

November 5 to November 11, 2023 (Week 45)

# **Weekly Highlights**

At the national level, influenza activity increased this week but overall activity remains below the seasonal threshold. Sporadic influenza activity continues to be reported in many regions across Canada and the number of regions reporting localized activity is increasing.

### Virologic

• In week 45, the percentage of tests positive for influenza was 4.3% and a total of 1,071 laboratory detections (1,038 influenza A and 33 influenza B) were reported.

#### **Syndromic**

- The percentage of visits for influenza-like illness (ILI) was 1.3% in week 45. The percentage of visits for ILI is within levels typical of this time of year.
- The percentage of FluWatchers reporting cough and fever was 1.9% in week 45. The percentage of FluWatchers reporting cough and fever is within levels typical of this time of year.

#### **Outbreaks**

• From August 27, 2023 to November 11, 2023 (weeks 35 to 45), 32 laboratory-confirmed influenza outbreaks have been reported (7 laboratory-confirmed influenza outbreaks were reported in week 45).

#### **Severe Outcomes**

 From August 27, 2023 to November 11, 2023 (weeks 35 to 45), 184 influenza-associated hospitalizations were reported by participating provinces and territories. Adults aged 65 years of age and older accounted for 51% of reported hospitalizations.

#### **Other Notes**

- Weekly reporting of laboratory detections of influenza, SARS-CoV-2, and other seasonal respiratory viruses will continue via our Respiratory Virus Detections Surveillance System.
- Weekly reporting of SARS-CoV-2 specific trends can be found on the COVID-19 epidemiology update page.

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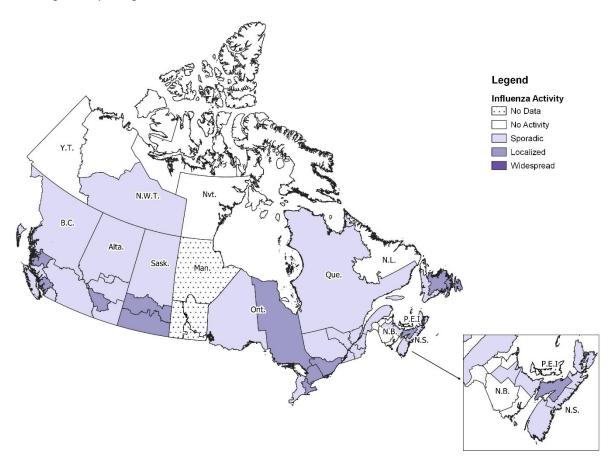


# Influenza/Influenza-like Illness Activity - Geographic Spread

In week 45, 24 regions across Canada reported sporadic influenza activity and 12 regions in six provinces reported localized influenza activity (N.L., N.S., Ont., Sask., Alta., and B.C.) (Figure 1). The number of regions reporting influenza activity and the intensity of reported activity is increasing. A total of 11 regions in Canada reported no activity this week.

Figure 1 - Map of influenza/ILI activity by province and territory, Canada, week 2023-45

Number of Regions Reporting in Week 45: 47 out of 53



# **Laboratory-Confirmed Influenza Detections**

The weekly percentage of tests positive for influenza (4.3% in week 45) continues to increase but is within expected levels for this time of year. Influenza activity remains below the seasonal threshold.

The following results were reported from sentinel laboratories across Canada in week 45 (Figures 2 and 3):

- A total of 1,071 laboratory detections (1,038 influenza A and 33 influenza B) were reported.
- Among subtyped influenza A detections (366), 89% (327) were influenza A(H1N1).
- Among detections for which age information was reported (985), 353 (36%) of detections were in individuals aged 0-19 years old. Across adult age groups, similar proportions are being observed: 24%: 20-44 years old, 19%: 45-64 years old, and 21%: 65+ years old.

To date this season (August 27, 2023 to November 11, 2023):

- 3,065 influenza detections were reported, of which 95% (2,897) were influenza A and among subtyped influenza A detections (1,270), influenza A(H1N1) accounted for 84% of detections.
- 2,580 laboratory-confirmed influenza detections with age information were reported, of which 830 (32%) were in individuals aged 0-19 years old and 697 (27%) were in individuals aged 65+ years old (Figure 4).

