

## **WEEKLY NEW BRUNSWICK INFLUENZA REPORT**

Reporting period: February 23 to March 1 2014 (week 9)

### **Summary:**

#### **In New Brunswick, continued decrease in positive detections since week 4**

##### **New Brunswick:**

- There have been 14 positive influenza detections during week 9, 12 were A (unsubtyped) and 2 were influenza B.
- The ILI consultation rate decreased and was below the expected levels for this time of year.
- No new ILI or influenza outbreaks were reported.

##### **Canada:**

- In week 9, influenza activity continued to decrease in Canada, following a pattern similar to the 2012-2013 season.
- The influenza A(H1N1) virus remains the most common influenza virus circulating this season, affecting a greater proportion of adults 20-64 years of age compared to last season.
- Circulation of influenza B virus continues to increase.
- A Canadian vaccine effectiveness study has estimated that immunization with the 2013-2014 seasonal influenza vaccine has been 58.5% effective in reducing influenza-related hospitalizations.
- 864 laboratory detections of influenza were reported in week 9. The percentage of laboratory tests positive for influenza was 13.3%.
- The national ILI consultation rate was 32.7 consultations per 1,000 patients' visits, which is within the expected range for week 9.
- Five new influenza outbreaks were reported: all in long-term care facilities. Also, 1 ILI outbreak was reported in a school.

##### **International:**

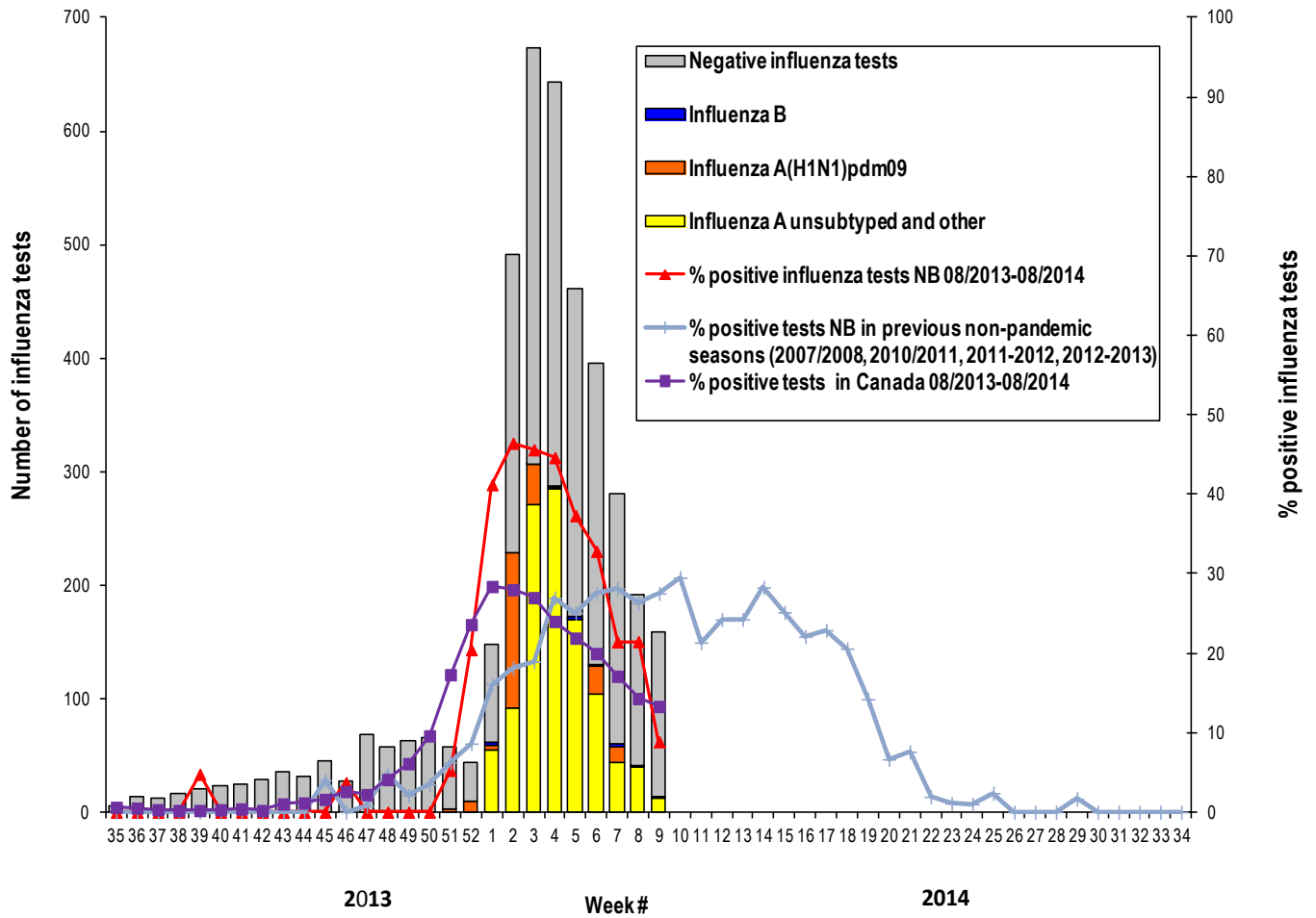
