

January 1 to January 7, 2012 (Week 01)

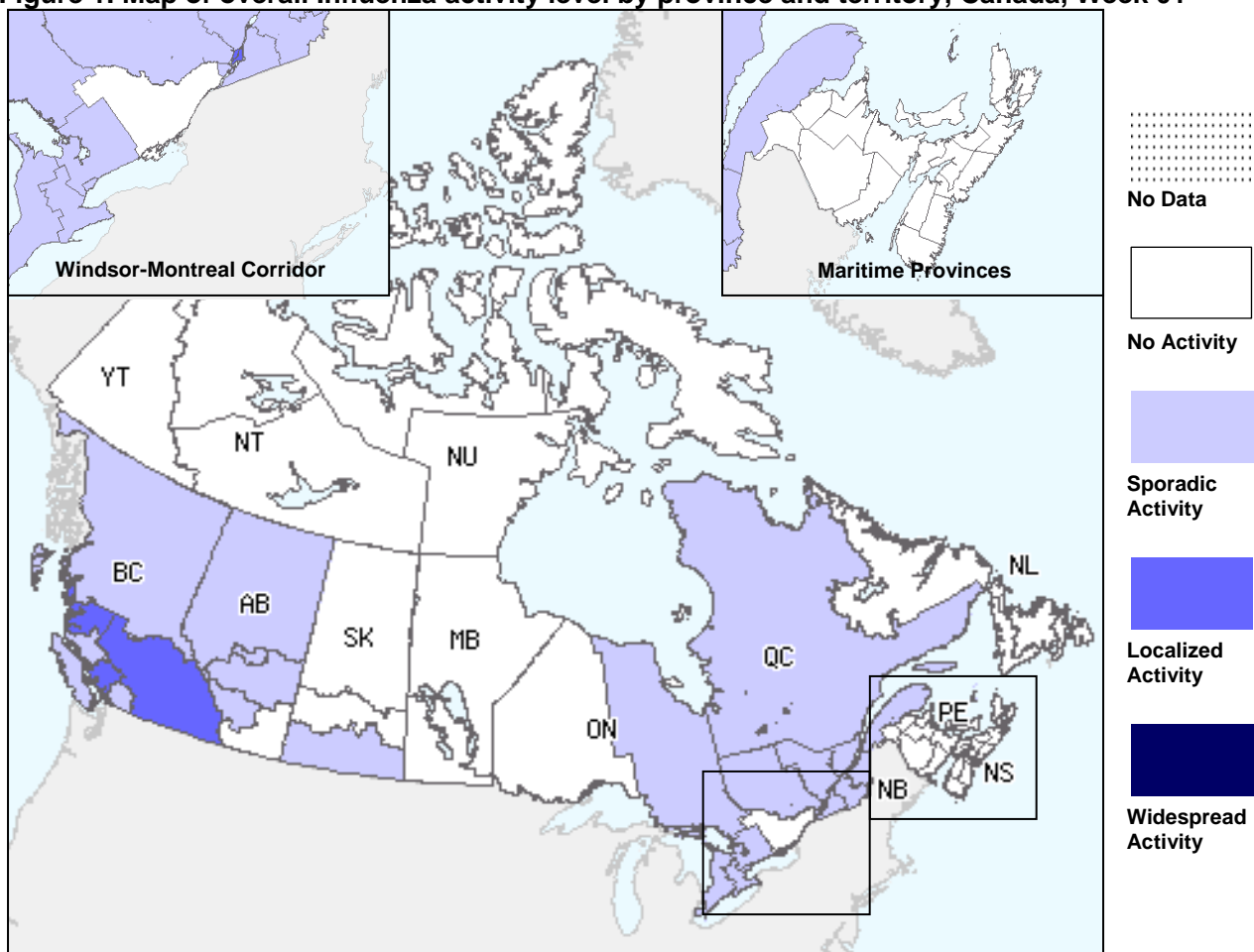
## Overall Influenza Summary

- Influenza activity in Canada is similar to previous weeks with only certain regions reporting increased activity (i.e. western provinces, ON and QC) while activity remains low in the rest (i.e. Atlantic region, MB and the Territories)
- Three regions (within BC & QC) reported localized influenza activity and 18 regions (within BC, AB, SK, ON & QC) reported sporadic influenza activity
- Three outbreaks of influenza were reported this week (2 in hospitals and 1 in a LTCF)
- In week 01, 109 laboratory detections of influenza were reported (59 A/H3, 8 A(H1N1)pdm09, 17 A untyped and 25 B)
- Fourteen influenza-associated hospitalizations were reported this week (6 paediatric and 8 adult)
- The national ILI consultation rate increased this week compared to previous weeks but remains within expected levels for this time of year.

