

Weekly Report

October 13, 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.

What's New?

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- According to the latest WHO report, influenza A (H3N2) is now the predominant influenza virus worldwide, most of which are A/Perth/16/2009-like, matching the strain included in the 2010-2011 seasonal vaccine.
- In most areas of the temperate Southern Hemisphere, influenza activity is decreasing. Pandemic (H1N1) 2009 is still the most frequently detected influenza virus in Australia and New Zealand. In Chile, where the most frequently detected influenza virus has been A (H3N2), respiratory disease activity has started to decrease, indicating the peak has passed. A similar declining trend has been seen in South Africa (where influenza type B was the predominant virus).
- Southeast Asia is currently experiencing increasing levels of influenza, however other areas in the tropical zone including Central America and India have seen a recent decline in activity.
- The influenza season does not appear to have definitively started in the temperate areas of the Northern Hemisphere. China is experiencing moderate levels of influenza activity, while the US and Canada are currently reporting low levels of activity. The virus subtypes being seen are predominantly A (H3N2) and to a lesser extent, influenza B.
- Influenza immunization clinics opened across Alberta this week. All Albertans (6 months of age and older) are eligible to receive this year's influenza vaccine, free of charge. For further information, please visit: <http://www.albertahealthservices.ca/influenza.asp>

Contact Us

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

Or phone: 780-342-0210

Alberta Snapshot

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Indicators		Cumulative Counts					Alberta	
		Week 35 (starting Aug 29/10) to week 40 (starting Oct 3/10)						
		South	Calgary	Central	Edmonton	North		
Laboratory Confirmed Cases	Number of cases with a positive respiratory specimen ¹	Adenovirus	2	5	2	6	0	15
		Coronavirus	0	1	0	2	2	5
		Human metapneumovirus (hMPV)	1	1	0	0	0	2
		Influenza A (H3)	6	0	0	0	0	6
		Influenza B	0	0	0	0	0	0
		Parainfluenza	0	4	1	12	8	25
		Respiratory syncytial virus (RSV)	2	3	0	1	3	9
		Rhino enterovirus	26	156	53	211	89	535
		Mixed	1	9	1	4	7	22
		Total	38	179	57	236	109	619
Outbreaks	# respiratory outbreaks reported ²	0	4	1	5	1	11	

-- Information not available

¹ Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 2010)

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

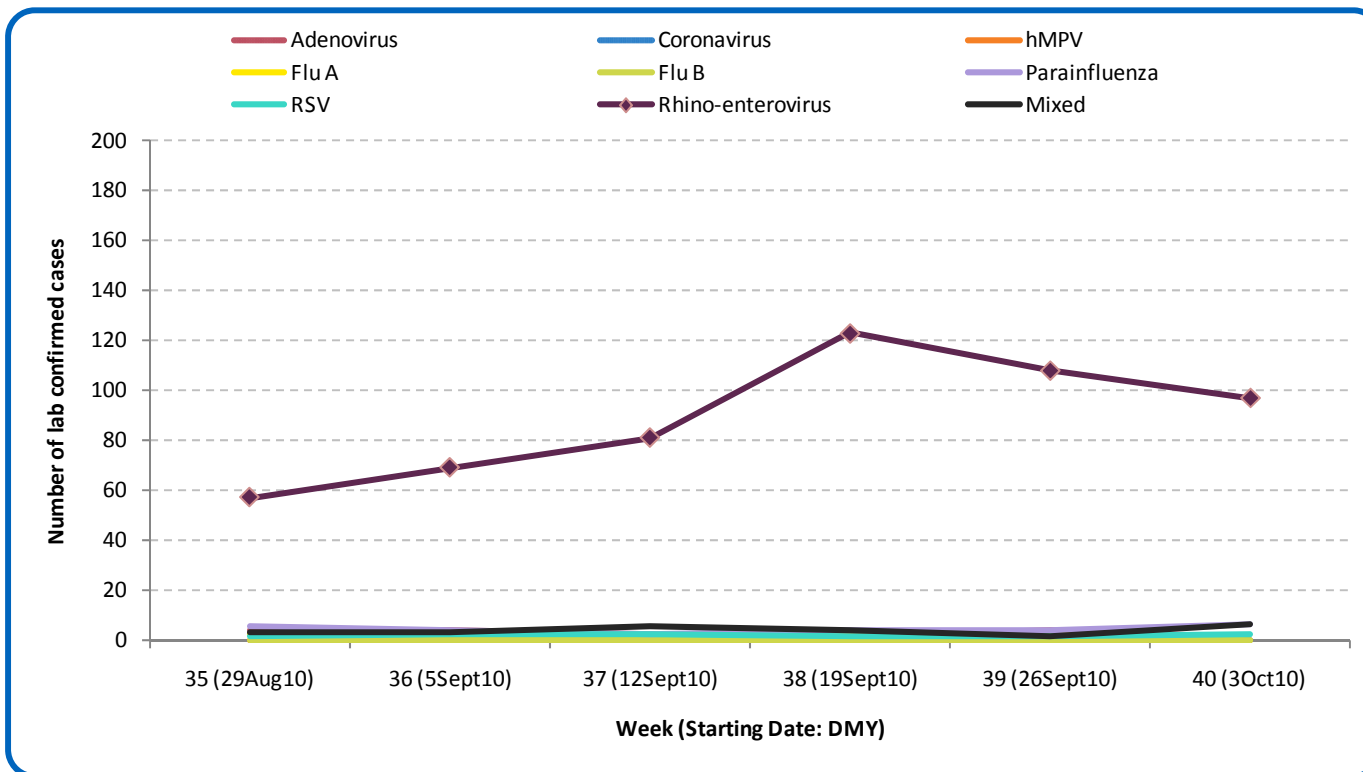
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

SECTION 1: ALBERTA

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The predominant respiratory virus in Alberta is currently rhino-enterovirus. No new cases of influenza have been reported in the previous week (starting Oct 3, 2010). In total, 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.

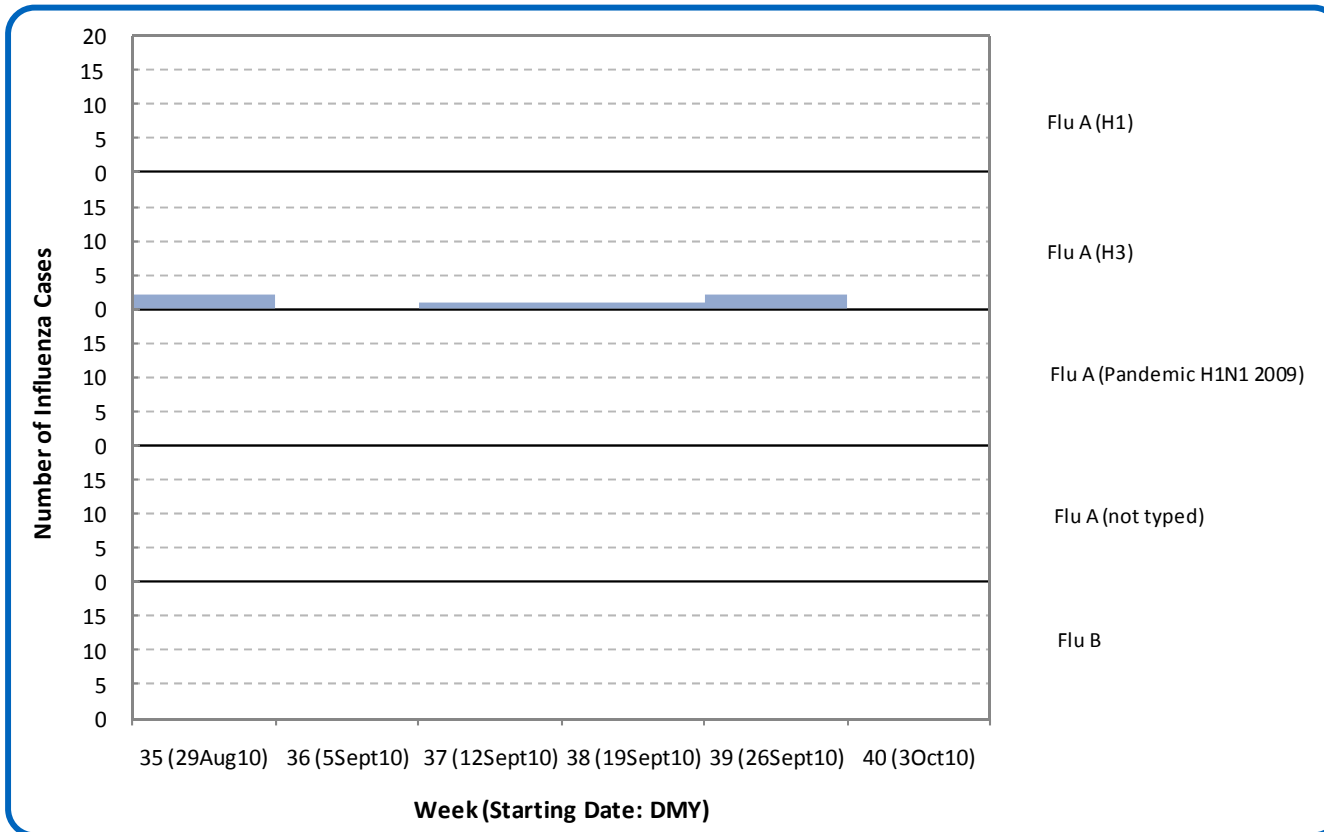
Figure 1A: Laboratory confirmed respiratory virus cases, by virus type, by week, Alberta (2010)



Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 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)

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Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified on or before Oct 9, 2010)
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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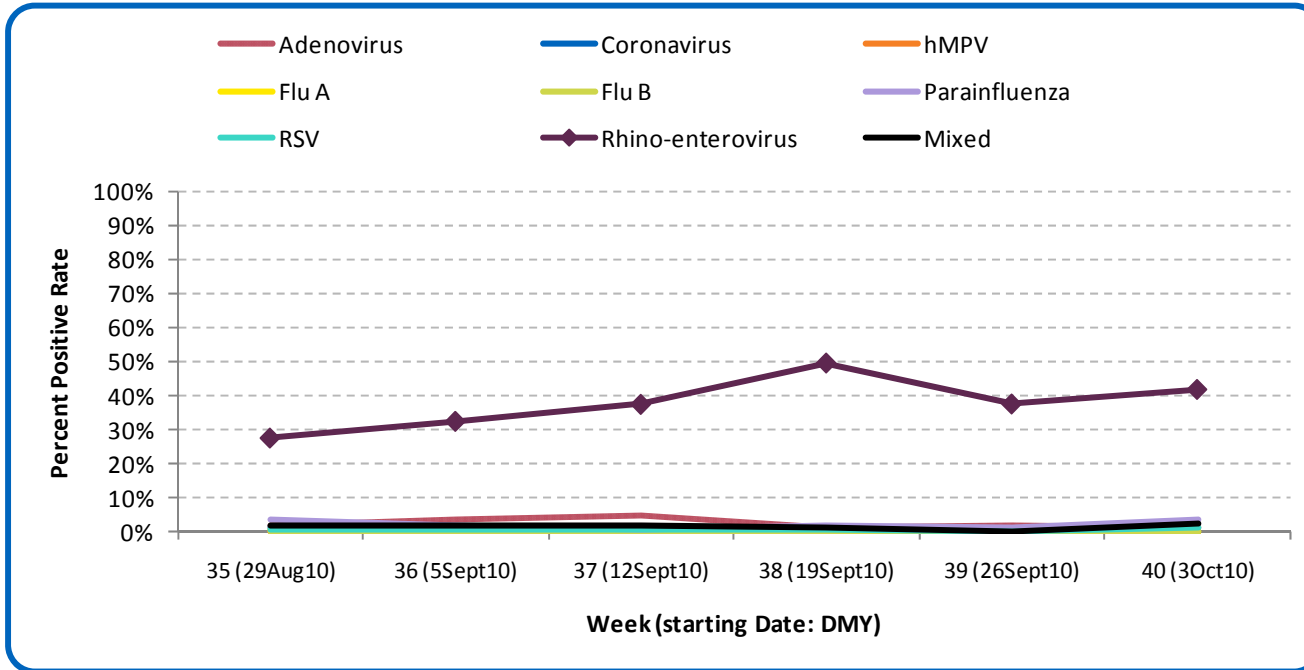
Table 1A: Cumulative Influenza cases, by subtype, by age group, Alberta (Aug 29 – Oct 9, 2010)

	Flu A (Seasonal-H1)		Flu A (Seasonal-H3)		Flu A (Pandemic H1N1 2009)		Flu A (not subtyped)		Flu B		Total	
	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)
0 to <2 years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2 to <5 years	0	0.0	2	0.1	0	0.0	0	0.0	0	0.0	2	0.1
5 to <9 years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
9 to <18 years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
18 to <65 years	0	0.0	4	0.0	0	0.0	0	0.0	0	0.0	4	0.0
65 to <75 years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
75+ years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	0	0.0	6	0.0	0	0.0	0	0.0	0	0.0	6	0.0

Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified on or before Oct 9, 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)

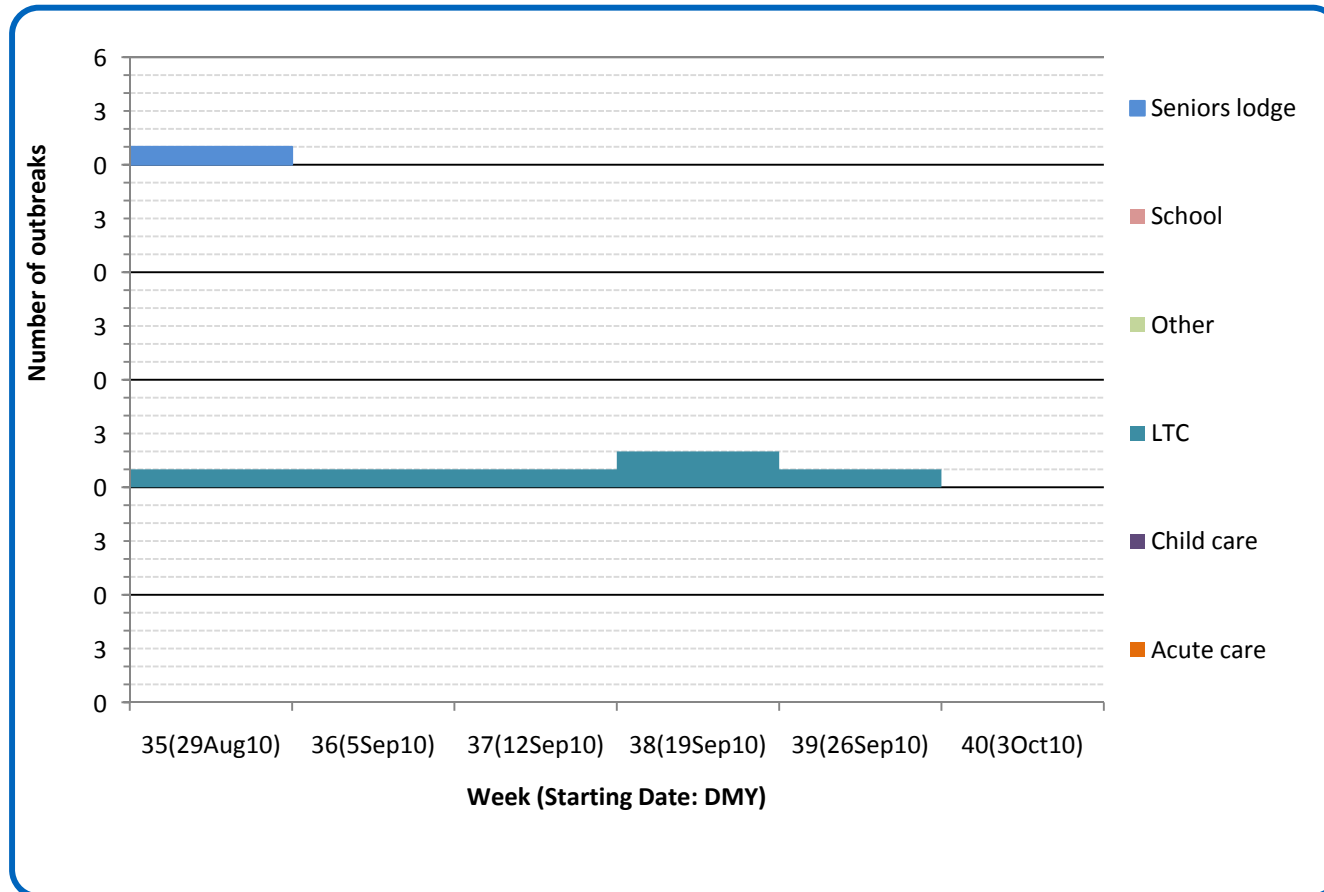
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Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 2010)
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

No laboratory confirmed respiratory outbreaks were reported for hospitals or residential institutions in Alberta in Week 40.

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



Source: Alberta Outbreak Reporting Form as of 23:59 on October 09, 2010
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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Attack rates in respiratory outbreaks

Of the laboratory confirmed respiratory outbreaks, rhino-enterovirus was the primary virus detected. On average, the attack rate for reported outbreaks in hospitals and residential institutions (among residents/clients) was approximately 17%.

Respiratory related calls to Health Link Alberta

Compared to week 39 (starting Sept 26), the number of calls to Health Link Alberta for cough or breathing difficulties in week 40 (starting Oct 3) remain unchanged.

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

The number of visits to emergency departments/urgent care centers for influenza-like illness (ILI) and cough symptoms has remained unchanged in recent weeks in Calgary, and has increased slightly in the Edmonton Zone. The number of visits for which patients left without being seen has increased slightly.

Percentage of visits to sentinel offices with influenza-like illness

Since August 29, 2010, there has been an increasing trend in the percentage of visits to sentinel physician offices with ILI symptoms. This trend is generally consistent with those for visits to emergency departments and calls to Health Link Alberta for similar symptoms.

