NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Influenza Surveillance Report

Week ending February 5, 2022 (Week 5)

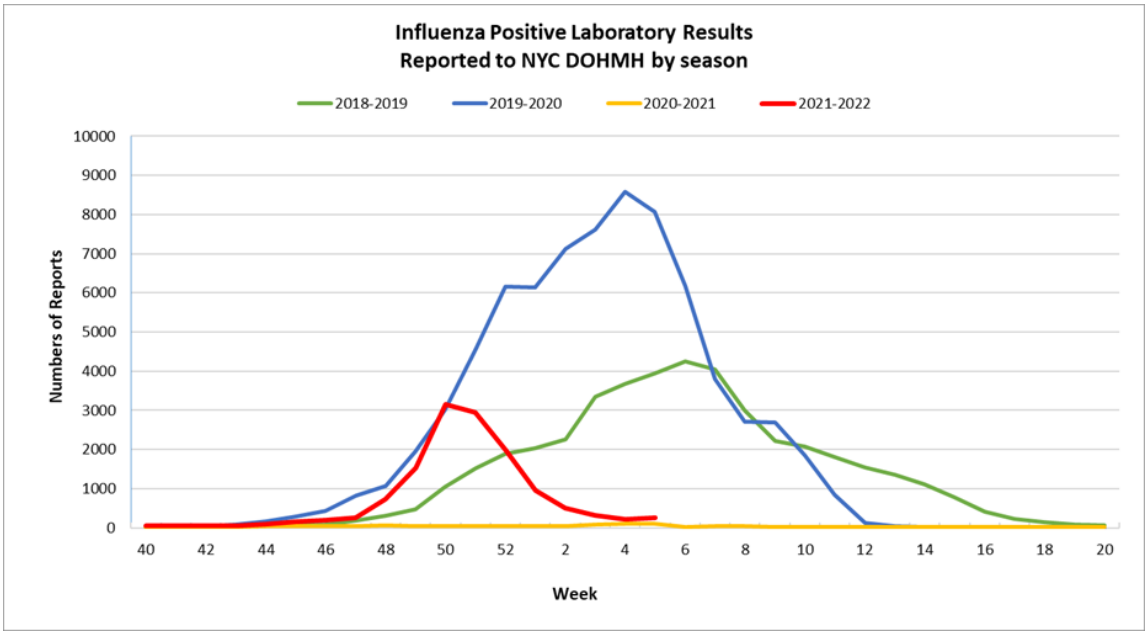
Highlights

- Influenza activity in NYC is low.
- Approximately 1% of all specimens submitted for influenza testing were positive for influenza; 258 specimens were positive for influenza A and 4 specimens were positive for influenza B.
- Influenza-like illness visits were at 1% of all weekly visits. These visits included sentinel outpatient clinics and emergency department visits.
- There were no influenza-associated pediatric deaths reported this week.
- There were no influenza outbreaks reported from long-term care facilities this week.

