



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 1/27/2018

10/1/2017 -1/27/2018 (Week 4)

Reported Cases (Boston Residents)	# (% of total)
Influenza A	921 (83%)
Influenza B	189 (17%)
Influenza A and B	1
Influenza (type unspecified)	0
TOTAL (season-to-date)	1111

Boston ED ILI Surveillance*	
This Week ILI%	3.06%
Last Week ILI%	2.61%
Average ILI% (since 10/1/2017)	1.29%
State/National ILI Surveillance**	
This Week Massachusetts ILI%	4.24%
This Week National ILI%	7.10%

Summary: As of 1/27/2018, 1,111 cases of laboratory-confirmed influenza among Boston residents have been reported to the Boston Public Health Commission (BPHC); 236 (21%) have required hospitalization [down 2% from prior week]. Four influenza-associated deaths have been reported to date; all four deaths occurred in persons of advanced age with multiple underlying medical conditions. Emergency Department visits for influenza-like illness (ILI) comprised 3.06% of all ED visits this week [up 0.45% from the prior week].

Boston City data may not parallel aggregate statewide data as other regions of Massachusetts are experiencing different trends.

Providers should continue to offer vaccine to all persons ≥6 months of age through the remainder of the season. Vaccination is the best way to prevent influenza and its complications.

Cases of influenza diagnosed in Boston and confirmed by any laboratory test must be reported to BPHC by calling (617) 534-5611

*Influenza-like illness (ILI) is defined as "flu" OR "fever AND (cough OR sore throat)" in ED chief complaint captured by BPHC Syndromic Surveillance Sys.

**Massachusetts and CDC use a different methodology than the City of Boston to calculate ILI%. State and National ILI data are calculated using ILInet outpatient surveillance data from sentinel sites (see: <https://www.cdc.gov/flu/weekly/overview.htm> for more information).

On December 27, 2017, a Health Advisory was released by CDC providing: 1) notice of increased influenza A(H3N2) activity and its clinical implications; 2) summary of influenza antiviral drug treatment recommendations; 3) update on approved antiviral medications and current supply; and 4) background information for patients about influenza treatment. For more information, see: <https://emergency.cdc.gov/han/han00409.asp>

Among circulating wild-type influenza viruses tested, including influenza A(H3N2), no significant antigenic drift has been identified. The majority of H3N2 viruses tested by CDC since October 1, 2017 remain similar to the egg-grown reference virus in use for Northern Hemisphere vaccines.

While possible for individuals who have been vaccinated to get the flu (though NOT from the vaccine itself), studies have shown prior vaccination during the season can attenuate the severity of illness, reduce the risk of flu-associated hospitalization, and result in fewer flu-associated deaths particularly for children, pregnant women, and persons with chronic health conditions. Vaccinated also protects persons around you, including those more vulnerable to serious flu illness.

As of 2/1/18, CVS pharmacies reported limited supply of flu vaccine. There are no known shortages of vaccine at Walgreens/Rite Aid pharmacies. Providers are encouraged to continue offering vaccine to all eligible persons. There is currently no reported shortage of antiviral medication. Providers, however, should instruct their patients to contact their local pharmacy to confirm availability prior to filling their prescription. Patients may call the Mayor's Health Line, M-F, 9a-5p at 617-534-5050 or toll free at 1-800-847-6710

