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).  

**During the week ending November 8, 2014**

- Influenza activity level was categorized as geographically local with laboratory confirmed influenza reported in 20 counties plus New York City.
- There were 65 laboratory-confirmed influenza reports, a 27% increase over last week.
- Of the 860 specimens submitted to NYS WHO/NREVSS laboratories, six were positive for influenza.
- None of 43 specimens submitted to the NYSDOH laboratory were positive for influenza.
- Reports of percent of patient visits for influenza-like illness (ILI) from ILINet providers was 1.40%, which is below the regional baseline of 2.3%.
- The number of patients admitted to the hospital with laboratory-confirmed influenza or hospitalized patients newly diagnosed with laboratory-confirmed influenza was 21, a 32% decrease over 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.

**Inside this report:**

*Electronic Lab Reporting*  
*WHO/NREVSS*  
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2No 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.

3ILI = 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

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

Based on laboratory reports to NYSDOH:
- Influenza was reported in 20 counties this week and all 5 boroughs of NYC.
- Influenza was reported in 11 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).
Sixteen 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. Some 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 at 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 (Emerging Infection Program (EIP)).

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 subtyped by the laboratory.

To date, all specimens submitted through the ILINet program, have been negative.
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.

An increase in visits to hospital emergency departments for ILI can be one sign that influenza has arrived in that part of NYS.

Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.

\[\text{\textsuperscript{4}}\]

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/](http://www.cdc.gov/flu/weekly/).
Hospitals in NYS and NYC report the number of hospitalized patients with laboratory-confirmed influenza to NYSDOH.\(^5\)

### Underlying Health Conditions among Hospitalized Patients (EIP)

As part of the CDC’s Influenza Hospitalization Network, the NYS 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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\(^5\) 156 (78%) of 199 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 NYS 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 - 45)</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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<tr>
<td></td>
<td>ACF</td>
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<td>11/1/14 through 11/8/14</td>
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<tr>
<td># Outbreaks* Lab-confirmed influenza (any type)</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 - 45)</th>
<th>Capital Region</th>
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<tr>
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<td>Total</td>
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<tr>
<td># Outbreaks* Lab-confirmed influenza (any type)</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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<td>3</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. Influenza-associated deaths in persons 18 years and older are not notifiable.

All pediatric flu-associated deaths included in this report are laboratory-confirmed.

Number of Influenza-Associated Pediatric Deaths Reported by Month and Year of Death
2011-12 season to present

For more information on reporting of healthcare-associated influenza, visit