

Please see note on page 2 in regards to the publication schedule of the ORPB for Week 11

Ontario Respiratory Pathogen Bulletin | 2015-2016

SURVEILLANCE WEEK 10 (March 6, 2016 – March 12, 2016)

This issue of the Ontario Respiratory Pathogen Bulletin provides information on the surveillance period from March 6, 2016 to March 12, 2016 (Week 10). Unless otherwise specified, **data presented in this issue of the bulletin are for Week 10** and data extraction occurred on Wednesday, March 16, 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 1262 influenza cases (983 influenza A, 277 influenza B, 2 influenza A and B) reported in Week 10, which was higher than the 1109 influenza cases reported in Week 9 (891 influenza A, 215 influenza B, 3 influenza A and B).
Percent positivity for influenza ²	Higher	Percent positivity of laboratory tests for all influenza types in Week 10 was 41.5%, which was higher than the percent positivity in Week 9 (35.7%). In Week 10, percent positivity was 34.3% for influenza A and 7.2% for influenza B.
Institutional influenza outbreaks ³	Higher	There were 29 new influenza outbreaks reported in Week 10, which was higher than the number of influenza outbreaks reported in Week 9 (17).
Influenza activity levels reported by public health units	Higher	In Week 10 , 1 public health unit reported 'widespread' activity, 21 public health units reported 'localized' activity, 10 reported 'sporadic' activity, and 4 public health units did not report.
OVERALL ASSESSMENT	Higher	Overall, the indicators show that influenza activity for Week 10 was higher compared to Week 9.
Measures of severity for influenza		
Hospitalizations among laboratory-confirmed cases of influenza ⁴	There were 285 hospitalized cases reported in Week 10; the number of hospitalized cases reported in Week 9 was 214.	
Deaths among laboratory-confirmed cases of influenza ⁴	There were 13 deaths reported in Week 10; there were eight deaths reported in Week 9.	

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.

Week 11 Ontario Respiratory Pathogen Bulletin schedule

The Ontario Respiratory Pathogen Bulletin scheduled to be published on March 25, 2016 will be released on March 24, 2016 in observance of Good Friday. **Health units are requested to submit their influenza activity level form for Week 11 by end of day Monday, March 21, 2016.** The regular reporting schedule will resume in Week 12.

1. Circulating respiratory viruses in Ontario

Provincial percent positivity is high for influenza A and low for influenza B, at 34.3% and 7.2% respectively in Week 10 (Figures [1](#) and [3](#)). While the percent positivity of influenza increased in Week 10, the increase in percent positivity could be partly attributed to a reduction in the number of tested specimens (an 11.5% decrease). Of the 505 influenza A positive specimens for which subtyping was available, 95.8% (484/505) were (H1N1)pdm09 in week 10; for the season to date, 88.6% (2273/2,566) were (H1N1)pdm09. Coronavirus was the most common circulating non-influenza respiratory virus, with provincial positivity at 12.9% (Figure [2](#)).

2. Comparison to previous influenza seasons

For the 2015-2016 surveillance season to date, 6,216 laboratory-confirmed influenza cases have been reported. Among these cases, 82.8% (5,144/6,216) were influenza A ([Table 6](#)). Of the 1,459 reported influenza A cases with subtype information available, 11.0% (160/1,459) were H3N2 and 89.0% (1,299/1,459) were (H1N1)pdm09. Influenza A (H1N1)pdm09 has been the dominant influenza type/subtype circulating in the 2015-2016 season to date. Influenza A activity in week 10 was higher than previous seasons for the same surveillance week.

3. Institutional respiratory outbreaks

Twenty-nine influenza outbreaks were reported in Week 10 ([Figure 6](#)). Of nine influenza A outbreaks with subtype information available in week 10, 66.7% were (H1N1)pdm09 and 33.3% were H3. Of 43 influenza A outbreaks with subtyping information available in the season to-date, 29 (67.4%) were (H1N1)pdm09, one of which was an influenza A and B outbreak, and 14 (32.6%) were H3. Influenza was detected in 19.0% (124/651) of institutional respiratory infection outbreaks reported to date in the 2015-2016 season. 28.9% (188/651) of the outbreaks were reported as enterovirus/rhinovirus. Most respiratory infection outbreaks were reported from long-term care homes (406/651 or 62.4% of all reported outbreaks).

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

In the season to date, 1171 hospitalizations and 33 deaths have been reported among laboratory-confirmed influenza cases. The majority (1025/1171 or 87.5%) of hospitalizations occurred in influenza A cases. 143 of 1171 hospitalizations (12.2%) occurred in patients with influenza B; three cases with influenza A and B were hospitalized (0.3%). 32.3% (378/1171) of the hospitalizations were in individuals 65 years of age and older. In week 10, 67.7% of hospitalized cases with influenza A were 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 10 based on PHOL data, influenza A positivity increased to 25.9% with positive specimens predominantly from individuals presenting for care in ambulatory settings. Influenza B positivity increased to 9.4% and positive specimens were predominantly detected from individuals in ambulatory

and emergency 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 respiratory syncytial virus was mostly detected from individuals presenting for care to emergency department and ambulatory settings.

5. By Jurisdiction – Influenza activity

Influenza activity is high across the province, with one public health unit reporting 'widespread' activity, 21 public health units reporting 'localized' activity, and 10 reporting 'sporadic' activity. Four public health units did not report for week 10.

6. By Age – Respiratory viruses

For week 10, 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 611 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 29 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 243 influenza B viruses characterized in Canada, NML reported that 77 were antigenically similar to the recommended influenza B component for the Northern Hemisphere 2015-2016 vaccine, B/Phuket/3073/2013. 166 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 antiviral resistance in the 2015-2016 season were sensitive to zanamivir. Six influenza A (H1N1)pdm09 viruses tested nationally, were resistant to oseltamivir, four of these were from Ontario. 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

Four specimens were positive for *Bordetella pertussis* during week 10. No specimen was positive for *Mycoplasma pneumoniae*, *Bordetella parapertussis*, *Bordetella holmesii* or *Chlamydia pneumoniae* during this week.

