

ONTARIO RESPIRATORY PATHOGEN BULLETIN

Surveillance Week 46: (November 11, 2018 - November 17, 2018)

This issue of the Ontario Respiratory Pathogen Bulletin provides information on the surveillance period from November 11, 2018 to November 17, 2018 (Week 46). It also provides information on the current influenza season to date, from a start date of September 1, 2018. Unless otherwise specified, data presented in this issue of the bulletin are for Week 46 and data extraction occurred on Wednesday, November 21, 2018.

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 41 influenza cases (31 influenza A, 0 influenza A & B, and 10 influenza B) reported in Week 46, which was higher than the 33 influenza cases reported in Week 45 (28 influenza A, 1 influenza A & B, and 4 influenza B).
Percent positivity for influenza ²	Similar	Percent positivity of laboratory tests for all influenza types in Week 46 was 2.5%, which was the same as the percent positivity in Week 45 (2.5%). In Week 46, percent positivity was 2.2% for influenza A and 0.3% for influenza B.
Institutional influenza outbreaks ³	Similar	There were 2 new influenza outbreaks reported in Week 46, which was similar to the number of influenza outbreaks reported in Week 45 (1).
Influenza activity levels reported by public health units	Higher	In Week 46 , 0 public health units reported 'widespread activity,' 2 public health units reported 'localized' activity, 10 reported 'sporadic' activity, 20 reported no activity and 3 public health units did not report. In Week 45, 0 public health units reported 'widespread activity,' 1 public health unit reported 'localized' activity, 8 reported 'sporadic' activity, 22 reported no activity and 4 public health units did not report.
OVERALL ASSESSMENT	Higher	Overall, the indicators show that influenza activity for Week 46 was higher when compared to Week 45.

Notes:

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

² Positivity among viral respiratory 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.

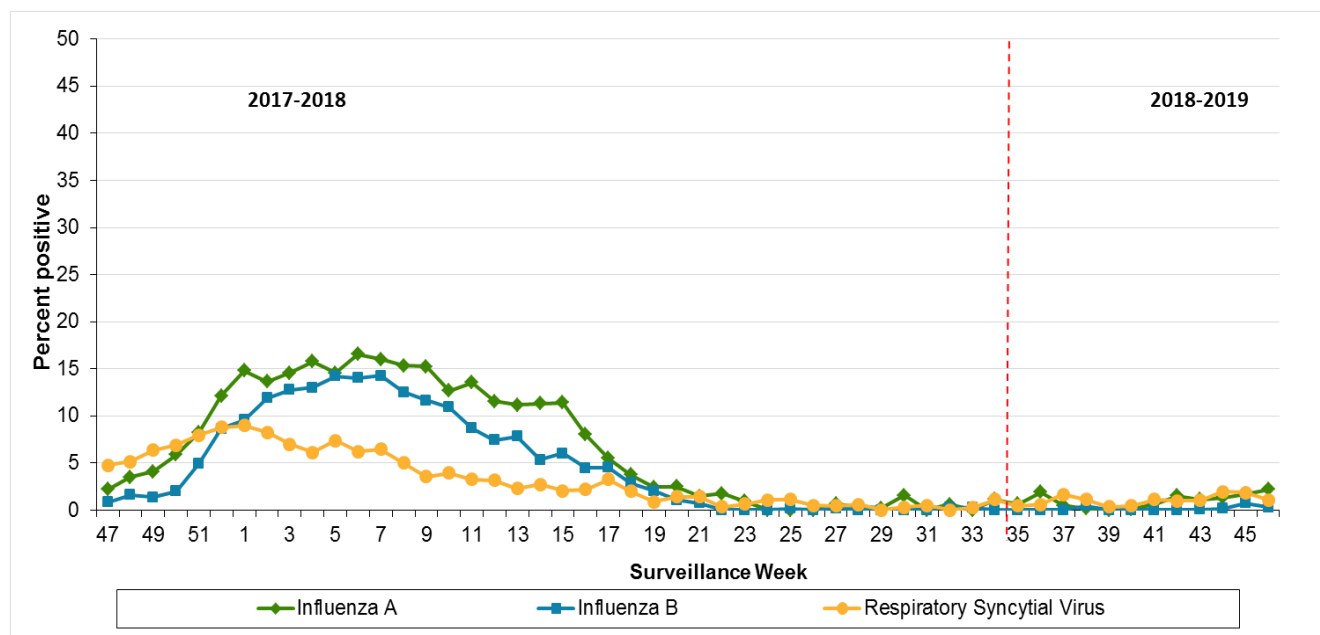
³ The number of new outbreaks reported for the current week is based on the date the outbreak was reported to the public health unit; when reported date is unavailable, the date the outbreak was created in iPHIS is used.

1. Circulating respiratory viruses in Ontario

Provincial percent positivity was low for influenza A and low for influenza B, at 2.2% (23/1044) and 0.3% (3/1044) respectively in Week 46 ([Figure 1](#) and [Figure 3](#)). Of the 20 influenza A positive tests for which subtyping was available, 65.0% (13/20) were (H1N1)pdm09 in week 46; for the season to date, 53.6% (45/84) were (H1N1)pdm09. Influenza activity based on percent positivity in week 46 was low.

Rhinovirus was the most common circulating non-influenza respiratory virus, with provincial percent positivity at 20.9% (33/158) ([Figure 2](#)).

Figure 1. Percentage of respiratory viral pathogens (influenza A, influenza B, and respiratory syncytial virus) detected among specimens tested for that pathogen by all testing methods: Ontario, November 19, 2017 to November 17, 2018

