

SURVEILLANCE WEEK 11 (March 14, 2010– March 20, 2010)

This issue of the Ontario Influenza Bulletin provides information on the surveillance period from March 14, 2010– March 20, 2010, (Week 11). **All data are for week 11 unless otherwise specified.** Data extraction and analysis for this issue of the Bulletin occurred on March 24, 2010.

In order to enable our readers to better assess influenza activity in Ontario, we have combined various sources of information in the following table.

Assessment of Influenza Activity in Ontario

Measure	Assessment of measure compared to previous week (Lower, Similar, Higher)	Reasoning behind assessment
Laboratory Confirmed Cases	Similar	3 influenza cases (2 pH1N1) in week 11 compared to 1 reported in week 10 (0 pH1N1)*. The percent positivity of laboratory tests for influenza A at the Toronto Public Health Laboratory was 1.3% for week 11. This is higher than week 10 (0%). No H3 influenza cases were identified (Table 3). The percent positivity for RSV was the highest among all isolates tested, at 14.00% (Table 8).
Influenza A Outbreaks	No change	No new institutional influenza outbreaks were reported for the current reporting week.
Influenza Activity Levels Reported by Health Units	No change	No health units reported 'localized' activity and two reported 'sporadic' activity for the current reporting week.
ILI Consultation Rate reported by Sentinel Physicians	Lower	The overall ILI consultation rate has decreased from 23.40/1,000 patient visits in Week 10 to 10.60/1,000 patient visits in Week 11. The ILI rate is lower than the average rate for week 11 from previous years.
Hospitalizations Among Lab Confirmed Cases of Influenza	Similar	One new hospitalization was reported from March 14 to February March 20, and none were reported the previous week (March 7 to March 13).
Deaths Among Lab Confirmed Cases of Influenza	Similar	No new deaths were reported from March 14 to March 20, which was the also the case the previous week (March 7 to March 13).
OVERALL ASSESSMENT	Influenza activity in Ontario is <i>similar</i> compared to the previous week.	Overall the indicators show that influenza activity was similar in week 11 compared to week 10.

*Counts from previous weeks may be updated and therefore may not match reports in earlier Bulletins

Overall, influenza activity in Ontario during week 11, 2010, was **similar** when compared to week 10, 2010. Ontario health units reported 3 new confirmed cases of influenza for the current week through the integrated Public Health Information System (iPHIS). During week 11, two new laboratory confirmed cases of pH1N1 were seen in the Toronto health region. No new institutional influenza outbreaks were reported. For week 11, two health units reported sporadic activity, and the remaining health units reported no influenza activity or did not report. The rate of influenza-like illness (ILI) in patients seen by sentinel physicians is lower than what is expected for this time of the year based on the average ILI rate reported in week 11 from previous years.

ANNOUNCEMENTS

- 1. As few cases of pH1N1 have been observed in recent months, the Ontario Influenza Bulletin has reverted back to its original purpose to focus on influenza activity as a whole.**
- 2. Due to the holiday on Friday, April 2, next week's Bulletin will be distributed on Thursday April 1, 2010.**

For a definition of ILI activity levels and links to websites providing current influenza information from other sources, please refer to the attached Appendix- I. If you would like to provide feedback on the Bulletin, please contact Christine D'Souza (christine.dsouza1@ontario.ca, 416-212-5323) or Michael Whelan (michael.whelan@ontario.ca, 416-327-9174).

Table 1: Summary of confirmed influenza cases and institutional influenza outbreaks by health region (Week 11, 2009-2010)

Confirmed influenza cases*†	HEALTH REGION							TOTAL
	North West	North East	Eastern	Central East	Toronto	South West	Central West	
Pandemic (H1N1) 2009	0	0	0	0	2	0	0	2
Influenza A (Not Subtyped/No Subtype)	0	0	0	0	0	0	1	1
Influenza A (Seasonal H1)	0	0	0	0	0	0	0	0
Influenza A (Seasonal H3)	0	0	0	0	0	0	0	0
Influenza A** (Other)	0	0	0	0	0	0	0	0
Influenza B	0	0	0	0	0	0	0	0
Influenza A & B	0	0	0	0	0	0	0	0
Total new cases	0	0	0	0	2	0	1	3
Institutional outbreaks of pandemic (H1N1) 2009 ‡	0	0	0	0	0	0	0	0
Institutional outbreaks of Influenza (Other Subtypes/Not Subtyped)‡	0	0	0	0	0	0	0	0

SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2010].

* Includes reports of confirmed influenza through iPHIS, as well as cases in institutional outbreaks, with dates of onset for the first case in the surveillance period.

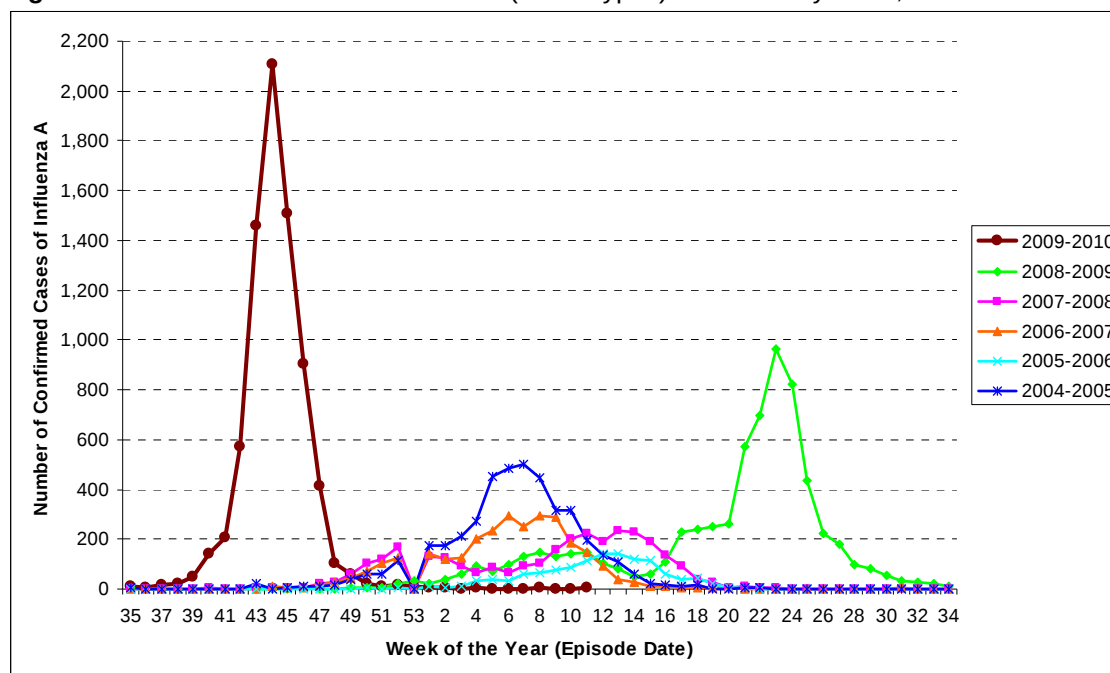
‡ Confirmed outbreaks in institutions with onset date of symptoms during the surveillance period.

**includes indeterminate, untypeable and other subtypes

The number of influenza A cases reported during the second wave of the pandemic began to increase in early September, with a maximum number of cases reported in week 44 (November 1 -7). The maximum case volume observed to date in the 2009-2010 season has exceeded the maximum case volume in all of the past five influenza seasons (however in other flu seasons, there has been less extensive testing). The number of cases of influenza A reported in week 11 of the 2009-2010 season is below that reported from previous seasons in the same week.

The number of influenza B cases reported to date for week 11 and in total for the 2009-2010 season is below the number reported in previous seasons.

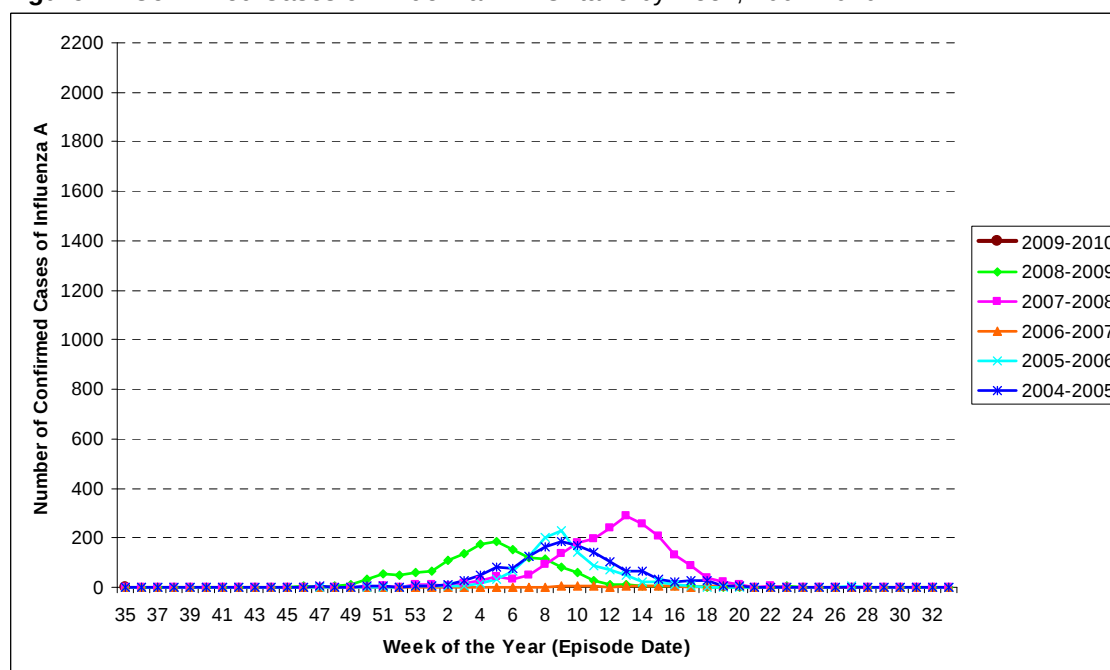
Figure 1: Confirmed cases of Influenza A (all subtypes) in Ontario by week, 2004-2010^{†*}



SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2010].

