

WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: June 20 to July 24, 2021 (weeks 25 to 29)

Summary

In New Brunswick, influenza activity remained at inter-seasonal levels in weeks 25 to 29

New Brunswick:

- There have been no positive influenza cases in weeks 25 to 29. Since the beginning of the season, 1 case of influenza B has been reported.
- There has been no influenza associated hospitalizations during weeks 25 to 29. Since the beginning of the season, no hospitalizations have been reported and no deaths.
- The ILI consultation rate was 0.0 per 1,000 patients visits for weeks 25, 27 and 29, and was 27.8 and 8.6 per 1,000 patients visits in weeks 26 and 28, respectively. The ILI rate was within the expected levels for this time of year for most weeks but was higher than expected levels in week 26.
- No influenza outbreaks were reported in weeks 25 to 29. So far this season, no influenza outbreaks have been reported.

Canada:

- Despite continued monitoring for influenza across Canada, there continues to be no evidence of community circulation of influenza. Given the time of year, influenza is expected to remain at interseasonal levels for the remainder of the 2020-2021 seasonal influenza surveillance period.
- Nationally, one laboratory detection of influenza was reported in weeks 25 to 29.
- In week 29, 11,369 participants reported to FluWatchers and 20 (0.18%) 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 at interseasonal levels. In the temperate zone of the southern hemisphere, influenza activity remained at interseasonal levels. In the Caribbean and Central American countries, there were no influenza detections reported. In tropical South America, no influenza detections were reported. In tropical Africa, a few influenza detections were reported in some countries in Western and Eastern Africa. In Southern Asia, a few influenza detections were reported from India and Nepal. In South East Asia, a few detections of Influenza A(H3) and Influenza B/Victoria were reported from the Philippines and Thailand. Worldwide, influenza B detections accounted for the majority of the low numbers of detections reported.

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 August 10, 2021, 1,443,433 cases of COVID-19 infection in Canada have been identified with 26,683 deaths. Two thousand four hundred and sixty cases (719 Variants of Concern) have been identified in New Brunswick with 47 deaths. As of August 11, the WHO reported globally 203 944 144 confirmed cases and 4 312 902 deaths.

For more timely updates, please visit the following websites:

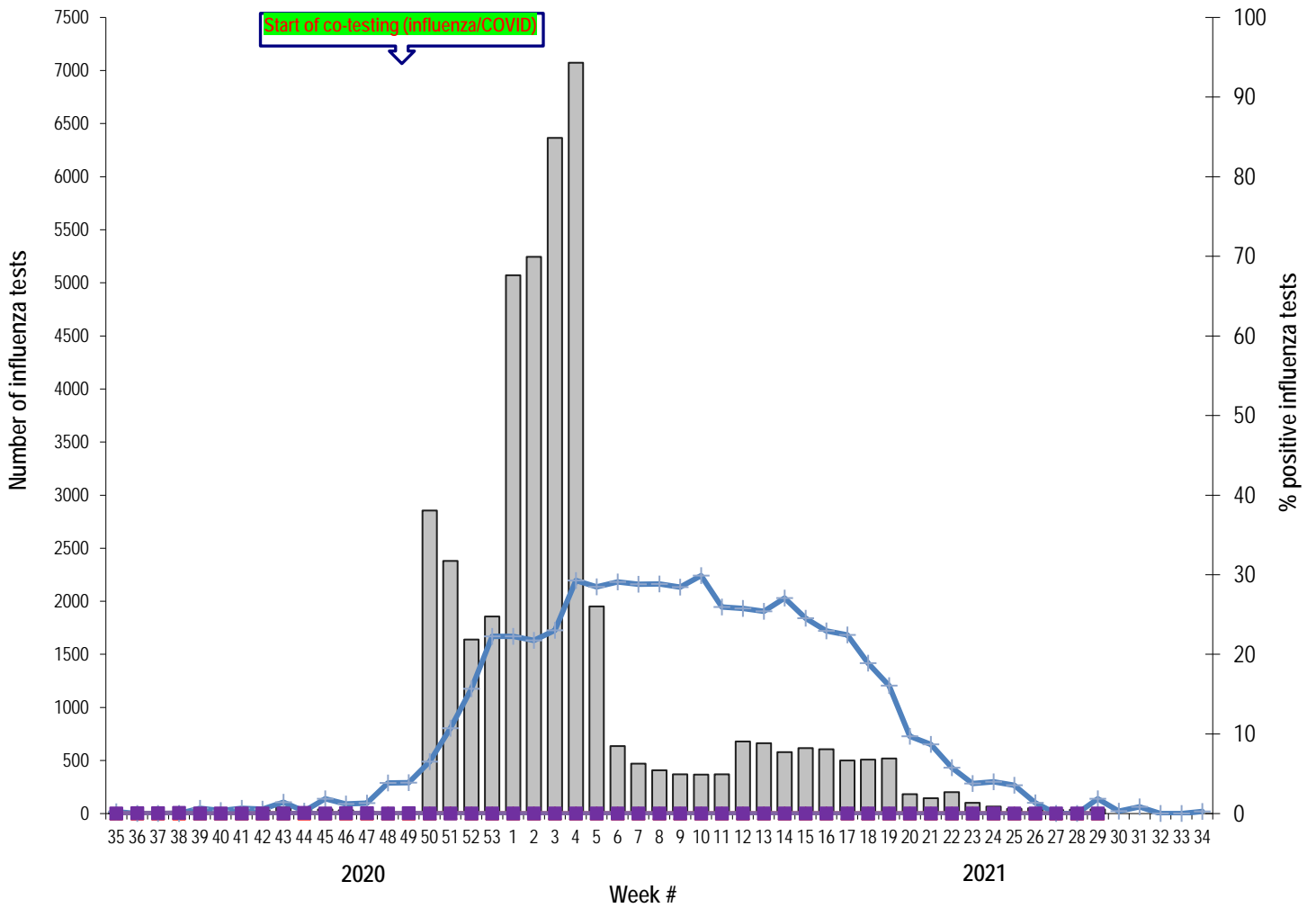
- WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- PHAC: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
- NB : https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html
- MERS CoV:
 - WHO: 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
- Avian Influenza:
 - WHO: www.who.int/csr/disease/avian_influenza/en/index.html

1) Influenza Laboratory Data¹

¹ 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 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.

- Influenza activity remained at inter-seasonal levels in weeks 25 to 29.
- No influenza cases were reported during weeks 25 to 29.
- Since the beginning of the season, 1 influenza case has been reported, an influenza B virus².

Graph 1: Number and percent of positive influenza specimens³ in New Brunswick by week, up to July 24, 2021 (data source: G. Dumont Lab results)



- Influenza B
- Influenza A (H3)
- Influenza A (H1N1)pdm09
- Influenza A (unsubtyped)
- Negative influenza tests
- ▲— % positive influenza tests NB 08/2020-08/2021
- +— % positive tests NB in previous non-pandemic seasons
- % positive tests in Canada 08/2020-08/2021

*The increase in influenza laboratory tests seen between week 50 and week 5 is due to a change in testing process (co-testing for influenza and COVID)

² This positive influenza detection is associated with recent live attenuated influenza vaccine receipt and does not represent community circulation of seasonal influenza viruses.

³ 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 levels⁴ by Health Zones, in New Brunswick, for week 29, season 2020/2021.



⁴ 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 July 24, 2021)

