

2014-2015 Community Influenza Surveillance Report Update of Current Status May 12, 2015

Overall assessment: Influenza activity in Middlesex-London is similar to the previous week.

Local Activity:

From May 3rd to 9th, 2015, five laboratory-confirmed cases of influenza B were reported; there were no influenza A cases reported. During this time, two hospitalizations and no deaths were reported among people with laboratory confirmed influenza.

Since September 1st, 2014, there have been 328 confirmed influenza A cases and 48 influenza B cases reported, 157 of whom have been hospitalized, and 14 of whom have died.

No laboratory-confirmed influenza outbreaks were declared last week. Since September 1st, 2014, there have been 40 influenza outbreaks declared in Middlesex-London facilities.

Appendix A provides more details about laboratory-based influenza activity indicators, as well as other local indicators of respiratory illness. A graph showing all 376 laboratory-confirmed cases by week is provided in Appendix B, at the end of this report.

Useful Websites

- The latest Ontario Respiratory Virus Bulletin, issued by Public Health Ontario (PHO), is available at: <http://www.publichealthontario.ca/en/ServicesAndTools/SurveillanceServices/Pages/Ontario-Respiratory-Virus-Bulletin.aspx>
- The latest FluWatch report, issued by the Public Health Agency of Canada (PHAC), is available at: <http://www.phac-aspc.gc.ca/fluwatch/>.
- To find a free flu shot clinic near you, visit the Ministry of Health and Long-Term Care's "Find a Flu Shot Clinic" web page at: <https://www.ontario.ca/health-and-wellness/get-flu-shot/>.

Appendix A

Summary of Community Influenza Surveillance Indicators for Middlesex-London May 12, 2015

Table 1: Summary of laboratory-based influenza activity indicators, Middlesex-London and Ontario, 2014-2015 influenza surveillance season

Indicator	Current Reporting Period	Number/Percent Reported: <i>Current Reporting Period</i>	Number/Percent Reported: <i>Year to Date (from September 1, 2014)</i>	Comparison to Previous Week
Laboratory-confirmed cases¹	May 3-9	Influenza A – 0 cases Influenza B – 5 cases	Influenza A – 328 cases Influenza B – 48 cases	Influenza A: Same compared to the previous week (Apr. 26-May 2), when no cases were reported. Influenza B: Higher compared to the previous week (Apr. 26-May 2), when two cases were reported. Please note that the week in which cases are reported does not necessarily reflect the date of onset of illness. As a result, the weekly counts shown in this section differ from those provided in the chart in Appendix B.
Influenza sub-types¹	May 3-9	0	Influenza A(H3) – 67 cases Influenza A not subtyped – 261 cases A/Switzerland/9715293/2013-like – 2 cases B/Massachusetts/02/12-like – 2 case	All influenza A strains subtyped to date have been influenza A (H3).
Hospitalizations¹	May 3-9	2	157	Higher compared to the previous week (Apr. 26-May 2) when no hospitalizations were reported.
Deaths¹	May 3-9	0	14	Same compared to the previous week (Apr. 26-May 2) when no deaths were reported in a people with laboratory-confirmed influenza.
Influenza outbreaks in long-term care homes/retirement homes/acute care	May 3-9	Influenza A – 0 outbreaks Influenza B – 0 outbreaks Influenza A & B – 0 outbreaks	Influenza A – 37 outbreaks Influenza B – 1 outbreak Influenza A & B – 2 outbreaks	Same compared to the previous week (Apr. 26-May 2) when no laboratory-confirmed influenza outbreaks were declared in facilities.
Percentage of samples that are positive for influenza (Ontario)²	Apr. 26-May 2	Influenza A – 0.8% positivity Influenza B – 7.2% positivity	N/A	Influenza A: Slightly lower compared to 1.7% reported the previous week (Apr. 19-25). Influenza B: Lower compared to 12.8% positivity reported the previous week (Apr. 19-25).

Notes:

1 Numbers are subject to change week by week due to the retrospective nature of reporting.

2 Public Health Ontario, Ontario Respiratory Virus Bulletin 2014-2015

Table 2: Summary of community-based respiratory illness indicators, Middlesex-London, 2014-2015 influenza surveillance season

