

## Alberta Respiratory Virus Surveillance Update

October 5, 2010

The purpose of this report is to inform Public Health staff, primary care providers, acute care staff and other community practitioners about recent respiratory virus activity in the province of Alberta. Unless otherwise noted, all data presented are current as of the Saturday prior to the day the report is released.

### Quick Links

[Alberta Snapshot](#)

[Section 1: Alberta](#)

[Section 2: Zone 1 - South](#)

[Section 3: Zone 2 - Calgary](#)

[Section 4: Zone 3 - Central](#)

[Section 5: Zone 4 – Edmonton](#)

[Section 6: Zone 5 – North](#)

[Annex: Data Notes](#)

### Current Global Information

[FluWatch \(PHAC\)](#)

[FluView \(US CDC\)](#)

[HPA \(UK\)](#)

[WHO](#)

[Travel Advisories](#)

### What's New?

- The predominant respiratory virus currently circulating in Alberta is rhino-enterovirus.
- Since late August, there have been six lab confirmed cases of influenza A in Alberta; all in the South Zone. This low level influenza activity is not unusual at this time of year and does not necessarily signal the official start of influenza season in the province.
- The 2010-2011 recommended components for the trivalent influenza vaccine are:
  - A/California/7/2009(H1N1)-like,
  - A/Perth/16/2009(H3N2)-like, and
  - B/Brisbane/60/2008 (Victoria lineage)
- Influenza activity in Canada has increased slightly in recent weeks but remains relatively low. Reports have indicated localized activity in parts of Ontario and sporadic activity in most other areas of the country. The influenza specimens in Canada that have been typed are reported as influenza A/H3N2. Those that have been further characterized are related to those strains in the 2010-2011 vaccine. Of note, one A/H3N2 virus was tested for resistance; it was found to be resistant to amantadine, but sensitive to zanamivir and oseltamivir.
- Globally, influenza virus is most active in parts of Asia and in areas of the temperate Southern Hemisphere. Some areas of Chile are experiencing late-season increases with levels that exceed last year's pandemic peak. Australia has reported steady increases in flu activity since late August, where Pandemic H1N1 2009 and influenza B viruses are co-circulating.

### Contact Us

If you have questions about the Alberta Respiratory Virus Surveillance Update, or any of the indicators, please contact:  
[AHSPublicHealthSurveillance@albertahealthservices.ca](mailto:AHSPublicHealthSurveillance@albertahealthservices.ca)

Or phone: 780-342-0210

## Alberta Snapshot

[Back to first page](#)

Indicators		Cumulative Counts					Alberta	
		Week 35 (starting Aug 29/10) to week 39 (starting Sept 26/10)						
		South	Calgary	Central	Edmonton	North		
<b>Laboratory Confirmed Cases</b>	Number of cases with a positive respiratory specimen <sup>1</sup>	Adenovirus	2	5	2	5	0	14
		Coronavirus	0	1	0	2	2	5
		Human metapneumovirus (hMPV)	1	1	0	0	0	2
		Influenza A	6	0	0	0	0	6
		Influenza B	0	0	0	0	0	0
		Parainfluenza	0	4	1	8	6	19
		Respiratory syncytial virus (RSV)	2	2	0	0	3	7
		Rhino enterovirus	22	113	40	173	70	418
		Mixed	1	7	1	3	4	16
		Total	34	133	44	191	85	487
<b>Outbreaks</b>	# respiratory outbreaks reported <sup>2</sup>	0	4	1	5	1	11	

-- Information not available

<sup>1</sup> Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010

<sup>2</sup> Source: Alberta Health and Wellness Outbreak Reporting Form (Fillable PDF) from All Zones

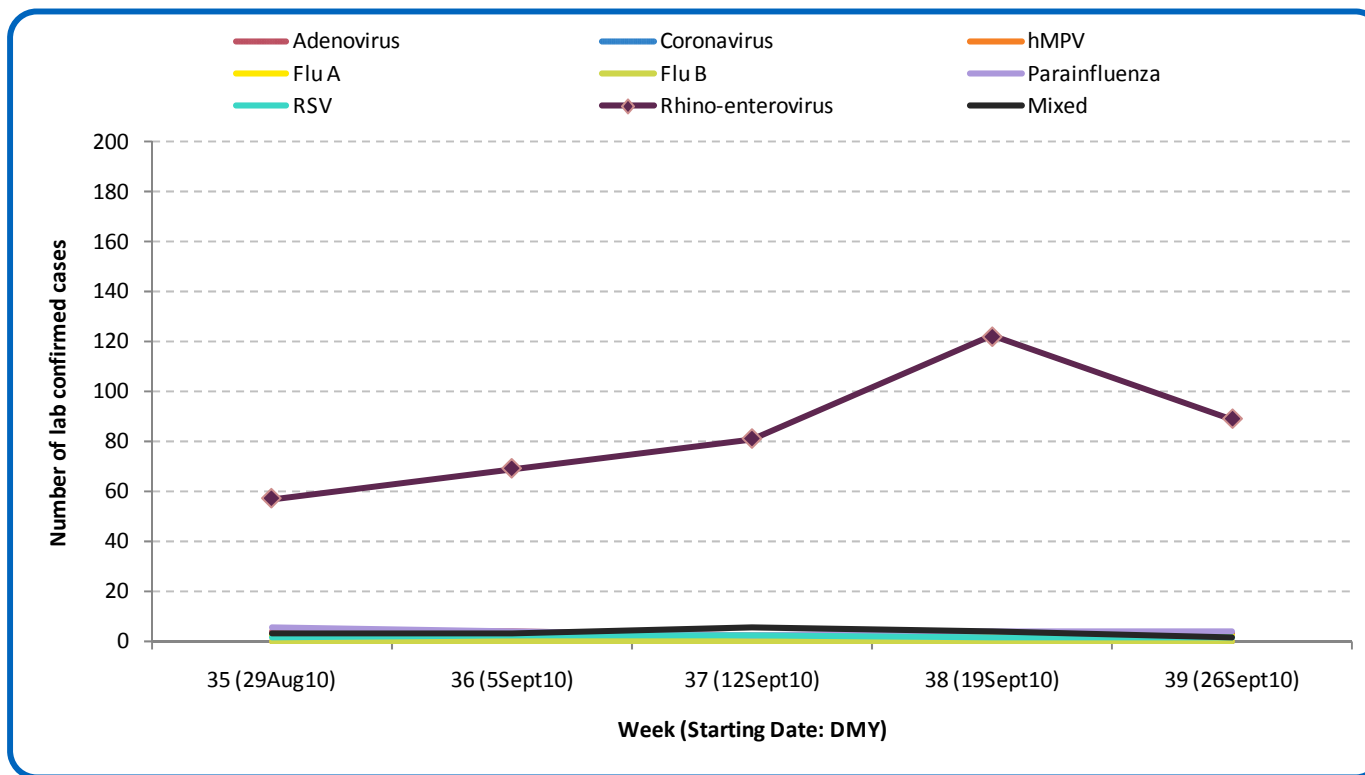
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

SECTION 1: ALBERTA

[Back to first page](#)

The predominant respiratory virus in Alberta is currently rhino-enterovirus. There have been 6 confirmed cases of influenza A (H3) since late August, all in the South Zone. Four cases have been in adults aged 18 to less than 65 years and two cases have been in children under the age of five years. This activity does not necessarily signal the start of the influenza season.

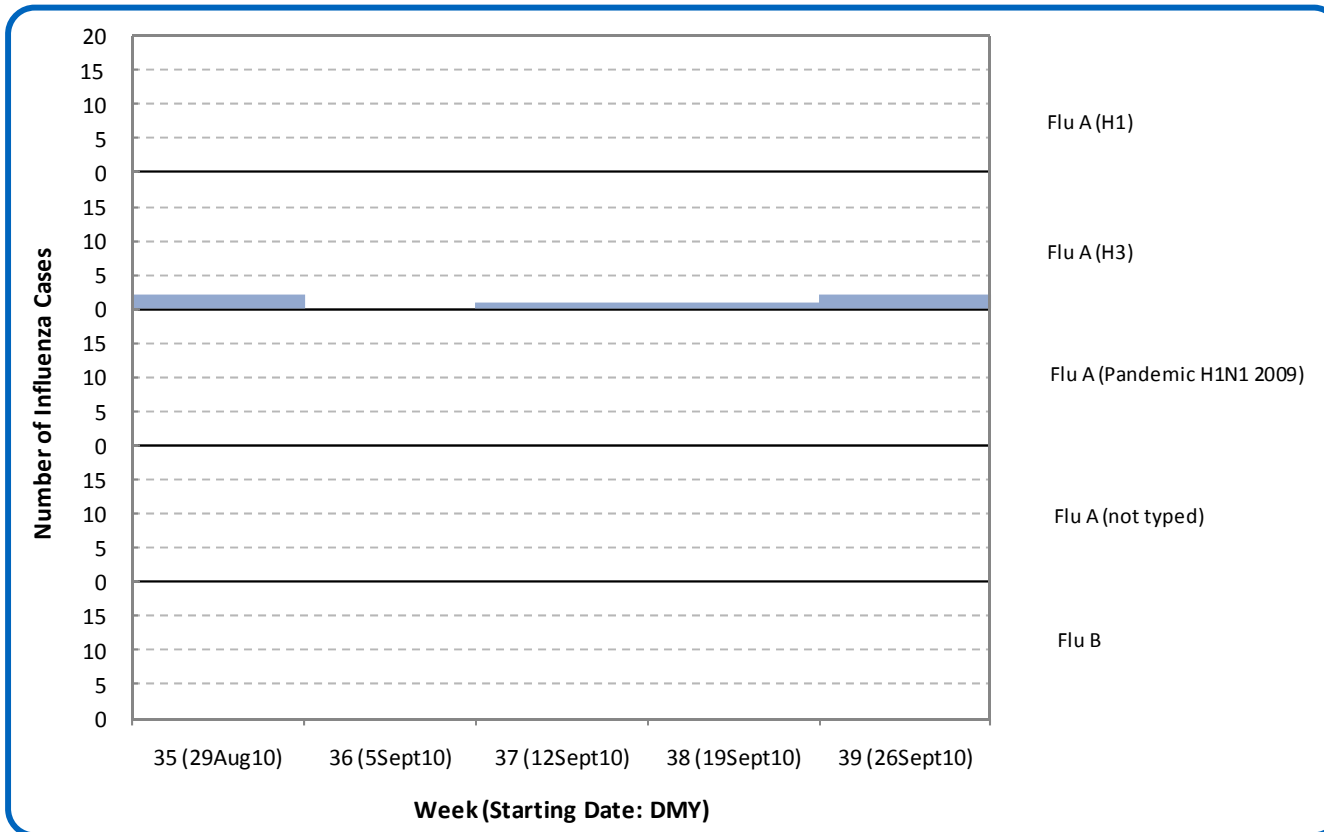
Figure 1A: Laboratory confirmed respiratory virus cases, by virus type, by week, Alberta (2010)



Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
 For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 1B: Laboratory confirmed Influenza cases, by subtype, by week, Alberta (2010)

[Back to first page](#)



Source: Influenza Outbreak Response Toolkit – Provincial Laboratory as of 2359h on Oct 2, 2010  
 For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Table 1A: New Influenza cases, by subtype, by age group, Alberta (Week 39-Sept 26-Oct 2, 2010)

[Back to first page](#)

	Flu A (Seasonal-H1)		Flu A (Seasonal-H3)		Flu A (Pandemic H1N1 2009)		Flu A (not subtyped)		Flu B		Total	
	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)
0 to <2 years	0	0.00	1	0.01	0	0.00	0	0.00	0	0.00	1	0.01
2 to <5 years	0	0.00	1	0.01	0	0.00	0	0.00	0	0.00	1	0.01
5 to <9 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
9 to <18 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
18 to <65 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
65 to <75 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
75+ years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>

Source: Influenza Outbreak Response Toolkit – Provincial Laboratory as of 2359h on Oct 2, 2010; Population data values used to calculate rates are for June 30, 2009 and are estimated using actual population values from the Alberta Health Care Insurance Plan (AHCIP) Registration File as of March 31, 2009. For more information on data definitions and sources see Annex: Data Notes section at the end of this report

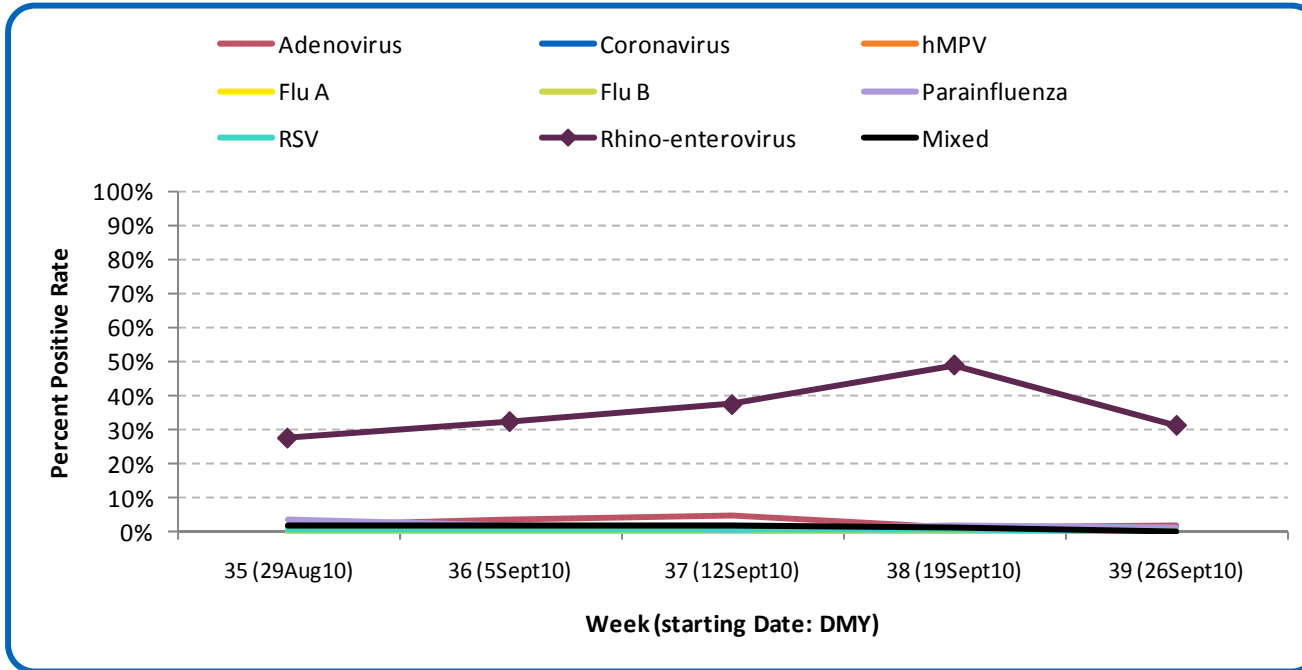
Table 1B: Cumulative Influenza cases, by subtype, by age group, Alberta (Aug 29 – Oct 2, 2010)

	Flu A (Seasonal-H1)		Flu A (Seasonal-H3)		Flu A (Pandemic H1N1 2009)		Flu A (not subtyped)		Flu B		Total	
	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)
0 to <2 years	0	0.00	1	0.01	0	0.00	0	0.00	0	0.00	1	0.01
2 to <5 years	0	0.00	1	0.01	0	0.00	0	0.00	0	0.00	1	0.01
5 to <9 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
9 to <18 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
18 to <65 years	0	0.00	4	0.002	0	0.00	0	0.00	0	0.00	4	0.002
65 to <75 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
75+ years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>6</b>	<b>0.002</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>6</b>	<b>0.002</b>

Source: Influenza Outbreak Response Toolkit – Provincial Laboratory as of 2359h on Oct 2, 2010; Population data values used to calculate rates are for June 30, 2009 and are estimated using actual population values from the Alberta Health Care Insurance Plan (AHCIP) Registration File as of March 31, 2009. For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 1C: Respiratory Specimen Percent Positive Rates, by virus type, by week, Alberta (2010)

[Back to first page](#)

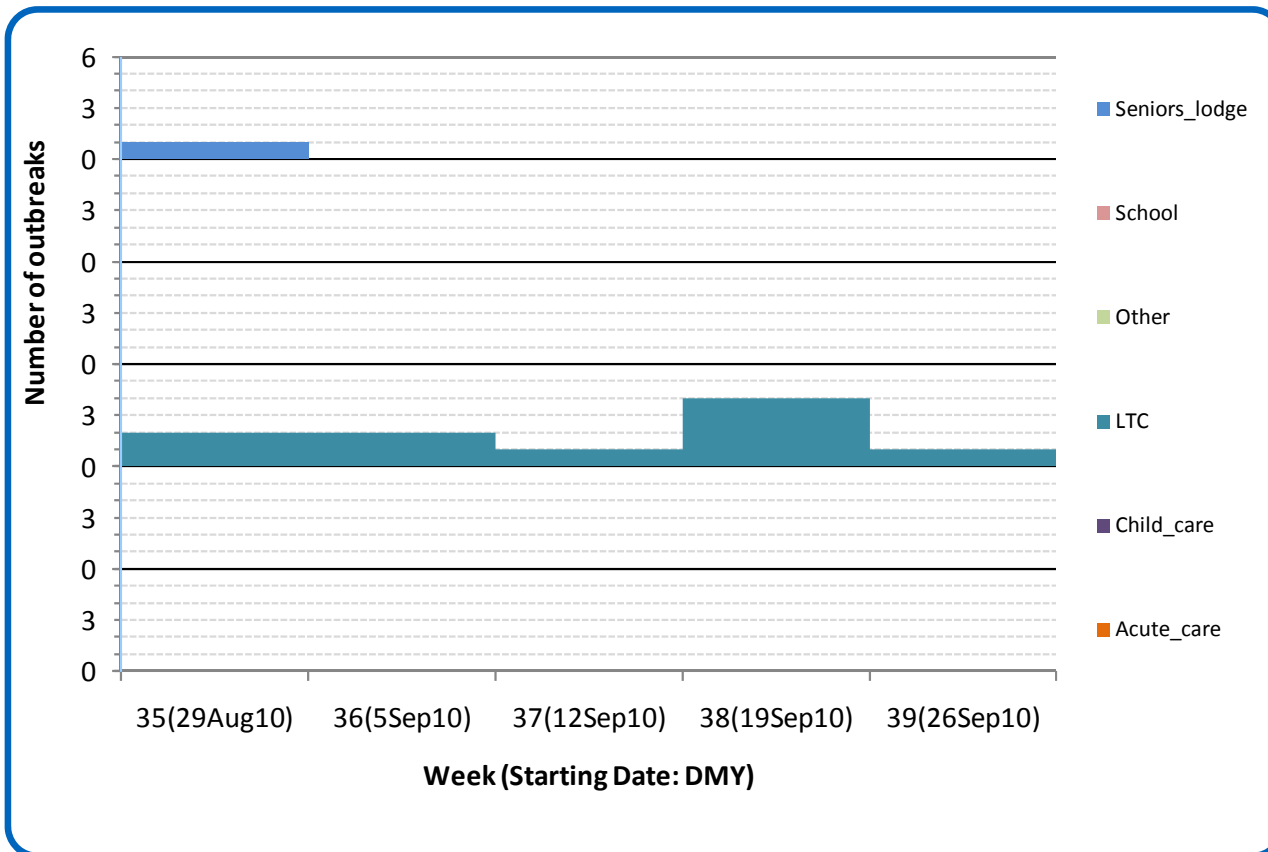


Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
 For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 1D: Reported respiratory outbreaks, by facility type, by week, Alberta (2010)

[Back to first page](#)

Respiratory outbreak activity in closed living facilities in Alberta has started to increase since the week of August 29, 2010 (the 35<sup>th</sup> week of the year) after a relatively quiet period in the previous weeks. These outbreaks are primarily reported for long term care (LTC) facilities and seniors' lodges/assisted living facilities.



Source: Alberta Outbreak Reporting Form as of 23:59 on October 02, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

### Attack rates in respiratory outbreaks

[Back to first page](#)

Of outbreaks with laboratory confirmed respiratory viruses, rhino-enterovirus is the primary viruses detected. On average, the attack rate among residents/clients of the closed living facilities is approximately 15%.

### Respiratory related calls to Health Link Alberta

Since July 18, 2010 (Week 30), calls to Health Link Alberta for cough or breathing difficulties have been steadily increasing. Starting from August 29, 2010 (Week 35), this increase is in concurrence with the increase in the visits to emergency departments/urgent care centers (EDs) for influenza-like illness and/or cough symptoms.

### Influenza-like illness visits and “Left Without Being Seen”

Since August 1, 2010 (Week 31), visits to EDs for influenza-like illness (ILI) and cough symptoms have been steadily increasing in both the Calgary and Edmonton Zones. Correspondingly, the number of visits for which patients left without being seen has also been increasing.

### Percentage of visits to sentinel offices with influenza-like illness

Since August 29, 2010 (Week 35), there has been an increase in the percentage of visits to sentinel physician offices with ILI symptoms as compared to the previous weeks. This increase corresponds to the increase in visits to EDs and calls to HLA for similar symptoms during the same period.

