



# Influenza Surveillance Report

Week ending January 23, 2021 (Week 3)

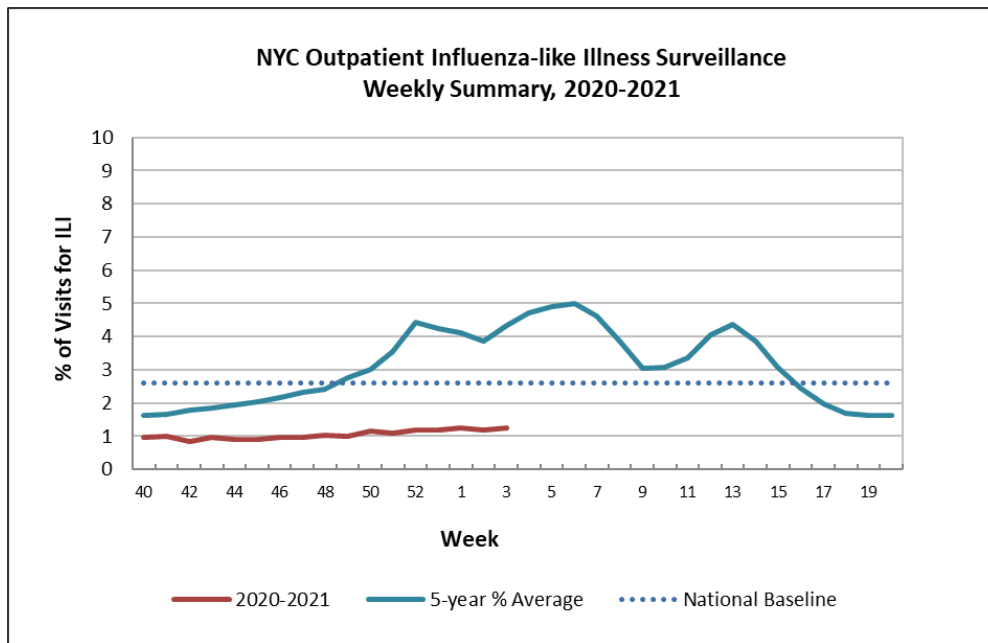
## Highlights

- \* Influenza surveillance activities for the 2020-2021 season began on September 27, 2020.
- \* Influenza activity in NYC is minimal.
- \* Influenza-like illness visits are at 1.3% of all weekly visits.
- \* Approximately 1.2% of all specimens submitted for influenza testing were positive for influenza; 25 specimens were positive for influenza A and 55 specimens were positive for influenza B. In addition, less than 1% of specimens tested for respiratory syncytial virus (RSV) were positive.

## Outpatient Influenza-like Illness Surveillance Network (ILINet)

NYC participates in the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), which is coordinated nationally by CDC. This system monitors the proportion of patients presenting with ILI activity each week at participating primary care sites and includes a virology surveillance component to assess circulating strains.

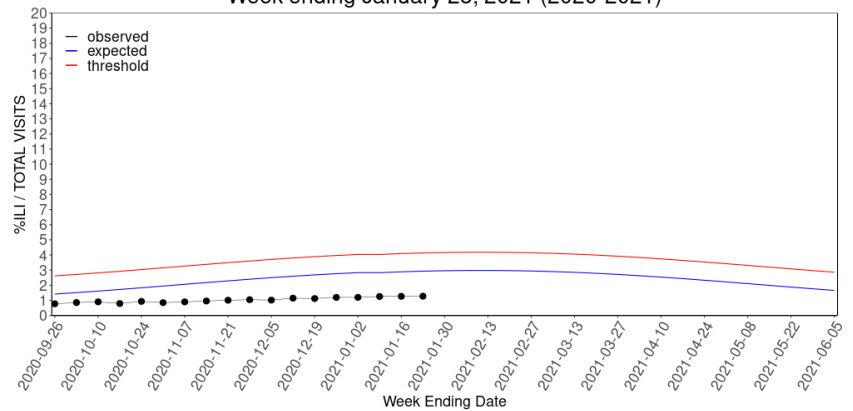
During Week 3 (January 17 – 23, 2021), approximately 1.3% of all sentinel provider visits were due to ILI. These data include visits to both emergency departments and over 60 outpatient clinics.



