



District 2 Public Health

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

February 17, 2024

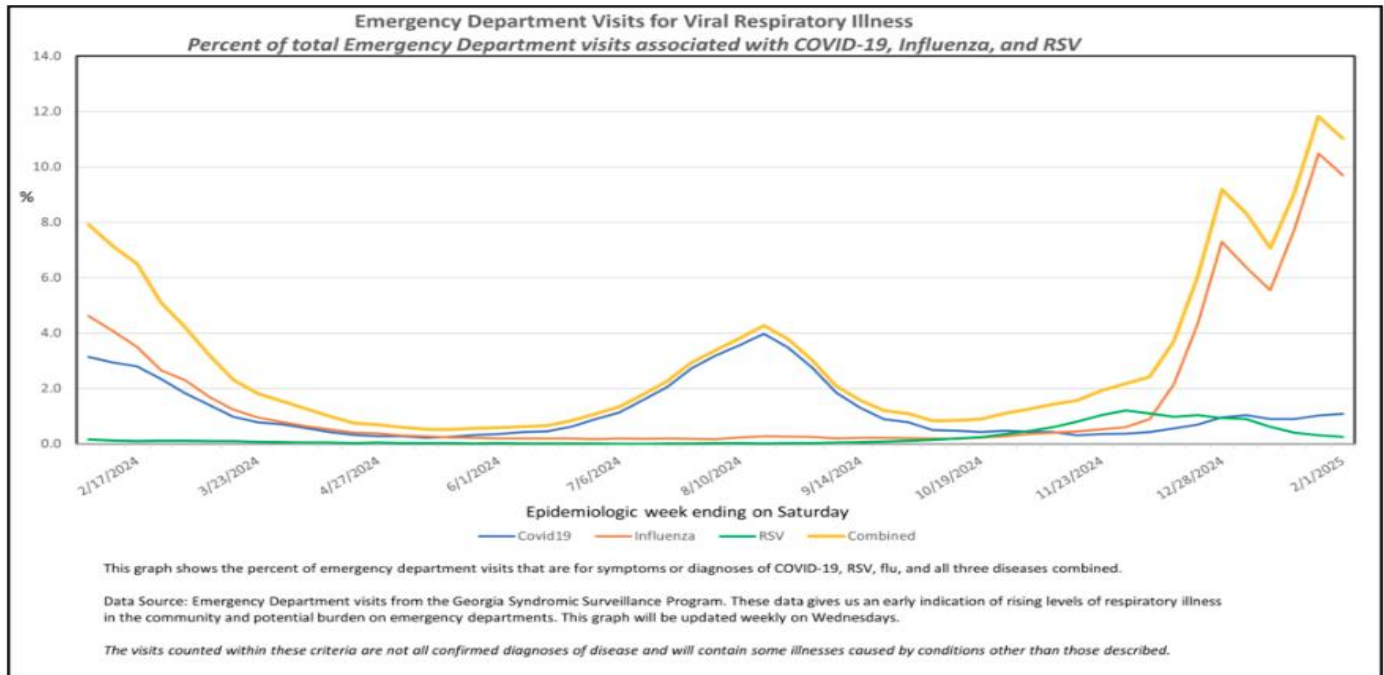
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Viral Respiratory Diseases Surveillance

Pan-Respiratory Virus Surveillance (Georgia- last updated 02/01/2025)

