



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

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

01/12/2026

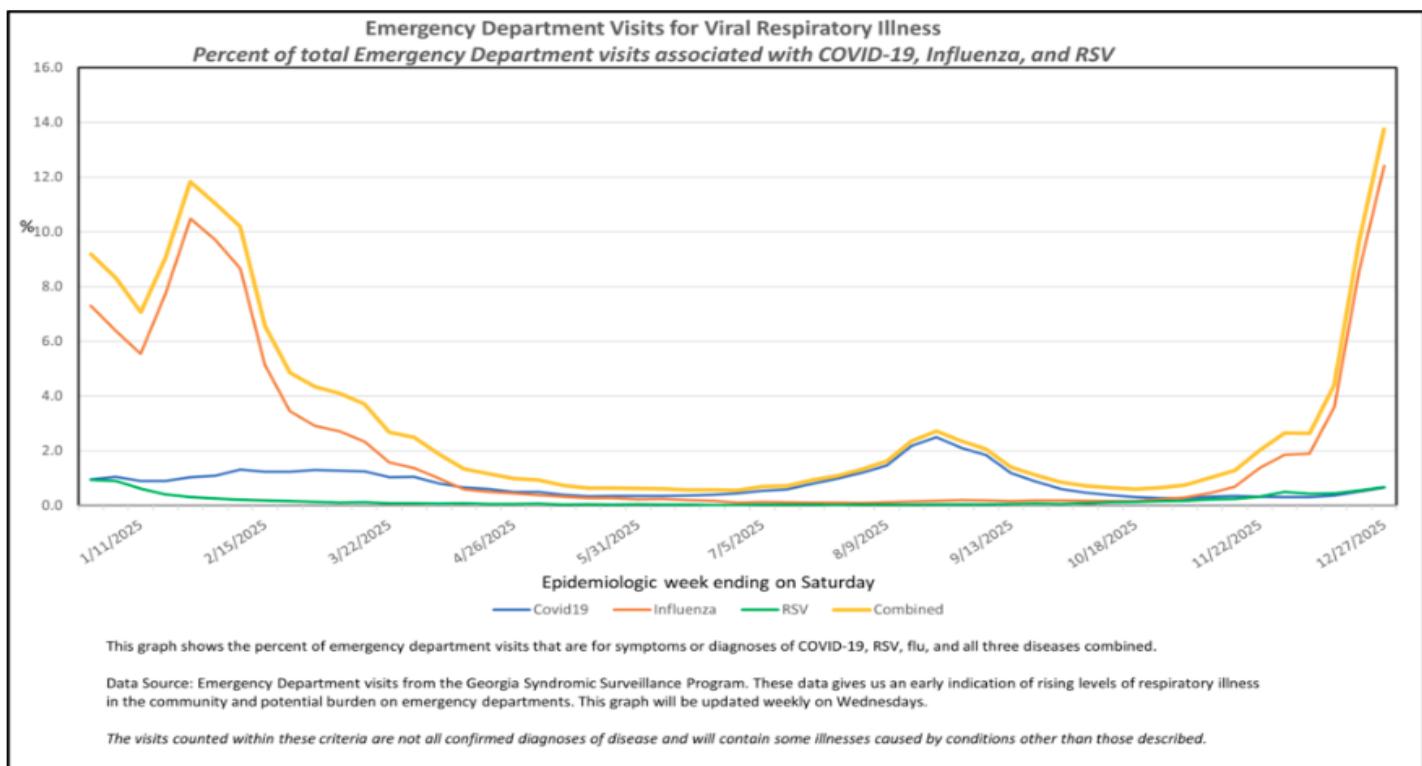
District 2 Public Health- Epidemiology Department

Phone: 770-535-5864 Fax: 770-535-5848

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

Viral Respiratory Diseases Surveillance

Pan-Respiratory Virus Surveillance (Georgia - Last Updated week of 12/27/2025)

