

February 17 to 23, 2019 (Week 08)

## Overall Summary

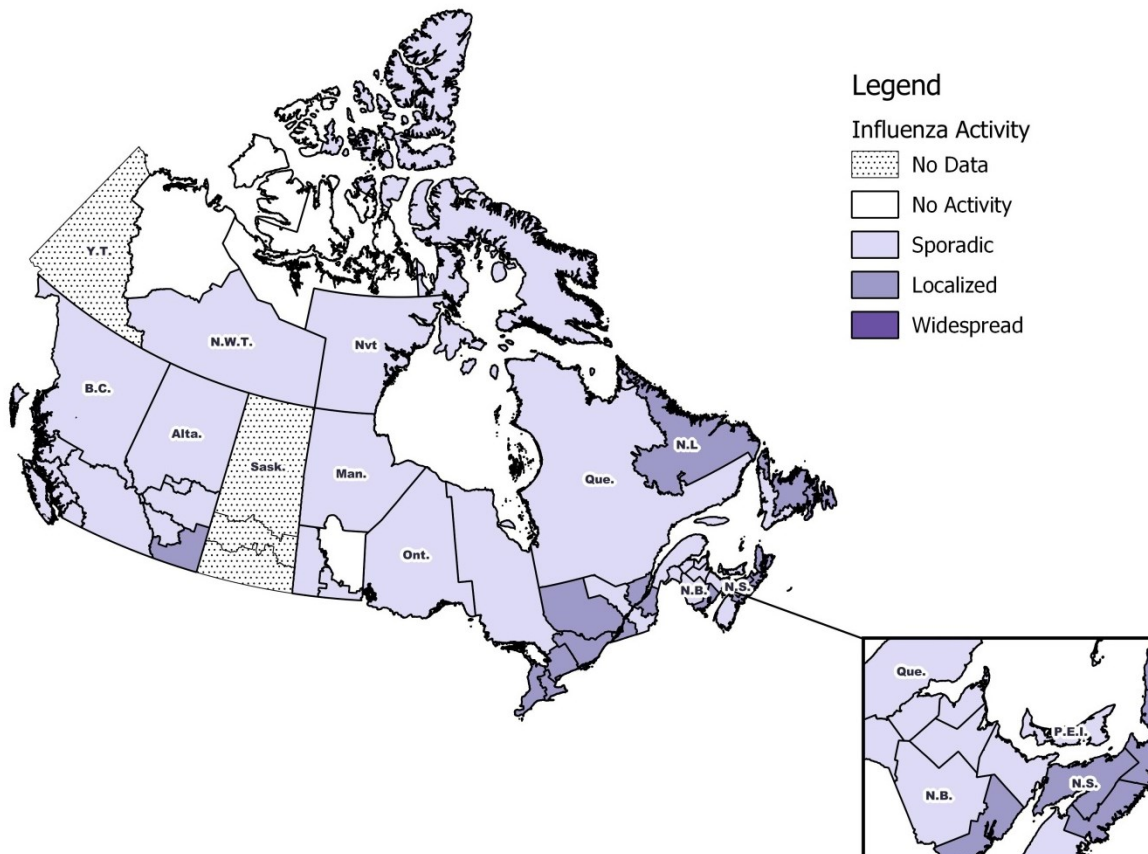
- Influenza activity is past the peak in most regions in western Canada, but continues to circulate at higher levels in eastern regions.
- At the national level, most indicators of influenza activity remained similar, or increased slightly, compared to the previous week.
- Influenza A(H1N1)pdm09 continues to be the most common influenza virus circulating in Canada. There is currently very little influenza B circulation compared to previous seasons.
- The World Health Organization (WHO) has released the [recommended composition](#) of the influenza vaccine for use in the 2019-2020 northern hemisphere influenza season. The recommended strain was changed for the A(H1N1)pdm09 component. The recommendation for the A(H3N2) component has been postponed.

## Influenza/Influenza-like Illness (ILI) Activity (geographic spread)

During week 08, the following influenza activity levels were reported (Figure 1):

- 17 regions reported localized activity: in Alta.(1), Ont.(5), Que.(4), N.S.(3), N.L.(3) and N.B.(1).
- 29 regions reported sporadic activity: in B.C.(5), Alta.(4), Man.(4), Ont.(2), Que.(2), N.B.(6), N.L.(1), P.E.I.(1), N.S.(1), Nvt.(2), and N.W.T.(1)
- Three regions: in Man.(1), N.W.T.(1), and Nvt.(1) reported no activity.

