

## WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: September 21 to October 4 2014 (weeks 39 & 40)

### Summary:

#### In New Brunswick, influenza activity remains at inter-seasonal levels

##### New Brunswick:

- There have been no positive influenza detections during weeks 39 & 40.
- The ILI consultation rate was 7.9 and 0.0 consultations per 1,000 patients visits, for weeks 39 & 40, respectively, and was within the expected level for week 39 but lower than expected level for week 40.
- No new influenza or ILI outbreaks were reported.

##### Canada:

- In weeks 39 & 40, several influenza indicators (activity levels, influenza detections, ILI and hospitalizations) continued to increase. Influenza activity was reported in several regions in 6 provinces (BC, AB, SK, MB, ON & QC). Detections of other respiratory viruses were at inter-seasonal levels.
- Early season influenza detections show influenza A (H3N2) to be the predominant virus circulating, followed by co-circulation of influenza B. Among laboratory detections and hospitalizations, the majority of cases were 65 years of age and over.
- 57 laboratory detections of influenza were reported in weeks 39 & 40. The percentage of laboratory tests positive for influenza was 1.2% in week 40.
- The national ILI consultation rate was 23.1 and 29.6 consultations per 1,000 patients' visits for weeks 39 & 40, respectively. The rate for both weeks was above the expected range for this time of year. Six new influenza outbreaks were reported in week 39 (5 in long-term care facilities and 1 in another setting) and two ILI outbreaks were reported in schools.
- Antigenic characterization: The National Microbiology Laboratory has not yet reported any influenza strain characterizations for the 2014-2015 season.

