New York State Department of Health Respiratory Surveillance Report

The New York State Department of Health (NYSDOH) collects, compiles, and analyzes influenza, COVID-19, and RSV data year-round in New York State (NYS) and produces this weekly report[1]. Data are provisional and subject to change. For questions, email respvirusdoh@health.ny.gov.

During the week ending November 14, 2026

- There were 29 respiratory outbreaks in hospitals and 26 respiratory outbreaks in nursing homes for this reporting period. Season to date, a total of 302 viral respiratory pathogen outbreaks have been reported from hospitals and nursing homes.
- Influenza A is the predominant influenza virus circulating, accounting for 94% of all positive cases, followed by influenza B at 3%. Among the influenza A specimens subtyped this season, 99% have been influenza A/H1 and 1% have been influenza A/H3.
- 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. One COVID-19-associated pediatric death has 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 findings for influenza, SARS-CoV-2/COVID-19, and RSV are available at https://www.health.ny.gov/environmental/wastewater/.
- The Health Commissioner declared influenza prevalent. Additional information can be found at https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention_of_influenza_transmission/.

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

Influenza Laboratory-Confirmed Cases[2]

	Cases:
Current Week:	11,891
Previous Week:	12,409
% Change from Previous Week:	-4% ▼
Season-to-Date:	43,379

COVID-19 Laboratory-Confirmed Cases[2]

	Cases:
Current Week:	2,808
Previous Week:	3,470
% Change from Previous Week:	-19% ▼
Season-to-Date:	18,953

RSV Laboratory-Confirmed Cases[2]

	Cases:
Current Week:	845
Previous Week:	724
% Change from Previous Week:	17% ▲
Season-to-Date:	3,956

Influenza Hospitalizations[3]

	Hospitalizations:
Current Week:	886
Previous Week:	871
% Change from Previous Week:	2% ▲
Season-to-Date:	3,183

COVID-19 Hospitalizations[3]

	Hospitalizations:
Current Week:	377
Previous Week:	419
% Change from Previous Week:	-10% ▼
Season-to-Date:	2,417

RSV Hospitalizations[3]

	Hospitalizations:
Current Week:	69
Previous Week:	50
% Change from Previous Week:	38% ▲
Season-to-Date:	271

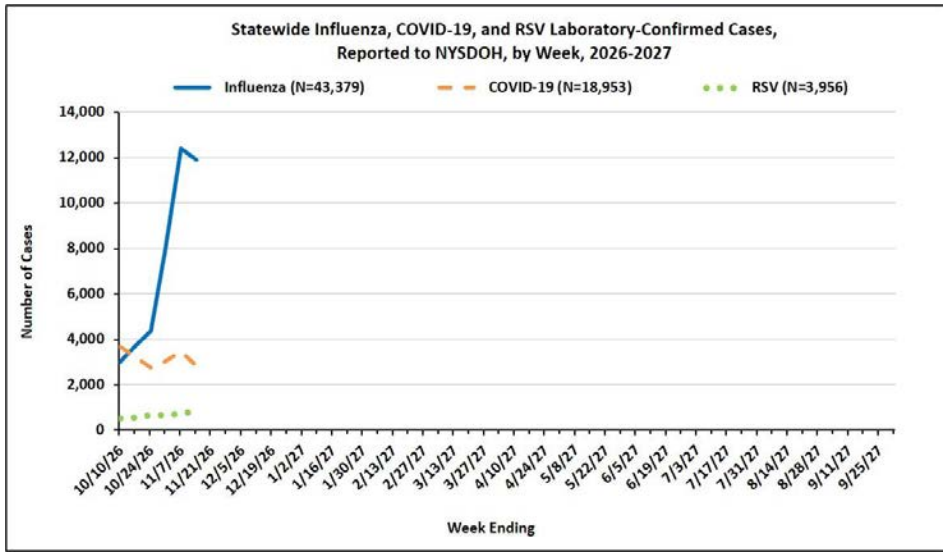
[1] Information about respiratory monitoring in New York State (NYS) is available from NYS Department of Health at https://health.ny.gov/diseases/communicable/respiratory_viruses/ and New York City (NYC) is available from the NYC Department of Health and Mental Hygiene website at: https://www.nyc.gov/assets/doh/respiratory-illness-data/index.html#/. 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). Data presented here include information reported to the Department by Tuesday of each week, and are subject to incomplete reporting and delays. Previously reported data are updated as delayed reports are received by the Department.

[3] Hospitals report weekly the number of patients hospitalized with confirmed influenza, COVID-19, and RSV to the Survey Management and Response Tool (SMART).

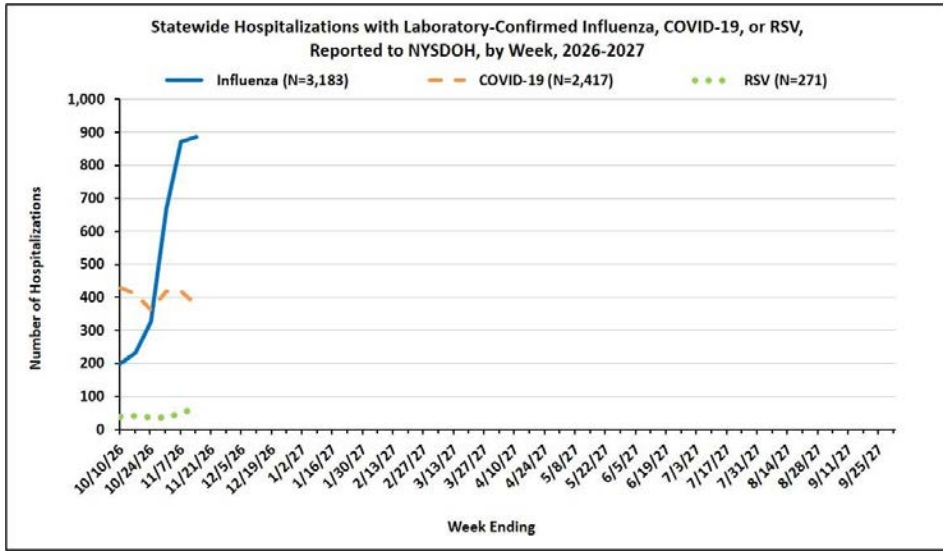
Laboratory-Confirmed Cases of Influenza, COVID-19, and RSV

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). Data presented here include information reported to the Department by Tuesday of each week, and are subject to incomplete reporting and delays. Previously reported data are updated as delayed reports are received by the Department.



