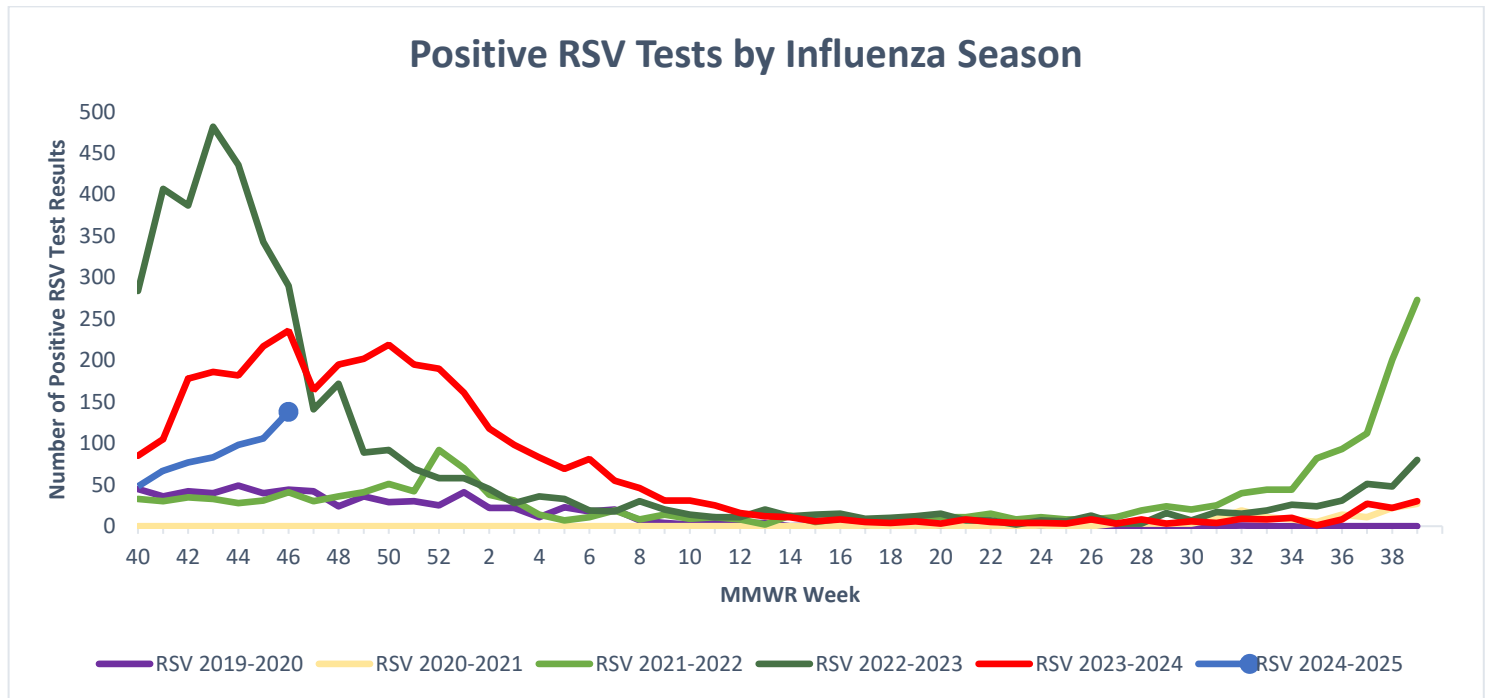
* A total of 11,600 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

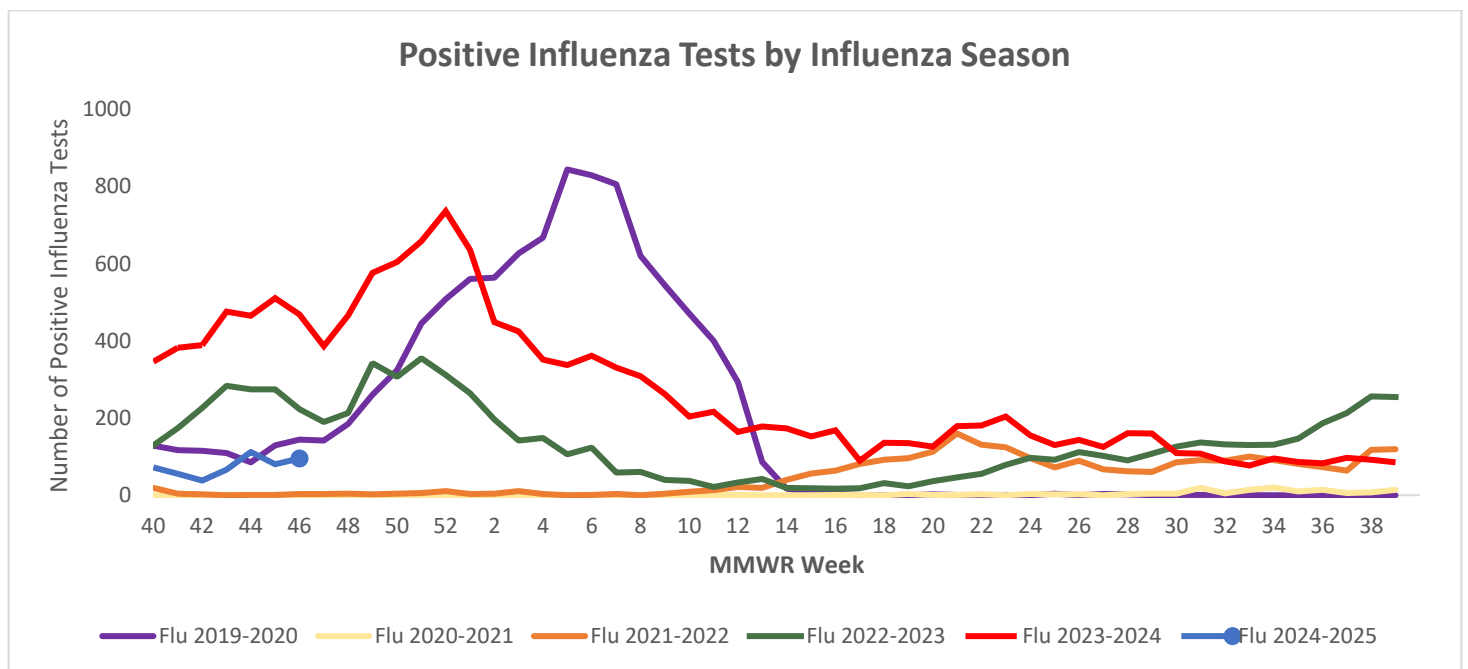


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

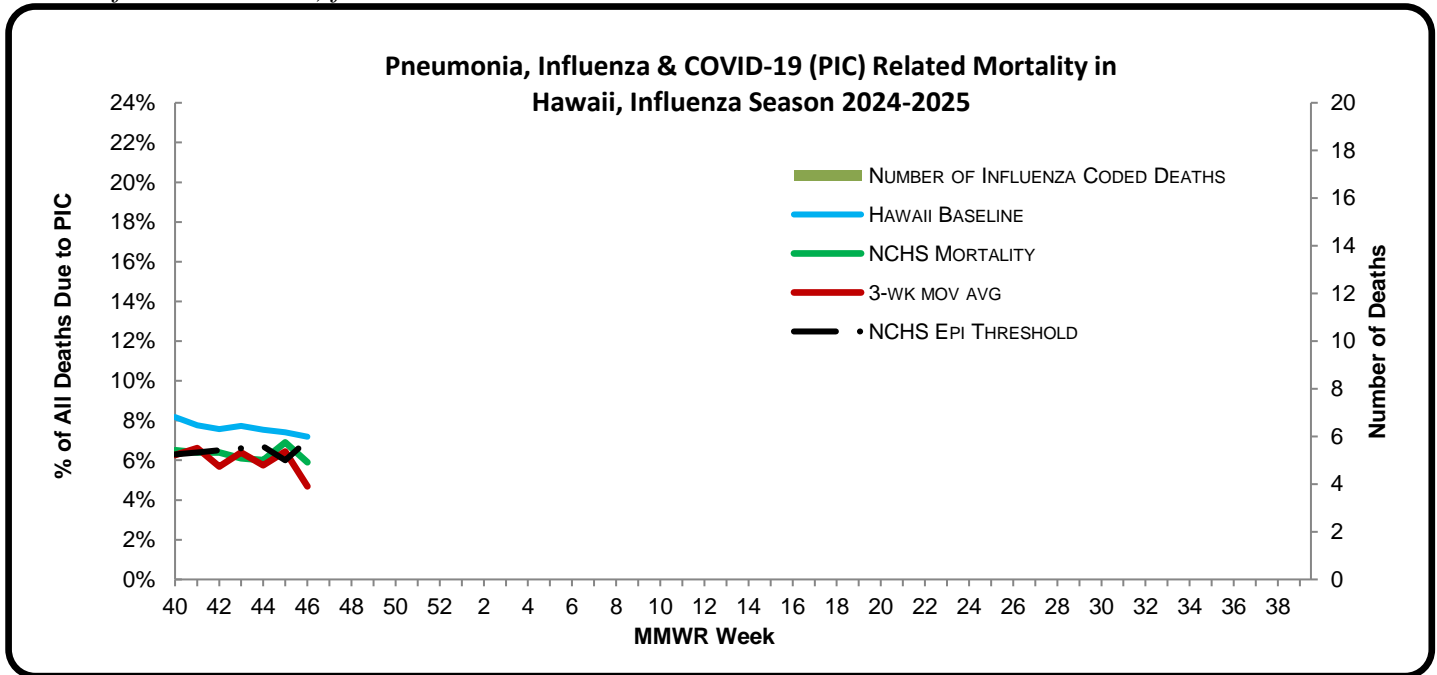
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 46** of the current influenza season:

- *2.5% of all deaths that occurred in Hawaii during week 46 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: 5.4%), there have been 1,458 deaths from any cause, 83 of which were due to PIC¹².*
- *The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was lower than the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 5.9%) (i.e., outside the 95% confidence interval) and lower than the national epidemic threshold (7.0%) (i.e., outside the 95% confidence interval) for week 46.*



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 100.0% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been zero influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, one new influenza-associated pediatric deaths were reported to CDC during week 46. (2024–2025 season total: 2).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **November 1, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 47: NOVEMBER 17, 2024–NOVEMBER 23, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 47

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|---|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 2.6% | Lower than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and lower than the national baseline. |
| Number of ILI clusters reported to HDOH | 0 | There have been 3 clusters this season. |

| Laboratory Surveillance | | |
|---|------|---|
| Percent of all respiratory specimens positive for influenza this week | 3.7% | Lower than the previous week. This number means that many, if not all, of the 96.3% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 3.8% | |

| Surveillance for Severe Outcomes | | |
|---|------|--|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 1.7% | Lower than the Hawaii's historical baseline, lower than the national epidemic threshold and lower than the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 2 | 0 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

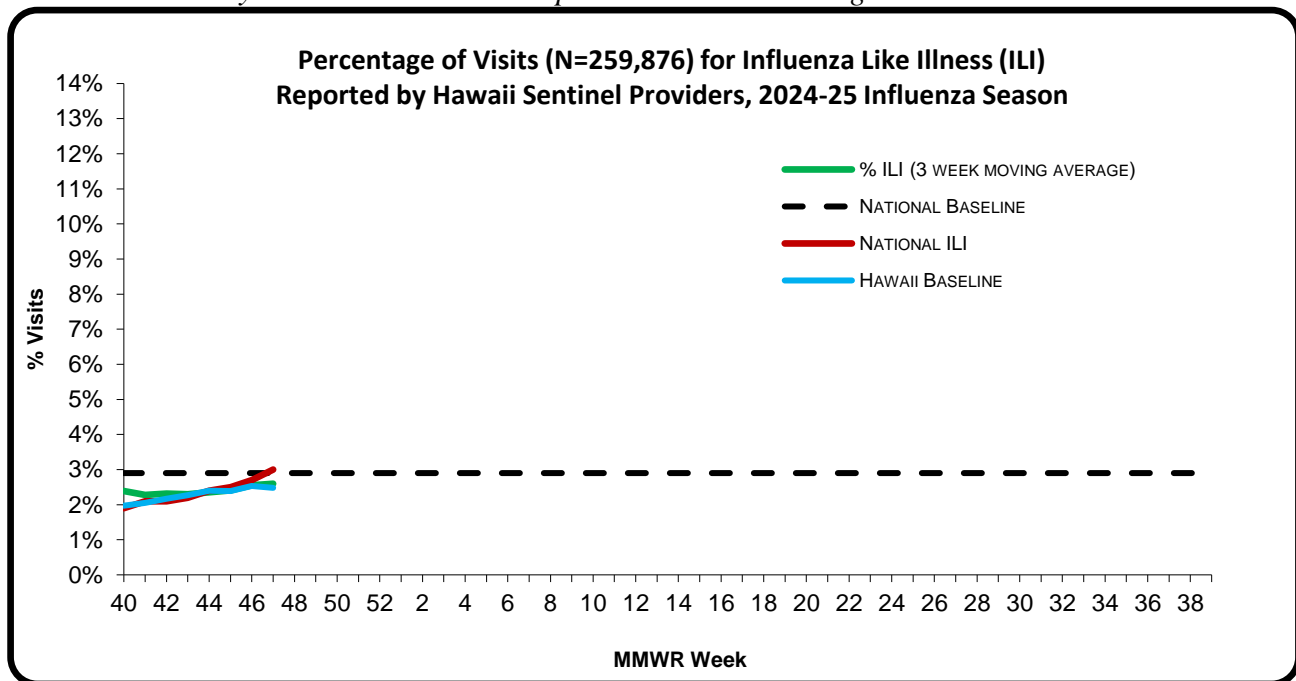
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For week 47 of the current influenza season:

- **2.6%** (season to date: **2.4%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were lower than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**3.0%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: No new cluster was reported to HDOH during week 47.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

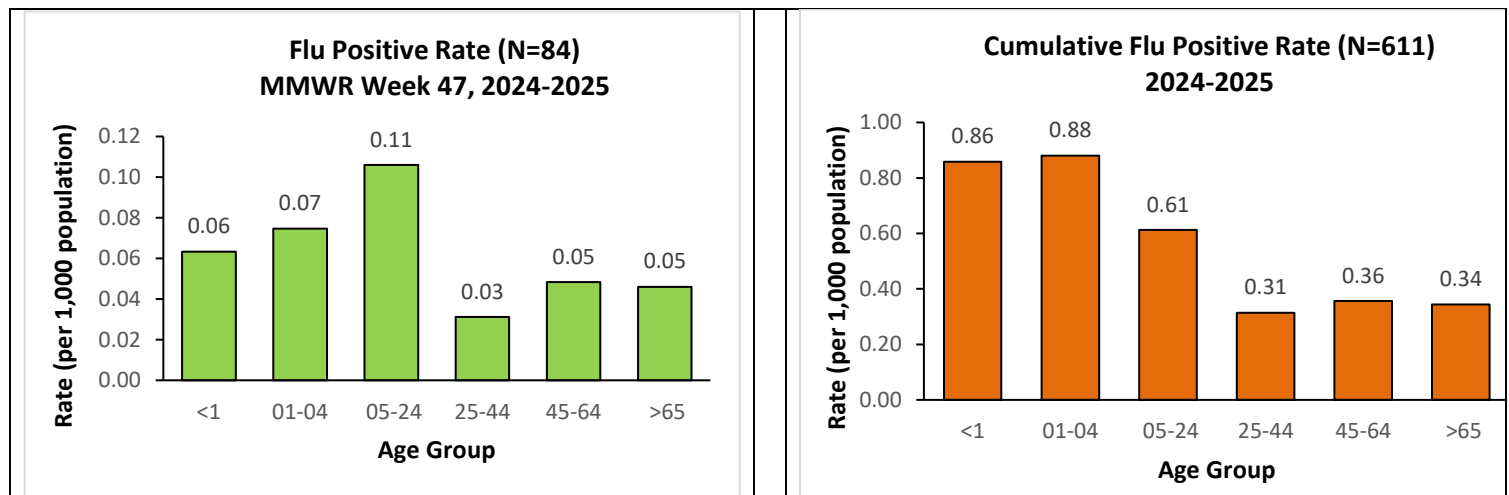
A. INFLUENZA:

- The following reflects laboratory findings for week 47 of the 2024–25 influenza season:
 - A total of **2,285** specimens have been tested statewide for influenza viruses (positive: 84 [3.7%]). (Season to date: 16,253 tested (3.8% positive))
 - 358 (15.7%) were screened only by rapid antigen tests with no confirmatory testing.
 - 1,927 (84.3%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 2,201 (96.3%) were negative.

| Influenza type | Current week 47 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 1 (1.2) | 12 (2.0) |
| Influenza A (H3) | 1 (1.2) | 6 (1.0) |
| Influenza A no subtyping | 82 (97.6) | 589 (96.4) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 0 (0.0) | 4 (0.6) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

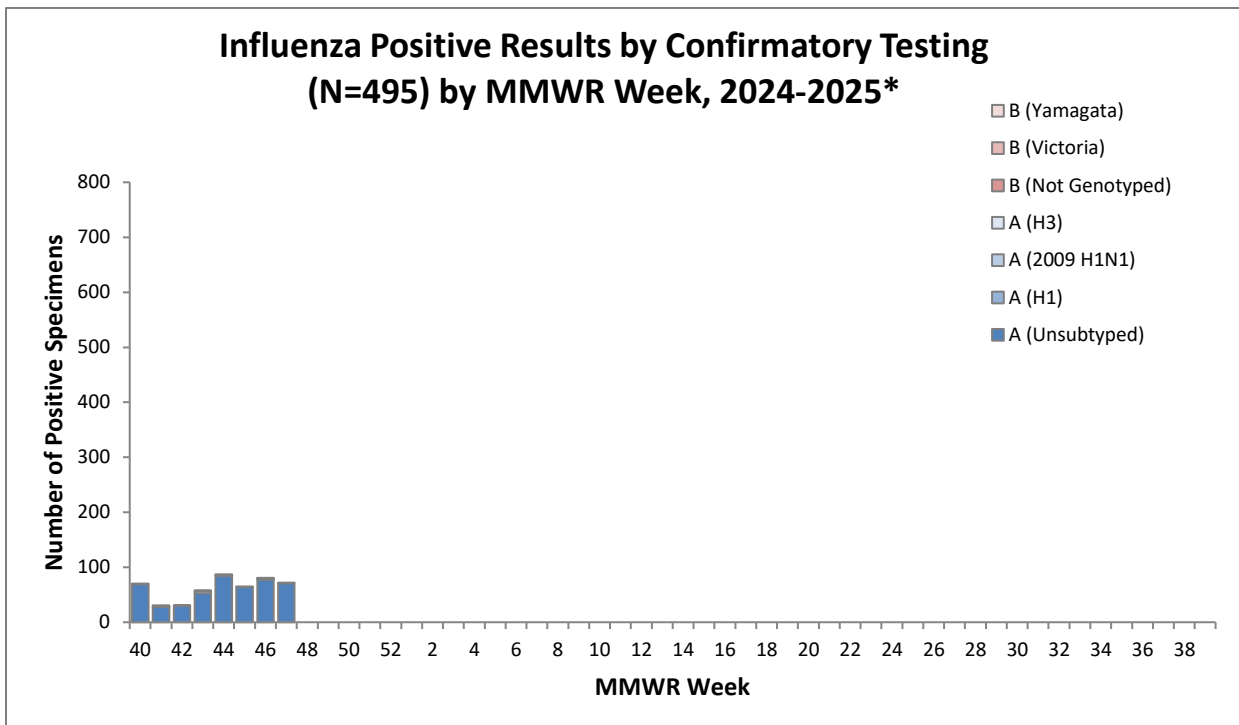
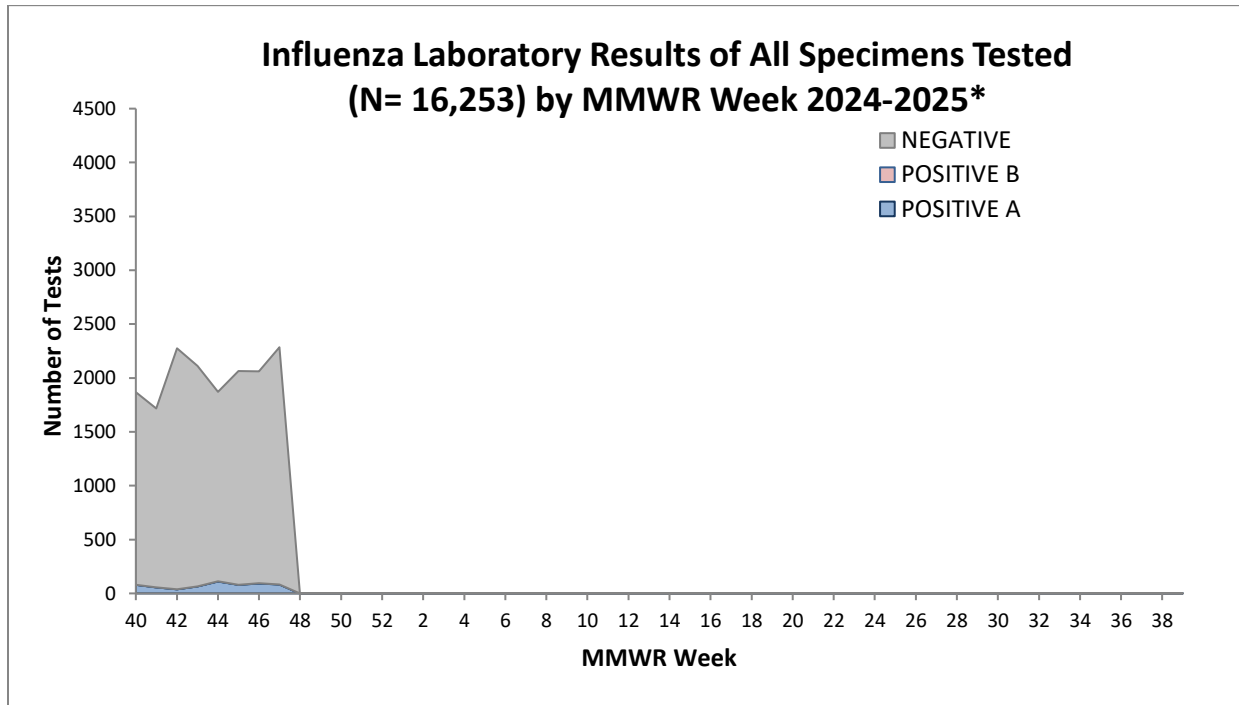
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

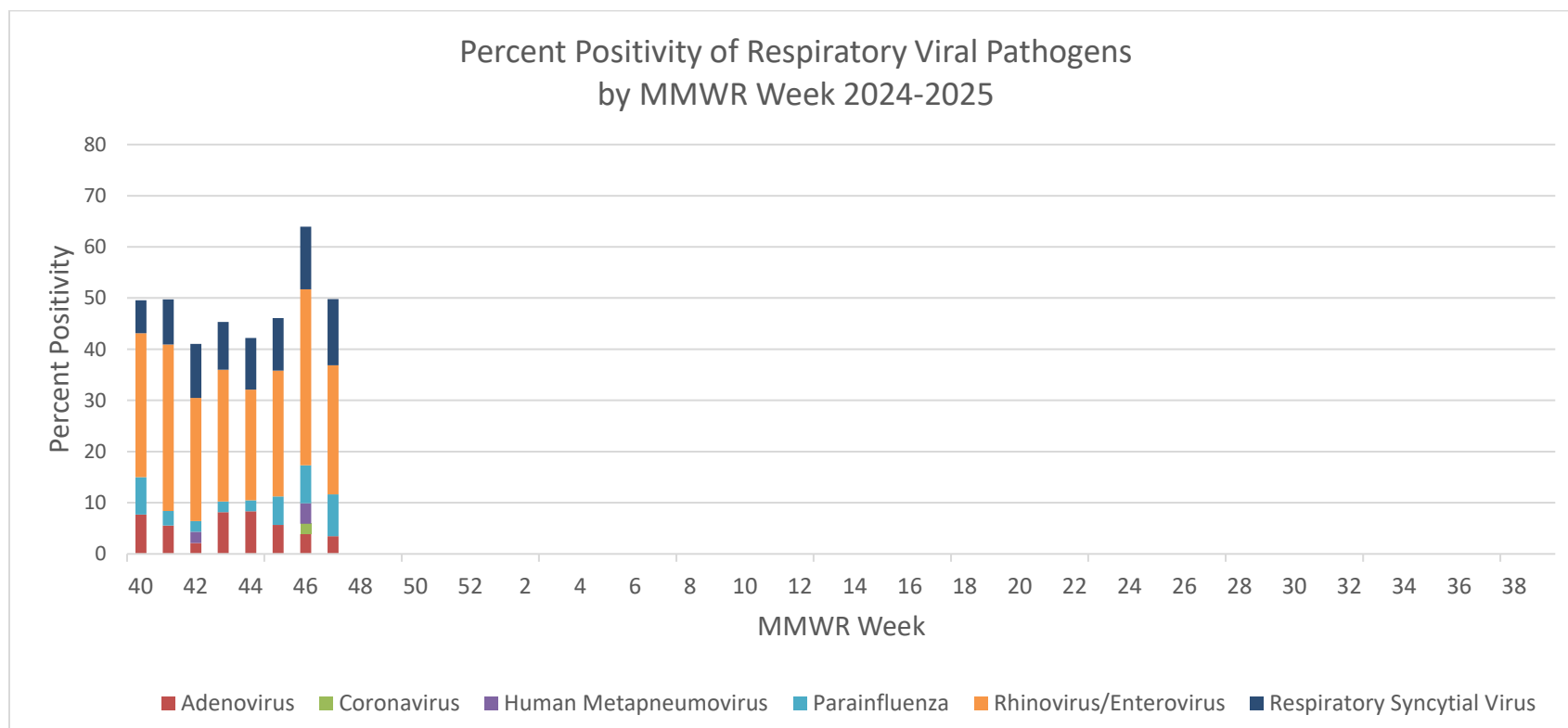
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



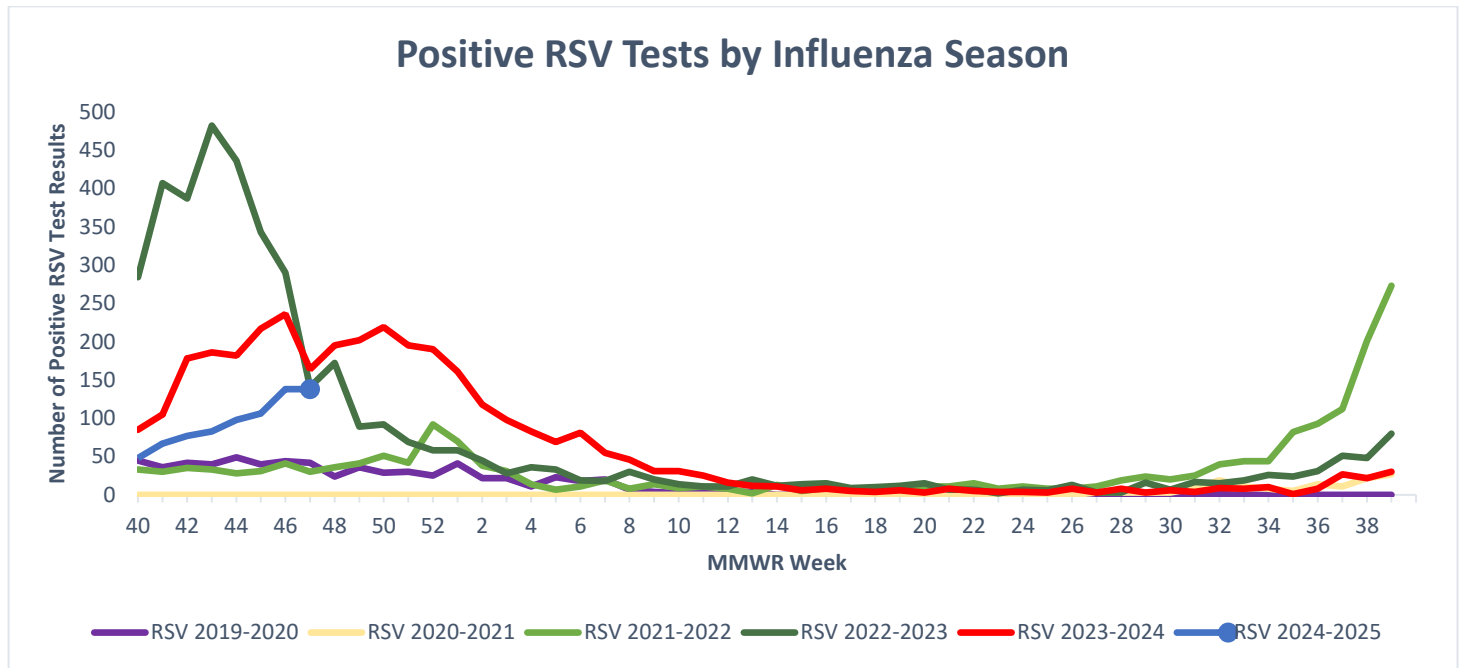
* A total of 13,526 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

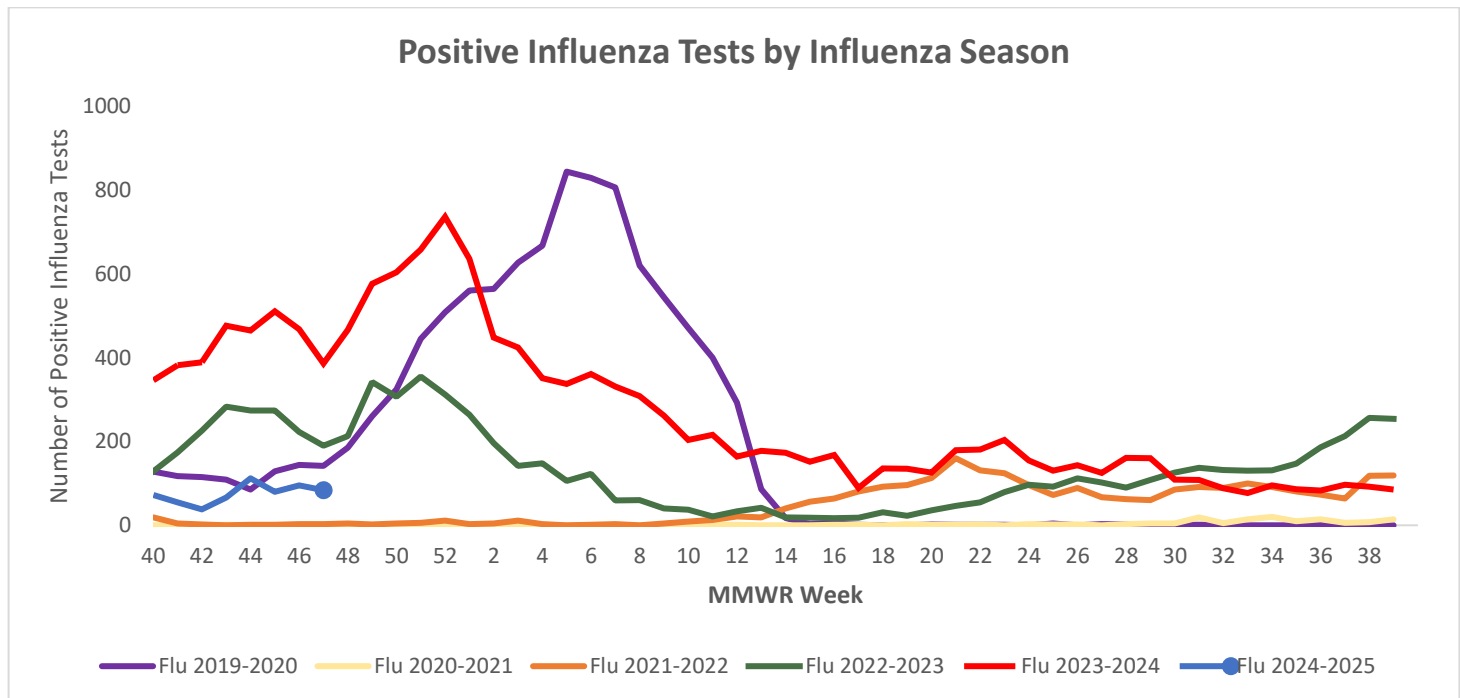


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

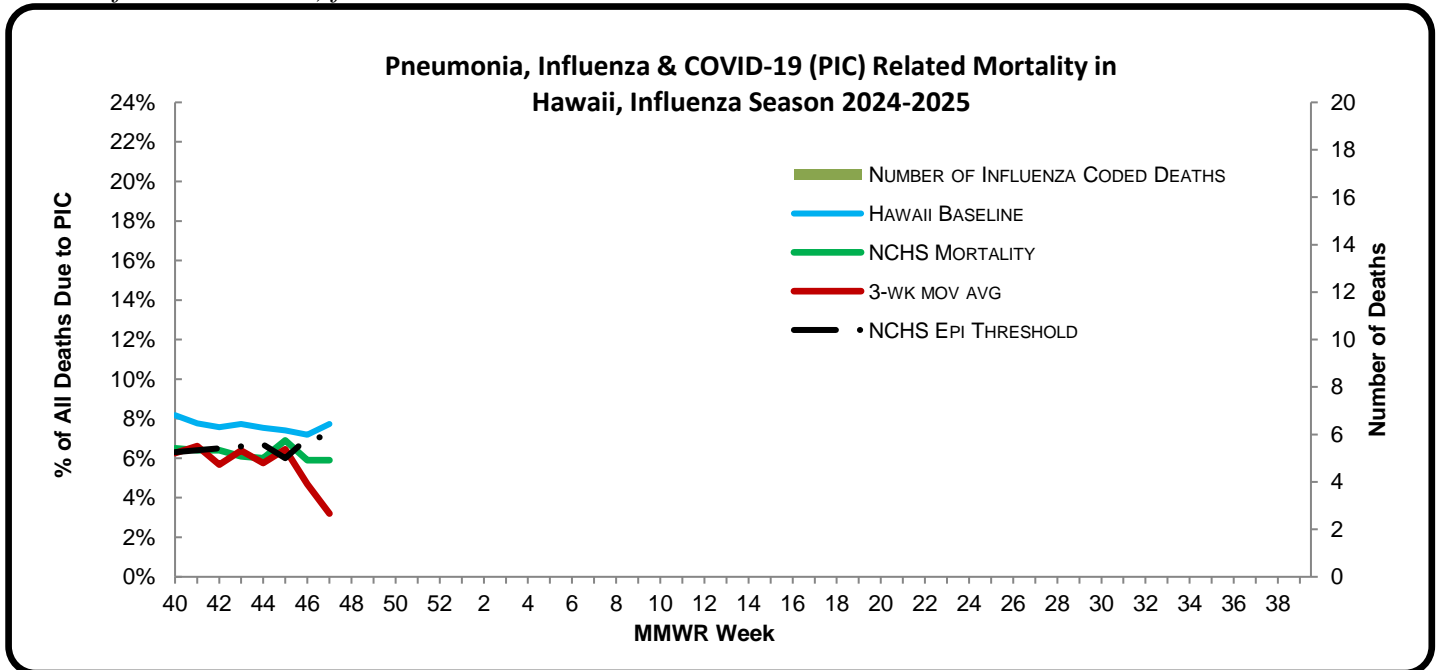
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 47** of the current influenza season:

- *1.7% of all deaths that occurred in Hawaii during week 47 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: 5.5%), there have been 1,517 deaths from any cause, 84 of which were due to PIC¹².*
- *The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was lower than the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 5.9%) (i.e., outside the 95% confidence interval) and lower than the national epidemic threshold (7.1%) (i.e., outside the 95% confidence interval) for week 47.*



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 57.5% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been zero influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, no new influenza-associated pediatric deaths were reported to CDC during week 47. (2024–2025 season total: 2).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **November 1, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH

DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report

Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 48: NOVEMBER 24, 2024–NOVEMBER 30, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 48

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 3.5% | Higher than the previous week. Comparable to the Hawaii’s historical baseline, higher than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 0 | There have been 3 clusters this season. |

| Laboratory Surveillance | | |
|---|------|--|
| Percent of all respiratory specimens positive for influenza this week | 5.5% | Higher than the previous week. This number means that many, if not all, of the 94.5% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 4.0% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 3.3% | Lower than the Hawaii’s historical baseline, lower than the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 2 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

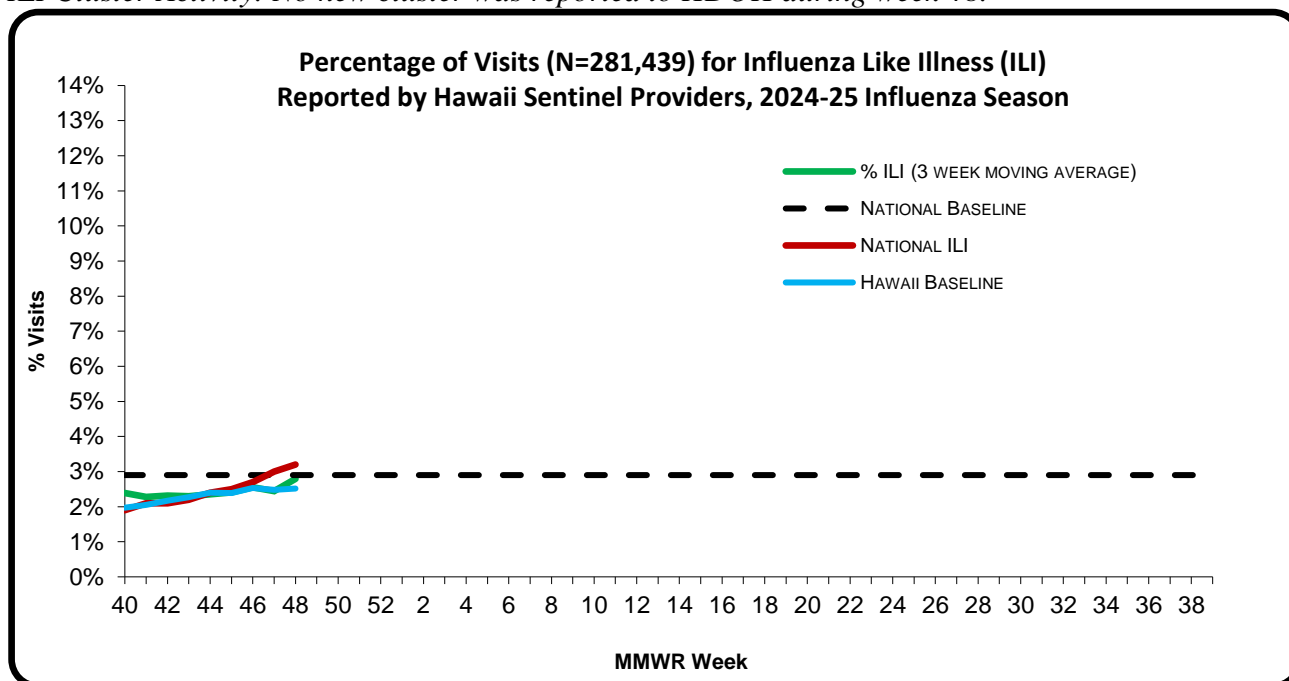
¹ MMWR stands for “Morbidity and Mortality Weekly Report,” conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For week 48 of the current influenza season:

- 3.5% (season to date: 2.5%) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (2.9%)⁴ (i.e., outside the 95% confidence interval) and higher than the national ILI rate (3.2%) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: No new cluster was reported to HDOH during week 48.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

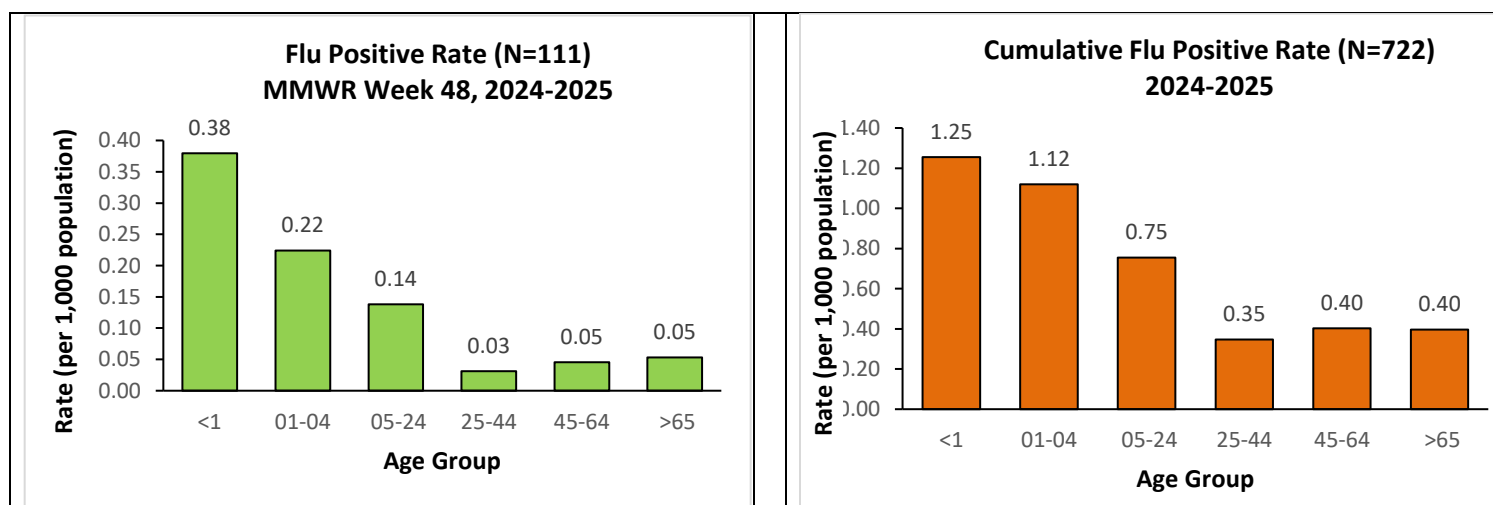
A. INFLUENZA:

- The following reflects laboratory findings for week 48 of the 2024–25 influenza season:
 - A total of **2,035** specimens have been tested statewide for influenza viruses (positive: 111 [5.5%]). (Season to date: 18,288 tested (4.0% positive))
 - 315 (15.5%) were screened only by rapid antigen tests with no confirmatory testing.
 - 1,720 (84.5%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 1,924 (94.5%) were negative.

| Influenza type | Current week 48 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 0 (0.0) | 12 (1.6) |
| Influenza A (H3) | 2 (1.8) | 8 (1.1) |
| Influenza A no subtyping | 104 (93.7) | 693 (96.0) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 5 (4.5) | 9 (1.3) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

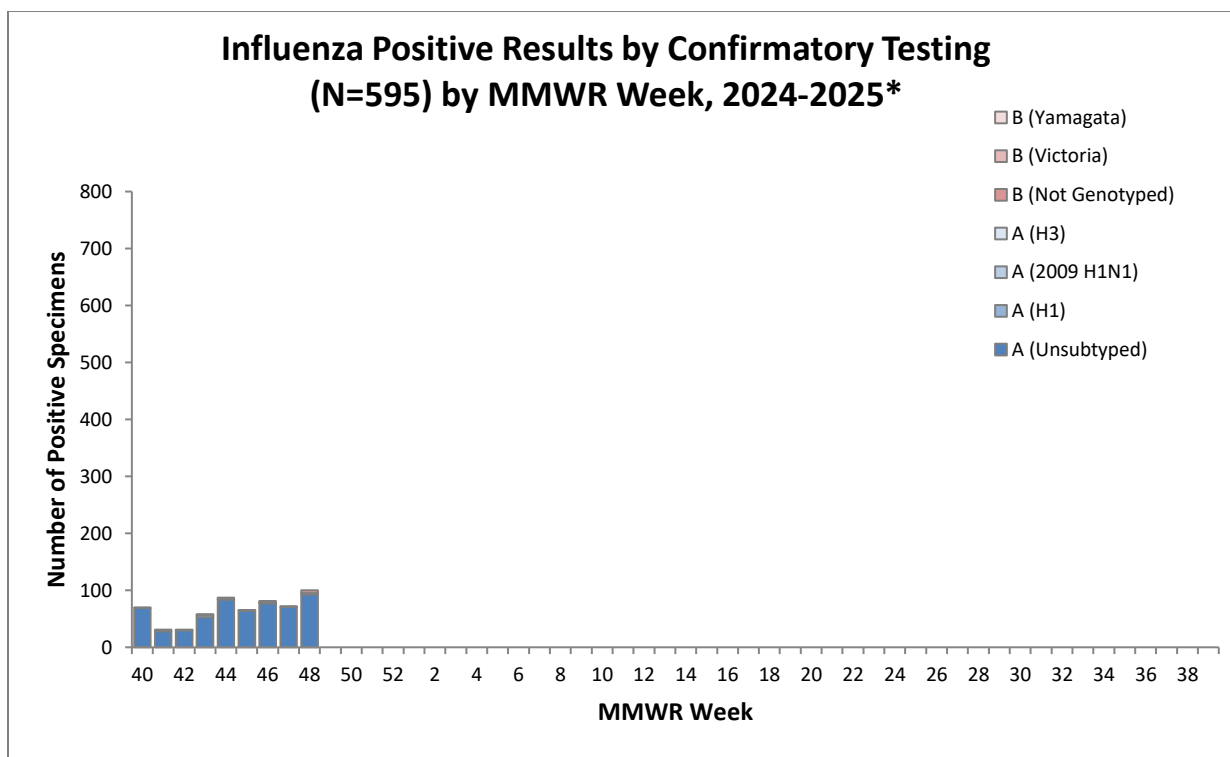
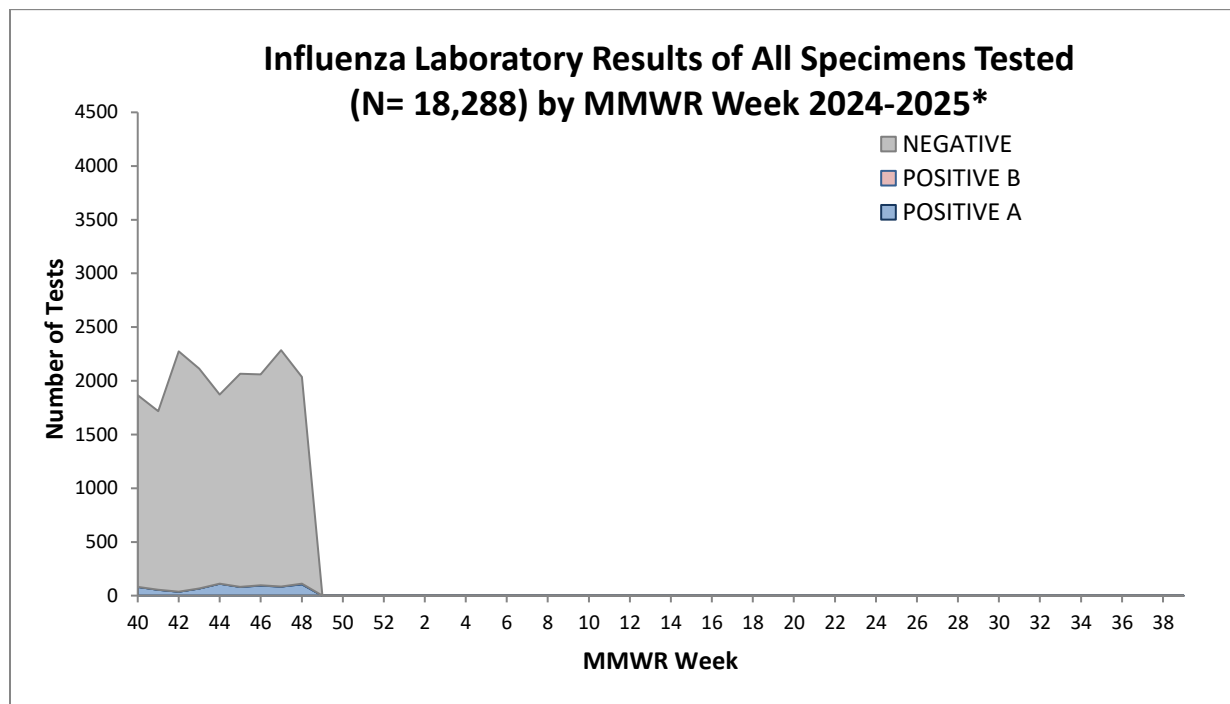
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

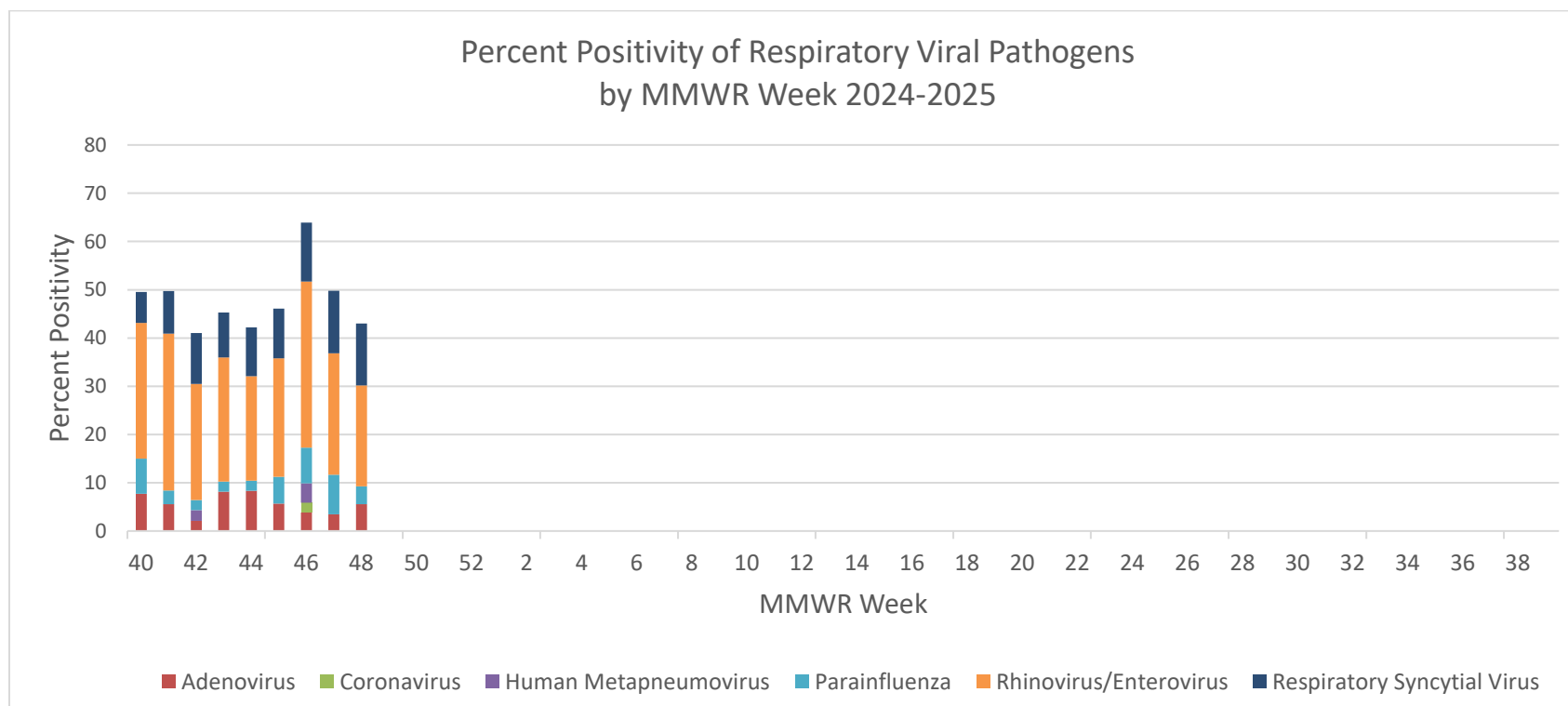
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



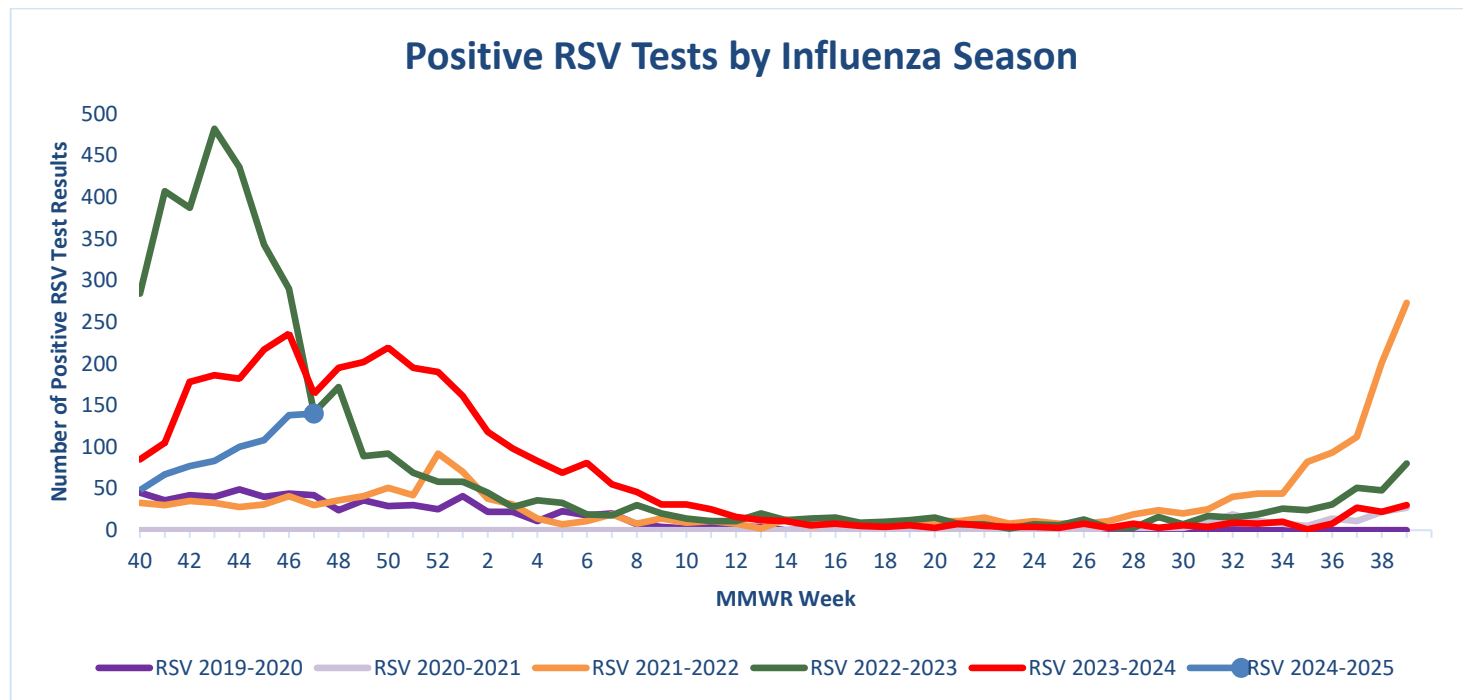
* A total of 15,246 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

