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 October 26, 2019

- Influenza activity level was categorized as geographically sporadic². This is the fourth consecutive week that sporadic activity has been reported.
- There were 128 laboratory-confirmed influenza reports, a 33% increase over last week.
- Of the 1,530 specimens submitted by WHO/NREVSS clinical laboratories, 6 (0.39%) were positive. 4 were influenza A and 2 were influenza B.
- Of the specimens tested at Wadsworth Center, none were positive for influenza.
- Reports of percent of patient visits for influenza-like illness (ILI³) from ILINet providers was 1.04%, below the regional baseline of 3.20%.
- The number of patients hospitalized with laboratory-confirmed influenza was 31, a 6% decrease over last week.
- There were no influenza-associated pediatric deaths reported this week. There has been one influenza-associated pediatric death reported this season.

Laboratory Reports of Influenza (including NYC)

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

- 26 counties reported cases this week.
- Incidence ranged from 0-2.92 cases/100,000 population.


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

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 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).

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. Because 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.

To date, all specimens submitted through the ILINet and FluSurv-NET programs have been negative.
**Influenza Antiviral Resistance Testing**
The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance.\(^4\)

The laboratory does not have any data yet this season. Information will be updated in subsequent weekly reports.

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**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 3.10%. 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.

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**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.

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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/](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. 172 (95%) of 182 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. Underlying health conditions are assessed through medical chart reviews for cases identified during the season.

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

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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

6 Data are based on medical record reviews for 776 of 2425 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

<table>
<thead>
<tr>
<th>Week-to-Date (CDC week - 43)</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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<tbody>
<tr>
<td>10/20/19 through 10/26/19</td>
<td>ACF LFTC Total</td>
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<td>ACF LFTC Total</td>
<td>ACF LFTC Total</td>
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<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 - 43)</th>
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<td>9/29/19 through 10/26/19</td>
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<td># Outbreaks* lab-confirmed influenza (any type)</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

For information about the flu mask regulation and the current status of the Commissioner's declaration, please visit [www.health.ny.gov/FluMaskReg](http://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.

![Number of Influenza-Associated Pediatric Deaths Reported by Month and Year of Death, 2016-17 season to present](http://www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm)