

		Ontario Influenza Bulletin	Ministry of Health and Long-Term Care Public Health Branch <i>Volume 7, Issue 15, 2004</i>
			

Week #06: Week Ending February 07, 2004

Influenza Activity in Ontario

Influenza activity in Ontario continued to decline in all the health regions during the week ending February 7, 2004. Eleven (69%) of the 16 health units that reported on influenza activity during this week, reported some influenza activity: 7 reported sporadic activity, 3 reported localized activity and one reported widespread influenza activity (see Map). Out of the 816 influenza tests that the Ontario laboratories carried out, only 41 influenza A and no influenza B isolations were reported to the Center for Infectious Disease Prevention and Control (CIDPC), Health Canada this week. The same laboratories have reported 4382 influenza A, and 13 influenza B isolates during this season (Table 1). Also reported during this season-to-date, are other respiratory isolates and detections shown in Table 1. Health units reported 135 cases of confirmed influenza A cases and no influenza B cases through the Reportable Diseases Information System (RDIS) during this surveillance week (Table 2). Seventeen (46%) of the 37 health units reported fewer cases of influenza during Week 6 when compared to the previous week. This could be an indication that influenza levels are quite low in several areas in the province. The overall rate of influenza like illness (ILI) reported by sentinel physicians in Ontario during this week was 24.1/1,000. Influenza-related deaths reported in the province through RDIS since September 1, 2003 to date stands at 110 (109 influenza A and 1 influenza B). Health units reported 11 respiratory infection outbreaks in institutions that met the surveillance case definition during this surveillance period. Of these, three (27.3%) of the reported outbreaks were due to influenza A (Table 4).

Table 1.

Indicator	2002-03 Season Week Ending February 8, 2003 (week 6) Season to Date**	2003-04 Season Week Ending February 07, 2004 (week6) Season to Date***
CIDPC Laboratory Surveillance (Flu isolates)Total	677	4395
Influenza A	676	4382
Influenza B	1	13
Other respiratory Viruses		
RSV	845	657
PIV1	100	225
PIV2	16	143
PIV3	264	124
PIV4	2	6
Other PIVs	1	4
Adenoviruses	92	107
* % of Flu tests that are positive	5.1	5.0
+No. of ILI Visits to Sentinel Physicians (ILI Rate/1000 patients seen for all reasons)	36	24.1

Consistent with Health Canada year round surveillance periods (only for Laboratory Surveillance Data)

+ October 27, 2003 – February 7, 2004 *% of positive cases based on the total specimens submitted for the surveillance week.

Season to Date; August 24, 2002 – February 8, 2003 *Season to Date; August 24, 2003 – February 7, 2004

Note: 16 public health and hospital laboratories in the Province report to the CIDPC

Table 2. Week Ending February 7, 2004 Influenza Cases in Ontario Reported Through the Reportable Disease Information System (RDIS), 2003-2004 (September 1, 2003 to February 7, 2004)

Health Unit	Flu A Week 6 (Ending Feb. 7)	Flu A Week 5 (Ending Jan. 31)	Flu A Change (Week 06-Week 05)	Flu B (Season-to-date)
Algoma	136	136	0	
Brant	83	35	48	
Chatham-Kent	0	25	-25	
Durham Region	173	173	0	
Eastern Ontario	184	50	134	
Elgin-St. Thomas	28	12	16	
Grey-Bruce	28	89	-61	
Haldimand-Norfolk Region	50	52	-2	1
Haliburton-Kawartha	201	112	89	1
Halton Region	216	187	29	1
Hamilton City	14	413	-399	
Hastings-Prince Edward	226	201	25	
Huron	19	42	-23	
Kingston-Frontenac	173	91	82	
Lambton	113	29	84	
Leeds-Grenville	84	14	70	
Middlesex-London	459	73	386	
Muskoka-Parry Sound	102	78	24	
Niagara Region	226	196	30	
North Bay	543	82	461	
Northwestern	243	0	243	
Ottawa-Carleton	89	219	-130	
Oxford	16	38	-22	
Peel Region	42	451	-409	2
Perth	30	49	-19	
Peterborough	33	102	-69	
Porcupine	73	92	-19	
Renfrew	38	12	26	
Simcoe County	49	221	-172	1
Sudbury	21	184	-163	
Thunder Bay	35	27	8	
Timiskaming	54	28	26	
Toronto City	215	525	-310	1
Waterloo Region	414	148	266	
Wellington-Dufferin	199	119	80	
Windsor-Essex	149	21	128	
York Region	119	215	-96	2
Province	4,676	4,541	135*	9
* 135 new cases of influenza A and 0 cases of influenza B were reported during Week 06				
(Based on 2001 Provincial Population Estimate)				
PROVINCIAL INFLUENZA CASES PER 100,000 (September 1-February 7, 2004) = 41.1/100,000				
PROVINCIAL INFLUENZA CASES PER 100,000 (September 1,2002-February 8,2003) = 5.0/100,000				