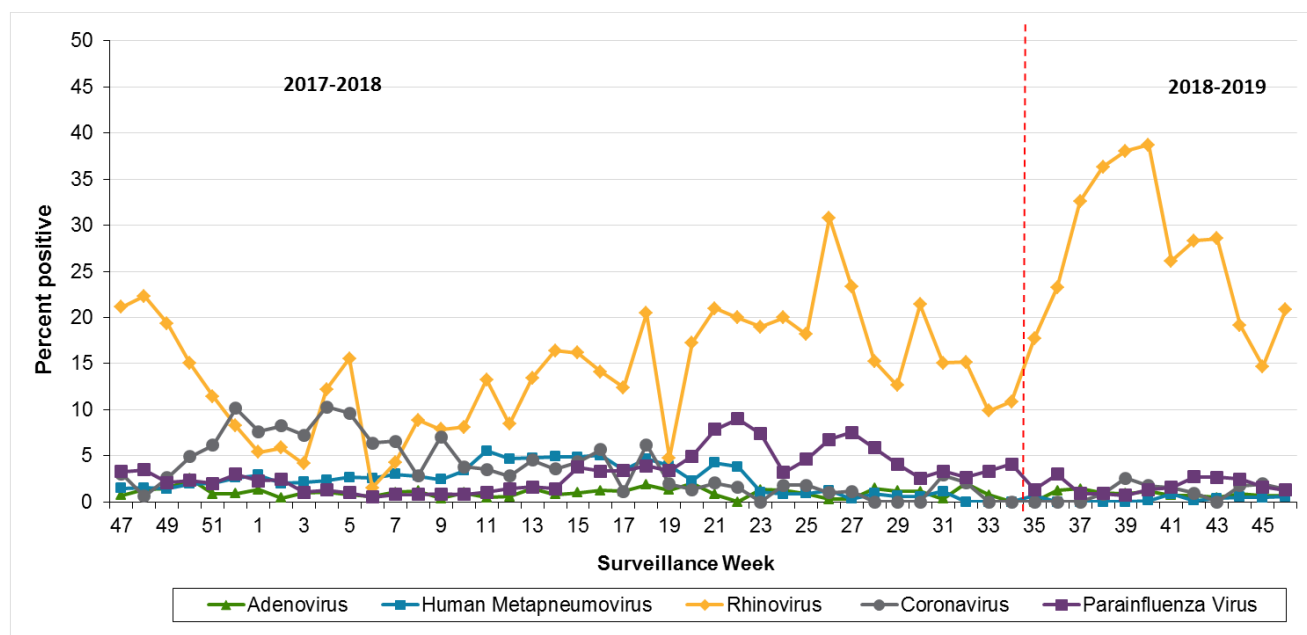


Source: [Centre for Immunization and Respiratory Infectious Diseases \(CIRID\)](#)

Notes:

- Changes in the testing algorithm used by the Public Health Ontario Laboratory will impact the interpretation of respiratory virus reports over time. Please see the [data sources](#) section with regard to the changes to the Public Health Ontario Laboratory testing algorithm.

Figure 2. Percentage of respiratory viral pathogens (parainfluenza virus, adenovirus, human metapneumovirus, rhinovirus and coronavirus) detected among specimens tested for that pathogen by all testing methods: Ontario, November 19, 2017 to November 17, 2018

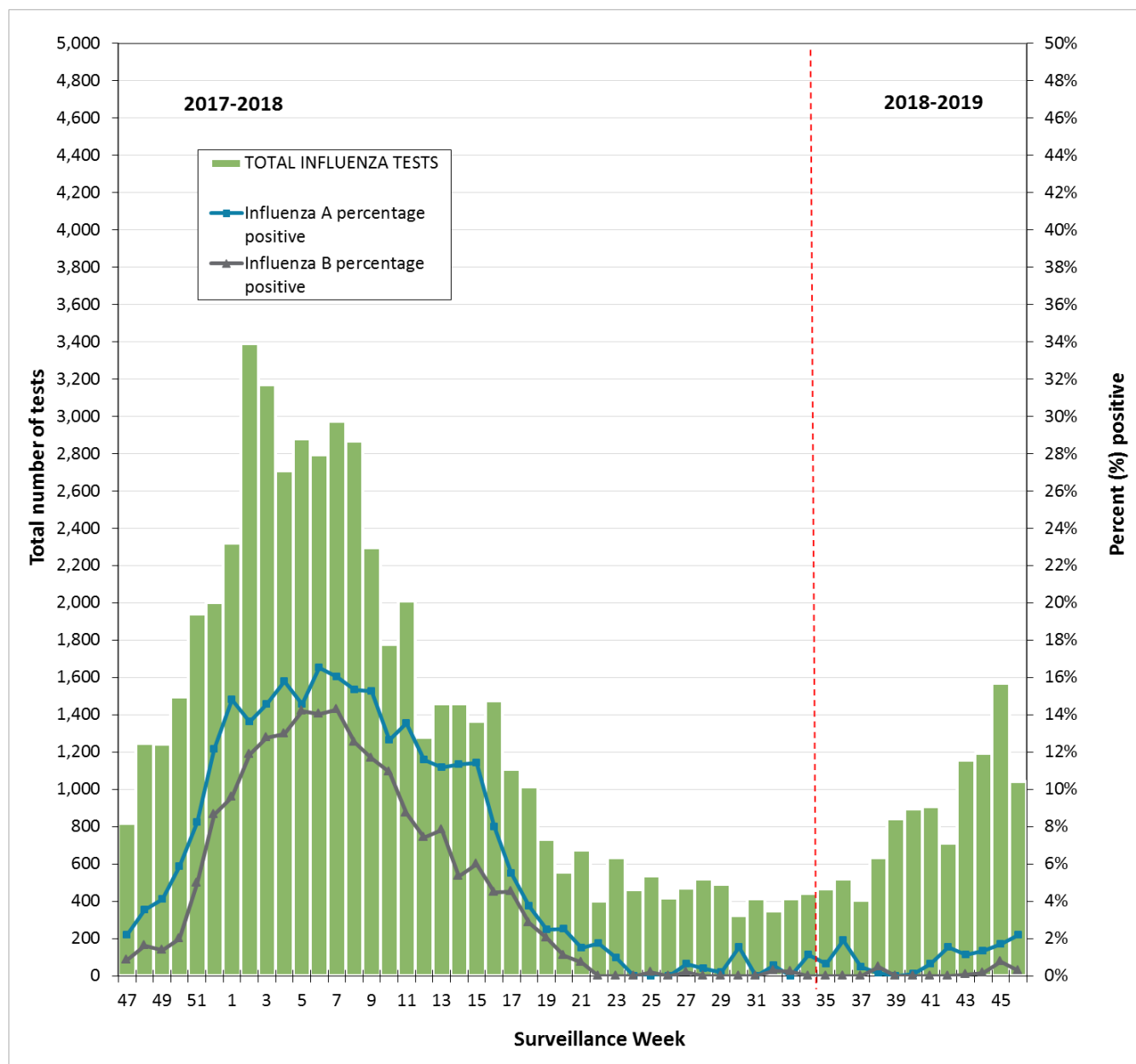


Source: [Centre for Immunization and Respiratory Infectious Diseases \(CIRID\)](#)

Notes:

- Changes in the testing algorithm used by the Public Health Ontario Laboratory will impact the interpretation of respiratory virus reports over time. Please see the [data sources](#) section with regard to the changes to the Public Health Ontario Laboratory testing algorithm.