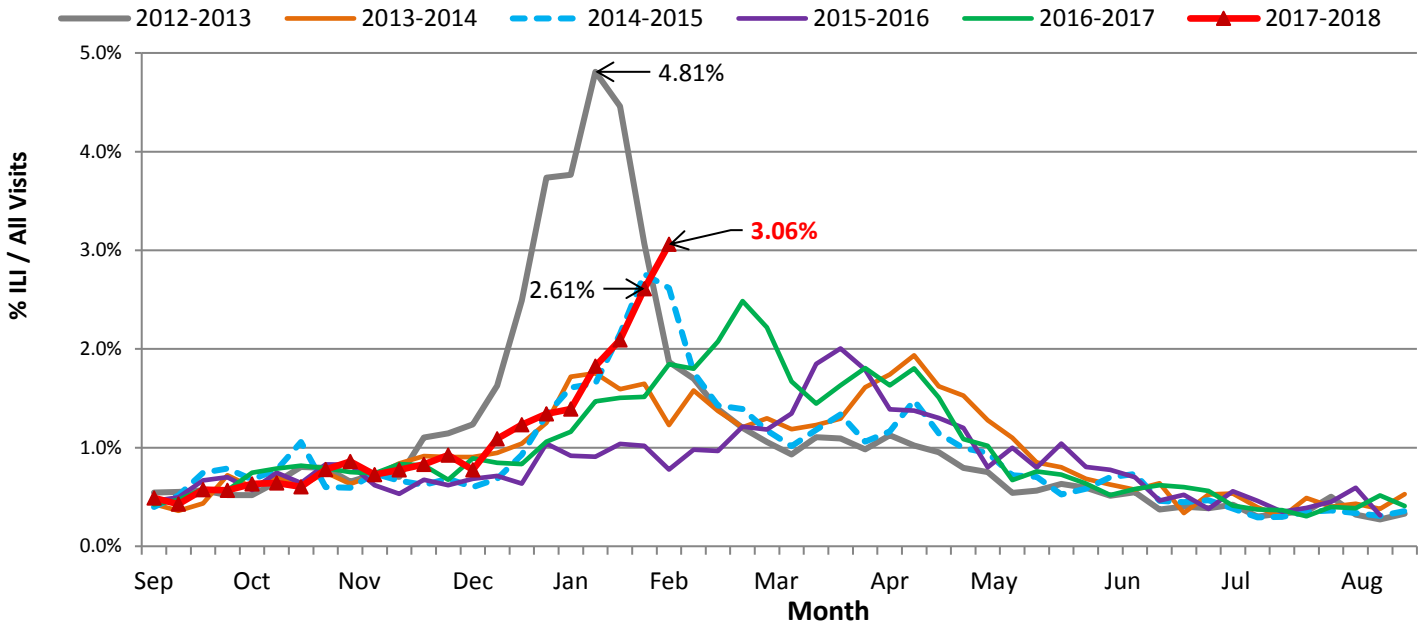


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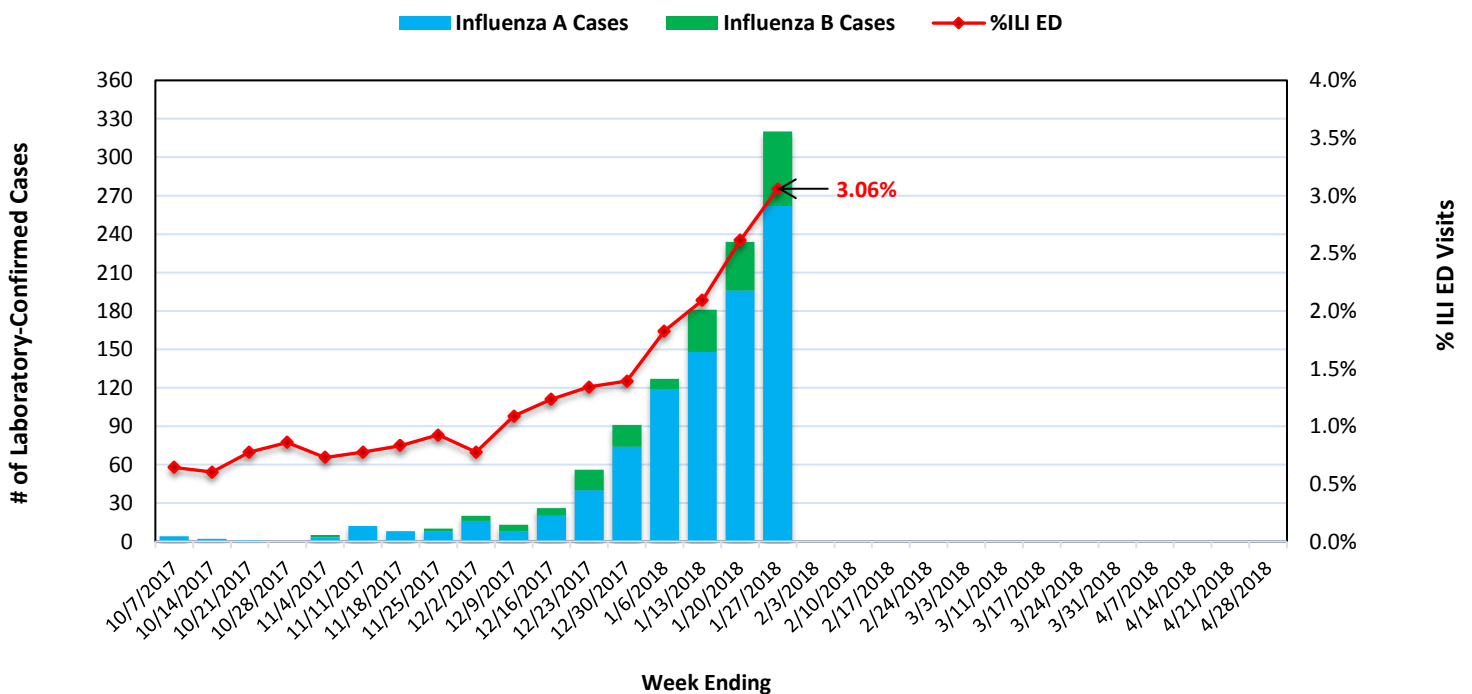
Current Season and Historical Data