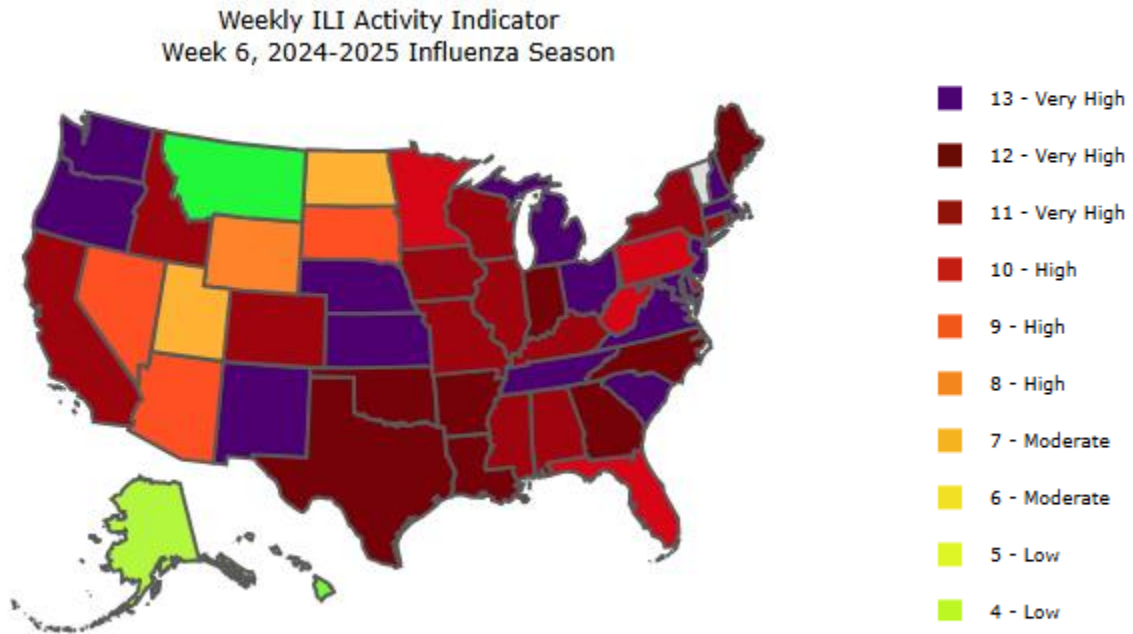


Graph shows Influenza cases are significantly higher than RSV and COVID-19 ending week of 02/01/2025.

Georgia Flu Surveillance Update: Week 6 (Ending February 8, 2025)

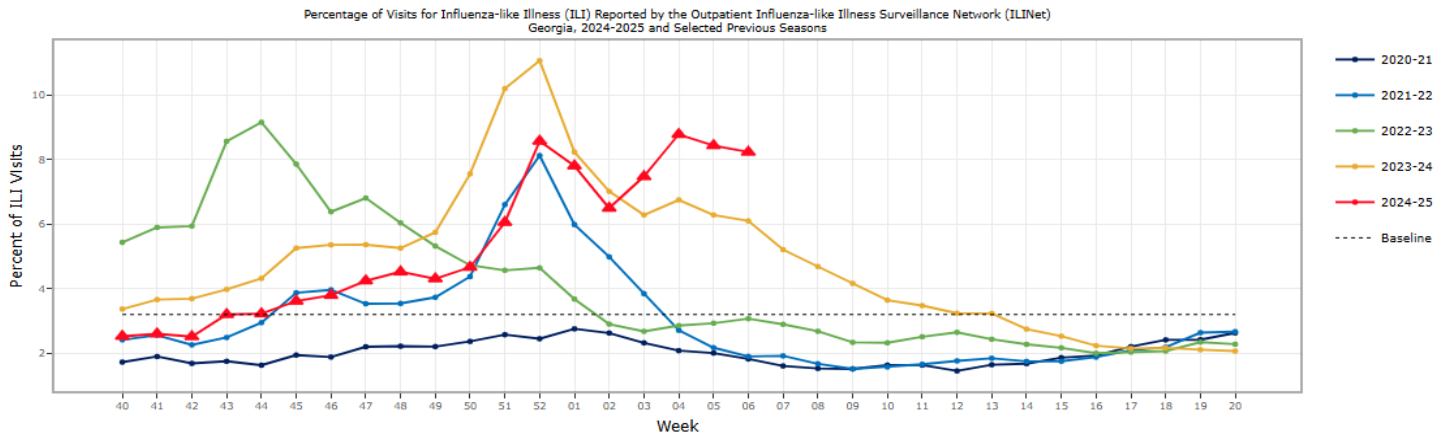
As of Week 5, Georgia flu activity was Very High= 12 (on the scale of 1-13). Activity levels are based on the percent of outpatient visits in Georgia due to Influenza-like illness during this timeframe.

For the corresponding week, the percentage of outpatient visits for Influenza-like Illness was 8.2% (which is above the regional baseline of 3.2%), the number of influenza-associated death was 0 (25 total for the current ILI season); the number of Metro Area Influenza Hospitalizations was 340 (2,972 total for current Flu season); and the number of Influenza Outbreaks was 34 (98 total for current Flu season).



