

Weekly Update

February 15, 2012

The purpose of this report is to inform Public Health staff, primary care providers, acute care staff and other community practitioners about recent and historical 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.

Summary of What's New

International: According to the most recent WHO and other international updates:

- Within the tropical zone, Costa Rica, Colombia and Ecuador (Central and South America) have reported influenza A(H1N1)pdm09 and A(H3N2) circulation. Kenya (Sub-Saharan Africa) and southern China (Asia) have reported a rise in influenza type B cases.
- Influenza activity remained at inter-seasonal levels in the temperate zone of southern hemisphere, with the exception of Paraguay which has reported an increase in influenza A(H3N2) detections.
- In the temperate zone of northern hemisphere, a decline in the number of laboratory confirmed influenza cases has been reported in the northern Africa and eastern Mediterranean regions. Northern China (Asia) has reported increased detections of influenza (predominantly type B), while the Republic of Korea and Japan (Asia) have reported increased influenza activity with A(H3N2) as the predominant virus.
- According to the European CDC, influenza activity (predominantly A(H3N2)) has continued to increase with more countries exceeding the pre-epidemic threshold (Bulgaria, Cyprus, Iceland, Italy, Spain, Belgium, Greece, Norway, Romania and Sweden).

North America:

- The US CDC has reported an increase in influenza activity, with an increasing proportion of influenza A(H1N1)pdm09 detections over the past several weeks.
 - As of Feb 10, FluWatch has reported an increase in the proportion of positive influenza tests. An increasing trend has been shown in the percent positive rate of influenza B during the past few weeks. Type B has been reported to be the most commonly detected influenza virus in NL, NB, ON and QC.
 - Influenza A(H3N2) is the predominant virus detected in US and Canada as against influenza A(H1N1)pdm09 in Mexico.
 - This season, the National Microbiology Laboratory (NML) of Canada has so far antigenically characterized 179 influenza virus samples (including A(H3N2) and B virus samples from Alberta); 50 A(H3N2) viruses were characterized as A/Perth/16/2009 and 43 A(H1N1) as A/California/07/2009, while 50 of the influenza B viruses were characterized as B/Brisbane/60/2008 (Victoria lineage) and 36 as B/Wisconsin/01/2010-like (Yamagata lineage).
 - All viral samples tested were found to be susceptible to Oseltamivir and Zanamivir whereas all but 1 influenza A(H3N2) viruses were resistant to Amantadine.
 - The 2011/12 trivalent influenza immunization covers all the strains mentioned above except the influenza B isolates with Yamagata lineage.

Alberta:

- During week 6 (Feb 5-11, 2012), all zones except central, had highest percent positive rates for RSV, followed by rhino-enterovirus with province-wide rates of 18.5% and 12.2% respectively ([Figure 1](#)).
- Most of the influenza viruses (31/34) detected in the province during week 6 were A(H3N2) ([Table 1](#)). Of the 31 influenza A(H3N2) cases, 14 were less than 18 years old, 13 were 18-<65 years old and 4 were 75+ years old. One influenza B case was 0-<2 years old while 1 influenza B and 1 A(H1N1)pdm09 cases were 18-<65 years old.
- The province-wide age-specific rates for all types of influenza were highest in 0-<2 years old ([Figure 3](#)).
- One ILI outbreak (laboratory confirmation pending) with an onset date during week 6 was reported in a long term care facility in Calgary zone ([Table 2](#)). The causative pathogens in two outbreaks reported during week 4 have been confirmed as hMPV.
- The call rate (per 100,000) to Health Link Alberta for cough or breathing difficulties was 11.59 in week 6 ([Figure 5](#)).
- In week 6, 0.3% and 0.8% of the total visits to TARRANT physicians were attributed to ILI and LRT respectively ([Figure 6](#)).
- The influenza immunizations section now includes doses administered by community providers and AHS ([Table 5](#)), and ([Table 6](#)).

Quick Links

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[ILI Outbreak Investigations](#)

[Calls to Health Link Alberta](#)

[Sentinel Physician Office Visits \(TARRANT\)](#)

[Influenza Immunizations](#)

[Data Notes](#)

Current Global Information

[FluWatch \(PHAC\)](#)

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

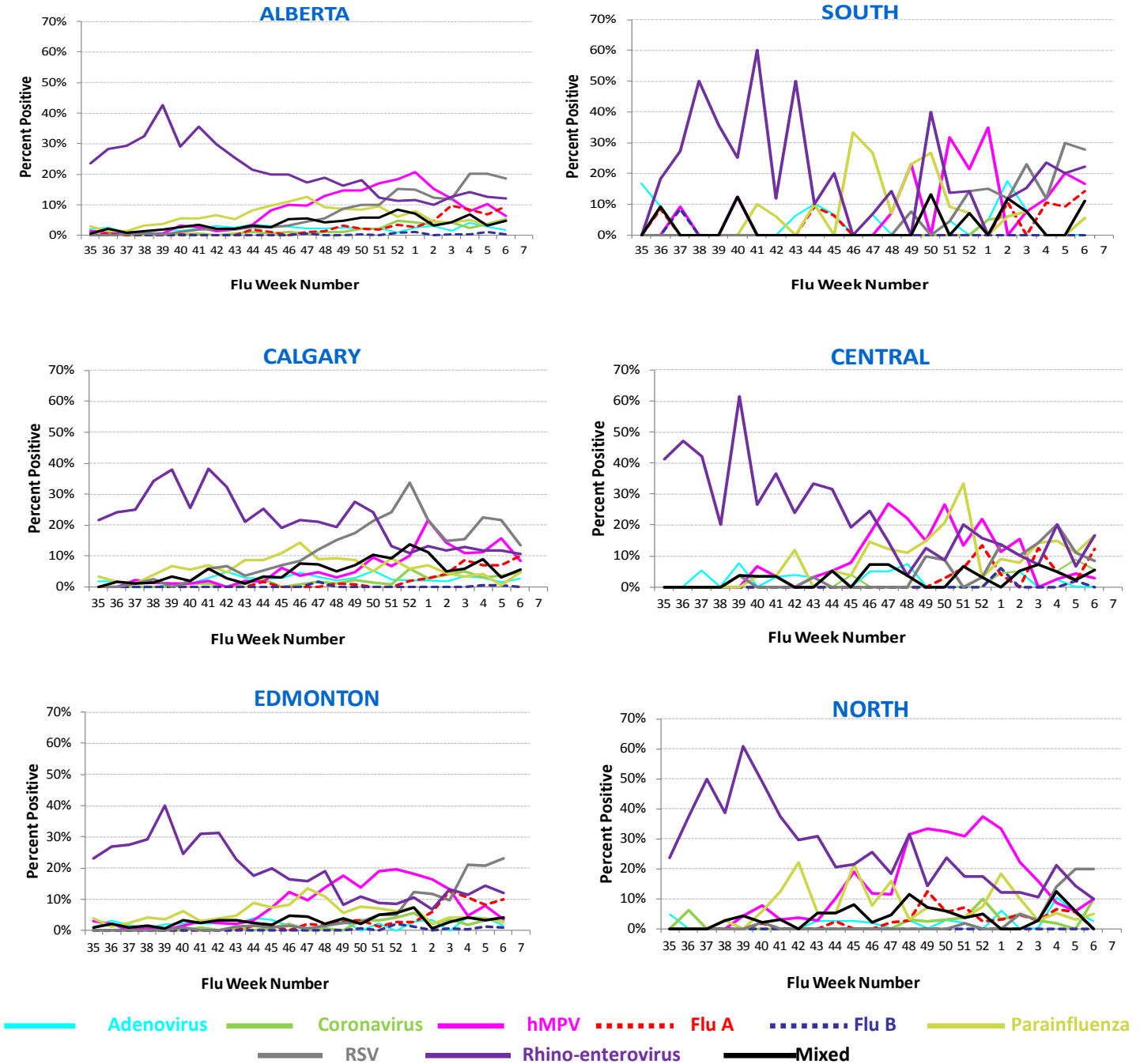
[HPA \(UK\)](#)

