Philadelphia Department of Public Health
Division of Disease Control

DONALD F. SCHWARZ, MD, MPH
Deputy Mayor, Health & Opportunity
Health Commissioner

NAN FEYLER, JD, MPH
Chief of Staff

CAROLINE C. JOHNSON, MD
Director, Division of Disease Control

Health Advisory

Influenza Surveillance Update and Treatment and Testing Recommendations
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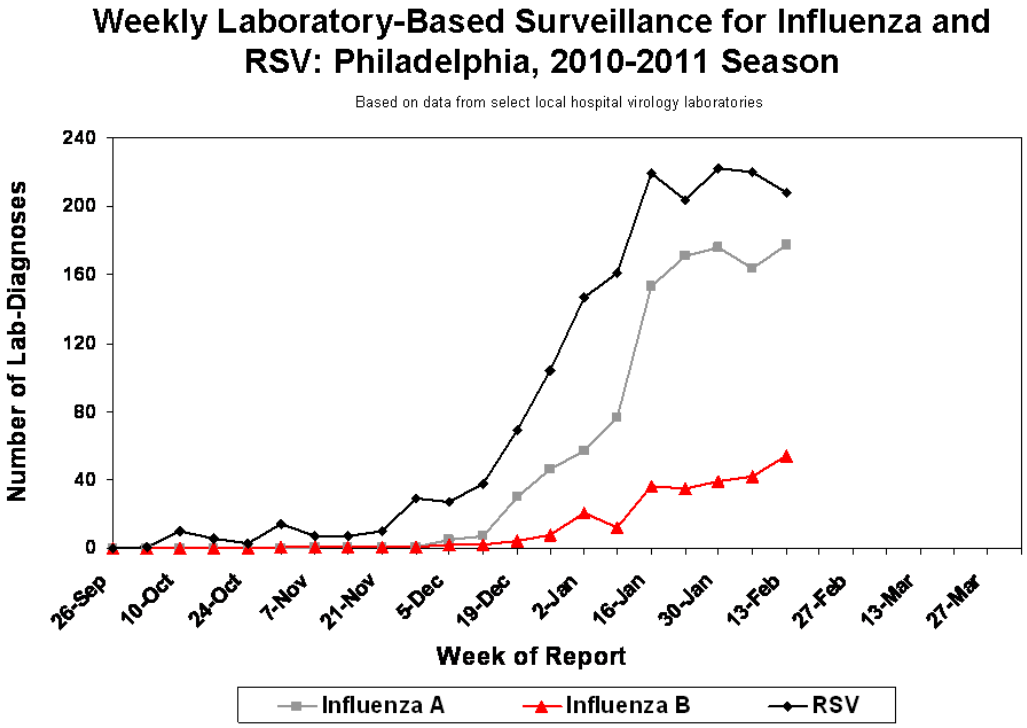
Surveillance Summary

Laboratory-confirmed reports of influenza from area hospitals continue to be numerous, though data from the last 3 weeks indicate a leveling rate of increase (figure). Influenza A continues to dominate, as both H3N2 and pandemic H1N1 are being detected in nearly equivalent numbers. Influenza B, however, continues to increase steadily, suggesting that circulation of influenza B has not yet peaked. In addition to the laboratory data, the number of influenza-like illness visits to emergency departments and pediatric ambulatory clinics are still seasonally elevated (data not shown). Since our last advisory, seven influenza-associated fatalities and four institutional outbreaks have been reported. More information is provided in the weekly influenza surveillance report posted on hip.phila.gov.

According to the Centers for Disease Control and Prevention virology laboratory, nearly 100% of antigenically characterized influenza A viruses match this season's influenza A vaccine components. The majority of circulating influenza B (94%) also match this season's influenza B vaccine component. Providers should still encourage vaccination, as several weeks still remain until the season's conclusion. For City-sponsored flu vaccination clinic information, please contact 215-685-6458 or visit www.phila.gov/health.

Positive detections of respiratory syncytial viruses continue in Philadelphia hospitals, including those with largely adult populations (figure). Rhinoviruses, adenoviruses and human metapneumoviruses are also circulating in the area (data not shown). Though influenza-like illness is likely due to influenza at this time, other viral respiratory agents should be considered in a clinical differential.



Clinical Guidance for the Identification and Treatment of Influenza

Antiviral Agents

Clinicians are encouraged to initiate early treatment of influenza with antiviral medications, oseltamivir or zanamivir, in patients who:

- have severe or complicated illness, including hospitalization, as a result of suspected or confirmed influenza
- are at higher risk for influenza complications (e.g. persons with chronic or immunosuppressive medical conditions, those <2 or >65 years of age, pregnant and postpartum women, persons with a BMI ≥40, and persons <19 years receiving long-term aspirin therapy)

Antiviral treatment is most effective within *48 hours* of illness onset and *should not be delayed* if influenza is suspected.

Use of antiviral agents for the purpose of chemoprophylaxis is generally not recommended except in:

- the prevention and control of institutional outbreaks of influenza
- persons with severe immune suppression
- persons who are at high risk for influenza complications and are unable to receive the flu vaccine or received the flu vaccine <2 weeks from their exposure

For additional information regarding antiviral treatment including dosing and its use for chemoprophylaxis go to: http://www.cdc.gov/flu/professionals/antivirals/index.htm

Influenza Laboratory Testing and Use of Rapid Influenza Testing

Rapid influenza diagnostic tests may be used to help guide clinical and infection control decision making. During periods of high influenza activity, positive rapid influenza tests provide a high predictive value positive. Negative rapid test results should be interpreted with caution due to the suboptimal sensitivity of these tests. Additional influenza testing, such as RT-PCR or viral culture, is recommended when a patient tests negative by rapid test during periods of high influenza activity or when a symptomatic patient has had recent close exposure to pigs or poultry where novel influenza A virus infection is possible.

The Philadelphia Public Health Laboratory can provide confirmatory influenza testing using RT-PCR. Contact the Division of Disease Control (DDC) at 215-685-6740 to arrange for testing. For additional information regarding influenza diagnostic testing and decision making please visit: http://www.cdc.gov/flu/professionals/diagnosis/index.htm

Reporting Guidelines

Providers are reminded that all institutional outbreaks of respiratory illness or hospitalized and fatal cases of influenza are to be reported to DDC. Reporting forms are posted on the Health Information Portal and can be faxed to DDC at 215-238-6947 or called to 215-685-6740.