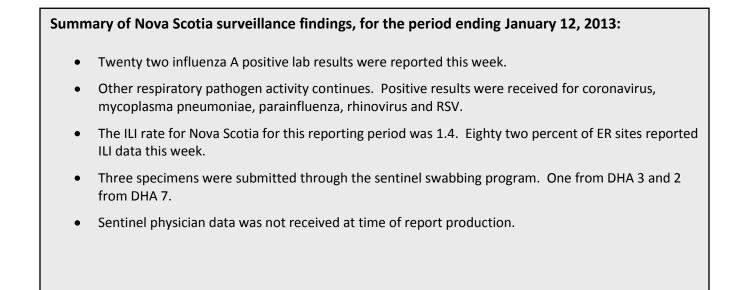


Week 2 (January 6 to Januray 12, 2013)



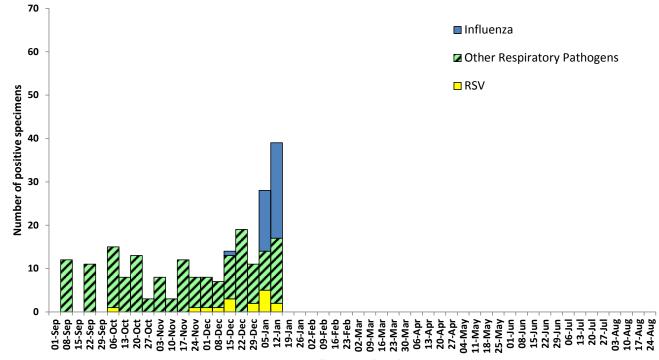
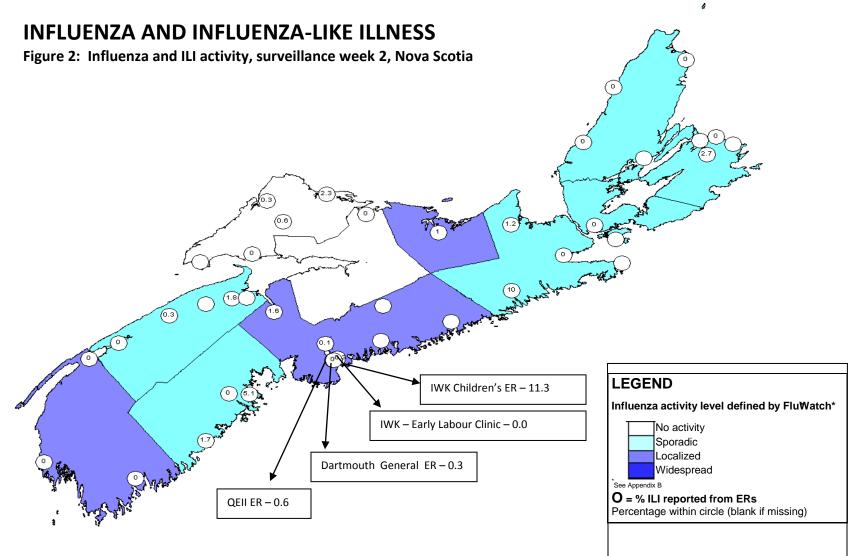


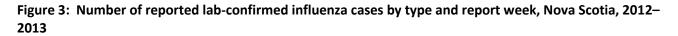
Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2012–2013

Surveillance week ending

Week 2 (January 6 to January 12, 2013)



Week 2 (January 6 to January 12, 2013)



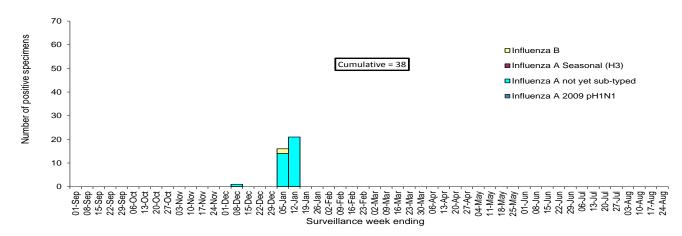
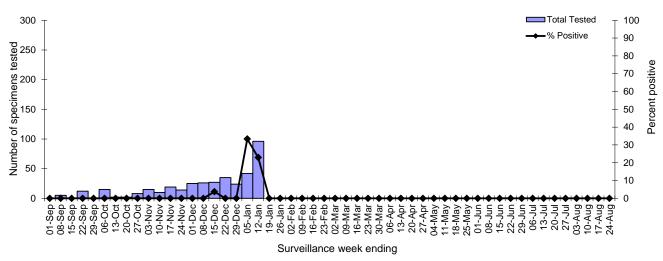


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2012–2013*



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

	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 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza A (not yet sub-typed)										
Current Week	2	3	1	0	0	2	2	0	11	21
Cumulative 2012 - 2013	2	5	3	0	3	2	2	0	19	36
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza B										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	2	2

Week 2 (January 6 to January 12, 2013)