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 Survey Management and Response Tool (SMART).

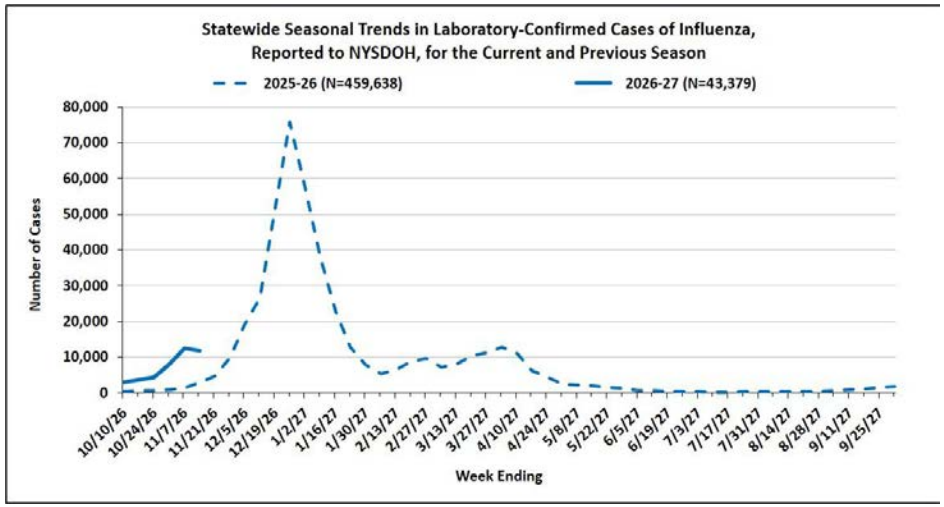


Seasonal Comparison of Laboratory-Confirmed Cases and Hospitalizations

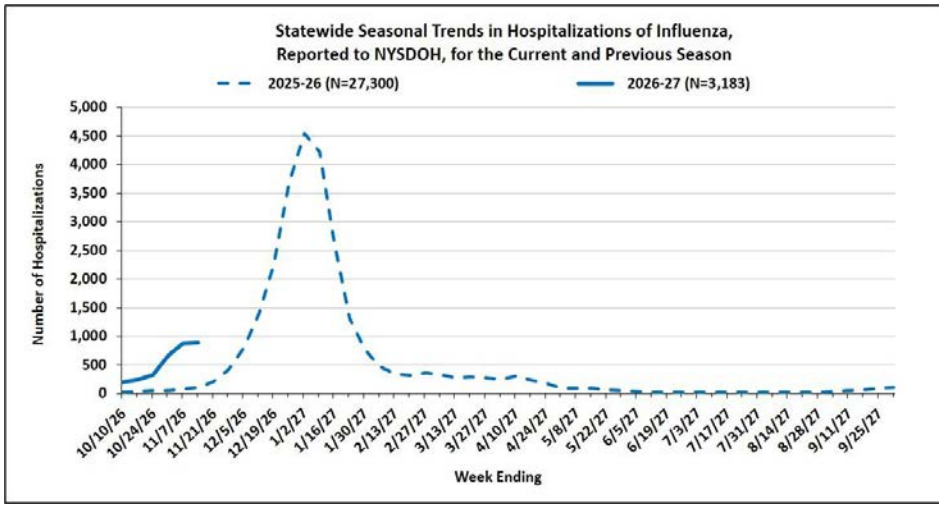
The figures below show weekly trends in laboratory-confirmed cases and hospitalizations for influenza, COVID-19, and RSV, comparing data from this season with the prior season.