Laboratory Reports of Influenza

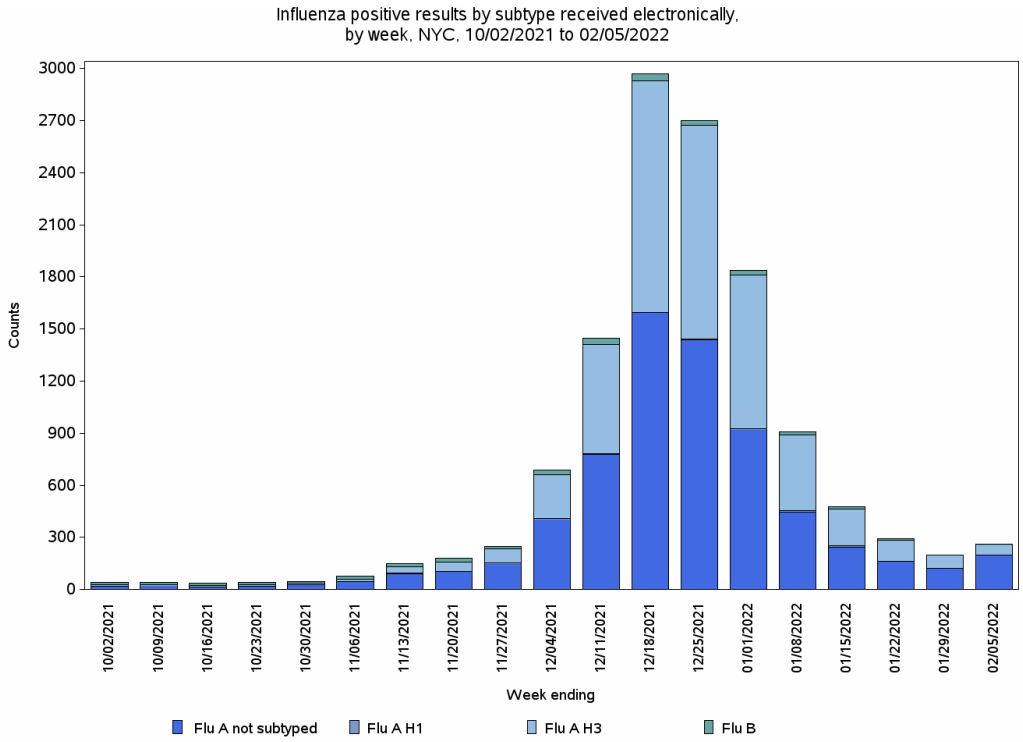
All clinical laboratories that perform testing on NYC residents report positive influenza test results electronically to DOHMH. In addition, DOHMH actively solicits additional data on influenza test results from a large sample of NYC laboratory facilities that are licensed to perform influenza testing. These laboratories are contacted weekly to obtain data on the number of influenza tests requested.

During Week 5 (January 30 – February 5, 2022), approximately 1% of all specimens submitted for influenza testing were positive for influenza.



Laboratory Reports of Influenza

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.



Influenza-associated Pediatric Deaths

There were no influenza-associated pediatric deaths reported during Week 5. There have been no influenza-associated pediatric deaths reported this season.

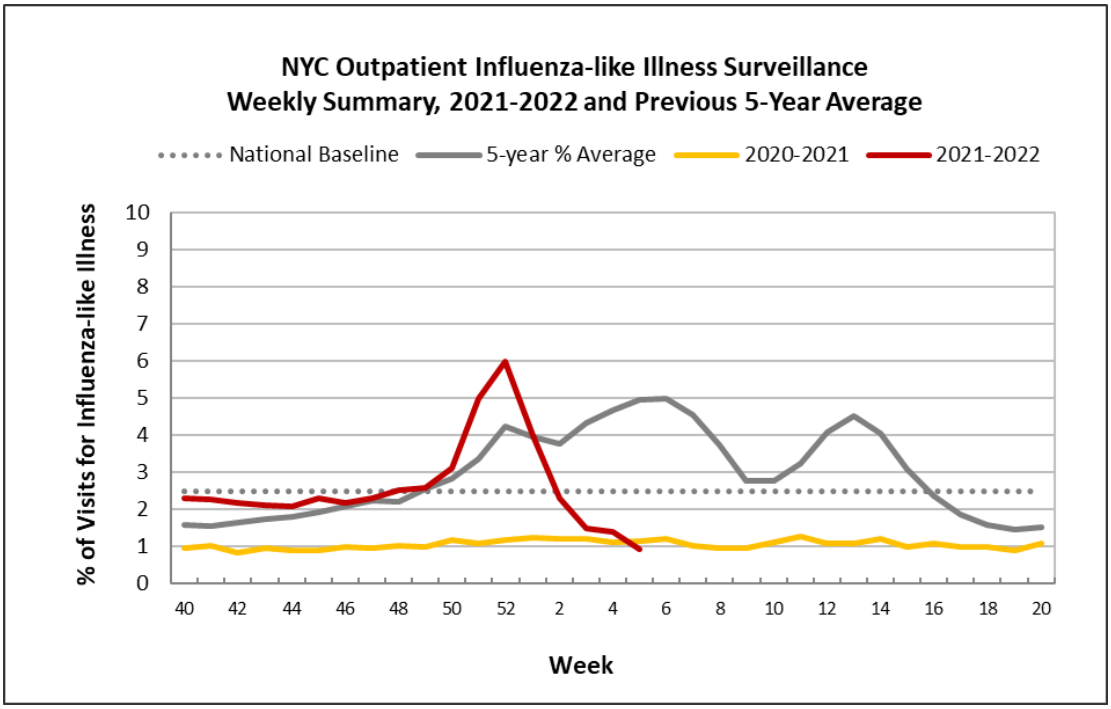
Respiratory Outbreaks in Long-term Care Facilities

There were no influenza outbreaks reported from long-term care facilities during Week 5.

