

Health **FAX**

Influenza Activity and Testing

Attention: **Physicians, Nurse Practitioners, Emergency Departments, Walk-In Clinics, Infection Control Practitioners, Regional Infection Control Network, Occupational Health Professionals, Long-Term Care Facilities, Rest and Retirement Homes**

Date: February 3, 2012

Over the last two weeks, Simcoe Muskoka District Health Unit (SMDHU) has noted a moderate increase in influenza activity. Since September 1, 2011, there have been nine lab-confirmed influenza cases reported in Simcoe Muskoka, which is lower than the historic average, but seven of those have been in the past two weeks. Out of the nine local cases to date, seven have been community cases: five influenza A and two influenza B. Two more influenza B cases were from a Long-Term Care institution, confirming the first local flu outbreak of the season.

In Ontario, a total of 150 influenza cases have been reported for the 2011-2012 influenza season as of January 21, 2012, with 71 of those since January 8th. Cases have been identified in all regions of the province. Approximately sixty percent of the provincial cases have been influenza A (89 cases) and forty percent have been influenza B (61 cases).

Among the sample of specimens tested for this purpose, vaccine match is 100% (29/29 in Ontario and 64/64 in Canada) for influenza A and 50%-60% (11/21 in Ontario and 25/43 in Canada) for influenza B. The remainder of influenza B circulating is B/Wisconsin/01/2010-like, not covered in this year's vaccine.

Testing

It has been noted that out of the nine lab-confirmed influenza cases in SMDHU this season, the rapid test has only accurately detected (i.e. been positive) for two. The remaining seven cases have been falsely negative on the rapid test, later to be confirmed positive by PCR and/or viral culture after multiple days. While the reason for a higher-than-expected proportion of false negative rapid test results cannot be confirmed, it may be related to an insufficient amount of infectious material being isolated on nasopharyngeal (NP) swabs, as rapid tests require more viral load than do PCR or culture. **Therefore, SMDHU encourages health care professionals to attempt to use optimal technique for nasopharyngeal (NP) swabs to ensure sufficient infectious material is obtained for rapid testing.** The recommended technique includes inserting the NP swab one-half of the distance from the tip of the nose to the tip of the earlobe. A positive rapid test will help with timely patient care and outbreak management. Patients hospitalized with acute respiratory infection and symptomatic residents residing in a Long-Term Care Home experiencing a respiratory outbreak are priorities for influenza testing.

Vaccines

Seasonal influenza typically persists until at least March. As such, SMDHU is encouraging physicians to continue to vaccinate their patients. All individuals aged six months or older who live, work or attend school in Ontario and have no contraindications are encouraged to receive the publicly funded vaccine. Patients with influenza-like illness should be advised to stay home from work or school while ill, and to practice frequent hand hygiene and cough etiquette.

SMDHU continues to have influenza vaccine available for order. Please fax your order form to (705) 721-1495 or call (705) 721-7520 ext. 8808.

For more information on or to [report cases of influenza](#) or other reportable diseases, please call the Communicable Disease Team at: (705) 721-7520 ext. 8809 or Toll Free at: (877) 721-7520 ext. 8809.