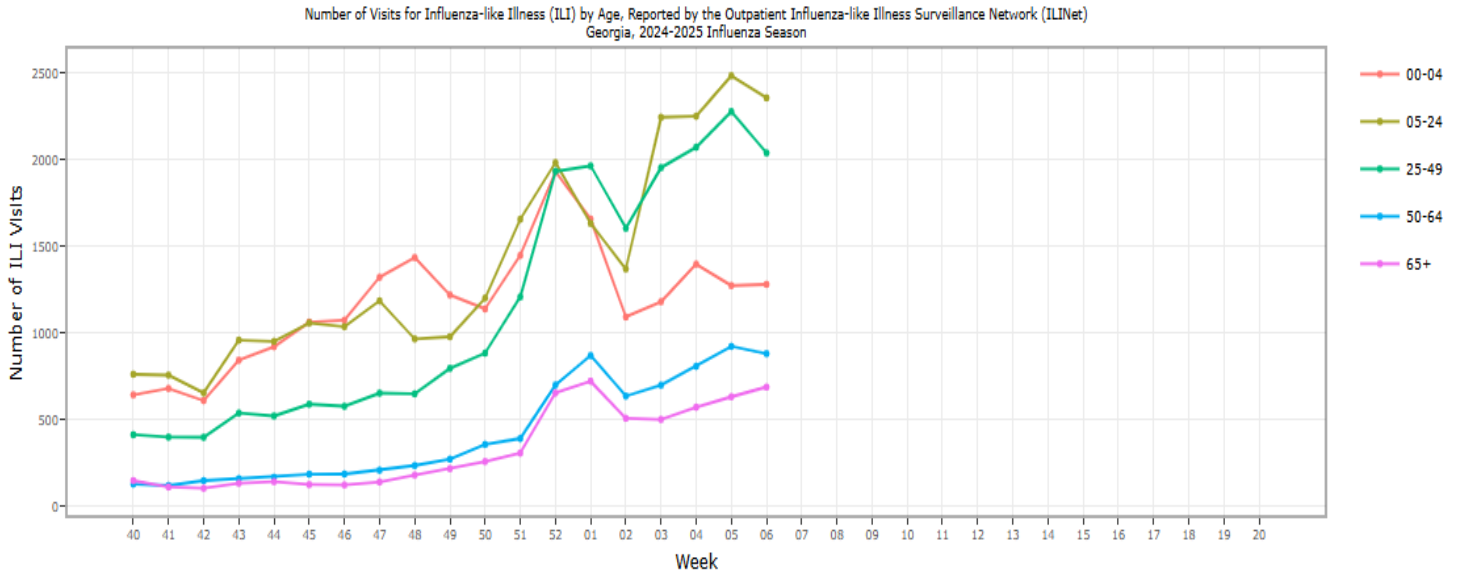
Map shows Influenza-like cases in US southern region. Georgia activity indicator is at level 12 (**Very High**) on week 6 as shown in dark red color.

ILI (Influenza-like Illness) Percentages by Season



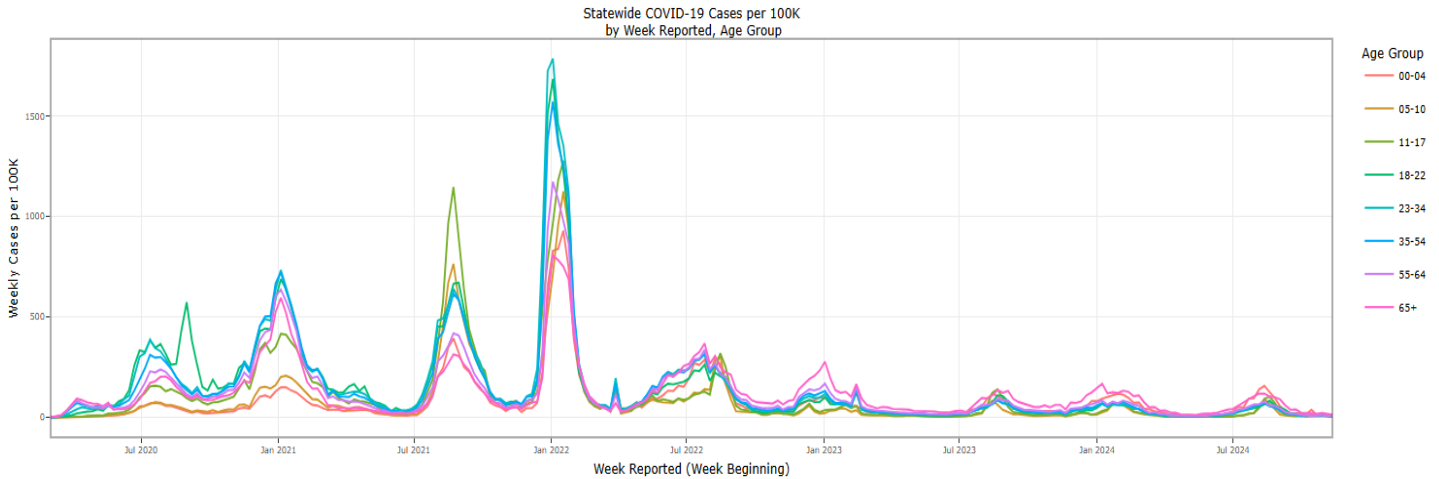
Graph shows Georgia Flu snapshot comparison to previous years. Graph shows an increase in week 6 of 2024-2025 when compared to same time in 2023-2024. Graph also shows a slight decrease in percentage of Georgia flu cases compared to previous weeks in 2024-2025.

