

# Regional Syndromic Surveillance Bi-Weekly Report

Wednesday January 2nd, 2019 - Tuesday January 15th, 2019

Health Unit Coverage = KFL&A, HPECHU, LGL

Kingston, Frontenac & Lennox and  
Addington Public Health Knowledge  
Management Team

## ACES Hospital Emergency Department (ED) Activity

**Summary:** Overall emergency room visit volume increased slightly in KFL&A and HPE while decreasing in the LGL health unit jurisdictions compared to the previous two week period of December 19th through January 1st. (KFL&A: 5181 vs. 4941 HPE: 4616 vs. 4446 LGL: 4392 vs. 4662).

**Info. items:** 1) As expected, respiratory and ILI-related emergency department visits have started to decline in the past week. Inpatient admissions due to influenza and pneumonia also slightly decreased in the past week. Caution should be used however when interpreting this trend as a secondary peak is altogether possible, especially considering the information in the following point. 2) Influenza activity declined in week 1 suggesting that nationally, the flu season may have reached its peak in the last week of December. However, Ontario seems to be lagging behind the rest of the country with flu detections not yet reaching its peak. Influenza A(H1N1) is still the most common virus circulating. 3) KFL&A PH has been notified of 15 lab confirmed cases of influenza A for the 2018-2019 season. There has also been 2 influenza outbreaks locally. Please visit our [ILI mapper](#) website for ongoing updates this respiratory season.

**KFL&A Respiratory:** There was one new influenza A outbreak that was subsequently declared over in a local long-term care/retirement facility within the last 2 weeks.

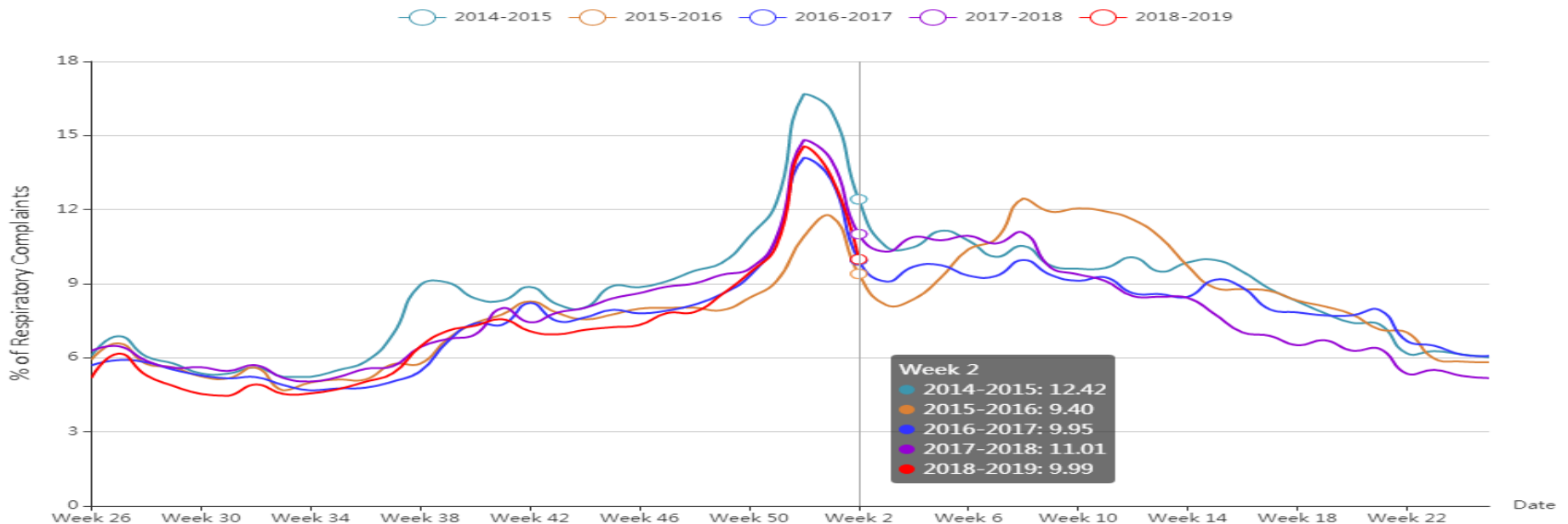
**KFL&A Gastrointestinal:** There are no active enteric outbreaks occurring in any local long-term care/retirement facilities.