### Percentage of visits to sentinel offices with lower respiratory tract infections

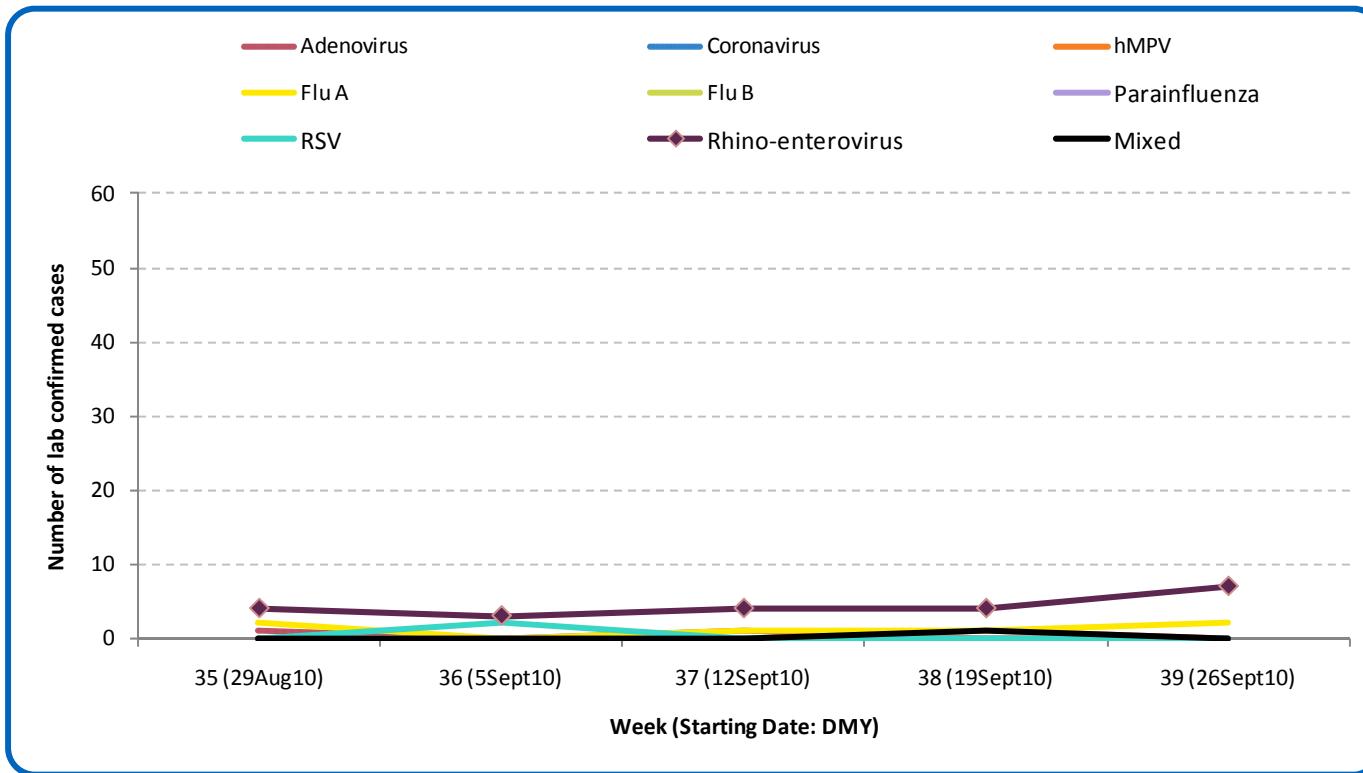
The percentage of visits to sentinel physician offices for lower respiratory tract infection (LRTI) is less than 1.0 percent during the period from August 1, 2010 (Week 31) to September 26, 2010 (Week 39). There is no upward trend in this percentage during this period, which differs from the increasing trend in the other indicators described above.

SECTION 2: ZONE 1 - SOUTH

[Back to first page](#)

Rhino-enterovirus is the predominant respiratory virus circulating in the South Zone. There have been six confirmed cases of influenza A (H3) in the South Zone since late August. Four cases have been in adults aged 18 to less than 65 years and two cases have been in children under the age of five years.

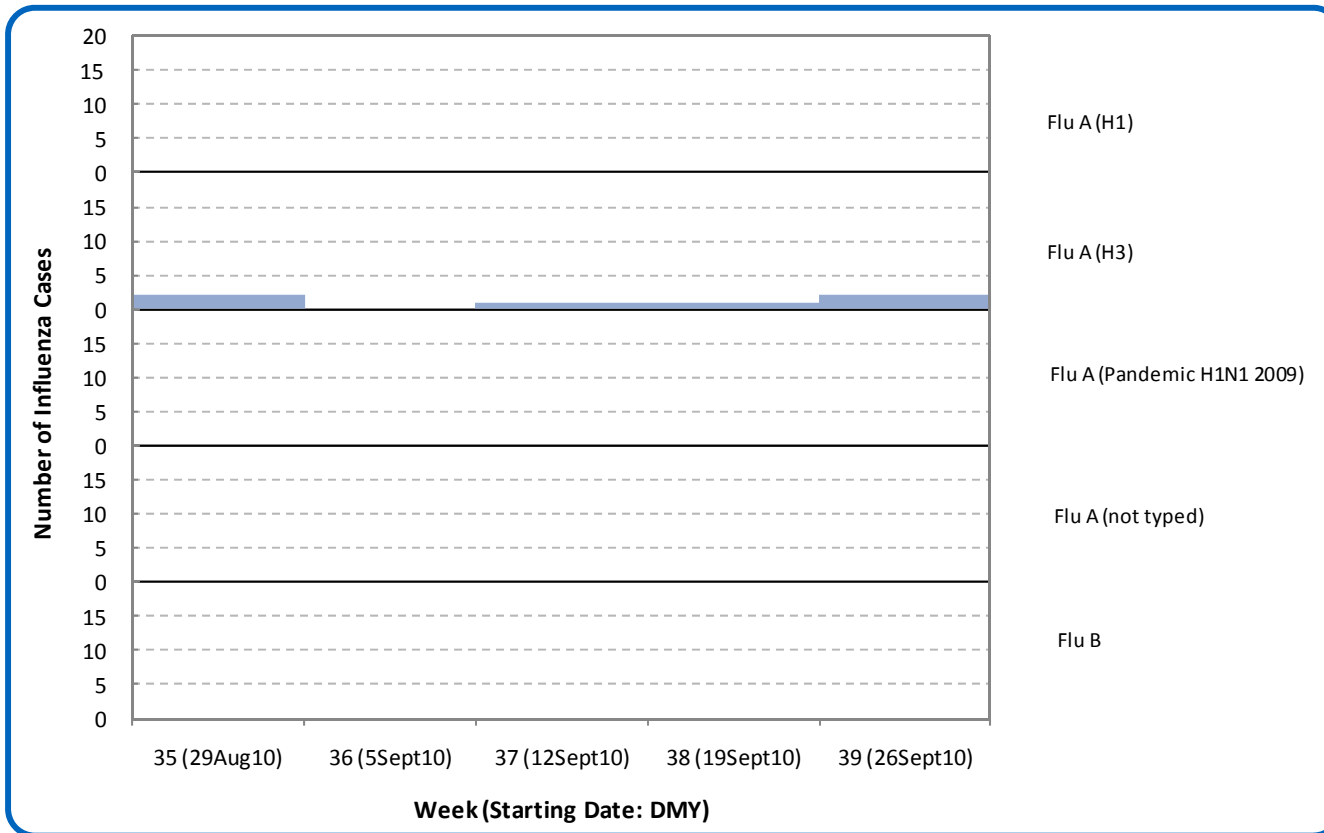
Figure 2A: Laboratory confirmed respiratory virus cases, by virus type, by week, South Zone (2010)



Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 2B: Laboratory confirmed Influenza cases, by subtype, by week South Zone (2010)

[Back to first page](#)



Source: Influenza Outbreak Response Toolkit – Provincial Laboratory as of 2359h on Oct 2, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Table 2A: New Influenza cases, by subtype, by age group, South Zone (Week 39-Sept 26-Oct 2, 2010)

[Back to first page](#)

	Flu A (Seasonal-H1)		Flu A (Seasonal-H3)		Flu A (Pandemic H1N1 2009)		Flu A (not subtyped)		Flu B		Total	
	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)
0 to <2 years	0	0.00	1	0.12	0	0.00	0	0.00	0	0.00	1	0.12
2 to <5 years	0	0.00	1	0.09	0	0.00	0	0.00	0	0.00	1	0.09
5 to <9 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
9 to <18 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
18 to <65 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
65 to <75 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
75+ years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>2</b>	<b>0.01</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>2</b>	<b>0.01</b>

Source: Influenza Outbreak Response Toolkit – Provincial Laboratory as of 2359h on Oct 2, 2010; Population data values used to calculate rates are for June 30, 2009 and are estimated using actual population values from the Alberta Health Care Insurance Plan (AHCIP) Registration File as of March 31, 2009. For more information on data definitions and sources see Annex: Data Notes section at the end of this report

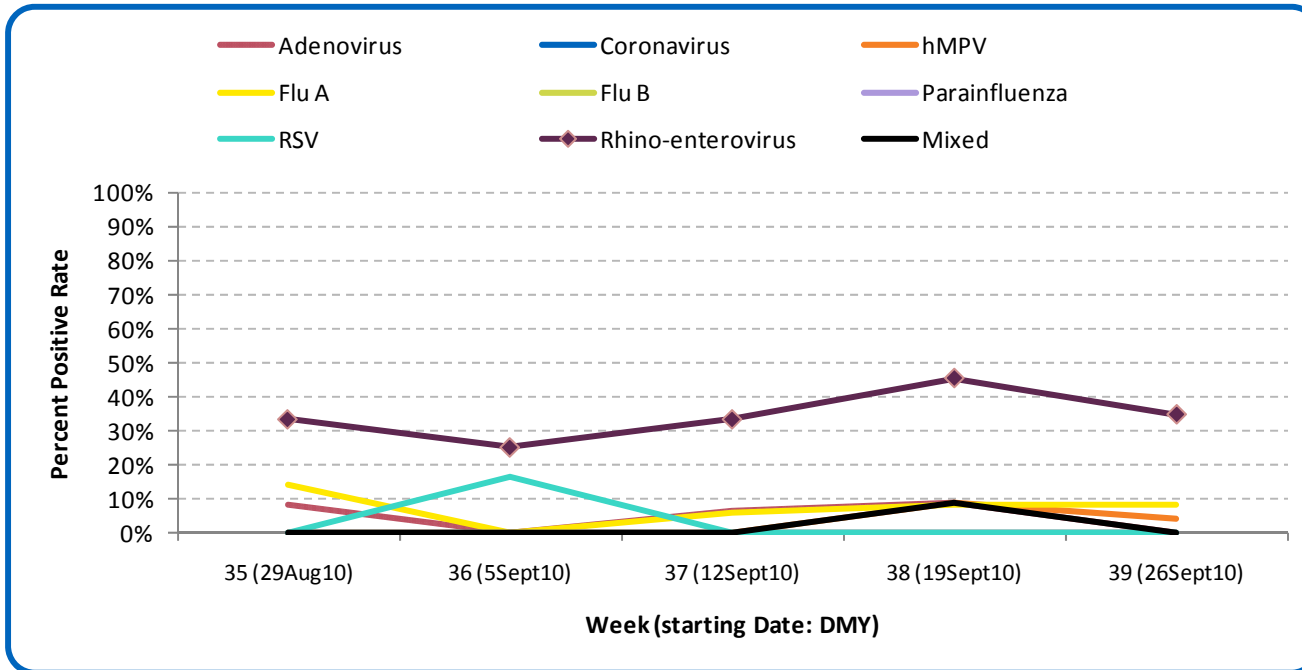
Table 2B: Cumulative Influenza cases, by subtype, by age group, South Zone (Aug 29–Oct 2, 2010)

