



# District 2 Public Health

Zachary Taylor, M.D., M.S., Health Director

1280 Athens Street • Gainesville, Georgia 30507

PH: 770-535-5743 • FAX: 770-535-5958 • [www.phdistrict2.org](http://www.phdistrict2.org)

Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union and White Counties

December 23, 2024

**District 2 Public Health – Epidemiology Department**

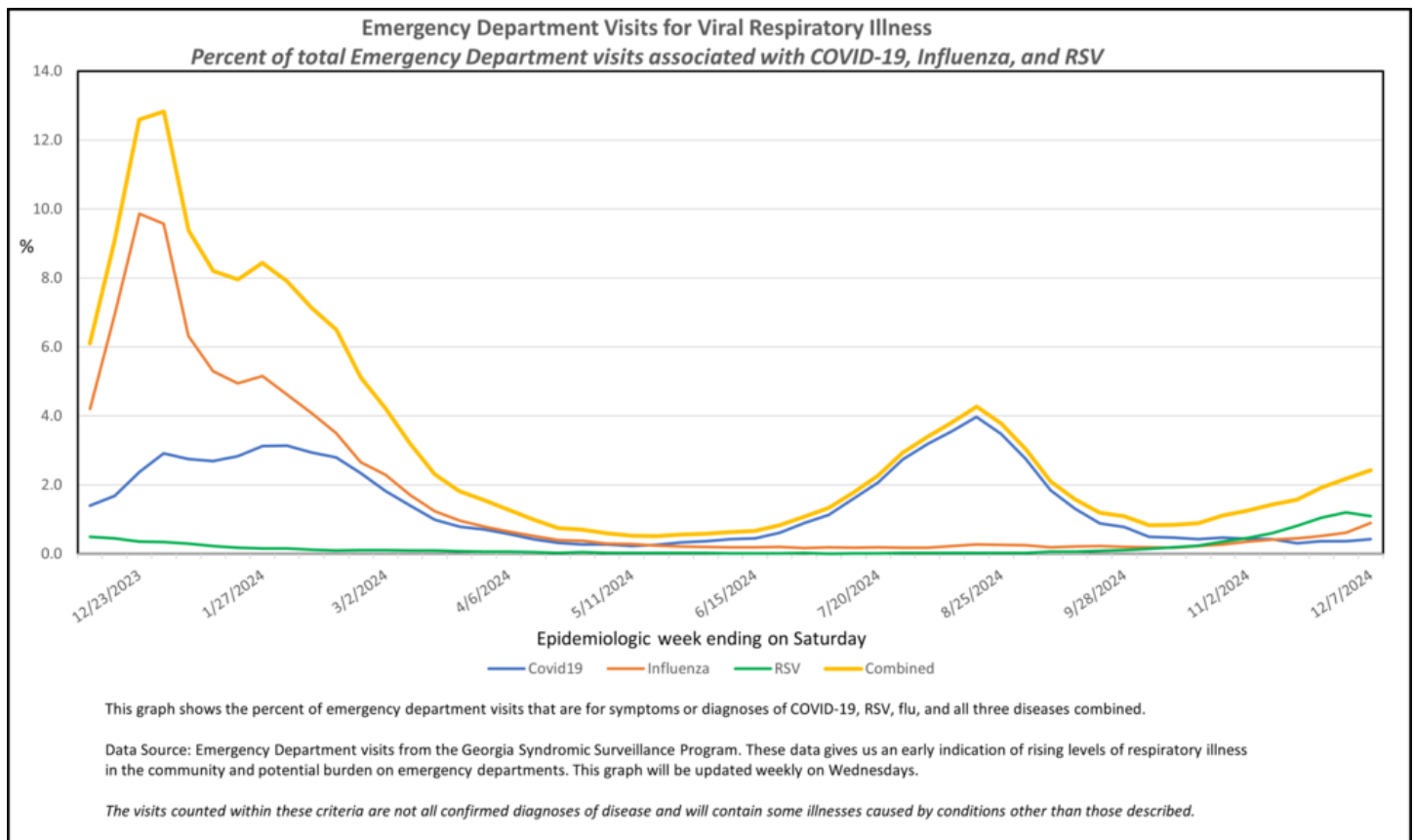
