

FLUWATCH

January 30 to February 5, 2022
(Week 05)



Weekly Highlights

- Influenza activity across Canada has decreased in recent weeks and remains low for this time of year. Low numbers of sporadic detections of influenza continue to be reported. There has been no evidence of community circulation of influenza in the 2021-2022 season to date.

Virologic

- In week 05, a total of 6 influenza detections (5 influenza A and 1 influenza B) were reported.
- The number of laboratory detections of influenza has decreased in recent weeks.

Syndromic

- The percentage visits for influenza-like illness (ILI) was 1% in week 05. The percentage of visits for ILI has decreased in recent weeks since peaking in early January.
- The percentage of FluWatchers reporting fever and cough was 0.63% in week 05. The percentage of participants reporting cough and fever has decreased since peaking in late December.

Outbreaks

- In week 05, no new outbreaks were reported.
- From August 29, 2021 to February 05, 2022 (weeks 35 to 05), 16 ILI outbreaks and no laboratory-confirmed influenza outbreaks have been reported.

Severe Outcomes

- From August 29, 2021 to February 05, 2022 (weeks 35 to 05), less than five influenza-associated hospitalizations have been reported from participating provinces and territories.

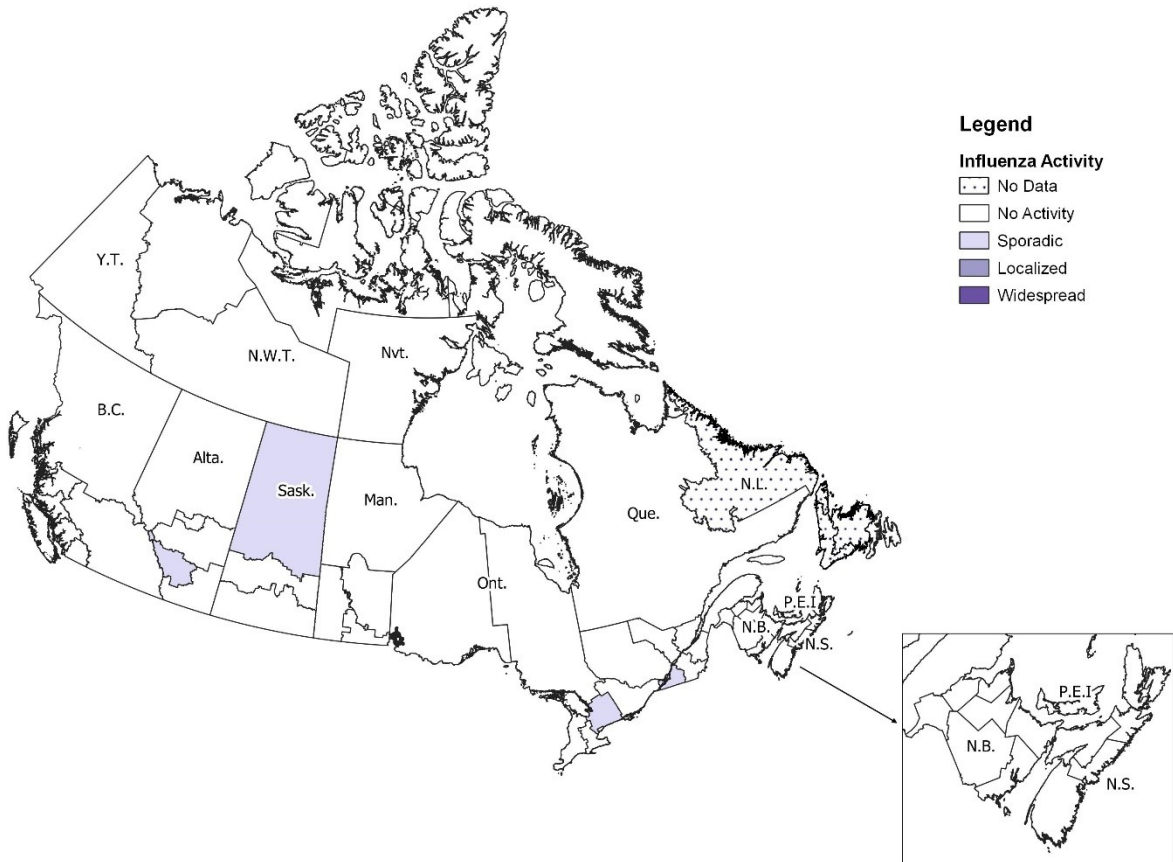


Influenza/Influenza-like Illness Activity – Geographic Spread

In week 05, four regions in four provinces (Alta., Sask., Ont., 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 2022-05

Number of Regions Reporting in Week 05: 50 out of 53



Laboratory-Confirmed Influenza Detections

In week 05, six laboratory detections of influenza A were reported. The number of weekly detections and percentage of tests positive for influenza has decreased since the end of the December.

