

Virginia Department of Health Weekly Influenza Activity Report



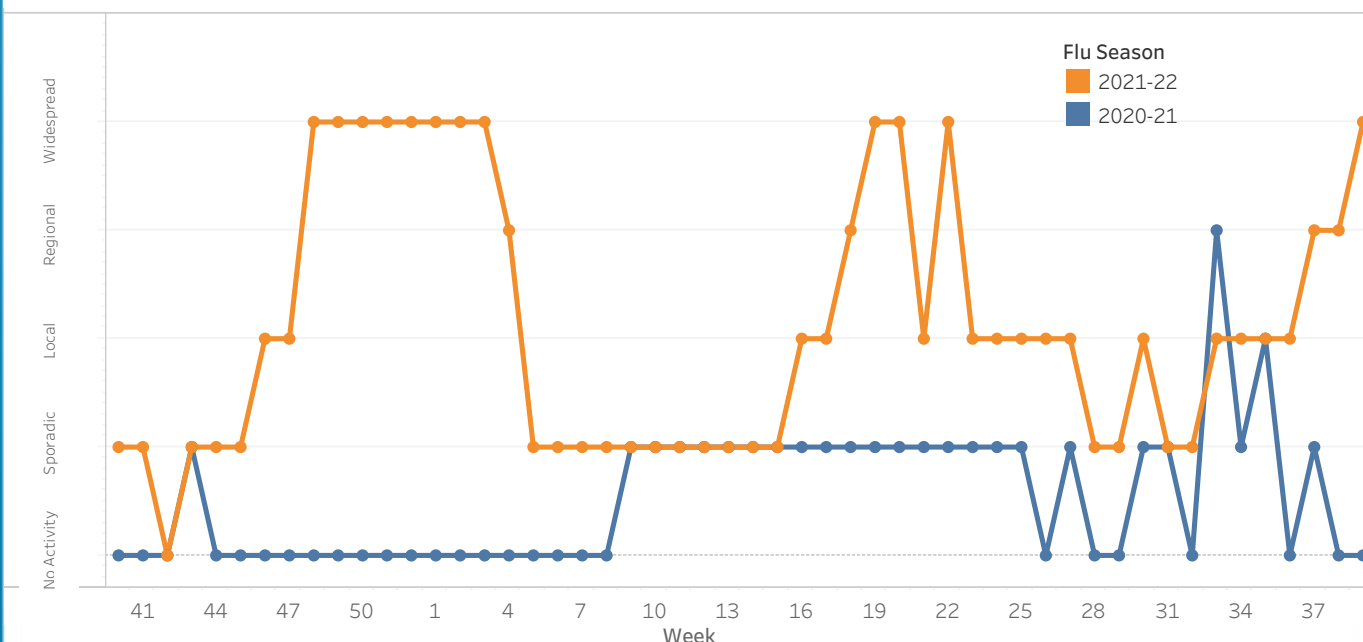
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The Virginia Department of Health (VDH) conducts influenza surveillance to provide situational awareness, inform prevention strategies, and prepare for a potential pandemic. These efforts include collecting and analyzing data on visits to emergency departments (EDs) and urgent care centers (UCCs) for an influenza-like illness (ILI), laboratory results of confirmatory tests, suspected and confirmed outbreaks, and pediatric and adult deaths.

Any questions about this report or the data it contains should be directed to flu@vdh.virginia.gov.

What does the current geographic spread of influenza look like?

Geographic Activity Level by Week, Last Two Flu Seasons



During the week ending on October 1, 2022 (week 39), Virginia was at the **Widespread** level.

During the 2021-22 flu season, Virginia has spent **12** weeks at Widespread.

Activity Levels are determined as follows

No Activity - No ILI, outbreak, or lab activity above threshold

Sporadic - One confirmed outbreak or lab activity without elevated ILI

Local - Lab activity with either elevated ILI or more than one outbreak in one region

Regional - Lab activity with either elevated ILI or more than one outbreak in two regions

Widespread - Lab activity with either elevated ILI or more than one outbreak in three or more regions

For more details on the data and methods used in this report, please see the Additional Information tab.

