

RESPIRATORY WATCH

Week 15 (April 7, 2019 to April 13, 2019)*

IN SUMMARY...

| Act | ivity levels** |
|-----|--|
| • | Western, Eastern, and Central Zones have localized activity. Northern Zone has sporadic activity. There are 3 influenza outbreaks being reported this week and 1 school reported an increased absenteeism rate. |
| Lab | ooratory-confirmed cases*** |
| • • | There were 16 influenza A and 1 influenza B cases reported this week. There have been 704 laboratory confirmed cases of Influenza A and 13 laboratory confirmed cases of Influenza B reported during the 2018-2019 influenza season. Positive test results were received for Metapneumovirus, Parainfluenza, RSV, and Rhinovirus. |
| Sev | verity |
| • | There have been 67 ICU admissions in adults and 5 ICU admission in children (age group 0-19 years). There have been 48 deaths*** of laboratory confirmed influenza during the 2018-2019 influenza season. All deaths have been in adults. |
| Syr | idromic surveillance |
| • | The average ILI rate for Nova Scotia during this reporting period was 0.9. 98% of emergency rooms reported ILI data during this reporting period. St Anne's did not report this week. |

Notes: *Reporting weeks run from Sunday to Saturday. The 2018-2019 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 26, 2018 (Week 35) to August 28, 2019 (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, 2018-2019 season, with trend-line comparison to 2017-2018 season, Nova Scotia

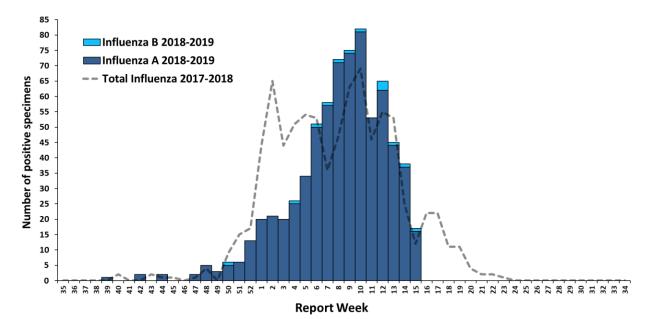


Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2018-2019 season in Nova Scotia

| ZONE | CURRENT WEEK | | | CUMULATIVE 2018-2019 | | |
|-------------------|--------------|-------------|-------------|----------------------|-------------|-------------|
| ZONE | TOTAL | INFLUENZA A | INFLUENZA B | TOTAL | INFLUENZA A | INFLUENZA B |
| Western | 3 | 3 | 0 | 128 | 128 | 0 |
| Northern | 1 | 1 | 0 | 116 | 115 | 1 |
| Eastern | 6 | 6 | 0 | 128 | 127 | 1 |
| Central | 7 | 6 | 1 | 345 | 334 | 11 |
| Nova Scotia Total | 17 | 16 | 1 | 717 | 704 | 13 |

 Table 2: Number of laboratory-confirmed influenza cases by age group, current week and cumulative 2018-2019 season in Nova Scotia

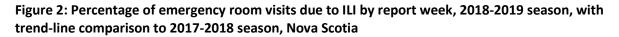
| AGE | CURRENT WEEK | | | CU | MULATIVE 201 | 8-2019 |
|-------------------|--------------|-------------|-------------|-------|--------------|-------------|
| AGL | TOTAL | INFLUENZA A | INFLUENZA B | TOTAL | INFLUENZA A | INFLUENZA B |
| 0-4 | 1 | 1 | 0 | 70 | 68 | 2 |
| 5-19 | 1 | 0 | 1 | 66 | 65 | 1 |
| 20-44 | 3 | 3 | 0 | 101 | 96 | 5 |
| 45-64 | 2 | 2 | 0 | 170 | 169 | 1 |
| 65+ | 10 | 10 | 0 | 310 | 306 | 4 |
| Nova Scotia Total | 17 | 16 | 1 | 717 | 704 | 13 |

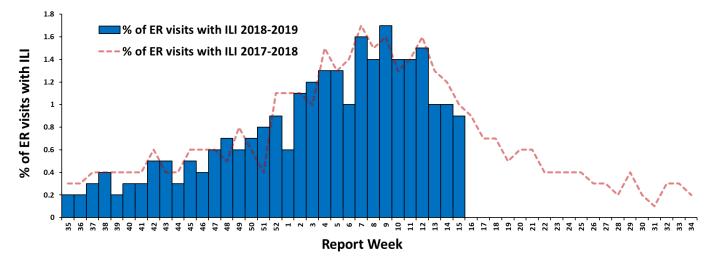
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2018-2019 season, Nova Scotia

| | CURRENT WEEK | | | CUMULATIVE 2018-2019 | | |
|--------------------|--------------|---|-------------|----------------------|-------------|-------------|
| | TOTAL | | INFLUENZA B | TOTAL | INFLUENZA A | INFLUENZA B |
| Hospitalized | 7 | 6 | 1 | 333 | 326 | 7 |
| Hospitalized - ICU | 3 | 3 | 0 | 72 | 72 | 0 |
| Deceased* | 0 | 0 | 0 | 47 | 46 | 1 |
| Nova Scotia Total | 10 | 9 | 1 | 452 | 444 | 8 |

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

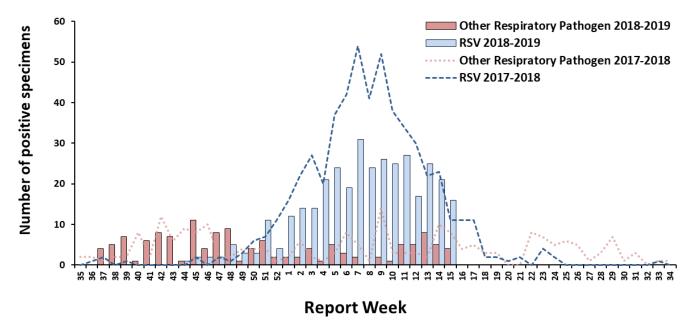
SYNDROMIC SURVEILLANCE





OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for other respiratory pathogens* and RSV by report week, 2018-2019 season, with trend-line comparison to 2017-2018 season, Nova Scotia



* 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.

| AGE GROUP | 2018-2019 |
|-------------------|-----------|
| 0-5 months | 94 |
| 6-11 months | 34 |
| 12-23 months | 43 |
| 2-5 years | 48 |
| 6-15 years | 12 |
| 16-65 years | 43 |
| 65+ years | 75 |
| Nova Scotia Total | 349 |

Table 4: Number of positive RSV specimens by age group, 2018-2019 season, Nova Scotia

Table 5: Number of positive specimens tested for other respiratory pathogens, current reportweek and cumulative season, Nova Scotia, 2018–2019

| Pathogen | CURRENT WEEK (n positive) | CUMULATIVE 2018-2019 |
|-----------------------------|------------------------------|----------------------|
| Adenovirus | 0 | 0 |
| Bocavirus | 0 | 0 |
| Chlamydophila pneumoniae | 0 | 4 |
| Coronavirus | 0 | 9 |
| Enterovirus | 0 | 1 |
| Metapneumovirus | 1 | 8 |
| Mycoplasma pneumoniae | 0 | 19 |
| Parainfluenza | 1 | 27 |
| Pertussis | 0 | 3 |
| Respiratory Syncytial Virus | 16 | 349 |
| Rhinovirus | 2 | 62 |

APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2018-2019

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.

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: <u>http://www.phac-aspc.gc.ca/fluwatch/</u> World:<u>https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance_e/en/index.html</u> US: www.cdc.gov/flu/weekly