

# Regional Syndromic Surveillance Bi-Weekly Report

Wednesday November 20th, 2019 - Tuesday December 3rd, 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 was stable across all regional health unit jurisdictions compared to the previous two week period of November 6th through November 19th. (KFL&A: 5284 vs. 5336, HPE: 4048 vs. 3935, LGL: 4251 vs. 4295).

**Info. items:** 1) KFL&A PH has had two lab confirmed cases of influenza A for the 2019-2020 season. ED visit volumes for respiratory, ILI, and pneumonia related complaints remain stable and within expected levels. 2) Provincially, ED visits and admissions for respiratory related complaints continue to rise slowly (see graph below and visit [ILI mapper](#) for more updates). Rhinovirus is still the most common respiratory virus currently circulating (see page 5). RSV and influenza percent positivity has started to increase and both become more prevalent along the same time based on historic data. Keep focussing efforts on influenza vaccinations, hand hygiene strategies and cough etiquette but it is also recommended start preparing for increasing numbers of ill patients. 3) Nationally, influenza A (H3N2) is the most common influenza virus at present, however, proportions of A(H1N1) and influenza B are increasing. This is particularly abnormal for influenza B, given how early we are in the season.

**KFL&A Respiratory:** There are currently no respiratory outbreaks occurring in any local long-term care/retirement facilities.

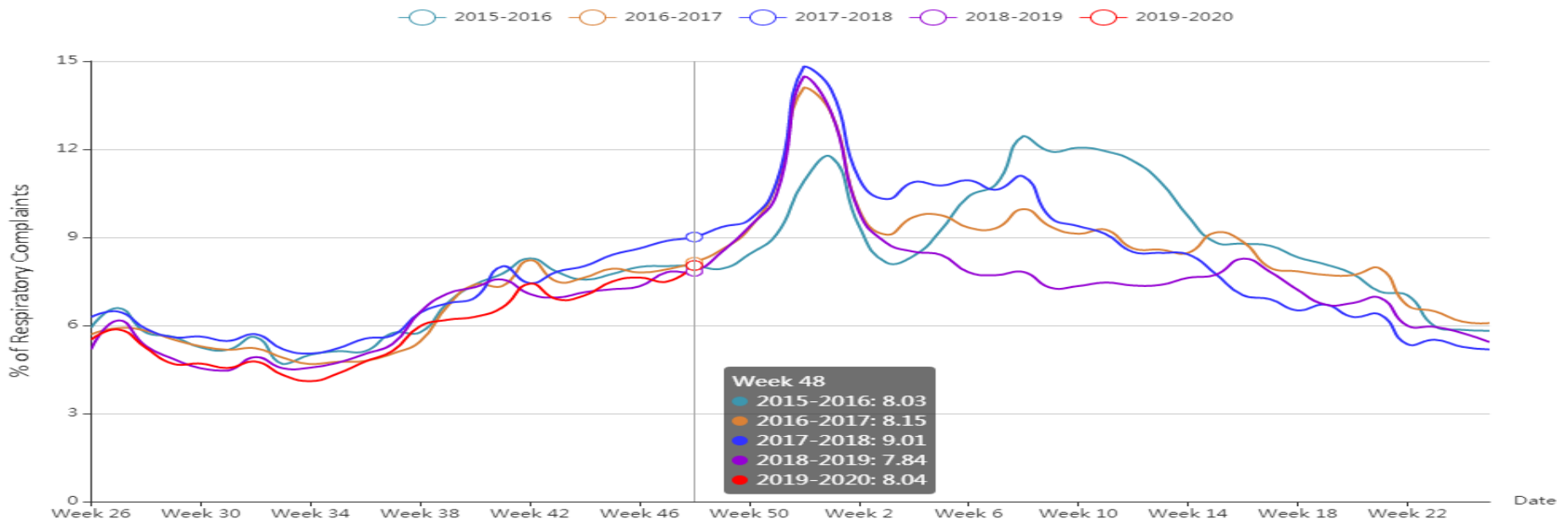
**KFL&A Gastrointestinal:** There are currently no enteric outbreaks occurring in any local long-term care/retirement facilities.

