

Philadelphia Department of Public Health Seasonal Influenza Surveillance Report

December 27, 2015— January 2, 2016 (Week 52)

Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

For week 52, two hospitalized cases of influenza were reported. Influenza A has remained the dominant virus this season, thus far as few cases of influenza B have been identified. Influenza-like illnesses at local emergency departments increased slightly during week 52. Though influenza-like illness activity has been relatively normal as compared to previous seasons, laboratory confirmed influenza at local clinical laboratories has been markedly lower. To date, there have been two flu outbreaks in long term care facilities.

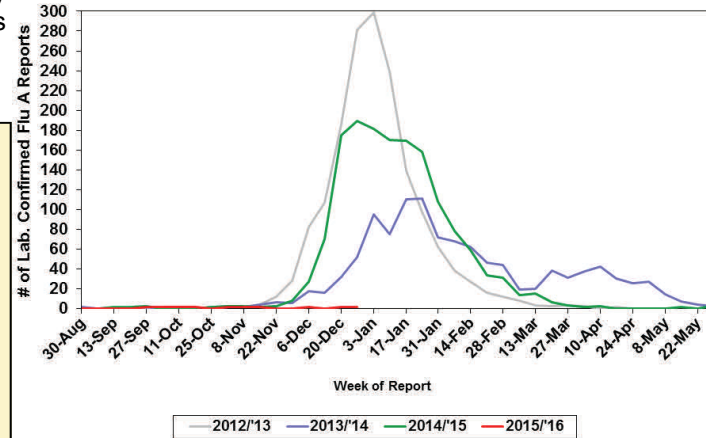
Surveillance type	Compared to week of 12/20–12/26	Compared to 3-yr seasonal* mean
Hospital ED Fever/flu visits	—	↑
Pediatric Clinics ILI	NA	NA
Laboratory Influenza Surveillance	—	↓

↑ = 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)
 N/A— not available (data not reported)

Respiratory Syncytial Virus in Circulation
 In Philadelphia, Respiratory Syncytial Virus (RSV) identified through clinical laboratory surveillance nearly doubled, jumping from 48 positive specimens in week 51 to 80 positive specimens in week 52. While the levels of RSV remain low compared to previous seasons, this increase indicates that RSV season is underway. Across the Mid-Atlantic region low to moderate RSV activity has also been reported (data not shown). RSV is an important source of acute febrile respiratory illness, and is one of the leading causes of bronchiolitis and pneumonia in infants and older adults. Certain high-risk patients should be prescribed prophylactic palivizumab, a monoclonal antibody therapy. Please visit <http://www.cdc.gov/rsv/clinical/> for prescribing guidelines.

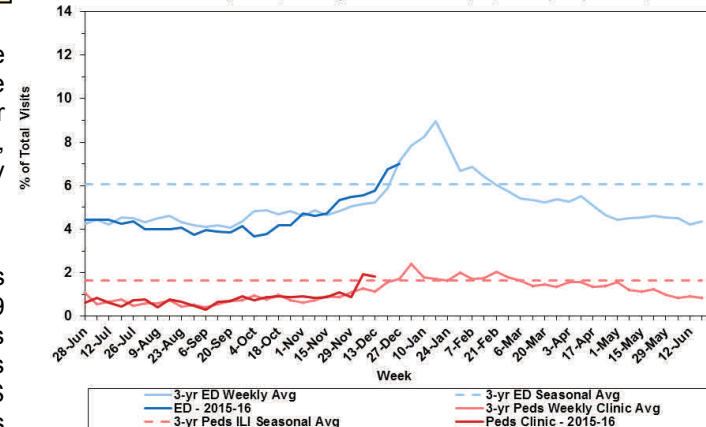
Laboratory-Based Surveillance for Influenza A Philadelphia, 2012/2013 through 2015/2016 Seasons*

*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 27— January 2, 2016 increased in case counts from the previous week, with 83 new cases being reported. A total of 639 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 viral 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 52, influenza activity increased slightly in the United States. The most frequently identified influenza virus type reported by public health laboratories during this time period was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low. One human infection with a novel influenza A virus was reported in New Jersey. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the 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. The proportion of outpatient visits for influenza-like illness (ILI) was 2.8%, which is above the national baseline of 2.1%. Seven of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states (New Jersey and South Carolina) experienced high ILI activity; New York City and two states experienced moderate ILI activity; seven states experienced low ILI activity (Pennsylvania included); 39 states experienced minimal ILI activity (Delaware included); and the District of Columbia had insufficient data. The geographic spread of influenza in Guam and two states was reported as widespread; six states reported regional activity; 13 states reported local activity; the U.S. Virgin Islands and 27 states reported sporadic activity; the District of Columbia and two states reported no influenza activity; Puerto Rico did not report.

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

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