## Influenza Activity (geographic spread) and Outbreaks

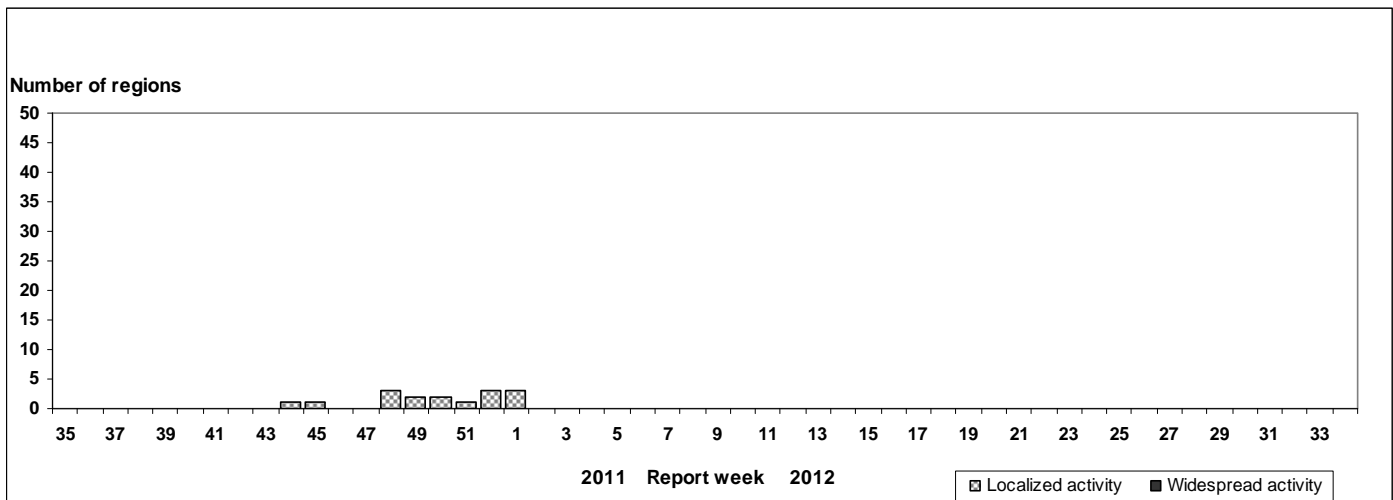
In week 01, three surveillance regions (within BC & QC) reported localized activity and 18 regions (within BC, AB, SK, ON & QC) reported sporadic influenza activity (see Figure 1). Three outbreaks of influenza were reported this week, 1 in a long-term care facility (in QC) and 2 in hospitals (in BC) (Figure 3).

**Figure 1. Map of overall Influenza activity level by province and territory, Canada, Week 01**



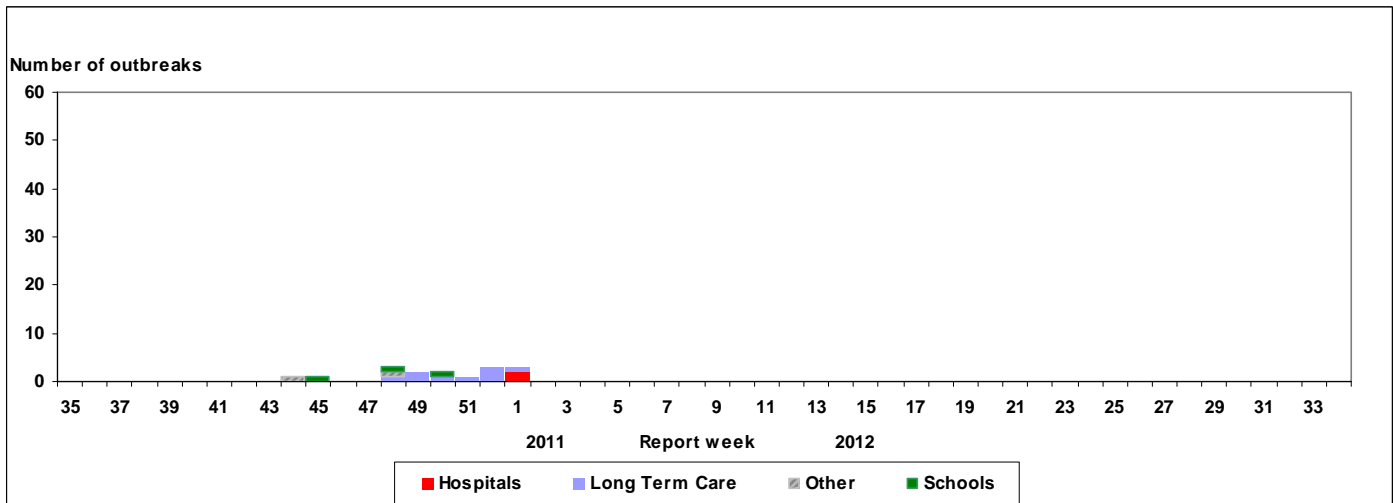
Note: Influenza activity levels, as represented on this map, are assigned and reported by Provincial and Territorial Ministries of Health, based on laboratory confirmations, sentinel ILI rates (see graphs and tables) and reported outbreaks. Please refer to detailed definitions on the last page. For areas where no data is reported, late reports from these provinces and territories will appear on the FluWatch website.

