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Health  
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August 29, 2011

## MEMORANDUM

**TO: Medical Officers of Health and Associate Medical Officers of Health  
Directors of communicable disease control and vaccine preventable disease  
control  
Communicable disease program managers**

**RE: Ontario Influenza and Respiratory Infection Surveillance Program 2011-2012**

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Dear Colleagues:

This letter is to update you regarding the status and components of the surveillance of influenza and respiratory infection outbreak program in Ontario. For the 2011-2012 season, full influenza and respiratory infection surveillance activities will commence on September 1, 2011. 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 such as avian influenza, SARS and the recent 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 2011-2012 (see Appendix A for further information on the programs).
- 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 program information (see Appendix A).
- 6) Questions and Answers on the Ontario Influenza Activity Level Assessment (see Appendix B).
- 7) Appendix C: Ontario Influenza Activity Report (see Appendix C).
- 8) Guidance Document for the Ontario Influenza Activity Report (see Appendix D).

## Goals, Objectives and Activities:

Ontario Influenza and Respiratory Infection Surveillance Program	
<b>GOAL</b>	PROMOTE EARLY DETECTION OF RESPIRATORY INFECTIONS INCLUDING INFLUENZA AND PREVENT THEIR OCCURENCE
<b>OBJECTIVES</b>	<p>Monitor, analyze and communicate in a timely fashion the onset, duration, conclusion, geographic patterns, spread, severity and progression of seasonal influenza activity, in particular to anticipate heightened influenza activity.</p> <p>Monitor influenza-like illness (ILI) activity to provide accurate and timely information to:</p> <ul style="list-style-type: none"> <li>a) Detect unusual events (new strains including epizootic strains, antigenic drift/shift, unusual outcomes or syndromes, unusual severity or distribution);</li> <li>b) Identify type, subtype and compare circulating influenza strains with vaccine composition and recommendations;</li> <li>c) Compare with national and international virus activity; and</li> <li>d) Estimate ILI in terms of attack rates, hospitalization, ER visits and case fatality rate.</li> </ul> <p>Determine 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 control measures.</p> <p>To share accurate and timely surveillance information to our partners at the local, provincial, national and international levels in order to:</p> <ul style="list-style-type: none"> <li>a) Anticipate and guide prevention, response and control efforts;</li> <li>b) Guide and inform timely research; and</li> <li>c) Evaluate treatment, prophylaxis and control measures.</li> </ul> <p>Evaluate the effectiveness of control measures in the management of and termination of outbreaks.</p>
	<b>SURVEILLANCE SYSTEMS</b>

## Dissemination Strategy for Surveillance Reports:

Now that provincial surveillance functions have transferred to PHO, all information provided by health units will be collated and analyzed by PHO, and published in the *Ontario Influenza Bulletin*. The bulletins will be available by e-mail and will now be posted on the PHO website at: <http://www.oahpp.ca/resources/flubulletin.html>. Bulletins and archives from previous seasons will continue to be available on the MOHLTC website at <http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/bulletins/2010/default.aspx>

A summary report will be published and posted on the PHO site at the end of the surveillance season. Information from Appendix C is forwarded to PHAC to be incorporated in the *FluWatch* summary report for influenza activity in Canada. *FluWatch* summary reports compiled by the PHAC are also used by the World Health Organization (WHO) to monitor and prepare reports on influenza activity worldwide and are available at: [www.phac-aspc.gc.ca/fluwatch/](http://www.phac-aspc.gc.ca/fluwatch/)

## Summary of Public Health Unit Responsibilities:

- Please note that **health units are requested to report influenza activity weekly 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*. 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 updated Appendix C and ensure that this new version is used.**
- Please report all outbreaks in institutions and laboratory confirmed cases of influenza and respiratory infection through **iPHIS**. In addition, please notify Sofia da Silva, Nurse Consultant (647) 260-7625 or Leticia Adinkrah, Senior Infection Control Consultant (647) 260-7624 immediately when you have your **first** laboratory confirmed influenza outbreak in your jurisdiction in the 2011-2012 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 outbreak infections 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 if there are significant changes to the status of the outbreak.

