USA TODAY

FACT CHECK

Fact Check: CDC has not stopped reporting flu deaths, and this season's numbers are typical

Devon Link USA TODAY

Published 2:41 p.m. ET Apr. 30, 2020 | **Updated 11:35 a.m. ET May 12, 2020**

The claim: The CDC has stopped reporting flu deaths because they are so low

On April 28, conservative commentator and political activist Candace Owens accused the Centers for Disease Control and Prevention of misreporting flu deaths.

"According to CDC reports – 2020 is working out to be the lowest flu death season of the decade," she posted on Facebook. "It's a miracle!"

Owens posted a photo of a tweet she'd written the same day alongside her comment.

"Possibly the greatest trade deal ever inked was between the flu virus and #coronavirus," she tweeted. "So glad nobody is dying of the flu anymore, and therefore the CDC has abruptly decided to stop calculating flu deaths altogether."

Some Facebook and Twitter users questioned the validity of Owens' statistics. Others read between the lines of her sarcasm to comment on what she may be implying.

"Not just lowest flu death, but also cancer deaths, diabetes deaths, heart disease deaths, and many other know(n) diseases," one Facebook user wrote. "When hospitals are guaranteed payment from the federal government if it is classified as covid19 hospitalization, it becomes a business plan."

Fed pay & hospitals bounty for Covid cases

According to CDC data, none of Owens' statistics is correct.

Owens did not respond to USA TODAY's request for comment.

How the CDC tracks flu deaths

The CDC uses mathematical estimates to retroactively measure the burden of each flu season. "The model uses a ratio of deaths-to-hospitalizations in order to estimate the total influenza-associated deaths from the estimated number of influenza-associated hospitalizations," the CDC states, describing its methodology.

This in-hospital mortality FluSurv-NET data is the basis from which larger, annual estimates are made. This data excludes all influenza-associated deaths that are misdiagnosed or occur outside a hospital.

After each flu season, the CDC considers in-hospital death data and investigates death certificates to account for the total flu deaths. "(B)ecause not all deaths related to influenza occur in the hospital, we use death certificate data to estimate how likely deaths are to occur outside the hospital," the CDC website explains.

Defining flu season

Flu seasons vary from year to year and don't have a strict timeline. Last year, flu season was the longest in a decade, lasting 21 weeks.

"In the United States, flu season occurs in the fall and winter. While influenza viruses circulate year-round, most of the time flu activity peaks between December and February, but activity can last as late as May," the CDC website explains.

To account for this ambiguous period the CDC releases weekly U.S. influenza summary updates from October through May.

Influenza-associated deaths last year were much lower than claimed

According to the CDC's 2018-2019 estimates, there were 34,200 influenza-associated deaths from October 2018 to May 2019 – not 80,000 as Owens claimed on Facebook.

The CDC estimated 61,000 influenza-associated deaths in the 2017-2018 season.

So where did Owens' 80,000 statistic come from?

For the preliminary 2017-2018 season estimates the CDC approximated 79,400 influenza-associated deaths, which it later updated to 61,000 deaths and archived for historical

purposes.

"All estimates from the 2017-2018 influenza season are preliminary and may change as data from the season are cleaned and finalized," the CDC estimated disclosed.

The National Foundation for Infectious Diseases estimated 80,000 deaths for the same season. This NFID's estimate came from unpublished CDC data and used estimation methodology that the CDC has since altered for better accuracy.

The NFID is a nonprofit "dedicated to educating the public and healthcare professionals about the burden, causes, prevention, diagnosis, and treatment of infectious diseases across the lifespan," its website states.

CDC continues to report flu deaths

The FluSurv-NET data for 2020 has not dipped after January as Owens claimed. It increased in February.

The CDC reported fewer than 2,000 influenza-associated deaths in January – not 20,000 as Owens claimed. Since January, the CDC reported more than 5,000 influenza-associated deaths – not 4,000, as claimed.

Keep in mind, this data only accounts for the patients who died in a hospital from diagnosed influenza. The CDC's anticipated estimates for the season will be much larger than the 7,000 documented cases so far.

From October 2018 to May 2019 the FluSurv-NET data accounted for about 7,000 influenza-associated deaths, which CDC ultimately used to estimate 34,200 total deaths for the 2018-2019 flu season.

34,000 Flu deaths '18-'19?

How this flu season compares so far

FluSurv-NET data shows there have been nearly as many influenza-associated deaths to date in 2020 as there were in all of 2019.

This year's total will continue to rise as the U.S. enters the 2020-2021 flu season in October, but it's unlikely that increase will be significant since the majority of annual flu seasons decrease at the beginning of each year.

The 2017-2018 flu season was the most deadly in the past decade with a CDC estimate of 61,000 deaths. The FluSurv-NET data for 2018 totaled nearly 15,000 in-hospital influenza-associated deaths.

In the last decade, 2011-2012 was the least deadly, with 12,000 deaths, according to CDC data.

The early FluSurv-NET data indicates that this 2019-2020 flu season isn't shaping up to be the decade's most or least deadly.

Our ruling: False

We rate the claim that the CDC has stopped reporting flu deaths because the death rates are so low as FALSE because it is not supported by our research. The CDC continues to report weekly on the 2020 influenza season. Its data shows this season's rates are similar to rates of past years. Further, the rate of flu deaths did not decrease in January, as stated, nor was the total number of deaths in 2018-19 as high as claimed.

