National Center for Immunization & Respiratory Diseases

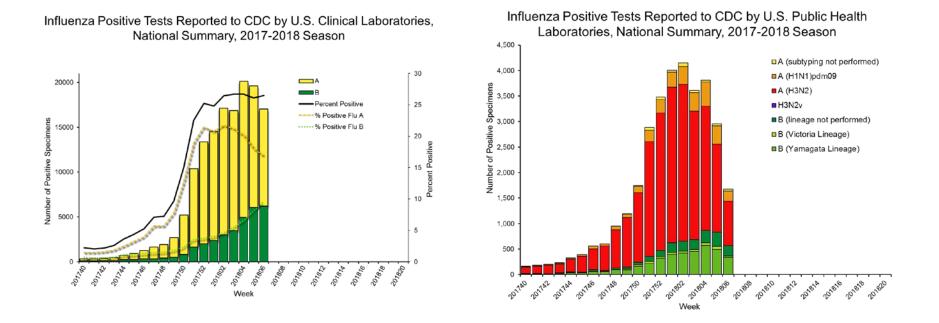


Influenza Surveillance Update

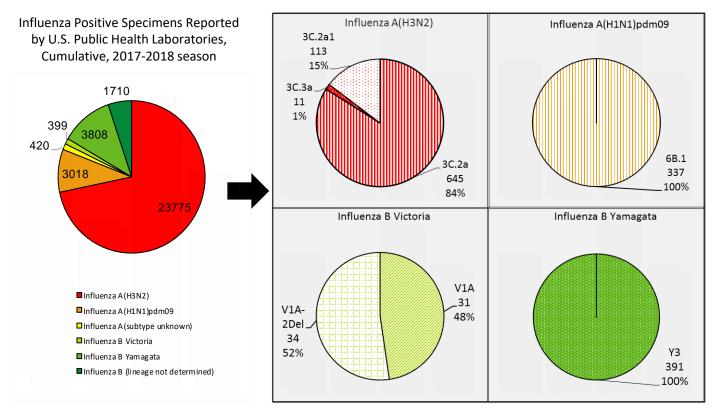
Lynnette Brammer, MPH

Advisory Committee on Immunization Practices February 21, 2018

Influenza Virologic Surveillance, 2017-2018 Season



Sequence Results, by Genetic HA Clade/Subclade, of Specimens Submitted to CDC by U.S. Public Health Laboratories, Cumulative, 2017-2018 Season



Antigenic Characterization of U.S. Influenza A Viruses Collected October 1, 2017 to Present

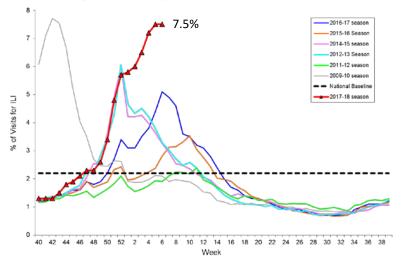
- A (H1N1)pdm09: all 205 viruses antigenically characterized using ferret post-infection antisera are A/Michigan/45/2015-like, the H1N1 component of the 2017-18 vaccine
- A(H3N2): 291 of 297 (98.0%) were well inhibited by ferret antisera raised against A/Michigan/15/2014, a cell propagated A/Hong Kong/4801/2014like reference virus representing the H3N2 component of the 2017-18 vaccine
 - 64.4% of viruses tested were well-inhibited by ferret antiserum raised against the egg-propagated A/Hong Kong/4801/2014 reference virus

Antigenic Characterization of U.S. Influenza B Viruses Collected October 1, 2017 to Present

- B/Victoria linage: 28 of 51 (45.1%) reacted poorly with ferret antisera raised against cell propagated B/Brisbane/60/2008 reference virus, representing a B component in both quadrivalent and trivalent influenza vaccines for the 2017-18 season and these viruses had the V1A-2Del HA
- B/Yamagata lineage: All 202 were antigenically similar to the cell propagated B/Phuket/3073/2013 reference virus, representing a B component in the quadrivalent influenza vaccines for the 2017-18 season