	Flu A (Seasonal-H1)		Flu A (Seasonal-H3)		Flu A (Pandemic H1N1 2009)		Flu A (not subtyped)		Flu B		Total	
	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)	#	Rate (per 1,000)
0 to <2 years	0	0.00	1	0.12	0	0.00	0	0.00	0	0.00	1	0.12
2 to <5 years	0	0.00	1	0.09	0	0.00	0	0.00	0	0.00	1	0.09
5 to <9 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
9 to <18 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
18 to <65 years	0	0.00	4	0.02	0	0.00	0	0.00	0	0.00	4	0.02
65 to <75 years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
75+ years	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>6</b>	<b>0.02</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>6</b>	<b>0.02</b>

Source: Influenza Outbreak Response Toolkit – Provincial Laboratory as of 2359h on Oct 2, 2010; Population data values used to calculate rates are for June 30, 2009 and are estimated using actual population values from the Alberta Health Care Insurance Plan (AHCIP) Registration File as of March 31, 2009. For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 2C: Respiratory Specimen Percent Positive Rates, by virus type, by week, South Zone (2010)

[Back to first page](#)



Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

[Back to first page](#)

### Attack rates in respiratory outbreaks

From the 35<sup>th</sup> to the 39<sup>th</sup> week, there were no respiratory outbreaks reported in the South Zone.

### Influenza-like illness visits “Left Without Being Seen”

This information is not available for the South Zone.

### Respiratory related calls to Health Link Alberta

There is an increasing trend in calls to Health Link Alberta for cough and breathing difficulties since late August (Week 35). Last week (Week 39, Sept 26 – Oct 2), the call volume had a 30% increase compared to the previous week.

### Percentage of visits to sentinel offices with lower respiratory tract infection

There have been no visits to sentinel offices with lower respiratory tract infection (LRTI) symptoms since late August (Week 35).

### Percentage of visits to sentinel offices with Influenza-like illness

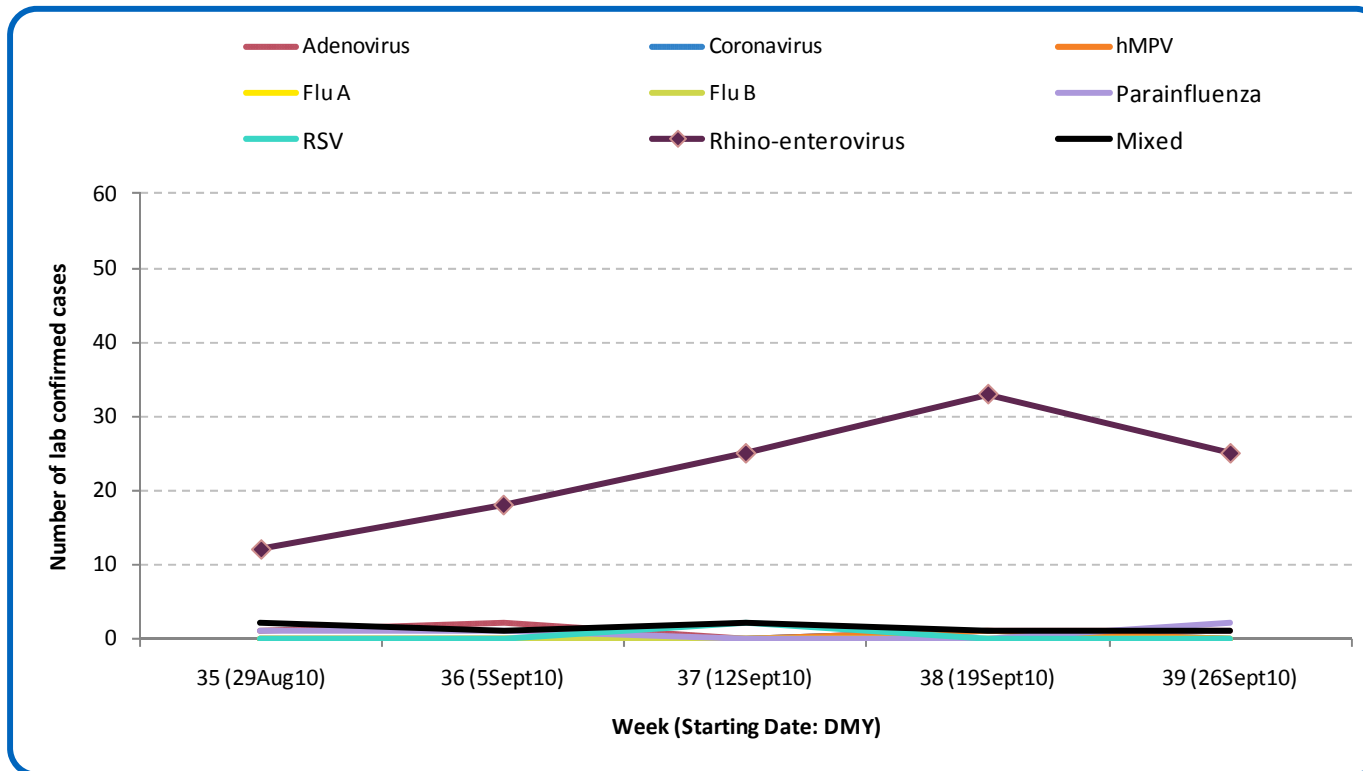
Visits to sentinel offices with ILI symptoms have been sporadic. The percentage of ILI visits has been very low, less than 1.0%

SECTION 3: ZONE 2 - CALGARY

[Back to first page](#)

The predominant respiratory virus in the Calgary Zone is currently rhino-enterovirus. There have been no recent confirmed cases of influenza in the Calgary Zone.

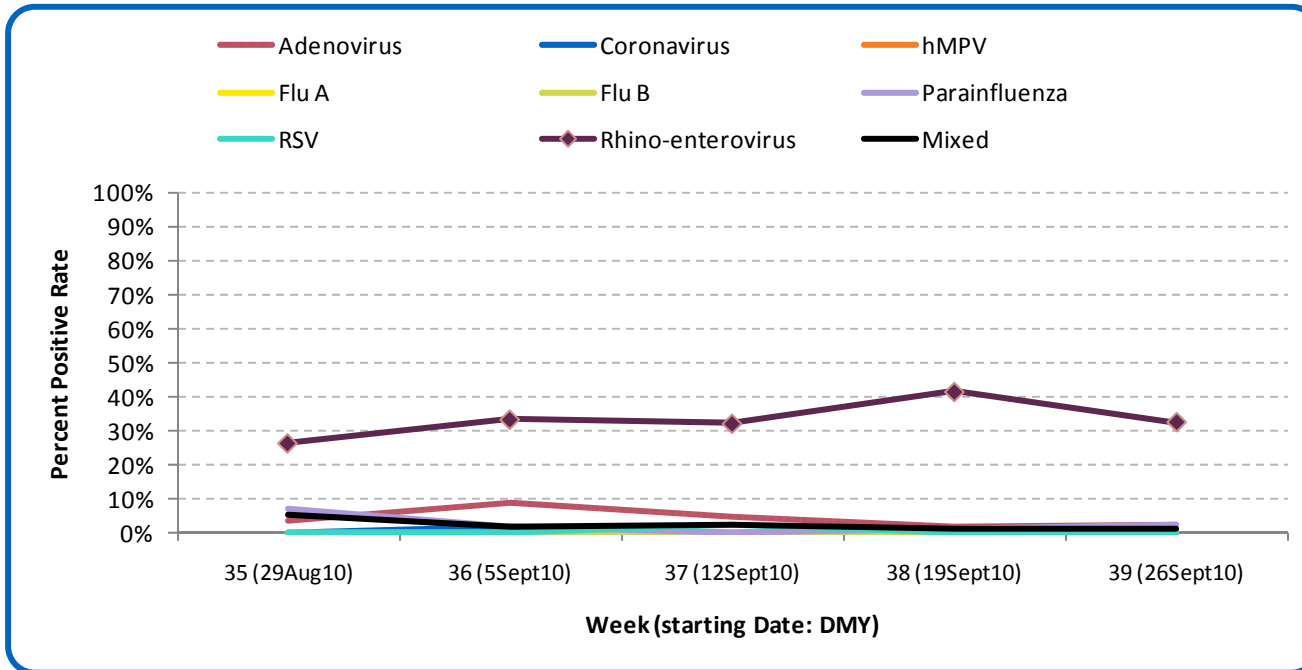
Figure 3A: Laboratory confirmed respiratory virus cases, by virus type, by week, Calgary Zone (2010)



Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 3B: Respiratory Specimen Percent Positive Rates, by virus type, by week, Calgary Zone (2010)

[Back to first page](#)