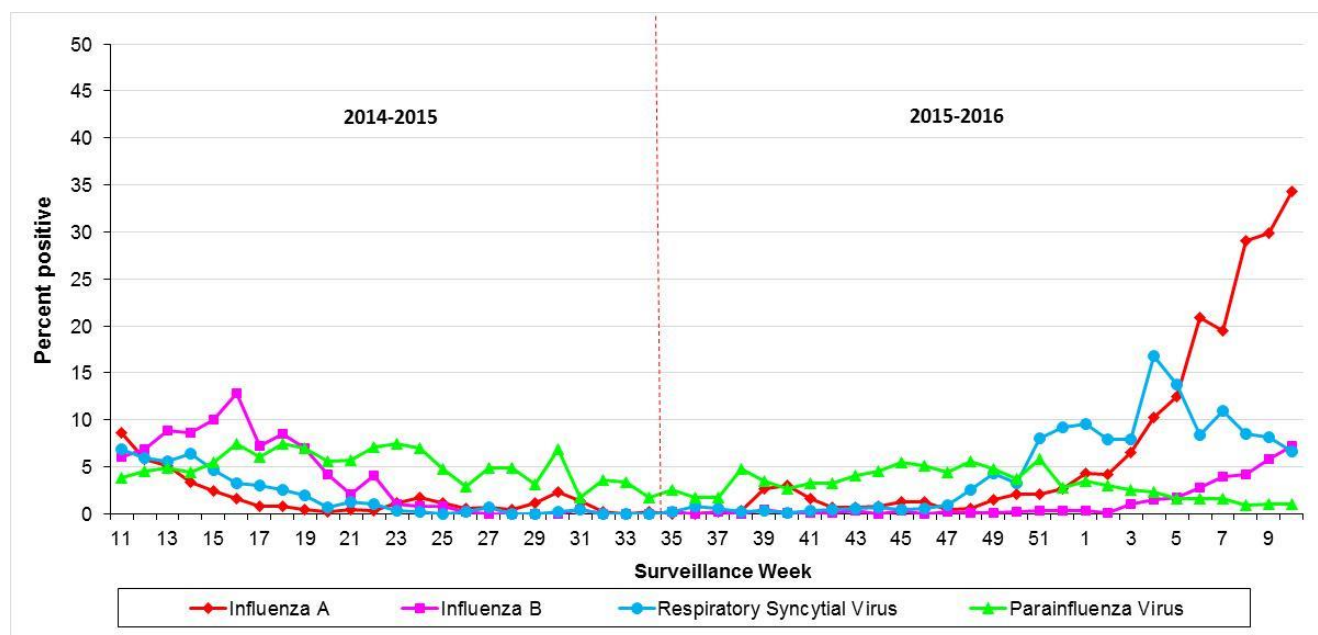
10. Data sources for this report

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

1. Circulating respiratory viruses in Ontario

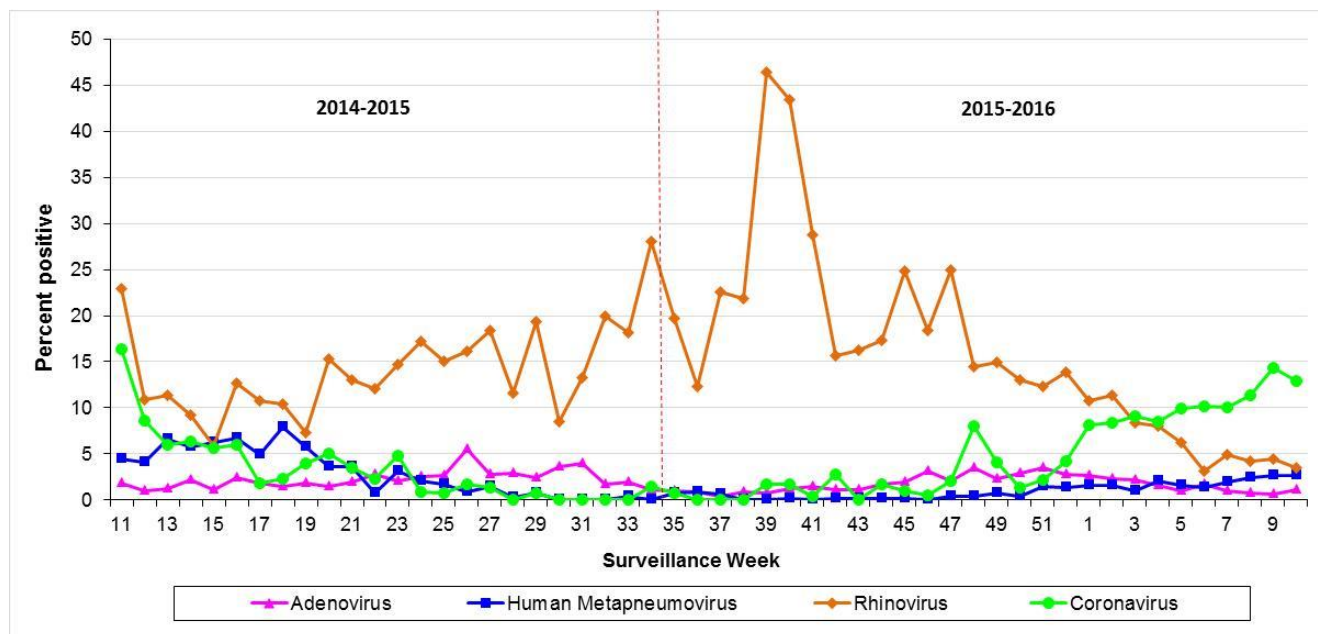
Provincial percent positivity is high for influenza A and low for influenza B, at 34.3% and 7.2% respectively in Week 10 (Figures [1](#) and [3](#)). While the percent positivity of influenza increased in Week 10, the increase in percent positivity could be partly attributed to a reduction in the number of tested specimens (an 11.5% decrease). Of the 505 influenza A positive specimens for which subtyping was available, 95.8% (484/505) were (H1N1)pdm09 in week 10; for the season to date, 88.6% (2273/2,566) were (H1N1)pdm09. Coronavirus was the most common circulating non-influenza respiratory virus, with provincial positivity at 12.9% (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 15, 2015 to March 12, 2016