Outpatient Visits for Influenza–like Illness

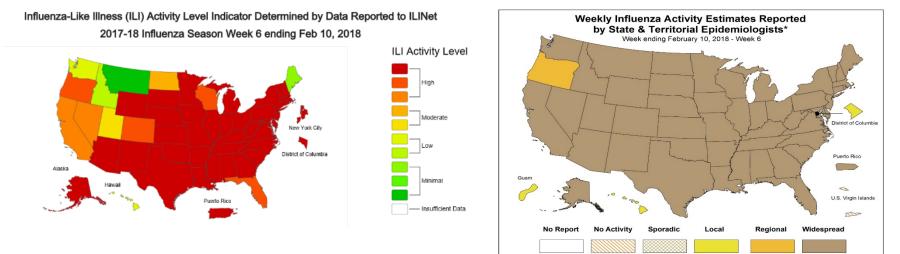
Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2017-2018 and Selected Previous Seasons



Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet

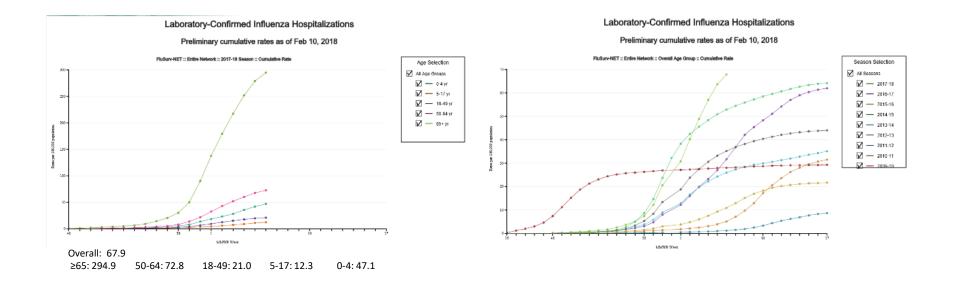


Geographic Spread of Influenza

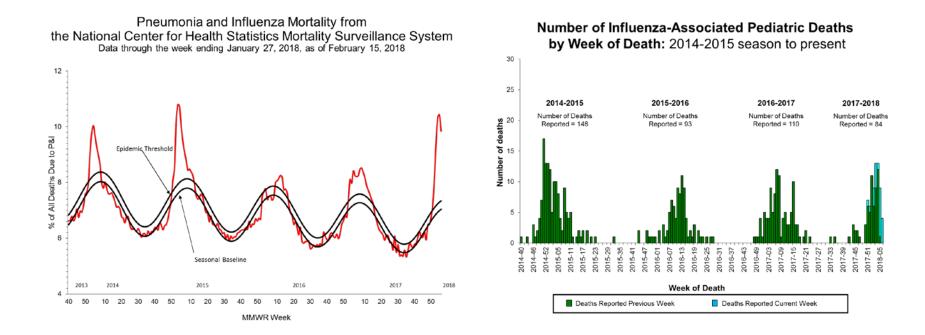


* This map indicates geographic spread & does not measure the severity of influenza activity

Laboratory Confirmed Influenza-Associated Hospitalizations, FluSurvNet, 2017-18



Influenza-Associated Mortality



Vaccine Virus Selection for 2018-19

- WHO Consultation on the Composition of Influenza Virus Vaccines for Use in the 2018-2019 Northern Hemisphere Influenza Season - February 19 – 22
- March 1, 2018: Vaccines and Related Biological Products Committee Meeting

Summary

- Influenza A(H3N2) viruses have predominated during the 2017-18 season
 - Influenza B activity is increasing
- Influenza activity may not have peaked yet
- ILI activity is the highest we've seen since 2009
- Final severity can't be determined until the end of the season, but for adults, hospitalization rates and mortality could be similar to or exceed those seen during the 2014-15 season

Summary

- The majority of circulating stains are similar to those contained in the 2017-18 vaccine
 - B/Victoria lineage viruses are the only viruses clearly showing antigenic drift but represent <1% of circulating viruses
- Vaccine virus recommendations for the 2018-19 influenza season are being made this week and next week

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

