New York State Department of Health Respiratory Surveillance Report

The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza, COVID-19, and RSV activity year-round in New York State (NYS) and produces this weekly report during the respiratory season (October through the following May)[1]. Data are provisional and subject to change.

During the week ending November 29, 2025

- As of December 2, 2025, the Health Commissioner declared influenza prevalent in New York State. At this time, Section 2.59 of the New York State Sanitary Code (10 NYCRR § 2.59) requires all health care and residential facilities and agencies regulated pursuant to Article 28, 36, or 40 of the public health law to ensure that all personnel, as defined in the regulation, not vaccinated against influenza for the current influenza season wear a surgical or procedure mask while in areas where patients or residents are typically present.
- There were 13 respiratory outbreaks in hospitals and 15 respiratory outbreaks in nursing homes for this reporting period. Season to date, a total of 220 viral respiratory pathogen outbreaks have been reported from hospitals and nursing homes.
- There were no influenza-associated pediatric deaths reported this week. No influenza-associated pediatric deaths have been reported this season.
- There were no COVID-19-associated pediatric deaths reported this week. No COVID-19-associated pediatric deaths have been reported this season.
- There were no RSV-associated pediatric deaths reported this week. No RSV-associated pediatric deaths have been reported this season.
- Wastewater surveillance data can be found at https://www.health.ny.gov/environmental/wastewater/.

Trend Since Last Report Legend: ▲ = Increasing ▼ = Decreasing ▶ = Stable

Influenza Laboratory-Confirmed Cases[2]

	Cases:
Current Week:	14,506
Previous Week:	8,077
% Change from Previous Week:	80% ▲
Season-to-Date:	32,769

COVID-19 Laboratory-Confirmed Cases[2]

	Cases:
Current Week:	1,948
Previous Week:	2,098
% Change from Previous Week:	-7% ▼
Season-to-Date:	23,267

RSV Laboratory-Confirmed Cases[2]

	Cases:
Current Week:	2,200
Previous Week:	1,875
% Change from Previous Week:	17% ▲
Season-to-Date:	9,215

Influenza Hospitalizations[3]

	Hospitalizations:
Current Week:	798
Previous Week:	413
% Change from Previous Week:	93% ▲
Season-to-Date:	1,743

COVID-19 Hospitalizations[3]

	Hospitalizations:
Current Week:	333
Previous Week:	292
% Change from Previous Week:	14% ▲
Season-to-Date:	3,150

RSV Hospitalizations[3]

	Hospitalizations:
Current Week:	256
Previous Week:	152
% Change from Previous Week:	68% ▲
Season-to-Date:	841

[1] Information about respiratory monitoring in New York City (NYC) is available from the NYC Department of Health and Mental Hygiene website at: https://www.nyc.gov/assets/doh/respiratory-illness-data/index.html#/. National respiratory surveillance data are available on the CDC's Respiratory Illness Data Channel website at: https://www.cdc.gov/respiratory-viruses/data/index.html.

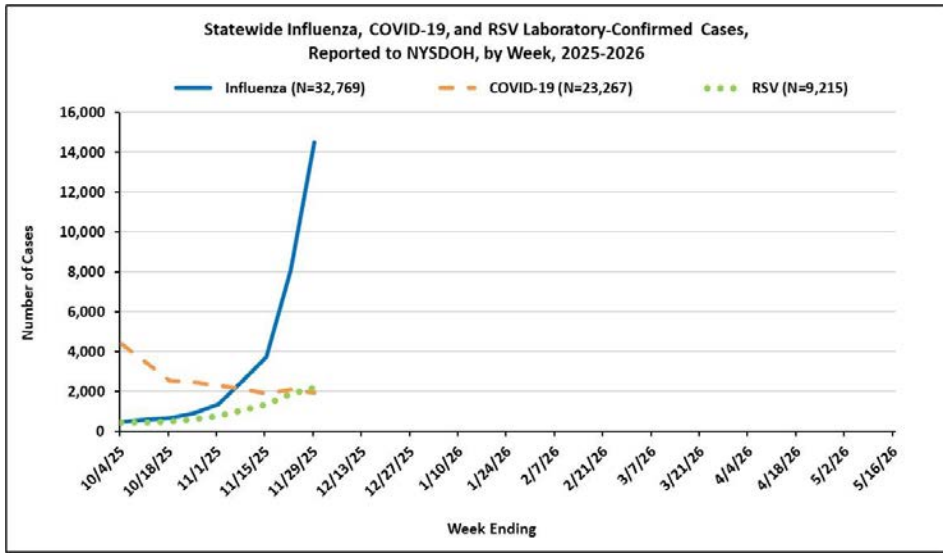
[2] The Electronic Clinical Laboratory Reporting System (ECLRS) provides laboratories that serve New York State with a single electronic system for secure and rapid transmission of reportable disease information to the New York State Department of Health (NYSDOH), county health departments, and the New York City Department of Health and Mental Hygiene (NYCDOHMH).

[3] Hospitals report weekly the number of patients hospitalized with confirmed influenza, COVID-19, and RSV to the Health Electronic Response Data System (HERDS).

Laboratory-Confirmed Cases of Influenza, COVID-19, and RSV

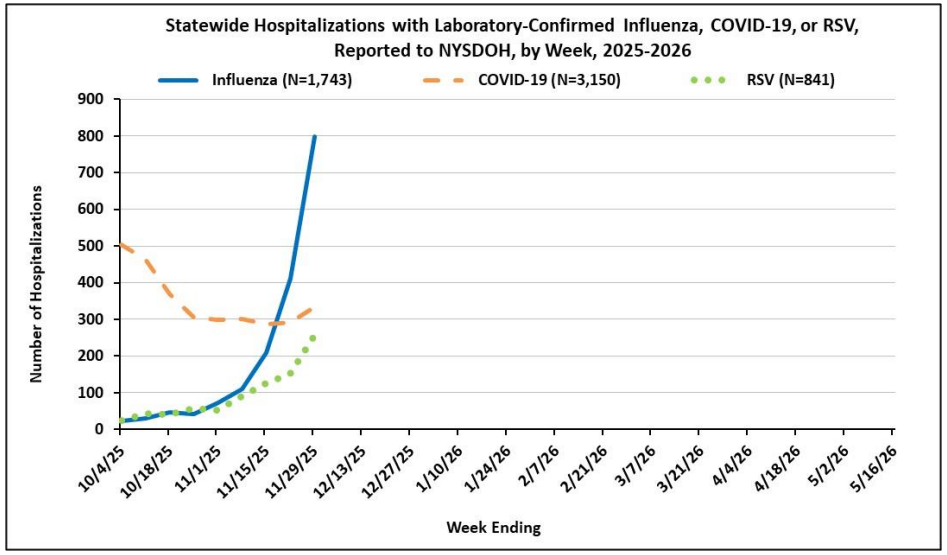
Permitted clinical and limited service laboratories that perform testing for influenza, COVID-19, and RSV using a qualified laboratory test are required to report positive results to the NYSDOH through the Electronic Clinical Laboratory Reporting System (ECLRS).