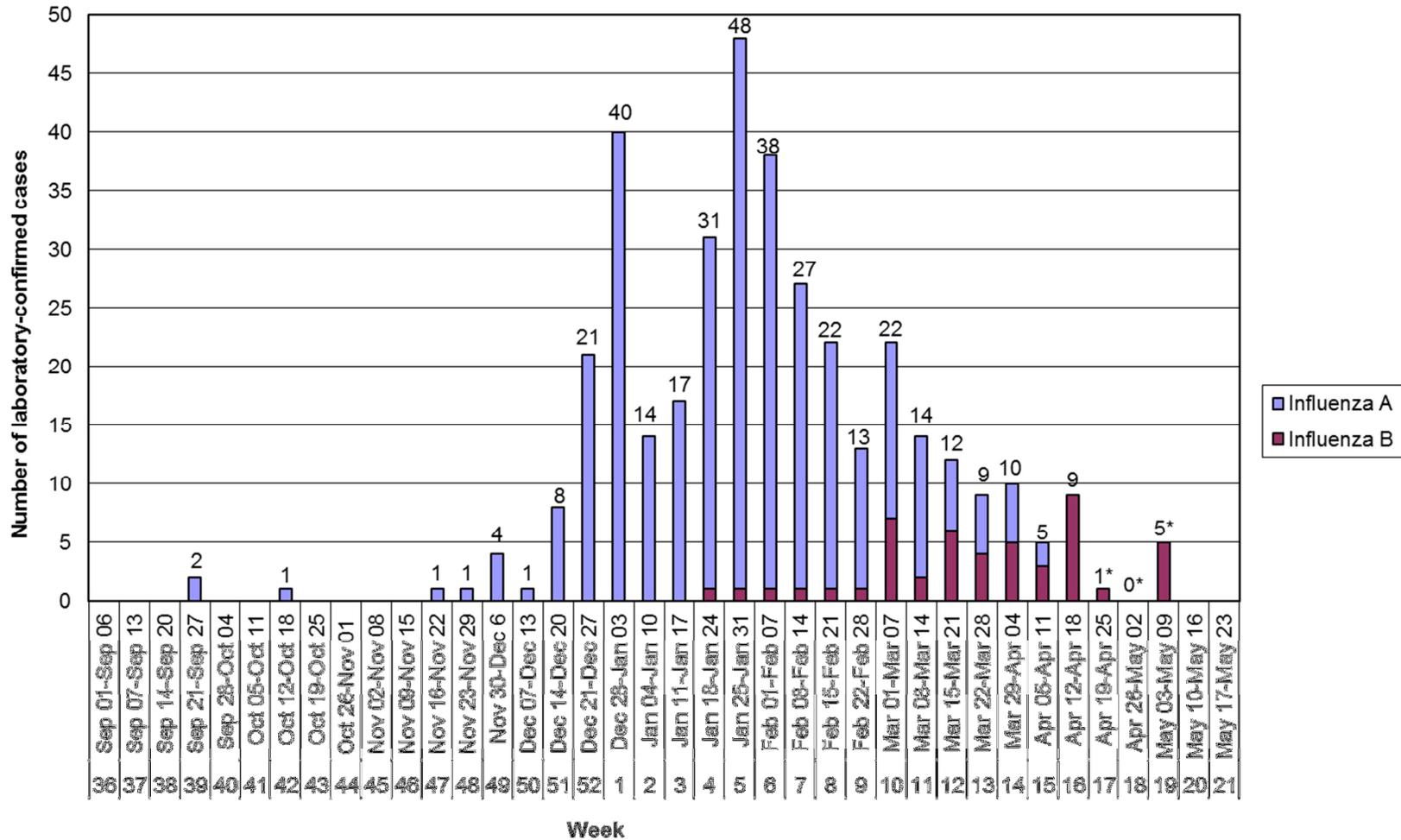
Indicator	Current Reporting Period	Number/Percent Reported: <i>Current Reporting Period</i>	Comparison to Previous Week
Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness <i>(includes LHSC emergency departments and the SJHC urgent care centre)</i>	May 3-9	An average of 7.0% of patients presented with fever and respiratory symptoms. The proportion was highest at the paediatric emergency department, where 16.7% of patients presented with a fever and respiratory symptoms.	Slightly lower than the 7.6% reported the previous week (Apr. 26-May 2). Slightly higher than the 15.8% reported the previous week (Apr. 26-May 2).
Absence reports from elementary schools (i.e., absenteeism > 10%)	May 4-8	A total of 23 elementary schools from one school board reported an average absenteeism rate exceeding 10%. Absenteeism last week was likely influenced by parents who kept their children home from school to protest changes to the publicly funded school curriculum.	Higher than the previous week (Apr. 27-May 1), when 10 schools reported increased absenteeism.
Sentinel X-ray provider reports regarding newly identified bronchopneumonia cases	May 4-9	An average of 5.3% of chest x-rays performed were newly diagnosed bronchopneumonia cases.	Higher than the 3.2% reported the previous week (Apr. 20-25).

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

- 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 date†
Middlesex-London 2014-2015 influenza season (N=376)



Source: Middlesex-London Health Unit internal influenza tracking database, extracted May 12, 2015.

† 'Influenza date' is the earliest of: symptom onset date, specimen collection date, and reported date. As a result, the weekly counts shown in this section differ from those provided in other sections of this report.

* Counts may be incomplete and are subject to change, due to the retrospective nature of reporting.