

BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2009-10: Number 19, Week 06

February 7-13, 2010



BC Centre for Disease Control

An agency of the Provincial Health Services Authority

Prepared by BCCDC Influenza &
Emerging Respiratory Pathogens Team

Sporadic Influenza Activity with Increasing RSV Detections in British Columbia

Contents:

British Columbia:

Sentinel Physicians	Page 2
Children's Hospital ER	Page 2
Medical Services Plan	Page 3
Laboratory Surveillance	Page 5
ILI Outbreaks	Page 6
Pandemic H1N1 (pH1N1)	Page 7

<u>International:</u>	Page 8
-----------------------	------------------------

Other:

List of Acronyms	Page 9
Web Sites	Page 9
Outbreak Report Form	Page 10

Canada:

FluWatch Activity levels	Page 7
NML strain Characterization	Page 7
Antiviral Resistance	Page 8

Highlights

In recent weeks, influenza activity in BC has been sporadic, while RSV detections have increased. In week 6 (February 7-13), 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. No influenza viruses were detected in week 6 at the BC Provincial Laboratory. Twenty-one percent (16/77) of specimens tested for other respiratory viruses were positive for RSV. Of 97 specimens tested at BC Children's Hospital Laboratory, none were positive for influenza, and 44% (43/97) were positive for RSV. Currently, acute respiratory illness for which respiratory virus testing is sought in BC is more likely to be due to a non-influenza cause. While pH1N1 activity levels remain low or continue to decline in most regions of the world, an increasing contribution of influenza B viruses has been reported in recent weeks in China. Monitoring for possible seasonal/pandemic influenza resurgence in BC continues.

