

FLUWATCH

January 2 to 8, 2022
(Week 01)



Weekly Highlights

- Influenza activity across Canada remains low for this time of year. There continue to be sporadic detections of influenza being reported; however, there remains no evidence of community circulation of influenza.

Virologic

- In week 01, a total of 27 influenza detections (26 influenza A and 1 influenza B) were reported.
- The number of laboratory detections of influenza have decreased in recent weeks. Current trends may be influenced by changes in laboratory testing practices.

Syndromic

- The percentage visits for influenza-like illness (ILI) was 2.2% in week 01. The percentage of visits ILI has been on an upward trend for the past few weeks.
- The percentage of FluWatchers reporting fever and cough was 1.1% in week 01. The percentage of participants reporting cough and fever in recent weeks has been at the highest level seen in the past two seasons.

Outbreaks

- In week 01, no outbreaks were reported.
- From August 29, 2021 to January 8, 2022 (weeks 35 to 01), 14 ILI outbreaks and no laboratory-confirmed influenza outbreaks have been reported.

Severe Outcomes

- From August 29, 2021 to January 8, 2022 (weeks 35 to 01), less than five influenza-associated hospitalizations have been reported from participating provinces and territories.

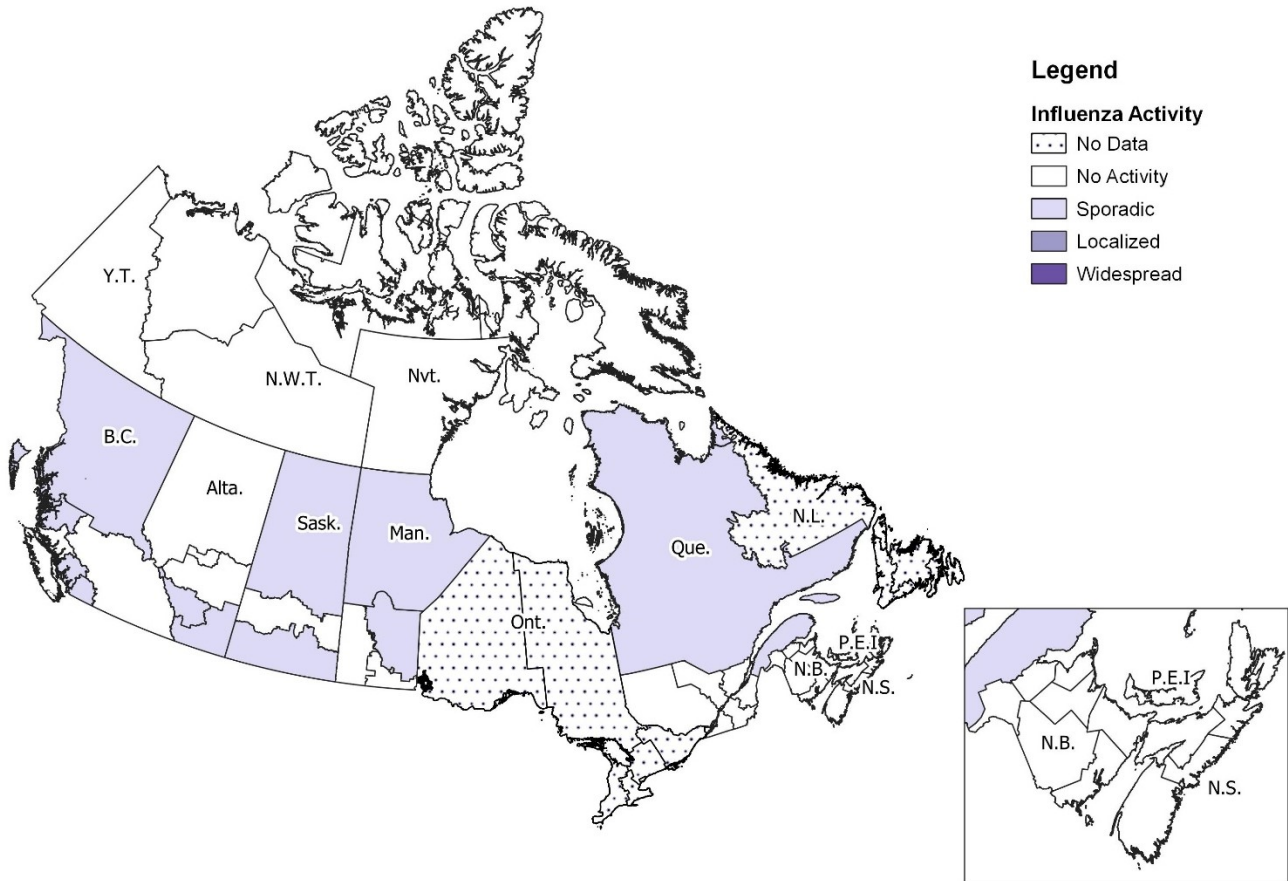


Influenza/Influenza-like Illness Activity – Geographic Spread

In week 01, eleven regions in five provinces (B.C., Alta., Man., Sask, and Que.) reported sporadic influenza/ILI activity. All other surveillance regions reported no influenza/ILI activity (Figure 1).

