



Influenza Surveillance Report

Week ending October 8, 2016 (Week 40)

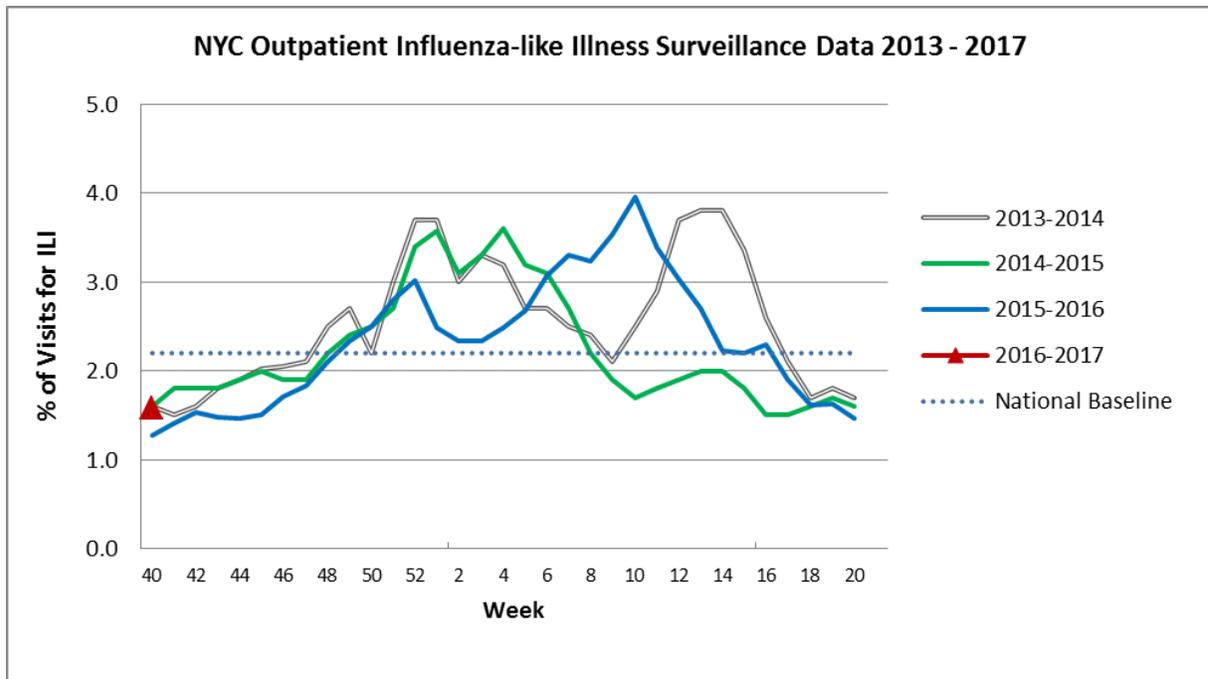
Highlights

- * Influenza surveillance activities for the 2016-2017 season began on October 2, 2016.
- * Influenza activity in NYC is minimal.
- * Influenza-like-illness visits are at 1.6% of all weekly visits.
- * Less than 1% of all specimens submitted for influenza testing were positive for influenza; 11 specimens were positive for influenza A and one specimen was positive for influenza B. In addition, about 2% 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.

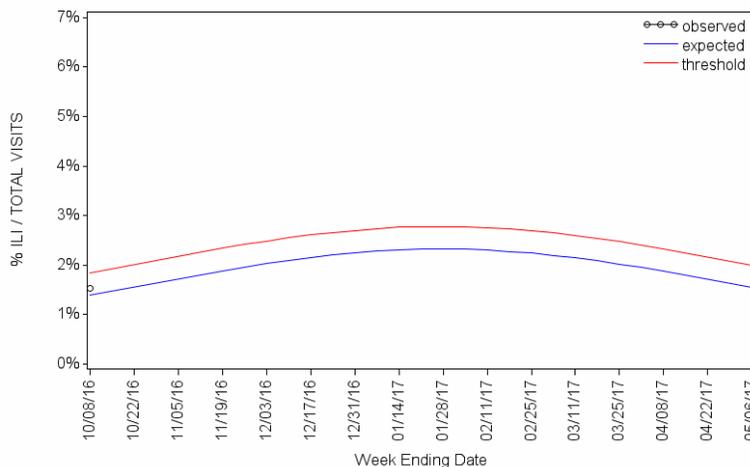
During Week 40 (Oct 2 – 8, 2016), approximately 1.6% of all sentinel provider visits were due to ILI. These data include visits to both emergency departments and over 70 outpatient clinics.