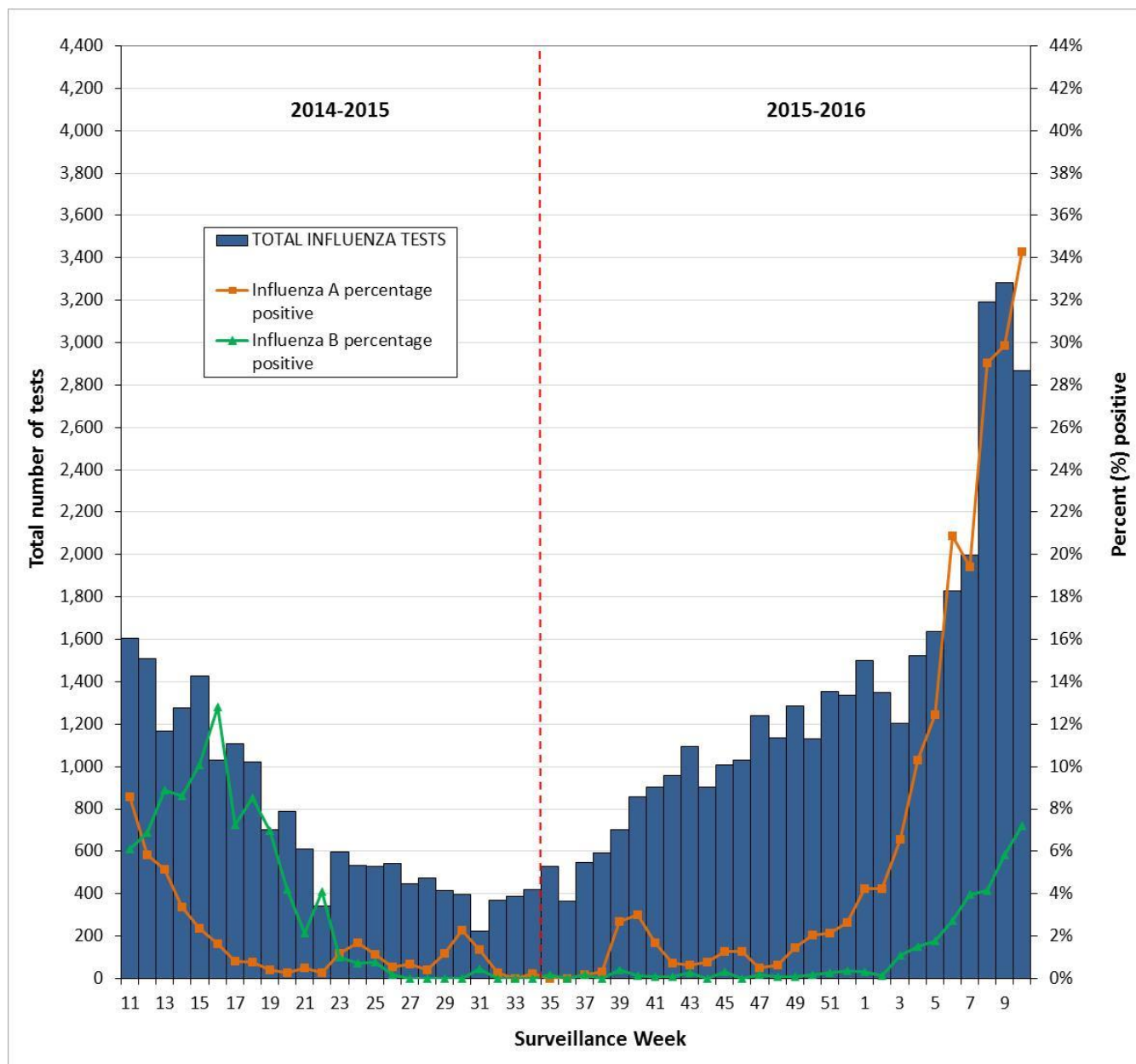
Source: [Centre for Immunization and Respiratory Infectious Diseases \(CIRID\)](#)

Figure 2: Percentage of respiratory viral pathogens (adenovirus, human metapneumovirus, rhinovirus and coronavirus) detected among specimens tested by all methods: Ontario, March 15, 2015 to March 12, 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 15, 2015 to March 12, 2016



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

2. Comparison to previous influenza seasons

For the 2015-2016 surveillance season to date, 6,216 laboratory-confirmed influenza cases have been reported. Among these cases, 82.8% (5,144/6,216) were influenza A ([Table 6](#)). Of the 1,459 reported influenza A cases with subtype information available, 11.0% (160/1,459) were H3N2 and 89.0% (1,299/1,459) were (H1N1)pdm09. Influenza A (H1N1)pdm09 has been the dominant influenza type/subtype circulating in the 2015-2016 season to date. Influenza A activity in week 10 was higher than previous seasons for the same surveillance week.

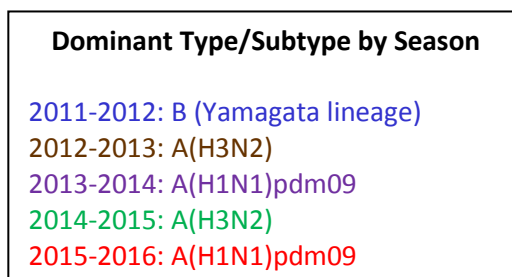
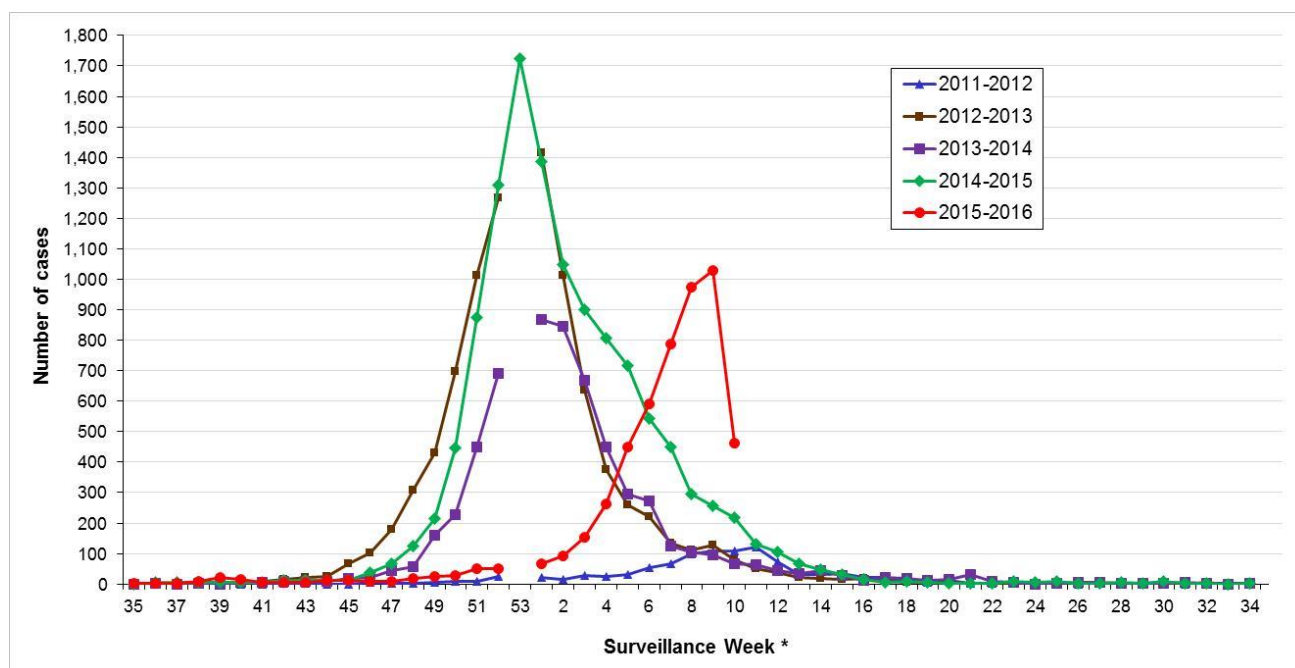