Weekly % ILI ED Visits, 2012-2018



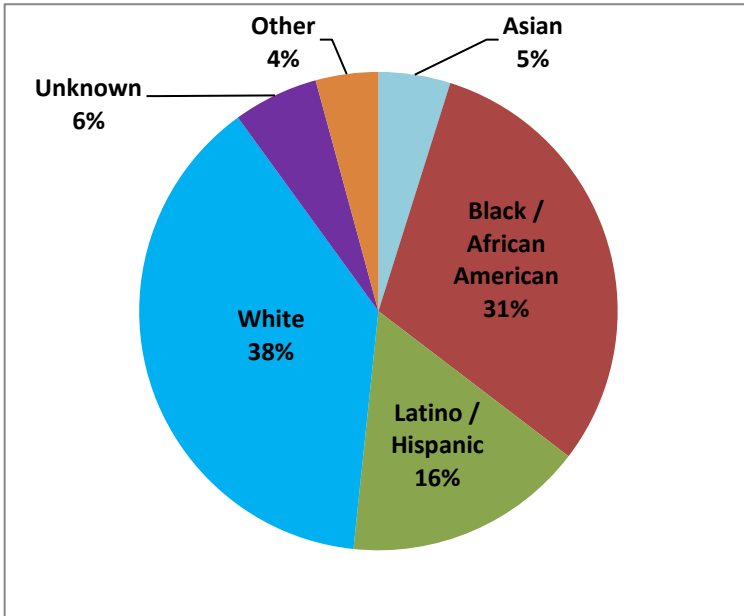
Weekly ILI ED visits are shown from 2012-2013 season to present. Influenza A H3N2, which has been the predominant influenza strain this season predominated in 2012-2013, 2014-2015 (with antigenic drift from the vaccine strain), and 2016-2017. The 2012-2013 season had a peak ILI of 4.81%. This year, ILI currently accounts for 3.06% of ED visits, increased from 2.61% in week 3.

Weekly Reported Influenza Cases (in Boston residents) and % ILI ED Visits, 2017-18 Season