[†] Episode Date for a case corresponds to the earliest date on record for the case according to the iPHIS hierarchy (Symptom Date > Clinical Diagnosis Date > Specimen Collection Date > Lab Test Date > Reported Date)

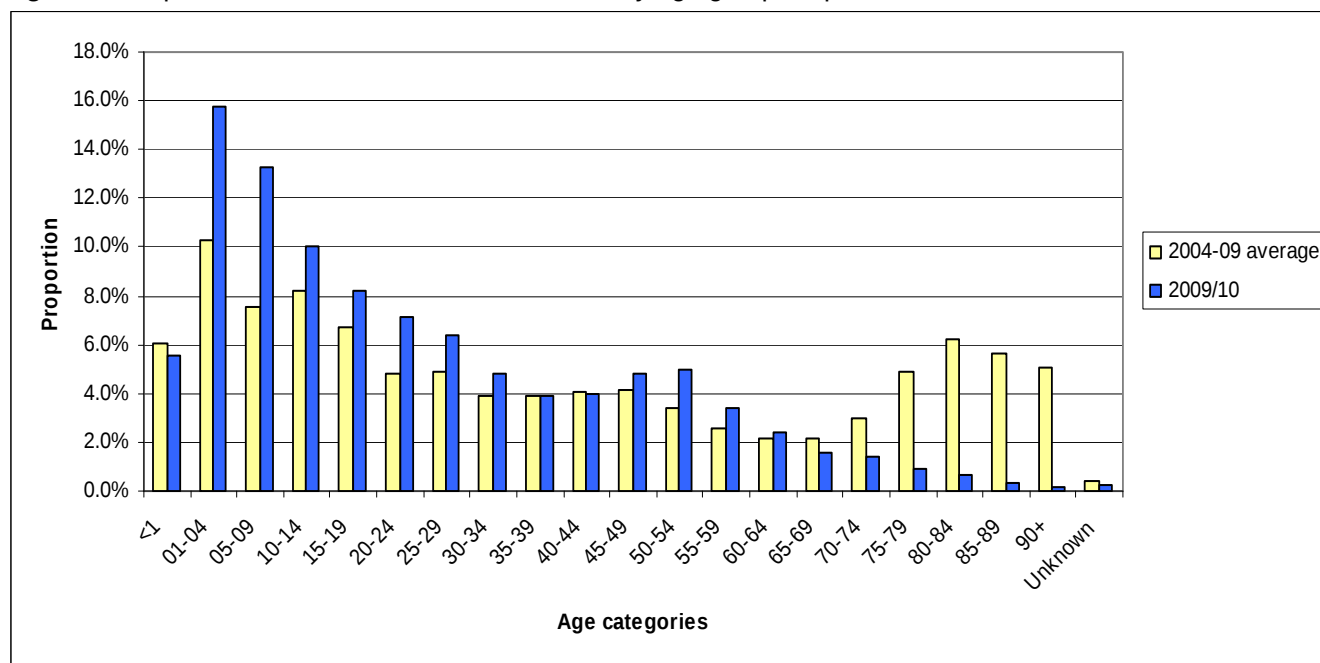
Figure 2: Confirmed Cases of Influenza B in Ontario by week, 2004-2010[†]



SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2009].

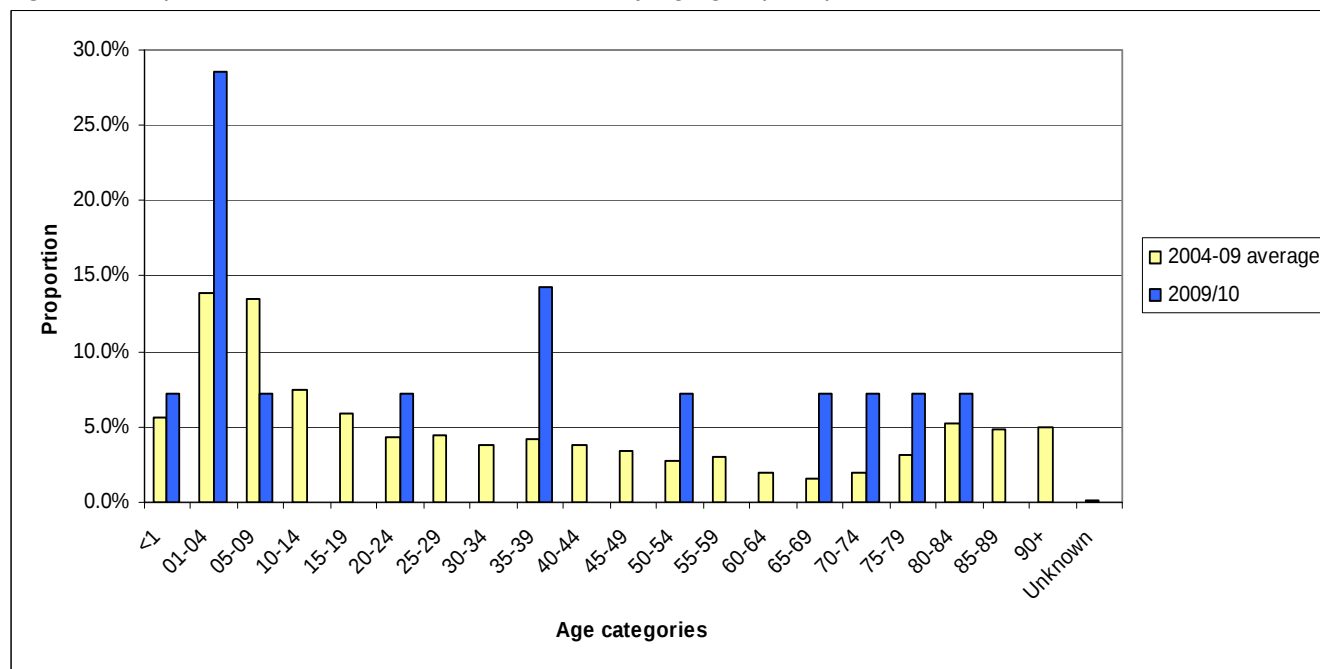
[†] Episode Date for a case corresponds to the earliest date on record for the case according to the iPHIS hierarchy (Symptom Date > Clinical Diagnosis Date > Specimen Collection Date > Lab Test Date > Reported Date)

Figure 3: Proportion of influenza A cases in Ontario by age group, September 1 – March 20, 2004-2010



SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2010].
* Pandemic influenza cases captured through aggregate reporting are included

Figure 4: Proportion of influenza B cases in Ontario by age group, September 1 – March 20, 2004-2010



SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2010].

Table 2: Confirmed cases of influenza by health unit & health region with an episode date[†] during Week 11, 2009-10

Region	Health Unit	Influenza A					Influenza A & B	Influenza B	TOTAL
		pH1N1	No Subtype/ Not Subtyped	Other*	H1	H3			
North West	Northwestern	0	0	0	0	0	0	0	0
	Thunder Bay District	0	0	0	0	0	0	0	0
	TOTAL NORTH WEST	0	0	0	0	0	0	0	0
North East	Algoma	0	0	0	0	0	0	0	0
	North Bay Parry Sound District	0	0	0	0	0	0	0	0
	Porcupine	0	0	0	0	0	0	0	0
	Sudbury & District	0	0	0	0	0	0	0	0
	Timiskaming	0	0	0	0	0	0	0	0
	TOTAL NORTH EAST	0	0	0	0	0	0	0	0
Eastern	City of Ottawa	0	0	0	0	0	0	0	0
	Eastern Ontario	0	0	0	0	0	0	0	0
	Hastings & Prince Edward Counties	0	0	0	0	0	0	0	0
	Kingston, Frontenac, Lennox & Addington	0	0	0	0	0	0	0	0
	Leeds, Grenville And Lanark District	0	0	0	0	0	0	0	0
	Renfrew County And District	0	0	0	0	0	0	0	0
	TOTAL EASTERN	0	0	0	0	0	0	0	0
Central East	Durham Region	0	0	0	0	0	0	0	0
	Haliburton, Kawartha, Pine Ridge	0	0	0	0	0	0	0	0
	Peel Region	0	0	0	0	0	0	0	0
	Peterborough County-City	0	0	0	0	0	0	0	0
	Simcoe Muskoka District	0	0	0	0	0	0	0	0
	York Region	0	0	0	0	0	0	0	0
	TOTAL CENTRAL EAST	0	0	0	0	0	0	0	0
Toronto	Toronto	2	0	0	0	0	0	0	2
	TOTAL TORONTO	2	0	0	0	0	0	0	2
South West	Chatham-Kent	0	0	0	0	0	0	0	0
	Elgin-St. Thomas	0	0	0	0	0	0	0	0
	Grey Bruce	0	0	0	0	0	0	0	0
	Huron County	0	0	0	0	0	0	0	0
	Lambton County	0	0	0	0	0	0	0	0
	Middlesex-London	0	0	0	0	0	0	0	0
	Oxford County	0	0	0	0	0	0	0	0
	Perth District	0	0	0	0	0	0	0	0
	Windsor-Essex County	0	0	0	0	0	0	0	0
	TOTAL SOUTHWEST	0	0	0	0	0	0	0	0
Central West	Brant County	0	0	0	0	0	0	0	0
	City Of Hamilton	0	0	0	0	0	0	0	0
	Haldimand-Norfolk	0	0	0	0	0	0	0	0
	Halton Region	0	0	0	0	0	0	0	0
	Niagara Region	0	0	0	0	0	0	0	0
	Waterloo Region	0	1	0	0	0	0	0	1
	Wellington-Dufferin-Guelph	0	0	0	0	0	0	0	0
	TOTAL CENTRAL WEST	0	1	0	0	0	0	0	1
	TOTAL ONTARIO	2	1	0	0	0	0	0	3

SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2010].

