Influenza & Other Respiratory Viruses Surveillance Report

2026-2027 Season

Week 44 ending November 07, 2026

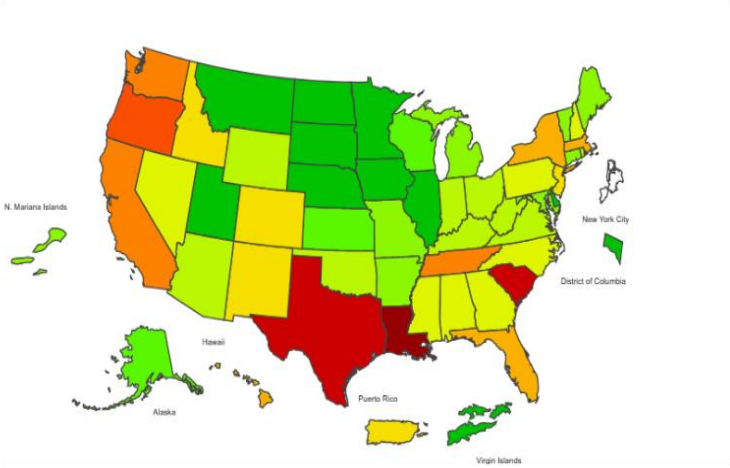
Viral Respiratory Disease Surveillance Program

Infectious Disease Epidemiology

LOUISIANA DEPARTMENT OF HEALTH

ILI Activity

Minimal			Low		Moderate		High			Very High		
1	2	3	4	5	6	7	8	9	10	11	12	13



Key Updates

ILI: 7.2 % *Above regional baseline* ↑

Flu Percent Positivity: 16.9 % ↑

Flu-associated Mortality: →

5 pediatric deaths have been reported in the U.S. this season; 0 pediatric deaths have occurred in Louisiana.

RSV Season: OFF

The Louisiana Respiratory Virus Dashboard visualizes trends in Louisiana for COVID-19, influenza, and respiratory syncytial virus (RSV) including emergency department visit data, laboratory surveillance data, hospitalization data, and death data. This report provides supplemental surveillance and historical data for the three conditions and non-influenza respiratory viruses.