### Local Admissions of Interest

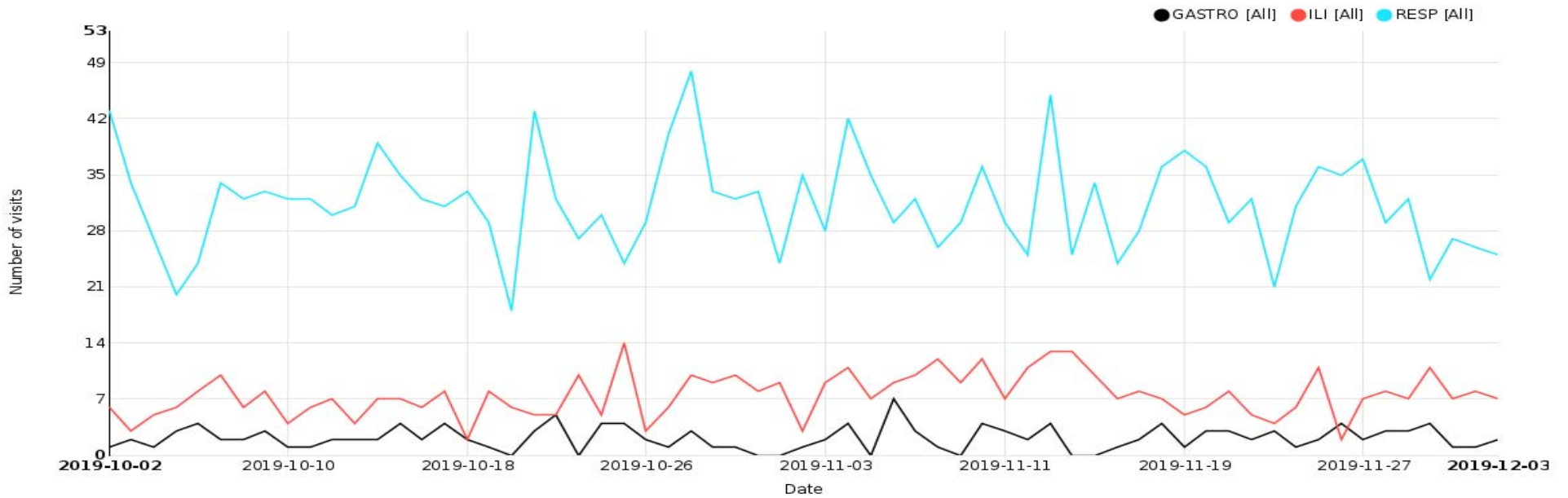
Date	Hospital	Reason for Admission
23/11/2019	KGH	MENINGITIS
27/11/2019	KGH	MENINGITIS
28/11/2019	KGH	STAPH AUREUS BACTEREMIA
30/11/2019	KGH	FLU, VIRAL HEPATITIS
01/12/2019	KGH	RESPIRATORY DISTRESS, PNEUMONIA
02/12/2019	KGH	CROUP

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.

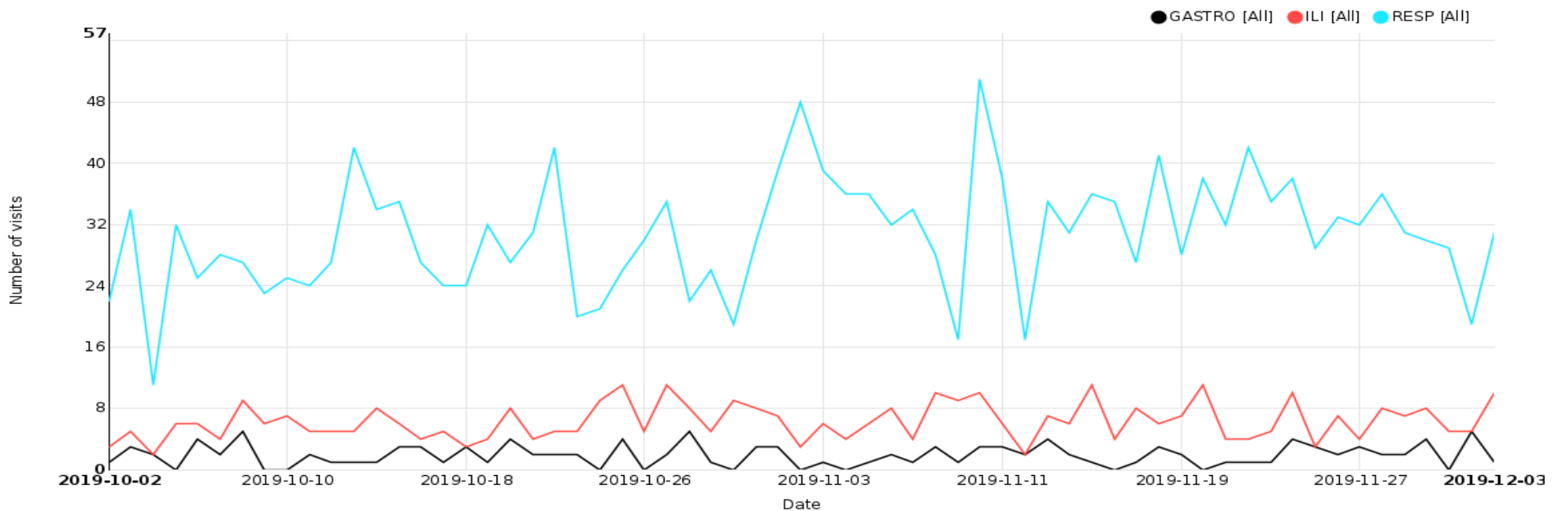
### ED respiratory visits curve for Ontario hospitals providing data to the ACES system with historical yearly comparisons



