

WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: November 11 to November 17 2018 (week 46)

Summary

In New Brunswick, influenza activity remained at inter-seasonal levels in week 46

New Brunswick:

- There have been no positive influenza cases in week 46. To date this season, 4 cases have been reported, three influenza A (H1N1)pdm09 and one influenza A (unsubtyped).
- There have been no influenza associated hospitalizations during week 46. So far this season, 1 influenza associated hospitalization has been reported.
- The ILI consultation rate was 7.9 consultations per 1,000 patients visits in week 46. The ILI rate was slightly lower than the expected levels for this time of year.
- No ILI/influenza outbreaks were reported in week 46. So far this season, one ILI outbreak has been reported in a school.

Canada:

- Influenza activity continued to increase in week 46. The influenza season has started earlier than in recent years.
- The number of regions in Canada reporting localized influenza activity in week 46 increased slightly compared to the previous week.
- Influenza A is the most common influenza virus circulating in Canada, and the majority of these viruses are A(H1N1)pdm09.
- The number of influenza-associated hospitalizations continued to increase in week 46. In particular, the number of pediatric hospitalizations is significantly higher than in recent years.
- The number of influenza outbreaks remains within expected levels. However, the settings in which outbreaks have been reported this season suggests that younger age-groups are being affected more than in previous seasons.

International:

Seasonal influenza:

- In the temperate zone of the northern hemisphere influenza activity started to increase although overall influenza activity remained low. Increased influenza detections were reported in some countries of South-East Asia and Central America. In the temperate zones of the southern hemisphere, influenza activity returned to inter-seasonal levels. Worldwide, seasonal influenza subtype A viruses accounted for the majority of detections.

Emerging Respiratory Viruses:

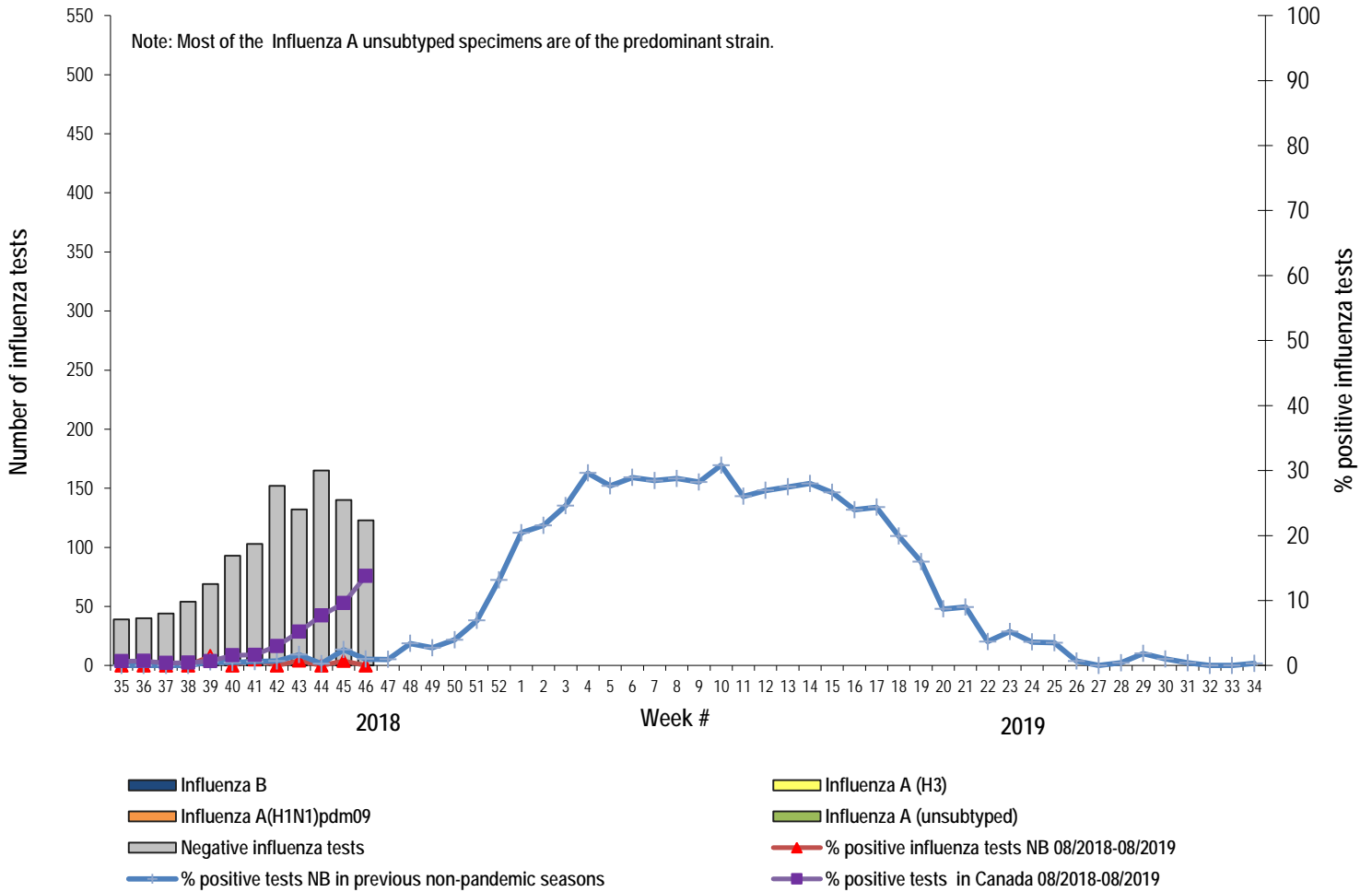
- MERS CoV:
 - WHO: http://www.who.int/csr/disease/coronavirus_infections/en/
 - CDC: <http://www.cdc.gov/coronavirus/mers/>
 - Updated Risk Assessment (August 2018): http://www.who.int/csr/disease/coronavirus_infections/risk-assessment-august-2018.pdf?ua=1
- Avian Influenza:
 - WHO: www.who.int/csr/disease/avian_influenza/en/index.html