NOTE: RDIS Reporting is usually incomplete for the reporting week. Hence, numbers may change as more reports are received

Table 3: Respiratory Infection Outbreaks in Institutions October 27, 2003 –February 7, 2004

Indicator	2003-04 Season Week Ending February 7, 2004 (week 6) Season to Date
Respiratory Infection Outbreaks in Institutions	
Total	572
Influenza A	369
Flu A & other organisms	7
Other Organisms	9
Influenza B	0
No organism detected	150
Laboratory results pending	37
Declared Over	485
Influenza A	319
Flu A & other Organisms	7
Other Organisms	9
No organism detected	150
Onset of illness in index case October 27/03 – Feb. 7, 2004	471
Onset of illness in index case prior to October 27/03	14
Outbreaks not meeting Case definition	8
Ongoing Outbreaks	87
Influenza A	50
Other organisms	0
Laboratory results pending	37
Categories & Types of Institutions	
LTCF 's	385
NH	273
HFA	90
NH/HFA	11
NH/RH	11
Hospitals	46
ACH	24
CCH& Psychiatric	22
Other	124
Retirement Homes	115
Children's Residences/Development Act Institutions	9
Unspecified Institutions	17

Table 4. Institutional Influenza Outbreaks by Health Unit, Ontario, 2003-2004 for Week 6

Table 3. Institutional Influenza Outbreaks by Health Unit, Ontario, 2003-2004 for Week 06									
Health Unit	Institution Type	Organism	Total # of Residents	# Ill Residents	RAR	Complications			SAR
						# Cases with Pneumonia	# Cases Hospitalized	# Deaths Cases	
Halton	NH	Flu A	93	12	12.9	0	1	0	2.9
Simcoe	NH	Flu A	100	9	9	1	1	0	0.8
Toronto	NH	Flu A	32	6	18.8	1	1	0	0

RAR: Resident Attack Rate (# of residents ill/total number of residents)*100

SAR: Staff Attack Rate (# of staff ill/total number of staff)*100

NH = nursing home, RH= retirement home, combined facility consists of 2 or more types of institutions e.g. a NH section and a retirement home (RH) section; CCH = chronic care hospital, ACH= Acute Care Hospital, LTCF = long term care facility

The institutional respiratory infection and influenza outbreaks reported in the Bulletin are those that are reported to the Ministry and whose onset dates might fall within the surveillance week.

Federal FluWatch Sentinel Physician Surveillance Activity in Ontario

During Week 06 the overall rate of influenza-like illness (ILI) reported through the Federal FluWatch system were 24.1% ILI patients seen per 1,000 patients that were seen by the sentinel physicians for all reasons, including ILI. The ILI patient rates among all age groups continue to decrease when compared to the rates that were observed during the earlier weeks of this season.

Canada: Summary for Week 6

Influenza activity remained widespread in Quebec with the rest of the country reporting either sporadic or no activity during the week ending February 7 (week 06). Sentinel physicians reported 40 cases of influenza-like illness (ILI) per 1000 patient visits, which is within the expected range for this time of year.