Figure 3. Total number of influenza tests performed and percent of tests positive for influenza A and B by surveillance week: Ontario, November 19, 2017 to November 17, 2018



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

Notes:

- Changes in the testing algorithm used by the Public Health Ontario Laboratory will impact the interpretation of respiratory virus reports over time. Please see the [data sources](#) section with regard to the changes to the Public Health Ontario Laboratory testing algorithm.

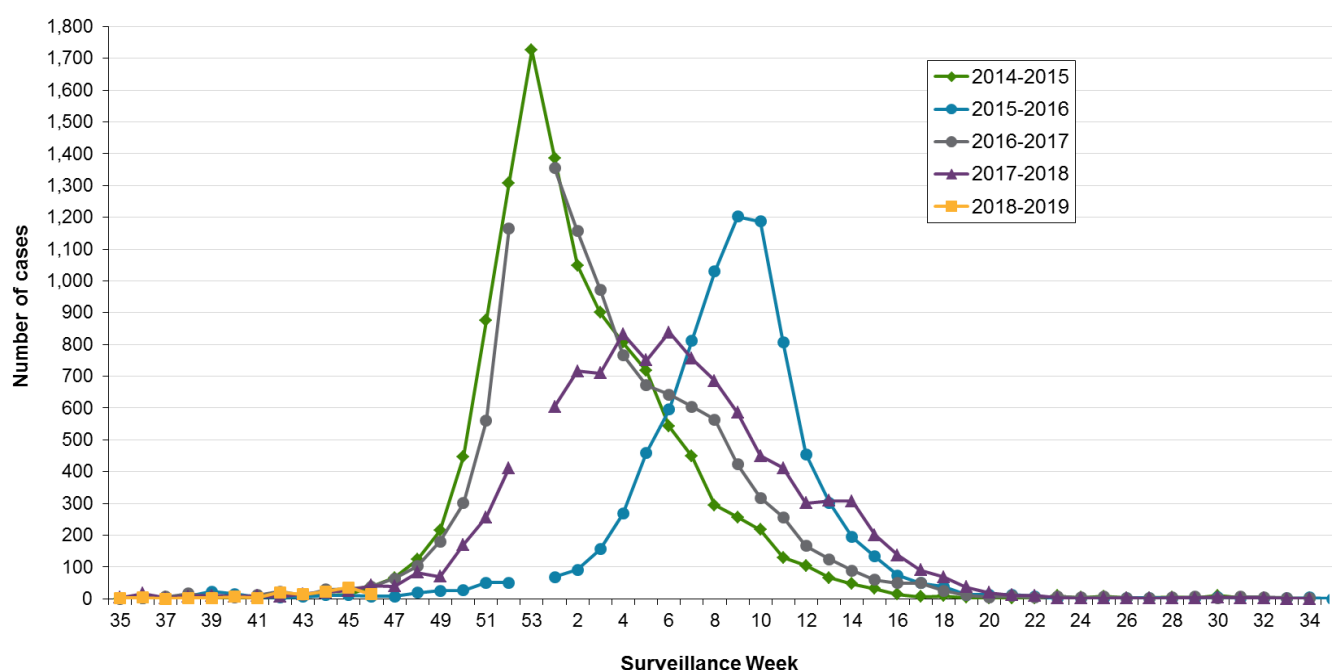
2. Laboratory-confirmed influenza cases

For the 2018-2019 surveillance season to date, 151 laboratory-confirmed influenza cases have been reported in Ontario. Among these cases, 84.1% (127/151) were influenza A ([Table 6](#)). Of the 47 reported influenza A cases with subtype information available, 59.6% (28/47) were H3N2 and 40.4% (19/47) were (H1N1)pdm09.

Dominant A Subtype and B Lineage by Season

- 2014-2015: A(H3N2), B Yamagata
- 2015-2016: A(H1N1)pdm09, B Victoria
- 2016-2017: A(H3N2), B Yamagata
- 2017-2018: A(H3N2), B Yamagata
- 2018-2019: To be determined

Figure 4. Number of reported confirmed cases of influenza A by surveillance week and season: Ontario, September 1, 2014 to November 17, 2018

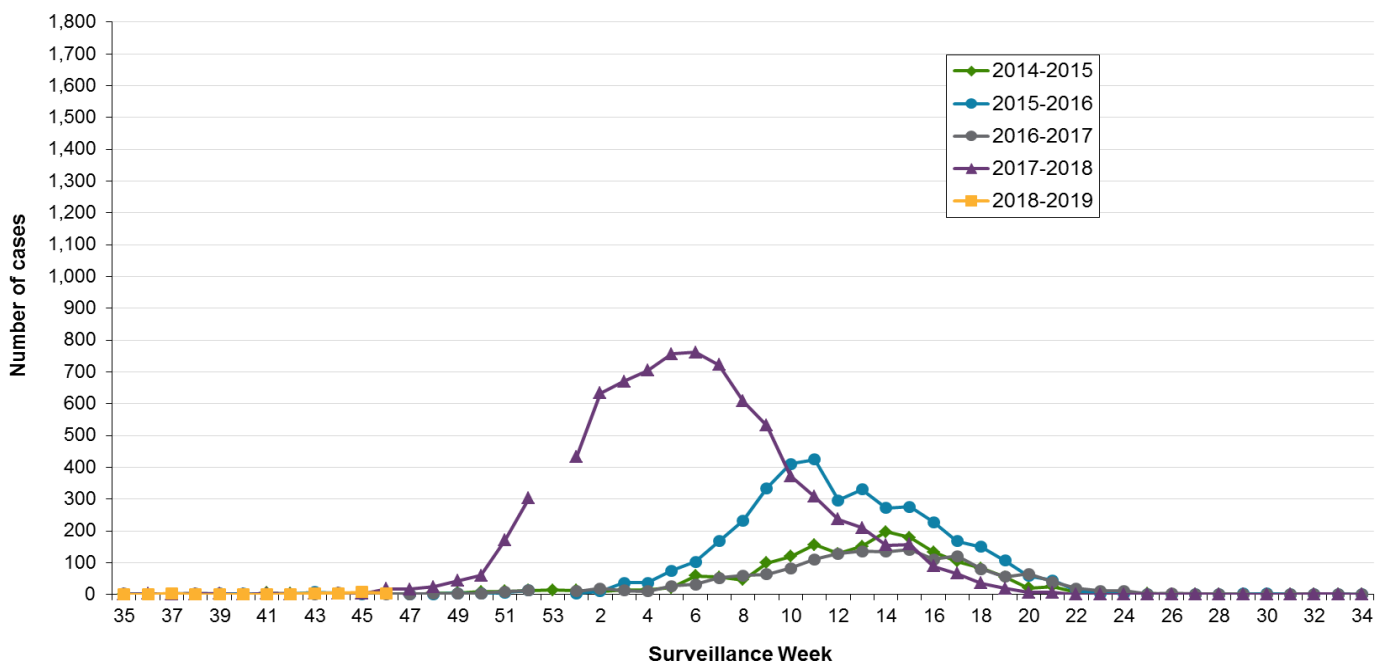


Source: [Integrated Public Health Information System \(iPHIS\)](#)

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.
- Changes in the testing algorithm used by the Public Health Ontario Laboratory will impact the interpretation of respiratory virus reports over time. Please see the [data sources](#) section with regard to the changes to the Public Health Ontario Laboratory testing algorithm.