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 2023-35 to 2023-45

Number of Laboratories Reporting in Week 45: 34 out of 35

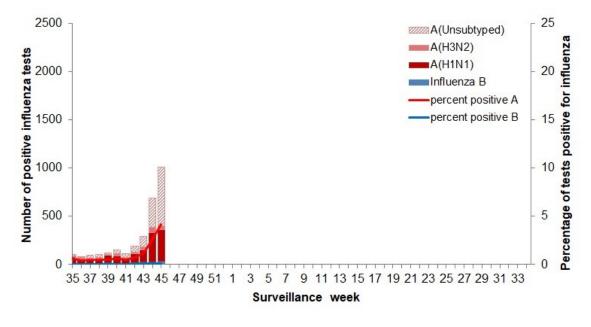
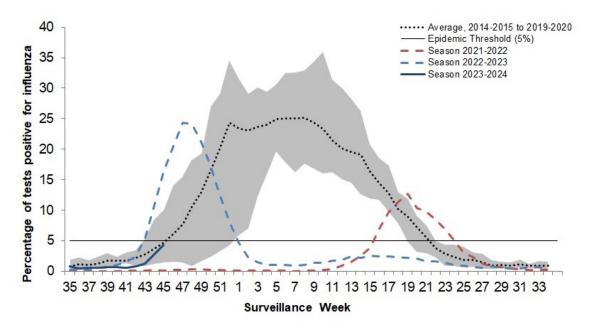


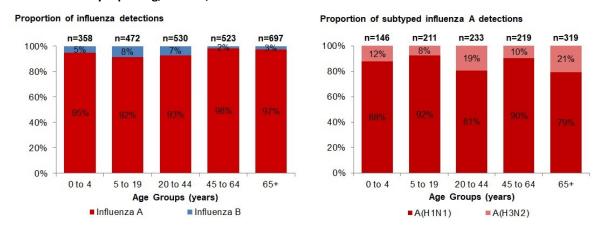
Figure 3 - Percentage of tests positive in Canada compared to previous seasons, week 2023-35 to 2023-45



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.

The epidemic threshold is 5% tests positive for influenza. When it is exceeded, and a minimum of 15 weekly influenza detections are reported, a seasonal influenza epidemic is declared.

Figure 4 – Proportion of positive influenza specimens by type or subtype and age-group reported through case-based laboratory reporting, Canada, week 2023-35 to 2023-45



#### Laboratory data notes:

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

Due to different testing protocols of laboratories across Canada, some influenza A subtype detection counts may not be included in total influenza A detection counts and percent positivity calculations.

# Syndromic / Influenza-like Illness Surveillance

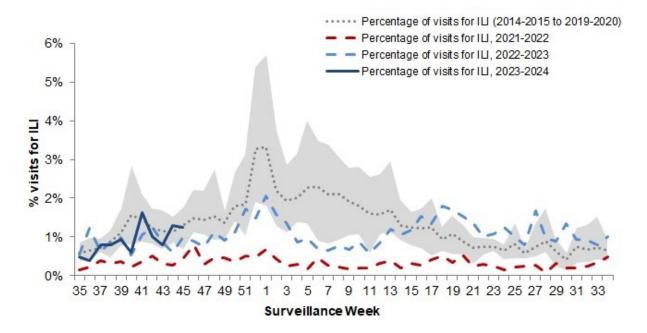
### **Healthcare Practitioners Sentinel Surveillance**

In week 45, 1.3% of visits to healthcare professionals were due to influenza-like illness (ILI) (Figure 5). The percentage of visits for ILI has increased but is within expected levels for this time of year.

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 SARS-CoV-2, the virus that causes COVID-19. This makes the percentage of visits for ILI an important indicator of overall respiratory illness morbidity in the community in the presence of co-circulating viruses.

This indicator should be interpreted with caution as there have been 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 2023-35 to 2023-45 Number of Sentinels Reporting in Week 45: 36



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 45, 9,210 participants reported to FluWatchers, of which 1.9% reported symptoms of cough and fever (Figure 6). The percentage of FluWatchers reporting cough and fever has increased but is within expected levels for this time of year.

