WEEKLY RESPIRATORY DISEASE SURVEILLANCE REPORT

Respiratory Season 2025-2026

VDH VIRGINIA DEPARTMENT OF HEALTH

Weekly Respiratory Disease Surveillance Report

January 4 – January 10, 2026 (MMWR Week 1)

Report created: 14th January 2026

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VDH VIRGINIA DEPARTMENT OF HEALTH

Introduction

Respiratory disease surveillance involves monitoring a variety of data sources, including syndromic surveillance, outbreak surveillance, and laboratory surveillance. These data should be evaluated together to create a more complete picture of respiratory disease activity in Virginia.

Syndromic surveillance uses visit data from emergency departments (ED) and urgent care centers to help identify and monitor events of public health concern in near real time. However, many respiratory illnesses cause similar symptoms; for example, measures for flu activity may also reflect activity from other respiratory viruses.

Outbreak surveillance can provide an indicator for how much respiratory disease is spreading within a community and within specific settings. Any person in charge of a residential or day program, service, or facility licensed or operated by any agency of the Commonwealth, or a school, childcare center, or summer camp is required to report to the local health department the presence or suspected presence of people who have common symptoms suggesting an outbreak situation.

Laboratory surveillance for influenza provides insight into the burden of flu and which viruses are circulating at a given time. Annual vaccinations are updated regularly based on laboratory surveillance findings. However, only confirmatory laboratory results are reported to VDH and can provide information on the type or strain of flu, meaning the data for rapid tests is not included in public health surveillance.

At a Glance

For the 2025-26 season, 1 pediatric death associated with influenza have been reported in Virginia. More data and details on respiratory disease surveillance can be found here.

During the week of January 4 – January 10, 2026 (MMWR Week 1),

- ED and urgent care visits for:
  - Acute Respiratory Illness: **Decreased** and remained significantly elevated
  - Influenza-like Illness: **Decreased** and remained significantly elevated
  - COVID-19: **Decreased** and were not significantly elevated
  - Influenza: **Decreased** and remained significantly elevated
  - RSV: **Decreased** and remained significantly elevated
- **24 respiratory outbreaks** (12 confirmed, 12 suspected, and 0 unknown) were reported this week.
- **2,692 confirmatory influenza labs** were received this week.

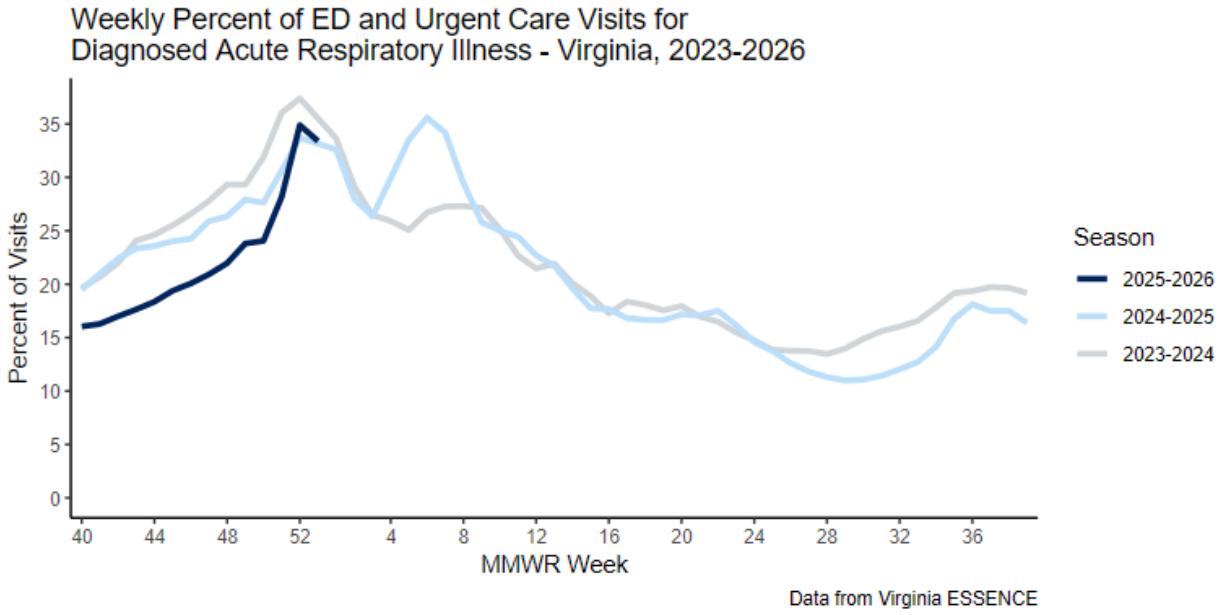
1. Syndromic Surveillance

VDH receives data from participating emergency departments (EDs) and urgent care centers through its syndromic surveillance program. The data includes visit date and location, patient demographics (e.g., age, race), chief complaint (why the patient is seeking care), and diagnosis. VDH uses chief complaint and discharge diagnosis to identify visits that meet certain criteria using syndromic surveillance case definitions. This allows public health to monitor disease trends in real time. More information about syndromic surveillance, including data limitations, can be found on the syndromic surveillance website.

1.1 Diagnosed Acute Respiratory Illness

During the week of January 4 – January 10, 2026, ED and urgent care visits for diagnosed acute respiratory illness in Virginia:

- **Decreased 4.8 percentage points** compared to the previous week from 33.4% to 28.6% of visits.
- **Remained significantly elevated** in Virginia's syndromic surveillance system compared to a baseline of previous weeks.

