

## **2011-2012 Influenza Surveillance Update of Current Status and Issues**

March 12, 2012

### **Influenza activity in Middlesex-London:**

Since the last report, three influenza A (one typed as influenza A (H3)) and three influenza B cases were reported to the Middlesex-London Health Unit. Two hospitalizations were reported among these cases. One death was reported among the laboratory confirmed influenza cases; the individual had other underlying medical conditions as well. To date, there have been 15 influenza A cases and 11 influenza B cases identified in Middlesex London for the 2011-2012 influenza surveillance season. Eight of the influenza A samples have been typed as human influenza A (H3). One of these samples has been strain typed as A/Perth/16/2009-like (H3N2) which is the H3N2 component for this year's influenza vaccine.

There continues to be no outbreaks of influenza in long-term care homes or in acute care facilities. The overall proportion of patients presenting to London emergency departments and urgent care with fever and respiratory symptoms was the same compared to the previous week, and school absenteeism was higher compared to the previous week. Based on the available information, influenza activity in Middlesex London remains relatively low but may be showing signs of increase.

### **Provincial and National Influenza Activity:**

**Influenza:** Influenza activity across the province was higher this reporting week compared to the previous week, but continues to be lower than in previous years. According to the latest Ontario Influenza Bulletin, there were 306 laboratory-confirmed cases of influenza reported between February 26 and March 3, 2012. In total, 992 influenza cases have been reported to the province for the 2011-2012 surveillance season. The majority of the influenza cases reported were subtyped as influenza B (607 cases) or influenza A(H1N1)pdm09 (formerly known as influenza A pH1N1) (165 cases), which together account for 77.8% (772/992) of cases reported to date. Provincially, two influenza A and five influenza B outbreaks were reported during this reporting period. In total, 31 institutional influenza outbreaks have been reported across the province this season, 20 of which were influenza B, 10 influenza A (all subtypes) and one combined influenza A and B. Nationally, influenza activity continued to increase compared to the previous week. The percent positivity for influenza B detections increased. The majority of influenza B detections (87%) were from Ontario and Quebec.

To date, strain characterization of influenza isolates in Ontario and Canada has demonstrated a generally good match with this season's influenza vaccine. Since the start of the season, the National Microbiology Lab has characterized 460 samples from across Canada with the following results: 101 Influenza A (H3N2)/Perth/16/2009-like and six showing reduced titers with antiserum produced against A/Perth/16/2009; 86 Influenza A/California/07/2009-like and one showing reduced titer with antiserum produced against A/California/07/2009. Both influenza A (H3N2)/Perth/16/2009 and A/California/07/2009 are components of the 2011-2012 influenza vaccine. There were 147 influenza B strains antigenically related to the strain B/Brisbane/60/2008, which also is a component of the 2011-2012 influenza vaccine. The other 119 influenza B viruses were antigenically related to B/Wisconsin/01/2010-like, which belongs to a different lineage than the influenza strain B that is in this year's vaccine.

**Other Respiratory Pathogens:** Provincially the most notable virus this reporting week was Respiratory Syncytial Virus (RSV) with a percent positivity of 36.7% which was 15.7% higher than the previous week. Nationally, tests positive for RSV decreased slightly to 17.8% but remains the most prevalent among the other respiratory viruses detected.

### **Influenza vaccination opportunities:**

Influenza vaccination is available at some health care providers' offices and at the Health Unit's walk-in Immunization clinics. Clinics are scheduled at 50 King Street in London on Mondays, Wednesdays and Fridays from 9:00 a.m. to 4:00 p.m. and on the first and third Wednesday of each month from 9:00 a.m. to 7:00 p.m. Clinics also take place at the Kenwick Mall in Strathroy from 3:30 p.m. to 7:30 p.m. on the first Tuesday of each month.

---

#### **London Office**

50 King St., London, ON N6A 5L7  
tel: (519) 663-5317 • fax: (519) 663-9581

[www.healthunit.com](http://www.healthunit.com)  
[health@mlhu.on.ca](mailto:health@mlhu.on.ca)

#### **Strathroy Office - Kenwick Mall**

51 Front St. E., Strathroy ON N7G 1Y5  
tel: (519) 245-3230 • fax: (519) 245-4772

## Appendix A Summary of Community Influenza Surveillance Indicators

Based on the available information, influenza activity in Middlesex London remains relatively low but may be showing signs of increase.

Indicator	Recent trends / data	Comments
<b>Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness</b>	Same	<p>From March 4 to 10, an average of 8.9% 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 value is unchanged from the previous week.</p> <p>The proportion was highest at the paediatric emergency department, where 25.7% of patients presented with a fever and respiratory symptoms. This value is higher compared to 23.7% from the previous week.</p>
<b>Absence reports from schools (i.e., absenteeism &gt; 10%)</b>	Higher	From February 27 to March 2, ten elementary schools in the two main English language public school boards reported a 5-day average absenteeism exceeding 10%. This is higher than one school from the previous week.
<b>Laboratory-confirmed cases</b>	Higher	<p>Six cases of influenza (three A and three B) were reported to the Health Unit since the previous report.</p> <p>Since the beginning of the influenza surveillance season, 15 influenza A and 11 influenza B cases have been reported in Middlesex-London. Eight of the influenza A strains have been characterized as H3, of which one was strain typed as A/Perth/16/2009-like (H3N2), a component of this year's seasonal influenza vaccine.</p>
<b>Hospitalizations</b>	Slightly lower	<p>Two hospitalizations of individuals with lab confirmed influenza were reported to the health unit since the previous report.</p> <p>Since the start of the influenza surveillance season, 13 people with laboratory-confirmed influenza have been hospitalized.</p>
<b>Deaths</b>	Higher	One death has been reported in an individual with laboratory confirmed influenza. The individual had other underlying medical conditions as well.
<b>Long-term care facility outbreaks</b>	None reported	Since the beginning of the influenza surveillance season, no institutional outbreaks of influenza have been reported to the Health Unit.
<b>Sentinel X-ray provider reports regarding newly identified bronchopneumonia cases</b>	Not available	

<b>Calls to Telehealth Ontario related to respiratory and influenza-like illness</b>	None reported	
<b>Percentage of influenza tests performed by the Ontario Public Health Laboratory that are positive from across the province</b>	Slightly higher for influenza B  Slightly lower for influenza A	Based on provincial testing done by the Ontario Public Health Laboratory from February 26 to March 3, 18 of 340 samples tested positive for influenza A for a positivity rate of 5.3%, which is 0.5% lower than the previous week. Forty-four of 334 samples tested positive for influenza B for a positivity rate of 13.2 %, which is 0.6% higher than the previous week.