Public Health Ontario | Santé publique Ontario

# Influenza and Respiratory Infection Surveillance Package 2018-19

For the 2018-19 season, influenza and respiratory infection surveillance activities will begin on September 1, 2018.

The purpose of this surveillance package is for Public Health Ontario (PHO) to provide public health units (PHUs) with a resource to help with their local surveillance activities.

This package is intended to support PHU entry of high-quality data into the integrated Public Health Information System (iPHIS). The information PHUs provide helps us understand and describe influenza and respiratory infection activity in Ontario and is published in provincial and national surveillance reports. PHO is committed to the continued dissemination of our surveillance reports that describe the epidemiology of influenza and respiratory infections in Ontario, and cannot do this without the assistance and support of our colleagues in local PHUs who provide high-quality data.

## Summary of Public Health Unit Responsibilities

Influenza is a disease of public health significance in Ontario as per Regulation 135/18 and amendments under the *Health Protection and Promotion Act* (HPPA).

PHUs are required to report all laboratory-confirmed cases of influenza in accordance with **iPHIS Bulletin 17 – Timely Entry of Cases.** For the 2018-19 season, data obtained by PHUs during follow-up or as documented on laboratory reports must be collected according to the August 25, 2017 memorandum from the Assistant Deputy Minister (ADM) of the Population and Public Health Division at the Ontario Ministry of Health and Long-Term Care as described below. Entry of data into iPHIS must be in accordance with the most recent version of the "Sporadic Influenza Cases" User Guide which is accessible by emailing iphissupport.moh@ontario.ca

### Laboratory-Confirmed Influenza Case Follow-up: 2018-19 Season

General information contained on the laboratory report is to be entered into iPHIS for all reported cases of influenza. There is no provincial requirement for PHUs to follow-up any laboratory-confirmed seasonal influenza cases; however, they may choose to do so for their own surveillance needs. This is the process outlined in the ADM memorandum regarding *Follow-up and reporting of laboratory-confirmed cases of seasonal influenza in Ontario* distributed August 25, 2017.

## Laboratory-Confirmed Influenza Case Data Entry Process: 2018-19 Season

For all laboratory-confirmed seasonal influenza cases, PHUs are only required to enter into iPHIS the information available from the laboratory report. Please enter the specific data elements found on the laboratory report in accordance with the "Sporadic Influenza Cases User Guide" which is accessible by emailing iphissupport.moh@ontario.ca.

As per usual practice, please continue to link all laboratory-confirmed cases that are outbreak-associated to the relevant outbreak in iPHIS.

## Respiratory Infection Outbreaks in Institutions and Public Hospitals

"Respiratory infection outbreaks in institutions and public hospitals" is reportable as a disease of public health significance under the HPPA. All respiratory infection outbreaks in institutions and public hospitals **must** be entered into iPHIS within **one business day** of the PHU receiving notification of the outbreak, in accordance with **iPHIS Bulletin 17 – Timely Entry of Cases.** Definitions and other relevant information can be found in "Respiratory Infection OB in Institutions User Guide v. 1.0" accessible by emailing iphissupoort.moh@ontario.ca. Required fields to be reported within the first business day include but are not limited to:

- Summary case counts (as reported when outbreak is declared) by role (e.g., staff and residents)
- Outbreak description
- Laboratory-confirmed organism (if known)
- Outbreak setting type

Please note that the **summary case count by role MUST be entered in iPHIS** in order for the outbreak to be included in the Ontario Respiratory Pathogen Bulletin and for the assessment of influenza activity levels. If the entered total number of cases (as reported when the outbreak is declared) does not meet case definition for a confirmed outbreak, the outbreak will not be included.

Final reports of respiratory infection outbreaks in institutions and public hospitals must be entered into iPHIS **and the outbreak closed as soon as possible and by no later than 15 business days** after the outbreak has been declared over. **PHUs are asked to enter the "declared over" date for the outbreak as soon as possible, ideally within 1 business day of the declared over date.** Between the notification of the outbreak and it being declared over, information should be updated in iPHIS as required, such as if there are significant changes to the status of the outbreak (e.g., marked increase in the number of cases, hospitalizations or outbreak-associated deaths). New for the 2018-19 influenza season, PHO will be producing regular reports analyzing respiratory infection outbreaks in institutions and public hospitals by severity indicators, which will rely on timely entry of outbreak data in iPHIS.

## Reporting Requirements

- PHUs are requested to immediately contact cd@oahpp.ca when you have been notified of the first laboratory-confirmed influenza case **and** the first confirmed influenza outbreak in an institution or public hospital in your jurisdiction for the 2018-19 respiratory virus season.

