

Weekly Influenza Surveillance Report

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 April 30, 2022

- Influenza activity level was categorized as geographically widespread². This is the 24th consecutive week widespread activity has been reported.
- Laboratories tested 56,372 specimens for influenza, of which 7,095 (13%) were positive, a 6% increase over last week.
- Of the 6,442 specimens submitted to WHO/NREVSS clinical laboratories, 611 (9.48%) were positive for influenza A.
- Of the 13 specimens tested at Wadsworth Center, 12 were positive for influenza A (H3).
- The percent of patient visits for influenza-like illness (ILI³) from ILINet providers was 2.42%, below the regional baseline of 3.30%.
- The number of patients hospitalized with laboratory-confirmed influenza was 537, an 11% 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.

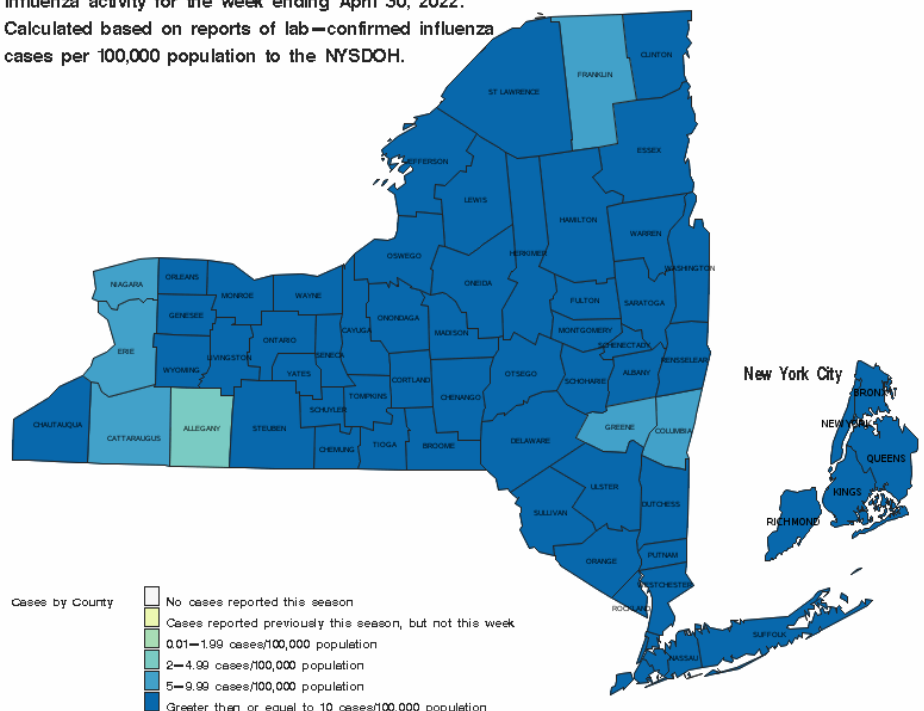
Laboratory Reports of Influenza (including NYC)

Influenza activity for the week ending April 30, 2022.
Calculated based on reports of lab-confirmed influenza cases per 100,000 population to the NYSDOH.

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

- 62 counties reported cases this week.
- Incidence ranged from 4.34-137.31 cases/100,000 population.

Note: Counties with smaller populations are likely to have an incidence rate greater than 10 cases/100,000 population when fewer (less than 10) lab-confirmed cases have been reported.



¹ Information about influenza monitoring in New York City (NYC) is available from the NYC Department of Health and Mental Hygiene website at: <http://www.nyc.gov/html/doh/>. National influenza surveillance data is available on CDC's FluView website at <http://www.cdc.gov/flu/weekly/>.

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 two regions but in fewer than 31 of 62 counties.

Widespread: Increased or sustained numbers of lab-confirmed cases of influenza reported is greater than 31 of the 62 counties.

