

Respiratory Diseases in Virginia

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January 10, 2023

Surveillance and Investigation of Respiratory Diseases in Virginia

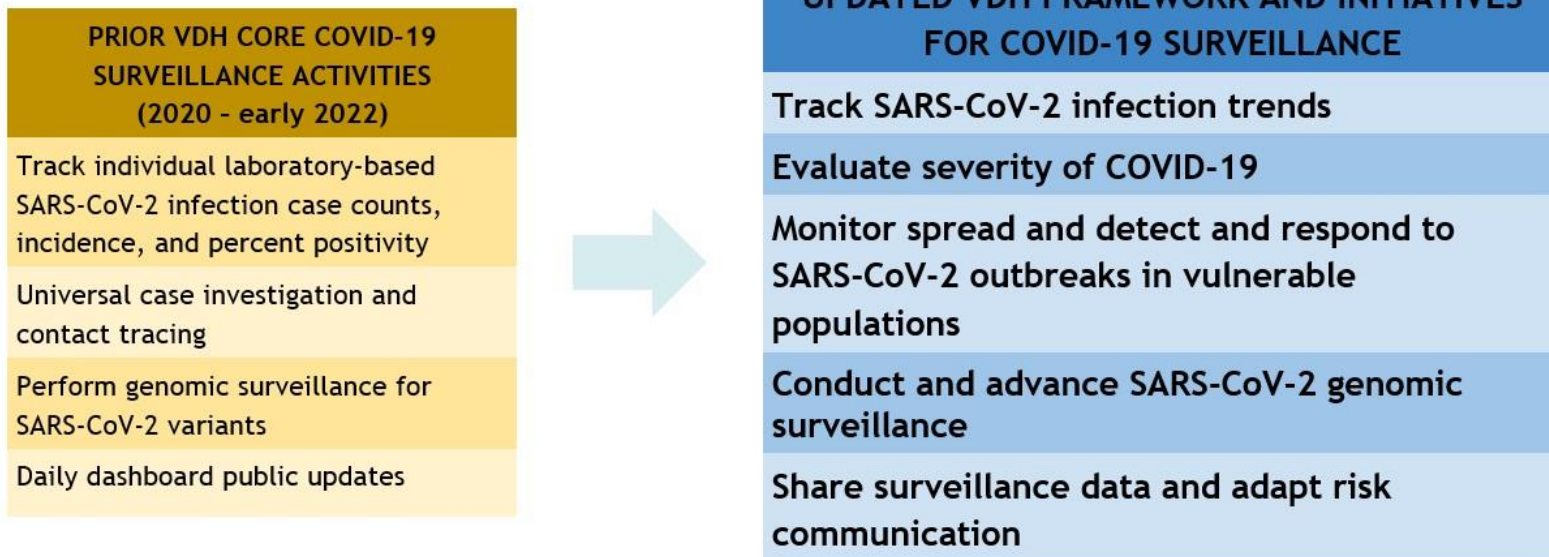
- VDH Respiratory Disease Program oversees the surveillance, investigation, and reporting activities for respiratory diseases in Virginia: including influenza, legionella, COVID-19, psittacosis, etc.
- Role of public health surveillance is to provide and interpret data to facilitate the prevention and control of disease.
 - Document who is affected
 - Inform policy and interventions
 - Monitor trends and changes over time

