

## **2011-2012 Influenza Surveillance Update of Current Status and Issues**

February 21, 2012

### **Influenza activity in Middlesex-London:**

Since the last report, one influenza B case was reported to the Middlesex London Health Unit. To date, there have been nine influenza A cases and three influenza B cases identified in Middlesex London for the 2011-2012 influenza surveillance season. Six of the influenza A samples have been typed as human influenza A (H3). One of these samples has been strain typed as A/Perth/16/2009-like (H3N2) which is the H3N2 component for this year's influenza vaccine.

There continues to be no outbreaks of influenza in long-term care homes or in acute care facilities. The overall proportion of patients presenting to London emergency departments and urgent care with fever and respiratory symptoms was slightly lower compared to the previous week, and school absenteeism was also slightly lower relative to the previous week. Based on the available information, influenza activity in Middlesex London remains low.

### **Provincial and National Influenza Activity:**

**Influenza:** Influenza activity across the province is higher this week than compared to the previous week, but continues to be lower than in previous years. According to the latest Ontario Influenza Bulletin, there were 99 laboratory-confirmed cases of influenza reported between February 5 and 11, 2012. In total, 355 influenza cases have been reported to the province for the 2011-2012 surveillance season. The majority of the influenza cases reported were subtyped as influenza B (181 cases) or influenza A(H1N1)pdm09 (formerly known as influenza A pH1N1) (77 cases), which together account for 72.7% (258/355) of cases reported to date. Provincially, one new institutional influenza outbreak was reported between February 5 and 11; it was identified as influenza B. In total, ten institutional influenza outbreaks have been reported across the province this season, seven of which were influenza B and three influenza A (all subtypes). Nationally, influenza activity continues to increase. The percent of positive influenza B detections has been increasing nationally over the past several weeks. To date, Ontario, Quebec, and the Atlantic provinces have had the highest proportion of influenza B detections relative to influenza A detections.

To date, strain characterization of influenza isolates in Ontario and Canada has demonstrated a generally good match with this season's influenza vaccine. Since the start of the season, the National Microbiology Lab has characterized 242 samples from across Canada with the following results: 73 Influenza A (H3N2)/Perth/16/2009-like and 48 Influenza A/California/07/2009, both of which are components of the 2011-2012 influenza vaccine; 70 influenza B strains are antigenically related to the strain B/Brisbane/60/2008, which also is a component of the 2011-2012 influenza vaccine; and the other 51 influenza B viruses are antigenically related to B/Wisconsin/01/2010-like, which belongs to a different lineage than the influenza strain B that is in this year's vaccine.

**Other Respiratory Pathogens:** Provincially and nationally, the main respiratory virus being identified is Respiratory Syncytial Virus (RSV). In Ontario, from February 5 to 11, there were 38 positive results of 107 samples tested by the Ontario Public Health Laboratory, for a positivity rate of 35.5%. Nationally, the percent positivity for RSV was 19.5%, making it the most prevalent of the other non-influenza respiratory viruses being detected in the country.

Coronavirus is also a predominant circulating virus this surveillance season. In Ontario, there were 10 positive results out of 51 samples tested by the Ontario Public Health Laboratory, for a positivity rate of 19.6% for the period of February 5 to 11, 2012.

### **Influenza vaccination opportunities:**

Influenza vaccination is available at some health care providers' offices and at the Health Unit's walk-in Immunization clinics. Clinics are scheduled at 50 King Street in London on Mondays, Wednesdays and Fridays from 9:00 a.m. to 4:00 p.m. and on the first and third Wednesday of each month from 9:00 a.m. to 7:00 p.m. Clinics also take place at the Kenwick Mall in Strathroy from 3:30 p.m. to 7:30 p.m. on the first Tuesday of each month.

## Appendix A Summary of Community Influenza Surveillance Indicators

Influenza activity in Middlesex London is low.

Indicator	Recent trends / data	Comments
<b>Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness</b>	Slightly lower	From February 12 to 18, an average of 7.5% of patients at London Health Sciences Centre (LHSC) emergency departments and the St. Joseph's Health Care (SJHC) urgent care centre presented with a fever and respiratory symptoms. This value is slightly lower compared to 7.9% from the previous week. The proportion was highest at the paediatric emergency department, where 21.8% of patients presented with a fever and respiratory symptoms. This value is slightly lower compared to 22.0% from the previous week.
<b>Absence reports from schools (i.e., absenteeism &gt; 10%)</b>	Slightly lower	From February 6 to 10, three elementary schools in the two main English language public school boards reported a 5-day average absenteeism rate exceeding 10%. This number is slightly lower than the previous week, when four schools reported absenteeism rates exceeding 10%.
<b>Laboratory-confirmed cases</b>	Low	One case with influenza B was reported to the Health Unit since the previous report. Since the beginning of the influenza surveillance season, nine influenza A and three influenza B cases have been reported in Middlesex-London. Six of the influenza A strains have been characterized as H3, of which one was strain typed as A/Perth/16/2009-like (H3N2), a component of this year's seasonal influenza vaccine.
<b>Hospitalizations</b>	Low	The laboratory confirmed influenza case reported this week was <b>not</b> hospitalized. Since the start of the influenza surveillance season, six people with laboratory-confirmed influenza have been hospitalized.
<b>Deaths</b>	None reported	
<b>Long-term care facility outbreaks</b>	None reported	Since the beginning of the influenza surveillance season, no institutional outbreaks of influenza have been reported to the Health Unit.
<b>Sentinel X-ray provider reports regarding newly identified bronchopneumonia cases</b>	Lower	From February 13 to 18, 3.7% of chest x-rays performed by the sentinel x-ray provider were newly diagnosed bronchopneumonia cases. This proportion is lower than 4.1% from the previous week.
<b>Calls to Telehealth Ontario related to respiratory and influenza-like illness</b>	None reported	
<b>Percentage of influenza tests performed by the Ontario Public Health Laboratory that are positive from across the province</b>	Lower for influenza A  Higher for influenza B	Based on provincial testing done by the Ontario Public Health Laboratory from February 5 to 11, 7 of 307 samples tested positive for influenza A for a positivity rate of 2.3%, which is lower than 3.4% positivity the previous week. Thirty of 309 samples tested positive for influenza B for a positivity rate of 9.7%, which is higher than 6.3% positivity the previous week.