



PHILLY FLU FINDINGS

Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 50: Dec 9—Dec 15, 2018

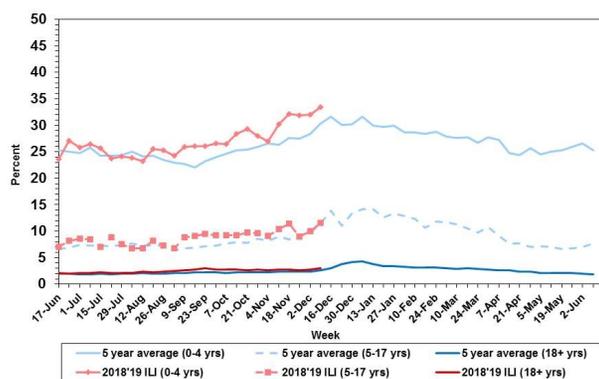
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses increased among all age groups during week 50. Similarly for the same time period, the number of influenza positive specimens reported from our sentinel hospital laboratory surveillance network increased from 5 to 23. There were 9 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which all hospitalizations were due to influenza A. One influenza-associated death has been reported so far this season. There were no influenza outbreaks (≥ 1 case of laboratory confirmed influenza) reported in a long term care facility during week 50.

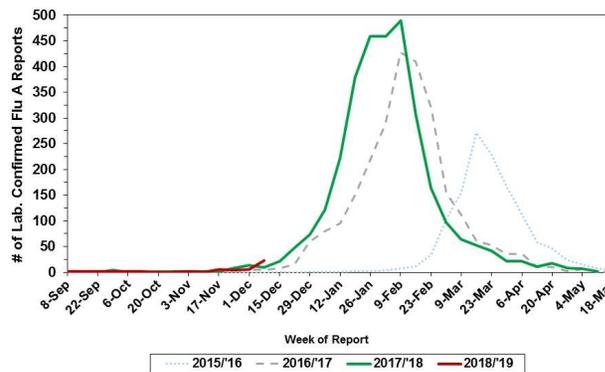
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2018-19 Data Compared to 5-Year Historical Weekly* Averages

*Age group weekly average from the years 2013 - 2017



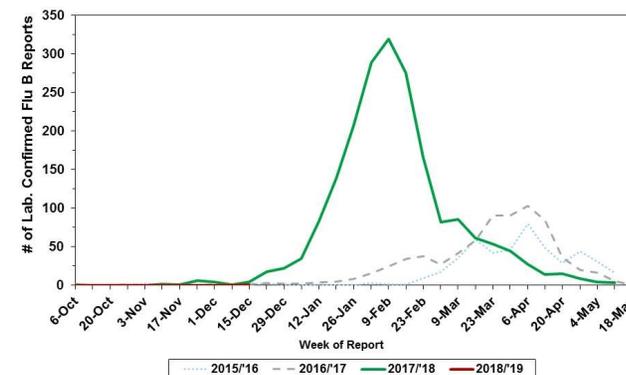
Laboratory-Based Surveillance for Influenza A Philadelphia, 2015/2016 through 2018/2019 Seasons*

*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 “regional” influenza activity, which is defined by CDC as outbreaks of influenza or increases in influenza-like-illness and recent laboratory confirmed influenza in at least two but less than half the regions in the state. According to PADOH, influenza activity has increased in all regions of the state, with the highest activity reported in the northeast and southeast regions. From 9/30/18 to 12/15/18, there have been 2,200 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 (1,970 reports, 89.5%). Four influenza related deaths have been reported so far this season.

United States

Influenza activity remained slightly elevated throughout the U.S. during week 50. Widespread activity was reported by six states and Guam, while regional influenza activity was reported by 18 states. Local activity was reported by 19 states and sporadic activity was reported by 6 states, DC, Puerto Rico, and the US Virgin Islands.

The percentage of respiratory specimens that tested positive for influenza increased for reporting U.S. clinical laboratories. Specifically, 24,176 specimens were tested at US clinical laboratories, and 2,666 (11%) specimens tested positive for influenza. Of those positive, 2,522 (94.6%) specimens tested positive for influenza A and 144 (5.4%) specimens tested positive for influenza B. Among the 408 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 399 (97.8%) were influenza A and 9 (2.2%) were influenza B. Of the 399 influenza A specimens subtyped, 308 (81.9%) were subtyped as A(H1N1)pdm09 and 68 (18.1%) were subtyped as A/H3N2. Since September 30, 2018, CDC has antigenically characterized 264 influenza viruses [163 influenza A(H1N1)pdm09, 70 influenza A(H3N2), and 31 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. Seven influenza-associated pediatric deaths have been identified nationally this season, one during week 50.

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

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