



# Influenza Surveillance Report

Week ending April 25, 2020 (Week 17)

## Highlights

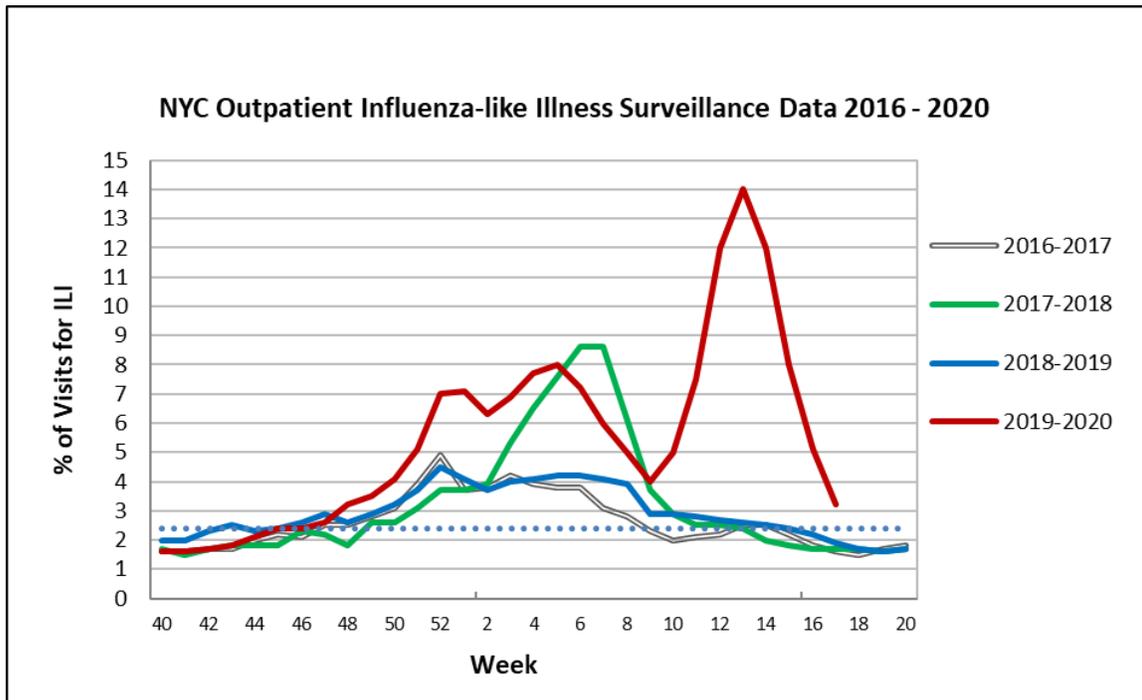
- \* Laboratory confirmed influenza activity is minimal.
- \* About 1% of all specimens submitted for influenza testing were positive for influenza; 5 specimens were positive for influenza A and 2 specimens were positive for influenza B. In addition, less than 1% of specimens tested for respiratory syncytial 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 17 (April 19 - 25, 2020), approximately 3.2% of all sentinel provider visits were due to ILI. These data include visits to both emergency departments and over 70 outpatient clinics.

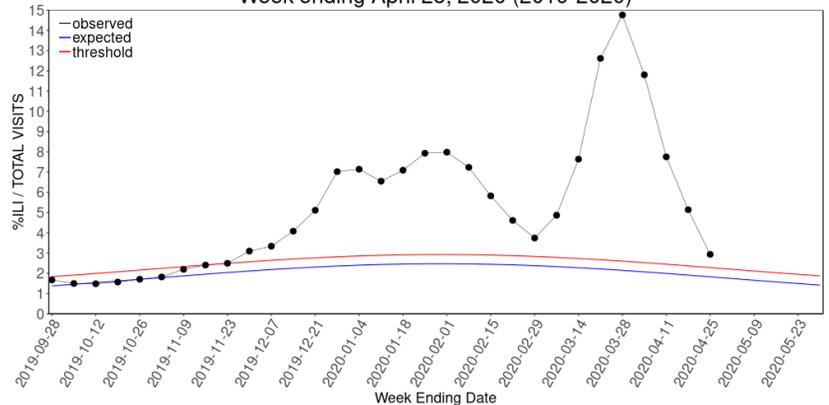
**Note:** The COVID-19 pandemic is affecting healthcare seeking behavior which in turn impacts data from ILINet.



