

FLUWATCH

October 15 to October 28, 2023
(Weeks 42-43)



Weekly Highlights

At the national level, influenza activity is stable and at interseasonal levels. Sporadic influenza activity is being reported in many regions across Canada.

Virologic

- In week 43, the percentage of tests positive for influenza was 1.2% and a total of 254 laboratory detections (233 influenza A and 21 influenza B) were reported.

Syndromic

- The percentage of visits for influenza-like illness (ILI) was 0.8% in week 43. The percentage of visits for ILI is within levels typical of this time of year.
- The percentage of FluWatchers reporting cough and fever was 1.6% in week 43. The percentage of FluWatchers reporting cough and fever is within levels typical of this time of year.

Outbreaks

- From August 27, 2023 to October 28, 2023 (weeks 35 to 43), 15 laboratory-confirmed influenza outbreaks have been reported (3 laboratory-confirmed influenza outbreaks were reported in week 43).

Severe Outcomes

- From August 27, 2023 to October 28, 2023 (weeks 35 to 43), 72 influenza-associated hospitalizations were reported by participating provinces and territories. Adults aged 65 years of age and older accounted for 47% of reported hospitalizations.

Other Notes

- The next scheduled FluWatch report will be published November 10, 2023 (week 44).
- Weekly reporting of laboratory detections of influenza, SARS-CoV-2, and other seasonal respiratory viruses will continue via our [Respiratory Virus Detections Surveillance System](#).
- Weekly reporting of SARS-CoV-2 specific trends can be found on the [COVID-19 epidemiology update](#) page.

