PHILLY FLU FINDINGS

Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 03: Jan 14—Jan 20, 2018

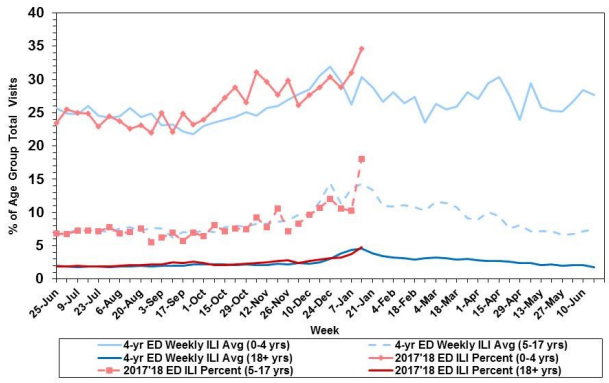
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses at emergency departments increased significantly across all age groups during week 3. Sentinel hospital laboratory surveillance for influenza A or B continued to detect increases among respiratory specimens for both types. There were 78 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 58 (74.4%) of hospitalizations were due to influenza A. Five influenza-associated deaths were reported so far this season, three during week 03. There were 3 influenza outbreaks (≥ 1 case of laboratory confirmed influenza case) reported in a long term care facility for week 03.

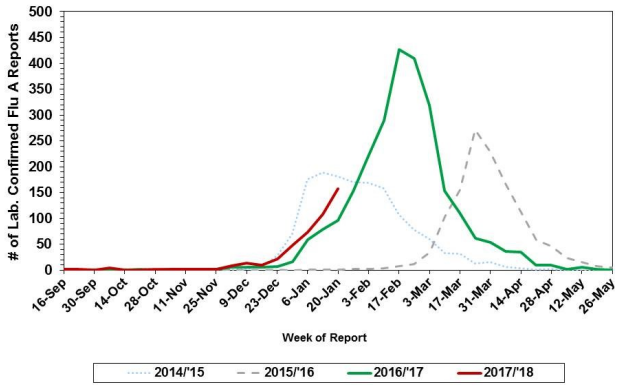
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2017-18 Data Compared to 4-Year Historical Weekly* Averages

**Age group specific weekly average of values from the years 2013 - 2016*



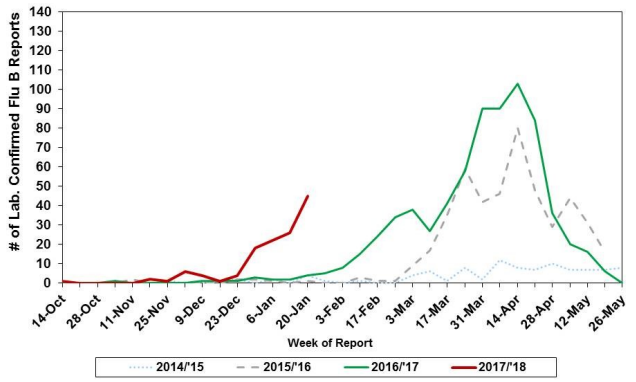
Laboratory-Based Surveillance for Influenza A Philadelphia, 2014/2015 through 2017/2018 Seasons*

**Based on select hospital laboratories participating in surveillance across respiratory virus seasons*



Laboratory-Based Surveillance for Influenza B Philadelphia, 2014/2015 through 2017/2018 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 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 1/20/18, there have been 25,497 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (21,889 reports, 85.8%). There have been 47 influenza related deaths reported this season, including one pediatric death, with 15 deaths occurring during week 3.

United States

Influenza activity continued to increase throughout the U.S. during week 03. 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 03. Specifically, 50,276 specimens were tested at US clinical laboratories, and 13,421 (26.7%) specimens tested positive for influenza. Of those positive, 10,536 (78.5%) specimens tested positive for influenza A and 2,885 (21.5%) specimens tested positive for influenza B. Among the 1,349 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 1,136 (84.2%) were influenza A and 213 (15.8%) were influenza B. Of the influenza A specimens, 914 (80.5%) were subtyped as H3N2 and 144 (12.7%) were subtyped as A(H1N1)pmd09.

During October 1, 2017-January 20, 2018, CDC has antigenically or genetically characterized 1,041 influenza viruses [181 influenza A(H1N1)pdm09, 561 influenza A(H3N2), and 299 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 181 Influenza A(H1N1)pdm09 samples tested for resistance to neuraminidase inhibitors, 2 (1.1%) were resistant to oseltamivir and 2(1.1%) 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 37 influenza-associated pediatric deaths have been identified nationally this season, seven during week 03. 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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