Season Overview

Three influenza viruses circulated during the 2013-14 season; the relative proportion of influenza 2009 A (H1N1), A(H3N2), and influenza B viruses varied both geographically and temporally, with influenza A (H1N1) being the predominant virus early in the season and influenza B being the predominant virus at the end of the season. NYS experienced geographically widespread influenza activity for 24 consecutive weeks beginning the week ending December 14, 2013 through the week ending May 24, 2014.

The New York State (NYS) ILINet Program consists of 180 providers from 37 counties (see map on page 4). Figure 1 shows the distribution of ILINet providers by practice type.

Program Data

ILINet providers reported almost 516,000 patient visits this season with an average of 15,634 total patient visits per week, an increase compared to 13,843 visits per week last season. The average weekly number of patients with influenza-like illness (ILI) was 273, slightly lower than last season at 303.

Figure 2 is a two-season comparison showing the percent of ILI reported in NYS. The (Continued on page 2)

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1 Widespread influenza activity is defined as increased or sustained numbers of lab-confirmed cases of influenza reported in at least 31 of the 62 NYS counties.

weekly percentage of visits for ILI ranged from 0.49% to 3.65%, with an overall average of 1.75%. The 2013-14 season was unique in that NYS experienced two separate "waves" of intense influenza activity. During the first wave, influenza A 2009 (H1N1) was the predominant virus circulating, and ILI activity peaked at 3.65% the week ending February 8, 2014. During the second wave, influenza B was the predominant virus, and ILI peaked at 3.11% the week ending April 12, 2014. ILI activity exceeded the epidemic threshold of 2.20% for seven weeks during the first wave and for five weeks during the second wave.

Figure 3 reflects the percentage of patients diagnosed with ILI by age group. The proportion of ILI seen in the 0-4 year and 5-24 year age groups likely reflects the preponderance of providers in pediatrics, family medicine and student health.

**Laboratory Data**

In 2013, NYSDOH Wadsworth Laboratory implemented the CDC-APHL Influenza Virologic Surveillance Right Size Roadmap.³ The intent of the Roadmap is to provide all state laboratories with the tools necessary to determine the number of respiratory specimens needed each week in order to achieve situational awareness and the ability to detect novel or variant influenza viruses. Specimens submitted by ILINet providers are a vital component of Wadsworth Lab's meeting the requirements in the Roadmap, because the specimens submitted are from the outpatient population.

During the 2013-14 season, ILINet providers submitted 405 respiratory specimens from 37 ILINet providers. This is an increase of 153% over the 2012-13 season, when we received 160 specimens. Of the 405 specimens submitted, 46% were positive for influenza (Figure 4). Non-influenza viral agents were identified in 19 specimens (Figure 5). ILINet specimens were also used in antiviral resistance studies at NYSDOH’s Wadsworth Laboratory. None of the ILINet specimens this season were found to have antiviral resistance.

*In addition to subtyping all positive influenza A specimens, for the upcoming 2014-15 season Wadsworth Laboratory will be testing all positive influenza B specimens to identify their lineage (Victoria or Yamagata).*

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³Additional information about the CDC-APHL Influenza Virologic Surveillance Right Size Roadmap can be found at this link:
Provider Reporting

Data submitted by the ILINet providers is the primary source of outpatient influenza surveillance in NYS and nationally. CDC requests that ILINet providers submit their weekly ILI data by **noon each Tuesday**. The CDC gauges completeness of ILINet surveillance, or reporting coverage for the influenza season, by assessing the number of *regularly reporting* ILINet providers. CDC defines a *regularly reporting* provider as one who reports their weekly data at least 50% of reporting weeks during the season, but not necessarily by the CDC deadline date. On an average week, 86% of NYS providers reported their data, but not necessarily by the CDC deadline. The percentage of providers reporting by the CDC deadline ranged from 9%-72% each week, with an overall seasonal average of 52%, an increase of 25% over last season (Table 1).