- Human infection with Avian Influenza: As of March 6 2014, a total of 380 laboratory-confirmed cases of human infection with an avian influenza A (H7N9) virus were reported in China (as well as in Taiwan, Hong Kong and Malaysia) including 116 deaths (reports were received of 49 new deaths not previously reported). Following initial emergence of this virus in February 2013, a first peak in human cases occurred in March/April 2013. A quiescent summer period was followed by sporadic cases during the fall 2013 but, more recently, a second wave has become evident with 245 new cases of human H7N9 illness reported since October 2013. The majority 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.
- MERS-CoV: Since April 2012, 186 laboratory-confirmed cases have been reported from Saudi Arabia, Qatar, Jordan, United Arab Emirates, Kuwait, United Kingdom, Oman, France, Germany, Tunisia and Italy. Among the 186 cases, 81 were fatal. Onset of illness was between April 2012 and February 2014.
- Novel influenza A viruses:
  - Since summer 2013, the United States reported 21 new cases of human infection with variant influenza A viruses (19 H3N2v and 2 H1N1v) from Illinois, Indiana, Ohio, Michigan, Arkansas and Iowa. No human-to-human transmission has been identified. All have reported close contact with swine.
  - China reported 3 human cases of avian-origin influenza A(H10N8) in recent months (with exposure to live poultry markets) with 2 deaths. While human infection with other H10 subtypes, notably H10N7, has been previously reported, these are the first reports of H10N8 infection in humans, although this virus has been detected in birds and environmental samples in China.