Report written & disseminated: February 17, 2010

Contributors: Travis Hottes, Naveed Janjua, Danuta Skowronski

BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

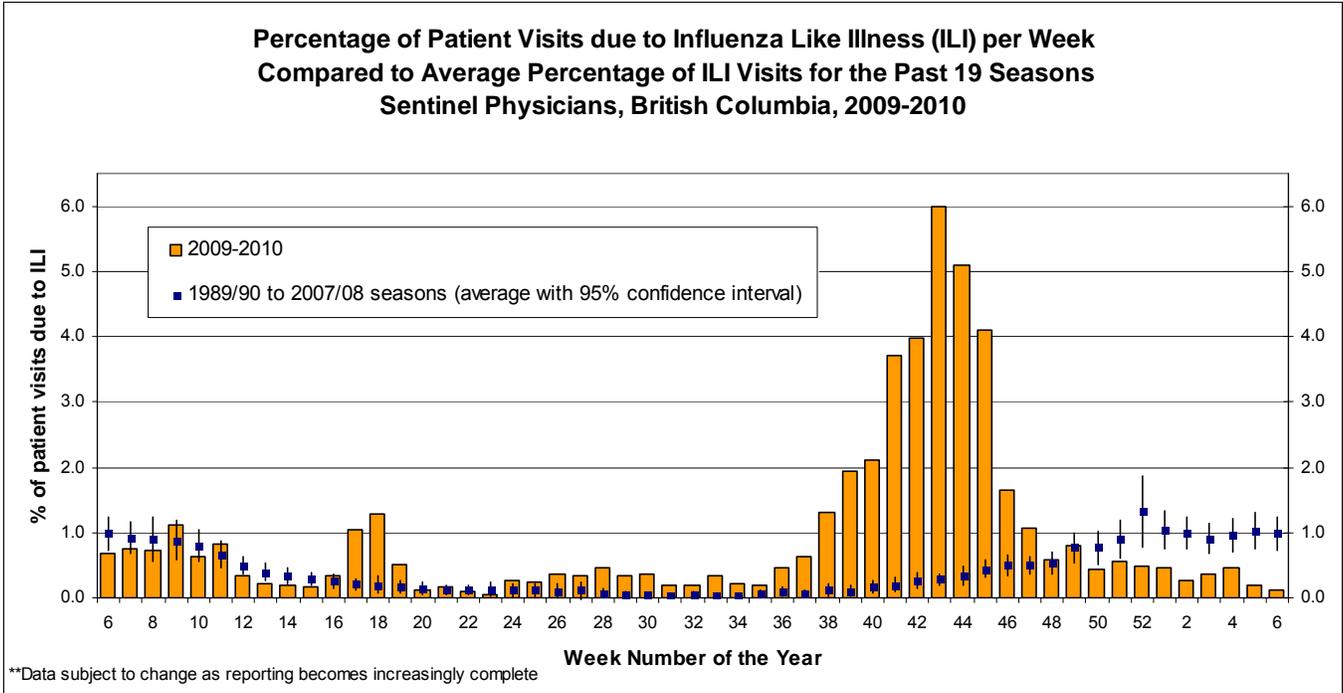
2009-10: Number 19, Week 06

February 7-13, 2010

British Columbia

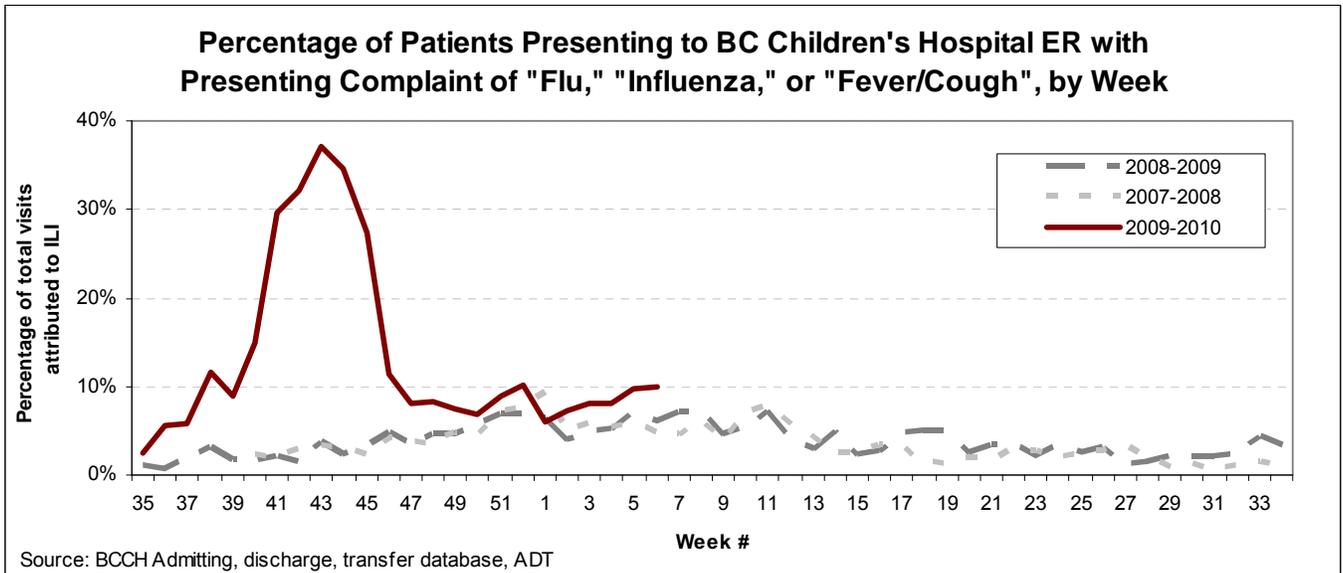
Sentinel Physicians

During week 6, 0.1% of patients presenting to sentinel physicians had ILI, which is well below the expected range for this time of year. Forty-nine percent (25/51) of sentinel physician sites have reported to-date for week 6.



BC Children's Hospital Emergency Room

The percentage of Emergency Room visits attributed to "fever and cough" or flu-like illness at BC Children's Hospital during week 6 remained comparable to previous weeks (10%).



Emergency Room data kindly provided by Decision Support Services at BC Children's Hospital

BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

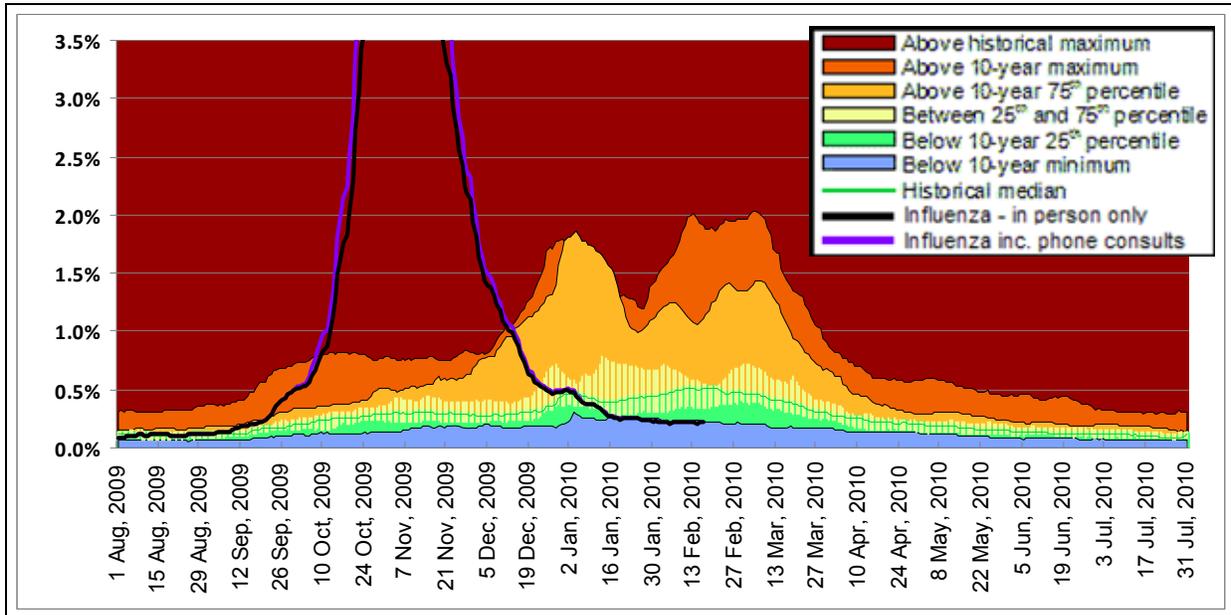
2009-10: Number 19, Week 06

February 7-13, 2010

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 at or below 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).

