

## Influenza Surveillance 2015–2016

Week 10 (Mar.6–12, 2016)

Data extracted Mar. 18, 2016 at 11:00 am

Laboratory-confirmed influenza cases this week:

- **158** cases of influenza A ↓
- **19** case of influenza B ↑
- **34.5%** positivity ↓

Since Sept. 1, 2015:

- **599** cases of influenza A
- **43** case of influenza B

### Laboratory

Cases and cumulative incidence rates (cases per 100,000 population) since Sept. 1, 2015:

- **Winnipeg: 217 (29.1)**
- **Southern: 88 (46.1)**
- **Interlake-Eastern: 56 (44.2)**
- **Prairie Mountain: 137 (81.6)**
- **Northern: 144 (191.1)**

### Regional Health Authority

Severe outcomes associated with laboratory-confirmed influenza diagnosis in this week:

- **29** hospitalizations ↓
- **7** ICU admission ↓
- **0** deaths ↓

Since Sept. 1, 2015:

- **157** hospitalizations
- **49** ICU admissions
- **5** deaths

### Severity

Calls to Influenza Service at Health Links–Info Santé this week: **38** ↑

Percent of visits to sentinel physicians due to ILI this week: **4.0%** ↑

In Emergency Department this week:

- **201** ILI cases per day on average ↑
- **21–28%** of visits due to ILI →

### Influenza-Like-Illness (ILI)

Laboratory-confirmed outbreaks this week:

- **3** outbreaks of influenza A ↓
- **1** outbreaks of influenza B ↑

Since Sept. 1, 2015:

- **11\*** outbreaks of influenza A
- **1** outbreaks of influenza B

\*Duplicate counts in previous weeks were corrected.

### Outbreak

Oseltamivir dispensed from community retail pharmacies:

- This week: **572** units ↑
- Since Oct. 1, 2015: **1634** units

Isolates resistant to antiviral since Sept. 1, 2015 in Manitoba:

- **Oseltamivir: 6**
- **Zanamivir: 0**

### Antiviral

As of Feb. 29, 2016:

- **Percent of Manitobans immunized with the seasonal influenza vaccine: 22%**

Please note:

- **FluMist®** Quadrivalent (AstraZeneca) vaccines expired and are not available any more this season.
- **Fluzone®** Quadrivalent (Sanofi Pasteur) vaccines are still available.

The quadrivalent influenza vaccine, that is available in Manitoba, protects people from four influenza strains that appear to be circulating.

### Immunization

Influenza activity continued to be high in Manitoba. This was partly driven by the increase in the influenza B activity. The units of antiviral drugs dispensed continued to increase, exceeding the peak in the 2014–2015 season. More hospitalizations and ICU admissions were also reported. See Figure 7 for more details. Of all the ICU admissions of influenza patients, 65% were aged between 20 and 65 years.

Nationally, influenza A(H1N1)pdm09 continues to be the most common influenza subtype circulating. Week 9 was the second week that the Eastern provinces accounted for the majority of influenza activity nationally. The epidemic peak in Western provinces might have been passed.