Table 2 shows percent of reporting providers by month. 87% of providers were considered regular reporters; 52% of the providers reported 100% of the season. CDC encourages providers to report their ILI data year-round. Currently, 66% of providers report their data year-round.

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Average Percent of Providers Reporting</th>
</tr>
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<tbody>
<tr>
<td>CDC Deadline of noon each Tuesday</td>
<td>52%</td>
</tr>
<tr>
<td>1-3 days after deadline</td>
<td>29%</td>
</tr>
<tr>
<td>4-7 days after deadline</td>
<td>4%</td>
</tr>
<tr>
<td>8-14 days after deadline</td>
<td>5%</td>
</tr>
<tr>
<td>15-30 days after deadline</td>
<td>5%</td>
</tr>
<tr>
<td>More than 30 days</td>
<td>5%</td>
</tr>
</tbody>
</table>

Table 2: Percent of Regularly Reporting Providers Each Month for the 2013-14 Season

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Percent Reporting (N=180)</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2013</td>
<td>88%</td>
</tr>
<tr>
<td>November 2013</td>
<td>90%</td>
</tr>
<tr>
<td>December 2013</td>
<td>86%</td>
</tr>
<tr>
<td>January 2014</td>
<td>86%</td>
</tr>
<tr>
<td>February 2014</td>
<td>90%</td>
</tr>
<tr>
<td>March 2014</td>
<td>86%</td>
</tr>
<tr>
<td>April 2014</td>
<td>81%</td>
</tr>
<tr>
<td>May 2014</td>
<td>79%</td>
</tr>
</tbody>
</table>

Provider Retention

NYSDOH would like to recognize and thank the following providers who have participated in ILINet Program for 10 or more consecutive years.

**21 Years**

David M. Newman, MD, Evergreen Family Medicine  
Mark J. Zunich, MD

**10-15 Years**

Neka Anyaogu, MD, Ellis Hospital Family Health Center  
Adrienne Belluscio, RN, Purchase College Health Services, SUNY  
Susan Berger, NP, Cazenovia College Student Health  
Robert Berke, MD, Family Health Medical Services  
Bruce Bowing, MD, Endwell Family Practice  
Jae Lyn Burke, RPA-C, High Peaks Health Center  
Devin Coppola, MD, SUNY Cortland - Student Health Service  
Patricia Creahan, ANP, Director, Canisius College Student Health Center  
Brian Daggett, MD, Kinderhook Medical Care  
Christopher Depner, MD  
Karin Freeman, RN, Hobart & William Smith College, Hubbs Health Center  
Karen Gabriel, FNP-C, Student Counseling & Health Services SUNY Delhi College  
Karl Gauss, MD, Cortland Internist Associates  
Kira Geraci-Ciardiullo, MD  
Phillip C. Gioia, MD, MPH, Children's Health Specialists  
Douglas L. Haas, DO  
Carrie Hogan, MSN, ANP, Siena College Health Service  
Linda Imboden, MD, Brighton Hill Pediatrics  
Michael Leonard, MD, Binghamton University, Decker Student Health Services Center  
Edward D. Lewis, MD, Lewis Pediatrics  
Daniel Palmateer, MD, Canton Family Physicians, PC  
Ananthakrishnan Ramani, MD, Mountain View Medical Practice  
Peter Reynolds, RPA-C, Helen Hayes Hospital - Employee Health  
Justine Schaff, MD, Ithaca College Hammond Health Center  
Nianne T. VanFleet, RN, Cornell University - Gannett Health Center
Highlights for the Upcoming 2014-15 Season:

- Continue year-round reporting and submission of patient specimens.

- The 2014-15 reporting workfolders will be sent out to providers in September.

- The 2014-15 influenza season begins the week ending October 4, 2014.

- Wadsworth Laboratory will be testing positive influenza B specimens for lineage.

- Don’t forget to request shipping supplies for submitting specimens to Wadsworth Laboratory.

New York State Department of Health

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