

WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: April 10 to April 16 2016 (week 15)

Summary:

In New Brunswick, percent positive influenza detections have decreased in week 15

New Brunswick:

- There have been 69 positive influenza detections in week 15. To date this season, a total of 1004 influenza detections have been reported, 864 influenza A (unsubtyped), 78 influenza A (H1N1)pdm09, 5 influenza A (H3) and 57 influenza B.
- There has been 16 influenza associated hospitalizations during week 15. So far this season, a total of 188 influenza associated hospitalizations were reported in New Brunswick, including 9 deaths.
- The ILI consultation rate was 19.3 consultations per 1,000 patients visits, and was within the expected levels for this time of year.
- No new influenza outbreaks were reported and 1 new ILI outbreak was reported in a school in Region 2.

Canada:

- Influenza activity peaked nationally in week 10; however, lower but sustained activity continues to be reported throughout the country. Many regions across Canada are reporting a greater number of influenza B detections; however in British Columbia and the Atlantic Region, detections remain predominantly influenza A.
- Hospitalizations, ICU admissions and deaths among the pediatric population, while declining, remain above expected levels based on the past several influenza seasons. Despite higher pediatric hospitalizations reported, the pediatric population account for the smallest proportion of all deaths reported.
- 1,522 positive laboratory detections of influenza were reported during week 15, and the percentage of laboratory tests positive for influenza was 21%.
- The national ILI consultation rate was 56.4 consultations per 1,000 patients' visits, the highest ILI consultation rate was found in the 5-19 years age group.
- 12 new laboratory confirmed influenza outbreaks were reported: 11 in long-term care facilities and 1 in a hospital. Additionally, one ILI outbreak was reported in a school.
- Antigenic characterization: the National Microbiology Laboratory (NML) has characterized 1901 influenza viruses [189 A(H3N2), 1099 A(H1N1) and 613 influenza B]. All characterized viruses were antigenically related to their respective vaccine strain.

International:

Seasonal influenza:

• In the Northern Hemisphere influenza activity was decreasing, while still elevated in some areas, due in part to an increase of influenza B activity. In the Southern Hemisphere influenza activity was reported to be slightly increasing.

Emerging Respiratory Viruses: No new updates this week

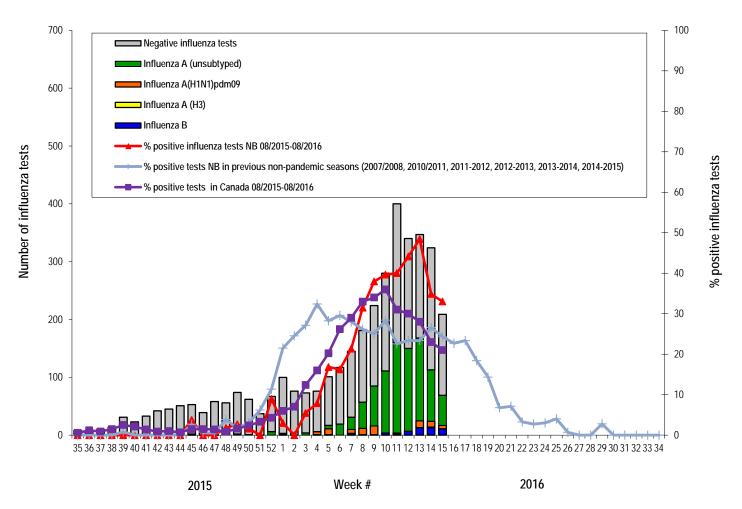
- MERS CoV:
 - WHO: http://www.who.int/csr/disease/coronavirus_infections/en/
 - o CDC: http://www.cdc.gov/coronavirus/mers/
- Avian Influenza
 - WHO: www.who.int/csr/disease/avian_influenza/en/index.html

1) Influenza Laboratory Data¹

- Percent positive influenza detections have decreased in week 15.
- 69 influenza detections were reported during week 15.
- Since the beginning of the season, 1004 positive influenza detections were reported, 57 influenza B and 864 influenza A (unsubtyped), 5 influenza A (H3) and 78 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.