Overall, the percentage of laboratory tests positive for influenza remains at exceptionally low levels, despite continued testing at levels similar to previous seasons. In week 05, 13,924 tests for influenza were performed at reporting laboratories and the percentage of tests positive for influenza was 0.04%. Compared to the past six pre-pandemic seasons (2014-2015 to 2019-2020), an average of 11,456 tests were performed for this time period, with an average of 24.9% of tests positive for influenza (Figure 3).

To date this season (August 29, 2021 to February 5, 2022), 500 influenza detections (387 influenza A and 113 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 21,111 influenza detections were reported at this point in the season. Among subtyped influenza A detections (110), influenza A(H3N2) accounted for 93% of detections.

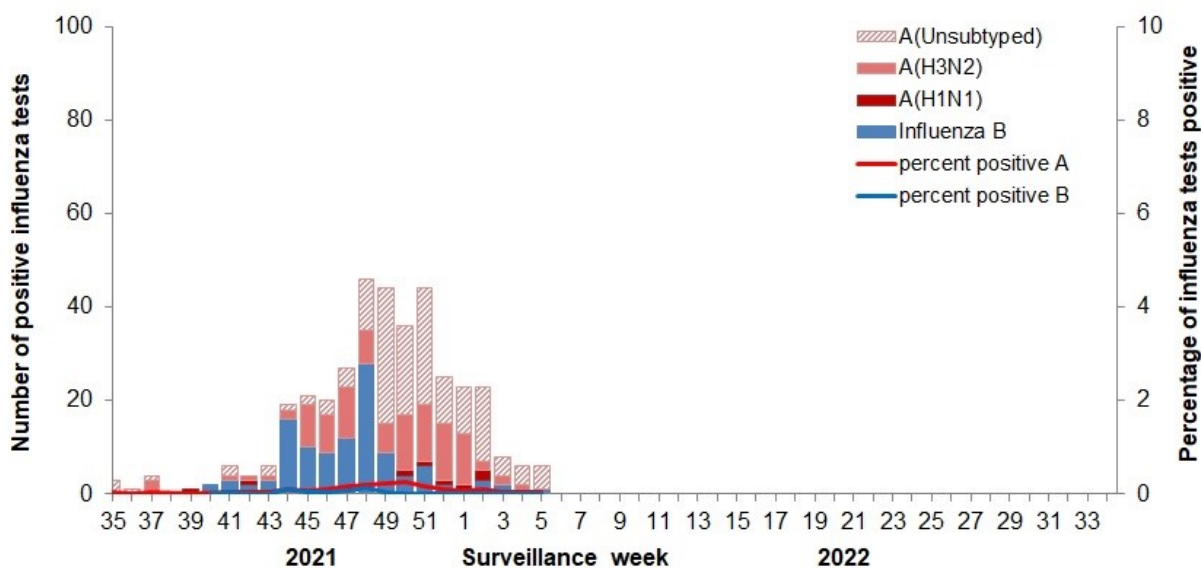
Detailed information on age and type/subtype has been received for 396 laboratory-confirmed influenza detections (Figure 4). Among the 396 detections, 325 (82%) were in individuals under the age of 45.

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](#).

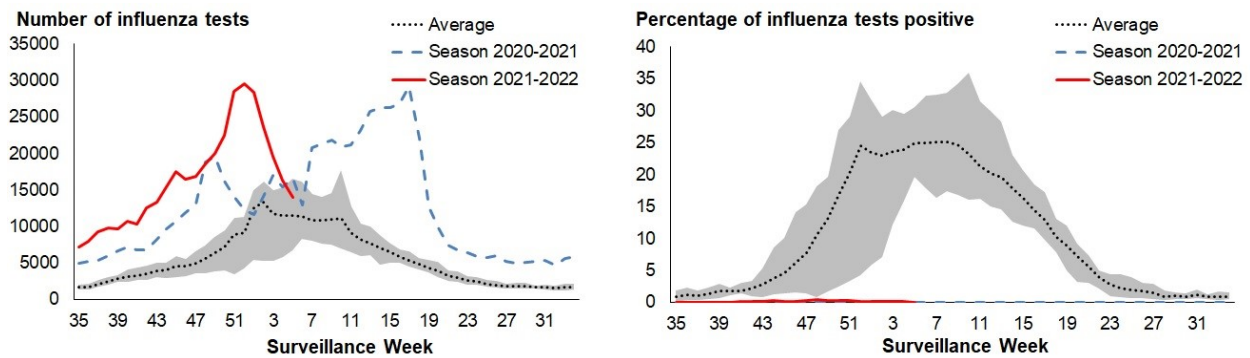
Figure 2 – Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, week 2022-05

Number of Laboratories Reporting in Week 05: 30 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.

