

# BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2009-10: Number 25, Week 13

March 28 – April 3, 2010



BC Centre for Disease Control  
An agency of the Provincial Health Services Authority

Prepared by BCCDC Influenza &  
Emerging Respiratory Pathogens Team

## Influenza Activity Remains Low in BC

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### Summary

In week 13 (March 28 – April 3), influenza activity in BC remained below expected levels, while other respiratory viruses continued to circulate. The proportion of patients presenting to sentinel physicians with ILI and the proportion of Medical Services Plan claims for influenza illness both remained lower than expected for this time of year. No influenza outbreaks were reported. At the BC Provincial Laboratory, 1% (1/135) of respiratory specimens received during week 13 was positive for pH1N1, while 21% of specimens tested for other respiratory viruses were positive for human metapneumovirus, 19% for rhino/enterovirus, and 7% for RSV. Of 79 specimens tested at BC Children's Hospital Laboratory, none were positive for influenza, and 25% were positive for RSV. Continued sporadic cases of pH1N1 are not unexpected, and similar sporadic detections have been observed in recent weeks in other provinces. To date, there is no evidence of resurgence in community pH1N1 outbreak activity in BC. However, clinicians should keep pH1N1 in mind, including appropriate testing and early treatment among high-risk patients or those with clinically severe presentations of acute respiratory illness. Vaccination against pH1N1 is the most effective means of prevention, and public health measures (hand hygiene, cough etiquette, self-isolation) remain important as always to underscore.

*Report disseminated April 7, 2010*

Contributors: Travis Hottes, Naveed Janjua, Danuta Skowronski

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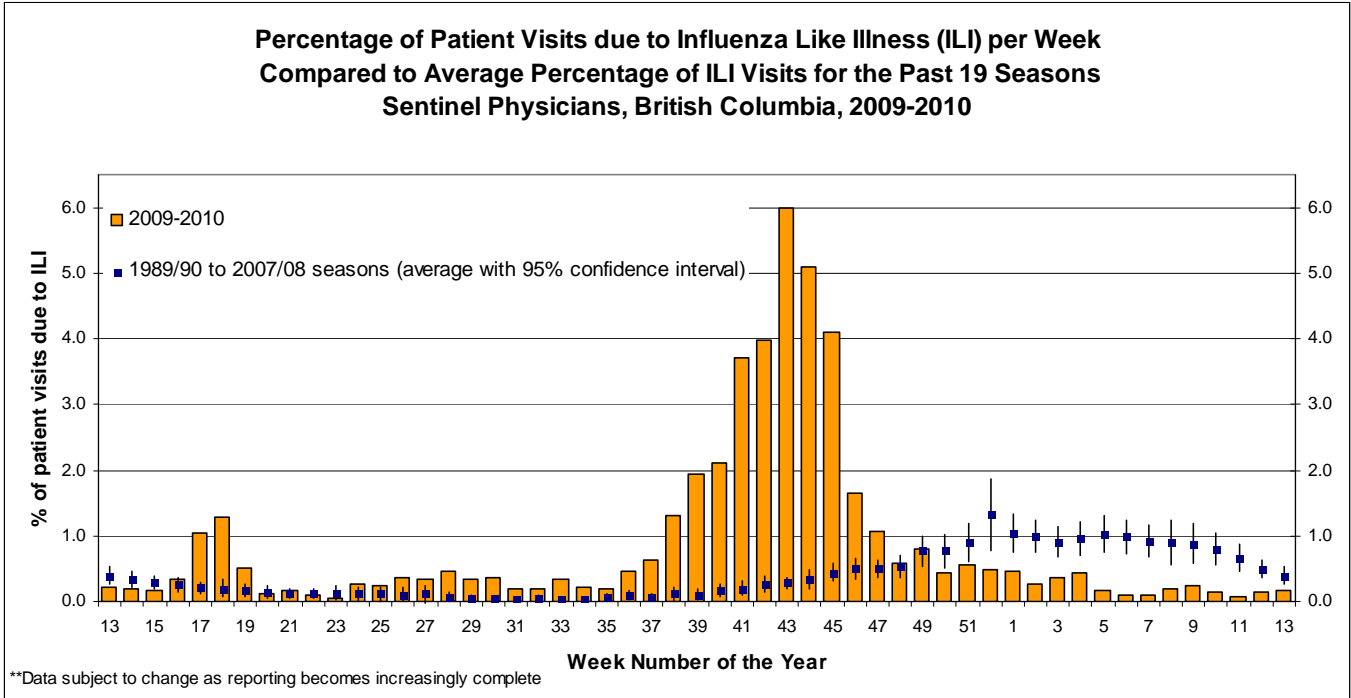
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## British Columbia

