10/1/2017 - 2/17/2018 (Week 7)

<table>
<thead>
<tr>
<th>Reported Cases (Boston Residents)</th>
<th># (% of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza A</td>
<td>2161 (81%)</td>
</tr>
<tr>
<td>Influenza B</td>
<td>516 (19%)</td>
</tr>
<tr>
<td>Influenza A and B</td>
<td>3</td>
</tr>
<tr>
<td>Influenza (type unspecified)</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL (season-to-date)</td>
<td>2680</td>
</tr>
</tbody>
</table>

Summary: As of 2/17/2018, 2,680 cases of laboratory-confirmed influenza among Boston residents have been reported to Boston Public Health Commission (BPHC); 435 (16%) have required hospitalization [down 2% from week prior]. Seven influenza-associated deaths have been reported; all deaths occurred in persons of advanced age or with multiple underlying medical conditions. Emergency Department visits for influenza-like illness (ILI) comprised 5.01% of all ED visits this week [down 0.12% from week prior].

Boston City data may not parallel aggregate statewide data as other geographic regions of Massachusetts are experiencing different levels of influenza activity.

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 or faxing reports to (617) 534-5905.

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, go to: https://emergency.cdc.gov/han/han00409.asp

Current as of February 3, 2018, among circulating wild-type influenza viruses tested, including influenza A(H3N2), no significant antigenic drift has been identified. The majority of A(H3N2) viruses tested were well-inhibited by reference virus representing the A(H3N2) component of the 2017–18 Northern Hemisphere influenza 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. Vaccination also protects persons around you, including those more vulnerable to serious flu illness. Flu A (H1N1) and flu B (both lineages) are circulating to a greater extent than earlier in the season. The influenza vaccine contains multiple components aside from H3N2, including these aforementioned components which have been shown to be effective in preventing disease caused by all circulating influenza viruses.

As of February 7, 2018, CVS pharmacies reported limited supply of flu vaccine and had placed a repurchase order intended for the remainder of the season. Currently there are no shortages of vaccine at Walgreens or Rite Aid pharmacies. Providers are encouraged to continue offering vaccine to all eligible persons. There is currently no reported shortage of antiviral medication.

Providers should instruct patients to contact their local pharmacy to confirm availability of vaccine or antiviral medication prior to filling their prescription. Pharmacies out of stock will redirect callers to other locations where product is available.

Providers should inform patients that MassHealth will cover the cost of Tamiflu if the pharmacy is out of generic. Health Safety Net will cover cost of Tamiflu if generic is unavailable.

Patients may call the Mayor’s Health Line, M-F, 9a-5p at 617-534-5050 or toll free at 1-800-847-6710.
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%. For the week ending 2/17/2018, ILI accounted for 5.01% of ED visits, a decrease of 0.12% from the previous week.
Race/Ethnicity and Age Distribution

Race/Ethnicity of Confirmed Influenza Cases, 10/1/2017 - 2/17/2018, Boston Residents

- Asian: 7%
- Black / African American: 34%
- Latino / Hispanic: 17%
- White: 31%
- Unknown: 6%
- Other: 5%

Age Distribution of Confirmed Influenza Cases, 10/1/2017 - 2/17/2018, Boston Residents

- 65+ yrs: 20%
- 18-44 yrs: 32%
- 5-17 yrs: 16%
- <5 yrs: 10%
- 45-64 yrs: 22%
- 5-17 yrs: 16%
- <5 yrs: 10%
- 45-64 yrs: 22%

Geographic Distribution

Rate of Confirmed Influenza Cases by Neighborhood per 100,000 Population
October 1, 2017 - February 17, 2018

Legend:
A/B=Allston/Brighton
BB=Back 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 ILL Syndrome ED Visits by Neighborhood per 100,000 Population
October 1, 2017 - February 17, 2018

Legend:
ILI ED visits per 100,000 population
0-100
101-200
201-300
301-400
>400
**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/](https://flunearyou.org/)*