



BOSTON PUBLIC HEALTH COMMISSION (BPHC)

Communicable Disease Control Division
 1010 Massachusetts Ave - Boston, MA 02118
 Phone: (617) 534-5611 - Fax: (617) 534-5905

Influenza Report - For the week ending 11/29/14

10/1/14 - 11/29/14

Reported Cases (Boston Res.)	#
Influenza A	6
Influenza B	5
Total	11

ED Surveillance	
This Week % ILI	0.68%
Average % ILI (since 10/1/2014)	0.72%

Summary: As of 11/29/14, 11 cases of confirmed influenza were reported to the Boston Public Health Commission (BPHC), with two (18.2%) cases requiring hospitalization. No influenza-associated deaths have been reported. Emergency department visits for influenza-like illness (ILI) comprised 0.68% of all ED visits this week.

BPHC reminds everyone that influenza vaccine is still widely available, and there is still time to get vaccinated before the influenza season becomes more severe.

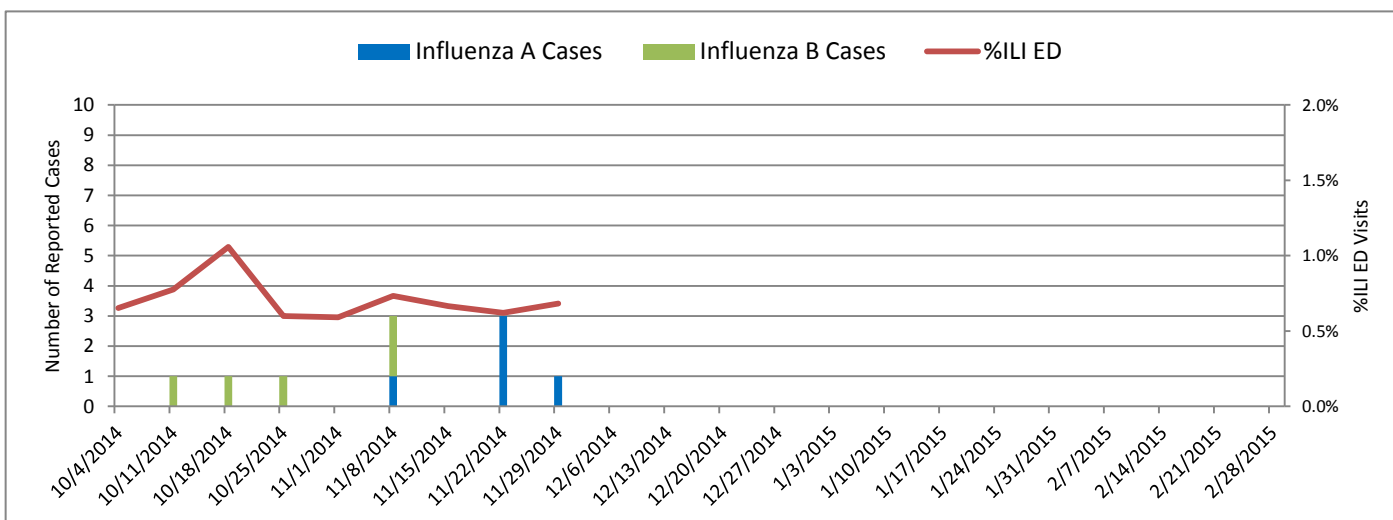
Cases of influenza diagnosed in Boston and confirmed by any laboratory test must be reported to BPHC.

CDC Health Advisory regarding the potential for circulation of drifted influenza A (H3N2) viruses

Viral characterization of H3N2 viruses from 10/1/2014-11/22/2014 shows that 48% were antigenically "like" the 2014-2015 influenza A (H3N2) component of the vaccine, but that 52% were antigenically different (drifted) from the H3N2 vaccine virus strain. In past seasons when the predominant circulating viruses have antigenically drifted, decreased vaccine effectiveness has been observed. However, vaccination may still offer some cross-protection against antigenically different strains, and may reduce the likelihood of severe outcomes like hospitalization and death. Also, vaccination will offer protection against H3N2 strains that have not undergone significant antigenic drift, influenza A (H1N1), and influenza B.

