NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Influenza Surveillance Report

Week ending November 23, 2019 (Week 47)

Highlights

* Influenza surveillance activities for the 2019-2020 season began on September 29, 2019.

* Influenza activity in NYC remains low but increasing.

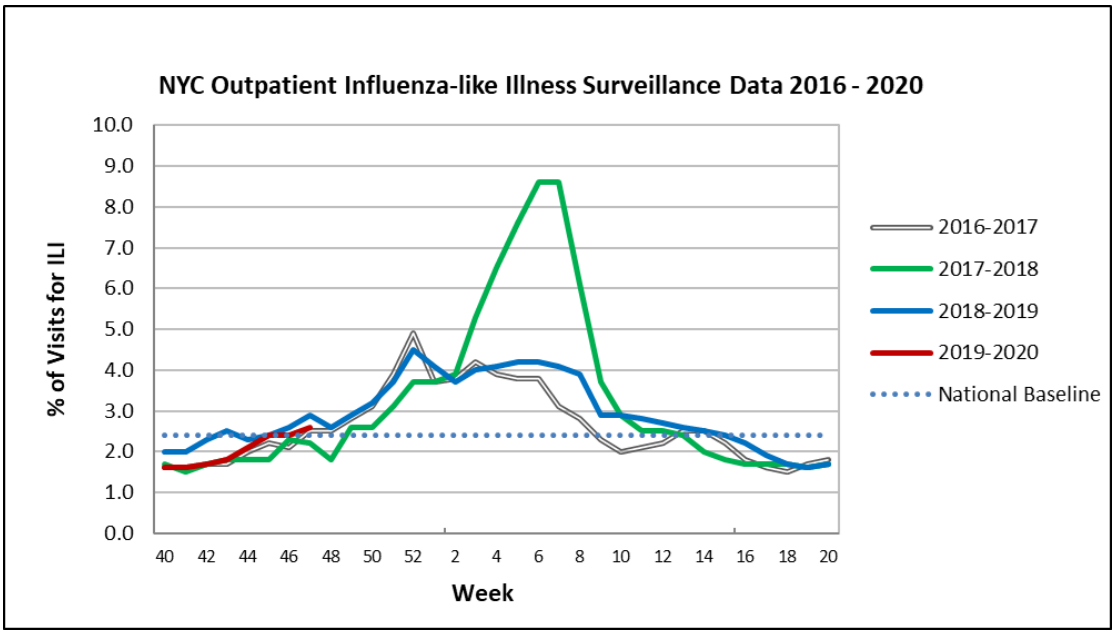
* Influenza-like illness visits are at 2.6% of all weekly visits.

* Approximately 5.9% of all specimens submitted for influenza testing were positive for influenza; 225 specimens were positive for influenza A and 86 specimens were positive for influenza B. In addition, about 14% 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.

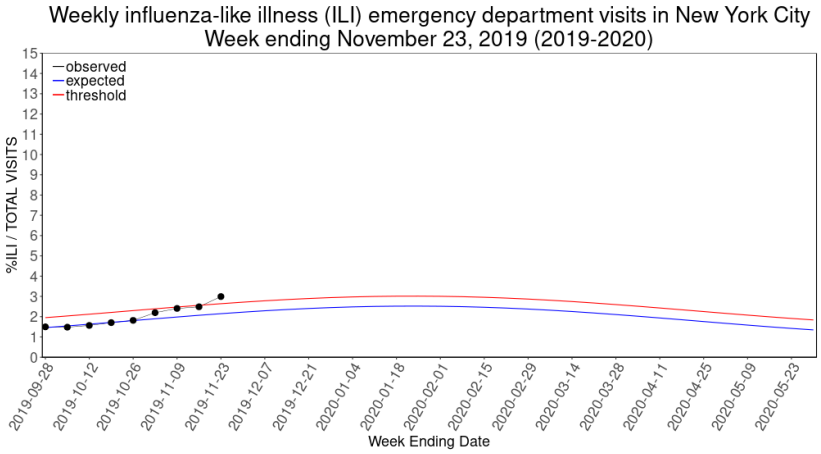
During Week 47 (November 17 - 23, 2019), approximately 2.6% of all sentinel provider visits were due to ILI. These data include visits to both emergency departments and over 70 outpatient clinics.



