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 February 1, 2014:**

- Influenza activity level was categorized as geographically widespread² with laboratory confirmed influenza reported in 56 counties plus New York City.
- There were 2,392 laboratory-confirmed influenza reports, a 10% decrease over the previous week.
- Of the 4,873 specimens submitted to NYS WHO/NREVSS laboratories, 269 were positive for influenza.
- Sixty three of the 127 specimens submitted to the NYSDOH laboratory were positive for influenza. 61 were influenza A (H1), and two were influenza A (H3).
- Reports of percent of patient visits for influenza-like illness (ILI³) from ILINet providers was 3.75%, which is above 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 447, an 8% decrease over the previous week.
- There were no influenza-associated pediatric deaths reported this week. There has been one influenza-associated pediatric death 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.

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² No Activity: No laboratory-confirmed cases of influenza reported to the NYSDOH.

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 56 counties this week and all 5 boroughs of NYC.
- Influenza was reported in 1 county 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).

Positive Influenza Laboratory Results reported to NYSDOH, By Week, 2013-14 (N=14,143)

- Influenza Type Not Specified
- Influenza B
- Influenza A

Positive Influenza Laboratory Results reported to NYSDOH - Four Seasons

- 2013-14 (N=14,143)
- 2012-13 (N=45,404)
- 2011-12 (N=9,404)
- 2010-11 (N=20,380)

* The totals by age groups excludes 687 cases for which age is unknown.
World Health Organization (WHO) and National Respiratory & Enteric Virus Surveillance System (NREVSS) Collaborating Laboratories

Eleven clinical virology laboratories in NYS and NYC, including the Wadsworth Center, are WHO and/or NREVSS collaborating laboratories for influenza virus surveillance.

These labs report the number of respiratory specimens tested and the number positive for influenza types A and B to CDC each week. Five of these labs also report the influenza A subtype (H1 or H3). Because denominator data is provided, the weekly percentage of specimens testing positive for influenza is calculated.

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).

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.

* A total of 1,134 specimens have been tested to date.
Influenza Antiviral Resistance Testing
The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance.  

NYS Antiviral Resistance Testing Results on Samples Collected Season to Date, 2013-14

<table>
<thead>
<tr>
<th></th>
<th>Osel tamivir</th>
<th>Zanamivir</th>
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<tbody>
<tr>
<td></td>
<td>Samples</td>
<td>Resistant Viruses,</td>
</tr>
<tr>
<td></td>
<td>tested</td>
<td>Number (%)</td>
</tr>
<tr>
<td>Influenza A (H3N2)</td>
<td>5</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Influenza B</td>
<td>0</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>2009 Influenza A (H1N1)</td>
<td>192</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>

i. All samples tested for oseltamivir resistance by pyrosequencing for E119V, R292K, and N294S in the neuraminidase gene (NA), and a subset tested by NA dideoxy sequencing for other variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and oseltamivir.

ii. Samples tested by whole gene dideoxysequencing of the neuraminidase gene. Sequence data reviewed for variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and oseltamivir.

iii. All samples tested by pyrosequencing for the H275Y variant in the neuraminidase gene which confers resistance to oseltamivir, and a subset tested by NA dideoxy sequencing for other variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and oseltamivir.

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.

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.

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4 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/.
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.\(^5\)

![Graph showing the number of hospitalizations by week, 2013-14 season (N=3,215).]

![Graph showing the number of hospitalizations in four seasons (2013-14, 2012-13, 2011-12, 2010-11).]

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.

![Bar chart showing selected underlying medical conditions in patients hospitalized with influenza, October 1, 2013 - January 31, 2014.]

\(^5\) 176 (89%) of 197 hospitals reported this week.

\(^6\) Counties include, in the Capital District: Albany, Columbia, Greene, Montgomery, Rensselaer, 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.7

**Pediatric influenza-associated deaths reported (including NYC)**
Local health departments report pediatric influenza-associated deaths to NYSDOH.

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