## 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 April 25, 2020 (2019-2020)



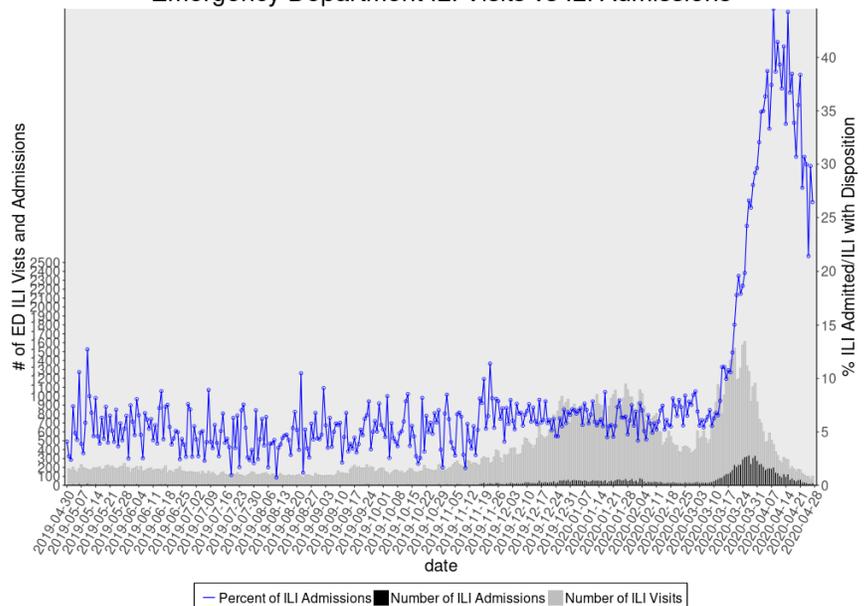
## ED ILI Visits vs. ED ILI Admissions

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



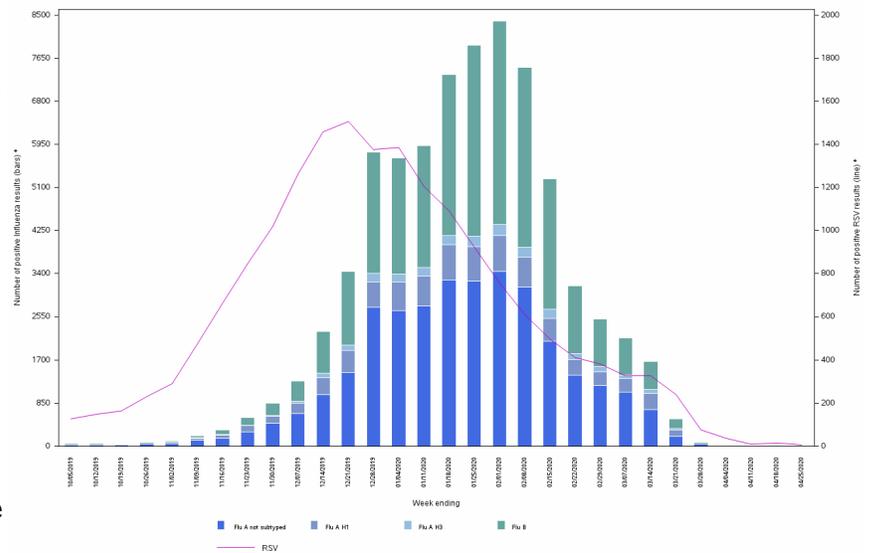
## Laboratory Reports of Influenza and RSV

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.

