

[View this email in your browser](#)

TARRANT WATCH VIRAL

September 2023 Update

TARRANT News & Updates

Dear Sentinel Colleagues

As fall arrives, we await the onset of a new winter virus season with trepidation. New variants of COVID are already circulating, and a new vaccine will be available, whose effectiveness is unpredictable. The same applies to influenza and influenza vaccine. All this at a time when the work of family medicine is under greater pressure, especially in Alberta.

These viral changes provide all the more reason for the work of our Tarrant network, and our partnership with the national SPSN network. As always we need more sentinels, especially in Edmonton and the north of the province, and in the southern zone. So if you know of anyone who could be interested in participating, please let us know, or encourage them to contact us.

The COVID epidemic has led to an explosive development in technology for point-of-care tests, for both viruses and bacteria. While many official bodies have been cautious about their use, because of concerns about test performance, we are looking out for proposals that would enable us to include a point-of-care test for sentinels. We are careful that any such proposals must not increase the work-load on sentinels or stress our patients, such as needing two different nasopharyngeal swabs. We hope that the TARRANT project will develop to provide more direct information that will benefit frontline physicians and our patients, as well as the slower turnaround information that aids vaccine choices.

Being part of the network gives you information about circulating viruses, and also about the virus infecting your individual patients. Increasingly this is valuable information, because we can provide targeted care with antivirals. As you know, in Alberta, people must fulfil high-risk criteria to be eligible for supply of anti-COVID drugs, outlined here: <https://www.albertahealthservices.ca/topics/Page17753.aspx>

For those with COVID who are not eligible, but would like to try an anti-COVID treatment, CanTreatCOVID is a research project that they could join. The details of this project are outlined below.

Research published in the Lancet, based in primary care, has shown the value of having timely information on influenza epidemics¹ as well as COVID. When we know the patient is infected with either of these, it is worthwhile treating with the appropriate antiviral, with a possible return to usual activities one day earlier, and more for those older, with comorbidities, or severe symptoms. When we know there is an epidemic, and most people with Influenza-like illness have the epidemic infection, based on that high probability we can start a treatment before obtaining viral confirmation. Even people where no virus is detected on testing may benefit, since they may still be a case with false negative test.

The 2023-24 Alberta Influenza Immunization Program begins on October 16, 2023. For more information, follow this link.

<https://www.albertahealthservices.ca/influenza/Page12438.aspx>.

Our new TARRANT SPSN season will commence on November 1 (Wednesday), around 2 weeks after the new vaccines start being administered. So carry on with the current materials to measure what happens until then. Then on November 1, change to the new GOLD forms. Let us know when you need more stocks of forms and swabs.

Best wishes from the team at Tarrant.

Ref: Butler CC, van der Velden AW, Bongard E, et al. Oseltamivir plus usual care versus usual care for influenza-like illness in primary care: an open-label, pragmatic, randomised controlled trial. *Lancet*. 2019; (published online Dec 12)

[https://doi.org/10.1016/S0140-6736\(19\)32982-4](https://doi.org/10.1016/S0140-6736(19)32982-4)



CanTreatCOVID is a multi-site national trial testing the effectiveness of therapeutics for COVID-19 in the community. We are seeking primary care partners to support participant recruitment.

You can help with recruitment by:

1. Putting up posters and making study postcards available in your clinic.
2. Identifying potentially eligible patients and proactively mailing out study information. Compensation for administrative tasks will be provided.
3. Referring patients that present with COVID-19 directly to the study. Compensation will be provided for this effort in the form of a \$40 gift card for each patient referred who meets eligibility.

Why refer patients?

- **SAVE TIME:** We will screen if patients are eligible to receive COVID medications and help save you time.
- **IMPROVE CARE:** We will closely monitor patients and answer any questions they have about the treatments.
- **CONTRIBUTE TO RESEARCH:** You'll be part of the largest non-profit COVID trial in Canada evaluating current and future treatments.

[Click here](#) for more information about the study.

Email cantreat@ucalgary.ca if you're interested in getting involved.

Staff Changes

We welcome Dani Contreras to our team, replacing Rhoda Komolafe, who has just started in the only Canadian IMG position in Ophthalmology at McMaster University. We wish her well in her progress.

Dani is a student doing an MSc in Community Health Sciences. Dani's thesis will utilize administrative data from Alberta and British Columbia to estimate the frequency of avoidable acute care use by persons with inflammatory arthritis (IA) conditions. She has worked at several family physician's offices as a medical office assistant. This is where she first encountered TARRANT -- Dani has worked with sentinels in clinics before!

DATA ANALYSIS 2022/2023 SEASON

During reporting week 31 (June 1, 2022) to week 46 (Sep 18, 2023), sentinels submitted 67 specimens. 10(16.4%) tested positive for Covid-19, 0(0%) tested positive for Influenza A, 1(1.5%) tested positive for Influenza B and 0(0%) positive for RSV.