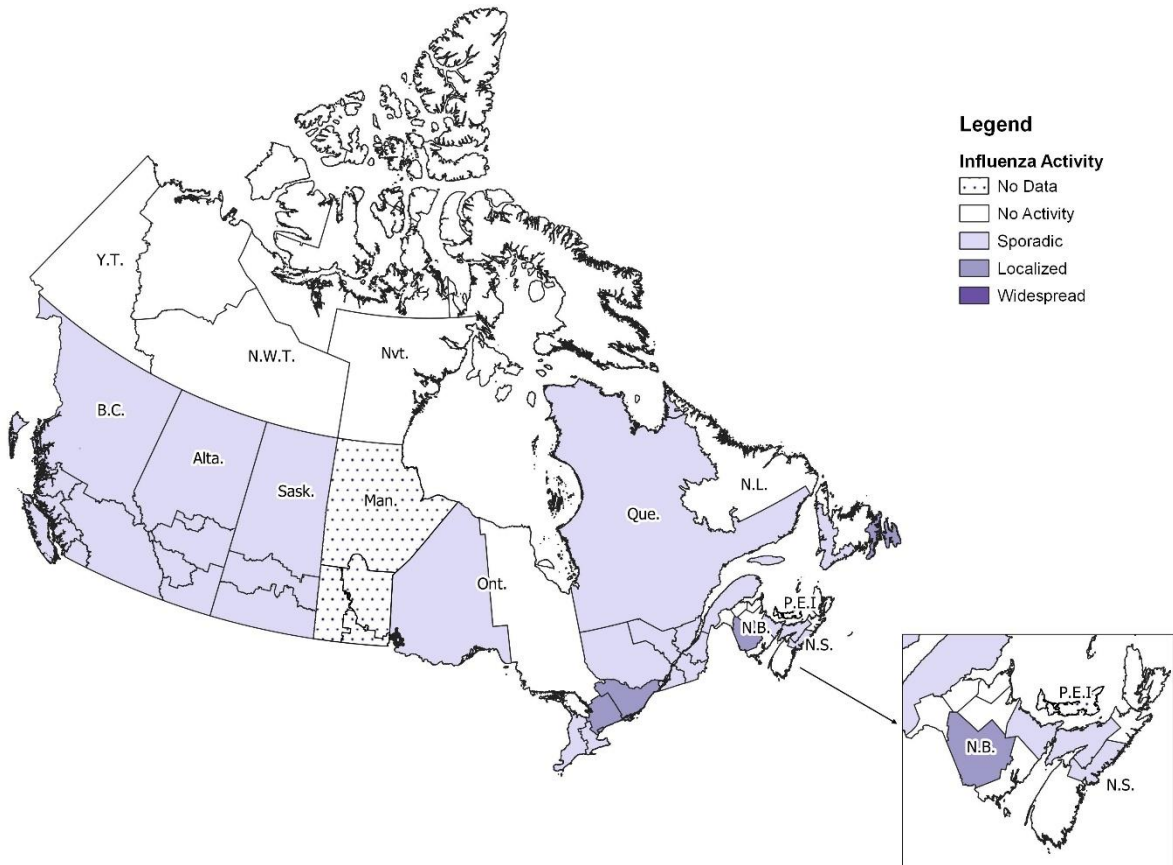


Influenza/Influenza-like Illness Activity – Geographic Spread

In week 43, 31 regions across Canada reported either sporadic or localized influenza activity (Figure 1). The number of regions reporting influenza activity and the intensity of reported activity remains stable. A total of 16 regions in Canada reported no activity this week.

Figure 1 – Map of influenza/ILI activity by province and territory, Canada, week 2023-43

Number of Regions Reporting in Week 43: 47 out of 53



Laboratory-Confirmed Influenza Detections

The weekly percentage of tests positive for influenza (1.2% in week 43) remains at interseasonal levels.

The following results were reported from sentinel laboratories across Canada in week 43 (Figures 2 and 3):

- A total of 254 laboratory detections (233 influenza A and 21 influenza B) were reported.
- Among subtyped influenza A detections (110), 83% (91) were influenza A(H1N1).
- Among detections for which age information was reported (200), 60 (31%) of detections were in individuals aged 0-19 years old and 54 (27%) of detections were in individuals over the age of 65 years.

To date this season (August 27, 2023 to October 28, 2023):

- 1,197 influenza detections were reported, of which 91% (1,089) were influenza A and among subtyped influenza A detections (730), influenza A(H1N1) accounted for 81% of detections.
- 926 laboratory-confirmed influenza detections with age information were reported, of which 338 (37%) were in individuals aged 65+ years old and 228 (25%) were in individuals aged 0-19 years old (Figure 4).

For more detailed weekly and cumulative influenza data, see the text descriptions for [Figures 2 and 3](#) or the [Respiratory Virus Detections in Canada Report](#).

Figure 2 – Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, week 2023-35 to 2023-43

