



Orange County

ATTENTION

STEVEN M. NEUHAUS
County Executive

PUBLIC HEALTH ALERT

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Commissioner of Health

October 13, 2022

PLEASE DISTRIBUTE TO AND POST CONSPICUOUSLY IN PEDIATRIC, FAMILY PRACTICE, PRIMARY CARE, EMERGENCY ROOM, INTERNAL MEDICINE, URGENT CARE, INFECTIOUS DISEASE, OB/GYN, AMBULATORY SERVICES, LABORATORIES, AMBULATORY CARE STAFF, HOSPITALS, NURSING HOMES, ASSISTED LIVING FACILITIES, SKILLED -NURSING FACILITIES, LONG-TERM CARE FACILITIES, CONGREGATE LIVING SETTINGS, MUNICIPALITIES, COUNTY STAFF AND VOLUNTEERS, SENIOR ORGANIZATIONS, BUSINESSES AND ALL SCHOOLS AND EDUCATIONAL FACILITIES, AND ORANGE COUNTY RESIDENTS.

PUBLIC HEALTH ALERT #8
Influenza Season 2022-2023

The 2022-2023 Influenza season has officially begun in Orange County with close to 100 confirmed cases since August 1, 2022. This represents a 500% increase from the same period last year. Orange County Department of Health (OCDOH), strongly recommends that everyone six months and older without contraindications, receive their seasonal influenza vaccination as soon as possible, preferably before the end of October. Young children, pregnant women, people with chronic health conditions, and people over 65 years of age are at an increased risk for flu complications.

KEY MESSAGES

- Health care providers should vaccinate all eligible patients aged 6 months and older as soon as possible and ideally, prior to the end of October.
- CDC has no preferential recommendation for influenza vaccine. Vaccination should not be delayed waiting for a different product when another licensed, recommended, and appropriate vaccination is available.
- All routine vaccines can be co-administered with flu vaccine, including COVID-19 vaccine.
- All health care workers are strongly encouraged to get a seasonal influenza vaccine.
- Hospitals are encouraged to offer influenza vaccine and vaccinate patients prior to hospital discharge.
- Uninsured/underinsured children and adults can be referred to OCDOH for influenza vaccination by calling 845-291-2330 for an appointment.
- Any suspected or confirmed cases of novel influenza A viruses, influenza-associated deaths in children <18 years of age, and outbreaks of influenza must be reported to OCDOH by calling **845-291-2330**.

For more information, please call the Orange County Department of Health at (845) 291-2330.

For more information on the Advisory Committee on Immunization Practices' 2022-2023 Influenza vaccination recommendations, please visit:

https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm?s_cid=rr7101a1_w.

The full New York State Department of Health Influenza Health Advisory regarding reporting and surveillance requirements are attached.



August X, 2022

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

FROM: NYSDOH Division of Epidemiology

**HEALTH ADVISORY:
INFLUENZA, SURVEILLANCE AND REPORTING
REQUIREMENTS, 2022-2023**

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 inpatient and outpatient patient care areas.

PURPOSE

The New York State Department of Health (NYSDOH) provides this document annually as a summary of influenza prevention and reporting requirements for healthcare providers, clinical laboratories, local health departments (LHDs), hospitals, long term care facilities, and other stakeholders.

INFLUENZA SURVEILLANCE AND REPORTING REQUIREMENTS

NYSDOH conducts enhanced influenza surveillance beginning October 2, 2022 and continuing through the week ending May 20, 2023. Reporting requirements vary by setting and provider type; requirements are summarized in the table and are detailed below.

Reporting Requirements and/or Recommendations	Responsible Setting	How to Report	Page
Novel Influenza Viruses (including suspected or zoonotic infections) (10 NYCRR 2.1)	All settings	Contact the LHD of the county where the patient resides.	2
Antiviral Resistance (10 NYCRR 2.1)	All settings	Contact the LHD of the county where the patient resides.	2
Influenza-associated Pediatric Mortality	All settings	Contact the LHD of the county where the child resides.	2
Influenza Laboratory Test Results (PHL sec. 576-c) ¹	Laboratories	Electronic Clinical Laboratory Reporting System (ECLRS)	3

¹ All settings must report laboratory confirmed cases of influenza pursuant to 10 NYCRR 2.1.