The COVID-19 data in this report originate from the Communicable Disease Electronic Surveillance System (CDESS) case report data, to which public health criteria for case classification have been applied (e.g., timeframe for reinfection, removal of duplicates, and other data cleaning). In contrast, the New York State COVID-19 dashboard is based solely on positive electronic lab results reported to the Electronic Clinical Laboratory Reporting System (ECLRS); and detailed methodology is available in the dashboard methodology notes[4]. Because of the methodological differences, small differences in data between the two systems are expected.



Hospitalizations with Laboratory-Confirmed Influenza, COVID-19, or RSV

Hospitals are required to report the aggregate number of hospitalized individuals with laboratory-confirmed influenza, COVID-19, or RSV to the NYSDOH through the Health Electronic Response Data System (HERDS).



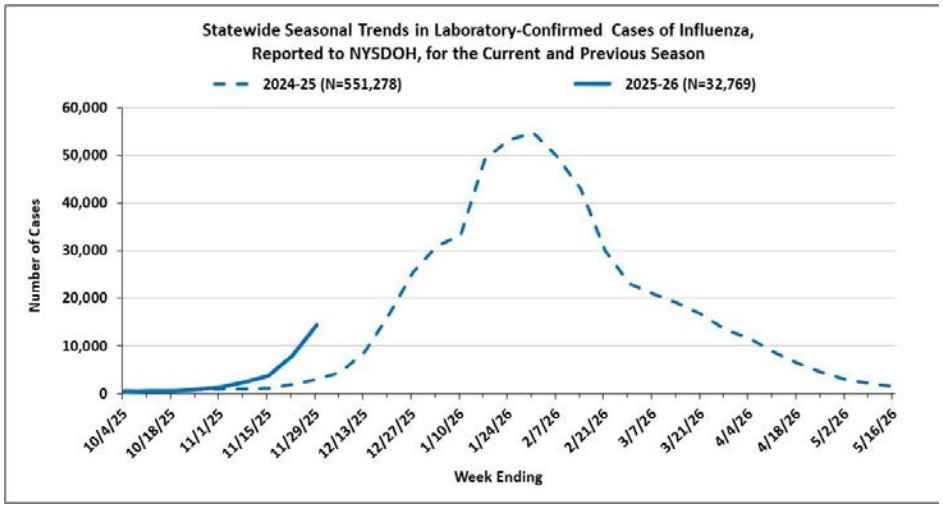
[4] COVID-19 Dashboard: https://coronavirus.health.ny.gov/positive-tests-over-time-region-and-county

Seasonal Comparison of Laboratory-Confirmed Cases and Hospitalizations

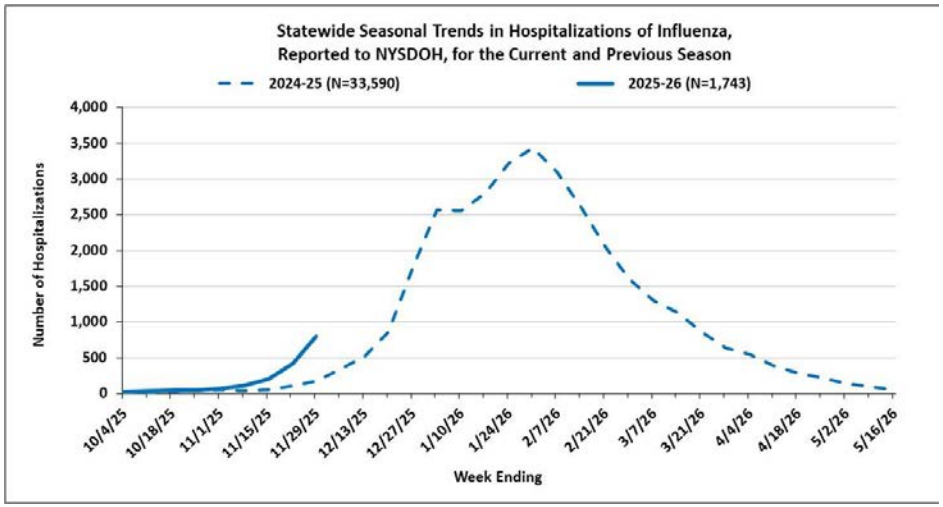
The figures below show weekly trends in laboratory-confirmed cases and hospitalizations for influenza, COVID-19, and RSV, comparing data from this season with the prior season.

I N F L U E N Z A

Cases

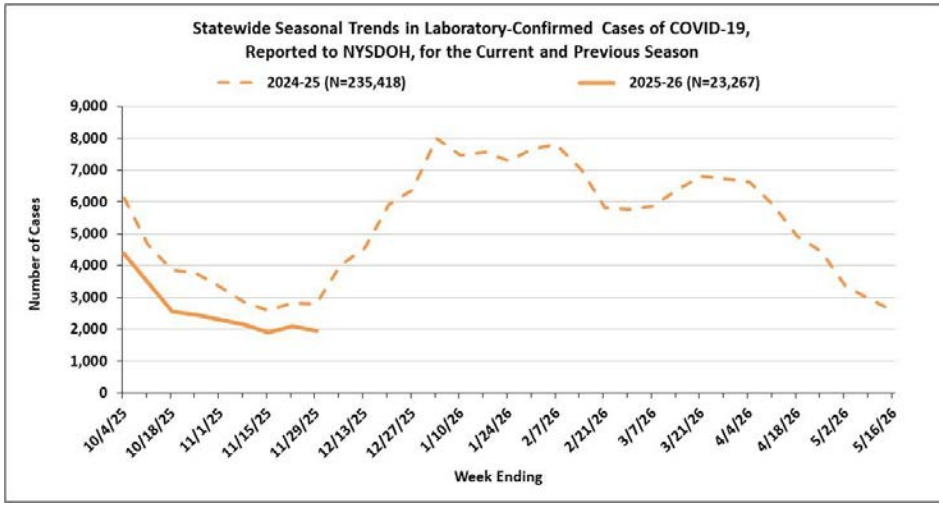


Hospitalizations

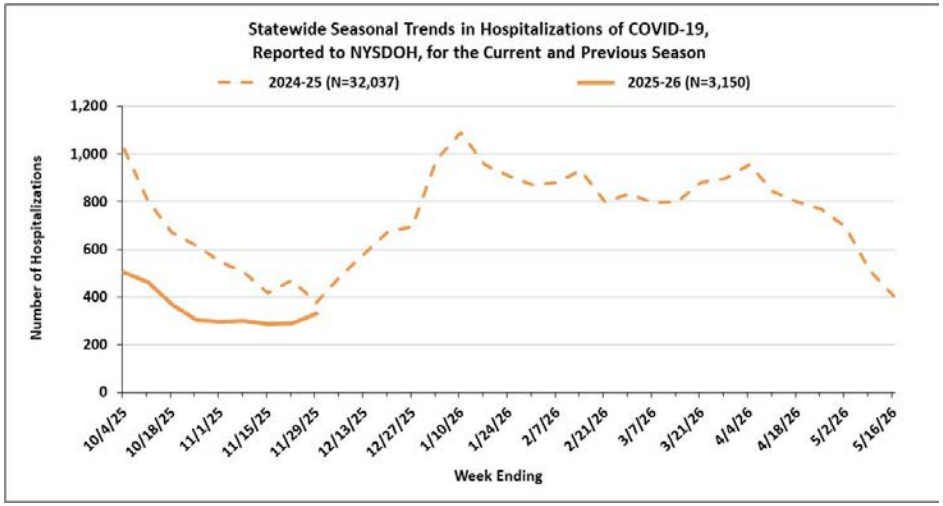


C O V I D – 1 9

Cases

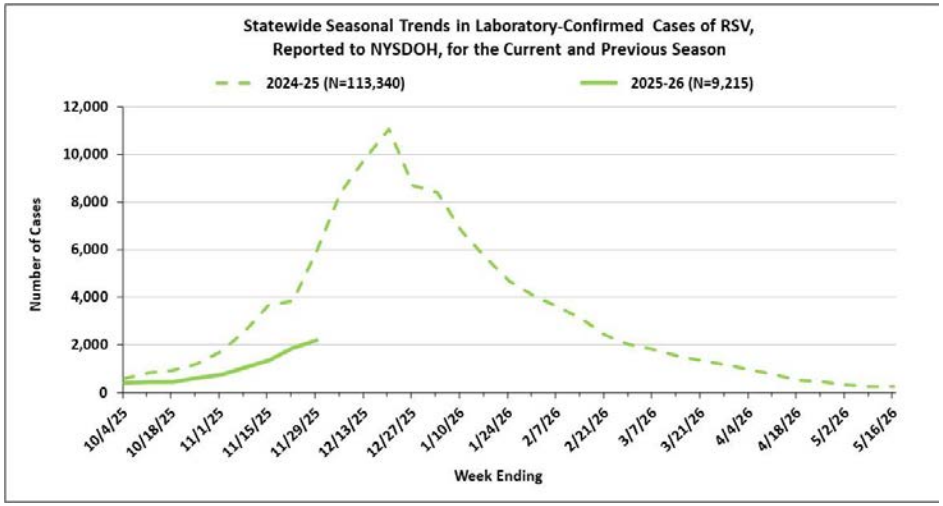


Hospitalizations

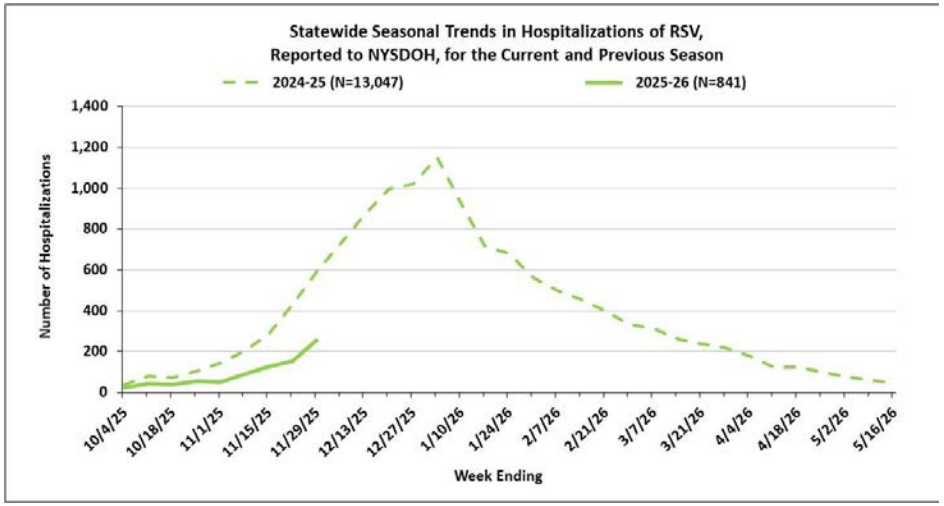


R S V

Cases



Hospitalizations



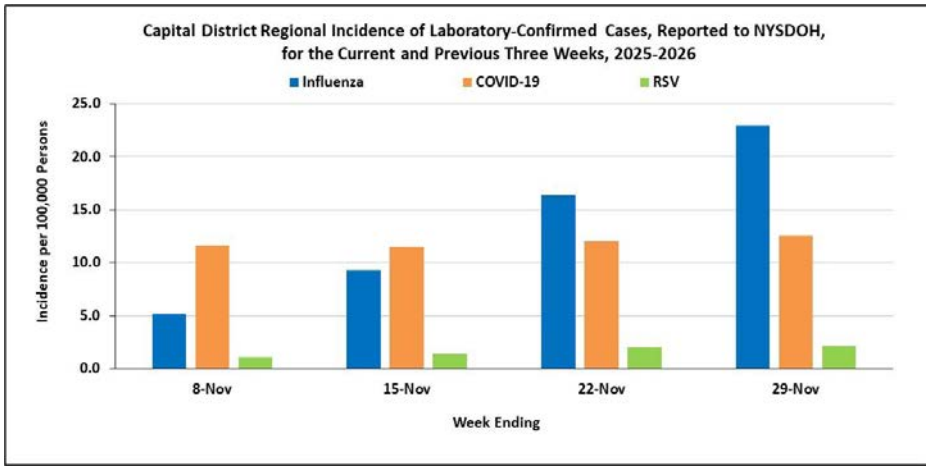
Regional Incidence of Laboratory-Confirmed Cases and Hospitalizations

The figures below display regional incidence rates for both laboratory-confirmed cases and hospitalizations for influenza, COVID-19, and RSV, with the current reporting week shown alongside the previous three weeks. Please note that the vertical axes may differ from region to region.

