

KEY FINDINGS

Flu activity in the US is increasing, including indicators that track hospitalizations.

Combined cases of COVID-19 and the flu are immensely pressuring health systems, compounded by staffing shortages.



Global Security Intelligence

GSI COVID-19/Seasonal Influenza Report

KEY FINDINGS

Dual infection commonly occurs. Last season (2020-21), COVID containment measures, record rates of flu vaccinations, and suspended flu reporting mitigated the risk to the public's health.

Flu activity for the 2021-22 season appears to be on track with pre-COVID seasons.

Last season (2020-21), COVID-19 pandemic containment measures mitigated the combined threat of seasonal flu and COVID-19. Major transmission routes for the flu, such as public schools and business offices, remained closed, and regulations restricted restaurant and retail capacities. States are now easing COVID-19 precautions, and the risk of contracting both flu and coronavirus is increasing. Dual infection is not uncommon; however, last year's absence of a *normal* flu season may have prevented residents from acquiring natural immunity, making the public exceptionally vulnerable to flu this season. The combination of the highly contagious Omicron and Delta variants, on top of the regular flu season, is putting healthcare systems and staff under unsustainable pressure. Officials anticipate major disruptions of essential services if cases continue to rise.

FLU BY THE NUMBERS

US CDC estimates annually the seasonal flu results in:

9M – 41M

flu-related illnesses

140K–710K

hospitalizations

12K – 52K

deaths

** Data is for 2010 through 2021.

Source: Annual Burden of Flu

COVID BY THE NUMBERS

Since the onset of COVID, the US recorded:

57M+

confirmed cases

7.5M

hospitalizations*

830,132

deaths

**Data is for February 2020 through

September 2021. Source: Johns Hopkins

CURRENT FLU SITUATION IN THE US

Flu activity is increasing, including indicators that track hospitalizations. Virologic surveillance systems show an overall lower rate of influenza activity compared to the same time in the four seasons preceding the COVID pandemic. The flu is unpredictable, with infections, hospitalizations, and deaths varying from season to season and region to region. Traditionally, the winter flu season begins in November and peaks around February. This implies the incidence rate is likely to continue an upward trend. Mathematical modeling projects more cases of the flu are likely to be reported in January in the United States than in any previous month; however, health officials expect only a small number of cases to be admitted to hospitals.

CURRENT COVID-19 SITUATION IN THE US

The number of COVID-19 patients in US hospitals is overwhelming, where staffing shortages place employees under significant pressure. Even without the added pressure of COVID-19, health systems face massive challenges in managing the estimated eight percent of the US population who get sick with flu each year. This season (2021-22), systems face significantly more pressure as infections fueled by the Omicron variant increase acute hospital bed occupancy. Meanwhile, the Delta variant is still circulating and responsible for most breakthrough infections and new patients admitted to ICUs. While Omicron is causing a record number of infections, officials hope that vaccines, boosters, and prior infections due to other variants will protect the public from the worst effects of the virus. In response to soaring COVID-19 infections, some hospitals have activated crisis protocols delaying elective surgeries, and redirecting staff.

On January 7, the World Health Organization reported the number of COVID-19 cases driven by Omicron has increased in the Americas by 100 percent.

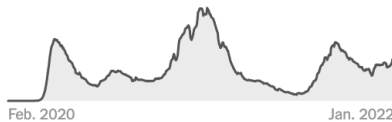
CONGRUENT FLU AND COVID

Besides the expected uptick in seasonal flu, the recent tsunami of COVID cases is overwhelming health care systems around the world. Healthcare services face massive staffing shortages; however, healthcare is not the only sector to face disruptions. “If teachers test positive and schools move to remote instruction; if flights, subways and buses are disrupted because of a lack of workers, or if elective surgeries are postponed because of staffing shortages,” operations and public safety are jeopardized. On top of these issues, symptoms for flu and COVID-19 are so similar that many healthcare professionals misdiagnose patients. The infectiousness of Omicron has many patients who arrive at hospitals for treatment of other conditions, also test positive for the Omicron variant.

