



Philadelphia Department of Public Health Division of Disease Control

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Health Advisory

Respiratory Virus Surveillance Summary and 2012-2013 Season Reporting Requirements October 15, 2012

Surveillance Summary

Since the end of August, clinical laboratories have confirmed the return of the cold season, as detections of rhinoviruses in respiratory specimens have steadily increased (Figure). Rhinovirus infection is an important trigger of asthma exacerbation, a condition that can lead to hospitalization. Other respiratory viruses, such as adenoviruses, respiratory syncytial viruses, and parainfluenza viruses, are circulating at lower levels. Thus far, only three laboratory confirmed cases of influenza have been identified in Philadelphia this season.

The Philadelphia Department of Public Health (PDPH) will provide updates on influenza activity in the form of a weekly surveillance report posted on the Health Information Portal (hip.phila.gov) each Friday. Guidance for influenza testing, treatment, and infection prevention are also available on the Health Information Portal.

Reporting Requirements for Influenza

PDPH requests that healthcare providers and infection prevention practitioners report the following influenza cases to the health department using the attached form for the 2012-2013 season:

- Hospitalized persons with laboratory-confirmed influenza (including positive rapid antigen tests)
- Fatal cases of laboratory-confirmed (including positive rapid tests) or suspected influenza

Only minimal demographic and laboratory information is required for hospitalized cases who are *not* in the intensive care unit. Cases can be reported via fax to 215-238-6947. A fillable PDF version of the case report form can be found at hip.phila.gov.

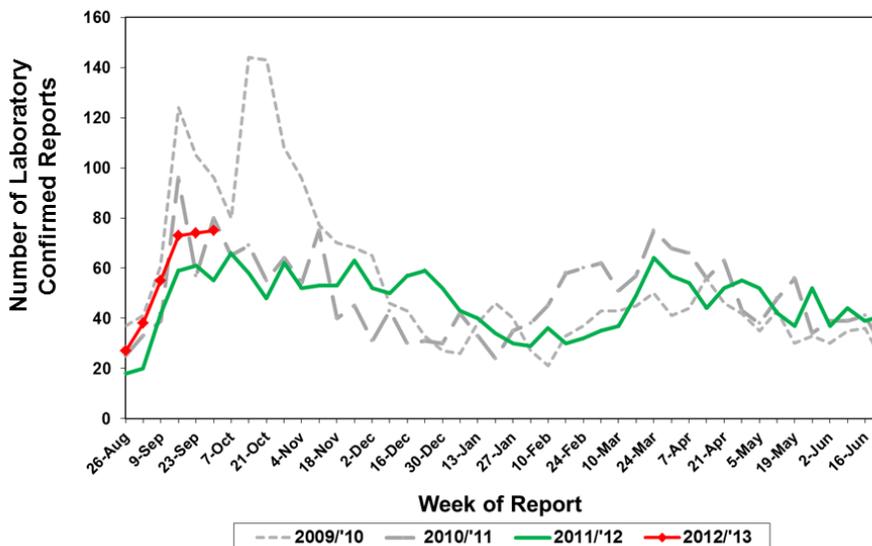
Outbreaks of influenza in a long-term care facility, school, childcare center, or shelter are also reportable. Outbreaks are defined as one laboratory-confirmed case of influenza or three or more cases of influenza like illness (fever >100°F plus one or more respiratory symptoms such as cough or sore throat) in a facility. Outbreaks can be reported to PDPH by calling 215-685-6740.

Vaccination Clinics

Flu vaccine is recommended for all persons ≥6 months of age. Vaccine is available for Philadelphia residents *without* health insurance at clinics posted here: www.phila.gov/health/DiseaseControl/shotschedule.html



**Laboratory-Based Surveillance for Rhinovirus:
Philadelphia, Counts for 2009/2010 - 2012/2013
Seasons**



2012-2013 INFLUENZA REPORT FORM HOSPITALIZED OR FATAL CASES



Philadelphia Department of Public Health
Division of Disease Control
 Acute Communicable Disease Program
 500 South Broad St, Philadelphia, 19146
Telephone (215) 685-6740 Fax (215) 238-6947
Form Available at hip.phila.gov

Use this form to report suspected and confirmed cases of influenza who are either hospitalized (24 hours or more) or fatal. All other cases do not need to be reported by name, unless indicative of a new outbreak in a facility or institution requiring special containment measures.

PATIENT DEMOGRAPHIC INFORMATION

REPORT DATE	LAST NAME	FIRST NAME	D.O.B _ / _ / _	AGE (yr)	SEX <input type="checkbox"/> F <input type="checkbox"/> M	RACE
STREET ADDRESS			CITY		ZIP CODE	
TELEPHONE # Home	Work or Mobile		OCCUPATION (OR SCHOOL)		PARENT or CARETAKER NAME	
DATE OF SYMPTOM ONSET _ / _ / _	MEDICAL RECORD #	PHYSICIAN NAME			PHYSICIAN PHONE #	

LABORATORY (Check all tests that were POSITIVE for influenza)

Specimen Collection Date: _ / _ / _

Source if not nasopharynx: _____

Laboratory: _____

Other Respiratory Virus: _____

Rapid Antigen Test → Specify flu type: A B A/B
 Influenza A Culture Influenza B, Culture
 Influenza A DFA/IFA Influenza B, DFA/IFA
 Influenza A PCR Influenza B PCR

HOSPITALIZED / ICU / FATAL CASE (If Yes to either question, please complete the section for ICU / FATAL cases)

HOSPITAL NAME	ADMIT DATE _ / _ / _	DISCHARGE DATE _ / _ / _	Y N DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(Y=Yes; N=No; DK=Don't Know) Admitted to Intensive Care Unit Fatal If yes, Date of Death: _ / _ / _
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FOR ICU or FATAL CASES ONLY – PLEASE COMPLETE ADDITIONAL CLINICAL INFORMATION

SYMPTOMS	Onset Date: _ / _ / _	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Nausea
	<input type="checkbox"/> Fever Highest temp(F) _____	<input type="checkbox"/> Muscle Aches	<input type="checkbox"/> Headaches	<input type="checkbox"/> Other, Specify: _____		

BODY MEASUREMENTS Height _____ (ft, in) Weight _____ lb or _____ kg OR BMI _____

UNDERLYING CONDITIONS (Check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Chronic Heart Disease/Cardiovascular Disease	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Unknown	<input type="checkbox"/> COPD	<input type="checkbox"/> Pregnant Gestation Weeks: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Smokes Tobacco
<input type="checkbox"/> Neurological, Specify _____	<input type="checkbox"/> Immunosuppression, Specify : _____	<input type="checkbox"/> Other, Specify: _____

TREATMENT Was antiviral treatment prescribed? Y N DK **Antiviral Drug** Oseltamivir (Tamiflu) Zanamivir (Relenza)

Was antibiotic treatment prescribed? Y N DK Other Specify Drug: _____

RECEIVED SEASONAL FLU VACCINE (Y=Yes; N=No; DK=Don't Know) Y N DK If yes, date: _ / _ / _

MEDICAL COMPLICATIONS NONE Pneumonia (X-ray confirmed) Acute Respiratory Distress Syndrome (ARDS)

Super-infection (specify organism(s)/type of infection(s): _____)

Bacteremia (specify organism(s): _____) Other, specify: _____

REPORTER INFORMATION

REPORTER NAME	FACILITY NAME:	REPORTER PHONE #:	TYPE: <input type="checkbox"/> DO/MD <input type="checkbox"/> ICP <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Other _____
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Please fax report to 215-238-6947 upon completion. If case is associated with a suspect outbreak indicate on form.