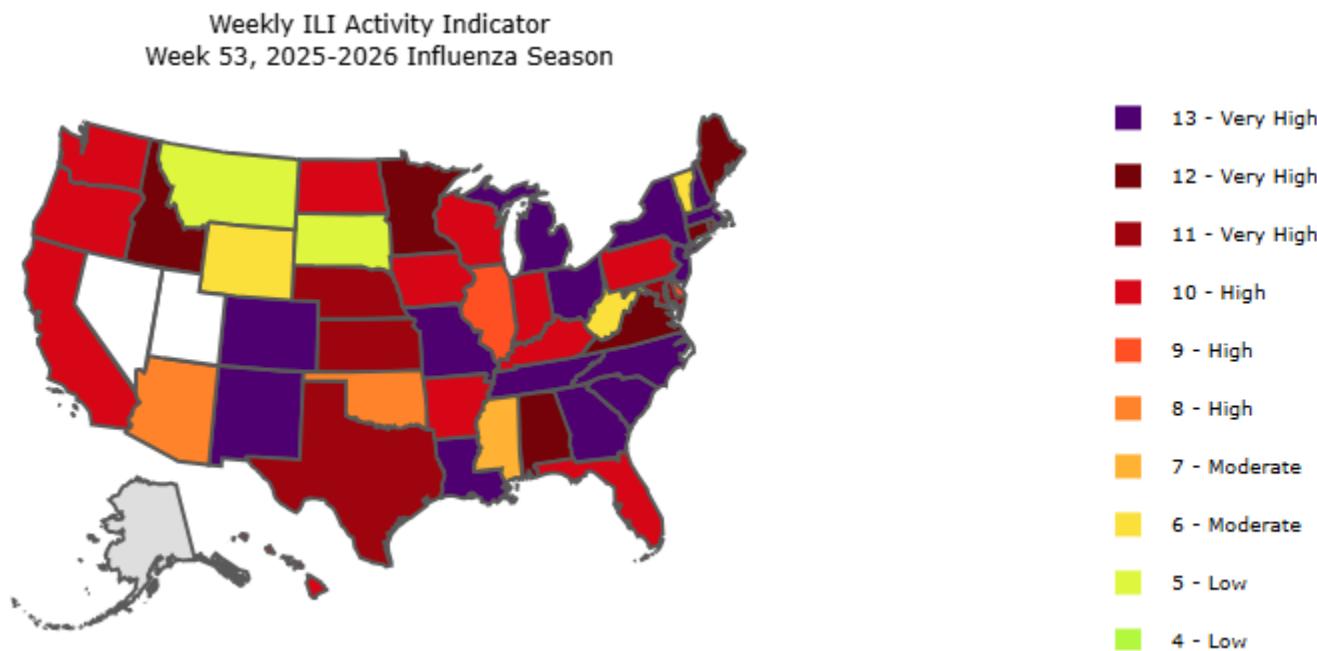


The graph above shows the percentage of emergency department visits that are for symptoms or diagnoses of COVID-19, RSV, Flu, and all three combined. The data gives us an early indication of rising levels of respiratory illness in the community and potential burden on emergency departments in GA. As of 12/27/2025 graph shows levels of COVID-19 and RSV remain lower than same time last year/ ILI season 2024. Graph also shows increasing levels of influenza and all respiratory illnesses combined compared to same time last year/ ILI season 2024-25.

Georgia Flu Surveillance Update: Week 53 (Ending January 3, 2026)

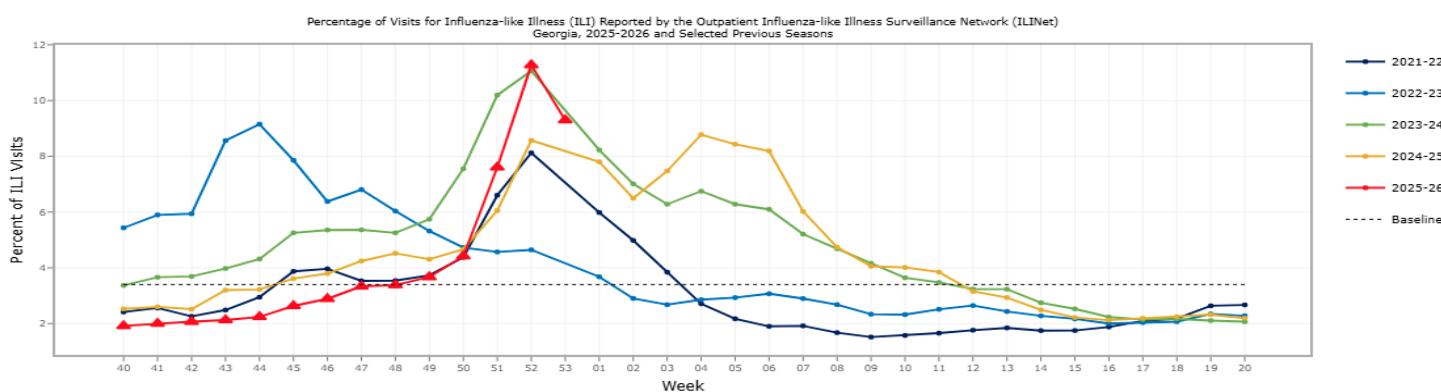
As of Week 53, Georgia flu activity was **very high** (13 on the scale of 1-13). Activity levels are based on the percent of outpatient visits in Georgia due to influenza-like illness (ILI) during this timeframe.