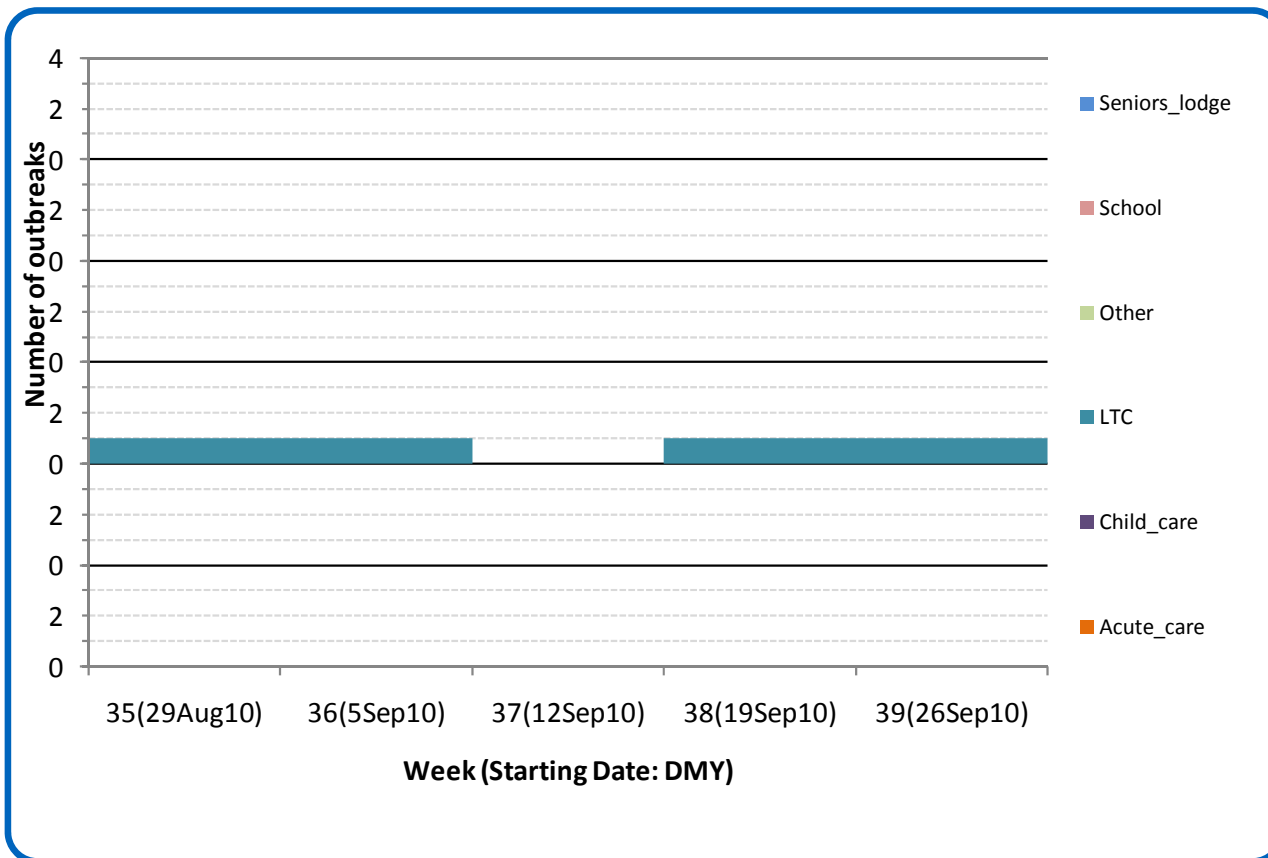


Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 3C: Reported respiratory outbreaks, by facility type, by week, Calgary Zone (2010)

[Back to first page](#)

There has been one respiratory outbreak reported for each of the weeks since late August (the 35<sup>th</sup> week), except the September 12 – 18<sup>th</sup> period (the 37<sup>th</sup> week), for long term care (LTC) facilities in the Calgary Zone.



Source: Alberta Outbreak Reporting Form as of 23:59 on October 02, 2010.  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

### Attack rates in respiratory outbreaks

[Back to first page](#)

Of laboratory confirmed outbreaks, rhino-enteroviruses are the primary viruses detected. The attack rates from late August (Week 35) to September (Week 38) averaged around 20%.

### Influenza-like illness visits “Left Without Being seen”

From mid August to late September (Oct 2, the 39<sup>th</sup> week), visits to emergency departments/urgent care centers (EDs) with influenza-like illness (ILI) symptoms showed a gradual increase; hospital admissions of ILI patients doubled; and the number of visits that left EDs without being seen also increased

During the same period, visits for cough symptoms showed a more gradual increase, as did those who left without being seen.

### Respiratory related calls to Health Link Alberta

Calls to HLA for cough and breathing difficulties increased from August (Week 31) to September (Week 39), with a marked increase starting from September 22 (Week 36). This pattern matches well with that for the cough visits to EDs.

### Percentage of visits to sentinel offices with influenza-like illness

In late September (Week 38), the percentage of ILI visits was less than 1.0%. This pattern of visits is different from that for the visits to EDs or that for the calls to HLA.

### Percentage of visits to sentinel offices with lower respiratory tract infection

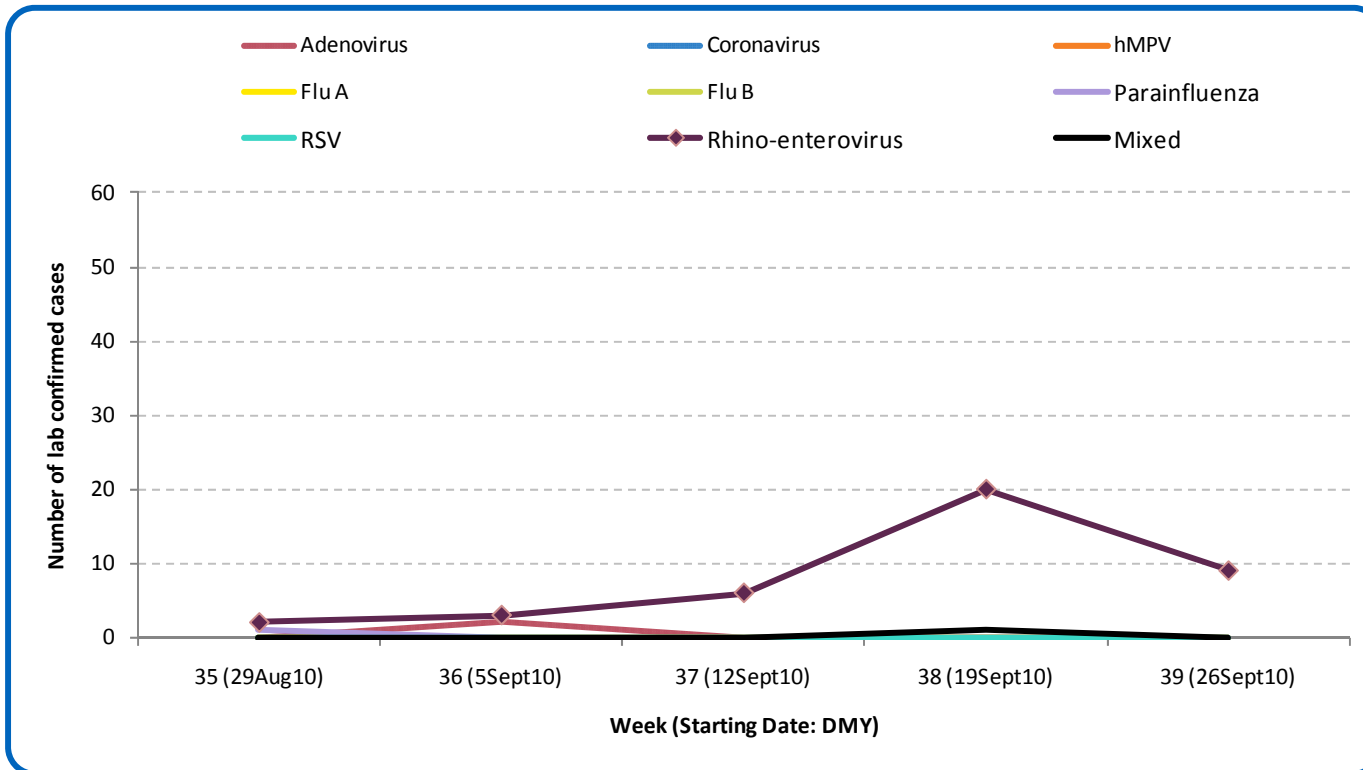
During the period from late August (Week 35) to late September (Week 38), the percentage of visits to sentinel physician offices with lower respiratory tract infection (LRTI) averaged at approximately 0.13%. There was no upward trend in LRTI visits as compared to visits to EDs or calls to HLA.

SECTION 4: ZONE 3 - CENTRAL

[Back to first page](#)

Rhino-enterovirus is currently the predominant respiratory virus circulating in the Central Zone. There have been no recent confirmed cases of influenza in the Central Zone.

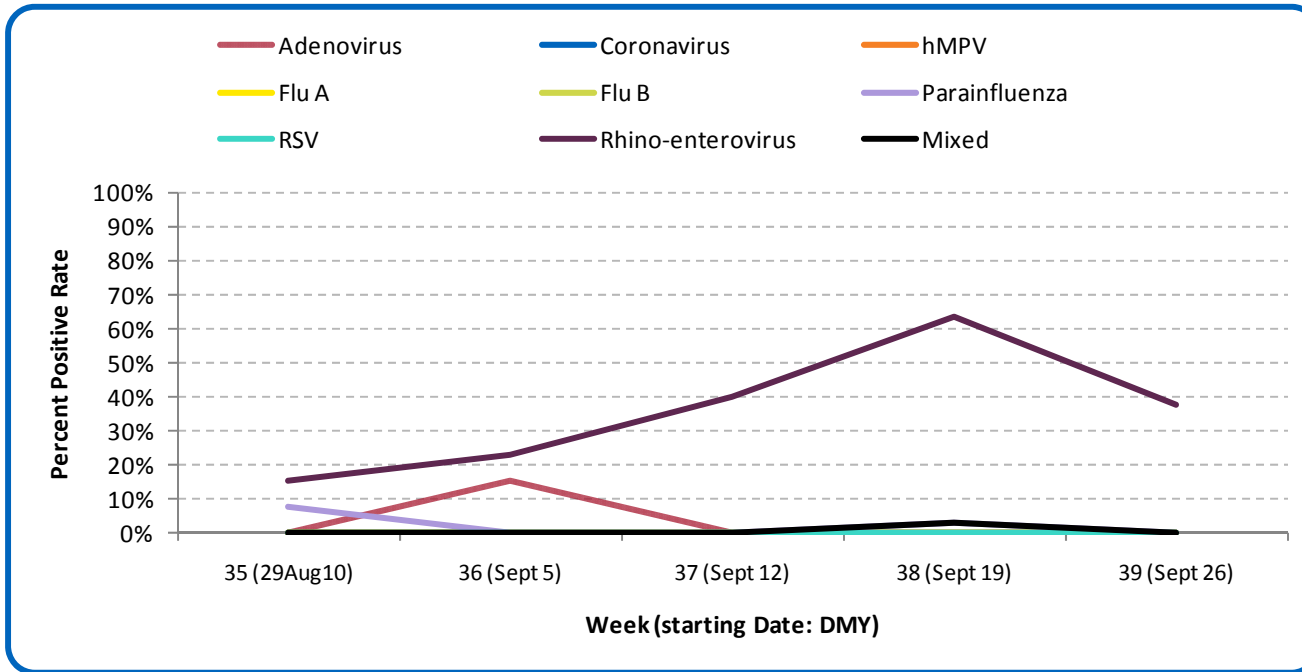
Figure 4A: Laboratory confirmed respiratory virus cases, by virus type, by week, Central Zone (2010)



Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 4B: Respiratory Specimen Percent Positive Rates, by virus type, by week, Central Zone (2010)