Percentage of visits to sentinel offices with lower respiratory tract infections

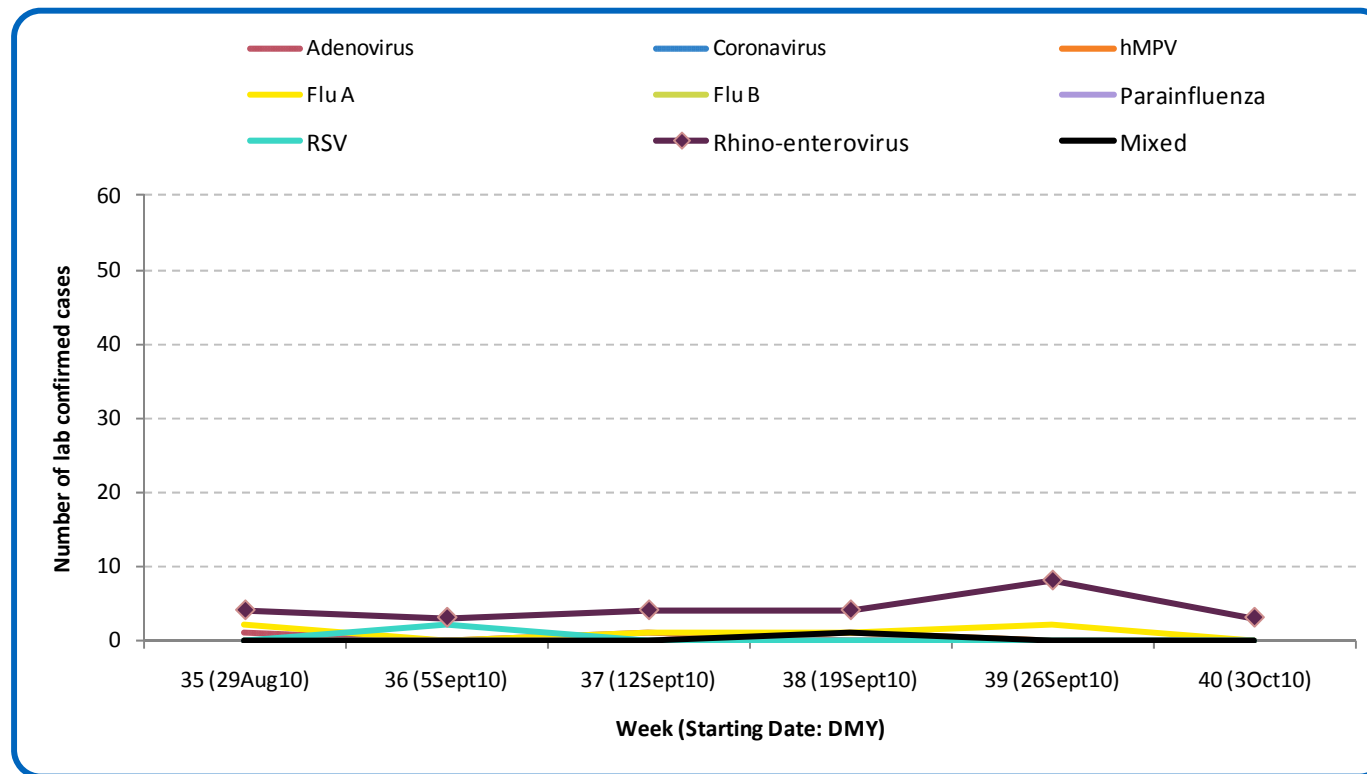
From early August to late September, the percentage of visits to sentinel physician offices for lower respiratory tract infection (LRTI) was less than 1%, although it did increase slightly during the last week in September.

SECTION 2: ZONE 1 - SOUTH

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Rhino-enterovirus is the predominant respiratory virus circulating in the South Zone. No new influenza cases have been reported in the past week (starting Oct 3, 2010). In total, 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.

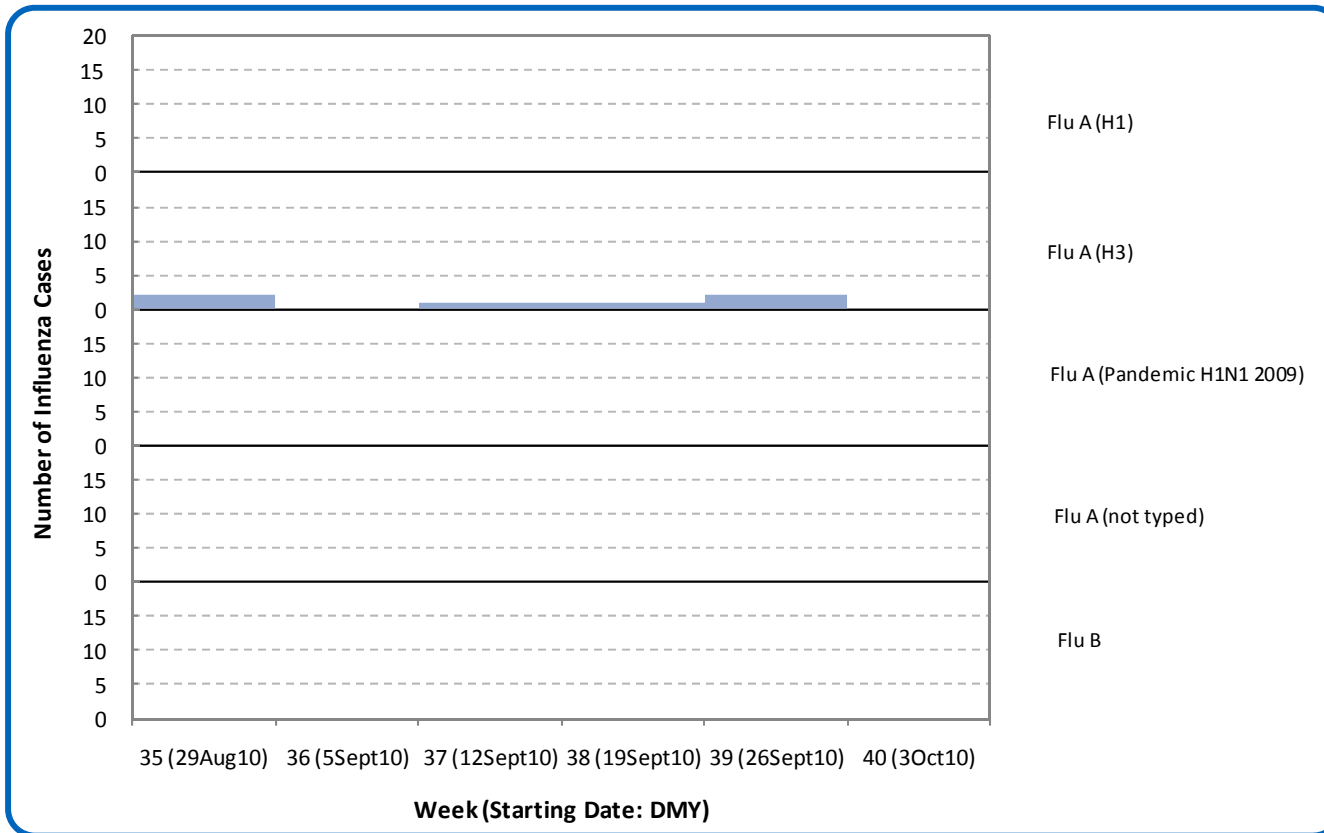
Figure 2A: Laboratory confirmed respiratory virus cases, by virus type, by week, South Zone (2010)



Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 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)

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Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified on or before Oct 9, 2010)
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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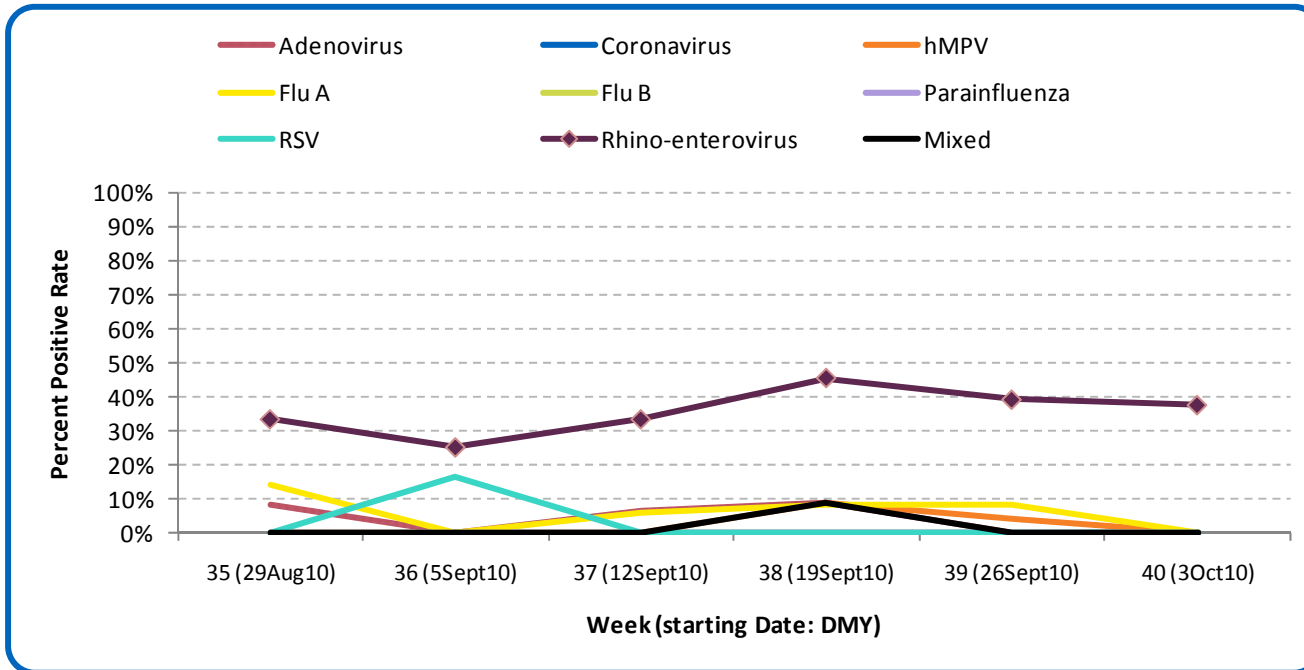
Table 2A: Cumulative Influenza cases, by subtype, by age group, South Zone (Aug 29–Oct 9, 2010)

	Flu A (Seasonal-H1)		Flu A (Seasonal-H3)		Flu A (Pandemic H1N1 2009)		Flu A (not subtyped)		Flu B		Total	
	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)
0 to <2 years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
2 to <5 years	0	0.0	2	1.7	0	0.0	0	0.0	0	0.0	2	1.7
5 to <9 years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
9 to <18 years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
18 to <65 years	0	0.0	4	0.2	0	0.0	0	0.0	0	0.0	4	0.2
65 to <75 years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
75+ years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	0	0.0	6	0.2	0	0.0	0	0.0	0	0.0	6	0.2

Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified on or before Oct 9, 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)

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Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 2010)
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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Attack rates in respiratory outbreaks

From late August (Week 35) to early October (Week 40), there was no laboratory confirmed respiratory outbreaks reported for hospitals or residential institutions 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

The number of calls to Health Link Alberta for cough or breathing difficulties by residents of the South Zone in early October (Week 40) was similar to that in the last week of September (Week 39).