Figure 4: Number of reported confirmed cases of influenza A by surveillance week: Ontario, September 1, 2011 to March 12, 2016

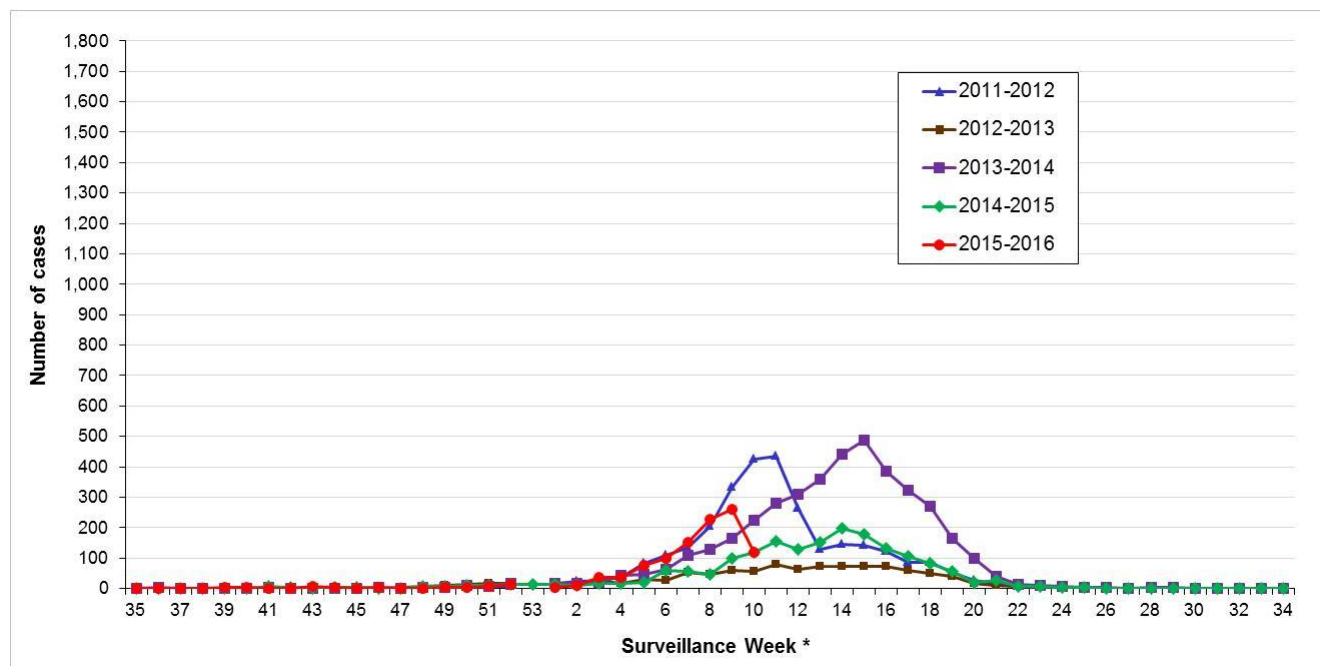


Source: [Integrated Public Health Information System \(iPHIS\)](#)

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 March 12, 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.

3. Institutional respiratory infection outbreaks

Twenty-nine influenza outbreaks were reported in Week 10 ([Figure 6](#)). Of nine influenza A outbreaks with subtype information available in week 10, 66.7% were (H1N1)pdm09 and 33.3% were H3. Of 43 influenza A outbreaks with subtyping information available in the season to-date, 29 (67.4%) were (H1N1)pdm09, one of which was an influenza A and B outbreak, and 14 (32.6%) were H3. Influenza was detected in 19.0% (124/651) of institutional respiratory infection outbreaks reported to date in the 2015-2016 season. 28.9% (188/651) of the outbreaks were reported as entero/rhinovirus. Most respiratory infection outbreaks were reported from long-term care homes (406/651 or 62.4% of all reported outbreaks).

Table 1: Institutional respiratory infection outbreaks: Ontario, Week 10 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	23	54.8%	93	14.3%
Influenza B ³	6	14.3%	28	4.3%
Both influenza A and B ³	0	0.0%	3	0.5%
Enterovirus/rhinovirus	0	0.0%	188	28.9%
Parainfluenza (all types)	0	0.0%	35	5.4%
Respiratory syncytial virus (RSV)	0	0.0%	39	6.0%
Human metapneumovirus, adenovirus, coronavirus or other viruses	2	4.8%	84	12.9%
Two or more non-influenza viruses ³	0	0.0%	57	8.8%
No organism reported	11	26.2%	124	19.0%
TOTAL	42	100.0%	651	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. March 6, 2016 – March 12, 2016 (Week 10), 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	67 (54.0%)	339 (64.3%)
Hospital	27 (21.8%)	16 (3.0%)
Retirement Home	12 (9.7%)	86 (16.3%)
Other ²	3 (2.4%)	1 (0.2%)
Unknown	15 (12.1%)	85 (16.1%)
TOTAL	124 (100.0%)	527 (100.0%)