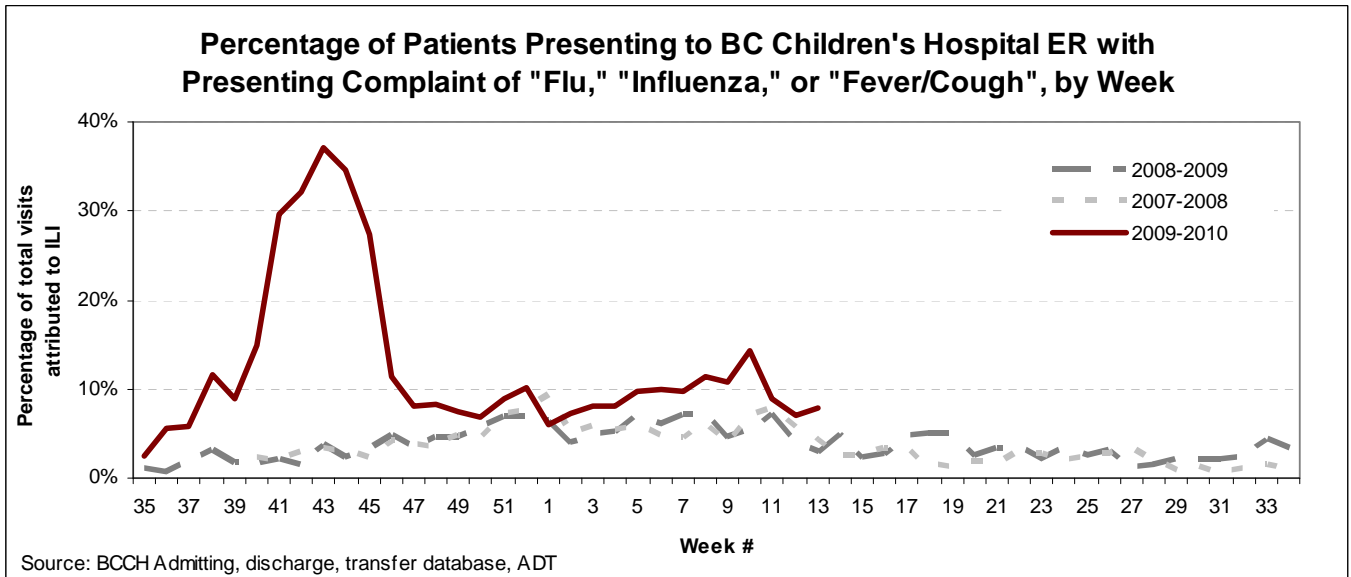
### Sentinel Physicians

During week 13, 0.2% of patients presenting to sentinel physicians had ILI, which is below the expected range for this time of year. Forty-seven percent (24/51) of sentinel physician sites have reported to-date for week 13.



### BC Children's Hospital Emergency Room

Eight percent of ER visits at BC Children's Hospital were attributed to "fever and cough" or flu-like illness in week 13, which is comparable to percentages in the previous 2 weeks (7-9%).



Data provided by Decision Support Services at Children's & Women's Health Centre of BC

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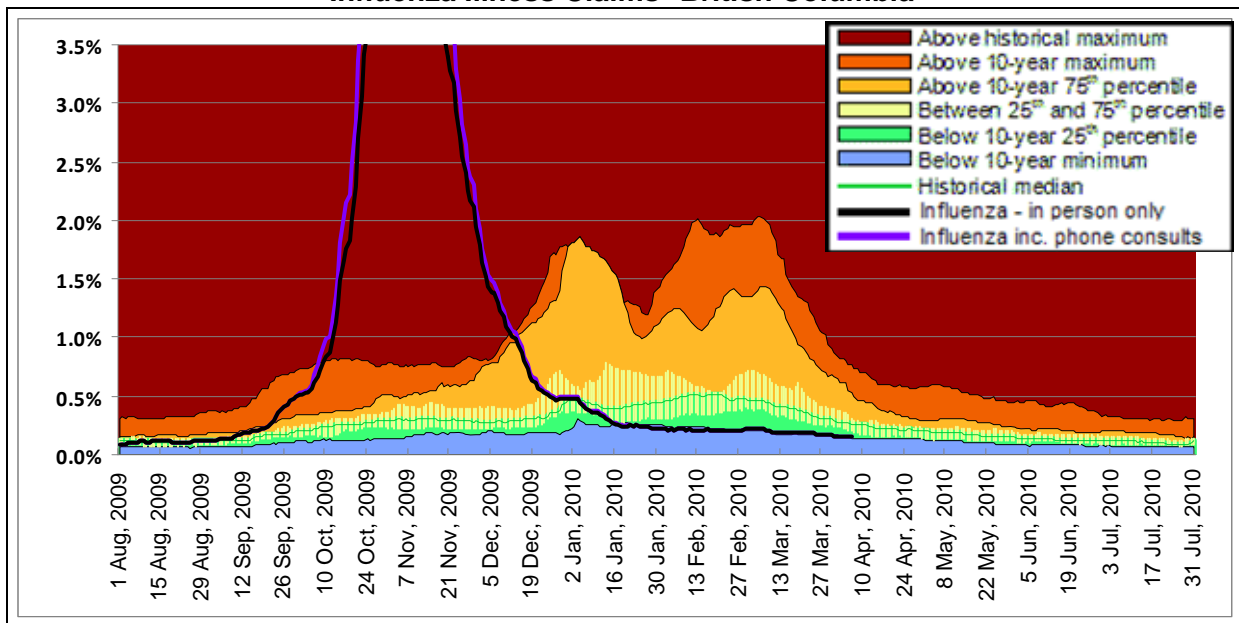
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## Medical Services Plan

Influenza illness as a proportion of all submitted BC Medical Services Plan (MSP) claims remained low in the last week, consistent with the decrease over the past few months, and below the expected range for this time of year. Proportions in all 5 RHAs remain near the 10-year minimums. To better reveal current low-level trends, the ~9% peak in MSP claims of late October/early November is not shown in the graphs below (consult earlier bulletins).

