

2016-2017 Community Influenza Surveillance Report Update of Current Status April 25, 2017

Overall assessment

Influenza activity in Middlesex-London remains low, although some indicators are higher compared to the previous week.

Current Local Activity

Between April 16th and 22nd, there were three cases of laboratory-confirmed influenza A and nine cases of laboratory-confirmed influenza B reported to the Middlesex-London Health Unit, as well as eight hospitalizations.

Since September 1st, 2016, 469 laboratory-confirmed cases of influenza have been reported. To date, 37 cases have been identified as influenza B; all other cases have been identified as influenza A. Of the 113 influenza A cases that have been subtyped, 112 have been identified as influenza A(H3), and one has been identified as an influenza A(H3) and influenza A(H1N1)pdm09 co-infection. There have been 34 influenza A, three influenza B, and one influenza A and B outbreaks declared in facilities located in the Middlesex-London area, as well as 253 hospitalizations and 16 deaths.

Appendix A provides more details about laboratory-based influenza activity indicators, as well as other local indicators of respiratory illness. A graph showing all 469 laboratory-confirmed cases by week is provided at the end of this report in Appendix B. Appendix C provides a graph showing all institutional influenza outbreaks by week and institution type.

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: <http://www.ontario.ca/page/get-flu-shot/>.

Appendix A

Summary of Community Influenza Surveillance Indicators for Middlesex-London April 25, 2017

Table 1: Summary of laboratory-based influenza activity indicators, Middlesex-London and Ontario, 2016-2017 influenza surveillance season

Indicator	Reporting Period	Number Reported: <i>Current Reporting Period</i>	Number Reported: <i>Year to Date (from September 1, 2016)</i>	Recent Trends
Laboratory-confirmed cases¹	Apr. 16-22	Influenza A – 3 cases Influenza B – 9 cases	Influenza A – 432 cases Influenza B – 37 cases	Higher compared to the previous week (Apr. 9-15) when 7 influenza cases were reported. Please note that the week in which cases are reported does not necessarily reflect the date of onset of illness.
Influenza sub-types¹	Apr. 16-22	Influenza A(H3) – 0 case Influenza A(H3) & Influenza A(H1N1)pdm09 – 0 cases Influenza A not subtyped – 3 cases	Influenza A(H3) – 112 cases Influenza A(H3) & Influenza A(H1N1)pdm09 – 1 case Influenza A not subtyped – 319 cases	Influenza A strains subtyped to date have been influenza A(H3) and influenza A(H1N1)pdm09.
Hospitalizations¹	Apr. 16-22	8	253	Higher compared to the previous week (Apr. 9-15) when five hospitalizations were reported.
Deaths¹	Apr. 16-22	0	16	Same compared to the previous week (Apr. 9-15) when no deaths were reported.
Influenza outbreaks in long-term care homes/retirement homes/acute care	Apr. 16-22	1	38	Higher compared to the previous week (Apr. 9-15) when no influenza outbreaks were declared.
Percentage of samples that are positive for influenza (Ontario)²	Apr. 9-15	Influenza A – 4.5% positivity Influenza B – 7.1% positivity	N/A	Influenza A: Lower compared to 6.7% positivity reported in the previous week (Apr. 2-8). Influenza B: Same compared to 7.2% positivity reported in the previous week (Apr. 2-8).

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 2016-2017

Table 2: Summary of community-based respiratory illness indicators, Middlesex-London, 2016-2017 influenza surveillance season

