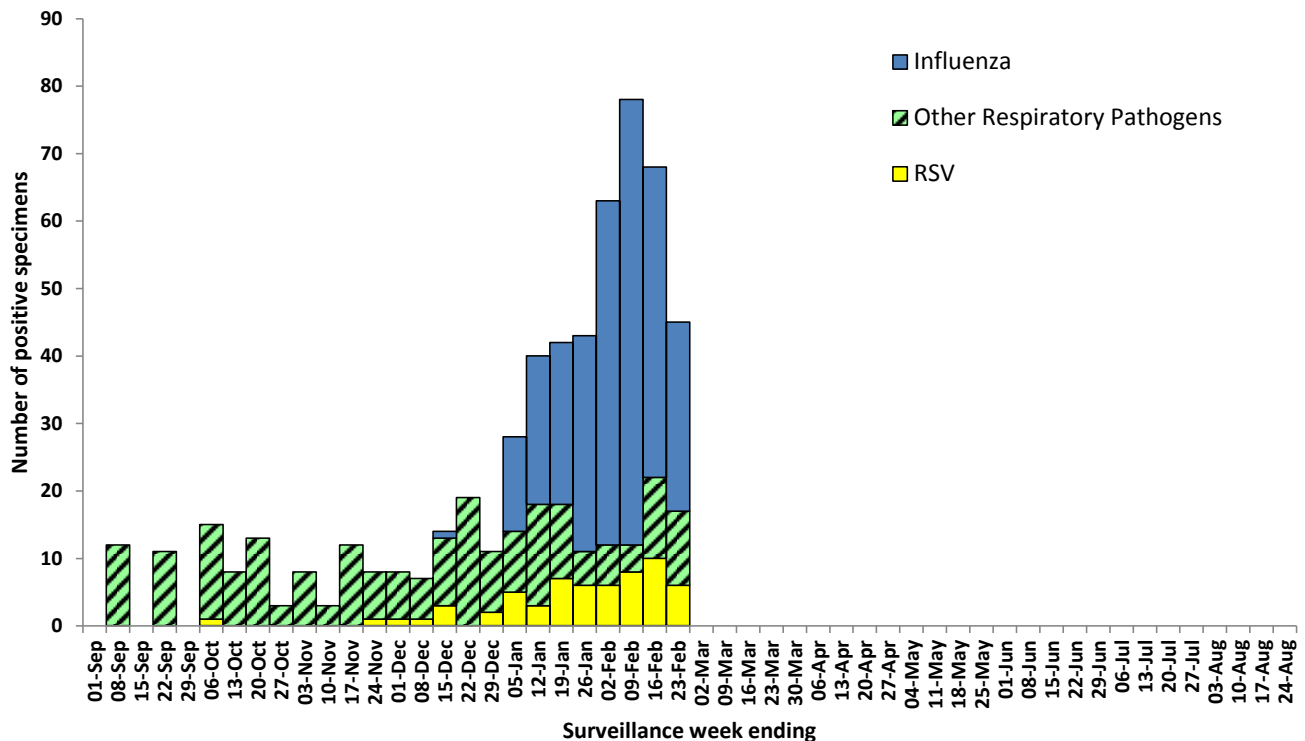


Summary of Nova Scotia surveillance findings, for the period ending February 23, 2013:

- Twenty eight influenza positive lab results were reported this week.
- Data was not received by IWK at time of report production.
- Other respiratory pathogen activity continues. Positive results were received for bocavirus, coronavirus, metapneumovirus, parainfluenza and RSV.
- The ILI rate for Nova Scotia for this reporting period was 1.9. Eighty percent of ER sites reported ILI data this week.
- Eight specimens were submitted through the sentinel swabbing program from DHA 1, 3 and 7.
- Sentinel physician data was received from 4 (of 30) physicians.