1) Influenza Laboratory Data¹

- Influenza activity remained at inter-seasonal levels in week 46.
- No influenza case was reported during week 46.
- Since the beginning of the season, 4 influenza cases have been reported, three influenza A(H1N1)pdm09 and one influenza A(unsubtyped).

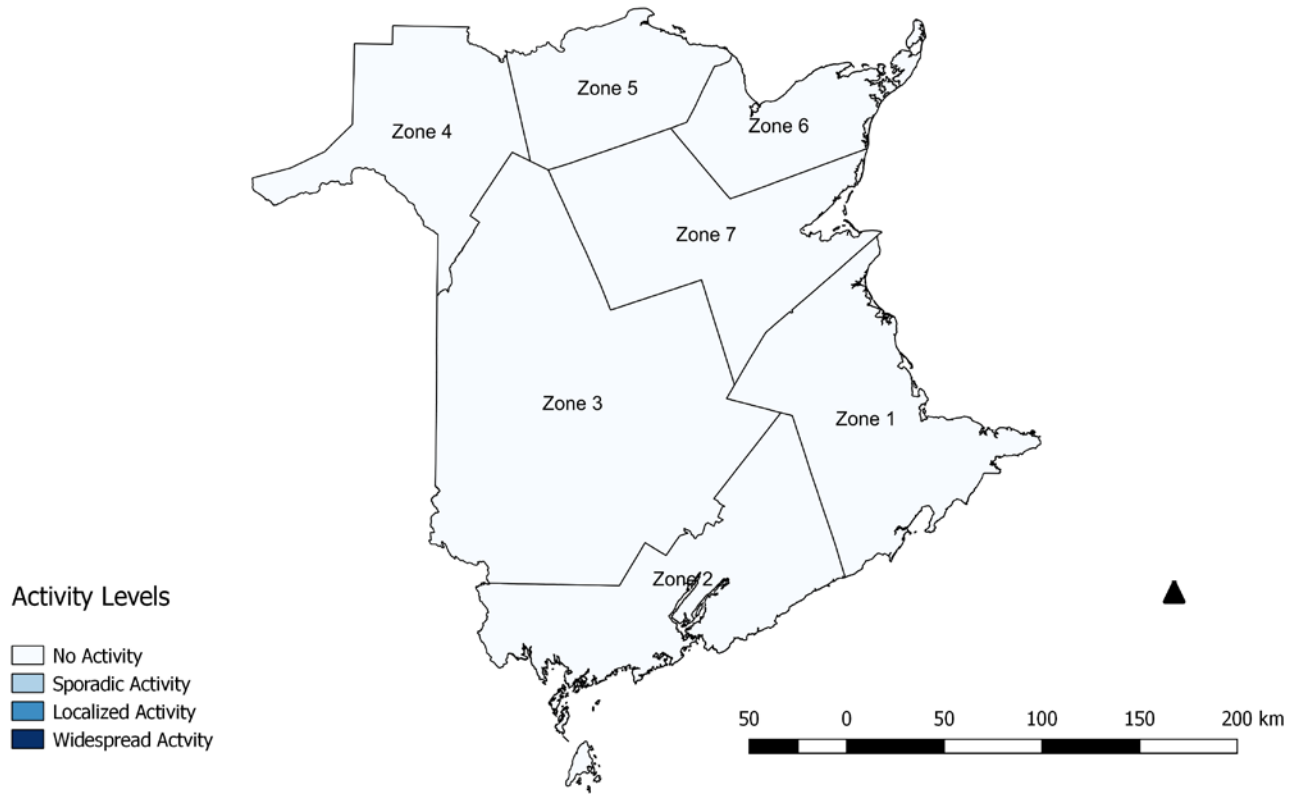
¹ Surveillance specimens are submitted by recruited New Brunswick Sentinel Practitioner Influenza Network (NB SPIN) practitioners, which are comprised of sites in Emergency Rooms, in Family Practice, in First Nations communities, in Nursing Home, in Universities and in Community Health Centers. Diagnostic 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 specimens² in New Brunswick by week, up to November 17, 2018 (data source: G. Dumont Lab results)



² Total number of positive influenza tests is higher than number of cases since some individuals had co-infection of A & B simultaneously.

Figure 2: Influenza/ILI activity levels³ by Health Zones, in New Brunswick, for week 46, season 2018/2019.



³ No activity is defined as no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI may be reported. Sporadic activity is defined as sporadically occurring ILI and lab confirmed influenza detection(s) with no outbreaks detected within the influenza surveillance region. Localized activity is defined as evidence of increased ILI with lab confirmed influenza detection(s) and outbreaks in schools, hospitals, residential institutions and/or other types of facilities occurring in less than 50% of the influenza surveillance region. Widespread activity is defined as evidence of increased ILI with lab confirmed influenza detection(s) and outbreaks in schools, hospitals, residential institutions and/or other types of facilities occurring in greater than or equal to 50% of the influenza surveillance region.