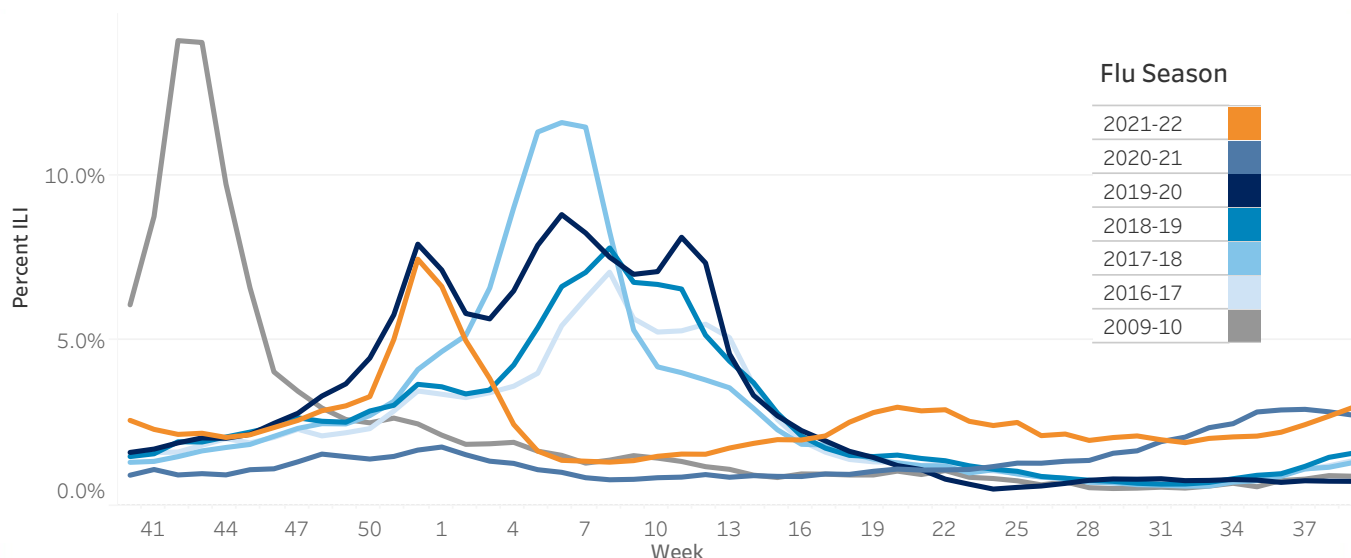
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How many people are seeking care for an influenza-like illness (ILI)?

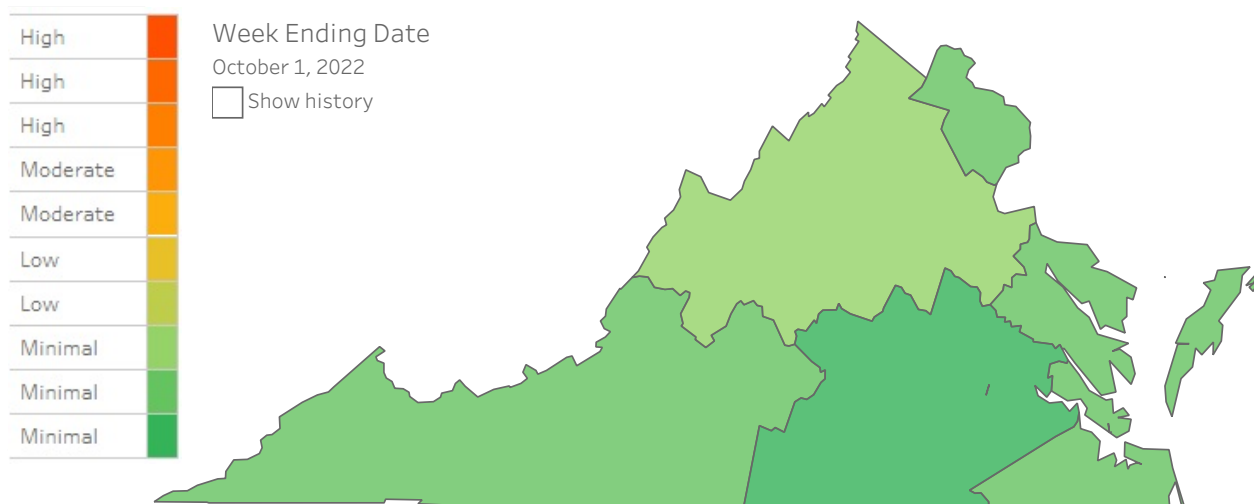
Percent of Medical Visits for Influenza-like Illness by Flu Season



During the week ending October 1, 2022 (week 39), Virginia reported **3.0%** of ED and UCC visits were for ILI.

During the week ending October 1, 2022, the highest ILI intensity level observed in any region was **3 (Minimal)**.