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

- Continued decrease in positive lab results since week 4.
- 14 influenza detections were reported during this current reporting period.
- Since the beginning of the season, 1317 positive influenza detections were reported, 438 influenza A (H1N1)pdm09, 1 influenza A (H3), 863 influenza A (unsubtyped) and 15 influenza B.

<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, 3 sites in Family Practice, 2 sites in First Nations communities, 1 site in a Nursing Home, 3 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 March 1 2014 (data source: G. Dumont Lab results)



**Table 1:** Positive influenza test results by Health Region, in New Brunswick up to March 1 2014 (data source: G. Dumont lab results)

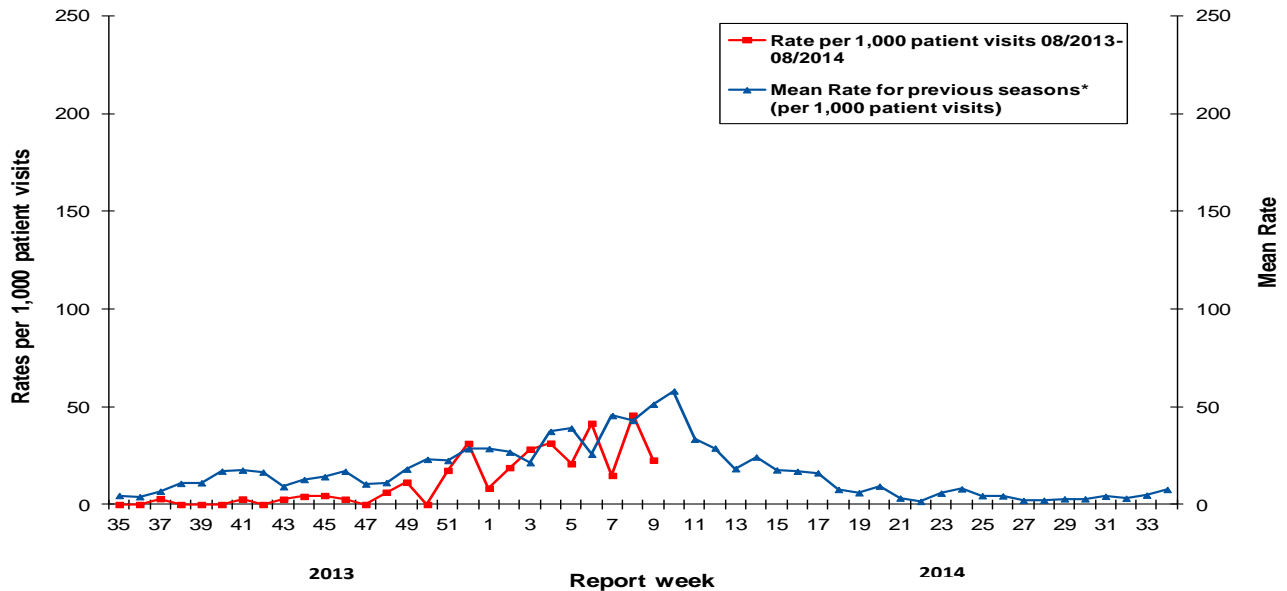
Region	Reporting period: Feb./23/2014–Mar./01/2014							Cumulative: (2013/2014 season) Aug./25/2013 –Mar./01/2014						Cumulative: (2012/2013 season) Aug./26/2012 – Aug./24/2013			
	Activity level <sup>2</sup>	A				B	Total	A				B	Total	A		B	Total
		A(H1)	A(H3)	(H1N1) pdm09	unsubt yped	A(H1)		A(H3)	(H1N1) pdm09	unsubt yped	Non-(H1N1) pdm09	(H1N1) pdm09					
Region 1	Sporadic	0	0	0	1	0	1	0	1	204	434	1	640	527	13	18	<b>558</b>
Region 2	Sporadic	0	0	0	5	0	5	0	0	85	212	0	297	211	3	8	<b>222</b>
Region 3	Sporadic	0	0	0	3	0	3	0	0	41	78	1	120	85	9	1	<b>95</b>
Region 4	Sporadic	0	0	0	1	2	3	0	0	52	61	5	118	168	5	3	<b>176</b>
Region 5	Sporadic	0	0	0	1	0	1	0	0	10	21	4	35	20	1	7	<b>28</b>
Region 6	Sporadic	0	0	0	1	0	1	0	0	42	47	3	92	252	5	50	<b>307</b>
Region 7	No activity	0	0	0	0	0	0	0	0	4	10	1	15	89	2	11	<b>102</b>
<b>Total NB</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>2</b>	<b>14</b>	<b>0</b>	<b>1</b>	<b>438</b>	<b>863</b>	<b>15</b>	<b>1317</b>	<b>1352</b>	<b>38</b>	<b>98</b>	<b>1488</b>

<sup>2</sup> Influenza activity level definition is available on the PHAC FluWatch website: <http://www.phac-aspc.gc.ca/fluwatch/13-14/def13-14-eng.php>

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

- During week 9, the ILI consultation rate was 22.7 consultations per 1,000 patient visits, and was below the expected levels for this time of year.
- During week 9, the sentinel response rate was 32% for both the FluWatch sentinel physicians and the NB SPIN practitioners.

**Graph 2: ILI Consultation Rates in New Brunswick, by report week, season 2013/14 compared to previous seasons\***



\* The mean rate was based on data from the 1996/97 to 2012/2013 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.**

