

## WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: January 8 to January 14, 2023 (week 2)

### Summary

#### In New Brunswick, influenza activity continued to decrease in week 2

##### New Brunswick:

- There have been 36 positive influenza cases in week 2 (percent positivity: 2%). Since the beginning of the season, 4289 cases have been reported, 137 influenza A(H3) viruses, 4150 influenza A (unsubtyped) and 2 influenza B.
- There have been 5 new influenza associated hospitalizations during week 2. Since the beginning of the season, 858 hospitalizations have been reported and 60 deaths.
- The ILI consultation rate was 53.2 per 1,000 patients visits for week 2. The ILI rate was above the expected levels for this time of the year.
- No new influenza outbreak and 2 new ILI school outbreaks were reported in week 2. So far this season, 35 influenza outbreaks were reported, and 214 ILI school outbreaks were reported.

##### Canada:

- At the national level, influenza activity continues to decline. Influenza activity is now at levels typically seen in late spring/early summer.
- In week 2, a total of 798 laboratory detections (779 influenza A and 19 influenza B) were reported. Among detections with detailed age information, 47% were in individuals aged 65+ years old.
- The percentage of FluWatchers reporting fever and cough was 1.3 % in week 2. The percentage of FluWatchers reporting cough and fever is below seasonal levels.

##### International:

###### Seasonal influenza:

Countries are recommended to monitor the co-circulation of influenza and SARS-CoV-2 viruses. They are encouraged to enhance integrated surveillance and step-up their influenza vaccination campaign to prevent severe disease and hospitalizations associated with influenza. Globally, influenza activity remained elevated due to influenza activity in the northern hemisphere. Where subtyped, influenza A(H3N2) viruses predominated with a slightly larger proportion of A(H3N2) viruses detected among the subtyped influenza A viruses. In the countries of North America, most indicators of influenza activity decreased while others were stable or continued to increase. Many indicators were at, or above, levels typically observed at this time of year, and some were near or above levels observed at the peak of previous severe epidemics. Influenza A(H3N2) was the predominant virus detected. In Europe, overall influenza activity continued to increase with influenza positivity from sentinel sites remaining above the epidemic threshold at the regional level. Overall, influenza A viruses predominated with A(H3N2) viruses accounting for the majority of subtyped influenza viruses from primary care sentinel sites but with regional differences. Half of reporting countries signaled high or very high intensity. In central Asia, influenza activity increased with influenza A(H1N1)pdm09 viruses predominant followed by influenza B viruses. In Northern Africa, influenza detections increased among reporting countries with all seasonal subtypes detected. In Western Asia, influenza activity decreased overall with all seasonal influenza subtypes detected, though increased activity was reported in some countries. In East Asia, influenza activity of predominantly influenza A(H3N2) viruses remained low overall among reporting countries but with increases reported in Mongolia and the Republic of Korea. In the Caribbean and Central American countries, influenza activity of predominantly influenza A(H3N2) viruses decreased overall but remained elevated in Mexico. In the tropical countries of South America, influenza detections were generally low, and A(H3N2) viruses predominated. Influenza positivity was at a moderate level in Ecuador. In tropical Africa, influenza activity remained low with detections of all seasonal influenza subtypes reported. Activity increased in some countries in Eastern Africa. In Southern Asia, influenza activity remained at a low level, mainly due to decreased activity reported in Iran (Islamic Republic of). Influenza A(H1N1)pdm09 was the most frequently detected subtype in the subregion. In South-East Asia, detections of predominantly influenza B remained elevated due to continued detections reported in Malaysia. In the temperate zones of the southern hemisphere, influenza activity decreased in Argentina and Chile to low levels and remained low elsewhere.

##### Emerging Respiratory Viruses:

- **COVID-19:** On December 31, 2019, a cluster of cases of pneumonia was reported in Wuhan, China, and the cause was confirmed as a new coronavirus that had not previously been identified in humans (COVID-19). As of January 23, 2022, 4,539,229 cases of COVID-19 infection in Canada have been identified with 50,135 deaths. Since August 28, 2022, twelve thousand and twenty cases have been identified in New Brunswick with 141 deaths. As of January 23, the WHO reported globally 664 097 132 confirmed cases and 6 716 108 deaths.