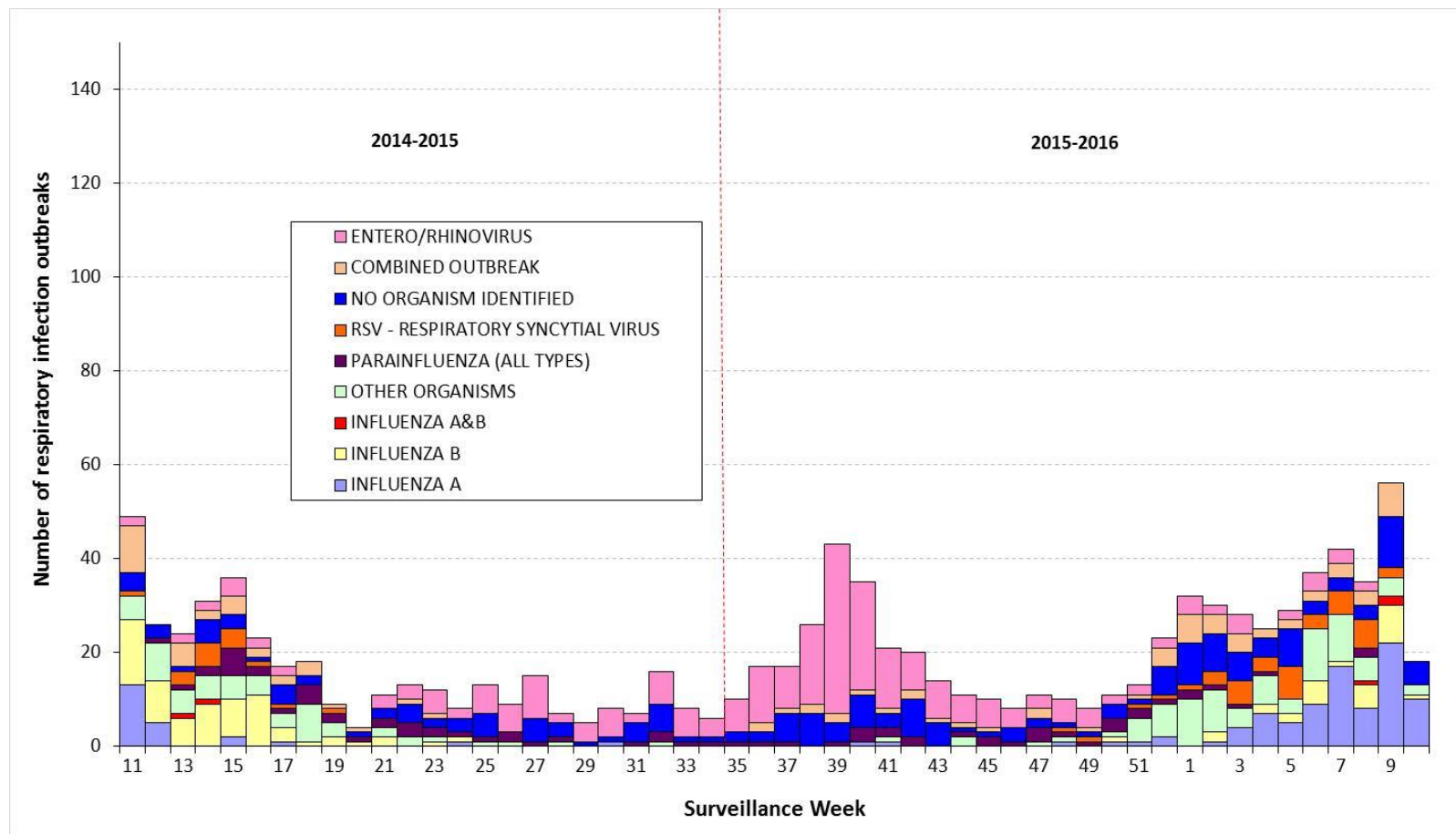
Source: [Integrated Public Health Information System \(iPHIS\)](#)

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 15, 2015 to March 12, 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, 1171 hospitalizations and 33 deaths have been reported among laboratory-confirmed influenza cases. The majority (1025/1171 or 87.5%) of hospitalizations occurred in influenza A cases. 143 of 1171 hospitalizations (12.2%) occurred in patients with influenza B; three cases with influenza A and B were hospitalized (0.3%). 32.3% (378/1171) of the hospitalizations were in individuals 65 years of age and older. In week 10, 67.7% of hospitalized cases with influenza A were 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 10 based on PHOL data, influenza A positivity increased to 25.9% with positive specimens predominantly from individuals presenting for care in ambulatory settings. Influenza B positivity increased to 9.4% and positive specimens were predominantly detected from individuals in ambulatory and emergency 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 respiratory syncytial virus was mostly detected from individuals presenting for care to emergency department and ambulatory settings.

Table 3: Hospitalizations and deaths among confirmed influenza cases by age group: Ontario, Week 10 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	19	84 (59.2)	0	0 (0.0)
1 – 4	43	212 (37.1)	0	0 (0.0)
5 – 14	27	112 (7.6)	0	0 (0.0)
15 – 24	8	27 (1.5)	3	3 (0.2)
25 – 44	31	114 (3.1)	0	0 (0.0)
45 – 64	65	244 (6.3)	4	9 (0.2)
65+	92	378 (17.7)	6	21 (1.0)
Total	285	1171 (8.6)	13	33 (0.2)

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 10 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	23 (29)	121 (8)	73 (22)	495 (7)	103 (27)	918 (14)	139 (25)	1,076 (12)	36 (35)	106 (7)
Influenza A (H3N2) ⁴	1	1	0	27	0	50	2	73	1	11
Influenza A (H1N1)pdm09 ⁴	14	95	15	224	4	311	43	521	17	52
Influenza B	1 (1)	4 (0)	27 (8)	104 (2)	33 (9)	197 (3)	68 (12)	319 (4)	6 (6)	42 (3)
Adenovirus	1 (2)	19 (1)	2 (1)	73 (1)	5 (1)	139 (2)	6 (1)	163 (2)	0 (0)	3 (0)
Coronavirus	1 (3)	43 (3)	0 (0)	15 (4)	0 (0)	12 (8)	2 (4)	61 (4)	7 (28)	135 (15)
Enterovirus/rhinovirus	1 (3)	160 (11)	0 (0)	48 (8)	0 (0)	30 (6)	1 (2)	237 (12)	0 (0)	305 (33)
Human metapneumovirus	4 (10)	26 (2)	6 (4)	54 (1)	3 (1)	59 (1)	11 (3)	106 (1)	1 (3)	42 (3)
Parainfluenza(all types)	1 (2)	66 (4)	1 (1)	127 (2)	4 (1)	177 (3)	5 (1)	219 (3)	1 (3)	78 (6)
Respiratory syncytial virus	3 (7)	58 (4)	10 (6)	374 (6)	23 (6)	419 (6)	13 (3)	411 (5)	2 (6)	73 (6)
Total positives⁵	35 (44)	497 (31)	119 (36)	1,290 (19)	171 (45)	1,951 (29)	245 (44)	2,592 (29)	53 (51)	784 (50)

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.

