MEMORANDUM

TO: Medical Officers of Health and Associate Medical Officers of Health
    Directors of Communicable Disease and Vaccine Preventable Disease Control
    Communicable Disease Managers

RE: Ontario Influenza and Respiratory Infection Surveillance Program 2012–2013

Dear Colleagues:

This letter is to update you regarding the status and components of the Ontario influenza and respiratory infection surveillance program. For the 2012–2013 season, full influenza and respiratory infection surveillance activities will commence on September 1, 2012. Your involvement is essential to achieve a successful provincial influenza surveillance program that accurately reflects influenza and respiratory infection outbreak activity in Ontario. Newly emerging respiratory viruses and influenza strains such as reassortant influenza viruses, avian influenza, and the 2009 H1N1 influenza pandemic support the need for vigilant respiratory infection outbreak surveillance.

Information included in this package:

1) Goals, objectives and surveillance activities for the Ontario Influenza and Respiratory Infection Surveillance Program 2012–2013
2) Dissemination strategy for surveillance results
3) Summary of the responsibilities for the Public Health Units
4) How to access surveillance package materials on the internet and a list of available materials
5) Detailed information about program components (Appendix A)
6) Questions and Answers about Ontario Influenza Activity Level Assessment (Appendix B)
7) Ontario Influenza Activity Report (see Appendix C)
Thank you once again for your commitment to the surveillance of influenza and other respiratory infection outbreaks in institutions in Ontario. Your health unit’s involvement is essential to conducting a successful provincial surveillance program, and your work is greatly appreciated.

If you have any questions about the information in any of the materials included in this surveillance package, please contact: Sofia da Silva, Nurse Consultant at (647) 260-7625 or Sofia.daSilva@oahpp.ca or Anne Winter, Manager (A), Surveillance Services at (647) 260-7188 or Anne-Luise.Winter@oahpp.ca.

Sincerely,

Dr. Natasha Crowcroft
Chief, Communicable and Infectious Diseases
Public Health Ontario

Attachments

c: Dr. Arlene King, Chief Medical Officer of Health
   Dr. Vivek Goel, President and CEO, Public Health Ontario
   Dr. Doug Sider, Associate Chief Medical Officer of Health (A), Health Protection and Prevention
   Dr. George Pasut, Vice-President, Science and Public Health, Public Health Ontario
# Goals, Objectives and Activities:

## Ontario Influenza and Respiratory Infection Surveillance Program

### PROMOTE EARLY DETECTION OF RESPIRATORY INFECTIONS INCLUDING INFLUENZA TO GUIDE PREVENTION & CONTROL EFFORTS

To monitor, analyze and communicate in a timely fashion the onset, duration, conclusion, geographic patterns, severity and progression of seasonal influenza activity, in order to anticipate heightened influenza activity.

To monitor influenza-like illness (ILI) activity to provide accurate and timely information for the:

a) Detection of unusual events (new influenza strains including epizootic strains, antigenic drift/shift, unusual outcomes or syndromes, unusual severity or distribution);
b) Identification of influenza types and subtypes to enable comparisons between circulating influenza strains and vaccine composition and recommendations;
c) Comparison with national and international respiratory virus activity; and
d) Estimation of ILI indicators such as attack rates, hospitalization rates, emergency room visits and case fatality rates.

To describe the epidemiology (e.g. incidence and prevalence) of influenza and other viral respiratory illnesses (endemic, emerging and re-emerging), including the identification of high-risk groups for the implementation of appropriate prevention and control measures.

To share accurate and timely surveillance information to public health partners at the local, provincial, national and international levels in order to:

a) Anticipate and guide prevention, response and control efforts;
b) Guide and inform timely research; and
c) Evaluate treatment, prophylaxis and control measures in the management and termination of outbreaks.

