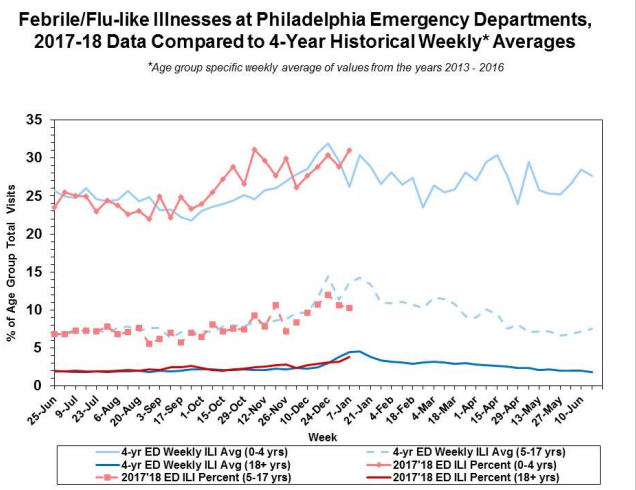
PHILLY FLU FINDINGS

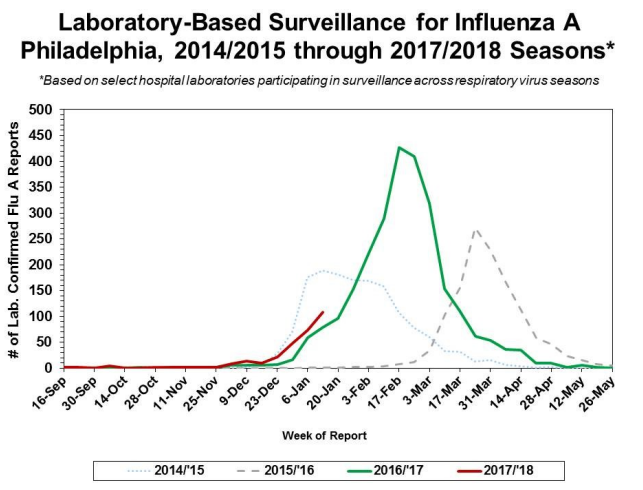
Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 02: Jan 7—Jan 13, 2018

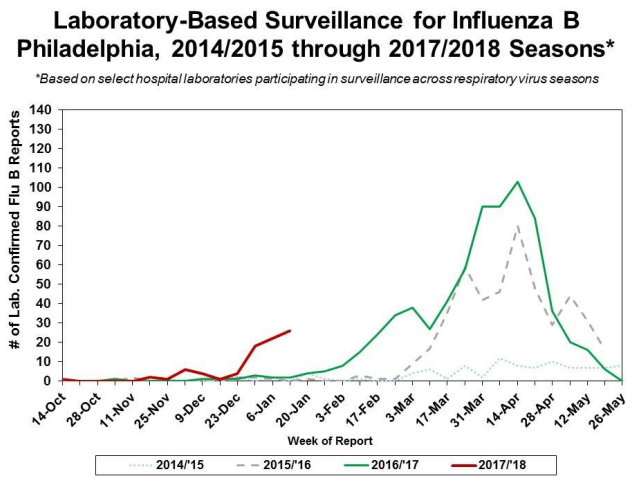
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses at emergency departments increased for adults and children (0-4 years) while activity declined children and adolescents (5-17 years). Sentinel hospital laboratory surveillance for influenza A or B continued to detect increases among respiratory specimens for both types. There were 58 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 51 (87.9%) of hospitalizations were due to influenza A. Three influenza-associated deaths were reported so far this season, one during week 02. There were 5 influenza outbreaks (≥ 1 case of laboratory confirmed influenza case) reported in a long term care facility for week 02.







Pennsylvania

The Pennsylvania Department of Health (PADOH) has reported "widespread" influenza activity, which is defined by CDC as influenza activity that is increasing in at least half the regions of the state. According to PADOH, the southwest region is experiencing the greatest amount of influenza activity. From 10/1/17 to 1/13/18, there have been 17,786 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (15,442 reports, 86.8%). There have been 32 influenza related deaths have been reported this season, including one pediatric death, with 14 deaths occurring during week 2.

United States

Influenza activity continued to increase throughout the U.S. during week 02. Widespread transmission was reported in 49 states and Puerto Rico, while 1 state (Hawaii) and the District of Columbia reported local activity.

The percentage of respiratory specimens that tested positive for influenza slightly increased during week 02. Specifically, 50,435 specimens were tested at US clinical laboratories, and 12,894 (25.6%) specimens tested positive for influenza. Of those positive, 10,622 (82.4%) specimens tested positive for influenza A and 2,272 (17.6%) specimens tested positive for influenza B. Among the 1,507 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 1,319 (87.5%) were influenza A and 188 (12.5%) were influenza B. Of the influenza A specimens, 1,111 (84.2%) were subtyped as H3N2.

During October 1, 2017-January 13, 2018, CDC has antigenically or genetically characterized 893 influenza viruses [146 influenza A(H1N1)pdm09, 498 influenza A(H3N2), and 249 influenza B viruses] collected by U.S. laboratories. The majority of influenza viruses collected were characterized antigenically and genetically as being similar to the cell-grown reference viruses representing the 2017-2018 Northern Hemisphere influenza vaccine viruses. Among 168 Influenza A(H1N1)pdm09 samples tested for resistance to neuraminidase inhibitors, 2 (1.2%) were resistant to oseltamivir and 2(1.2%) were resistant to peramivir. No Influenza A(H1N1)pdm09 viruses were resistant to zanamivir. No Influenza A(H3N2) and Influenza B viruses were resistant to oseltamivir, zanamivir, and peramivir. A total of 30 influenza-associated pediatric deaths have been identified nationally this season, 10 during week 02. Two novel infections of influenza A (1 H3N2v and 1 H1N1v) were identified this season in persons who reported direct contact with swine. No human to human transmission has been identified.

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