

## Weekly Report

November 30, 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?

- According to the latest WHO update, global influenza activity remains low except in limited areas of tropical Asia and temperate South America. Seasonal influenza A (H3N2) and B are currently co-circulating, with the former slightly predominant. Influenza H1N1 (2009) is also being detected at low to moderate levels across Asia, and sporadically in other parts of the world. The WHO also notes two cases of swine-origin H3N2 in the US and one case of avian influenza A (H5N1) in China. Although investigations are still ongoing, to date there is no evidence of human to human transmission in either situation.
- Influenza activity in the US and Canada continue to be low with small numbers of seasonal influenza A (H3N2) and B viruses circulating.
- In Alberta, three new cases of influenza were confirmed last week. One was typed as influenza B (lineage still to be determined) and two were typed as influenza A (including one H3 subtype and one unresolved subtype). The influenza B case is an adult, with a recent travel history to Mexico, aged 18 to less than 65 years of age from the Central Zone and is the first Influenza B lab confirmed case in the province this season. The new influenza A (H3) case is in a child aged 5 to less than 9 years of age. Both the H3 case and the influenza A case with unresolved typing are from the Calgary Zone. These new cases bring the total number of laboratory confirmed influenza cases in the province to 15 (seven in the South Zone, seven in the Calgary Zone and one in the Central Zone). There was one respiratory outbreak reported in the Calgary Zone last week, however it is still pending laboratory confirmation.
- Rhino-enterovirus continues to be the predominant respiratory virus in Alberta although the number of cases is decreasing. In the past week, laboratory data has shown a small increase in the number of "mixed" infections (where two or more viruses are isolated), particularly in the Calgary, Edmonton and North Zones. Parainfluenza activity has also increased in the North Zone.

### 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

### Quick Links

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

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### Current Global Information

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## Alberta Snapshot

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Indicators		Cumulative Counts					Alberta	
		Week 35 (starting Aug 29/10) to week 47 (starting Nov 21/10)						
		South	Calgary	Central	Edmonton	North		
<b>Laboratory Confirmed Cases</b>	Number of cases with a positive respiratory specimen <sup>1</sup>	Adenovirus	3	16	4	15	6	44
		Coronavirus	0	10	1	16	7	34
		Human metapneumovirus (hMPV)	2	1	0	1	0	4
		Influenza A	7	7	0	0	0	14
		Influenza B	0	0	1	0	0	1
		Parainfluenza	5	16	14	49	26	110
		Respiratory syncytial virus (RSV)	3	23	0	18	5	49
		Rhino enterovirus	57	277	105	387	175	1001
		Mixed	1	31	7	24	21	84
		Total	78	381	132	510	240	1341
<b>Outbreaks</b>	# laboratory confirmed respiratory outbreaks <sup>2</sup>	0	5	0	6	1	12	
<b>Influenza Immunizations</b>	Total number of clients who have received 1 dose administered by AHS Public Health <sup>3</sup> (cumulative since Oct 3, 2010)	40,170	158,917	54,074	147,313	55,347	455,821	

-- Information not available

<sup>1</sup> Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010)

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

<sup>3</sup>Source: AHS Zones (number does not include doses provided by external providers); includes first doses only for those that require two doses

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

## SURVEILLANCE AND HEALTH STATUS ASSESSMENT

### Public Health Surveillance

Report Date: November 30, 2010

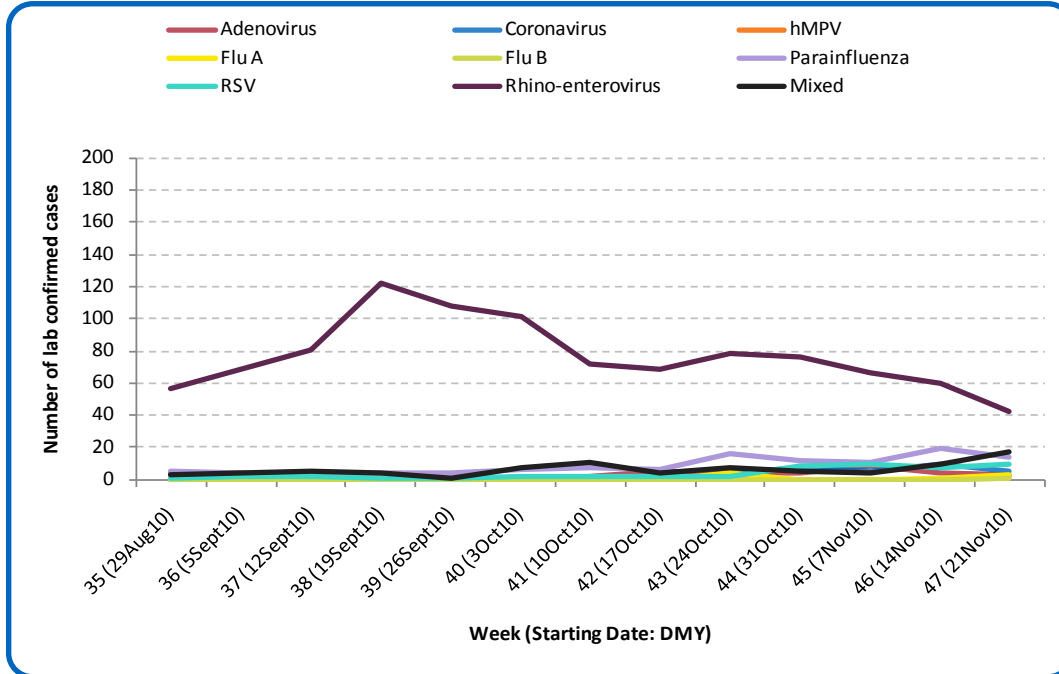
An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

## SECTION 1: ALBERTA

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The predominant respiratory virus circulating in Alberta is still rhino-enterovirus. In recent weeks, the number of laboratory confirmed mixed infections have increased, with the majority of these infections being rhino-enterovirus mixed with either parainfluenza, RSV or adenovirus. Three new cases of influenza were confirmed in the province last week, including the first influenza B case. In total, there have been 15 confirmed cases of influenza in Alberta since late August (14 influenza A's and 1 influenza B). Three cases have occurred in children under the age of 9 years of age, nine cases (including the influenza B case) have been in adults aged 18 to less than 65 years, and three cases have been in adults aged 65 years and over.

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



Source: Non-influenza cases: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010); Influenza cases: Outbreak Response Toolkit – Provincial Laboratory (includes cases classified on or before Nov 27, 2010).

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

### SURVEILLANCE AND HEALTH STATUS ASSESSMENT

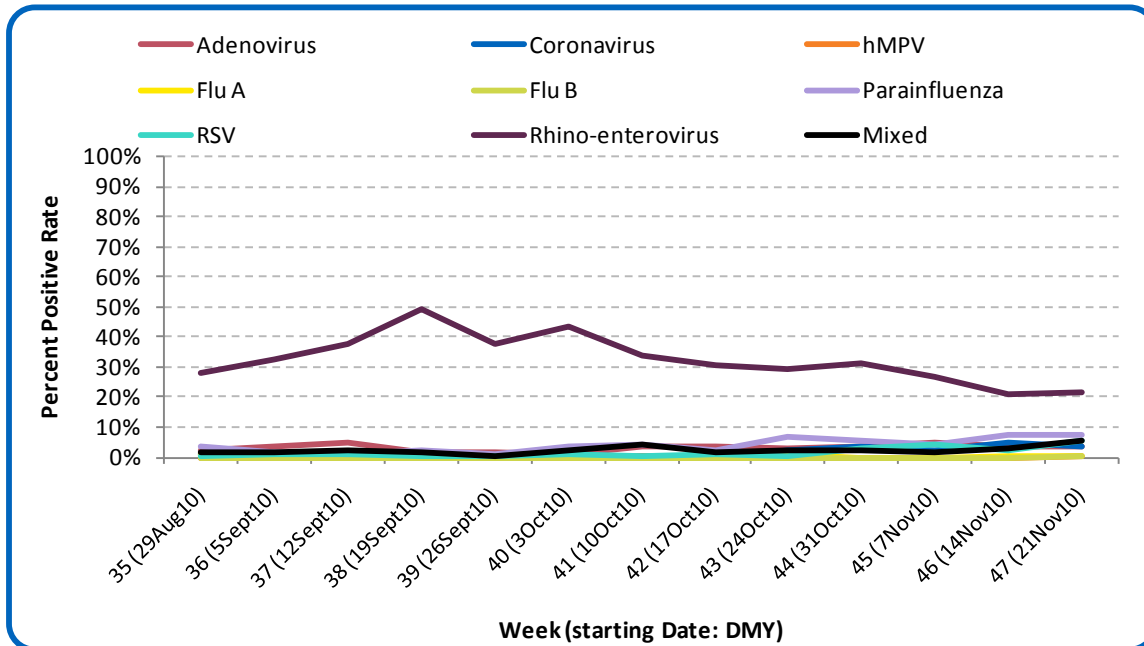
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Figure 1B: Respiratory Specimen Percent Positive Rates, by virus type, by week, Alberta (2010)

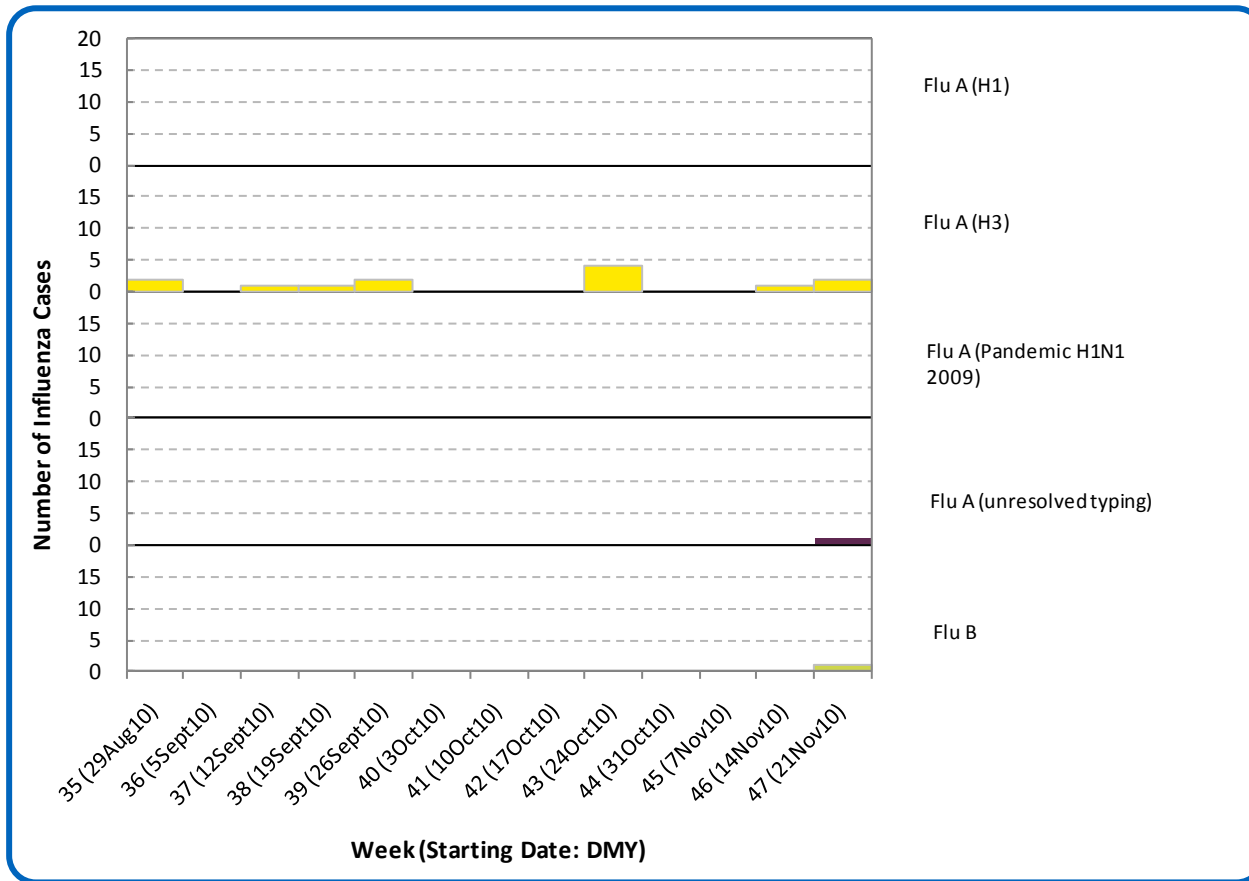
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Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010)  
 For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

Figure 1C: 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 to a subtype on or before Nov 27, 2010). Note: specimens received before Nov 27, 2010 but classified to a subtype after this date will not be included in this graph. Specimens may be confirmed to a type (e.g. Flu A) and classified to a subtype (e.g. H3) in different weeks. For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

SURVEILLANCE AND HEALTH STATUS ASSESSMENT

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**Table 1A: Cumulative Influenza cases (and age specific rates), by subtype, by age group, Alberta (Aug 29 – Nov 27, 2010)**

	Flu A (Seasonal-H1)		Flu A (Seasonal-H3)		Flu A (Pandemic H1N1 2009)		Unresolved typing		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)
<b>0 to &lt;2 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>2 to &lt;5 years</b>	0	0.0	2	0.1	0	0.0	0	0.0	0	0.0	2	0.1
<b>5 to &lt;9 years</b>	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	1	0.1
<b>9 to &lt;18 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>18 to &lt;65 years</b>	0	0.0	7	<0.1	0	0.0	1	<0.1	1	<0.1	9	<0.1
<b>65 to &lt;75 years</b>	0	0.0	1	<0.1	0	0.0	0	0.0	0	0.0	1	<0.1
<b>75+ years</b>	0	0.0	2	0.1	0	0.0	0	0.0	0	0.0	2	0.1
<b>Total</b>	0	0.0	13	<0.1	0	0.0	1	<0.1	1	<0.1	15	<0.1

Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified on or before *Nov 27, 2010*).