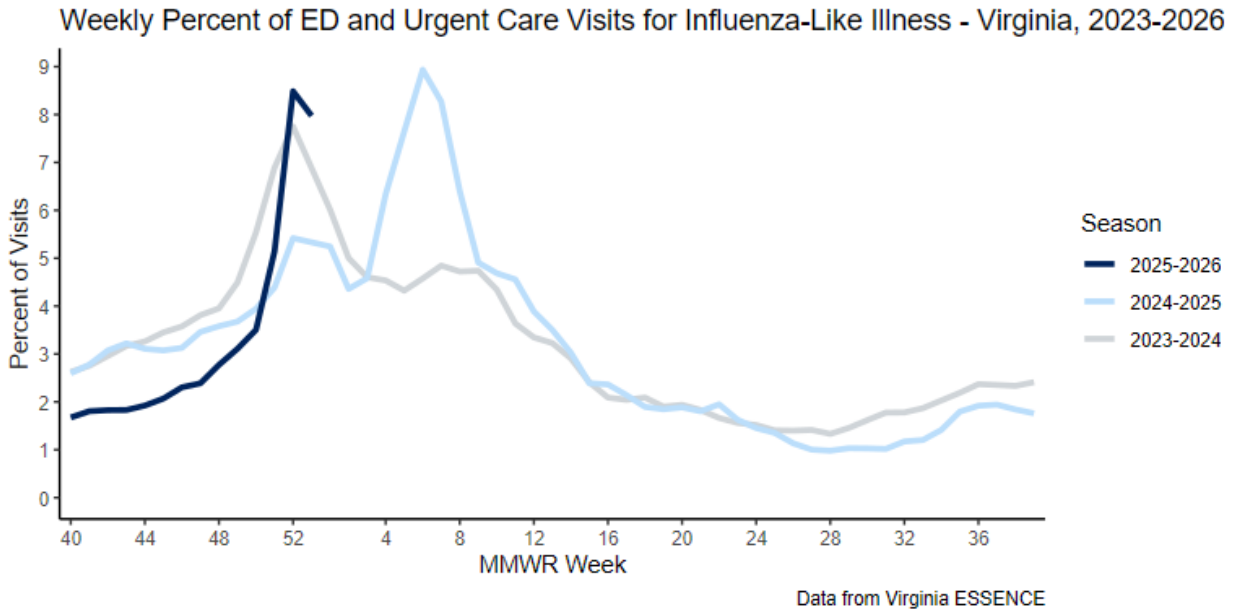


*These seasons did not have a Week 53, so the Week 53 value is an average of Week 52 and Week 1.

1.2 Influenza-Like Illness (ILI)

During the week of January 4 – January 10, 2026, ED and urgent care visits for influenza-like illness in Virginia:

- **Decreased 1.6 percentage points** compared to the previous week from 8% to 6.4% of visits.
- **Remained significantly elevated** in Virginia's syndromic surveillance system compared to a baseline of previous weeks.

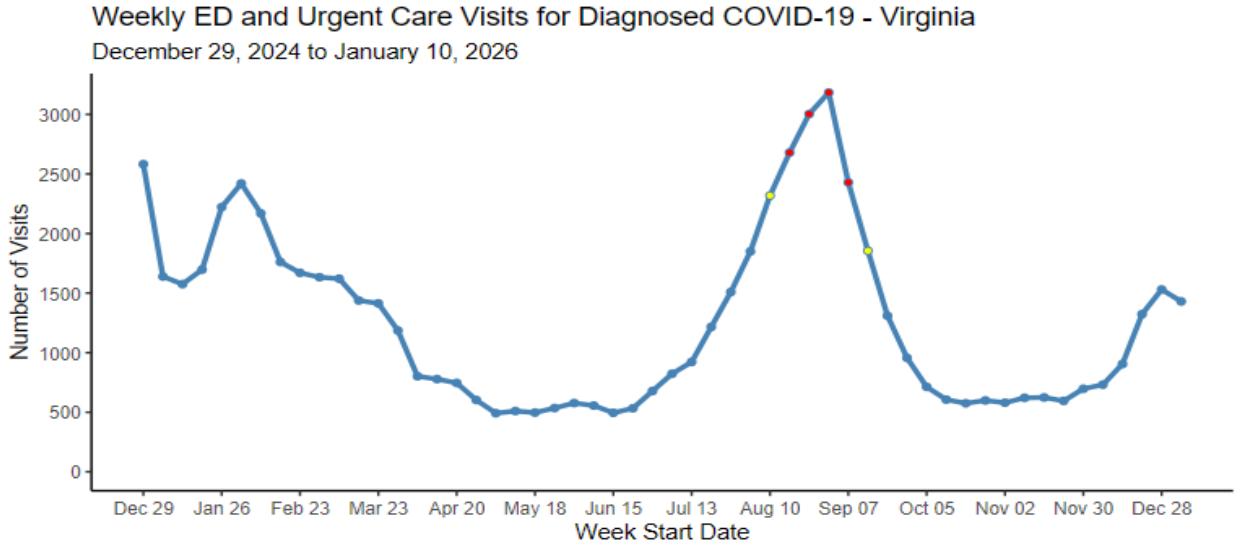


*These seasons did not have a Week 53, so the Week 53 value is an average of Week 52 and Week 1.

1.3 Diagnosed COVID-19

During the week of January 4 – January 10, 2026, ED and urgent care visits for diagnosed COIVD-19 in Virginia:

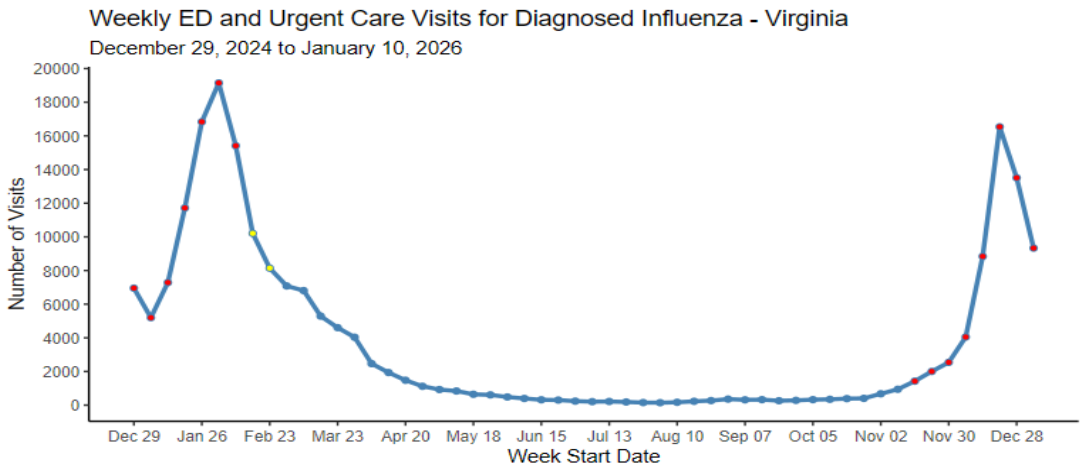
- **Decreased 7%** compared to the previous week from 1,530 to 1,430 visits.
- **Were not significantly elevated** in Virginia's syndromic surveillance system compared to a baseline of previous weeks.



