INFLUENZA IN MANITOBA – 2010/2011 SEASON

Cases reported up to December 4, 2010

The public health disease surveillance system of Manitoba Health received its first laboratory-confirmed positive case of influenza for the 2010/2011 season (running from July 1, 2010 to June 30, 2011) during Week 39, September 26 – October 2, 2010. This season there have been **64** laboratory-confirmed cases of Influenza A and **0** lab-confirmed cases of Influenza B in the province.

LABORATORY-CONFIRMED INFLUENZA

- Reports from Cadham Provincial Laboratory (CPL) are forwarded to the public health disease surveillance system of Manitoba Health weekly.
- > The number of positive cultures is an underestimate of the total number of cases, since not all persons with influenza seek medical attention, and of those that do, not all are cultured for the virus
- ➤ Information contained within this update is based on positive lab reports confirmed on or before December 4, 2010. The date the laboratory specimen is taken is used to assign cases to the appropriate week/month.

INFLUENZA A

- > There have been **64 cases of Influenza A** reported this season in Manitoba.
- Refer to Table 1 for a summary of cases by Regional Health Authority (RHA) and week of specimen collection and Table 3 for a summary of cases by age group.
- > Refer to **Figure 1** for an illustration of the number of laboratory-confirmed cases of Influenza A by month in Manitoba, 2003/2004-2010/2011.

INFLUENZA B

- > There have been **0** cases of Influenza B reported this season in Manitoba.
- > Refer to **Table 2** for a summary of cases by Regional Health Authority (RHA) and week of specimen collection and **Table 3** for a summary of cases by age group.
- Refer to **Figure 2** for an illustration of the number of laboratory-confirmed cases of Influenza B by month in Manitoba, 2003/2004-2010/2011.

REPORTS OF INFLUENZA-LIKE ILLNESS OUTBREAKS

- > ILI outbreaks are defined as:
 - Schools: 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.
 - Hospitals and Residential institutions: two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case.
 - Other settings: two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. workplace, closed communities.
- These outbreaks of influenza must be accompanied by a positive influenza lab report to be counted. The outbreak-related cases reflected on tables and figures within this report are lab-confirmed. Most outbreak-related cases are not lab-confirmed.

As of December 4, 2010, there were **four** regional outbreaks of lab-confirmed Influenza A reported to the public health disease surveillance system for the 2010-2011 season (a community outbreak in Burntwood RHA, a workplace outbreak in Winnipeg RHA, and two personal care home outbreaks in Winnipeg RHA). There were no lab-confirmed outbreaks of Influenza B reported.

NATIONAL FLUWATCH PROGRAM

Manitoba Health participates in the National FluWatch Program coordinated by the Public Health Agency of Canada and the College of Family Physicians of Canada. In addition to laboratory-confirmation of influenza, this program relies on weekly reports of influenza-like illness (ILI) as reported by 20 current Manitoban sentinel physicians. These sentinels reflect cases found in eight regional health authorities.

- Manitoba Health receives weekly reports from the Public Health Agency of Canada presenting the provincial ILI rate and the specific data for each of the participating sentinel physicians. Not all sentinel physicians participate in the program each week, and 11 of the 20 sentinels participate in swabbing for influenza with their ILI patients.
- For the 2010/2011 season, ILI in the general population is defined as: Acute onset of respiratory illness with fever and cough and with one or more of the following sore throat, arthralgia, myalgia, or prostration which is likely due to influenza. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.
- ➤ Refer to **Figure 3** for an illustration of the ILI rate and number of reporting sentinels as it relates to the number of laboratory-confirmed cases of influenza.

SUB-TYPING, STRAIN CHARACTERIZATION, AND ANTIVIRAL RESISTANCE

> **Sub-Typing**: The following summarizes the breakdown of influenza by type and sub-type, as reported by CPL:

A/H1N1	A/H3N2	A unsubtyped	A Total
0	51	13	64

- > Strain Characterization: Since September 1st, 2010, National Microbiology Laboratory (NML) reports that it has antigenically characterized 1 influenza virus that was received from CPL. The Influenza A/H3N2 virus characterized by NML was antigenically related to A/Perth/16/2009-like.
- Antiviral Resistance: Since September 1st, 2010, NML has tested for antiviral resistance on Manitoba isolates with the following results:

Influenza A/H3N2:	Resistant	Sensitive		
Amantadine	4	0		
Oseltamivir	0	1		
Zanamivir	0	1		

INFLUENZA-RELATED HOSPITALIZATIONS, ICU ADMISSIONS, AND DEATHS

- Lab-confirmed report of influenza infection is required for a hospitalization, ICU admission, or death to be counted.
- Reporting of influenza-related deaths is likely incomplete due to the possibility that cause of death may only be suspected and not lab-confirmed. Notification of deaths are reported by:
 - (a) Chief Medical Examiner:
 - (b) Medical Officers of Health in the Regional Health Authorities
 - (c) Infection Control Practitioners in long term care facilities

	Weekly Total	Cumulative Total
Hospitalizations:	4	6
ICU Admissions:	1	3
Deaths:	1*	2

Cause of death is pending.