<u>Graph 1</u>: Number and percent of positive influenza specimens in New Brunswick by week, up to April 16 2016 (data source: G. Dumont Lab results)



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

<u>Table 1</u>: 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 April 16 2016)

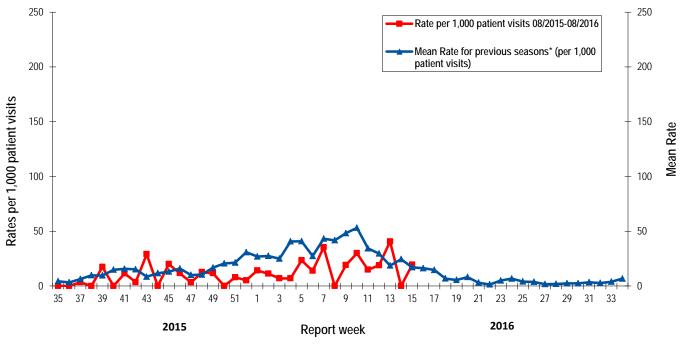
Zone	Reporting period: Apr./10/2016–Apr./16/2016						Cumulative: (2015/2016 season) Aug./30/2015 –Apr./16/2016				Cumulative: (2014/2015 season)					
											Aug./24/2014 – Aug./29/2015					
	Activity level ²	А				В	A B				A B					
		A(H3)	(H1N1) pdm09	Unsubtyped / Other	A Total	Total	A(H3)	(H1N1) pdm09	Unsubtyped / Other	A Total	Total	(H3)	(H1N1) pdm09	Unsubtyped / Other	A Total	Total
Zone 1	Localized	0	3	19	22	8	2	34	531	567	45	88	0	353	441	280
Zone 2	Localized	0	0	20	20	1	0	6	109	115	3	19	0	69	88	58
Zone 3	Sporadic	0	1	6	7	0	0	8	43	51	5	19	0	69	88	55
Zone 4	Sporadic	0	1	2	3	0	0	9	81	90	1	56	0	31	87	27
Zone 5	Sporadic	0	0	0	0	1	0	4	8	12	1	8	0	14	22	2
Zone 6	Sporadic	0	0	3	3	0	3	14	73	90	1	81	0	95	176	29
Zone 7	Sporadic	0	1	2	3	1	0	3	19	22	1	12	0	24	36	19
Total NB		0	6	52	58	11	5	78	864	947	57	283	0	655	938	470

 $^{^2 \} Influenza \ activity \ level \ definition \ is \ available \ on \ the \ PHAC \ FluWatch \ website: \ \underline{http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/flu-grippe/surveillance/season-definitions-saison-eng.php#c$

2) ILI Consultation Rates³

- During week 15, the ILI consultation rate was 19.3 consultations per 1,000 patients visits, and was within the expected levels for week 15.
- During week 15, the sentinel response rate was 41%, 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

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

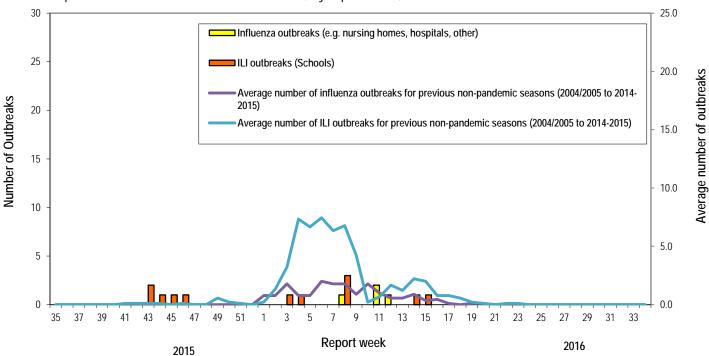
	Apr.	Reporting period: /10/2016–Apr./16/2016	Cumulative # of outbreaks	Cumulative # of outbreaks		
	Lab-confirmed outbreaks in Nursing homes*	ILI school outbreaks**	Lab-confirmed outbreaks in Other settings*	season 2015-2016	season 2014-2015	
Zone 1	0 out of 13	0 out of 74	0	5	14	
Zone 2	0 out of 15	1 out of 81	0	3	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	5	8	
Total NB	0 out of 63	1 out of 352	0	16	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.

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.

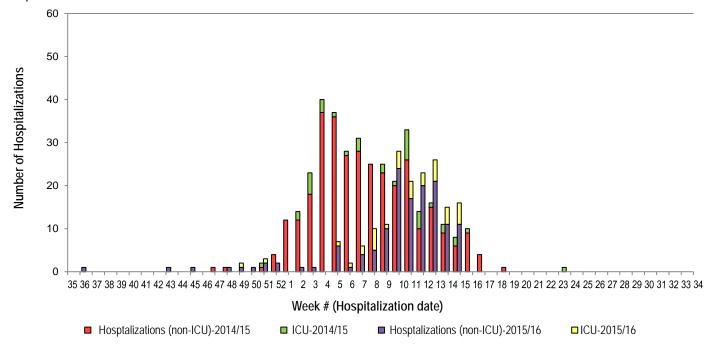
^{**}Schools reporting greater than 10% absenteeism which is likely due to ILI.

<u>Graph 3</u>: 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

<u>Graph 4</u>: 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

^{**} Nine deaths were reported so far in season 2015-2016.

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

 $^{^{\}rm 5}$ 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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