

WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: February 14 to February 20 2016 (week 7)

Summary:

In New Brunswick, influenza activity is low although percent positive influenza detections have been increasing in the past few weeks

New Brunswick:

- There have been 31 positive influenza detections in week 7. To date this season, a total of 92 influenza detections have been reported, 60 influenza A (unsubtyped), 23 influenza A (H1N1)pdm09, 3 influenza A (H3) and 6 influenza B.
- There has been 4 influenza associated hospitalization during week 7. So far this season, a total of 21 influenza associated hospitalizations were reported in New Brunswick.
- The ILI consultation rate was 35.3 consultations per 1,000 patients visits, and was slightly below the expected levels for this time of year.
- No new ILI or influenza outbreaks were reported .

Canada:

- Overall, influenza detections continued to increase slightly with greater geographic spread. Influenza A(H1N1) remains the most common influenza subtype circulating in Canada.
- An increase in the number of outbreaks was reported with the majority of outbreaks reported in long-term care facilities.
- Young/middle age adults are accounting for an increasing proportion of hospitalizations and laboratory confirmed cases.
- Pediatric hospitalizations reported by IMPACT network continue to increase substantially, reaching 94 hospitalizations in week 7.
- WHO has released their recommended composition of influenza virus vaccines for use in the 2016-2017 northern hemisphere influenza season.
- 2,453 positive laboratory detections of influenza were reported during week 7, and the percentage of laboratory tests positive for influenza was 29%.
- The national ILI consultation rate was 41.6 consultations per 1,000 patients' visits, the highest ILI consultation rate was found in the 20-64 years age group.
- Twenty-seven new laboratory confirmed influenza outbreaks were reported: 17 in long-term care facilities, 2 in hospitals and 8 in community settings.
- Antigenic characterization: the National Microbiology Laboratory (NML) has characterized 521 influenza viruses [122 A(H3N2), 268 A(H1N1) and 131 influenza B]. All characterized viruses were antigenically related to their respective vaccine strain.

International:

Seasonal influenza:

- Globally, influenza activity in the northern hemisphere continued to increase. High levels of influenza activity have been reported in some countries in Europe. In North America, northern Africa, central and western Asia, increasing activity predominantly of influenza A(H1N1)pdm09 virus was observed. In the temperate countries of northern Asia, activity was ongoing with various proportions of circulating seasonal influenza viruses.