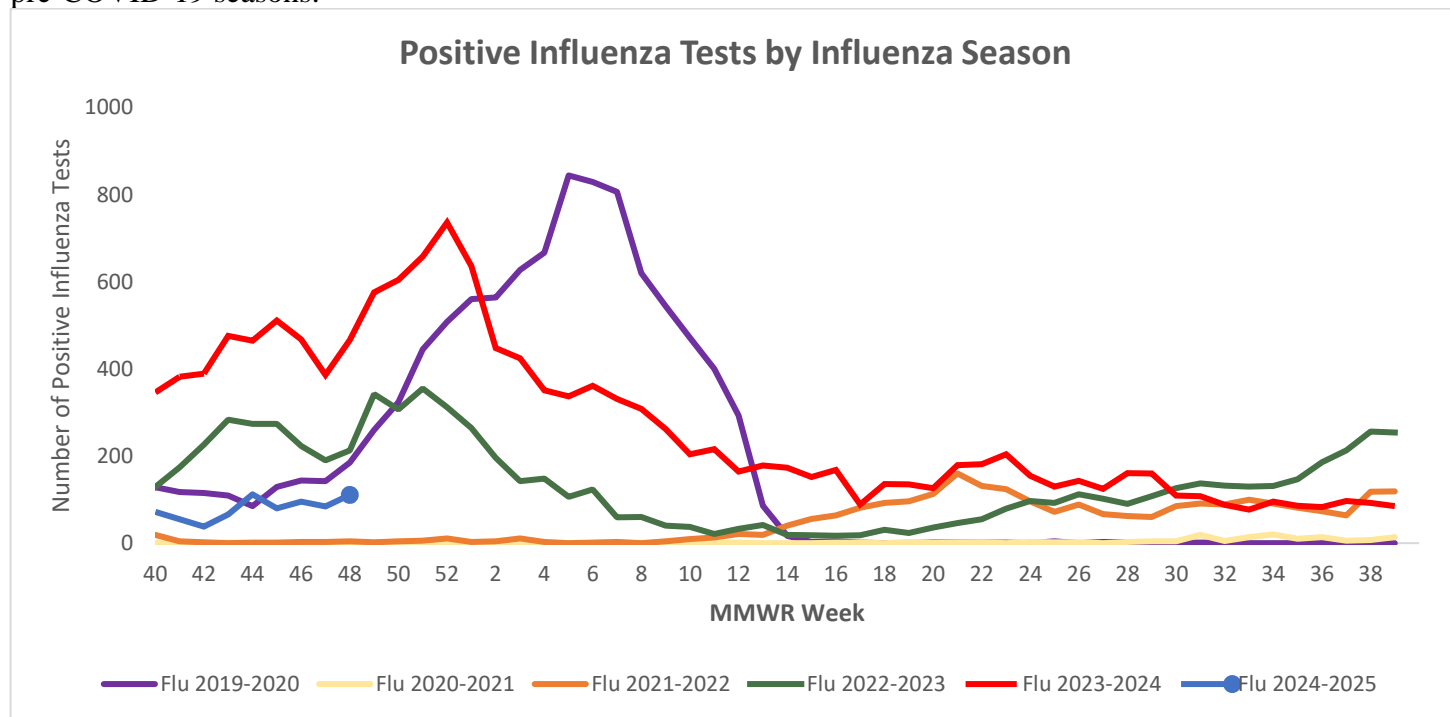


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

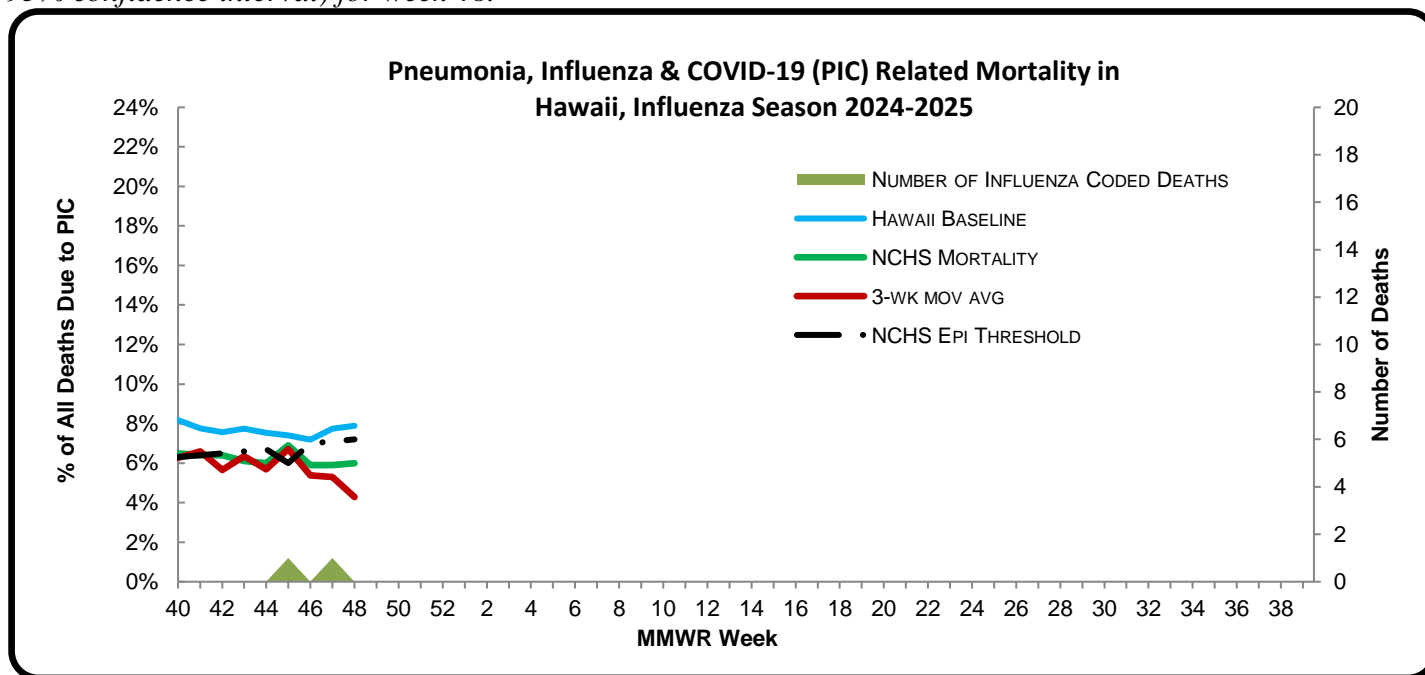
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 48** of the current influenza season:

- *3.3% of all deaths that occurred in Hawaii during week 48 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: 5.5%), there have been 1,738 deaths from any cause, 100 of which were due to PIC¹².*
- *The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was comparable than the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 6.0%) (i.e., inside the 95% confidence interval) and lower than the national epidemic threshold (7.2%) (i.e., outside the 95% confidence interval) for week 48.*



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 89.0% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- One new influenza-associated pediatric death was reported to Hawaii. Case was a Hawai'i county. There was no subtyping test that was conducted but past exposure and medical history indicates that seasonal influenza is the most likely cause of illness. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, no new influenza-associated pediatric deaths were reported to CDC during week 48. (2024-2025 season total: 2).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **November 1, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

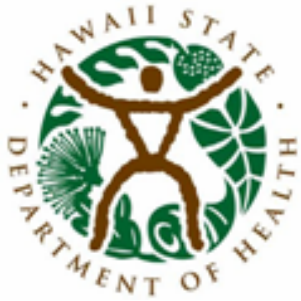
For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 49: DECEMBER 1, 2024– DECEMBER 7, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 49

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 2.9% | Lower than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and comparable to the national baseline. |
| Number of ILI clusters reported to HDOH | 1 | There have been 4 clusters this season. |

| Laboratory Surveillance | | |
|---|------|--|
| Percent of all respiratory specimens positive for influenza this week | 7.8% | Higher than the previous week. This number means that many, if not all, of the 92.2% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 4.4% | |

| Surveillance for Severe Outcomes | | |
|---|------|--|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 1.4% | Lower than the Hawaii's historical baseline, lower than the national epidemic threshold and lower than the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 2 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

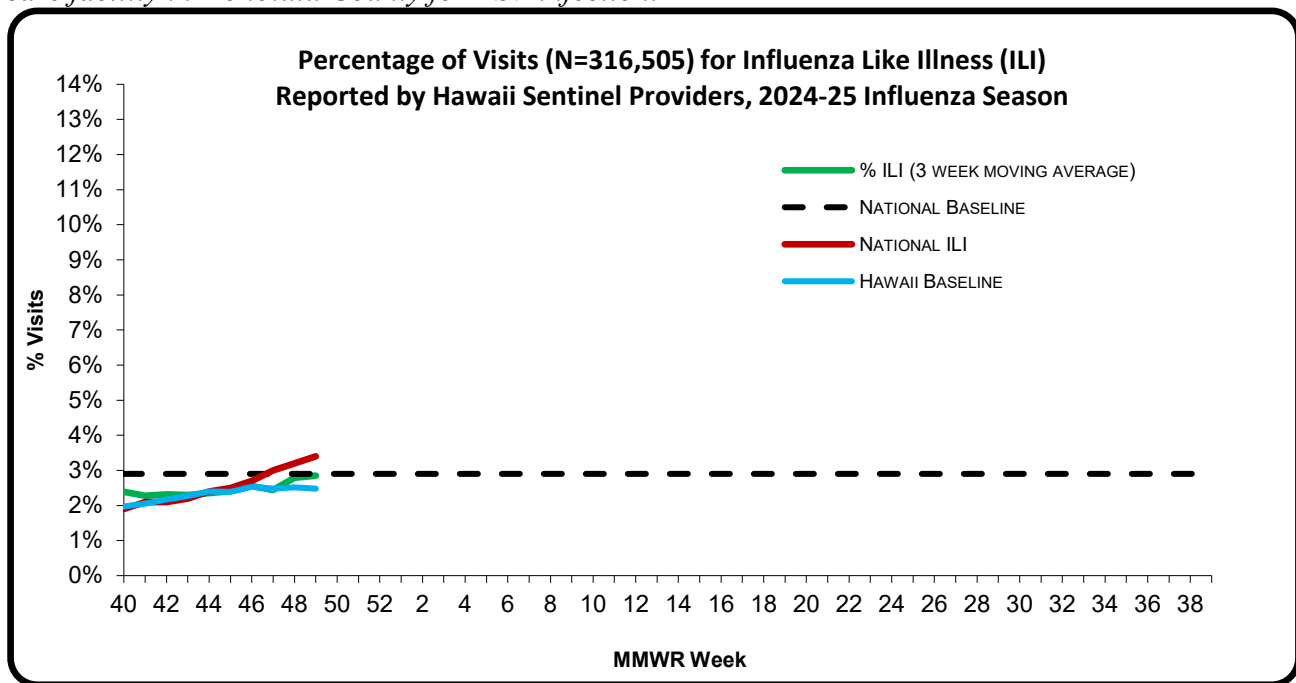
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. See **appendix 2 for interpretation of MMWR weeks**. Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For week 49 of the current influenza season:

- **2.9%** (season to date: **2.6%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were comparable to the national baseline (**2.9%**)⁴ (i.e., inside the 95% confidence interval) and lower than the national ILI rate (**3.4%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: One new cluster was reported to HDOH during week 49. Cluster occurred at a long term care facility in Honolulu County for RSV infection.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

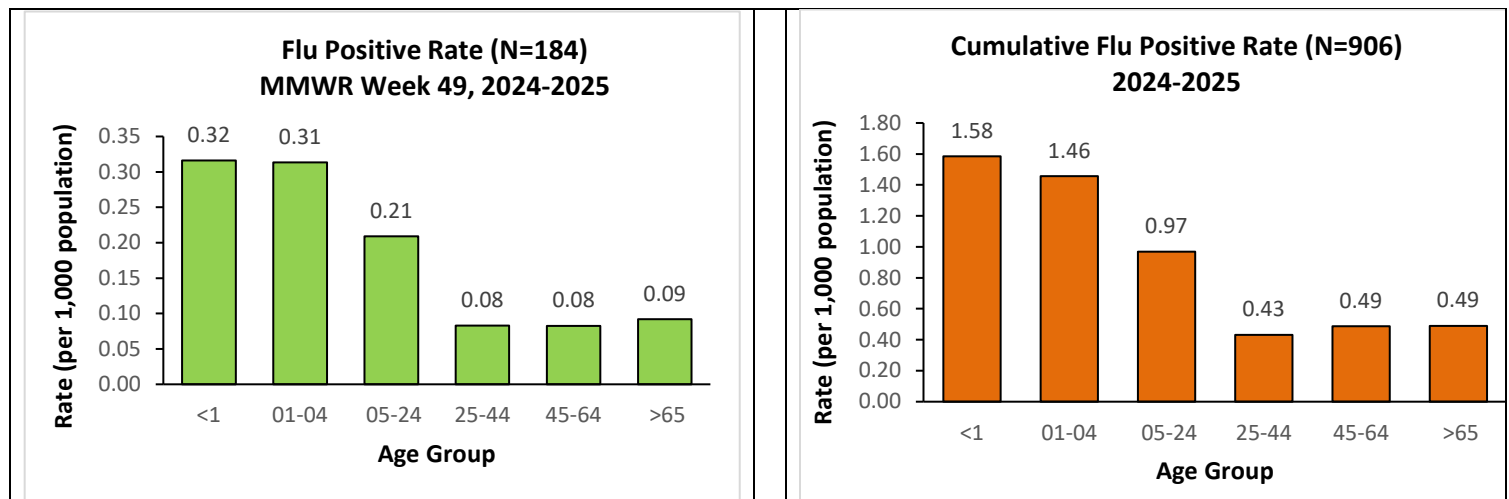
A. INFLUENZA:

- The following reflects laboratory findings for week 49 of the 2024–25 influenza season:
 - A total of **2,363** specimens have been tested statewide for influenza viruses (positive: 184 [7.8%]). (Season to date: 20,651 tested (4.4% positive])
 - 410 (17.4%) were screened only by rapid antigen tests with no confirmatory testing.
 - 1,953 (82.6%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 2,179 (92.2%) were negative.

| Influenza type | Current week 49 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 0 (0.0) | 12 (1.3) |
| Influenza A (H3) | 2 (1.1) | 10 (1.1) |
| Influenza A no subtyping | 176 (95.6) | 869 (95.9) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 6 (3.3) | 15 (1.7) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

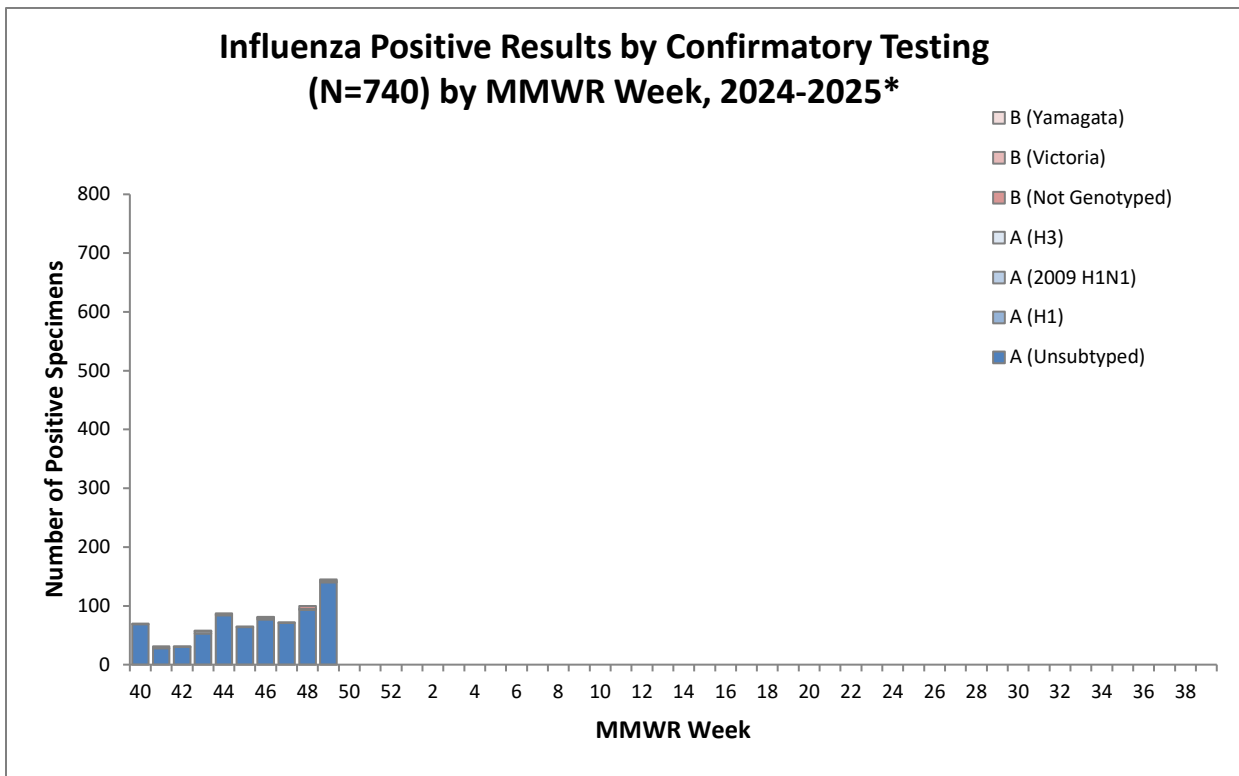
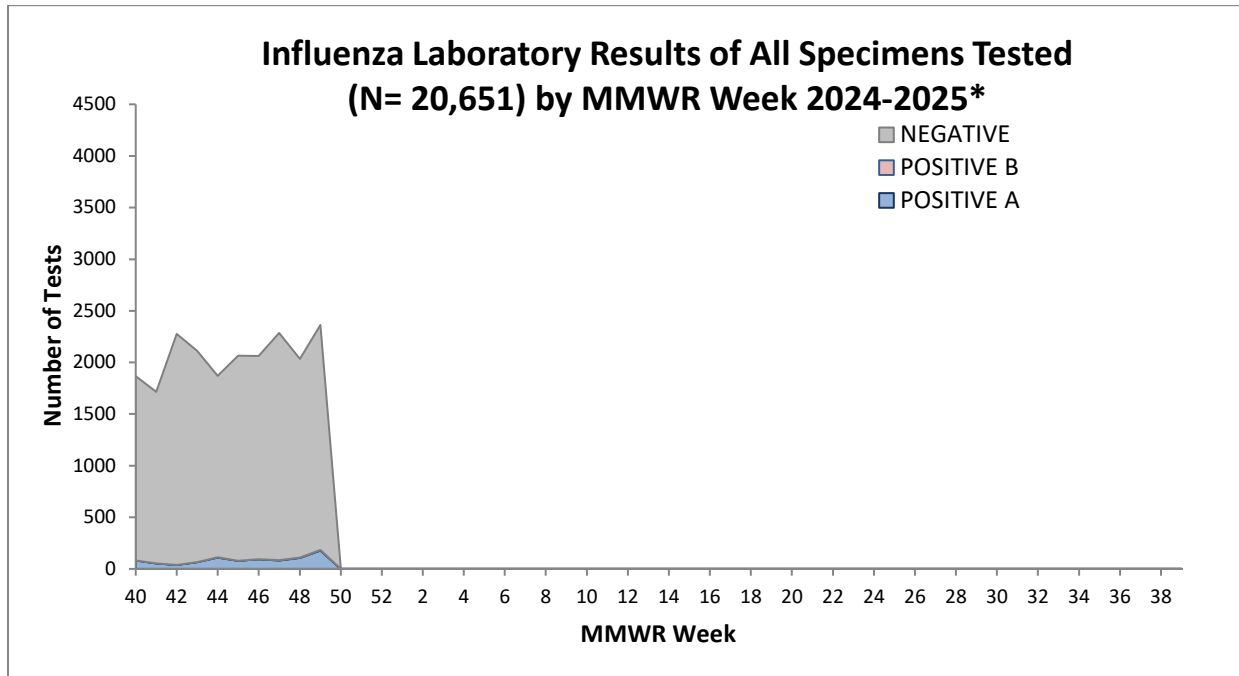
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

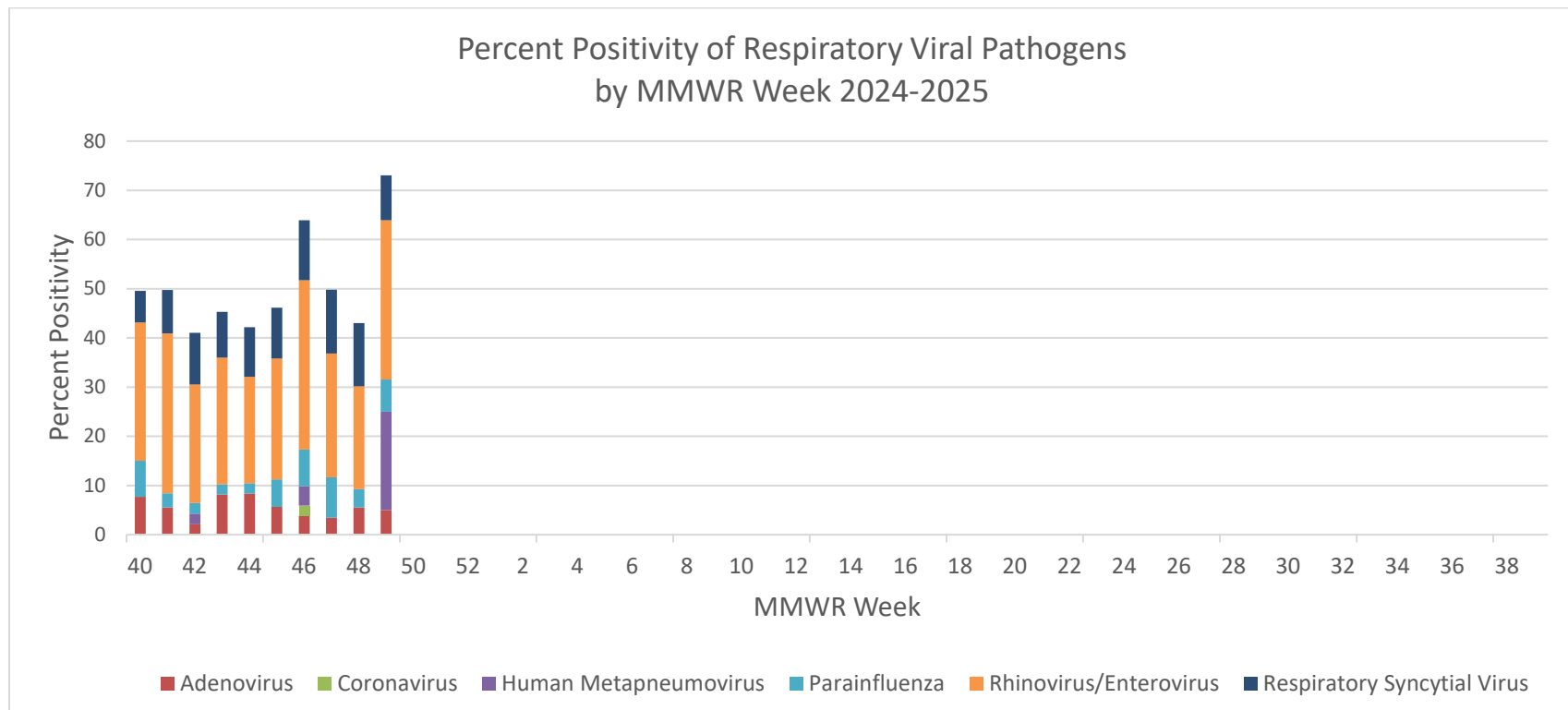
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



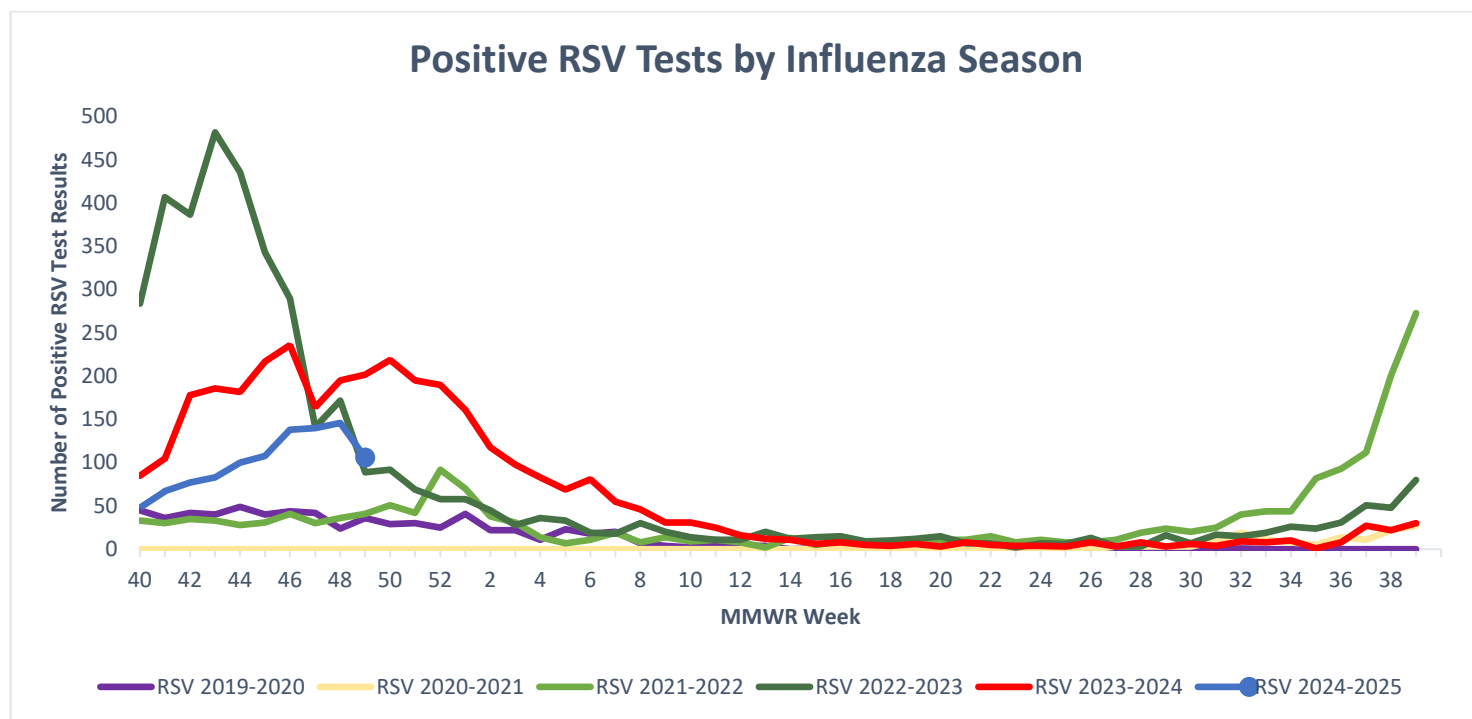
* A total of 17,196 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

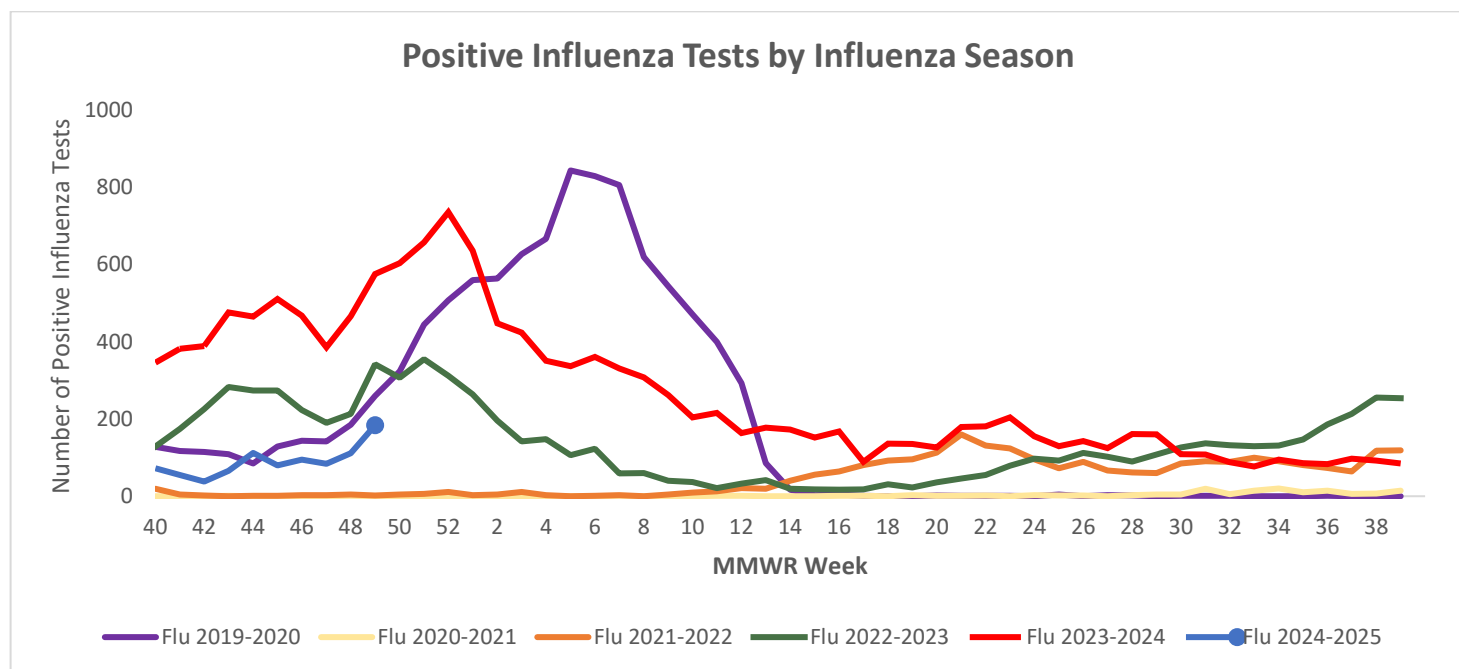


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

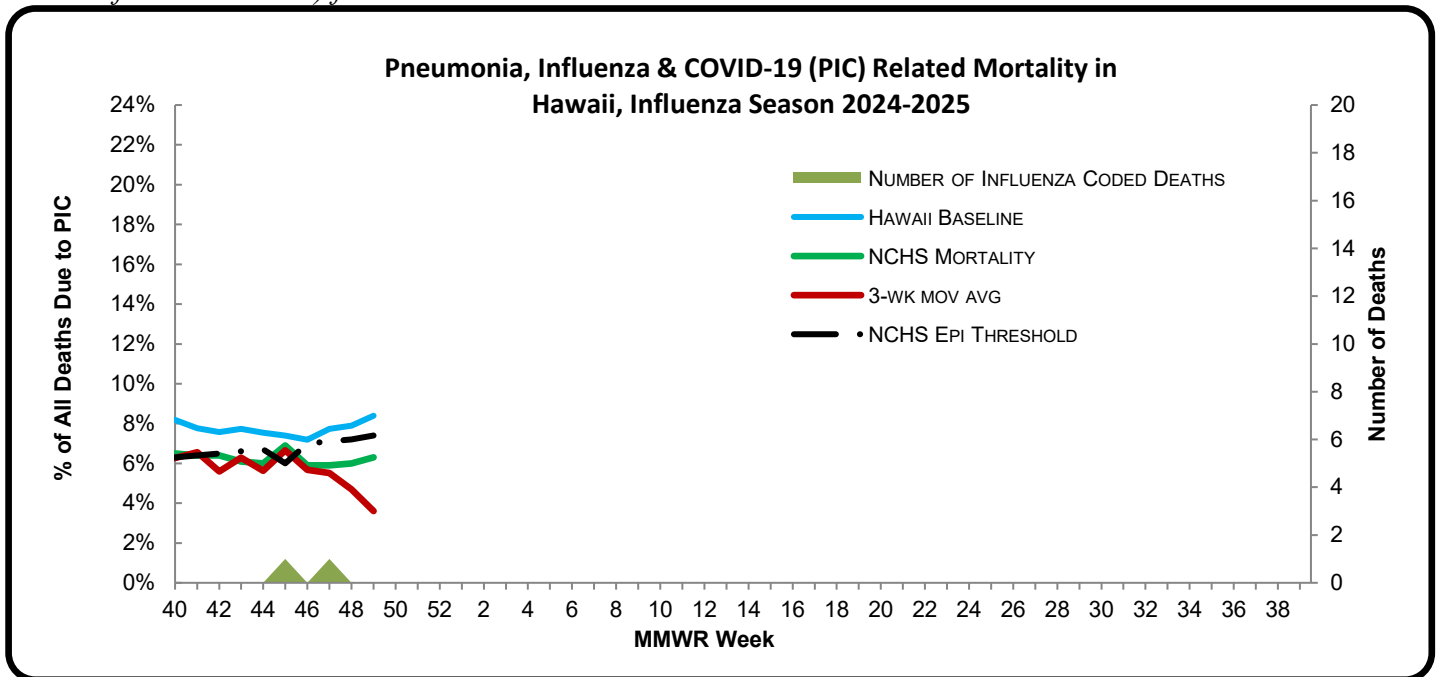
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For week 49 of the current influenza season:

- *1.4% of all deaths that occurred in Hawaii during week 49 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: 5.6%), there have been 1,958 deaths from any cause, 109 of which were due to PIC¹².*
- *The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was lower than the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 6.3% (i.e., outside the 95% confidence interval) and lower than the national epidemic threshold (7.4%) (i.e., outside the 95% confidence interval) for week 49.*



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 69.0% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- One new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, no new influenza-associated pediatric deaths were reported to CDC during week 49. (2024-2025 season total: 2).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **November 1, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

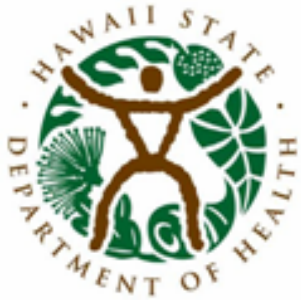
For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 50: DECEMBER 8, 2024– DECEMBER 14, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 50

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|---|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 3.3% | Higher than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 0 | There have been 4 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|--|
| Percent of all respiratory specimens positive for influenza this week | 11.6% | Higher than the previous week. This number means that many, if not all, of the 88.4% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 5.2% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 5.3% | Comparable to Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 4 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

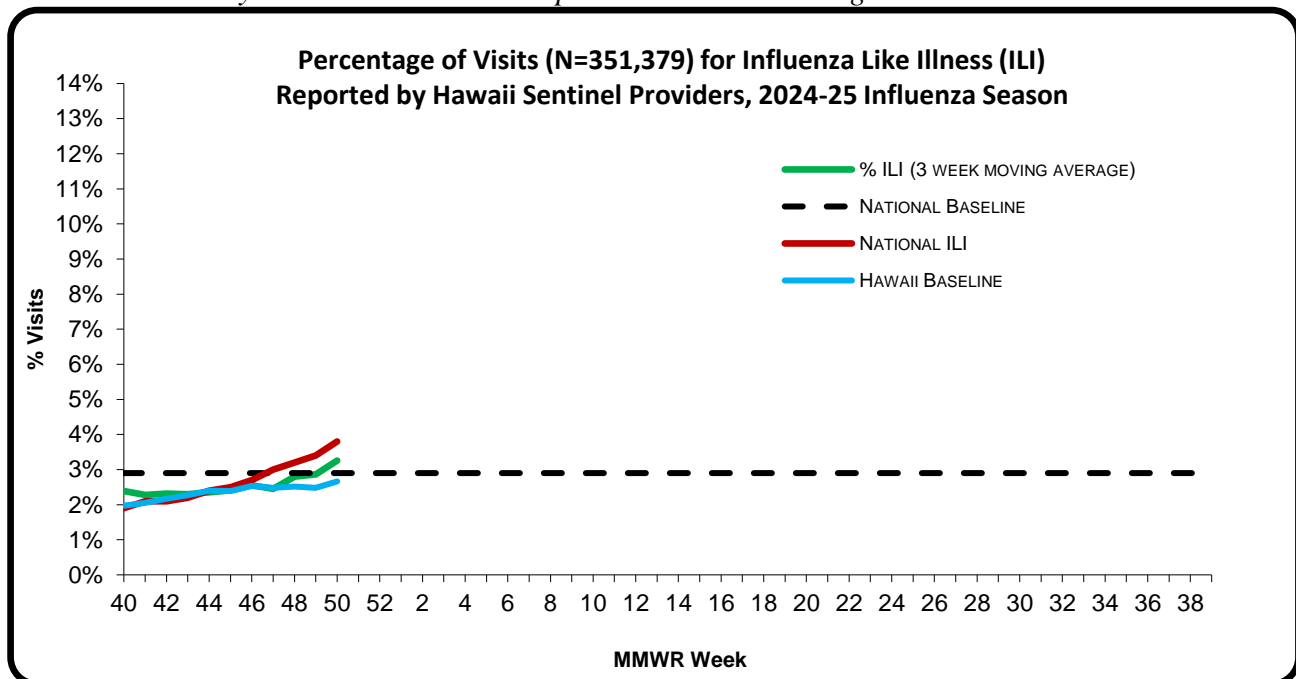
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 50** of the current influenza season:

- **3.3%** (season to date: **2.6%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**3.4%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: No new cluster was reported to HDOH during week 50.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

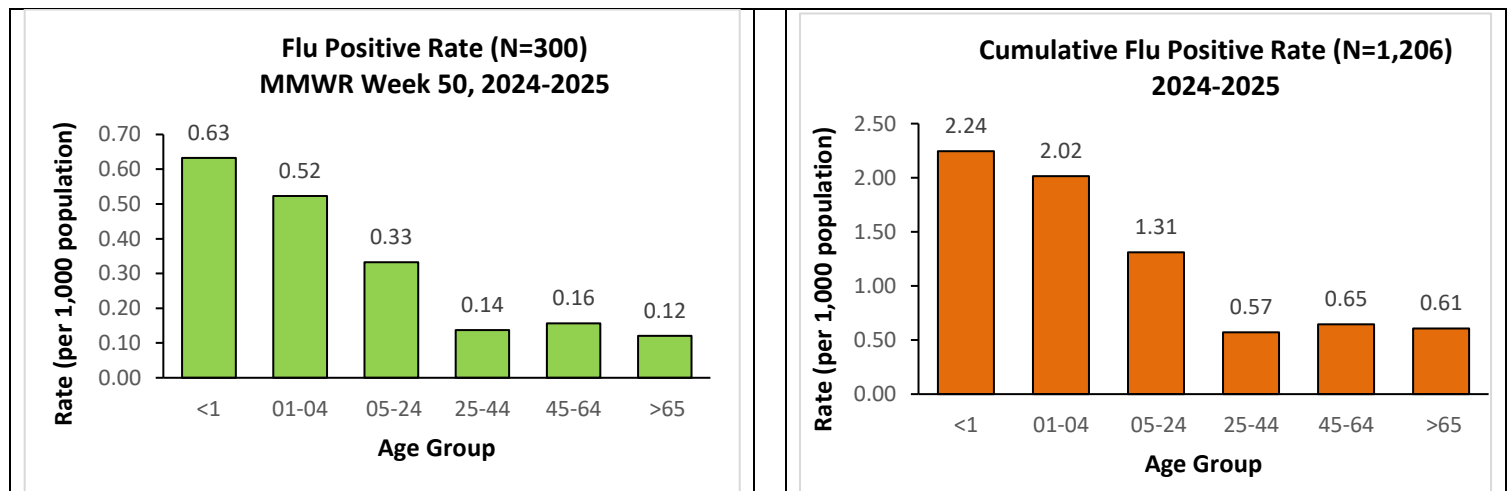
A. INFLUENZA:

- The following reflects laboratory findings for week 50 of the 2024–25 influenza season:
 - A total of **2,581** specimens have been tested statewide for influenza viruses (positive: 300 [**11.6%**]). (Season to date: 23,232 tested (5.2% positive))
 - 463 (17.9%) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,118 (82.1%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 2,281 (88.4%) were negative.

| Influenza type | Current week 50 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 2 (0.7) | 14 (1.2) |
| Influenza A (H3) | 2 (0.7) | 12 (1.0) |
| Influenza A no subtyping | 295 (98.3) | 1,164 (96.5) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 1 (0.3) | 16 (1.3) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

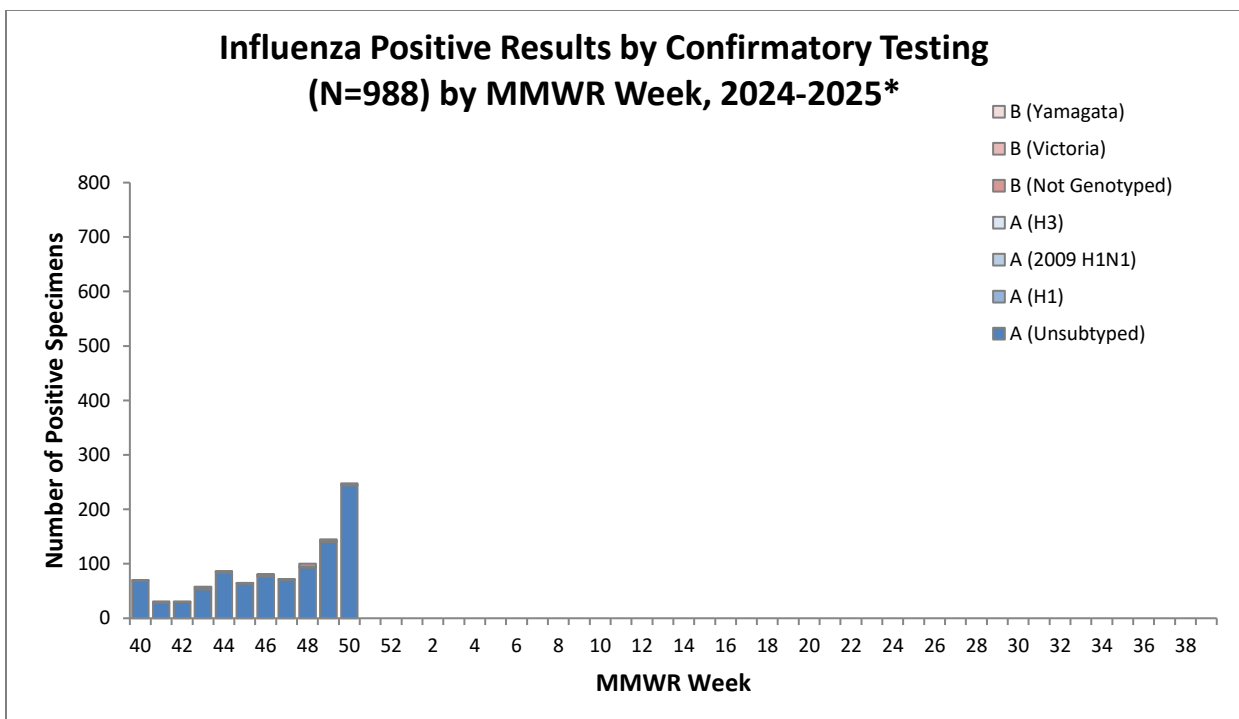
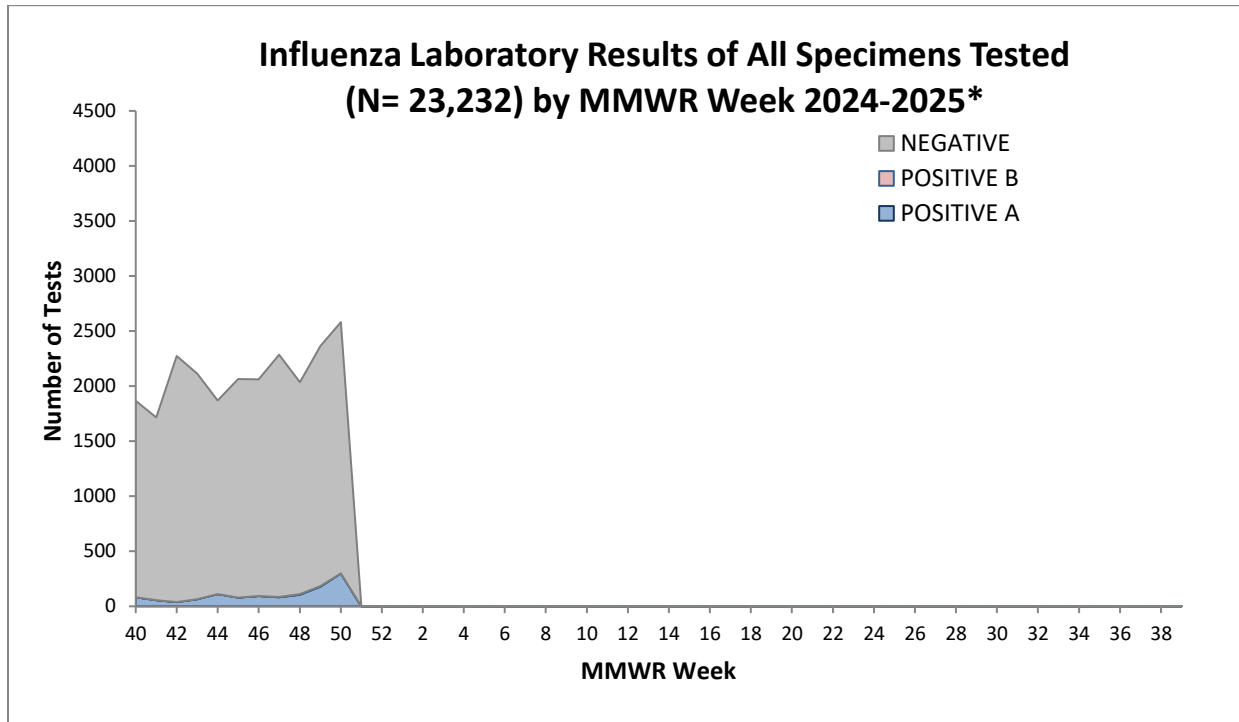
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

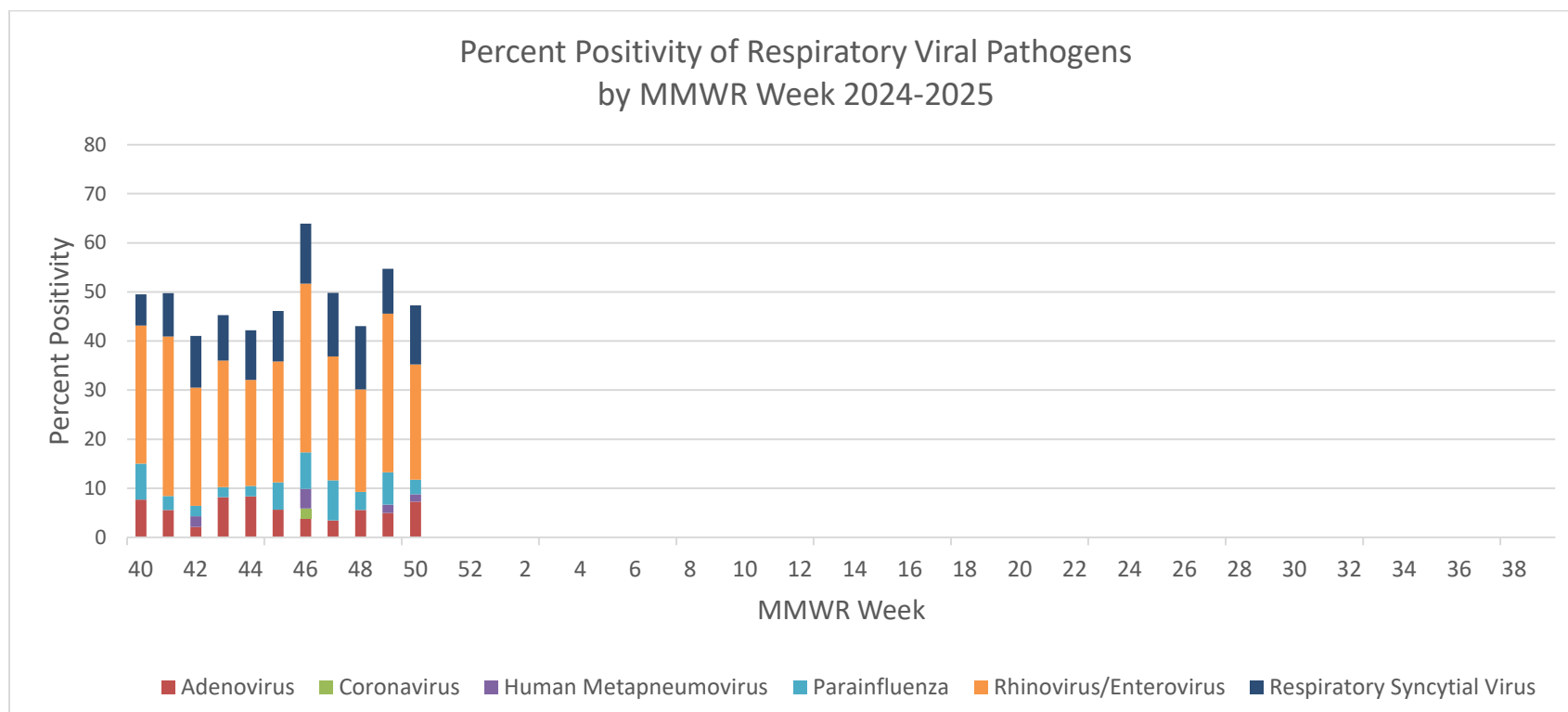
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



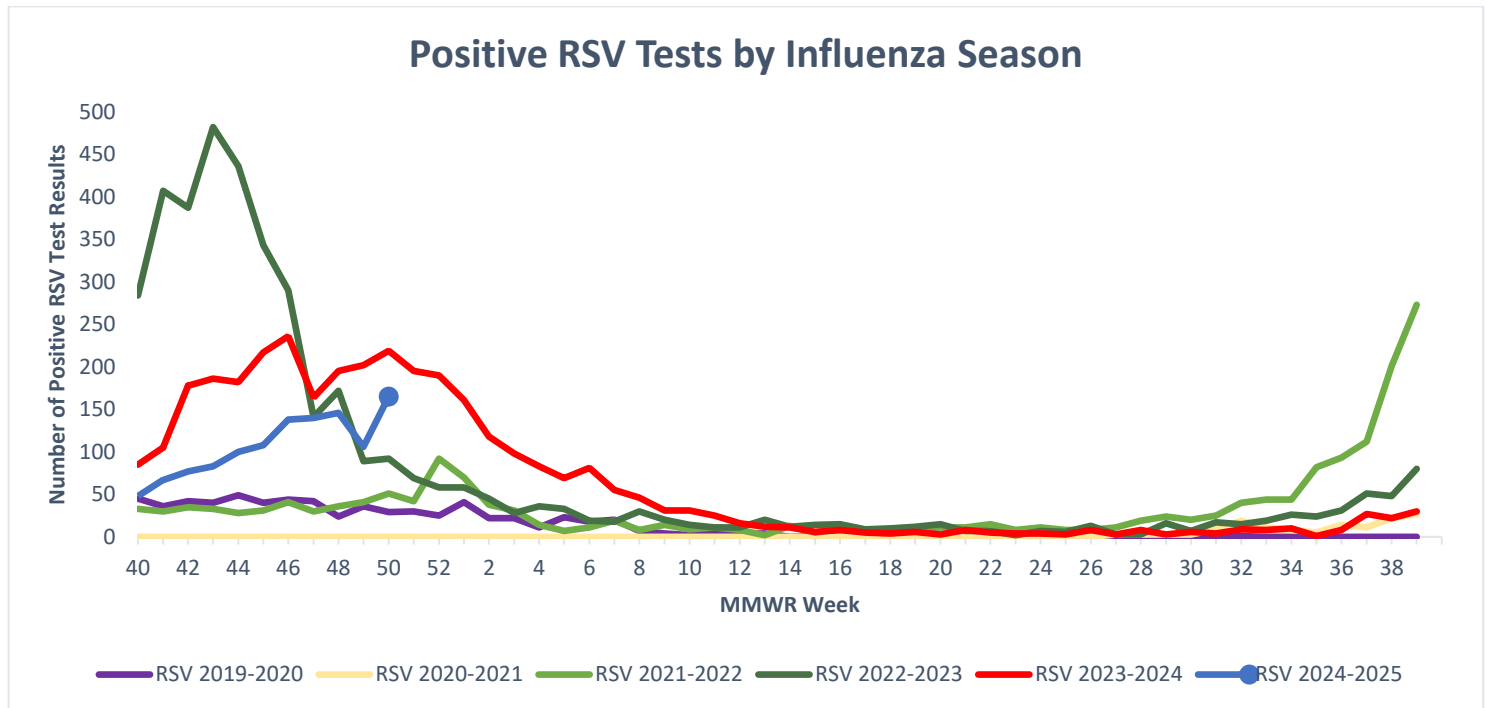
* A total of 19,313 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

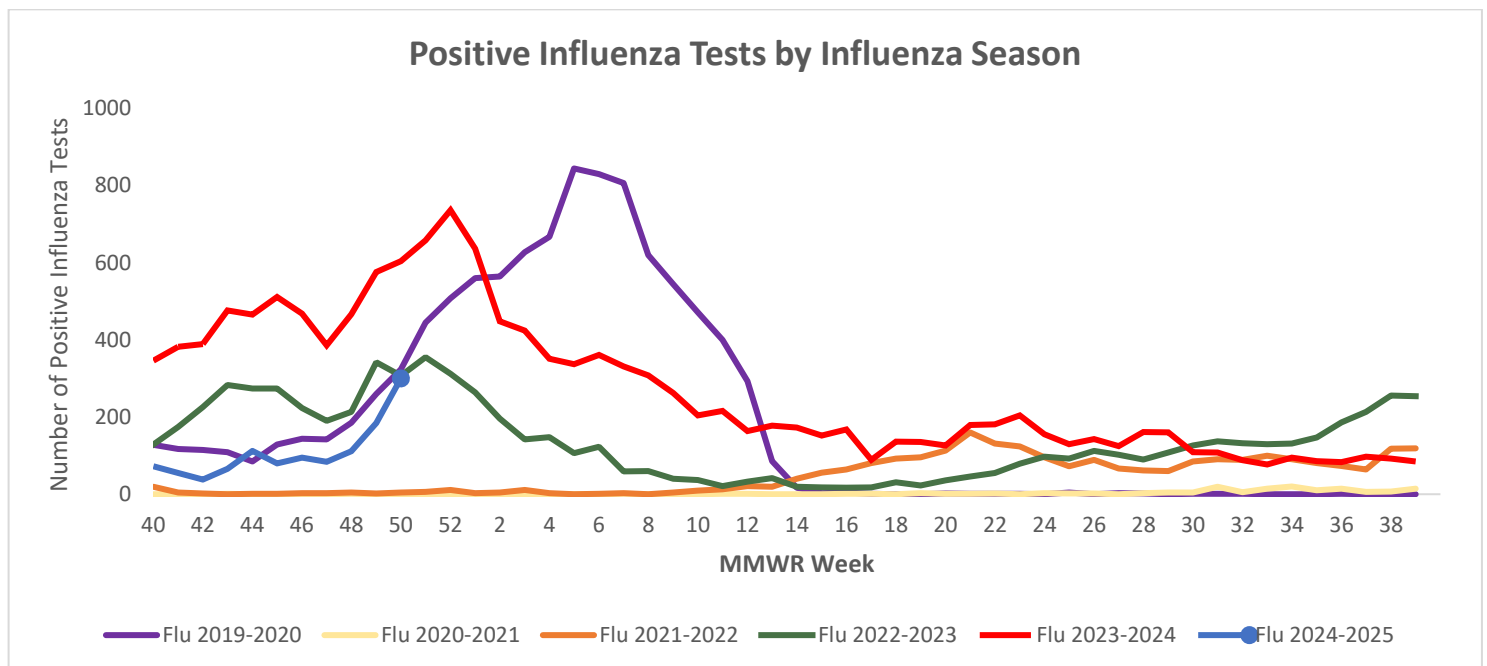


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

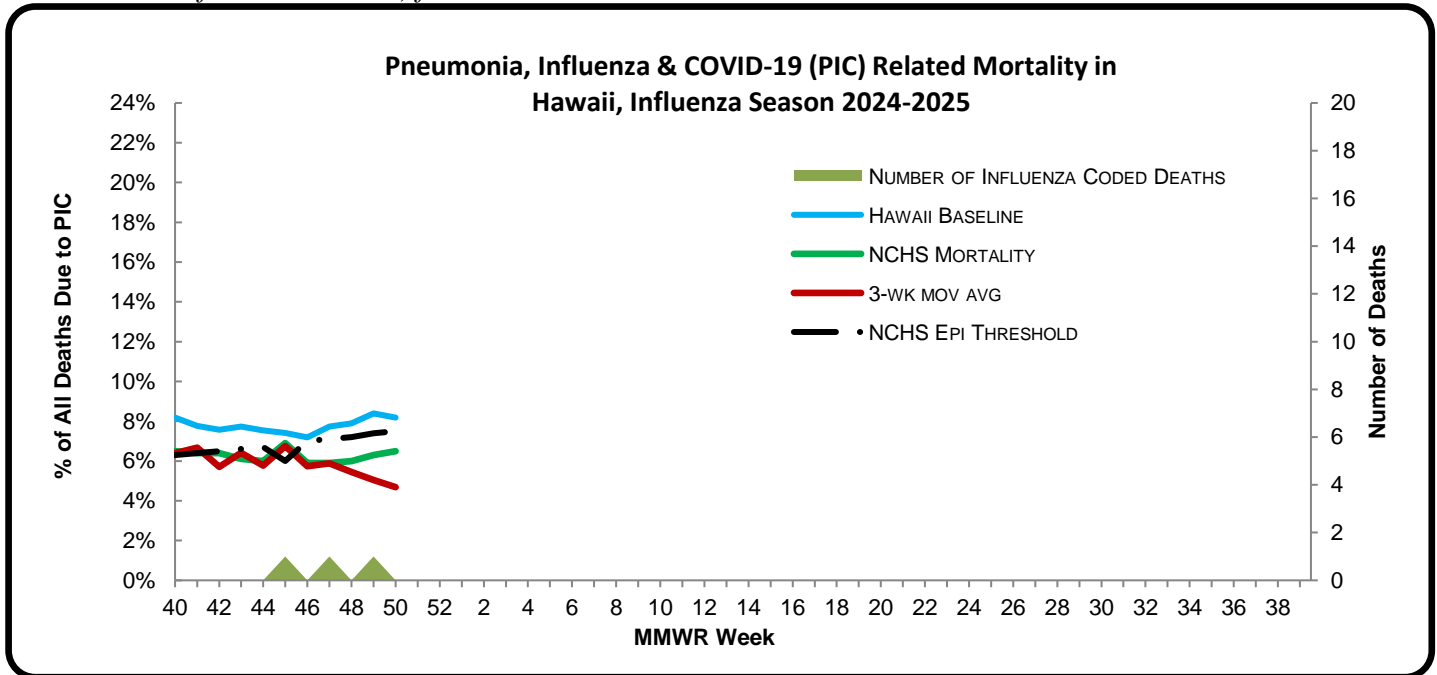
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To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 50** of the current influenza season:

- *5.3% of all deaths that occurred in Hawaii during week 50 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: 5.6%), there have been 2,258 deaths from any cause, 130 of which were due to PIC¹².*
- *The PIC rate was comparable to the historical baseline in Hawaii¹³ (i.e., inside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 6.5%) (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (7.5%) (i.e., inside the 95% confidence interval) for week 50.*



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 96.2% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, two new influenza-associated pediatric deaths were reported to CDC during week 50. (2024-2025 season total: 4).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **December 12, 2024**. Sixteen new human cases of influenza A(H5) were reported to WHO by USA, Canada and Viet Nam. Fourteen human cases were reported by USA, one human case was from Canada and one human case was from Viet Nam. Of the fourteen human cases from USA, twelve of the cases were detected in California, one was from Oregon and one

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

from Washington state. Eleven of the twelve cases reported from California were exposed to commercial dairy cattle that was infected with HPAI. Both cases from Oregon and Washington were involved in poultry culling. The case from Canada was a teenager with no underlying conditions or travel history. Case presented with conjunctivitis and was hospitalized in critical condition. Case reported from Viet Nam was an 18-year-old male with co-morbidities. Case was admitted to the hospital due to persistent fever and was hospitalized with severe pneumonia. Case had since recovered after intensive treatment. Nine new human cases of influenza A(H9N2) were reported to WHO by China. Of the nine cases, three experienced moderate symptoms while six had mild symptoms. All three cases that had moderate illness were hospitalized. All cases had a history of suspected exposure to poultry prior to the onset of symptoms.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 51: DECEMBER 15, 2024– DECEMBER 21, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 51

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 9.8% | Higher than the previous week. Higher than Hawaii's historical baseline, higher than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 0 | There have been 4 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|--|
| Percent of all respiratory specimens positive for influenza this week | 19.0% | Higher than the previous week. This number means that many, if not all, of the 81.0% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 6.7% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 5.0% | Comparable to Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 5 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

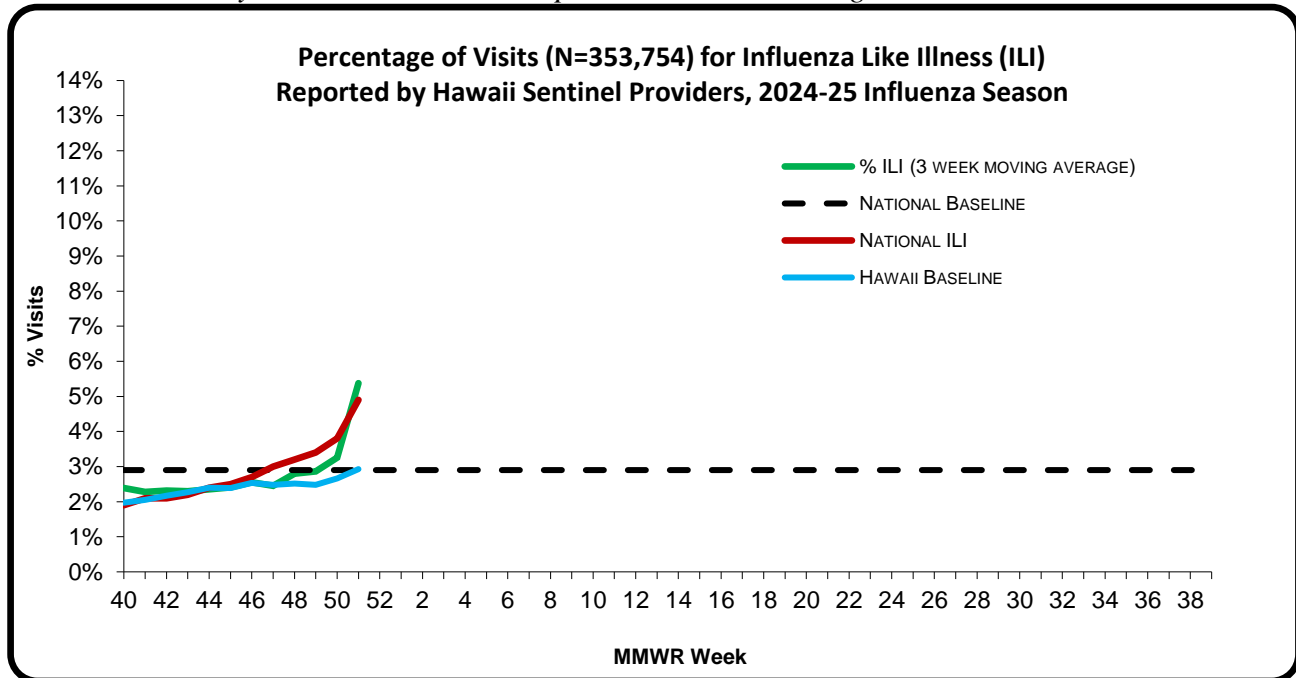
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 51** of the current influenza season:

- **9.8%** (season to date: **2.7%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were higher than the historical baseline in Hawaii^{2,3} (i.e., outside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and higher than the national ILI rate (**4.9%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: No new cluster was reported to HDOH during week 51.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

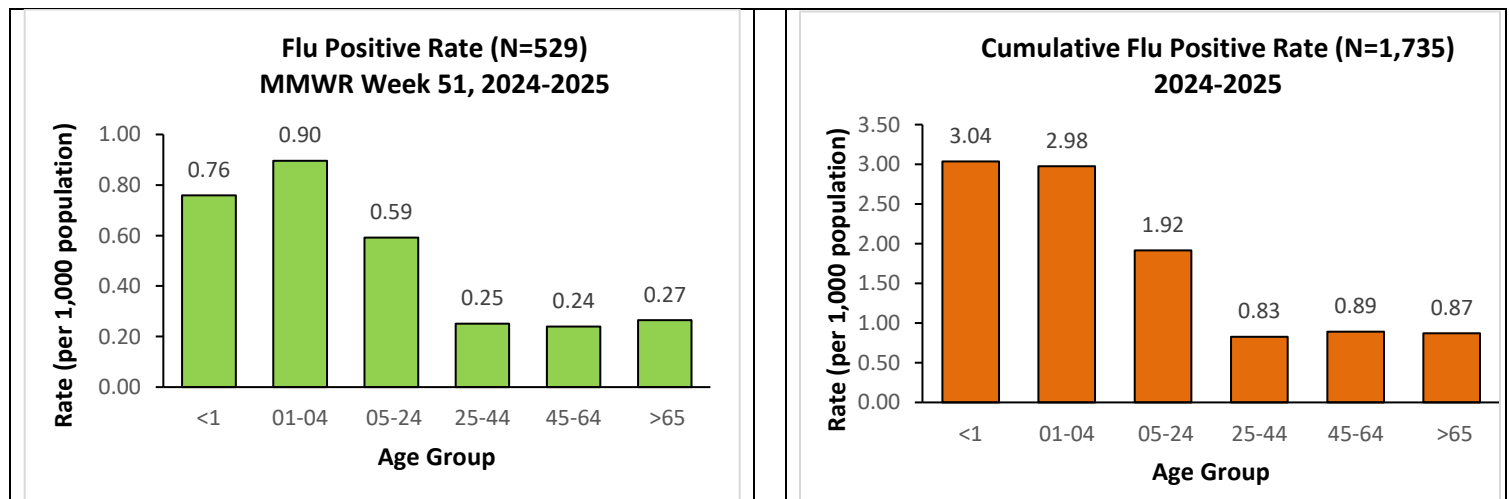
A. INFLUENZA:

- The following reflects laboratory findings for week 51 of the 2024–25 influenza season:
 - A total of 2,778 specimens have been tested statewide for influenza viruses (positive: 529 [19.0%]). (Season to date: 26,010 tested (6.7% positive))
 - 499 (18.0%) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,279 (82.0%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 2,249 (81.0%) were negative.

| Influenza type | Current week 51 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 3 (0.6) | 17 (1.0) |
| Influenza A (H3) | 4 (0.8) | 16 (0.9) |
| Influenza A no subtyping | 515 (97.3) | 1,679 (96.8) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 7 (1.3) | 23 (1.3) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

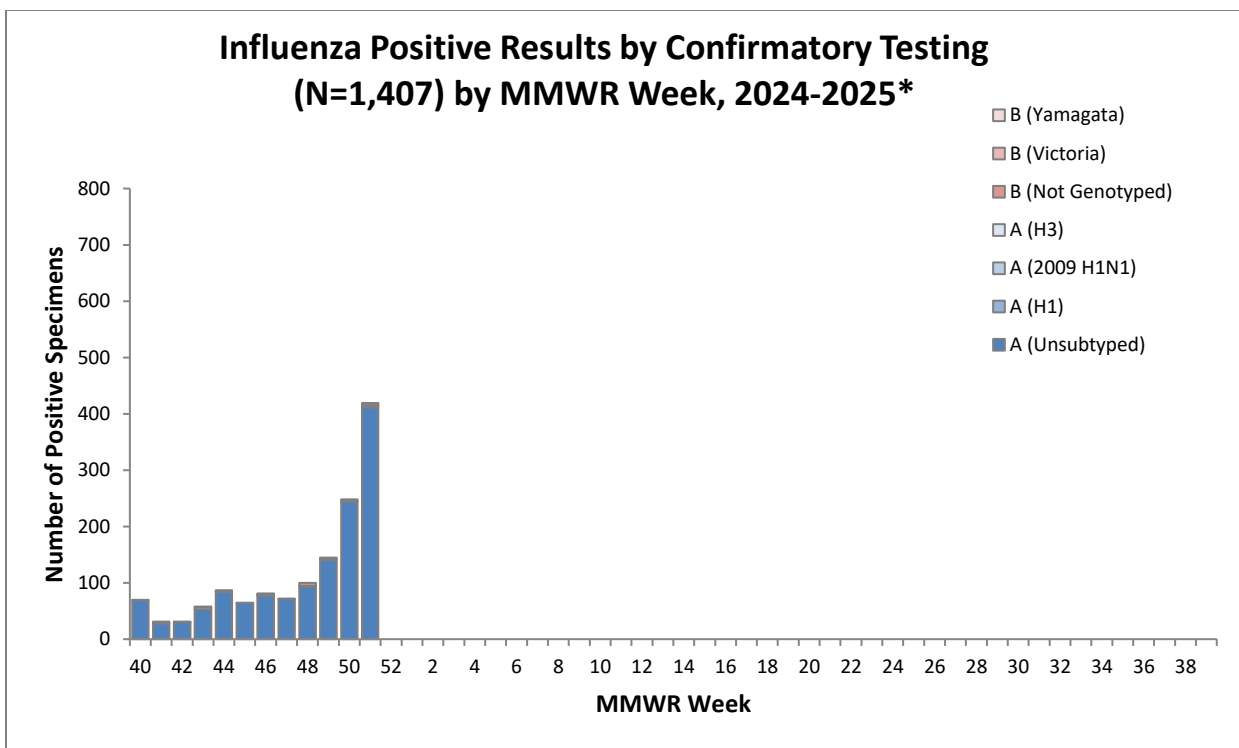
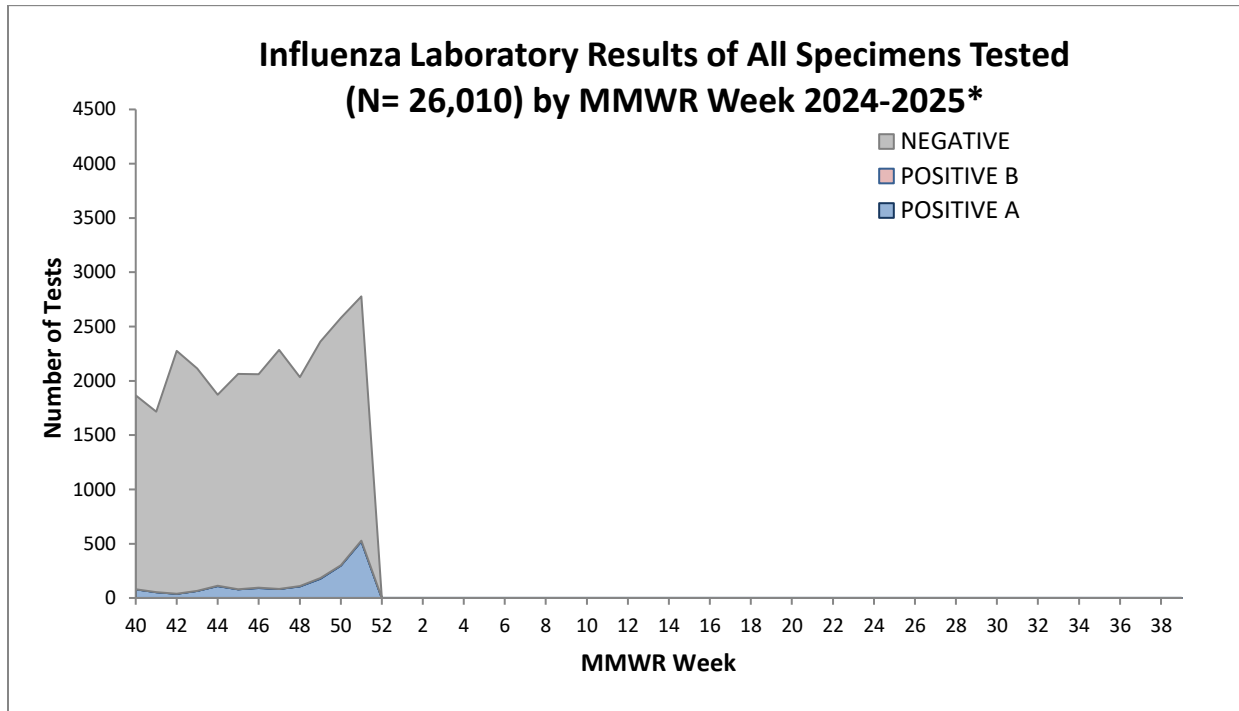
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

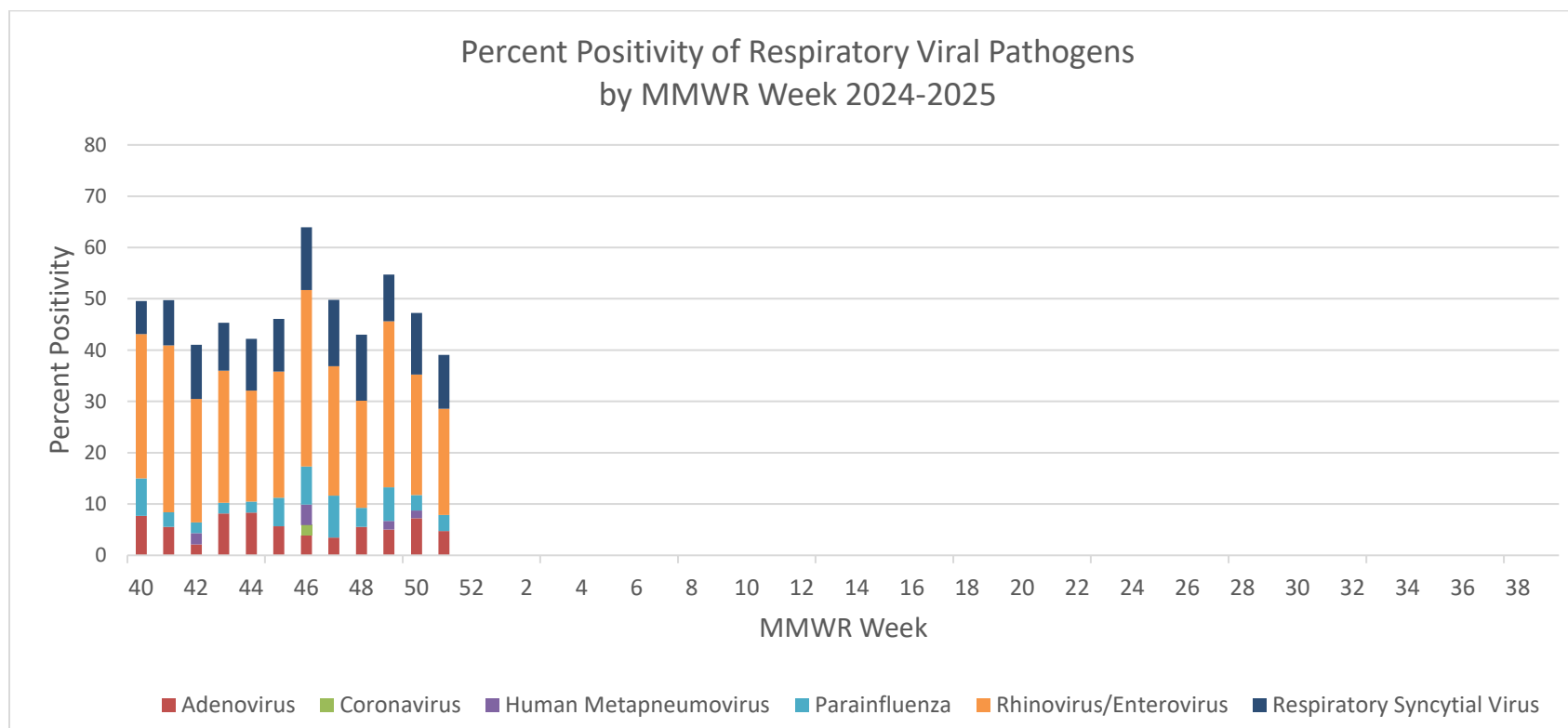
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



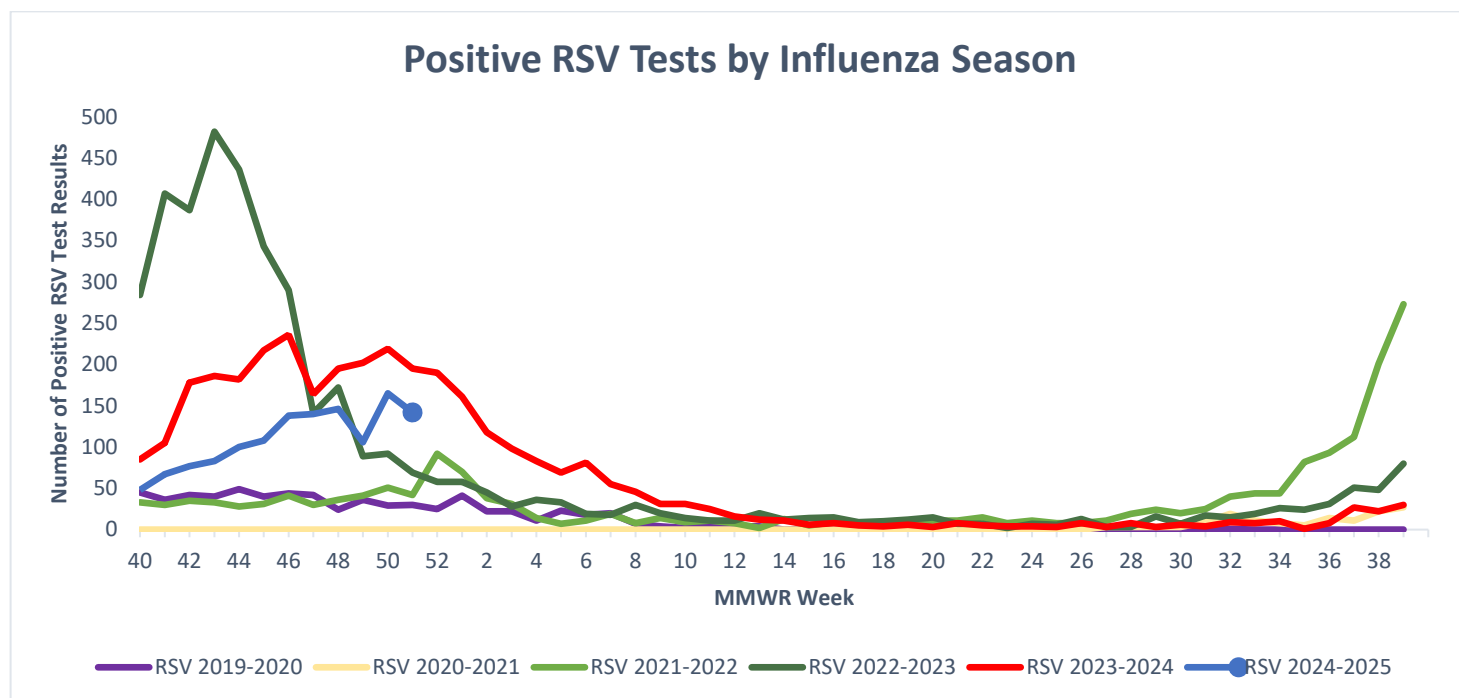
* A total of 21,586 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

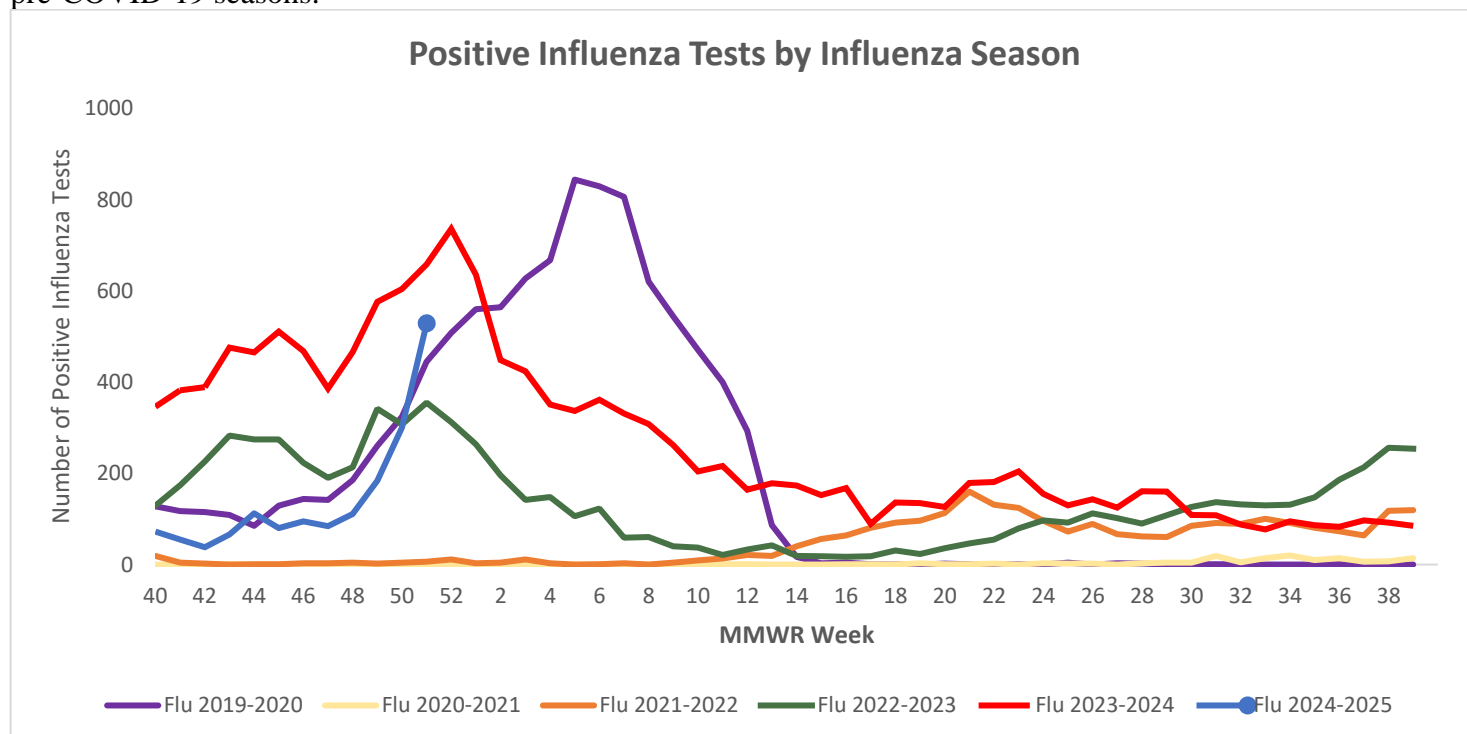


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season, but it is not yet known whether case numbers will reach a peak similar to pre-COVID-19 seasons.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

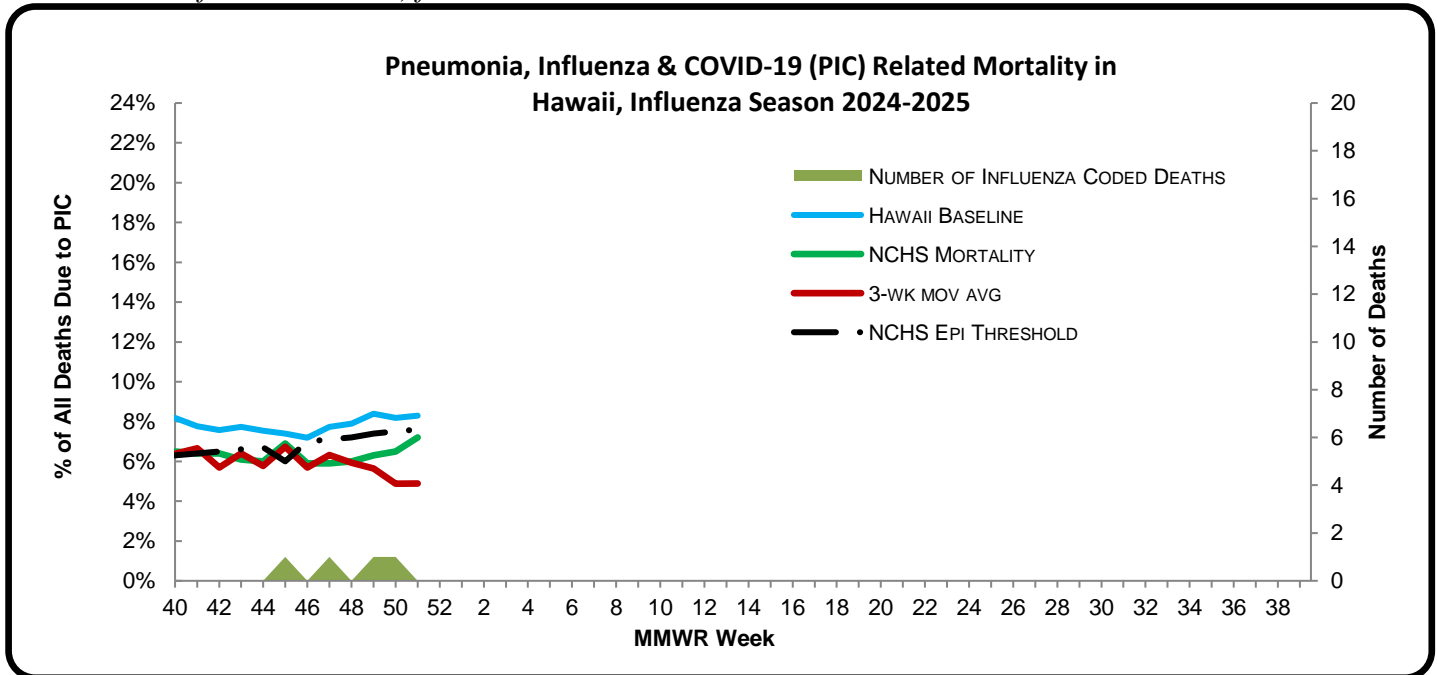
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 51** of the current influenza season:

- **5.0%** of all deaths that occurred in Hawaii during week 51 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **5.9%**), there have been 2,408 deaths from any cause, 141 of which were due to PIC¹².
- The PIC rate was comparable to the historical baseline in Hawaii¹³ (i.e., inside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (7.2%) (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (7.6%) (i.e., inside the 95% confidence interval) for week 51.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 96.2% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, five new influenza-associated pediatric deaths were reported to CDC during week 51. (2024–2025 season total: 9).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **December 12, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 52: DECEMBER 22, 2024– DECEMBER 28, 2024

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 52

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 12.1% | Higher than the previous week. Higher than Hawaii's historical baseline, higher than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 1 | There have been 5 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|--|
| Percent of all respiratory specimens positive for influenza this week | 25.6% | Higher than the previous week. This number means that many, if not all, of the 74.4% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 8.7% | |

| Surveillance for Severe Outcomes | | |
|---|------|--|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 3.3% | Lower than Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 11 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

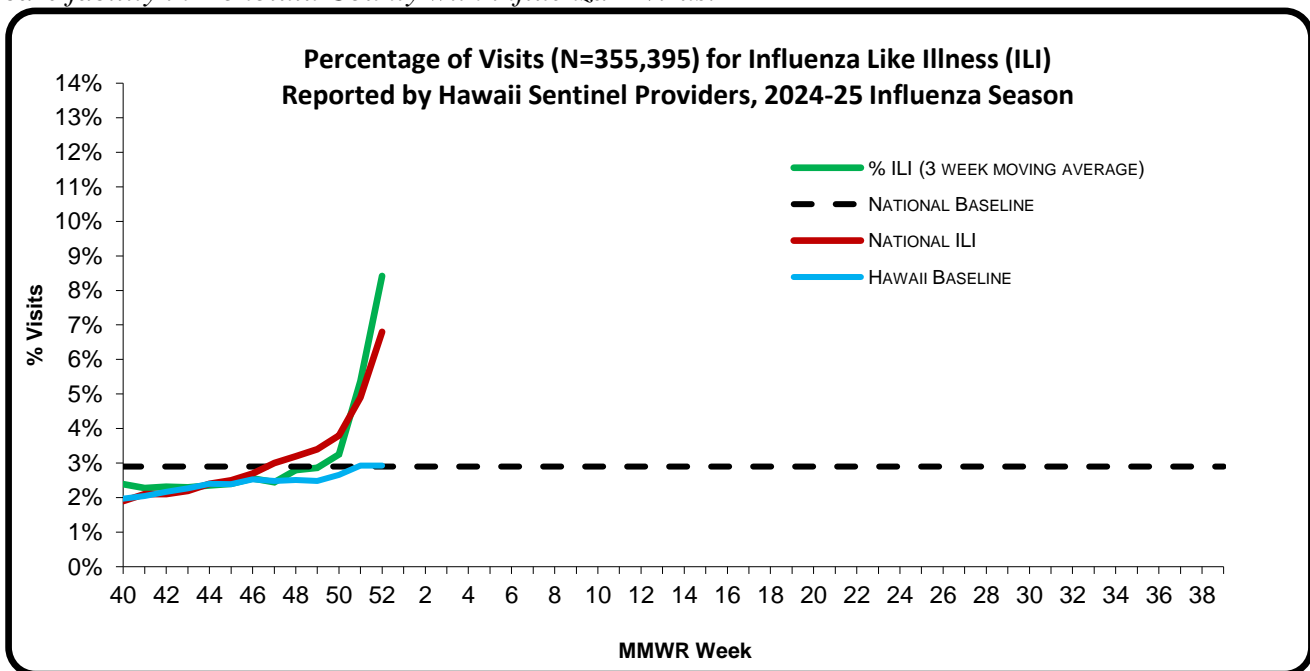
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For week 52 of the current influenza season:

- **12.1%** (season to date: **2.7%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were higher than the historical baseline in Hawaii^{2,3} (i.e., outside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and higher than the national ILI rate (**6.8%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: One new cluster was reported to HDOH during week 52. Cluster occurred in a long term care facility in Honolulu County with influenza A virus.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

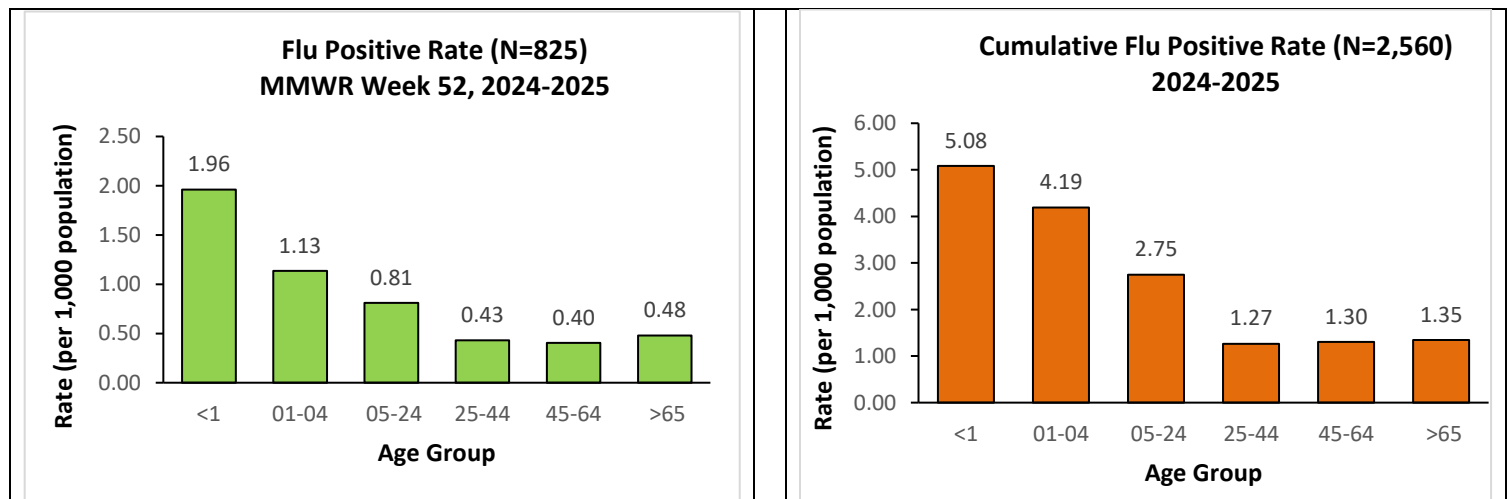
A. INFLUENZA:

- The following reflects laboratory findings for week 52 of the 2024–25 influenza season:
 - A total of 3,225 specimens have been tested statewide for influenza viruses (positive: 825 [25.6%]). (Season to date: 29,235 tested (8.7% positive))
 - 493 (15.3%) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,732 (84.7%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 2,400 (74.4%) were negative.

| Influenza type | Current week 52 (%) | Season to date (%) ⁸ |
|-------------------------------|---------------------|---------------------------------|
| Influenza A (H1) ⁹ | 8 (1.0) | 25 (1.0) |
| Influenza A (H3) | 7 (0.8) | 23 (0.9) |
| Influenza A no subtyping | 803 (97.3) | 2,482 (96.9) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 7 (0.9) | 30 (1.2) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include: hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

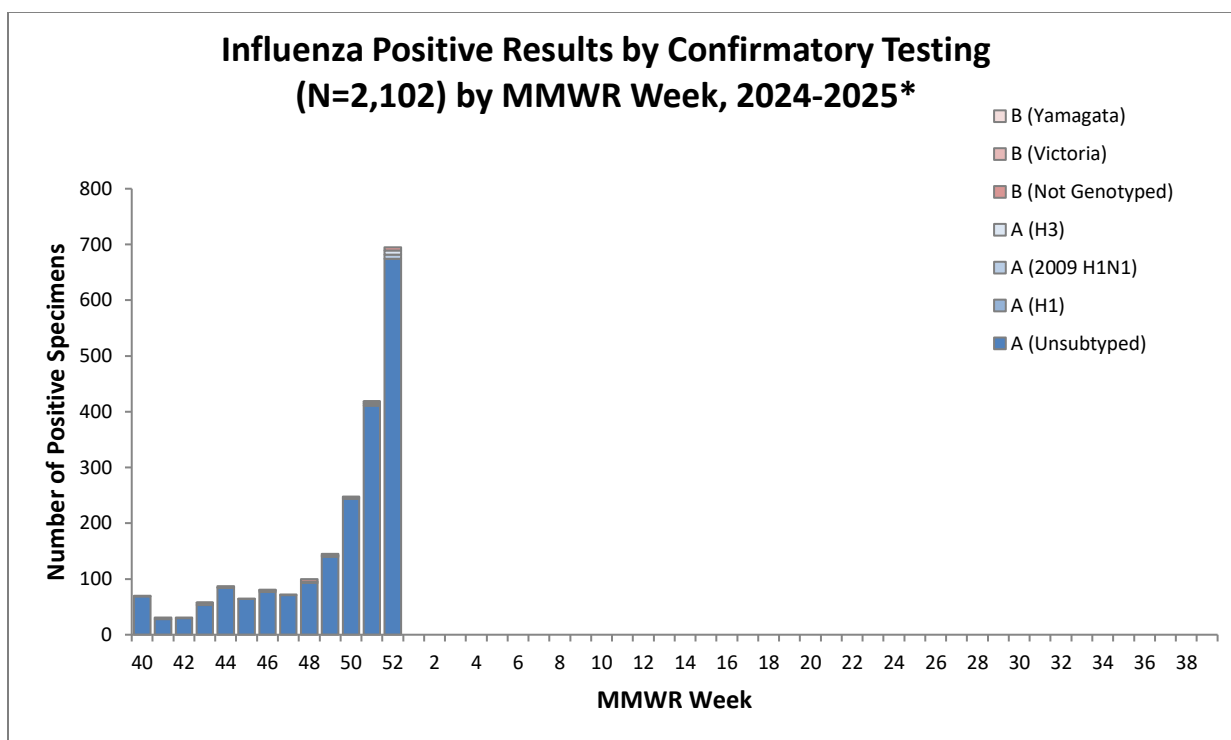
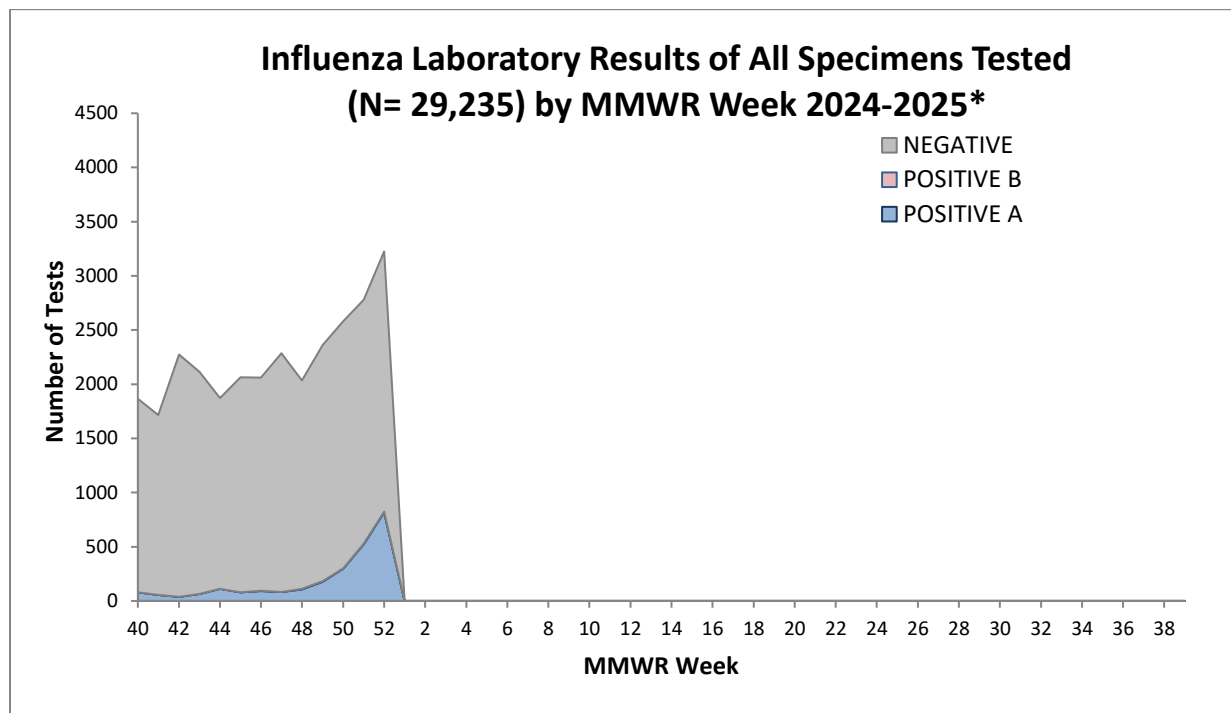
⁸ Influenza coding were updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

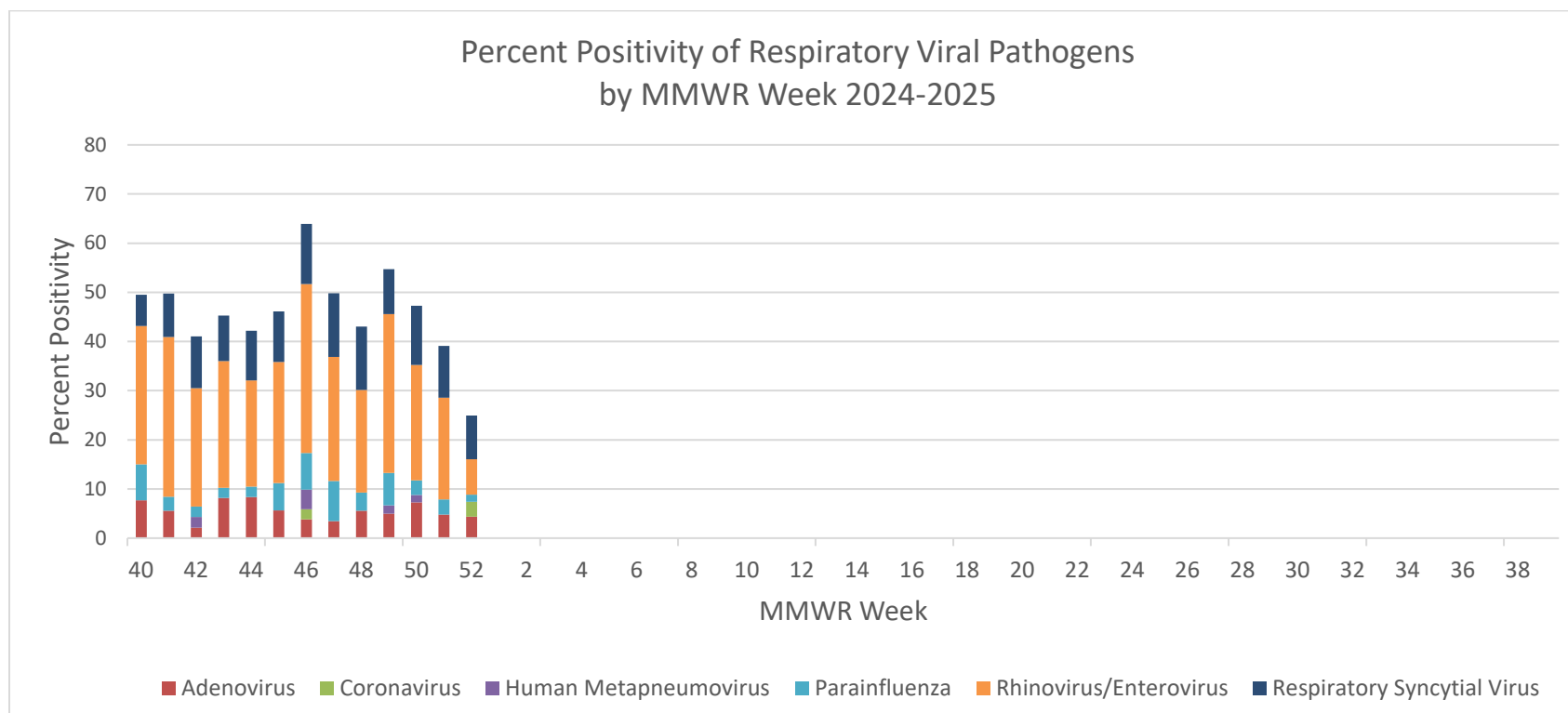
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



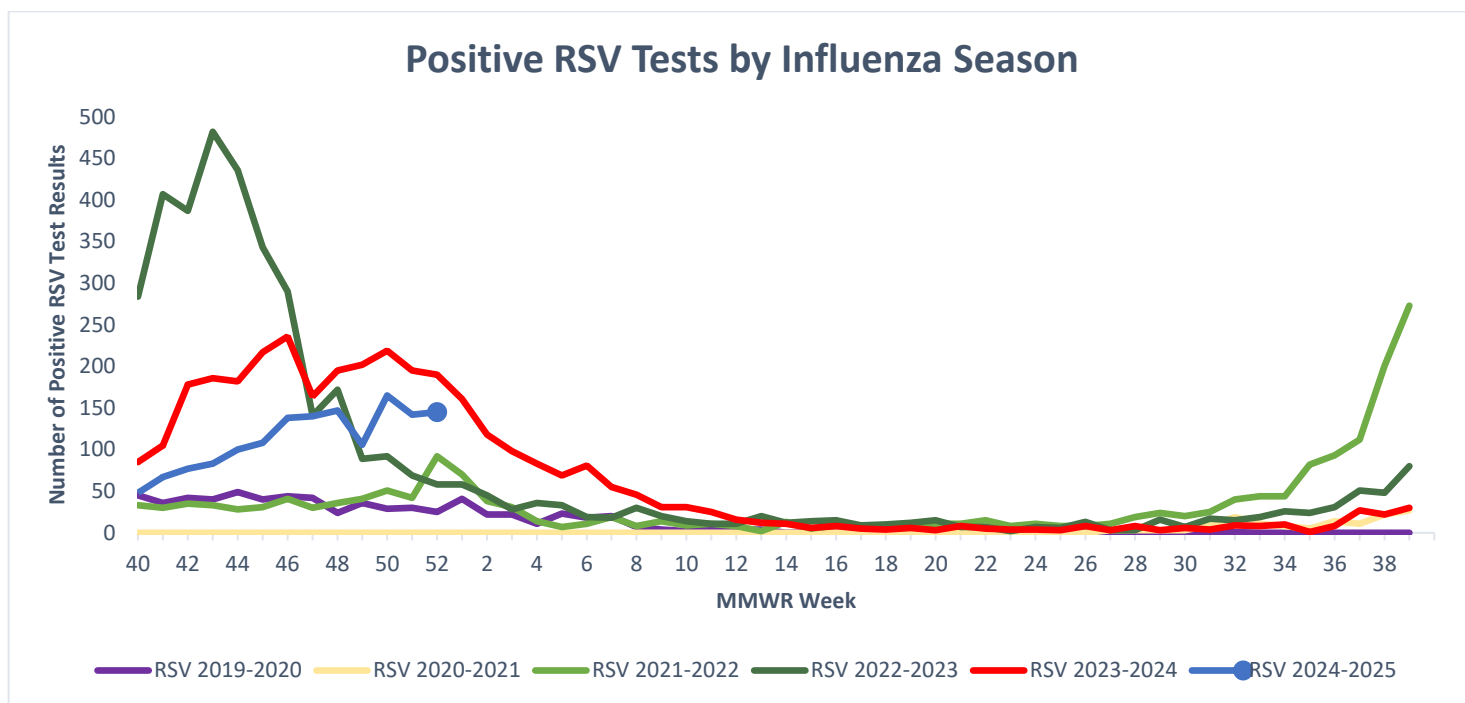
* A total of 24,317 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

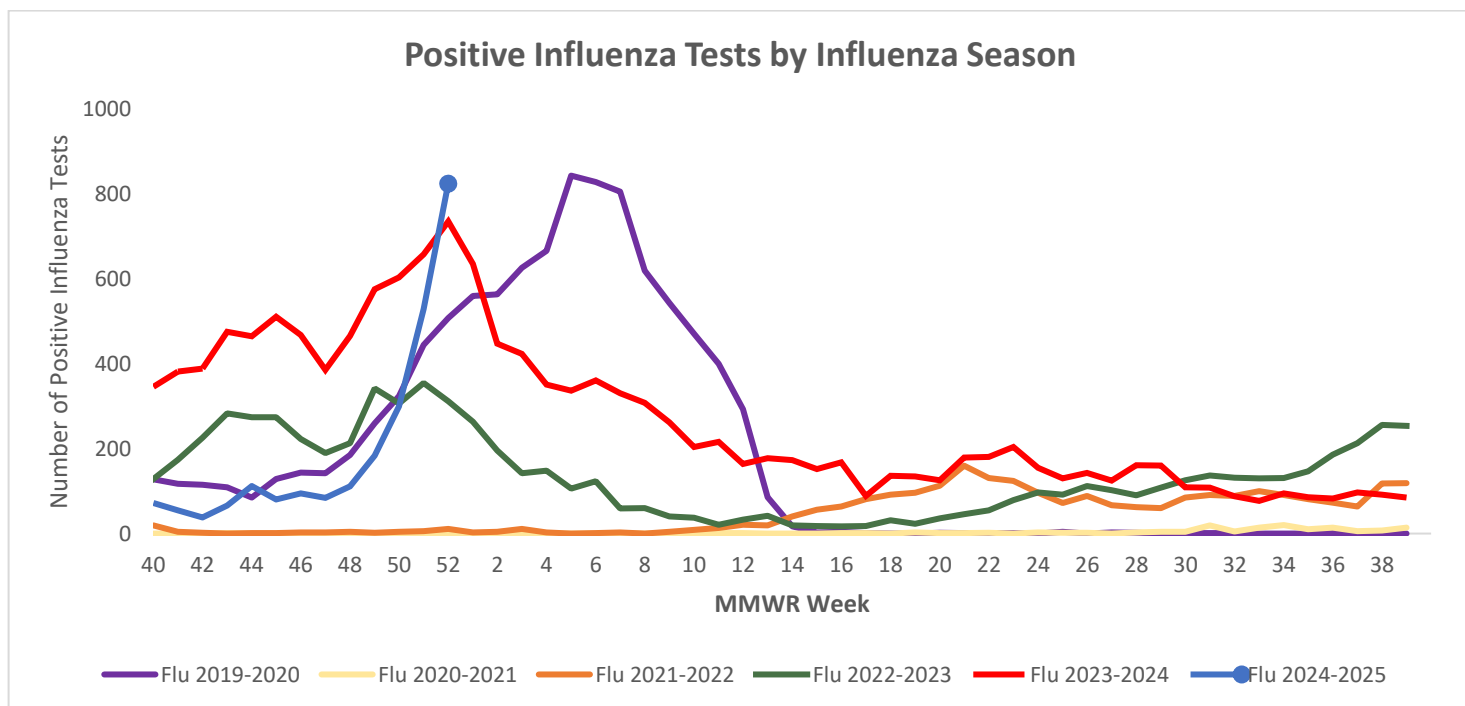


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

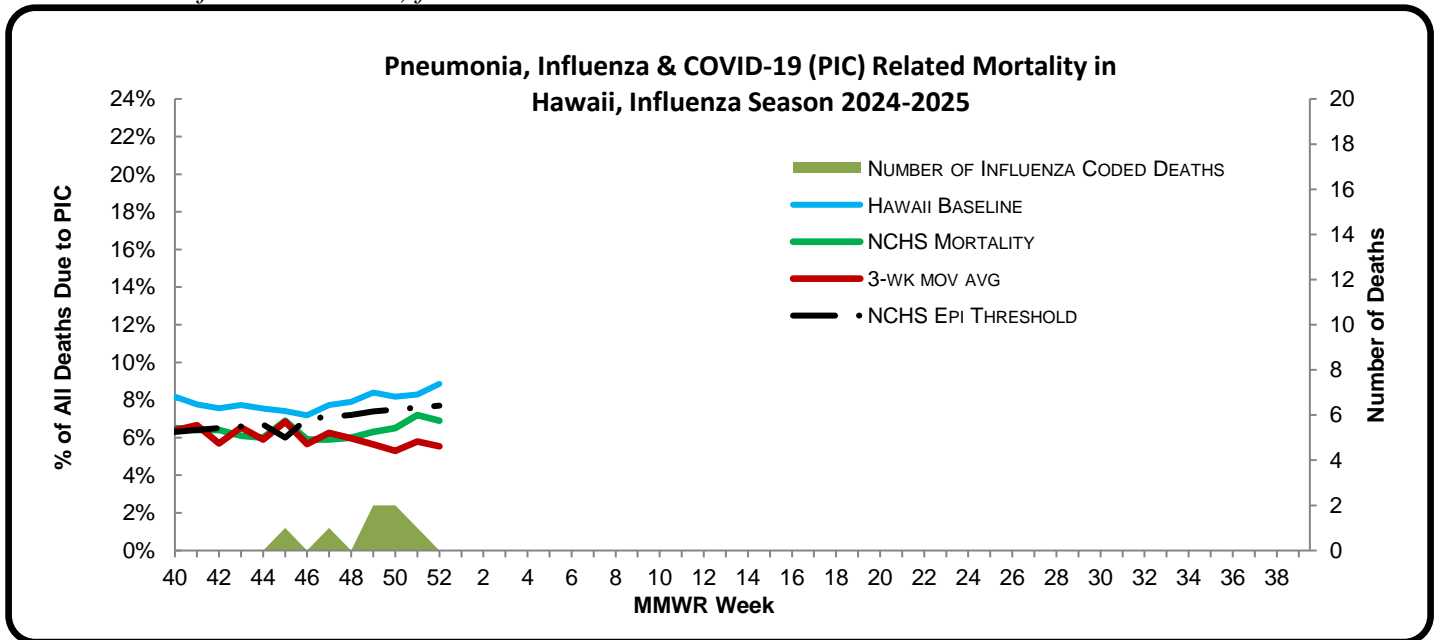
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For week 52 of the current influenza season:

- **3.3%** of all deaths that occurred in Hawaii during week 52 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **5.9%**), there have been 2,671 deaths from any cause, 159 of which were due to PIC¹².
- The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (6.9%) (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (7.7%) (i.e., inside the 95% confidence interval) for week 52.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 63.0% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, two new influenza-associated pediatric deaths were reported to CDC during week 52. (2024–2025 season total: 11).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **December 12, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|--|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 1: DECEMBER 29, 2024– JANUARY 4, 2025

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 1

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 4.8% | Lower than the previous week. Comparable to the Hawaii's historical baseline, higher than the national ILI rate, and lower than the national baseline. |
| Number of ILI clusters reported to HDOH | 1 | There have been 6 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|--|
| Percent of all respiratory specimens positive for influenza this week | 29.0% | Higher than the previous week. This number means that many, if not all, of the 71.0% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 11.4% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 5.3% | Comparable to the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 16 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

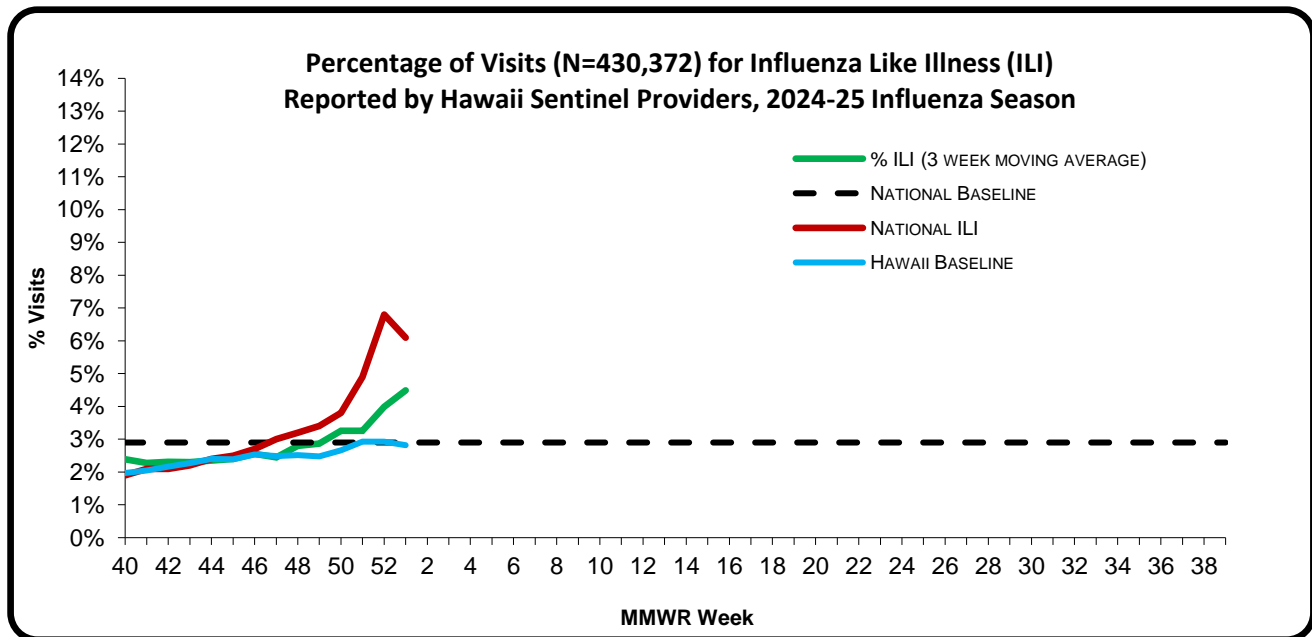
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 1** of the current influenza season:

- **12.1%** (season to date: **2.7%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were higher than the historical baseline in Hawaii^{2,3} (i.e., outside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and higher than the national ILI rate (**6.8%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: One new cluster was reported to HDOH during week 1. Cluster occurred in a long-term care facility in Hawaii County with influenza A virus.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

The integration of point-of-care testing into the coding system led to an increase in the testing volume for influenza viruses.

