

## WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: October 25 to October 31 2020 (week 44)

### Summary

#### In New Brunswick, influenza activity remained at inter-seasonal levels in week 44

##### New Brunswick:

- There have been no positive influenza cases in week 44. Since the beginning of the new season, no cases have been reported.
- There has been no new influenza associated hospitalizations during week 44. Since the beginning of the season, no hospitalizations have been reported.
- The ILI consultation rate was 0.0 per 1,000 patients visits for week 44. The ILI rate was slightly lower than the expected levels for this time of year.
- No influenza outbreaks were reported in week 44. So far this season, no influenza outbreaks have been reported.

##### Canada:

- Testing for influenza continues at elevated levels; however, influenza activity remains below average for this time of year. One jurisdiction reported sporadic influenza activity; no influenza or influenza-like-illness (ILI) outbreaks were reported.
- Eight laboratory detections of influenza were reported in week 44; these detections were associated with recent live attenuated influenza vaccine (LAIV) receipt and likely represent vaccine-type virus rather than community circulation of seasonal influenza viruses.
- 11,911 participants reported to FluWatchers and 28 (0.24%) participants reported cough and fever.
- Influenza surveillance indicators may be influenced by the COVID-19 pandemic, including changes in healthcare-seeking behaviour, impacts of public health measures and influenza testing capacity. Current data should be interpreted with consideration to this context.

##### International:

##### Seasonal influenza:

The current influenza surveillance data should be interpreted with caution as the ongoing COVID-19 pandemic have influenced to varying extents health seeking behaviours, staffing/routines in sentinel sites, as well as testing priorities and capacities in Member States. The various hygiene and physical distancing measures implemented by Member States to reduce SARS-CoV-2 virus transmission have likely played a role in reducing influenza virus transmission. Globally, despite continued or even increased testing for influenza in some countries, influenza activity remained at lower levels than expected for this time of the year. In the temperate zone of the northern hemisphere, influenza activity remained below inter-seasonal levels, though sporadic influenza detections were reported in some countries. In the temperate zones of the southern hemisphere, no influenza detections were reported across countries. In the Caribbean and Central American countries, sporadic influenza detections were reported. Severe acute respiratory infection (SARI) activity, likely due to COVID-19, decreased in most reporting countries. In tropical South America, there were no influenza detections across reporting countries. In tropical Africa, influenza activity was reported in West Africa in Côte d'Ivoire and Niger, and in East Africa in Kenya. In Southern Asia, influenza activity of predominately influenza A(H3N2) was reported in Bangladesh and India in recent weeks. In South East Asia, influenza detections continued to be reported in Cambodia and Lao People's Democratic Republic (PDR). Worldwide, of the very low numbers of detections reported, seasonal influenza A(H3N2) viruses accounted for the majority of detections.

##### Emerging Respiratory Viruses:

- **COVID-19:** On December 31, 2019, a cluster of cases of pneumonia was reported in Wuhan, China, and the cause has been confirmed as a new coronavirus that has not previously been identified in humans (COVID-19). As of November 10, 2020, 273,037 cases of COVID-19 infection in Canada have been identified with 10,632 deaths. Three hundred and fifty-five cases have been identified in New Brunswick with 6 deaths. As of November 11, the WHO reported globally 51,251,715 confirmed cases and 1,270,930 deaths in over 200 countries/territories/areas.

For more timely updates, please visit the following websites:

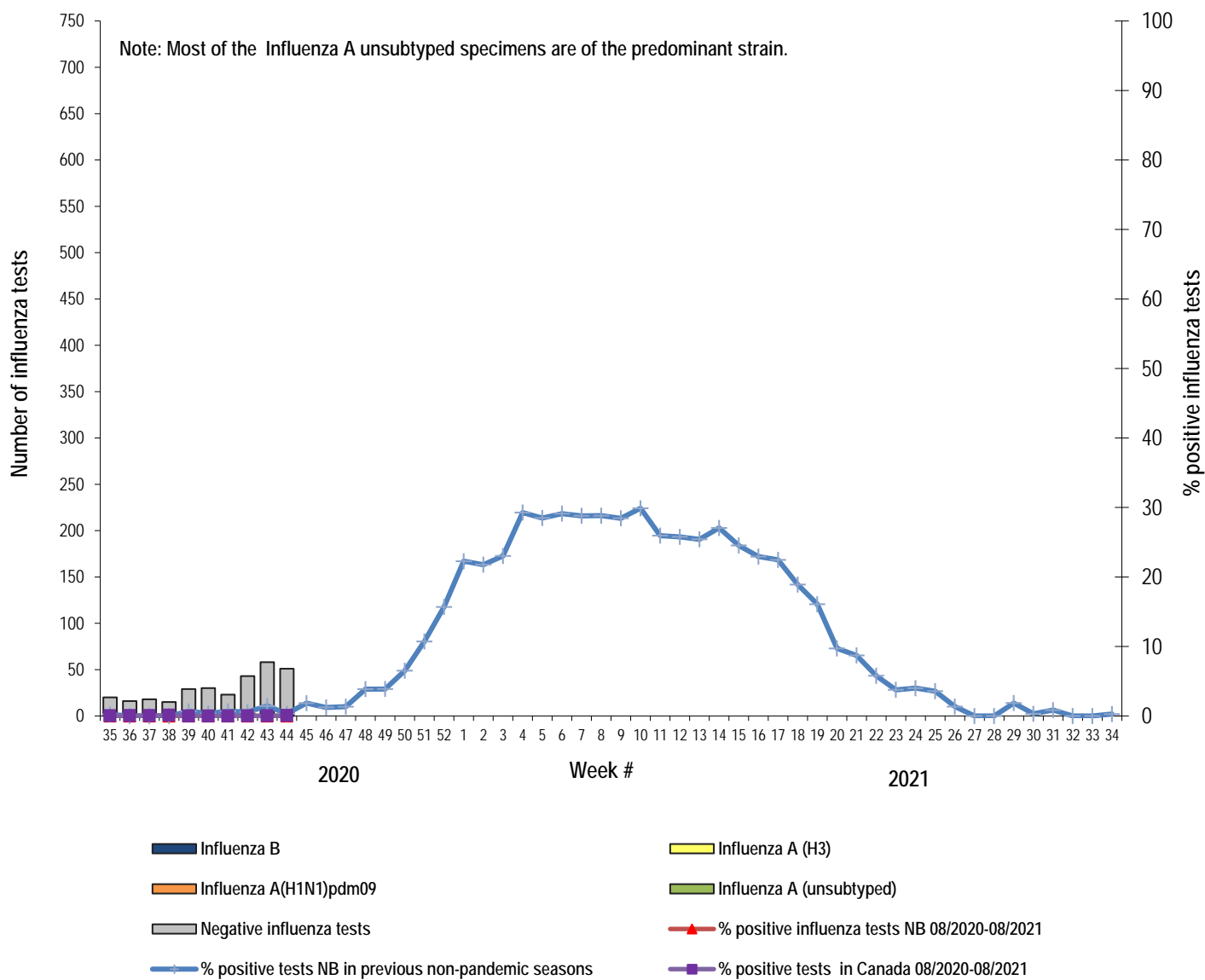
- WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- PHAC: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
- NB: [https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory\\_diseases/coronavirus.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html)
- **MERS CoV:**
  - WHO: [http://www.who.int/csr/disease/coronavirus\\_infections/en/](http://www.who.int/csr/disease/coronavirus_infections/en/)
  - CDC: <http://www.cdc.gov/coronavirus/mers/>
  - Updated Risk Assessment (August 2018): [http://www.who.int/csr/disease/coronavirus\\_infections/risk-assessment-august-2018.pdf?ua=1](http://www.who.int/csr/disease/coronavirus_infections/risk-assessment-august-2018.pdf?ua=1)
- **Avian Influenza:**
  - WHO: [www.who.int/csr/disease/avian\\_influenza/en/index.html](http://www.who.int/csr/disease/avian_influenza/en/index.html)