1.4 Diagnosed Influenza

During the week of January 4 – January 10, 2026, ED and urgent care visits with diagnosed influenza in Virginia:

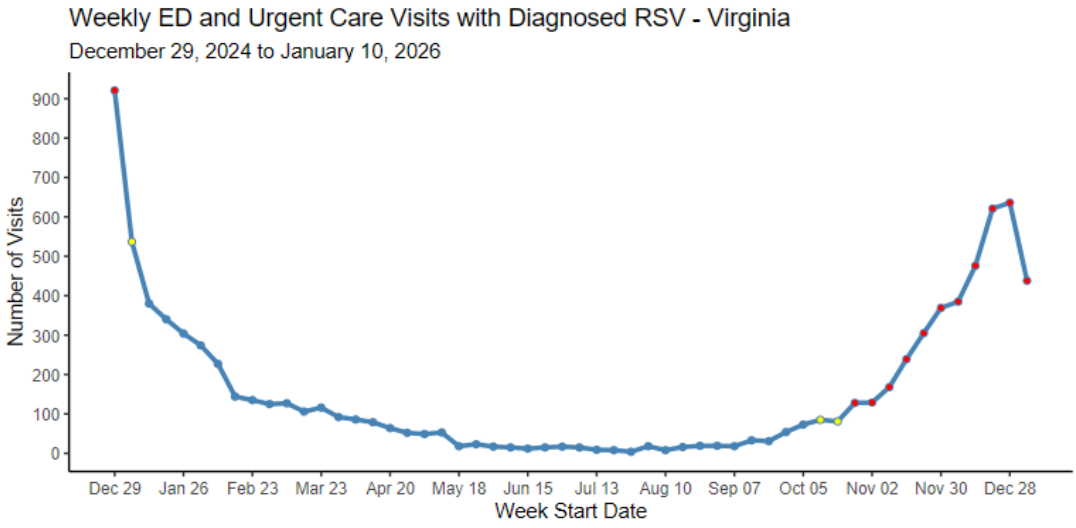
- **Decreased 31%** compared to the previous week from 13,509 to 9,331 visits.
- **Remained significantly elevated** in Virginia's syndromic surveillance system compared to a baseline of previous weeks.



1.5 Diagnosed Respiratory Syncytial Virus (RSV)

During the week of January 4 – January 10, 2026, ED and urgent care visits with diagnosed Respiratory Syncytial Virus (RSV) in Virginia:

- **Decreased 31%** compared to the previous week, from 636 to 438 visits.
- **Remained significantly elevated** in Virginia's syndromic surveillance system compared to a baseline of previous weeks.

