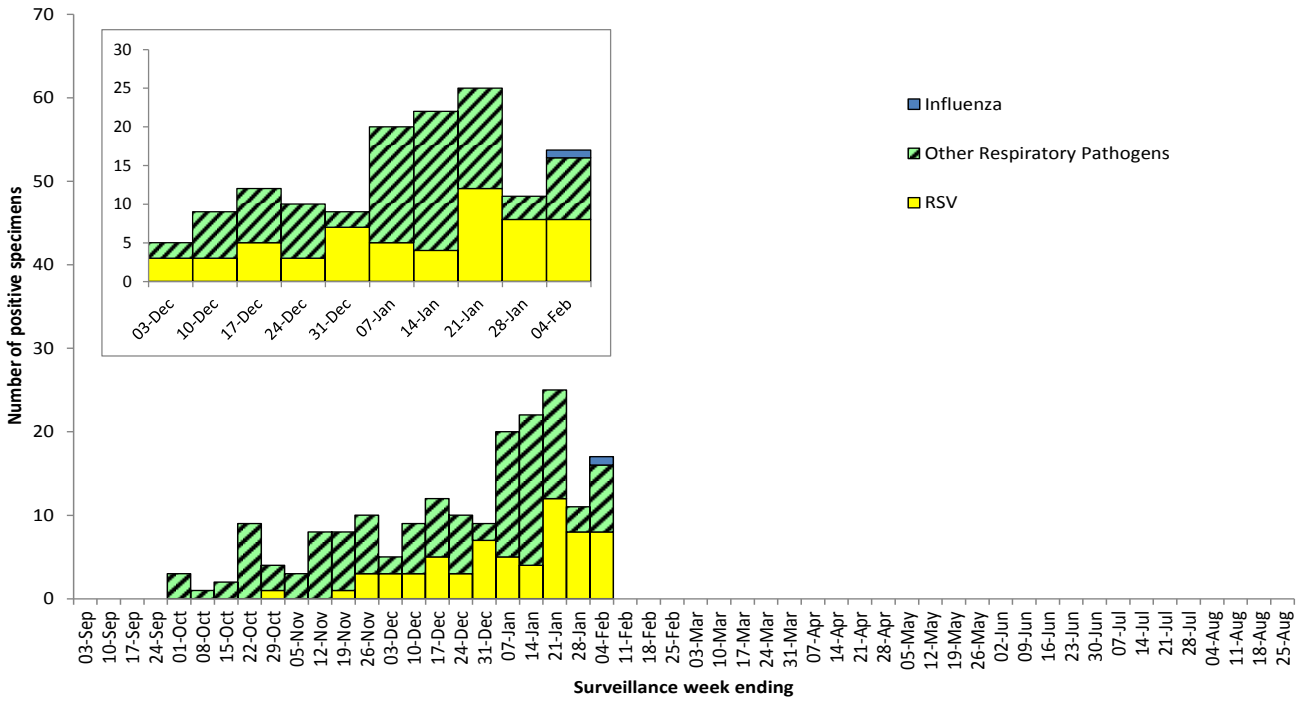
RESPIRATORY WATCH

Week 5 (January 29 to February 4, 2012)

Summary of Nova Scotia surveillance findings, for the period ending February 4, 2012:

- The first laboratory confirmed case of influenza for the 2011-2012 influenza season. One lab confirmed case of Influenza B associated with an outbreak in a long term care facility.
- Other respiratory pathogen activity continues. Positive results were received for coronavirus, human metapneumovirus, mycoplasma pneumonia, parainfluenza, rhinovirus and RSV.

