



Influenza Surveillance Report

Week ending January 28, 2017 (Week 4)

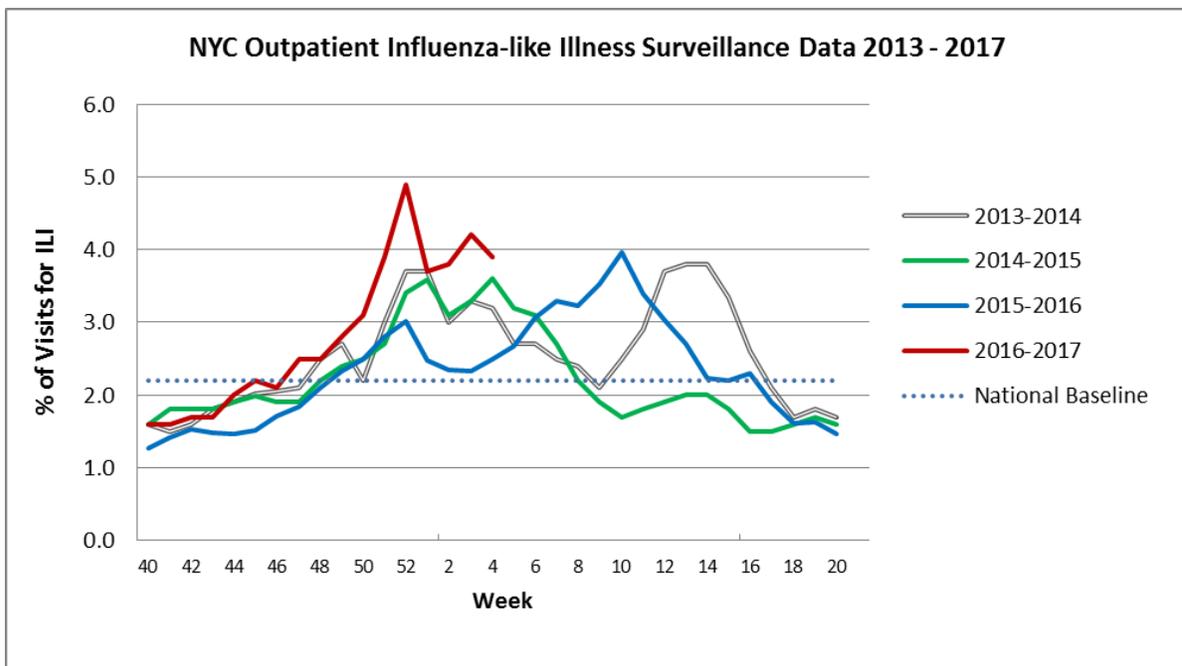
Highlights

- * Influenza surveillance activities for the 2016-2017 season began on October 2, 2016.
- * Influenza activity remains elevated.
- * Influenza-like-illness visits are at 3.9% of all weekly visits.
- * Approximately 25% of all specimens submitted for influenza testing were positive for influenza; 1603 specimens were positive for influenza A and 85 specimens were positive for influenza B. In addition, about 8% 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.

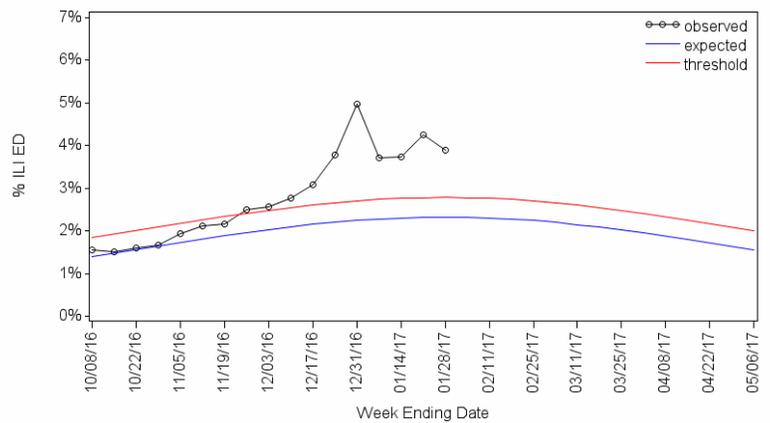
During Week 4 (January 22 – 28, 2017), approximately 3.9% of all sentinel provider visits were due to ILI. These data include visits to both emergency departments and over 60 outpatient clinics.



