



# Weekly Local Influenza Surveillance Bulletin

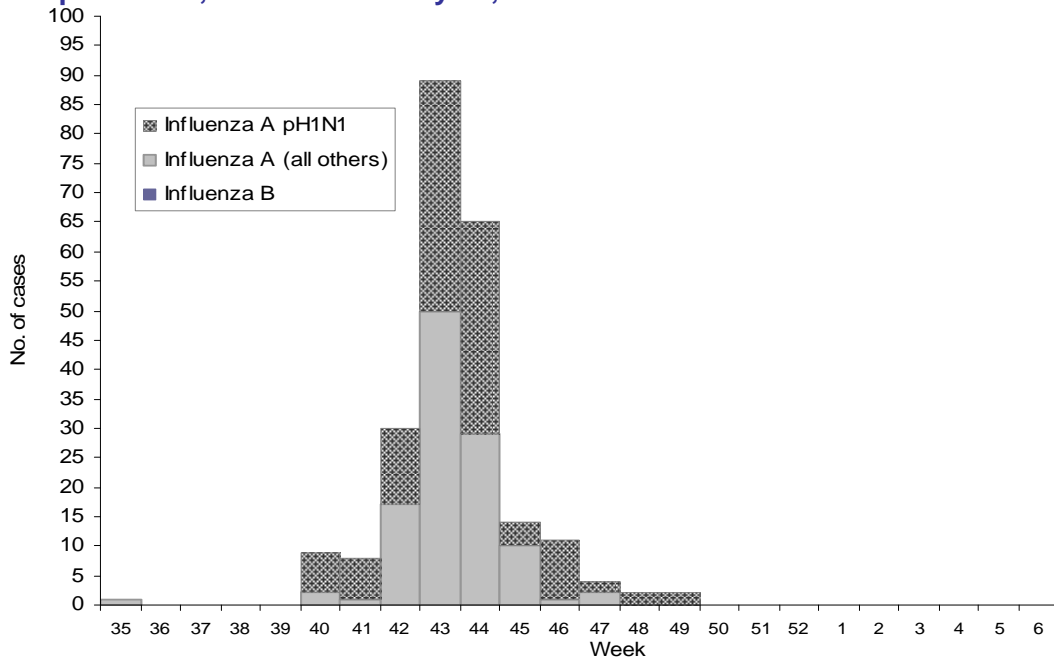
Released February 17, 2010

Region of Waterloo

PUBLIC HEALTH

## Influenza Activity: September 1, 2009 to February 13, 2010 (Week 35-6)

**Figure 1: Number of laboratory confirmed cases of influenza by week and type, Waterloo Region, September 1, 2009 to February 13, 2010<sup>4</sup>**

