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Sent: N 2024 9:17 AM
To:
Subject: TARRANT November 2024 Newsletter

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TARRANT WATCH VIRAL WATCH

November 2024 Newsletter

TARRANT News & Updates

Dear Sentinels,

The Snow has come, and we are starting a new season again. It feels like the beginning of a roller coaster ride. Good news! We have been given permission to increase the sampling/ information/ consent fee from \$20 to \$30 for this season. This is not a massive income, but it helps cover the cost of our additional time and effort to explain the study and get the samples.

Friendly reminder to use the new requisition forms for the 2024-2025 season (green in colour). Please discard all old forms (gold in colour), as ProvLab will no longer process last year's forms.

News items are identifying a "walking pneumonia" epidemic. We were unfamiliar with that phrase but have now learned that it means *Mycoplasma pneumoniae*. This infection is surging worldwide. It occurs in waves, 5-7 years apart, not necessarily seasonal. Positive cases have already been shown in this season in BC and Quebec.

We checked with Dr. Zelyas at the Lab and found that while they currently report the viral types to us from our swabs, they use a multiplex analysis system that also includes bacterial targets: *M pneumoniae*, and *Chlamydia pneumoniae*. The difficulty is that what we find in the nasal swab may not reflect what is happening in the lungs very well. And the *Chlamydia* assay is not well validated. We have requested that the laboratory should report what they can, so they now plan to routinely report *Mycoplasma pneumoniae* results. We should bear in mind that if positive, it only tells us what is in the nose. A negative result does not necessarily mean it is not in the lower airways, so cannot rule out the diagnosis.

Medical news from Australia reports a severe epidemic of whooping cough: likely related to lower immunization rates subsequent to COVID-19. Therefore, we too need to be aware of whooping cough as a possibility.

Given the low rates of immunization across all the viral epidemics, we can probably expect a severe respiratory viral season. Stock up on masks and PPE and keep your swabs handy!

Data Analysis

As we begin the new season, 145 specimens have been submitted during week 43 (October 24th, 2024) to week 48 (November 25th, 2024).

6 (4.1%) have tested positive for Influenza A, and 22 (15.2%) have tested positive for COVID-19 (see Table 1). While it is still early in the season, we can see from our data that those who did not receive the influenza or COVID-19 vaccine were more likely to be affected (see Table 2 and Table 3 respectively).

Last season we saw a similar influx of Influenza A and COVID-19 cases around this time (see Figure 1).

Positive viral cases are seen throughout all age groups, more in children and the older population (see Table 4).

Table 1: Viral case counts from Oct 24, 2024 to Nov 25, 2024 (n=145)

Virus	Numbers
Influenza A	6
COVID-19	22
Coronavirus OC43	3
Coronavirus NL63	1

Coronavirus HKU1	1
Parainfluenza 1	4
Parainfluenza 4	5
Enterovirus/ Rhinovirus	18

Table 2: Relationship between Influenza and the vaccine

	Influenza A
No vaccine	5 (83.3%)
Vaccine	1 (16.7%)
TOTAL	6

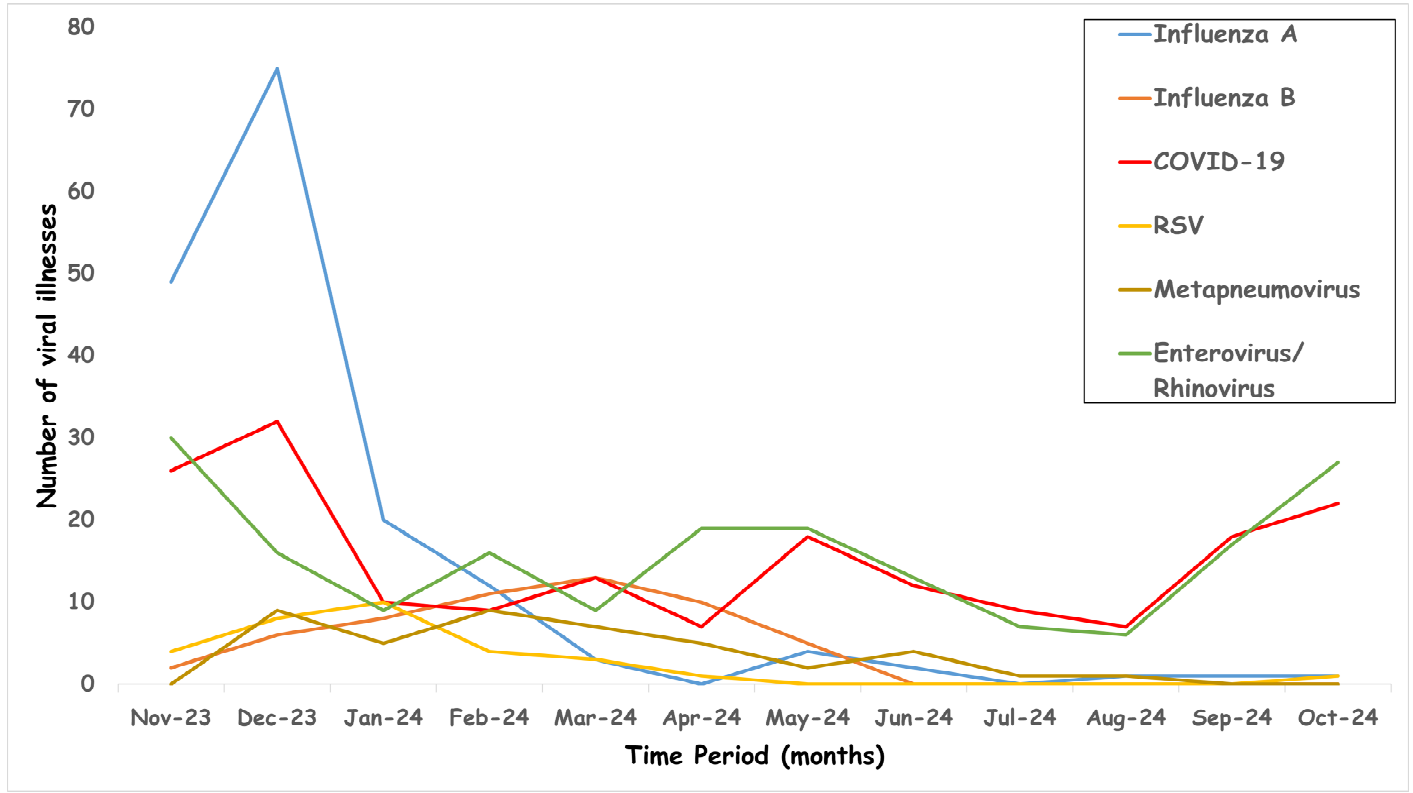
Table 3: Relationship between COVID-19 and the vaccine

	COVID-19
No vaccine	15 (68.2%)
Vaccine	7 (31.8%)
TOTAL	22

Table 4: Viral cases per age group

	Influenza A	COVID- 19	Coronavirus			Parainfluenza		Enterovirus/ Rhinovirus
			OC43	NL63	HKU1	1	4	
0-9	0	1	2	0	0	2	1	3
10-19	1	1	0	0	0	0	0	1
20-29	1	0	0	0	0	0	0	3
30-39	0	1	0	0	0	0	2	2
40-49	1	4	1	0	1	1	1	2
50-59	2	3	0	1	0	0	0	2
60-69	1	6	0	0	0	0	0	1
70-79	0	3	0	0	0	0	1	2
>80	0	0	0	0	3	1	0	2
TOTAL	6	22	3	1	1	4	5	18

Figure 1: Trends of viral cases in the previous season (2023-2024)



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