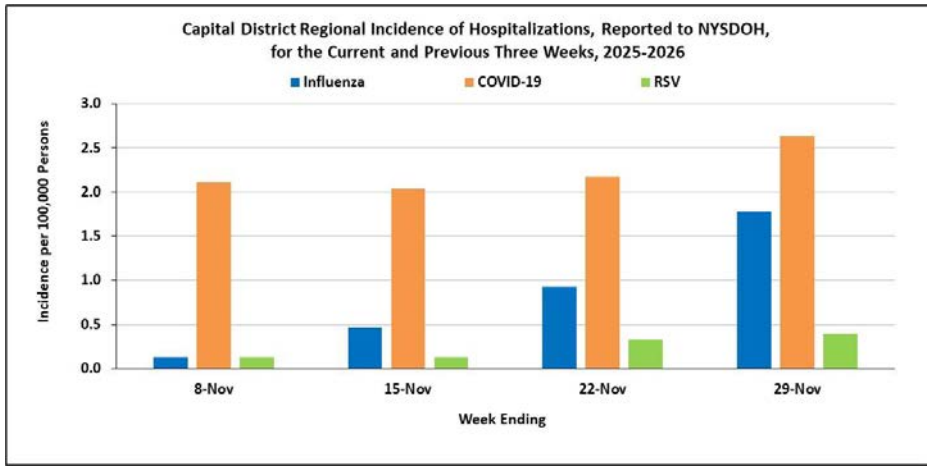
C A P I T A L D I S T R I C T R E G I O N

(Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington)

Cases



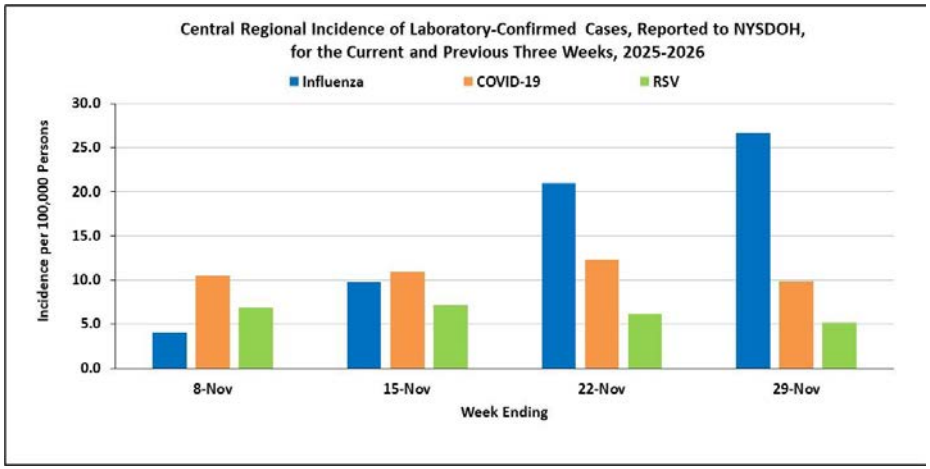
Hospitalizations



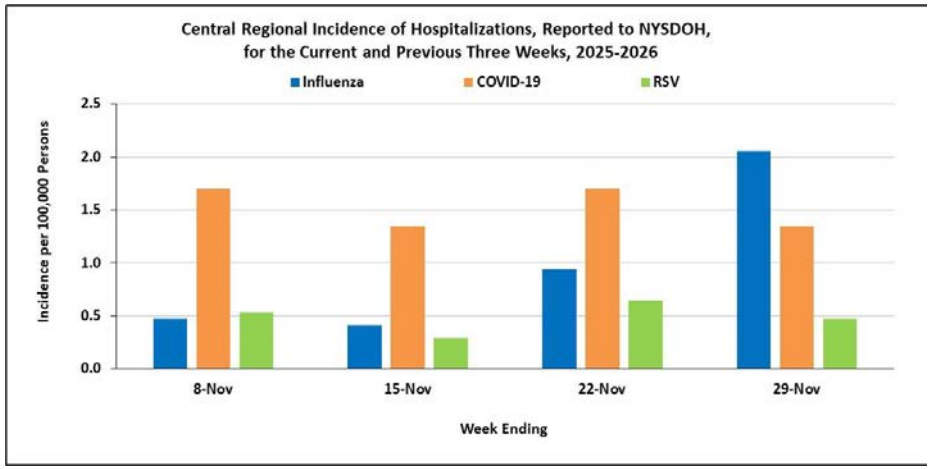
CENTRAL REGION

(Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, and Tompkins)

Cases



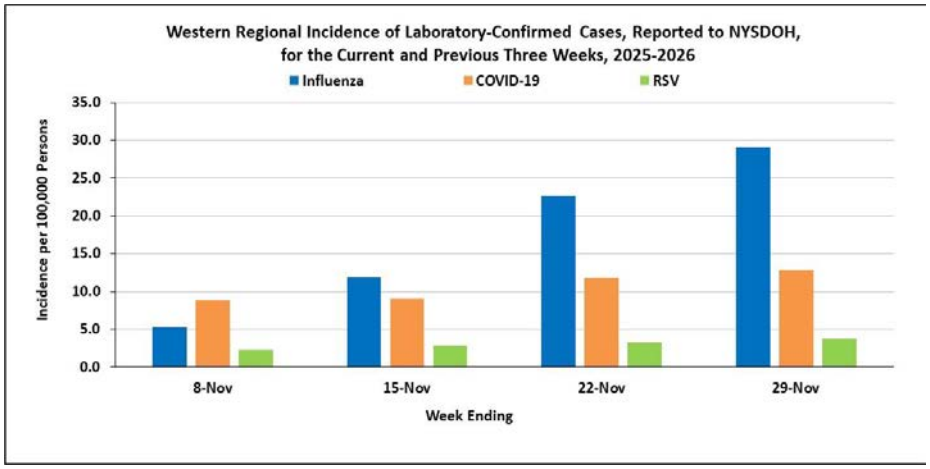
Hospitalizations



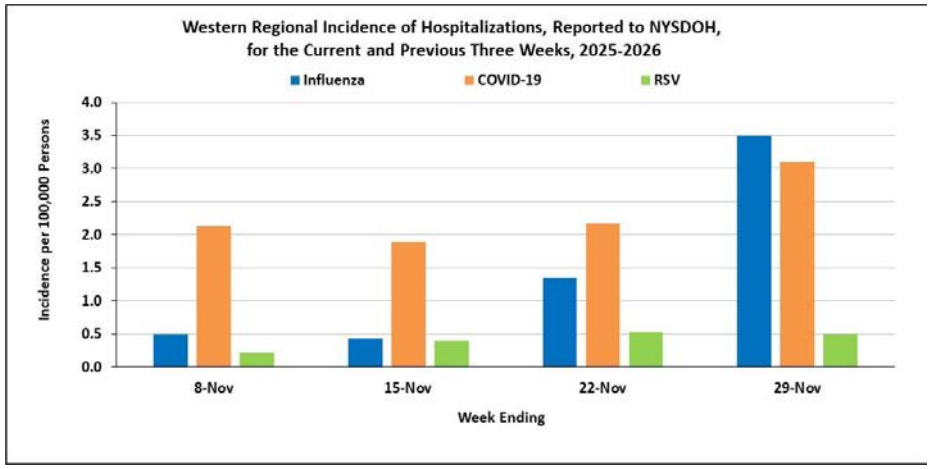
WESTERN REGION

(Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, and Yates)

Cases



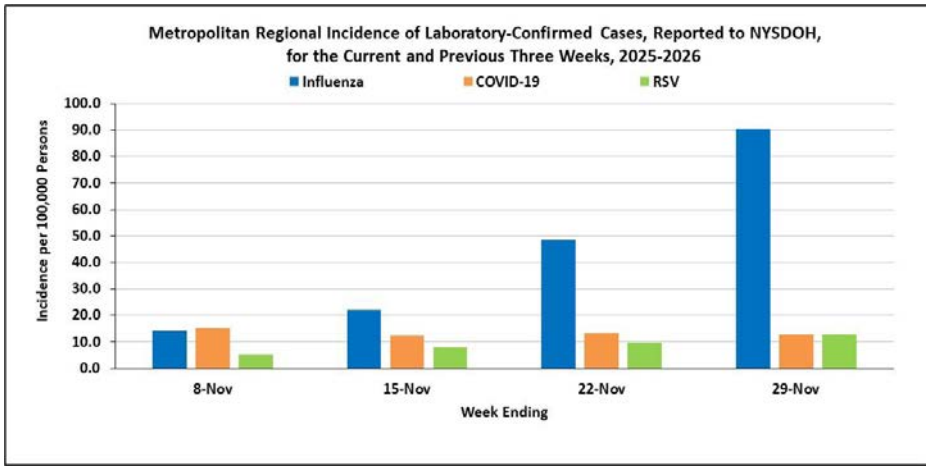
Hospitalizations



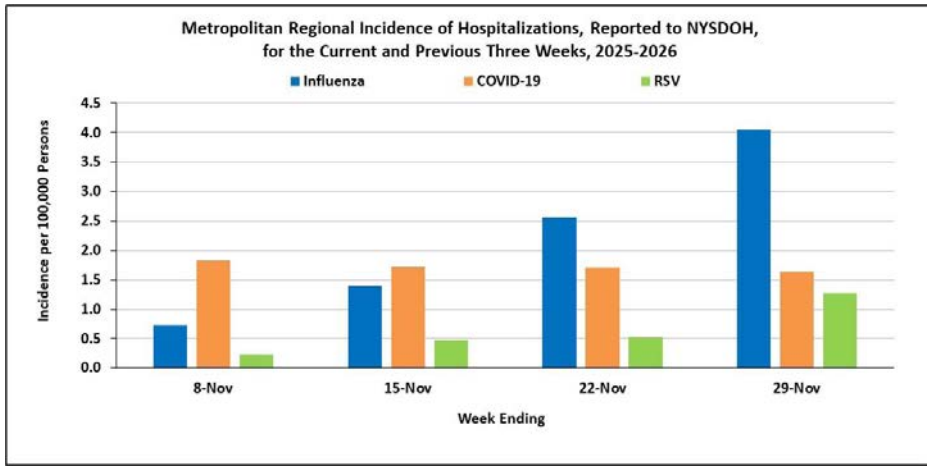
METROPOLITAN REGION

(Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster, and Westchester)

Cases



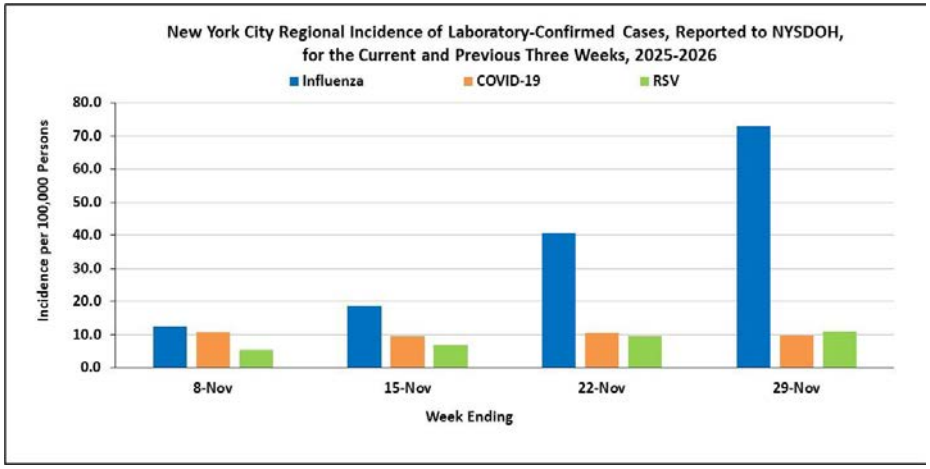
Hospitalizations



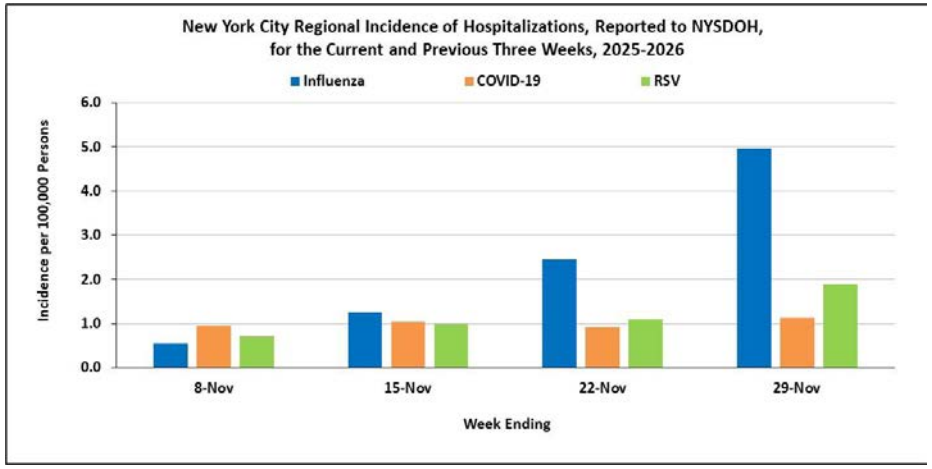
NEW YORK CITY REGION

(Bronx, Kings, New York, Queens, and Richmond)

Cases



Hospitalizations



Statewide Geographic Activity and Incidence Rates

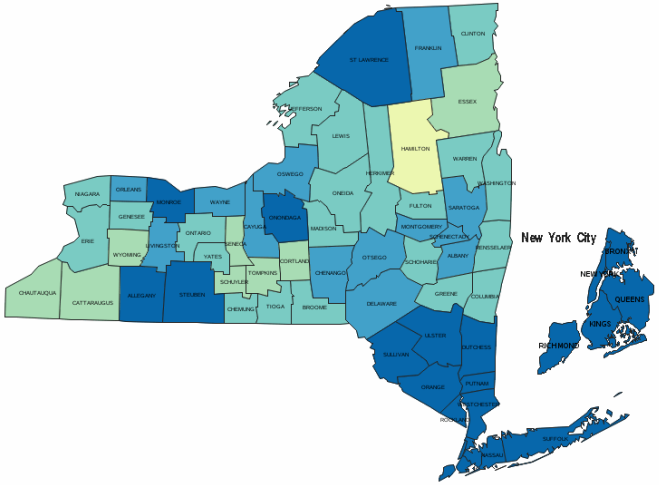
Permitted clinical and limited services laboratories that perform testing on NYS residents report all positive influenza, COVID-19, and RSV test results to NYSDOH. County and regional incidence rates are calculated statewide to determine the geographic activity[5].

