



BOSTON PUBLIC HEALTH COMMISSION (BPHC)

Communicable Disease Control Division

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Boston Influenza Report - For the Week Ending 2/2/2019 (MMWR Week 5)

9/30/2018-2/2/2019 (MMWR Week 5)

Reported Cases (Boston Residents)	# (% of total)
Influenza A	1361 (96.7%)
Influenza B	45 (3.2%)
Influenza A and B	2 (0.1%)
Influenza (type unspecified)	0
TOTAL (season-to-date)	1408

Boston ED ILI Surveillance*	
This Week ILI% (Week 5)	2.41%
Last Week ILI% (Week 4)	2.59%
State/National ILI Surveillance**	
This Week Massachusetts ILI% (Week 5)	3.38%
This Week National ILI% (Week 5)	4.28%

*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.

**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.

Summary: As of 2/2/2019, 1,408 total cases of laboratory-confirmed influenza in Boston residents have been reported to the BPHC since 9/30/2018. Through death certificate review and voluntary reporting by healthcare facilities, BPHC tracks all influenza-related deaths among Boston residents. Since the beginning of the season, two influenza-associated deaths in older Boston residents with multiple medical conditions have been reported. Nationally and statewide, only pediatric flu-related deaths are reportable. To date, the Massachusetts Department of Public Health has reported two influenza-related pediatric deaths; neither was a Boston resident. Influenza-like illness (ILI) comprised 2.41% of all ED visits this week. Geographic distribution of flu activity in MA continues to be widespread. Intensity of ILI in the Commonwealth remains high.

From 9/30/2018-2/2/2019, 74.0% of influenza specimens tested by public health laboratories were positive for H1N1. Of the remaining, 18.5% were H3N2, 4.7% were A (untyped), and 2.8% were type B. H1N1 viruses are associated with increased flu activity in persons ≤17 years of age. **The circulating influenza viruses, including H1N1 viruses, are well matched to the 2018-2019 seasonal vaccine.**

Vaccination with influenza vaccine, including vaccination of household and other close contacts, is the best way to prevent influenza. Vaccination reduces the number of flu illnesses, healthcare visits, flu-related hospitalizations, and missed work and school. 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.

There are currently no reported shortages of the vaccine. 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.

SEASON TO DATE HOSPITALIZATION (THROUGH MMWR WEEK 5)			
SEASON	# CASES	# HOSPITALIZED	% HOSPITALIZED***
2018-2019	1408	237	17
2017-2018	1587	312	20

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