### Laboratory Surveillance: Public Health Ontario Laboratories and the National Microbiology Laboratory, percent positivity of circulating respiratory viruses

**iPHIS:** Laboratory-confirmed influenza cases, respiratory infection outbreaks in institutions, and influenza-related hospitalizations and deaths

**Influenza Vaccine Effectiveness Study**

**FluWatch:** Sentinel reporting of ILI consultation rates

**Telehealth Ontario:** Geo-temporal aberrations and clustering of fever/ILI and respiratory calls

**Global influenza activity monitoring**

**IMPACT** (Immunization Monitoring Program ACTive)
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 public health partners at the local, provincial and federal levels and contribute to federal and global surveillance. The surveillance reports include:

**Ontario Influenza Bulletin**

**Laboratory-Based Respiratory Pathogen Report**
The report is available on PHO’s website at [http://www.oahpp.ca/services/pho-laboratories-surveillance-updates.html](http://www.oahpp.ca/services/pho-laboratories-surveillance-updates.html).

**Telehealth**
PHO conducts surveillance using Telehealth call data that has been categorized into three syndromes: gastrointestinal (GI), fever/influenza-like illness (ILI) and respiratory (which includes both upper and lower respiratory symptoms). Data are utilized to determine whether observed call volumes are greater than expected and to identify significant clusters of targeted syndromes. Significant geo-temporal clusters (detected using SaTScan) and/or temporal aberrations (detected using the Early Aberration Reporting System [EARS]) are communicated through the Public Health Ontario Portal and directly to affected health unit(s) when they occur. The results of the monthly telehealth analyses for the detection of significant geo-temporal clusters and/or temporal aberrations can be found in the Monthly Infectious Diseases Surveillance Report available online at: [http://www.oahpp.ca/resources/monthly-infectious-diseases-surveillance-report.html](http://www.oahpp.ca/resources/monthly-infectious-diseases-surveillance-report.html).

**FluWatch**
PHO collates information reported by public health units via Appendix C and forwards this information to PHAC for inclusion in *FluWatch* – the summary report for influenza activity in Canada. *FluWatch* summary reports are also used by the World Health Organization (WHO) to monitor and prepare reports on influenza activity worldwide. FluWatch reports are available online at: [www.phac-aspc.gc.ca/fluwatch/](http://www.phac-aspc.gc.ca/fluwatch/).

**Annual Respiratory Infection Report**
PHO will produce a Respiratory Pathogen Surveillance Report which summarizes activity and trends from the previous respiratory season. The report will be published annually and posted on the PHO website at the end of each surveillance season.
Summary of Public Health Unit Responsibilities:

- Health Units are required to report all outbreaks of respiratory infections in institutions as well as laboratory confirmed cases of influenza through iPHIS in accordance with iPHIS Bulletin 17 – Timely Entry of Cases. In addition, health units are requested to immediately notify Sofia da Silva, Nurse Consultant (647) 260-7625 or Maurice Coppin, Communicable Disease Consultant (647) 260-7600 immediately when you have been notified of the first laboratory confirmed influenza outbreak in your jurisdiction for the 2012–2013 influenza and respiratory infection season.

- All institutional respiratory infection outbreaks must be entered into iPHIS within one business day of the health unit receiving notification. Final reports of respiratory infection outbreaks in institutions must be entered into iPHIS no later than 15 days after the outbreak has been declared over. Information on outbreaks should be updated in iPHIS as required if there are significant changes to the status of the outbreak.

- Health units are also requested to report weekly influenza activity year round by faxing Appendix C to Public Health Ontario (PHO) at (647) 260-7757. The deadline for reporting is 4 p.m. each Tuesday to ensure your health unit’s activity level is included in the weekly Ontario Influenza Bulletin or Influenza Activity Map. Ontario influenza activity levels are also included in FluWatch summaries (http://www.phac-aspc.gc.ca/fluwatch/index.html, click on “FluWatch maps”).

- Important Note: We request that you take time to review the attached Appendix C form which has been updated, to ensure that this new version is used when reporting the influenza activity level for your health unit. Influenza activity levels reported through Appendix C should correspond to the information reported through iPHIS (see Appendix B).

- In order to include institutional respiratory infection outbreaks for your jurisdiction in the Ontario Influenza Bulletin, please refer to the iPHIS Final Outbreak Summary User Guide 2008-01-04 (attached) for required fields to be reported including:
  - Outbreak description
  - Laboratory confirmed organism (if known)
  - Outbreak setting type
  - Summary case count by role
Internet Access to Surveillance Package Materials:

To access the surveillance package materials on the internet:

1) Go to www.oahpp.ca
2) Under “Scientific and Technical Support” on the left-hand side of the home page, click “Surveillance and Epidemiology”
3) Under “Ontario Influenza and Respiratory Infection Surveillance Program,” click on the link “Ontario Influenza and Respiratory Infection Surveillance Package 2012-2013”

The following materials are available on PHO’s website:

6. Summary of key screen shots in iPHIS: Screen shots of required fields when reporting an institutional respiratory infection outbreak through iPHIS.