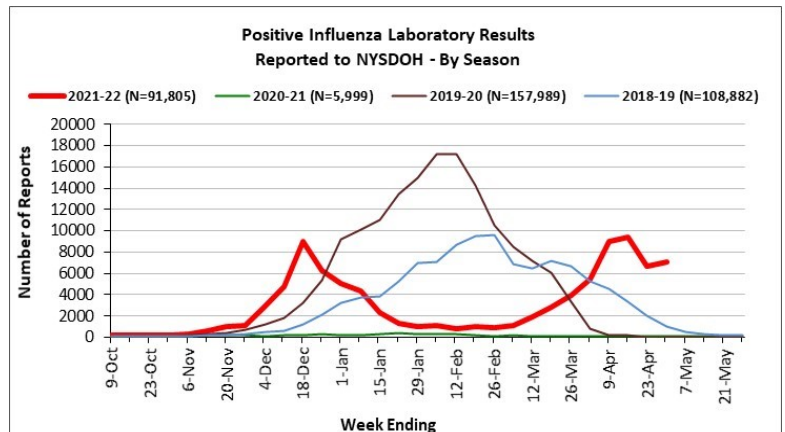
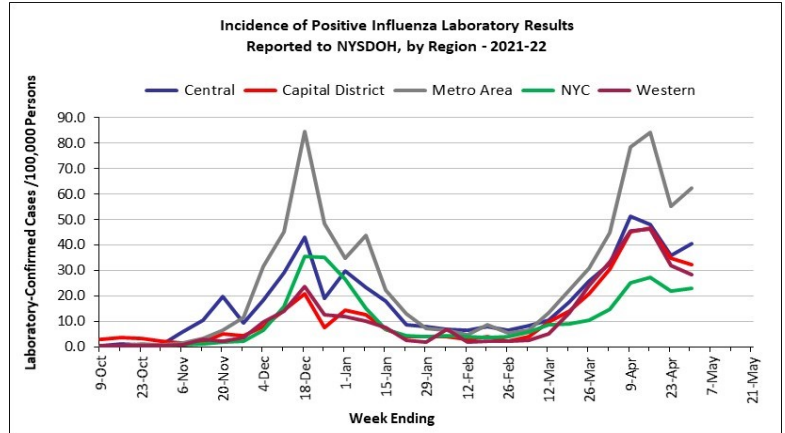
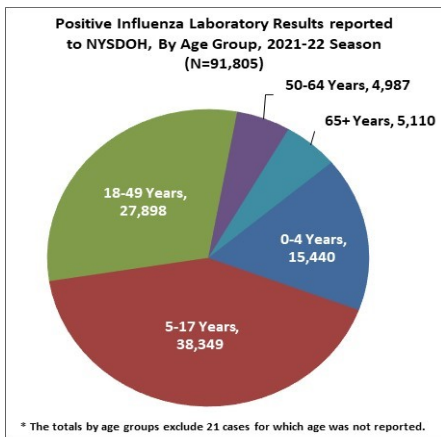
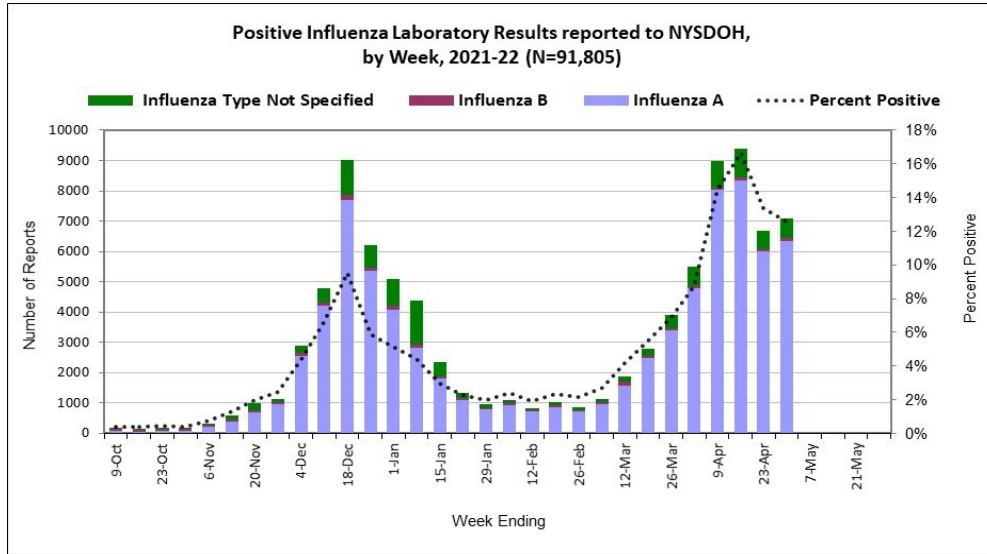
Increased or sustained is defined as 2 or more cases of laboratory-confirmed influenza per 100,000 population.