- **PHUs are also requested to report weekly influenza activity levels year round** by sending a completed Appendix C form to PHO via email: cd@oahpp.ca. **The deadline for reporting is 4:00 PM each Tuesday** to ensure your PHU's activity level is included in the Ontario Respiratory Pathogen Bulletin and Ontario Influenza Activity Map.

**Important Note:** We request that you take time to review the attached Appendix C form and ensure that the 2018-19 version is used when reporting the weekly influenza activity level for your PHU. **Influenza activity levels reported using the Appendix C form should correspond to the case and outbreak information reported in iPHIS** (see Appendix B).

If you have any questions about how to fill out the form prior to submission, please contact cd@oahpp.ca.

# Goal and Objectives

## Ontario Respiratory Virus Surveillance Program

**GOAL:**

To promote early detection and provide timely, comprehensive information regarding respiratory infections in Ontario, including influenza, in order to guide prevention and control efforts.

**OBJECTIVES:**

1. To raise awareness of influenza and respiratory virus activity and support the implementation of appropriate prevention and control measures, accurate and timely information is collected that will:
    a. Allow the onset, duration, conclusion, geographic patterns, severity and progression of seasonal respiratory virus activity, especially influenza, to be determined;
    b. Detect unusual events (e.g., new respiratory pathogens, unusual outcomes or syndromes, unusual severity or distribution, and new influenza strains including epizootic strains, antigenic drift/shift);
    c. Identify dominant circulating respiratory viruses;
    d. Identify influenza types and subtypes to enable comparisons between circulating influenza strains and strains included in and/or recommended for the current season's influenza vaccine;
    e. Estimate influenza and influenza-like illness (ILI) indicators such as attack rates, emergency department visits, hospitalization rates, and case fatality rates;
    f. Identify high-risk groups for influenza illness and complications; and
    g. Allow comparisons with national and international respiratory virus activity.
2. To share accurate and timely surveillance information with public health partners at the local, provincial, national and international levels in order to:
    a. Anticipate and guide prevention, response, and control efforts;
    b. Evaluate treatment, prophylaxis and control measures in the management and termination of outbreaks; and
    c. Guide and inform timely research.

# Dissemination Strategy for Surveillance Reports

As part of the Ontario Influenza and Respiratory Infection Surveillance Program, PHO produces surveillance reports that are routinely distributed for the purpose of informing health care providers and public health partners at the local, provincial, and federal levels and contribute to national and global surveillance. The surveillance reports include:

## Ontario Respiratory Pathogen Bulletin

Information reported by PHUs and PHAC are collated, analyzed and published weekly in the Ontario Respiratory Pathogen Bulletin (ORPB) by PHO. Bulletins from the 2011–2012 season and onwards are available on PHO's website.

Components of the ORPB are available in an interactive format on the ORPB page of PHO's website.

In addition, for the 2018-19 season PHO will be producing regular reports analyzing institutional outbreaks by severity indicators.

## Laboratory-Based Respiratory Pathogen Surveillance Report

The Laboratory-Based Respiratory Pathogen Surveillance Report is available on PHO's website. This report is based on laboratory test results conducted by the Public Health Ontario Laboratories.

Information from the Laboratory–Based Respiratory Pathogen Surveillance Report is incorporated into the Ontario Respiratory Pathogen Bulletin on a weekly basis when the Bulletin switches to weekly publication of the full bulletin (i.e. November to April).

# Internet Access to Surveillance Package Materials:

The following surveillance package materials are available online. Click the hyperlink to go to the Ontario Respiratory Pathogen Bulletin site. Scroll to the bottom of the page.

**Materials available under the Provincial surveillance reporting section are as follows:**

- Ontario Influenza and Respiratory Infection Surveillance Package 2018-19
- Appendix C: Ontario Influenza Activity Report
- 2018-19 Surveillance Weeks

# Appendix A: Program Components

For the 2018–19 influenza and respiratory infection season, surveillance will consist of the following four main components of which the first three are provided by PHUs:

**1. Influenza activity reporting (Appendix C)**

Influenza activity in the PHU's surveillance area should be assessed by the Medical Officer of Health (MOH), or designate in consultation with the MOH, and reported as one of four activity levels described in Appendix C. For the purposes of activity level reporting, a surveillance week runs from Sunday to Saturday. When assessing influenza activity based on laboratory-confirmed cases, please use the date the report was received at the PHU to determine if the case occurred in the current surveillance week. When assessing influenza activity based on influenza outbreak data, please use the date the outbreak was declared and the declared over date (if applicable) to assess if the outbreak remains ongoing during the current surveillance week. Additional information on influenza activity reporting is provided in Appendix B.