[†] Episode Date for a case corresponds to the earliest date on record for the case according to the iPHIS hierarchy (Symptom Date > Clinical Diagnosis Date > Specimen Collection Date > Lab Test Date > Reported Date)

*includes indeterminate, untypeable and other subtypes

Table 3: Cumulative* confirmed cases of influenza by health unit & health region with an episode date[†] between September 1, 2009 – March 20, 2010

Region	Health Unit	Influenza A					Influenza A & B	Influenza B	TOTAL Cumulative
		pH1N1	No Subtype/ Not Subtyped	Other*	H1	H3			
North West	Northwestern	73	56	3	0	0	0	0	132
	Thunder Bay District	88	64	2	0	0	0	0	154
	TOTAL NORTH WEST	161	120	5	0	0	0	0	286
North East	Algoma	61	46	1	0	0	0	0	108
	North Bay Parry Sound District	48	59	2	0	0	0	0	109
	Porcupine	107	39	7	0	0	0	0	153
	Sudbury & District	44	63	2	0	0	0	0	109
	Timiskaming	53	9	1	0	0	0	0	63
	TOTAL NORTH EAST	313	216	13	0	0	0	0	542
Eastern	City of Ottawa	415	9	0	0	0	0	0	424
	Eastern Ontario	175	26	0	0	0	0	0	201
	Hastings & Prince Edward Counties	76	29	0	0	0	0	0	105
	Kingston, Frontenac, Lennox & Addington	149	31	0	0	0	0	0	180
	Leeds, Grenville And Lanark District	95	20	0	0	0	0	0	115
	Renfrew County And District	40	7	0	1	0	0	0	48
	TOTAL EASTERN	950	122	0	1	0	0	0	1,073
Central East	Durham Region	170	88	5	0	0	0	0	263
	Haliburton, Kawartha, Pine Ridge	51	34	2	0	0	0	0	87
	Peel Region	354	270	6	0	1	0	4	635
	Peterborough County-City	47	33	3	0	0	0	0	83
	Simcoe Muskoka District	166	144	4	0	0	0	0	314
	York Region	206	154	3	0	0	0	1	364
	TOTAL CENTRAL EAST	994	723	23	0	1	0	5	1,746
Toronto	Toronto	846	386	20	0	0	0	3	1,255
	TOTAL TORONTO	846	386	20	0	0	0	3	1,255
South West	Chatham-Kent	33	27	0	0	0	0	0	60
	Elgin-St. Thomas	21	22	1	0	0	0	0	44
	Grey Bruce	37	72	0	0	0	0	0	109
	Huron County	25	28	0	0	0	0	0	53
	Lambton County	54	25	0	0	0	0	0	79
	Middlesex-London	204	136	2	0	1	0	0	343
	Oxford County	62	25	5	0	0	0	0	92
	Perth District	33	16	0	0	0	0	2	51
	Windsor-Essex County	145	199	3	1	0	0	0	348
	TOTAL SOUTHWEST	614	550	11	1	1	0	2	1,179
Central West	Brant County	22	28	0	0	0	0	0	50
	City Of Hamilton	212	215	1	0	0	0	1	429
	Haldimand-Norfolk	25	27	0	1	0	0	0	53
	Halton Region	174	121	2	0	1	0	1	299
	Niagara Region	233	111	7	0	0	0	1	352
	Waterloo Region	122	113	0	0	1	0	0	236
	Wellington-Dufferin-Guelph	55	53	0	0	0	1	1	110
	TOTAL CENTRAL WEST	843	668	10	1	2	1	4	1,529
	Out of Province	0	0	0	0	0	0	0	0
	TOTAL ONTARIO	4,721	2,785	82	3	4	1	14	7,610

SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2010].

Cumulative case counts include late reports and records that are otherwise reconciled. Therefore, cumulative counts may not equal new cases plus previous cumulative value.

[†] Episode Date for a case corresponds to the earliest date on record for the case according to the iPHIS hierarchy (Symptom Date > Clinical Diagnosis Date > Specimen Collection Date > Lab Test Date > Reported Date)

*includes indeterminate, untypeable and other subtypes

As of March 20, 2010, a total of 2,207 hospitalizations were reported among influenza cases reported in Ontario for the 2009-2010 season. This represents a population-based incidence rate of 17.06 cases per 100,000 population. During this time frame, a total of 119 deaths were reported for a mortality rate of 0.92 cases per 100,000 population. Almost all of the hospitalizations (2,204/2,207) and deaths (118/119) were due to influenza A.

Table 4a. Incidence of hospitalizations among influenza cases in Ontario, Sep. 1, 2009 – Mar. 20, 2010

Age Group	Influenza A		Influenza B		Total Influenza	
	Number	Rate/100,000	Number	Rate/100,000	Number	Rate/100,000
<1	159	118.67	0	0.00	159	118.67
1-4	329	60.23	1	0.18	330	60.42
5-14	370	23.97	1	0.06	371	24.03
15-24	205	11.72	1	0.06	206	11.78
25-44	361	9.64	0	0.00	361	9.64
45-64	566	16.29	0	0.00	566	16.29
65+	214	12.39	0	0.00	214	12.39
TOTAL	2204	17.06	3	0.02	2207	17.08

Source (incidence): Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted at 8:30 am [25/03/2010]

Source (incidence): Ontario population projections for 2008: Ontario Ministry of Health and Long-Term Care, Public Health Planning Database (PHPDB), extracted [12/02/2009]

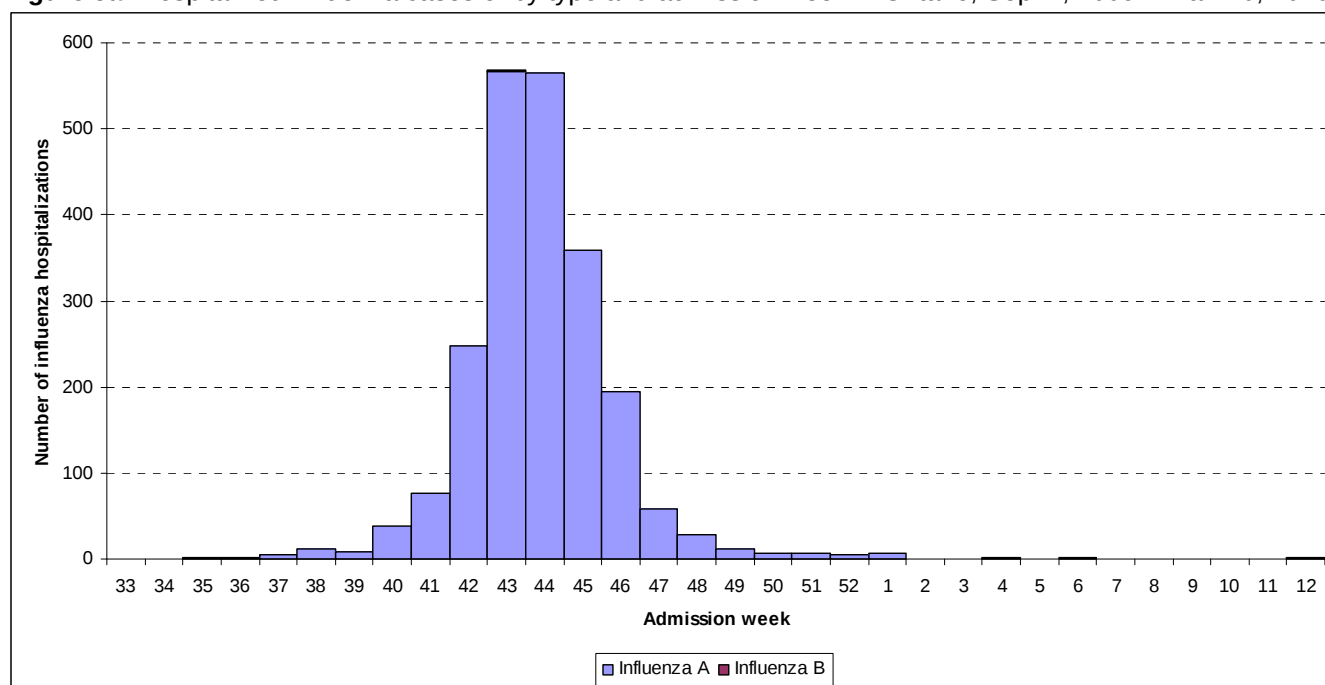
Table 4b. Incidence of deaths among influenza cases in Ontario, Sep. 1, 2009 – Mar. 20, 2010

Age Group	Influenza A		Influenza B		Total Influenza	
	Number	Rate/100,000	Number	Rate/100,000	Number	Rate/100,000
<1	1	0.75	0	0.00	1	0.75
1-4	1	0.18	0	0.00	1	0.18
5-14	4	0.26	0	0.00	4	0.26
15-24	9	0.51	0	0.00	9	0.51
25-44	17	0.45	0	0.00	17	0.45
45-64	55	1.58	1	0.03	56	1.61
65+	31	1.79	0	0.00	31	1.79
TOTAL	118	0.91	1	0.01	119	0.92

Source (incidence): Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted at 8:30 am [25/03/2010]

Source (incidence): Ontario population projections for 2008: Ontario Ministry of Health and Long-Term Care, Public Health Planning Database (PHPDB), extracted [12/02/2009]

Figure 5a: Hospitalized influenza cases of by type and admission week in Ontario, Sep. 1, 2009 – Mar. 20, 2010*

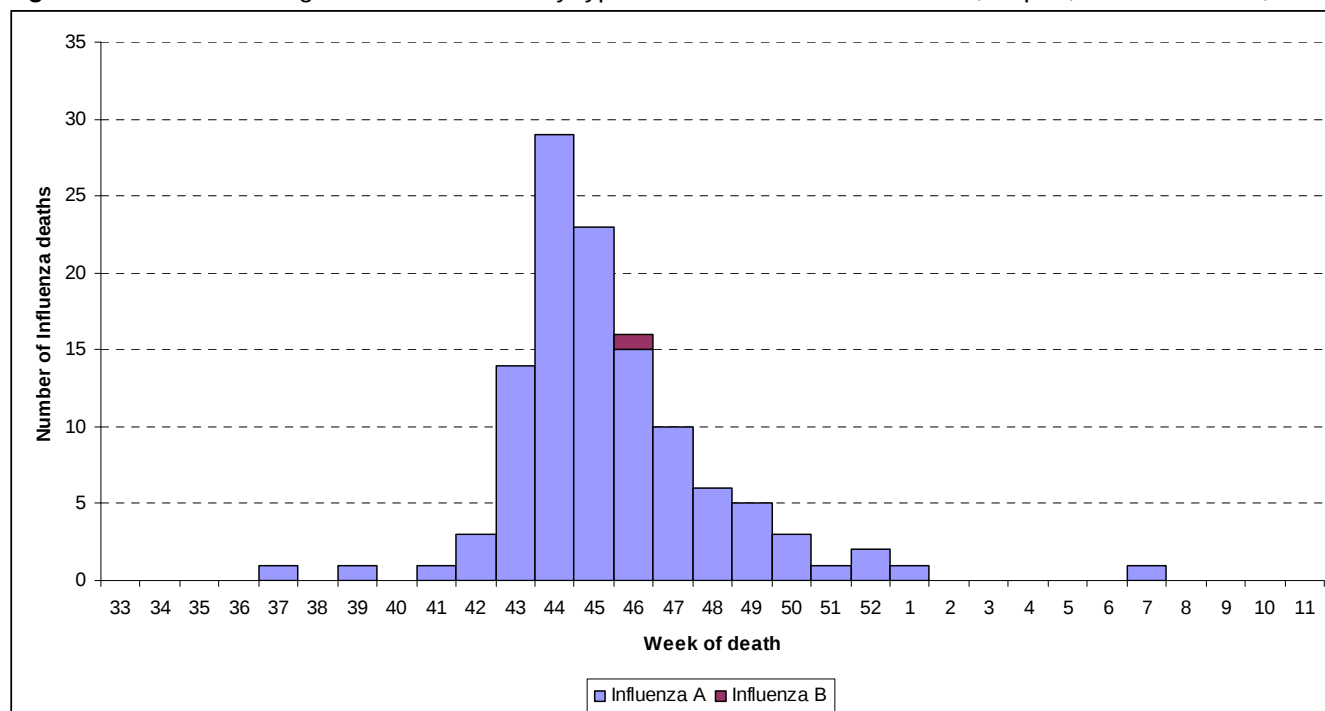


Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted at 8:30 am [25/03/2010]

Note: Interpret tail with caution due to reporting lags, changes in lab testing, case identification and data entry.