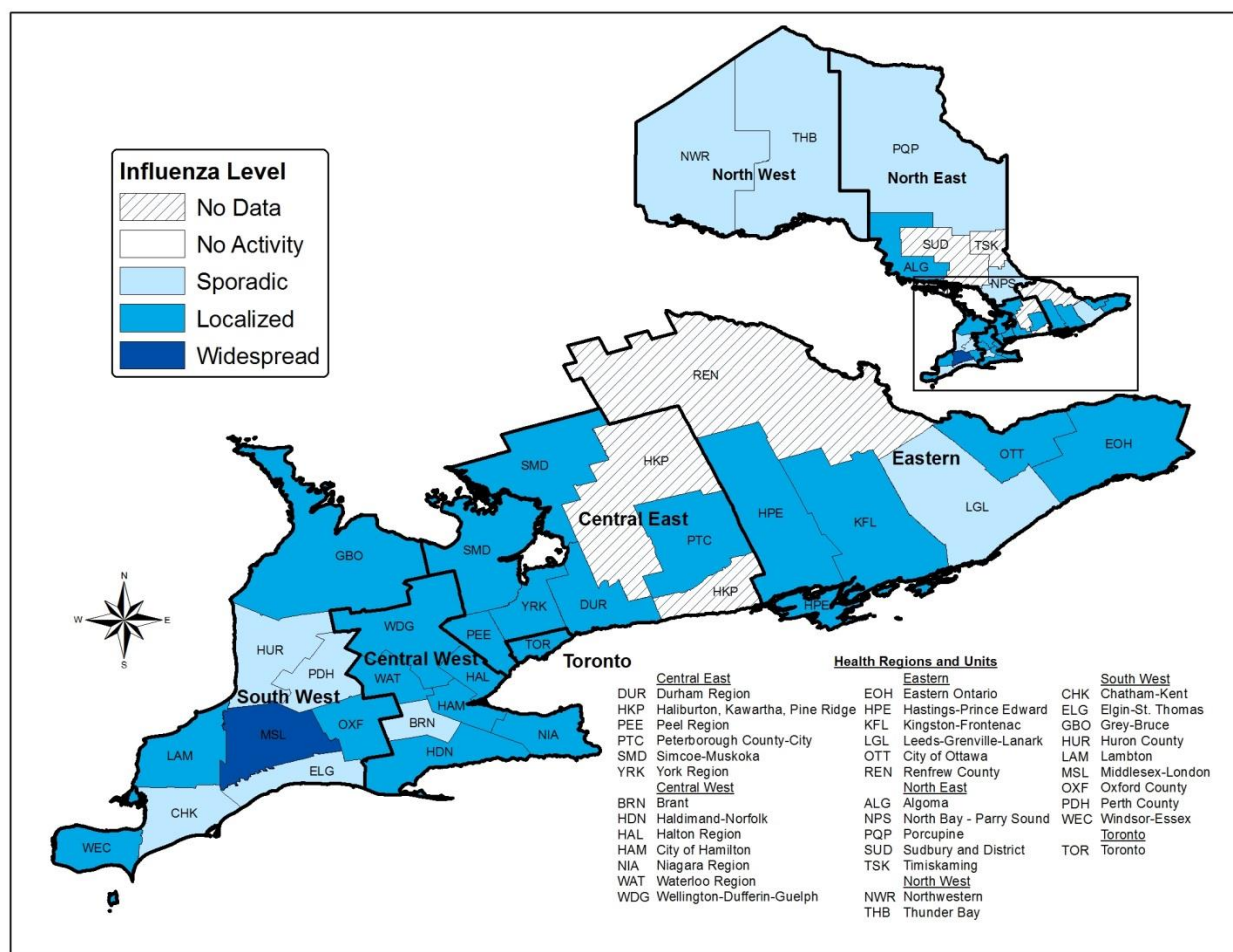
⁴ Percent positivity is not calculated for Influenza A(H3N2) and Influenza A(H1N1)pdm09 because subtyping is only done on select influenza A samples, precluding an accurate calculation.

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.

Notes:

- [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 from 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, March 15, 2016 to March 12, 2016 (Week 10)



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 10 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	26 (351)	25 (341)	6 (30)	0 (0)	1 (7)	24 (9)	0 (1)	0 (0)
Thunder Bay District	39 (419)	30 (398)	14 (46)	0 (0)	4 (18)	47 (12)	0 (3)	0 (1)
TOTAL NORTH WEST	65 (770)	55 (739)	20 (76)	0 (0)	5 (25)	36 (10)	0 (4)	0 (1)
Algoma	50 (364)	40 (352)	13 (41)	0 (0)	4 (18)	33 (12)	3 (27)	8 (8)
North Bay Parry Sound District	53 (577)	33 (554)	4 (33)	0 (0)	0 (15)	12 (6)	2 (5)	6 (1)
Porcupine	20 (274)	12 (255)	7 (23)	0 (0)	2 (10)	58 (9)	0 (0)	0 (0)
Sudbury & District	61 (424)	45 (404)	14 (48)	1 (1)	3 (20)	31 (12)	4 (15)	9 (4)
Timiskaming	10 (89)	9 (84)	5 (9)	0 (1)	1 (2)	56 (11)	0 (0)	0 (0)
TOTAL NORTH EAST	194 (1,728)	139 (1,649)	43 (154)	1 (2)	10 (65)	31 (9)	9 (47)	6 (3)
City of Ottawa	30 (286)	23 (265)	7 (42)	0 (4)	3 (23)	30 (16)	1 (5)	4 (2)
Eastern Ontario	27 (300)	24 (295)	7 (38)	0 (2)	1 (11)	29 (13)	0 (1)	0 (0)
Hastings & Prince Edward Counties	14 (317)	12 (308)	0 (36)	0 (0)	0 (21)	0 (12)	2 (4)	17 (1)
Kingston, Frontenac, Lennox & Addington	67 (703)	48 (676)	9 (84)	0 (2)	1 (20)	19 (12)	1 (4)	2 (1)
Leeds, Grenville And Lanark District	9 (129)	4 (123)	0 (15)	0 (1)	0 (10)	0 (12)	0 (0)	0 (0)
Renfrew County And District	6 (87)	3 (80)	1 (5)	0 (1)	0 (2)	33 (6)	0 (1)	0 (1)
TOTAL EASTERN	153 (1,822)	114 (1,747)	24 (220)	0 (10)	5 (87)	21 (13)	4 (15)	4 (1)
Durham Region	120 (1,505)	82 (1,433)	21 (151)	1 (14)	5 (62)	26 (11)	8 (56)	10 (4)
Haliburton, Kawartha, Pine Ridge	41 (609)	27 (588)	5 (55)	0 (2)	1 (29)	19 (9)	1 (10)	4 (2)
Peel Region	106 (2,132)	73 (2,063)	13 (228)	0 (24)	2 (95)	18 (11)	15 (88)	21 (4)
Peterborough County-City	34 (369)	27 (360)	13 (35)	0 (1)	3 (12)	48 (10)	1 (12)	4 (3)
Simcoe Muskoka District	234 (2,648)	139 (2,528)	46 (307)	0 (23)	7 (89)	33 (12)	7 (37)	5 (1)
York Region	116 (1,991)	78 (1,930)	27 (224)	0 (14)	10 (99)	35 (12)	10 (54)	13 (3)
TOTAL CENTRAL EAST	651 (9,254)	426 (8,902)	125 (1,000)	1 (78)	28 (386)	29 (0)	42 (257)	10 (3)
Toronto	371 (5,651)	267 (5,440)	49 (374)	0 (39)	20 (177)	18 (7)	27 (100)	10 (2)
TOTAL TORONTO	371 (5,651)	267 (5,440)	49 (374)	0 (39)	20 (177)	18 (7)	27 (100)	10 (2)
Chatham-Kent	16 (194)	12 (186)	2 (10)	0 (0)	0 (3)	17 (5)	0 (3)	0 (2)
Elgin-St. Thomas	23 (174)	14 (163)	5 (21)	1 (1)	1 (12)	36 (13)	1 (4)	7 (2)
Grey Bruce	73 (585)	31 (536)	5 (86)	0 (1)	0 (42)	16 (16)	3 (17)	10 (3)
Huron County	11 (97)	5 (91)	1 (7)	0 (1)	0 (2)	0 (8)	0 (2)	0 (2)
Lambton County	18 (257)	13 (252)	5 (30)	0 (0)	0 (12)	38 (12)	0 (6)	0 (2)
Middlesex-London	56 (386)	41 (368)	17 (79)	0 (4)	12 (56)	41 (21)	7 (29)	18 (8)
Oxford County	24 (191)	17 (182)	7 (36)	0 (0)	0 (13)	0 (20)	2 (11)	0 (6)
Perth District	23 (222)	11 (207)	1 (16)	0 (1)	0 (4)	9 (8)	2 (6)	18 (3)
Windsor-Essex County	60 (643)	24 (600)	5 (44)	0 (2)	2 (21)	21 (7)	5 (34)	21 (6)