I N F L U E N Z A

Cases

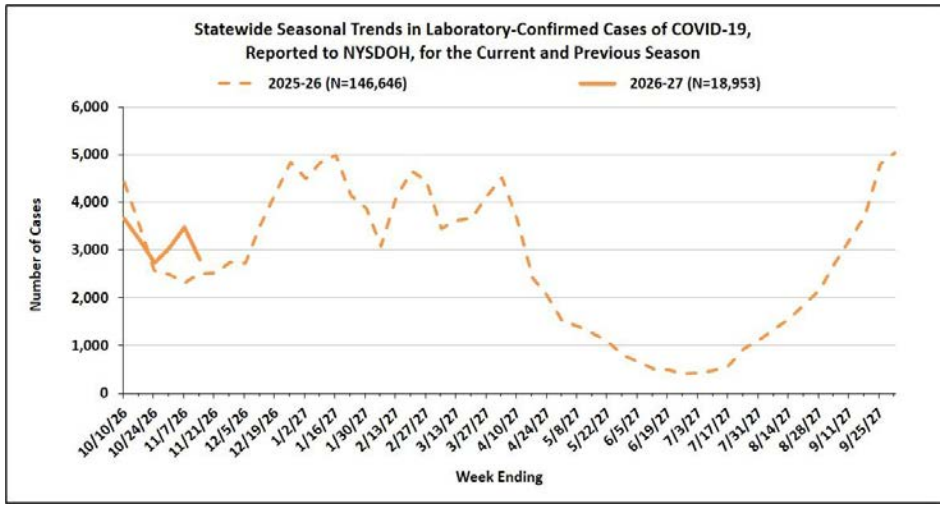


Hospitalizations

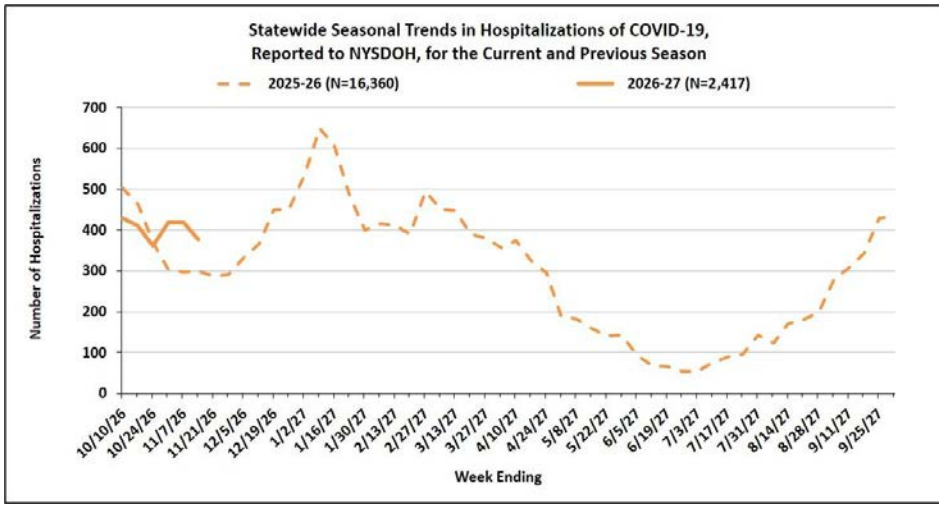


C O V I D – 1 9

Cases

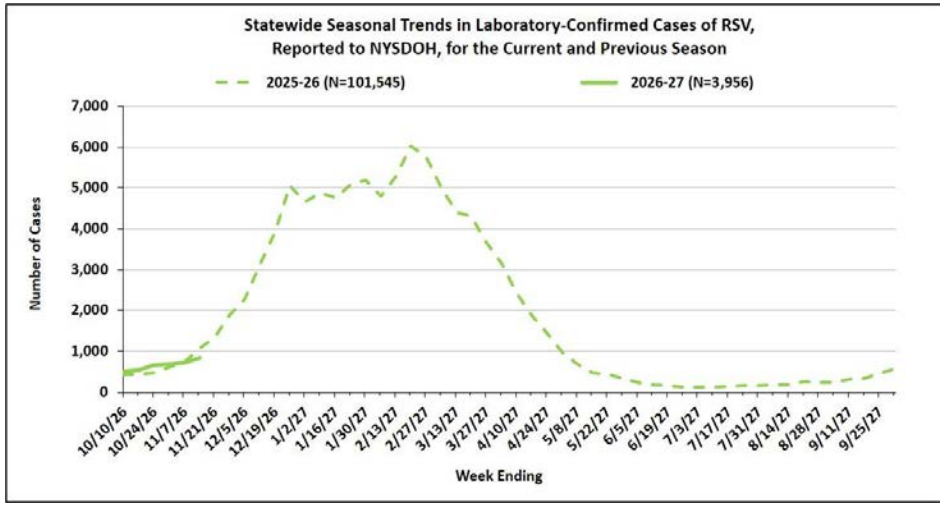


Hospitalizations

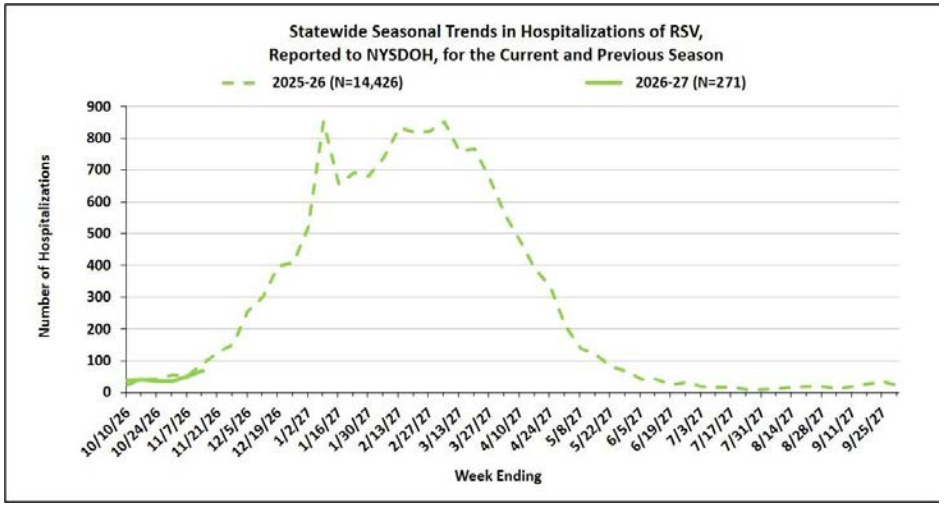


R S V

Cases



Hospitalizations



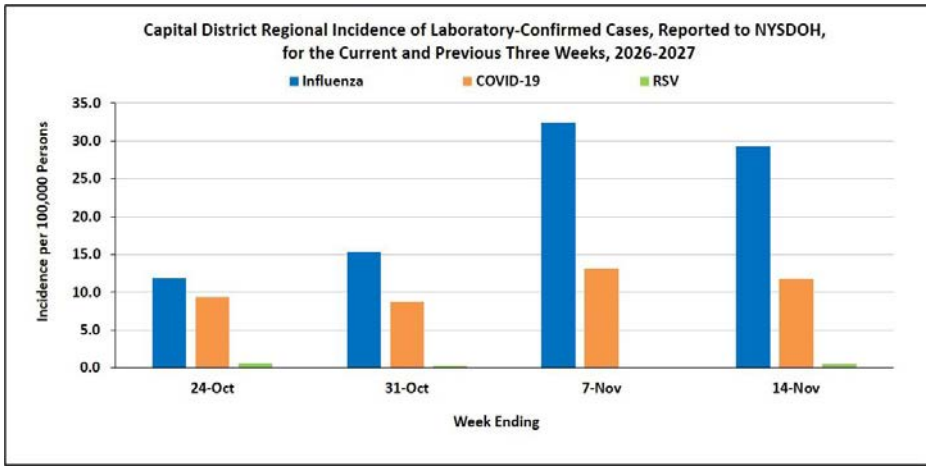
Regional Incidence of Laboratory-Confirmed Cases and Hospitalizations

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.

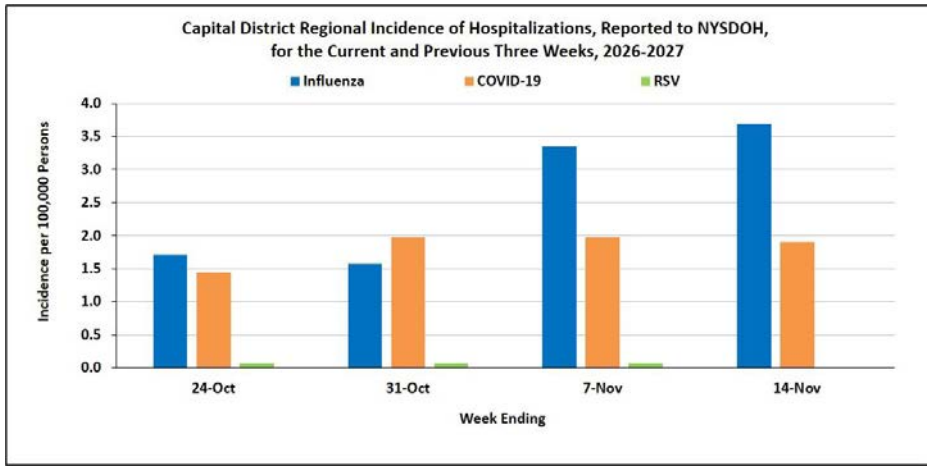
C A P I T A L D I S T R I C T R E G I O N

