Influenza A 2359 (96.1%)
Influenza B 90 (3.7%)
Influenza A and B 6 (0.2%)
Influenza (type unspecified) 0
TOTAL (season-to-date) 2455

Boston ED ILI Surveillance*
This Week ILI% (Week 10) 1.91%
Last Week ILI% (Week 9) 2.03%

State/National ILI Surveillance**
This Week Massachusetts ILI% (Week 10) 2.29%
This Week National ILI% (Week 10) 4.50%

BOSTON PUBLIC HEALTH COMMISSION (BPHC)
Communicable Disease Control Division
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Boston Influenza Report - For the Week Ending 3/9/2019 (MMWR Week 10)

Summary: As of 3/9/2019, 2,455 total cases of laboratory-confirmed influenza in Boston residents have been reported to BPHC since 9/30/2018. Through death certificate review and voluntary reporting by healthcare facilities, BPHC tracks influenza-related deaths among Boston residents. Since the beginning of the season, five influenza-associated deaths in Boston residents have been reported. All five were older adults with multiple medical conditions. Nationally and statewide, only pediatric flu-related deaths are reportable. To date, the Massachusetts Department of Public Health has reported three influenza-related pediatric deaths, compared to one during the 2017-2018 season; none were residents of Boston. Nationally, 68 influenza-related pediatric deaths have been reported to date. During the 2017-18 season, a total of 165 influenza-related pediatric deaths were reported.

Influenza-like illness (ILI) comprised 1.91% of all ED visits this week, a decrease from the previous week. Geographic distribution of flu activity in MA continues to be widespread. Intensity of ILI in the Commonwealth has been downgraded to low.

From 9/30/2018-3/2/2019, 64.8% of influenza specimens tested by public health laboratories were positive for A(H1N1). Of the remaining, 28.2% were A(H3N2), 4.7% were A (untyped), and 2.3% were type B. A(H1N1) viruses are associated with increased flu activity in persons ≤17 years of age. The circulating influenza viruses, including A(H1N1) viruses, are well matched to the 2018-2019 seasonal vaccine.

CDC released interim vaccine effectiveness (VE) estimates. The overall VE is 47% (95% CI: 34%-57%). This is consistent with what has been seen (40%-60%) in recent seasons when vaccine is well-matched to circulating strains. Estimates of VE vary by age. The highest overall VE (61%) was noted in children 6 months of age to 17 years of age. These estimates are interim and subject to change. For more information go to: https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6806-H.pdf

Vaccination with influenza vaccine is the best way to prevent influenza. Vaccinated persons who develop flu tend to have milder illness and are less likely to spread flu to others including those unable to receive vaccine. Flu vaccine has been shown to be life-saving in children. 80% of pediatric flu deaths occur in unvaccinated children.

Information on vaccination sites is available at https://vaccinefinder.org/. Pharmacies also offer vaccine; however, children under the age of 9 must receive vaccine through a medical provider.

Providers should continue to offer vaccine, particularly to children, through the remainder of the season.

**Massachusetts and National ILI data are calculated using ILInet outpatient surveillance data from sentinel sites. The City of Boston uses different methodology derived from the BPHC Syndromic Surveillance System. For more information on ILInet go to: https://www.cdc.gov/flu/weekly/overview.htm.

***% Hospitalized=proportion of all confirmed influenza cases who were hospitalized.

Cases of influenza diagnosed in Boston and confirmed by any laboratory test must be reported to BPHC by calling (617) 534-5611 or faxing to (617) 534-5905.

Figure 1. Weekly Reported Influenza Cases (in Boston Residents) and % ILI ED Visits, 2018-2019 Season

<table>
<thead>
<tr>
<th>SEASON</th>
<th># CASES</th>
<th># HOSPITALIZED</th>
<th>% HOSPITALIZED***</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-2019</td>
<td>2455</td>
<td>400</td>
<td>16</td>
</tr>
<tr>
<td>2017-2018</td>
<td>3466</td>
<td>589</td>
<td>17</td>
</tr>
</tbody>
</table>

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