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 emergency departments and participating primary care sites. This system monitors visits for ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

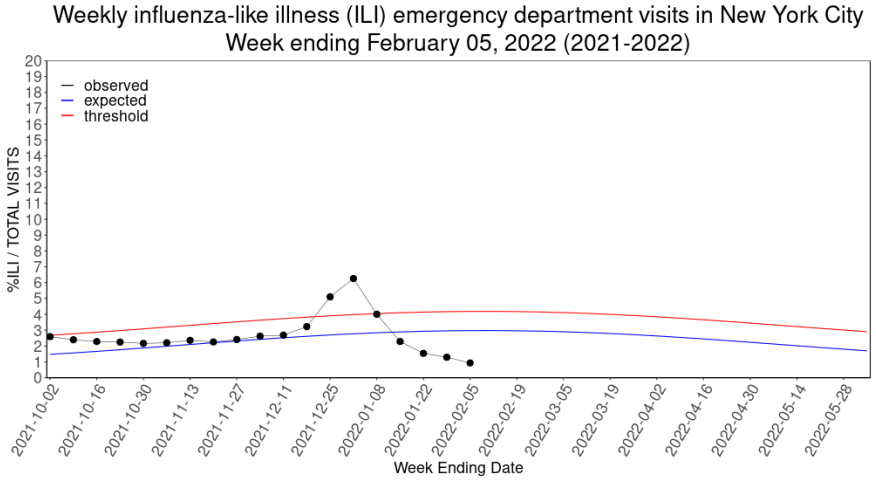
During Week 5 (January 30 – February 5, 2022), approximately 1% of all visits were due to ILI.



NYC Influenza Surveillance Report (2/5/22, Week 5)

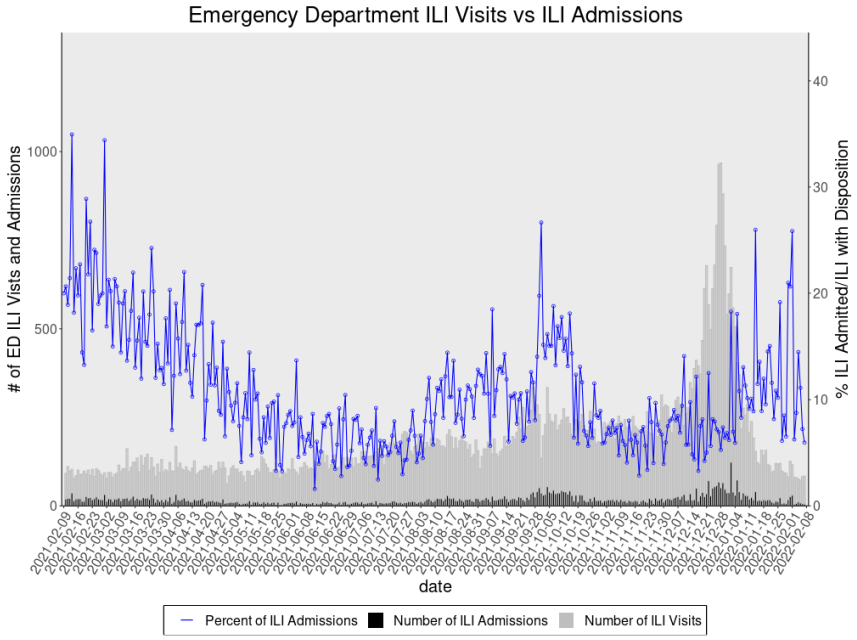
Syndromic Surveillance

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.