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

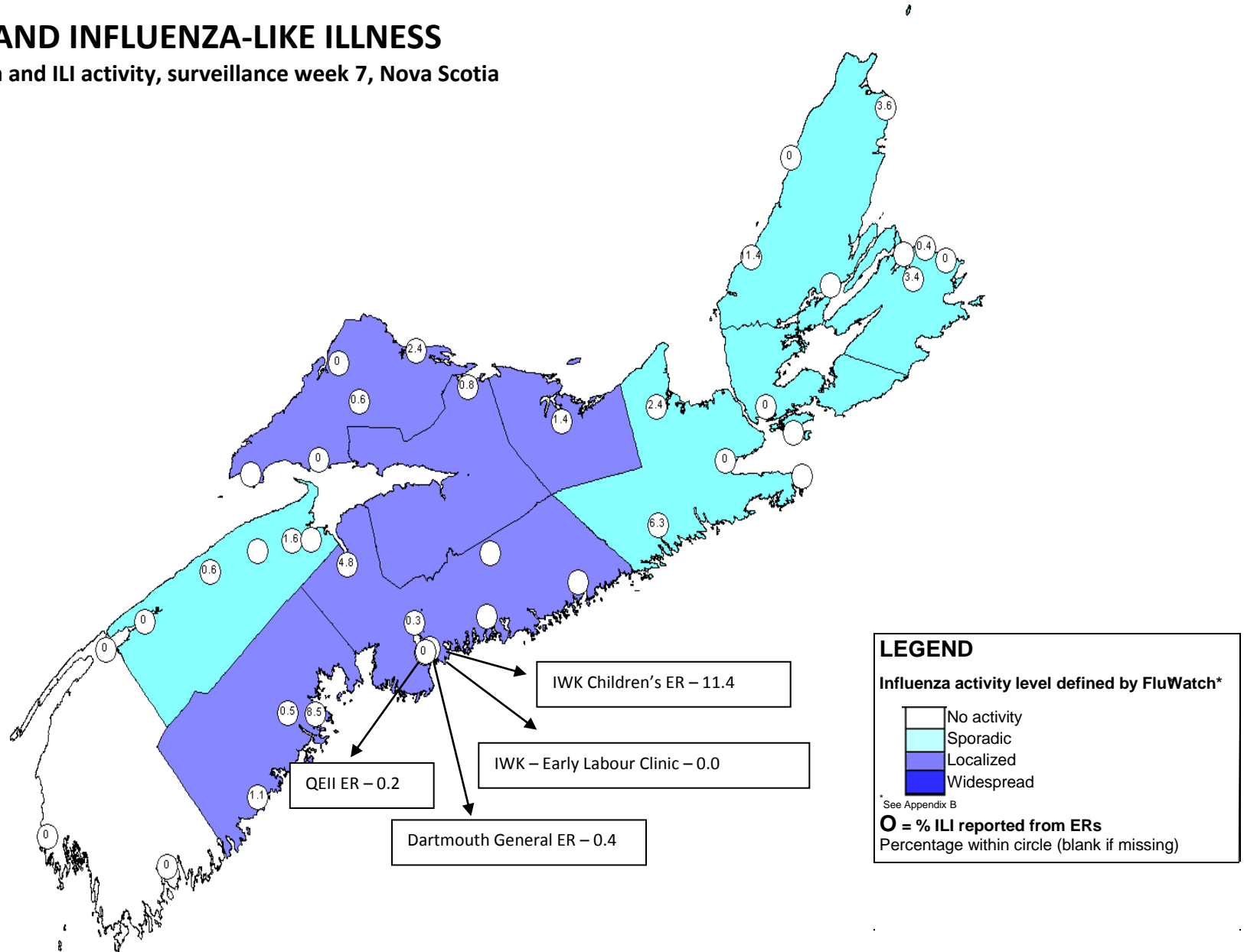


RESPIRATORY WATCH

Week 8 (February 17 to February 23, 2013)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 7, Nova Scotia



RESPIRATORY WATCH

Week 8 (February 17 to February 23, 2013)