### Local Admissions of Interest

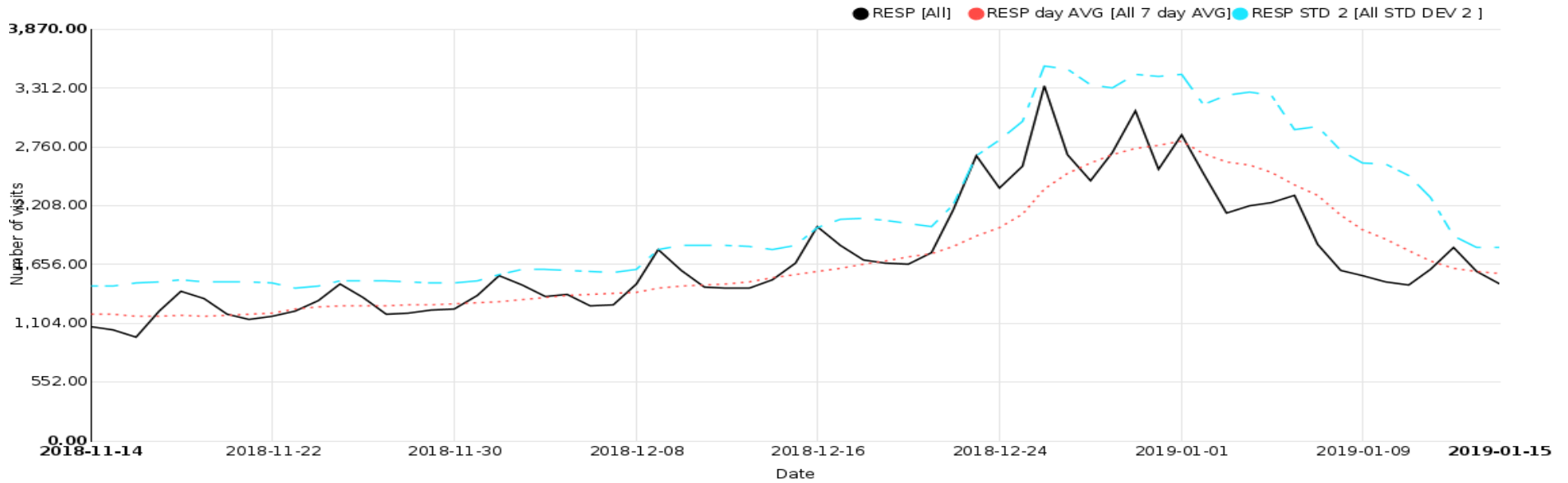
Date	Hospital	Reason for Admission
02/01/2019	KGH	INFLUENZA
05/01/2019	KGH	GROUP A STREPTOCOCCUS BACTEREMIA
08/01/2019	KGH	INFLUENZA
09/01/2019	KGH	CRYPTOGENIC ORGANIZING PNEUMONIA
15/01/2019	KGH	INFLUENZA VS. GUILLAIN-BARRE SYNDROME

NOTE: Further details can be obtained by contacting KFL&A PHI staff at [adam.vandijk@kflaph.ca](mailto:adam.vandijk@kflaph.ca) or 613-549-1232 x1510 All feedback is welcome and appreciated.

