

2014-2015 Community Influenza Surveillance Report Update of Current Status May 20, 2015

Overall assessment: Influenza activity in Middlesex-London is low.

Local Activity:

From May 10th to 16th, 2015, three laboratory-confirmed cases of influenza B were reported; there were no influenza A cases reported. During this time, two hospitalizations and no deaths were reported among people with laboratory confirmed influenza.

Since September 1st, 2014, there have been 329 confirmed influenza A cases and 51 influenza B cases reported, 160 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 380 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 May 20, 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 | May 10-16 | Influenza A – 0 cases Influenza B – 3 cases | Influenza A – 329 cases Influenza B – 51 cases | Influenza A: Same compared to the previous week (May 3-9), when no cases were reported. Influenza B: Lower compared to the previous week (May 3-9), when five 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 differ from those provided in the chart in Appendix B. |
| Influenza sub-types¹ | May 10-16 | 0 | Influenza A(H3) – 67 cases Influenza A not subtyped – 261 cases A/Switzerland/9715293/2013-like – 2 cases B/Massachusetts/02/12-like – 2 case | All influenza A strains subtyped to date have been influenza A (H3). |
| Hospitalizations¹ | May 10-16 | 2 | 160 | Same compared to the previous week (May 3-9) when two hospitalizations were reported. |
| Deaths¹ | May 10-16 | 0 | 14 | Same compared to the previous week (May 3-9) when no deaths were reported in a people with laboratory-confirmed influenza. |
| Influenza outbreaks in long-term care homes/retirement homes/acute care | May 10-16 | 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 (May 3-9) when no laboratory-confirmed influenza outbreaks were declared in facilities. |
| Percentage of samples that are positive for influenza (Ontario)² | May 3-9 | Influenza A – 0.8% positivity Influenza B – 8.5% positivity | N/A | Influenza A: Same compared to 0.8% reported the previous week (Apr. 26-May 6). Influenza B: Higher compared to 7.2% positivity reported the previous week (Apr. 26-May 6). |

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

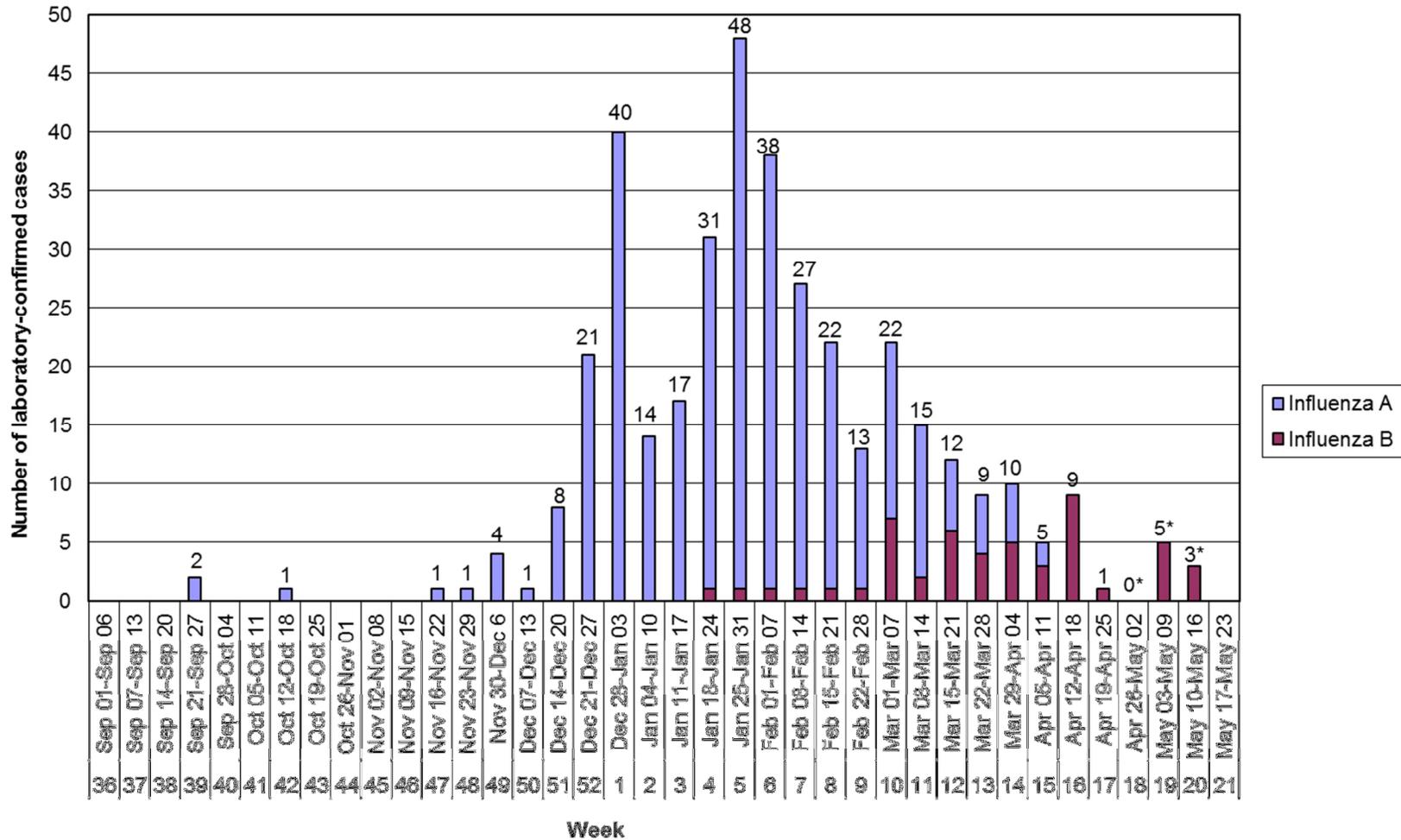
| Indicator | Current Reporting Period | Number/Percent Reported: <i>Current Reporting Period</i> | Comparison to Previous Week |
|--|--------------------------|--|--|
| Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness <i>(includes LHSC emergency departments and the SJHC urgent care centre)</i> | May 10-16 | An average of 6.4% of patients presented with fever and respiratory symptoms. The proportion was highest at the paediatric emergency department, where 14.2% of patients presented with a fever and respiratory symptoms. | Slightly lower than the 7.0% reported the previous week (May 3-9). Lower than the 16.7% reported the previous week (May 3-9). |
| Absence reports from elementary schools (i.e., absenteeism > 10%) | May 11-15 | A total of 8 elementary schools from one school board reported an average absenteeism rate exceeding 10%. | Lower than the previous week (May 4-8), when 23 schools reported increased absenteeism. |
| Sentinel X-ray provider reports regarding newly identified bronchopneumonia cases | May 11-16 | An average of 3.2% of chest x-rays performed were newly diagnosed bronchopneumonia cases. | Lower than the 5.3% reported the previous week (May 4-9). |

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=380)



Source: Middlesex-London Health Unit internal influenza tracking database, extracted May 19, 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 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.