Florida Flu Review

Season: 2026-27

Week 44: November 1, 2026–November 7, 2026

Data are provisional and subject to change

Flu season information

Influenza (flu) is a respiratory infection caused by a variety of flu viruses spread primarily by droplets made when infected people cough, sneeze, or talk. Less often, a person might become infected with flu by touching a surface or object contaminated with flu virus and then touching their own mouth, eyes, or nose. Influenza-like illness (ILI) is defined as the presence of fever and cough or fever and sore throat without a laboratory-confirmed etiology.

Season

The flu reporting year uses standard reporting weeks outlined by the U.S. Centers for Disease Control and Prevention (CDC), where every year has 52 or 53 reporting weeks. Though flu season ends May 22, 2027 (week 20), surveillance continues year round. Seasons vary in timing, severity, and duration. It is not possible to predict what each flu season will be like in Florida.

Surveillance and investigation

Surveillance is conducted to detect changes in the flu virus to help determine the annual northern hemisphere vaccine composition. Surveillance is also conducted to identify any unusually severe presentations of flu, detect outbreaks and determine the onset, peak, and wane of the flu season to assist with prevention, particularly in high-risk populations like the very young, adults aged ≥65 years, and pregnant women.

Individual cases are not reportable in Florida with the exception of novel flu A (a new subtype of flu A) and flu-associated pediatric deaths. All outbreaks are reportable in Florida.

The Florida Department of Health (DOH) will continue to make updates on the trends presented in this report as needed.

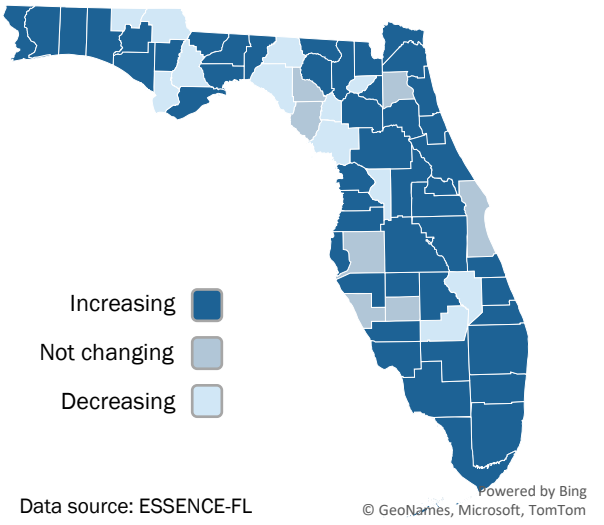
Current predominant strain	Flu positivity rate*
Influenza A H1N1 2009 Pandemic	**Increased**

Flu emergency department visits*	Outbreaks in the current week**
Increased	**0**

*Trend based on comparison to previous 3-week average.

**No counties with outbreaks in current week.

County flu and ILI activity trend



Data source: ESSENCE-FL

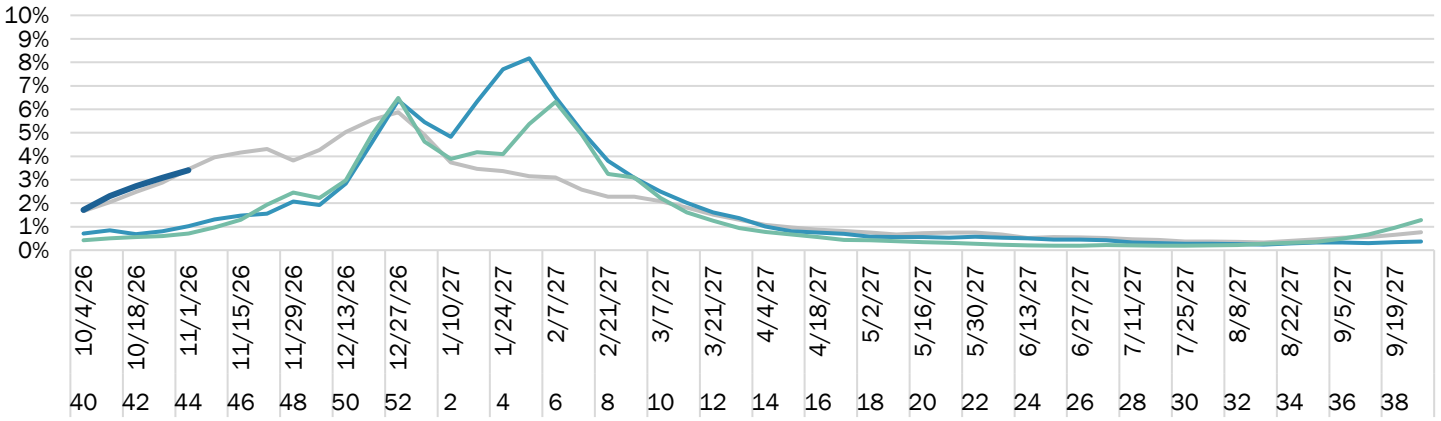
CDC recommends antiviral treatment be initiated as soon as possible for people with confirmed or suspected flu who are at higher risk for complications (children <2 years, adults ≥65 years, pregnant women, and people with underlying medical conditions). Treatment should be administered within 48 hours of illness onset. For more information, contact your health care provider.

