

## **2012-2013 Influenza Surveillance Update of Current Status and Issues**

January 16, 2013

Between January 8 and the end of day on January 14, 2013, a total of 40 new laboratory-confirmed influenza cases have been reported to the Middlesex-London Health Unit; 39 are influenza A and one is influenza B. There were 12 hospitalizations reported among these cases, as well as two deaths. The Health Unit was also notified about the death of a laboratory-confirmed case that was reported last week, for a total of three deaths newly reported. However, it should be noted that the reporting of hospitalizations and deaths may be incomplete due to the large volume of cases to follow up. A total of 2 new influenza A outbreaks were declared in long-term care settings, bringing the total to 32 influenza outbreaks in facilities this season.

As of Monday January 14, 2013, a total of 364 laboratory-confirmed influenza A cases and three influenza B cases were reported in Middlesex-London. There have been 181 hospitalizations and 15 deaths reported among these laboratory-confirmed cases, although there may be underreporting due to incomplete follow-up of the cases. Sixty-six of the reported influenza A cases have been subtyped as human influenza A(H3) and one has been subtyped as influenza A(H1N1)pdm09. Influenza immunization status of the reported cases is unavailable at this time due to the high volume of cases to follow up.

Public Health Ontario reported that in Ontario, influenza activity continues to be driven by influenza A activity, primarily influenza A/H3N2. In the most recent information available (December 30, 2012 to January 5, 2013), influenza activity showed signs of possible leveling off across the province.

In Canada, since the beginning of September, 193 influenza viruses have been antigenically characterized. A total of 143 influenza A(H3N2) viruses were similar to A/Victoria/361/2011 and 25 A(H1N1)pdm09 viruses were similar to A/California/07/09. Twenty-one B viruses were similar to B/Wisconsin/01/2010 and four 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 is very 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 4 of this report.

**Appendix A**  
**Summary of Community Influenza Surveillance Indicators**  
**January 16, 2013**

There continues to be a significant amount of influenza activity in Middlesex-London, but it is showing signs of decreasing.

<b>Indicator</b>	<b>Recent trends / data</b>	<b>Comments</b>
<b>Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness</b>	Decreased	<p>From January 6 – 12, an average of 9.5% of 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 decreased compared to 14.9% from the previous week.</p> <p>The proportion was highest at the paediatric emergency department, where 20.0% of patients presented with a fever and respiratory symptoms. This is decreased compared to 31.1% from the previous week.</p>
<b>Absence reports from elementary schools (i.e., absenteeism &gt; 10%)</b>	Decreased	<p>From January 7 – 11, no elementary schools in the two main English public school boards reported a 4- or 5-day average absenteeism exceeding 10%. This number is lower than December 17 – 21, when 13 elementary schools reported a 4- or 5-day average absenteeism exceeding 10%. No data is available for the two weeks over the holiday break.</p>
<b>Laboratory-confirmed cases</b>	High, but decreasing	<p>From January 8 – 14, 40 laboratory-confirmed influenza cases were reported, 39 influenza A and one influenza B. This includes 9 cases that live in residential settings. This is considerably lower than the 97 cases reported from January 1 – 7.</p> <p>Since the beginning of the surveillance season on September 1, a total of 367 laboratory-confirmed influenza (364 Influenza A and three influenza B) cases have been reported to the Health Unit.</p>
<b>Hospitalizations</b>	High, but decreasing  Potentially incomplete	<p>From January 8 – 14, 12 people with laboratory-confirmed influenza were reported to be hospitalized. This is considerably lower than the 62 hospitalizations reported among laboratory-confirmed cases from January 1 – 7.</p> <p>To date, 181 people with laboratory-confirmed influenza have been hospitalized. However, it should be noted that the reporting of hospitalizations may be incomplete.</p>

<b>Indicator</b>	<b>Recent trends / data</b>	<b>Comments</b>
<b>Deaths</b>	Potentially incomplete	<p>Since the previous report, three deaths were newly reported among cases with laboratory confirmed influenza.</p> <p>To date, 15 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>Influenza outbreaks in long-term care homes/retirement homes/acute care</b>	Decreased	<p>From January 8 – 14, 2 new influenza A outbreaks were declared, both in long-term care settings. This compares to 11 outbreaks reported from January 1 – 7.</p> <p>To date, 32 influenza A outbreaks have been reported, 28 in long-term care/retirement homes/assisted living facilities and four in acute care hospitals.</p>
<b>Sentinel X-ray provider reports regarding newly identified bronchopneumonia cases</b>	Decreased	<p>From January 7 – 12, 7.9% of chest x-rays performed by the sentinel x-ray provider were newly diagnosed bronchopneumonia cases. This is decreased compared to 10.2% from the previous week.</p>
<b>Percentage of Ontario laboratory samples that are positive for influenza</b>	High, but slightly decreased compared to the previous week for influenza A	<p>In Ontario, from December 30 – January 5, 1,286 of 3,941 tests were positive for influenza A (32.63% positivity) and 15 of 3,941 tests were positive for influenza B (0.38% positivity). This is slightly decreased compared to the previous week, when the percent positivity for influenza A was 33.36%.</p> <p>Influenza A had the highest percent positivity among all circulating respiratory viruses, followed by Respiratory Syncytial Virus (RSV) (6.49% positivity) and Coronavirus (6.11% positivity).</p>

## **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.