Laboratory Confirmations:

Health Canada received 3,284 reports of laboratory tests for influenza, including 483 (14.71%) influenza A detections and 4 influenza B detections.

Source: www.hc-sc.gc.ca/english/media/releases/2003/flu_statement.htm

Strain Characterization:

The National Microbiology Laboratory (NML) has reported on season-to-date antigen characterization of 630 influenza viruses and the distribution is shown in Table 3. The Ontario laboratories have submitted a total of 303 viruses of which: 296 (97.9%) have been A/Fujian/411/02-like, while 7 (2.3%) have been influenza B viruses (one B/ Hong Kong /330/01-like and six B/Sichuan/379/99-like).

Table 5. Strain Characterization Completed on Influenza Isolates in Canada

Province/Territory	Influenza Virus						
	Type A(H1N1) *A/New Caledonia/20/ 99-like	Type A(H3N2)		Type A(H1N2)	Type B		TOTAL
		A/Panama/ 2007/99-like	A/Fujian/411/02 -like		Hong Kong /330/01- like	Sichuan /379/99 -like	
Newfoundland			9				9
Prince Edward Island			5				5
Nova Scotia			21	1			22
New Brunswick			5				5
Quebec			27				27
Manitoba			15				15
Saskatchewan		14	44				58
Alberta		6	58				64
British Columbia	1	5	106				112
Yukon			2				2
North West Territory			2				2
Nunavut			6				6
ONTARIO			296		1	6	303
Total	1	25	596	1	1	6	630

Source: National Microbiology Laboratory (NML), Population and Public Health Branch (PPHB)

Avian Flu and SARS: Health Canada Updated Alert

Health Canada continues to issue information regarding the Avian influenza (H5N1) outbreaks that have occurred in several Asian countries. This information is updated regularly and is intended for information and national recommendation purposes, please consult the following websites if you require more information on the various aspects of this issue.

Source: <http://www.hc-sc.gc.ca/pphb-dqspsp/fluwatch/index.html>
<http://www.hc-sc.gc.ca/pphb-dqspsp/h5n1/index.html>
http://www.hc-sc.gc.ca/pphb-dqspsp/tmp-pmv/pub_e.html
<http://www.hc-sc.gc.ca/english/diseases/flu/avian.html>

United States: Centre for Disease Control and Prevention (CDC): Influenza Summary Update Week ending February 7, 2004 (Week 5)

Influenza activity remained low during the week ending February 7, 2004. The percentage of patient visits for influenza-like illness (ILI) continued to decline, and remained below the national baseline of 2.5% for the fourth consecutive week (1.5%). Mortality due to pneumonia and influenza (P&I) has peaked, but remained above the epidemic threshold during week 5 (8.7%). Forty-eight (3.6%) of 1,322 specimens collected from throughout the United States and tested by collaborating laboratories were positive for influenza. There were no reports of widespread influenza activity from state and territorial epidemiologists during week 5. Four states reported regional activity, 14 states reported local activity, 30 states, New York City, the District of Columbia, Guam, and Puerto Rico reported sporadic activity, and one state reported no activity. Reports of influenza-associated deaths in children continue to be collected from state health departments.

Sources: CDC: <http://www.cdc.gov/flu/weekly/> and www.cdc.gov/flu/protect/preventing.htm

Update on Influenza A(H5N1) and SARS: On February 2, 2004 Interim Recommendations for Enhanced U.S. Surveillance, Testing, and Infection Control was released. The message described the distribution of Influenza A(H5N1) Virus Infections of H5N1 among poultry which have been confirmed in several countries in Asia. The CDC issued precautions for travel to countries that are reporting outbreaks of avian influenza A (H5N1) in humans and animals. The purpose of these precautions is to provide information for travelers on the status of avian influenza A (H5N1) outbreaks, including where outbreaks are occurring, measures to take before travel, precautions to follow while abroad, and what to do if illness occurs during or after travel. Currently, CDC does not recommend that the general public avoid travel to any of the countries affected by avian influenza A (H5N1).

