

Notice to readers: Please note that this edition will be the final weekly publication of the Ontario Respiratory Pathogen Bulletin (ORPB) for the 2018-2019 season. The PDF version of this report will not be published after this date. However, the ORPB website will be refreshed every week with updated data, maps and influenza activity assessments until November, 2019. A full length PDF version of the report will be produced again at this time.

ONTARIO RESPIRATORY PATHOGEN BULLETIN

Surveillance Week 18: (April 28, 2019 - May 4, 2019)

This issue of the Ontario Respiratory Pathogen Bulletin provides information on the surveillance period from April 28, 2019 to May 4, 2019 (Week 18). 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 18 and data extraction occurred on Wednesday, May 8, 2019.

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	Lower	There were 158 influenza cases (124 influenza A, 0 influenza A & B, and 34 influenza B) reported in Week 18, which was lower than the 311 influenza cases reported in Week 17 (261 influenza A, 0 influenza A & B, and 50 influenza B).
Percent positivity for influenza ²	Lower	Percent positivity of laboratory tests for all influenza types in Week 18 was 7.3%, which was lower than the percent positivity in Week 17 (11.0%). In Week 18, percent positivity was 6.2% for influenza A and 1.2% for influenza B.
Institutional influenza outbreaks ³	Similar	There were 7 new influenza outbreaks reported in Week 18, which was similar to the number of influenza outbreaks reported in Week 17 (10).
Influenza activity levels reported by public health units	Lower	In Week 18 , 0 public health units reported 'widespread activity,' 15 public health units reported 'localized' activity, 5 reported 'sporadic' activity, 6 reported no activity and 9 public health units did not report. In Week 17, 1 public health unit reported 'widespread activity,' 18 public health units reported 'localized' activity, 7 reported 'sporadic' activity, 4 reported no activity and 5 public health units did not report.
OVERALL ASSESSMENT	Lower	Overall, the indicators show that influenza activity for Week 18 was lower when compared to Week 17.

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.

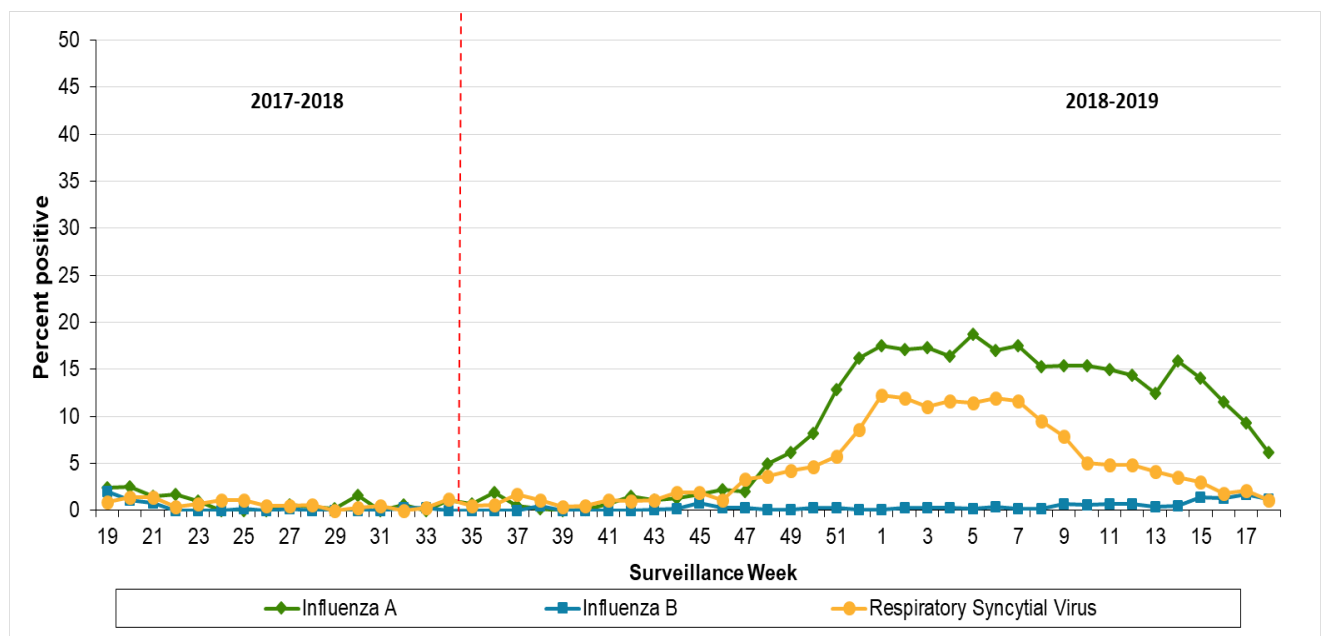
³ The number of new outbreaks reported for the current week is based on the date the outbreak was reported to the public health unit; when reported date is unavailable, the date the outbreak was created in iPHIS is used.

1. Circulating respiratory viruses in Ontario

Provincial percent positivity was low for influenza A and low for influenza B, at 6.2% (79/1,284) and 1.2% (15/1,284) respectively in Week 18 ([Figure 1](#) and [Figure 3](#)). Of the 50 influenza A positive tests for which subtyping was available, 90.0% (45/50) were H3 in week 18. This is a continuation of the change in the proportion of influenza A positive tests reported as H3 compared to earlier in the season where predominately H1 was reported. For the season to date, 56.4% (2,068/3,665) of influenza A positive tests were (H1N1)pdm09. Influenza activity based on percent positivity in week 18 was low.

