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## 2015-2016 Community Influenza Surveillance Report Update of Current Status April 12, 2016

### Overall assessment

Influenza activity in Middlesex-London is lower compared to the previous week.

### Current Local Activity

From April 3<sup>rd</sup> to 9<sup>th</sup>, 2016, there were 21 laboratory-confirmed cases of influenza (7 influenza A and 14 influenza B) reported to the Middlesex-London Health Unit, of whom 11 were hospitalized. Since September 1<sup>st</sup>, 2015, there has been a total of 426 laboratory-confirmed influenza cases (312 influenza A, 113 influenza B, one influenza A & B co-infection) reported in London and Middlesex County. The Health Unit was also advised of five deaths during this past reporting week in people with laboratory-confirmed influenza. No influenza outbreaks were declared during this reporting period.

Appendix A provides more details about laboratory-based influenza activity indicators, as well as other local indicators of respiratory illness. A graph showing all 426 laboratory-confirmed cases by week is provided in Appendix B, at the end of this report.

### Useful Websites

- The latest Ontario Respiratory Pathogen Bulletin (ORPB), 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://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/flu-grippe/surveillance/fluwatch-reports-rapports-surveillance-influenza-eng.php>
- 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 <http://www.ontario.ca/page/get-flu-shot/>.

## Appendix A

### Summary of Community Influenza Surveillance Indicators for Middlesex-London April 12, 2016

**Table 1: Summary of laboratory-based influenza activity indicators, Middlesex-London and Ontario, 2015-2016 influenza surveillance season**

Indicator	Reporting Period	Number Reported: <i>Current Reporting Period</i>	Number Reported: <i>Year to Date (from September 1, 2015)</i>	Recent Trends
<b>Laboratory-confirmed cases<sup>1</sup></b>	Apr. 3-9	Influenza A – 7 cases Influenza B – 14 cases Influenza A&B – 0 cases	Influenza A – 312 cases Influenza B – 113 cases Influenza A&B – 1 case	<b>Lower</b> compared to the previous week (Mar. 27- Apr.2) when 33 cases of influenza were reported.
<b>Influenza sub-types<sup>1</sup></b>	Apr. 3-9	<b>Subtyping</b> Influenza A(H3) – 0 cases Influenza A (H1N1)pdm09–3 cases Influenza A not subtyped–4 cases	Influenza A(H3)–4 cases Influenza A(H1N1)pdm09–73 cases Influenza A not subtyped–234 cases Influenza A(H3) & A(H1N1)pdm09 co-infection–1 case  <b>Strain typing</b> A/California/07/09-like–4 cases	
<b>Hospitalizations<sup>1</sup></b>	Apr. 3-9	11	157	<b>Lower</b> compared to the previous week (Mar. 27-Apr. 2) when 14 hospitalizations were reported.
<b>Deaths<sup>1</sup></b>	Apr. 3-9	5	17	<b>Higher</b> compared to the previous week (Mar. 27-Apr. 2) when three deaths in people with laboratory-confirmed influenza were reported.
<b>Influenza outbreaks in long-term care homes/retirement homes/acute care</b>	Apr. 3-9	Influenza A – 0 outbreaks Influenza B – 0 outbreaks	Influenza A – 7 outbreaks Influenza B – 3 outbreaks	<b>Lower</b> compared to the previous week (Mar. 27- Apr.2) when two influenza outbreaks were declared.
<b>Percentage of samples that are positive for influenza (Ontario)<sup>2</sup></b>	Mar. 27-Apr. 2	Influenza A – 14.8% positivity  Influenza B – 8.9% positivity	N/A	Influenza A: <b>Lower</b> compared to 19.8% positivity reported the previous week (Mar. 20-26).  Influenza B: <b>Similar</b> compared to 9.3% positivity reported the previous week (Mar. 20-26).

**Notes:**

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

2 Public Health Ontario, Ontario Respiratory Pathogen Bulletin 2015-2016

**Table 2: Summary of community-based respiratory illness indicators, Middlesex-London, 2015-2016 influenza surveillance season**

