

SURVEILLANCE WEEK 10 (March 6, 2011– March 12, 2011)

This issue of the Ontario Influenza Bulletin provides information on the surveillance period from March 6, 2011 to March 12, 2011 (Week 10). **All data are for week 10** and data extraction and analysis for this issue of the Bulletin occurred on March 16, 2011 unless otherwise specified.

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	Lower	One hundred and forty-two (142) influenza cases were reported* in week 10, which is lower than week 9 (200 influenza cases). The percent positivity of laboratory tests for influenza A in Ontario was 8.1% for week 10. This is lower than week 9 (10.5%) (Figure 6). Among other circulating respiratory viruses, RSV had the highest percent positivity (14.51%) (Table 5).
Influenza Outbreaks	Lower	One new institutional influenza A outbreak from South West(1) and one new institutional influenza B outbreak from Central West (1) health regions were reported for the current reporting week
Influenza Activity Levels Reported by Health Units	Lower	North West reported 'localized' level activity while the other health regions i.e. Central East, Central West, Eastern, South West, North East and Toronto, reported 'sporadic' level influenza activity for week 10. By health unit, none reported widespread activity, 17 reported localized activity and the remainder reported sporadic activity, no activity or did not report for week 10 (Figure 9).
ILI Consultation Rate reported by Sentinel Physicians	Lower	The overall ILI consultation rate has decreased from 54.68/1,000 patient visits in Week 9 to 36.09/1,000 patient visits in Week 10. This rate is higher than the average rate for week 10 from previous years.
Hospitalizations Among Lab Confirmed Cases of Influenza	Lower	There were 70 hospitalized cases reported* from March 6 to March 12, which is less than the 147 that were reported from February 27 to March 5.
Deaths Among Lab Confirmed Cases of Influenza	Lower	Eight deaths were reported* from March 6 to March 12, which is less than the 22 that were reported from February 27 to March 5.
OVERALL ASSESSMENT	Influenza activity in Ontario was <i>lower</i> compared to the previous week.	Overall, the indicators show that influenza activity was <i>lower</i> during week 10 compared to week 9.

*The number of **reported** cases needs to be interpreted with caution because there is a lag between the onset of illness, hospital admission or death and when this information is reported to public health.

Ontario Influenza Bulletin, 2010-2011

Surveillance Week 10 (March 6, 2011 – March 12, 2011)

Overall, influenza activity in Ontario during week 10, 2011, was lower to week 9, 2011. Ontario health units reported 142 new laboratory confirmed cases of influenza for the current week through the integrated Public Health Information System (iPHIS). A total of 684 institutional respiratory infection outbreaks have been reported in the 2010/11 season up to Week 10, including 1 new influenza A outbreak from South West health region and 1 new influenza B outbreak from Central West health region. For week 10, Central East, Central West, Eastern, South West, North East and Toronto health regions reported 'localized' level influenza activity while North West 'sporadic' level activity. The ILI rate is higher than the average rate for week 10 from previous years.

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 Soma Sarkar (soma.sarkar@ontario.ca, 416-326-3095) 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 10, 2010-2011)

Confirmed influenza cases*†	HEALTH REGION							TOTAL
	North West	North East	Eastern	Central East	Toronto	South West	Central West	
Pandemic (H1N1) 2009	0	0	0	2	0	1	1	4
Influenza A (Not Subtyped/No Subtype)	0	6	11	5	2	14	5	43
Influenza A (Seasonal H1)	0	0	0	0	0	0	0	0
Influenza A (Seasonal H3)	1	4	7	9	4	7	11	43
Influenza A** (Other)	0	0	0	0	0	0	0	0
Influenza B	1	0	2	20	10	11	8	52
Influenza A & B	0	0	0	0	0	0	0	0
Total new cases	2	10	20	36	16	33	25	142
Institutional outbreaks of Influenza A‡	0	0	0	0	0	1	0	1
Institutional outbreaks of Influenza B‡	0	0	0	0	0	0	1	1

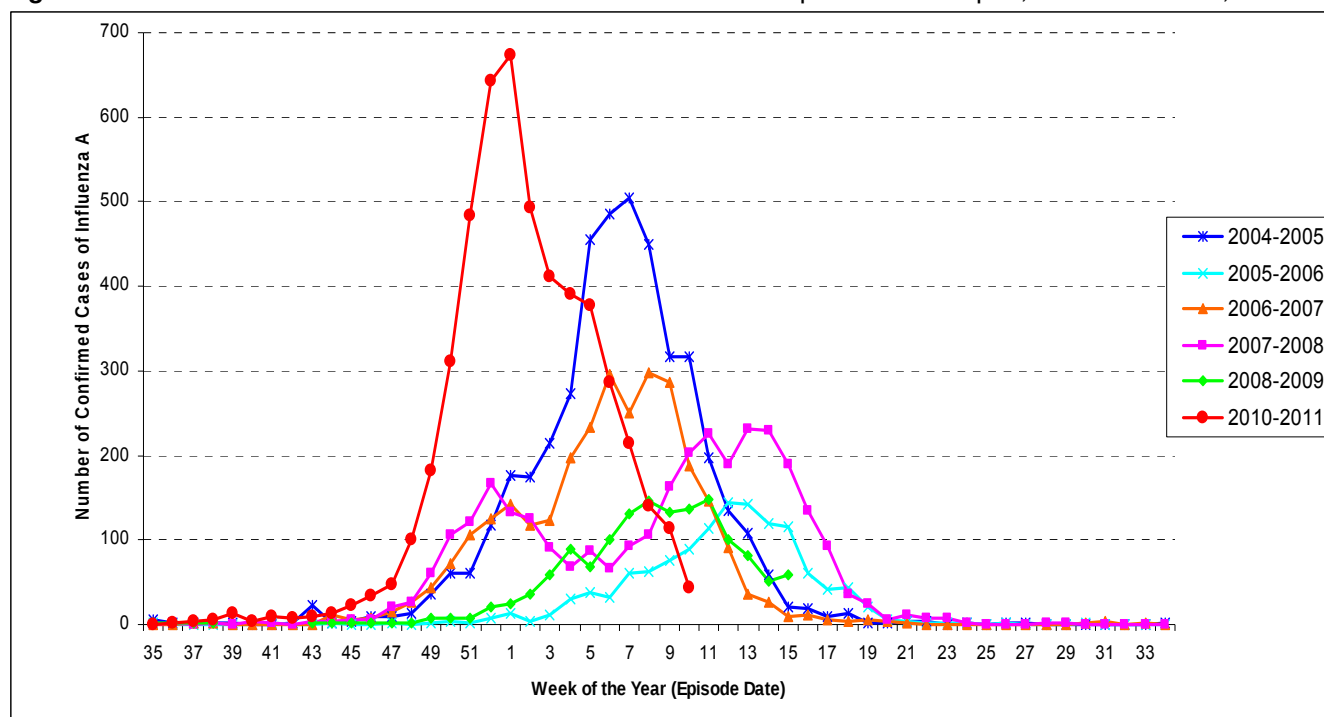
SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16].

* 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. Note: Several influenza A cases have been reported as seasonal H1N1; however, these cases have been classified as 'No subtype/not subtyped' in this table until the subtype has been verified.

Figure 1: Incidence of confirmed cases of influenza A in Ontario reported from Sep. 1, 2004 to Mar. 12, 2011[†]



SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16].

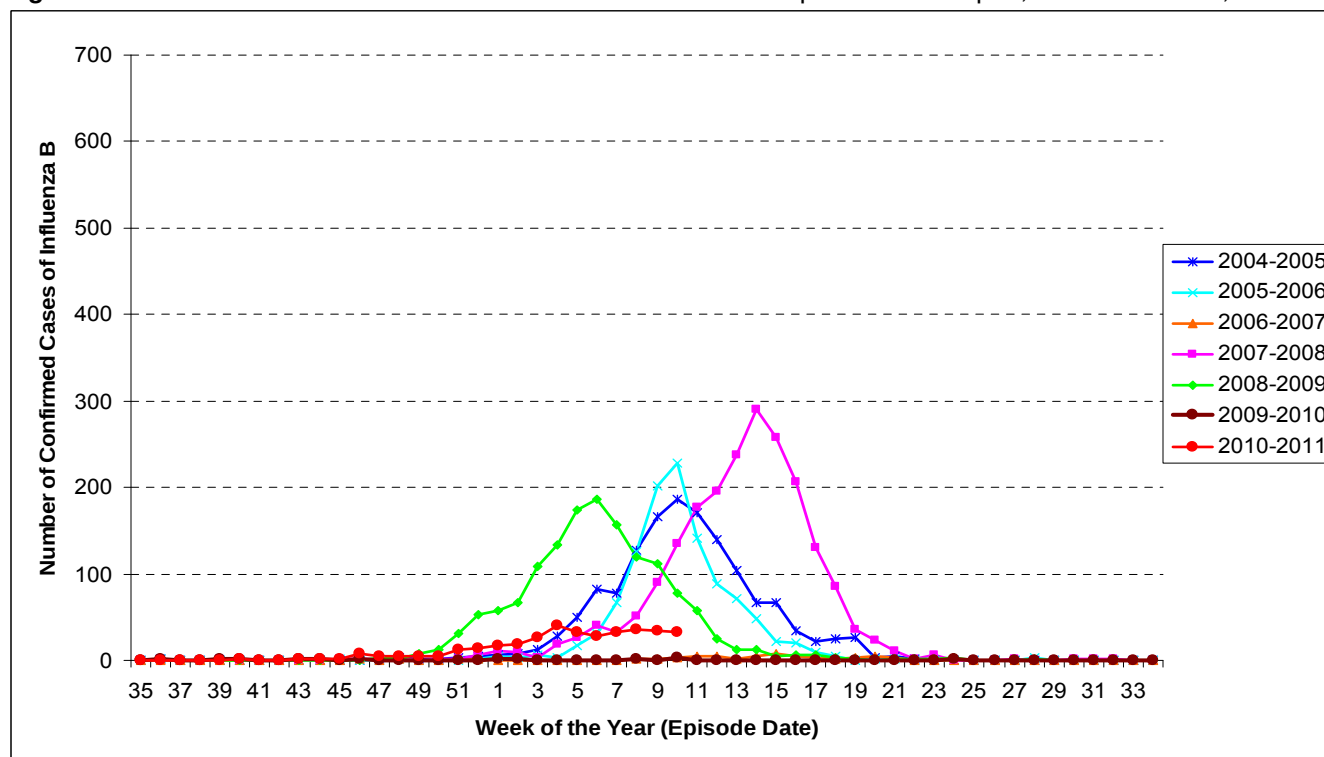
[†] Episode Date for a case corresponds to the earliest date on record for the case according to the iPHIS hierarchy (Symptom Date > Clinical Diagnosis Date > Specimen Collection Date > Lab Test Date > Reported Date)

Note: Cases after week 14 in the 2008-09 season were excluded because seasonal influenza cases from this period may have been detected due to heightened surveillance for all influenza-like illness, therefore this period is not comparable to a regular flu season. Additionally, all cases from the 2009-10 influenza season were excluded from this graph due to its incomparability to a regular flu season as a result of the pH1N1 pandemic.