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

Cases



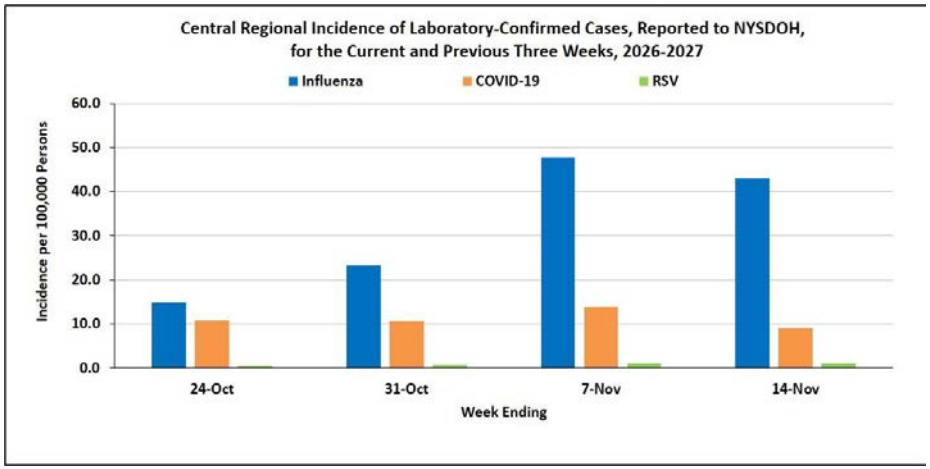
Hospitalizations



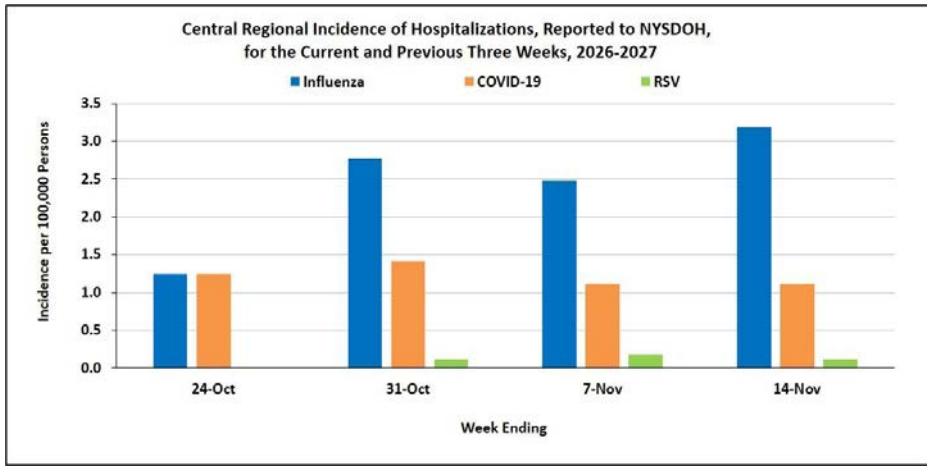
CENTRAL REGION

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

Cases



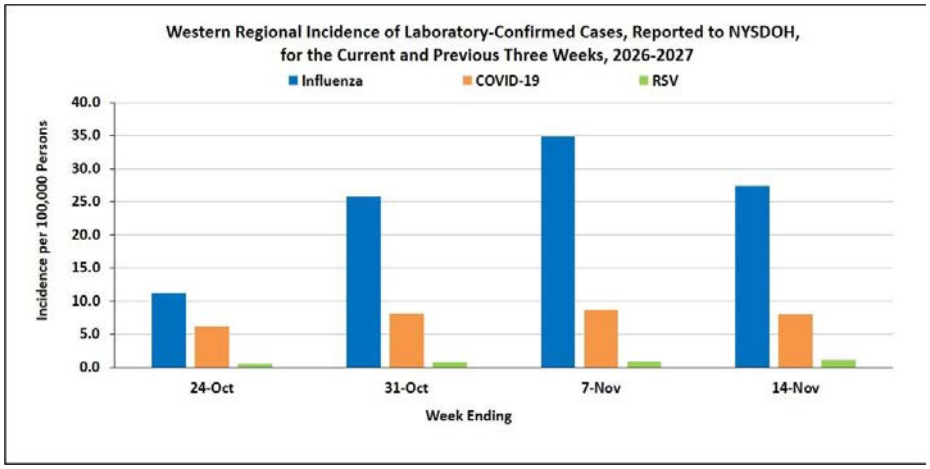
Hospitalizations



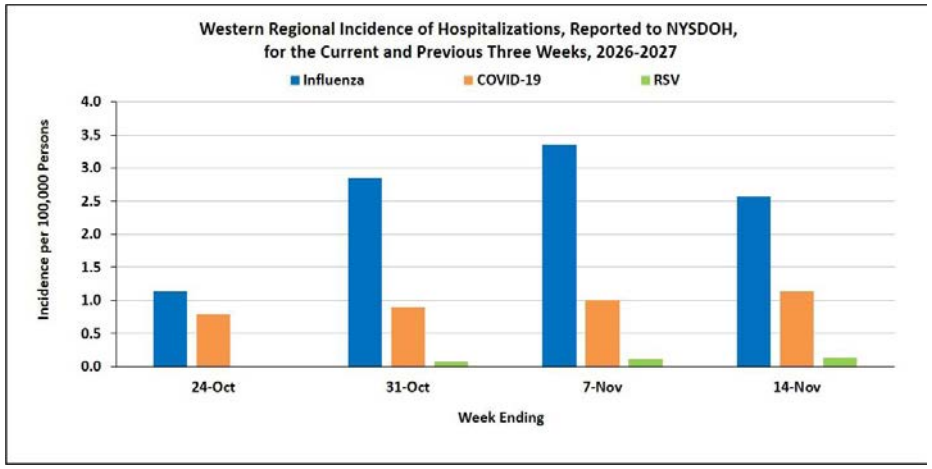
WESTERN REGION

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

Cases



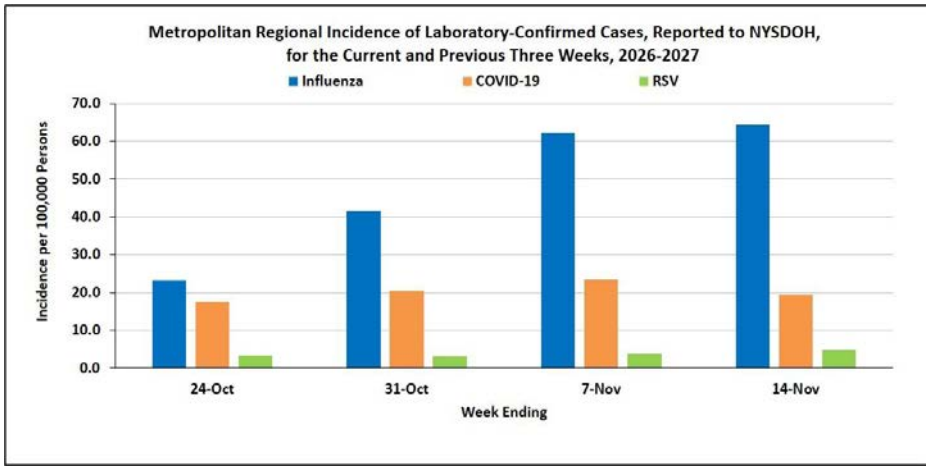
Hospitalizations



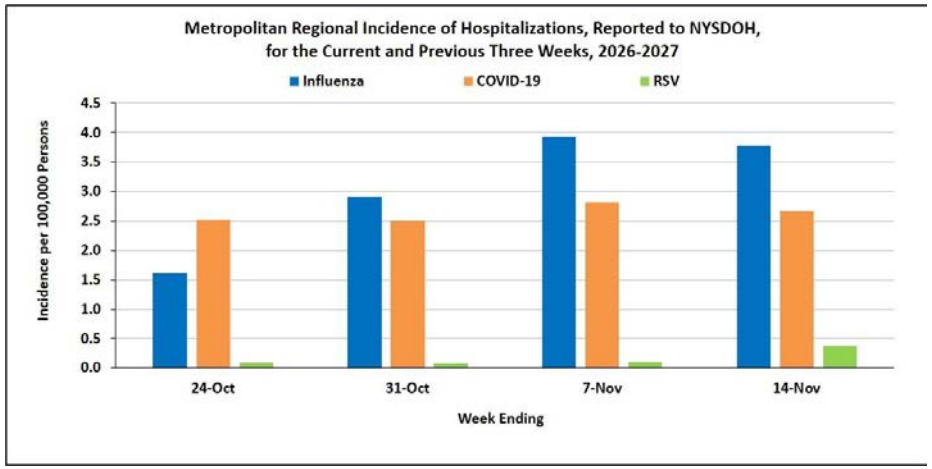
METROPOLITAN REGION

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