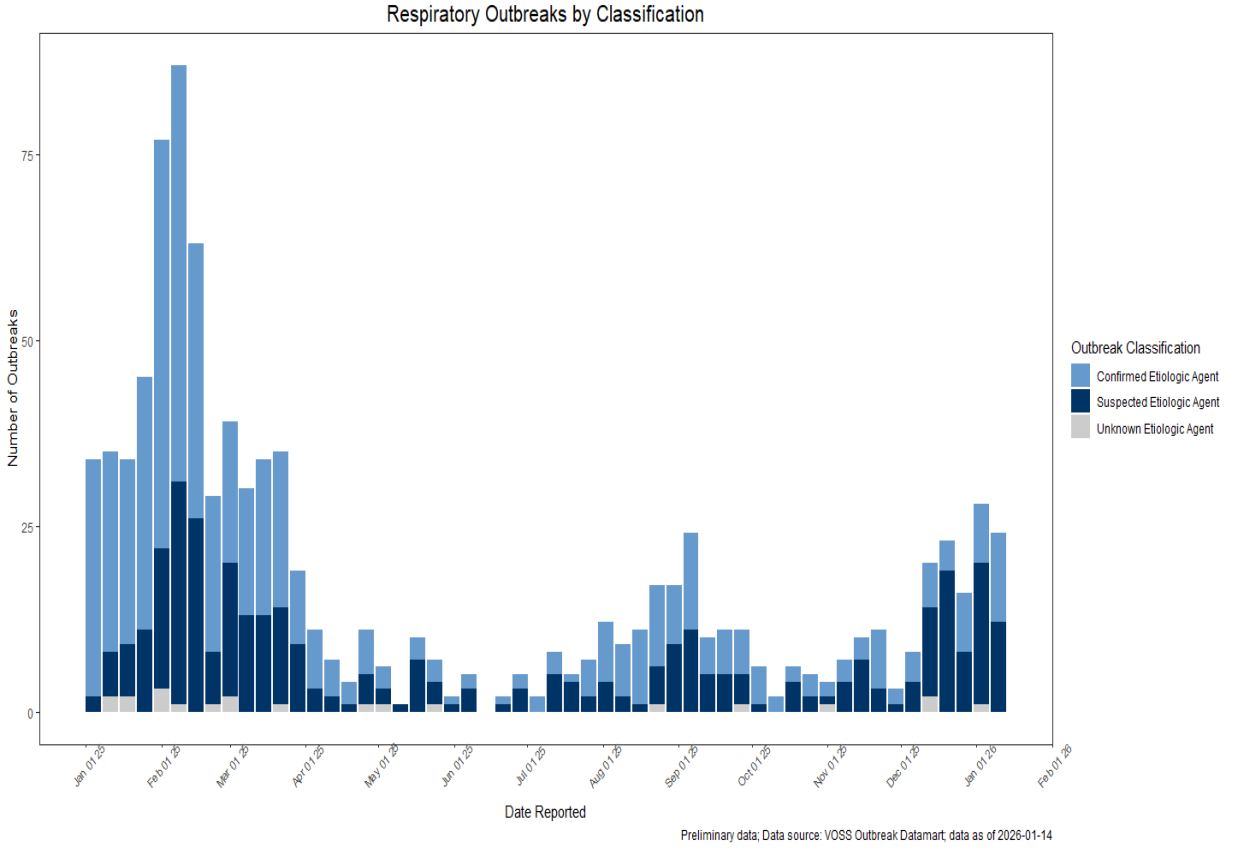


2. Outbreak Surveillance

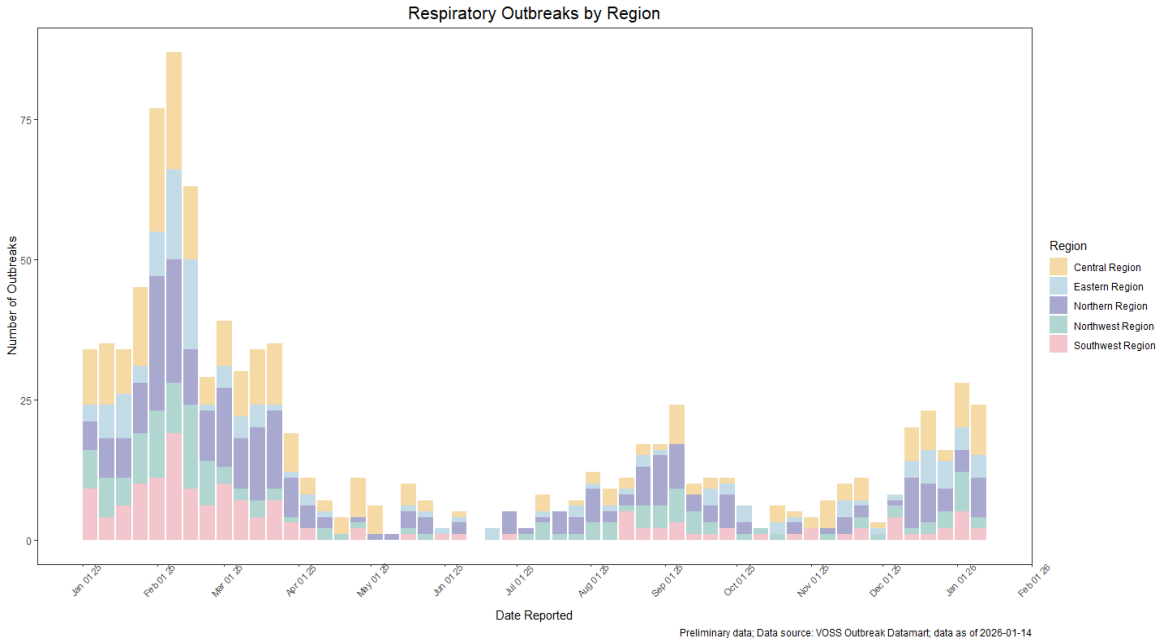
VDH requires certain facilities or programs to report the presence or suspected presence of an outbreak to the local health department. Reported outbreaks can be a good indicator of how much respiratory disease is spreading within a community and within specific settings. Investigators try to collect laboratory evidence to identify the etiologic agent (disease) causing the outbreak. The lab evidence is used to classify the outbreak as either a 'Suspected' or 'Confirmed' outbreak using outbreak surveillance definitions. If no lab evidence is collected, the etiologic agent will be marked as unknown and the outbreak will be classified as 'Suspected.'

2.1 Overall Respiratory Outbreaks by Week

During the week of January 4 – January 10, 2026, there were 12 confirmed respiratory outbreaks, 12 suspected respiratory outbreaks, and 0 outbreaks with an unknown etiologic agent reported to VDH.



2.2 Respiratory Outbreaks by Region



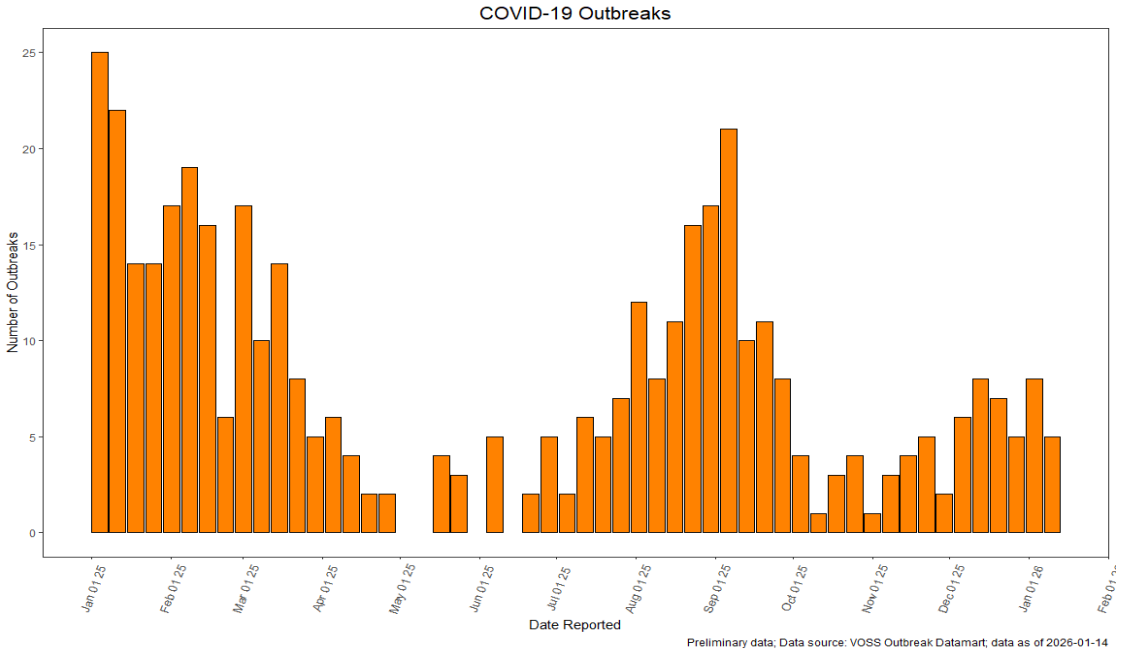
2.3 Respiratory Outbreaks by Etiologic Agent