Surveillance information currently available on the portal:

1. FluWatch sentinel physician ILI consultation rates by postal code and by health unit (Public Health Commons > Sentinel Reports>12_13 Influenza Season)
2. Telehealth reports (Syndromic Surveillance Ontario > Syndromic Surveillance Reports > Telehealth Ontario Reports)
Appendix A: Program Components

For the 2012–2013 influenza and respiratory infection season, surveillance will consist of the following five main components:

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

Influenza-like illness activity in the health unit’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 categories described in Appendix C (attached).

Please note that health units are requested to report weekly influenza activity year round by faxing Appendix C to Public Health Ontario (PHO), at: (647) 260-7757. **Please note that the deadline for reporting is 4 p.m. each Tuesday** to ensure your health unit’s activity level will be included in the weekly Ontario Influenza Bulletin. From May to October, the Bulletin will be published bi-weekly, and the influenza activity level map will be published on “non-Bulletin” weeks at http://www.oahpp.ca/resources/flubulletin.html. Reporting of weekly influenza activity year round ensures Ontario’s data are monitored and disseminated to all public health units and stakeholders across the province and data will be included in the Public Health Agency of Canada’s (PHAC) FluWatch summaries.

We are also asking health units to identify sources of data that were used to determine activity levels, including reports from sentinels, Long-Term Care Homes (LTCHs), etc. The list provided on Appendix C is not exhaustive and we ask that you describe, in the space provided, any alternative sources of information that were used as indicators of influenza activity. Also included is a question and answer sheet to assist in the assignment of influenza activity levels.

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

All laboratory confirmed cases of influenza (sporadic and outbreak associated) reported to MOHs under the Health Protection and Promotion Act (HPPA), Ontario Regulation 559/91, should be reported through the integrated Public Health Information System (iPHIS).

All outbreak associated cases linked to an institution should be entered using aggregate counts in iPHIS. Case records for both sporadic and outbreak associated cases can be entered individually.

Health units should enter cases according to the “iPHIS Influenza User Guide” which is accessible through the Public Health Ontario Portal (iPHISOntario > Disease Specific User Guides > Respiratory User Guides). The portal can be accessed at: www.PublicHealthOntario.ca.

3. **iPHIS reporting of ”Respiratory Infection Outbreaks in Institutions”**

"Respiratory Infection Outbreaks in Institutions" are reportable under the Health Protection and Promotion Act (HPPA). Definitions and other relevant information can be found in the document A Guide to Respiratory Infection Outbreaks in Long-Term Care Homes, October 2004, which is available at the MOHLTC website: http://www.health.gov.on.ca/english/providers/pub/pubhealth/ltc_respoutbreak/ltc_respoutbreak.pdf and in “iPHIS Final Outbreak Summary User Guide 2008-01-04” which is accessible through the Public Health Ontario Portal (iPHISOntario > Disease Specific User Guides > Outbreak Summary User Guide). The portal can be accessed at: www.PublicHealthOntario.ca.

Reporting of respiratory infection outbreaks is required by the Health Protection and Promotion Act (HPPA). Health units must report on respiratory infection outbreaks in iPHIS for the following institutions: certain long-term care homes including nursing, homes for the aged and facilities operating under the former Developmental Services Act; and acute care and chronic care hospitals operating under the Public Hospitals Act.

Reporting by retirement homes is not required under the HPPA; however, there has been a history of increased respiratory virus activity in these types of institutions. In recent years, the level of care provided in some retirement homes can be similar to that of nursing homes. For these reasons, we strongly
recommend reporting respiratory infection outbreaks in retirement homes with more than 10 residents. Reporting of respiratory infection outbreaks by schools is not required.