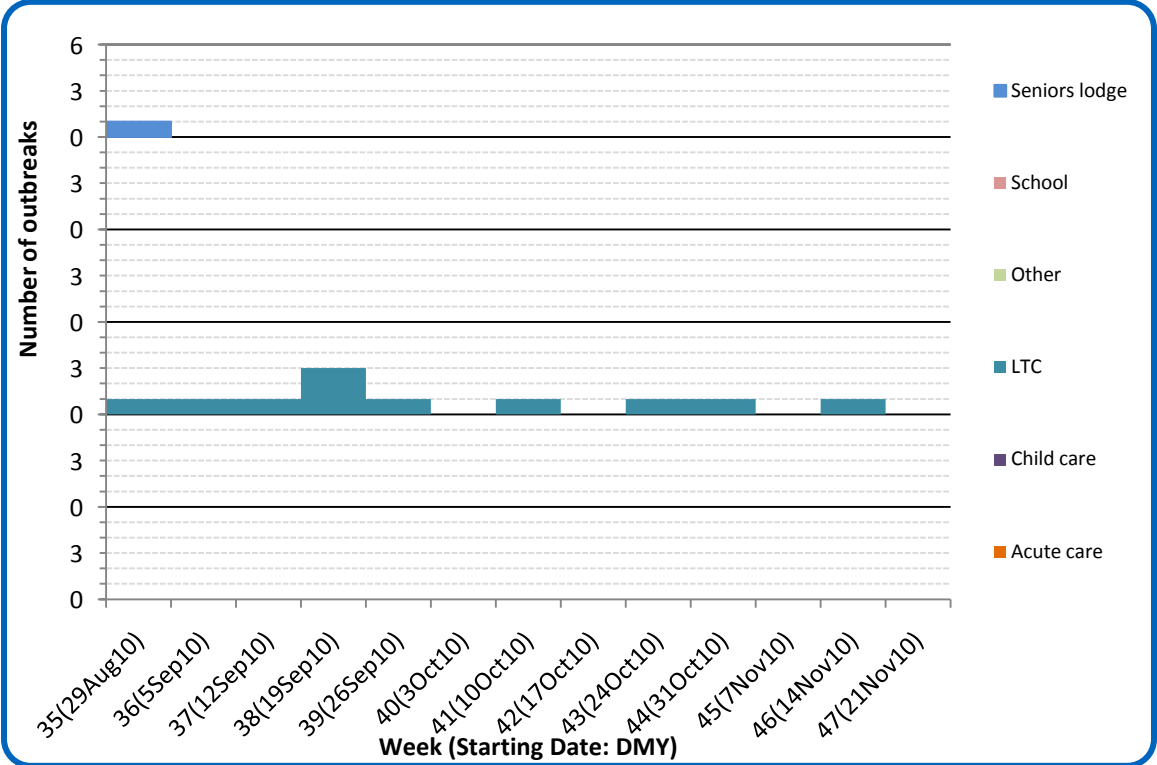
Population data values used to calculate rates are for June 30, 2009 and are estimated using actual population values from the Alberta Health Care Insurance Plan (AHCIP) Registration File as of March 31, 2009.

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

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The laboratory confirmed respiratory outbreak in Alberta in week 46 (Nov 14 - 20) was in the Edmonton Zone and was caused by rhino-enterovirus. One respiratory outbreak reported in the Calgary Zone, which occurred in week 47 (Nov 21- 27), is still pending laboratory confirmation.

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



Source: Alberta Outbreak Reporting Form as of 23:59 on November 27, 2010  
 For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

**SURVEILLANCE AND HEALTH STATUS ASSESSMENT**

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### Attack rates in respiratory outbreaks

No laboratory confirmed respiratory outbreaks were reported in Alberta for Week 47 (Nov 21-27).

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

The combined number of visits to emergency departments/urgent care centers for influenza-like illness (ILI) from the City of Calgary and the Edmonton Zone were 6% higher in Week 47 (Nov 21-27) than in Week 46, but the numbers of ILI related hospital admissions and visits of patients who left the EDs without being seen were comparable. For people with cough during that same time period, visits to ED’s were 7.5% lower, the number of hospital admissions were 10% lower and the number of patients who left the EDs without being seen was 30% lower. In general, the number of patients who left the EDs without being seen has been lower in the last 3 weeks than in previously reported weeks this season.

### Respiratory related calls to Health Link Alberta

The number of calls to Health Link Alberta for cough or breathing difficulties was 16% higher in Week 47 (Nov 21-27) than in Week 46. This indicator has reached the highest level since late August and continues to maintain an upward trend.

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

In week 46 (Nov 14-20), the province-wide percentage of ILI-related visits to sentinel physician offices was 50% higher than in Week 45. This indicator is also at the highest level compared to previous weeks this season.

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

The province-wide percentage of LRTI-related visits to sentinel physician offices for Week 46 (Nov 14 – 20) was comparable to the Week 45 level.

The combined percentage of ILI- and LRTI-related visits was 17% higher in Week 46 than in Week 45 due to the increased ILI-related visits. This indicator (combined percentage of ILI and LRTI-related visits) also reached the highest level since reporting commenced in late August.

## SURVEILLANCE AND HEALTH STATUS ASSESSMENT

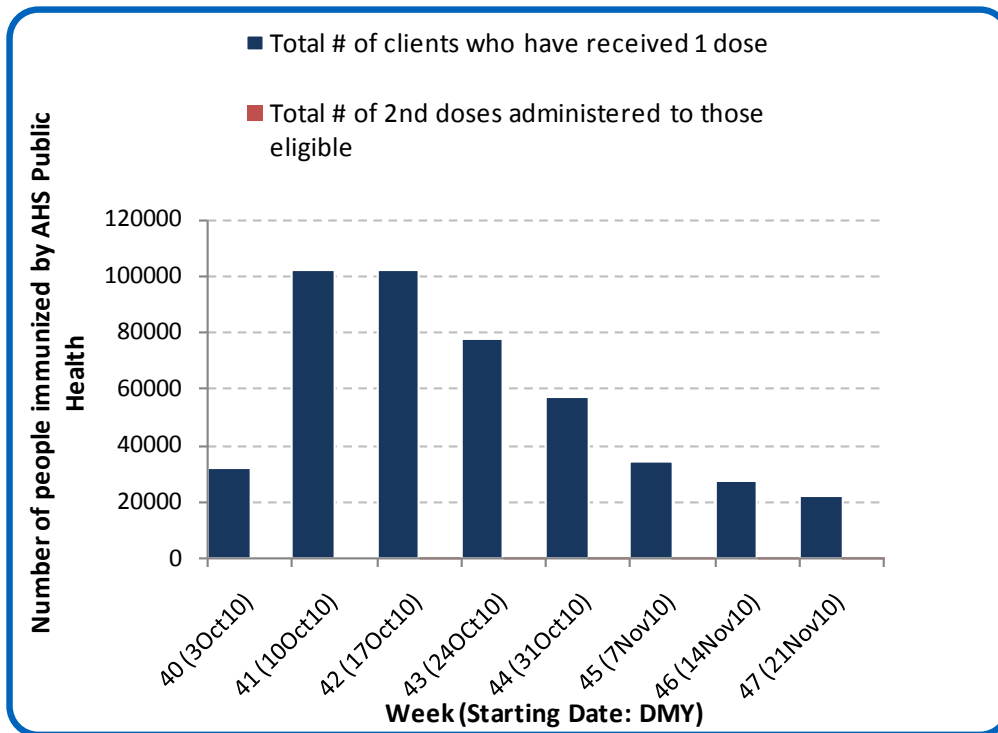
### Public Health Surveillance

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Figure 1E: Number Immunized by AHS (Public Health), by week, Alberta (2010)



Source: AHS Zones (doses do not include those delivered by external providers);  
 Note: Immunization coverage rates will be reported at the end of the influenza season  
 For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

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**Table 1B: AHS (Public Health) Delivered Influenza Immunizations (with Cumulative totals), by priority group, Alberta (2010)**

Priority Group	Number Immunized (Week 47 – Nov 21-27, 2010)	Cumulative Number Immunized (since Oct 3, 2010)
Long term care staff	36	2,393
Health care workers	534	17,158
Pregnant women	266	3,641
Residents of long term care	12	4,666
65 years of age and over	3,019	139,749
All children 6 months up to and including 23 months*	Dose #1	1,607
	Dose #2	714
All children 24 months up to and including 59 months*	Dose #1	1,568
	Dose #2	152
High risk: 5 years up to and including 8 years*	Dose #1	367
	Dose #2	15
High risk: 9 years up to and including 64 years	2,735	50,148
Healthy: 5 years up to and including 8 years*	Dose #1	1,007
	Dose #2	88
Healthy: 9 years up to and including 64 years	11,435	182,733
<b>Total number of clients who have received 1 dose</b>	<b>22,586</b>	<b>455,821</b>
<b>Total number of 2nd doses administered to those eligible*</b>	<b>969</b>	<b>2,184</b>

Source: AHS Zones (doses do not include those delivered by external providers)

\*Children under 9 years of age who have not received at least one dose of seasonal influenza vaccine in past years require two doses, given at least four weeks apart.

Note: Immunization coverage rates will be reported at the end of the influenza season

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## SURVEILLANCE AND HEALTH STATUS ASSESSMENT

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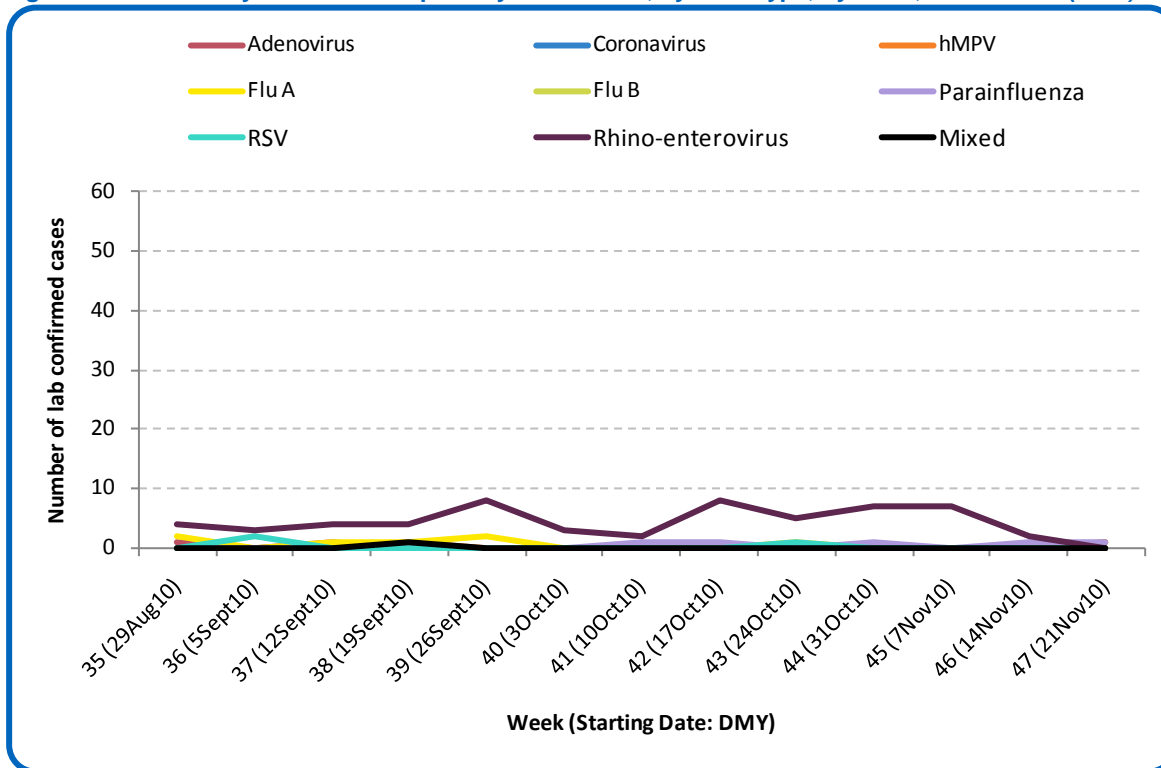
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SECTION 2: ZONE 1 - SOUTH

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Generally, respiratory virus activity is low in the South Zone. No new influenza cases have been reported in the South Zone in the past four weeks. In total, there have been seven confirmed cases of influenza A (H3) in the South Zone since late August. Five cases have been in adults aged 18 to less than 65 years and two cases have been in children under the age of 5 years.