### 1) Influenza Laboratory Data<sup>1</sup>

<sup>1</sup> Surveillance specimens are submitted by recruited New Brunswick Sentinel Practitioner Influenza Network (NB SPIN) practitioners, which are comprised of sites in Emergency Rooms, in Family Practice, in First Nations communities, in Nursing Home, in Universities and in Community Health Centers. Diagnostic specimens are submitted by physicians in the community/hospital setting. Influenza laboratory data is comprised of results from surveillance and diagnostic

- Influenza activity remained at inter-seasonal levels in week 44.
- No influenza cases were reported during week 44.
- Since the beginning of the season, no influenza cases have been reported.

**Graph 1:** Number and percent of positive influenza specimens<sup>2</sup> in New Brunswick by week, up to October 31, 2020 (data source: G. Dumont Lab results)



specimens. All laboratory specimens are tested using a real-time PCR assay, which is a rapid detection method designed for detection of all known variants of influenza A and B. All laboratory-confirmed cases are reported for the week when laboratory confirmation was received.

<sup>2</sup> Total number of positive influenza tests is higher than number of cases since some individuals had co-infection of A & B simultaneously.

Figure 2: Influenza/ILI activity levels<sup>3</sup> by Health Zones, in New Brunswick, for week 44, season 2020/2021.



<sup>3</sup> No activity is defined as no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI may be reported. Sporadic activity is defined as sporadically occurring ILI and lab confirmed influenza detection(s) with no outbreaks detected within the influenza surveillance region. Localized activity is defined as evidence of increased ILI with lab confirmed influenza detection(s) and outbreaks in schools, hospitals, residential institutions and/or other types of facilities occurring in less than 50% of the influenza surveillance region. Widespread activity is defined as evidence of increased ILI with lab confirmed influenza detection(s) and outbreaks in schools, hospitals, residential institutions and/or other types of facilities occurring in greater than or equal to 50% of the influenza surveillance region.

