#### **TARRANT August 2022 Newsletter**

TARRANT Viral Watch <tarrant@ucalgary.ca>

Fri 9/16/2022 2:36 PM

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

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August 2022 Update

### TARRANT News & Updates

Dear Colleagues,

Thank you for participating in the Tarrant program. We play a valuable role for Alberta Health epidemiology to assist understanding what is happening in the community. As you see from this report, we are providing samples that help track the new normal of COVID-19 and other respiratory viruses. Our colleagues in the SPSNetwork across Canada are performing an analysis of Influenza and COVID-19 to assess the Vaccine effectiveness. We will send that out as soon as we have the paper.

We are trying to expand the sentinel program, and its uses, in collaboration with Alberta Health. As we approach a new winter season or respiratory viruses, we all need to know even better what is happening in our communities. Thus, we need to recruit more sentinels, especially in the areas where we have gaps. If you know of anyone who might be interested in participating, please let us know, and any venues where we could meet family physicians to increase our enrolment.

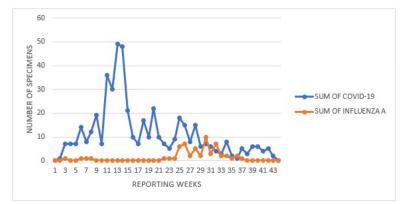
Please complete the attached questionnaire by clicking this <u>LINK</u>; this will assist us to respond to Alberta Health and PCNs as they assist with recruiting new sentinels.

## Data analysis 2021-2022 Season

## Data Analysis from 2021-2022 season

- During reporting weeks 1 (Oct 24,2021) to week 44 (August 24, 2022), sentinels submitted 2316 specimens of which 487 (21%) tested positive for Covid-19, 57 (2.5%) tested positive for Influenza A subtype H3.
- A single case of Influenza B (0.04%) was documented in Edmonton in week 8.
- COVID-19 peaked in January this season following which a steady decline is noted

- An upsurge in number of participants who tested positive for Influenza A across Alberta was noted in April through June.
- The majority (63%) of participants who tested positive for Influenza A had not received the flu vaccine in the current season. (See Table 1)
- Majority of participants who tested positive for COVID-19 (63%), Influenza A (51%) and Influenza B (100%) viruses were female (See Table 2)
- Calgary and Edmonton continue to demonstrate more COVID-19 & Influenza cases than other locations. Drumheller and Sundre were the most sampled rural locations (See Figure 2 and Table 3).
- Majority of patients who tested positive for respiratory viruses were aged between 10 and 59 years (See Table 3)
- Respiratory Syncytial Virus: usually thought of as a young children's disease also showed a peak of cases between 30 and 39 years
- Cough, fever, and myalgia were defining features for choosing to swab. These are the commonest symptoms amongst participants, but sore throat was the commonest non-defining symptom (See Table 5)
- While originally loss of smell and loss of taste were thought to be specific features of COVID-19, in our sample they were no more or less common than in other viral infections.



WEEK	MONTH	
1	October	- 3
2-5	November	3
6-10	December	- 9
11-14	January	
15-18	February	- 3
19-23	March	- 1
24-27	April	- 8
29-31	May	- 3
32-36	June	- 1
37-40	July	- 8
41-44	August	- 3

Figure 1: Trends of Covid-19 and Influenza cases from Week 1 (Oct 24, 2021) to Week 44 (August 24, 2022)

Table 1- Relationship between influenza and Flu vaccine

FLU VACCINE RECEIVED	INFLUENZA A
Yes	13(23%)
No	36 (63%)
Unknown	8(14%)
Grand total	57

Table 2- Relationship between gender, COVID-19, and Influenza

GENDER	COVID-19	INFLUENZA A	INFLUENZA B
Male	180 (37%)	27 (47%)	0(0%)
Female	307(63%)	29 (51%)	1(100%)
Undisclosed	0(0%)	1(1.8%)	0(0%)
Grand total	487	57	1