Intensity Level by Region, Week ending October 1, 2022



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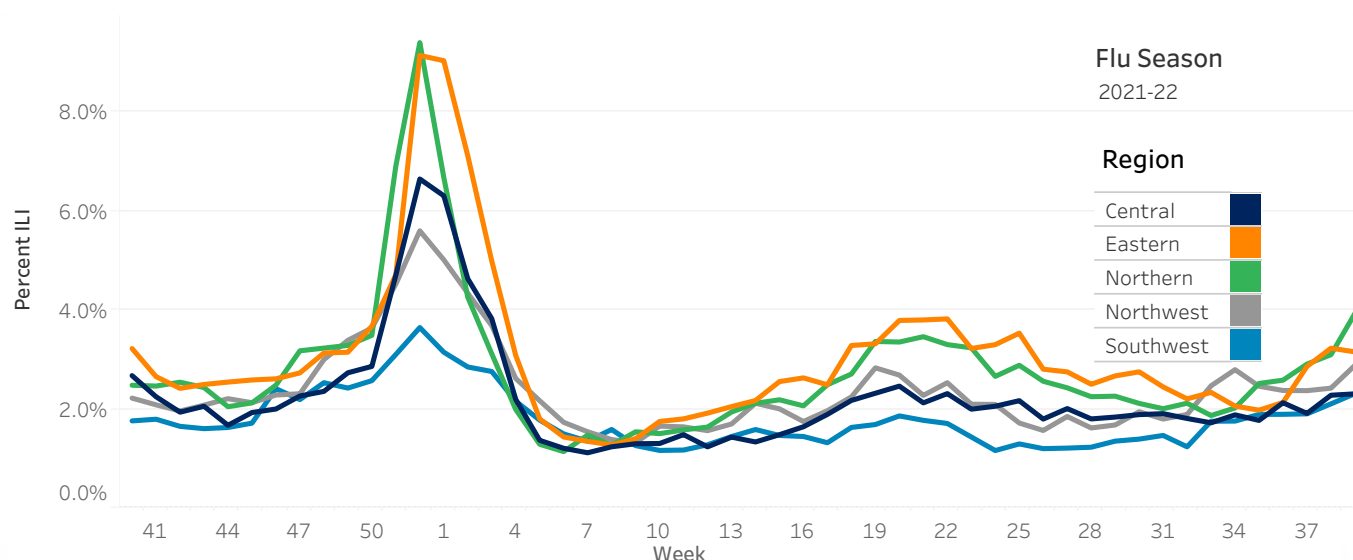
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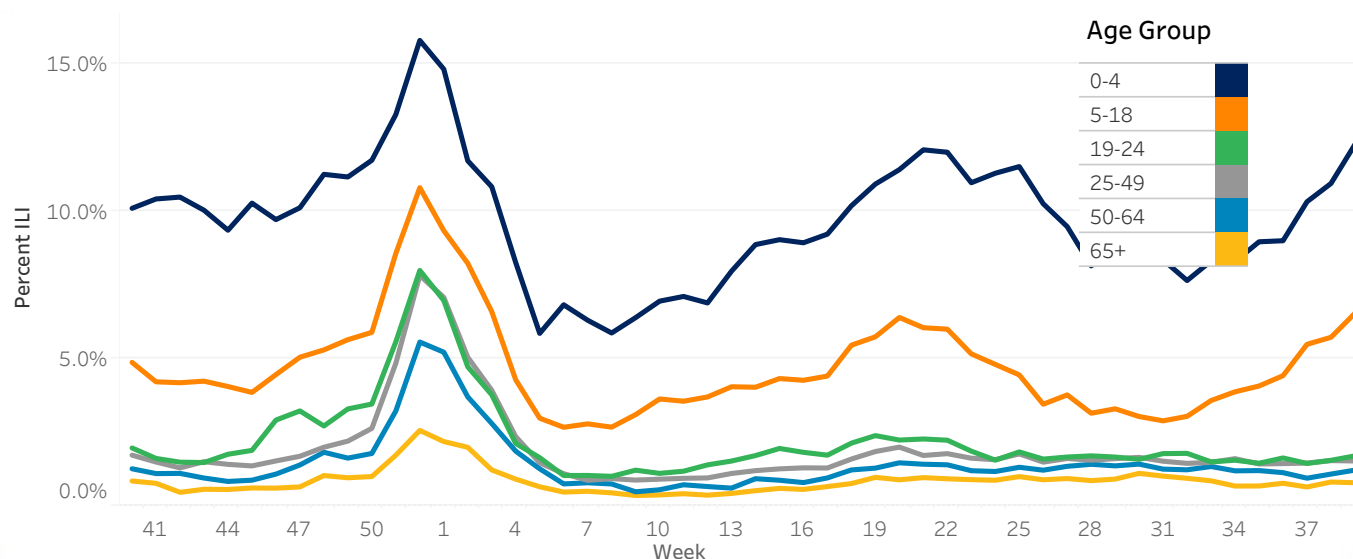
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Who is seeking care for an influenza-like illness (ILI)?