Rhinovirus was the most common circulating non-influenza respiratory virus, with provincial percent positivity at 11.6% (23/198) ([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, May 6, 2018 to May 4, 2019

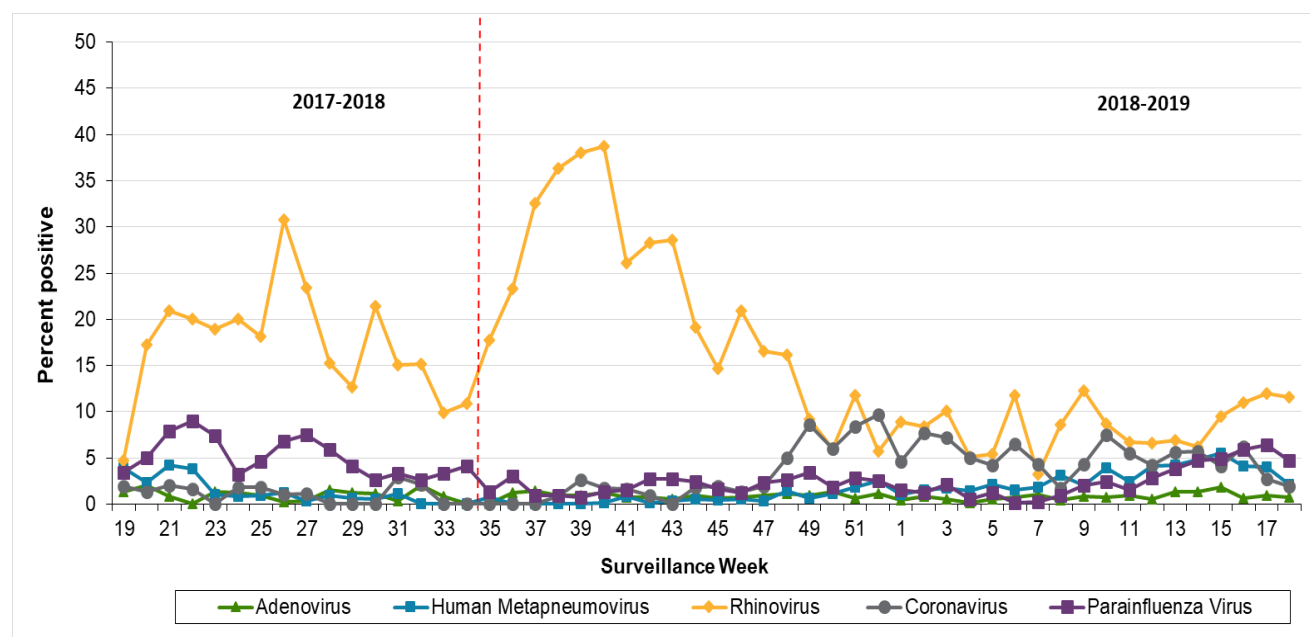


Source: [Centre for Immunization and Respiratory Infectious Diseases \(CIRID\)](#)

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, May 6, 2018 to May 4, 2019

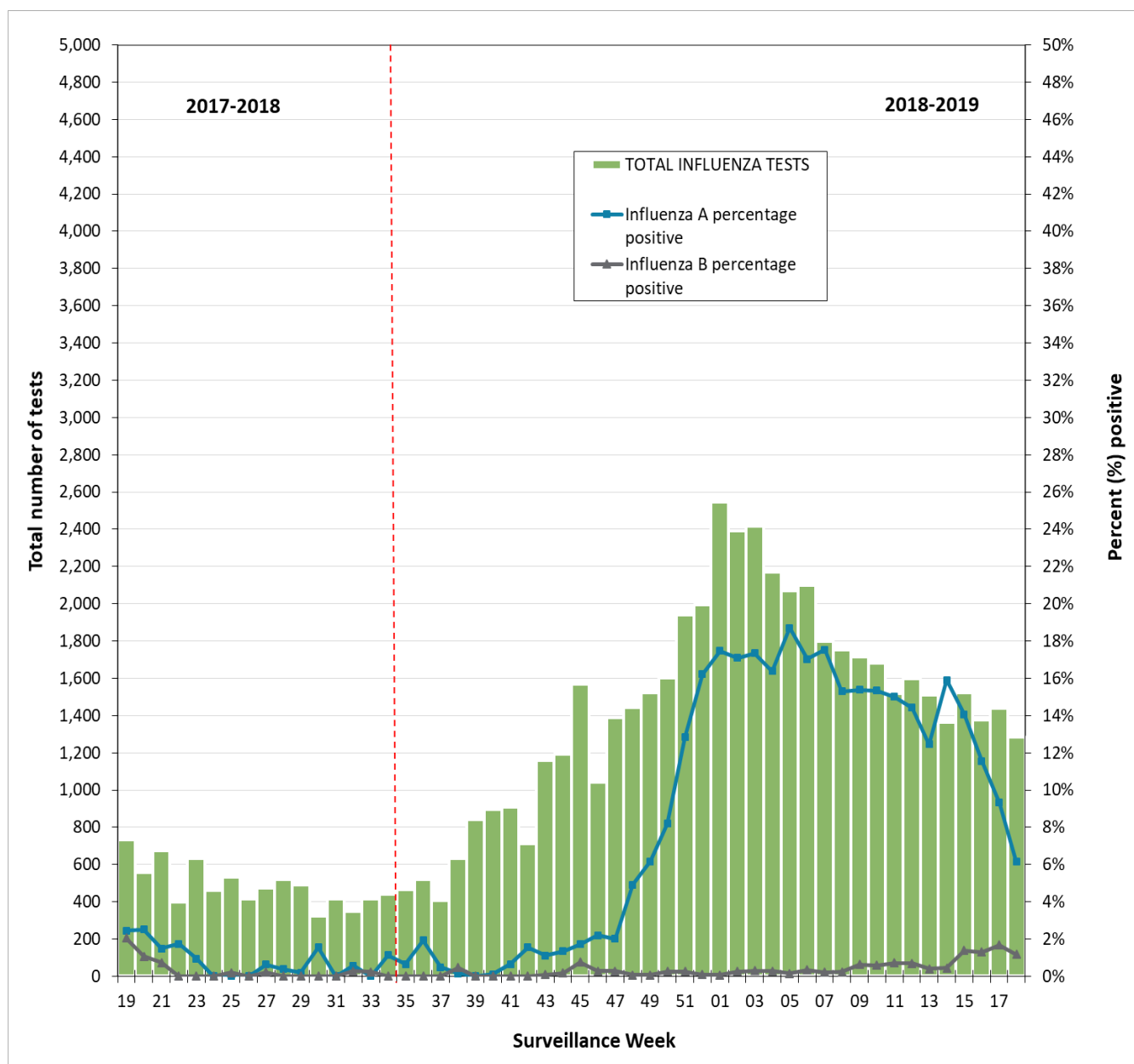


Source: [Centre for Immunization and Respiratory Infectious Diseases \(CIRID\)](#)

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, May 6, 2018 to May 4, 2019



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.

