

2012-2013 Influenza Surveillance Update of Current Status and Issues

December 18, 2012

Between December 11 and the end of day on December 17, a total of 38 new laboratory-confirmed cases of influenza have been reported to the Middlesex-London Health Unit, all of them influenza A. Fifteen hospitalizations were reported among these cases, with no deaths reported. However, it should be noted that the reporting of deaths may be incomplete. Four new influenza A outbreaks were declared in long-term care/retirement homes, bringing the total number of influenza outbreaks in facilities to eight; seven in long-term care/retirement homes and one in an acute care hospital. Ten of the 38 newly reported cases are associated with influenza outbreaks in these facilities, and four reside in residential settings where an influenza outbreak has not been declared.

As of Monday December 17, 2012, a total of 110 laboratory-confirmed influenza A cases and one influenza B case were reported in Middlesex-London. Thirty-eight of the reported influenza A cases have been subtyped as human influenza A(H3) and one has been subtyped as influenza A(H1N1)pdm09. Influenza immunization status of the newly reported cases is unavailable at this time due to the high volume of cases to follow up.

Public Health Ontario reported that in Ontario, influenza activity continued to increase for the week of December 2 to 8, 2012, and was highest in the South West region of the province, followed by the Central West region. This continues to be driven by influenza A activity. The dominant circulating subtype of influenza A seen to date this season is H3N2.

In Canada, since the beginning of September, 71 influenza viruses have been antigenically characterized. Fifty-one influenza A(H3N2) viruses were similar to A/Victoria/361/2011 and ten A(H1N1)pdm09 viruses were similar to A/California/07/09. Seven B viruses were similar to B/Wisconsin/01/2010 and three were similar to B/Brisbane/60/2008. The components of the 2012/2013 influenza vaccine are A/California/7/2009-like virus (an H1N1pdm09-like virus), A/Victoria/361/2011 (H3N2)-like virus, and B/Wisconsin/1/2010-like virus.

It is very important to continue to promote the influenza vaccine for your patients, residents and staff. Influenza vaccinations will continue to be available at the Health Unit's Walk-in Immunization Clinics, which take place as follows:

50 King Street, London

- Monday, Wednesday and Friday – 9:00 am to 4:00 pm
- First and third Wednesday of each month – 9:00 am to 7:00 pm

Holiday hours:

- Monday December 24 – 9:00 am to 11:30 am
- Wednesday December 26 – Closed
- Friday December 28 – 9:00 am to 4:00 pm
- Monday December 31 – 9:00 am to 11:30 am
- Wednesday January 2 – 9:00 am to 7:00 pm
- Friday January 4 – 9:00 am to 4:00 pm

Kenwick Mall, Strathroy

- First Tuesday of each month – 3:30 pm to 7:30 pm

Holiday hours:

- Tuesday January 1 – Closed
- Tuesday January 8 – 3:30 pm to 7:30 pm

Influenza vaccinations are also available at some health care providers' offices and at some pharmacies. Additional information about where influenza vaccinations are offered can be found on the Health Unit website at <http://www.healthunit.com/article.aspx?ID=10920>.

Precautions to prevent the spread of influenza are provided on page 3 of this report.

Please note that the next influenza surveillance report that will be issued in 2013. Until then, we wish you a happy, healthy and hopefully flu-free holiday season!

Appendix A
Summary of Community Influenza Surveillance Indicators
December 18, 2012

There is significant influenza activity in Middlesex-London, which continues to increase from previous weeks.

Indicator	Recent trends / data	Comments
Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness	Increased	From December 9 – 15, an average of 13.1% of patients at London Health Sciences Centre (LHSC) emergency departments and the St. Joseph's Health Care (SJHC) urgent care centre presented with a fever and respiratory symptoms. This is an increase compared to 12.2% from the previous week. The proportion was highest at the paediatric emergency department, where 32.8% of patients presented with a fever and respiratory symptoms. This is comparable to 32.7% from the previous week.
Absence reports from elementary schools (i.e., absenteeism > 10%)	Increased and high	From December 10 – 14, 25 elementary schools in the two main English public school boards reported a 5-day average absenteeism exceeding 10%. This number is greater than the previous week, when 19 elementary schools reported a 5-day average absenteeism exceeding 10%. Several schools continue to report absenteeism due to influenza-like illness, as well as Norovirus-like illness, which causes diarrhea and vomiting.
Laboratory-confirmed cases	Increased and high	From December 11 – 17, 38 laboratory-confirmed influenza cases have been reported, all influenza A. This includes ten cases associated with influenza outbreaks in long-term care homes and four cases that live in residential settings where influenza outbreaks have not been declared. Since the beginning of the surveillance season on September 1, a total of 111 laboratory confirmed influenza (110 Influenza A and one influenza B) cases have been reported to the Health Unit.
Hospitalizations	High, but comparable to previous week	Since the previous report, 15 people with laboratory-confirmed influenza were reported to be hospitalized. To date, 56 people with laboratory-confirmed influenza were hospitalized.
Deaths		No deaths were newly reported among cases with laboratory confirmed influenza. To date, three deaths have been reported among cases with laboratory-confirmed influenza. However, it should be noted that the reporting of deaths may be incomplete.
Influenza outbreaks in long-term care homes/acute care	Increased	Between December 11 – 17, four new influenza A outbreaks were declared in long-term care homes. To date, eight influenza A outbreaks have been reported, seven in long-term care/retirement homes and one in an acute care hospital.
Sentinel X-ray provider reports regarding newly identified bronchopneumonia cases	Increased	From December 10 – 15, 5.1% of chest x-rays performed by the sentinel x-ray provider were newly diagnosed bronchopneumonia cases. This is an increase compared to 4.0% from the previous week.
Percentage of Ontario laboratory samples that are positive for influenza	Increased and high for influenza A	In Ontario, from December 2 – 8, 289 of 1,585 tests were positive for influenza A (18.23% positivity) and 9 of 1,585 tests were positive for influenza B (0.57% positivity). Compared to the previous week, this represents an increase of 6.17% in percent positivity for influenza A. Influenza A had the highest percent positivity among all circulating respiratory viruses.

Measures to Prevent the Spread of Influenza and other Seasonal Viruses, Including Norovirus

- Get vaccinated against influenza – it is not too late to get your flu shot.
- Stay home if you are sick. Individuals who work as food handlers, health care providers or child care workers who have diarrhea and/or vomiting should stay at home until at least 48 hours have passed from their last episode of diarrhea or vomiting.
- Clean hands frequently using soap and water or alcohol-based hand sanitizers. Alcohol-based hand sanitizers should contain 70-90% alcohol. Hands should be cleaned after using the washroom, after changing diapers, after shaking hands and before preparing and eating food.
- If you have diarrhea or vomiting, do not prepare food for others for at least 48 hours after the last episode.
- Clean frequently-touched surfaces often. When cleaning up vomit or diarrhea, thoroughly clean the area with detergent and water, removing all debris, then disinfect with a 1:50 bleach solution if the object being cleaned will tolerate it. Discard or wash all clean-up materials then wash hands thoroughly.