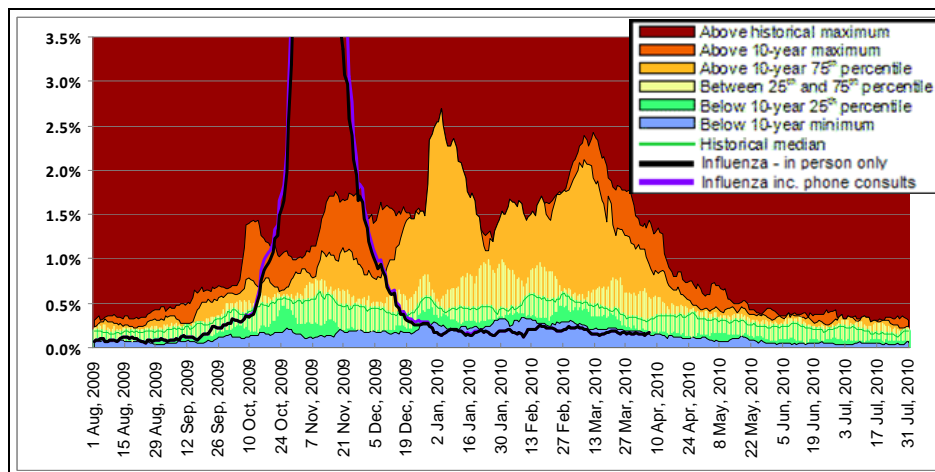
**Influenza Illness Claims\* British Columbia**



\* Influenza illness is tracked as the percentage of all submitted MSP general practitioner claims with ICD-9 code 487 (influenza). Data provided by Population Health Surveillance and Epidemiology, Ministry of Healthy Living & Sport

**Notes:** MSP week 27 Sep 2009 corresponds to sentinel ILI week 39.  
Data current to April 6, 2010

## Northern

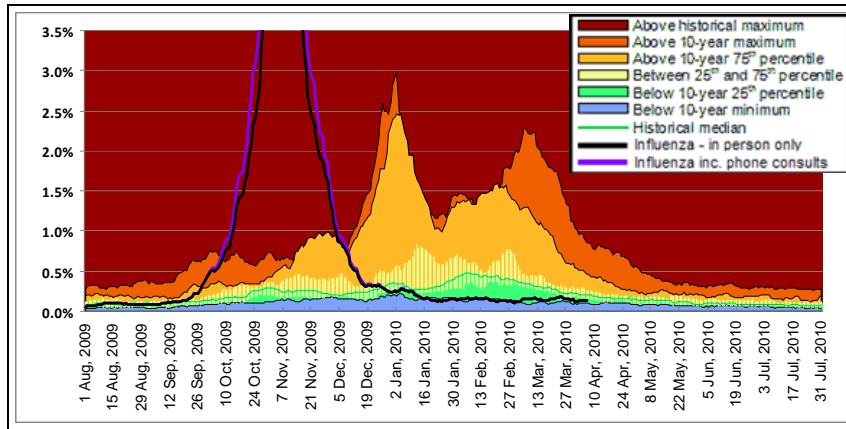


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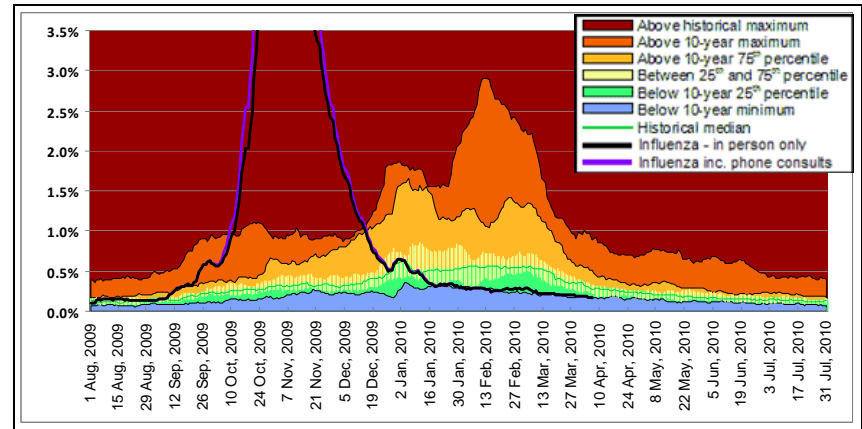
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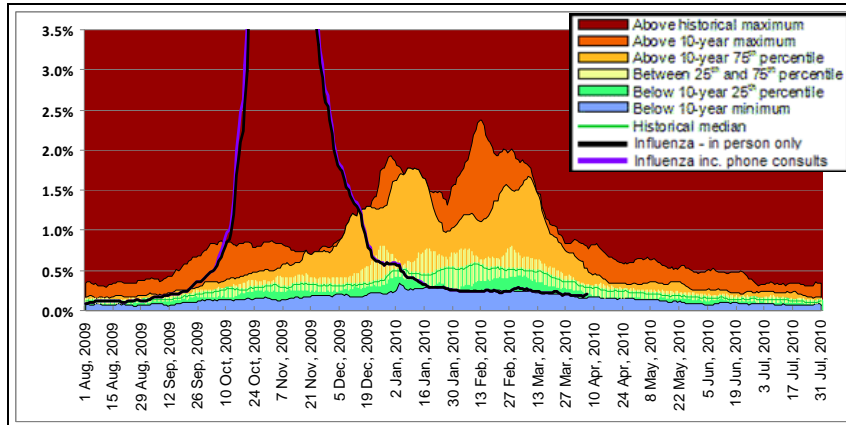
**Interior**



