

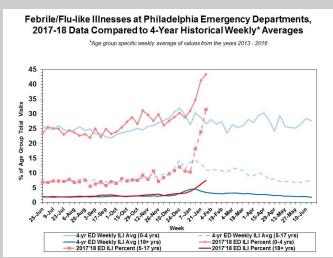
PHILLY FLU FINDINGS

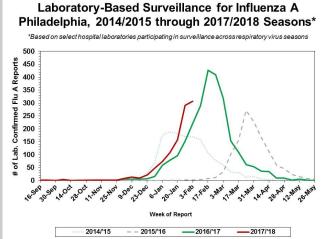
Philadelphia Department of Public Health Seasonal Influenza Surveillance Report MMWR Week 05: Jan 28—Feb 3, 2018

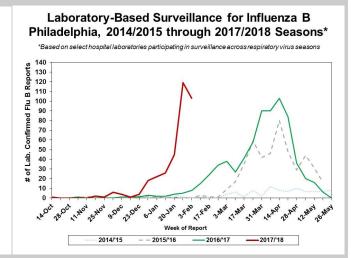
Philadelphia Influenza Activity

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 05. Sentinel hospital laboratory surveillance for influenza A and B detected increases among respiratory specimens for influenza A, while modest declines were seen for influenza B. There were 119 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 98 (82.4%) of hospitalizations were due to influenza A. Fifteen influenza-associated deaths were reported so far this season, six during week 05. There were 4 influenza outbreaks (≥ 1 case of laboratory confirmed influenza case) reported in a long term care facility for week 05.







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 southeast region is experiencing the greatest amount of influenza activity. From 10/1/17 to 2/3/18, there have been 47,752 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (39,208 reports, 82.1%). There have been 91 influenza related deaths reported this season, including one pediatric death, with 26 deaths occurring during week 5.

United States

Influenza activity remained constant throughout the U.S. during week 05. Widespread transmission was reported in 48 states and Puerto Rico, while 2 states (Oregon and Hawaii) reported regional activity. Local activity was reported by the District of Columbia and Guam.

The percentage of respiratory specimens that tested positive for influenza remained unchanged during week 05. Specifically, 63,180 specimens were tested at US clinical laboratories, and 16,641 (26.3%) specimens tested positive for influenza. Of those positive, 11,517 (69.2%) specimens tested positive for influenza A and 5,124 (30.8%) specimens tested positive for influenza B. Among the 1,453 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 1,065 (73.3%) were influenza A and 388 (26.7%) were influenza B. Of the influenza A specimens, 834 (78.3%) were subtyped as H3N2 and 144 (13.5%) were subtyped as A(H1N1)pmd09.

During October 1, 2017-February 3, 2018, CDC has antigenically or genetically characterized 1,365 influenza viruses [276 influenza A(H1N1)pdm09, 695 influenza A(H3N2), and 394 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 376 Influenza A(H1N1)pdm09 samples tested for resistance to neuraminidase inhibitors, 4 (1.1%) were resistant to oseltamivir and 4(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 63 influenza-associated pediatric deaths have been identified nationally this season, 10 during week 05. 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.

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