

RESPIRATORY WATCH

Week 47 (November 20, 2022 to November 26, 2022)

In Summary...

Activity levels**

Sporadic activity was reported in the Northern, Eastern, Western and Central Zone during week 47.

Laboratory-confirmed cases*

- There were 524 new cases of Influenza A, and 0 new cases of Influenza B reported during Week 47.
- There have been 936 laboratory confirmed cases of Influenza A and 1 laboratory confirmed case of Influenza B reported during the 2022-2023 influenza season.
- There were also 1 Adenovirus, 4 Enterovirus/Rhinovirus, 3 Parainfluenza, and 159 Respiratory Syncytial Virus cases identified during this reporting period.

Severity

- There were 58 cases hospitalized (non-ICU), 4 ICU admissions and 5 deaths with Influenza A during this reporting period.
- During the 2022-2023 influenza season there have been:
 - 138 hospitalizations (non-ICU)
 - 9 ICU admissions
 - 8 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) was 4.0% 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);

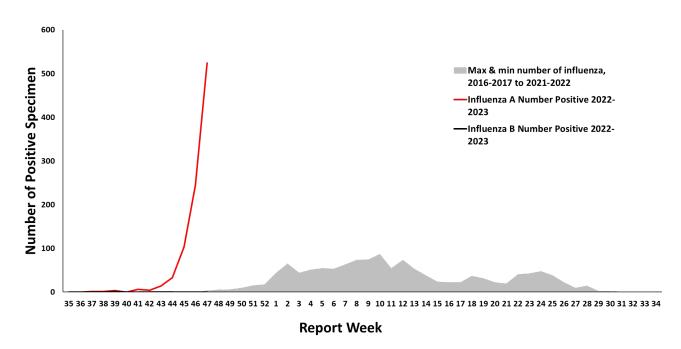
^{**}Activity level data is obtained from CNPHI, see appendix for definitions.

^{***}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



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.

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

ZONE	WEEK 47			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	171	171	0	334	334	0
Northern	172	172	0	269	269	0
Eastern	89	89	0	126	126	0
Central	92	92	0	208	207	1
Nova Scotia Total	524	524	0	937	936	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 47			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	56	56	0	100	99	1
5-19	166	166	0	320	320	0
20-44	121	121	0	195	195	0
45-64	76	76	0	140	140	0
65+	105	105	0	182	182	0
Nova Scotia Total	524	524	0	937	936	1

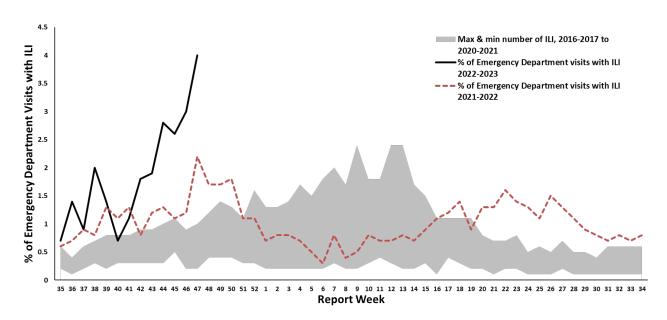
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2022-2023 season, Nova Scotia

	WEE	K 47	CUMULATIVE 2022-2023		
	INFLUENZA A	INFLUENZA B	INFLUENZA A	INFLUENZA B	
Hospitalized	58	0	138	0	
Hospitalized - ICU	4	0	9	0	
Deceased*	5	0	8	0	
Nova Scotia Total	67	0	155	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.

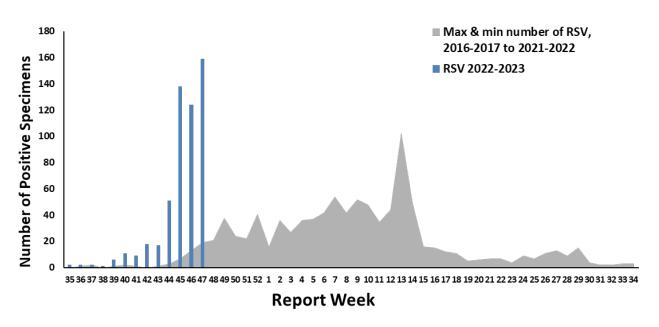
SYNDROMIC SURVEILLANCE

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



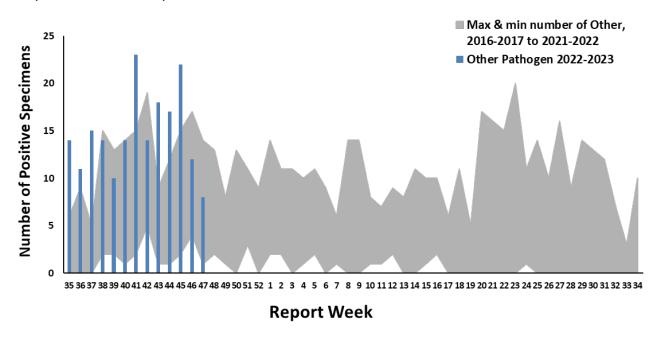
OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for RSV by report week, 2022-2023 season, Nova Scotia



Notes: in Nova Scotia RSV is not a notifiable disease.

Figure 4: Number of positive specimens tested for other respiratory pathogens by report week, 2022-2023 season, Nova Scotia



Notes: Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydophila pneumonia, Coronavirus, Enterovirus, Metapneumovirus, Mycoplasma pneumoniae, Parainfluenza, Pertussis, Rhinovirus. Data for this figure is obtained from provincial laboratories.

Table 4: Number of positive RSV specimens by age group, current report week and cumulative 2022-2023 season, Nova Scotia

AGE GROUP	Week 47	Cumulative 2022-2023
0-5 months	18	97
6-11 months	9	35
12-23 months	22	97
2-5 years	41	136
6-15 years	11	43
16-65 years	35	75
65+ years	23	57
Totals (n)	159	540

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

Pathogen	WEEK 47	CUMULATIVE 2022-2023
Adenovirus	1	23
Bocavirus	0	0
Chlamydophila pneumoniae	0	0
Coronavirus*	0	4
Enterovirus/Rhinovirus	4	142
Metapneumovirus	0	0
Mycoplasma pneumoniae	0	0
Parainfluenza	3	23
Pertussis	0	0
Respiratory Syncytial Virus	159	540

*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