COVID-19 in Virginia



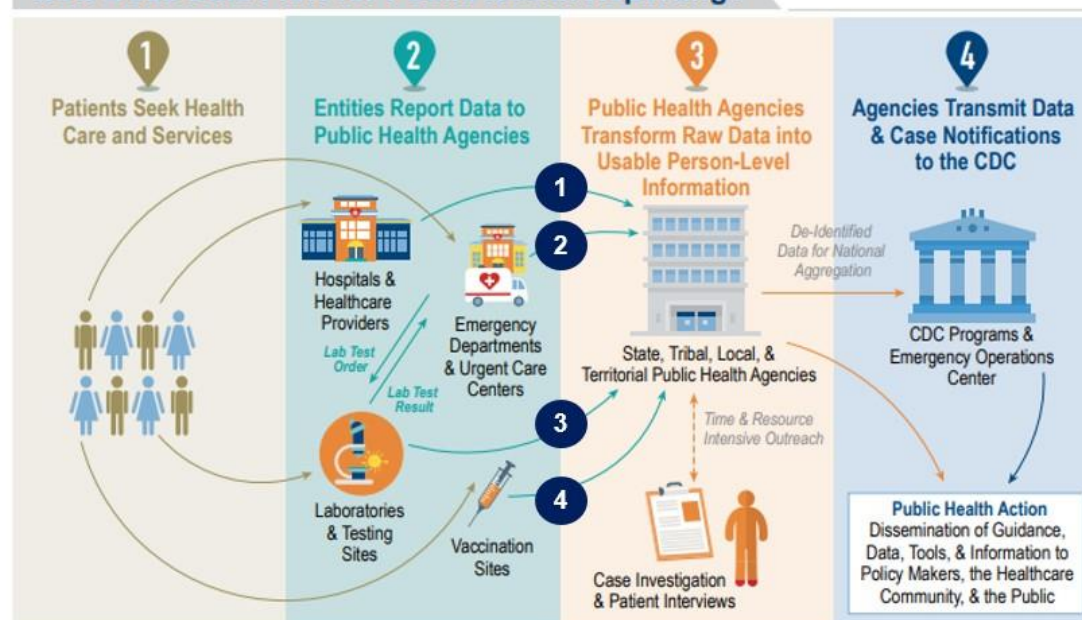
- This pandemic disproportionately affects people from racial and ethnic minority groups
- Complete and accurate race and ethnicity (R/E) data are critical to establish, monitor, and address health inequities
- Efforts have been made to improve completeness of data, however gaps remain

Source: [VDH Health Equity Dashboard](#) (Accessed 12/21)



Gaps in Public Health Reporting of Race and Ethnicity Data for COVID-19

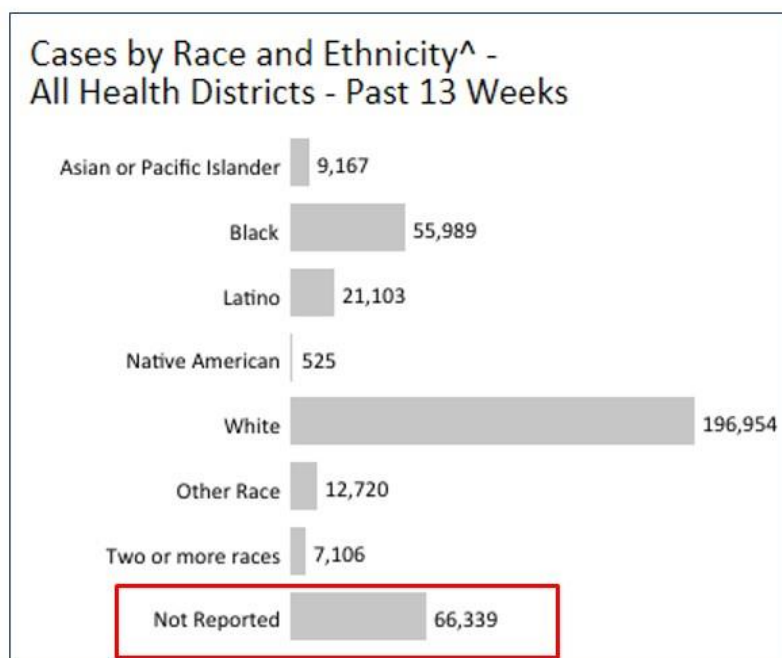
How Does Data Flow for Public Health Reporting?



