



# PHILLY FLU FINDINGS

Philadelphia Department of Public Health  
Seasonal Influenza Surveillance Report  
MMWR Week 49: Dec 3—Dec 9, 2017

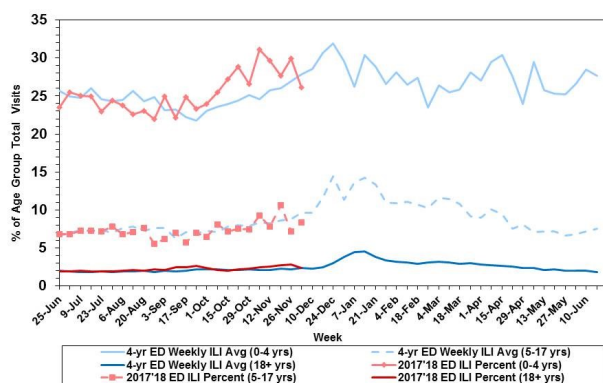
## Philadelphia Influenza Activity

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, while decreases were noted for adults and children ages 0-4 years. Sentinel hospital laboratory surveillance for influenza A and B revealed increasing positivity for influenza A. There were 4 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for  $\geq 24$  hrs.) during this time frame, all hospitalizations were due to influenza A. No influenza-associated deaths have been reported thus far this season. There was 1 influenza outbreak ( $\geq 1$  case of laboratory confirmed influenza case) reported in a long term care facility during week 49.

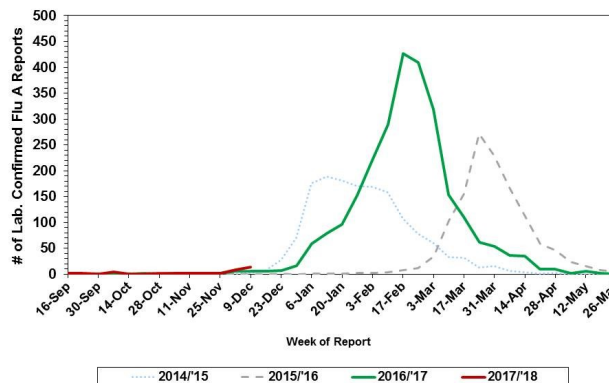
### Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2017-18 Data Compared to 4-Year Historical Weekly\* Averages

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



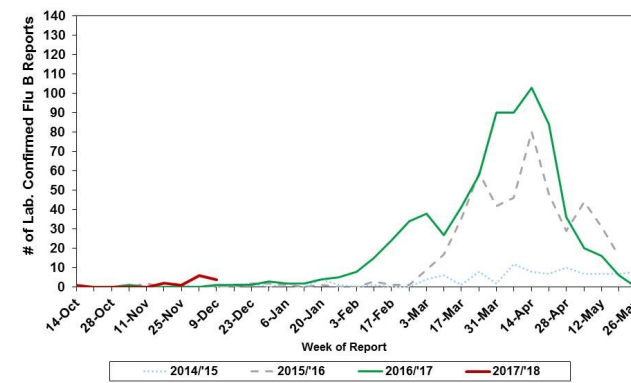
### Laboratory-Based Surveillance for Influenza A Philadelphia, 2014/2015 through 2017/2018 Seasons\*

\*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 12/9/17, there have been 1,472 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (1197 reports, 81.3%). One influenza related death has been reported this season.

## United States

Influenza activity increased throughout the U.S. during week 49. Widespread transmission was reported in 12 states (Arkansas, California, Connecticut, Louisiana, Massachusetts, Mississippi, Missouri, New York, Ohio, Oklahoma, Virginia and Wisconsin) while 26 states and Puerto Rico have reported regional activity. The percentage of respiratory specimens that tested positive for influenza increased slightly during week 49. Specifically, 19,326 specimens were tested at US clinical laboratories, and 1,633 (8.4%) specimens tested positive for influenza. Of those positive, 1,343 (82.2%) specimens tested positive for influenza A and 290 (17.8%) specimens tested positive for influenza B. Among the 562 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 500 (89%) were influenza A and 62 (11%) were influenza B. Of the influenza A specimens, 464 (94.7%) were subtyped as H3N2. During October 1-December 9, 2017, CDC has antigenically or genetically characterized 400 influenza viruses [58 influenza A(H1N1)pdm09, 256 influenza A(H3N2), and 86 influenza B viruses] collected by U.S. laboratories. The majority of influenza viruses collected were characterized antigenically and genetically as being similar to the cell-grown reference viruses representing the 2017-2018 Northern Hemisphere influenza vaccine viruses. No viruses were resistant to oseltamivir, zanamivir, and peramivir. Eight influenza-associated pediatric deaths have been identified nationally this season, one during week 49. One novel infection of influenza A H3N2v was identified in Iowa in a person who reported direct contact with swine during week 49. 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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