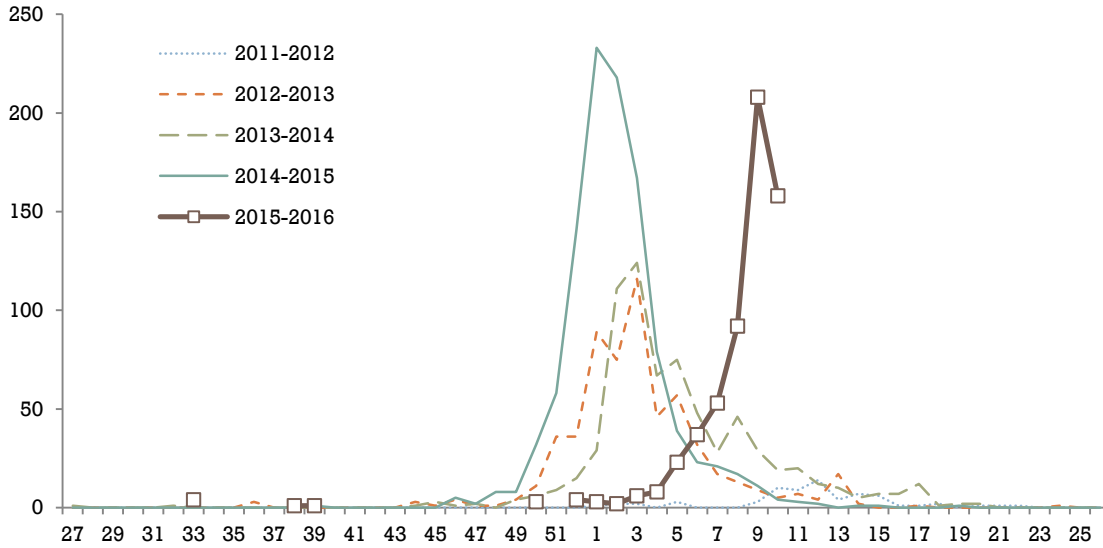
The Canadian Sentinel Practitioner Surveillance Network (SPSN) assessed interim 2015–2016 vaccine effectiveness (VE) against influenza A(H1N1)pdm09 viruses. Adjusted VE showed significant protection of 64% (95% CI: 44–77%) overall against medically attended, laboratory-confirmed A(H1N1)pdm09 illness and 56% (95% CI: 26–73%) for adults aged between 20 and 64 years.

### Summary: High activity

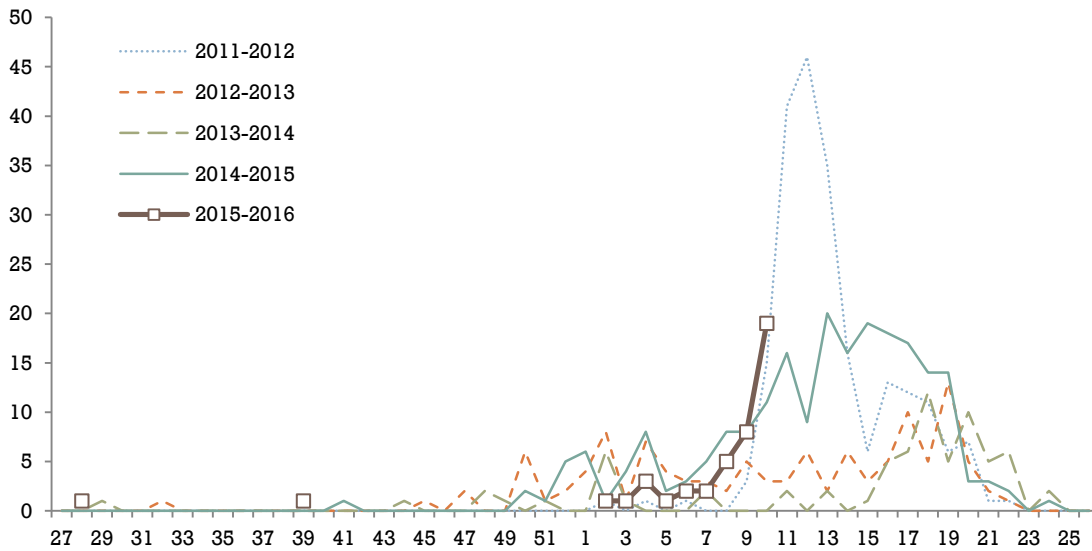
**Note.** Numbers are subject to change. Missed events in the current weekly report due to a delay of submission to MHLS will be reported in later weeks when data become available.

### 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. These reports are forwarded to Epidemiology and Surveillance (E&S) within 24 hours of confirmation. CPL also performs testing for other respiratory viruses including parainfluenza, RSV, adenovirus, rhinovirus, coronavirus, enterovirus, and bocavirus, which are reported to E&S on a weekly basis.



