

Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Influenza

Revised January, 2012

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 complement fixation antibody titres to influenza between acute and convalescent sera
OR
- An epidemiologic link to a laboratory-confirmed case¹
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 Immunoglobulin G (IgG) titre between acute and convalescent sera
- Positive for influenza-specific RNA by nucleic acid amplification test (NAT)

4.2 Approved/Validated Tests

- Standard culture for influenza virus
- Influenza direct fluorescent antibody (DFA) antigen test
- Influenza IgG serology tests²
- NAT for influenza virus RNA
- Rapid enzyme immunoassay (EIA) test kits

4.3 Indications and Limitations

- NAT primers and probes should be validated to detect the current strains of influenza
- A proportion of influenza isolates should be typed for strain identification, as appropriate, for epidemiological, public health and control purposes

¹ An epidemiologic link to a laboratory-confirmed case applies to institutional outbreaks only

² Serology is not offered for clinical testing.

- 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 References

- Provincial Infectious Diseases Advisory Committee. Best practices for prevention of transmission of acute respiratory infection in all health care settings (revised edition). Toronto: Queen's Printer for Ontario; 2010. Available from <http://www.oahpp.ca/resources/documents/pidac/RPAP%20Annex%20B%20Prevention%20Transmission%20Acute%20Respiratory%20Infection.pdf>
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- Nationally Notifiable Diseases Case Definitions with Canadian Public Health Laboratory Network (CPHLN) and Epidemiologic Group Draft Edits. March 2007. Based on case definitions as written in the: Health Canada. Case definitions for diseases under national surveillance. Can Commun Dis Rep. 2000; 26 Suppl 3:i-iv 1-122. Available from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/00pdf/cdr26s3e.pdf>.

