Weekly Flu Surveillance Report – Post-season

Timeframe: 06/12/2022 – 06/18/2022

- Flu and Influenza-like Illness (ILI) activity have been observed as unusually high for this time of year, though it is decreasing compared to recent weeks. Before COVID-19, flu and ILI were most common between October and May, peaking at some point in between those months – sometimes more than once. The COVID-19 pandemic and changes to health seeking behaviors because of the pandemic have influenced when flu and other illnesses are being transmitted in our communities; this flu season’s peak appeared unusually late around the United States.

- **Weekly surveillance will continue to take place until flu transmission normalizes.** Influenza is an illness that can be caught year-round, so it will not go away completely. The Vermont Department of Health will be watching transmission trends for Vermont communities and settings where flu is a concern (like long-term care facilities) to inform actions against flu and ILI. The final weekly report is expected next week beginning June 26.

- **Not all surveillance can continue in the same way after the official end of the flu season.** The information that is available about flu trends changes after MMWR week 20. Some surveillance providers may not be able to report flu activity with the same frequency, positive flu specimens may not be submitted for subtyping, and some information may not be available at the national level from the CDC. Please keep this in mind when reviewing the post-season report.

- **Nationally, COVID-19 continues to be the main respiratory illness circulating.** It is possible for influenza and COVID-19 to infect the same person at the same time, though this is unlikely. Regardless of which virus is causing illness, it is best to stay home if sick, and to seek medical care if severe symptoms develop.

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

*Historical averages are based on the corresponding MMWR weeks of the 2016-17, 2017-18, and 2018-19 flu seasons. Historical averages are displayed for context but are not comparable to the 2021-22 flu season due to the COVID-19 pandemic and the 2021 ILI definition update.

†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.

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).
**Flu Surveillance Report**

**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.

0.88% of visits were due to influenza-like illness among Vermont ILINet providers reporting this week, similar to 0.68% 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. It does not help determine flu activity in the community.

All positive specimens submitted to the Health Department Lab for subtyping were influenza A subtype H3.
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.

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**3.94% of PCR tests run this week were positive, an increase compared to 2.79% the previous week. Influenza A and B positive results have reported through NREVSS this post-season.**

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**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, 10/03/2021 – 06/18/2022**

<table>
<thead>
<tr>
<th>Facility Type</th>
<th># of Outbreaks 06/12/22 - 06/18/22</th>
<th>Full Season and Post-season 10/03/21-06/18/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term Care Facility</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>School/University</td>
<td>0</td>
<td>5</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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