HEALTH LINKS - INFO SANTÉ (HL-IS)

- > HL-IS is a 24-hour, 7-days a week telephone information service staffed by registered nurses with the knowledge to provide answers over the phone to health care questions and guidance to appropriate care.
- From November 21-27, there were a total of **54 calls** made to HL-IS Influenza Service. Of these calls:

21	caller(s) selected to hear the Flu Appointment option
0	caller(s) selected the Influenza Program
24	caller(s) selected Flu Management
9	caller(s) selected the Free Flu Shot Program

> See **Figure 4** for an illustration of the number of calls as it relates to the number of lab-confirmed cases of influenza.

For other Epidemiology and Surveillance reports, please view the Manitoba Health Internet Website: http://www.gov.mb.ca/health/publichealth/surveillance/index.html

> For national surveillance data, refer to: http://www.phac-aspc.gc.ca/fluwatch/index-eng.php

Table 1. Reported Cases of Influenza A by RHA and Week of Specimen Collection, Manitoba 2010-2011

Conceilori, Marittobe	Collection, Manitoba 2010-2011										
RHA	26/09 - 02/10	03/10 - 09/10	10/10 - 16/10	17/10 - 23/10	24/10 - 30/10	31/10 - 06/11	07/11 - 13/11	14/11 - 20/11	21/11 - 27/11	28/11 - 04/12	TOTAL
Winnipeg	0	0	0	0	0	1	0	4	5	6	16
Brandon	0	0	0	0	0	0	0	0	0	0	0
North Eastman	0	0	0	0	0	0	0	0	0	5	5
South Eastman	0	0	0	0	0	0	0	0	0	0	0
Interlake	0	0	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0	0	0
Assiniboine	0	0	0	0	0	0	0	0	0	0	0
Parkland	0	0	0	0	0	0	0	0	1	0	1
Norman	1	0	0	0	0	0	0	0	1	0	2
Burntwood	0	0	0	0	0	0	0	0	26	13	39
Churchill	0	0	0	0	0	0	0	0	0	1	1
MANITOBA	1	0	0	0	0	1	0	4	33	25	64

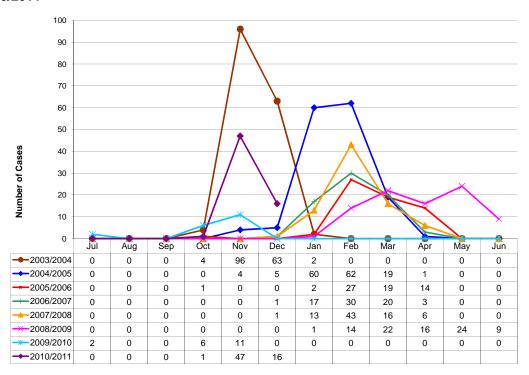
Table 2. Reported Cases of Influenza B by RHA and Week of Specimen Collection, Manitoba 2010-2011

RHA	26/09 - 02/1	03/10 - 09/1	10/10 - 16/1	17/10 - 23/1	24/10 - 30/1	31/10 - 06/1	07/11 - 13/1	14/11 - 20/1	21/11 - 27/1	28/11 - 04/1	TOTAL
Winnipeg	0	0	0	0	0	0	0	0	0	0	0
Brandon	0	0	0	0	0	0	0	0	0	0	0
North Eastman	0	0	0	0	0	0	0	0	0	0	0
South Eastman	0	0	0	0	0	0	0	0	0	0	0
Interlake	0	0	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0	0	0
Assiniboine	0	0	0	0	0	0	0	0	0	0	0
Parkland	0	0	0	0	0	0	0	0	0	0	0
Norman	0	0	0	0	0	0	0	0	0	0	0
Burntwood	0	0	0	0	0	0	0	0	0	0	0
Churchill	0	0	0	0	0	0	0	0	0	0	0
MANITOBA	0	0	0	0	0	0	0	0	0	0	0

