WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: November 13, 2011 – November 19, 2011 (week 46)

Summary

In New Brunswick, low influenza activity for week 46 and within expected levels

New Brunswick:

- There have been no positive influenza detections during week 46, consistent with baseline levels.
- The ILI consultation rate in week 46 was slightly higher than week 45 and is lower than the expected range for this time of year.
- No new ILI or influenza outbreaks were reported in week 46, consistent with baseline levels.

Canada:

- Influenza activity remains low. Five regions reported sporadic influenza activity (in BC, AB & QC), similar to the previous week.
- Ten influenza detections were reported in week 46, similar to the previous week.
- The ILI consultation rate declined in week 46 and remains low. No ILI or influenza outbreaks were reported in week 46.

International:

- United States: On November 20, 2011, the CDC confirmed 3 new cases of swine-origin triple reassortant influenza A(H3N2) virus infection in children in Iowa. None of the children were hospitalized and each has recovered from a mild episode of febrile respiratory illness. These cases have no known recent exposure to swine, unlike the previously reported swine-origin A (H3N2) cases this year where exposure to swine was identified in the patient or in a close contact. Limited human-to-human transmission of this novel influenza virus may have occurred in these children. There is no evidence of ongoing transmission among humans. No such infections have been reported in Canada.

1) Influenza Laboratory Data[1]

- Overall influenza activity remains low in week 46.
- No influenza detections were reported during that period.
- Since the beginning of the season, no positive influenza detections have been reported.

[1] Surveillance specimens are submitted by recruited New Brunswick Sentinel Practitioner Influenza Network (NB SPIN) practitioners, which are comprised of 7 sites in Emergency Rooms, 5 sites in Family Practice, 3 sites in First Nations communities, 1 site in a Nursing Home, 3 sites in Universities and 8 sites 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.

Graph 1: Number and percent of positive influenza specimens in New Brunswick, by week, up to November 19, 2011 (data source: G. Dumont lab results)

