



PHILLY FLU FINDINGS

Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 45: Nov 4—Nov 10, 2018

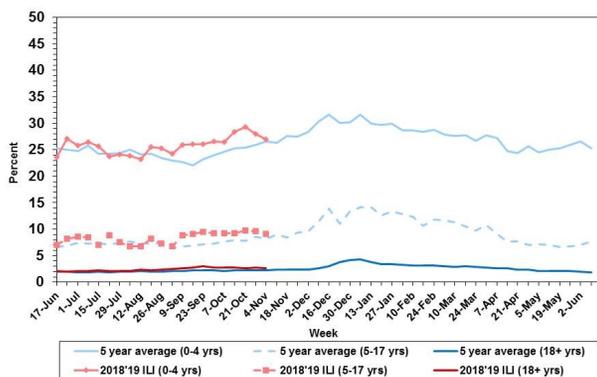
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses at emergency departments were close to normal levels seen for this time of year. Sentinel hospital laboratory surveillance for influenza A and B revealed little positivity for week 45 among the 6 participating laboratories. There were 2 reports 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 and a hospitalization due to influenza B. No influenza-associated deaths or institutional outbreaks have been reported thus far this season.

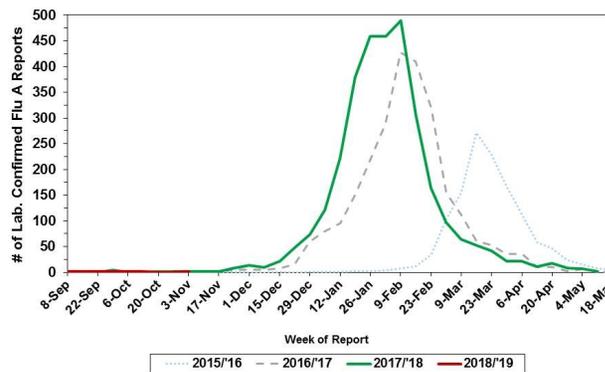
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2018-19 Data Compared to 5-Year Historical Weekly* Averages

*Age group weekly average from the years 2013 - 2017



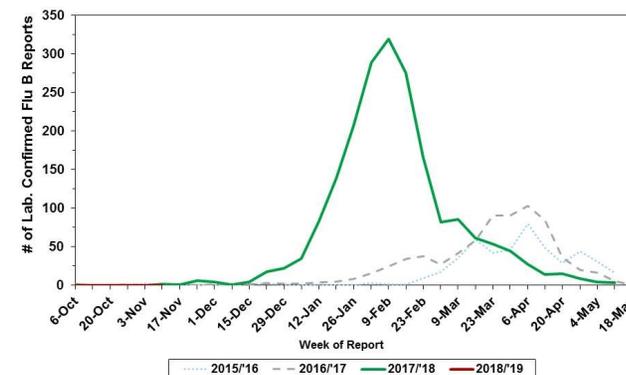
Laboratory-Based Surveillance for Influenza A Philadelphia, 2015/2016 through 2018/2019 Seasons*

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



Laboratory-Based Surveillance for Influenza B Philadelphia, 2015/2016 through 2018/2019 Seasons*

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



Pennsylvania

The Pennsylvania Department of Health (PADOH) has reported “sporadic” influenza activity, which is defined by CDC as reports of small numbers of laboratory confirmed influenza cases or a single laboratory confirmed influenza outbreak, but there is no increase in influenza-like-illness. According to PADOH, all regions of the state are experiencing low influenza activity. From 9/30/18 to 11/10/18, there have been 310 laboratory confirmed cases of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (212 reports, 68.4%). One influenza related death has been reported so far this season.

United States

Influenza activity remained low throughout the U.S. during week 45, although small increases in activity were reported. Regional influenza activity was reported by three states (Kentucky, Maryland and Texas) while local activity was reported by ten states and Guam. Thirty-five states, DC, and Puerto Rico have reported sporadic activity.

The percentage of respiratory specimens that tested positive for influenza was low for reporting U.S. clinical laboratories. Specifically, 16,335 specimens were tested at US clinical laboratories, and 189 (1.2%) specimens tested positive for influenza. Of those positive, 152 (80.4%) specimens tested positive for influenza A and 37 (19.6%) specimens tested positive for influenza B. Among the 94 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 84 (89.4%) were influenza A and 10 (10.6%) were influenza B. Of the influenza A specimens, 6 (9.5%) were subtyped as H3N2 and 57 (90.5%) were subtyped as A(H1N1)pdm09.

Since May 20, 2018, CDC has antigenically characterized 245 influenza viruses [111 influenza A(H1N1)pdm09, 79 influenza A(H3N2), and 55 influenza B viruses] collected by U.S. laboratories. Over 90% of the influenza A/H1N1 and A/H3 viruses matched the vaccine strain. Of the influenza B lineages, all of the Yamagata lineage viruses matched the vaccine strain while 81.8% of the Victoria lineage viruses matched the vaccine strain.

All viruses tested since late May show susceptibility to oseltamivir, zanamivir, and peramivir. Two influenza-associated pediatric deaths have been identified nationally this season.

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

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