

Ontario Respiratory Pathogen Bulletin | 2015-2016

SURVEILLANCE WEEK 8 (February 21, 2016 – February 27, 2016)

This issue of the Ontario Respiratory Pathogen Bulletin provides information on the surveillance period from February 21, 2016 to February 27, 2016 (Week 8). Unless otherwise specified, **data presented in this issue of the bulletin are for Week 8** and data extraction occurred on Wednesday, March 2, 2016.

Assessment of Influenza Activity in Ontario

Measure of activity	Assessment of measure compared to the previous week (Lower, Similar, Higher)	Reasoning behind assessment
Laboratory-confirmed influenza cases ¹	Higher	There were 991 influenza cases (825 influenza A, 165 influenza B, 1 influenza A and B) reported in Week 8, which was higher than the 672 influenza cases reported in Week 7 (576 influenza A, 96 influenza B).
Percent positivity for influenza ²	Higher	Percent positivity of laboratory tests for all influenza types in Week 8 was 33.2%, which was higher than the percent positivity in Week 7 (23.4%). In Week 8, percent positivity was 29.0% for influenza A and 4.2% for influenza B.
Institutional influenza outbreaks ³	Higher	There were 20 new influenza outbreaks reported in Week 8, which was higher than the number of influenza outbreaks reported in Week 7 (10).
Influenza activity levels reported by public health units	Higher	In Week 8 , 1 public health unit reported 'widespread' activity, 15 public health units reported 'localized' activity, 19 reported 'sporadic' activity, and 1 public health units reported 'no activity'.
OVERALL ASSESSMENT	Higher	Overall, the indicators show that influenza activity for Week 8 was higher compared to Week 7.
Measures of severity for influenza		
Hospitalizations among laboratory-confirmed cases of influenza ⁴	There were 188 hospitalized cases reported in Week 8; the number of hospitalized cases reported in Week 7 was 140.	
Deaths among laboratory-confirmed cases of influenza ⁴	There were 4 deaths reported in Week 8; there was one death reported in Week 7.	

Notes:

¹ Based on the date the case was reported to the public health unit.

² Positivity among specimens tested by Ontario laboratories that submit results to the Centre for Immunization and Respiratory Infectious Diseases (CIRID). Due to rounding, percentages presented here may not add up to the overall influenza percent positivity.

³ The number of new outbreaks reported for the current week is based on the date the outbreak was reported to the public health unit; when reported date is unavailable, the date the outbreak was created in iPHIS is used.

⁴ Hospitalization / death data are based on the date reported to the public health unit. These data are likely under-reported and may not be comparable to prior years. Please see note on page 12.

Summary of respiratory pathogen activity for Surveillance Week 8, 2016

1. Circulating respiratory viruses in Ontario

Provincial percent positivity is high for influenza A and low for influenza B, at 29.0% and 4.2% respectively in Week 8 (Figures [1](#) and [3](#)). Of the 455 influenza A positive specimens for which subtyping was available, 92.3% (420/455) were (H1N1)pdm09 in week 8; for the season to date, 85.0% (1429/1,681) were (H1N1)pdm09. Coronavirus was the most common circulating non-influenza respiratory virus, with provincial positivity at 11.4% (Figure [2](#)).

2. Comparison to previous influenza seasons

For the 2015-2016 surveillance season to date, 3,401 laboratory-confirmed influenza cases have been reported. Among these cases, 85.2% (2,898/3,401) were influenza A ([Table 6](#)). Of the 972 reported influenza A cases with subtype information available, 14.3% (139/972) were H3N2 and 85.7% (833/972) were (H1N1)pdm09. Influenza A (H1N1)pdm09 is the dominant influenza type/subtype circulating in the 2015-2016 season to date. Influenza A activity in week 8 was higher than previous seasons for the same surveillance week.

3. Institutional respiratory outbreaks

Twenty influenza outbreaks were reported in Week 8 ([Figure 6](#)). Influenza was detected in 12.6% (69/546) of institutional respiratory infection outbreaks reported to date in the 2015-2016 season. 33.5% (183/546) of the outbreaks were reported as enterovirus/rhinovirus. Most respiratory infection outbreaks were reported from long-term care homes (349/546 or 63.9% of all reported outbreaks).

4. Severity - Influenza hospitalizations and deaths, and respiratory viruses by setting

In the season to date, 672 hospitalizations and twelve deaths have been reported among laboratory-confirmed influenza cases. The majority (594/672 or 88.4%) of hospitalizations occurred in influenza A cases. 77 of 672 hospitalizations (11.5%) occurred in patients with influenza B; one case with influenza A and B was hospitalized (0.1%). 32.6% (219/672) of the hospitalizations were in individuals 65 years of age and older. In week 8, 68.1% of hospitalizations occurred in influenza A cases under the age of 65, reflective of the currently circulating H1N1 subtype. The highest hospitalization rate was seen in infants under one year of age followed by children aged 1-4. The highest case fatality rate was seen in adults aged 65 and over.

For week 8 based on PHOL data, influenza A positivity increased to 22.9% with positive specimens predominantly from individuals presenting for care in ambulatory settings. Overall, coronavirus and respiratory syncytial virus were the most common non-influenza respiratory viruses detected at PHOL. Coronavirus was primarily detected from individuals in institutions and ambulatory settings and respiratory syncytial virus was mostly detected from individuals in emergency department and hospital settings.

5. By Jurisdiction – Influenza activity

Influenza activity is high across the province, with one public health unit reporting ‘widespread’ activity, 15 public health units reporting ‘localized’ activity, and 19 reporting ‘sporadic’ activity. One public health unit did not report for week 8.

6. By Age – Respiratory viruses

For week 8, influenza A was detected predominantly among patients in the 20-64 age group. Overall, coronavirus and respiratory syncytial virus were the most common non-influenza respiratory viruses detected at PHOL. Coronavirus was mostly detected among adults 65 and older and respiratory syncytial virus was most commonly detected among infants <1 year of age. Information on influenza hospitalizations and deaths by age can be found in [Section 4: Severity - Influenza hospitalizations and deaths, and respiratory viruses by setting](#).

7. Strain comparisons – circulating influenza strains and vaccine strains

Through genetic characterization performed at the National Microbiology Laboratory (NML), sequence analysis showed that the 307 influenza A(H1N1) viruses tested nationally were antigenically similar to A/California/7/2009, which is the influenza A/H1N1 component [recommended by the World Health Organization](#) for the 2015-2016 Northern Hemisphere influenza vaccine.

Only 28 influenza A(H3N2) viruses from Canada grew to sufficient titre for antigenic characterization by haemagglutination inhibition assay and were characterized as antigenically similar to the cell-passaged A/Switzerland/9715293/2013, the World Health Organization recommended influenza A(H3N2) component of the 2015-2016 Northern Hemisphere vaccine.

Of the 152 influenza B viruses characterized in Canada, NML reported that 53 were antigenically similar to the recommended influenza B component for the Northern Hemisphere 2015-2016 vaccine, B/Phuket/3073/2013. 99 influenza B viruses were characterized as B/Brisbane/60/2008-like, which is included as an influenza B component of the 2015-2016 quadrivalent vaccine.

8. Antiviral resistance / sensitivity in influenza isolates

All influenza A viruses in Canada tested by the National Microbiology Laboratory (NML) for resistance in the 2015-2016 season were sensitive to zanamivir. One H1N1 virus tested was resistant to oseltamivir. Only one of the influenza A viruses tested was sensitive to amantadine. All influenza B viruses in Canada were sensitive to both oseltamivir and zanamivir.

9. Bacterial pathogens

Two specimens were positive for *Bordetella pertussis* and one specimen was positive for *Mycoplasma pneumoniae* during week 8. No specimen was positive for *Bordetella parapertussis*, *Bordetella holmesii* or *Chlamydia pneumoniae* during this week.