Emerging Respiratory Viruses: No new updates this week

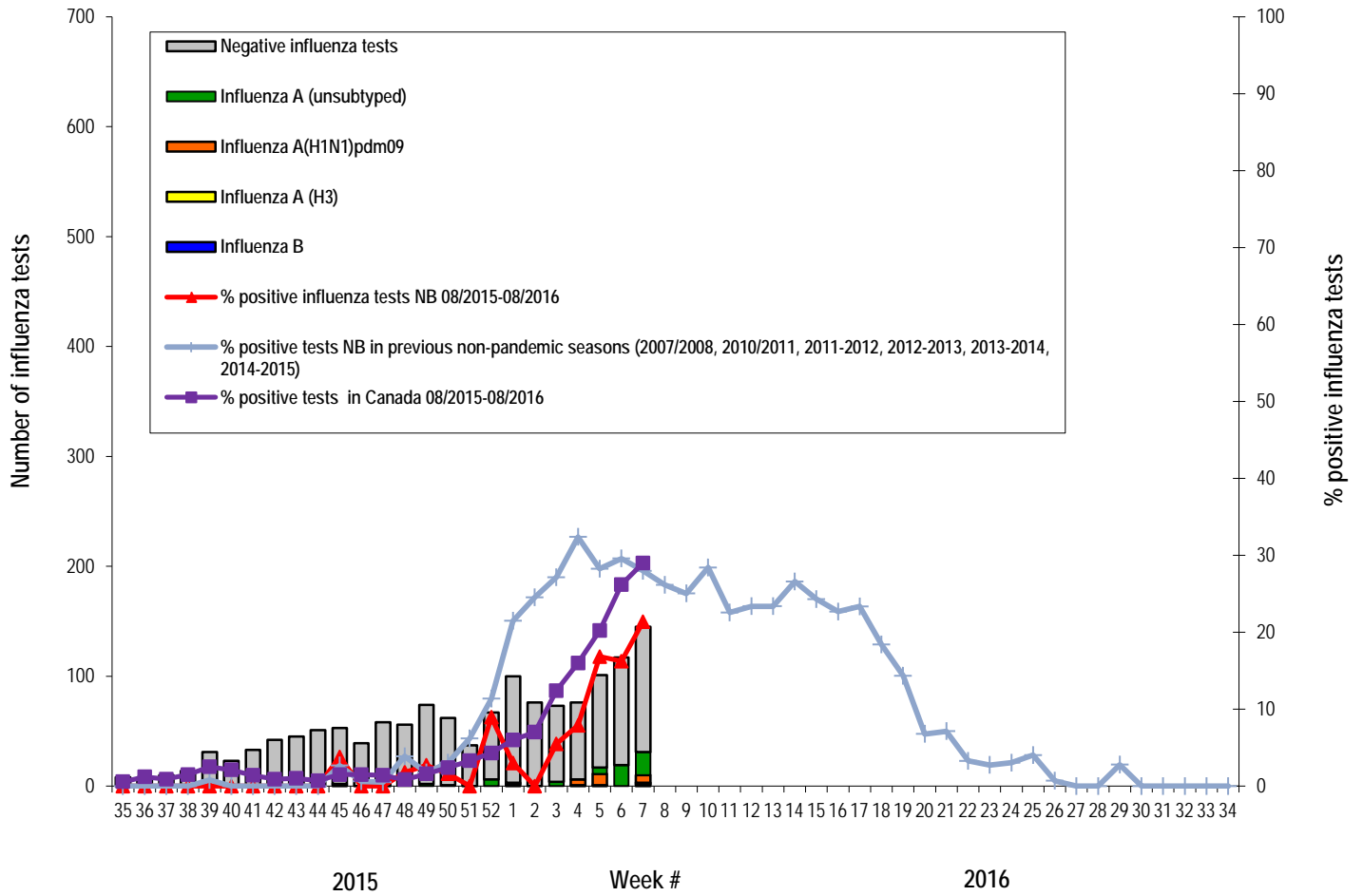
- MERS CoV:
 - WHO: http://www.who.int/csr/disease/coronavirus_infections/en/
 - CDC: <http://www.cdc.gov/coronavirus/mers/>
- Avian Influenza
 - WHO: www.who.int/csr/disease/avian_influenza/en/index.html

1) Influenza Laboratory Data¹

- Influenza activity is low although percent positive influenza detections have been increasing in the past few weeks.
- 31 influenza detections were reported during week 7.
- Since the beginning of the season, 92 positive influenza detections were reported, 6 influenza B and 60 influenza A (unsubtyped), 3 influenza A (H3) and 23 influenza A (H1N1)pdm09.

¹ Surveillance specimens are submitted by recruited New Brunswick Sentinel Practitioner Influenza Network (NB SPIN) practitioners, which are comprised of sites in Emergency Rooms, in Family Practice, in First Nations communities, in Nursing Home, in Universities and 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 February 20 2016 (data source: G. Dumont Lab results)



Note: Most of the Influenza A unsubtyped specimens are of the predominant strain.

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 February 20 2016)