Flu and ILI surveillance

Figures below show flu and ILI visit data from emergency departments (EDs) participating in ESSENCE-FL and ILI patient data from ILINet providers statewide for the current year and the previous 3 years. Data is calculated based on comparison of the current year's week visit percentage to the previous 3-week average.

2023-24 | 2024-25 | 2025-26 | 2026-27

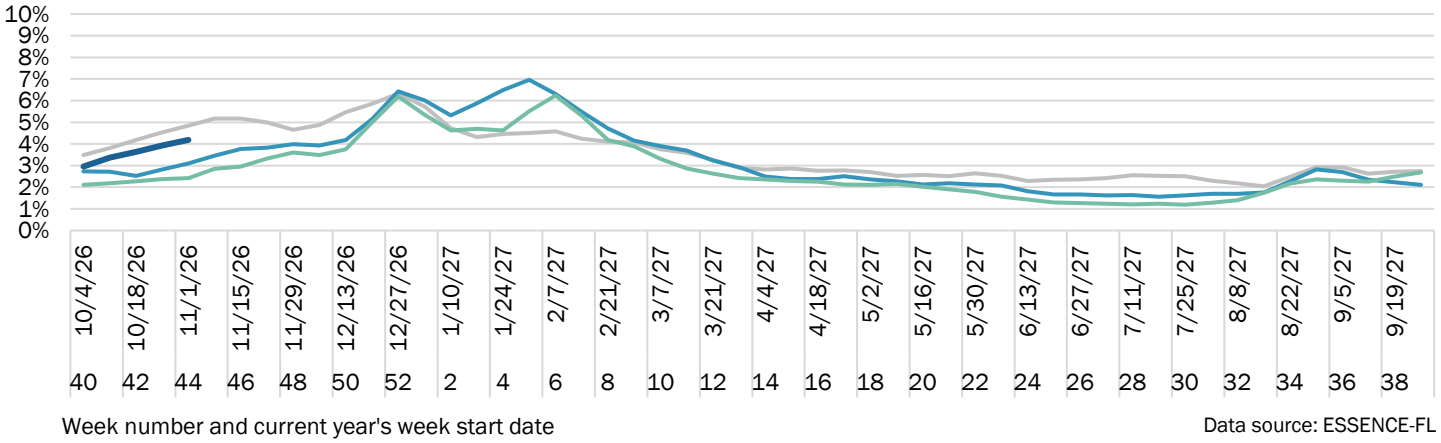
Figure 1: Percent of ED visits with discharge diagnoses (DDs) of flu increased from previous 3-week average



Week number and current year's week start date

Data source: ESSENCE-FL

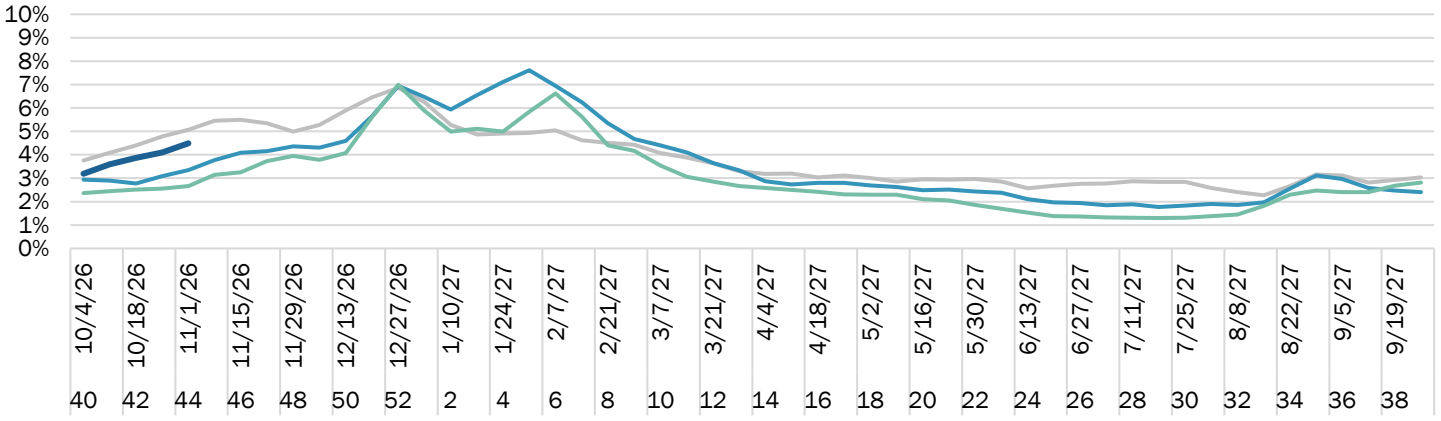
Figure 2: Percent of ED visits with chief complaints of ILI increased from previous 3-week average



Week number and current year's week start date

Data source: ESSENCE-FL

Figure 3: Percent of patients with ILI reported by ILINet providers increased from previous 3-week average