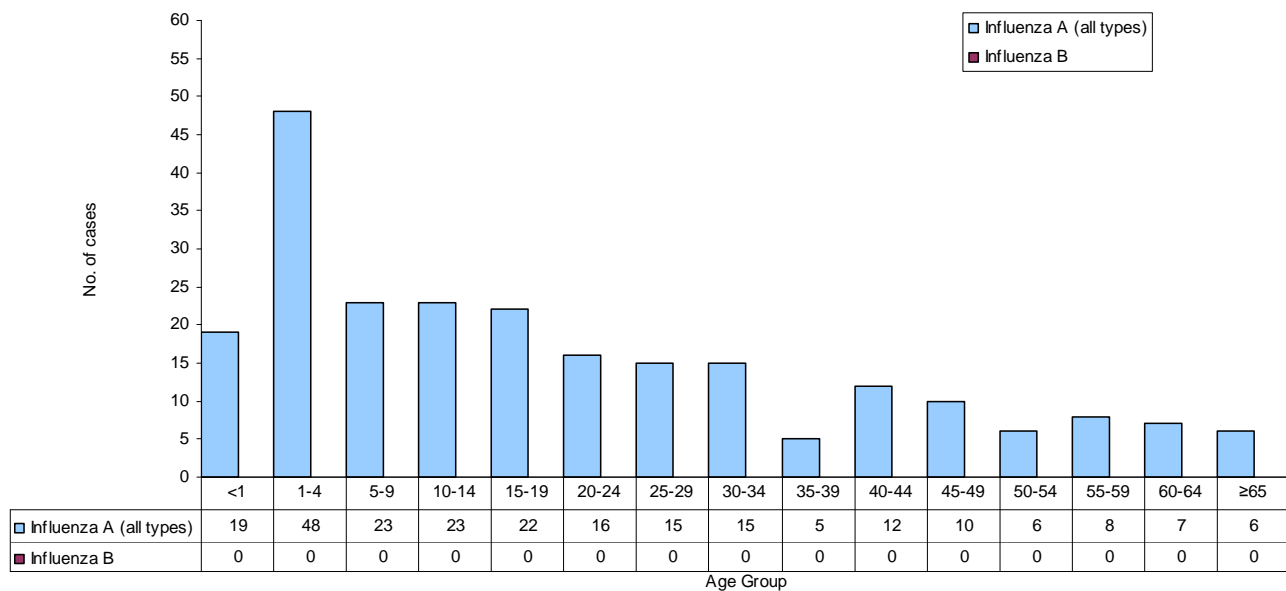


Updated: 17-Feb-10

No. of Cases by Type <sup>1</sup>	
Influenza A – Total	235
pH1N1	122
H3	0
H3N2	1
Other (non-pH1N1)	0
Not sub-typed <sup>2</sup>	112
Influenza B	0
Total	235

Influenza Activity Level <sup>3</sup>	
✓	No activity
	Sporadic
	Localized
	Widespread

**Figure 2: Number of laboratory confirmed cases of influenza by age and type, Waterloo Region, September 1, 2009 to February 13, 2010**



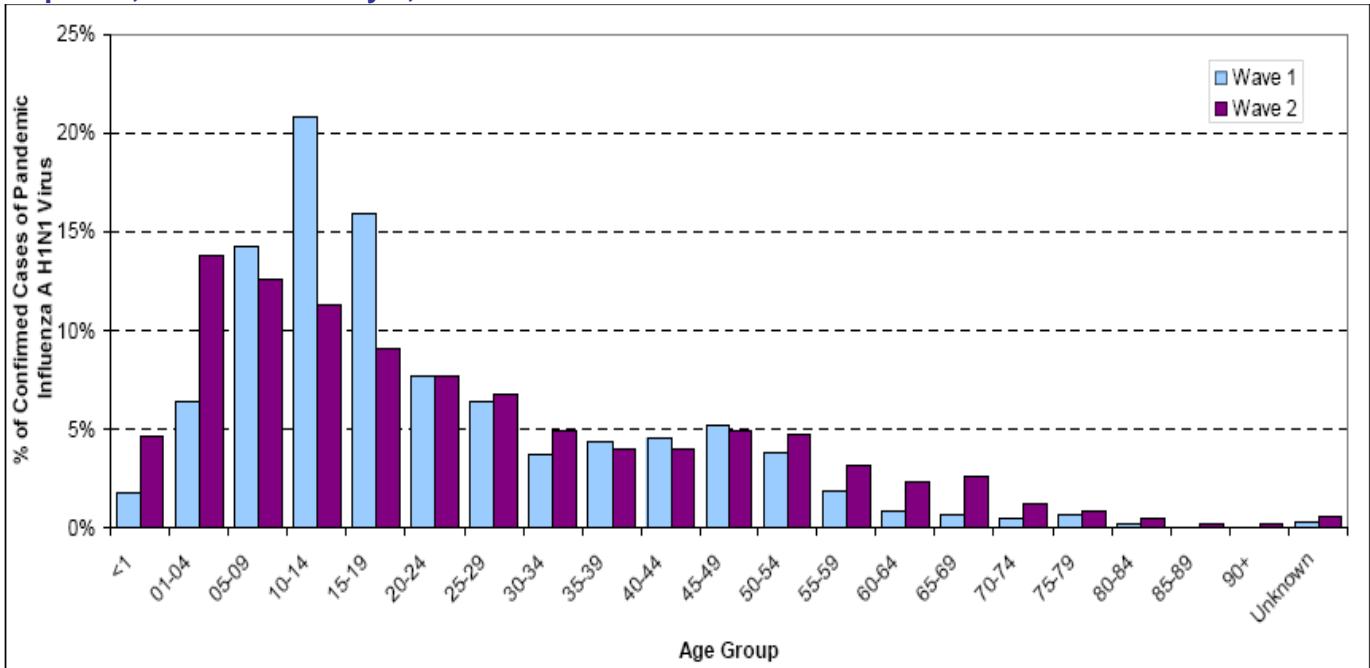
<sup>1</sup> Due to continued data cleaning efforts, the number of cases may change from week-to-week.