Figure 1 – Map of influenza/ILI activity by province and territory, Canada, week 2022-01

Number of Regions Reporting in Week 01: 42 out of 53



Laboratory-Confirmed Influenza Detections

In week 01, 27 laboratory detections of influenza were reported (26 influenza A and 1 influenza B).

Overall, the percentage of laboratory tests positive for influenza remains at exceptionally low levels, despite the elevated levels of testing. In week 01, 25,651 tests for influenza were performed at reporting laboratories and the percentage of tests positive for influenza was 0.11%. Compared to the past six pre-pandemic seasons (2014-2015 to 2019-2020), an average of 12,552 tests were performed for this time period, with an average of 23.4% of tests positive for influenza (Figure 3).

To date this season (August 29, 2021 to January 8, 2022), 448 influenza detections (341 influenza A and 107 influenza B) have been reported, which is lower than what we have seen historically in the past six pre-pandemic seasons, where an average of 11,985 influenza detections were reported at this point in the season. Among subtyped influenza A detections (95), influenza A(H3N2) accounted for 97% of detections.

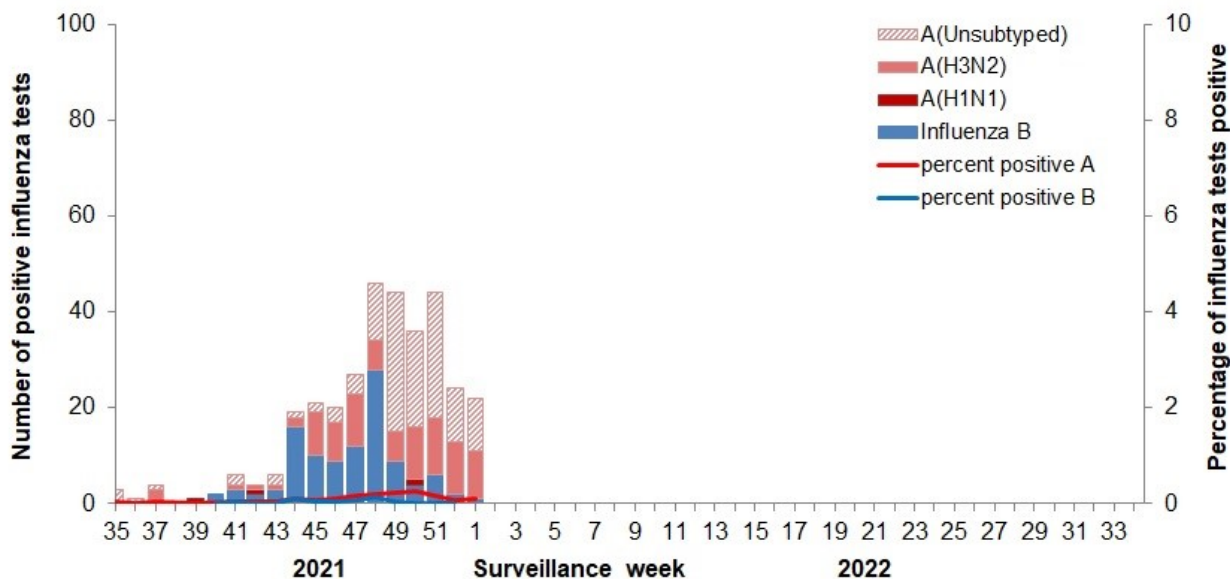
Detailed information on age and type/subtype has been received for 353 laboratory-confirmed influenza detections (Figure 4). Among the 353 detections, 295 (83%) were in individuals under the age of 45.