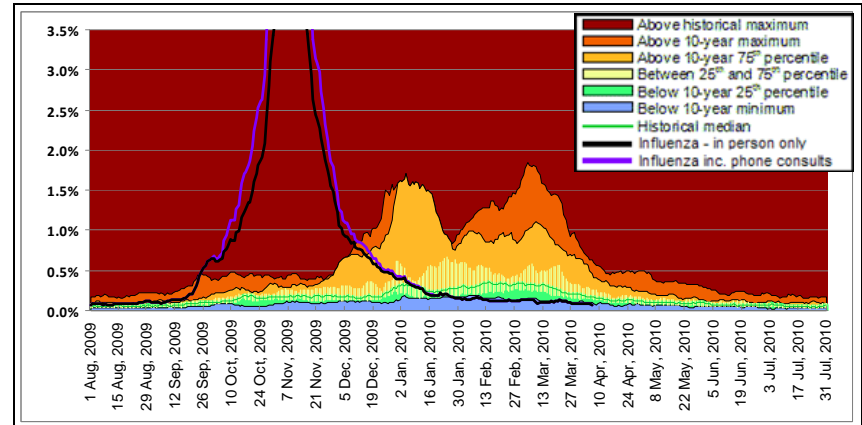
**Vancouver Coastal**



**Fraser**



**Vancouver Island**



# BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

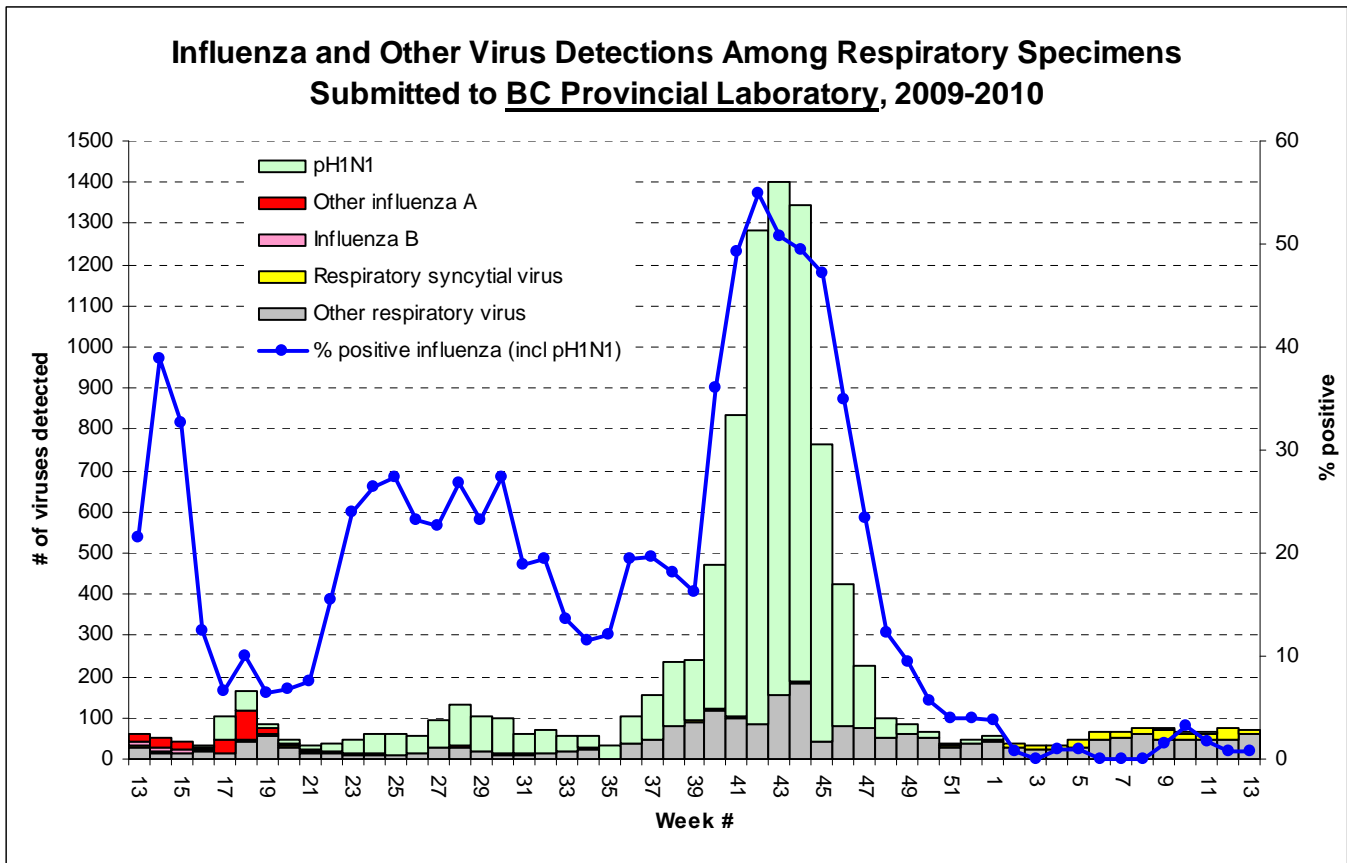
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## Laboratory Reports