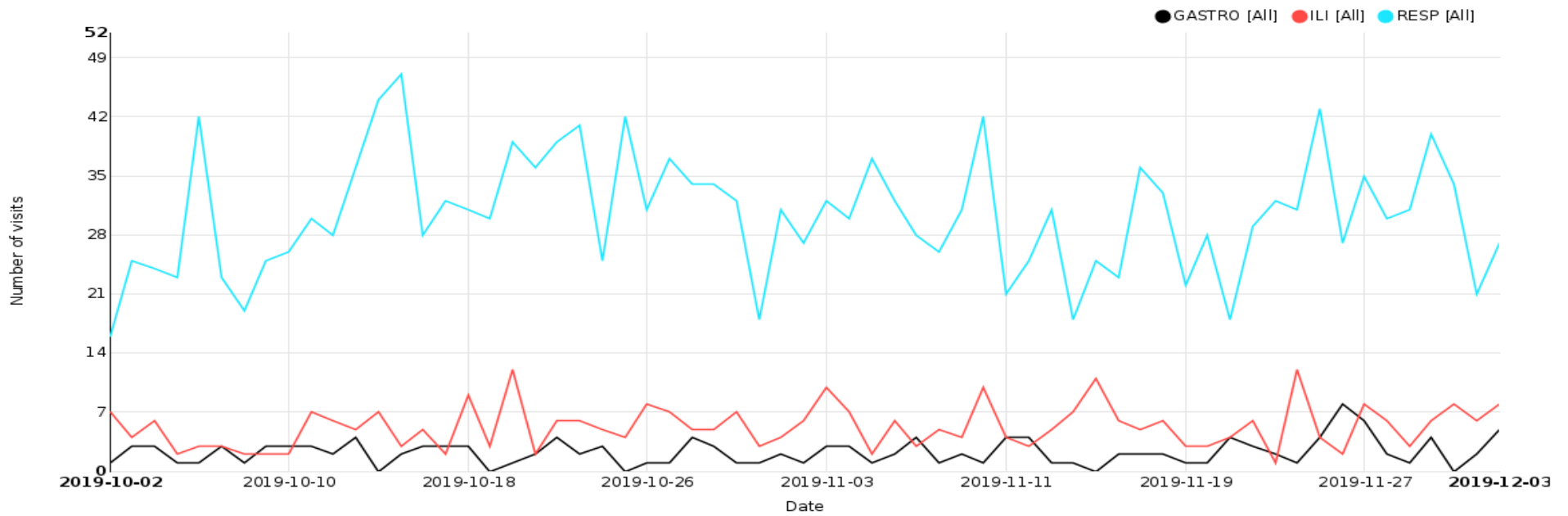
## Respiratory, Gastrointestinal and Influenza-Like Illness/Fever ED Visits for KFL&A Health Unit



