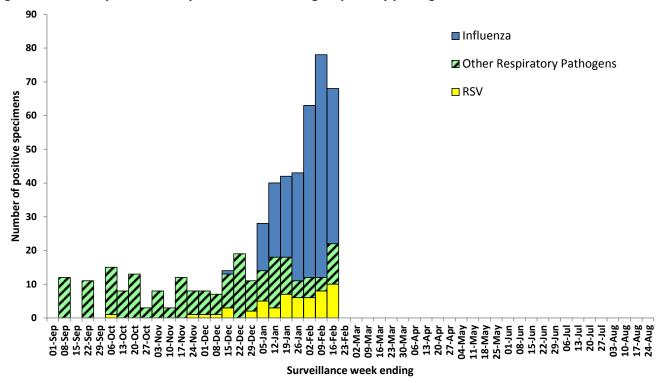


Week 7 (February 10 to February 16, 2013)

### Summary of Nova Scotia surveillance findings, for the period ending February 16, 2013:

- Forty-six influenza positive lab results were reported this week.
- Other respiratory pathogen activity continues. Positive results were received for coronavirus, metapneumovirus, parainfluenza, rhinovirus and RSV.
- The ILI rate for Nova Scotia for this reporting period was 2.5. Eighty percent of ER sites reported ILI data this week.
- Three specimens were submitted through the sentinel swabbing program; all were from DHA 7.
- Sentinel physician data was received from 9 (of 30) physicians.

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



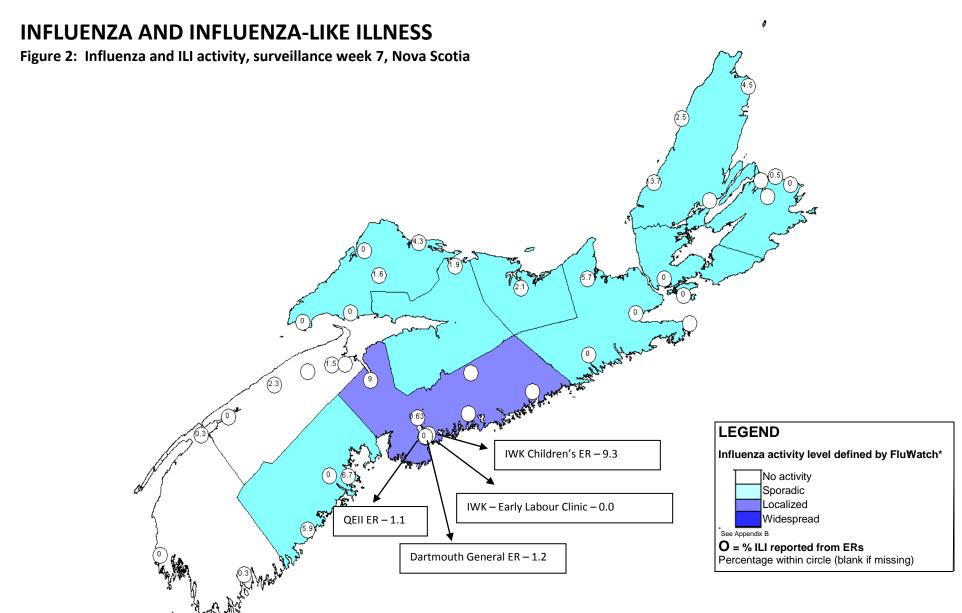


Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2012–2013

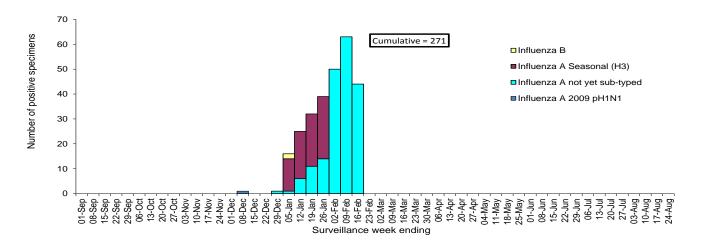
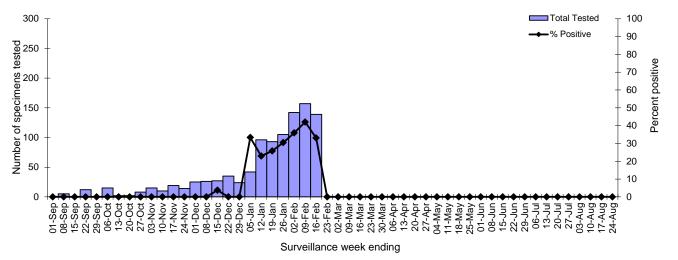


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2012–2013\*



<sup>\*</sup>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	1	1
Influenza A (not yet sub-typed)										
Current Week	3	0	0	1	1	1	4	7	27	44
Cumulative 2012 - 2013	13	1	1	3	8	15	6	35	108	190
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	39	78
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