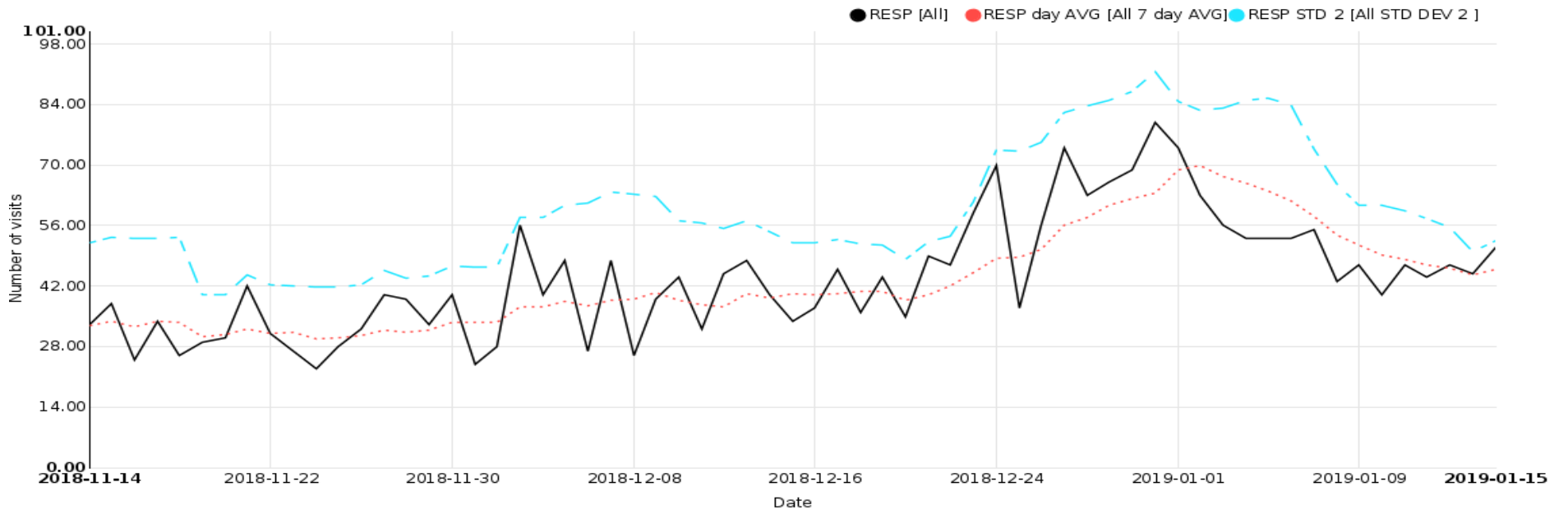
### ED respiratory visits curve for Ontario hospital providing data to the ACES system along with previous year comparisons



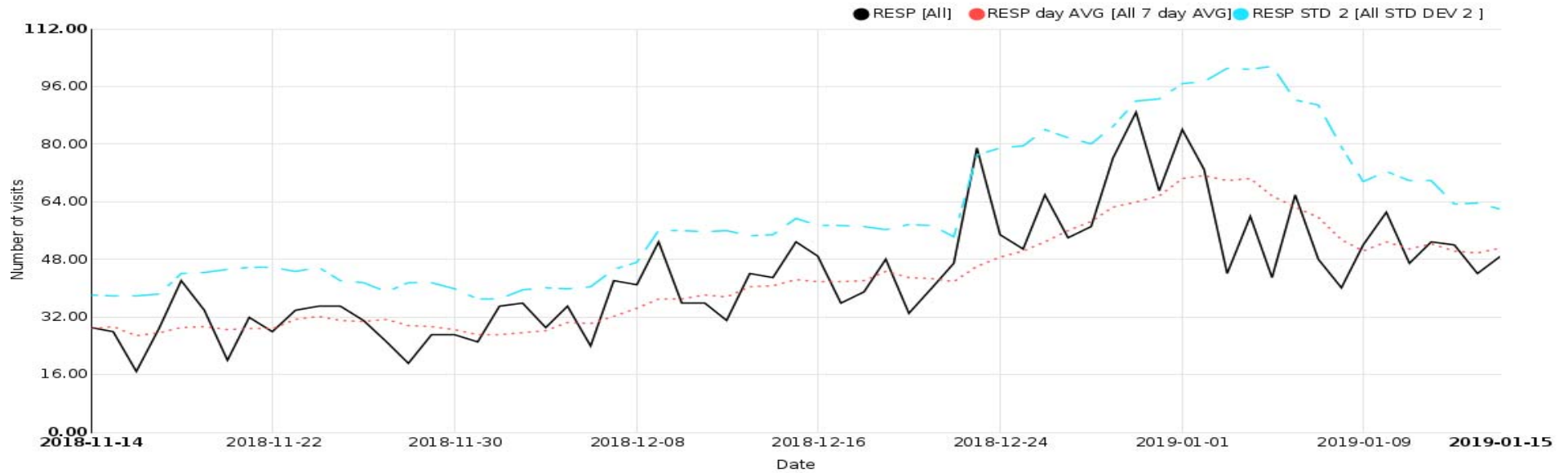
## Respiratory ED Visits to Participating Ontario Hospitals



