

**2012-2013 Influenza Surveillance
Update of Current Status and Issues
February 21, 2013**

The report provides an update since our last report on February 14, 2013. Between February 12 and the end of day on February 18, 2013, a total of three new laboratory-confirmed influenza A cases were reported to the Middlesex-London Health Unit. This is a slight increase since last week (February 5-11), when no laboratory-confirmed cases of influenza were reported to the Health Unit. No influenza B cases were reported this week. There were two hospitalizations and no deaths reported among the newly-reported cases. No influenza outbreaks were declared between February 12 and February 18, 2013.

As of Monday, February 18, 2013, a total of 425 laboratory-confirmed influenza A cases and three influenza B cases have been reported in Middlesex-London for the current surveillance season. There have been 265 hospitalizations and 23 deaths reported among these laboratory-confirmed cases. Seventy-two of the reported influenza A cases have been subtyped as human influenza A(H3) and two have been subtyped as influenza A(H1N1)pdm09. To date, a total of 35 influenza A outbreaks have been reported, 30 in long-term care/retirement homes/assisted living facilities and five in acute care hospitals.

Influenza immunization status is known for 340 of the 428 reported cases. Of these 340, 159 people were 64 years of age and under, and 181 were 65 years of age and older. Of the 159 cases among those 64 years of age and under, 30 (19%) received their influenza immunization this influenza season and 129 (81%) did not. Of the 181 cases who were 65 years of age and older, 125 (69%) received their influenza immunization this season and 56 (31%) did not. 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 has reported that influenza activity continues to decline in Ontario, and continues to be driven by influenza A. From February 3 to February 9, 2013, the proportion of respiratory samples testing positive for influenza remains elevated, but has declined for the sixth consecutive week.

During the 2012-13 season, the National Microbiology Laboratory (NML) has antigenically characterized 513 influenza viruses. The 374 influenza A(H3N2) viruses were antigenically similar to the vaccine strain A/Victoria/361/2011 and the 60 A(H1N1)pdm09 viruses were antigenically similar to the vaccine strain A/California/07/09. Among the influenza B viruses, 64 were antigenically similar to the vaccine strain B/Wisconsin/01/2010 (Yamagata lineage) and 15 were similar to B/Brisbane/60/2008 (Victoria lineage; component of the 2011-2012 seasonal influenza vaccine).

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 4 of this report.

Appendix A
Summary of Community Influenza Surveillance Indicators
February 14, 2013

Influenza activity in Middlesex-London is **decreasing**.

Indicator	Recent trends / data	Comments for most recent week
Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness	Slowly decreasing, but high at the paediatric emergency department.	<p>From February 10–16, an average of 8.3% 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 comparable to 8.4% the previous week.</p> <p>The proportion was highest at the paediatric emergency department, where 24.8% of patients presented with a fever and respiratory symptoms. This is comparable to 25.4% the previous week.</p>
Absence reports from elementary schools (i.e., absenteeism > 10%)	Decreased	From February 11-15, four elementary schools in one of the two main English public school boards reported a 5-day average absenteeism exceeding 10%. This number is lower than the previous week, when seven elementary schools reported a 5-day average absenteeism exceeding 10%.
Laboratory-confirmed cases	Slight increase	<p>From February 12-18, three laboratory-confirmed influenza cases of influenza A were reported, and no influenza B cases. This number is slightly higher than the previous week, when no cases were reported.</p> <p>Since the beginning of the surveillance season on September 1, 2012, a total of 428 laboratory-confirmed influenza (425 Influenza A and three influenza B) cases have been reported to the Health Unit.</p>
Hospitalizations	Slight increase	<p>From February 12-18, two persons with laboratory-confirmed influenza were reported to be hospitalized. This is slightly higher than the previous week, when there were no hospitalizations (as there were no reported laboratory-confirmed cases).</p> <p>To date, 265 people with laboratory-confirmed influenza have been hospitalized.</p>
Deaths	Decreased	<p>From February 12-18, no deaths were reported amongst laboratory-confirmed influenza cases. This is a decrease since the previous week, when three deaths were reported for previously reported laboratory-confirmed influenza cases.</p> <p>To date, 23 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	Comparable to previous week	<p>From February 12-18, no outbreaks of influenza were declared in any facilities. This is the same as the previous week.</p> <p>To date, 35 influenza A outbreaks have been reported, 30 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	Decreased	From February 11-16, 2.4% of chest x-rays performed by the sentinel x-ray provider were newly diagnosed bronchopneumonia cases. This has decreased compared to 4.2% the previous week.
Percentage of Ontario laboratory samples that are positive for influenza	Decreased for influenza A; and similar for influenza B	<p>According to the Ontario Respiratory Virus Bulletin issued for the week of February 3-9, in Ontario, 184 of 1,337 tests were positive for influenza A (13.76% positivity) and 13 of 1,337 tests were positive for influenza B (0.97% positivity). The percent positivity for influenza A is lower compared to the previous week, when the percent positivity for influenza A was 16.94 %. The percent positivity for influenza B is similar to the 1.15% reported from the previous week.</p> <p>Influenza A had the highest percent positivity among all circulating respiratory viruses, followed closely by Respiratory Syncytial Virus (RSV) (12.59% positivity) and then coronavirus (6.37% positivity).</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

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.