

**2012-2013 Influenza Surveillance  
Update of Current Status and Issues  
May 3, 2013**

This report provides an update to the previous report issued on April 25, 2013. Between April 23 and the end of day on April 29, four new laboratory-confirmed influenza B cases were reported to the Middlesex-London Health Unit. The total number of reported cases is the same as the previous week (April 16-22, 2013), when four laboratory-confirmed cases of influenza B were reported to the Health Unit. Two hospitalizations occurred among the reported cases. There were no influenza outbreaks declared in facilities between April 23 and April 29.

As of Monday April 29, 2013, a total of 472 laboratory-confirmed influenza cases have been reported in in Middlesex-London for the current surveillance season. Of these 472 laboratory-confirmed cases, 446 were influenza A cases and 26 were influenza B cases. This influenza season, there have been 297 hospitalizations and 26 deaths reported among laboratory-confirmed cases. Seventy-four of the reported influenza A cases have been subtyped as human influenza A(H3) and four have been subtyped as influenza A(H1N1)pdm09. To date, a total of 39 influenza outbreaks have been reported; 38 were influenza A outbreaks, and one was an influenza B outbreak. Thirty-four (34) of these outbreaks occurred in long-term care/retirement homes/assisted living facilities, while five occurred in acute care hospitals. There have also been outbreaks of several other respiratory viruses during this influenza season. One of the more common viruses, Respiratory Syncytial Virus (RSV), was the cause of a total of 11 outbreaks, nine in long-term care/retirement homes/assisted living facilities and two in acute care hospitals.

Appendix B shows the number of laboratory-confirmed influenza cases by week of illness. Influenza illness peaked in December and early January, with the highest number of reported influenza cases occurring the week of December 23 to 29, 2012. Overall, the number of new influenza cases has continued to decline since that time.

Influenza immunization status is known for 387 of the 472 reported cases. Of these 387, 184 people were 64 years of age and under, and 203 were 65 years of age and over. Of the 184 cases who were 64 years of age and under, 32 (17%) received their influenza immunization this influenza season and 152 (83%) did not. Of the 203 cases who were 65 years of age and over, 142 (70%) received their influenza immunization this season, 59 (29%) did not, and 2 (1%) were not sure. The [National Advisory Committee on Immunization](#) (NACI) states that "In the elderly, vaccine effectiveness is about half of that of healthy adults and varies depending on the outcome and the study population. Systematic reviews have also demonstrated that influenza vaccine decreases the incidence of pneumonia, hospital admissions and deaths in the elderly..."

Public Health Ontario reports that from April 14-20, 2013, influenza activity was slightly lower compared to the previous week, and was driven predominantly by influenza B. During this time period, influenza A decreased slightly to 1.14% positivity, compared to 1.92% the previous week, and influenza B increased slightly at 6.39% positivity compared to 5.68% positivity the previous week. However, both influenza strains were less common than human metapneumovirus which had the highest proportion of respiratory samples testing positive (6.54% positivity), followed by influenza B (as above) and then Respiratory Syncytial Virus (RSV) (6.16% positivity).

In Canada, since the beginning of September 2012, 1,097 influenza viruses have been antigenically characterized. A total of 560 influenza A(H3N2) viruses were similar to A/Victoria/361/2011 and 186 A(H1N1)pdm09 viruses were similar to A/California/07/09. A total of 283 influenza B viruses were similar to B/Wisconsin/01/2010 and 68 were similar to B/Brisbane/60/2008. The components of the 2012/2013 influenza vaccine are A/Victoria/361/2011 (H3N2)-like virus, A/California/7/2009-like virus (an H1N1pdm09)-like virus, and B/Wisconsin/1/2010-like virus.

Precautions to prevent the spread of seasonal influenza are provided on page 6 of this report.

**(Continued on next page)**

## **Influenza A(H7N9) Update**

The World Health Organization continues to report human cases of influenza A(H7N9) influenza in China. As of May 2, 2013, they are reporting a total of 128 cases that have been laboratory confirmed with influenza A(H7N9) virus including 26 deaths. The cases have been found in eight provinces in China (Anhui, Fujian, Henan, Hunan, Jiangsu, Jiangxi, Shandong and Zhejiang), two municipalities (Shanghai and Beijing), and an imported case occurred in Taiwan last week.