**Figure 1. Laboratory-confirmed influenza A cases by week, Manitoba, 2015–2016**



**Figure 2. Laboratory-confirmed influenza B cases by week, Manitoba, 2015–2016**

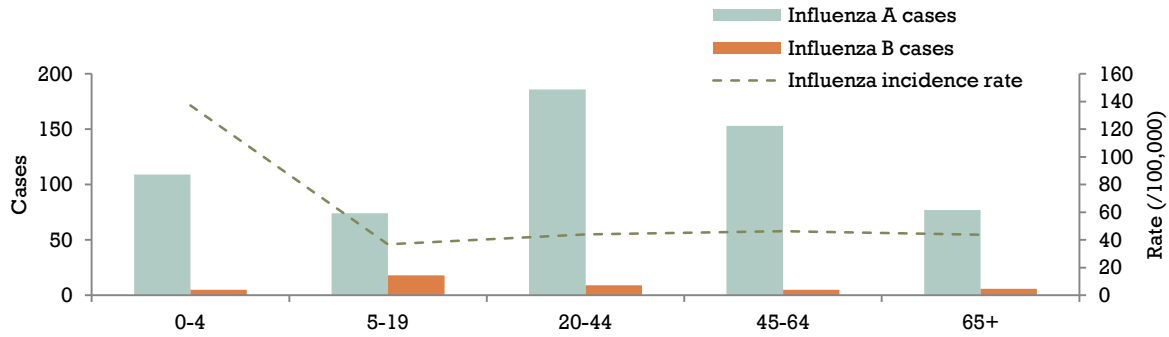


Figure 3. Influenza A and B cases by age group, Manitoba, 2015–2016

### Health Links – Info Santé

Health Links–Info Santé is a 24-hour, 7-days a week telephone information service. It is staffed by registered nurses with the knowledge to provide answers to health care questions and guidance to appropriate care over the phone. When a caller phones Health Links–Info Santé and selects Influenza Service, they are given an option to select information on (1) the groups of individuals who are at an increased risk of serious illness, (2) how to arrange an influenza vaccine, (3) the annual influenza immunization campaign, or (4) the management of influenza and its potential complications.

The number of calls to Health Links – Info Santé increased this week. Overall, there were fewer calls in 2015–2016 than in previous seasons.

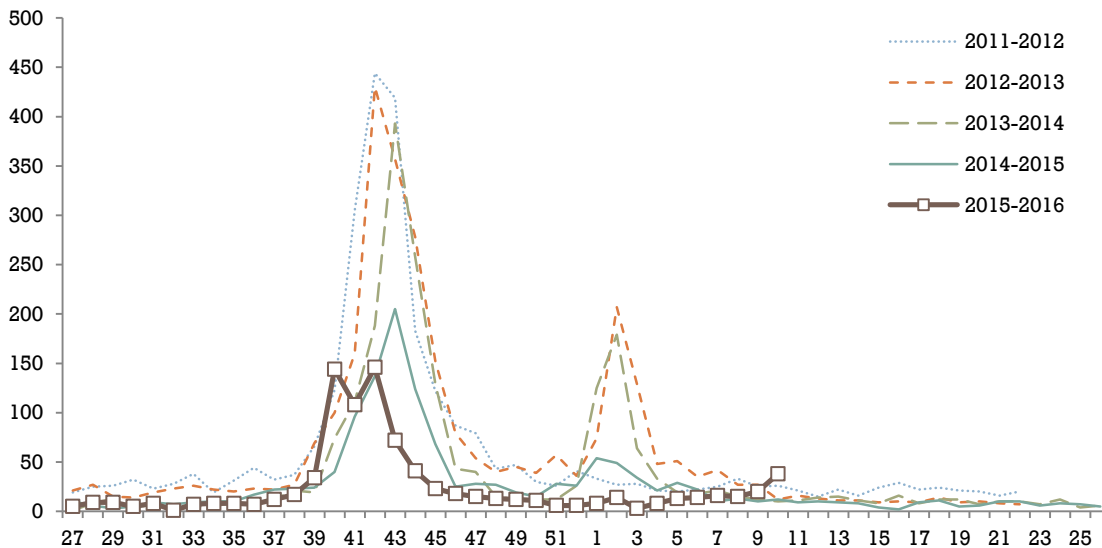


Figure 4. Calls to Health Links – Info Santé, Manitoba, 2015–2016

### ILI

#### ILI visits to sentinel physicians

Manitoba participates in *FluWatch*, the Canada’s national surveillance system co-ordinated by Public Health Agency of Canada (PHAC), which monitors the spread of influenza and ILI on a year-round basis. *FluWatch* consists of a network of laboratories, hospitals, doctor’s offices and provincial and territorial ministries of health. In 2015–2016, there were 19 sentinel physicians recruited throughout Manitoba. They are requested to report to *FluWatch* weekly. E&S receives weekly reports from *FluWatch* which present the ILI rate for Manitoba and for

each of the participating sentinel physicians. Note that the reporting sentinel physicians are different by week and their reports may not be representative of ILI activity across the province.