## Syndromic Surveillance

The Emergency Department (ED) based syndromic surveillance system uses electronic data transmitted daily to DOHMH and captures 100% of all ED visits in NYC. The data are coded into disease syndromes and used to monitor citywide trends and geographic clustering that may represent an early warning of a disease outbreak. Influenza-like illness (ILI) syndrome is defined as the mention of fever AND cough, OR fever AND sore throat, OR flu in the patient's ED chief complaint.

Weekly influenza-like illness (ILI) emergency department visits in New York City  
Week ending January 23, 2021 (2020-2021)



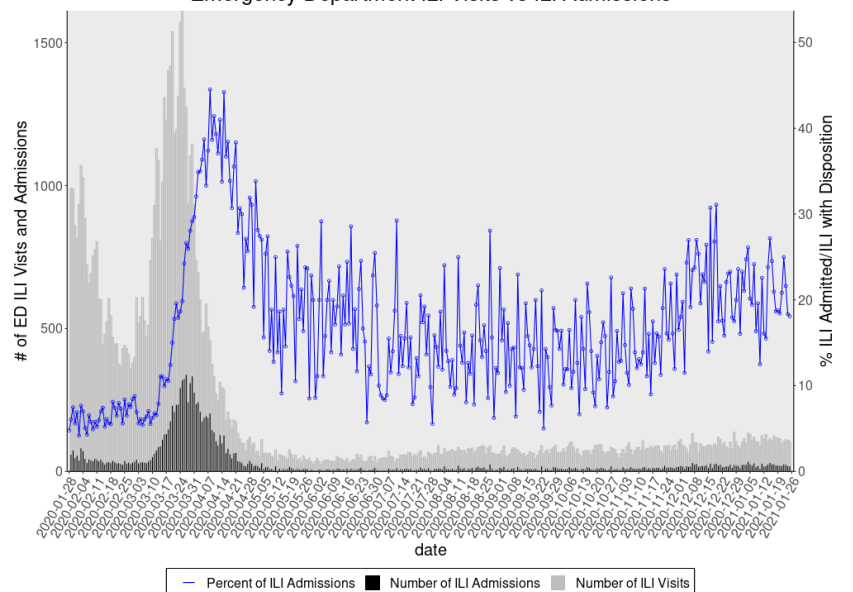
## ED ILI Visits vs. ED ILI Admissions

The graph to the right shows the number of ED visits with ILI syndrome along with the number and proportion of those patients who were admitted. The discharge status of all patients is over 80% complete the day after their ED visit.

*Disclaimers:*

These data do not represent laboratory confirmed cases of influenza.

