



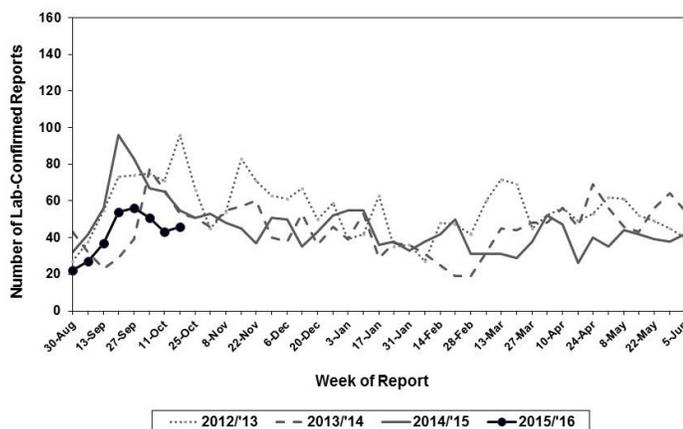
Health Advisory

Respiratory Virus Surveillance Update and Reporting Requirements November 2, 2015

Surveillance Summary

Rhinovirus has been the predominant circulating respiratory virus in Philadelphia since early September, and clinical laboratory data indicates that cold season is underway (figure below). Other respiratory viruses, including adenovirus, parainfluenza, and respiratory syncytial virus (RSV) are also being detected in low volumes. Current influenza activity is low and typical for this time of year; the Philadelphia Department of Public Health (PDPH) has identified a total of 3 polymerase chain reaction (PCR) positive cases of influenza in the past 5 weeks. PDPH will provide updates on respiratory virus activity on the Health Information Portal (<https://hip.phila.gov>) each Friday throughout the season beginning the second week of November.

Laboratory-Based Surveillance for Rhinovirus (Counts) Philadelphia, 2012/2013 through 2015/2016 Seasons



SUMMARY POINTS

- Rhinovirus is the predominant circulating respiratory virus at present.
- Influenza activity has been low in Philadelphia to date. Flu A (H3N2) has been the predominant circulating strain of influenza nationally.
- Report all hospitalized cases of influenza, any mortality attributed to a respiratory virus, and any institutional outbreak of influenza-like illness to PDPH by calling 215-685-6748 or by faxing the attached form to 215-238-6947.

Influenza & Non-Influenza Respiratory Virus Reporting Requirements

PDPH requests that healthcare providers and/or infection prevention practitioners report the following cases to the health department using the attached report form for the 2015-2016 season.

- Hospitalized persons with laboratory-confirmed influenza (including positive rapid antigen tests)
- Persons admitted to the ICU with laboratory-confirmed influenza, RSV, rhinovirus, adenovirus, parainfluenza, or human metapneumovirus infections
- Fatal cases of laboratory-confirmed (including positive rapid tests) or suspected influenza, RSV, rhinovirus, adenovirus, parainfluenza, and human metapneumovirus
- Suspect novel influenza A cases including those with:
 - Influenza A virus detected but not subtypeable
 - Influenza-like illness (ILI), which is defined as temperature $\geq 100^{\circ}\text{F}$ and cough and/or sore throat without another known etiology and report either direct or indirect exposure to swine or live poultry or travel to an area with ongoing transmission of avian influenza within the week prior to symptom onset
- Institutional outbreaks of respiratory illness, including those occurring in a long-term care facility, school, childcare center, or shelter. Outbreaks are defined as one laboratory-confirmed case or two or more cases of ILI in a facility. Outbreaks can be reported to PDPH by calling 215-685-6748.