Table 1: Number of Outbreaks by Region and Etiologic Agent During the Week of January 4 – January 10, 2026. During the Week ending January 10, 2026, there were a total of 24 respiratory outbreaks in Virginia:

Region	Etiologic Agent	Number of Outbreaks
Central	Influenza	6
Central	Multiple organisms	1
Central	SARS-CoV-2	2
Eastern	Influenza	4
Northern	Influenza	4
Northern	Metapneumovirus	1
Northern	Respiratory Syncytial Virus	1
Northern	SARS-CoV-2	1
Northwest	Influenza	1
Northwest	SARS-CoV-2	1
Southwest	Influenza	1
Southwest	SARS-CoV-2	1

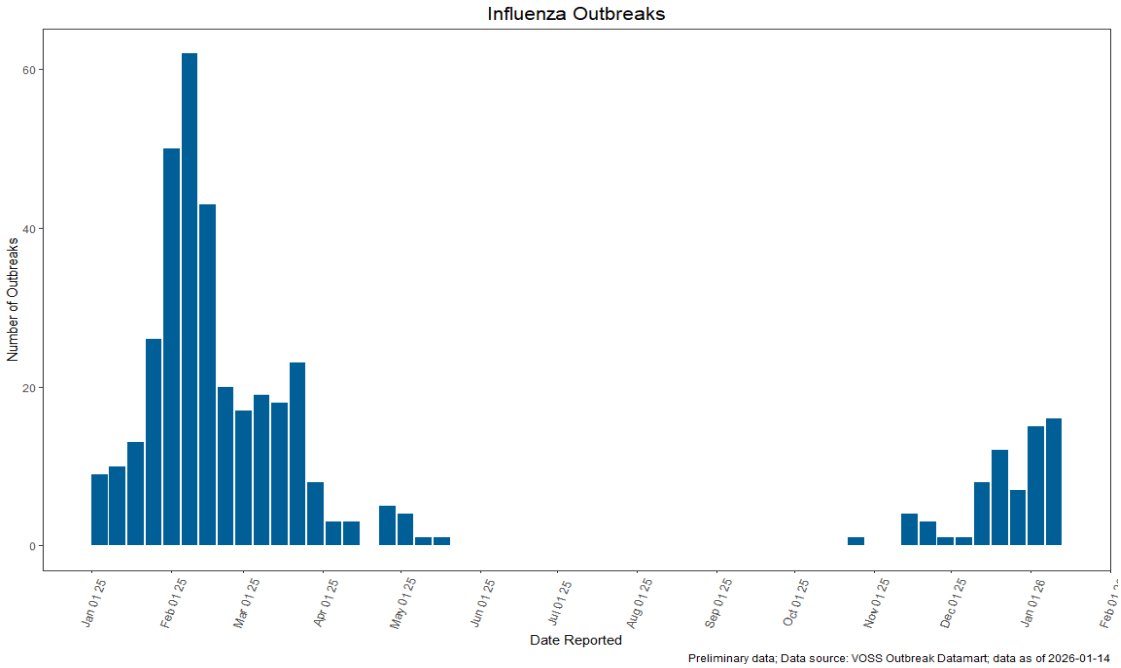
Weekly COVID-19 Outbreaks

The graph below displays both confirmed and suspected COVID-19 outbreaks from **January 2025** through **January 2026**. For the Week ending January 10, 2026, there were **5** outbreaks reported.



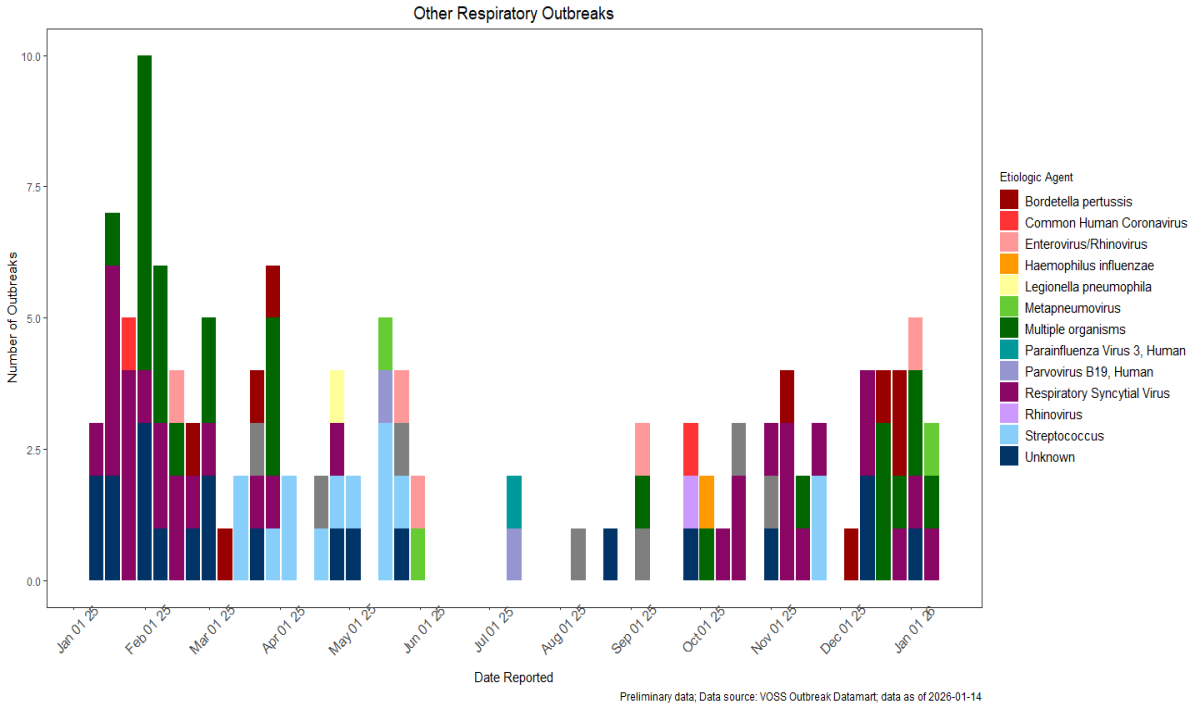
Weekly Influenza Outbreaks

The graph below displays both confirmed and suspected Influenza outbreaks from **January 2025** through **January 2026**. For the 2025-2026 season, there were **72** Influenza outbreak reported.



