

**WEEKLY NEW BRUNSWICK INFLUENZA REPORT**  
Reporting period: July 31, 2011 – August 13, 2011 (weeks 31 & 32)

**Summary**

**In New Brunswick, low influenza activity for weeks 31 & 32 and within expected levels**

**New Brunswick:**

- There have been no positive influenza detections during weeks 31 & 32, consistent with baseline levels.
- The ILI consultation rate in week 32 was lower than week 31 and within the expected range for this time of year.
- No ILI or influenza outbreaks were reported in weeks 31 & 32, consistent with baseline levels.

**Canada:**

- Overall, influenza activity is at baseline inter-seasonal levels with very few detections of influenza in weeks 31 & 32. Only one or two regions reported sporadic influenza activity in weeks 31 & 32, similar to week 30.
- Four influenza detections were reported in weeks 31 & 32, similar to week 30.
- The ILI consultation rate was low but within seasonal range. No outbreaks were reported in weeks 31 & 32.

**Note: While influenza surveillance continues to be monitored weekly at provincial and national levels, reporting will occur on a biweekly basis during the summer season.**

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

- Overall influenza activity remains low in weeks 31 & 32.
- No influenza detections were reported during the two week period.
- Since the beginning of the season, 88% of the positive influenza detections have been influenza A and 12% have been influenza B. Of the influenza A detections, 63% have been A (H3), 15% have been A (pH1N1).

<sup>1</sup> Surveillance specimens are submitted by recruited New Brunswick Sentinel Practitioner Influenza Network (NB SPIN) practitioners, which are comprised of 1 site in Urgent Care, 8 sites in Emergency Rooms, 6 sites in Family Practice, 3 sites in First Nations communities, 1 site in a Nursing Home, 4 sites in Universities and 9 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 August 13, 2011 (data source: G. Dumont lab results)

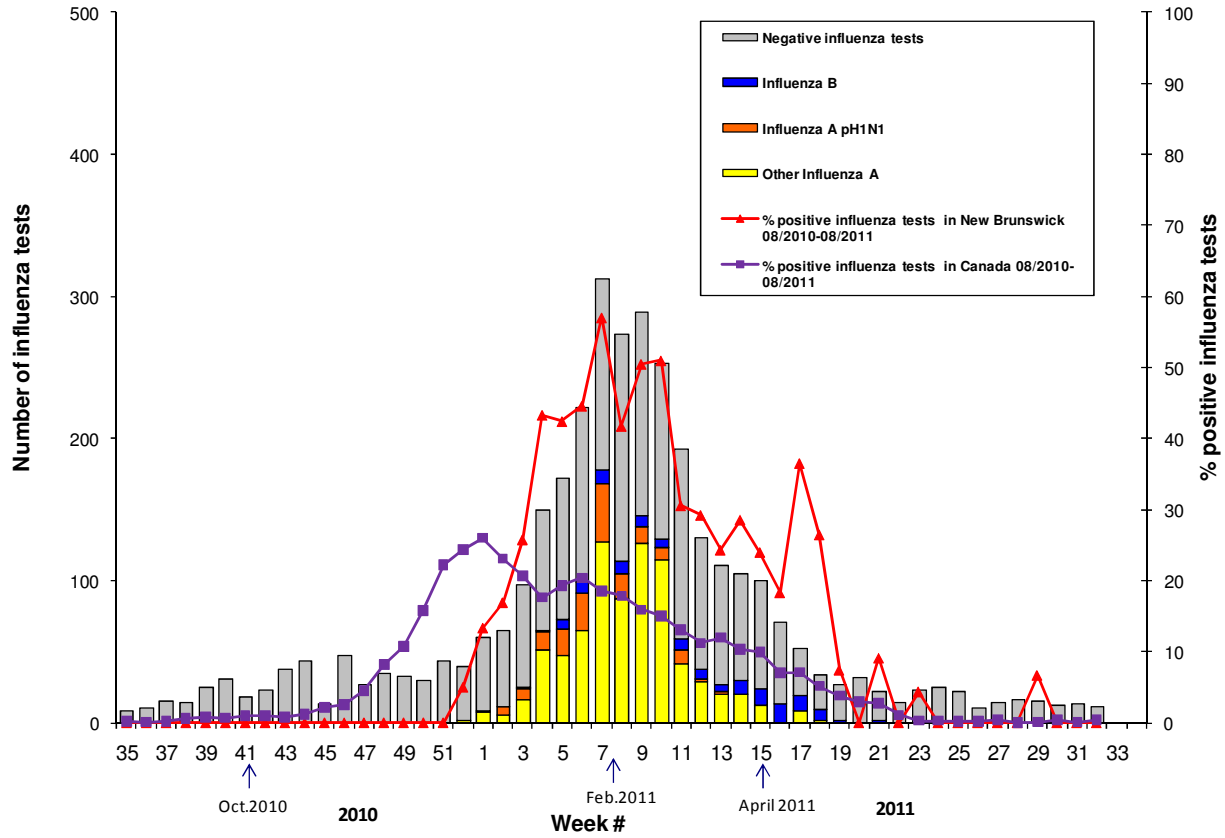


Table 1: Positive influenza test results by Health Region in New Brunswick up to August 13, 2011 (data source: G. Dumont lab results)