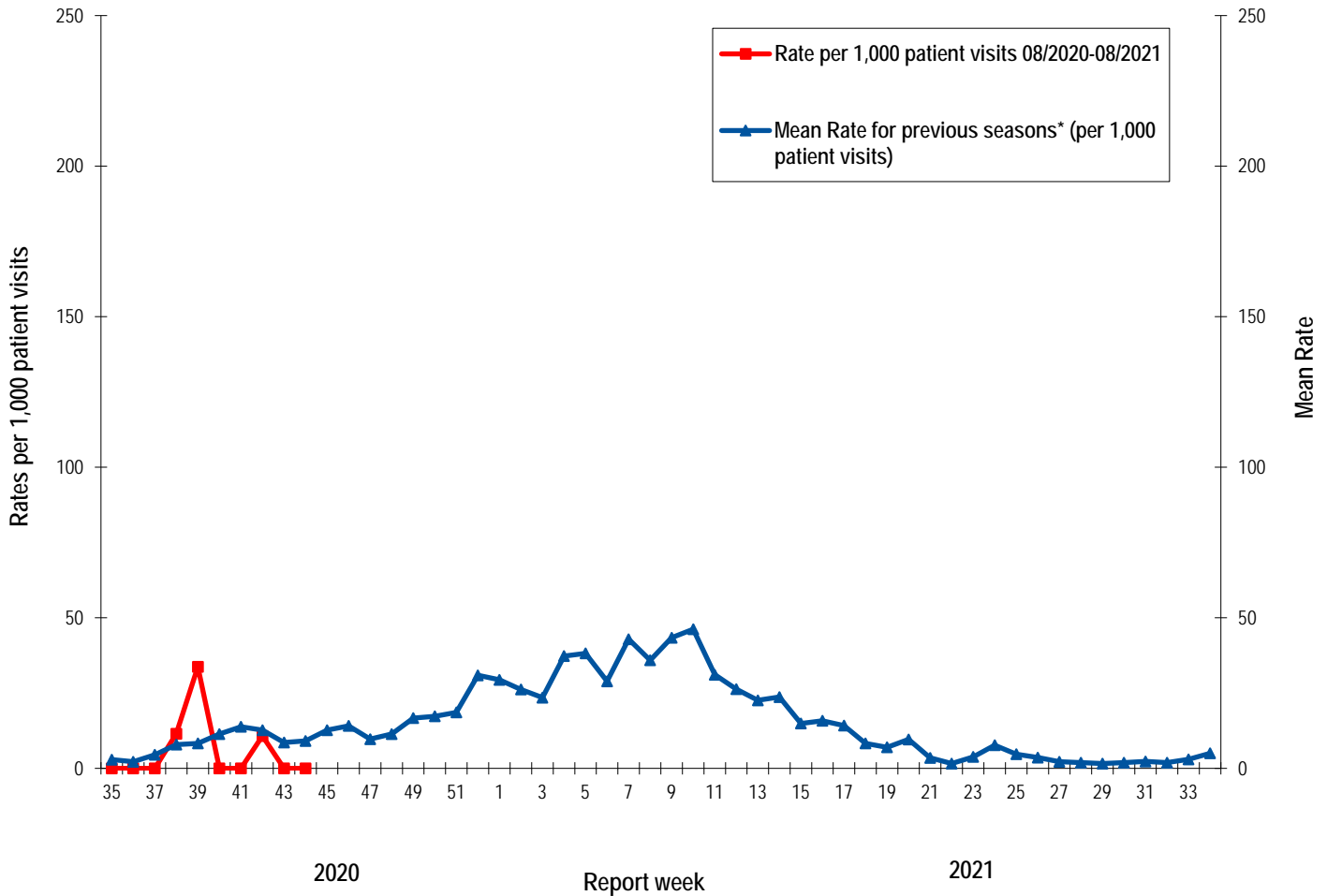
**Table 1:** Positive influenza cases by Health Region, in New Brunswick for reporting week, cumulative current and previous seasons.  
 (data source: G. Dumont lab results up to October 31, 2020)

Zone	Reporting period: October/25/2020–October/31/2020						Cumulative: (2020/2021 season) Aug./23/2020 –October/31/2020						Cumulative: (2019/2020 season) Aug./25/2019 –Aug./22/2020									
	A					B	A & B co- infection					A					B	A & B co- infectio n				
	A(H3)	(H1N1) pdm09	Unsubty ped/ Other	A Total	Total	Total	A(H3)	(H1N1) pdm09	Unsubty ped/ Other	A Total	Total	Total	(H3)	(H1N1) pdm09	Unsubty ped/ Other	A Total	Total	Total				
Zone 1	0	0	0	0	0	0	0	0	0	0	0	0	9	28	324	361	665	3				
Zone 2	0	0	0	0	0	0	0	0	0	0	0	0	3	11	121	135	96	2				
Zone 3	0	0	0	0	0	0	0	0	0	0	0	0	1	8	102	111	188	5				
Zone 4	0	0	0	0	0	0	0	0	0	0	0	0	1	7	43	51	212	1				
Zone 5	0	0	0	0	0	0	0	0	0	0	0	0	10	5	85	100	17	1				
Zone 6	0	0	0	0	0	0	0	0	0	0	0	0	6	7	120	133	98	1				
Zone 7	0	0	0	0	0	0	0	0	0	0	0	0	0	3	65	68	103	0				
<b>Total NB</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30</b>	<b>69</b>	<b>860</b>	<b>959</b>	<b>1379</b>	<b>13</b>				

2) ILI Consultation Rates<sup>4</sup>

- For week 44, the ILI consultation rate was 0.0 consultations per 1,000 patients visits. The ILI rate was slightly lower than the expected levels for this time of year.
- During week 44, the sentinel response rate was 29% for both the FluWatch sentinel physicians and the NB SPIN practitioners.