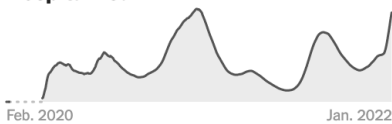
SUMMARY

The 2021-22 flu season appears to be on track with past seasons in terms of flu activity. In recent days, illnesses associated with influenza and flu-positive tests have increased in some states while remaining mild in others. The increase is especially noticeable when data is compared to the unusually low 2020-2021 influenza season, which coincided with the onset of the COVID-19 pandemic. Despite media reports, the flu did not disappear when COVID-19 emerged, but data collection and surveillance stalled as the world’s focus shifted away from seasonal flu toward COVID-19. So far, the 2021-22 flu season appears to be on track with past seasons in terms of flu activity. The number of people visiting their doctor or hospitalized for respiratory illness associated with flu is also rising. If flu activity was really lower during the 2020-21 season, public vulnerability to the flu will likely increase this season.

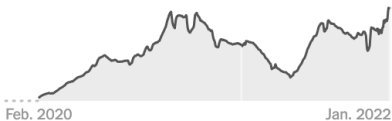
Deaths



Hospitalized

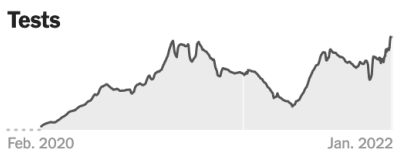
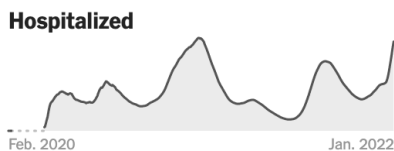
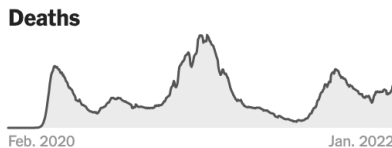


Tests



ABOVE:
COVID-19 cases in the US for the past 90 days. Source: New York Times COVID Trakcer

Based on historic trends, flu in the Northern Hemisphere follows a similar pattern as flu in the Southern Hemisphere. Therefore, experts project an “inter-seasonal level” of influenza activity for the current 2021-2022 season.



ABOVE:
COVID-19 cases in the US for the past 90 days. Source: New York Times COVID Trakcer

Flu in the Northern Hemisphere historically follows a similar pattern as flu in the Southern Hemisphere. Scientists typically monitor the Southern Hemisphere flu season to support predictions about the upcoming season in the Northern Hemisphere. The most recent WHO global flu update, [reveals](#) the 2021 Southern Hemisphere seasonal influenza activity remained at “inter-seasonal level” with test positivity in most regions at 10 percent or less (compared to 21-30 percent in the Southern Hemisphere in 2019). This implies the traditional Southern Hemisphere seasonal influenza epidemic “never really emerged” in 2021, much like the year before, according to the WHO.

The 2021-21 flu season is an outlier and is mostly excluded from consideration. Cases recorded during the 2020-21 flu season were [unusually low](#), with officials attributing COVID-19 pandemic restrictions, a [record](#) number of flu vaccine doses distributed, and suspended surveillance and reporting. The CDC develops estimates [based](#) on rates of laboratory-confirmed, flu-associated hospitalizations, making it harder to compare numbers from year to year, especially if fewer people go to the doctor to avoid getting COVID-19. Additionally, the 2020-21 season [showed](#) fewer flu strains circulating. However, experts are not convinced other strains were just not detected due to limited sampling of the virus, as attention was directed toward COVID-19. If this is the case, the flu vaccine could be less effective moving into the next (2021-22) season, which in turn could result in a larger incidence rate.

The US CDC also [warned](#) that the “absence” of the seasonal flu epidemic in 2020-21 could cause an early and possibly severe 2021-2022 season; however, officials have presented no evidence to support this claim. As restrictions ease and people increasingly resume everyday activities, confirmed cases of the flu and COVID-19 are likely to rise.