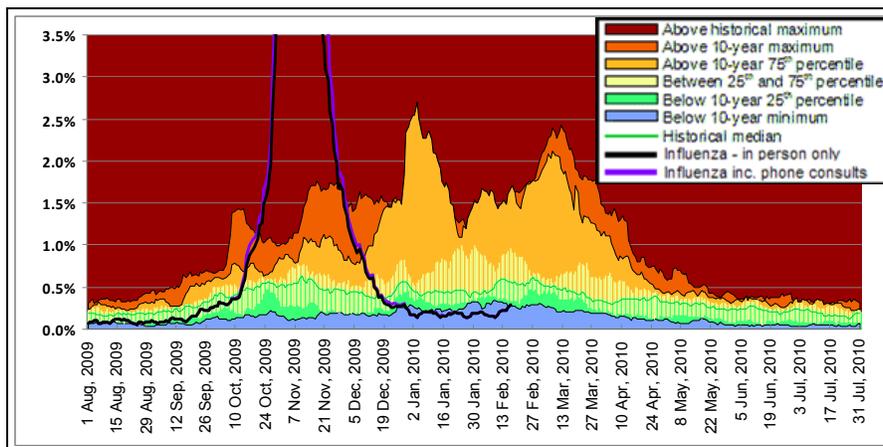
Influenza Illness Claims* British Columbia



* Influenza illness is tracked as the percentage of all submitted MSP general practitioner claims with ICD-9 code 487 (influenza).

Notes: MSP week 27 Sep 2009 corresponds to sentinel ILI week 39.
Data current to February 16, 2010

