

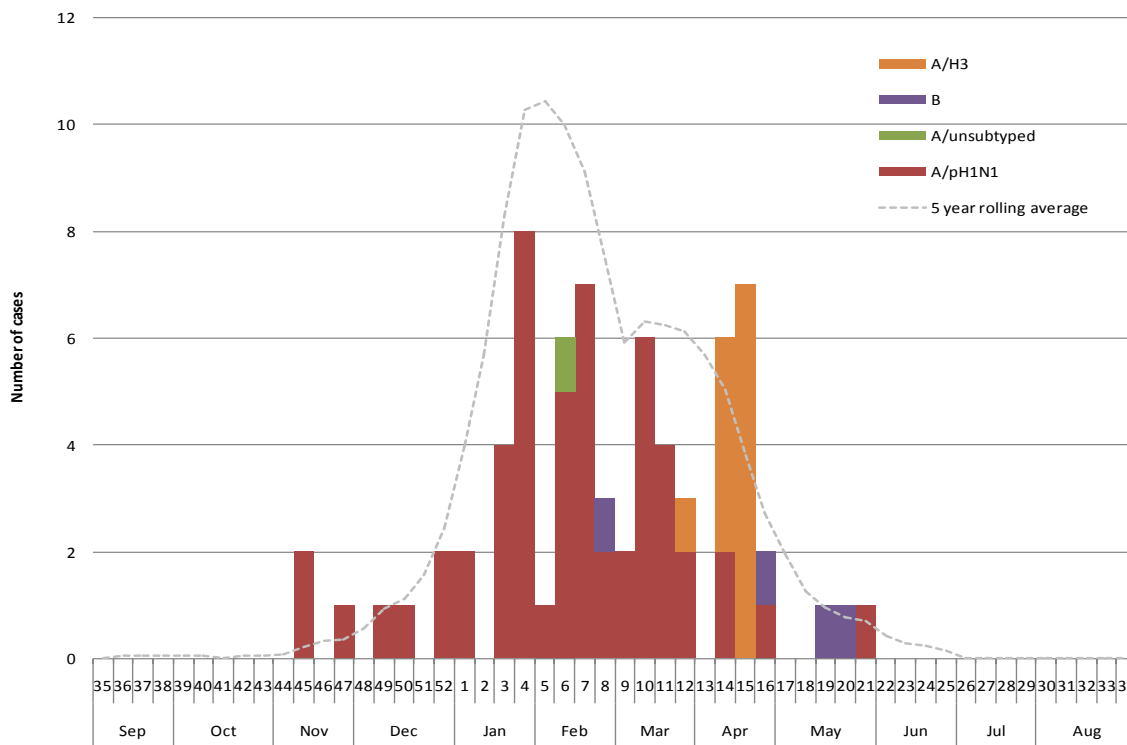
Summary

- Influenza A-pandemic H₁N₁ accounted for 76% of all lab-confirmed cases in PEI in 2015-16.
- Our seasonal total was 71 lab-confirmed cases (54 A/pH₁N₁, 12 A/H3, 1 A/unsubtyped, 4 B).
- The influenza season was slower to start than previous years and influenza activity was lower overall.
- The median age of cases was 43 years with 44% being female.
- In total there were 39 hospitalizations including 2 ICU patients.

Epidemiological curve of laboratory data

Sporadic influenza activity in PEI started in mid-November, but the sustained activity did not occur until late January resulting in a slow starting influenza season. Pandemic H₁N₁ predominated the season on PEI. There was no clear peak to the influenza season although increased A/H3 activity occurred in mid-April which was related to several influenza outbreaks. The median age of cases was 43 years and this ranged from <1 to 93 years. Overall, 56% of all lab-confirmed cases were diagnosed in males. Flu activity ended in May, but sporadic cases of influenza may occur at anytime during the year.

Lab-Confirmed Influenza, PE 2015-16 Season



*Lab-confirmed influenza tests are just an indication of greater influenza activity as many individuals with influenza do not seek medical attention.

Positive influenza test results, cumulative 2015-16 season

Influenza A-pandemic H₁N₁ accounted for 76% of all lab-confirmed cases in PEI in 2015-16 followed by Influenza A/H3. There were very few Influenza B lab-confirmed cases during the 2015-16 season in PEI.

Lab-confirmed cases	Cumulative 2015-16
Influenza A	67
A/pH ₁ N ₁	54
A/H ₃	12
A/unsubtyped	1
Influenza B	4
Total Influenza	71

Respiratory outbreaks, cumulative 2015-16 season

There was a small number of respiratory outbreaks reported (n=7) to the Chief Public Health Office. Of the outbreaks, three were Influenza A (1 pH₁N₁, 2 H₃), two were influenza-like illness, and there was one each of Respiratory Syncytial Virus (RSV) and Human Metapneumovirus (hMPV). The majority of the outbreaks occurred in early April.

Outbreaks are defined based on the [Fluwatch](#) definitions.

Respiratory Outbreaks	Cumulative 2015-16
Influenza A	3
A/pH ₁ N ₁	1
A/H ₃	2
A/unsubtyped	0
Influenza B	0
Influenza-like Illness	2
Other Respiratory	2
Total Outbreaks	7

Severe outcome surveillance

Hospitalization data is gathered through infection prevention and control practitioners at each Island hospital. There were 39 hospitalizations which include 2 ICU cases during the 2015-16 influenza season. The median age of hospitalized patients was 56 years (mean: 51 years) and this ranged from <1 to 93 years. Hospitalized patients were more likely to be male (62%).

Of the 39 hospitalizations, there is length of stay (LOS) information available for 27 cases. The average LOS was 5.6 days (median 3.5 days) and this ranged from 1 to 16 days in hospital.

There was chronic disease information for 36 cases. Of these, 66.7% had at least one chronic condition. In total, 63% of individuals with chronic conditions had multi-morbidities or more than 1 chronic condition. The most common chronic condition listed was Coronary Artery Disease (42%), followed by Diabetes (33%) and Asthma (33%).

Severe Outcome	Cumulative 2015-16
Hospitalizations	39
ICU	2
Deaths	1

Deaths are only reported when there is a positive influenza laboratory test. However, influenza may not have been the major contributing cause of death.

Historical influenza seasons

The predominant strain of circulating influenza changes year-to-year. The strain of influenza can impact the severity of disease, the age group(s) affected, and the number of individuals presenting themselves to the health system for care.

In addition the request for influenza testing varies season-to-season.

Influenza Season	Predominant Strain	All Cases*	Hospitalized**	ICU
2010-11	A/H3	110	53	6
2011-12	B	53	11	0
2012-13	A/H3	124	54	6
2013-14	A/pH1N1	119	62	13
2014-15	A/H3 (B)	209	98	11
2015-16	A/pH1N1	71	39	2

*Laboratory confirmed cases. Note that clinical diagnosis of influenza takes place frequently in the community during peak season and is not confirmed with laboratory testing.

**Hospitalized counts include those admitted to ICU.