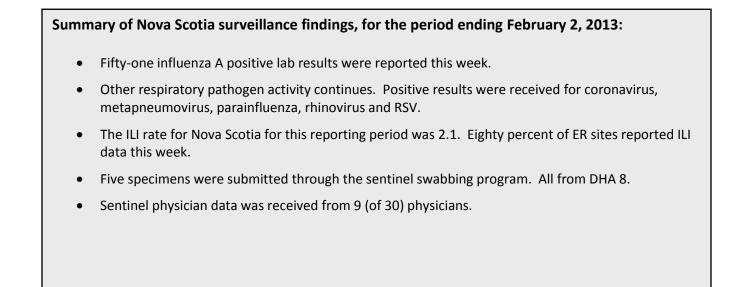


Week 5 (January 27 to February 2, 2013)



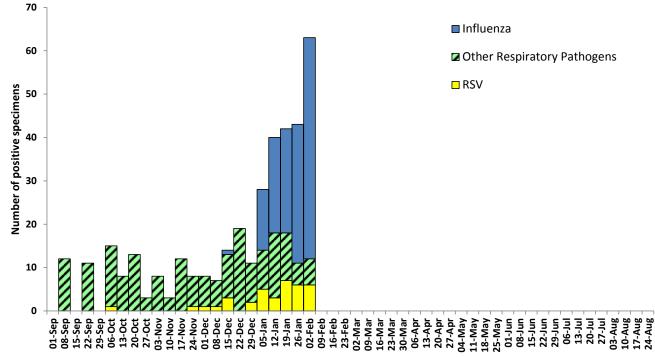
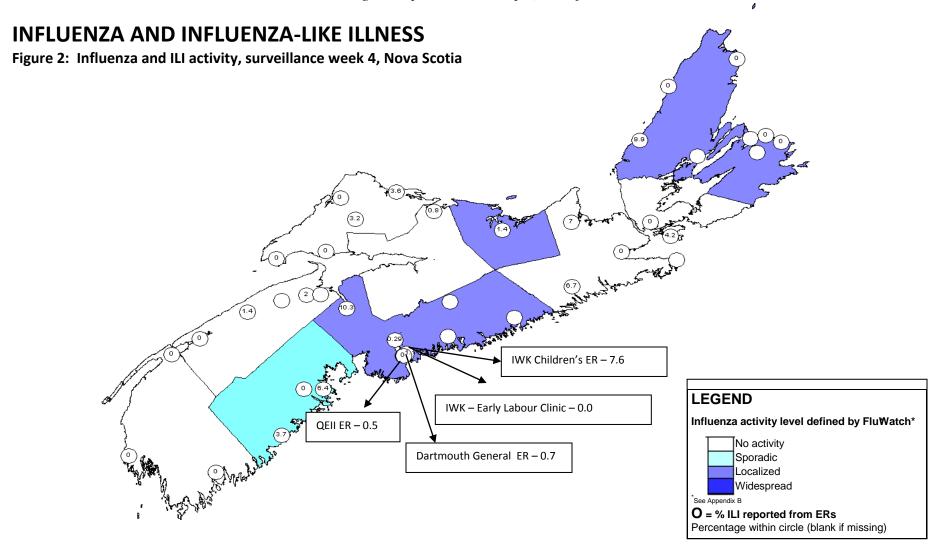


Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2012–2013

Surveillance week ending

Week 5 (January 27 to February 2, 2013)



Week 5 (January 27 to February 2, 2013)

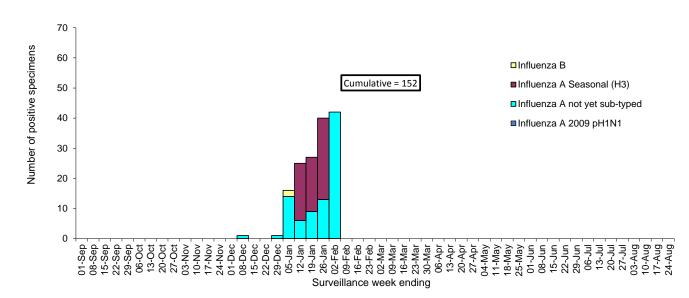
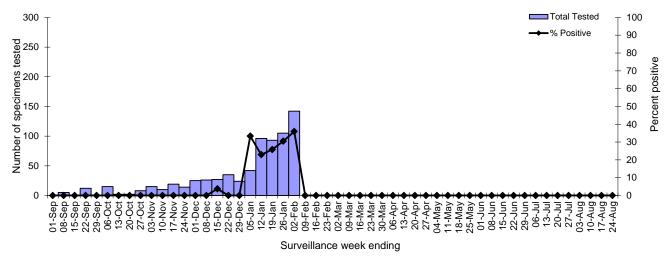


Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2012–2013

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.

