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Number 1: Weeks 40 to 42  
Sept 30 – Oct 20, 2007

## Sporadic Influenza Activity in BC

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### Overview:

During weeks 40 to 42 (Sept 30 – Oct 20, 2007), BC laboratories reported one positive respiratory specimen for influenza A (in week 40). Two school ILI outbreaks were also reported in week 40. The rate of ILI visits to physicians was lower in weeks 40 to 42 than the expected level for this time of year.

The 2007-2008 Facility Influenza Immunization Policy and Q&A documents have now been posted on the BCCDC website.

For details please see:  
<http://www.bccdc.org/news.php?item=223>

**Please remember to notify BCCDC if an outbreak of ILI occurs in your region, by emailing [ilioutbreak@bccdc.ca](mailto:ilioutbreak@bccdc.ca). There is a **NEW** version of the report form for this season. We hope that it will be easy**

for you to use. Please note that you are only required to fill in the appropriate sections based on the status of your investigation. A copy of the form is included in this report but an easy to use electronic copy is included with this email so that you can fill it in electronically and return by email.

### Sentinel Physicians

Based on the historic range for this time of year, the rate of ILI visits to sentinel physicians was lower than expected in all three weeks. In weeks 40 to 42, the proportion of all patient visits that was due to ILI was 0.06%, 0.09% and 0.13%, respectively. ([Weekly ILI](#), [ILI by HA](#))

### Outbreak Reports

In week 40 (Sept 30 – Oct 6) two school ILI outbreaks were reported in BC. No outbreaks were reported in weeks 41 (Oct 7-13) or 42 (Oct 14-20) ([ILI Outbreak Graph](#))

### Laboratory Reports

During weeks 40 to 42 (Sept 30 – Oct 20), BCCDC Laboratory Services tested 130 respiratory specimens. One specimen was positive for influenza A in week 40. One RSV-positive specimen was also reported in Week 40.

During weeks 40 and 42 (Sept 30 – Oct 20), Children's and Women's Health Centre Laboratory tested 133 respiratory specimens. Fourteen positive specimens were reported: two for RSV, ten for parainfluenza, and two for adenovirus. ([Lab Summary Graphs](#))



**Other Sources of Information:**

**1. Flu Watch, Canada**

During weeks 39 to 42 (Sept. 23 – Oct 20, 2007), sporadic activity was reported in BC, Nova Scotia, Quebec and Ontario. In week 42 (Oct 14-20), localized influenza activity was reported in southern Alberta. There have been two reports of outbreaks in LTCFs, one in Ontario and one in week 42 in Alberta. Since August 26, 2007 there have been 17 influenza detections, 15 have been influenza A and two have been influenza B. The proportion of ILI visits to sentinel physicians (14, 15, 15 and 12 cases per 1,000 visits between weeks 39 and 42 respectively) is within the expected range for this point in the season at the national level.

<http://www.phac-aspc.gc.ca/fluwatch/>

**2. National Microbiology Laboratory**

Between Sept 1 and Oct 25 four influenza isolates from provincial and hospital labs have been characterized at the National Microbiology Laboratory (NML): two A/Wisconsin/67/05-like (Ontario-1 and BC-1) and two B/Florida/07/04-like (Ontario-1 and Nova Scotia-1). A/Wisconsin/67/05 is the recommended H3N2 component of the vaccine in the northern hemisphere. B/Florida/07/04 is of the B/Yamagata lineage; this year's influenza B vaccine component is B/Malaysia, of the B/Victoria lineage.

Four H3N2 strains have been tested for amantadine resistance and three are reported as resistant all from Ontario.

