

## WEEKLY NEW BRUNSWICK INFLUENZA REPORT

Reporting period: February 19 to February 25 2017 (week 8)

### Summary:

#### In New Brunswick, influenza activity gradually increased in the last few weeks

##### New Brunswick:

- There have been 107 positive influenza detections in week 8. To date this season, 544 influenza detections have been reported, 102 influenza A (H3), 438 influenza A (unsubtyped), 1 influenza A (H1N1)pdm09 and 3 influenza B.
- There have been 12 influenza associated hospitalizations during week 8. So far this season, 155 influenza associated hospitalizations were reported with 7 deaths.
- The ILI consultation rate was 0.0 consultations per 1,000 patients visits, and was lower than the expected levels for this time of year.
- No new influenza or ILI outbreaks were reported in week 8.

##### Canada:

- Overall, the decline in influenza activity in Canada has been slow compared to previous seasons. Many parts of Canada are still reporting elevated activity.
- Widespread or localized influenza activity was reported in 29 regions across 11 provinces.
- The percentage of tests positive for influenza has remained relatively stable for the past 6 weeks (from 23% to 25% of tests positive for influenza).
- Fifty-seven laboratory confirmed outbreaks were reported in week 8 (up from 54 in the previous week), with the majority occurring in long-term care facilities and due to influenza A.
- The number of hospitalizations reported by participating provinces and territories decreased.
- The majority of laboratory detections, hospitalizations and deaths have been among adults aged 65+ years.
- A(H3N2) continues to be the most common subtype of influenza affecting Canadians.
- The World Health Organization has released the [recommended composition](#) of the influenza vaccine for use in the 2017-2018 northern hemisphere influenza season. The recommended strain was changed for the A (H1N1) component. The A (H3N2) and the two B components are unchanged from the current season.

##### International:

###### Seasonal influenza:

- Influenza activity in the temperate zone of the northern hemisphere continued to be elevated in some countries. Influenza activity in many countries especially in East Asia and Europe appeared to have already peaked. Worldwide, influenza A(H3N2) virus was predominant. The majority of influenza viruses characterized so far were similar antigenically to the reference viruses contained in vaccines for use in the 2016-2017 northern hemisphere influenza season.

###### Emerging Respiratory Viruses:

- MERS CoV:
  - WHO: [http://www.who.int/csr/disease/coronavirus\\_infections/en/](http://www.who.int/csr/disease/coronavirus_infections/en/)
  - CDC: <http://www.cdc.gov/coronavirus/mers/>
- Avian Influenza: Avian influenza A(H7N9) has previously been considered a low-pathogenic avian influenza (LPAI) virus, meaning that it causes little or no disease in poultry. However, on February 18, 2017 the WHO was notified of two previously reported human A(H7N9) cases that had been infected with a highly pathogenic avian influenza (HPAI) virus. Of note, LPAI and HPAI designations refer to severity in poultry but are not predictive of severity in humans. To date, there has been no evidence of increased pathogenicity in humans or transmission between humans associated with these genetic changes, although continued monitoring is warranted.
  - WHO: [www.who.int/csr/disease/avian\\_influenza/en/index.html](http://www.who.int/csr/disease/avian_influenza/en/index.html)

