

TARRANT October 2021 Newsletter

TARRANT Viral Watch <tarrant@ucalgary.ca>

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To: TARRANT Viral Watch <tarrant@ucalgary.ca>

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TARRANT WATCH VIRAL

October 2021 Update

TARRANT News & Updates

Welcome everyone to our Newsletter! We really appreciate everyone's contribution towards this project.

influenza vaccination by public health typically starts in the beginning of October, and so does the TARRANT new season. However, Because of the changing COVID immunization policy to add a third booster, we had to update TARRANT requisition forms for the new season. We will be sending out updated forms in the beginning of November. Please continue to use the [GREEN](#) requisition forms until then.

For the 2021-2022 influenza season, we will update the weekly reporting/redcap forum. If you have suggestions for improvement, please provide us with your feedback.

Recently, we have been seeing more virus co-infection, typically positive enterovirus/rhinovirus with one other virus. We confirmed that this does happen at a low rate, but has no alarming implications.

Please continue to email us if you require more swabs at tarrant@ucalgary.ca.

Data analysis

From 08 June 2021 to 25 September 2021, we received samples from 870 participants. There have been detections of COVID-19, coronavirus (variants 229E & NL63), parainfluenza (both types 3 & 4), enterovirus/rhinovirus, and adenovirus in Alberta (see Table 1). Our data shows that COVID-19 & parainfluenza 3 are more prevalent in Calgary. Enterovirus/rhinovirus continues to be predominant in Edmonton.

In the past month there were fewer COVID-19 and parainfluenza 3 cases (see Figure 1). Testing positive for COVID-19 is more likely in those who have not received a vaccine than in those who received one or two doses (see Table 2). Data continues to show that the younger population is affected more compared to older population (see Table 3).

The symptomatic distribution has not changed significantly from the last report (see Table 4). Participants with positive COVID-19 cases present with cough, sore throat, fever, and runny nose. As for parainfluenza 3, participants are more likely to show cough, fever, and fatigue. Positive enterovirus/rhinovirus cases present with symptoms of cough, runny nose, sore throat, and congestion.

Table 1: Cases in different locations

	COVID-19	Coronavirus 229E	Coronavirus NL63	Parainfluenza 3	Parainfluenza 4	Enterovirus/rhinovirus	Adenovirus
Fort McMurray	1	0	1	1	1	93	0
Grande Prairie	0	0	0	0	0	33	0
Edmonton	4	0	1	3	0	301	1
Red Deer	7	0	0	2	0	49	0
Sundre	3	0	1	1	1	7	0
Drumheller	0	0	0	0	0	0	0
Calgary	19	1	1	6	0	113	0
Chestermere	1	0	0	0	0	0	0
High River	0	0	0	0	0	11	0
TOTAL	35	1	4	13	2	567	1

