



COMMONWEALTH of VIRGINIA

Karen Shelton, MD
State Health Commissioner

Department of Health
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Dear Colleague:

As COVID-19 has become endemic, reporting of individual SARS-CoV-2 infections to public health has become increasingly sporadic. This sporadic reporting is due to changes in testing patterns caused by the now widespread availability of at-home testing, a high proportion of asymptomatic infections, and, as more of the population has developed immunity through vaccination and natural infection, fewer people developing severe illness requiring them to seek testing and medical care. As a result, individual case-based data are no longer representative of overall SARS-CoV-2 infection trends. Instead, more passive systems are now used to inform public health of respiratory virus disease trends. This includes tracking aggregate reports of hospitalizations, emergency and urgent care visits, and wastewater surveillance. Continuing to track reports of laboratory-confirmed infections provides complementary insights to the overall trends. This transition away from individual case-based data is in line with surveillance efforts for other endemic respiratory viruses.

Since early 2024, individual case reports are no longer being analyzed at the federal level, in line with surveillance efforts for other endemic respiratory viruses. While individual SARS-CoV-2 infections remain reportable in Virginia, there is no longer a need for individual case data, as other data streams provide better representation of respiratory virus disease trends in Virginia.

The *Code of Virginia* Section [32.1-12](#) authorizes the Board of Health (the Board) to provide for reasonable variances and exemptions from its regulations. Further, pursuant to Section [32.1-20](#), the State Health Commissioner is vested with all the authority of the Board when it is not in session. As the Board is not currently in session, I am exercising my authority and find that reasonable exemptions to the reporting regulations outlined in [12VAC5-90-80](#) are necessary to better align the Virginia Department of Health's (VDH) COVID-19 surveillance strategy with other endemic respiratory viruses.

I hereby exempt physicians and persons in charge of medical care facilities from reporting suspected or confirmed cases of Coronavirus disease 2019 (COVID-19 or SARS-CoV-2) as outlined in [12VAC5-90-80\(I\)](#). Further, I hereby exempt physicians, persons in charge of medical care facilities, and local health directors from reporting suspected or confirmed cases of Coronavirus disease 2019 (COVID-19 or SARS-CoV-2) as outlined in [12VAC5-90-90\(A, C, E\)](#).

Directors of laboratories, including other entities that hold Clinical Laboratory Improvement Amendments Certificates of Waiver, will continue to be required to report all test results indicative of and specific for Coronavirus disease 2019 (COVID-19 or SARS-CoV-2) as outlined in [12VAC5-90-80\(J\)](#) and [12VAC5-90-90\(B\)](#). The occurrence of a suspected outbreak or cluster of COVID-19 shall continue to be reportable to the local health department immediately by all entities required to report in 12VAC5-90-90.

Additional information on disease reporting can be found on VDH's [Disease Reporting and Control Regulations](#) webpage. If you have questions or need more information, please contact the VDH Office of Epidemiology at 804-864-8141 or epi-comments@vdh.virginia.gov. Thank you for your continued efforts to improve and maintain the health of all people in Virginia.

Sincerely,



Karen Shelton, MD
State Health Commissioner