

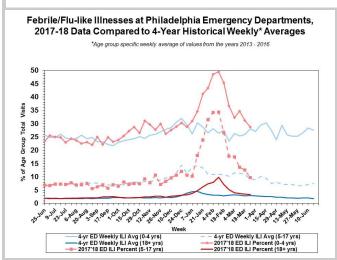
PHILLY FLU FINDINGS

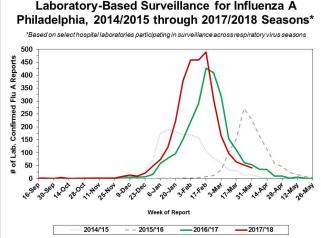
Philadelphia Department of Public Health Seasonal Influenza Surveillance Report MMWR Week 13: Mar 25—Mar 31, 2018

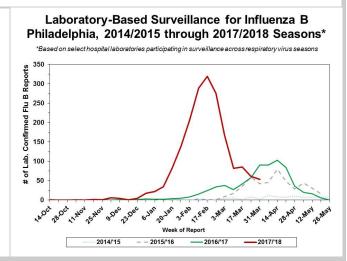
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

During week 13, febrile/flu-like illnesses at emergency departments declined across all age groups. Sentinel hospital laboratory surveillance for influenza A and B demonstrated decreases in positivity for both virus types. There were 26 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 17 (65.4%) hospitalizations were due to influenza B. Forty-three influenza-associated deaths, including one pediatric case, were reported so far this season, including one during week 13. There was one influenza outbreak (≥ 1 case of laboratory confirmed influenza case) reported in a long term care facility during week 13.







Pennsylvania

The Pennsylvania Department of Health (PADOH) has reported "regional" influenza activity, which is defined by CDC as outbreaks of influenza or increases in influenza like illness in at least two but less than half the regions of the state. Laboratory, hospital emergency department, and sentinel medical provider data indicate flu activity decreased slightly but flu B activity remains high. However, influenza activity peaked for the season at week 6 (week ending 2/10/2018). From 10/1/17 to 3/3118, there have been 110,075 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (75,753 reports, 68.8%). There have been 215 influenza related deaths reported this season, including six pediatric deaths, with eight deaths identified during week 13.

United States

Influenza activity continued to decrease in the U.S. during week 13. Widespread activity was reported in 11 states, while 26 states, Puerto Rico and Guam reported regional activity. Local activity was reported by the District of Columbia and 10 states and sporadic activity was reported by three states (Alabama, Tennessee, and Mississippi).

The percentage of respiratory specimens that tested positive for influenza remained constant during week 13. Specifically, 21,823 specimens were tested at US clinical laboratories, and 3,357 (15,4%) specimens tested positive for influenza. Of those positive for influenza tested positive for influenza and 2,028 (60,4%) specimens tested positive for influenza.

3,357 (15.4%) specimens tested positive for influenza. Of those positive, 1,329 (39.6%) specimens tested positive for influenza A and 2,028 (60.4%) specimens tested positive for influenza B. Among the 313 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 120 (38.3%) were influenza A and 193 (61.7%) were influenza B. Of the influenza A specimens, 73 (60.8%) were subtyped as H3N2 and 41 (34.2%) were subtyped as A(H1N1)pmd09.

During October 1, 2017-March 31, 2018, CDC has antigenically or genetically characterized 2,422 influenza viruses [589 influenza A(H1N1)pdm09, 1,0053 influenza A(H3N2), and 780 influenza B viruses] collected by U.S. laboratories. The majority of influenza A viruses collected were antigenically similar to the cell-grown reference viruses representing the 2017-2018 Northern Hemisphere influenza vaccine viruses, although some genetic diversity exists for the H3N2 viruses. In a smaller sample tested, the majority of influenza B viruses were antigenically similar to the vaccine strain, although a majority (72%) of the influenza B Victoria viruses contained a 6-nucleotide deletion. Sporadic instances of oseltamivir resistant and peramivir resistant influenza A(H1N1)pdm09 has been identified. A total of 142 influenza-associated pediatric deaths have been identified nationally this season, five during week 13. 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.

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