Figure 5. Number of reported confirmed cases of influenza B by surveillance week and season: Ontario, September 1, 2014 to November 17, 2018



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.
- Changes in the testing algorithm used by the Public Health Ontario Laboratory will impact the interpretation of respiratory virus reports over time. Please see the [data sources](#) section with regard to the changes to the Public Health Ontario Laboratory testing algorithm.

3. Institutional respiratory infection outbreaks

Two influenza A, zero influenza A and B, and zero influenza B outbreaks were reported in Week 46 ([Table 1](#)). Influenza was detected in 2.2% (5/224) of institutional respiratory infection outbreaks reported to date in the 2018-2019 season; 1.8% (4/224) were reported as entero/rhinovirus. Most institutional respiratory infection outbreaks were reported from long-term care homes (152/224 or 67.9% of all reported outbreaks) ([Table 2](#)).

Table 1. Institutional respiratory infection outbreaks: Ontario, Week 46 and total for the 2018-2019 season to date¹

Virus reported in outbreak	Current week: Number of new outbreaks ²	Percentage of total for current week	Cumulative: Number of new outbreaks	Percentage of cumulative total
Influenza A ³	2	14.3%	5	2.2%
Influenza B ³	0	0.0%	0	0.0%
Both influenza A and B ³	0	0.0%	0	0.0%
Enterovirus/rhinovirus	0	0.0%	4	1.8%
Parainfluenza (all types)	0	0.0%	3	1.3%
Respiratory syncytial virus (RSV)	0	0.0%	3	1.3%
Human metapneumovirus, adenovirus, coronavirus or other viruses	0	0.0%	2	0.9%
Two or more non-influenza viruses	0	0.0%	0	0.0%
No organism reported	12	85.7%	207	92.4%
TOTAL	14	100.0%	224	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, 2018 (Week 35, 2018) 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. November 11, 2018 – November 17, 2018 (Week 46), 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 2018-2019 season to date¹

Setting type reported	Number of influenza outbreaks (% of total)	Number of other respiratory virus outbreaks (% of total)
Long-Term Care Home	3 (60.0%)	149 (68.0%)
Hospital	0 (0.0%)	6 (2.7%)
Retirement Home	2 (40.0%)	33 (15.1%)
Other ²	0 (0.0%)	4 (1.8%)
Unknown	0 (0.0%)	27 (12.3%)
TOTAL	5 (100.0%)	219 (100.0%)

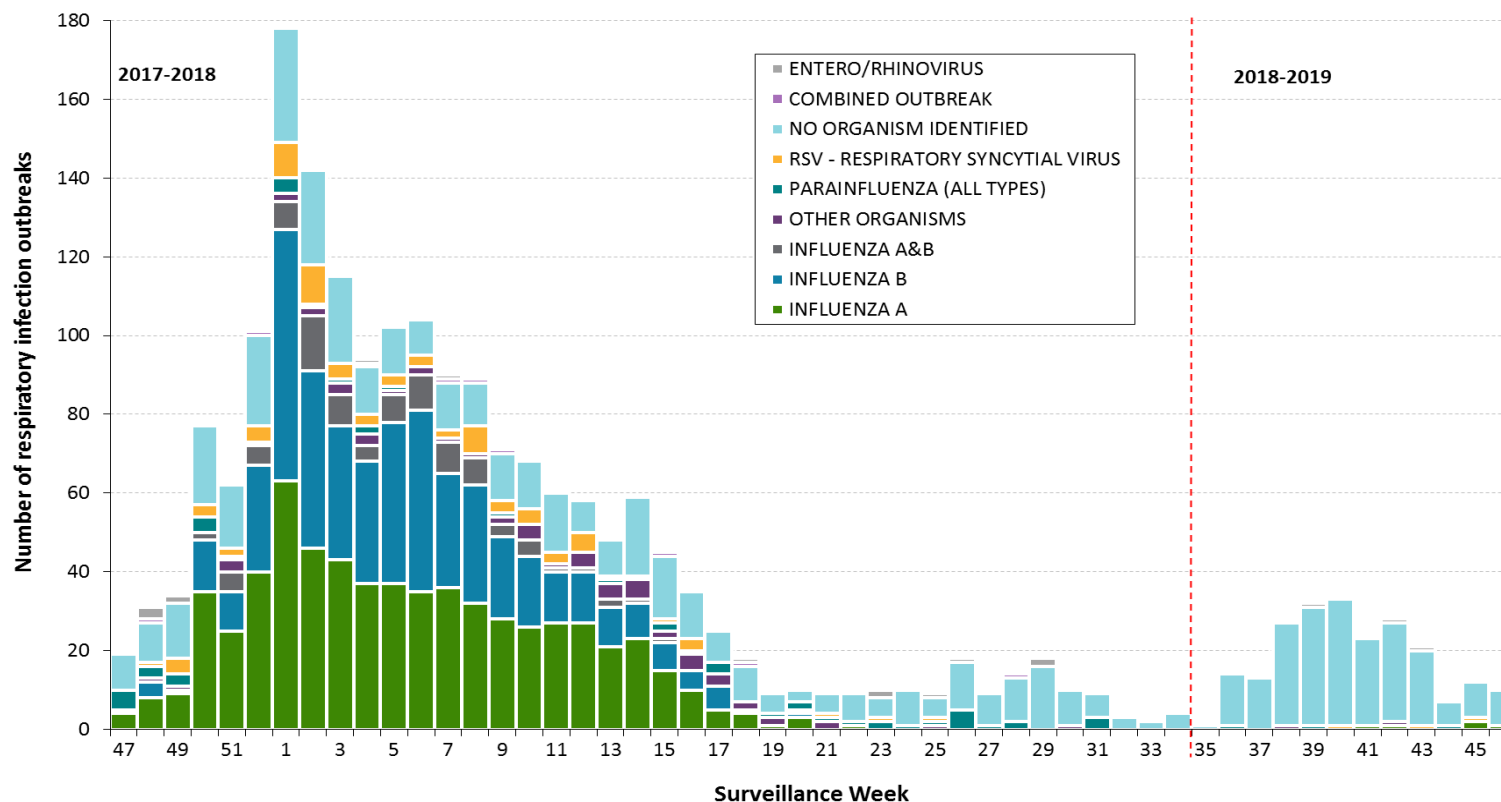
Source: [integrated Public Health Information System \(iPHIS\)](#)

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, 2018 (Week 35, 2018) 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 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, November 19, 2017 to November 17, 2018



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.
- Changes in the testing algorithm used by the Public Health Ontario Laboratory will impact the interpretation of respiratory virus reports over time. Please see the [data sources](#) section with regard to the changes to the Public Health Ontario Laboratory testing algorithm.