<http://www.phac-aspc.gc.ca/fluwatch/>

**3. US CDC**

A low level of Influenza activity was reported during weeks 40 to 42 (Sept 30-Oct 20) in the United States. In week 40 (Sept 30-Oct 6) Hawaii reported localized activity and eight additional states reported sporadic

activity. In week 41 (Oct 7-13) sporadic activity was reported in 12 states. In week 42 (Oct 8-Oct 20) sporadic activity was reported in 13 states. For information about influenza surveillance indicators in the United States, please visit:

<http://www.cdc.gov/flu/weekly/>

**4. International**

The WHO has published a summary of the 2006-2007 influenza activity around the world. The report can be accessed at: <http://www.who.int/wer/2007/wer8241/en/index.html>

In the past 4 weeks: 18 cases of influenza A and 9 cases of influenza B have been reported. Low levels of influenza activity in Europe were reported with 26 countries reporting no or only sporadic influenza activity.

Please visit: <http://www.eiss.org>.

**Avian Influenza**

Since 2003, the WHO has confirmed 332 human AI cases. Indonesia has reported the highest number of AI cases since 2003 (110 cases, 89 deaths).

Since 29 September 2007, the WHO has reported 4 new cases of human infection with the H5N1 avian influenza virus, all in Indonesia. The most recent case was reported by WHO on Oct 25. The five year old girl had an onset of Oct 14, was hospitalized Oct 20 and died Oct 22. For more information on human avian influenza cases please visit:

[http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/).

For further information on confirmed avian influenza outbreaks in poultry, please visit:

[http://www.oie.int/download/AVIAN%20INFLUENZA/A\\_AI-Asia.htm](http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm)



### Vaccine Composition

This year's (2007/08) influenza vaccine contains the following virus antigens:

- A/Solomon Islands/3/2006 (H1N1)
- A/Wisconsin/67/2005 (H3N2)
- B/Malaysia/2506/2004-like

### Activity Level Definitions

*Sporadic influenza activity:* sporadically occurring ILI and laboratory-confirmed influenza during previous 4 weeks, with no outbreaks.

*Localized influenza activity:* sporadically occurring ILI and lab-confirmed influenza within past 4 weeks together with outbreaks of ILI in schools and worksites or laboratory confirmed influenza in residential institutions occurring in less than 50% of the influenza surveillance regions during the week of reporting.

*Widespread influenza activity:* as for localized activity, but with outbreaks occurring in greater than or equal to 50% of the influenza surveillance regions during the week of reporting.

### Contact Us:

**Epidemiology Services**  
BC Centre for Disease Control Society (BCCDC)  
655 W. 12<sup>th</sup> Ave, Vancouver BC V5Z 4R4  
Tel: (604) 660-6061 / Fax: (604) 660-0197  
[epidserv@bccdc.ca](mailto:epidserv@bccdc.ca)

### List of Acronyms:

**AI:** Avian Influenza  
**FHA:** Fraser Health Authority  
**HPAI:** Highly Pathogenic Avian Influenza  
**HSDA:** Health Service Delivery Area  
**IHA:** Interior Health Authority  
**ILI:** Influenza-Like Illness  
**LTCF:** Long Term Care Facility  
**NHA:** Northern Health Authority  
**NML:** National Microbiological Laboratory  
**OIE:** World Organization for Animal Health  
**RSV:** Respiratory syncytial virus  
**VCHA:** Vancouver Coastal Health Authority  
**VIHA:** Vancouver Island Health Authority  
**WHO:** World Health Organization

### Web Sites:

#### 1. Influenza Web Sites:

Canada – Flu Watch: <http://www.phac-aspc.gc.ca/fluwatch/>  
NACI Statement on Influenza Vaccination for the 2007-2008 Season: [http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07vol33/acs-07/index\\_e.html](http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07vol33/acs-07/index_e.html)  
Washington State Flu Updates: <http://www.doh.wa.gov/ehsphl/epidemiology/CD/HTML/FluUpdate.htm>  
USA Weekly Surveillance reports: <http://www.cdc.gov/flu/weekly/>  
European Influenza Surveillance Scheme: <http://www.eiss.org/index.cgi>  
WHO – Global Influenza Programme: <http://gamapserver.who.int/GlobalAtlas/home.asp>  
WHO – Weekly Epidemiological Record: <http://www.who.int/wer/en/>  
Influenza Centre (Australia) <http://www.influenzacentre.org/>