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)

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).

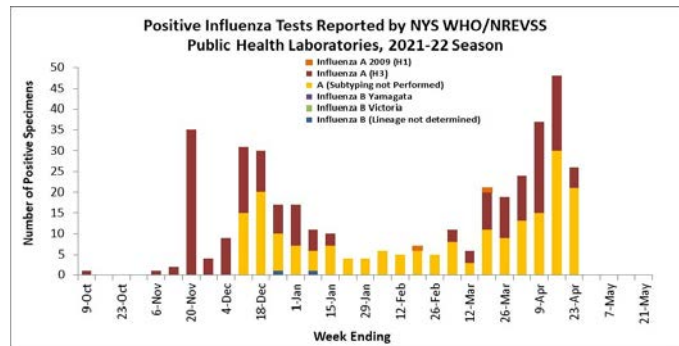
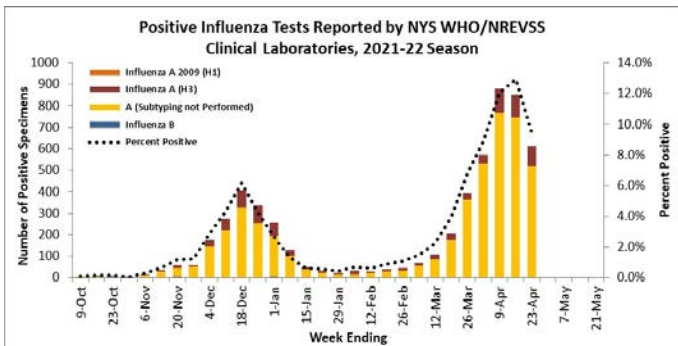
County-level data is displayed on the NYS Weekly Influenza Surveillance (Interactive Views) at <https://nyshc.health.ny.gov/web/nyapd/new-york-state-flu-tracker>. To download the data, please go to Health Data NY at <https://health.data.ny.gov/Health/Influenza-Laboratory-Confirmed-Cases-By-County-Beg/jr8b-6gh6>.



World Health Organization (WHO) and National Respiratory & Enteric Virus Surveillance System (NREVSS) Collaborating Laboratories

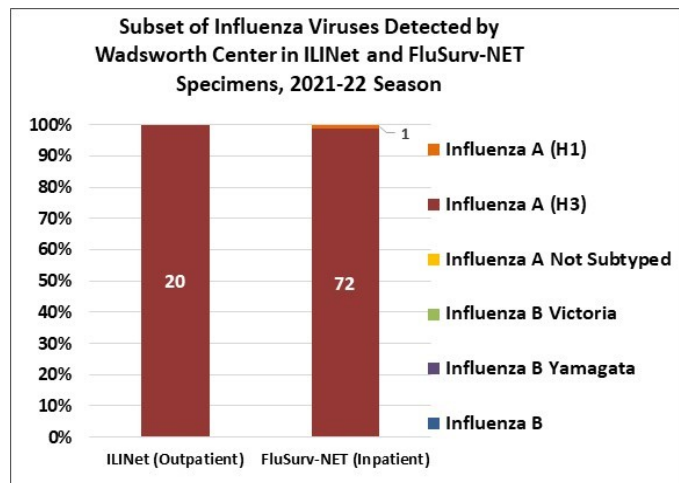
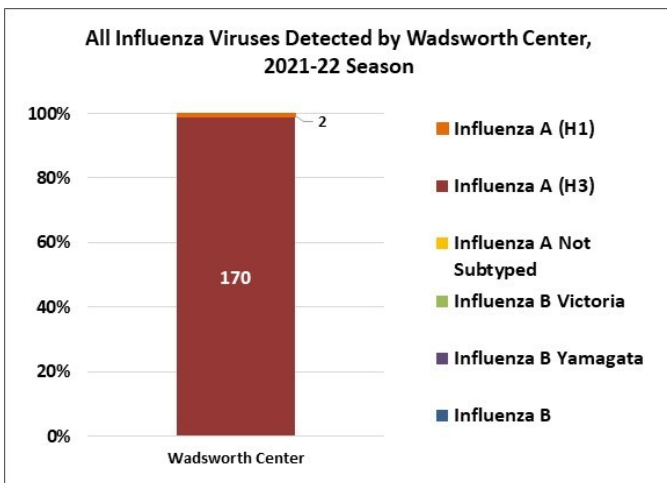
Clinical laboratories that are WHO and/or NREVSS collaborating laboratories for virologic surveillance report weekly the number of respiratory specimens tested and the number positive for influenza types A and B to CDC. Since denominator data is provided, the weekly percentage of specimens testing positive for influenza is calculated.