[WHO](#)

[Travel Advisories](#)

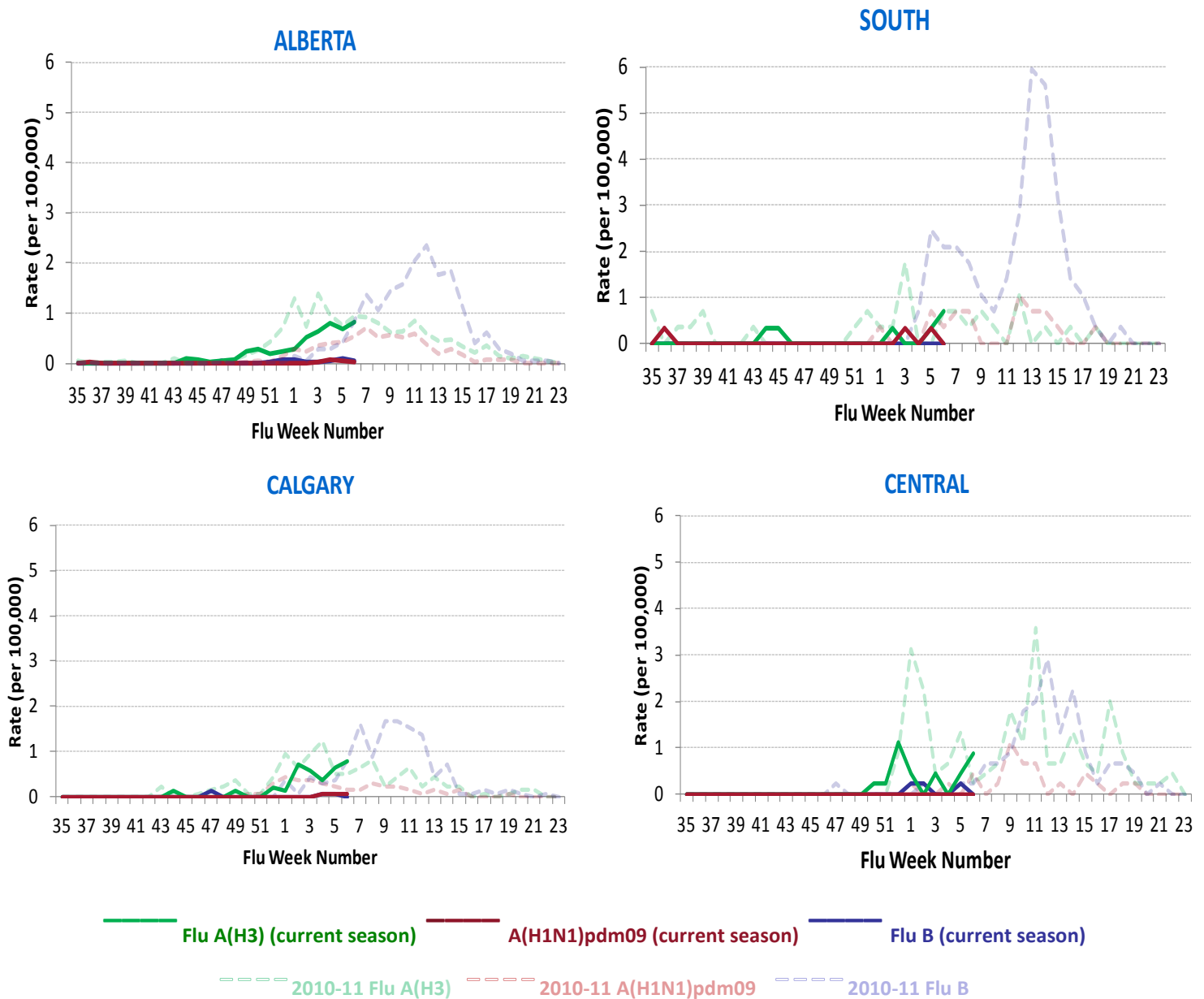
Laboratory Data

Figure 1: Respiratory specimen percent positive rates, by virus type, by week, (2011-12)