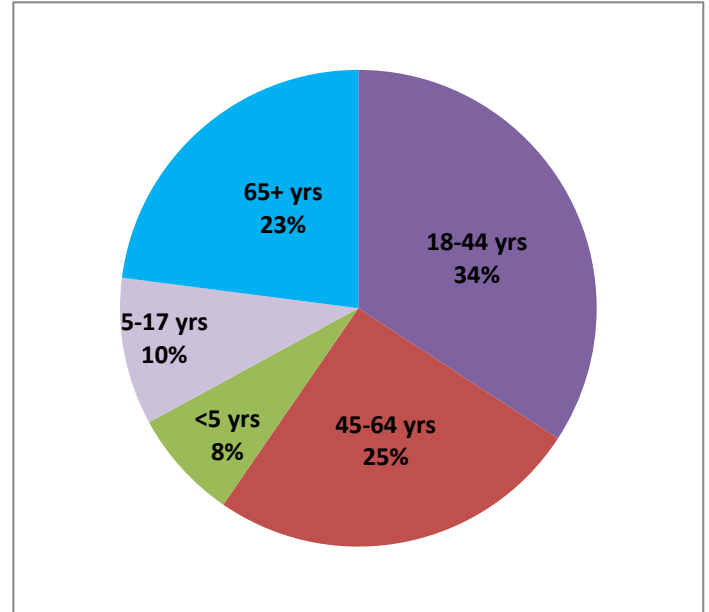


Race/Ethnicity and Age Distribution

**Race/Ethnicity of Confirmed Influenza Cases,
10/1/2017 - 1/27/2018, Boston Residents**

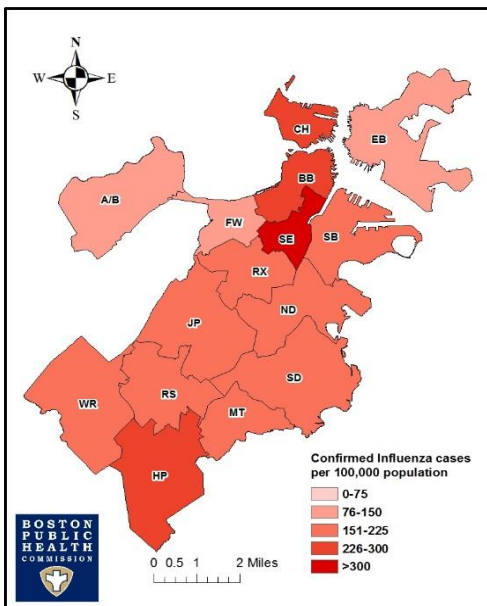


**Age Distribution of Confirmed Influenza Cases,
10/1/2017 - 1/27/2018, Boston Residents**



Geographic Distribution

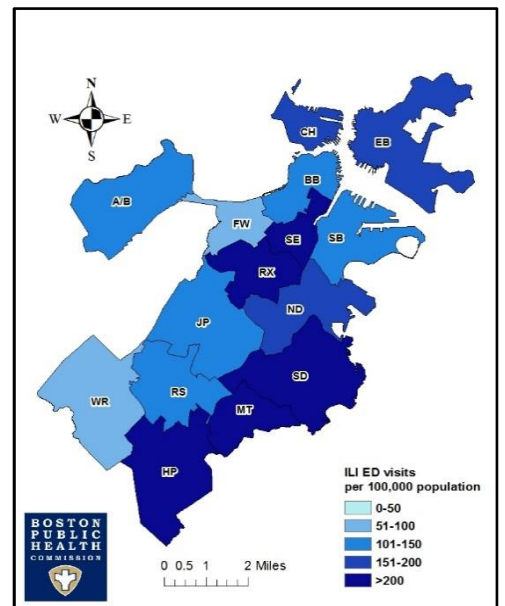
**Rate of Confirmed Influenza Cases
by Neighborhood per 100,000 Population
October 1, 2017 - January 27, 2018**



Neighborhood Legend

*A/B=Allston/Brighton
BB=Bock Bay
CH=Charlestown
EB=East Boston
FW=Fenway
HP=Hyde Park
JP=Jamaica Plain
MT=Mattapan
ND=North Dorchester
RS=Roslindale
RX=Roxbury
SB=South Boston
SD=South Dorchester
SE=South End*