1 11		Influ	enza		Coronavirus			Par	ainflue	nza	A CONTRACTOR OF THE PARTY OF TH	Enterovirus/	0.0000000000000000000000000000000000000	TOTAL
	COVID-19	Α	В	RSV	229E	OC43	NL63	2	3	4	Metapneumovirus	Rhinovirus	Adenovirus	
Fort												2000		
McMurray	14	0	0	9	3	26	0	0	6	3	0	14	0	75
Grand Prairie	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Edmonton	90	3	1	31	2	105	12	3	39	13	4	157	7	467
Sherwood	1					S- 6	1		1		:			
Park	1	0	0	0	0	0	0	0	0	0	0	0	0	1
St Albert	1	0	0	2	0	2	0	0	1	0	0	1	0	7
Camrose	5	0	0	0	0	0	0	0	0	0	1	1	0	7
Red Deer	7	1	0	2	0	2	2	0	0	2	. 0	3	0	19
Sundre	44	7	0	12	0	7	7	4	7	5	10	53	2	158
Banff	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Drumheller	39	7	0	15	3	8	4	4	4	3	24	50	1	162
Cochrane	1	0	0	1	0	0	0	0	0	0	0	1	0	3
Airdrie	4	0	0	3	0	1	0	0	2	0	0	0	2	12
Calgary	265	34	0	44	10	56	19	10	22	4	12	181	2	659
Chestermere	6	2	0	0	1	0	0	0	0	0	0	0	0	9
Strathmore	0	0	0	0	0	0	0	1	0	0	0	0	0	1
High River	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Siksika	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lethbridge	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Coaldale	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	9	3	0	1	1	0	0	0	1	0	1	4	2	22
Medicine Hat	1	0	0	1	0	0	0	0	1	0	0	2	0	5
TOTAL	487	57	1	121	20	207	44	22	83	30	52	468	16	

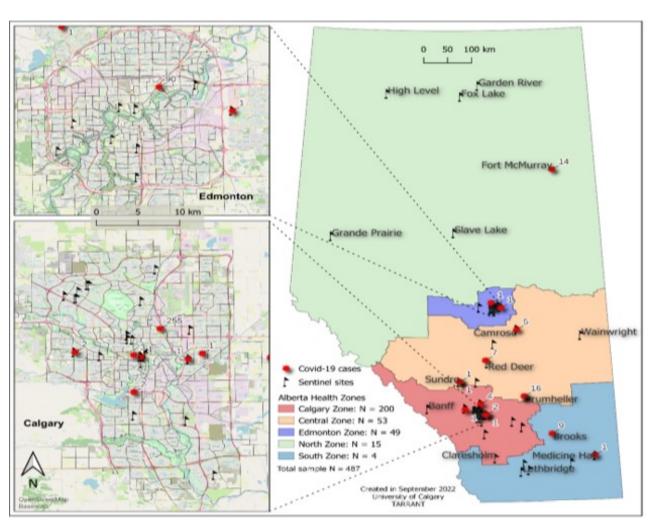


Figure 2: Alberta map showing positive COVID-19 cases from Week 1 to Week 44

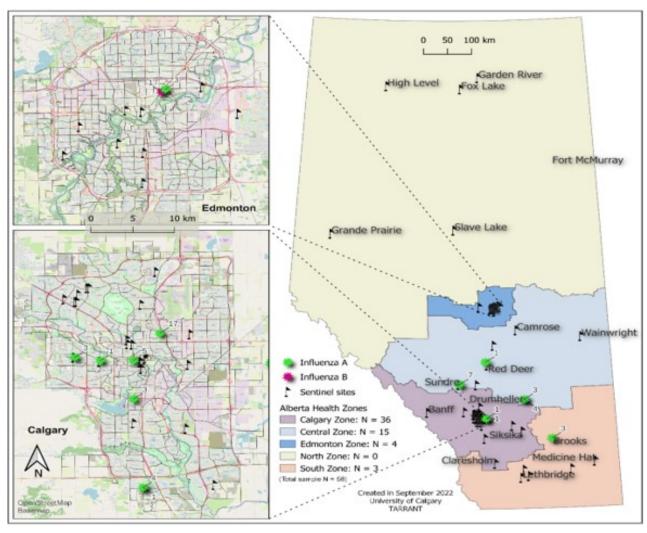


Figure 3: Alberta map showing positive cases of Influenza A & B from Week 1 to Week 44

