

## WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: September 8 to September 21 2013 (weeks 37 & 38)

### Summary:

### Influenza activity at typical inter-seasonal levels in New Brunswick

### **New Brunswick:**

- There have been no positive influenza detections during weeks 37 & 38.
- The ILI consultation rate was low and was within the expected levels for both weeks.
- No new influenza or ILI outbreaks were reported.

### Canada:

- Influenza activity in Canada remained at inter-seasonal levels during this 2-week period.
- 7 laboratory detections of influenza were reported, proportion of positive tests was 0.3% in week 37 and 0.2% in week 38.
- The ILI consultation rate was stable in recent weeks, with a slight increase seen in week 38. No new influenza outbreaks were reported in weeks 37 or 38.

#### International:

- <u>Human infection with Avian Influenza:</u> As of September 30 2013, the WHO reported a total of 135 laboratory-confirmed cases of human infection with an avian influenza A (H7N9) virus in China including 44 deaths. Disease onset was between February 19 and July 27 2013. There is no evidence of sustained human-to-human transmission.
- MERS-CoV: Since April 2012, 130 laboratory-confirmed cases have been reported from Saudi Arabia, Qatar, Jordan, United Arab Emirates, United Kingdom, France, Germany, Tunisia and Italy. Among the 130 cases, 58 were fatal. Onset of illness was between April 2012 and September 2013.
- Novel influenza A virus in the US: So far this year, the United States reported 20 new cases of human infection with variant influenza A viruses (18 H3N2v and 2 H1N1v) from Illinois, Indiana, Ohio, Michigan and Arkansas. No human-to-human transmission has been identified. All have reported close contact with swine.

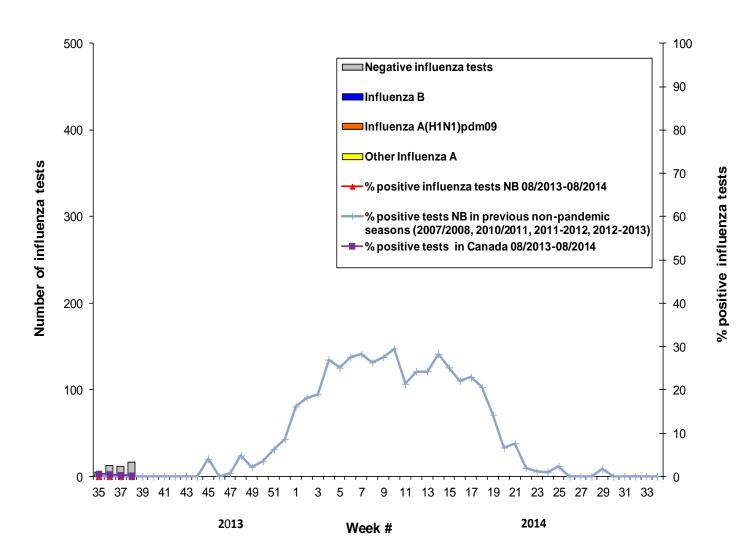
Note: Bi-weekly reports will continue until October 11, 2013.

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

- Influenza activity remained at inter-seasonal levels.
- No influenza detections were reported during that period.
- Since the beginning of the season, no positive influenza detections have been reported.

Surveillance specimens are submitted by recruited New Brunswick Sentinel Practitioner Influenza Network (NB SPIN) practitioners, which are comprised of 8 sites in Emergency Rooms, 3 sites in Family Practice, 2 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.

<u>Graph 1</u>: Number and percent of positive influenza specimens in New Brunswick, by week, up to September 21 2013 (data source: G. Dumont lab results)



<u>Table 1</u>: Positive influenza test results by Health Region in New Brunswick up to September 21 2013 (data source: G. Dumont lab results)

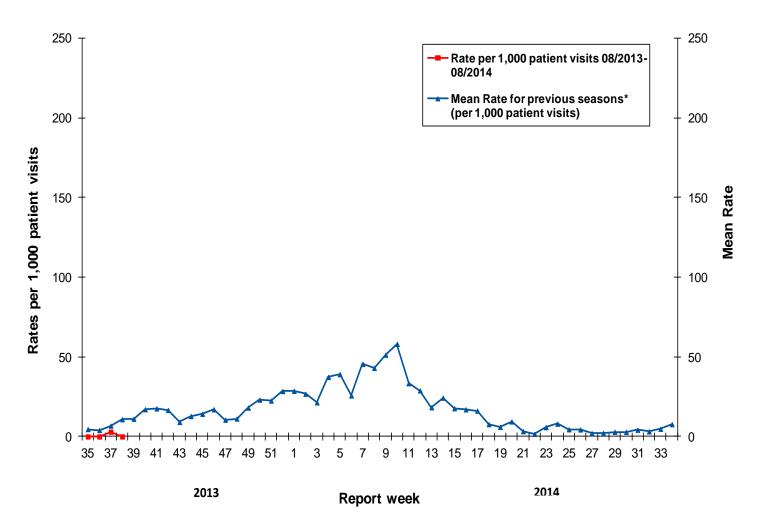
Region	Reporting period: Sep./08/2013-Sep./21/2013						Cumulative: (2013/2014 season)  Aug./25/2013 –Sep./21/2013					Cumulative: (2012/2013 season) Aug./26/2012 – Aug./24/2013					
																	А
	Activity level <sup>2</sup>	A(H1)	A(H3)	(H1N1) pdm09	unsubt yped		Total	A(H1)	A(H3)	(H1N1) pdm09	unsubt yped		Total	Non- (H1N1) pdm09	(H1N1) pdm09		Total
	Region 1	No activity	0	0	0	0	0	0	0	0	0	0	0	0	527	13	18
Region 2	No activity	0	0	0	0	0	0	0	0	0	0	0	0	211	3	8	222
Region 3	No activity	0	0	0	0	0	0	0	0	0	0	0	0	85	9	1	95
Region 4	No activity	0	0	0	0	0	0	0	0	0	0	0	0	168	5	3	176
Region 5	No activity	0	0	0	0	0	0	0	0	0	0	0	0	20	1	7	28
Region 6	No activity	0	0	0	0	0	0	0	0	0	0	0	0	252	5	50	307
Region 7	No activity	0	0	0	0	0	0	0	0	0	0	0	0	89	2	11	102
Total NB		0	0	0	0	0	0	0	0	0	0	0	0	1352	38	98	1488