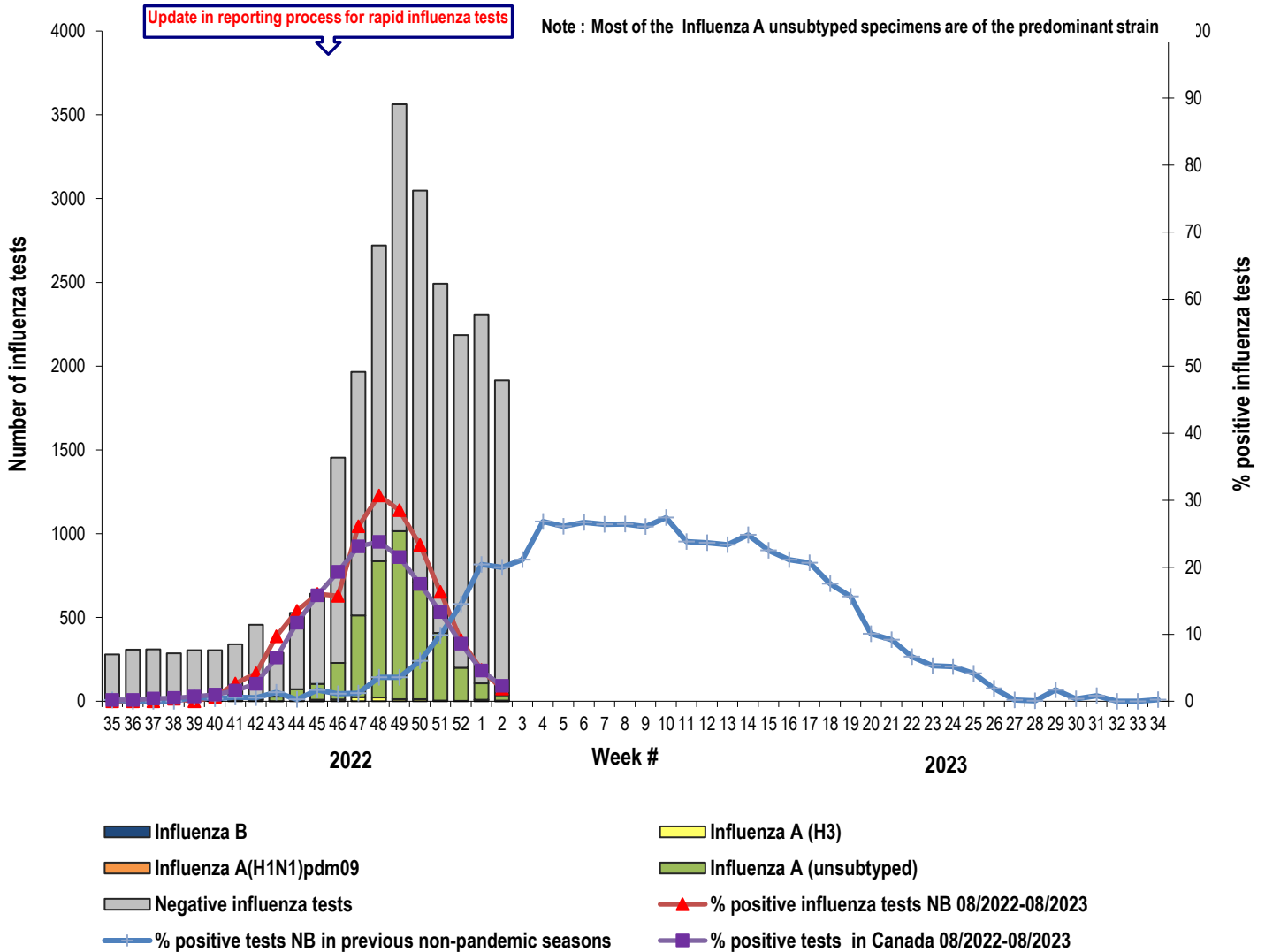
For more timely updates, please visit the following websites:

- WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- PHAC: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
- NB : [https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory\\_diseases/coronavirus.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html)
- **MERS CoV:**
  - WHO: [WHO EMRO | MERS outbreaks | MERS-CoV | Health topics](#)
  - CDC: <http://www.cdc.gov/coronavirus/mers/>
- **Avian Influenza:**
  - WHO: [WHO EMRO | Avian influenza | Avian influenza | Health topics](#)

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

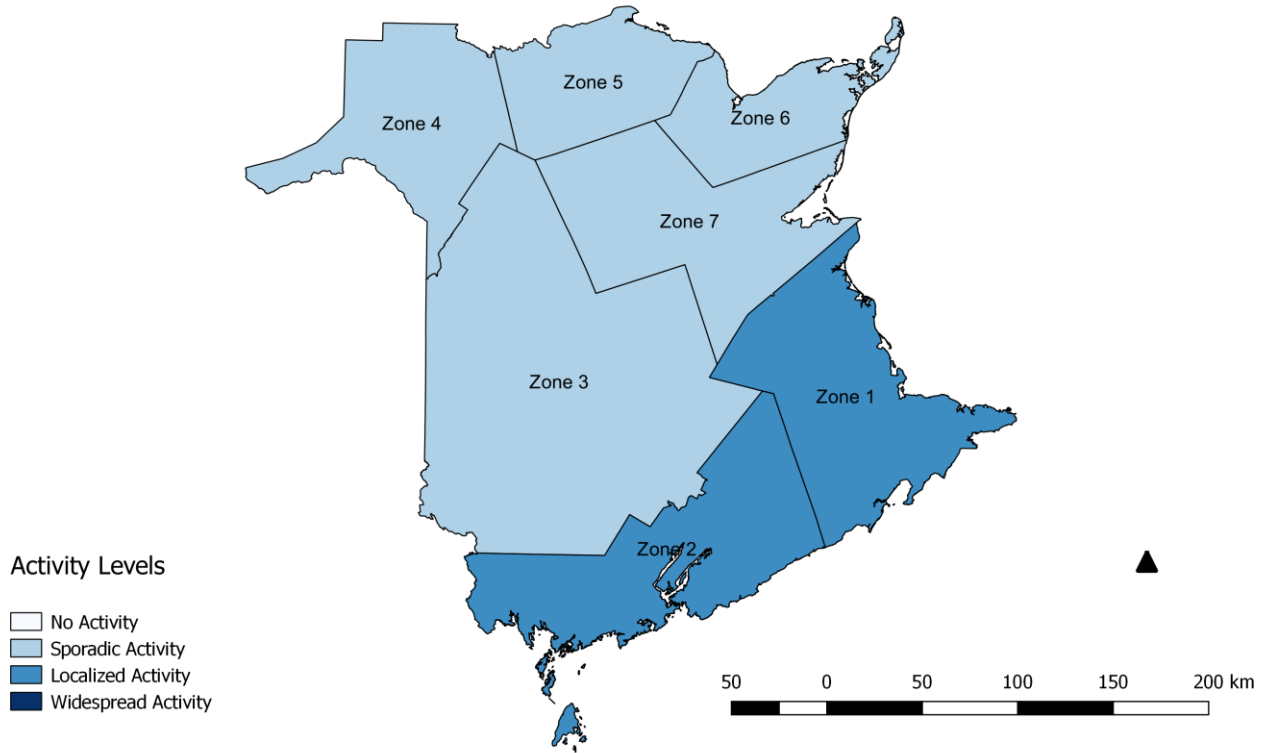
- Influenza activity continued to decrease in week 2.
- Thirty-six influenza cases were reported during week 2, 4 influenza A(H3) viruses, 31 influenza A (unsubtyped) and 1 influenza B virus.
- Since the beginning of the season, 4289 cases have been reported, 137 influenza A(H3) viruses, 4150 influenza A (unsubtyped) and 2 influenza B.

Graph 1: Number and percent of positive influenza specimens in New Brunswick by week, up to January 14, 2023 (data source: G. Dumont Lab results)



<sup>1</sup> 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.

Figure 2: Influenza/ILI activity levels<sup>2</sup> by Health Zones, in New Brunswick, for week 2, season 2022/2023.



<sup>2</sup> 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.