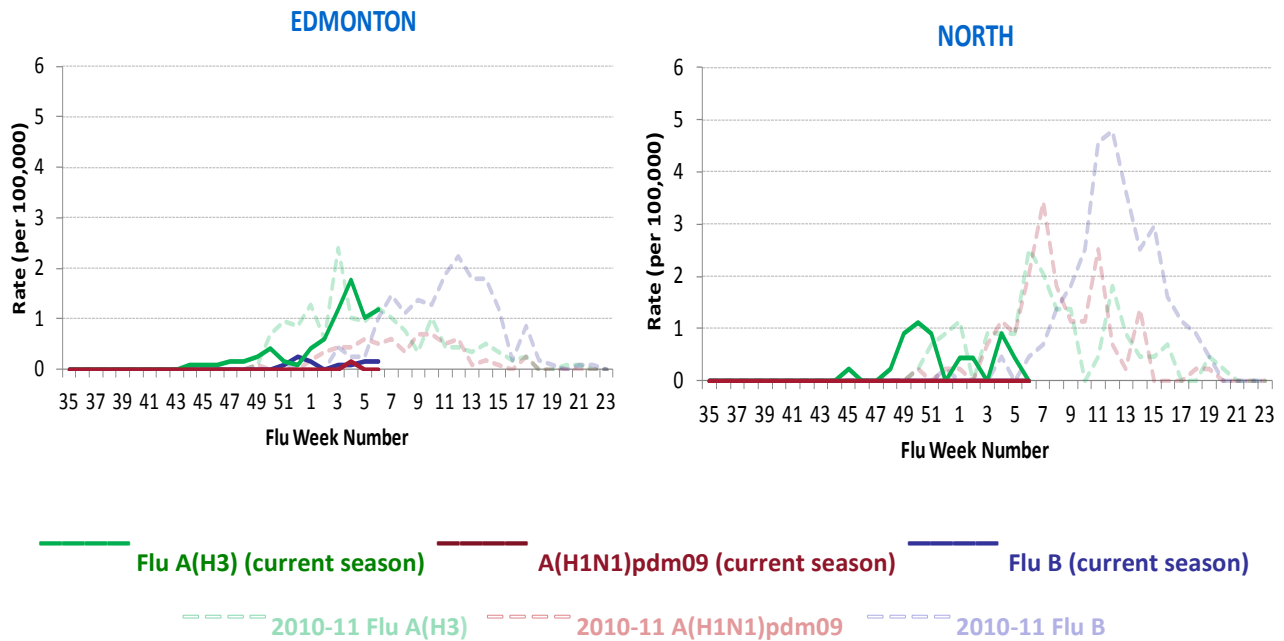


Source: DIAL – Provincial Laboratory (includes specimens received on or before Feb 11, 2012). For more information on data definitions and sources, see [Data Notes](#). “Percent positive” for a virus is defined as the percentage of specimens tested for that particular virus with a positive result.

Figure 2: Rate of lab confirmed influenza (per 100,000) by subtype, by week specimen classified



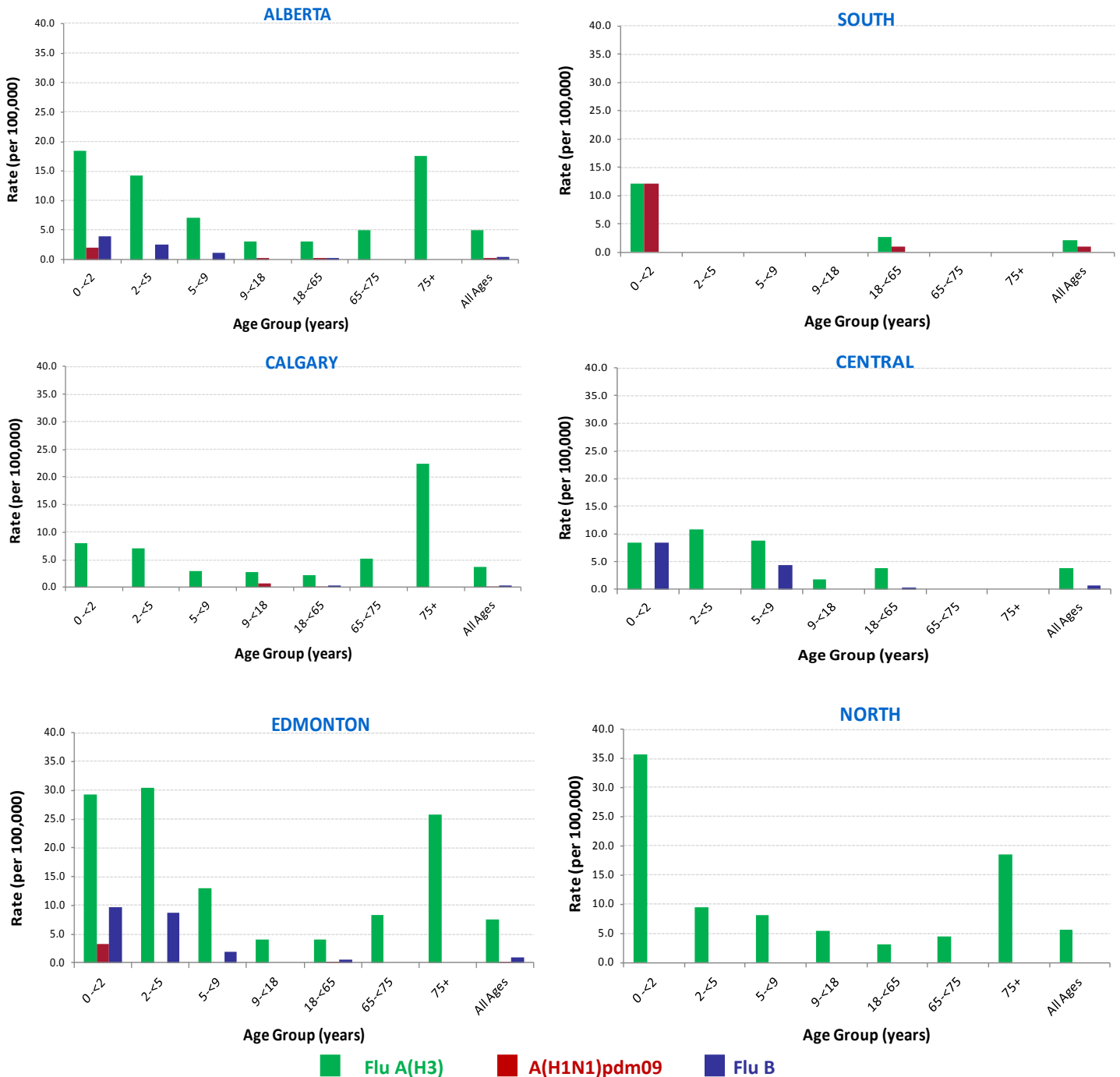
Source: The Alberta influenza outbreak response toolkit (includes cases with positive influenza specimens classified on or before Feb 11, 2012). For more information on data definitions and sources, see [Data Notes](#).

Figure 2 (cont'd): Rate of lab confirmed influenza (per 100,000) by subtype, by week specimen classified

Table 1: New and cumulative laboratory confirmed influenza cases, by subtype, by zone

Zones	Week 6 (Feb 5-11, 2012)					Cumulative (Aug 28, 2011-Feb 11, 2012)				
	Influenza A				Influenza B	Influenza A				Influenza B
	A(H3)	A(H1N1) pdm09	A (unresolved type due to low viral load)	A (total)		A(H3)	A(H1N1) pdm09	A (unresolved type due to low viral load)	A (total)	
South	2	0	0	2	0	6	3	0	9	0
Calgary	11	1	0	12	0	52	3	2	57	4
Central	4	0	0	4	0	14	0	0	14	3
Edmonton	14	0	0	14	2	91	2	4	97	12
North	0	0	0	0	0	25	0	1	26	0
Alberta Total	31	1	0	32	2	188	8	7	203	19

Source: The Alberta influenza outbreak response toolkit (includes cases with positive influenza specimens classified on or before Feb 11, 2012). For more information on data definitions and sources, see [Data Notes](#).