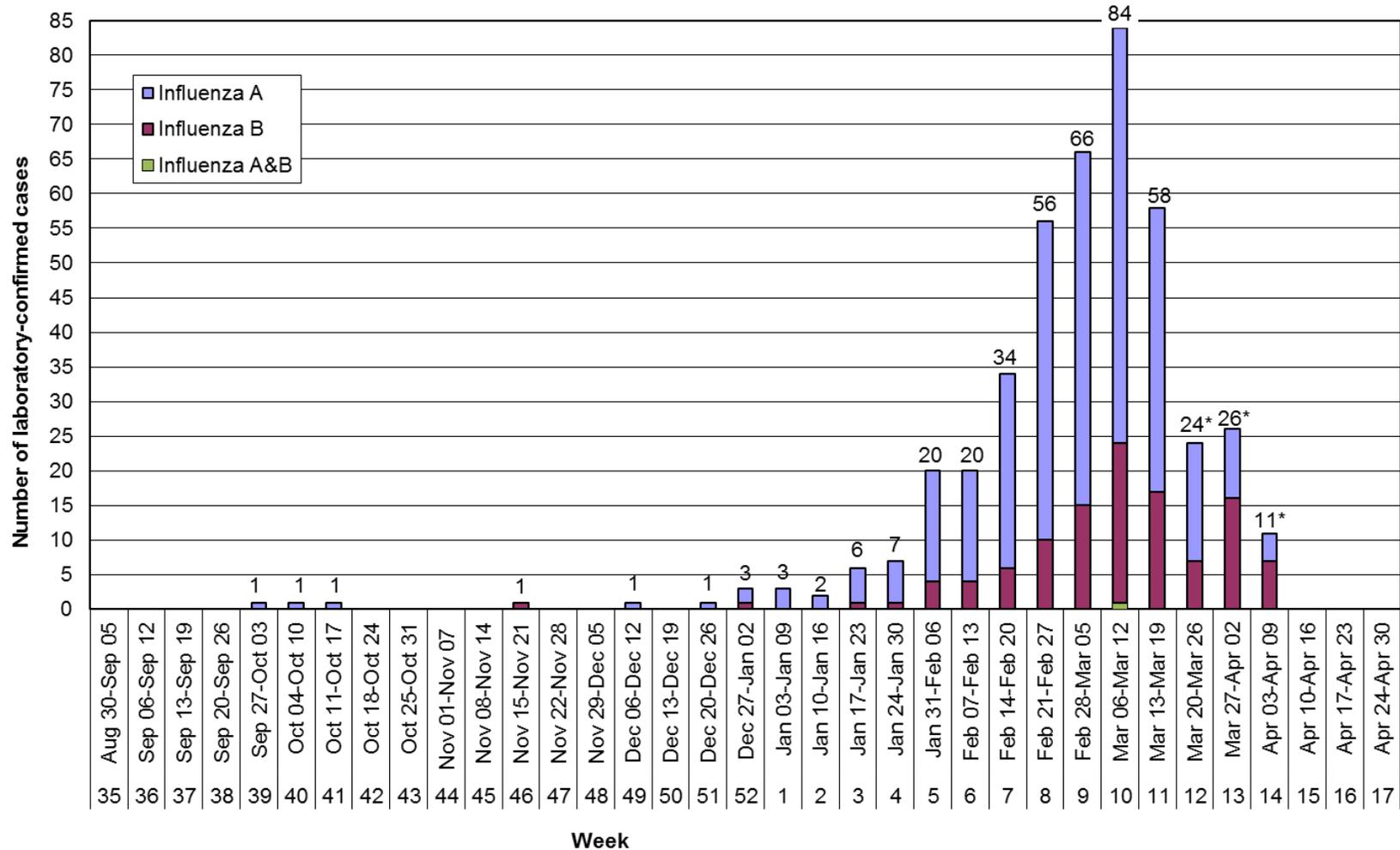
Indicator	Reporting Period	Number Reported: <i>Current Reporting Period</i>	Recent Trends
<b>Hospital emergency department and urgent care centre reports regarding the percentage of patients with fever and respiratory illness</b>	Apr. 3-9	<p>An average of 7.9% of patients presented with fever and respiratory symptoms.</p> <p>The proportion was highest at the paediatric emergency department, where an average of 18.4% of patients presented with a fever and respiratory symptoms.</p>	<p><b>Lower</b> than 8.6% reported the previous week (Mar. 27-Apr. 2).</p> <p><b>Lower</b> than 22.4% reported the previous week (Mar. 27-Apr. 2).</p>
<b>Absence reports from elementary schools (i.e., absenteeism &gt; 10%)</b>	Apr. 4-8	18 elementary schools from one school board reported average absenteeism due to all causes exceeding 10%.	<b>Higher</b> than the previous week (Mar. 29-Apr. 1), when 11 schools reported increased absenteeism.
<b>Sentinel x-ray provider – newly identified bronchopneumonia cases</b>	Apr. 4-9	An average of 3.6% of chest x-rays performed were newly diagnosed bronchopneumonia cases.	<b>Higher</b> compared to 2.3% reported the previous week (Mar. 28-Apr. 2).

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 2015-2016 influenza season (N=426)



Source: Middlesex-London Health Unit internal influenza tracking database, extracted April 11, 2016.

† '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.