



PHILLY FLU FINDINGS

Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 48: Nov 25—Dec 1, 2018

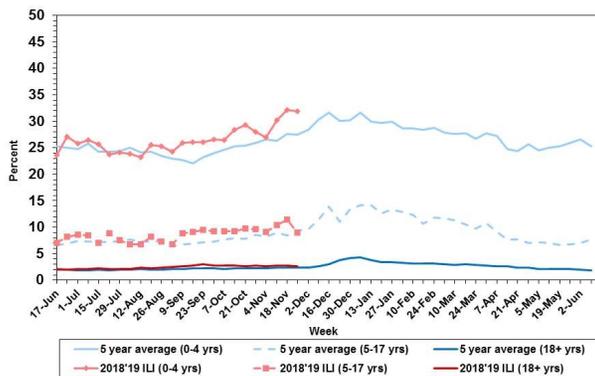
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses at emergency departments decreased for children and adolescents 5-17 years of age, while activity remained level for children (0-4 years old) and adults during week 48. Four positive specimens were reported from our sentinel hospital laboratory surveillance for influenza A and B 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, of which 2 (66.7%) hospitalizations were due to influenza A. One influenza-associated death was reported during week 48. There were no influenza outbreaks (≥ 1 case of laboratory confirmed influenza) reported in a long term care facility this week.

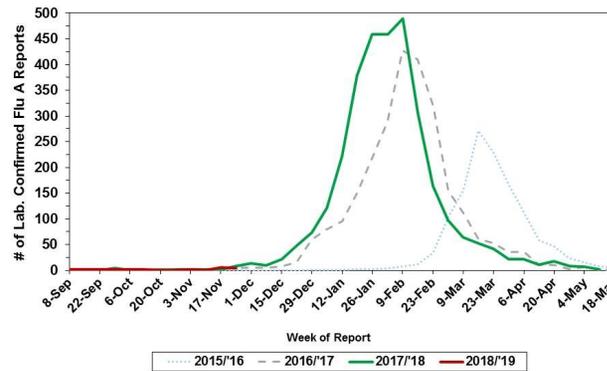
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2018-19 Data Compared to 5-Year Historical Weekly* Averages

*Age group weekly average from the years 2013 - 2017



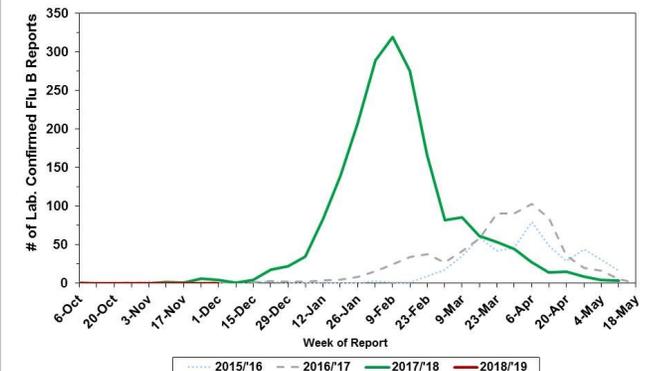
Laboratory-Based Surveillance for Influenza A Philadelphia, 2015/2016 through 2018/2019 Seasons*

*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, influenza activity is low in all regions of the state but has increased from the past few weeks. From 9/30/18 to 12/1/18, there have been 872 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 (716 reports, 82.1%). One influenza related death has been reported so far this season.

United States

Influenza activity increased slightly throughout the U.S. during week 48. Widespread activity was reported by one state (Massachusetts), while regional influenza activity was reported by nine states. Local activity was reported by 18 states and sporadic activity was reported by 28 states, DC, and Puerto Rico. The percentage of respiratory specimens that tested positive for influenza increased slightly for reporting U.S. clinical laboratories. Specifically, 21,851 specimens were tested at US clinical laboratories, and 925 (4.2%) specimens tested positive for influenza. Of those positive, 846 (91.5%) specimens tested positive for influenza A and 79 (8.5%) specimens tested positive for influenza B. Among the 180 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 170 (94.4%) were influenza A and 10 (5.6%) were influenza B. Of the 152 influenza A specimens subtyped, 27 (17.8%) were subtyped as H3N2 and 125 (82.2%) were subtyped as A(H1N1)pdm09. Since September 30, 2018, CDC has antigenically characterized 163 influenza viruses [94 influenza A(H1N1)pdm09, 45 influenza A(H3N2), and 24 influenza B viruses] collected by U.S. laboratories. All 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 however, antigenically distinct subclades have emerged for the Victoria lineage. All viruses tested since late May show susceptibility to oseltamivir, zanamivir, and peramivir. Five 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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