<sup>2</sup> Not sub-typed includes all Influenza A cases that had a sub-type of "blank", "untypeable" or "not-subtyped".

<sup>3</sup> For definitions of influenza activity levels: <http://www.phac-aspc.gc.ca/fluwatch/09-10/def09-10-eng.php>

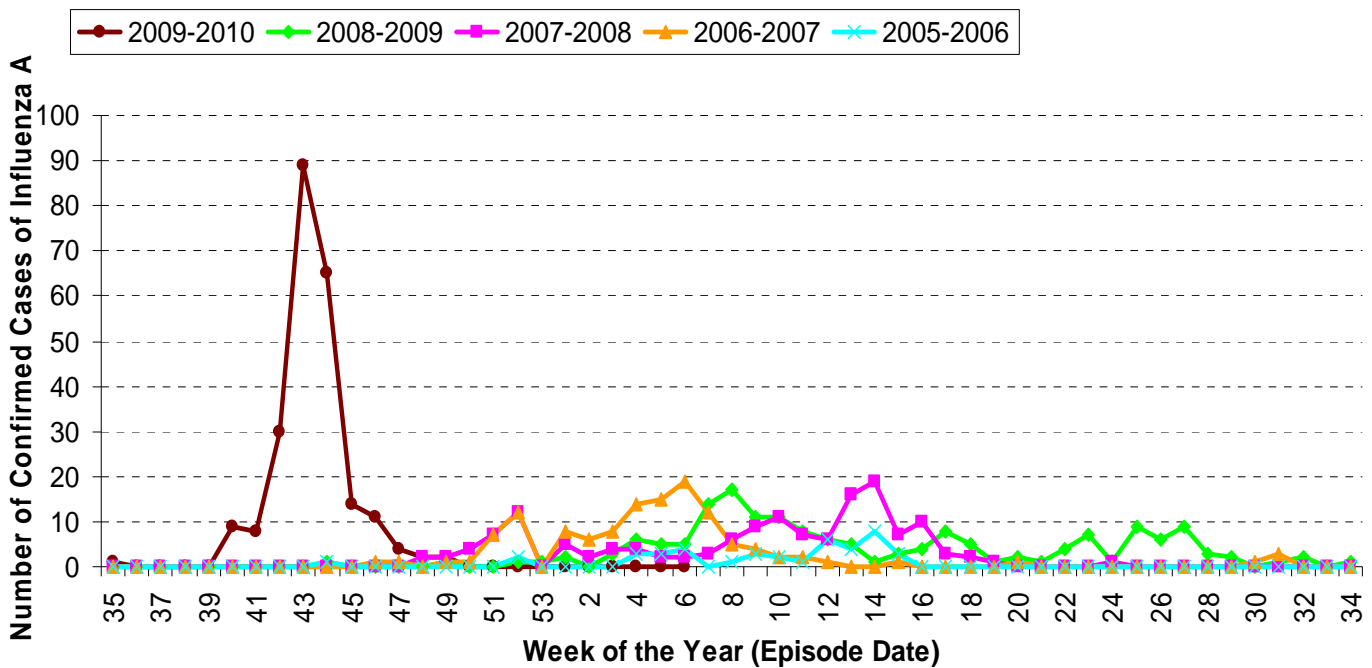
<sup>4</sup> Note: In Ontario, the onset date of symptoms for the first confirmed case of Influenza A pH1N1 virus was April 11, 2009. The weeks refer to FluWatch weeks, which are established by the Public Health Agency of Canada.