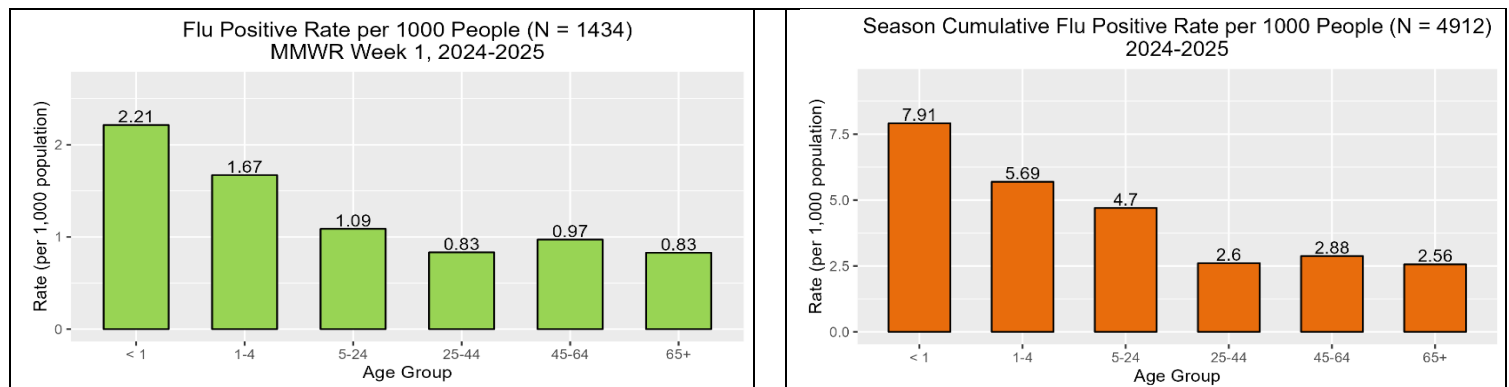
A. INFLUENZA:

- The following reflects laboratory findings for week 1 of the 2024–25 influenza season:
 - A total of **4,942** specimens have been tested statewide for influenza viruses (positive: 1,435 [29.0%]). (Season to date: 45,365 tested (11.4% positive))
 - 1,805 (36.5%) were screened only by rapid antigen tests with no confirmatory testing.
 - 3,137 (63.5%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 3,507 (71.0%) were negative.

| Influenza type | Current week 1 (%) | Season to date (%) ⁸ |
|-------------------------------|--------------------|---------------------------------|
| Influenza A (H1) ⁹ | 10 (0.7) | 52 (1.0) |
| Influenza A (H3) | 10 (0.7) | 45 (0.9) |
| Influenza A no subtyping | 1,384 (96.4) | 4,898 (94.9) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 31 (2.2) | 164 (3.2) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

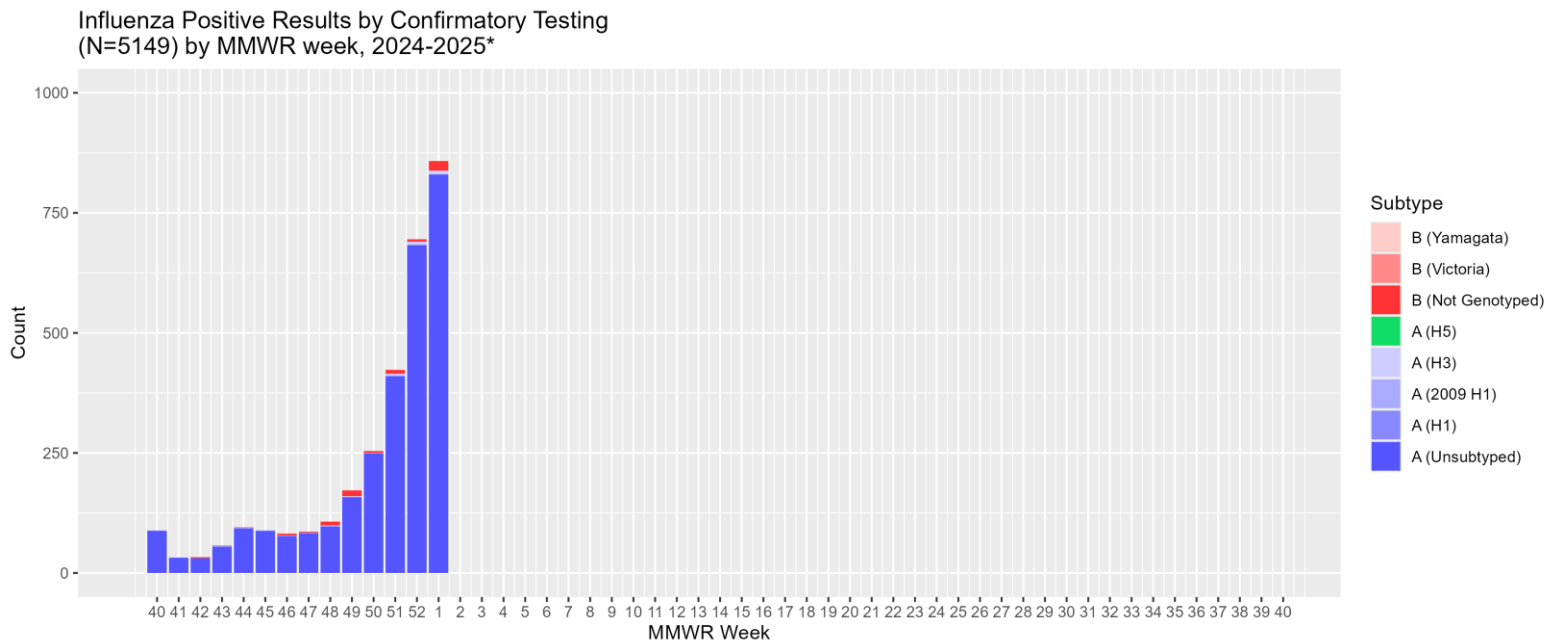
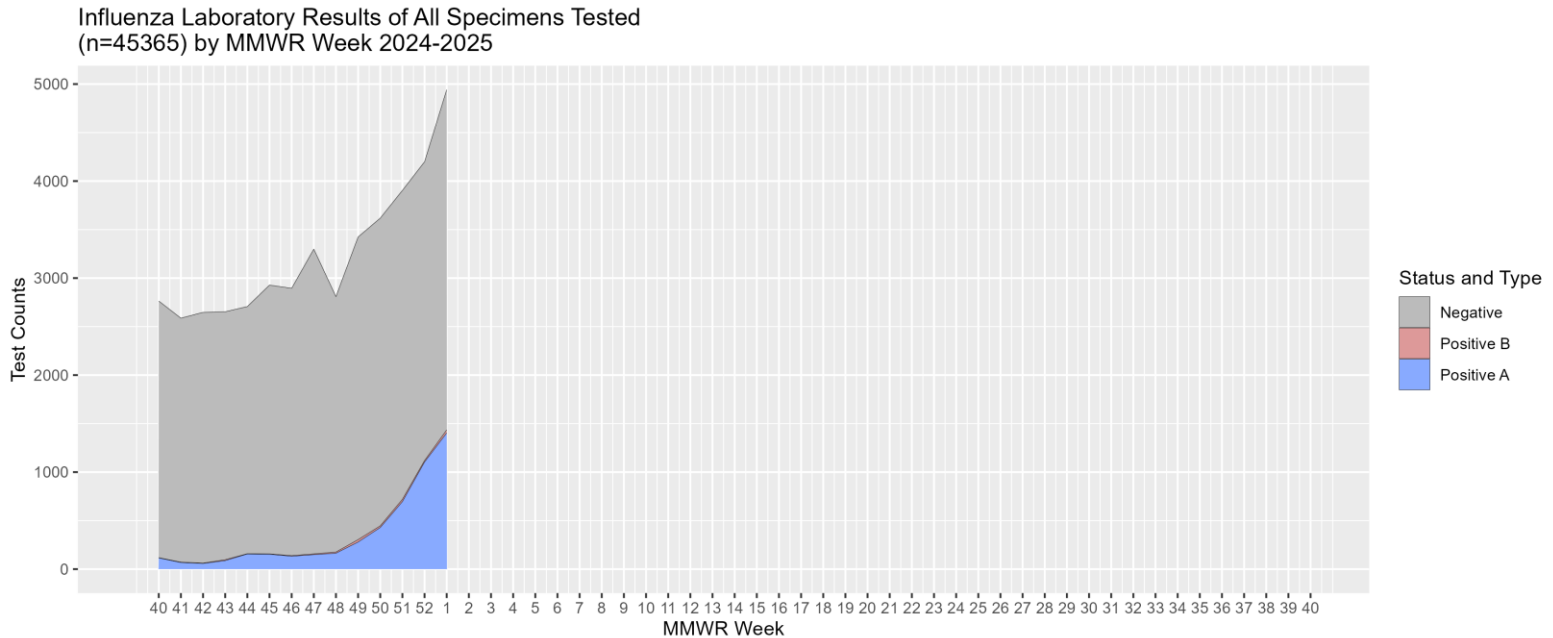
⁸ Influenza coding was updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

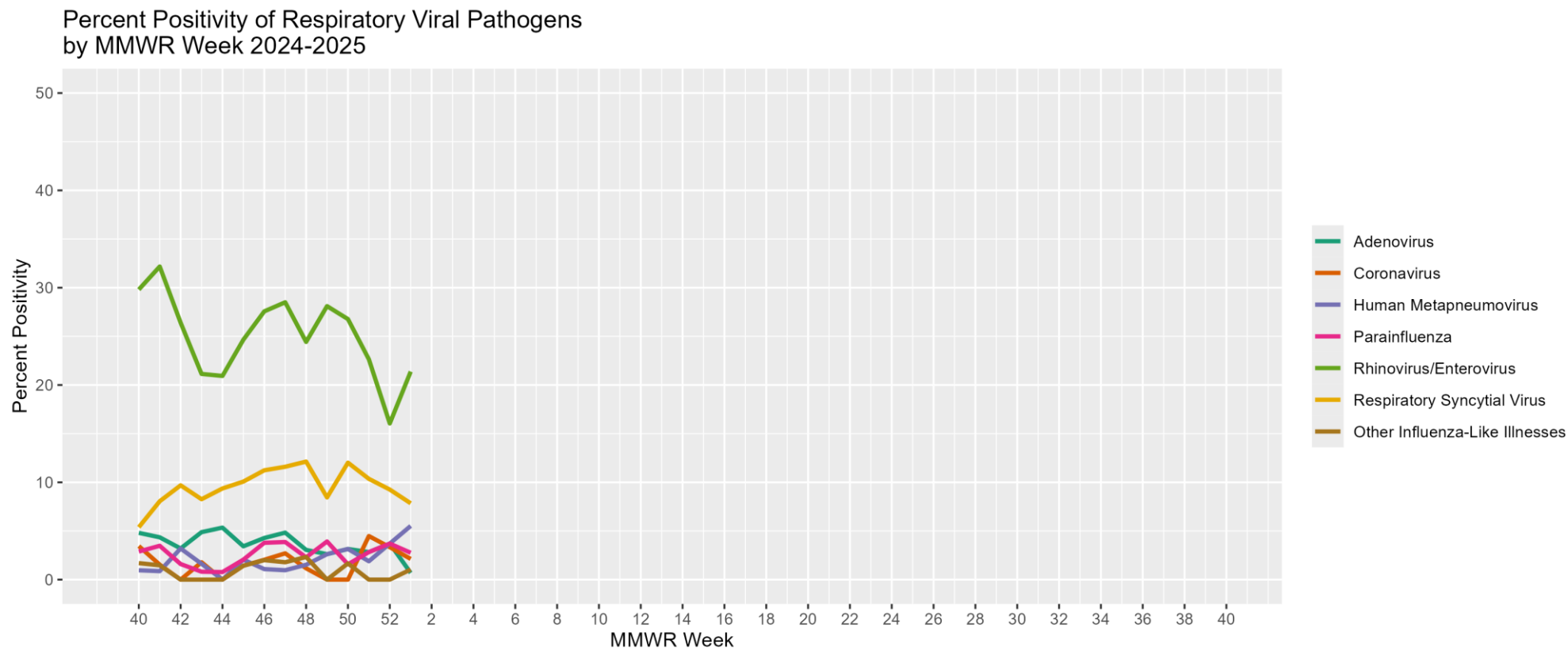
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



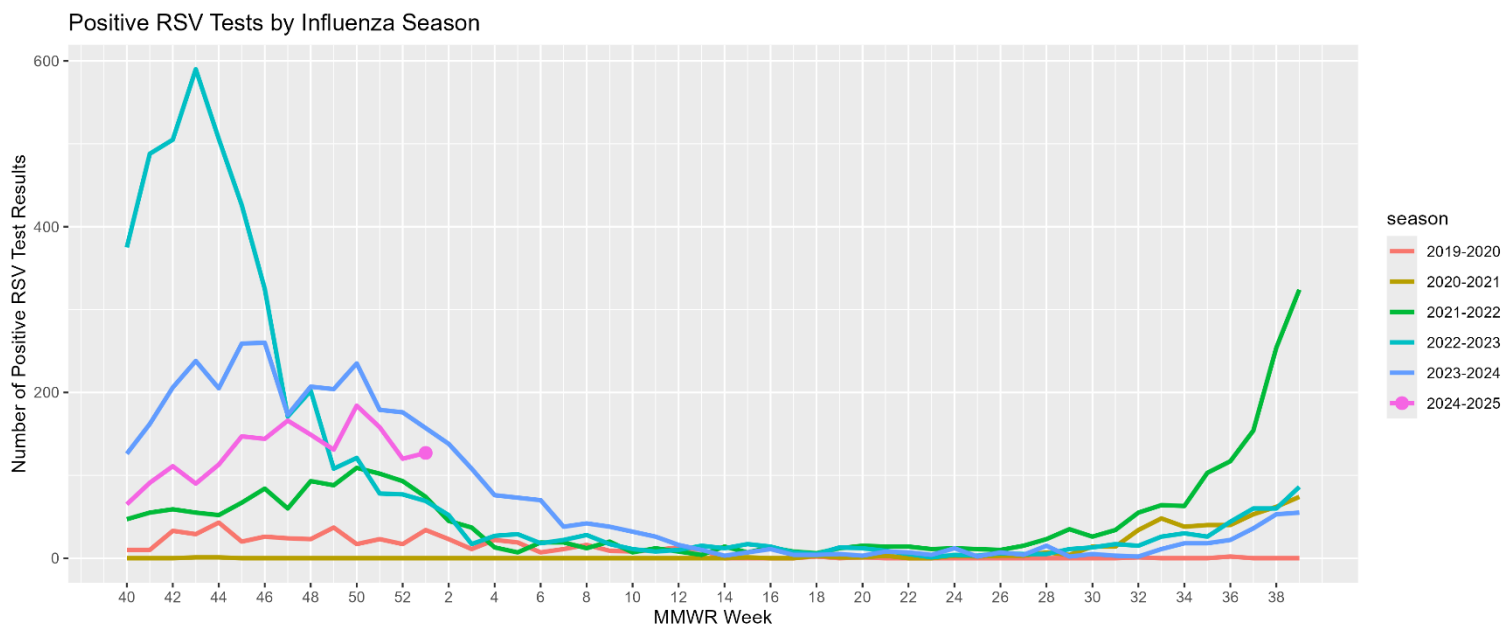
* A total of 29,961 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

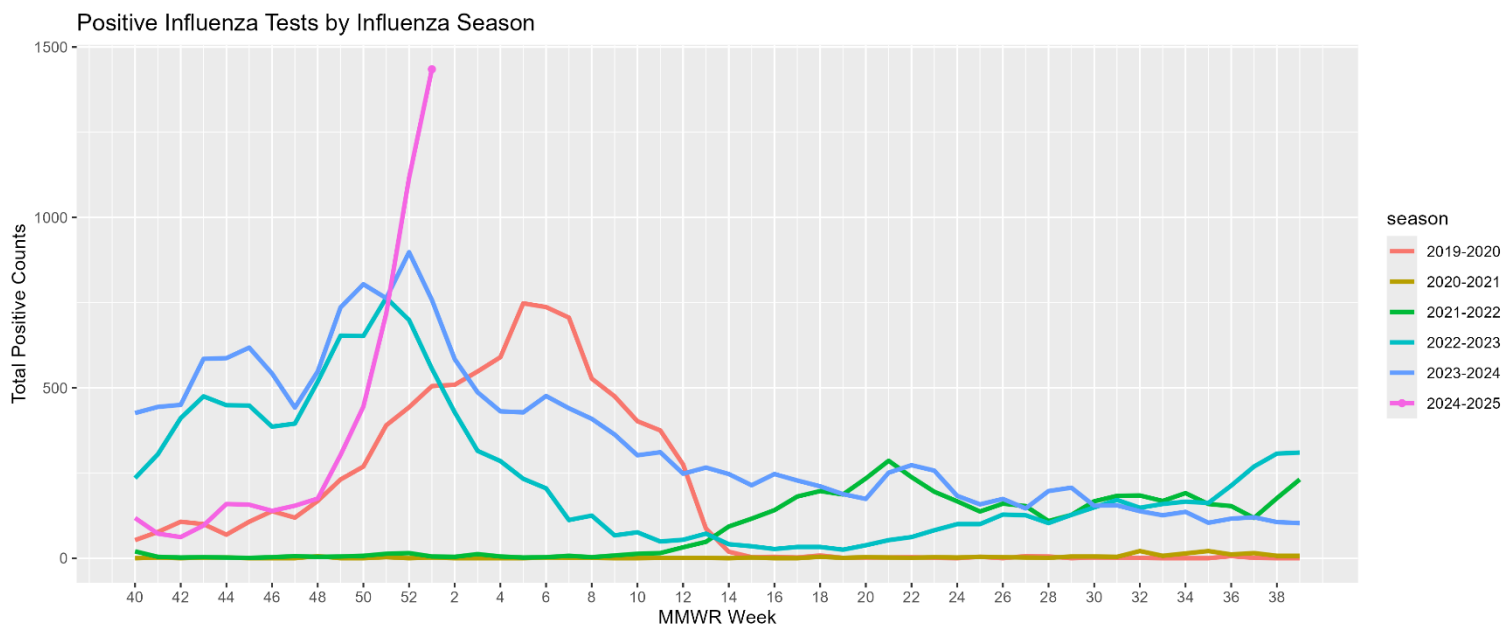


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

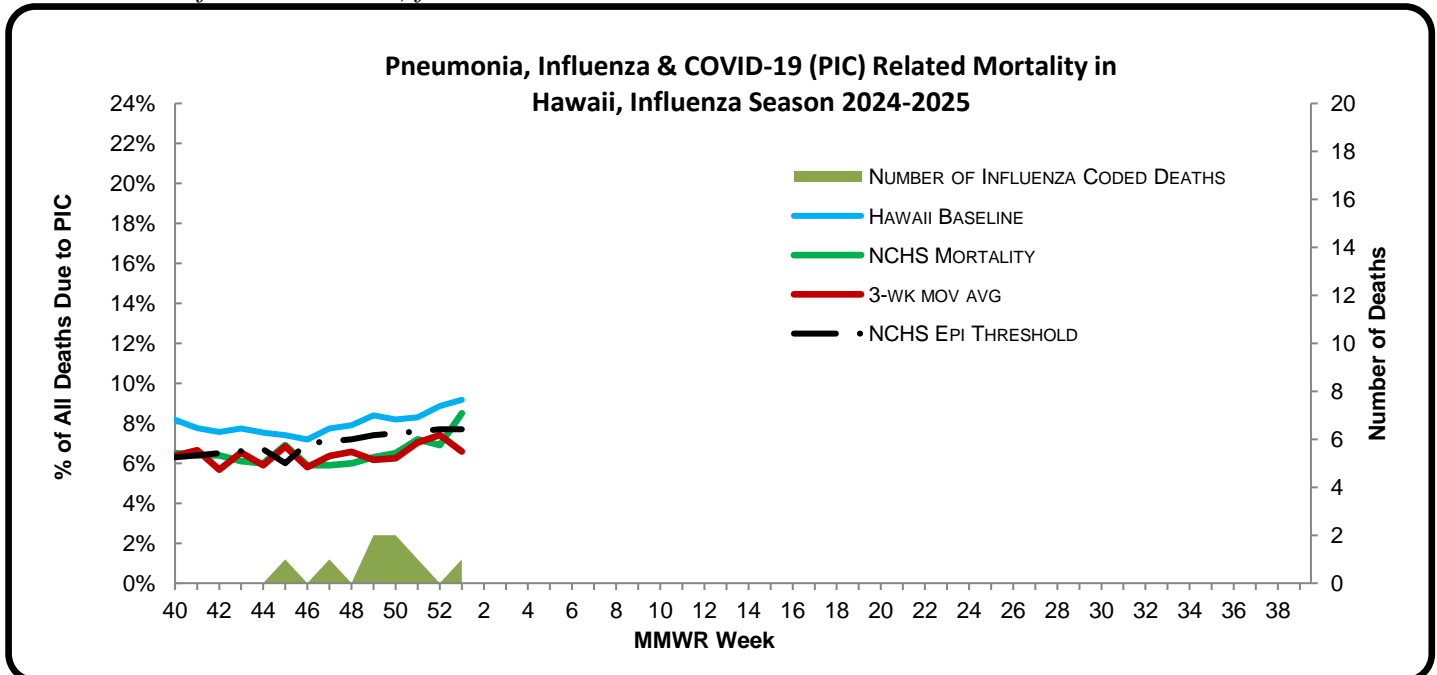
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 1** of the current influenza season:

- *5.3% of all deaths that occurred in Hawaii during week 1 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: 5.9%), there have been 2,986 deaths from any cause, 190 of which were due to PIC¹².*
- *The PIC rate was comparable to the historical baseline in Hawaii¹³ (i.e., inside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 8.5%) (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (7.7%) (i.e., inside the 95% confidence interval) for week 1.*



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 100.0% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, five new influenza-associated pediatric deaths were reported to CDC during week 1. (2024–2025 season total: 16).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **December 12, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 2: JANUARY 5, 2025– JANUARY 11, 2025

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 2

| Surveillance for Influenza-like Illness (ILI) | | |
|--|--------------|--|
| <i>Metric</i> | <i>Value</i> | <i>Comment</i> |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 3.9% | Lower than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 3 | There have been 9 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|---|
| Percent of all respiratory specimens positive for influenza this week | 29.0% | Similar to the previous week. This number means that many, if not all, of the 71.0% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 11.4% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 5.2% | Lower than to the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 27 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

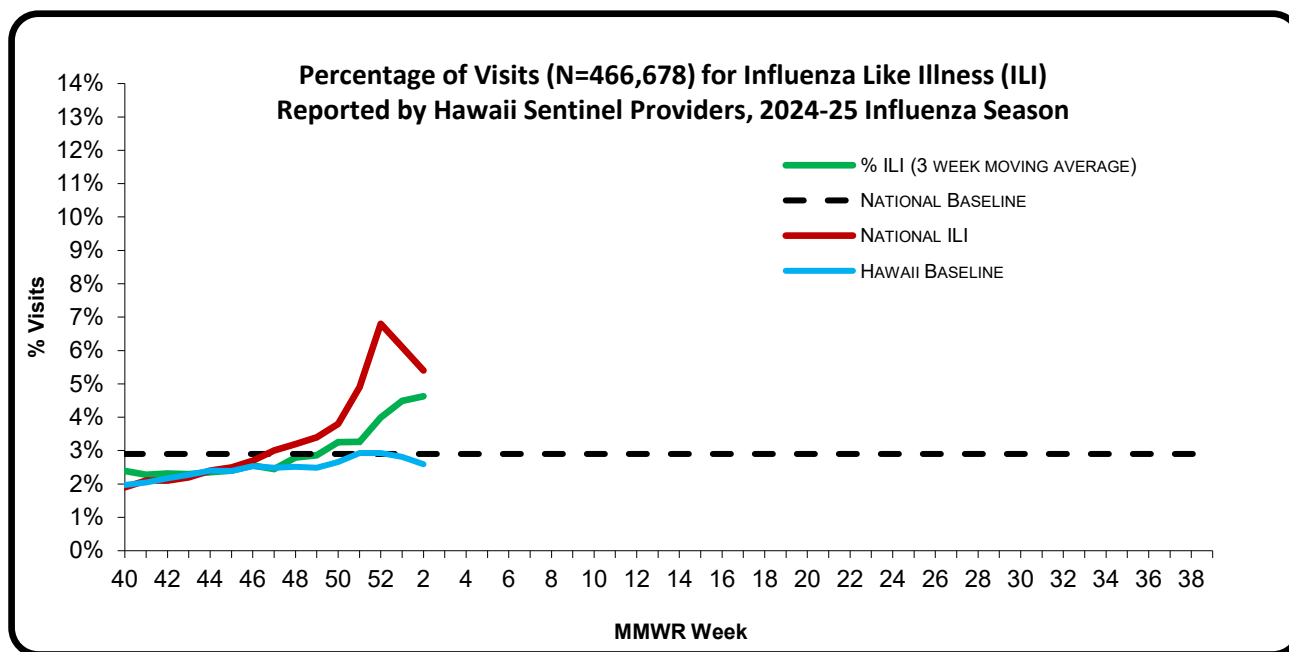
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. See **appendix 2 for interpretation of MMWR weeks**. Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For week 2 of the current influenza season:

- **3.9%** (season to date: **3.0%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**5.4%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: Three new cluster was reported to HDOH during week 2. Clusters occurred in a long-term care facility in Hawaii County and Honolulu County with influenza A virus.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

The integration of point-of-care testing into the coding system led to an increase in the testing volume for influenza viruses.

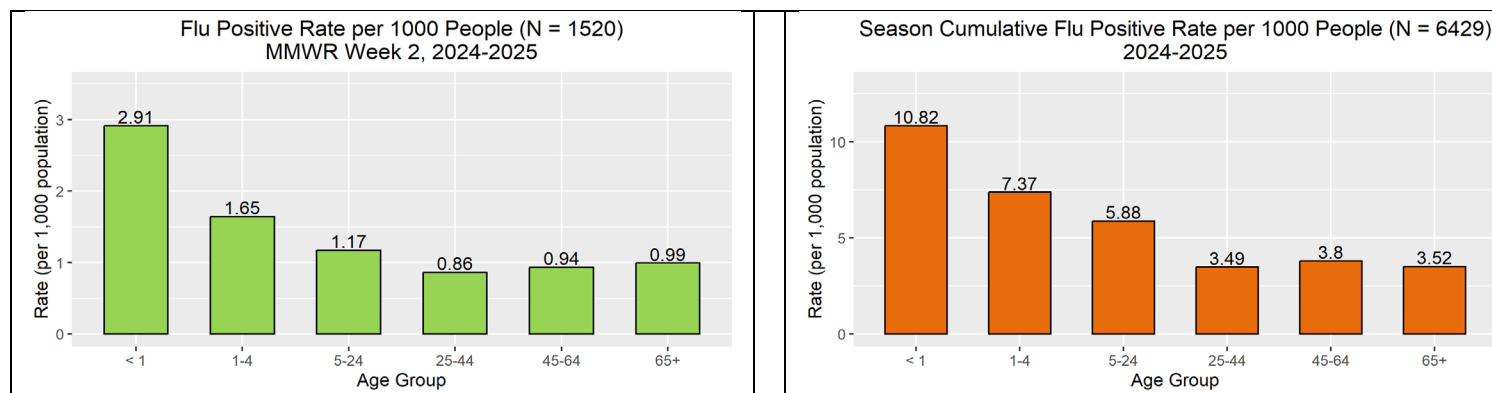
A. INFLUENZA:

- The following reflects laboratory findings for week 2 of the 2024–25 influenza season:
 - A total of **5,245** specimens have been tested statewide for influenza viruses (positive: 1,526 [29.0%]). (Season to date: 50,610 tested (11.4% positive))
 - 1,894 (36.1%) were screened only by rapid antigen tests with no confirmatory testing.
 - 3,351 (63.9%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 3,724 (71.0%) were negative.

| Influenza type | Current week 2 (%) | Season to date (%) ⁸ |
|-------------------------------|--------------------|---------------------------------|
| Influenza A (H1) ⁹ | 16 (1.0) | 68 (1.0) |
| Influenza A (H3) | 7 (0.5) | 52 (0.8) |
| Influenza A no subtyping | 1,461 (95.7) | 6,361 (95.1) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 42 (2.8) | 206 (3.1) |

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

⁸ Influenza coding was updated to reflect a more accurate count.

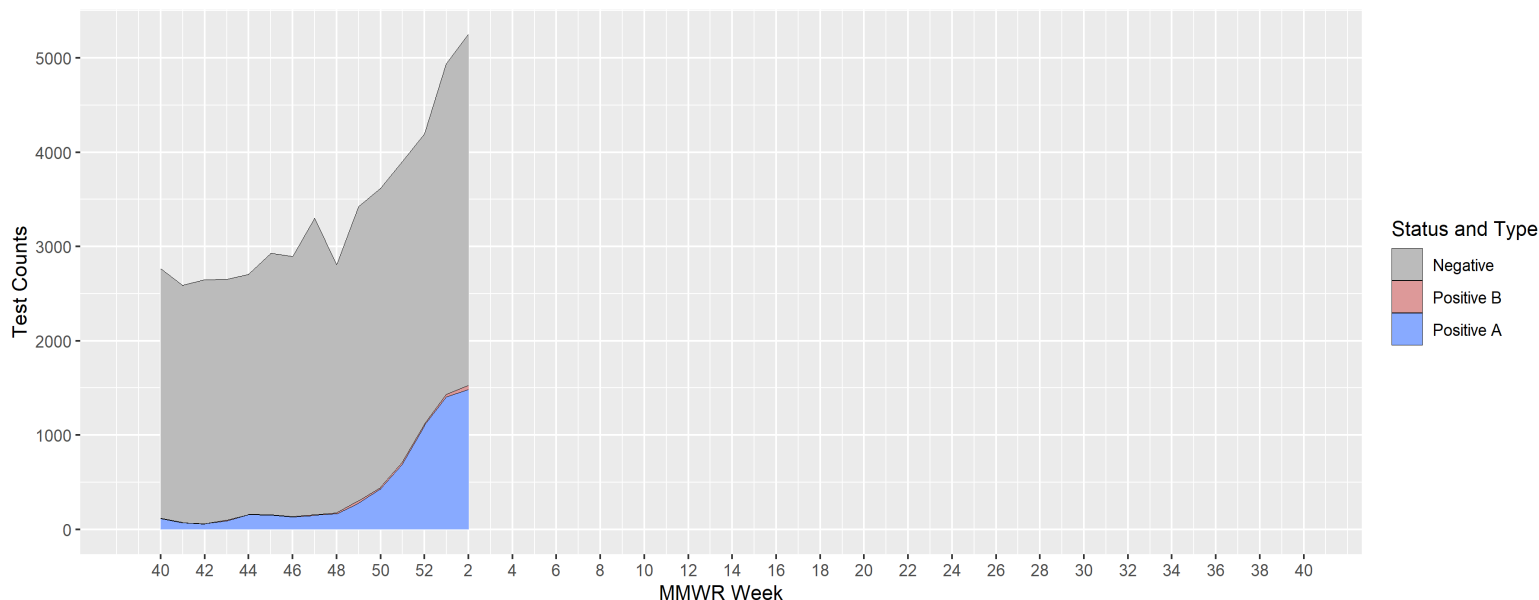
⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

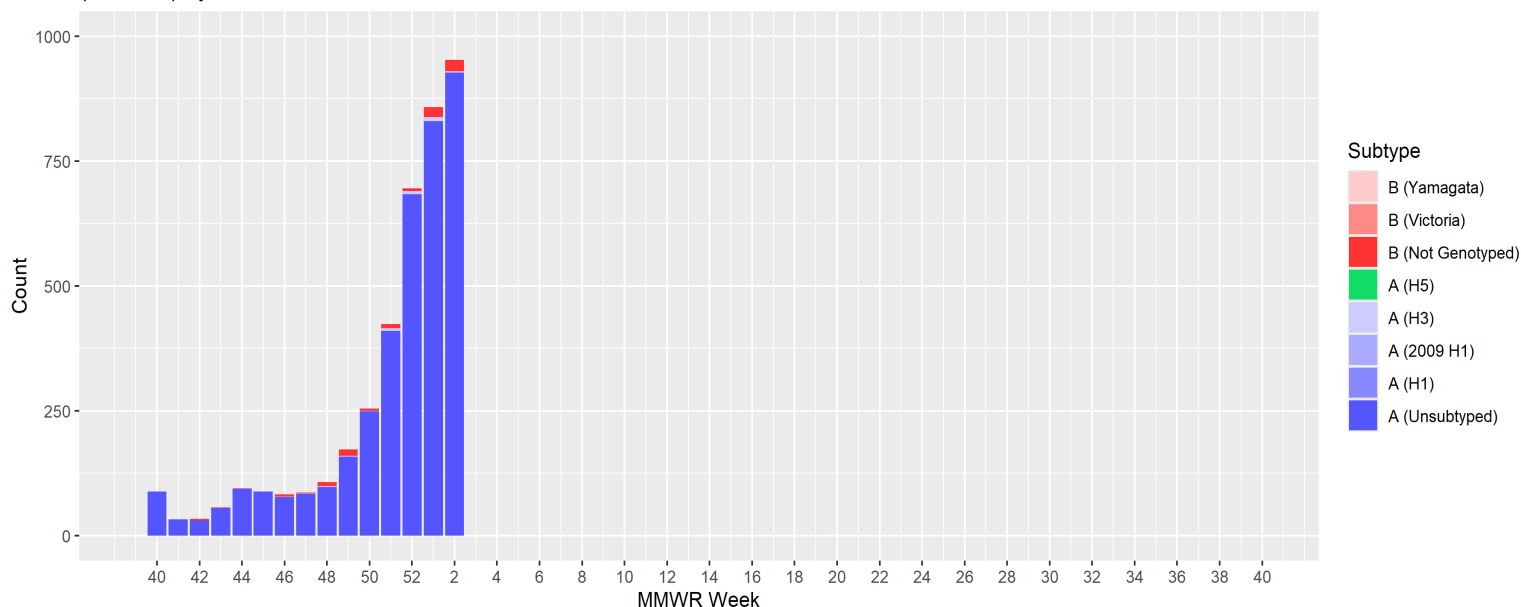
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).

Influenza Laboratory Results of All Specimens Tested
(n=50610) by MMWR Week 2024-2025

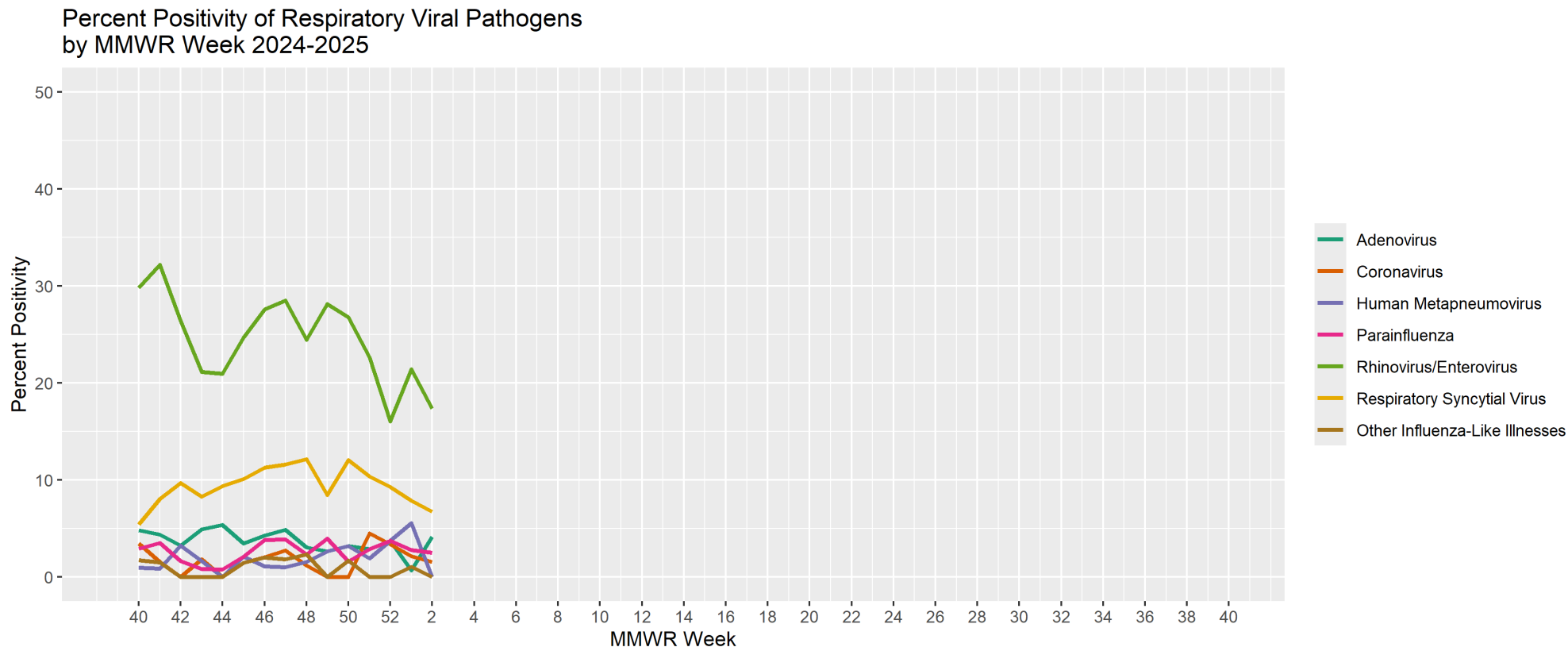


Influenza Positive Results by Confirmatory Testing
(N=6670) by MMWR week, 2024-2025*



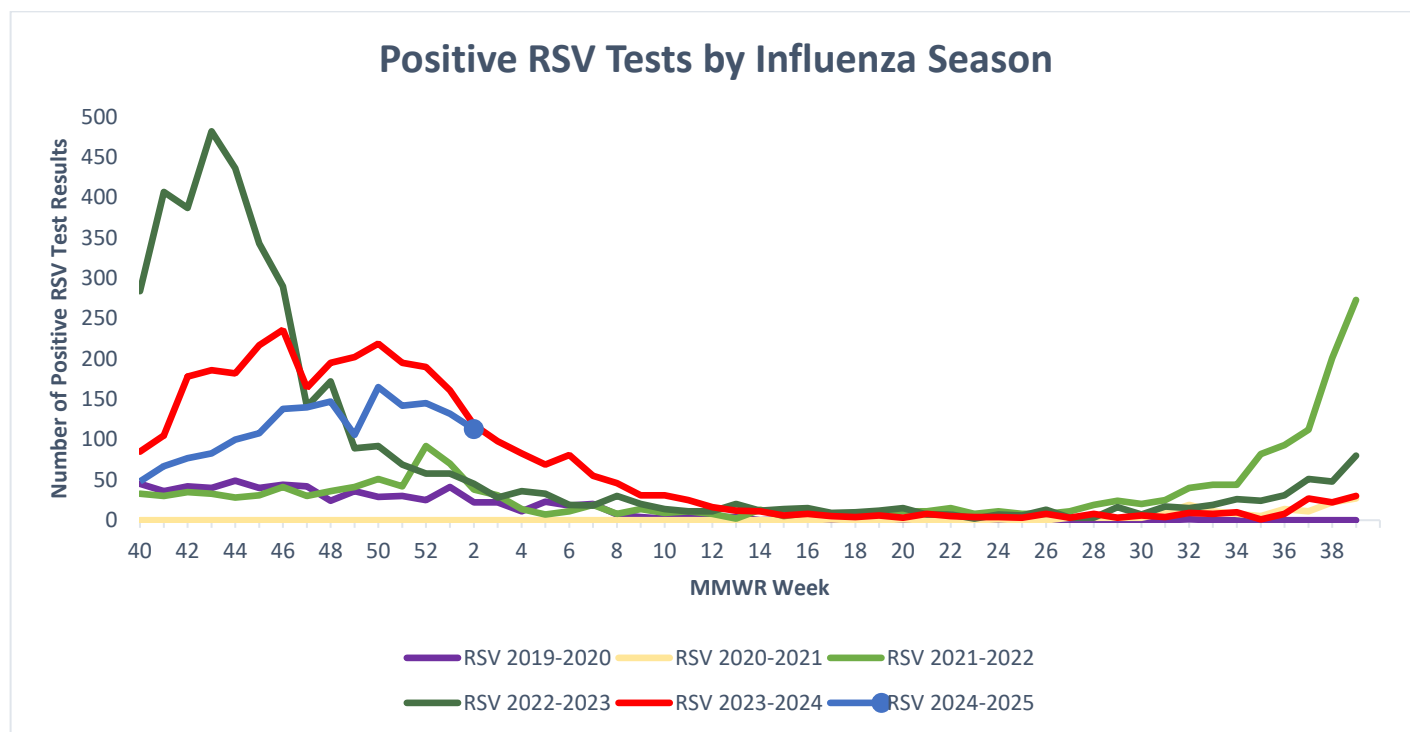
* A total of 33,313 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

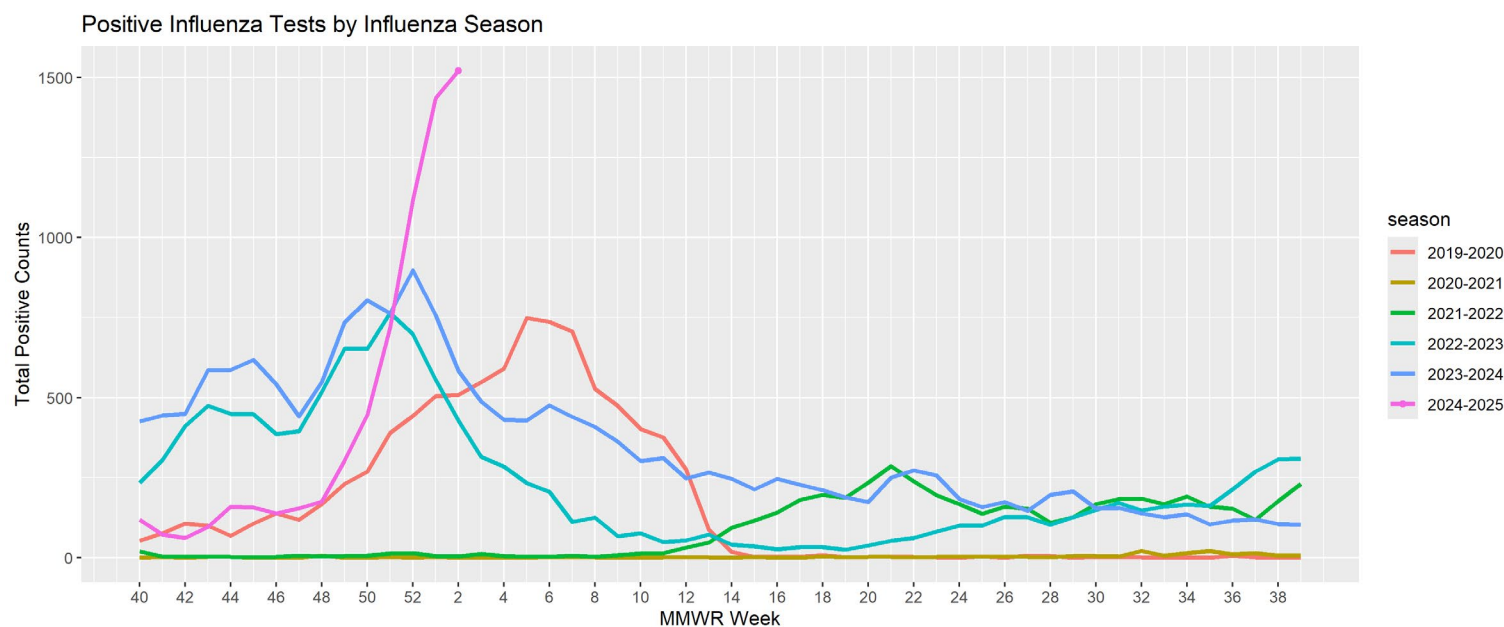


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

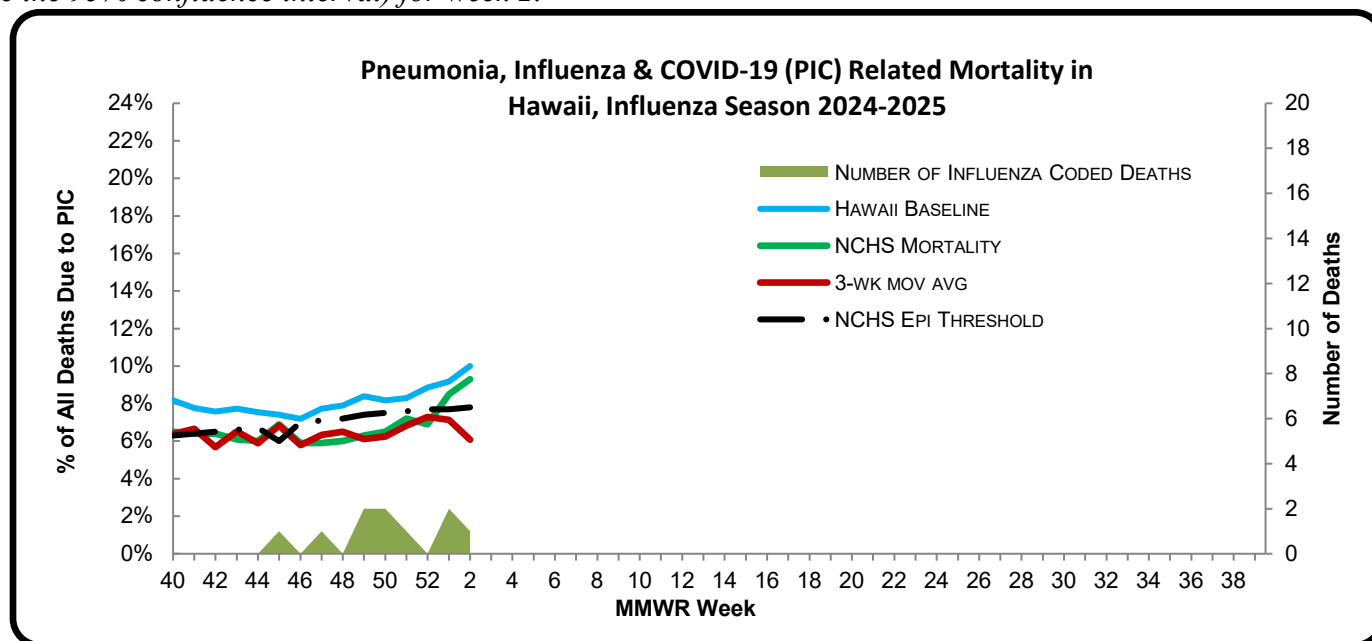
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 2** of the current influenza season:

- **5.2%** of all deaths that occurred in Hawaii during week 2 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **5.9%**), there have been 3,204 deaths from any cause, 205 of which were due to PIC¹².
- The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 9.3%) (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (7.8%) (i.e., inside the 95% confidence interval) for week 2.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 100.0% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, eleven new influenza-associated pediatric deaths were reported to CDC during week 2. (2024-2025 season total: 27).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **December 12, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 3: JANUARY 12, 2025– JANUARY 18, 2025

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 3

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|---|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 3.9% | Same as the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 2 | There have been 11 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|--|
| Percent of all respiratory specimens positive for influenza this week | 30.3% | Higher than the previous week. This number means that many, if not all, of the 69.7% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 14.7% | |

| Surveillance for Severe Outcomes | | |
|---|------|--|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 4.9% | Lower than to the Hawaii's historical baseline, comparable to the national epidemic threshold and lower than the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 31 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

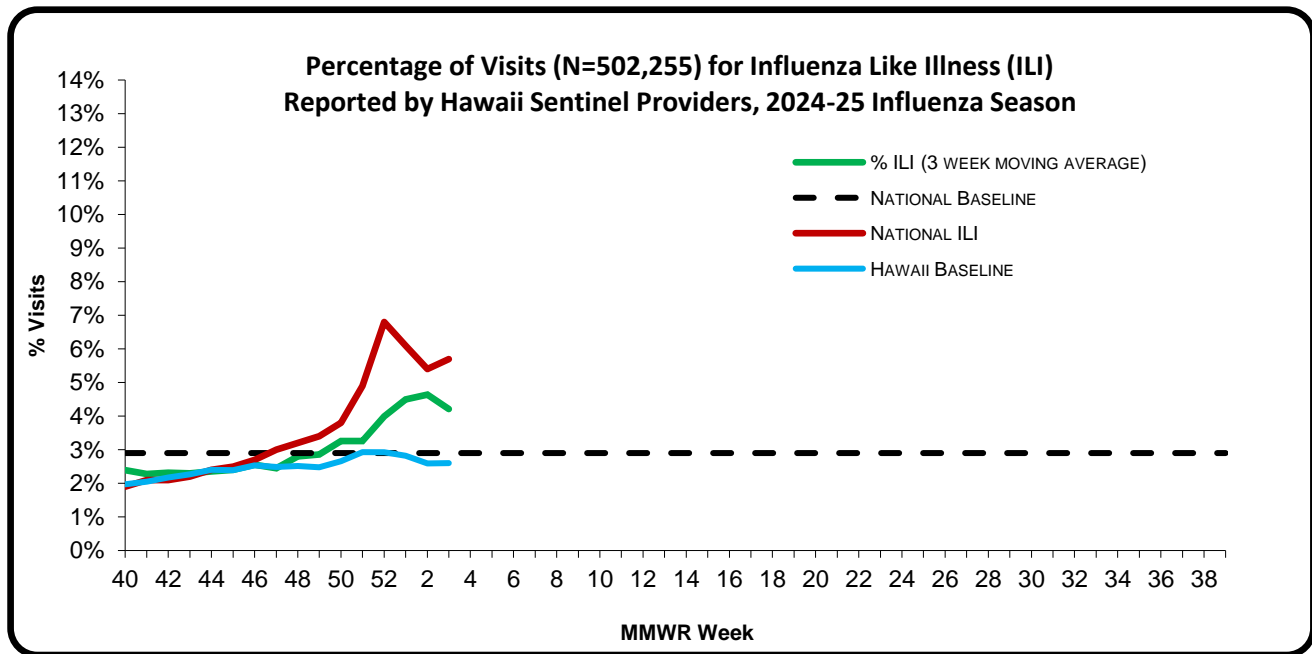
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 3** of the current influenza season:

- **3.9%** (season to date: **3.1%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**5.7%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: Two new cluster was reported to HDOH during week 3. Clusters occurred in a long-term care facility in Hawaii County and a school at Honolulu County with influenza A virus.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

A. INFLUENZA:

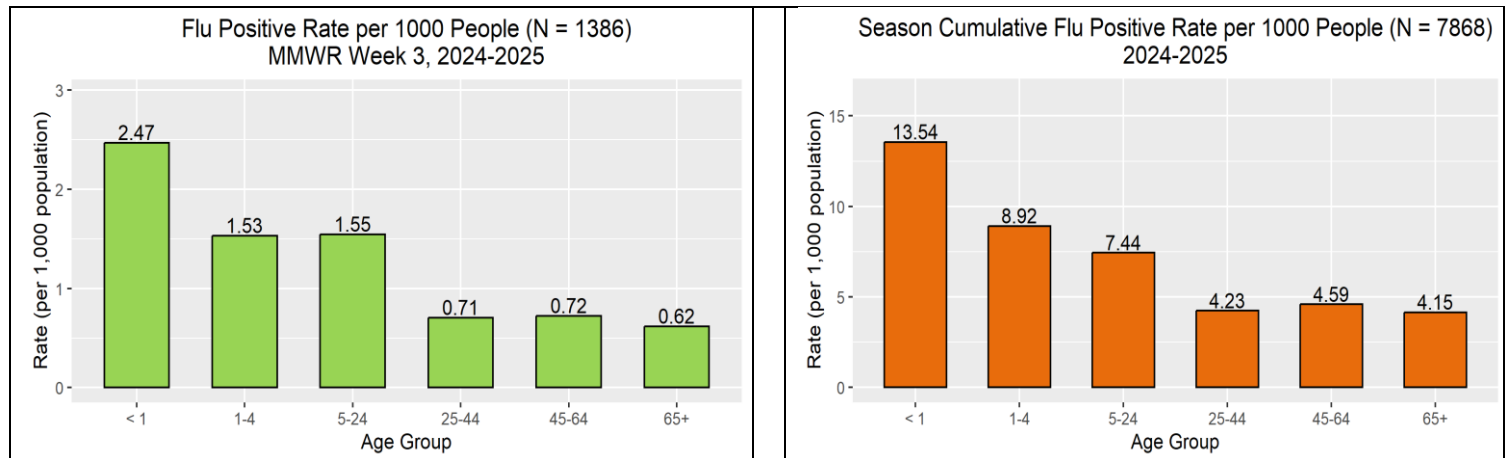
- The following reflects laboratory findings for week 3 of the 2024–25 influenza season:
 - A total of **4,575** specimens have been tested statewide for influenza viruses (positive: 1,386 [30.3%]). (Season to date: 55,266 tested (14.7% positive))
 - 1,685 (36.8%) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,890 (63.2%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 3,189 (69.7%) were negative.

| Influenza type | Current week 3 (%) [*] | Season to date (%) ⁸ |
|------------------------------------|---------------------------------|---------------------------------|
| Influenza A (H1) ⁹ | 12 (0.9) | 81 (1.0) |
| Influenza A (H3) | 15 (1.1) | 67 (0.8) |
| Influenza A no subtyping available | 1,317 (94.7) | 7,717 (95.0) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 46 (3.3) | 255 (3.1) |

^{*}Specimens that are positive for both A and B (coinfections) are counted in both A and B totals for current and season to date

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

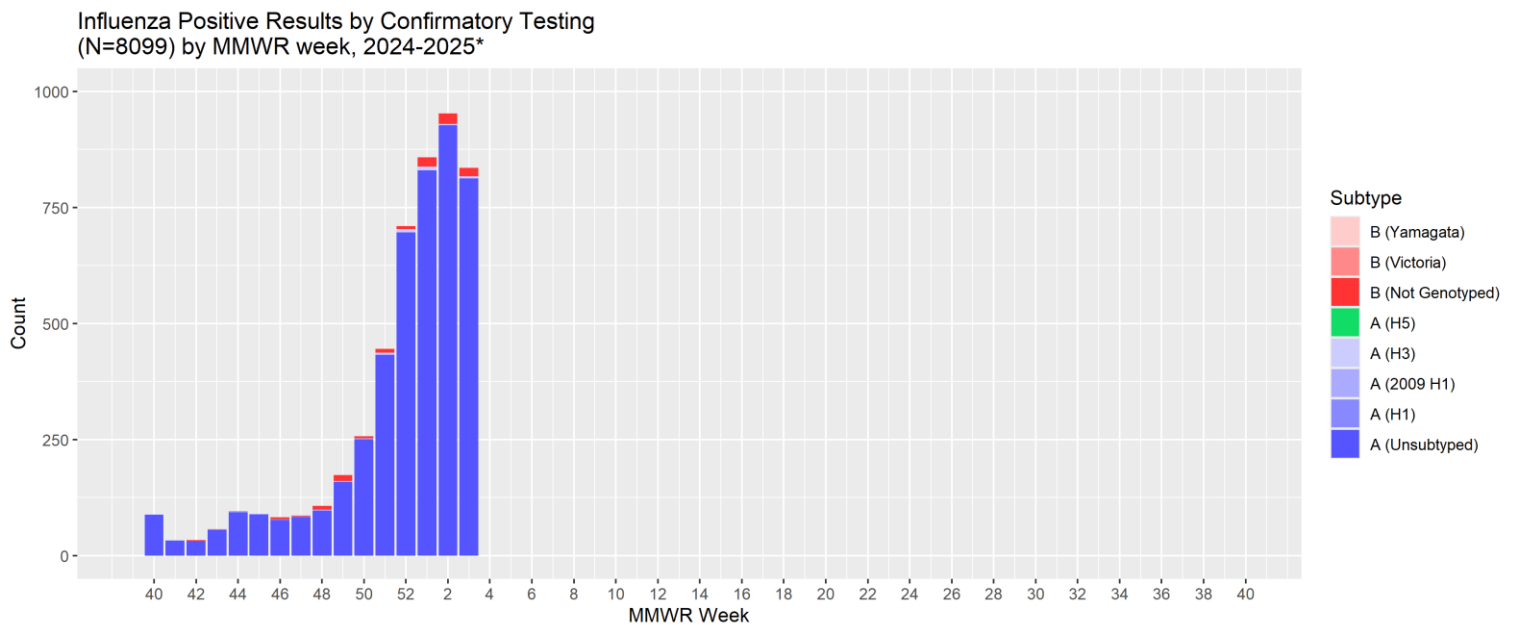
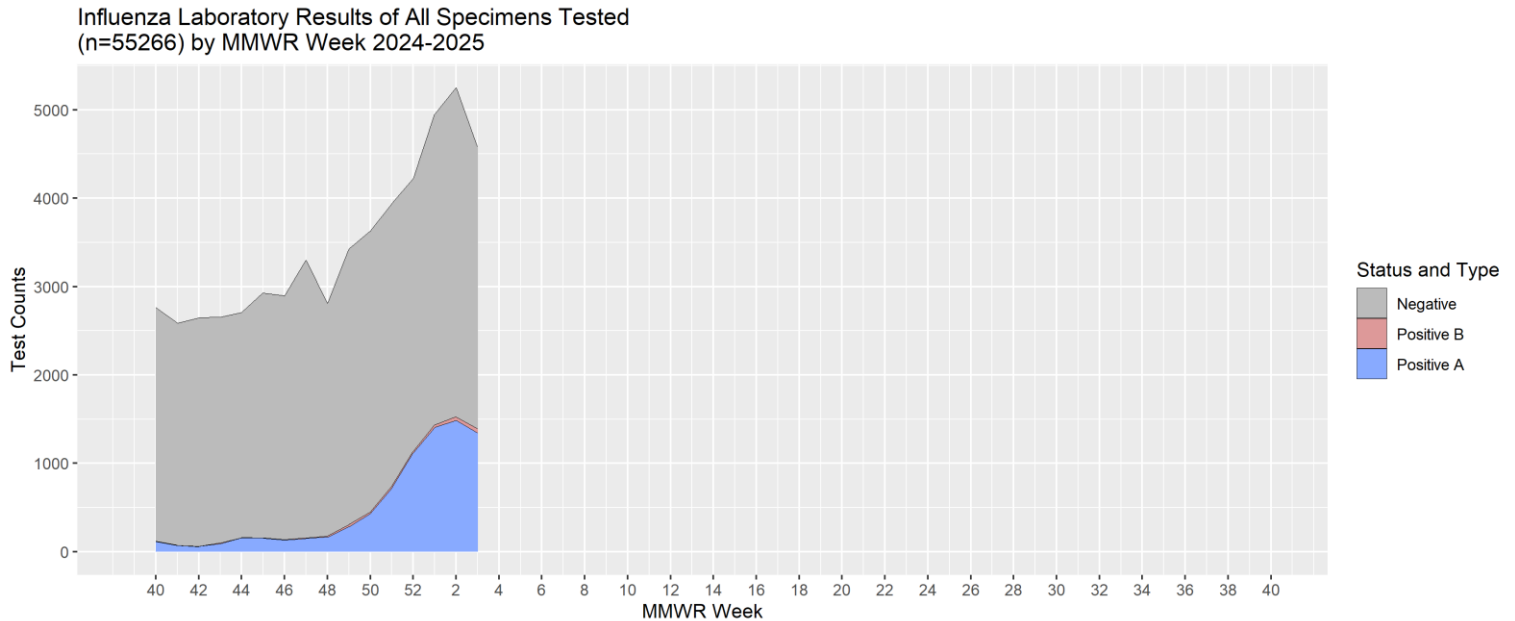
⁸ Influenza coding was updated to reflect a more accurate count.

⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

2. LABORATORY TESTING

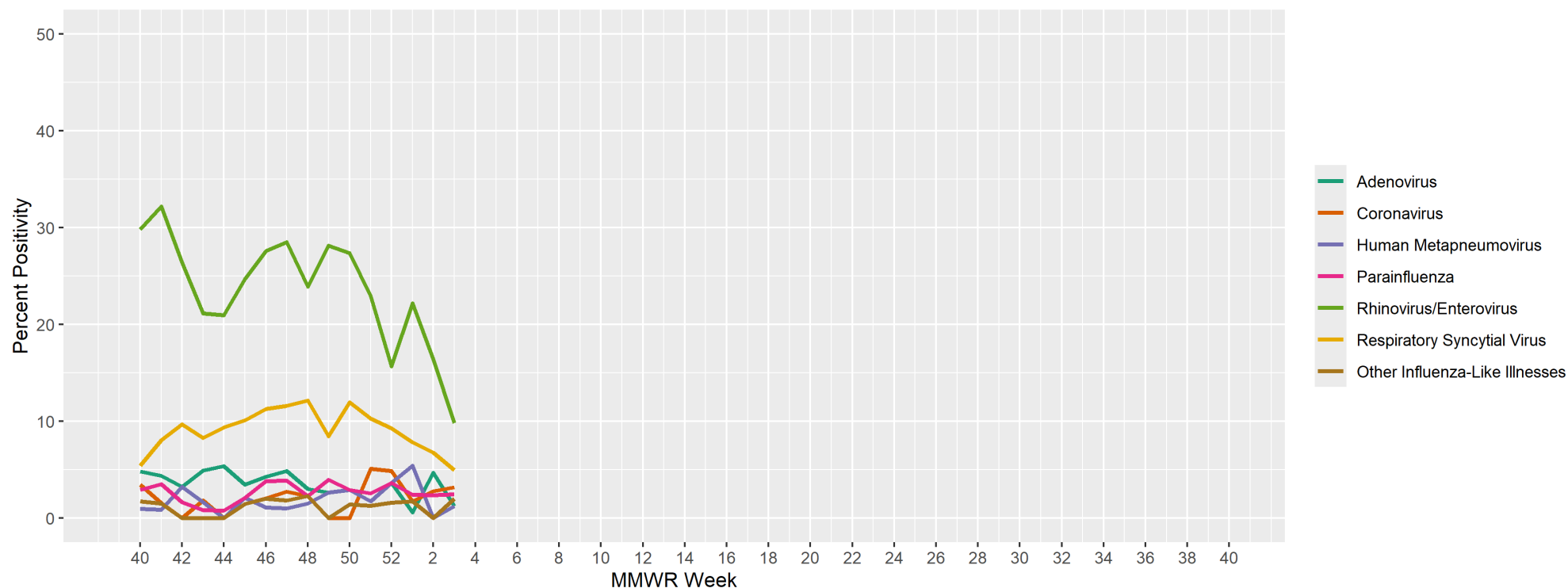
The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).



* A total of 36,284 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

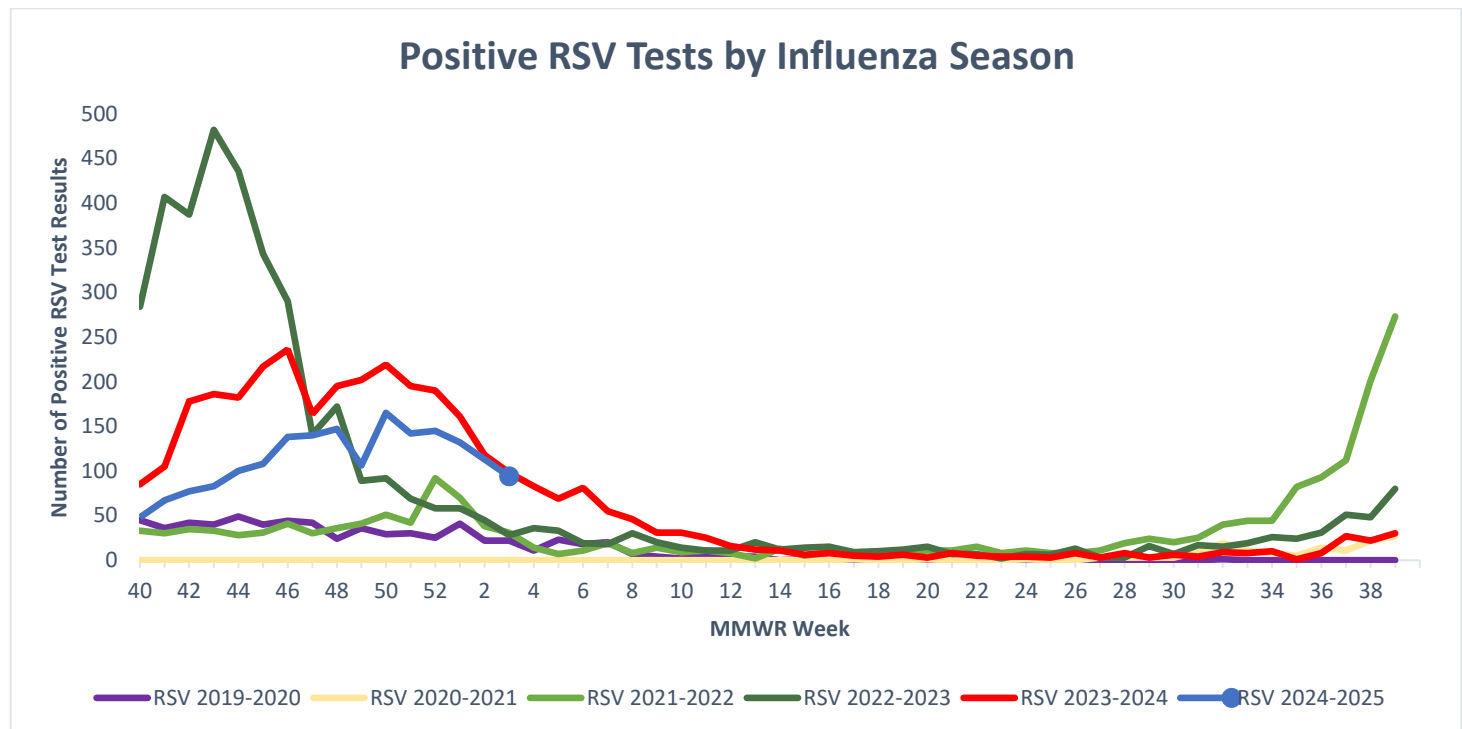
B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

Percent Positivity of Respiratory Viral Pathogens
by MMWR Week 2024-2025

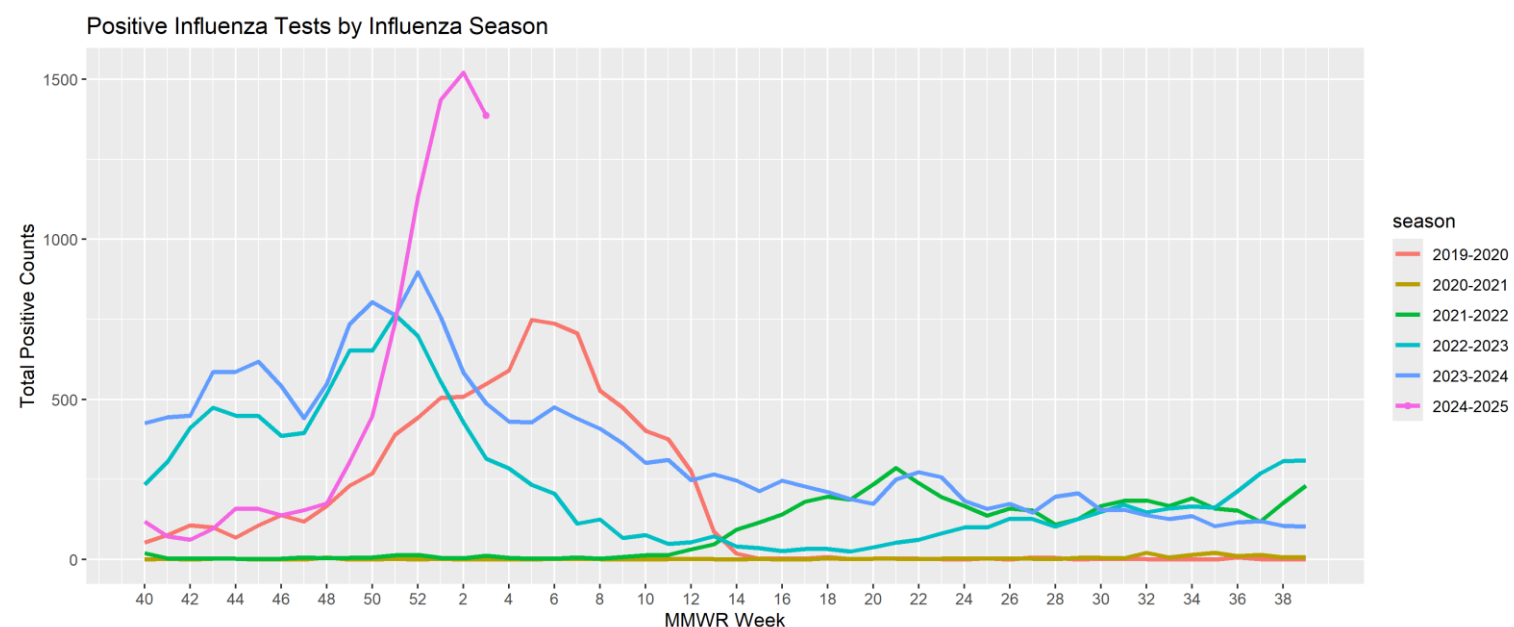


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

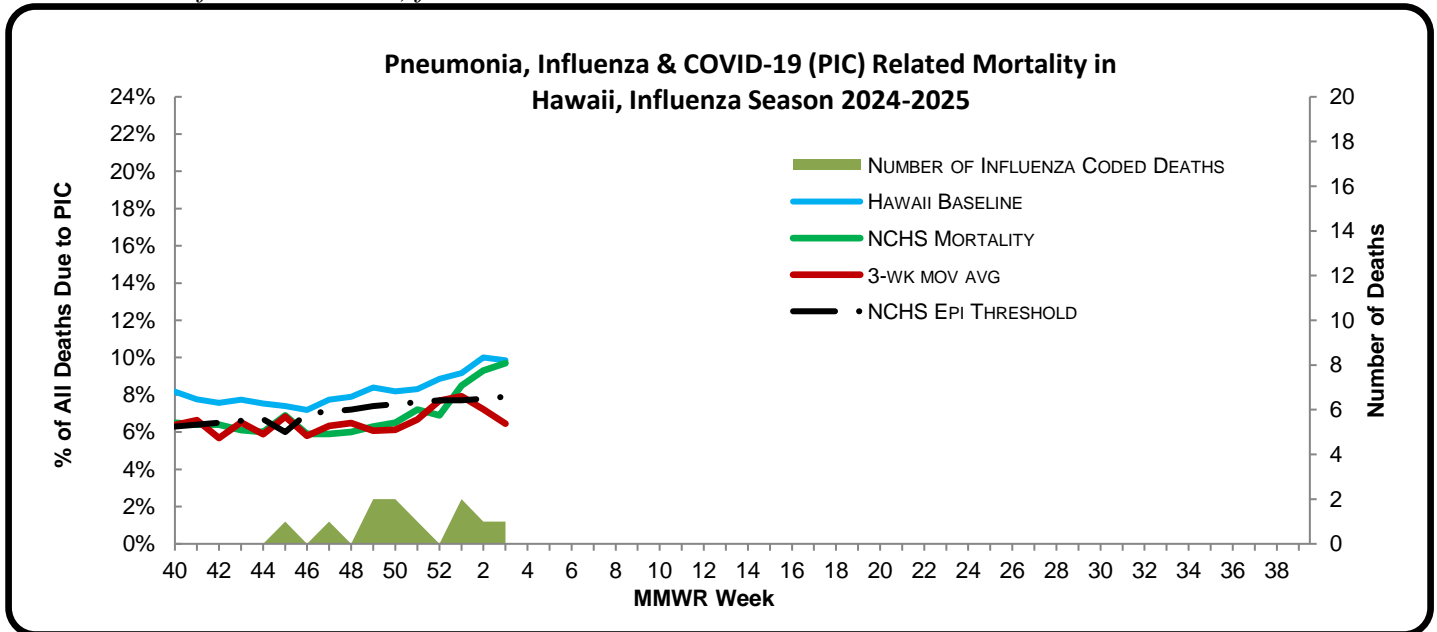
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 3** of the current influenza season:

- **4.9%** of all deaths that occurred in Hawaii during week 3 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **6.5%**), there have been 3,464 deaths from any cause, 225 of which were due to PIC¹².
- The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was lower than the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 9.7%) (i.e., outside the 95% confidence interval) and comparable to the national epidemic threshold (7.8%) (i.e., inside the 95% confidence interval) for week 3.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 100.0% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, four new influenza-associated pediatric deaths were reported to CDC during week 3. (2024–2025 season total: 31).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **December 12, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 4: JANUARY 19, 2025– JANUARY 25, 2025

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 4

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|---|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 4.4% | Higher than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 1 | There have been 12 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|---|
| Percent of all respiratory specimens positive for influenza this week | 28.3% | Lower than the previous week. This number means that many, if not all, of the 71.7% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 15.7% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 5.9% | Comparable to the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 47 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

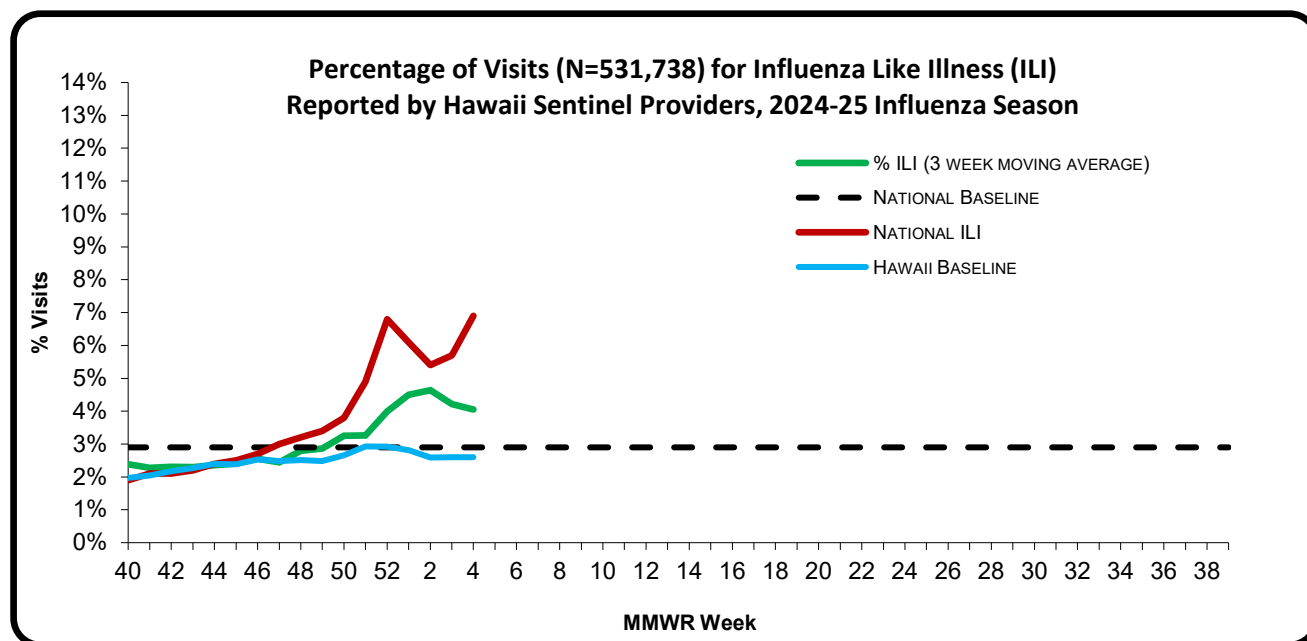
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. See **appendix 2 for interpretation of MMWR weeks**. Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For week 4 of the current influenza season:

- **4.4%** (season to date: **3.2%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**6.9%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: One new cluster was reported to HDOH during week 4. Cluster occurred in a long-term care facility in Hawaii County with influenza A virus.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii’s major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

A. INFLUENZA:

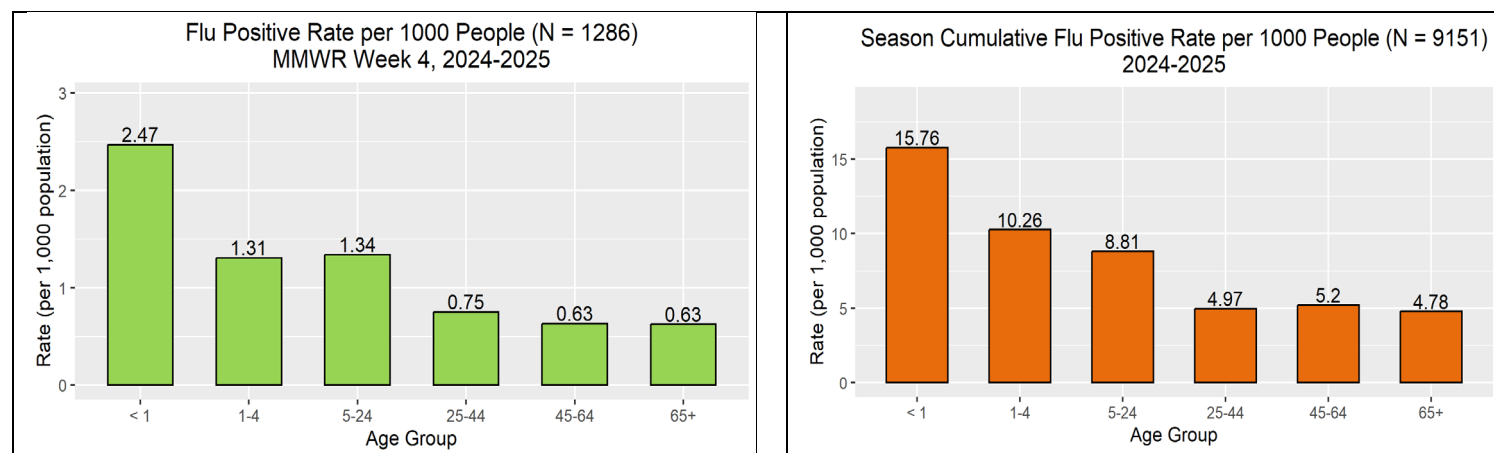
- The following reflects laboratory findings for week 4 of the 2024–25 influenza season:
 - A total of **4,539** specimens have been tested statewide for influenza viruses (positive: 1,286 [28.3%]). (Season to date: 59,826 tested (15.7% positive])
 - 1,691 (37.3) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,848 (62.7%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 3,253 (71.7%) were negative.

| Influenza type | Current week 4 (%) [*] | Season to date (%) ⁸ |
|------------------------------------|---------------------------------|---------------------------------|
| Influenza A (H1) ⁹ | 21 (1.6) | 120 (1.3) |
| Influenza A (H3) | 31 (2.4) | 116 (1.2) |
| Influenza A no subtyping available | 1,202 (93.2) | 8,888 (94.4) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 36 (2.8) | 293 (3.1) |

^{*}Specimens that are positive for both A and B (coinfections) are counted in both A and B totals for current and season to date

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks’ post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

⁸ Influenza coding was updated to reflect a more accurate count.

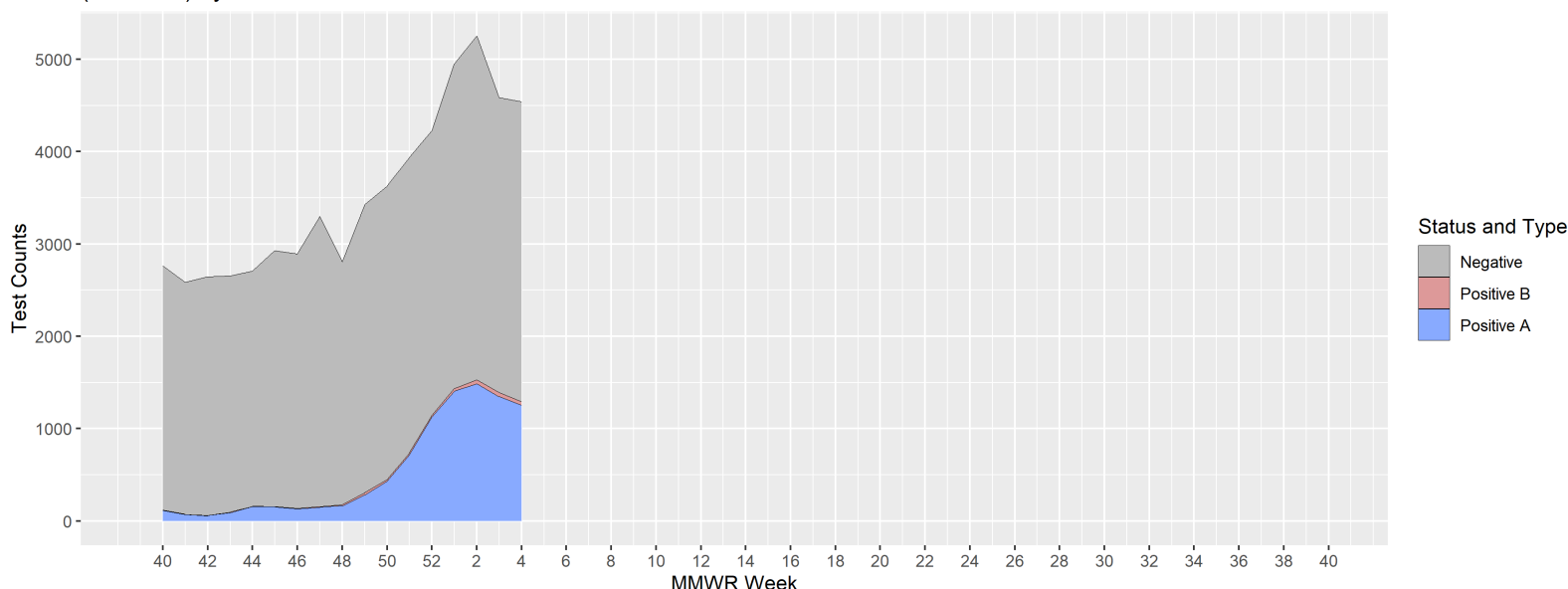
⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

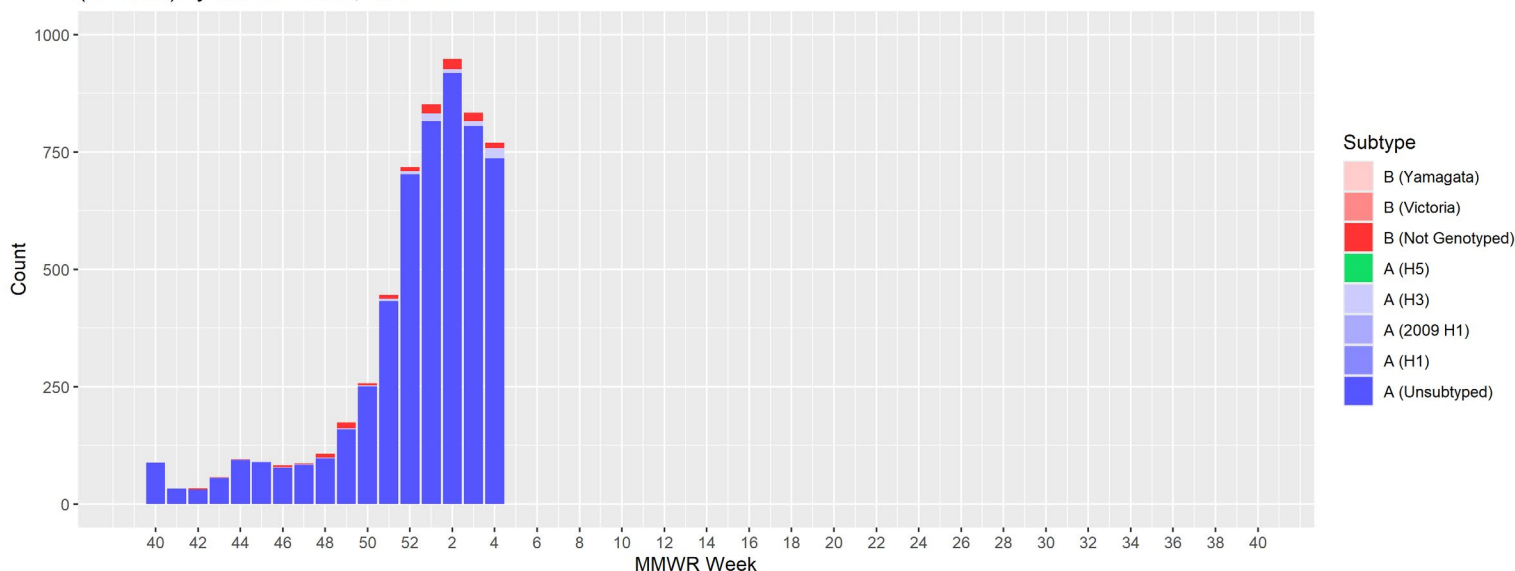
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).

Influenza Laboratory Results of All Specimens Tested
(n=59826) by MMWR Week 2024-2025



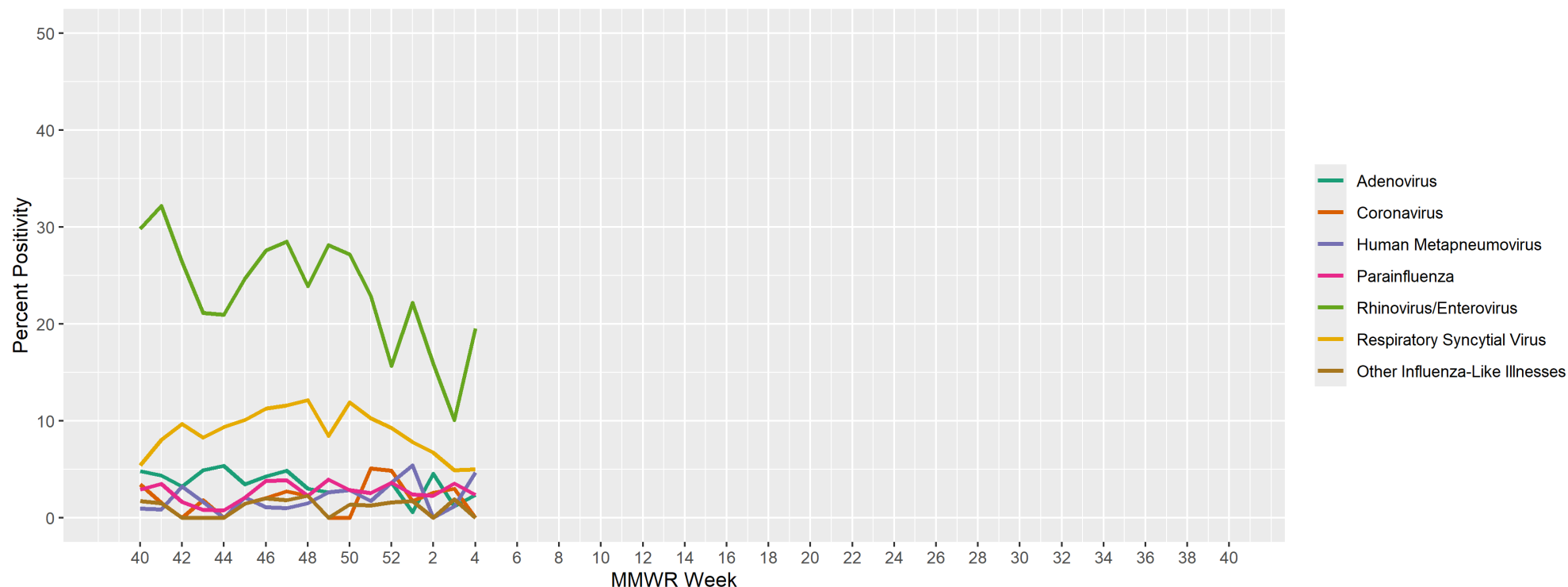
Influenza Positive Results by Confirmatory Testing
(N=9398) by MMWR week, 2024-2025*



* A total of 39,152 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

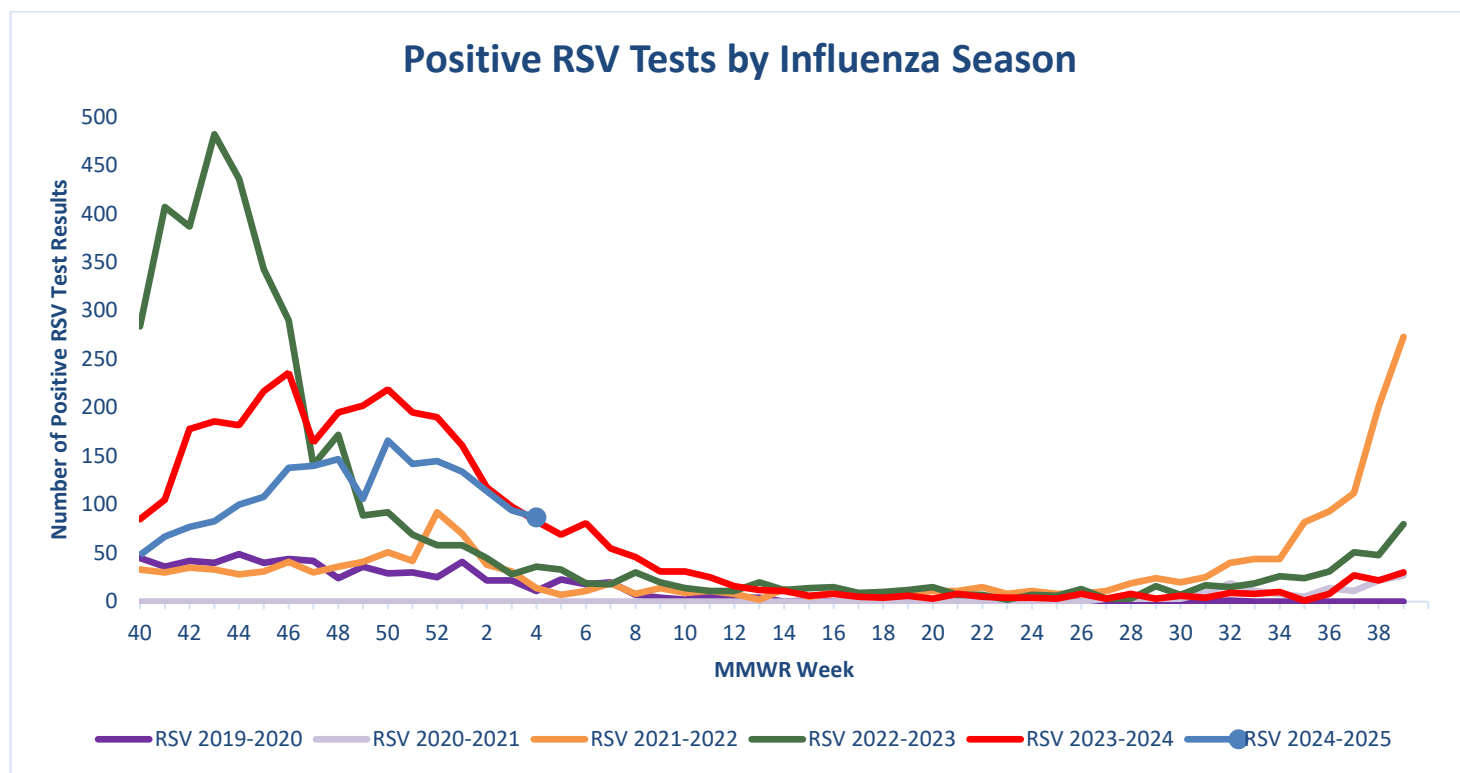
B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

Percent Positivity of Respiratory Viral Pathogens
by MMWR Week 2024-2025

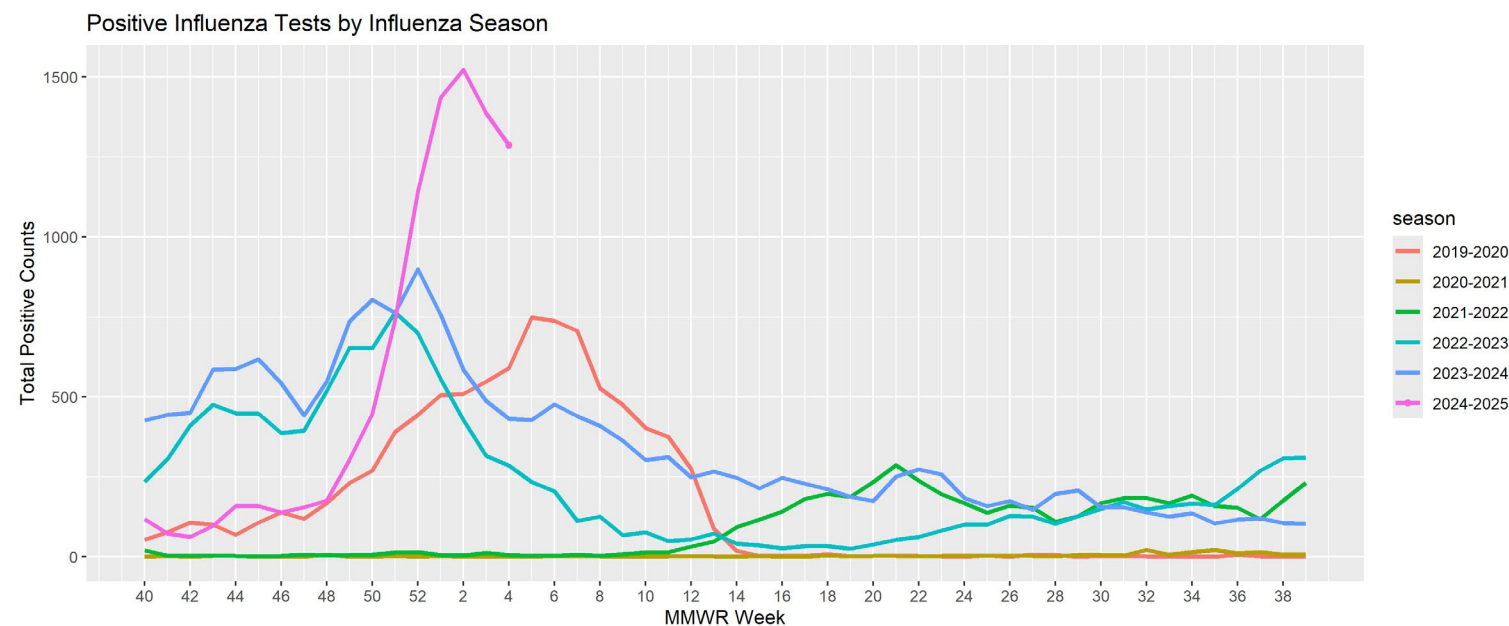


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

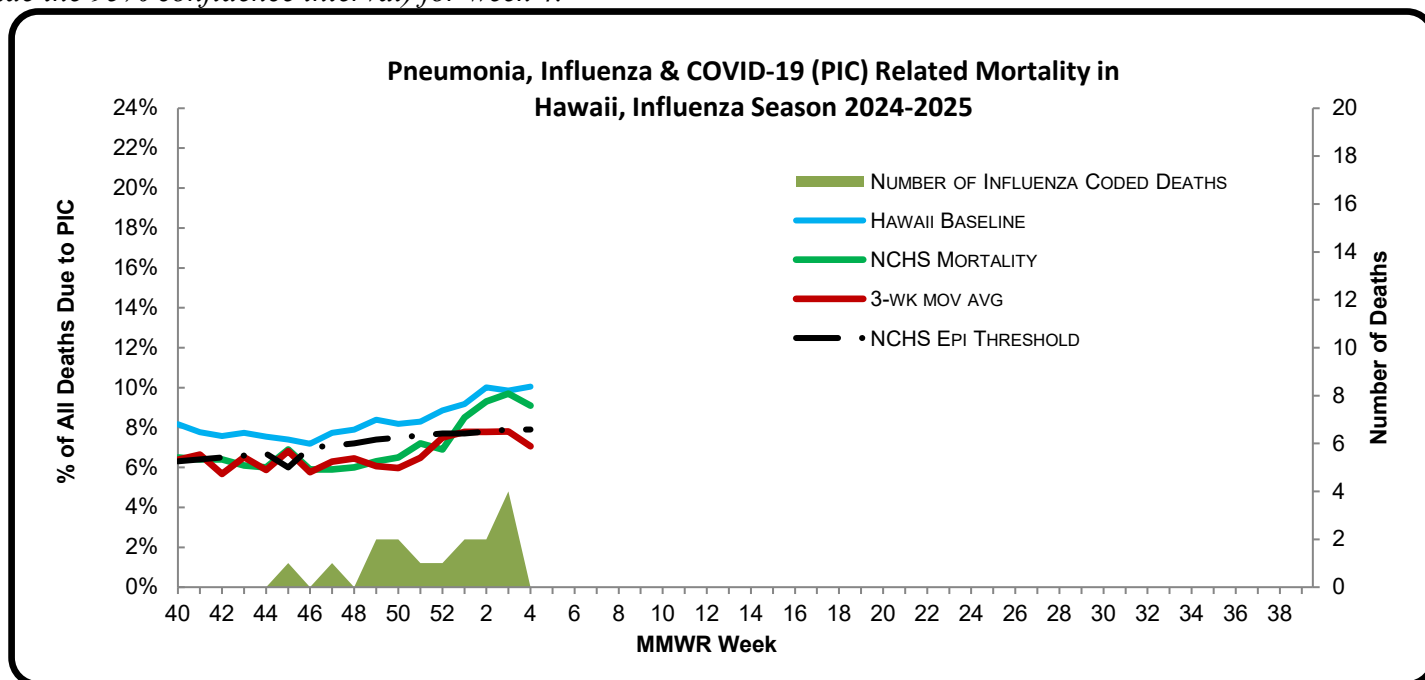
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For week 4 of the current influenza season:

- **5.9%** of all deaths that occurred in Hawaii during week 4 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **6.6%**), there have been 3,709 deaths from any cause, 246 of which were due to PIC¹².
- The PIC rate was comparable to the historical baseline in Hawaii¹³ (i.e., inside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 9.1% (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (7.9%) (i.e., inside the 95% confidence interval) for week 4.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 92.1% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, sixteen new influenza-associated pediatric deaths were reported to CDC during week 4. (2024-2025 season total: 47).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **December 12, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

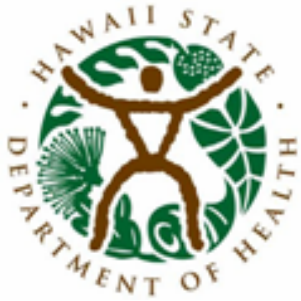
For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 5: JANUARY 26, 2025– FEBRUARY 1, 2025

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 5

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 3.7% | Lower than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 2 | There have been 14 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|---|
| Percent of all respiratory specimens positive for influenza this week | 26.6% | Lower than the previous week. This number means that many, if not all, of the 73.4% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 16.7% | |

| Surveillance for Severe Outcomes | | |
|---|------|--|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 5.3% | Lower than the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 57 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

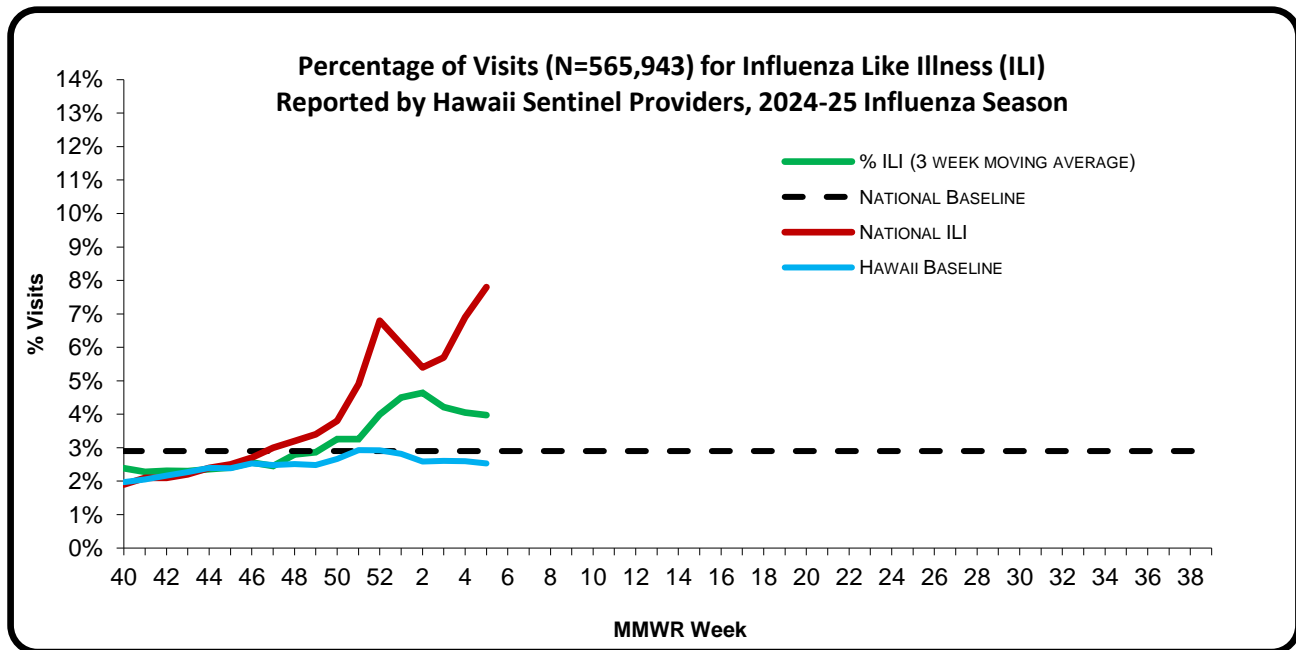
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 5** of the current influenza season:

- **3.7%** (season to date: **3.2%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**7.8%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: Two new clusters were reported to HDOH during week 5. Clusters occurred in long-term care facilities in Honolulu County with influenza A virus.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

A. INFLUENZA:

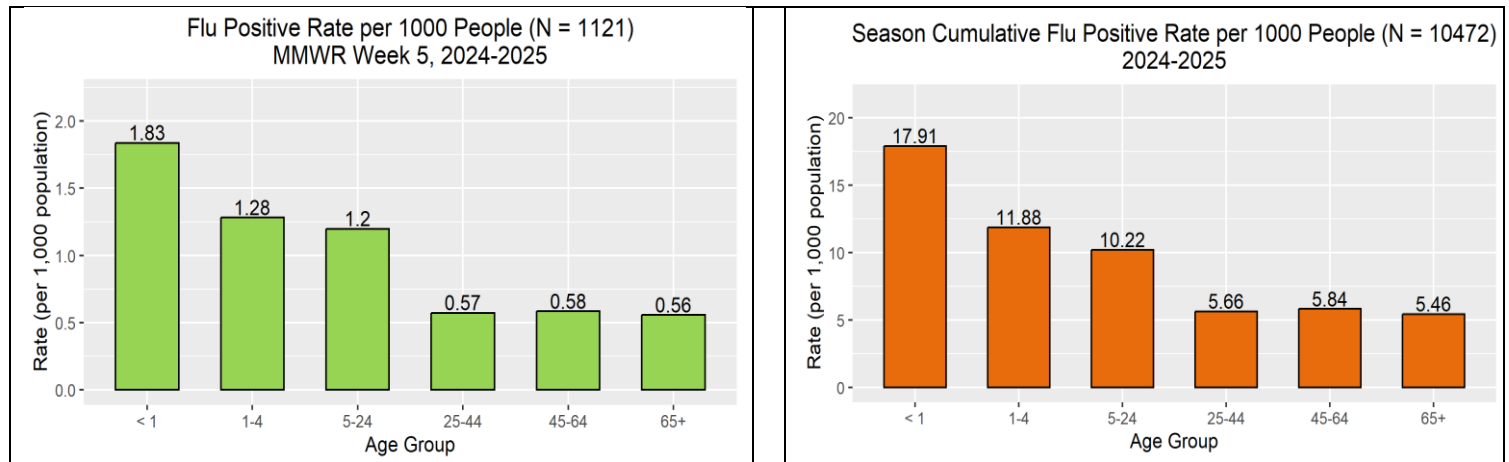
- The following reflects laboratory findings for week 5 of the 2024–25 influenza season:
 - A total of **4,212** specimens have been tested statewide for influenza viruses (positive: 1,121 [26.6%]). (Season to date: 64,408 tested (16.7% positive))
 - 1,631 (38.7%) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,581 (61.3%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 3,091 (73.4%) were negative.

| Influenza type | Current week 5 (%) [*] | Season to date (%) ⁸ |
|------------------------------------|---------------------------------|---------------------------------|
| Influenza A (H1) ⁹ | 28 (2.5) | 161 (1.5) |
| Influenza A (H3) | 28 (2.5) | 158 (1.5) |
| Influenza A no subtyping available | 1,018 (91.5) | 10,085 (93.9) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 38 (3.4) | 339 (3.1) |

^{*}Specimens that are positive for both A and B (coinfections) are counted in both A and B totals for current and season to date

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

⁸ Influenza coding was updated to reflect a more accurate count.

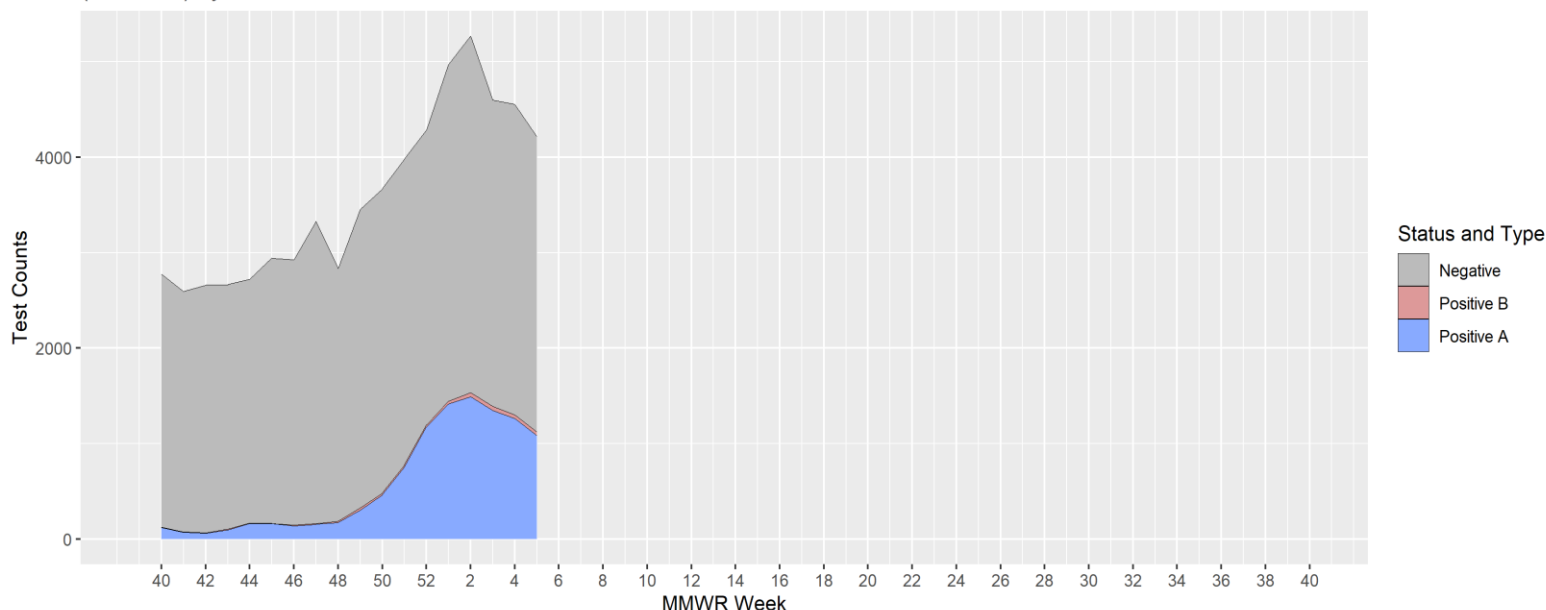
⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

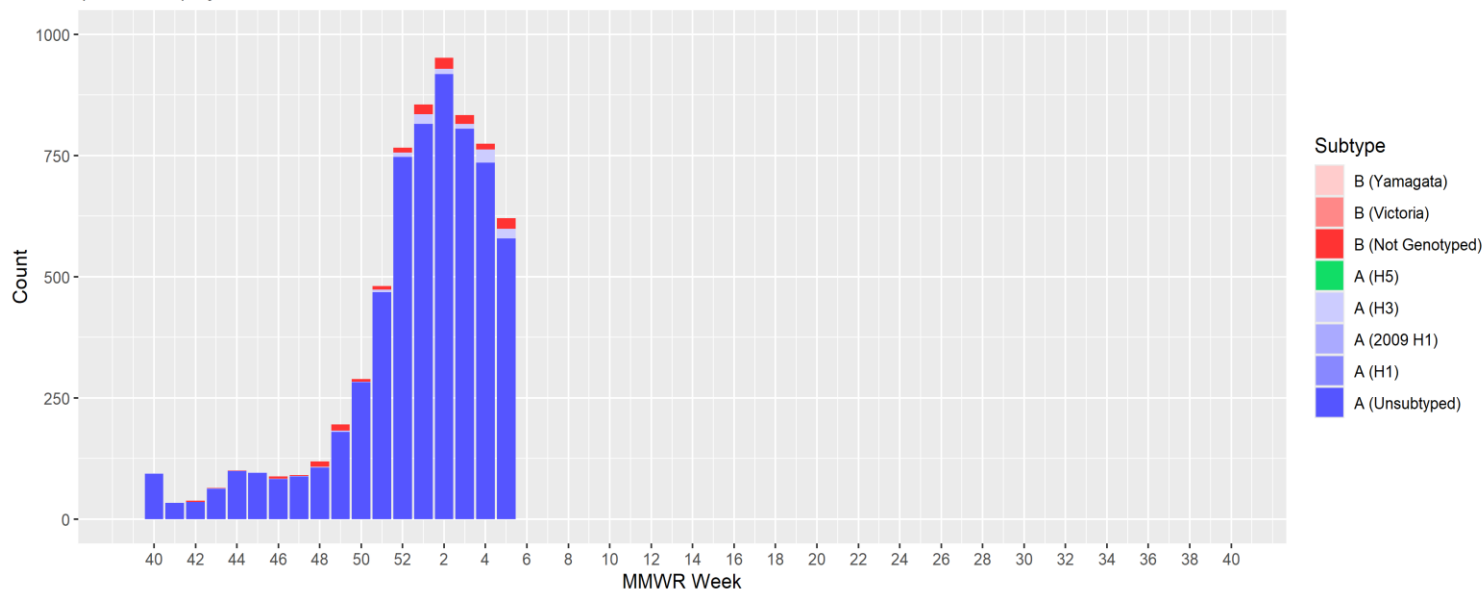
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).