Phone: (770) 535-5864

Fax: (770) 535-5848

Website: <https://phdistrict2.org/epidemiology/>

## Viral Respiratory Diseases Surveillance

### Pan-Respiratory Virus Surveillance (Georgia - last updated 12/07/2024)

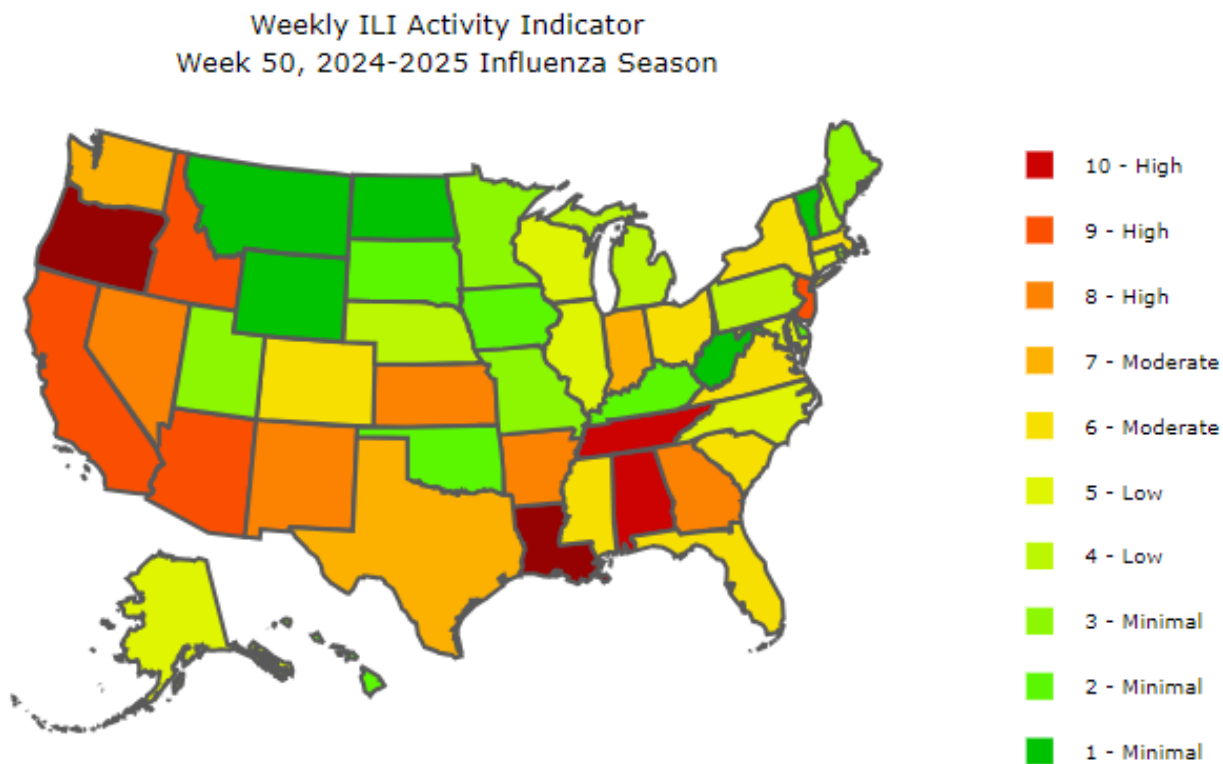


Graph shows RSV cases are higher than Influenza and COVID-19 ending week of 12/07/2024.