*There are two hospitalized influenza B cases in Week 43 & one in Week 6

Figure 5b: Deaths among influenza cases of by type and week of death in Ontario, Sep. 1, 2009 – Mar. 20, 2010



Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted at 8:30 am [25/03/2010]

Note 1: Interpret tail with caution due to reporting lags, changes in lab testing, case identification and data entry.

Note 2: Chart does not include 2 deaths with unknown death dates.

Influenza Subtype(s):

During week 11, a total of 2207 results of isolate testing were received by the Public Health Agency of Canada, with 8 testing positive for influenza A and one positive for influenza B. 4 of the reported influenza A isolates each were from Ontario and British Columbia (50.0%). The one influenza B isolate (100.0%) was from Ontario*.

(Antigenic Characterization and Antiviral Resistance data are current as of March 11, 2010)

Antigenic Characterization (National):

Since September 1, 2009, National Microbiology Laboratory (NML) has antigenically characterized 836 pandemic H1N1 viruses and 16 seasonal influenza viruses (three A/H1N1, ten A/H3N2 and three B virus) that were received from Canadian laboratories.

Pandemic Influenza A (H1N1):

Among the 836 pandemic influenza A (H1N1) viruses characterized, 832 (99.5%) were antigenically related to A/California/7/2009, which is the pandemic reference virus selected by WHO as a potential candidate for 2009 influenza A (H1N1) vaccine. Four viruses (0.5%) tested showed reduced titer with antisera produced against A/California/7/2009.

Seasonal Influenza A (H1N1):

Three seasonal influenza A/H1N1 viruses characterized were related to A/Brisbane/59/2007, which is the influenza A/H1N1 component for the 2009-2010 influenza vaccine.

Seasonal Influenza A (H3N2):

Of the ten H3N2 viruses, two seasonal influenza A (H3N2) virus characterized was related to A/Brisbane/10/2007, which is the influenza A/H3N2 component recommended for the 2009-10 influenza vaccine. Eight viruses were antigenically related to A/Perth/16/2009, which is the WHO recommended influenza A (H3N2) component for the 2010 -11 Northern Hemisphere vaccine formulation.

Influenza B:

Among the three influenza B viruses characterized, two were antigenically related to B/Brisbane/60/2008, which is the recommended influenza B component for the 2009-2010 influenza vaccine. One B virus was related to the previous vaccine virus B/Florida/4/2006 (Yamagata lineage).

Antigenic Characterization (Provincial):

Since September 1, 2009, The National Microbiology Laboratory (NML) has antigenically characterized the following strains from Ontario: 292 influenza A/California/07/2009-like and 2 influenza B/Brisbane/60/2008-like.

Antiviral Resistance and Sensitivity (National):

a) Amantadine

Twenty-nine seasonal influenza A viruses (five H1N1 and 24 H3N2) and 1121 pandemic H1N1 viruses were tested for resistance to amantadine and found that one H1N1 virus, all 24 H3N2 viruses and all 1121 pandemic H1N1 viruses were resistant. Four seasonal H1N1 viruses were sensitive to amantadine.

b) Oseltamivir:

Twenty-two seasonal influenza viruses (six H1N1, thirteen H3N2 and three B) and 1065 pandemic H1N1 viruses were tested for resistance to oseltamivir. Six seasonal H1N1 isolates were resistant to oseltamivir. Of the 1065 pandemic H1N1 viruses tested, 1053 were sensitive to oseltamivir and 12 pH1N1 isolates were resistant to oseltamivir with the H275Y mutation. Twelve of the resistant cases were associated with oseltamivir treatment

c) Zanamivir:

Eighteen seasonal influenza viruses (two H1N1, thirteen H3N2 and three B) and 1043 pandemic H1N1 viruses were tested for resistance to zanamivir. All 18 seasonal influenza viruses and all 1043 pandemic H1N1 viruses were sensitive to zanamivir.

Antiviral Resistance and Sensitivity (Provincial):

a) Amantadine

Of the 311 pH1N1 isolates tested, all were resistant to amantadine. Two H3N2 isolates were also resistant to amantadine.[†]

b) Oseltamivir

Of the 310 influenza pH1N1 isolates from Ontario tested at NML, 4 were resistant to oseltamivir. One seasonal influenza A/H1N1 virus was also resistant. Of 762 Ontario isolates tested provincially by the OAHPP 15, representing 5 patients, were resistant to oseltamivir.[‡] Both influenza B isolates were sensitive to oseltamivir.

c) Zanamivir

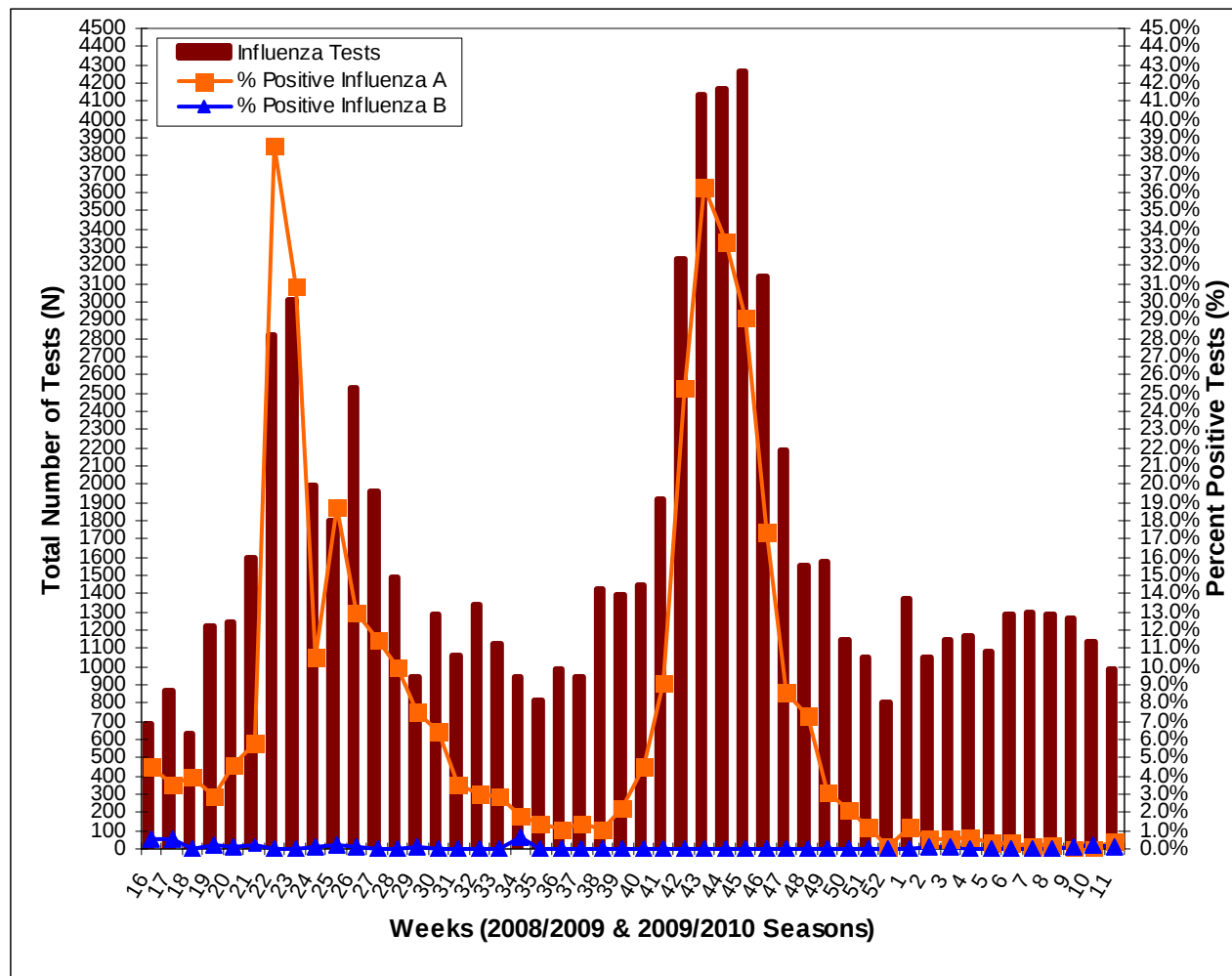
All 303 pH1N1 isolates tested were sensitive to zanamivir. Both influenza B isolates were sensitive to zanamivir.

* These data have been obtained from the Respiratory Virus Detection tables of Public Health Agency of Canada and do not include data from late reports to PHAC: Week 11, 2010. Please note that the last version received from PHAC as of 4:00PM on March 25, 2010 was used.[†]

[†] These data have been obtained from the National Microbiology Laboratory of the Public Health Agency of Canada as of March 11, 2010.

[‡] OAHPP – Laboratory Pandemic H1N1 Surveillance Report –March 22, 2010

Figure 6a: Total number of influenza tests performed and percent of positive tests in Ontario reported to the Centre for Immunization and Respiratory Infectious Diseases (CIRID), by report week*.