Reporting to Public Health	National Estimates of COVID-19 R/E Data Completeness (As of August 2021)
Case Surveillance	64%
Syndromic Surveillance	77%
Electronic Laboratory Reporting (ELR)	29%
Vaccine Surveillance	62%

Source: CSTE's [Addressing Gaps in Public Health Reporting of Race and Ethnicity Data for COVID-19](#)

VA COVID-19 Case Data Has ~22% Missing R/E Data



Source: VDH [COVID-19 in Virginia: Demographics](#); as of 12/21/22

Opportunities to Improve R/E Data

- Advocate for disease agnostic **reporting mandates** on completeness of race and ethnicity data
 - VDH estimates that race and ethnicity completeness increased 6% and 4% after [HHS COVID-19 Cares Act](#) became effective (6/2020)
- Participate in efforts to evaluate and **expand the inclusivity of value sets** and response options
 - HL7 Gender Harmony Cross Paradigm Implementation Guide for Sex and Gender Representation
- Provide **education and guidance** to partners and investigators on the benefits of, and skills for reporting demographic data
 - Develop a 'health equity report' for reporting providers and laboratories to enhance visibility and aim to improve demographic variable completeness for ELRs and eCRs
 - Conduct trainings on interview skills to build trust and ask questions in a culturally sensitive way
- Participate in **enhanced surveillance** (COVID-NET)
 - COVID-NET provides clinical information on COVID-19-associated hospitalizations, including age group, sex, race/ethnicity and underlying health conditions.

COVID-19 Care Resource Coordination



Source: Unite Us Dashboard 2022 (Accessed 12/21/22)

Opportunities to Support the Community



- Sustain and support Care Resource Coordination activities at LHDs
- Improve public awareness of social support available to persons in isolation or affected by COVID-19
- Continue partnership with [Unite Virginia](#); a coordinated care network of health and social service providers

Source: [VDH Care Resource Coordination](#)

Opportunities to Advance Public Health Knowledge

- Aim to partner with an academic institution to study 'post-COVID Condition' or Long COVID
 - Define Long COVID so that it may be monitored to understand who is more likely to develop, how many people are affected, how are they being affected, etc.
 - Share resources for people impacted by Long COVID
 - Identify groups that have been more affected by Long COVID, lack access to care and treatment for Long COVID, or experience stigma

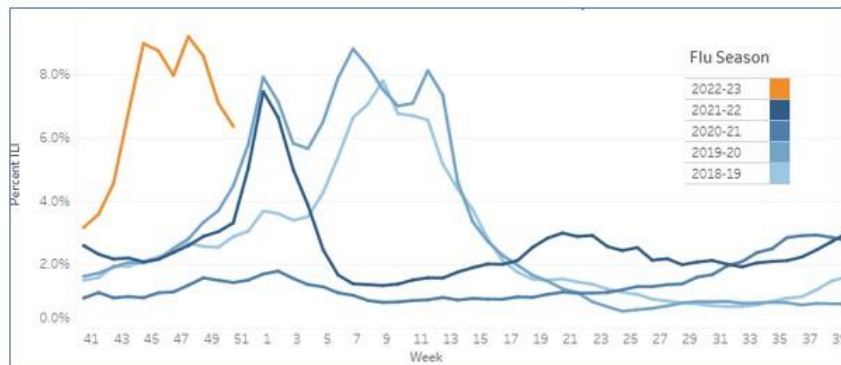


Image Source: [ASBMBTODAY](https://www.asbmbtoday.com)

Influenza Surveillance and Investigation

- Flu surveillance answers the questions of where, when, and what influenza viruses are circulating
 - Informs when and where flu activity is occurring
 - Determines what flu viruses are circulating
 - Detects changes in flu viruses
 - Measures the impact flu is having on illness, hospitalizations, and deaths
- Flu is not individually reportable in Virginia. Reportable data are:
 - Laboratories - confirmed lab reports (PCR, culture, DFA)
 - Influenza-associated pediatric deaths
 - Suspected or confirmed novel influenza infection
 - Outbreaks