4. Respiratory viruses by setting and age

For week 46 based on Public Health Ontario Laboratory (PHOL) data, influenza A positivity was 3.0% (20/677) compared to 2.7% (17/631) for the previous week. Influenza B positivity was 0.1% (1/677) for week 46 compared to 1.1% (7/631) for the previous week ([Table 3](#)). Of influenza A specimens that had subtyping completed (n=45) the most predominant subtype was influenza A(H3N2) (n=34). Most influenza A or B detections occurred in the 65+ years age group.

Table 3. Number (percentage) of specimens with respiratory pathogens detected by patient setting, Public Health Ontario Laboratory, week 46 and cumulative for the 2018-2019 season to date

Respiratory Pathogen Detected	ICU Current	ICU Cumulative	Hospitalized non-ICU Current	Hospitalized non-ICU Cumulative	Emergency Department Current	Emergency Department Cumulative	Ambulatory/ No Setting Current	Ambulatory/ No Setting Cumulative	Institution Current	Institution Cumulative
Influenza A (all)	3 (5.7)	4 (0.7)	9 (1.9)	31 (0.9)	0 (0.0)	10 (6.6)	5 (4.7)	12 (1.1)	3 (7.5)	12 (2.2)
Influenza A (H3N2)	0	1	3	12	0	8	0	1	3	12
Influenza A (H1N1)pdm09	0	0	0	5	0	2	0	4	0	0
Influenza B	0 (0.0)	1 (0.2)	1 (0.2)	13 (0.4)	0 (0.0)	1 (0.7)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)
Adenovirus	1 (2.6)	3 (0.6)	1 (0.3)	16 (0.5)	0 (0.0)	1 (0.7)	2 (3.3)	3 (0.3)	0 (0.0)	0 (0.0)
Enterovirus/rhinovirus	0 (NA)	0 (0.0)	0 (NA)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (1.1)	0 (NA)	0 (0.0)
Human metapneumovirus	0 (0.0)	0 (0.0)	2 (0.6)	9 (0.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.2)
Parainfluenza (all types)	1 (2.6)	7 (1.3)	1 (0.3)	55 (1.7)	0 (0.0)	3 (2.2)	0 (0.0)	6 (0.6)	0 (0.0)	5 (0.9)
Respiratory syncytial virus	1 (1.9)	2 (0.4)	30 (6.4)	103 (3.1)	0 (0.0)	3 (2.1)	5 (4.8)	13 (1.3)	0 (0.0)	3 (0.5)
Total positives	6 (11.3)	17 (3.0)	44 (9.3)	227 (6.7)	0 (0.0)	18 (11.8)	12 (11.3)	36 (3.4)	3 (7.5)	21 (3.8)

Source: [Public Health Ontario Laboratory](#)
Please see below [Table 4](#) for additional notes.

Table 4. Number (percentage) of specimens with respiratory pathogens detected by age group (years), Public Health Ontario Laboratory, week 46 and cumulative for the 2018-2019 season to date

Respiratory Pathogen Detected	<1 Current	<1 Cumulative	1-4 Current	1-4 Cumulative	5-19 Current	5-19 Cumulative	20-64 Current	20-64 Cumulative	65+ Current	65+ Cumulative
Influenza A (all)	2 (4.5)	5 (1.3)	3 (6.8)	6 (1.6)	4 (16.0)	5 (2.3)	6 (3.2)	23 (1.4)	5 (1.3)	30 (1.0)
Influenza A (H3N2)	0	1	0	0	0	0	1	9	5	24
Influenza A (H1N1)pdm09	0	1	0	1	0	0	0	6	0	3
Influenza B	0 (0.0)	1 (0.3)	0 (0.0)	1 (0.3)	0 (0.0)	2 (0.9)	0 (0.0)	5 (0.3)	1 (0.3)	7 (0.2)
Adenovirus	0 (0.0)	7 (2.0)	2 (9.5)	6 (1.9)	0 (0.0)	1 (0.5)	2 (1.8)	5 (0.3)	0 (0.0)	4 (0.1)
Entero/rhinovirus	0 (NA)	0 (0.0)	0 (NA)	0 (0.0)	0 (NA)	0 (0.0)	0 (0.0)	2 (1.6)	0 (0.0)	0 (0.0)
Human metapneumovirus	0 (0.0)	3 (0.9)	1 (4.8)	2 (0.6)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.4)	5 (0.2)
Parainfluenza (all types)	0 (0.0)	14 (3.9)	1 (4.8)	14 (4.3)	0 (0.0)	6 (3.1)	1 (0.9)	12 (0.8)	0 (0.0)	30 (1.0)
Respiratory syncytial virus	12 (27.3)	48 (12.4)	12 (27.9)	45 (12.3)	0 (0.0)	0 (0.0)	2 (1.1)	8 (0.5)	10 (2.7)	23 (0.7)
Total positives	14 (31.8)	78 (20.1)	19 (43.2)	74 (20.2)	4 (16.0)	13 (6.0)	11 (5.9)	55 (3.4)	17 (4.5)	99 (3.2)

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

Notes for Table 3 and Table 4:

