

Influenza Surveillance Report 2019–2020

Week 2 (Jan. 5–11, 2020)

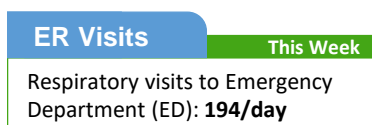
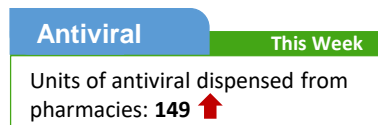
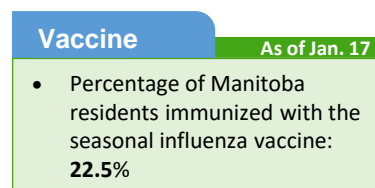
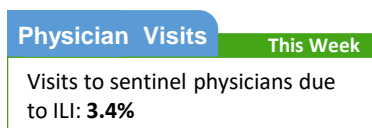
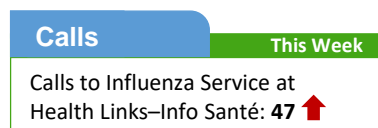
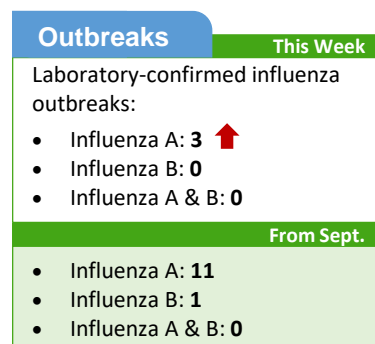
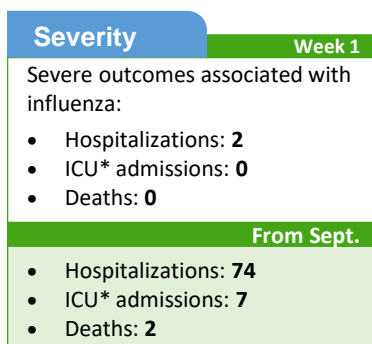
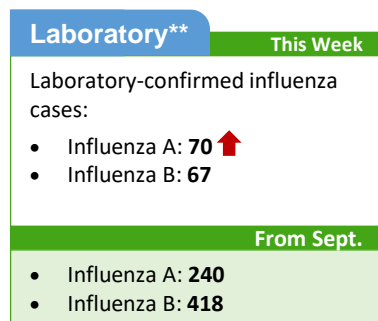
Data extracted Jan.17, 2020 at 11:00 am

Next report date: Jan. 24, 2020

Provincial Update: In Week 2, the proportion of patients who tested positive for influenza among all tested respiratory patients increased to 35%. Though the volume of influenza B detections continued to be high, influenza A became the most detected influenza virus for the first time since late November. Influenza A(H3N2) and A(H1N1) have been co-circulating. In Weeks 1 and 2, more A(H1N1) virus than A(H3N2) virus has been detected. Respiratory syncytial viruses (RSV) continued to co-circulate at a high level. The number of respiratory visits to the Emergency Department continued to decrease from Week 52. However, activity level in a few syndromic indicators continued to increase and was within expected levels at this time of a year. Overall younger populations have been affected more this season. Almost all influenza B cases and two thirds of influenza A cases are below the age of 65.

National Update: Influenza activity continued to increase from Week 51 to Week 1. Influenza A(H3N2), A(H1N1) and B continue to co-circulate. Although influenza A remains the predominant circulating type, influenza B continues to circulate at higher levels than usual. In addition, while A(H3N2) remains the predominant subtype for the season to date, the proportion of A(H1N1) appears to be increasing.

International Update: As of Week 1, key indicators that track flu activity remain high, but indicators that track severity (hospitalizations and deaths) are not high at this point in the season. Overall, influenza B/Victoria viruses are the most common followed by influenza A(H1N1)pdm09. However, the predominant virus varies by region and age group.



Note. * ICU admissions were also included in hospitalizations.

**Laboratory-confirmed influenza cases were reported from the provincial Laboratory Information Management System (LIMS).