Weekly Respiratory Outbreaks (Excluding COVID-19 & Flu)

The graph below displays both confirmed and suspected respiratory outbreaks from **January 2025** through **January 2026**. For the Week ending January 10, 2026, there were **3** other respiratory outbreaks (excluding COVID-19 & Influenza) reported.



3. Laboratory Surveillance

Laboratory surveillance provides insight into the burden of flu and which viruses are circulating at a given time.

VDH receives reports of positive confirmatory influenza lab results. The confirmatory tests that are available (PCR, viral culture, and DFA [direct fluorescent antigen]) for the flu are not commonly used. For people who seek care for flu, most are diagnosed with a rapid influenza diagnostic test, or by their symptoms alone. These data are not reported to VDH. Therefore, influenza positive labs reported to public health represent only a small proportion of all people testing positive for influenza.

One of the major benefits of the confirmatory lab results is that they can provide more detailed information about what strain and subtype of flu viruses are circulating. Knowing whether we're experiencing a flu season with a certain type of flu can be important for identifying what communities are at highest risk for complications and negative outcomes. This information also helps us to evaluate the effectiveness of the vaccine each year.

3.1 Lab Confirmed Influenza by Week

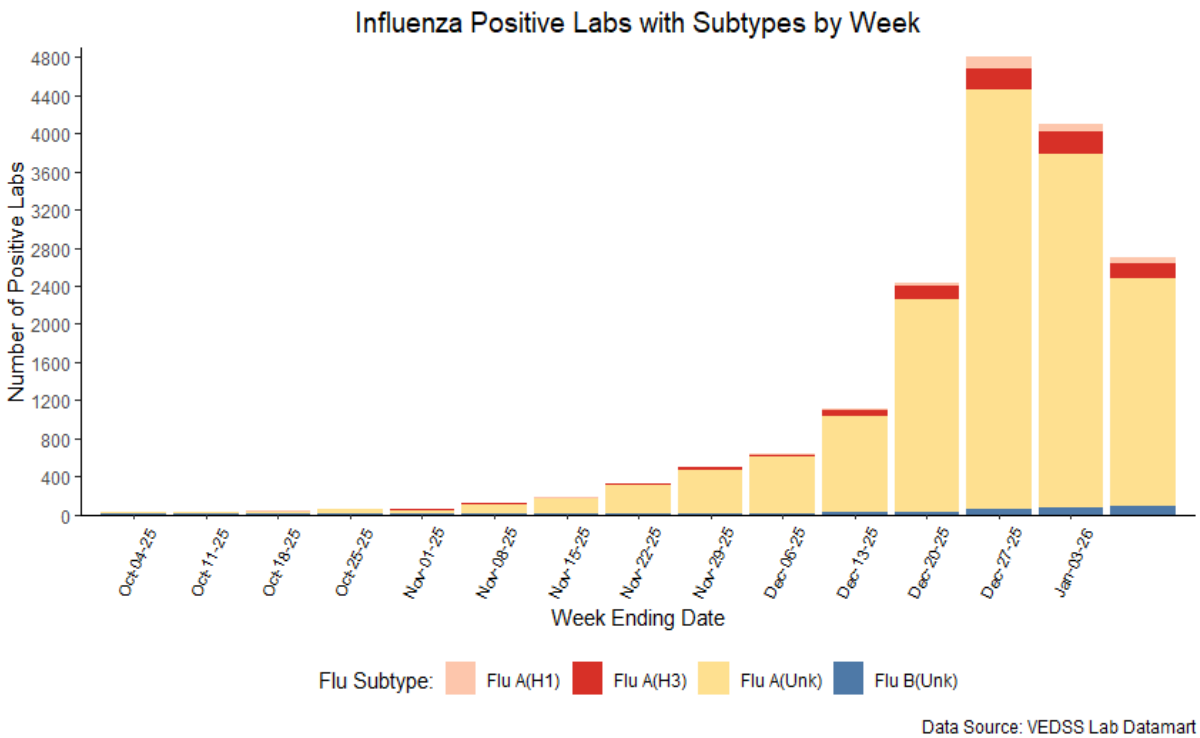
During the week of January 4 – January 10, 2026, VDH received **2,692** positive influenza lab results. For the 2025-2026 influenza season VDH received a total of 17,081 positive influenza lab results. Of the positive labs reported this flu season there were;

Table 3: Number of Influenza Positive Lab Reports by Subtype

Flu Subtypes & Lineages	Reporting Week N = 2692[1]	Cumulative N = 17081[1]
A (H1)	59 (2.2%)	333 (1.9%)
A (H3)	158 (5.9%)	910 (5.3%)
A (Unk)	2,386 (89%)	15,537 (91%)
B (Unk)	89 (3.3%)	301 (1.8%)

[1] n (%)

Influenza Positive Labs with Subtypes by Week



3.2 Lab Confirmed Influenza by Region

VDH received a total of 17,081 positive influenza labs from all 5 health planning regions of Virginia during the 2025-2026 influenza season. Eastern region reported the highest number of labs (928, 34%) during the week of January 4 – January 10, 2026.