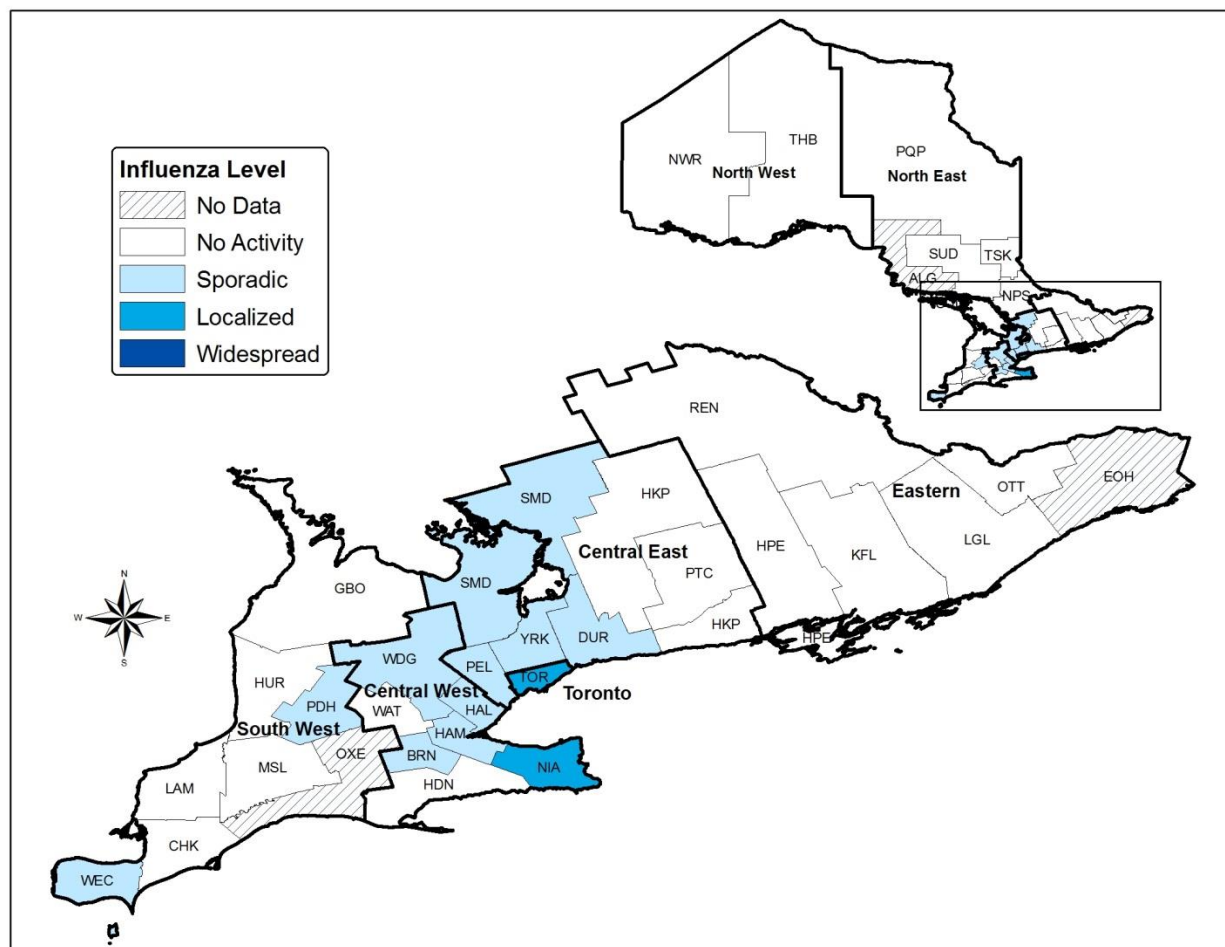
- The percentages in [Table 3](#) and [Table 4](#) are calculated as number of specimens with the respiratory pathogen detected divided by total number of specimens tested for that particular pathogen within the patient setting/same age category. Following the implementation of the new respiratory virus testing algorithm on September 20, 2017, no routine respiratory virus testing is offered to ambulatory and emergency department patients.
- Institution includes retirement homes, long term care facilities, correctional facilities, and undefined institutions. Excludes hospitals.
- Ambulatory/No Setting includes specimens where setting was missing, as well as specimens from sentinels in the Sentinel Practitioner Surveillance Network or specimens with special approval.
- Current respiratory testing does not test for coronavirus and parainfluenza virus 4.
- 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.
- 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.

- Total number of positives represents unique specimens that have at least one virus detected. Therefore, it may not correspond to the sum of viruses detected per each setting as some specimens may have more than one organism detected. 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.
- Changes in the testing algorithm used by the Public Health Ontario Laboratory will impact the interpretation of respiratory virus reports over time. Please see the [data sources](#) section with regard to the changes to the Public Health Ontario Laboratory testing algorithm.
- NA-Not applicable- Indicates no specimens were tested in that setting; therefore percent positivity was not calculated.

5. By Jurisdiction – Influenza activity

In Week 46, 0 public health units reported 'widespread activity,' 2 public health units reported 'localized' activity, 10 reported 'sporadic' activity, 20 reported no activity and 3 public health units did not report.

Figure 7: Influenza activity levels reported by public health units: Ontario, November 11, 2018 to November 17, 2018 (Week 46)



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

Table 5. Specimens submitted to Public Health Ontario Laboratory for influenza testing and positive results by public health unit; number for week 46 and (cumulative total) for the 2018-2019 season to date

Public Health Unit and Region	Number of specimens submitted	Number of specimens tested	Number of influenza A positive specimens	% positivity influenza A	Influenza A(H1N1)pdm09	Influenza A H3N2	Number of influenza B positive specimens	% positivity influenza B
Northwestern	3 (43)	3 (35)	0 (1)	0.0 (2.9)	0 (1)	0 (0)	0 (0)	0.0 (0.0)
Thunder Bay District	5 (29)	3 (22)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
TOTAL NORTH WEST	8 (72)	6 (57)	0 (1)	0.0 (1.8)	0 (1)	0 (0)	0 (0)	0.0 (0.0)
Algoma	8 (82)	5 (78)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
North Bay Parry Sound District	15 (112)	14 (108)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Porcupine	10 (36)	11 (32)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Sudbury & District	5 (47)	5 (41)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Timiskaming	3 (40)	5 (40)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
TOTAL NORTH EAST	41 (317)	40 (299)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
City of Ottawa	4 (54)	3 (53)	0 (3)	0.0 (5.7)	0 (0)	0 (3)	0 (0)	0.0 (0.0)
Eastern Ontario	14 (70)	10 (63)	0 (1)	0.0 (1.6)	0 (0)	0 (1)	0 (0)	0.0 (0.0)
Hastings & Prince Edward Counties	6 (74)	4 (67)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Kingston, Frontenac, Lennox & Addington	10 (127)	10 (113)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Leeds, Grenville And Lanark District	5 (40)	4 (37)	0 (1)	0.0 (2.7)	0 (0)	0 (1)	0 (0)	0.0 (0.0)
Renfrew County And District	2 (28)	1 (23)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
TOTAL EASTERN	41 (393)	32 (356)	0 (5)	0.0 (1.4)	0 (0)	0 (5)	0 (0)	0.0 (0.0)
Durham Region	18 (288)	16 (260)	1 (6)	6.3 (2.3)	0 (0)	0 (5)	0 (1)	0.0 (0.4)
Haliburton, Kawartha, Pine Ridge	12 (109)	12 (94)	1 (1)	8.3 (1.1)	0 (0)	1 (1)	0 (0)	0.0 (0.0)
Peel Region	123 (838)	141 (838)	1 (4)	0.7 (0.5)	0 (0)	0 (1)	0 (12)	0.0 (1.4)
Peterborough County-City	5 (49)	4 (47)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Simcoe Muskoka District	21 (258)	19 (240)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
York Region	83 (611)	84 (596)	2 (4)	2.4 (0.7)	0 (0)	1 (1)	0 (0)	0.0 (0.0)
TOTAL CENTRAL EAST	262 (2,153)	276 (2,075)	5 (15)	1.8 (0.7)	0 (0)	2 (8)	0 (13)	0.0 (0.6)
Toronto	156 (1,671)	143 (1,508)	5 (24)	3.5 (1.6)	0 (3)	4 (17)	1 (1)	0.7 (0.1)
TOTAL TORONTO	156 (1,671)	143 (1,508)	5 (24)	3.5 (1.6)	0 (3)	4 (17)	1 (1)	0.7 (0.1)
Chatham-Kent	5 (34)	6 (31)	0 (1)	0.0 (3.2)	0 (1)	0 (0)	0 (0)	0.0 (0.0)
Elgin-St. Thomas	1 (43)	1 (39)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)

