

# BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2012-13: Number 2, Weeks 44-45

October 28 to November 10, 2012



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

Prepared by BCCDC Influenza &  
Emerging Respiratory Pathogens Team

## Influenza activity in BC remains low; sporadic detection of influenza B and A/H3N2

### Contents:

<u>British Columbia:</u>		NML Antiviral Resistance	<a href="#">Page 4</a>
Sentinel Physicians	<a href="#">Page 2</a>	<u>International:</u>	<a href="#">Page 5</a>
Children's Hospital ER	<a href="#">Page 2</a>	<u>Other:</u>	
Laboratory Surveillance	<a href="#">Page 3</a>	List of Acronyms	<a href="#">Page 6</a>
ILI Outbreaks	<a href="#">Page 4</a>	Web Sites	<a href="#">Page 6</a>
<u>Canada:</u>		Outbreak Report Form	<a href="#">Page 7</a>
FluWatch Activity levels	<a href="#">Page 4</a>		
NML Strain Characterization	<a href="#">Page 4</a>		

### Summary

During weeks 44-45 (October 28 to November 10, 2012), influenza activity in BC increased slightly, but overall remained at a low level. The proportion of patients with influenza-like illness among those presenting to sentinel physicians was around 0.2%, within the expected level of this time of year. No lab-confirmed influenza outbreaks were reported. Compared to previous weeks, more influenza viruses were detected during this period; among 196 specimens submitted, eight (4.1%) influenza viruses were reported from Fraser and Vancouver Health Authorities, including 4 A/H3N2 and 4 influenza B. Rhino/enteroviruses continued to predominate (52/196, 26.4%). Other respiratory viruses were also sporadically detected.

*Report disseminated November 15, 2012*

Contributors: Helen Guiyun Li, Lisan Kwindt, Naveed Janjua, Danuta Skowronski

# BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

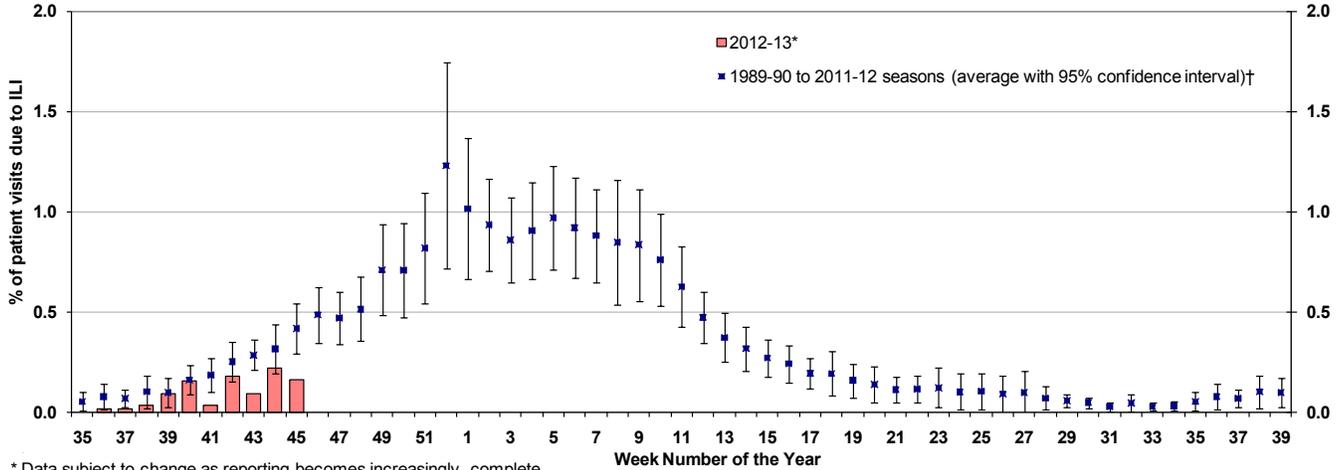
2012-13: Number 2, Weeks 44-45  
 October 28 to November 10, 2012

## British Columbia

### Sentinel Physicians

In weeks 44 and 45, the proportion of patients with ILI among those presenting to sentinel physicians was 0.22% and 0.19% respectively, higher than the preceding week, but within the expected range for this time of year. To date, 75% and 55% of sentinel physician sites have reported for week 44 and 45, respectively.