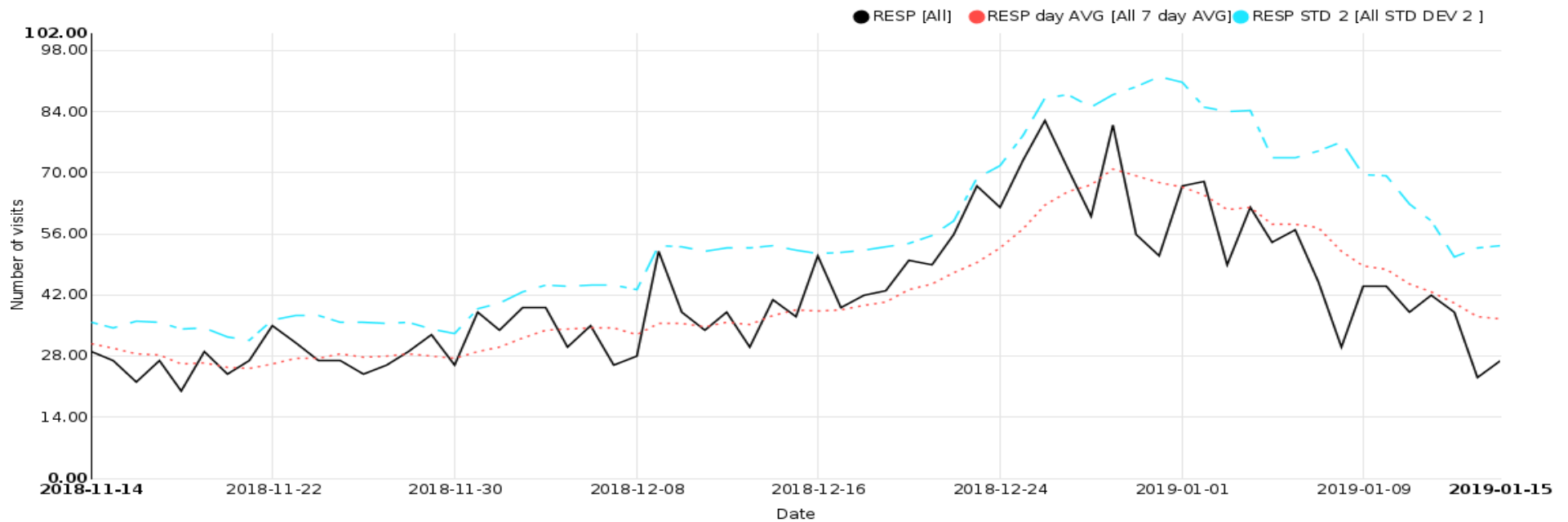
## Respiratory ED Visits for KFL&A Health Unit