Public Health Unit and Region	Number of specimens submitted	Number of specimens tested	Number of influenza A positive specimens	% positivity influenza A	Influenza A(H1N1)pdm09	Influenza A H3N2	Number of influenza B positive specimens	% positivity influenza B
Grey Bruce	9 (48)	8 (41)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Huron County	4 (22)	5 (22)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Lambton County	4 (50)	3 (48)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Middlesex-London	11 (85)	9 (73)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Oxford County	3 (42)	1 (39)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Perth District	2 (51)	2 (47)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Windsor-Essex County	35 (195)	32 (182)	6 (11)	18.8 (6.0)	0 (3)	0 (0)	0 (0)	0.0 (0.0)
TOTAL SOUTH WEST	74 (570)	67 (522)	6 (12)	9.0 (2.3)	0 (4)	0 (0)	0 (0)	0.0 (0.0)
Brant County	13 (99)	13 (96)	0 (1)	0.0 (1.0)	0 (0)	0 (1)	0 (0)	0.0 (0.0)
City Of Hamilton	4 (46)	5 (43)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Haldimand-Norfolk	0 (39)	1 (36)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (0)	0.0 (0.0)
Halton Region	49 (326)	44 (309)	1 (4)	2.3 (1.3)	0 (0)	0 (3)	0 (0)	0.0 (0.0)
Niagara Region	8 (108)	6 (90)	1 (2)	16.7 (2.2)	0 (0)	0 (0)	0 (1)	0.0 (1.1)
Waterloo Region	25 (135)	18 (124)	0 (0)	0.0 (0.0)	0 (0)	0 (0)	0 (1)	0.0 (0.8)
Wellington-Dufferin-Guelph	23 (197)	26 (184)	2 (5)	7.7 (2.7)	0 (3)	0 (0)	0 (0)	0.0 (0.0)
TOTAL CENTRAL WEST	122 (950)	113 (882)	4 (12)	3.5 (1.4)	0 (3)	0 (4)	0 (2)	0.0 (0.2)
OUT OF PROVINCE	0 (0)	0 (0)	0 (0)	NA (NA)	0 (0)	0 (0)	0 (0)	NA (NA)
TOTAL ONTARIO	704 (6,126)	677 (5,699)	20 (69)	3.0 (1.2)	0 (11)	6 (34)	1 (16)	0.1 (0.3)

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

Notes:

- Cumulative numbers are from September 1, 2018 to the current week and are displayed in brackets.
- The difference between submissions and testing is due to lags in testing time. In addition, number of specimens submitted is determined based on the date specimens were received at lab for testing, while number of specimens tested is determined based on the date specimens were collected from the patient.
- “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.
- The calculation of percent positivity is possible because PHOL tests the samples and knows the numbers of positive and negative results. 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.
- Public Health Ontario Laboratory performs testing for influenza and other respiratory viruses, but other microbiology laboratories also perform these tests. Therefore, it is important to note that the numbers reported here do not represent the total number of influenza viruses identified in Ontario.

Table 6. Number of reported confirmed influenza cases by public health unit and geographic region for week 46 and (cumulative total) for the 2018-2019 influenza season

Public Health Unit and Region	Influenza A (H1N1)pdm09	Influenza A H3	Influenza A All subtypes ¹	Influenza A & B	Influenza B	TOTAL
Northwestern	0 (1)	0 (0)	0 (1)	0 (0)	0 (0)	0 (1)
Thunder Bay District	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
TOTAL NORTH WEST	0 (1)	0 (0)	0 (1)	0 (0)	0 (0)	0 (1)
Algoma	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
North Bay Parry Sound District	0 (0)	0 (1)	0 (1)	0 (0)	0 (0)	0 (1)
Porcupine	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Sudbury & District	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Timiskaming	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
TOTAL NORTH EAST	0 (0)	0 (1)	0 (1)	0 (0)	0 (0)	0 (1)
City of Ottawa	0 (0)	0 (4)	1 (13)	0 (0)	1 (1)	2 (14)
Eastern Ontario	0 (0)	0 (1)	0 (1)	0 (0)	1 (1)	1 (2)
Hastings & Prince Edward Counties	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Kingston, Frontenac, Lennox & Addington	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Leeds, Grenville And Lanark District	0 (0)	0 (1)	1 (3)	0 (0)	0 (0)	1 (3)
Renfrew County And District	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
TOTAL EASTERN	0 (0)	0 (6)	2 (17)	0 (0)	2 (2)	4 (19)
Durham Region	0 (0)	1 (4)	1 (4)	0 (0)	0 (2)	1 (6)
Haliburton, Kawartha, Pine Ridge	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Peel Region	0 (1)	0 (0)	4 (10)	0 (0)	6 (11)	10 (21)
Peterborough County-City	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Simcoe Muskoka District	0 (0)	0 (0)	1 (2)	0 (0)	0 (0)	1 (2)
York Region	0 (0)	1 (2)	1 (4)	0 (0)	0 (0)	1 (4)
TOTAL CENTRAL EAST	0 (1)	2 (6)	7 (20)	0 (0)	6 (13)	13 (33)
Toronto	0 (7)	1 (12)	6 (45)	0 (0)	1 (3)	7 (48)
TOTAL TORONTO	0 (7)	1 (12)	6 (45)	0 (0)	1 (3)	7 (48)
Chatham-Kent	0 (1)	0 (0)	0 (1)	0 (0)	0 (0)	0 (1)
Elgin-St. Thomas	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Grey Bruce	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Huron County	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Lambton County	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Middlesex-London	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Oxford County	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Perth District	0 (0)	0 (0)	1 (1)	0 (0)	0 (0)	1 (1)
Windsor-Essex County	3 (5)	0 (0)	3 (5)	0 (0)	0 (0)	3 (5)
TOTAL SOUTH WEST	3 (6)	0 (0)	4 (7)	0 (0)	0 (0)	4 (7)
Brant County	0 (0)	1 (1)	1 (2)	0 (0)	0 (0)	1 (2)
City Of Hamilton	0 (0)	0 (0)	0 (3)	0 (0)	1 (1)	1 (4)
Haldimand-Norfolk	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Halton Region	0 (0)	1 (2)	5 (14)	0 (0)	0 (1)	5 (15)
Niagara Region	0 (0)	0 (0)	5 (11)	0 (1)	0 (2)	5 (14)
Waterloo Region	0 (0)	0 (0)	0 (2)	0 (0)	0 (1)	0 (3)
Wellington-Dufferin-Guelph	1 (4)	0 (0)	1 (4)	0 (0)	0 (0)	1 (4)
TOTAL CENTRAL WEST	1 (4)	2 (3)	12 (36)	0 (1)	1 (5)	13 (42)
TOTAL ONTARIO	4 (19)	5 (28)	31 (127)	0 (1)	10 (23)	41 (151)