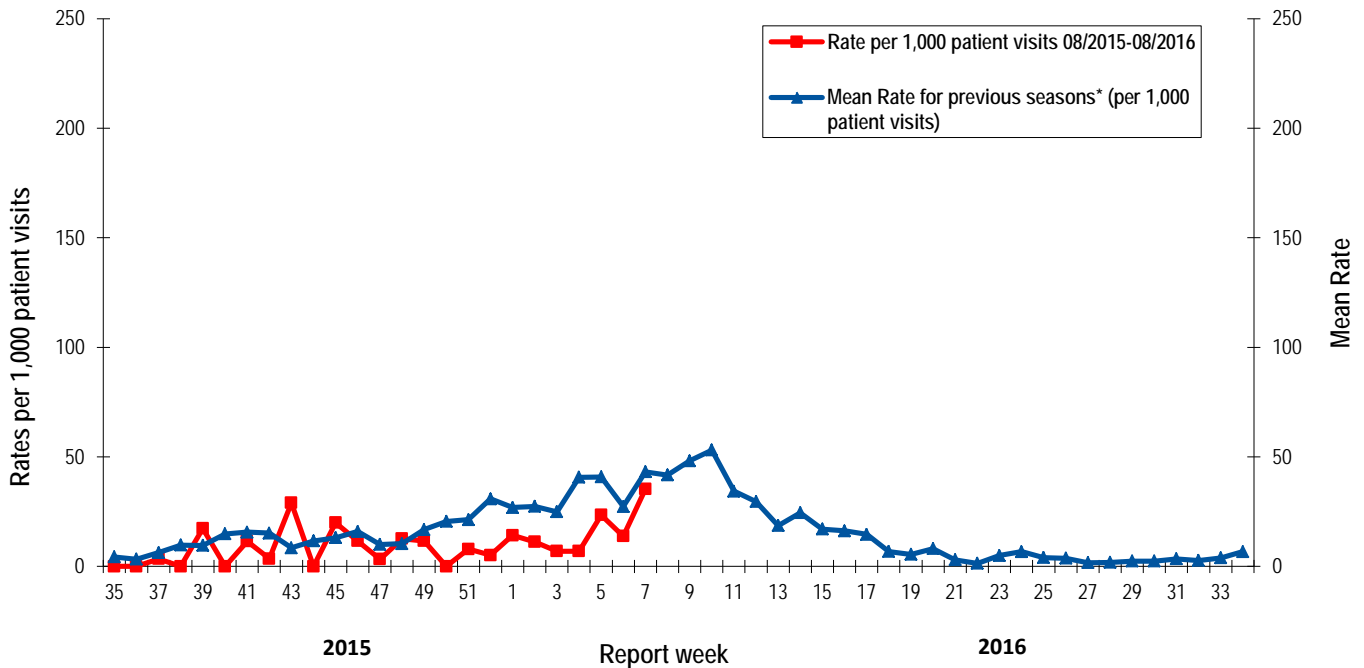
Zone	Reporting period: Feb./14/2016–Feb./20/2016						Cumulative: (2015/2016 season) Aug./30/2015 –Feb./20/2016					Cumulative: (2014/2015 season) Aug./24/2014 – Aug./29/2015				
	Activity level ²	A				B	A				B	A				B
		A(H3)	(H1N1) pdm09	Unsubtyped / Other	A Total	Total	A(H3)	(H1N1) pdm09	Unsubtyped / Other	A Total	Total	(H3)	(H1N1) pdm09	Unsubtyped / Other	A Total	Total
Zone 1	Sporadic	0	2	10	12	2	0	14	30	44	6	88	0	353	441	280
Zone 2	Sporadic	0	2	2	4	0	0	2	6	8	0	19	0	69	88	58
Zone 3	Sporadic	0	1	2	3	0	0	3	4	7	0	19	0	69	88	55
Zone 4	Sporadic	0	1	3	4	0	0	2	7	9	0	56	0	31	87	27
Zone 5	Sporadic	0	0	1	1	0	0	1	2	3	0	8	0	14	22	2
Zone 6	Sporadic	1	0	1	2	0	3	0	7	10	0	81	0	95	176	29
Zone 7	Sporadic	0	1	2	3	0	0	1	4	5	0	12	0	24	36	19
Total NB		1	7	21	29	2	3	23	60	86	6	283	0	655	938	470

² Influenza activity level definition is available on the PHAC FluWatch website: <http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/flu-grippe/surveillance/season-definitions-saison-eng.php#/>

2) ILI Consultation Rates³

- During week 7, the ILI consultation rate was 35.3 consultations per 1,000 patients visits, and was slightly below the expected levels for week 7.
- During week 7, the sentinel response rate was 36%, for both the FluWatch sentinel physicians and the NB SPIN practitioners.

Graph 2: ILI Consultation Rates in New Brunswick, by report week, season 2015/16 compared to previous seasons*



* The mean rate was based on data from the 1996/97 to 2014/2015 seasons and excludes the Pandemic season (2009-2010).

3) ILI and Laboratory-Confirmed Outbreak Data

Table 2: ILI activity/outbreaks in New Brunswick nursing homes and schools for the reporting week, current and previous seasons.