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), all ages
Emergency department (ED) visits in New York City
Week ending January 28, 2017 (2016-2017)



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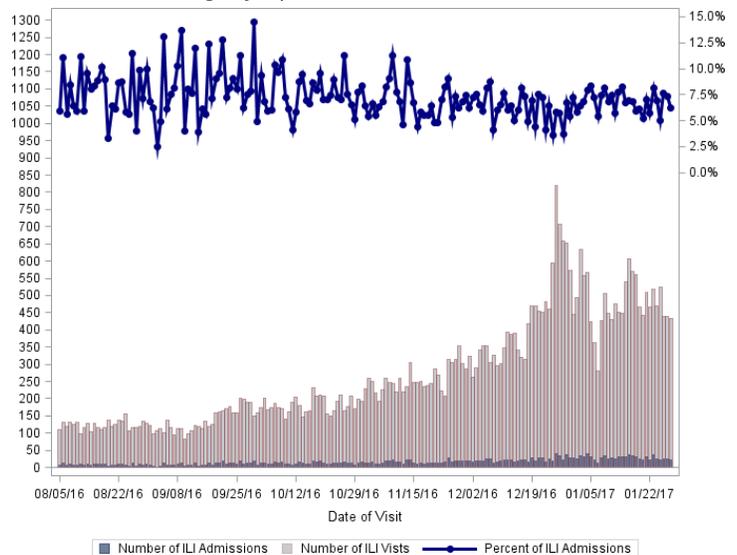
ED ILI Visits vs. ED ILI Admissions

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. These data do not represent all ED visits in NYC.