One hundred thirty-five respiratory specimens were submitted for testing at the BC Provincial Laboratory in week 13. One (1%) was positive for pH1N1; no other influenza viruses were detected. Since week 35 (September 1, 2009), >99% of all influenza detections in BC have been pH1N1. To date, detections of other seasonal influenza viruses over the same period have been limited (12 out of 6565 influenza detections in total). In week 13, of 135 specimens tested for other respiratory viruses, 28 (21%) tested positive for human metapneumovirus, 25 (19%) for rhino/enterovirus, 9 (7%) for RSV, 3 (2%) for coronavirus, 2 (1%) for human bocavirus, 1 (1%) for adenovirus, and 1 (1%) for parainfluenza.

Recent detections of pH1N1 now tally a cumulative total of 10 since the last week of January, all since March 5, 2010. Continued sporadic cases of pH1N1 are not unexpected, and similar sporadic detections have been observed in recent weeks in other provinces (see graph on page 7). To date, there is no evidence of resurgence in community pH1N1 outbreak activity in BC. Nevertheless, clinicians should keep pH1N1 in mind, including appropriate testing and early treatment among high-risk patients or those with clinically severe presentations of acute respiratory illness. Vaccination against pH1N1 is the most effective means of prevention, and public health measures (hand hygiene, cough etiquette, self-isolation) are worth underscoring with patients.