Testing for influenza and other respiratory viruses has been influenced by the current COVID-19 pandemic. Changes in laboratory testing practices may affect the comparability of data to previous weeks or previous seasons.

For more detailed weekly and cumulative influenza data, see the text descriptions for [Figures 2 and 3](#) or the [Respiratory Virus Detections in Canada Report](#).

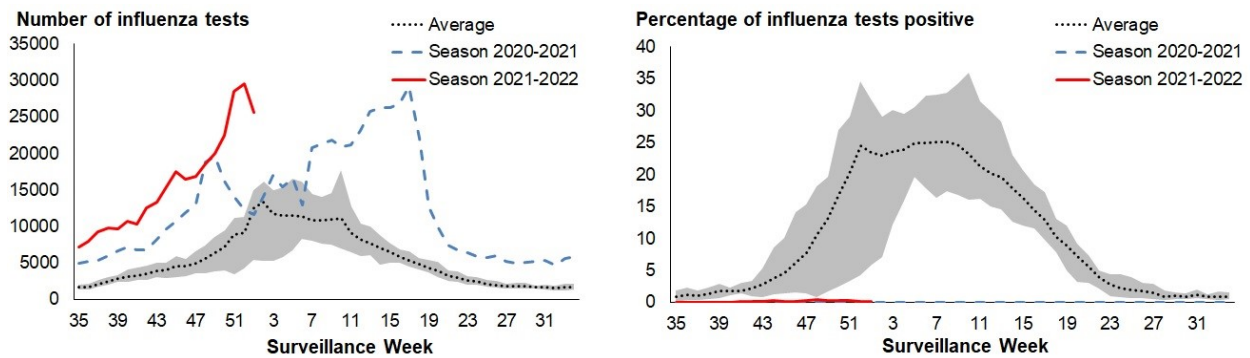
Figure 2 – Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, week 2022-01

Number of Laboratories Reporting in Week 01: 32 out of 34



For one province, only data from subtyped influenza A specimens are included in the weekly number of positive influenza tests in Figure 2. The number of positive tests reported in Figure 2 may not equal the total number of positive tests in the report body text.

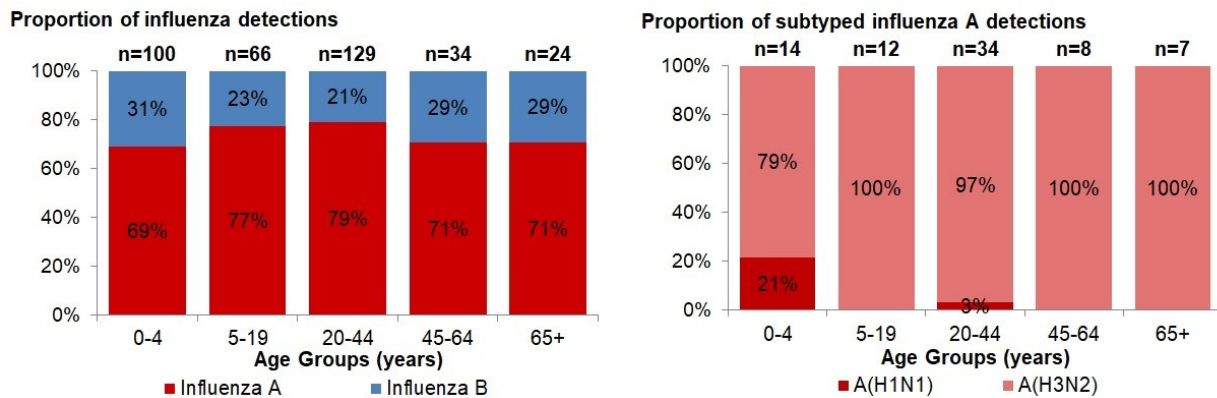
Figure 3 – Number of influenza tests and percentage of tests positive in Canada compared to previous seasons, week 2022-01



