

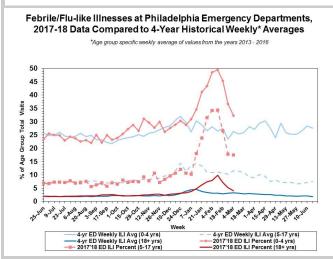
PHILLY FLU FINDINGS

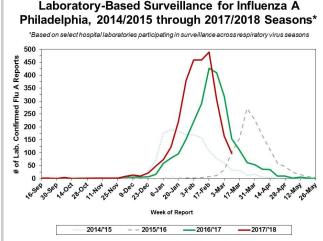
Philadelphia Department of Public Health Seasonal Influenza Surveillance Report MMWR Week 10: Mar 4—Mar 10, 2018

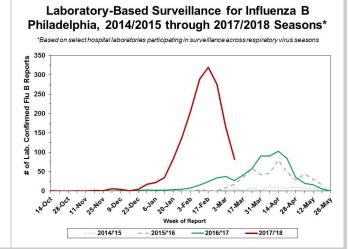
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

During week 10, 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 34 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 17 (50%) of hospitalizations were due to influenza A and 17 (50%) were due to influenza B. Thirty-five influenza-associated deaths were reported so far this season, two during week 10, including 1 pediatric case. There was one influenza outbreak (≥ 1 case of laboratory confirmed influenza case) reported in a long term care facility for week 10.







Pennsylvania

The Pennsylvania Department of Health (PADOH) has reported "regional" influenza activity, which is defined by CDC as outbreaks of influenza or increases in influenza like illness in at least two but less than half the regions of the state. Laboratory, hospital emergency department, and sentinel medical provider data indicate flu activity decreased in the past weeks and peaked at week 6 (week ending 2/10/2018). From 10/1/17 to 3/10/18, there have been 98,097 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (70,610 reports, 72%). There have been 188 influenza related deaths reported this season, including six pediatric deaths, with 19 deaths occurring during week 10.

United States

Influenza activity continued to decrease in the U.S. during week 10. Widespread activity was reported in 26 states and Puerto Rico, while 18 states and Guam reported regional activity. Local activity was reported by the District of Columbia and 5 states (Hawaii, Nevada, Oregon, Texas, and West Virginia).

The percentage of respiratory specimens that tested positive for influenza continued to decrease during week 10. Specifically, 28,157 specimens were tested at US clinical laboratories, and 4,223 (15%) specimens tested positive for influenza. Of those positive, 1,963 (46.5%) specimens tested positive for influenza A and 2,260 (53.5%) specimens tested positive for influenza B. Among the 561 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 242 (43.1%) were influenza A and 319 (56.9%) were influenza B. Of the influenza A specimens, 173 (71.5%) were subtyped as H3N2 and 55 (22.7%) were subtyped as A(H1N1)pmd09.

During October 1, 2017-March 10, 2018, CDC has antigenically or genetically characterized 2,075 influenza viruses [499 influenza A(H1N1)pdm09, 941 influenza A(H3N2), and 635 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 (56.2%) 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 128 influenza-associated pediatric deaths have been identified nationally this season, nine during week 10. 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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