The weekly percentage of patient visits to sentinel physicians due to ILI this season continued to be low.

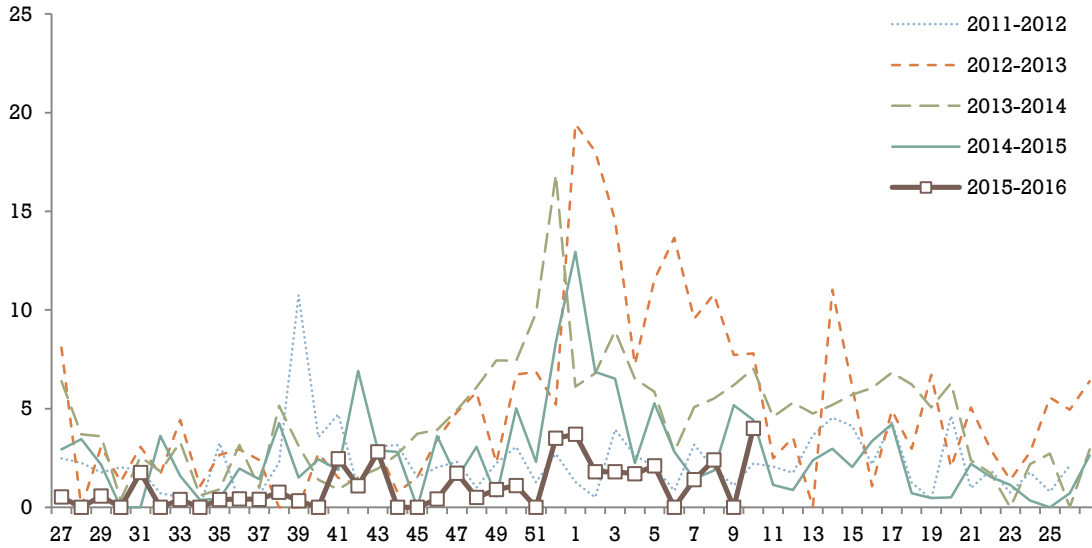


Figure 5 Percent of patient visits to sentinel physicians due to ILI by week, Manitoba, 2015–2016

**ILI visits to Emergency Rooms**

E&S receives the summary report for the daily ILI related visits to Emergency Department at Winnipeg Regional Health Authority (WRHA) on a weekly basis. ILI cases are defined as patients whose triage chief complaints contain either of these symptoms: weakness, shortness of breath, cough, headache, fever, cardiac/respiratory arrest, sore throat, and upper respiratory tract infection complaints.

The number of ILI cases and as % of total visits in Emergency Department this week remained high, similar to the previous week.