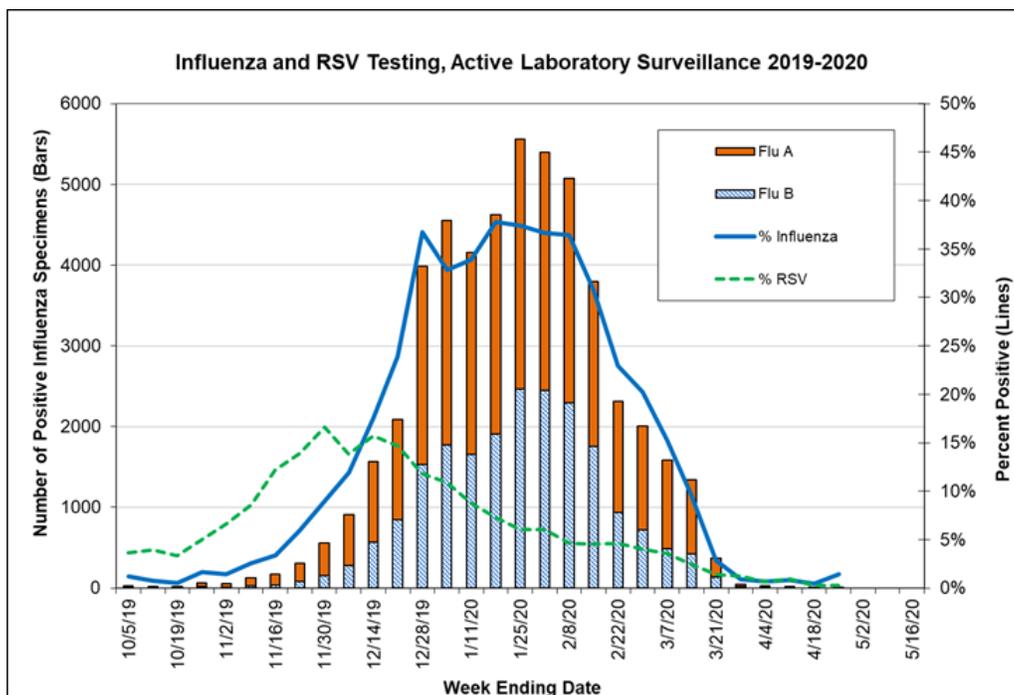
The graph to the top right shows the number of positive results by subtype along with the number of positive RSV results received electronically since September 29, 2019.

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 04/25/2020

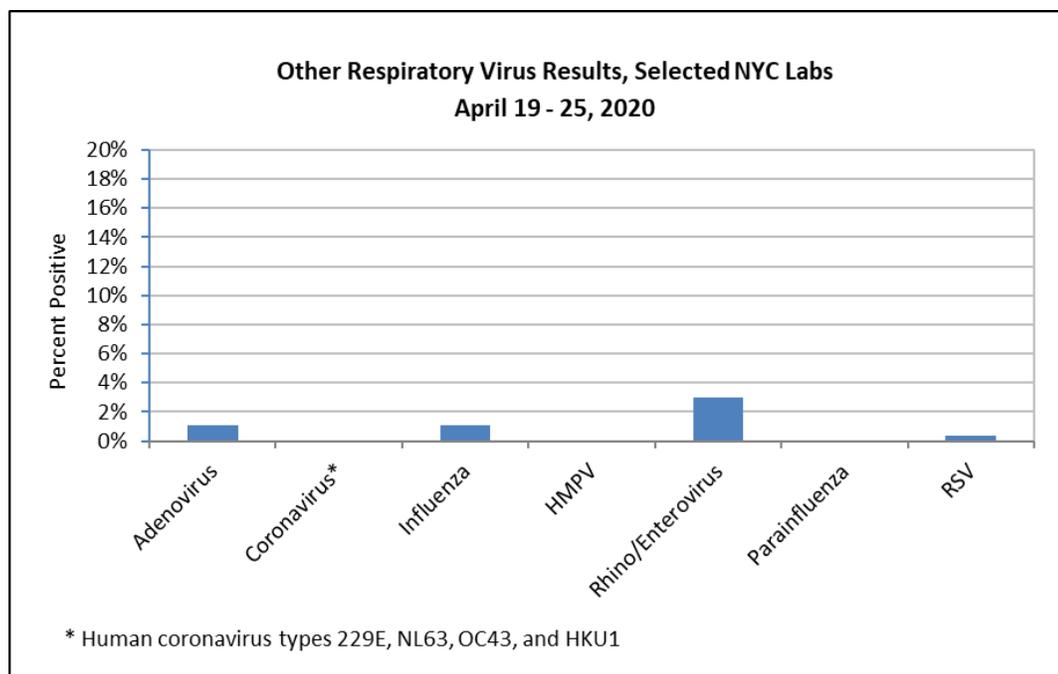


\* Note that RSV and influenza are represented using different scales (right and left Y axis)



## 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 April 19 - 25, 2020.



## Nosocomial Respiratory Outbreaks

There were no reported nosocomial influenza outbreaks from long-term care facilities during Week 17.

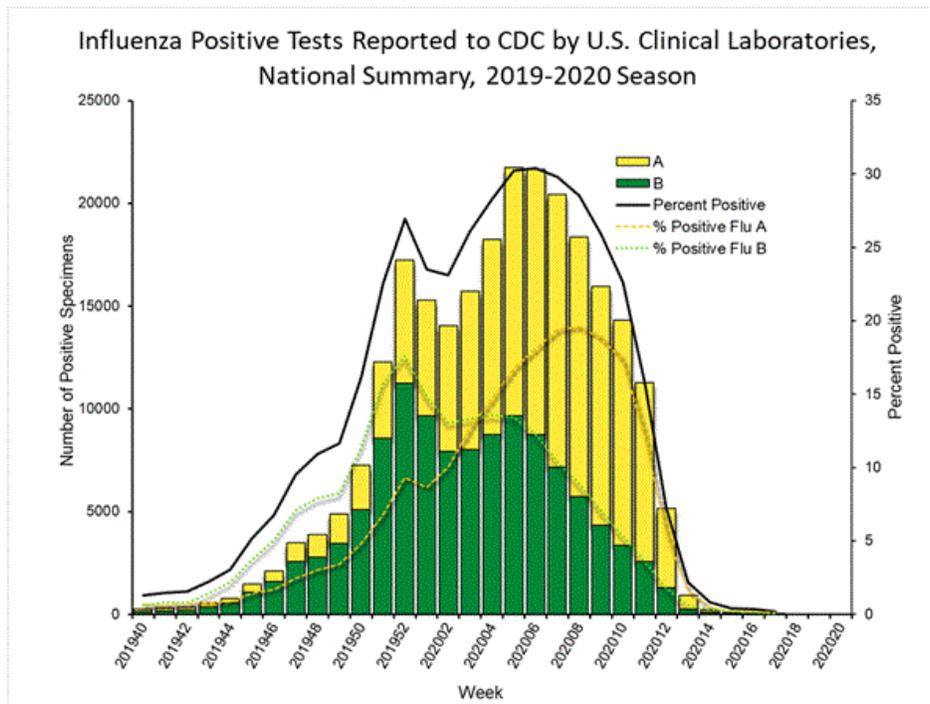
## Influenza-associated Pediatric Deaths

Four 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 17  
[www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly)**

According to this week's *FluView* report, laboratory confirmed flu activity as reported by clinical laboratories remains low. Influenza-like illness activity continues to decrease and is below the national baseline. The percent of deaths due to pneumonia or influenza (P&I) is high but the increase is due primarily to COVID-19, not influenza. Reported pediatric flu deaths for the season are high at 170.

- o Clinical Lab: The percentage of respiratory specimens testing positive for influenza at clinical laboratories is 0.2%. This is down from 0.4% the previous 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) decreased from 2.2% last week to 1.8% this week. Nationally, ILI is below baseline, but 4 of 10 regions are above their baselines.
- o ILINet Activity Map: Three jurisdictions experienced high ILI activity this week compared to 8 jurisdictions that experienced high or very high activity last week.
- o Geographic Spread: The number of jurisdictions reporting regional influenza activity decreased from 10 last week to 5 this week. No jurisdictions reported widespread influenza activity.
- o Hospitalizations: The overall cumulative hospitalization rate for the season increased to 69.0 per 100,000.
- o P&I Mortality: The percentage of deaths attributed to pneumonia and influenza is 9.3%, down from 13.6% last week, but above the epidemic threshold of 6.8%.
- o Pediatric Deaths: One influenza-associated pediatric death occurring during the 2019-2020 season was reported this week. The total for the season is 170.



**Centers for Disease Control and Prevention (CDC)  
National Weekly Influenza Summary - Week 17  
[www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly)**

**Note:** The COVID-19 pandemic is affecting healthcare seeking behavior. The number of persons and their reasons for seeking care in the outpatient and ED settings is changing. These changes impact data from ILINet in ways that are difficult to differentiate from changes in illness levels, therefore ILINet data should be interpreted with caution.

**Outpatient Illness Surveillance**

Nationwide during week 17, 1.8% 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 below the national baseline of 2.4%.

On a regional level, the percentage of outpatient visits for ILI ranged from 0.9% to 3.7% during week 17. Compared to last week, the percent of outpatient visits for ILI increased in region 5, but decreased in all other regions. Regions 1, 2, 3, and 10 reported a percentage of outpatient visits for ILI above their region-specific baselines. All other regions are below their region-specific baselines.

