

PHILLY FLU FINDINGS

Philadelphia Department of Public Health Seasonal Influenza Surveillance Report Week 16: April 16-22, 2017

Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

There were 28 cases of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) in Philadelphia during week16. Influenza A activity has reached baseline levels (data not shown). Influenza B activity has declined for the past two weeks. Influenza-like illnesses (ILI) at emergency departments and pediatric ambulatory clinics also declined for week 16. There have been a total of 30 outbreaks (≥ 1 case of laboratory confirmed influenza) in long-term care facilities for the 2016-2017 season. Seventeen influenza-associated deaths have been reported for the season. No pediatric influenza-associated deaths have been reported.

Surveillance type	Compared to week of 4/9–4/15	Compared to 3-yr seasonal mean
Hospital ED Fever/flu visits	↓	Ļ
Pediatric Clinics ILI	\downarrow	\downarrow
Laboratory Influenza Surveillance	Ļ	Ļ

= above 10 % of comparison group

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

= below 10 % of comparison group

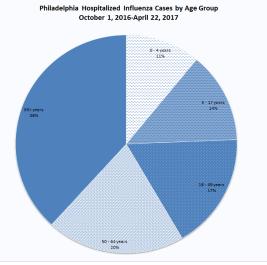
Pennsylvania

Flu activity has peaked and continues to decline for week 16. The flu activity code is "regional." The highest flu activity was reported in the southeast

region of the state. From 10/02/16 to 4/22/17, there were 69.249 flu cases (positive by rapid test, PCR, or culture). There were 50,247 (72.6%) Influenza A cases, 18,759 (27.1%) Influenza B cases and 243 (0.4%) unknown cases, 571 cases made up the season-to-date influenza sub-typing results from state public health labs. Influenza A/H3 made up 85.5% of the positive cases followed by Influenza B/Victoria (6.1%), Influenza B (4.7%), and other (7.9%). Four influenzaassociated deaths were reported this week bringing the total count to 141 for the 2016-2017 flu season, including three

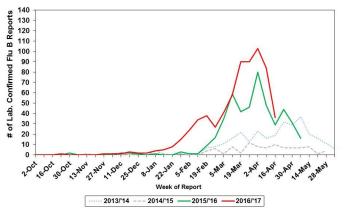
United States

Flu activity decreased in the U.S. during week 16. The percentage of respiratory specimens that tested positive for influenza in clinical laboratories decreased. 14,889 specimens were tested at clinical laboratories and 1,426 (9.6%) specimens tested positive for influenza. 366 (25.7%) specimens tested positive for Influenza A and 1,060 (74.3%) specimens tested positive for Influenza B. 597 specimens were tested at public health

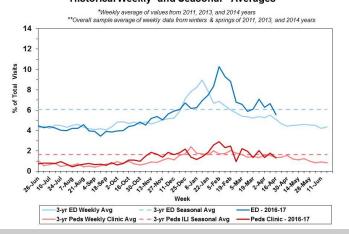


Laboratory-Based Surveillance for Influenza B Philadelphia, 2013/2014 through 2016/2017 Seasons*

*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



labs and 215 (36.0%) specimens tested positive. Influenza B was the most frequently identified influenza virus that was reported by public health labs. The majority of recently circulating influenza viruses are susceptible to oseltamivir, zanamivir, and peramivir, although, rare sporadic instances of oseltamivir-resistant and peramivir-resistant influenza A (H1N1) pdm09 viruses and oseltamivir-resistant influenza A (H3N2) viruses have been detected worldwide. The proportion of deaths due to pneumonia and influenza was below the system-specific epidemic threshold for the National Center for Health Statistics Mortality Surveillance System. Six influenza-associated pediatric deaths were reported to CDC during week 15, bringing the total count to 83 for the 2016 -2017 flu season. Between 10/01/16 and 4/22/17, a cumulative rate of 62.7 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 1.8%, which is below the national baseline of 2.2%. Four states experienced low ILI activity. Delaware, New Jersey, Pennsylvania and 43 states experienced minimal ILI activity. Seven states, including Delaware, reported that the geographic spread of influenza was widespread. New Jersey, Pennsylvania and 9 other states reported regional influenza activity. Washington, DC and 19 states reported local influenza activity. Thirteen states reported sporadic activity.

All institutional outbreaks and hospitalized and fatal cases of influenza are to be reported to PDPH. Phone: (215) 685-6742 Fax: (215) 238-6947 Email: ACD@phila.gov Reporting requirements and forms are posted online at hip.phila.gov