NEW YORK STATE | Department of Health

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

FROM: New York State Department of Health, Division of Epidemiology

HEALTH ADVISORY: 2026-2027 SURVEILLANCE AND REPORTING REQUIREMENTS FOR INFLUENZA, COVID-19, AND RESPIRATORY SYNCYTIAL VIRUS (RSV)

Please distribute immediately to: Clinical Laboratories, Hospitals, Local Health Departments, Physicians, Physician Assistants, Nurses, Nurse Practitioners, Facility Staff in The Departments of Emergency Medicine, Infectious Disease, Epidemiology/Infection Prevention, Laboratory Medicine, Medical Directors, Directors of Nursing, and all patient care areas

PURPOSE

The New York State Department of Health (the Department) is issuing this health advisory in advance of the respiratory virus season to summarize influenza, COVID-19, and RSV prevention and reporting requirements for healthcare providers, clinical and limited-service laboratories, local health departments (LHDs), hospitals, long-term care facilities, and other public health stakeholders.

RESPIRATORY SURVEILLANCE AND REPORTING REQUIREMENTS

The Department conducts year-round surveillance for influenza, COVID-19, and RSV with enhanced surveillance and reporting October through May. Reporting requirements may vary by virus type, setting, and provider type; requirements are summarized in the table and are detailed below.

Reporting Requirements[1] and/or Recommendations	Responsible Setting	How to Report	Page
Novel influenza viruses (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
Pediatric mortality	All settings	Contact the LHD of the county where the child resides.	2
Laboratory test results (PHL sec. 576-c)[2]	Laboratories	Electronic Clinical Laboratory Reporting System (ECLRS)	2-3
Hospitalizations and deaths (10 NYCRR 2.1)	Hospitals	Respiratory Hospitalizations and Deaths Survey on the Survey Management and Response Tool (SMART)	3-4

[1] https://regs.health.ny.gov/content/section-21-communicable-diseases-designated-cases-suspected-cases-and-certain-carriers-be
[2] All settings must report laboratory confirmed cases of influenza pursuant to 10 NYCRR 2.1.

Healthcare facility outbreaks (10 NYCRR 2.1)	Hospitals, long-term care facilities, and diagnostic and treatment centers (DTCs) regulated under Article 28	Nosocomial Outbreak Reporting Application (NORA) on HERDS and to the LHD in which the facility is located. DTCs contact your regional epidemiology office.	4
Community outbreaks (10 NYCRR 2.1)	State institutions Schools/colleges/daycare centers Assisted living facilities Group homes Adult homes Home care agencies 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**[3] **(including 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.health.ny.gov/contact/contact_information/.
- Submit to Wadsworth Center year-round all positive influenza specimens from hospitalized patients requiring ICU care.
- 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) 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 Wadsworth Center Virology Laboratory for antiviral resistance testing.
- Suspected or confirmed **influenza-, COVID-19- and/or RSV-associated death in a child aged <18 years** should be reported to the LHD of the patient's county of residence.
- Healthcare providers in community or other ambulatory/outpatient settings must report respiratory **outbreaks that may be associated with influenza (including influenza-like illness (ILI)), COVID-19, or RSV** to the LHD of the county in which the outbreak is occurring. Contact information for LHDs can be found at https://www.health.ny.gov/contact/contact_information/. Healthcare providers should work with their LHD to submit specimens associated with community outbreaks to the Wadsworth Center for confirmation and sequencing.

Laboratories

- Permitted clinical laboratories[4] and limited-service laboratories[5] that perform testing for influenza, COVID-19, and RSV using a rapid diagnostic test (RDT), viral culture, reverse transcriptase-polymerase chain reaction (RT-PCR) test, or immunofluorescence (IFA or DFA) antibody staining test on New York State residents are required to **report all positive results**[6], excluding single-serology tests, to the Electronic Clinical Laboratory Reporting System (ECLRS). Reporting negative test results is strongly encouraged. Influenza reporting guidance for clinical laboratories[7], limited

[3] https://www.wadsworth.org/sites/default/files/WebDoc/CDRG%20NYState%202020_101920%202.pdf
[4] https://www.wadsworth.org/regulatory/clep/approved-labs
[5] https://www.wadsworth.org/regulatory/clep/limited-service-labs
[6] https://www.health.ny.gov/professionals/diseases/reporting/communicable/
[7] https://www.health.ny.gov/professionals/diseases/reporting/communicable/docs/influenza_guidance_clinical.pdf

service laboratories[8], and facilities submitting test results to ECLRS via file upload or manual data entry[9] is available.