##### International:

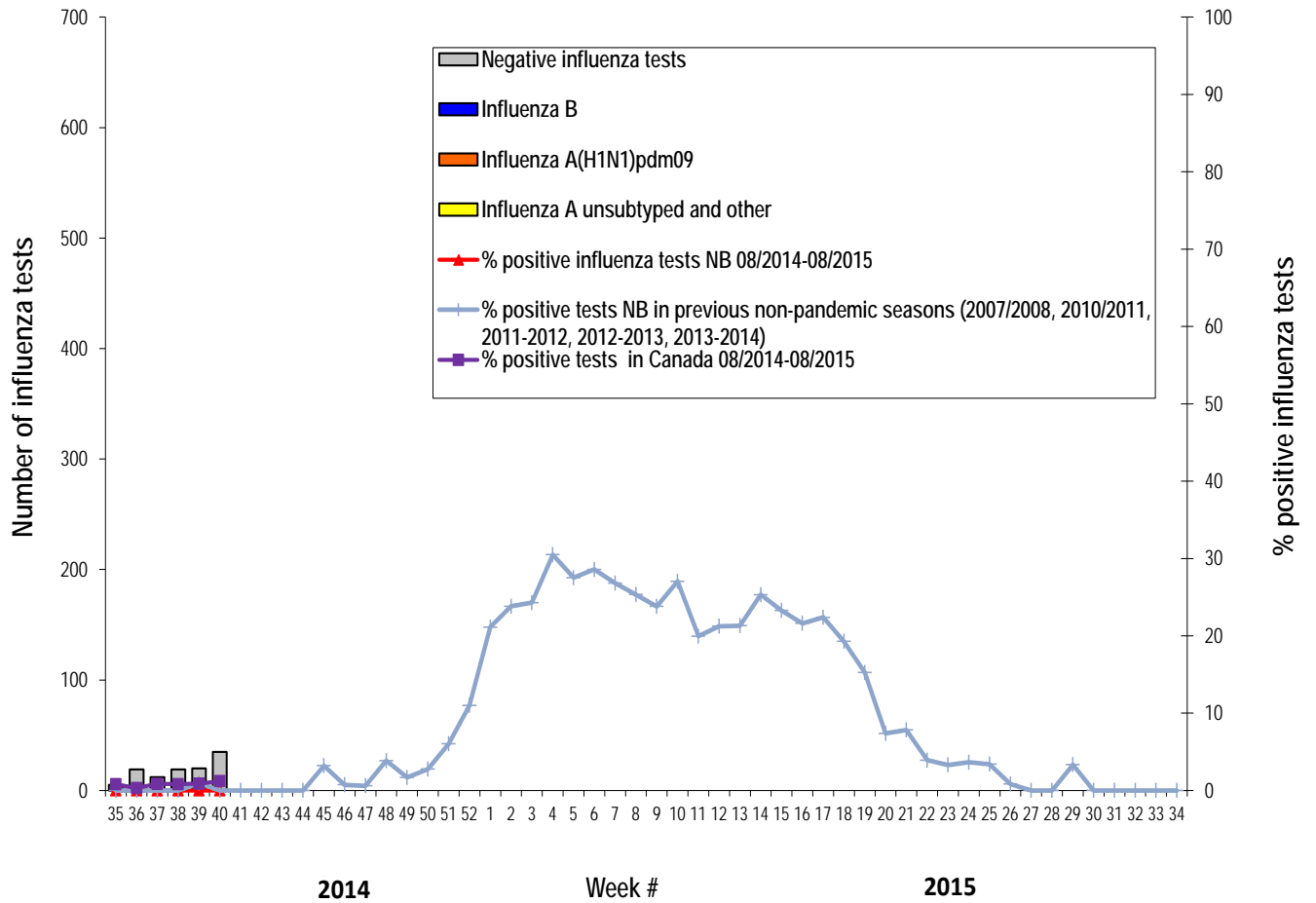
- Globally, the southern hemisphere influenza season seems to be coming to an end, with still high activity in Oceania. Elsewhere, influenza activity remained low, except for some tropical countries in the Americas.
- Human infection with Avian Influenza: As of October 9 2014, a total of 453 laboratory-confirmed cases of human infection with an avian influenza A (H7N9) virus were reported in China (as well as in Taiwan, Hong Kong and Malaysia) including 175 deaths. The majority of cases have presented with severe acute illness, rapidly progressing to severe pneumonia. Most human cases have reported a history of exposure to poultry or live bird markets. There is currently no evidence of sustained human-to-human transmission of H7N9.
- Novel Influenza A virus: A total of 2 H3N2v cases have been reported so far in 2014 in the United States.
- Other Respiratory Viruses:
- MERS-CoV: From April 2012 to October 9 2014, 855 laboratory-confirmed cases of MERS-CoV have been reported from 22 countries. All cases have either occurred in the Middle East or have a direct link to a primary case infected in the Middle East. Among the 855 cases, 321 were fatal. Investigations to identify the source of infection and routes of exposure are still ongoing.
- EV-D68: In the United States, from mid-August to October 10 2014, a total of 691 people in 46 states and the District of Columbia have been confirmed to have respiratory illness caused by EV-D68. The majority of cases this year have been among children. Enteroviruses commonly circulate in summer and fall. EV-D68 is not a reportable disease in Canada and laboratory testing for EV-D68 is not routinely performed (but is available upon request); consequently, cases are likely under-detected and under-reported. As of October 6 2014, 75 confirmed cases of EV-D68 have been reported in Canada recently, these specimens were collected between August and September 2014.

### 1) Influenza Laboratory Data<sup>1</sup>

- Influenza activity remains at inter-seasonal levels.
- No influenza detections were reported during the 2-week reporting period.
- Since the beginning of the season, no positive influenza detections were reported.

<sup>1</sup> Surveillance specimens are submitted by recruited New Brunswick Sentinel Practitioner Influenza Network (NB SPIN) practitioners, which are comprised of 8 sites in Emergency Rooms, 2 sites in Family Practice, 2 sites in First Nations communities, 1 site in a Nursing Home, 2 sites in Universities and 8 sites in Community Health Centers. Diagnostic specimens are submitted by physicians in the community/hospital setting. Influenza laboratory data is comprised of results from surveillance and diagnostic specimens. All laboratory specimens are tested using a real-time PCR assay, which is a rapid detection method designed for detection of all known variants of influenza A and B. All laboratory-confirmed cases are reported for the week when laboratory confirmation was received.