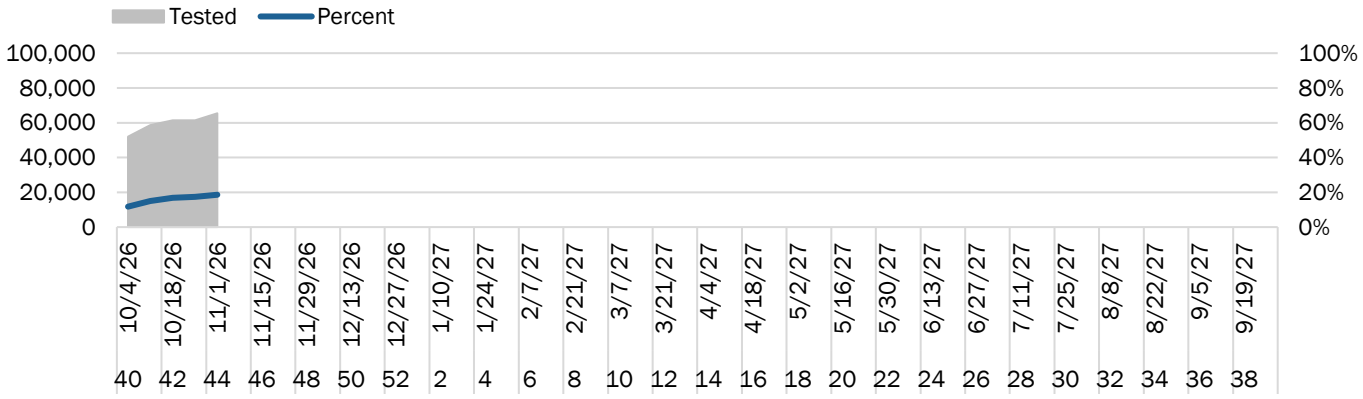
Week number and current year's week start date

Data source: ILINet data

Flu laboratory surveillance

Figure 4: Number of specimens tested and percent positive for flu for the current flu year

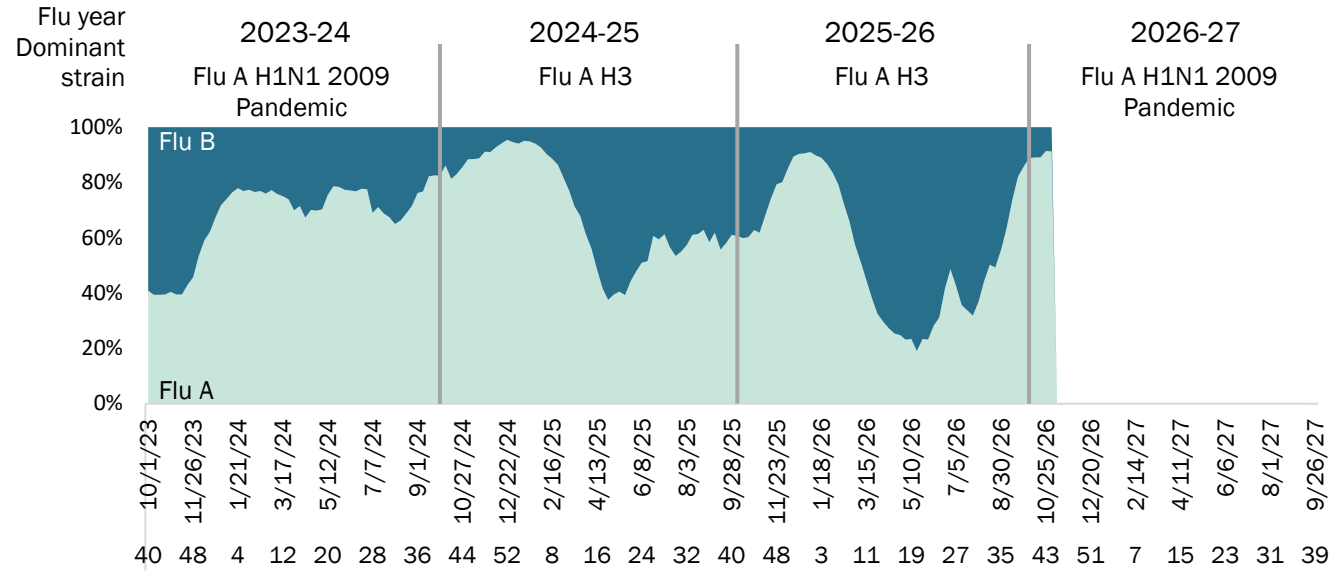
The most recent weeks may be incomplete since data are aggregated by the earliest date associated with the lab result.