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

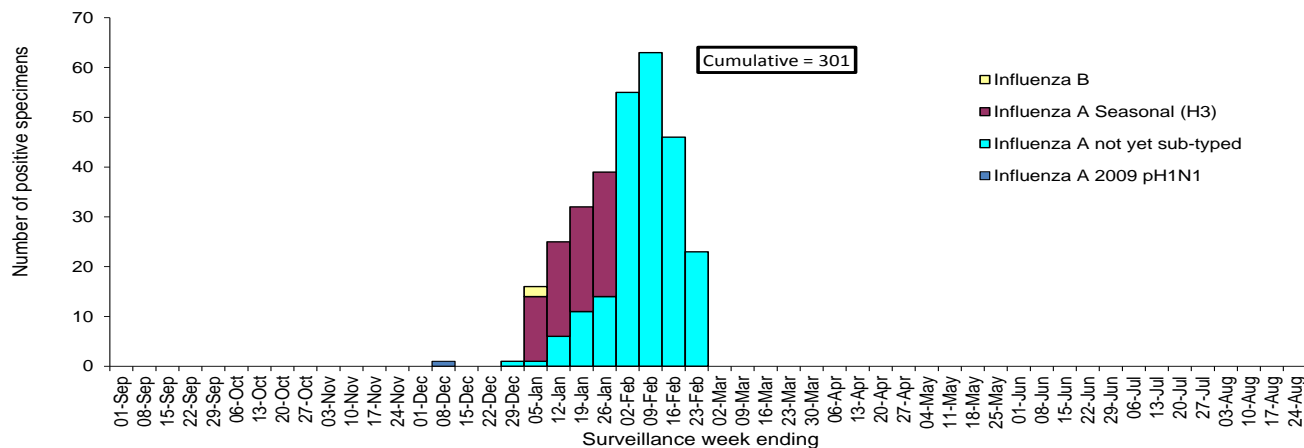
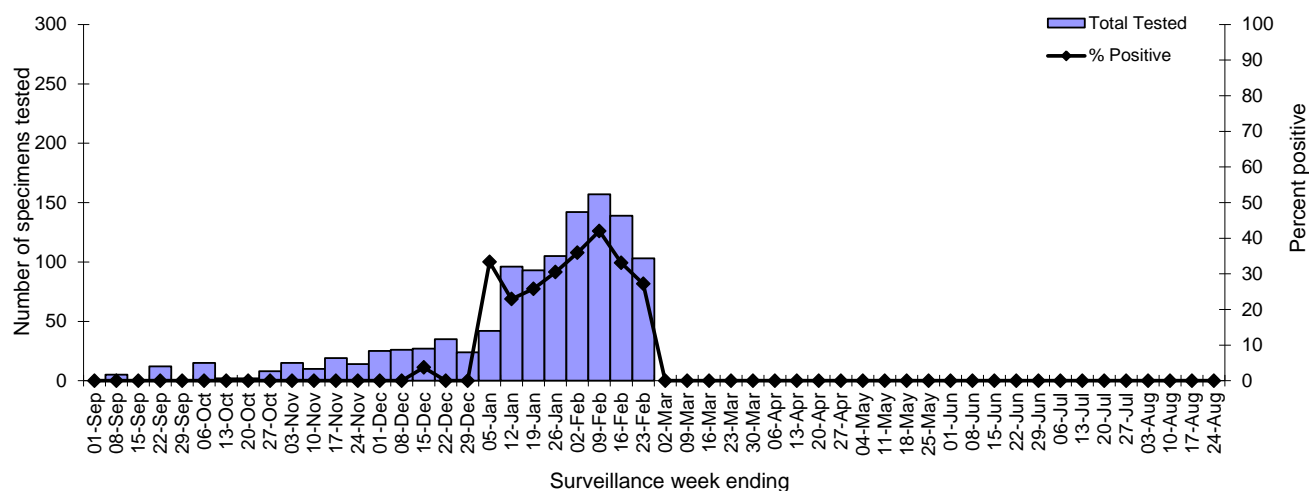


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2012–2013*



*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	1	1
Influenza A (not yet sub-typed)										
Current Week	3	0	2	2	0	0	2	5	9	23
Cumulative 2012 - 2013	16	1	3	5	10	15	8	41	121	220
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