Graph 1: Number and percent of positive influenza specimens in New Brunswick by week, up to October 4 2014 (data source: G. Dumont Lab results)



Note: Influenza A untyped and other might include some (H1N1)pdm09 and H3N2 specimens that have not been subtyped.

Table 1: Positive influenza test results by Health Region, in New Brunswick for reporting week, cumulative current and previous seasons.  
(data source: G. Dumont lab results up to October 4 2014)

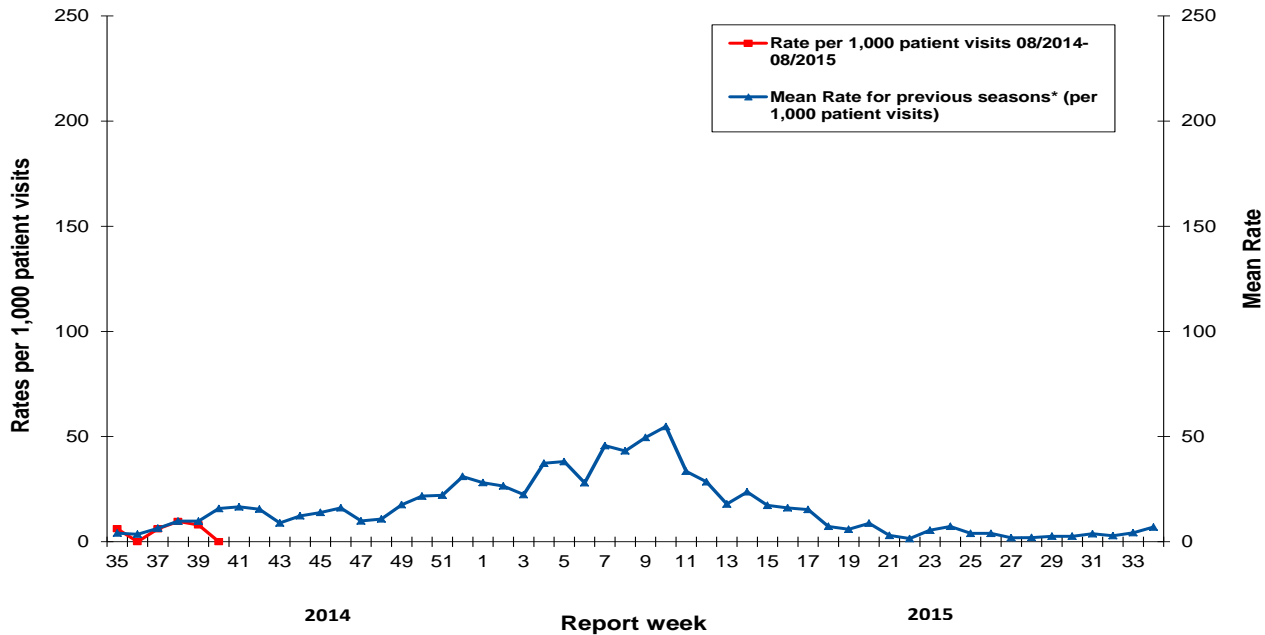
Region	Reporting period: September/21/2014–October/04/2014						Cumulative: (2014/2015 season) Aug./24/2014 –Oct./04/2014					Cumulative: (2013/2014 season) Aug./25/2013 – Aug./23/2014				
	Activity level <sup>2</sup>	A			B	Total	A			B	Total	A			B	Total
		A(H3)	(H1N1) pdm09	Unsubtyped / Other			A(H3)	(H1N1) pdm09	Unsubtyped / Other			(H3)	(H1N1) pdm09	Unsubtyped / Other		
Region 1	No activity	0	0	0	0	0	0	0	0	0	0	2	205	442	39	688
Region 2	No activity	0	0	0	0	0	0	0	0	0	0	0	86	219	2	307
Region 3	No activity	0	0	0	0	0	0	0	0	0	0	0	41	80	4	125
Region 4	No activity	0	0	0	0	0	0	0	0	0	0	0	52	61	49	162
Region 5	No activity	0	0	0	0	0	0	0	0	0	0	0	10	23	6	39
Region 6	No activity	0	0	0	0	0	0	0	0	0	0	0	42	49	25	116
Region 7	No activity	0	0	0	0	0	0	0	0	0	0	0	4	11	3	18
Total NB		0	0	0	0	0	0	0	0	0	0	2	440	885	128	1455

