Weekly Flu Surveillance Report – Post-season

2021/2022 Flu Season

Timeframe: 06/19/2022 – 06/25/2022

- **Flu and Influenza-like Illness (ILI) activity have 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 without published reports.** 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. This is the final weekly report for the 2021-2022 post-season.

- **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.
**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.

0.49% of visits were due to influenza-like illness among Vermont ILINet providers reporting this week, a decrease compared to 0.88% 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.

Less than 1% of PCR tests run this week were positive, a notable decrease compared to 3.94% the previous week. Influenza A and B positive results have reported through NREVSS this post-season.

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 – 06/25/2022

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