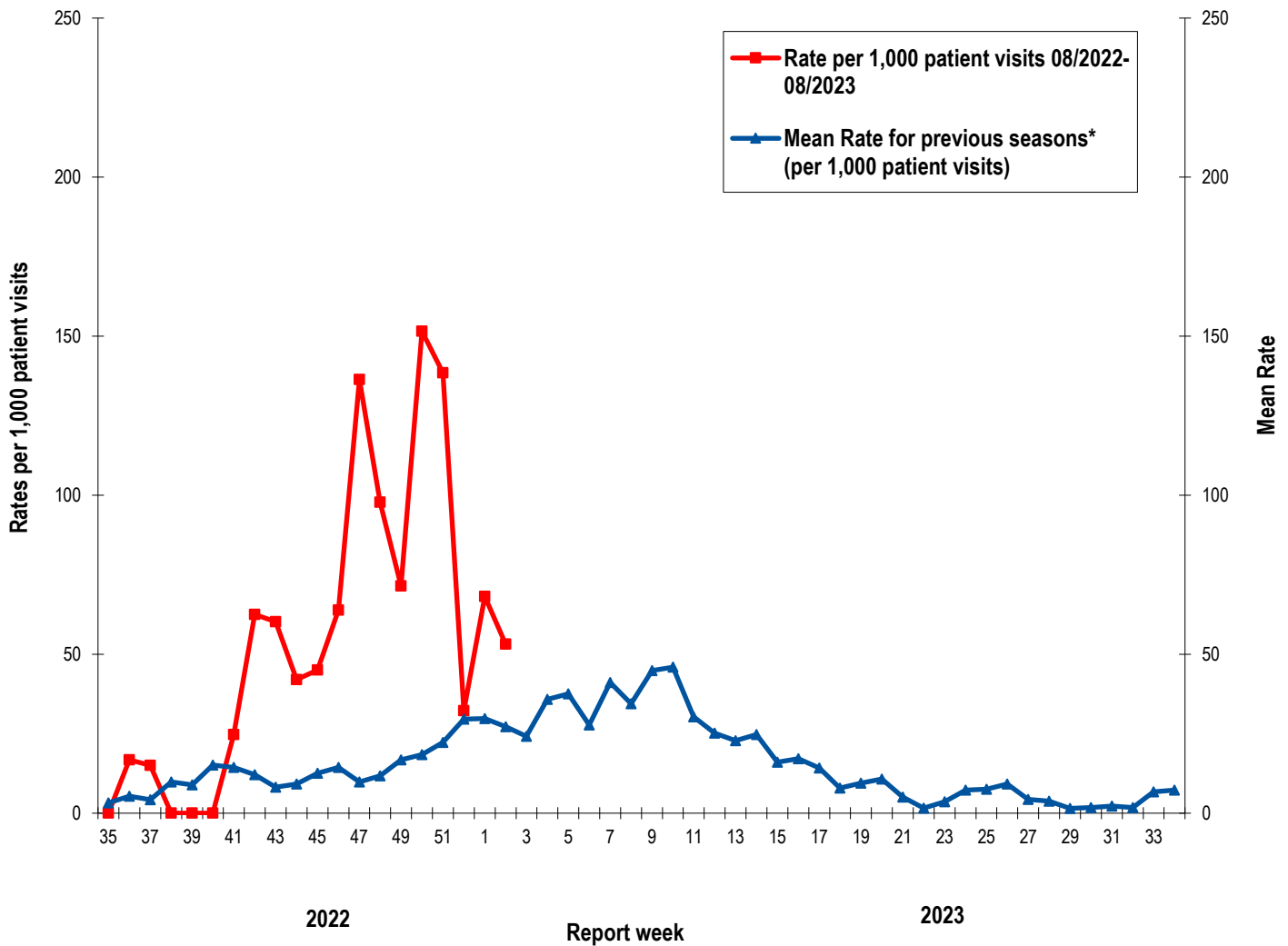
**Table 1:** Positive influenza cases by Health Region, in New Brunswick for reporting week, cumulative current and season 2019-2020.  
 (data source: G. Dumont lab results up to January 14, 2023)