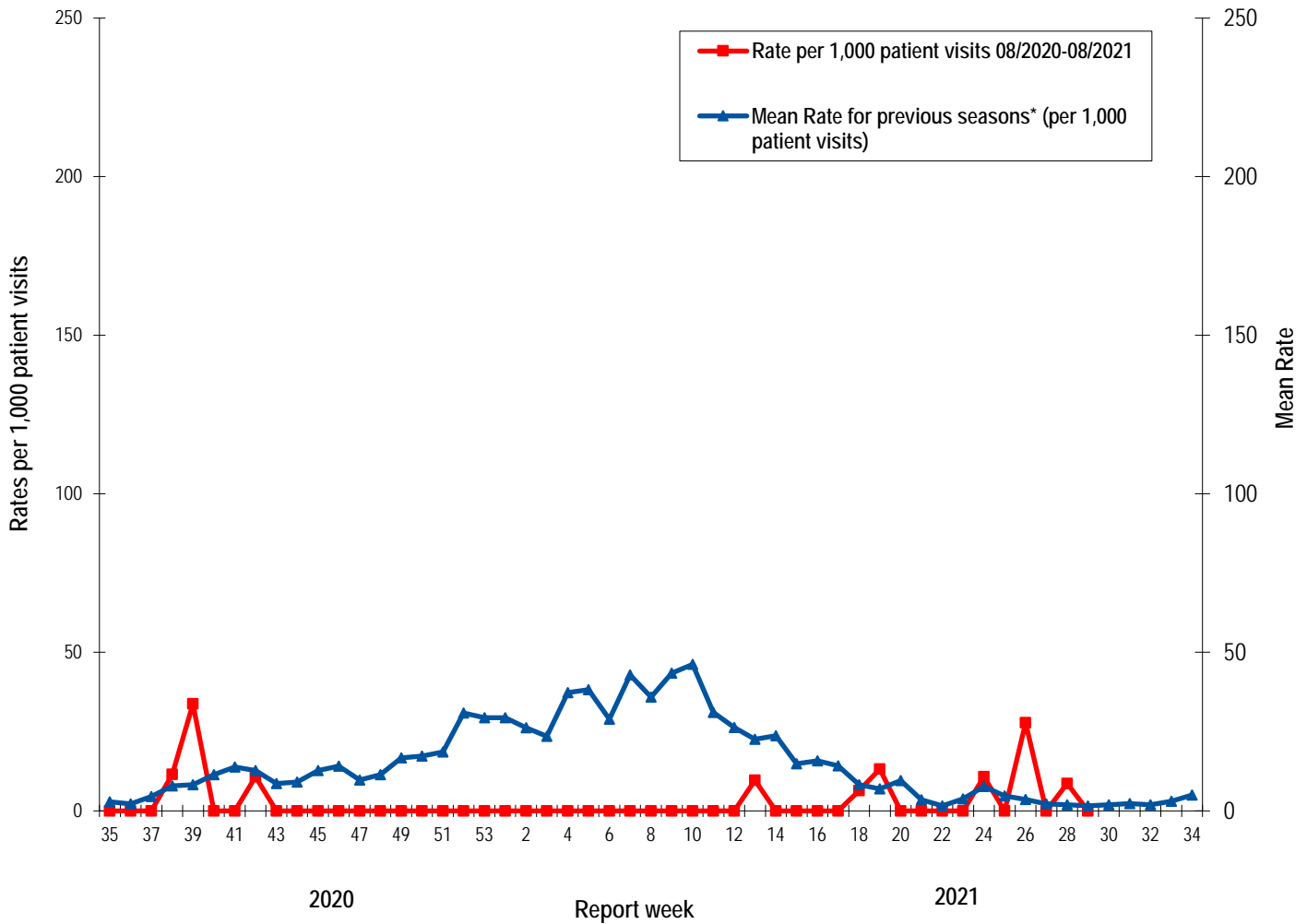
Zone	Reporting period: June/20/2021–July/24/2021						Cumulative: (2020/2021 season) Aug./23/2020 –July/24/2021						Cumulative: (2019/2020 season) Aug./25/2019 –Aug./22/2020					
	A				B	A & B co- infection	A				B	A & B co- infection	A				B	A & B co- infectio n
	A(H3)	(H1N1) pdm09	Unsubty ped/ Other	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	1*	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
Total NB	0	0	0	0	0	0	0	0	0	0	1*	0	30	69	860	959	1379	13

*This positive influenza detection is associated with recent live attenuated influenza vaccine receipt and does not represent community circulation of seasonal influenza viruses.

2) ILI Consultation Rates⁵

- The ILI consultation rate was 0.0 per 1,000 patients visits for weeks 25, 27 and 29, and was 27.8 and 8.6 per 1,000 patients visits in weeks 26 and 28, respectively. The ILI rate was within the expected levels for this time of year for most weeks but was higher than expected levels in week 26.
- During weeks 25 to 29, the sentinel response rate was between 15% and 23% 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).

⁵ 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.