Figure 1 – Map of overall influenza/ILI activity by province and territory, Canada, week 2019-08



## Laboratory-Confirmed Influenza Detections

In week 08, the following results were reported from sentinel laboratories across Canada (Figures 2 and 3):

- The percentage of tests positive for influenza was 17.9%.
- A total 1,535 laboratory detections of influenza were reported, of which 98% were influenza A.
- Influenza A(H1N1)pdm09 and A(H3N2) accounted for equal proportions of subtyped influenza A detections.
- Detections of influenza A(H3N2) have been steadily increasing, from 93 detections in week 4 (mid-January) to 199 this week.

To date this season, 32,429 laboratory-confirmed influenza detections have been reported:

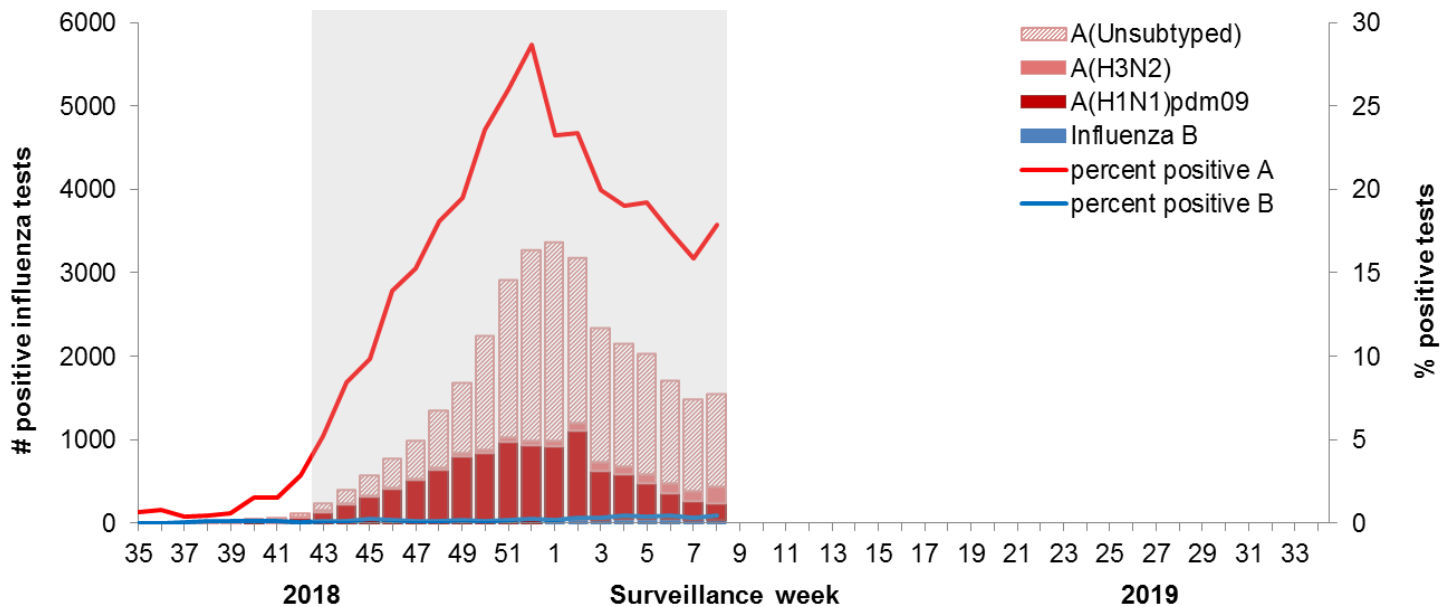
- 99% have been influenza A.
- Among the 11,210 influenza A viruses subtyped, 89% have been A(H1N1)pdm09.
- Influenza B often circulates later in the season in Canada (Feb-Apr). Fewer influenza B detections have been reported this season compared to recent seasons at this time of year.

To date this season, detailed information on age and type/subtype has been received for 25,393 laboratory-confirmed influenza cases (Table 1):

- 85% of all influenza A(H1N1)pdm09 detections have been reported in individuals younger than 65 years of age.
- 61% of all influenza A(H3N2) detections have been reported in adults 65 years of age and older.

