

2014-2015 Community Influenza Surveillance Report Update of Current Status April 7, 2015

Overall assessment: Influenza activity in Middlesex-London is similar compared to the previous week.

Local Activity:

From March 29th to April 4th, 2015, seven laboratory-confirmed cases of influenza A and three laboratory-confirmed cases of influenza B were reported. During this time, there were eight hospitalizations and a report of the death of one person previously identified as having laboratory confirmed influenza.

Since September 1st, 2014, there has been a total of 324 confirmed influenza A cases and 26 influenza B cases reported, 143 of whom have been hospitalized, and 14 of whom have died.

No laboratory-confirmed influenza outbreaks were declared last week. Since September 1st, 2014, there have been 40 influenza outbreaks declared in Middlesex-London facilities.

Appendix A provides more details about laboratory-based influenza activity indicators, as well as other local indicators of respiratory illness. A graph showing all 350 laboratory-confirmed cases by week is provided in Appendix B, at the end of this report.

Useful Websites

- The latest Ontario Respiratory Virus Bulletin, issued by Public Health Ontario (PHO), is available at: <http://www.publichealthontario.ca/en/ServicesAndTools/SurveillanceServices/Pages/Ontario-Respiratory-Virus-Bulletin.aspx>
- The latest FluWatch report, issued by the Public Health Agency of Canada (PHAC), is available at: <http://www.phac-aspc.gc.ca/fluwatch/>.
- To find a free flu shot clinic near you, visit the Ministry of Health and Long-Term Care's "Find a Flu Shot Clinic" web page at: <https://www.ontario.ca/health-and-wellness/get-flu-shot/>.

Appendix A

Summary of Community Influenza Surveillance Indicators for Middlesex-London April 7, 2015

Table 1: Summary of laboratory-based influenza activity indicators, Middlesex-London and Ontario, 2014-2015 influenza surveillance season

Indicator	Current Reporting Period	Number/Percent Reported: <i>Current Reporting Period</i>	Number/Percent Reported: <i>Year to Date (from September 1, 2014)</i>	Comparison to Previous Week
Laboratory-confirmed cases¹	Mar. 29-Apr. 4	Influenza A – 7 cases Influenza B – 3 cases	Influenza A – 324 cases Influenza B – 26 cases	Influenza A: Higher compared to the previous week (Mar. 22-28), when three cases were reported. Influenza B: Lower compared to the previous week (Mar. 22-28), when four cases were reported. Please note that the week in which cases are reported does not necessarily reflect the date of onset of illness. As a result, the weekly counts shown in this section may differ from those provided in the chart in Appendix B.
Influenza sub-types¹	Mar. 29-Apr. 4	Influenza A(H3) – 0 cases	Influenza A(H3) – 66 cases Influenza A not subtyped – 258 cases A/Switzerland/9715293/2013-like – 2 cases B/Massachusetts/02/12-like – 1 case	All influenza A strains subtyped to date have been influenza A (H3).
Hospitalizations¹	Mar. 29-Apr. 4	8	143	Higher compared to the previous week (Mar. 22-28) when five hospitalizations were reported.
Deaths¹	Mar. 29-Apr. 4	1	14	Higher as compared to the previous week (Mar. 22-28) when no deaths were reported among people with laboratory-confirmed influenza.
Influenza outbreaks in long-term care homes/retirement homes/acute care	Mar. 29-Apr. 4	Influenza A – 0 outbreaks Influenza B – 0 outbreaks Influenza A & B – 0 outbreaks	Influenza A – 37 outbreaks Influenza B – 1 outbreak Influenza A & B – 2 outbreaks	Same compared to the previous week (Mar. 22-28) when no laboratory-confirmed influenza outbreaks were declared in facilities.
Percentage of samples that are positive for influenza (Ontario)²	Mar. 22-28	Influenza A – 5.8% positivity Influenza B – 6.9% positivity	N/A	Influenza A: Lower compared to 8.6% reported the previous week (Mar. 15-21). Influenza B: Similar compared to 6.1% positivity reported the previous week (Mar. 15-21).

Notes:

1 Numbers are subject to change week by week due to the retrospective nature of reporting.

2 Public Health Ontario, Ontario Respiratory Virus Bulletin 2014-2015

Table 2: Summary of community-based respiratory illness indicators, Middlesex-London, 2014-2015 influenza surveillance season

