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 4 (January 21 - 27, 2018), approximately 6.5% of all sentinel provider visits were due to ILI. These data include visits to both emergency departments and over 70 outpatient clinics.

![NYC Outpatient Influenza-like Illness Surveillance Data 2014 - 2018](chart.png)
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.

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. These data do not represent all ED visits in NYC.
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.

The graph to the top right shows the number of positive results by subtype along with the number of positive RSV results received electronically since October 2017.

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. The graph below shows data collected since October, 2017.
Other Respiratory Virus Results

DOHMH receives data from three NYC laboratories that test for respiratory viruses in addition to influenza and RSV. The graph below demonstrates testing for an expanded panel of respiratory viruses circulating in NYC during surveillance week January 21 - 27, 2018.

![Graph showing other respiratory virus results](image)

Nosocomial Respiratory Outbreaks
There were 18 reported influenza outbreaks from long-term care facilities during Week 4.

Influenza-associated Pediatric Deaths
There were no reported influenza-associated pediatric deaths during Week 4.
Synopsis: During week 4 (January 21-27, 2018), influenza activity increased in the United States.

- Viral Surveillance: The most frequently identified influenza virus subtype reported by public health laboratories during week 4 was influenza A(H3). The percentage of respiratory specimens testing positive for influenza in clinical laboratories remained elevated.

- Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was above the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

- Influenza-associated Pediatric Deaths: Seventeen influenza-associated pediatric deaths were reported, one of which occurred during the 2015-2016 season.

- Influenza-associated Hospitalizations: A cumulative rate of 51.4 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

- Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 7.1%, which is above the national baseline of 2.2%. All 10 regions reported ILI at or above region-specific baseline levels. New York City, the District of Columbia, and 42 states experienced high ILI activity; Puerto Rico and two states experienced moderate ILI activity; three states experienced low ILI activity; and three states experienced minimal ILI activity.

- Geographic Spread of Influenza: The geographic spread of influenza in Puerto Rico and 48 states was reported as widespread; Guam and one state reported regional activity; the District of Columbia and one state reported local activity; and the U.S. Virgin Islands reported sporadic activity.
**Outpatient Illness Surveillance**: Nationwide during week 4, 7.1% of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI). This percentage is above the national baseline of 2.2%. *(ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.)*