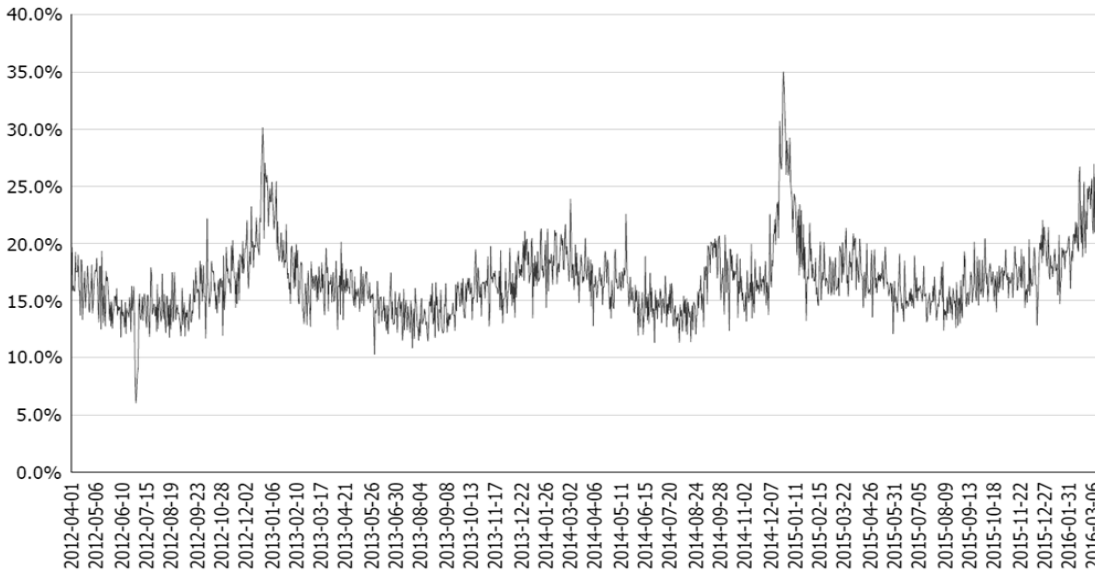


Figure 6 ILI cases as % of all visits in Emergency Department at WRHA, Manitoba

### Influenza Associated Severe Outcome

Each influenza season, RHAs are asked to submit a line list of influenza associated hospitalizations, ICU admissions, and deaths to E&S at MHHS on a weekly basis, which includes the lab requisition number, age, reporting RHA, and type/subtype of influenza. Aggregate numbers of hospitalizations, ICU admissions and deaths are also reported to PHAC for national surveillance on a weekly basis. The reason for hospitalization, ICU admission, or death does not have to be attributable to influenza. Instead, a temporal association with a positive influenza laboratory result is sufficient for reporting. Influenza associated deaths may also be reported from other sources. **Note that data submission for this surveillance is delayed and the data are not comparable to the hospital occupancy data.**

This week, the number of hospitalized influenza patients including those ICU admitted decreased compared to the updated number in Week 9.

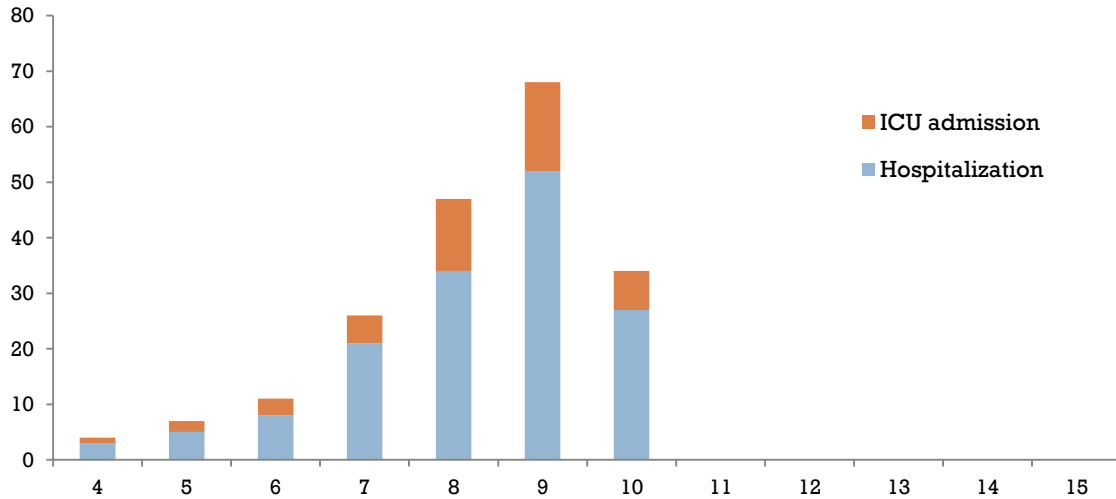


Figure 7 Hospitalized influenza patients by week, Manitoba, 2015–2016

Most hospitalized influenza patients this season were aged below 65 years. One quarter of patients were aged below 5 years. Of all the ICU admitted influenza patients, 65% were aged between 20 and 65 years.

