

2012-2013 Influenza Surveillance Update of Current Status and Issues March 14, 2013

The report provides an update since the previous report on March 8, 2013. Between March 5 and the end of day on March 11, one new laboratory-confirmed influenza B case was reported to the Middlesex-London Health Unit. There were no new laboratory-confirmed influenza A cases reported this week. The total number of reported cases is much lower than last week (February 26-March 4, 2013), when nine laboratory-confirmed cases of influenza were reported to the Health Unit. The case newly reported this week was hospitalized, and one death was reported among the previously reported cases. No influenza outbreaks were declared between March 5 and March 11.

As of Monday March 11, 2013, a total of 442 laboratory-confirmed influenza A cases and five influenza B cases have been reported in Middlesex-London for the current surveillance season. This influenza season, there have been 277 hospitalizations and 25 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.

A graph of influenza activity is included this week. 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. Numbers of new influenza cases are declining.

Influenza immunization status is known for 361 of the 447 reported cases. Of these 361, 169 people were 64 years of age and under, and 192 were 65 years of age and over. Of the 169 cases who were 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 over, 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 reports that influenza activity is similar to the previous week in Ontario, though it is somewhat variable depending on the location. From February 24 to March 2, 2013, influenza activity continued to be driven by influenza A, with 7.70 percent positivity. Influenza B has increased slightly in prevalence, at 3.37% positivity. However, both influenza strains were less prevalent than Respiratory Syncytial Virus (RSV), which had the highest proportion of respiratory samples testing positive at 14.99%.

During the 2012-2013 season, the National Microbiology Laboratory (NML) has antigenically characterized 703 influenza viruses. The 463 influenza A(H3N2) viruses were antigenically similar to the vaccine strain A/Victoria/361/2011 and the 93 A(H1N1)pdm09 viruses were antigenically similar to the vaccine strain A/California/07/09. Among the influenza B viruses, 115 were antigenically similar to the vaccine strain B/Wisconsin/01/2010 (Yamagata lineage) and 32 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 14, 2013

Since the beginning of the year, influenza activity in Middlesex-London **has declined**. Influenza-like activity this week was **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	From March 5-11, an average of 9.0% 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 8.9% from the previous week. The proportion was highest at the paediatric emergency department, where 24.9% of patients presented with a fever and respiratory symptoms. This is similar to 24.6% the previous week.
Absence reports from elementary schools (i.e., absenteeism > 10%)	Increased compared to previous week	From March 4-8, 13 elementary schools in one of the two main English public school boards reported a 5-day average absenteeism exceeding 10%. This number is higher than the previous week, when six elementary schools reported a 5-day average absenteeism exceeding 10%. The increased absenteeism may be due not only to illness, but also to absences preceding March Break (occurring from March 11-15).
Laboratory-confirmed cases	Decreased compared to previous week	From March 5-11, one laboratory-confirmed case of influenza B was reported, and there were no influenza A cases reported. This is less than the previous week, when eight laboratory-confirmed influenza cases of influenza A, and one influenza B case, were reported. Since the beginning of the surveillance season on September 2, 2012, a total of 447 laboratory-confirmed influenza (442 Influenza A and five influenza B) cases have been reported to the Health Unit.
Hospitalizations	Decreased compared to previous week	From March 5-11, one person with laboratory-confirmed influenza was reported to be hospitalized. This is less than the previous week, when there were six hospitalizations. To date, 277 people with laboratory-confirmed influenza have been hospitalized.
Deaths	Similar to previous week	From March 5-11, one death was reported for a previously reported laboratory-confirmed influenza case. During the previous week, no deaths were reported amongst laboratory-confirmed influenza cases. 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.

