



PHILLY FLU FINDINGS

Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 09: Feb 24, 2019—Mar 2, 2019

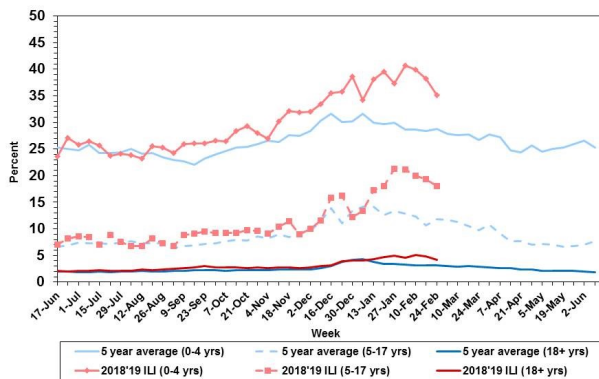
Philadelphia Influenza Activity

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 sharply. All of the positive specimens were influenza A. There were 55 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. Fifteen influenza-associated deaths have been reported so far this season, one during week 09. There was one influenza outbreak (≥ 1 case of laboratory confirmed influenza) reported in a long term care facility during week 09.

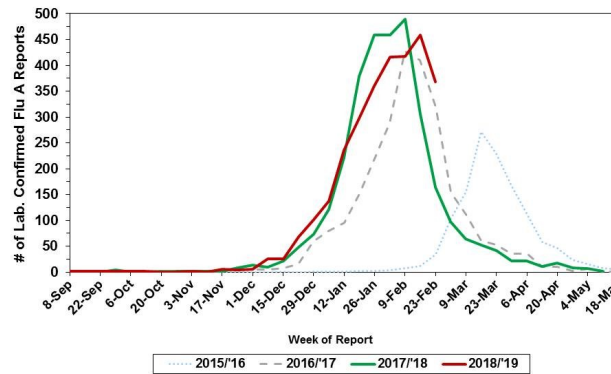
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2018-19 Data Compared to 5-Year Historical Weekly* Averages

*Age group weekly average from the years 2013 - 2017



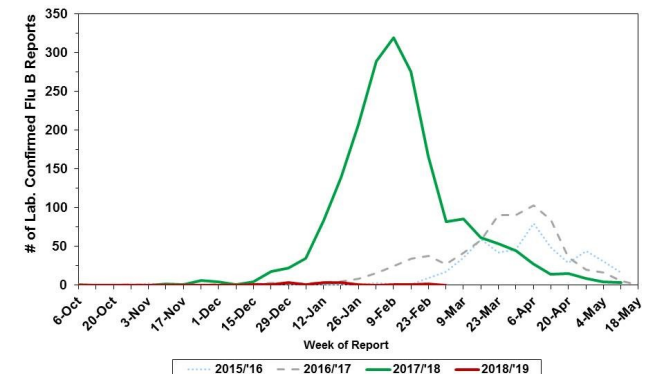
Laboratory-Based Surveillance for Influenza A Philadelphia, 2015/2016 through 2018/2019 Seasons*

*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 “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 remained high 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 3/2/19, there have been 53,962 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 (52,370 reports, 97%). Sixty-eight 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 09. Widespread influenza activity was reported by 48 states and Puerto Rico. Local activity was reported by DC and two states 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, 36,193 specimens were tested at US clinical laboratories, and 9,434 (26.1%) specimens tested positive for influenza. Of those positive, 9,171 (97.2%) specimens tested positive for influenza A and 263 (2.8%) specimens tested positive for influenza B. Among the 1,209 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 1,186 (98.1%) were influenza A and 23 (1.9%) were influenza B. Of the 1,128 influenza A specimens subtyped, 429 (38%) were subtyped as A(H1N1)pdm09 and 699 (62%) were subtyped as A/H3N2. Since September 30, 2018, CDC has antigenically characterized 1,416 influenza viruses [762 influenza A(H1N1)pdm09, 490 influenza A(H3N2), and 164 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. Sixty-four influenza-associated pediatric deaths have been identified nationally this season, nine during week 09.

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

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