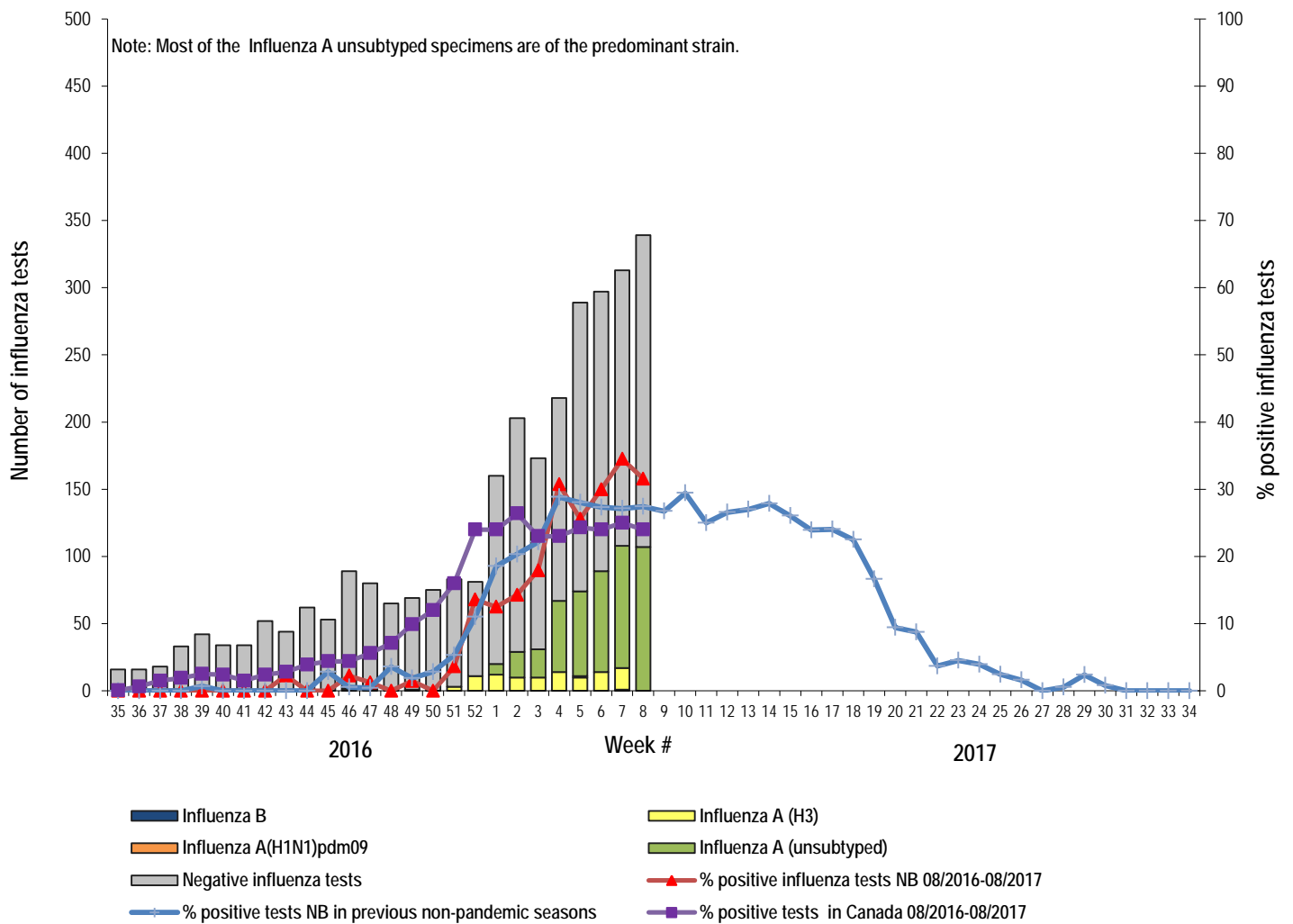
### 1) Influenza Laboratory Data<sup>1</sup>

- Influenza activity gradually increased in the last few weeks.
- One-hundred and seven influenza detections were reported during week 8.

<sup>1</sup> 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.

- Since the beginning of the season, 544 influenza detections were reported, 102 influenza A (H3), 438 influenza A (unsubtyped), 1 influenza A (H1N1)pdm09 and 3 influenza B.

Graph 1: Number and percent of positive influenza specimens in New Brunswick by week, up to February 25 2017 (data source: G. Dumont Lab results)



**Table 1:** Positive influenza test results by Health Region, in New Brunswick for reporting week, cumulative current and previous seasons.  
(data source: G. Dumont lab results up to February 25 2017)