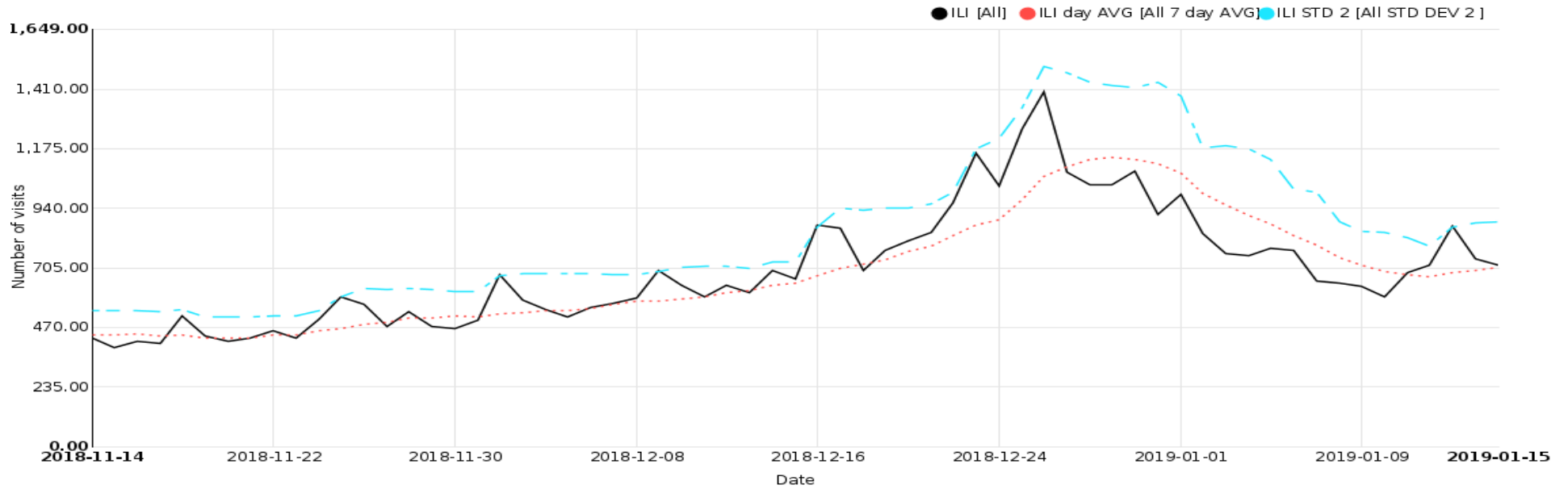
## Respiratory ED Visits for HPE Health Unit



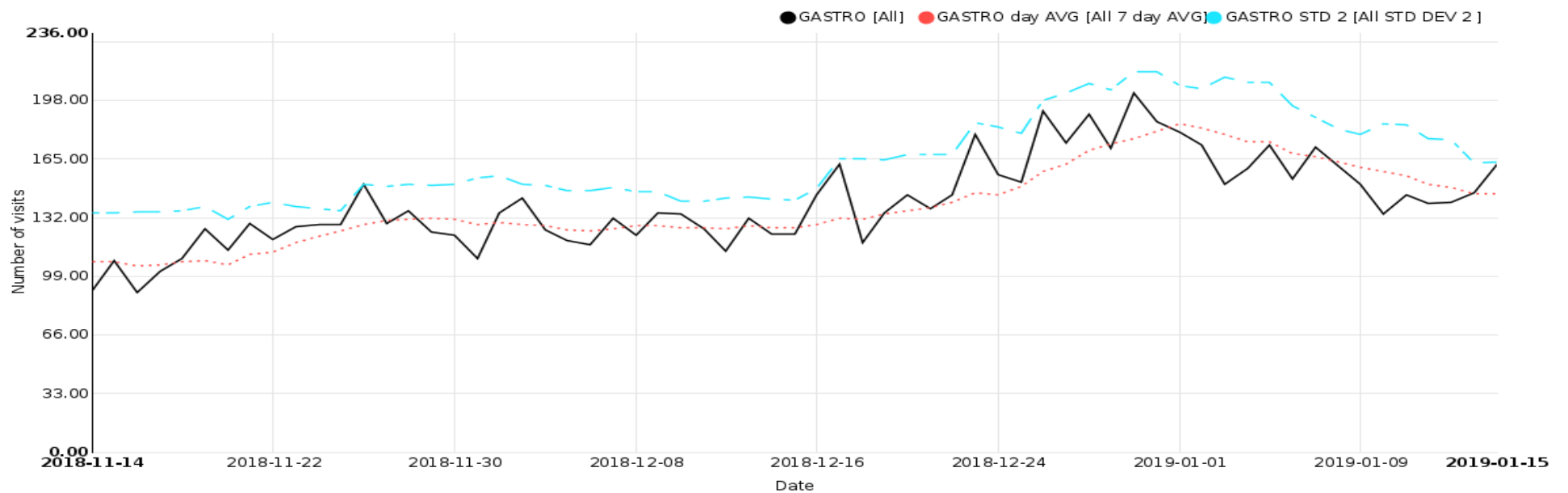
## Respiratory ED Visits for LGL Health Unit