ILI (Influenza-like Illness) Percentages by Age



For week 6, the graph shows an increase in cases for age groups 00-04 & 65+. On the other hand, age group 05-24, 25-49, & 50-64 shows a decrease compared to the previous week.

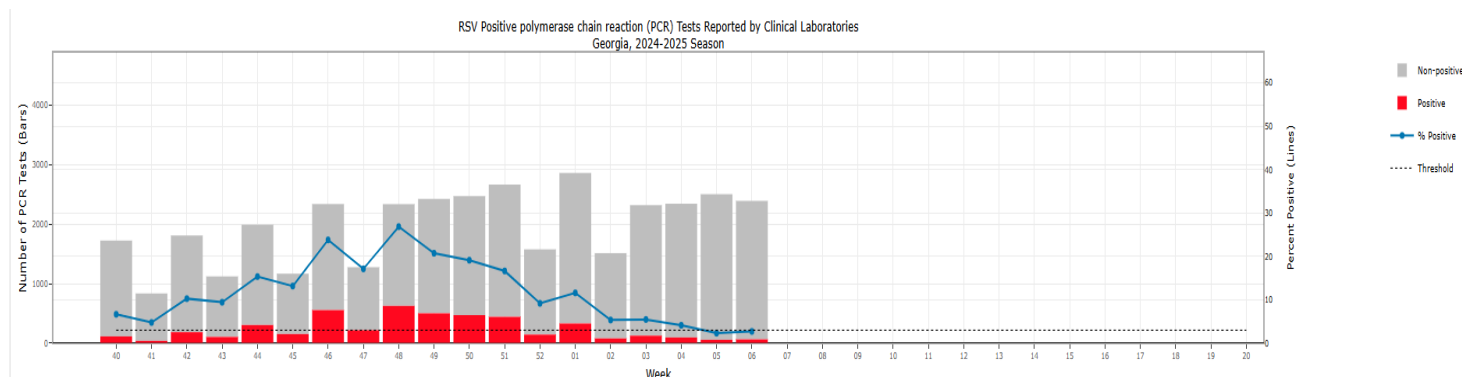
COVID-19 Snapshot in Georgia



Graph shows COVID-19 cases being low for all age groups. The SARS-CoV-2 subvariant Omicron XEC is responsible for 37% of all cases in U.S. 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 lab 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 5 clinical laboratories in Georgia reported testing 4,295 (3.0% positive) antigen specimens and 2,505 (2.3% positive) PCR specimens.



For week 6, PCR Detections: Graph shows RSV PCR positive test results remain stable compared to the previous week.

Highly Pathogenic Avian Influenza (HPAI) Update:

HPAI has been identified in a commercial poultry flock and backyard flocks in the State of Georgia alongside an increasing number of cases nationwide. We know that H5 is circulating in wild birds in the US and sporadic detections in GA are inevitable especially in backyard scenarios where chickens and/or other birds will have more direct contact with wild birds. Risk to human health remains very low overall and does not represent increased risk to the general public in Georgia yet Avian Influenza continues to be of highest concern in people with known exposure to sick animals who are either not wearing PPE or are under-protected (i.e. breaches, partial PPE use, etc.). We work closely with Department of Agriculture colleagues in these events to rapidly get information on humans involved and with exposure. **Avian Influenza (AI) is a reportable disease in Georgia.** Health providers in GA should continue to call **866-PUB-HLTH (866-782-4584)** to notify the state health department immediately if a patient with Flu A (unsubtyped/unsubtypable) or suspect flu fits the epidemiological risk factors for H5 infection, so we can fast track and prioritize testing and/or receipt of results. **This is a time where a call to public health would be appropriate if they have a Flu A positive or suspicion of Flu in a patient AND they report of epidemiology risk factors.**

The US situation in animals is best found on the USDA website: <https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections>

Questions regarding animal health should always be directed at the Department of Agriculture. However, some helpful information about AI surveillance can be found here: <https://agr.georgia.gov/avian-influenza> and on the USDA pages: <https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza> (this also includes links for the sick bird line). If you have concerns about AI in birds, call the Georgia Avian Influenza hotline at **770-766-6850** or visit <https://www.gapoultrylab.org/avian-influenza-hotline/>.

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.

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.