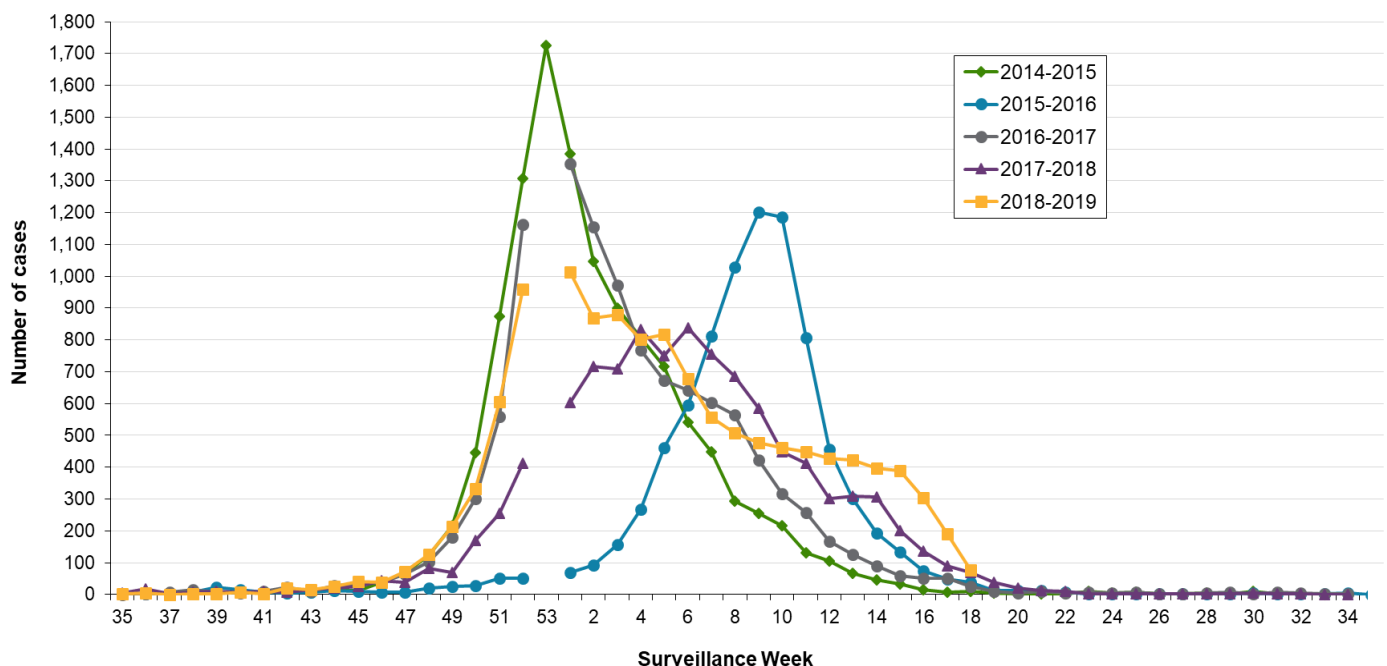
2. Laboratory-confirmed influenza cases

For the 2018-2019 surveillance season to date, 12,610 laboratory-confirmed influenza cases have been reported in Ontario. Among these cases, 96.6% (12,187/12,610) were influenza A ([Table 6](#)). Of the 2,815 reported influenza A cases with subtype information available, 47.0% (1,322/2,815) were H3 and 53.0% (1,493/2,815) were H1. An increase in the proportion of laboratory-confirmed influenza cases reported as H3 has been observed compared to earlier in the season, where predominantly H1 was reported.

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: A(H1N1)pdm09, dominant B lineage to be determined

Figure 4. Number of reported confirmed cases of influenza A by surveillance week and season: Ontario, September 1, 2014 to May 4, 2019

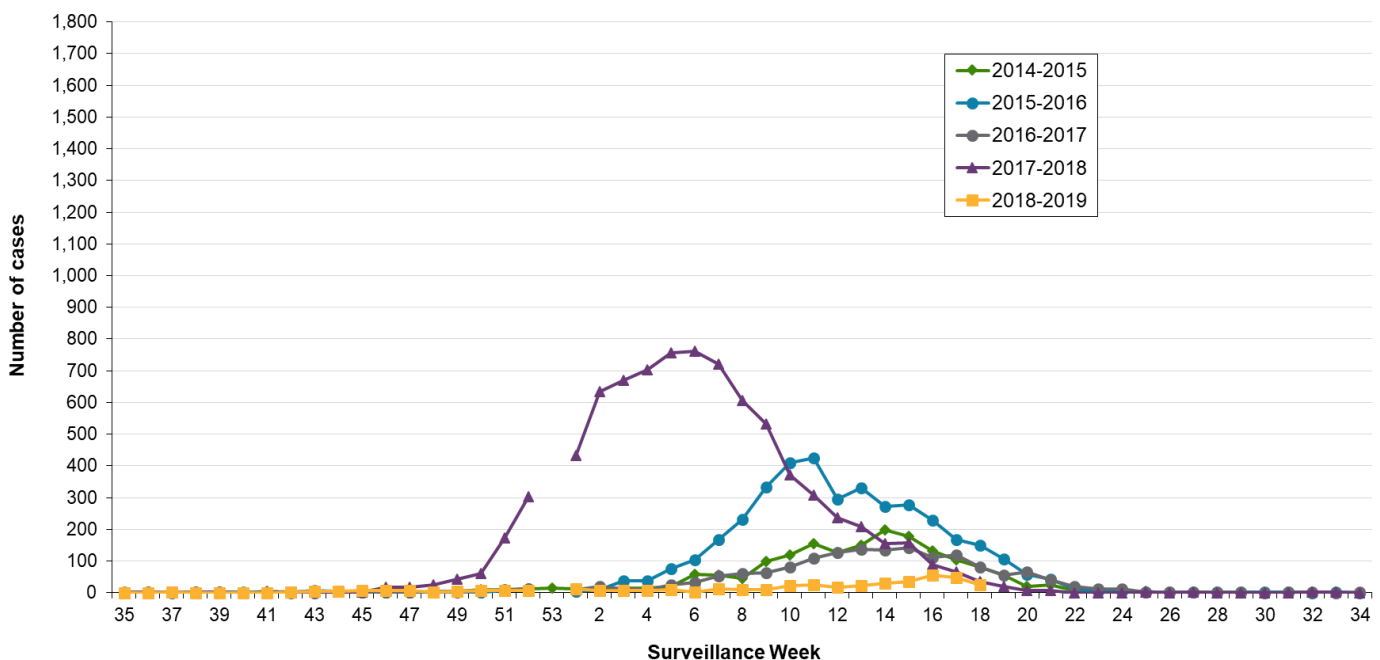


Source: [Integrated Public Health Information System \(iPHIS\)](#)

Notes:

- Case counts are assigned to surveillance weeks based on the episode date entered in iPHIS to better reflect influenza activity. See the [data sources](#) section for details.
- 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 May 4, 2019



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

Notes:

- Case counts are assigned to surveillance weeks based on the episode date entered in iPHIS to better reflect influenza activity. See the [data sources](#) section for details.
- 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

Six influenza A, zero influenza A and B, and one influenza B outbreak were reported in Week 18 ([Table 1](#)). Influenza was detected in 33.7% (445/1,322) of institutional respiratory infection outbreaks reported to date in the 2018-2019 season; 14.8% (196/1,322) were reported as respiratory syncytial virus (RSV). The most institutional respiratory infection outbreaks were reported from long-term care homes (764/1,322 or 57.8% of all reported outbreaks) ([Table 2](#)).

Table 1. Institutional respiratory infection outbreaks: Ontario, Week 18 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 outbreaks	Percentage of cumulative total
Influenza A ³	6	28.6%	435	32.9%
Influenza B ³	1	4.8%	8	0.6%
Both influenza A and B ³	0	0.0%	2	0.2%
Enterovirus/rhinovirus	0	0.0%	15	1.1%
Parainfluenza (all types)	2	9.5%	40	3.0%
Respiratory syncytial virus (RSV)	1	4.8%	196	14.8%
Human metapneumovirus, adenovirus, coronavirus or other viruses	2	9.5%	50	3.8%
Two or more non-influenza viruses	0	0.0%	7	0.5%
No organism reported	9	42.9%	569	43.0%
TOTAL	21	100.0%	1,322	100.0%

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

Notes:

¹Season 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.

²New 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. April 28, 2019 – May 4, 2019 (Week 18), and was recorded in iPHIS.

³Any 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	205 (46.1%)	559 (63.7%)
Hospital	81 (18.2%)	45 (5.1%)
Retirement Home	119 (26.7%)	156 (17.8%)
Other ²	9 (2.0%)	9 (1.0%)
Unknown	31 (7.0%)	108 (12.3%)
TOTAL	445 (100.0%)	877 (100.0%)

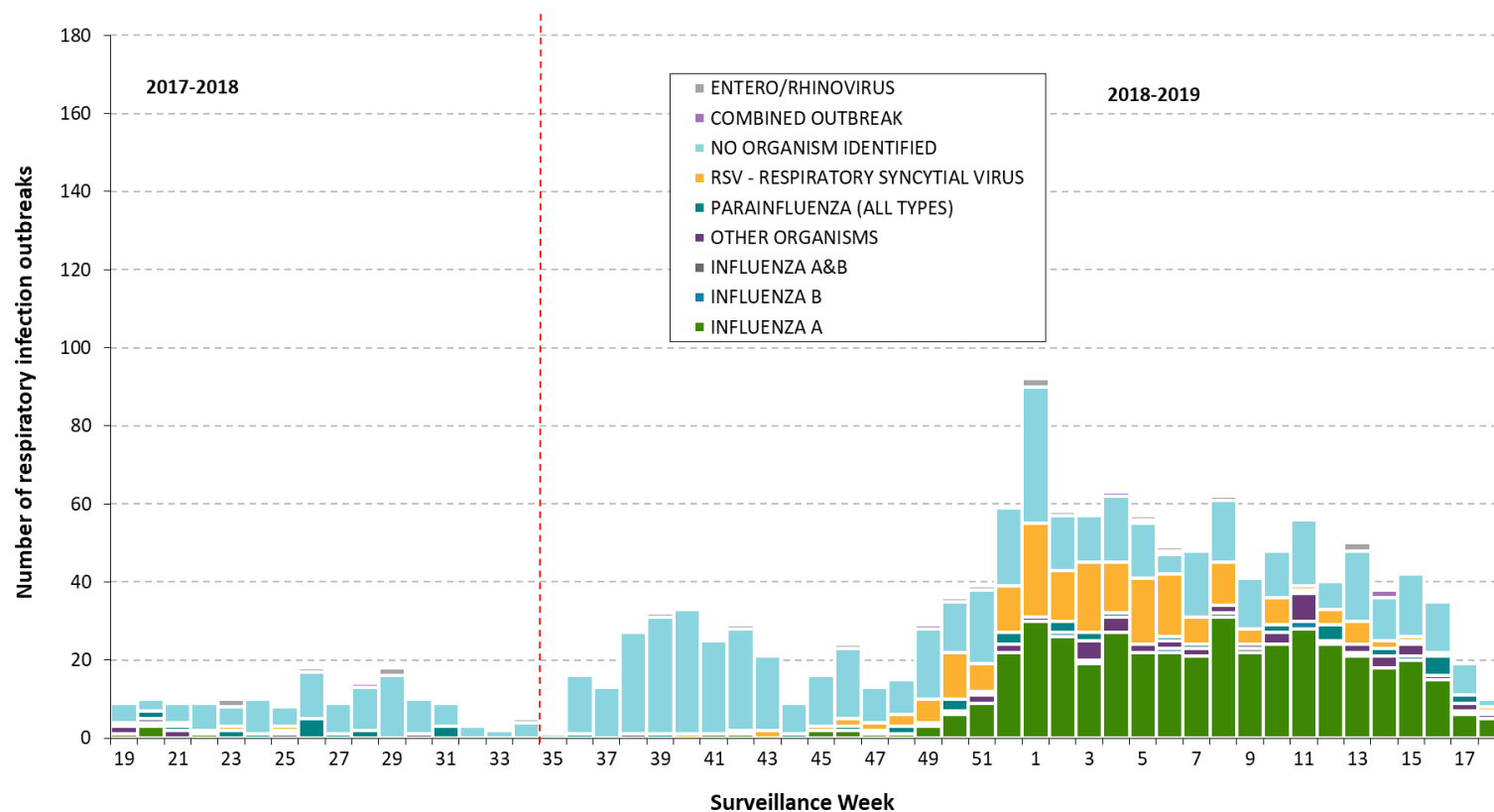
Source: [Integrated Public Health Information System \(iPHIS\)](#)