[Back to first page](#)

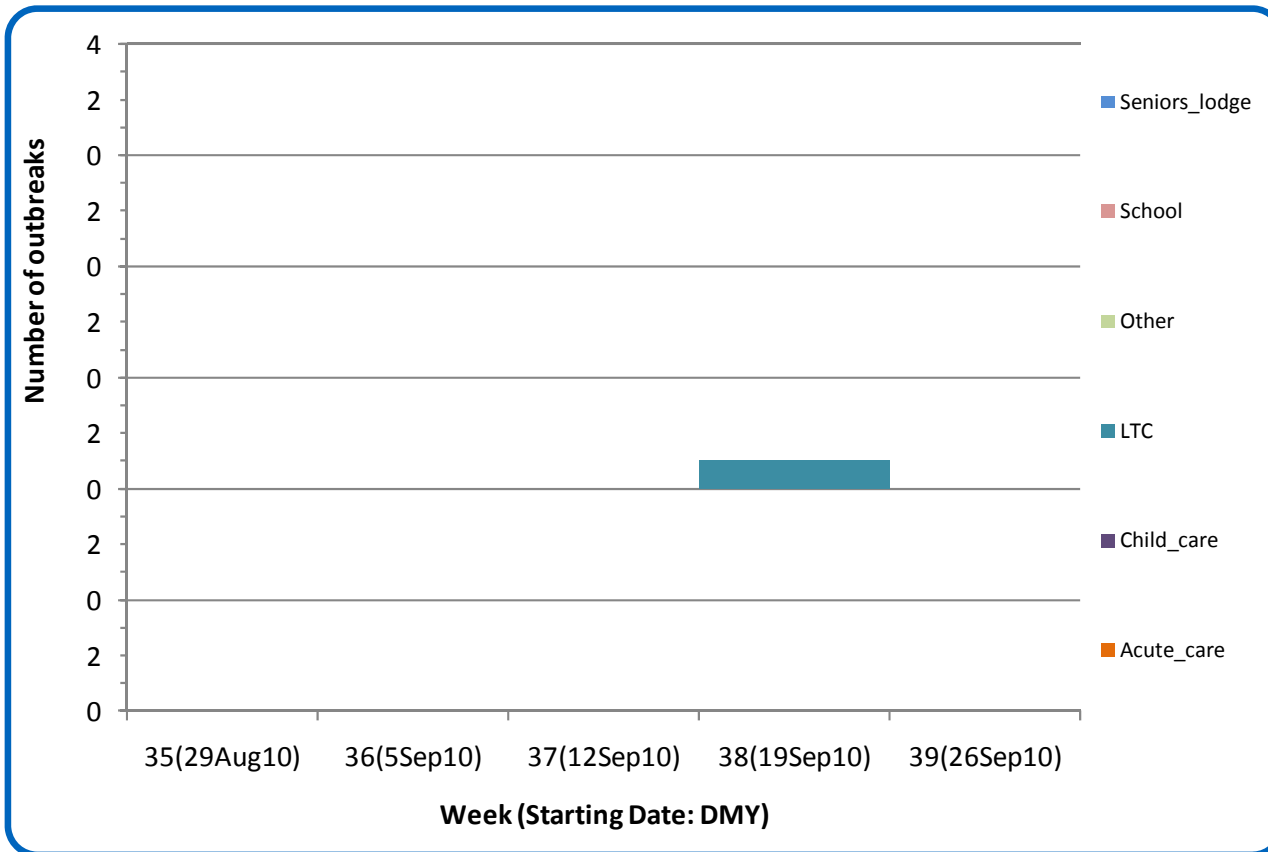


Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 4C: Reported respiratory outbreaks, by facility type, by week, Central Zone (2010)

[Back to first page](#)

Since late August (the 35<sup>th</sup> week), there has been only one respiratory outbreak reported for a long term care (LTC) facility in the Central Zone, which occurred in late September ( the 38<sup>th</sup> week).



Source: Alberta Outbreak Reporting Form as of 23:59 on October 02, 2010.  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

**Attack Rates in respiratory outbreaks**

From late August, there has been only one respiratory outbreak reported for a long term care facility, with an attack rate of 15%.

[Back to first page](#)

**Influenza-like illness visits “Left Without Being seen”**

There are no data available from this zone.

**Respiratory related calls to Health Link Alberta**

Calls to HLA have been gradually increasing since late July. Since late September (Week 38) onward, the call volume increased compared to the previous weeks.

**Percentage of visits to sentinel offices with Influenza-like illness**

From late August to late September, there were no visits to sentinel physician offices with ILI symptoms.

**Percentage of visits to sentinel offices with lower respiratory tract infection**

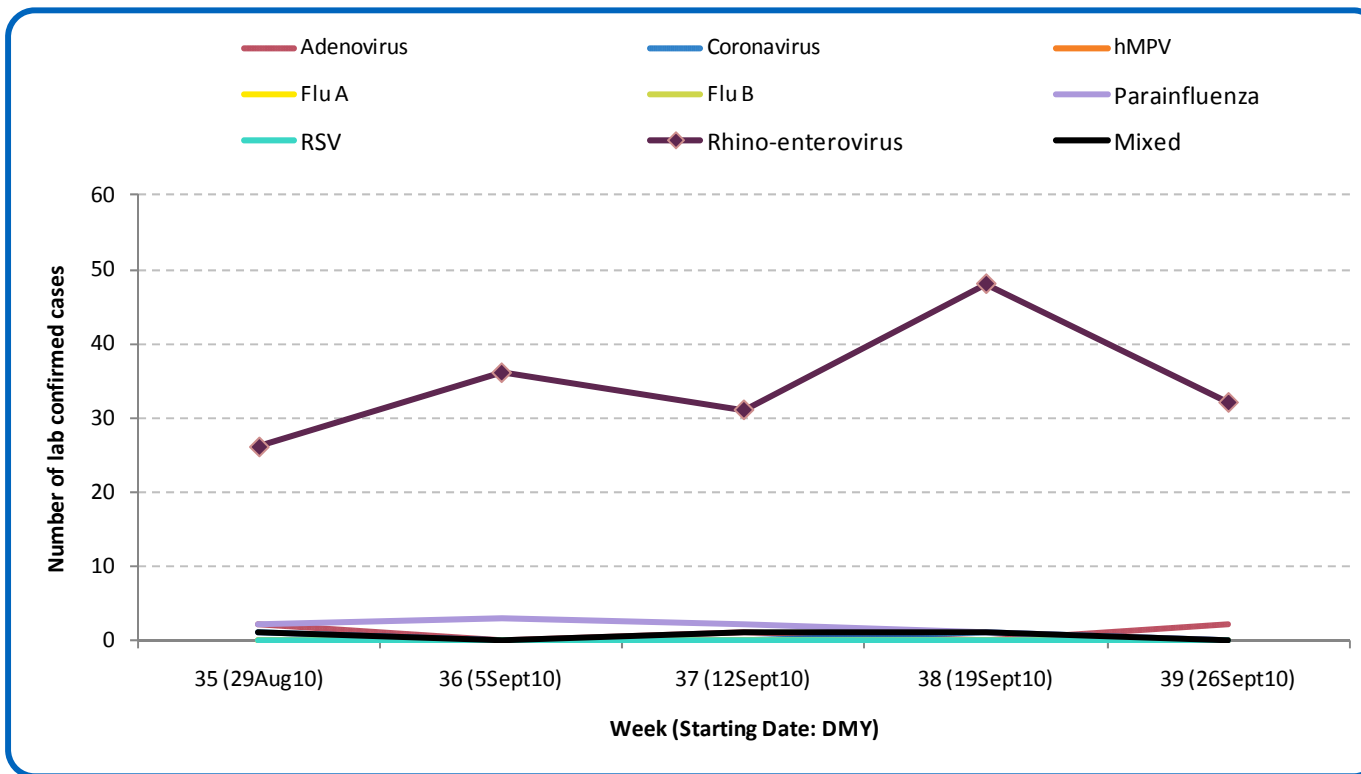
From late August to late September, the weekly percentage of visits to sentinel physician offices with LRTI symptoms averaged around 0.7%.

SECTION 5: ZONE 4 - EDMONTON

[Back to first page](#)

Rhino-enterovirus is currently the predominant respiratory virus circulating in the Edmonton Zone. There have been no recent confirmed cases of influenza in the Edmonton Zone.

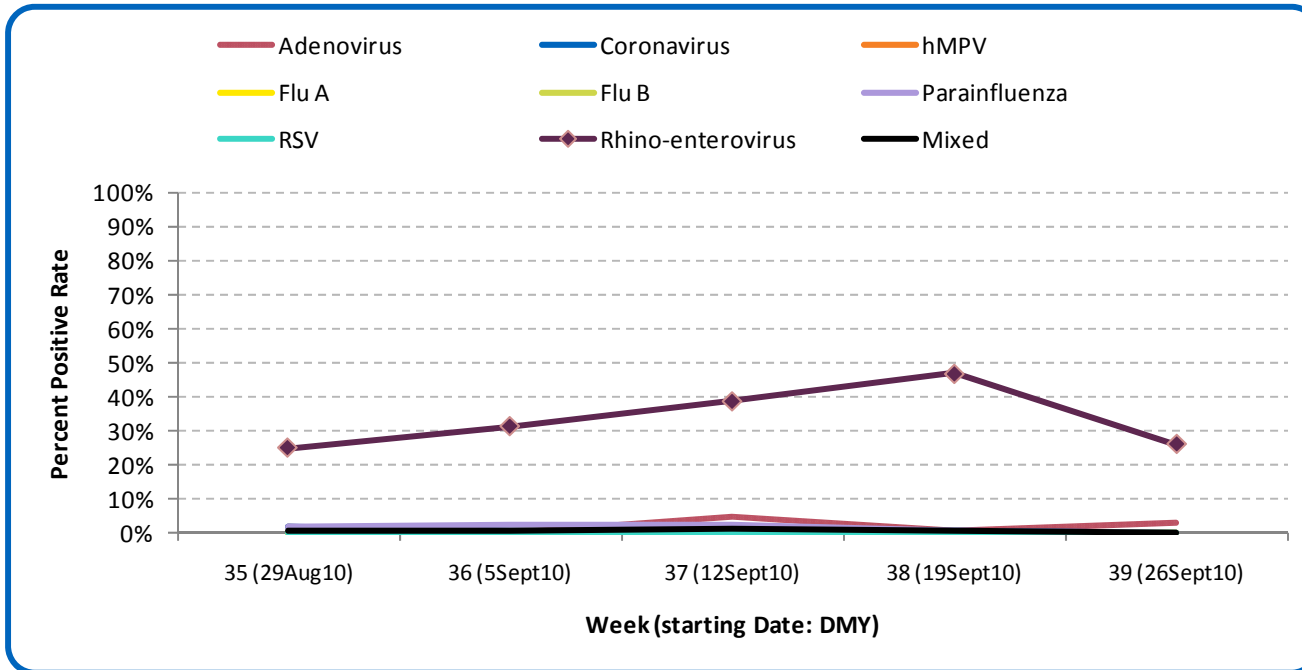
Figure 5A: Laboratory confirmed respiratory virus cases, by virus type, by week, Edmonton Zone (2010)



Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 5B: Respiratory Specimen Percent Positive Rates, by virus type, by week, Edmonton Zone (2010)

[Back to first page](#)

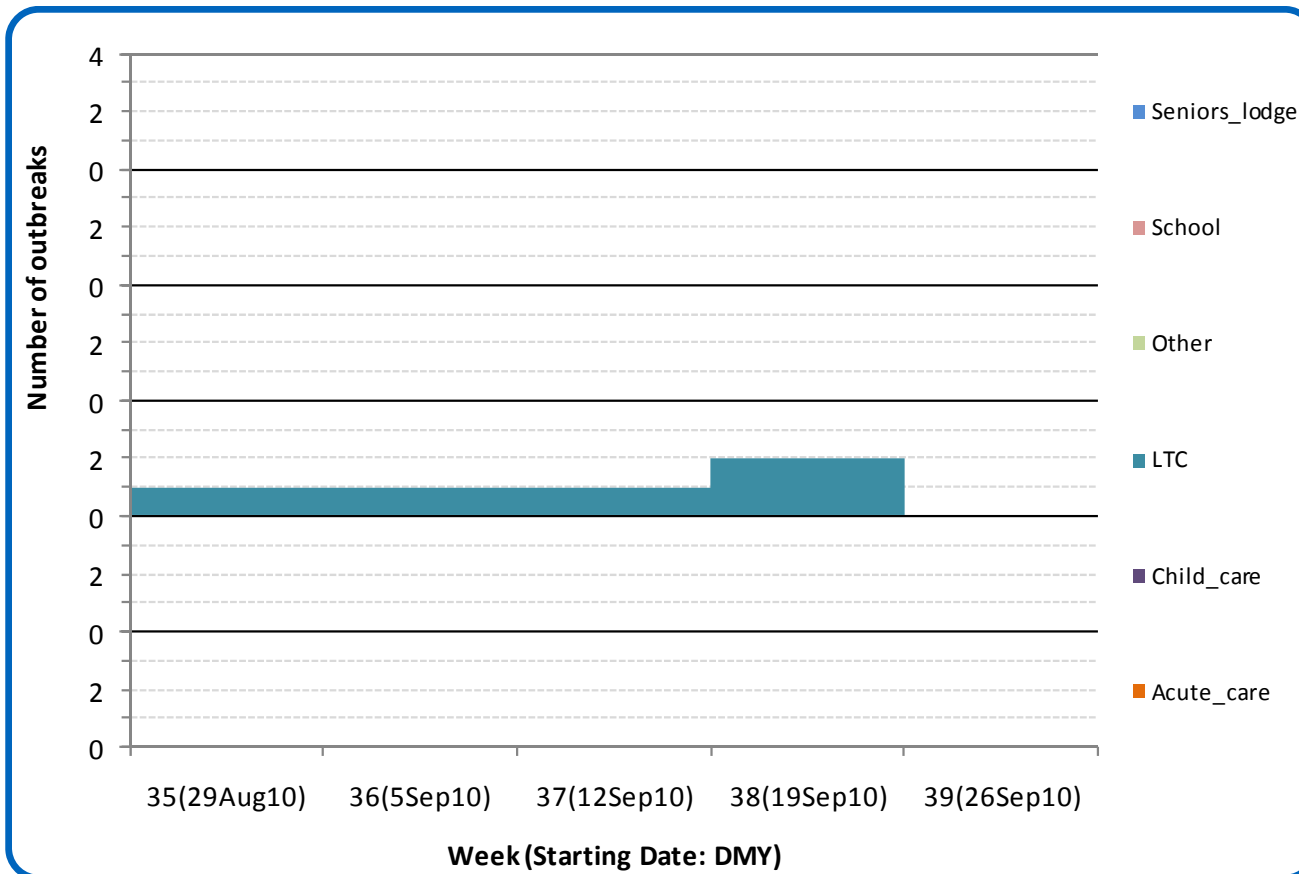


Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 5C: Reported respiratory outbreaks, by facility type, by week, Edmonton Zone (2010)

[Back to first page](#)

One respiratory outbreak has been reported for each week from late August to mid September, but two outbreaks have been reported for the 38<sup>th</sup> week in the Edmonton Zone in long term care (LTC) facilities.



Source: Alberta Outbreak Reporting Form as of 23:59 on October 02, 2010.  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

### Attack rates in respiratory outbreaks

[Back to first page](#)

Of the laboratory confirmed outbreaks, rhino-enteroviruses are primarily detected. The attack rate in the reported respiratory outbreaks averaged around 11%.

### Influenza-like illness visits “Left Without Being seen”

Visits to emergency departments/urgent care centers (EDs) with ILI symptoms have been steadily increasing over the past few weeks. Hospital admissions for ILI symptoms also increased since late August (Week 34). Similarly, ILI visits that left EDs without being seen also increased since early September (Week 36) as compared to the previous weeks.

Visits to EDs and hospital admissions for cough showed a much steeper increase since early September (the 36<sup>th</sup> week), with visits left without being seen showing a lesser increase.

### Respiratory related calls to Health Link Alberta

Calls to HLA from the Edmonton Zone for cough and breathing difficulties gradually increased since early August and a sharper increase occurred in mid September (Week 38). This matches the pattern for ED visits for cough.

### Percentage of visits to sentinel offices with influenza-like illness

Visits to sentinel physician offices with ILI were less than 1.0%.

### Percentage of visits to sentinel offices with lower respiratory tract infection

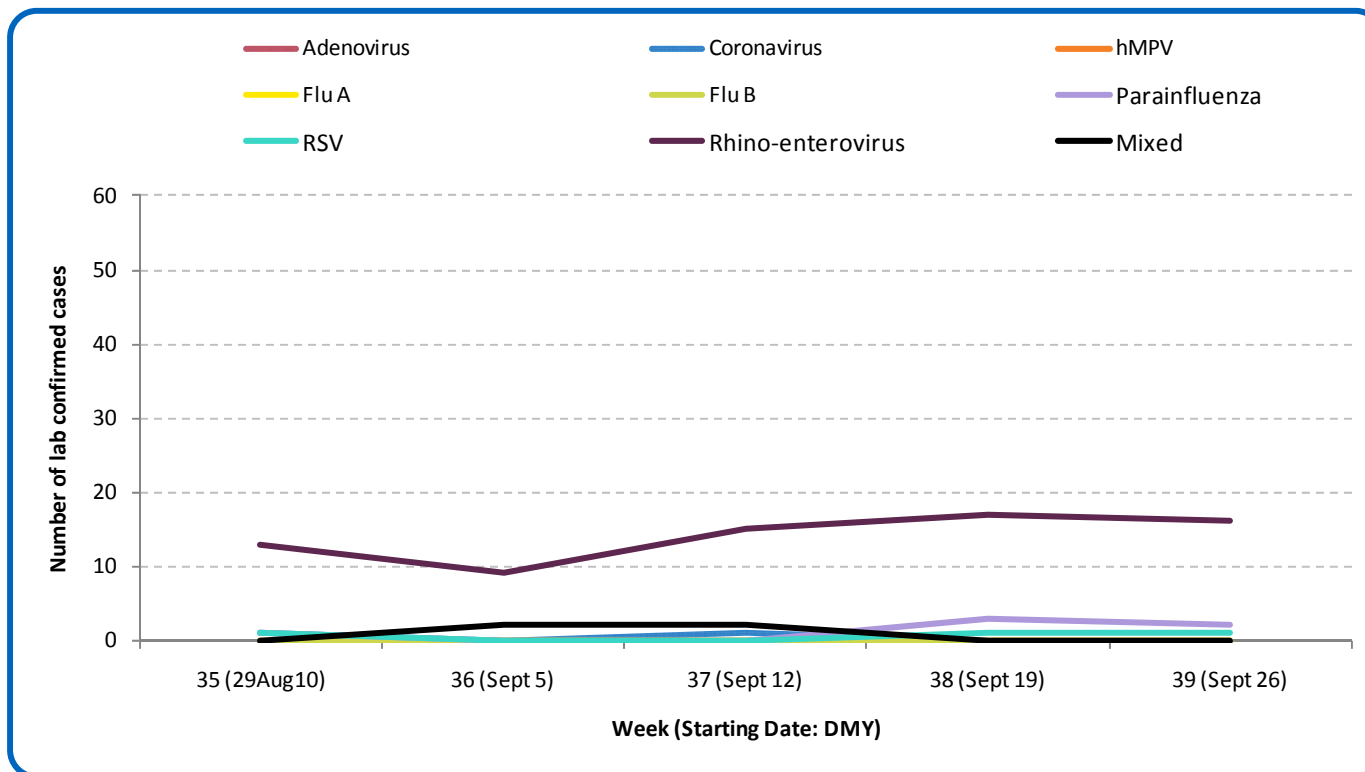
The number of visits to sentinel physician offices with LRTI was higher than that with ILI, with the average weekly percentage being approximately 1.6%.

SECTION 6: ZONE 5 – NORTH

[Back to first page](#)

Rhino-enterovirus is currently the predominant respiratory virus circulating in the North Zone. There have been no recent confirmed cases of influenza in the North Zone.

