

Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

For week 51, three hospitalized cases of influenza were reported, compared to five for the week prior. Influenza A appears to be the dominating virus this season thus far as hardly any reports of influenza B have been received. Influenza-like illnesses at local emergency departments increased significantly during week 51. To date, there have been two flu outbreaks in long term care facilities.

Surveillance type	Compared to week of 12/13–12/19	Compared to 3-yr seasonal* mean
Hospital ED Fever/flu visits	↑	↑
Pediatric Clinics ILI	NA	NA
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)

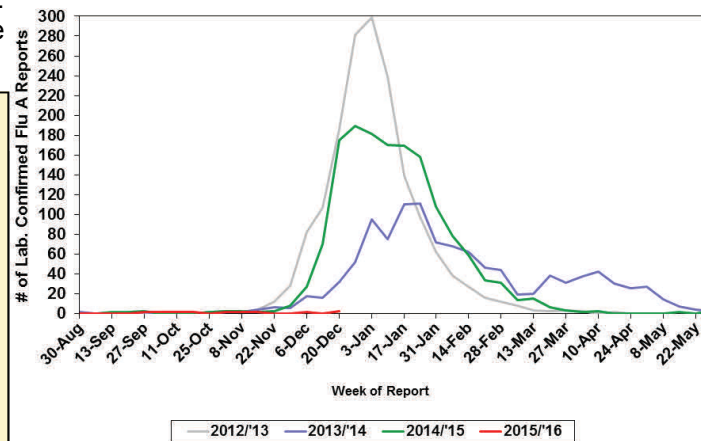
Antiviral Resistance & Treatment Recommendations

The majority of recently circulating influenza viruses are susceptible to the neuraminidase inhibitor antiviral medications, oseltamivir, zanamivir, and peramivir; however, rare sporadic instances of oseltamivir-resistant and peramivir-resistant influenza A (H1N1)pdm09 and oseltamivir-resistant influenza A (H3N2) viruses have been detected worldwide.

Antiviral treatment as early as possible is recommended for patients with confirmed or suspected influenza who have severe, complicated, or progressive illness; who require hospitalization; or who are at high risk for serious influenza-related complications. Additional information on recommendations for treatment and chemoprophylaxis of influenza virus infection with antiviral agents is available at <http://www.cdc.gov/flu/antivirals/index.htm>.

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

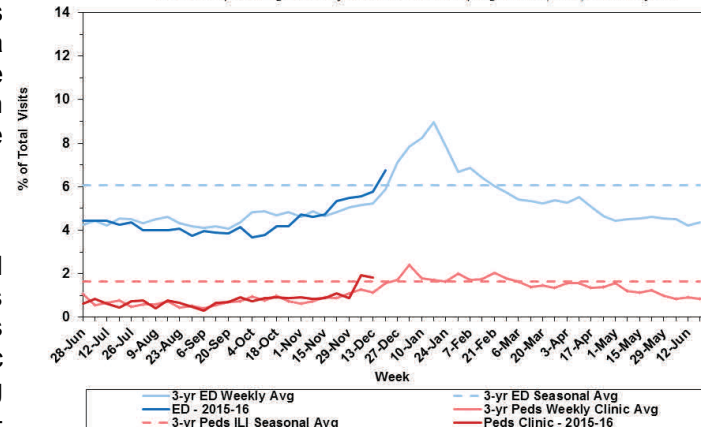
*Based on select hospital laboratories participating in surveillance across respiratory virus seasons



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

Influenza activity for Pennsylvania for the week of December 20–26, 2015, neither decreased or inclined in cases from the previous week 50, with 64 new additional cases being reported. A total of 556 cases of influenza (positive by any test type) have been reported this season. The majority of cases (62.95%) have tested positive (via rapid test, PCR, or culture) for influenza A. To date, there have only been two influenza-associated deaths in Pennsylvania (outside of Philadelphia), one between the ages 50-64, the other 65+. Case activity throughout the state is classified as regional with activity being increased predominately in southeastern Pennsylvania.

United States Influenza Activity

During week 51 (December 20 – December 26, 2015), The most frequently identified influenza virus type reported by public health laboratories during week 51 was influenza A, with influenza A (H1N1)pdm09 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. No influenza-associated pediatric deaths were reported. The proportion of outpatient visits for influenza-like illness (ILI) was 2.6%, which is above the national baseline of 2.1%. Six of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced high ILI activity; three states experienced moderate ILI activity; New York City and nine states experienced low ILI activity; 36 states experienced minimal ILI activity; and the District of Columbia had insufficient data. The geographic spread of influenza in Guam and one state was reported as widespread; five states reported regional activity; 12 states reported local activity, including New Jersey; 29 states reported sporadic activity, including Delaware; the District of Columbia and three states reported no influenza activity; and Puerto Rico and the U.S. Virgin Islands did not report.

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