Note: Week 53 of the 2008-09 season has been removed for continuity in displaying trends.

Note: Interpret tail of 2010-2011 line with caution due to reporting lags.

Figure 2: Incidence of confirmed cases of influenza B in Ontario reported from Sep. 1, 2004 to Mar. 12, 2011[†]



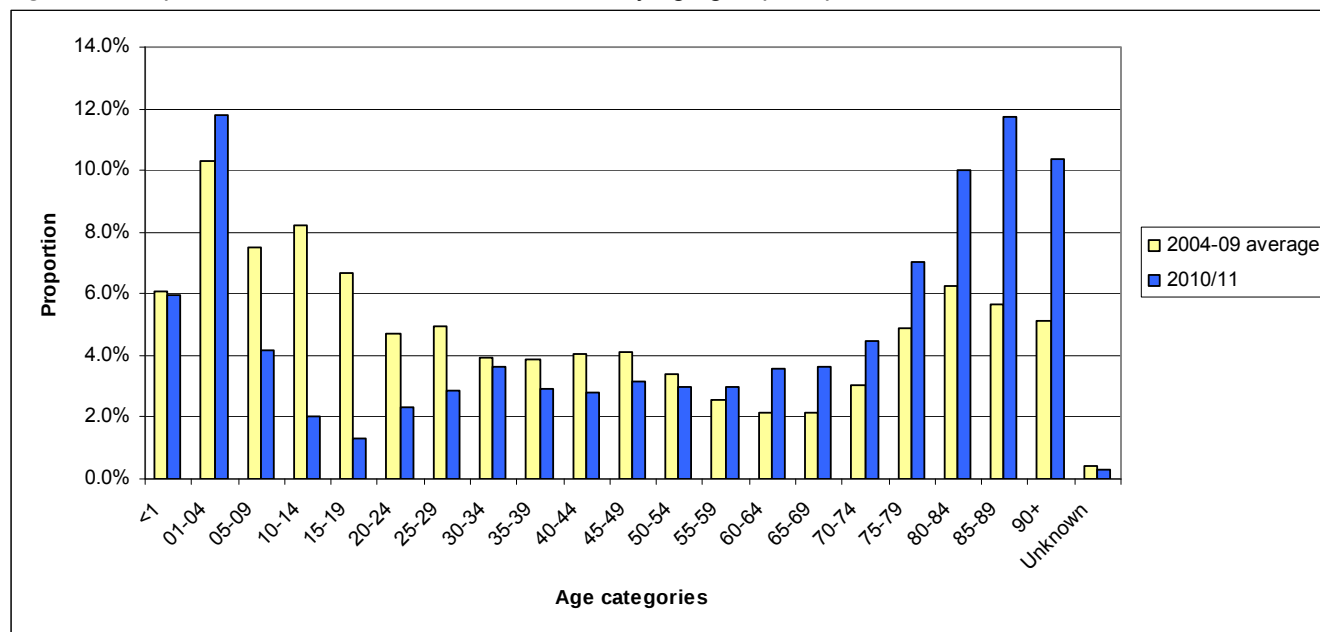
SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16].

[†] 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)

Note: Week 53 of the 2008-09 season has been removed for continuity in displaying trends.

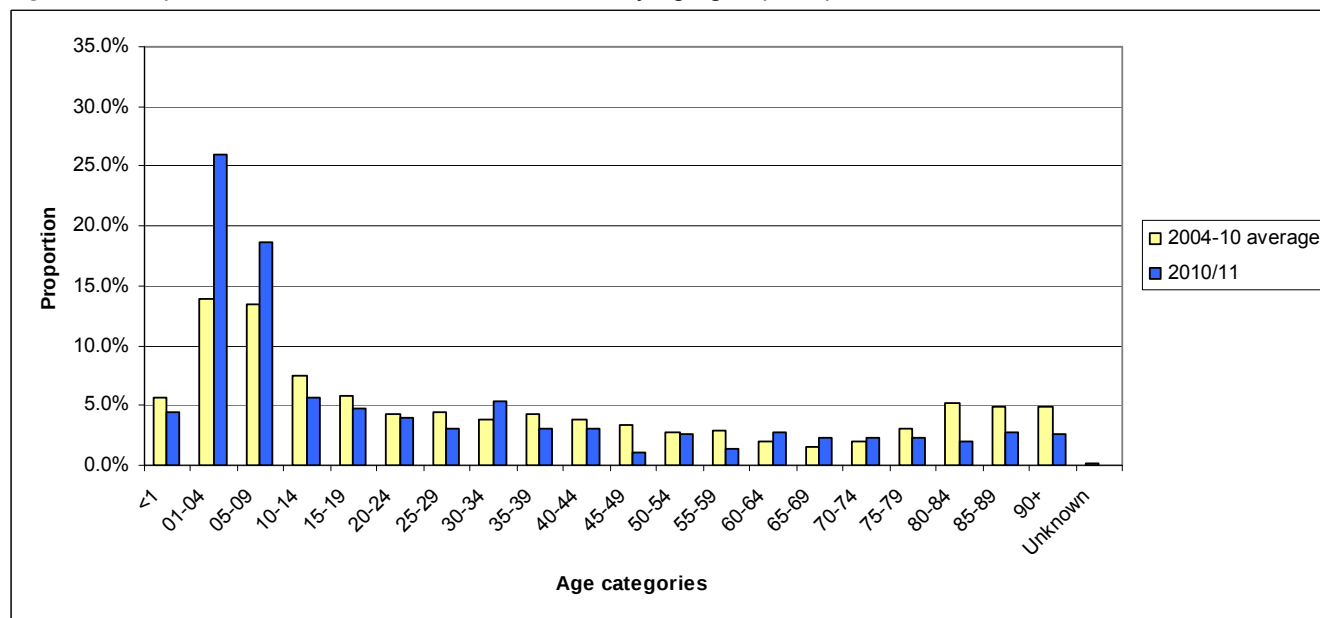
Note: Interpret tail of 2010-2011 line with caution due to reporting lags.

Figure 3: Proportion of influenza A cases in Ontario by age group, Sep. 1, 2004 to Mar. 12, 2011



SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16].
Note: The 2009-10 influenza season has been excluded since the majority were pandemic H1N1 cases. These counts were excluded for comparability of seasonal influenza between the seasons.

Figure 4: Proportion of influenza B cases in Ontario by age group, Sep. 1, 2004 to Mar. 12, 2011



SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16].

Table 2: Confirmed cases of influenza by health unit & health region with a reported date during Week 10, 2010-2011

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	1	0	1	2
	TOTAL NORTH WEST	0	0	0	0	1	0	1	2
North East	Algoma	0	2	0	0	0	0	0	2
	North Bay Parry Sound District	0	2	0	0	2	0	0	4
	Porcupine	0	1	0	0	2	0	0	3
	Sudbury & District	0	1	0	0	0	0	0	1
	Timiskaming	0	0	0	0	0	0	0	0
	TOTAL NORTH EAST	0	6	0	0	4	0	0	10
Eastern	City of Ottawa	0	7	0	0	0	0	2	9
	Eastern Ontario	0	0	0	0	0	0	0	0
	Hastings & Prince Edward Counties	0	0	0	0	5	0	0	5
	Kingston, Frontenac, Lennox & Addington	0	2	0	0	0	0	0	2
	Leeds, Grenville And Lanark District	0	0	0	0	2	0	0	2
	Renfrew County And District	0	2	0	0	0	0	0	2
	TOTAL EASTERN	0	11	0	0	7	0	2	20
Central East	Durham Region	0	0	0	0	2	0	2	4
	Haliburton, Kawartha, Pine Ridge	0	2	0	0	1	0	1	4
	Peel Region	0	3	0	0	4	0	9	16
	Peterborough County-City	0	0	0	0	0	0	1	1
	Simcoe Muskoka District	1	0	0	0	1	0	1	3
	York Region	1	0	0	0	1	0	6	8
	TOTAL CENTRAL EAST	2	5	0	0	9	0	20	36
Toronto	Toronto	0	2	0	0	4	0	10	16
	TOTAL TORONTO	0	2	0	0	4	0	10	16
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	1	0	0	2	0	0	3
	Lambton County	0	0	0	0	3	0	2	5
	Middlesex-London	0	5	0	0	0	0	8	13
	Oxford County	0	3	0	0	1	0	0	4
	Perth District	0	1	0	0	0	0	1	2
	Windsor-Essex County	1	4	0	0	1	0	0	6
	TOTAL SOUTHWEST	1	14	0	0	7	0	11	33
Central West	Brant County	0	0	0	0	0	0	0	0
	City Of Hamilton	0	2	0	0	0	0	3	5
	Haldimand-Norfolk	0	0	0	0	0	0	0	0
	Halton Region	0	1	0	0	1	0	1	3
	Niagara Region	1	1	0	0	10	0	1	13
	Waterloo Region	0	1	0	0	0	0	3	4
	Wellington-Dufferin-Guelph	0	0	0	0	0	0	0	0
	TOTAL CENTRAL WEST	1	5	0	0	11	0	8	25
	TOTAL ONTARIO	4	43	0	0	43	0	52	142

SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16].

