



# Department of Health

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October 12, 2016

TO: Healthcare Providers, Clinical Laboratories, Hospitals, Long Term Care Facilities, Healthcare Facilities, and Local Health Departments

FROM: NYSDOH Division of Epidemiology, Bureau of Communicable Disease Control and Bureau of Healthcare Epidemiology and Infection Control

**HEALTH ADVISORY:  
INFLUENZA SURVEILLANCE AND REPORTING REQUIREMENTS, 2016–2017**

For healthcare facilities, please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and all patient care areas.

## PURPOSE

The New York State Department of Health (NYSDOH) provides this document annually to summarize and assist healthcare providers, clinical laboratories, local health departments (LHDs), hospitals, long term care facilities, and others with influenza reporting requirements. Minor changes for clarity have been made throughout the document.

This health advisory **is not** a declaration of influenza prevalence by the Commissioner as outlined in the Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel (the “Flu Mask Regulation”). For more information on the Flu Mask Regulation, please visit <https://www.health.ny.gov/flumaskreg>.

## INFLUENZA SURVEILLANCE AND REPORTING REQUIREMENTS

NYSDOH will conduct enhanced influenza surveillance beginning October 2, 2016 and continuing through the week ending May 20, 2017. Reporting requirements vary by setting and provider type and are detailed below.

### All Settings

- Any suspected or confirmed cases of **any novel influenza A virus (including viruses suspected to be of animal origin)** must be immediately reported by telephone to the LHD of the patient’s county of residence. Contact information for LHDs can be found at <http://www.nyscho.org/i4a/pages/index.cfm?pageid=3713>.
- Suspected **lack of response to antiviral therapy**, e.g., ongoing severe disease or continued specimen positivity by reverse transcriptase polymerase chain reaction (RT-PCR) despite a full course of antiviral therapy, should be promptly reported to the LHD of the patient’s county of residence and all available clinical specimens or samples should be forwarded to the NYSDOH Wadsworth Center for antiviral resistance testing.
- Suspected or confirmed **influenza-associated deaths in children aged <18 years** must be reported to the LHD of the patient’s county of residence.

## **Healthcare Providers in the Ambulatory or Outpatient Setting**

- Healthcare providers must report **outbreaks<sup>1</sup> of influenza or influenza-like illness (ILI)** to the LHD of the county in which the outbreak is occurring. Contact information for LHDs can be found at <http://www.nysacho.org/i4a/pages/index.cfm?pageid=3713>.
- Suspected or confirmed cases of **any novel influenza A virus (including viruses suspected to be of animal origin)**: see “All Settings” section above.
- Suspected **lack of response to antiviral therapy**: see “All Settings” section above.
- Suspected or confirmed **influenza-associated deaths in children aged <18 years**: see “All Settings” section above.
- Healthcare providers are **not** required to report to NYSDOH positive influenza diagnostic tests performed outside of a full-service clinical laboratory (see Clinical Laboratory section).

## **Clinical Laboratories**

- Full-service clinical laboratories that perform influenza testing on New York State (NYS) residents are required to **report all positive influenza laboratory test results**, excluding serology, to the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS).
  - Note: Full-service clinical laboratories are identified by a 4-digit Permanent Facility Identifier (PFI) number (e.g., “1234”) assigned by the NYSDOH Wadsworth Center Clinical Laboratory Evaluation Program (CLEP).
  - CLEP identification numbers starting with a letter are assigned to partial-service or physician-operated laboratories; reporting is optional for these laboratories.
- Specimens that are **suspected as novel influenza A viruses must be submitted in viral transport media** to the NYSDOH Wadsworth Center or the New York City Public Health Laboratory for confirmation. See “Laboratory Reporting of Communicable Diseases” at <http://www.wadsworth.org/sites/default/files/WebDoc/618150225/CDRG%202016%20Complete.pdf>
- All available specimens from patients with suspected **lack of response to antiviral therapy** should be promptly forwarded to the Wadsworth Center for antiviral resistance testing. Such patients should be reported to the LHD of the patient’s county of residence.
- The ECLRS Help Desk (866-325-7743) is available to answer questions and assist full-service clinical laboratories with reporting procedures.
- Hospitals laboratories that participate in the FluSurv-NET/Emerging Infections Program will receive separate, supplemental instructions.