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: May 6, 2018 to May 4, 2019



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

Based on Public Health Ontario Laboratory (PHOL) data, influenza A positivity was 8.7% (44/507) for week 18 compared to 9.5% (57/599) for week 17. Influenza B positivity was 1.2% (6/507) for week 18 compared to 1.5% (9/599) for the previous week ([Table 3](#)). Of the influenza A specimens that had subtyping completed for the 2018-2019 season (n=2,846), the most predominant subtype was influenza A(H1N1)pdm09 (n=1,612), with the remainder being comprised of influenza A(H3N2) subtype (n=1,234). The age group with most influenza A detections for this season was the 65+ years age group ([Table 4](#)).

Table 3. Number (percentage) of specimens with respiratory pathogens detected by patient setting, Public Health Ontario Laboratory, week 18 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)	5 (8.2)	242 (10.0)	19 (6.7)	1,345 (9.3)	0 (0.0)	71 (14.1)	12 (12.4)	916 (17.0)	8 (13.1)	543 (17.6)
Influenza A (H3N2)	2	66	14	475	0	28	12	283	8	382
Influenza A (H1N1)pdm09	1	157	1	738	0	40	0	582	0	95
Influenza B	0 (0.0)	3 (0.1)	3 (1.1)	60 (0.4)	0 (0.0)	3 (0.6)	2 (2.1)	36 (0.7)	1 (1.6)	9 (0.3)
Adenovirus	0 (0.0)	6 (0.3)	0 (0.0)	78 (0.6)	0 (0.0)	4 (1.0)	0 (0.0)	12 (0.4)	0 (0.0)	1 (0.1)
Enterovirus/rhinovirus	0 (0.0)	0 (0.0)	0 (NA)	0 (0.0)	0 (NA)	0 (0.0)	0 (NA)	2 (0.3)	0 (NA)	0 (0.0)
Human metapneumovirus	0 (0.0)	12 (0.6)	5 (2.8)	177 (1.5)	0 (0.0)	1 (0.3)	0 (0.0)	35 (1.2)	2 (6.7)	67 (3.4)
Parainfluenza (all types)	0 (0.0)	14 (0.7)	11 (6.2)	247 (2.0)	0 (0.0)	11 (2.8)	2 (4.1)	46 (1.4)	3 (10.0)	67 (3.4)
Respiratory syncytial virus	0 (0.0)	70 (2.9)	2 (0.7)	909 (6.3)	0 (0.0)	25 (5.3)	4 (4.3)	283 (5.4)	0 (0.0)	383 (12.5)
Total positives	5 (8.2)	346 (14.3)	40 (14.1)	2,797 (19.3)	0 (0.0)	115 (22.9)	20 (20.6)	1,313 (24.4)	14 (23.0)	1,063 (34.4)

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 18 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)	0 (0.0)	60 (4.5)	0 (0.0)	253 (17.0)	2 (18.2)	222 (24.3)	7 (5.2)	1,050 (14.3)	35 (11.4)	1,518 (10.3)
Influenza A (H3N2)	0	11	0	41	0	63	6	229	30	883
Influenza A (H1N1)pdm09	0	46	0	202	0	153	0	731	2	474
Influenza B	0 (0.0)	4 (0.3)	0 (0.0)	9 (0.6)	2 (18.2)	24 (2.6)	3 (2.2)	42 (0.6)	1 (0.3)	32 (0.2)
Adenovirus	0 (0.0)	22 (2.2)	0 (0.0)	46 (4.9)	0 (0.0)	9 (1.7)	0 (0.0)	18 (0.3)	0 (0.0)	6 (0.1)
Entero/rhinovirus	0 (NA)	0 (0.0)	0 (NA)	0 (0.0)	0 (NA)	0 (0.0)	0 (NA)	2 (0.4)	0 (0.0)	0 (0.0)
Human metapneumovirus	1 (5.3)	18 (1.9)	0 (0.0)	23 (2.5)	0 (0.0)	3 (0.6)	1 (1.2)	41 (0.8)	5 (2.7)	206 (1.8)
Parainfluenza (all types)	4 (21.1)	61 (6.1)	0 (0.0)	54 (5.8)	0 (0.0)	13 (2.4)	3 (3.5)	59 (1.1)	9 (4.9)	198 (1.7)
Respiratory syncytial virus	2 (6.9)	312 (23.5)	0 (0.0)	254 (17.4)	0 (0.0)	36 (4.1)	1 (0.8)	207 (2.9)	3 (1.0)	853 (5.8)
Total positives	7 (23.3)	474 (35.3)	0 (0.0)	625 (42.0)	4 (36.4)	300 (32.8)	15 (11.2)	1,409 (19.2)	53 (17.2)	2,803 (19.0)

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

Notes for Table 3 and Table 4:

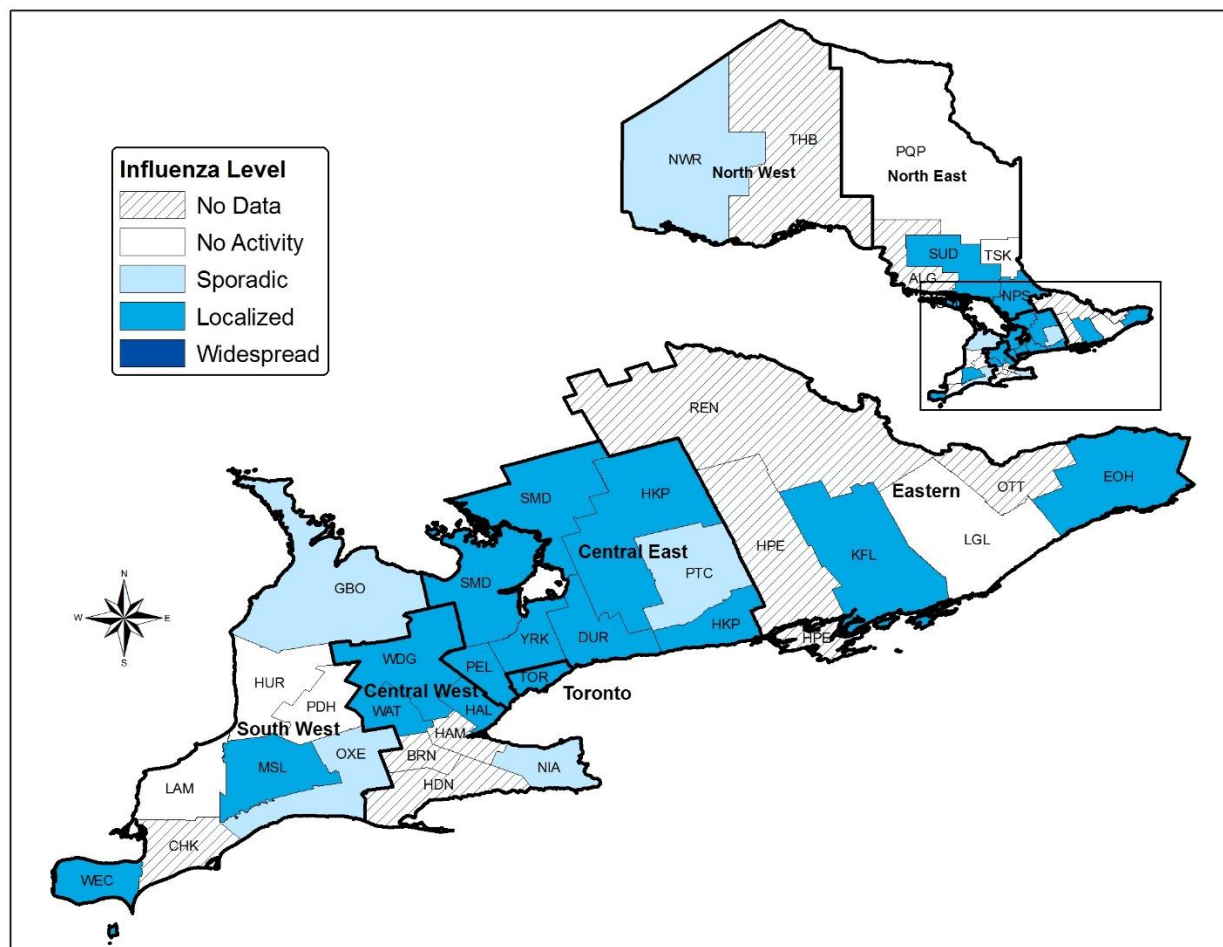
- The percentages in [Table 3](#) and [Table 4](#) are calculated as number of specimens with the respiratory pathogen detected divided by total number of specimens tested for that particular pathogen within the patient setting/same age category. Following the implementation of the new respiratory virus 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 18, 0 public health units reported ‘widespread activity,’ 15 public health units reported ‘localized’ activity, 5 reported ‘sporadic’ activity, 6 reported no activity and 9 public health units did not report.

Figure 7: Influenza activity levels reported by public health units: Ontario, April 28, 2019 to May 4, 2019 (Week 18)



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 18 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	9 (319)	3 (282)	0 (62)	0.0 (22.0)	0 (26)	0 (32)	0 (0)	0.0 (0.0)
Thunder Bay District	3 (181)	3 (151)	1 (20)	33.3 (13.2)	0 (4)	1 (12)	0 (0)	0.0 (0.0)
TOTAL NORTH WEST	12 (500)	6 (433)	1 (82)	16.7 (18.9)	0 (30)	1 (44)	0 (0)	0.0 (0.0)
Algoma	4 (447)	3 (434)	0 (90)	0.0 (20.7)	0 (48)	0 (39)	0 (0)	0.0 (0.0)
North Bay Parry Sound District	20 (683)	21 (669)	4 (47)	19.0 (7.0)	0 (29)	4 (18)	0 (1)	0.0 (0.1)
Porcupine	10 (282)	10 (235)	0 (32)	0.0 (13.6)	0 (29)	0 (1)	0 (0)	0.0 (0.0)
Sudbury & Districts	7 (245)	6 (225)	1 (26)	16.7 (11.6)	0 (16)	1 (10)	0 (0)	0.0 (0.0)
Timiskaming	1 (170)	0 (156)	0 (19)	NA (12.2)	0 (16)	0 (3)	0 (0)	NA (0.0)
TOTAL NORTH EAST	42 (1,827)	40 (1,719)	5 (214)	12.5 (12.4)	0 (138)	5 (71)	0 (1)	0.0 (0.1)
City of Ottawa	1 (391)	1 (355)	1 (68)	100.0 (19.2)	0 (26)	1 (30)	0 (1)	0.0 (0.3)
Eastern Ontario	12 (347)	7 (319)	1 (60)	14.3 (18.8)	0 (31)	0 (20)	2 (4)	28.6 (1.3)
Hastings & Prince Edward Counties	25 (510)	19 (482)	0 (82)	0.0 (17.0)	0 (33)	0 (41)	1 (6)	5.3 (1.2)
Kingston, Frontenac, Lennox & Addington	4 (285)	7 (262)	0 (23)	0.0 (8.8)	0 (10)	0 (11)	0 (1)	0.0 (0.4)
Leeds, Grenville And Lanark District	4 (223)	4 (206)	1 (51)	25.0 (24.8)	0 (32)	1 (19)	0 (4)	0.0 (1.9)
Renfrew County And District	7 (235)	7 (214)	0 (44)	0.0 (20.6)	0 (20)	0 (21)	0 (0)	0.0 (0.0)
TOTAL EASTERN	53 (1,991)	45 (1,838)	3 (328)	6.7 (17.8)	0 (152)	2 (142)	3 (16)	6.7 (0.9)
Durham Region	22 (904)	14 (792)	1 (84)	7.1 (10.6)	0 (44)	1 (30)	0 (4)	0.0 (0.5)
Haliburton, Kawartha, Pine Ridge	14 (518)	9 (450)	1 (92)	11.1 (20.4)	0 (26)	1 (57)	0 (2)	0.0 (0.4)
Peel Region	67 (3,169)	66 (3,056)	6 (186)	9.1 (6.1)	2 (115)	1 (41)	0 (23)	0.0 (0.8)
Peterborough County-City	1 (171)	3 (163)	0 (20)	0.0 (12.3)	0 (3)	0 (9)	0 (1)	0.0 (0.6)
Simcoe Muskoka District	45 (1,514)	38 (1,372)	1 (179)	2.6 (13.0)	0 (83)	1 (72)	1 (1)	2.6 (0.1)
York Region	55 (2,858)	48 (2,687)	4 (384)	8.3 (14.3)	0 (202)	4 (164)	0 (19)	0.0 (0.7)
TOTAL CENTRAL EAST	204 (9,134)	178 (8,520)	13 (945)	7.3 (11.1)	2 (473)	8 (373)	1 (50)	0.6 (0.6)
Toronto	111 (6,219)	81 (5,690)	3 (556)	3.7 (9.8)	0 (270)	3 (247)	0 (14)	0.0 (0.2)
TOTAL TORONTO	111 (6,219)	81 (5,690)	3 (556)	3.7 (9.8)	0 (270)	3 (247)	0 (14)	0.0 (0.2)
Chatham-Kent	2 (314)	1 (284)	0 (35)	0.0 (12.3)	0 (25)	0 (7)	0 (0)	0.0 (0.0)
Grey Bruce	1 (263)	1 (218)	1 (33)	100.0 (15.1)	0 (14)	0 (17)	0 (2)	0.0 (0.9)