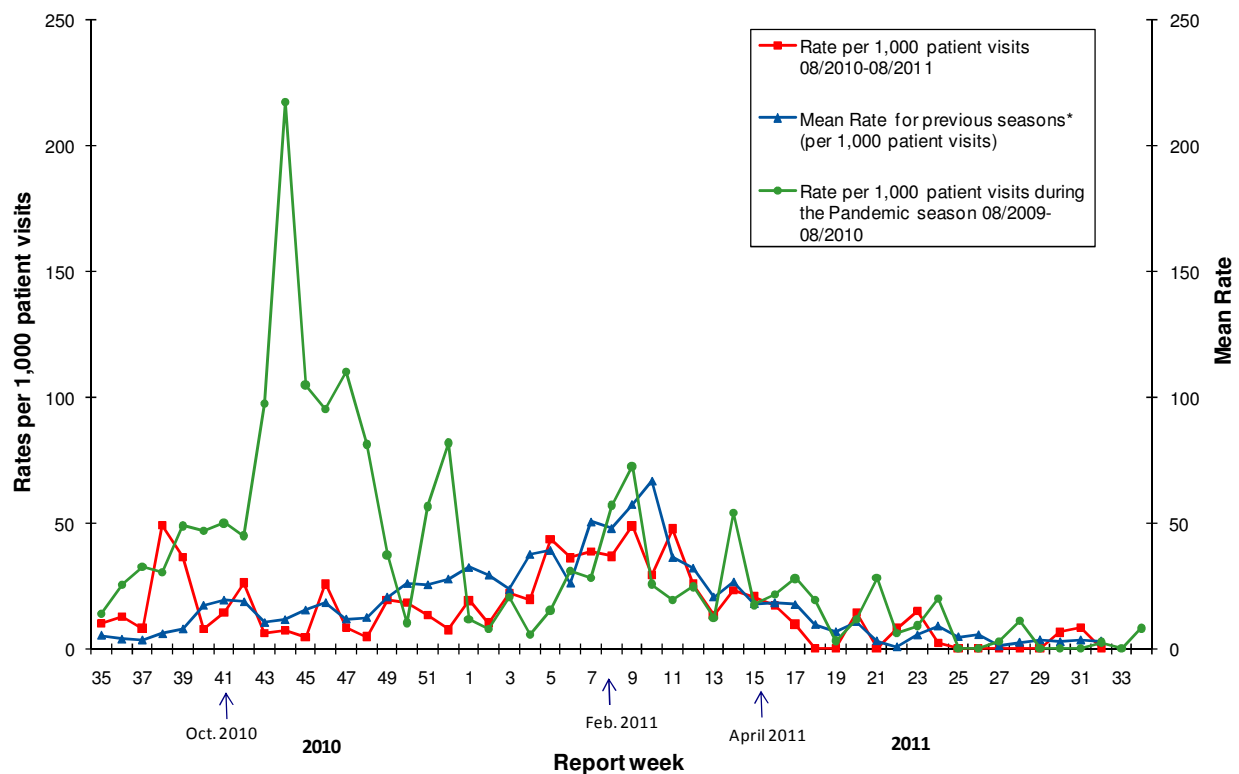
Region	Reporting period: July/31/2011–August /13/2011						Cumulative: (2010/2011 season) Aug./29/2010 –Aug./13/2011					Cumulative: (2009/2010 season) Aug./30/2009 – Aug./28/2010		
	Activity level <sup>2</sup>	A				B	A				B	A		B
		A(H1)	A(H3)	pH1N1	unsubt yped		A(H1)	A(H3)	pH1N1	unsubt yped		Non-pH1N1	pH1N1	
Region 1	No activity	0	0	0	0	0	0	381	56	52	29	2	793	0
Region 2	No activity	0	0	0	0	0	0	48	2	9	13	0	292	1
Region 3	No activity	0	0	0	0	0	0	87	16	25	19	1	221	0
Region 4	No activity	0	0	0	0	0	0	68	58	11	56	0	290	0
Region 5	No activity	0	0	0	0	0	0	21	3	5	1	0	96	0
Region 6	No activity	0	0	0	0	0	0	39	27	7	5	0	114	0
Region 7	No activity	0	0	0	0	0	0	30	3	2	3	0	68	0
Total NB		0	0	0	0	0	0	674	165	111	126	3	1874	1

<sup>2</sup> Influenza activity level definition is available on the PHAC FluWatch website: <http://www.phac-aspc.gc.ca/fluwatch/08-09/def08-09-eng.php>

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

- During week 32, the ILI consultation rate was 0.0 consultations per 1,000 patient visits, a lower rate than week 31 (8.4 consultations per 1,000 patient visits) and within the expected levels for this time of year.
- During week 32, the sentinel response rate was 40% for the FluWatch sentinel physicians and 41% for the NB SPIN practitioners. (6 FluWatch and 9 NB SPIN)

**Graph 2:** ILI Consultation Rates in New Brunswick, by report week, season 2010/11 compared to previous seasons\*



\* The mean rate was based on data from the 1996/97 to 2008/2009 seasons and excludes the Pandemic season (2009-2010).