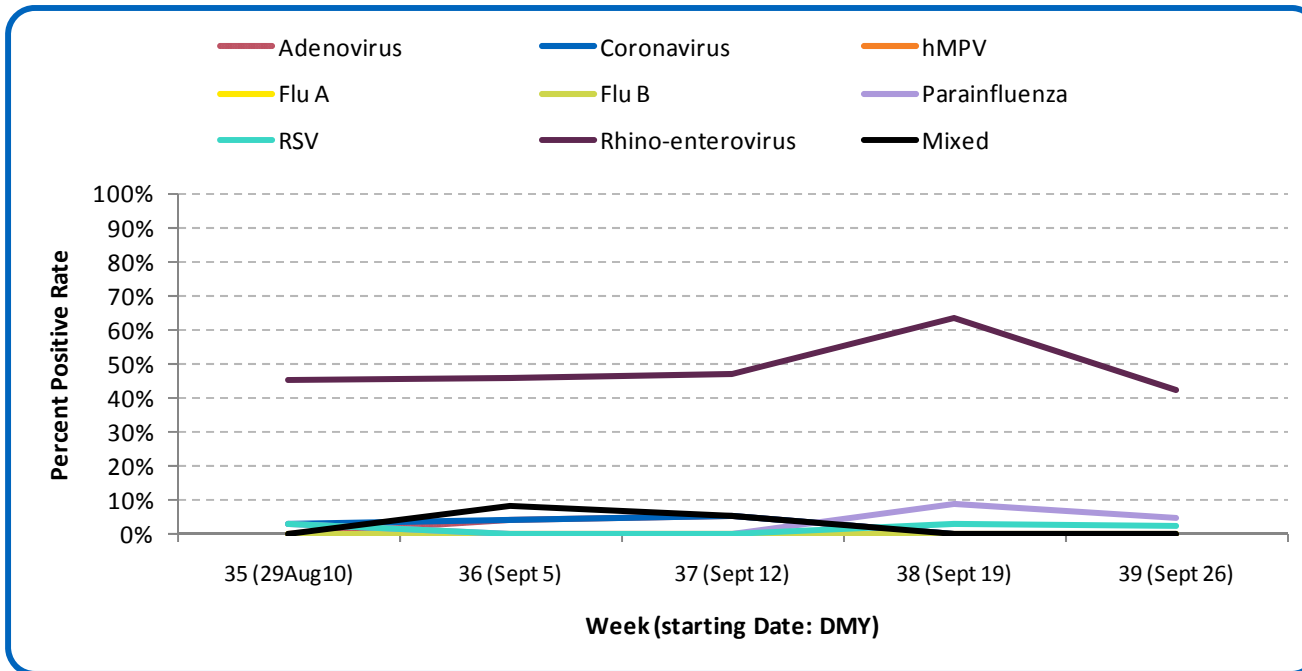
Figure 6A: Laboratory confirmed respiratory virus cases, by virus type, by week, North Zone (2010)



Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 6B: Respiratory Specimen Percent Positive Rates, by virus type, by week, North Zone (2010)

[Back to first page](#)

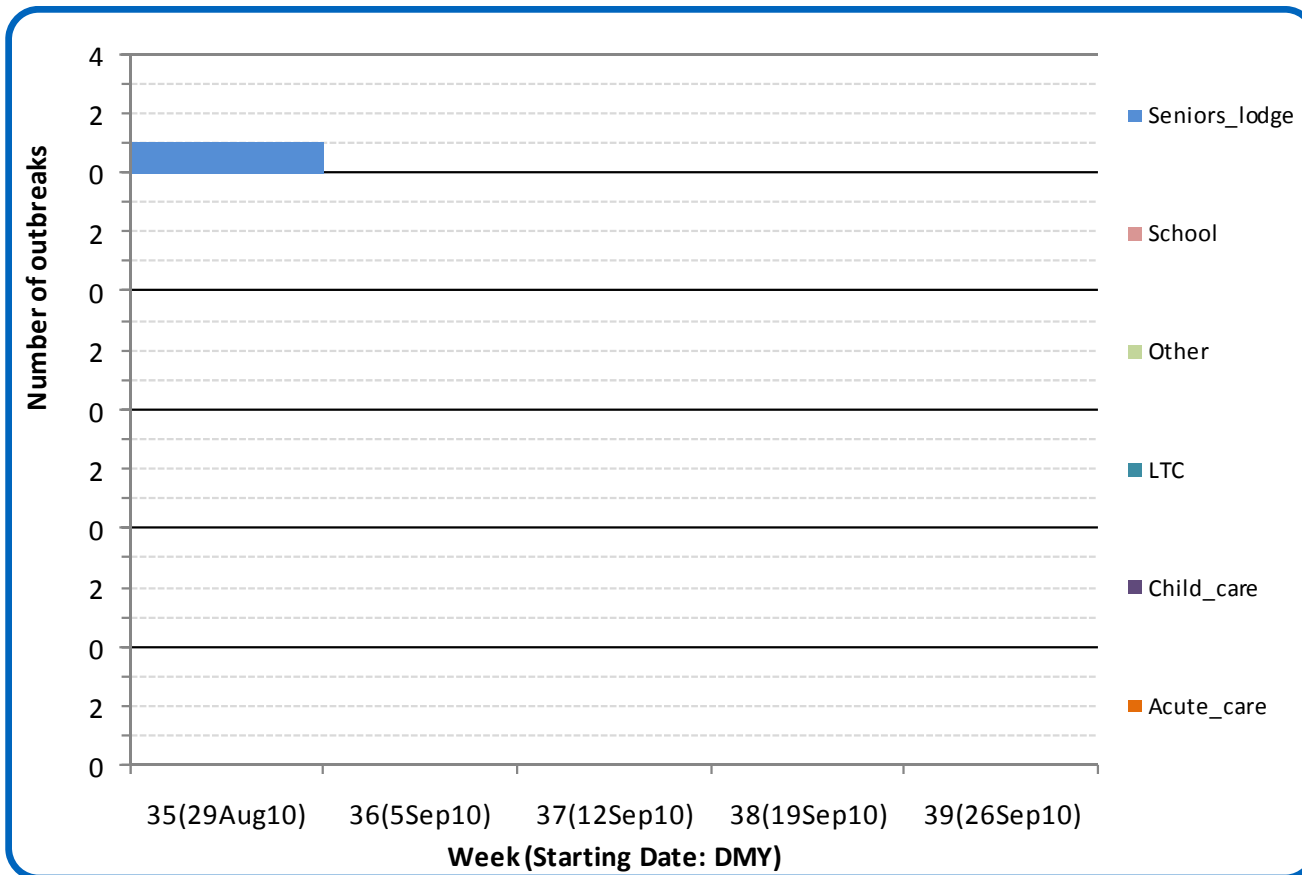


Source: DIAL – Provincial Laboratory as of 2359h on Oct 2, 2010  
 For more information on data definitions and sources see Annex: Data Notes section at the end of this report

Figure 6C: Reported respiratory outbreaks, by facility type, by week, North Zone (2010)

[Back to first page](#)

Since late August (the 35<sup>th</sup> week), there has been only one respiratory outbreak reported for a seniors' lodge/assisted living facility in the North Zone.



Source: Alberta Outbreak Reporting Form as of 23:59 on October 02, 2010  
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

**Attack rates in respiratory outbreaks**

The laboratory confirmed agent for the one respiratory outbreak is rhino-enterovirus. The attack rate for that outbreak was 5.0%.

[Back to first page](#)

**Respiratory related calls to Health Link**

Calls to HLA for cough and breathing difficulties have been gradually increasing since late August.

**Influenza-like illness visits “Left Without Being seen”**

There are no data available for the North Zone.

**Percentage of visits to sentinel offices with Influenza-like illness**

Compared to other Zones, visits to sentinel physician offices during the period from late August (the 35<sup>th</sup> week) to mid September (37<sup>th</sup> week) were higher, with an average weekly rate of 2.0%.

**Percentage of visits to sentinel offices with lower respiratory tract infection**

From late August to mid September, the weekly average percentage of visits to sentinel physician offices with LRTI was 1.1%.

## ANNEX: DATA NOTES

[Back to first page](#)

### LABORATORY

Information on the respiratory virus activity in Alberta is based on data from 2 sources:

- 1) The Alberta Provincial Public Health Laboratory DIAL system (Data Integration for Alberta Laboratories). The data in this system is specimen-based, therefore case-based information is determined by rationalizing samples from the same patient with the same virus identified within a 30 day period. The information (i.e. received date) from the first sample identifying the identical virus is used in this report. The data in this report are based on specimens obtained from residents of Alberta; according to the date the specimen was received by the laboratory.
- 2) The Alberta Influenza Case Management System, a database within the Influenza Outbreak Response Toolkit, an outbreak event management tool. The data in this system is case-based; according to the date the specimen was classified.

Both data sources are web-based applications owned by the Canadian Network for Public Health Intelligence.

Definition for “mixed” – a single sample where multiple viruses were found.

### INFLUENZA-LIKE ILLNESS

Four data sources are used to provide information on utilization of primary and acute care services by people with Influenza-Like Illness (ILI). *Caution: Each source uses potentially different definitions of ILI.*

1. Primary care summaries are obtained from the TARRANT system. Patients seen by TARRANT physicians may not be representative of the general population. Reported ILI cases represent people seen by TARRANT physicians, according to the date seen by the physician. The percentage of ILI represents the proportion of patients with ILI of all patients seen by the physician.
2. Information on visits for ILI in Emergency Departments (ED) and urgent care centers are provided by the Alberta Real Time Syndromic Surveillance Net (ARTSSN) data repository. ILI designation is based on patients being screened in emergency departments with an ILI screening tool. The primary purpose of the ILI screening tool is to implement appropriate infection control measures. The original data sources fed to the ARTSSN data repository are EDIS (Emergency Department Information System) for the Edmonton Zone and REDIS for the Calgary Zone.
3. Health Link Alberta is a 24 hour a day, 7 day a week nurse telephone advice and health information service that provides the public with advice and information about health symptoms and concerns. The original data source for the daily calls to Health Link Alberta for ILI or cough is the Health Link database called Sharp Focus.

## OUTBREAKS

[Back to first page](#)

Upon notification of an outbreak, the *Alberta Health & Wellness/Alberta Health Services* Outbreak Reporting Form (Fillable PDF) is completed by Zone Public Health investigators and sent to both *Alberta Health & Wellness* and *AHS Public Health Surveillance*. The form includes information about the type and location of the outbreak, type of facility, and the causative organism (confirmed or suspected). There may be a delay between the reporting of an outbreak and the identification of the organism. If a specimen is not taken for the Provincial Laboratory For Public Health to test for the causative organism in an investigation, that outbreak will have no information on the organism (the so-called locally generated investigations). In this report, the outbreaks are those that are caused by influenza-like illness viruses; those that are caused by bacteria (i.e. pertussis, invasive pneumococcal disease) and other types of viruses (i.e. measles, rubella (German measles), chickenpox) are excluded.

## POPULATION NUMBERS

Population data values used to calculate rates are for June 30, 2009 and are estimated using actual population values from the Alberta Health Care Insurance Plan (AHCIP) Registration File as of March 31, 2009. The following registrants are included: residents of Alberta; 'residents' of Alberta temporarily living elsewhere, such as extended visits or vacations or students attending an educational institute outside of Alberta, or Albertans temporarily (up to four years) working outside Alberta; persons during the first three months after they move from Alberta to another Canadian province; dependants of members of the RCMP and Armed Forces; persons from another country who are working or studying in Alberta on valid visas; and Natives/Aboriginals whose premiums are paid by Health Canada, First Nations and Inuit Health Branch. Not included are: members of the Armed Forces and RCMP; inmates at federal penitentiaries; persons from other provinces during their first three months in Alberta; and persons who have not registered for eligibility, or have opted out.

Slight differences between values provided at this level of aggregation and data provided at other levels of aggregation may occur because of round-off error. Population values are subject to change without notice when new source data is received.