

RESPIRATORY WATCH

Week 18 (April 28, 2019 to May 4, 2019)*

IN SUMMARY...

Activity levels**

- Eastern Zone has localized activity and Central Zone has sporadic activity. Northern and Western Zones have no activity.
- There is 1 influenza outbreak being reported this week and no schools have reported an increased absenteeism rate.

Laboratory-confirmed cases***

- There were 8 influenza A and 1 influenza B cases reported this week. There have been 745 laboratory confirmed cases of Influenza A and 17 laboratory confirmed cases of Influenza B reported during the 2018-2019 influenza season.
- Positive test results were received for RSV.

Severity

• There have been 69 ICU admissions in adults and 5 ICU admission in children (age group 0-19 years). There have been 53 deaths*** of laboratory confirmed influenza during the 2018-2019 influenza season. All deaths have been in adults.

Syndromic surveillance

- The average ILI rate for Nova Scotia during this reporting period was 0.6.
- 95% of emergency rooms reported ILI data during this reporting period. Buchanan Memorial Community Health Center and Cape Breton Regional Hospital 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);

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

 $[\]hbox{**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.

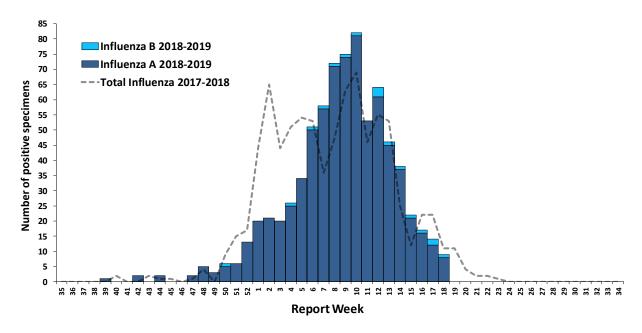


Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2018-2019 season in Nova Scotia

ZONE	CURRENT WEEK			CUMULATIVE 2018-2019		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	0	0	0	136	136	0
Northern	0	0	0	120	118	2
Eastern	5	5	0	144	143	1
Central	4	3	1	362	348	14
Nova Scotia Total	9	8	1	762	745	17

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

AGE T	CURRENT WEEK			CUMULATIVE 2018-2019		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	71	69	2
5-19	0	0	0	72	69	3
20-44	0	0	0	102	97	5
45-64	0	0	0	177	175	2
65+	9	8	1	340	335	5
Nova Scotia Total	9	8	1	762	745	17

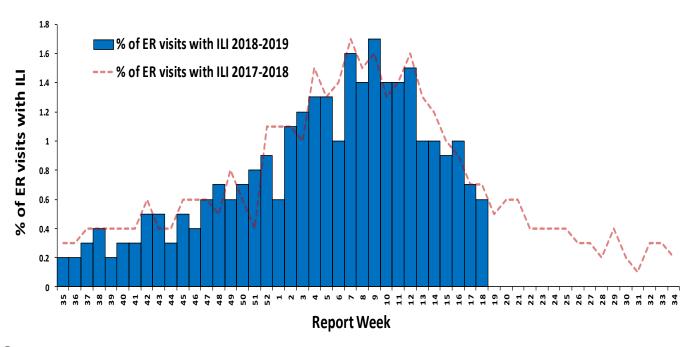
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2018-2019 season, Nova Scotia

	CURRENT WEEK			CUMULATIVE 2018-2019		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	8	7	1	357	347	10
Hospitalized - ICU	0	0	0	74	74	0
Deceased*	0	0	0	53	52	1
Nova Scotia Total	8	7	1	484	473	11

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

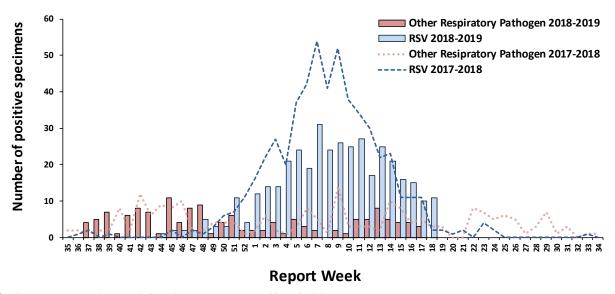
SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency room visits due to ILI by report week, 2018-2019 season, with trend-line comparison to 2017-2018 season, Nova Scotia



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.

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

AGE GROUP	2018-2019
0-5 months	102
6-11 months	43
12-23 months	48
2-5 years	51
6-15 years	13
16-65 years	50
65+ years	78
Nova Scotia Total	385

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week 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	11
Enterovirus	0	1
Metapneumovirus	0	8
Mycoplasma pneumoniae	0	19
Parainfluenza	0	31
Pertussis	0	3
Respiratory Syncytial Virus	11	385
Rhinovirus	0	63

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

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.

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: <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_updates/lates_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/latest_updates/late

e/en/index.html

US: www.cdc.gov/flu/weekly