

Philadelphia Department of Public Health Seasonal Influenza Surveillance Report

February 14, 2016— February 20, 2016 (Week 7)

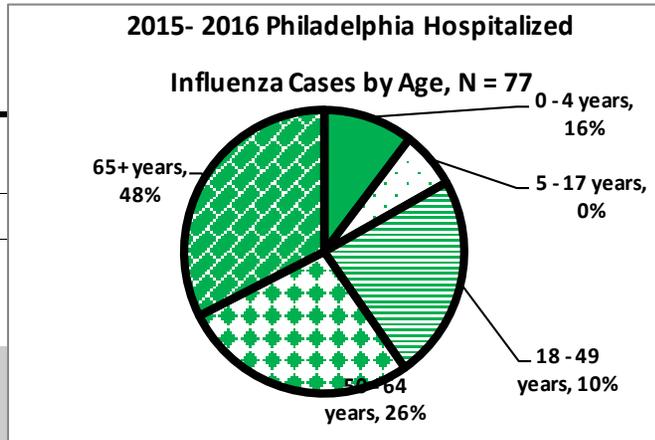
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Twenty-four hospitalized cases of influenza were reported during week 7. Influenza A has remained the dominant virus this season thus far, though detections of both viruses are now increasing at local clinical laboratories. Influenza-like illness (ILI) at emergency departments also increased, while ILI at pediatric clinics slightly declined. To date, there have been four influenza outbreaks in long term care facilities. There have been three influenza-associated deaths reported this season, one death reported during week 7 (actual occurrence during week 1).

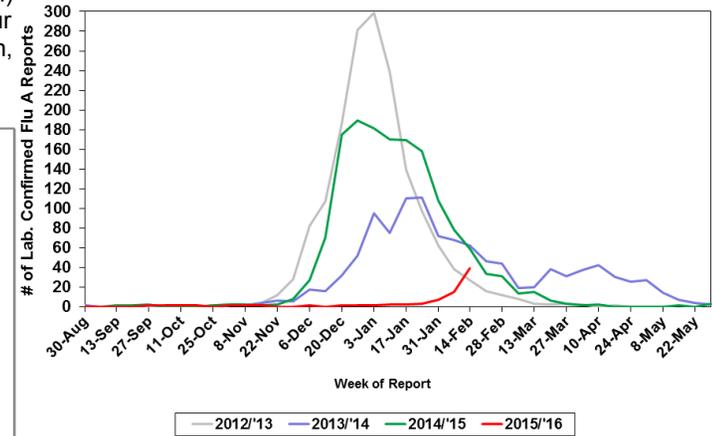
Surveillance type	Compared to week of 2/7-2/13	Compared to 3-yr seasonal* mean
Hospital ED Fever/flu visits	↑	—
Pediatric Clinics ILI	—	—
Laboratory Influenza Surveillance	↑	—

↑ = 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)



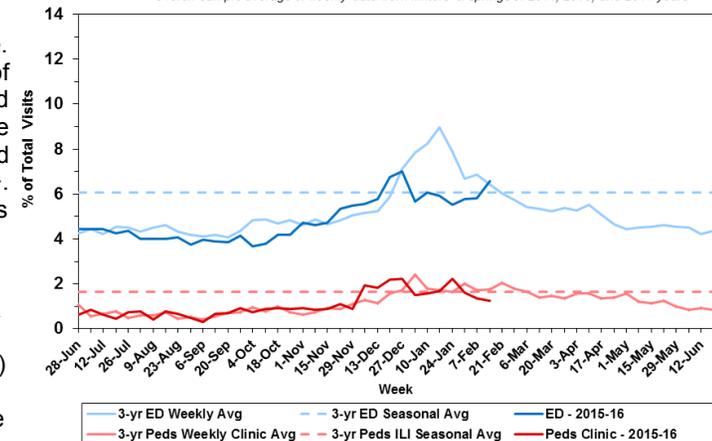
Laboratory-Based Surveillance for Influenza A Philadelphia, 2012/2013 through 2015/2016 Seasons*

*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



United States Influenza Activity

Influenza activity rises, the most frequently identified influenza virus type reported by public health laboratories during week 7 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased. The proportion of deaths attributed to pneumonia and influenza (P&I) was below their system-specific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System. One influenza-associated pediatric death was reported (14 total this season). A cumulative rate for the season of 5.8 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported. The proportion of outpatient visits for influenza-like illness (ILI) was 3.2%, which is above the national baseline of 2.1%. All 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and six states experienced high ILI activity; New York City and six states experienced moderate ILI activity; 13 states experienced low ILI activity; 24 states experienced minimal ILI activity; and the District of Columbia and one state had insufficient data. The geographic spread of influenza in Guam, Puerto Rico, and 21 states was reported as widespread (Pennsylvania & New Jersey); 18 states reported regional activity; the District of Columbia and 10 states reported local activity (Delaware); and the U.S. Virgin Islands and one state reported sporadic activity.

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

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