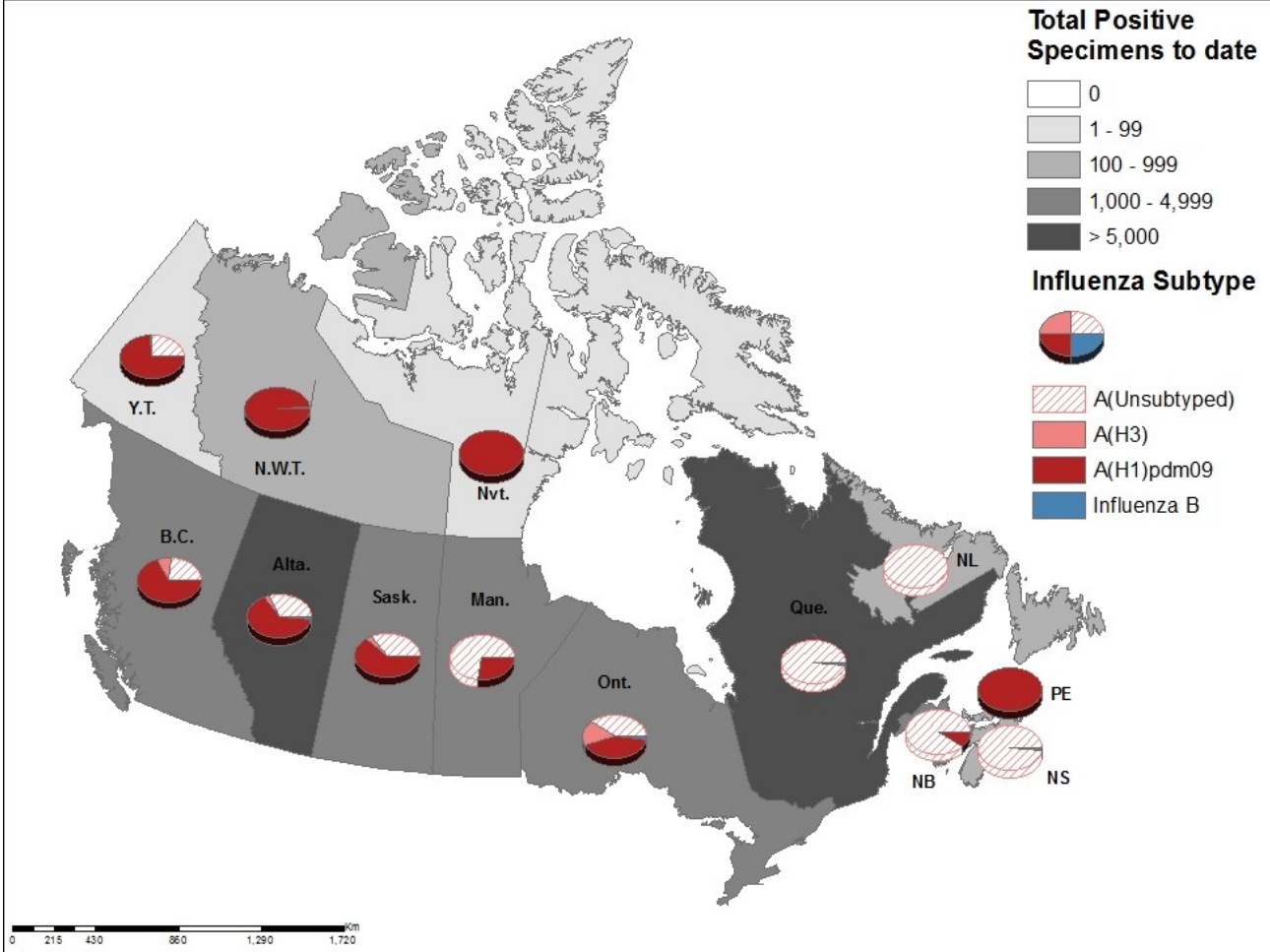
For more detailed weekly and cumulative influenza data, see the text descriptions for [Figures 2 and 3](#) or the [Respiratory Virus Detections in Canada Report](#).

**Figure 2 – Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, weeks 2018-35 to 2019-08**



The shaded area indicates weeks where the positivity rate was at least 5% and a minimum of 15 positive tests were observed, signalling the period of [seasonal influenza activity](#).

**Figure 3 – Cumulative numbers of positive influenza specimens by type/subtype and province/territory, Canada, weeks 2018-35 to 2019-08**



**Table 1 – Cumulative numbers of positive influenza specimens by type, subtype and age-group reported through case-based laboratory reporting, Canada, weeks 2018-35 to 2019-08**

Age groups (years)	Cumulative (August 26, 2018 to February 23, 2019)						
	Influenza A				B	Influenza A and B	
	A Total	A(H1N1) pdm09	A(H3N2)	A (UnS) <sup>1</sup>	Total	#	%
0-4	5452	1570	42	3840	62	5514	22%
5-19	3724	1300	58	2366	70	3794	15%
20-44	5064	1699	139	3226	55	5119	20%
45-64	5018	1597	139	3282	49	5067	20%
65+	5755	1110	596	4049	144	5899	23%
<b>Total</b>	25013	7276	974	16763	380	25393	100%

<sup>1</sup>UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.