NYC Influenza Surveillance Report (11/23/19, Week 47)

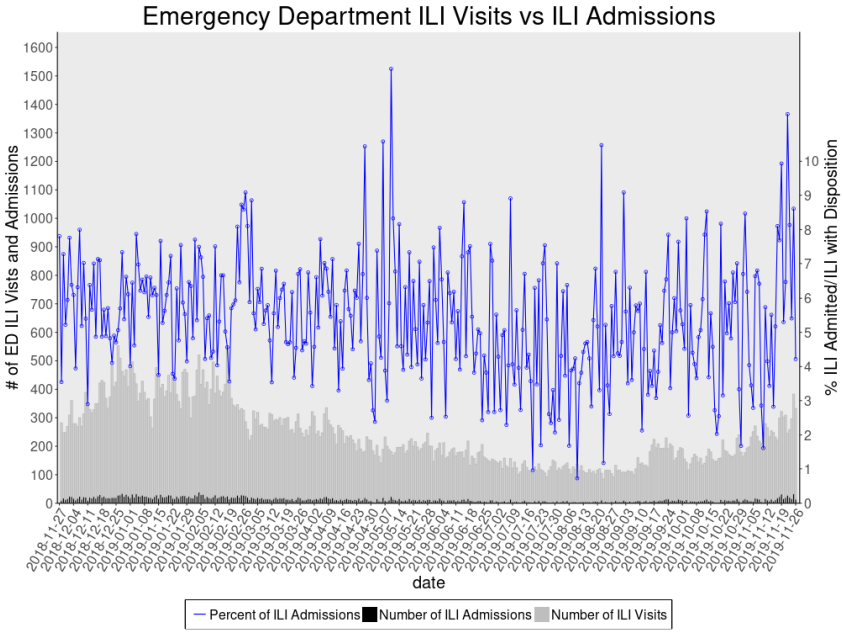
Syndromic Surveillance

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.



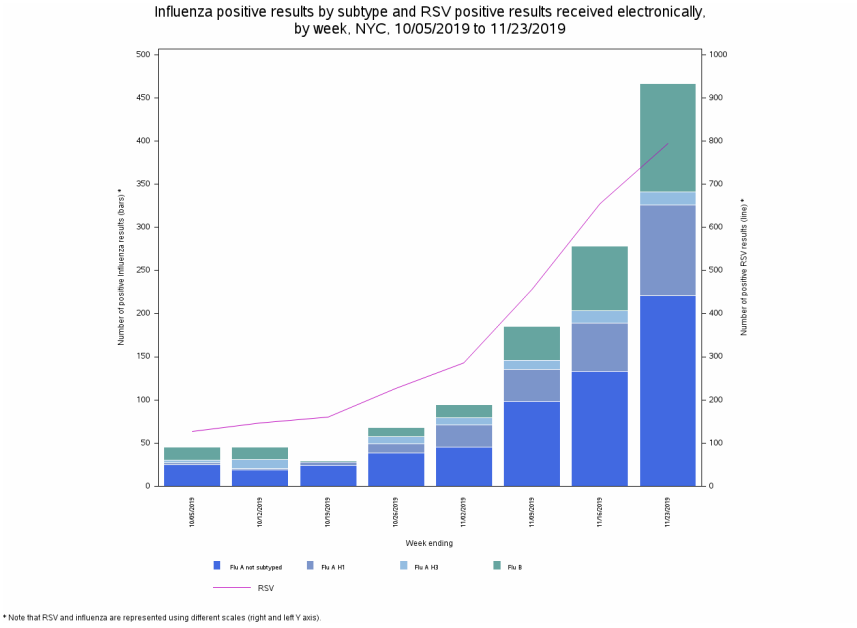
Disclaimers:
These data do not represent laboratory confirmed cases of influenza.