## Georgia Flu Surveillance Update: Week 50 (Ending December 14, 2024)

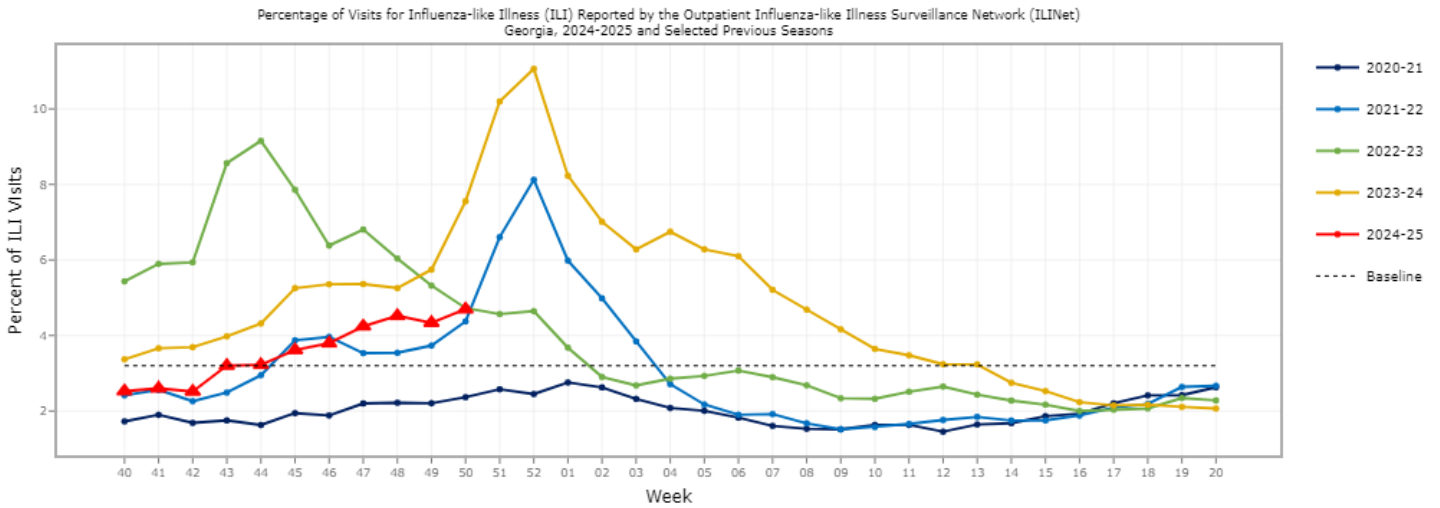
As of Week 50, Georgia flu activity was *high* = 8 (on the scale of 1-13). Activity levels are based on the percent of outpatient visits in Georgia due to influenza-like illness during this timeframe.

For the corresponding week, the percentage of outpatient visits for influenza-like illness was 4.7% (which is above the regional baseline of 3.2%), the number of influenza-associated death was 0 (0 total for the current ILI season); the number of Metro Area Influenza Hospitalizations was 46 (159 total for current Flu season); and the number of Influenza Outbreaks was 7 (11 total for current Flu season).



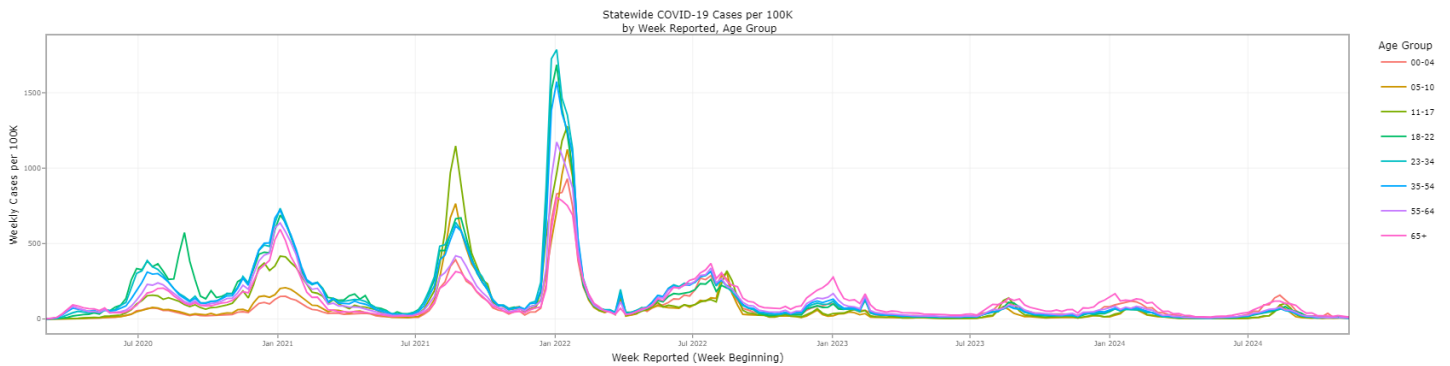
Map shows Influenza-like cases in southern US region. Georgia activity indicator is at level 8 (**High**) on week 50 as shown in orange.

## ILI (Influenza-like Illness) Percentages by Season



The graph shows Georgia Flu snapshot comparison to previous years. The graph shows flu cases are low in 2024-2025 when compared to 2023-2024. However, this graph also shows Georgia flu cases are slowly rising.