The shaded area represents the maximum and minimum number of influenza tests or percentage of tests positive reported by week from seasons 2014-2015 to 2019-2020. Data from week 11 of the 2019-2020 season onwards are excluded from the historical comparison due to the COVID-19 pandemic.

Included in the cumulative detections this season are 11 co-infections of influenza A and B (total of 22 detections) that are suspected to be associated with recent [live attenuated influenza vaccine \(LAIV\)](#) receipt. Co-infections known or reported to be associated with recent LAIV have been removed by the submitting laboratory or by the Public Health Agency of Canada beginning in week 44 as they do not represent community transmission of seasonal influenza viruses.

Figure 4 – Proportion of positive influenza specimens by type or subtype and age-group reported through case-based laboratory reporting, Canada, weeks 2021-35 to 2022-01



Syndromic / Influenza-like Illness Surveillance

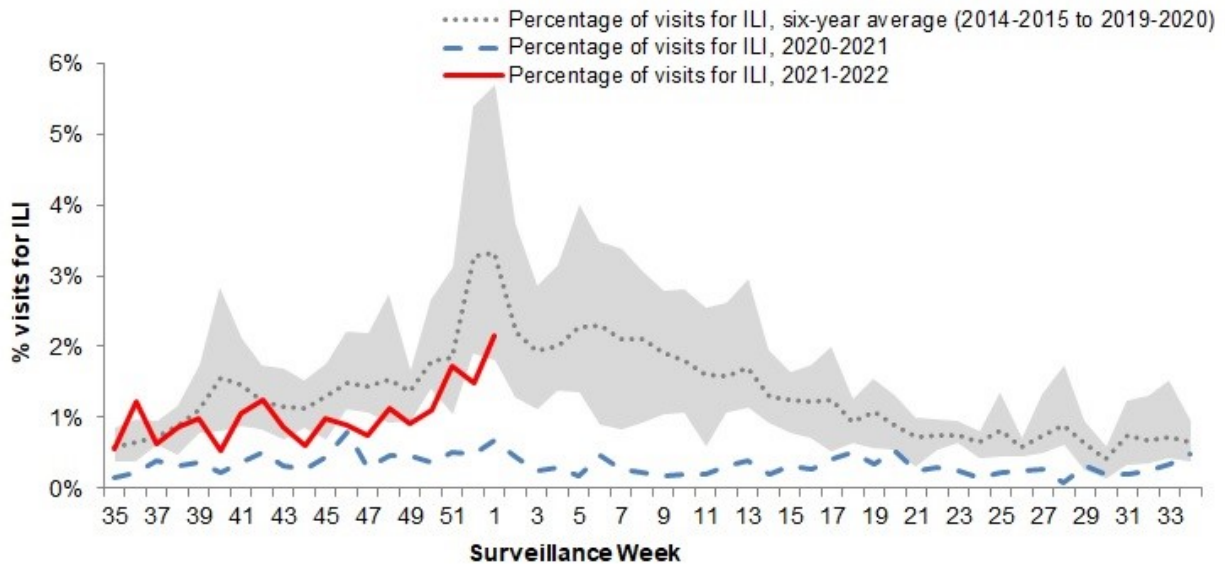
Healthcare Practitioners Sentinel Surveillance

In week 01, 2.2% of visits to healthcare professionals were due to influenza-like illness (ILI). Since the beginning of the surveillance season, the percentage of visits for ILI has been within or near expected pre-pandemic levels (Figure 5). ILI symptoms are not specific to any one respiratory pathogen and can be due to influenza, or other respiratory viruses, including respiratory syncytial virus and even SARS-CoV-2, the virus that causes COVID-19.

