

Philadelphia Department of Public Health Seasonal Influenza Surveillance Report

November 1-7, 2015 (Week 44)

Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

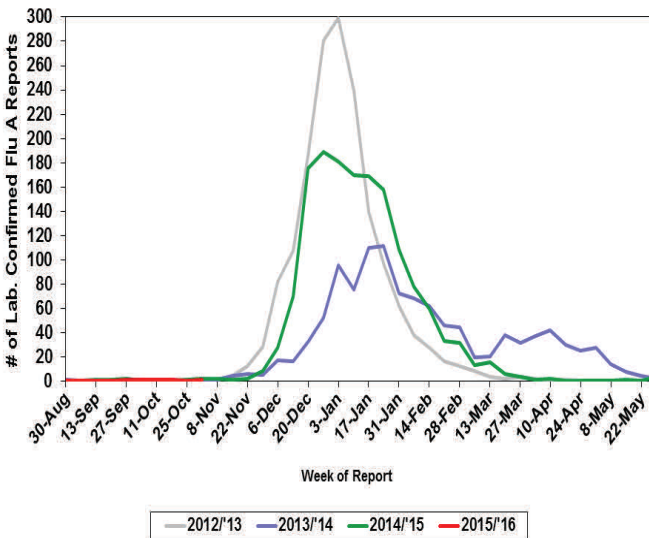
Influenza activity in Philadelphia is minimal at present with rhinovirus and RSV being the predominant circulating respiratory viruses. As done in previous years, PDPH has requested that healthcare providers and/or infection prevention practitioners report the following influenza and non-influenza respiratory virus cases: hospitalized persons with laboratory confirmed influenza, persons admitted to the intensive care unit, with any laboratory confirmed respiratory virus infection, any mortality attributed to a respiratory virus, suspect novel influenza A cases, and institutional outbreaks of respiratory illness. To date, there have only been five reports of influenza-associated hospitalizations with polymerase chain reaction (PCR) confirmed influenza infection received from local hospitals from October 3, 2015 to November 7, 2015.

Pennsylvania Influenza Activity

Influenza activity for Pennsylvania for the week of November 1-7, 2015 is minimal, with a slight decline of cases from week 43. A total of 206 cases of influenza (positive by any test type) have been reported thus far this season. To date, only one influenza-associated death has occurred in Pennsylvania (outside of Philadelphia), between the ages 50-64.

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



Importance of the use of neuraminidase inhibitor antiviral medications

Influenza antiviral prescription drugs can be used to treat influenza or to prevent influenza. Three influenza antiviral agents are recommended for treatment and prophylaxis: oseltamivir (Tamiflu®), zanamivir (Relenza®), peramivir (Rapivab®). Treatment is recommended as early as possible (ideally within 48 hours of symptom onset) for individuals who are hospitalized; have severe or complicated illness; or are at higher risk for influenza complications. Initiation of treatment should not be delayed while awaiting laboratory test results. For more information on treatment please reference: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

Non Influenza Respiratory Virus activity

Rhinovirus has been the predominant circulating respiratory virus in Philadelphia since early September, and the clinical laboratory data indicates cold season is underway. Other respiratory viruses, including adenovirus, parainfluenza, and respiratory syncytial virus (RSV) are also being detected in low volumes. Surveillance updates are available at: <https://hip.phila.gov/DataReports/OtherRespiratory>

United States Influenza Activity

During week 44 (November 1-7, 2015), influenza activity remained relatively low (1.2% confirmed) in the United States. The most frequently identified influenza virus type reported by public health laboratories in week 44 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low. Thus far, there have been no influenza-associated pediatric deaths reported. The proportion of outpatient visits for influenza-like illness (ILI) was 1.4%, which is below the national baseline of 2.1%. All 10 regions reported ILI below region-specific baseline levels. Puerto Rico experienced Moderate ILI activity, New York City and 50 states experienced minimal ILI activity, and the District of Columbia had insufficient data. The geographic spread of influenza in Guam was reported widespread; Puerto Rico reported regional activity; four states reported local activity; the District of Columbia and 39 States reported sporadic activity; and the U.S. Virgin Islands and seven states reported no influenza activity.

Influenza Vaccine

The Advisory Committee on Immunization Practices (ACIP) recommends annual influenza vaccination for everyone 6 months and older with either live attenuated influenza vaccine (LAIV) or inactivated influenza vaccine (IIV) with no preference expressed when either vaccine is available. The current trivalent vaccine is comprised of the following strains: an A/California/7/2009 (H1N1) pdm09-like virus, an A/Switzerland/9715293/2013 (H3N2)-like virus, and a B/Phuket/3073/2013-like virus. The quadrivalent vaccine also includes an additional B virus (B/Brisbane/60/2008-like virus). Because the flu vaccine is egg-based, people who have ever had a severe allergic reaction to eggs can get recombinant flu vaccine if they are 18 years and older or they should get the regular flu shot (IIV) given by a medical doctor with experience in management of severe allergic conditions. People who have had a mild reaction to egg—that is, one which only involved hives—may get a flu shot with additional safety measures.

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