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 April 18, 2020 (week 16), Virginia was at the **Local** level.

During the 2019-20 flu season, Virginia has spent **19** 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.
During the week ending April 18, 2020 (week 16), Virginia reported 2.3% of ED and UCC visits were for ILI.

During the week ending April 18, 2020, the highest ILI intensity level observed in any region was 4 (Low).

For more details on the data and methods used in this report, please see the Additional Information tab.
Who is seeking care for an influenza-like illness (ILI)?

Percent of Visits for Influenza-like Illness by Region, 2019-20 Flu Season

Percent of Visits for Influenza-like Illness by Age Group, 2019-20 Flu Season

During the week ending April 18, 2020 (week 16), there were 2 regions above threshold for ILI visits.

The largest proportion of visits by age group for ILI during the week ending April 18, 2020 (week 16) was observed in the 0-4 years age group with 3.8% of total visits.

For more details on the data and methods used in this report, please see the Additional Information tab.
What influenza strains are circulating?

Confirmatory Laboratory Reports by Week and Subtype, 2018-19 Flu Season

Flu Subtype
- A (H1)
- A (H3)
- A (Unk)
- B
- B/Victoria
- B/Yamagata

Virginia received 2 positive confirmatory lab reports during the week ending April 18, 2020 (week 16).

Of the total 11,883 infections in Virginia during the 2019-20 flu season, 6,814 (57.3%) were influenza A and 5,069 (42.7%) were influenza B. Among subtyped specimens, the predominant strains were A (H1) with 1,371 (96.1%) and B/Victoria with 486 (97.6%) results.

For more details on the data and methods used in this report, please see the Additional Information tab.
Virginia Department of Health
Weekly Influenza Activity Report

Where are outbreaks occurring?

Suspected or Confirmed Outbreaks by Facility Type, 2018-19 Flu Season

Virginia investigated 0 influenza outbreaks during the week ending April 18, 2020 (week 16).
Virginia investigated a total of 127 outbreaks during the 2019-20 flu season.

Suspected or Confirmed Outbreaks by Region, 2018-19 & 2019-20 Flu Season

For more details on the data and methods used in this report, please see the Additional Information tab.
VDH has reported 6 influenza-associated pediatric deaths during the 2019-20 flu season.

VDH has received report of 2,695 pneumonia and influenza-associated deaths during the 2019-20 flu season.
Virginia Department of Health
Weekly Influenza Activity Report

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

During the week ending on April 18, 2020 (week 16), Virginia was at the Local level.

During the 2019-20 flu season, Virginia has spent 19 weeks at Widespread.

During the week ending April 18, 2020 (week 16), Virginia reported 2.3% of ED and UCC visits were for ILI.

During the week ending April 18, 2020, the highest ILI intensity level observed in any region was 4 (Low).

During the week ending April 18, 2020 (week 16), there were 2 regions above threshold for ILI visits.

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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..

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 respira..

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 acr..

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 and Influenza (P&I) Deaths
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. Influenza infection can lead to severe and life-threatening complications. Counting only those death record that list influenza underrepresents the burden of disease. Death records that list pneumonia as the cause of death are often used as a proxy variable for influenza. In recent years, however, there’s been a decline in the number of deaths due to pneumonia, giving the P&I trend line a downward slope that is not necessarily reflective of influenza mortality trends. This is a complex issue that many influenza surveillan..

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