Reporting Requirements and/or Recommendations	Responsible Setting	How to Report	Page
Hospitalizations for Influenza	Hospitals	Weekly Influenza Hospitalizations Survey on the Health Electronic Response Data System (HERDS)	3-4
Healthcare Facility Influenza Outbreaks (10 NYCRR 2.1)	Hospitals and Long-term Care Facilities covered under Article 28	Nosocomial Outbreak Reporting Application (NORA) on HERDS and LHD in which the facility is located.	5
Emerging Infections Program FluSurv-NET	Participating hospitals	As directed by the program	5
Outpatient Influenza-like Illness Program (ILINet)	Participating healthcare providers	As directed by the program	5
Healthcare Employee Influenza Vaccination (10 NYCRR 2.59).	All covered facilities defined in 10 NYCRR 2.59.	Healthcare Personnel Influenza Vaccination Survey on HERDS	5
Community Influenza Outbreaks (10 NYCRR 2.1)	Examples: Assisted Living Facilities Schools Colleges Day Care Group Homes Adult Homes Home Care Agencies Healthcare Providers (Outpatient or Ambulatory Setting only)	Contact the LHD in which the facility is located.	6

All Settings

- Any suspected or confirmed cases of **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 <https://www.nyscho.org/directory/>.
- 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 influenza antiviral therapy, must 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** are nationally notifiable and should be reported to the LHD of the patient's county of residence.
- Laboratory confirmed cases of influenza must be reported in all settings.

Healthcare Providers in the Ambulatory or Outpatient Setting

In addition to required reporting of all laboratory confirmed cases of influenza:

- Healthcare providers must report **outbreaks 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 <https://www.nyscho.org/directory/>.
- Suspected or confirmed cases of **novel influenza A virus (including viruses suspected to be of animal origin) and suspected lack of response to influenza antiviral therapy** must be immediately reported by telephone to the LHD of the patient's county of residence.
- Suspected or confirmed influenza-associated deaths in children aged <18 years are nationally notifiable and should be reported to the LHD of the patient's county of residence.

Laboratories

- Laboratories that perform influenza testing on New York State (NYS) residents are required to **report positive influenza test results (reporting of negative test results is strongly encouraged)**, excluding single-serology tests, to the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS).
- Laboratories that identify specimens **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 https://www.wadsworth.org/sites/default/files/WebDoc/CDRG%20NYState%202020_101920%202.pdf
- All available specimens from patients with suspected **lack of response to influenza 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) or eclrs@health.state.ny.us is available to answer questions and assist with reporting procedures.

Hospitals and Long-Term Care Facilities

Weekly Hospitalized Laboratory-Confirmed Influenza Case Reporting (Hospitals only)

- Starting October 2, 2022 through May 20, 2023, hospitals are required to report the daily aggregate number of hospitalized laboratory-confirmed influenza cases to the NYSDOH weekly. 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 must 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.

Weekly Hospitalized Laboratory-Confirmed Influenza Case Reporting (Hospitals only) - Continued

- 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 on a prior admission).
 - Exclude patients who only visited the emergency department.
 - Exclude patients previously reported by a different hospital and later transferred to your hospital.
 - Include both community-associated and healthcare facility-associated (nosocomial) cases (Note: nosocomial cases must also be reported as outlined below).
- During which week must 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 must be counted (previously submitted data can be revised directly in HERDS for the current reporting week and the previous 6 weeks).
 - For patients previously diagnosed with influenza (example, outpatient provider office) and hospitalized later, use the date of hospitalization to determine the reporting week.
 - Report each individual patient only once, when first identified as a case. Do not count the same patient in multiple weeks, unless the patient was discharged and then readmitted for a new laboratory-confirmed influenza illness (readmission must be a minimum of 30 days from initial hospitalization/test to be reported as a new admission).
- Entering data into HERDS
 - Each week, report into HERDS anytime between Sunday at 12:01 AM through Wednesday at noon, the daily number of cases by age group identified during the previous week ending Saturday at midnight.
 - “Time Period” corresponds to the surveillance week ending date.
 - Example: for cases identified during the week 10/2/2022-10/8/2022, enter the data anytime between Sunday 10/9/2022 (12:01 AM) and Wednesday 10/12/2022 (noon), under the time period “10/8/2022”.
 - Report cases in aggregate by age group: 0–4, 5–17, 18–49, 50–64, and ≥65 years for each day of the week.
 - 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, click
 - “Save”
 - “Review and Submit”
 - “Submit to DOH”.

Note: 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 6 weeks.
 - Data from more than 6 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.