Influenza Positive Labs by Week and Region

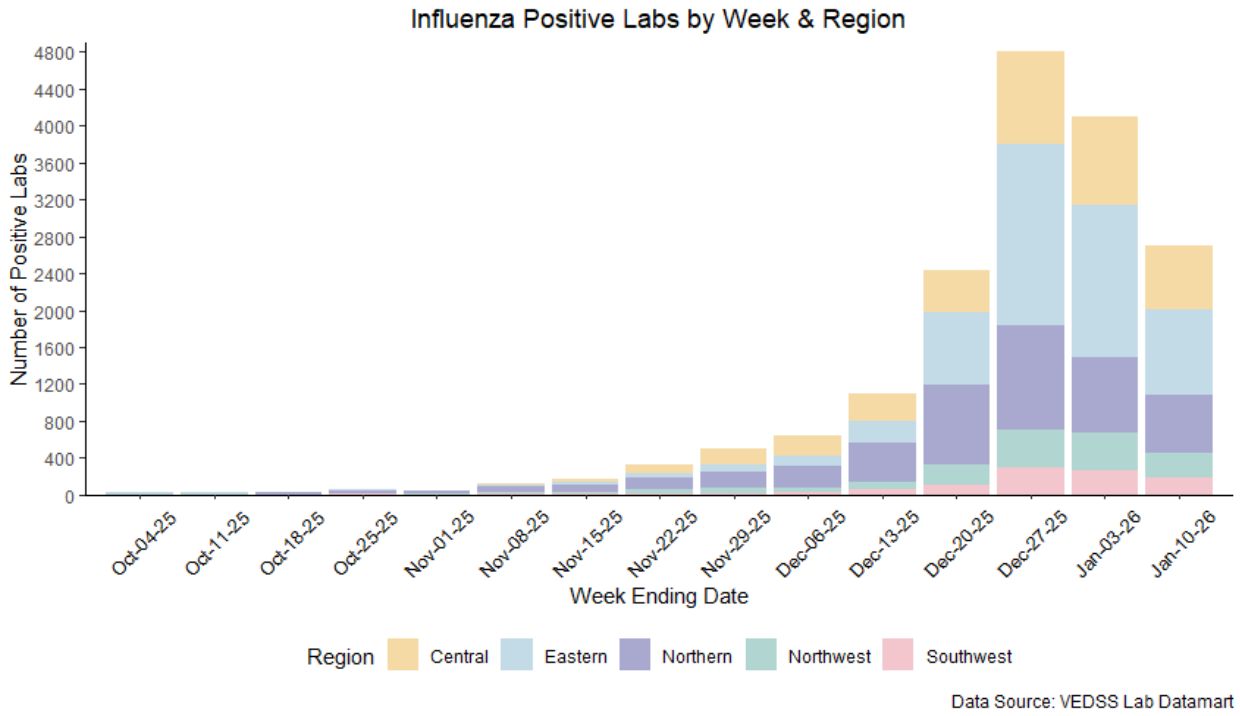


Table 4: Number of Influenza Positive Lab Reports by Region

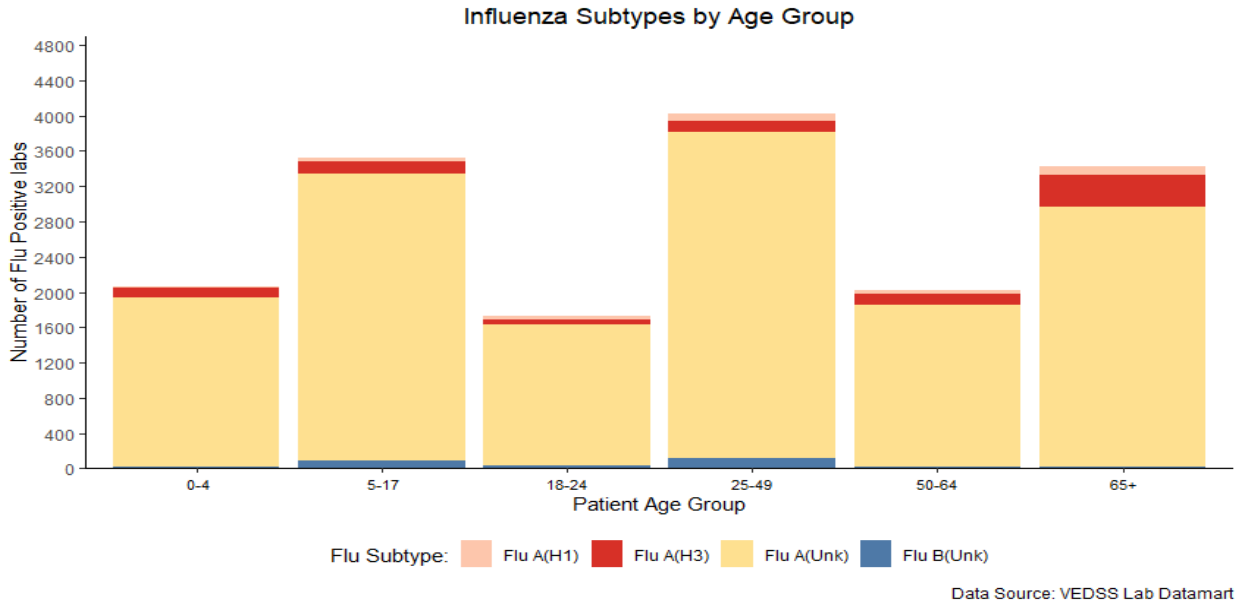
Health Regions	Reporting Week N = 2692[1]	Cumulative N = 17081[1]
Central	684 (25%)	3,935 (23%)
Eastern	928 (34%)	5,894 (35%)
Northern	635 (24%)	4,689 (27%)
Northwest	263 (9.8%)	1,579 (9.2%)
Southwest	182 (6.8%)	984 (5.8%)

[1] n (%)

