

### PHILLY FLU FINDINGS

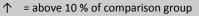
Philadelphia Department of Public Health Seasonal Influenza Surveillance Report Week 9: February 26-March 4, 2017

#### Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

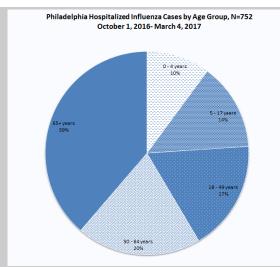
There were 58 cases of influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) in Philadelphia during week 9. Among select hospital laboratories, influenza A percent positivity declined compared to the previous week. Influenza-like illnesses (ILI) at emergency departments (ED) and pediatric outpatient clinics also decreased for week 9. There was 1 influenza outbreak (≥ 1 case of laboratory confirmed influenza) in a long-term care facility for week 9, resulting in a total of 26 for the 2016-2017 flu season. Nine influenza-associated deaths have been reported.

Surveillance type	Compared to week of 2/19–2/25	Compared to 3-yr seasonal mean
Hospital ED Fever/flu visits	<b>↓</b>	1
Pediatric Clinics ILI	<b>↓</b>	<b>1</b>
Laboratory Influenza Surveillance	<b>↓</b>	1



- = equivalent to comparison group (-10% to +10%)

↓ = below 10 % of comparison group

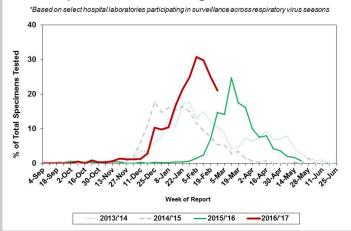


# Pennsylvania Flu activity is widespread and continues to be high in Pennsylvania for week 9. The highest flu activity was reported in the southeast region of the state. From 10/02/16 to 3/4/17, there were 52,797 flu cases (positive by rapid test, PCR, or culture). There were 43,032 (81.5%) Influenza A cases, 9,557 (18.1%) Influenza B cases and 208 (0.4%) unknown cases. 474 cases made up the season-to-date influenza sub-typing results from state public health labs. Influenza A/H3 made up 88.8% of the positive cases followed by Influenza B/Victoria (6.1%) and other (5.1%). Fourteen influenza-associated deaths were reported this week bringing the total count to 96 for the 2016-2017 flu season, including two pediatric influenza-associated deaths.

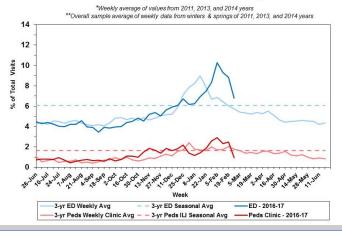
# United States Flu activity decreased, but remained elevated in the U.S. during week 9. The percentage of respiratory specimens that tested positive for influenza in clinical laboratories decreased. 28,166 specimens were tested at clinical laboratories and 5,245 (18.6%) specimens tested positive for influenza. 3,599 (68.6%) specimens tested positive for Influenza A and 1,646 (31.4%) specimens tested positive for Influenza B. 1,709 specimens

were tested at public health labs and 837 (49.0%) specimens tested positive. There were 625 (74.7%) positive Influenza A specimens and 212 (25.3%) positive Influenza B specimens, an increase from last week. Influenza A/H3 was the most frequently identified influenza virus that was reported by public health labs with 586 (93.8%) positive tests. No viruses were resistant to oseltamivir, zanamivir and peramivir. Eight influenza-associated pediatric deaths were reported to CDC during week 9, bringing the total count to 48 for the 2016-2017 flu season. Between 10/01/16 and 3/4/17, a rate of 43.5 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported. The proportion of people visiting their health care provider for influenza-like illness (ILI) was 3.6%, which is above the national baseline of 2.2%. Fourteen states experienced high ILI activity. New Jersey, Pennsylvania and 10 states experienced moderate ILI activity. Eight states experienced low ILI activity. New York City, Delaware and 15 other states experienced minimal ILI activity. Thirty-nine states, including Delaware, New Jersey and Pennsylvania reported widespread influenza activity. Eight states reported regional influenza activity. Washington, DC, Colorado and Utah reported local influenza activity. Delaware had 562 laboratory-confirmed cases of flu. New Jersey had 24 cases of Influenza A/H3N2, 55 cases of Influenza B and one case of influenza H1N1 (2009).

### Laboratory-Based Surveillance for Influenza A (%): Philadelphia, 2013/2014 through 2016/2017 Seasons\*



## Influenza-like Illness at Philadelphia Emergency Departments and Pediatric Ambulatory Clinics, 2016-17 Data Compared to 3-Year Historical Weekly\* and Seasonal\*\* Averages



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

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