PHILLY FLU FINDINGS

Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 47: Nov 19—25, 2017

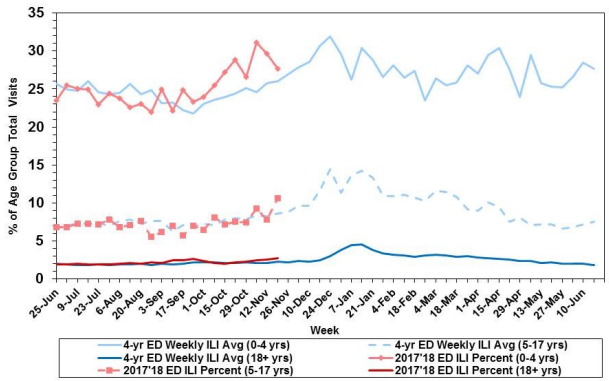
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses at emergency departments increased for children and adolescents ages 5-17 years. A minor increase was also seen for persons 18 years and older. Flu-like illnesses for children <5 years of age declined but still remain elevated compared to historical levels. Sentinel hospital laboratory surveillance for influenza A or B revealed little positivity for week 47. There was 1 report of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, a hospitalization due to influenza A. No influenza-associated deaths or institutional outbreaks have been reported thus far this season.

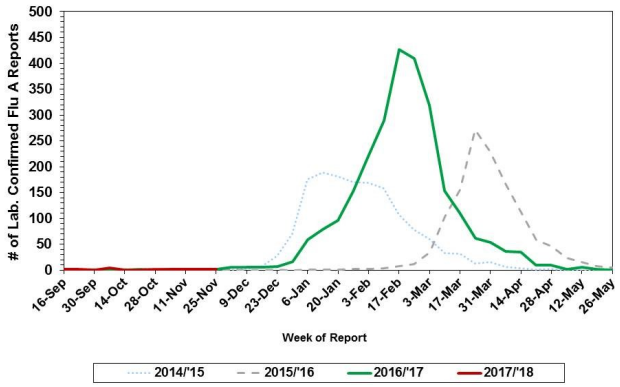
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2017-18 Data Compared to 4-Year Historical Weekly* Averages

**Age group specific weekly average of values from the years 2013 - 2016*



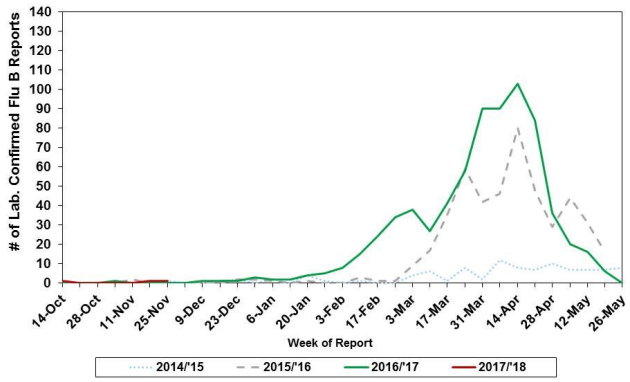
Laboratory-Based Surveillance for Influenza A Philadelphia, 2014/2015 through 2017/2018 Seasons*

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



Laboratory-Based Surveillance for Influenza B Philadelphia, 2014/2015 through 2017/2018 Seasons*

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



Pennsylvania

The Pennsylvania Department of Health (PADOH) has reported "local" influenza activity, which is defined by CDC as influenza activity that is increasing in a single region in the state. According to PADOH, the southeast region is experiencing the greatest amount of influenza activity. From 10/01/17 to 11/25/17, there have been 753 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (600 reports, 79.7%). One influenza related death has been reported this season.

United States

Influenza activity remained low throughout the U.S. during week 47 but has steadily increased over the last 4 weeks. Widespread transmission was reported in 4 states (Georgia, Louisiana, Massachusetts, and Oklahoma) while 10 states and Guam have reported regional activity. Most states have reported local or sporadic activity.
The percentage of respiratory specimens that tested positive for influenza increased slightly, but was low for reporting U.S. clinical laboratories. Specifically, 14,626 specimens were tested at US clinical laboratories, and 1,051 (7.2%) specimens tested positive for influenza. Of those positive, 795 (75.6%) specimens tested positive for influenza A and 256 (24.4%) specimens tested positive for influenza B.
Among the 210 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 186 (88.69%) were influenza A and 24 (11.4%) were influenza B. Of the influenza A specimens, 168 (90.3%) were subtyped as A/H3.
During October 1-November 25, 2017, CDC has antigenically or genetically characterized 244 influenza viruses [33 influenza A(H1N1)pdm09, 166 influenza A(H3N2), and 45 influenza B viruses] collected by U.S. laboratories. Nearly all of the influenza A/H1N1 and A/H3 viruses matched the vaccine strain. Of the influenza B lineages, all of the Yamagata lineage viruses antigenically characterized matched the vaccine strain while only 50% of the Victoria lineage viruses matched the vaccine strain. No viruses were resistant to oseltamivir, zanamivir, and peramivir. Five influenza-associated pediatric deaths have been identified nationally this season. One novel infection of influenza A H1N1v was identified in Iowa in a person who reported direct contact with swine. No human to human transmission has been identified.

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