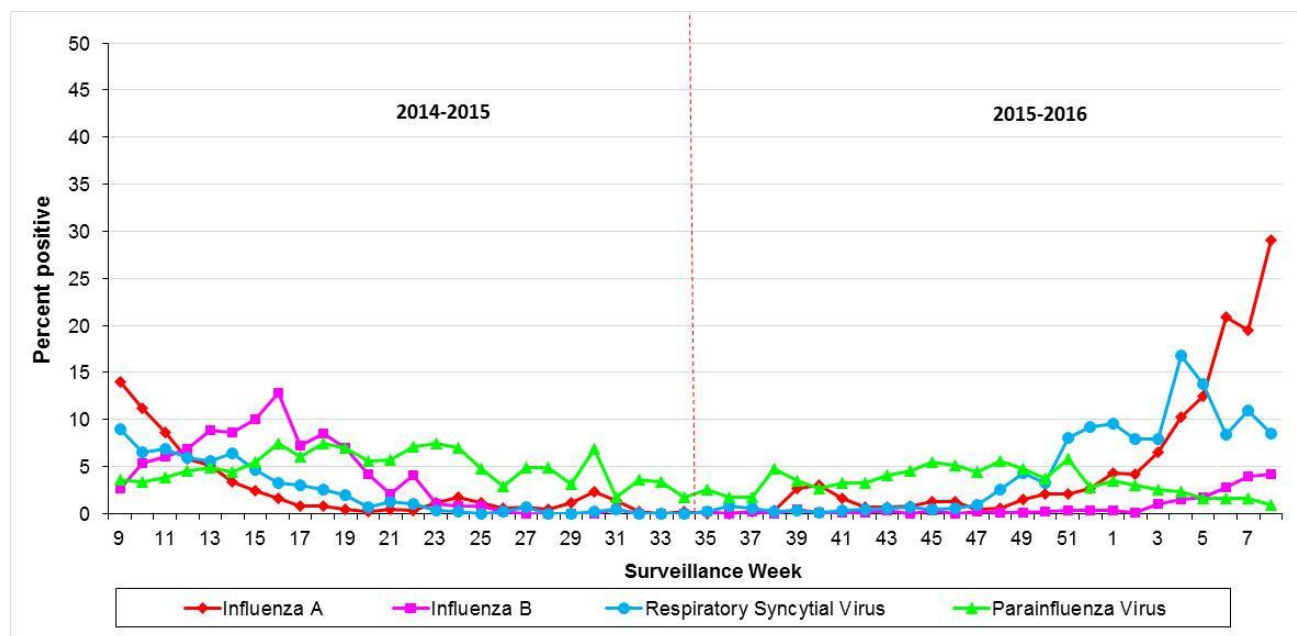
10. Data sources for this report

Provides a list and description of data sources used to prepare this report.

1. Circulating respiratory viruses in Ontario

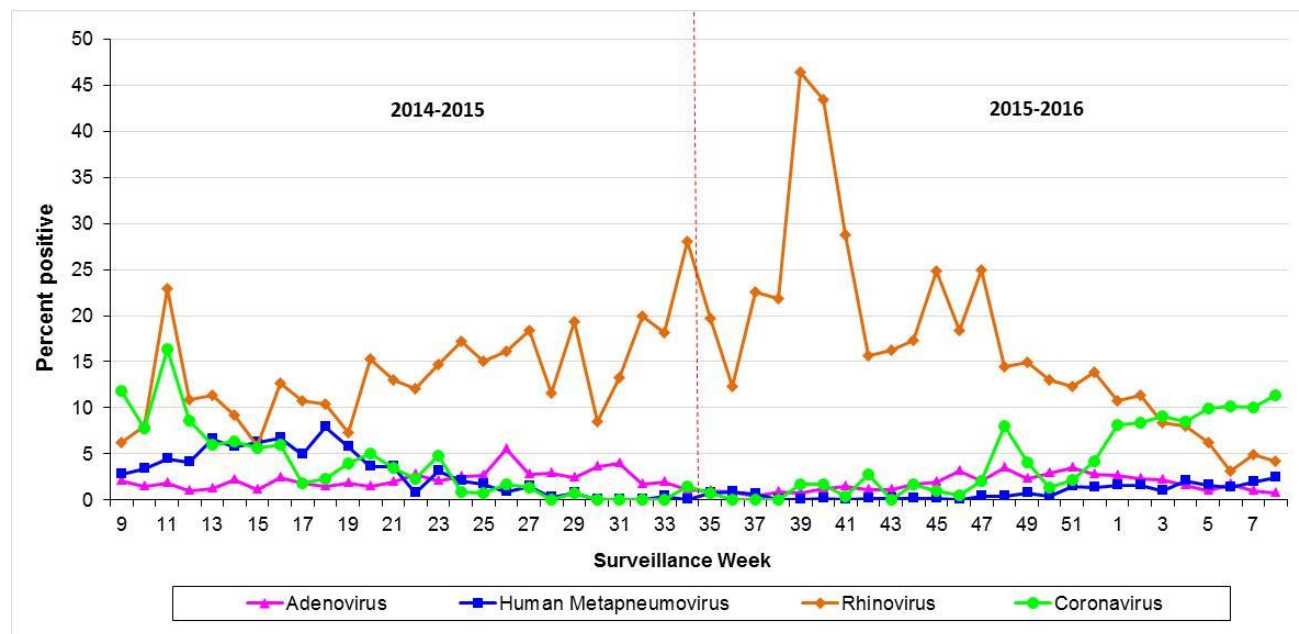
Provincial percent positivity is high for influenza A and low for influenza B, at 29.0% and 4.2% respectively in Week 8 (Figures [1](#) and [3](#)). Of the 455 influenza A positive specimens for which subtyping was available, 92.3% (420/455) were (H1N1)pdm09 in week 8; for the season to date, 85.0% (1429/1,681) were (H1N1)pdm09. Coronavirus was the most common circulating non-influenza respiratory virus, with provincial positivity at 11.4% (Figure [2](#)).

Figure 1: Percentage of respiratory viral pathogens (influenza A, influenza B, respiratory syncytial virus, and parainfluenza virus) detected among specimens tested by all methods: Ontario, March 1, 2015 to February 27, 2016



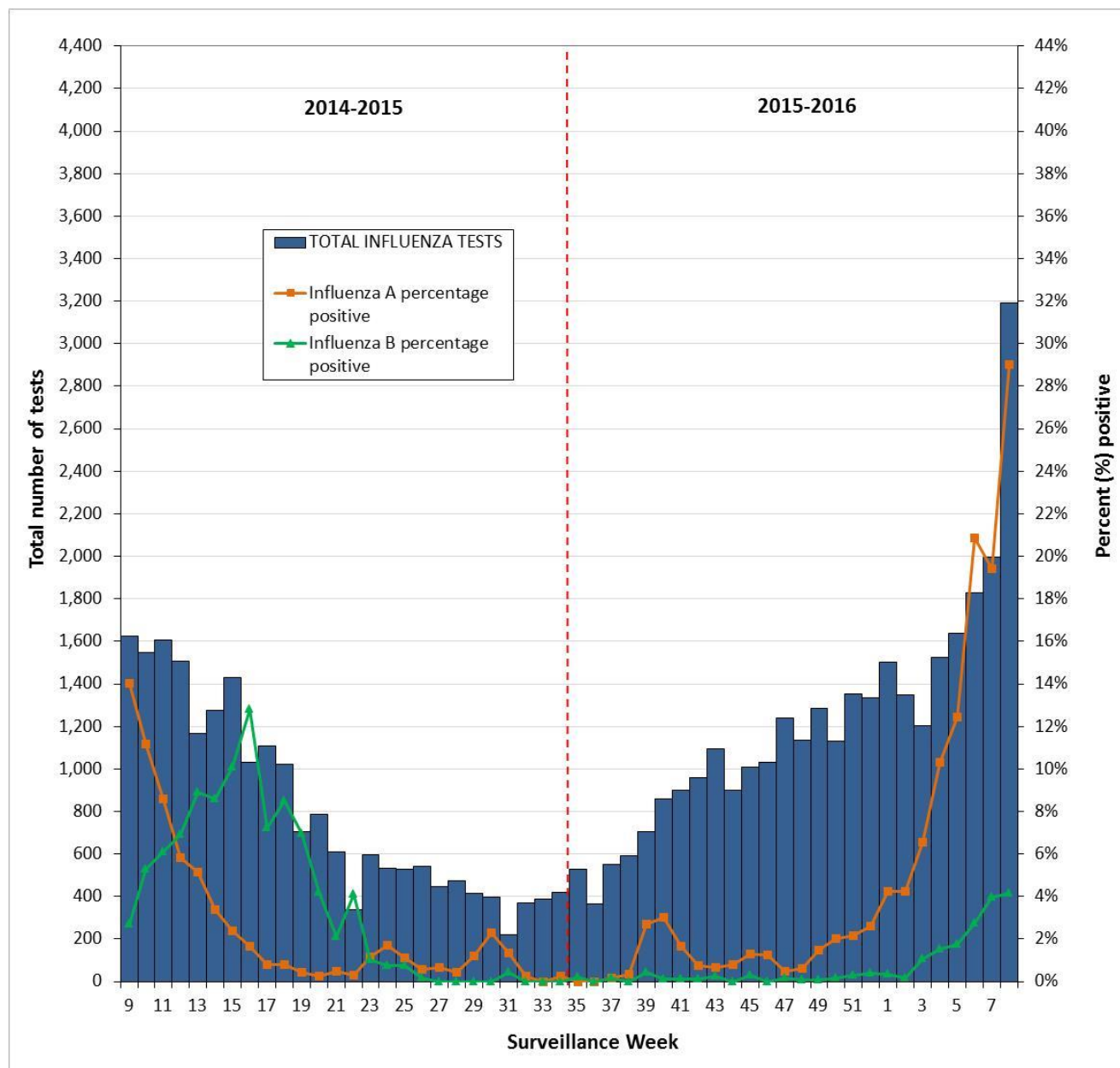
Source: [Centre for Immunization and Respiratory Infectious Diseases \(CIRID\)](#)