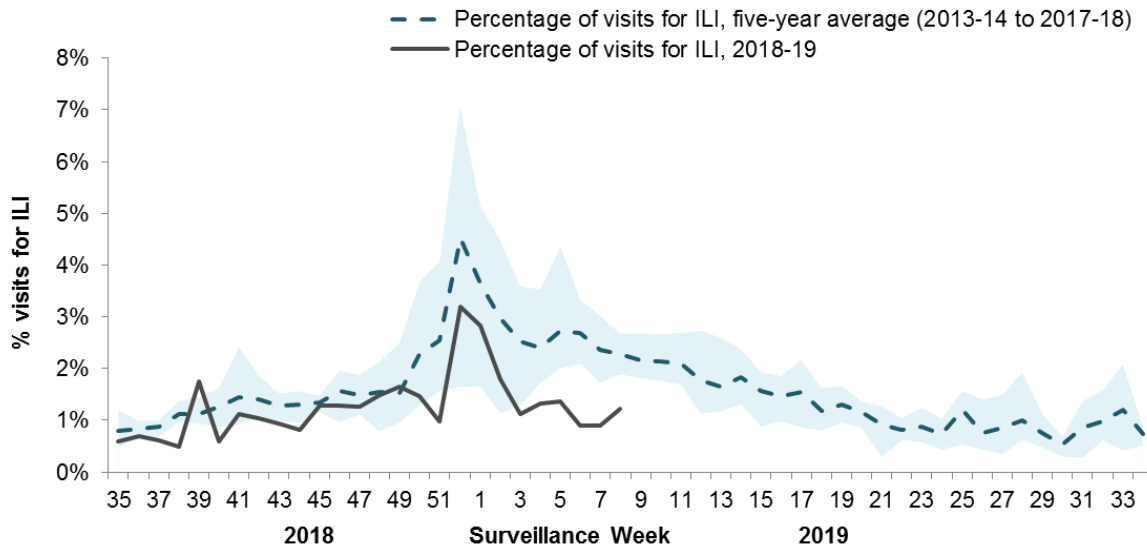
## Syndromic / Influenza-like Illness Surveillance

### Healthcare Practitioners Sentinel Syndromic Surveillance

In week 08, 1.2% of visits to healthcare professionals were due to influenza-like illness (ILI) (Figure 4). The percentage of visits for ILI is low compared to previous seasons.

**Figure 4 – Percentage of visits for ILI reported by sentinels by report week, Canada, weeks 2018-35 to 2019-08**

Number of Sentinels Reporting in Week 08: 117



The shaded area represents the maximum and minimum percentage of visits for ILI reported by week from seasons 2013-14 to 2017-18

### Participatory Syndromic Surveillance

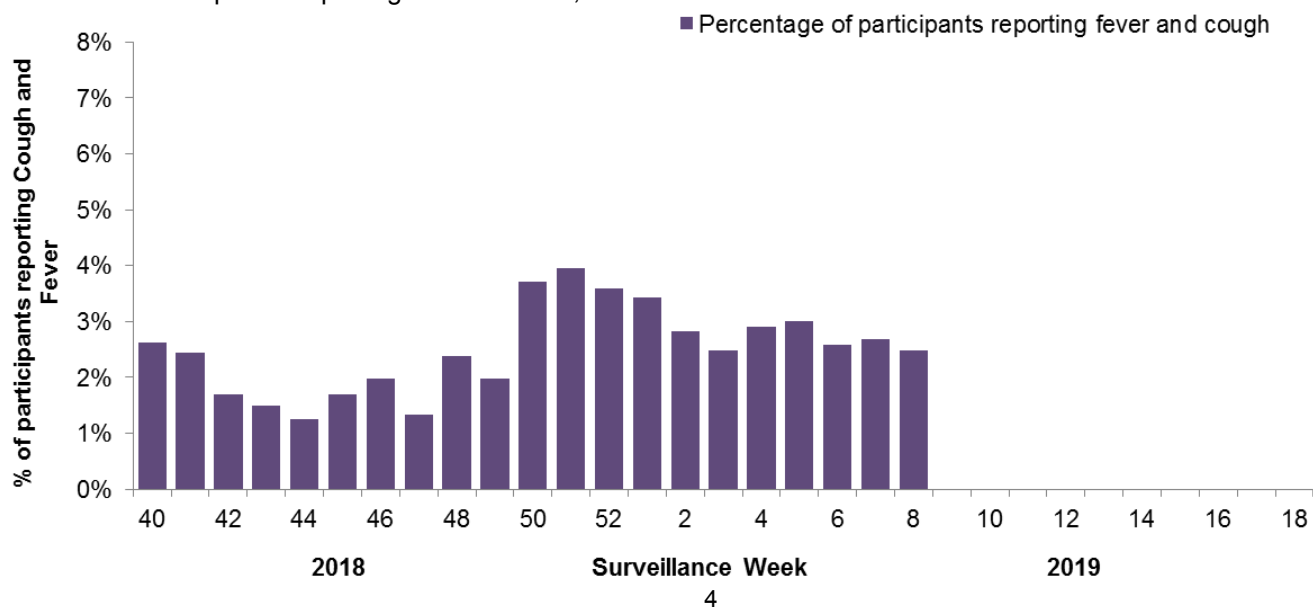
In week 08, 2,131 participants reported to FluWatchers, of which 53 (2.5%) reported symptoms of cough and fever (Figure 5).