Influenza Laboratory Results of All Specimens Tested
(n=64408) by MMWR Week 2024-2025

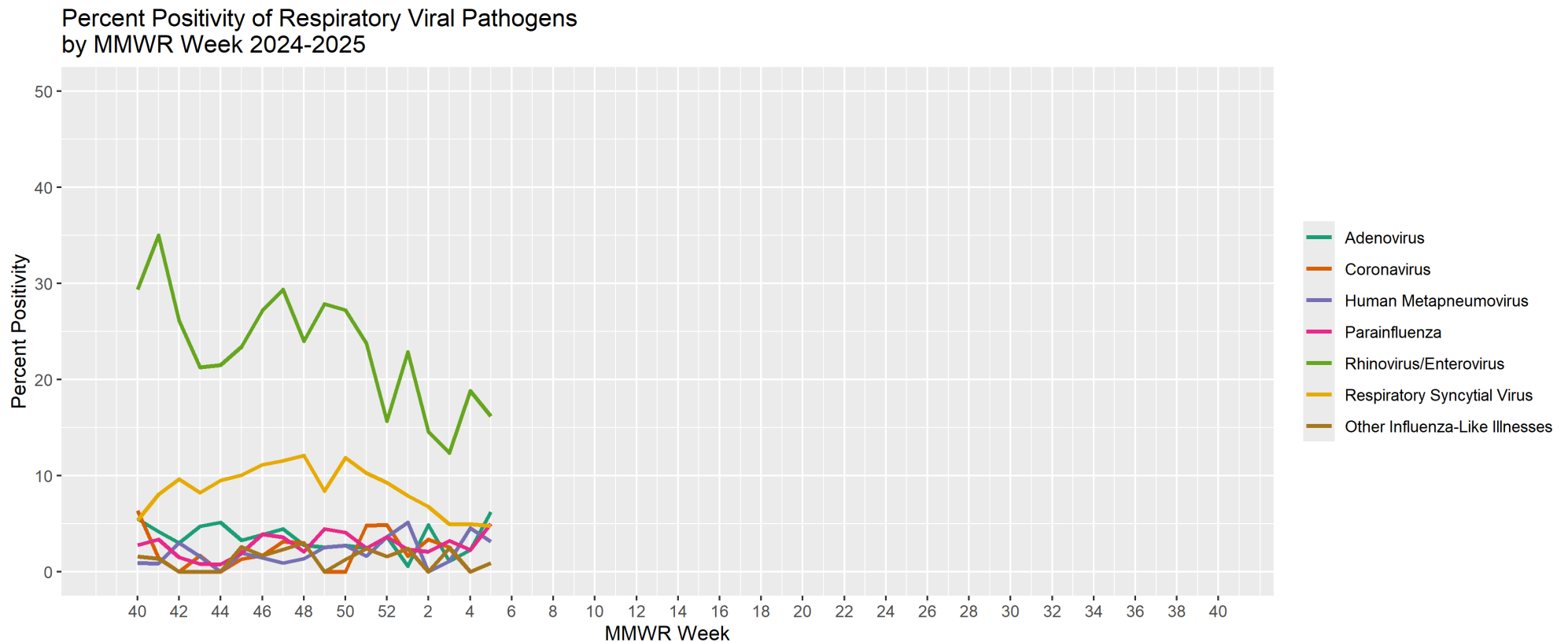


Influenza Positive Results by Confirmatory Testing
(N=10734) by MMWR week, 2024-2025*



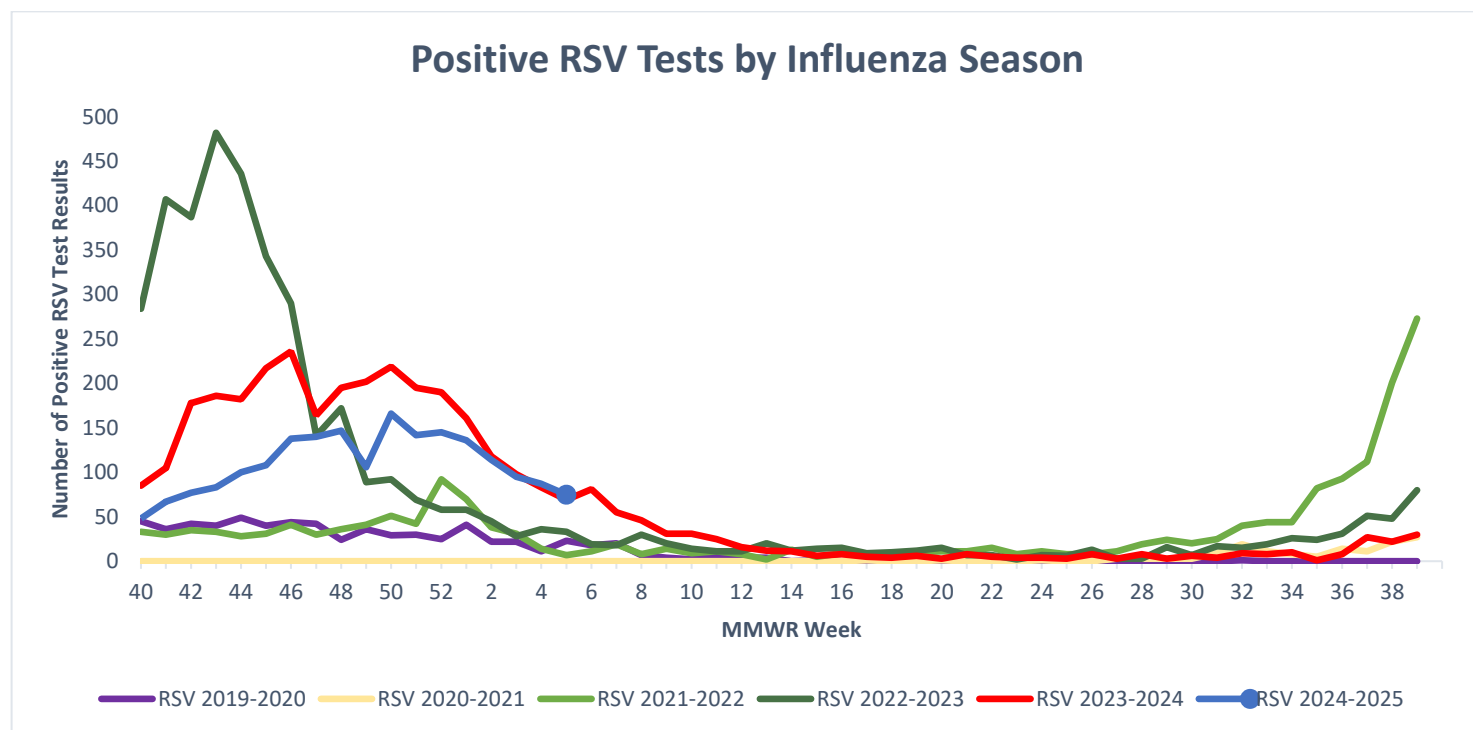
* A total of 42,101 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

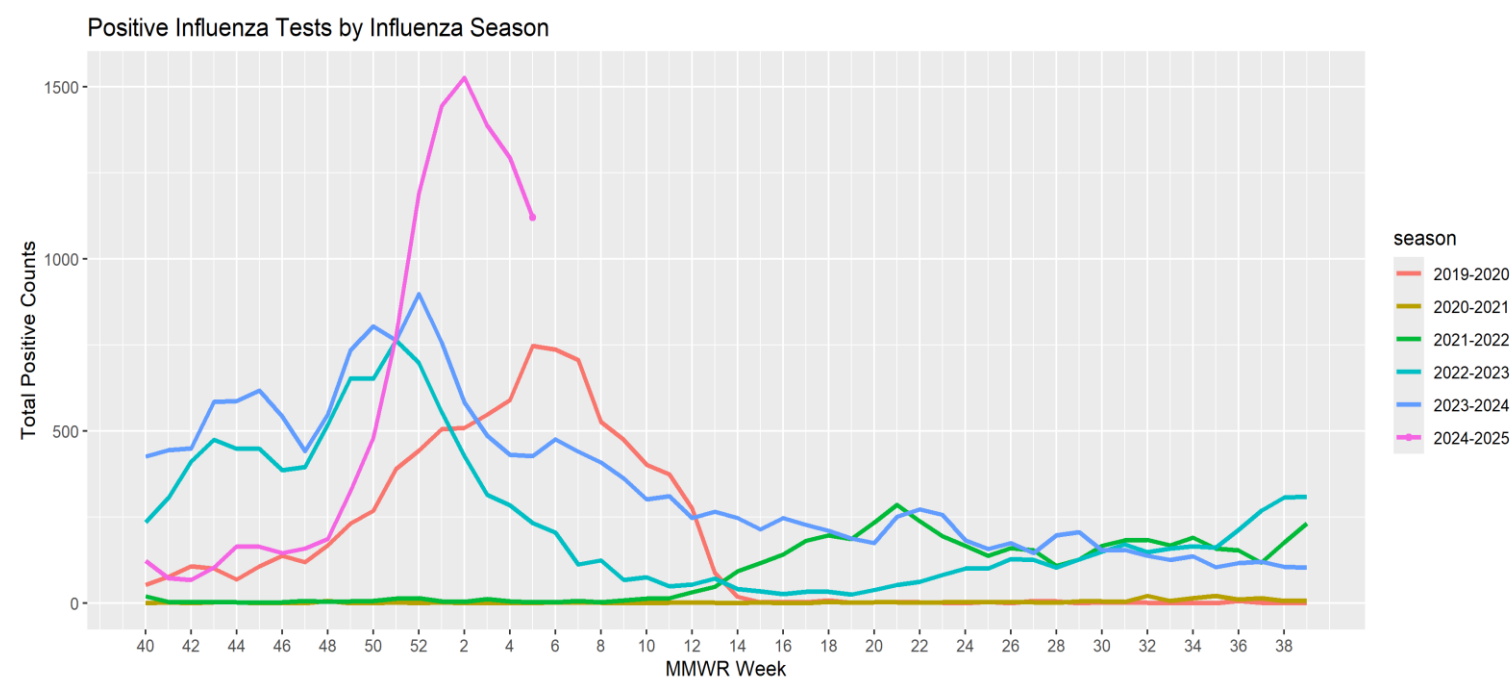


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

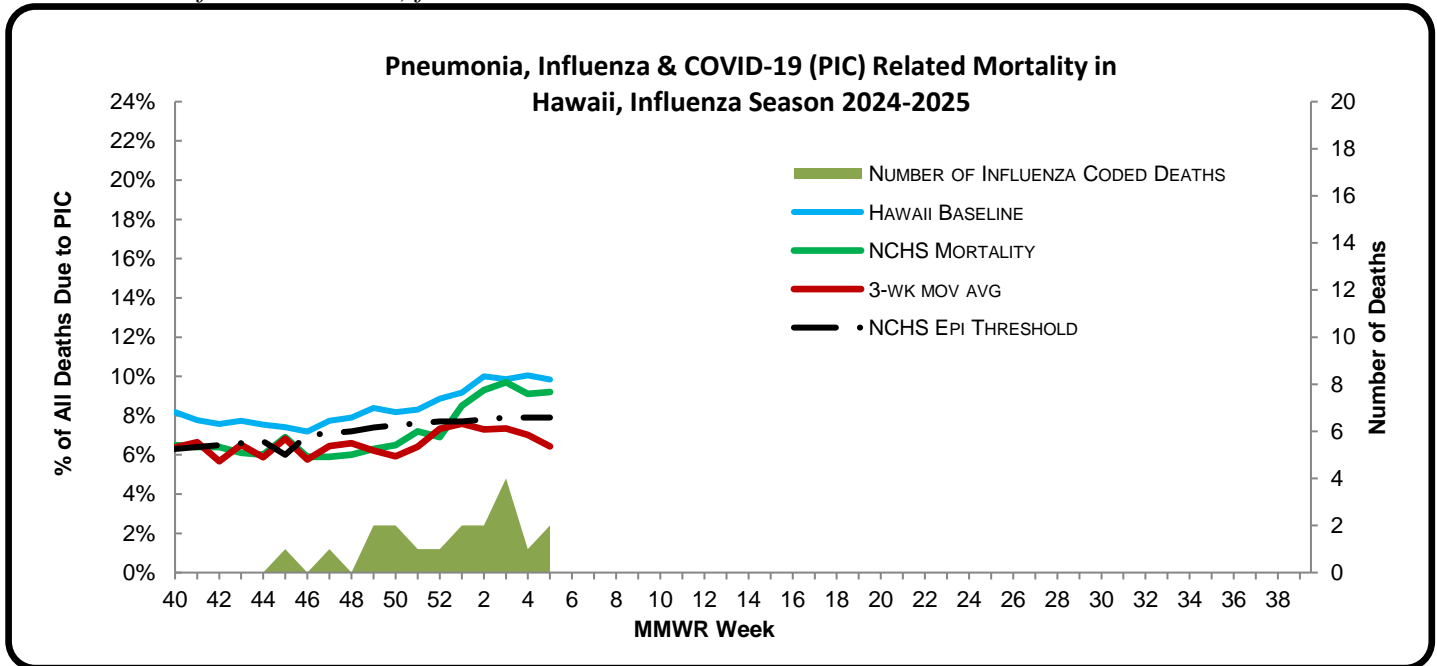
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 5** of the current influenza season:

- *5.3% of all deaths that occurred in Hawaii during week 5 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: 6.6%), there have been 3,994 deaths from any cause, 262 of which were due to PIC¹².*
- *The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 9.2%) (i.e., inside the 95% confidence interval) and comparable to the national epidemic threshold (7.9%) (i.e., inside the 95% confidence interval) for week 5.*



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 100.0% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, ten new influenza-associated pediatric deaths were reported to CDC during week 5. (2024–2025 season total: 57).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **December 12, 2024**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 6: FEBRUARY 2, 2025– FEBRUARY 8, 2025

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 6

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 3.7% | Similar to the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 0 | There have been 14 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|---|
| Percent of all respiratory specimens positive for influenza this week | 24.7% | Lower than the previous week. This number means that many, if not all, of the 75.3% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 17.2% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 3.4% | Lower than the Hawaii's historical baseline, comparable to the national epidemic threshold and lower than the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 68 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

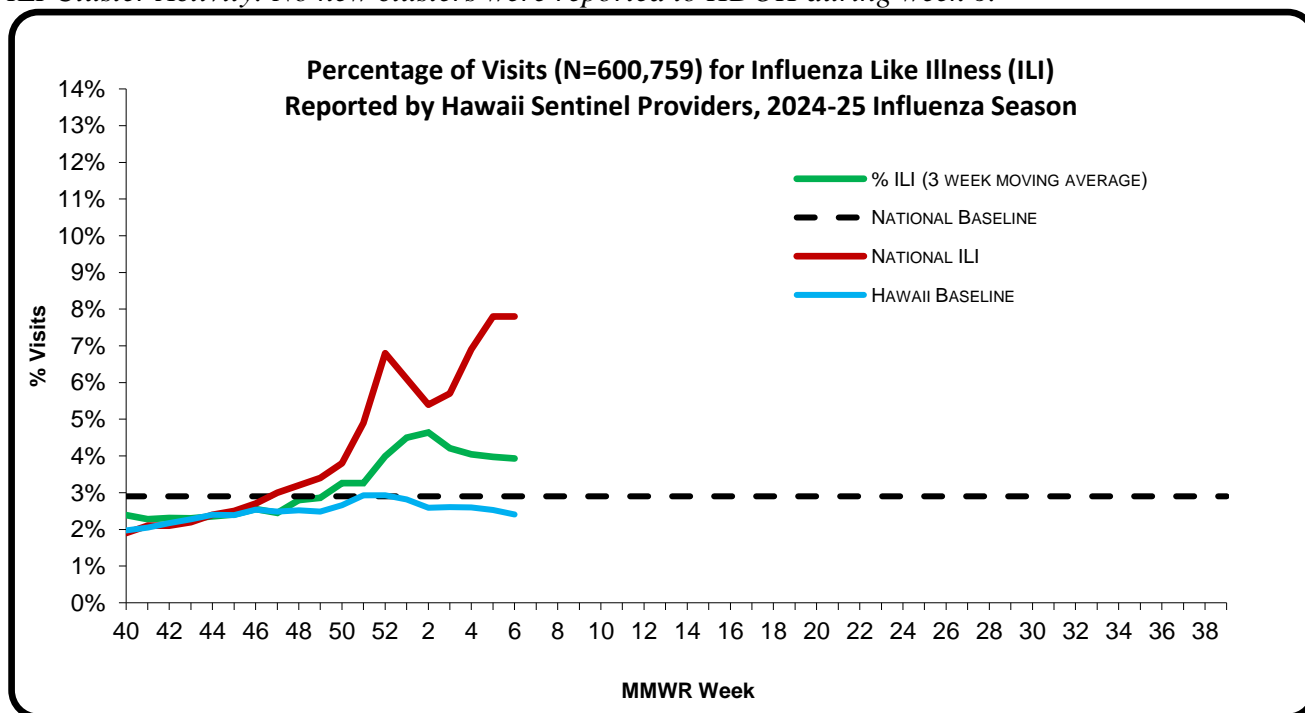
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 6** of the current influenza season:

- **3.7%** (season to date: **3.2%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**7.8%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: No new clusters were reported to HDOH during week 6.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

A. INFLUENZA:

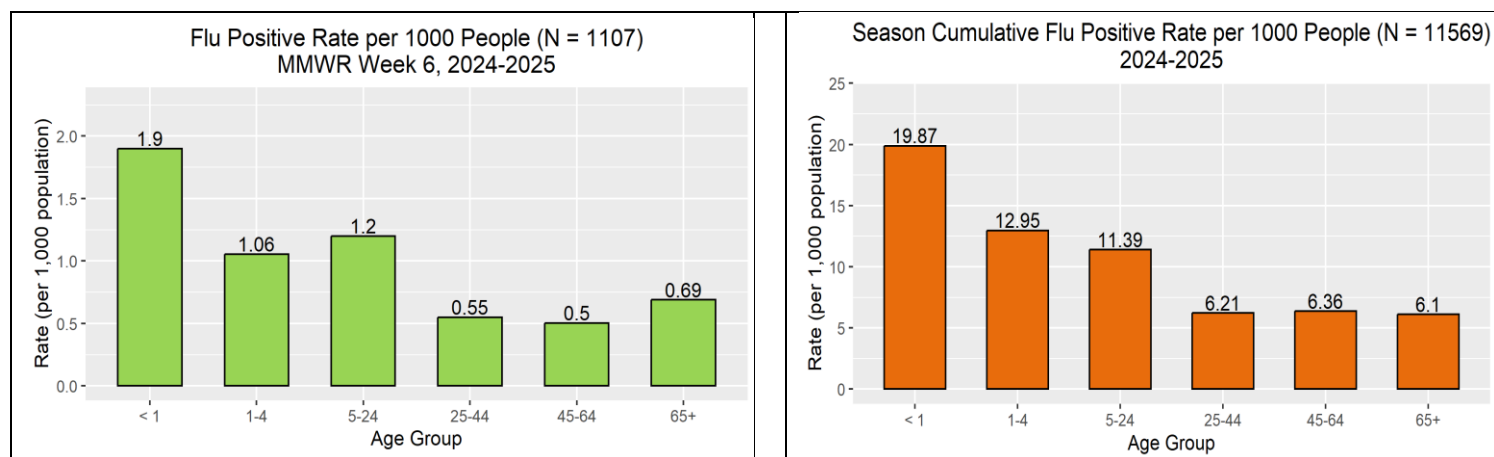
- The following reflects laboratory findings for week 6 of the 2024–25 influenza season:
 - A total of **4,474** specimens have been tested statewide for influenza viruses (positive: 1,107 [24.7%]). (Season to date: 68,882 tested (17.2% positive))
 - 1,901 (42.5%) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,573 (57.5%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 3,367 (75.3%) were negative.

| Influenza type | Current week 6 (%) [*] | Season to date (%) ⁸ |
|------------------------------------|---------------------------------|---------------------------------|
| Influenza A (H1) ⁹ | 6 (0.5) | 167 (1.4) |
| Influenza A (H3) | 19 (1.7) | 177 (1.5) |
| Influenza A no subtyping available | 1,035 (93.3) | 11,118 (93.8) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 49 (4.4) | 388 (3.3) |

^{*}Specimens that are positive for both A and B (coinfections) are counted in both A and B totals for current and season to date

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

⁸ Influenza coding was updated to reflect a more accurate count.

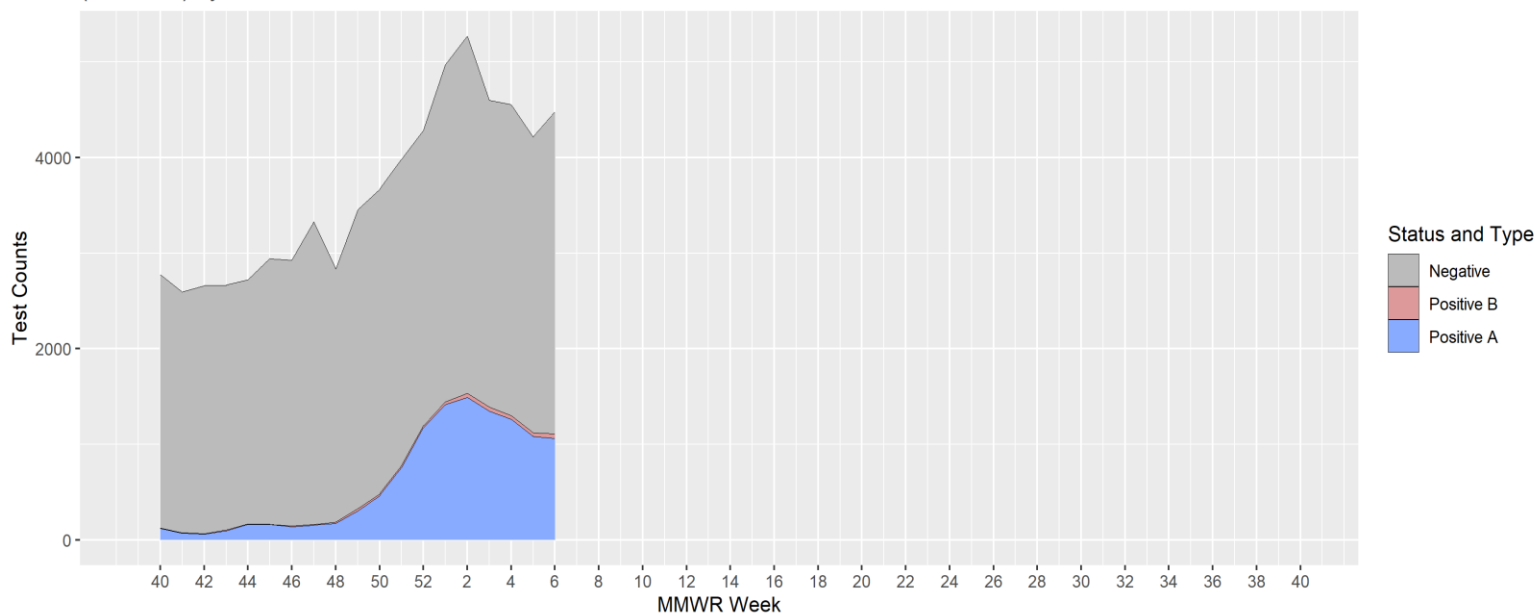
⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

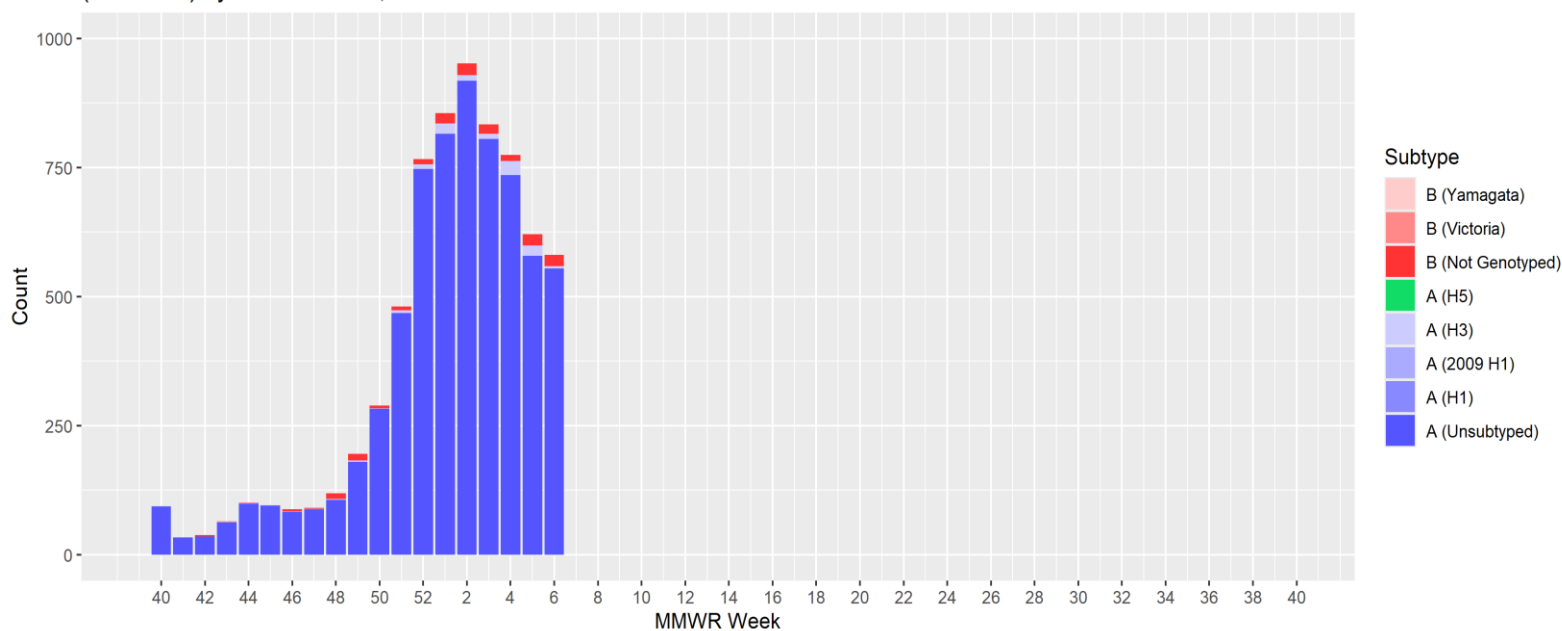
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).

Influenza Laboratory Results of All Specimens Tested
(n=68882) by MMWR Week 2024-2025



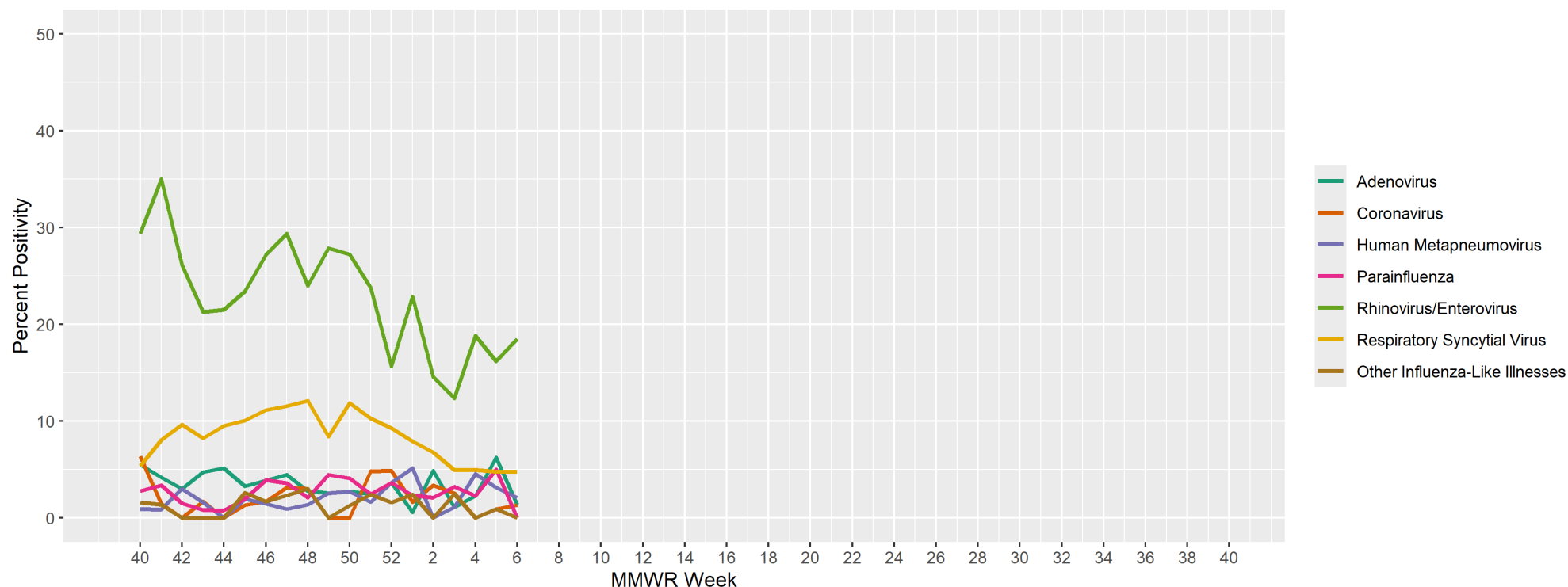
Influenza Positive Results by Confirmatory Testing
(N=11841) by MMWR week, 2024-2025*



* A total of 44,674 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

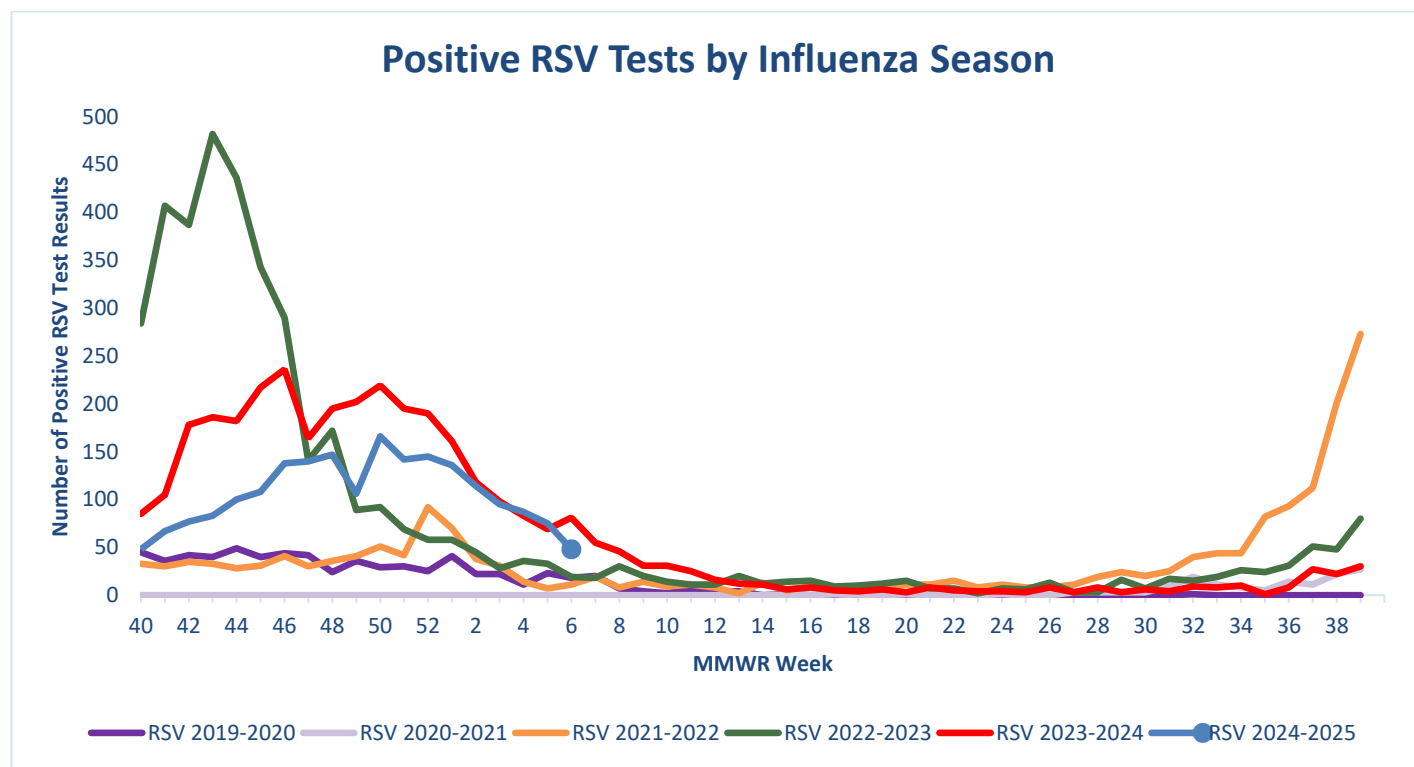
B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

Percent Positivity of Respiratory Viral Pathogens
by MMWR Week 2024-2025

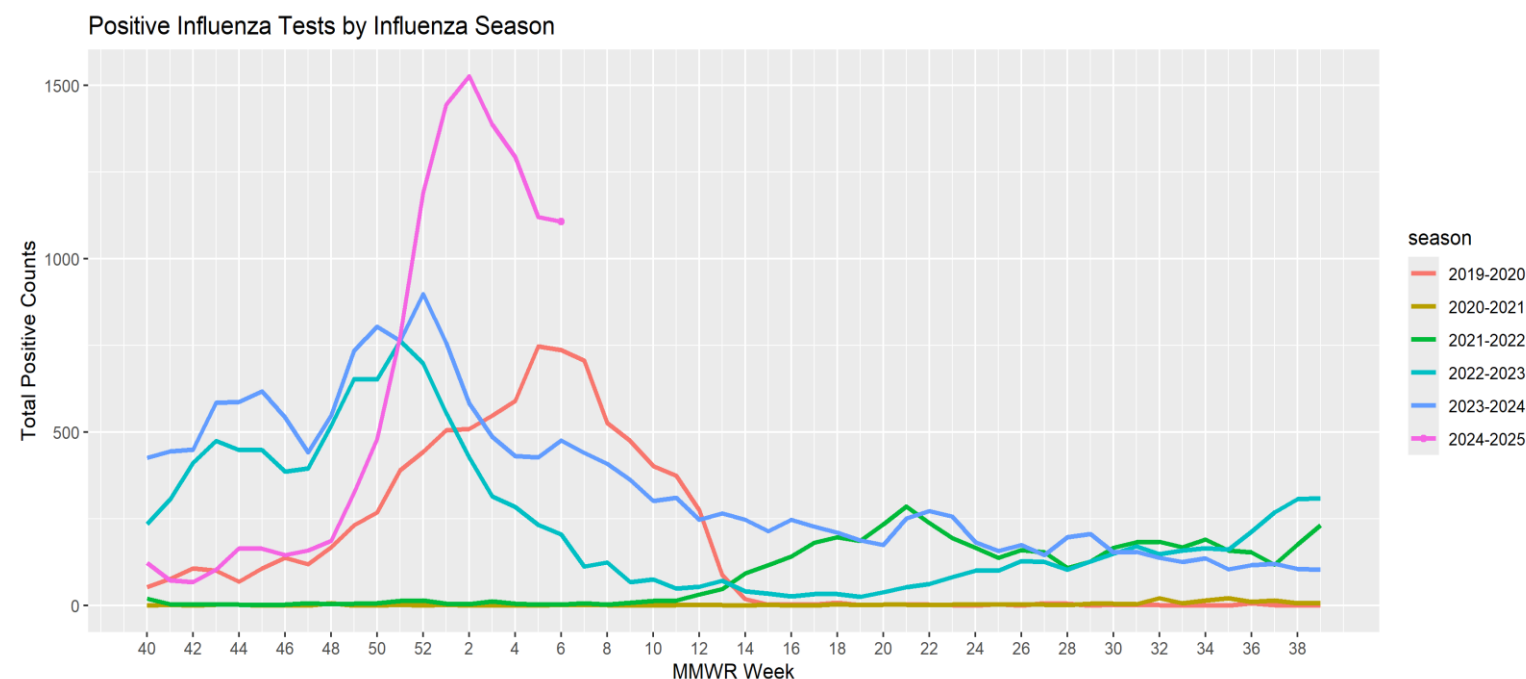


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

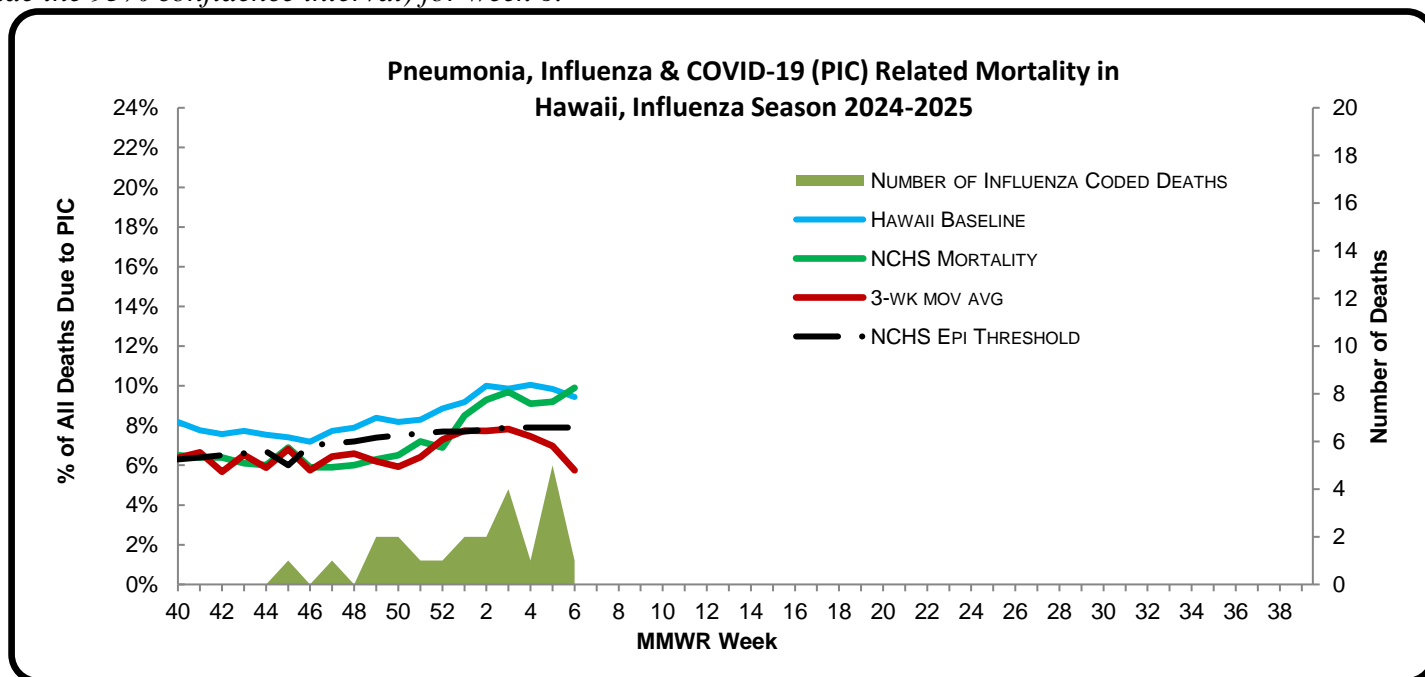
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 6** of the current influenza season:

- *3.4% of all deaths that occurred in Hawaii during week 6 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: 6.6%), there have been 4,210 deaths from any cause, 280 of which were due to PIC¹².*
- *The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was lower than the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ 9.9%) (i.e., outside the 95% confidence interval) and comparable to the national epidemic threshold (7.9%) (i.e., inside the 95% confidence interval) for week 6.*



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 65.0% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, eleven new influenza-associated pediatric deaths were reported to CDC during week 6. (2024–2025 season total: 68).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **January 20, 2025**. Ten new human cases of influenza A(H5) were reported to WHO by USA and Cambodia. Nine human cases were reported by USA and one human case was from Cambodia. Of the nine human cases from USA, one of the cases was detected in Louisiana, another from Iowa and one additional case reported from Wisconsin. 6 cases were reported

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

from California. Louisiana's case sought care at an emergency department and was hospitalized in critical condition with pneumonia. Case then passed away at the hospital. No household contacts of the case tested positive for influenza. Investigation found that case had exposure from infected backyard poultry within the property. Cases from both Wisconsin and Iowa were not hospitalized and had since recovered. Both cases reported their illness to public health officials as part of active monitoring. Both cases were exposed while working at infected poultry facilities. A case in California was a child less than 18 years of age with no known contact with infected animals or humans. Five additional cases from California had reported exposure through infected dairy cattle while working at the commercial farms. Individuals had mild symptoms. Case in Cambodia was a 28-year-old male hospitalized in critical care due to shortness of breath and passed away. Early investigation indicated that case was a guard of a farm where sick poultry was present. Two new human cases of influenza A(H9N2) were reported to WHO by China. Both cases were detected through the influenza like illness surveillance and had mild symptoms. Both cases had since recovered. Both had exposure to poultry related environments. One new human cases of influenza A(H10N3) were reported to WHO by China. A 23-year-old female was admitted to the hospital with severe pneumonia and had since improved. Patient worked at a supermarket and was exposed to freshly slaughtered poultry.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 7: FEBRUARY 9, 2025– FEBRUARY 15, 2025

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 7

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|---|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 4.0% | Higher than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 2 | There have been 16 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|--|
| Percent of all respiratory specimens positive for influenza this week | 26.8% | Higher than the previous week. This number means that many, if not all, of the 73.2% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 17.8% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 3.9% | Lower than the Hawaii's historical baseline, comparable to the national epidemic threshold and lower than the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 86 | 1 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

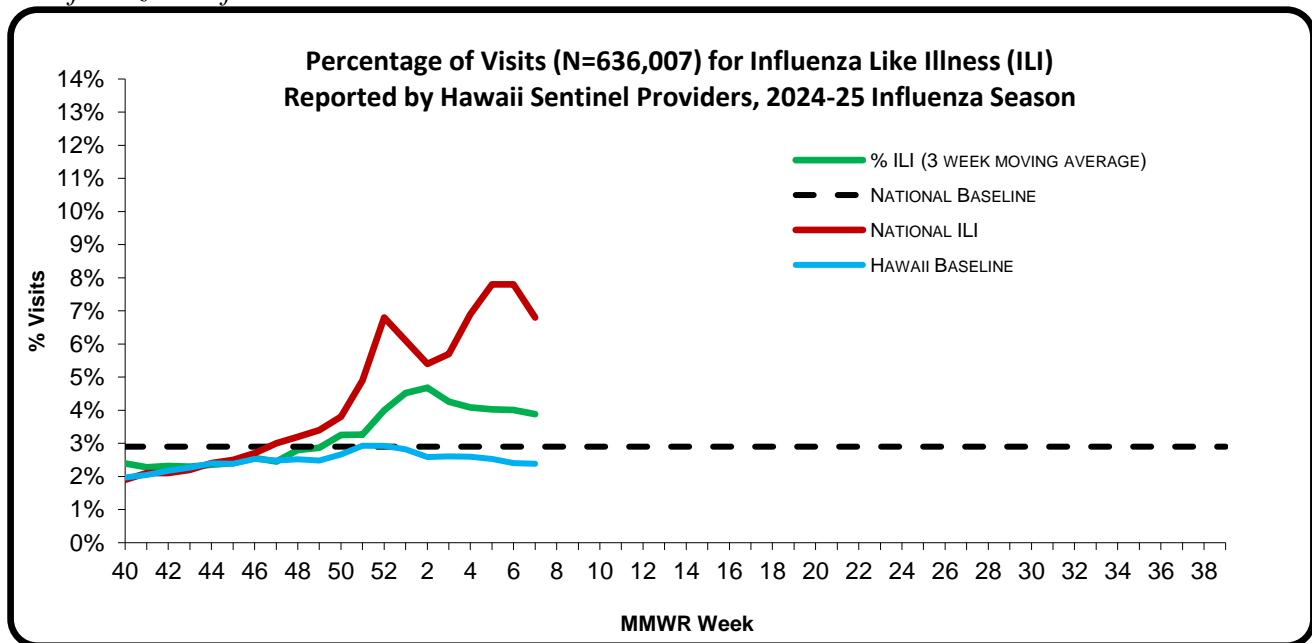
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 7** of the current influenza season:

- **4.0%** (season to date: **3.2%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**6.8%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: Two new clusters were reported to HDOH during week 7. One cluster occurred at a long-term care facility in Honolulu with an influenza A infection. One cluster occurred at a school in Honolulu with an influenza A infection.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii's major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

A. INFLUENZA:

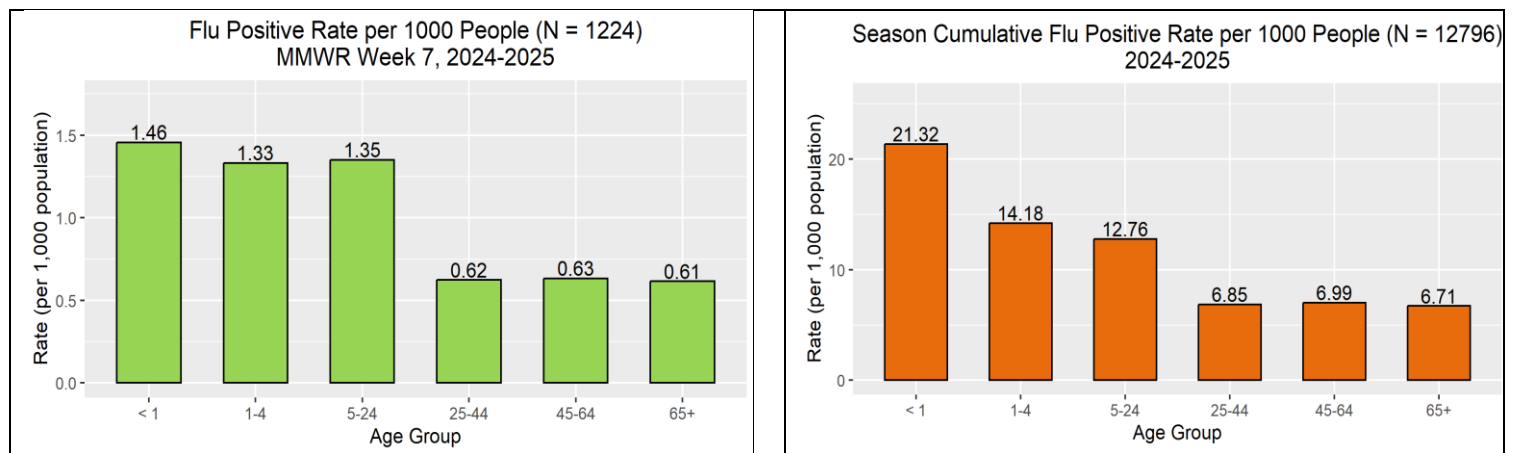
- The following reflects laboratory findings for week 7 of the 2024–25 influenza season:
 - A total of **4,577** specimens have been tested statewide for influenza viruses (positive: 1,224 [26.8%]). (Season to date: 73,458 tested (17.8% positive))
 - 2,025 (44.2%) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,552 (55.8%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 3,353 (73.2%) were negative.

| Influenza type | Current week 7 (%) [*] | Season to date (%) ⁸ |
|------------------------------------|---------------------------------|---------------------------------|
| Influenza A (H1) ⁹ | 7 (0.6) | 174 (1.3) |
| Influenza A (H3) | 8 (0.6) | 185 (1.4) |
| Influenza A no subtyping available | 1,153 (94.0) | 12,273 (93.8) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 59 (4.8) | 447 (3.4) |

^{*}Specimens that are positive for both A and B (coinfections) are counted in both A and B totals for current and season to date

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks' post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

⁸ Influenza coding was updated to reflect a more accurate count.

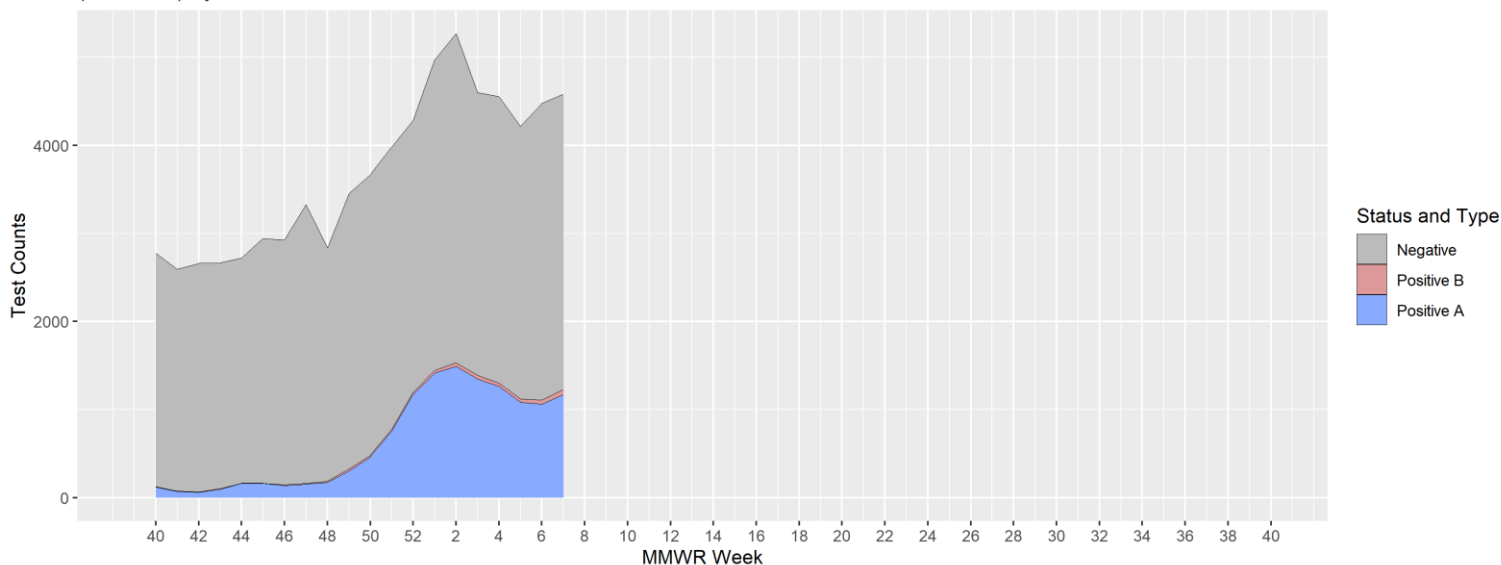
⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

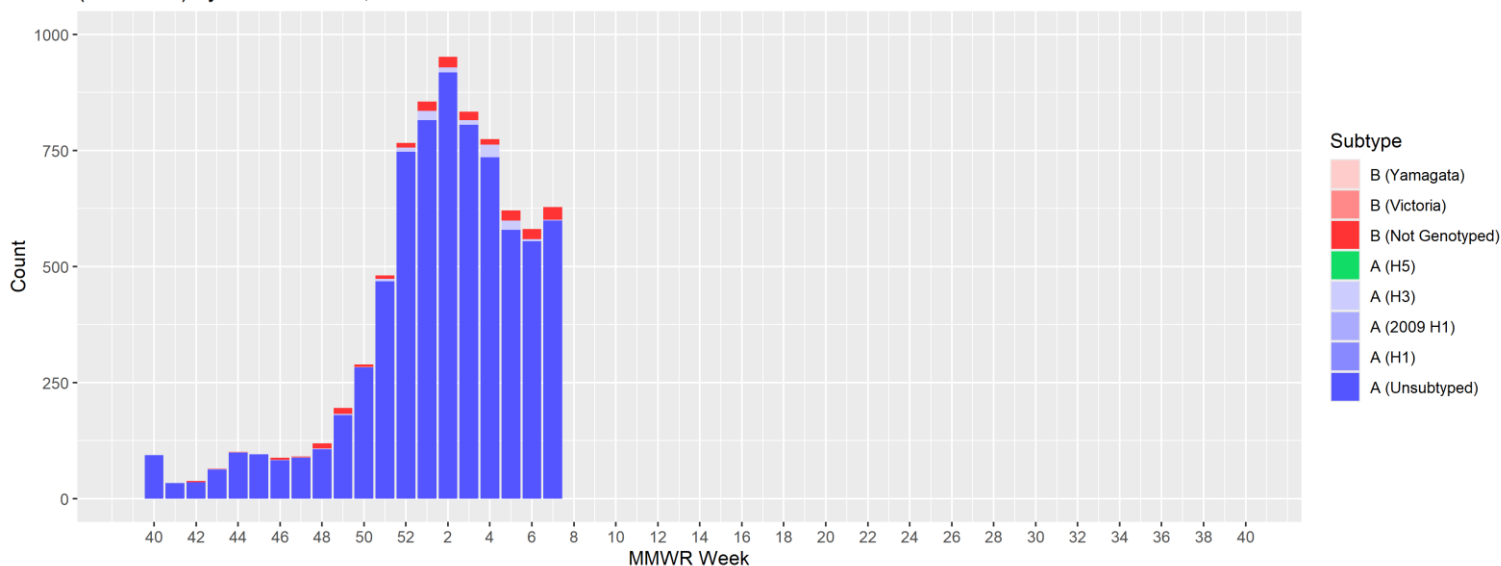
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).