Cases



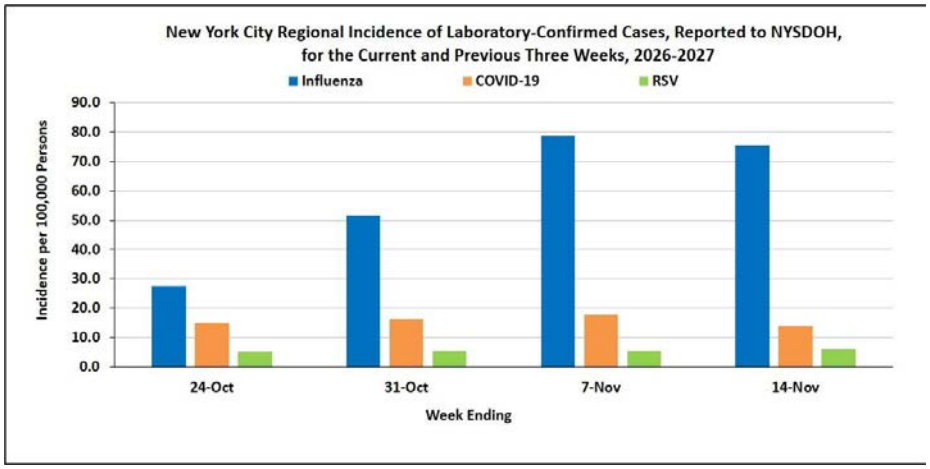
Hospitalizations



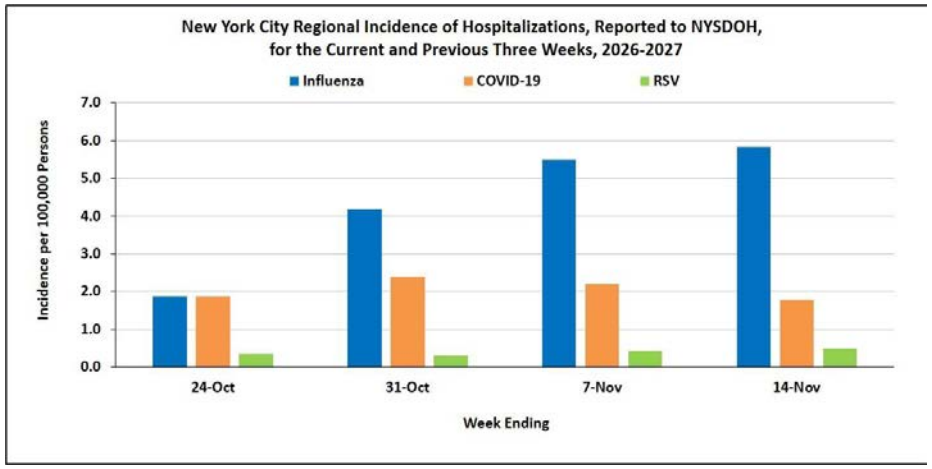
NEW YORK CITY REGION

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

Cases



Hospitalizations



Statewide Geographic Activity and Incidence Rates

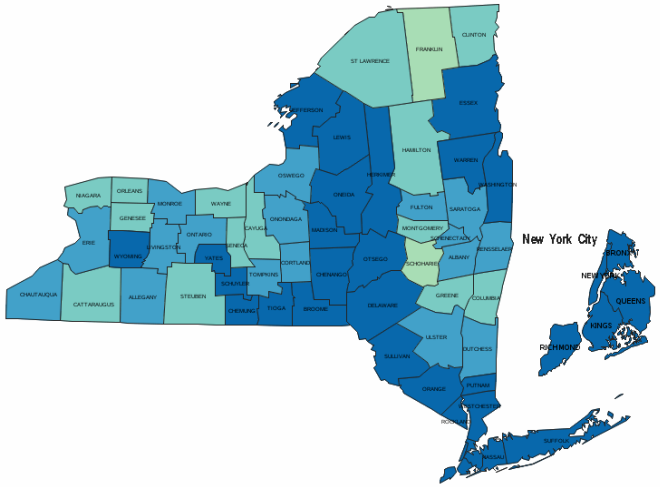
Permitted clinical and limited services laboratories that perform testing on NYS residents report all positive influenza, COVID-19, and RSV test results to NYSDOH. County and regional incidence rates are calculated statewide to determine the geographic activity[4].