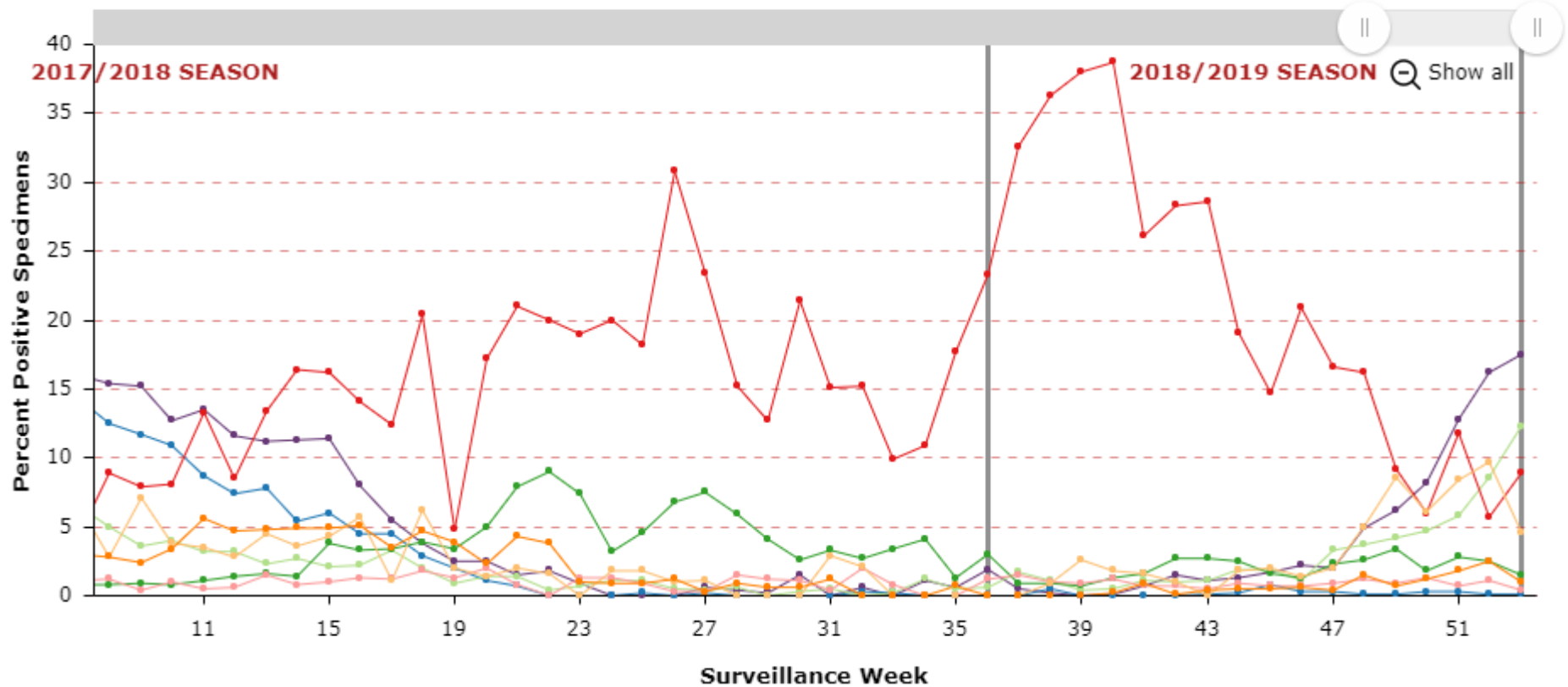
## Influenza-Like Illness/Fever ED Visits to Participating Ontario Hospitals



## Gastrointestinal ED Visits to Participating Ontario Hospitals



Percent positivity of specimens tested  
for all respiratory viruses by week



- influenza A positive specimens
- influenza B positive specimens
- RSV positive specimens
- parainfluenza positive specimens
- adenovirus positive specimens
- rhinovirus positive specimens
- coronavirus positive specimens
- metapneumovirus positive specimens

\*Source: Ontario Respiratory Pathogen Bulletin, Public Health Ontario (with data obtained from the Public Health Agency of Canada’s Respiratory Virus Detection tables)  
Please review section 10 of the weekly pdf report for further information on the data sources used in the Ontario Respiratory Pathogen Bulletin.