

2012-2013 Influenza Surveillance Update of Current Status and Issues March 22, 2013

This report provides an update to the previous report issued on March 14, 2013. Between March 12 and the end of day on March 18, two new laboratory-confirmed influenza A cases and two new laboratory-confirmed influenza B cases were reported to the Middlesex-London Health Unit. The total number of reported cases is higher than the previous week (March 5-11, 2013), when one laboratory-confirmed case of influenza was reported to the Health Unit. Three hospitalizations and no deaths were reported among the newly reported cases. No influenza outbreaks were declared between March 12 and March 18. Human Influenza A (H3) was typed on one previously reported influenza A case.

As of Monday March 18, 2013, a total of 444 laboratory-confirmed influenza A cases and seven influenza B cases have been reported in Middlesex-London for the current surveillance season. This influenza season, there have been 279 hospitalizations and 25 deaths reported among these 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 37 influenza A outbreaks have been reported, 32 in long-term care/retirement homes/assisted living facilities and five 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. The number of new influenza cases has continued to decline since that time.

Influenza immunization status is known for 365 of the 451 reported cases. Of these 365, 171 people were 64 years of age and under, and 194 were 65 years of age and over. Of the 170 cases who were 64 years of age and under, 30 (18%) received their influenza immunization this influenza season and 141 (82%) did not. Of the 194 cases who were 65 years of age and over, 135 (70%) received their influenza immunization this season, 57 (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 influenza activity continues to decline in Ontario. From March 3 to March 9, 2013, influenza activity continued to be driven by influenza A, with 6.75% positivity. Influenza B decreased slightly, to 2.72% positivity compared to 3.37% positivity the previous week. However, both influenza strains continue to be less prevalent than Respiratory Syncytial Virus (RSV), which had the highest proportion of respiratory samples testing positive at 18.71% which is an increase from 14.99% the previous week.

In Canada, since the beginning of September, 730 influenza viruses have been antigenically characterized. A total of 464 influenza A(H3N2) viruses were similar to A/Victoria/361/2011 and 103 A(H1N1)pdm09 viruses were similar A/California/07/09. One hundred and twenty-seven (127) influenza B viruses were similar to B/Wisconsin/01/2010 and 36 were similar to B/Brisbane/60/2008. The components of the 2012/2013 influenza vaccine are A/California/7/2009-like virus (an H1N1pdm09-like virus), A/Victoria/361/2011 (H3N2)-like virus, and B/Wisconsin/1/2010-like virus.

It remains important to continue to promote the influenza vaccine for your patients, residents and staff. Influenza vaccinations will continue to be available at the Health Unit's Walk-in Immunization Clinics, which take place as follows:

50 King Street, London

- Monday, Wednesday and Friday – 9:00 am to 4:00 pm
- First and third Wednesday of each month – 9:00 am to 7:00 pm

Kenwick Mall, Strathroy

- First Tuesday of each month – 3:30 pm to 7:30 pm

Influenza vaccinations are also available at some health care providers' offices and at some pharmacies. Additional information about where influenza vaccinations are offered can be found on the Health Unit website at <http://www.healthunit.com/article.aspx?ID=10920>.

Precautions to prevent the spread of influenza are provided on page 5 of this report.

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Appendix A
Summary of Community Influenza Surveillance Indicators
March 22, 2013

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

| Indicator | Recent trends / data | Comments for most recent week |
|--|--|--|
| Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness | Slight decrease compared to previous week | <p>From March 12-18, an average of 7.8% 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 slightly less than 9.0% from the previous week.</p> <p>The proportion was highest at the paediatric emergency department, where 23.3% of patients presented with a fever and respiratory symptoms. This is slightly less than 24.9% from the previous week.</p> |
| Absence reports from elementary schools (i.e., absenteeism > 10%) | Data not available | No data are available from March 11–15 due to March Break. |
| Laboratory-confirmed cases | Slightly increased compared to previous week | <p>From March 12-18, four laboratory-confirmed cases of influenza (two influenza A and two influenza B) were reported. This is greater than the previous week, when one laboratory-confirmed influenza B case was reported.</p> <p>Since the beginning of the surveillance season on September 2, 2012, a total of 451 laboratory-confirmed influenza cases (444 Influenza A and seven influenza B) have been reported to the Health Unit.</p> |
| Hospitalizations | Slightly increased compared to previous week | <p>From March 12-18, three people with laboratory-confirmed influenza were reported to be hospitalized. This is a slight increase compared to the previous week, when one hospitalization was reported.</p> <p>To date, 279 people with laboratory-confirmed influenza have been hospitalized.</p> |
| Deaths | Similar to previous week | <p>From March 12-18, no deaths were reported among newly reported laboratory-confirmed influenza cases. This is comparable to the previous week, when one death was reported.</p> <p>To date, 25 deaths have been reported among cases with laboratory-confirmed influenza. However, it should be noted that the reporting of deaths may be incomplete.</p> |