Northern

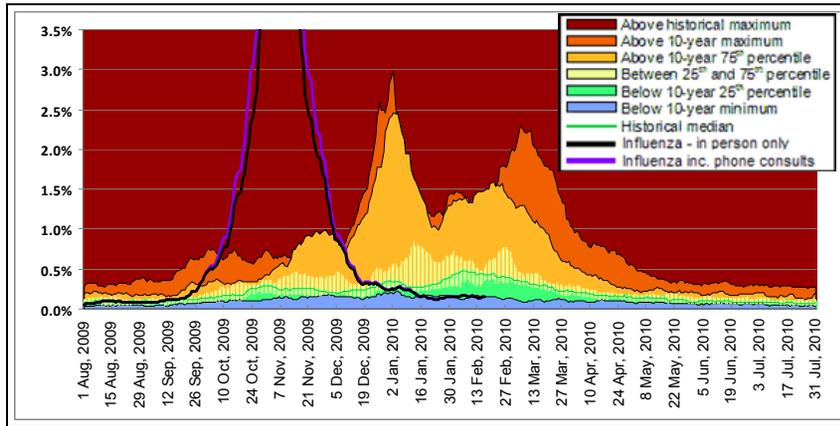


BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

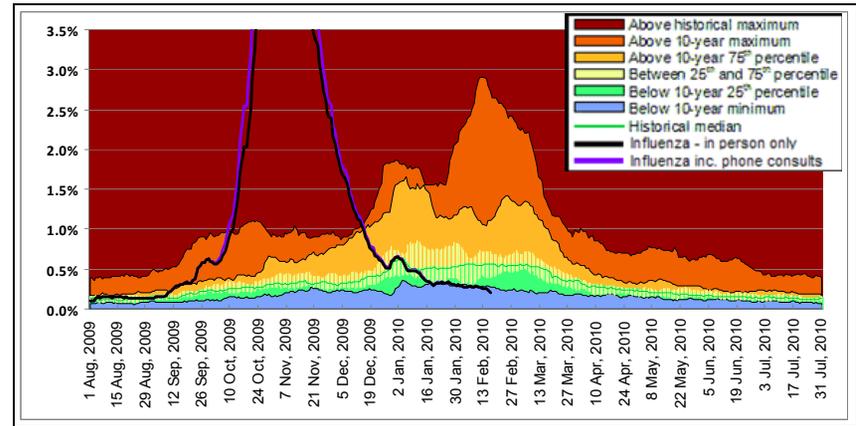
2009-10: Number 19, Week 06

February 7-13, 2010

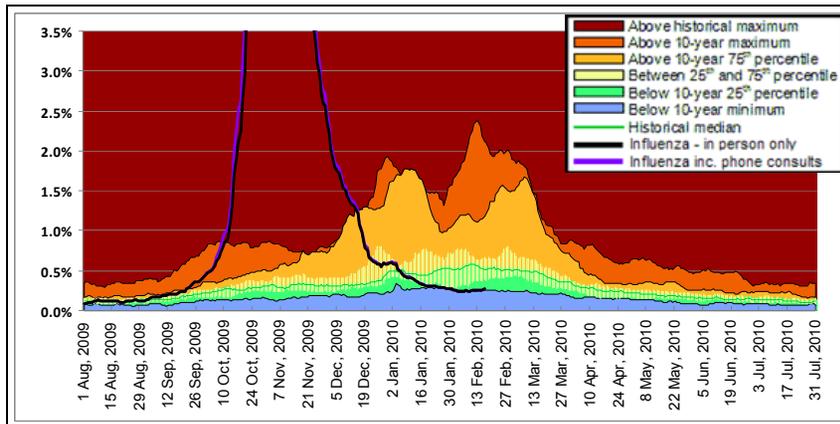
Interior



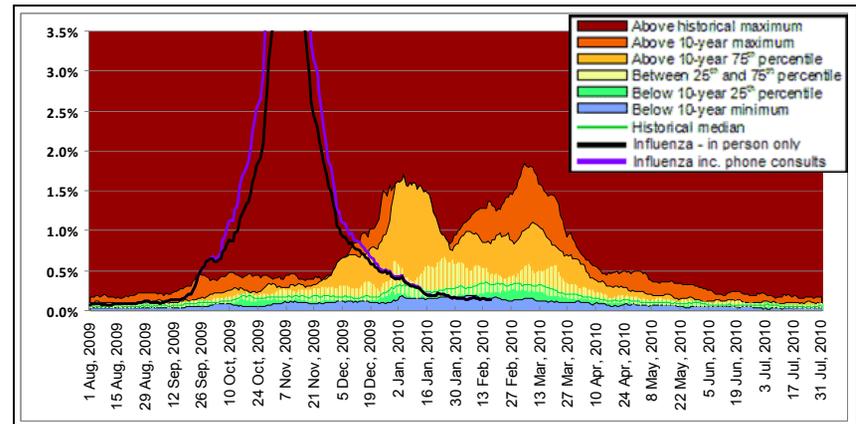
Vancouver Coastal



Fraser



Vancouver Island



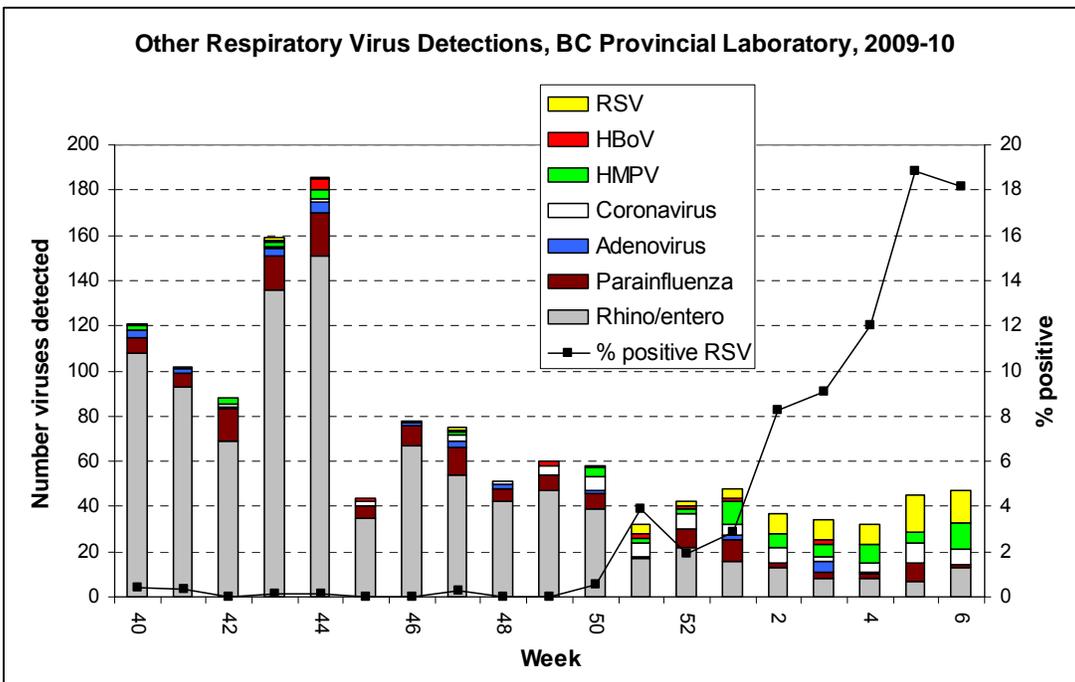
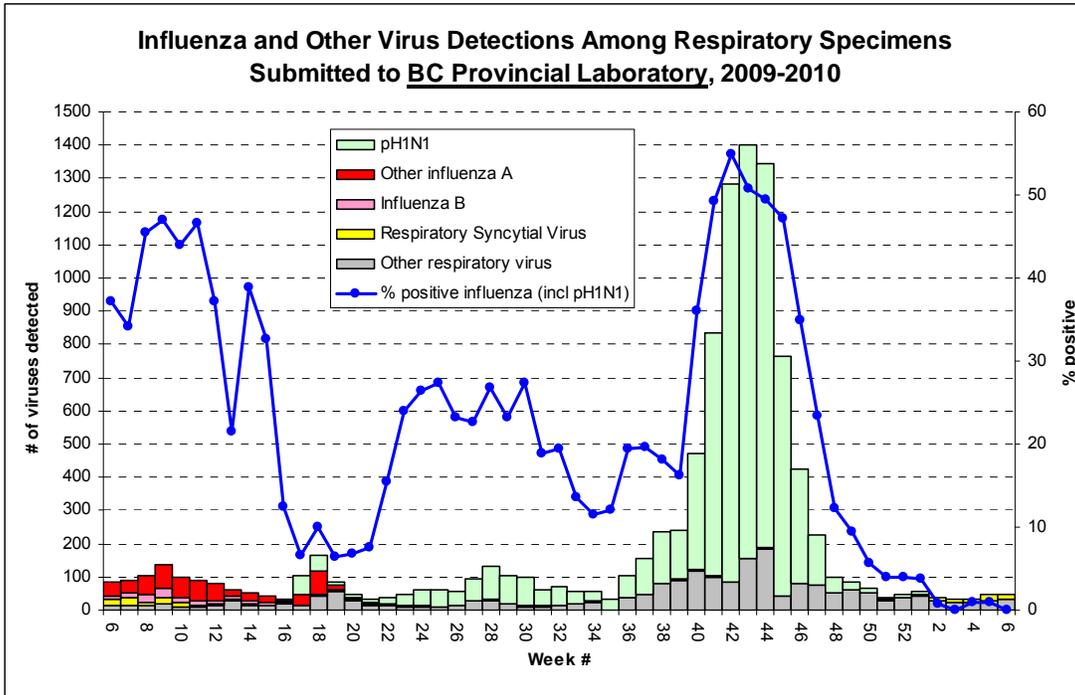
BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2009-10: Number 19, Week 06