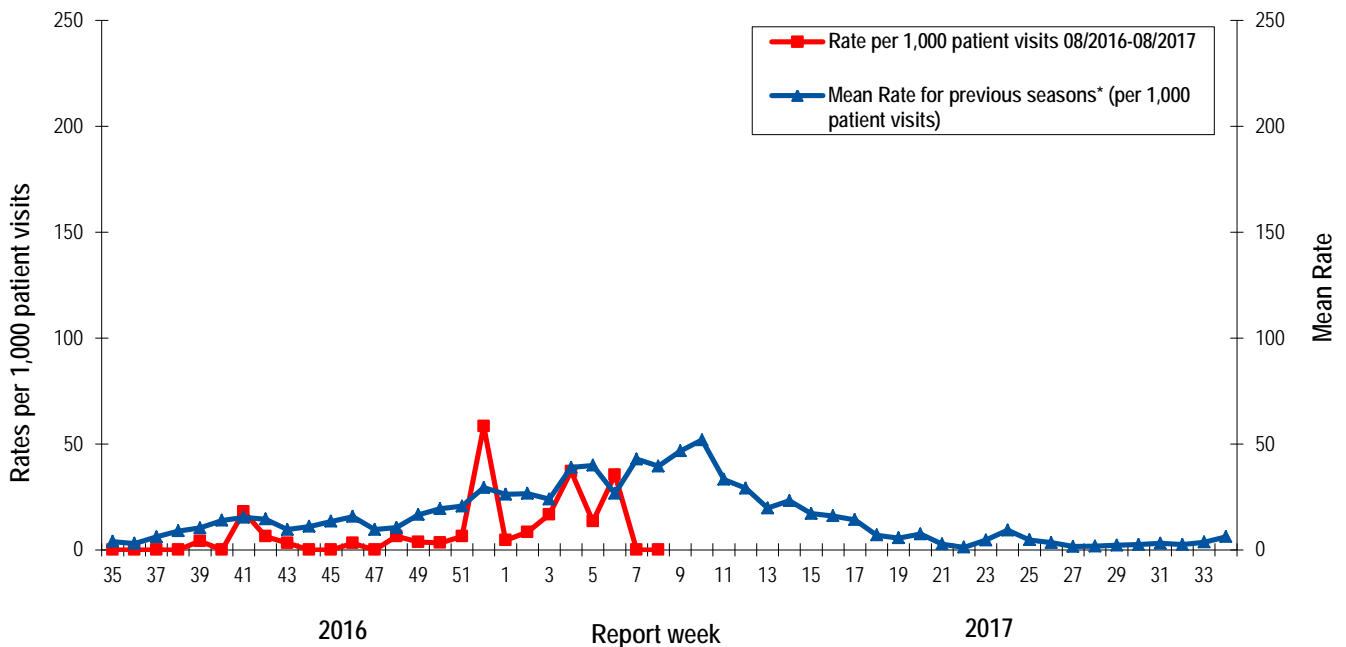
Zone	Reporting period: Feb./19/2017–Feb./25/2017						Cumulative: (2016/2017 season) Aug./28/2016 –Feb./25/2017					Cumulative: (2015/2016 season) Aug./30/2015 – Aug./27/2016				
	Activity level <sup>2</sup>	A				B	A				B	A				B
		A(H3)	(H1N1) pdm09	Unsubtyped / Other	A Total	Total	A(H3)	(H1N1) pdm09	Unsubtyped / Other	A Total	Total	(H3)	(H1N1) pdm09	Unsubtyped / Other	A Total	Total
Zone 1	Localized activity	0	0	55	55	0	48	0	257	305	2	3	40	576	619	113
Zone 2	Localized activity	0	0	11	11	0	12	1	51	64	0	0	9	131	140	7
Zone 3	Sporadic activity	0	0	11	11	0	15	0	75	90	1	0	9	57	66	13
Zone 4	Sporadic activity	0	0	11	11	0	10	0	16	26	0	0	11	86	97	8
Zone 5	No activity	0	0	0	0	0	1	0	0	1	0	0	4	9	13	3
Zone 6	Sporadic activity	0	0	14	14	0	9	0	27	36	0	3	18	79	100	5
Zone 7	Sporadic activity	0	0	5	5	0	7	0	12	19	0	0	6	22	28	8
<b>Total NB</b>		<b>0</b>	<b>0</b>	<b>107</b>	<b>107</b>	<b>0</b>	<b>102</b>	<b>1</b>	<b>438</b>	<b>541</b>	<b>3</b>	<b>6</b>	<b>97</b>	<b>960</b>	<b>1063</b>	<b>157</b>

<sup>2</sup> Influenza activity level definition is available on the PHAC FluWatch website: <http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/flu-grippe/surveillance/season-definitions-saison-eng.php>

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

- During week 8, the ILI consultation rate was 0.0 consultations per 1,000 patients visits, and was lower than the expected levels for this time of year.
- During week 8, the sentinel response rate was 26% for both the FluWatch sentinel physicians and the NB SPIN practitioners.