At the beginning of the season, there were many positive cases of COVID-19, Influenza A, and RSV viruses, but these declined as the season went on.

Within the reporting weeks, 9 of the 67 specimens obtained tested positive for EnteroRhinovirus.

Of the 67 specimens collected, 42(62.7%) were ILI-positive with cough and fever symptoms. 26(61.9%) of the ILI-positive cases tested positive for one or more viruses and 16(38.1%) did not test positive for any virus on our panel.

Trends of the prevalent viruses for June – September of the 2022/2023 season

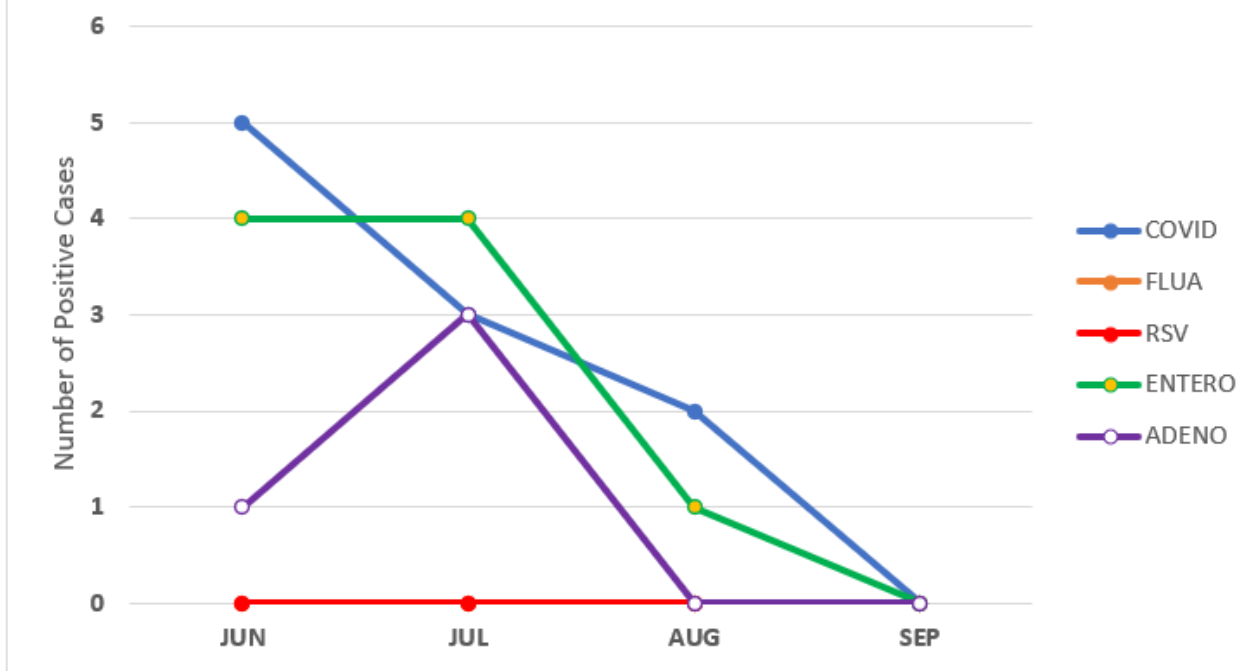


Figure 1: Trends of the prevalent viruses for June – Sep 2023

ILI Positive with Virus	26	61.9%
ILI Positive without Virus	16	38.1%
Total ILI Positive	42	100%

Table 2: ILI positive cases

Influenza Updates

Canada Update

At the national level, influenza activity has been stable and remains at interseasonal levels. Sporadic influenza activity continues to be reported in many regions across Canada. In week 34, the percentage of tests positive for influenza was 0.6% and a total of 72 laboratory detections (66 influenza A and 6 influenza B) were reported. The percentage of visits for influenza-like illness (ILI) was 0.4% in week 34. The percentage of visits for ILI is below levels typical of this time of year. From August 28, 2022, to August 26, 2023 (weeks 35 to 34), 626 laboratory-confirmed influenza outbreaks have been reported (one laboratory-confirmed influenza outbreak was reported in week 34). The highest cumulative hospitalization rate up to week 34 is among adults 65 years of age and older (137/100,000 population) and children under 5 years of age (131/100,000 population). The overall cumulative hospitalization rates this season to date is 51/100,000 population.

