



TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 January 17

SIGNIFICANT INFLUENZA ACTIVITY TO-DATE IN THE 2012-2013 SEASON

Recommendation

It is recommended that Report No. 012-13 re “Significant Influenza Activity To-date in the 2012-2013 Season” be received for information.

Key Points

- There has been significant influenza activity to-date in the 2012-2013 influenza season, almost to the extent of the activity seen during the 2009 H1N1 pandemic.
- It is not too late to receive the influenza vaccine, which is the most important way to prevent influenza.
- Other strategies to prevent spreading illness include frequent hand washing or use of alcohol-based hand sanitizers and staying home if you are ill.
- Thirty influenza outbreaks in facilities such as hospitals, nursing homes, retirement homes and assisted living facilities have been identified as of January 7, 2013. Health Unit staff members assist the facilities in limiting further spread to residents, who are at risk of complications from the infection.

Significant Influenza Season

The first laboratory-confirmed case of influenza A was reported to the Health Unit on November 6, 2012 and a community-wide influenza outbreak was declared on November 27, 2012. Since that time there has been increasing influenza activity in the community.

The Health Unit issues regular reports regarding the level of influenza activity in the community. These are distributed widely to health care providers, community organizations and the media, and posted on the Health Unit’s website. The most recent report was issued on [January 9, 2013](#). It indicates that there is a lot of influenza activity in the community. High rates of influenza activity are also being noted elsewhere in Canada and in the United States.

Comparison with Other Influenza Seasons

Table 1 provides a comparison with influenza seasons since 2009. It indicates that the 2012-2013 influenza season to-date, based on most indicators, is almost as severe as the pandemic H1N1 influenza season. It should be noted that the 2012-2013 influenza season is still in progress and so data is not complete for this season.

Table 1: Influenza Statistics, Middlesex-London Health Unit
2009-2010, 2010-2011, 2011-2012, 2012-2013 to January 7, 2013

Characteristics	2009-2010	2010-2011	2011-2012	2012-2013 (to January 07, 2013)
Laboratory-Confirmed Cases	391	276	106	327
Hospitalizations	92	161	34	162*
Deaths	8	17	3	12*
Outbreaks	2	28	6	30

* As not all laboratory-confirmed cases have been followed-up by the Health Unit, it is possible that there are additional hospitalizations and/or deaths that are not included in these statistics.

Prevention of Influenza

The Health Unit continues to provide advice to the community via the media, information to schools and the influenza reports on steps to reduce the chance of illness. Most notably, it is not too late to get the influenza vaccine, which is the most important way to prevent influenza. Frequent hand washing or use of alcohol-based hand sanitizers is recommended to reduce the chance of getting influenza and other viruses. As well, the public is advised to stay home and away from others if they are feeling unwell.

Management of Influenza Outbreaks

As of January 7, 2013, 30 influenza A outbreaks have been identified in facilities including hospitals, nursing homes, retirement homes and assisted living facilities. Influenza in these group settings can be significant, as the virus can spread easily from one resident to another. As well, the residents are often elderly with underlying medical conditions, the groups most at risk for complications of influenza which can result in hospitalizations, and occasionally deaths.

When the Health Unit becomes aware of influenza outbreaks in facilities, Health Unit staff members assist the facility in controlling further spread. This is done by supporting the facility to implement measures which may include isolating the ill residents; keeping residents from mixing between one floor or unit and another; frequent hand washing or use of alcohol-based hand sanitizer; personal protective equipment (such as masks, eye protection and gloves) for staff members; and enhanced environmental cleaning. As well, the antiviral drug, oseltamivir, is recommended for all residents and for unvaccinated staff members.

The large number of influenza outbreaks and laboratory-confirmed cases have resulted in a significant increase in work for the Infectious Disease Control Team and the Epidemiologist in the Oral Health, Communicable Disease and Sexual Health Services Team. They are to be commended for their hard work and dedication during this busy time.



Bryna Warshawsky, MDCM, CCFP, FRCPC
Acting Medical Officer of Health

<p>This report addresses the requirement(s) of the Ontario Public Health Standards: Infectious Disease Prevention and Control, and Vaccine Preventable Diseases.</p>