Number of Laboratories Reporting in Week 43: 35 out of 35

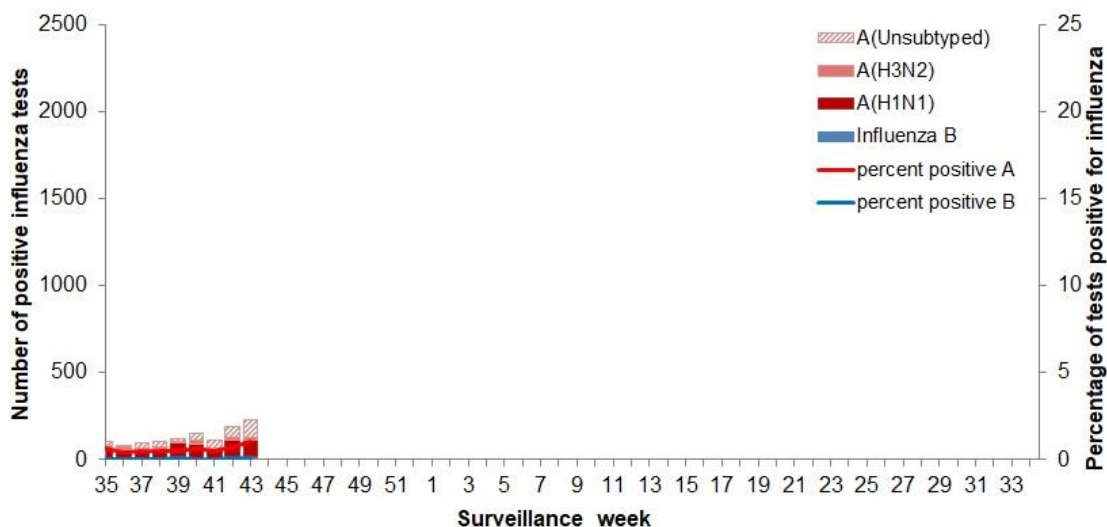
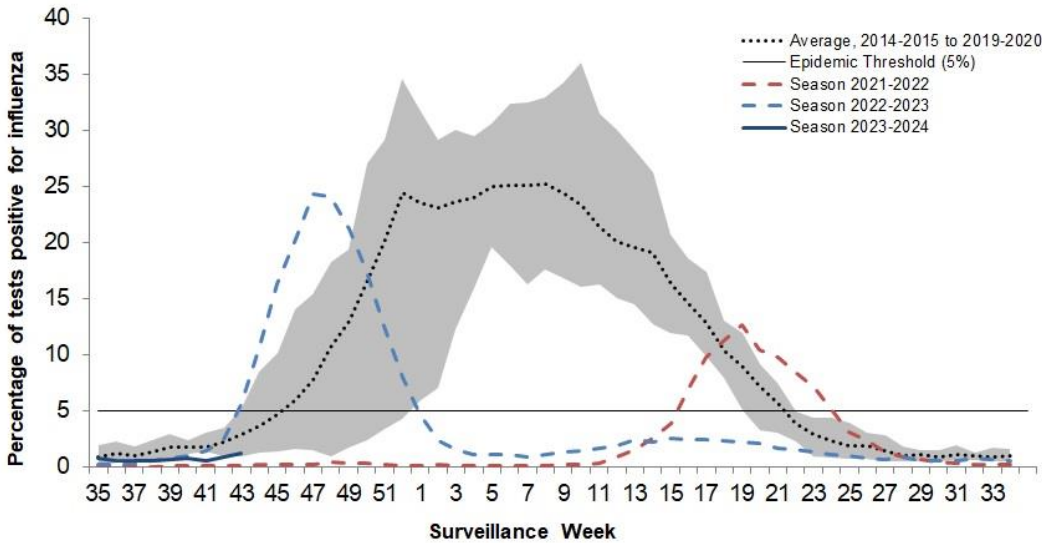


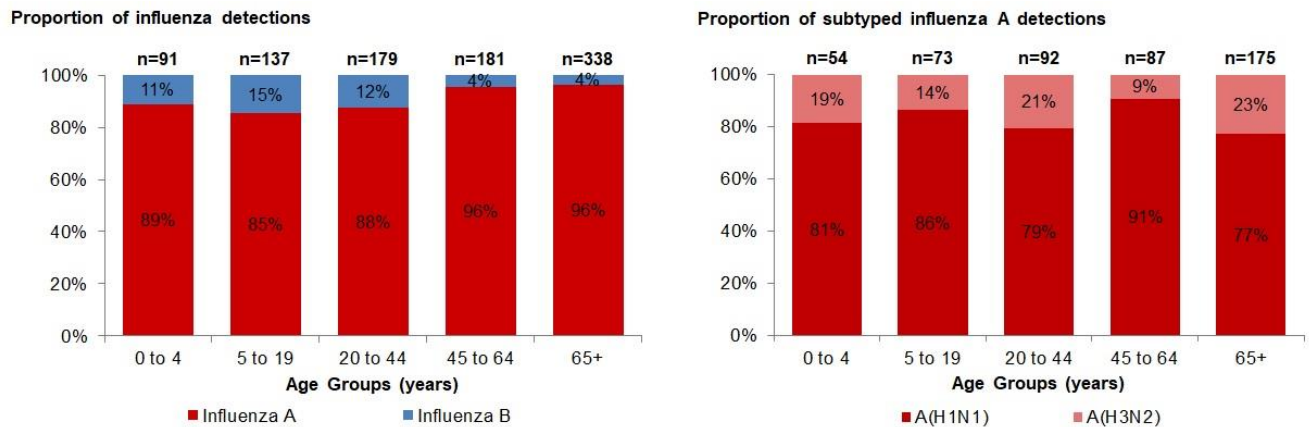
Figure 3 –Percentage of tests positive in Canada compared to previous seasons, week 2023-35 to 2023-43



