**Weekly Flu Surveillance Report**

**Timeframe: 12/12/2021 – 12/18/2021**

- The Influenza-like Illness (ILI) activity level remains **minimal** in Vermont. For a description of national influenza activity levels, please [click here](#).

- In Vermont, the percent of PCR flu tests that have a positive result for influenza has steadily increased since the start of the flu season on October 3, 2021. Most of the positive results are influenza A, consistent with other positive results seen across the United States at this point in the flu season.

- The COVID-19 pandemic may influence influenza surveillance through changes to health seeking behaviors, influenza testing capacity, implemented hygiene and physical distancing measures, and staffing/routines in sentinel sites. Current influenza surveillance data should be interpreted with consideration of these factors. Follow these links for up-to-date Vermont and [national](#) COVID-19 data.

**Syndromic Surveillance**

**Vermont Emergency Room and Urgent Care Visits for Influenza-like Illness or Diagnosed Influenza**

†The definition of Influenza-like Illness (ILI) was updated in September 2021 to no longer exclude patients with another diagnosed non-influenza illness. The 2021-22 season’s ILI data are not directly comparable to previous seasons due to this change.

1/3/2022

Data provided in this report are preliminary and will be updated as additional data are received.
Definitions
Influenza-like Illness (ILI): determined using the patient’s chief complaint and/or discharge diagnosis. ILI is the presence of a fever equal to or exceeding 100°F with the addition of cough or sore throat. As of 2021, the ILI definition no longer excludes patients with another diagnosed non-influenza illness.

Influenza (Flu): determined by the patient’s chief complaint of a fever with the addition of cough or sore throat and a discharge diagnosis of influenza.

Polymerase Chain Reaction (PCR) test: a fast, highly accurate way to diagnose certain infectious diseases and genetic changes. The tests work by finding the DNA or RNA of a pathogen (disease-causing organism) or abnormal cells in a sample (MedlinePlus, National Library of Medicine).

ILINet Sentinel Provider Data
This surveillance data is based upon reports submitted by ILINet, a nationwide group of medical offices that act as influenza sentinels. Sentinel providers report the number of patients with an influenza-like illness (ILI) seen by their practices each week.

About 1.19% of visits were due to influenza-like illness among Vermont ILINet providers reporting this week, similar to 1.2% reported during the previous week.

Laboratory Data
The Health Department Lab performs subtype testing to determine the type of flu, for example H3, H1N1, etc. This information helps determine the circulating virus strains.

Please note: the specimens tested during this reporting period were collected between 11/24 and 12/13. Three of the four subtyped positive specimens were collected from patients during this reporting period (12/12/21-12/18/21).

<table>
<thead>
<tr>
<th>Type and Subtype</th>
<th>Health Department Lab subtype testing: 12/12/21-12/18/21</th>
<th>Season so far: 10/03/20-12/18/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu A H3</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Flu A H1N1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Flu B</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
The National Respiratory and Enteric Virus Surveillance System (NREVSS) collects data on the number of PCR flu tests performed by participating Vermont labs and how many were positive. This helps determine flu activity in the community.

8.92% of PCR tests run this week were positive, a decrease compared to 10.23% the previous week. During the 2021-22 season, 3.75% of flu PCR tests reported through NREVSS have been positive. Both influenza A and B have been reported through NREVSS.

Reported Outbreaks

Institutional outbreaks of flu or influenza-like illness (excluding outbreaks of respiratory illnesses not caused by influenza viruses, e.g. COVID-19) are reportable to the Health Department.

For more information: Hilary Fannin hilary.fannin@vermont.gov