**Figure 2. Number of influenza surveillance regions† reporting widespread or localized influenza activity, Canada, by report week, 2011-2012 (N=56)**



† sub-regions within the province or territory as defined by the provincial/territorial epidemiologist. Graph may change as late returns come in.

**Figure 3. Overall number of influenza outbreaks, Canada, by report week, 2011-2012**



## Influenza and Other Respiratory Virus Detections

In week 01, the proportion of positive influenza tests increased slightly to 2.9% (109/3,697) (Figure 4 & 5). Of the provinces reporting positive influenza detections, the proportion of tests positive ranged from a high of 16.5% in QC to a low of 0.7% in MB.

The proportion of influenza virus detections by type/subtype this season to date is as follows: 82.3% influenza A (74% - A(H3); 7% - A(H1N1)pdm09; 19% - untyped) and 17.7% influenza B (Table 1).

Detailed information on age and type/subtype were received on 332 cases this season to date (Table 2). The proportions of cases by age group are as follows: 20.5% were < 5 years; 11.8% were between 5-19 years; 27.1% were between 20-44 years; 14.8% were between 45-64 years of age; and 26% were >= 65 years.

In week 01, the proportion of tests positive for RSV decreased slightly (16.6%); but it remains the most prevalent among the other respiratory viruses being detected. The highest percent positives for RSV were reported in PEI, NB, QC and ON. The proportion of positive tests for the other respiratory viruses remained similar to previous weeks (rhinovirus-6.2%; parainfluenza-3.5%; adenovirus-3.7%; hMPV-9.0%; coronavirus-4.3%) (Figure 5). For more details, see the weekly [Respiratory Virus Detections in Canada report](#).

**Table 1. Weekly & Cumulative numbers of positive influenza specimens by Provincial Laboratories, Canada, 2011-2012**

Reporting provinces	January 1 to January 7, 2012						Cumulative (August 28, 2011 to January 7, 2012)					
	Influenza A					B	Influenza A					B
	A Total	A(H1)	A(H3)	Pand H1N1	A (UnS)*	Total	A Total	A(H1)	A(H3)	Pand H1N1	A (UnS)*	Total
BC	33	0	33	0	0	1	140	0	140	0	0	7
AB	12	0	12	0	0	5	71	0	67	1	3	12
SK	7	0	6	0	1	0	42	0	37	0	5	0
MB	1	0	0	0	1	0	1	0	0	0	1	0
ON	17	0	5	8	4	10	52	0	21	23	8	28
QC	14	0	3	0	11	9	56	0	3	2	51	30
NB	0	0	0	0	0	0	0	0	0	0	0	1
NS	0	0	0	0	0	0	0	0	0	0	0	0
PE	0	0	0	0	0	0	0	0	0	0	0	0
NL	0	0	0	0	0	0	0	0	0	0	0	0
<b>Canada</b>	<b>84</b>	<b>0</b>	<b>59</b>	<b>8</b>	<b>17</b>	<b>25</b>	<b>362</b>	<b>0</b>	<b>268</b>	<b>26</b>	<b>68</b>	<b>78</b>