The shaded area represents the maximum and minimum number of influenza tests or percentage of tests positive reported by week from seasons 2014-2015 to 2019-2020. Data from week 11 of the 2019-2020 season onwards are excluded from the historical comparison due to the COVID-19 pandemic.

The epidemic threshold is 5% tests positive for influenza. When it is exceeded, and a minimum of 15 weekly influenza detections are reported, a [seasonal influenza epidemic](#) is declared.

Figure 4 – Proportion of positive influenza specimens by type or subtype and age-group reported through case-based laboratory reporting, Canada, week 2023-35 to 2023-43



Laboratory data notes:

Testing for influenza and other respiratory viruses has been influenced by the COVID-19 pandemic. Changes in laboratory testing practices may affect the comparability of data to previous seasons.

Due to different testing protocols of laboratories across Canada, some influenza A subtype detection counts may not be included in total influenza A detection counts and percent positivity calculations.

Syndromic / Influenza-like Illness Surveillance

Healthcare Practitioners Sentinel Surveillance

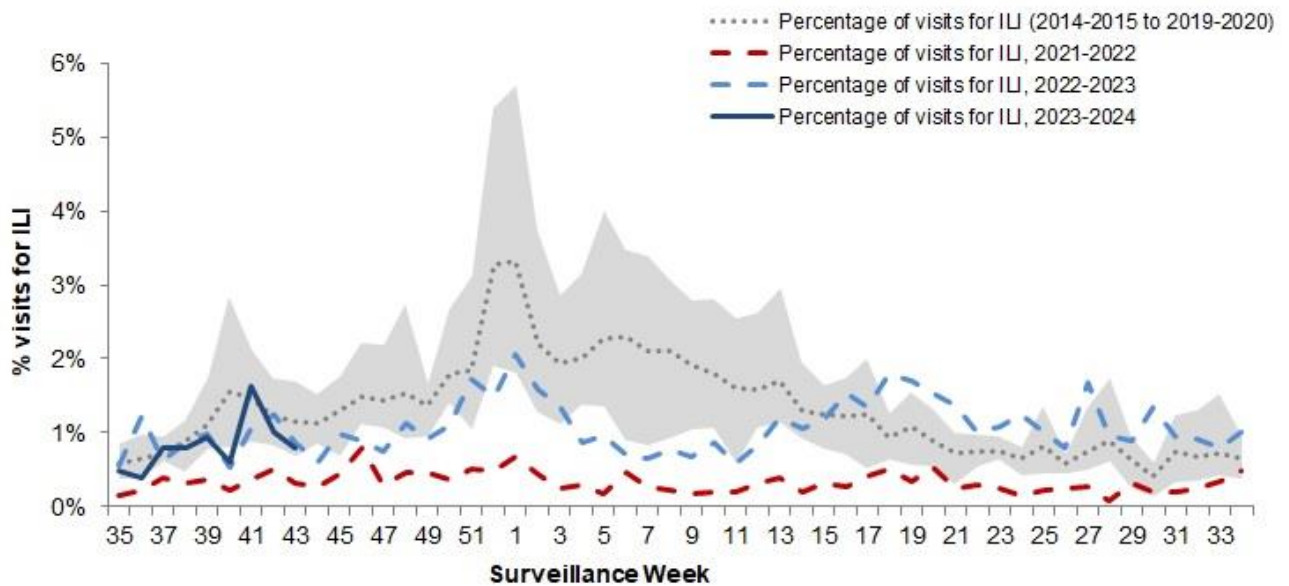
In week 43, 0.8% of visits to healthcare professionals were due to influenza-like illness (ILI) (Figure 5). The percentage of visits for ILI is within expected levels for this time of year.