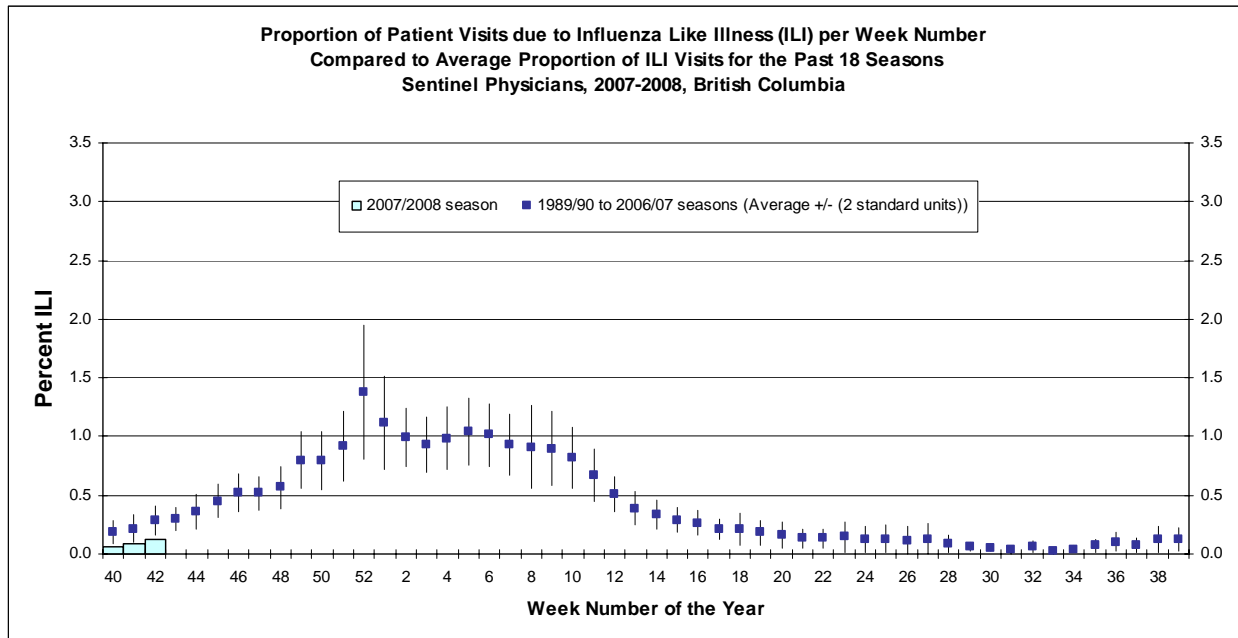
#### 2. Avian Influenza Web Sites

World Health Organization – Avian Influenza [http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)  
World Organization for Animal Health [http://www.oie.int/eng/en\\_index.htm](http://www.oie.int/eng/en_index.htm)