<sup>2</sup> Influenza activity level definition is available on the PHAC FluWatch website: <http://www.phac-aspc.gc.ca/fluwatch/14-15/def14-15-eng.php>

## 2) ILI Consultation Rates<sup>3</sup>

- During weeks 39 & 40, the ILI consultation rate was 7.9 and 0.0 consultations per 1,000 patient visits, respectively, and was within the expected level for week 39 and was below the expected level for week 40.
- During weeks 39 & 40, the sentinel response rate was 23% and 32%, respectively, for both the FluWatch sentinel physicians and the NB SPIN practitioners.

**Graph 2:** ILI Consultation Rates in New Brunswick, by report week, season 2014/15 compared to previous seasons\*



\* The mean rate was based on data from the 1996/97 to 2013/2014 seasons and excludes the Pandemic season (2009-2010).

## 3) ILI and Laboratory-Confirmed Outbreak Data

**Table 3:** ILI activity/outbreaks in New Brunswick nursing homes and schools for the reporting week, current and previous seasons.

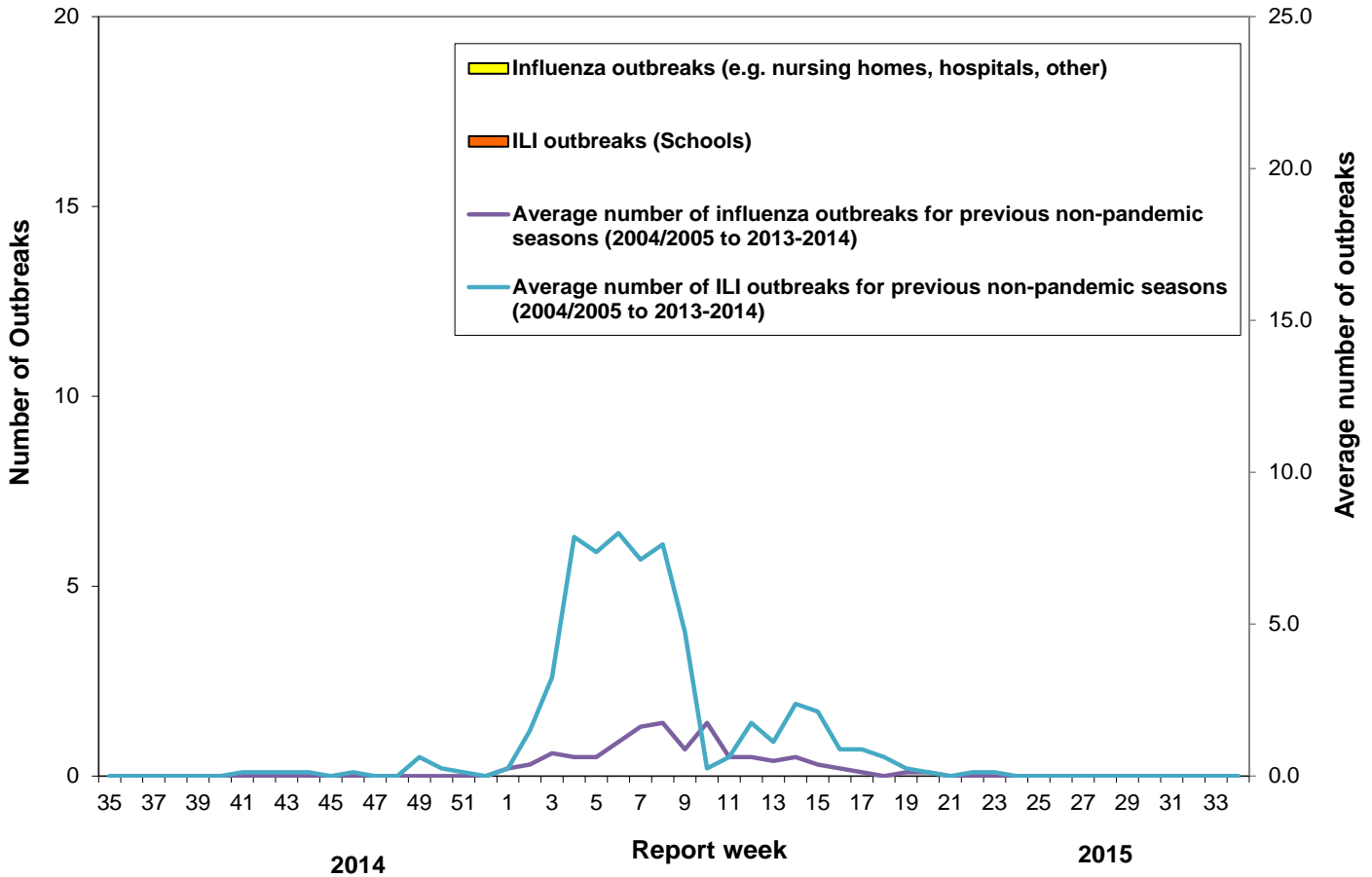
	Reporting period: September/21/2014–October/04/2014			Cumulative # of outbreaks season 2014-2015	Cumulative # of outbreaks season 2013-2014
	Lab-confirmed outbreaks in Nursing Homes*	Schools reporting ILI outbreaks**	Lab-confirmed outbreaks in Other Settings*		
Region 1	0 out of 13	0 out of 74	0	0	3
Region 2	0 out of 15	0 out of 81	0	0	2
Region 3	0 out of 14	0 out of 95	0	0	4
Region 4	0 out of 6	0 out of 22	0	0	1
Region 5	0 out of 2	0 out of 18	0	0	0
Region 6	0 out of 9	0 out of 35	0	0	3
Region 7	0 out of 4	0 out of 27	0	0	2
<b>Total NB</b>	<b>0 out of 63</b>	<b>0 out of 352</b>	<b>0</b>	<b>0</b>	<b>15</b>