*includes indeterminate, untypeable and other subtypes

Table 3: Cumulative[†] confirmed cases of influenza by health unit & health region with a reported date between September 1, 2010 – March 12, 2011

Region	Health Unit	Influenza A					Influenza A & B	Influenza B	TOTAL Cumulative
		pH1N1	No Subtype/ Not Subtyped	Other*	H1	H3			
North West	Northwestern	0	8	0	0	18	0	1	27
	Thunder Bay District	0	2	0	0	16	0	3	21
	TOTAL NORTH WEST	0	10	0	0	34	0	4	48
North East	Algoma	1	7	0	0	33	0	0	41
	North Bay Parry Sound District	1	33	0	0	29	0	2	65
	Porcupine	0	3	0	0	47	0	0	50
	Sudbury & District	0	12	0	0	39	0	8	59
	Timiskaming	0	1	0	0	0	0	0	1
	TOTAL NORTH EAST	2	56	0	0	148	0	10	216
Eastern	City of Ottawa	0	138	0	0	30	0	8	176
	Eastern Ontario	0	19	1	0	53	0	0	73
	Hastings & Prince Edward Counties	1	8	0	0	60	0	2	71
	Kingston, Frontenac, Lennox & Addington	1	13	0	0	35	0	4	53
	Leeds, Grenville And Lanark District	2	19	0	0	12	0	1	34
	Renfrew County And District	0	7	0	0	9	0	0	16
	TOTAL EASTERN	4	204	1	0	199	0	15	423
Central East	Durham Region	11	32	0	0	87	0	14	144
	Haliburton, Kawartha, Pine Ridge	5	16	0	0	58	0	4	83
	Peel Region	27	150	0	0	262	0	55	494
	Peterborough County-City	3	35	0	0	90	0	3	131
	Simcoe Muskoka District	20	63	0	0	157	0	7	247
	York Region	16	87	1	0	138	0	29	271
	TOTAL CENTRAL EAST	82	383	1	0	792	0	112	1370
Toronto	Toronto	112	334	5	0	913	2	116	1482
	TOTAL TORONTO	112	334	5	0	913	2	116	1482
South West	Chatham-Kent	1	7	0	0	3	0	1	12
	Elgin-St. Thomas	2	15	0	0	11	0	2	30
	Grey Bruce	0	18	0	0	53	0	0	71
	Huron County	0	21	0	0	29	0	2	52
	Lambton County	3	14	0	0	27	0	6	50
	Middlesex-London	2	180	0	0	49	0	22	253
	Oxford County	0	18	0	0	28	0	0	46
	Perth District	1	7	0	0	52	0	3	63
	Windsor-Essex County	6	46	0	0	15	0	5	72
	TOTAL SOUTHWEST	15	326	0	0	267	0	41	649
Central West	Brant County	1	16	0	0	27	0	2	46
	City Of Hamilton	5	356	0	0	69	0	12	442
	Haldimand-Norfolk	1	17	0	0	16	0	0	34
	Halton Region	5	42	0	0	122	0	23	192
	Niagara Region	4	31	0	0	84	0	5	124
	Waterloo Region	10	170	0	0	63	0	11	254
	Wellington-Dufferin-Guelph	8	29	0	0	76	0	4	117
	TOTAL CENTRAL WEST	34	661	0	0	457	0	57	1209
	TOTAL ONTARIO	249	1974	7	0	2810	2	355	5397

SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16].

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

*includes indeterminate, untypeable and other subtypes

Hospitalizations and deaths among laboratory confirmed influenza cases, Sep. 1, 2010 – Mar. 12, 2011

As of March 12, 2011, 1885 hospitalizations and 172 deaths have been reported among lab confirmed influenza cases reported in Ontario for the 2010-2011 season. Most of the hospitalizations and deaths have occurred in influenza A cases. The highest rates of hospitalization have been observed in people under the age of five and 65 years of age and older. The highest rates of death have been seen in people 65 years of age and older.

Table 4a. Incidence of hospitalizations among lab confirmed influenza cases in Ontario, Sep. 1, 2010 – Mar. 12, 2011

Age Group	Influenza A*							Influenza B		All Influenza	
	pH1N1	No Subtype/ Not Subtyped	Other*	H1	H3	Total	Rate/ 100,000	Total	Rate/ 100,000	Total	Rate/ 100,000
<1	8	60	0	0	65	133	97.49	6	4.40	139	101.89
1-4	10	122	0	0	85	217	39.36	32	5.80	249	45.16
5-14	8	44	0	0	31	83	5.49	17	1.12	100	6.62
15-24	6	20	0	0	7	33	1.86	3	0.17	36	2.03
25-44	19	31	1	0	74	125	3.35	9	0.24	134	3.59
45-64	41	77	1	0	109	228	6.21	12	0.33	240	6.54
65+	19	333	1	0	608	961	52.98	23	1.27	984	54.25
TOTAL	111	687	3	0	979	1780	13.49	102	0.77	1882	14.26

Source (incidence): Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted at 8:30 am [2011/03/16]

Source (incidence): Ontario population projections for 2010: Ontario Ministry of Health and Long-Term Care, Public Health Planning Database (PHPDB), extracted [2010/11/30]

* Three hospitalizations with unknown age were excluded

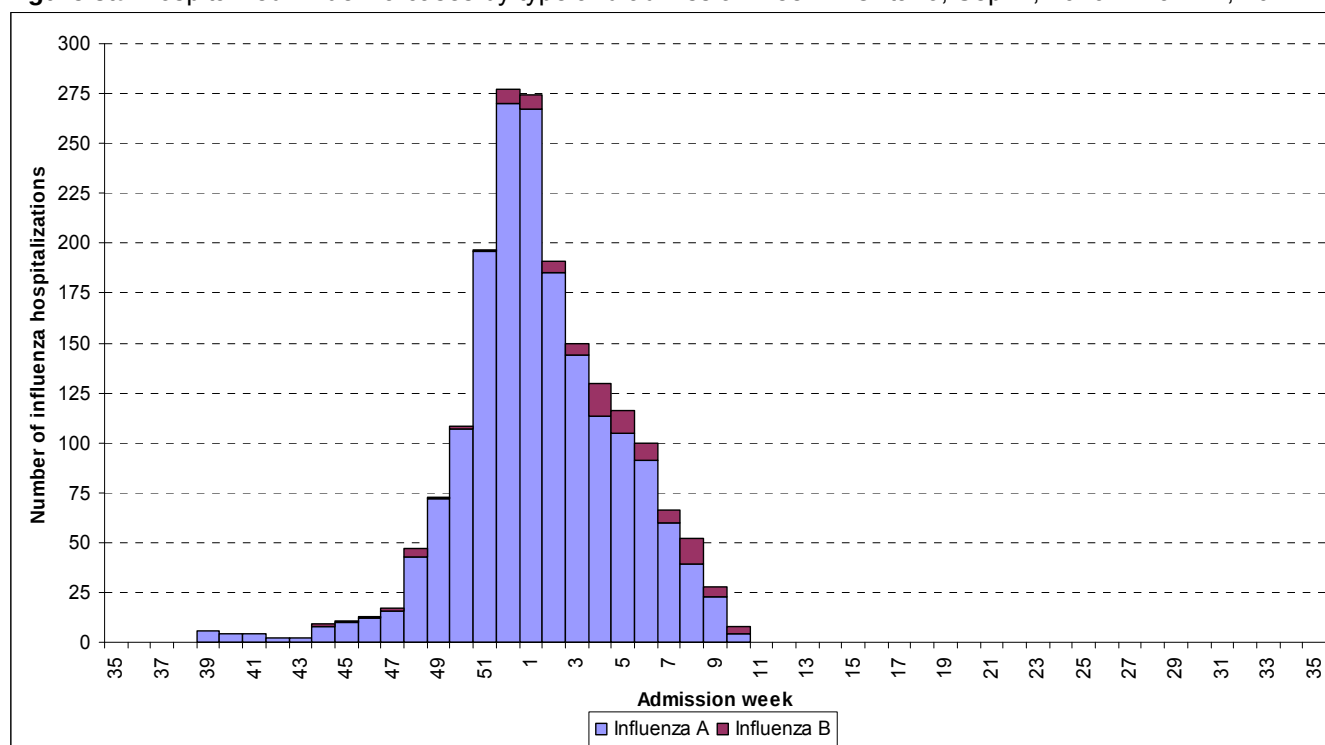
Table 4b. Incidence of deaths among lab confirmed influenza cases in Ontario, Sep. 1, 2010 – Mar. 12, 2011

Age Group	Influenza A*							Influenza B		All Influenza	
	pH1N1	No Subtype/ Not Subtyped	Other*	H1	H3	Total	Rate/ 100,000	Total	Rate/ 100,000	Total	Rate/ 100,000
<1	0	1	0	0	0	1	0.73	0	0.00	1	0.73
1-4	1	2	0	0	0	3	0.54	0	0.00	3	0.54
5-14	1	0	0	0	0	1	0.07	0	0.00	1	0.07
15-24	0	0	0	0	1	1	0.06	0	0.00	1	0.06
25-44	2	3	0	0	4	9	0.24	0	0.00	9	0.24
45-64	3	4	1	0	11	19	0.52	1	0.03	20	0.54
65+	2	39	0	0	92	133	7.33	4	0.22	137	7.55
TOTAL	9	49	1	0	108	167	1.27	5	0.04	172	1.30

Source (incidence): Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted at 8:30 am [2011/03/16]