Percent of Visits for Influenza-like Illness by Region, 2021-22 Flu Season



Percent of Visits for Influenza-like Illness by Age Group, 2021-22 Flu Season



During the week ending October 1, 2022 (week 39), there were **4 regions** above threshold for ILI visits.



The largest proportion of visits by age group for ILI during the week ending October 1, 2022 (week 39) was observed in the 0-4 years age group with **12.3%** of total visits.

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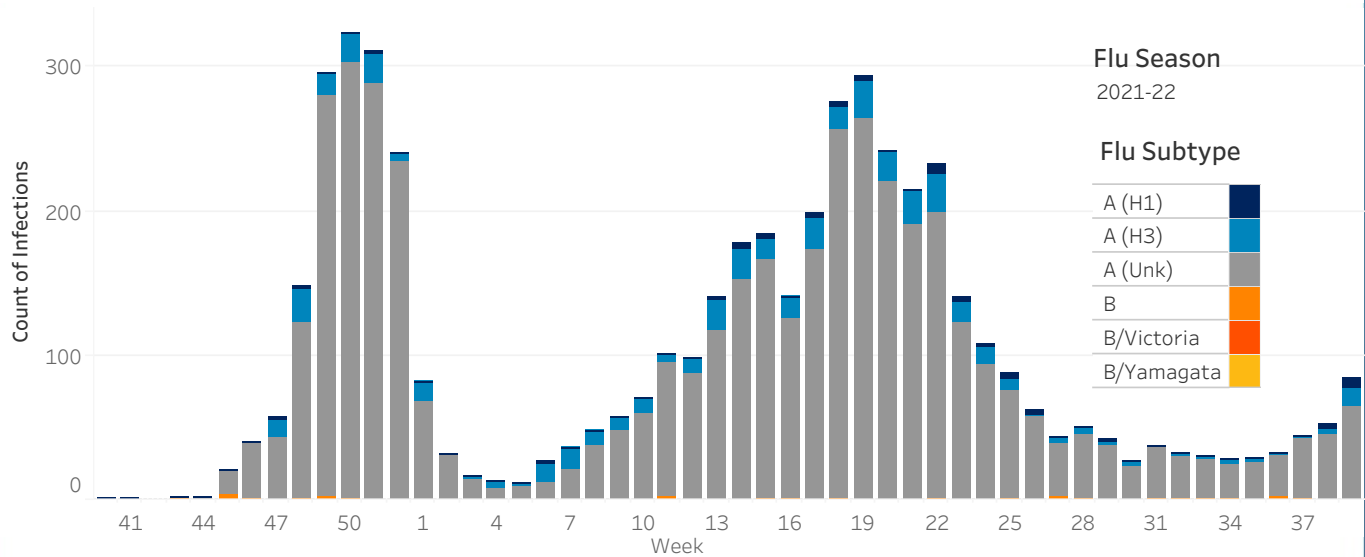
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What influenza strains are circulating?