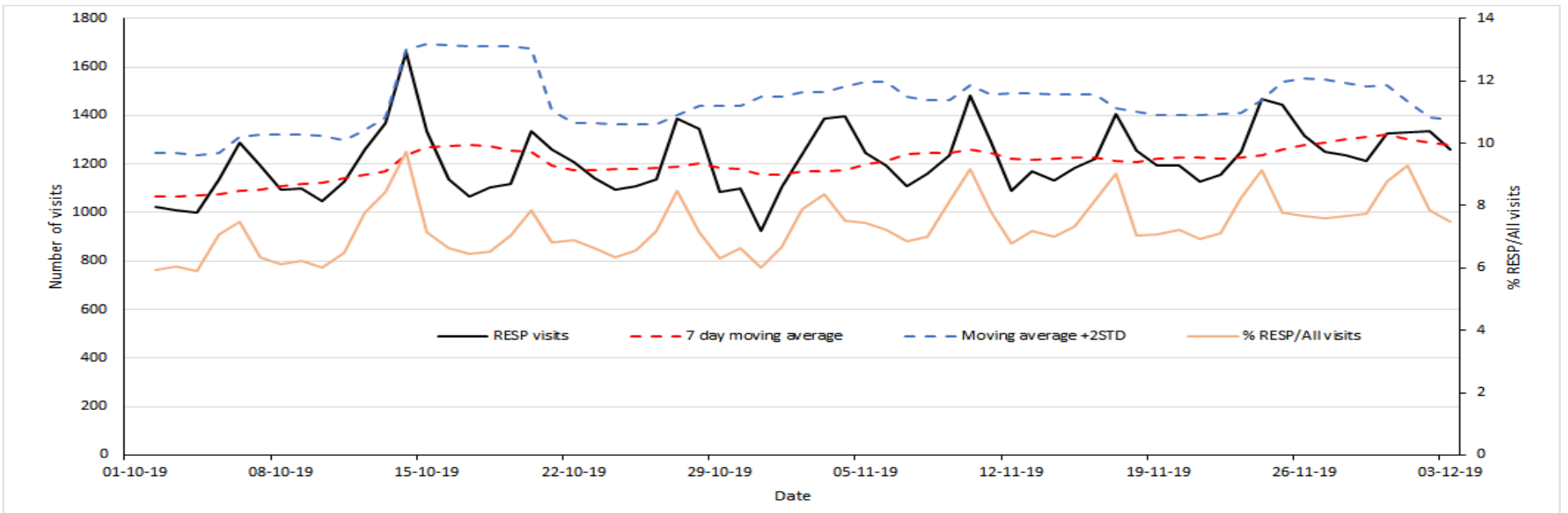
## Respiratory, Gastrointestinal and Influenza-Like Illness/Fever ED Visits for HPE Health Unit



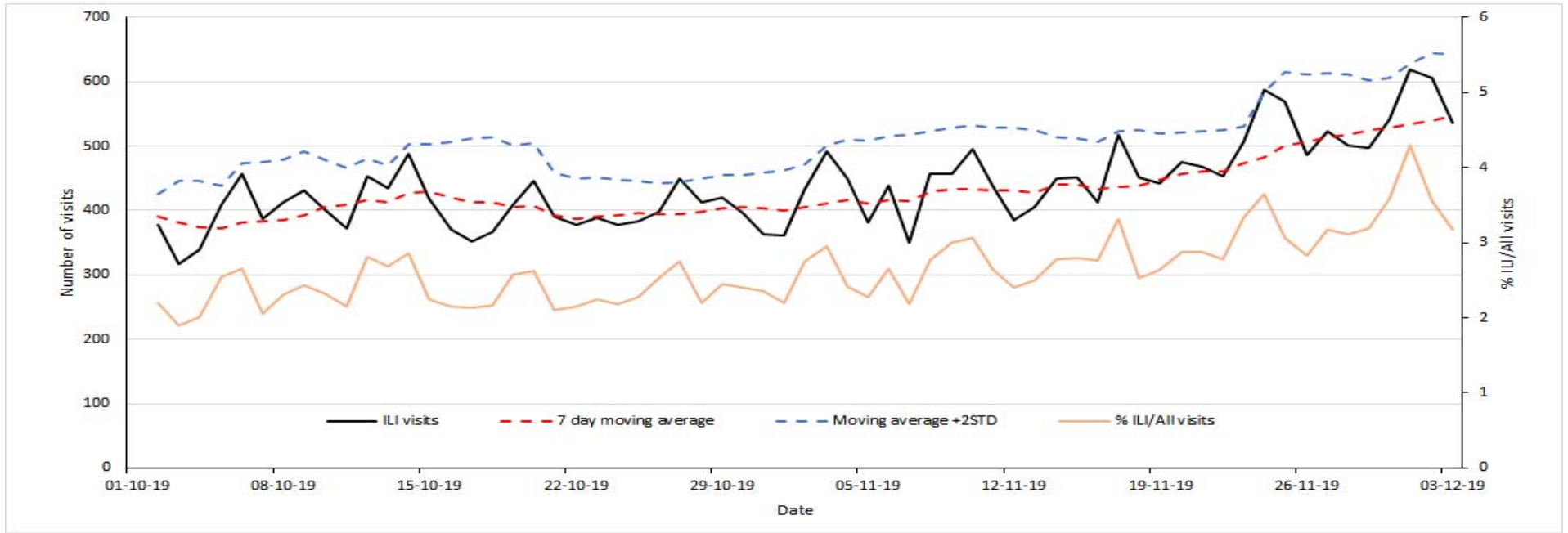
## Respiratory, Gastrointestinal and Influenza-Like Illness/Fever ED Visits for LGL Health Unit



