



**BUREAU OF COMMUNICABLE DISEASE CONTROL
STATEWIDE INFLUENZA SURVEILLANCE REPORT
FOR WEEK ENDING
January 5, 2013**

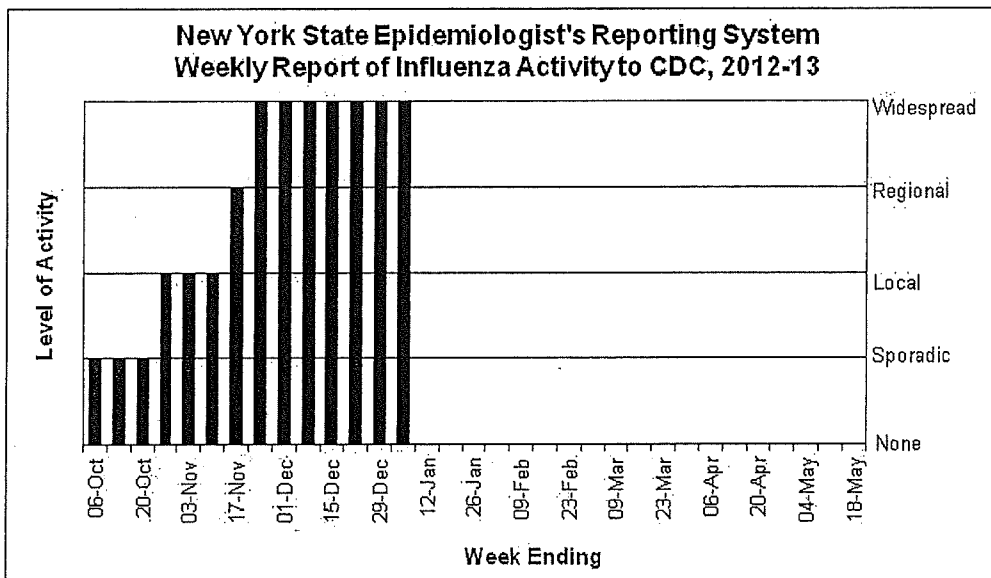
The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza activity year round in New York State (NYS) and produces this weekly report during the influenza season (October through the following May).¹

During the week ending January 5, 2013:

- Influenza activity level was categorized as **widespread**.²
- Laboratory-confirmed influenza was reported in all **57 counties** plus New York City. There were **4,059** total reports, a **7% decrease** over last week.
- Thirty-nine of 60 specimens submitted to the NYSDOH laboratory were positive for influenza. Thirty-seven were **influenza A (H3)** and two were **influenza B**.
- Reports of percent of patient visits for influenza-like illness (ILI)³ from ILINet providers was **6.82%**, which is above the regional baseline of 2.0%.
- The number of patients admitted to the hospital with laboratory-confirmed influenza or hospitalized patients newly diagnosed with laboratory-confirmed influenza was **1,120**, a **55% increase** over last week.
- There was **one** influenza-associated pediatric death reported this week. There have been **two** influenza-associated pediatric deaths reported this season.

NYS Epidemiologist's Report to the Centers for Disease Control and Prevention (CDC)

Geographic spread of influenza activity in NYS (including NYC).



¹ Information about influenza monitoring in New York City (NYC) is available from the NYC Department of Health and Mental Hygiene website at: <http://www.nyc.gov/html/doh/html/home/home.shtml>. National influenza surveillance data is available on CDC's FluView website at <http://www.cdc.gov/flu/weekly/>.

² No Activity: No laboratory-confirmed cases of influenza reported to the NYSDOH.

Sporadic: Small numbers of lab-confirmed cases of influenza reported.

Local: Increased or sustained numbers of lab-confirmed cases of influenza reported in a single region of New York State; sporadic in rest of state.

Regional: Increased or sustained numbers of lab-confirmed cases of influenza reported in at least three regions but in fewer than 31 of 62 counties.

Widespread: Increased or sustained numbers of lab-confirmed cases of influenza reported in at least 31 of the 62 counties.

³ ILI = influenza-like illness, defined as temperature $\geq 100^{\circ}$ F with cough and/or sore throat in the absence of a known cause other than influenza.