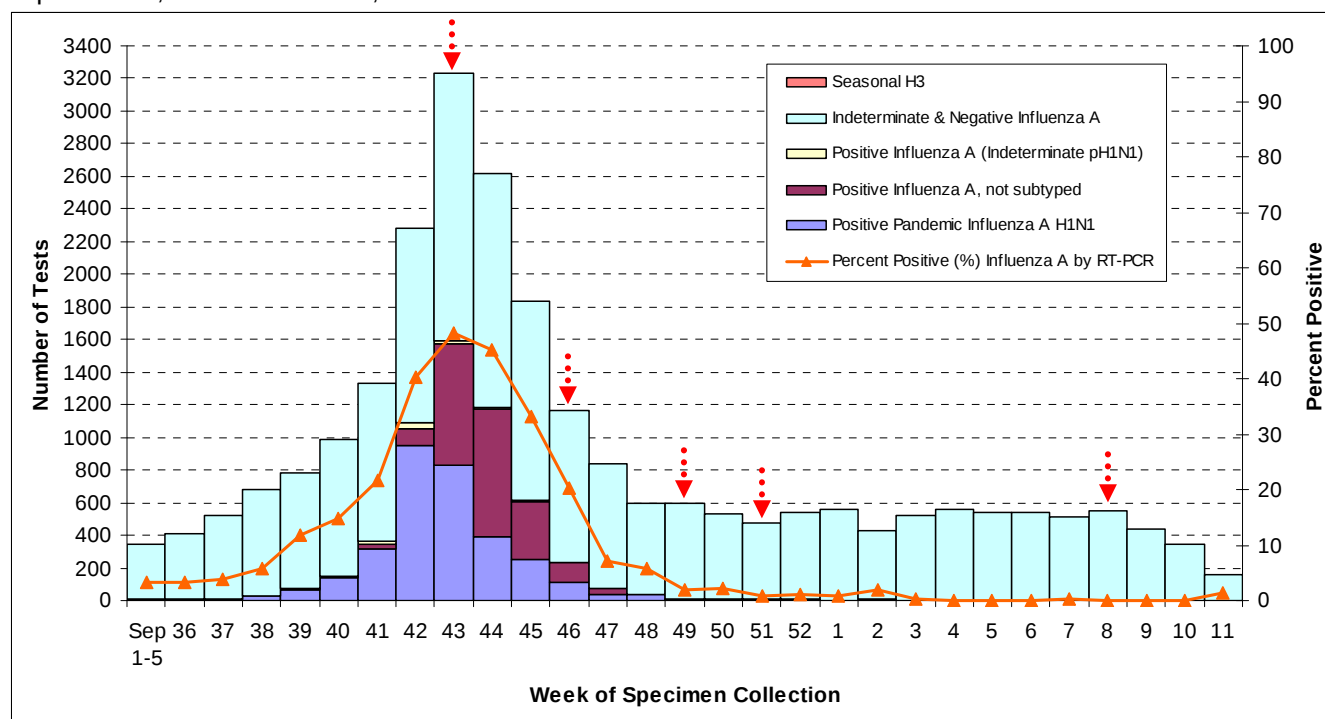


Source: Public Health Agency of Canada. These data have been obtained from the Respiratory Virus Detection tables of Public Health Agency of Canada from 17 labs in Ontario and do not include data from late reports to PHAC for the current season: Week 11, 2010. Please note that the last version received from PHAC as of 4:00PM on March 25, 2010 was used.

* Total numbers reported include late reports from previous seasons; therefore totals may not be equal to the sum of the weekly numbers.

Note: Cumulative numbers for season to date are available through FluWatch: <http://www.phac-aspc.gc.ca/fluwatch/>

Figure 6b: Total number of influenza tests performed and percent of positive tests in Ontario conducted by the Ontario Agency for Health Protection and Promotion Laboratory – Toronto, by specimen collection week September 1, 2009 – March 20, 2010



Source: These data have been obtained from the PHL, Ontario Agency for Health Protection and Promotion (OAHP).

Note: Not all cases with specimens collected during week 11 are included in this summary due to the lag in time from the date of specimen collection to the date the final test result is confirmed.

Note: The downward arrows indicate changes in the testing algorithm. For details on the changes, please refer to Appendix 1 of the OAHP: Weekly Laboratory Surveillance Report

Table 5: Summary of Other Respiratory Virus Detections/Isolations in Ontario in Week 11

Organism Name	Number of Positive Tests	Number of Tests	% Positive
Respiratory Syncytial Virus	90	643	14.00
Parainfluenza (all types)	16	602	2.66
Adenovirus	11	602	1.83
Human Metapneumovirus	19	219	8.68

SOURCE: These data have been obtained from the Respiratory Virus Detection tables of Public Health Agency of Canada from 17 labs in Ontario and do not include data from late reports to PHAC: Week 11, 2010. Please note that the last version received from PHAC as of 4:00PM on March 25, 2010 was used.

Table 6: Institutional respiratory infection outbreaks in Ontario: new outbreaks* in Week 11 and total outbreaks for the season**

Institutional Respiratory Infection Outbreaks		
New Outbreaks*	N	% (of outbreaks)
Influenza A (All subtypes)	0	0.0
Influenza B	0	0.0
Influenza A and B	0	0.0
Parainfluenza (All types)	0	0.0
RSV	0	0.0
Other organisms	0	0.0
No organism identified	4	100.0
TOTAL	4	100.0
Total Respiratory Infection Outbreaks of the Season to date**	N	% (of outbreaks)
Influenza A	57	14.4
Influenza B	0	0.0
Influenza A and B	0	0.0
Parainfluenza (All types)	13	3.3
RSV	48	12.2
Combined Outbreaks [†]	18	4.6
Other organisms	106	26.8
No organism identified	153	38.7
TOTAL	395	100.0
Types of Institutions – All Outbreaks **	N	% (of outbreaks)
Long-Term Care Homes	230	58.2
Hospitals	30	7.6
Retirement Homes	35	8.9
Other	11	2.8
Unknown	89	22.5
TOTAL	395	100.0

SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2010]

* New outbreaks are those in which the date of onset of illness in the first case occurred and recorded through iPHIS in the current surveillance period; i.e. March 14, 2010 – March 20, 2010

** Season to date includes all outbreaks in which the date of onset of illness in the first case occurred up to Week 11.

[†] Combined outbreaks include outbreaks in which more than one non-influenza organism has been identified (e.g. RSV, parainfluenza, rhinovirus, etc.)

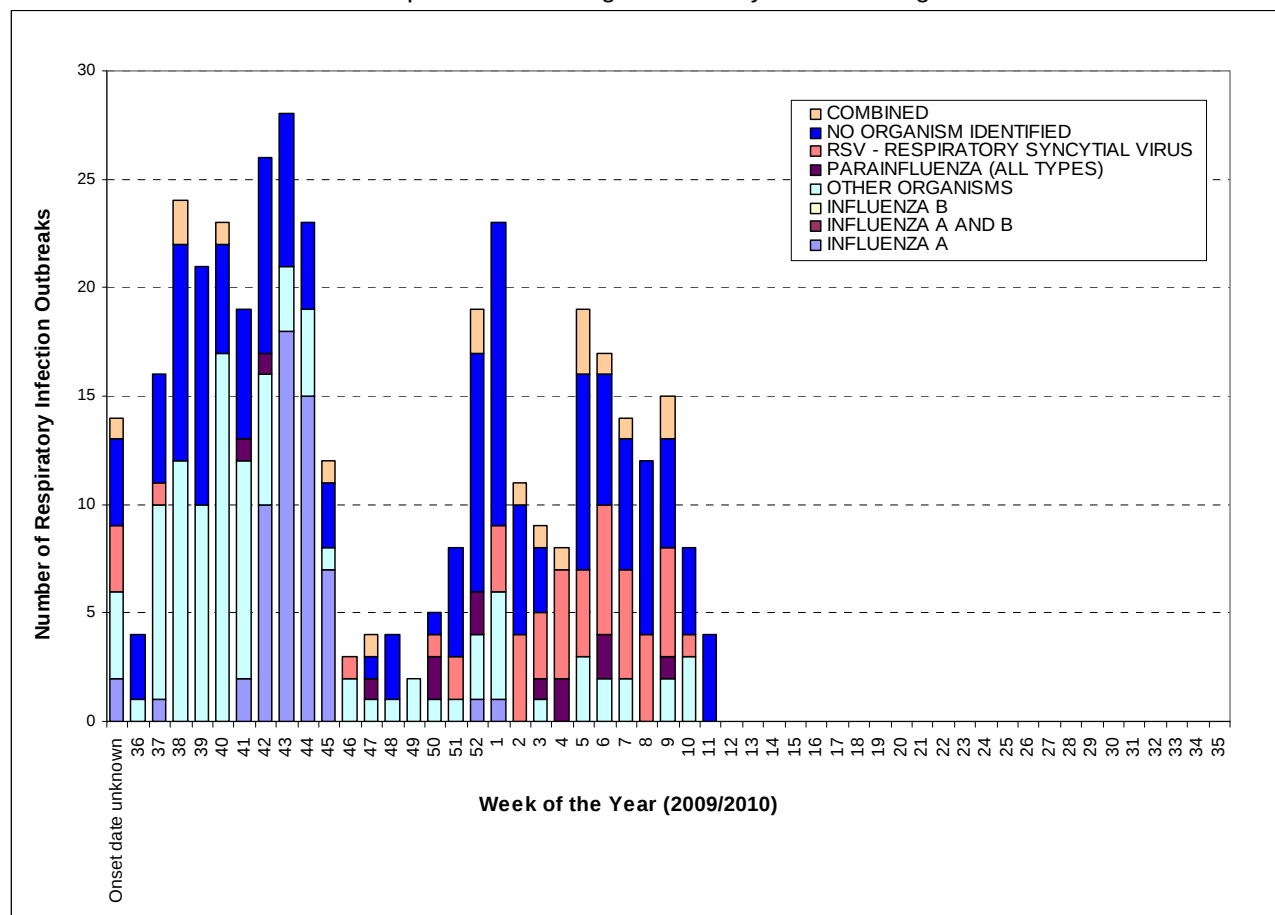
Table 7: Outbreak Related Complications in institutional respiratory infection outbreaks in Ontario during the Surveillance Season*