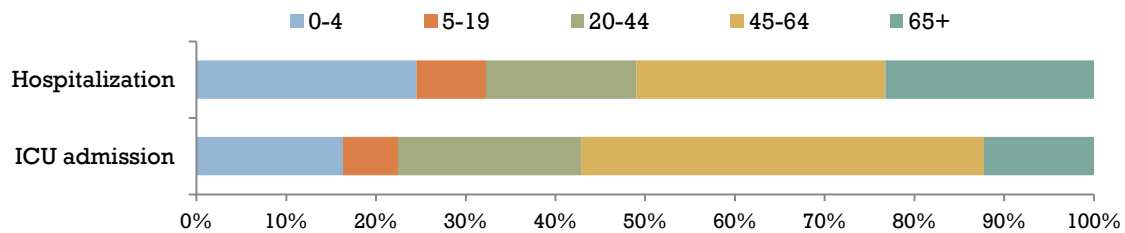


Figure 8 Percent of hospitalized influenza patients by age, Manitoba, 2015–2016

### Antiviral Dispensing

Daily units of antiviral drug, Oseltamivir (Tamiflu®), dispensed to Manitoba residents during an influenza season are reported to E&S from Drug Programs Information Network (DPIN) on a weekly basis since October 1 each season. Only drugs dispensed from community retail pharmacies are included in this report. Antiviral drugs dispensed to in-patients or through nursing stations could not be included due to lack of data.

This week, the units of antiviral drug dispensed continued to increase, exceeding the peak in the 2014–2015 season.

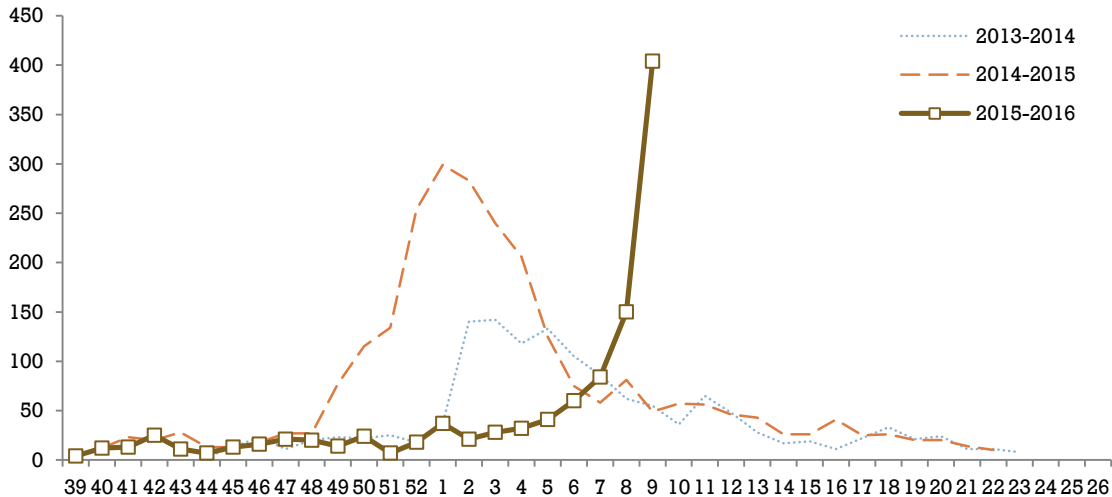


Figure 9 Units of Oseltamivir dispensed by week, Manitoba, 2015–2016

### Antiviral Resistance

Influenza and Respiratory Viruses Section of National Microbiology Laboratory (NML) undertakes enhanced surveillance, investigations, and research on influenza and other respiratory pathogens. A random sample of positive influenza specimens isolated by culture is referred from each provincial laboratory to NML for strain characterization and antiviral resistance testing. The aggregate level information is then shared with provinces and territories on a weekly basis.

To date, all influenza viruses tested were sensitive to Zanamivir. Of all the viruses tested, six H1N1 viruses were resistant to Oseltamivir with an H275Y mutation. In comparison, almost all viruses tested were resistant to Amantadine.

Table 1. Antiviral resistance of isolates by influenza type and subtype since September 1, 2015 in Canada and Manitoba, 2015–2016

		Oseltamivir		Zanamivir		Amantadine	
		# Resistant	# Sensitive	# Resistant	# Sensitive	# Resistant	# Sensitive
<b>Canada</b>	A(H3N2)	0	126	0	126	140	1
	A(H1N1)	6	409	0	416	463	0
	B	0	188	0	188	N/A	N/A
<b>Manitoba</b>	A(H3N2)	0	0	0	0	0	0
	A(H1N1)	0	8	0	8	8	0
	B	0	2	0	2	N/A	N/A

N/A = Not applicable

### Immunization

#### 2015–2016 Season

As per World Health Organization (WHO), all seasonal quadrivalent influenza vaccines for 2015–2016 in the northern hemisphere contain:

- A/Switzerland/9715293/2013(H3N2)-like virus;
- A/California/7/2009(H1N1)pdm09-like virus;
- B/Phuket/3073/2013-like virus;

- B/Brisbane/60/2008-like virus (quadrivalent vaccines).