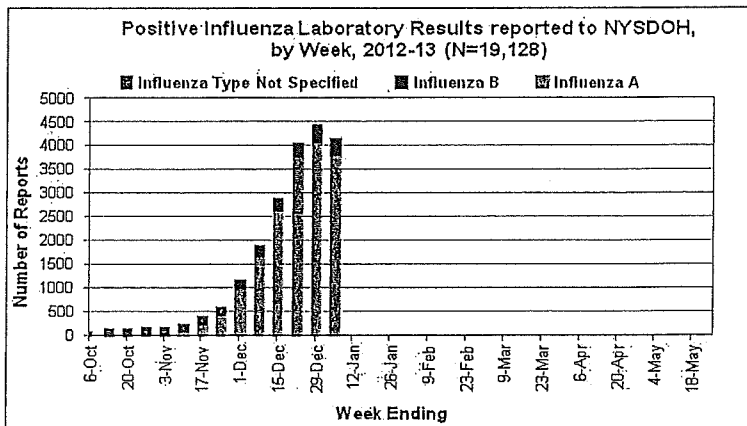
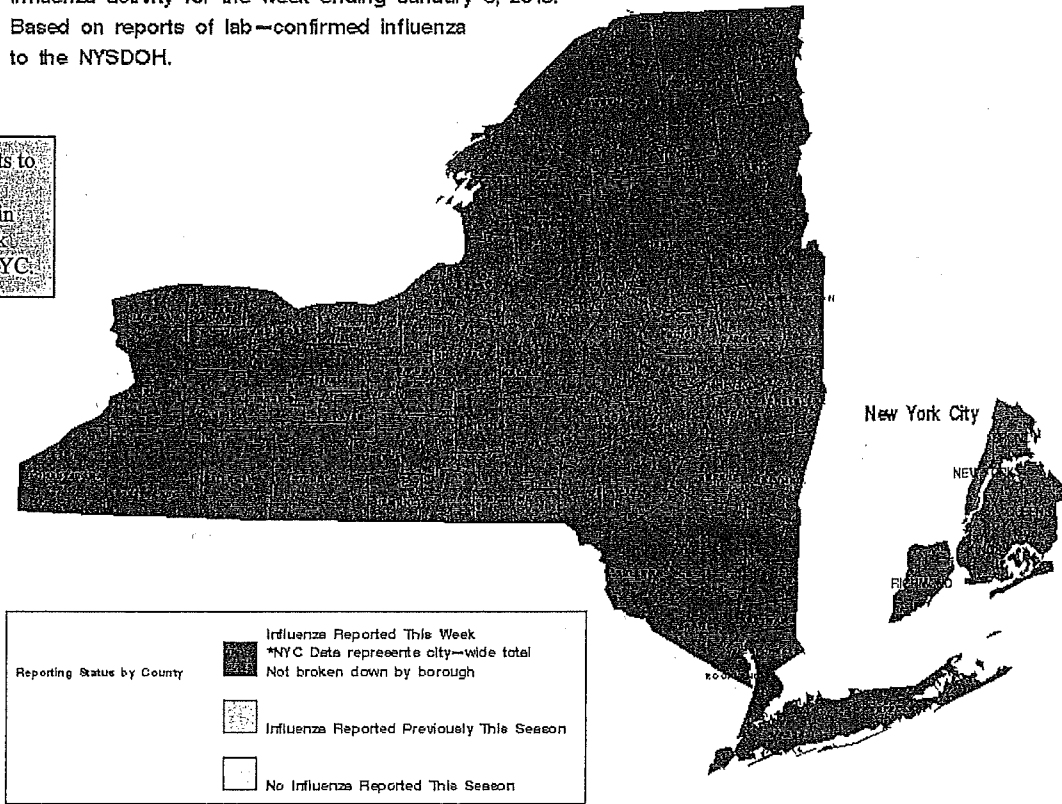
Laboratory Reports of Influenza (including NYC)

All laboratories that perform testing on residents of the state report all positive influenza test results to NYSDOH.

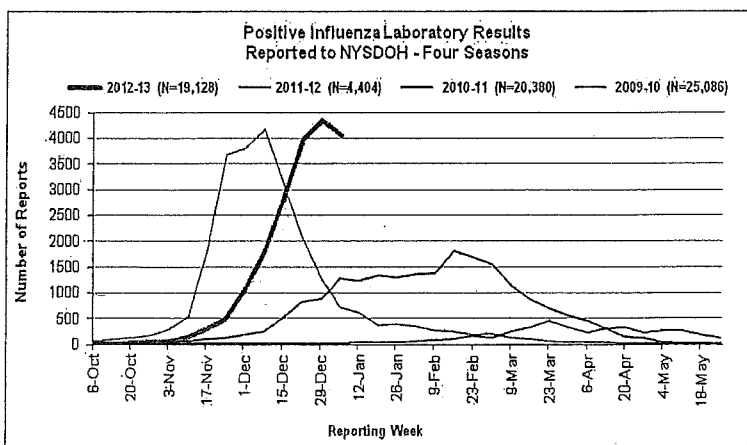
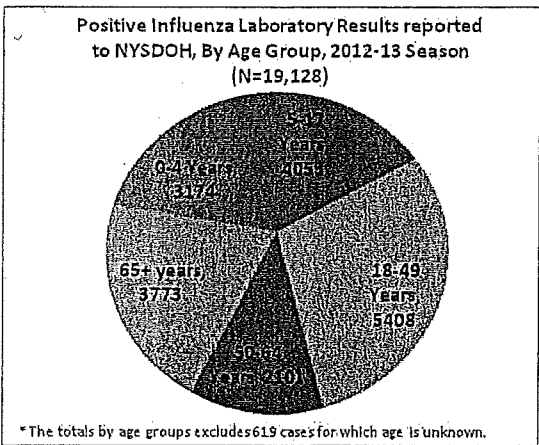
Influenza activity for the week ending January 5, 2013.
Based on reports of lab-confirmed influenza to the NYSDOH.

Based on laboratory reports to NYSDOH:

- Influenza was reported in all 57 counties this week and all 5 boroughs of NYC.