Percentage of visits to sentinel offices with Influenza-like illness

The percentage of visits to sentinel offices for ILI by residents of the South Zone was 2% in the last week of September, slightly higher than the percentage average for the previous four weeks (0.1%).

Percentage of visits to sentinel offices with lower respiratory tract infection

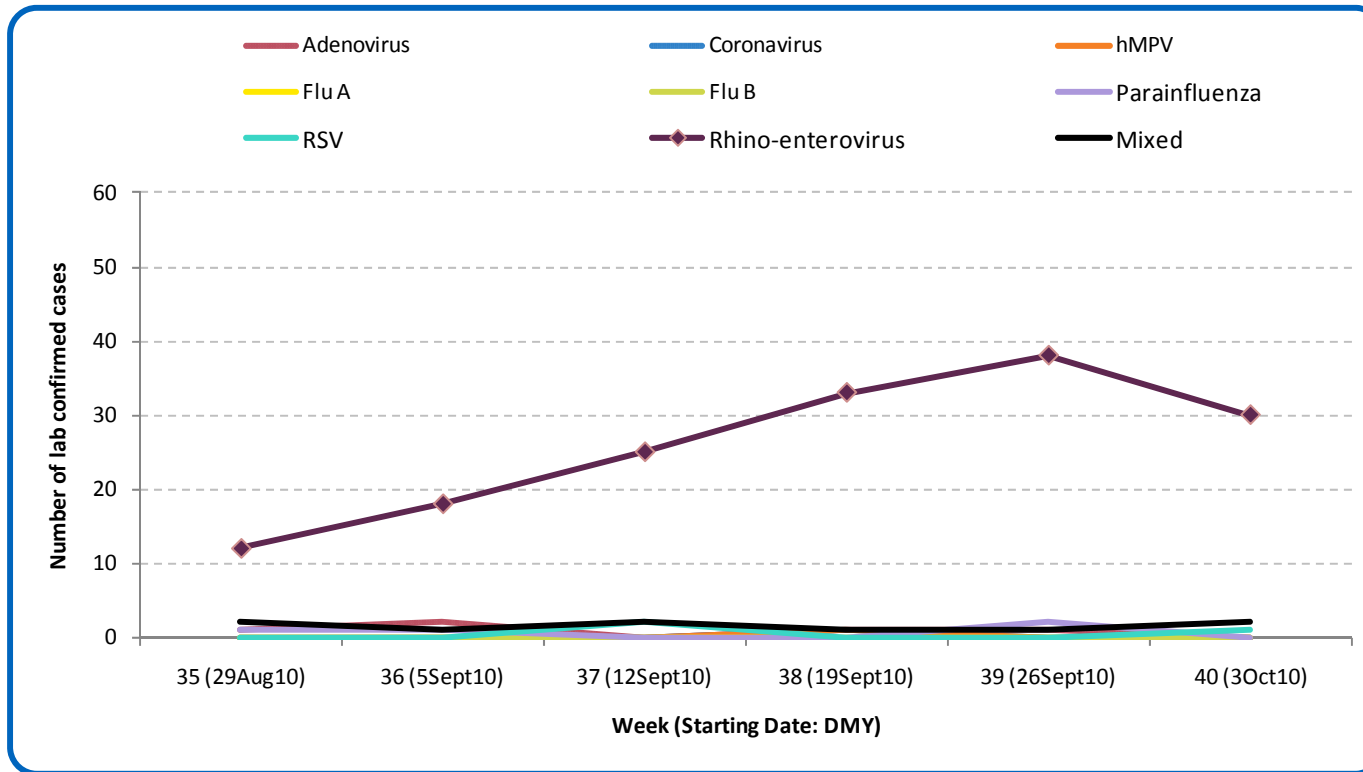
There have been no visits to sentinel offices for lower respiratory tract infection (LRTI) symptoms since late August (Week 35) by residents of the South Zone.

SECTION 3: ZONE 2 - CALGARY

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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.

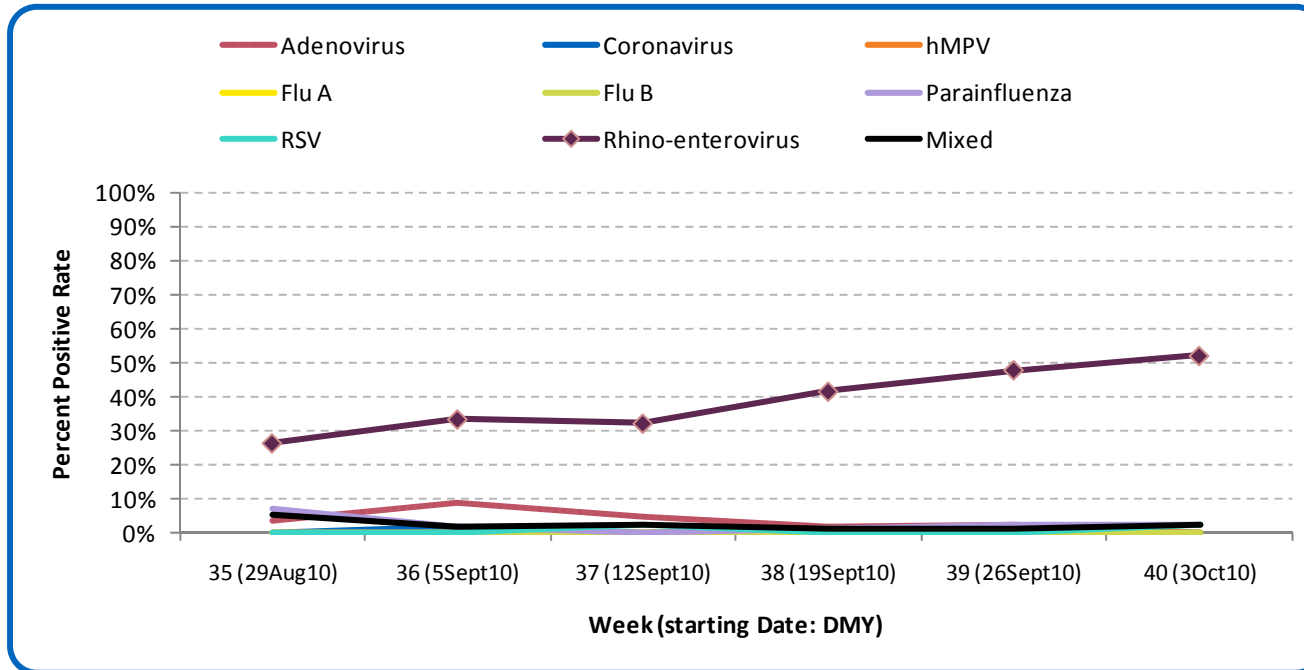
Figure 3A: Laboratory confirmed respiratory virus cases, by virus type, by week, Calgary Zone (2010)



Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 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)

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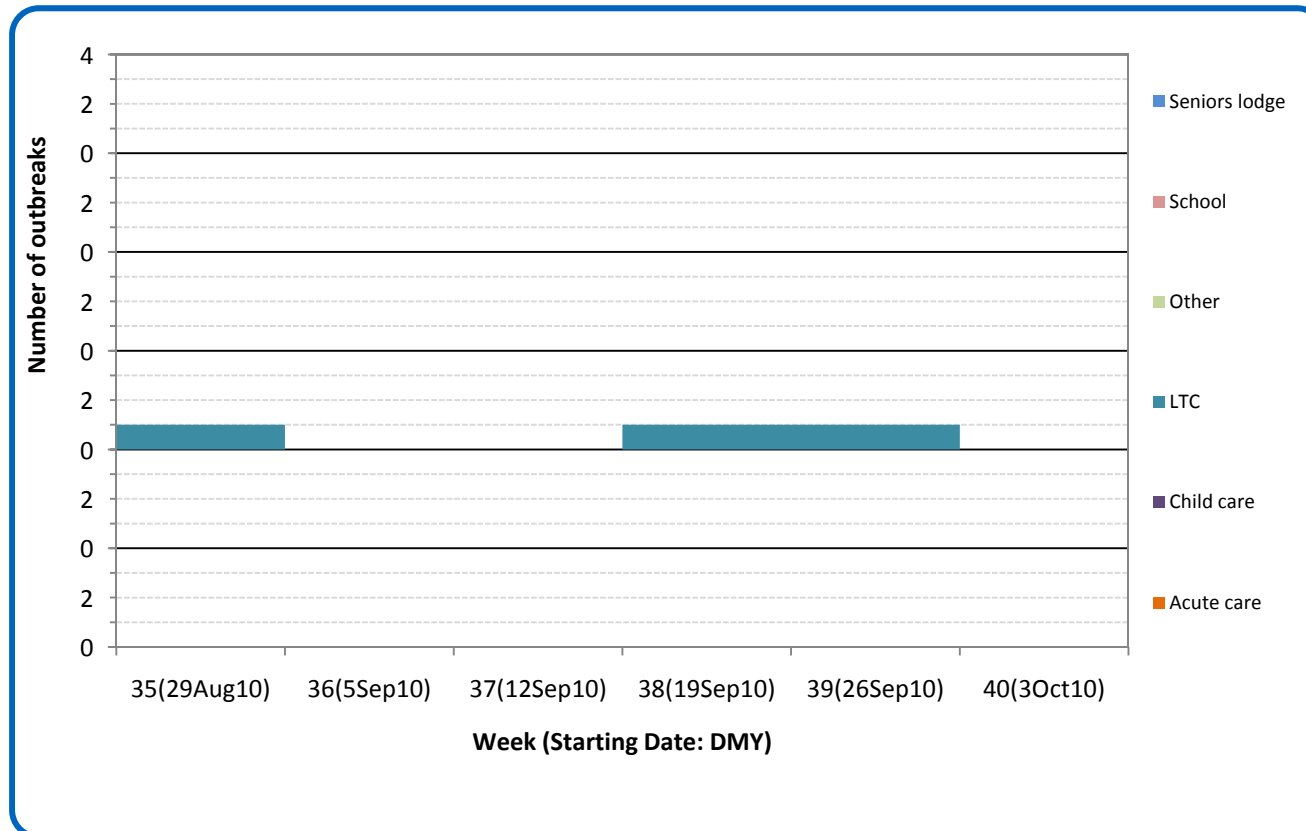


Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 2010)
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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There were no laboratory confirmed respiratory outbreaks reported in hospitals or residential institutions in the Calgary Zone in the past week (week 40).

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

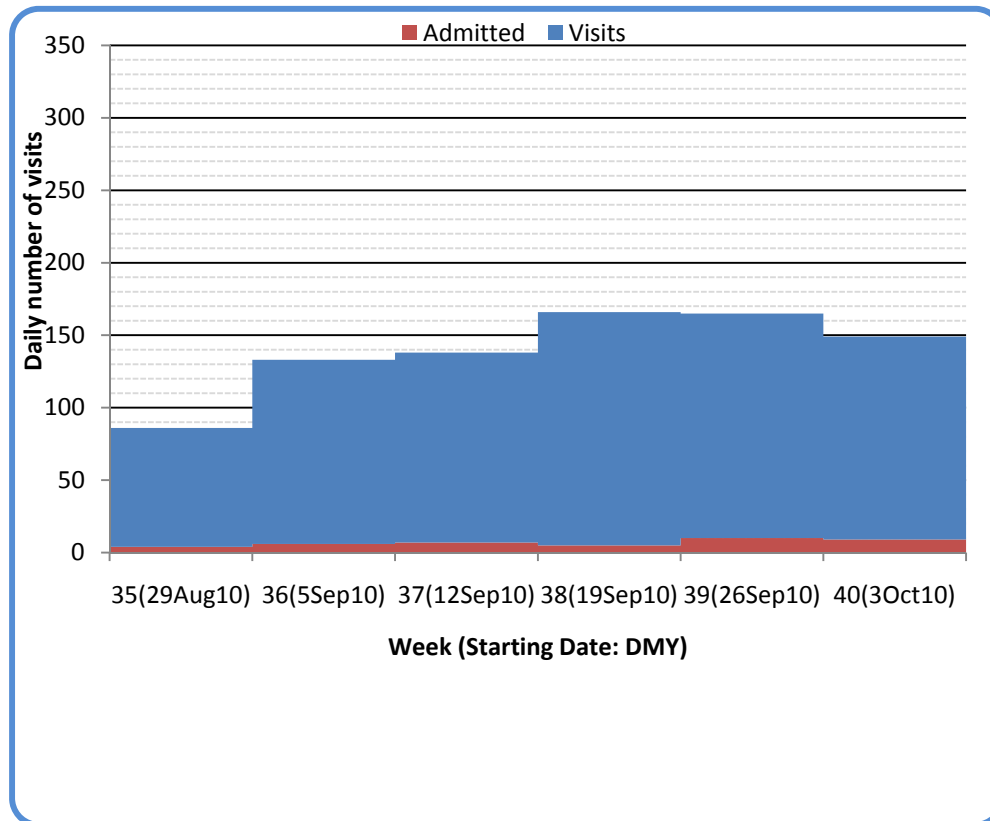


Source: Alberta Outbreak Reporting Form as of 23:59 on October 09, 2010.
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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There were fewer visits to emergency departments/urgent care centers and fewer admissions to hospitals for cough symptoms in the city of Calgary in early October (Week 40) than in late September (Week 39).

Figure 3D: Visits to urban emergency departments and urgent care centers in the city of Calgary with cough symptoms and admissions to hospitals, by week (2010)



Source: Alberta Real Time Syndromic Surveillance Net (ARTSSN) as of 23:59 on October 09, 2010. For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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Attack rates in respiratory outbreaks

Of the recent laboratory confirmed outbreaks, rhino-enterovirus was the primary virus detected. The attack rates averaged around 28%.

Influenza-like illness visits “Left Without Being seen”

The number of visits to urban emergency departments and urgent care centers (EDs) for influenza-like illness (ILI) in the city of Calgary has remain unchanged in recent weeks. From the last week in September (Week 39) to the first week in October (Week 40), the number of hospital admissions for patients with ILI decreased by 40%, while the number of patients who left EDs without being seen increased by 40%.

Respiratory related calls to Health Link Alberta

The number of calls to Health Link Alberta for cough and breathing difficulties by residents of the Calgary Zone decreased by 13% in Week 40 (Oct 3-9) compared to Week 39 (Sept 26-Oct 2). This pattern is similar to that for ED visits with cough symptoms.

Percentage of visits to sentinel offices with influenza-like illness

The percentage of visits to sentinel physician offices for ILI by residents of the Calgary Zone was less than 1% from late August to early October.

Percentage of visits to sentinel offices with lower respiratory tract infection

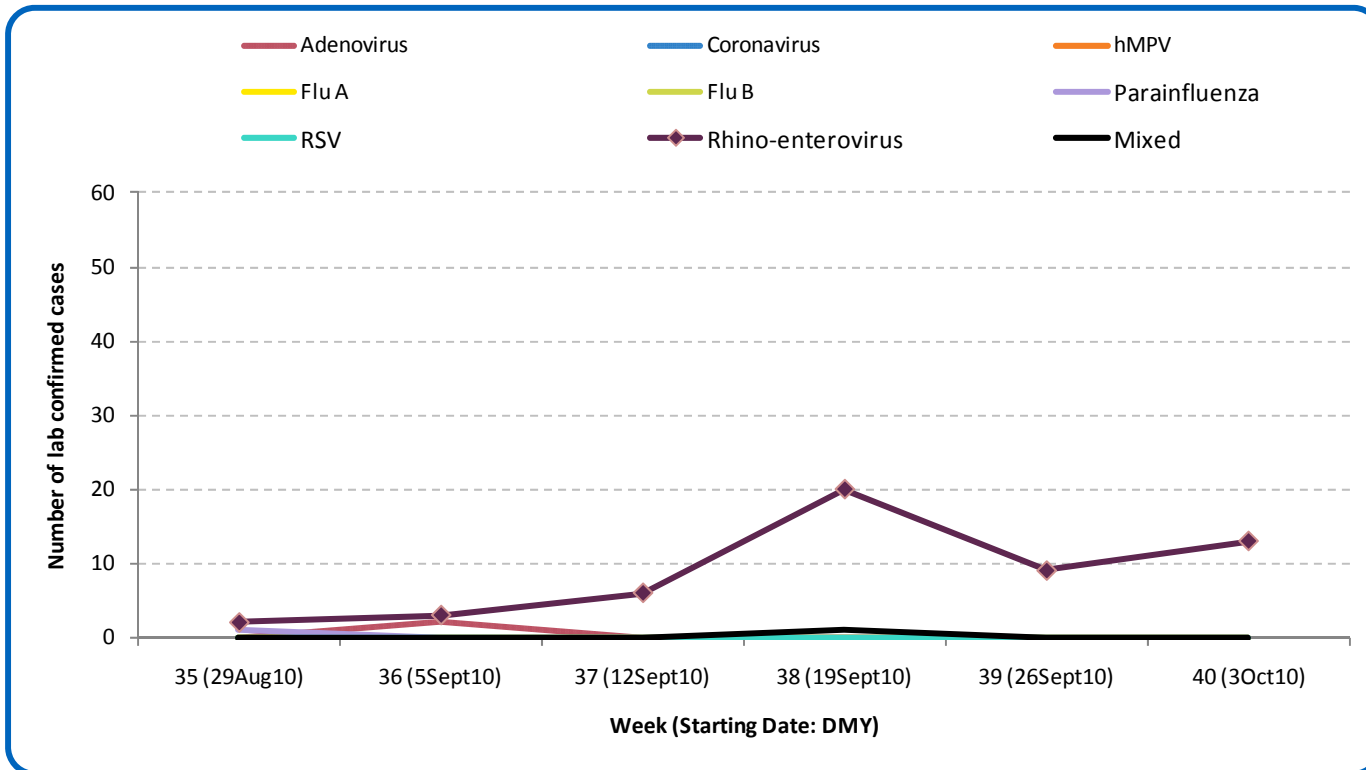
The percentage of visits to sentinel physician offices for LRTI by residents of the Calgary Zone increased in early October (Week 40) compared to previous weeks, but remained less than 1%.