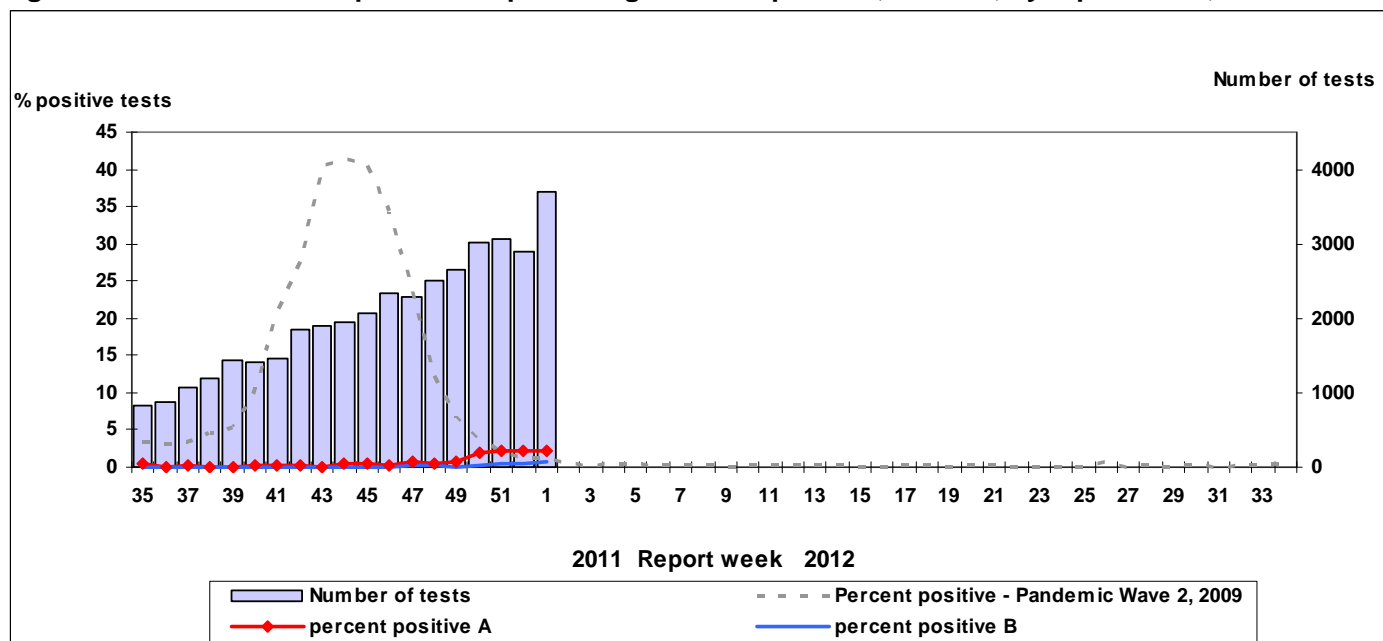
\*Unsubtyped: The specimen was typed as influenza A, but no test for subtyping was performed. Specimens from NT, YT, and NU are sent to reference laboratories in other provinces. Note: Weekly data is based on week of positive lab detection. Cumulative data includes updates to previous weeks; due to reporting delays, the sum of weekly report totals do not add up to cumulative totals.

**Table 2. Weekly & Cumulative numbers of positive influenza specimens by age groups reported through case-based laboratory reporting, Canada, 2011-2012\***