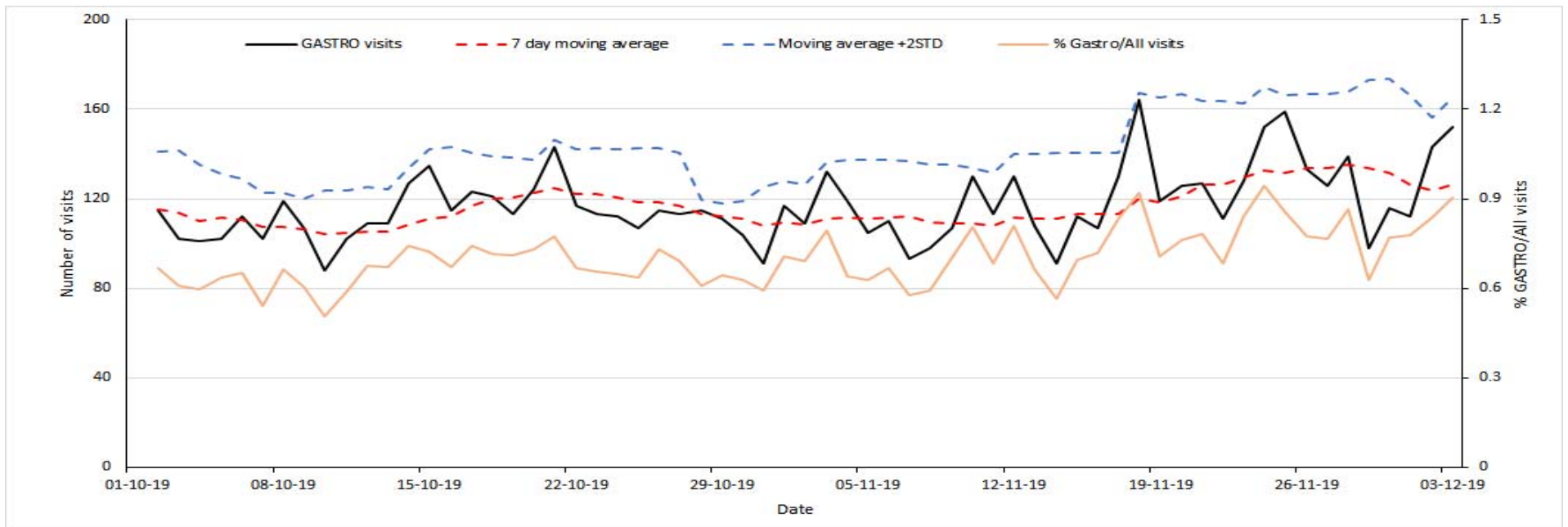
## Respiratory ED Visits to Participating Ontario Hospitals