For the week ending November 29, 2025:

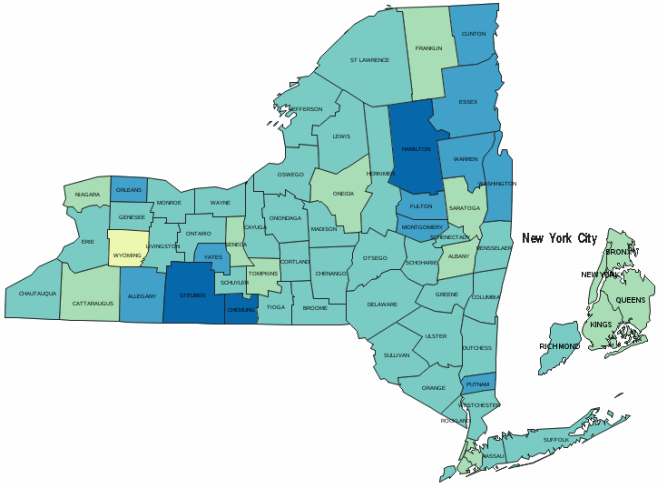
Influenza: Widespread geographic activity reported. 61 counties reported influenza cases with an incidence rate ranging from 0-124 cases/100,000 population.
COVID-19: Widespread geographic activity reported. 61 counties reported COVID-19 cases with an incidence rate ranging from 0-73 cases/100,000 population.
RSV: Regional geographic activity reported. 45 counties reported RSV cases with an incidence rate ranging from 0-50 cases/100,000 population.

Note: In counties with smaller populations, incidence rates may be unstable and artifactually high or low due to a small number of reported cases.

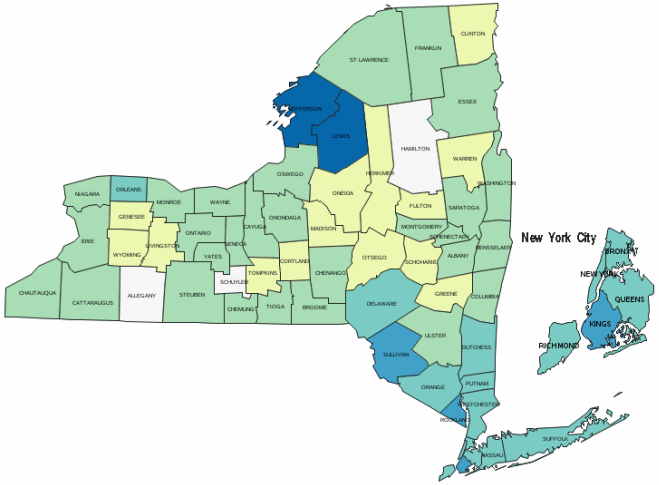
Influenza Geographic Activity

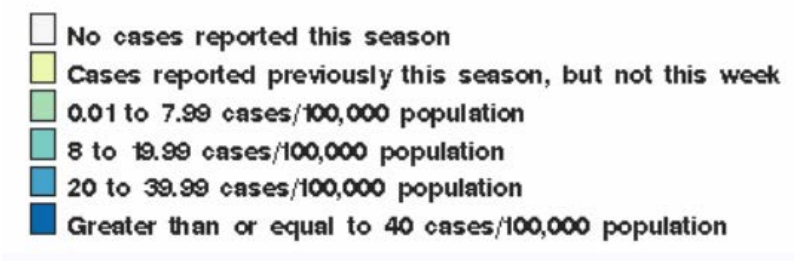


COVID-19 Geographic Activity



RSV Geographic Activity

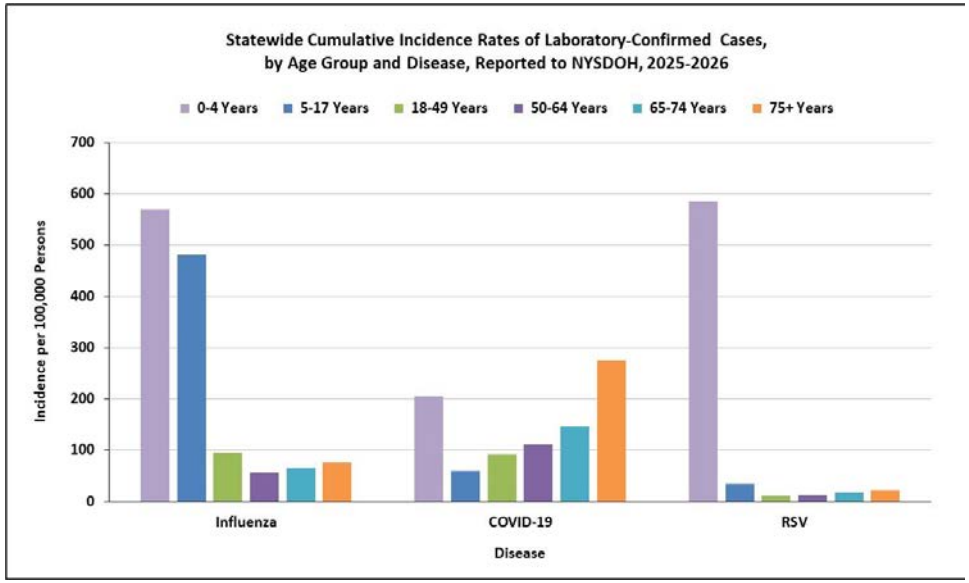




[5] **Sporadic**: Small numbers of lab-confirmed cases reported. **Local**: Increased or sustained numbers of lab-confirmed cases reported in a single region of New York State; sporadic in the rest of the state. **Regional**: Increased or sustained numbers of lab-confirmed cases reported in at least two regions but in fewer than 31 counties. **Widespread**: Increased or sustained numbers of lab-confirmed cases reported in greater than 31 counties. Increased or sustained is defined as 8 or more laboratory-confirmed cases per 100,000 population.

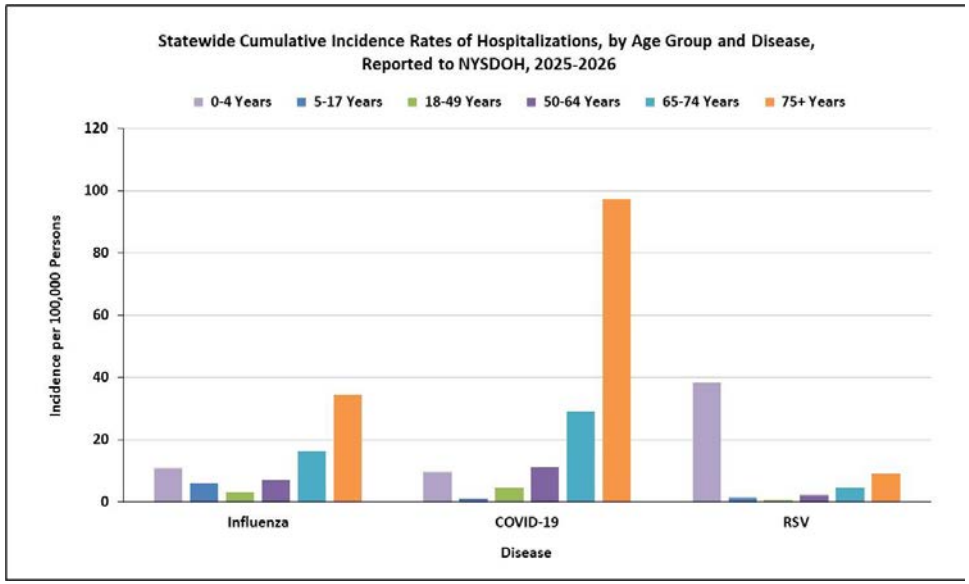
Incidence Rates of Laboratory-Confirmed Cases by Age Group