Public health laboratories that are WHO and/or NREVSS collaborating laboratories also report the influenza A subtype (H1 or H3) and influenza B lineage (Victoria or Yamagata).



Influenza Virus Types and Subtypes Identified at Wadsworth Center (excluding NYC)

Wadsworth Center, the NYSDOH public health laboratory, tests specimens from sources including, outpatient healthcare providers (ILINet) and hospitals (FluSurv-NET). There are 2 common subtypes of influenza A viruses – H1 and H3. Wadsworth also identifies the lineage of influenza B specimens Yamagata or Victoria. Rarely, an influenza virus is unable to have its subtype or lineage identified by the laboratory. Wadsworth sends a subset of positive influenza specimens to the CDC for further virus testing and characterization.



Influenza Antiviral Resistance Testing

The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance.⁴

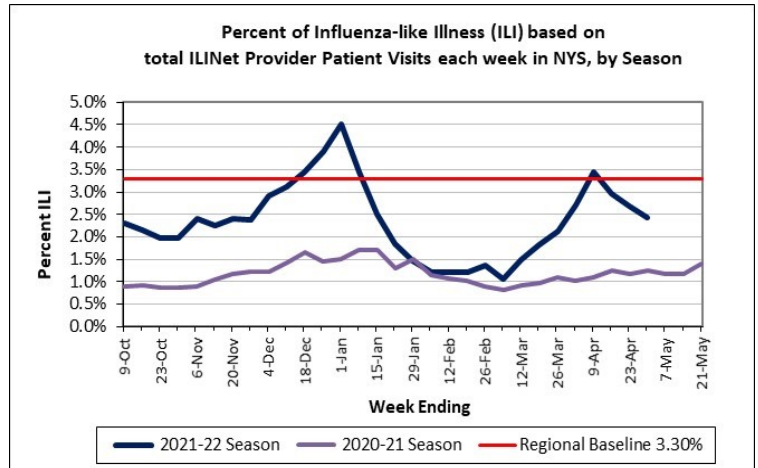
Available data will be displayed here later in the season.

Outpatient Influenza-like Illness Surveillance Network (ILINet) (excluding NYC)

The NYSDOH works with ILINet healthcare providers who report the total number of patients seen and the total number of those with complaints of influenza-like illness (ILI) every week in an outpatient setting.

The CDC uses trends from past years to determine a regional baseline rate of doctors' office visits for ILI. For NYS, the regional baseline is currently 3.30%. Numbers above this regional baseline suggest high levels of illness consistent with influenza in the state.

Note that surrounding holiday weeks, it is not uncommon to notice a fluctuation in the ILI rate. This is a result of the different pattern of patient visits for non-urgent needs.

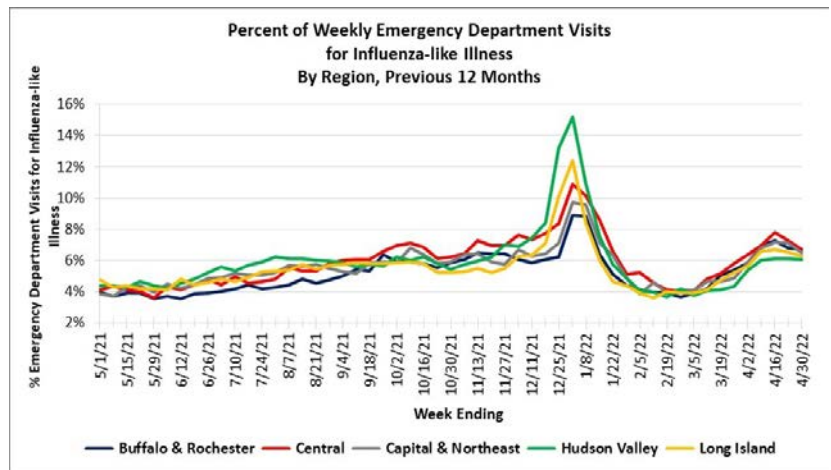


Emergency Department Visits for ILI-Syndromic Surveillance (excluding NYC)

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.