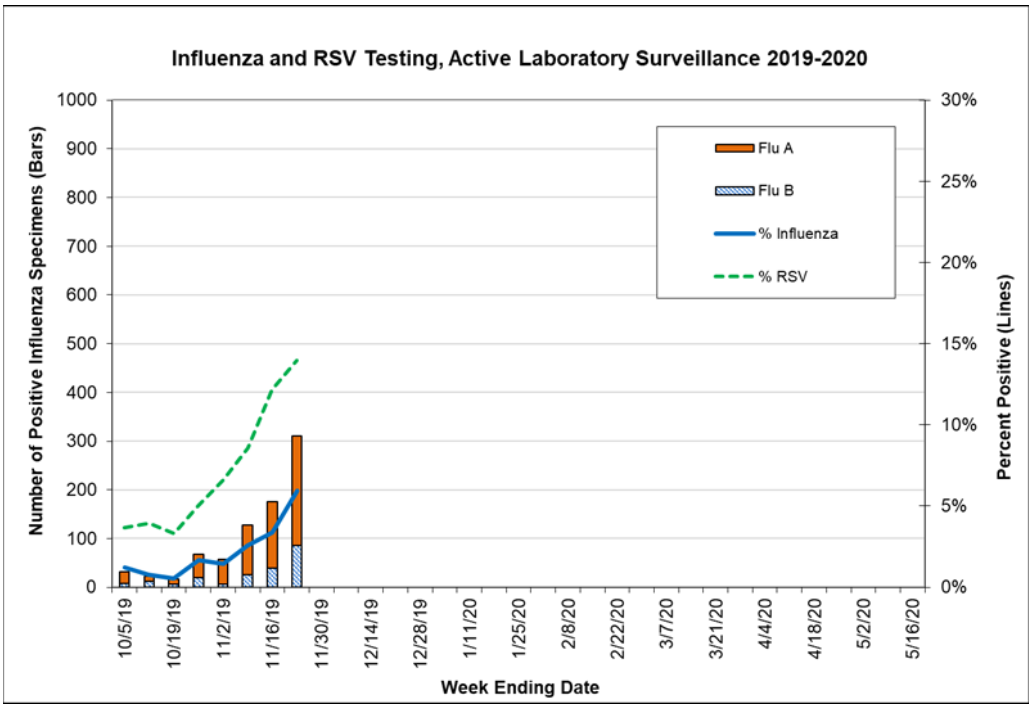
Laboratory Reports of Influenza and RSV

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.

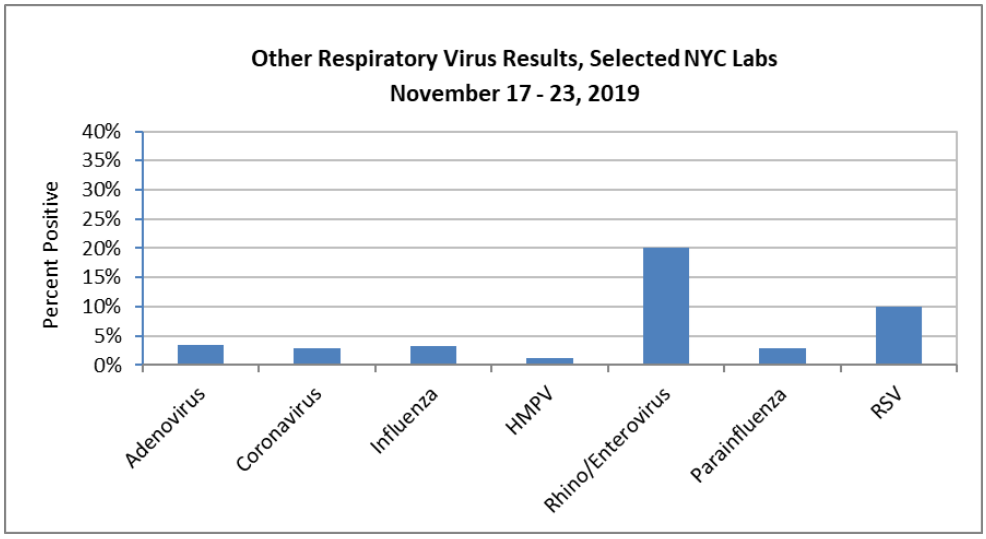
DOHMH actively solicits additional data on influenza test results from a large sample of NYC laboratory facilities that are licensed to perform influenza testing. These laboratories are contacted weekly to obtain data on the number of influenza tests requested, the number positive by assay type, as well as data on RSV. The graph below shows data collected since September 29, 2019.





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 November 17 – 23, 2019.



Nosocomial Respiratory Outbreaks

There were two reported nosocomial influenza outbreaks from long-term care facilities during Week 47.