Page 2 - Influenza activity and laboratory surveillance

Page 3 - Influenza mortality data and COVID-like illness activity

Page 4 - RSV activity

Page 5 - Clinical Testing Summary & non-influenza respiratory virus surveillance

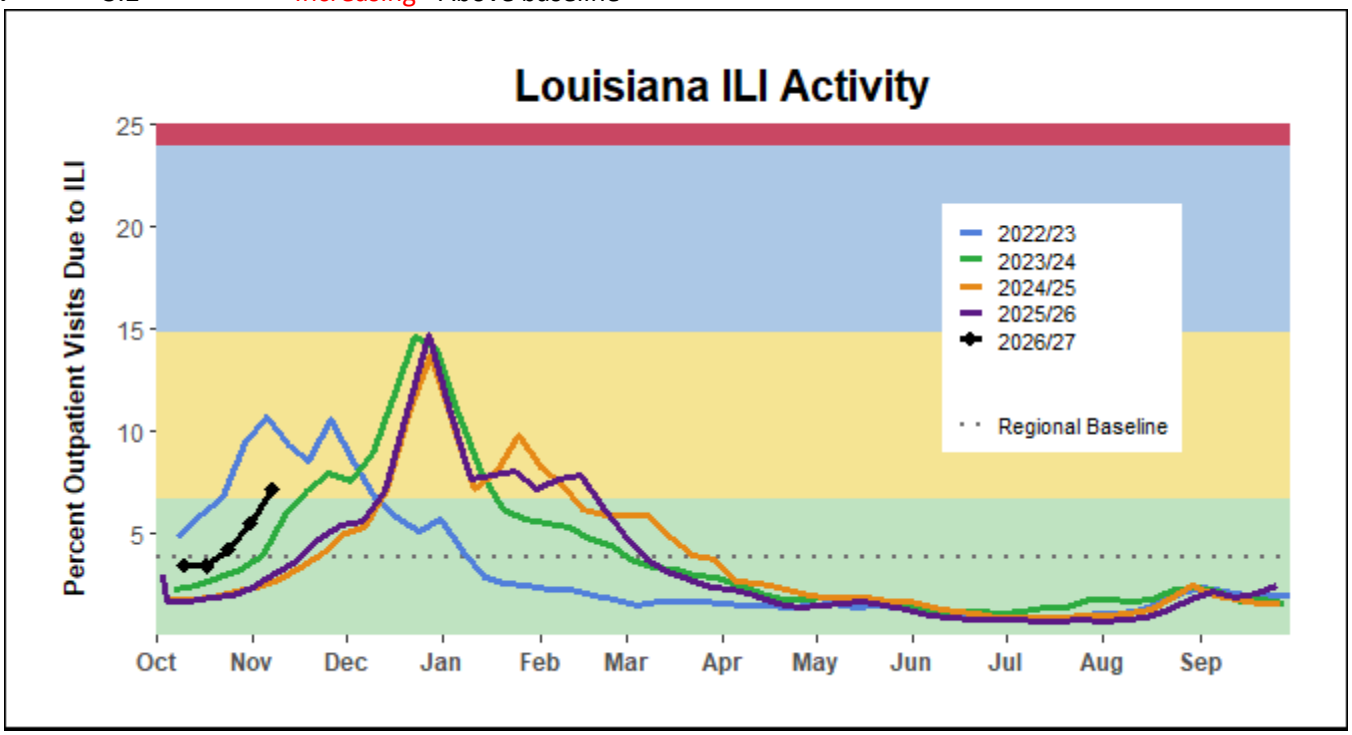
Page 6 - Methodology

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Note: *This report includes data from numerous sources and should be viewed as preliminary each surveillance week. The information may be updated in future reports as additional data are received.*