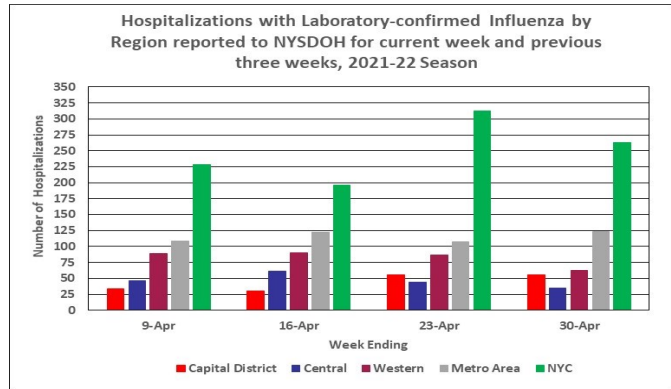
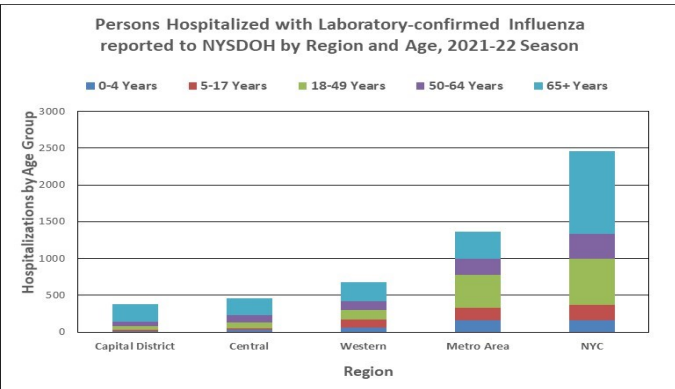
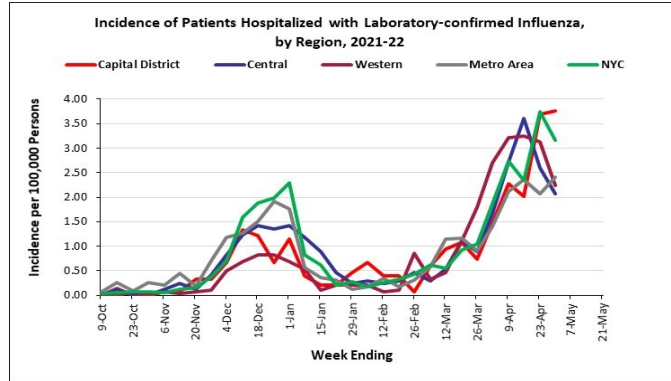
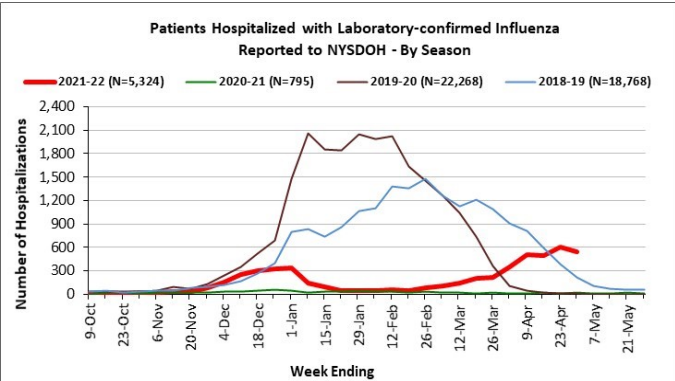
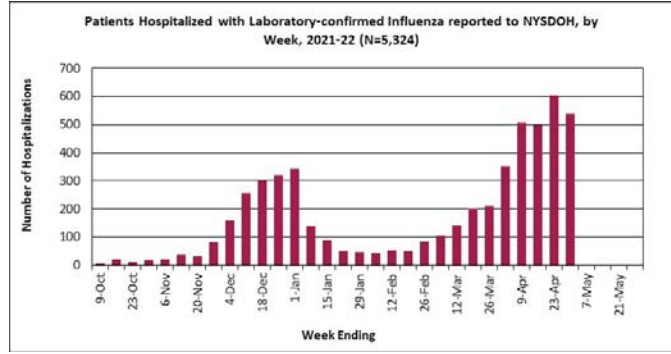
Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.



