



Influenza Surveillance Report

Week ending March 7, 2020 (Week 10)

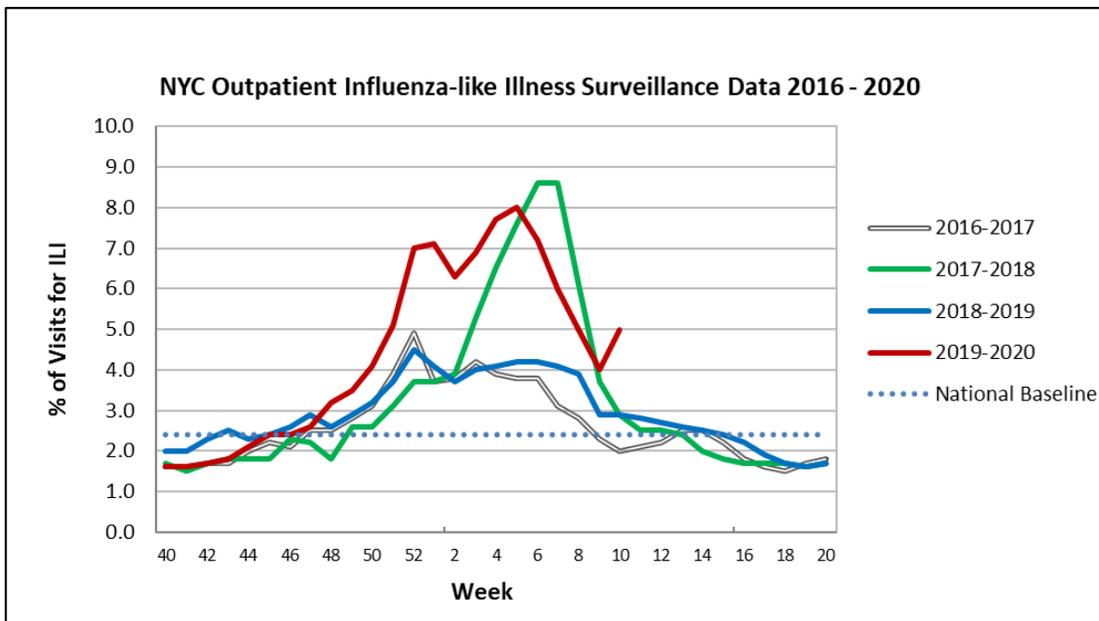
Highlights

- * Influenza surveillance activities for the 2019-2020 season began on September 29, 2019.
- * Influenza activity in NYC remains elevated.
- * Influenza-like illness visits are at 5% of all weekly visits.
- * Approximately 15% of all specimens submitted for influenza testing were positive for influenza; 1,103 specimens were positive for influenza A and 485 specimens were positive for influenza B. In addition, about 4% 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.

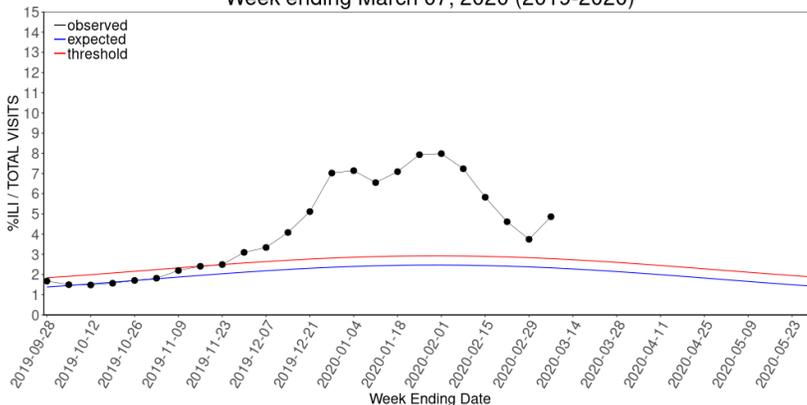
During Week 10 (March 1 - 7, 2020), approximately 5% of all sentinel provider visits were due to ILI. These data include visits to both emergency departments and over 70 outpatient clinics.