### **Internet Access to Surveillance Package Materials:**

To access the surveillance package materials on the internet:

- 1) Go to [www.oahpp.ca](http://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 2011-2012](#)”

The following materials will be available:

1. Ontario Influenza and Respiratory Infection Surveillance Program 2011-2012 letter.
2. Appendix C: Ontario Influenza Activity Report.
3. Guidelines to accompany Appendix C for the 2011-2012 Influenza Season.
4. Ontario Influenza Activity Level Assessment: Questions and Answers document.
5. iPHIS Final Outbreak Summary User Guide 2008-01-04.
6. Summary of key screen shots in iPHIS: Screen shots of required fields when reporting an institutional respiratory infection outbreak through iPHIS.

Surveillance information available on the portal:

1. FluWatch sentinel physician ILI consultation rates by postal code and by health unit (Public Health Commons > Sentinel Reports>11\_12 season)
2. Telehealth reports (Syndromic Surveillance Ontario > Syndromic Surveillance Reports > Telehealth Ontario)
3. Kingston ER syndromic surveillance reports (bi-weekly) (Syndromic Surveillance Ontario > Syndromic Surveillance Reports > Emergency Department Visits>Recent Reports

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](mailto:Sofia.daSilva@oahpp.ca) or Anne Winter, Senior Epidemiologist at (647) 260-7188 or [Anne-Luise.Winter@oahpp.ca](mailto:Anne-Luise.Winter@oahpp.ca).

Sincerely,



Nina Arron  
Director, Public Health Policy and  
Programs Branch  
Ministry of Health and Long-Term Care



Dr. Natasha Crowcroft  
Director, Surveillance and Epidemiology  
Public Health Ontario

#### Attachments

- c: Dr. Arlene King, Chief Medical Officer of Health
- Dr. Vivek Goel, President and CEO, Public Health Ontario
- Dr. David C. Williams, Associate Chief Medical Officer of Health, Health Protection and Prevention
- Dr. George Pasut, Vice-President, Science and Public Health, Public Health Ontario
- Dr. Doug Sider, Director (A), Infectious Disease Prevention and Control, Public Health Ontario



## Appendix A: Program Components

For the 2011-2012 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 categories 1 through 4 described in Appendix C (attached).**

Please note that health units are requested to report influenza activity weekly 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 sentinel physicians, Long-Term Care Homes (LTCHs), school/work absenteeism 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 related) reported to MOHs under the Health Protection and Promotion Act (HPPA), Ontario Regulation 559/91, should be reported to the Ministry of Health and Long-Term Care (MOHLTC), Public Health Division (PHD), through the integrated Public Health Information System (iPHIS). Epidemiologically-linked cases can be entered at the health unit's discretion. 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](http://www.PublicHealthOntario.ca).

### 3. iPHIS reporting of "Respiratory Infection Outbreaks in Institutions"

"Respiratory Infection Outbreaks in Institutions" are reportable under the HPPA. Definitions and other relevant information can be found in *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](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](http://www.PublicHealthOntario.ca).

Reporting of respiratory infection outbreaks is legislatively required by the following institutions: nursing homes, homes for the aged, facilities operating under the *Developmental Services Act*, 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 addition, 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 or daycare centres is not required.

**All institutional outbreaks of respiratory infections including influenza must be entered into iPHIS within one business day of a health unit receiving notification of the outbreak.** A 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 final report of a respiratory infection outbreak in an institution must be entered into iPHIS no later than 15 days after the outbreak has been declared over.** However, information on outbreaks should be updated if 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 of ILI activity in the province as the influenza and respiratory infection season progresses. (Please refer to “Dissemination of Surveillance Results” on page 3).

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

Seventeen Ontario laboratories participate in national influenza surveillance providing influenza-related laboratory results to both public health units and PHAC. The participating laboratories are: Public Health Laboratory – Toronto, the Toronto Medical Laboratory, and the Public Health Laboratories of Kingston, Timmins, Windsor, Thunder Bay, Sault Sainte Marie, Orillia, Sudbury, Ottawa, Peterborough, London and Hamilton. 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 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 National Microbiology Laboratory (NML) of PHAC in Winnipeg. The aggregate data are forwarded to PHO from PHAC and published in the Ontario Influenza Bulletin.

