

WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: October 5 to October 11 2014 (week 41)

Summary:

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

New Brunswick:

- There have been no positive influenza detections during week 41.
- The ILI consultation rate was 0.0 consultations per 1,000 patients visits, and was below the expected level for this time of year.
- No new influenza or ILI outbreaks were reported.

Canada:

- Influenza indicators (activity levels, influenza detections, ILI and hospitalizations) continued to increase in some regions across Canada. Detections of some respiratory viruses were at inter-seasonal levels (RSV, parainfluenza, coronavirus and human metapneumovirus).
- 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.
- 50 laboratory detections of influenza were reported in week 41 and the percentage of laboratory tests positive for influenza was 1.7%.
- The national ILI consultation rate was 31.6 consultations per 1,000 patients' visits. The rates since mid-June have been above the expected range for this time of year. One new influenza outbreak was reported in a long-term care facility.
- Antigenic characterization: The National Microbiology Laboratory has antigenically characterized 2 influenza viruses (1 H3N2 and 1 B), both were similar to the strains recommended by the WHO for the 2014-2015 seasonal influenza vaccine.

International:

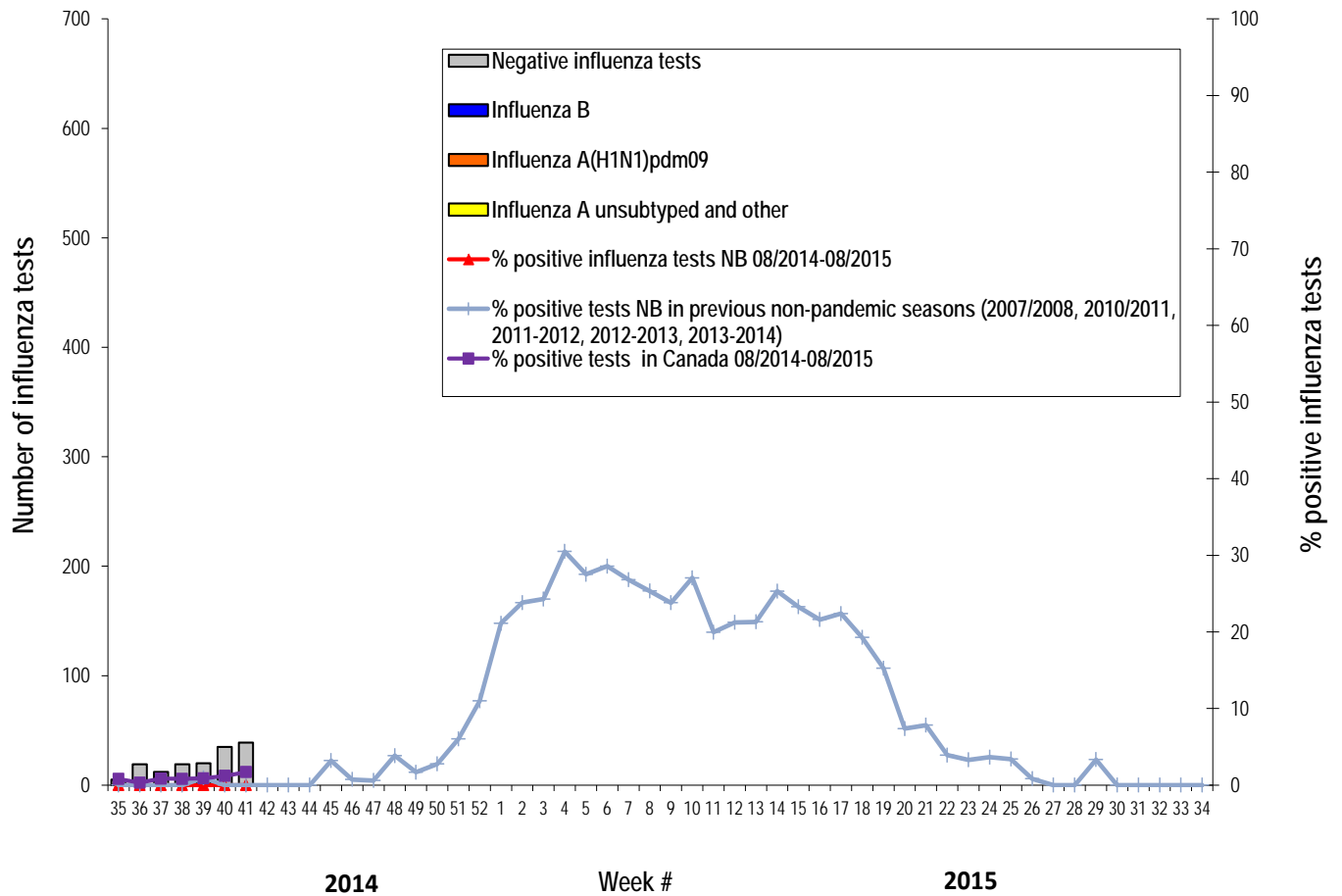
- Globally, influenza activity remained low, with the exception of some tropical countries in the Americas and some Pacific Islands.
- Human infection with Avian Influenza: As of October 16 2014, a total of 453 laboratory-confirmed cases of human infection with an avian influenza A (H7N9) virus were 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 16 2014, 877 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 877 cases, 317 were fatal. Investigations to identify the source of infection and routes of exposure are still ongoing. The number of MERS-CoV cases in September and October 2014 has been slightly higher than in July and August 2014. This pattern was also observed previously. The majority of MERS-CoV cases are reported from the Arabian Peninsula, in particular from Saudi Arabia, and all cases have epidemiological links to this outbreak epicentre.
- EV-D68: In the United States, from mid-August to October 21 2014, a total of 938 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. Many of the children had asthma or a history of wheezing. 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. A link between paralysis and EV-D68 is currently being investigated.

