



# PHILLY FLU FINDINGS

Philadelphia Department of Public Health  
Seasonal Influenza Surveillance Report  
MMWR Week 50: Dec 10—Dec 16 2017

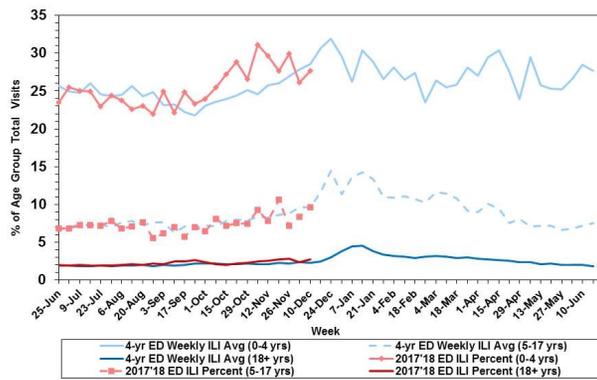
## Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses at emergency departments increased for all age groups. However, sentinel hospital laboratory surveillance for influenza A or B demonstrated decreases in detections among respiratory specimens. There were 6 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame and all hospitalizations were due to influenza A. No influenza-associated deaths have been reported thus far this season. There was 1 influenza outbreak (≥ 1 case of laboratory confirmed influenza case) reported in a long term care facility this week.

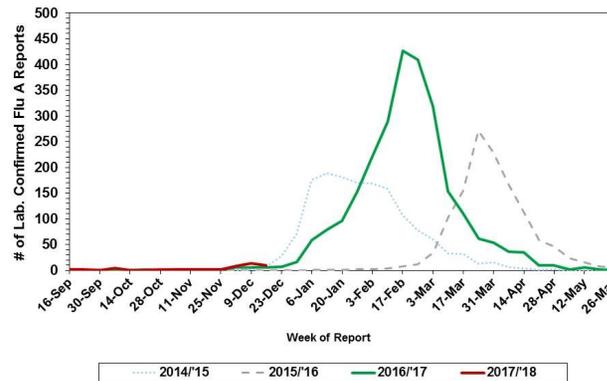
### Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2017-18 Data Compared to 4-Year Historical Weekly\* Averages

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



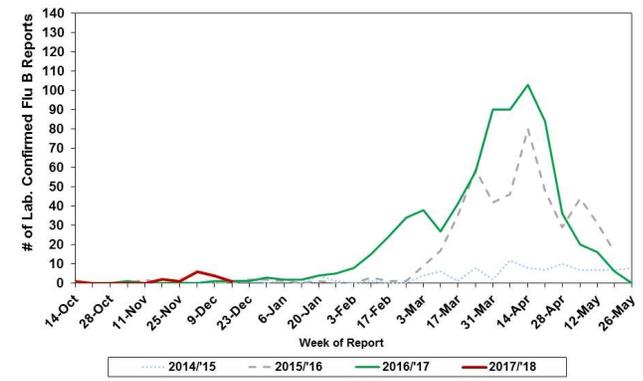
### Laboratory-Based Surveillance for Influenza A Philadelphia, 2014/2015 through 2017/2018 Seasons\*

\*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 “regional” influenza activity, which is defined by CDC as influenza activity that is increasing in at least two but less than half the regions in the state. According to PADOH, the southeast region is experiencing the greatest amount of influenza activity. From 10/01/17 to 12/16/17, there have been 2,256 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (1892 reports, 83.9%). One influenza related death has been reported this season.

## United States

Influenza activity increased sharply throughout the U.S. during week 50. Widespread transmission was reported in 23 states, while 23 states and Puerto Rico have reported regional activity. Local activity was reported for 4 states and the District of Columbia.

The percentage of respiratory specimens that tested positive for influenza increased during week 50. Specifically, 23,607 specimens were tested at US clinical laboratories, and 3,308 (14%) specimens tested positive for influenza. Of those positive, 2,812 (85%) specimens tested positive for influenza A and 496 (15%) specimens tested positive for influenza B. Among the 795 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 689 (86.7%) were influenza A and 106 (13.3%) were influenza B. Of the influenza A specimens, 611 (88.7%) were subtyped as H3N2.

During October 1-December 16, 2017, CDC has antigenically or genetically characterized 526 influenza viruses [63 influenza A(H1N1)pdm09, 336 influenza A(H3N2), and 127 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. Nine influenza-associated pediatric deaths have been identified nationally this season, one during week 50. Two novel infections of influenza A (1 H3N2v and 1 H1N1v) were identified this season in persons 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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