

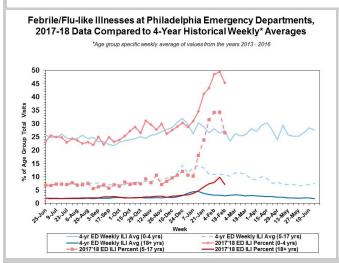
PHILLY FLU FINDINGS

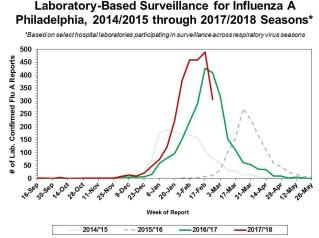
Philadelphia Department of Public Health Seasonal Influenza Surveillance Report MMWR Week 08: Feb 18—Feb 24, 2018

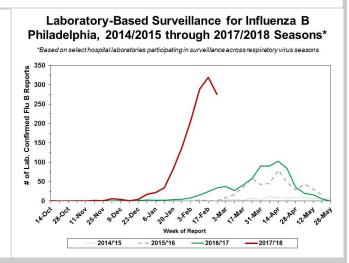
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

During week 8, febrile/flu-like illnesses at emergency departments decreased across all age groups. Sentinel hospital laboratory surveillance for influenza A and B demonstrated decreases among respiratory specimens for both influenza types. There were 86 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 45 (52.2%) of hospitalizations were due to influenza A. Twenty– five influenza-associated deaths were reported so far this season, two during week 08. There were 6 influenza outbreaks (≥ 1 case of laboratory confirmed influenza case) reported in a long term care facility for week 08.







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, although influenza activity is still widespread, it has decreased in all the state regions. However, there is usually co-circulation of influenza viruses during any one season and it is not uncommon for there to be second waves of influenza B activity during an influenza season. From 10/1/17 to 2/24/18, there have been 85,365 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (64,204 reports, 75.2%). There have been 150 influenza related deaths reported this season, including five pediatric deaths, with 15 deaths occurring during week 08.

United States

Influenza activity decreased in the U.S. during week 08. Widespread activity was reported in 45 states and Puerto Rico, while 2 states (Minnesota and Texas) and Guam reported regional activity. Local activity was reported by the District of Columbia and 3 states (Hawaii, Oregon, and Vermont).

The percentage of respiratory specimens that tested positive for influenza decreased slightly during week 08. Specifically, 42,615 specimens were tested at US clinical laboratories, and 9,191 (21.6%) specimens tested positive for influenza. Of those positive, 4,742 (51.6%) specimens tested positive for influenza A and 4,449 (48.4%) specimens tested positive for influenza B. Among the 1,095 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 593 (54.2%) were influenza A and 502 (45.8%) were influenza B. Of the influenza A specimens, 467 (78.8%) were subtyped as H3N2 and 115 (19.4%) were subtyped as A(H1N1)pmd09.

During October 1, 2017-February 24, 2018, CDC has antigenically or genetically characterized 1,802 influenza viruses [421 influenza A(H1N1)pdm09, 859 influenza A(H3N2), and 522 influenza B viruses] collected by U.S. laboratories. The majority of influenza A viruses collected were antigenically similar to the cell-grown reference viruses representing the 2017-2018 Northern Hemisphere influenza vaccine viruses, although some genetic diversity exists for the H3N2 viruses. In a smaller sample tested, the majority of influenza B viruses were antigenically similar to the vaccine strain, although a majority (55.7%) of the influenza B Victoria viruses contained a 6-nucleotide deletion. Sporadic instances of oseltamivir resistant and peramivir resistant influenza A(H1N1)pdm09 has been identified. A total of 114 influenza-associated pediatric deaths have been identified nationally this season, 17 during week 08. 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 transmission has been identified.

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