This indicator should be interpreted with caution as there have been changes in healthcare seeking behavior of individuals and a smaller number of sentinels reporting compared to previous seasons.

Figure 5 – Percentage of visits for ILI reported by sentinels by report week, Canada, weeks 2021-35 to 2022-01

Number of Sentinels Reporting in Week 01: 52



The shaded area represents the maximum and minimum percentage of visits for ILI reported by week from seasons 2014-2015 to 2019-2020. Data from week 11 of the 2019-2020 season onwards are excluded from the historical comparison due to the COVID-19 pandemic.

FluWatchers

In week 01, 12,752 participants reported to FluWatchers, of which 1.1% reported symptoms of cough and fever (Figure 6). The percentage of participants reporting cough and fever in recent weeks has been at the highest level seen in the past two seasons.

The reports of cough and fever are not specific to any one respiratory pathogen and can be due to influenza, or other respiratory viruses, including respiratory syncytial virus, rhinovirus, and even SARS-CoV-2, the virus that causes COVID-19. FluWatchers reporting is not impacted by changes in health services or health seeking behaviours.

Among the 140 participants who reported cough and fever:

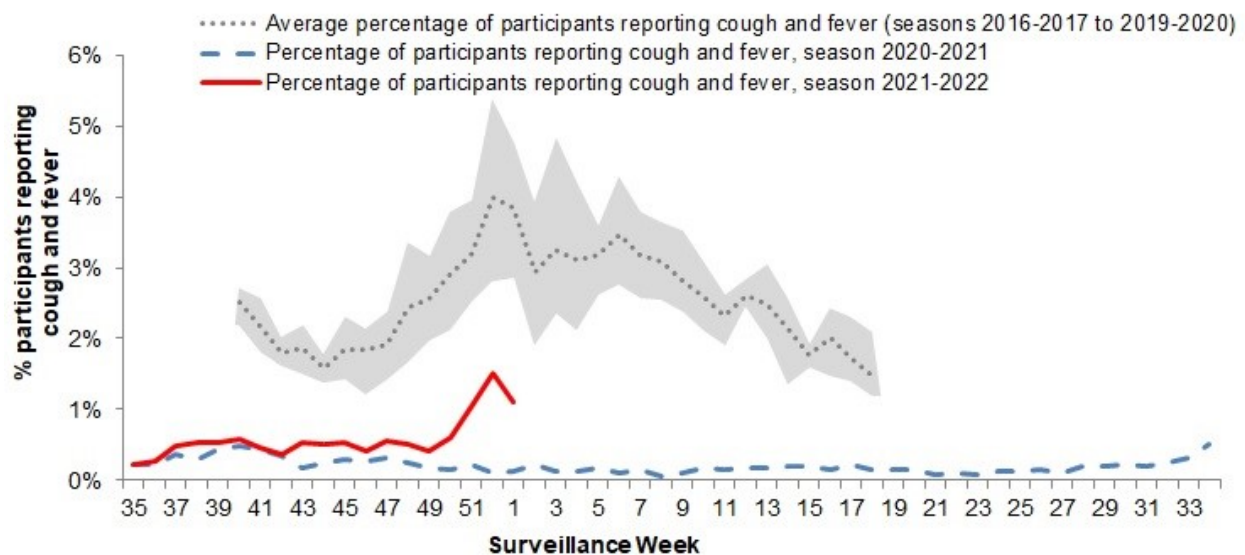
- 68% consulted a healthcare professional;
- 84% reported days missed from work or school, resulting in a combined total of 476 missed days of work or school (average of 4.0 days).

The Northwest Territories had the highest participation rate this week (53 participants per 100,000 population) and the neighbourhood of KOA had the highest number of participants (151) See what is happening in your [neighbourhood](#)! Downloadable datasets are also available on [Open Maps](#).

If you are interested in becoming a [FluWatcher](#), [sign up today](#).