Figure 2: Percentage of respiratory viral pathogens (adenovirus, human metapneumovirus, rhinovirus and coronavirus) detected among specimens tested by all methods: Ontario, March 1, 2015 to February 27, 2016



Source: [Centre for Immunization and Respiratory Infectious Diseases \(CIRID\)](#)

Figure 3: Total number of influenza tests performed and percent of positive tests by surveillance week: Ontario, March 1, 2015 to February 27, 2016



Source: [Centre for Immunization and Respiratory Infectious Diseases \(CIRID\)](#)

2. Comparison to previous influenza seasons

For the 2015-2016 surveillance season to date, 3,401 laboratory-confirmed influenza cases have been reported. Among these cases, 85.2% (2,898/3,401) were influenza A ([Table 6](#)). Of the 972 reported influenza A cases with subtype information available, 14.3% (139/972) were H3N2 and 85.7% (833/972) were (H1N1)pdm09. Influenza A (H1N1)pdm09 is the dominant influenza type/subtype circulating in the 2015-2016 season to date. Influenza A activity in week 8 was higher than previous seasons for the same surveillance week.

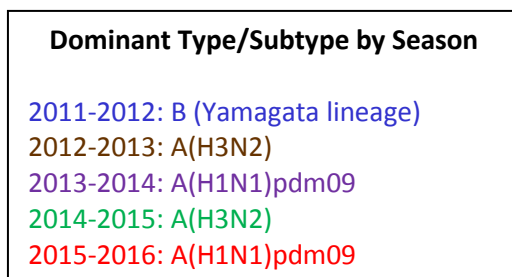
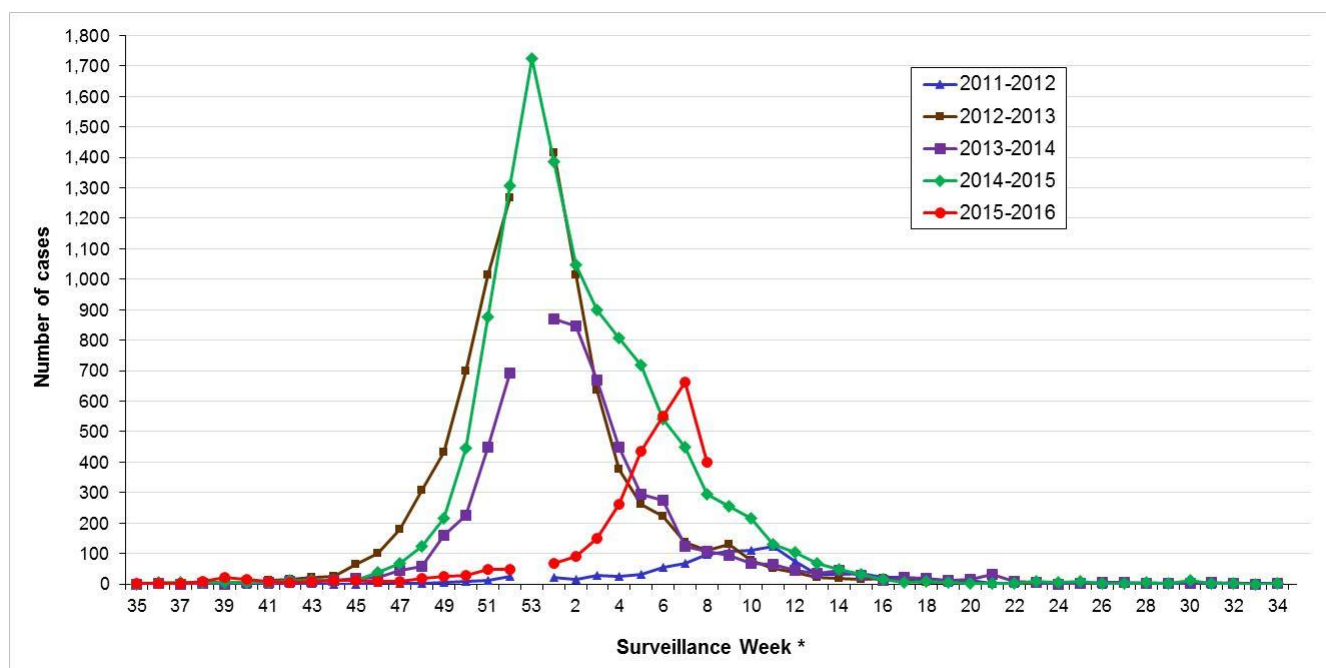


Figure 4: Number of reported confirmed cases of influenza A by surveillance week: Ontario, September 1, 2011 to February 27, 2016

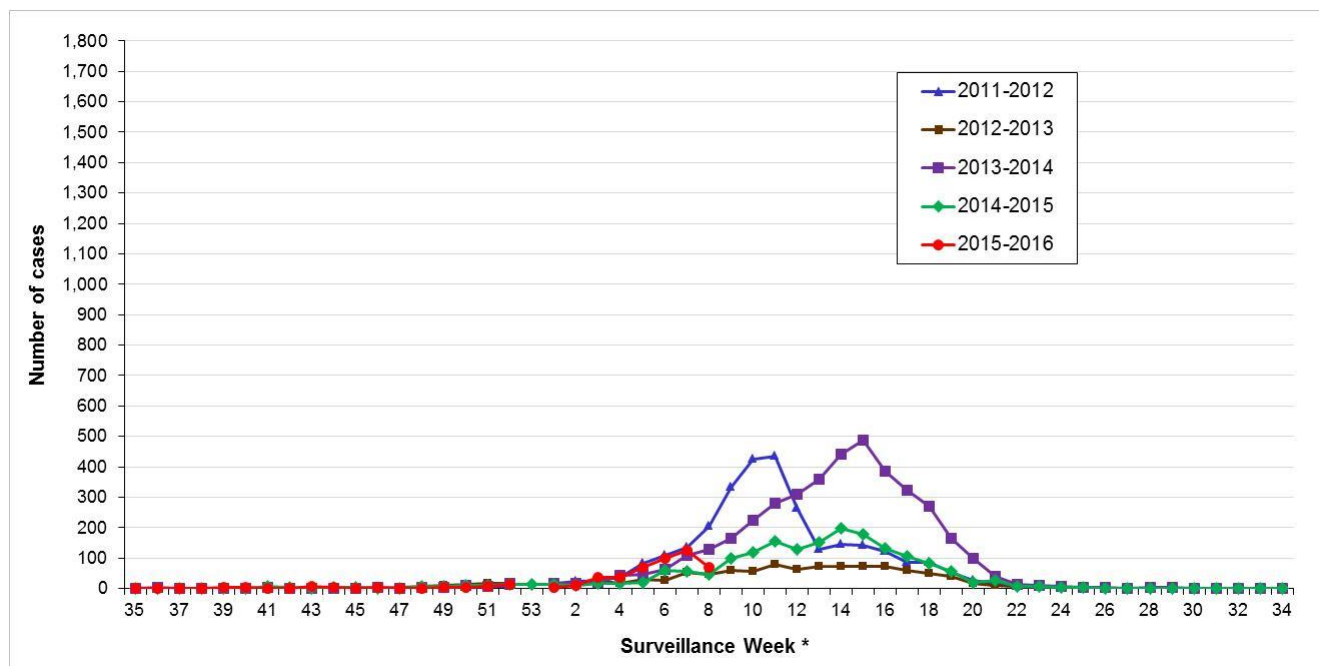


Source: [Integrated Public Health Information System \(iPHIS\)](#)

Notes:

- Interpret most recent case counts for the current season with caution due to reporting lags.
- Unlike the other seasons presented, the 2014-2015 season included a week 53; a week 53 occurs once every five to six years. Week 53 in 2014-2015 corresponded to December 28, 2014 to January 3, 2015.