PHO runs a weekly report from iPHIS to validate PHU influenza activity level assessments as part of an ongoing data quality initiative for influenza. When differences in the activity levels are observed, it is most often because one or more of the following have not been entered into iPHIS: sporadically occurring cases, outbreaks in institutions, the number of initially-reported and final outbreak-associated cases (i.e., under summary counts by role), or if the outbreak is over but either the "declared over" date has not been entered or the outbreak status was not "closed" within 15 business days.

**2. Integrated Public Health Information System (iPHIS) reporting of laboratory-confirmed influenza cases**

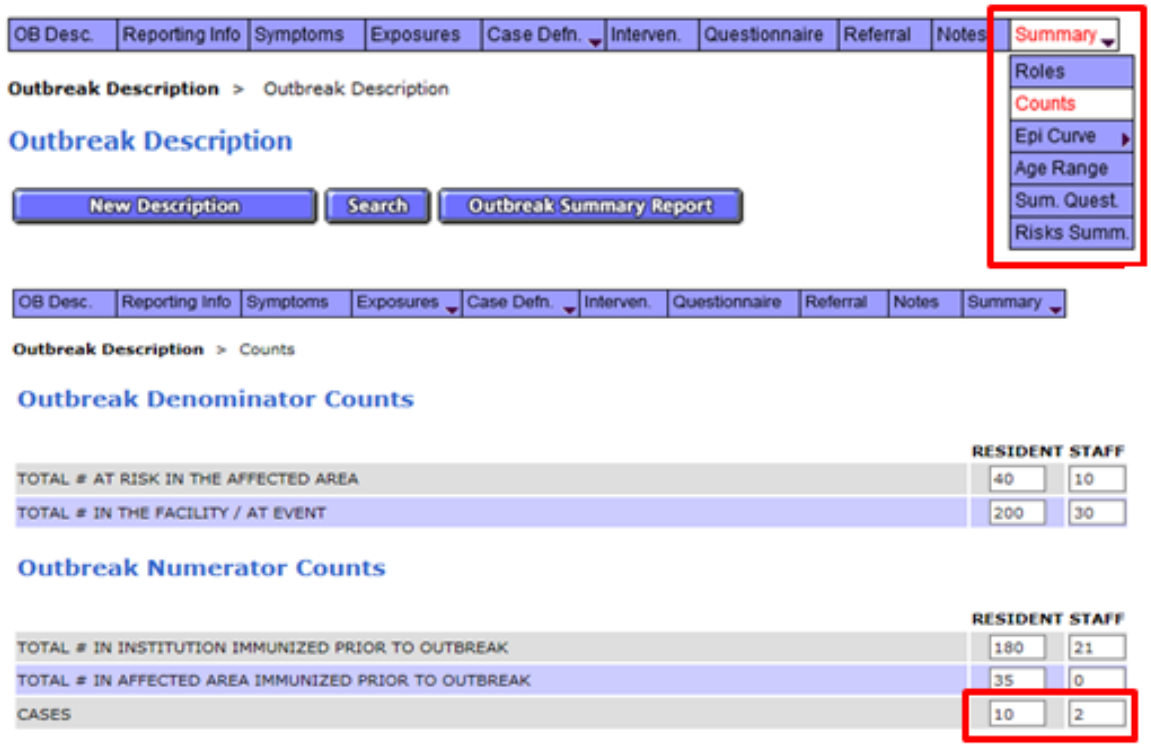
Case records for both sporadic and outbreak-associated cases of laboratory-confirmed influenza must be individually entered in iPHIS based on information provided on the laboratory report. Please note that laboratory-confirmed cases of influenza associated with an outbreak in an institution or public hospital must also be linked to that outbreak. In addition, an aggregate count of all outbreak-related cases must be entered in the outbreak summary section of iPHIS as per the "Respiratory infection outbreaks in institutions and public hospitals" section below.

**3. iPHIS reporting of "Respiratory infection outbreaks in institutions and public hospitals"**

The reporting of respiratory infection outbreaks, many of which may be caused by pathogens other than influenza, is a legal reporting requirement under the HPPA. PHUs must report, via iPHIS, on respiratory infection outbreaks in institutions and public hospitals including but not limited to: certain long-term care homes including nursing homes, homes for the aged and facilities operating under the former *Developmental Services Act.* Please note that psychiatric facilities as defined under the *Mental Health Act* are considered institutions under the HPPA. A complete list of institutions can be found under section 21 (1) of the HPPA.

