



# Philadelphia Department of Public Health Division of Disease Control

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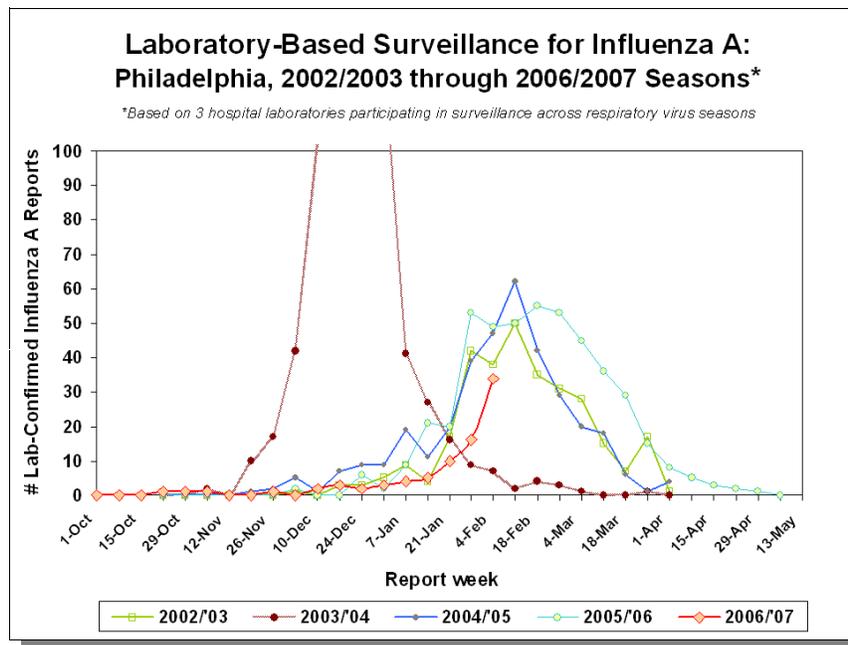
## Health Update: Respiratory Virus Surveillance—Feb. 15<sup>th</sup>, 2007

### Local influenza activity rising

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 has increased**

significantly recently after being low all season. Nearly all of this activity is due to influenza A. (**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 or early March.) Additionally, RSV activity has declined and is approaching baseline values, while adenovirus and parainfluenza activity continues to be steady but relatively low (data not shown).



### Key Facts

- Influenza activity has increased significantly
- Surrounding states are reporting a mix of activity, with New Jersey, Maryland, and New York reporting regional activity
- Most influenza A isolates tested by CDC match vaccine strain
- RSV transmission only mildly elevated and in seasonal decline; levels approaching baseline

### State & National Influenza Activity

The Pennsylvania Department of Health is reporting regional influenza activity, with several county health departments reporting increasing transmission. Slightly over 60% of the isolates obtained statewide have been influenza A/H1;

Nationally, widespread activity is scattered among a few states. The Centers for Disease Control and Prevention (CDC) reports that approximately 82.6% of the influenza viruses they have typed since October of 2006 have been influenza A while 17.4% were influenza B. Most of the influenza A viruses they have characterized antigenically are H1 subtype, a departure from previous years in which influenza A/H3 predominated. The majority of typed influenza A strains (93 of 99 H1 samples, 4 of 7 H3 samples) match the current vaccine influenza A components (A/New Caledonia/20/99-like and A/Wisconsin/67/2005-like). About 50% of influenza B samples appear to match the influenza B vaccine component (B/Ohio/01/2005). 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.**