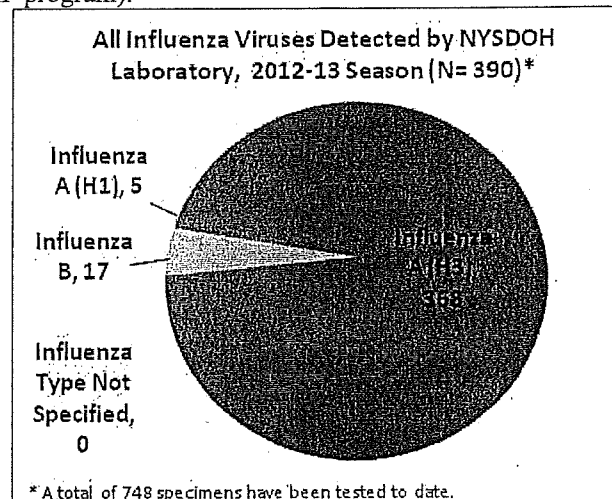
Test results may identify influenza Type A, influenza Type B, or influenza without specifying Type A or B. Some tests only give a positive or negative result and cannot identify influenza type (not specified).



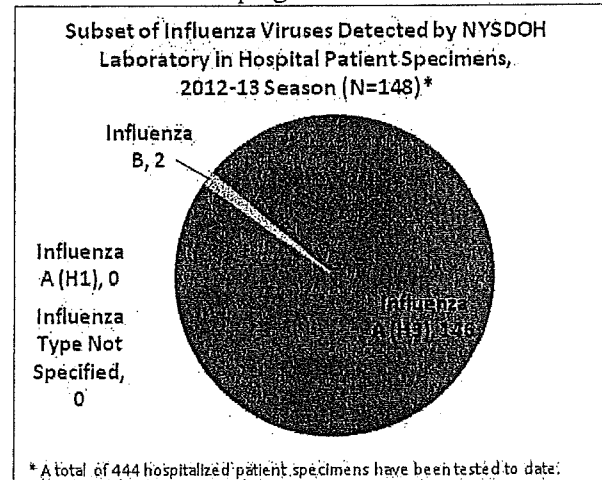
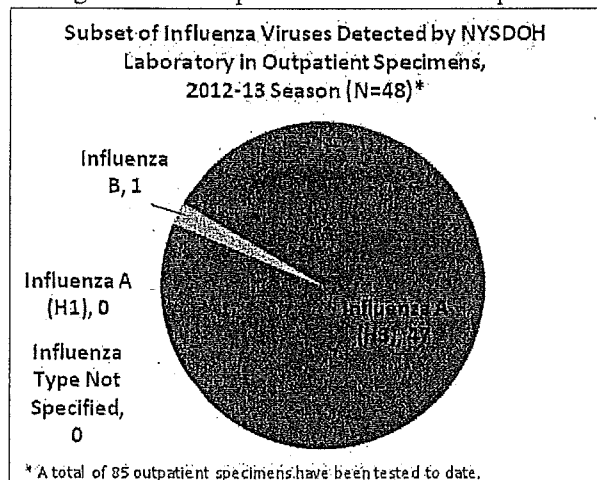
Influenza Virus Types and Subtypes (excluding NYC)

Wadsworth Center, the NYSDOH public health laboratory, tests specimens from sources including, but not limited to, outpatient healthcare providers (ILNet program) and hospitals (EIP program).

There are 2 common subtypes of Type A influenza viruses – H1 and H3. Each subtype has a slightly different genetic makeup from the other. Rarely, an influenza virus is unable to be typed by the laboratory.



The figures below represent a subset of the specimens tested through the ILNet and EIP programs.



Influenza Antiviral Resistance Testing

The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance.

NYS Antiviral Resistance Testing Results on Samples Collected Season to Date, 2012-13

	Oseltamivir		Zanamivir	
	Samples tested	Resistant Viruses, Number (%)	Samples tested	Resistant Viruses, Number (%)
Influenza A (H3N2)ⁱ	31	0 (0.0)	0	0 (0.0)
Influenza Bⁱⁱ	0	0 (0.0)	0	0 (0.0)
2009 Influenza A (H1N1)ⁱⁱⁱ	4	0 (0.0)	0	0 (0.0)