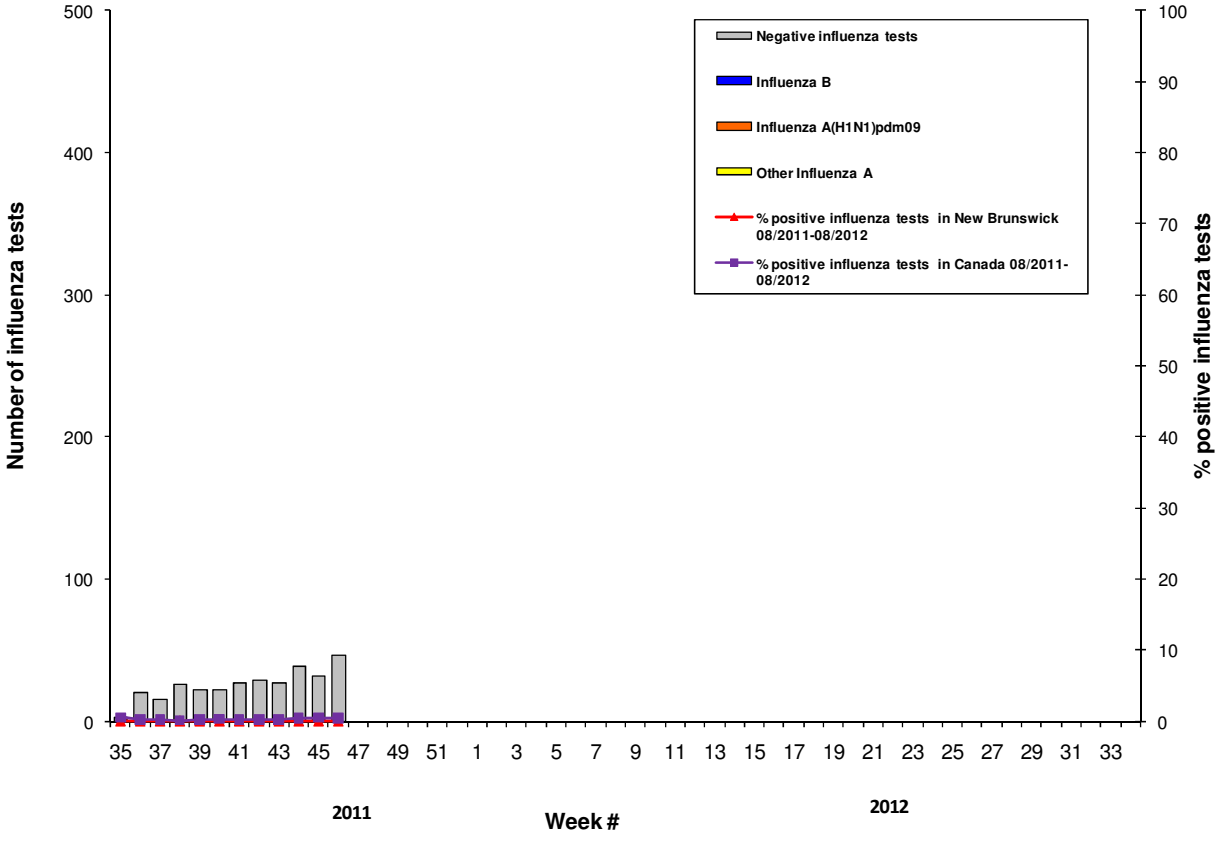


Table 1: Positive influenza test results by Health Region in New Brunswick up to November 19, 2011 (data source: G. Dumont lab results)

Region	Reporting period: November/13/2011–November/19/2011						Cumulative: (2011/2012 season) Aug./28/2011 –Nov./19/2011					Cumulative: (2010/2011 season) Aug./29/2010 – Aug./27/2011		
	Activity level[2]	A				B	A				B	A		B
		A(H1)	A(H3)	(H1N1) pdm09	unsubtyped		A(H1)	A(H3)	(H1N1) pdm09	unsubtyped		Non-pH1N1	pH1N1	
Region 1	No activity	0	0	0	0	0	0	0	0	0	0	433	56	29
Region 2	No activity	0	0	0	0	0	0	0	0	0	0	57	2	13
Region 3	No activity	0	0	0	0	0	0	0	0	0	0	112	16	19
Region 4	No activity	0	0	0	0	0	0	0	0	0	0	79	58	56
Region 5	No activity	0	0	0	0	0	0	0	0	0	0	26	3	1
Region 6	No activity	0	0	0	0	0	0	0	0	0	0	46	27	5
Region 7	No activity	0	0	0	0	0	0	0	0	0	0	32	3	3
Total NB		0	0	0	0	0	0	0	0	0	0	785	165	126

