



PHILLY FLU FINDINGS

Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 52: Dec 24—Dec 30 2017

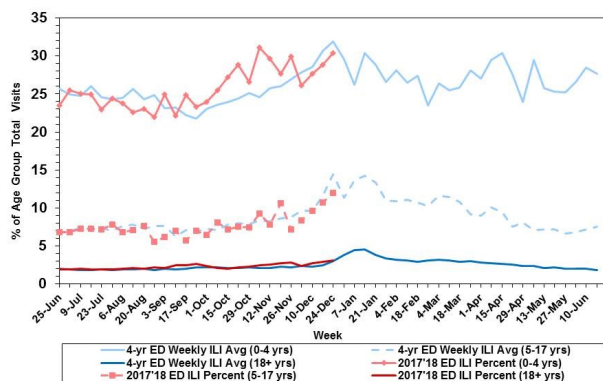
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses at emergency departments increased for all age groups. Additionally, sentinel hospital laboratory surveillance for influenza A or B demonstrated increases in detections among respiratory specimens for both types. There were 22 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 20 (91%) of hospitalizations were due to influenza A. One influenza-associated death was reported so far this season. There was 1 influenza outbreak (≥ 1 case of laboratory confirmed influenza case) reported in a long term care facility for week 52.

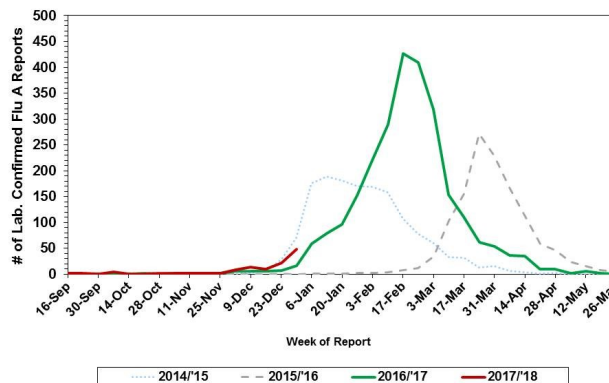
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2017-18 Data Compared to 4-Year Historical Weekly* Averages

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



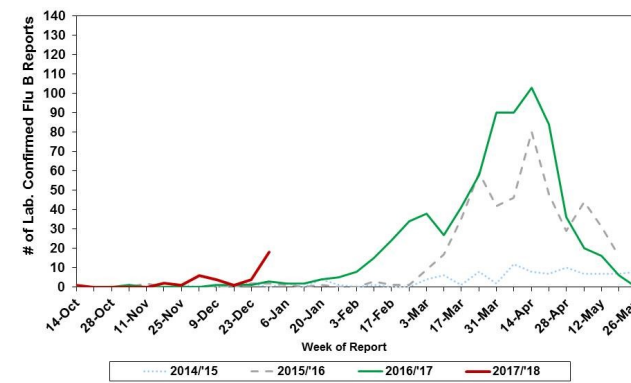
Laboratory-Based Surveillance for Influenza A Philadelphia, 2014/2015 through 2017/2018 Seasons*

*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 “widespread” influenza activity, which is defined by CDC as influenza activity that is increasing in at least half the regions of the state. According to PADOH, the southeast region is experiencing the greatest amount of influenza activity. From 10/01/17 to 12/30/17, there have been 6,221 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (5,377 reports, 86.4%). Six influenza related deaths have been reported this season, three during week 52.

United States

Influenza activity increased sharply throughout the U.S. during week 52. Widespread transmission was reported in 46 states, while 4 states reported regional activity. Local activity was reported by the District of Columbia.

The percentage of respiratory specimens that tested positive for influenza increased during week 52. Specifically, 36,226 specimens were tested at US clinical laboratories, and 9,228 (25.5%) specimens tested positive for influenza. Of those positive, 7,818 (84.6%) specimens tested positive for influenza A and 1,410 (13.3%) specimens tested positive for influenza B. Among the 923 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 784 (84.9%) were influenza A and 139 (15.1%) were influenza B. Of the influenza A specimens, 682 (87%) were subtyped as H3N2.

During October 1-December 30, 2017, CDC has antigenically or genetically characterized 686 influenza viruses [100 influenza A(H1N1)pdm09, 410 influenza A(H3N2), and 176 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. Among 111 Influenza A(H1N1)pdm09 samples tested for resistance to neuraminidase inhibitors, 1 (0.9%) was resistant to oseltamivir and 1(0.9%) was resistant to peramivir. No Influenza A(H1N1)pdm09 viruses were resistant to zanamivir. No Influenza A(H3N2) and Influenza B viruses were resistant to oseltamivir, zanamivir, and peramivir. A total of 13 influenza-associated pediatric deaths have been identified nationally this season, 1 during week 52. 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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