

## Health Advisory

### Influenza Activity is Elevated in Philadelphia: Clinical Reminders for the 2018–2019 Season February 4, 2019

Based on hospital laboratory and emergency department surveillance data, influenza and influenza-like illnesses (ILI) have continued to increase in Philadelphia over the last several weeks (figure). The predominant strain currently circulating throughout Pennsylvania is influenza A(H1N1), though cases of A(H3N2) and influenza B have been reported. Rhinoviruses, RSV, adenovirus and metapneumovirus are also circulating, but at much lower levels.

**Vaccination and Treatment:** Testing by the Centers for Disease Control and Prevention indicates that this year's vaccine antigenically matches circulating influenza A strains. The Philadelphia Department of Public Health Division of Disease Control (DDC) is reminding clinicians to continue to offer influenza vaccination to all patients 6 months and older. Vaccination remains the best form of prevention. Clinicians should also provide antiviral treatment – oral oseltamivir (Tamiflu®), inhaled zanamivir (Relenza®), intravenous peramivir (Rapivab®), or baloxavir (Xofluza®) – to patients suspected of having or confirmed to have influenza, particularly persons requiring hospitalization, persons with severe or progressively worsening illnesses, and those at high risk for complications, including:

- Persons over 65 or under 2 years of age
- Pregnant women, or those who have given birth, or had a miscarriage or abortion in the previous 2 weeks
- Persons with metabolic disorders (including diabetes), chronic lung, heart, kidney, liver or blood disorders, neurological or neurodevelopmental conditions, morbid obesity (i.e., body-mass index  $\geq 40$ )
- Persons who are immunocompromised (from illness or medications)
- Persons under 19 years who are on long-term aspirin therapy
- Residents of nursing homes and other chronic-care facilities
- American Indians/Alaska Natives

Antiviral treatment should be provided within 48 hours of symptom onset, though initiation of treatment after 48 hours can still provide modest benefit. Zanamivir is not recommended for persons with existing airway disease. Additionally, oseltamivir and zanamivir are the only antiviral medications recommended for chemoprophylaxis to prevent influenza in high risk groups. Decisions for treatment of any symptomatic patient should not wait for laboratory confirmation of influenza.

**Influenza Reporting:** Severe influenza cases (hospitalizations and fatalities), suspect novel influenza infection, and institutional outbreaks of respiratory illness should be reported to DDC at 215-685-6742. DDC can also assist with coordinating laboratory testing of specimens from suspected novel influenza A patients or specimens found to be influenza A non-subtypeable. For more information including testing algorithms, treatment recommendations, and local activity updates, please visit <https://hip.phila.gov>.

Reports of Influenza Among Clinical Hospital Laboratories and Influenza-like Illness (ILI) at Philadelphia Emergency Departments (ED), 2018-2019

