



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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## 2013-2014 INFLUENZA SEASON OVERVIEW AND 2014-2015 COMMUNITY INFLUENZA CLINICS IN MIDDLESEX-LONDON

### Recommendation

*It is recommended that Report No. 060-14 re 2013-2014 Influenza Season Overview and 2014-2015 Community Influenza Clinics in Middlesex-London be received for information.*

### Key Points

- Middlesex-London experienced high levels of influenza activity in 2013-2014.
- Of those with laboratory-confirmed influenza, 84% who were less than 65 years of age and 93% of children and youth under the age of 20 had not received their influenza vaccine.
- In 2012, regulations were changed to allow pharmacists to administer flu vaccine to those over 5 years of age. Many residents of Middlesex-London now choose to get their flu shots at pharmacies.
- MLHU is offering four community influenza clinics in October and November 2014.

### 2013-2014 Influenza Season Overview

During the 2013-2014 influenza season, a total of 407 laboratory-confirmed influenza cases were reported to MLHU. This does not include untested/unreported cases. Table 1 compares the 2013-2014 season to previous years, and a graph showing when laboratory-confirmed cases occurred is provided in [Appendix A](#) (Figure 1).

**Table 1: Influenza Cases, Middlesex-London, 2009-2010 through 2013-2014**

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Laboratory-confirmed Cases	391	276	106	477	<b>407</b>
Hospitalizations	92	161	34	301	<b>207</b>
Deaths	8	17	3	26	<b>17</b>
Outbreaks	2	28	6	40	<b>21</b>

Cases ranged in age from 17 days to 101 years old, with 51% (208/407) of cases between the ages of 20 and 64. Children under five years of age and seniors 65 years of age and older were over-represented, relative to their representation in the Middlesex-London population. While children under five years of age represent approximately 6% of the population, they accounted for 10% (42/407) of cases. Those aged 65 and over represent 15% of the population, but accounted for 31% (125/407) of all cases. Fifty-one percent (207/407) of all cases were hospitalized, the majority (44%, 91/207) of whom were 65 years of age and older. There were 17 deaths reported; again, those 65 years of age and older accounted for the greatest proportion (53%, 9/17).

During the 2013-2014 season, there were 21 confirmed facility outbreaks where influenza was identified; 17 in long-term care settings, three in hospitals (including both acute and chronic/rehabilitation care settings) and one in a retirement home. Nearly two-thirds (62%, 13/21) of the influenza outbreaks also had other pathogens such as coronavirus, parainfluenza, respiratory syncytial virus (RSV), human metapneumovirus and rhinovirus identified. On average, outbreaks with more than one pathogen identified tended to last longer than those where only

influenza was identified (15 days vs. 8 days, respectively). A graph outlining when outbreaks occurred is shown in Appendix A (Figure 2).

Influenza immunization status was known for 89% (364/407) of laboratory-confirmed cases; among these cases, 67% (243/364) were not immunized, although this proportion varied by age group. In all cases 64 years of age and under, 84% (210/249) had not received their influenza immunization this season; among influenza cases under the age of 20 years, 93% (63/68) had not received their influenza immunization. By comparison, among those 65 years of age and over (a high-priority group for influenza immunization), only 29% (33/116) of cases had not received their influenza immunization this season.

The influenza season typically occurs anytime from October to April. The first laboratory-confirmed influenza case of the season was reported on October 7, 2013, and cases continued to be identified until May 2014, which represents a lengthy influenza season. Overall, 50% (204/407) of the laboratory-confirmed cases were influenza A, 49% (201/407) were influenza B and 0.5% (2/407) showed both influenza A and B infections. In the 2013-2014 season, influenza A was the predominant strain identified in the early phase of the season, while influenza B characterized the latter part of the season (Appendix A, Figure 1). Based on Canada-wide influenza sample testing, the 2013-2014 vaccine matched very well to strains of influenza A and B circulating and causing illness.

### 2014-2015 Community Influenza Clinics

Provincial regulations changed in the fall of 2012, allowing pharmacists to administer flu shots to those over the age of five who live, work or attend school in Ontario. Many residents of Middlesex-London now choose to get their flu shots at pharmacies. Flu vaccination is also available through family physicians and some workplace clinics.

As a result, MLHU will offer four community clinics during the 2014-2015 influenza season:

- two community clinics in London and one in Strathroy focused on families with children under the age of five years who cannot be immunized at a pharmacy, who do not have a family physician, or who choose to attend a community clinic; and
- one drive-through appointment-based clinic focused on people who are physically challenged and/or have mobility issues, who have immune system disorders, or for whom large crowds would be difficult.

### Conclusion

The 2013-2014 influenza season was not as severe as the record-setting season of 2012-2013, however, the number of cases remained elevated in comparison to previous years. Cases were reported from October 2013 to May 2014. Influenza A activity peaked in late December 2013, while influenza B activity peaked in April 2014. MLHU will continue to encourage yearly influenza vaccination to reduce the risk of influenza infection in the population for the 2014-2015 season.

This report was prepared by Ms. Eleanor Paget, Public Health Nurse; Mr. Tristan Squire-Smith, Manager, IDC Team; Ms. Marlene Price, Manager, VPD Team; Ms. Alison Locker, Epidemiologist; and Ms. Heather Lokko, Acting Director, OHCDSH.



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This report addresses the following requirement(s) of the Ontario Public Health Standards: Infectious Diseases Prevention and Control and Vaccine Preventable Disease