



# PHILLY FLU FINDINGS

Philadelphia Department of Public Health  
Seasonal Influenza Surveillance Report  
MMWR Week 16: April 14, 2019—April 20, 2019

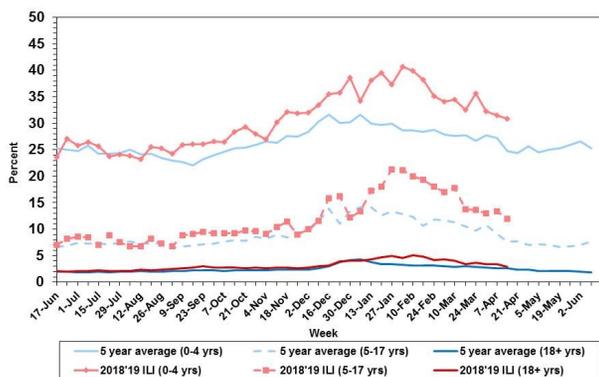
## Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses decreased across all age groups. The number of influenza positive specimens reported from our sentinel hospital laboratory surveillance network continued to decline, as 48 specimens were positive for flu A and only 2 were positive for flu B. There were 12 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 11 (91.7%) were due to influenza A. Twenty-seven influenza-associated deaths have been reported so far this season. There was one influenza outbreak ( $\geq 1$  case of laboratory confirmed influenza) reported in a long term care facility during week 16.

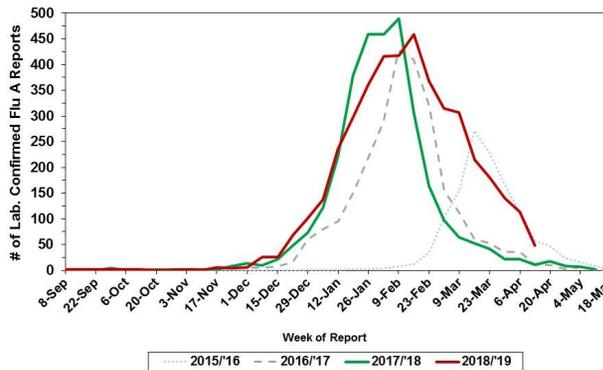
### Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2018-19 Data Compared to 5-Year Historical Weekly\* Averages

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



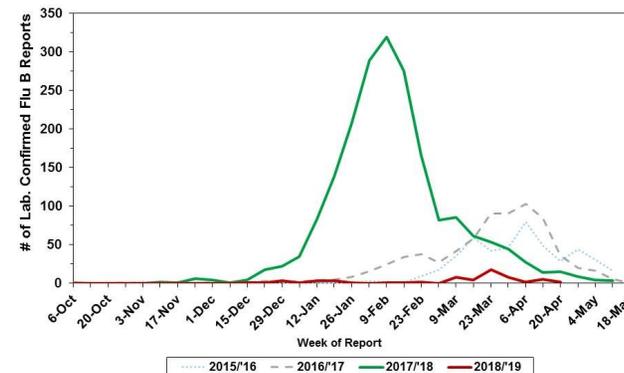
### Laboratory-Based Surveillance for Influenza A Philadelphia, 2015/2016 through 2018/2019 Seasons\*

\*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 “local” influenza activity, which is defined by CDC as outbreaks of influenza or increases in influenza-like-illness and recent laboratory confirmed influenza in a single region of the state. According to PADOH, influenza activity has continued to decrease during the past week in all state regions, and the activity is below the epidemic threshold for the first time since the beginning of the epidemic. The highest influenza activity was reported in the northwest region. From 9/30/18 to 4/20/19, there have been 96,365 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 (92,336 reports, 95.8%). One hundred thirty-three influenza-associated deaths have been reported so far this season, including two pediatric deaths.

## United States

Influenza activity continued to decrease in the U.S. during week 16. 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 5 states, while regional activity was reported by Puerto Rico and 17 states. Local activity was reported by 19 states and sporadic activity was reported by nine states, D.C, and the U.S. Virgin Islands. The percentage of respiratory specimens that tested positive for influenza decreased for reporting U.S. clinical laboratories. Specifically, 18,777 specimens were tested at US clinical laboratories, and 1,516 (8.1%) specimens tested positive for influenza. Of those positive, 1,155 (76.2%) specimens tested positive for influenza A and 361 (23.8%) specimens tested positive for influenza B. Among the 177 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 149 (84.2%) were influenza A and 28 (15.8%) were influenza B. Of the 146 influenza A specimens subtyped, 34 (23.3%) were subtyped as A(H1N1)pdm09 and 112 (76.7%) were subtyped as A/H3N2. Since September 30, 2018, CDC has antigenically characterized 2,015 influenza viruses [955 influenza A(H1N1)pdm09, 749 influenza A(H3N2), and 271 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. Ninety-six influenza-associated pediatric deaths have been identified nationally this season, five during week 16.

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

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