The figure to the right shows the cumulative incidence rates of laboratory-confirmed cases of influenza, COVID-19, and RSV by age group. These rates were calculated by dividing the number of reported cases in each age group by the corresponding age-specific population using US census estimates.



Incidence Rates of Hospitalizations by Age Group

The figure to the right shows the cumulative incidence rates of laboratory-confirmed hospitalizations for influenza, COVID-19, and RSV by age group. These rates were calculated by dividing the number of reported hospitalizations in each age group by the corresponding age-specific population using US census estimates.

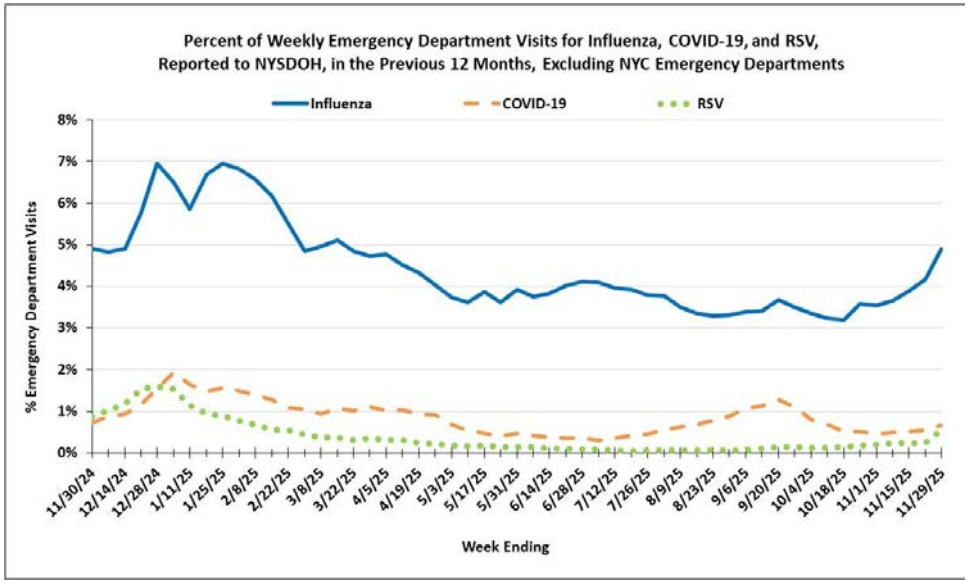


Emergency Department Syndromic Surveillance (Excludes NYC)

NYSDOH's viral respiratory syndrome definitions consist of a combination of ICD-10 codes and chief complaint terms and aims to capture emergency department visits with evidence of influenza, COVID-19, and RSV.

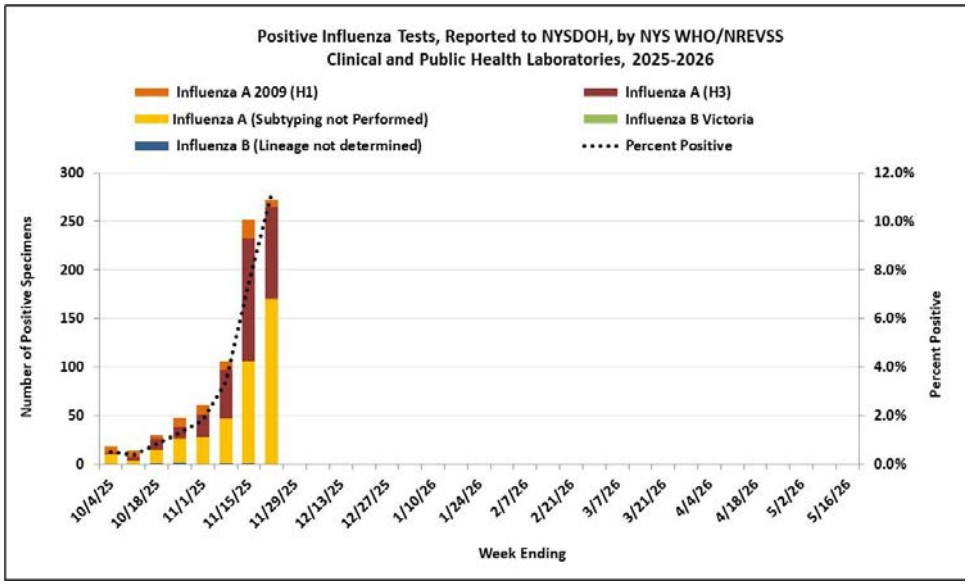
For Information on the NYSDOH Electronic Syndromic Surveillance System, please visit https://www.health.ny.gov/professionals/reportable_diseases/esss/

For New York City Syndromic Surveillance data, please visit https://a816-health.nyc.gov/hdi/epiquery/visualizations?PageType=ts&PopulationSource=Syndromic&Topic=1&Subtopic=39



World Health Organization (WHO) & National Respiratory and Enteric Virus Surveillance System (NREVSS)

The WHO and NREVSS surveillance system consists of a subset of clinical and public health collaborating laboratories that report to the CDC aggregate data for influenza-positive specimens from New York State residents by type/subtype.