## COVID-19 Snapshot in Georgia

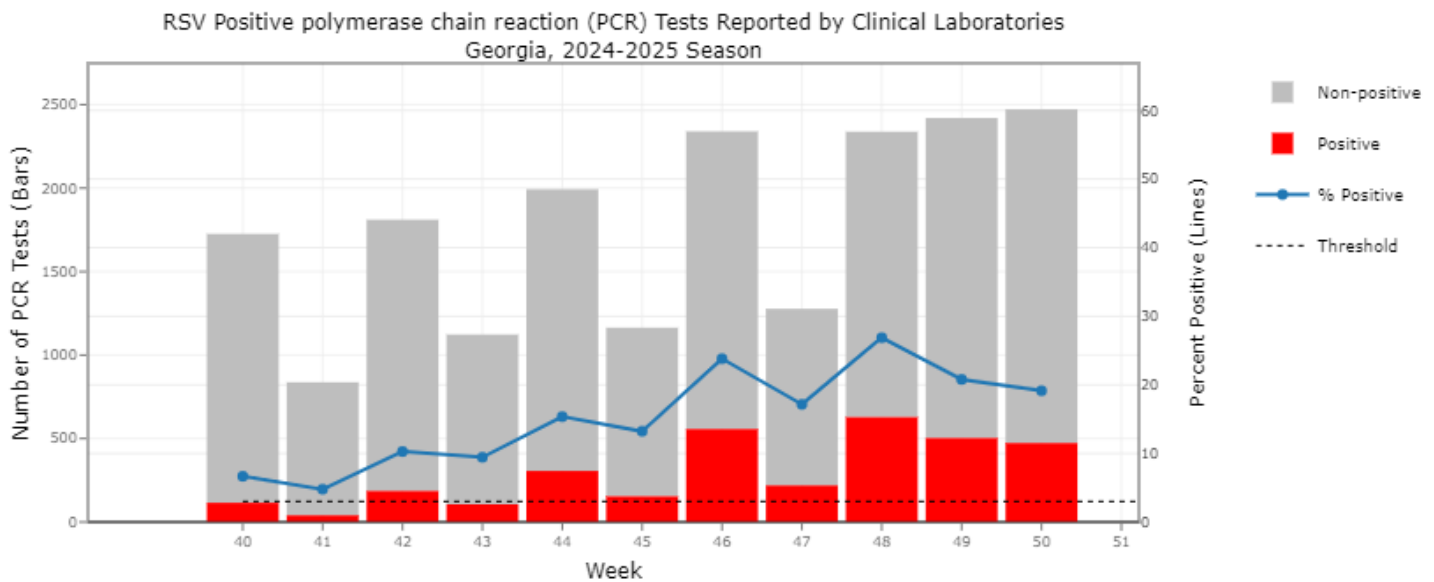


Graph shows COVID-19 cases being low for all age groups. The SARS-CoV-2 subvariant Omicron XEC is responsible for 44% of all cases in the U.S. For the majority of COVID-19 cases, hospitalizations and deaths are occurring among those 65 years and older.

## Respiratory Syncytial Virus Infection (RSV) Surveillance

Data from NREVSS are also analyzed to measure the RSV seasonality. Antigen and polymerase chain reaction (PCR) tests are analyzed separately to determine the start and end of RSV season. Season onset is defined as the first week of two consecutive weeks when the percent positive of ALL laboratory confirmed tests are greater than or equal a certain threshold. The end is defined as the first week of two consecutive weeks when the percent positive of ALL laboratory confirmed tests are less than a certain threshold. For antigen-based testing, the threshold is 10% and for PCR the threshold is 3%.

During week 50, clinical laboratories in Georgia reported testing 2,838 (12.6% positive) antigen specimens and 2,472 (19.1% positive) PCR specimens.



For week 50, PCR Detections: Graph shows a decrease in RSV PCR positive test results/cases compared to the previous week.

**Getting vaccinated is the best thing you can do to protect yourself and others.**

District 2 health departments have vaccines available. Please contact your local health department for information on how to get your vaccine at [http://phdistrict2.org/?page\\_id=597](http://phdistrict2.org/?page_id=597).

To learn more about how to protect yourself against flu and other respiratory diseases, visit DPH website at <https://dph.georgia.gov/epidemiology/acute-disease-epidemiology/viral-respiratory-diseases> and CDC website at <https://www.cdc.gov/flu/>

All Georgia physicians, laboratories, and other health care providers are required by law to report notifiable diseases. Instructions, including notifiable conditions and the timeframe in which they are reportable can be found at <https://dph.georgia.gov/epidemiology/disease-reporting>. Georgia tracks the listed conditions statewide using multiple overlapping surveillance systems, especially in the case of viral respiratory diseases as some are not reportable at the individual case level.