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
Huron County	8 (209)	4 (199)	0 (15)	0.0 (7.5)	0 (6)	0 (5)	0 (0)	0.0 (0.0)
Lambton County	0 (278)	1 (270)	0 (33)	0.0 (12.2)	0 (23)	0 (6)	0 (0)	0.0 (0.0)
Middlesex-London	15 (515)	14 (467)	2 (97)	14.3 (20.8)	0 (52)	2 (35)	0 (5)	0.0 (1.1)
Perth District	1 (284)	1 (273)	0 (20)	0.0 (7.3)	0 (4)	0 (15)	0 (0)	0.0 (0.0)
Southwestern Public Health	8 (634)	7 (613)	1 (112)	14.3 (18.3)	0 (49)	1 (52)	0 (3)	0.0 (0.5)
Windsor-Essex County	17 (1,066)	16 (1,011)	1 (149)	6.3 (14.7)	0 (111)	1 (25)	0 (2)	0.0 (0.2)
TOTAL SOUTH WEST	52 (3,563)	45 (3,335)	5 (494)	11.1 (14.8)	0 (284)	4 (162)	0 (12)	0.0 (0.4)
Brant County	14 (330)	15 (317)	1 (25)	6.7 (7.9)	0 (10)	1 (12)	0 (0)	0.0 (0.0)
City Of Hamilton	8 (319)	8 (290)	2 (57)	25.0 (19.7)	0 (35)	2 (21)	1 (2)	12.5 (0.7)
Haldimand-Norfolk	12 (262)	9 (245)	3 (49)	33.3 (20.0)	0 (16)	3 (29)	0 (1)	0.0 (0.4)
Halton Region	45 (1,518)	47 (1,478)	4 (105)	8.5 (7.1)	0 (56)	4 (36)	0 (8)	0.0 (0.5)
Niagara Region	4 (545)	4 (482)	0 (120)	0.0 (24.9)	0 (77)	0 (39)	0 (2)	0.0 (0.4)
Waterloo Region	12 (447)	10 (414)	4 (56)	40.0 (13.5)	0 (20)	3 (27)	1 (3)	10.0 (0.7)
Wellington-Dufferin-Guelph	23 (1,195)	19 (1,141)	0 (86)	0.0 (7.5)	0 (51)	0 (31)	0 (2)	0.0 (0.2)
TOTAL CENTRAL WEST	118 (4,616)	112 (4,367)	14 (498)	12.5 (11.4)	0 (265)	13 (195)	2 (18)	1.8 (0.4)
OUT OF PROVINCE	0 (0)	0 (0)	0 (0)	NA (NA)	0 (0)	0 (0)	0 (0)	NA (NA)
TOTAL ONTARIO	592 (27,850)	507 (25,902)	44 (3,117)	8.7 (12.0)	2 (1,612)	36 (1,234)	6 (111)	1.2 (0.4)

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.
- The public health units Elgin-St. Thomas and Oxford County have merged into Southwestern Public Health Unit.

Table 6. Number of reported confirmed influenza cases by public health unit and geographic region for week 18 and (cumulative total) for the 2018-2019 influenza season