⁴Additional 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.
- The following graphs display incidence admissions “newly admitted”.
- 179 (93%) of 192 hospitals reported this week.



Influenza Hospitalization Surveillance Network (FluSurv-NET)

As part of the CDC’s FluSurv-NET, the NYS Emerging Infections Program (EIP) conducts enhanced surveillance for hospitalized cases of laboratory-confirmed influenza among residents of 15 counties.⁵ Underlying health conditions are assessed through medical chart reviews for cases identified during the season.⁶

Available data will be displayed here later in the season.

⁵Counties 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

⁶Data are based on medical record reviews for hospitalized cases currently under investigation and should be considered preliminary.

Healthcare-associated Influenza Activity (including NYC)

Hospitals and nursing homes in NYS report outbreaks of influenza to the State. An outbreak in these settings is defined as one or more healthcare facility-associated case(s) of confirmed influenza in a patient or resident or two or more cases of influenza-like illness among healthcare workers and patients/residents of a facility on the same unit within 7 days. Outbreaks are considered confirmed only with positive laboratory testing.⁷

Week-to-Date (CDC week - 17) 4/24/2022 through 4/30/2022	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* lab-confirmed influenza (any type)	1	1	2	1	1	2	4	3	7	1		1	7	5	12
# Outbreaks* viral respiratory illness**			0			0			0			0	0	0	0
Total # Outbreaks	1	1	2	1	1	2	4	3	7	1	0	1	7	5	12
Season-to-Date (CDC week - 17) 10/3/21 through 4/30/2022	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* lab-confirmed influenza (any type)	2	14	16	5	22	27	18	46	64	4	14	18	29	96	125
# Outbreaks* viral respiratory illness**			0			0		1	1			0	0	1	1
Total # Outbreaks	2	14	16	5	22	27	18	47	65	4	14	18	29	97	126

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

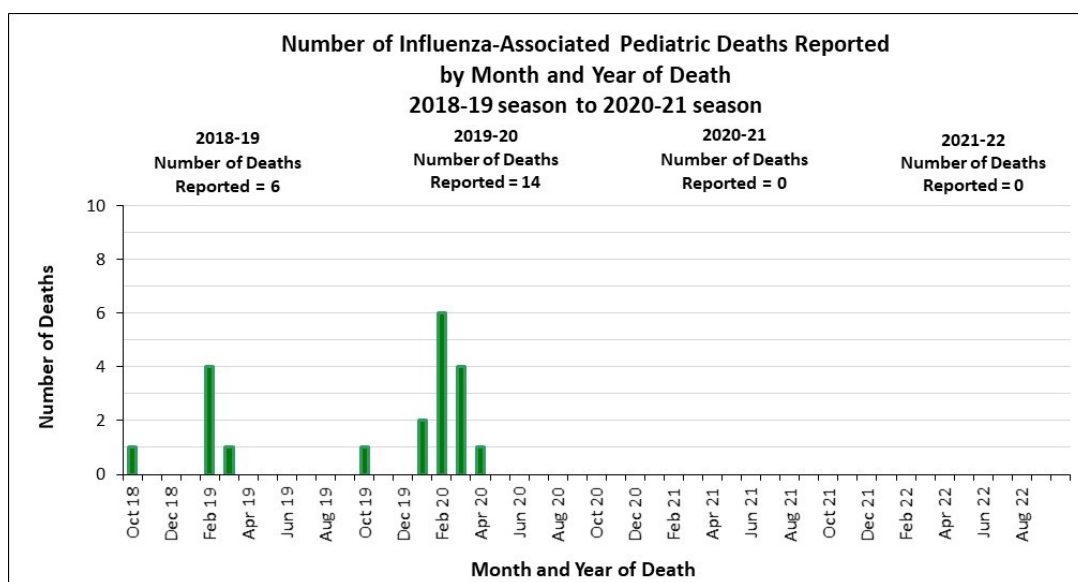
** Includes influenza-like illness outbreaks where no testing is performed or where an alternate etiology was identified (excludes COVID-19)

For information about the flu mask regulation and the current status of the Commissioner’s declaration, please visit www.health.ny.gov/FluMaskReg

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.



⁷For more information on reporting of healthcare-associated influenza, visit http://www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm