



Influenza Surveillance Report

Week ending May 2, 2020 (Week 18)

Highlights

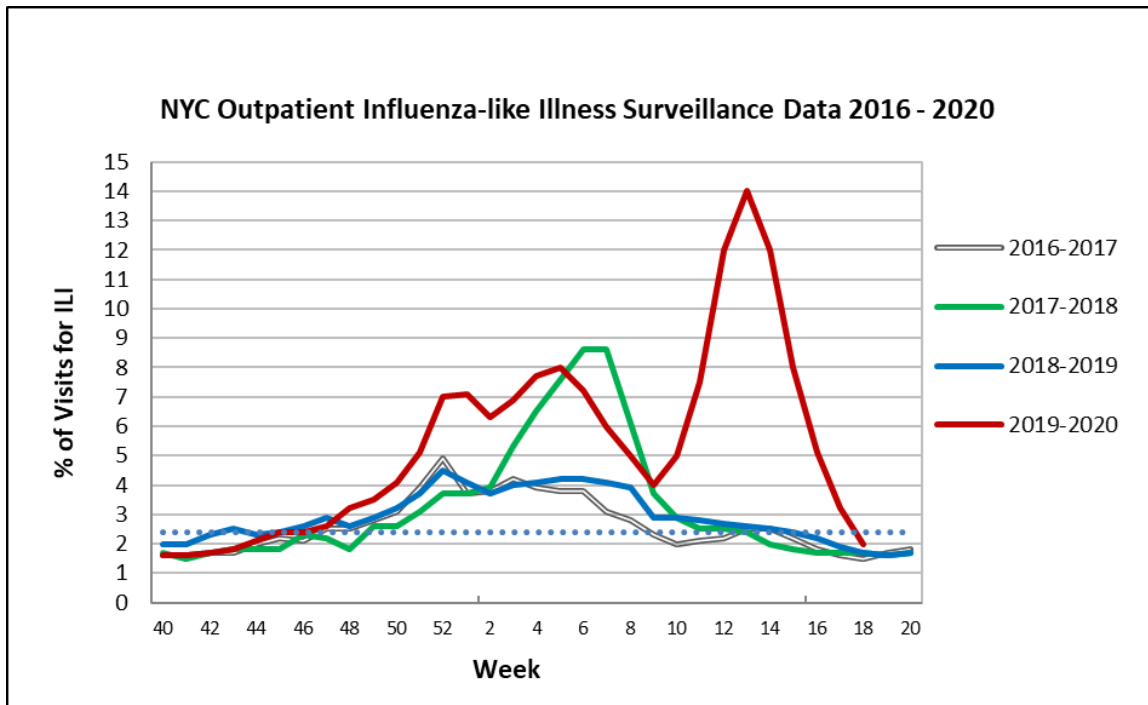
- * Laboratory confirmed influenza activity is minimal.
- * Less than 1% of all specimens submitted for influenza testing were positive for influenza; 1 specimen was positive for influenza A and 2 specimens were positive for influenza B. In addition, less than 1% of specimens tested for respiratory syncytial 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.

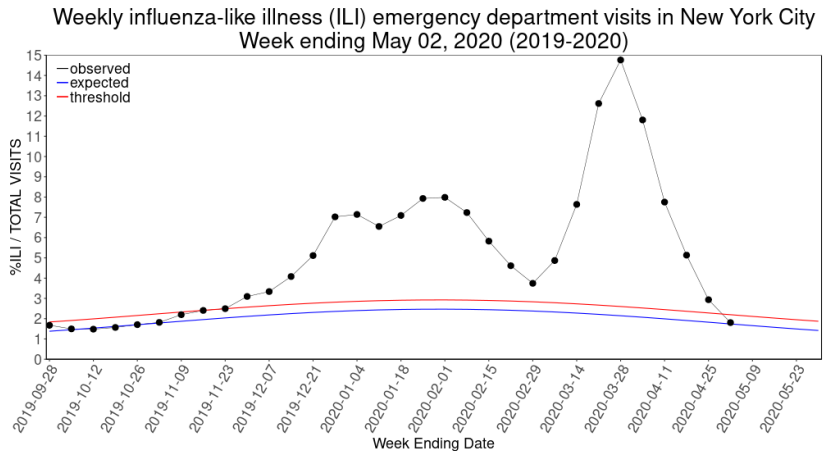
During Week 18 (April 26 - May 2, 2020), approximately 2% of all sentinel provider visits were due to ILI. These data include visits to both emergency departments and over 70 outpatient clinics.

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.

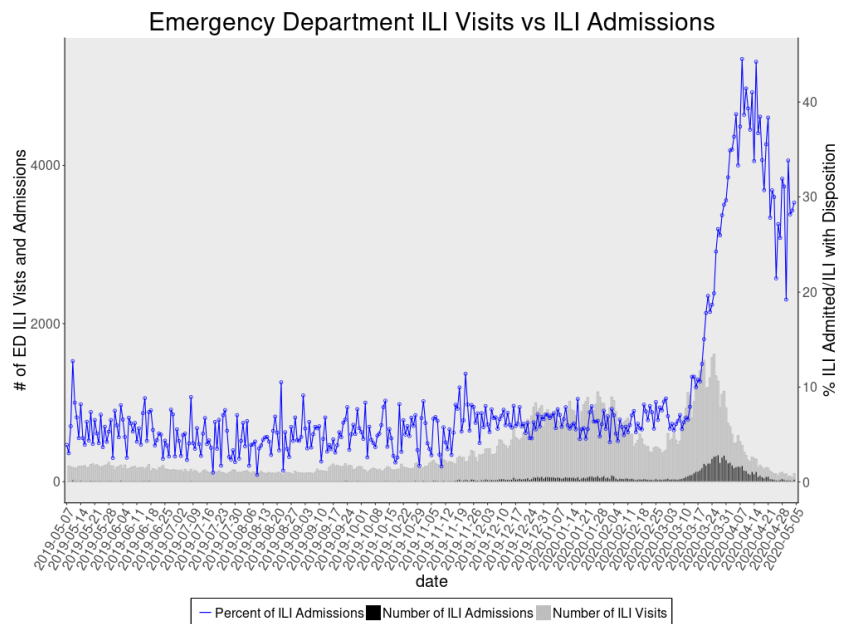


ED ILI Visits vs. ED ILI Admissions

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.



Nosocomial Respiratory Outbreaks

There were no reported nosocomial influenza outbreaks from long-term care facilities during Week 18.

Influenza-associated Pediatric Deaths

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

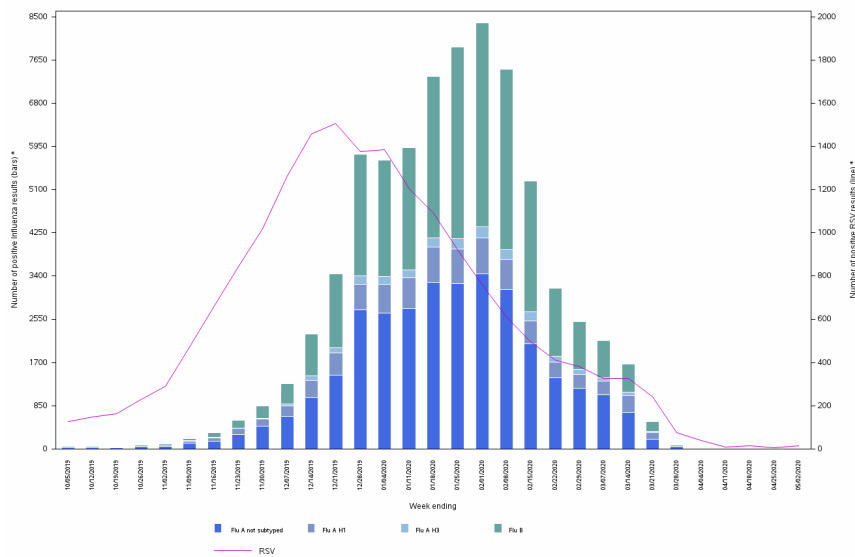
Laboratory Reports of Influenza and RSV

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.