Figure 5: Number of reported confirmed cases of influenza B by surveillance week: Ontario, September 1, 2011 to February 27, 2016



Source: [Integrated Public Health Information System \(iPHIS\)](#)

Notes:

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3. Institutional respiratory infection outbreaks

Twenty influenza outbreaks were reported in Week 8 ([Figure 6](#)). Influenza was detected in 12.6% (69/546) of institutional respiratory infection outbreaks reported to date in the 2015-2016 season. 33.5% (183/546) of the outbreaks were reported as entero/rhinovirus. Most respiratory infection outbreaks were reported from long-term care homes (349/546 or 63.9% of all reported outbreaks).

Table 1: Institutional respiratory infection outbreaks: Ontario, Week 8 and total for the 2015-2016 season to date¹

Virus reported in outbreak	CURRENT WEEK		CUMULATIVE	
	Number of new outbreaks ²	Percentage of total for current week	Number of cumulative outbreaks	Percentage of cumulative total
Influenza A ³	14	36.8%	53	9.7%
Influenza B ³	6	15.8%	16	2.9%
Both influenza A and B ³	0	0.0%	0	0.0%
Enterovirus	1	2.6%	183	33.5%
Parainfluenza (all types)	0	0.0%	33	6.0%
Respiratory syncytial virus (RSV)	4	10.5%	31	5.7%
Human metapneumovirus, adenovirus, coronavirus or other viruses	2	5.3%	64	11.7%
Two or more non-influenza viruses ³	2	5.3%	44	8.1%
No organism reported	9	23.7%	122	22.3%
TOTAL	38	100.0%	546	100.0%

Source: [Integrated Public Health Information System \(iPHIS\)](#)

Notes:

¹ Season to date includes all outbreaks in which the date the outbreak was reported to the public health unit (or if unavailable, the date the outbreak was created in iPHIS) occurred between September 1, 2015 (Week 35, 2015) and the current reporting week, as well as outbreaks in which the reported date is missing but the outbreaks were entered into iPHIS during the current season.

² New outbreaks are defined as those in which the date the outbreak was reported to the public health unit was in the current surveillance period, i.e. February 21, 2016 – February 27, 2016 (Week 8), and was recorded in iPHIS.

³ Any outbreak where influenza was identified is reported under the appropriate influenza category (“Influenza A”, “Influenza B”, or “Both influenza A and B”) regardless of what other virus was also identified in the outbreak.

Table 2: Institutional respiratory infection outbreaks by setting type: Ontario, total for the 2015-2016 season to date¹

Setting type reported	Number of influenza outbreaks (% of total)	Number of other respiratory viruses (% of total)
Long-Term Care Home	37 (53.6%)	312 (65.4%)
Hospital	18 (26.1%)	15 (3.1%)
Retirement Home	7 (10.1%)	75 (15.7%)
Other ²	2 (2.9%)	1 (0.2%)
Unknown	5 (7.2%)	74 (15.5%)
TOTAL	69 (100.0%)	477 (100.0%)

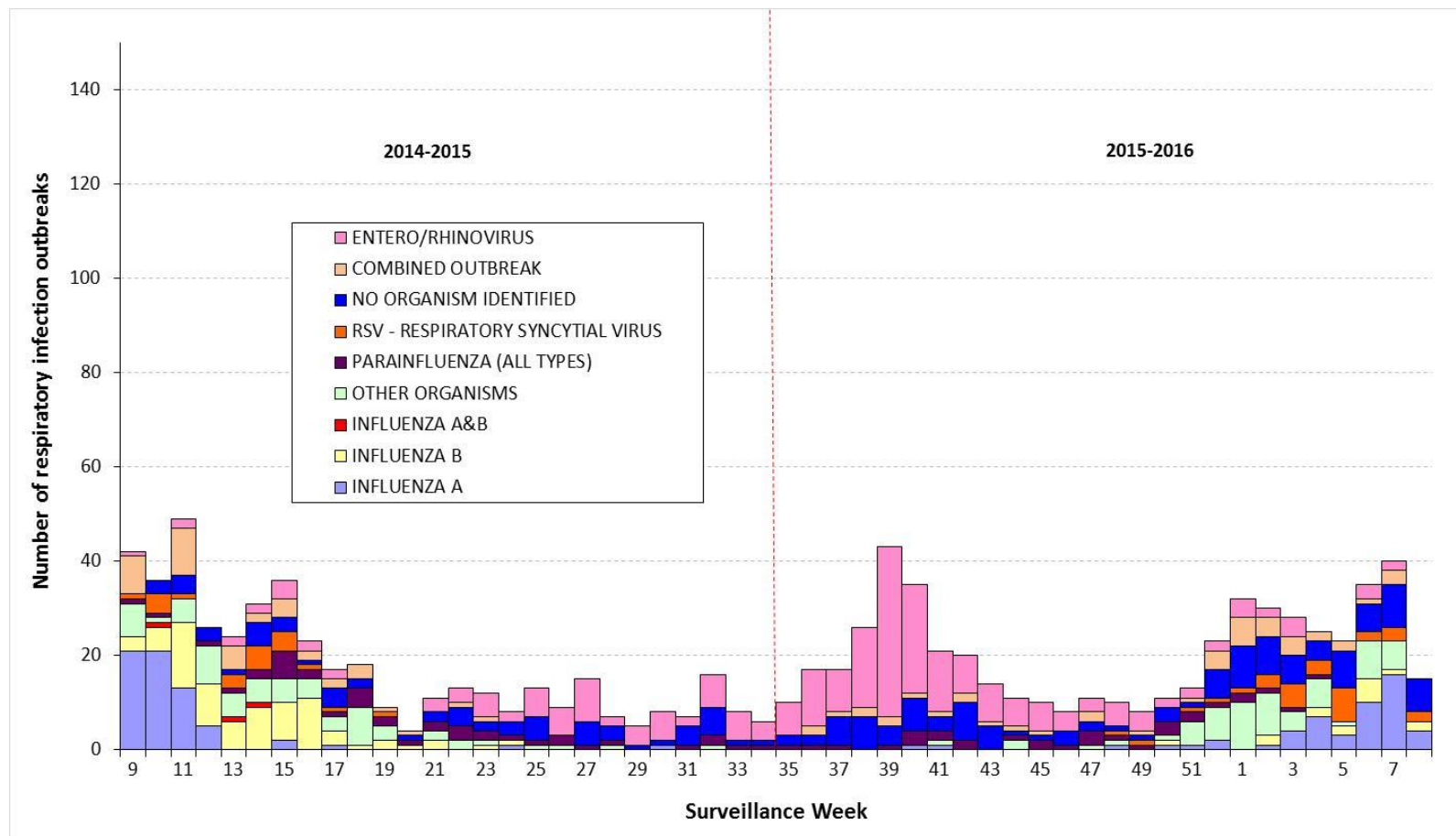
Source: [Integrated Public Health Information System \(iPHIS\)](#)

Notes:

¹ Season to date includes all outbreaks in which the date the outbreak was reported to the public health unit (or if unavailable, the date the outbreak was created in iPHIS) occurred between September 1, 2015 (Week 35, 2015) and the current reporting week, as well as outbreaks in which the reported date is missing but the outbreaks were entered into iPHIS during the current season.

² Other types of institutions include: correctional facilities, group homes, shelters, and facilities operating under the *Developmental Services Act*. Note that school-based and child care centre respiratory outbreaks are not captured in this table.

Figure 6: Institutional respiratory infection outbreaks by week of illness onset in the first case: Ontario, March 1, 2015 to February 27, 2016



Source: [Integrated Public Health Information System \(iPHIS\)](#)

Notes:

- Interpret most recent outbreak counts for the current season with caution due to reporting lags.
- Institutional respiratory infection outbreaks for which the date of onset of illness for the first case is missing are excluded in this figure. However, these outbreaks are counted in the cumulative outbreaks section of Table 1.
- Any outbreak where influenza was identified is reported under the appropriate influenza category ("Influenza A", "Influenza B", or "Both influenza A & B") regardless of what other virus is also identified in the outbreak.

4. Severity – Influenza hospitalizations and deaths, and respiratory viruses by setting

In the season to date, 672 hospitalizations and twelve deaths have been reported among laboratory-confirmed influenza cases. The majority (594/672 or 88.4%) of hospitalizations occurred in influenza A cases. 77 of 672 hospitalizations (11.5%) occurred in patients with influenza B; one case with influenza A and B was hospitalized (0.1%). 32.6% (219/672) of the hospitalizations were in individuals 65 years of age and older. In week 8, 68.1% of hospitalizations occurred in influenza A cases under the age of 65, reflective of the currently circulating H1N1 subtype. The highest hospitalization rate was seen in infants under one year of age followed by children aged 1-4. The highest case fatality rate was seen in adults aged 65 and over.