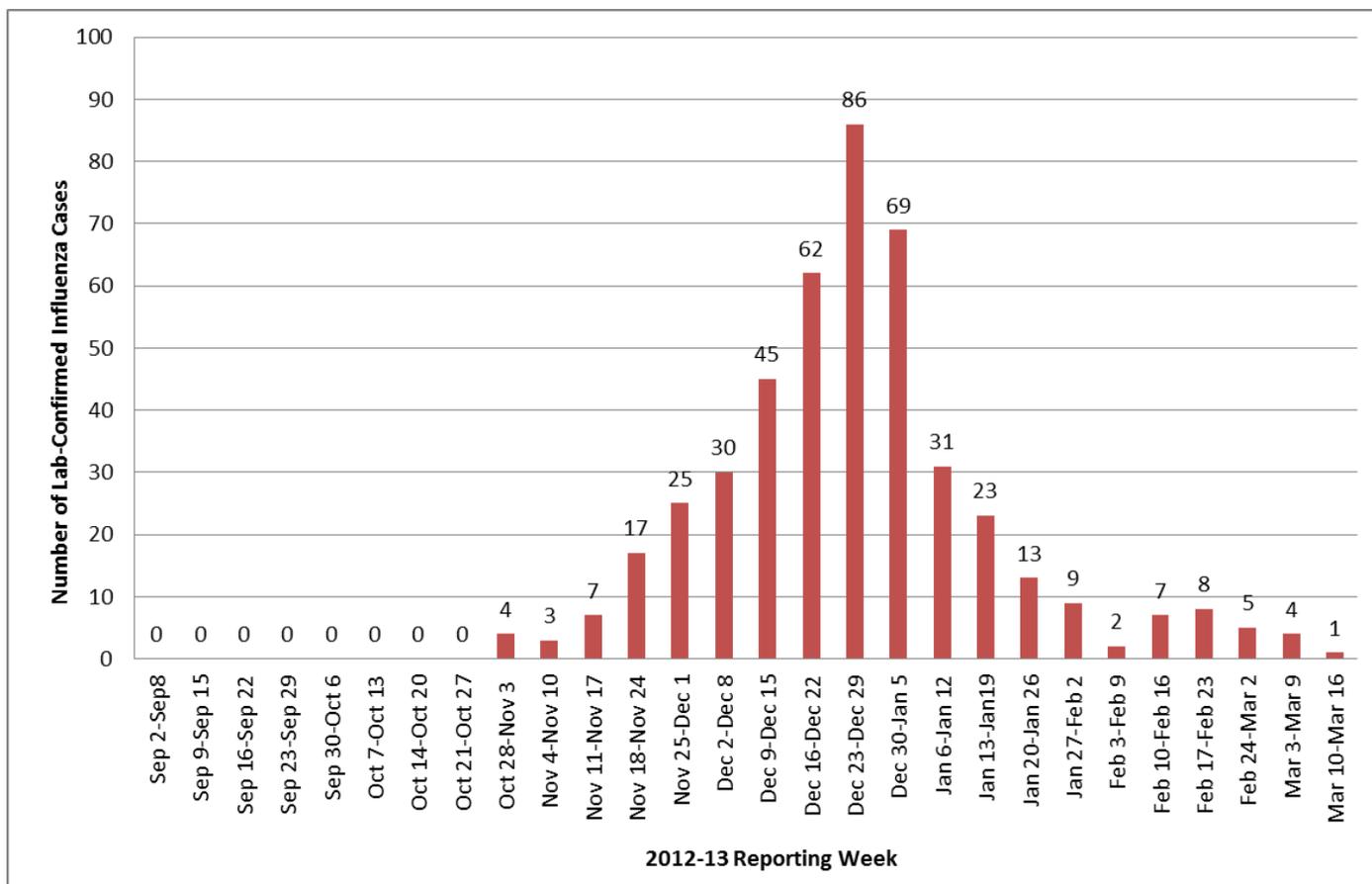
| Indicator | Recent trends / data | Comments for most recent week |
|--|---|---|
| Influenza outbreaks in long-term care homes/retirement homes/acute care | Similar to previous week | <p>From March 12-18, no outbreaks were declared in facilities. This is the second consecutive week that an influenza outbreak has not been declared.</p> <p>To date, 37 influenza A outbreaks have been reported, 32 in long-term care/retirement homes/assisted living facilities and five in acute care hospitals.</p> |
| Sentinel X-ray provider reports regarding newly identified bronchopneumonia cases | Similar to previous week | <p>From March 11-16, 4.4% of chest x-rays performed by the sentinel x-ray provider were newly diagnosed bronchopneumonia cases. This is similar compared to 4.1% the previous week.</p> |
| Percentage of Ontario laboratory samples that are positive for influenza | Slight decrease compared to previous week | <p>According to the Ontario Respiratory Virus Bulletin issued for the week of March 3- 9, in Ontario, 87 of 1,288 tests were positive for influenza A (6.75% positivity) and 35 of 1,288 tests were positive for influenza B (2.72% 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 7.70%. The percent positivity for influenza B is slightly lower than the 3.37% positivity reported the previous week.</p> <p>This week, Respiratory Syncytial Virus (RSV) had the highest percent positivity among all circulating respiratory viruses (18.71% positivity), followed by human metapneumovirus (7.06% positivity) and then influenza A (as above).</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, Middlesex-London, September 2, 2012 – March 16, 2013



Source: Infectious Disease Control (IDC) Database (MLHU internal tracking database).

Notes: Influenza episode date source varies. In 391 cases, episode date is the date that the case’s symptoms began. In 59 cases, episode date is date the specimen was collected for laboratory testing. In one case, episode date is the date that the case was report 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

- Get vaccinated against influenza – it is not too late to get your flu shot.
- 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.