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).

**Weekly Influenza Surveillance Report**

**During the week ending January 27, 2018**

- Influenza activity level was categorized as geographically widespread. This is the eighth consecutive week that widespread activity has been reported.
- There were 11,683 laboratory-confirmed influenza reports, a 50% increase over last week.
- Of the 3,225 specimens submitted to WHO/NREVSS laboratories, 742 (23.01%) were positive for influenza.
- Of the 126 specimens tested at Wadsworth Center, 91 were positive for influenza. 11 were Influenza A (H1), 60 were Influenza A (H3), 1 was Influenza A (Not Subtyped), and 19 were Influenza B (Yamagata)
- Reports of percent of patient visits for influenza-like illness (ILI) from ILINet providers was 10.63%, which is above the regional baseline of 3.10%.
- The number of patients hospitalized with laboratory-confirmed influenza was 2,221 a 21% increase over last week.
- There were no influenza-associated pediatric deaths reported this week. There has been one influenza-associated pediatric death reported this season.
- Preliminary results for influenza vaccine effectiveness (VE) in the US have not been released for the current season, but according to the CDC, data suggests that the influenza vaccine continues to offer protection against all influenza viruses, and can reduce the severity of illness for those who do get the flu. Additional information about VE, including information addressing news reports of reduced VE in Australia, can be found on the CDC website at [https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm#effectiveness](https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm#effectiveness).

**Laboratory Reports of Influenza (including NYC)**

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

- All 62 counties reported cases this week.
- Incidence ranged from 21.00-155.87 cases/100,000 population.

---

2 No Activity: No laboratory-confirmed cases of influenza reported to the NYSDOH.
3 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.
4 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.
5 Widespread: Increased or sustained numbers of lab-confirmed cases of influenza reported in greater than 31 of the 62 counties.
6 Increased or sustained is defined as 2 or more cases of laboratory-confirmed influenza per 100,000 population.
7 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).

Weekly Influenza Surveillance Report

Positive Influenza Laboratory Results reported to NYSDOH, by Week, 2017-18 (N=36,814)

Incidence of Positive Influenza Laboratory Results Reported to NYSDOH, by Region - 2017-18

Positive Influenza Laboratory Results reported to NYSDOH, By Age Group, 2017-18 Season (N=36,814)

* The totals by age groups exclude 545 cases for which age was not reported.
Clinical virology laboratories, including the Wadsworth Center, that are WHO and/or NREVSS collaborating laboratories for influenza surveillance report weekly the number of respiratory specimens tested and the number positive for influenza types A and B to CDC. Some labs also report the influenza A subtype (H1 or H3) and influenza B lineage (Victoria or Yamagata). 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, outpatient healthcare providers (ILINet) and hospitals (FluSurv-NET).

There are 2 common subtypes of influenza A viruses – H1 and H3. Each subtype has a slightly different genetic makeup. Wadsworth also identifies the lineage of influenza B specimens – Yamagata or Victoria. Rarely, an influenza virus is unable to have it’s 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

NYS Antiviral Resistance Testing Results on Samples Collected Season to date, 2017-18

<table>
<thead>
<tr>
<th>Sampled virus (strain)</th>
<th>Samples tested</th>
<th>Oseltamivir resistant viruses, number (%)</th>
<th>Zanamivir resistant viruses, number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza A (H1N1pdm09)</td>
<td>21</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Influenza A (H3N2)</td>
<td>67</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Influenza B</td>
<td>0</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>

I. 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.

II. 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.

III. Samples tested by whole gene dideoxysequencing of the neuraminidase gene. Sequence data reviewed for variations known to cause, or suspected of causing, resistance to

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%. 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.

*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/).
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. 179 (98%) of 183 hospitals reported this week.

Patients Hospitalized with Laboratory-confirmed Influenza reported to NYSDOH, By Age Group, 2017-18 Season (N=9,377)

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. Medical chart reviews are completed, and underlying health conditions noted on all identified cases from October 1 through April 30 of the following year.

FluSurv-Net estimated hospitalization rates will be updated weekly starting later this season.

5 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 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.6

<table>
<thead>
<tr>
<th>Week-to-Date (CDC week - 4)</th>
<th>Capital Region</th>
<th>Central Region</th>
<th>Metro Region</th>
<th>Western Region</th>
<th>Statewide (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/21/18 through 1/27/18</td>
<td>ACF</td>
<td>LTCF</td>
<td>Total</td>
<td>ACF</td>
<td>LTCF</td>
</tr>
<tr>
<td># Outbreaks* Lab-confirmed influenza (any type)</td>
<td>3 5 8</td>
<td>3 6 9</td>
<td>35 21 56</td>
<td>8 7 15</td>
<td>49 39 88</td>
</tr>
<tr>
<td># Outbreaks* Viral respiratory illness**</td>
<td>1 1 1</td>
<td>0 1 1</td>
<td>0 0 0</td>
<td>0 2 2</td>
<td></td>
</tr>
<tr>
<td>Total # Outbreaks</td>
<td>3 6 9</td>
<td>3 6 9</td>
<td>35 22 57</td>
<td>8 7 15</td>
<td>49 41 90</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Season-to-Date (CDC week - 4)</th>
<th>Capital Region</th>
<th>Central Region</th>
<th>Metro Region</th>
<th>Western Region</th>
<th>Statewide (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/29/16 through 1/27/18</td>
<td>ACF</td>
<td>LTCF</td>
<td>Total</td>
<td>ACF</td>
<td>LTCF</td>
</tr>
<tr>
<td># Outbreaks* Lab-confirmed influenza (any type)</td>
<td>14 39 53</td>
<td>12 43 55</td>
<td>156 160 316</td>
<td>18 67 85</td>
<td>200 309 509</td>
</tr>
<tr>
<td># Outbreaks* Viral respiratory illness**</td>
<td>7 7 7</td>
<td>10 10 20</td>
<td>19 19 38</td>
<td>5 5 10</td>
<td>0 41 41</td>
</tr>
<tr>
<td>Total # Outbreaks</td>
<td>14 46 60</td>
<td>12 53 65</td>
<td>156 179 335</td>
<td>18 72 90</td>
<td>200 350 550</td>
</tr>
</tbody>
</table>

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

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.

Number of Influenza-Associated Pediatric Deaths Reported by Month and Year of Death
2014-15 season to present

2014-15 Number of Deaths Reported = 6
2015-16 Number of Deaths Reported = 5
2016-17 Number of Deaths Reported = 8
2017-18 Number of Deaths Reported = 1

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