February 7-13, 2010

Laboratory Reports

One hundred thirty-seven respiratory specimens were tested for influenza at the BC Provincial Laboratory in week 6. None were positive for influenza. Since week 35 (September 1, 2009), >99% of all influenza detections in BC have been pH1N1. Detections of other seasonal influenza viruses have been sporadic to-date. In week 6, 77 specimens were tested for other respiratory pathogens, of which 14 (18%) tested positive for RSV, 13 (17%) for rhino/enterovirus, 12 (16%) for human metapneumovirus, 7 (9%) for coronavirus, and 1 (1%) for parainfluenza. Thus, currently, acute respiratory illness in BC for which a respiratory specimen is collected continues to be more likely due to a cause other than influenza.

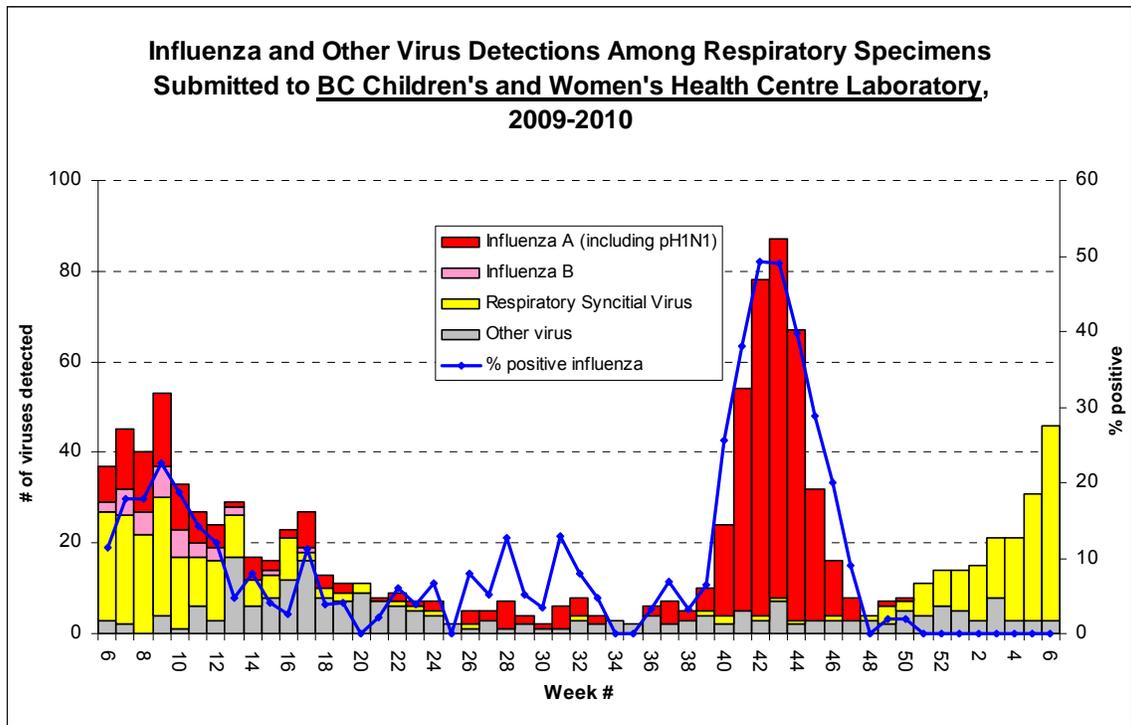


BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2009-10: Number 19, Week 06