Emergency Department ILI Visits vs ILI Admissions

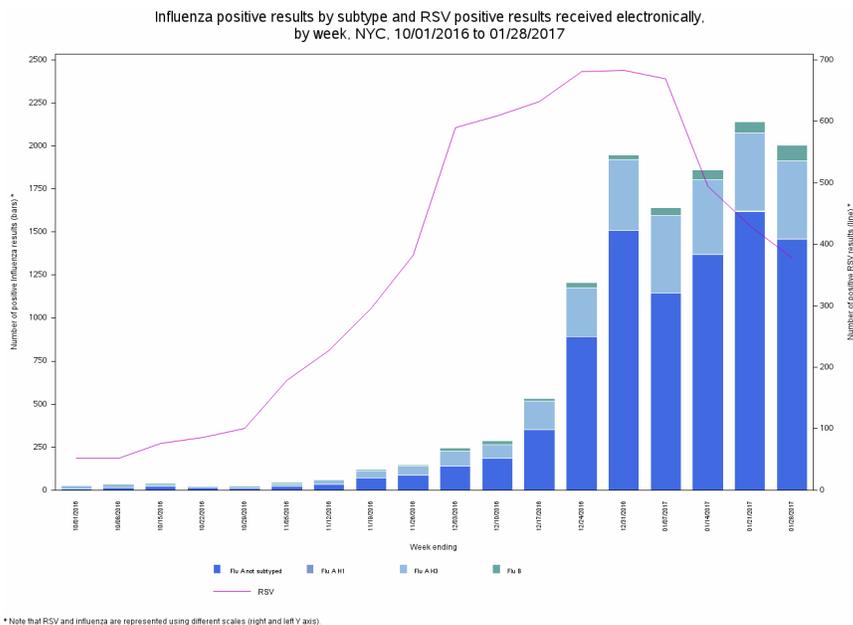


Laboratory Reports of Influenza and RSV

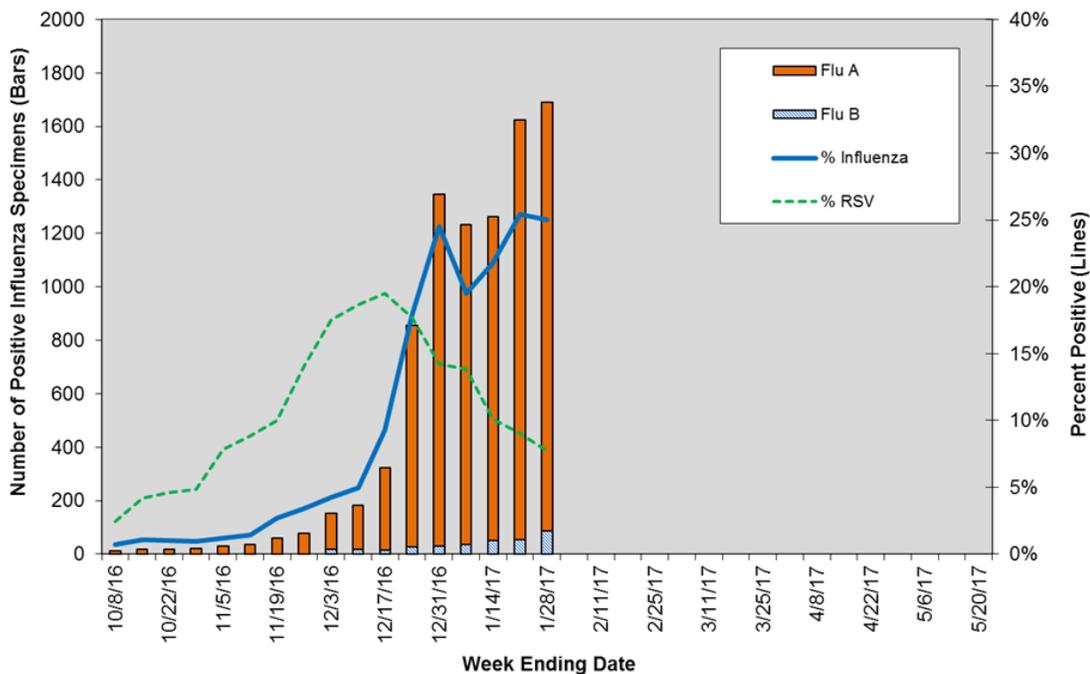
All clinical laboratories that perform testing on NYC residents report positive influenza test results electronically to DOHMH. Test results may identify influenza type A, influenza type B, or influenza without specifying type A or B.

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 October 2016.

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 October, 2016.

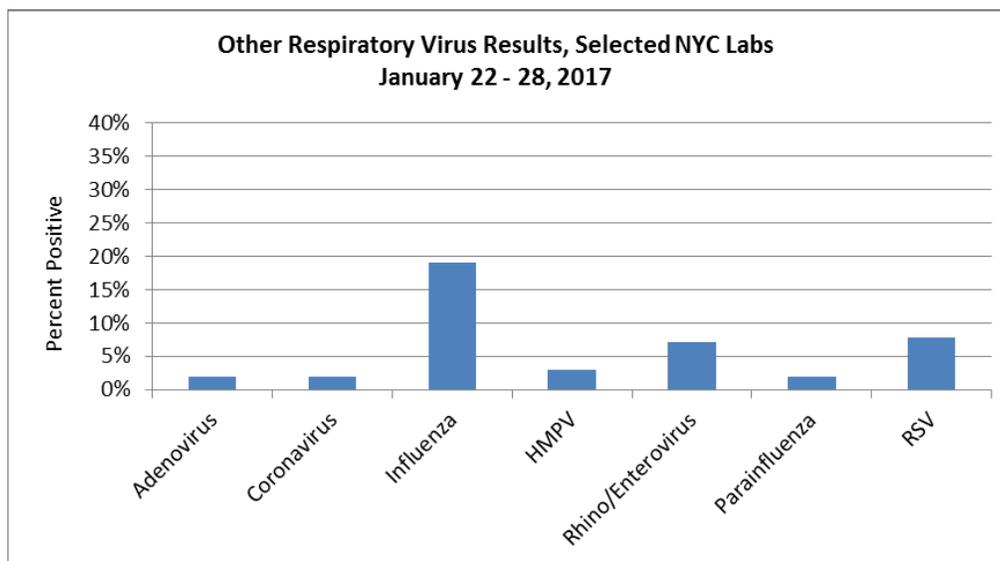


Influenza and RSV Testing, Active Laboratory Surveillance 2016-2017



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 January 22 - 28, 2017.