Graph 2: ILI Consultation Rates in New Brunswick, by report week, season 2016/17 compared to previous seasons\*



\* The mean rate was based on data from the 1996/97 to 2015/2016 seasons and excludes the Pandemic season (2009/10).

## 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.

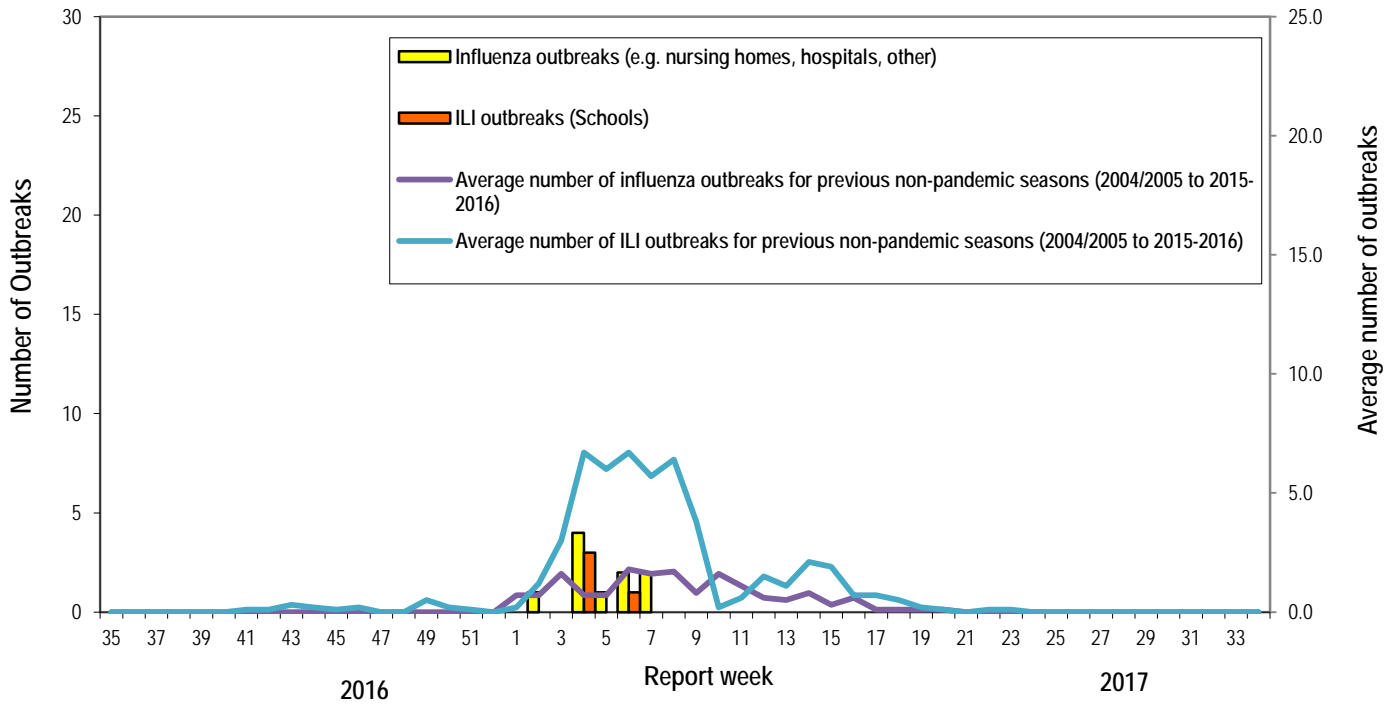
	Reporting period: February/19/2017–February/25/2017			Cumulative # of outbreaks season 2016-2017	Cumulative # of outbreaks season 2015-2016
	Lab-confirmed outbreaks in Nursing homes <sup>4</sup>	ILI school outbreaks <sup>5</sup>	Lab-confirmed outbreaks in Other settings <sup>4</sup>		
Zone 1	0 out of 13	0 out of 74	0	1	6
Zone 2	0 out of 16	0 out of 81	0	2	4
Zone 3	0 out of 14	0 out of 95	0	10	1
Zone 4	0 out of 6	0 out of 22	0	0	0
Zone 5	0 out of 2	0 out of 18	0	0	0
Zone 6	0 out of 9	0 out of 35	0	0	3
Zone 7	0 out of 4	0 out of 27	0	1	5
Total NB	0 out of 64	0 out of 352	0	14	19

<sup>3</sup> 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.

