

2012-2013 Influenza Surveillance Update of Current Status and Issues March 8, 2013

The report provides an update since our last report on March 1, 2013. Between February 26 and the end of day on March 4, 2013, a total of eight new laboratory-confirmed influenza A cases were reported to the Middlesex-London Health Unit. One influenza B case was also reported this week. The total number of reported cases is similar to last week (February 19-25), when nine laboratory-confirmed cases of influenza were reported to the Health Unit. There were six hospitalizations and no deaths reported among the newly-reported cases. One influenza outbreak was declared between February 26 and March 4, 2013.

As of Monday March 4, 2013, a total of 442 laboratory-confirmed influenza A cases and four influenza B cases have been reported in Middlesex-London for the current surveillance season. This influenza season, there have been 276 hospitalizations and 24 deaths reported among these laboratory-confirmed cases. Seventy-three 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.

For the first time this season, a graph of influenza activity has been included. Appendix B shows the number of laboratory-confirmed influenza cases by week of illness. Influenza illness peaked in December and early January, with the majority of reported influenza cases becoming ill the week of December 23 to 29, 2012.

Influenza immunization status is known for 361 of the 446 reported cases. Of these 361, 169 people were 64 years of age and under, and 192 were 65 years of age and older. Of the 169 cases among those 64 years of age and under, 30 (18%) received their influenza immunization this influenza season and 139 (82%) did not. Of the 192 cases who were 65 years of age and older, 133 (69%) received their influenza immunization this season, 57 (30%) 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 has reported that influenza activity continues to decline in Ontario, and continues to be driven by influenza A. Again from February 17 to February 23, 2013, influenza A percent positivity (8.41%) was actually lower than Respiratory Syncytial Virus (RSV), which had the highest proportion of respiratory samples testing positive at 16.81%.

During the 2012-13 season, the National Microbiology Laboratory (NML) has antigenically characterized 624 influenza viruses. The 425 influenza A(H3N2) viruses were antigenically similar to the vaccine strain A/Victoria/361/2011 and the 86 A(H1N1)pdm09 viruses were antigenically similar to the vaccine strain A/California/07/09. Among the influenza B viruses, 94 were antigenically similar to the vaccine strain B/Wisconsin/01/2010 (Yamagata lineage) and 19 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 5 of this report.

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Appendix A
Summary of Community Influenza Surveillance Indicators
March 8, 2013

Influenza-like activity in Middlesex-London **is comparable 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	Similar to previous week	<p>From February 24–March 2, 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 is similar to 8.8% from the previous week.</p> <p>The proportion was highest at the paediatric emergency department, where 24.6% of patients presented with a fever and respiratory symptoms. This is similar to 24.0% the previous week.</p>
Absence reports from elementary schools (i.e., absenteeism > 10%)	Similar to previous week	<p>From February 25–March 1, six elementary schools in one of the two main English public school boards reported a 5-day average absenteeism exceeding 10%. This number is comparable to the previous week, when seven elementary schools reported a 4-day average absenteeism exceeding 10%.</p>
Laboratory-confirmed cases	Similar to previous week	<p>From February 26–March 4, eight laboratory-confirmed influenza cases of influenza A, and one influenza B case was reported. This number is the same as the previous week, when nine cases of influenza A were reported.</p> <p>Since the beginning of the surveillance season on September 1, 2012, a total of 446 laboratory-confirmed influenza (442 Influenza A and four influenza B) cases have been reported to the Health Unit.</p>
Hospitalizations	Similar to previous week	<p>From February 26–March 4, six persons with laboratory-confirmed influenza were reported to be hospitalized. This is similar to the previous week, when there were five hospitalizations.</p> <p>To date, 276 people with laboratory-confirmed influenza have been hospitalized.</p>
Deaths	Similar to previous week	<p>From February 26–March 4, no deaths were reported amongst laboratory-confirmed influenza cases. During the previous week, one death was reported for laboratory-confirmed influenza cases.</p> <p>To date, 24 deaths have been reported among cases with laboratory-confirmed influenza. However, it should be noted that the reporting of deaths may be incomplete.</p>

