

Syndromic Surveillance Bi-Weekly Report

Monday June 25 2018 – Sunday July 08 2018



Outbreaks: During this 2–week reporting period, there were no influenza outbreaks reported to Peterborough Public Health. However, respiratory outbreak of unknown cause was reported to PPH within one long term care facility (**See Table 1**).

Table 1. PPH Outbreak Summary

Facility Type	Date Reported	Total Ill	Total Attack Rate	Causative Agent/Type of Outbreak	Date Declared Over
LTC	JUL 03, 2018	5	10%	Respiratory - Unknown	Ongoing

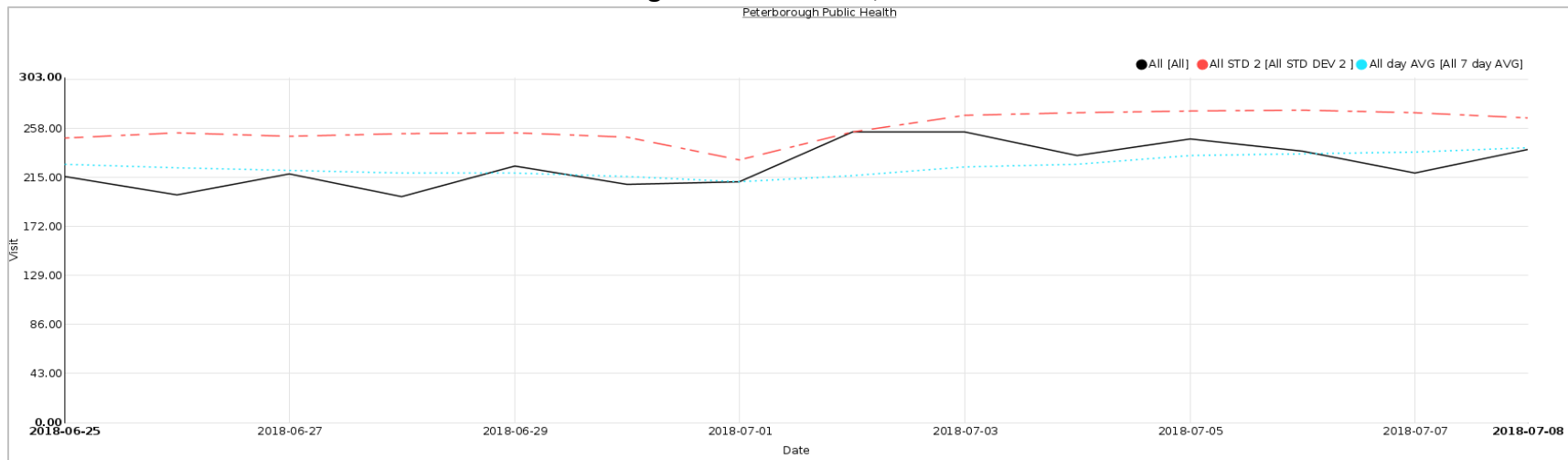
Absenteeism: The 2017-2018 school year is over and reporting will resume in September 2018.

Emergency (Figures 1-4 below).

The total number of emergency department (ED) visits to the Peterborough Regional Health Centre (PRHC) for the reporting period ranged from 216 to 255 visits per day without exceeding 2 standard deviations level.

- Fever/ILI visits ranged from 1 and 9 visits per day and it exceeded 2 standard deviations level on July 01, 2018.
- Visit volumes for gastrointestinal illness were between 1 and 4 visits per day without exceeding the 2 standard deviations level.
- Respiratory-related visits for the reporting period ranged from 8 to 21 visits per and it did not day exceed 2 standard deviations level.

Figure 1. All ED visits, PRHC



NOTE: Further details can be obtained by contacting jhoffmeyer@peterboroughpublichealth.ca or 705-743-1000.

All feedback is welcome and appreciated.

PCCHU makes efforts to ensure the quality of the data being reported however the accuracy and the completeness of the information is not guaranteed.