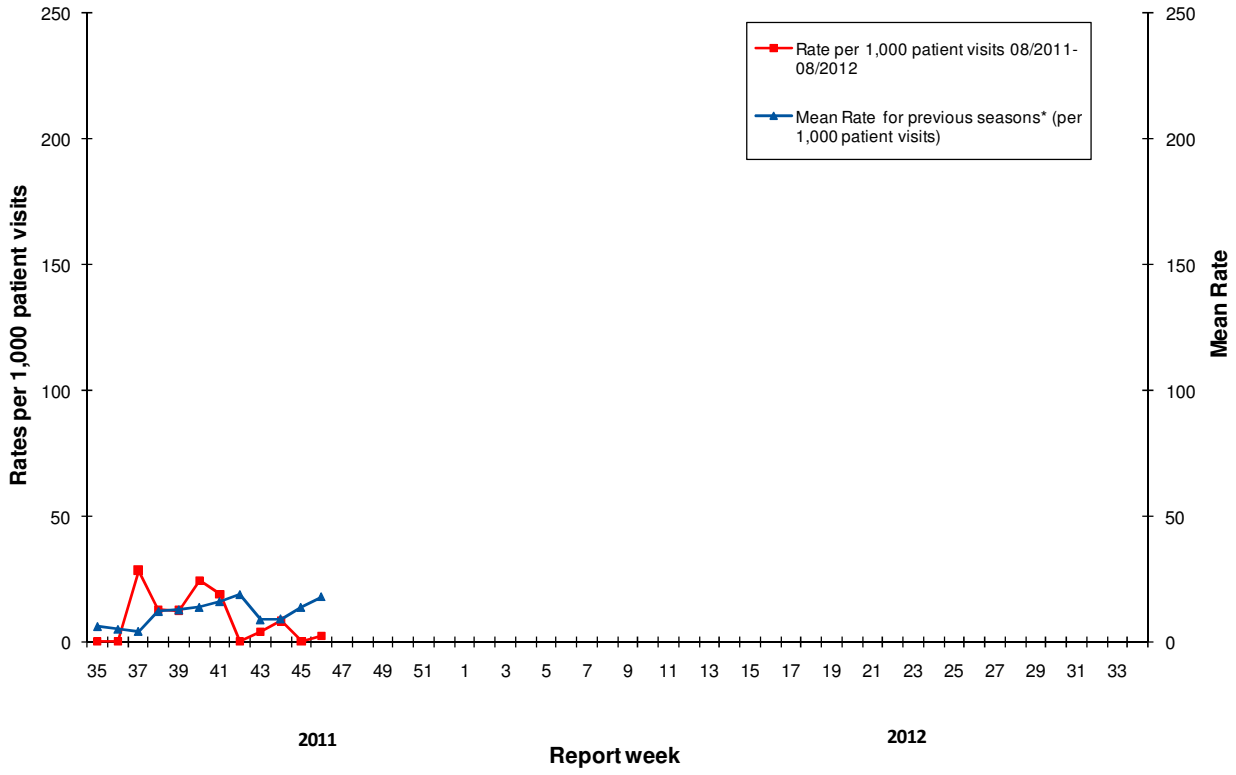
[2] Influenza activity level definition is available on the PHAC FluWatch website: http://www.phac-aspc.gc.ca/fluwatch/11-12/def11-12-eng.php

2) ILI Consultation Rates[3]

- During week 46, the ILI consultation rate was 2.6 consultations per 1,000 patient visits, a slightly higher rate than week 45 (0.0 consultations per 1,000 patient visits) and was below the expected levels for this time of year.

- During week 46, the sentinel response rate was 25% for the FluWatch sentinel physicians and 42% for the NB SPIN practitioners. (3 FluWatch and 8 NB SPIN)

Graph 2: ILI Consultation Rates in New Brunswick, by report week, season 2011/12 compared to previous seasons*



* The mean rate was based on data from the 1996/97 to 2010/2011 seasons and excludes the Pandemic season (2009-2010).

[3] A total of 31 practitioner sites (12 FluWatch sentinel physicians and 19 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