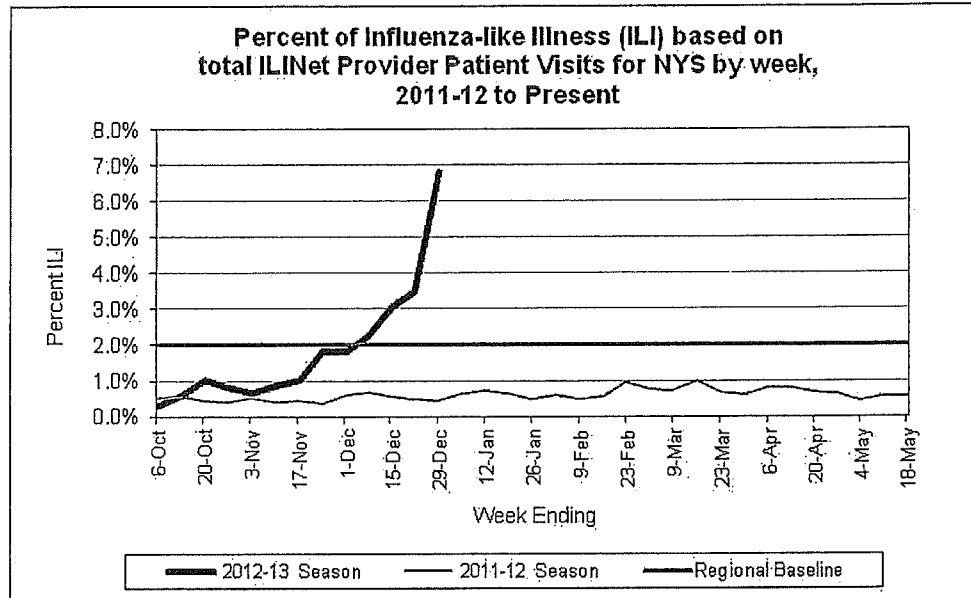
- i. All samples tested for oseltamivir resistance by pyrosequencing for E119V, R292K, and N294S in the neuraminidase gene (NA), and a subset tested by NA dideoxy sequencing for other variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and oseltamivir.
- ii. Samples tested by whole gene dideoxysequencing of the neuraminidase gene. Sequence data reviewed for variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and oseltamivir.
- iii. All samples tested by pyrosequencing for the H275Y variant in the neuraminidase gene which confers resistance to oseltamivir, and a subset tested by NA dideoxy sequencing for other variations known to cause, or suspected of causing, resistance to neuraminidase inhibitor drugs including zanamivir and oseltamivir.

Additional information regarding national antiviral resistance testing, as well as recommendations for antiviral treatment and chemoprophylaxis of influenza virus infection, can be found at <http://www.cdc.gov/flu/weekly/>.

Outpatient Doctor's Office Visits for ILI - ILINet Surveillance Program (excluding NYC)

The NYSDOH works with ILINet healthcare providers who report the total number of patients seen and the total number of those patients with complaints of ILI every week.

The CDC uses trends from past years to determine a regional baseline rate of doctors' office visits for illness consistent with influenza. For NYS, the regional baseline is currently 2.0%. Numbers above this regional baseline suggest high levels of illness consistent with influenza in the state.

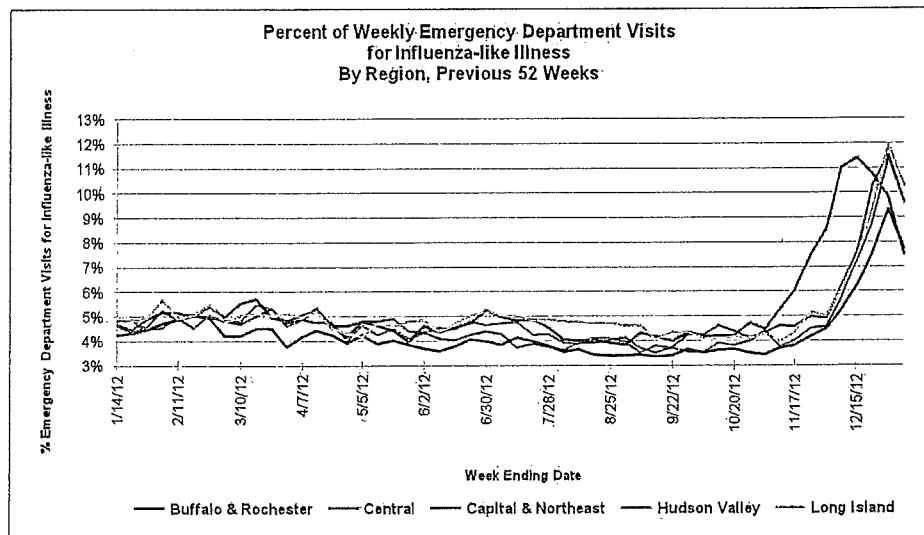


Emergency Department Visits for ILI - Syndromic Surveillance (excluding NYC)

Hospitals around NYS report the number of patients seen in their emergency departments with complaints of ILI. This is called syndromic surveillance.

