
2017-2018 Community Influenza Surveillance Report Update of Current Status May 2nd, 2018

Final Report of the 2017-2018 Season and Opportunity for Feedback

This is the final Community Influenza Surveillance Report of the 2017-2018 influenza season. Although influenza continues to circulate at low levels in the Middlesex-London region, the level of activity has decreased to the point where there were few laboratory-confirmed influenza cases, hospitalizations, or institutional outbreaks reported in the past week. There have also been no deaths reported for the past two weeks. Influenza reporting will resume with local surveillance in the fall of 2018.

The Community Influenza Surveillance Report is one of the Health Unit's most important means of communication with health care providers and other community partners during the influenza season. If you read the report (and just as importantly, if you do not read it), please complete a brief online [feedback survey](#). Your input will help to improve the content, format, and frequency of the report.

We wish to thank all those who provided data for this report throughout the influenza season, which provided a comprehensive local picture of influenza activity each week.

Analysis and Action

Public Health epidemiologists, communicable disease teams, and physicians will continue to collect data, engage with provincial, national and international partners, and prepare for the next influenza season. As the influenza season comes to a close, the Health Unit encourages individual practitioners and organizations to consider lessons learned and how practices can be improved for next year.

Regardless of the level of influenza activity in the community, local residents can take a number of steps to avoid becoming sick all through the year. While handwashing remains an effective way to prevent many illnesses, including influenza, local residents should cover coughs and sneezes, clean and disinfect high-touch surfaces frequently, and stay home when they feel sick.

Details of Current Local Activity

Between April 22nd and 28th there were two laboratory-confirmed cases of influenza A and seven cases of influenza B reported to the Health Unit. There were also four hospitalizations and no deaths reported last week. Please note that due to the retrospective nature of reporting, the week in which hospitalizations and deaths are reported to the Health Unit may not be the same as the week in which they occurred.

Since September 1st, 2017, there have been 422 laboratory-confirmed influenza A cases, 432 cases of influenza B, and six people infected with both influenza A and B, reported to the Health Unit. Among these cases there have been 457 hospitalizations and 43 deaths; all reported deaths were among individuals 50 years of age and over. Over this time period, there have also been 33 influenza A outbreaks, 30 influenza B outbreaks, and seven outbreaks with both influenza A and B declared in hospitals, long-term care facilities, and retirement homes.

Appendix A provides more detail about laboratory-based influenza activity indicators, as well as other local indicators of respiratory illness. A graph showing all 860 laboratory-confirmed cases by week of illness onset is provided at the end of this report in Appendix B.

Useful Websites

- The latest Ontario Respiratory Pathogen 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 "Get the flu shot" web page at <http://www.ontario.ca/page/get-flu-shot/>.

Appendix A

Summary of Community Influenza Surveillance Indicators for Middlesex-London April 22nd to 28th, 2018

Table 1: Summary of laboratory-based influenza activity indicators, Middlesex-London and Ontario, 2017-2018 influenza surveillance season

Indicator	Reporting Period	Number Reported: <i>Current Reporting Period</i>	Number Reported: <i>Year to Date (from September 1, 2017)</i>	Recent Trends
Laboratory-confirmed cases^{1,4}	Apr. 22-28 (week 17) ²	Influenza A – 2 cases Influenza B – 7 cases Influenza A & B – 0 cases	Influenza A – 422 cases Influenza B – 432 cases Influenza A & B – 6 cases	Influenza A: Lower than the previous week (Apr. 15-21) when eight cases were reported. Influenza B: Higher than the previous week (Apr. 15-21) when three cases were reported.
Influenza sub-types¹	Apr. 22-28	Influenza A (H3) – 0 cases Influenza A not yet subtyped – 2 cases Influenza B not yet subtyped – 7 cases	Influenza A – (H3) – 71 cases (H1N1)pdm09 – 2 cases Not subtyped – 349 cases Influenza B – Phuket/3073/13-like – 1 case Not subtyped – 431 cases	
Hospitalizations^{1,5}	Apr. 22-28	4	457	Lower than the previous week (Apr. 15-21) when six hospitalizations were reported.
Deaths^{1,5}	Apr. 22-28	0	43	Same as the previous week (Apr. 15-21) when no deaths were reported.
Influenza outbreaks in long-term care homes/retirement homes/acute care	Apr. 22-28	Influenza A – 1 outbreak Influenza B – 1 outbreak Influenza A & B – 0 outbreaks	Influenza A – 33 outbreaks Influenza B – 30 outbreaks Influenza A&B – 7 outbreaks	Influenza A: Higher than the previous week (Apr. 15-21) when no outbreaks were reported. Influenza B: Higher than the previous week (Apr. 15-21) when no outbreaks were reported.
Percentage of samples that are positive for influenza (Ontario)³	Apr. 15-21 (week 16) ²	Influenza A – 8.0% positivity Influenza B – 4.5% positivity	N/A	Influenza A: Lower than 11.4% positivity reported the previous week (Apr. 8-14). Influenza B: Lower than 6.0% positivity reported the previous week (Apr. 8-14).