Public Health Unit and Region	Influenza A H1	Influenza A H3	Influenza A All subtypes ¹	Influenza A & B	Influenza B	TOTAL
Northwestern	0 (26)	1 (33)	2 (78)	0 (0)	0 (0)	2 (78)
Thunder Bay District	1 (76)	3 (72)	6 (194)	0 (0)	0 (1)	6 (195)
TOTAL NORTH WEST	1 (102)	4 (105)	8 (272)	0 (0)	0 (1)	8 (273)
Algoma	0 (41)	1 (35)	2 (86)	0 (0)	0 (0)	2 (86)
North Bay Parry Sound District	0 (32)	3 (20)	3 (117)	0 (0)	0 (2)	3 (119)
Porcupine	0 (37)	0 (1)	0 (49)	0 (0)	0 (0)	0 (49)
Sudbury & Districts	0 (13)	0 (7)	1 (111)	0 (0)	0 (1)	1 (112)
Timiskaming	0 (13)	0 (3)	0 (17)	0 (0)	0 (0)	0 (17)
TOTAL NORTH EAST	0 (136)	4 (66)	6 (380)	0 (0)	0 (3)	6 (383)
Eastern Ontario	0 (27)	0 (20)	2 (142)	0 (0)	0 (5)	2 (147)
Hastings & Prince Edward Counties	0 (20)	1 (34)	2 (92)	0 (0)	2 (9)	4 (101)
Kingston, Frontenac, Lennox & Addington	0 (7)	0 (9)	0 (103)	0 (0)	0 (6)	0 (109)
Leeds, Grenville And Lanark District	0 (29)	0 (20)	0 (111)	0 (0)	0 (7)	0 (118)
Ottawa	0 (20)	1 (18)	15 (638)	0 (3)	1 (11)	16 (652)
Renfrew County And District	0 (17)	0 (16)	0 (47)	0 (0)	0 (0)	0 (47)
TOTAL EASTERN	0 (120)	2 (117)	19 (1,133)	0 (3)	3 (38)	22 (1,174)
Durham Region	0 (43)	5 (25)	8 (413)	0 (1)	2 (20)	10 (434)
Haliburton, Kawartha, Pine Ridge	0 (26)	2 (52)	4 (214)	0 (0)	0 (4)	4 (218)
Peel	1 (114)	1 (52)	10 (1,355)	0 (0)	4 (77)	14 (1,432)
Peterborough	0 (3)	0 (7)	0 (187)	0 (0)	0 (4)	0 (191)
Simcoe Muskoka District	0 (74)	3 (68)	4 (669)	0 (0)	1 (11)	5 (680)
York Region	0 (226)	5 (179)	10 (923)	0 (1)	1 (38)	11 (962)
TOTAL CENTRAL EAST	1 (486)	16 (383)	36 (3,761)	0 (2)	8 (154)	44 (3,917)
Toronto	0 (149)	3 (326)	23 (2,461)	0 (1)	9 (95)	32 (2,557)
TOTAL TORONTO	0 (149)	3 (326)	23 (2,461)	0 (1)	9 (95)	32 (2,557)
Chatham-Kent	0 (20)	0 (7)	0 (42)	0 (0)	0 (0)	0 (42)
Grey Bruce	0 (11)	0 (15)	2 (193)	0 (0)	0 (2)	2 (195)
Huron County	0 (5)	0 (3)	0 (79)	0 (0)	0 (0)	0 (79)
Lambton	0 (21)	0 (6)	0 (45)	0 (0)	0 (1)	0 (46)
Middlesex-London	0 (54)	1 (32)	4 (500)	0 (0)	2 (9)	6 (509)
Perth District	0 (6)	0 (17)	0 (58)	0 (0)	0 (0)	0 (58)
Southwestern	0 (38)	1 (39)	1 (134)	0 (2)	0 (1)	1 (137)
Windsor-Essex County	0 (99)	0 (7)	1 (146)	0 (0)	0 (2)	1 (148)
TOTAL SOUTH WEST	0 (254)	2 (126)	8 (1,197)	0 (2)	2 (15)	10 (1,214)
Brant County	0 (7)	1 (10)	1 (195)	0 (0)	0 (2)	1 (197)
City Of Hamilton	0 (30)	2 (20)	8 (824)	0 (0)	4 (40)	12 (864)
Haldimand-Norfolk	0 (13)	0 (16)	0 (83)	0 (0)	0 (2)	0 (85)
Halton Region	0 (51)	4 (35)	6 (544)	0 (0)	2 (30)	8 (574)
Niagara Region	0 (62)	2 (42)	4 (816)	0 (1)	3 (22)	7 (839)
Region of Waterloo	0 (13)	3 (30)	5 (317)	0 (0)	2 (8)	7 (325)
Wellington-Dufferin-Guelph	0 (70)	0 (46)	0 (204)	0 (0)	1 (4)	1 (208)
TOTAL CENTRAL WEST	0 (246)	12 (199)	24 (2,983)	0 (1)	12 (108)	36 (3,092)
TOTAL ONTARIO	2 (1,493)	43 (1,322)	124 (12,187)	0 (9)	34 (414)	158 (12,610)

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 2,124 influenza viruses (418 H3N2, 1,575 H1N1 and 131 B) that were received from Canadian laboratories.

Genetic Characterization of Influenza A (H3N2):

191 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 20 viruses belonged to genetic group 3C.2a, 166 viruses belonged to subclade 3C.2a1, and four viruses belonged to 3C.3a. One isolate could not be sequenced. 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):

141 influenza A (H3N2) viruses were 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. 86 viruses showed reduced titer with ferret antisera raised against egg-propagated A/Singapore/INFIMH-16-0019/2016. 97 influenza A (H3N2) viruses characterized belonged to genetic group 3C.2a1. 19 viruses belonged to genetic group 3C.2a and 107 to 3C.3a. Sequencing is pending for the remaining isolates.

Influenza A (H1N1):

1,532 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. 43 viruses showed reduced titer with ferret antisera raised against cell culture-propagated A/Michigan/45/2015.

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).

24 influenza B viruses were characterized as B/Colorado/06/2017, which belongs to the Victoria lineage and is included as an influenza B component of the 2018-19 Northern Hemisphere influenza vaccine. 84 viruses showed reduced titer with ferret antisera raised against cell culture-propagated B/Colorado/06/2017. Sequence analysis showed that 83 viruses that showed reduced titer had a three amino acid deletion (162-164) in the HA gene. 23 influenza B viruses were 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 May 9, 2019

Influenza strains	Ontario	Canada
Influenza A (H3N2)		
A/Singapore/INFIMH-16-0019/2016-like	131	227
Influenza A (H1N1)		
A/Michigan/45/2015-like	674	1,575
Influenza B		
B/Colorado/06/2017-like	29	108
Influenza B		
B/Phuket/3073/13-like	17	23

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 2018-19 season were resistant to amantadine, but sensitive to zanamivir. Four influenza A (H1N1)pdm09 positive isolates from Ontario tested by NML were resistant to 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 May 9, 2019

Influenza strains	Ontario: Resistant	Ontario: Susceptible	Canada: Resistant	Canada: Susceptible
Influenza A (H3N2)	37	0	89	0
Influenza A (H1N1)pdm09	89	0	360	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 May 9, 2019

Influenza strains	Ontario: Resistant	Ontario: Susceptible	Canada: Resistant	Canada: Susceptible
Influenza A (H3N2)	0	88	0	152
Influenza A (H1N1)pdm09	4	357	4	1,012
Influenza B	0	34	0	75

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 May 9, 2019

Influenza strains	Ontario: Resistant	Ontario: Susceptible	Canada: Resistant	Canada: Susceptible
Influenza A (H3N2)	0	88	0	152
Influenza A (H1N1)pdm09	0	360	0	1,014
Influenza B	0	34	0	75

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 May 8, 2019.

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 May 9, 2019. 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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