Week number and start date

Data source: Merlin lab data

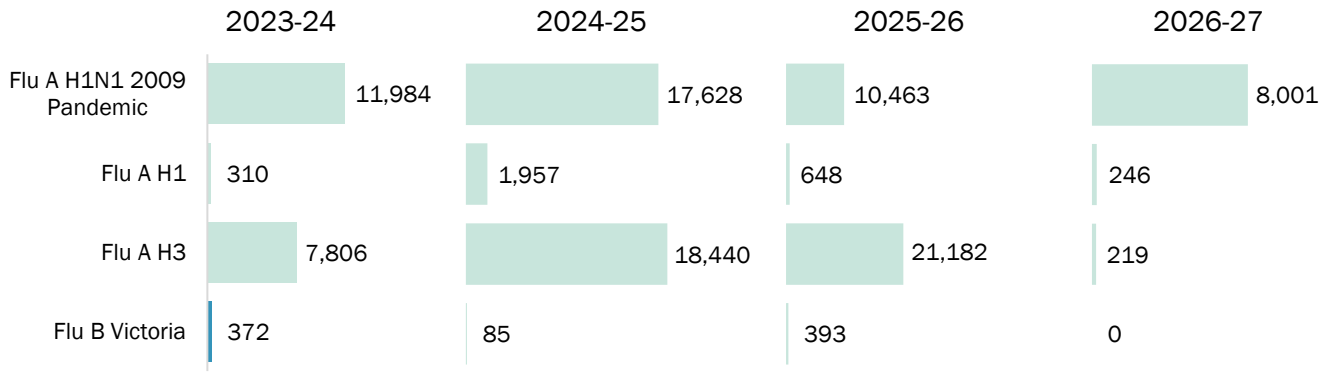
Figure 5: Distribution of flu A and B for the current flu year and the previous 3 years



Week number and start date

Data source: Merlin lab data

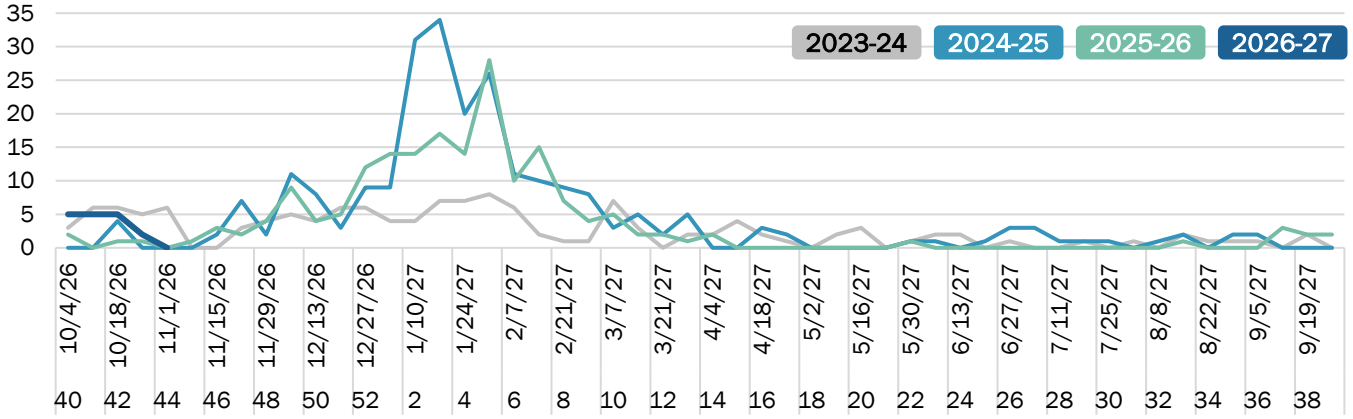
Figure 6: Distribution of subtypes and lineages for the current flu year and the previous 3 years



Flu and ILI outbreaks

Since the 2023-24 season, flu activity has steadily aligned with historical, pre-2020 trends. While the 2025-26 season saw slightly lower numbers in activity compared to the previous season, it maintained a highly similar trajectory, further emphasizing a return to trends observed pre-2020. Shifts in activity are ongoing and continuously monitored each season to track changes in patterns.