All institutional respiratory infection outbreaks including influenza must be entered into iPHIS within one business day of a health unit receiving notification of the outbreak. A full list of fields that are to be entered within one business day is included in Appendix 1 of the “iPHIS Final Outbreak Summary User Guide 2008-01-04”. The list includes:

- Laboratory confirmed organism/s (if known)
- Outbreak setting type
- Summary case count by role
- Outbreak description

The final report of an institutional respiratory infection outbreak must be entered into iPHIS no later than 15 days after the outbreak has been declared over. However, information on outbreaks should be updated more frequently 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). This will enable accurate and timely analysis of surveillance data and estimates of the level and severity of ILI activity in the province as the influenza and respiratory infection season progresses. (Please refer to “Dissemination Strategy for Surveillance Reports” on page 4).

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

Sixteen Ontario laboratories participate in national influenza surveillance providing influenza-related laboratory results to both public health units and PHAC. The participating public health laboratories are: Toronto, Kingston, Timmins, Thunder Bay, Sault Ste. Marie, Orillia, Sudbury, Ottawa, Peterborough, London and Hamilton Public Health Laboratories and the Toronto Medical Laboratory. The participating hospital-based laboratories are: the Children’s Hospital of Eastern Ontario (Ottawa), the Hospital for Sick Children (Toronto), St. Joseph’s Hospital (London), and Sunnybrook & Women’s College Health Sciences Centre (Toronto). Further strain characterization (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 the PHAC National Microbiology Laboratory (NML) in Winnipeg. Aggregate data are forwarded to PHO from PHAC and published in the Ontario Influenza Bulletin.

5. **Sentinel influenza surveillance conducted by PHAC**

PHAC through its FluWatch program collects data on ILI reported by sentinels. The number of these sentinels is determined by census divisions throughout the country. Data from Ontario sentinels are sent to PHO by PHAC, and the provincial consultation rate is reported in the *Ontario Influenza Bulletin*. Consultation rate data by postal code are also posted on the Public Health Ontario Portal (Public Health Commons > Sentinel Reports > 12_13 Influenza Season) on the same day they are received from PHAC.
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, influenza activity level assessment and their application to Ontario, these Questions and Answers have been developed based on the most common questions we receive about activity level assignments.

The process:

Influenza activity levels submitted by health units are used in the weekly Ontario Influenza Bulletin to describe influenza and influenza-like illness (ILI) activity across Ontario. The health unit activity levels you designate are also used to collate regional activity levels which are used by the Public Health Agency of Canada (PHAC) for their weekly FluWatch bulletin. More importantly, institutional staff, medical officers of health, CD program directors, managers and other health unit staff carefully monitor surveillance data from neighboring health units 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 and ILI; therefore accuracy is imperative.

For the purposes of assessing influenza activity and reporting through Appendix C, weekly activity levels consider sporadic laboratory confirmed cases of influenza and confirmed institutional influenza A and B outbreaks only. All other ILI outbreaks are captured and reported in the Ontario Influenza Bulletin.

Q#1: How do I decide what date to use when I am assigning influenza activity levels based on laboratory confirmed influenza cases/outbreaks?

A: To ensure consistency of reporting across the province, health units are asked to use the date on which they received lab confirmation of influenza (i.e. the date they received a report). Please note that PHO has developed a Cognos ReportNet (CRN) report that will allow health units to extract influenza cases from iPHIS on a weekly basis. We recommend that health units use this report to complete Appendix C: Ontario Influenza Activity Report. It allows health units to validate influenza activity prior to reporting to the province. The CRN report is located on the Custom Reporting site in the Public Folders Section:

Public Folders > CRN 1.0 > Shared Communicable Diseases Reports > Reportable Disease Detailed Reports > Reportable Disease Incidence Reports > Flu Bulletin - Influenza Case Counts by reported date for HU

To maintain the integrity of the original report, users must copy the report to their health unit’s folder before modifying it, running it, or saving the outputs.

Q#2: Our health unit is reporting three ILI outbreaks. 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”. The purpose of Appendix C is to capture influenza activity. Institutional ILI outbreaks are entered in iPHIS and reported through the Ontario Influenza Bulletin. Once there has been a laboratory-confirmed influenza case, the activity level increases to “sporadic”. When there is at least one laboratory confirmed influenza outbreak, the activity level increases to “localized”. In order for the level to be “sporadic” or “localized” there must be a laboratory confirmed case of influenza in that region. For “localized”, in addition to cases, there must be a laboratory confirmed institutional influenza outbreak.
Q#3: 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 health unit?