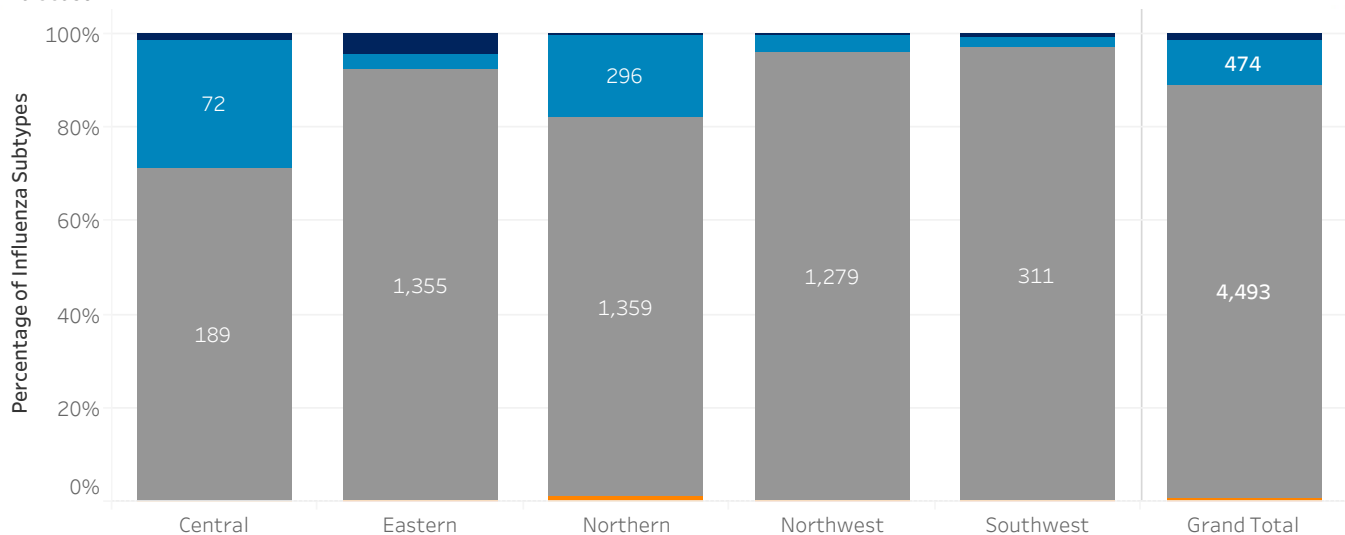
Confirmatory Laboratory Reports by Week and Subtype, 2021-22 Flu Season



Timeframe

Flu Season

Confirmatory Laboratory Reports by Subtype, 2021-22 Flu Season



Virginia received **84** positive confirmatory lab reports during the week ending October 1, 2022 (week 39).



There have been **5,071** infections in Virginia during the 2021-22 flu season to date, meaning that a predominant strain cannot be identified.

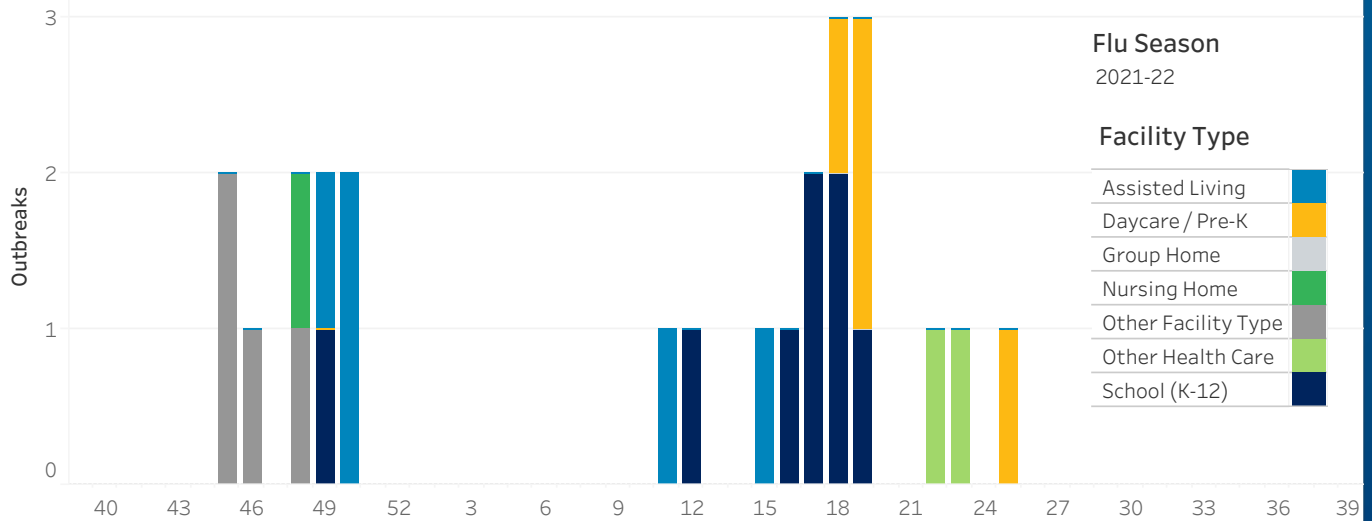
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Where are outbreaks occurring?