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

PHAC through its *FluWatch* program collects data on ILI reported by sentinel physicians. The number of these physicians is determined by census divisions throughout the country. Data from the Ontario sentinel physicians are sent to PHO by PHAC, and consultation rates are reported in the *Ontario Influenza Bulletin*. Consultation rate data are also posted on the Public Health Ontario Portal (Public Health Commons > Sentinel Reports) on the same day they are received from PHAC.

## **Appendix B: Ontario Influenza Activity Level Assessment: Questions and Answers**

In an effort to clarify the *FluWatch* definitions for influenza activity level assessment these Questions and Answers have been developed based on the most common questions we receive about activity level assignments.

### **Q #1: How are activity levels used in Ontario?**

**A:** Influenza activity levels submitted by you for your health units are used in the weekly *Ontario Influenza Bulletin*, to provide a picture of influenza and influenza-like illness (ILI) activity across Ontario. The health unit activity levels you designate are also used to collate regional levels and are used by the Public Health Agency of Canada (PHAC) for their weekly *FluWatch*. More importantly, institutional staff, medical officers of health, CD program directors and managers and other health unit staff carefully monitor surveillance data from their neighbouring health units as well as their own regional information during influenza season. Your assessment levels contribute to and impact the local, provincial and national surveillance picture for influenza and ILI, therefore accuracy is imperative.

### **Q #2: What activity level should I assign my health unit if there is laboratory-confirmed influenza and outbreak/s of ILI in institutions in our region, but no laboratory-confirmed influenza outbreaks?**

**A:** While some health units may receive ILI data from sentinel day cares, schools or work sites, most do not receive ILI data from all such sites in their region. As a result, we recommend any indications of community ILI activity whether individual cases or outbreak-related (such as in sites listed previously) be classified as “sporadic”. Once there has been a laboratory-confirmed influenza outbreak, change the activity level to either “localized” or “widespread” depending on the level of outbreak activity, as described in Q #4 below. Therefore the distinguishing factor between “sporadic” and “localized” is the presence of laboratory-confirmed influenza outbreaks.

### **Q #3: 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 on which 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 respiratory infection outbreak activity in work sites, schools, day cares and other community institutional sites. To provide further clarification, we have attempted to provide some additional guidance in the Appendix C definition, suggesting that < 50% could indicate that as an example, outbreaks are affecting only a single and/or adjacent geographic area within the health unit, such as outbreaks in a nursing home and a school in close proximity to each other. When outbreaks affect multiple and non-adjacent geographic areas within the health unit area (such as two or more

regions of the health unit, two or more municipalities, two or more electoral wards) the category of “widespread” activity should be considered.

**Q #4: There is an influenza-like illness outbreak in one of our local long-term care homes, and none of the tests have come back positive for influenza; how do we classify our activity level?**

**A:** If there is no laboratory confirmation for influenza in any institutional outbreaks in your health unit, then the activity level is “no activity”. In order for the level to be “sporadic” or “localized” there must be laboratory confirmation of influenza.

From time to time, the team at the MOHLTC has clarified information in regards to influenza activity assessment to health unit staff who are involved in activity assignments. Can you please let us know how best to disseminate this information to you? We have used the front page in the Bulletin in the past, but would it be better to e-mail you en-mass directly? Please let Sofia da Silva know how best to send updates to you. She can be reached at [Sofia.daSilva@oahpp.ca](mailto:Sofia.daSilva@oahpp.ca).

**Q #5: How do I decide what date to use when I am assigning influenza activity levels based on laboratory confirmed influenza cases/outbreaks?**

**A:** The preferred date to use would be the symptom onset date, since that is when the influenza activity has actually occurred. However, health units often receive laboratory slips as confirmation of influenza and at times for cases where symptoms began in a week prior to the surveillance period of the particular reporting week. **We are therefore requesting that health units use reported date for their cases/outbreaks. The reported date must fall within the surveillance period of that particular reporting week.** Outbreaks reported in earlier weeks that are still ongoing should continue to be considered in activity level reporting until the health unit determines that transmission of influenza in the outbreak has ceased.