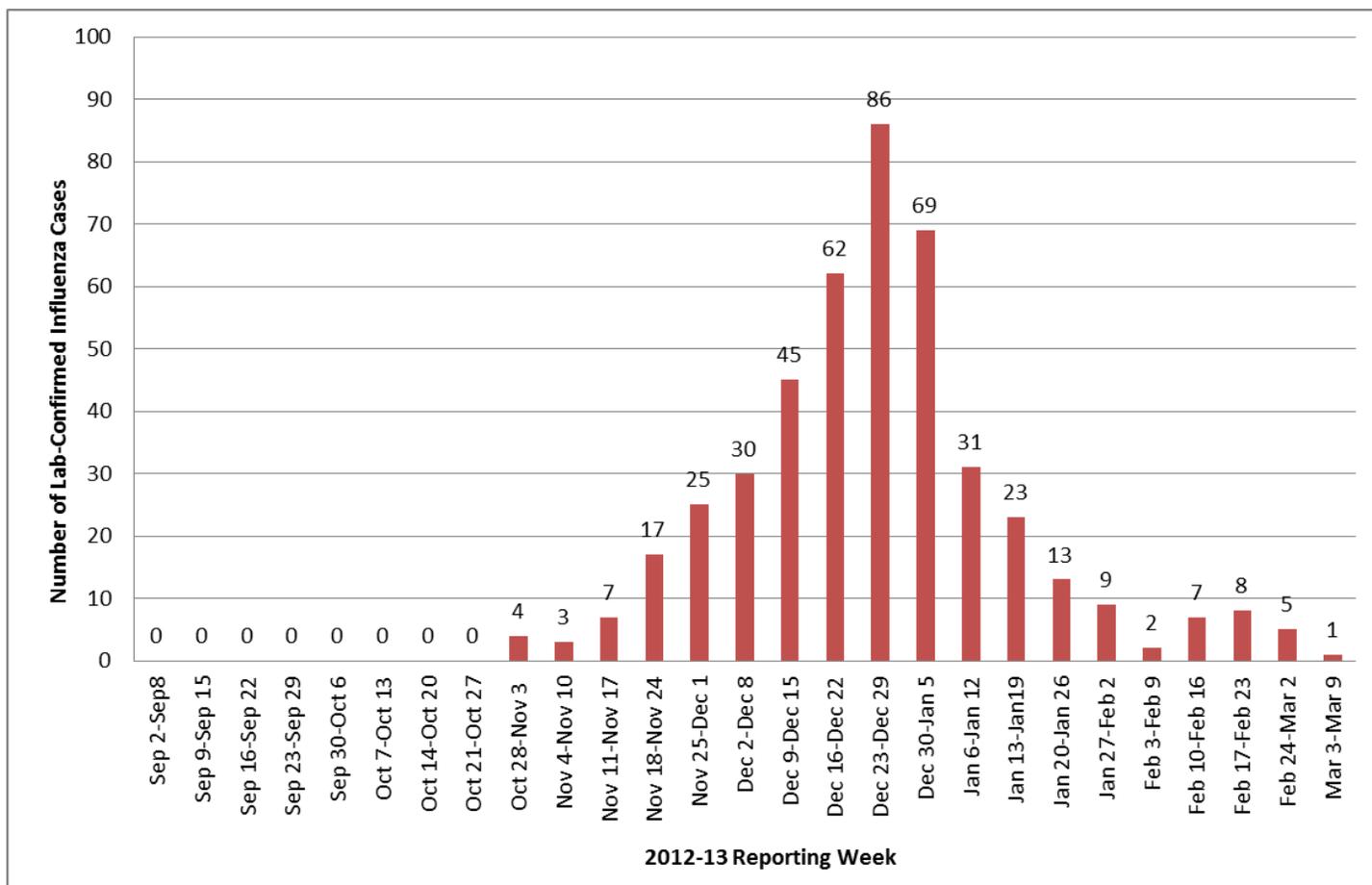
Indicator	Recent trends / data	Comments for most recent week
Influenza outbreaks in long-term care homes/retirement homes/acute care	Similar to previous week	<p>From March 5-11, no outbreaks were declared in a facility. This is similar to the previous week, when one outbreak of influenza was declared.</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	Similar to previous week	<p>From March 4-9, 4.1% of chest x-rays performed by the sentinel x-ray provider were newly diagnosed bronchopneumonia cases. This is similar compared to 4.9% the previous week.</p>
Percentage of Ontario laboratory samples that are positive for influenza	Decreased for influenza A; increased for influenza B	<p>According to the Ontario Respiratory Virus Bulletin issued for the week of February 24-March 2, in Ontario, 128 of 1,663 tests were positive for influenza A (7.70% positivity) and 56 of 1,663 tests were positive for influenza B (3.37% positivity).</p> <p>The percent positivity for influenza A is lower compared to the previous week, when the percent positivity for influenza A was 8.41%. The percent positivity for influenza B is higher than the 2.80% positivity reported the previous week.</p> <p>This week, Respiratory Syncytial Virus (RSV) had the highest percent positivity among all circulating respiratory viruses (14.99% positivity), followed by influenza A (as above), and then influenza B (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 9, 2013



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

Notes: Influenza episode date source varies. In 388 cases, episode date is the date that the case's symptoms began. In 58 cases, episode date is date the specimen was collected for laboratory testing. In 1 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.