3.3 Demographic Distribution of Influenza Positive Labs

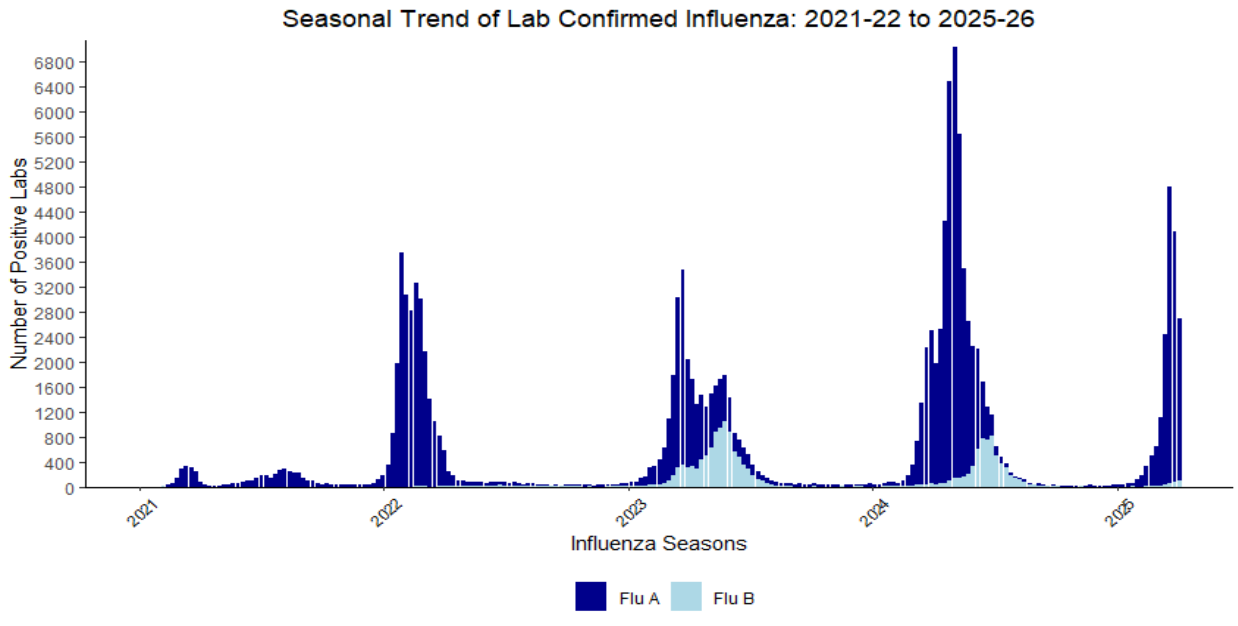
During the 2025-26 influenza season, those aged 25-49 years old (4,028; 24%) had the highest number of influenza positive labs reported to VDH.

Influenza positive labs with subtypes by age group, 2025-26 influenza season



Data Source: VEDSS Lab Datamart

3.4 Seasonal Trend of Lab Confirmed Influenza in Virginia



Data Source: VEDSS Lab Datamart

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Methodology

I. Syndromic Surveillance Methodology

VDH analyzes chief complaints and discharge diagnoses of ED and urgent care visits to identify and monitor issues of public health concern. The chief complaint is a free-text field capturing the patient's primary reason for seeking medical care. The discharge diagnosis is a coded field that uses standardized values outlined by the International Classification of Diseases (ICD) 10th Revision and SNOMED Clinical Terms (CT) code sets. Data in this report includes Virginia residents and out of state residents who visit facilities that send data to VDH. Readers are strongly encouraged to review syndromic surveillance data limitations when interpreting this report.

Data alerts (shown by yellow and red dots in graphs) indicate the number of ED and urgent care visits for that week was higher than the number of visits expected to occur compared to a baseline from the previous weeks (**red alert** = p-value <0.01, **yellow warning** = p-value <0.05).

Weekly visit counts for diagnosed COVID-19, influenza, and RSV with a zero to four percent change (0 ± 4%) compared to the previous week are defined as **stable**. Weekly

visit percentages for acute respiratory illness and influenza-like illness that are within 0.5 percentage points from the previous week are considered **stable**.

II. Outbreak Surveillance Methodology

When a Local Health Department (LHD) is notified of an outbreak of any disease, the outbreak is entered into the Virginia Outbreak Surveillance System (VOSS). As the outbreak investigation continues, users update and add data to the outbreak record. Outbreaks are categorized by syndrome: Respiratory, Dermatological, Gastrointestinal, Sepsis, and Other. Respiratory syndrome outbreak data is pulled for this report.

The Earliest Outbreak Report Date (displayed as Date Reported) is the earliest date from among the following: 1) the date the local health department was notified of the outbreak, 2) the date VDH central office staff was notified of the outbreak, 3) the date the outbreak investigation began, or 4) the date the outbreak record was created in the Virginia Outbreak Surveillance System.

III. Laboratory Surveillance Methodology

Influenza positive labs are reported by laboratories and the providers via Electronic Lab Report (ELR) or fax. ELR submissions go directly in the Virginia Electronic Disease Surveillance System (VEDSS) and the faxed influenza positive labs (if confirmed by culture, antigen detection by direct fluorescent antigen (DFA), or nucleic acid detection) are entered in VEDSS manually. R version 4.1.1 was used to run this report. Flu+SARS CoV-2 multiplex tests are not included as of this report but will be added in the future reports.

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Case Definitions

I. Syndromic Surveillance Definitions

Each of the definitions below includes visits to emergency departments (EDs) and urgent cares.

Diagnosed Acute Respiratory Illness: visits with any acute respiratory diagnosis, including specific respiratory infections (e.g. influenza, RSV, or coronavirus) and general respiratory illness diagnoses, such as bronchitis, upper respiratory infection, or pneumonia.

Influenza-like Illness: visits with a chief complaint of 'flu', fever and sore throat, or fever and cough.

Diagnosed COVID-19: visits that include COVID-19 in the discharge diagnosis.

Diagnosed Influenza: visits that include influenza in the discharge diagnosis.

Diagnosed Respiratory Syncytial Virus (RSV): visits that include RSV in the discharge diagnosis.

Note that data may not represent confirmed cases of these conditions, but they can assist with understanding the burden on healthcare systems and the community.

II. Outbreak Surveillance Definitions

Confirmed Outbreak: An outbreak with 2 or more positive confirmatory lab results[2] without a more likely source of exposure.

Suspected Outbreak: An outbreak with either 1 or more confirmatory and 1 or more non-confirmatory positive lab results[1] or case that meets the epidemiological case definition without a more likely source of exposure.

Unknown Etiologic Agent: An outbreak without a clear distinction or enough supportive laboratory confirmation results to declare a true etiologic agent. In this report, outbreaks with an unknown agent contain respiratory disease symptoms (cough, sneeze, headache, etc.) but do not have confirmatory lab information that proves a specific respiratory etiologic agent (negative flu panel or SARS-CoV-2 tests).

III. Laboratory Surveillance Definitions

Influenza Positive Lab Reports: Influenza positive lab reports include lab reports that were confirmed by PCR or viral culture or antigen detection by DFA to be positive for influenza virus. This does not include 'Flu Rapid Antigen' tests as those are not reportable in Virginia. 'Undetermined' test results are not included in this report.

[1] Dependent on the etiologic agent in question