Figure 7: Flu and ILI outbreaks during the current flu year and previous 3 years

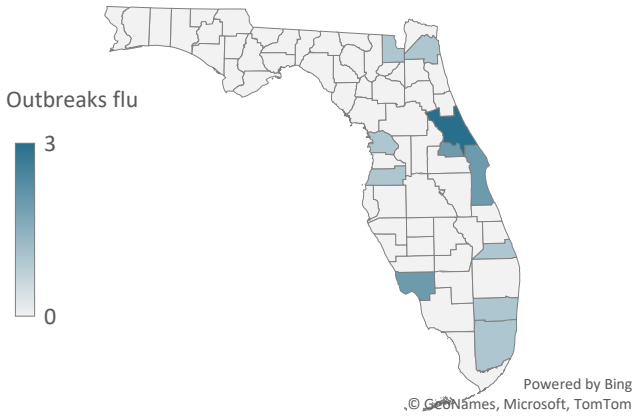


Week number and current year's week start date

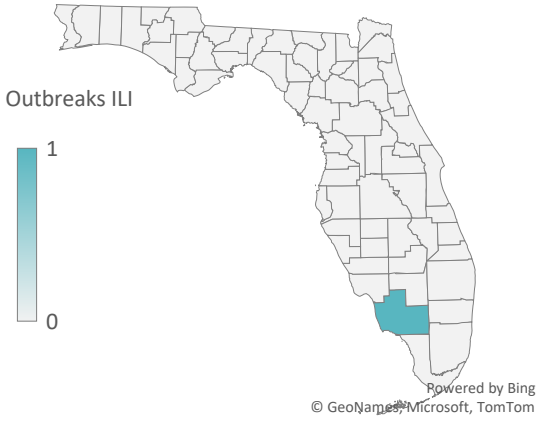
Data source: Merlin outbreak data

Figure 8: Number of flu and ILI outbreaks during the current flu year by county

Flu: 0 new outbreaks in the current week



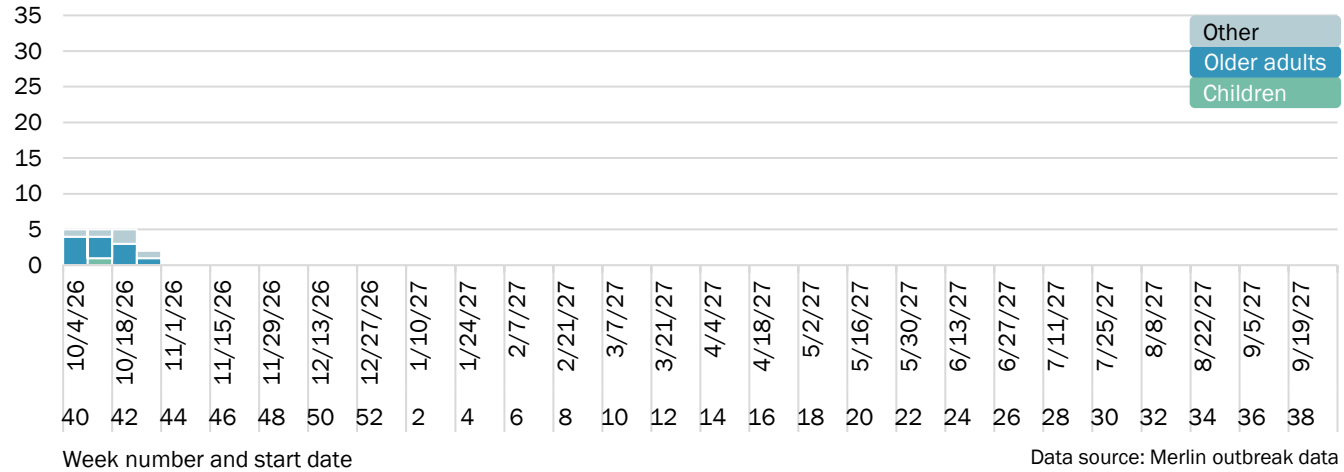
ILI: 0 new outbreaks in the current week



No counties with outbreaks in current week.

Data source: Merlin outbreak data

Figure 9: Number of flu and ILI outbreaks by facility's primary age group served for the current flu year



Week number and start date

Data source: Merlin outbreak data

Regional flu activity

Figures below show the percent of ED visits with a DD of flu for facilities participating in ESSENCE-FL by region for the current flu year and the previous 3-year average.