Notes:

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

2 Weekly influenza monitoring often uses numbered weeks from 1 to 52 weeks per year. A reference week calendar can be found at <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/fluwatch-weeks-calendar.html>

3 Public Health Ontario, Ontario Respiratory Pathogen Bulletin 2017-2018

4 The week cases are reported to the Health Unit may not be the same as week of illness onset.

5 The week hospitalizations and deaths are reported to the Health Unit may not be the same as the week in which they occurred, or the same as the week of illness onset.

Table 2: Summary of community-based respiratory illness indicators, Middlesex-London, 2017-2018 influenza surveillance season

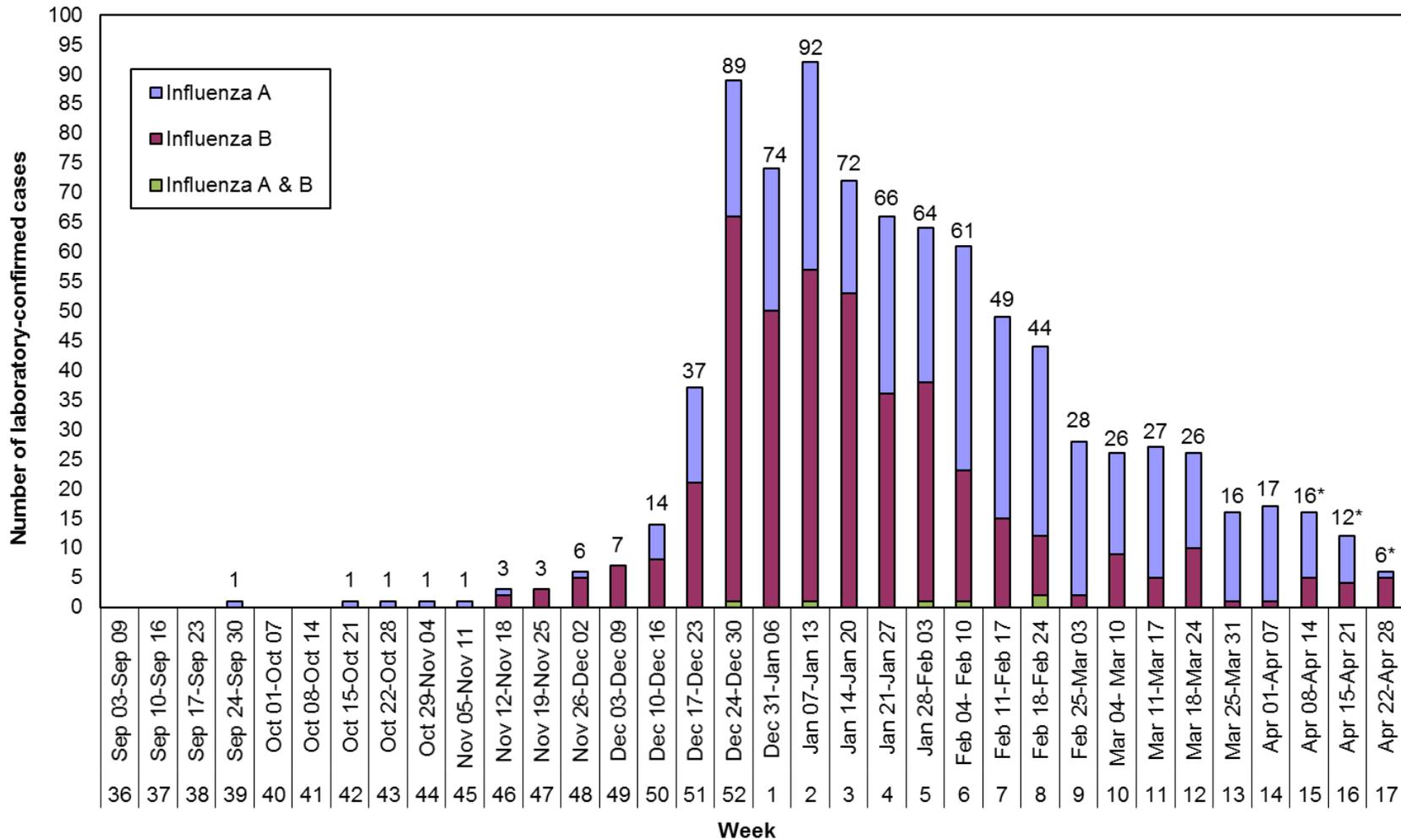
Indicator	Reporting Period	Number Reported: <i>Current Reporting Period</i>	Recent Trends
Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness	Apr. 22-28	An average of 6.3% of patients presented with fever and respiratory symptoms. The proportion was highest at the pediatric emergency department, where 17.6% of patients presented with a fever and respiratory symptoms.	Higher than 5.4% reported the previous week (Apr. 15-21). Higher than 12.6% reported the previous week (Apr. 15-21).
Absence reports from elementary schools (i.e., absenteeism > 10%)	Apr. 23-27	Fifteen elementary schools from one school board reported average absenteeism (due to all causes) exceeding 10%.	Lower than the previous week (Apr. 16-20) when 19 elementary schools reported increased absenteeism.

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

- London Health Sciences Centre
- St. Joseph's Health Care London
- Thames Valley District School Board

Appendix B

Laboratory-confirmed influenza cases, by influenza date† Middlesex-London 2017-2018 influenza season (N=860)



Data source: Middlesex-London Health Unit internal influenza tracking database, extracted April 30, 2018.

† '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.