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 March 07, 2020 (2019-2020)



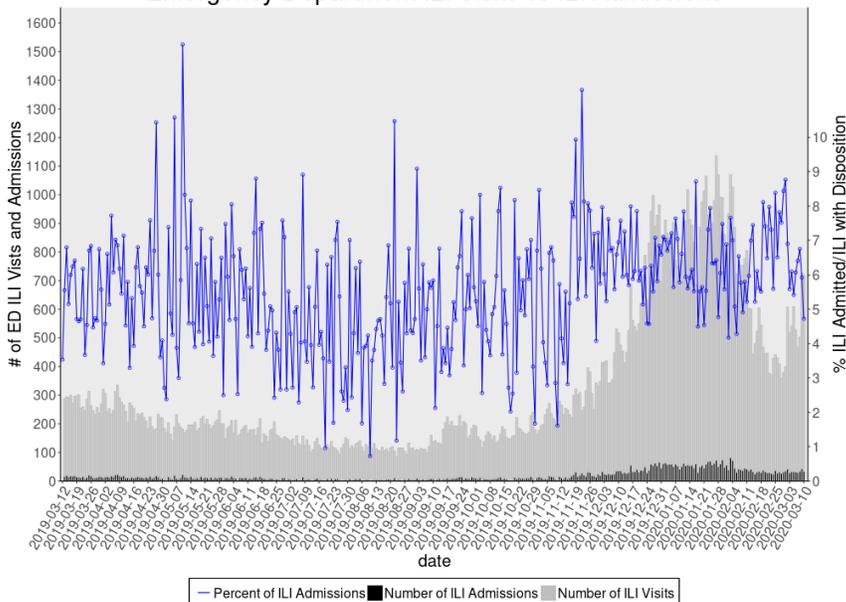
ED ILI Visits vs. ED ILI Admissions

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



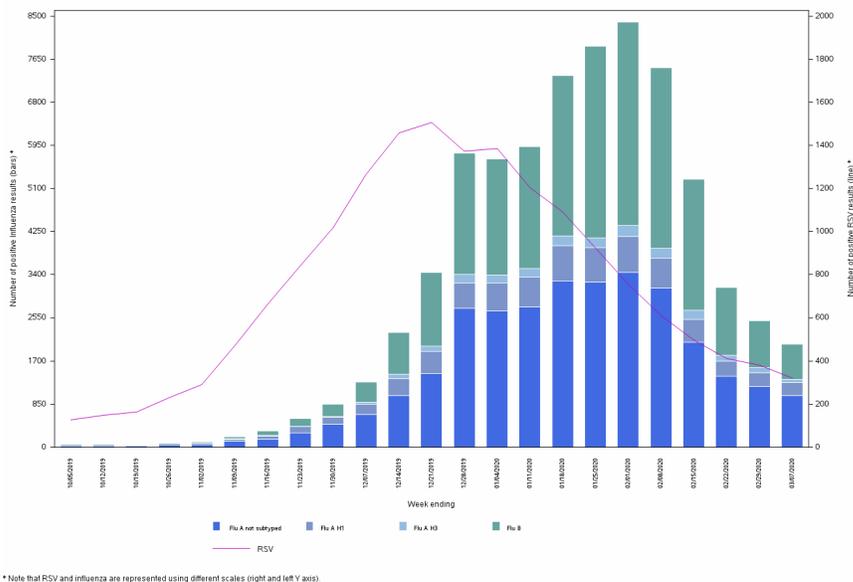
Laboratory Reports of Influenza and RSV

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.