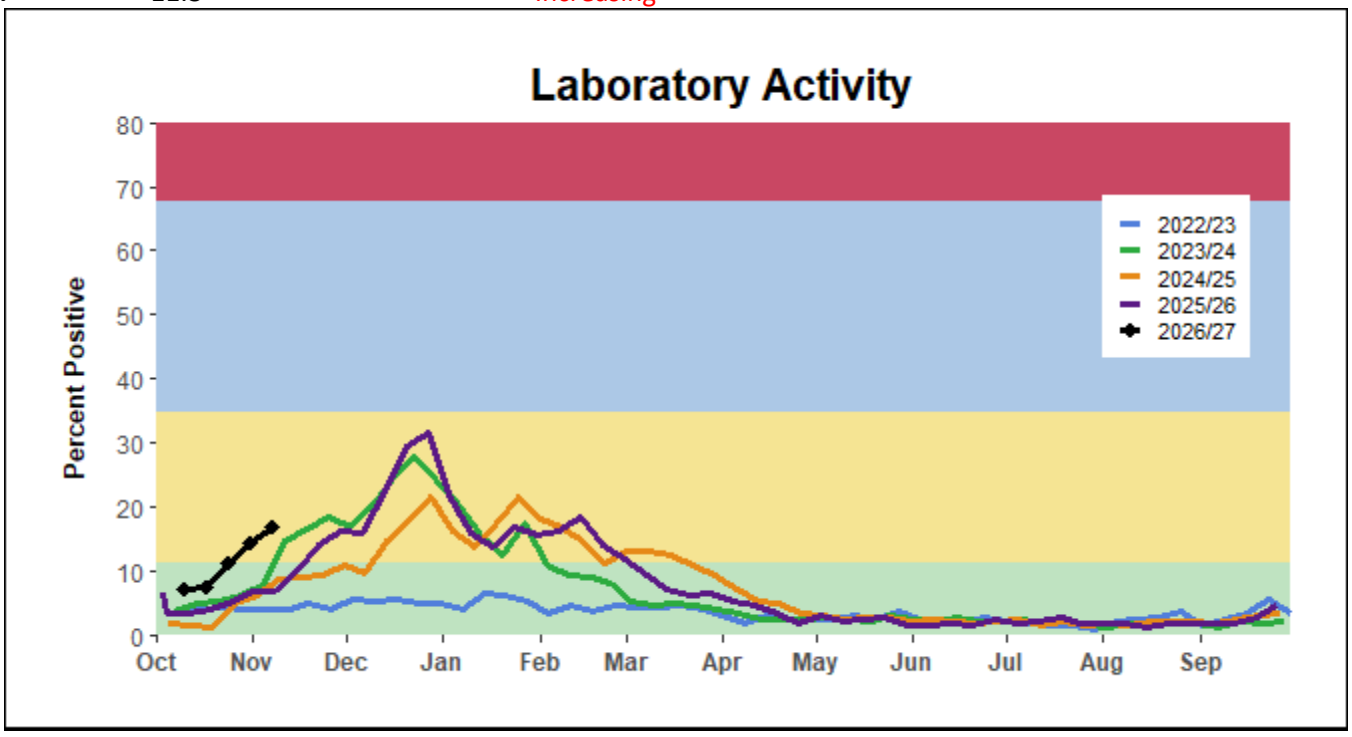
Influenza-like Illness (ILI) Activity

	% of ED Visits	Trend	Intensity
Louisiana	7.2	Increasing	Above regional baseline
U.S.	3.2	Increasing	Above baseline