For the week ending November 14, 2026:

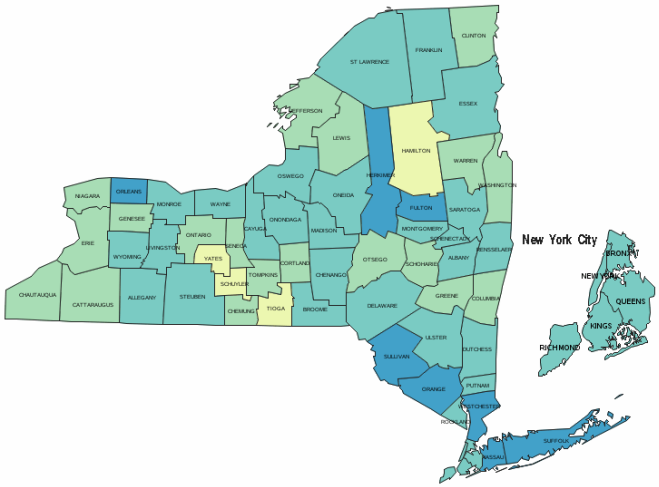
Influenza: Widespread geographic activity reported. 62 counties reported influenza cases with an incidence rate ranging from 4-94 cases/100,000 population.
COVID-19: Widespread geographic activity reported. 58 counties reported COVID-19 cases with an incidence rate ranging from 0-29 cases/100,000 population.
RSV: Sporadic geographic activity reported. 32 counties reported RSV cases with an incidence rate ranging from 0-22 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.

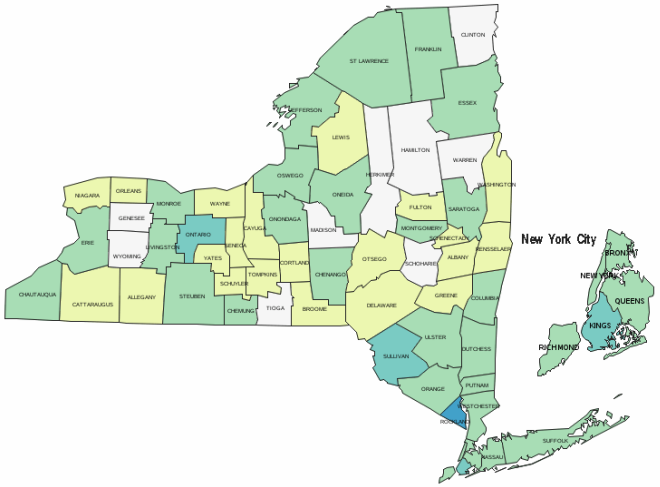
Influenza Geographic Activity

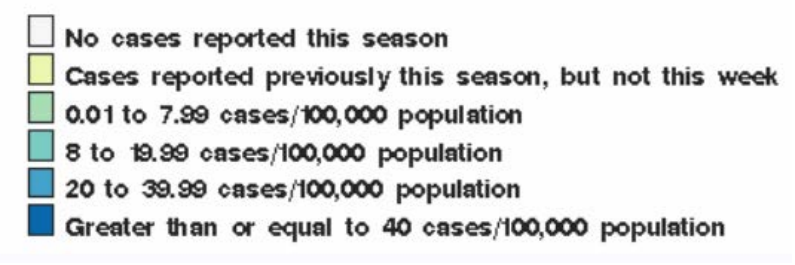


COVID-19 Geographic Activity



RSV Geographic Activity

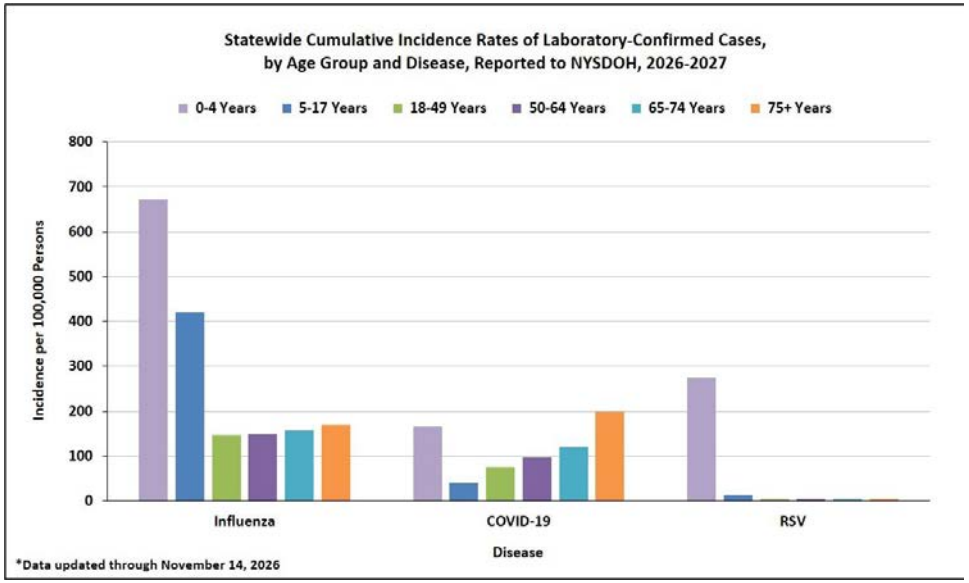




[4] **Sporadic**: Small numbers of lab-confirmed cases reported. **Local**: Increased or sustained numbers of lab-confirmed cases reported in a single region of New York State; sporadic in the rest of the state. **Regional**: Increased or sustained numbers of lab-confirmed cases reported in at least 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.

