**WRHA INFLUENZA SURVEILLANCE MONITOR**
*(November 6, 2013)*

This is the first influenza surveillance monitor for the 2013-2014 season. This report will be produced every other Wednesday unless disease activity or severity indicates otherwise.

### SUMMARY: The most recently available data from syndromic and conventional surveillance sources are consistent with a low level of influenza activity in the Winnipeg Health Region.

### Winnipeg Health Region (WHR)
*(As of November 4, 2013)*

New lab-confirmed cases in Winnipeg residents since the last report on June 19, 2013: 2 (1 Influenza A, 1 Influenza B)
- Total number of lab-confirmed influenza cases in Winnipeg residents since the beginning of the 2013-2014 influenza season: 2 (1 Influenza A, 1 Influenza B)

New lab-confirmed hospitalized cases in Winnipeg hospitals since the last report: 1 (1 Winnipeg resident)
- Total number of hospitalized lab-confirmed influenza cases in Winnipeg hospitals this season: 1 (1 Winnipeg resident)

New cases in ICU since the last report: 0
- Total number of cases in ICU this season: 0

### Syndromic Surveillance Indicators

Since the beginning of the 2013-2014 influenza season, there has been one report of a suspected influenza-like illness (ILI) outbreak reported in a long term care (LTC) facility in Winnipeg (as of Nov 2, 2013). After further investigation, the outbreak was determined not to be influenza related and has since resolved.

Over the last week, the total number of emergency room (ER) visits accounted for by ILI ranged from 102 to 123 visits a day. The percentage of ER visits accounted for by ILI ranged from 13.6% to 16.6%. Since mid-September, the total number of ILI-related ER visits has slightly increased (see Figure 1).

### STRIVE* UPDATE

The 2013-2014 influenza season marks the third year of the WRHA’s involvement in the STRIVE network. This national multi-site vaccine effectiveness surveillance network, already in operation in Alberta, British Columbia, Ontario, and Quebec, aims to assess the effectiveness of the seasonal trivalent influenza vaccine in protecting against influenza, and to monitor influenza activity in the region.

The WRHA STRIVE network is operated in collaboration with Cadham Provincial Laboratory and all STRIVE specimens undergo PCR testing for influenza and Seeplex RV15 panel for the presence of other respiratory viruses. Results of respiratory testing performed by network members will be regularly featured in this column. Recruitment of sentinel clinicians and sites is ongoing. For more information about the study, please e-mail strive@wrha.mb.ca.

*Surveillance Team Research on Influenza Vaccine Effectiveness Study*

The number of callers interested in speaking to a Health Links- Info Santé nurse about the management of seasonal influenza has been steadily increasing since the beginning of October (see Figure 2). Based on the number of people searching for flu-related topics, Google Flu estimates flu activity to be low-moderate in Manitoba (see Figure 3).

### Canada

According to FluWatch, overall influenza activity in Canada increased slightly in week 43 (October 20-26). Sporadic activity was reported in BC, AB, ON, and QC.

In week 43, the proportion of tests positive for influenza was 1.0%, and, the national ILI consultation rate was 20.4 consultations per 1,000 patient visits. The cumulative number (starting August 25, 2013) of reported influenza cases was 57 (41 Influenza A, 16...
Influenza B): 77.9% of influenza viruses have been typed as Influenza A [31.7% - A(H3); 31.7% - A(H1N1)pdm09; 36.6% - unsubtyped] and 28.1% have been typed as Influenza B.

During the 2013-2014 influenza season, the National Microbiology Laboratory (NML) has antigenically characterized six influenza viruses [two A(H3N2), two A(H1N1)pdm09 and two influenza B]. All viruses were similar to the strains recommended by the WHO for the 2013-14 seasonal influenza vaccine. The NML has tested six influenza viruses for resistance to oseltamivir and zanamivir, and all were sensitive. Four influenza A viruses were tested for amantadine resistance, and all were resistant. [Link]

International
According to the CDC FluView for the week ending October 26, 2013 (week 43) influenza activity remained low in the United States. Outpatient visits for ILI were below the national baseline. The proportion of specimens positive for influenza was 4.5%. No influenza-associated pediatric deaths were reported; and pneumonia and influenza mortality was below the epidemic threshold. During this same week, 93.1% of influenza viruses were Influenza A (5.2% - H3, 74.1% - unsubtyped and 20.7% 2009 H1N1). [Link]

For the week ending October 18, 2013, the WHO reported low overall influenza virus activity. During weeks 40 and 41 (September 29 through October 12, 2013), A(H3N2) viruses remained the predominant subtype reported globally, followed by influenza B and A(H1N1)pdm09. Influenza activity was low in both the northern and southern hemispheres. [Link]

Interpretation
Overall, the most recently available data from syndromic and conventional surveillance sources are consistent with a low level of influenza activity in the Winnipeg Health Region.
Emergency Room Visits: Influenza-Like Illness (ILI)

FIGURE 1. Number of ILI Cases in ERs, Apr 1, 2009 – Nov 2, 2013

Calls to Provincial Health Contact Centre

FIGURE 2. Number of Flu Management Inquiries by Week, Sep 2, 2012 – Nov 2, 2013
Google Flu Trends

FIGURE 3. Flu Activity in Manitoba, Canada, 2013-2014

Estimates were made using a model that proved accurate when compared to historic official flu activity data. Data current through October 31, 2013.

http://www.google.org/flutrends/ca/#CA-MB

Feedback
Feedback on the format, content and timeliness of the influenza surveillance updates is welcomed. If you wish to provide comments, please direct to EPI@wrha.mb.ca.