RESPIRATORY WATCH

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

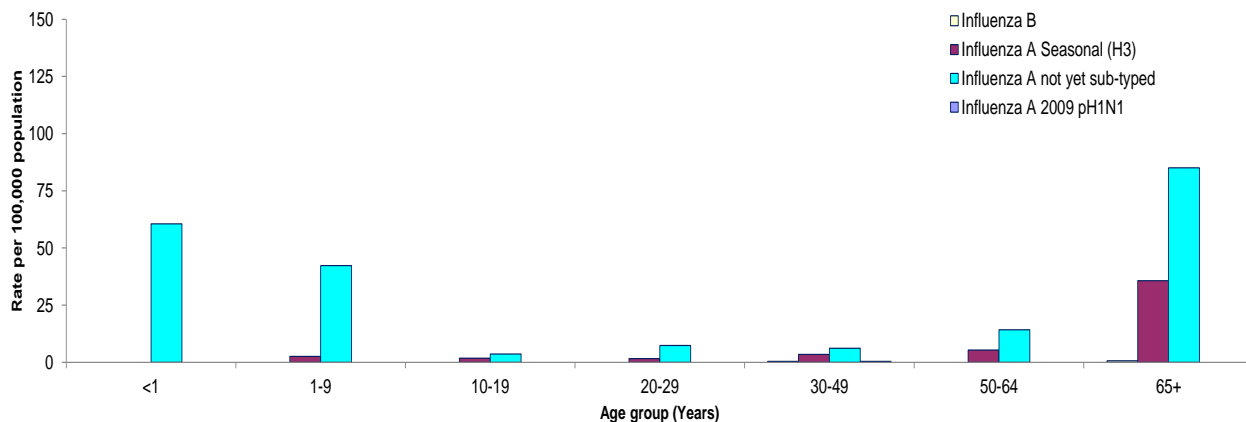


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013

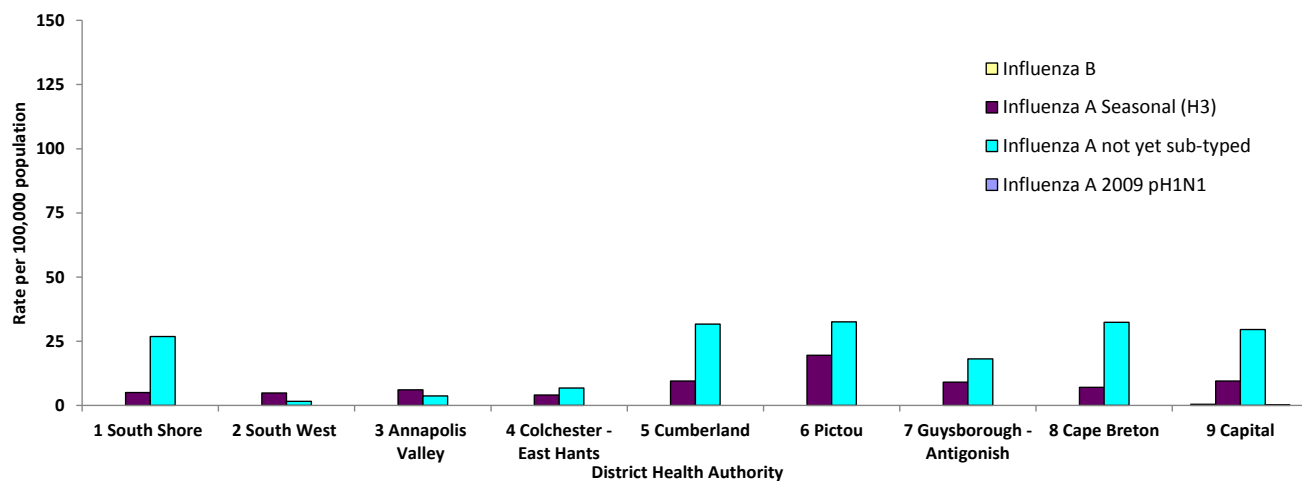


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, and Sentinel Swabbing Specimen Submissions, Nova Scotia, 2012-2013

	ER SURVEILLANCE			SENTINEL SURVEILLANCE*			SENTINEL SWABBING	
	%ILI	Reporting ERs		%ILI	Reporting Sentinels		# Swabs	Sites Submitting Specimens
DHA 1	3.2	3	of 3	-	0	of 6	1	1 of 1
DHA 2	0.0	3	of 3	-	0	of 0	0	0 of 1
DHA 3	1.1	3	of 5	-	0	of 1	1	1 of 2
DHA 4	3.1	2	of 2	-	0	of 0	0	0 of 2
DHA 5	0.6	5	of 5	0.0	2	of 2	0	0 of 1
DHA 6	1.4	1	of 1	-	0	of 2	0	0 of 1
DHA 7	1.6	5	of 6	-	0	of 1	6	1 of 2
DHA 8	2.8	6	of 8	1.8	1	of 4	0	0 of 3
DHA 9	0.8	4	of 7	0.0	1	of 14		
IWK	8.4	1	of 1					
Nova Scotia (excl. IWK)†	1.5	32	of 40	80.0%			8	3 of 12
Nova Scotia (incl. IWK)	1.9	33	of 41	80.5%	12.9%	4 of 30	13.3%	