Cases should be reported to the Division of Disease Control (DDC) by phone at 215-685-6748 or by fax to 215-238-6947 using either the influenza or other respiratory virus reporting forms. The influenza report form is attached and PDF versions of the influenza and other respiratory virus report forms can be found at <https://hip.phila.gov>

2015-2016 INFLUENZA REPORT FORM HOSPITALIZED OR FATAL CASES



Philadelphia Department of Public Health
Division of Disease Control
 Acute Communicable Disease Program
 500 South Broad St, Philadelphia, 19146
Telephone (215) 685-6740 Fax (215) 238-6947
Form Available at hip.phila.gov

Use this form to report suspected and confirmed cases of influenza that are either hospitalized (24 hours or more) or fatal. All other cases do not need to be reported by name, unless indicative of a new outbreak in a facility or institution requiring special containment measures.

PATIENT INFORMATION

Report Date ____/____/____	Last Name _____	First Name _____	D.O.B. ____/____/____	Age (yrs) _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race/ Ethnicity _____
Street Address _____			City _____		Zip Code _____	
Phone # _____		<input type="checkbox"/> Lives in congregate setting Specify Location: _____			<input type="checkbox"/> Attends school/ daycare Specify Location: _____	

HOSPITALIZATION AND LABORATORY INFORMATION

HOSPITALIZATION Y=Yes; N=No; DK=Don't Know

Hospital Name: _____ Admission Date: ____/____/____ Discharge Date: ____/____/____ *Admitted to ICU? Y N DK

Diagnosing Physician: _____ *Fatal? Y N DK

Medical Record #: _____ Physician Phone #: _____ Date of Death: ____/____/____
 *If yes to either question, complete clinical information below.

LABORATORY (Check all POSITIVE tests)

Laboratory Name: _____

Specimen Collection Date: ____/____/____

Source (if not nasopharynx): _____

<input type="checkbox"/> Rapid Antigen Test,	<input type="checkbox"/> Influenza B, Culture
Specify flu type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A/B	<input type="checkbox"/> Influenza B, DFA/IFA
<input type="checkbox"/> Influenza A, Culture	<input type="checkbox"/> Influenza B, PCR
<input type="checkbox"/> Influenza A, DFA/IFA	<input type="checkbox"/> Other Respiratory Virus,
<input type="checkbox"/> Influenza A, PCR	Specify: _____

FOR ICU OR FATAL CASES ONLY – PLEASE COMPLETE ADDITIONAL CLINICAL INFORMATION

SYMPTOMS

Onset Date: ____/____/____

<input type="checkbox"/> Fever, Highest temp (F): _____	<input type="checkbox"/> Nasal Congestion	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nausea
<input type="checkbox"/> Cough	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Muscle Aches	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Chills	<input type="checkbox"/> Diarrhea
	<input type="checkbox"/> Parotitis	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Other, Specify: _____

UNDERLYING CONDITIONS

<input type="checkbox"/> None	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Unknown	<input type="checkbox"/> Immunosuppression, Specify: _____	<input type="checkbox"/> Postpartum
<input type="checkbox"/> Asthma	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Smokes Tobacco
<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Morbidly Obese (BMI >40)	<input type="checkbox"/> Other, Specify: _____
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Neurological, Specify: _____	

MEDICAL COMPLICATIONS

None Acute Respiratory Distress Syndrome (ARDS) Bacteremia Pneumonia (X-ray confirmed) Other, Specify: _____

CLINICAL MANAGEMENT

Was antiviral treatment prescribed? Y N DK
 Start Date: ____/____/____ End Date: ____/____/____

Antiviral Drug: Oseltamivir (Tamiflu) Zanamivir (Relenza) Other, Specify: _____

Was antibiotic treatment prescribed? Y N DK
 Indication: _____

Was mechanical ventilation used? Y N DK

VACCINATION HISTORY Received current seasonal flu vaccine? Y N DK Date Dose Received: ____/____/____

REPORTER INFORMATION

Facility Name _____	Reporter Name _____	Reporter Phone # _____	Title: <input type="checkbox"/> ICP <input type="checkbox"/> DO/MD <input type="checkbox"/> PA/NP <input type="checkbox"/> RN <input type="checkbox"/> Other, Specify: _____
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Please fax report to (215) 238-6947 upon completion. If case is associated with a suspect outbreak, please indicate on form.