1) Influenza Laboratory Data¹

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

¹ 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 11 2014 (data source: G. Dumont Lab results)



Note: Influenza A unsubtype 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 11 2014)

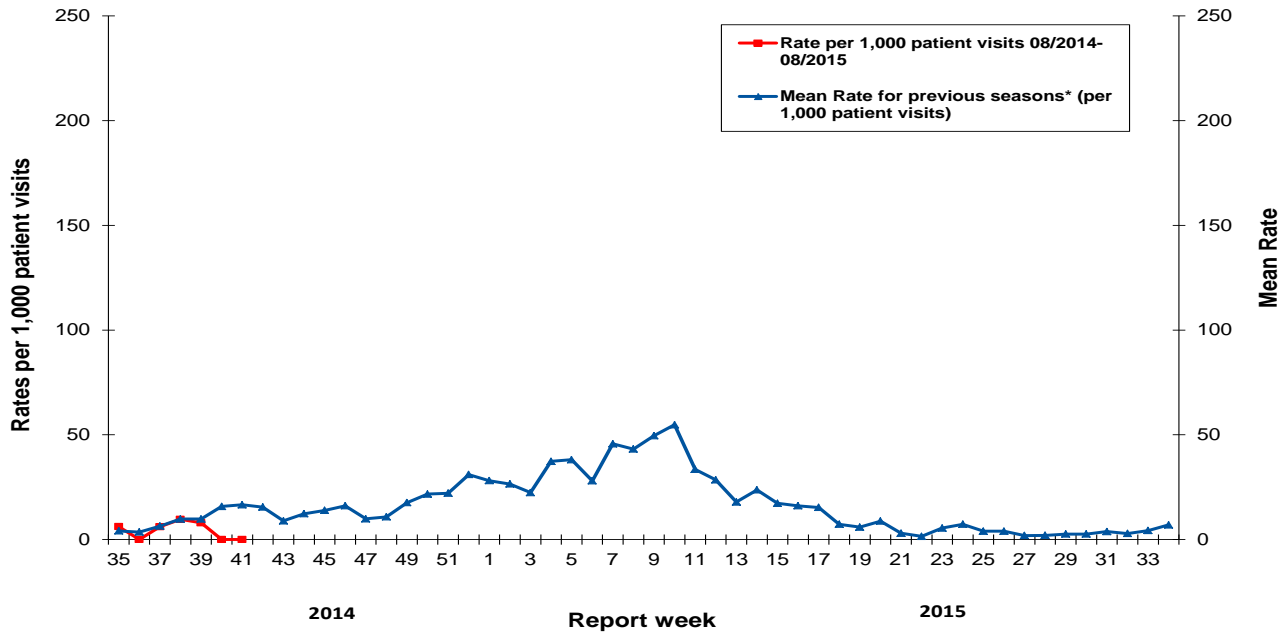
Region	Reporting period: October/05/2014–October/11/2014						Cumulative: (2014/2015 season) Aug./24/2014 –Oct./11/2014					Cumulative: (2013/2014 season) Aug./25/2013 – Aug./23/2014				
	Activity level ²	A			B	Total	A			B	Total	A			B	Total
		A(H3)	(H1N1) pdm09	Unsubtyped / Other			A(H3)	(H1N1) pdm09	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

² 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 Rates³

- During week 41, the ILI consultation rate was 0.0 consultations per 1,000 patient visits, and was below the expected level for this time of year.
- During week 41, the sentinel response rate was 26%, 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.