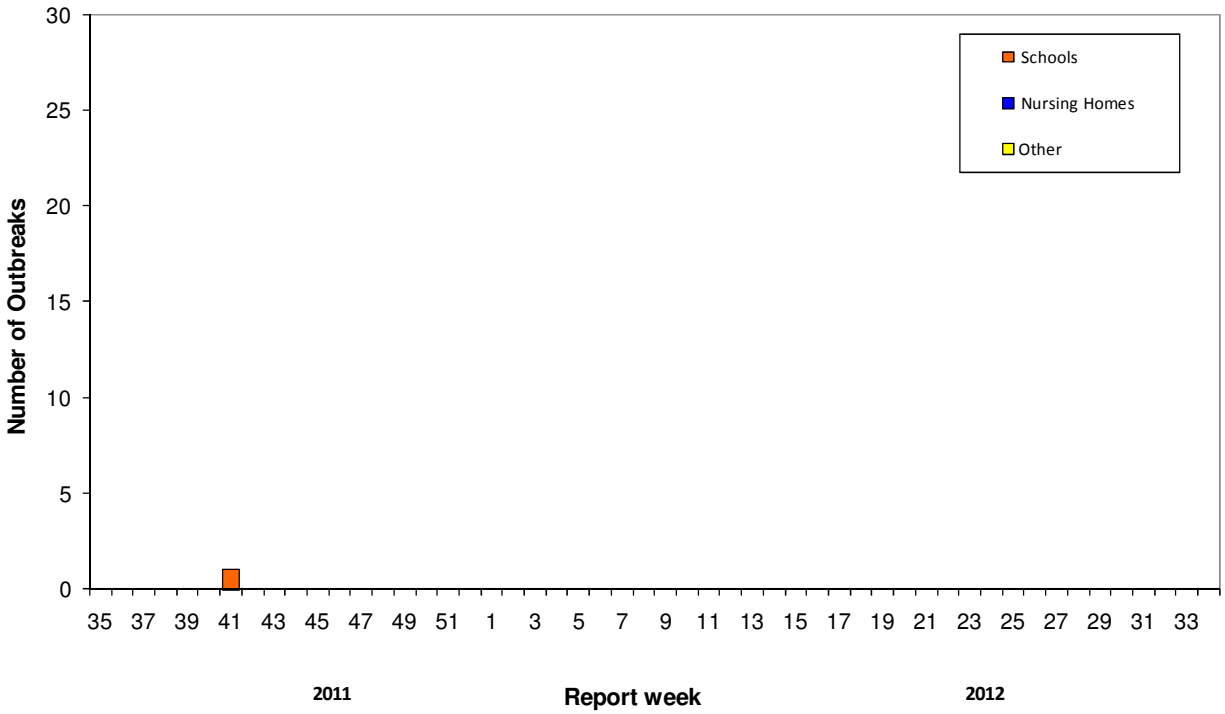
Table 2: ILI activity/outbreaks in New Brunswick nursing homes and schools for the reporting week, current and previous seasons.

	Reporting period: November/13/2011 –November/19/2011			Cumulative # of outbreaks season 2011-2012	Cumulative # of outbreaks season 2010-2011
	Lab-confirmed outbreaks in Nursing Homes*	Schools reporting ILI outbreaks**	Lab-confirmed outbreaks in Other Settings*		
Region 1	0 out of 13	0 out of 74	0	0	17
Region 2	0 out of 15	0 out of 81	0	0	21
Region 3	0 out of 14	0 out of 95	0	0	12
Region 4	0 out of 6	0 out of 22	0	0	12
Region 5	0 out of 2	0 out of 18	0	0	17
Region 6	0 out of 9	0 out of 35	0	0	10
Region 7	0 out of 4	0 out of 27	0	1	22
Total NB	0 out of 63	0 out of 352	0	1	111

*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.

**Schools reporting greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or Public Health Authority) which is likely due to ILI.

Graph 3: Number of Influenza Outbreaks in Nursing Homes[1] and ILI Outbreaks in Schools[2] reported to Public Health in New Brunswick, by report week, season 2011/12.



[1] The National FluWatch definition of an outbreak in a nursing home is stated as two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case.
[2] The National FluWatch definition of an ILI outbreak in a school is stated as absenteeism greater than 10% (or absenteeism that is higher (e.g.>5-10%) than expected level as determined by school or Public Health Authority) which is likely due to ILI.

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: www.phac-aspc.gc.ca/fluwatch/index.html

Other Links:
World- http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html
Europe: http://www.euroflu.org/cgi-files/bulletin_v2.cgi and 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/archivos/INFORME%20INFLUENZA%20PANDÉMICA%20_H1N1_%2005-08-2009.pdf
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