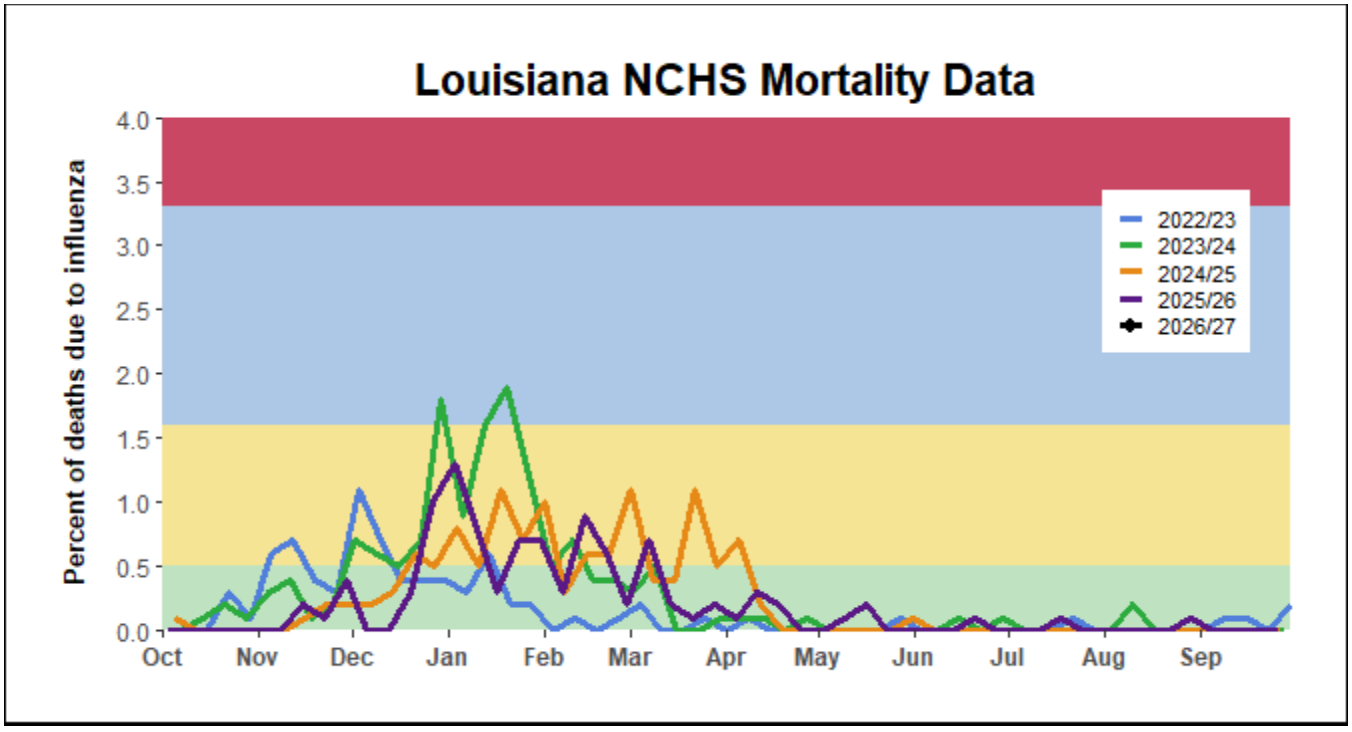
Virologic Surveillance

	% influenza positive tests	Trend
Louisiana	16.9	Increasing
U.S.	11.3	Increasing

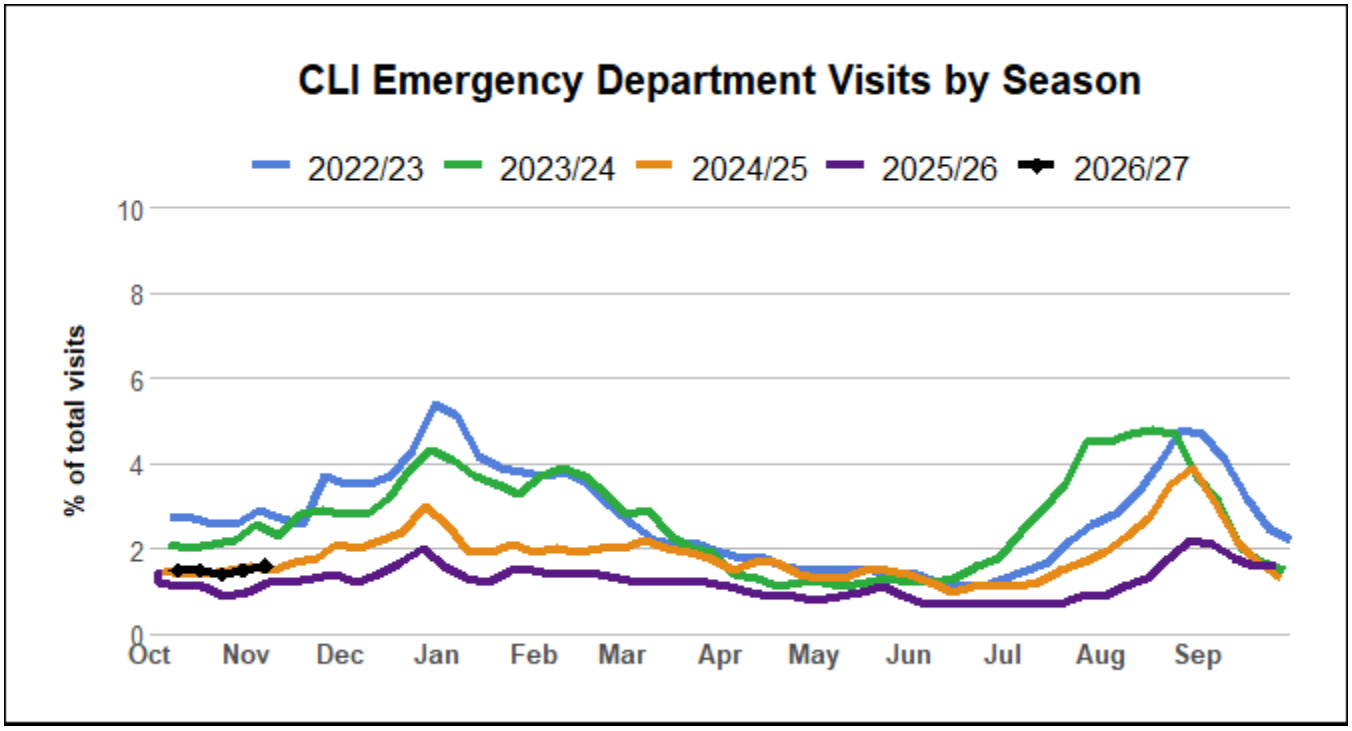


Mortality Surveillance

Weekly mortality surveillance data include a combination of machine coded and manually coded causes of death collected from death certificates. Due to the additional time needed for manual coding, the initially reported percentages are likely to increase as more data are received and processed. For more information, refer to page 6 of report.