Influenza Laboratory Results of All Specimens Tested
(n=73458) by MMWR Week 2024-2025

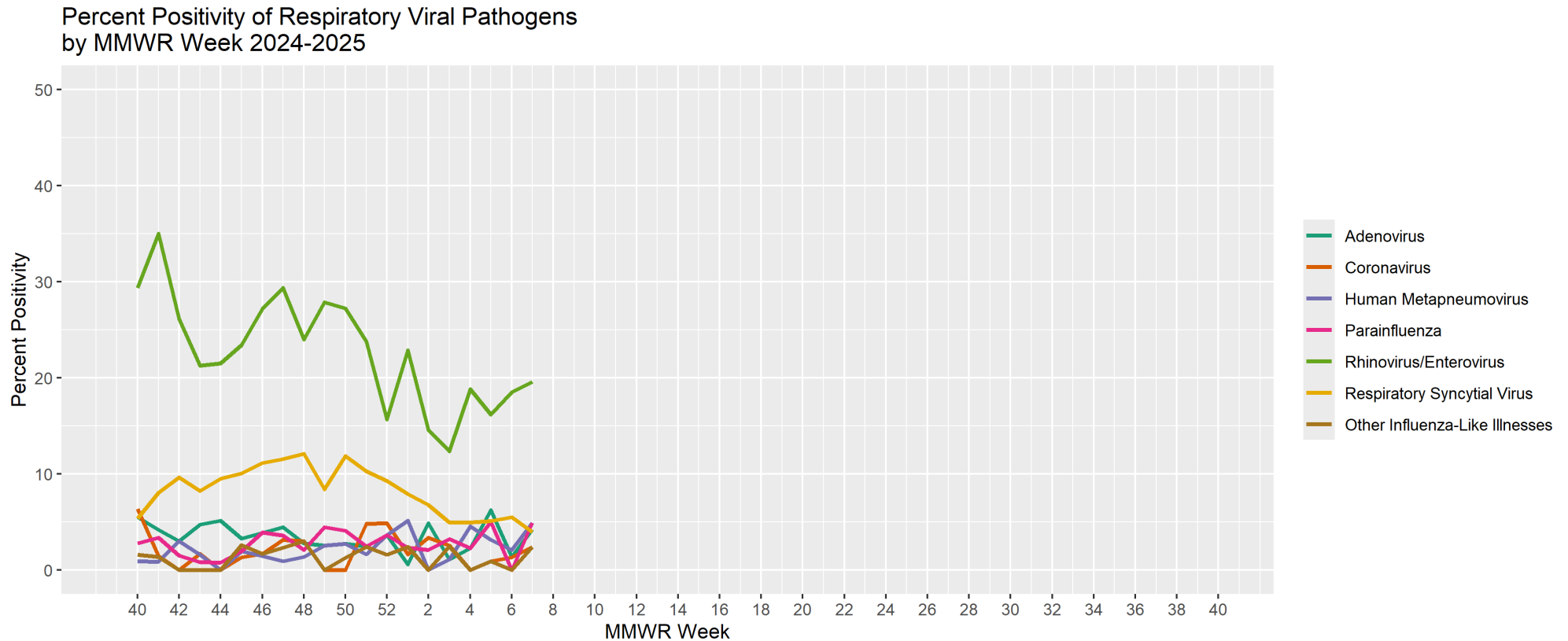


Influenza Positive Results by Confirmatory Testing
(N=13065) by MMWR week, 2024-2025*



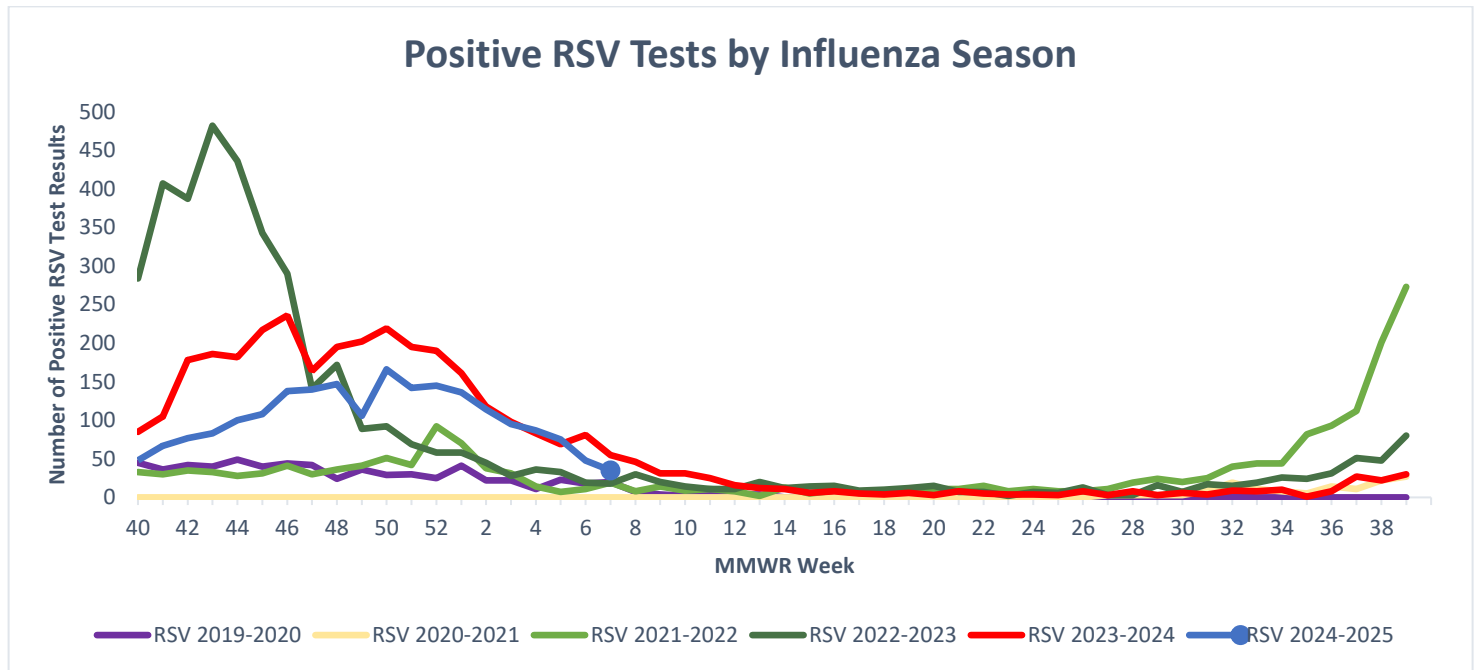
* A total of 47,226 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

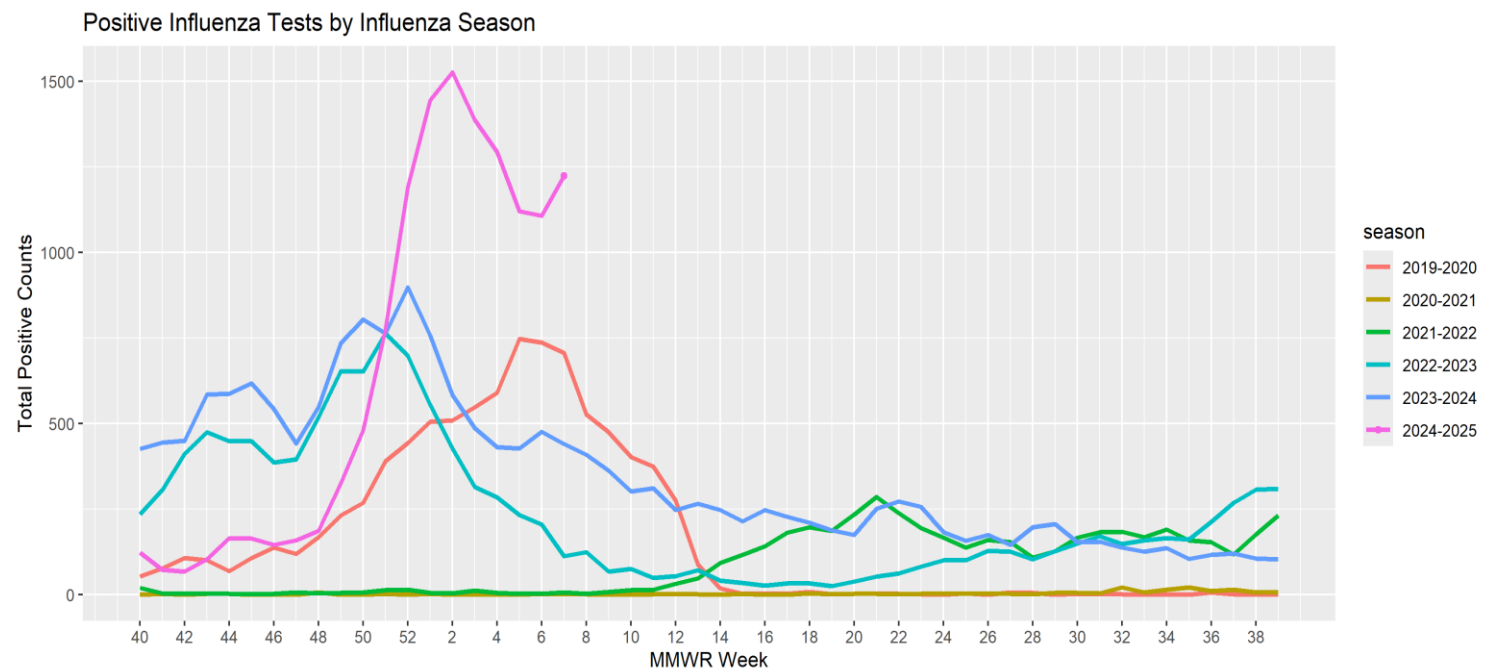


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

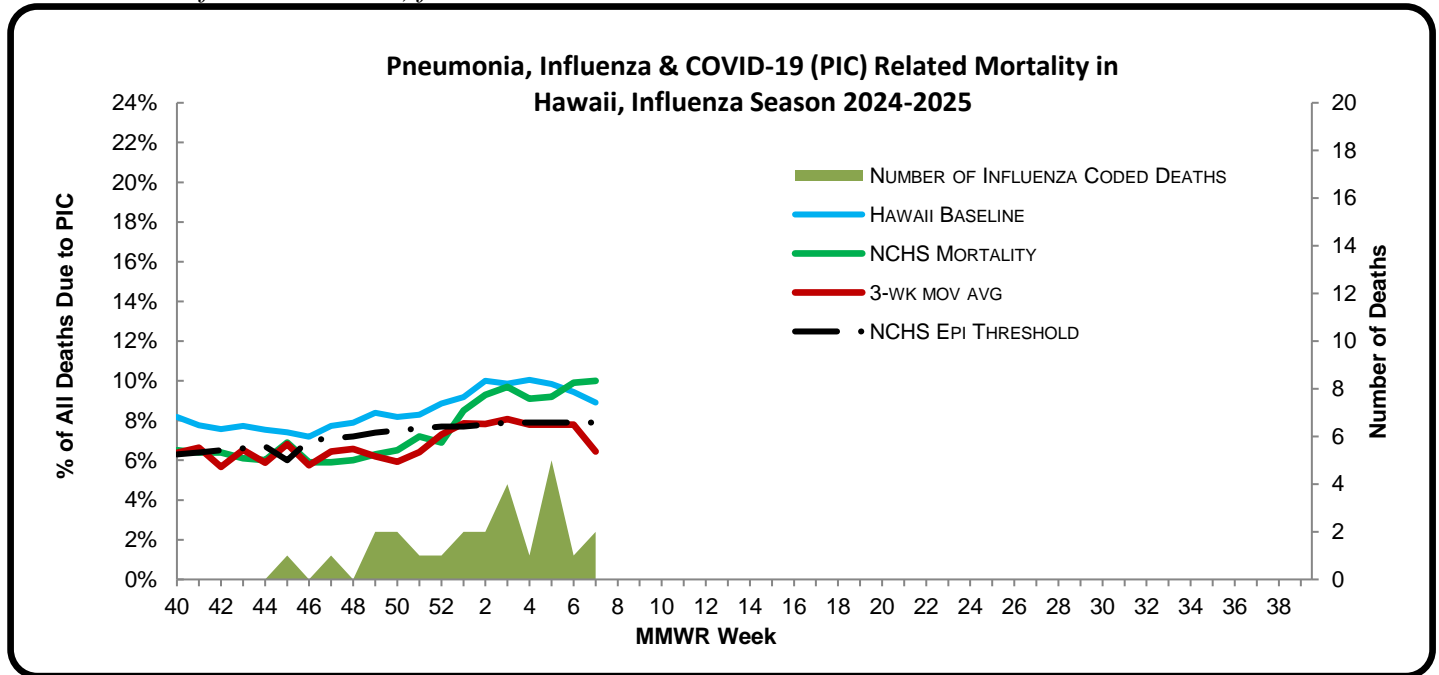
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 7** of the current influenza season:

- *3.9% of all deaths that occurred in Hawaii during week 7 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: 6.8%), there have been 4,469 deaths from any cause, 305 of which were due to PIC¹².*
- *The PIC rate was lower than the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was lower than the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (10.0%) (i.e., outside the 95% confidence interval) and comparable to the national epidemic threshold (7.9%) (i.e., inside the 95% confidence interval) for week 7.*



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 85.2% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been one influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, eighteen new influenza-associated pediatric deaths were reported to CDC during week 7. (2024–2025 season total: 86).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **January 20, 2025**.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 8: FEBRUARY 16, 2025– FEBRUARY 22, 2025

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 8

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|---|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 4.5% | Higher than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 0 | There have been 16 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|---|
| Percent of all respiratory specimens positive for influenza this week | 25.7% | Lower than the previous week. This number means that many, if not all, of the 74.3% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 18.3% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 5.4% | Comparable to the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 98 | 2 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

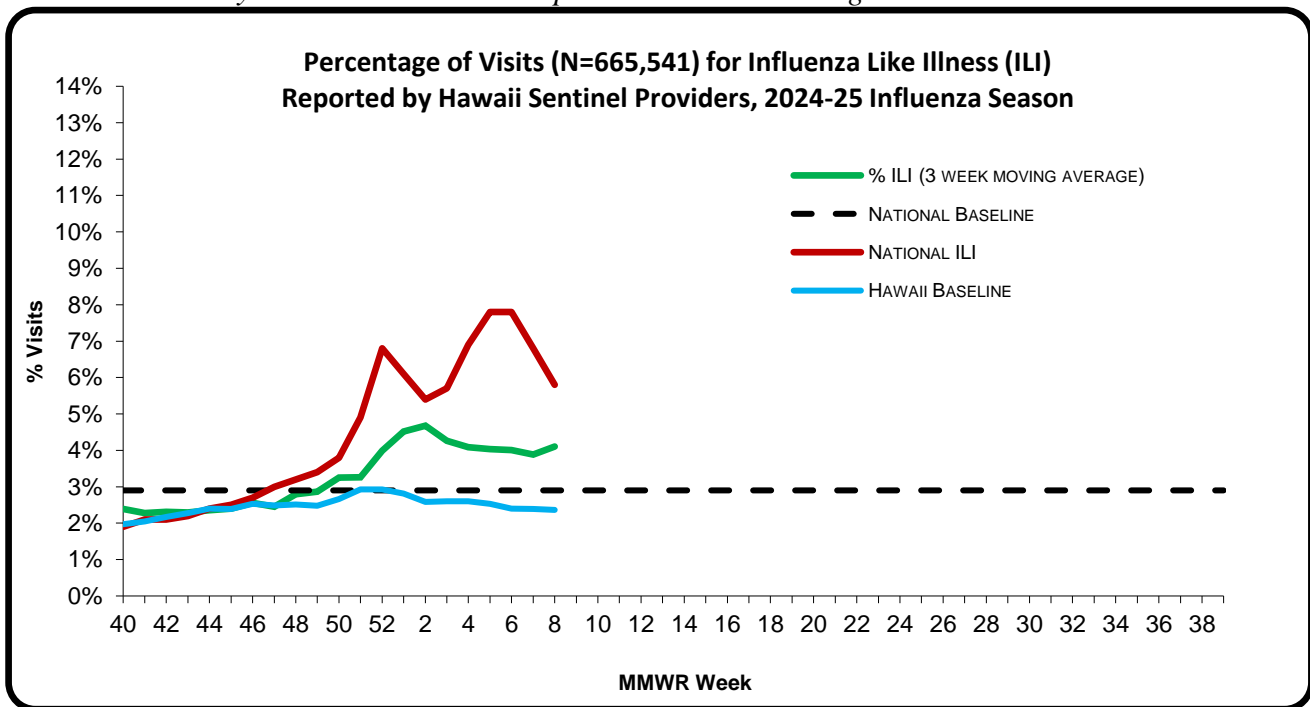
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 8** of the current influenza season:

- **4.5%** (season to date: **3.3%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**5.8%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: No new cluster was reported to HDOH during week 8.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii’s major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

A. INFLUENZA:

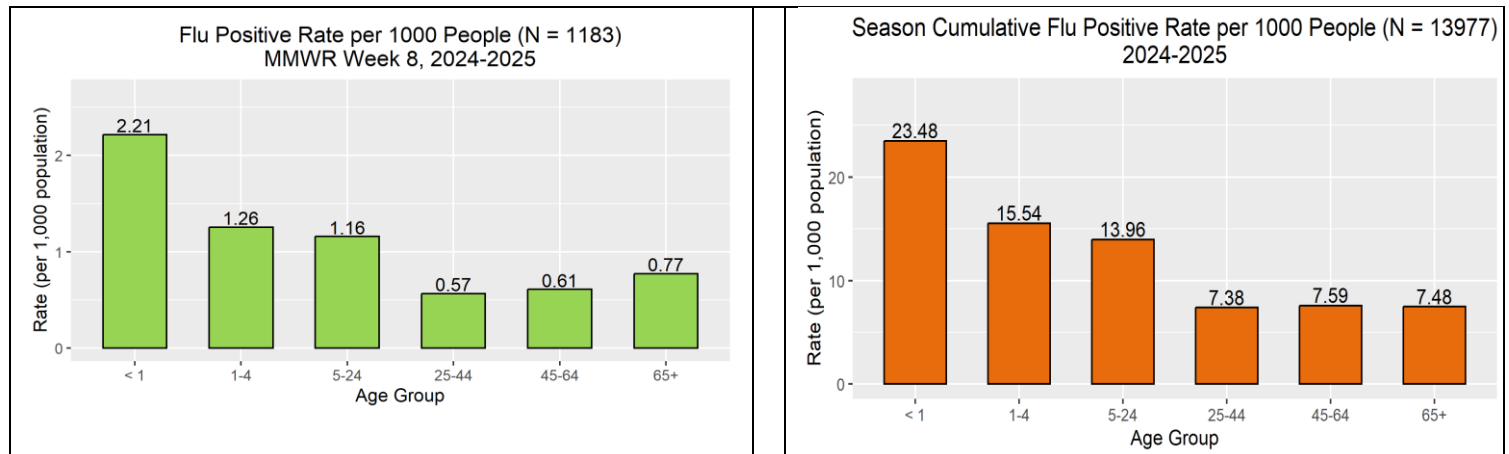
- The following reflects laboratory findings for week 8 of the 2024–25 influenza season:
 - A total of **4,610** specimens have been tested statewide for influenza viruses (positive: 1,183 [25.7%]). (Season to date: 78,140 tested (18.3% positive))
 - 2,024 (43.9%) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,586 (56.1%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 3,427 (74.3%) were negative.

| Influenza type | Current week 8 (%) [*] | Season to date (%) ⁸ |
|------------------------------------|---------------------------------|---------------------------------|
| Influenza A (H1) ⁹ | 55 (4.6) | 284 (2.0) |
| Influenza A (H3) | 34 (2.9) | 282 (2.0) |
| Influenza A no subtyping available | 1,019 (86.1) | 13,196 (92.3) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 76 (6.4) | 529 (3.7) |

^{*}Specimens that are positive for both A and B (coinfections) are counted in both A and B totals for current and season to date

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks’ post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

⁸ Influenza coding was updated to reflect a more accurate count.

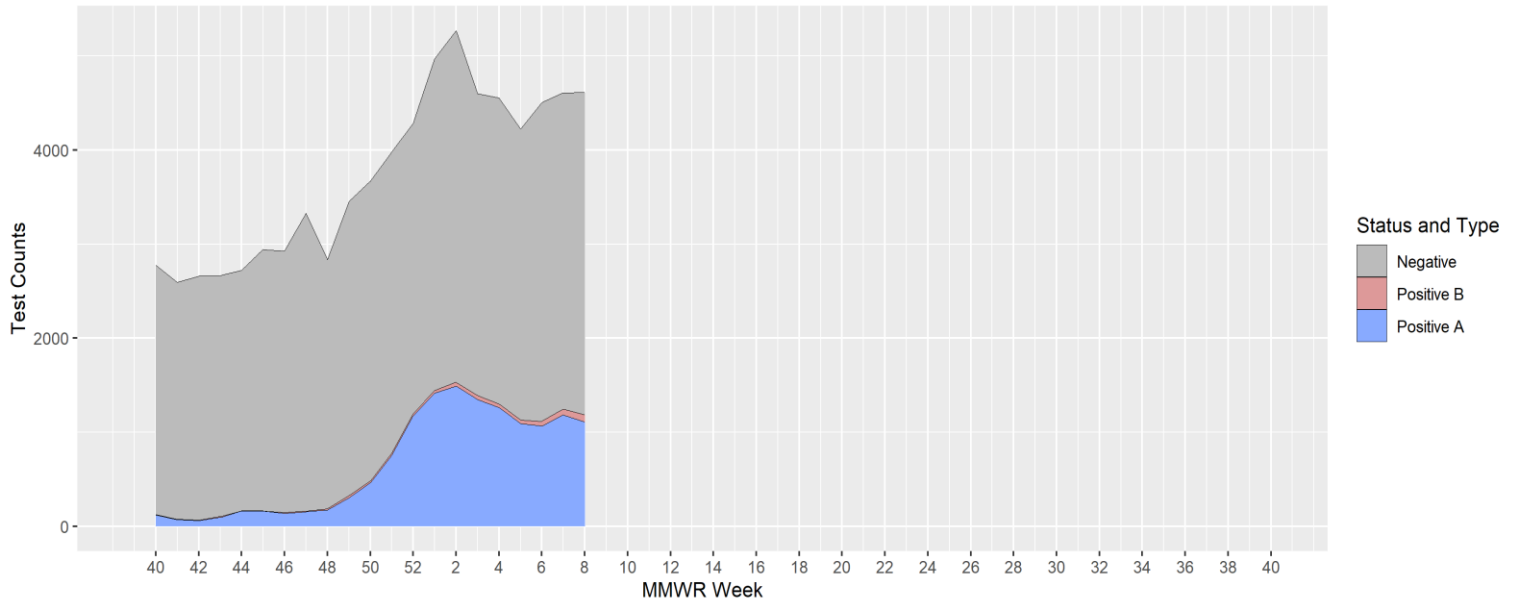
⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

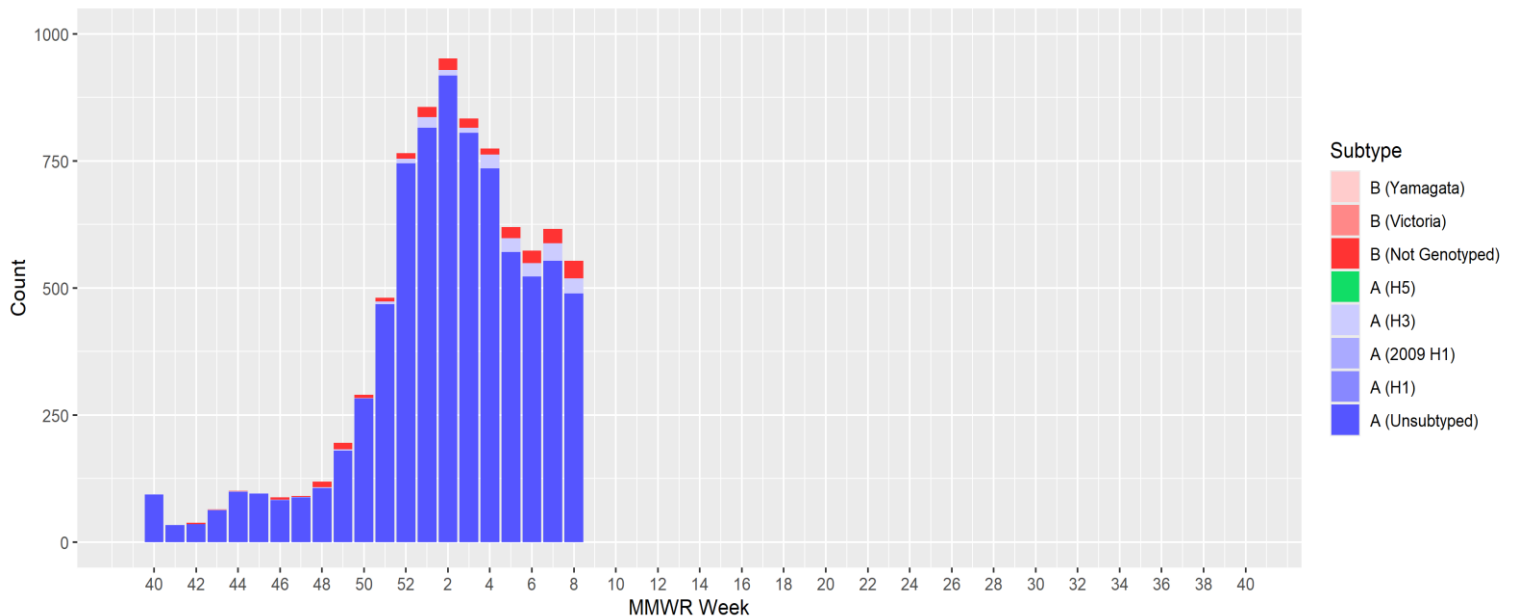
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).

Influenza Laboratory Results of All Specimens Tested (n=78140) by MMWR Week 2024-2025

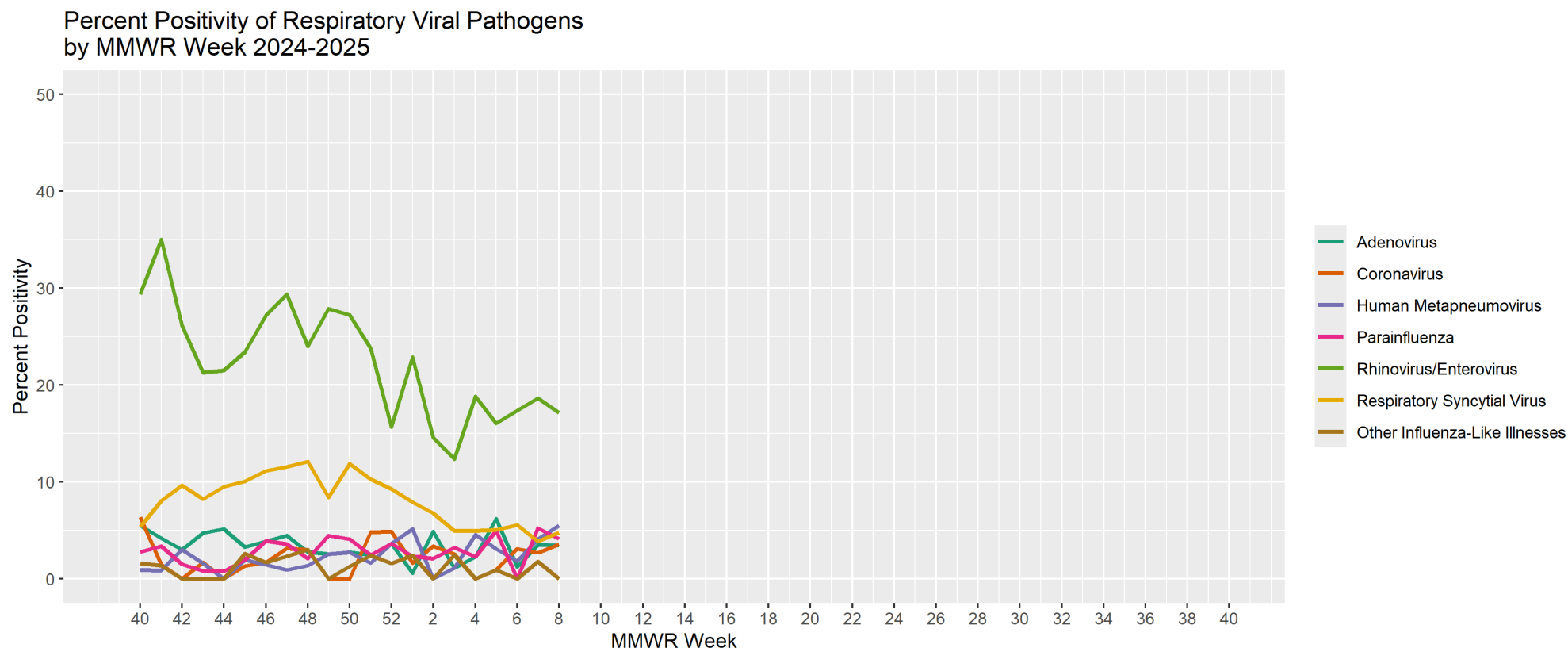


Influenza Positive Results by Confirmatory Testing (N=14283) by MMWR week, 2024-2025*



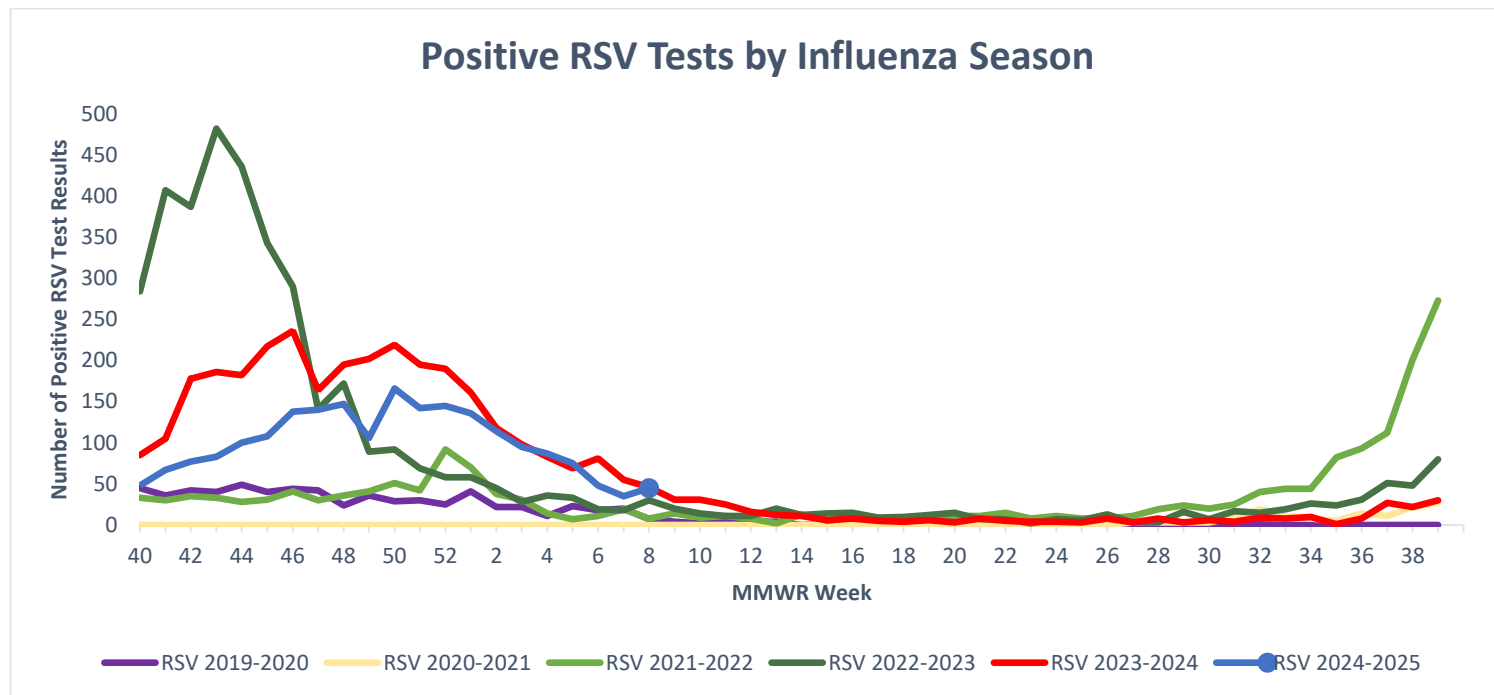
* A total of 49,880 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

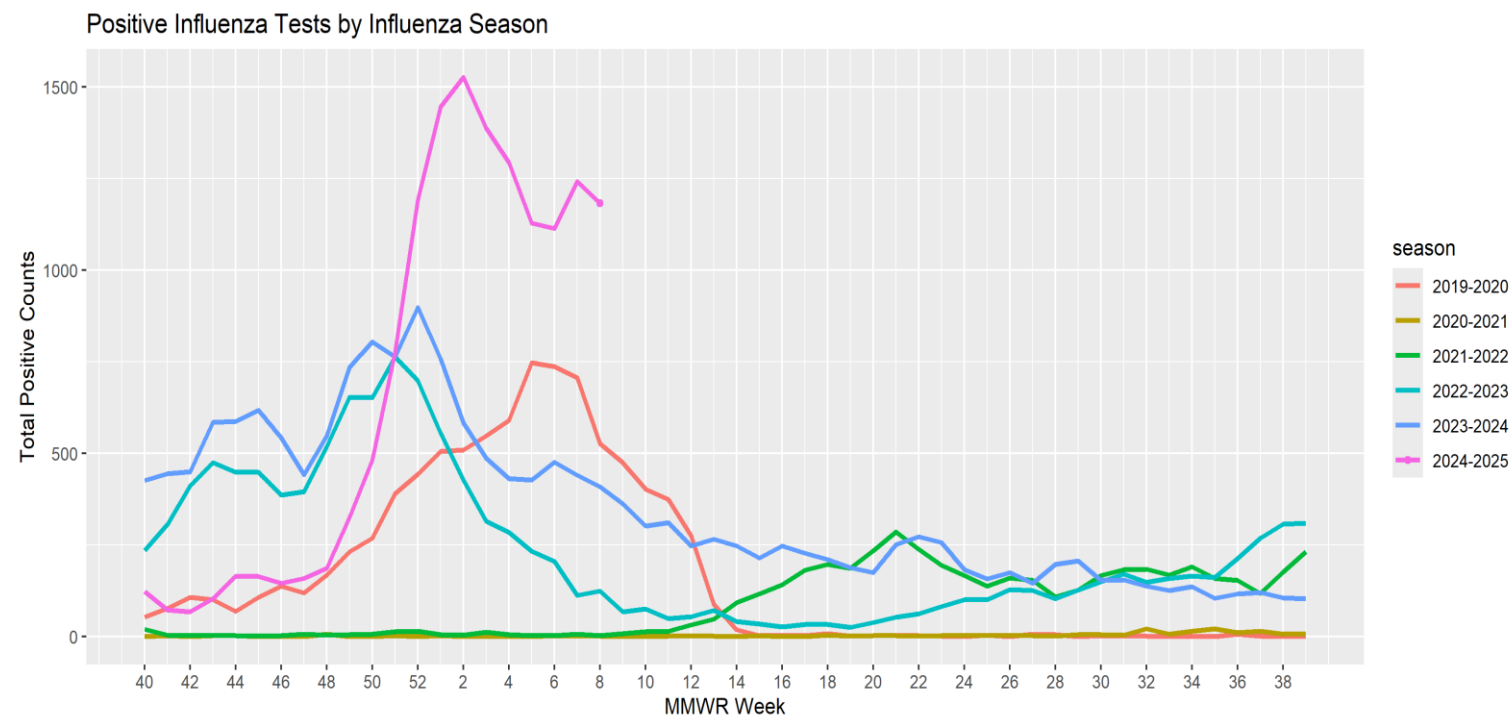


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

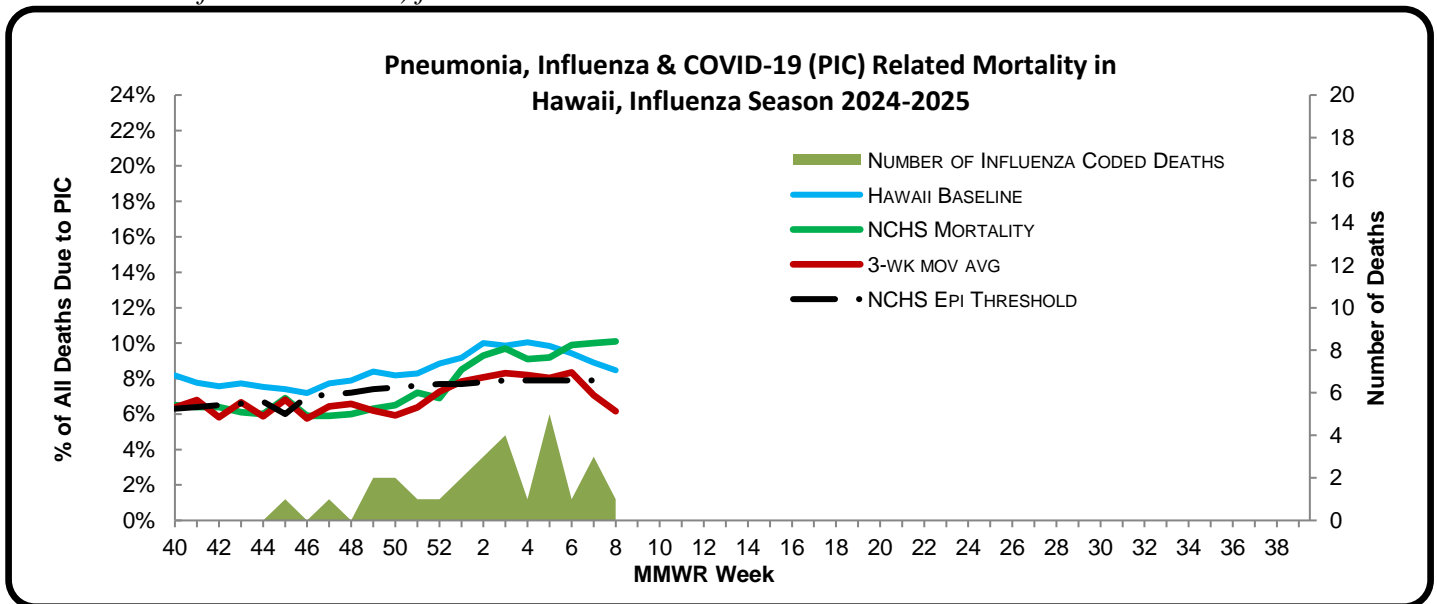
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 8** of the current influenza season:

- **5.4%** of all deaths that occurred in Hawaii during week 8 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **6.8%**), there have been 4,682 deaths from any cause, 324 of which were due to PIC¹².
- The PIC rate was comparable to the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (10.1%) (i.e., outside the 95% confidence interval) and comparable to the national epidemic threshold (7.9%) (i.e., inside the 95% confidence interval) for week 8.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 64.2% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- One new influenza-associated pediatric death was reported to Hawaii. Case was tested positive for influenza A(H3). There have been two influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, twelve new influenza-associated pediatric deaths were reported to CDC during week 8. (2024–2025 season total: 98).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **January 20, 2025**.

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 9: FEBRUARY 23, 2025– MARCH 1, 2025

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 9

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 3.8% | Lower than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 2 | There have been 18 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|---|
| Percent of all respiratory specimens positive for influenza this week | 22.8% | Lower than the previous week. This number means that many, if not all, of the 77.2% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 18.5% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 4.9% | Comparable to the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 114 | 2 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

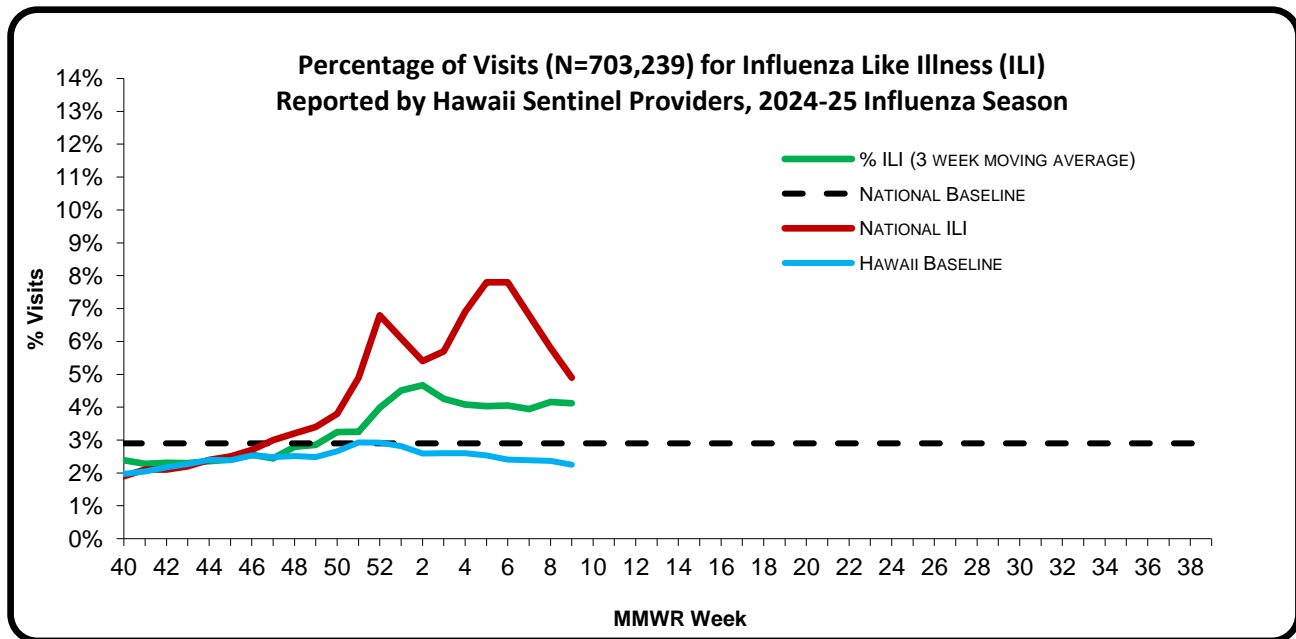
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 9** of the current influenza season:

- **3.8%** (season to date: **3.4%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**4.9%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: Two new clusters were reported to HDOH during week 9. Both clusters occurred in a long term care facility, one in Honolulu and one in Maui County. Both clusters were categorized as Influenza A.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii’s major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

A. INFLUENZA:

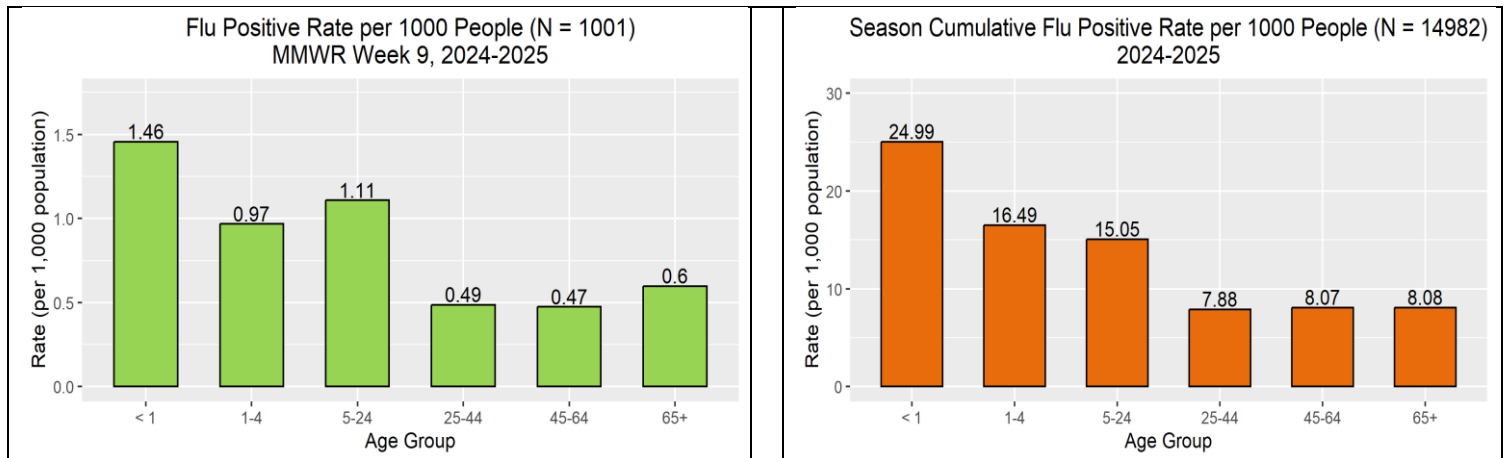
- The following reflects laboratory findings for week 9 of the 2024–25 influenza season:
 - A total of **4,394** specimens have been tested statewide for influenza viruses (positive: 1,001 [22.8%]). (Season to date: 82,536 tested (18.5% positive))
 - 1,948 (44.3%) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,446 (55.7%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 3,393 (77.2%) were negative.

| Influenza type | Current week 9 (%) [*] | Season to date (%) ⁸ |
|------------------------------------|---------------------------------|---------------------------------|
| Influenza A (H1) ⁹ | 31 (3.1) | 315 (2.1) |
| Influenza A (H3) | 17 (1.7) | 299 (2.0) |
| Influenza A no subtyping available | 880 (87.7) | 14,076 (92.0) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 75 (7.5) | 604 (3.9) |

^{*}Specimens that are positive for both A and B (coinfections) are counted in both A and B totals for current and season to date

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks’ post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

⁸ Influenza coding was updated to reflect a more accurate count.

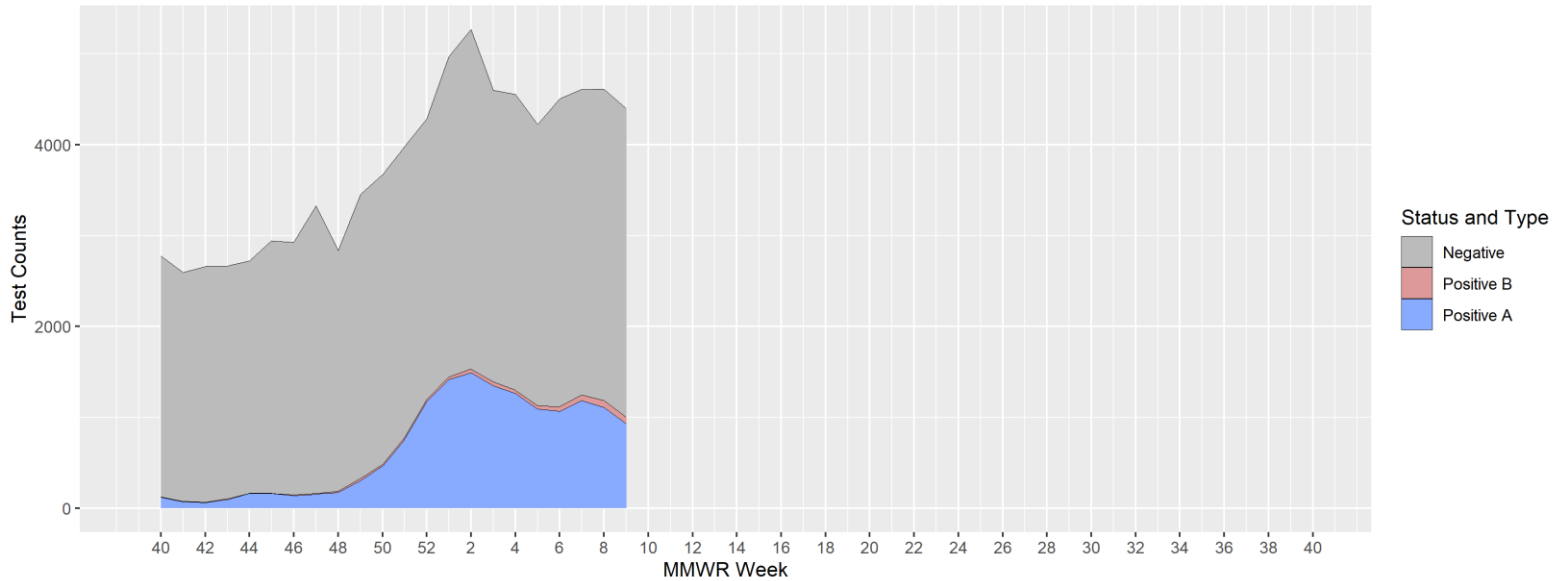
⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

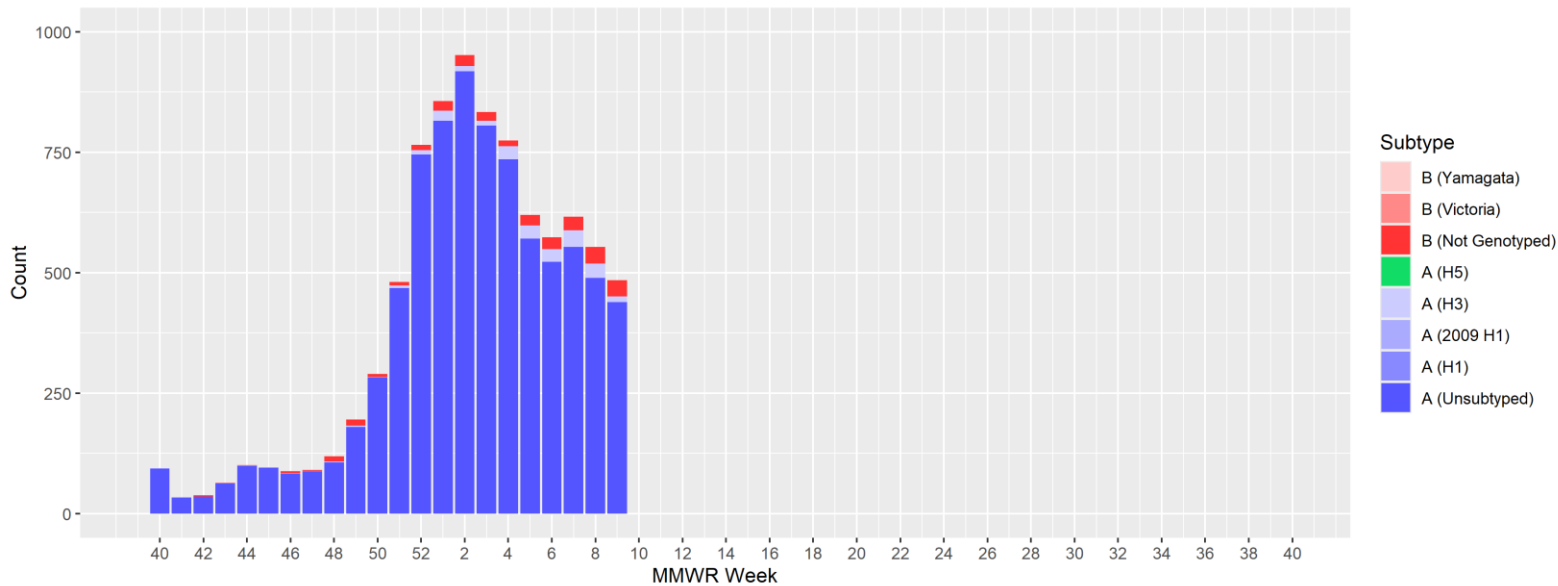
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).