**Figure 3: Laboratory confirmed cases of pandemic H1N1 in Ontario by age group and wave, April 13, 2009 to February 6, 2010**



SOURCE: Ontario Ministry of Health and Long-Term Care, integrated Public Health Information System (iPHIS) database, extracted [10/02/2010].

**Figure 4: Number of laboratory confirmed cases of influenza A by week, Waterloo Region, 2005-2010**



**Table 1: Pandemic H1N1 indicators, Waterloo Region and Ontario, Sept. 1, 2009 - Feb. 13, 2010**

Indicator	Waterloo Region*	Ontario*
Laboratory confirmed H1N1 cases	122	4,700
Number of H1N1 hospitalizations	37	1,440
Population-based hospitalization rate	7.1 per 100,000 residents	11.0 per 100,000 Ontarians
Number of deaths	3	103
Population-based mortality rate	0.58 per 100,000 residents	0.79 per 100,000 Ontarians
Age of laboratory confirmed H1N1 cases <sup>^</sup>	<1 – 74 years	<1 – 90+ years
Age of hospitalized cases	Range: <1 – 74 years Median age: 18 years Average age: 27 years	Range: <1 – 89 years Median age: 23 years Average age: 27 years
Age of fatal cases	Range: >35 years	Range: <1 – 95 years Median age: 54 years Average age: 51 years

\* Waterloo Region data is current as of February 13, 2010, while Ontario data is current as of February 6, 2010, except for hospitalizations and deaths, which are current as of February 10, 2010.

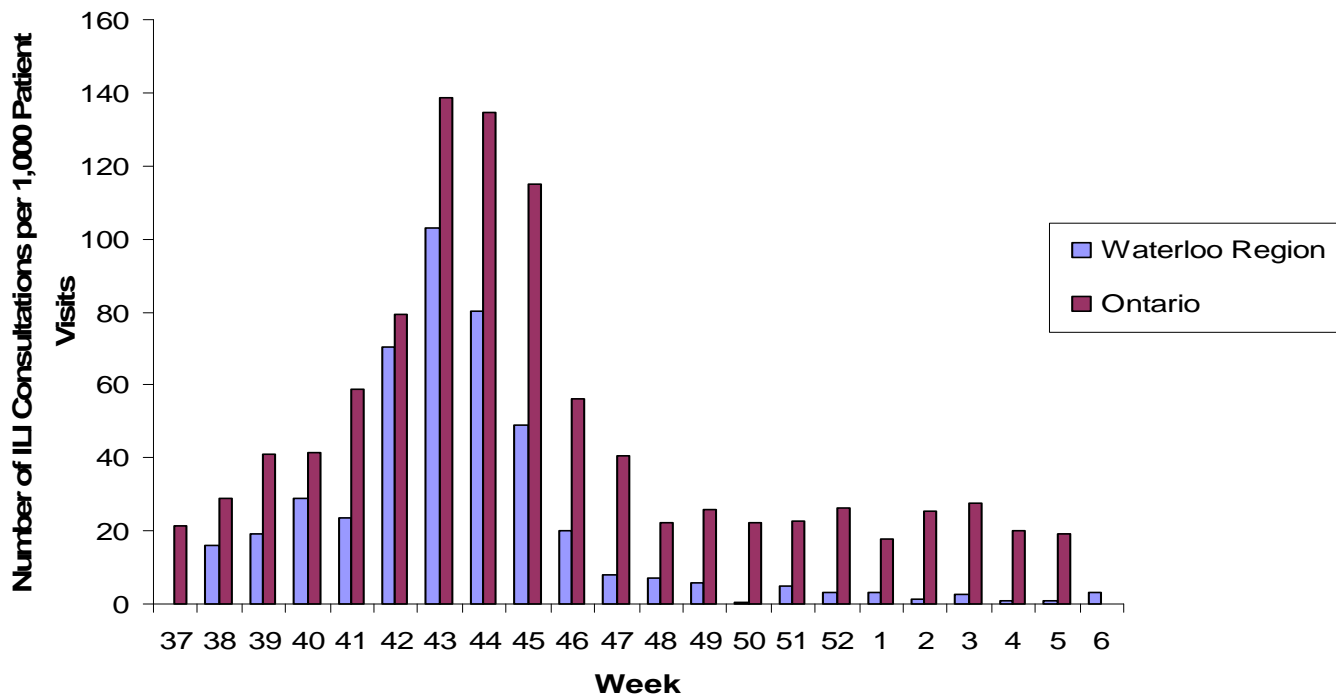
<sup>^</sup> Ontario data reflects all cases from Week 14-5 (April 5, 2009 to February 6, 2010).