While reporting by retirement homes is not expressly required under the HPPA, PHUs often do consider retirement homes to fall under the definition of an institution, as "any other place of a similar nature" under the HPPA section 21(1). Under the *Retirement Homes Act* regulation 166/11, retirement homes are required to have an infection prevention and control program which includes developing a written surveillance protocol and reporting outbreaks to the local MOH or designate. Influenza outbreaks in retirement homes can be considered as outbreaks when determining influenza activity levels by PHUs. Reporting of respiratory infection outbreaks by schools is not required; however, some PHUs use reports by schools to assist in determining influenza activity in their jurisdiction. School-based influenza outbreaks can be used when determining influenza activity levels by PHUs, however, if influenza outbreaks in schools have been used to determine the activity level, **please note this information in the comments section of the Appendix C form.** (See Q7 of Appendix C Reporting: Questions and Answers)

**Where reporting is required, preliminary reports of respiratory infection outbreaks in institutions and public hospitals must be entered within one business day of notification.** All outbreak-associated influenza cases (i.e., both laboratory-confirmed and epi-linked) linked to an institution **must be entered into iPHIS using the 'CASES' field in iPHIS**, which can be located via this path: ***Outbreak Description > Summary > Counts > Outbreak Numerator Counts > CASES (see iPHIS screen shot below).*** The term aggregate case count refers to the total number of cases entered for both 'RESIDENTS' and 'STAFF' (see red box highlighted below). The aggregate case count in iPHIS reports are extracted from this field, and are not based on epi-curve data or laboratory-confirmed cases that are linked to the outbreak.



The final report of a respiratory infection outbreak in an institution or public hospital must be entered into iPHIS by no later than 15 business days after the outbreak has been declared over. However, **please ensure the "declared over date" is entered as soon as possible, ideally within 1 business day of the declared over date for the outbreak.** The **Date Outbreak Declared Over** for an influenza outbreak in institutions or public hospitals is a key component in the influenza activity level assessment.

Between the notification of the outbreak and it being declared over, information on outbreaks should be updated when there are significant changes to the status of the outbreak (e.g., the causative organism has been identified, there have been deaths or hospitalizations attributed to the outbreak, or high attack rates are noted). This will enable accurate and timely analysis of surveillance data and estimates of the level and severity of influenza-like illness (ILI) activity in the province as the influenza and respiratory infection season progresses.

**4. Laboratory surveillance conducted by the Public Health Agency of Canada (PHAC)**

Sixteen Ontario laboratories participate in national respiratory virus surveillance providing laboratory results to both the appropriate PHU and PHAC. Further strain characterization of influenza isolates (approximately 5-10% of positive influenza isolates, primarily at the beginning and end of the season) and other laboratory testing (e.g., antiviral resistance testing) for influenza are done at PHAC's National Microbiology Laboratory (NML) in Winnipeg.

# Appendix B: Ontario Influenza Activity Level Assessment for Appendix C Reporting: Questions and Answers

As part of the national influenza surveillance strategy, Ontario, along with other provinces and territories, adheres to national FluWatch surveillance definitions. In an effort to clarify FluWatch definitions and their application to determining influenza activity level assessment in Ontario, these questions and answers have been developed based on the most common questions PHO receives about activity level assignments.

## The process:

Influenza activity levels submitted by PHUs are used in the weekly Ontario Respiratory Pathogen Bulletin to describe influenza activity across Ontario. The PHU activity levels are also used to collate regional activity levels which are used by PHAC for their weekly FluWatch bulletin. More importantly, staff in institutions and public hospitals, Medical Officers of Health, Communicable Disease Program Directors, Managers, and other PHU staff carefully monitor surveillance data from neighbouring PHUs as well as their own regional information during the influenza season. **Individual assessment levels contribute to and impact the local, provincial and national surveillance picture for influenza, therefore accuracy is important.**

To collect information on these activity levels in Ontario, PHO distributes an updated version of Appendix C annually. For the purposes of assessing influenza activity and reporting through Appendix C, the main indicators of weekly activity levels are laboratory-confirmed cases of influenza and laboratory-confirmed influenza A and B outbreaks in institutions and public hospitals. Other non-influenza influenza-like illness (ILI) outbreaks are identified and reported in the Ontario Respiratory Pathogen Bulletin, but do not contribute to determining the influenza activity level.