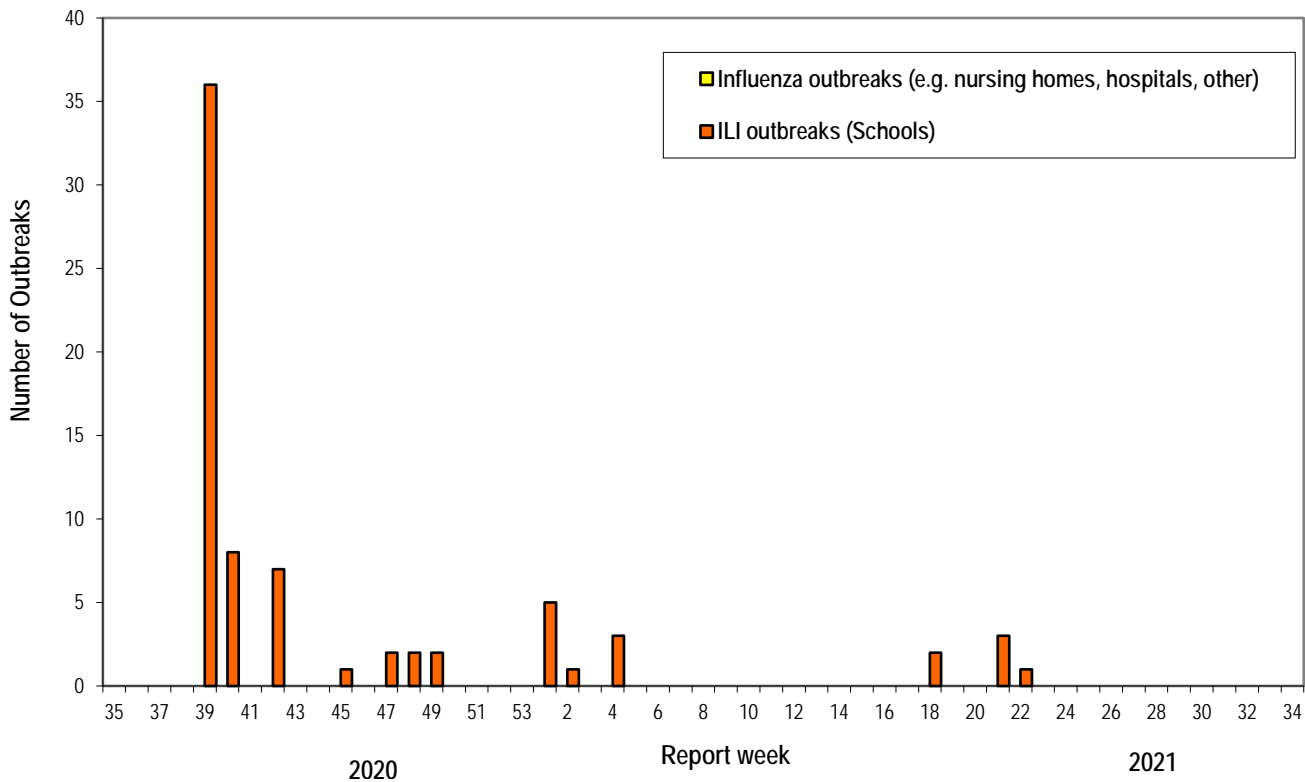
3) ILI and Laboratory-Confirmed Outbreak Data

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

	Reporting period: June/20/2021 to July/24/2021			Cumulative # of outbreaks season 2020-2021*
	Lab-confirmed outbreaks in Nursing homes ⁶	ILI school outbreaks ⁷ *	Lab-confirmed outbreaks in Other settings ⁴	
Zone 1	0 out of 15	0 out of 74	0	33
Zone 2	0 out of 16	0 out of 81	0	14
Zone 3	0 out of 16	0 out of 95	0	23
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
Total NB	0 out of 68	0 out of 352	0	72*

*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.