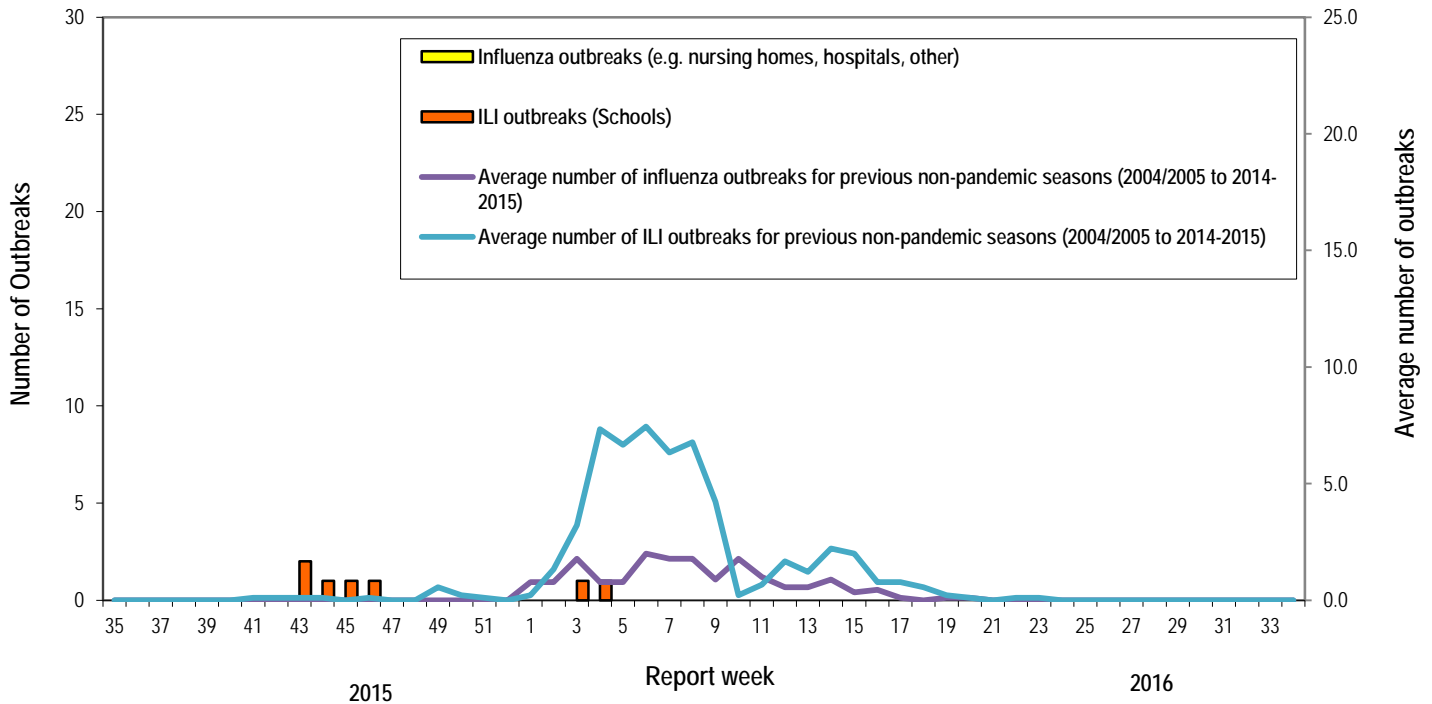
	Reporting period: Feb./14/2016–Feb./20/2016			Cumulative # of outbreaks season 2015-2016	Cumulative # of outbreaks season 2014-2015
	Lab-confirmed outbreaks in Nursing homes*	ILI school outbreaks**	Lab-confirmed outbreaks in Other settings*		
Zone 1	0 out of 13	0 out of 74	0	1	14
Zone 2	0 out of 15	0 out of 81	0	0	15
Zone 3	0 out of 14	0 out of 95	0	0	12
Zone 4	0 out of 6	0 out of 22	0	0	6
Zone 5	0 out of 2	0 out of 18	0	0	4
Zone 6	0 out of 9	0 out of 35	0	3	5
Zone 7	0 out of 4	0 out of 27	0	3	8
Total NB	0 out of 63	0 out of 352	0	7	64

*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.