#### 3. This Report On-line

<http://www.bccdc.org/content.php?item=35>

## WEEKLY ILI

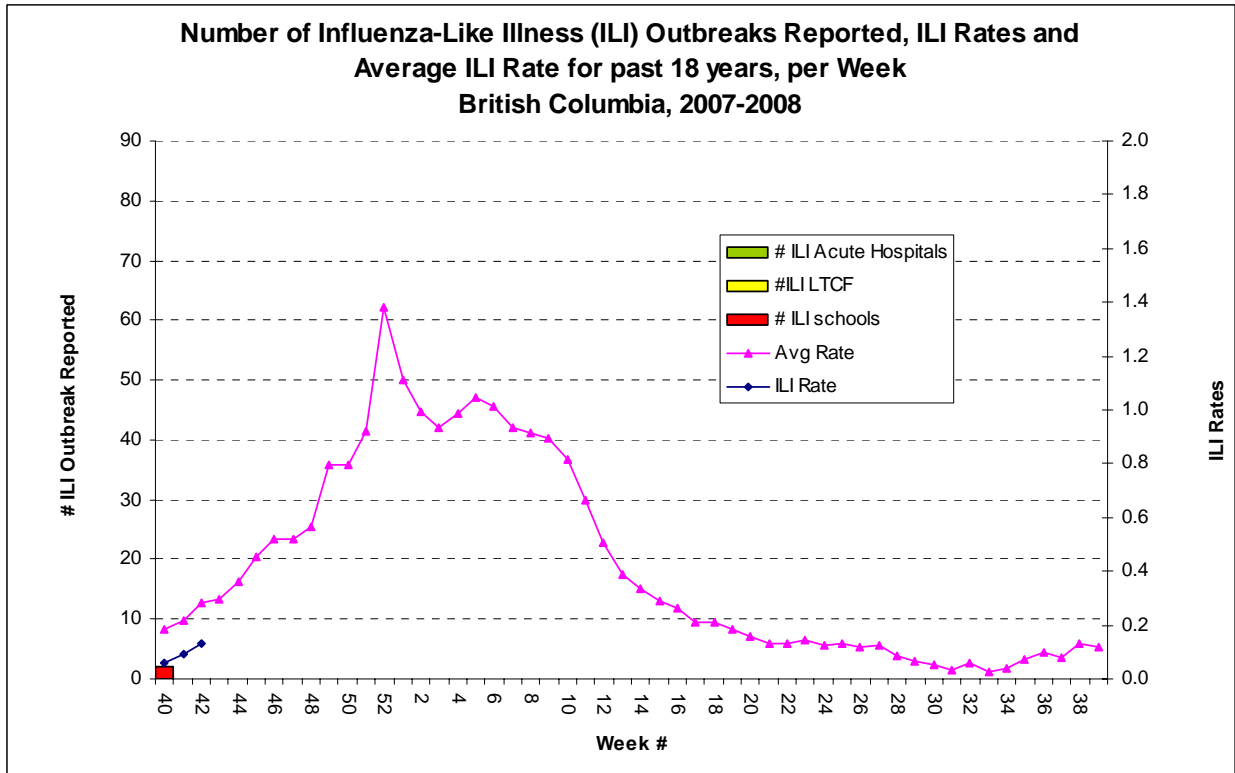


## INFLUENZA-LIKE ILLNESS BY HEALTH AUTHORITY

HEALTH AUTHORITY	Week 40 Sept 30 – Oct 6			Week 41 Oct 7 – 13			Week 42 Oct 14-Oct 20		
	ILI VISITS	TOTAL VISITS	% ILI	ILI VISITS	TOTAL VISITS	% ILI	ILI VISITS	TOTAL VISITS	% ILI
Fraser	0	2,242	0.00%	1	1,960	0.05%	0	2,196	0.00%
Interior	0	643	0.00%	0	647	0.00%	4	675	0.59%
Northern	0	151	0.00%	0	150	0.00%	0	312	0.00%
Vancouver Coastal	3	1,716	0.17%	2	1,580	0.13%	4	1,753	0.23%
Vancouver Island	1	1,469	0.07%	2	1,356	0.15%	0	1,439	0.00%
<b>BC Total</b>	<b>4</b>	<b>6,221</b>	<b>0.06%</b>	<b>5</b>	<b>5,693</b>	<b>0.09%</b>	<b>8</b>	<b>6,375</b>	<b>0.13%</b>