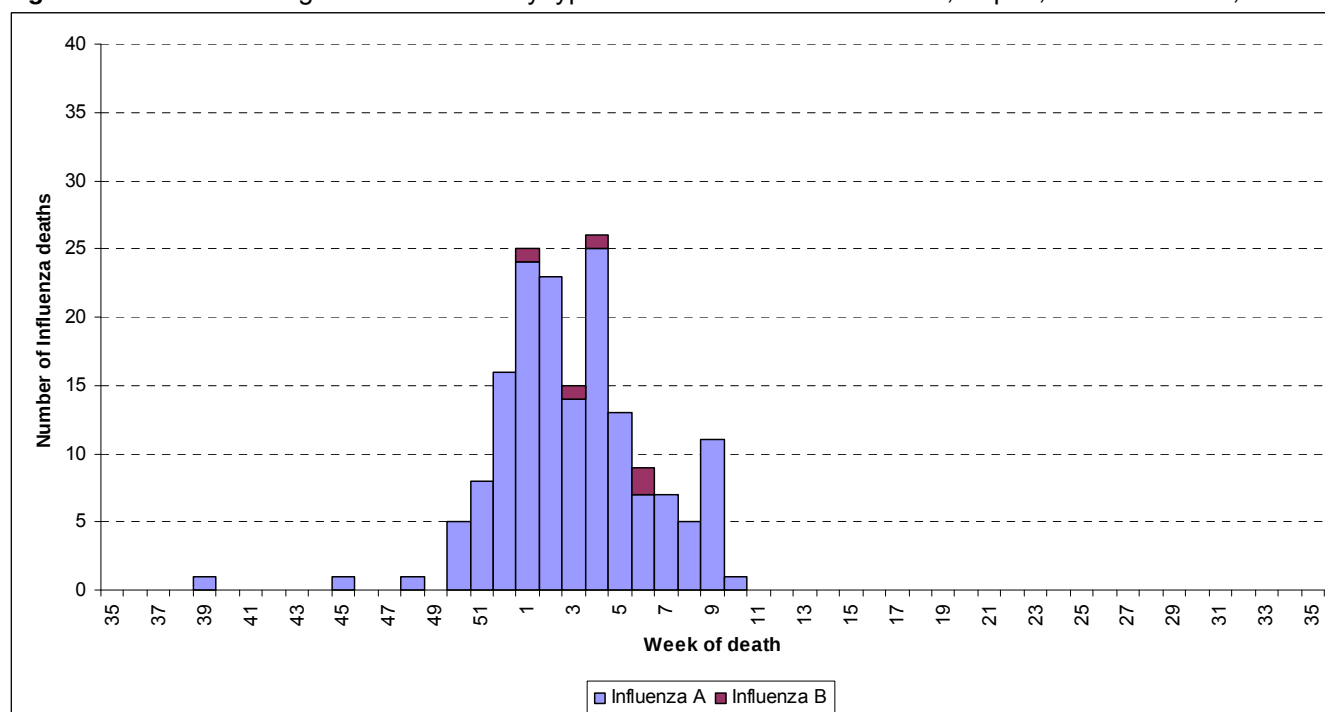
Source (incidence): Ontario population projections for 2010: Ontario Ministry of Health and Long-Term Care, Public Health Planning Database (PHPDB), extracted [2010/11/30]

Figure 5a: Hospitalized influenza cases by type and admission week in Ontario, Sep. 1, 2010 – Mar. 12, 2011



Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted at 8:30 am [2011/03/16]
Note: Interpret tail with caution due to reporting lags

Figure 5b: Deaths among influenza cases by type and week of death in Ontario, Sep. 1, 2010 – Mar. 12, 2011



Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted at 8:30 am [2011/03/16]
Note: Interpret tail with caution due to reporting lags; 5 deaths with unknown death dates were excluded from this graph.

Influenza Subtype(s) *:

During week 10, a total of 5,146 results of isolate testing were received by the Public Health Agency of Canada, 565 isolates tested positive for influenza A and 182 isolates tested positive for influenza B. Of the reported influenza A isolates, 165 isolates were from Ontario (29.2%), 141 isolates were from Quebec (24.9%), 122 isolates were from New Brunswick (21.6%) and 101 isolates were from Alberta (17.8%). Sixty-nine of the reported influenza B isolates were from Alberta (37.9%), 56 were from Ontario (30.8%) and 47 were from Quebec (25.8%).

Antigenic Characterization (National) †:

Since September 1, 2010, the National Microbiology Laboratory (NML) has antigenically characterized 396 influenza viruses (189 H3N2, 86 H1N1 and 121 B viruses) that were received from Canadian laboratories.

Influenza A (H3N2):

All 189 influenza A (H3N2) viruses characterized were antigenically related to A/Perth/16/2009, which is the influenza A/H3N2 component recommended for the 2010-11 Northern Hemisphere influenza vaccine.

Influenza A (H1N1):

The 86 influenza A (H1N1) viruses characterized were antigenically related to A/California/7/2009, which is the recommended H1N1 component for the 2010-11 Northern Hemisphere influenza vaccine.

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.

Of the 121 influenza B viruses tested, 113 belong to the Victoria lineage and were characterized as B/Brisbane/60/08-like, which is the recommended influenza B component for the 2010-11 Northern Hemisphere influenza vaccine. Four of the 113 viruses tested showed reduced titer with antisera produced against B/Brisbane/60/08. Eight influenza B viruses were characterized as B/Wisconsin/01/2010-like, which belongs to the Yamagata lineage. B/Wisconsin/01/2010-like viruses are antigenically and genetically different from the previous Yamagata lineage vaccine strain B/Florida/04/2006.

Antigenic Characterization (Provincial) †:

Since September 1, 2010, the National Microbiology Laboratory (NML) has antigenically characterized the following strains from Ontario: 71 influenza A /Perth/16/2009-like (H3N2), 36 influenza A/California/7/2009, 71 influenza B/Brisbane/60/2008-like and 7 B/Wisconsin/01/2010-like.

Antiviral Resistance and Sensitivity (National) †:

a) Amantadine:

A total of 317/318 H3N2 and the 83 pandemic H1N1 isolates tested for resistance to amantadine were found to be resistant. One H3N2 was sensitive to amantadine.

b) Oseltamivir:

A total of one (1/80) H1N1 isolate tested for resistance to oseltamivir was found to be resistant, with the H275Y mutation. All 167 H3N2, 111 B and 79/80 H1N1 isolates were sensitive.

c) Zanamivir:

All 165 H3N2, 77 H1N1 and 112 B isolates tested for resistance to zanamivir were found to be sensitive.

Antiviral Resistance and Sensitivity (Provincial) †:

a) Amantadine:

Of the 128 H3N2 and 38 pandemic H1N1 isolates tested, 127 influenza A (H3N2) isolates and all of the pandemic H1N1 isolates were resistant to amantadine. One H3N2 isolate was sensitive to amantadine.

b) Oseltamivir:

Of the 58 H3N2, 79 influenza B and 36 pandemic H1N1 isolates tested, all influenza A (H3N2) and influenza B were sensitive to oseltamivir. 35 pandemic H1N1 isolates were sensitive to oseltamivir and one pandemic H1N1 isolate was resistant.

c) Zanamivir:

Of the 58 H3N2, 79 influenza B and 34 pandemic H1N1 isolates tested, all influenza A (H3N2), influenza B and pandemic H1N1 isolates were sensitive to zanamivir.

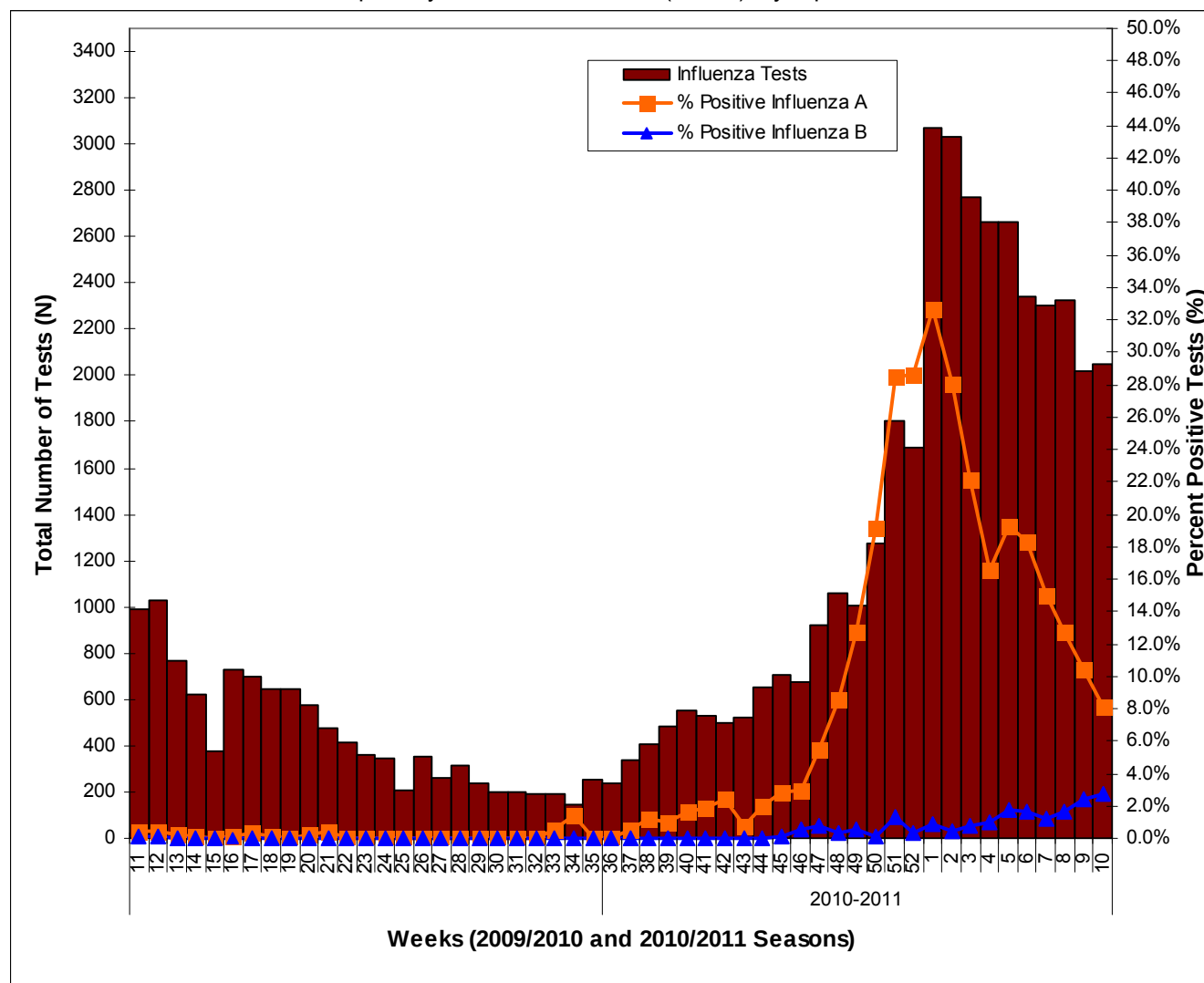
†National Antigenic Characterization and Antiviral Resistance data are current as of March 17, 2011.

Ontario Influenza Bulletin, 2010-2011

Surveillance Week 10 (March 6, 2011 – March 12, 2011)

* 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 10, 2011. Please note that the last version received from PHAC as of 4:00PM on March 17, 2011 was used.

Figure 6: 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 10, 2011. Please note that the last version received from PHAC as of 4:00PM on March 17, 2011 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/>

Table 5: Summary of other respiratory virus detections/isolations in Ontario in Week 10

Organism Name	Number of Positive Tests	Number of Tests	% Positive
Respiratory Syncytial Virus	216	1489	14.51%
Parainfluenza (all types)	39	1426	2.73%
Adenovirus	8	1409	0.57%
Human Metapneumovirus	65	695	9.35%
Rhinovirus	20	944	2.12%
Coronavirus	33	537	6.15%

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 10, 2011. Please note that the last version received from PHAC as of 4:00PM on March 17, 2011 was used.