A: The correct activity level is “sporadic.” Community cases of influenza not associated with an outbreak are considered sporadic. This RSV outbreak together with community cases of influenza would result in a “sporadic” activity level. In this case, your health unit does not meet the definition of “localized” because a lab confirmed influenza outbreak has not been declared. The distinguishing factor between “sporadic” and “localized” is the presence of laboratory-confirmed influenza outbreaks.

Q#4: Our health unit has reported and entered three influenza A outbreaks in long term care homes in iPHIS but did not enter case counts and we received a call from PHO to inform us that the outbreaks will be excluded from the Ontario Influenza Bulletin. Why?

A: PHO verifies that all institutional respiratory infection outbreaks meet the case definition for an outbreak in order to report them in the Ontario Influenza Bulletin. When an outbreak has no aggregate counts entered, PHO cannot determine if the outbreak meets the case definition for a “confirmed” institutional respiratory infection outbreak. PHO may contact the health unit to verify if cases are associated with the outbreak and request that aggregate counts be entered. Health units are expected to enter outbreak information within one business day of outbreak notification, at a minimum, case count by role, causative organism (if known) and outbreak setting type in accordance with iPHIS Bulletin 17 Timely Entry of Cases.

Q#5: During the previous reporting week, we reported two institutional influenza A outbreaks 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 active (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. 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”).

Q#6: How do I decide when to designate “localized” as opposed to “widespread” influenza activity?

A: The key difference between these two categories is that for “localized” activity, laboratory confirmed influenza outbreaks occur in < 50% of the health unit region whereas for “widespread” activity, laboratory confirmed influenza outbreaks occur in >50% of the health unit region. This can be determined by dividing the health unit into geographic areas and determining what proportion of those areas have ongoing lab-confirmed influenza outbreaks during the surveillance week that you are reporting. An example of “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 community institutions in your region) but limited laboratory confirmed outbreak activity in work sites, schools, day cares and other community institutional sites. As an example, influenza outbreaks are occurring in only a single and/or adjacent geographic area within the health unit, such as outbreaks in a nursing home and laboratory confirmed cases in a school in close proximity to each other. When outbreaks affect multiple and non-adjacent geographic areas within the health unit area the category of “widespread” activity should be considered.

*Please contact Public Health Ontario if you require further clarification when completing your assessment for the Appendix C: Influenza Activity Report.*
Q#7: My health unit has two schools that have reported greater than 10% absenteeism. We have been informed that at least one child is off with lab confirmed influenza in one school. We have no other institutional outbreaks. Based on this information would the activity level be sporadic or localized?

A: It is preferred that localized activity levels reflect institutional influenza outbreak activity. A single case of influenza in a school along with higher ILI activity levels could be indicative of many respiratory viruses in circulation. However, if the health unit is of the belief that the elevated ILI/absenteeism levels in the school is likely due to influenza and there is a lab-confirmed case in a student, then the health unit can classify the activity level as “localized.” If the health unit believes that elevated ILI/absenteeism is due to non-influenza respiratory viruses, then the activity level can be classified as “sporadic”. Laboratory confirmed cases used in the assessment of activity level should be entered into iPHIS in accordance with iPHIS Bulletin 17 – Timely Entry of Cases.

Q#8: What does the PHO influenza surveillance team do with activity level assignments submitted by health units?

A: All activity levels submitted by health units are used to develop the map of influenza activity levels in the Ontario Influenza Bulletin. Regional activity levels are submitted weekly to the Public Health Agency of Canada for inclusion in FluWatch. However, prior to inclusion in the Bulletin and FluWatch, activity level reports must first be validated. For example, if a health unit reports “sporadic” activity and there are no laboratory-confirmed influenza cases entered into iPHIS to support that category, then a member of the influenza surveillance team will call the health unit to clarify, since sometimes the health unit 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 date. Please note it is important to enter influenza cases in a timely manner for us to be able 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 health units on Mondays or Tuesdays.