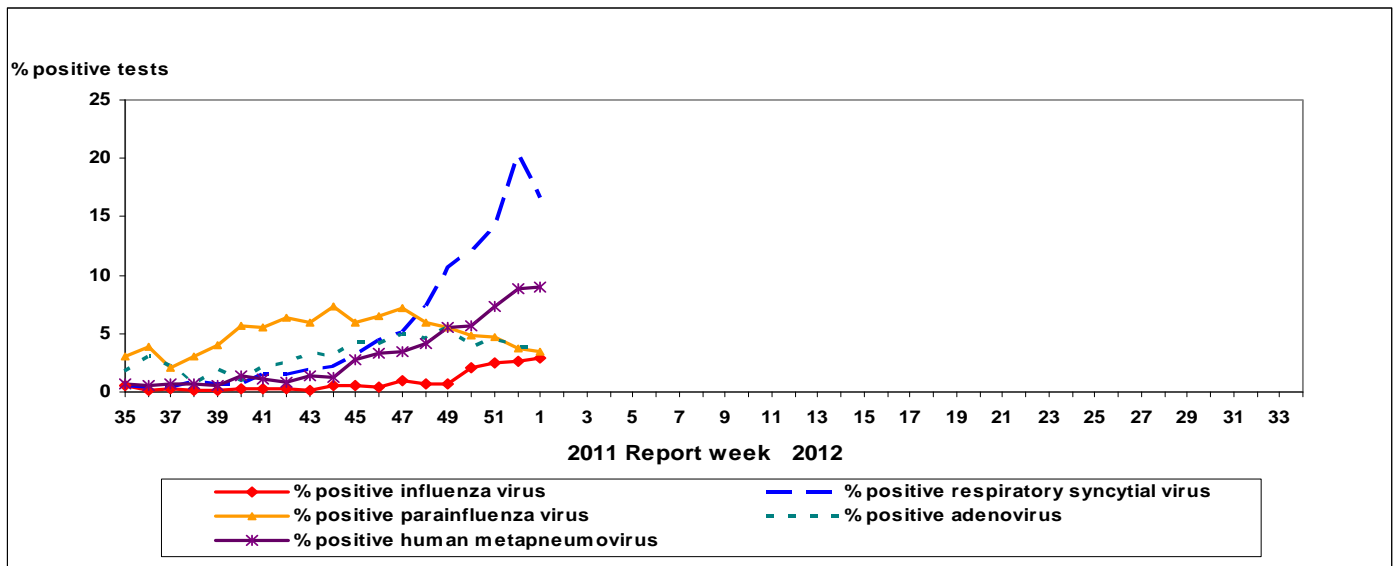
Age groups	Weekly (Jan. 1 to Jan. 7, 2012)					Cumulative (Aug. 28, 2011 to Jan. 7, 2012)				
	Influenza A				B	Influenza A				B
	A Total	Pandemic H1N1	A/H3N2	A unsubtyped	Total	A Total	Pandemic H1N1	A/H3N2	A unsubtyped	Total
<5	5	1	4	0	3	55	10	43	2	13
5-19	3	0	3	0	0	34	2	31	1	5
20-44	12	0	12	0	1	82	4	75	3	8
45-64	5	1	4	0	1	43	1	41	1	6
65+	4	2	2	0	2	81	3	78	0	5
Unknown	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>29</b>	<b>4</b>	<b>25</b>	<b>0</b>	<b>7</b>	<b>295</b>	<b>20</b>	<b>268</b>	<b>7</b>	<b>37</b>

\*Please note that this table reflects the number of specimens for which demographic information was reported. These represent a subset of all positive influenza cases reported. Delays in the reporting of data may cause data to change retrospectively.

**Figure 4. Influenza tests reported and percentage of tests positive, Canada, by report week, 2011-2012**



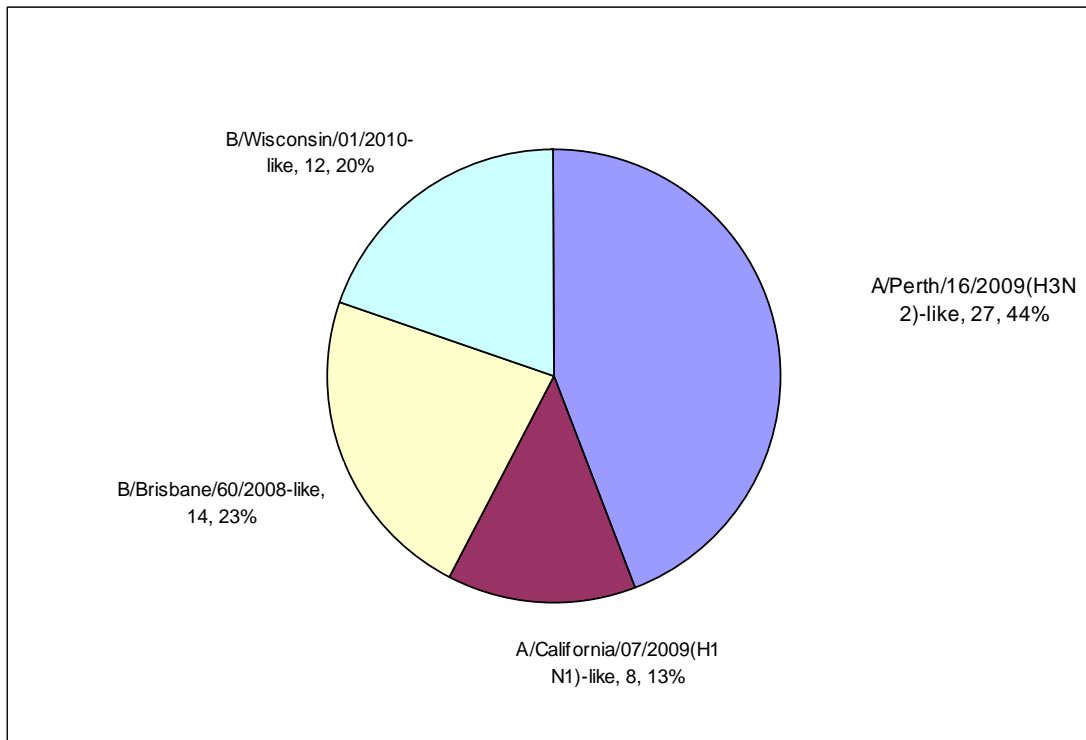
**Figure 5. Percent positive influenza tests, compared to other respiratory viruses, Canada, by reporting week, 2011-2012**