- If you suspect a patient has a **novel influenza A virus infection** based on an influenza A positive laboratory result in combination with clinical history and exposures, immediately contact the Department at 518-473-4439 or 1-866-881-2809 after hours and the LHD where the patient resides. Such specimens should be held for submission[10] to the Wadsworth Center Virology Laboratory or the New York City Public Health Laboratory (based on patient residence) for confirmation.
- Submit to Wadsworth Center year-round all positive influenza specimens from hospitalized patients requiring ICU care.
- All available specimens from patients with a suspected **lack of response to 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 laboratory reporting procedures.

Hospitals and Healthcare Facility Outbreak Reporting

Weekly Hospitalized Laboratory-Confirmed Case Reporting (Hospitals only)

- Hospitals are required to report weekly the aggregate number of hospitalized cases and deaths associated with laboratory-confirmed influenza, COVID-19, and/or RSV by age group via the **"Respiratory Hospitalizations and Deaths Survey"** using the **SMART** application located on the Department's Health Commerce System (HCS) at: https://commerce.health.state.ny.us/.
    - Include the count of hospitalized patients with evidence of community-associated or healthcare facility-associated (nosocomial) laboratory-confirmed influenza, COVID-19, and/or RSV. Evidence may include a laboratory test or 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 for deaths as noted below) or outpatients who stayed in the facility <24 hours.
    - Include all laboratory-confirmed influenza-, COVID-19-, and/or RSV-associated deaths in hospitalized patients.
        - An influenza-, COVID-19-, or RSV-associated death is defined as a death resulting from a clinically compatible illness that was laboratory-confirmed by an appropriate laboratory test. There should be no period of complete recovery between the illness onset and death.
        - Include patients who died while in the emergency department.
- Entering data into SMART
    - The surveillance week begins on Sunday and ends on Saturday. Data collection for that surveillance week begin immediately thereafter on Sunday (12:00 AM).
    - Report to SMART by Wednesday (1:00 PM) the number of new hospitalized cases and deaths identified during the previous surveillance week that ended Saturday at midnight.
    - Report each hospitalized individual patient only once, when first identified as a case, except if the patient dies during the same surveillance week as the hospitalization. In that case, report as both a hospitalized case and a death.

[8] https://www.health.ny.gov/professionals/diseases/reporting/communicable/docs/influenza_guidance_limited_service.pdf
[9] https://www.health.ny.gov/professionals/diseases/reporting/communicable/docs/reporting_guidance.pdf
[10] https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/docs/2025_advisory_influenza_testing_respiratory_illness.pdf

- Do not count the same hospitalized patient in multiple weeks, unless discharged and then readmitted for a new laboratory-confirmed illness or unless the patient dies in a later surveillance 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).
- A co-infected patient should be reported in each applicable disease grouping (i.e., a person coinfected with influenza and COVID-19 should be reported in both the influenza and COVID-19 sections of the survey).
- Data submission after the Wednesday 1:00 PM deadline (e.g., correction of errors, laboratory testing results available after the deadline) should be reported as soon as possible using the appropriate surveillance week date. Hospitals should use the specimen collection date, hospitalization date, or date of death to determine the surveillance week.
- For COVID question "How many confirmed positive COVID-19 patients are currently occupying an inpatient or observation bed at your facility?"
  - Include all confirmed positive patients, currently occupying either an inpatient or observation bed, regardless of when they were admitted.
  - This is a point-in-time count at the time you are completing the survey and should not be calculated based on the Sunday to Saturday surveillance week.

- For surveillance program questions or concerns, please contact the Bureau of Communicable Disease Control (BCDC) at respvirusDOH@health.ny.gov or call 518-473-4439. For technical difficulties with accessing or using SMART, please email HCSoutreach@health.ny.gov.

Healthcare Facility Outbreak Reporting

- Hospitals and long-term care facilities must report all confirmed or suspected **healthcare facility-associated influenza, COVID-19, and RSV outbreaks**[11] to the 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 includes access to NORA. Electronic submission using NORA is preferred, however a NORA report may be submitted on paper[12] (e.g., reporting should not be delayed due to access or role assignment issues) and submitted by fax to 518-402-5165.
  - For questions regarding healthcare facility-associated reporting in Article 28 regulated facilities, contact the Department's Regional Epidemiology office:

    Western Region: 716-847-4503 Central New York Region: 315-477-8166
    Capital District Region: 518-474-1142 Metropolitan Area Region: 914-654-7149

Respiratory Outbreaks in Community or Other Facility Settings

- **Outbreaks of influenza or influenza-like illness (ILI), COVID-19, and/or RSV** in community or facility settings such as state institutions, day care centers, schools, colleges, group homes, adult homes, home care agencies, or assisted living facilities must be reported to the LHD in which the facility is located.[13] Contact information for LHDs can be found at https://www.health.ny.gov/contact/contact_information/.