Graph 2: ILI Consultation Rates in New Brunswick, by report week, season 2020/21 compared to previous seasons\*



\* The mean rate was based on data from the 1996/97 to 2019/2020 seasons and excludes the Pandemic season (2009/10).

<sup>4</sup> A total of 28 practitioner sites (16 FluWatch sentinel physicians and 12 NB SPIN sites) are recruited this season to report the number of ILI patients and total patient consultations one day during a reporting week.

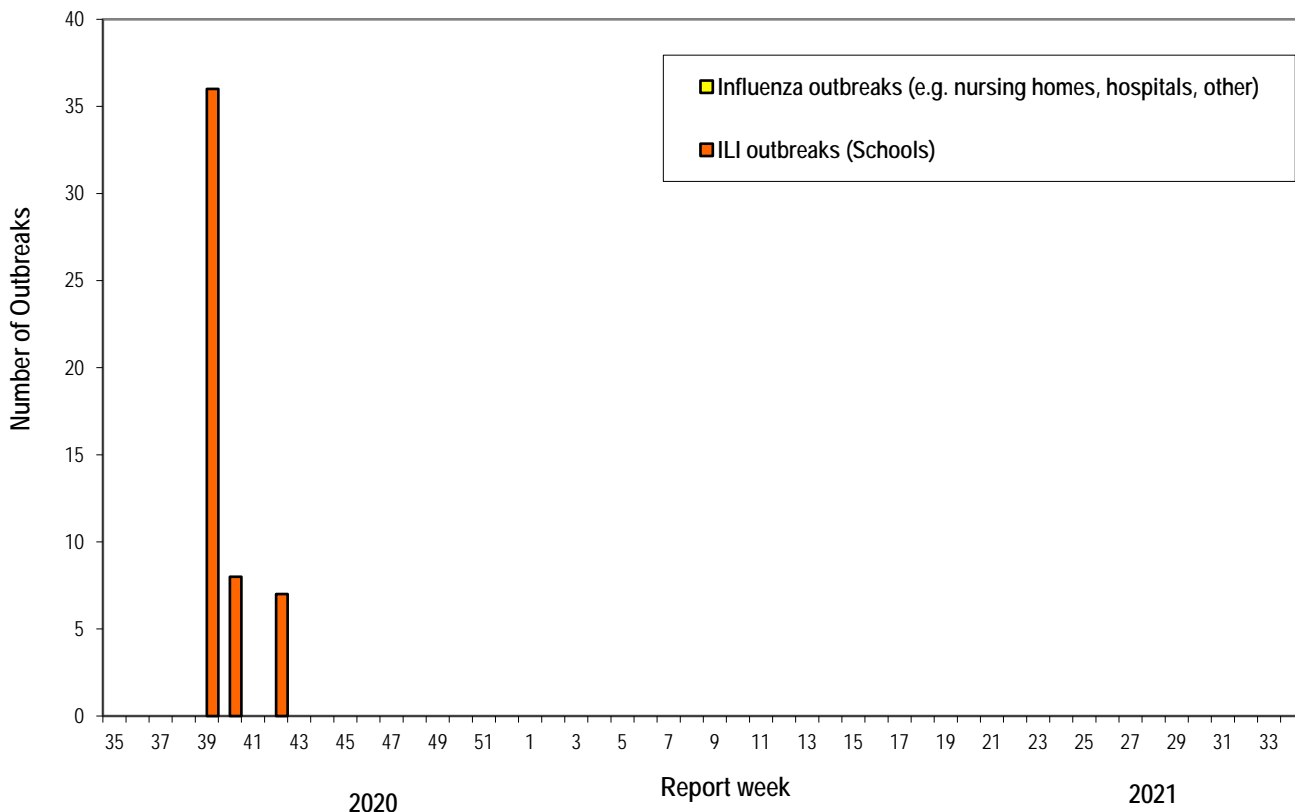
### 3) ILI and Laboratory-Confirmed Outbreak Data

Table 2: New ILI activity/outbreaks in New Brunswick nursing homes and schools\* for the reporting week and current season.