Our fact-check sources:

CDC "How CDC Estimates the Burden of Seasonal Influenza in the U.S."
Centers for Disease Control and Prevention "Weekly U.S. Influenza Surveillance Report"
USA TODAY "U.S. flu season is now the longest in a decade"
CDC "The Flu Season"
CDC "Past Seasons Estimated Influenza Disease Burden"
National Foundation for Infectious Diseases "INFLUENZA AND PNEUMOCOCCAL DISEASE CAN BE SERIOUS, HEALTH OFFICIALS URGE VACCINATION"
CDC "Archived Estimated Influenza Illnesses, Medical Visits, Hospitalizations, and Deaths in the United States-- 2017-2018 influenza season"
NCBI "Influenza Illness and Hospitalizations Averted by Influenza Vaccination in the United States, 2005–2011"
CDC "National Press Conference Kicks Off 2018-2019 Flu Vaccination Campaign"
USA TODAY "This flu season is the worst in nearly a decade – and it's not getting better"
USA TODAY "Fact check: Hospitals get paid more if patients listed as COVID-19, on ventilators"

94% of Covid deaths victims already had serious illness

Health | September 1, 2020

Related Condition Centers COVID-19 (Coronavirus)

Here's What the CDC's COVID-19 Deaths Data Really Means

And why experts say it's been seriously misinterpreted.

By Sarah Jacoby

Sami Sert/Getty Images

Last week the Centers for Disease Control and Prevention (CDC) released new death certificate data suggesting that other conditions were present in the majority of COVID-19 deaths that could have made the disease worse. But that hasn't stopped people from trying to twist the data around in harmful ways.

The data in question is from a report regularly released by the CDC. It shows that, out of 161,392 death certificates that mentioned COVID-19, 94% also listed some other condition, such as a respiratory illness, coronary issues, underlying chronic health conditions, or sepsis.

In only 6% of cases was COVID-19 listed as the only cause of death, which some have taken—incorrectly—to mean that COVID-19 was only the true cause of death in those cases, and therefore, the disease is nowhere near as scary as we think it is. However, this is a severe misinterpretation of the data on COVID-19 deaths, experts say.

"Death certificates don't just have one cause of death on them," Amesh Adalja, M.D., senior scholar at the Johns Hopkins University Center for Health Security, tells SELF. In fact it's standard practice to list a primary cause of death as well as a few potential contributing factors or conditions, he says.

So, for someone who died of COVID-19, a doctor might indicate that the cause of death is "pneumonia secondary to COVID-19, complicated by respiratory failure," Dr. Adalja says. But the pneumonia and respiratory failure are directly caused by COVID-19, so it's not inaccurate to classify this death as generally being due to COVID-19. A death certificate might also list any underlying conditions a patient had that could have exacerbated or contributed to their COVID-19-related death, Dr. Adalja explains, such as diabetes, chronic lung illness, heart disease, or cancer.

Although listing so many conditions on a death certificate might seem complicated, it's all a completely normal part of medicine. That's because "a death certificate is meant to identify the whole chain of events that led to death," not just the final event, Stephen Hawes, Ph.D., chair of and professor in the department of epidemiology at the University of Washington School of Public Health, tells SELF.

And in the context of an emerging pandemic like coronavirus, listing multiple potential contributing factors is simply "a doctor doing their due diligence" to give as much information and context about a particular death as possible, Stephen Kissler, Ph.D., a postdoctoral research fellow in the department of immunology and infectious diseases at the Harvard T.H. Chan School of Public Health, tells SELF.

Of course, there are some limitations of using data gleaned from death certificates, Hawes says. Death certificates are really a type of administrative data, he explains, so "the data that goes into a death certificate is only as good as the information the person filling it out has." If someone filling out a death certificate doesn't have the full picture of what went on (because, maybe, the person died outside of a health care setting or was never formally diagnosed with COVID-19) or there isn't a standardized way to code the various causes of death (as was the case early on in the pandemic), that opens up the possibility for error or for an incomplete understanding of what went on.

Even with that information, it's hard to know exactly how much a particular condition listed on a death certificate actually exacerbated or contributed to an individual's death, Dr. Adalja says. That's partly why this kind of data works best when used for looking at larger groups of people to pick out patterns, not at the individual level.

It's also important to put this data in the context of the other sources of data we have, Kissler says, such as the increased amount of excess deaths in the U.S. over the past few months. "In the totality of the data we have available," he says, the much better explanation for the 6% figure is just that physicians were and are being thorough in filling out death certificates.

In this way, the new CDC data from death certificates adds another layer of evidence to some findings experts were already seeing. We already knew that having certain underlying health conditions, like diabetes or heart disease, could make COVID-19 worse and increase your chances for more severe complications of the infection. So it's not particularly surprising that the vast majority of people who died due to COVID-19 had some other condition or severe consequence of the infection present. It's also not surprising that nearly half (48%) of those who died due to COVID-19 were age 65 or older, considering that age is one of the most powerful risk factors for severe coronavirus symptoms. Overall, the new data "really fits in" with what we've already learned about the virus, Hawes says.

And what about those who misinterpret or willfully try to twist the new data to make COVID-19 seem like less of a threat? "It's really silly," Dr. Adalja says. "It just shows how bad scientific literacy is in this country that they're trying to take something [we do to be] as accurate as we can on a death certificate and try to use it against us."

Related:

- Here's Why the Coronavirus Death Rate Models Are Changing—And Why It Doesn't Mean We Overreacted
- Does Asthma Increase Your Risk for Severe Coronavirus Symptoms?

- Weight and COVID-19: What Does the Research Actually Tell Us?

Sarah Jacoby is a health and science journalist and is especially interested in the science of skin care, sexual and reproductive health, drugs and drug policy, mental health, and helping everyone find their personal definition of wellness. She's a graduate of NYU's Science, Health, and Environmental Reporting Program and has... Read more

Topics coronavirus infectious diseases news