# OF PHILADEL ALLANDON

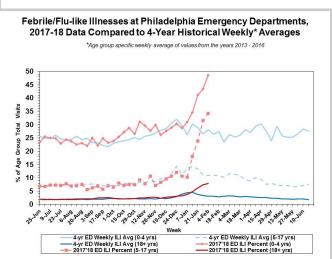
## PHILLY FLU FINDINGS

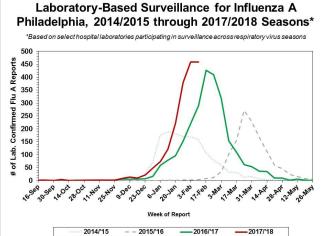
Philadelphia Department of Public Health Seasonal Influenza Surveillance Report MMWR Week 06: Feb 4—Feb 10, 2018

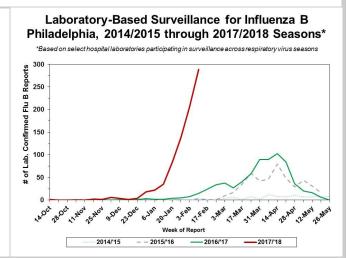
#### Philadelphia Influenza Activity

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 06. Sentinel hospital laboratory surveillance for influenza A and B detected increases among respiratory specimens for both influenza types. There were 112 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 72 (64.3%) of hospitalizations were due to influenza A. Twenty influenza-associated deaths were reported so far this season, five during week 06. There were 5 influenza outbreaks (≥ 1 case of laboratory confirmed influenza case) reported in a long term care facility for week 06.







### **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 2/10/18, there have been 61,587 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (49,450 reports, 80.3%). There have been 107 influenza related deaths reported this season, including two pediatric deaths, with 16 deaths occurring during week 06.

#### **United States**

Influenza activity remained constant throughout the U.S. during week 06. Widespread transmission was reported in 48 states and Puerto Rico, while 1 state (Oregon) reported regional activity. Local activity was reported by 1 state (Hawaii), the District of Columbia and Guam.

The percentage of respiratory specimens that tested positive for influenza remained unchanged during week 06. Specifically, 64,312 specimens were tested at US clinical laboratories, and 17,040 (26.5%) specimens tested positive for influenza. Of those positive, 10,837 (63.6%) specimens tested positive for influenza A and 6,203 (36.4%) specimens tested positive for influenza B. Among the 1,676 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 1,109 (66.2%) were influenza A and 567 (33.8%) were influenza B. Of the influenza A specimens, 870 (78.4%) were subtyped as H3N2 and 201 (18.1%) were subtyped as A(H1N1)pmd09.

During October 1, 2017-February 10, 2018, CDC has antigenically or genetically characterized 1,562 influenza viruses [337 influenza A(H1N1)pdm09, 769 influenza A(H3N2), and 456 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 431 Influenza A(H1N1)pdm09 samples tested for resistance to neuraminidase inhibitors, 4 (0.9%) were resistant to oseltamivir and 4(0.9%) 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 84 influenza-associated pediatric deaths have been identified nationally this season, 22 during week 06. 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.

Phone: (215) 685-6742 Fax: (215) 238-6947 Email: ACD@phila.gov Reporting requirements and forms are posted online at hip.phila.gov