Among the 53 participants who reported fever and cough:

- 9% consulted a healthcare professional;
- 74% reported days missed from work or school, resulting in a combined total of 102 missed days of work or school.

**Figure 5 – Percentage of participants reporting cough and fever, Canada, weeks 2018-40 to 2019-08**

Number of Participants Reporting in Week 08: 2,131



## Influenza Outbreak Surveillance

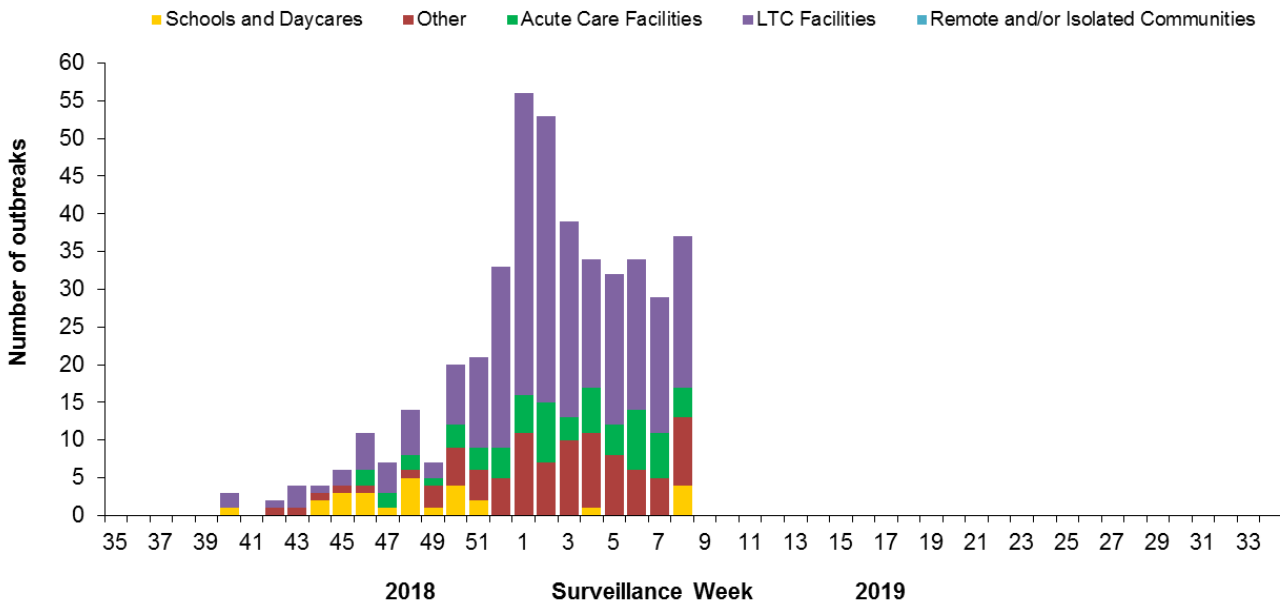
In week 08, 37 new laboratory-confirmed influenza outbreaks were reported: long-term care facilities (LTCF) (20), acute care facilities (4), schools and daycares (4) and other settings (9). Two new ILI outbreaks in long-term care facilities were also reported in week 08.

To date this season, 446 laboratory-confirmed influenza outbreaks have been reported (Figure 6):

- 269 (60%) outbreaks were in LTCF, 27 were in schools, 61 in acute care facilities, and 89 were in other settings.
- Among the 408 outbreaks for which the influenza type was available, 99% (402) were associated with influenza A.
- Among the 177 outbreaks for which the influenza A subtype was available, 63% (112) were associated with influenza A(H1N1)pdm09;

To date this season, 107 ILI outbreaks have been reported; 56 occurred in LTCF, 47 in schools, and four in acute care facilities.

**Figure 6 – Number of new outbreaks of laboratory-confirmed influenza by report week, Canada, weeks 2018-35 to 2019-08**



## Severe Outcomes Influenza Surveillance

### Provincial/Territorial Influenza Hospitalizations and Deaths

To date this season, 2,093 influenza-associated hospitalizations have been reported by participating provinces and territories<sup>1</sup>.

**Hospitalizations** (Table 2):

- 99.6% (2,085) were associated with influenza A
- The highest estimated rate of hospitalization is among children under 5 years of age.

**Intensive Care Unit (ICU) cases and deaths:**

- To date this season 384 ICU admissions and 93 deaths have been reported.
  - 42% (163) of reported ICU admissions were in adults aged 45-64 years.
  - All the ICU admissions, and all but one of the deaths were associated with influenza A.