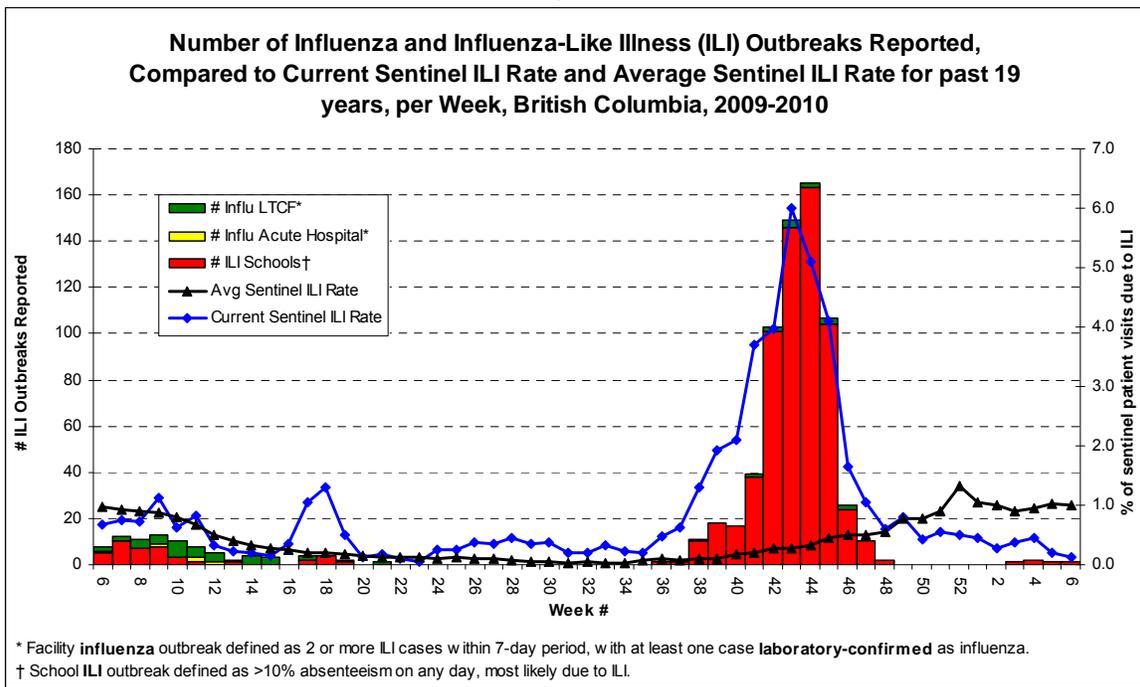
February 7-13, 2010

During week 6, BC Children's and Women's Health Centre Laboratory tested 97 respiratory specimens. None were positive for influenza. Forty-three (44%) specimens tested positive for RSV, 2 (2%) for adenovirus, and 1 (1%) for parainfluenza.



ILI Outbreaks

In week 6, no lab-confirmed influenza outbreaks were reported in facilities in BC.



BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2009-10: Number 19, Week 06