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



Source: Non-influenza cases: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010); Influenza cases: Outbreak Response Toolkit – Provincial Laboratory (includes cases classified on or before Nov 27, 2010). For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

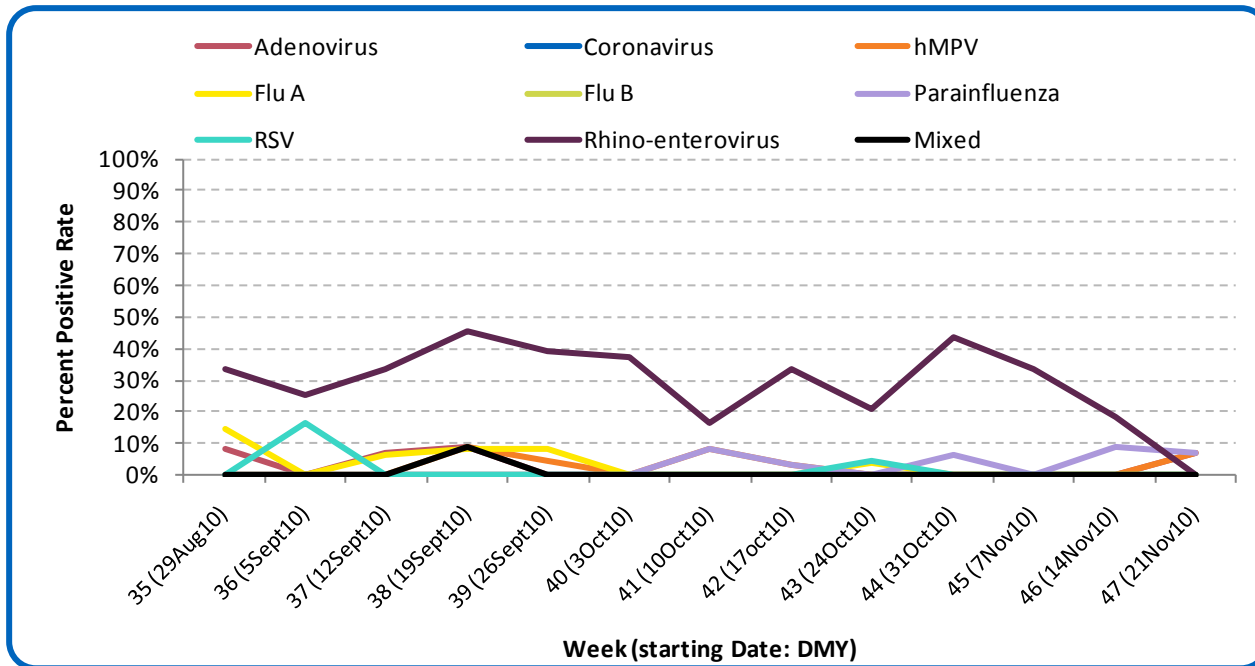
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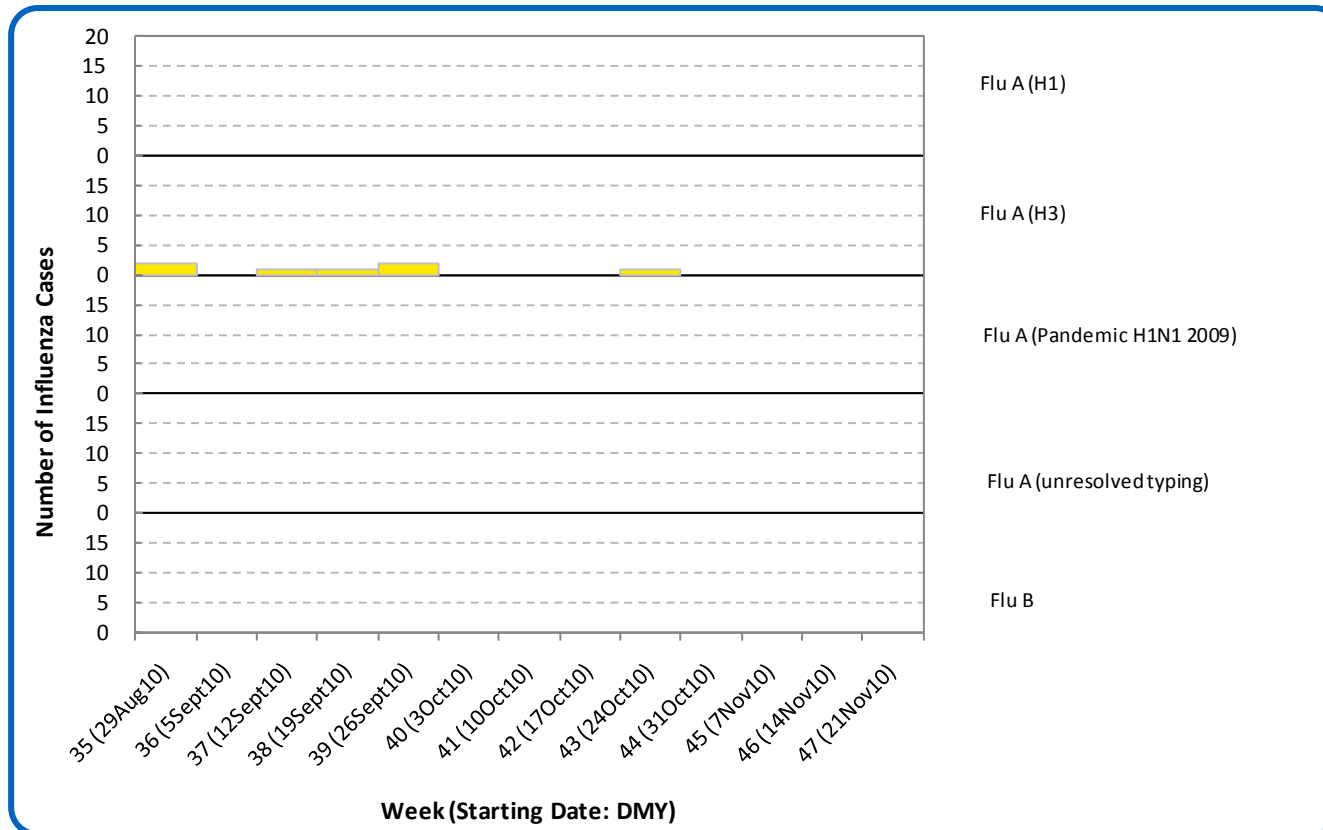
Figure 2B: Respiratory Specimen Percent Positive Rates, by virus type, by week, South Zone (2010)



Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010)  
For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

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



Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified to a subtype on or before Nov 27, 2010). Note: specimens received before Nov 27, 2010 but classified to a subtype after this date will not be included in this graph. Specimens may be confirmed to a type (e.g. Flu A) and classified to a subtype (e.g. H3) in different weeks. 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 (and age specific rates), by subtype, by age group, South Zone (Aug 29–Nov 27, 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	5	0.3	0	0.0	0	0.0	0	0.0	5	0.3
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
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>7</b>	<b>0.3</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>7</b>	<b>0.3</b>

Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified on or before Nov 27, 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.

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### **Attack rates in respiratory outbreaks**

Since late August, there have been no respiratory outbreaks reported in the South Zone.

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

This information is not available for the South Zone.

### **Respiratory related calls to Health Link Alberta**

Although the number of calls to Health Link Alberta for cough or breathing difficulties by residents of the South Zone was 14% higher in week 47 (Nov 21-27) than in Week 46, it was still comparable to the numbers in weeks 44 and 45.

### **Percentage of visits to sentinel offices with Influenza-like illness (ILI)**

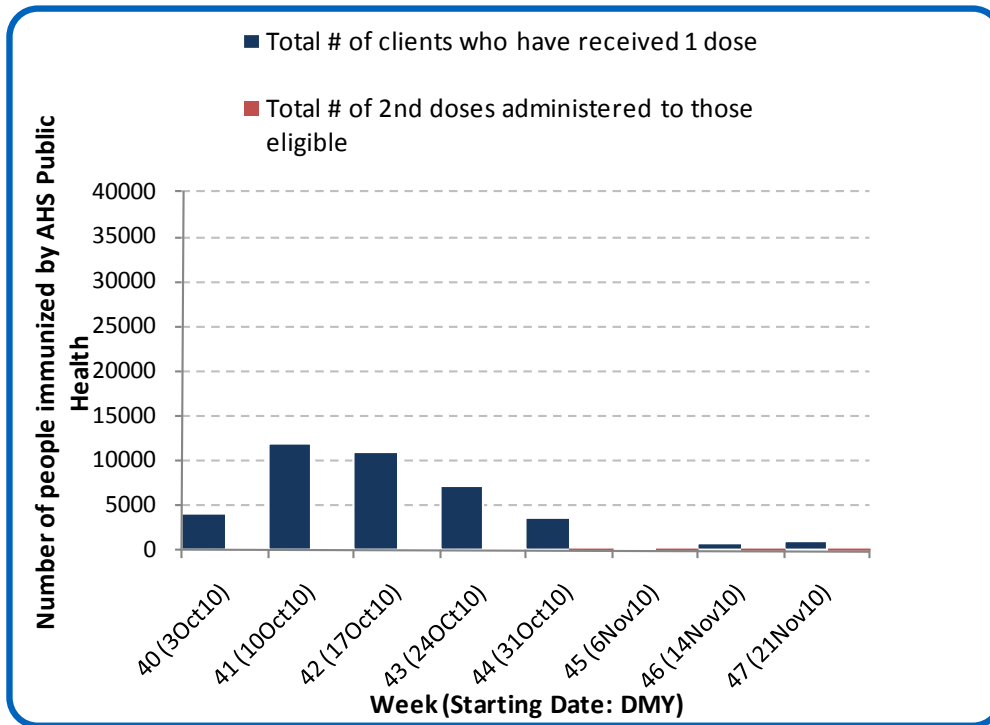
There were no reports of ILI-related visits to sentinel physician offices by residents of the South Zone in Week 46 (Nov 14-20).

### **Percentage of visits to sentinel offices with lower respiratory tract infection (LRTI)**

There were no reports of LRTI-related visits to sentinel physician offices by residents of the South Zone in week 46 (Nov 14-20).

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Figure 2D: Number Immunized by AHS (Public Health), by week, South Zone (2010)



Source: AHS Zones (doses do not include those delivered by external providers)  
 Note: Immunization coverage rates will be reported at the end of the influenza season  
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**SURVEILLANCE AND HEALTH STATUS ASSESSMENT**

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Table 2B: AHS (Public Health) Delivered Influenza Immunizations (with Cumulative totals), by priority group, South Zone (2010)

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Priority Group	Number Immunized (Week 47 – Nov 21-27, 2010)	Cumulative Number Immunized (since Oct 3, 2010)
Long term care staff	7	589
Health care workers	25	1,503
Pregnant women	14	257
Residents of long term care	0	719
65 years of age and over	252	15,228
All children 6 months up to and including 23 months*	Dose #1	85
	Dose #2	65
All children 24 months up to and including 59 months*	Dose #1	89
	Dose #2	22
High risk: 5 years up to and including 8 years*	Dose #1	16
	Dose #2	2
High risk: 9 years up to and including 64 years	110	3,905
Healthy: 5 years up to and including 8 years*	Dose #1	67
	Dose #2	13
Healthy: 9 years up to and including 64 years	464	13,531
<b>Total number of clients who have received 1 dose</b>	<b>1,129</b>	<b>40,170</b>
<b>Total number of 2nd doses administered to those eligible*</b>	<b>102</b>	<b>153</b>

Source: AHS Zones (doses do not include those delivered by external providers)

\*Children under 9 years of age who have not received at least one dose of seasonal influenza vaccine in past years require two doses, given at least four weeks apart.

Note: Immunization coverage rates will be reported at the end of the influenza season

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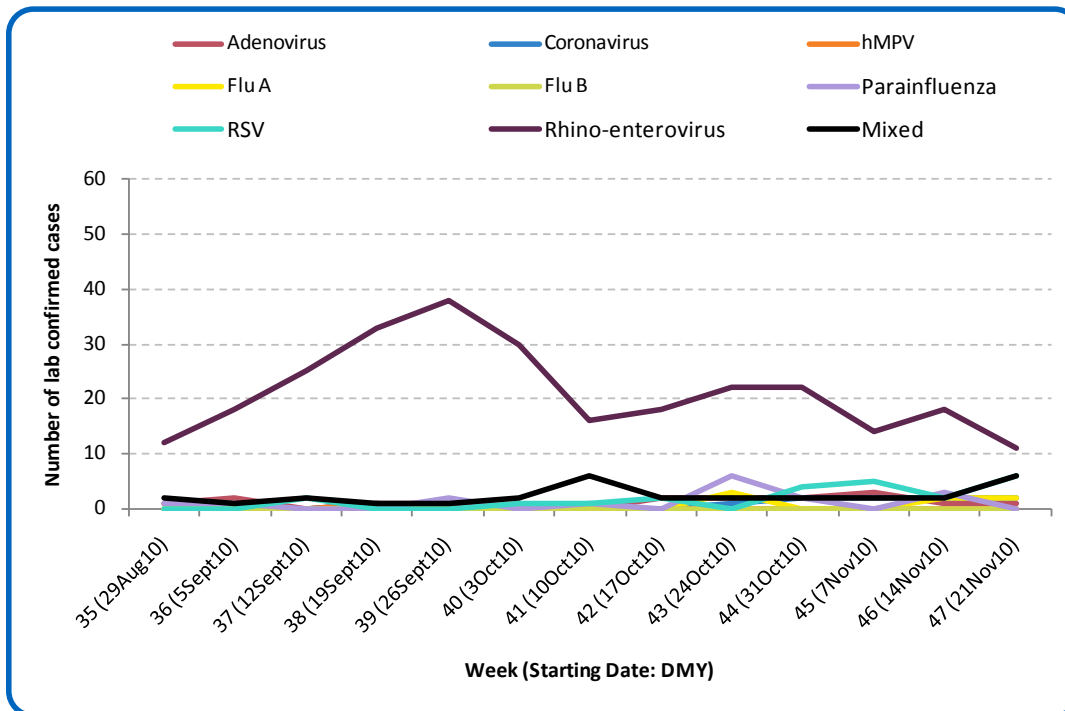
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The predominant respiratory virus in the Calgary Zone is still rhino-enterovirus, although the number of laboratory confirmed mixed infections have increased recently. The majority of these infections are rhino-enterovirus mixed with either parainfluenza, RSV or adenovirus. Two new cases of influenza A were confirmed in the Calgary Zone last week; one in a child aged 5 to less than 9 years of age was subtyped as H3 and the other in a person aged 18 to less than 65 years of age was unresolved due to low viral load in the specimen. Since late August, a total of seven cases of influenza have been confirmed in the Calgary Zone.