For week 8 based on PHOL data, influenza A positivity increased to 22.9% with positive specimens predominantly from individuals presenting for care in ambulatory settings. Overall, coronavirus and respiratory syncytial virus were the most common non-influenza respiratory viruses detected at PHOL. Coronavirus was primarily detected from individuals in institutions and ambulatory settings and respiratory syncytial virus was mostly detected from individuals in emergency department and hospital settings.

Table 3: Hospitalizations and deaths among confirmed influenza cases by age group: Ontario, Week 8 and cumulative for the 2015-2016 influenza season

Age Group	HOSPITALIZATIONS		DEATHS	
	Weekly Count	Cumulative count (rate per 100,000)	Weekly count	Cumulative count (rate per 100,000)
<1	14	49 (34.5)	0	0 (0.0)
1 – 4	39	131 (22.9)	0	0 (0.0)
5 – 14	25	63 (4.3)	0	0 (0.0)
15 – 24	6	14 (0.8)	0	0 (0.0)
25 – 44	18	67 (1.8)	0	0 (0.0)
45 – 64	26	129 (3.3)	0	2 (0.1)
65+	60	219 (10.2)	4	10 (0.5)
Total	188	672 (4.9)	4	12 (0.1)

Source: [Integrated Public Health Information System \(iPHIS\)](#) and [IntelliHEALTH Ontario](#)

Notes:

- Reported deaths in any laboratory-confirmed influenza case are included; the contribution of influenza to the death is not able to be determined.
- The numbers of hospitalizations and deaths provided in iPHIS need to be interpreted with caution due to delays between the onset of illness, hospital admission or death, and when this information is reported to public health. During periods of increased influenza activity, there may be additional delays in the reporting of hospitalizations and deaths beyond the expected reporting time lag.
- The numbers of hospitalizations and deaths reported in iPHIS are likely an underestimation of the true experience in the Ontario population for many reasons, including underreporting because influenza is not suspected as the source of infection so testing is not done.
- In addition, public health units were advised in December 2014 and August 2015 that only 20% of laboratory confirmed cases require follow-up, as opposed to all cases. As a result, there will likely be more under-reporting of hospitalizations and deaths in the 2014-2015 and 2015-2016 seasons than in previous seasons so comparisons to prior years should be done with caution.

Table 4: Number and percentage of specimens (in brackets)¹ with respiratory pathogens detected by patient setting, week 8 and cumulative for the 2015-2016 season to date

Respiratory Pathogen Detected	Patient setting when tested									
	Intensive Care Unit (ICU) Number (% positive) ¹		Hospital (Non-ICU) Number (% positive) ¹		Emergency Number (% positive) ¹		Ambulatory/No setting Number (% positive) ¹		Institution ² Number (% positive) ¹	
	Current	Cumulative	Current	Cumulative	Current	Cumulative	Current	Cumulative	Current	Cumulative
Influenza A (all) ³	15 (23)	74 (5)	73 (19)	269 (5)	102 (25)	519 (10)	140 (27)	651 (9)	12 (11)	47 (4)
Influenza A (H3N2) ⁴	0	0	1	24	0	50	2	68	1	8
Influenza A (H1N1)pdm09 ⁴	12	60	12	153	15	265	42	384	5	24
Influenza B	0 (0)	1 (0)	19 (5)	56 (1)	22 (5)	90 (2)	39 (8)	152 (2)	9 (8)	21 (2)
Adenovirus	0 (0)	18 (1)	3 (1)	65 (1)	2 (0)	128 (2)	3 (1)	152 (2)	0 (0)	3 (0)
Coronavirus	2 (5)	34 (3)	0 (0)	13 (4)	1 (17)	12 (9)	7 (16)	53 (4)	8 (19)	104 (13)
Enterovirus	5 (12)	158 (12)	0 (0)	46 (9)	0 (0)	29 (8)	2 (4)	228 (13)	3 (7)	302 (36)
Human metapneumovirus	3 (7)	15 (1)	5 (2)	38 (1)	5 (1)	38 (1)	4 (1)	78 (1)	5 (8)	33 (3)
Parainfluenza(all types)	1 (2)	60 (4)	1 (0)	123 (2)	3 (1)	165 (3)	5 (1)	206 (3)	4 (7)	75 (7)
Respiratory syncytial virus	4 (9)	53 (4)	31 (13)	336 (6)	39 (10)	339 (6)	26 (6)	351 (5)	11 (19)	58 (5)
Total positives ⁵	30 (46)	413 (29)	132 (35)	946 (16)	174 (42)	1,320 (25)	226 (43)	1,871 (25)	52 (46)	643 (48)

Source: [Public Health Ontario Laboratory \(PHOL\)](#)

Notes:

¹ The percentages in this table are calculated as number of specimens with the respiratory pathogen detected divided by total number of specimens tested for that particular pathogen within the patient setting. For example, if 40 respiratory specimens were tested for influenza B from patients in intensive care unit (ICU) settings and 4 tested positive, the cell for influenza B in the ICU setting would indicate “4 (10%)”.

² Institution includes retirement homes, correctional facilities, and undefined institutions.

³ The “Influenza A (all)” row includes the numbers in the “Influenza A(H3N2)” and “Influenza A (H1N1)pdm09” rows as well as Influenza A positives that were not subtyped.

⁴ Percent positivity is not calculated for Influenza A(H3N2) and Influenza A(H1N1)pdm09 because subtyping is only done on select influenza A samples, precluding an accurate calculation.

⁵ When calculating the “Total Positives”, the “Influenza A(H3N2)” and “Influenza A(H1N1)pdm09” rows are not counted as these numbers are already included in the “Influenza A (all)” row.

5. By Jurisdiction – Influenza activity

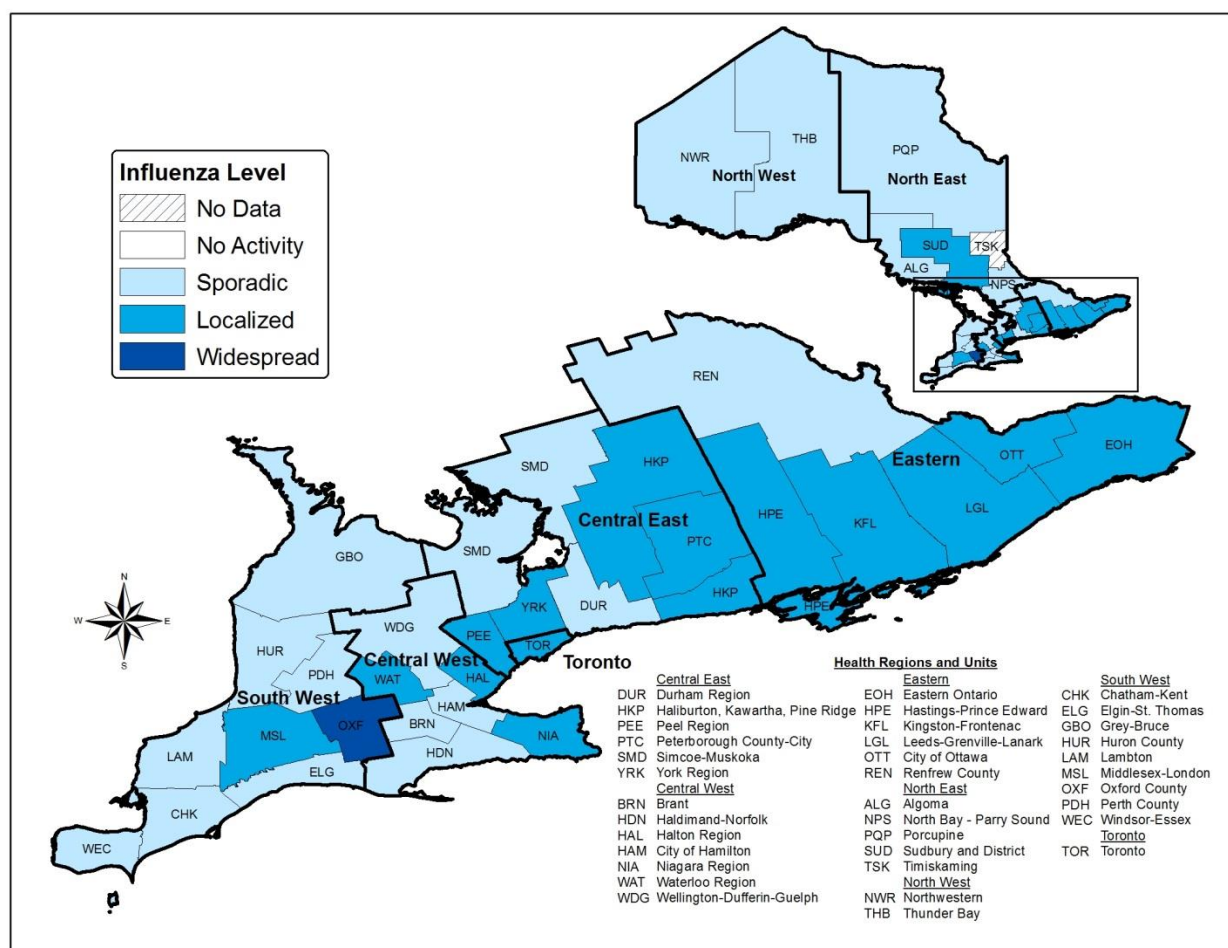
Influenza activity is high across the province, with one public health unit reporting ‘widespread’ activity, 15 public health units reporting ‘localized’ activity, and 19 reporting ‘sporadic’ activity. One public health unit did not report for week 8.