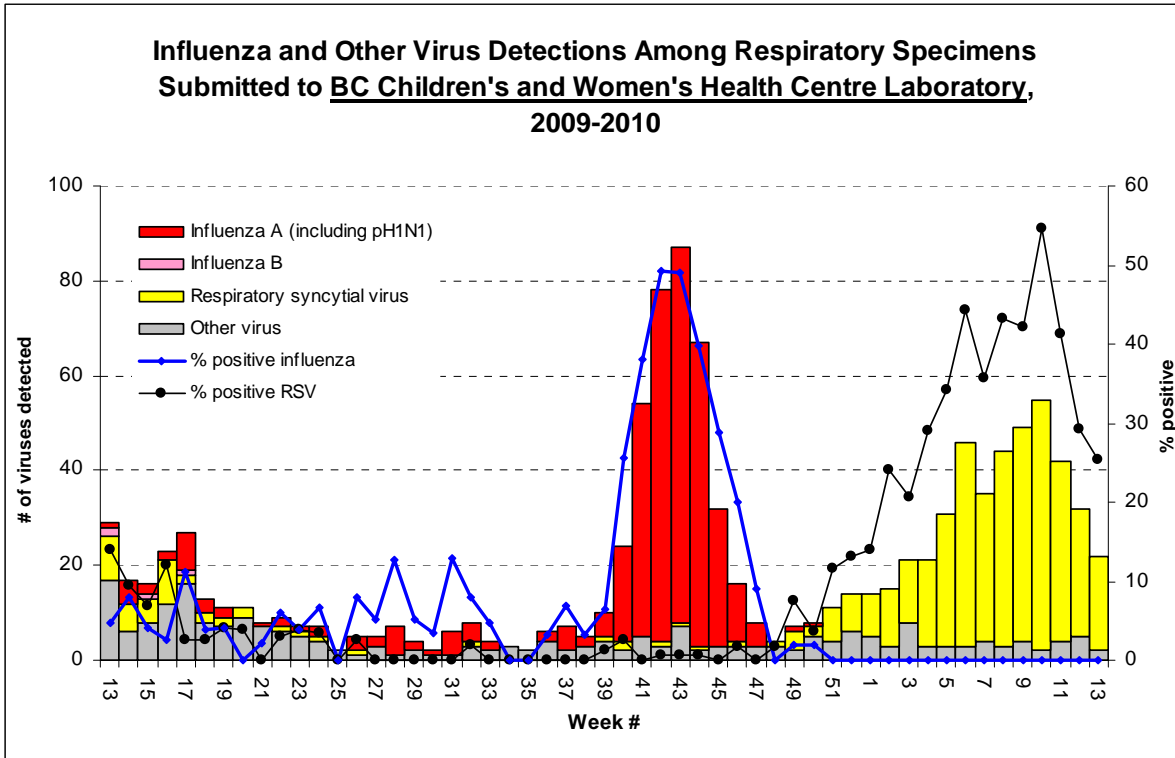


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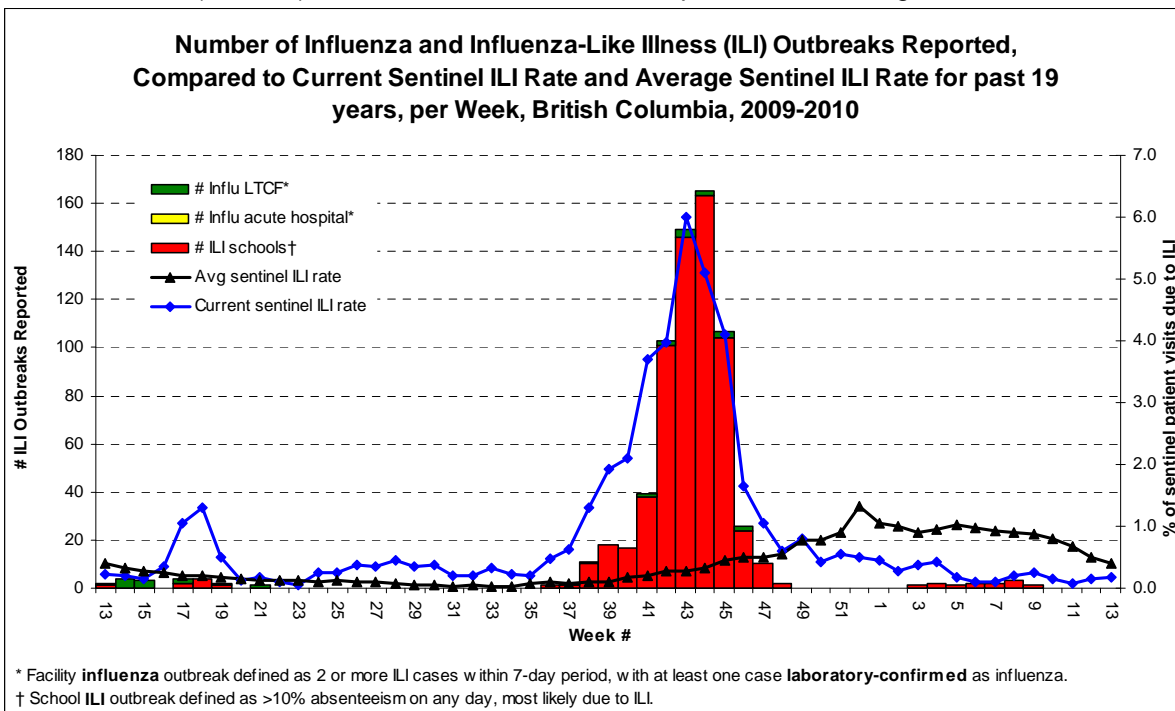
During week 13, BC Children's and Women's Health Centre Laboratory tested 79 respiratory specimens. None were positive for influenza. Twenty (25%) specimens tested positive for RSV, 1 (1%) for adenovirus, and 1 (1%) for parainfluenza.



Data provided by Virology Department at Children's & Women's Health Centre of BC

## ILI Outbreaks

No influenza outbreaks (facilities) or school ILI outbreaks were reported in BC during week 13.



\* Facility influenza outbreak defined as 2 or more ILI cases within 7-day period, with at least one case laboratory-confirmed as influenza.  
 † School ILI outbreak defined as >10% absenteeism on any day, most likely due to ILI.

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## Pandemic H1N1 (pH1N1) Severe Outcomes

One additional pH1N1 hospitalization was reported in the past week, for a total of 4 incident pH1N1 hospitalizations in BC in the last month. More than 1000 pH1N1 hospitalizations and >50 pH1N1 deaths have been reported in the province to-date, since April 2009. Sixty-five percent of hospitalized cases have had at least one reported underlying medical condition (excluding pregnancy). Twenty-six percent of hospitalized cases have been admitted to the ICU, and 8% have died.

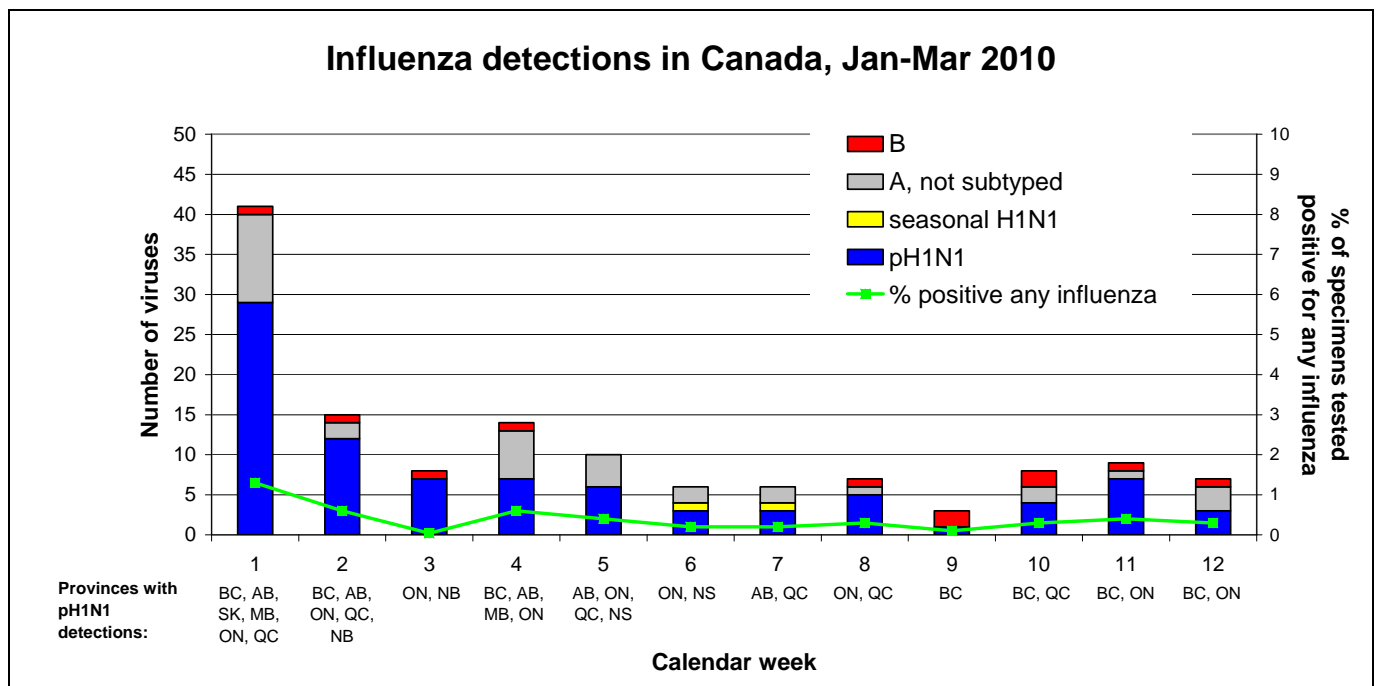
For details see pH1N1 Surveillance Update: [www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm](http://www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm) (bottom of page)