For the corresponding week, the percentage of outpatient visits for influenza-like illness was 9.3% (which is above the regional baseline of 3.4%), the number of influenza-associated deaths was 6 (46 total for the current ILI season- October 2025 to present); the number of Metro Area Influenza Hospitalizations was 416 (2,126 total for current flu season); and the number of influenza outbreaks was 12 (85 total for current flu season).



The map shows influenza-like cases in the southern US region. Georgia activity indicator level is at 13 (**very high**) on week 53, as shown in purple above.

ILI (Influenza-like Illness) Percentages by Season



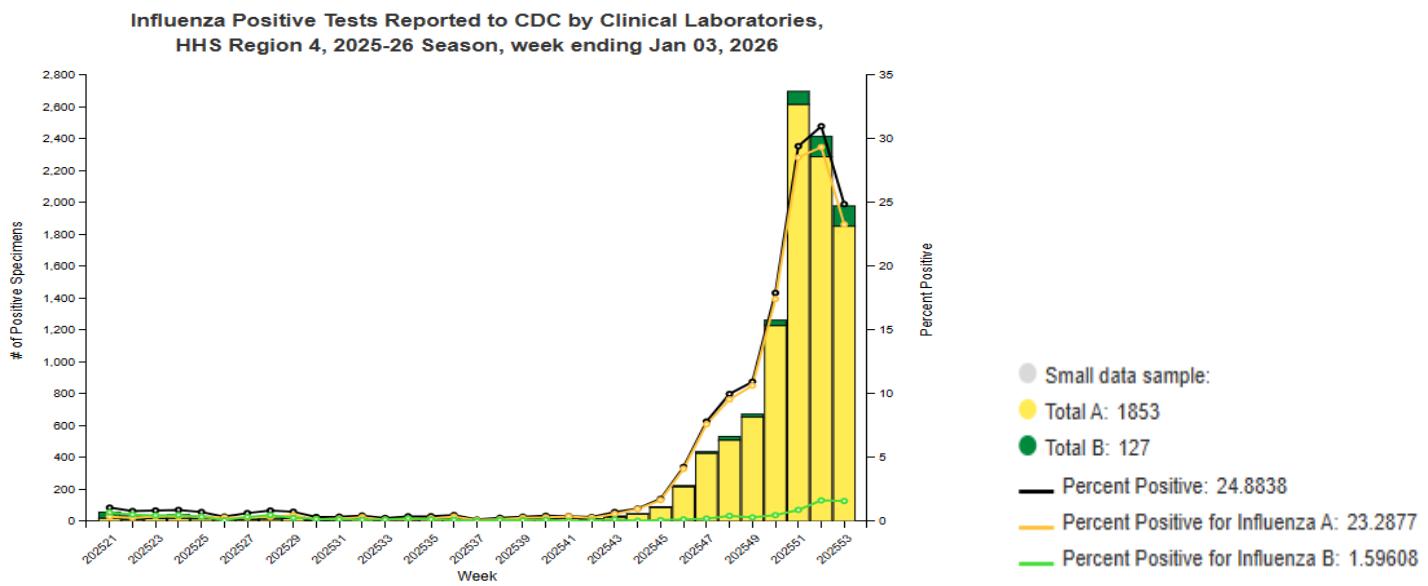
The graph shows a snapshot of flu in Georgia compared to previous years. Graph currently shows decrease in ILI percentage during week 53 compared to previous week 52 in current ILI season (2025-26- red line). Percentage of ILI visits for week 53 is higher when compared to same time in 2021-22, 2022-23, 2024- 25 and about the same when compared to same time in 2023-24.

ILI (Influenza-like Illness) Percentages by Age



Above: For week 53, the graph shows decrease in number of visits for ILI cases for all age groups: 00-04, 05-24, 25-49, 50-64 and 65+.