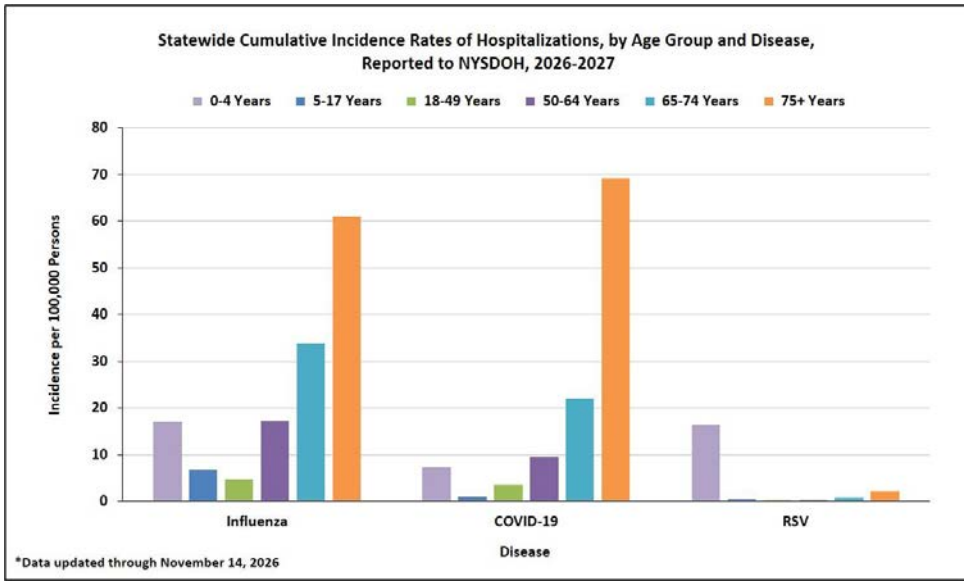
Incidence Rates of Laboratory-Confirmed Cases by Age Group

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

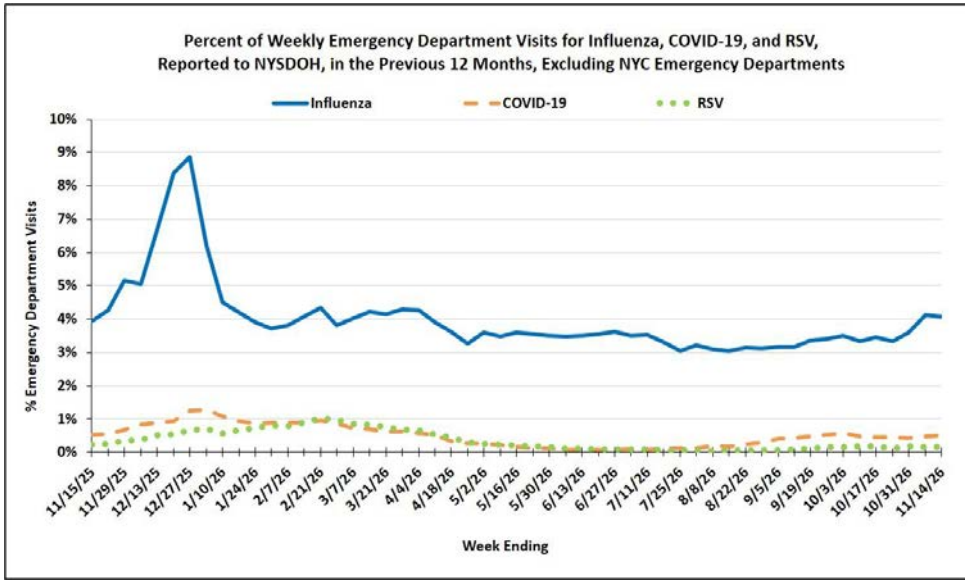


Emergency Department Syndromic Surveillance (Excludes NYC)

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.

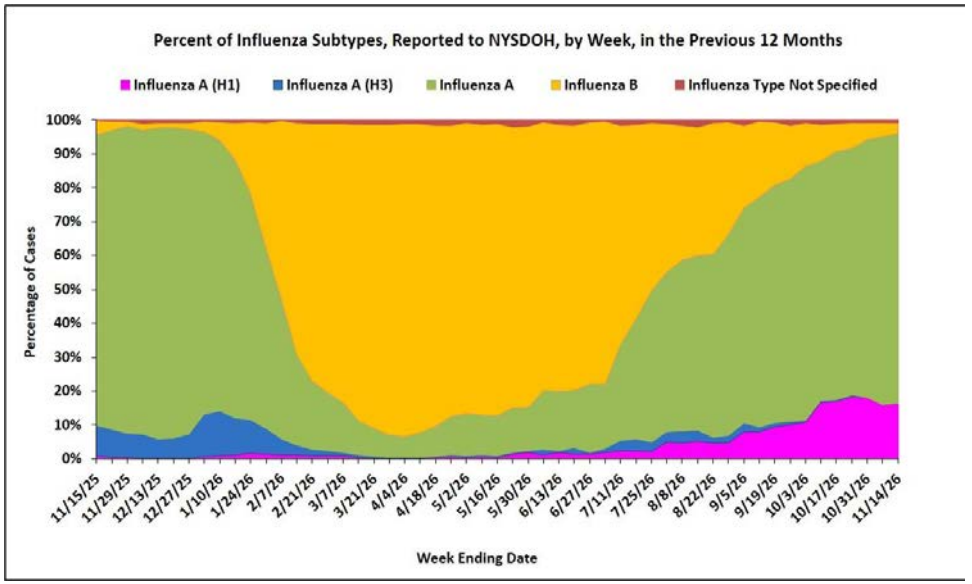
For Information on the NYSDOH Electronic Syndromic Surveillance System, please visit https://www.health.ny.gov/professionals/reportable_diseases/esss/

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



Influenza Subtypes

Subtype analyses are based on influenza laboratory information as reported to ECLRS and captured within the CDESS laboratory grid. Influenza-positive specimens with available subtype information are included in subtype-specific analyses. Subtype surveillance metrics are reviewed throughout the respiratory season to assess changes in circulating influenza viruses and evaluate opportunities to improve subtype reporting by facilities performing influenza subtype.

