



PHILLY FLU FINDINGS

Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 52: Dec 23—Dec 29, 2018

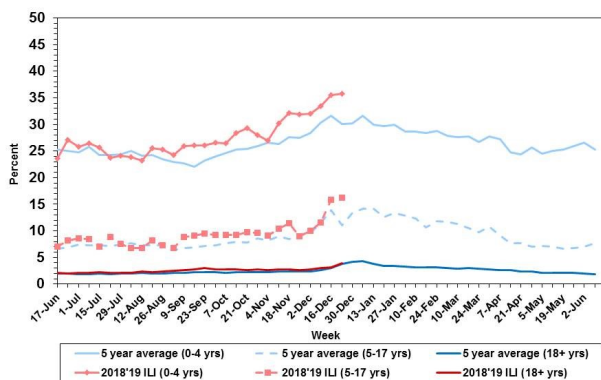
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses increased among all age groups during week 52. The number of influenza positive specimens reported from our sentinel hospital laboratory surveillance network also increased, with the majority of positive specimens being influenza A. There were 29 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 28 (96.6%) of hospitalizations were due to influenza A. Two influenza-associated deaths have been reported so far this season, one during week 52. There was one influenza outbreak (≥ 1 case of laboratory confirmed influenza) reported in a long term care facility during week 52.

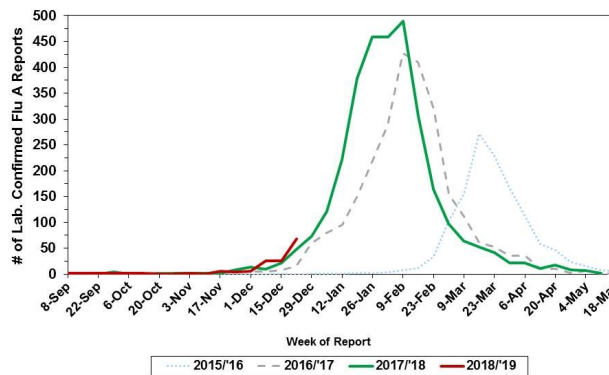
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2018-19 Data Compared to 5-Year Historical Weekly* Averages

*Age group weekly average from the years 2013 - 2017



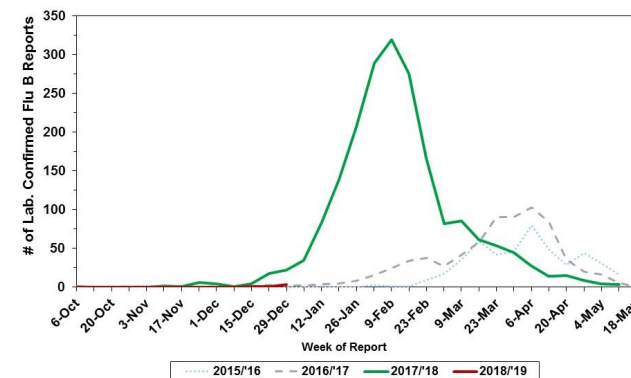
Laboratory-Based Surveillance for Influenza A Philadelphia, 2015/2016 through 2018/2019 Seasons*

*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 “widespread” 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 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 12/29/18, there have been 6,435 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 (6,103 reports, 94.8%). Eight influenza related deaths have been reported so far this season.

United States

Influenza activity increased throughout the U.S. during week 52. Widespread activity was reported by 24 states, while regional influenza activity was reported by 18 states and Puerto Rico. Local activity was reported by 6 states and sporadic activity was reported by 2 states, DC, and the US Virgin Islands. The percentage of respiratory specimens that tested positive for influenza decreased slightly for reporting U.S. clinical laboratories. Specifically, 26,603 specimens were tested at US clinical laboratories, and 3,636 (13.7%) specimens tested positive for influenza. Of those positive, 3,532 (97.1%) specimens tested positive for influenza A and 104 (2.9%) specimens tested positive for influenza B. Among the 536 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 522 (97.4%) were influenza A and 14 (2.6%) were influenza B. Of the 491 influenza A specimens subtyped, 439 (89.4%) were subtyped as A(H1N1)pdm09 and 52 (10.6%) were subtyped as A/H3N2. Since September 30, 2018, CDC has antigenically characterized 395 influenza viruses [242 influenza A(H1N1)pdm09, 108 influenza A(H3N2), and 45 influenza B viruses] collected by U.S. laboratories. 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 however, antigenically distinct subclades have emerged for the Victoria lineage. All viruses tested since late May show susceptibility to oseltamivir, zanamivir, and peramivir. Thirteen influenza-associated pediatric deaths have been identified nationally this season, two during week 52.

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

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