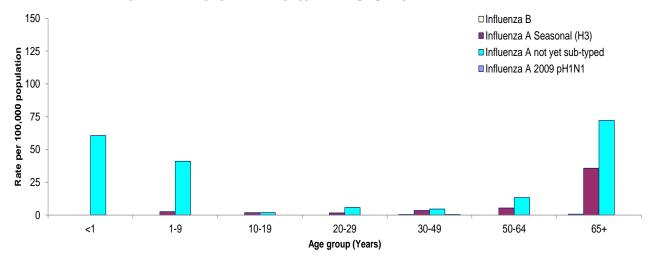


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013

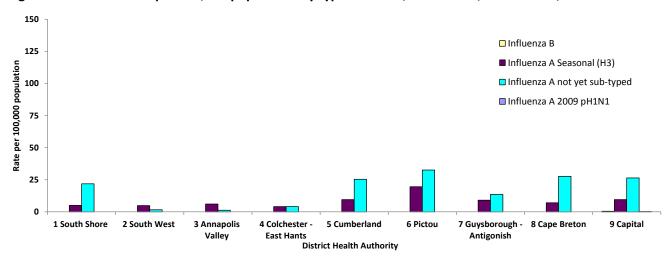
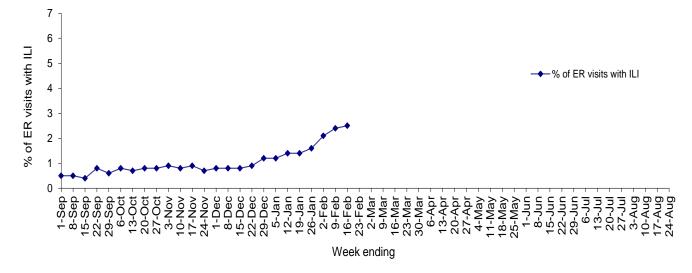


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, and Sentinel Swabbing Specimen Submissions, Nova Scotia, 2012-2013

	ER SURVEILLANCE			SENTINEL SURVEILLANCE*			* S	SENTINEL SWABBING			
	%ILI	Reportin	g ERs		%ILI	Reporting Sentinels	# Swabs	Sites Submitting Specim			
DHA 1	3.4	3	of 3		22.6	1 of 6	(	0 of 1			
DHA 2	0.1	3	of 3		-	0 of 0	(	0 of 1			
DHA 3	1.5	3	of 5		-	0 of 1	(	0 of 2			
DHA 4	3.9	2	of 2		-	0 of 0	(	0 of 2			
DHA 5	1.4	5	of 5		6.2	1 of 2	(	0 of 1			
DHA 6	2.1	1	of 1		-	0 of 2	(	0 of 1			
DHA 7	2.9	6	of 6		0.0	1 of 1	3	3 1 of 2			
DHA 8	2.8	5	of 8		0.0	2 of 4	(	0 of 3			
DHA 9	1.9	4	of 7		15.6	4 of 14					
IWK	7.1	1	of 1								
Nova Scotia (excl. IWK)	2.0		32 of 40	80.0%			3	3 1 of 12			
Nova Scotia (incl. IWK)	2.5	;	33 of 41	80.5%	12.9%	9 of 30	30.0%				

<sup>\*</sup>Fluw atch sentinels

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



Week 7 (February 10 to February 16, 2013)

### **RESPIRATORY SYNCYTIAL VIRUS (RSV)**

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

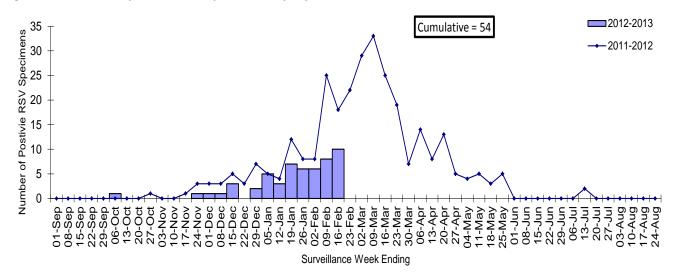
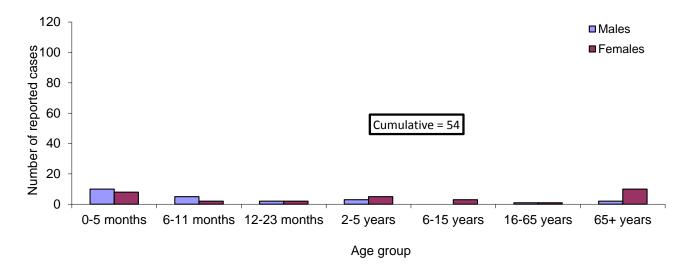


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013



Week 7 (February 10 to February 16, 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	40	0	0.0	423	0	0.0	
Bocavirus	40	0	0.0	423	1	0.2	
Chlamydophila pneumoniae	11	0	0.0	362	23	6.4	
Coronavirus	40	3	7.5	423	16	3.8	
Enterovirus	40	0	0.0	423	4	0.9	
Metapneumovirus	40	2	5.0	423	8	1.9	
Mycoplasma pneumoniae	11	0	0.0	362	62	17.1	
Parainfluenza	40	3	7.5	423	23	5.4	
Pertussis	6	0	0.0	183	14	7.7	
Respiratory syncytial virus A	40	0	0.0	383	9	2.3	
Respiratory syncytial virus B	40	1	0.0	383	1	0.3	
Respiratory syncytial virus not typed	101	9	8.9	719	44	6.1	
Rhinovirus	40	4	10.0	423	53	12.5	

Week 7 (February 10 to February 16, 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†

<sup>\*</sup> ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.

<sup>†</sup> 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