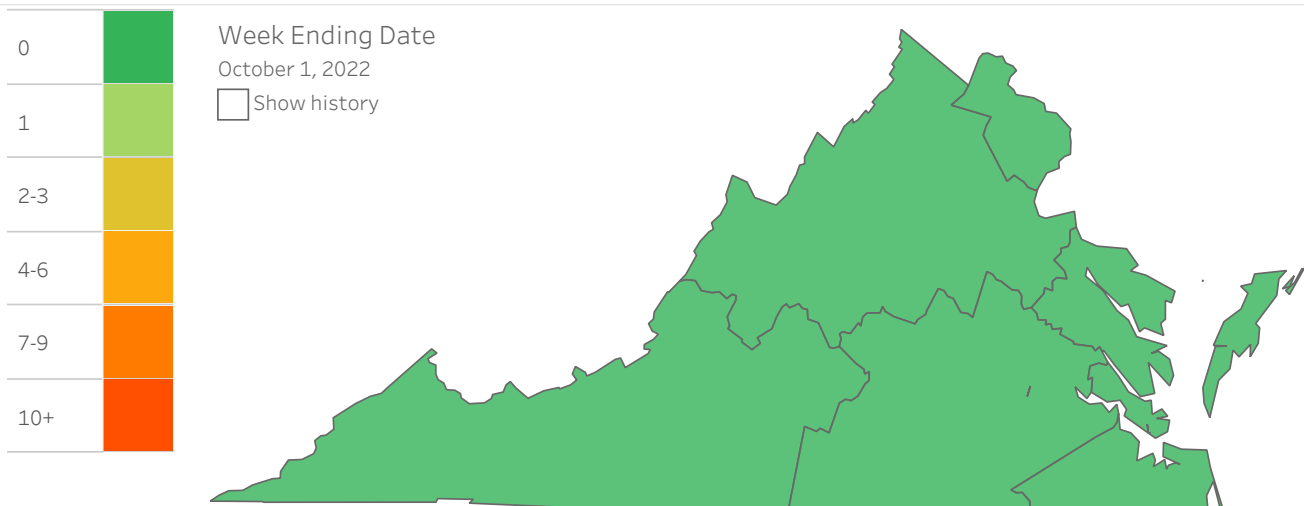
Suspected or Confirmed Outbreaks by Facility Type, 2021-2022 Flu Season



Virginia investigated 0 influenza outbreaks during the week ending October 1, 2022 (week 39).

Virginia investigated a total of 24 outbreaks during the 2021-22 flu season.