Nosocomial Respiratory Outbreaks

There were 11 reported influenza outbreaks from long-term care facilities throughout NYC during Week 4.

Pediatric Influenza-Associated Deaths

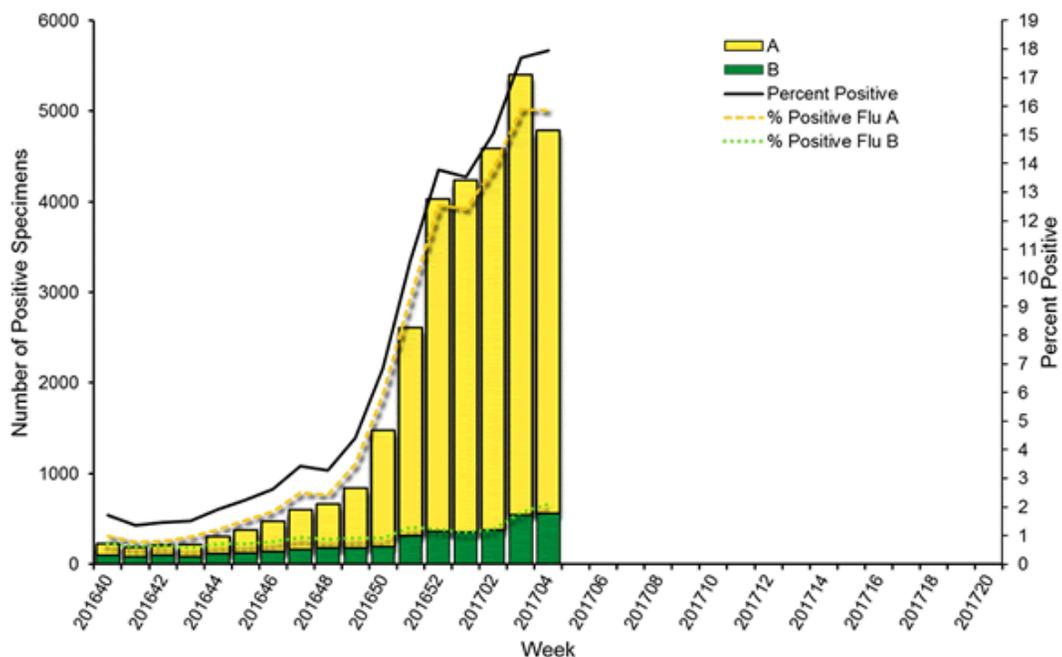
There were four pediatric influenza-associated deaths reported during the month of January, 2017.

**Centers for Disease Control and Prevention (CDC)
National Weekly Influenza Summary-Week 4
(<http://www.cdc.gov/flu/weekly/>)**

Synopsis: During week 4 (January 22-28, 2017), influenza activity increased in the United States.

- o **Viral Surveillance:** The most frequently identified influenza virus subtype reported by public health laboratories during week 4 was influenza A (H3). The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased.
- o **Pneumonia and Influenza Mortality:** Due to data processing problems, the National Center for Health Statistics (NCHS) mortality surveillance data for the week ending January 14, 2015 (week 2) will not be published this week.
- o **Influenza-associated Pediatric Deaths:** Seven influenza-associated pediatric deaths were reported.
- o **Influenza-associated Hospitalizations:** A cumulative rate for the season of 20.3 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.
- o **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 3.9%, which is above the national baseline of 2.2%. All 10 regions reported ILI at or above their region-specific baseline levels. New York City and 15 states experienced high ILI activity; Puerto Rico and 11 states experienced moderate ILI activity; 14 states experienced low ILI activity; 10 states experienced minimal ILI activity, and the District of Columbia had insufficient data.
- o **Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and 40 states was reported as widespread; Guam and nine states reported regional activity; the District of Columbia and one state reported local activity; and the U.S. Virgin Islands reported no activity.

**Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories,
National Summary, 2016-2017 Season**



**Centers for Disease Control and Prevention (CDC)
National Weekly Influenza Summary-Week 4
(<http://www.cdc.gov/flu/weekly/>)**

Outpatient Illness Surveillance: Nationwide during week 4, 3.9% 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 2.2%. (ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and cough and/or sore throat.)

