

Philadelphia Department of Public Health Seasonal Influenza Surveillance Report

March 13, 2016 — March 19, 2016 (Week 11)

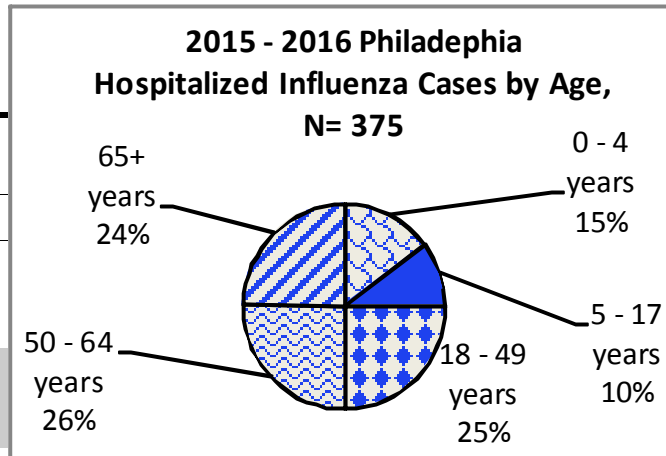
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

For week 11, influenza activity declined as 78 influenza-associated hospitalizations were reported, down 31% from the previous week. Approximately 229 detections of influenza A occurred at local hospital laboratories, a decrease from the previous week. Influenza A/H1N1 has remained the dominant virus this season. Influenza-like illness (ILI) at emergency departments and pediatric outpatient clinics decreased substantially for week 10. To date, there have been eight influenza outbreaks in long term care facilities. There have been seven influenza-associated deaths reported this season. There were two influenza-associated deaths reported during week 11, one of which was pediatric.

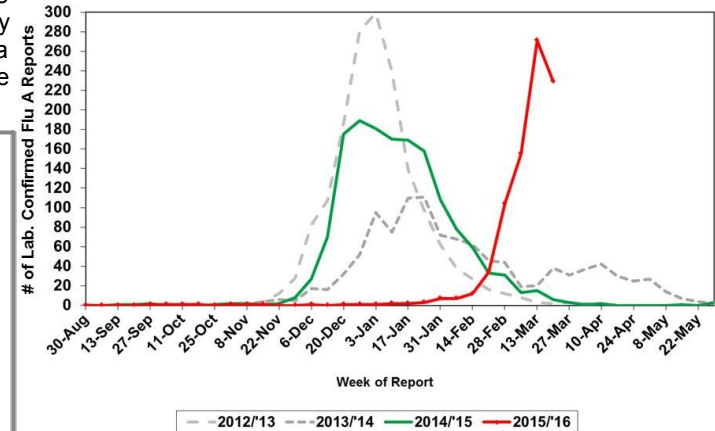
Surveillance type	Compared to week of 3/6-3/12	Compared to 3-yr seasonal* mean
Hospital ED Fever/flu visits	↓	↑
Pediatric Clinics ILI	↓	↑
Laboratory Influenza Surveillance	↓	↑

↑ = 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 (late December—early May) ; NA = data not available/not received



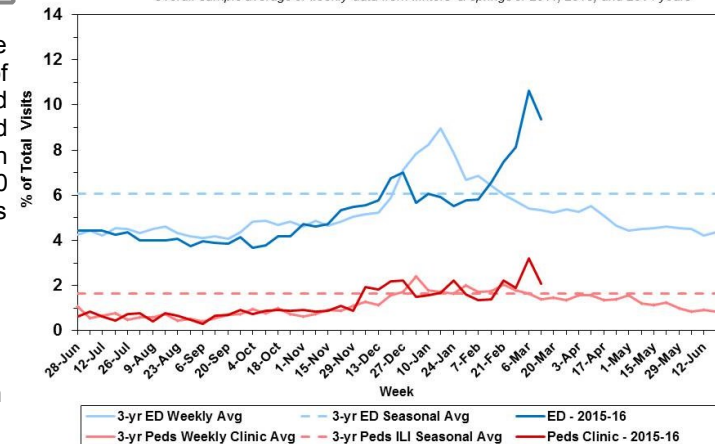
Laboratory-Based Surveillance for Influenza A Philadelphia, 2012/2013 through 2015/2016 Seasons*

*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

During week 11 (March 13, 2016—March 19, 2016), the number of influenza cases identified across the state rose. There were 4,078 new cases of influenza reported (3,744 cases were reported the previous week 10). A total of 15,043 cases of influenza (positive by any test type) have been reported this season. Laboratory, hospital emergency department, and sentinel medical provider data all indicate decrease in influenza activity. The majority of cases (62.84%) have tested positive (via rapid test, PCR, or viral culture) for influenza A. To date, there have been 22 influenza-associated deaths in Pennsylvania (seven inside the Philadelphia city limits), one between the ages of 5-17, two between the ages of 18-49, 10 between the ages 50-64, the other nine 65+. Influenza case activity throughout the state continues to be classified as widespread for week 11, influenza activity remained the highest in the southeastern part of the state.

United States Influenza Activity

During week 11 (March 13-19, 2016), influenza activity decreased slightly, but remained elevated in the United States. The most frequently identified influenza virus type reported by public health laboratories during week 11 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System. Two influenza-associated pediatric deaths were reported. A cumulative rate for the season of 18.2 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported. The proportion of outpatient visits for influenza-like illness (ILI) was 3.2%, which is above the national baseline of 2.1%. All 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and seven states experienced high ILI activity; New York City and eight states experienced moderate ILI activity; 20 states experienced low ILI activity; 15 states experienced minimal ILI activity; and the District of Columbia had insufficient data. The geographic spread of influenza in Puerto Rico and 39 states was reported as widespread (Delaware, Pennsylvania, and New Jersey); Guam and 10 states reported regional activity; the District of Columbia and one state reported local activity; 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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Reporting requirements and forms are posted online at hip.phila.gov