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



Source: Non-influenza cases: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010); Influenza cases: Outbreak Response Toolkit – Provincial Laboratory (includes cases classified on or before Nov 27, 2010). For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

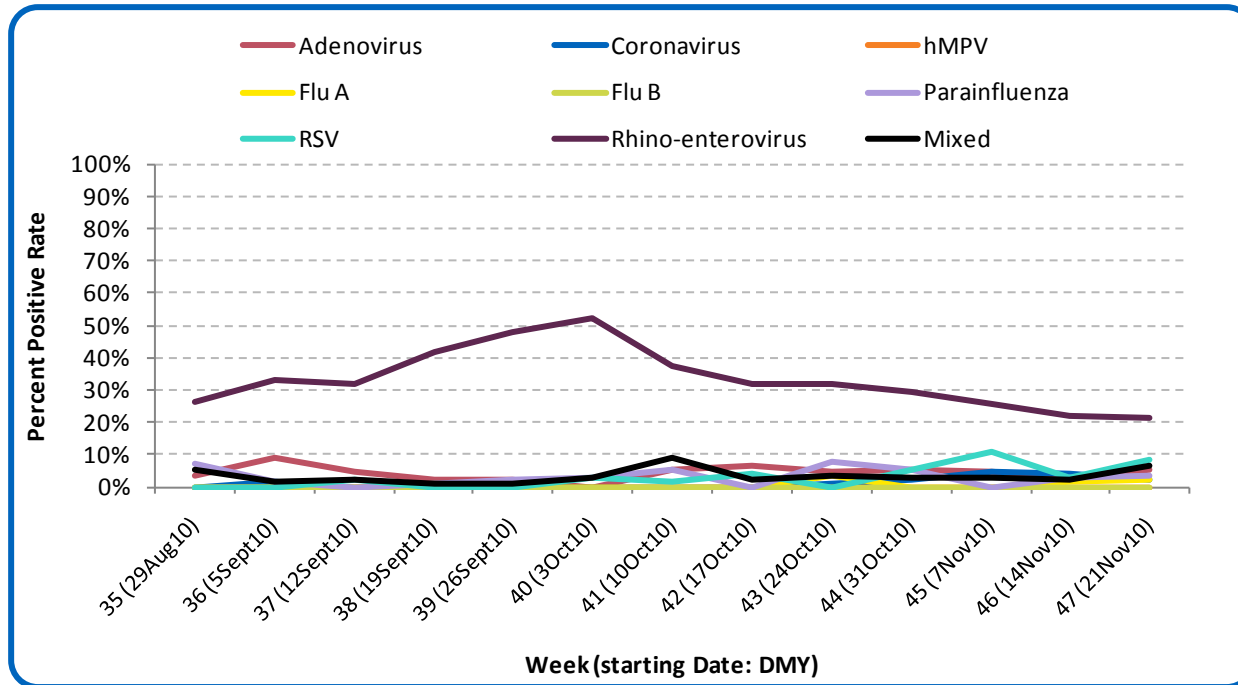
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Figure 3B: Respiratory Specimen Percent Positive Rates, by virus type, by week, Calgary Zone (2010)



Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010)  
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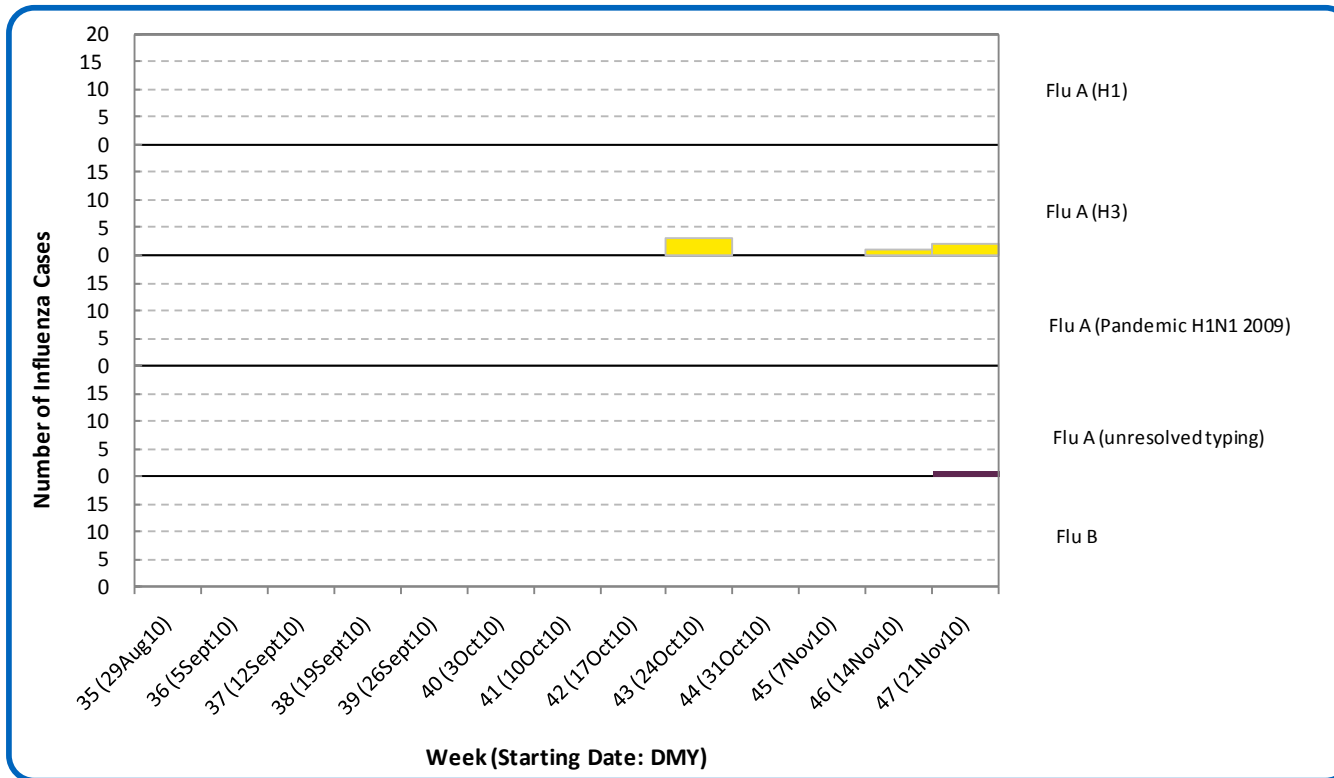
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Figure 3C: Laboratory confirmed Influenza cases, by subtype, by week, Calgary Zone (2010)



Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified to a subtype on or before Nov 27, 2010). Note: specimens received before Nov 27, 2010 but classified to a subtype after this date will not be included in this graph. Specimens may be confirmed to a type (e.g. Flu A) and classified to a subtype (e.g. H3) in different weeks. For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

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**Table 3A: Cumulative Influenza cases (and age specific rates), by subtype, by age group, Calgary Zone (Aug 29 – Nov 27, 2010)**

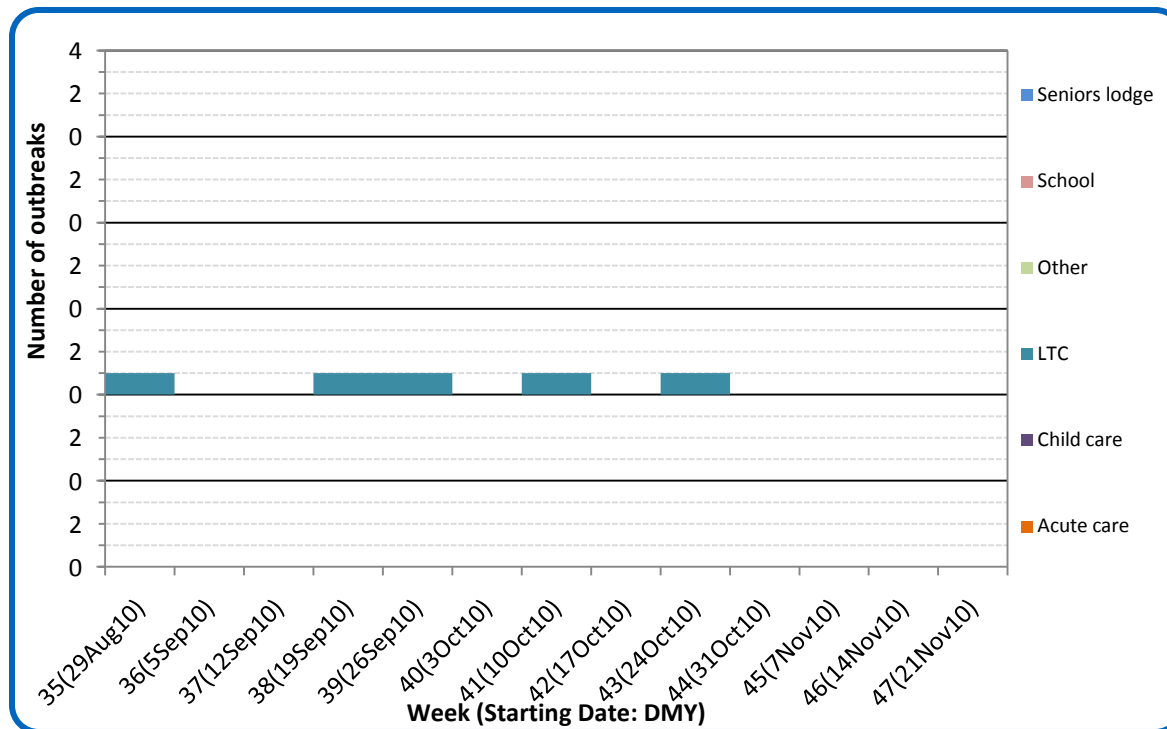
	Flu A (Seasonal-H1)		Flu A (Seasonal-H3)		Flu A (Pandemic H1N1 2009)		Unresolved typing		Flu B		Total	
	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)	#	Rate (per 10,000)
<b>0 to &lt;2 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>2 to &lt;5 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>5 to &lt;9 years</b>	0	0.0	1	0.2	0	0.0	0	0.0	0	0.0	1	0.2
<b>9 to &lt;18 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>18 to &lt;65 years</b>	0	0.0	2	<0.1	0	0.0	1	<0.1	0	0.0	3	<0.1
<b>65 to &lt;75 years</b>	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	1	0.1
<b>75+ years</b>	0	0.0	2	0.3	0	0.0	0	0.0	0	0.0	2	0.3
<b>Total</b>	0	0.0	6	<0.1	0	0.0	1	<0.1	0	0.0	7	0.1

Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified on or before *Nov 27, 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](#)

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One respiratory outbreak, still pending laboratory confirmation, was reported in the Calgary Zone last week. The last laboratory confirmed respiratory outbreak in this zone was reported the week of Oct 24, 2010.

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



Source: Alberta Outbreak Reporting Form as of 23:59 on November 27, 2010.  
For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

SURVEILLANCE AND HEALTH STATUS ASSESSMENT

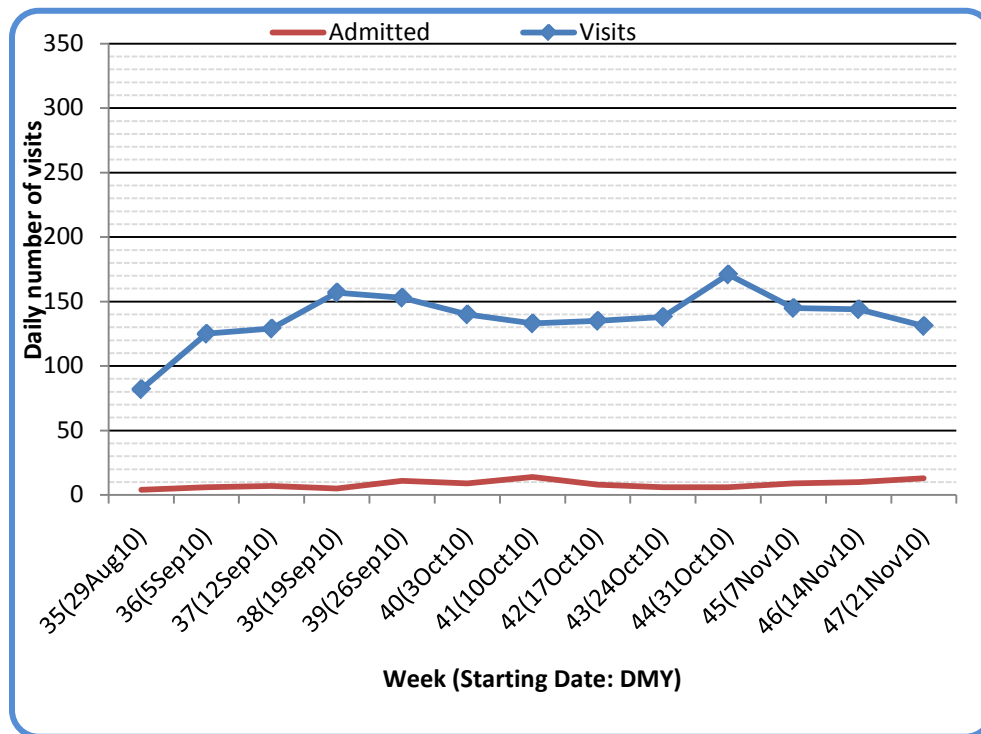
Public Health Surveillance  
Report Date: November 30, 2010

An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

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The number of visits to emergency departments/urgent care centers by residents of the City of Calgary declined slightly last week, but the number of hospital admissions of patients with cough symptoms has been increasing since week 44. The number of visits with cough symptoms that left EDs without being seen more than doubled in week 47 (Nov 21 – 27) compared to week 46, but was still lower than in the weeks before that.

