

## 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

CAROLE C. JOHNSON, M.D. Director, Division of Disease Control

## Health Update

Respiratory Virus Surveillance Report-Jan. 30, 2009

## Influenza season has begun; RSV still prevalent

The Division of Disease Control (DDC) of the Philadelphia Department of Public Health monitors the circulation of common respiratory viruses throughout each year. Reports of influenza in Philadelphia and throughout Pennsylvania have increased in the last 3 weeks. Most of the strains circulating in the state have been influenza A(H1N1). One fifth of the influenza cases reported from Pennsylvania have been influenza B. Nationally, the

Centers for Disease

Control and Prevention (CDC) has antigenically characterized 207 influenza isolates. All of the influenza A specimens (142) A[H1N1] and 13 A [H3N2]) appear to be related to the vaccine components for this season. However, of the 52 influenza B isolates, roughly 1/3 appear to be related to the influenza B strain included in the

Laboratory-Based Surveillance for Influenza, Parainfluenza, RSV, and Adenovirus: Philadelphia, 2008-09 Season 120 of Lab-Diagnoses 100 80 60 40 Number Week of Report Paraflu (1,2,3) →- RSV Adenovirus Influenza (A,B)

vaccine. Vaccination remains the optimal way to prevent influenza; this year's vaccine appears to match the majority of influenza strains in circulation.

In light of adamantane resistance in influenza A (H3N2) strains and the recent emergence of oseltamivir resistance in influenza A(H1N1) strains. CDC has issued interim guidance for the use of antivirals for treatment and prophylaxis. Clinicians caring for persons who are candidates for either antiviral treatment or prophylaxis are advised to use zanamivir or a combination of oseltamivir and rimantidine if influenza A(H1N1) is circulating and the subtype is unknown. Oseltamivir may be used alone when the diagnosis is influenza A(H3N2) or influenza B. Zanamivir is administered through inhalation and is contraindicated for persons with pulmonary disorders and children younger than 7 years (<5 years if used as chemoprophylaxis).

Clinicians are encouraged to obtain respiratory specimens to confirm the diagnosis of influenza, using tests that distinguish influenza A from influenza

B. Confimatory testing that distinguishes influenza A(H1N1) from influenza A (H3N2) is available at the Pennsylvania Department of Health Bureau of Laboratories, and should be performed during outbreaks in institutions and when caring for high-risk patients. DDC can assist with specimen transport.

In addition to influenza, RSV, parainfluenza viruses (all types), adenoviruses

and rhinoviruses (data not shown) are also circulating in our area (figure). RSV activity still remains high. Current local and state respiratory virus surveillance data are available at <a href="https://hip.phila.gov/xv/">https://hip.phila.gov/xv/</a> (see Surveillance section) and at

www.health.state.pa.us/flu.

Please contact DDC at (215) 685-6740 to report institutional outbreaks or pediatric mortality due to influenza, or to obtain public health consultation. After normal business hours, call 215-686-1776 and ask to speak with the person on-call for the division.