## CANADA

### FluWatch

During week 12 (Mar 21-27), influenza activity in Canada remained low for the 14<sup>th</sup> consecutive week. The sentinel ILI rate was 21 per 1000 patient-visits, which is below the expected range for this time of year. Less than one percent of respiratory specimens tested nationally were positive for influenza, compared to 18% positivity for RSV. Nationally reported RSV positivity peaked in week 7 (28%). Of the 7 influenza detections reported in Canada in week 12, 3 were pH1N1, 3 were non-subtyped influenza A, and 1 was influenza B. [www.phac-aspc.gc.ca/fluwatch/](http://www.phac-aspc.gc.ca/fluwatch/)

As illustrated below, while overall lab positivity for influenza has been low (<2%) across Canada since January 2010, recent sporadic detections of pH1N1 and seasonal influenza have occurred in BC as well as other provinces.



Source: FluWatch ([www.phac-aspc.gc.ca/fluwatch/](http://www.phac-aspc.gc.ca/fluwatch/))

### National Microbiology Laboratory (NML): Antiviral Resistance

Drug susceptibility testing at the NML between September 1, 2009 and March 30, 2010 indicated that 99% (1056/1068) of pH1N1 isolates were sensitive to oseltamivir. All influenza B isolates (n=4) and influenza A/H3N2 isolates (n=13) tested were sensitive to oseltamivir, and the 6 seasonal A/H1N1 isolates tested were oseltamivir-resistant. All pH1N1 (n=1046), seasonal H1N1 (n=2), A/H3N2 (n=13), and influenza B (n=4) isolates were sensitive to zanamivir. All pH1N1 (n=1123) and A/H3N2 (n=24) isolates were resistant to amantadine. Four seasonal H1N1 isolates were sensitive to amantadine, and one was resistant. Global surveillance has shown that circulating pH1N1 viruses are resistant to amantadine but remain sensitive to zanamivir and oseltamivir, although sporadic cases of oseltamivir resistance have been observed worldwide.

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## NML: Strain Characterization

Between September 1, 2009 and March 31, 2010, 860 influenza isolates (843 pandemic H1N1 and 17 seasonal influenza) were collected from provincial and hospital labs and characterized at the NML:

843 A/California/07/2009 (H1N1)-like<sup>§</sup> from BC, AB, SK, MB, ON, QC, NB, NS, PEI, & NT;

3 A/Brisbane/59/2007 (H1N1)-like<sup>†</sup> from AB & QC;

2 A/Brisbane/10/2007 (H3N2)-like<sup>†</sup> from BC & QC;

8 A/Perth/16/2009 (H3N2)-like<sup>¶</sup> from BC, AB, & QC;

2 B/Brisbane/60/2008 (Victoria lineage)-like<sup>†</sup> from ON;

1 B/Florida/04/2006 (Yamagata lineage)-like\* from QC;

1 B/Malaysia/2506/2004 (Victoria lineage)-like<sup>#</sup> from ON.

<sup>§</sup> A/California/07/2009 (H1N1) is the variant reference virus (pH1N1) selected by WHO for the pandemic influenza A/H1N1 vaccine

<sup>†</sup> indicates a strain match to the 2009-10 northern hemisphere trivalent influenza vaccine

<sup>¶</sup> indicates a strain match to the recommended H3N2 component of the 2010-11 northern hemisphere trivalent influenza vaccine

\* indicates a strain match to the influenza B component of the 2008-09 northern hemisphere trivalent influenza vaccine

<sup>#</sup> indicates a strain match to the influenza B component of the 2007-08 northern hemisphere trivalent influenza vaccine

## INTERNATIONAL

During week 12 (March 21-27), influenza activity generally remained low in the United States, with ongoing regional activity in some areas (i.e., the Southeast). Four percent (97/2775) of respiratory specimens tested in reference laboratories were positive for influenza. 98% (59/60) of subtyped influenza A viruses were pH1N1. One influenza A/H3 virus was detected. The proportion of sentinel physician visits due to ILI remained low (1.6%) and below the national baseline. [www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/)