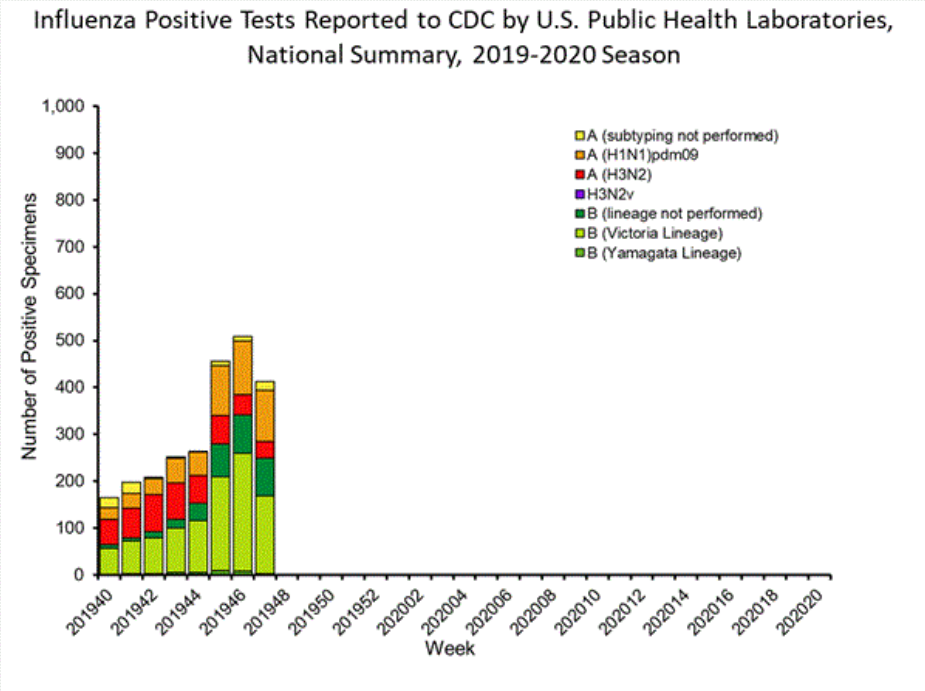
Influenza-associated Pediatric Deaths

No 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 47
www.cdc.gov/flu/weekly

According to this week's *FluView* report, seasonal influenza activity in the United States continues to increase but the amount of activity and the predominant influenza virus varies by region.

- Clinical Lab: 8.0% of respiratory specimens tested by clinical laboratories were positive for influenza viruses. This is higher than the previous week.
- Public Health Lab: Nationally, B/Victoria viruses are most common followed by A(H1N1)pdm09 and A(H3N2) viruses. The predominant virus varies by region and age group.
- Outpatient Illness (ILINet): 2.9% of visits to health care providers were for influenza-like illness (ILI). ILI has been at or above the national baseline of 2.4% for three weeks. Four of 10 regions were at or above their baselines.
- ILINet Activity Map: The number of jurisdictions experiencing high ILI activity remained at 8 this week. In addition, 7 jurisdictions had moderate activity compared to 0 last week.
- Geographic Spread: The number of jurisdictions reporting regional or widespread activity increased from 15 last week to 24 this week.
- Hospitalizations: The overall hospitalization rate for the season is 2.0 per 100,000. This is similar to what has been seen at this time during other recent seasons.
- P&I Mortality: 5.1% of deaths were attributed to pneumonia and influenza (P&I). This is below the epidemic threshold of 6.3%.
- Pediatric Deaths: One new influenza-associated pediatric death occurring during the 2019-2020 season was reported to CDC this week. The total for the season is 5.



Centers for Disease Control and Prevention (CDC)
National Weekly Influenza Summary - Week 47
www.cdc.gov/flu/weekly

Outpatient Illness Surveillance:
Nationwide during week 47, 2.9% 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 1.5% to 6.8% during week 47. Region 3 (Delaware, the District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia), Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee), Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas), and Region 10 (Alaska, Idaho, Oregon, and Washington) reported a percentage of outpatient visits for ILI which is equal to or above their region-specific baselines. Regions 1, 2, 5, 7, 8, and 9 were below their region-specific baselines. NYC is part of Region 2.