Previous 3-year average | 2026-27

Figure 10: ED visits in northwest region 1 increased

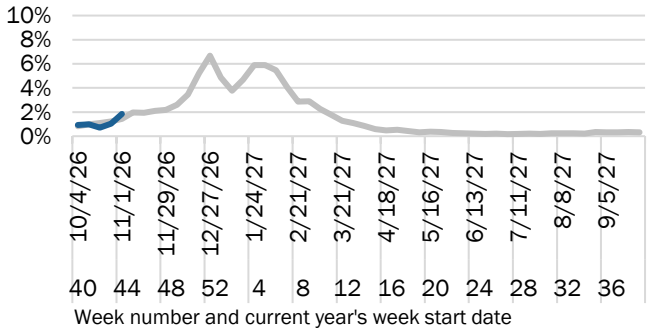


Figure 11: ED visits in north central region 2 increased

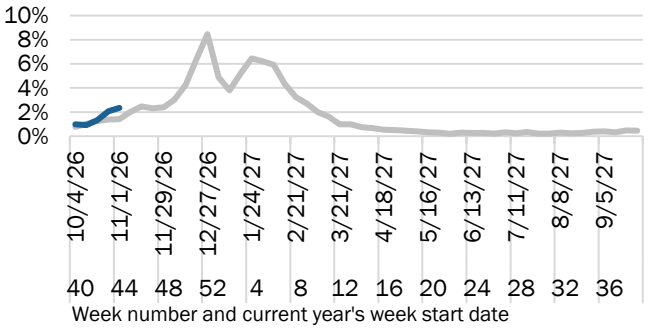


Figure 12: ED visits in northeast region 3 increased

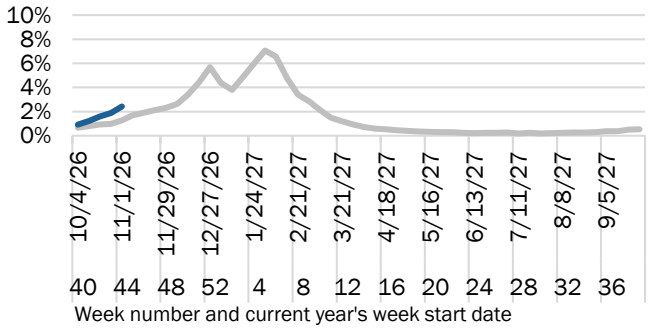


Figure 13: ED visits in central west region 4 increased

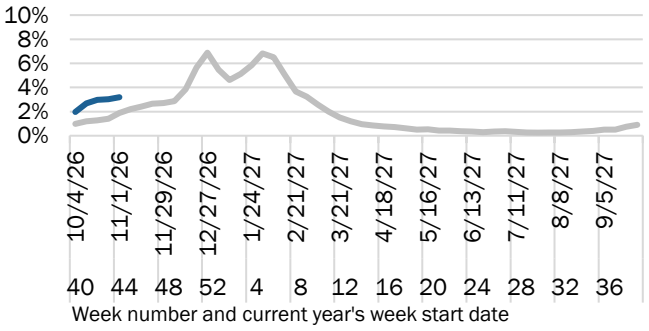


Figure 14: ED visits in central east region 5 increased

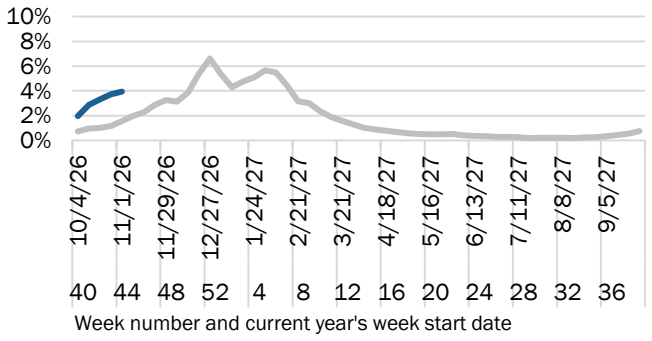


Figure 15: ED visits in southwest region 6 increased

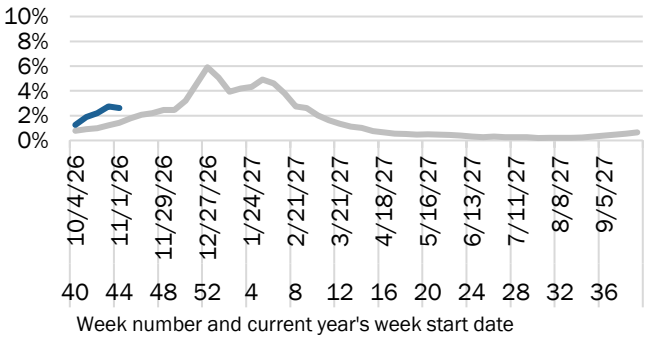


Figure 16: ED visits in southeast region 7 increased

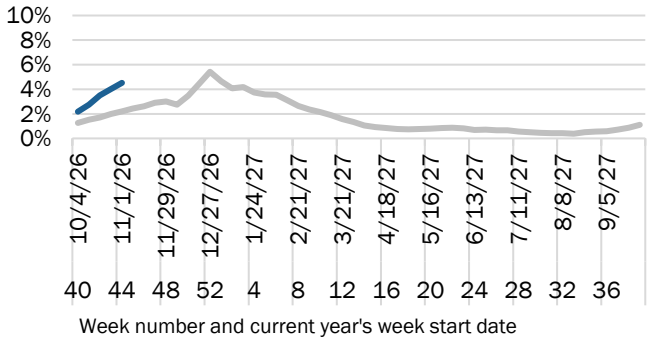
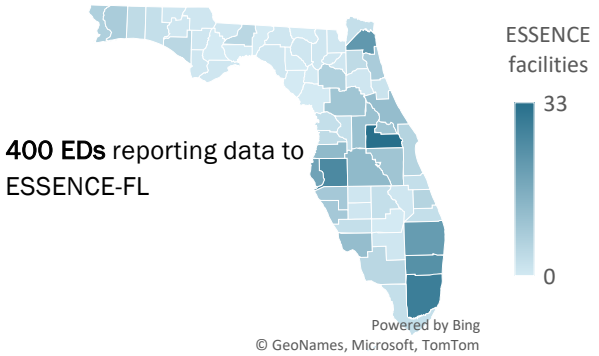


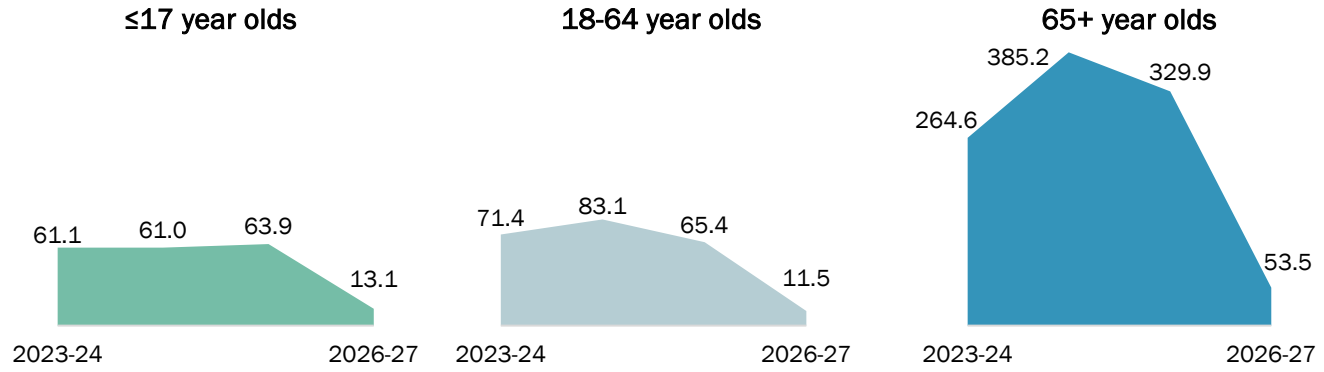
Figure 17: Facilities reporting data to ESSENCE-FL