Percentage of Patient Visits due to Influenza Like Illness (ILI) per Week Compared to Average Percentage of ILI Visits for the Past 20 Seasons Sentinel Physicians, British Columbia, 2012-2013

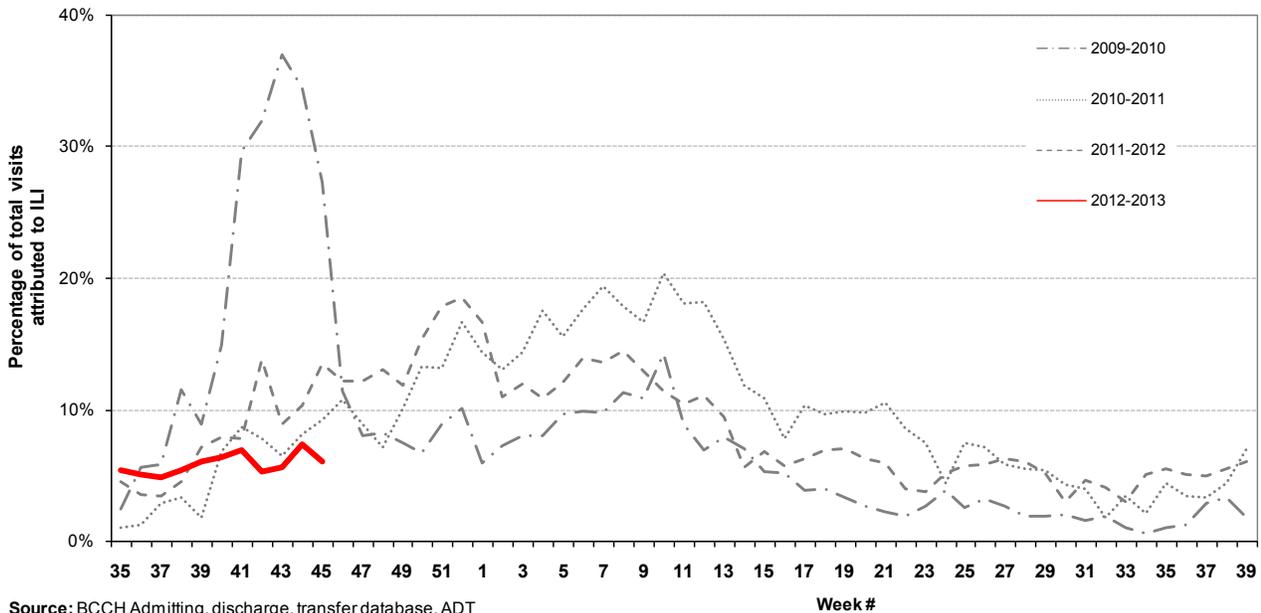


\* Data subject to change as reporting becomes increasingly complete.  
 † Historical values exclude 2008-09 and 2009-10 seasons due to atypical seasonality.

### BC Children's Hospital Emergency Room

In weeks 44-45, the percentage of BC Children's Hospital ER visits attributed to "fever and cough" or flu-like illness ranged from 7.3% to 6.1%, within the expected level for this time of year.

Percentage of Patients Presenting to BC Children's Hospital ER with Presenting Complaint (Triage Chief Complaint) of "Flu," "Influenza," or "Fever/Cough", by Week



Source: BCCH Admitting, discharge, transfer database, ADT  
 Note: Data from 2010-11 and 2011-12 is based on new system (Triage Chief Complaint) not directly comparable to data for 2009-10. In bulletins before week 9 of 2011-12 season, data is based on old system.