### Influenza Strain Characterizations

Since the start of the season, the National Microbiology Laboratory (NML) has antigenically characterized 61 influenza viruses (27 A/H3N2, 8 A/H1N1 and 26 B). All 27 A/H3N2 viruses (from BC, AB, SK & ON) are antigenically related to A/Perth/16/2009. All 8 A/H1N1 viruses (from QC & ON) are antigenically related to A/California/07/2009. Fourteen of the influenza B viruses characterized (from BC, AB, ON & QC) are antigenically related to the vaccine strain B/Brisbane/60/2008 (Victoria lineage). The other 12 influenza B viruses (from BC, AB, ON, QC & NB) are antigenically related to the reference virus B/Wisconsin/01/2010-like, which belongs to the Yamagata lineage. (Figure 6)

**Figure 6. Influenza strain characterizations, Canada, 2011-2012, N = 61**



Note: The recommended components for the 2011-2012 Northern Hemisphere influenza vaccine include: A/Perth/16/2009 (H3N2), A/California/7/2009 (H1N1) and B/Brisbane/60/2008.

## Antiviral Resistance

Since the beginning of the season, NML has tested 61 influenza viruses (27 A/H3N2, 9 A/H1N1 and 25 B) for resistance to oseltamivir (by phenotypic assay and/or sequencing) and for resistance to zanamivir (by phenotypic assay) and it was found that all 61 viruses were susceptible to oseltamivir and zanamivir. A total of 42 influenza A viruses (36 H3N2 and 6 H1N1) were tested for amantadine resistance and all 42 were found to be resistant. (Table 3)

**Table 3. Antiviral resistance by influenza virus type and subtype, Canada, 2011-2012**

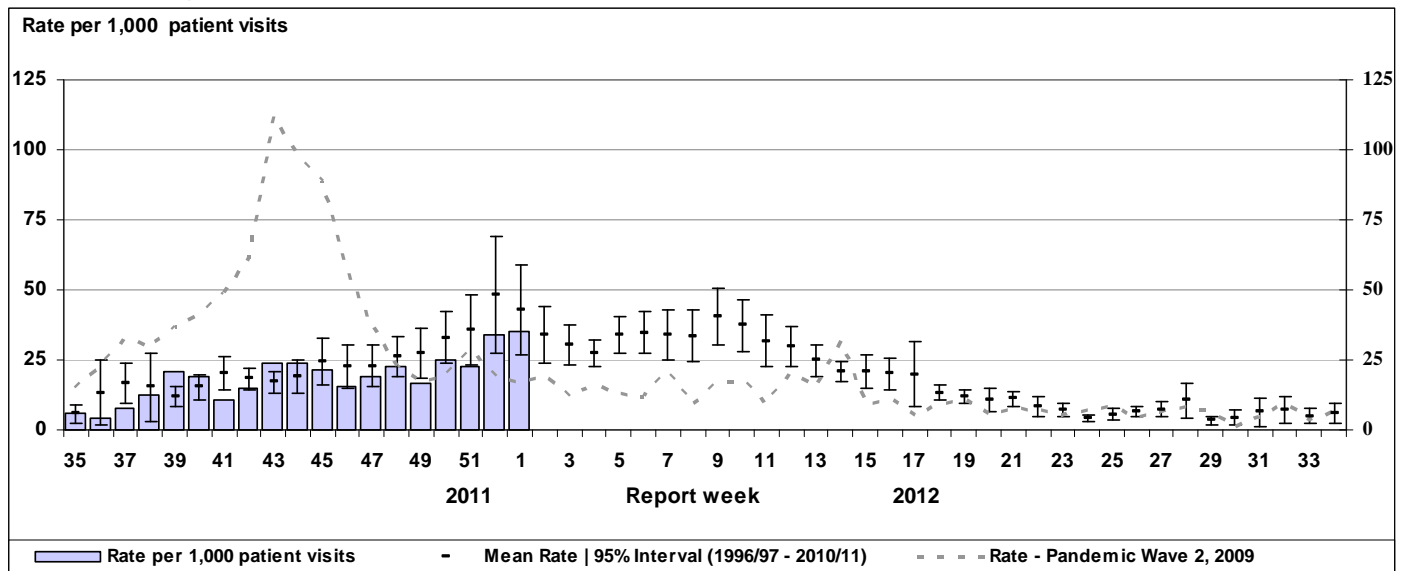
Virus type and subtype	Oseltamivir		Zanamivir		Amantadine	
	# tested	# resistant (%)	# tested	# resistant (%)	# tested	# resistant (%)
A (H3N2)	27	0	27	0	36	36 (100%)
A (H1N1)	9	0	9	0	6	6 (100%)
B	25	0	25	0	NA*	NA*
<b>TOTAL</b>	61	0	61	0	42	42 (100%)