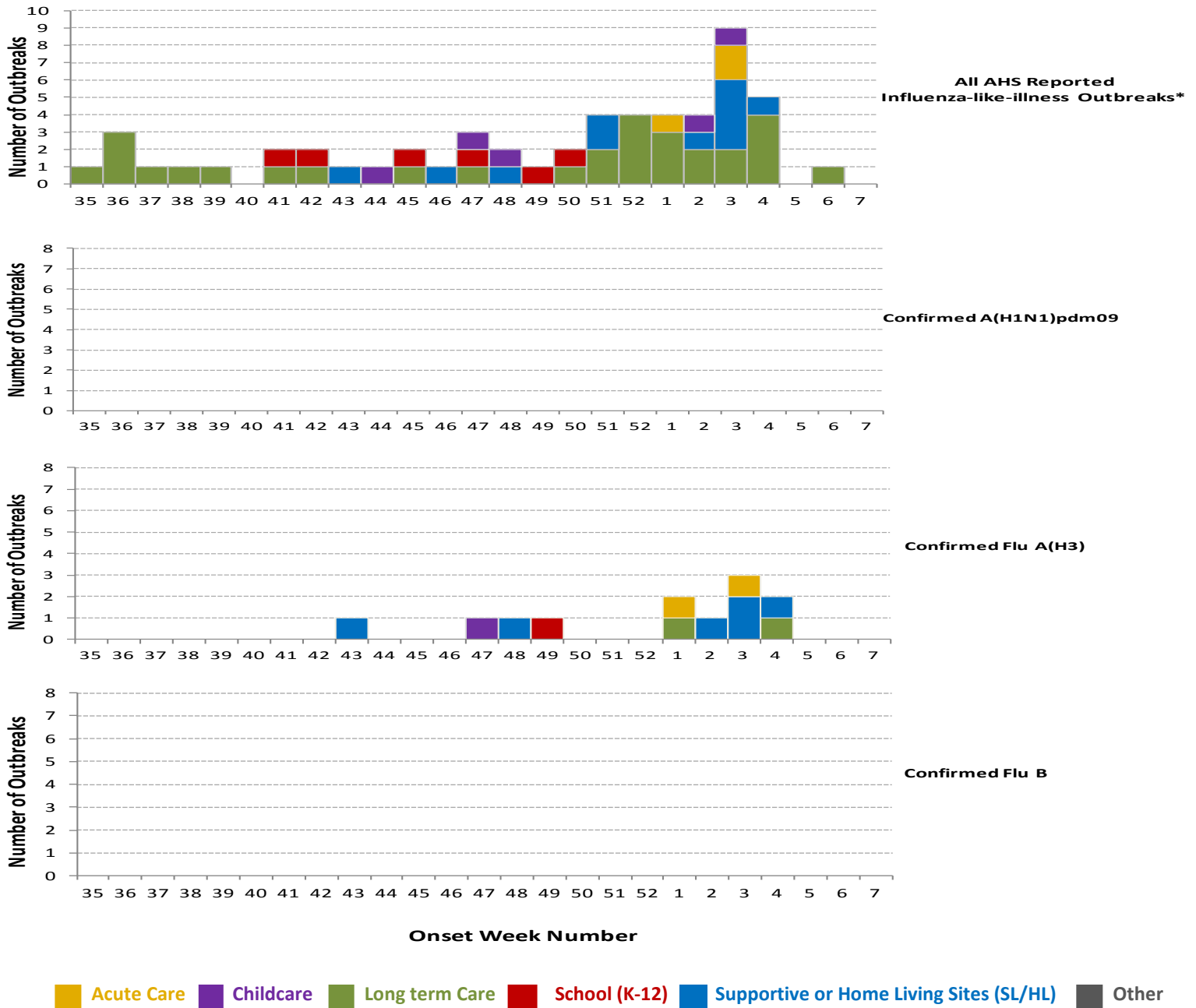
Figure 3: Age-specific rates of lab confirmed influenza (per 100,000) by subtype, Alberta and each zone (Aug 28, 2011-Feb 11, 2012)



Source: The Alberta influenza outbreak response toolkit (includes cases with positive influenza specimens classified on or before Feb 11, 2012). For more information on data definitions and sources, see [Data Notes](#).

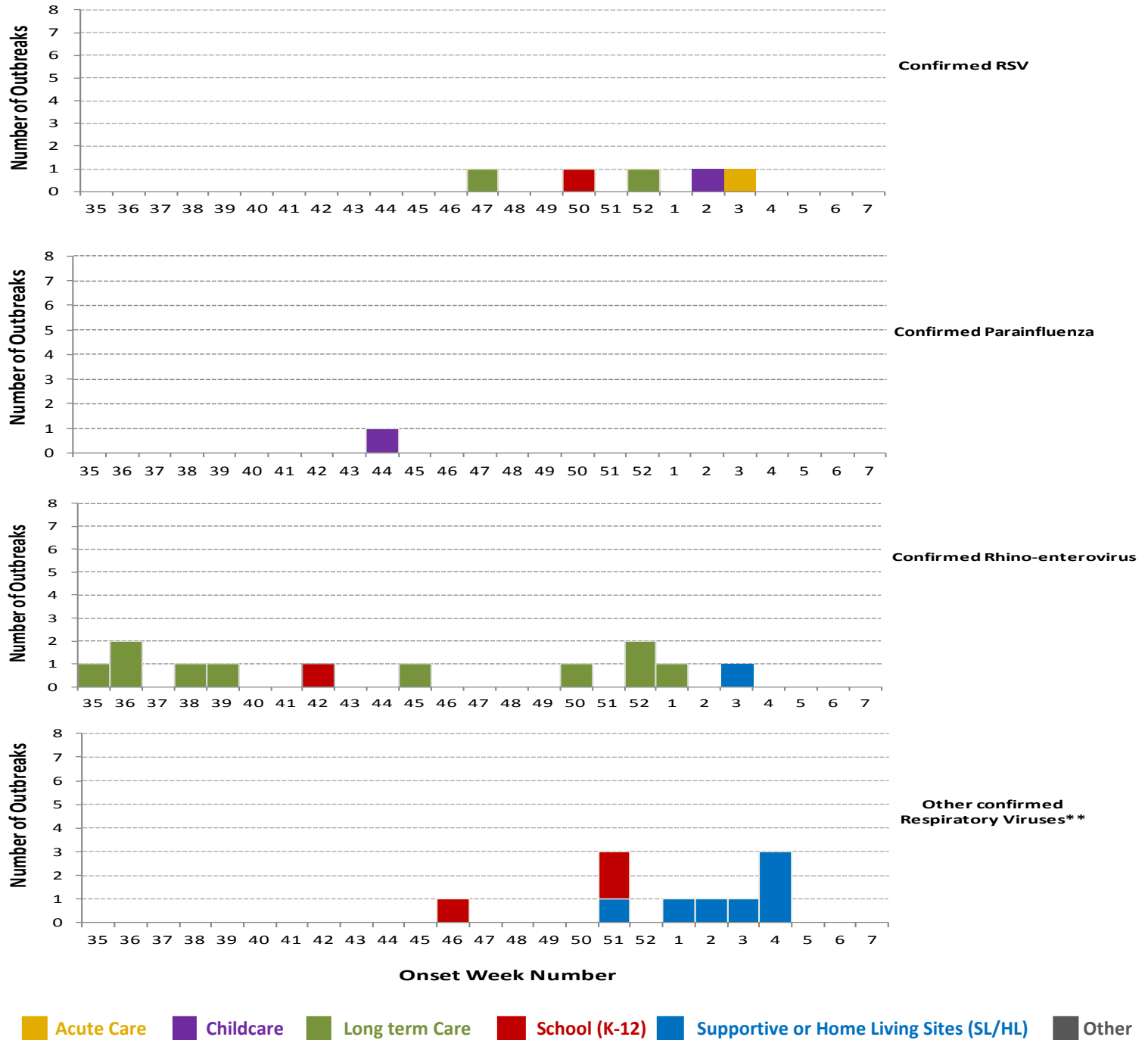
AHS Influenza-Like-Illness (ILI) Outbreak Investigations