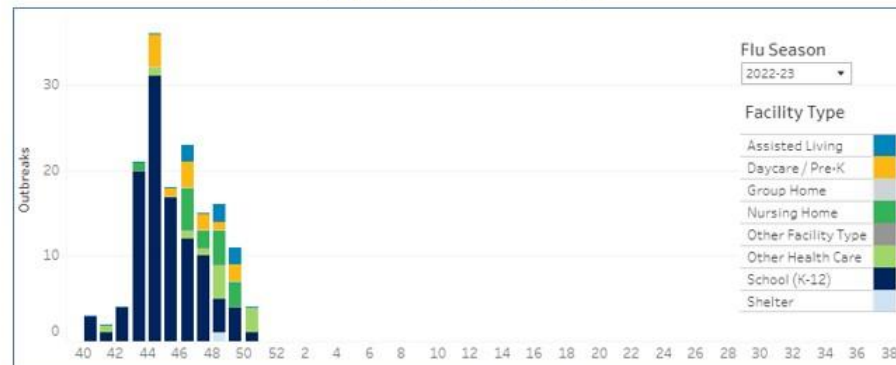
Percent of Visits for Influenza-Like Illness by Age Group 2022-2023 Season



Syndromic Surveillance

- Participating emergency departments (EDs) and urgent care centers report data to VDH
- Chief complaint and discharge diagnosis are used to identify visits that meet certain criteria using syndromic surveillance case definitions.
- **Syndromic Surveillance allows public health to monitor disease trends in real time.**

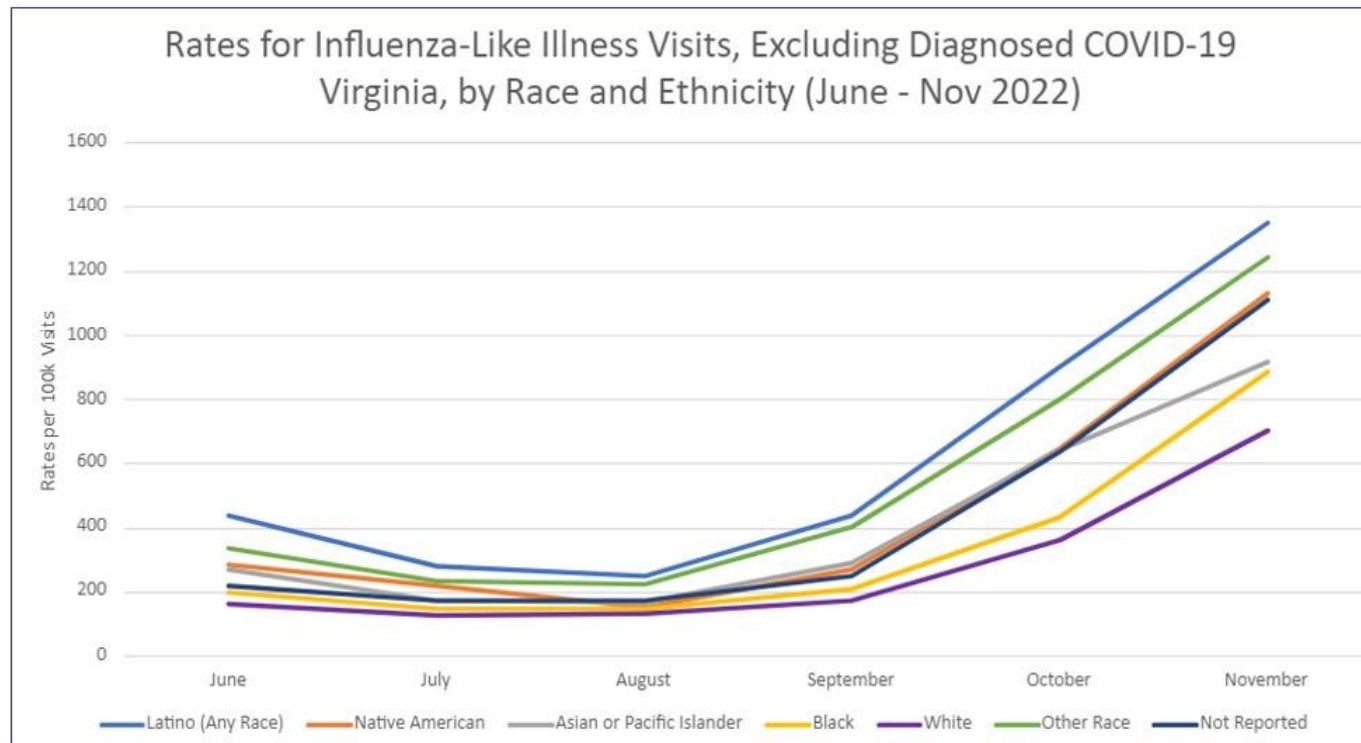
Suspected or Confirmed Outbreak by Facility Type 2022-2023 Season



