



Philadelphia Department of Public Health Division of Disease Control

CARMEN I. PARIS, M.P.H.
Interim Health Commissioner

JOSEPH C. CRONAUER
Executive Deputy / Chief of Staff

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

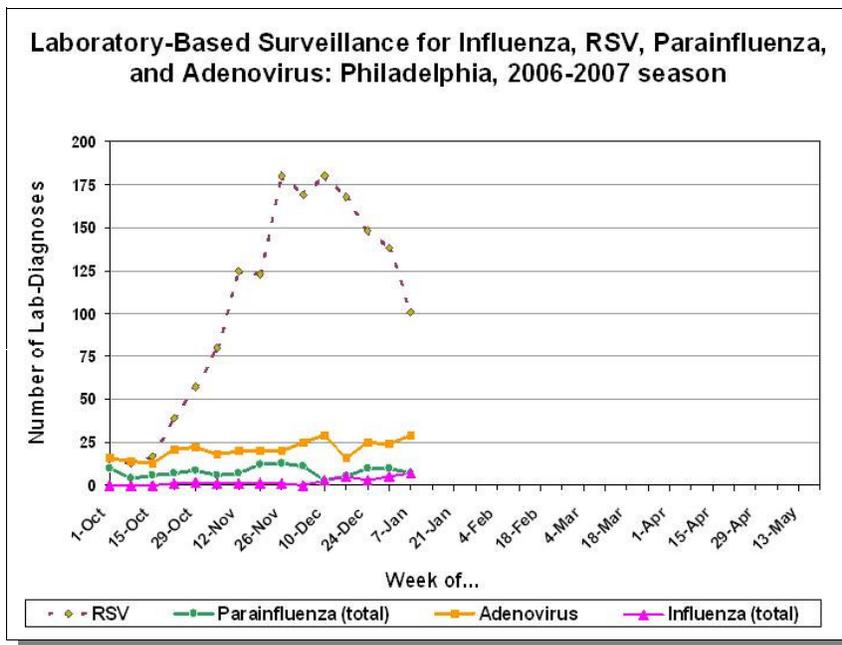
Health Update: Respiratory Virus Surveillance—Jan. 18th, 2007

Local influenza activity still low; RSV remains elevated

The Division of Disease Control (DDC) of the Philadelphia Department of Public Health (PDPH) conducts surveillance for respiratory viruses by collecting information from 10 clinical laboratories throughout the city. All 10 laboratories have influenza diagnostic tools, while 6 of the labs are capable of characterizing additional respiratory viruses.

This report indicates that influenza activity was low for week 2

of the new year (Jan. 7th to Jan.13th) and has been low all season. RSV transmission remains high, although it appears to have begun its seasonal decline. Adenovirus and parainfluenza activity continues to be steady but relatively low. **(NOTE: it is not too late to offer influenza vaccine to individuals who have not yet received it this season.** Influenza activity typically peaks in late February.)



Key Facts

- Influenza activity is low locally; transmission is more prevalent in western Pennsylvania
- Surrounding states are reporting only sporadic activity (except Maryland, which has reported regional activity)
- Most influenza A isolates tested by CDC match vaccine strain
- RSV transmission remains elevated, but may have peaked

State & National Influenza Activity

The Pennsylvania Department of Health is reporting regional influenza activity, with more transmission occurring in the western part of the state. Most of the isolates obtained state-wide are influenza A/H1; Further characterization is underway.

Nationally, most widespread activity is occurring in the southern U.S. The Centers for Disease Control and Prevention (CDC) reports that approximately 80% of the influenza viruses they have typed since October of 2006 have been influenza A while 20% were influenza B. Most of the influenza A viruses they have characterized antigenically are H1 subtype, which is a change from previous years in which influenza A/H3 predominated. The majority of typed influenza A strains (53 of 59 H1 samples, 1 of 1 H3 sample) match the current vaccine influenza A components (A/New Caledonia/20/99-like). However, about 50% of influenza B samples appear to match the influenza B vaccine component (B/Ohio/01/2005). It is too early to determine which influenza B virus will predominate. For more information, please visit:

<http://www.cdc.gov/flu/weekly/fluactivity.htm>

To report institutional outbreaks of influenza, pediatric mortality due to influenza, or if you have questions or comments please contact DDC at (215) 685-6740.