Figure 2. Fever/ILI ED visits, PRHC

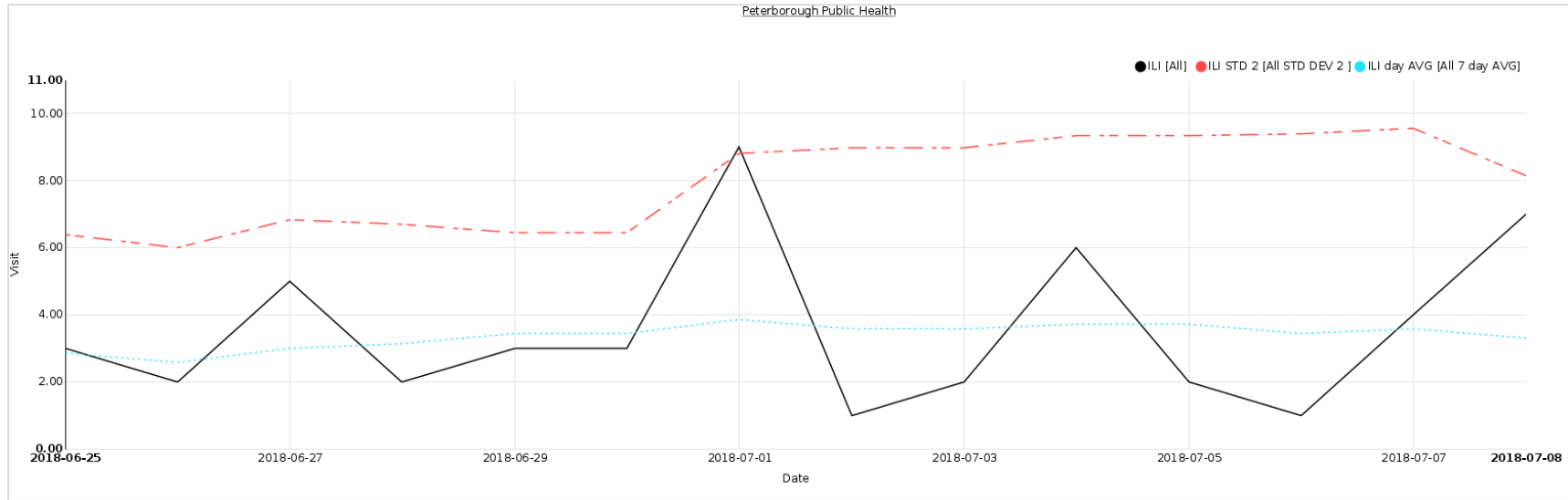
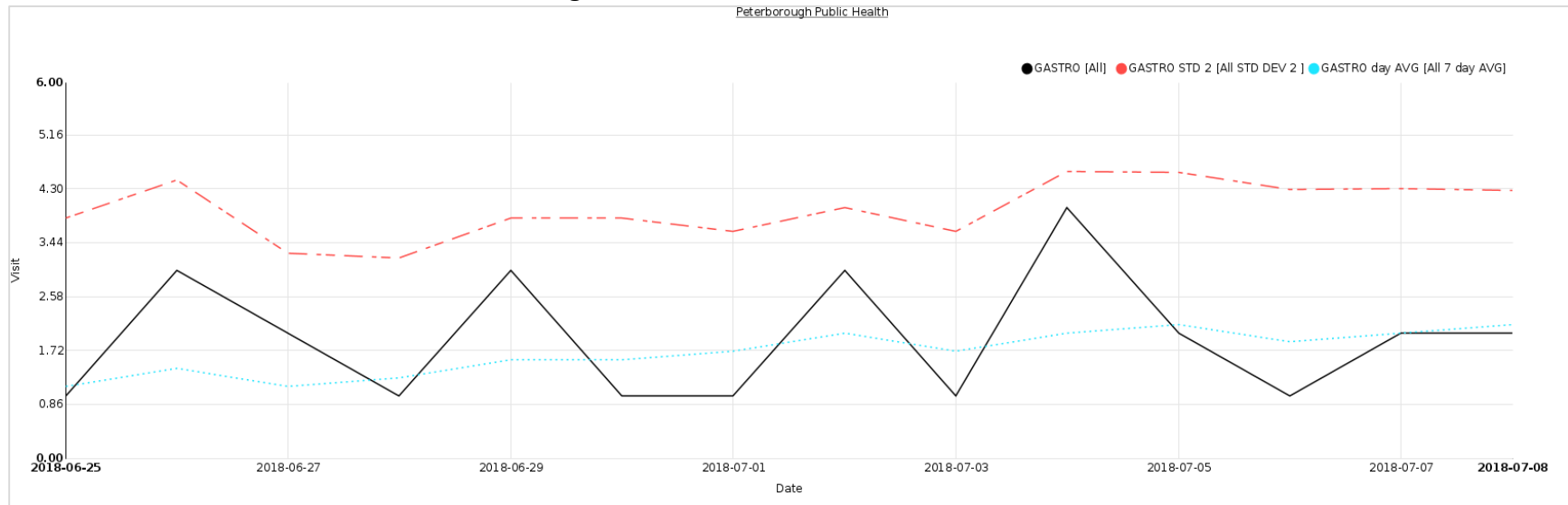


