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## 2017-2018 Community Influenza Surveillance Report Update of Current Status January 24, 2018

### Overall assessment

Influenza activity, particularly influenza B, continues to be high in the Middlesex-London region.

### Analysis and Action

The influenza season is well underway in the Middlesex-London region and across Canada. To date, there have been a high number of laboratory-confirmed cases, hospitalizations, and institutional outbreaks reported. The number and proportion of influenza B cases is higher than expected, with influenza B identified in approximately two-thirds of reported cases and institutional outbreaks.

The Middlesex-London Health Unit is actively monitoring influenza activity and supporting institutions in managing outbreaks. As an added outbreak control measure, quadrivalent inactivated influenza vaccine (QIV), which provides protection against two different strains of influenza B, is being made available to unimmunized staff in long-term care homes and retirement homes in the Middlesex-London region. The Health Unit is also in discussions with the Ministry of Health and Long-Term Care about the possible use of QIV for unimmunized staff in hospital settings and the community in general. Further information will be provided as it becomes available.

Local residents can take a number of steps to prevent becoming sick. Handwashing is an effective way to prevent many illnesses, including influenza. Local residents should stay home when feeling sick, cover coughs and sneezes, and clean and disinfect high-touch surfaces frequently.

### Details of Current Local Activity

Between January 14<sup>th</sup> and 20<sup>th</sup>, 22 laboratory confirmed cases of influenza A and 55 cases of influenza B were reported to the Health Unit. Of these, 26 were hospitalized, and six deaths were reported. Five new influenza outbreaks were also declared last week.

Since September 1<sup>st</sup>, 2017, there have been 125 laboratory-confirmed influenza A cases, 246 cases of influenza B, and two cases infected with both influenza A and B reported to the Health Unit. Among these cases there have been 182 hospitalizations and 14 deaths. As well, since September 1<sup>st</sup>, there have been 11 influenza A outbreaks, 20 influenza B outbreaks, and three outbreaks with both influenza A and B declared in hospitals, long-term care homes, and retirement homes.

Appendix A provides more detail about laboratory-based influenza activity indicators, as well as other local indicators of respiratory illness. A graph showing all 373 laboratory-confirmed cases by week of illness onset is provided at the end of this report in Appendix B.

### Useful Websites

- The latest Ontario Respiratory Pathogen 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 "Get the flu shot" web page at <http://www.ontario.ca/page/get-flu-shot/>.

## Appendix A

### Summary of Community Influenza Surveillance Indicators for Middlesex-London January 14<sup>th</sup> to 20<sup>th</sup>, 2017

**Table 1: Summary of laboratory-based influenza activity indicators, Middlesex-London and Ontario, 2017-2018 influenza surveillance season**

Indicator	Reporting Period	Number Reported: <i>Current Reporting Period</i>	Number Reported: <i>Year to Date</i> <i>(from September 1, 2017)</i>	Recent Trends
<b>Laboratory-confirmed cases<sup>1</sup></b>	Jan. 14-20 (week 3) <sup>2</sup>	Influenza A – 22 cases Influenza B – 55 cases	Influenza A – 125 cases Influenza B – 246 cases Influenza A & B – 2 cases	Influenza A: <b>Lower</b> than the previous week (Jan. 7-13) when 35 cases were reported.  Influenza B: <b>Lower</b> than the previous week (Jan. 7-13) when 59 cases were reported.  <b>Note that the week in which cases are reported may not be the same as the week of onset of illness.</b>
<b>Influenza sub-types<sup>1</sup></b>	Jan. 14-20	Influenza A(H3) – 2 cases Influenza A not subtyped – 20 cases  Influenza B not subtyped – 55 cases	Influenza A – (H3) – 23 cases (H1N1)pdm09 – 1 case Not subtyped – 101 cases  Influenza B – Phuket/3073/13-like –1 case Not subtyped – 245 cases	
<b>Hospitalizations<sup>1</sup></b>	Jan. 14-20	26	182	<b>Lower</b> than the previous week (Jan. 7-13) when 49 hospitalizations were reported.  <b>Note that the week in which hospitalizations are reported may not be the same as the week of onset of illness.</b>
<b>Deaths<sup>1</sup></b>	Jan. 14-20	6	14	<b>Higher</b> than the previous week (Jan. 7-13) when three deaths were reported.  <b>Note that the week in which deaths are reported may not be the same as the week of onset of illness or the week of death.</b>

**Table 1: Summary of laboratory-based influenza activity indicators, Middlesex-London and Ontario, 2017-2018 influenza surveillance season**  
(continued)

<b>Influenza outbreaks in long-term care homes/retirement homes/acute care</b>	Jan. 14-20	Influenza A – 1 outbreak Influenza B – 4 outbreaks	Influenza A – 11 outbreaks Influenza B – 20 outbreaks Influenza A&B – 3 outbreaks	Influenza A: <b>Same</b> as the previous week (Jan. 7-13) when one outbreak was reported.  Influenza B: <b>Higher</b> than the previous week (Jan. 7-13) when two outbreaks were reported.
<b>Percentage of samples that are positive for influenza (Ontario)<sup>3</sup></b>	Jan. 7-13 (week 2) <sup>2</sup>	Influenza A – 13.6% positivity Influenza B – 11.9% positivity	N/A	Influenza A: <b>Lower</b> than 14.8% positivity reported in the previous reporting period (Dec. 31-Jan. 6).  Influenza B: <b>Higher</b> than 9.6% positivity reported in the previous reporting period (Dec. 31-Jan. 6).