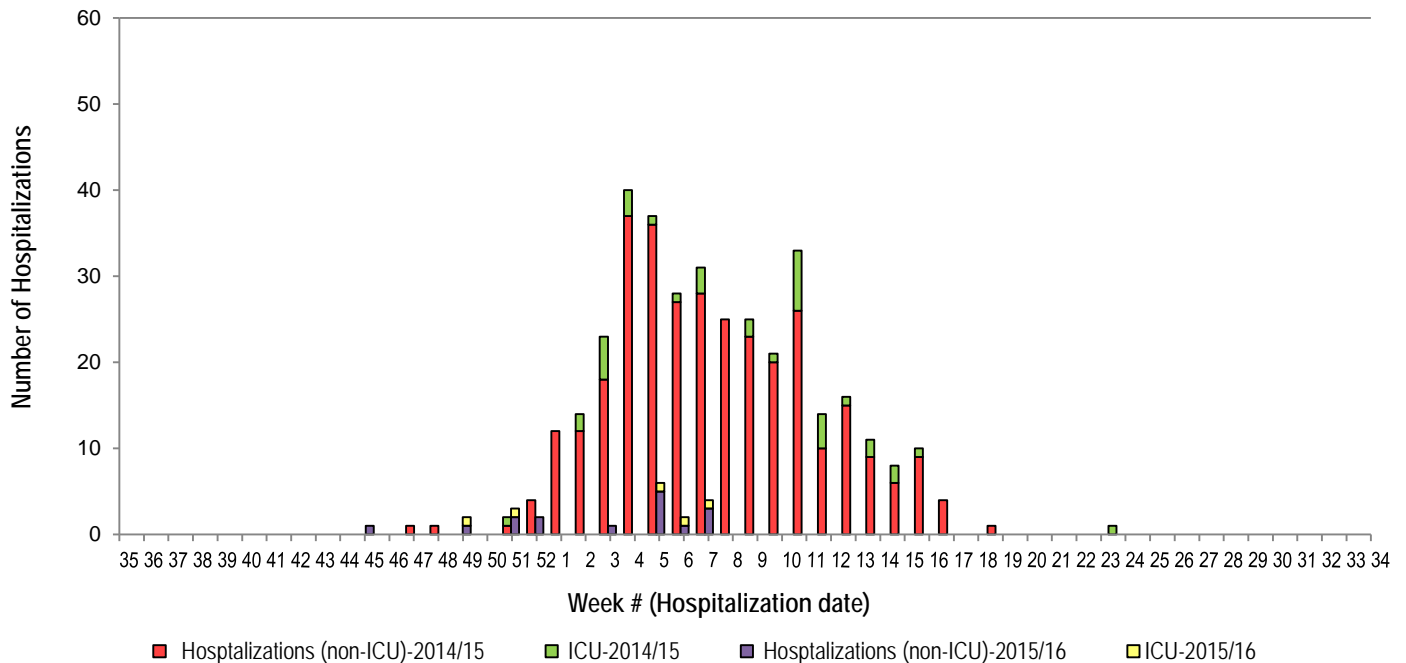
³ A total of 28 practitioner sites (16 FluWatch sentinel physicians and 12 NB SPIN sites) are recruited this season to report the number of ILI patients and total patient consultations one day during a reporting week.

Graph 3: Number of Influenza Outbreaks (nursing homes, hospitals, other)⁴ and ILI Outbreaks (schools)⁵ reported to Public Health in New Brunswick, by report week, season 2015/16.



4) Influenza associated Hospitalization⁴ and Death⁵ Surveillance⁶

Graph 4: Influenza associated Hospitalizations and ICU admissions in New Brunswick, by week of hospitalization for current and past season.*



*Those who had been hospitalized 15 days or more prior to laboratory confirmation date were excluded from the graph

** One death was reported so far in season 2015-2016.

⁴ Hospitalizations (including ICU admissions) are influenza associated; they may or may not be due to influenza.

⁵ Deaths are influenza associated; influenza may not be the direct cause of death.

⁶ In early January 2014, the Office of the Chief Medical Officer of Health implemented a new provincial surveillance system in collaboration with the Regional Health Authorities to monitor influenza-associated hospitalizations, intensive care unit admissions and deaths.

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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