Emergency Department ILI Visits vs ILI Admissions



## Nosocomial Influenza Outbreaks

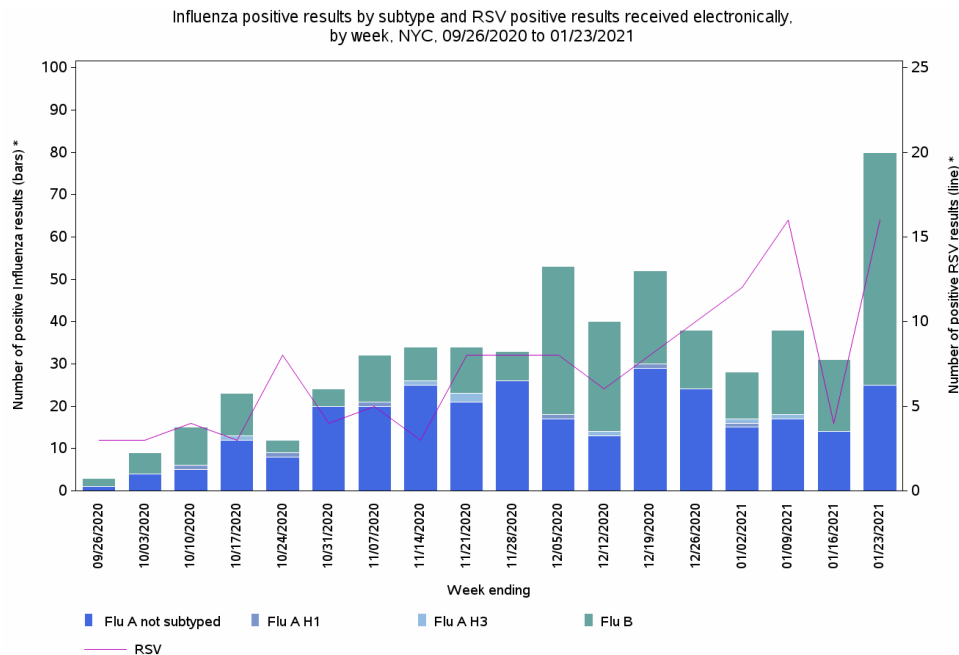
There were no reported nosocomial influenza outbreak from long-term care facilities during Week 3.

## Influenza-associated Pediatric Deaths

No influenza-associated pediatric deaths occurring during the 2020-2021 season have been reported.

## Laboratory Reports of Influenza and RSV

All clinical laboratories that perform testing on NYC residents report positive influenza test results electronically to DOHMH. Test results may identify influenza type A, influenza type B, or influenza without specifying type A or B. DOHMH actively solicits additional data on influenza test results from a large sample of NYC laboratory facilities that are licensed to perform influenza testing. These laboratories are contacted weekly to obtain data on the number of influenza tests requested, the number positive by assay type, as well as data on RSV.

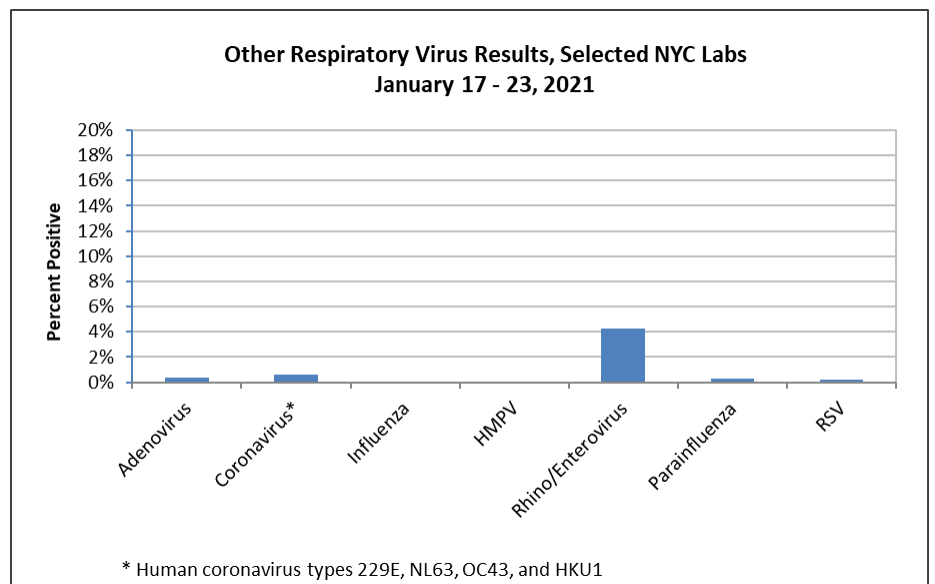


\* Note that RSV and influenza are represented using different scales (right and left Y axis).

## Other Respiratory Virus Results

DOHMH receives data from three NYC laboratories that test for respiratory viruses in addition to influenza and RSV.