Figure 4: AHS investigated ILI outbreaks in Alberta facility types, by onset week, by organism type (2011-12)



"All reported outbreaks include those with a confirmed organism, those where no organism was confirmed, those pending lab confirmation and those where no specimens were tested. *Note: Some outbreaks may involve more than one pathogen.* Source: CDRS as of Feb 14, 2012 (obtained via the Alberta Outbreak Reporting Form). For more information on data definitions and sources, see [Data Notes](#).

Figure 4 (cont'd): AHS investigated ILI outbreaks in Alberta facility types, by onset week, by organism type (2011-12)



**Other confirmed respiratory viruses include adenovirus coronavirus and hMPV. *Note: Some outbreaks may involve more than one pathogen.* Source: CDRS as of Feb 14, 2012 (obtained via the Alberta Outbreak Reporting Form). For more information on data definitions and sources, see [Data Notes](#).

Table 2: New & cumulative AHS investigated ILI outbreaks reported (by onset date), by organism, Alberta

ALBERTA												
Organism	Week 6 (Feb 5-11, 2012)						Cumulative (Aug 28, 2011- Feb 11, 2012)					
	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other
Confirmed Flu A(H3)	-	-	-	-	-	-	2	6	1	2	1	-
Confirmed A(H1N1)pdm09	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Flu B	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed RSV	-	-	-	-	-	-	3	-	1	1	1	-
Confirmed Parainfluenza	-	-	-	-	-	-	-	-	-	-	1	-
Confirmed Rhino-enterovirus	-	-	-	-	-	-	10	1	1	-	-	-
Other confirmed viruses**	-	-	-	-	-	-	6	3	-	-	-	-
Initial report only (laboratory results pending)	1	-	-	-	-	-	2	-	-	-	1	-
Unknown (no organism confirmed or no specimens available)	-	-	-	-	-	-	7	1	3	-	1	-
Total	1	0	0	0	0	0	30	11	6	3	5	0
SOUTH												
Organism	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other
	Confirmed Flu A(H3)	-	-	-	-	-	-	-	-	-	-	-
Confirmed A(H1N1)pdm09	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Flu B	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed RSV	-	-	-	-	-	-	-	-	-	-	1	-
Confirmed Parainfluenza	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Rhino-enterovirus	-	-	-	-	-	-	-	-	-	-	-	-
Other confirmed viruses**	-	-	-	-	-	-	-	1	-	-	-	-
Initial report only (laboratory results pending)	-	-	-	-	-	-	-	-	-	-	-	-
Unknown (no organism confirmed or no specimens available)	-	-	-	-	-	-	-	1	-	-	-	-
Total	0	0	0	0	0	0	0	2	0	0	1	0
CALGARY												
Organism	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other
	Confirmed Flu A(H3)	-	-	-	-	-	2	2	-	1	-	-
Confirmed A(H1N1)pdm09	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Flu B	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed RSV	-	-	-	-	-	-	1	-	1	1	-	-
Confirmed Parainfluenza	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Rhino-enterovirus	-	-	-	-	-	-	2	-	-	-	-	-
Other confirmed viruses**	-	-	-	-	-	-	4	-	-	-	-	-
Initial report only (laboratory results pending)	1	-	-	-	-	-	1	-	-	-	-	-
Unknown (no organism confirmed or no specimens available)	-	-	-	-	-	-	1	-	-	-	1	-
Total	1	0	0	0	0	0	11	2	1	2	1	0

Source: CDRS as of Feb 14, 2012 (obtained via the Alberta Outbreak Reporting Form). For more information on data definitions and sources, see [Data Notes](#).
 **Other confirmed viruses include adenovirus, coronavirus and hMPV.