Week 5 (January 27 to February 2, 2013)

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 Scoti
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	1	1
nfluenza A (not yet sub-typed)										
Current Week	1	0	0	0	0	5	0	9	27	42
Cumulative 2012 - 2013	2	1	1	0	1	8	2	16	41	72
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	3	3	5	3	3	9	4	9	38	77
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

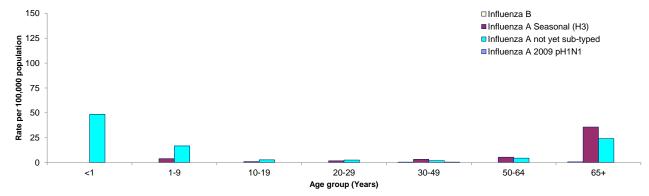
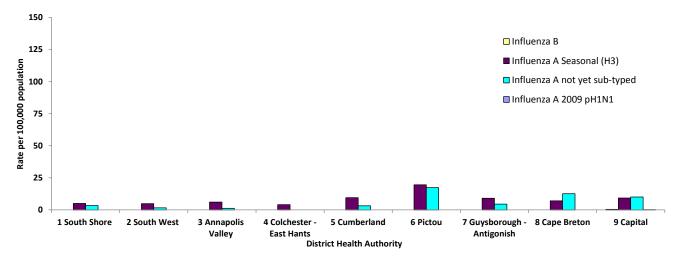


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013



Week 5 (January 27 to February 2, 2013)

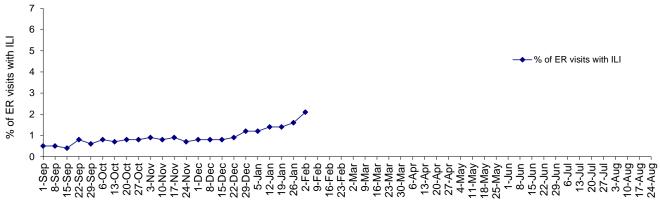
Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, and Sentinel Swabbing Specimen Submissions, Nova Scotia, 2012-2013

	ER SURVEILLANCE			SENTINEL SURVEILLANCE*			E* S	SENTINEL SWABBING		
	%ILI	Reporting	g ERs		%ILI	Reporting Sentinels	# Swabs	Sites Submitting Specimens		
DHA 1	2.8	3	of 3		30.0	1 of 6	() 0 of 1		
DHA 2	0.0	3	of 3		-	0 of 0	(0 of 1		
DHA 3	1.6	3	of 5		-	0 of 1	(0 of 2		
DHA 4	2.3	2	of 2		-	0 of 0	(0 of 2		
DHA 5	1.7	5	of 5		25.0	1 of 2	(0 of 1		
DHA 6	1.4	1	of 1		-	0 of 2	(0 of 1		
DHA 7	3.8	6	of 6		0.0	1 of 1	(0 of 2		
DHA 8	1.7	5	of 8		3.7	1 of 4	Ę	5 3 of 3		
DHA 9	1.7	4	of 7		11.2	5 of 14				
IWK	5.5	1	of 1							
Nova Scotia (excl. IWK)	1.8	3	32 of 40	80.0%			Į	5 3 of 12		
Nova Scotia (incl. IWK)	2.1	3	3 of 41	80.5%	39.1	9 of 30	30.0%			

*Fluw atch sentinels

†Excludes the children's ER from IWK

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

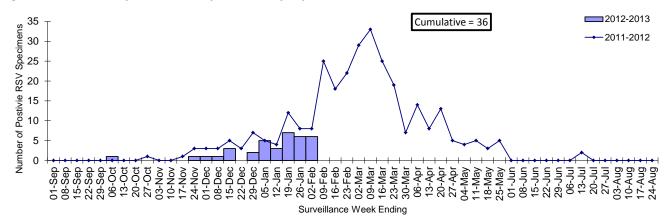


Week ending

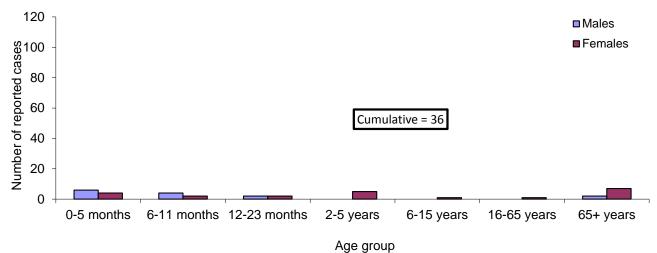
Week 5 (January 27 to February 2, 2013)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

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







Week 5 (January 27 to February 2, 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	21	0	0.0	369	0	0.0	
Bocavirus	21	0	0.0	369	1	0.3	
Chlamydophila pneumoniae	24	0	0.0	326	23	7.1	
Coronavirus	21	3	14.3	369	11	3.0	
Enterovirus	21	0	0.0	369	4	1.1	
Metapneumovirus	21	1	4.8	369	6	1.6	
Mycoplasma pneumoniae	24	0	0.0	326	62	19.0	
Parainfluenza	21	1	4.8	369	18	4.9	
Pertussis	8	0	0.0	176	14	8.0	
Respiratory syncytial virus A	21	1	0.0	329	9	2.7	
Respiratory syncytial virus B	21	0	0.0	329	0	0.0	
Respiratory syncytial virus not typed	121	5	4.1	468	27	5.8	
Rhinovirus	21	1	4.8	369	49	13.3	

Week 5 (January 27 to February 2, 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.

Week 5 (January 27 to February 2, 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