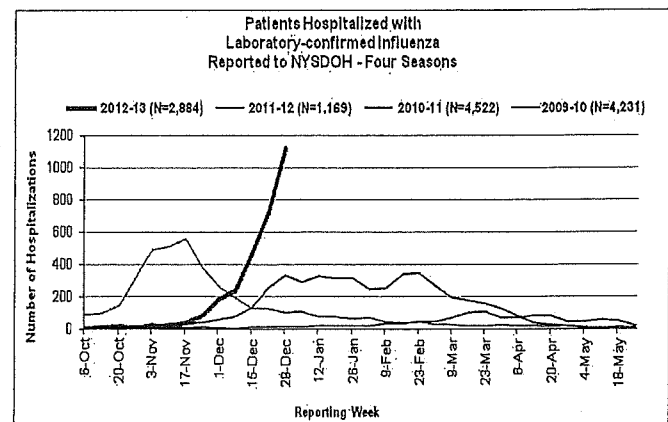
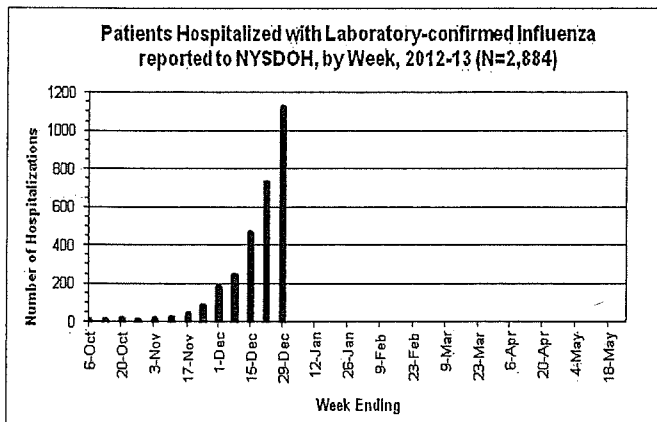
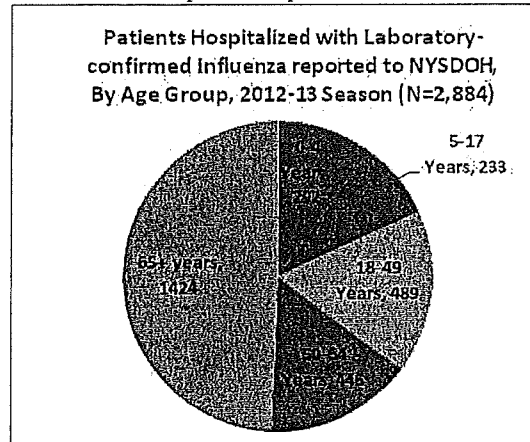
An increase in visits to hospital emergency departments for ILI can be one sign that influenza has arrived in that part of NYS.

Visits for symptoms including fever plus sore throat or cough are counted. Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.



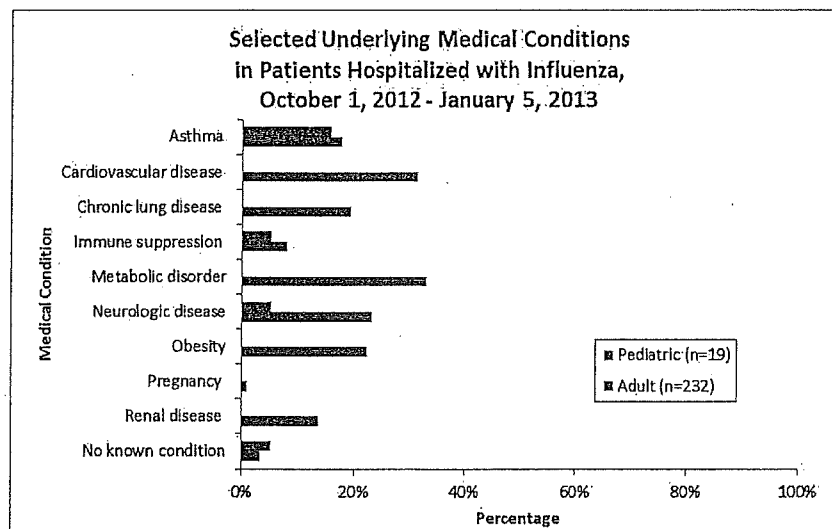
Patients Hospitalized with Laboratory-Confirmed Influenza (including NYC)

Hospitals in NYS and NYC report the number of hospitalized patients with laboratory-confirmed influenza to NYSDOH.⁴



Underlying Health Conditions among Hospitalized Patients

As part of the CDC's Influenza Hospitalization Network, the NYS Emerging Infections Program (EIP) conducts enhanced surveillance for hospitalized cases of laboratory-confirmed influenza among residents of 15 counties.⁵ Medical chart reviews are completed on all identified cases from October 1 through April 30 of the following year.



⁴ 134 (63%) of 213 hospitals reported this week.

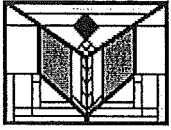
⁵ Counties include, in the Capital District: Albany, Columbia, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie; in the Western Region: Genesee, Livingston, Monroe, Ontario, Orleans, Wayne, and Yates.

Healthcare-associated Influenza Activity (including NYC)

Hospitals and nursing homes in New York State self-report outbreaks of influenza. A healthcare-associated outbreak of influenza is defined as one or more confirmed or two or more suspect cases in persons who were admitted to the facility with no signs or symptoms of influenza infection; that is, influenza infections acquired within the facility. Outbreaks are considered confirmed only with positive laboratory testing. This may include a positive rapid antigen test if no other more advanced testing (polymerase chain reaction, viral culture) is performed. Outbreaks are reported based on the date of onset of symptoms in the first identified case.⁶