SECTION 4: ZONE 3 - CENTRAL

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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.

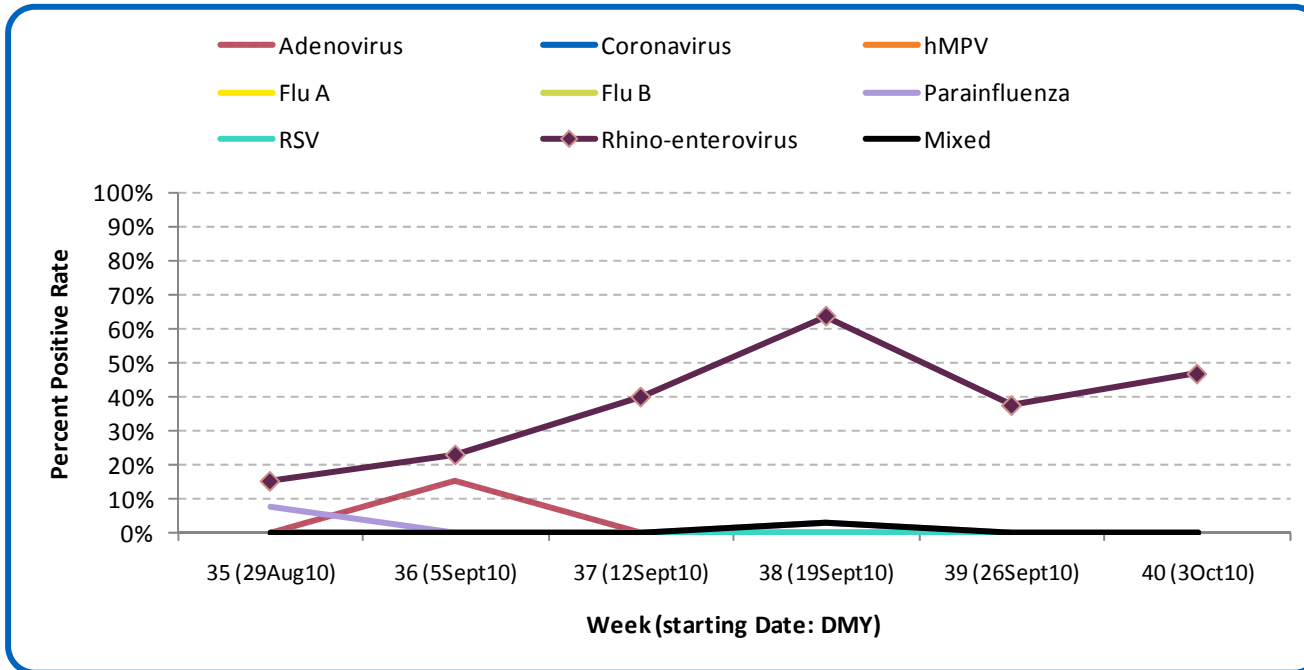
Figure 4A: Laboratory confirmed respiratory virus cases, by virus type, by week, Central Zone (2010)



Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 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)

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Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 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**

There have been no laboratory confirmed respiratory outbreaks reported in the Central Zone since late August.

Influenza-like illness visits “Left Without Being seen”

There are no data available from this zone.

Respiratory related calls to Health Link Alberta

The number of calls to Health Link Alberta by residents of the Central Zone for cough or breathing difficulties in the first week of October was comparable to the previous week.

Percentage of visits to sentinel offices with Influenza-like illness

From late August to late September, there were no visits to sentinel physician offices for ILI symptoms. In Week 40 (October 3-9), this percentage remained very low (0.1%)

Percentage of visits to sentinel offices with lower respiratory tract infection

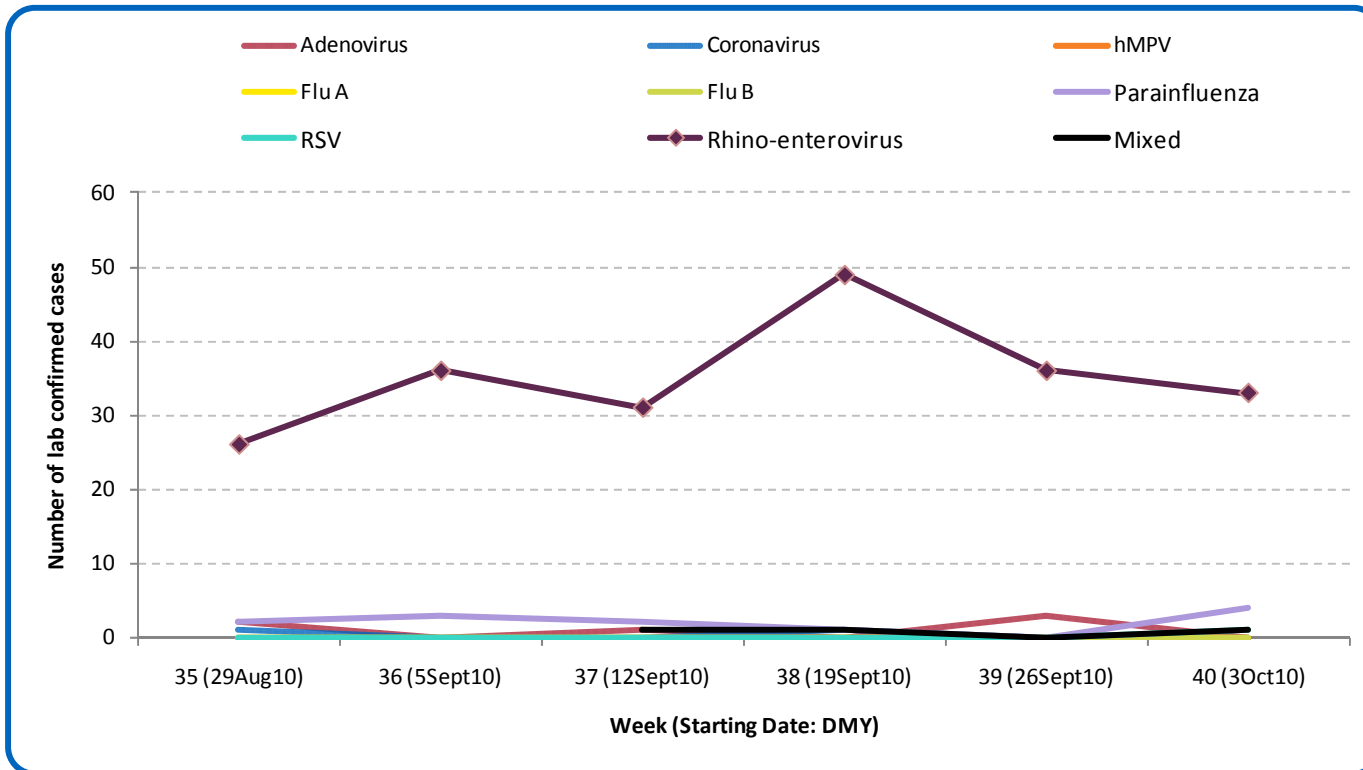
From late August to early October, the weekly percentage of visits to sentinel physician offices for LRTI symptoms by residents of the Central Zone averaged around 0.7%.

SECTION 5: ZONE 4 – EDMONTON

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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.

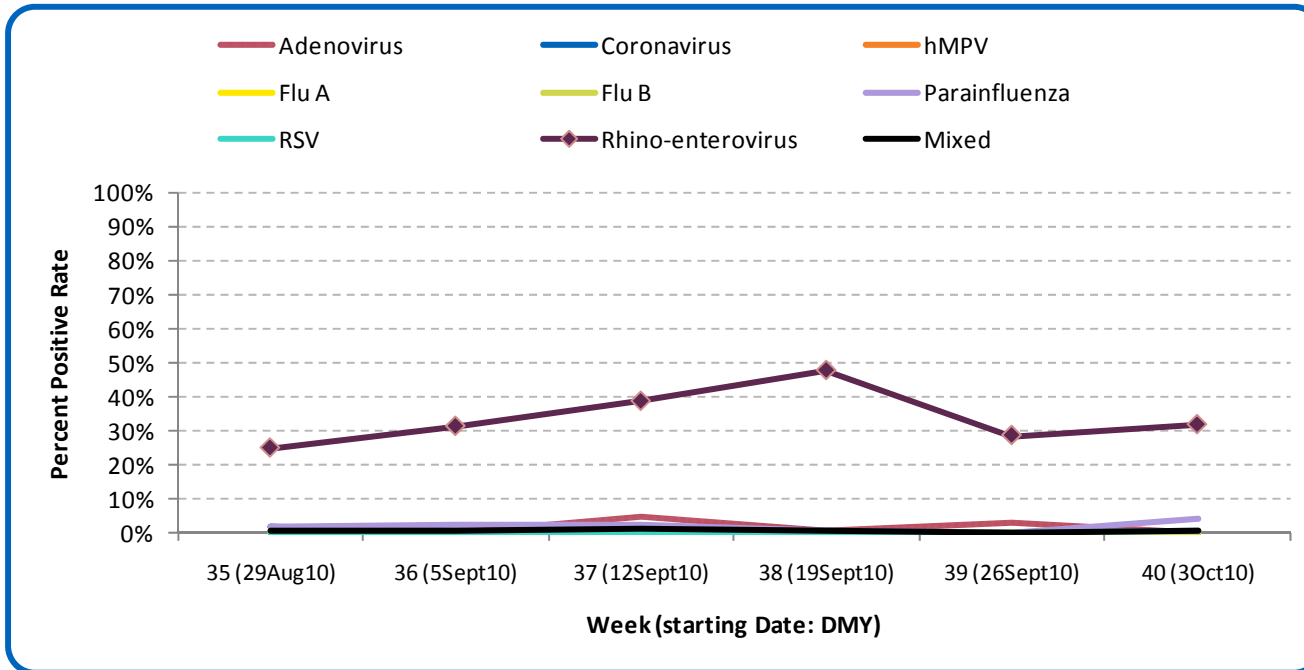
Figure 5A: Laboratory confirmed respiratory virus cases, by virus type, by week, Edmonton Zone (2010)



Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 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)

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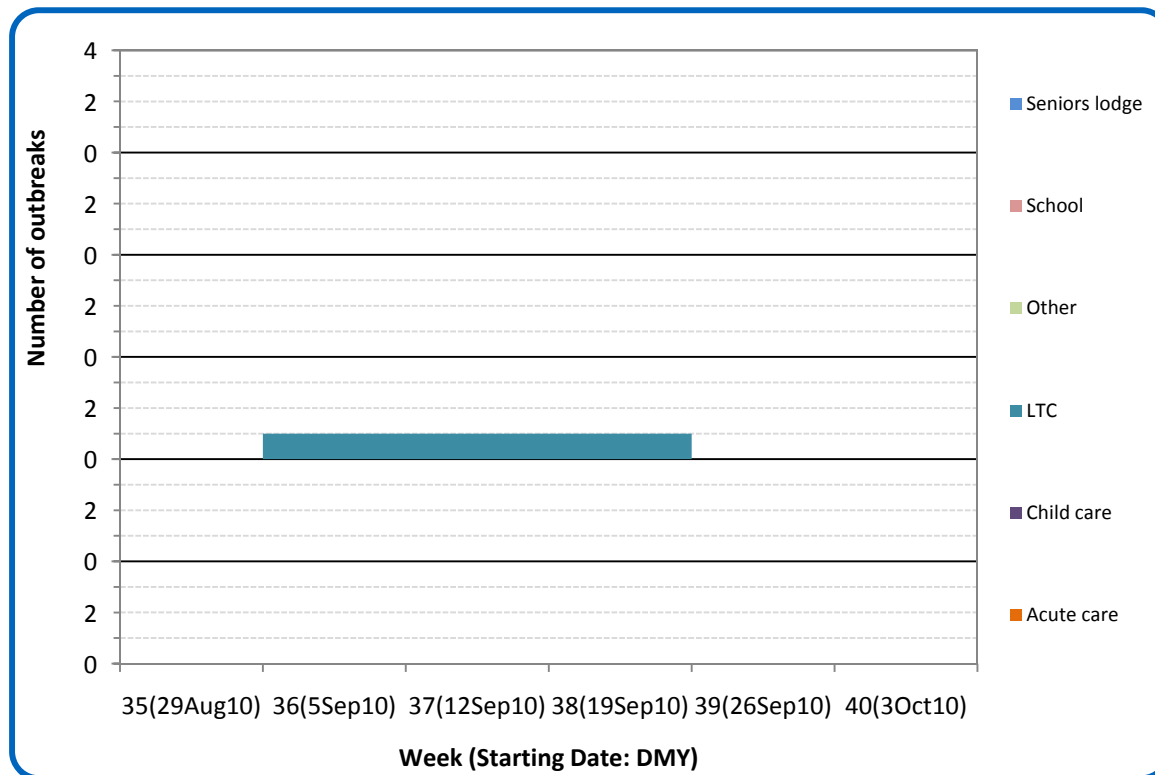


Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 2010)
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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No laboratory confirmed respiratory outbreaks have been reported for hospitals or residential institutions in the Edmonton Zone in the past two weeks.

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

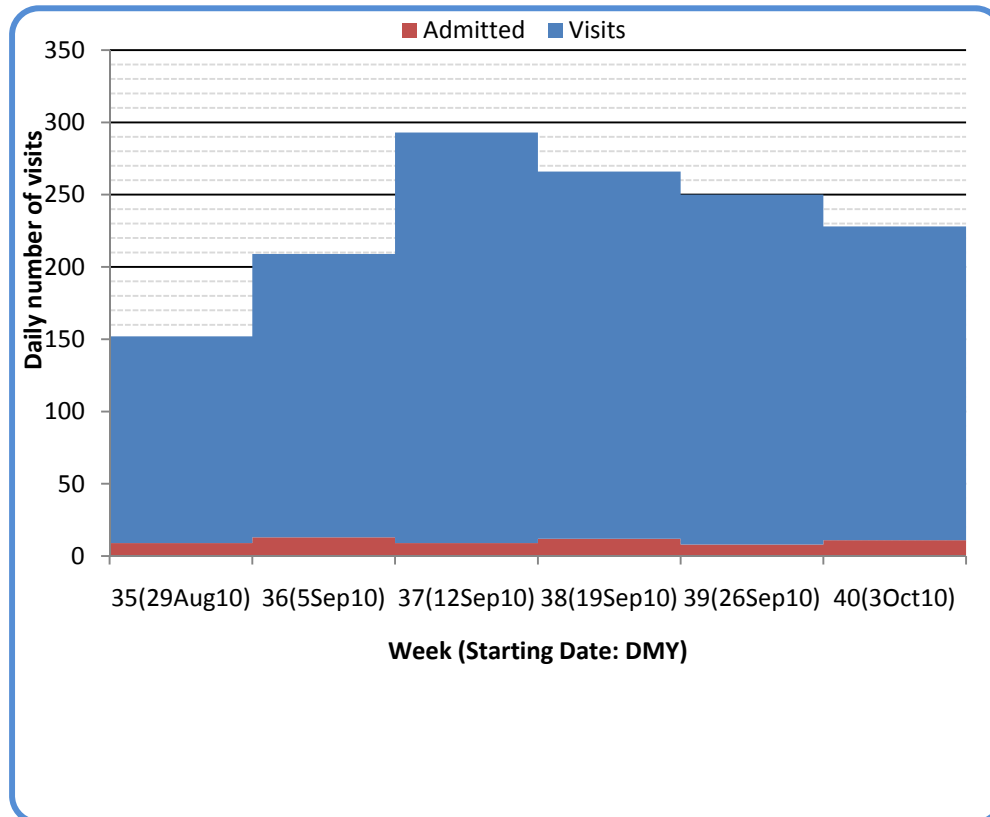


Source: Alberta Outbreak Reporting Form as of 23:59 on October 09, 2010.
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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Visits to nine emergency departments/urgent care centers in the Edmonton Zone for cough/congestion in the first week of October (Week 40) were slightly less than in the last week of September (Week 39), but the number of admissions to hospitals was slightly higher.

Figure 5D: Visits to emergency departments/urgent care centers for cough/congestion and admissions to hospitals, by week, Edmonton Zone (2010)



Source: Alberta Real Time Syndromic Surveillance (ARTSSN) as of 23:59 on October 09, 2010.
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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Attack rates in respiratory outbreaks

Of the recent laboratory confirmed respiratory outbreaks in the Edmonton Zone, rhino-enterovirus was the primary virus detected. The attack rate averages around 10%.

Influenza-like illness visits “Left Without Being seen”

The number of visits to emergency departments/urgent care centers for ILI symptoms has increased steadily since late August. From week 39 (Sept 26-Oct 2) to week 40 (Oct 3-9), both the number of hospital admissions for ILI symptoms and the number of people with ILI who left emergency departments without being seen doubled.

Respiratory related calls to Health Link Alberta

The number of calls to Health Link Alberta by residents of the Edmonton Zone for cough and breathing difficulties continues to increase gradually. In the last three weeks, this trend diverges from that of emergency department visits for cough in this Zone.

Percentage of visits to sentinel offices with influenza-like illness

The percentage of visits to sentinel physician offices for ILI by residents of the Edmonton Zone remains low (less than 1%).