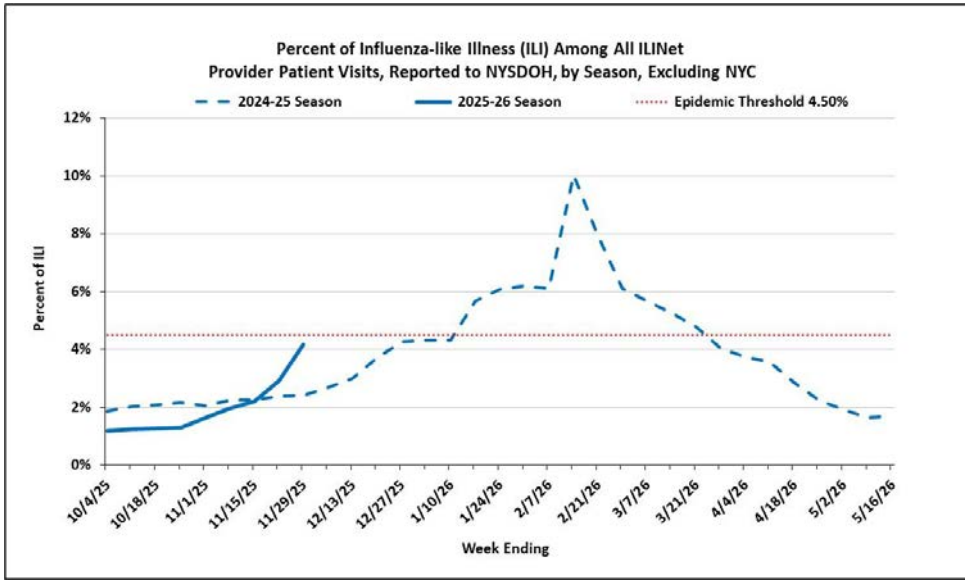


Outpatient Influenza-like Illness Surveillance Network (ILINet)

The ILINet Program consists of healthcare providers in NYS (excluding NYC) who voluntarily report aggregate data on the total number of visits and the total number of visits for ILI in an outpatient setting.

The CDC uses trends from prior years to calculate a regional baseline rate of doctors' office visits for ILI. ILI rates above the regional baseline suggest high levels of illness consistent with influenza occurring in the state.

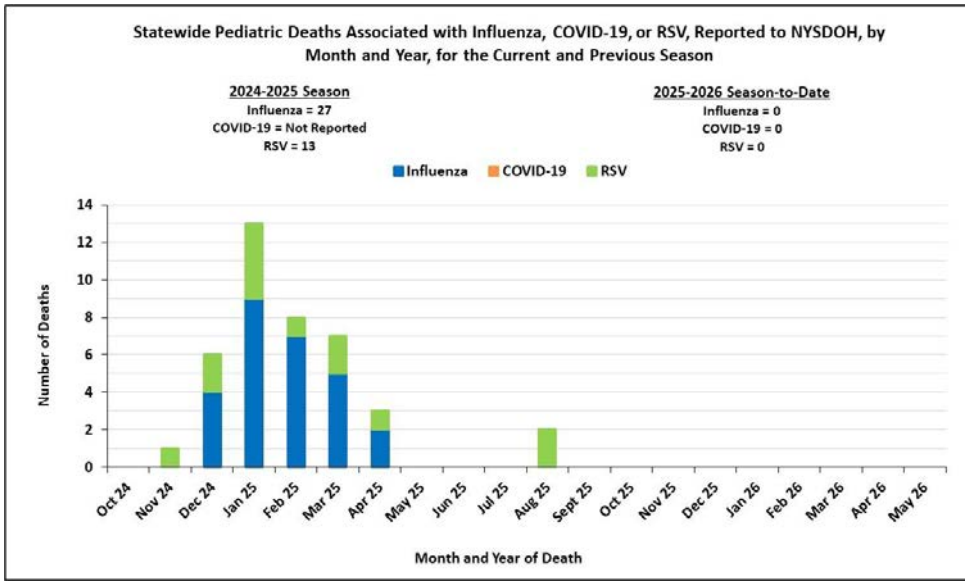
It is not uncommon to observe fluctuations in the ILI rate surrounding holiday weeks. This is often due to changes in healthcare-seeking patterns, as fewer people seek medical care for non-urgent needs.



Statewide Pediatric Mortality

Deaths associated with influenza, COVID-19, or RSV in children under 18 years must be reported to the NYSDOH. The term “associated” is used because the influenza, COVID-19, and/or RSV infection may not always be the primary cause of death, but rather a contributing factor in the death.

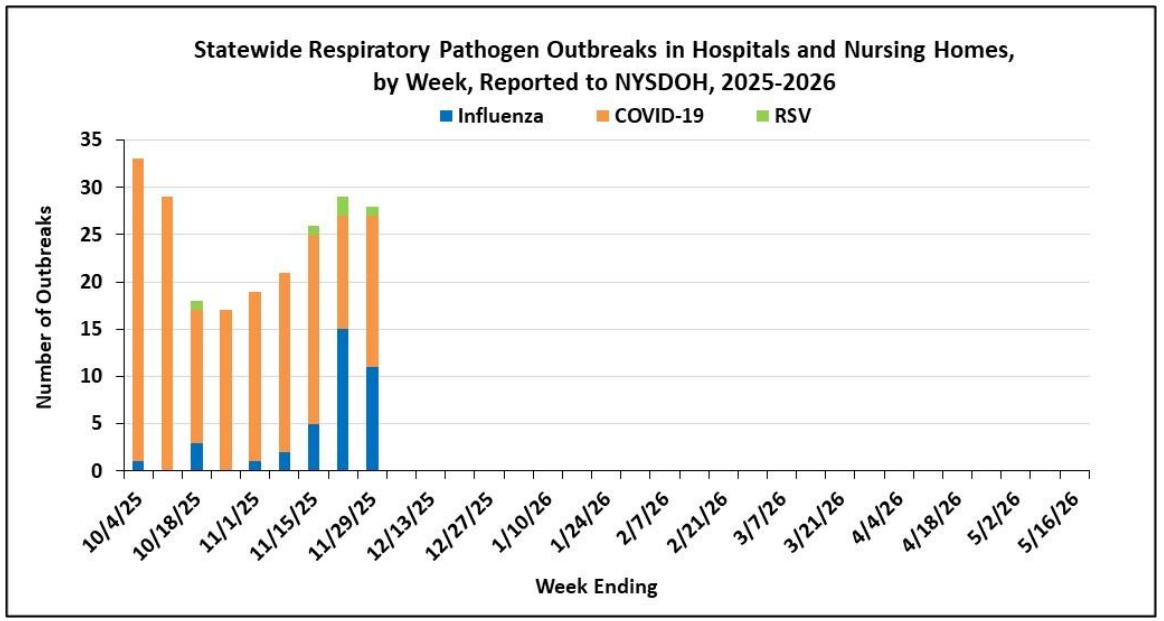
COVID-19-associated pediatric deaths were not reported during the 2024-2025 season.



Statewide Healthcare Facility-Associated Activity

NYS hospitals and nursing homes statewide report respiratory outbreaks to NYSDOH through the Nosocomial Outbreak Reporting Application (NORA). For additional information about the influenza mask regulation and the status of the Commissioner's declaration, please visit www.health.ny.gov/FluMaskReg.

Facility outbreaks are reported by the week of onset in the first case. Previously-reported data might be updated and can vary as additional information is provided by facilities.



Data Through Week Ending: 11/29/2025	Influenza		COVID-19		RSV	
Region	Hospitals	Nursing Homes	Hospitals	Nursing Homes	Hospitals	Nursing Homes
Captial District	0	0	0	2	0	0
Central	1	0	1	0	0	0
Metropolitan	7	3	2	4	0	0
Western	0	0	2	5	0	1
Current Week Total	8	3	5	11	0	1
Season-to-Date Total	20	18	50	127	2	3