<sup>4</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.

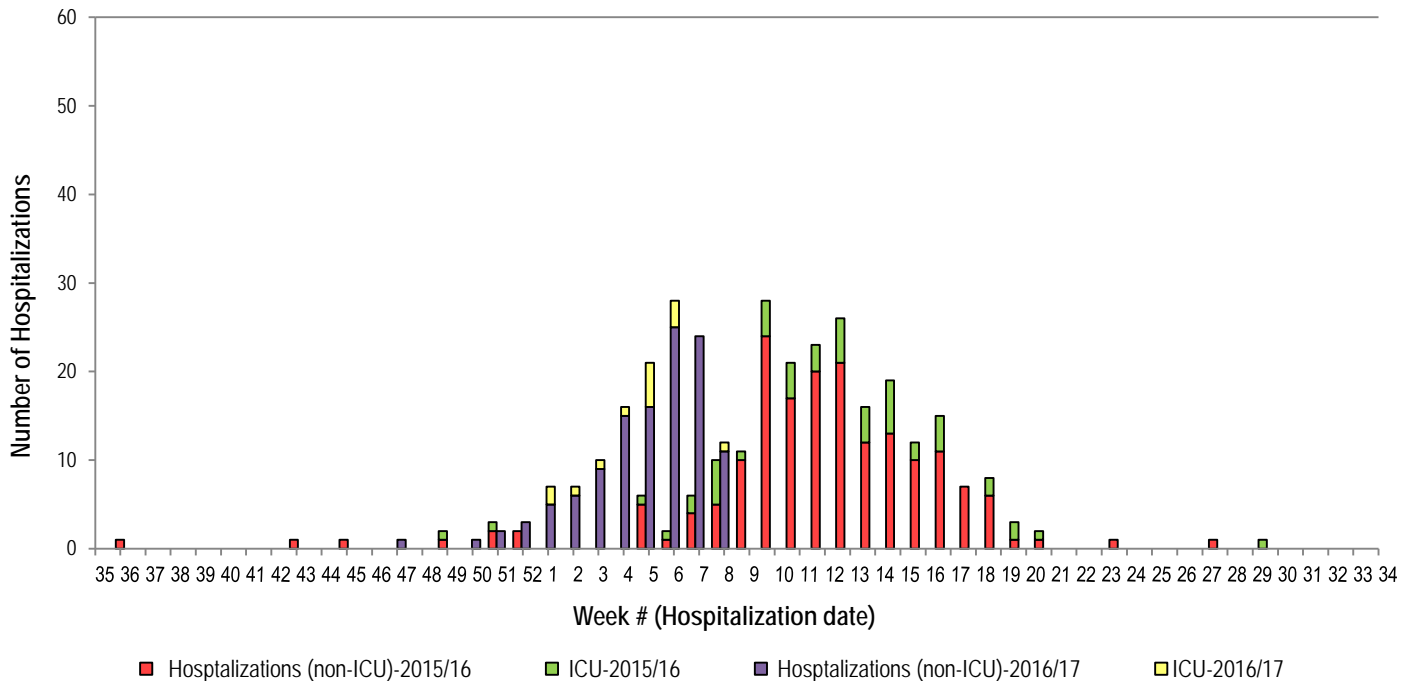
<sup>5</sup> Schools reporting greater than 10% absenteeism which is likely due to ILI.

**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 2016/17.**



4) Influenza associated Hospitalization<sup>6</sup> and Death<sup>7</sup> Surveillance<sup>8</sup>

**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

\*\* Seven deaths have been reported so far in season 2016-2017.

<sup>6</sup> Hospitalizations (including ICU admissions) are influenza associated; they may or may not be due to influenza.

<sup>7</sup> Deaths are influenza associated; influenza may not be the direct cause of death.

<sup>8</sup> 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.

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](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](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/>

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

US: [www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/)

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