Based on this information, the CDC and BPHC want to re-emphasize the importance of both vaccination and the use of antiviral medications, including oseltamivir (Tamiflu®) and zanamivir (Relenza®). These medications have been shown to be effective against all circulating strains to date this season. Early antiviral treatment can shorten duration of fever and illness symptoms, reduce influenza related complications, and reduce the risk of death among hospitalized patients. Clinical benefit is greatest when antiviral treatment is started within 48 hours of onset, but later start may still benefit patients with severe, complicated, or progressive illness, and hospitalized patients. Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza, particularly in high risk individuals. **Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza.**

Reported Influenza Cases and % ILI ED Visits, 2014-15 Season

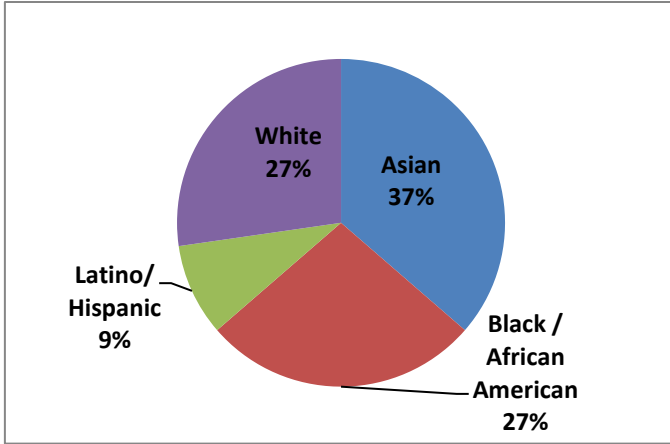




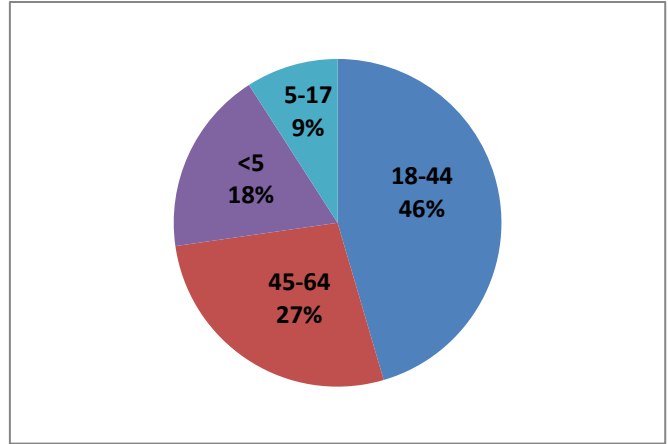
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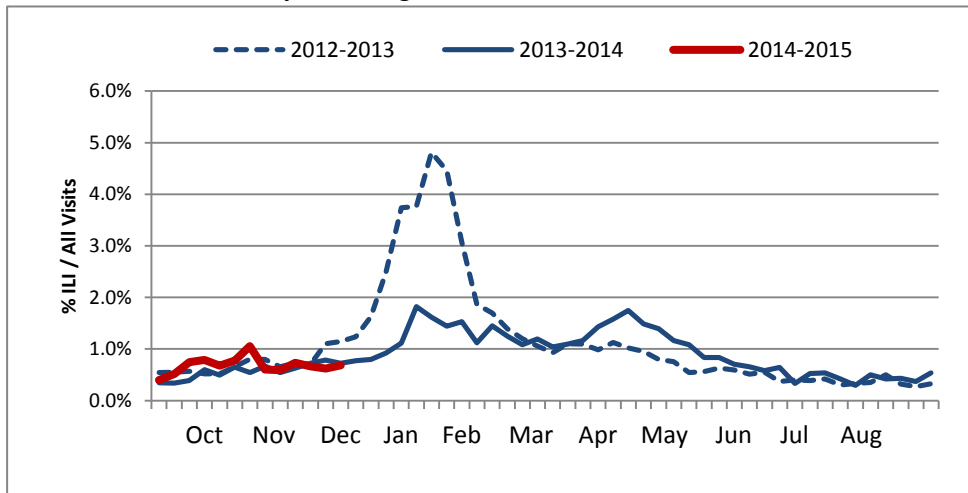
**Race/Ethnicity of Confirmed Influenza Cases,
 10/1/14 - 11/29/14, Boston Residents**



