PHILLY FLU FINDINGS

Philadelphia Department of Public Health
Seasonal Influenza Surveillance Report
MMWR Week 12: Mar 17, 2019—Mar 23, 2019

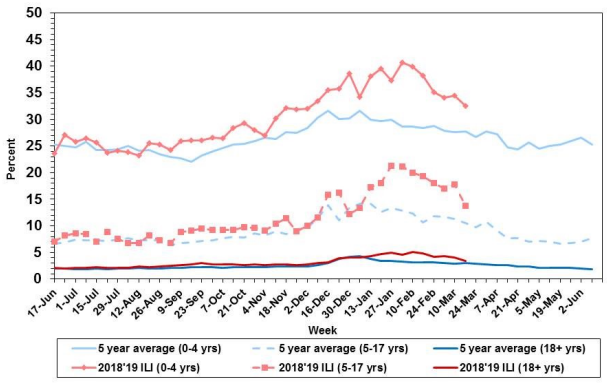
Philadelphia Influenza Activity

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 also decreased. Most of the positive specimens were influenza A, though influenza B positivity has started to increase. There were 39 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-three influenza-associated deaths have been reported so far this season, one during week 12. There was one influenza outbreak (≥ 1 case of laboratory confirmed influenza) reported in a long term care facility during week 12.

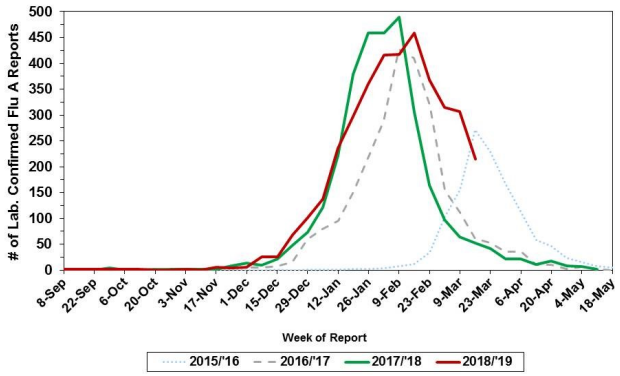
Febrile/Flu-like Illnesses at Philadelphia Emergency Departments, 2018-19 Data Compared to 5-Year Historical Weekly* Averages

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



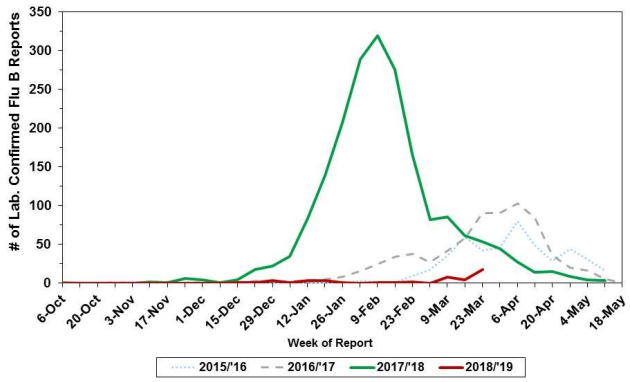
Laboratory-Based Surveillance for Influenza A Philadelphia, 2015/2016 through 2018/2019 Seasons*

**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 decreased sharply during the past week in all state regions, however activity is still higher than epidemic threshold. The highest influenza activity was reported in the northwest and southeast regions. From 9/30/18 to 3/23/19, there have been 79,450 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 (76,769 reports, 96.6%). Ninety-eight influenza-associated deaths have been reported so far this season, including two pediatric deaths.

United States

Influenza activity decreased but remained elevated in the U.S. during week 12. Influenza A(H1N1)pdm09 viruses predominated from October to mid-February and Influenza A(H3N2) viruses have been more commonly identified since late February. There have been small numbers of influenza B viruses reported. Widespread influenza activity was reported by 34 states and Puerto Rico, while regional activity was reported by 14 states. Local activity was reported by two states and DC and sporadic activity was reported by the US Virgin Islands. The percentage of respiratory specimens that tested positive for influenza decreased for reporting U.S. clinical laboratories. Specifically, 31,045 specimens were tested at US clinical laboratories, and 6,876 (22.1%) specimens tested positive for influenza. Of those positive, 6,503 (94.6%) specimens tested positive for influenza A and 373 (5.4%) specimens tested positive for influenza B. Among the 923 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping during this week, 877 (95%) were influenza A and 46 (5%) were influenza B. Of the 841 influenza A specimens subtyped, 268 (31.9%) were subtyped as A(H1N1)pmd09 and 573 (68.1%) were subtyped as A/H3N2. Since September 30, 2018, CDC has antigenically characterized 1,721 influenza viruses [890 influenza A(H1N1)pdm09, 618 influenza A(H3N2), and 213 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 zanamirvir. Seventy-seven influenza-associated pediatric deaths have been identified nationally this season, one during week 12.

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

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