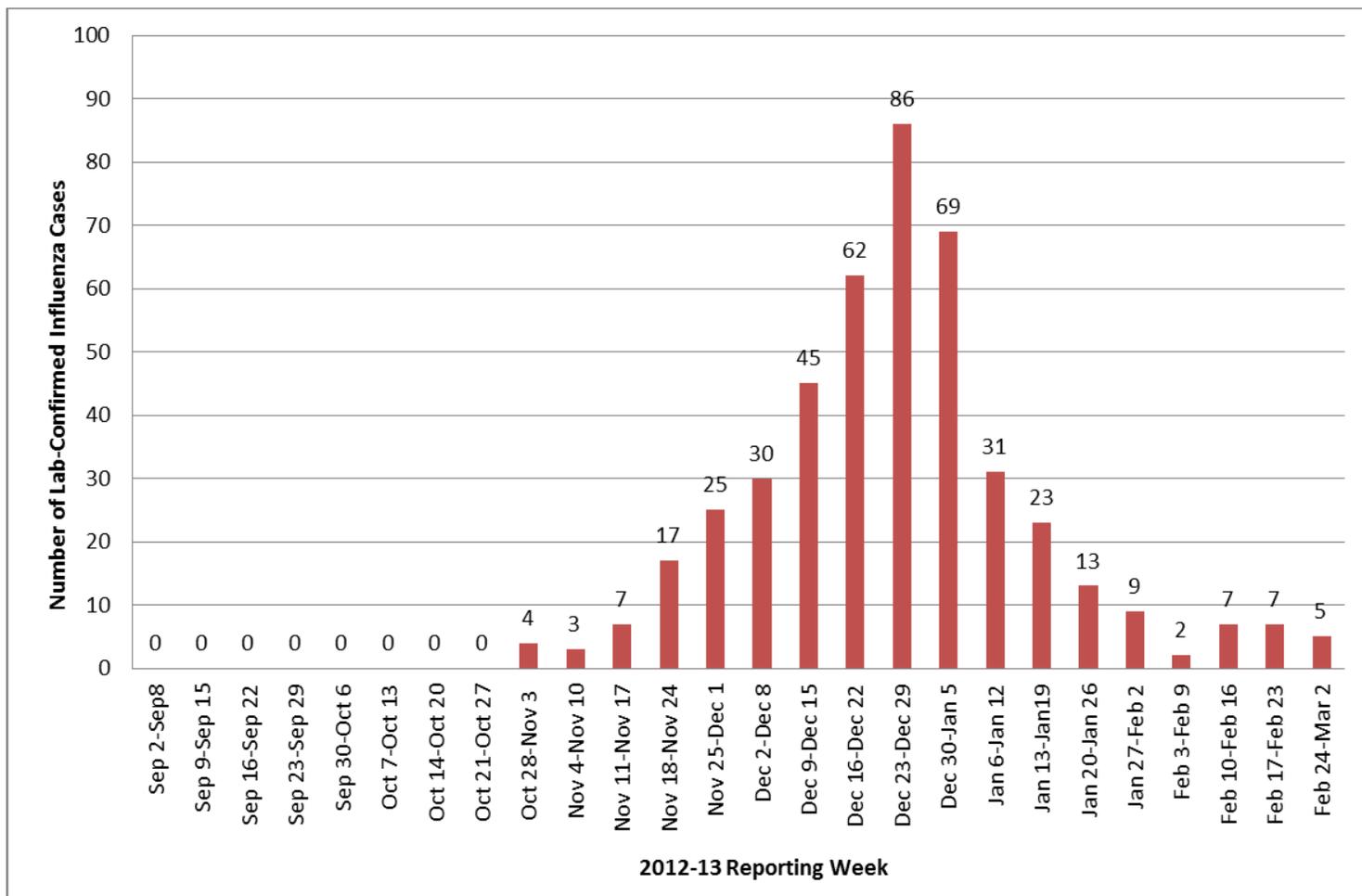
Indicator	Recent trends / data	Comments for most recent week
Influenza outbreaks in long-term care homes/retirement homes/acute care	Similar to previous week	<p>From February 26-March 4, one outbreak of influenza was declared in a facility. This is similar to the previous week, when one outbreak was 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	Considerable increase	<p>From February 24-March 2, 4.9% of chest x-rays performed by the sentinel x-ray provider were newly diagnosed bronchopneumonia cases. This has increased considerably compared to 1.5% the previous week.</p>
Percentage of Ontario laboratory samples that are positive for influenza	Decrease for influenza A; increase for influenza B	<p>According to the Ontario Respiratory Virus Bulletin issued for the week of February 17-23, in Ontario, 129 of 1,534 tests were positive for influenza A (8.41% positivity) and 43 of 1,534 tests were positive for influenza B (2.80% positivity). The percent positivity for influenza A is lower compared to the previous week, when the percent positivity for influenza A was 10.47%. The percent positivity for influenza B is higher than the 1.58% positivity reported the previous week.</p> <p>This week, Respiratory Syncytial Virus (RSV) had the highest percent positivity among all circulating respiratory viruses (16.81% positivity), followed by influenza A, as above), and then human metapneumovirus (hMPV) (3.93% 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

Appendix B
Summary of Community Influenza Surveillance Indicators
March 8, 2013

**Laboratory-confirmed influenza cases, by influenza episode date,
Middlesex-London, September 2, 2012 – March 2, 2013**



Source: Infectious Disease Control (IDC) Database (MLHU internal tracking database), extracted March 4, 2013.

Notes: Influenza episode date source varies. In 386 cases, illness date is symptom onset date. In 58 cases, illness date is specimen collection date. In 1 case, illness date is report date.

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.