The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza activity year round in New York State (NYS) and produces this weekly report during the influenza season (October through the following May). ¹

During the week ending October 12, 2013:
- Influenza activity level was categorized as geographically sporadic² with laboratory confirmed influenza reported in six counties plus New York City.
- There were 23 laboratory-confirmed influenza reports, a 5% increase over last week.
- One of 18 specimens submitted to the NYSDOH laboratory was positive for influenza. It was influenza A (H1).
- Reports of percent of patient visits for influenza-like illness (ILI³) from ILINet providers was 0.68%, which is below the regional baseline of 2.2%.
- The number of patients admitted to the hospital with laboratory-confirmed influenza or hospitalized patients newly diagnosed with laboratory-confirmed influenza was 11, the same number as last week.
- There were no influenza-associated pediatric deaths reported this week. There have been no influenza-associated pediatric deaths reported this season.

NYS Epidemiologist’s Report to the Centers for Disease Control and Prevention (CDC)
This graph represents the geographic spread of laboratory confirmed influenza activity in NYS (including NYC), not necessarily the intensity of influenza activity.

² No Activity: No laboratory-confirmed cases of influenza reported to the NYSDOH.
³ Sporadic: Small numbers of lab-confirmed cases of influenza reported.
   Local: Increased or sustained numbers of lab-confirmed cases of influenza reported in a single region of New York State; sporadic in rest of state.
   Regional: Increased or sustained numbers of lab-confirmed cases of influenza reported in at least three regions but in fewer than 31 of 62 counties.
   Widespread: Increased or sustained numbers of lab-confirmed cases of influenza reported in at least 31 of the 62 counties.
³ ILI = influenza-like illness, defined as temperature ≥ 100° F with cough and/or sore throat in the absence of a known cause other than influenza.
Laboratory Reports of Influenza (including NYC)

All clinical laboratories that perform testing on residents of the state report all positive influenza test results to NYSDOH.

Based on laboratory reports to NYSDOH:
- Influenza was reported in 6 counties this week and all 5 boroughs of NYC.
- Influenza was reported in 4 counties previously this season, but not this week.

Test results may identify influenza Type A, influenza Type B, or influenza without specifying Type A or B. Some tests only give a positive or negative result and cannot identify influenza type (not specified).
Influenza Virus Types and Subtypes Identified by Wadsworth Center (excluding NYC)
Wadsworth Center, the NYSDOH public health laboratory, tests specimens from sources including, but not limited to, outpatient healthcare providers (ILINet program) and hospitals (EIP program). To date, specimens tested through the ILINet and EIP programs have been negative.

There are 2 common subtypes of Type A influenza viruses – H1 and H3. Each subtype has a slightly different genetic makeup from the other. Rarely, an influenza virus is unable to be typed by the laboratory.

Influenza Antiviral Resistance Testing
The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance. The laboratory has not tested any specimens for antiviral resistance yet this season. Information will be updated in subsequent weekly reports.

Outpatient Doctors’ Office Visits for ILI - ILINet Surveillance Program (excluding NYC)
The NYSDOH works with ILINet healthcare providers who report the total number of patients seen and the total number of those patients with complaints of ILI every week.

The CDC uses trends from past years to determine a regional baseline rate of doctors’ office visits for illness consistent with influenza. For NYS, the regional baseline is currently 2.2%. Numbers above this regional baseline suggest high levels of illness consistent with influenza in the state.

* Additional information regarding national antiviral resistance testing, as well as recommendations for antiviral treatment and chemoprophylaxis of influenza virus infection, can be found at [http://www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/).
Emergency Department Visits for ILI - Syndromic Surveillance (excluding NYC)
Hospitals around NYS report the number of patients seen in their emergency departments with complaints of ILI. This is called syndromic surveillance. Emergency department syndromic data will be included in the report starting with the report for the week ending October 19, 2013.

Patients Hospitalized with Laboratory-Confirmed Influenza (including NYC)
Hospitals in NYS and NYC report the number of hospitalized patients with laboratory-confirmed influenza to NYSDOH.5

![Pie Chart of Patients Hospitalized with Laboratory-confirmed Influenza](chart1.png)

![Graph of Patients Hospitalized with Laboratory-confirmed Influenza by Week](chart2.png)

![Graph of Patients Hospitalized with Laboratory-confirmed Influenza by Reporting Week](chart3.png)

Underlying Health Conditions among Hospitalized Patients
As part of the CDC’s Influenza Hospitalization Network, the NYS Emerging Infections Program (EIP) conducts enhanced surveillance for hospitalized cases of laboratory-confirmed influenza among residents of 15 counties.6 Medical chart reviews are completed on all identified cases from October 1 through April 30 of the following year. EIP estimated hospitalization rates will be updated weekly starting later this season.

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5 148 (74%) of 199 hospitals reported this week.
6 Counties include, in the Capital District: Albany, Columbia, Greene, Montgomery, Rensseelaer, Saratoga, Schenectady, and Schoharie; in the Western Region: Genesee, Livingston, Monroe, Ontario, Orleans, Wayne, and Yates.
Healthcare-associated Influenza Activity (including NYC)

Hospitals and nursing homes in New York State self-report outbreaks of influenza. A healthcare-associated outbreak is defined as one or more confirmed or two or more suspect cases of influenza in persons who were admitted to the facility with no signs or symptoms of influenza infection. Outbreaks are considered confirmed only with positive laboratory testing. This may include a positive rapid antigen test if no other more advanced testing (polymerase chain reaction, viral culture) is performed.

<table>
<thead>
<tr>
<th>Week-to-Date (CDC week - 41)</th>
<th>Capital Region</th>
<th>Central Region</th>
<th>Metro Region</th>
<th>Western Region</th>
<th>Statewide (Total)</th>
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<tbody>
<tr>
<td>10/6/13 through 10/12/13</td>
<td>ACF</td>
<td>LTCF</td>
<td>ACF</td>
<td>LTCF</td>
<td>ACF</td>
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<tr>
<td># Outbreaks* Lab-confirmed influenza (any type)</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td># Outbreaks* viral respiratory illness**</td>
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<tr>
<td>Total # Outbreaks</td>
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<th>Season-to-Date (CDC week - 41)</th>
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<tr>
<td>9/29/13 through 10/12/13</td>
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<td># Outbreaks* viral respiratory illness**</td>
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ACF - Article 28 Acute Care Facility
LTCF - Article 28 Long Term Care Facility
*Outbreaks are reported based on the onset date of symptoms in the first case
** Includes outbreaks of suspect influenza and/or other viral upper respiratory pathogens

Pediatric influenza-associated deaths reported (including NYC)

Local health departments report pediatric influenza-associated deaths to NYSDOH.

Flu-associated deaths in children younger than 18 years old are nationally notifiable.
All pediatric flu-associated deaths included in this report are laboratory-confirmed.