Outbreak Related Cases – All Outbreaks	N	% (of total cases)
Residents	3881	70.1
Patients	268	4.8
Staff	1388	25.1
Total Cases	5537	100.0
Deaths		% (of cases per role)
Residents	99	2.6
Patients	3	1.1
Staff	0	0.0
Pneumonia (Chest x-ray confirmed)		% (of cases per role)
Residents	108	2.8
Patients	9	3.4
Staff	2	0.1
Hospitalizations		% (of cases per role)
Residents	180	4.6
Staff	0	0.0
Outbreak Related Cases – All Influenza Outbreaks	N	% (of total cases)
Residents	291	54.2
Patients	77	14.3
Staff	169	31.5
Total Cases	537	100.0
Deaths		% (of cases per role)
Residents	20	6.9
Patients	1	1.3
Staff	0	0.0
Pneumonia (Chest x-ray confirmed)		% (of cases per role)
Residents	7	2.4
Patients	4	5.2
Staff	0	0.0
Hospitalizations		% (of cases per role)
Residents	32	11.0
Staff	0	0.0

SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2010]

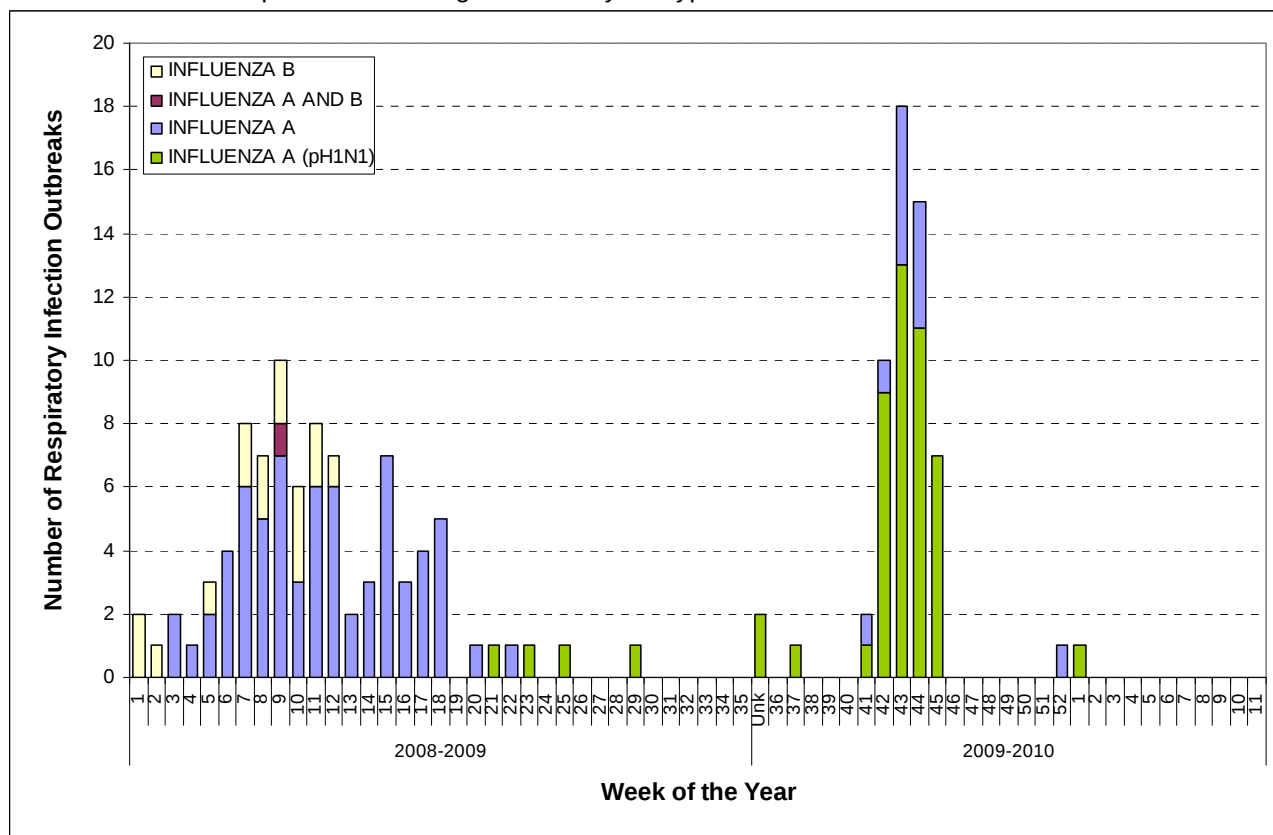
* Season to date includes all outbreaks in which the date of onset of illness in the first case occurred from September 1, 2009 – March 20, 2010

Figure 7: Institutional respiratory infection outbreaks in Ontario by onset of illness in the first case: Total Outbreaks up to and including Week 11 by causative organism



Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2010]

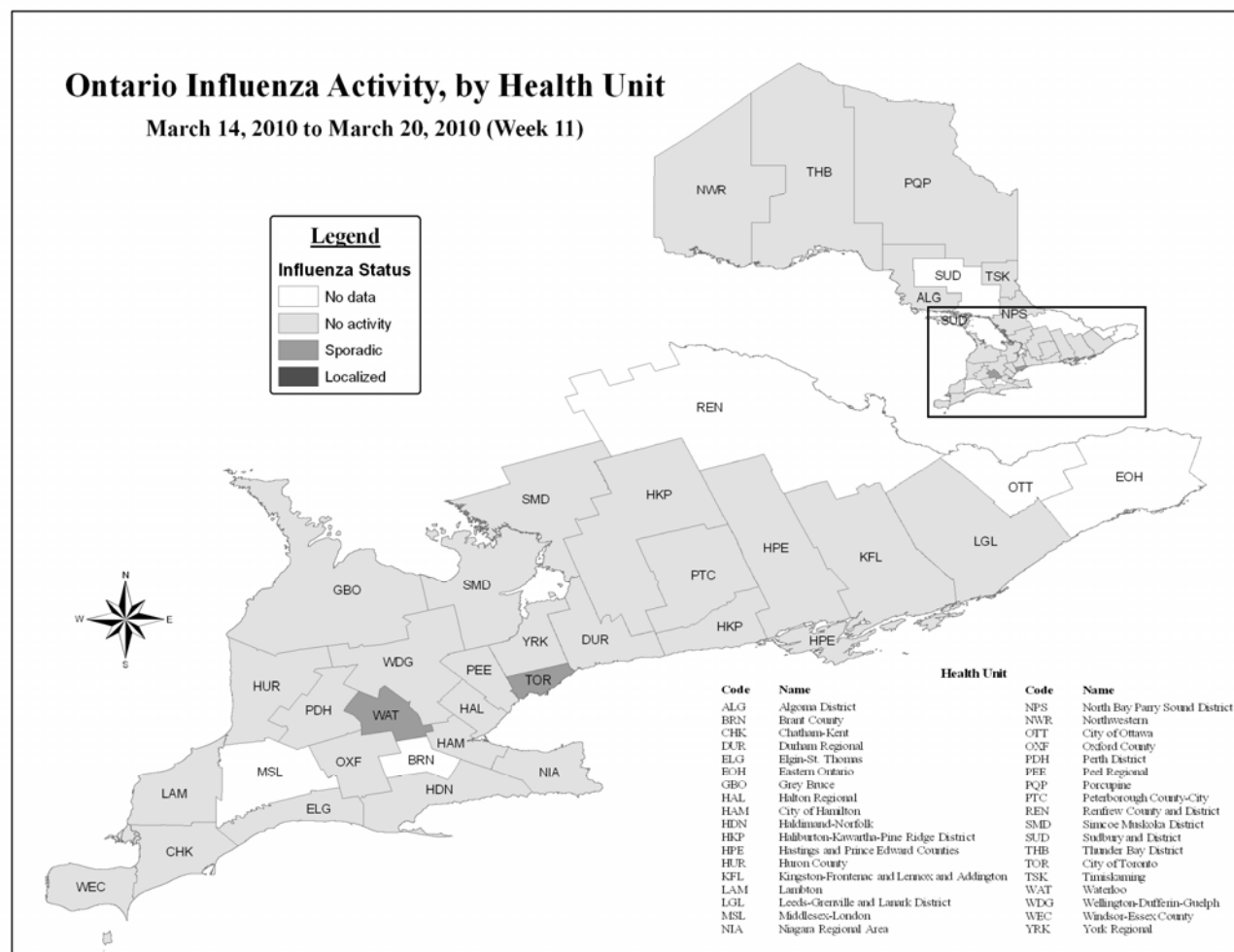
Figure 8: Institutional influenza outbreaks in Ontario by onset of illness in the first case: Total outbreaks up to and including Week 11 by subtype*



Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [24/03/2010]

*School outbreaks are not included in this chart.

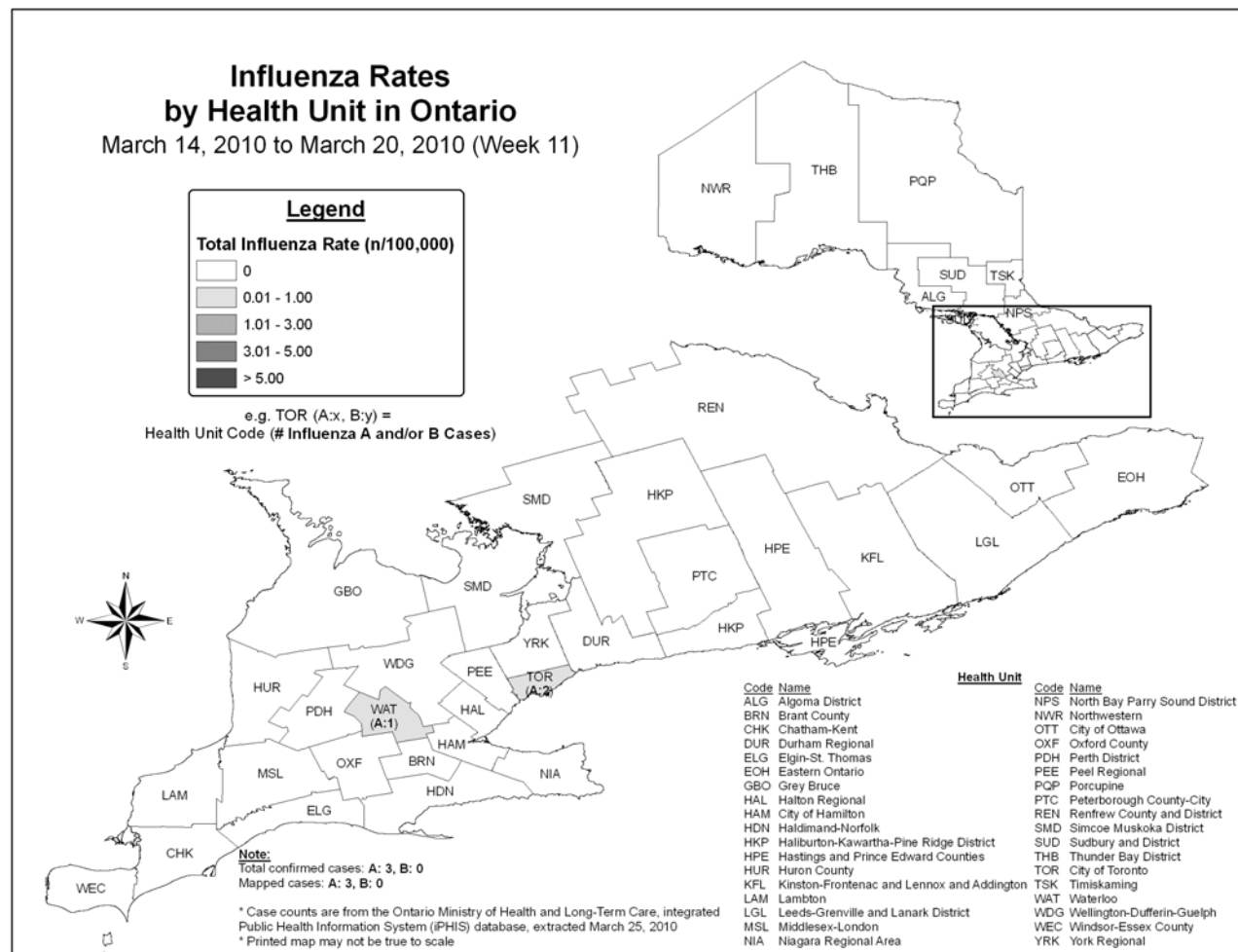
Figure 9: Influenza Activity* levels in Ontario by health unit for Week 11, 2010