Table 3. Reported Cases of Influenza A and B by Age Group, in Manitoba 2010-2011

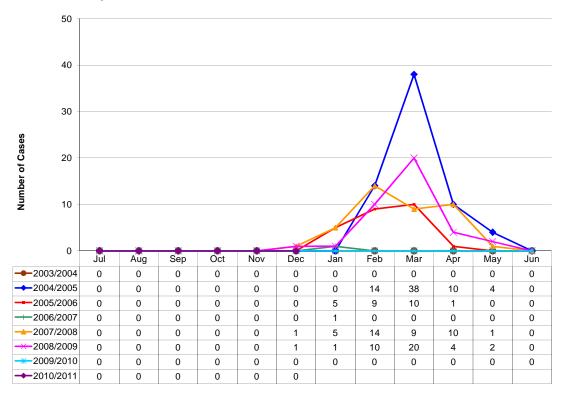
2011						
	Influe	enza A	Influe	nza B		
Age Group	# of cases	% of total	# of cases	% of total		
<1 yrs	10	15.6%	0	0.0%		
1-4 yrs	12	18.8%	0	0.0%		
5-9 yrs	3	4.7%	0	0.0%		
10-14 yrs	5	7.8%	0	0.0%		
15-19 yrs	1	1.6%	0	0.0%		
20-24 yrs	2	3.1%	0	0.0%		
25-29 yrs	5	7.8%	0	0.0%		
30-39 yrs	15	23.4%	0	0.0%		
40-49 yrs	7	10.9%	0	0.0%		
50-59 yrs	3	4.7%	0	0.0%		
60-69 yrs	0	0.0%	0	0.0%		
70-79 yrs	1	1.6%	0	0.0%		
>79 yrs	0	0.0%	0	0.0%		
Missing	0	0.0%	0	0.0%		
TOTAL	64		0			

Figure 1. Laboratory-Confirmed Cases of Influenza A (Excluding Pandemic H1N1), 2003/2004-2010/2011*



^{*} December 2010 monthly total up to December 4, 2010.

Figure 2. Laboratory-Confirmed Cases of Influenza B, 2003/2004-2010/2011*



^{*} December 2010 monthly total up to December 4, 2010.

Figure 3. Influenza-Like Illness (ILI) Rate, Number of Influenza A and B Cases by Week of Specimen Collection, and Number of Sentinels Participating in FluWatch, 2010-2011 Season by Week

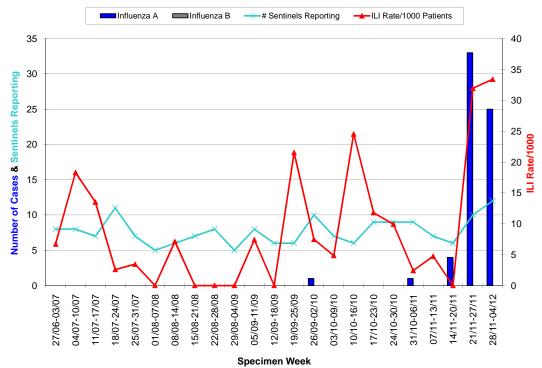
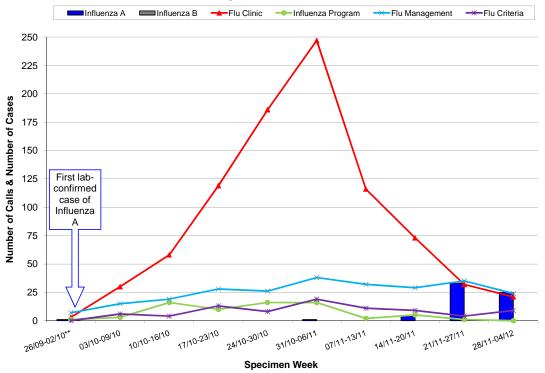
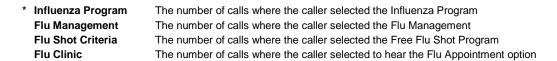


Figure 4. Number of Calls to Health Links – Info Santé Influenza Service by Type of Enquiry* and Number of Influenza A and B Cases by Week, Manitoba, 2010/2011 Influenza Season





^{**} Number of calls to Health Links – Info Santé available for October 1-2 only (2010-2011 Health Links – Info Santé Seasonal Influenza Service was launched on October 1, 2010).