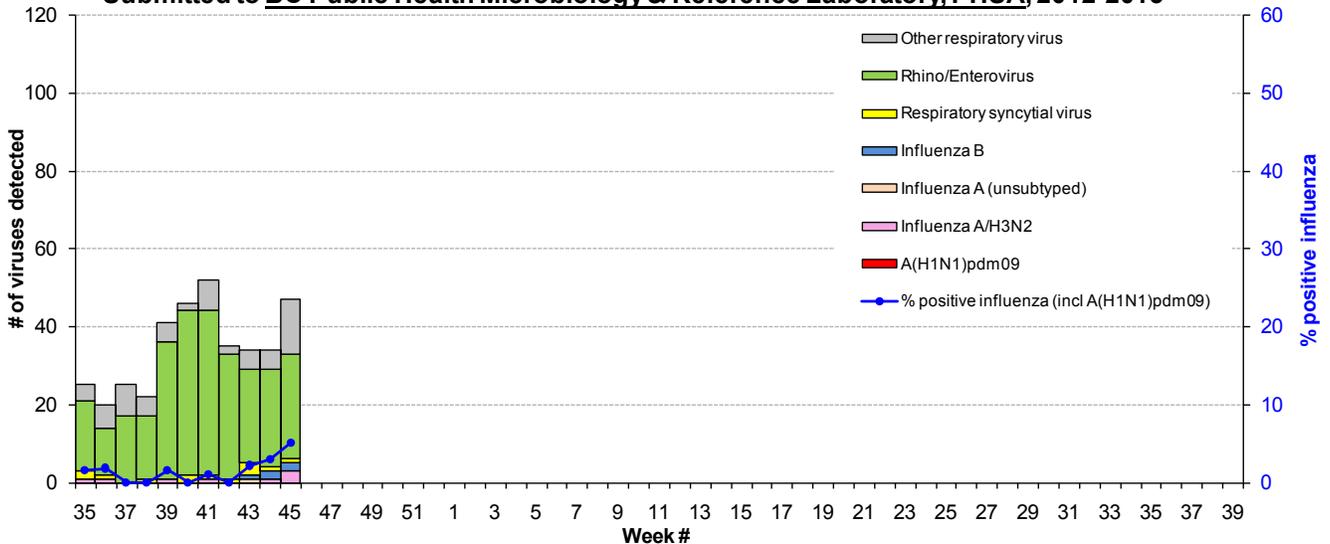
# BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2012-13: Number 2, Weeks 44-45  
 October 28 to November 10, 2012

