

Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

Febrile/flu-like illnesses declined across all age groups. The number of influenza positive specimens reported from our sentinel hospital laboratory surveillance network decreased as well, marking the first significant decrease this season. All but two of the positive specimens were influenza A. There were 70 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 69 (98.6%) were due to influenza A. Fourteen influenza-associated deaths have been reported so far this season, one during week 08. There were two influenza outbreaks (\geq 1 case of laboratory confirmed influenza) reported in a long term care facility during week 08.



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 during the past week in all state regions with the highest influenza activity reported in the northwest and southeast regions. From 9/30/18 to 2/23/19, there have been 46,145 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 (44,790 reports, 97.1%). Fifty-seven influenza-associated deaths have been reported so far this season, including one pediatric death.

United States

Influenza activity remained elevated in the U.S. during week 08. Widespread influenza activity was reported by 49 states and Puerto Rico. Local activity was reported by DC and one state while sporadic activity was reported by the US Virgin Islands.

The percentage of respiratory specimens that tested positive for influenza remained constant for reporting U.S. clinical laboratories. Specifically, 39,107 specimens were tested at US clinical laboratories, & 10,316 (26.4%) specimens tested positive for influenza. Of those positive, 10,027 (97.2%) specimens tested positive for influenza A and 289 (2.8%) specimens tested positive for influenza B. Among the 1,151 positive influenza specimens received by public health laboratories for confirmatory testing & subtyping during this week, 1,128 (98%) were influenza A and 23 (2%) were influenza B. Of the 1,077 influenza A specimens subtyped, 494 (45.9%) were subtyped as A(H1N1)pmd09 and 583 (54.1%) were subtyped as A/H3N2.

Since September 30, 2018, CDC has antigenically characterized 1,258 influenza viruses [690 influenza A(H1N1)pdm09, 425 influenza A(H3N2), and 143 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. Sporadic instances of oseltamivir resistant and peramivir resistant influenza A(H1N1)pdm09 has been identified. Fifty-six influenza-associated pediatric deaths have been identified nationally this season, 15 during week 08.