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 SARS-CoV-2, the virus that causes COVID-19. This makes the proportion of individuals reporting cough and fever an important indicator of overall respiratory illness activity in the community in the presence of co-circulating viruses.

FluWatchers reporting is not impacted by changes in health services or health seeking behaviours.

Among the 174 participants who reported cough and fever:

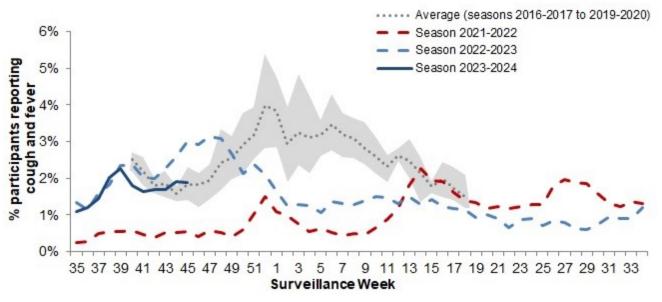
- 21% consulted a healthcare professional.
- 79% reported days missed from work or school, resulting in an average of 2.9 missed days from work or school among those 137 participants.

The Northwest Territories had the highest participation rate this week (54 participants per 100,000 population) and the neighbourhood with postal code, KOA had the highest number of participants (122). 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 2023-35 to 2023-45

Number of Participants Reporting in Week 45: 9,210



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 45, seven laboratory-confirmed influenza outbreaks were reported.

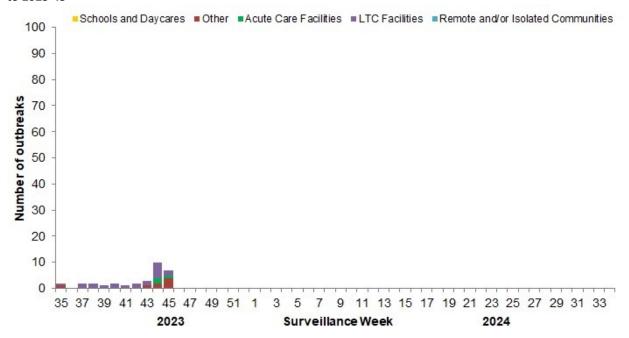
To date this season (August 27, 2023 to November 11, 2023):

- 32 laboratory-confirmed influenza outbreaks have been reported
  - o 21 were in LTC facilities (66%)
  - o 8 were in a facility categorized as 'other' (25%)
  - o 3 were in acute care facilities (9%)
  - All outbreaks were due to influenza A and among those with subtyping information (15), 80% were due to influenza A(H1N1)
- 8 ILI outbreaks have been reported
  - All ILI outbreaks have been reported in schools and/or daycares

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, COVID-19, or a mixture of viruses.

Number of provinces and territories<sup>1</sup> reporting in week 45: 11 out of 13

Figure 7: Number of new outbreaks of laboratory-confirmed influenza by report week, Canada, weeks 2023-35 to 2023-45



<sup>1</sup>All 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. Six PTs (AB, SK, NB, NS, PEI, and NL) report ILI outbreaks in schools and/or daycares and other facilities.

## **Influenza Severe Outcomes Surveillance**

## **Provincial/Territorial Influenza Hospitalizations and Deaths**

In week 45, 42 influenza-associated hospitalizations, 8 ICU admissions, and less than 5 influenza-associated deaths were reported by participating provinces and territories<sup>2</sup>.

To date this season (August 27, 2023 to November 11, 2023), 184 influenza-associated hospitalizations were reported by participating provinces and territories:

- 97% of the hospitalizations were associated with influenza A.
- Of the cases with subtype information (149), 85% were associated with influenza A(H1N1)
- Adults aged 65 years of age and older accounted for 51% of reported hospitalizations.

To date this season (August 27, 2023 to November 11, 2023), 21 ICU admissions and 6 influenza-associated deaths were reported.

Number of provinces and territories reporting in week 45: 7 out of 9

<sup>2</sup>Influenza-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 care are reported by Saskatchewan.

# **Pediatric Influenza Hospitalizations and Deaths**

Data for laboratory-confirmed influenza-associated pediatric (≤16 years of age) hospitalizations were not available for week 45.