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	304 (2749)	168 (2585)	48 (329)	1 (10)	15 (165)	29 (13)	20 (112)	12 (4)
Brant County	37 (562)	29 (543)	8 (67)	0 (1)	1 (34)	28 (12)	1 (7)	3 (1)
City Of Hamilton	45 (413)	27 (384)	4 (44)	0 (0)	0 (18)	15 (11)	4 (17)	15 (4)
Haldimand-Norfolk	28 (242)	16 (222)	6 (31)	0 (1)	2 (18)	38 (14)	0 (5)	0 (2)
Halton Region	94 (923)	71 (875)	16 (117)	0 (6)	1 (57)	23 (13)	11 (33)	15 (4)
Niagara Region	53 (791)	43 (753)	6 (67)	0 (2)	0 (46)	14 (9)	6 (18)	14 (2)
Waterloo Region	62 (834)	40 (797)	14 (126)	1 (10)	3 (62)	35 (16)	9 (39)	23 (5)
Wellington-Dufferin-Guelph	61 (783)	43 (756)	9 (100)	0 (3)	3 (60)	21 (13)	2 (11)	5 (1)
TOTAL CENTRAL WEST	380 (4,548)	269 (4,330)	63 (552)	1 (23)	10 (295)	23 (13)	33 (130)	12 (3)
OUT OF PROVINCE	10 (124)	6 (117)	2 (11)	0 (0)	0 (3)	33 (9)	0 (1)	0 (1)
TOTAL ONTARIO	2,128 (26,646)	1,444 (25,509)	374 (2,716)	4 (162)	93 (1,203)	26 (11)	135 (666)	9 (3)

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 10 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	3 (7)	0 (1)	8 (26)	0 (0)	0 (1)	8 (27)
Thunder Bay District	6 (16)	0 (0)	16 (42)	0 (0)	1 (3)	17 (45)
TOTAL NORTH WEST	9 (23)	0 (1)	24 (68)	0 (0)	1 (4)	25 (72)
Algoma	7 (17)	0 (0)	18 (37)	0 (0)	5 (25)	23 (62)
North Bay Parry Sound District	0 (15)	0 (1)	17 (72)	0 (2)	7 (9)	24 (83)
Porcupine	3 (9)	0 (0)	15 (22)	0 (0)	0 (0)	15 (22)
Sudbury & District	1 (14)	1 (1)	22 (56)	0 (0)	7 (15)	29 (71)
Timiskaming	1 (2)	0 (1)	7 (11)	0 (0)	0 (0)	7 (11)
TOTAL NORTH EAST	12 (57)	1 (3)	79 (198)	0 (2)	19 (49)	98 (249)
City of Ottawa	7 (22)	0 (3)	57 (272)	0 (0)	1 (15)	58 (287)
Eastern Ontario	0 (10)	0 (2)	21 (65)	0 (0)	2 (5)	23 (70)
Hastings & Prince Edward Counties	2 (21)	0 (0)	6 (34)	0 (1)	1 (2)	7 (37)
Kingston, Frontenac, Lennox & Addington	2 (21)	0 (2)	43 (126)	0 (0)	1 (4)	44 (130)
Leeds, Grenville And Lanark District	1 (11)	0 (0)	12 (34)	0 (0)	0 (2)	12 (36)
Renfrew County And District	1 (2)	0 (1)	5 (11)	0 (0)	0 (2)	5 (13)
TOTAL EASTERN	13 (87)	0 (8)	144 (542)	0 (1)	5 (30)	149 (573)
Durham Region	1 (57)	0 (8)	45 (171)	0 (0)	13 (60)	58 (231)
Haliburton, Kawartha, Pine Ridge ²	2 (26)	0 (2)	7 (50)	0 (0)	4 (10)	11 (60)
Peel Region	17 (141)	0 (23)	84 (642)	0 (2)	57 (220)	141 (864)
Peterborough County-City	4 (12)	0 (1)	17 (37)	0 (0)	5 (17)	22 (54)
Simcoe Muskoka District	15 (117)	0 (23)	53 (278)	1 (1)	14 (40)	68 (319)
York Region	30 (151)	0 (21)	78 (318)	0 (0)	24 (69)	102 (387)
TOTAL CENTRAL EAST	69 (504)	0 (78)	284 (1496)	1 (3)	117 (416)	402 (1915)
Toronto	11 (234)	1 (43)	77 (1111)	0 (0)	13 (201)	90 (1312)
TOTAL TORONTO	11 (234)	1 (43)	77 (1111)	0 (0)	13 (201)	90 (1312)
Chatham-Kent	1 (3)	0 (0)	2 (9)	0 (0)	0 (3)	2 (12)
Elgin-St. Thomas	2 (8)	1 (1)	7 (21)	0 (0)	1 (6)	8 (27)
Grey Bruce	2 (29)	0 (0)	20 (81)	0 (0)	2 (12)	22 (93)
Huron County	1 (3)	0 (0)	2 (6)	0 (0)	0 (2)	2 (8)
Lambton County	3 (10)	0 (0)	13 (35)	0 (0)	4 (6)	17 (41)
Middlesex-London	14 (47)	0 (4)	50 (203)	1 (1)	17 (47)	68 (251)
Oxford County	0 (13)	0 (0)	19 (38)	0 (0)	4 (14)	23 (52)
Perth District	1 (11)	0 (1)	5 (18)	0 (0)	0 (3)	5 (21)
Windsor-Essex County	2 (19)	0 (2)	14 (37)	0 (0)	7 (32)	21 (69)
TOTAL SOUTH WEST	26 (143)	1 (8)	132 (448)	1 (1)	35 (125)	168 (574)
Brant County	2 (30)	0 (2)	18 (79)	0 (2)	3 (10)	21 (91)
City Of Hamilton	2 (18)	0 (0)	67 (346)	0 (1)	27 (68)	94 (415)
Haldimand-Norfolk	7 (14)	0 (0)	16 (37)	0 (0)	3 (6)	19 (43)
Halton Region	1 (38)	0 (4)	41 (219)	0 (0)	11 (35)	52 (254)
Niagara Region	1 (39)	0 (2)	42 (288)	0 (0)	17 (52)	59 (340)
Waterloo Region	8 (57)	2 (7)	40 (211)	0 (0)	18 (55)	58 (266)
Wellington-Dufferin-Guelph	6 (55)	1 (4)	19 (101)	0 (0)	8 (11)	27 (112)
TOTAL CENTRAL WEST	27 (251)	3 (19)	243 (1281)	0 (3)	87 (237)	330 (1521)
TOTAL ONTARIO	167 (1299)	6 (160)	983 (5144)	2 (10)	277 (1062)	1262 (6216)