Syndromic Surveillance

The Emergency Department (ED) based syndromic surveillance system uses electronic data transmitted daily to DOHMH and captures approximately 95% 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), all ages emergency department (ED) visits in New York City Week ending October 8, 2016 (2016-2017)



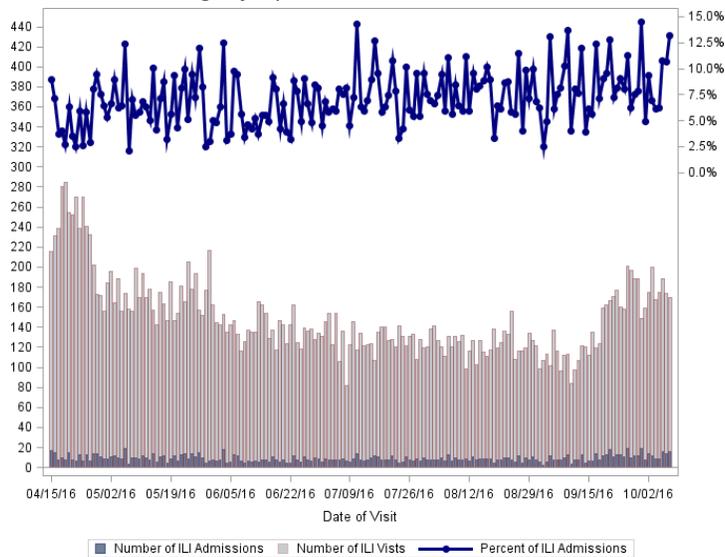
ED ILI Visits vs. ED ILI Admissions

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 nearly 100% 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.

Emergency Department ILI Visits vs ILI Admissions



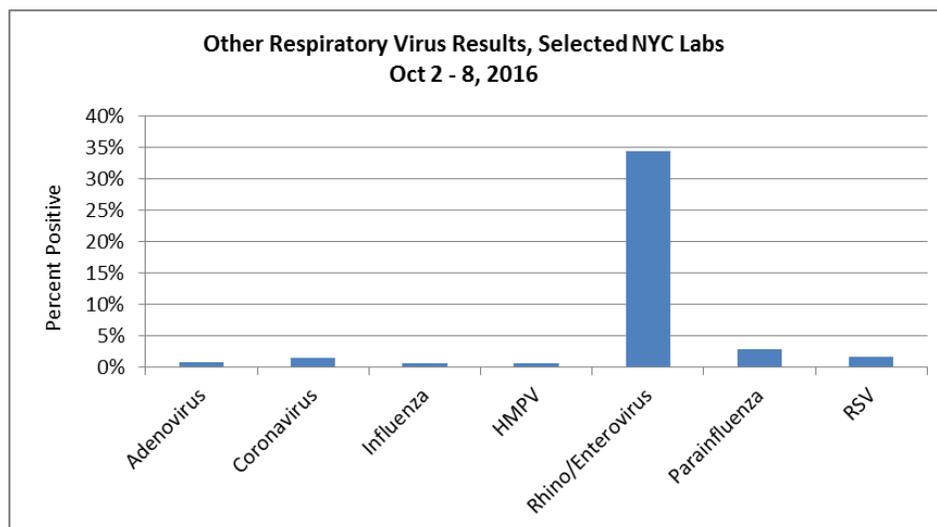
Laboratory Reports of Influenza and RSV

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. 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.