**Figure 3E: Visits to urban emergency departments/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 November 27, 2010. For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

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An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

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### Attack rates in respiratory outbreaks

The preliminary attack rate for the respiratory outbreak in the Calgary Zone last week, which is pending laboratory confirmation, is 7%.

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

Compared to week 46 (Nov 14 – 20), the number of visits to urban emergency departments/ urgent care centers (EDs) for influenza-like illness (ILI) in the City of Calgary for week 47 was similar. However, the number of hospital admissions and the number of visits of patients with ILI who left EDs without being seen were slightly lower.

### Respiratory related calls to Health Link Alberta

The number of calls to Health Link Alberta for cough or breathing difficulties by residents of the Calgary Zone was 15% higher last week than in the previous week. This diverges from the downward trend seen in ED visits with cough symptoms for the same period.

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

The percentage of ILI-related visits to sentinel physician offices by residents of the Calgary Zone in week 46 (Nov 14-20) was twice as high as that in week 45, reaching the highest level since the beginning of the season.

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

The percentage of LRTI-related visits to sentinel physician offices by residents of the Calgary Zone in week 46 (Nov 14 -20) was twice as high as in week 45, also reaching its highest point this season.

The combined percentage for ILI- and LRTI-related visits was nearly 150% higher in Week 46 than in week 45, and is the highest it has been this season.

## SURVEILLANCE AND HEALTH STATUS ASSESSMENT

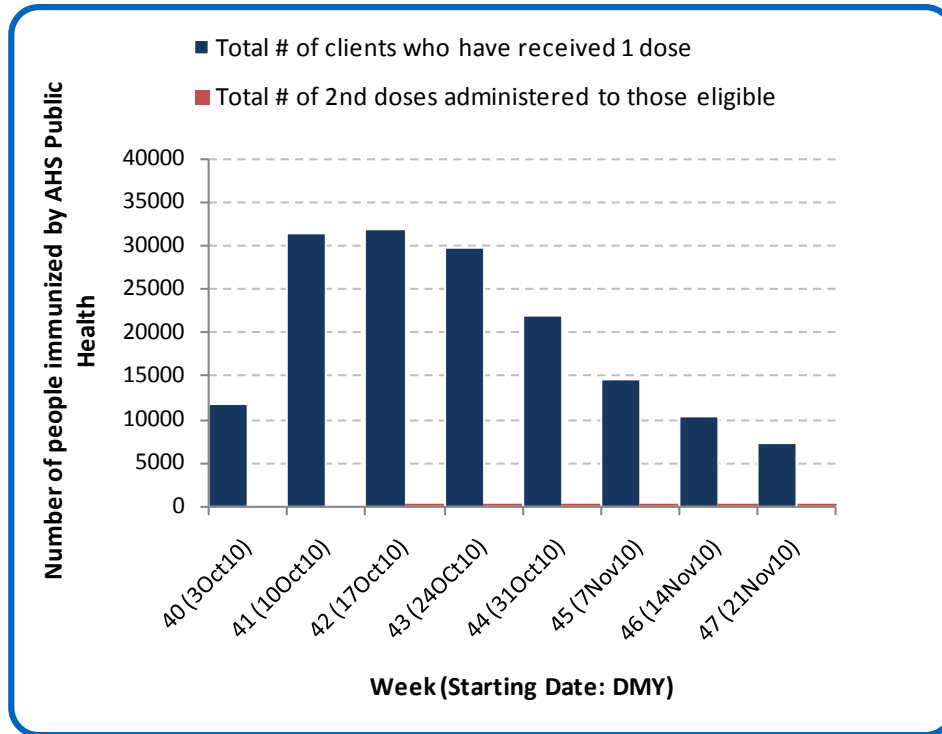
### Public Health Surveillance

Report Date: November 30, 2010

An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

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Figure 3F: Number Immunized by AHS (Public Health), by week, Calgary Zone (2010)



Source: AHS Zones (doses do not include those delivered by external providers)  
 Note: Immunization coverage rates will be reported at the end of the influenza season  
 For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

**SURVEILLANCE AND HEALTH STATUS ASSESSMENT**

**Public Health Surveillance**

Report Date: November 30, 2010

An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

Table 3B: AHS (Public Health) Delivered Influenza Immunizations (with Cumulative totals), by priority group, Calgary Zone (2010)

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Priority Group	Number Immunized (Week 47 – Nov 21-27, 2010)	Cumulative Number Immunized (since Oct 3, 2010)
Long term care staff	9	429
Health care workers	145	4,862
Pregnant women	107	1,422
Residents of long term care	5	703
65 years of age and over	611	42,244
All children 6 months up to and including 23 months*	Dose #1	780
	Dose #2	255
All children 24 months up to and including 59 months*	Dose #1	644
	Dose #2	34
High risk: 5 years up to and including 8 years*	Dose #1	140
	Dose #2	6
High risk: 9 years up to and including 64 years	810	17,399
Healthy: 5 years up to and including 8 years*	Dose #1	344
	Dose #2	19
Healthy: 9 years up to and including 64 years	3,756	69,238
<b>Total number of clients who have received 1 dose</b>	<b>7,351</b>	<b>158,917</b>
<b>Total number of 2nd doses administered to those eligible*</b>	<b>314</b>	<b>751</b>

Source: AHS Zones (doses do not include those delivered by external providers)

\*Children under 9 years of age who have not received at least one dose of seasonal influenza vaccine in past years require two doses, given at least four weeks apart.

Note: Immunization coverage rates will be reported at the end of the influenza season

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

## SURVEILLANCE AND HEALTH STATUS ASSESSMENT

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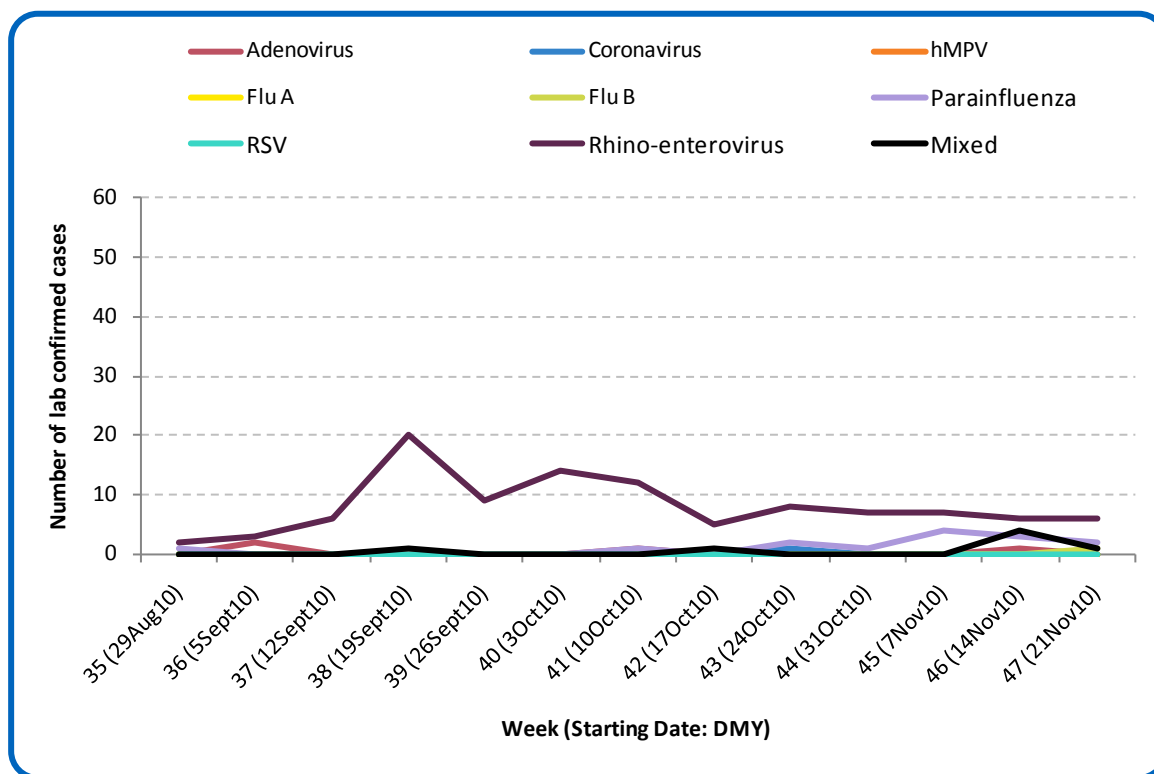
An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

## SECTION 4: ZONE 3 - CENTRAL

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One case of influenza B was confirmed in the Central Zone last week; an adult aged 18 to less than 65 years of age with a recent travel history to Central America. This is the first case of influenza confirmed in this zone and the first case of influenza B confirmed in the province this season. The lineage is still undetermined.

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



Source: Non-influenza cases: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010);  
Influenza cases: Outbreak Response Toolkit – Provincial Laboratory (includes cases classified on or before Nov 27, 2010).  
For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

### SURVEILLANCE AND HEALTH STATUS ASSESSMENT

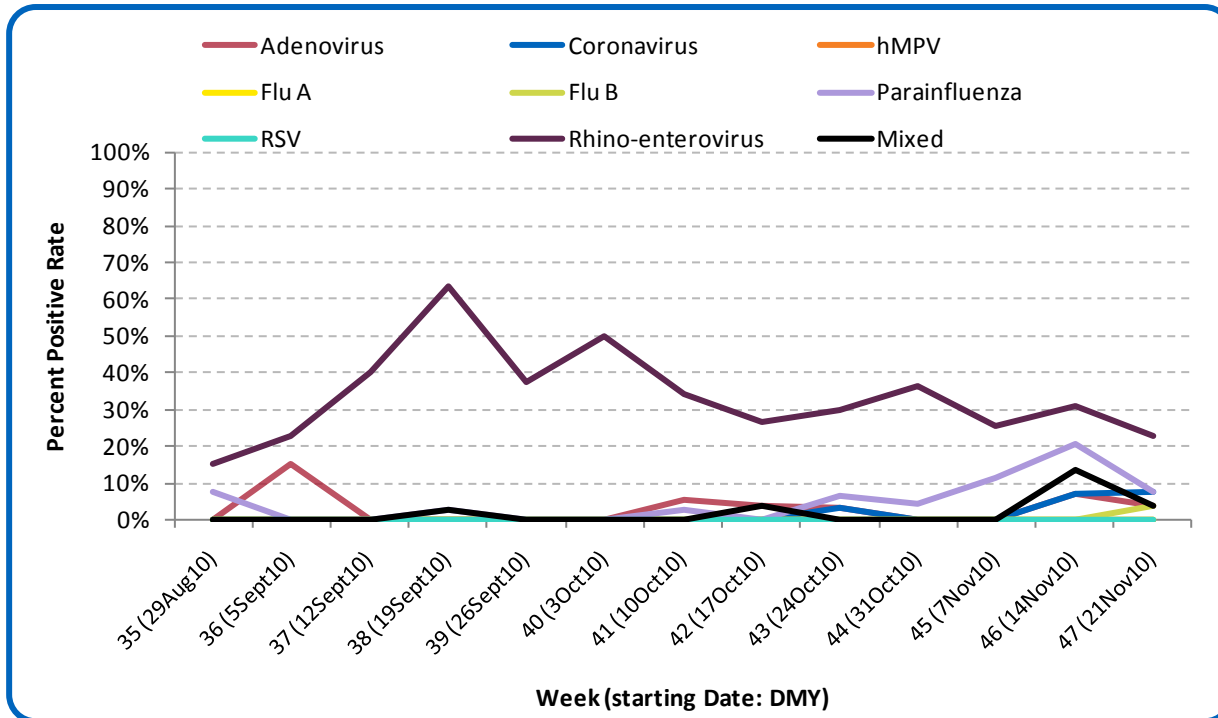
#### Public Health Surveillance

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An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

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 Nov 27, 2010)  
For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