Table 6: Institutional respiratory infection outbreaks in Ontario: new outbreaks* in Week 10 and total outbreaks for the season**

Institutional Respiratory Infection Outbreaks		
New Outbreaks*	N	% (of outbreaks)
Influenza A (All subtypes)	1	10.0
Influenza B	1	10.0
Influenza A and B	0	0.0
Parainfluenza (All types)	0	0.0
RSV	1	10.0
Other organisms ^α	2	20.0
Combined Outbreaks [†]	0	0.0
Enterovirus/rhinovirus	0	0.0
No organism identified	5	50.0
TOTAL	10	100.0
Total Respiratory Infection Outbreaks of the Season to date**	N	% (of outbreaks)
Influenza A (All subtypes)	372	54.4
Influenza B	2	0.3
Influenza A and B	0	0.0
Parainfluenza (All types)	8	1.2
RSV	20	2.9
Combined Outbreaks [†]	15	2.2
Other organisms ^α	34	5.0
Enterovirus/rhinovirus	136	19.9
No organism identified	97	14.2
TOTAL	684	100.0
Types of Institutions – All Outbreaks **	N	% (of outbreaks)
Long-Term Care Homes	400	58.5
Hospitals	46	6.7
Retirement Homes	87	12.7
Other	2	0.3
Unknown	149	21.8
TOTAL	684	100.0

Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16]

* New outbreaks are those in which the date of onset of illness in the first case occurred and was recorded through iPHIS in the current surveillance period; i.e. March 6, 2011 – March 12, 2011

** Season to date includes all outbreaks in which the date of onset of illness in the first case occurred up to Week 10.

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

α Other organisms include outbreaks involving other aetiological agents, such as human metapneumovirus, adenovirus and coronavirus.

Table 7: Outbreak related complications in institutional respiratory infection outbreaks in Ontario during the surveillance season*†

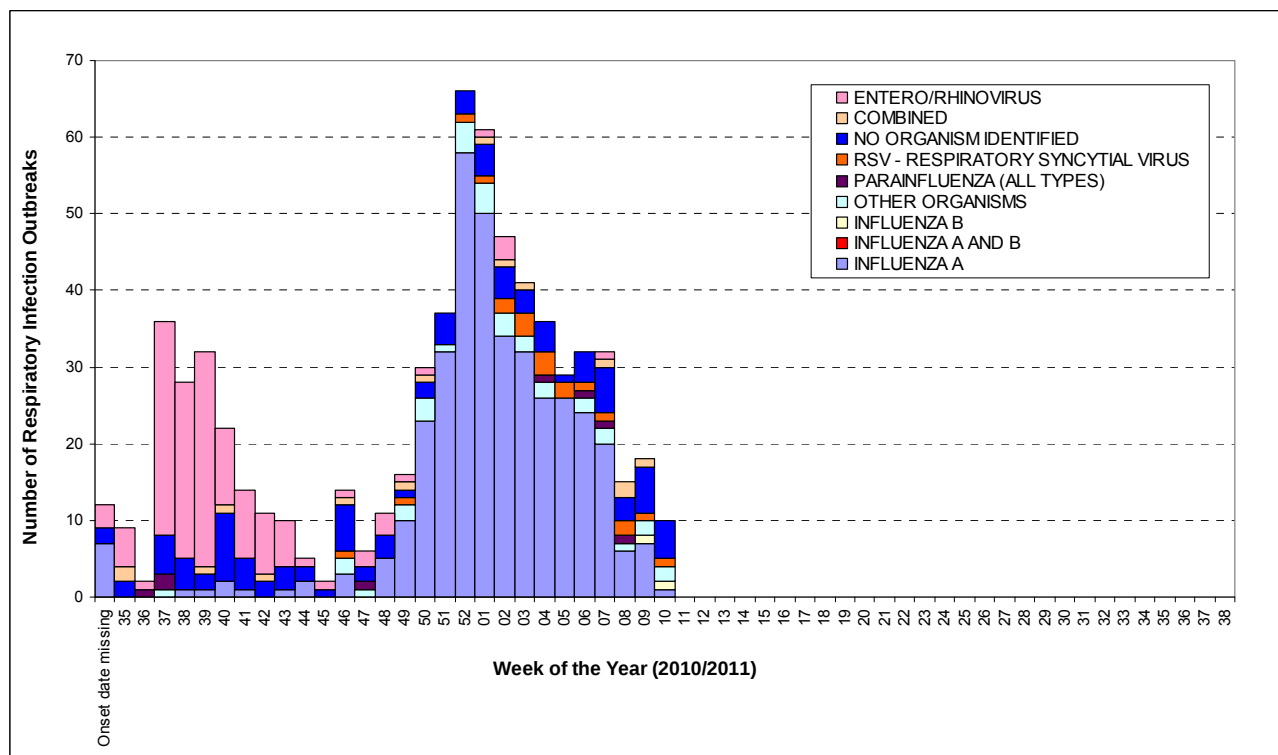
Outbreak Related Cases – All Outbreaks	N	% (of total cases)
Residents	8,009	71.5
Patients	436	3.9
Staff	2,760	24.6
Total Cases	11,205	100.0
Deaths		% (of cases per role)
Residents	239	3.0
Patients	11	2.5
Staff	0	0.0
Pneumonia (Chest x-ray confirmed)		% (of cases per role)
Residents	241	3.0
Patients	19	4.4
Staff	6	0.2
Hospitalizations		% (of cases per role)
Residents	480	6.0
Staff	4	0.1
Outbreak Related Cases – All Influenza Outbreaks	N	% (of total cases)
Residents	4,574	71.7
Patients	268	4.2
Staff	1,534	24.1
Total Cases	6,376	100.0
Deaths		% (of cases per role)
Residents	177	3.9
Patients	9	3.4
Staff	0	0.0
Pneumonia (Chest x-ray confirmed)		% (of cases per role)
Residents	154	3.4
Patients	14	5.2
Staff	5	0.3
Hospitalizations		% (of cases per role)
Residents	373	8.2
Staff	2	0.1

Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/016]

* Season to date includes all outbreaks in which the date of onset of illness in the first case occurred from September 1, 2010 – March 5, 2011

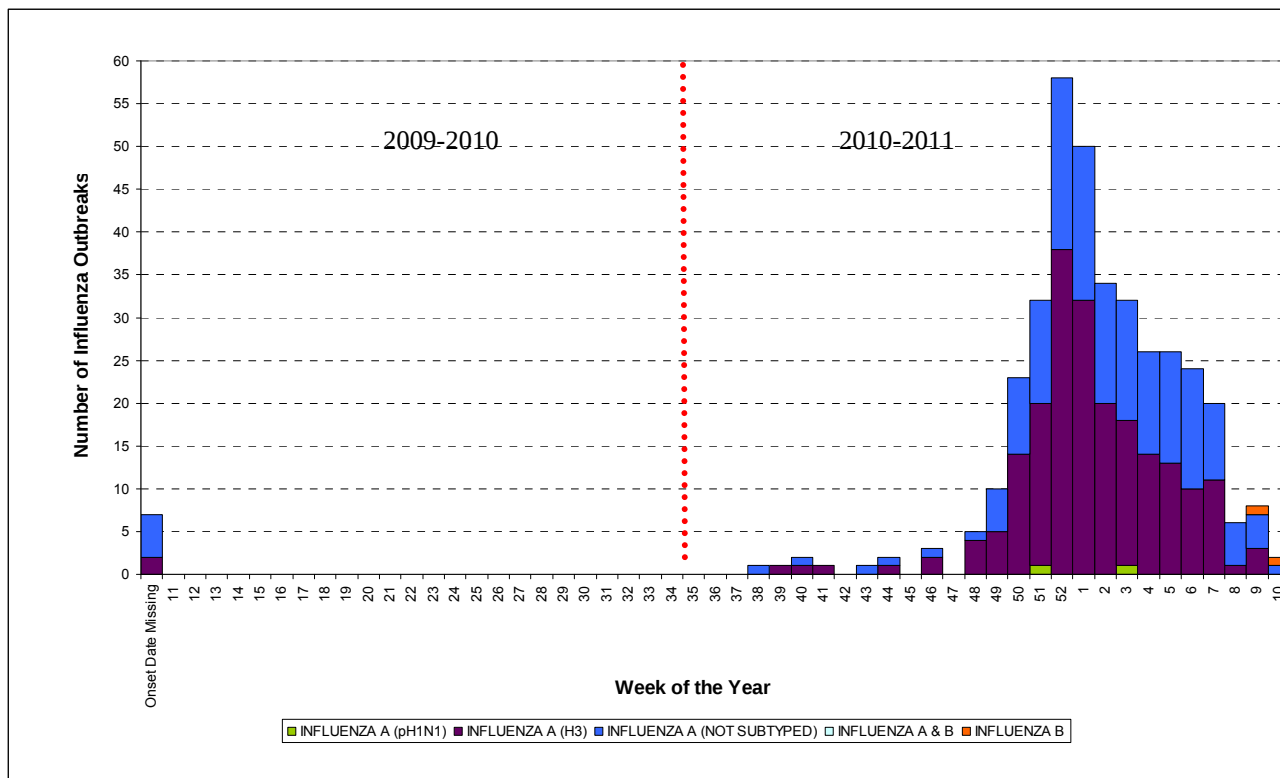
† Outbreak related case counts are based on aggregate case counts submitted for each outbreak and include laboratory and epidemiologically linked cases.