<u>ED ILI Visits vs. ED ILI Admissions</u>

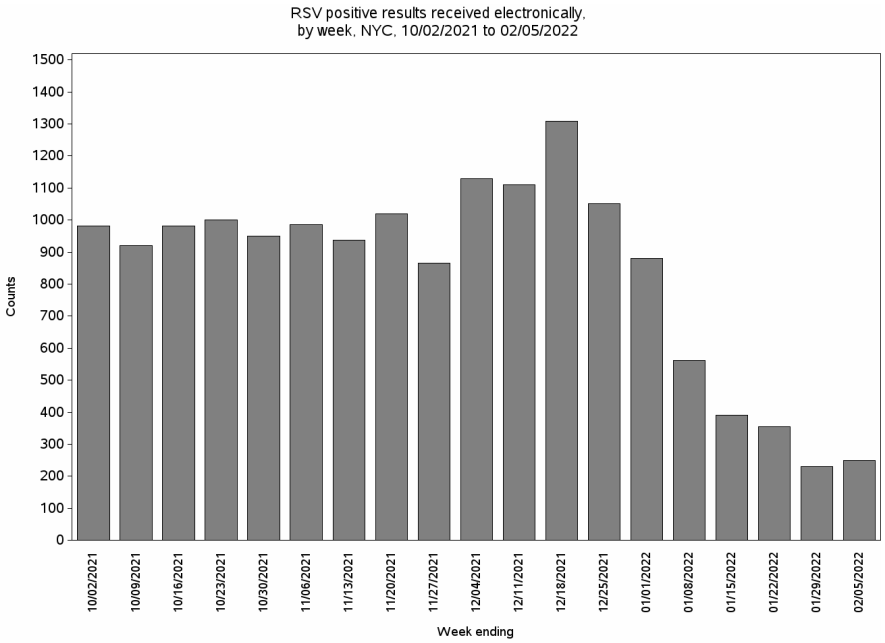
The graph to the right shows the number of ED visits with ILI syndrome along with the number and proportion of those patients who were admitted. The discharge status of all patients is over 80% complete the day after their ED visit.

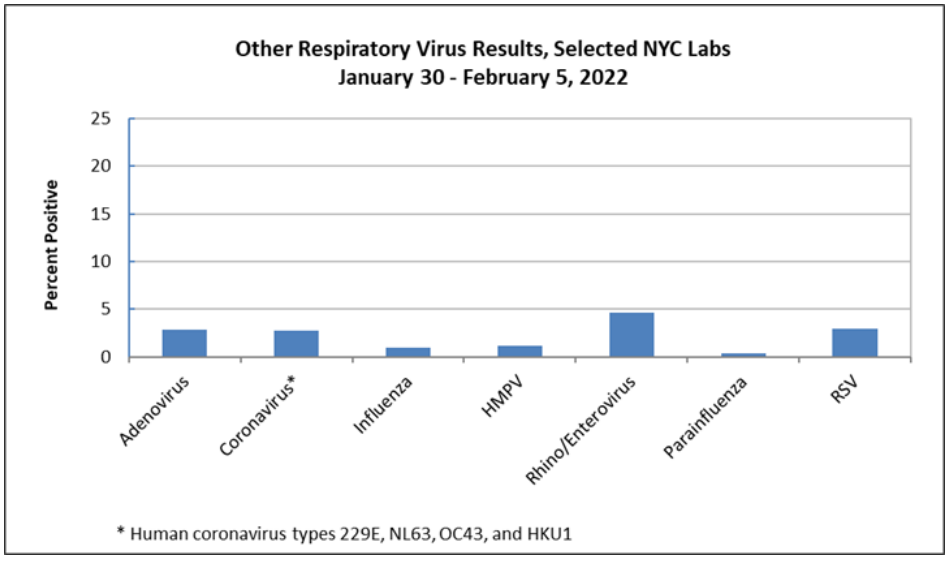


Disclaimers:
These data do not represent laboratory confirmed cases of influenza.

Laboratory Reports of RSV

All clinical laboratories that perform testing on NYC residents report positive respiratory syncytial virus (RSV) test results electronically to DOHMH.



Other Respiratory Virus Results

DOHMH receives data from three NYC laboratories that test for an expanded panel of respiratory viruses circulating in NYC during the surveillance week.