



October 23, 2005 to October 29, 2005 (Week 43)

Canadian Summary:

During week 43, localized influenza activity reported in one health region of Manitoba, while the rest of the country reports no activity. Over the one week period, the Public Health Agency of Canada received 1015 reports of laboratory tests for influenza, with one positive detection of influenza A in Manitoba. (see table on next page).

Influenza-like Illness (ILI):

ILI rate was reported as 13 per 1000 patient visits in week 43, which is below the expected range for this week. (See ILI graph).

Outbreaks: During week 43, one new outbreak was reported in a long-term care facility (LTCF) in Manitoba. To date this season, two LTCF outbreaks have been reported, one in Manitoba and the other in Saskatchewan.

Antigenic Characterization:

Since the start of the 2005-2006 influenza season, the National Microbiology Laboratory (NML) has antigenically characterized 5 influenza viruses; four A/California/07/04-like viruses (3 in Saskatchewan and 1 in British Columbia) and one B/Shanghai/361/02-like (Ontario).

Influenza-associated Pediatric Hospitalizations:

During week 43, no cases of laboratory confirmed influenza-associated hospitalizations were reported through the IMPAct (Immunization Monitoring Program Active) network. No cases have been reported to the IMPAct since the start of this influenza season.

Avian Influenza:

On 01 November 2005, the WHO reported an additional human case with H5N1 infection in Thailand. The patient, a 50-year-old woman from Bangkok, developed symptoms on 26 October. She remains hospitalized in satisfactory condition. The woman is the third confirmed case reported in Thailand in the past month. These cases coincide with a recurrence of confirmed H5 outbreaks in poultry in 6 provinces, most of which are in the central part of the country, and point to the need to remain on high alert for the occurrence of human cases in all countries experiencing outbreaks in poultry.

WHO: http://www.who.int/csr/don/2005_11_01/en/print.html

United States: CDC

During the week ending October 22, 2005 (week 42), Texas reported regional influenza activity. Twelve states (Alaska, Arizona, California, Connecticut, Florida, Hawaii, Idaho, Massachusetts, Oregon, Pennsylvania, Utah and Wyoming), New York City and Puerto Rico reported sporadic influenza activity. ILI visits accounted for 1.2 % of patient visits to sentinel physicians, which is below the national baseline of 2.2%. Sentinel cities reported 6.4% of deaths attributable to pneumonia and influenza, which is below the epidemic threshold of 6.9 % for this week. During week 42, the CDC received 795 reports of specimens tested for influenza, with one influenza A (H3N2), 5 unsubtype influenza A, and 3 influenza B viruses.

CDC: <http://www.cdc.gov/flu/weekly/>

International:

EISS: Influenza activity in Europe was at baseline levels. Seven confirmed cases of influenza were detected in three countries [Czech Republic (4 influenza A), Estonia (1 influenza A and 1 influenza B), and Scotland (1 influenza A)] this week. So far this season, no viruses have been antigenically and /or genetically characterized. Up to week 43/2005, no human cases of influenza A (H5N1) have been reported in Europe.

EISS: http://www.eiss.org/cgi-files/bulletin_v2.cgi

**Total number of influenza tests performed and number of positive tests
by province/territory of testing laboratory, Canada, 2005-2006**

Province of reporting laboratories	Report Period: October 23, 2005 - October 29, 2005				Season to Date: August 28, 2005 - October 29, 2005			
	Total # influenza	# of positive tests			Total # influenza	# of positive tests		
		Influenza A	Influenza B	Total		Influenza A	Influenza B	Total
NL	9	0	0	0	72	0	0	0
PE	2	0	0	0	23	0	0	0
NS	21	0	0	0	105	0	0	0
NB	26	0	0	0	120	0	0	0
QC	200	0	0	0	1365	0	1	1
ON	356	0	0	0	2549	0	1	1
MB	48	1	0	1	337	1	0	1
SK	103	0	0	0	791	13	0	13
AB	207	0	0	0	1468	0	0	0
BC	43	0	0	0	480	1	0	1
Canada	1015	1	0	1	7310	15	2	17