The PHAC FluWatch definitions form the basis for our activity level reporting. There are four levels of activity that a PHU may assign to their area each surveillance week, which is defined as the preceding week from Sunday to Saturday inclusive. The descriptions of the activity levels listed here represent an Ontario-specific operationalization of PHAC's FluWatch activity level definitions:

1. **No activity -** no laboratory-confirmed cases of influenza reported and no ongoing laboratory-confirmed influenza outbreak in an institution or public hospital (e.g., hospitals, LTCHs, retirement homes)

2. **Sporadic** – at least one laboratory-confirmed case of influenza* with no ongoing laboratory-confirmed influenza outbreaks in an institution or public hospital

3. **Localized** – at least one ongoing laboratory-confirmed influenza outbreak in an institution or public hospital during the surveillance week even if the outbreak was declared over on the first day of the surveillance week

4. **Widespread** – multiple ongoing laboratory-confirmed influenza outbreaks in institutions or public hospitals separated by some geographic distance, in other words, non-adjacent areas. **PHUs should also consider the number (i.e. numerator) of institutions or public hospitals in active outbreak out of the denominator of all eligible institutions or public hospitals (e.g., LTCHs, hospitals, retirement homes, etc.) in their unit when assigning this activity level. For clarification refer to Q6 below.** As a general rule, for health units with 30 or more facilities at least 10% of these facilities should be experiencing an ongoing influenza outbreak to declare "widespread" activity. For health units with less than 30 institutions/facilities, at least 15% should be in an active influenza outbreak.

*Confirmation of influenza within the surveillance area at any time within the surveillance week based on the date the health unit received the laboratory report.

**Note**: Outbreaks in schools may be considered when assessing activity, see Q7 below.

To assist with the influenza activity level assessment, please complete the section of Appendix C entitled "PHU surveillance information" to determine 1) if the PHU entered any laboratory-confirmed cases into iPHIS for that surveillance week and 2) if there were any influenza outbreaks in institutions or public hospitals occurring in the reporting period as entered in iPHIS **with at least two outbreak-associated cases in total entered** in the aggregate case count section as shown in Appendix A #3. This information can help guide the PHU in assigning the appropriate activity level.

**Q1: How do I decide what date to use when I am assigning influenza activity levels based on laboratory-confirmed influenza cases/outbreaks?**

**A:** To enhance data accuracy, PHUs are asked to use the date on which they received laboratory-confirmation of influenza (i.e. the date they received a report). Note that laboratory-confirmed cases used in the assessment of activity level should be entered into iPHIS in accordance with iPHIS Bulletin 17 – The Timely Entry of Cases. PHO has developed Cognos reports that will allow PHUs to review information regarding reported influenza cases and outbreaks and verify that sporadic influenza cases and aggregate case counts for influenza outbreaks have been entered in iPHIS (see Program Components 2 above). We recommend that PHUs use these reports to complete Appendix C: Ontario Influenza Activity Report for the 2018-19 Season. They allow PHUs to validate influenza activity prior to reporting to the province. The Cognos reports are located on the Custom Reporting site in the Public Folders Section: Public Folders > CRN 2.0 > PHU and PHD Shared Reports > Ontario Respiratory Pathogen Bulletin reports

To maintain the integrity of the original reports, users must copy them to their PHU's folder before modifying, running, or saving outputs from the report.

**Q2: Our PHU is reporting three ILI outbreaks, and no laboratory-confirmed community cases have been reported to our PHU. The etiologic agent is coronavirus for two and unknown for the other. How should I assign the activity level?**

**A:** The correct level is "no activity". Once there has been a laboratory-confirmed influenza case that is not part of an outbreak, the activity level increases to "sporadic". When there is at least one laboratory-confirmed influenza outbreak, the activity level is deemed to be "localized". In order for the level to be "sporadic" or "localized" there must be a **laboratory-confirmed case of influenza in that PHU area.** For "localized", there **must be a laboratory-confirmed** influenza outbreak in an institution or public hospital with at least two outbreak-associated cases entered into iPHIS under the iPHIS Outbreak Summary Counts screen in the "Cases" field.