## Laboratory Reports

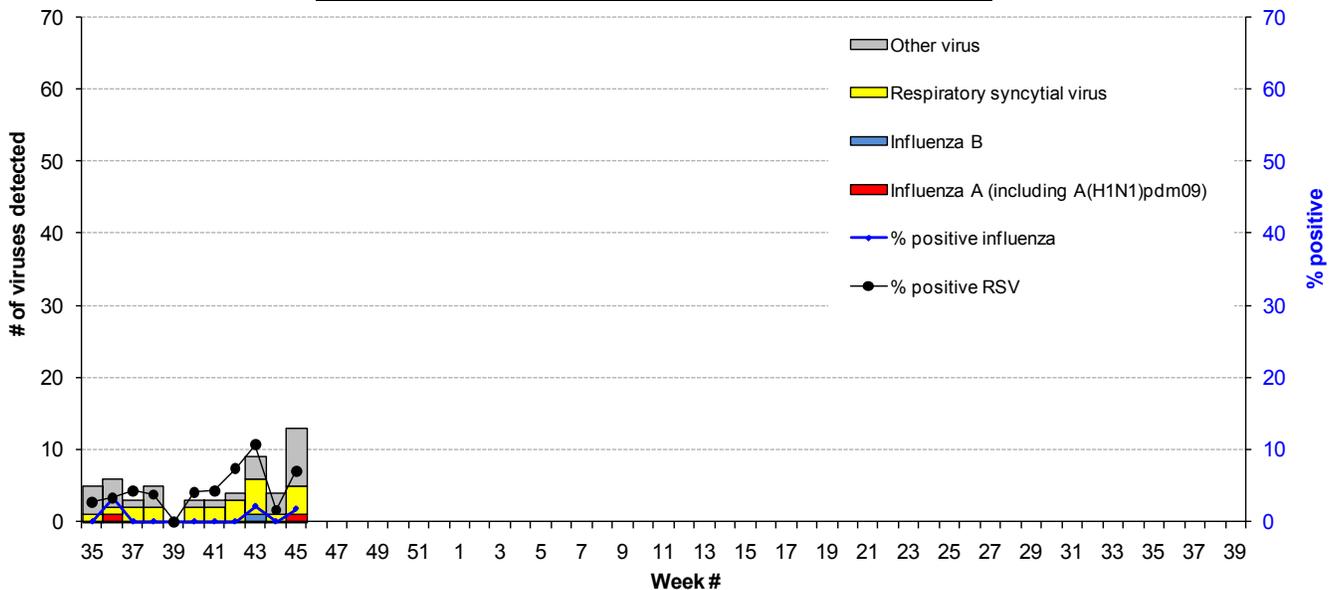
In weeks 44-45, one hundred and ninety-six specimens were tested for influenza viruses at the BC Public Health Microbiology & Reference Laboratory, PHSA. Among them, 8 (4.1%) influenza virus detections were reported from VCHA (4) and FHA (4), including 4 influenza A/H3N2 and 4 influenza B. Rhinovirus/enteroviruses continued to be the most common detections (52/196, 26.4%) during this period. Other respiratory viruses were sporadically detected.

**Influenza and Other Virus Detections Among Respiratory Specimens Submitted to BC Public Health Microbiology & Reference Laboratory, PHSA, 2012-2013**



In weeks 44-45, BC Children's and Women's Health Centre Laboratory tested 60 respiratory specimens. No influenza virus was detected. Parainfluenza virus, adenovirus, and RSV were detected sporadically.

**Influenza and Other Virus Detections Among Respiratory Specimens Submitted to BC Children's and Women's Health Centre Laboratory, 2012-2013**