Notes:

Tables 5 and 6 below present information by public health unit.

- [Table 5](#) is information from Public Health Ontario Laboratories (PHOL). It allows for the calculation of percent positivity because PHOL tests the samples and knows the numbers of positive and negative results. Percent positivity for public health units that had less than 40 respiratory specimens tested may not be reliable due to small numbers.
- [Table 6](#) is information the Integrated Public Health Information System (iPHIS) based on positive influenza cases reported to the public health unit. These tests are done by multiple laboratories and because negative results are not reported to the public health unit, the percent positivity cannot be calculated.

Figure 7: Influenza activity levels reported by public health units: Ontario, February 21, 2016 to February 27, 2016 (Week 8)



Source: [Public Health Ontario from public health units](#)

Table 5: Specimens submitted to Public Health Ontario Laboratories for influenza testing and positive results by public health unit; number for week 8 and cumulative total for the 2015-2016 season to date (in brackets)

Public Health Unit and Region	Number of specimens submitted	Number of specimens tested	Influenza A				Influenza B	
			Number of influenza A positive specimens	H3N2	A(H1N1) pdm09	% positivity influenza A	Number of influenza B positive specimens	% positivity influenza B
Northwestern	17 (293)	13 (283)	3 (10)	0 (0)	0 (1)	23 (4)	0 (1)	0 (0)
Thunder Bay District	27 (344)	17 (322)	4 (17)	0 (0)	2 (8)	24 (5)	0 (1)	0 (0)
TOTAL NORTH WEST	44 (637)	30 (605)	7 (27)	0 (0)	2 (9)	23 (4)	0 (2)	0 (0)
Algoma	19 (263)	17 (258)	5 (10)	0 (0)	1 (6)	29 (4)	2 (16)	12 (6)
North Bay Parry Sound District	48 (472)	42 (464)	4 (20)	0 (0)	1 (15)	10 (4)	0 (0)	0 (0)
Porcupine	23 (231)	18 (221)	0 (5)	0 (0)	1 (4)	0 (2)	0 (0)	0 (0)
Sudbury & District	43 (320)	32 (305)	4 (15)	0 (0)	1 (12)	13 (5)	4 (5)	13 (2)
Timiskaming	4 (65)	2 (63)	1 (2)	0 (1)	1 (1)	50 (3)	0 (0)	0 (0)
TOTAL NORTH EAST	137 (1,351)	111 (1,311)	14 (52)	0 (1)	5 (38)	13 (4)	6 (21)	5 (2)
City of Ottawa	18 (232)	10 (215)	5 (24)	1 (4)	1 (15)	50 (11)	0 (2)	0 (1)
Eastern Ontario	35 (244)	24 (232)	3 (16)	0 (2)	2 (8)	13 (7)	0 (0)	0 (0)
Hastings & Prince Edward Counties	25 (274)	17 (262)	5 (28)	0 (0)	0 (17)	29 (11)	1 (1)	6 (0)
Kingston, Frontenac, Lennox & Addington	65 (561)	40 (530)	7 (51)	0 (2)	0 (18)	18 (10)	0 (0)	0 (0)
Leeds, Grenville And Lanark District	11 (106)	8 (102)	3 (11)	0 (1)	2 (9)	38 (11)	0 (0)	0 (0)
Renfrew County And District	9 (74)	5 (68)	2 (2)	0 (0)	1 (1)	40 (3)	0 (1)	0 (1)
TOTAL EASTERN	163 (1,491)	104 (1,409)	25 (132)	1 (9)	6 (68)	24 (9)	1 (4)	1 (0)
Durham Region	106 (1,271)	89 (1,223)	17 (91)	1 (13)	4 (46)	19 (7)	11 (32)	12 (3)
Haliburton, Kawartha, Pine Ridge	50 (517)	38 (499)	11 (40)	0 (2)	5 (23)	29 (8)	1 (5)	3 (1)
Peel Region	126 (1,889)	82 (1,813)	24 (167)	0 (23)	6 (82)	29 (9)	6 (49)	7 (3)
Peterborough County-City	20 (302)	19 (299)	2 (16)	0 (1)	0 (9)	11 (5)	1 (7)	5 (2)
Simcoe Muskoka District	241 (2,096)	143 (1,977)	28 (142)	0 (23)	7 (69)	20 (7)	10 (16)	7 (1)
York Region	149 (1,695)	105 (1,629)	27 (122)	0 (13)	1 (68)	26 (7)	5 (27)	5 (2)
TOTAL CENTRAL EAST	692 (7,770)	476 (7,440)	109 (578)	1 (75)	23 (297)	23 (0)	34 (136)	7 (2)
Toronto	374 (4,848)	279 (4,655)	49 (243)	1 (37)	14 (131)	18 (5)	11 (43)	4 (1)
TOTAL TORONTO	374 (4,848)	279 (4,655)	49 (243)	1 (37)	14 (131)	18 (5)	11 (43)	4 (1)
Chatham-Kent	15 (165)	13 (160)	1 (4)	0 (0)	0 (1)	8 (3)	1 (3)	8 (2)
Elgin-St. Thomas	12 (131)	9 (127)	3 (7)	0 (0)	1 (5)	33 (6)	1 (3)	11 (2)
Grey Bruce	54 (434)	44 (416)	13 (53)	0 (1)	2 (36)	30 (13)	3 (7)	7 (2)
Huron County	9 (76)	6 (73)	1 (2)	0 (1)	1 (1)	0 (3)	0 (2)	0 (3)
Lambton County	21 (213)	17 (209)	7 (16)	0 (0)	1 (8)	41 (8)	0 (0)	0 (0)
Middlesex-London	31 (283)	31 (280)	13 (44)	0 (4)	6 (31)	42 (16)	3 (13)	10 (5)
Oxford County	26 (143)	22 (138)	10 (14)	0 (0)	6 (10)	0 (10)	0 (7)	0 (5)
Perth District	15 (171)	14 (168)	4 (8)	0 (1)	0 (3)	29 (5)	2 (2)	14 (1)
Windsor-Essex County	53 (532)	35 (510)	6 (16)	0 (2)	1 (9)	17 (3)	5 (20)	14 (4)

Public Health Unit and Region	Number of specimens submitted	Number of specimens tested	Influenza A				Influenza B	
			Number of influenza A positive specimens	H3N2	A(H1N1) pdm09	% positivity influenza A	Number of influenza B positive specimens	% positivity influenza B
TOTAL SOUTH WEST	236 (2148)	191 (2081)	58 (164)	0 (9)	18 (104)	30 (8)	15 (57)	8 (3)
Brant County	45 (478)	34 (459)	11 (39)	0 (1)	3 (26)	32 (8)	0 (4)	0 (1)
City Of Hamilton	34 (314)	28 (299)	6 (24)	0 (0)	0 (16)	21 (8)	3 (4)	11 (1)
Haldimand-Norfolk	15 (176)	10 (166)	2 (11)	0 (1)	2 (10)	20 (7)	0 (0)	0 (0)
Halton Region	81 (754)	73 (725)	16 (80)	0 (5)	3 (49)	22 (11)	6 (15)	8 (2)
Niagara Region	63 (673)	50 (645)	6 (51)	0 (2)	1 (40)	12 (8)	4 (7)	8 (1)
Waterloo Region	73 (690)	64 (668)	27 (83)	1 (7)	7 (48)	42 (12)	9 (23)	14 (3)
Wellington-Dufferin-Guelph	39 (674)	36 (662)	10 (71)	0 (3)	3 (48)	28 (11)	0 (4)	0 (1)
TOTAL CENTRAL WEST	350 (3,759)	295 (3,624)	78 (359)	1 (19)	19 (237)	26 (10)	22 (57)	7 (2)
OUT OF PROVINCE	8 (102)	5 (97)	2 (5)	0 (0)	0 (2)	40 (5)	0 (0)	0 (0)
TOTAL ONTARIO	2,004 (22,106)	1,491 (21,222)	342 (1,560)	4 (150)	87 (886)	23 (7)	89 (320)	6 (2)

Source: [Public Health Ontario Laboratory \(PHOL\)](#)

Notes:

- Cumulative numbers are from September 1, 2015 to the current week and are displayed in brackets.
- The difference between submissions and testing is due to lags in testing time.
- “Public Health Unit” reflects the jurisdiction where the patient resides. In the event this is not available, the public health unit of the specimen submitter is used.
- NA-Not applicable- Indicates public health units with no specimens tested; therefore percent positivity was not calculated.
- Percent positivity for health units that had less than 40 respiratory specimens tested for the current week may not be reliable due to small numbers.