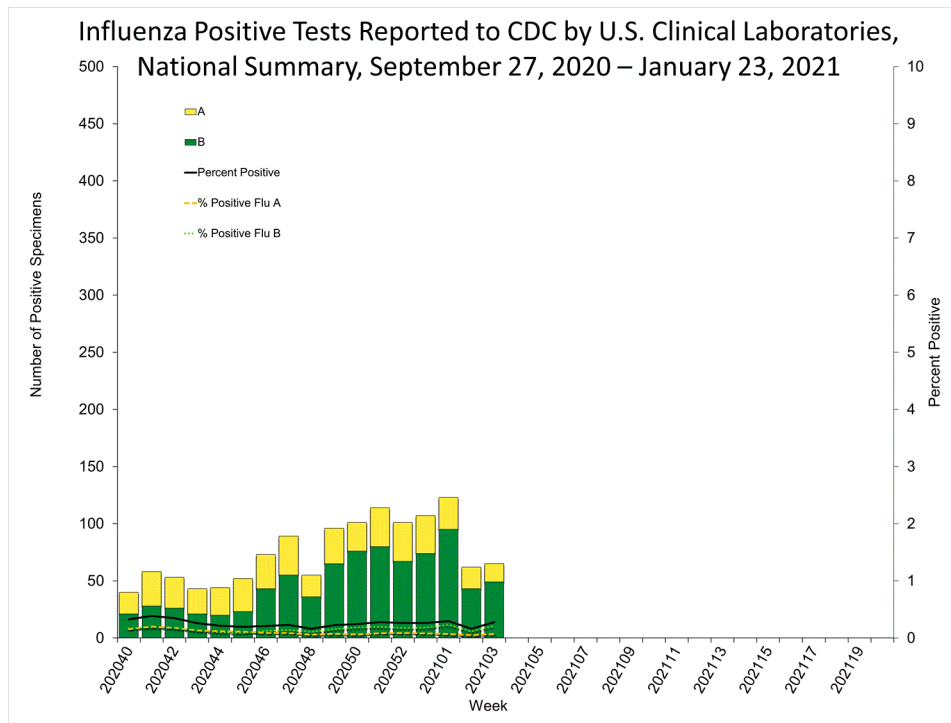
The graph to the right demonstrates testing for an expanded panel of respiratory viruses circulating in NYC during surveillance week January 17 - 23, 2021.



**Centers for Disease Control and Prevention (CDC)  
National Weekly Influenza Summary - Week 3  
[www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly)**

According to this week's *FluView* report, seasonal influenza activity in the United States remains lower than usual for this time of year.

- o Clinical Labs: The percentage of respiratory specimens testing positive for influenza at clinical laboratories is 0.3% this week.
- o Public Health Labs: The number of influenza positives reported by public health labs remains unusually low, however, one novel influenza A virus infection was reported.
- o Outpatient Illness (ILINet): This week, 1.3% of patient visits to a health care provider were for influenza-like illness (ILI), remaining stable ( $\leq 0.1\%$  change) compared to week 2. National ILI remains below the national baseline of 2.6%. ILI surveillance may be impacted by the COVID-19 pandemic and should be interpreted with caution.
- o Outpatient Illness (ILINet Activity Map): This week, one jurisdiction experienced low activity, and the remaining jurisdictions experienced minimal activity. ILI activity levels may be impacted by the COVID-19 pandemic and should be interpreted with caution.
- o Hospitalizations: FluSurv-NET sites have reported 142 laboratory-confirmed influenza hospitalizations so far this season for an overall cumulative hospitalization rate of 0.5 per 100,000 population.
- o P&I Mortality: 14.8% of deaths were attributed to pneumonia, influenza, or COVID-19 (PIC). This is above the epidemic threshold of 7.1%. Currently, the majority of PIC deaths are due to COVID-19.
- o Pediatric Deaths: No new influenza-associated pediatric deaths were reported to CDC this week. The total for the 2020-21 season is one.



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Outpatient Illness Surveillance (ILINet)

Nationwide during week 3, 1.3% of patient visits reported through ILINet were due to ILI. This percentage is below the national baseline of 2.6%.