\* NA – not applicable

## Influenza-like Illness (ILI) Consultation Rate

The national ILI consultation rate increased from previous weeks to 35.0 ILI consultations per 1,000 patient visits in week 01 and is within the expected levels for this time of year (Figure 7). The highest consultation rates this week were observed in children under 5 (120.8/1,000 visits) and those 5 to 19 years old (50.1/1,000).

**Figure 7. Influenza-like illness (ILI) consultation rates, Canada, by report week, 2011-2012 compared to 1996/97 through to 2010/11 seasons (with pandemic data suppressed)**



Note: No data available for mean rate in previous years for weeks 19 to 39 (1996-1997 through 2002-2003 seasons). Delays in the reporting of data may cause data to change retrospectively.

## Severe Illness Surveillance

### Paediatric Influenza Hospitalizations and Deaths

In week 01, six new laboratory-confirmed influenza-associated paediatric (16 years of age and under) hospitalizations were reported through the Immunization Monitoring Program Active (IMPACT) network. Two hospitalizations were due to influenza A (in BC & AB) and 4 were due to influenza B (1 in AB, 1 in ON & 2 in QC).

To date this season, 30 cases have been reported (from BC, AB, SK, ON & QC); 20 (66.7%) were due to influenza A and 10 (33.3%) were due to influenza B. The proportion of cases by age group is as follows: 16.7% among infants <6 months of age; 13.3% among children 6-24 months of age; 46.7% were between 2-4 years; 10% were between 5-9 years; and 13.3% were between 10-16 years.

### Adult Influenza Hospitalizations and Deaths

In week 01, 8 new laboratory-confirmed influenza-associated adult hospitalizations were reported: 1 in AB & 7 in ON.

To date this season, 23 influenza-associated adult hospitalizations have been reported from two provinces (AB & ON). The proportion of cases by age group is as follows: 30% were in those 20-44 years of age; 13% were in those 45-64 years of age and 57% were in those  $\geq$  65 years.

Note: Influenza-associated adult hospitalizations are not reported to PHAC by the following Provinces: BC, QC, & NB. Only hospitalizations that require intensive medical care are reported by SK.

## International Influenza Updates

**WHO:** No new influenza updates were reported by the WHO since January 6, 2012.

[World Health Organization influenza update](#)

**United States:** In week 52, the CDC reported that 2.9% (95/3,310) of influenza tests were positive. Since October 1, 2011, the CDC characterized 129 influenza viruses: 14 A/H1N1, 104 A/H3N2 and 11 B. All A/H1N1 viruses were characterized as A/California/7/2009-like. Of the 104 influenza A/H3N2 viruses that were characterized, 103 were A/Perth/16/2009-like and 1 showed reduced titers with antiserum produced against A/Perth/16/2009. Seven influenza B viruses were characterized as B/Brisbane/60/2008-like (B/Victoria lineage) and 4 B viruses belong to the B/Yamagata lineage. The proportion of outpatient visits for ILI was 1.7%, which is below the national baseline. Regional influenza activity was reported by one state (Colorado), four states reported localized influenza activity (Massachusetts, New Hampshire, Texas and Virginia) while the rest reported either sporadic or no activity.