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2011–2012

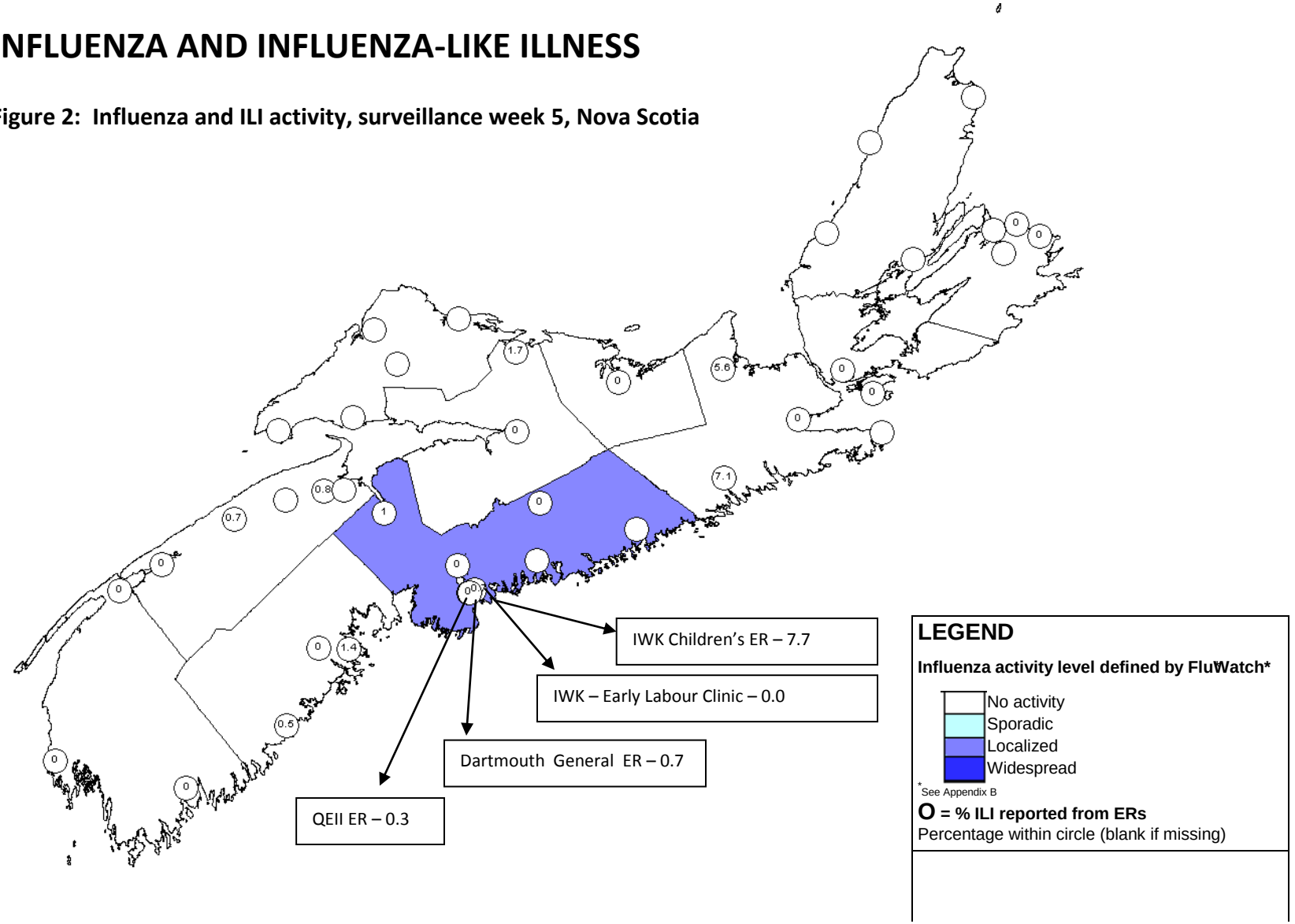


RESPIRATORY WATCH

Week 4 (January 29 to February 4, 2012)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 5, Nova Scotia



RESPIRATORY WATCH

Week 4 (January 29 to February 4, 2012)

Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2011–2012

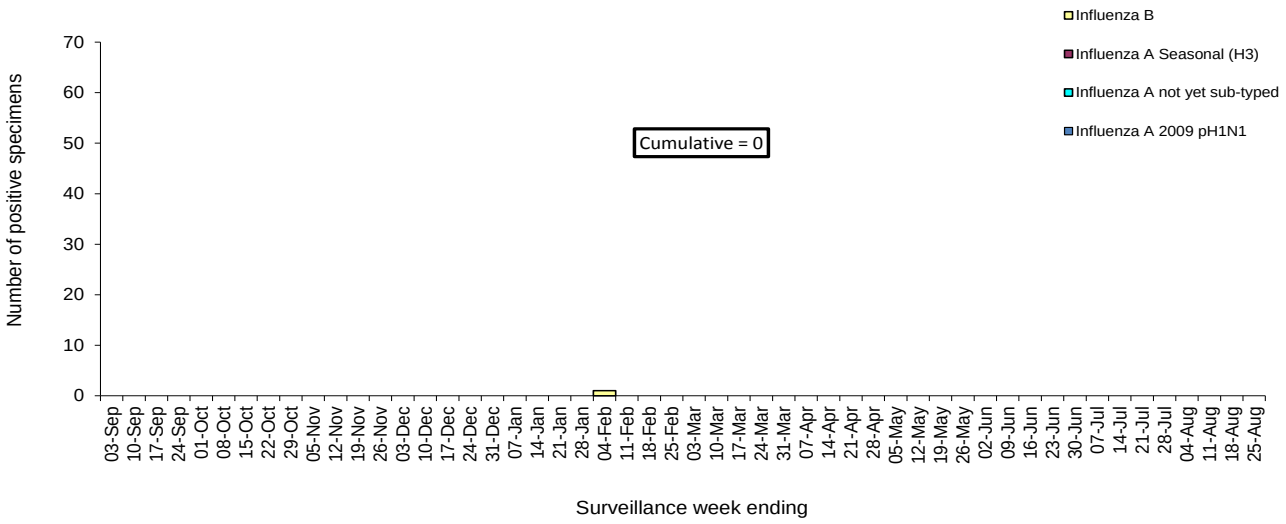
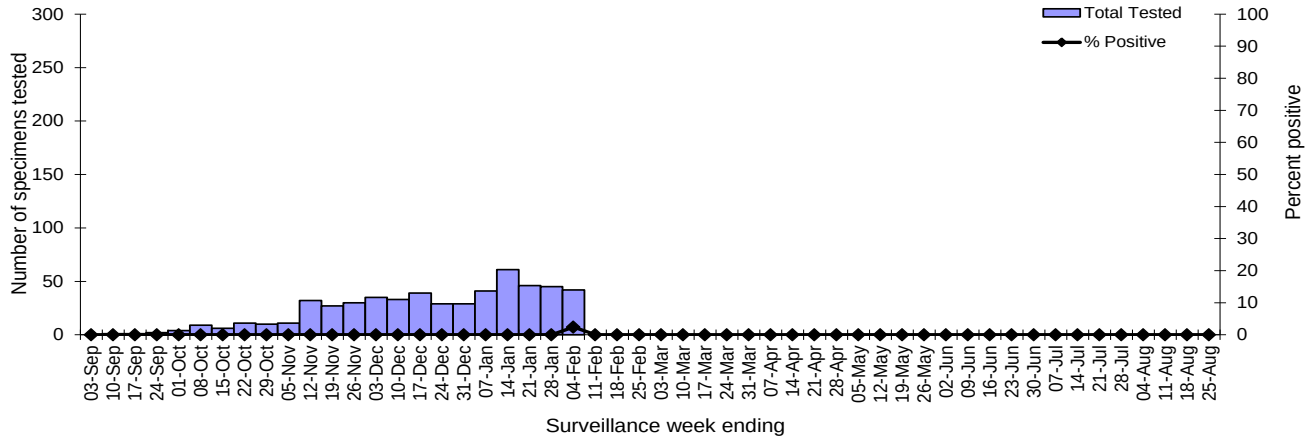


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2011–2012*



*Data presented in this figure refers to week specimen was tested.

Table 1: Influenza case counts by DHA, current surveillance week and cumulative, Nova Scotia, 2011–2012

	DHA 1	DHA 2	DHA 3	DHA 4	DHA 5	DHA 6	DHA 7	DHA 8	DHA 9	Nova Scotia
Influenza A 2009 pH1N1*										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2011 - 2012	0	0	0	0	0	0	0	0	0	0
Influenza A (not yet sub-typed)*										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2011 - 2012	0	0	0	0	0	0	0	0	0	0
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2011 - 2012	0	0	0	0	0	0	0	0	0	0
Influenza B										
Current Week	0	0	0	0	0	0	0	0	1	1
Cumulative 2011 - 2012	0	0	0	0	0	0	0	0	1	1

RESPIRATORY WATCH

Week 4 (January 29 to February 4, 2012)

Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2011–2012

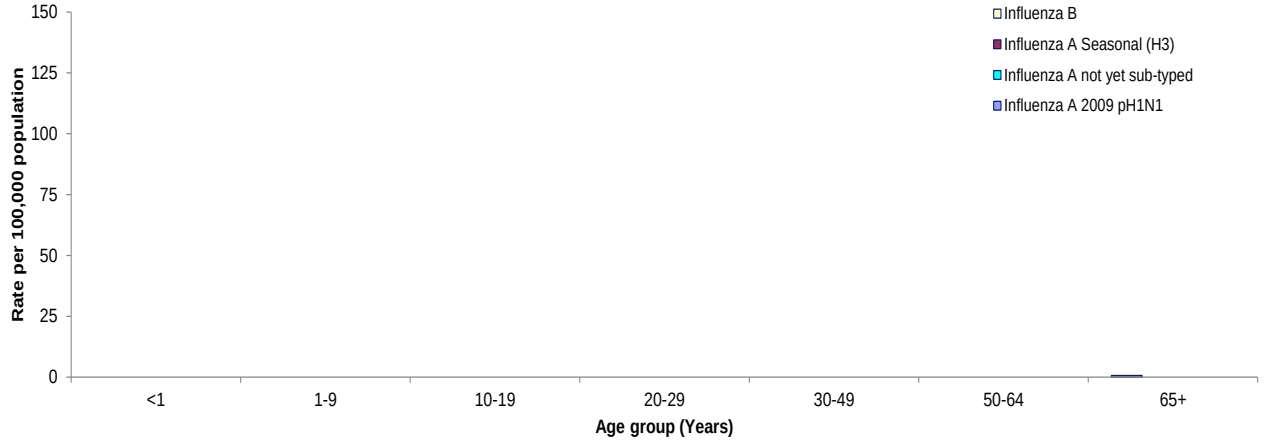


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2011–2012

Table 2: Number of influenza hospitalizations by type and report week, Nova Scotia, 2011–2012

	Hospitalized	ICU	Total
Influenza A 2009 pH1N1			
Current Week	0	0	0
Cumulative 2011 - 2012	0	0	0
Influenza A (not yet sub-typed)			
Current Week	0	0	0
Cumulative 2011 - 2012	0	0	0
Influenza A Seasonal (H3)			
Current Week	0	0	0
Cumulative 2011 - 2012	0	0	0
Influenza B			
Current Week	0	0	0
Cumulative 2011 - 2012	0	0	0
Current Week Total	0	0	0
Season Total	0	0	0

* Note that Hospitalized cases exclude ICU admissions

RESPIRATORY WATCH

Week 4 (January 29 to February 4, 2012)

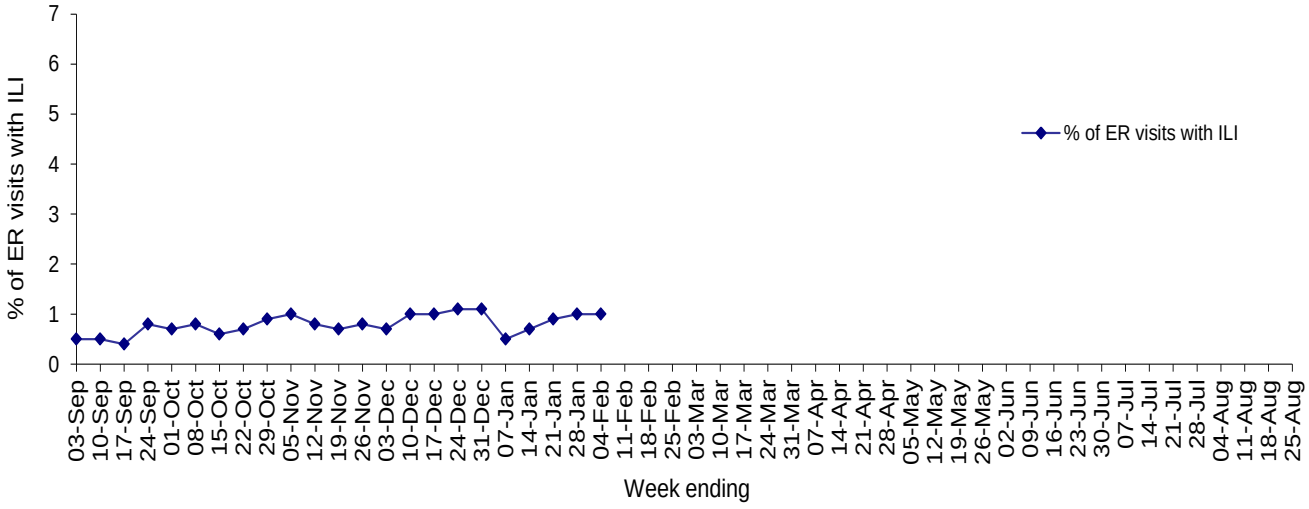
Table 3: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia

	ER SURVEILLANCE				SENTINEL SURVEILLANCE*		
	%ILI	Reporting ERs			%ILI	Reporting Sentinels	
DHA 1	0.5	3	of 3		0.0	2 of 4	
DHA 2	0.0	3	of 3		–	0 of 1	
DHA 3	0.7	3	of 5		–	0 of 1	
DHA 4	0.2	2	of 2		–	0 of 1	
DHA 5	–	0	of 5		0.0	1 of 2	
DHA 6	2.1	1	of 1		–	0 of 2	
DHA 7	2.9	6	of 6		6.2	1 of 3	
DHA 8	0.0	1	of 8		0.0	1 of 3	
DHA 9	0.4	5	of 7		0.0	1 of 3	
IWK	5.8	1	of 1				
Nova Scotia (excl. IWK)†	**0.6**	**24**	**of 40**	**60.0%**			
Nova Scotia (incl. IWK)	**1.0**	**25**	**of 41**	**61.0%**		**6 of 18**	**33.3%**

*Fluw atch sentinels

†Excludes the children's ER from IWK

Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2011–2012



RESPIRATORY WATCH

Week 4 (January 29 to February 4, 2012)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2011–2012

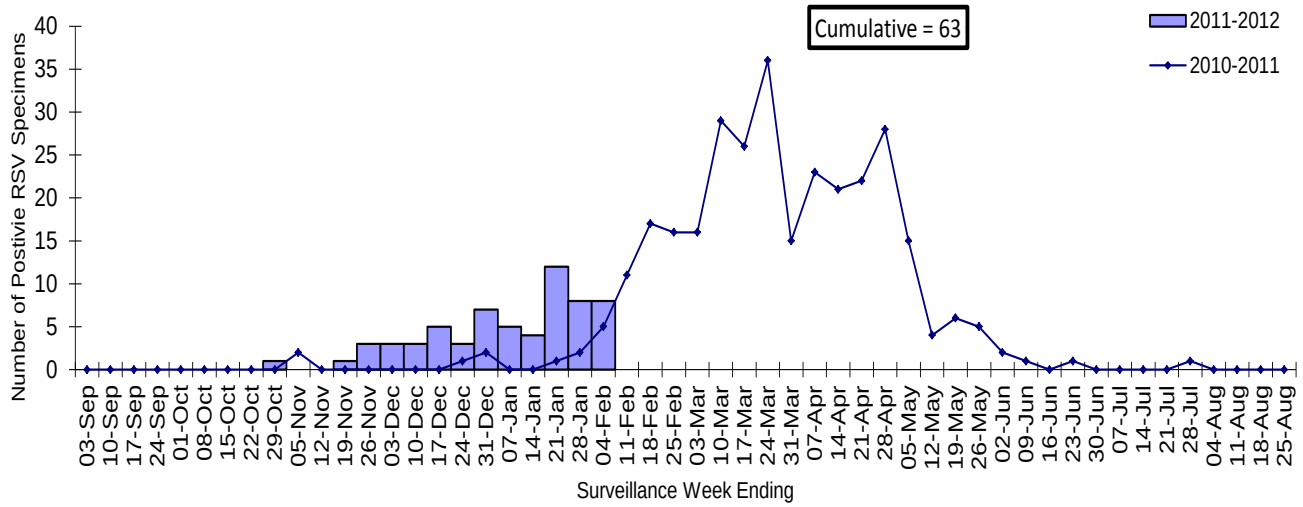
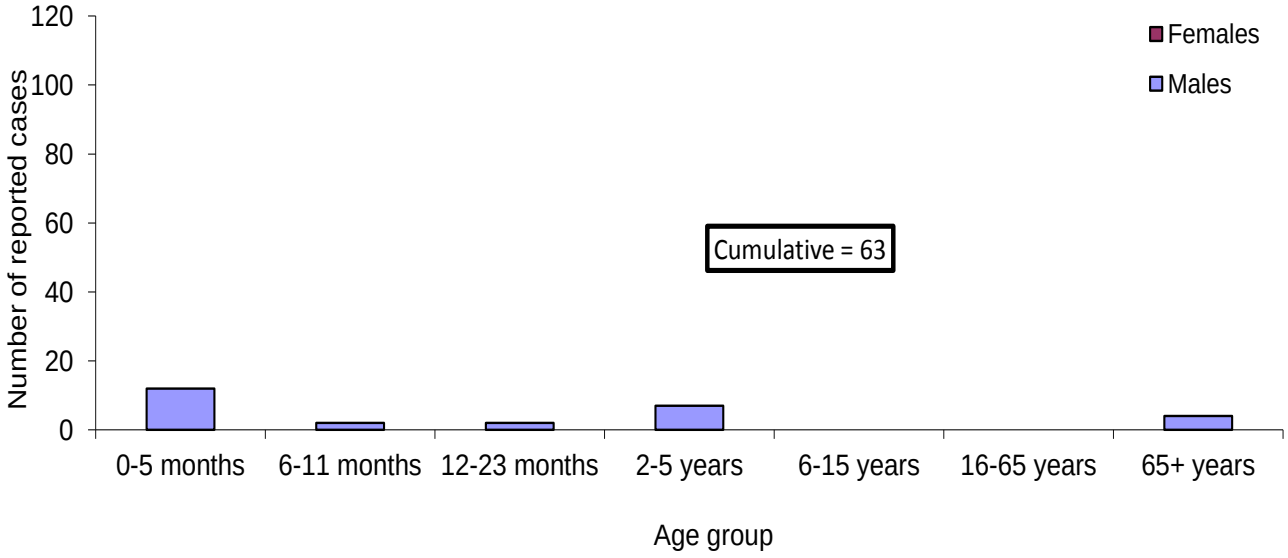