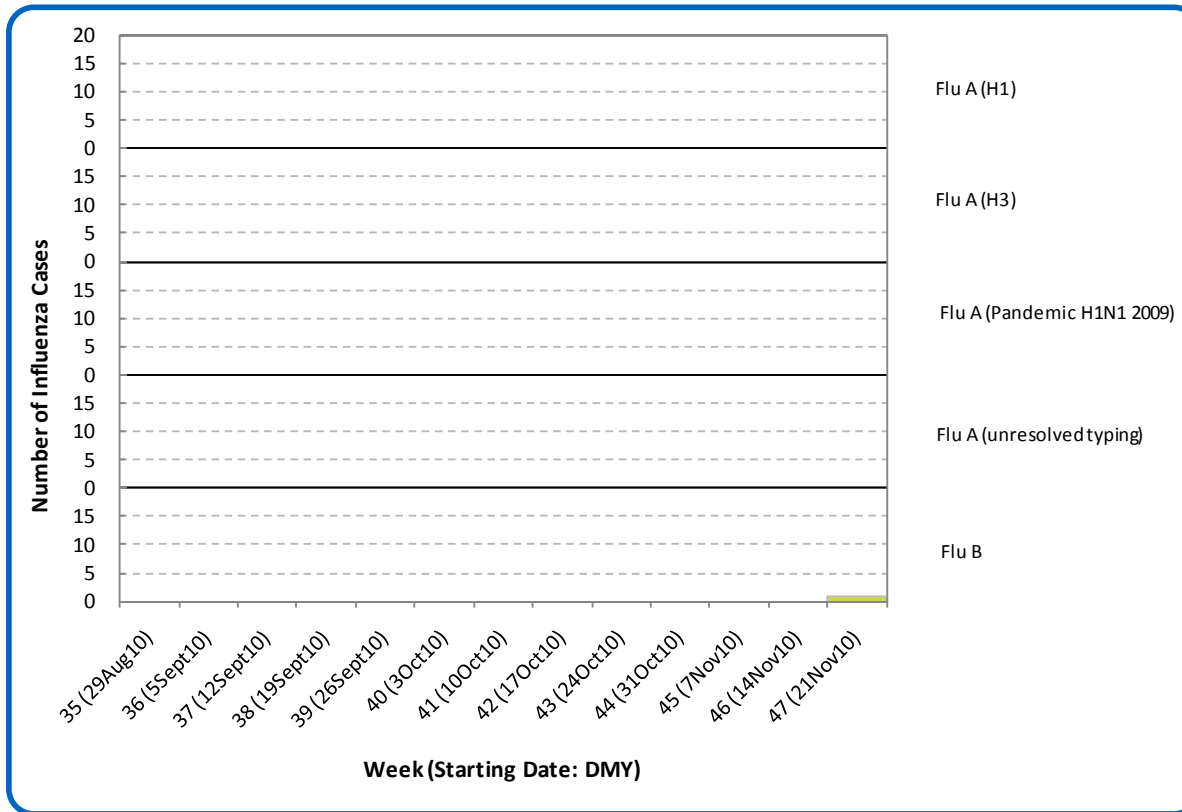
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Report Date: November 30, 2010

An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

Figure 4C: Laboratory confirmed Influenza cases, by subtype, by week, Central Zone (2010)



Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified to a subtype on or before Nov 27, 2010). Note: specimens received before Nov 27, 2010 but classified to a subtype after this date will not be included in this graph. Specimens may be confirmed to a type (e.g. Flu A) and classified to a subtype (e.g. H3) in different weeks. For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

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An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

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**Table 4A: Cumulative Influenza cases (and age specific rates), by subtype, by age group, Central Zone (Aug 29 – Nov 27, 2010)**

	Flu A (Seasonal-H1)		Flu A (Seasonal-H3)		Flu A (Pandemic H1N1 2009)		Unresolved typing		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)
<b>0 to &lt;2 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>2 to &lt;5 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>5 to &lt;9 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>9 to &lt;18 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>18 to &lt;65 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	1	<0.1	1	<0.1
<b>65 to &lt;75 years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>75+ years</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	0	0.0	0	0.0	0	0.0	0	0.0	1	<0.1	1	<0.1

Source: Influenza Outbreak Response Toolkit – Provincial Laboratory (based on specimens classified on or before *Nov 27, 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](#)

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### 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 and “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 was 16% higher in week 47 (Nov 21 – 27) than in Week 46, but still lower than in week 45.

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

There were no reports of ILI-related visits to sentinel physician offices by residents of the Central Zone in week 46 (Nov 14-20).

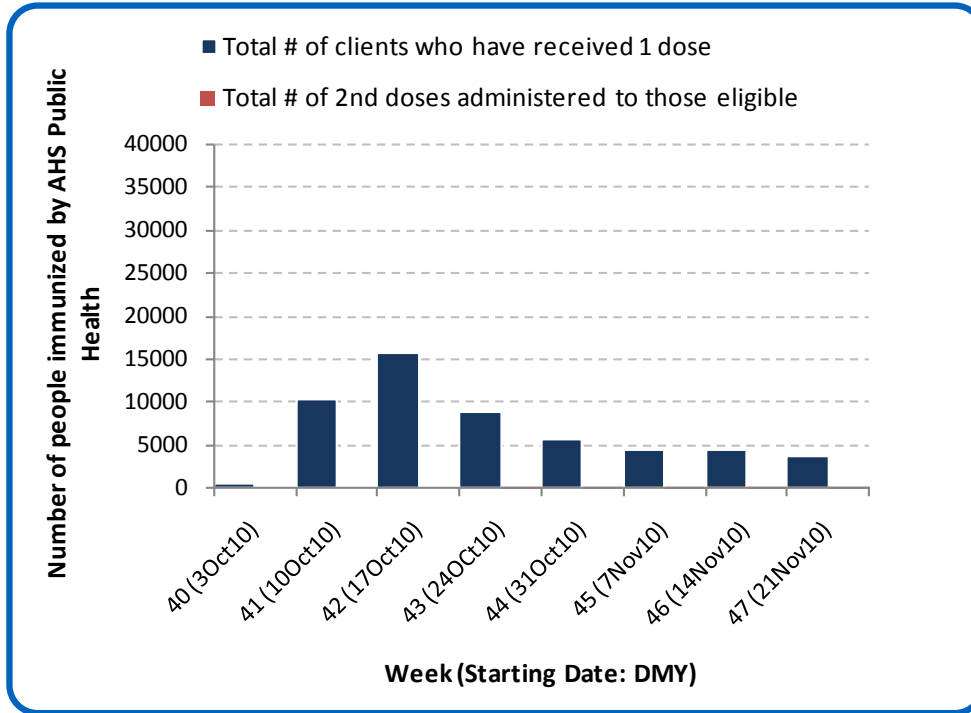
### Percentage of visits to sentinel offices with lower respiratory tract infection (LTRI)

The percentage of LTRI-related visits to sentinel physician offices by residents of the Central Zone was 85% lower in week 46 (Nov 13-20) than in week 45.

The combined percentage of ILI- and LTRI-related visits to sentinel physician offices by residents of the Central Zone was 88% lower in week 46 than in week 45.

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Figure 4C: Number Immunized by AHS (Public Health), by week, Central Zone (2010)



Source: AHS Zones (doses do not include those delivered by external providers)  
 Note: Immunization coverage rates will be reported at the end of the influenza season  
 For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

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Table 4B: AHS (Public Health) Delivered Influenza Immunizations (with Cumulative totals), by priority group, Central Zone (2010)

Priority Group	Number Immunized (Week 47 – Nov 21-27, 2010)	Cumulative Number Immunized (since Oct 3, 2010)
Long term care staff	5	346
Health care workers	118	2,280
Pregnant women	31	339
Residents of long term care	4	987
65 years of age and over	914	20,645
All children 6 months up to and including 23 months*	Dose #1	141
	Dose #2	62
All children 24 months up to and including 59 months*	Dose #1	200
	Dose #2	21
High risk: 5 years up to and including 8 years*	Dose #1	69
	Dose #2	2
High risk: 9 years up to and including 64 years	420	6,022
Healthy: 5 years up to and including 8 years*	Dose #1	155
	Dose #2	8
Healthy: 9 years up to and including 64 years	1,686	18,112
<b>Total number of clients who have received 1 dose</b>	<b>3,743</b>	<b>54,074</b>
<b>Total number of 2nd doses administered to those eligible*</b>	<b>93</b>	<b>193</b>

Source: AHS Zones (doses do not include those delivered by external providers)

\*Children under 9 years of age who have not received at least one dose of seasonal influenza vaccine in past years require two doses, given at least four weeks apart.

Note: Immunization coverage rates will be reported at the end of the influenza season

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

## SURVEILLANCE AND HEALTH STATUS ASSESSMENT

### Public Health Surveillance

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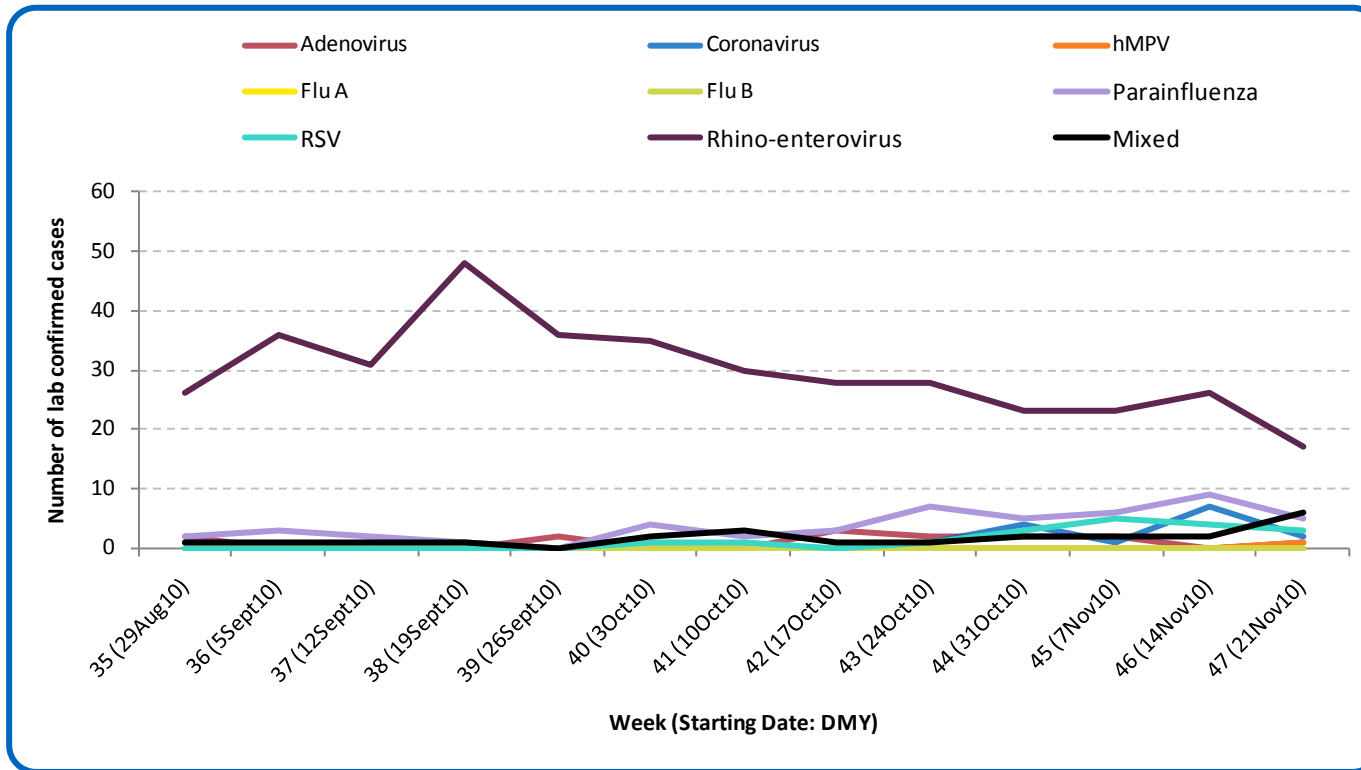
An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

SECTION 5: ZONE 4 – EDMONTON

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Rhino-enterovirus is still the predominant respiratory virus circulating in the Edmonton Zone, although the number of laboratory confirmed mixed infections has increased recently. The majority of these infections are rhino-enterovirus mixed with RSV. There have been no laboratory confirmed cases of influenza in the Edmonton Zone this season.

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



Source: Non-influenza cases: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010); Influenza cases: Outbreak Response Toolkit – Provincial Laboratory (includes cases classified on or before Nov 27, 2010). For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

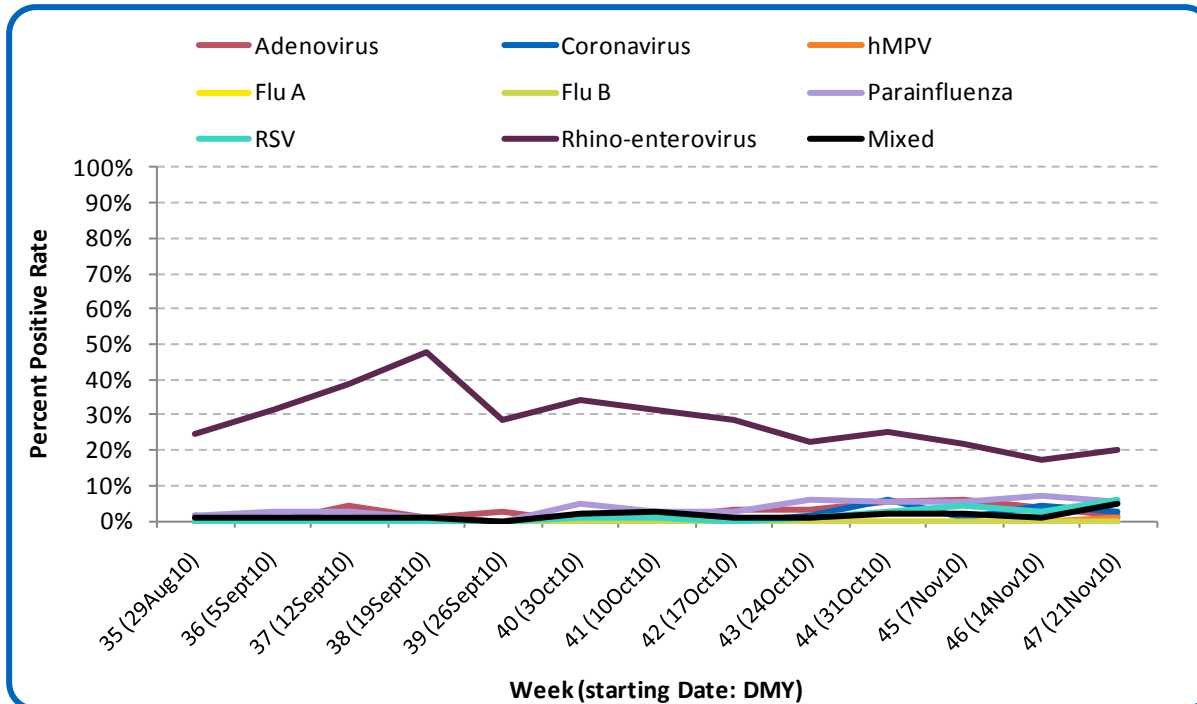
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An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

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



Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010)  
For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

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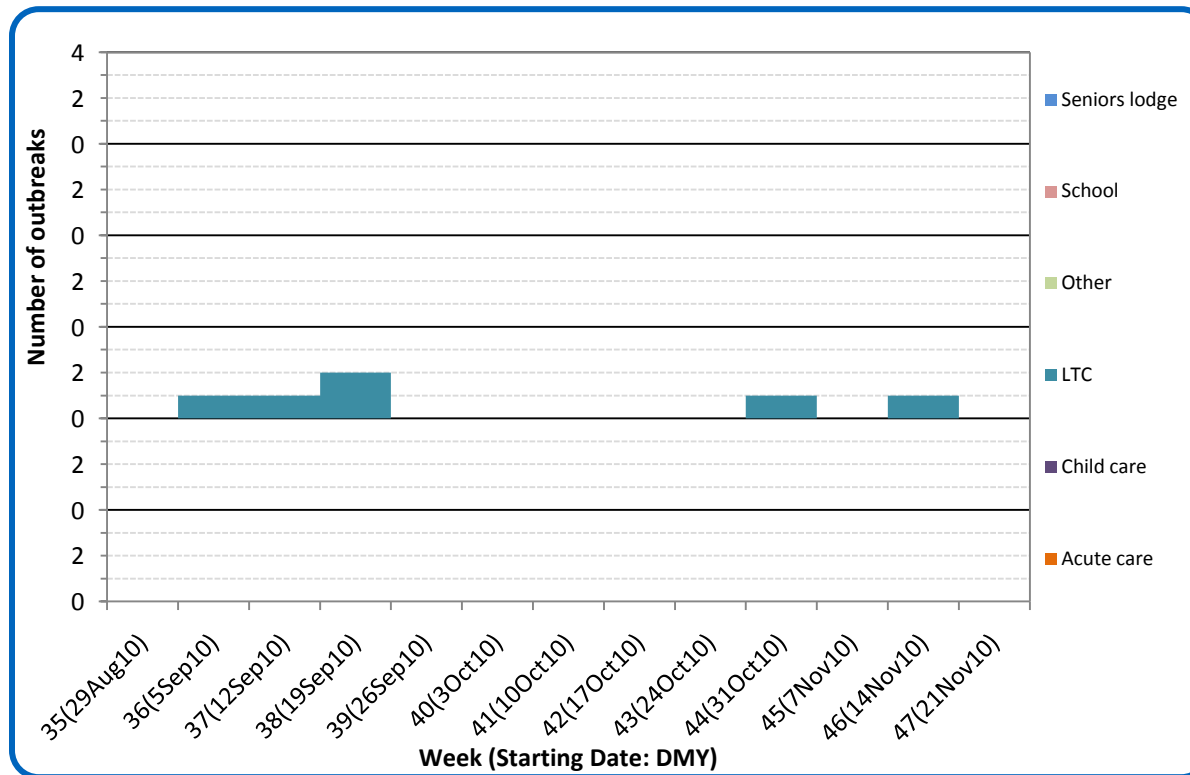
Report Date: November 30, 2010

An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

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The respiratory outbreak in the Edmonton Zone that occurred the week of Nov 14<sup>th</sup> was caused by rhino-enterovirus. No new respiratory outbreaks were reported last week.

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



Source: Alberta Outbreak Reporting Form as of 23:59 on November 27, 2010.  
For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

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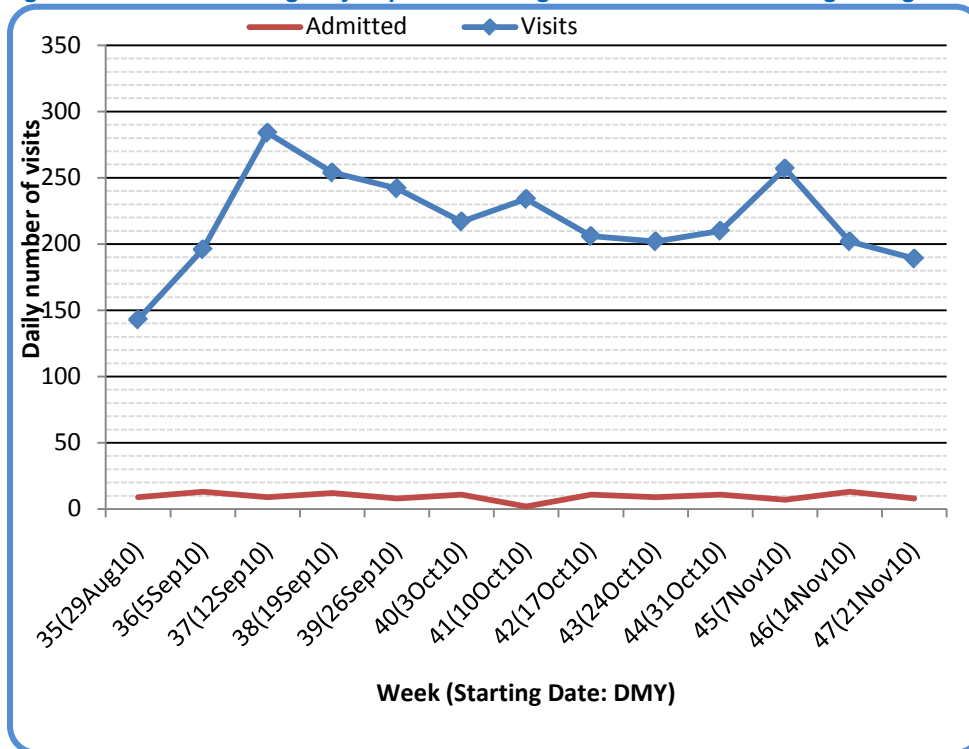
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An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

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The number of visits to nine emergency departments/urgent care centers in the Edmonton Zone for cough/congestion continued to decrease last week from the previous week. The number of admissions to hospitals and the number of visits of patients with cough/congestion symptoms who left the EDs without being seen also decreased.

**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 November 27, 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

The preliminary attack rate for the respiratory outbreak in week 46 (Nov 14 -20) is 4.8%.

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

The number of visits to emergency departments/urgent care centers , the number of hospital admissions and the number of visits to ED’s for people with ILI that left without being seen all increased slightly in week 47 (Nov 21 -27) compared to week 46, but were still lower than in week 45.

### Respiratory related calls to Health Link Alberta

An upward trend in the number of calls to Health Link Alberta by residents of the Edmonton Zone for cough or breathing difficulties has been occurring since the beginning of September.

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

The percentage of ILI-related visits to sentinel physician offices by residents of the Edmonton Zone was 66% lower in week 46 (Nov 14-20) compared to the percentage in week 45.

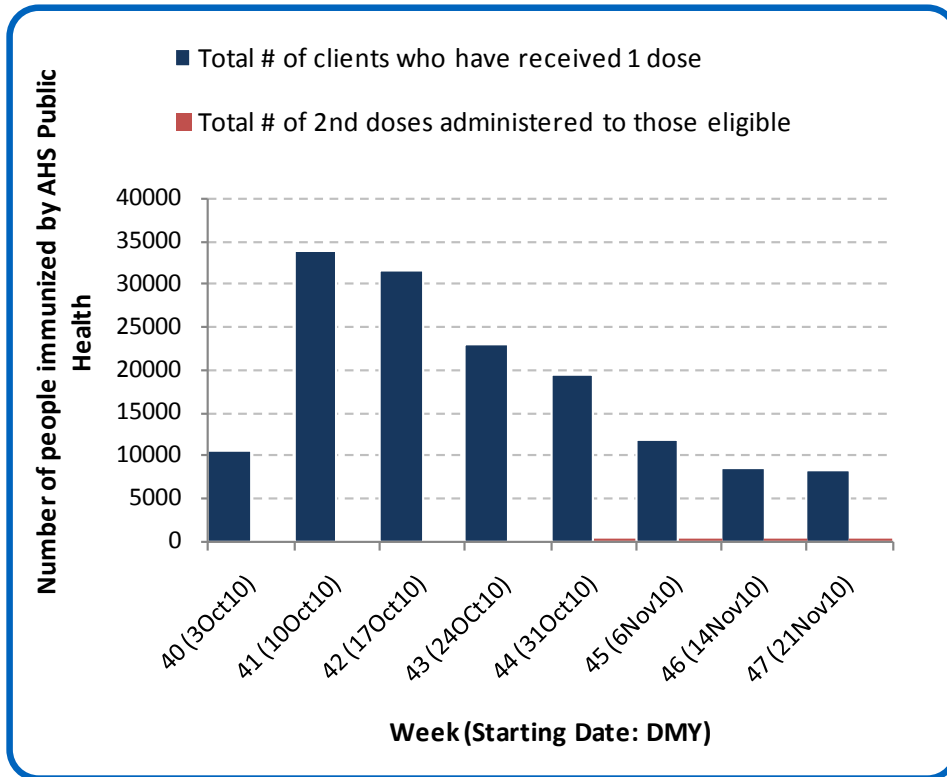
### Percentage of visits to sentinel offices with lower respiratory tract infection (LRTI)

The percentage of LRTI-related visits to sentinel physician offices by residents of the Edmonton Zone was 15% higher in week 46 (Nov 14-20) compared to week 45.

The combined percentage of ILI- and LRTI-related visits to sentinel physician offices by residents of the Edmonton Zone was 20% lower in week 46 from the week 45 level.

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Figure 5E: Number Immunized by AHS (Public Health), by week, Edmonton Zone (2010)



Source: AHS Zones (doses do not include those delivered by external providers)  
 Note: Immunization coverage rates will be reported at the end of the influenza season  
 For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

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Table 5A: AHS (Public Health) Delivered Influenza Immunizations (with Cumulative totals), by priority group, Edmonton Zone (2010)

Priority Group	Number Immunized (Week 47 – Nov 21-27, 2010)	Cumulative Number Immunized (since Oct 3, 2010)
Long term care staff	8	315
Health care workers	176	4,360
Pregnant women	94	1,180
Residents of long term care	3	1,025
65 years of age and over	958	46,715
All children 6 months up to and including 23 months*	Dose #1	474
	Dose #2	251
All children 24 months up to and including 59 months*	Dose #1	537
	Dose #2	54
High risk: 5 years up to and including 8 years*	Dose #1	102
	Dose #2	4
High risk: 9 years up to and including 64 years	1,048	15,836
Healthy: 5 years up to and including 8 years*	Dose #1	345
	Dose #2	35
Healthy: 9 years up to and including 64 years	4,621	61,543
<b>Total number of clients who have received 1 dose</b>	<b>8,366</b>	<b>147,313</b>
<b>Total number of 2nd doses administered to those eligible*</b>	<b>344</b>	<b>823</b>

Source: AHS Zones (doses do not include those delivered by external providers)

\*Children under 9 years of age who have not received at least one dose of seasonal influenza vaccine in past years require two doses, given at least four weeks apart.

Note: Immunization coverage rates will be reported at the end of the influenza season

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

**SURVEILLANCE AND HEALTH STATUS ASSESSMENT**

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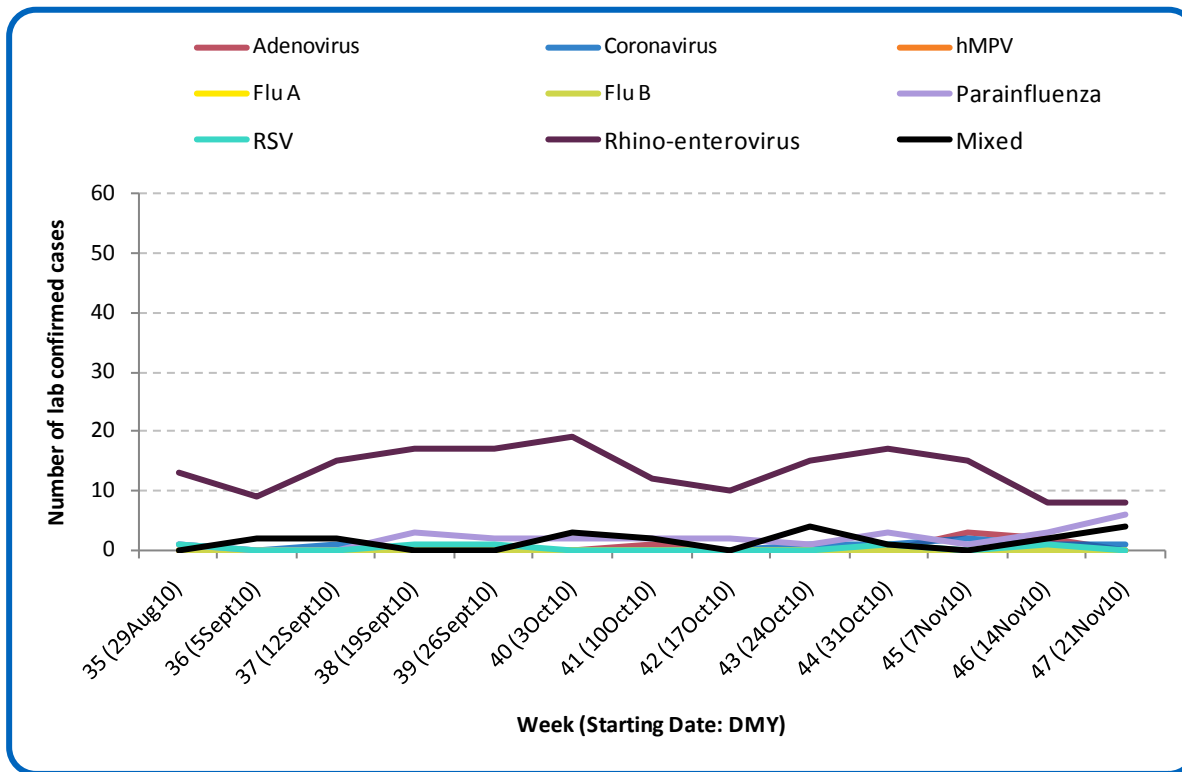
An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

SECTION 6: ZONE 5 – NORTH

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Rhino-enterovirus is still the predominant respiratory virus circulating in the North Zone, although the number of laboratory confirmed mixed infections has increased recently. The majority of these infections are rhino-enterovirus mixed with parainfluenza. The number of laboratory confirmed cases of parainfluenza continues to increase as well. There have been no laboratory confirmed cases of influenza in the North Zone this season.

