

## District 2 Public Health

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

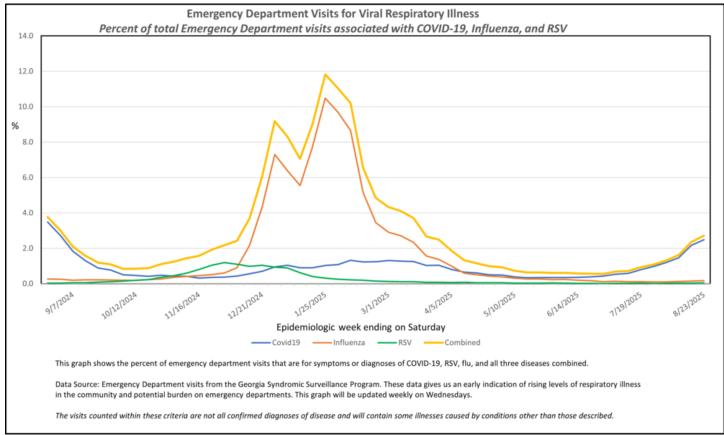
09/08/2025

#### **District 2 Public Health- Epidemiology Department**

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## **Viral Respiratory Diseases Surveillance**

### Pan-Respiratory Virus Surveillance (Georgia - Last Updated 08/30/25)

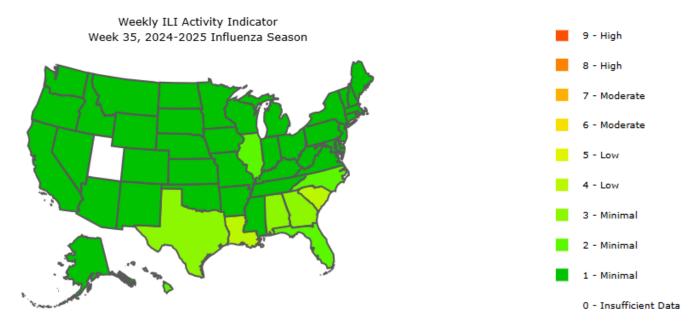


The graph above shows the percentage of emergency department visits that are for symptoms or diagnoses of COVID-19, RSV, Flu, and all three combined. The graph shows the number of COVID-19 cases are higher than RSV and influenza as of 08/30/25.

### Georgia Flu Surveillance Update: Week 35 (Ending August 30, 2005)

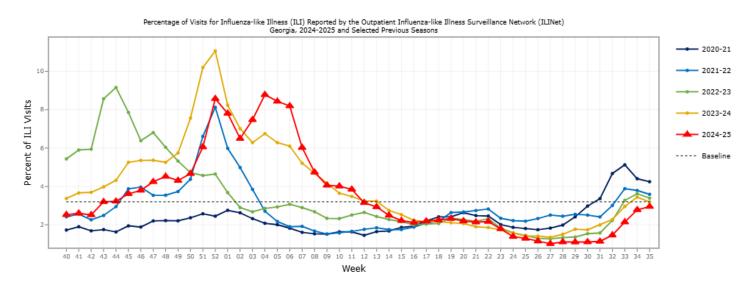
As of Week 35, Georgia flu activity was *minimal* (3 on the scale of 1-13). Activity levels are based on the percent of outpatient visits in Georgia due to influenza-like illness (ILI) during this timeframe.

For the corresponding week, the percentage of outpatient visits for influenza-like illness was 3.0% (which is below the regional baseline of 3.2%), the number of influenza-associated deaths was 0 (167 total for the current ILI season- Oct. 2024 to present); the number of Metro Area Influenza Hospitalizations was 4 (5,249 total for current flu season); and the number of influenza outbreaks was 0 (276 total for current flu season).



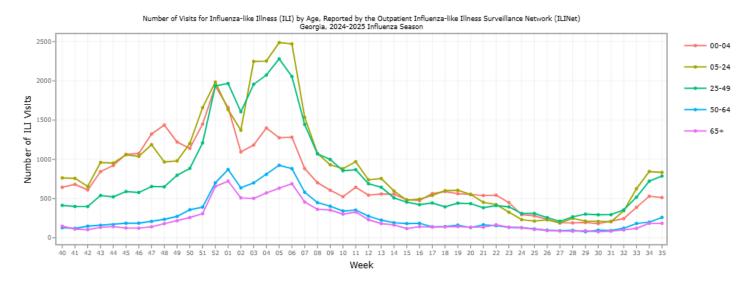
The map shows influenza-like cases in US southern region. Georgia activity indicator level is at 3 (minimal) on week 35, as shown in green above.

# ILI (Influenza-like Illness) Percentages by Season



The graph shows a snapshot of flu in Georgia compared to previous years. Overall, the graph shows a lower but increasing percentage of cases from week 34 to week 35 of 2024-2025 when compared to the same time in previous years.

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



For week 35, the graph shows an increase in ILI cases for age groups 25-49 and 50-64 and a decrease for age groups 0-4 and 5-24. In contrast, the number of cases for the 65+ age group remains unchanged from the previous week (34).

### **COVID-19 Snapshot**

Early Indicators and Hospitalizations for COVID-19 in the United States

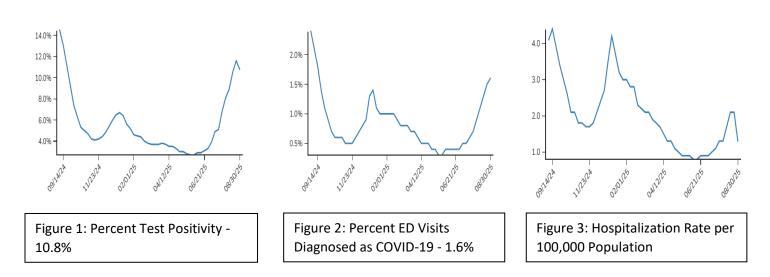
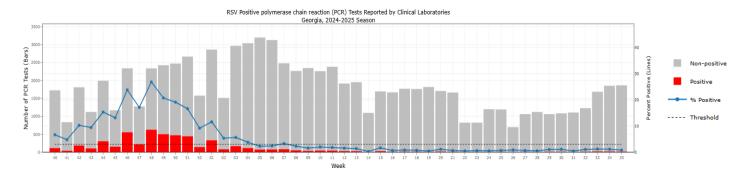


Figure 1 (percent test positivity) and Figure 2 (percentage of total emergency department visits due to COVID-19 represent the current impact of COVID-19 on communities across the United States. These metrics act as early indicators of potential increases in COVID-19 activity. Figure 3 (hospitalization rate per 100,000 people) assesses severity and disease burden of COVID-19. For the period of 08/03/2025 – 08/30/2025, the SARS-CoV-2 subvariant Omicron XFG was responsible for 78% of all cases in the U.S., followed by the subvariant NB.1.8.1 with 14%.

### Respiratory Syncytial Virus Infection (RSV) Surveillance

Data from NREVSS are also analyzed to measure 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 35, clinical laboratories in Georgia reported testing 2,375 (0.4% positive) antigen specimens and 1,866 (0.8% positive) PCR specimens.



For week 35, the PCR detections graph shows further decreases in RSV PCR positive test results/cases (0.8%) compared to the previous week (1.1%).

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 <a href="http://phdistrict2.org/?page\_id=597">http://phdistrict2.org/?page\_id=597</a>.

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

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 <a href="https://dph.georgia.gov/epidemiology/disease-reporting">https://dph.georgia.gov/epidemiology/disease-reporting</a>. 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.