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2011-2012



OTHER RESPIRATORY PATHOGENS

Table 4: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2011–2012

	Surveillance Week			Cumulative Season-to-Date Totals		
Number and percent positive for:	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	36	0	0.0	393	3	0.8
Bocavirus	36	0	0.0	393	0	0.0
Chlamydophila pneumoniae	7	0	0.0	130	0	0.0
Coronavirus	36	2	5.6	393	13	3.3
Enterovirus	36	0	0.0	393	1	0.3
Metapneumovirus	36	1	2.8	393	2	0.5
Mycoplasma pneumoniae	7	2	28.6	130	26	20.0
Parainfluenza	36	2	5.6	393	33	8.4
Pertussis	7	0	0.0	70	0	0.0
Respiratory syncytial virus A	36	2	5.6	416	9	2.2
Respiratory syncytial virus B	36	0	0.0	416	0	0.0
Respiratory syncytial virus not typed	6	5	83.3	180	54	30.0
Rhinovirus	36	1	2.8	393	46	11.7

APPENDIX: Definitions used in Influenza Surveillance, 2011-2012

1) ILI in the general population:

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.

2) Outbreaks of influenza / ILI by setting:

Schools and Daycares:
Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or public health authority) which is likely due to ILI. Note: it is recommended that ILI school outbreaks be laboratory confirmed at the beginning of influenza season as it may be the first indication of community transmission in an area.

Residential institutions:
Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case. Institutional outbreaks should be reported within 24 hours of identification. Residential institutions include but not limited to long-term care facilities (LTCF) and prisons.

Other Settings:
Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. workplace, closed communities.

3) National FluWatch Definitions for Influenza Activity Levels:

Influenza activity levels are defined as:

1 =	**No activity:**	i.e. no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI* may be reported
2 =	**Sporadic:**	sporadically occurring ILI* and lab confirmed influenza detection(s) with **NO ILI/influenza outbreaks** detected within the influenza surveillance region†
3 =	**Localized:**	evidence of increased ILI* and lab confirmed influenza detection(s) together **with outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring in **less than 50% of the influenza surveillance region(s) †**
4 =	**Widespread:**	evidence of increased ILI* and lab confirmed influenza detection(s) **together with outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring **in greater than or equal to 50% of the influenza surveillance region(s)**†

* ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.
† Sub-regions within the province or territory as defined by the provincial/territorial epidemiologist.

4) District Health Authorities (DHAs), Nova Scotia:
   DHA 1 – South Shore Health
   DHA 2 – South West Health
   DHA 3 – Annapolis Valley Health
   DHA 4 – Colchester East Hants Health Authority
   DHA 5 – Cumberland Health Authority
   DHA 6 – Pictou County Health Authority
   DHA 7 – Guysborough Antigonish Strait Health Authority
   DHA 8 – Cape Breton District Health Authority
   DHA 9 – Capital Health