Influenza Positive Tests Reported to CDC by Clinical Laboratories, HHS Region 4, 2025-26 Season, week ending 01/03/2026



Above: Graph shows increase in Influenza tests reported to CDC in HHS Region 4 (which includes Georgia) week ending 01/03/2026: Total A 1,853 (% positive for Flu A 23.2877), total B 127 (% positive for Flu B 1.59608), percent positive (24.8838) shown in black line on graph.

COVID-19 Snapshot (Figure1: Updated 12/27/2025/ Figure 2 & 3: Updated 12/13/2026)

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

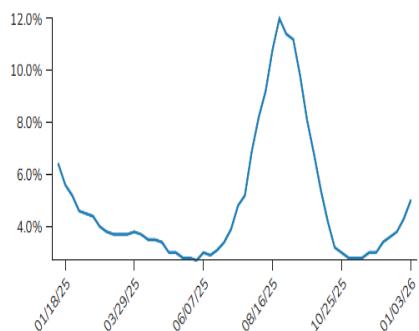


Figure 1- Percent Test Positivity – 5.0%

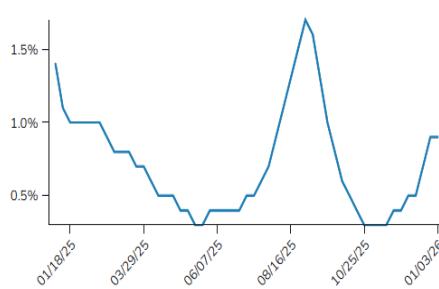


Figure 2: Percent ED Visits Diagnosed as COVID-19 – 0.9%

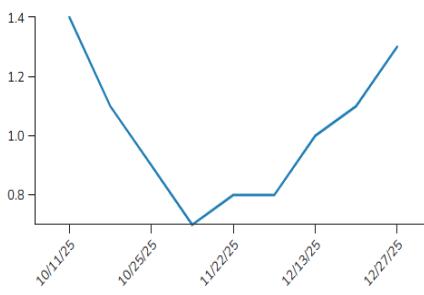
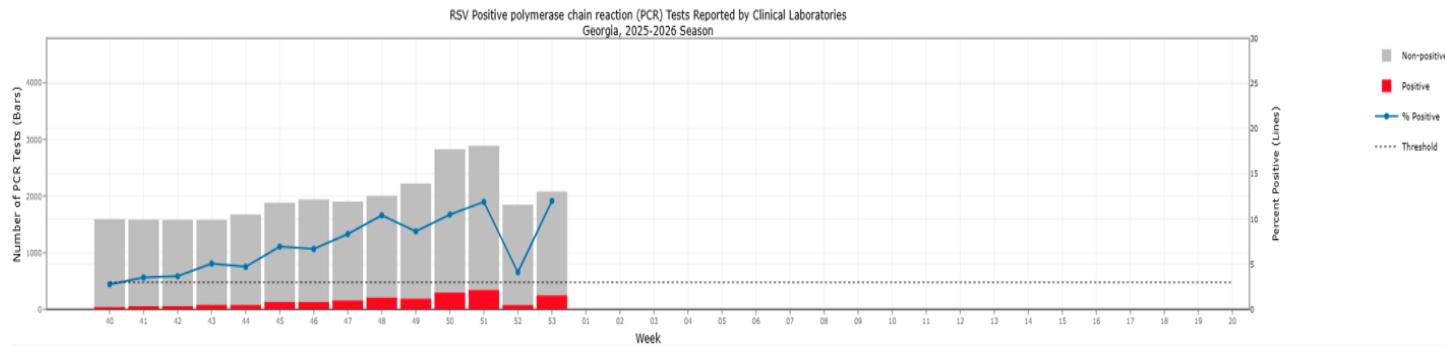


Figure 3: Hospitalization Rate per 100,000 Population- 1.3%

Figure 1 (percent test positivity) and Figure 2 (percentage of total emergency department visits due to COVID-19) last updated 01/03/2026 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) last updated 12/27/25 assesses severity and disease burden of COVID-19. For the period of **11/23/2025-12/20/2025**, the SARS-CoV-2 subvariant Omicron XFG was responsible for **61%** of all cases in the U.S., followed by the subvariant **XFG.14.1** with **15%**.

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 53, clinical laboratories in Georgia reported testing 4,250 (6.1% positive) antigen specimens and 2,082 (12.3% positive) PCR specimens.



Graph shows 2,082 (12.0%) PCR detections for RSV positive polymerase chain reaction (PCR) tests reported by clinical laboratories per week 53 ILI reporting.

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.