SOURCE: MOHLTC [Provincial Influenza Activity Report (Appendix C) Database]

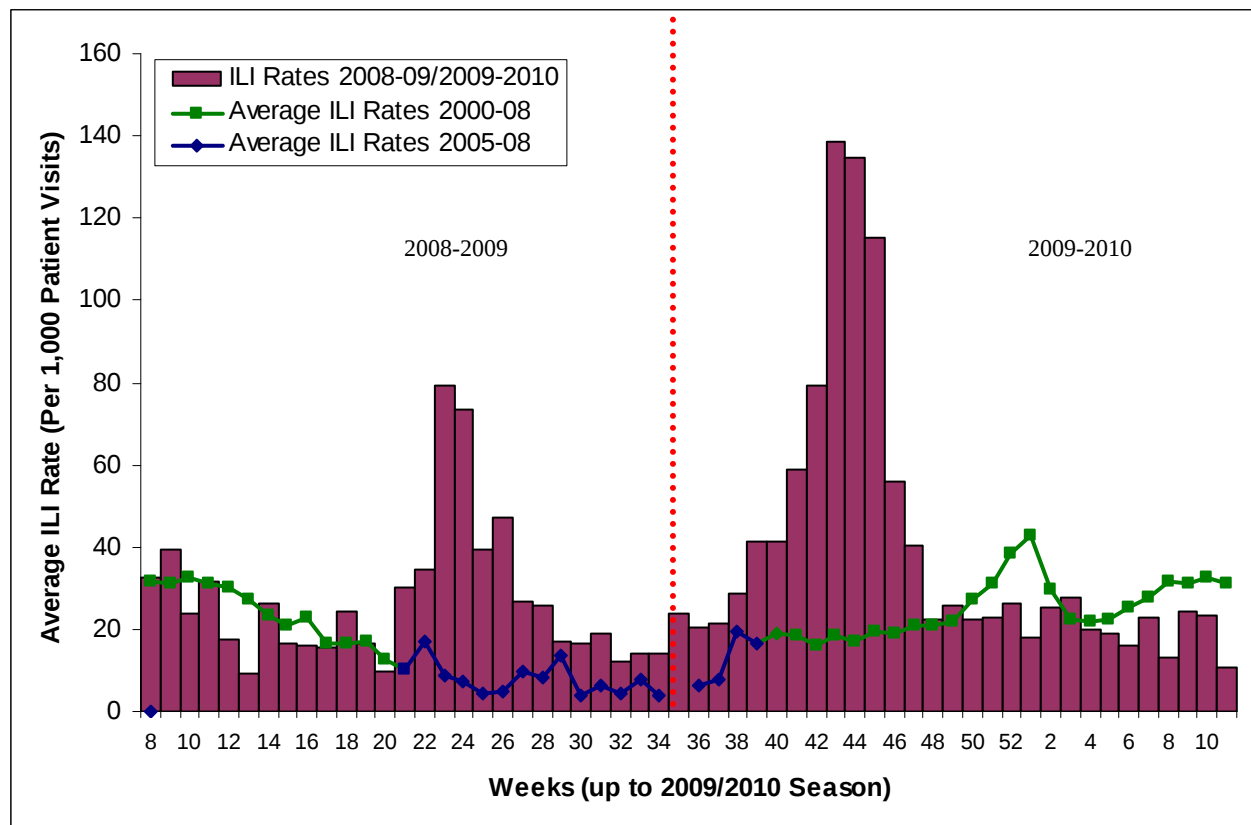
* Influenza activity levels are assigned by local public health units and reported to the MOHLTC by the Tuesday following the end of the surveillance week at 4 pm. Activity levels are assigned based on laboratory confirmations, ILI reports from various sources, and laboratory confirmed institutional outbreaks. Please refer to detailed definitions for the 2009-2010 season included in the Appendix-1]

Figure 10: Influenza incidence rates and counts in Ontario by health unit for Week 11, 2010



Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [25/03/2010]

Figure 11: Average influenza-like illness (ILI) consultation rate (per 1,000 patient visits) reported by sentinel physicians* in Ontario up to the 2009-10 surveillance season, by report week, compared to Ontario average† (1999/2000 to 2007/08 seasons).



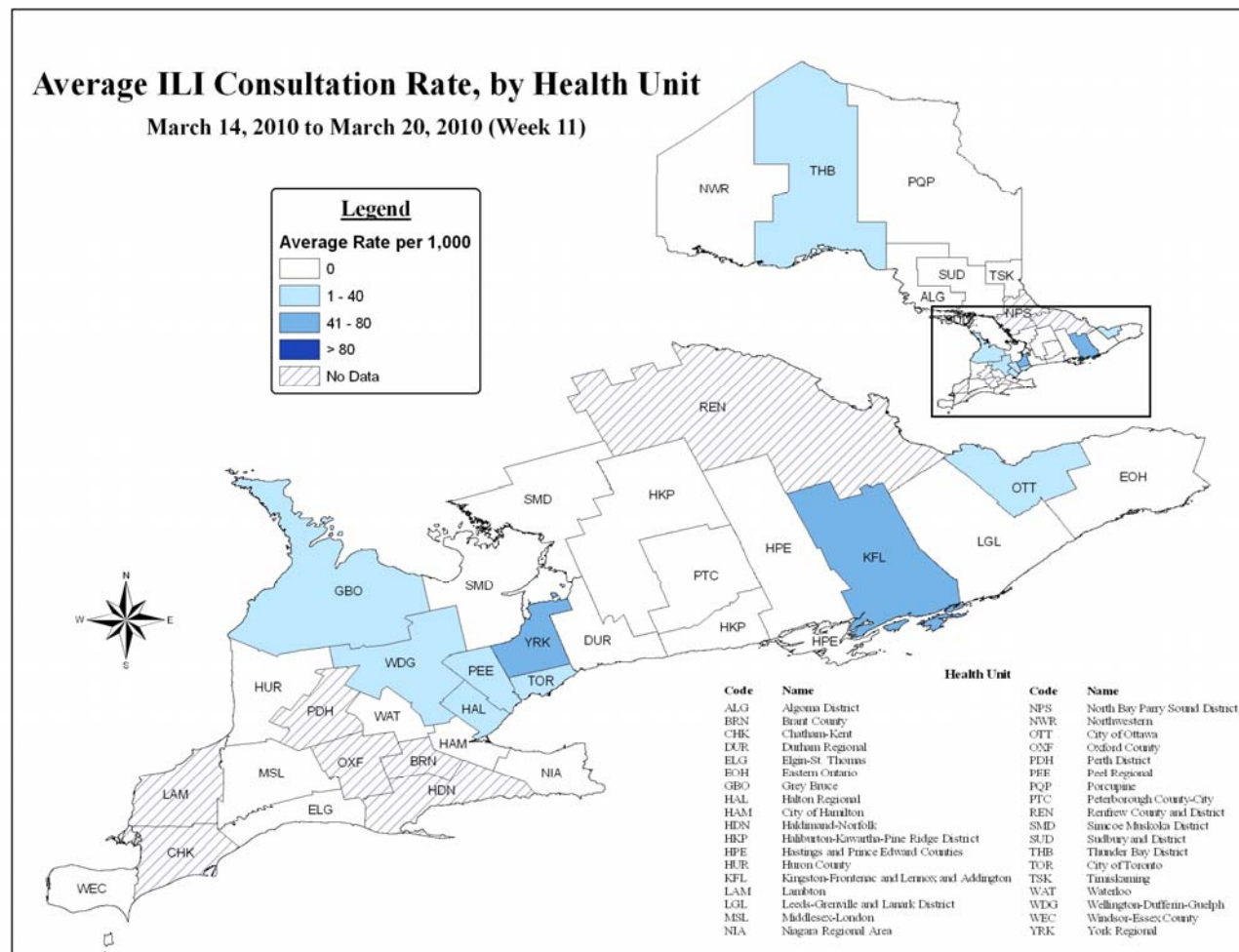
Source: Public Health Agency of Canada

* Sentinel physician information is reported to Public Health Agency of Canada, 88 sentinels reported in week 11.

† No data available for mean rate in previous years for weeks 21 to 39 (1999-2000 through 2004-2005 seasons). During weeks 20-39, 2002-2003/2004-2005 seasons, ILI is reported once every two weeks, on even weeks only.

Since Week 23, 2009, the number of sentinel physicians has increased, which might affect ILI rate starting from week 23.

Figure 12: Average influenza-like illness consultation rate (per 1,000 patient visits) by health unit as reported by sentinel physicians* in Ontario, for Week 11.



Source: Public Health Agency of Canada

* Sentinel physicians report ILI and patient data to the Public Health Agency of Canada; 88 sentinels reported this week of which all were matched to a health unit and represented in the above map.

