



PHILLY FLU FINDINGS

Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 47: Nov 18—Nov 24, 2018

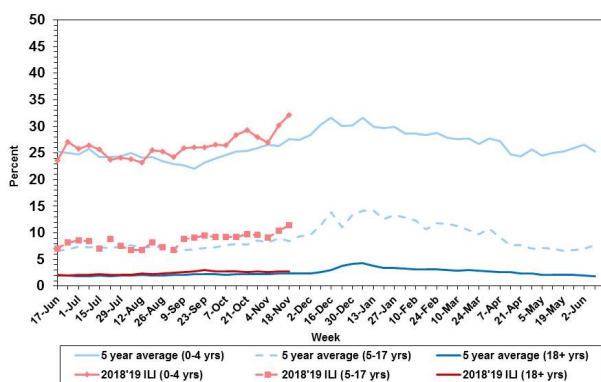
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses at emergency departments increased for persons 0-17 years during week 47, marking the second consecutive week of increase. Sentinel hospital laboratory surveillance for influenza A and B demonstrated a small increase for influenza A (5 confirmed detections) during the same time period among the 6 participating laboratories. There were 3 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, all hospitalizations 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) reported in a long term care facility this week.

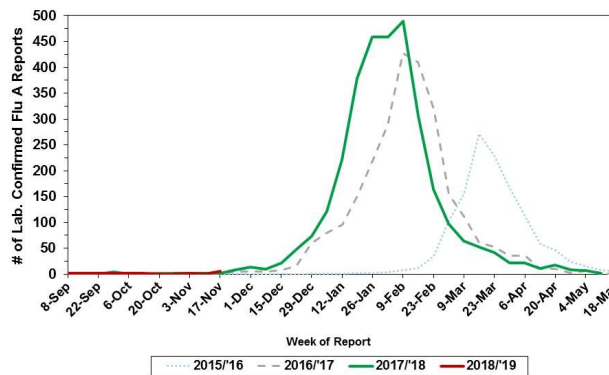
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2018-19 Data Compared to 5-Year Historical Weekly* Averages

*Age group weekly average from the years 2013 - 2017



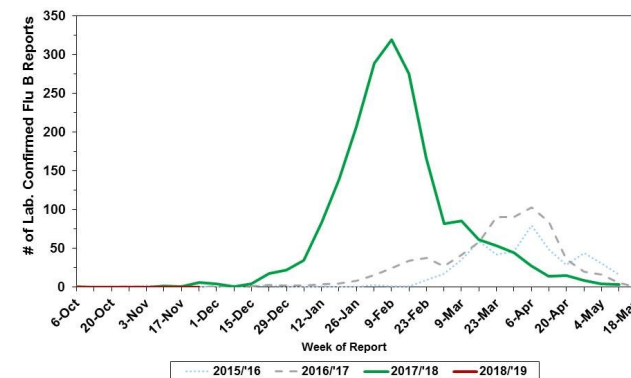
Laboratory-Based Surveillance for Influenza A Philadelphia, 2015/2016 through 2018/2019 Seasons*

*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 “local” influenza activity, which is defined by CDC as outbreaks of influenza or increases in influenza-like-illness and recent laboratory confirmed influenza in a single region of the state. According to PADOH, all regions of the state are reporting low influenza activity. From 9/30/18 to 11/24/18, there have been 588 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 (458 reports, 77.9%). One influenza related death has been reported so far this season.

United States

Influenza activity increased slightly throughout the U.S. during week 47. Regional influenza activity was reported by five states (Connecticut, Kentucky, Massachusetts, Oregon, and Utah), while local activity was reported by 16 states. Twenty-eight states, DC, and Puerto Rico reported sporadic influenza activity and one state (Virginia) and Guam reported no activity. The percentage of respiratory specimens that tested positive for influenza was low for reporting U.S. clinical laboratories. Specifically, 16,648 specimens were tested at US clinical laboratories, and 397 (2.4%) specimens tested positive for influenza. Of those positive, 372 (93.7%) specimens tested positive for influenza A and 25 (6.3%) specimens tested positive for influenza B. Among the 88 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 84 (95.5%) were influenza A and 4 (4.5%) were influenza B. Of the 72 influenza A specimens subtyped, 12 (16.7%) were subtyped as H3N2 and 60 (83.3%) were subtyped as A(H1N1)pdm09. Since May 20, 2018, CDC has antigenically characterized 338 influenza viruses [166 influenza A(H1N1)pdm09, 106 influenza A(H3N2), and 66 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 2018-2019 Northern Hemisphere influenza vaccine viruses. Of the influenza B lineages, all of the Yamagata lineage viruses matched the vaccine strain while 69.2% of the Victoria lineage viruses matched the vaccine strain. All viruses tested since late May show susceptibility to oseltamivir, zanamivir, and peramivir. Five influenza-associated pediatric deaths have been identified nationally this season, two during week 47.

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

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