Percentage of visits to sentinel offices with lower respiratory tract infection

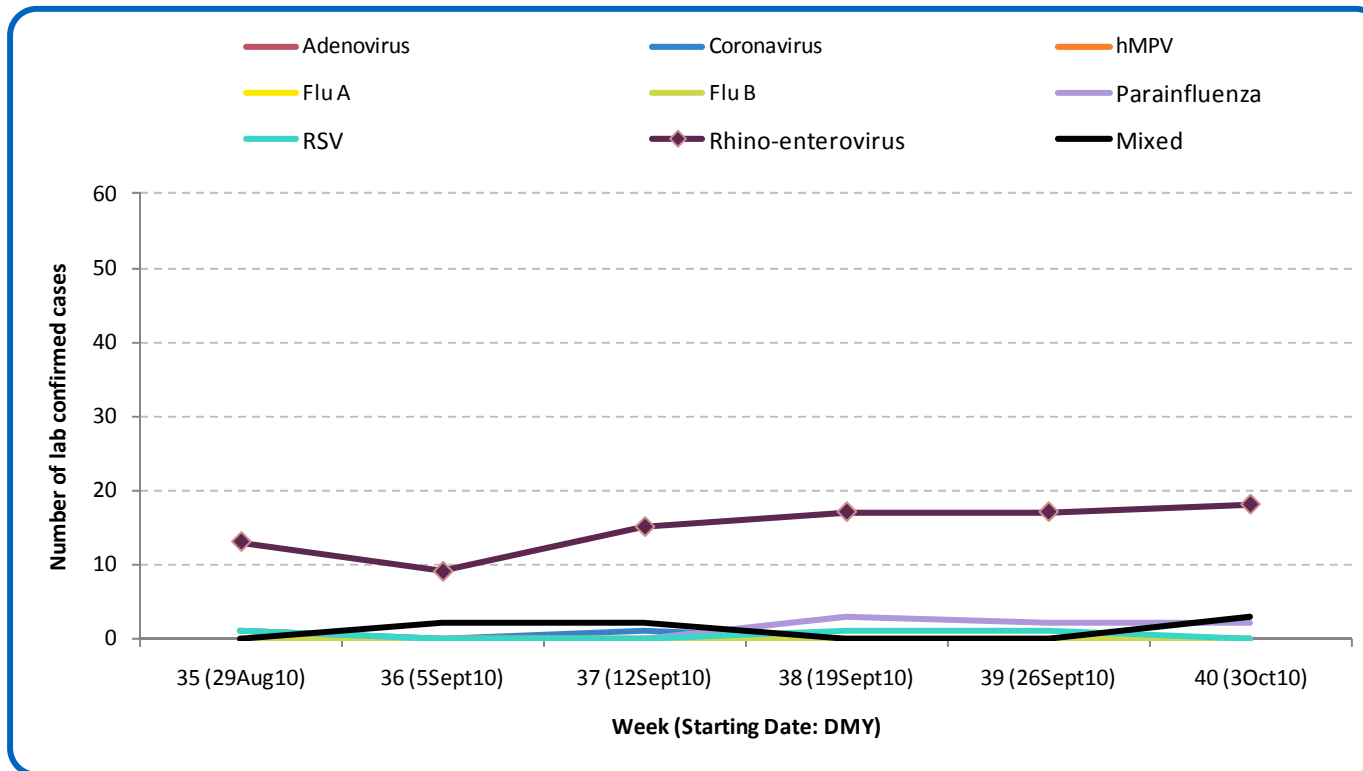
The percentage of visits to sentinel physician offices for LRTI symptoms by residents of the Edmonton Zone has remained stable since early August, with a weekly average of approximately 2%.

SECTION 6: ZONE 5 – NORTH

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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.

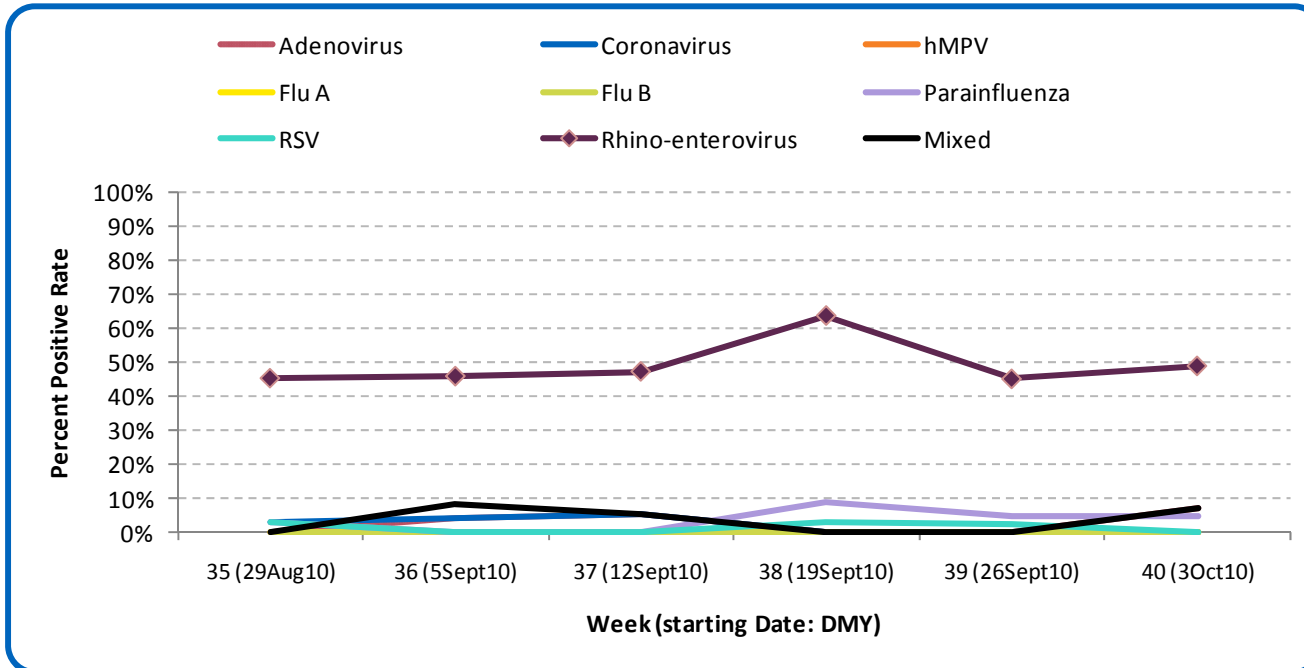
Figure 6A: Laboratory confirmed respiratory virus cases, by virus type, by week, North Zone (2010)



Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 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)

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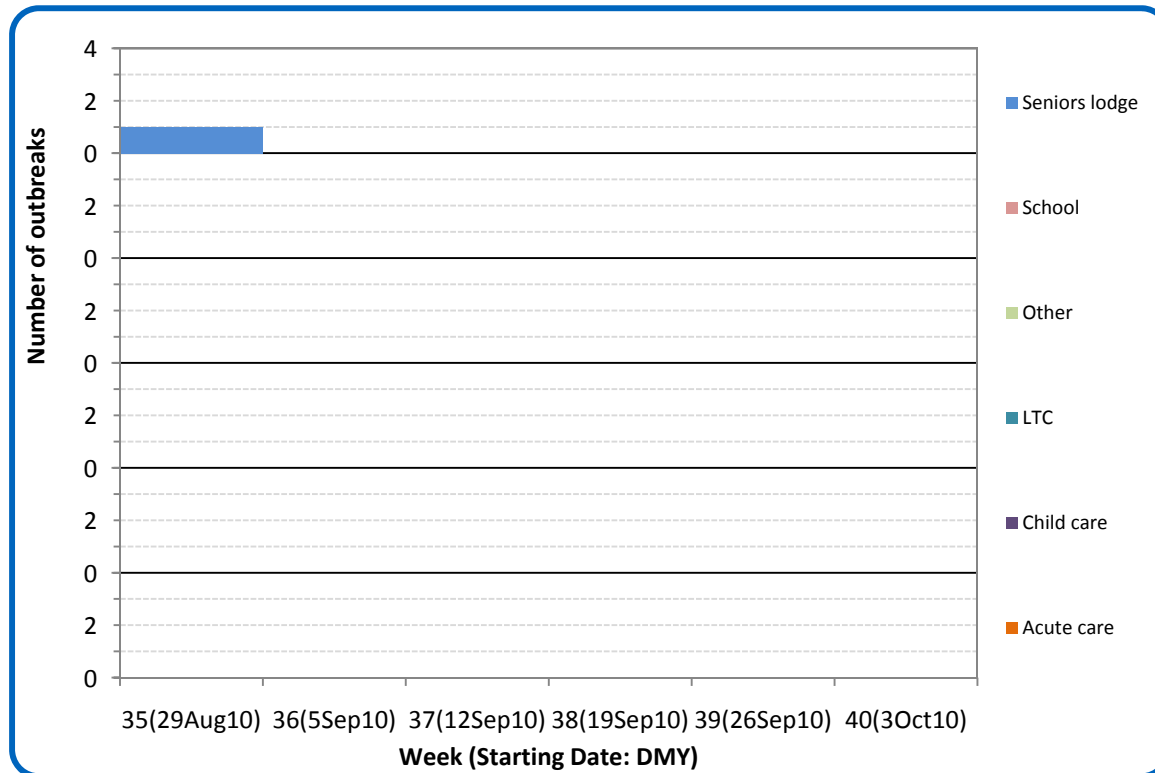


Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Oct 9, 2010)
For more information on data definitions and sources see Annex: Data Notes section at the end of this report

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Since late August, there has been only one laboratory confirmed respiratory outbreak reported for a seniors' lodge/assisted living facility in the North Zone.

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



Source: Alberta Outbreak Reporting Form as of 23:59 on October 09, 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**

The laboratory confirmed agent for the one respiratory outbreak was rhino-enterovirus. The attack rate was 5%.

Respiratory related calls to Health Link

The number of calls to Health Link Alberta by residents of the North Zone for cough and breathing difficulties has decreased in recent weeks.

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

In Week 39 (Sept 26-Oct 2), the percentage of visits to sentinel offices for ILI symptoms in the North Zone reached 6%, the highest among all Zones for the same period.

Percentage of visits to sentinel offices with lower respiratory tract infection

The weekly percentage of visits to sentinel physician offices with LRTI symptoms has remained stable since mid August at around 1%.

ANNEX: DATA NOTES

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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 supported by the Canadian Network for Public Health Intelligence.

Definition for “mixed” – a single sample where multiple viral organisms were isolated.

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, cough, and breathing difficulties is the Health Link database called Sharp Focus.

SURVEILLANCE AND HEALTH STATUS ASSESSMENT

Public Health Surveillance

Report Date: October 13, 2010

OUTBREAKS

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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 *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. 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. Also excluded are those outbreaks that have no causative agent identified by the Provincial Laboratory For Public Health or where specimens are not tested. This follows the PHAC FluWatch definition for ILI/influenza outbreak. The naming convention of that definition “residential institutions” is also adopted.

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.