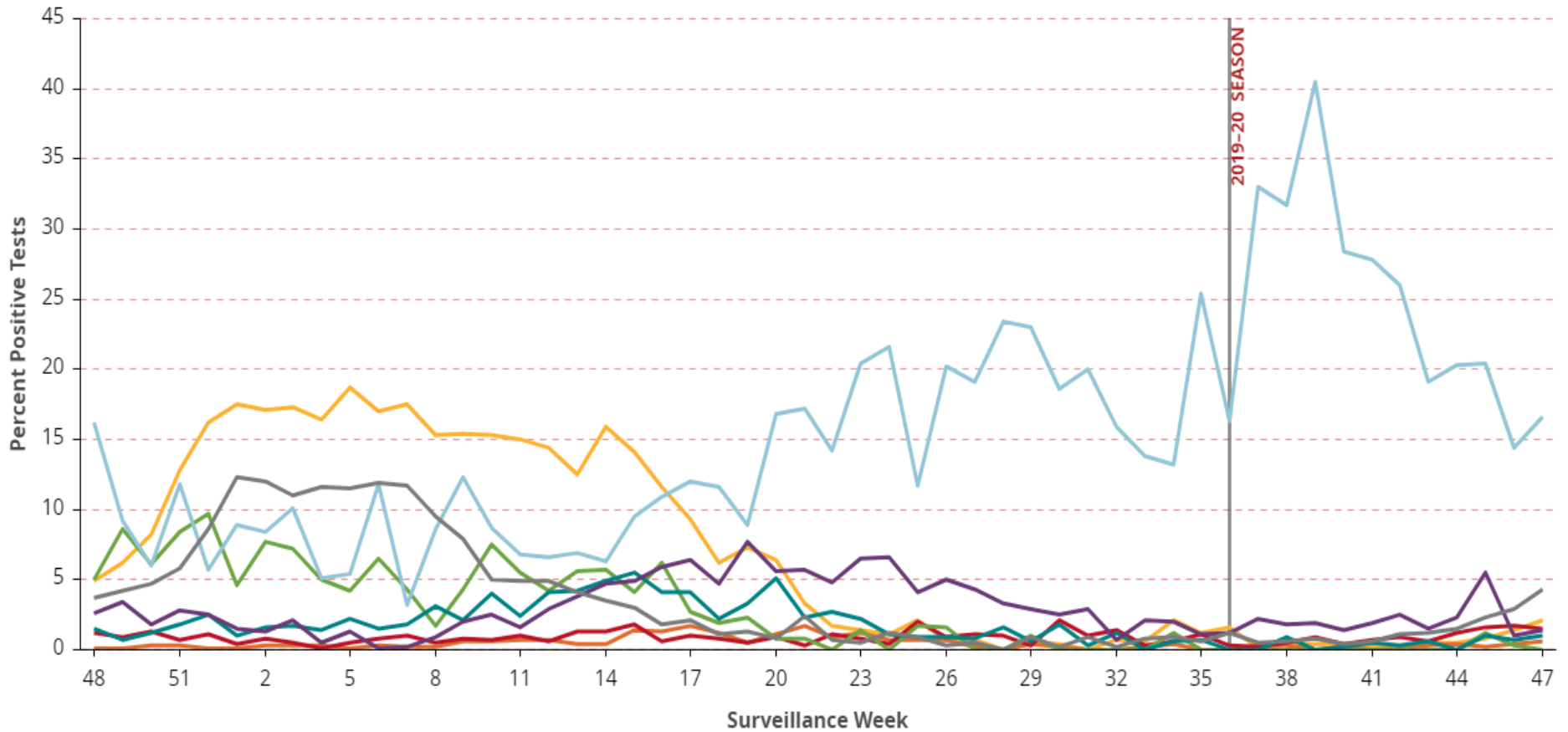
## Influenza-Like Illness/Fever ED Visits to Participating Ontario Hospitals



## Gastrointestinal ED Visits to Participating Ontario Hospitals



## Percent of Respiratory Viral Pathogen(s) Detected Among Specimens Tested for that Pathogen by all Testing Methods by Surveillance Week



- ✓ Influenza A
- ✓ Adenovirus
- ✓ Human Metapneumovirus
- ✓ Parainfluenza (All Types)
- ✓ Influenza B
- ✓ Coronavirus
- ✓ Enterov/Rhinovirus
- ✓ Respiratory Syncytial Virus

\*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.