NYS Healthcare-Associated Influenza Surveillance, 2012-2013															
Week-to-Date	Capital Region			Central Region			Metropolitan			Western Region			Statewide		
Week Ending 1/5/13 (CDC wk 1)	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks Confirmed Influenza A		11	11	2	7	9	5	19	24	3	19	22	10	56	66
# Outbreaks Confirmed Influenza B			0			0			0			0	0	0	0
# Outbreaks Confirmed Mixed Influenza A & B			0			0		1	1			0	0	1	1
Total # Outbreaks Confirmed Influenza	0	11	11	2	7	9	5	20	25	3	19	22	10	57	67
Total # Outbreaks Suspect Viral Resp Disease (not including confirmed influenza)		4	4		2	2		5	5			0	0	11	11
Grand Total # Outbreaks Viral Resp Disease (including suspect and confirmed influenza)	0	15	15	2	9	11	5	25	30	3	19	22	10	68	78
Season-to-Date	Capital Region			Central Region			Metropolitan			Western Region			Statewide		
Week Ending 1/5/13 (CDC wk 1)	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks Confirmed Influenza A	2	27	29	8	66	74	12	36	48	8	42	50	30	171	201
# Outbreaks Confirmed Influenza B			0			0	1	1	2		1	1	1	2	3
# Outbreaks Confirmed Mixed Influenza A & B		1	1		2	2		2	2		1	1	0	6	6
Total # Outbreaks Confirmed Influenza	2	28	30	8	68	76	13	39	52	8	44	52	31	179	210
Total # Outbreaks Suspect Viral Resp Disease (not including confirmed influenza)		11	11		6	6		20	20		1	7	1	43	44
Grand Total # Outbreaks Viral Resp Disease (including suspect and confirmed influenza)	2	39	41	8	74	82	13	59	72	9	50	59	32	222	254
ACF = Acute Care Facilities															
LTCF = Long Term Care Facilities															
Outbreaks are reported according to the date of onset of symptoms in the first case															

⁶ For more information on reporting of healthcare-associated influenza, visit <http://goo.gl/siL6W>



Carol Smith/Health
Department/Ulster County
01/09/2013 01:32 PM

To "Boudy" <nvey@co.ulster.ny.us>
cc
bcc
Subject Fw: New from the Office of the Ulster County Executive

History:

↳ This message has been forwarded.

From: News
Sent: 01/08/2013 02:52 PM EST
Subject: New from the Office of the Ulster County Executive



NEWS FROM THE OFFICE OF ULSTER COUNTY EXECUTIVE MIKE HEIN



FOR IMMEDIATE RELEASE

January 8, 2013
Contact: News@co.ulster.ny.us
845-340-3800

ULSTER COUNTY EXECUTIVE MIKE HEIN REMINDS ULSTER COUNTY RESIDENTS THAT IT'S NOT TOO LATE TO GET A FLU SHOT

This year's flu season is shaping up to be much worse than average and prevention is the best medicine!

Kingston, NY – Ulster County Executive Mike Hein went to get his flu vaccination shot today, at Emergency One in Kingston, NY and was joined by Ulster County Commissioner of Health Dr. Carol Smith. Getting a flu shot this year is particularly important because both the Centers for Disease Control (CDC) and the New York State Department of Health (NYSDOH) have reported that this year is shaping up to be one of the earliest, and most intense, flu seasons on record. High levels of flu activity is now prevalent in 29 states, including all New York counties, and County Executive Hein and Commissioner Smith are urging all residents to take immediate action to protect themselves and their families from this serious and *preventable* disease.

“Our public health efforts in Ulster County are continually focused on prevention, which saves lives, makes people healthier, reduces lost productivity - and saves taxpayer dollars. There are a relatively small number of serious illnesses that are preventable and influenza is one of them. Getting a flu shot has never been more convenient and I strongly urge all residents, who have not done so already, to get vaccinated now,” said County Executive Hein.

Dr. Smith noted that CDC surveillance had revealed that over 2,200 hospitalizations and 18

pediatric deaths have been linked to the flu, nationwide. To date, 77 cases on influenza have been confirmed in Ulster County. “We know that this is an unusually early and intense flu season. The flu virus has been with us for many years and some people have never gotten seriously ill from the flu, so they downplay the need to get vaccinated. At best, getting sick with flu can put one out of commission for several days or weeks. At worst, it can result in hospitalization and even death. It’s not too late to get a flu shot. Influenza vaccine is safe, effective and inexpensive. Everyone, age 6 months and older, should get vaccinated immediately,” said Dr. Smith.

According to the CDC, this year’s flu season is about five weeks ahead of the average season and has not yet peaked. The dominant strain of influenza virus circulating this year is H3N2, which is highly virulent and can cause unusually serious illness. In the most severe seasons, influenza can result in up to 200,000 hospitalizations and up to 49,000 deaths.

CDC reports that this year’s vaccine is well matched for the three strains of influenza that are circulating. Flu vaccinations in Ulster County are available at County sponsored clinics, doctor’s offices and retail pharmacies, with no appointment required. For general flu information and County sponsored clinic schedules, call the Ulster County Department of Health Flu Hotline at (845)340-3093. For in-depth flu symptom and surveillance information, visit the CDC online at www.cdc.gov/flu

Attached photo courtesy of the Office of Ulster County Executive Hein:

Ulster County Executive Hein gets his flu shot from Maria Riccio, RN, Clinical Director of Emergency One in Kingston, NY while joined by Ulster County Health Commissioner Dr. Carol Smith.

