

RESPIRATORY WATCH

Week 22 (May 29, 2022 to June 04, 2022)

In Summary...

Act	ivity levels**
•	Sporadic activity has been reported in all zones (Northern, Eastern, Central and Western Zone) during this reporting period
Lab	oratory-confirmed cases*
•	There were 36 new cases of Influenza A and 0 new cases of Influenza B during this reporting period. There has been an increase in laboratory confirmed case numbers this week. There have been 220 laboratory confirmed cases of Influenza A and 6 laboratory confirmed cases of Influenza B reported during the 2021-2022 influenza season. There were also 7 Enterovirus/Rhinovirus, 7 Metapneumovirus, 1 Parainfluenza and 5 Respiratory Syncytial Virus cases identified during this reporting period.
Sev	erity
•	 This reporting period, there were 4 cases hospitalized with Influenza A. During the 2021-2022 influenza season, there have been 20 hospitalizations; mostly from influenza A (n=18) there have been 3 ICU admissions, all in adults aged 20+ there have been 0 deaths*** of laboratory confirmed influenza
Nov	vel Coronavirus (COVID-19)
•	For current epidemiology of COVID-19 please refer to: <u>https://novascotia.ca/coronavirus/alerts-</u> notices/#epidemiologic-summaries
Syn	dromic surveillance
•	The percentage of visits for influenza-like illness (ILI) was 1.6% during this reporting period.
otes:	*Reporting weeks run from Sunday to Saturday. The 2021-2022 influenza season is defined using PHAC's influenza surveillance weeks.

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

**** EXCLUDES novel coronavirus (2019-nCoV)

LABORATORY-CONFIRMED INFLUENZA CASES

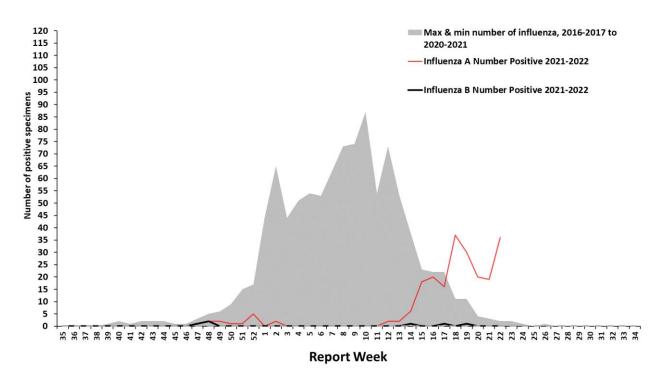


Figure 1: Number of laboratory confirmed influenza cases by report week, 2021-2022 season, Nova Scotia

Table 1: Number of laboratory-confirmed influenza cases by zone, current week andcumulative 2021-2022 season in Nova Scotia

ZONE	CURRENT WEEK			CUI	MULATIVE 202	IULATIVE 2021-2022		
ZONE	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B		
Western	5	5	0	11	11	0		
Northern	17	17	0	110	110	0		
Eastern	13	13	0	61	59	2		
Central	1	1	0	44	40	4		
Nova Scotia Total	36	36	0	226	220	6		

AGE (YEARS)	CURRENT WEEK			CUI	MULATIVE 202	1-2022
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	1	1	0	17	17	0
5-19	16	16	0	88	88	0
20-44	9	9	0	65	64	1
45-64	5	5	0	16	15	1
65+	5	5	0	40	36	4
Nova Scotia Total	36	36	0	226	220	6

 Table 2: Number of laboratory-confirmed influenza cases by age group (years), current week

 and cumulative 2021-2022 season in Nova Scotia

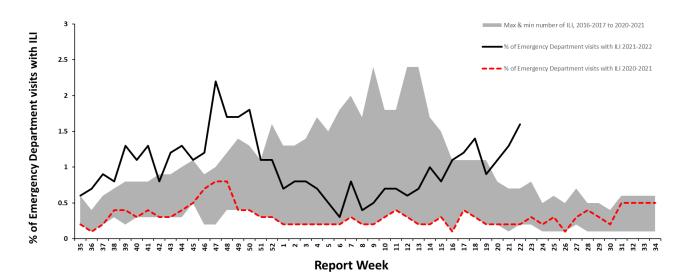
 Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2021-2022 season, Nova Scotia

	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	4	4	0	20	18	2
Hospitalized - ICU	0	0	0	3	2	1
Deceased*	0	0	0	0	0	0
Nova Scotia Total	4	4	0	23	20	3

Notes: Outcome categories (hospitalized hospitalized-ICU, Deceased) are mutually exclusive; Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.

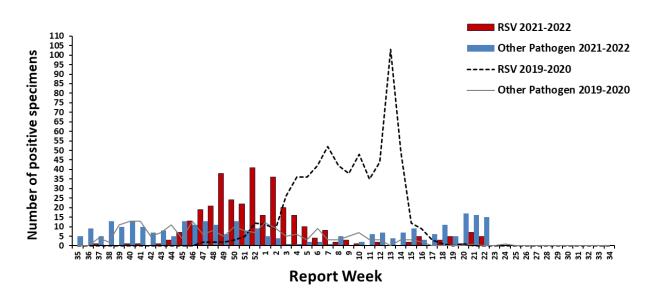
SYNDROMIC SURVEILLANCE

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 2019-2020 season, Nova Scotia



Notes: 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. For this season, 2019-2020 data will be used for a trend comparison.

AGE GROUP	2021-2022
0-5 months	74
6-11 months	22
12-23 months	41
2-5 years	79
6-15 years	8
16-65 years	79
65+ years	35
Nova Scotia Total	338

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

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

Pathogen	CURRENT WEEK (n positive)	CUMULATIVE 2021-2022
Adenovirus	0	16
Bocavirus	0	2
Chlamydophila pneumoniae	0	1
Coronavirus*	0	42
Enterovirus/Rhinovirus	7	142
Metapneumovirus	7	27
Mycoplasma pneumoniae	0	1
Parainfluenza	1	67
Pertussis	0	0
Respiratory Syncytial Virus	5	338

Notes: EXCLUDES novel coronavirus (2019-nCoV)

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

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/teams/global-influenza-programme/surveillance-and-</u> <u>monitoring/influenza-updates/current-influenza-update</u> US: <u>www.cdc.gov/flu/weekly</u>