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

- During the week ending November 26, 2022 (week 47), Virginia was at **Very High** ILI activity level. For more information please visit [https://www.cdc.gov/flu/weekly/index.htm](https://www.cdc.gov/flu/weekly/index.htm).

- During the week ending November 26, 2022 (week 47), Virginia reported **9.2%** of ED and UCC visits were for ILI.

- During the week ending November 26, 2022, the highest ILI intensity level observed in any region was **11 (Very High)**.

- During the week ending November 26, 2022 (week 47), there were **5 regions** above threshold for ILI visits.

- The largest proportion of visits by age group for ILI during the week ending November 26, 2022 (week 47) was observed in the 0-4 years age group with **21.7%** of total visits.

- Virginia received **2,557** positive confirmatory lab reports during the week ending November 26, 2022 (week 47).

- There have been **14,526** infections in Virginia during the 2022-23 flu season to date, a majority of these have not been subtyped meaning that a predominant strain cannot be identified.

- Virginia investigated **15** influenza outbreaks during the week ending November 26, 2022 (week 47).

- Virginia investigated a total of **116** outbreaks during the 2022-23 flu season.

- VDH has reported **1** influenza-associated pediatric death during the 2022-23 flu season.

- VDH has received report of **0** pneumonia, influenza, and/or COVID-19-associated deaths during the 2022-23 flu season.

Any questions about this report or the data it contains should be directed to [flu@vdh.virginia.gov](mailto:flu@vdh.virginia.gov).

For more details on the data and methods used in this report, please see the Additional Information tab.
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 November 26, 2022 (week 47), Virginia reported 9.2% of ED and UCC visits were for ILI.

During the week ending November 26, 2022, the highest ILI intensity level observed in any region was 11 (Very High).

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, 2022-23 Flu Season

During the week ending November 26, 2022 (week 47), there were 5 regions above threshold for ILI visits.

The largest proportion of visits by age group for ILI during the week ending November 26, 2022 (week 47) was observed in the 0-4 years age group with 21.7% 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, 2021-22 Flu Season

Virginia received 2,557 positive confirmatory lab reports during the week ending November 26, 2022 (week 47).

There have been 14,526 infections in Virginia during the 2022-23 flu season to date, a majority of these have not been subtyped meaning that a predominant strain cannot be identified.

For more details on the data and methods used in this report, please see the Additional Information tab.
There have been no suspected or confirmed outbreaks to date during the 2018-19 flu season.

Virginia investigated 15 influenza outbreaks during the week ending November 26, 2022 (week 47).

Virginia investigated a total of 116 outbreaks during the 2022-23 flu season.

For more details on the data and methods used in this report, please see the Additional Information tab.
VDH has reported 1 influenza-associated pediatric death during the 2022-23 flu season.

VDH has received report of 0 pneumonia, influenza, and/or COVID-19-associated deaths during the 2022-23 flu season.

For more details on the data and methods used in this report, please see the Additional Information tab.
Where do these data and methods come from? What are their limitations?

**Geographic Spread Activity Level**
As of 2022-23 influenza season, VDH is moving away from reporting flu activity level based on geographic spread.

**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 diseases.

**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/](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](https://www.cdc.gov/flu/surveillance/index.html).

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