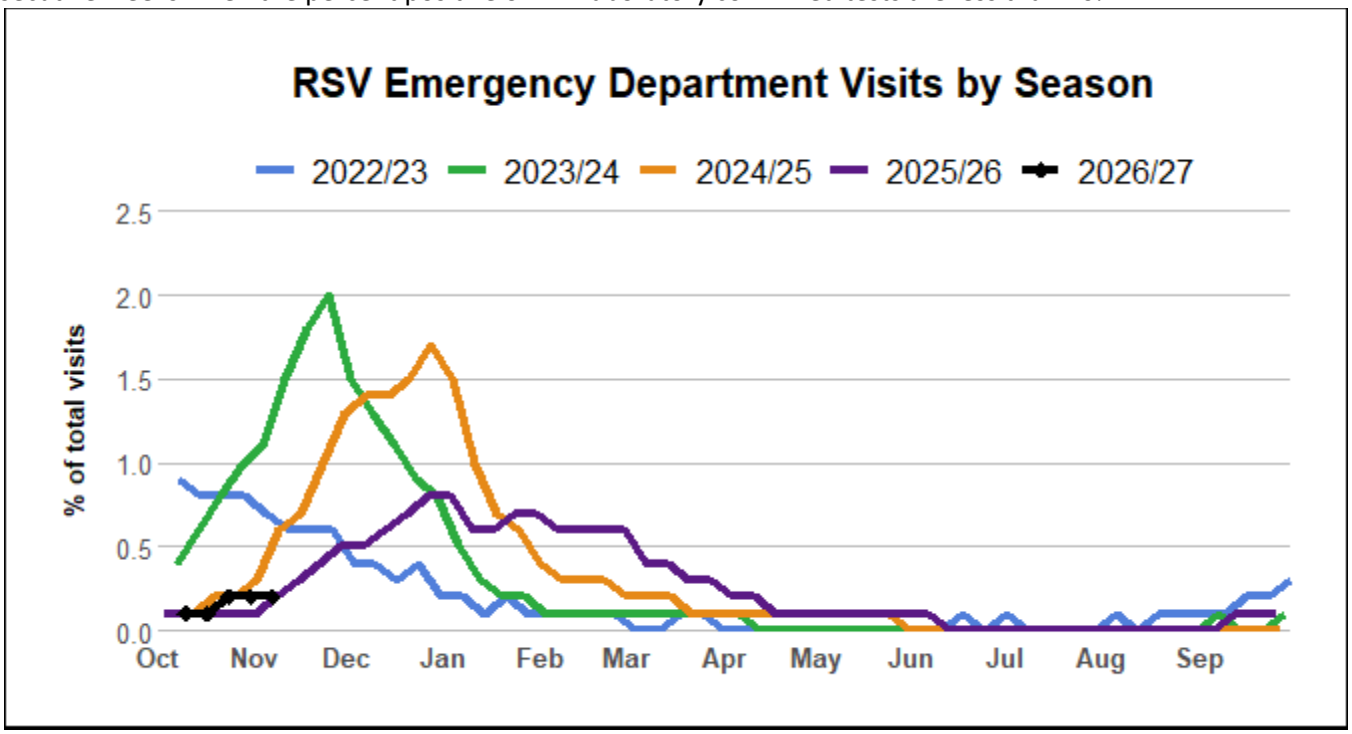


COVID-like Illness (CLI) Activity

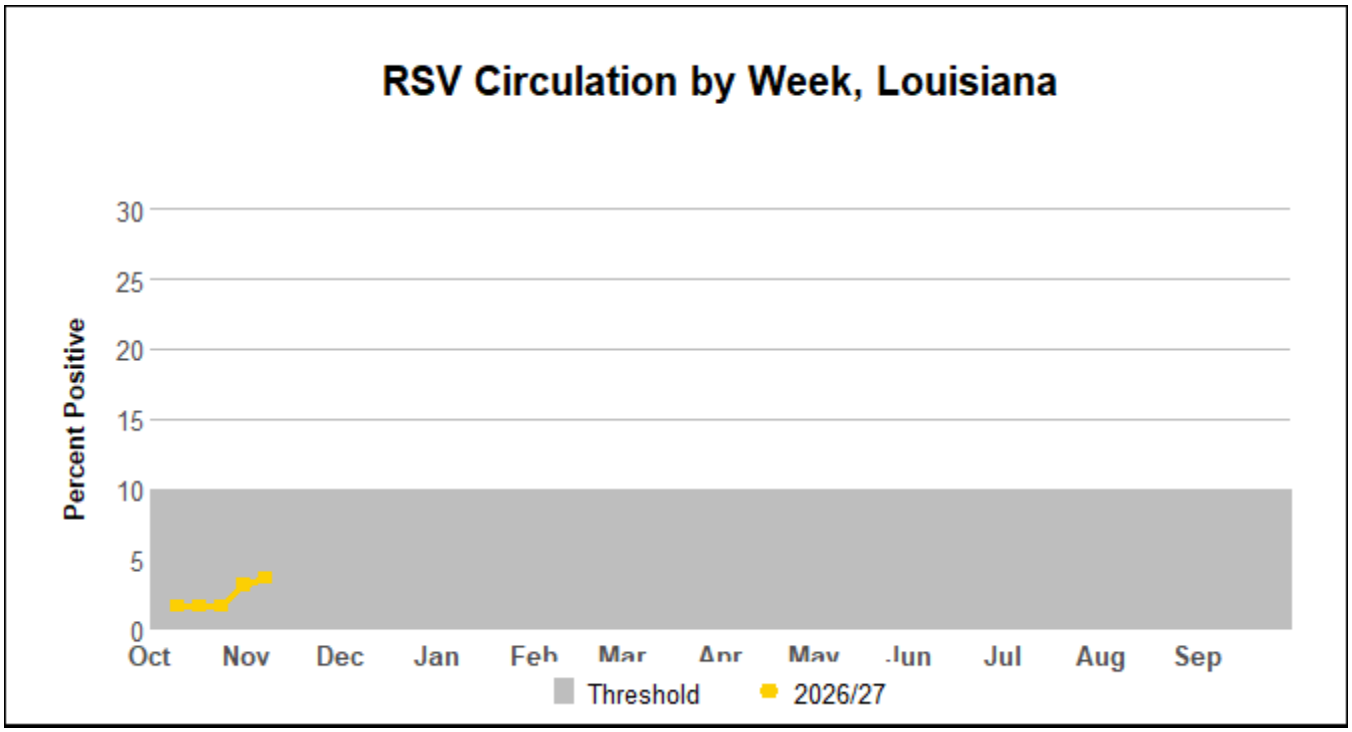


Respiratory Syncytial Virus (RSV) Activity

RSV usually circulates during fall, winter, and spring, but the timing and severity of RSV season can vary from year to year. RSV season onset is defined as the first week of two consecutive weeks when the percent positive of ALL laboratory confirmed tests are greater than or equal to 10%. The end of RSV season is defined as the first of two consecutive weeks when the percent positive of ALL laboratory confirmed tests are less than 10%.



RSV Season Status: OFF

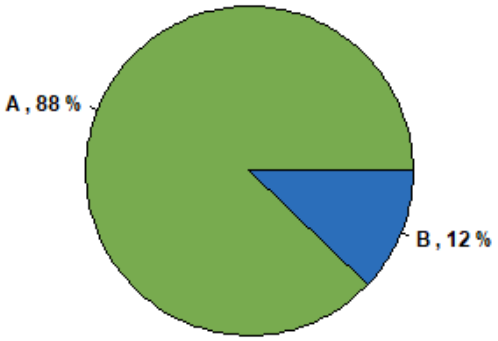


Summary of Clinical Testing

The graphs below show the circulation of respiratory viruses, including influenza subtyping, for the 2026-27 season. Surveillance for non-influenza respiratory virus surveillance is based on data from clinical laboratories statewide and testing done at the state public health laboratory. Data is collected on the following viruses: Rhino/Enterovirus (R/E), Adenovirus (ADV), Coronavirus (CoV), Human Metapneumovirus (MPV), and Parainfluenza 1-4 (Para).

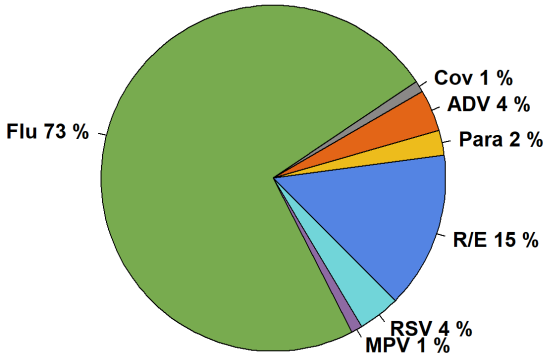
CoV circulation represents Human Coronavirus types 229E, NL63, OC43, and HKU1; it does not include COVID-19.