\*Please note the reporting surveillance dates for Appendix C can always be found on the last page of the *Ontario Influenza Bulletin*. **We request that you take time to review the updated Appendix C and ensure that this new version is used.**

**Q #6: What does the influenza surveillance team do with activity level assignments submitted by health units?**

**A:** All activity levels submitted by health unit staff are used to develop the map of influenza activity levels in the *Ontario Influenza Bulletin*, and regional information is submitted 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.

It is understood that some inconsistencies may occur since we produce Cognos ReportNet (CRN) reports on Wednesdays and health unit staff assign activity level on Monday or Tuesday.

**Q #7: Who should I contact with questions?**

**A:** For questions about case or outbreak management and influenza level assessments, please contact Sofia da Silva at (647) 260-7625 or [Sofia.daSilva@oahpp.ca](mailto:Sofia.daSilva@oahpp.ca)

For influenza or respiratory virus surveillance questions, please contact Anne Winter at (647) 260-7188 or [Anne-Luise.Winter@oahpp.ca](mailto:Anne-Luise.Winter@oahpp.ca)

For questions about school absenteeism reporting please contact Michael Whelan at (647) 260-7636 or [Michael.Whelan@oahpp.ca](mailto:Michael.Whelan@oahpp.ca).

## Appendix C: Ontario Influenza Activity Report

**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*

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

All cause Absenteeism (%)	# Elementary Schools	# High Schools	Total
<i>&lt;2.5</i>			
<i>2.5-4.9</i>			
<i>5-10</i>			
<i>&lt;10</i>			
<i>&gt;10</i>			
Did Not Report			
<b>Total Number of Schools</b>			

**Notes on School Absenteeism Table:** i) Complete the table above if your health unit is able to receive school absenteeism data.  
 ii) All cause absenteeism is requested as some school boards may not report ILI-related absenteeism to the health unit.  
 iii) The italicized portions of the table are to be completed if known. It is recognized that many health units will only receive notification of >10% absenteeism. *\*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.*

## Appendix D: Guidelines to accompany Appendix C for the 2011-2012 influenza season

The “Influenza Activity Report”, otherwise known as Appendix C, has been updated. These modifications were made to enable Ontario’s health units which currently receive absenteeism rate reports from local schools to voluntarily summarize and report these rates to PHO. Provincial collated rates will be used as one of the indicators to assess community influenza-like illness (ILI) activity. Health units that currently do not receive absenteeism data are encouraged to engage schools in their jurisdiction as a way to further surveillance efforts both locally and provincially.

Please use the table at the bottom of Appendix C (sample below) to report rates received from schools in your region. For health units that receive daily absenteeism data from schools, please calculate each school’s 5-day average absenteeism from Monday to Friday of the reporting week and use this average to report the number of schools in each absenteeism category accordingly.

Sample report to PHO

All cause Absenteeism (%)	# Elementary Schools	# High Schools	Total
<2.5	2	0	2
2.5-4.9	8	2	10
5-10	27	32	59
<10	37	34	71
>10	4	6	10
Did Not Report	2	1	3
<b>Total Number of Schools</b>	43	41	84

It is hoped that health units will be able to determine appropriate baseline rates for elementary and secondary schools in their region. Regional variations have already been identified by health units during several influenza seasons, therefore the standard threshold of >10% absenteeism may not work across Ontario. The sub-categories of percent absenteeism below 10 percent are in case your health unit collects this information. Please note absenteeism rates reflect **all-cause absenteeism** and are not necessarily ILI specific.

We will be contacting health units directly to determine if reports are received from a sample of schools and if ILI specific absenteeism rates (as opposed to all cause rates) are collected. This information need not be included in Appendix C.

For further information on school absenteeism reporting please contact Michael Whelan, Senior Epidemiologist at (647) 260-7636 or [Michael.Whelan@oahpp.ca](mailto:Michael.Whelan@oahpp.ca).