ILI symptoms are not specific to any one respiratory pathogen and can be due to influenza, or other respiratory viruses, including respiratory syncytial virus and SARS-CoV-2, the virus that causes COVID-19. This makes the percentage of visits for ILI an important indicator of overall respiratory illness morbidity in the community in the presence of co-circulating viruses.

This indicator should be interpreted with caution as there have been a smaller number of sentinels reporting compared to previous seasons.

Figure 5 – Percentage of visits for ILI reported by sentinels by report week, Canada, weeks 2023-35 to 2023-43

Number of Sentinels Reporting in Week 43: 33



The shaded area represents the maximum and minimum percentage of visits for ILI reported by week from seasons 2014-2015 to 2019-2020. Data from week 11 of the 2019-2020 season onwards are excluded from the historical comparison due to the COVID-19 pandemic.

FluWatchers

In week 43, 9,225 participants reported to FluWatchers, of which 1.6% reported symptoms of cough and fever (Figure 6). The percentage of FluWatchers reporting cough and fever is within expected levels for this time of year.

The reports of cough and fever are not specific to any one respiratory pathogen and can be due to influenza, or other respiratory viruses, including respiratory syncytial virus, rhinovirus, and SARS-CoV-2, the virus that causes COVID-19. This makes the proportion of individuals reporting cough and fever an important indicator of overall respiratory illness activity in the community in the presence of co-circulating viruses.

FluWatchers reporting is not impacted by changes in health services or health seeking behaviours.

Among the 148 participants who reported cough and fever:

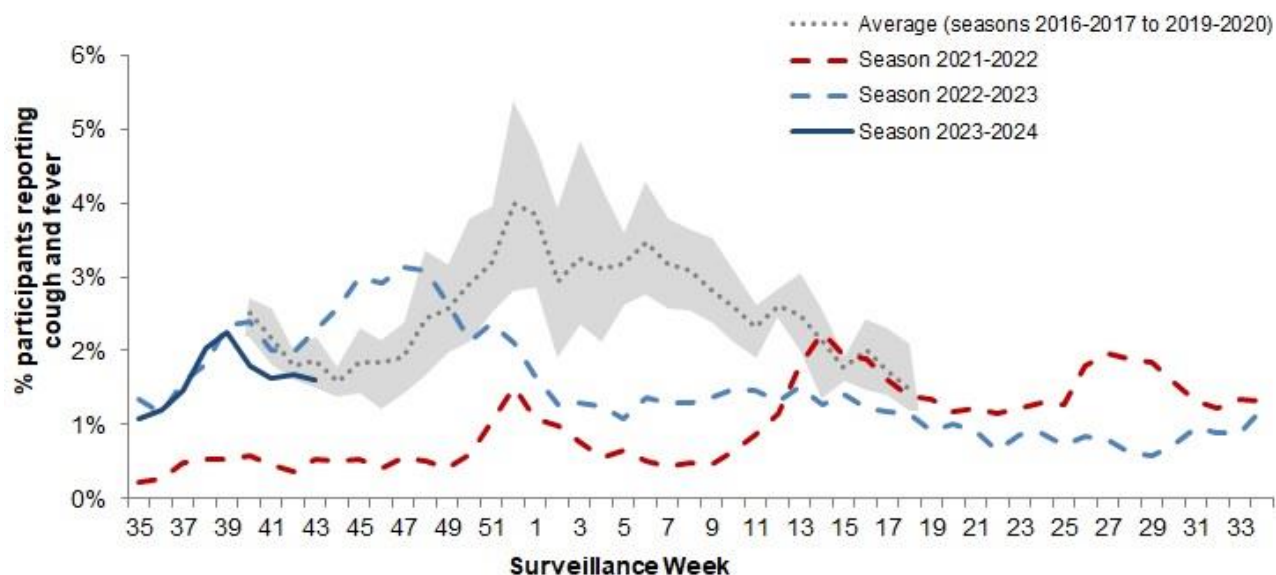
- 21% consulted a healthcare professional.
- 77% reported days missed from work or school, resulting in an average of 2.6 missed days from work or school among those 114 participants.