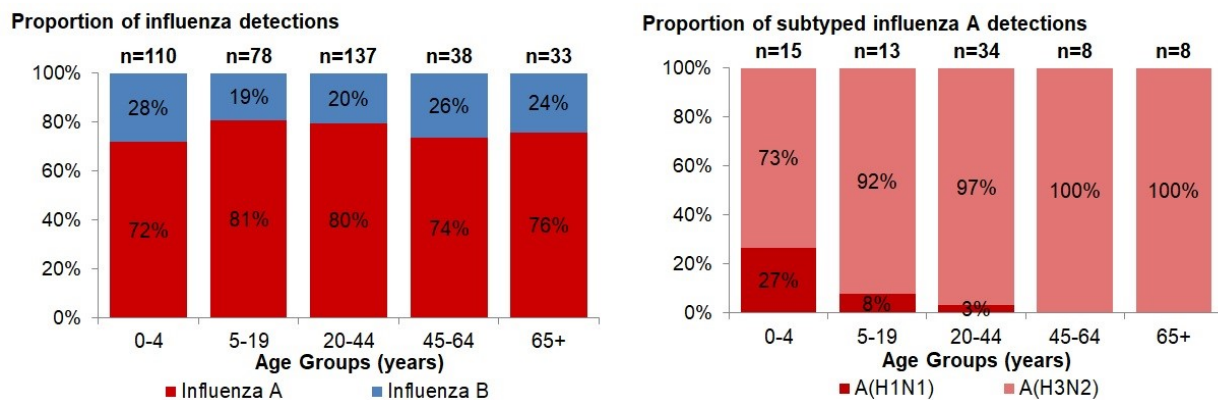
Figure 3 – Number of influenza tests and percentage of tests positive in Canada compared to previous seasons, week 2022-05



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 were suspected to be associated with [live attenuated influenza vaccine \(LAIV\)](#) receipt. Beginning in week 44 co-infections known or reported to be associated with recent LAIV were removed by the submitting laboratory or by the Public Health Agency of Canada 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 2022-05



Syndromic / Influenza-like Illness Surveillance

Healthcare Practitioners Sentinel Surveillance

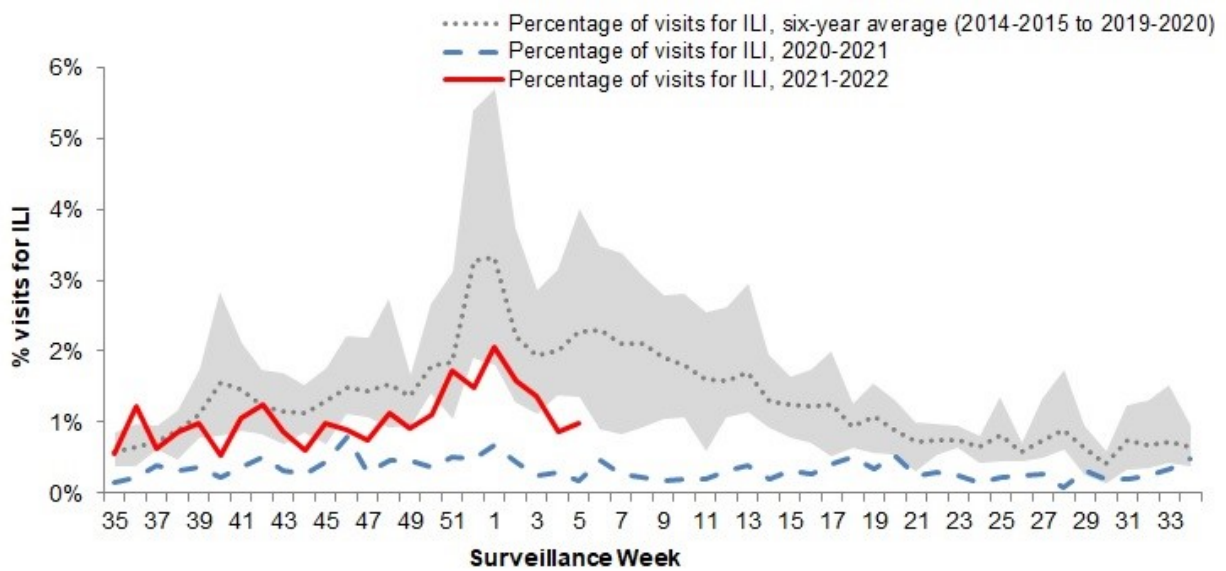
In week 05, 1% of visits to healthcare professionals were due to influenza-like illness (ILI).