Suspected or Confirmed Outbreaks by Region, 2021-22 Flu Season

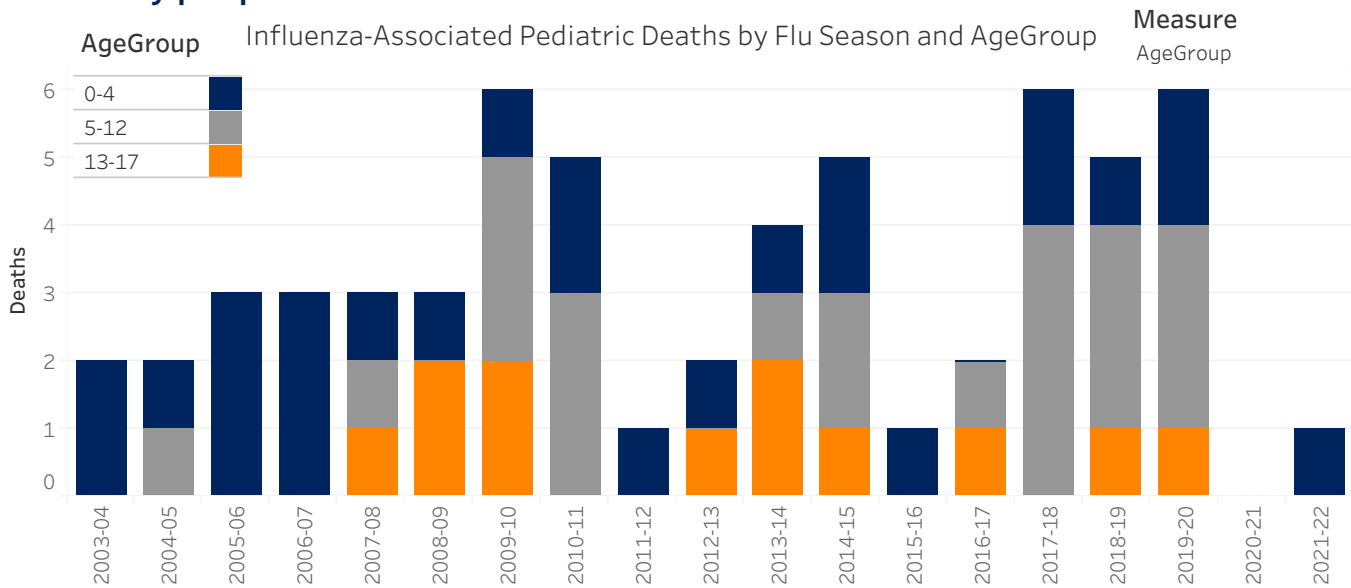


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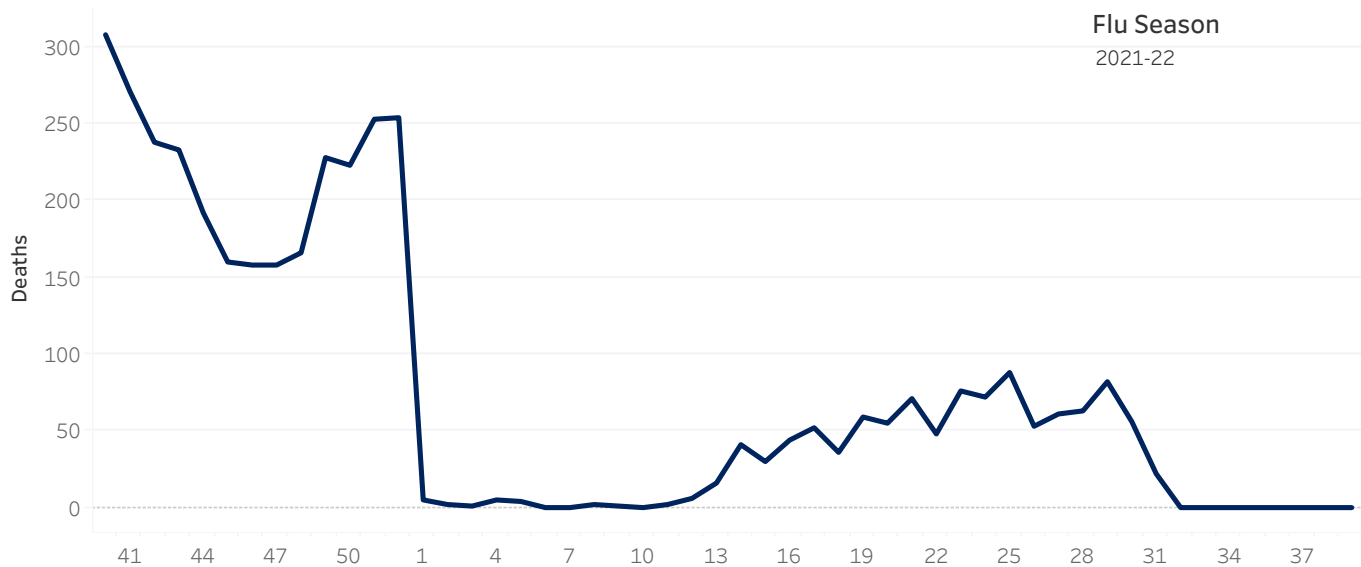
How many people have died with influenza?



VDH has reported **1** influenza-associated pediatric death during the 2021-22 flu season.

VDH has received report of **3,895** pneumonia, influenza, and/or COVID-19-associated deaths during the 2021-22 flu season.

Total Deaths due to Pneumonia, Influenza, and/or COVID-19 by Week, 2021-22 Flu Season



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What are the main points about influenza activity in Virginia right now?

- During the week ending on October 1, 2022 (week 39), Virginia was at the **Widespread** level.
- During the 2021-22 flu season, Virginia has spent **12** weeks at Widespread.
- During the week ending October 1, 2022 (week 39), Virginia reported **3.0%** of ED and UCC visits were for ILI.
- During the week ending October 1, 2022, the highest ILI intensity level observed in any region was **3 (Minimal)**.
- During the week ending October 1, 2022 (week 39), there were **4 regions** above threshold for ILI visits.
- The largest proportion of visits by age group for ILI during the week ending October 1, 2022 (week 39) was observed in the 0-4 years age group with **12.3%** of total visits.
- Virginia received **84** positive confirmatory lab reports during the week ending October 1, 2022 (week 39).
- There have been **5,071** infections in Virginia during the 2021-22 flu season to date, meaning that a predominant strain cannot be identified.
- Virginia investigated **0** influenza outbreaks during the week ending October 1, 2022 (week 39).
- Virginia investigated a total of **24** outbreaks during the 2021-22 flu season.
- VDH has reported **1** influenza-associated pediatric death during the 2021-22 flu season.
- VDH has received report of **3,895** pneumonia, influenza, and/or COVID-19-associated deaths during the 2021-22 flu season.