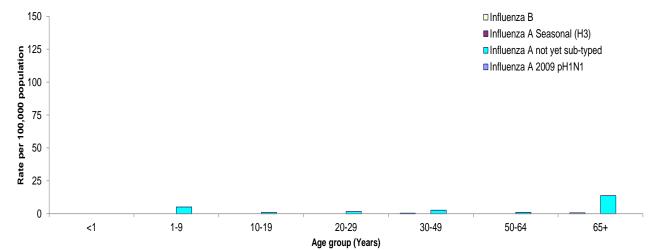


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013

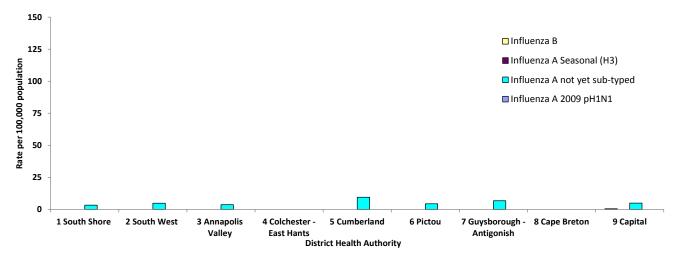


 Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, and Sentinel Swabbing

 Specimen Submissions, Nova Scotia, 2012-2013

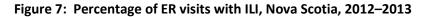
	ER SURVEILLANCE			SENTINEL SURVEILLANCE*			:* S	SENTINEL SWABBING		
	%ILI	Reporting	g ERs		%ILI	Reporting Sentinels	# Swabs	Sites Submitting Spe	ecimens	
DHA 1	1.8	3	of 3		-	0 of 6		0 of 1		
DHA 2	0.0	3	of 3		-	0 of 0		0 of 1		
DHA 3	1.1	3	of 5		-	0 of 1		1 1 of 2		
DHA 4	0.8	2	of 2		-	0 of 0		0 of 2		
DHA 5	0.8	5	of 5		-	0 of 2		0 0 of 1		
DHA 6	1.0	1	of 1		-	0 of 2		0 0 of 1		
DHA 7	0.8	6	of 6		-	0 of 1	:	2 1 of 2		
DHA 8	1.6	5	of 8		-	0 of 4		0 of 3		
DHA 9	0.5	5	of 7		-	0 of 14				
IWK	8.4	1	of 1							
Nova Scotia (excl. IWK)	0.8	3	3 of 40	82.5%			:	3 2 of 12		
Nova Scotia (incl. IWK)	1.4	3	4 of 41	82.9%		0 of 30	0.0%			

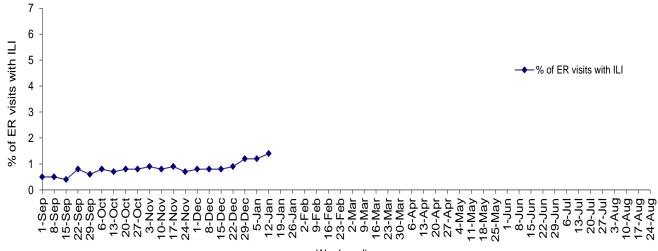
4

*Fluw atch sentinels

†Excludes the children's ER from IWK

Week 2 (January 6 to January 12, 2013)



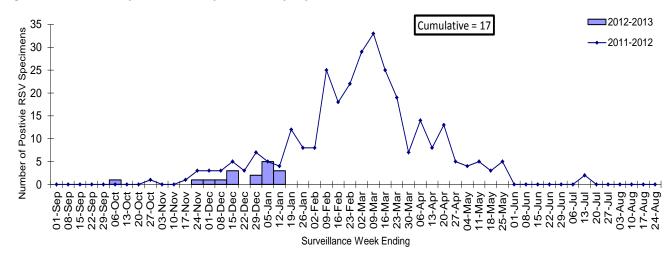


Week ending

Week 2 (January 6 to January 12, 2013)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2012–2013



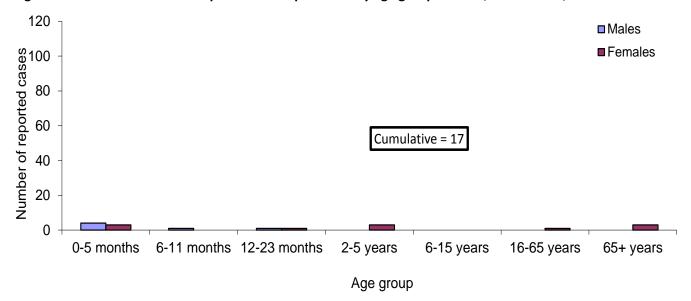


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013

Week 2 (January 6 to January 12, 2013)

OTHER RESPIRATORY PATHOGENS

Table 3: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2012–2013

		Surveillance V	Neek		Cumulative		
					Season-to-Date	Totals	
Number and percent positive for:	n tested	n positive	% positive	n tested	n positive	% positive	
	in tootou	npoolitio		in tootou	npoolitio		
Adenovirus	74	0	0.0	306	0	0.0	
Bocavirus	74	0	0.0	306	1	0.3	
Chlamydophila pneumoniae	13	0	0.0	262	23	8.8	
Coronavirus	74	5	6.8	306	5	1.6	
Enterovirus	74	0	0.0	306	4	1.3	
Metapneumovirus	74	0	0.0	306	4	1.3	
Mycoplasma pneumoniae	13	2	15.4	262	57	21.8	
Parainfluenza	74	4	5.4	306	15	4.9	
Pertussis	13	0	0.0	149	14	9.4	
Respiratory syncytial virus A	74	0	0.0	308	8	2.6	
Respiratory syncytial virus B	74	0	0.0	308	0	0.0	
Respiratory syncytial virus not typed	24	3	12.5	231	9	3.9	
Rhinovirus	74	4	5.4	306	43	14.1	

Week 2 (January 6 to January 12, 2013)

APPENDIX: Definitions used in Influenza Surveillance, 2012-2013

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.

Hospitals and 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. closed communities.

3) National FluWatch Definitions for Influenza Activity Levels:

Influ	enza 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 outbreaks detected within the influenza surveillance region ⁺
3 =	Localized:	 (1) evidence of increased ILI* and (2) lab confirmed influenza detection(s) together with (3) outbreaks in schools, hospitals, residential institutions and/or other types of facilities occurring in less than 50% of the influenza surveillance region⁺
4 =	Widespread:	 (1) evidence of increased ILI* and (2) lab confirmed influenza detection(s) together with (3) 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⁺

* 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.

Week 2 (January 6 to January 12, 2013)

- 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