



Huron County Health Unit

Novel H1N1 Influenza Pandemic (pH1N1)

Weekly Information Bulletin

For more information: www.huroncounty.ca/health

September 25, 2009

IMPORTANT MESSAGES

- The Chief Medical Officer of Health for Ontario released Ontario's Flu Vaccine Strategy for 2009/2010 flu season on September 24, 2009. The strategy highlights a phased approach in rolling out two immunization programs (Seasonal and H1N1) this year:
 - Beginning October, **Seasonal Flu Vaccine** will be offered to persons 65 years and older and residents of long-term care facilities first
 - Beginning November, Ontario will offer the rest of the province's population the **H1N1 vaccine** starting with the priority groups listed below:
 - persons with chronic medical conditions under the age of 65
 - pregnant women
 - healthy children 6 months to less than 5 years of age
 - persons residing in remote and isolated settings or communities
 - health care workers involved in pandemic response or who deliver essential health services
 - household contacts or caregivers of those at high risk who cannot be immunized
 - populations otherwise identified as high risk
 - In December/January, **Seasonal Flu Vaccine** will be offered through the Universal Influenza Immunization Program (UIIP) to all persons who live, work or attend school
- **Anti-virals** continue to be recommended at this time only for treatment of moderate to severe cases or those at high risk for complications

HURON COUNTY

As of September 19, 2009 (week 37)

- 2 Laboratory confirmed cases of pH1N1, 1 hospitalization and 0 deaths since June 2009
- No confirmed cases of Influenza since the start of the 2009/2010 flu season
- No new institutional respiratory outbreak since August 2009
- Proportion of patients visiting ER with ILI symptoms ranged from 2.8%-5.9% (data taken from 3 hospitals)

ONTARIO

As of September 12, 2009 (week 36):

- 4,062 confirmed pH1N1
- 370 confirmed cases hospitalized and 23 deaths as of September 16, 2009; representing a population-based hospitalization rate of 2.86 per 100,000 and a population-based mortality rate of 0.18 per 100,000. Majority of fatal cases (87%) had underlying medical conditions.
- No new institutional respiratory outbreaks for the reporting period
- Health units reported sporadic or no influenza activity for the reporting week
- The overall ILI consultation rate decreased slightly from 23.4 to 20.5 per 1000 patient visits

CANADA

As of September 12, 2009 (week 36):

- 105 specimens tested positive for influenza A in week 36. 100% were Influenza A, 95.8% of the positive Influenza A sub-typed were pH1N1
- 1,459 confirmed cases hospitalized and 76 deaths since the start of the pandemic
- Children under 2 years of age, pregnant women, persons under 65 with underlying medical conditions and aboriginal populations had higher rates of hospitalization and a greater risk of severe outcome
- National ILI consultation rate (23 per 1000) was higher than the previous week but is in range of what is expected this time of year

GLOBALLY

- **WHO:** As of September 18, 2009 influenza activity in the northern hemisphere remains widely variable. In the US ILI activity is above the baseline while in Canada ILI remains low. In Europe and Central Asia influenza activity remains low overall, except in France.
- **US:** Beginning August 30 to September 12, 2009, the CDC reports 4,569 hospitalized cases, and 364 deaths due to pH1N1 2009. Visits to doctors for influenza are increasing nationally

FURTHER INFORMATION

- Ontario Ministry of Health and Long-Term Care at: http://www.health.gov.on.ca/english/providers/program/pubhealth/flu/flu_o8/flubul_mn.html
- Public Health Agency of Canada at: www.phac-aspc.gc.ca/fluwatch/