Table 4: Cases arranged according to age distribution

	COVID-	Influe	enza	DC1/	C	oronavir	us .	Pa	arainflu	enza	Metapneumovir	Enterovirus/		TOTAL
	19	Α	В	RSV	229E	OC43	NL63	2	3	4	us	Rhinovirus	Adenovirus	
Age 0-9	26	10	0	60	2	40	11	10	46	8	22	145	9	389
Age 10-19	27	11	0	8	1	15	5	3	5	3	1	53	1	133
Age 20-29	90	11	0	6	5	33	6	0	5	9	11	78	3	257
Age 30-39	106	6	1	23	3	43	12	2	10	8	5	92	2	313
Age 40-49	117	7	0	7	5	42	5	6	6	0	8	49	0	252
Age 50-59	69	7	0	8	4	18	2	0	3	1	1	23	0	136
Age 60-69	36	3	0	4	0	13	3	1	8	1	4	17	0	90
Age 70-79	11	1	0	4	0	1	0	0	0	0	0	10	1	28
≥80	5	0	0	1	0	1	0	0	0	0	0	1	0	8
TOTAL	487	57	1	121	20	206	44	22	83	30	52	468	16	

Table 5: Symptoms recorded for positive virus cases.

<sup>\*</sup>Indicates defining symptoms

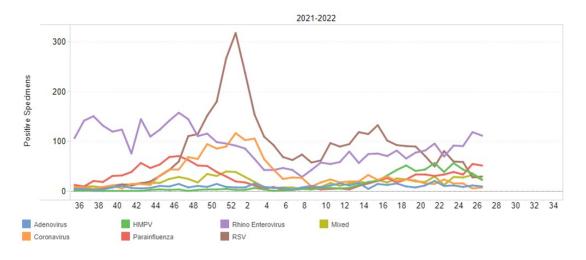
		VID-19 A B RSV		nza		coronaviru	5	P.	arainflue	nza		Enterovir	-	Toronto Company
	COVID-19			RSV	229E OC43 NL63		2 3 4		Metapneu movirus	us/ Rhinoviru	Adeno virus	No virus found		
*Cough	480/487	52/57	1/1	108/121	17/20	199/207	44/44	21/22	79/83	29/30	41/52	371/468	13/16	1088/2316
	(99%)	(91%)	(100%)	(89%)	(85%)	(96%)	(100%)	(95%)	(95%)	(97%)	(79%)	(79%)	(81%)	(47%)
*Fever	243/487	35/ 57	1/1	58/121	4/20	76/207	10/44	6/22	45/83	11/30	30/52	136/468	8/16	466/2316
	(50%)	(61%)	(100%)	(48%)	(20%)	(37%)	(23%)	(27%)	(54%)	(37%)	(58%)	(29%)	(50%)	(20%)
Chills	187/487	29/ 57	1/1	25/121	0/20	65/ 207	10/44	5/22	22/83	7/30	8/52	72/248	7/16	360/2316
	(38%)	(51%)	(100%)	(21%)	(0%)	(31%)	(23%)	(23%)	(27%)	(23%)	(15%)	(15%)	(44%)	(16%)
Sore	341/487	38/ 57	0/1	60/121	10/20(50	142/ 207	29/44	15/22	51/83	20/30	17/52	250/468	9/16	767/2316
throat	(70%)	(67%)	(0%)	(50%)	%)	(69%)	(66%)	(68%)	(61%)	(67%)	(33%)	(53%)	(56%)	(33%)
*Myalgia	130/487 (27%)	24/57 (42%)	1/1 (100%)	10/121 (8%)	0/20 (0%)	34/ 207 (16%)	5/44 (11%)	2/22 (9%)	12/83 (14%)	4/30 (13%)	6/52 (12%)	52/468 (11%)	5/16 (31%)	251/2316 (11%)
Arthralgia	98/487	13/ 57	0/1	5/121	0/20	18/207	3/44	1/22	5/83	3/30	2/52	21/468	2/16	122/2316
	(20%)	(23%)	(0%)	(4%)	(0%)	(9%)	(7%)	(5%)	(6%)	(10%)	(4%)	(18%0	(13%)	(55%)