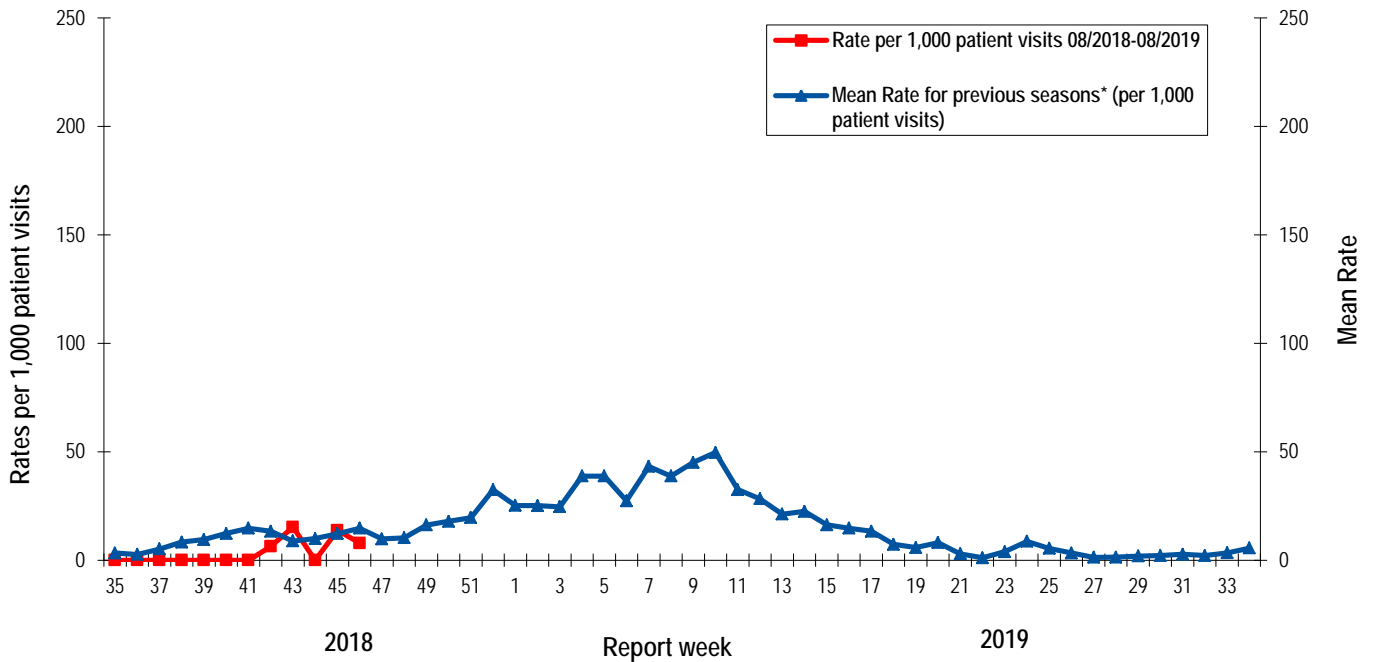
Table 1: Positive influenza cases by Health Region, in New Brunswick for reporting week, cumulative current and previous seasons.
 (data source: G. Dumont lab results up to November 17 2018)

Zone	Reporting period: November/11/2018– November/17/2018						Cumulative: (2018/2019 season) Aug./26/2018 –Nov./17/2018						Cumulative: (2017/2018 season) Aug./27/2017 –Aug./25/2018					
	A					B	A & B co- infection		A					B	A & B co- infection			
	A(H3)	(H1N1) pdm09	Unsubty ped/ Other	A Total	Total	Total	A(H3)	(H1N1) pdm09	Unsubty ped/ Other	A Total	Total	Total	(H3)	(H1N1) pdm09	Unsubty ped/ Other	A Total	Total	Total
Zone 1	0	0	0	0	0	0	0	1	1	2	0	0	102	12	575	689	756	11
Zone 2	0	0	0	0	0	0	0	1	0	1	0	0	32	3	126	161	158	1
Zone 3	0	0	0	0	0	0	0	1	0	1	0	0	63	3	194	260	163	3
Zone 4	0	0	0	0	0	0	0	0	0	0	0	0	19	2	53	74	84	0
Zone 5	0	0	0	0	0	0	0	0	0	0	0	0	9	0	8	17	6	0
Zone 6	0	0	0	0	0	0	0	0	0	0	0	0	38	3	75	116	68	0
Zone 7	0	0	0	0	0	0	0	0	0	0	0	0	17	2	72	91	63	0
Total NB	0	0	0	0	0	0	0	3	1	4	0	0	280	25	1103	1408	1298	15

2) ILI Consultation Rates⁴

- For week 46, the ILI consultation rate was 7.9 consultations per 1,000 patients visits. The ILI rate was slightly below the expected levels for this time of year.
- During week 46, the sentinel response rate was 21%, for both weeks, for both the FluWatch sentinel physicians and the NB SPIN practitioners.