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

# BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

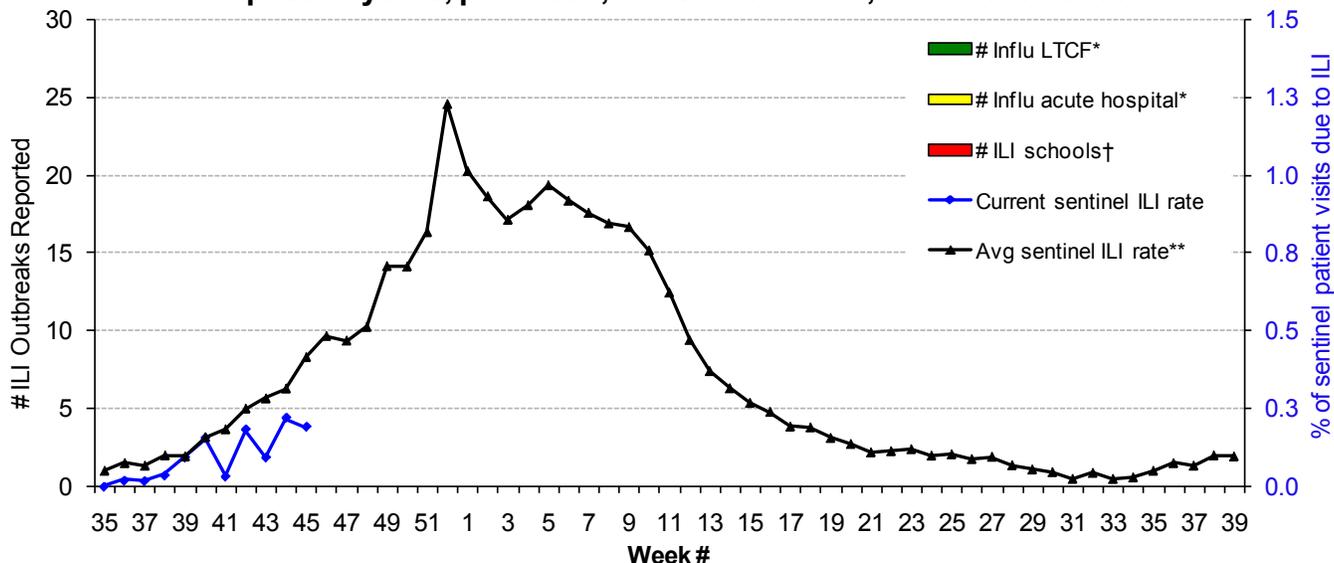
2012-13: Number 2, Weeks 44-45

October 28 to November 10, 2012

## ILI Outbreaks

In weeks 44-45, no lab-confirmed influenza outbreaks were reported. One rhino/enterovirus-associated ILI outbreak was reported from a long term care facility in Fraser Health Authority.

### Number of Influenza and Influenza-Like Illness (ILI) Outbreaks Reported, Compared to Current Sentinel ILI Rate and Average Sentinel ILI Rate for past 20 years, per Week, British Columbia, 2012-2013 season



\* 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.

\*\* Historical values exclude 2008-09 and 2009-10 seasons due to atypical seasonality.

## CANADA

### FluWatch

In week 44 (October 28 – November 3, 2012), influenza activity in Canada increased slightly compared to the previous week. However, overall activity still remained fairly low, with most regions of the country reporting no activity. A total of 64 laboratory detections of influenza were reported, of which 91% were for influenza A viruses (71% A/H3N2 and 29% un-subtyped influenza A). Most of the influenza A detections were from Alberta (28) and Ontario (17). [www.phac-aspc.gc.ca/fluwatch/](http://www.phac-aspc.gc.ca/fluwatch/)

### National Microbiology Laboratory (NML): Strain Characterization

From September 1 to November 15, 2012, 9 isolates were collected from provincial and hospital labs and characterized at the NML as follows:

7 A/Victoria/361/2011-like (H3N2)<sup>†</sup> from QUE, ONT, and BC;

2 B/Wisconsin/01/2010-like<sup>†</sup> from QUE and ONT;

<sup>†</sup> indicates a strain match to the recommended H3N2 component for the 2012-2013 influenza vaccine

<sup>†</sup> belongs to the B Yamagata lineage, and is the recommended influenza B component for the 2012-2013 influenza vaccine.

### NML: Antiviral Resistance

From September 1 to November 15, 2012, drug susceptibility testing was performed at the NML for influenza A/H3N2 (oseltamivir: 7; zanamivir: 7; amantadine: 21), and influenza B isolates (oseltamivir: 2; zanamivir: 2). The results indicated that all isolates were sensitive to oseltamivir and zanamivir, while all influenza A/H3N2 isolates were resistant to amantadine.

# BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2012-13: Number 2, Weeks 44-45

October 28 to November 10, 2012

---

## INTERNATIONAL

**USA:** during week 44 (October 28 – November 3, 2012), influenza activity increased in some areas, but overall was similar to the previous week. 227 (6.9%) out of the submitted specimens were positive for influenza, including 60% influenza A [69 A/H3N2, 2 A(H1N1)pdm09, and 65 un-subtyped influenza A] and 40% influenza B. No novel influenza A virus infections were reported. [www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly)

**Temperate areas of northern hemisphere:** In the World Health Organization's November 9, 2012 updates, many countries reported increasing detections of influenza viruses, particularly in North America and western Europe, however none crossed their seasonal threshold for ILI consultation rates.

