

Philadelphia Department of Public Health Seasonal Influenza Surveillance Report

November 29—December 5, 2015 (Week 48)

Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

For Week 48, there was one case of influenza reported. New influenza detections have remained in the single digits over the last 2 months. The same is true for reports of hospitalizations due to influenza. However, influenza-like illnesses have slowly risen at local emergency departments throughout November. Since September, there have only been five reports of influenza-associated hospitalizations with polymerase chain reaction (PCR) confirmed influenza infection received from local hospitals. To date, there have been two outbreaks in long term care facilities.

Surveillance type	Compared to week of 11/22–11/28	Compared to 3-yr seasonal* mean
Hospital ED Fever/flu visits	—	—
Pediatric Clinics ILI	↓	—
Laboratory Influenza Surveillance	↓	↓

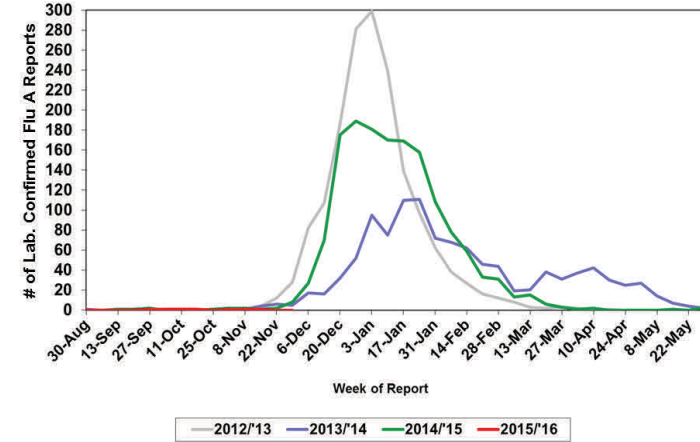
↑ = above 10 % of comparison group
 — = equivalent to comparison group (-10% to +10%)
 ↓ = below 10 % of comparison group
 * mean of 2010-'11, 2012-'13, and 2013-'14 flu seasons epidemic flu activity time period (December—March)

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). 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 strain (one of two lineages: B/Yamagata and B/Victoria)
- Influenza at-risk groups include: healthcare workers, adolescents, elderly and those with underlying medical conditions. Vaccine is widely available and no shortage has been reported. For those without primary healthcare, PDPH offers vaccine at the following clinics: <http://www.phila.gov/health/diseasecontrol/shotschedule.html>

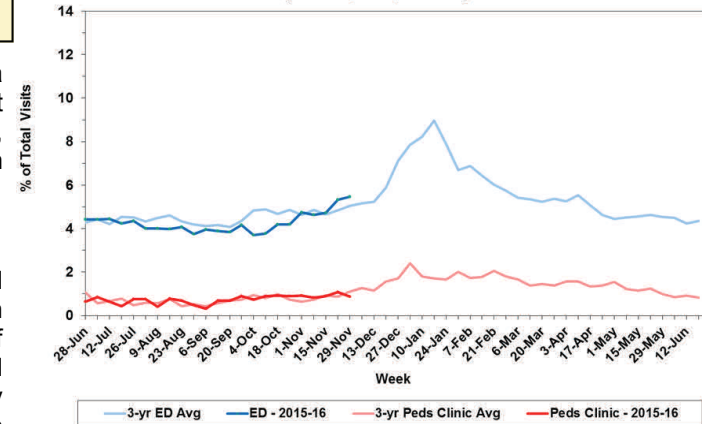
Laboratory-Based Surveillance for Influenza A Philadelphia, 2012/2013 through 2015/2016 Seasons*

*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 Averages*

*Average of 2011, 2013, and 2014 years



Pennsylvania Influenza Activity

Influenza activity for Pennsylvania for the week of November 29 – December 5, 2015 is minimal, however there was a rise in the weekly case count from the previous week 47 report. A total of 383 cases of influenza (positive by any test type) have been reported this season. There have been a small number (5) of influenza cases (positive by rapid test, PCR, or culture) which have been placed in the undetermined type category statewide. To date, there has only been one influenza-associated death in Pennsylvania (outside of Philadelphia), between the ages 50-64.

United States Influenza Activity

During week 48 (November 29—December 5, 2015), influenza activity increased slightly, but still remained predominately low in the United States. The most frequently identified influenza virus type reported by public health laboratories during week 48 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low. 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. Two influenza-associated pediatric deaths were reported, including one influenza-associated pediatric death that occurred during the 2014-2015 season. The proportion of outpatient visits for influenza-like illness (ILI) was 1.8%, which is below the national baseline of 2.1%. Four of 10 regions reported ILI at or above region-specific baseline levels. One state experienced high ILI activity; Puerto Rico and four states experienced low ILI activity; New York City and 45 states experienced minimal ILI activity; and the District of Columbia had insufficient data. The geographic spread of influenza in Guam was reported as widespread; Puerto Rico reported regional activity; 10 states reported local activity; the U.S. Virgin Islands and 37 states reported sporadic activity; and the District of Columbia and three states reported no influenza activity.

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

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