## Proxy Indicators for Influenza Surveillance

### Influenza-Like-Illness

The number of Influenza-Like Illness (ILI)<sup>5</sup> visits is a useful indicator of the level of community transmission of pH1N1 and the resulting burden on primary care practices. Transmission patterns suggest that pH1N1 is more prevalent in the younger age groups (5 – 19 years). As such, we are tracking the ILI consultation rate at post-secondary institutions<sup>6</sup> health services in Waterloo Region as well as in select primary care practices<sup>7</sup>.

**Figure 5: Influenza-Like-Illness (ILI) consultations per 1,000 patient visits, Waterloo and Ontario, September 13 – February 13, 2010**



<sup>5</sup> Case definition for ILI is: acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which could be due to influenza virus. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

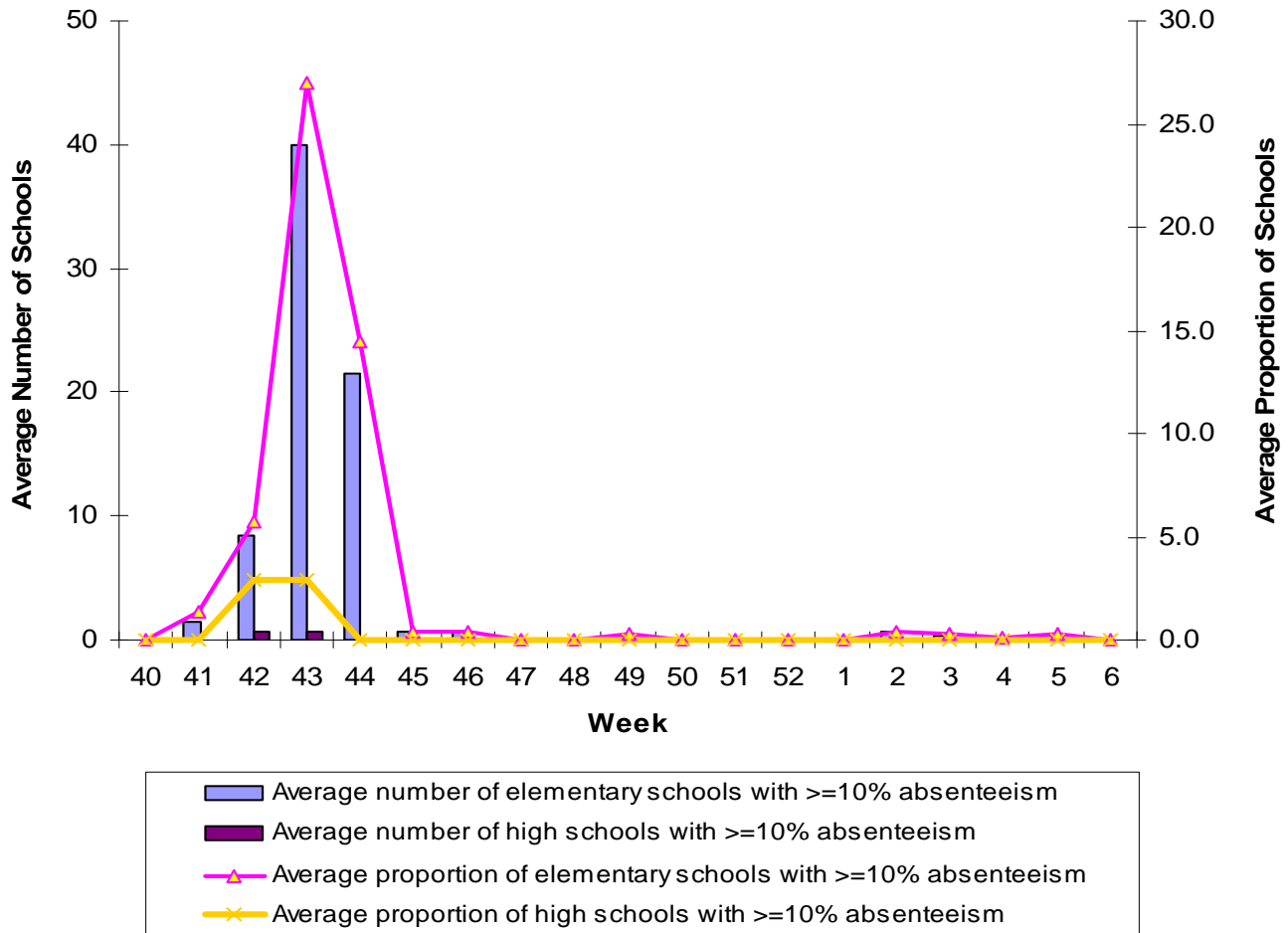
<sup>6</sup> Post-secondary institutions include Conestoga College, Wilfred Laurier University, and University of Waterloo

<sup>7</sup> Data from an additional primary care practice was included during week 43.

**School Absenteeism**

Since pH1N1 is more prevalent in the younger age groups, monitoring school absenteeism rates is a useful indicator of the level of community transmission of the virus. An absenteeism