	Reporting period: October/25/2020 to October/31/2020			Cumulative # of outbreaks season 2020-2021*
	Lab-confirmed outbreaks in Nursing homes <sup>5</sup>	ILI school outbreaks <sup>6</sup> *	Lab-confirmed outbreaks in Other settings <sup>4</sup>	
Zone 1	0 out of 15	0 out of 74	0	13
Zone 2	0 out of 16	0 out of 81	0	14
Zone 3	0 out of 16	0 out of 95	0	22
Zone 4	0 out of 5	0 out of 22	0	0
Zone 5	0 out of 2	0 out of 18	0	0
Zone 6	0 out of 9	0 out of 35	0	0
Zone 7	0 out of 5	0 out of 27	0	2
<b>Total NB</b>	<b>0 out of 68</b>	<b>0 out of 352</b>	<b>0</b>	<b>51*</b>

\*During this influenza season, 2020-2021, the number of ILI outbreaks in school (based on greater than 10% absenteeism in school due to ILI symptoms, which for many schools cannot be determined) will likely be skewed due to the COVID-19 pandemic, the prudence of parents/guardians to send their children to school and their interpretation of the home isolation requirements. Therefore, the number of ILI outbreaks in schools should be interpreted with caution and should not be compared to previous seasons.

Graph 3: Number of Influenza Outbreaks (nursing homes, hospitals, other) and ILI Outbreaks (schools) reported to Public Health in New Brunswick, by report week, season 2020/21.