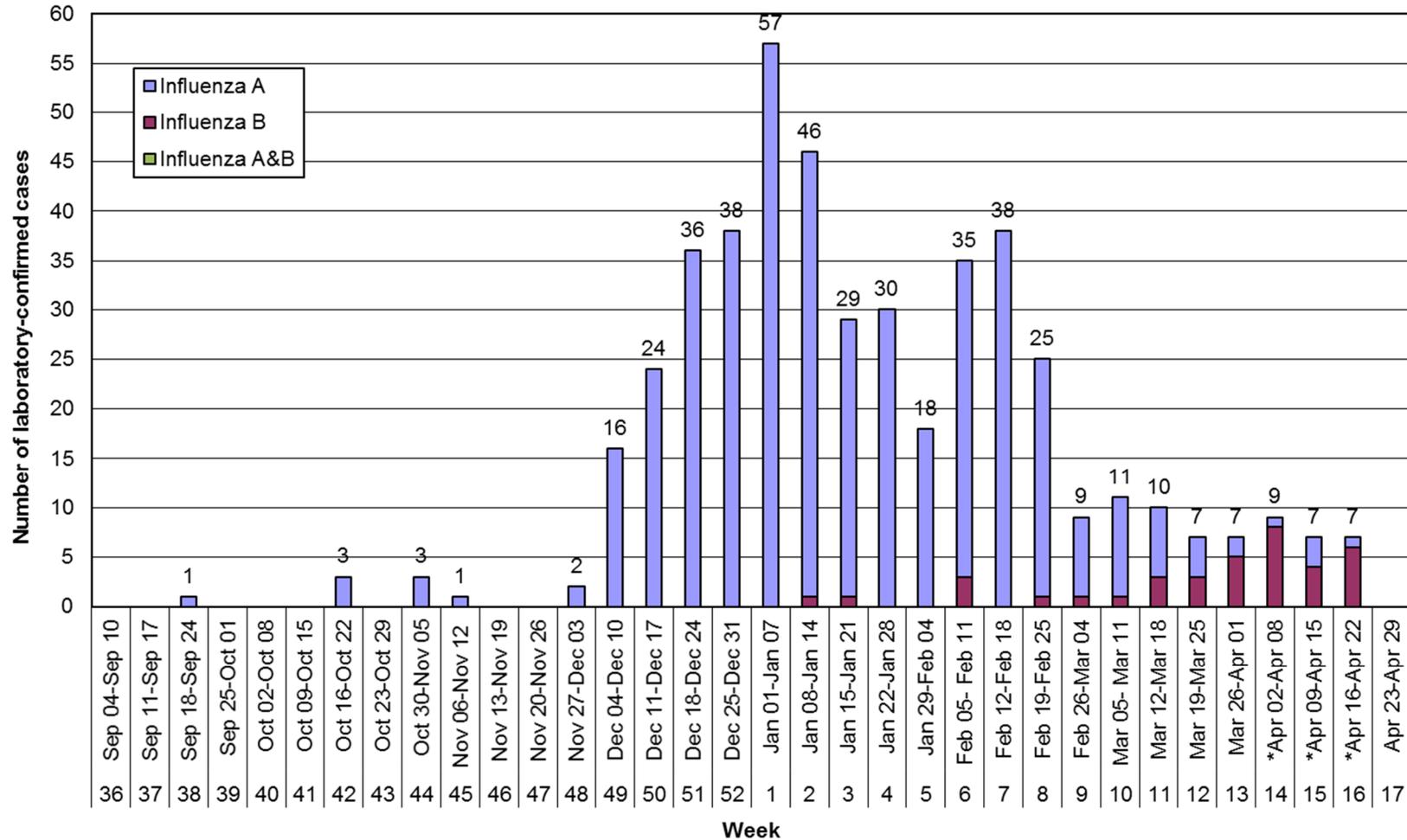
Indicator	Reporting Period	Number Reported: <i>Current Reporting Period</i>	Recent Trends
Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness	Apr. 16-22	An average of 7.4% of patients presented with fever and respiratory symptoms. The proportion was highest at the pediatric emergency department, where 19.9% of patients presented with a fever and respiratory symptoms.	Same compared to 6.9% reported in the previous week (Apr. 9-15). Higher compared to 18.5% reported in the previous week (Apr. 9-15).
Absence reports from elementary schools (i.e., absenteeism > 10%)	Apr. 18-21	Fourteen elementary schools from one school board reported average absenteeism (due to all causes) exceeding 10%.	Higher than the previous week (Apr. 10-13), when 11 schools reported increased absenteeism.
Sentinel x-ray provider – newly identified bronchopneumonia cases	Apr. 17-22	Data not available.	Data not available.