Outcomes of flu

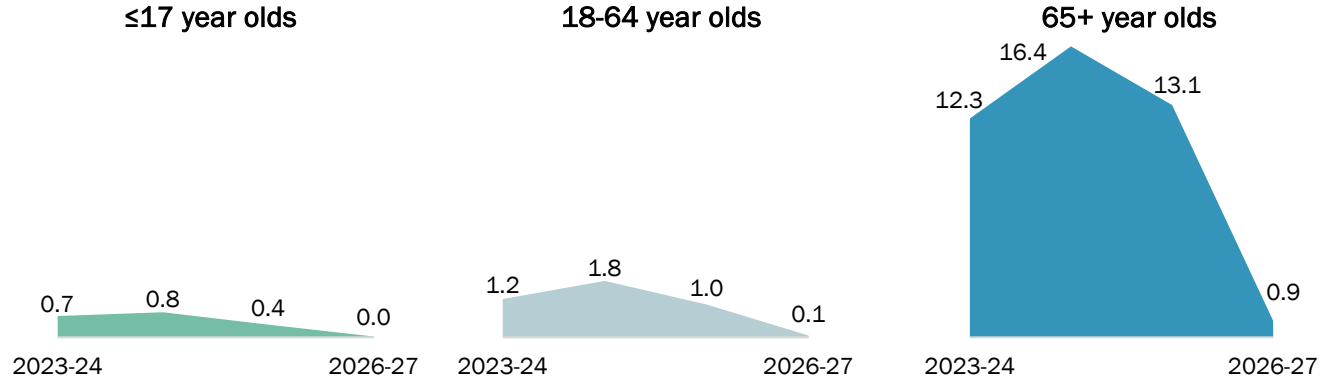
Data for the current year include hospitalizations and deaths since Week 40, 2026 (October 4, 2026). Previous years include the full year of data.

Figure 18: Hospital admissions with flu diagnoses per 100,000 population for the current flu year and previous 3 years by age group



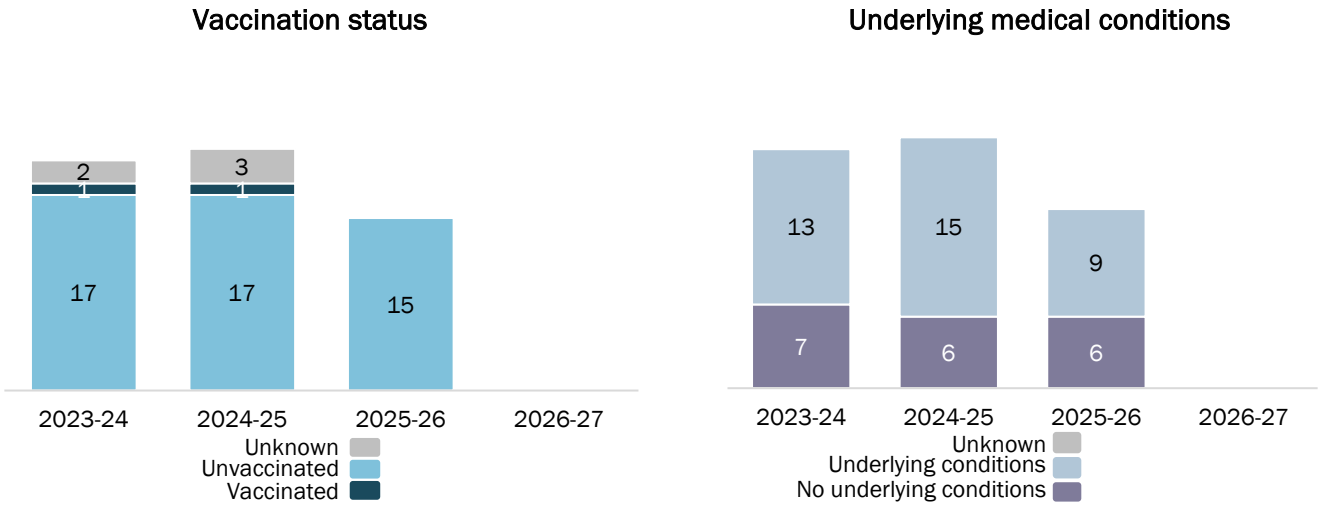
Data source: ESSENCE-FL

Figure 19: Deaths per 100,000 population for the current flu year and previous 3 years by age group



Data source: Vital Statistics death certificate data

Figure 20: Flu-associated pediatric deaths by vaccination status and underlying medical condition status for the current flu year and previous 3 years



Data source: Merlin case data for flu-associated pediatric deaths

Data source notes

All data are preliminary and subject to change.

ESSENCE-FL

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) evaluates trends in flu and flu-related visits from EDs, free-standing emergency departments (FSEDs), and urgent care centers (UCCs). Facilities are continually onboarded in ESSENCE-FL, meaning the denominator updates with the most available data by flu year. This report includes only patients residing in Florida.