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



Source: Non-influenza cases: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010); Influenza cases: Outbreak Response Toolkit – Provincial Laboratory (includes cases classified on or before Nov 27, 2010). For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

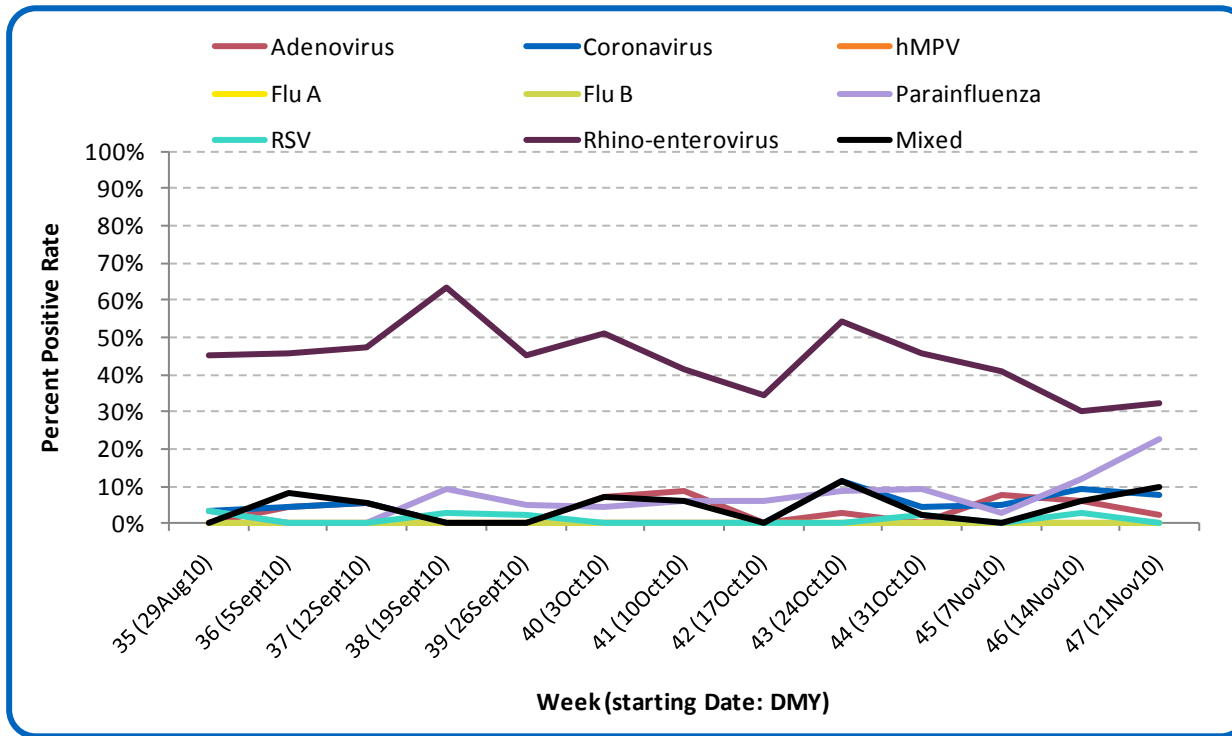
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An influenza report targeted to the general public is available at: <http://www.health.alberta.ca/health-info/influenza-evidence.html>

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



Source: DIAL – Provincial Laboratory (includes cases with positive respiratory specimens received on or before Nov 27, 2010)  
For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

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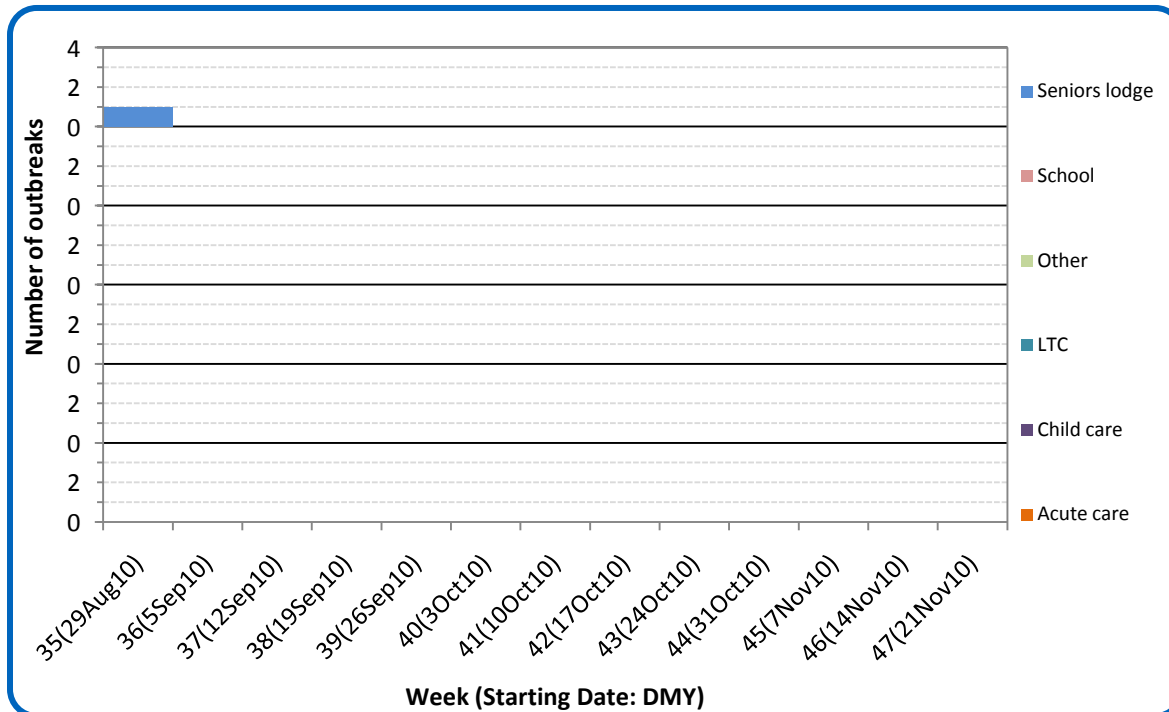
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There have been no respiratory outbreaks reported in the North Zone since the week of Aug 29<sup>th</sup>, 2010.

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



Source: Alberta Outbreak Reporting Form as of 23:59 on November 27, 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

There have been no reports of respiratory outbreaks from the North Zone since the beginning of September.

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

There are no data available for the North Zone.

### 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 last week was 67% higher than in the previous week. This is the highest it has been this season.

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

The percentage of ILI-related visits to sentinel physician offices by residents of the North Zone in week 46 (Nov 14-20) was nearly three times as high as it was in week 45.

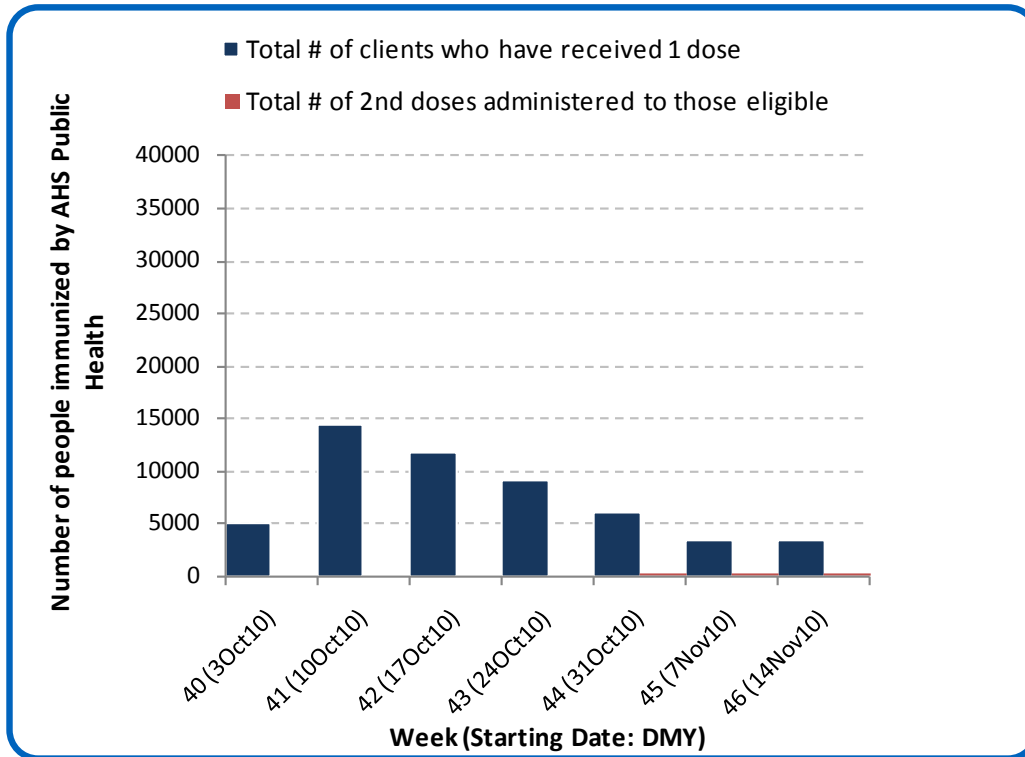
### Percentage of visits to sentinel offices with lower respiratory tract infection

There were no reports of LRTI-related visits to sentinel physician offices by residents of the North Zone in week 46 (Nov 14-20).

The combined percentage of ILI- and LRTI-related visits to sentinel physician offices by residents of the North Zone was 19% higher in week 46 (Nov 14-20) compared to the previous week.

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Figure 6D: Number Immunized by AHS (Public Health), by week, North Zone (2010)



Source: AHS Zones (doses do not include those delivered by external providers)  
 Note: Immunization coverage rates will be reported at the end of the influenza season  
 For more information on data definitions and sources see [Annex: Data Notes section at the end of this report](#)

**SURVEILLANCE AND HEALTH STATUS ASSESSMENT**

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Table 6A: AHS (Public Health) Delivered Influenza Immunizations (with Cumulative totals), by priority group, North Zone (2010)

Priority Group		Number Immunized (Week 47 – Nov 21-27, 2010)	Cumulative Number Immunized (since Oct 3, 2010)
Long term care staff		7	714
Health care workers		70	4,153
Pregnant women		20	443
Residents of long term care		0	1,232
65 years of age and over		284	14,917
All children 6 months up to and including 23 months*	Dose #1	127	1,569
	Dose #2	81	197
All children 24 months up to and including 59 months*	Dose #1	98	2,122
	Dose #2	21	38
High risk: 5 years up to and including 8 years*	Dose #1	40	825
	Dose #2	1	5
High risk: 9 years up to and including 64 years		347	6,986
Healthy: 5 years up to and including 8 years*	Dose #1	96	2,077
	Dose #2	13	24
Healthy: 9 years up to and including 64 years		908	20,309
<b>Total number of clients who have received 1 dose</b>		<b>1,997</b>	<b>55,347</b>
<b>Total number of 2nd doses administered to those eligible*</b>		<b>116</b>	<b>264</b>

Source: AHS Zones (doses do not include those delivered by external providers)

\*Children under 9 years of age who have not received at least one dose of seasonal influenza vaccine in past years require two doses, given at least four weeks apart.

Note: Immunization coverage rates will be reported at the end of the influenza season

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

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## ANNEX: DATA NOTES

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### LABORATORY

Information on laboratory confirmed 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. Note that Influenza cases are not rationalized this way as cases are verified (and broken down by type) using the case-based Alberta Influenza Case Management System. 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. In addition to reporting visits of patients with ILI, TARRANT physicians also report visits with lower respiratory tract infections (LRTI). Each visit is recorded only once, even if a patient has symptoms consistent with ILI and LRTI. The combined ILI- and LRTI-related visits are therefore suggestive of overall respiratory infections in the patient population.
3. 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.
4. 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.

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## 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 or an outbreak with only one infected (confirmed or probable) case during a 7 day period. This follows the same approach of PHAC FluWatch for defining ILI/influenza outbreak. The naming convention of outbreak facilities by FluWatch - "Hospital and residential institutions" - is also adopted.

## INFLUENZA IMMUNIZATIONS

Influenza immunization data are reported by AHS zones. Numbers are available to the Public Health Surveillance team at the beginning of the week for the doses administered the previous week (Sunday to Saturday). It includes those doses administered by AHS (Public Health) only. Clients can only exist in one priority group. Immunization coverage rates will be reported at the end of March, 2011.

## 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.

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