Figure 6 – Percentage of FluWatchers reporting cough and fever, Canada, week 2022-01

Number of Participants Reporting in Week 01: 12,752



The shaded area represents the maximum and minimum percentage of percentage of participants reporting cough and fever by week, from seasons 2014-2015 to 2019-2020. Data from week 11 of the 2019-2020 season onwards are excluded from the historical comparison due to the COVID-19 pandemic

Influenza Outbreak Surveillance

In week 01, no outbreaks were reported.

To date this season (August 29, 2021 to January 8, 2022), 14 ILI outbreaks and no laboratory-confirmed influenza outbreaks have been reported. The most recent ILI outbreak occurred in week 48 (week ending December 4, 2021) and the most recent laboratory-confirmed influenza outbreak occurred in week 24 (week ending June 13, 2020) of the 2019-2020 season.

All ILI outbreaks have been reported in schools and/or daycares. The number of ILI outbreaks reported to date this season is lower than the 2020-2021 season but higher than in pre-pandemic seasons. This is not unexpected given changes to outbreak surveillance, specifically increased vigilance in schools to monitor and report absenteeism due to ILI, and the increased restrictions on attendance for children with symptoms of viral respiratory illness.

Outbreaks of ILI are not specific to any one respiratory pathogen and can be due influenza, or other respiratory viruses, including respiratory syncytial virus, rhinovirus, and even COVID-19. Many respiratory viruses in addition to the flu commonly circulate during the fall and winter, and can cause clusters of cases with respiratory illness which could be captured as ILI. For more information on the respiratory viruses currently circulating in Canada, please refer to the [Respiratory Virus Detections in Canada](#).

Number of provinces and territories¹ reporting in week 01: 11 out of 13

¹All Provinces and Territories (PTs) participate in the FluWatch outbreak surveillance system. This outbreak system monitors influenza and ILI outbreaks in long-term care facilities (LTCF), acute care facilities, schools and daycares, remote and/or isolated communities, and facilities categorized as 'other'. Not all reporting PTs report outbreaks in all these settings. All PTs report laboratory confirmed outbreaks in LTCF. Four PTs (NB, NL, NS and YK) report ILI outbreaks in schools and/or daycares and other facilities.

Influenza Severe Outcomes Surveillance

Provincial/Territorial Influenza Hospitalizations and Deaths

In week 01, no influenza-associated hospitalizations were reported by participating provinces and territories².

To date this season (August 29, 2021 to January 8, 2022), less than five influenza-associated hospitalizations were reported by participating provinces and territories

Number of provinces and territories reporting in week 01: 8 out of 9

²Influenza-associated hospitalizations are reported by Alberta, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Prince Edward Island and Yukon. Only hospitalizations that require intensive medical are reported by Saskatchewan.

Pediatric Influenza Hospitalizations and Deaths

In week 01, less than five pediatric (≤ 16 years of age) influenza-associated hospitalizations were reported by the Immunization Monitoring Program Active (IMPACT) network.

To date this season (August 29, 2021 to January 8, 2022), seven pediatric influenza-associated hospitalizations and less than five intensive care unit (ICU) admissions were reported by the IMPACT network.

Adult Influenza Hospitalizations and Deaths

In week 01, no influenza-associated adult (≥ 16 years of age) hospitalizations were reported by the Canadian Immunization Research Network (CIRN) Serious Outcomes Surveillance (SOS) network.

To date this season (August 29, 2021 to January 8, 2022), less than five influenza-associated adult (≥ 16 years of age) hospitalizations have been reported by the CIRN SOS network.

Influenza Strain Characterization

To date this season (August 29, 2021 to January 8, 2022), the National Microbiology Laboratory (NML) has characterized 11 influenza viruses (9 A(H3N2), 2 A(H1N1)) received from Canadian laboratories.

Influenza A(H3N2)

Genetic Characterization

Sequence analysis of the HA gene of these viruses showed that the nine A(H3N2) viruses belonged to genetic group 3C.2a1b.2a2.