Table 6. Number of reported confirmed influenza cases by public health unit and health region; number for week 8 and cumulative total for the 2015-2016 influenza season (in brackets)

Public Health Unit and Region	Number of influenza A positive cases			Influenza A & B	Influenza B	TOTAL
	(H1N1) pdm09	H3	Influenza A All subtypes ¹			
Northwestern	1 (1)	0 (1)	6 (8)	0 (0)	0 (1)	6 (9)
Thunder Bay District	1 (5)	0 (0)	2 (11)	0 (0)	0 (1)	2 (12)
TOTAL NORTH WEST	2 (6)	0 (1)	8 (19)	0 (0)	0 (2)	8 (21)
Algoma	2 (6)	0 (0)	3 (8)	0 (0)	3 (14)	6 (22)
North Bay Parry Sound District	2 (13)	0 (1)	14 (44)	0 (2)	0 (1)	14 (47)
Porcupine	1 (4)	0 (0)	1 (5)	0 (0)	0 (0)	1 (5)
Sudbury & District	5 (8)	0 (0)	9 (18)	0 (0)	2 (3)	11 (21)
Timiskaming	1 (1)	0 (1)	1 (2)	0 (0)	0 (0)	1 (2)
TOTAL NORTH EAST	11 (32)	0 (2)	28 (77)	0 (2)	5 (18)	33 (97)
City of Ottawa	3 (13)	1 (3)	65 (167)	0 (0)	1 (11)	66 (178)
Eastern Ontario	4 (9)	0 (2)	14 (29)	0 (0)	0 (2)	14 (31)
Hastings & Prince Edward Counties	1 (17)	0 (0)	2 (23)	0 (0)	1 (1)	3 (24)
Kingston, Frontenac, Lennox & Addington	0 (17)	0 (2)	19 (48)	0 (0)	1 (1)	20 (49)
Leeds, Grenville And Lanark District	2 (8)	0 (0)	6 (17)	0 (0)	0 (1)	6 (18)
Renfrew County And District	0 (0)	0 (0)	1 (3)	0 (0)	0 (2)	1 (5)
TOTAL EASTERN	10 (64)	1 (7)	107 (287)	0 (0)	3 (18)	110 (305)
Durham Region	5 (51)	0 (8)	21 (90)	0 (0)	15 (30)	36 (120)
Haliburton, Kawartha, Pine Ridge ²	4 (18)	0 (2)	14 (35)	0 (0)	4 (6)	18 (41)
Peel Region	15 (99)	0 (21)	136 (448)	0 (2)	37 (123)	173 (573)
Peterborough County-City	2 (5)	0 (1)	9 (15)	0 (0)	2 (7)	11 (22)
Simcoe Muskoka District	23 (82)	1 (23)	57 (145)	0 (0)	7 (14)	64 (159)
York Region	14 (84)	0 (19)	51 (171)	0 (0)	8 (28)	59 (199)
TOTAL CENTRAL EAST	63 (339)	1 (74)	288 (904)	0 (2)	73 (208)	361 (1114)
Toronto	7 (134)	3 (34)	104 (639)	0 (0)	21 (106)	125 (745)
TOTAL TORONTO	7 (134)	3 (34)	104 (639)	0 (0)	21 (106)	125 (745)
Chatham-Kent	0 (1)	0 (0)	2 (4)	0 (0)	1 (3)	3 (7)
Elgin-St. Thomas	1 (3)	0 (0)	6 (11)	0 (0)	1 (3)	7 (14)
Grey Bruce	5 (20)	0 (0)	15 (40)	0 (0)	3 (6)	18 (46)
Huron County	1 (1)	0 (0)	2 (3)	0 (0)	0 (2)	2 (5)
Lambton County	2 (5)	0 (0)	6 (13)	0 (0)	0 (0)	6 (13)
Middlesex-London	3 (28)	0 (4)	36 (108)	0 (0)	7 (20)	43 (128)
Oxford County	7 (10)	0 (0)	11 (14)	0 (0)	3 (9)	14 (23)
Perth District	1 (4)	0 (1)	1 (5)	0 (0)	0 (0)	1 (5)
Windsor-Essex County	1 (7)	0 (2)	2 (11)	0 (0)	7 (16)	9 (27)
TOTAL SOUTH WEST	21 (79)	0 (7)	81 (209)	0 (0)	22 (59)	103 (268)
Brant County	2 (18)	0 (2)	15 (39)	1 (1)	2 (4)	18 (44)
City Of Hamilton	6 (16)	0 (0)	45 (194)	0 (0)	11 (17)	56 (211)
Haldimand-Norfolk	1 (7)	0 (0)	7 (15)	0 (0)	0 (2)	7 (17)
Halton Region	7 (30)	0 (3)	41 (139)	0 (0)	9 (16)	50 (155)
Niagara Region	6 (31)	0 (2)	46 (191)	0 (0)	10 (24)	56 (215)
Waterloo Region	11 (37)	1 (4)	41 (125)	0 (0)	9 (22)	50 (147)
Wellington-Dufferin-Guelph	8 (40)	0 (3)	14 (60)	0 (0)	0 (2)	14 (62)
TOTAL CENTRAL WEST	41 (179)	1 (14)	209 (763)	1 (1)	41 (87)	251 (851)
TOTAL ONTARIO	155 (833)	6 (139)	825 (2898)	1 (5)	165 (498)	991 (3401)

Source: [Integrated Public Health Information System \(iPHIS\)](#)

Note:

¹ Includes influenza A positive cases for whom no subtype was reported

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6. By Age – Respiratory viruses

For week 8, influenza A was detected predominantly among patients in the 20-64 age group. Overall, coronavirus and respiratory syncytial virus were the most common non-influenza respiratory viruses detected at PHOL. Coronavirus was mostly detected among adults 65 and older and respiratory syncytial virus was most commonly detected among infants <1 year of age. Information on influenza hospitalizations and deaths by age can be found in [Section 4: Severity - Influenza hospitalizations and deaths, and respiratory viruses by setting](#).

Table 7: Number and percentage of specimens (in brackets)¹ with respiratory pathogens detected by age group by Public Health Ontario Laboratories, week 8 and cumulative for the 2015-2016 season to date

Respiratory Pathogen Detected	Age groups									
	<1 Number (% positive) ¹		1-4 Number (% positive) ¹		5-19 Number (% positive) ¹		20-64 Number (% positive) ¹		65+ Number (% positive) ¹	
	Current	Cumulative	Current	Cumulative	Current	Cumulative	Current	Cumulative	Current	Cumulative
Influenza A (all) ²	32 (13)	169 (5)	22 (25)	143 (12)	37 (31)	172 (13)	192 (33)	818 (11)	59 (13)	258 (3)
Influenza A(H3N2) ³	0	6	0	5	0	16	2	67	2	56
Influenza A(H1N1)pdm09 ³	3	105	5	91	5	94	56	477	17	119
Influenza B	7 (3)	20 (1)	7 (8)	32 (3)	28 (23)	88 (6)	25 (4)	111 (1)	22 (5)	69 (1)
Adenovirus	5 (2)	94 (3)	1 (1)	76 (6)	1 (1)	91 (7)	1 (0)	82 (1)	0 (0)	23 (0)
Coronavirus	2 (0)	5 (4)	0 (0)	5 (13)	0 (0)	2 (4)	2 (4)	51 (4)	14 (16)	153 (7)
Entero/rhinovirus	0 (0)	32 (10)	0 (0)	8 (7)	0 (0)	15 (11)	4 (6)	193 (11)	6 (7)	515 (22)
Human metapneumovirus	5 (2)	42 (1)	1 (1)	23 (2)	0 (0)	10 (1)	3 (1)	39 (1)	13 (4)	88 (1)
Parainfluenza	4 (2)	185 (6)	2 (3)	73 (6)	0 (0)	32 (3)	1 (0)	112 (2)	7 (2)	227 (3)
Respiratory syncytial virus	69 (33)	705 (22)	14 (18)	153 (13)	3 (3)	23 (2)	7 (2)	69 (1)	18 (6)	187 (3)
Total positives⁴	124 (50)	1,252 (37)	47 (54)	513 (41)	69 (57)	433 (32)	235 (40)	1,475 (20)	139 (31)	1,520 (20)

Source: [Public Health Ontario Laboratory \(PHOL\)](#)

Notes:

¹ The percent positivity in this table is calculated as number of specimens with the respiratory pathogen detected divided by total number of specimens tested for that particular pathogen within the age group. For example, if 50 respiratory specimens were tested for influenza B from patients in the 5-19 year age group and 10 tested positive, the cell for influenza B in 5-19 years olds would indicate "10 (20%)".