In Europe, all countries reported low-level influenza activity for the week of March 22-28. Eight percent of sentinel laboratory samples were positive for influenza, consistent with the decrease observed in previous weeks. Of 24 sentinel influenza detections across Europe from March 22-28, 12 were influenza B, 12 were influenza A, and all (9) of the sub-typed influenza A viruses were pH1N1. [www.eiss.org](http://www.eiss.org)

Globally, while pH1N1 activity has continued to decrease or remain low in most countries in the temperate zone of the Northern Hemisphere, influenza B activity has increased in parts of Asia and Europe, including China, Mongolia, Japan, Korea, Hong Kong, Philippines, Thailand, Vietnam, Indonesia, Bangladesh, Australia, Iran, the Russian Federation, Sweden, and Italy (indicating global spread, including westward). Of the influenza B viruses which were further characterized in recent weeks, the majority belonged to the Victoria lineage (i.e., matching lineage of 2009-10 vaccine influenza B component). Little influenza activity has been reported to-date in 2010 in temperate regions of the southern hemisphere. [www.who.int/csr/don/2010\\_04\\_01/en/index.html](http://www.who.int/csr/don/2010_04_01/en/index.html)

## WHO Recommendations for 2010-11 Northern Hemisphere Influenza Vaccine

On February 18, the WHO announced the recommended strain components for the 2010-11 Northern Hemisphere trivalent influenza vaccine:

A/California/7/2009 (H1N1)-like virus

A/Perth/16/2009 (H3N2)-like virus

B/Brisbane/60/2008 (Victoria lineage)-like virus

A/California/7/2009 (H1N1) is the recommended component for pandemic H1N1 vaccines produced and administered in 2009-10. The recommended H3N2 virus has changed from the previous year's vaccine (A/Brisbane/10/2007), while the recommended B virus remains unchanged (B/Brisbane/60/2008). For further details, see: [www.who.int/csr/disease/influenza/recommendations2010\\_11north/en/index.html](http://www.who.int/csr/disease/influenza/recommendations2010_11north/en/index.html)



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## Contact Us:

### Epidemiology Services : BC Centre for Disease Control (BCCDC)

655 W. 12<sup>th</sup> Ave, Vancouver BC V5Z 4R4. Tel: (604) 707-2510 / Fax: (604) 707-2516. [InfluenzaFieldEpi@bccdc.ca](mailto:InfluenzaFieldEpi@bccdc.ca)

## List of Acronyms

**ACF:** Acute Care Facility

**AI:** Avian Influenza

**FHA:** Fraser Health Authority

**HBoV:** Human bocavirus

**HMPV:** Human metapneumovirus

**HSDA:** Health Service Delivery Area

**IHA:** Interior Health Authority

**ILI:** Influenza-Like Illness

**LTCF:** Long Term Care Facility

**MSP:** BC Medical Services Plan

**NHA:** Northern Health Authority

**NML:** National Microbiological Laboratory

**pH1N1:** Pandemic H1N1 influenza

**RSV:** Respiratory syncytial virus

**VCHA:** Vancouver Coastal Health Authority

**VIHA:** Vancouver Island Health Authority

**WHO:** World Health Organization

## Web Sites

### 1. Influenza Web Sites

Canada – Flu Watch: [www.phac-aspc.gc.ca/fluwatch/](http://www.phac-aspc.gc.ca/fluwatch/)

Washington State Flu Updates: <http://www.doh.wa.gov/FLUNews/>

USA Weekly Surveillance reports: [www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/)

European Influenza Surveillance Scheme: [www.eiss.org](http://www.eiss.org)

WHO – Global Influenza Programme: [www.who.int/csr/disease/influenza/mission/](http://www.who.int/csr/disease/influenza/mission/)

WHO – Weekly Epidemiological Record: [www.who.int/wer/en/](http://www.who.int/wer/en/)

Influenza Centre (Australia): [www.influenzacentre.org/](http://www.influenzacentre.org/)

Australian Influenza Report:

<http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/ozflu2009.htm>

New Zealand Influenza Surveillance Reports: [www.surv.esr.cri.nz/virology/influenza\\_weekly\\_update.php](http://www.surv.esr.cri.nz/virology/influenza_weekly_update.php)

### 2. Avian Influenza Web Sites

World Health Organization – Avian Influenza: [www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)

World Organization for Animal Health: [www.oie.int/eng/en\\_index.htm](http://www.oie.int/eng/en_index.htm)

### 3. Pandemic H1N1 Influenza Web Sites

BCCDC: [www.bccdc.ca/dis-cond/a-z/\\_h/HumanSwineFlu/default.htm](http://www.bccdc.ca/dis-cond/a-z/_h/HumanSwineFlu/default.htm)

BC Provincial Government: [www.gov.bc.ca/h1n1/](http://www.gov.bc.ca/h1n1/)

BC H1N1 Pandemic Response Plan: [www.health.gov.bc.ca/pandemic/response/index.html](http://www.health.gov.bc.ca/pandemic/response/index.html)

PHAC: [www.phac-aspc.gc.ca/alert-alerte/swine\\_200904-eng.php](http://www.phac-aspc.gc.ca/alert-alerte/swine_200904-eng.php)

US CDC: [www.cdc.gov/swineflu/index.htm](http://www.cdc.gov/swineflu/index.htm)

WHO: [www.who.int/csr/disease/swineflu/en/index.html](http://www.who.int/csr/disease/swineflu/en/index.html)

### 4. This Report On-line: [www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm](http://www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm)

