



# PHILLY FLU FINDINGS

Philadelphia Department of Public Health  
Seasonal Influenza Surveillance Report  
MMWR Week 14: Mar 31, 2019—April 6, 2019

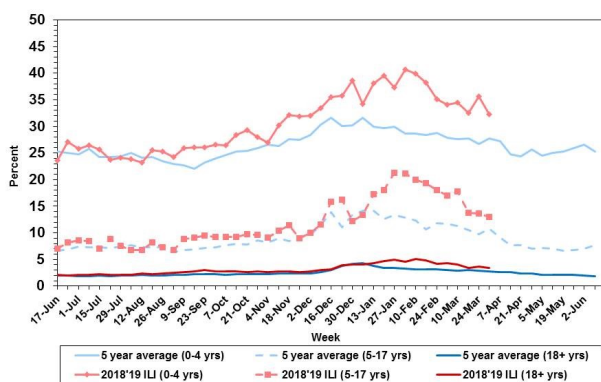
## Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses decreased across all age groups during week 14. The number of influenza positive specimens reported from our sentinel hospital laboratory surveillance network also declined. All but two of the positive specimens reported were influenza A. There were 27 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for  $\geq 24$  hrs.) during this time frame, of which 26(96.3%) were due to influenza A. Twenty-five influenza-associated deaths have been reported so far this season, including two during week 14. There were four influenza outbreaks ( $\geq 1$  case of laboratory confirmed influenza) reported in a long term care facility during week 14.

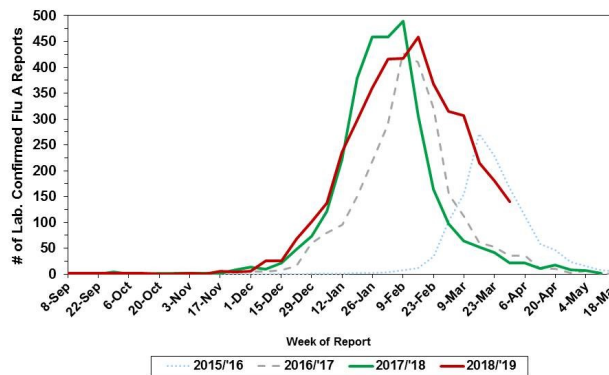
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2018-19 Data Compared to 5-Year Historical Weekly\* Averages

\*Age group weekly average from the years 2013 - 2017



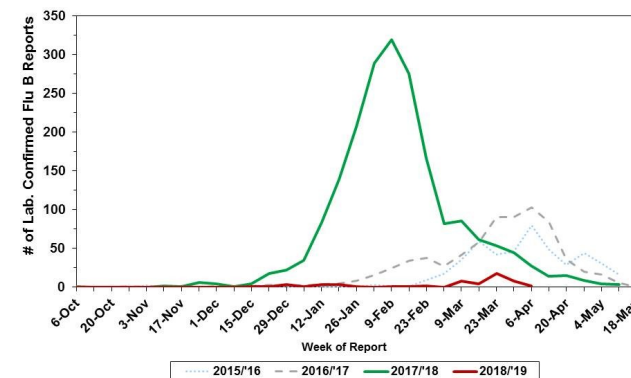
Laboratory-Based Surveillance for Influenza A Philadelphia, 2015/2016 through 2018/2019 Seasons\*

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



Laboratory-Based Surveillance for Influenza B Philadelphia, 2015/2016 through 2018/2019 Seasons\*

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



## 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 and recent laboratory confirmed influenza in at least two but less than half the regions in the state. According to PADOH, influenza activity has continued to decrease during the past week in all state regions, however activity is still higher than epidemic threshold. The highest influenza activity was reported in the northwest region. From 9/30/18 to 4/6/19, there have been 91,462 laboratory confirmed cases of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (87,877 reports, 96.1%). One hundred fifteen influenza-associated deaths have been reported so far this season, including two pediatric deaths.

## United States

Influenza activity continued to decrease but remains elevated in the U.S. during week 14. Influenza A(H1N1)pdm09 viruses predominated from October to mid-February and Influenza A (H3N2) viruses have been more commonly identified since late February. Small numbers of influenza B viruses have also been reported. Widespread influenza activity was reported by 20 states, while regional activity was reported by Puerto Rico and 25 states. Local activity was reported by one state and DC and sporadic activity was reported by the U.S. Virgin Islands. The percentage of respiratory specimens that tested positive for influenza decreased for reporting U.S. clinical laboratories. Specifically, 26,127 specimens were tested at US clinical laboratories, and 3,957 (15.1%) specimens tested positive for influenza. Of those positive, 3,570 (90.2%) specimens tested positive for influenza A and 387 (9.8%) specimens tested positive for influenza B. Among the 720 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 477 (88.7%) were influenza A and 61 (11.3%) were influenza B. Of the 449 influenza A specimens subtyped, 104 (23.2%) were subtyped as A(H1N1)pdm09 and 345 (76.8%) were subtyped as A/H3N2. Since September 30, 2018, CDC has antigenically characterized 1,838 influenza viruses [932 influenza A(H1N1)pdm09, 676 influenza A(H3N2), and 230 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 2018-2019 Northern Hemisphere influenza vaccine viruses, although some genetic diversity exists for the H3N2 viruses. Of the influenza B lineages, all of the Yamagata lineage viruses matched the vaccine strain however, antigenically distinct subclades have emerged for the Victoria lineage. The majority of influenza viruses tested show susceptibility to oseltamivir and peramivir. All influenza viruses showed susceptibility to zanamivir. Eighty-six influenza-associated pediatric deaths have been identified nationally this season, four during week 14.

All institutional outbreaks and hospitalized and fatal cases of influenza are to be reported to PDPH.

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