

# RESPIRATORY WATCH

Week 45 (November 3 to November 9, 2019)

# IN SUMMARY...

# Activity levels\*\*

- All zones are reporting no activity.
- There are no influenza outbreaks being reported this week and no schools have reported an increased absenteeism rate.

# Laboratory-confirmed cases\*\*\*

- There are no influenza A and no influenza B cases reported this week. There have been 2 laboratory confirmed cases of Influenza A and 1 laboratory confirmed case of Influenza B reported during the 2019-2020 influenza season.
- Positive results were received for enterovirus/rhinovirus, mycoplasma pneumoniae and parainfluenza.

# Severity

There have been 0 ICU admissions in adults and 0 ICU admissions in children (age group 0-19 years).
 There have been 0 deaths\*\*\* of laboratory confirmed influenza during the 2019-2020 influenza season.

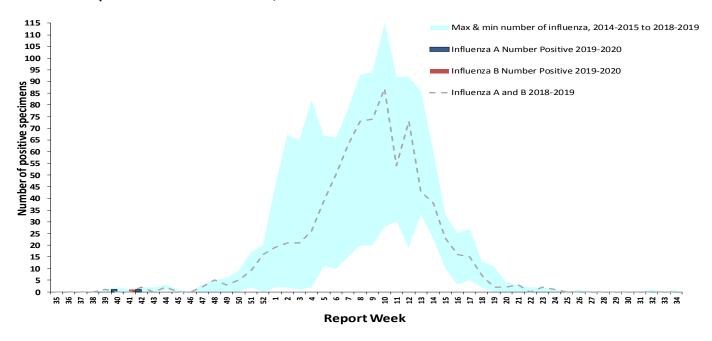
# Syndromic surveillance

- The average ILI rate for Nova Scotia during this reporting period was 0.5.
- 72.5% of emergency rooms reported ILI data during this reporting period. Western Zone hospitals, Cape Breton Regional Hospital and St Anne's did not report this week.

Notes: \*Reporting weeks run from Sunday to Saturday. The 2019-2020 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 25, 2019 (Week 35) to August 22, 2020 (Week 34);

# LABORATORY-CONFIRMED INFLUENZA CASES

Figure 1: Number of laboratory confirmed influenza cases by report week, 2019-2020 season, with trend-line comparison to 2018-2019 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 2019-2020 season in Nova Scotia

ZONE	CURRENT WEEK			CUMULATIVE 2019-2020		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	0	0	0	0	0	0
Northern	0	0	0	0	0	0
Eastern	0	0	0	1	0	1
Central	0	0	0	2	2	0
Nova Scotia Total	0	0	0	3	2	1

Table 2: Number of laboratory-confirmed influenza cases by age group, current week and cumulative 2019-2020 season in Nova Scotia

AGE	CURRENT WEEK			CUMULATIVE 2019-2020		
AGE	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	0	0	0
5-19	0	0	0	1	0	1
20-44	0	0	0	0	0	0
45-64	0	0	0	0	0	0
65+	0	0	0	2	2	0
Nova Scotia Total	0	0	0	3	2	1

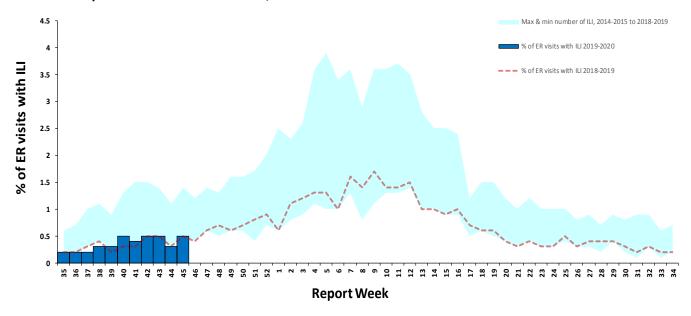
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2019-2020 season, Nova Scotia

	CURRENT WEEK			CUMULATIVE 2019-2020		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	0	0	0	2	1	1
Hospitalized - ICU	0	0	0	0	0	0
Deceased*	0	0	0	0	0	0
Nova Scotia Total	0	0	0	2	1	1

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

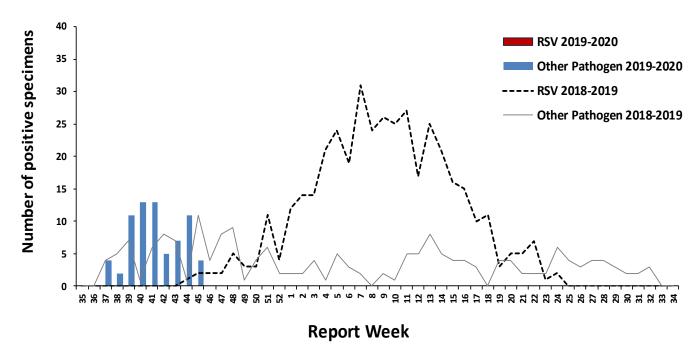
# **SYNDROMIC SURVEILLANCE**

Figure 2: Percentage of emergency room visits due to ILI by report week, 2019-2020 season, with trend-line comparison to 2018-2019 season, Nova Scotia



# **O**THER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for other respiratory pathogens\* and RSV by report week, 2019-2020 season, with trend-line comparison to 2018-2019 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, 2019-2020 season, Nova Scotia

AGE GROUP	2019-2020
0-5 months	0
6-11 months	0
12-23 months	0
2-5 years	0
6-15 years	0
16-65 years	0
65+ years	0
Nova Scotia Total	0

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2019–2020

Pathogen	CURRENT WEEK (n positive)	CUMULATIVE 2019-2020
Adenovirus	0	3
Bocavirus	0	0
Chlamydophila pneumoniae	0	0
Coronavirus	0	0
Enterovirus/Rhinovirus	1	44
Metapneumovirus	0	0
Mycoplasma pneumoniae	2	12
Parainfluenza	1	9
Pertussis	0	2
Respiratory Syncytial Virus	0	0

### APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2019-2020

#### **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 <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\_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