rate of 10% or greater has been identified as a threshold by the MOHLTC to signify higher than expected levels of school absenteeism. The figure below shows the average number and average proportion of schools in the Region of Waterloo that meet this threshold, by week and type of school (elementary or secondary).

**Figure 6: Average number and average proportion of schools reporting  $\geq 10\%$  absenteeism (all-cause) by week and type of school, Waterloo Region, October 6 – February 13, 2010**



For provincial and national influenza information, please visit the following websites:

**MINISTRY OF HEALTH AND LONG-TERM CARE (MOHLTC)**

The latest Ontario Influenza Bulletin can be viewed at the following site:  
[http://www.health.gov.on.ca/english/providers/program/pubhealth/flu/flu\\_08/flubul\\_mn.html](http://www.health.gov.on.ca/english/providers/program/pubhealth/flu/flu_08/flubul_mn.html)

The latest information on Influenza A pH1N1 virus in Ontario can be viewed at the following site:  
[http://www.health.gov.on.ca/english/public/updates/archives/hu\\_09/provider/default.html](http://www.health.gov.on.ca/english/public/updates/archives/hu_09/provider/default.html)

**HEALTH CANADA**

The latest Health Canada FluWatch can be viewed at the following site:  
<http://www.phac-aspc.gc.ca/fluwatch/08-09/index-eng.php>