## Influenza Strain Characterization

Since September 1, 2023, the National Microbiology Laboratory Branch (NMLB) has characterized 79 influenza viruses (63 A(H1N1), 9 A(H3N2), and 7 influenza B) received from Canadian laboratories.

## **Antigenic Characterization**

Changes in circulating influenza viruses are monitored by antigenic characterization. Antigenic characterization results show how similar the circulating viruses are to reference viruses. Reference viruses represent strains included in the current seasonal influenza vaccine.

#### Influenza A(H1N1)

A/Wisconsin/67/2022 is the influenza A(H1N1) component of the 2023-2024 Northern Hemisphere influenza vaccine.

• 63 H1N1 viruses were characterized as antigenically similar to A/Wisconsin/67/2022-like with antisera produced against cell-grown A/Wisconsin/67/2022.

#### Influenza A(H3N2)

A/Darwin/6/2021 (H3N2)-like virus is the influenza A(H3N2) component of the 2023-2024 Northern Hemisphere influenza vaccine.

- 8 influenza A(H3N2) were antigenically similar to A/Darwin/6/2021 (H3N2)-like virus using antisera raised against cell-grown A/Darwin/6/2021 (H3N2)-like virus.
- 1 influenza A(H3N2) showed reduced titer with antisera raised against cell-grown A/Darwin/6/2021 (H3N2)-like virus.

#### Influenza B

Influenza B viruses can be divided into two antigenically distinct lineages represented by B/Yamagata/16/88 and B/Victoria/2/87 viruses. The recommended influenza B components for the 2023-2024 Northern Hemisphere influenza vaccine are B/Austria/1359417/2021 (Victoria lineage) and B/Phuket/3073/2013 (Yamagata lineage)

• 7 viruses characterized were antigenically similar to B/Austria/1359417/2021.

### **Genetic Characterization**

Genetic characterization is used to determine how similar gene sequences of circulating influenza viruses are to the sequences of the vaccine components used in the current seasonal influenza vaccine.

Since September 1, 2023, NMLB has genetically characterized 70 influenza viruses.

Table 1: Genetic Characterizations results of influenza A(H3N2), influenza A(H1N1) and Influenza B, Canada, season 2023-2024

Virus Subtype or Lineage	HA Clade	Number of Viruses Characterized	HA Subclade	Number of viruses Characterized	HA genetic clades and subclades of the 2023-2024 Northern Hemisphere influenza vaccine
2 (114214)					components
A(H1N1)					The A(H1N1) component belongs
	6B.1A.5a	57	2a	14	to genetic clade 6B.1A.5a.2a.1
			2a.1	43	
A(H3N2)					The A(H3N2) component belongs
	3C.2a1b.2a	9	2a.3a.1	9	to genetic clade 3C.2a1b.2a.2a
B/Victoria					The B/Victoria component belongs
	V1A	4	3a.2	4	to genetic clade V1A.3
B/Yamagata					The B/Yamagata component
	Y3	0	Y3	0	belongs to genetic clade Y3

# **Antiviral Resistance**

The National Microbiology Laboratory Branch also tests influenza viruses received from Canadian laboratories for antiviral resistance.

### **Oseltamivir**

70 influenza viruses (9 H3N2, 57 H1N1 and 4 influenza B) were tested for resistance to oseltamivir.

• All influenza viruses were sensitive to oseltamivir.

### Zanamivir

70 influenza viruses (9 H3N2, 57 H1N1 and 4 influenza B) 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 vaccination coverage and vaccine effectiveness.

# **Vaccination Coverage**

Influenza vaccine coverage estimates for the 2023-2024 season are anticipated to be available in February or March 2024.

### **Vaccine Effectiveness**

Influenza vaccine effectiveness estimates for the 2023-2024 season are anticipated to be available in February or March 2024.

## **Provincial and International Surveillance Links**

- British Columbia Influenza Surveillance;
  Vaccine Effectiveness Monitoring
- Alberta Respiratory Virus Surveillance
- Saskatchewan CRISP (Community Respiratory Illness Surveillance Program) Reports
- Manitoba Seasonal Influenza Reports
- Ontario Ontario Respiratory Virus Tool (ORVT)
- 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.