

RESPIRATORY WATCH

Week 17 (April 23 to April 29, 2017)*

IN SUMMARY...

Ac	tivity levels**
•	Zones 1, 3 and 4 are reporting sporadic activity. Zone 2 has no activity.
•	No Influenza outbreaks were reported this week.
Lal	poratory-confirmed cases***
•	There were 3 influenza A and 1 influenza B case reported during this week. There have been 399 lab confirmed cases of Influenza A and 25 influenza B reported during the 2016-2017 influenza season.
•	Positive test results were received for coronavirus, metapneumovirus and RSV.
Sev	verity
•	There have been 23 ICU admissions and 25 deaths*** of laboratory confirmed influenza during the 2016-2017 influenza season.
Syı	ndromic surveillance
•	The average ILI rate for Nova Scotia during this reporting period was 0.7.
•	97.5% of emergency rooms reported ILI data during this reporting period. Cape Breton Regional Hospital did not report ILI rates for this reporting week.

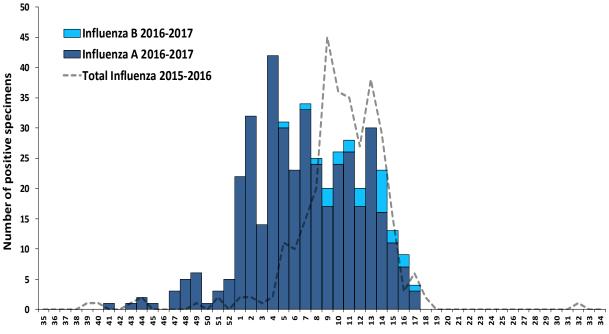
Notes: *Reporting weeks run from Sunday to Saturday. The 2016-2017 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 28, 2016 (Week 35) to August 26, 2017 (Week 34);

**Activity level data is obtained from CNPHI, see appendix for definitions;

***Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.

LABORATORY-CONFIRMED INFLUENZA CASES

Figure 1: Number of laboratory confirmed influenza cases by report week, 2016-2017 season, with trend-line comparison to 2015-2016 season, Nova Scotia.



Report Week

Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2016-2017 season in Nova Scotia.

ZONE	CURRENT WEEK			CUMULATIVE 2016-2017		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	1	1	0	96	95	1
Northern	0	0	0	34	33	1
Eastern	1	1		95	88	7
Central	2	1	1	199	183	16
Nova Scotia Total	4	3	1	424	399	25

 Table 2: Number of laboratory-confirmed influenza cases by age group, current week and cumulative 2016-2017 season in Nova Scotia.

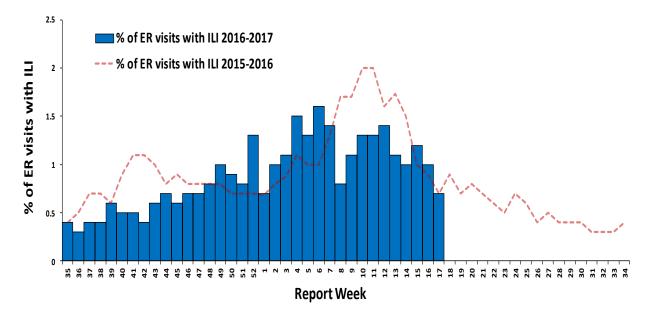
AGE	CURRENT WEEK			CUMULATIVE 2016-2017		
AGE	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	23	21	2
5-19	0	0	0	19	14	5
20-44	0	0	0	16	14	2
45-64	1	1	0	42	39	3
65+	3	2	1	324	311	13
Nova Scotia Total	4	3	1	424	399	25

Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2016-2017 season, Nova Scotia.

OUTCOME	CURRENT WEEK			CUI	MULATIVE 2016-2017		
OUTCOME	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B	
Hospitalized	2	1	1	238	221	17	
Hospitalized - ICU	0	0	0	23	23	0	
Deceased*	0	0	0	25	25	0	
Nova Scotia Total	2	1	1	286	269	17	

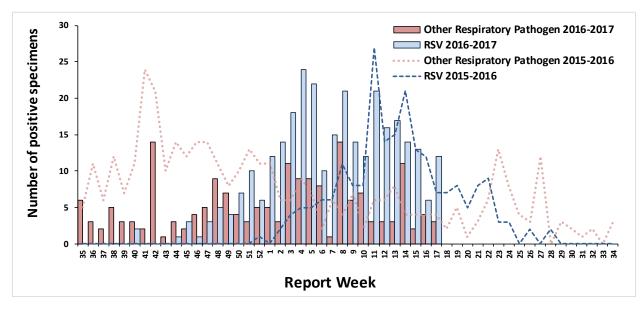
SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency room visits due to ILI by report week, 2016-2017 season, with trend-line comparison to 2015-2016 season, Nova Scotia.



OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for other respiratory pathogens* and RSV by report week, 2016-2017 season, with trend-line comparison to 2015-2016 season, Nova Scotia.



* Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydophila pneumonia, Coronovirus, Enterovirus, Metapneumovirus, Mycoplasma pneumoniae, Parainfluenza, Pertussis, Rhinovirus.

AGE GROUP	2016-2017
0-5 months	89
6-11 months	25
12-23 months	29
2-5 years	35
6-15 years	2
16-65 years	14
65+ years	109
Nova Scotia Total	303

Table 4: Number of positive RSV specimens by age group, 2016-2017 season, Nova Scotia.

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2016–2017.

PATHOGEN	CURRENT WEEK (n positive)	CUMULATIVE 2016-2017
Adenovirus	0	4
Bocavirus	0	4
Chlamydophila pneumoniae	0	7
Coronavirus	1	28
Enterovirus	0	5
Metapneumovirus	2	14
Mycoplasma pneumoniae	0	24
Parainfluenza	0	20
Pertussis	0	43
Respiratory Syncytial Virus	12	303
Rhinovirus	0	34

APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2016-2017

ACRONYM LIST

CNPHI Canadian Network for Public Health Intelligence

- ICU Intensive care unit
- ILI Influenza-like illness
- **RSV** Respiratory syncytial virus

ILI CASE DEFINITION

Acute onset of respiratory illness with fever and cough and with one or more of the following – sore throat, arthralgia, myalgia or prostration which is likely due to influenza. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

MANAGEMENT ZONES

- Zone 1 Western
- Zone 2 Northern
- Zone 3– Eastern
- Zone 4 Central

NATIONAL FLUWATCH DEFINITIONS FOR INFLUENZA ACTIVITY LEVELS

No activity	No laboratory-confirmed influenza detections in the reporting week, however,					
	sporadically occurring ILI* may be reported					
Sporadic	Sporadically occurring ILI* and lab confirmed influenza detection(s) with no					
	outbreaks detected within the influenza surveillance region					
Localized	(1) Evidence of increased ILI* and					
	(2) lab confirmed influenza detection(s) together with					
	(3) outbreaks occurring in schools, hospitals, residential institutions and/or					
	other types of facilities occurring in less than 50% of the influenza					
	surveillance region					
Widespread	(1) Evidence of increased ILI* and					
	(2) lab confirmed influenza detection(s) together with					
	(3) outbreaks occurring in schools, hospitals, residential institutions and/or					
	other types of facilities occurring in greater than or equal to 50% of the					
	influenza surveillance region					

LINKS TO OTHER WEEKLY INFLUENZA REPORTING BODIES

Canada: http://www.phac-aspc.gc.ca/fluwatch/

World:<u>https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance_e/en/index.html</u>

US: <u>www.cdc.gov/flu/weekly</u>