Figure 7: Institutional respiratory infection outbreaks in Ontario by onset of illness in the first case: Total outbreaks up to and including Week 10 by causative organism



Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16]

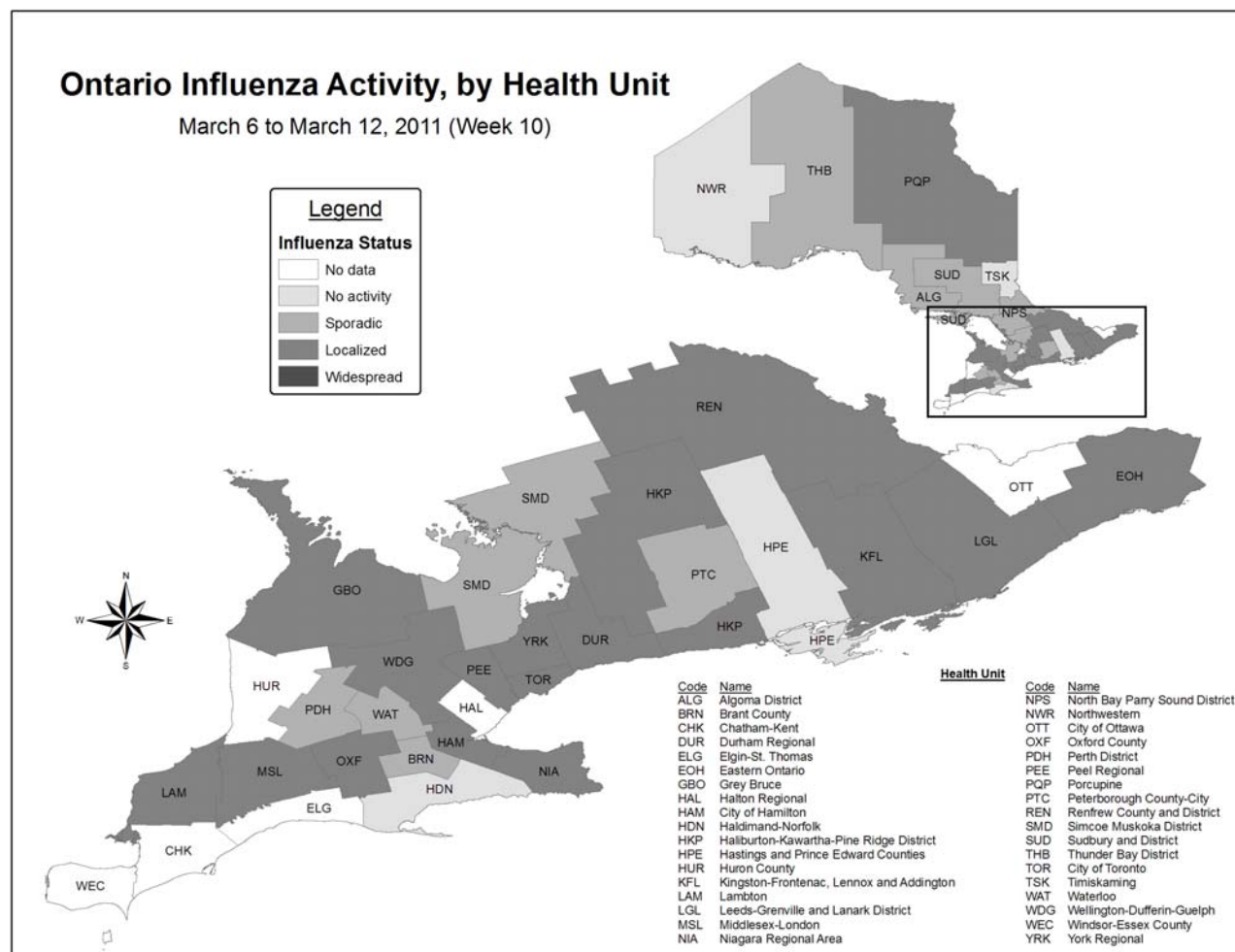
Figure 8: Institutional influenza outbreaks in Ontario by onset of illness in the first case: Total outbreaks up to and including Week 10 by subtype*



Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16]

*School outbreaks are not included in this chart.

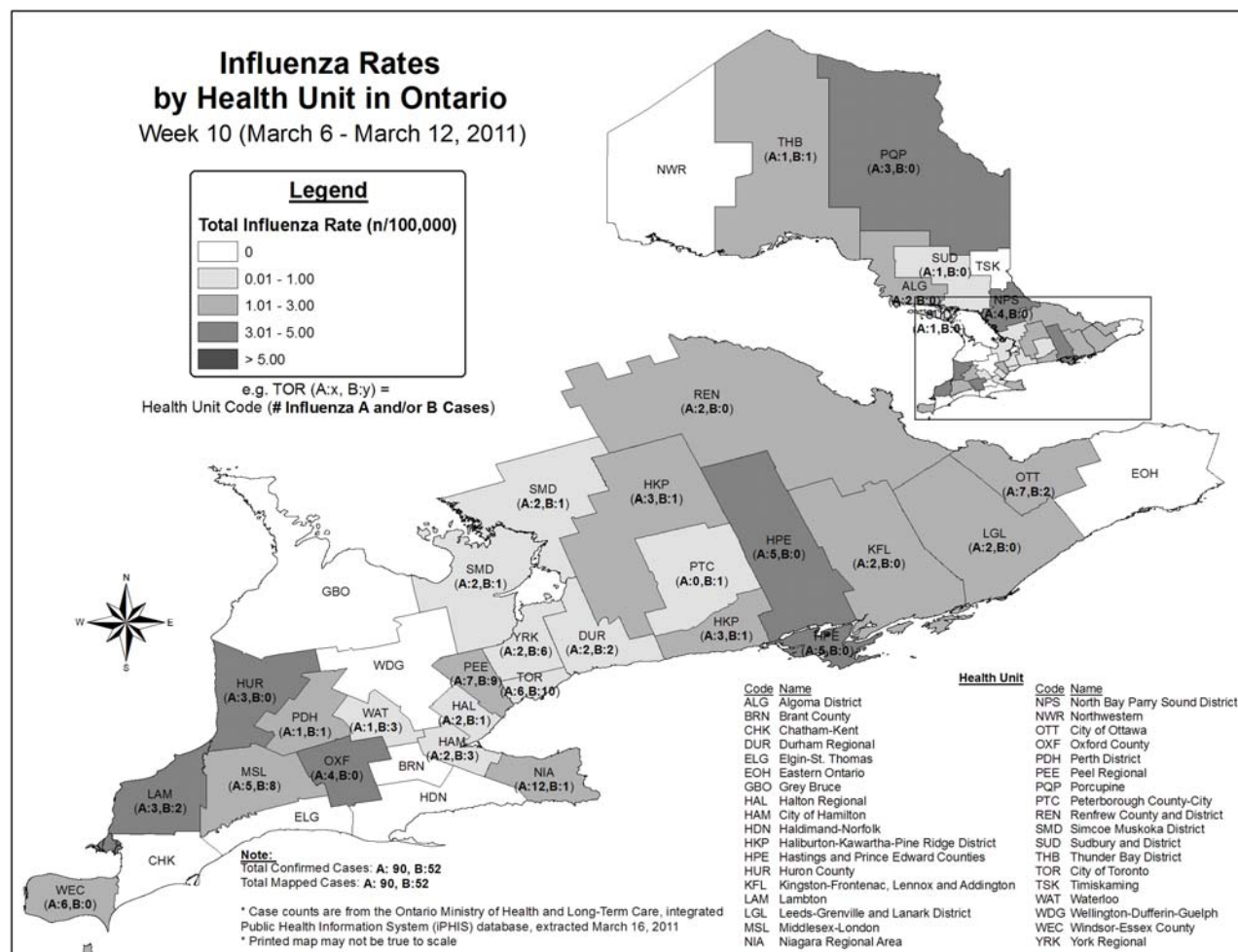
Figure 9: Influenza activity* levels in Ontario by health unit for Week 10, 2011



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

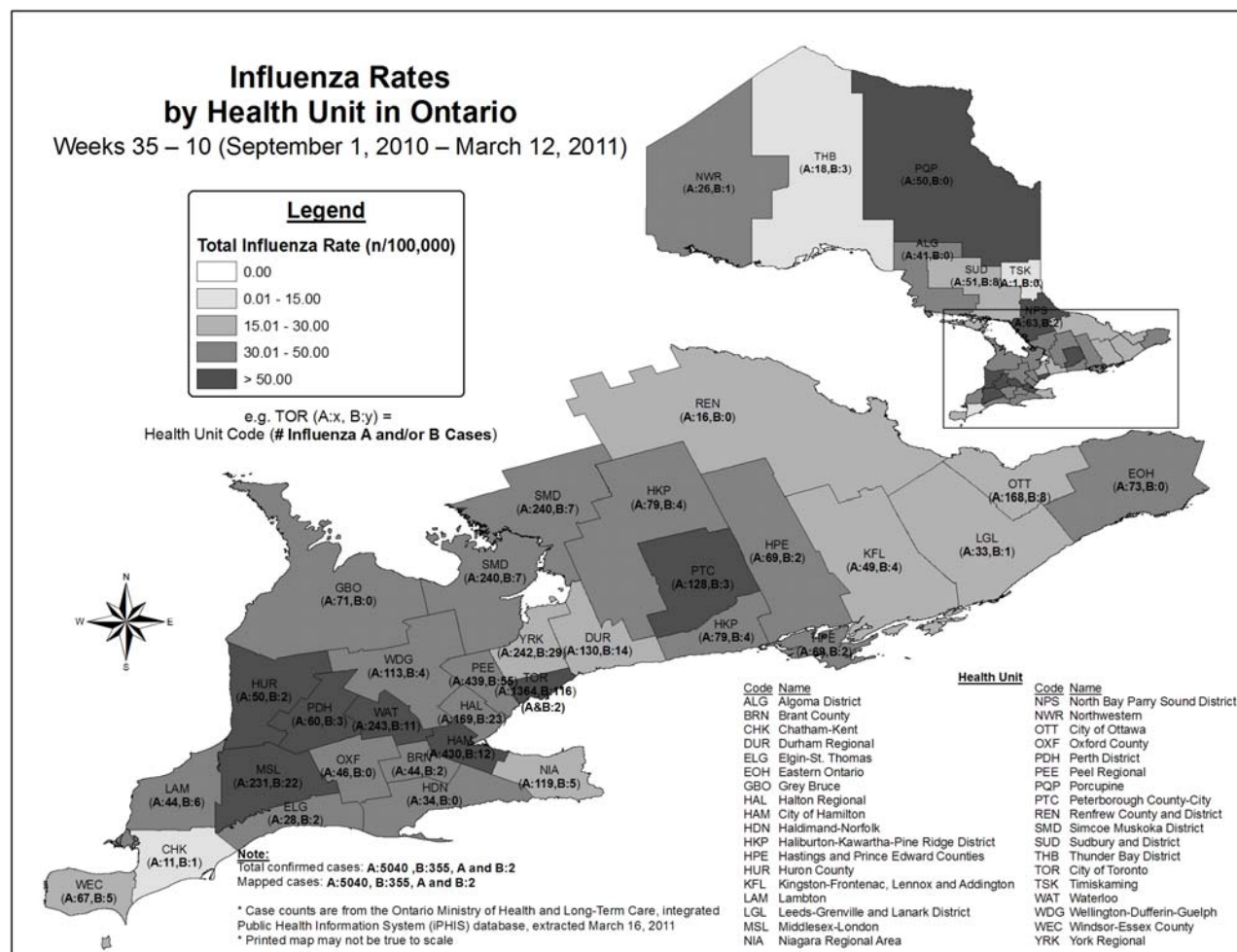
* Influenza activity levels are assigned by local public health units and reported to the MOHLTC by the Tuesday following the end of the surveillance week at 4 pm. Activity levels are assigned based on laboratory confirmations, ILI reports from various sources, and laboratory confirmed institutional outbreaks. Please refer to detailed definitions for the 2010-2011 season included in the Appendix-1]