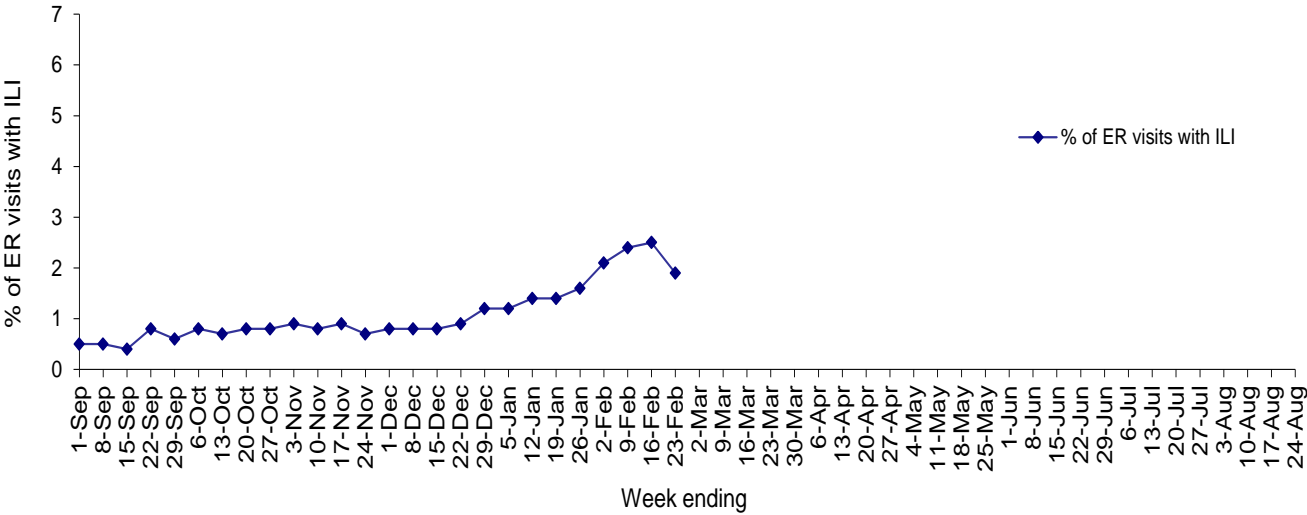
*Flu watch sentinels

†Excludes the children's ER from IWK

RESPIRATORY WATCH

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



RESPIRATORY WATCH

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RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

