

# RESPIRATORY WATCH

Week 3 (January 15 to January 21, 2017)\*

# IN SUMMARY...

### Activity levels\*\*

- Zones 1 and 3 are reporting localized activity. Zone 4 has sporadic activity and Zone 2 has no
  influenza activity.
- 5 Influenza outbreaks were reported in Zones 1 and 3

# Laboratory-confirmed cases\*\*\*

- There were 5 influenza cases reported during this week. There have been 86 lab confirmed cases of Influenza reported during the 2016-2017 influenza season.
- Positive test results were received for bocavirus, coronavirus, mycoplasma pneumoniae, parainfluenza, rhinovirus and RSV.

#### Severity

• There have been 6 ICU admissions and 5 deaths\*\*\* of laboratory confirmed influenza during the 2016-2017 influenza season.

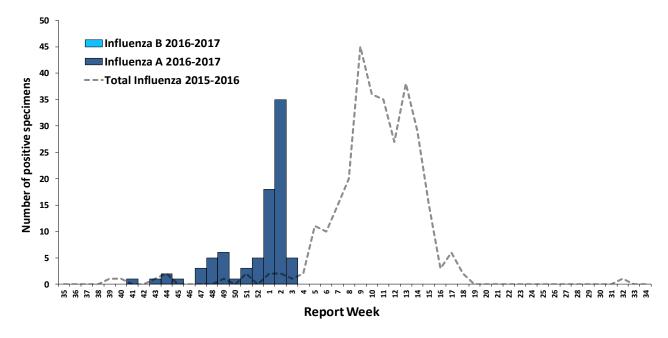
### Syndromic surveillance

- The average ILI rate for Nova Scotia during this reporting period was 1.1.
- 87.5% of emergency rooms reported ILI data during this reporting period. Guysborough Memorial, St Anne, St. Martha's Regional, St. Mary's Memorial and Strait Richmond Hospital did not report Emergency Room ILI.

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);

# **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.



<sup>\*\*</sup>Activity level data is obtained from CNPHI, see appendix for definitions;

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

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		
ZONE	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	1	1	0	7	7	0
Northern	0	0	0	6	6	0
Eastern	2	2	0	44	44	0
Central	2	2	0	29	29	0
Nova Scotia Total	5	5	0	86	86	0

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

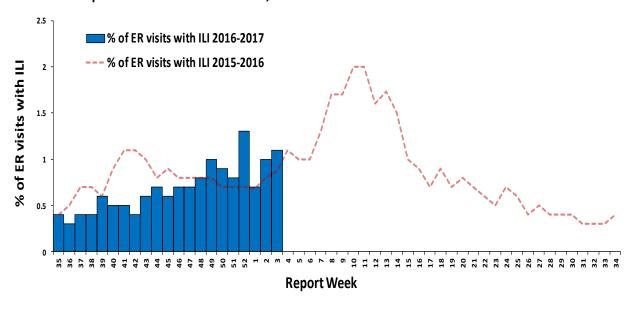
AGE	CURRENT WEEK			CUMULATIVE 2016-2017		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	3	3	0
5-19	2	2	0	3	3	0
20-44	0	0	0	1	1	0
45-64	1	1	0	10	10	0
65+	2	2	0	69	69	0
<b>Nova Scotia Total</b>	5	5	0	86	86	0

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

OUTCOME	CURRENT WEEK			CUMULATIVE 2016-2017		
OUTCOME	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	3	3	0	43	43	0
Hospitalized - ICU	0	0	0	6	6	0
Deceased*	0	0	0	5	5	0
<b>Nova Scotia Total</b>	3	3	0	54	54	0

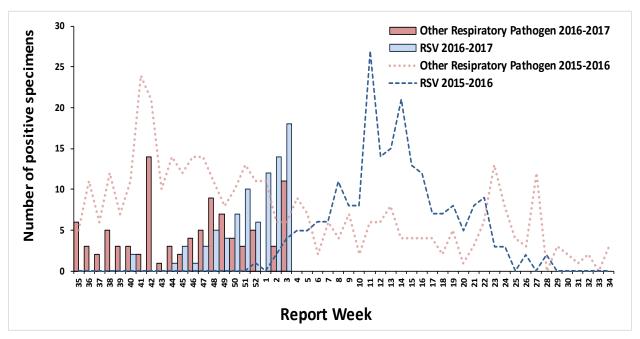
### **SYNDROMIC SURVEILLANCE**

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.



<sup>\*</sup> Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydophila pneumonia, Coronovirus, Enterovirus, Metapneumovirus, Mycoplasma pneumoniae, Parainfluenza, Pertussis, Rhinovirus.

Note that data for this figure is obtained from provincial laboratories.

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

AGE GROUP	2016-2017
0-5 months	28
6-11 months	9
12-23 months	16
2-5 years	10
6-15 years	0
16-65 years	2
65+ years	21
Nova Scotia Total	86

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)	<b>CUMULATIVE 2016-2017</b>
Adenovirus	0	2
Bocavirus	1	1
Chlamydophila pneumoniae	0	5
Coronavirus	7	12
Enterovirus	0	5
Metapneumovirus	0	0
Mycoplasma pneumoniae	1	22
Parainfluenza	1	12
Pertussis	0	13
Respiratory Syncytial Virus	18	86
Rhinovirus	1	28

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

#### **ACRONYM LIST**

**CNPHI** Canadian Network for Public Health Intelligence

ICU Intensive care unitILI Influenza-like illnessRSV 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** – 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 <b>no</b>		
	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: <a href="http://www.phac-aspc.gc.ca/fluwatch/">http://www.phac-aspc.gc.ca/fluwatch/</a>

World: <a href="https://www.who.int/influenza/surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance\_monitoring/updates/latest\_updates/lates\_updates/latest\_updates

e/en/index.html

US: www.cdc.gov/flu/weekly