Weekly Flu Surveillance Report

2021/2022 Flu Season

Timeframe: 04/17/2022 – 04/23/2022

- The CDC-calculated influenza-like illness (ILI) activity level in Vermont this reporting period remains minimal.

- This reporting period coincides with spring break for Vermont schools. This week’s data should be interpreted with consideration of population changes due to holiday travel.

- It is not too late to get a flu shot to reduce the risk of seasonal flu and complications from flu illness. CDC has a webpage with important steps to take to prevent flu, like staying home when sick and practicing good hand hygiene.

- 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

0% 1% 2% 3% 4% 5% 6% 7% 8%
% of Total Emergency Room Visits Due to ILI or Flu

Week


- 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.

4/29/2022

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 test works 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 1.10% of visits were due to influenza-like illness among Vermont ILINet providers reporting this week, a decrease compared to 1.66% 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.

<table>
<thead>
<tr>
<th>Type and Subtype</th>
<th>Health Department Lab subtype testing: 04/17/22-04/23/22</th>
<th>Season so far: 10/03/21-04/23/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu A H3</td>
<td>4</td>
<td>51</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.

About 9% of PCR tests run this week were positive, a decrease compared to 14% the previous week but continuing a five-week trend of high percent positivity compared to earlier in the season. During the 2021-22 season, 5.18% of flu PCR tests reported through NREVSS have been positive. Most positive results reported through NREVSS this season have been influenza A.

**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.

**Number of Influenza-like Illness and Influenza Lab Confirmed Outbreaks, 04/17/2022 – 04/23/2022**

<table>
<thead>
<tr>
<th>Facility Type</th>
<th># of Outbreaks 04/17/22-04/23/22</th>
<th>Full Season 10/03/21-04/23/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term Care Facility</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>School/University</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Childcare Center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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