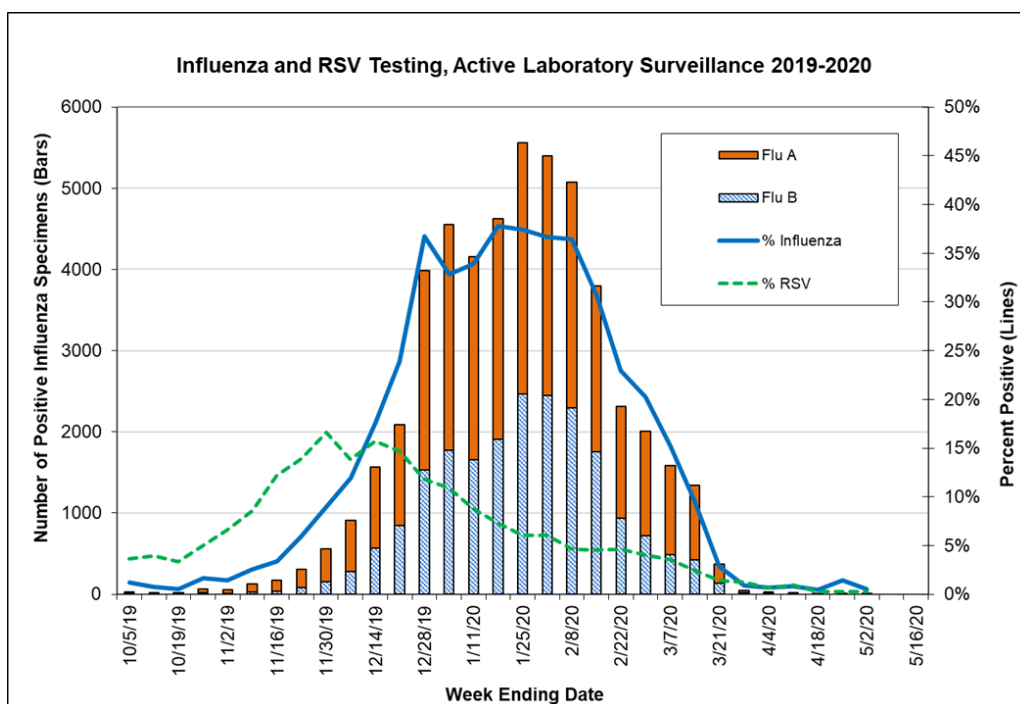
The graph to the top right shows the number of positive results by subtype along with the number of positive RSV results received electronically since September 29, 2019.

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 05/02/2020



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



**Centers for Disease Control and Prevention (CDC)
National Weekly Influenza Summary - Week 18
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 decreasing but remains elevated, primarily due to COVID-19, not influenza. Reported pediatric flu deaths for the season are high at 174.

- o Clinical Lab: The percentage of respiratory specimens testing positive for influenza at clinical laboratories is 0.3%. This is similar to the previous week of 0.2%.
- 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 1.8% last week to 1.5% this week. ILI is below baseline nationally and for all regions.
- o ILINet Activity Map: One jurisdiction experienced high ILI activity this week compared to three jurisdictions that experienced high activity last week.
- o Geographic Spread: No jurisdictions reported regional or widespread influenza activity this week.
- o Hospitalizations: The overall cumulative hospitalization rate for the season increased to 69.2 per 100,000.
- o P&I Mortality: The percentage of deaths attributed to pneumonia and influenza is 7.4%, down from 12.3% last week, but above the epidemic threshold of 6.7%.
- o Pediatric Deaths: Four influenza-associated pediatric death occurring during the 2019-2020 season was reported this week. The total for the season is 174.