The Northwest Territories had the highest participation rate this week (62 participants per 100,000 population) and the neighbourhood with postal code, KOA had the highest number of participants (120). See what is happening in your [neighbourhood!](#) Downloadable datasets are also available on [Open Maps](#).

If you are interested in becoming a [FluWatcher](#), [sign up today](#).

Figure 6 – Percentage of FluWatchers reporting cough and fever, Canada, week 2023-35 to 2023-43

Number of Participants Reporting in Week 43: 9,225



The shaded area represents the maximum and minimum percentage of percentage of participants reporting cough and fever by week, from seasons 2014-2015 to 2019-2020. Data from week 11 of the 2019-2020 season onwards are excluded from the historical comparison due to the COVID-19 pandemic

Influenza Outbreak Surveillance

In week 43, three laboratory-confirmed influenza outbreaks were reported.

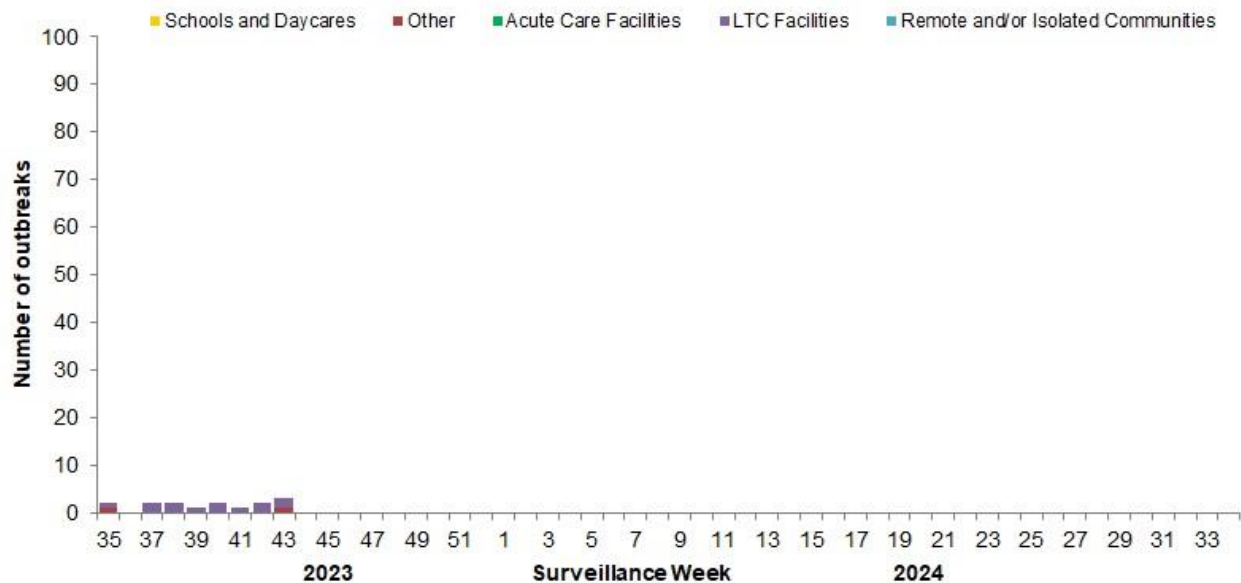
To date this season (August 27, 2023 to October 28, 2023):

- 15 laboratory-confirmed influenza outbreaks have been reported
 - 13 were in LTC facilities (87%)
 - 2 were in a facility categorized as ‘other’ (13%)
 - All outbreaks were due to influenza A and among those with subtyping information (11), 82% were due to influenza A(H1N1)
- 7 ILI outbreaks have been reported
 - All ILI outbreaks have been reported in schools and/or daycares.