Figure 10: Influenza incidence rates and counts in Ontario by health unit for Week 10, 2011



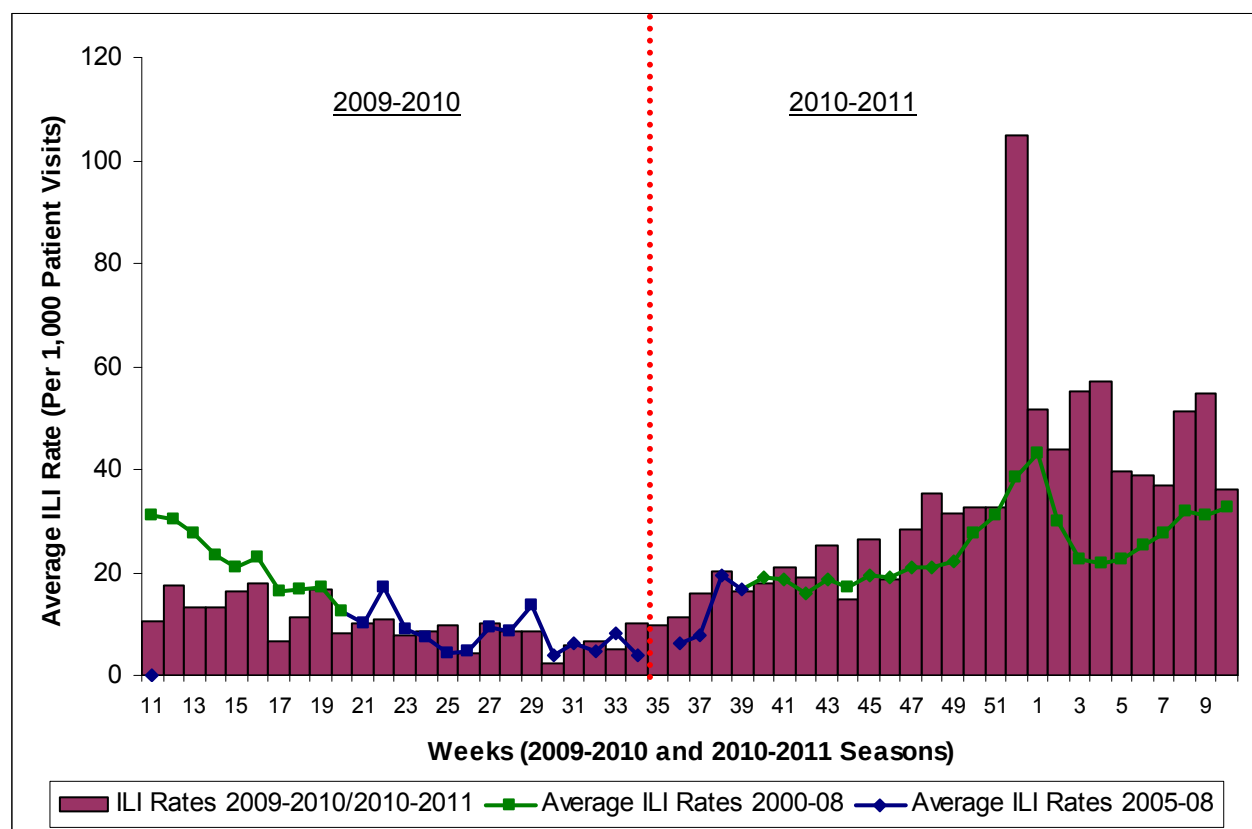
Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (IPHIS) database, extracted [2011/03/16]

Figure 11: Influenza cumulative incidence rates and counts in Ontario by health unit, Week 35 to Week 10 (September 1, 2010 – March 12, 2011)*



Source: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [2011/03/16]

Figure 12: Average influenza-like illness (ILI) consultation rate (per 1,000 patient visits) reported by sentinel physicians* in Ontario up to the 2010-11 surveillance season, by report week, compared to Ontario average^{†**} (1999/2000 to 2007/08 seasons).



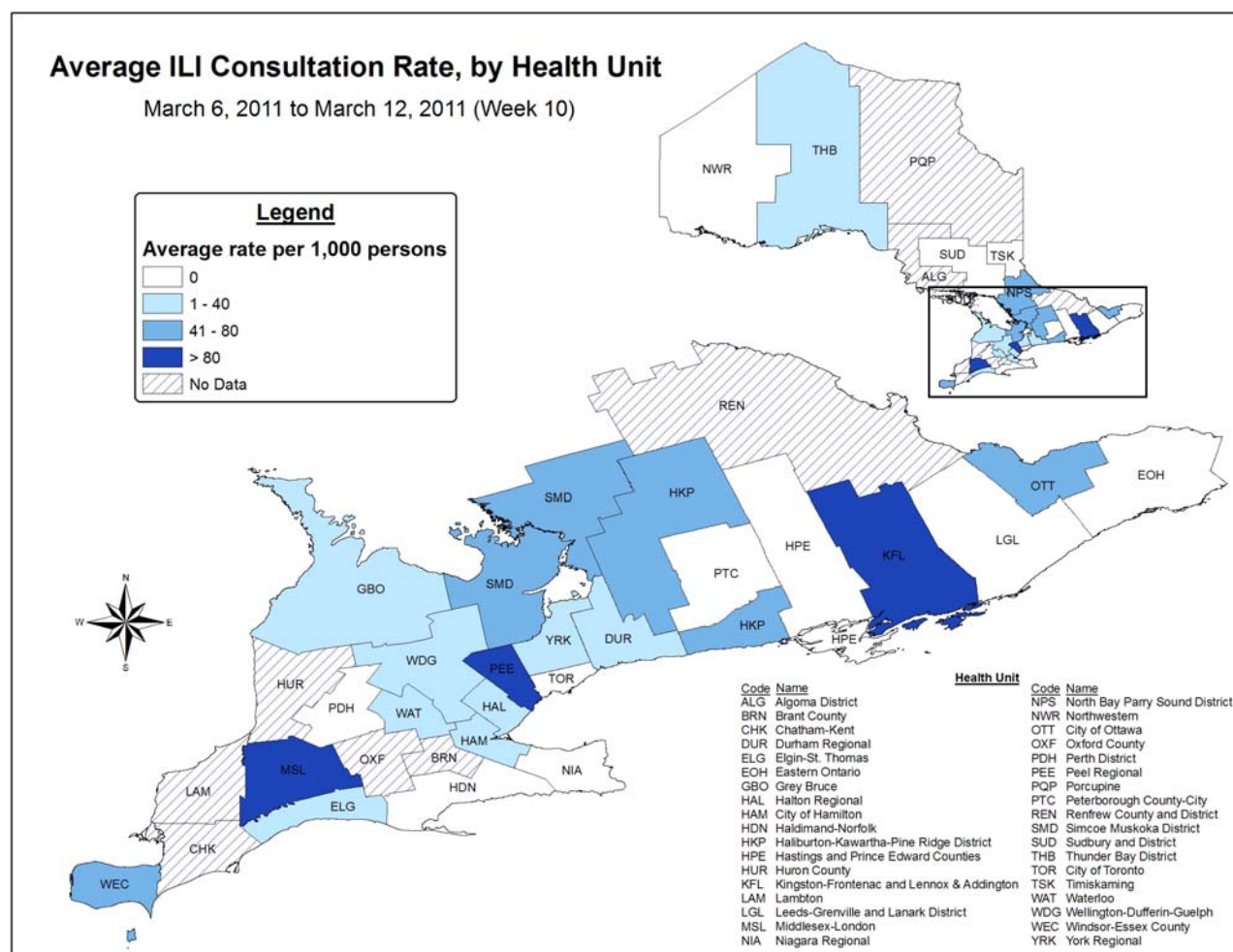
Source: Public Health Agency of Canada

* Sentinel physician information is reported to Public Health Agency of Canada, 98 sentinels reported in Week 10. The large increase in week 52 may be due to a combination of factors including: a true increase in influenza activity, reduced physician hours, fewer routine visits, and significantly fewer sentinel physicians reporting compared to normal (only 49 physicians reported in the last week of December, compared to at least 80 physicians normally reporting during any given week in the influenza season).

[†]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 was reported once every two weeks, on even weeks only.

^{**}Please note that the ILI consultation rate for Week 4 has been updated due to several data errors identified in the original file.

Figure 13: Average influenza-like illness consultation rate (per 1,000 patient visits) by health unit as reported by sentinel physicians* in Ontario, for Week 10



Source: Public Health Agency of Canada

* Sentinel physicians report ILI and patient data to the Public Health Agency of Canada; 98 sentinels reported in week 10, of which 92 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 10.