Healthcare Facility Outbreak Reporting

- Hospitals and long-term care facilities must report all confirmed or suspected **healthcare facility-associated influenza outbreaks**² to the NYSDOH Bureau of Healthcare Associated Infections (BHA) via the **Nosocomial Outbreak Reporting Application (NORA), an activity within the HERDS application** 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

Emerging Infections Program (FluSurv-NET) Reporting

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

Outpatient Influenza-like Illness (ILINet) Reporting

- Outpatient healthcare providers participating in the Outpatient Influenza-like Illness Network (ILINet) will receive separate, supplemental reporting instructions.

Healthcare Personnel Influenza Vaccination Survey

- All facilities covered under the New York Codes, Rules and Regulations, Title 10, Section 2.59 (10 NYCRR Section 2.59) are required to document the number and percentage of personnel vaccinated against influenza for the current season and to complete the Healthcare Personnel Influenza Vaccination report upon request of the NYSDOH. The report opens in late winter or early spring (usually February or March) and closes on May 1st annually. For questions regarding the Healthcare Personnel Influenza Vaccination Report, please contact the NYSDOH Bureau of Immunization either via email: immunize@health.ny.gov or phone: (518) 473-4437 and ask for Sarah Hershey. Information regarding 10 NYCRR Section 2.59 is available on the NYSDOH website: www.health.ny.gov/FluMaskReg. Questions regarding 10 NYCRR Section 2.59 should be directed to: flumaskreg@health.ny.gov.

² 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 ILI (defined as a measured temperature* $\geq 37.8^{\circ}\text{C}$ [100°F] with cough or sore throat) among healthcare workers and patients/residents of a facility on the same unit within 7 days.

Influenza Outbreaks in Community or Other Facility Settings

- In addition to the required reporting of all laboratory confirmed cases of influenza, **outbreaks of influenza or ILI** occurring in community or facility settings such as state institutions, day care centers, schools, colleges, group homes, adult homes, home care agencies and assisted living facilities must be reported by the director of the facility to the LHD in which the facility is located.³ Contact information for LHDs can be found at <https://www.nysacho.org/directory/>.

Local Health Departments (LHDs)

- Pursuant to 10 NYCRR 2.6, LHDs must promptly investigate and report **community outbreaks of influenza or ILI** to their NYSDOH Regional Epidemiology office.⁴
- The NYSDOH Bureau of Surveillance and Data System (BSDS) 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 ECLRS influenza 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 can:
 - 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 Bureau of Surveillance and Data Systems (BSDS) will then handle.
 - LHDs should **not** modify any CDESS influenza investigations.- When necessary, BSDS 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 (see below).
 - LHDs should direct any questions regarding ECLRS/CDESS influenza reporting to BSDS 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.⁵
 - LHDs should 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 CDC for additional testing.
- LHDs must 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 must promptly report suspected **lack of response to influenza 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.

³ 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 ILI (defined as a measured temperature* $\geq 37.8^{\circ}\text{C}$ [100°F] with cough or sore throat) above a commonly observed baseline in a particular community.

⁴ While the primary responsibility for reporting rests with the physician (Public Health Law (PHL) sec. 2101; 10 NYCRR 2.10), other individuals and entities also have reporting requirements, including, but not limited to: laboratories (PHL sec. 2102; 10 NYCRR 2.12); school nurses as well as day care center directors (PHL sec. 2101; 10 NYCRR 2.12), nursing homes, hospitals, and state institutions (PHL sec. 2105; 10 NYCRR 2.10).

⁵ Please note: Pursuant to 10 NYCRR 2.1, LHDs must report any laboratory confirmed influenza cases to NYSDOH.

Influenza Surveillance Reports

- Weekly New York State influenza surveillance information, including the currently circulating influenza virus types, subtypes, and antiviral resistance information, is posted at the end of each week 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 2022-23.”
- The first report of the season is expected to be published in late October.
- Weekly laboratory-confirmed influenza data including trends and multi-season comparisons can be accessed on the Weekly NYSDOH Flu Tracker at: <https://nysdc.health.ny.gov/web/nyapd/new-york-state-flu-tracker>.

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: https://www.wadsworth.org/sites/default/files/WebDoc/CDRG%20NYState%202020_101920%202.pdf
- This guidance document as well as other NYSDOH guidance documents for the 2020-2021 influenza season are available on the NYSDOH public website at: https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/#nysdoh_notifications
- Contact information for NYSDOH Regional Epidemiology Offices can be found at: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm
- Contact information for LHDs can be found at: <https://www.nyscho.org/directory>.
- For additional information or consultation, please contact BCDC at 518-473-4439 or BHA1 at 518-474-1142.