Figure 1: Trends of COVID-19 cases and other viruses over the summer time period

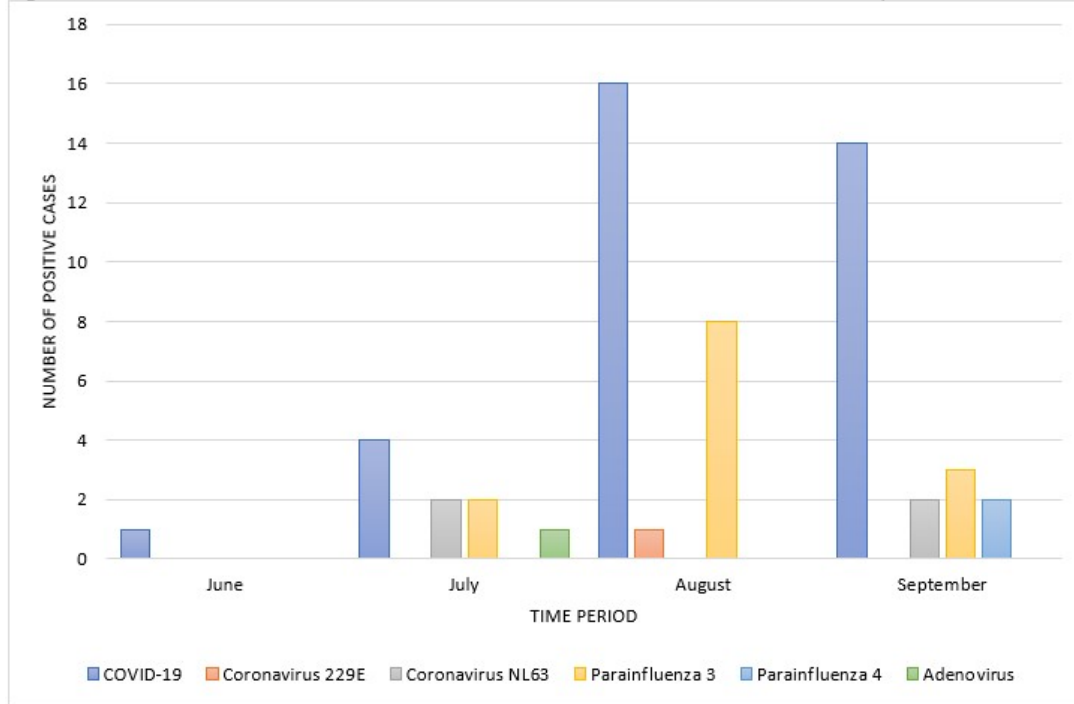


Table 2: Vaccination history in positive COVID-19 cases

	# of positive COVID-19	%
No vaccine	21	60%
One dose	8	22.9%
Two doses	6	17.1%
Total	35	100

Table 3: Cases arranged according to age distribution

	COVID-19	Coronavirus 229E	Coronavirus NL63	Parainfluenza 3	Parainfluenza 4	Enterovirus/rhinovirus	Adenovirus	TOTAL
Age <10	1	0	0	9	2	108	1	121
Age 10-19	6	0	0	2	0	85	0	93
Age 20-29	9	0	0	0	0	109	0	118
Age 30-39	8	1	1	1	0	116	0	127
Age 40-49	5	0	1	0	0	85	0	91
Age 50-59	5	0	0	1	0	37	0	43
Age 60-69	1	0	2	0	0	19	0	22
Age 70-79	0	0	0	0	0	7	0	7
>80	0	0	0	0	0	1	0	1
Total	35	1	4	13	2	567	1	623

Table 5: Symptoms recorded for Positive virus cases

	COVID-19	Coronavirus 229E	Coronavirus NL63	Parainfluenza 3	Parainfluenza 4	Enterovirus/rhinovirus	Adenovirus
Cough	34	1	4	13	2	540	1
Fever	16	0	1	8	1	130	0
Chills	9	0	1	3	0	83	0
Sore throat	20	0	1	3	1	355	0
Myalgia	7	0	0	1	0	48	0
Arthralgia	2	0	0	0	0	26	0
Fatigue	17	0	0	6	0	161	0
Prostration	2	0	0	0	0	11	0
Headache	16	0	1	4	1	184	0
Nausea	3	0	0	1	0	24	0
Vomiting	0	0	0	0	0	12	0
Diarrhea	3	0	0	0	0	15	0
Runny nose	15	0	3	9	1	414	0
Congestion	10	0	3	4	1	304	1
Conjunctivitis	0	0	0	0	0	7	0
Dyspnea	3	0	0	0	0	45	0
Loss of smell	5	0	0	0	0	31	0
Loss of taste	8	0	0	0	0	32	0

Influenza Updates

Alberta Update:

From August 23rd, 2020, until August 21, 2021, there have been 0 lab-confirmed influenza cases, no hospitalized influenza cases, and no in-hospital influenza deaths in Alberta. During this same period, 1,651,105 people received an Influenza Immunization dose in the province.

Source: [Alberta Health Services Respiratory Virus Surveillance / Tableau Public](#)

Canada Update (July 25 to August 28, 2021 (Weeks 30 to 34) - Final Report of the 2020-2021 season

Despite continued monitoring for influenza across Canada, influenza activity has remained extremely low for this time in the reporting season. To date this season, 69 influenza detections have been reported which is significantly lower than the past six seasons where an average of 52,169 influenza detections were reported for the season to date. For reporting week 30 to 34, the influenza percent positivity was 0%, compared to an average 25% over the past six seasons.

In weeks 30 to 34, five laboratory detections of influenza were reported (of which 3 were reported in week 34).

Thirty-one of the influenza detections reported to date this season are known to be associated with recent live attenuated influenza vaccine (LAIV) receipt and do not represent community circulation of seasonal influenza viruses.

Overall, the percentage of laboratory tests positive for influenza remains at exceptionally low levels, despite the elevated levels of testing seen this month. In weeks 30 to 34, 28,234 tests for influenza were performed at reporting laboratories and there were no positive tests recorded. Compared to the past six seasons, the number of tests performed for this period was higher than the average (8,278) and the percentage tests positive for influenza remains well below average inter-seasonal levels of 0.9%. Testing for influenza and other respiratory viruses has been influenced by the current COVID-19 pandemic. Changes in laboratory testing practices may affect the comparability of data to previous weeks or previous seasons.

Source: [Weekly influenza reports - Canada.ca](#)

WHO Influenza Update (13 September 2021, based on data up to 29 August 2021)

The current influenza surveillance data should be interpreted with caution as the ongoing COVID-19 pandemic has influenced to varying extents health seeking behaviors, staffing/routines in sentinel sites, as well as testing priorities and capacities in Member States.

Influenza activity continues to be absent or remain below inter-seasonal levels in most countries in the temperate zones of the northern and southern hemispheres, the Caribbean, Central American, Western, Middle and Eastern Africa countries despite a high increase in testing. Hygiene and physical distancing measures implemented to reduce SARS-CoV-2 transmission are likely to have played a role in reducing influenza virus transmission.

National Influenza Centers (NICs) and other national influenza laboratories from 87 countries, areas or territories

reported data to FluNet for the period from 16 August 2021 to 29 August 2021. The WHO GISRS laboratories tested more than 282,929 specimens during that period. 1580 were positive for influenza viruses, of which 983 (62.2%) were typed as influenza A and 597 (37.8%) as influenza B. Of the sub-typed influenza A viruses, 63 (6.7%) were influenza A(H1N1)pdm09 and 876 (93.3%) were influenza A(H3N2). Of the characterized B viruses, 2 (0.4%) belonged to the B-Yamagata lineage and 546 (99.6%) to the B-Victoria lineage.

Source: [Global Influenza Programme \(who.int\)](https://www.who.int)



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