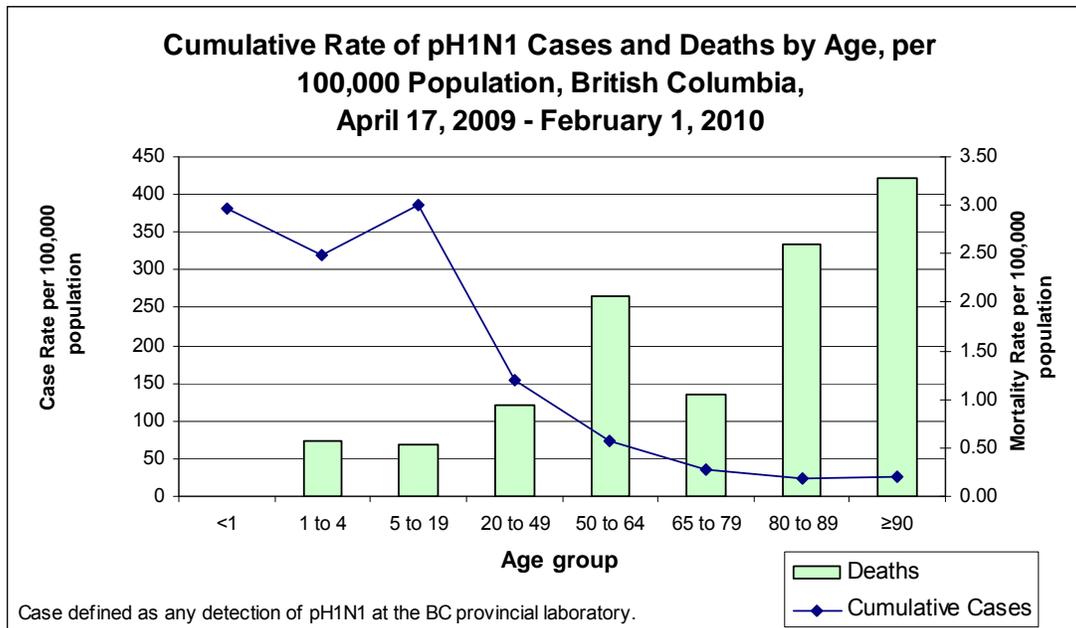
February 7-13, 2010

Pandemic H1N1 (pH1N1) Severe Outcomes

No additional hospitalizations or deaths in patients with laboratory-confirmed pH1N1 were reported in week 6. Over 1000 pH1N1 hospitalizations and over 50 pH1N1 deaths were reported in the province between April 2009 and February 2010. Sixty-six percent of hospitalized cases had at least one reported underlying medical condition (excluding pregnancy). Twenty-five percent of hospitalized cases were admitted to the intensive care unit, and 8% died. As shown in the mortality graph below, the ratio of pH1N1 mortality to case detection is lowest in the young and highest in the old.

For further description of BC pH1N1 cases, visit: www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm

Resources for healthcare professionals: www.bccdc.ca/resourcematerials/newsandalerts/healthalerts/H1N1FluVirusHumanSwineFlu.htm



CANADA

FluWatch

During week 5 (January 31 – February 6), influenza activity in Canada remained low. The sentinel ILI consultation rate was 13 per 1000 patient visits, which is well below the expected range for this time of year. Less than one percent of respiratory specimens tested nationally were positive for influenza, compared to ~25% positivity for RSV. Of the 10 influenza detections reported nationally, 6 were pH1N1 and 4 were non-subtyped influenza A viruses. (www.phac-aspc.gc.ca/fluwatch/)

National Microbiology Laboratory

Between September 1, 2009 and February 11, 2010, 800 influenza isolates (790 pandemic H1N1 and 10 seasonal influenza) were collected from provincial and hospital labs and characterized at the National Microbiology Laboratory (NML):

790 A/California/07/2009 (H1N1)-like[§] from BC, AB, SK, MB, ON, QC, NB, NS, PEI, & NT;

2 A/Brisbane/59/2007 (H1N1)-like[†] from AB & QC;

1 A/Brisbane/10/2007 (H3N2)-like[†] from BC;

6 A/Perth/16/2009 (H3N2)-like[¶] from AB & QC;

1 B/Brisbane/60/2008 (Victoria lineage)-like[†] from ON.

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

[†] indicates a strain match to the 2009-10 northern hemisphere trivalent influenza vaccine

[¶] indicates a strain match to the 2010 southern hemisphere trivalent influenza vaccine

BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2009-10: Number 19, Week 06

February 7-13, 2010

Antiviral Resistance

Drug susceptibility testing at the NML between September 1, 2009 and February 11, 2010 indicated that 99% (989/1001) of pH1N1 isolates were sensitive to oseltamivir. All influenza B isolates (n=1) and influenza A/H3N2 isolates (n=9) tested were sensitive to oseltamivir, and the 4 seasonal A/H1N1 isolates tested were oseltamivir-resistant. All pH1N1 (n=981), seasonal H1N1 (n=2), A/H3N2 (n=9), and influenza B (n=1) isolates were sensitive to zanamivir. All pH1N1 (n=1051) and A/H3N2 (n=17) isolates were resistant to amantadine. Two 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.

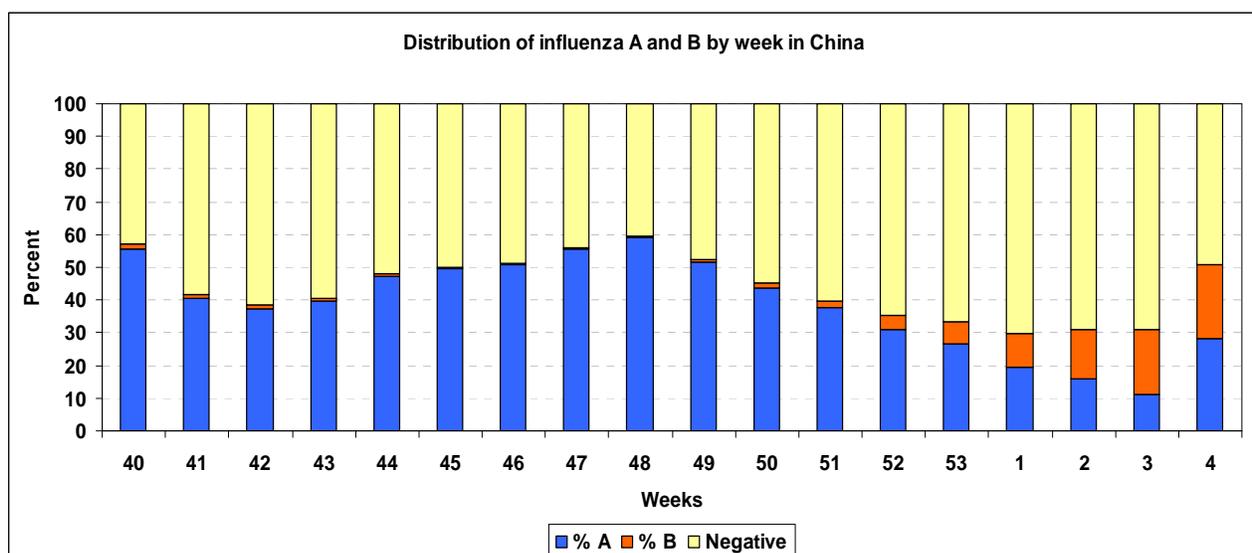
INTERNATIONAL

During week 5 (January 31 – February 6), influenza activity remained low in the United States (www.cdc.gov/flu/weekly/). Five percent (206/4304) of respiratory specimens tested in reference laboratories were positive for influenza. All (144/144) subtyped influenza A viruses were pH1N1. Influenza B was detected in 2 specimens. The proportion of sentinel physician visits due to ILI remained low (2.1%) and below the national baseline.

