

RESPIRATORY WATCH

Week 43 (October 24, 2021 to October 30, 2021)

In Summary...

Activity levels**

There is no activity in the province.

Laboratory-confirmed cases*

- There were no new cases of Influenza during this reporting period. There have been 0 laboratory confirmed cases of Influenza A and 0 laboratory confirmed cases of Influenza B reported during the 2021-2022 influenza season.
- Positive results were received for Parainfluenza, Enterovirus/Rhinovirus, and RSV.

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 2021-2022 influenza season in adults. There have been 0 deaths*** of laboratory confirmed influenza in children (age group 0-19 years).

Novel Coronavirus (COVID-19)

• For the most recent numbers for COVID-19 please refer to https://novascotia.ca/coronavirus/#cases

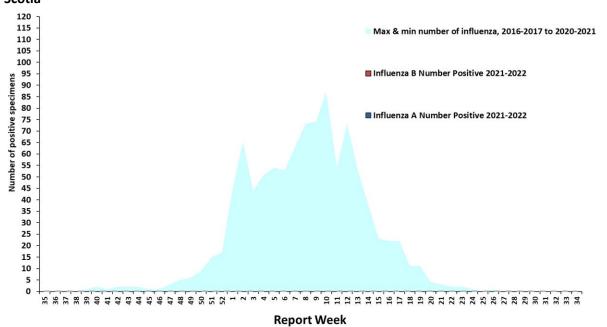
Syndromic surveillance

• The ILI rate for Nova Scotia during this reporting period is 1.2. No data was received from Western Zone.

Notes: *Reporting weeks run from Sunday to Saturday. The 2021-2022 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 29, 2021 (Week 35) to August 27, 2022 (Week 34);

LABORATORY-CONFIRMED INFLUENZA CASES

Figure 1: Number of laboratory confirmed influenza cases by report week, 2021-2022 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 2021-2022 season in Nova Scotia

ZONE	ZONE		CURRENT WEEK		CUMULATIVE 2021-2022		
ZONE	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	0	0	0	
Central	0	0	0	0	0	0	
Nova Scotia Total	0	0	0	0	0	0	

Table 2: Number of laboratory-confirmed influenza cases by age group, current week and cumulative 2021-2022 season in Nova Scotia

AGE TOTAL	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	0	0	0
5-19	0	0	0	0	0	0
20-44	0	0	0	0	0	0
45-64	0	0	0	0	0	0
65+	0	0	0	0	0	0
Nova Scotia Total	0	0	0	0	0	0

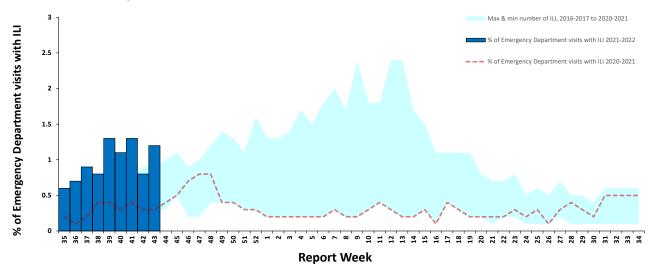
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2021-2022 season, Nova Scotia

	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	0	0	0	0	0	0
Hospitalized - ICU	0	0	0	0	0	0
Deceased*	0	0	0	0	0	0
Nova Scotia Total	0	0	0	0	0	0

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

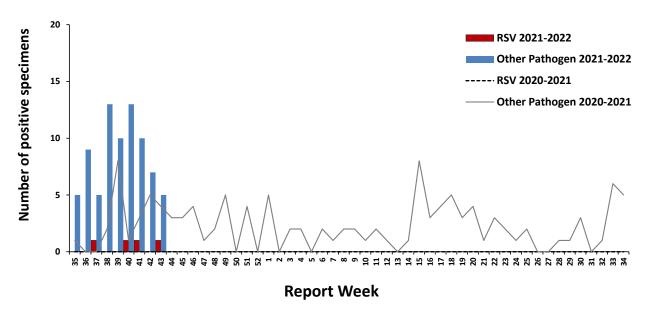
SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency department visits due to ILI by report week, 2021-2022 season, with trend-line comparison to 2020-2021 season, Nova Scotia



OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for other respiratory pathogens* and RSV by report week, 2021-2022 season, with trend-line comparison to 2020-2021 season, Nova Scotia



^{*} Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydophila pneumonia, Coronavirus, Enterovirus, Metapneumovirus, Mycoplasma pneumoniae, Parainfluenza, Pertussis, Rhinovirus.

Note that data for this figure is obtained from provincial laboratories. There is no RSV 2020-2021 trend line visible because Nova Scotia did not identify any cases of RSV.

Table 4: Number of positive RSV specimens by age group, 2021-2022 season, Nova Scotia

AGE GROUP	2021-2022
0-5 months	3
6-11 months	0
12-23 months	1
2-5 years	0
6-15 years	0
16-65 years	0
65+ years	0
Nova Scotia Total	4

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2021–2022

Pathogen	CURRENT WEEK	CUMULATIVE 2021-2022
	(n positive)	
Adenovirus	0	3
Bocavirus	0	0
Chlamydophila pneumoniae	0	0
Coronavirus*	0	0
Enterovirus/Rhinovirus	3	47
Metapneumovirus	0	0
Mycoplasma pneumoniae	0	0
Parainfluenza	2	27
Pertussis	0	0
Respiratory Syncytial Virus	1	4

^{*}EXCLUDES novel coronavirus 2019-nCoV

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APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2021-2022

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

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US: www.cdc.gov/flu/weekly