DDs of flu: people visiting participating EDs and FSEDs who have a DD of flu (with exclusions for vaccination, parainfluenza, and Haemophilus influenzae). Florida developed the query. This is presented in the report as a percentage of all visits to participating EDs and FSEDs for the week.

Chief complaints (CCs) of ILI: people visiting participating EDs and FSEDs whose CCs include the words "influenza" or "flu." The query also searches for key words such as "fever" and ("cough" or "sore throat"). ILI is a defined syndrome within ESSENCE-FL. Report figures are a percentage of all visits to participating EDs and FSEDs for the week.

Hospital admissions with flu diagnoses: people who were hospitalized with a DD of flu (with exclusions for vaccination, parainfluenza, and Haemophilus influenzae). Florida developed the query. Only data from EDs are included in these figures. Report figures use a rate per 100,000 population.

U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)

ILINet is a nationwide surveillance system composed of sentinel providers, predominately outpatient health care providers. In Florida, the majority of our sentinel providers are hospital facilities and EDs/FSEDs. Sentinel providers that are enrolled in ILINet submit weekly ILI counts and total visit counts, in addition to submitting ILI specimens to the DOH's Bureau of Public Health Laboratories (DOH-BPHL) for virologic surveillance. Health care providers that are interested in enrolling in ILINet, contact your local county health department (CHD).

Merlin lab data

All flu results, including positive and negative, are reportable in Florida for all laboratories participating in electronic laboratory reporting. While many laboratories can distinguish between flu A and flu B, further subtyping is conducted primarily by the DOH-BPHL. The DOH-BPHL performs testing and subtyping on surveillance specimens from sentinel providers, outbreak investigations, patients with severe or unusual influenza presentations, and medical examiners. Since only positive results are subtyped, only a small proportion of lab results are subtype results. Some laboratories also routinely submit pre-screened influenza-positive specimens for testing at the DOH-BPHL for surveillance purposes.

Merlin outbreak data

Flu and ILI outbreaks are reportable in Florida. Reported outbreaks are investigated and documented in Merlin by local CHDs to track activity throughout the year compared to previous years.

ILI outbreaks are defined by setting type using the ILI symptom definition: either fever and cough or fever and sore throat without an established etiology. Definitions by setting type include:

> **Facilities serving adults ≥65 years** (long-term care facilities (LTCFs) [nursing homes and skilled nursing facilities] and other long-term care facilities (OLTCFs) [assisted living facilities and intermediate care facilities for individuals with intellectual disabilities (ALFs & ICFs/IIDs)]): ≥2 ill individuals with ILI symptoms within 72 hours, in the absence of positive laboratory results.
> **Facilities serving children** (primary/secondary schools and daycares): ≥3 ill individuals with ILI symptoms within 72 hours who are epidemiologically linked (see below for definition), in the absence of positive laboratory results.
> **Other settings**: ≥2 ill individuals with ILI symptoms within 72 hours, in the absence of positive laboratory results.

Data source notes

Flu outbreaks are defined by setting type with at least one individual testing positive for flu. These can inculde outbreaks with multiple etiologies where flu was identified. Definitions by setting type include:

> **Facilities serving adults ≥65 years** (LTCFs [nursing homes and skilled nursing facilities] and OLTCFs [ALFs & ICFs/IIDs]): ≥2 ill individuals with ILI symptoms within 72 hours, where ≥1 individual tests positive for flu.
> **Facilities serving children** (primary/secondary schools and daycares): ≥3 ill individuals with ILI symptoms within 72 hours who are epidemiologically linked (see below for definition), where ≥1 individual tests positive for flu.
> **Other settings**: ≥2 ill individuals with ILI symptoms within 72 hours, where ≥1 individual tests positive for flu.

Household clusters are not counted as outbreaks.

Epidemiological linkage: individuals were present in the setting during the same time period (e.g., same classroom) and there is not a more likely source of exposure for identified cases (e.g., same household).

Merlin case data for flu-associated pediatric deaths

Flu-associated pediatric deaths are reportable in Florida and are defined as a child <18 years old with clinically compatible symptoms and a laboratory-confirmed flu infection identified as a contributing factor to the child's death. Deaths are aggregated by date of death.

Death certificate data are queried for the terms influenza, flu, H1N1, and ICD9/ICD10 codes J09, J10, J11. Deaths with any of these terms are excluded: coronavirus, COVID, SARS, aspir, pneumonitis, parainfluenza, influenzae, and ICD9/ICD10 codes U07.1 and U071. Deaths are aggregated by date of death. Prior to the 2021-22 year, deaths were aggregated by date of notification of death. Report figures use a rate per 100,000 population.

Flu and ILI activity trends

The following criteria are used to assess trend for flu and ILI emergency department visits and lab positivity.

Increasing: current week is >0.001 higher than the previous 3-week average (i.e., 0.1%)

Decreasing: current week is >0.001 lower than the previous 3-week average

No change: current week is within +/-0.001 of the previous 3-week average

The "increase" or "decrease" of the current week's data is in comparison to the previous 3-week average, not just comparison to the previous week, which could have a different trend direction.