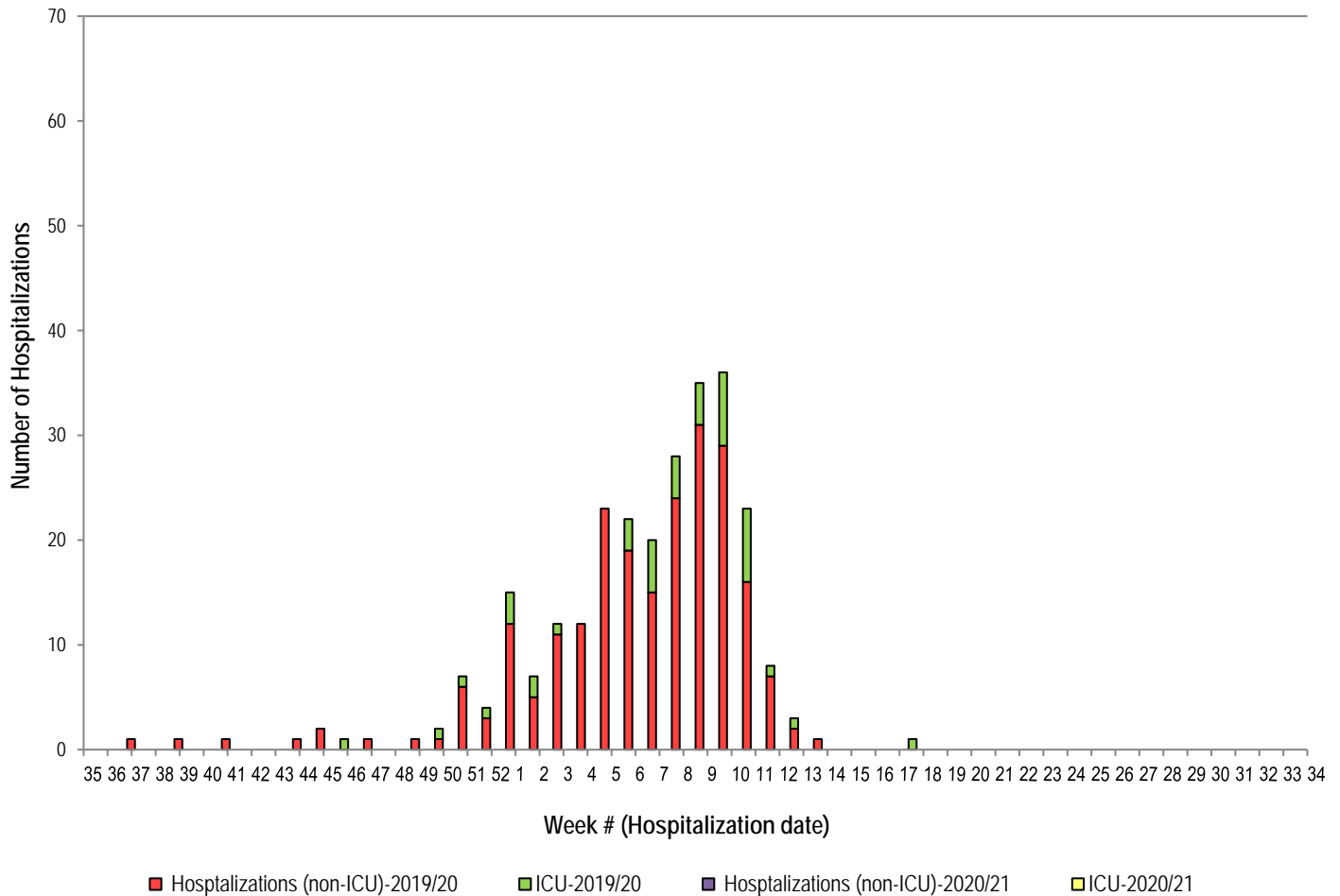


<sup>5</sup> Two or more ILI cases within a seven day period, including at least one laboratory-confirmed case of influenza. Outbreaks are reported in the week when laboratory confirmation is received.

<sup>6</sup> Schools reporting greater than 10% absenteeism which is likely due to ILI.

#### 4) Influenza associated Hospitalization<sup>7</sup> and Death<sup>8</sup> Surveillance<sup>9</sup>

Graph 4: Influenza associated Hospitalizations and ICU admissions in New Brunswick, by week of hospitalization for current and past season.\*



\*Those who had been hospitalized 15 days or more prior to laboratory confirmation date were excluded from the graph

\*\*No deaths have been reported so far in season 2020-2021.

National Flu Watch Program - Additional information on influenza activity in Canada and around the world is available on the Public Health Agency of Canada's website at: <http://www.phac-aspc.gc.ca/fluwatch/>

#### Other Links:

World: [http://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/index.html](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html)

Europe: [http://www.ecdc.europa.eu/en/healthtopics/seasonal\\_influenza/epidemiological\\_data/Pages/Weekly\\_Influenza\\_Surveillance\\_Overview.aspx](http://www.ecdc.europa.eu/en/healthtopics/seasonal_influenza/epidemiological_data/Pages/Weekly_Influenza_Surveillance_Overview.aspx)

PAHO: [http://new.paho.org/hq/index.php?option=com\\_content&task=blogcategory&id=805&Itemid=569](http://new.paho.org/hq/index.php?option=com_content&task=blogcategory&id=805&Itemid=569)

Australia: <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm>

New Zealand: [http://www.surv.esr.cri.nz/virology/influenza\\_weekly\\_update.php](http://www.surv.esr.cri.nz/virology/influenza_weekly_update.php)

Argentina: <http://www.msal.gov.ar/>

South Africa: <http://www.nicd.ac.za/>

US: [www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/)

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<sup>7</sup> Hospitalizations (including ICU admissions) are influenza associated; they may or may not be due to influenza.

<sup>8</sup> Deaths are influenza associated; influenza may not be the direct cause of death.

<sup>9</sup> In early January 2014, the Office of the Chief Medical Officer of Health implemented a new provincial surveillance system in collaboration with the Regional Health Authorities to monitor influenza-associated hospitalizations, intensive care unit admissions and deaths. A standardized Enhanced Surveillance Form is used to collect data on hospitalizations.