Note: The small numbers of sentinel physicians reporting at the local level can make the ILI rates unstable. Please interpret these data correspondingly.

Table 8: Average influenza-like illness consultation rate (per 1,000 patient visits) by age group as reported by sentinel physicians* in Ontario, for Week 11.

Age Category	0 – 4	5 – 19	20 – 64	65 +	Unknown	TOTAL
ILI Sum	5	3	13	3	0	24
ILI Consultation Rate (per 1,000 patient visits)	37.88	13.64	10.03	5.88	0.00	10.60

Source: Public Health Agency of Canada

Sentinel physician information is reported to the Public Health Agency of Canada; 88 sentinels reported this week.

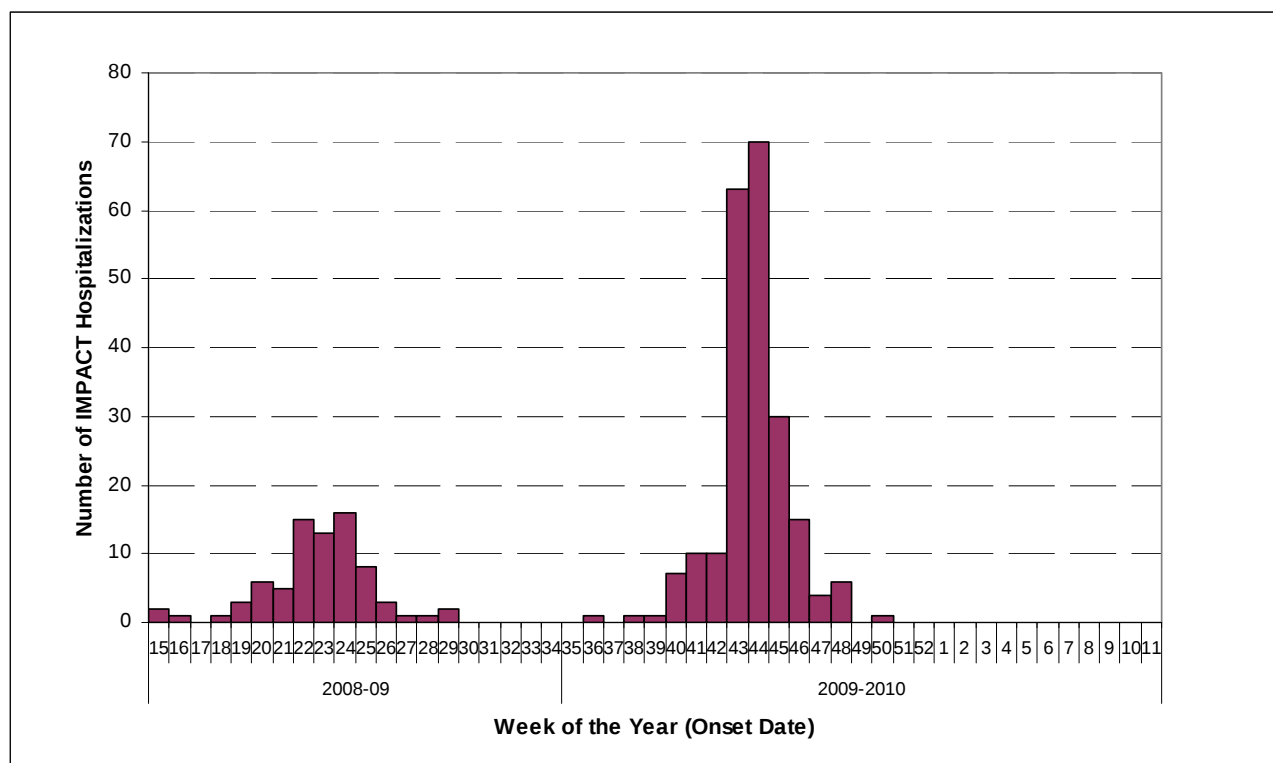
Ontario Influenza Bulletin, 2009-2010

Surveillance Week 11 (March 14, 2010 – March 20, 2010)

Immunization Monitoring Program ACTive (IMPACT) is a paediatric hospital-based national active surveillance network for adverse events following immunization and selected infectious diseases in children, including influenza-associated pediatric hospitalizations and complements the [Canadian Adverse Event Following Immunization Surveillance System](#) (CAEFISS). It involves 12 Canadian centres, two of which are in Ontario (Children's Hospital of Eastern Ontario in Ottawa and the Hospital for Sick Children, Toronto).

Reports of adverse events following immunization are reported to the Vaccine Safety Unit at the Immunization Division of the Public Health Agency of Canada. Note that the number of IMPACT hospitalizations presented in this week's bulletin has been updated with the latest data received from PHAC.

Figure 13: Number of influenza A related hospitalizations in Ontario reported through IMPACT up to Week 11, by onset date.



Source: Public Health Agency of Canada

*Note: The number of IMPACT hospitalizations presented reflect the latest data received at the time of publication, thus lower numbers of cases reported in recent weeks may be attributed in part to reporting delays.

FURTHER INFORMATION

1. Ontario Ministry of Health and Long-Term Care
Previous issues of the *Ontario Influenza Bulletin* can be accessed at:
http://www.health.gov.on.ca/english/providers/program/pubhealth/flu/flu_09/flubul_mn.html

When referencing material from the Ontario Influenza Bulletin please use the following format:
Ontario Ministry of Health and Long-Term Care, Ontario Influenza Bulletin 2009-2010 Season, Surveillance Week ##. <URL>
2. Ontario Agency for Health Protection and Promotion
OAHPP Weekly Laboratory Surveillance Update
<http://www.oahpp.ca/SRI%20Bulletin.php>
3. Public Health Agency of Canada
Issues of FluWatch can be accessed at:
www.phac-aspc.gc.ca/fluwatch/
4. United States Centers for Disease Control and Prevention
<http://www.cdc.gov/flu/weekly/fluactivity.htm>
5. European Influenza Surveillance Scheme
http://www.eiss.org/cgi-files/bulletin_v2.cgi

INFORMATION ABOUT H1N1 INFLUENZA (HUMAN SWINE INFLUENZA)

1. CDC (Human swine flu investigation)
<http://www.cdc.gov/swineflu/investigation.htm>
2. PHAC (Human swine flu investigation)
http://www.phac-aspc.gc.ca/alert-alerte/swine_200904-eng.php
3. WHO Swine Flu general info
<http://www.who.int/csr/disease/swineflu/en/index.html>
4. Ontario Ministry of Health (Important Health Notices)
<http://www.health.gov.on.ca/english/providers/program/emu/ihn.html>

INFORMATION ABOUT AVIAN INFLUENZA

For latest information on the status of avian influenza worldwide please use the following link:
Public Health Agency of Canada
<http://www.phac-aspc.gc.ca/h5n1/index.html>

Influenza Surveillance Weeks 2009-2010 and date of submission of Appendix C

WEEKS	START	END	Appendix C Submission to MOHLTC
WK12	21-Mar-10	27-Mar-10	30-Mar-10
WK13	28-Mar-10	3-Apr-10	6-Apr-10
WK14	4-Apr-10	10-Apr-10	13-Apr-10
WK15	11-Apr-10	17-Apr-10	20-Apr-10
WK16	18-Apr-10	24-Apr-10	27-Apr-10
WK17	25-Apr-10	1-May-10	4-May-10
WK18	2-May-10	8-May-10	11-May-10
WK19	9-May-10	15-May-10	18-May-10
WK20	16-May-10	22-May-10	25-May-10
WK21	23-May-10	29-May-10	1-Jun-10
WK22	30-May-10	5-Jun-10	8-Jun-10
WK23	6-Jun-10	12-Jun-10	15-Jun-10
WK24	13-Jun-10	19-Jun-10	22-Jun-10
WK25	20-Jun-10	26-Jun-10	29-Jun-10
WK26	27-Jun-10	3-Jul-10	6-Jul-10
WK27	4-Jul-10	10-Jul-10	13-Jul-10
WK28	11-Jul-10	17-Jul-10	20-Jul-10
WK29	18-Jul-10	24-Jul-10	27-Jul-10
WK30	25-Jul-10	31-Jul-10	3-Aug-10
WK31	1-Aug-10	7-Aug-10	10-Aug-10
WK32	8-Aug-10	14-Aug-10	17-Aug-10
WK33	15-Aug-10	21-Aug-10	24-Aug-10
WK34	22-Aug-10	28-Aug-10	31-Aug-10
WK35	29-Aug-10	4-Sep-10	7-Sep-10

APPENDIX - I

Definitions for influenza activity levels:

No Data: No activity report corresponding to the surveillance week was received at the Ministry of Health and Long-Term Care Call Centre by the Tuesday (at 4 p.m.) following the end of the surveillance period.

No Activity: **No laboratory-confirmed* influenza and NO outbreaks detected** within the health unit/ influenza surveillance area, within the prior week, although sporadically occurring ILI may or may not be present.†

Sporadic: Sporadically (infrequently) occurring **ILI and at least one lab-confirmed influenza* case with NO outbreaks** detected within the health unit area.†

Localized: sporadically occurring **ILI and lab-confirmed influenza* together with outbreaks of ILI** in schools§ and work sites, or laboratory-confirmed influenza in residential institutions occurring in < 50% of the health unit. Outbreaks affect a single and/or adjacent geographic area within the health unit jurisdiction, e.g. outbreaks in a nursing home and a school in close proximity to each other.†

Widespread: sporadically occurring **ILI and lab-confirmed influenza* together with outbreaks of ILI** in schools and work sites, or laboratory-confirmed influenza in residential institutions occurring in > 50% of the health unit. Outbreaks affect multiple and non-adjacent geographic areas within the health unit jurisdiction, such as two or more regions of the health unit, two or more municipalities, two or more electoral wards, etc.†

* Confirmation of influenza within the surveillance region at any time within the prior week

† Sub-regions within the province or territory as defined by the provincial/territorial epidemiologist

§Health units have been requested to consider laboratory confirmed pH1N1 outbreaks in camps in their region when evaluating ILI activity levels

Influenza-Like Illness (ILI) Definitions:

A) 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 could be due to influenza virus. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

B) ILI/Influenza outbreaks:

Schools and work sites: greater than 10% absenteeism on any day, most likely due to ILI.

Residential institutions: two or more cases of ILI within a seven-day period, **including at least one laboratory confirmed case.**