The full statement can be found at: <http://www.cdc.gov/flu/han020302.htm>

International: WHO: Avian influenza A(H5N1)

The WHO regularly updating the situation (human) in the Asian countries that have had laboratory confirmed human cases of H5N1. **WHO still maintains that there remains no evidence of human-to-human spread.**

The WHO overview of the global situation:

The WHO has indicated its public health concerns because of: the large scale of the distribution of outbreaks of H5N1 avian influenza in poultry in the Asian countries, and the potential for the virus to spread to distant regions. There is a great risk that the H5N1 strain has become endemic in poultry populations of this geographical area and an anticipation that human cases will also be detected in other countries where outbreaks in poultry are spreading. Infection in birds could spread to distant regions and WHO indicates that influenza viruses are genetically unstable and their behavior cannot be predicted and that the present situation could change very quickly. The Organization recommends that measures aimed at eliminating the disease in poultry also reduce opportunities for human exposures and infections. These measures must be carried out urgently, giving highest priority to the protection of human health.

WHO updated the Avian influenza A (H5N1) virus infection global surveillance guidelines on its website. The guidelines are aimed at monitoring the spread of avian influenza A (H5N1) virus infection in human and animal populations. They include the definition of a laboratory-confirmed case of avian influenza A (H5N1) virus human infection, and describe procedures for reporting cases to WHO. The guidelines also provide recommended procedures to monitor changes in transmission patterns and to detect potential human-to-human transmission.

The guidelines are intended to improve global vigilance for the further spread of avian influenza A (H5N1) virus infections in humans and animals, and for the first signs that human-to-human transmission may be occurring. Use of standardized procedures and reporting forms will improve the quality of information needed by WHO to advise on the most appropriate control measures.

http://www.who.int/csr/disease/avian_influenza/guidelines/en/reprequirements.pdf

<http://www.who.int/en/>

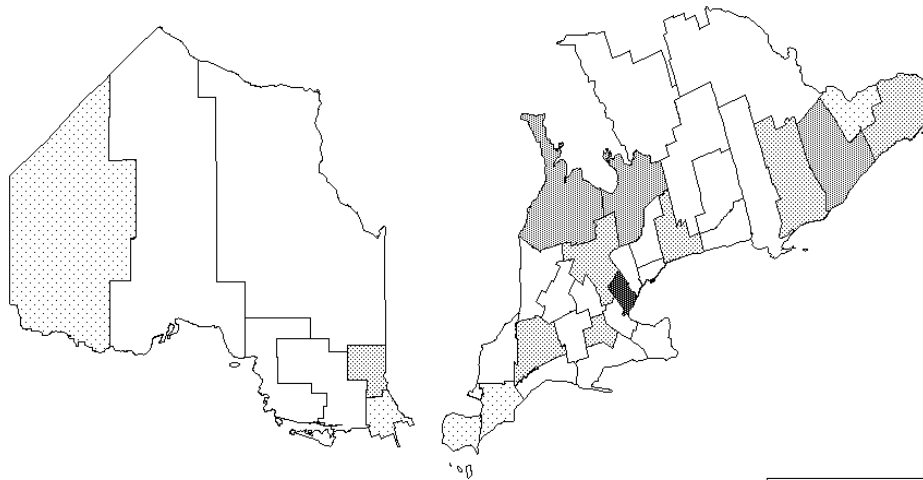
SARS: The latest WHO information on SARS can be seen at **WHO SARS Update:** <http://www.who.int/csr/sars/en/>

Visit the Ministry of Health and Long-Term Care website weekly for the current issue, or back issues, of the Ontario Influenza Bulletin: http://www.health.gov.on.ca/english/providers/program/pubhealth/flu/flu_03/flubul_mn.html

**Influenza Activity Level by Health Unit
Week Ending February 7, 2004**

Northern Ontario

Southern Ontario



Activity Level

- ☐ No Data
- ☐ No Activity
- ☐ Sporadic Activity
- ☐ Localized Activity
- ☐ Widespread Activity