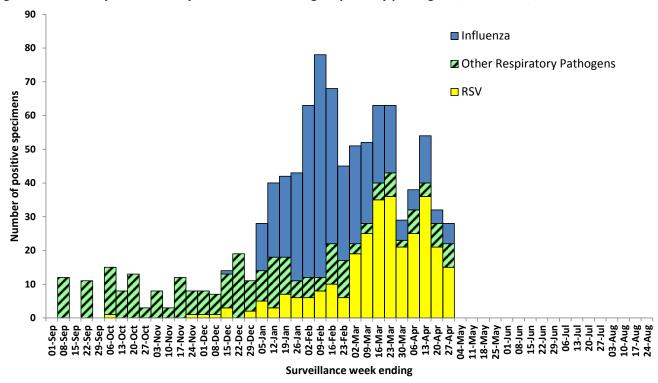


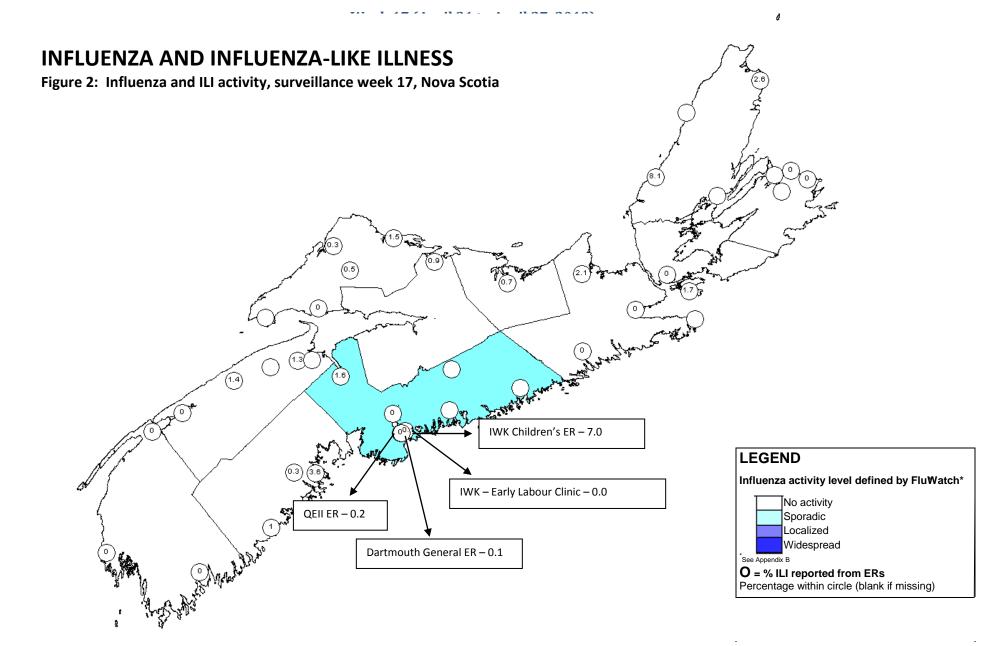
Week 17 (April 21 to April 27, 2013)

Summary of Nova Scotia surveillance findings, for the period ending April 27, 2013:

- Six influenza positive lab results were reported this week.
- Other respiratory pathogen activity continues. Positive results were received for coronavirus, metapneumovirus, parainfluenza and RSV.
- The ILI rate for Nova Scotia for this reporting period was 1.2. Eighty percent of ER sites reported ILI data this week.
- No specimens were submitted through the sentinel swabbing program.
- Sentinel physician data was received from 5 (of 30) physicians.

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





Week 17 (April 21 to April 27, 2013)

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

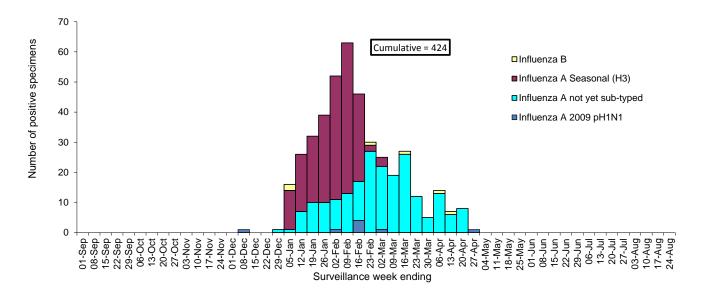
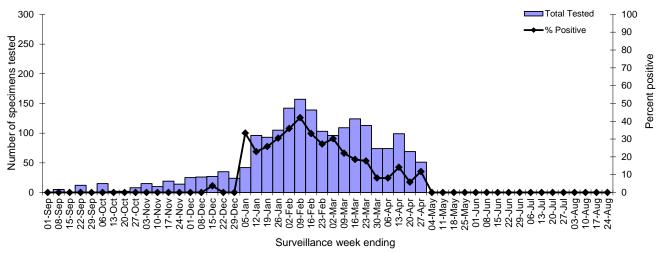


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2012–2013*



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

Week 17 (April 21 to April 27, 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 Scotia
Influenza A 2009 pH1N1										
Current Week	0	0	0	0	0	0	0	0	1	1
Cumulative 2012 - 2013	1	0	0	0	0	0	0	0	7	8
Influenza A (not yet sub-typed)										
Current Week	5	0	0	0	0	0	0	0	3	8
Cumulative 2012 - 2013	34	1	6	6	9	9	6	28	103	202
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	15	4	5	4	4	21	9	32	114	208
Influenza B										
Current Week	0	0	0	0	0	0	0	1	0	1
Cumulative 2012 - 2013	0	0	0	0	0	1	1	2	2	6