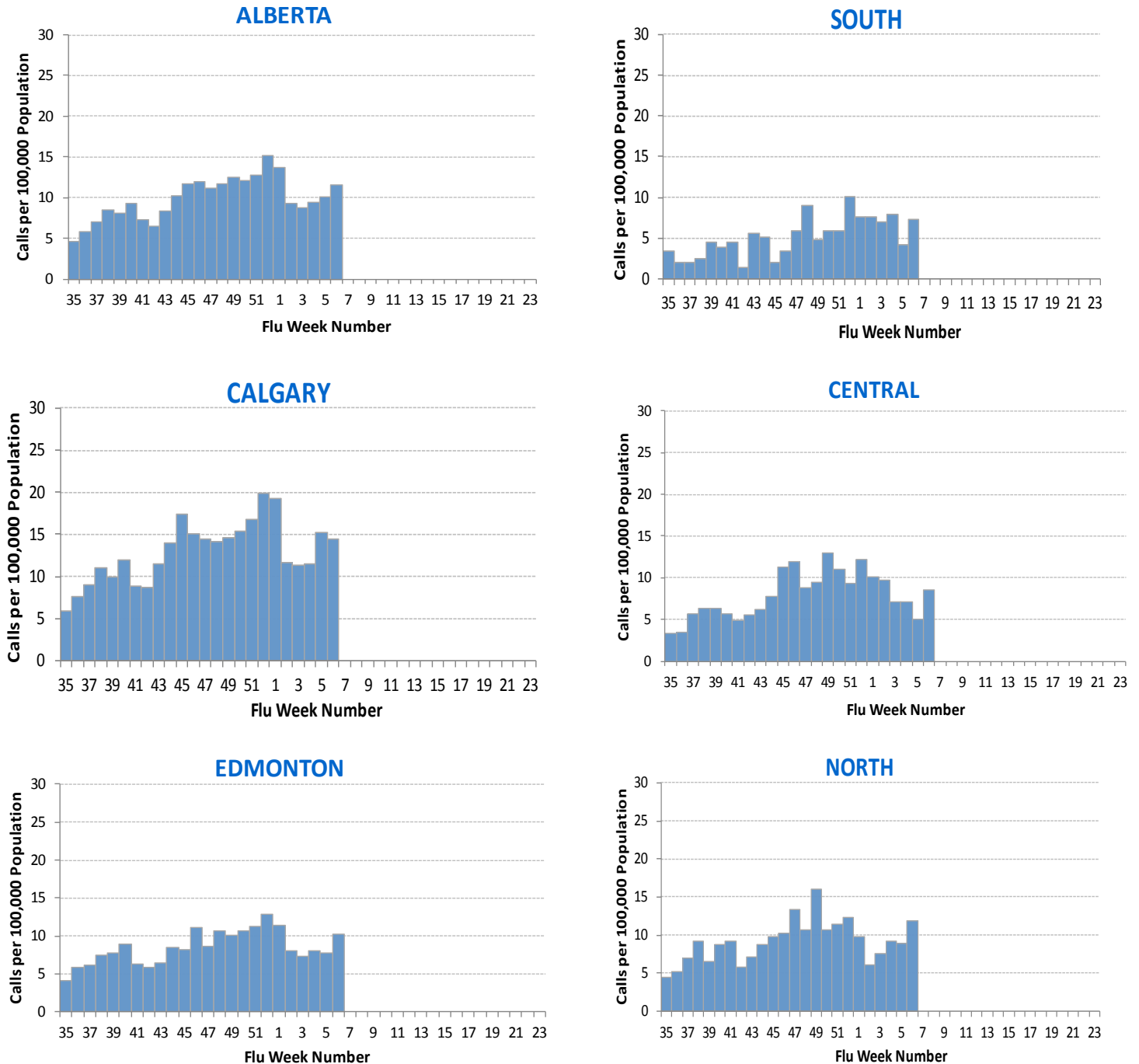
Table 2(cont'd): New & cumulative AHS investigated ILI outbreaks reported (by onset date), by organism, Alberta												
CENTRAL												
	Week 6 (Feb 5-11, 2012)						Cumulative (Aug 28, 2011-Feb 11, 2012)					
	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other
Confirmed Flu A(H3)	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed A(H1N1)pdm09	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Flu B	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed RSV	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Parainfluenza	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Rhino-enterovirus	-	-	-	-	-	-	2	1	-	-	-	-
Other confirmed viruses**	-	-	-	-	-	-	-	1	-	-	-	-
Initial report only (laboratory results pending)	-	-	-	-	-	-	-	-	-	-	1	-
Unknown (no organism confirmed or no specimens available)	-	-	-	-	-	-	4	-	-	-	-	-
Total	0	0	0	0	0	0	6	2	0	0	1	0
EDMONTON												
	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other
	Confirmed Flu A(H3)	-	-	-	-	-	-	3	-	1	1	-
Confirmed A(H1N1)pdm09	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Flu B	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed RSV	-	-	-	-	-	-	2	-	-	-	-	-
Confirmed Parainfluenza	-	-	-	-	-	-	-	-	-	-	1	-
Confirmed Rhino-enterovirus	-	-	-	-	-	-	6	-	1	-	-	-
Other confirmed viruses**	-	-	-	-	-	-	2	-	-	-	-	-
Initial report only (laboratory results pending)	-	-	-	-	-	-	-	-	-	-	-	-
Unknown (no organism confirmed or no specimens available)	-	-	-	-	-	-	2	-	1	-	-	-
Total	0	0	0	0	0	0	12	3	2	1	2	0
NORTH												
	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other	Long term care	SL/HL	School (K-12)	Acute Care	Childcare	Other
	Confirmed Flu A(H3)	-	-	-	-	-	-	1	1	-	-	-
Confirmed A(H1N1)pdm09	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Flu B	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed RSV	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Parainfluenza	-	-	-	-	-	-	-	-	-	-	-	-
Confirmed Rhino-enterovirus	-	-	-	-	-	-	-	-	-	-	-	-
Other confirmed viruses**	-	-	-	-	-	-	1	1	-	-	-	-
Initial report only (laboratory results pending)	-	-	-	-	-	-	-	-	-	-	-	-
Unknown (no organism confirmed or no specimens available)	-	-	-	-	-	-	-	-	2	-	-	-
Total	0	0	0	0	0	0	1	2	3	0	0	0

Source: CDRS as of Feb 14, 2012 (obtained via the Alberta Outbreak Reporting Form). For more information on data definitions and sources, see [Data Notes](#).

**Other confirmed viruses include adenovirus, coronavirus and hMPV.

Calls to Health Link Alberta

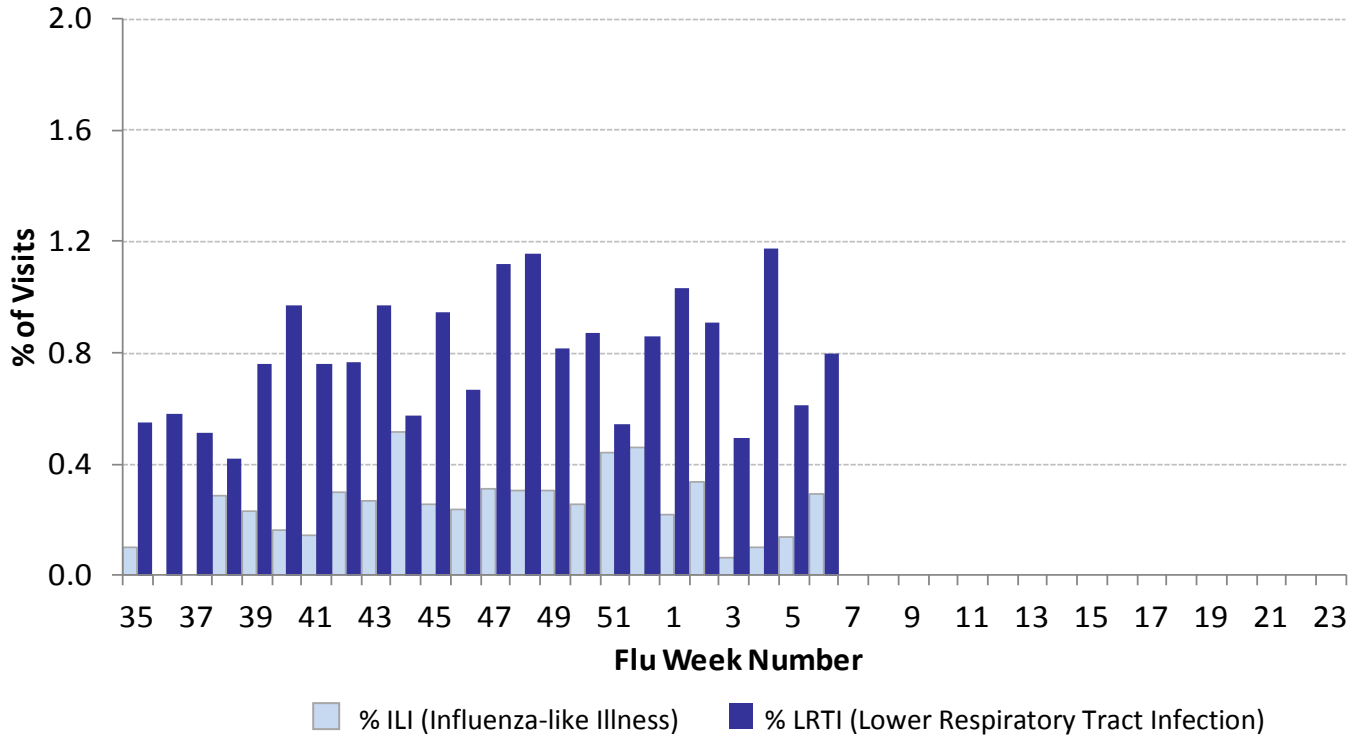
Figure 5: Call rate (per 100,000 Population) for cough or breathing difficulties, by week (2011-12)



