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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, 2024-2025**

For healthcare facilities, please distribute immediately to the Infection Control Department, ICU Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory and Pathology 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 will conduct enhanced influenza surveillance beginning September 29, 2024, and continuing through the week ending May 17, 2025. 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)	2-3
Influenza hospitalizations and deaths (10 NYCRR 2.1)	Hospitals	Weekly Influenza Hospitalizations Survey on the Health Electronic Response Data System (HERDS)	3-4

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
Healthcare facility influenza outbreaks (10 NYCRR 2.1)	Hospitals and long-term care facilities regulated under Article 28	Nosocomial Outbreak Reporting Application (NORA) on HERDS and LHD in which the facility is located.	4
Healthcare personnel influenza vaccination (10 NYCRR 2.59).	All covered facilities defined in 10 NYCRR 2.59.	Healthcare Personnel Influenza Vaccination Survey on HERDS	4
Community influenza outbreaks (10 NYCRR 2.1)	State institutions Schools/colleges/daycare centers Assisted living facilities Group homes Adult homes Home care agencies Diagnostic & Treatment Centers Outpatient or ambulatory settings	Contact the LHD in which the facility is located.	4

All Settings

- Any suspected or confirmed case of **novel influenza A virus (including infection by viruses suspected to be of animal origin)** must be reported immediately by telephone to the LHD of the patient's county of residence. Contact information for LHDs can be found at <https://www.nysacho.org/directory/>.
- Suspected **lack of response to influenza 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 immediately 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.

Community or Other Ambulatory/Outpatient Setting

- 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.nysacho.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 reported immediately by telephone to the LHD of the patient's county of residence².
- Suspected or confirmed influenza-associated deaths in children aged <18 years are nationally notifiable and should be reported immediately to the LHD of the patient's county of residence.

Laboratories

- Permitted clinical laboratories³ and limited-service laboratories⁴ that perform influenza testing (i.e., detectable/positive laboratory report from a rapid diagnostic test (RDT), viral culture, reverse transcriptase-polymerase chain reaction (RT-PCR), or immunofluorescence (IFA or DFA) antibody staining) on New York State (NYS) residents are required to **report all positive influenza A, influenza B, and influenza**

² https://www.wadsworth.org/sites/default/files/WebDoc/CDRG%20NYState%202020_101920%202.pdf

³ <https://www.wadsworth.org/regulatory/clep/approved-labs>

⁴ <https://www.wadsworth.org/regulatory/clep/limited-service-labs>

unspecified test results, excluding single-serology tests, to the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS). Reporting of negative test results is strongly encouraged.

- 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 a suspected **lack of response to influenza antiviral therapy** should be forwarded promptly 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 September 29, 2024, hospitals are required to report weekly the aggregate number of hospitalized cases and influenza-associated deaths with laboratory-confirmed influenza by age group to the NYSDOH. Reporting is done via the “**Weekly Influenza and RSV Hospitalizations**” survey on the **HERDS** application located on the NYSDOH Health Commerce System (HCS) at: <https://commerce.health.state.ny.us/>.
 - Include all community-associated and healthcare facility-associated (nosocomial) hospitalized patients who have evidence of laboratory-confirmed influenza (i.e., detectable/positive 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). (Note: healthcare facility-associated cases must also be reported as outlined below).
 - 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 ≥24 hours.
 - Exclude patients who only visited the emergency department (except see information about deaths below) or patients previously reported by a different hospital and later transferred to your hospital.
 - Include all influenza-associated deaths in hospitalized patients who have evidence of laboratory-confirmed influenza.
 - An influenza-associated death is defined as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory test. There should be no period of complete recovery between the illness and death.
 - Include patients who died while in the emergency department.
- During which week must a patient be counted?
 - The surveillance week begins on Sunday at 12:01 AM and ends on Saturday at midnight.
 - Whenever possible, use influenza specimen collection date and time when determining which week a patient should 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 subsequently hospitalized, use the date of hospitalization to determine the reporting week.
 - Report each hospitalized individual patient only once, when first identified as a case, except if the patient dies during the same reporting week as the hospitalization. In that case, report them both as a hospitalized case and a death. Do not count the same hospitalized patient in multiple weeks,

unless discharged and then readmitted for a new laboratory-confirmed influenza illness or unless the patient dies in a later week after previously being reported as a hospitalized case (readmission must be a minimum of 30 days from the initial hospitalization/test to be reported as a new admission).

- For surveillance program questions or concerns, please contact the Bureau of Communicable Disease Control (BCDC) at 518-473-4439. For 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**⁵ to the NYSDOH Bureau of Healthcare Associated Infections (BHAi) 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, which will immediately include access to NORA. 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

Healthcare Personnel Influenza Vaccination Survey

- Upon request from the NYSDOH, 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 found in HERDS. Hospitals may report this data through NHSN. For questions regarding the Healthcare Personnel Influenza Vaccination Report, please contact the NYSDOH Division of Immunization and Vaccine Excellence (DOVE) via email immunize@health.ny.gov or phone: (518) 473-4437. 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.

Influenza Outbreaks in Community or Other Facility Settings

- **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.⁶ Contact information for LHDs can be found at <https://www.nysacho.org/directory/>.

⁵ 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.

⁶ 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 the community.

Local Health Departments (LHDs)

- Pursuant to 10 NYCRR 2.6, LHDs must promptly investigate **community outbreaks of influenza or ILI** and report them to their NYSDOH Regional Epidemiology office.⁷
- The NYSDOH Bureau of Surveillance and Data Systems (BSDS) creates influenza case reports on the NYSDOH **Communicable Disease Electronic Surveillance System (CDESS)** from ECLRS laboratory reports 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:
 - Create a CDESS investigation if the NOS ECLRS report indicates a positive influenza result, or
 - Dismiss the report if the NOS ECLRS report indicates negative influenza results.
 - 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).
 - Questions regarding ECLRS/CDESS influenza reporting; please call 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.⁸
 - 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.

Influenza Surveillance Reports

- Weekly New York State influenza surveillance 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/>
 - NYSDOH Flu Tracker at: <https://nyshc.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>

⁷ While the primary responsibility for reporting rests with the clinician (Public Health Law (PHL) sec. 2101; 10 NYCRR 2.10) and laboratories (PHL sec. 2102; 10 NYCRR 2.12), other individuals and entities also have reporting requirements, including, but not limited to: 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).

⁸ Please note: Pursuant to 10 NYCRR 2.1, LHDs must report any laboratory confirmed influenza cases to NYSDOH.

- Additional information regarding laboratory reporting and specimen submission requirements is available at: https://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf and 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 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 DOVE at 518-474-1142