Zone	Reporting period: January/08/2023–January/14/2023						Cumulative: (2022/2023 season) Aug./28/2022 – January/14/2023						Cumulative: (2021/2022 season) Aug./29/2021 –Aug./27/2022					
	A				B	A & B co- infection	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	Total	(H3)	(H1N1) pdm09	Unsubty ped/ Other	A Total	Total
Zone 1	2	0	11	13	0	0	78	0	1153	1231	1	2	124	0	115	239	0	0
Zone 2	0	0	3	3	0	0	28	0	800	828	0	0	11	0	60	71	0	0
Zone 3	0	0	5	5	0	0	9	0	820	829	0	0	33	0	55	88	1	0
Zone 4	0	0	4	4	1	0	7	0	342	349	1	0	4	0	10	14	0	0
Zone 5	1	0	1	2	0	0	5	0	135	140	0	1	1	0	7	8	0	0
Zone 6	1	0	4	5	0	0	8	0	594	602	0	1	5	0	13	18	0	0
Zone 7	0	0	3	3	0	0	2	0	306	308	0	0	1	0	2	3	0	0
<b>Total NB</b>	<b>4</b>	<b>0</b>	<b>31</b>	<b>35</b>	<b>1</b>	<b>0</b>	<b>137</b>	<b>0</b>	<b>4150</b>	<b>4287</b>	<b>2</b>	<b>4</b>	<b>179</b>	<b>0</b>	<b>262</b>	<b>441</b>	<b>1</b>	<b>0</b>

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

- The ILI consultation rate was 53.2 per 1,000 patients visits for week 2. The ILI rate was above the expected levels for this time of year.
- During week 2, the sentinel response rate was 17% for both the FluWatch sentinel physicians and the NB SPIN practitioners.

Graph 2: ILI Consultation Rates in New Brunswick, by report week, season 2022/23 compared to previous seasons\*



\* The mean rate was based on data from the 1996/97 to 2021/2022 seasons and excludes the Pandemic season (2009/10, 2020/21).

<sup>3</sup> A total of 23 practitioner sites (14 FluWatch sentinel physicians and 9 NB SPIN sites) are recruited this season to report the number of ILI patients and total patient consultations one day during a reporting week.

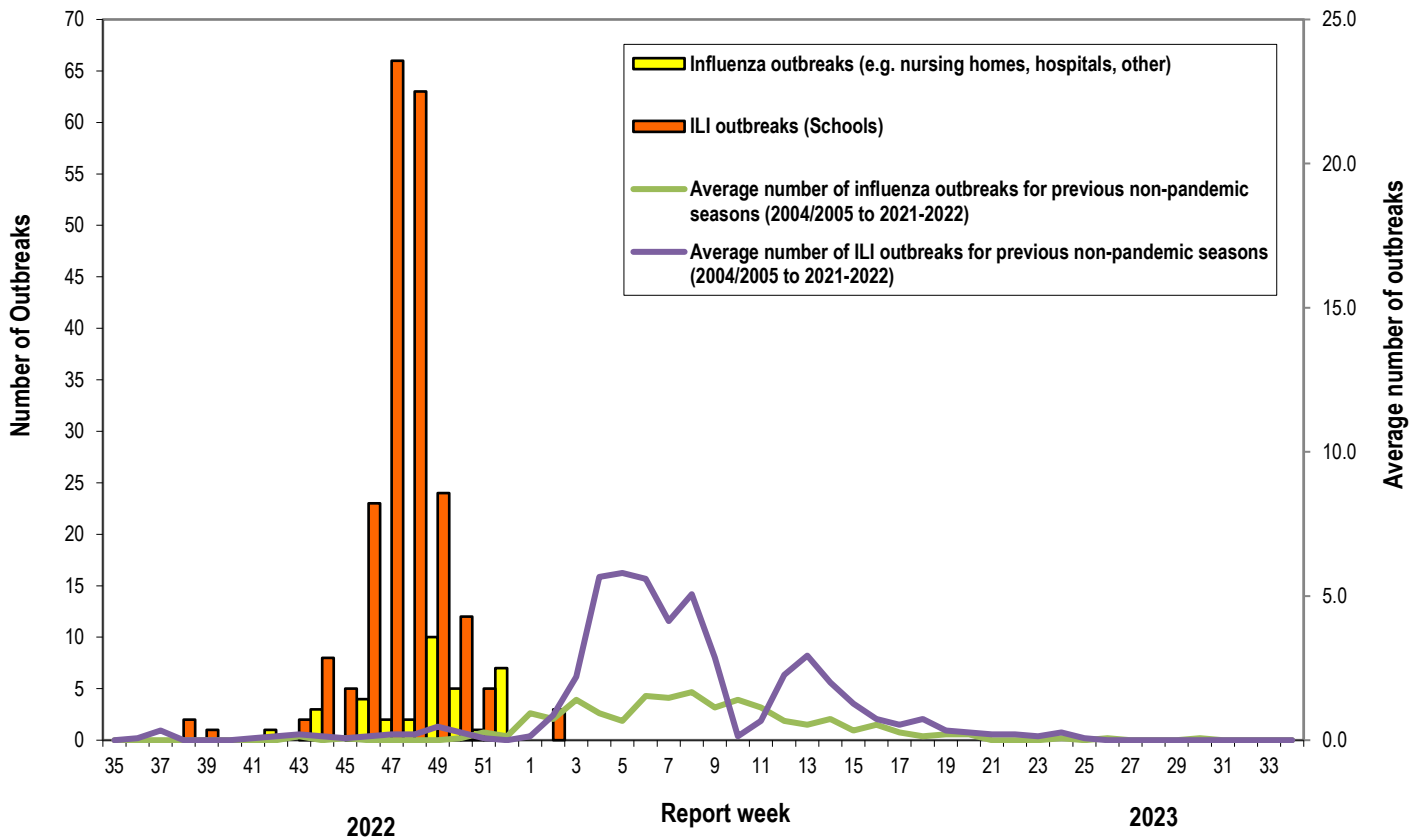
### 3) ILI and Laboratory-Confirmed Outbreak Data