Outbreak Surveillance

- Certain facilities or programs are required to report outbreaks to VDH
- **Reported outbreaks tell us how much disease is spreading within a community and within specific settings**
- Investigators work to collect laboratory evidence to identify the etiologic agent (disease) causing the outbreak and mitigate or reduce transmission

Source: VDH [Influenza Surveillance](#); as of 12/22/22

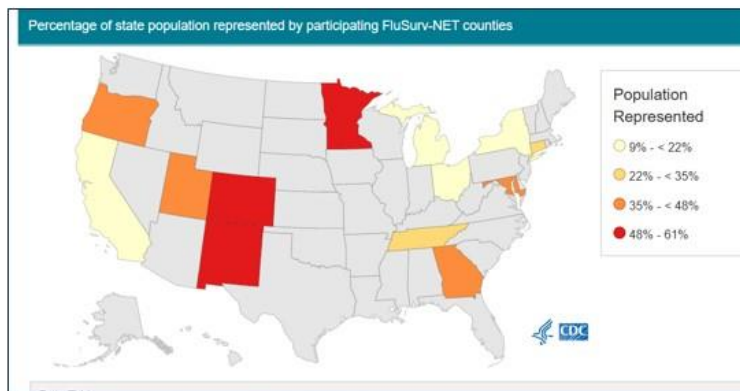


- Syndromic Surveillance R/E data has 97% completeness among visits with ILI (excluding diagnosed COVID-19) for past 6 months

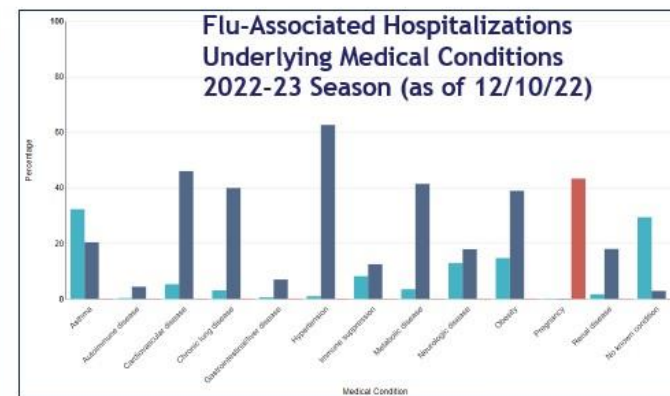
Emergency Department (ED) and Urgent Care (UC) statistics obtained on 12/22/22. Includes visits occurring during 2022 MMWR weeks 23 - 48 (6/5/22 - 12/3/22).
Data Limitations: Data provide information on health trends rather than exact measure of ILI in the community. You are encouraged to review the limitations of syndromic surveillance data. <http://www.vdh.virginia.gov/surveillance-and-investigation/syndromic-surveillance/limitations/>

Opportunities to Enhance VA Flu Surveillance: FluSurvNet

- The Influenza Hospitalization Surveillance Network (FluSurvNet) is a population-based surveillance system
 - Allows for hospitalization rates associated with flu
 - Provides demographic and clinical information including age, sex, and underlying medical conditions among persons hospitalized with flu



Source: CDC [Influenza Hospitalization Surveillance Network](#)



Virginia 2022-23 Season Flu Vaccine

- In VA, there have been 2.69 million flu vaccine doses administered; 31% of total population
- Age
 - Younger children trailing previous year vaccination rates
- Race/Ethnicity
 - Parity vs. white population: Asian or Pacific Islander 1:1, Black 0.7:1, Latino 0.8:1
- Urbanicity
 - Geographic disparities in uptake by locality: range from 45.3% to 17.6%
 - Mixed urban and urban populations have higher uptake (31%, 28%) than mixed rural and rural (27%, 25.1%)

Source: VDH data as of 12/8/22

Thank you!

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