[11] In hospitals and long-term care facilities, an outbreak is defined as one or more healthcare facility-associated case(s) of confirmed viral respiratory illness in a patient or resident or two or more cases of ILI (defined as a measured temperature* ≥37.8°C [100°F] with cough or sore throat) among healthcare workers and patients/residents of a facility on the same unit within 7 days.
[12] https://www.health.ny.gov/forms/doh-4018.pdf
[13] 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* ≥37.8°C [100°F] with cough or sore throat), COVID-19, or RSV 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, COVID-19, or RSV** and report such outbreaks to their Regional Epidemiology office.[14] LHDs should work with their Regional Epidemiology staff to request that healthcare providers and laboratories submit specimens associated with community outbreaks to the Wadsworth Center for confirmation and sequencing.
- The Department's Bureau of Surveillance and Data Systems (BSDS) creates influenza, COVID-19, and RSV case reports on the Department's **Communicable Disease Electronic Surveillance System (CDESS)** from ECLRS laboratory reports that meet case definitions.
- Except in the instance of a pediatric death associated with influenza, COVID-19, or RSV, LHDs are not expected to manually create CDESS case reports from ECLRS reports for these pathogens (see below).
    - LHDs should **not** dismiss ECLRS influenza, COVID-19, or RSV reports that use one of the ECLRS disease descriptions. However, if an LHD sees an ECLRS 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, COVID-19, or RSV result, OR
        - Dismiss the report if the NOS ECLRS report indicates negative results.
    - LHDs may modify CDESS case supplemental information but should **not** modify the case status. LHDs are not required to complete CDESS case supplementals for influenza, COVID-19, or RSV except in the event of a pediatric death (see below).
    - Questions regarding ECLRS/CDESS reporting; please call BSDS at 518-402-5012.
- LHDs should promptly report suspected or confirmed **influenza-, COVID-19-, RSV-associated deaths in children aged <18 years** to their Regional Epidemiology office.
    - LHDs should investigate and complete a CDESS case report using the appropriate reportable disease code (i.e., "Influenza Pediatric Death," "RSV Pediatric Death or "COVID-19 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 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 antiviral therapy** (i.e., ongoing severe disease or continued specimen positivity by RT-PCR despite a full course of antiviral therapy) to their Regional Epidemiology Office.

Influenza, COVID-19, and RSV Surveillance Reports

- New York State surveillance data summaries are posted at the end of each week on:
    - The Department's public website: https://health.ny.gov/diseases/communicable/respiratory_viruses/
    - The Department's Health Commerce System: https://commerce.health.state.ny.us/
    - CDC Respiratory Illness Data Channel: https://www.cdc.gov/respiratory-viruses/data/index.html
    - CDC Respiratory Virus Hospitalization Surveillance Network (RESP-NET): https://www.cdc.gov/resp-net/dashboard/index.html

[14] 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).

Additional Information

- General resources on influenza, COVID-19, and RSV, including vaccine information, are available on the Department's public website:
  - Influenza: http://www.health.ny.gov/diseases/communicable/influenza/seasonal/ and the Center for Disease Control (CDC) website at: http://www.cdc.gov/flu/
  - COVID: https://coronavirus.health.ny.gov/home and the CDC website at: https://www.cdc.gov/covid/
  - RSV: https://www.health.ny.gov/diseases/communicable/respiratory_syncytial_virus/ and the CDC website at: https://www.cdc.gov/rsv/about/
  - Wastewater Surveillance: https://www.health.ny.gov/environmental/wastewater/
- Information for certain healthcare workers about documentation of vaccination against influenza or wearing of a surgical or procedure mask is available on the Department's public website at: http://www.health.ny.gov/flumaskreg
- 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 Department guidance documents for the respiratory virus season are available on the Department's public website at: https://health.ny.gov/diseases/communicable/respiratory_viruses/
- Contact information for Department's 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.health.ny.gov/contact/contact_information/
- For additional information or consultation on influenza, COVID-19, and RSV, please contact BCDC at 518-473-4439 or email respvirusdoh@health.ny.gov.
- For vaccine related information or consultation on influenza, COVID-19, and RSV, please contact the Division of Vaccine Excellence at 518-473-4437 or email immunize@health.ny.gov.