• Oct 26-Nov 1: The proportion of patients visiting sentinel physicians for influenza-like illness was 3% (unchanged from last week)

Outpatient ILI (sentinels)

• This week: There were 0 cases of influenza A and 0 cases of influenza B reported
• A total of 1 case of influenza A and 1 case of influenza B have been reported since the start of the current influenza season
• Cadham Provincial Laboratory has detected a variety of respiratory viruses this week, with no dominant type identified

Laboratory

• The following regional proportions are observed among cases of influenza A: Winnipeg (50%), Northern (50%), Prairie Mountain (0%), Southern (0%), Interlake-Eastern (0%)

Geography

• Between Oct 26 and Nov 1, 2014, 28 units of oseltamivir were dispensed from community retail pharmacies
• The total number of units dispensed since Oct 1, 2014 was 88

Treatment

• Manitoba’s influenza activity, as estimated by Google search data is moderate
• There were 124 calls to Health Links - Info Santé this week, which is lower than the previous week (205 calls).

Syndromic Surveillance

• As of November 1, 2014, there have been 0 lab-confirmed outbreaks of influenza reported.

Institutional Outbreaks

• There were 0 hospitalizations associated with a laboratory-confirmed diagnosis of influenza that were reported this week, 0 ICU admissions and 0 deaths

Severity

• No Manitoba isolates have been tested for antiviral resistance yet this season

Antiviral Resistance

• Influenza vaccine uptake information will be included in this report beginning in December

Immunization
This week, there were:

- 0 cases of influenza A reported;
- 0 cases of influenza B reported.

Since the beginning of this season, there has been:

- 1 case of influenza A reported;
- 1 case of influenza B reported.

Surveillance Measures

1. Laboratory Surveillance

Reports of influenza nucleic acid detection, culture isolation, and enzyme immunoassay (EIA) detections are received from Cadham Provincial Laboratory (CPL) and occasionally other laboratories, and are forwarded to the Public Health Surveillance (PHS) Unit within 24 hours of confirmation.

CPL performs testing for other respiratory viruses including parainfluenza, RSV, adenovirus, rhinovirus, coronavirus, enterovirus, and bocavirus. The total number of other respiratory viruses detected is reported to PHS on a weekly basis.
2. Outpatient ILI (Sentinel Physicians)

Manitoba Health participates in the National FluWatch Program coordinated by PHAC. In addition to laboratory-confirmation of influenza, this program relies on weekly reports of ILI as reported by 27 current Manitoban sentinel physicians in all five RHAs (Northern, Southern, Prairie Mountain, Interlake-Eastern, and Winnipeg).

Manitoba Health receives weekly reports from PHAC presenting the provincial ILI rate and the specific data for each of the participating sentinel physicians. The graph below depicts the proportion of total patients who were seen for an ILI. **These numbers should be interpreted with caution as the number of sentinel physicians reporting to FluWatch varies from week to week and may not be representative of ILI activity across the province.**

![Graph showing proportion of patients seen for influenza-like illness by week for the 2013/14 and 2014/15 influenza seasons, Manitoba](image)

**Figure 1.** Proportion of patients seen for influenza-like illness as reported by FluWatch sentinel physicians by week for the 2013/14 and 2014/15 influenza seasons, Manitoba.

The proportion of patients seen for an ILI this week was similar to last week (2.8% from 2.9%). The proportion is comparable to what was observed at the same time last season.
This week there were 124 calls, which was lower than the previous week (205 calls). The weekly total is lower than the total observed at the same time last season.

Figure 2. The number of calls to Health Links – Info Santé in the 2013/14 and 2014/15 influenza seasons, Manitoba

**Severity (Clinically Severe Cases)**

This season, PHAC is requesting provinces and territories to report the number of hospitalizations, ICU admissions, and deaths associated with a lab-confirmed report of influenza. The reason for hospitalization, ICU admission, or death does not have to be attributable to the influenza diagnosis in order to be included in this count. These data are collected in order to continue with the surveillance system implemented during the 2009 H1N1 pandemic to help monitor the severity/burden of illness during the influenza season.

*Hospitalized cases are reported based on laboratory report date.

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1 The reason for hospitalization, ICU admission, or death does not have to be attributable to the influenza diagnosis in order to be included in this count.
**Institutional Outbreaks**

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. However, most outbreak-related cases will not be lab-confirmed.

<table>
<thead>
<tr>
<th>This week there were:</th>
<th>From the beginning of the season until Nov. 6, 2014 there have been:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 0 outbreaks of influenza A;</td>
<td>• 0 outbreaks of influenza A;</td>
</tr>
<tr>
<td>• 0 outbreaks of influenza B.</td>
<td>• 0 outbreaks of influenza B.</td>
</tr>
</tbody>
</table>

**Syndromic Surveillance**

Google Flu Trends uses aggregated Google search data to estimate influenza activity. As of November 3, 2014, Manitoba’s influenza activity is moderate.
Abbreviations

ACF = acute care facility  
CPL = Cadham Provincial Laboratory  
HL-IS = Health Links – Info Santé  
PHAC = Public Health Agency of Canada  
ICU = intensive care unit  
ILI = influenza-like-illness  
LTCF = long term care facility  
NML = National Microbiology Laboratory  
PHS = Public Health Surveillance  
RHA = Regional Health Authority  
WRHA = Winnipeg Regional Health Authority

Explanatory Notes and Definitions

**Cumulative data:**
Cumulative data includes updates to previous weeks; due to reporting delays or amendments, the sum of weekly report totals may not add up to cumulative totals.

**Data extraction date:**
Manitoba-specific information contained within this update is based on data confirmed in Manitoba’s PHS Unit databases on or before **Nov 6, 2014**, the date of data extraction.

**ILI in the general population:**
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.

**ILI outbreaks:**
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.

**Specimen collection date:**
The date the laboratory specimen is taken is used to assign cases to the appropriate week in this report. However, hospitalized/ICU cases are reported based on laboratory report date.

For other Epidemiology and Surveillance reports, please view the Manitoba Health internet website:  

For national surveillance data, refer to:  