Graph 2: ILI Consultation Rates in New Brunswick, by report week, season 2018/19 compared to previous seasons*



* The mean rate was based on data from the 1996/97 to 2017/2018 seasons and excludes the Pandemic season (2009/10).

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.

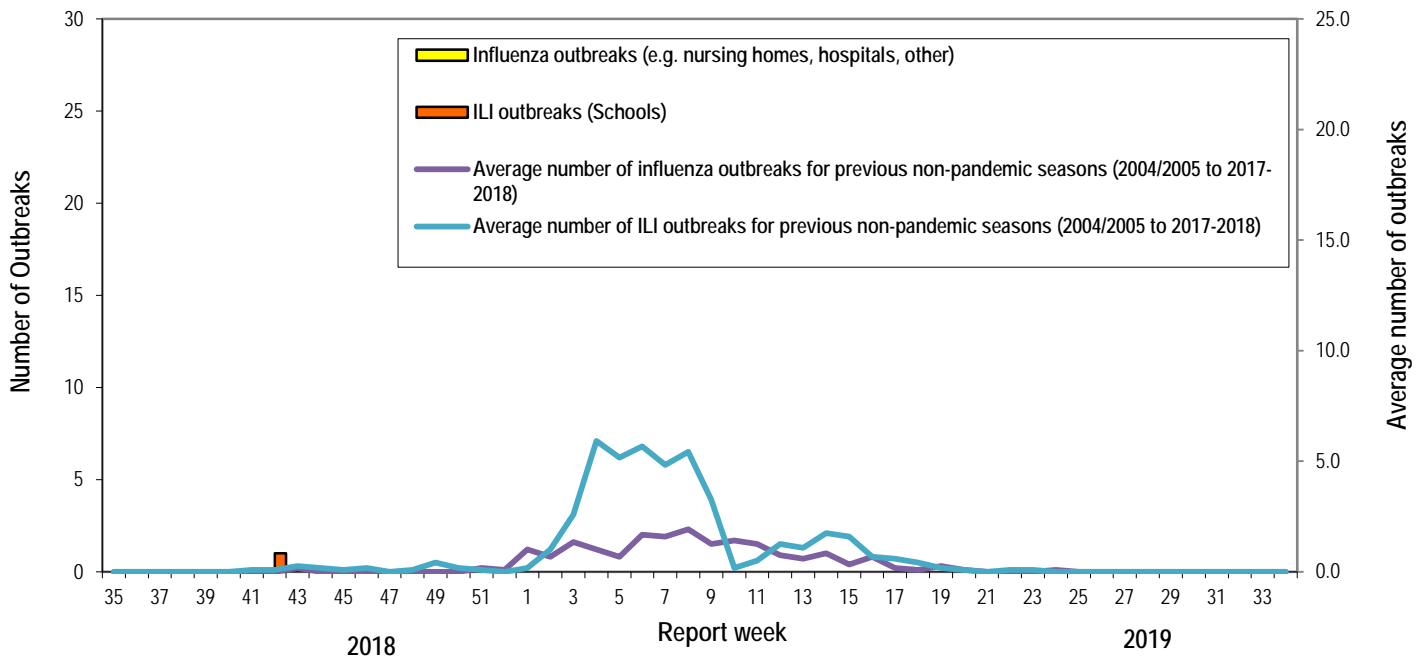
	Reporting period: November/11/2018–November/17/2018			Cumulative # of outbreaks season 2018-2019	Cumulative # of outbreaks season 2017-2018
	Lab-confirmed outbreaks in Nursing homes ⁵	ILI school outbreaks ⁶	Lab-confirmed outbreaks in Other settings ⁴		
Zone 1	0 out of 13	0 out of 74	0	1	9
Zone 2	0 out of 16	0 out of 81	0	0	11
Zone 3	0 out of 14	0 out of 95	0	0	21
Zone 4	0 out of 6	0 out of 22	0	0	1
Zone 5	0 out of 2	0 out of 18	0	0	0
Zone 6	0 out of 9	0 out of 35	0	0	3
Zone 7	0 out of 4	0 out of 27	0	0	3
Total NB	0 out of 64	0 out of 352	0	1	48

⁴ 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.