Age Category	0 – 4	5 – 19	20 – 64	65 +	Unknown	TOTAL
ILI Sum	19	25	45	6	0	95
ILI Consultation Rate (per 1,000 patient visits)	89.62	84.75	28.64	10.83	0.00	36.09

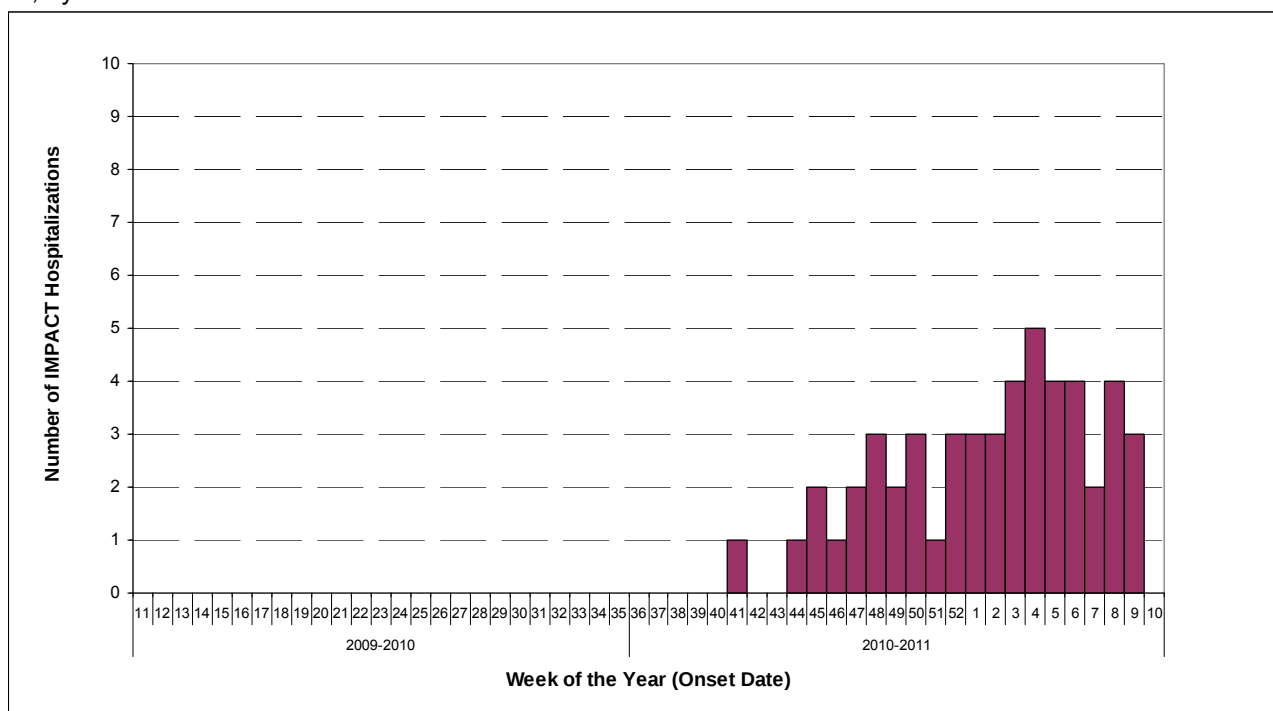
Source: Public Health Agency of Canada

Sentinel physician information is reported to the Public Health Agency of Canada; 98 sentinels reported in week 10.

Immunization Monitoring Program ACTive (IMPACT) is a pediatric 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 14: Number of influenza A related hospitalizations in Ontario reported through IMPACT up to Week 10, by onset date.



Source: Public Health Agency of Canada

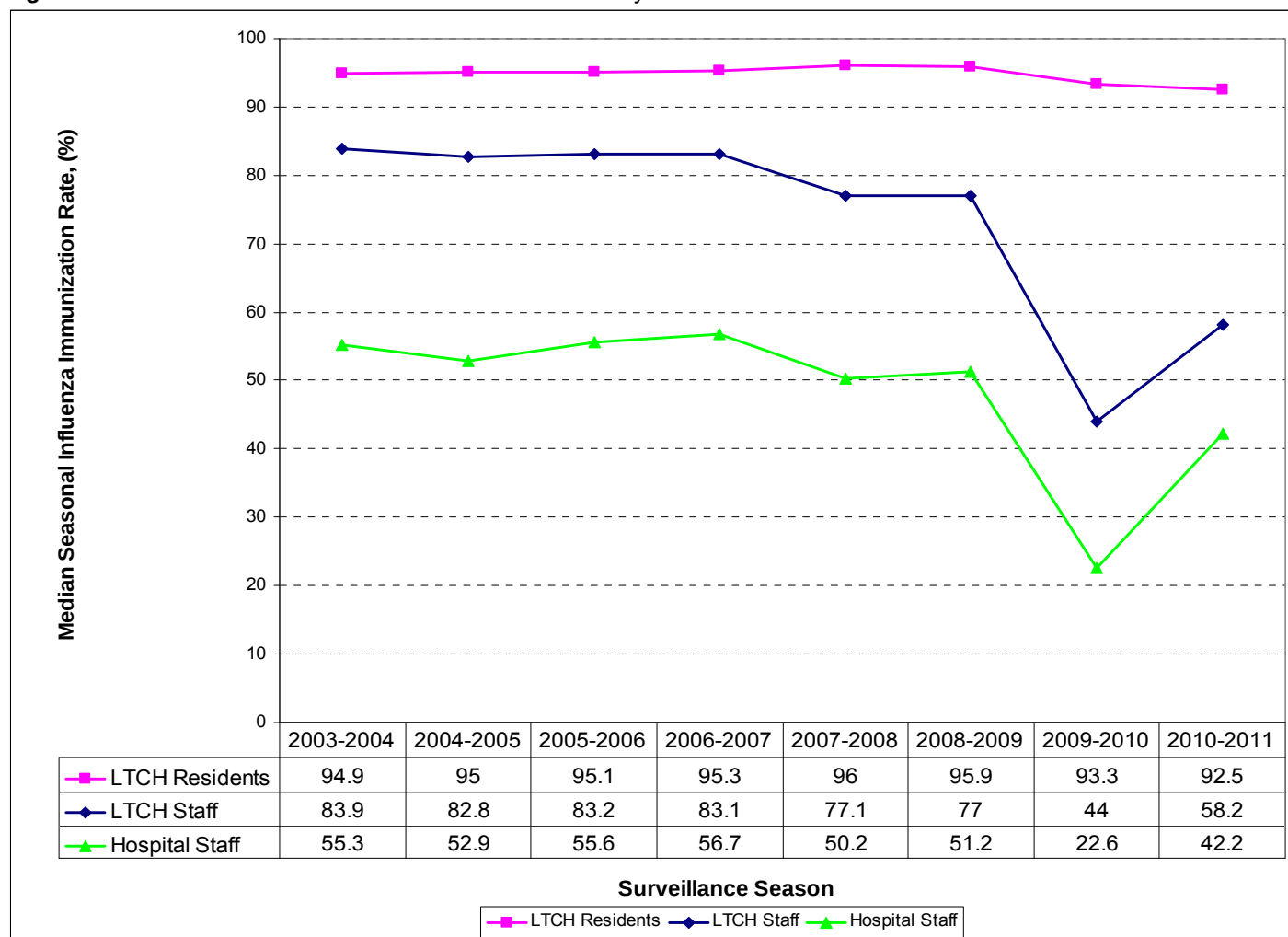
***Note:** The numbers of IMPACT hospitalizations presented reflect the latest data received at the time of publication, thus lower numbers of cases reported in recent weeks may be attributed in part to reporting delays.

Ontario Influenza Vaccine Coverage Estimates for long term care home residents, staff and hospital staff

The estimates of seasonal influenza vaccine coverage in residents and staff of long term care homes (LTCH) and staff of public hospitals as of November 15 are to be reported to the local medical officer of health by December 1 of each year. The estimates are then reported to the province by the health unit. The following figure outlines trends in influenza immunization coverage estimates for the seasonal influenza vaccine up to the 2010-2011 surveillance season.

For the 2010-2011 season, median influenza immunization coverage estimates among LTCH residents were slightly lower compared to previous years. Median influenza immunization coverage estimates in staff of LTCH and hospitals were lower compared to all previous seasons except for the 2009-10 season. In 2009-10 the seasonal influenza immunization coverage dropped because staff got the pandemic influenza vaccine instead of the seasonal influenza vaccine.

Figure 14: Seasonal Influenza Immunization Estimates* by Surveillance Season



Source: Ontario Influenza Immunization Database, extracted [2010/02/15]

*Estimates were calculated based on the median immunization coverage estimate as of November 15 each year that was reported by all facilities

Note: Facility types are reported here as classified at the time of reporting. There may be instances of misclassification, which would lead to an underestimation or overestimation of the true estimate. However, the data displayed still provides comparable coverage estimates assuming that misclassification occurred consistently throughout the reporting years.

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/en/pro/programs/publichealth/flu/bulletins/2010/default.aspx>

When referencing material from the Ontario Influenza Bulletin please use the following format:
Ontario Ministry of Health and Long-Term Care, Ontario Influenza Bulletin 2010-2011 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.ecdc.europa.eu/en/activities/surveillance/EISN/Pages/home.aspx>

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 2010-2011 and date of submission of Appendix C

WEEKS	START	END	Appendix C Submission to MOHLTC
WK10	6-Mar-11	12-Mar-11	15-Mar-11
WK11	13-Mar-11	19-Mar-11	22-Mar-11
WK12	20-Mar-11	26-Mar-11	29-Mar-11
WK13	27-Mar-11	2-Apr-11	5-Apr-11
WK14	3-Apr-11	9-Apr-11	12-Apr-11
WK15	10-Apr-11	16-Apr-11	19-Apr-11
WK16	17-Apr-11	23-Apr-11	26-Apr-11
WK17	24-Apr-11	30-Apr-11	3-May-11
WK18	1-May-11	7-May-11	10-May-11
WK19	8-May-11	14-May-11	17-May-11
WK20	15-May-11	21-May-11	24-May-11
WK21	22-May-11	28-May-11	31-May-11
WK22	29-May-11	4-Jun-11	7-Jun-11
WK23	5-Jun-11	11-Jun-11	14-Jun-11
WK24	12-Jun-11	18-Jun-11	21-Jun-11
WK25	19-Jun-11	25-Jun-11	28-Jun-11
WK26	26-Jun-11	2-Jul-11	5-Jul-11
WK27	3-Jul-11	9-Jul-11	12-Jul-11
WK28	10-Jul-11	16-Jul-11	19-Jul-11
WK29	17-Jul-11	23-Jul-11	26-Jul-11

WEEKS	START	END	Appendix C Submission to MOHLTC
WK30	24-Jul-11	30-Jul-11	2-Aug-11
WK31	31-Jul-11	6-Aug-11	9-Aug-11
WK32	7-Aug-11	13-Aug-11	16-Aug-11
WK33	14-Aug-11	20-Aug-11	23-Aug-11
WK34	21-Aug-11	27-Aug-11	30-Aug-11
WK35	28-Aug-11	3-Sep-11	6-Sep-11

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.