Influenza Viruses, Louisiana

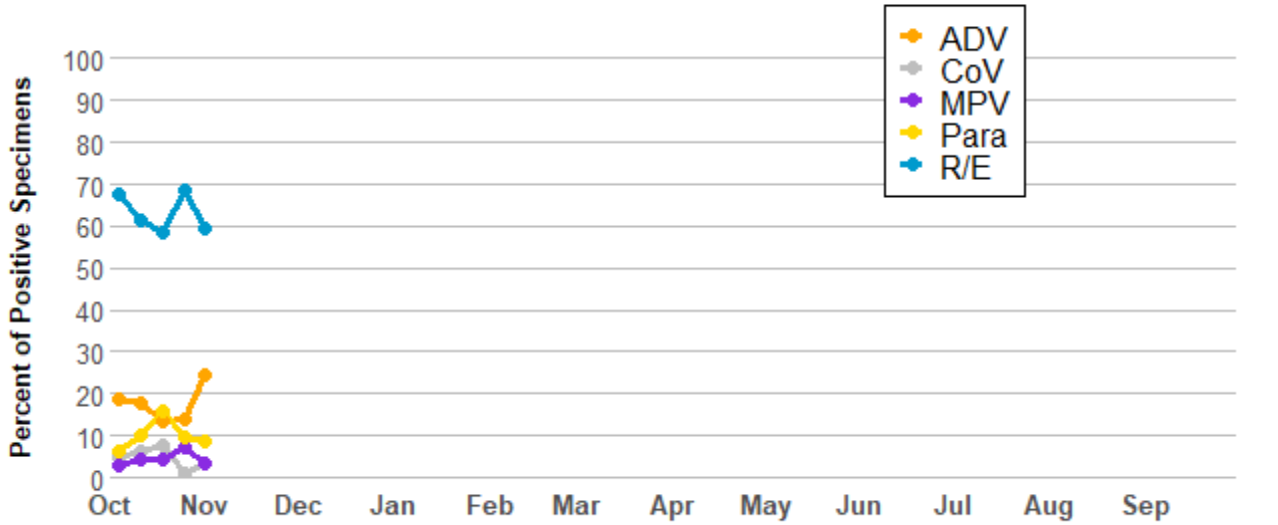


99.3 % of influenza A viruses subtyped this season in Louisiana are H1N1

Respiratory Viruses, Louisiana



Non-Influenza Respiratory Virus Circulation by Week, Louisiana



Indicator Methodologies

- **Intensity/Severity Measurements:** Intensity thresholds* are calculated for activity measures to assess influenza season severity; for Louisiana these measurements are 1) ILI Activity, 2) Laboratory Activity, and 3) Mortality Data. Establishing these thresholds based on historical data allow epidemiologists to assign severity levels (low, moderate, high, very high) to weekly data points and overall seasons. This methodology was published in the American Journal of Epidemiology, October 2017. Thresholds for the 2026/27 influenza season are based on data from October 2020 – September 2026.
- **ILI Activity Level Indicator:** ILI activity monitors visits for respiratory illnesses that includes fever plus a cough or sore throat, not laboratory confirmed influenza. This data may capture patient visits due to other respiratory pathogens that cause similar symptoms. Collected ILI data is used to produce a measure of ILI activity by state. Activity levels are based on the percent of outpatient visits in a state due to ILI and are compared to the average percent of ILI visits that occur during weeks with little or no influenza virus circulation. Activity levels range from minimal, which would correspond to ILI activity being below, or only slightly above, the average, to high, which would correspond to ILI activity being much higher than average. Intensity does not measure geographic spread within the state. For example, outbreaks occurring in a single city could cause the state to display high activity levels. A more detailed explanation is available at U.S. Influenza Surveillance: Purpose and Methods
- **ILI Regional Baseline:** Regional baselines are calculated by CDC at the beginning of the influenza season. Louisiana is in Region 6 which also includes: Arkansas, Texas, New Mexico, and Oklahoma. The Region 6 baseline for the 2026-27 season is 3.8%. The regional baselines are developed by calculating the mean percentage of ILI visits during non-influenza weeks for the previous three seasons and adding two standard deviations. A non-influenza week is defined as periods of two or more consecutive weeks in which each week accounted for less than 2% of the season's total number of specimens that tested positive for influenza in public health laboratories.
- **Virologic Surveillance:** Louisiana virologic surveillance for respiratory viruses consists of data reported by clinical laboratories throughout the state and testing done at the State Public Health Laboratory.
- **Mortality Surveillance:** This data represents the percent of deaths with influenza listed on the death certificate. Although monitoring influenza-only coded death will underestimate the full impact of influenza mortality, this measures allows for tracking trends in the impact of influenza on mortality and is not as influenced by COVID-19 as previously used measures.