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flu shot.JPG

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

January 12, 2013

TO: Health Care Providers, Hospitals, and Local Health Departments

FROM: New York State Department of Health, Bureau of Immunization

**HEALTH ADVISORY: AUTHORIZATION TO USE VACCINE CONTAINING
THIMEROSAL FOR CHILDREN LESS THAN THREE YEARS OF AGE AND
PREGNANT WOMEN**

Please distribute to the Infection Control Department, Emergency Department, Employee Health Services, Infectious Disease Department, Director of Nursing, Medical Director, Pharmacy Department, Pediatrics, Obstetrics and all primary care providers.

SUMMARY

- Due to a severe influenza season and insufficient levels of vaccine, the New York State Commissioner of Health is authorizing use of influenza vaccines containing more than the mercury levels described in Public Health Law (PHL) § 2112.
- Young children and pregnant women are at great risk of severe disease outcomes from influenza, therefore, ensuring vaccine availability for these groups is extremely important.
- The Commissioner's letter authorizing use of influenza vaccine containing thimerosal is attached.

BACKGROUND

PHL § 2112 requires that the Commissioner of Health make a yearly determination that there is an adequate supply of influenza vaccine that contains not more than 1.25 micrograms of mercury per 0.50 milliliter dose for women who know they are pregnant and not more than 0.625 micrograms of mercury per 0.25 milliliter dose for children less than 3 years of age. In the event of influenza vaccine unavailability, this law permits the Commissioner to modify this determination. **Effective January 11, 2013, the Commissioner has authorized the use of influenza vaccines containing more than the mercury levels described in PHL §§ 2112(2) and (3) for the remainder of the 2012-13 influenza season.**

New York State is currently experiencing high levels of influenza disease throughout the state. The State's influenza activity level has been at "widespread", the highest category, for the past seven weeks. Indicators of influenza activity including hospitalizations for confirmed influenza, emergency department visits for influenza-like-illness (ILI), sentinel provider reports of the proportion of patients with ILI, and laboratory reporting of positive influenza results are elevated in most areas of the state greatly exceeding normal levels for this time of year. There have also been two pediatric deaths due to influenza disease.

Young children and pregnant women are documented to be at greater risk of severe disease outcomes from influenza in general. Therefore, vaccine availability for children and pregnant women is extremely important. The Department of Health (DOH) has received numerous calls from private medical providers, county health departments and members of the public about difficulty in obtaining seasonal influenza vaccine.

Vaccine supply available for purchase by providers is very limited at this time. The Department has received many calls from providers asking where to refer their patients for vaccination. In this circumstance, every effort must be made to eliminate barriers to influenza vaccination of children and pregnant women. Providers may still have supplies of these multi-dose vials of influenza vaccines containing thimerosal, which are licensed for use in young children and pregnant women. Such providers should not have to turn away children or pregnant women seeking vaccination because they do not have thimerosal-free vaccine. Though a limited amount of thimerosal-free vaccine may still be available for purchase from some distributors, the Centers for Disease Control and Prevention indicates that even such limited supplies will not be available much longer and many medical providers and local health departments are unable to purchase additional thimerosal-free vaccine for their patients.

For these reasons, the Commissioner of Health has determined that there will be insufficient supplies of influenza vaccines that contain the mercury levels set forth in PHL §2112 (2) and (3), and the authorization for the use of vaccine containing more than the mercury levels set forth in said sections is necessary to protect the public health.

Additional Information

For additional information, please go to the NYSDOH webpage as noted below:
http://www.health.ny.gov/regulations/public_health_law/section/2112/information_for_physicians/

Additional information regarding vaccine safety, including the use of thimerosal in vaccines, can be obtained at the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases website at <http://www.cdc.gov/od/science/iso/>, and at the website of the U.S. Food and Drug Administration at <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/default.htm>

For further information, please contact your local health department or your regional New York State Department of Health Bureau of Immunization representative at the following:

Western Regional Office
Buffalo / Rochester: 716 – 847 – 4501

Central New York Regional Office
Syracuse: 315 – 477 – 8164

Capital District Regional Office
Troy: 518 – 408 – 5278

Metropolitan Area Regional Office
New Rochelle: 914 – 654 – 7149
Central Islip: 631 – 851 – 3096
Monticello: 845 – 794 – 2045

For questions about ordering vaccine in New York State (outside of New York City), Vaccines for Children (VFC) providers can call 518-474-4578 or toll free at 800-KID-SHOT during business hours.

Providers and facilities in **New York City** should contact the New York City Department of Health and Mental Hygiene at 347-396-2400. For questions about ordering vaccine in New York City, VFC providers can call 347-396-2405 during business hours.

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

January 13, 2013

TO: Health Care Providers, Hospitals, Pharmacists, and Local Health Departments

FROM: New York State Department of Health, Bureau of Immunization

**HEALTH ADVISORY: EXECUTIVE ORDER ALLOWS PHARMACISTS TO
VACCINATE CHILDREN AGE SIX MONTHS TO 18 YEARS**

Please distribute to the Infection Control Department, Emergency Department, Employee Health Services, Infectious Disease Department, Director of Nursing, Medical Director, Pharmacy Department, Pediatrics, Obstetrics and all primary care providers.