<sup>3</sup> A total of 37 practitioner sites (15 FluWatch sentinel physicians and 22 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

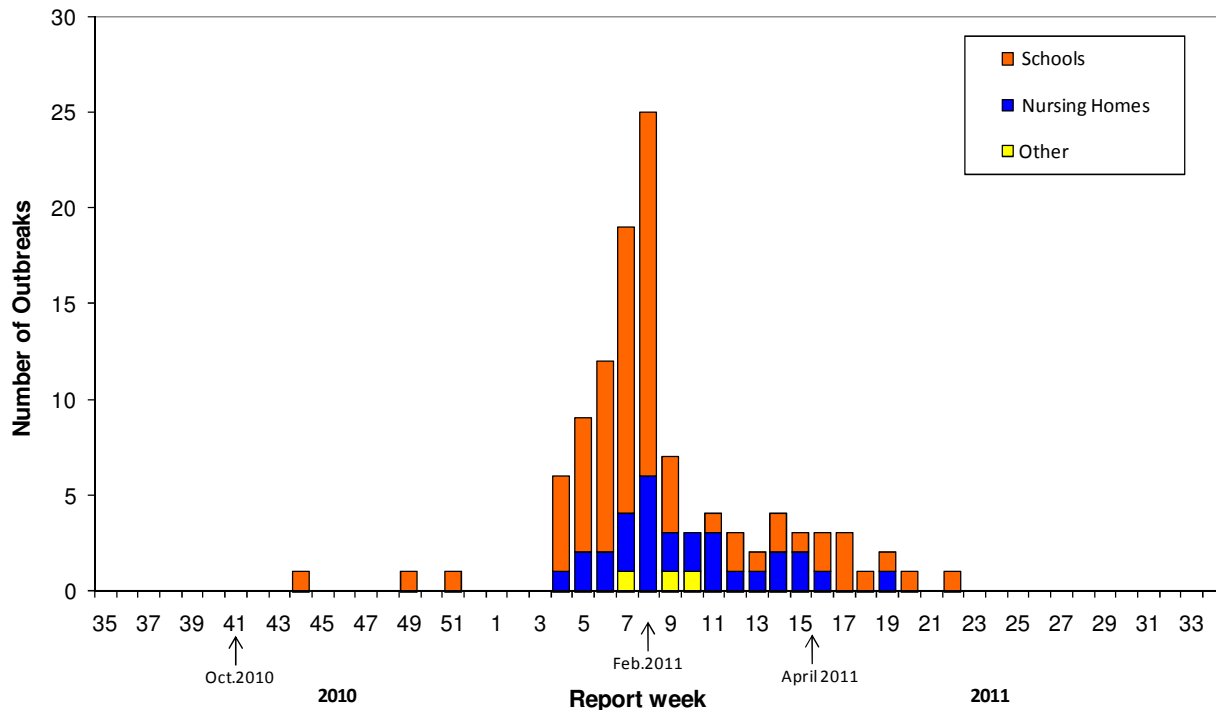
Table 2: ILI activity/outbreaks in New Brunswick nursing homes and schools for the reporting week, current and previous seasons.

	Reporting period: July/31/2011 –August/13/2011			Cumulative # of outbreaks season 2010-2011	Cumulative # of outbreaks season 2009-2010
	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	17	16
Region 2	0 out of 15	0 out of 81	0	21	49
Region 3	0 out of 14	0 out of 95	0	12	38
Region 4	0 out of 6	0 out of 22	0	12	9
Region 5	0 out of 2	0 out of 18	0	17	5
Region 6	0 out of 9	0 out of 35	0	10	2
Region 7	0 out of 4	0 out of 27	0	22	11
Total NB	0 out of 63	0 out of 352	0	111	130

\*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<sup>1</sup> and ILI Outbreaks in Schools<sup>2</sup> reported to Public Health in New Brunswick, by report week, season 2010/11.**



<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.

<sup>2</sup> 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](http://www.phac-aspc.gc.ca/fluwatch/index.html)

**Other Links:**

World- [http://www.who.int/csr/disease/influenza/latest\\_update\\_GIP\\_surveillance/en/index.html](http://www.who.int/csr/disease/influenza/latest_update_GIP_surveillance/en/index.html)

Europe: [http://www.euroflu.org/cgi-files/bulletin\\_v2.cgi](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](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/archivos/INFORME%20INFLUENZA%20PANDÉMICA%20\\_H1N1\\_%2005-08-2009.pdf](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/](http://www.cdc.gov/flu/weekly/)