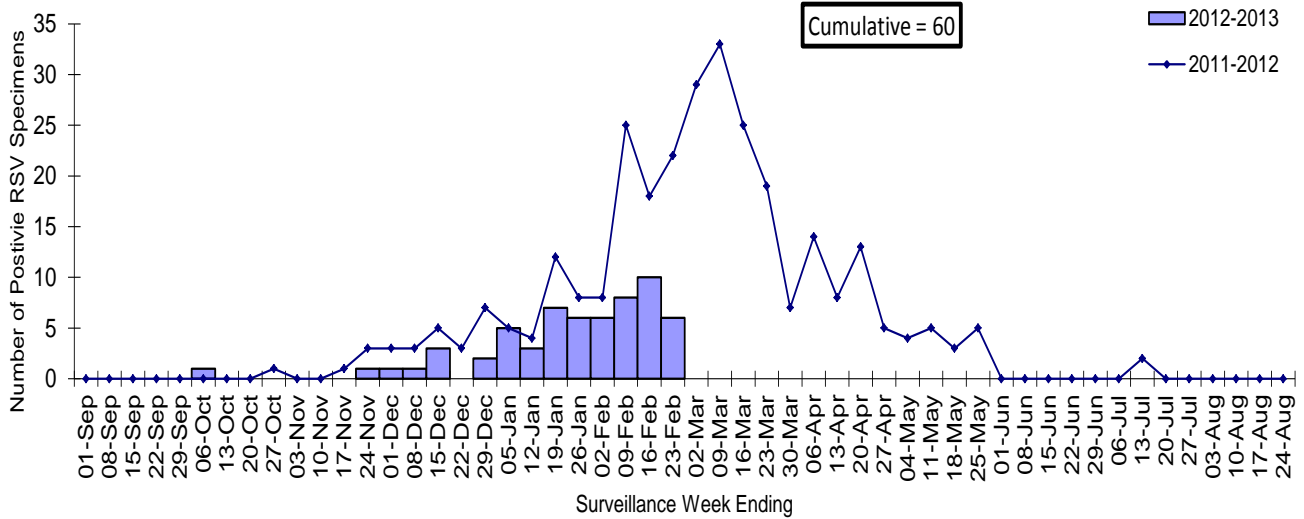
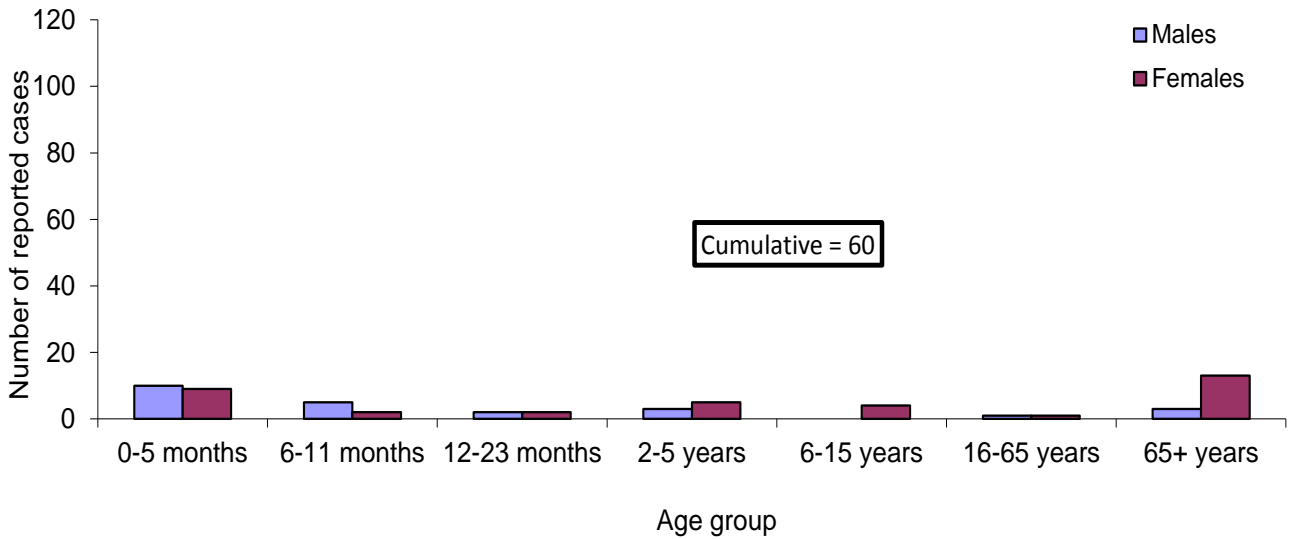


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013



RESPIRATORY WATCH

Week 8 (February 17 to February 23, 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

Number and percent positive for:	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	21	0	0.0	444	0	0.0
Bocavirus	21	1	4.8	444	2	0.5
Chlamydomphila pneumoniae	0	0	-	362	23	6.4
Coronavirus	21	7	33.3	444	23	5.2
Enterovirus	21	0	0.0	444	4	0.9
Metapneumovirus	21	1	4.8	444	9	2.0
Mycoplasma pneumoniae	0	0	-	362	62	17.1
Parainfluenza	21	2	9.5	444	25	5.6
Pertussis	0	0	-	183	14	7.7
Respiratory syncytial virus A	21	0	0.0	404	9	2.2
Respiratory syncytial virus B	21	0	0.0	404	1	0.2
Respiratory syncytial virus not typed	82	6	7.3	802	50	6.2
Rhinovirus	21	0	0.0	444	53	11.9

RESPIRATORY WATCH

Week 8 (February 17 to February 23, 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.

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- 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