Influenza Laboratory Results of All Specimens Tested (n=82536) by MMWR Week 2024-2025



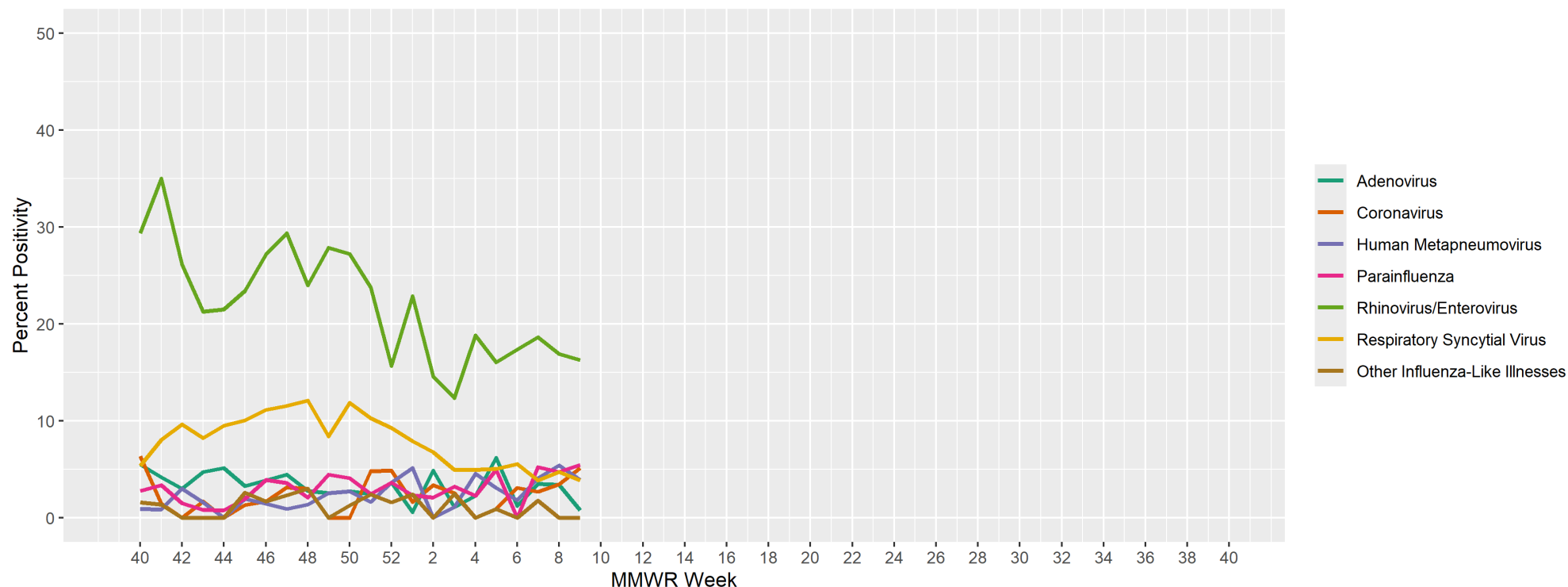
Influenza Positive Results by Confirmatory Testing (N=15284) by MMWR week, 2024-2025*



* A total of 52,328 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

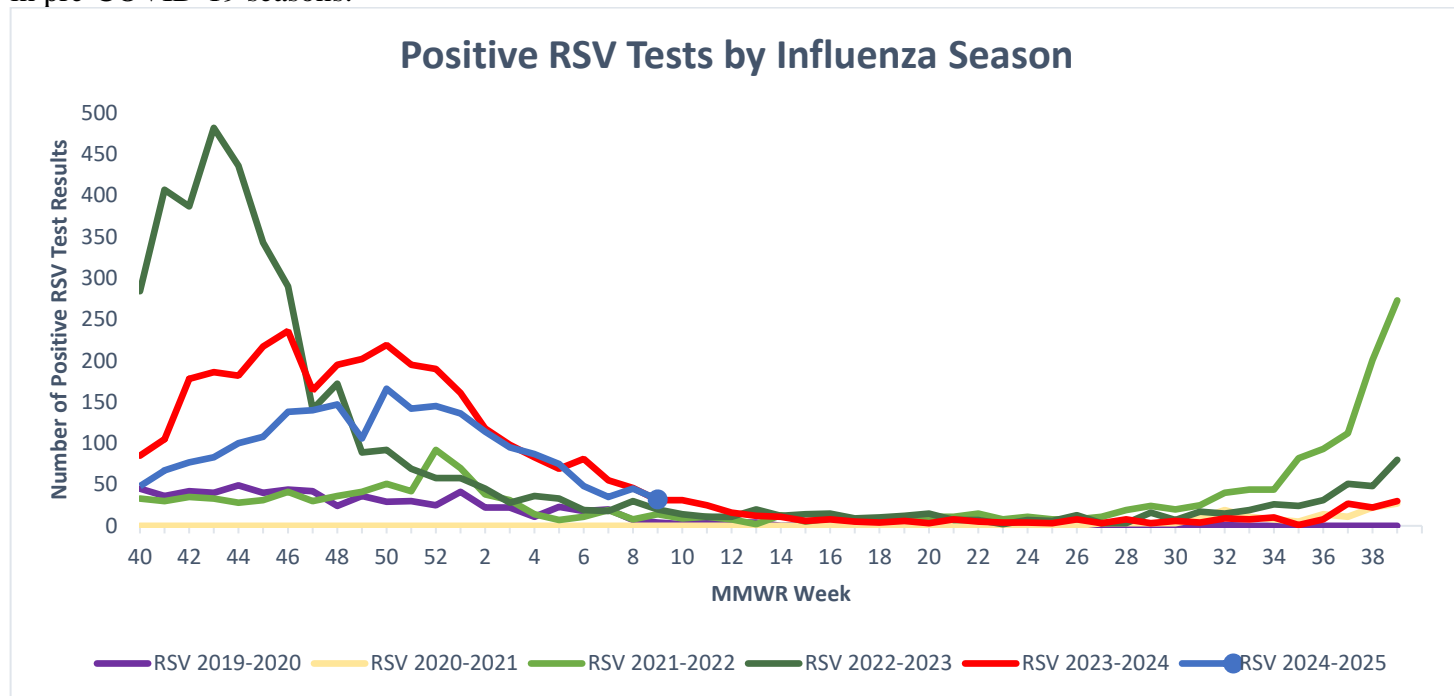
B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

Percent Positivity of Respiratory Viral Pathogens
by MMWR Week 2024-2025

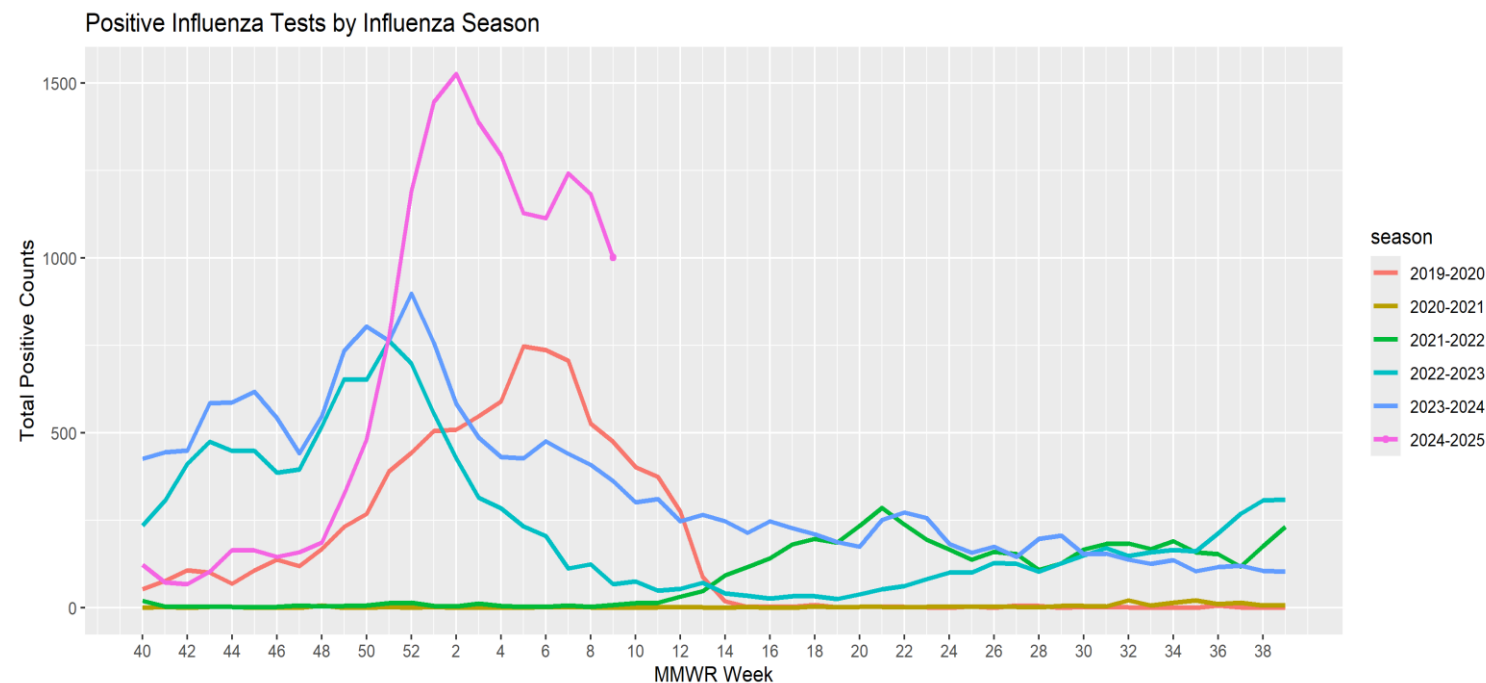


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

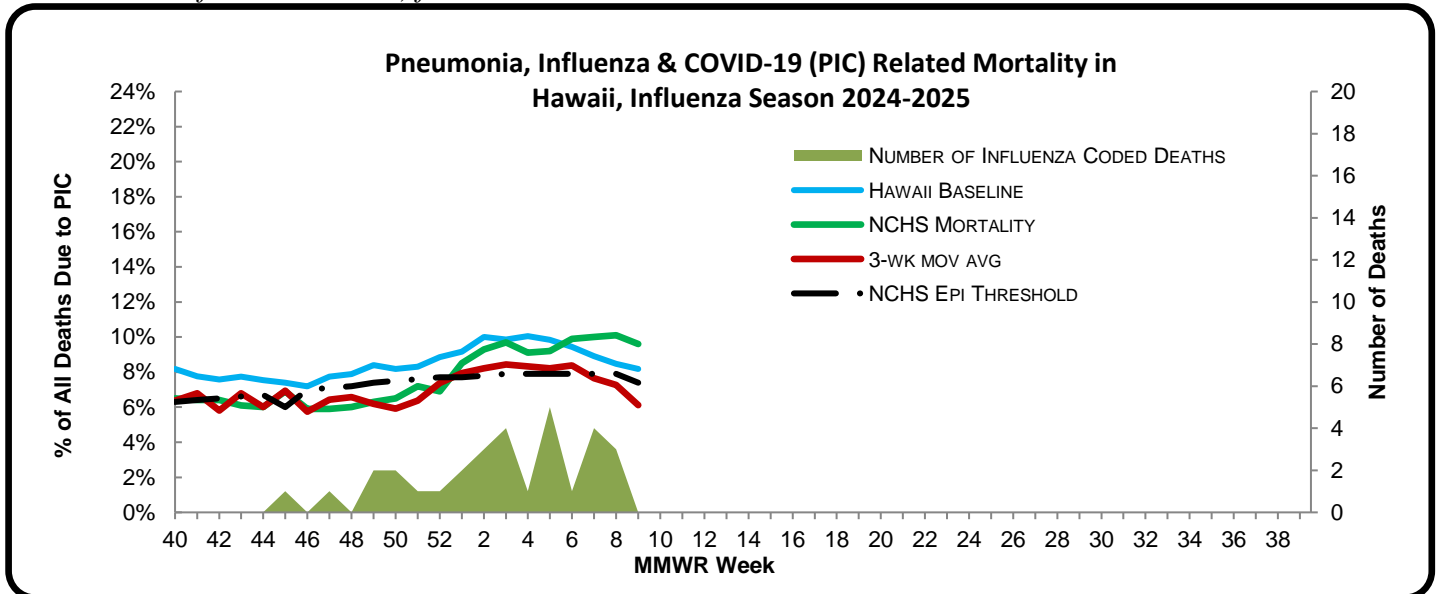
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 9** of the current influenza season:

- **4.9%** of all deaths that occurred in Hawaii during week 9 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **7.0%**), there have been 4,978 deaths from any cause, 350 of which were due to PIC¹².
- The PIC rate was comparable to the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (9.6%) (i.e., outside the 95% confidence interval) and comparable to the national epidemic threshold (7.4%) (i.e., inside the 95% confidence interval) for week 9.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 94.2% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been two influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, sixteen new influenza-associated pediatric deaths were reported to CDC during week 9. (2024–2025 season total: 114).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **January 20, 2025**.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |



HAWAII STATE DEPARTMENT OF HEALTH DISEASE OUTBREAK CONTROL DIVISION

Influenza/Respiratory Disease Surveillance Report Morbidity and Mortality Weekly Report (MMWR)¹

WEEK 10: MARCH 2, 2025– MARCH 8, 2025

OVERVIEW: The Hawaii State Department of Health (HDOH) monitors influenza and other respiratory pathogens, including COVID-19, throughout the state of Hawaii. Influenza surveillance in the state of Hawaii relies upon selected sentinel health practitioners, the State Laboratories Division (SLD), private laboratories, and the Office of Health Status Monitoring (OHSM). For detailed information concerning influenza, please visit the HDOH Disease Outbreak Control Division (HDOH DOCD) website ([here](#)). **All data and information are conditional and may change as more reports are received.** The data in this report reflect the 2024-2025 influenza season which began the week ending October 5, 2024 (week 40¹ 2024) and will end the week ending on September 27, 2025 (week 39 2025).

REPORT SNAPSHOT FOR WEEK 10

| Surveillance for Influenza-like Illness (ILI) | | |
|--|-------|--|
| Metric | Value | Comment |
| Outpatient visits related to influenza-like illness (ILI) from ILINet Sentinel Providers | 3.4% | Lower than the previous week. Comparable to the Hawaii's historical baseline, lower than the national ILI rate, and higher than the national baseline. |
| Number of ILI clusters reported to HDOH | 1 | There have been 19 clusters this season. |

| Laboratory Surveillance | | |
|---|-------|--|
| Percent of all respiratory specimens positive for influenza this week | 23.7% | Higher than the previous week. This number means that many, if not all, of the 76.3% who tested negative for influenza had illness from another respiratory etiology. |
| Percent of all respiratory specimens positive for influenza this season to date | 18.7% | |

| Surveillance for Severe Outcomes | | |
|---|------|---|
| Pneumonia, influenza and COVID-19 (PIC) mortality rate | 8.6% | Comparable to the Hawaii's historical baseline, comparable to the national epidemic threshold and comparable to the NCHS average. |
| Number of influenza-associated pediatric deaths reported nationwide | 134 | 2 influenza-associated pediatric deaths have been reported from Hawaii this season to date. |

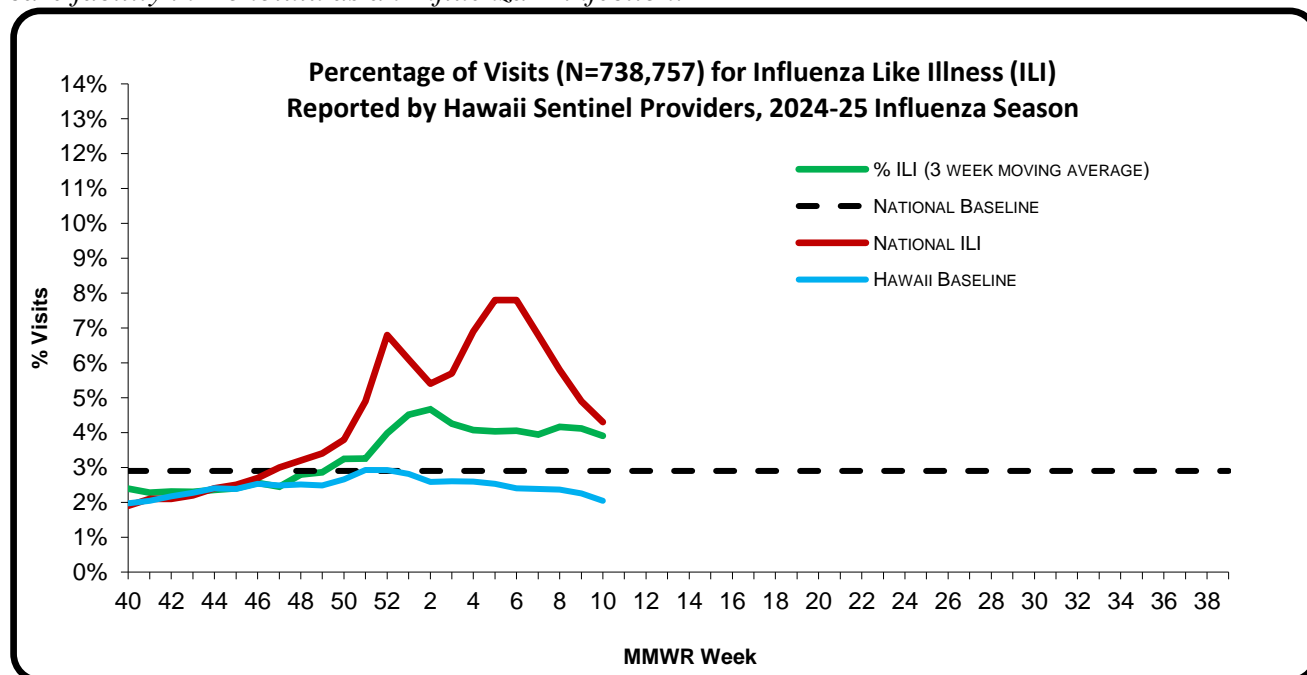
¹ MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. **See appendix 2 for interpretation of MMWR weeks.** Data reported will begin on week 40, the traditional start date of flu season.

INFLUENZA SURVEILLANCE

I. INFLUENZA-LIKE ILLNESS (ILI): HDOH collaborates with recruited doctors and healthcare providers who report the total number of outpatient visits for ILI as well as the total number of patients who complained of symptoms consistent with an ILI. A patient with ILI must have the following: a fever (temperature of 100°F [37.8°C] or greater) AND a cough and/or a sore throat. ILI is based on reported symptoms and not laboratory confirmed tests; thus, ILI may represent other respiratory pathogens and not solely influenza. Further, sentinel providers report these numbers on a weekly basis; therefore, data are preliminary and may change depending on additional reporting. In combination with laboratory testing and other surveillance systems, ILI surveillance helps monitor influenza and other respiratory pathogen activity. For more information concerning ILINet and sentinel requirements, please visit the CDC website ([here](#)).

For **week 10** of the current influenza season:

- **3.4%** (season to date: **3.4%**) of the outpatient visits recorded by Hawaii sentinel providers were for ILI.
- ILI visits were comparable to the historical baseline in Hawaii^{2,3} (i.e., inside the 95% confidence interval).
- Hawaii's ILI outpatient visits were higher than the national baseline (**2.9%**)⁴ (i.e., outside the 95% confidence interval) and lower than the national ILI rate (**4.3%**) (i.e. outside the 95% confidence interval).
- ILI activity level: Low⁵
- Geographic Spread: Sporadic Activity⁶.
- ILI Cluster Activity: One new cluster was reported to HDOH during week 10. Cluster occurred at a long-term care facility in Honolulu as an Influenza A infection.



² The Hawaii historical baseline (%ILI) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023-2024).

³ This value is based upon comparison of actual outpatient ILI with the historical baseline, which only captures outpatient ILI. The chart above represents a 3-week moving average and not the actual ILI by week.

⁴ The National Baseline is calculated by CDC as the mean percentage of visits for ILI during weeks 21–39 with two standard deviations. Because of large variability in regional ILI, comparison of the national baseline with local ILI may not be appropriate. It is provided in this report because no meaningful regional baselines are available for comparison. The national baseline combines all data reported by states to CDC, including ILI in outpatient, ER, urgent care, and inpatient settings.

⁵ There are 10 activity levels classified as minimal (levels 1-3), low (levels 4-5), moderate (levels 6-7), and high (levels 8-10).

⁶ The influenza activity reported by state and territorial epidemiologists indicates geographic spread of influenza viruses but does not measure the severity of influenza activity. Sporadic: no clusters reported to HDOH, Local: one or more clusters reported in one county, Regional: clusters reported two to three counties, Widespread: clusters reported in all counties. Hawaii does not report No Activity, as flu circulates year-round in Hawaii.

II. LABORATORY SURVEILLANCE: State Laboratories Division (SLD; the HDOH public health laboratory) and Hawaii’s major private laboratories (DLS, CLH) report results of RT-PCR, which can be considered confirmatory (SLD may perform viral culture on select specimens). Specimens meeting priority criteria⁷ are forwarded to SLD for sub-typing. Additionally, specimens meeting case definition from requesting sentinel providers are sent directly to SLD for sub-typing. Due to resource constraints, not all submitted specimens undergo sub-typing. Sub-typing at the commercial laboratories is only conducted on a case-by-case basis. The majority of specimens testing positive by rapid antigen testing or RT-PCR at the commercial laboratories do not meet criteria and are not subtyped. For more information on influenza tests and types, please visit the CDC website ([here](#)).

A. INFLUENZA:

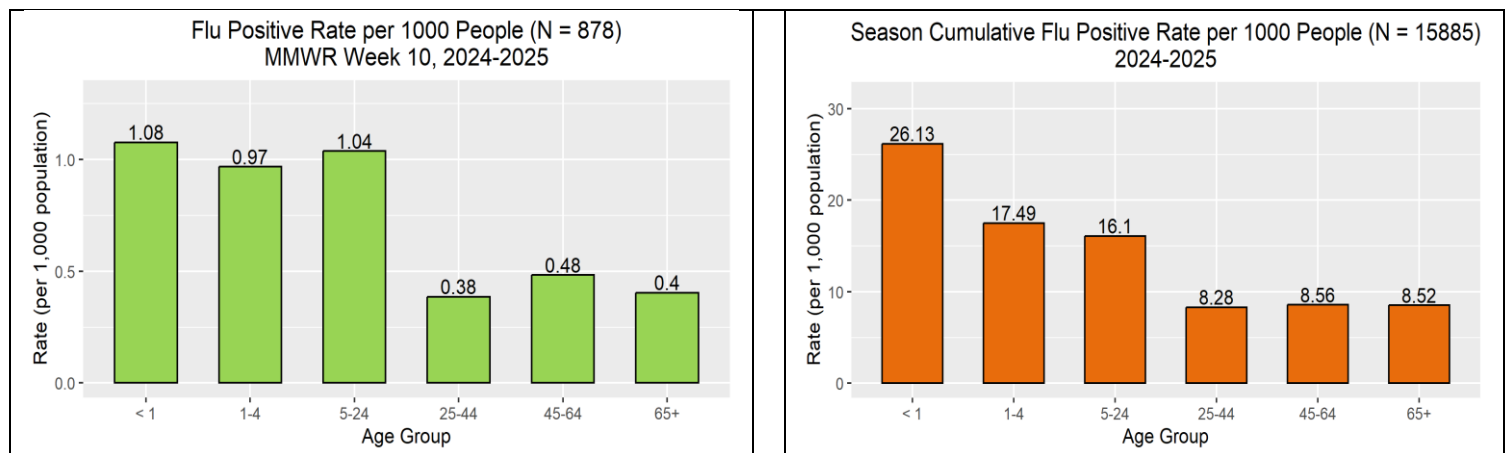
- The following reflects laboratory findings for week 10 of the 2024–25 influenza season:
 - A total of **3,710** specimens have been tested statewide for influenza viruses (positive: 878 [23.7%]). (Season to date: 86,248 tested (18.7% positive])
 - 1,520 (41.0%) were screened only by rapid antigen tests with no confirmatory testing.
 - 2,190 (59.0%) underwent confirmatory testing (either RT-PCR or viral culture).
 - 2,832 (76.3%) were negative.

| Influenza type | Current week 10 (%) [*] | Season to date (%) ⁸ |
|------------------------------------|----------------------------------|---------------------------------|
| Influenza A (H1) ⁹ | 17 (1.9) | 332 (2.1) |
| Influenza A (H3) | 7 (0.8) | 306 (1.9) |
| Influenza A no subtyping available | 782 (88.7) | 14,857 (91.8) |
| Influenza B (Yamagata) | 0 (0.0) | 0 (0.0) |
| Influenza B (Victoria) | 0 (0.0) | 0 (0.0) |
| Influenza B no genotyping | 76 (8.6) | 680 (4.2) |

^{*}Specimens that are positive for both A and B (coinfections) are counted in both A and B totals for current and season to date

1. AGE DISTRIBUTION

The charts below indicate the population-based rates of positive influenza cases in Hawaii by age group during the 2024–25 influenza season.¹⁰



⁷ Priority criteria include hospitalized patients with acute respiratory distress syndrome [ARDS] or x-ray confirmed pneumonia; travelers with international travel history within 10 days of onset; specimens submitted by sentinel providers; specimens collected from healthcare workers, pregnant women, or women up to 6 weeks’ post-partum; those with underlying medical conditions; and patients presenting with unusual or severe manifestations of influenza infection.

⁸ Influenza coding was updated to reflect a more accurate count.

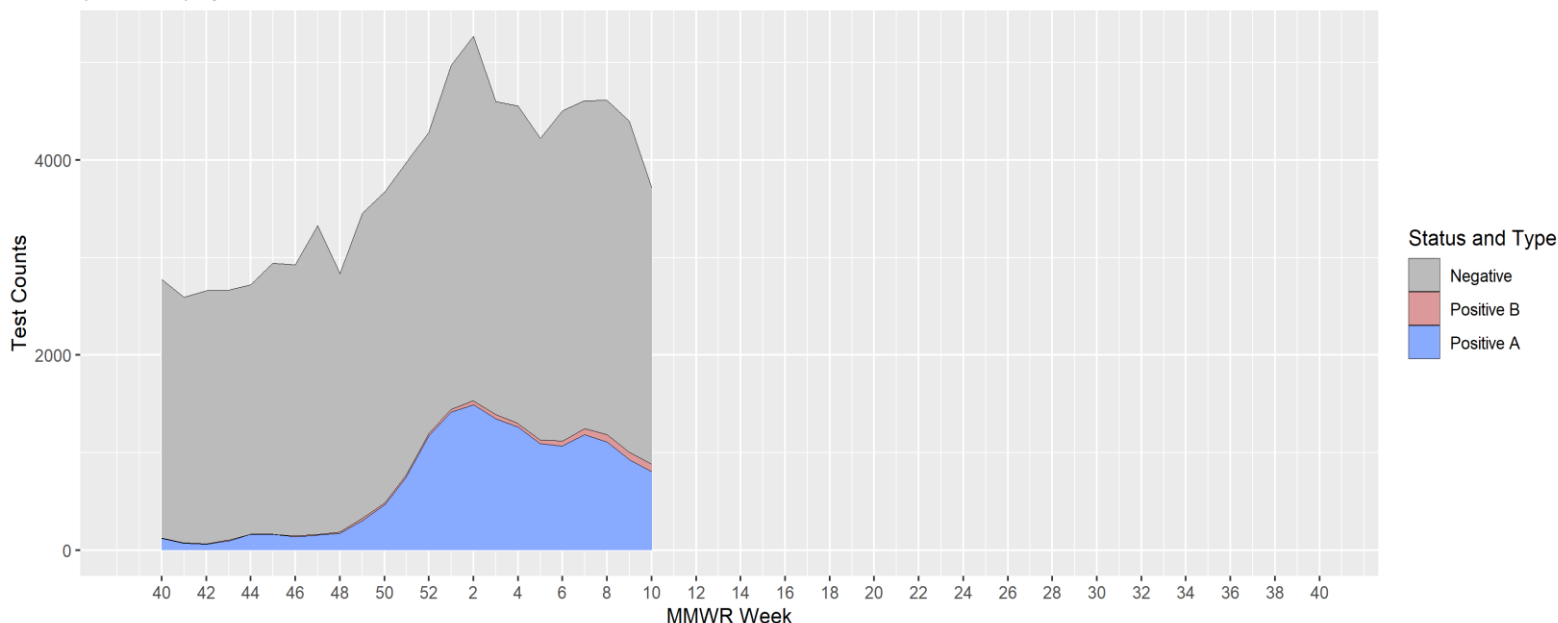
⁹ All influenza A H1 viruses detected this season have been 2009 H1N1.

¹⁰ This represents an estimate of population-based rates based on available data.

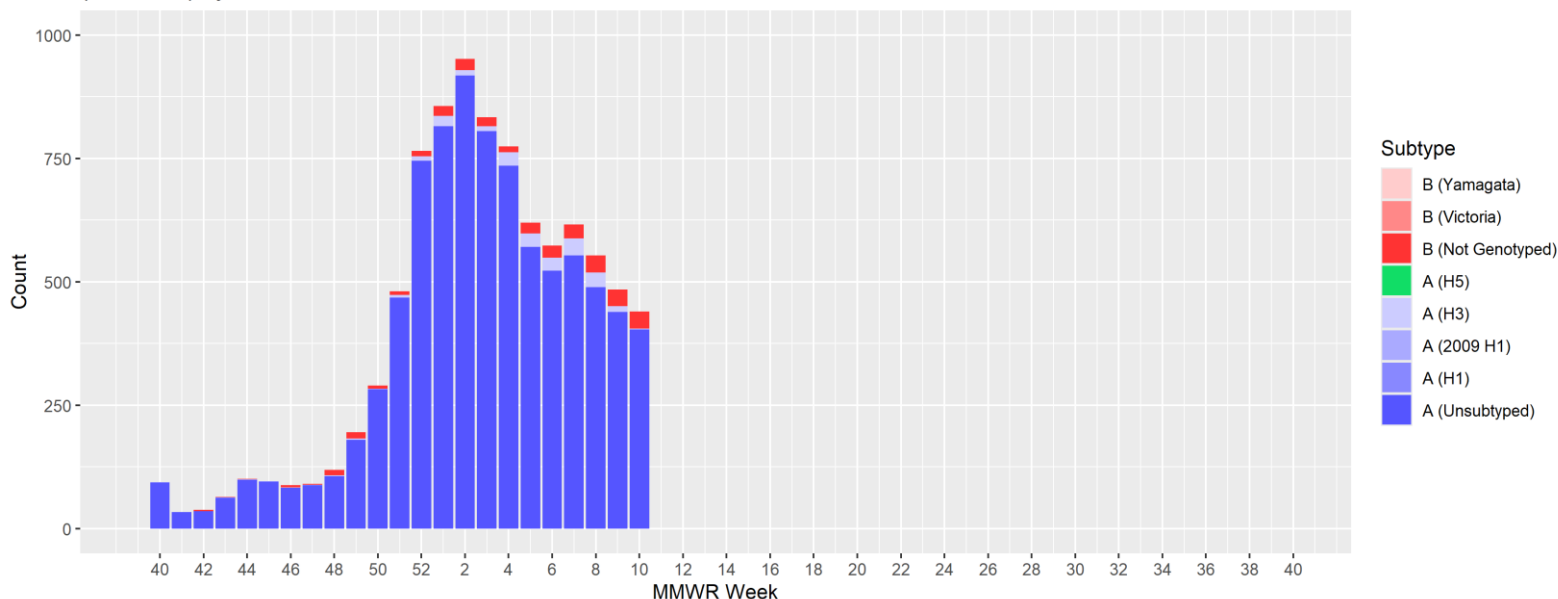
2. LABORATORY TESTING

The charts below show the laboratory results of all specimens tested for influenza by MMWR week during the 2024–2025 influenza season as well as the type and subtype of positive results for influenza. Again, sub-typing is only performed on selected specimens tested by confirmatory tests (i.e., RT-PCR or viral culture).

Influenza Laboratory Results of All Specimens Tested
(n=86248) by MMWR Week 2024-2025



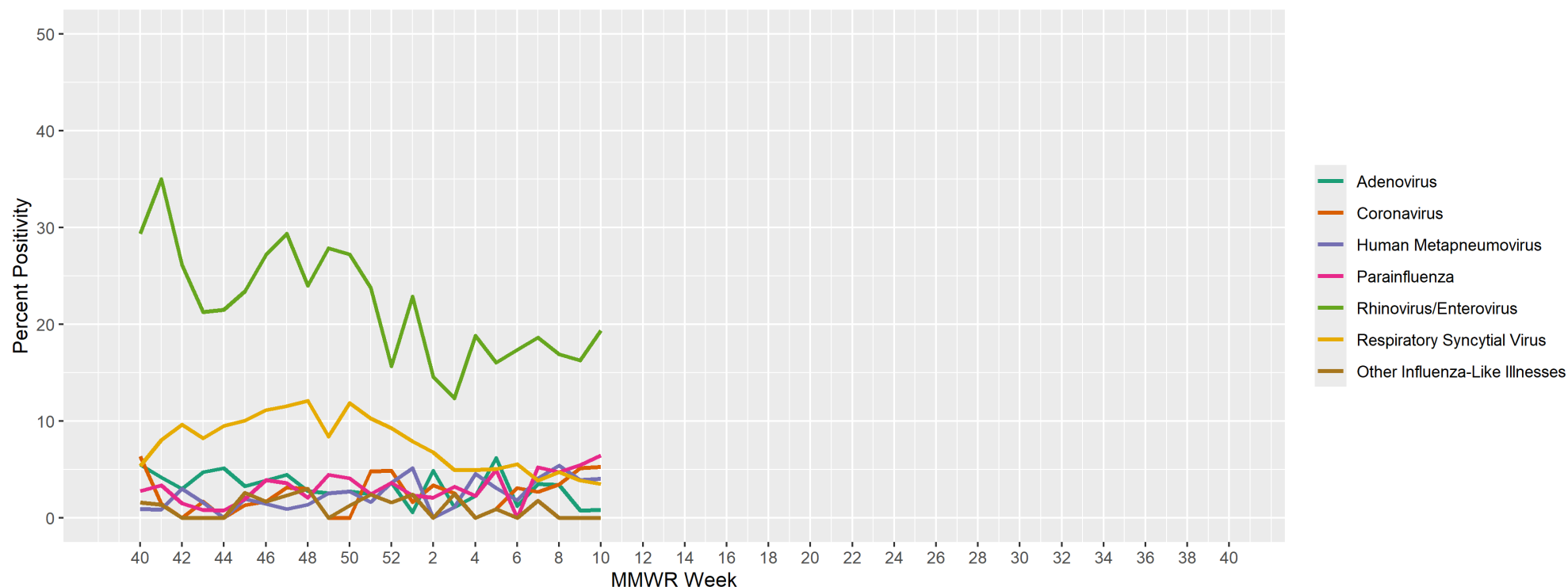
Influenza Positive Results by Confirmatory Testing
(N=16163) by MMWR week, 2024-2025*



* A total of 54,519 specimens underwent confirmatory testing but not all positive influenza specimens receive confirmatory testing that are circulating in Hawaii.

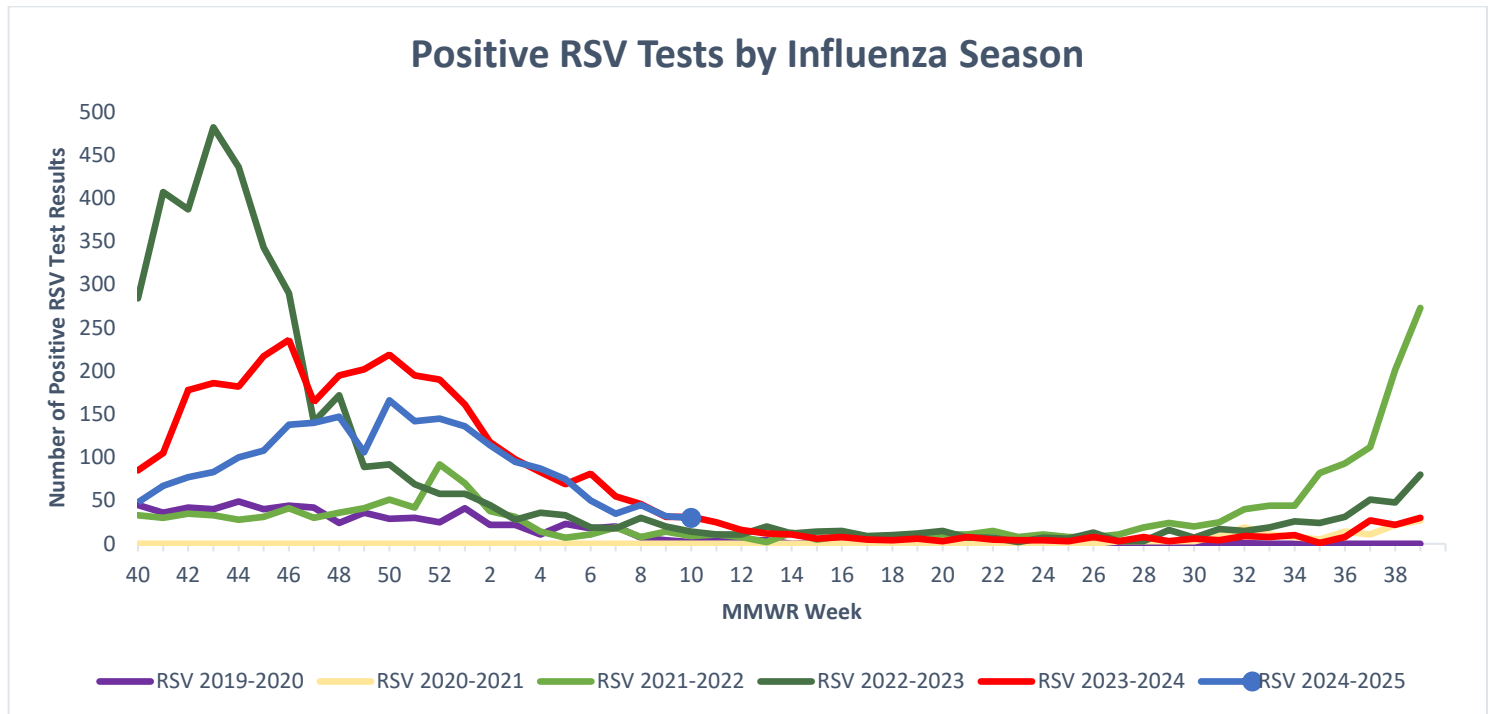
B. OTHER RESPIRATORY PATHOGENS: The major clinical and commercial laboratories throughout the state of Hawaii have the testing capacity for non-influenza respiratory pathogens and report these to HDOH. However, such testing is performed as needed and when sufficient resources are available because of the high costs associated with respiratory panel tests. **Therefore, available data represent only the presence of circulating pathogens and cannot be used to determine specific trends.**

Percent Positivity of Respiratory Viral Pathogens
by MMWR Week 2024-2025

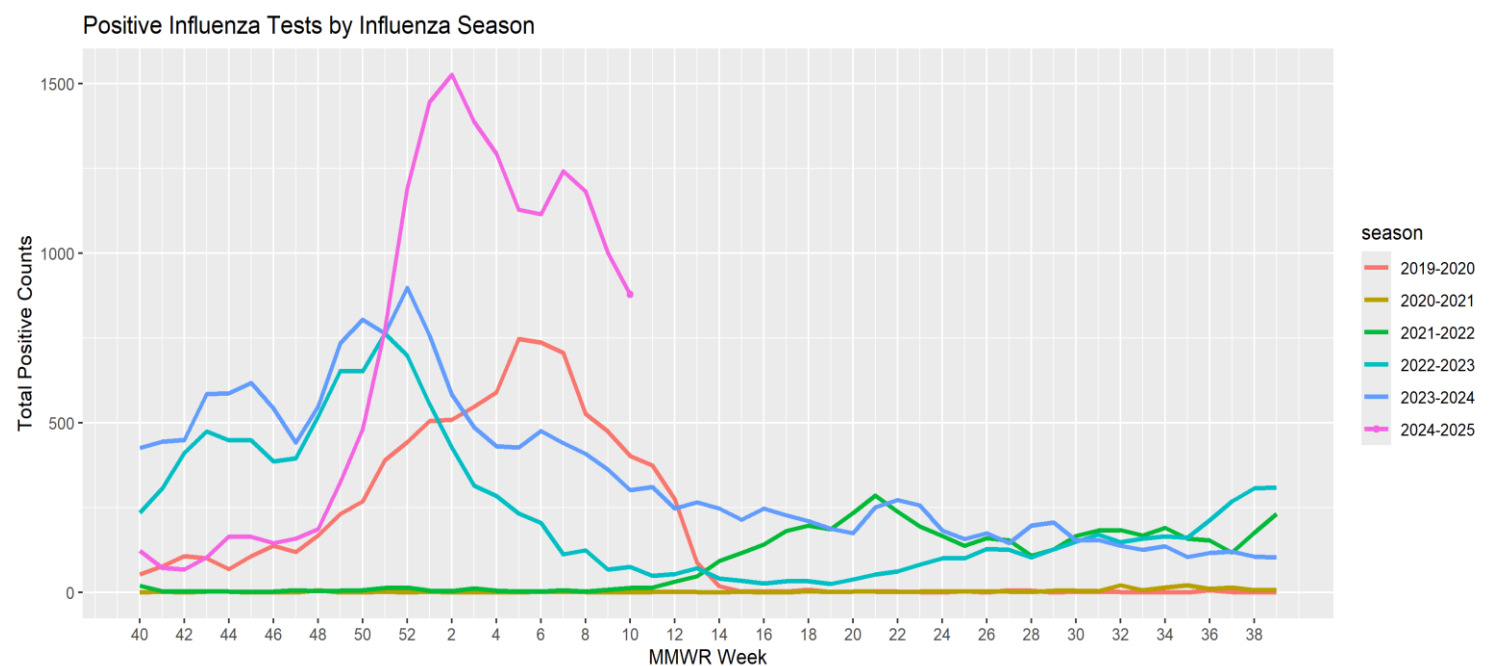


* The coronavirus presented on this table does not indicate Severe Acute Respiratory Coronavirus-2 (i.e., COVID-19).

RESPIRATORY SYNCYTIAL VIRUS (RSV) POSITIVE TEST RESULTS BY INFLUENZA SEASON: RSV case appears to be trending upwards in the 2024-2025 season. Of note, significantly more tests for RSV are being performed than in pre-COVID-19 seasons.



INFLUENZA POSITIVE TEST RESULTS BY INFLUENZA SEASON: Influenza cases appear to have increased later than past seasons in the 2024-2025 season.



C. COVID-19 SENTINEL SURVEILLANCE: Due to the low volume of samples currently available through the influenza surveillance system, the COVID-19 sentinel surveillance data may not be accurately portraying COVID-19 activity in our communities. Reporting of the COVID-19 Sentinel Surveillance data will be paused while HODH re-evaluates the program to ensure that the reported data are accurate and representative.

HDOH is continuing to monitor COVID-19 activity throughout the state. To learn more, please visit the Hawaii's COVID-19 data website ([here](#)). For more information on surveillance of COVID-19 activity in the United States please visit the CDC COVIDView website ([here](#)).

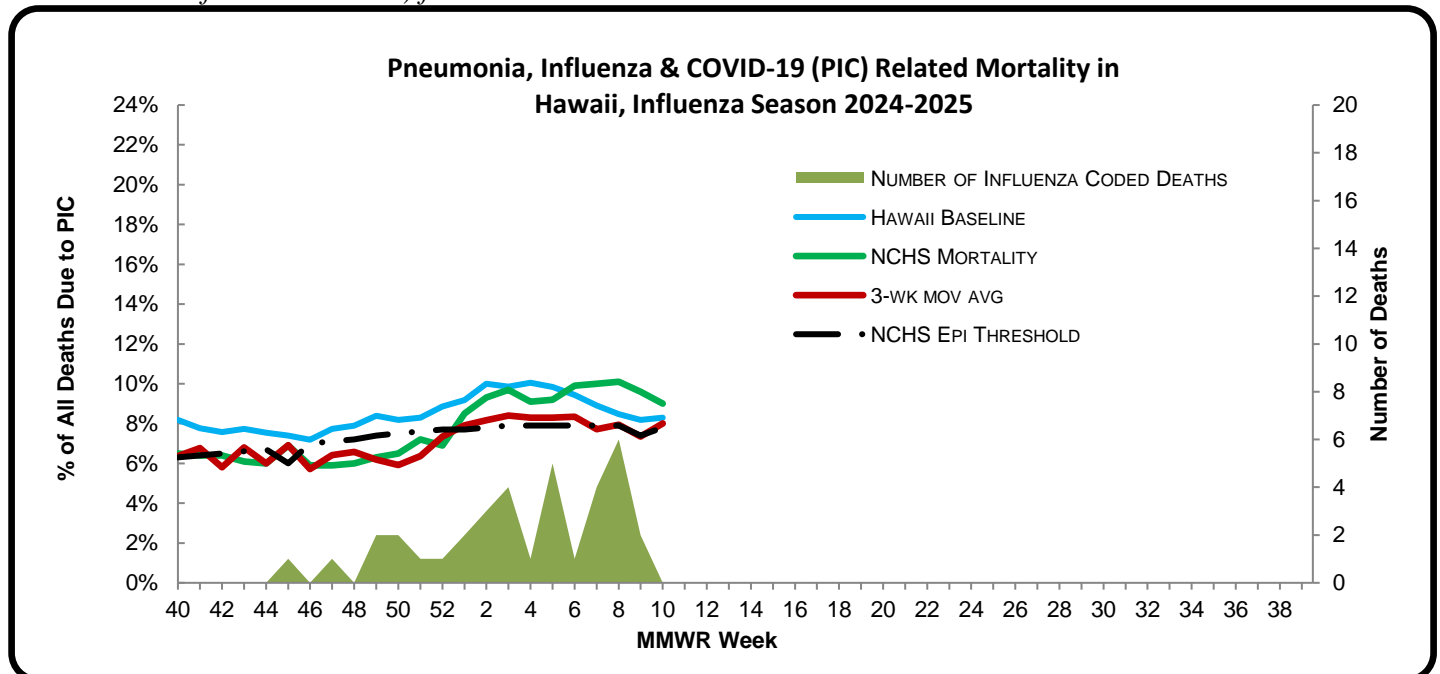
III. PNEUMONIA, INFLUENZA, AND COVID-19 (PIC) RELATED MORTALITY:

P&I mortality surveillance is collected by CDC through the National Center for Health Statistics (NCHS) using death certificate data. Each week the HDOH OHSM reports specific data from Honolulu to the CDC. CDC collects the following information by age group: the total number of deaths, total deaths from pneumonia, and total deaths related to influenza. Due to the ongoing COVID-19 pandemic, CDC included total deaths from COVID-19 by age group to the death data. Previous studies had suggested that P&I is a good indicator of influenza-related deaths; however, data has shown that pneumonia deaths associated with influenza is now being impacted by COVID-19 related pneumonia. Due to this, CDC had added COVID-19 deaths into P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification.

To standardize Hawaii's influenza surveillance with CDC influenza surveillance guidelines, PIC deaths will be reported in lieu of P&I. Hawaii's baseline will begin to include PIC deaths starting from 2019-2020 flu season.

For **week 10** of the current influenza season:

- **8.6%** of all deaths that occurred in Hawaii during week 10 were related to pneumonia, influenza or COVID-19 (PIC)¹¹. For the current season (season to date: **7.1%**), there have been 5,243 deaths from any cause, 375 of which were due to PIC¹².
- The PIC rate was comparable to the historical baseline in Hawaii¹³ (i.e., outside the 95% confidence interval). The Hawaii PIC rate was comparable to the CDC's National Center for Health Statistics (NCHS) PIC mortality¹⁴ (9.0%) (i.e., outside the 95% confidence interval) and comparable to the national epidemic threshold (7.8%) (i.e., inside the 95% confidence interval) for week 10.



¹¹ The percent of deaths due to PIC displayed on the graph is the 3-week moving averages.

¹² PIC data reflect 91.8% of the data reported for the MMWR week. Changes to data are expected when PIC data reaches 100% completion.

¹³ The Hawaii historical baseline (%PIC) is the average of 3-week moving averages over the preceding 10 flu seasons of historical data (2014-2015, 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024).

¹⁴ Each week, the vital statistics offices of 122 cities across the United States report the total number of death certificates processed and the number of those for which pneumonia, influenza, or COVID-19 was listed as the underlying or contributing cause of death by age group (Under 28 days, 28 days–1 year, 1–14 years, 15–24 years, 25–44 years, 45–64 years, 65–74 years, 75–84 years, and ≥85 years). The COVID-19 death counts reported by NCHS are provisional and will not match counts in other sources, such as media reports or numbers from health departments. COVID-19 deaths may be classified or defined differently in various reporting and surveillance systems. The percentage of deaths due to pneumonia, influenza, and COVID-19 (PIC) are compared with a seasonal baseline and epidemic threshold value calculated for each week.

INFLUENZA-ASSOCIATED PEDIATRIC DEATHS¹⁵:

- No new influenza-associated pediatric death was reported to Hawaii. There have been two influenza-associated pediatric deaths reported in Hawaii during the 2024–2025 season.
- Nationally, twenty new influenza-associated pediatric deaths were reported to CDC during week 10. (2024–2025 season total: 134).

IV. INFLUENZA WATCH: As part of a comprehensive influenza surveillance system and to prevent the spread of contagious respiratory diseases in humans, it is important to monitor all circulating influenza types. Several animal-origin influenza A subtypes are currently of interest: influenza A variant virus (H3N2v, H1N2v, and H1N1v) and Avian flu (H5N1 and H7N9). These types of influenza viruses may cause zoonotic (animal-associated) disease and are a public health concern.

A. VARIANT VIRUSES:

Influenza viruses that normally circulate in pigs are called “variant” viruses when they are found in people. These viruses were first identified in U.S. pigs in 2010. In 2011, 12 cases of H3N2v infection were detected in the United States. In 2012, 309 such cases (resulting in 16 hospitalizations and one death) across 12 states were detected, including one Hawaii case who recovered. Illness associated with H3N2v infection has been mostly mild with symptoms similar to those of seasonal flu. However, serious illness, resulting in hospitalization and death, has occurred in some cases. Most of these infections have been associated with prolonged exposure to pigs at agricultural fairs or similar settings. Limited human-to-human spread of this virus has been detected in the past, but no sustained community spread of H3N2v has been identified. More information regarding H3N2v, H1N1v, and H1N2v viruses may be found on the CDC website ([here](#)) and ([here](#)).

- *No variant or novel influenza infections have been reported to HDOH during the 2024-2025 influenza season.*
- *No new human infection with novel influenza A virus, H1N1v (0), H3N2v (0), and H1N2v (1), have been reported during the 2024-2025 influenza season.*

AVIAN (OR BIRD) INFLUENZA: These types of influenza viruses cause zoonotic (animal-associated) disease of public health concern and are therefore monitored globally by the WHO. Most avian influenza viruses do not cause disease in humans and are generally not easily transmissible between person to person, but a few subtypes may cross the species barrier and cause disease in humans. Avian influenza viruses may be of various subtypes, including H5N1, H5N2, H5N8, H7N3, H7N7, H7N8, H7N9, and H9N2. On January 15th, 2016, the USDA and APHIS reported detection of HPAI H7N8 in a commercial turkey flock in Indiana. There have been no associated human infections. This is the first detection of HPAI H7N8 in wild bird surveillance in the United States. More information, the risk assessment and recommendations for HPAI H7N8 can be found ([here](#)). The WHO, CDC, and other public health agencies have also been monitoring influenza H7N9, which represents a public health concern because of its high pandemic potential. Although H7N9 has not been detected in the United States, it remains a global concern given continuing epidemics in endemic countries. Since 2013, a total of 1,568 laboratory-confirmed cases of human infection with H7N9 viruses, including at least 613 deaths, have been reported to WHO. More information on H7N9 virus infections can be found ([here](#)). For more information regarding avian influenza, please visit the CDC ([here](#)) or the WHO ([here](#)) websites. WHO reports total number of cases and deaths related to laboratory-confirmed avian influenza viruses and posts current avian influenza case counts ([here](#)), which were last updated on **January 20, 2025**.

V. INFLUENZA Vaccine: Annual influenza vaccination is recommended for all persons aged 6 months and older and is the most effective way to reduce the risk of getting sick with seasonal flu and spreading it to others. Influenza

¹⁵ Influenza-associated deaths are considered pediatric in persons aged less than 18 years. It was made a nationally notifiable condition in October, 2004. All pediatric influenza-associated deaths are laboratory confirmed.

vaccination can reduce illnesses, visits to the doctor, influenza-related hospitalizations, and missed work and school days. Influenza vaccines become available by the end of October. It takes at least two weeks after vaccination to confer immunity against influenza virus infection. More information regarding influenza vaccination can be found ([here](#)).

A. Composition of the 2024–2025 Influenza Vaccine:

The composition of the 2024–2025 influenza vaccine has been updated to better match circulating influenza viruses. The Advisory Committee on Immunization Practices (ACIP) has recommended that the 2024-2025 influenza trivalent vaccine contain an influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus, influenza A/Massachusetts/18/2022 (H3N2)-like virus, and influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. United States cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus, an influenza A/Thailand/8/2022 (H3N2)-like virus, an influenza B/Austria/1359417/2021 (B/Victoria lineage)-like virus. These vaccine recommendations were based on several factors, including global influenza virologic and epidemiologic surveillance, genetic and antigenic characterization, human serology studies, antiviral susceptibility, and the availability of candidate influenza viruses.

APPENDIX 1: ADDITIONAL INFORMATION

For more information regarding local and national influenza surveillance programs, visit the following sites.

| | |
|---|---|
| Centers for Disease Control and Prevention | General Influenza National ILI and P&I Data Vaccine Virus Selection CDC Web Tool for Respiratory Viruses |
| Flu.gov | General Influenza Information |
| HDOH Flu and Pneumonia | General Influenza Surveillance Avian Influenza Respiratory Virus Dashboard To find out more information or join the sentinel physician program, email the Influenza Surveillance Coordinator |
| World Health Organization | General Global and Local Influenza Avian Influenza |

APPENDIX 2: MMWR WEEK DATES

Please refer to the table below to interpret data presented by MMWR week. Week 40 is considered the traditional start for the flu season for the Northern Hemisphere.

| MMWR WEEK | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------|------------|------------|------------|------------|------------|
| 1 | 1/9/2021 | 1/8/2022 | 1/7/2023 | 1/6/2024 | 1/4/2025 |
| 2 | 1/16/2021 | 1/15/2022 | 1/14/2023 | 1/13/2024 | 1/11/2025 |
| 3 | 1/23/2021 | 1/22/2022 | 1/21/2023 | 1/20/2024 | 1/18/2025 |
| 4 | 1/30/2021 | 1/29/2022 | 1/28/2023 | 1/27/2024 | 1/25/2025 |
| 5 | 2/6/2021 | 2/5/2022 | 2/4/2023 | 2/3/2024 | 2/1/2025 |
| 6 | 2/13/2021 | 2/12/2022 | 2/11/2023 | 2/10/2024 | 2/8/2025 |
| 7 | 2/20/2021 | 2/19/2022 | 2/18/2023 | 2/17/2024 | 2/15/2025 |
| 8 | 2/27/2021 | 2/26/2022 | 2/25/2023 | 2/24/2024 | 2/22/2025 |
| 9 | 3/6/2021 | 3/5/2022 | 3/4/2023 | 3/2/2024 | 3/1/2025 |
| 10 | 3/13/2021 | 3/12/2022 | 3/11/2023 | 3/9/2024 | 3/8/2025 |
| 11 | 3/20/2021 | 3/19/2022 | 3/18/2023 | 3/16/2024 | 3/15/2025 |
| 12 | 3/27/2021 | 3/26/2022 | 3/25/2023 | 3/23/2024 | 3/22/2025 |
| 13 | 4/3/2021 | 4/2/2022 | 4/1/2023 | 3/30/2024 | 3/29/2025 |
| 14 | 4/10/2021 | 4/9/2022 | 4/8/2023 | 4/6/2024 | 4/5/2025 |
| 15 | 4/17/2021 | 4/16/2022 | 4/15/2023 | 4/13/2024 | 4/12/2025 |
| 16 | 4/24/2021 | 4/23/2022 | 4/22/2023 | 4/20/2024 | 4/19/2025 |
| 17 | 5/1/2021 | 4/30/2022 | 4/29/2023 | 4/27/2024 | 4/26/2025 |
| 18 | 5/8/2021 | 5/7/2022 | 5/6/2023 | 5/4/2024 | 5/3/2025 |
| 19 | 5/15/2021 | 5/14/2022 | 5/13/2023 | 5/11/2024 | 5/10/2025 |
| 20 | 5/22/2021 | 5/21/2022 | 5/20/2023 | 5/18/2024 | 5/17/2025 |
| 21 | 5/29/2021 | 5/28/2022 | 5/27/2023 | 5/25/2024 | 5/24/2025 |
| 22 | 6/5/2021 | 6/4/2022 | 6/3/2023 | 6/1/2024 | 5/31/2025 |
| 23 | 6/12/2021 | 6/11/2022 | 6/10/2023 | 6/8/2024 | 6/7/2025 |
| 24 | 6/19/2021 | 6/18/2022 | 6/17/2023 | 6/15/2024 | 6/14/2025 |
| 25 | 6/26/2021 | 6/25/2022 | 6/24/2023 | 6/22/2024 | 6/21/2025 |
| 26 | 7/3/2021 | 7/2/2022 | 7/1/2023 | 6/29/2024 | 6/28/2025 |
| 27 | 7/10/2021 | 7/9/2022 | 7/8/2023 | 7/6/2024 | 7/5/2025 |
| 28 | 7/17/2021 | 7/16/2022 | 7/15/2023 | 7/13/2024 | 7/12/2025 |
| 29 | 7/24/2021 | 7/23/2022 | 7/22/2023 | 7/20/2024 | 7/19/2025 |
| 30 | 7/31/2021 | 7/30/2022 | 7/29/2023 | 7/27/2024 | 7/26/2025 |
| 31 | 8/7/2021 | 8/6/2022 | 8/5/2023 | 8/3/2024 | 8/2/2025 |
| 32 | 8/14/2021 | 8/13/2022 | 8/12/2023 | 8/10/2024 | 8/9/2025 |
| 33 | 8/21/2021 | 8/20/2022 | 8/19/2023 | 8/17/2024 | 8/16/2025 |
| 34 | 8/28/2021 | 8/27/2022 | 8/26/2023 | 8/24/2024 | 8/23/2025 |
| 35 | 9/4/2021 | 9/3/2022 | 9/2/2023 | 8/31/2024 | 8/30/2025 |
| 36 | 9/11/2021 | 9/10/2022 | 9/9/2023 | 9/7/2024 | 9/6/2025 |
| 37 | 9/18/2021 | 9/17/2022 | 9/16/2023 | 9/14/2024 | 9/13/2025 |
| 38 | 9/25/2021 | 9/24/2022 | 9/23/2023 | 9/21/2024 | 9/20/2025 |
| 39 | 10/2/2021 | 10/1/2022 | 9/30/2023 | 9/28/2024 | 9/27/2025 |
| 40 | 10/9/2021 | 10/8/2022 | 10/7/2023 | 10/5/2024 | 10/4/2025 |
| 41 | 10/16/2021 | 10/15/2022 | 10/14/2023 | 10/12/2024 | 10/11/2025 |
| 42 | 10/23/2021 | 10/22/2022 | 10/21/2023 | 10/19/2024 | 10/18/2025 |
| 43 | 10/30/2021 | 10/29/2022 | 10/28/2023 | 10/26/2024 | 10/25/2025 |
| 44 | 11/6/2021 | 11/5/2022 | 11/4/2023 | 11/2/2024 | 11/1/2025 |
| 45 | 11/13/2021 | 11/12/2022 | 11/11/2023 | 11/9/2024 | 11/8/2025 |
| 46 | 11/20/2021 | 11/19/2022 | 11/18/2023 | 11/16/2024 | 11/15/2025 |
| 47 | 11/27/2021 | 11/26/2022 | 11/25/2023 | 11/23/2024 | 11/22/2025 |
| 48 | 12/4/2021 | 12/3/2022 | 12/2/2023 | 11/30/2024 | 11/29/2025 |
| 49 | 12/11/2021 | 12/10/2022 | 12/9/2023 | 12/7/2024 | 12/6/2025 |
| 50 | 12/18/2021 | 12/17/2022 | 12/16/2023 | 12/14/2024 | 12/13/2025 |
| 51 | 12/25/2021 | 12/24/2022 | 12/23/2023 | 12/21/2024 | 12/20/2025 |
| 52 | 1/1/2022 | 12/31/2022 | 12/30/2023 | 12/28/2024 | 12/27/2025 |