² The "Influenza A (all)" row includes the numbers in the "Influenza A(H3N2)" and "Influenza A(H1N1)pdm09" rows as well as Influenza A positives that were not subtyped.

³ Percent positivity is not calculated for Influenza A(H3N2) and Influenza A(H1N1)pdm09 because subtyping is only done on select influenza A samples, precluding an accurate calculation.

⁴ When calculating the "Total Positives", the "Influenza A(H3N2)" and "Influenza A(H1N1)pdm09" rows are not counted as these numbers are already included in the "Influenza A (all)" row.

7. Strain comparisons – circulating influenza strains and vaccine strains

Through genetic characterization performed at the National Microbiology Laboratory (NML), sequence analysis showed that the 307 influenza A(H1N1) viruses tested nationally were antigenically similar to A/California/7/2009, which is the influenza A/H1N1 component [recommended by the World Health Organization](#) for the 2015-2016 Northern Hemisphere influenza vaccine.

Only 28 influenza A(H3N2) viruses from Canada grew to sufficient titre for antigenic characterization by haemagglutination inhibition assay and were characterized as antigenically similar to the cell-passaged A/Switzerland/9715293/2013, the World Health Organization recommended influenza A(H3N2) component of the 2015-2016 Northern Hemisphere vaccine.

Of the 152 influenza B viruses characterized in Canada, NML reported that 53 were antigenically similar to the recommended influenza B component for the Northern Hemisphere 2015-2016 vaccine, B/Phuket/3073/2013. 99 influenza B viruses were characterized as B/Brisbane/60/2008-like, which is included as an influenza B component of the 2015-2016 quadrivalent vaccine.

Table 8: Strain characterization completed on influenza isolates at the National Microbiology Laboratory: Ontario and Canada, September 1, 2015 to March 3, 2016

Influenza strains	Ontario	Canada
Influenza A (H3N2) A/Switzerland/9715293/13-like	24	28
Influenza A (H1N1) A/California/07/09-like	128	307
Influenza B B/Brisbane/60/08-like	14	99
B/Phuket/3073/13-like	24	53

Source: [National Microbiology Laboratory \(NML\)](#)

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8. Antiviral resistance / sensitivity for influenza

All influenza A viruses in Canada tested by the National Microbiology Laboratory (NML) for resistance in the 2015-2016 season were sensitive to zanamivir. One H1N1 virus tested was resistant to oseltamivir. Only one of the influenza A viruses tested was sensitive to amantadine. All influenza B viruses in Canada were sensitive to both oseltamivir and zanamivir.

Table 9: Amantadine, oseltamivir and zanamivir susceptibility assays completed on influenza isolates at the National Microbiology Laboratory: Ontario and Canada, September 1, 2015 to March 3, 2016

Influenza strains	Amantadine				Oseltamivir				Zanamivir			
	ONTARIO		CANADA		ONTARIO		CANADA		ONTARIO		CANADA	
	R	S	R	S	R	S	R	S	R	S	R	S
Influenza A (H3N2)	70	0	130	1	0	63	0	120	0	63	0	123
Influenza A (H1N1)pdm09	125	0	287	0	1	120	1	253	0	125	0	283
Influenza B	NA	NA	NA	NA	0	27	0	126	0	35	0	141

Source: [National Microbiology Laboratory \(NML\)](#)

R = Resistant, S = Susceptible, NA = Not Applicable

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9. Bacterial pathogens

Two specimens were positive for *Bordetella pertussis* and one specimen was positive for *Mycoplasma pneumoniae* during week 8. No specimen was positive for *Bordetella parapertussis*, *Bordetella holmesii* or *Chlamydophila pneumoniae* during this week.

Table 10: Number and percent positivity of respiratory specimens tested for any *Bordetella* species, *Mycoplasma pneumoniae*, or *Chlamydophila pneumoniae*, Public Health Ontario Laboratories, week 8

Pathogens	Tested	Positives	% positivity
	Current (Cumulative)	Current (Cumulative)	Current (Cumulative)
<i>Bordetella pertussis</i>	112 (1031)	2 (54)	2 (5)
<i>Bordetella parapertussis</i>	112 (1031)	0 (0)	0 (0)
<i>Bordetella holmesii</i>	112 (1031)	0 (0)	0 (0)
<i>Mycoplasma pneumoniae</i>	41 (1374)	1 (84)	2 (6)
<i>Chlamydophila pneumoniae</i>	41 (1374)	0 (6)	0 (0)

Source: [Public Health Ontario Laboratory \(PHOL\)](#)

Notes:

- Cumulative numbers (in brackets) for *Bordetella* are from January 1, 2016.
- Cumulative numbers (in brackets) for *Mycoplasma* and *Chlamydophila* are from September 1, 2015.
- Note that not all laboratory-confirmed *Bordetella pertussis* patients meet the Ontario case definition for pertussis.

10. Data sources for this report

- **Integrated Public Health Information System (iPHIS):** provides information on laboratory-confirmed cases of influenza reported to local public health units, and institutional outbreaks of influenza and other respiratory pathogens reported to local public health units. iPHIS is administered by the Ontario Ministry of Health and Long-Term Care; data for this issue was extracted by Public Health Ontario on March 2, 2016.

Case counts for influenza A and B cases are based on the 'Reported Date', which was the date the public health unit was notified of the case; however, cases are assigned to a particular surveillance week based on the episode date entered in iPHIS for the case. 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). Cases are excluded from these counts if the episode date is based on reported date, and the reported date occurs after the latest surveillance week.

- **Centre for Immunization and Respiratory Infectious Diseases (CIRID) of the Public Health Agency of Canada (PHAC):** provides information on the number of influenza tests and number that are positive based on submissions from 16 participating laboratories in Ontario including 11 Public Health Ontario Laboratories (PHOLs) and five hospital-based laboratories. The results are assigned to a particular surveillance week based on when test results are reported to PHAC; these data are not updated when results are submitted late for previous surveillance weeks. These data represent the number of specimens tested, which may not necessarily correspond with the number of patients as more than one specimen may have been submitted per patient. Cumulative numbers for the season to date are also available through [FluWatch](#).
- **Public Health Ontario Laboratory (PHOL):** provides specimen level information from the 11 Public Health Ontario Laboratory sites located in Ontario; data for the issue was extracted from the Laboratory Information Management System by Public Health Ontario on March 1, 2016.
- **National Microbiology Laboratory (NML), Influenza and Respiratory Viruses Section:** provides testing results for influenza strain identification and influenza antiviral resistance / susceptibility.
- **Public Health Ontario from public health units:** Public health units provide Public Health Ontario with weekly reports of influenza activity levels in their areas [Provincial Influenza Activity Report (Appendix C) Database]. Influenza activity levels are assigned by local public health units and reported to Public Health Ontario by 4:00 pm on the Tuesday following the end of each surveillance week. Activity levels are assigned based on laboratory confirmations, ILI reports from various sources, and laboratory-confirmed institutional respiratory infection outbreaks. Please refer to the [detailed definitions for the 2015-2016 season](#) for more information. Activity levels reported for a particular surveillance week may not necessarily correspond to the number of new outbreaks reported in the same week in Table 3 because ongoing outbreaks from previous weeks, as well as laboratory confirmed outbreaks in schools, may be included in the assessment of the activity level.

- **IntelliHEALTH Ontario:** provides information on population counts based on 2014 estimates. The information was obtained from the Ontario Ministry of Health and Long-Term Care, and received by Public Health Ontario on November 18, 2015.