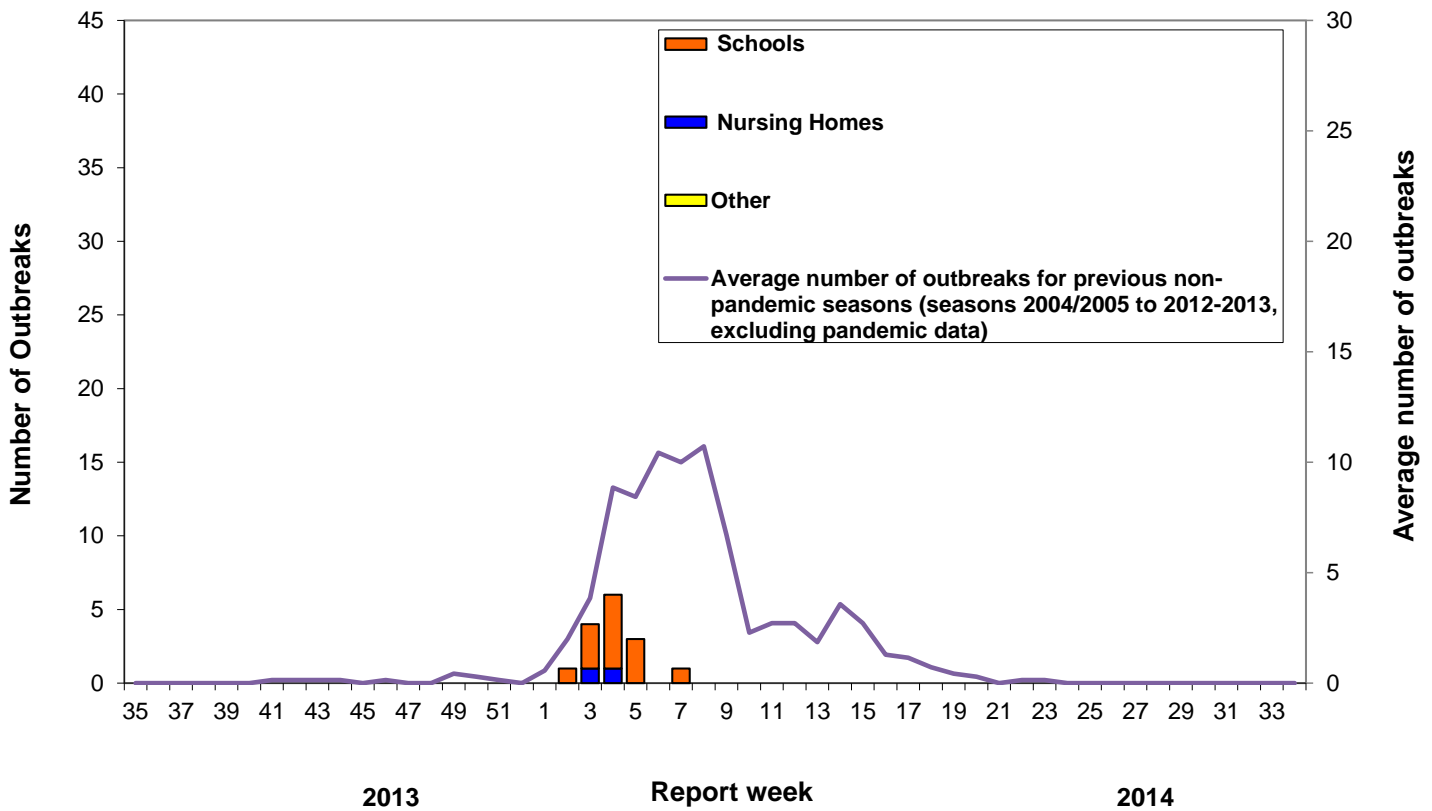
	Reporting period: Feb./23/2014–Mar./01/2014			Cumulative # of outbreaks season 2013-2014	Cumulative # of outbreaks season 2012-2013
	Lab-confirmed outbreaks in Nursing Homes*	Schools reporting ILI outbreaks**	Lab-confirmed outbreaks in Other Settings*		
Region 1	0 out of 13	0 out of 74	0	3	15
Region 2	0 out of 15	0 out of 81	0	2	38
Region 3	0 out of 14	0 out of 95	0	3	20
Region 4	0 out of 6	0 out of 22	0	1	2
Region 5	0 out of 2	0 out of 18	0	0	6
Region 6	0 out of 9	0 out of 35	0	3	23
Region 7	0 out of 4	0 out of 27	0	2	10
<b>Total NB</b>	<b>0 out of 63</b>	<b>0 out of 352</b>	<b>0</b>	<b>14</b>	<b>114</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 (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or Public Health Authority) which is likely due to ILI.

<sup>3</sup> A total of 34 practitioner sites (19 FluWatch sentinel physicians and 15 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 in Nursing Homes<sup>1</sup> and ILI Outbreaks in Schools<sup>2</sup> reported to Public Health in New Brunswick, by report week, season 2013/14.



<sup>1</sup> The National FluWatch definition of an outbreak in a nursing home is stated as two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case.

<sup>2</sup> The National FluWatch definition of an ILI outbreak in a school is stated as absenteeism greater than 10% (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or Public Health Authority) which is likely due to ILI.

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.euroflu.org/cgi-files/bulletin\\_v2.cgi](http://www.euroflu.org/cgi-files/bulletin_v2.cgi) and

[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/)