

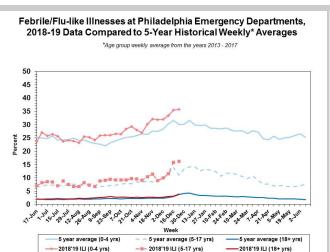
PHILLY FLU FINDINGS

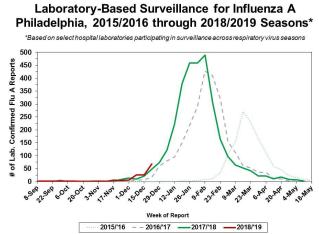
Philadelphia Department of Public Health Seasonal Influenza Surveillance Report MMWR Week 01: Dec 30, 2018—Jan 5, 2019

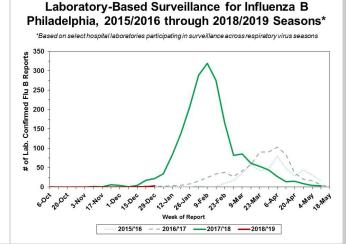
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses increased significantly among children ages 0-4 years during the first week of the new year. The number of influenza positive specimens reported from our sentinel hospital laboratory surveillance network also increased, with the majority of positive specimens being influenza A. There were 21 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 19 (90.5%) were due to influenza A. Two influenza-associated deaths have been reported so far this season. There was one influenza outbreak (≥ 1 case of laboratory confirmed influenza) reported in a long term care facility during week 01.







Pennsylvania

The Pennsylvania Department of Health (PADOH) has reported "widespread" 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 half the regions in the state. According to PADOH, influenza activity is high in all regions of the state, with the highest activity reported in the northeast and southeast regions. From 9/30/18 to 1/5/19, there have been 9,268 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 (8,868 reports, 95.7%). Ten influenza related deaths have been reported so far this season.

United States

Influenza activity remained elevated throughout the U.S. during week 01. Widespread activity was reported by 30 states, while regional influenza activity was reported by 17 states and Puerto Rico. Local activity was reported by 2 states and sporadic activity was reported by 1 state. DC, and the US Virgin Islands.

The percentage of respiratory specimens that tested positive for influenza remained constant for reporting U.S. clinical laboratories. Specifically, 35,059 specimens were tested at US clinical laboratories, and 4,460 (12.7%) specimens tested positive for influenza. Of those positive, 4,347 (97.5%) specimens tested positive for influenza A and 113 (2.5%) specimens tested positive for influenza B. Among the 444 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 440 (99.1%) were influenza A and 4 (0.9%) were influenza B. Of the 390 influenza A specimens subtyped, 322 (82.6%) were subtyped as A(H1N1)pmd09 and 68 (17.4%) were subtyped as A/H3N2. Since September 30, 2018, CDC has antigenically characterized 444 influenza viruses [270 influenza A(H1N1)pdm09, 127 influenza A(H3N2), and 47 influenza B viruses] collected by U.S. laboratories. Majority of influenza A viruses collected were antigenically similar to the cell-grown reference viruses representing the 2018-2019 Northern Hemisphere influenza vaccine 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. No influenza viruses tested were resistant to oseltamivir, zanamivir, and peramivir. Sixteen influenza-associated pediatric deaths have been identified nationally this season, three during week 01.

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