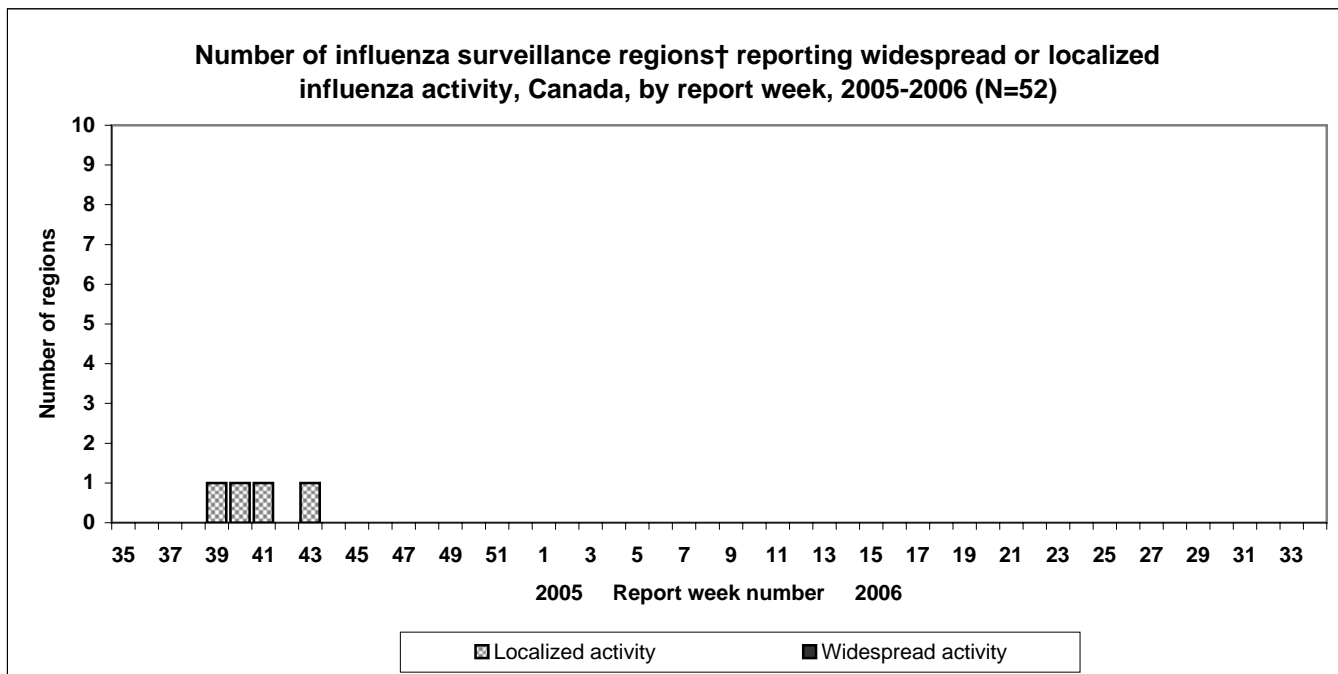
Specimens from NT, YT, and NU are sent to reference laboratories in other provinces.

Note: Cumulative data includes updates to previous weeks; due to reporting delays, the sum of weekly report totals do not add up to cumulative totals.

Abbreviations: Newfoundland/Labrador (NL), Prince Edward Island (PE), New Brunswick (NB), Nova Scotia (NS), Quebec (QC), Ontario (ON), Manitoba (MB), Saskatchewan (SK), Alberta (AB), British Columbia (BC), Yukon (YT), Northwest Territories (NT), Nunavut (NU), N.A.(not available)