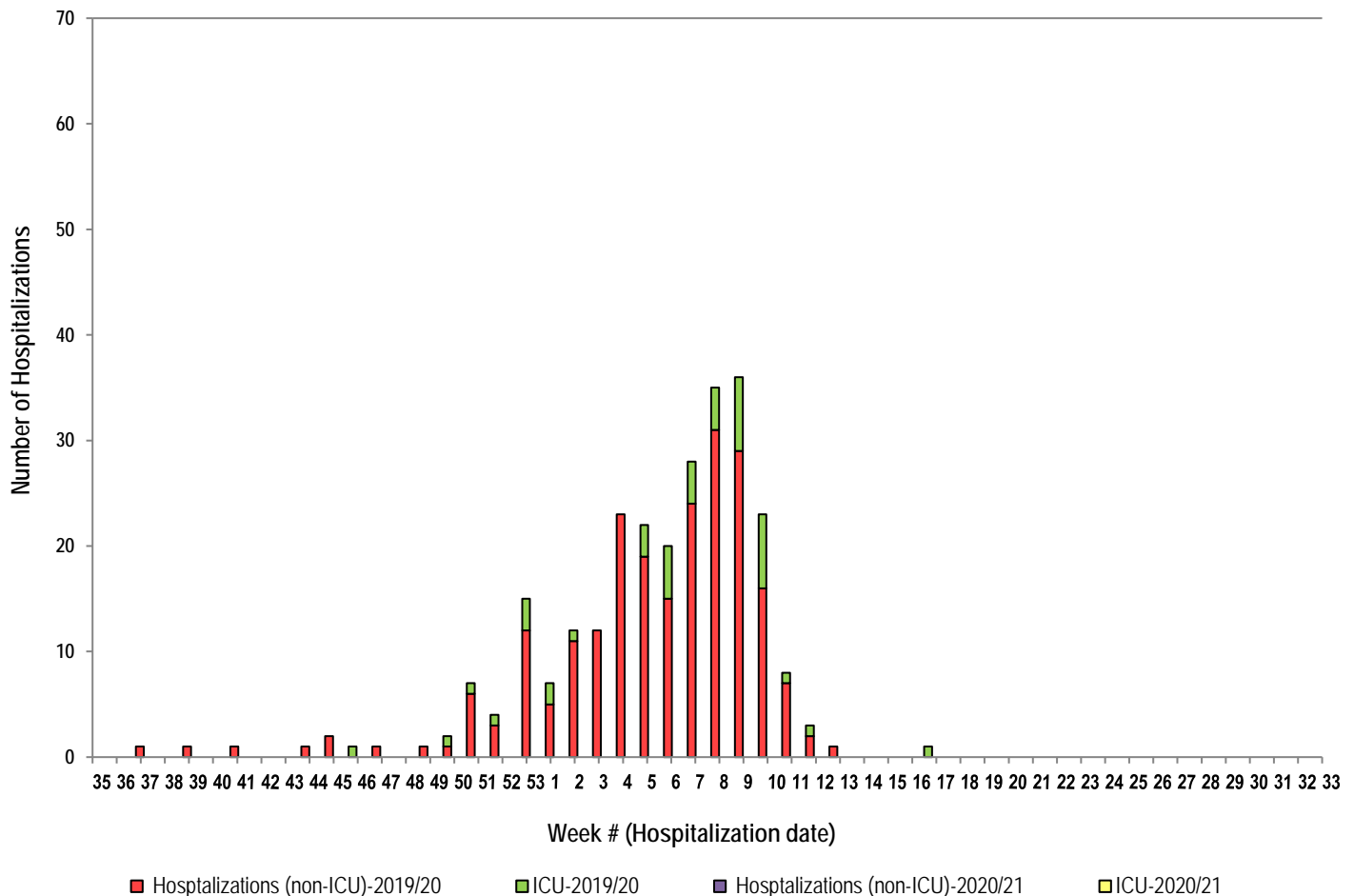


⁶ Two or more ILI cases within a seven-day period, including at least one laboratory-confirmed case of influenza. Outbreaks are reported in the week when laboratory confirmation is received.

⁷ Schools reporting greater than 10% absenteeism which is likely due to ILI.

4) Influenza associated Hospitalization⁸ and Death⁹ Surveillance¹⁰

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

Europe: 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

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

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

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

US: www.cdc.gov/flu/weekly/

Prepared by the Communicable Disease Control Unit, Office of the Chief Medical Officer of Health, Tel: (506) 444-3044

⁸ Hospitalizations (including ICU admissions) are influenza associated; they may or may not be due to influenza.

⁹ Deaths are influenza associated; influenza may not be the direct cause of death.

¹⁰ 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.