



PHILLY FLU FINDINGS

Philadelphia Department of Public Health
 Seasonal Influenza Surveillance Report
 Week 51: December 18-24 2016

Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

There were 11 cases of influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) in Philadelphia during week 51. 16 laboratory-confirmed influenza illnesses were reported last week among select hospital laboratories, an increase from the previous week. Influenza-like illnesses at emergency departments and pediatric ambulatory clinics increased slightly for week 51. No influenza deaths have been reported this season. Respiratory Syncytial Virus (RSV) continued to be the most frequently detected respiratory virus reported by participating labs during week 51. Adenovirus and rhinovirus were the non-influenza respiratory viruses detected in clinical specimens.

Surveillance type	Compared to week of 12/11–12/17	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

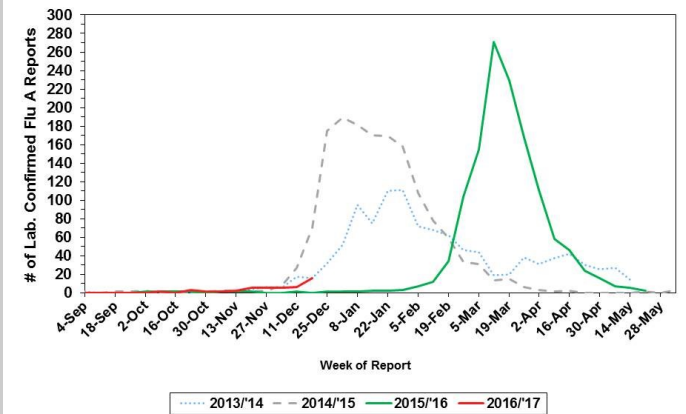
Flu Review

Diagnosing Flu

An individual may have the flu if they have a fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Vomiting and diarrhea are also common in children. There are various tests that are able to detect influenza virus. The most common test performed is the rapid influenza diagnostic test. This test is done via nasopharyngeal swab and it provides flu results in 30 minutes or less. However, using a rapid influenza test to detect flu can vary. False positives are possible. There are other tests performed in public health and clinical laboratories, which are more accurate and sensitive. For more information please visit: <https://www.cdc.gov/flu/about/qa/testing.htm>

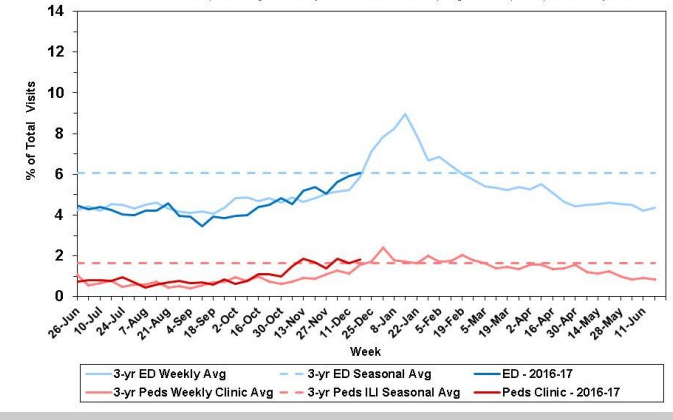
Laboratory-Based Surveillance for Influenza A Philadelphia, 2013/2014 through 2016/2017 Seasons*

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



Influenza-like Illness at Philadelphia Emergency Departments and Pediatric Ambulatory Clinics, 2016-17 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

Pennsylvania's flu activity is widespread and continues to increase during week 51. The highest flu activity was reported in the southwest region. From 10/02/16 to 12/24/16, there were 2,245 flu cases (positive by rapid test, PCR, or culture). There were 1,840 (82.0%) Influenza A cases, 397 (17.7%) Influenza B cases, and 8 (0.4%) unknown cases. 146 cases comprised the season-to-date influenza sub-typing results from state public health labs. Influenza A/H3 made up 59.9% followed by Influenza A (15.1%), Influenza B/Victoria (6.9%), Influenza B (5.5%), and other (2.7%). No influenza associated deaths were reported in week 51. The total influenza associated death reports this season is 4. No pediatric influenza-associated deaths occurred this season.

United States

Flu activity increased in the U.S. during week 51. The percentage of respiratory specimens that tested positive for influenza increased for clinical laboratories. A total of 17,395 specimens were tested at clinical laboratories, and 1,813 (10.4%) specimens tested positive for influenza. 1,575 (86.9%) specimens tested positive for Influenza A and 239 (13.2%) specimens tested positive for Influenza B. 796 specimens were tested at public health laboratories and 256 specimens tested positive. There were 235 (91.8%) positive Influenza A specimens and 21 (8.2%) positive Influenza B specimens. Influenza A/H3 was the most frequently identified influenza virus that was reported by public health labs. There was one case of novel Influenza A virus reported during week 51. The individual was infected with an avian lineage Influenza A (H7N2) virus. The person reported prolonged contact with an infected cat from a New York City animal shelter where there was an outbreak. This is the first influenza A (H7N2) virus identified in humans since 2003 and the first known case transmitted from a cat. The individual had mild illness, was not hospitalized and has recovered. No human-to-human transmission was identified. No viruses were resistant to oseltamivir, zanamivir, and peramivir. No influenza-associated pediatric deaths were reported to CDC during week 51. The proportion of people visiting their health care provider for influenza like illness (ILI) was 2.9%, which is above the national baseline of 2.2%. 4 states experienced high ILI activity. NJ and 4 states had moderate ILI activity. 7 states experienced low ILI activity. DE, PA, and 32 states experienced minimal ILI activity. PA and 8 states reported widespread influenza activity. NJ and 17 states reported regional influenza activity. DE, D.C. and 19 states reported local influenza activity. Sporadic influenza activity was reported by 5 states.

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

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