\*Two or more ILI cases within a seven day period, including at least one laboratory-confirmed case of influenza. Outbreaks are reported in the week when laboratory confirmation is received.

\*\*Schools reporting greater than 10% absenteeism which is likely due to ILI.

<sup>3</sup> A total of 31 practitioner sites (18 FluWatch sentinel physicians and 13 NB SPIN sites) are recruited this season to report the number of ILI patients and total patient consultations one day during a reporting week.

**Graph 3:** Number of Influenza Outbreaks (nursing homes, hospitals, other) and ILI Outbreaks (schools) reported to Public Health in New Brunswick, by report week, season 2014/15.



National Flu Watch Program - Additional information on influenza activity in Canada and around the world is available on the Public Health Agency of Canada's website at: <http://www.phac-aspc.gc.ca/fluwatch/>

Other Links:

- World: [http://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/index.html](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html)
- Europe: [http://www.ecdc.europa.eu/en/healthtopics/seasonal\\_influenza/epidemiological\\_data/Pages/Weekly\\_Influenza\\_Surveillance\\_Overview.aspx](http://www.ecdc.europa.eu/en/healthtopics/seasonal_influenza/epidemiological_data/Pages/Weekly_Influenza_Surveillance_Overview.aspx)
- PAHO: [http://new.paho.org/hq/index.php?option=com\\_content&task=blogcategory&id=805&Itemid=569](http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=805&Itemid=569)
- Australia: <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm>
- New Zealand: [http://www.surv.esr.cri.nz/virology/influenza\\_weekly\\_update.php](http://www.surv.esr.cri.nz/virology/influenza_weekly_update.php)
- Argentina: <http://www.msal.gov.ar/>
- South Africa: <http://www.nicd.ac.za/>
- US: [www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/)

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