Philadelphia Department of Public Health Division of Disease Control

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Health Advisory

Respiratory Virus Surveillance Summary October 13, 2010

Surveillance Summary

The last three weeks have marked the return of the cold season, as emergency departments in the Philadelphia area identified increases of respiratory-related visits during this time period. Clinical laboratories have confirmed this observation, with increasing detections of rhinoviruses in respiratory specimens (Figure). Rhinovirus infection is an important trigger of asthma exacerbation, a condition that can lead to hospitalization.

In addition to rhinoviruses, adenoviruses and parainfluenza viruses are also circulating at low levels. Respiratory syncytial virus (RSV) and influenza activity appears to be minimal, as only a handful of cases have been identified to date.

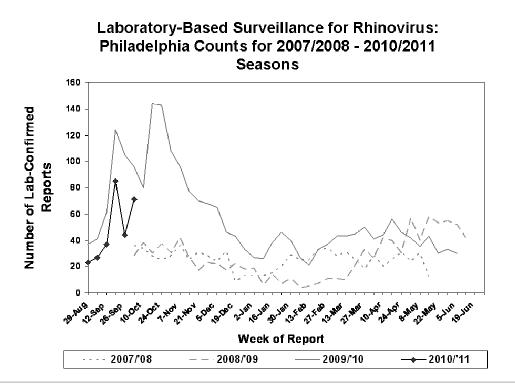
The Philadelphia Department of Public Health (PDPH) will provide updates on influenza activity in the form of a weekly influenza surveillance report posted on the Health Information Portal (https://hip.phila.gov).

Reporting Requirements for Influenza

PDPH requests that healthcare providers and infection control practitioners report the following influenza cases to the health department using the attached report form for the 2010-2011 season:

- <u>Hospitalized persons</u> with laboratory-confirmed (including positive rapid tests) or suspected influenza
- <u>Fatal cases</u> of laboratory-confirmed (including positive rapid tests) or suspected influenza
- <u>Outbreaks of influenza</u> in a facility, school, childcare center, shelter, or other setting that requires special containment measures

Note that case reports of influenza in pregnant women are no longer required, unless meeting the criteria above. Cases can be reported via fax to 215-238-6947. A fillable PDF version of the case report form can be found at <u>https://hip.phila.gov</u>. Outbreaks can be reported by calling 215-685-6748. Infection control, laboratory testing, and antiviral guidance for influenza, will be provided later in the season.



2010-2011-INFLUENZA REPORT FORM SPECIAL CASES : HOSPITALIZED OR FATAL



Philadelphia Department of Public Health Division of Disease Control Acute Communicable Disease Program 500 South Broad St, Philadelphia, 19146 Telephone (215) 685-6748 Fax (215) 238-6947 Form Available at http:// www.hip.phila.gov

Use this form to report suspected and confirmed cases of influenza who are either hospitalized*, 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.												
*Hospitalized cases are those that have been hospitalized for 24 hours or more.												
DEMOGRAPHIC												
REPORTED DATE	PATIENT LAS	PATIENT LAST NAME		FIRST NAME		D.O.B	D.O.B AGE		SE (y) SEX		RACE	
						_/						
STREET ADDRESS				CITY					ZIP CODE			
										T 01057		
TELEPHONE # Home	Vork or Mobile		OCCUPATION (ENT or CARETAKER NAME				
CLINICAL INFO	RMATION											
SYMPTOMS	Date:///	_ □] Cough	□ Sh	ortness of	breath	🗆 Dia	rrhea				
	ver Highest temp(F)	Muscle Aches			Headaches Other,				Specify:			
BODY MEASUREM	ENTS Hei	ght (ft, in)		Weight	lb or	k	ig Of	२	BMI			
UNDERLYING CONDITIONS (Check those that apply)												
□ None □ Chronic Heart Disease/Cardiovascular Disease □ Kidney Disease												
□ Unknown □ COPD				□ Pregnan					t Gestation Weeks:			
□ Asthma □ Diabetes				🗆 Smo				kes Tobacco				
□ Neurological, Spe	ssion	, Specify : Other, Specify:										
VACCINATION STATUS (Y=Yes; N=No; DK=Don't Know) Y N DK Q DK Received Flu Vaccine? Seasonal Date:/												
LABORATORY (Check all tests that were POSITIVE for influenza)												
□ Rapid Antigen Test → Specify flu type: □ A □ B □ A/B Specimen Collection Date://												
□ Influenza A Culture □ Influenza B, Culture Laboratory:												
							boratory:					
□ Influenza A PCF	a B P(, Othe	It sent to State Lab BOLID#:										
TREATMENT Was a	ntiviral treatme			N 🗆 DK	Ant	iviral Dru	g 🗆 Ose	etamivir	(Tamiflu	u) 🗆 Zan	amivir(Relenza)	
Was a	ntibiotic treatm	ent prescribed?	ΥD	N 🗆 DK			_ ⊡Othe	er Spe	cify Dru	g:		
		HOSPITAL	IZE	D */ FATAL C	ASE (if appli						
Y N DK							Hospital I	Name				
	pitalized*?			A 1								
		te of Death://	_	Autopsy Y	N□	DK□						
Admit Date	Dischg. Date	e Medical Rec#		Physician Name				Ph	ysician P	hone Numbe	er/Pager #	
//												
Medical Complication	s 🗆 NON	E 🛛 Pneumonia (X-ra	iy cont	firmed) 🛛 Acut	e Respii	ratory Dist	ress Syndr	ome (AR	RDS)			
Super-infection (specify organism(s)/type of infection(s): Bacteremia (specify organism(s):)												
□ Other, specify:												
Hospital Critical Care Information 🗆 Admission to ICU If ventilatory support , specify: 🗆 Mechanical ventilation 🗆 ECMO												
REPORTER INFORMATION												
REPORTER NAME		FACILITY NAME:		REPORTER PH			TYPE:	TYPE: DO/MD ICP PA				
								□ RN □ Other				