[Centers for Disease Control and Prevention seasonal influenza report](#)

**Europe:** In week 01, levels of influenza activity in Europe remained low. Of the 36 countries reporting on geographical distribution of influenza activity, 3 reported regional activity, 4 reported local activity and 22 reported sporadic activity. Most countries reported low intensity of influenza activity and a low impact on their health care services with the exception of Malta and Turkey. The percentage of sentinel samples that tested positive for influenza in week 01 was 16%. Influenza A and B viruses have continued to co-circulate, with influenza A viruses being in the great majority and A(H3N2) viruses representing 92% of the H-subtyped viruses. Since week 40, 29 influenza viruses have been characterized antigenically: 2 were A/California/7/2009 (H1N1)-like; 21 were A/Perth/16/2009 (H3N2)-like; 2 were B/Florida/4/2006-like (B/Yamagata/16/88 lineage), 1 was B/Bangladesh/3333/2007-like (B/Yamagata/16/88 lineage) and 3 were B/Brisbane/60/2008-like (B/Victoria/2/87 lineage). Detections of RSV peaked in week 52 and are now decreasing.

[EuroFlu weekly electronic bulletin](#)

## Human Avian Influenza Updates

One new case of human A/H5N1 avian influenza infection was reported by the WHO on January 11, 2012. The case is a 23 year-old male from Jakarta Province who developed symptoms on December 31, 2011, was

admitted to hospital on January 6, 2012 and died on January 7, 2012. An epidemiological investigation indicated that he raised pigeons, and there was a sick pigeon he nursed that subsequently died

[WHO Avian influenza situation updates](#)

**FluWatch reports include data and information from the following sources:** laboratory reports of positive influenza tests in Canada (National Microbiology Laboratory), sentinel physician reporting of influenza-like illness (ILI), provincial/territorial assessment of influenza activity based on various indicators, including laboratory surveillance, ILI reporting, and outbreaks, influenza-associated paediatric and adult hospitalizations, antiviral sales in Canada, and WHO and other international reports of influenza activity.

Abbreviations: Newfoundland/Labrador (NL), Prince Edward Island (PE), New Brunswick (NB), Nova Scotia (NS), Quebec (QC), Ontario (ON), Manitoba (MB), Saskatchewan (SK), Alberta (AB), British Columbia (BC), Yukon (YT), Northwest Territories (NT), Nunavut (NU).

**ILI definition for the 2011-2012 season**

**ILI in the general population:** Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which is likely due to influenza. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

**Definitions of ILI/influenza outbreaks for the 2011-2012 season**

**Schools:** 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. Note: it is recommended that ILI school outbreaks be laboratory confirmed at the beginning of influenza season as it may be the first indication of community transmission in an area.

**Hospitals and residential institutions:** two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case. Institutional outbreaks should be reported within 24 hours of identification. Residential institutions include but not limited to long-term care facilities (LTCF) and prisons.

**Other settings:** two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. workplace, closed communities.

**Influenza Activity Levels Definition for the 2011-2012 season**

Influenza Regional Activity levels are defined as:

- 1 = No activity: no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI may be reported
- 2 = Sporadic: sporadically occurring ILI and lab confirmed influenza detection(s) with **no outbreaks** detected within the influenza surveillance region†
- 3 = Localized: (1) evidence of increased ILI\* and
  - (2) lab confirmed influenza detection(s) together with
  - (3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring in **less than 50% of the influenza surveillance region†**
- 4 = Widespread: (1) evidence of increased ILI\* and
  - (2) lab confirmed influenza detection(s) together with
  - (3) **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†**

Note: ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.

\* More than just sporadic as determined by the provincial/territorial epidemiologist.

† Influenza surveillance regions within the province or territory as defined by the provincial/territorial epidemiologist.

*We would like to thank all the Fluwatch surveillance partners who are participating in this year's influenza surveillance program.*

This report is available on the Public Health Agency website at the following address: <http://www.phac-aspc.gc.ca/fluwatch/index.html>. Ce rapport est disponible dans les deux langues officielles. Pour en recevoir un exemplaire dans l'autre langue chaque semaine, veuillez communiquer avec Estelle Arseneault, Division de l'immunisation et des infections respiratoires au (613) 998-8862.