Source: Sharp Focus - Health Link Alberta - via Alberta Real Time Syndromic Surveillance Net (ARTSSN) as of Feb 11, 2012. For more information on data definitions and sources, see [Data Notes](#).

Sentinel Physician Office Visits (TARRANT)

Figure 6: Sentinel physician patient visits (%) with ILI and LRTI, by flu week, Alberta (2011-12)



	South	Calgary	Central	Edmonton	North	Alberta
Number of reporting physicians	4	17	12	8	1	42

Source: Tarrant Viral Watch program – www.tarrantviralwatch.ca. For more information on data definitions and sources, see [Data Notes](#).

Influenza Immunizations

Table 3: New AHS (Public Health) Delivered Influenza Immunizations, by priority group (Feb 5-11, 2012)

Priority Group		South	Calgary	Central	Edmonton	North	Alberta
Long term care staff		0	1	2	1	1	5
Health care workers		2	3	5	12	6	28
Pregnant women		0	6	1	4	1	12
Residents of long term care		0	0	0	0	1	1
65 years of age and over		7	9	4	9	3	32
All children 6 months up to and including 23 months*	Dose #1	59	260	43	132	45	539
	Dose #2	47	147	40	92	28	354
	Annual	5	88	11	22	5	131
All children 24 months up to and including 59 months*	Dose #1	8	27	4	7	4	50
	Dose #2	8	16	7	10	3	44
	Annual	8	82	8	25	8	131
High risk: 5 years up to and including 8 years*	Dose #1	0	1	0	1	0	2
	Dose #2	0	0	0	2	1	3
	Annual	1	5	4	1	5	16
High risk: 9 years up to and including 64 years		7	19	9	16	11	62
Healthy: 5 years up to and including 8 years*	Dose #1	1	7	0	1	0	9
	Dose #2	2	11	3	6	2	24
	Annual	5	32	1	13	7	58
Healthy: 9 years up to and including 64 years		31	316	33	118	135	633
Total number of clients who have received 1 dose		134	856	125	362	232	1,709
Total number of 2nd doses administered to those eligible*		57	174	50	110	34	425
Total Doses Administered by Public Health		191	1,030	175	472	266	2,134

Table 4: Cumulative AHS (Public Health) Delivered Influenza Immunizations, by priority group (Oct 2, 2011-Feb 11, 2012)

Priority Group		South	Calgary	Central	Edmonton	North	Alberta
Long term care staff		519	408	551	385	970	2,833
Health care workers		1,598	4,527	2,876	5,349	4,016	18,366
Pregnant women		224	1,164	315	1,208	473	3,384
Residents of long term care		1,086	2,172	870	878	1,259	6,265
65 years of age and over		13,542	36,492	21,034	47,489	15,820	134,377
All children 6 months up to and including 23 months*	Dose #1	1,341	7,228	1,639	5,929	1,820	17,957
	Dose #2	607	3,006	930	2,659	807	8,009
	Annual	629	5,210	873	2,270	856	9,838
All children 24 months up to and including 59 months*	Dose #1	396	1,189	360	1,118	348	3,411
	Dose #2	270	490	172	431	144	1,507
	Annual	1,539	9,587	1,966	6,886	2,384	22,362
High risk: 5 years up to and including 8 years*	Dose #1	25	112	53	95	61	346
	Dose #2	22	30	19	38	11	120
	Annual	252	2,230	507	1,316	698	5,003
High risk: 9 years up to and including 64 years		3,312	16,070	6,097	16,553	7,871	49,903
Healthy: 5 years up to and including 8 years*	Dose #1	126	404	160	427	258	1,375
	Dose #2	46	150	97	134	60	487
	Annual	1,441	8,176	1,915	5,908	2,288	19,728
Healthy: 9 years up to and including 64 years		14,740	76,947	20,395	66,275	24,879	203,236
Total number of clients who have received 1 dose		40,770	171,916	59,611	162,086	64,001	498,384
Total number of 2nd doses administered to those eligible*		945	3,676	1,218	3,262	1,022	10,123
Total Doses Administered by Public Health		41,715	175,592	60,829	165,348	65,023	508,507

Source: AHS Zones (doses do not include those delivered by external providers). For more information on data definitions and sources, see [Data Notes](#).

*Children under 9 years of age who have not received at least one dose in past years require two doses, given at least 4 weeks apart.

Influenza Immunizations (cont.)
Table 5: Cumulative Doses Administered by All Community Providers (October 2-Dec 31,2011) Report 1

Priority Group		South	Calgary	Central	Edmonton	North	Alberta
Long term care staff		442	5,319	1,992	5,206	110	13,069
Health care workers		2,087	19,194	5,255	17,638	371	44,545
Pregnant women		326	2,051	42	438	29	2,886
Residents of long term care		331	5,151	1,599	6,025	86	13,192
65 years of age and over		7,313	36,068	4,633	23,221	856	72,091
All children 6 months up to and including 23 months*	Dose #1	0	59	0	125	1	185
	Dose #2	0	45	0	70	0	115
	Annual	1	163	0	298	1	463
All children 24 months up to and including 59 months*	Dose #1	5	70	0	59	0	134
	Dose #2	0	20	0	29	0	49
	Annual	9	422	5	434	2	872
High risk: 5 years up to and including 8 years*	Dose #1	1	18	0	13	0	32
	Dose #2	0	2	0	4	0	6
	Annual	0	168	12	422	29	631
High risk: 9 years up to and including 64 years		6,353	19,389	1,826	13,956	1,450	42,974
Healthy: 5 years up to and including 8 years*	Dose #1	2	22	1	22	0	47
	Dose #2	0	2	1	5	0	8
	Annual	16	416	13	930	55	1,430
Healthy: 9 years up to and including 64 years		8,704	65,324	4,516	36,831	6,093	121,468
Total number of clients who have received 1 dose		25,590	153,834	19,894	105,618	9,083	314,019
Total number of 2nd doses administered to those eligible*		0	69	1	108	0	178
Total Doses Administered by Public Health		25,590	153,903	19,895	105,726	9,083	314,197