**Table 2:** New ILI activity/outbreaks in New Brunswick nursing homes and schools\* for the reporting week and current season.

	Reporting period: January/08/2023 to January/14/2023			Cumulative # of outbreaks season 2022-2023*
	Lab-confirmed outbreaks in Nursing homes <sup>4</sup>	ILI school outbreaks <sup>5</sup> *	Lab-confirmed outbreaks in Other settings <sup>5</sup>	
Zone 1	0 out of 15	1 out of 74	0	53
Zone 2	0 out of 16	2 out of 81	0	55
Zone 3	0 out of 16	0 out of 95	0	75
Zone 4	0 out of 5	0 out of 22	0	18
Zone 5	0 out of 2	0 out of 18	0	4
Zone 6	0 out of 9	0 out of 35	0	35
Zone 7	0 out of 5	0 out of 27	0	9
<b>Total NB</b>	<b>0 out of 68</b>	<b>3 out of 352</b>	<b>0</b>	<b>249*</b>

\*During this influenza season, 2022-2023, the number of ILI outbreaks in school (based on greater than 10% absenteeism in school due to ILI symptoms, which for many schools cannot be determined) might be misrepresented due to the ongoing circulation of COVID-19, since distinction between influenza-like-illness and COVID-like illness is not always evident. Therefore, the number of ILI outbreaks in schools should be interpreted with caution.

**Graph 3:** Number of Influenza Outbreaks (nursing homes, hospitals, other)<sup>5</sup> and ILI Outbreaks (schools)<sup>6</sup> reported to Public Health in New Brunswick, by report week, season 2022/23.