Fatigue	207/ 487 (43%)	34/ 57 (60%)	1 /1 (100%)	48/121 (40%)	5/20 (25%)	91/207 (44%)	14/44 (32%)	9/22 (41%)	30/83 (36%)	8/30 (27%)	12/52 (23%)	137/468 (29%)	6/16 (38%)	544/2316 (23%)
Prostratio	45/ 487	3/ 57	0/1	1/121	0/20	5/207	1/44	1/22	2/83	2/30	2/52	15/468	0/16	69/2316
n	(9%)	(5%)	(0%)	91%)	(0%)	(2%)	(2%)	(5%)	(2%)	(7%)	(4%)	(3%)	(0%0	(3%)
Headache	215/ 487	28/ 57	1/1	26/121	7/20	81/207	14/44	6/22	19/83	9/30	10/42	140/468	7/16	488/2316
	(44%)	(49%)	(100%)	(22%)	(35%)	(39%)	(32%)	(27%)	(23%)	(30%)	(19%)	(30%)	(44%)	(21%)
Nausea	69/ 487 (14%)	9/57 (16%)	1/1 (100%)	7/121 (6%)	0/20 (0%)	19/207 (9%)	5/44 (11%)	5/22 (23%)	7/83 (8%)	2/30 (7%)	0/52 (0%)	24/468 (5%)	0/16 (0%)	156/2316 (7%)
Vomiting	42/ 487	6/ 57	1/1	11/121	0/20	12/207	3/44	1/22	8/83	1/30	3/52	17/468	3/16	84/2316
	(9%)	(11%)	(100%)	(9%)	(0%)	(6%)	(7%)	(5%)	(10%)	(3%)	(6%)	(4%)	(19%)	(4%)
Diarrhea	63/ 487	5/ 57	0/1	4/121	0/20	17/207	4/44	2/22	12/83	3/30	2/52	15/468	3/16	137/2316
	(13%)	(9%)	(0%)	(3%)	(0%)	(8%)	(9%)	(9%)	(14%)	(10%)	(4%)	(3%)	(19%)	(6%)
Runny	266/ 487	34/57	0/1	89/121	15/20	157/207	29/44	14/22	66/83	22/30	30/52	297/468	10/16	746/2316
nose	(55%)	(60%)	(0%)	(74%)	(75%)	(76%)	(66%)	(64%)	(80%)	(73%)	(58%)	(63%)	(63%)	(32%)
Congestio	208/ 487	28/57	0/1	75/121	9/20	141/207	23/44	14/22	50/83	20/30	21/52	224/468	11/16	636/2316
	(43%)	(49%)	(0%)	(62%)	(45%)	(68%)	(52%)	(64%)	(60%)	(67%)	(40%)	(48%)	(69%)	(27%)
Conjuncti	32/ 487	1/57	0/1	7/121	0/20	6/207	0/44	2/22	1/83	2/30	0/52	12/468	2/16	50/2316
	(7%)	(2%)	(0%)	(6%)	(0%)	(3%)	(0%)	(9%)	(1%)	(7%)	(0%)	(3%)	(13%)	(2%)
Dyspnea	80/ 487 (16%)	11/57 (19%)	0/1 (0%)	10/121 (8%)	1/20 (5%)	18/207 (9%)	7/44 (16%)	1/22 (5%)	10/83 (12%)	5/30 (17%)	5/52 (10%)	31/468 (6%)	2/16 (13%)	164/2316 (7%)
Loss of smell	42/ 487	4/57	0/1	10/121	0/20	13/207	2/44	0/22	1/83	1/30	1/52	20/468	0/16	58/2316
	(9%)	(7%)	(0%)	(8%)	(0%)	(6%)	(5%)	(0%)	(1%)	(3%)	(2%)	(4%)	(0%)	(3%)
Loss of	50/ 487	5/57	0/1	6/ 121	0/20	12/207	2/44	0/22 (0%0	3/83	0/30	1/52	14/468	0/16	64/2316
taste	(10%)	(9%)	(0%)	(5%)	(0%0	(6%)	(5%)		(4%0	(0%)	(2%)	(3%0	(0%)	(3%)