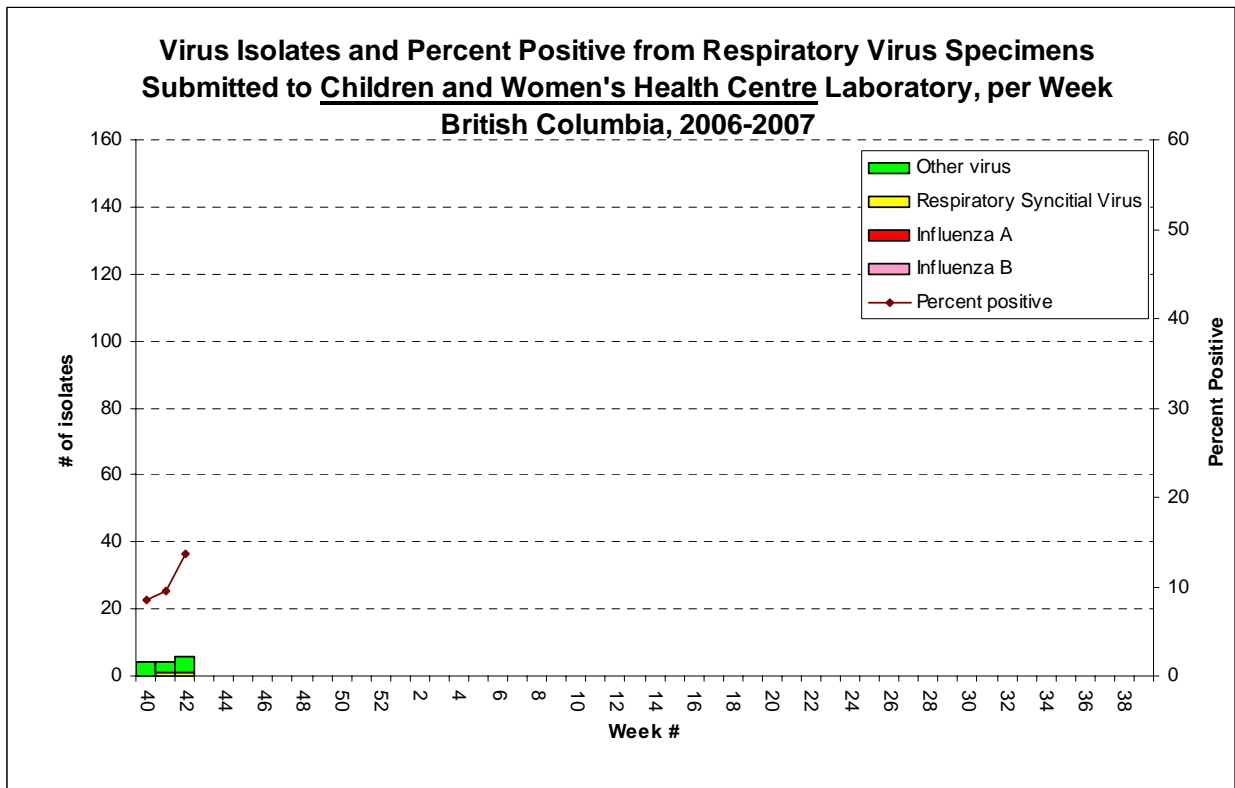
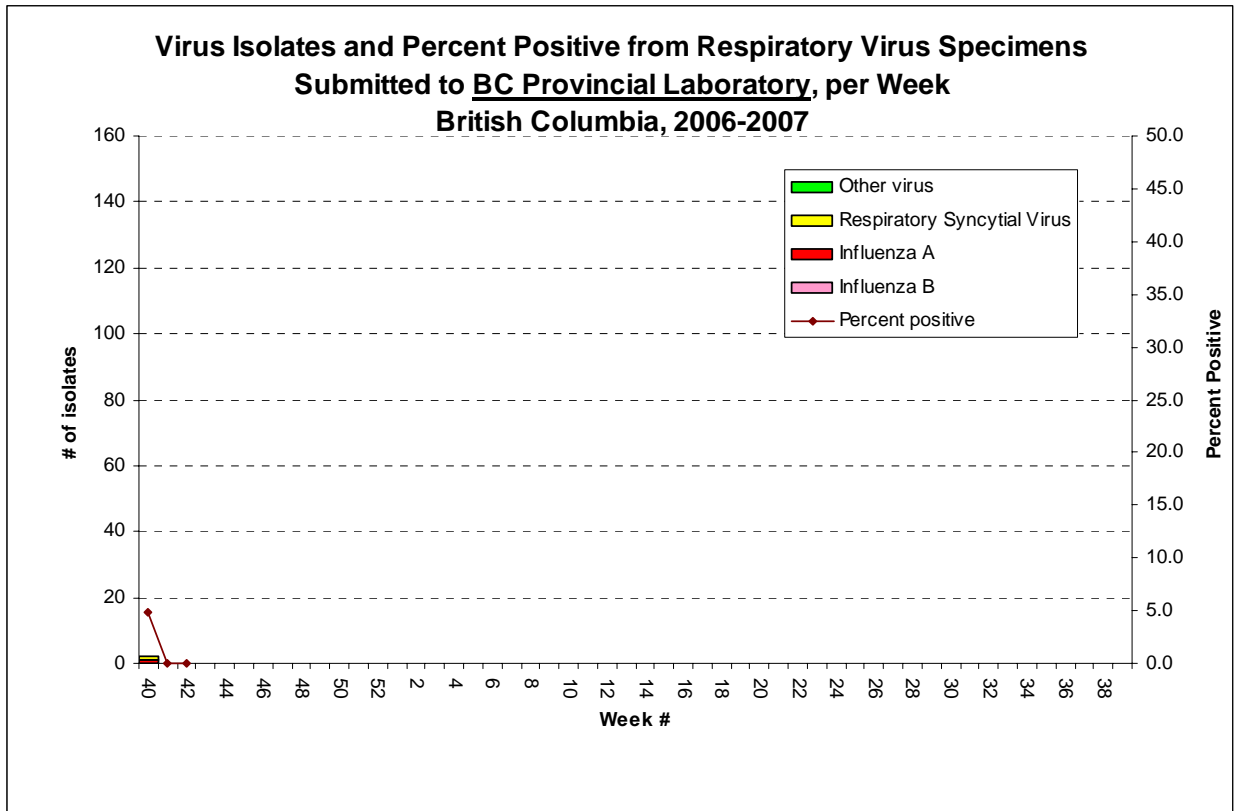