For the 2015–2016 influenza season, MHHS is allotted quadrivalent inactivated vaccine (QIV), Fluzone® Quadrivalent (Sanofi Pasteur), and quadrivalent live attenuated influenza vaccine (QLAIV) FluMist® Quadrivalent (AstraZeneca), as part of the province's Publicly-Funded Seasonal Influenza Immunization Program.

### 2016–2017 Season

As per World Health Organization (WHO), all seasonal quadrivalent influenza vaccines for 2016–2017 in the northern hemisphere contain:

- A/Hong Kong/4801/2014(H3N2)-like virus;
- A/California/7/2009(H1N1)pdm09-like virus;
- B/Brisbane/60/2008-like virus;
- B/Phuket/3073/2013-like virus (quadrivalent vaccines).

### Circulating Strain

NML antigenically characterizes influenza viruses received from Canadian laboratories year-round. In Manitoba, a random sample of positive influenza specimens isolated by culture is referred from CPL to NML.

Since September 1, 2015, NML has characterized 994 influenza A and B viruses.

- 140 influenza A(H3N2) viruses:
  - 29 influenza A(H3N2) viruses were antigenically characterized as A/Switzerland/9715293/2013, the influenza A(H3N2) component in the 2015–2016 influenza vaccine.
  - 111 influenza A(H3N2) viruses did not grow to sufficient hemagglutination titers for antigenic characterization by hemagglutination inhibition assays. Therefore, genetic characterization was performed. Sequence analyses showed that those influenza A(H3N2) viruses belonged to a genetic group in which most viruses were antigenically related to A/Switzerland/9715293/2013.
- 611 influenza A(H1N1) viruses:
  - 611 influenza A(H1N1) viruses characterized were antigenically similar to A/California/7/2009, the influenza A(H1N1) component in the vaccine.
- 243 influenza B viruses:
  - 77 influenza B viruses characterized were antigenically similar to B/Phuket/3073/2013 (Yamagata lineage), the influenza B component in the vaccine.
  - 166 influenza B viruses were characterized as B/Brisbane/60/2008-like (Victoria lineage), the influenza B component in the quadrivalent vaccine.

**Table 2 Influenza Strain Characterization reported by NML since September 1, 2015, Canada, 2015–2016**

Strain	Number of viruses	
	Canada	Manitoba
A/Switzerland/9715293/2013(H3N2)-like	29	0
A/California/7/2009(H1N1)-like	611	16
B/Phuket/3073/2013-like	77	1
B/Brisbane/60/2008-like	166	4

## Abbreviations

**CPL = Cadham Provincial Laboratory**  
**E&S = Epidemiology and Surveillance**  
**ICU = Intensive Care Unit**  
**ILI = Influenza Like Illness**  
**LTCF = Long Term Care Facility**  
**MHLS = Manitoba Health, Healthy Living and Seniors**  
**NML = National Microbiology Laboratory**  
**PHAC = Public Health Agency of Canada**  
**RHA = Regional Health Authority**  
**WHO = World Health Organization**  
**WRHA = Winnipeg Regional Health Authority**

## Explanatory Notes and Definitions

### Cumulative data

Cumulative data include 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 SIS databases at 11:00 am on the date of data extraction.

### Epidemiology week

Time trends in this report were analyzed by [epidemiology week](#), a schedule used by the national FluWatch program coordinated by the Public Health Agency of Canada (PHAC).

### Incidence rate

Incidence rate measures the frequency with which influenza occurs in a region. It is calculated as the total number of new cases this influenza season multiplied by 10,000 and divided by the total population in each region. Regional populations as of June 1, 2014 are provided by Information Management & Analytics at MHLS.

### 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 was taken is used to assign cases to the appropriate week in this report. However, hospitalized/ICU cases are reported based on laboratory report date.

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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>