**Notes:**

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

2 Weekly influenza monitoring often uses numbered weeks from 1 to 52 weeks per year. A reference week calendar can be found at <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/fluwatch-weeks-calendar.html>

3 Public Health Ontario, Ontario Respiratory Pathogen Bulletin 2017-2018

**Table 2: Summary of community-based respiratory illness indicators, Middlesex-London, 2017-2018 influenza surveillance season**

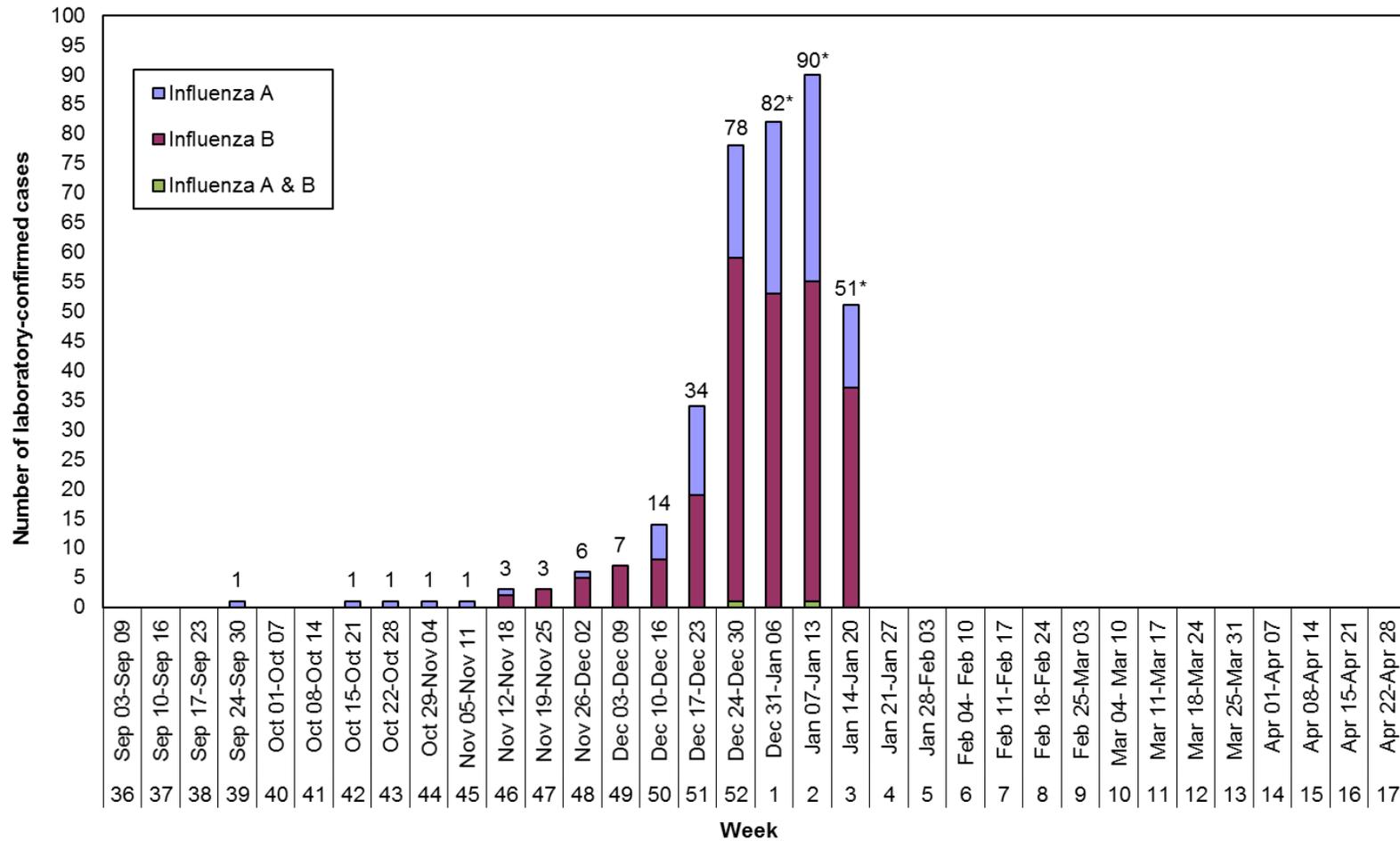
Indicator	Reporting Period	Number Reported: <i>Current Reporting Period</i>	Recent Trends
<b>Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness</b>	Jan. 14-20	An average of 11.1% of patients presented with fever and respiratory symptoms.  The proportion was highest at the pediatric emergency department, where 24.4% of patients presented with a fever and respiratory symptoms.	<b>Lower</b> than 11.9% reported the previous week (Jan. 7-13).  <b>Lower</b> than 26.7% reported the previous week (Jan. 7-13).
<b>Absence reports from elementary schools (i.e., absenteeism &gt; 10%)</b>	Jan. 15-19	Twenty-five elementary schools from one school board reported average absenteeism (due to all causes) exceeding 10%.	<b>Higher</b> than the previous week (Jan. 8-12), when 24 elementary schools reported increased absenteeism.

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

London Health Sciences Centre  
 St. Joseph's Health Care London  
 Thames Valley District School Board

## Appendix B

**Laboratory-confirmed influenza cases, by influenza date†  
Middlesex-London 2017-2018 influenza season (N=373)**



Source: Middlesex-London Health Unit internal influenza tracking database, extracted January 23, 2018.

† '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.