Outbreaks of ILI are not specific to any one respiratory pathogen and can be due influenza, or other respiratory viruses, including respiratory syncytial virus, rhinovirus, COVID-19, or a mixture of viruses.

Number of provinces and territories¹ reporting in week 43: 11 out of 13

Figure 7: Number of new outbreaks of laboratory-confirmed influenza by report week, Canada, weeks 2023-35 to 2023-43



¹All Provinces and Territories (PTs) participate in the FluWatch outbreak surveillance system. This outbreak system monitors influenza and ILI outbreaks in long-term care facilities (LTCF), acute care facilities, schools and daycares, remote and/or isolated communities, and facilities categorized as ‘other’. Not all reporting PTs report outbreaks in all these settings. All PTs report laboratory confirmed outbreaks in LTCF. Six PTs (AB, SK, NB, NS, PEI, and NL) report ILI outbreaks in schools and/or daycares and other facilities.

Influenza Severe Outcomes Surveillance

Provincial/Territorial Influenza Hospitalizations and Deaths

In week 43, eleven influenza-associated hospitalizations and less than five ICU admissions were reported by participating provinces and territories².

To date this season (August 27, 2023 to October 28, 2023), 72 influenza-associated hospitalizations were reported by participating provinces and territories:

- 94% of the hospitalizations were associated with influenza A.
- Of the cases with subtype information (55), 82% were associated with influenza A(H1N1)
- Adults aged 65 years of age and older accounted for 47% of reported hospitalizations.

To date this season (August 27, 2023 to October 28, 2023), six ICU admissions and less than five influenza-associated deaths were reported.

Number of provinces and territories reporting in week 43: 7 out of 9

²Influenza-associated hospitalizations are reported by Alberta, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Prince Edward Island and Yukon. Only hospitalizations that require intensive medical care are reported by Saskatchewan.

Pediatric Influenza Hospitalizations and Deaths

Data for laboratory-confirmed influenza-associated pediatric (≤ 16 years of age) hospitalizations were not available for weeks 42 and 43.

Influenza Strain Characterization

Since September 1, 2023, the National Microbiology Laboratory Branch (NMLB) has characterized 53 influenza viruses (8 A(H3N2), 41 A(H1N1), and 4 influenza B) received from Canadian laboratories.

Antigenic Characterization

Changes in circulating influenza viruses are monitored by antigenic characterization. Antigenic characterization results show how similar the circulating viruses are to reference viruses. Reference viruses represent strains included in the current seasonal influenza vaccine.

Influenza A(H3N2)

A/Darwin/6/2021 (H3N2)-like virus is the influenza A(H3N2) component of the 2023-2024 Northern Hemisphere influenza vaccine.

- 7 influenza A(H3N2) were antigenically similar to A/Darwin/6/2021 (H3N2)-like virus using antisera raised against cell-grown A/Darwin/6/2021 (H3N2)-like virus.
- 1 influenza A(H3N2) showed reduced titer with antisera raised against cell-grown A/Darwin/6/2021 (H3N2)-like virus.

Influenza A(H1N1)

A/Wisconsin/67/2022 is the influenza A(H1N1) component of the 2023-2024 Northern Hemisphere influenza vaccine.

- 41 H1N1 viruses were characterized as antigenically similar to A/Wisconsin/67/2022-like with antisera produced against cell-grown A/Wisconsin/67/2022.

Influenza B

Influenza B viruses can be divided into two antigenically distinct lineages represented by B/Yamagata/16/88 and B/Victoria/2/87 viruses. The recommended influenza B components for the 2023-2024 Northern Hemisphere influenza vaccine are B/Austria/1359417/2021 (Victoria lineage) and B/Phuket/3073/2013 (Yamagata lineage)

- Four viruses characterized were antigenically similar to B/Austria/1359417/2021.