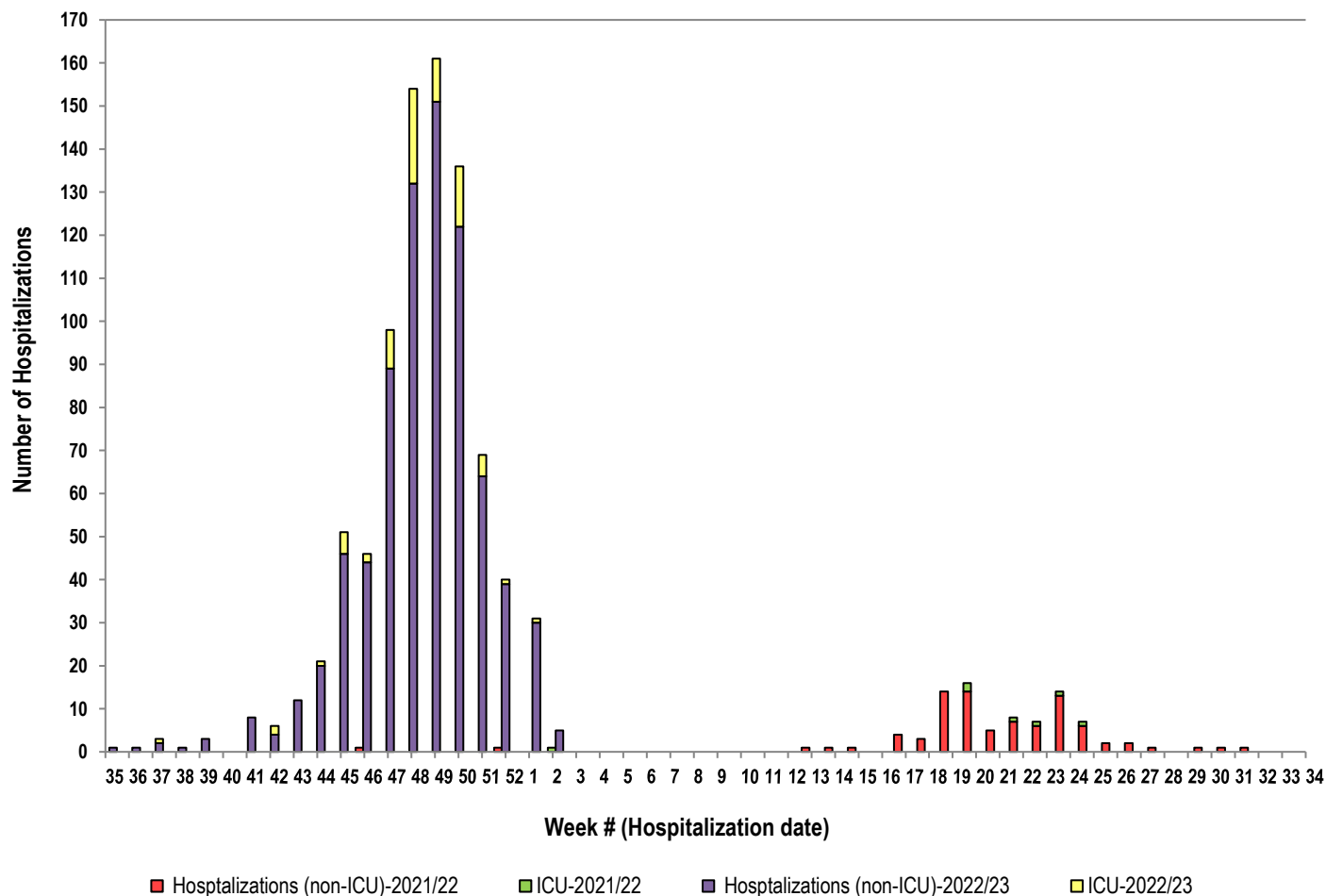


<sup>4</sup> Two or more ILI cases within a seven-day period, including at least one laboratory-confirmed case of influenza. Outbreaks are reported in the week when laboratory confirmation is received.

<sup>5</sup> Schools reporting greater than 10% absenteeism which is likely due to ILI.

#### 4) Influenza associated Hospitalization<sup>6</sup> and Death<sup>7</sup> Surveillance<sup>8</sup>

Graph 4: Influenza associated Hospitalizations and ICU admissions in New Brunswick, by week of hospitalization for current and past season (2022-2023).\*



\*Sixty deaths have been reported so far in season 2022-2023.

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: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates>

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/)

Prepared by the Communicable Disease Control Unit, Office of the Chief Medical Officer of Health, Tel: (506) 444-3044

<sup>6</sup> Hospitalizations (including ICU admissions) are influenza associated; they may or may not be due to influenza.

<sup>7</sup> Deaths are influenza associated; influenza may not be the direct cause of death.

<sup>8</sup> 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.