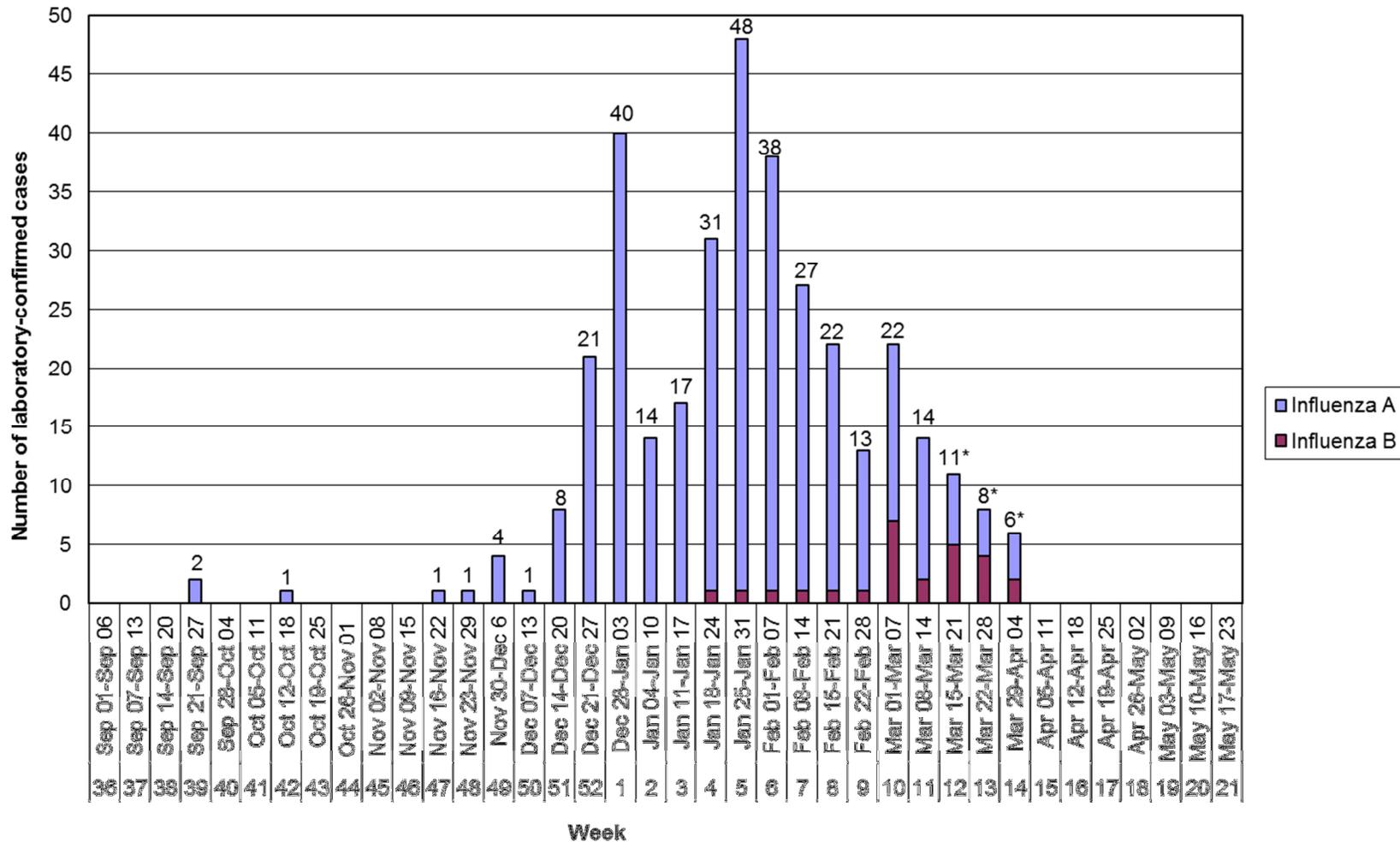
Indicator	Current Reporting Period	Number/Percent Reported: <i>Current Reporting Period</i>	Comparison to Previous Week
Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness <i>(includes LHSC emergency departments and the SJHC urgent care centre)</i>	Mar. 29-Apr. 4	An average of 8.3% of patients presented with fever and respiratory symptoms. The proportion was highest at the paediatric emergency department, where 18.5% of patients presented with a fever and respiratory symptoms.	Similar to the 8.4% reported the previous week (Mar. 22-28). Slightly lower than the 19.1% reported the previous week (Mar. 22-28).
Absence reports from elementary schools (i.e., absenteeism > 10%)	Mar. 30-Apr. 2	A total of 11 elementary schools from one school board reported an average absenteeism rate exceeding 10%	Higher than the previous week (Mar. 23-27), when nine schools reported increased absenteeism.
Sentinel X-ray provider reports regarding newly identified bronchopneumonia cases	Mar. 30-Apr. 2	An average of 5.2% of chest x-rays performed were newly diagnosed bronchopneumonia cases.	Lower than the 8.5% reported the previous week (Mar. 23-28).

The Middlesex-London Health Unit gratefully acknowledges the contributions of the following community partners who provide data for this report:

- 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 date†
Middlesex-London 2014-2015 influenza season (N=350)



Source: Middlesex-London Health Unit internal influenza tracking database, extracted April 7, 2015.

† 'Influenza date' is the earliest of: symptom onset date, specimen collection date, and reported date. As a result, the weekly counts shown in this section may differ from those provided in other sections of this report.

* Counts may be incomplete and are subject to change, due to the retrospective nature of reporting.