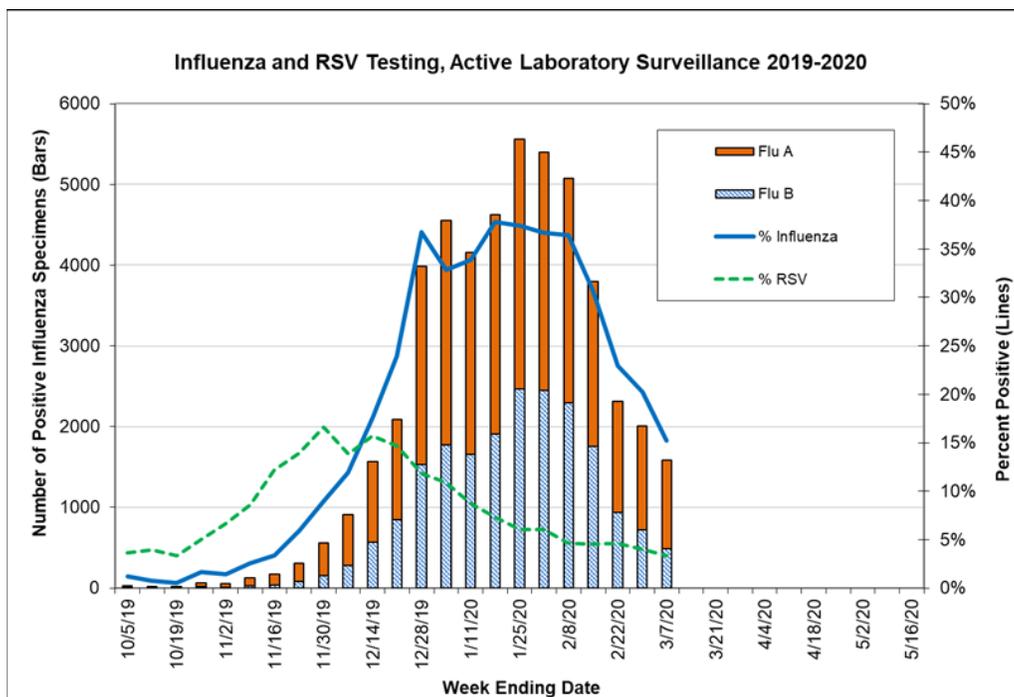
The graph to the top right shows the number of positive results by subtype along with the number of positive RSV results received electronically since September 29, 2019.

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 September 29, 2019.

Influenza positive results by subtype and RSV positive results received electronically, by week, NYC, 10/05/2019 to 03/07/2020

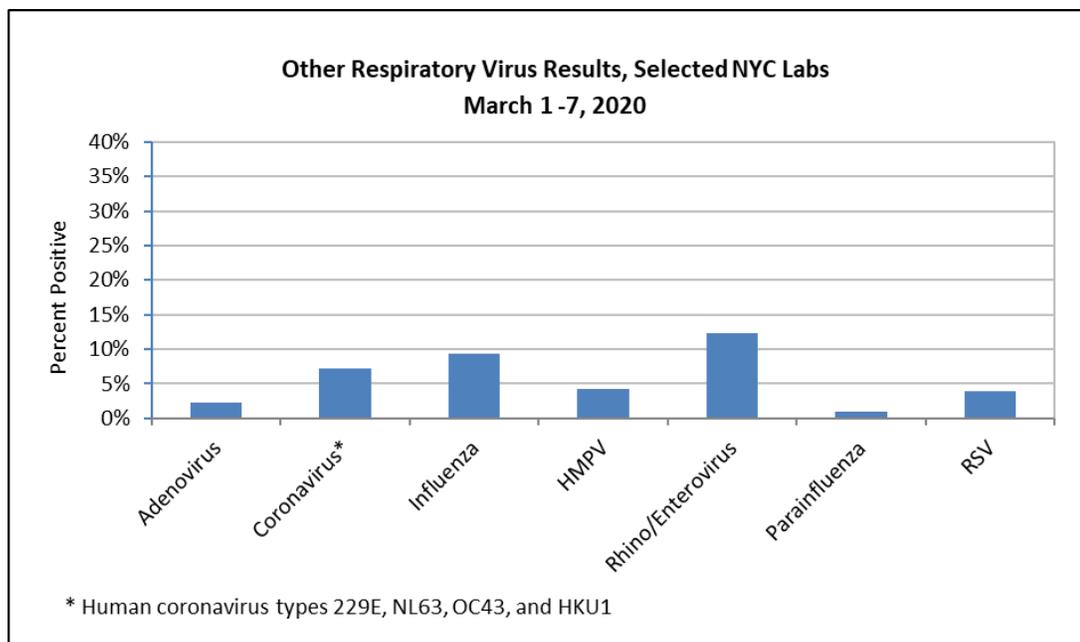


* Note that RSV and influenza are represented using different scales (right and left Y axis).



Other Respiratory Virus Results

DOHMH receives data from three NYC laboratories that test for respiratory viruses in addition to influenza and RSV. The graph below demonstrates testing for an expanded panel of respiratory viruses circulating in NYC during surveillance week March 1 - 7, 2020.



Nosocomial Respiratory Outbreaks

There were 12 reported nosocomial influenza outbreaks from long-term care facilities during Week 10.