**Tropical areas:** Several countries experienced active transmission of influenza in recent weeks. In the Americas, Nicaragua and Costa Rica reported mainly influenza B virus detections. In Asia, India, Sri Lanka, Nepal, and Cambodia reported a mixture of A/H3N2, A(H1N1)pdm09, and influenza B. In Sub-Saharan Africa, Cameroon and Ethiopia reported an increase in influenza virus detections. **Temperate areas of southern hemisphere:** influenza activities were at inter-seasonal levels in most countries.

[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)

### Avian Influenza:

There were no new reports of human cases of avian influenza after 10 August 2012. The cumulative number of confirmed human cases for avian influenza A/H5N1 reported to the WHO in the 2012 calendar year reached 30, of which 19 (63%) were fatal. [www.who.int/influenza/human\\_animal\\_interface/en/](http://www.who.int/influenza/human_animal_interface/en/)

### **WHO Recommendations for 2012-13 Northern Hemisphere Influenza Vaccine**

On 23 February, 2012 the WHO announced the recommended strain components for the 2012-13 northern hemisphere vaccine:

A/California/7/2009 (H1N1)pdm09 virus

A/Victoria/361/2011 (H3N2)-like virus\*

B/Wisconsin/1/2010 (Yamagata lineage)-like virus\*

\* these two of the three recommended components are different from the northern hemisphere seasonal TIV vaccines produced and administered in 2010-11 and 2011-2012. For further details, see:

[www.who.int/influenza/vaccines/virus/recommendations/2012\\_13\\_north/en/index.html](http://www.who.int/influenza/vaccines/virus/recommendations/2012_13_north/en/index.html)

# BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN

2012-13: Number 2, Weeks 44-45

October 28 to November 10, 2012

---

## Contact Us:

**Communicable Disease Prevention and Control (CDPACS):  
BC Centre for Disease Control (BCCDC)**

## 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: [www.doh.wa.gov/FLUNews/](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.ecdc.europa.eu](http://www.ecdc.europa.eu)

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: [www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-ozflu-flucurr.htm](http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-ozflu-flucurr.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. This Report On-line: [www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm](http://www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm)

# Influenza-Like Illness (ILI) Outbreak Summary Report Form

Please complete and email to [ilioutbreak@bccdc.ca](mailto:ilioutbreak@bccdc.ca)

**Note: This form is for provincial surveillance purposes.  
Please notify your local health unit per local guidelines/requirements.**

**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.

<b>A</b>	<b>Reporting Information</b>	Health unit/medical health officer notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Person Reporting: _____	Title: _____
	Contact Phone: _____	Email: _____
	Health Authority: _____	HSDA: _____
	Full Facility Name: _____	
	Is this report:	<input type="checkbox"/> First Notification ( <i>complete section B below; Section D if available</i> ) <input type="checkbox"/> Update ( <i>complete section C below; Section D if available</i> ) <input type="checkbox"/> Outbreak Over ( <i>complete section C below; Section D if available</i> )

<b>B</b>	<b>First Notification</b>
	Type of facility: <input type="checkbox"/> LTCF <input type="checkbox"/> Acute Care Hospital <input type="checkbox"/> Senior's Residence (if ward or wing, please specify name/number: _____)
	<input type="checkbox"/> Workplace <input type="checkbox"/> School (grades: _____) <input type="checkbox"/> Other (_____)
	Date of onset of first case of ILI (dd/mm/yyyy): <u>DD</u> / <u>MMM</u> / <u>YYYY</u>

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

<b>C</b>	<b>Update AND Outbreak Declared Over</b>
	Date of onset for most recent case of ILI (dd/mm/yyyy): <u>DD</u> / <u>MMM</u> / <u>YYYY</u>
	If over, date outbreak declared over (dd/mm/yyyy): <u>DD</u> / <u>MMM</u> / <u>YYYY</u>

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

<b>D</b>	<b>Laboratory Information</b>
	Specimen(s) submitted? <input type="checkbox"/> Yes (location: _____) <input type="checkbox"/> No <input type="checkbox"/> Don't know If yes, organism identified? <input type="checkbox"/> Yes (specify: _____) <input type="checkbox"/> No <input type="checkbox"/> Don't know