During Week 40 (Oct 2 - 8) of 2016, 29 laboratories were contacted and less than 1% of all specimens (N=1614) submitted for influenza testing were positive for influenza, of which 11 specimens were positive for influenza A and one specimen was positive for influenza B. In addition, approximately 2% of specimens (N=1388) submitted for RSV testing were positive.

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 Oct 2 - 8, 2016.



Nosocomial Respiratory Outbreaks

There were no reported influenza outbreaks from long-term care facilities during Week 40.

Pediatric Influenza-Associated Deaths

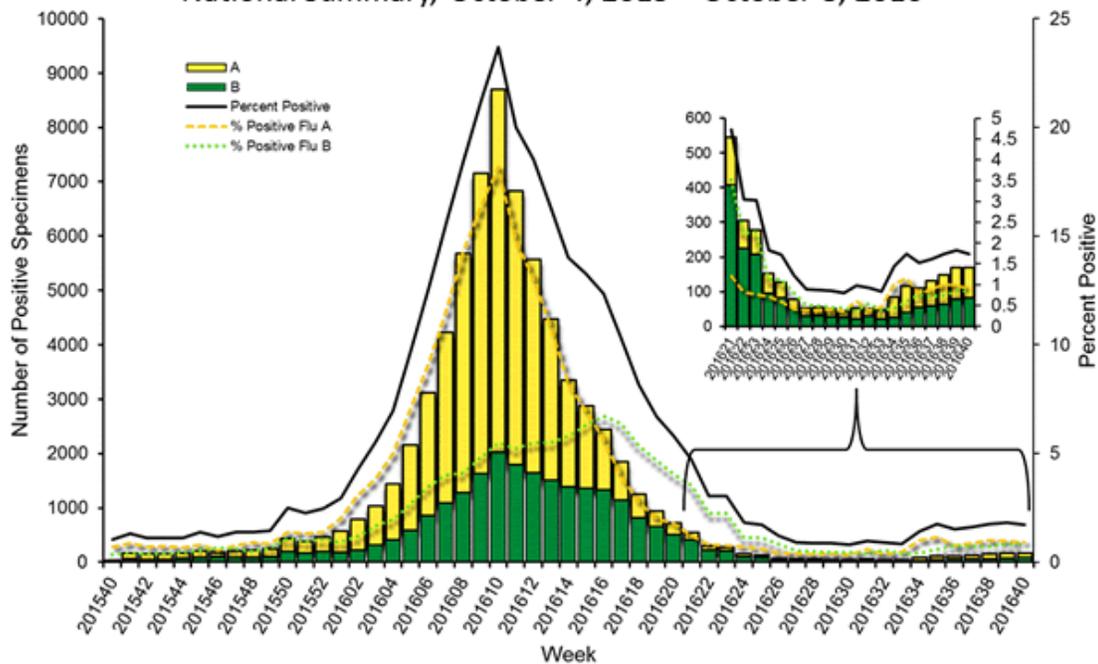
There were no reported influenza-associated pediatric deaths during Week 40.

**Centers for Disease Control and Prevention (CDC)
National Weekly Influenza Summary-Week 40
(<http://www.cdc.gov/flu/weekly/>)**

Synopsis: During week 40 (October 2-8, 2016), influenza activity was low in the United States.

- o **Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 40 was influenza A. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low.
- o **Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.
- o **Influenza-associated Pediatric Deaths:** No influenza-associated pediatric deaths were reported.
- o **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.1%, which is below the national baseline of 2.2%. All 10 regions reported ILI below region-specific baseline levels. New York City and 50 states experienced minimal ILI activity and the District of Columbia and Puerto Rico had insufficient data.
- o **Geographic Spread of Influenza:** The geographic spread of influenza in Guam was reported as widespread; Puerto Rico and one state reported local activity; the U.S. Virgin Islands and 36 states reported sporadic activity; and the District of Columbia and 13 states reported no activity.

**Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories,
National Summary, October 4, 2015 – October 8, 2016**



**Centers for Disease Control and Prevention (CDC)
National Weekly Influenza Summary-Week 40
(<http://www.cdc.gov/flu/weekly/>)**

Outpatient Illness Surveillance: Nationwide during week 40, 1.1% 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 below 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.)