## **Hospitals and Long Term Care Facilities**

### *Weekly Hospitalized Laboratory-Confirmed Influenza Case Reporting*

- During October-May, hospitals must report weekly the aggregate number of hospitalized laboratory-confirmed influenza cases to the NYSDOH. This reporting is done via the “**Weekly Influenza Hospitalizations**” survey on the **Health Electronic Response Data System (HERDS)** application located on the NYSDOH Health Commerce System (HCS) at: <https://commerce.health.state.ny.us/>.
  - Hospitalizations for influenza are monitored in near real-time as a measure of morbidity and severity across age groups as the season progresses. Since the

- implementation of the Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel in 2014, this data has been instrumental in determining when the Commissioner declares influenza prevalent or no longer prevalent in NYS; therefore, completeness, timeliness, and accuracy of these data are extremely important.
- Which patients should be counted?
    - Count all hospitalized patients who have evidence of laboratory-confirmed influenza.
      - Hospitalized patients include (1) patients who were admitted to an inpatient unit of the hospital (an overnight stay is not required), or (2) patients who were kept in observation for more than 24 hours.
      - Evidence of a positive influenza test may be: a laboratory report from a rapid influenza diagnostic test (RIDT), viral culture, reverse transcriptase polymerase chain reaction (RT-PCR), or immunofluorescence antibody staining (IFA or DFA); a written note or verbal report from a healthcare provider of a positive test (e.g., from a test performed prior admission).
    - Exclude patients who only visited the emergency department.
    - Include both community-associated and healthcare facility-associated (nosocomial) cases (Note: nosocomial cases must also be reported as outlined below).
  - During which week should a patient be counted?
    - Surveillance weeks begin on Sundays at 12:01 AM and end Saturdays at midnight.
    - Whenever possible, use influenza specimen collection date and time when determining in which week a patient should be counted (previously submitted data can be revised directly in HERDS for up to 4 weeks).
    - Report each individual patient only once, when first identified as a case. Do not count the same patient in multiple weeks, unless discharged and then readmitted for a new laboratory-confirmed influenza illness.
  - Entering data into HERDS
    - Each week, report into HERDS anytime between Sunday at 12:01 AM through Wednesday at noon, the number of cases identified during the previous week ending Saturday at midnight.
    - “Time Period” corresponds to the surveillance week ending date.
    - For example, for cases identified during the week 10/2/2016-10/8/2016, enter the data anytime between Sunday 10/9/2016 (12:01 AM) and Wednesday 10/12/2016 (noon), under the time period “10/08/2016”.
    - Report cases in aggregate by age group: 0–4, 5–17, 18–49, 50–64, and ≥65 years.
    - If you have no cases to report, please submit “0” (zero) in the requested fields rather than not submit the survey.
    - After entering the data, please follow the following steps. Click (1) “Save”, then (2) “Review and Submit”, then (3) “Submit to DOH”. Clicking “Review and Submit” alone does not submit your data to DOH. Any saved data will be submitted on your behalf after noon each Wednesday.
    - Data revisions (e.g., based on confirmatory testing results) are always encouraged. You may submit revised data directly in HERDS for up to 4 weeks.
    - Data from more than 4 weeks earlier may be submitted or revised by contacting the Office of Health Emergency Preparedness (OHEP) at 518-408-5163.
  - For any surveillance program questions or concerns, please contact the Bureau of Communicable Disease Control (BCDC) at 518-473-4439.

- For any technical difficulties with accessing or using HERDS, please contact the Office of Health Emergency Preparedness (OHEP) at 518-408-5163.

#### *Influenza Outbreak Reporting*

- Hospitals and long term care facilities must report all confirmed or suspected **healthcare facility-associated influenza outbreaks<sup>2</sup>** to the NYSDOH Healthcare Epidemiology and Infection Control (HEIC) Program via the **Nosocomial Outbreak Reporting Application (NORA)** located on the HCS at: <https://commerce.health.state.ny.us/>.
- If you need access to NORA, please contact your facility's HCS coordinator and ask to be assigned to the "Infection Control Practitioner" role in the HCS Communications Directory. Once in this role, your access to NORA is immediate. Until you have access to NORA, a paper NORA report must be completed and submitted by fax to 518-402-5165. This form can be accessed at: <http://www.health.ny.gov/forms/doh-4018.pdf>.
- For questions regarding healthcare facility-associated reporting, contact the appropriate NYSDOH Regional Epidemiology office:
  - Western Regional Office: 716-847-4503
  - Central New York Regional Office: 315-477-8166
  - Capital District Region: 518-474-1142
  - Metropolitan Area Regional Office: 914-654-7149
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#### *Emerging Infections Program FluSurv-NET Reporting*

- Hospitals participating in the Emerging Infections Program FluSurv-NET will receive separate, supplemental reporting instructions.

#### *Reporting of Unusual Events*

- Suspected or confirmed **influenza-associated deaths in children aged <18 years**: see "All settings" above.
- Suspected or confirmed cases of **any novel influenza A virus (including viruses suspected to be of animal origin)**: see "All settings" above.
- Suspected **lack of response to antiviral therapy**: see "All Settings" above.