The H7N9 influenza virus has been identified in poultry, including: chickens, ducks and captive-bred pigeons. The virus was originally identified at live bird markets near reported cases, though birds do not appear to have symptoms of illness. So far, there is no evidence of sustained human-to-human transmission, based on monitoring of the cases' close contacts. Investigations into potential sources of infection and viral reservoirs are continuing.

On April 13, 2013, the Ministry of Health and Long Term Care issued guidance information on the management of patients suspected to have H7N9 influenza based on:

- Illness compatible with influenza of any severity and travel to China in the past 10 days; or
- Illness compatible with influenza of any severity and contact with a person who is confirmed or very likely to have H7N9 influenza.

The document outlines the case definitions, reporting, assessment, testing and treatment recommendations from the Ministry. It can be found on the Middlesex London Health Unit's website at <https://www.healthunit.com/uploads/influenza-a-h7n9-guidance-2013-04-13.pdf>. Recently, the Public Health Agency of Canada also issued a similar guidance document, which can be found at <http://www.phac-aspc.gc.ca/eri-ire/h7n9/guidance-directives/h7n9-ig-dp-eng.php>.

A suspected case should be tested using a nasopharyngeal swab, as is done for seasonal influenza. Please contact the Health Unit if a case of H7N9 influenza is suspected at 519-663-5317 ext. 2330, or after hours at 519-675-7523.

The World Health Organization has indicated that the virus is sensitive to both oseltamavir and zanamavir.

Additional information can be found on the [World Health Organization's website](#).

Clinical precautions to use when caring for someone suspected of having H7N9 influenza are provided on page 6 of this report.

## **Final Report of the Season**

This will be the last Influenza Surveillance Report for the 2012-2013 influenza season. However, we will provide periodic updates regarding the H7N9 influenza situation. A summary report of the 2012-2013 influenza season will be produced and distributed in June. We will resume regular influenza surveillance reports when influenza activities begin again in the fall.

We wish to thank all those who provide data to this report to provide a comprehensive influenza picture each week. Your contributions are greatly appreciated. As well, we wish our readers a happy and safe summer.

Sincerely,

Alison Locker, Epidemiologist  
Hilary Caldarelli, Contract Epidemiologist  
Eleanor Paget, Public Health Nurse  
Sheila Montague, Public Health Nurse  
Tristan Squire-Smith, Manager, Infectious Disease Control Team  
Bryna Warshawsky, Associate Medical Officer of Health

**Appendix A**  
**Summary of Community Influenza Surveillance Indicators**  
**May 3, 2013**

Since the beginning of the year, influenza activity in Middlesex-London **has declined**. Influenza-like activity this week is **similar** compared to the previous week.

<b>Indicator</b>	<b>Recent trends / data</b>	<b>Comments for most recent week</b>
<b>Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness</b>	Similar to previous week both overall and at paediatric emergency department	<p>From April 21-27, an average of 7.6% patients at London Health Sciences Centre (LHSC) emergency departments and the St. Joseph's Health Care (SJHC) urgent care centre presented with a fever and respiratory symptoms. This is similar to 7.5% the previous week.</p> <p>The proportion was highest at the paediatric emergency department, where 19.3% of patients presented with a fever and respiratory symptoms. This is the same as 19.3% the previous week.</p>
<b>Absence reports from elementary schools (i.e., absenteeism &gt; 10%)</b>	Slightly decreased	From April 22–26, three elementary schools in the two main English public school boards reported a 5-day average absenteeism exceeding 10%. This number is slightly lower than the previous week, when four elementary schools reported average absenteeism exceeding 10%.
<b>Laboratory-confirmed cases</b>	Similar to previous week	<p>From April 23-29, four laboratory-confirmed cases of influenza B were reported. This is the same as the previous week, when four laboratory-confirmed influenza cases were reported.</p> <p>Since the beginning of the surveillance season on September 2, 2012, a total of 472 laboratory-confirmed influenza cases (446 Influenza A and 26 influenza B) have been reported to the Health Unit.</p>
<b>Hospitalizations</b>	Slight decrease compared to previous week	<p>From April 23-29, two people with laboratory-confirmed influenza were reported to be hospitalized. This is slightly less than the previous week, when three hospitalizations were reported.</p> <p>To date, 297 people with laboratory-confirmed influenza have been hospitalized.</p>
<b>Deaths</b>	No deaths reported	<p>From April 23-29, no deaths were reported among newly reported laboratory-confirmed influenza cases. Last week, one death was reported.</p> <p>To date, 26 deaths have been reported among cases with laboratory-confirmed influenza. However, it should be noted that the reporting of deaths may be incomplete.</p>