Figure 3. Gastrointestinal ED visits, PRHC

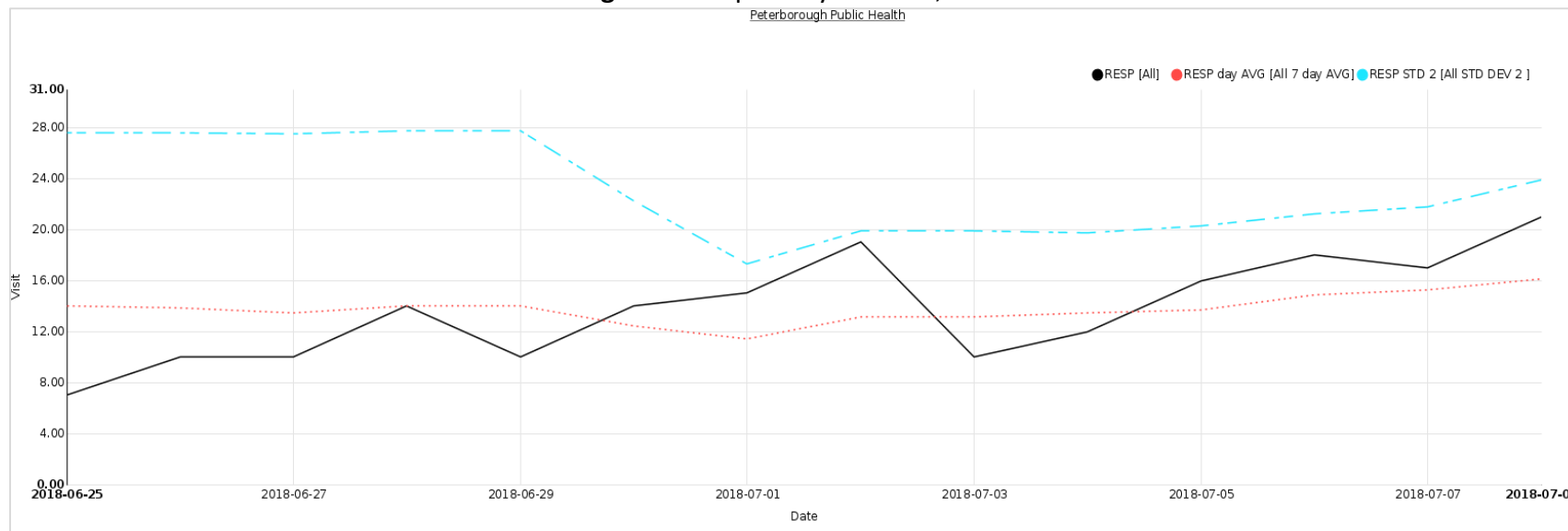


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Figure 4. Respiratory ED visits, PRHC



Sources and Notes:

- Acute Care Enhanced Surveillance Application (ACES); <https://aces.kflaphi.ca/#/>
- Users will notice that more alerts will be shown. The ACES team has removed the minimum syndrome daily count stipulation that was in place. This rule was originally put into place to prevent over alerting but it was felt this logic was flawed because most alerts were only coming in for high volume syndromes like RESP, AST etc. and alerts were not being run on low volume syndromes like OPI, TOX etc. The algorithms will now run on both high and low volume public health pertinent syndromes.
- Kawartha Pine Ridge District School Board (KPRDSB)
- Peterborough, Victoria Northumberland & Clarington Catholic District School Board (PVNCCDSB)

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