**Table 2 – Cumulative number and estimated rate of hospitalizations by age-group reported by participating provinces and territories<sup>1</sup>, Canada, weeks 2018-35 to 2019-08**

Age Groups (years)	Cumulative (August 26, 2018 to February 23, 2019)		
	Influenza A	Influenza B	Rate per 100,000 population
0-4	316	2	66.81
5-19	179	2	13.04
20-44	287	0	10.09
45-64	581	1	26.74
65+	722	3	59.59
<b>Total</b>	<b>2085</b>	<b>8</b>	
	99.6%	0.4%	

<sup>1</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. The cumulative rate of hospitalizations is calculated using the total population by age-group in participating provinces and territories.

### Pediatric Influenza Hospitalizations and Deaths

In week 08, 43 pediatric ( $\leq 16$  years of age) hospitalizations with influenza have been reported by the Immunization Monitoring Program Active (IMPACT) network (Figure 7).

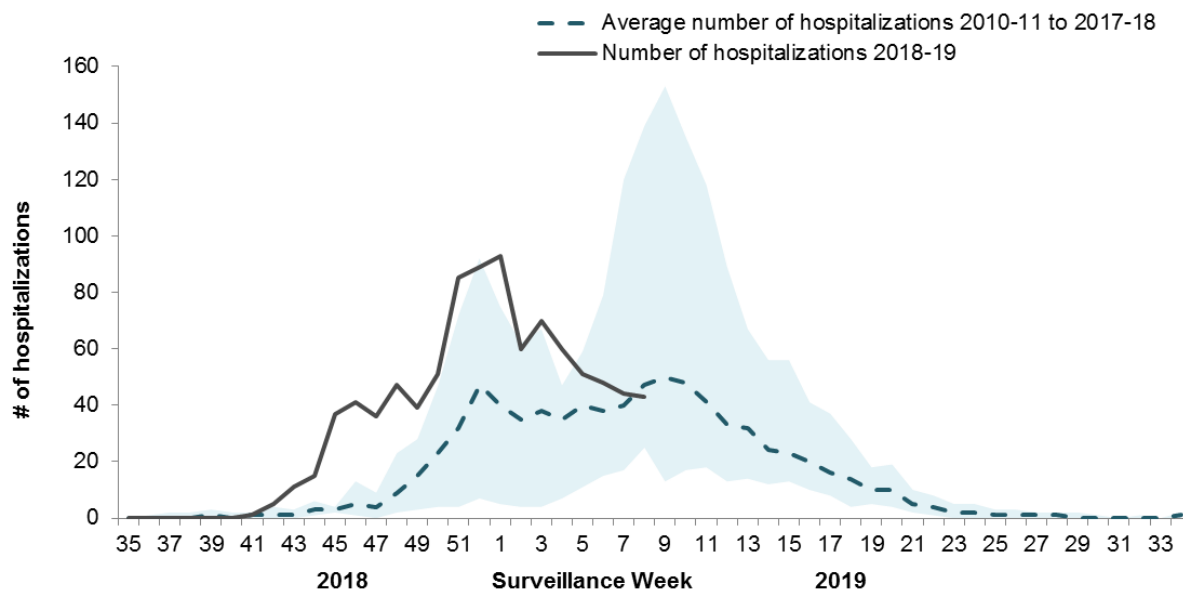
To date this season, 928 pediatric hospitalizations have been reported (Figure 8):

- 69% of cases were in children under 5 years of age.
- 98% (914) of cases have been associated with influenza A.
- Among the 295 cases for which the influenza subtype was available, 280 (95%) were associated with A(H1N1)pdm09.

To date this season, 159 ICU admissions, and 10 deaths have been reported.