A/Cambodia/e0826360/2020 (H3N2)-like virus is the influenza A(H3N2) component of the 2021-2022 Northern Hemisphere seasonal influenza vaccine and belongs to genetic group 3C.2a1b.2a1.

A/Darwin/6/2021 (H3N2)-like virus is the influenza A(H3N2) component of the 2022 Southern Hemisphere seasonal influenza vaccine and belongs to the genetic group 3C.2a1b.2a2.

Antigenic Characterization

Among the nine A(H3N2) viruses characterized as A/Cambodia/e0826360/2020 (H3N2)-like viruses:

- 2 viruses were antigenically similar to A/Cambodia/e0826360/2020 (H3N2))-like virus
- 7 showed reduced titers with antisera raised against egg-grown A/Cambodia/e0826360/2020 (H3N2)-like virus.

Influenza A(H1N1)

Antigenic Characterization

Among the two A(H1N1) viruses characterized:

- One H1N1 virus characterized was antigenically similar to A/Wisconsin/588/2019.
- One H1N1 showed reduced titer with ferret antisera raised against cell culture-propagated A/Wisconsin/588/2019

A/Wisconsin/588/2019 is the influenza A(H1N1) component of the 2021-2022 Northern Hemisphere seasonal influenza vaccine.

Antiviral Resistance

The NML also tests influenza viruses received from Canadian laboratories for antiviral resistance.

Oseltamivir

11 influenza viruses (9 A(H3N2) and 2 A(H1N1)) were tested for resistance to oseltamivir:

- All influenza viruses were sensitive to oseltamivir.

Zanamivir

11 influenza viruses (9 A(H3N2) and 2 A(H1N1)) were tested for resistance to zanamivir:

- All influenza viruses were sensitive to zanamivir.

Influenza Vaccine Monitoring

Vaccine monitoring refers to activities related to the monitoring of influenza vaccine coverage and effectiveness.

Vaccine Coverage

Influenza vaccine coverage estimates for the 2021-2022 season are anticipated to be available in February or March 2022.

Vaccine Effectiveness

Influenza vaccine effectiveness estimates for the 2021-2022 season are anticipated to be available in February or March 2022, pending the resumption of community transmission of seasonal influenza.

Provincial and International Surveillance Links

- British Columbia – [Influenza Surveillance; Vaccine Effectiveness Monitoring](#)
- Alberta – [Respiratory Virus Surveillance](#)
- Saskatchewan – [Influenza Reports](#)
- Manitoba – [Seasonal Influenza Reports](#)
- Ontario – [Ontario Respiratory Pathogen Bulletin](#)
- Québec – [Système de surveillance de la grippe \(available in French only\)](#)
- New Brunswick – [Influenza Surveillance Reports](#)
- Prince Edward Island – [Influenza Summary](#)
- Nova Scotia – [Respiratory Watch Report](#)
- Newfoundland and Labrador – [Surveillance and Disease Reports](#)
- Yukon – [Influenza \(the Flu\)](#)
- Northwest Territories – [Influenza/ Flu Information](#)
- Nunavut – [Influenza Information](#)
- World Health Organization – [Global Influenza Programme](#)
- Pan American Health Organization – [Influenza situation report](#)
- U.S. Centers for Disease Prevention & Control (CDC) - [Weekly Influenza Summary Update](#)
- European Centre for Disease Prevention and Control – [Surveillance reports and disease data on seasonal influenza](#)
- United Kingdom – [National influenza surveillance reports](#)
- Hong Kong Centre for Health Protection - [Flu Express](#)
- Australia – [Influenza Surveillance Report and Activity Updates](#)
- New Zealand – [Influenza Dashboard](#)

Notes

The data in the FluWatch report represent surveillance data available at the time of writing. All data are preliminary and may change as updates are received.

To learn more about the FluWatch program, see the [Overview of influenza monitoring in Canada](#) page.

For more information on the flu, see our [Flu \(influenza\)](#) web page.

We would like to thank all the FluWatch surveillance partners participating in this year's influenza surveillance program.

This [report](#) is available on the Government of Canada Influenza webpage.

Ce [rapport](#) est disponible dans les deux langues officielles.