



# PHILLY FLU FINDINGS

Philadelphia Department of Public Health  
Seasonal Influenza Surveillance Report  
MMWR Week 17: April 21, 2019—April 27, 2019

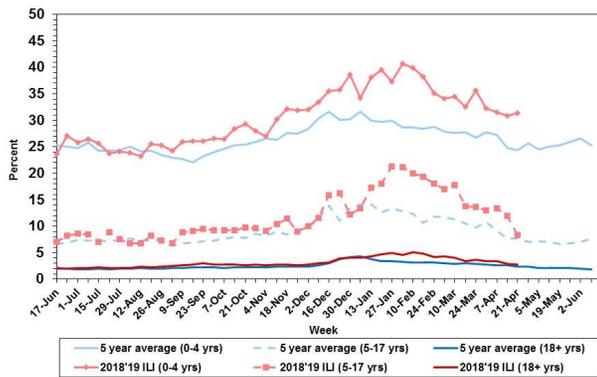
## Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses decreased among children and adolescents 5– 17 years of age, as well as adults. However, ILI activity actually increased slightly among children 0-4 years of age. The number of influenza positive specimens reported from our sentinel hospital laboratory surveillance network continued to decline, as 9 specimens were positive for flu A and 6 were positive for flu B. There were 5 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, all of which were due to influenza A. Twenty-eight influenza-associated deaths have been reported so far this season. There were no influenza outbreaks (≥ 1 case of laboratory confirmed influenza) reported in a long term care facility during week 17.

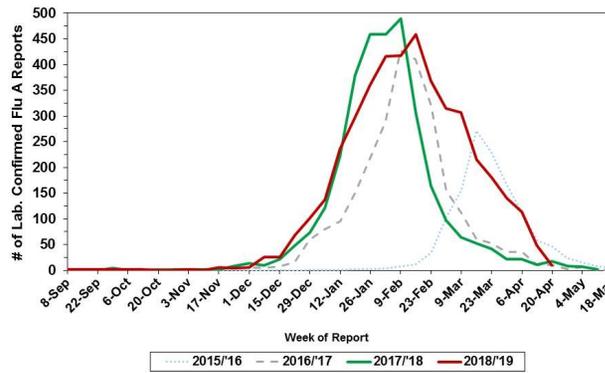
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2018-19 Data Compared to 5-Year Historical Weekly\* Averages

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



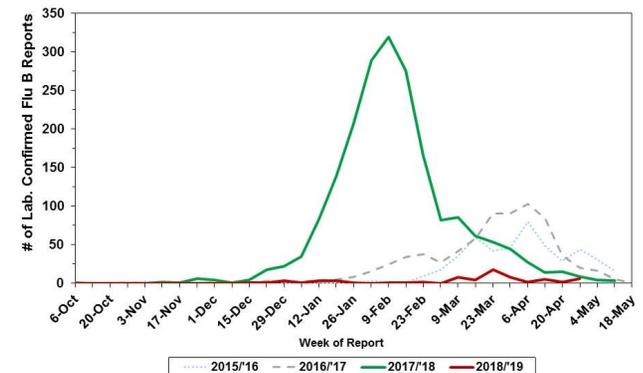
Laboratory-Based Surveillance for Influenza A Philadelphia, 2015/2016 through 2018/2019 Seasons\*

\*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. The highest influenza activity was reported in the northwest region. From 9/30/18 to 4/27/19, there have been 97,627 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 (93,429 reports, 95.7%). One hundred thirty-eight 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 17. 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 3 states, while regional activity was reported by Puerto Rico and 7 states. Local activity was reported by 18 states and sporadic activity was reported by 22 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, 19,080 specimens were tested at US clinical laboratories, and 1,026 (5.4%) specimens tested positive for influenza. Of those positive, 750 (73.1%) specimens tested positive for influenza A and 276 (26.9%) specimens tested positive for influenza B. Among the 132 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 104 (78.8%) were influenza A and 28 (21.2%) were influenza B. Of the 100 influenza A specimens subtyped, 33 (33%) were subtyped as A(H1N1)pdm09 and 67 (67%) were subtyped as A/H3N2. Since September 30, 2018, CDC has antigenically characterized 2,266 influenza viruses [1,080 influenza A(H1N1)pdm09, 869 influenza A(H3N2), and 317 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 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. One hundred one influenza-associated pediatric deaths have been identified nationally this season, five during week 17.

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

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