

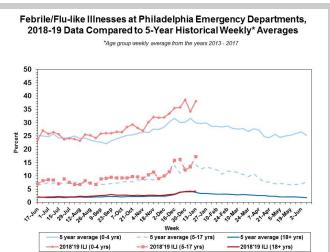
PHILLY FLU FINDINGS

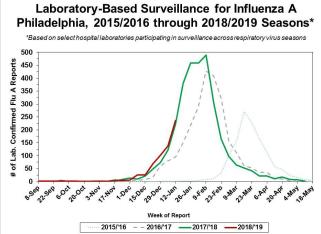
Philadelphia Department of Public Health Seasonal Influenza Surveillance Report MMWR Week 03: Jan 13, 2018—Jan 19, 2019

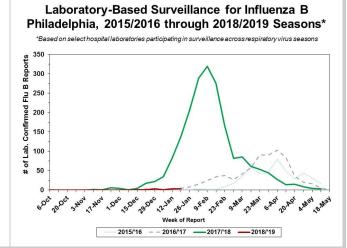
Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses increased among all age groups during week 03. The number of influenza positive specimens reported from our sentinel hospital laboratory surveillance network increased significantly as well. The majority of positive specimens were influenza A. There were 31 reports of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for ≥ 24 hrs.) during this time frame, of which 30 (96.8%) were due to influenza A. Seven influenza-associated deaths have been reported so far this season, three during week 03. There was one influenza outbreak (≥ 1 case of laboratory confirmed influenza) reported in a long term care facility during week 03.







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 has increased slightly during the past week in all state regions, with the highest activity reported in the northeast and southeast regions. From 9/30/18 to 1/19/19, there have been 15,365 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 (14,788 reports, 96.2%). Twenty influenza-associated deaths have been reported so far this season.

United States

Influenza activity increased throughout the U.S. during week 03. Widespread activity was reported by 36 states, while regional influenza activity was reported by 11 states and Puerto Rico. Local activity was reported by three states and sporadic activity was reported by DC and the US Virgin Islands.

The percentage of respiratory specimens that tested positive for influenza increased for reporting U.S. clinical laboratories. Specifically, 30,778 specimens were tested at US clinical laboratories, and 4,950 (16.1%) specimens tested positive for influenza. Of those positive, 4,851 (98%) specimens tested positive for influenza A and 99 (2%) specimens tested positive for influenza B. Among the 752 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 740 (98.4%) were influenza A and 12 (1.6%) were influenza B. Of the 706 influenza A specimens subtyped, 573 (81.2%) were subtyped as A(H1N1)pmd09 and 133 (18.8%) were subtyped as A/H3N2. Since September 30, 2018, CDC has antigenically characterized 647 influenza viruses [391 influenza A(H1N1)pdm09, 188 influenza A(H3N2), and 68 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. Sporadic instances of oseltamivir resistant and peramivir resistant influenza A(H1N1)pdm09 has been identified. Twenty-two influenza-associated pediatric deaths have been identified nationally this season, three during week 03.

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