#### **Influenza Outbreaks in Community or Other Facility Settings**

- Under New York State public health law, **outbreaks<sup>1</sup> of influenza or ILI** occurring in community or facility settings such as state institutions, day care centers, schools, colleges, group homes, adult homes, and assisted living facilities must be reported by the director of the facility to the LHD in which the facility is located. Contact information for LHDs can be found at <http://www.nysacho.org/i4a/pages/index.cfm?pageid=3713>.

#### **Local Health Departments (LHDs)**

- LHDs should promptly investigate and report **community outbreaks<sup>1</sup> of influenza or ILI** to their NYSDOH Regional Epidemiology office.
- The NYSDOH Statistical Unit creates influenza case reports on the NYSDOH **Communicable Disease Electronic Surveillance System (CDESS)** from ECLRS laboratory reports from clinical laboratories that meet the NYSDOH influenza case definition.
  - LHDs should **not** dismiss ECLRS influenza reports that use one of the influenza ECLRS disease descriptions (e.g., influenza A, influenza B, etc.)

- However, if an LHD sees an ECLRS influenza report in the “Not Otherwise Specified” (NOS) ECLRS disease description, the LHD should:
  - Dismiss the report if the NOS ECLRS report indicates negative influenza results, or
  - Create a CDESS “investigation” if the NOS ECLRS report indicates positive influenza results. The Statistical Unit will then handle further.
- LHDs should **not** modify any CDESS influenza “investigations”. When necessary, the Statistical Unit will modify these reports.
- LHDs may modify CDESS case supplemental information, but should **not** modify the case status. LHDs are not required to complete CDESS influenza case supplementals except in the event of a pediatric influenza-associated death (below).
- LHDs should direct any questions regarding ECLRS/CDESS influenza reporting to the Statistical Unit at 518-402-5012.
- LHDs should promptly report suspected or confirmed **influenza-associated deaths in children aged <18 years** to their NYSDOH Regional Epidemiology office.
  - LHDs must investigate the case and complete a CDESS case report under “Influenza, Pediatric Death.” Regional Epidemiology office staff will assist LHD staff as needed.
  - LHDs may be asked to follow up with laboratories or medical examiner offices to request that pre- or post-mortem specimens be forwarded to the Wadsworth Center and/or the Centers for Disease Control and Prevention (CDC) for additional testing.
- LHDs should promptly report suspected or confirmed cases of **any novel influenza A virus** (including viruses suspected to be of animal origin) to their NYSDOH Regional Epidemiology office. Regional and Central office Epidemiology staff will provide further guidance and assistance as needed.
- LHDs should promptly report suspected **lack of response to antiviral therapy**, e.g., ongoing severe disease or continued specimen positivity by RT-PCR despite a full course of antiviral therapy, to their NYSDOH Regional Epidemiology Office.

## INFLUENZA SURVEILLANCE REPORTS

- Weekly New York State influenza surveillance information, including the currently circulating influenza virus types, subtypes, and antiviral resistance information is posted by close of business on Thursdays on:
  - The NYSDOH public website:
  - <http://www.health.ny.gov/diseases/communicable/influenza/surveillance/>.
  - The NYSDOH HCS: <https://commerce.health.state.ny.us/>. Log onto the site. Click on the “My Content” button at the top of the page. Click on “Documents by Group” > “Diseases and Conditions” > “Influenza” > “Surveillance” > “Weekly Reports 2016-17.”
- The first report of the season will be published in late October.

## ADDITIONAL INFORMATION

- General resources on influenza, including vaccine information, are available on the NYSDOH public website at: <http://www.health.ny.gov/diseases/communicable/influenza/seasonal/> and the CDC website at: <http://www.cdc.gov/flu/>
- Information for healthcare workers about documentation of vaccination against influenza, or wearing of a surgical or procedure mask is available on the NYSDOH public website at: <http://www.health.ny.gov/flumaskreg>.
- Additional information regarding Wadsworth Center laboratory reporting and specimen submission requirements is available at: <http://www.wadsworth.org/sites/default/files/WebDoc/618150225/CDRG%202016%20Complete.pdf>
- This guidance document as well as other NYSDOH guidance documents for the 2016-17 influenza season are available on the NYSDOH public website at: [http://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/#nysdoh\\_notifications](http://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/#nysdoh_notifications)
- Contact information for LHDs can be found at: <http://www.nyscho.org/i4a/pages/index.cfm?pageid=3713>.
- For additional information or consultation, please contact BCDC at 518-473-4439 or HEIC at 518-474-1142.

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<sup>1</sup> In ambulatory, outpatient, community or other facility settings, an outbreak is defined as an increase in the number of persons ill with laboratory-confirmed influenza or influenza-like illness (ILI) above a commonly observed baseline in a particular community.

<sup>2</sup> In hospitals and long term care facilities, an outbreak is defined as one or more healthcare facility-associated case(s) of confirmed influenza in a patient or resident or two or more cases of influenza-like illness among healthcare workers and patients/residents of a facility on the same unit within 7 days.