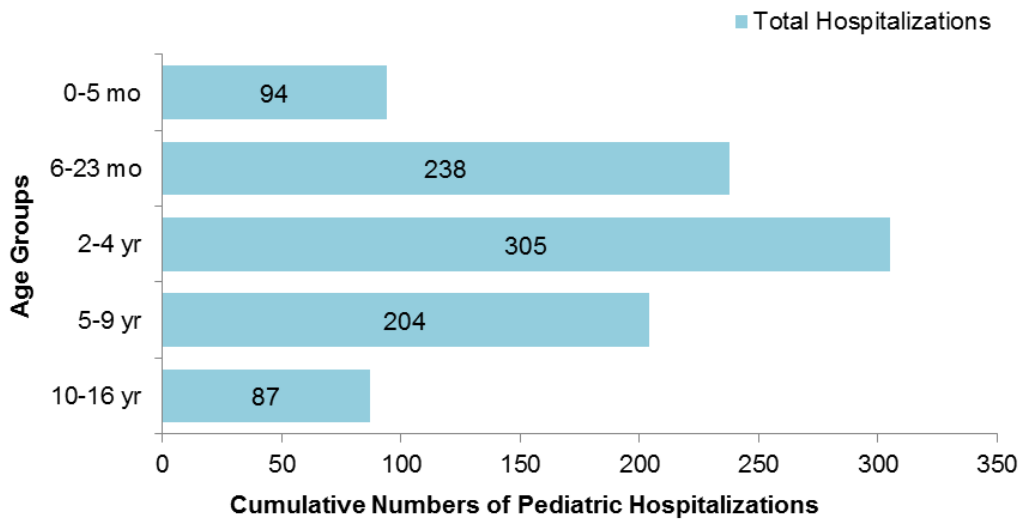
- 63% (101) of ICU admissions were in children under 5 years of age.
- All but two of the ICU admissions have been associated with influenza A.
- 80% (8) of deaths occurred in children 2 to 4 years of age.
- All deaths have been associated with influenza A.

**Figure 7 – Number of pediatric ( $\leq 16$  years of age) hospitalizations reported by the IMPACT network, by week, Canada, weeks 2018-35 to 2019-08**



The shaded area represents the maximum and minimum number of cases reported by week from seasons 2010-11 to 2017-18

**Figure 8 - Cumulative numbers of pediatric hospitalizations (≤16 years of age) with influenza by age-group reported by the IMPACT network, Canada, weeks 2018-35 to 2019-08**



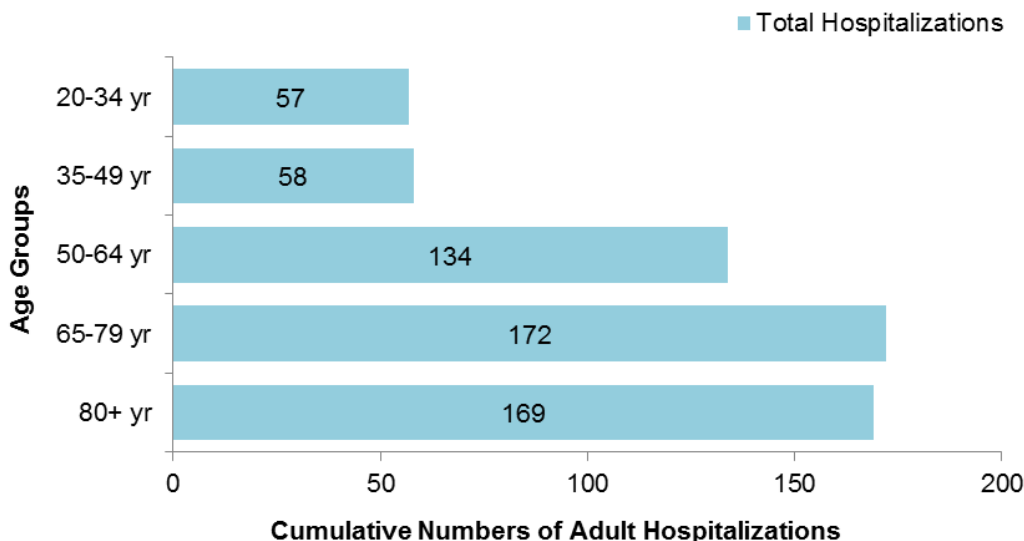
### Adult Influenza Hospitalizations and Deaths

Surveillance of laboratory-confirmed influenza-associated adult (≥16 years of age) hospitalizations by the Canadian Immunization Research Network (CIRN) Serious Outcomes Surveillance (SOS) network began on November 1<sup>st</sup> for the 2018-19 season.

To date this season, 590 hospitalizations, 65 ICU admissions and 22 deaths have been reported (Figure 9):

- 543 (92%) hospitalizations were associated with influenza A.
- A greater proportion of hospitalizations have been reported among adults ≥65 years of age (58%) compared to adults <65 years of age (42%).
- 84% of hospitalized cases reported more than one type of comorbid condition.
- The most commonly reported comorbidity was endocrine disorders, which were reported in 80% of hospitalized cases.

**Figure 9 - Cumulative numbers of adult hospitalizations (>20 years of age) with influenza by age-group reported by CIRN, Canada, 2018-19, weeks 2018-44 to 2019-08**



## Influenza Strain Characterizations

Since September 1, 2018, the National Microbiology Laboratory (NML) has characterized 1,412 influenza viruses (150 A(H3N2), 1,234 A(H1N1) and 28 B) that were received from Canadian laboratories.

### Genetic Characterization of Influenza A(H3N2):

79 influenza A(H3N2) viruses did not grow to sufficient hemagglutination titer for antigenic characterization by hemagglutination inhibition (HI) assay. Therefore, NML has performed genetic characterization to determine the genetic group identity of these viruses.