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

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

This table presents laboratory-confirmed influenza cases reported to the public health units from multiple laboratories. Percent positivity cannot be calculated because negative tests are not reported

6. Strain comparison – circulating influenza strains and vaccine strains

Since September 1, 2018, the National Microbiology Laboratory (NML) has characterized 60 influenza viruses (11 H3N2, 1 B and 48 H1N1) that were received from Canadian laboratories.

Genetic Characterization of Influenza A (H3N2):

Ten influenza A(H3N2) viruses did not grow to sufficient hemagglutination titer for antigenic characterization by hemagglutination inhibition (HI) assay. Therefore, NML has performed genetic characterization to determine the genetic group identity of these viruses.

Sequence analysis of the HA gene of the viruses showed that one virus belonged to genetic group 3C.2a and nine viruses belonged to subclade 3C.2a1. A/Singapore/INFIMH-16-0019/2016-like virus belongs to genetic group 3C.2a1 and is the influenza A/H3N2 component of the 2018-19 Northern Hemisphere influenza vaccine.

Antigenic Characterization:

Influenza A (H3N2):

One influenza A (H3N2) virus was antigenically characterized as A/Singapore/INFIMH-16-0019/2016-like by HI testing using antiserum raised against egg-propagated A/Singapore/INFIMH-16-0019/2016. A/Singapore/INFIMH-16-0019/2016 is the influenza A/H3N2 component of the 2018-19 Northern Hemisphere influenza vaccine. The influenza A (H3N2) virus characterized belonged to genetic group 3C.2a1.

Influenza A (H1N1):

48 H1N1 viruses characterized were antigenically similar to A/Michigan/45/2015, which is the influenza A/H1N1 component of the 2018-19 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. The recommended influenza B components for the 2018-19 Northern Hemisphere influenza vaccine are B/Colorado/06/2017 (Victoria lineage) and B/Phuket/3073/2013 (Yamagata lineage).

One influenza B virus was characterized as B/Phuket/3073/2013-like, which belongs to the Yamagata lineage and is included as an influenza B component of the 2018-19 Northern Hemisphere quadrivalent influenza vaccine.

Table 7. Strain characterization completed on influenza isolates at the National Microbiology Laboratory: Ontario and Canada, September 1, 2018 to November 22, 2018

Influenza strains	Ontario	Canada
Influenza A (H3N2) A/Singapore/INFIMH-16-0019/2016-like	0	1
Influenza A (H1N1) A/Michigan/45/2015-like	2	48
Influenza B B/Phuket/3073/13-like	1	1

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

7. Antiviral resistance/ sensitivity for influenza

All influenza A viruses in Canada tested by NML for antiviral resistance in the 2018-2019 season were resistant to amantadine, but sensitive to zanamivir and oseltamivir. All influenza B viruses in Canada tested by NML for antiviral resistance were sensitive to both oseltamivir and zanamivir.

Table 8. Amantadine susceptibility assays completed on influenza isolates at the National Microbiology Laboratory: Ontario and Canada, September 1, 2018 to November 22, 2018

Influenza strains	Ontario: Resistant	Ontario: Susceptible	Canada: Resistant	Canada: Susceptible
Influenza A (H3N2)	7	0	11	0
Influenza A (H1N1)pdm09	2	0	48	0
Influenza B	NA	NA	NA	NA

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

NA = Not Applicable

Table 9. Oseltamivir susceptibility assays completed on influenza isolates at the National Microbiology Laboratory: Ontario and Canada, September 1, 2018 to November 22, 2018

Influenza strains	Ontario: Resistant	Ontario: Susceptible	Canada: Resistant	Canada: Susceptible
Influenza A (H3N2)	0	7	0	10
Influenza A (H1N1)pdm09	0	2	0	48
Influenza B	0	1	0	1

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

NA = Not Applicable

Table 10. Zanamavir susceptibility assays completed on influenza isolates at the National Microbiology Laboratory: Ontario and Canada, September 1, 2018 to November 22, 2018

Influenza strains	Ontario: Resistant	Ontario: Susceptible	Canada: Resistant	Canada: Susceptible
Influenza A (H3N2)	0	7	0	10
Influenza A (H1N1)pdm09	0	2	0	48
Influenza B	0	1	0	1

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

NA = Not Applicable

8. 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 November 21, 2018.

Cases of influenza A and B are included in the report based on the 'Reported Date', which was the date the public health unit was notified of the case. For [Figure 4](#) and [Figure 5](#), cases are assigned to a particular surveillance week based on the episode date entered in iPHIS to better reflect influenza activity. Episode date for a case corresponds to the earliest date on record for the case according to the iPHIS hierarchy (Symptom Onset 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's laboratory:** provides specimen level information from the 11 PHO laboratory sites located in Ontario; data for this issue was extracted from the Laboratory Information Management System by PHO on November 22, 2018. A detailed summary of PHO laboratory data is available on the PHO website [here](#). More details about the new testing algorithm can be found [here](#).
- **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 2018-2019 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 1](#) because ongoing outbreaks from previous weeks, as well as laboratory confirmed outbreaks in schools, may be included in the assessment of the activity level.

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