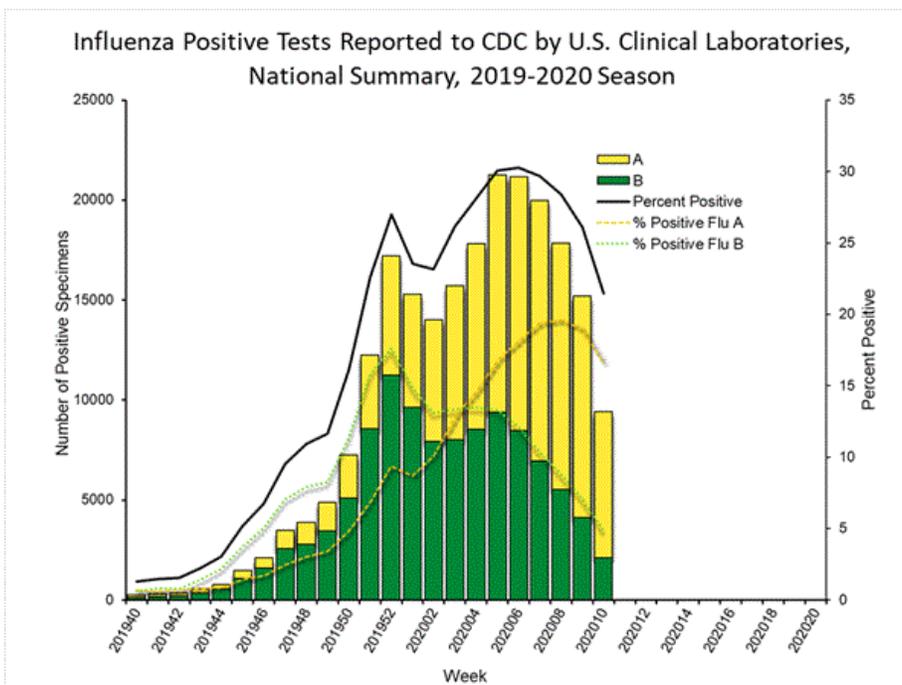
Influenza-associated Pediatric Deaths

Three influenza-associated pediatric deaths occurring during the 2019-2020 season have been reported.

**Centers for Disease Control and Prevention (CDC)
National Weekly Influenza Summary - Week 10
www.cdc.gov/flu/weekly**

According to this week's *FluView* report, flu activity as reported by clinical laboratories remains high but decreased for the fourth week in a row; however, influenza-like illness activity increased slightly. Severity indicators remain moderate to low overall, but hospitalization rates differ by age group, with high rates among children and young adults.

- o Clinical Lab: The percentage of respiratory specimens testing positive for influenza at clinical laboratories decreased from 26.1% last week to 21.5% this week.
- o Public Health Lab: Nationally, influenza A(H1N1)pdm09 viruses are now the most commonly reported influenza viruses this season.
- o Outpatient Illness (ILINet): Visits to health care providers for influenza-like illness (ILI) increased slightly from 5.1% last week to 5.2% this week. All regions remain above their baselines.
- o ILINet Activity Map: The number of jurisdictions experiencing high ILI activity increased slightly from 42 last week to 43 this week.
- o Geographic Spread: The number of jurisdictions reporting regional or widespread influenza activity decreased from 51 last week to 50 this week.
- o Hospitalizations: The overall cumulative hospitalization rate for the season increased to 61.6 per 100,000.
- o P&I Mortality: The percentage of deaths attributed to pneumonia and influenza is 7.1%, below the epidemic threshold of 7.3%.
- o Pediatric Deaths: 8 influenza-associated pediatric deaths occurring during the 2019-2020 season were reported this week. The total for the season is 144.



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Outpatient Illness Surveillance:

Nationwide during week 10, 5.2% 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 2.4%. (ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.)

On a regional level, the percentage of outpatient visits for ILI ranged from 3.9% to 8.4% during week 10. All regions reported a percentage of outpatient visits for ILI above their region-specific baselines. Regions 2, 7, and 10 reported the greatest increases in ILI relative to their baselines. Clinical laboratories in regions 2 and 10 reported a decrease in influenza virus circulation; however, these are areas of the country where COVID-19 is most prevalent and more people may be seeking care for respiratory illness than usual at this time. The ILI increase in region 7 appears most likely due to low reporting.