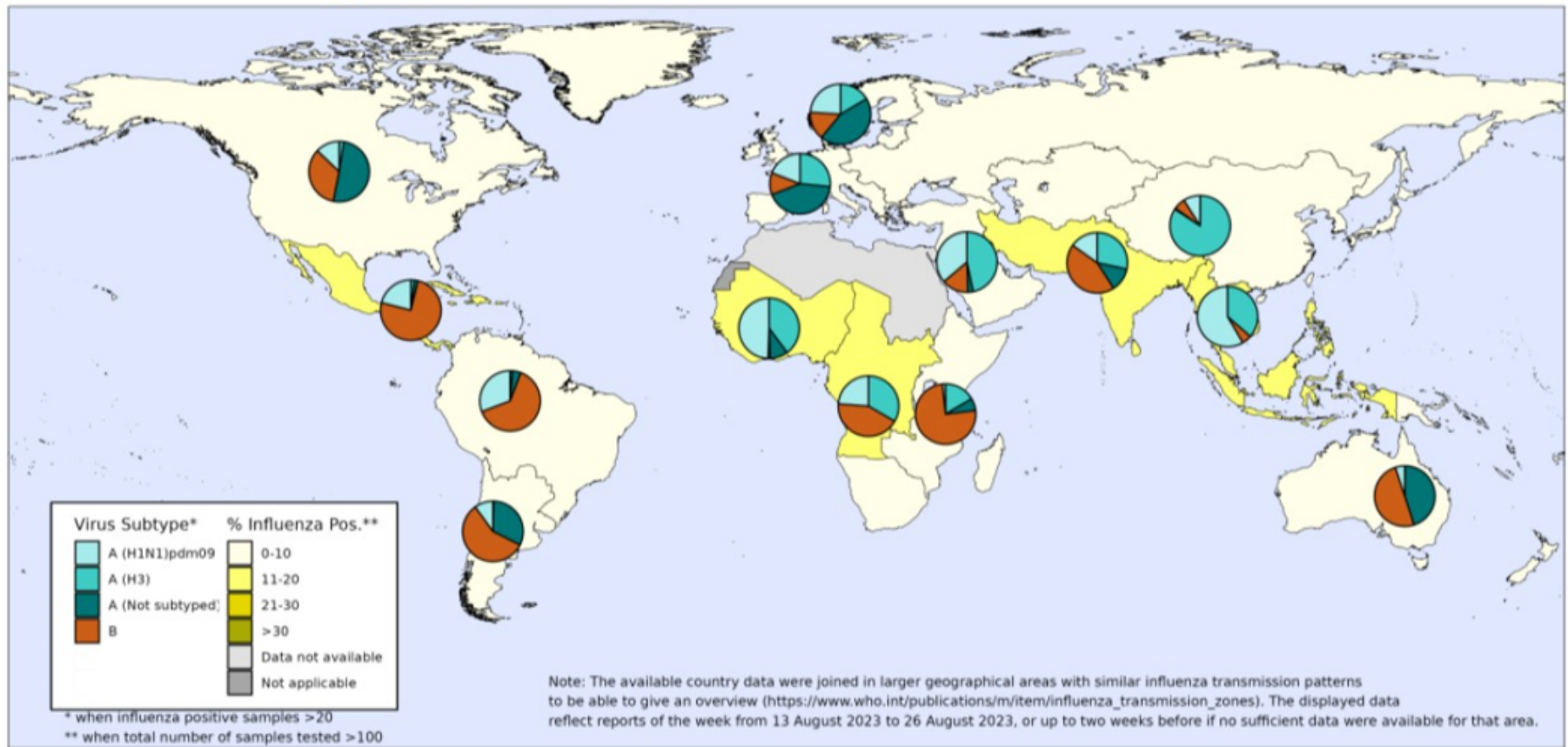
Source: [FluWatch Report July 23 to Aug 26, 2023 \(Weeks 30 – 34\) – Canada.ca](#)

WHO Influenza Update

Globally, influenza detections remained low. In South Africa, influenza activity of predominately influenza A(H3N2) viruses remained below the seasonal threshold after peaking in early June. In South America, Caribbean countries, Central America, Tropical Africa, and Asia influenza detections remained low overall. In the temperate zones of the northern hemisphere, indicators of influenza activity were reported at low levels or below the seasonal threshold in most reporting countries. Detections were predominantly influenza A(H1N1)pdm09 followed by influenza B and influenza A(H3N2) viruses.

▪ National Influenza Centres (NICs) and other national influenza laboratories from 108 countries, areas, or territories reported data to FluNet for the period from 7 August 2023 to 20 August 2023 (data as of 31/08/2023 04:10:26 PM UTC). The WHO GISRS laboratories tested more than 230 916 specimens during that period. 5040 were positive for influenza viruses, of which 3558 (70.6%) were typed as influenza A and 1482 (29.4%) as influenza B. Of the sub-typed influenza A viruses, 991 (38.0%) were influenza A(H1N1)pdm09, and 1617 (62.0%) were influenza A(H3N2). Of the type B viruses for which lineage was determined, all (560) belonged to the B/Victoria lineage.

Map generated on 31 August 2023.



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



Data source: Global Influenza Surveillance and Response System (GISRS), FluNet (www.who.int/tools/fluNet)
 Copyright WHO 2023. All rights reserved.

Source: [Influenza Update N° 445 \(who.int\)](#)



Copyright © 2023 TARRANT Viral Watch, All rights reserved.

Want to change how you receive these emails?
 You can [update your preferences](#) or [unsubscribe from this list](#).