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 2022-05

Number of Sentinels Reporting in Week 05: 50



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 05, 11,656 participants reported to FluWatchers, of which 0.63% reported symptoms of cough and fever (Figure 6). The percentage of participants reporting cough and fever peaked in late December and has decreased to levels seen in the fall.

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 74 participants who reported cough and fever:

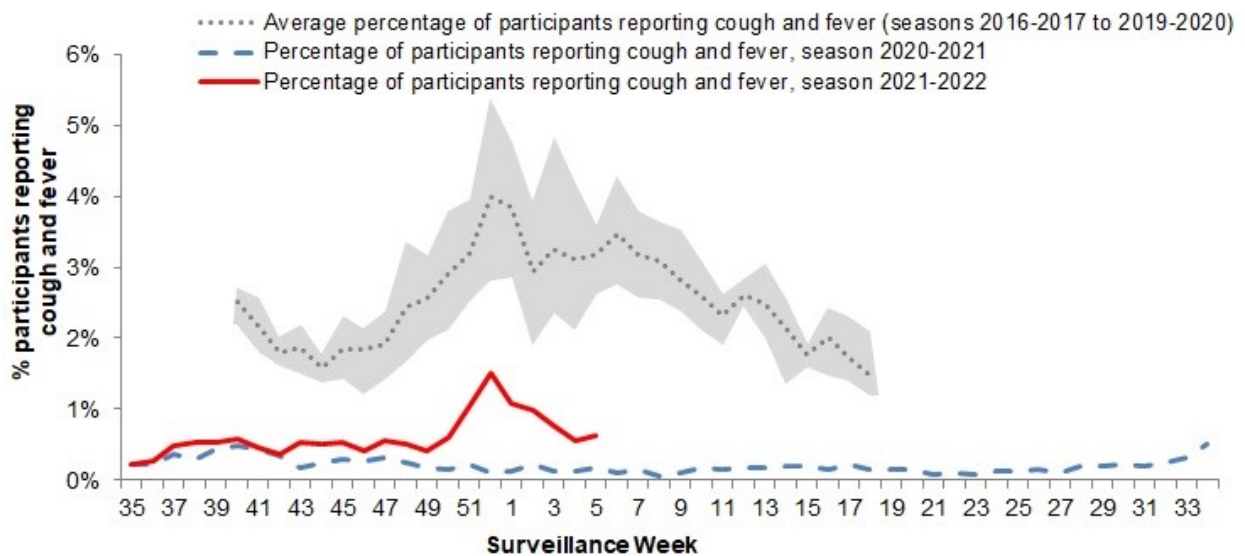
- 65% consulted a healthcare professional;
- 85% reported days missed from work or school, resulting in a combined total of 266 missed days of work or school (average of 4.2 days).

The Northwest Territories had the highest participation rate this week (57 participants per 100,000 population) and the neighbourhood of KOA had the highest number of participants (137). 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 2022-05

Number of Participants Reporting in Week 05: 11,656



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 05, no outbreaks were reported.

To date this season (August 29, 2021 to February 5, 2022), 16 ILI outbreaks and no laboratory-confirmed influenza outbreaks have been reported. All ILI outbreaks have been reported in schools and/or daycares. The most recent laboratory-confirmed influenza outbreak occurred in week 24 (week ending June 13, 2020) of the 2019-2020 season.

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 05: 12 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 05, no influenza-associated hospitalizations were reported by participating provinces and territories².

To date this season (August 29, 2021 to February 5, 2022), less than five influenza-associated hospitalizations were reported by participating provinces and territories with the most recent influenza-associated hospitalization reported in week 52 (week ending January 1, 2022).

Number of provinces and territories reporting in week 05: 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 05, no influenza-associated pediatric (≤ 16 years of age) hospitalizations were reported by the Immunization Monitoring Program Active (IMPACT) network.

To date this season (August 29, 2021 to February 5, 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 05, 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 February 5, 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 February 5, 2022), the National Microbiology Laboratory (NML) has characterized 24 influenza viruses (22 A(H3N2), 2 A(H1N1)) received from Canadian laboratories.

Influenza A(H3N2)

Genetic Characterization

Among the 22 influenza A(H3N2) viruses genetically characterized, sequence analysis of the HA gene of these viruses showed that they all 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 22 A(H3N2) viruses characterized:

- 4 viruses were antigenically similar to A/Cambodia/e0826360/2020 (H3N2)-like virus
- 18 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

24 influenza viruses (22 A(H3N2) and 2 A(H1N1)) were tested for resistance to oseltamivir:

- All influenza viruses were sensitive to oseltamivir.

Zanamivir

24 influenza viruses (22 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

Within season influenza vaccine effectiveness (VE) estimates are typically available in February or March of each year. Given the low influenza circulation this season to date, VE estimates will not be available for the 2021-2022 season.

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.