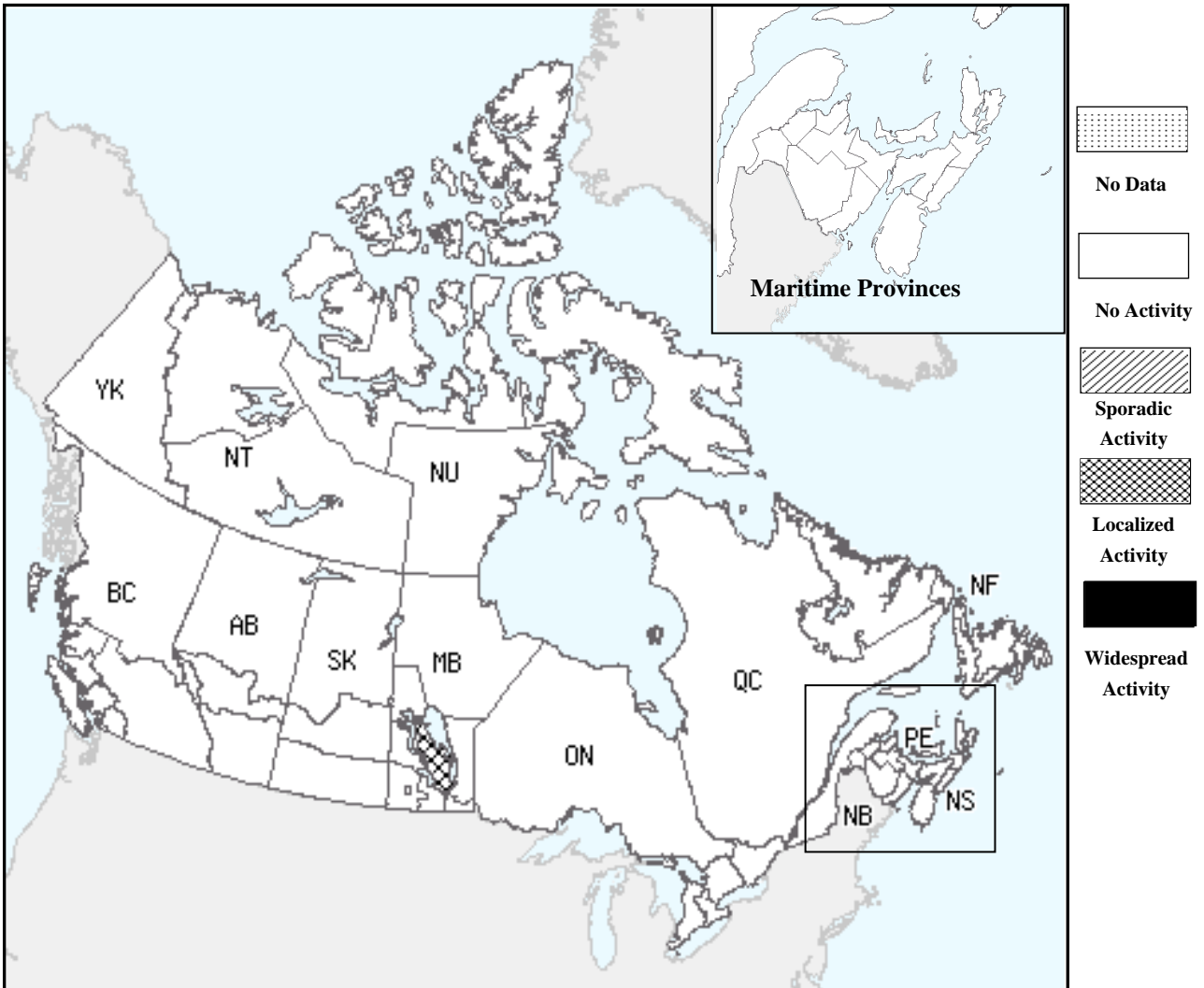
Respiratory virus laboratory detections in Canada, by geographic regions, are available weekly on the following website:

<http://www.phac-aspc.gc.ca/bid-bmi/dsd-dsm/rvdi-divr/index.html>

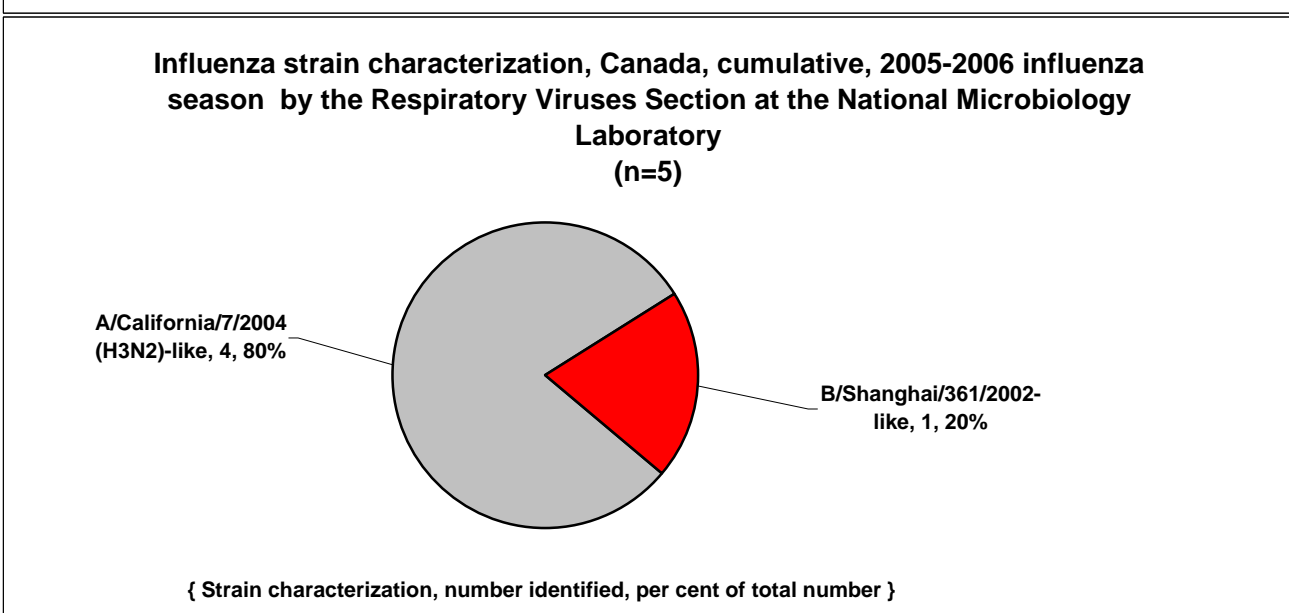
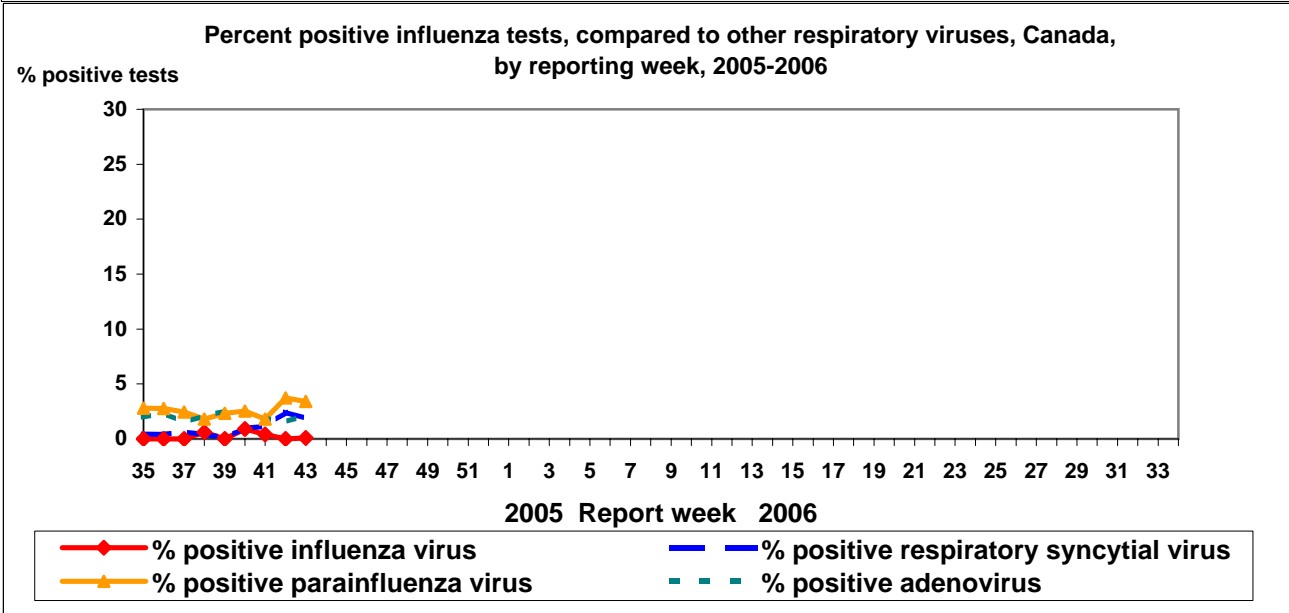
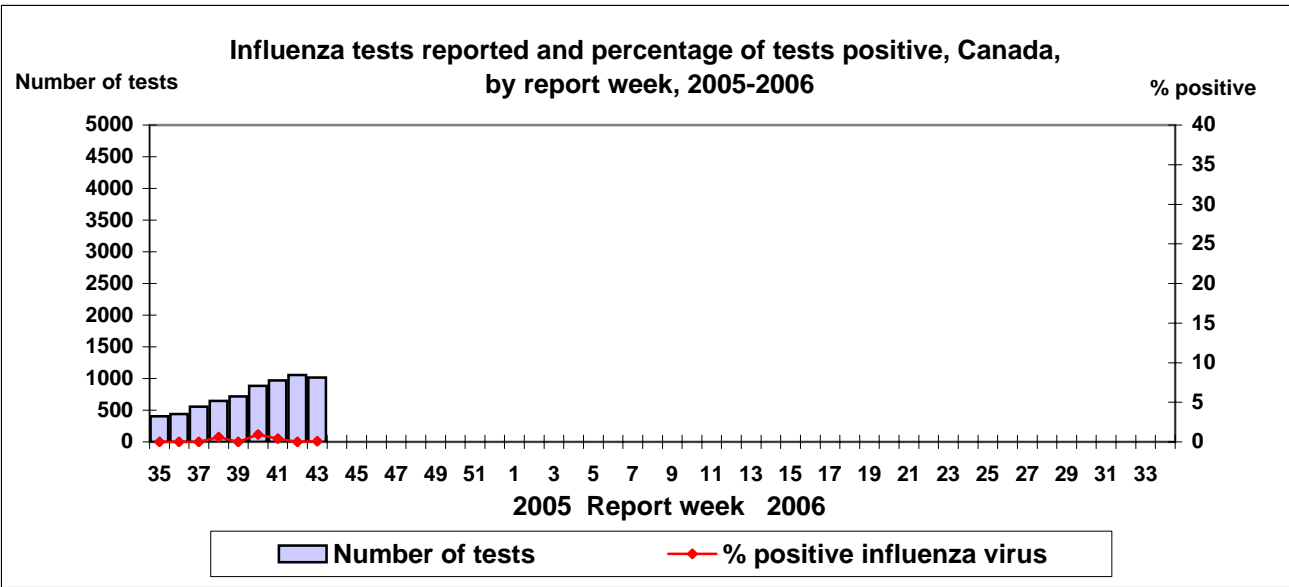


† sub-regions within the province or territory as defined by the provincial/territorial epidemiologist. Graph may change as late returns come in.

**Influenza Activity Level by Provincial and Territorial Influenza Surveillance Regions,
Canada; October 23, 2005 to October 29, 2005 (Week 43)**



Note: Influenza activity levels, as represented on this map, are assigned and reported by Provincial and Territorial Ministries of Health, **based on laboratory confirmations, sentinel ILI rates (see graphs and tables) and outbreaks**. Please refer to detailed definitions on the last page. For areas where no data is reported, late reports from these provinces and territories will appear on the FluWatch website. Select single maps by report week to get this updated information. <<http://dsol-smed.hc-sc.gc.ca/dsol-smed/fluwatch/fluwatch.phtml?lang=e>>



NACI recommends that the trivalent vaccine for the 2005-2006 season in Canada contain A/New Caledonia/20/99 (H1N1)-like, A/California/7/2004 (H3N2)-like, and B/Shanghai/361/2002-like virus antigens.