 $<sup>^2 \</sup> Influenza \ activity \ level \ definition \ is \ available \ on \ the \ PHAC \ FluWatch \ website: \ \underline{http://www.phac-aspc.gc.ca/fluwatch/13-14/def13-14-eng.php}$ 

## 2) ILI Consultation Rates<sup>3</sup>

- During weeks 37 & 38, the ILI consultation rate was 3.0 and 0.0 consultations per 1,000 patient visits, respectively, and was within the expected levels.
- During weeks 37 & 38, the sentinel response rate was 38% and 24%, respectively, for both the FluWatch sentinel physicians and the NB SPIN practitioners.

<u>Graph 2</u>: ILI Consultation Rates in New Brunswick, by report week, season 2013/14 compared to previous seasons\*



<sup>\*</sup> The mean rate was based on data from the 1996/97 to 2012/2013 seasons and excludes the Pandemic season (2009-2010).

<sup>&</sup>lt;sup>3</sup> A total of 34 practitioner sites (19 FluWatch sentinel physicians and 15 NB SPIN sites) are recruited this season to report the number of ILI patients and total patient consultations one day during a reporting week.

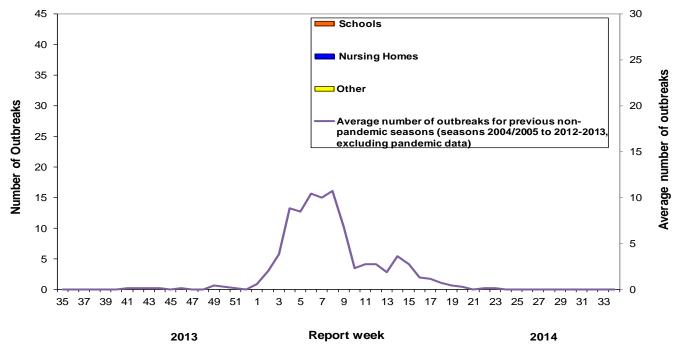
# 3) ILI and Laboratory-Confirmed Outbreak Data

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

	Se	Reporting period: ep./08/2013–Sep./21/20	Cumulative # of	Cumulative # of outbreaks		
	Lab-confirmed outbreaks in Nursing Homes*	Schools reporting ILI outbreaks**	Lab-confirmed outbreaks in Other Settings*	outbreaks season 2013-2014	season 2012-2013	
Region 1	0 out of 13	0 out of 74	0	0	15	
Region 2	0 out of 15	0 out of 81	0	0	38	
Region 3	0 out of 14	0 out of 95	0	0	20	
Region 4	0 out of 6	0 out of 22	0	0	2	
Region 5	0 out of 2	0 out of 18	0	0	6	
Region 6	0 out of 9	0 out of 35	0	0	23	
Region 7	0 out of 4	0 out of 27	0	0	10	
Total NB	0 out of 63	0 out of 352	0	0	114	

<sup>\*</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.

Graph 3: Number of Influenza Outbreaks in Nursing Homes<sup>1</sup> and ILI Outbreaks in Schools<sup>2</sup> reported to Public Health in New Brunswick, by report week, season 2013/14.



<sup>&</sup>lt;sup>1</sup> 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.

The National FluWatch definition of an ILI outbreak in a school is stated as absenteeism greater than 10% (or absenteeism that

<sup>\*\*</sup>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.

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: 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.euroflu.org/cgi-files/bulletin\_v2.cgi and

http://www.ecdc.europa.eu/en/healthtopics/seasonal\_influenza/epidemiological\_data/Pages/Weekly\_Influenza\_Surveillance\_Overview.a

spx

PAHO: <a href="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</a>]

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

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

Argentina: : <a href="http://www.msal.gov.ar/">http://www.msal.gov.ar/</a> South Africa: <a href="http://www.nicd.ac.za/">http://www.nicd.ac.za/</a> US: <a href="http://www.nicd.ac.za/">www.cdc.gov/flu/weekly/</a>

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