**Q3: There are two community cases of laboratory-confirmed influenza and one outbreak of RSV in a long term care home. However there are no laboratory-confirmed influenza outbreaks. What is the correct activity level for my PHU?**

**A:** The correct activity level is "sporadic."

When only community cases of influenza are reported which are not associated with an outbreak, the influenza activity level is considered "sporadic". In this case, your PHU does not meet the definition of "localized" because a laboratory-confirmed influenza outbreak has not been declared. The distinguishing factor between "sporadic" and "localized" is **the presence of one or more laboratory-confirmed influenza outbreaks in institutions or public hospitals.**

**Q4: Our PHU has reported and entered three influenza A outbreaks in long term care homes in iPHIS but did not enter aggregate case counts and we received a call from PHO to inform us that the outbreaks will be excluded from the Ontario Respiratory Pathogen Bulletin. Why?**

**A:** PHO verifies that all respiratory infection outbreaks in institutions or public hospitals meet the case definition for an outbreak in order to report them in the Ontario Respiratory Pathogen Bulletin. **An influenza outbreak with no aggregate case counts entered does not meet the provincial definition for a confirmed influenza outbreak,** would not be included in the Bulletin and would not meet the criteria for "localized" activity if that was the only influenza outbreak for that health unit. PHO may contact the PHU to verify if cases are associated with the outbreak and request that aggregate case counts be entered in the aggregate case count field. PHUs should enter outbreak information within **one business day of outbreak notification**; at a minimum this information should include **aggregate case count by role** (e.g., staff and residents), **causative organism** (if known) and **outbreak setting type**, in accordance with iPHIS Bulletin 17 – The Timely Entry of Cases. It is important to enter the setting type for the outbreak, as certain settings (e.g., correctional facilities) are not used at the provincial level to assess influenza activity level. Also, if an influenza outbreak is ongoing at any time during the surveillance week (e.g., even if it is declared over on the first day of the surveillance week), this will be considered an outbreak for that surveillance week and affect the activity level for the PHU.

**Q5: During the previous reporting week, we reported two influenza A outbreaks in an institution or public hospital and four community cases of influenza B. We reported "localized" activity. For the current reporting week, the outbreaks are ongoing and no new community cases have been reported. What activity level should be reported for the current week?**

**A:** As long as your outbreaks are ongoing (i.e. the outbreak has not been declared over), then the reporting level remains "localized" unless other criteria have been met that results in an upgrade to the activity level to "widespread". For example, if your outbreak(s) remain ongoing for five weeks, then your reporting level is "localized" for five weeks (provided that there are no new reported outbreaks which may elevate your activity level to "widespread"). Once the outbreak is over, **please enter the "declared over" date as soon as possible—ideally within 1 business day**, otherwise this may affect the provincial activity level assessment for your PHU. Weekly activity levels for each PHU are validated provincially because of the potential impact on reporting for the national FluWatch program.

**Q6: How do I decide when to designate "localized" as opposed to "widespread" influenza activity?**

**A:** As a general rule, for health units with 30 or more institutions or public hospitals (e.g. LTCHs, hospitals, retirement homes), at least 10% of these institutions or public hospitals should be experiencing an ongoing influenza outbreak to declare "widespread" activity. For health units with less than 30 institutions or public hospitals, at least 15% should be in an active influenza outbreak. While assigning an activity level of "widespread" activity in your PHU is somewhat subjective it should involve **multiple outbreaks** separated by some geographic distance. The following examples may help provide some guidance:

- "Localized" activity is the existence of a few influenza outbreaks in long-term care homes (there is no set number, as this is dependent on the total number of homes and other types of institutions/facilities in your region).

- If there are multiple outbreaks within the PHU area, the category of "widespread" activity should be considered. We recommend at least 10% of the total institutions or public hospitals (e.g. LTCHs, retirement homes and hospitals) are in active influenza outbreak for a "widespread" designation for health units with 30 or more facilities. This would increase to 15% for health units with less than 30 facilities.

Please contact cd@oahpp.ca if you require further clarification or assistance when completing your assessment for the Appendix C: Influenza Activity Report.

**Q7: My PHU has two schools that have reported greater than 10% absenteeism. We have been informed that at least one child is off with laboratory-confirmed influenza in one school. We have no other facility outbreaks. Based on this information would the activity level be sporadic or localized?**

**A:** It is preferred that localized activity levels reflect institution or public hospital influenza outbreak activity and influenza transmission within that institution or public hospital. A single laboratory-

confirmed case of influenza in a school along with higher ILI activity levels or absenteeism could be indicative of many respiratory viruses in circulation in the general community, and may not reflect influenza transmission in the school setting. However, if the PHU is of the belief that the elevated ILI/absenteeism level in the school is likely due to influenza and there is at least one laboratory-confirmed case in a student, then the PHU can classify the activity level as "localized" at their discretion. If assessing "localized" for this reason, **please document in writing on Appendix C** that the elevated ILI/absenteeism is in conjunction with laboratory-confirmed influenza in a student/s or school staff.