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Where do these data and methods come from? What are their limitations?

Geographic Spread Activity Level

Geographic spread is calculated using the percent of visits for ILI, the number of laboratory confirmed cases of influenza, and the number of confirmed or suspected outbreaks per region according to guidance from the Centers for Disease Control and Prevention (CDC). This measure provides a snapshot of how much of Virginia is affected by influenza at any given time, but does not reflect intensity or severity.

Emergency Department (ED) and Urgent Care Center (UCC) Visits for Influenza-like Illness (ILI)

VDH receives data on ED and urgent care visits from 154 facilities throughout Virginia as part of the syndromic surveillance program. Each visit's chief complaint, or patient-stated reason for seeking medical care, is analyzed using a syndrome definition for ILI (fever with cough or fever with sore throat). These data are presented as a percentage of total ED and urgent care visits in order to adjust for increased reporting over time. Baseline is calculated by averaging the percent of visits for ILI during non-flu weeks and is determined using CDC methodology. A threshold is calculated for each region in Virginia as baseline plus two standard deviations.

These data provide valuable information on the timing and burden of ILI, but are not specific. ILI may be caused by a number of respiratory disease..

Confirmatory Laboratory Results

Reverse transcription polymerase chain reaction (RT-PCR), viral culture, and direct fluorescent antibody (DFA) test results are considered confirmatory for influenza. Some medical providers are able to offer these tests at in-house laboratories, some send samples to commercial laboratories, and some have partnered with the Virginia public health laboratory, the Division of Consolidated Laboratory Services (DCLS) to have select specimens tested. In Virginia, if confirmatory lab results are available, they are required to be reported to VDH. These data provide details on the specific strains and subtypes circulating each year for situational awareness, future vaccine strain selection, and potential pandemic preparedness.

These data are not regionally comparable or representative, however, as some providers have greater access to confirmatory testing methods than others. Use of confirmatory testing has increased in recent years, meaning that these data are also not comparable across flu seasons.

Suspected and Confirmed Outbreaks

In Virginia, all outbreaks are required to be reported to the local health department. Local and regional epidemiologists respond to reported outbreaks by collecting data and providing infection control recommendations. Influenza outbreaks are considered suspected if the symptoms, onset dates, and general presentation matches the flu and can be confirmed with the presence of at least one positive flu test - either one of the confirmatory test types mentioned above or a commercially-available rapid test.

Not all facilities report outbreaks to the health department. These data are an under-representation of the true burden of disease.

Influenza-Associated Pediatric Deaths

In 2004, the CDC made influenza-associated pediatric mortality a nationally-notifiable condition. VDH acts as the reporting agency by investigating, collecting, and providing data on each case including virus subtype, vaccination history, and any viral or bacterial coinfections. Only the child's age group and geographic region are reported to the public in order to maintain privacy and sensitivity.

Pneumonia, Influenza, and COVID-19 (PIC) Deaths

Due to the ongoing COVID-19 pandemic, VDH has changed the way pneumonia and influenza (P&I) deaths are aggregated. For more information on why VDH made this change, please visit <https://www.vdh.virginia.gov/epidemiology/influenza-flu-in-virginia/influenza-surveillance/>.

The VDH Office of Vital Records collects and maintains death certificates on all Virginia residents. These records are sent to the National Center for Health Statistics (NCHS) for cause-of-death coding. VDH receives these records back in the weeks and months that follow with associated ICD-10 codes for each contributing cause of death. There can be multiple ICD-10 codes listed for each death.

Prior to the COVID-19 pandemic, these coded records were used each flu season to calculate the number of deaths that occurred on a weekly basis in Virginia due to pneumonia and influenza (P&I). Now, VDH is following the CDC standard of adding COVID-19 coded deaths to P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification. PIC includes all deaths with pneumonia, influenza, and/or COVID-19 listed on the death certificate. Detailed information about this classification can be found at the CDC's Influenza Surveillance System page, located [here](#).

Please direct any additional questions about this report or these data sources to flu@vdh.virginia.gov.