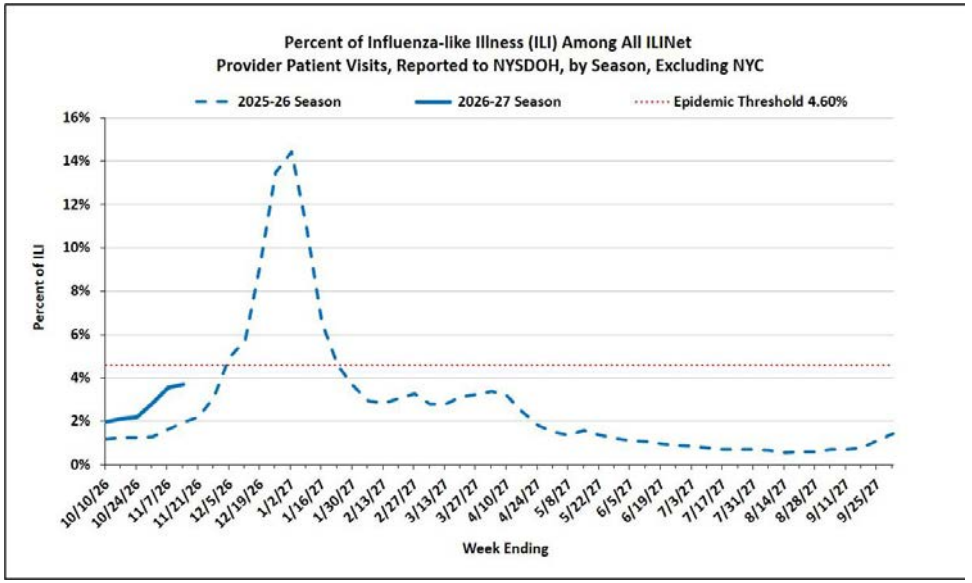


Outpatient Influenza-like Illness Surveillance Network (ILINet)

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.

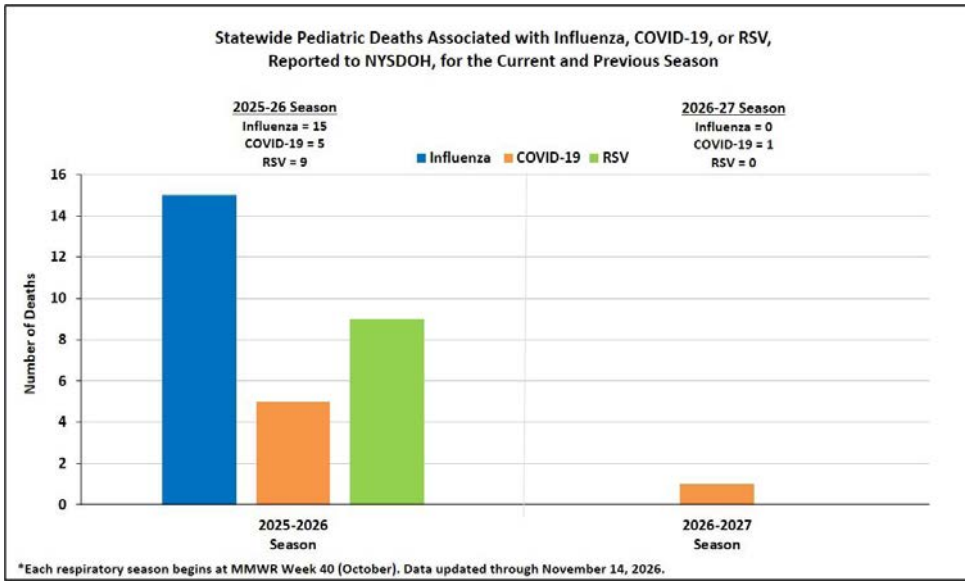
The CDC uses trends from prior years to calculate a regional baseline rate of doctors' office visits for ILI. ILI rates above the regional baseline suggest high levels of illness consistent with influenza occurring in the state.

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

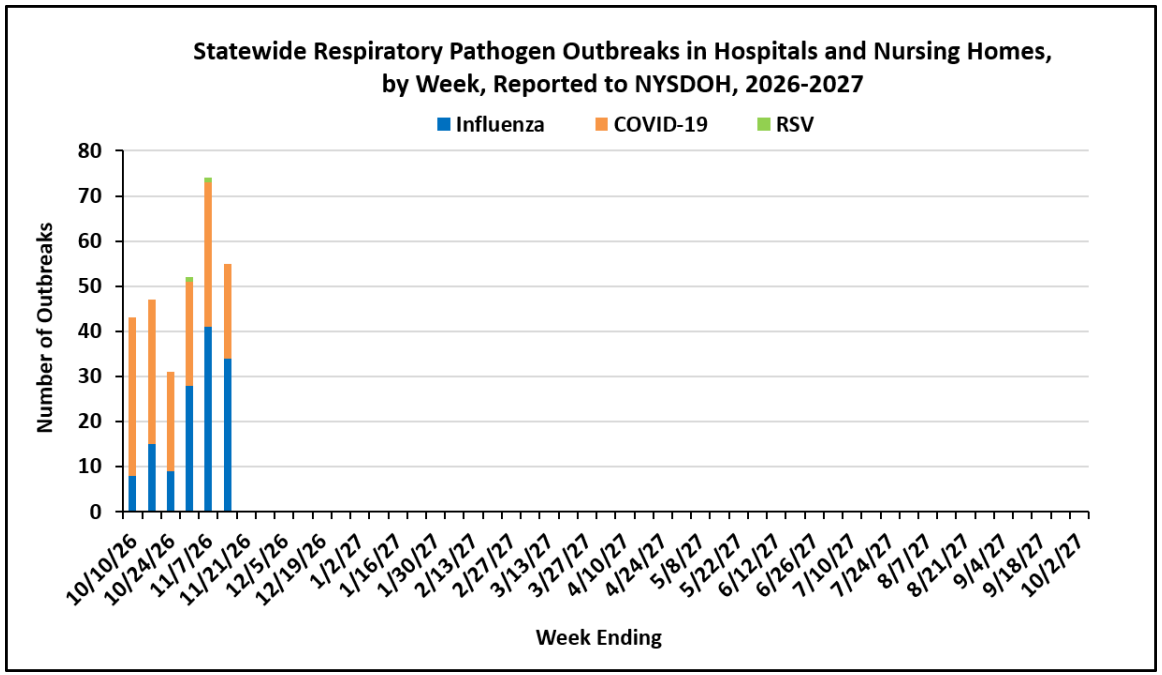
Deaths associated with influenza, COVID-19, or RSV in children under 18 years must be reported to the NYSDOH. The term “associated” is used because the influenza, COVID-19, and/or RSV infection may not always be the primary cause of death, but rather a contributing factor in the death.



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: 11/14/2026	Influenza		COVID-19		RSV	
Region	Hospitals	Nursing Homes	Hospitals	Nursing Homes	Hospitals	Nursing Homes
Captial District	2	0	0	1	0	0
Central	0	4	1	1	0	0
Metropolitan	20	7	6	11	0	0
Western	0	1	0	1	0	0
Current Week Total	22	12	7	14	0	0
Season-to-Date Total	62	73	57	108	0	2