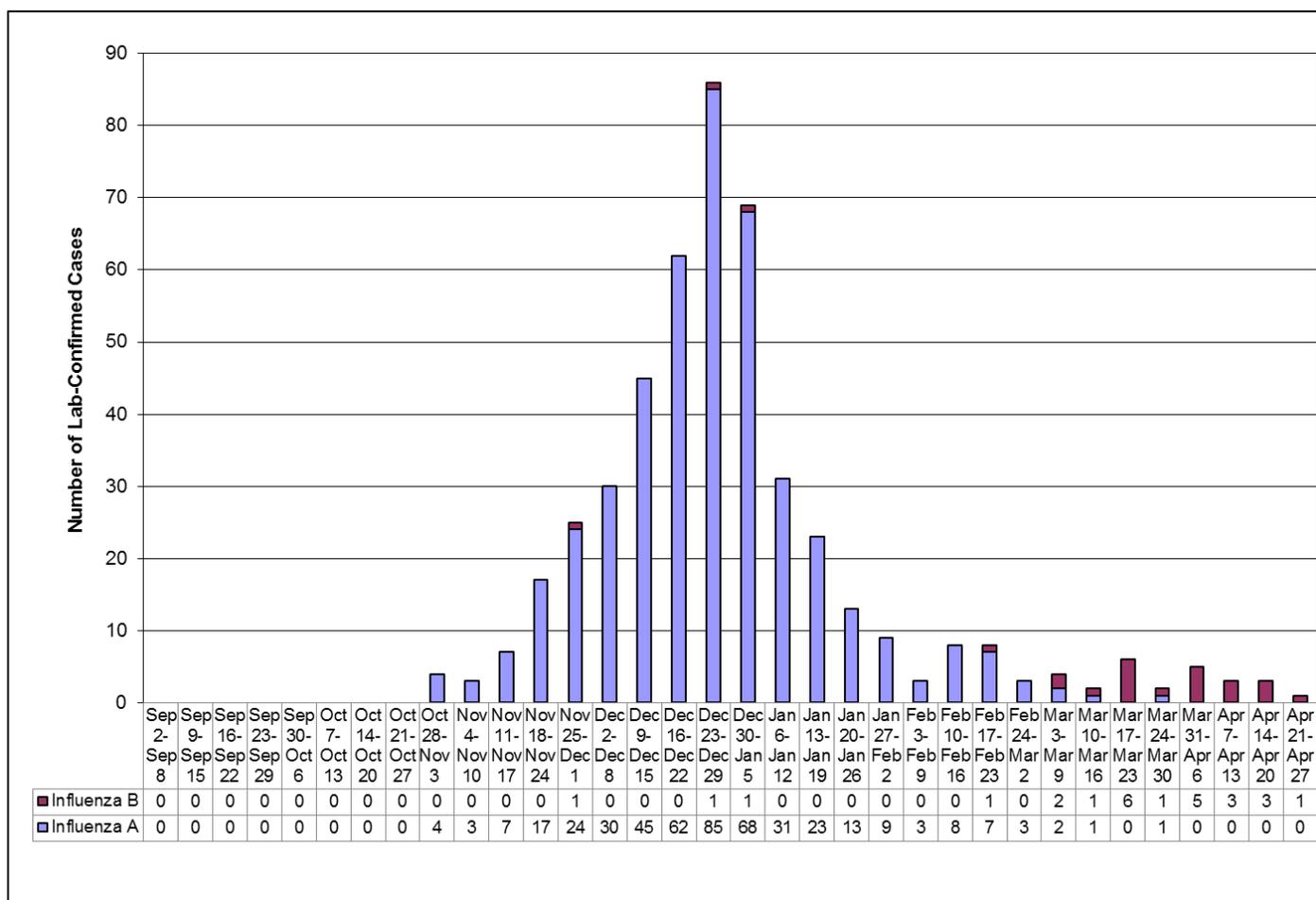
<b>Indicator</b>	<b>Recent trends / data</b>	<b>Comments for most recent week</b>
<b>Influenza outbreaks in long-term care homes/retirement homes/acute care</b>	Similar to previous week	<p>From April 23-29, no influenza outbreaks were declared in long term care facilities. This is similar to the previous week, when no outbreaks were declared in long term care facilities.</p> <p>To date, a total of 39 influenza outbreaks have been reported; 38 influenza A outbreaks and one influenza B outbreak. Of these 39 outbreaks, 34 occurred in long-term care/retirement homes/assisted living facilities and five occurred in acute care hospitals.</p>
<b>Sentinel X-ray provider reports regarding newly identified bronchopneumonia cases</b>	Slight increase compared to previous week	From April 22-27, 2.7% of chest x-rays performed by the sentinel x-ray provider were newly diagnosed bronchopneumonia cases. This is slightly higher than the previous week, when 2.6% of chest x-rays performed were newly diagnosed bronchopneumonia cases.
<b>Percentage of Ontario laboratory samples that are positive for influenza</b>	Slight decrease for influenza A, Slight increase for influenza B compared to previous week	<p>According to the Ontario Respiratory Virus Bulletin issued for the week of April 14-20, in Ontario, 13 of 1,143 tests were positive for influenza A (1.14% positivity) and 73 of 1,143 tests were positive for influenza B (6.39%positivity).</p> <p>The percent positivity for influenza A is slightly lower compared to the previous week, when the percent positivity for influenza A was 1.92%. The percent positivity for influenza B is slightly higher than the 5.68% positivity reported the previous week.</p> <p>This week, human metapneumovirus had the highest percent positivity among all circulating respiratory viruses (6.54% positivity), followed by influenza B (as above) and then Respiratory Syncytial Virus (RSV) (6.16% positivity).</p>