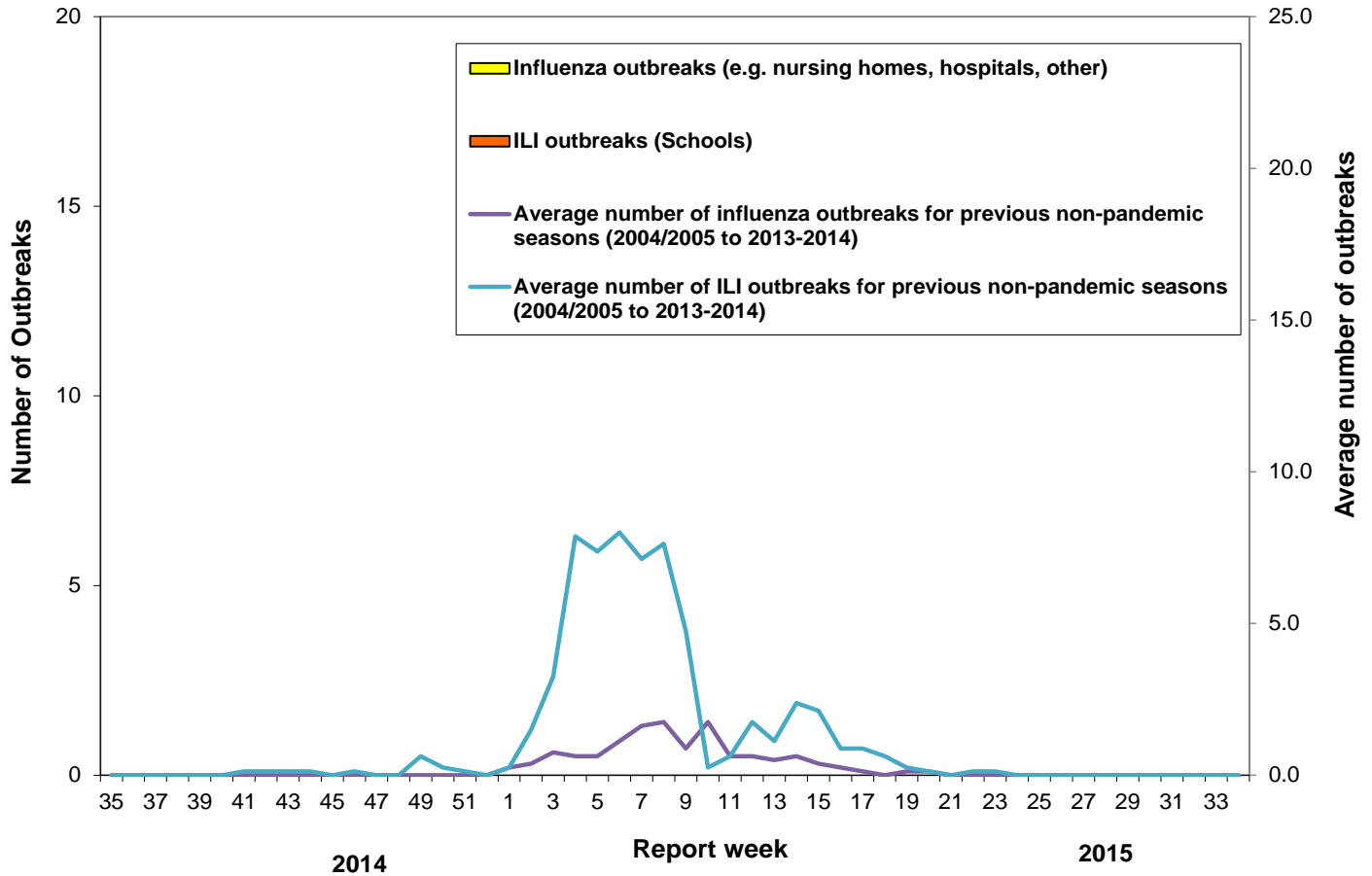
	Reporting period: October/05/2014–October/11/2014			Cumulative # of outbreaks season 2014-2015	Cumulative # of outbreaks season 2013-2014
	Lab-confirmed outbreaks in Nursing Homes*	Schools reporting ILI outbreaks**	Lab-confirmed outbreaks in Other Settings*		
Region 1	0 out of 13	0 out of 74	0	0	3
Region 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
Total NB	0 out of 63	0 out of 352	0	0	15

*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.

³ 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
- Europe: 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
- 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
- Argentina: <http://www.msal.gov.ar/>
- South Africa: <http://www.nicd.ac.za/>
- US: www.cdc.gov/flu/weekly/

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