**Q8: What does the PHO influenza surveillance team do with activity level assignments submitted by PHUs?**

**A:** All activity levels submitted by PHUs are used to develop the map of influenza activity levels in the Ontario Respiratory Pathogen Bulletin and to update the interactive map on the ORPB website. PHU level data is also aggregated into regional activity levels and submitted weekly to PHAC for inclusion in FluWatch. However, prior to inclusion in the Bulletin and FluWatch, activity level reports must first be validated. For example, if a PHU reports "sporadic" activity and there are no laboratory-confirmed influenza cases entered into iPHIS to support that category, then a member of PHO's Communicable Diseases team will call the PHU to clarify, since sometimes the PHU is aware of a confirmed influenza case that has not yet been reported through iPHIS, or the activity has been inadvertently assigned under an incorrect surveillance week. Please note it is important to enter aggregate influenza cases associated with outbreaks within one business day in order to confirm reports of influenza activity levels. However, inconsistencies may occur since PHO extracts data from iPHIS on Wednesdays and activity levels are assigned by PHUs on Mondays or Tuesdays.

**Q9: My PHU declared two laboratory-confirmed influenza outbreaks over on the first day of the current reporting period and there are no other confirmed influenza cases in the PHU. How should we categorize our activity level?**

**A:** Your PHU will be categorized as "localized" because the outbreaks were still ongoing during the current reporting period (note that a surveillance week is considered to be Sunday to Saturday, inclusive, of the preceding week), even if the outbreak was declared over on the first day of the reporting period. If there are no new laboratory-confirmed cases for the following reporting period, the PHU will then be categorized as having "no activity".

**Q10: Which outbreak-related deaths must be entered into iPHIS?**

**A:** Please enter the number of outbreak-related deaths that are believed to be as a result of infection with the organism identified in the outbreak that occurred in cases who were line listed and met the case definition. If the cause of death is unclear, the PHU should follow up with the most responsible physician (e.g., attending physician in the hospital or medical director of a long-term care home) to attempt to clarify if the death is related to infection from the outbreak.

# Appendix C: Ontario Influenza Activity Report for the 2018–19 season

**Public Health Units**: Please e-mail the **"Activity Report" to: cd@oahpp.ca every Tuesday by 4:00 p.m. year round** to ensure your PHU's data is included in the weekly *Ontario Respiratory Pathogen Bulletin* and accurate Ontario data is included in FluWatch. Please refer to the Q and A document for clarification in regards to assigning influenza activity levels.

Public Health Unit Name: _____ Public Health Unit Master No. _____

Individual responsible for report: First Name:_____ Last Name:_____

Contact Tel. No. _____ ext:_____

Surveillance week* From: _____ To: _____

*Please note dates must correspond to surveillance weeks (Sunday to Saturday) in the *Ontario Respiratory Pathogen Bulletin*

**PUBLIC HEALTH UNIT SURVEILLANCE INFORMATION**

Have there been laboratory-confirmed influenza **cases** reported during this week ☐ Yes ☐ No

If yes, number of laboratory-confirmed influenza cases reported this week:_____

Have there been laboratory-confirmed influenza **outbreaks*** declared or ongoing during this week: ☐ Yes ☐ No

If yes, number of new or ongoing laboratory-confirmed influenza outbreaks with two or more cases in total (based on aggregate case counts which include residents and staff): _____

**Definition Influenza Outbreak in an institution or public hospital:**
An institution or public hospital with: two cases of acute respiratory infection (ARI) within 48 hours with any common epidemiological link (e.g., unit, floor), at least one of which must be laboratory-confirmed. ***Note:*** *Cases can include residents/patients and/or staff. For public hospitals, cases refer to health care associated cases.*

**INFLUENZA ACTIVITY LEVEL THIS WEEK (Please mark most appropriate influenza activity level with an "X")**

☐ **1= No activity:** no laboratory-confirmed cases of influenza reported and no ongoing laboratory-confirmed influenza outbreaks in institutions or public hospitals (e.g. hospitals, LTCHs, retirement homes)

☐ **2= Sporadic:** at least one laboratory-confirmed case of influenza* with no ongoing laboratory-confirmed influenza outbreaks in institutions or public hospitals

☐ **3= Localized:** at least one ongoing laboratory-confirmed influenza outbreak in institutions or public hospitals even if the outbreak was declared over on the first day of the surveillance period. Outbreak-associated cases must be entered under the "summary counts by role" field in iPHIS.