### REPORTED ILI OUTBREAKS





### Laboratory Summary





# Influenza-Like Illness (ILI) Outbreak Summary Report Form

**Please complete and email to [ilioutbreak@bccdc.ca](mailto:ilioutbreak@bccdc.ca) or fax to (604) 660-0197**

**ILI:** 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.

**Schools and work site outbreak:** greater than 10% absenteeism on any day, most likely due to ILI.

**Residential institutions (facilities) outbreak:** two or more cases of ILI within a seven-day period.

## SECTION A: Reporting Information

Person Reporting: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Health Authority: \_\_\_\_\_ HSDA: \_\_\_\_\_  
Full Facility Name: \_\_\_\_\_

Is this report:  First Notification (*complete section B below; Section D if available*)  
 Update (*complete section C below; Section D if available*)  
 Outbreak Over (*complete section C below; Section D if available*)

## SECTION B: First Notification

Type of facility:  LTCF  Acute Care Hospital  Senior's Residence  
(if ward or wing, please specify name/number: \_\_\_\_\_)  
 Workplace  School (grades: \_\_\_\_\_ )  Other ( \_\_\_\_\_ )  
Date of onset of first case of ILI (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Numbers to date	Residents/Students	Staff
<b>Total</b>		
<b>With ILI</b>		
<b>Hospitalized</b>		
<b>Died</b>		

## SECTION C: Update AND Outbreak Declared Over

Date of onset for most recent case of ILI (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
If over, date outbreak declared over (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Numbers to date	Residents/Students	Staff
<b>Total</b>		
<b>With ILI</b>		
<b>Hospitalized</b>		
<b>Died</b>		

## SECTION D: Laboratory Information

Specimen(s) submitted?  Yes (location: \_\_\_\_\_ )  No  Don't know  
If yes, organism identified?  Yes (specify: \_\_\_\_\_ )  No  Don't know