Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Influenza

Revised December 2014
Influenza

1.0 Provincial Reporting
Confirmed cases of disease

2.0 Type of Surveillance
Case-by-case

3.0 Case Classification

3.1 Confirmed Case
Clinically compatible signs and symptoms with:

- Laboratory confirmation by detection or isolation of influenza virus from appropriate clinical specimen(s) (e.g., nasopharyngeal/throat swabs)
  OR
- Demonstration of a significant (i.e., fourfold or greater) rise in antibody titres to influenza between acute and convalescent sera

  OR
- An epidemiologic link to a laboratory-confirmed case

  OR
- Detection of influenza-specific ribonucleic acid (RNA)

4.0 Laboratory Evidence

4.1 Laboratory Confirmation
Any of the following will constitute a confirmed case of influenza:

- Positive influenza virus culture
- Positive for influenza virus antigen
- Significant (i.e., fourfold or greater) rise in influenza antibody titre between acute and convalescent sera
- Positive for influenza-specific RNA by nucleic acid amplification test (NAAT)

4.2 Approved/Validated Tests

- Standard culture for influenza virus
- Influenza direct or indirect fluorescent antibody (DFA or IFA) antigen test

1 Serology is not offered for clinical testing
2 An epidemiologic link to a laboratory-confirmed case applies to institutional respiratory infection outbreaks only
• Influenza serology tests³
• NAAT for influenza virus RNA
• Rapid enzyme immunoassay (EIA)/immunochromatographic (ICT) antigen test kits

4.3 Indications and Limitations
• NAAT primers and probes should be validated to detect the current strains of influenza
• A proportion of influenza isolates will be forwarded to the National Microbiology Laboratory by Public Health Ontario to be strain typed and tested for antiviral resistance, as appropriate, for epidemiological, public health and control purposes
• Rapid antigen testing is indicated only during the influenza season due to low positive predictive value

5.0 Clinical Evidence
Clinically compatible signs and symptoms are defined as influenza-like illness (ILI) and are characterized as having a temperature > 38 degrees Celsius and cough and one or more of the following: sore throat, arthralgia, myalgia or prostration. In children under 5 years of age, gastrointestinal symptoms may also be present. In patients less than 5 years or > 65 years fever may not be prominent

6.0 ICD Code(s)

6.1 ICD-10 Code(s)
J10 Influenza due to identified influenza virus  
  J10.0 Influenza with pneumonia, influenza virus identified  
  J10.1 Influenza with other respiratory manifestations, influenza virus identified  
  J10.8 Influenza with other manifestations, influenza virus identified

6.2 ICD-9/ICD-9CM Code(s)
487 Influenza  
  487.0 Influenza with pneumonia  
  487.1 Influenza with other respiratory manifestations  
  487.8 Influenza with other manifestations

7.0 Comments
N/A

8.0 Sources
Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Annex B: best practices for prevention of

³ Serology is not offered for clinical testing


### 9.0 Document History

**Table 1: History of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Document Section</th>
<th>Description of Revisions</th>
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<tbody>
<tr>
<td>December 2014</td>
<td>General</td>
<td>New template.</td>
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<td></td>
<td>Title of Section 8.0 changed from “References” to “Sources”.</td>
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<td></td>
<td>Section 9.0 Document History added.</td>
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<td>Acronym for nucleic acid amplification test changed from “NAT” to “NAAT”.</td>
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<tr>
<td>December 2014</td>
<td>3.1 Confirmed Case</td>
<td>Second bullet: change from “…rise in complement fixation antibody titres…” to “…rise in antibody titres…”</td>
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<td>Insertion of footnote for second bullet: “Serology is not offered for clinical testing”.</td>
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<tr>
<td>December 2014</td>
<td>4.1 Laboratory Confirmation</td>
<td>Third bullet: change from “Immunoglobulin G (IgG)” to “antibody”.</td>
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| December 2014 | 4.2 Approved/Validated Tests | Second bullet changed from: “Influenza direct fluorescent antibody (DFA) antigen test” to “Influenza direct or indirect fluorescent antibody (DFA or IFA) antigen test”.
|               |                  | Third bullet changed from “Influenza IgG serology tests” to “Influenza serology tests”.
|               |                  | End of fifth (last) bullet changed from “…immunoassay (EIA) test kits” to “…immunoassay (EIA)/immunochromatographic (ICT) antigen test kits”.
| December 2014 | 4.3 Indications and | Second bullet changed from “A proportion of influenza isolates should be
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<td></td>
<td>Limitations</td>
<td>typed for strain identification, as appropriate, for epidemiological, public health and control purposes” to “A proportion of influenza isolates will be forwarded to the National Microbiology Laboratory by Public Health Ontario to be strain typed and tested for antiviral resistance, as appropriate, for epidemiological, public health and control purposes”. “Rapid” added to beginning of third bullet.</td>
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<tr>
<td>December 2014</td>
<td>8.0 Sources</td>
<td>Updated.</td>
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