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 2016-2017 influenza season (N=469)**



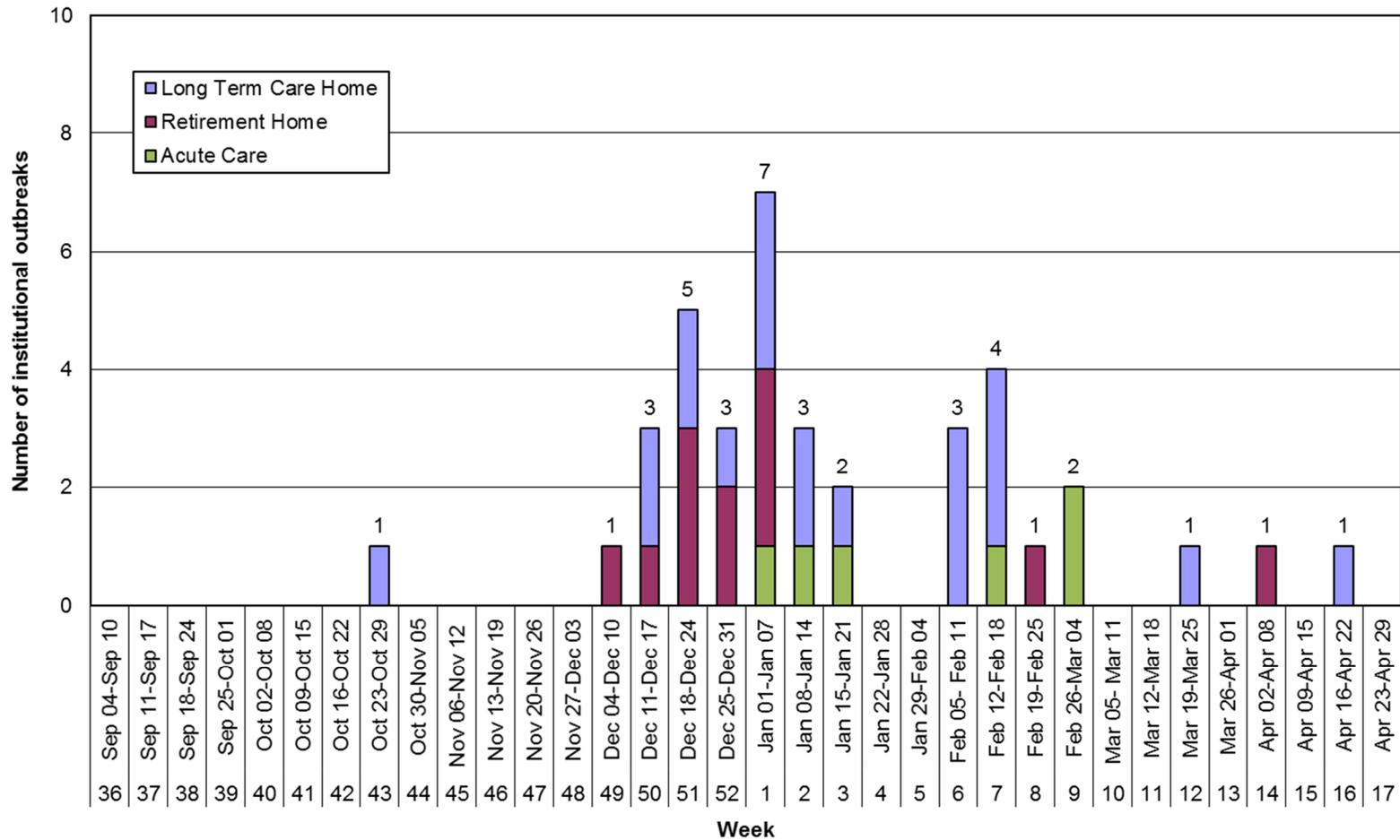
Source: Middlesex-London Health Unit internal influenza tracking database, extracted Apr. 25, 2017.

† '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.

Appendix C

**Institutional influenza outbreaks, by institution type
Middlesex-London 2016-2017 influenza season (N=38)**



Source: Middlesex-London Health Unit internal influenza tracking database, extracted Apr. 25, 2017.

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