Table 6: Cumulative Doses Administered to-Date (AHS as of Feb 11th + Community Providers as of Dec 31st)

Priority Group		South	Calgary	Central	Edmonton	North	Alberta
Long term care staff		961	5,727	2,543	5,591	1,080	15,902
Health care workers		3,685	23,721	8,131	22,987	4,387	62,911
Pregnant women		550	3,215	357	1,646	502	6,270
Residents of long term care		1,417	7,323	2,469	6,903	1,345	19,457
65 years of age and over		20,855	72,560	25,667	70,710	16,676	206,468
All children 6 months up to and including 23 months*	Dose #1	1,341	7,287	1,639	6,054	1,821	18,142
	Dose #2	607	3,051	930	2,729	807	8,124
	Annual	630	5,373	873	2,568	857	10,301
All children 24 months up to and including 59 months*	Dose #1	401	1,259	360	1,177	348	3,545
	Dose #2	270	510	172	460	144	1,556
	Annual	1,548	10,009	1,971	7,320	2,386	23,234
High risk: 5 years up to and including 8 years*	Dose #1	26	130	53	108	61	378
	Dose #2	22	32	19	42	11	126
	Annual	252	2,398	519	1,738	727	5,634
High risk: 9 years up to and including 64 years		9,665	35,459	7,923	30,509	9,321	92,877
Healthy: 5 years up to and including 8 years*	Dose #1	128	426	161	449	258	1,422
	Dose #2	46	152	98	139	60	495
	Annual	1,457	8,592	1,928	6,838	2,343	21,158
Healthy: 9 years up to and including 64 years		23,444	142,271	24,911	103,106	30,972	324,704
Total number of clients who have received 1 dose		66,360	325,750	79,505	267,704	73,084	812,403
Total number of 2nd doses administered to those eligible*		945	3,745	1,219	3,370	1,022	10,301
Total Doses Administered by Public Health		67,305	329,495	80,724	271,074	74,106	822,704

Source: AHS Zones. Community providers submit reports twice a year, once at end of December and once at the end of the season. For more information on data definitions and sources, see [Data Notes](#). *Children under 9 years of age who have not received at least one dose in past years require two doses, given at least 4 weeks apart.

Data Notes

LABORATORY DATA

Information on laboratory confirmed respiratory virus activity is based on two web-based applications supported by the Canadian Network for Public Health Intelligence (CNPHI):

- 1) The Alberta Provincial Public Health Laboratory DIAL system (Data Integration for Alberta Laboratories) – a specimen based system. Data are based on specimens obtained from residents of Alberta according to the date the sample was received at the Provincial laboratory.
- 2) The Alberta Influenza Outbreak Response Toolkit – an influenza case based system. Data are based on Alberta residents according to the date the sample was classified as influenza sub-type.

Respiratory samples submitted for testing at the Alberta Provincial Laboratory are first tested for influenza A & B. Those with a negative influenza result are then tested using the respiratory virus panel or RVP which tests for the presence of the non-influenza respiratory viruses presented in this report. Samples from physicians participating in the Tarrant program and patients admitted to intensive or critical care units are tested for both non-influenza and influenza viruses. Definition for “mixed” – a single sample where multiple viral organisms were isolated.

ILI OUTBREAK INVESTIGATIONS

Upon notification of an outbreak, the *Alberta Health & Wellness (AHW)/Alberta Health Services (AHS)* Outbreak Reporting Form (AORF) is completed by a communicable disease nurse, sent to AHW and entered into the CDRS database. Outbreaks reported by First Nations and Inuit Health (FNIH) to AHW are not included in this report. The AORF form includes information about the type and location of the outbreak, the facility, and causative organism. Note that zone specific outbreaks are those reported by that zone, however specific cases may reside or have been exposed and/or infected outside of that zone. Not all outbreaks result in an organism being confirmed and for those that are confirmed, there may be a delay between reporting and identification of the organism; outbreaks are classified by the organism listed as the ILI Organism Confirmed on the AORF. This report does not include outbreaks suspected or confirmed to be caused by bacteria (i.e. pertussis, invasive pneumococcal disease) or viruses causing rash-like illness such as measles, rubella (German measles) or chickenpox. In this report, outbreaks are reported according to the onset date of the first case; where onset date is not available, the date the investigation is opened is used. The AHS Public Health Surveillance team obtains the data via CDRS which is housed and maintained by AHW.

CALLS TO HEALTH LINK ALBERTA

Health Link Alberta is a 24 hour a day, 7 day a week nurse-operated service that provides the public with advice and information about health symptoms and concerns. The original data source for calls to Health Link Alberta for cough and breathing difficulties is the Health Link database called Sharp Focus (obtained via the *Alberta Real Time Syndromic Surveillance Net - ARTSSN*). Note that one individual may place multiple calls.

SENTINEL PHYSICIAN OFFICE VISITS (TARRANT)

Tarrant Viral Watch is an AHW-funded program intended to monitor ILI (Influenza-like Illness) and LRTI (Lower Respiratory Tract Infections) in the community. Volunteer sentinel physician offices provide data to the Tarrant program, which in turn provide them to AHS Public Health Surveillance on a weekly basis. ILI is defined as a respiratory illness with acute onset, with fever, and cough, and with 1 or more of sore throat, arthralgia, myalgia or prostration-which may be due to influenza virus (presentation may vary in pediatric and elderly populations). LRTI is defined as any acute infection with significant involvement of the respiratory tract below the larynx, as identified by history, physical signs and/or radiological findings. If a patient has ILI with lower tract involvement, they are coded as LRTI. Note that the definition of ILI may vary from other definitions.

INFLUENZA IMMUNIZATIONS

Influenza immunization data are reported by AHS zones. Numbers are available to the AHS 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). Community providers submit reports twice a year, once at the end of December and once at the end of the season. Clients can only exist in one priority group. Immunization coverage rates will be reported at the end of the influenza season.

POPULATION NUMBERS

Population data values used to calculate rates were obtained from the Alberta Health and Wellness (AHW) Interactive Health Data Application (IHDA). http://www.ahw.gov.ab.ca/IHDA_Retrieval/ - Immunization category. Click on *View Data* Notes for a detailed description of definitions and methodology. In addition to what is posted online, further breakdowns by age group were obtained by AHW staff.

* Flu week numbers are the same as those defined by the Public Health Agency of Canada's (PHAC) FluWatch.

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Public Health Surveillance

Report Date: February 15, 2012

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

If you have questions about the Alberta Respiratory Virus Surveillance Report, or any of the indicators, please contact:

AHS.PublicHealthSurveillance@albertahealthservices.ca