**Age Distribution of Confirmed Influenza Cases,
 10/1/14 - 11/29/14, Boston Residents**

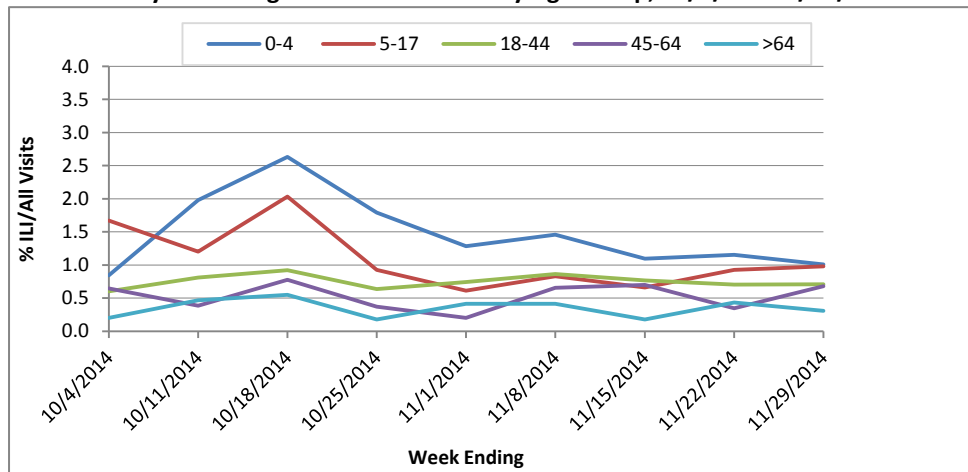


Weekly Percentage of ED Visits for ILI, 2012-2014



Cases of influenza diagnosed in Boston and confirmed by any laboratory test must be reported to BPHC. Influenza like illness (ILI) is defined as ("flu" OR "fever and a cough or sore throat") in the ED chief complaint as captured by the BPHC Syndromic Surveillance System.

Weekly Percentage of ED Visits for ILI by Age Group, 10/1/14 - 11/29/14



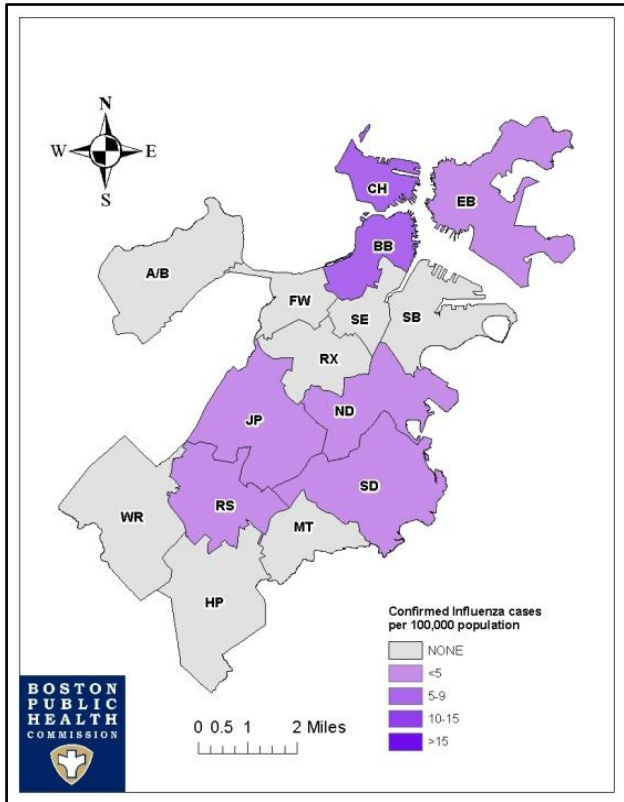


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Geographic Distribution

Rate of Confirmed Influenza Cases
by Neighborhood per 100,000 Population
October 1, 2014 - November 29, 2014



Rate of ILI Syndrome ED Visits
by Neighborhood per 100,000 Population
October 1, 2014 - November 29, 2014