In Europe, some Eastern European countries reported ongoing influenza activity due to pH1N1, but all other countries reported declining trends for the week of February 1-7. Eight percent of sentinel laboratory samples were positive for influenza, a decrease from the previous week. Of 76 sentinel influenza detections across Europe from February 1-7, 2 were influenza B, 74 were influenza A, and 100% of the sub-typed influenza A viruses were pH1N1. (www.eiss.org)

Globally, 46% (922/2012) of the influenza detections reported to WHO from January 24-30, 2010 were influenza A, and of those sub-typed, 94% (730/775) were pH1N1. Influenza B as a proportion of all influenza viruses detected globally has been increasing in recent weeks, from 6% in week 51 (Dec 20-26, 2009) to 54% in week 5 (Jan 24-30, 2010). Most of the recent influenza B viruses have been reported from China, where a similar trend has been observed, as shown in the graph below. Of the influenza B viruses which were further characterized in recent weeks in China, the majority belonged to the Victoria lineage (i.e., matching lineage of 2009-10 vaccine influenza B component). In temperate regions of the southern hemisphere, sporadic cases of pH1N1 continue to be detected; however, sustained community transmission has not been observed in recent weeks.

(www.who.int/csr/don/2010_02_12/en/index.html)



Data source: FluNet World Health Organization, <http://gamapserver.who.int/GlobalAtlas/home.asp>

Data Accessed: February 17, 2010

BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2009-10: Number 19, Week 06

February 7-13, 2010

Contact Us:

Epidemiology Services : BC Centre for Disease Control (BCCDC)

655 W. 12th Ave, Vancouver BC V5Z 4R4. Tel: (604) 707-2510 / Fax: (604) 707-2516. 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 or swine origin 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/

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

USA Weekly Surveillance reports: www.cdc.gov/flu/weekly/

European Influenza Surveillance Scheme: www.eiss.org

WHO – Global Influenza Programme: www.who.int/csr/disease/influenza/mission/

WHO – Weekly Epidemiological Record: www.who.int/wer/en/

Influenza Centre (Australia): 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

2. Avian Influenza Web Sites

World Health Organization – Avian Influenza: www.who.int/csr/disease/avian_influenza/en/

World Organization for Animal Health: 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

BC Provincial Government: www.gov.bc.ca/h1n1/

BC H1N1 Pandemic Response Plan: www.health.gov.bc.ca/pandemic/response/index.html

PHAC: www.phac-aspc.gc.ca/alert-alerte/swine_200904-eng.php

US CDC: www.cdc.gov/swineflu/index.htm

WHO: www.who.int/csr/disease/swineflu/en/index.html

4. This Report On-line: www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm

Influenza-Like Illness (ILI) Outbreak Summary Report Form

Please complete and email to ilioutbreak@bccdc.ca or fax to (604) 707-2516

ILI: Acute onset of respiratory illness with fever and cough and with one or more of the following: sore throat, arthralgia, myalgia, or prostration which *could* be due to influenza virus. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

Schools and work site outbreak: greater than 10% absenteeism on any day, most likely due to ILI.

Residential institutions (facilities) outbreak: two or more cases of ILI within a seven-day period.

SECTION A: Reporting Information

Person Reporting: _____ Title: _____

Contact Phone: _____ Email: _____

Health Authority: _____ HSDA: _____

Full Facility Name: _____

- Is this report: First Notification (*complete section B below; Section D if available*)
 Update (*complete section C below; Section D if available*)
 Outbreak Over (*complete section C below; Section D if available*)

SECTION B: First Notification

Type of facility: LTCF Acute Care Hospital Senior's Residence
(if ward or wing, please specify name/number: _____)
 Workplace School (grades: _____) Other (_____)

Date of onset of first case of ILI (dd/mm/yyyy): _____ / _____ / _____

Numbers to date	Residents/Students	Staff
Total		
With ILI		
Hospitalized		
Died		

SECTION C: Update AND Outbreak Declared Over

Date of onset for most recent case of ILI (dd/mm/yyyy): _____ / _____ / _____

If over, date outbreak declared over (dd/mm/yyyy): _____ / _____ / _____

Numbers to date	Residents/Students	Staff
Total		
With ILI		
Hospitalized		
Died		

SECTION D: Laboratory Information

Specimen(s) submitted? Yes (location: _____) No Don't know

If yes, organism identified? Yes (specify: _____) No Don't know