**Rate of ILI Syndrome ED Visits
by Neighborhood per 100,000 Population
October 1, 2017 - January 27, 2018**

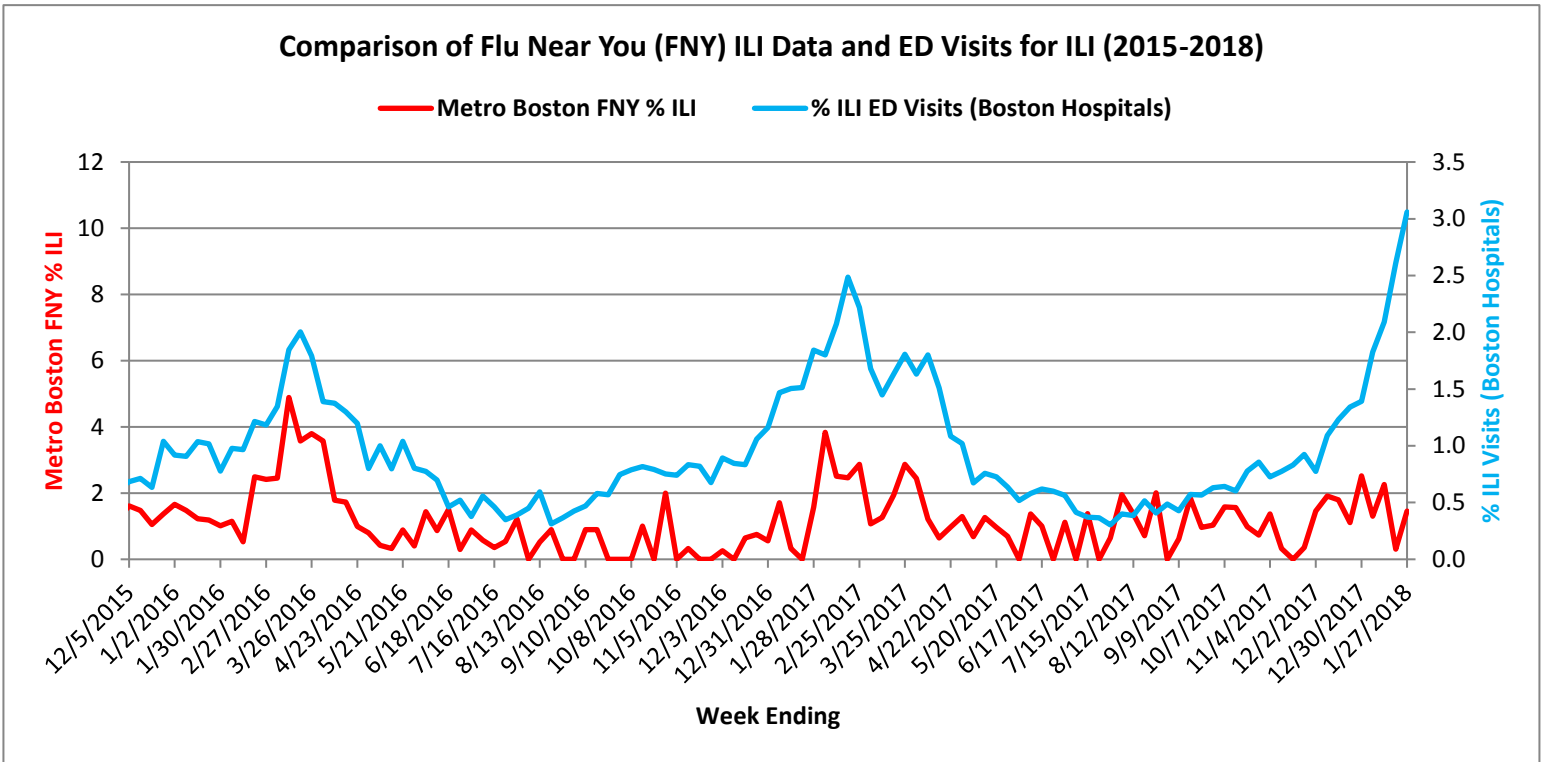




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Comparison of ILI *Using Flu Near You (FNY)* ILI Data* and ED Visits for ILI, 2015-2018



**Flu Near You (FNY)* compiles weekly data of ILI activity in the United States. The data come from short, weekly internet-based surveys completed by voluntary participants who indicate whether they are healthy or have experienced any of a short list of symptoms.

The public may participate by enrolling in FNY at: <https://flunearyou.org/>