## Influenza Updates

#### Alberta Update:

The prevalence of various viruses in Alberta is illustrated in the figure below. Between June 26, 2022, and July 2, 2022, 29 and 111 more positive specimens were received for RSV and Rhino Enterovirus respectively.

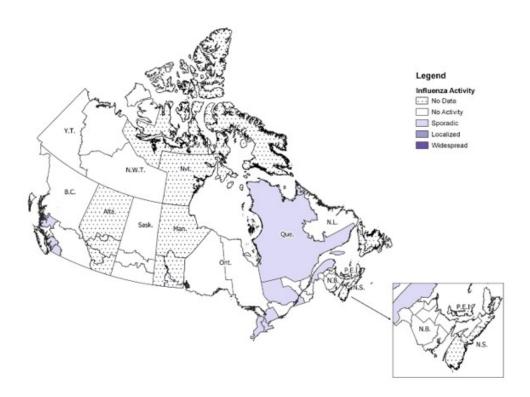
This season, 14,763 detections and 86 outbreaks of influenza were reported. So far, 97 ILI outbreaks have been documented with all but two in schools and day cares.



Source: Alberta Health Services Respiratory Virus Surveillance

#### **Canada Update:**

Influenza activity in Canada is low and remains at inter-seasonal levels. 124 laboratory detections (114 Influenza A and 10 Influenza B) were reported between July 24 and August 27, 2022, with 98% subOtyped as H3N2. Children and teenagers represented nearly half (49%) of those detected with Influenza A.



Source: FluWatch

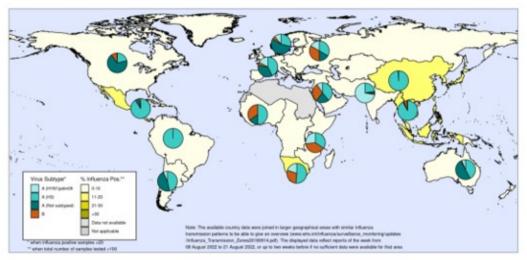
#### **WHO Update:**

The southern hemisphere winter influenza season was more severe than usual but is now receding.

Over 242,539 specimens were tested by the WHO GISRS laboratories between 8<sup>th</sup> August 2022 to 21<sup>st</sup> August 2022 from 100 countries. Of these, 5445 were positive for influenza viruses (5188 (95.3%) Influenza A and 257 (4.7%) Influenza B). Globally, influenza activity has remained low in most countries this period, except in some countries in tropical countries in Africa, the Americas and Asia, where influenza activity increased.

Latest recommendations by WHO are that countries monitor for co-circulation of influenza and SARS-CoV-2 viruses, enhance integrated surveillance and step-up their influenza vaccination campaign to prevent severe disease and hospitalizations associated with influenza. Clinicians are encouraged to consider influenza in differential diagnosis, especially for high-risk groups for influenza, and test and treat according to national guidance.

# Percentage of respiratory specimens that tested positive for influenza, by influenza transmission zone<sup>1</sup>. Map generated on 02 September 2022.



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion enhancever on the part of the World Health Digunization concerning the legal status of any obunits, sentings, day or one or of its authorities, or concerning the definition of its franciscs or boundaries. Dotted and deathed lines on map

Data source: Global Influence Surveillance and Response System (GESRS), FLMet (www.wfe.intfluen Copyright WHO 2022, All rights reserved.



<sup>1</sup>Information in this report is categorized by influenza transmission zones, which are geographical groups of countries, areas or territories with similar influenza transmission patterns. For more information on influenza transmission zones, see: https://cdn.who.int/media/docs/default-source/influenza/influenza-updates/2020/influenza\_transmission\_zones20180914.pdf

Source: WHO







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