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

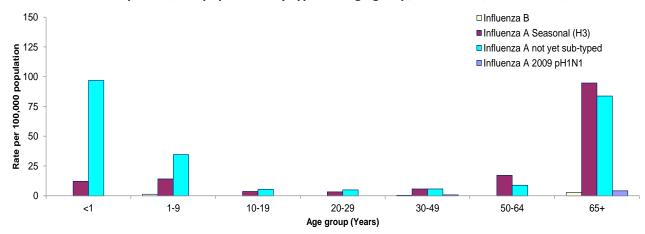
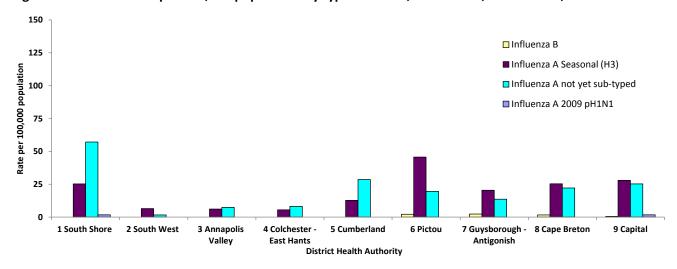


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013



Week 17 (April 21 to April 27, 2013)

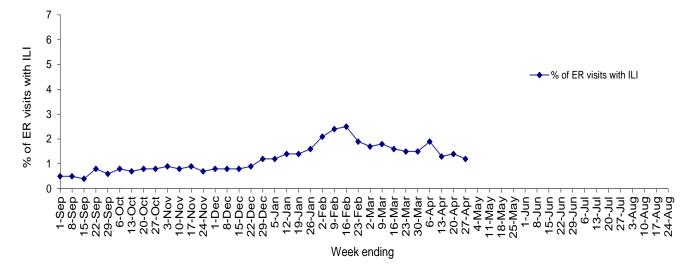
Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, and Sentinel Swabbing Specimen Submissions, Nova Scotia, 2012-2013

	ER	SURVEILLANC	E	SENTINEL SURVEILLANCE*			SENTINEL SWABBING		
	%ILI	Reporting ER	S	%ILI	Reporting Sentinels	# Swabs	Sites Submitting Specimens		
DHA 1	1.4	3 of	3	-	0 of 6	0	0 of 1		
DHA 2	0.0	3 of	3	-	0 of 0	0	0 of 1		
DHA 3	1.2	3 of	5	-	0 of 1	0	0 of 2		
DHA 4	2.9	2 of	2	-	0 of 0	0	0 of 2		
DHA 5	0.5	5 of	5	4.3	1 of 2	0	0 of 1		
DHA 6	0.7	1 of	1	-	0 of 2	0	0 of 1		
DHA 7	1.2	6 of	6	-	0 of 1	0	0 of 2		
DHA 8	1.9	4 of	8	0.0	1 of 4	0	0 of 3		
DHA 9	0.3	5 of	7	5.0	3 of 14				
IWK	5.1	1 of	1						
Nova Scotia (excl. IWK)	0.9	32 of	40 80.0%			0	0 of 12		
Nova Scotia (incl. IWK)	1.2	33 of	41 80.5%	3.8%	5 of 30	<u> </u>	_		

^{*}Fluw atch sentinels

+Excludes the children's ER from IWK

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



Week 17 (April 21 to April 27, 2013)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

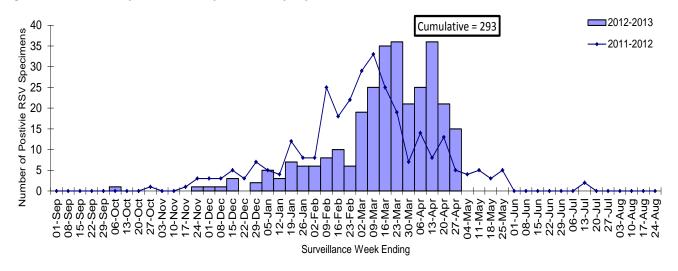
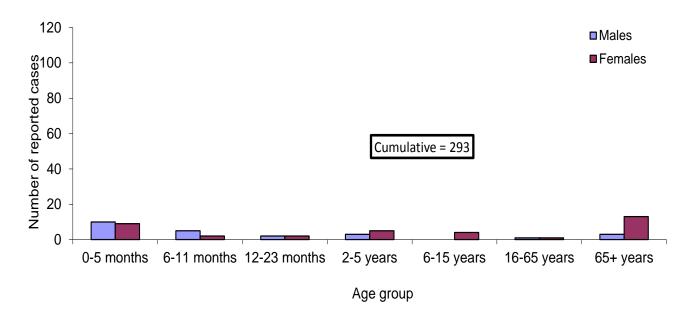


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013



Week 17 (April 21 to April 27, 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 \				Cumulative Season-to-Date	Totals
Number and percent positive for:	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	8	0	0.0	562	0	0.0
Bocavirus	8	0	0.0	562	2	0.4
Chlamydophila pneumoniae	13	0	0.0	502	28	5.6
Coronavirus	8	2	25.0	562	37	6.6
Enterovirus	8	0	0.0	553	4	0.7
Metapneumovirus	8	3	37.5	562	17	3.0
Mycoplasma pneumoniae	13	0	0.0	502	64	12.7
Parainfluenza	8	2	25.0	562	33	5.9
Pertussis	6	0	0.0	250	14	5.6
Respiratory syncytial virus A	8	0	0.0	508	12	2.4
Respiratory syncytial virus B	8	0	0.0	508	4	8.0
Respiratory syncytial virus not typed	44	14	31.8	1579	277	17.5
Rhinovirus	8	0	0.0	562	61	10.9

Week 17 (April 21 to April 27, 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 17 (April 21 to April 27, 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