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

Note:

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

[BACK TO TOP](#)

6. By Age – Respiratory viruses

For week 10, 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 10 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	40 (24)	297 (8)	21 (27)	239 (16)	30 (22)	284 (16)	197 (32)	1428 (15)	86 (19)	468 (5)
Influenza A(H3N2) ³	0	6	0	6	0	17	1	68	3	65
Influenza A(H1N1)pdm09 ³	4	127	4	110	3	118	48	647	34	201
Influenza B	6 (4)	39 (1)	15 (20)	72 (5)	43 (32)	209 (12)	46 (8)	217 (2)	25 (6)	129 (1)
Adenovirus	1 (1)	103 (3)	6 (10)	87 (6)	6 (6)	99 (6)	0 (0)	83 (1)	1 (0)	25 (0)
Coronavirus	0 (0)	5 (3)	0 (0)	5 (13)	0 (0)	2 (4)	2 (4)	59 (4)	8 (13)	195 (8)
Enterovirus	1 (17)	33 (9)	0 (0)	8 (6)	0 (0)	15 (9)	0 (0)	197 (10)	1 (2)	527 (20)
Human metapneumovirus	6 (4)	64 (2)	3 (5)	31 (2)	1 (1)	12 (1)	4 (1)	59 (1)	11 (4)	121 (2)
Parainfluenza	5 (3)	196 (5)	1 (2)	79 (6)	0 (0)	32 (2)	3 (1)	121 (1)	3 (1)	239 (3)
Respiratory syncytial virus	39 (27)	826 (22)	3 (5)	174 (12)	0 (0)	32 (2)	5 (1)	81 (1)	4 (2)	222 (3)
Total positives⁴	98 (58)	1,563 (40)	49 (64)	695 (46)	80 (59)	685 (39)	257 (42)	2,245 (24)	139 (31)	1,926 (21)

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.

[BACK TO TOP](#)

7. Strain comparisons – circulating influenza strains and vaccine strains

Through genetic characterization performed at the National Microbiology Laboratory (NML), sequence analysis showed that the 611 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 29 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 243 influenza B viruses characterized in Canada, NML reported that 77 were antigenically similar to the recommended influenza B component for the Northern Hemisphere 2015-2016 vaccine, B/Phuket/3073/2013. 166 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 17, 2016

Influenza strains	Ontario	Canada
Influenza A (H3N2) A/Switzerland/9715293/13-like	25	29
Influenza A (H1N1) A/California/07/09-like	252	611
Influenza B B/Brisbane/60/08-like	33	166
B/Phuket/3073/13-like	41	77

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

[BACK TO TOP](#)

8. Antiviral resistance / sensitivity for influenza

All influenza A viruses in Canada tested by the National Microbiology Laboratory (NML) for antiviral resistance in the 2015-2016 season were sensitive to zanamivir. Six influenza A (H1N1)pdm09 viruses tested nationally, were resistant to oseltamivir, four of these were from Ontario. 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 17, 2016

	Amantadine				Oseltamivir				Zanamivir			
Influenza strains	ONTARIO		CANADA		ONTARIO		CANADA		ONTARIO		CANADA	
	R	S	R	S	R	S	R	S	R	S	R	S
Influenza A (H3N2)	76	0	140	1	0	65	0	126	0	65	0	126
Influenza A (H1N1)pdm09	188	0	463	0	4	171	6	409	0	175	0	416
Influenza B	NA	NA	NA	NA	0	42	0	188	0	42	0	188

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

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

[BACK TO TOP](#)

9. Bacterial pathogens

Four specimens were positive for *Bordetella pertussis* during week 10. No specimen was positive for *Mycoplasma pneumoniae*, *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 10

Pathogens	Tested	Positives	% positivity
	Current (Cumulative)	Current (Cumulative)	Current (Cumulative)
<i>Bordetella pertussis</i>	121 (1297)	4 (62)	3 (5)
<i>Bordetella parapertussis</i>	121 (1297)	0 (0)	0 (0)
<i>Bordetella holmesii</i>	121 (1297)	0 (0)	0 (0)
<i>Mycoplasma pneumoniae</i>	44 (1493)	0 (87)	0 (6)
<i>Chlamydophila pneumoniae</i>	44 (1493)	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 16, 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 15, 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.