The Middlesex-London Health Unit gratefully acknowledges the contributions of the following community partners who provide data for this report:

London District Catholic School Board  
London Health Sciences Centre  
London X-Ray Associates  
St. Joseph's Health Care London  
Thames Valley District School Board

## Appendix B

### Laboratory-confirmed influenza cases, by influenza episode date and influenza type, Middlesex-London, September 2, 2012 – April 27, 2013 (n=472)



**Source:** Infectious Disease Control (IDC) Database (MLHU internal tracking database), extracted May 1, 2013.

**Notes:** Influenza episode date source varies. In 442 cases, episode date is the date that the case’s symptoms began. In 29 cases, episode date is date the specimen was collected for laboratory testing, and in one case, episode date is the date that the case was reported to the Health Unit. Numbers are subject to change week by week given the retrospective nature of reporting.

# Measures to Prevent the Spread of Influenza and Other Seasonal Viruses, Including Norovirus

- Stay home if you are sick. Individuals who work as food handlers, health care providers or child care workers who have diarrhea and/or vomiting should stay at home until at least 48 hours have passed from their last episode of diarrhea or vomiting.
- Clean hands frequently using soap and water or alcohol-based hand sanitizers. Alcohol-based hand sanitizers should contain 70-90% alcohol. Hands should be cleaned after using the washroom, after changing diapers, after shaking hands and before preparing and eating food.
- If you have diarrhea or vomiting, do not prepare food for others for at least 48 hours after the last episode.
- Clean frequently-touched surfaces often. When cleaning up vomit or diarrhea, thoroughly clean the area with detergent and water, removing all debris, then disinfect with a 1:50 bleach solution if the object being cleaned will tolerate it. Discard or wash all clean-up materials then wash hands thoroughly.

## Clinical Precautions When Caring for Suspected Cases of Influenza (H7N9)

Influenza A(H7N9) has recently been found in parts of China. This type of influenza A is a novel strain of influenza, about which relatively little is currently known. The Ontario Ministry of Health and Long Term Care recommends the following precautions when caring for someone with suspected H7N9 influenza:

- Place the patient in a negative pressure airborne isolation room;
- Use of gloves, gowns and fit-tested, seal-checked N95 respirators and eye protection by health workers when entering the same room as, transporting or caring for the patient;
- Masking the patient with a surgical mask when outside of the negative pressure airborne isolation room.

Please ensure that the Health Unit is notified if a case of H7N9 influenza is suspected (519-663-5317 ext. 2330; afterhours 519-675-7523).