Genetic Characterization

Genetic characterization is used to determine how similar gene sequences of circulating influenza viruses are to the sequences of the vaccine components used in the current seasonal influenza vaccine.

Since September 1, 2023, NMLB has genetically characterized 29 influenza viruses.

Table 1: Genetic Characterizations results of influenza A(H3N2), influenza A(H1N1) and Influenza B, Canada, season 2023-2024

Virus Subtype or Lineage	HA Clade	Number of Viruses Characterized	HA Subclade	Number of viruses Characterized	Genetic clades of the 2023-2024 Northern Hemisphere influenza vaccine components
A(H1N1)	6B.1A.5a	20	2a	2	The A(H1N1) component belongs to genetic clade 6B.1A.5a.2
			2a.1	18	
A(H3N2)	3C.2a1b.2a	7	2a.3a.1	7	The A(H3N2) component belongs to genetic clade 3C.2a1b.2a2
B/Victoria	V1A	2	3a.2	2	The B/Victoria component belongs to genetic clade V1A.3
B/Yamagata	Y3	0	Y3	0	The B/Yamagata component belongs to genetic clade Y3

Antiviral Resistance

The National Microbiology Laboratory Branch also tests influenza viruses received from Canadian laboratories for antiviral resistance.

Oseltamivir

31 influenza viruses (7 H3N2, 20 H1N1 and 4 influenza B) were tested for resistance to oseltamivir.

- All influenza viruses were sensitive to oseltamivir.

Zanamivir

31 influenza viruses (7 H3N2, 20 H1N1 and 4 influenza B) were tested for resistance to zanamivir.

- All influenza viruses were sensitive to zanamivir.

Influenza Vaccine Monitoring

Vaccine monitoring refers to activities related to the monitoring of influenza vaccination coverage and vaccine effectiveness.

Vaccination Coverage

Influenza vaccine coverage estimates for the 2023-2024 season are anticipated to be available in February or March 2024.

Vaccine Effectiveness

Influenza vaccine effectiveness estimates for the 2023-2024 season are anticipated to be available in February or March 2024.

Provincial and International Surveillance Links

- British Columbia – [Influenza Surveillance; Vaccine Effectiveness Monitoring](#)
- Alberta – [Respiratory Virus Surveillance](#)
- Saskatchewan – [Influenza Reports](#)
- Manitoba – [Seasonal Influenza Reports](#)
- Ontario – [Ontario Respiratory Pathogen Bulletin](#)
- Québec – [Système de surveillance de la grippe \(available in French only\)](#)
- New Brunswick – [Influenza Surveillance Reports](#)
- Prince Edward Island – [Influenza Summary](#)
- Nova Scotia – [Respiratory Watch Report](#)
- Newfoundland and Labrador – [Surveillance and Disease Reports](#)
- Yukon – [Influenza \(the Flu\)](#)
- Northwest Territories – [Influenza/ Flu Information](#)
- Nunavut – [Influenza Information](#)
- World Health Organization – [Global Influenza Programme](#)
- Pan American Health Organization – [Influenza situation report](#)
- U.S. Centers for Disease Prevention & Control (CDC) - [Weekly Influenza Summary Update](#)
- European Centre for Disease Prevention and Control – [Surveillance reports and disease data on seasonal influenza](#)
- United Kingdom – [National influenza surveillance reports](#)
- Hong Kong Centre for Health Protection - [Flu Express](#)
- Australia – [Influenza Surveillance Report and Activity Updates](#)
- New Zealand – [Influenza Dashboard](#)

Notes

The data in the FluWatch report represent surveillance data available at the time of writing. All data are preliminary and may change as updates are received.

To learn more about the FluWatch program, see the [Overview of influenza monitoring in Canada](#) page.

For more information on the flu, see our [Flu \(influenza\)](#) web page.

We would like to thank all the FluWatch surveillance partners participating in this year's influenza surveillance program.

This [report](#) is available on the Government of Canada Influenza webpage.

Ce [rapport](#) est disponible dans les deux langues officielles.