☐ **4= Widespread:** multiple ongoing laboratory-confirmed influenza outbreaks in institutions or public hospitals separated by some geographic distance, in other words, non-adjacent areas. PHUs should also consider the numerator of outbreaks in institutions or public hospitals out of the denominator of all eligible institutions or public hospitals in their unit when assigning this activity level. As a general rule, for health units with 30 or more institutions or public hospitals at least 10% of these institutions or public hospitals should be experiencing an ongoing influenza outbreak to declare "widespread" activity. For health units with less than 30 institutions or public hospitals, at least 15% should be in an active influenza outbreak. **Note:** Outbreaks in schools may be considered when assessing activity, see Q7 in 'Appendix B: Ontario Influenza Activity Level Assessment for Appendix C Reporting: Questions and Answers'.

***Confirmation of influenza **at any time within the surveillance week** based on the date the health unit received the laboratory report.

## Appendix D: Influenza Surveillance Weeks for the 2018-19 Season

| 2018 | | | 2019 | | |
|---|---|---|---|---|---|
| **WEEK** | **START** | **END** | **WEEK** | **START** | **END** |
| WK35 | 26-Aug-18 | 01-Sept-18 | WK1 | 30-Dec-18 | 05-Jan-19 |
| WK36 | 02-Sept-18 | 08-Sept-18 | WK2 | 06-Jan-19 | 12-Jan-19 |
| WK37 | 09-Sept-18 | 15-Sept-18 | WK3 | 13-Jan-19 | 19-Jan-19 |
| WK38 | 16-Sept-18 | 22-Sept-18 | WK4 | 20-Jan-19 | 26-Jan-19 |
| WK39 | 23-Sept-18 | 29-Sept-18 | WK5 | 27-Jan-19 | 02-Feb-19 |
| WK40 | 30-Sept-18 | 06-Oct-18 | WK6 | 03-Feb-19 | 09-Feb-19 |
| WK41 | 07-Oct-18 | 13-Oct-18 | WK7 | 10-Feb-19 | 16-Feb-19 |
| WK42 | 14-Oct-18 | 20-Oct-18 | WK8 | 17-Feb-19 | 23-Feb-19 |
| WK43 | 21-Oct-18 | 27-Oct-18 | WK9 | 24-Feb-19 | 02-Mar-19 |
| WK44 | 28-Oct-18 | 03-Nov-18 | WK10 | 03-Mar-19 | 09-Mar-19 |
| WK45 | 04-Nov-18 | 10-Nov-18 | WK11 | 10-Mar-19 | 16-Mar-19 |
| WK46 | 11-Nov-18 | 17-Nov-18 | WK12 | 17-Mar-19 | 23-Mar-19 |
| WK47 | 18-Nov-18 | 24-Nov-18 | WK13 | 24-Mar-19 | 30-Mar-19 |
| WK48 | 25-Nov-18 | 01-Dec-18 | WK14 | 31-Mar-19 | 06-Apr-19 |
| WK49 | 02-Dec-18 | 08-Dec-18 | WK15 | 07-Apr-19 | 13-Apr-19 |
| WK50 | 09-Dec-18 | 15-Dec-18 | WK16 | 14-Apr-19 | 20-Apr-19 |
| WK51 | 16-Dec-18 | 22-Dec-18 | WK17 | 21-Apr-19 | 27-Apr-19 |
| WK52 | 23-Dec-18 | 29-Dec-18 | WK18 | 28-Apr-19 | 04-May-19 |
| | | | WK19 | 05-May-19 | 11-May-19 |
| | | | WK20 | 12-May-19 | 18-May-19 |
| | | | WK21 | 19-May-19 | 25-May-19 |
| | | | WK22 | 26-May-19 | 01-Jun-19 |
| | | | WK23 | 02-Jun-19 | 08-Jun-19 |
| | | | WK24 | 09-Jun-19 | 15-Jun-19 |
| | | | WK25 | 16-Jun-19 | 22-Jun-19 |
| | | | WK26 | 23-Jun-19 | 29-Jun-19 |
| | | | WK27 | 30-Jun-19 | 06-Jul-19 |
| | | | WK28 | 07-Jul-19 | 13-Jul-19 |
| | | | WK29 | 14-Jul-19 | 20-Jul-19 |
| | | | WK30 | 21-Jul-19 | 27-Jul-19 |
| | | | WK31 | 28-Jul-19 | 03-Aug-19 |
| | | | WK32 | 04-Aug-19 | 10-Aug-19 |
| | | | WK33 | 11-Aug-19 | 17-Aug-19 |
| | | | WK34 | 18-Aug-19 | 24-Aug-19 |