

RESPIRATORY WATCH

Week 42-43 (October 16, 2022 to October 29, 2022)

In Summary...

Activity levels**

• Sporadic activity was reported in the Eastern, Northern, Western and Central Zone during week 42/43.

Laboratory-confirmed cases*

- There were 17 new cases of Influenza A, and 0 new cases of Influenza B reported during Weeks 42/43.
- There have been 28 laboratory confirmed cases of Influenza A and 1 laboratory confirmed case of Influenza B reported during the 2022-2023 influenza season.
- There were also 4 Adenovirus, 2 Coronavirus****, 22 Enterovirus/Rhinovirus, 4 Parainfluenza, and 35 Respiratory Syncytial Virus cases identified during this reporting period.

Severity

- There were 6 cases hospitalized with Influenza A during this reporting period.
- During the 2022-2023 influenza season there have been:
 - 11 hospitalizations (non-ICU)
 - 0 ICU admissions
 - 1 deaths*** of laboratory confirmed influenza

Novel Coronavirus (COVID-19)

• For current epidemiology of COVID-19 please refer to: https://novascotia.ca/coronavirus/alerts-notices/#epidemiologic-summaries

Syndromic surveillance

• The percentage of visits for influenza like illness (ILI) ranged between 1.8% - 1.9% during this reporting period.

Notes: There has been a change in testing methods with the implementation of multiplex respiratory virus PCR for 2019-nCoV. This may increase the number of cases detected through the flu season.

^{*}Reporting weeks run from Sunday to Saturday. The 2022-2023 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 28, 2022 (Week 35) to August 26, 2023 (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, 2022-2023 season, Nova Scotia

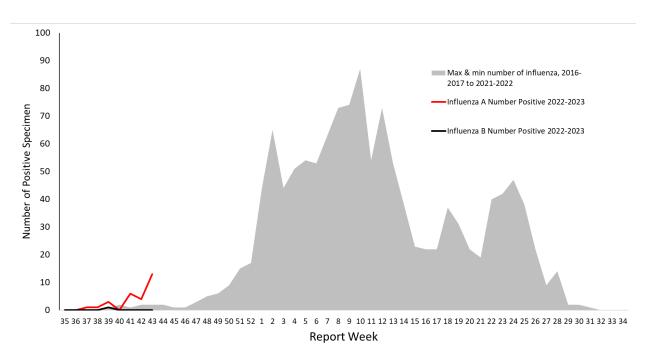


Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2022-2023 season in Nova Scotia

ZONE	WEEK 42-43			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	2	2	0	2	2	0
Northern	6	6	0	11	11	0
Eastern	1	1	0	1	1	0
Central	8	8	0	15	14	1
Nova Scotia Total	17	17	0	29	28	1

Table 2: Number of laboratory-confirmed influenza cases by age group (years), current week and cumulative 2022-2023 season in Nova Scotia

AGE (YEARS)	WEEK 42-43			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	3	3	0	4	3	1
5-19	3	3	0	5	5	0
20-44	4	4	0	6	6	0
45-64	4	4	0	6	6	0
65+	3	3	0	8	8	0
Nova Scotia Total	17	17	0	29	28	1

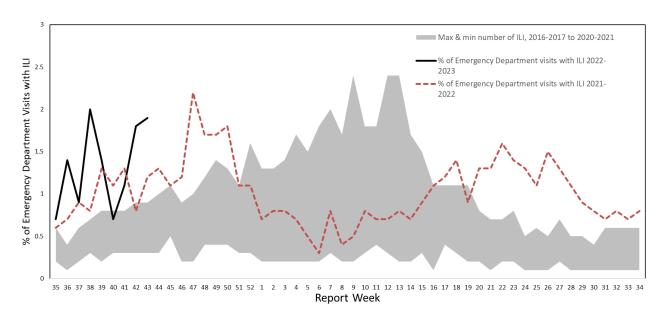
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2022-2023 season, Nova Scotia

	WEEK 42-43			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	6	6	0	11	11	0
Hospitalized - ICU	0	0	0	0	0	0
Deceased*	0	0	0	1	1	0
Nova Scotia Total	6	6	0	12	12	0

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.

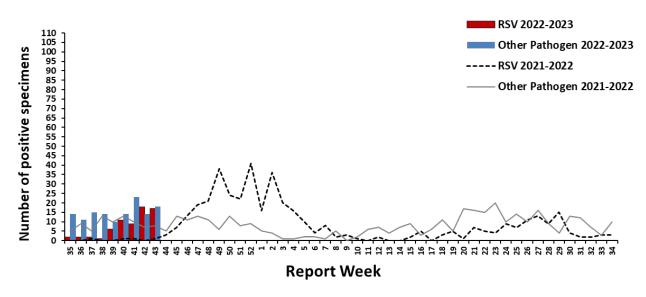
SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency department visits due to ILI by report week, 2022-2023 season, with trend-line comparison to 2021-2022 season, Nova Scotia



OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for other respiratory pathogens* and RSV by report week, 2022-2023 season, with trend-line comparison to 2021-2022 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.

Table 4: Number of positive RSV specimens by age group, 2022-2023 season, Nova Scotia

AGE GROUP	2022-2023
0-5 months	19
6-11 months	6
12-23 months	15
2-5 years	16
6-15 years	2
16-65 years	7
65+ years	3
Nova Scotia Total	68

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2022-2023

Pathogen	WEEK 42-43 (n positive)	CUMULATIVE 2022-2023
Adenovirus	4	15
Bocavirus	0	0
Chlamydophila pneumoniae	0	0
Coronavirus*	2	3
Enterovirus/Rhinovirus	22	103
Metapneumovirus	0	0
Mycoplasma pneumoniae	0	0
Parainfluenza	4	12
Pertussis	0	0
Respiratory Syncytial Virus	35	68

Notes: EXCLUDES novel coronavirus (2019-nCoV)

APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2022-2023

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: https://www.who.int/teams/global-influenza-programme/surveillance-and-

monitoring/influenza-updates/current-influenza-update

US: www.cdc.gov/flu/weekly