Numbers are subject to change. Missed events in the current report due to a delay of submission to MHSAL will be included in later reports when data become available.

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Figure 1. Weekly Cases of Laboratory-Confirmed Influenza, Manitoba

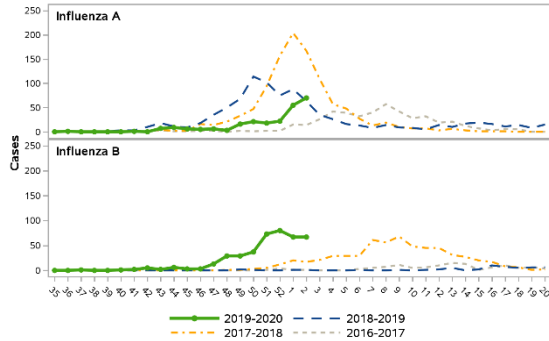


Figure 3. Average Daily Respiratory Visits to Emergency Department and % of Total Visits, Winnipeg Regional Health Authority, Manitoba

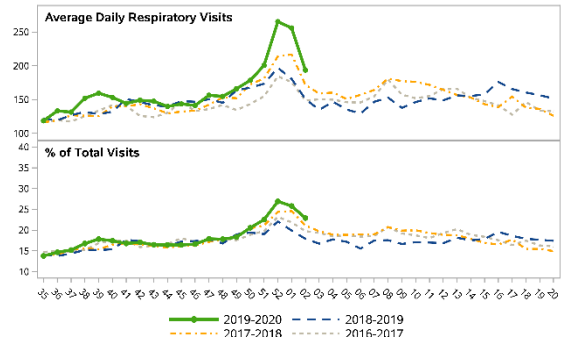


Figure 3. Weekly Influenza and ILI Outbreaks, Manitoba

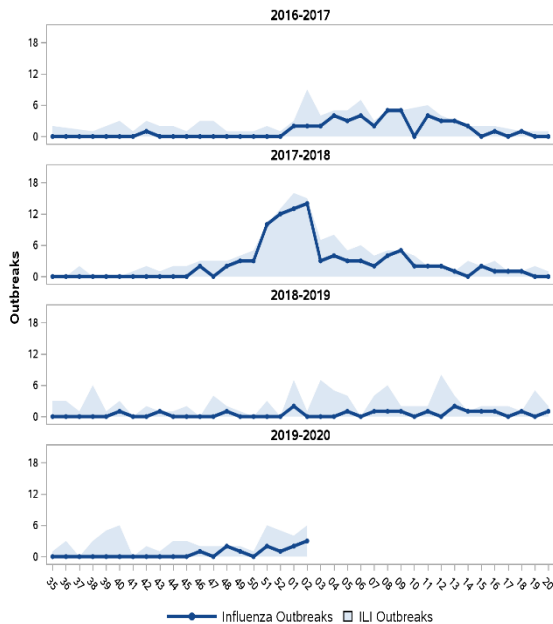


Table 1. Antiviral Resistance of Isolates by Influenza Type and Subtype since September 1, 2019

		Oseltamivir		Zanamivir	
		R*	S**	R*	S**
Canada	A(H3N2)	0	104	0	104
	A(H1N1)	0	52	0	52
	B	0	72	0	72
Manitoba	A(H3N2)	0	4	0	4
	A(H1N1)	0	3	0	3
	B	0	11	0	11

* Resistant **Sensitive

Table 2. Influenza Strain Characterization reported by National Microbiology Laboratory since September 1, 2019

Strain	Number of viruses	
	Canada	Manitoba
Influenza A (H3N2) A/Kansas/14/2017-like	35	1
Influenza A (H1N1) A/Brisbane/02/2018-like	140	3
Influenza B B/Colorado/06/2017-like	103	11
Influenza B B/Phuket/3073/13-like	2	0

As per the World Health Organization (WHO), all seasonal quadrivalent influenza vaccines for 2019–2020 in the northern hemisphere contain those strains.