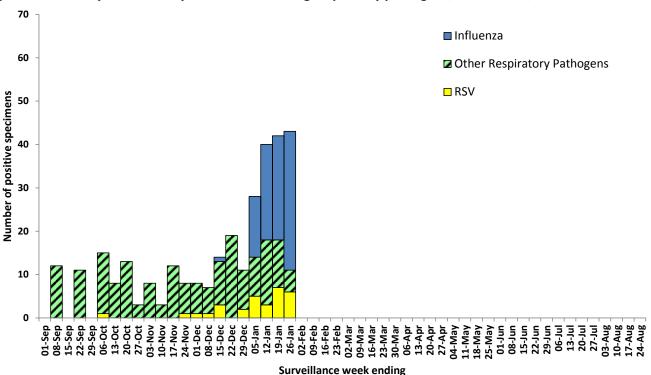


Week 4 (January 20 to January 26, 2013)

Summary of Nova Scotia surveillance findings, for the period ending January 26, 2013:

- Thirty influenza A positive lab results were reported this week.
- Other respiratory pathogen activity continues. Positive results were received for mycoplasma pneumoniae, parainfluenza, rhinovirus and RSV.
- The ILI rate for Nova Scotia for this reporting period was 1.6. Eighty-two percent of ER sites reported ILI data this week.
- Two specimens were submitted through the sentinel swabbing program. One from DHA 3 and one from DHA 8.
- Sentinel physician data was not received at time of report production.

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



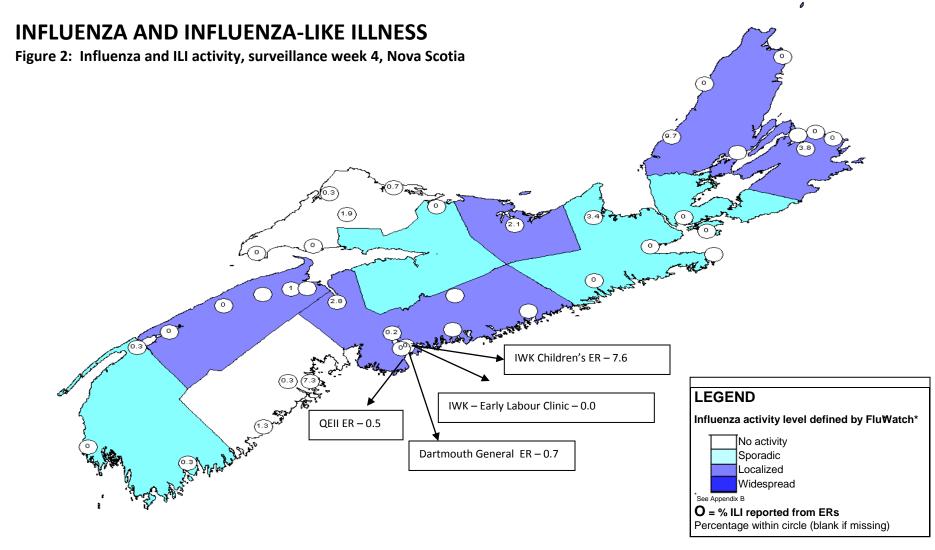


Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2012–2013

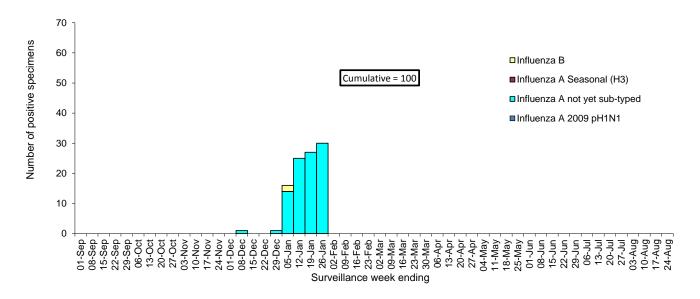
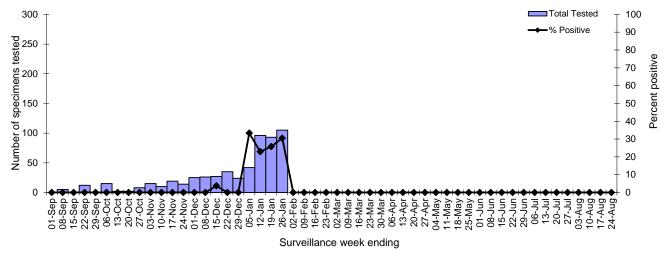


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2012–2013*



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

Table 1: Influenza case counts by DHA, current surveillance week and cumulative, Nova Scotia, 2012–2013

	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	0	1	2	2	0	4	2	8	11	30
Cumulative 2012 - 2013	4	4	6	3	4	11	6	14	46	98
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

Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2012–2013

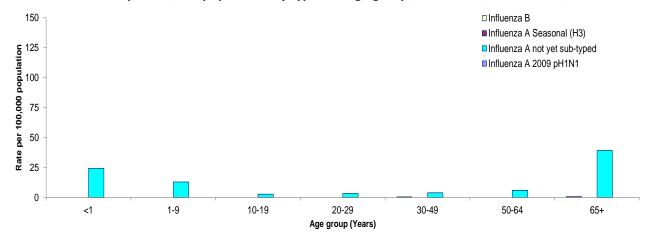
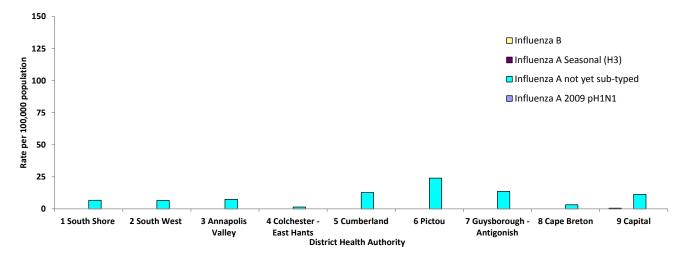


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012-2013



Week 4 (January 20 to January 26, 2013)

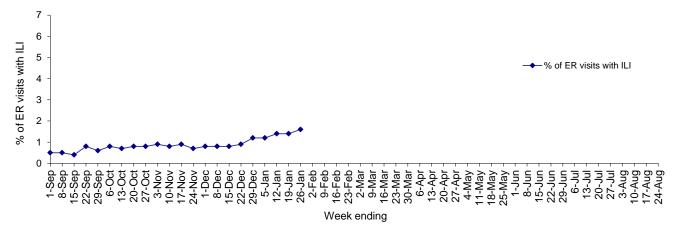
Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, and Sentinel Swabbing Specimen Submissions, Nova Scotia, 2012-2013

	ER SURVEILLANCE			SENTINEL SURVEILLANCE*			* S	SENTINEL SWABBING		
	%ILI	Reportin	g ERs		%ILI	Reporting Sentinels	# Swabs	Sites Submitting Spec	cimens	
DHA 1	2.6	3	of 3		-	0 of 6	(0 of 1		
DHA 2	0.1	3	of 3		_	0 of 0	(0 of 1		
DHA 3	0.6	3	of 5		_	0 of 1		1 1 of 2		
DHA 4	1.1	2	of 2		_	0 of 0	(0 of 2		
DHA 5	0.8	5	of 5		_	0 of 2	(0 of 1		
DHA 6	2.1	1	of 1		_	0 of 2	(0 of 1		
DHA 7	1.8	6	of 6		_	0 of 1	(0 of 2		
DHA 8	2.8	6	of 8		_	0 of 4		1 1 of 3		
DHA 9	0.8	4	of 7		_	0 of 14				
IWK	6.0	1	of 1							
Nova Scotia (excl. IWK)	1.3		33 of 40	82.5%				2 2 of 12		
Nova Scotia (incl. IWK)	1.6	3	34 of 41	82.9%		0 of 30	0.0%			

^{*}Fluw atch sentinels

+Excludes the children's FR from IWK

Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2012–2013



Week 4 (January 20 to January 26, 2013)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

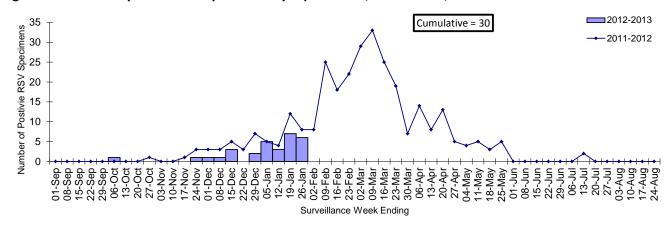
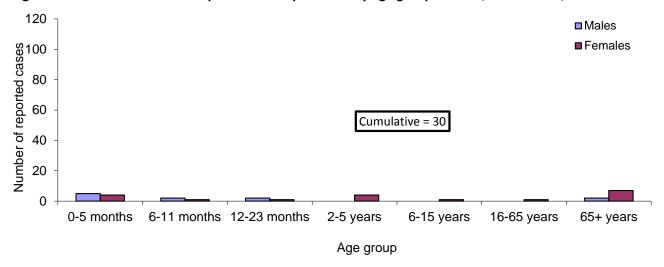


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013



Week 4 (January 20 to January 26, 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 \	Week		Cumulative Season-to-Date	Totals
Number and percent positive for:	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	19	0	0.0	348	0	0.0
Bocavirus	19	0	0.0	348	1	0.3
Chlamydophila pneumoniae	25	0	0.0	302	23	7.6
Coronavirus	19	0	0.0	348	8	2.3
Enterovirus	19	0	0.0	348	4	1.1
Metapneumovirus	19	0	0.0	348	5	1.4
Mycoplasma pneumoniae	25	2	8.0	302	62	20.5
Parainfluenza	19	2	10.5	348	17	4.9
Pertussis	7	0	0.0	168	14	8.3
Respiratory syncytial virus A	0	0	0.0	308	8	2.6
Respiratory syncytial virus B	0	0	0.0	308	0	0.0
Respiratory syncytial virus not typed	106	6	5.7	351	22	6.3
Rhinovirus	19	1	5.3	348	48	13.8

Week 4 (January 20 to January 26, 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:

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 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.

- 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