⁵ 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.

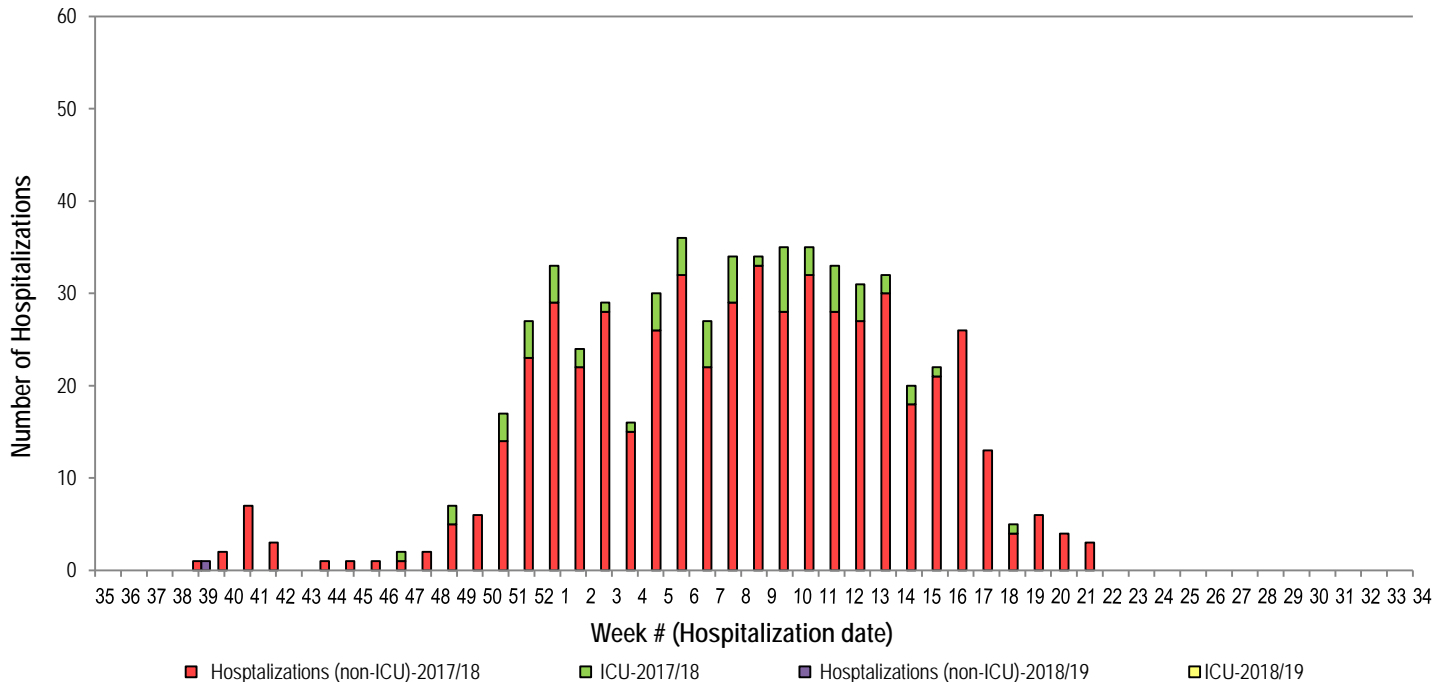
⁶ Schools reporting greater than 10% absenteeism which is likely due to ILI.

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 2018/19.



4) Influenza associated Hospitalization⁷ and Death⁸ Surveillance⁹

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

**No deaths have been reported so far in season 2018-2019.

⁷ Hospitalizations (including ICU admissions) are influenza associated; they may or may not be due to influenza.

⁸ Deaths are influenza associated; influenza may not be the direct cause of death.

⁹ 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. A standardized Enhanced Surveillance Form is used to collect data on hospitalizations.

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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