

Philadelphia Department of Public Health Seasonal Influenza Surveillance Report

April 17, 2016 — April 23, 2016 (Week 16)

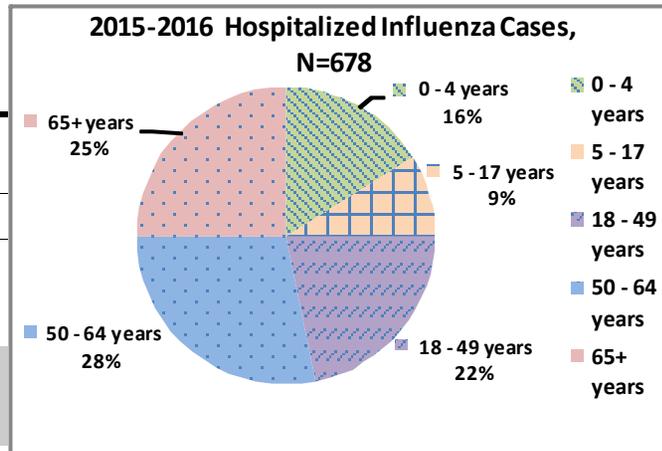
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

For week 16, there were 35 influenza-associated hospitalizations were reported. Approximately 21 detections of influenza A occurred at local hospital laboratories, a decrease from the previous week. Influenza A/H1N1 has remained the dominant virus this season. Influenza-like illness (ILI) at emergency departments increased during week 16 while ILI activity at pediatric ambulatory clinics decreased. To date, there have been 11 influenza outbreaks in long term care facilities. There have been 10 influenza-associated deaths reported this season. There were no influenza-associated deaths reported during week 16.

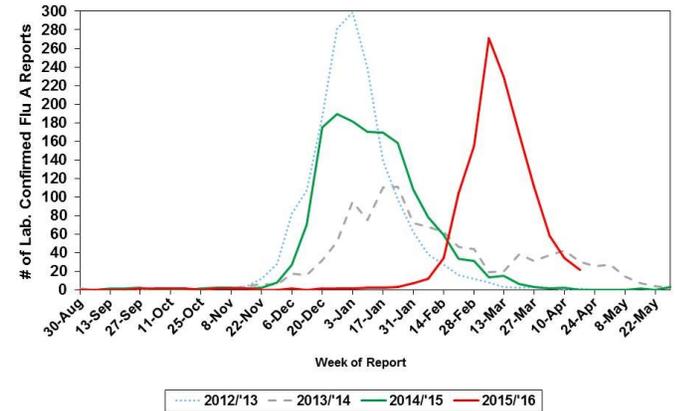
Surveillance type	Compared to week of 4/10-4/16	Compared to 3-yr seasonal* mean
Hospital ED Fever/flu visits	↑	↑
Pediatric Clinics ILI	↓	↓
Laboratory Influenza Surveillance	↓	↓

↑ = above 10 % of comparison group
 — = equivalent to comparison group (-10% to +10%)
 ↓ = below 10 % of comparison group
 * mean of 2010-'11, 2012-'13, and 2013-'14 flu seasons epidemic flu activity time period (late December—early May) ; NA = data not available/not received



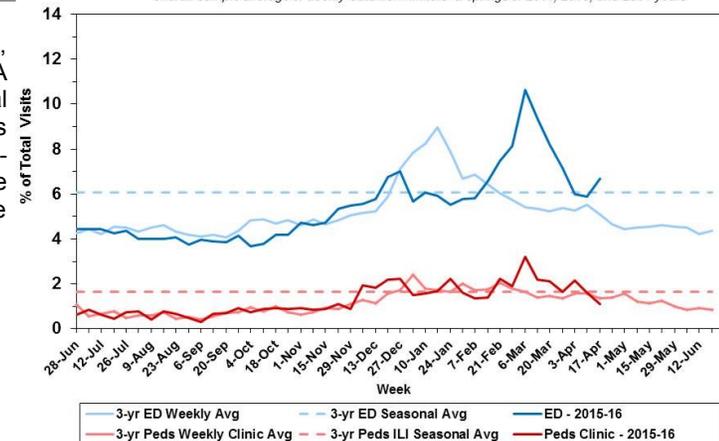
Laboratory-Based Surveillance for Influenza A Philadelphia, 2012/2013 through 2015/2016 Seasons*

*Based on select hospital laboratories participating in surveillance across respiratory virus seasons



Influenza-like Illness at Philadelphia Emergency Departments and Pediatric Ambulatory Clinics, 2015-16 Data Compared to 3-Year Historical Weekly* and Seasonal** Averages

*Weekly average of values from 2011, 2013, and 2014 years
 **Overall sample average of weekly data from winters & springs of 2011, 2013, and 2014 years



Pennsylvania Influenza Activity

During week 16 (April 17, 2016—April 23, 2016), the number of influenza cases identified across the state decreased again, following week 15. There were 1,936 new cases of influenza reported (2,153 cases were reported the previous week 15). A total of 27,787 cases of influenza (positive by any test type) have been reported this season. Laboratory, hospital emergency department, and sentinel medical provider data all indicate decrease in influenza activity. The majority of cases (59.96%) have tested positive (via rapid test, PCR, or viral culture) for influenza A. To date, there have been 52 influenza-associated deaths in Pennsylvania (10 inside the Philadelphia city limits), one between the ages of 5– 17, five between the ages of 18-49, 18 between the ages 50-64, the other 27 65+. Influenza case activity throughout the state continues to be classified as widespread for week 16, influenza activity was the highest in the southwestern part of the state.

United States Influenza Activity

During week 16 (April 17-23, 2016), influenza activity decreased in the United States. The most frequently identified influenza virus type reported by public health laboratories during week 16 was influenza B. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System. Four influenza-associated pediatric deaths were reported. A cumulative rate for the season of 29.8 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported. The proportion of outpatient visits for influenza-like illness (ILI) was 2.0%, which is below the national baseline of 2.1%. Three of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; Puerto Rico and two states experienced moderate ILI activity; New York City and 6 states experienced low ILI activity; 41 states experienced minimal ILI activity; and the District of Columbia had insufficient data. The geographic spread of influenza in Guam, Puerto Rico, and 13 states was reported as widespread (Delaware and Pennsylvania); 16 states reported regional activity (New Jersey); the District of Columbia and 13 states reported local activity; and the U.S. Virgin Islands and eight states reported sporadic activity.

All institutional outbreaks, hospitalized and fatal cases of influenza are to be reported to PDPH.

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Reporting requirements and forms are posted online at hip.phila.gov