Q#9 My Health Unit closed two lab confirmed influenza outbreaks during this current reporting period and there are no other confirmed influenza cases in the Health Unit, how should we categorize our activity level?

A: Your health unit will be categorized as “localized” because the outbreaks were still active during the current reporting period. If there are no new lab confirmed cases for the following reporting period the health unit will then be categorized as having “no activity”.

Q#10: Where can I find the appropriate reporting surveillance dates needed to complete the Appendix C and the latest Ontario Influenza and Respiratory Infection Surveillance Package?

A: Please note the reporting surveillance dates (Influenza Surveillance Weeks 2012–2013) for Appendix C can always be found on the PHO website at: http://www.oahpp.ca/resources/flubulletin.html. We request that you take time to review the updated Appendix C and ensure that this new version is used.
Appendix C: Ontario Influenza Activity Report for the 2012–2013 season

Before completing this form please check iPHIS and confirm that the information being submitted is accurate and a true reflection of influenza activity in your area. Please also update aggregate counts for your influenza outbreaks at this time and ensure outbreaks that have been declared are up to date in iPHIS as such.

Health Units: Please fax "Activity Report" to: (647) 260-7757 every Tuesday by 4:00 p.m. year round to ensure Ontario data are included in the weekly Ontario Influenza Bulletin and FluWatch Please refer to Appendix B for clarification in regards to influenza activity assignment.

Health Unit Name: ___________________________ Health Unit Master No. __________________
Name of person reporting: _______________________ Contact Tel. No. ________________________
Surveillance date* From: ________________________ To: ________________________

*Please note dates must correspond to surveillance weeks in the Ontario Influenza Bulletin
Definition of Influenza-like Illness (ILI):
Acute onset of respiratory illness with fever (temperature > 37.5°C) and cough AND
One or more of the following conditions: sore throat, arthralgia, myalgia or prostration (which could be due to the influenza virus) in the absence of a known cause.
Note: In children under 5, gastrointestinal symptoms may also be present. In patients <5 or > 65, fever may not be predominant.

Definitions of ILI/ Influenza Outbreaks:
1. Schools and work sites: greater than 10% absenteeism on any day most likely due to ILI.
2. Residential institutions (includes hospitals, nursing homes, public or charitable homes for the aged, children’s residence, retirement homes * etc.): Two cases of acute respiratory tract illness, one of which is laboratory-confirmed. OR; Three cases of acute respiratory tract, illness occurring within 48 hours in a geographic area (e.g., unit, floor). OR; More than two units having a case of acute respiratory illness within 48 hours.
Note: Cases can include residents/patients and/or staff.

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

☐ 1= No activity: NO laboratory-confirmed influenza* and NO outbreaks detected within the health unit/ influenza surveillance area, within the prior week, although sporadically occurring ILI may or may not be present.
☐ 2= Sporadic: Sporadically (infrequently) occurring ILI and at least one lab-confirmed influenza* case with NO outbreaks detected within the health unit area.
☐ 3= Localized: sporadically occurring ILI and lab-confirmed influenza* together with outbreaks of ILI in schools and work sites, or laboratory-confirmed influenza in residential institutions occurring in <50% of the health unit. Outbreaks affect a single and/or adjacent geographic area within the health unit jurisdiction, e.g. outbreaks in a nursing home and a school in close proximity to each other.
☐ 4= Widespread: sporadically occurring ILI and lab-confirmed influenza* together with outbreaks of ILI in schools and work sites, or laboratory-confirmed influenza in residential institutions occurring in >50% of the health unit. Outbreaks affect multiple and non-adjacent geographic areas within the health unit jurisdiction, such as two or more regions of the health unit, two or more municipalities, two or more electoral wards, etc.

*Confirmation of influenza within the surveillance area at any time within the prior week.

Please select & check all the key sources in health unit this week that guided you to assign this activity level:

☐ Walk-in clinics ☐ Institutional Outbreaks ☐ Pharmacies ☐ Labs
☐ Work site Absenteeism ☐ Physicians’ Office ☐ Other (specify) ______________________
☐ School Absenteeism ☐ Hospitals

Note to health units, PHO is not requesting absenteeism data for the 2012–2013 season.
*Reporting by retirement homes is not required under the HPPA, although there has been a history of increased influenza activity in these types of institutions.