

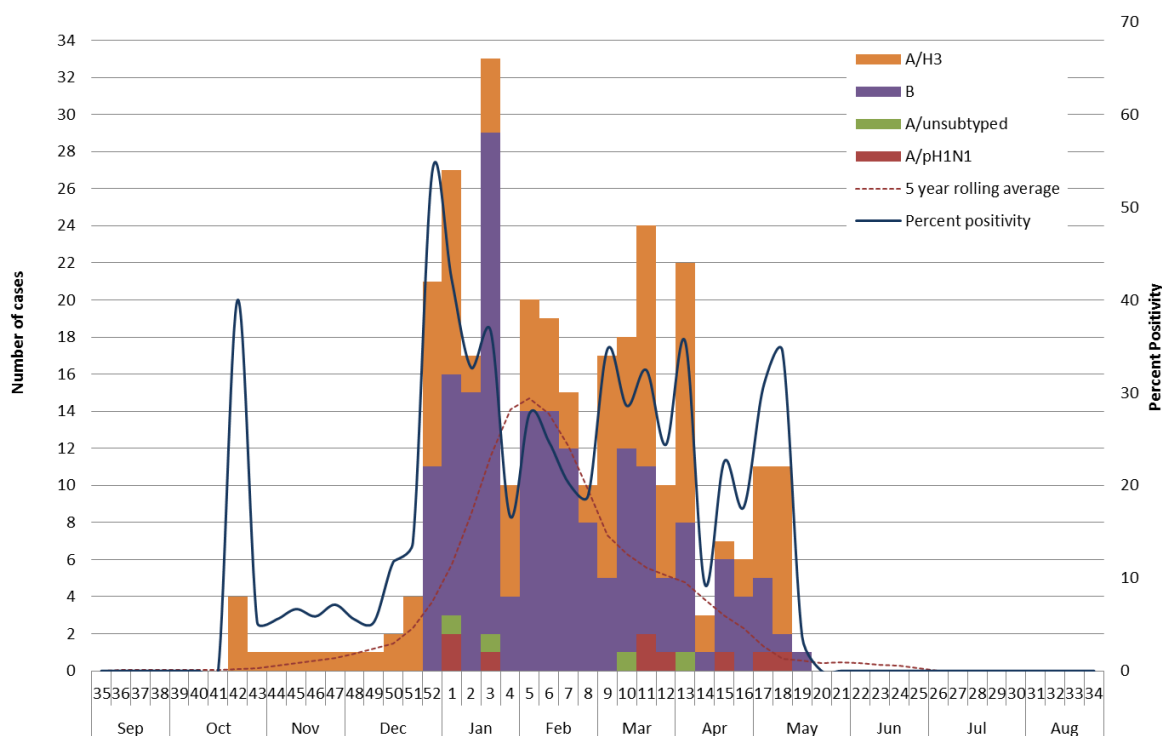
### Summary

- Influenza B accounted for 53% of all lab-confirmed cases in PEI in 2017-18.
- Our seasonal total was 319 lab-confirmed cases (9 A/pH<sub>1</sub>N<sub>1</sub>, 136 A/H3, 4 A/unsubtyped, 170 B).
- The median age of cases was 62 years with 59% being female.
- In total there were 132 hospitalizations, including 13 ICU patients.

### Epidemiological curve of laboratory data

Sporadic influenza activity in PEI started in mid-October, and activity continued throughout the season. Influenza A accounted for 47% of all lab-confirmed cases in PEI, while influenza B made up the remaining 53% of lab-confirmed cases. Flu activity peaked in late January, and overall, the 2017-18 season saw greater than average flu activity. The median age of cases was 62 years and ages ranged from <1 to 99 years. Overall, 59% of all lab-confirmed cases were diagnosed in females. Flu activity ended in May, but sporadic cases of influenza may occur at any time during the year.

### Lab-Confirmed Influenza, PE 2017-18 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 2017-18 season

Influenza A/H3 accounted for 43% of all lab-confirmed cases in PEI in 2017-18. There were more lab-confirmed Influenza B cases (53%) than Influenza A during the 2017-18 season in PEI.

Lab-confirmed cases	Cumulative 2017-18
<b>Influenza A</b>	<b>149</b>
A/pH <sub>1</sub> N <sub>1</sub>	9
A/H <sub>3</sub>	136
A/unsubtyped	4
<b>Influenza B</b>	<b>170</b>
<b>Total Influenza</b>	<b>319</b>

## Respiratory outbreaks, cumulative 2017-18 season

There were 18 respiratory outbreaks reported to the Chief Public Health Office. Of the outbreaks, 11 were Influenza B, six were Influenza A/unsubtyped, and one was influenza-like illness (ILI). The outbreaks occurred in October, December, January, February, March, and April.

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

Respiratory Outbreaks	Cumulative 2017-18
<b>Influenza A</b>	<b>6</b>
A/pH <sub>1</sub> N <sub>1</sub>	0
A/H <sub>3</sub>	0
A/unsubtyped	6
<b>Influenza B</b>	<b>11</b>
<b>Influenza-like Illness</b>	<b>1</b>
<b>Other Respiratory</b>	<b>0</b>
<b>Total Outbreaks</b>	<b>18</b>

## Severe outcome surveillance

Hospitalization data is gathered through infection prevention and control practitioners at each Island hospital. There were 132 hospitalizations, which included 13 ICU cases during the 2017-18 influenza season. The median age of hospitalized patients was 77 years (mean: 67 years), and the range was <1 to 99 years. Hospitalized patients were more likely to be female (58%).

The average length of stay for hospitalized patients was 11 days (median: 6 days), and the range was 1 to 83 days.

Severe Outcome	Cumulative 2017-18
<b>Hospitalizations</b>	<b>132</b>
<b>ICU</b>	<b>13</b>
<b>Deaths</b>	<b>6</b>

There was chronic disease information for 128 cases. Of these, approximately 80% had at least one chronic condition.

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
<b>2011-12</b>	B	53	11	0
<b>2012-13</b>	A/H3	124	54	6
<b>2013-14</b>	A/pH1N1	119	62	13
<b>2014-15</b>	A/H3 (B)	209	98	11
<b>2015-16</b>	A/pH1N1	71	39	2
<b>2016-17</b>	A/H3	208	88	11
<b>2017-18</b>	B	319	132	13

\*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.