SUMMARY

- Between January 12 and February 11, 2013 pharmacists can administer flu vaccinations to patients between six months and 18 years of age.
- The expansion of pharmacists' ability to vaccinate is the result of an Executive Order from Governor Andrew M. Cuomo, which suspends the section of State Education Law that limits the authority of pharmacists to administer immunizing agents only to individuals 18 years of age or older, for the next 30 days. The Executive Order was issued in response to this year's severe influenza season in an effort to remove as many barriers as possible to people getting influenza vaccination. The order may be extended for additional 30 day periods if the emergency condition persists.
- In addition, due to the severe influenza season and insufficient levels of vaccine, the New York State Commissioner of Health is authorizing use of influenza vaccines containing more than the mercury levels described in Public Health Law (PHL) § 2112 in pregnant women and children under age 3.
- **Importantly, as described in PHL § 2168, pharmacists must report all vaccinations of patients between six months and 18 years of age to the New York State Immunization Information System (NYSIIS), except for residents of New York City, who must be reported to the City Immunization Registry (CIR).**
- **Standing orders that are in place for pharmacists to administer vaccines may have to be changed to allow vaccination of children ages six months to 18 years.**

BACKGROUND

New York State is currently experiencing high levels of influenza disease throughout the state. The State's influenza activity level has been at "widespread", the highest category, for the past seven weeks. Indicators of influenza activity including hospitalizations for confirmed influenza, emergency department visits for influenza-like-illness (ILI), sentinel provider reports of the

proportion of patients with ILI, and laboratory reporting of positive influenza results are elevated in most areas of the state greatly exceeding normal levels for this time of year. There have also been two pediatric deaths due to influenza disease in New York State.

For these reasons, Governor Andrew M. Cuomo has declared a "Disaster Emergency" for New York State in response to this year's increasingly severe flu season. The emergency declaration allowed the Governor to issue an Executive Order which allows pharmacists to administer influenza vaccinations to patients between six months and 18 years of age. This Order suspends for the 30 days the section of State Education Law that limits the authority of pharmacists to administer immunizing agents only to individuals 18 years of age or older. The order may be extended for additional 30 day periods if the emergency condition persists.

In addition, the Commissioner of Health has determined that there are insufficient supplies of influenza vaccines that contain the mercury levels set forth in PHL §2112 (2) and (3), and, therefore, has authorized the use of vaccine containing any level of thimerosal for children under 3 years of age and pregnant women.

SPECIAL REQUIREMENTS FOR VACCINATION OF CHILDREN

The NYSDOH anticipates ongoing and potential increase in demand for influenza vaccine among all age groups over the coming weeks. Pharmacists are encouraged to continue to administer the influenza vaccine to adults and to actively promote the availability of pharmacist-delivered vaccine to children between six months and 18 years of age. Those under six months of age cannot get a flu vaccination

Importantly, pharmacists must report all vaccinations of patients between six months and 18 years of age to the New York State Immunization Information System (NYSIIS) or the City Immunization Registry (CIR). Vaccines administered to children in NYS except for the five boroughs of New York City (NYC) should be reported to NYSIIS. Vaccines administered within the five boroughs of NYC should be reported to the CIR. Detailed information about NYSIIS, including technical requirements and data exchange information is available at <http://goo.gl/6VE3c>. Similar CIR resources can be found at www.nyc.gov/health/cir.

In addition, pharmacists must ensure that standing orders issued to allow immunization be modified to include children age six months to 18 years. Examples of standing orders can be found on the website of the Immunization Action Coalition at <http://www.immunize.org/standing-orders/>.

VACCINE SUPPLY

Vaccine supply available for purchase by providers is very limited at this time. The Department has received many calls from providers asking where to refer their patients for vaccination. In this circumstance, every effort must be made to eliminate barriers to influenza vaccination of children and pregnant women. Providers may still have supplies of these multi-dose vials of influenza vaccines containing thimerosal, which are licensed for use in young children and pregnant women. Such providers should not have to turn away children or pregnant women seeking vaccination because they do not have thimerosal-free vaccine. Though a limited amount of thimerosal-free vaccine may still be available for purchase from some distributors, the Centers for Disease Control

and Prevention indicates that even such limited supplies will not be available much longer and many medical providers and local health departments are unable to purchase additional thimerosal-free vaccine for their patients.

If you are having difficulty obtaining additional influenza vaccine, an extremely useful resource is the Influenza Vaccine Availability tracking System (IVATS). IVATS is supported by the National Influenza Vaccine Summit at <http://goo.gl/aXOo1>.

ADDITIONAL INFORMATION

Additional detailed information regarding ACIP 2012-13 influenza recommendations is accessible at <http://goo.gl/ULrLH>.

Other resources on influenza are available on the NYSDOH public website at <http://goo.gl/dLDrw> and on the website of the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/flu/>.

For additional information please contact the New York State Department of Health Bureau of Immunization at 518-473-4437 or immunize@health.state.ny.us, or the New York City Department of Health and Mental Hygiene at 347-396-2400 or nycimmunize@health.nyc.gov.