Sequence analysis of the HA gene of the viruses showed that:

- 15 viruses belonged to genetic group 3C.2a.
- 63 viruses belonged to subclade 3C.2a1.
- One isolate could not be sequenced.

A/Singapore/INFIMH-16-0019/2016-like virus belongs to genetic group 3C.2a1 and is the influenza A(H3N2) component of the 2018-19 Northern Hemisphere influenza vaccine.

### Antigenic Characterization:

#### Influenza A (H3N2):

- 55 influenza A(H3N2) viruses were antigenically characterized as A/Singapore/INFIMH-16-0019/2016-like by HI testing using antiserum raised against egg-propagated A/Singapore/INFIMH-16-0019/2016.
- 16 viruses showed reduced titer with ferret antisera raised against egg-propagated A/Singapore/INFIMH-16-0019/2016.
- A/Singapore/INFIMH-16-0019/2016-like virus is the influenza A(H3N2) component of the 2018-19 Northern Hemisphere influenza vaccine.
- 33 influenza A(H3N2) viruses characterized belonged to genetic group 3C.2a1. 15 viruses belonged to genetic group 3C.2a and 11 to 3C.3a. Sequencing is pending for the remaining isolates.

#### Influenza A(H1N1):

- 1,201 A(H1N1) viruses characterized were antigenically similar to A/Michigan/45/2015, which is the influenza A(H1N1) component of the 2018-19 Northern Hemisphere influenza vaccine.
- 33 viruses showed reduced titer with ferret antisera raised against cell culture-propagated A/Michigan/45/2015

#### 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 2018-19 Northern Hemisphere influenza vaccine are B/Colorado/06/2017 (Victoria lineage) and B/Phuket/3073/2013 (Yamagata lineage).

- Nine influenza B viruses were characterized as B/Colorado/06/2017, which belong to the Victoria lineage and are included as an influenza B component of the 2018-19 Northern Hemisphere influenza vaccine.
- Two viruses showed reduced titer with ferret antisera raised against cell culture-propagated B/Colorado/06/2017.
- 17 influenza B viruses were characterized as B/Phuket/3073/2013-like, which belongs to the Yamagata lineage and is included as an influenza B component of the 2018-19 Northern Hemisphere **quadrivalent** influenza vaccine.



## Antiviral Resistance

### Antiviral Resistance – Amantadine:

356 influenza A (51 A(H3N2) and 305 A(H1N1)) viruses were tested for resistance to amantadine and it was found that:

- All 356 influenza A viruses were resistant to amantadine.

### Antiviral Resistance – Oseltamivir:

842 influenza viruses (76 A(H3N2), 740 A(H1N1) and 26 B) were tested for resistance to oseltamivir and it was found that:

- All 76 A(H3N2) viruses were sensitive to oseltamivir.
- Of the 740 A(H1N1) viruses tested, 738 were sensitive to oseltamivir and two viruses were resistant to oseltamivir with a H275Y mutation.
- All 26 B viruses were sensitive to oseltamivir.

### Antiviral Resistance – Zanamivir:

841 influenza viruses (76 A(H3N2), 739 H1N1 and 26 B) were tested for resistance to zanamivir and it was found that:

- All 841 influenza viruses were sensitive to zanamivir.

## Provincial and International Surveillance Links

- Alberta – [Influenza Surveillance](#)
- British Columbia – [Influenza Surveillance](#)
- Manitoba - [Seasonal Influenza Reports](#)
- New Brunswick – [Influenza Surveillance Reports](#)
- Newfoundland and Labrador – [Surveillance and Disease Reports](#)
- Nova Scotia – [Respiratory Watch Report](#)
- Ontario – [Ontario Respiratory Pathogen Bulletin](#)
- Prince Edward Island – [Influenza Summary](#)
- Saskatchewan – [Influenza Reports](#)
- Québec – [Système de surveillance de la grippe](#)
- Australia – [Influenza Surveillance Report and Activity Updates](#)
- European Centre for Disease Prevention and Control – [Surveillance reports and disease data on seasonal influenza](#)
- New Zealand – [Influenza Weekly Update](#)
- United Kingdom -- [Weekly Influenza Activity Reports](#)
- Pan-American Health Organization – [Influenza Situation Report](#)
- United States Centres for Disease Control and Prevention – [Weekly Influenza Summary Update](#)
- World Health Organization – [FluNet](#)

## Notes

To learn more about definitions, descriptions and the FluWatch program in general, see the [Overview of influenza monitoring in Canada](#) page. For more information on the flu, see our [Flu \(influenza\)](#) web page.

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

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

*We would like to thank all the Fluwatch surveillance partners who are participating in this year's influenza surveillance program.*