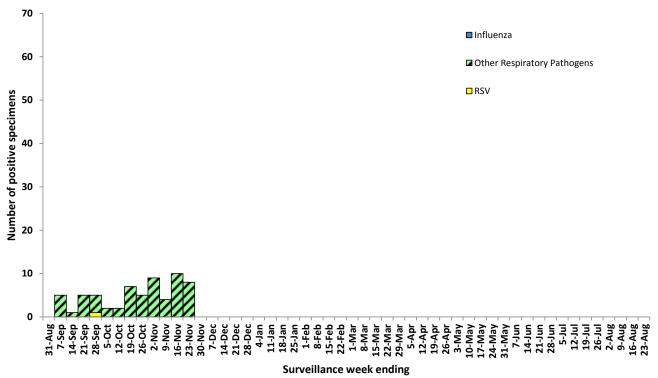


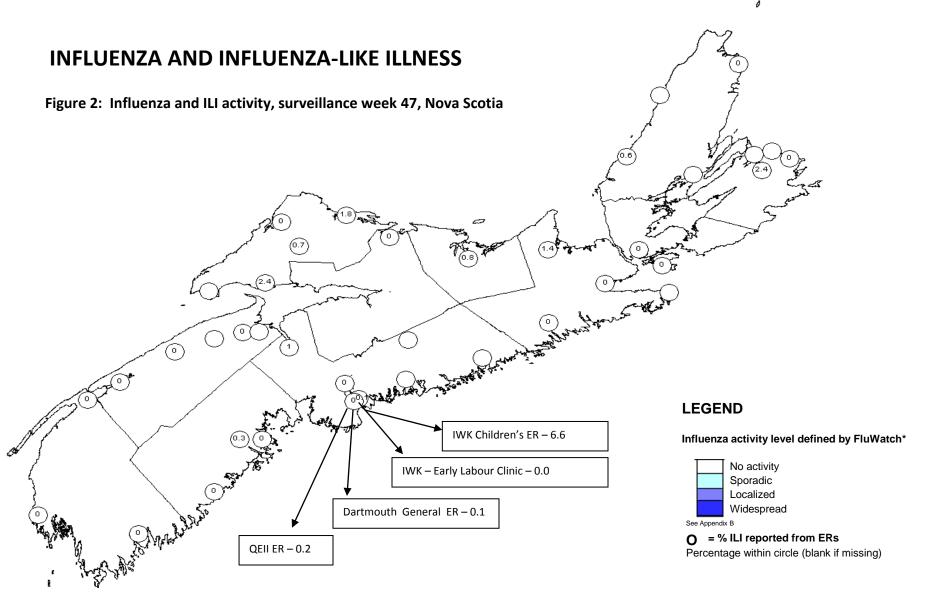
Week 47 (November 17 to November 23, 2013)

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

- There were no laboratory confirmed cases of influenza reported.
- Positive results were received for mycoplasma pneumonia, parainfluenza and rhinovirus.
- The ILI rate for Nova Scotia for this reporting period was 0.8
- Eighty percent of emergency departments reported ILI rates for this reporting week.

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2013–2014





Week 47 (November 17 to November 23, 2013)

Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2013–2014

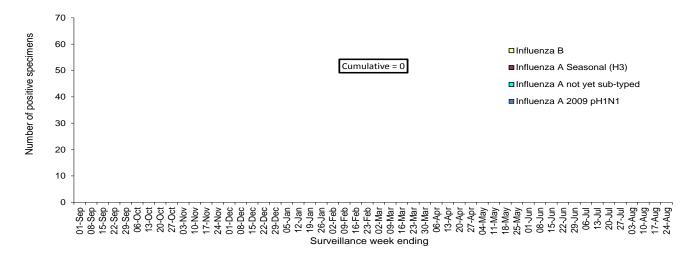
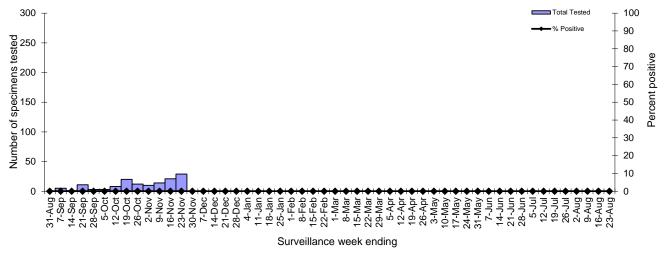


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2013–2014*



^{*}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, 2013–2014

	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	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0
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	0	0

Week 47 (November 17 to November 23, 2013)

Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2013–2014

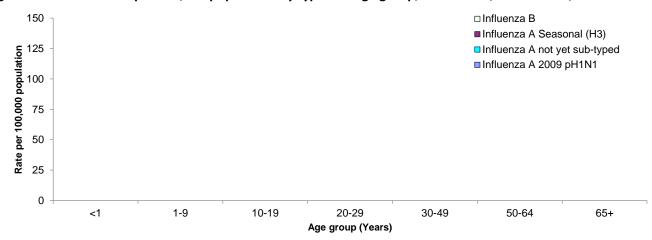


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2013–2014

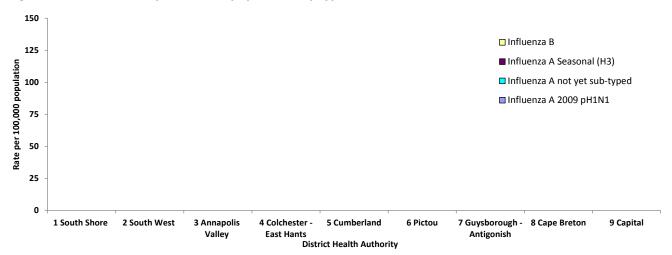


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia, 2013-2014

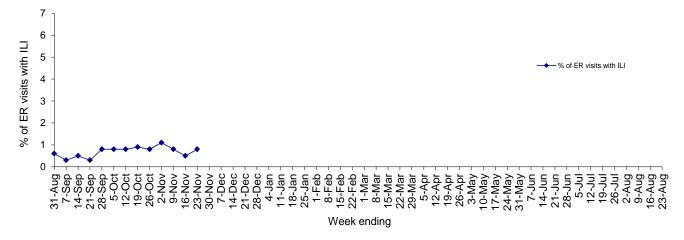
	ER SURVEILLANCE			SENTINEL SURVEILLANCE				
	%ILI	Reporting ERs			%ILI	Reporting Sentinels		
DHA 1	0.1	3	of 3		0.0	2 of 3		
DHA 2	0.0	3	of 3		_	0 of 0		
DHA 3	0.0	3	of 5		0.0	1 of 3		
DHA 4	1.8	2	of 2		_	0 of 1		
DHA 5	0.7	5	of 5		0.0	1 of 1		
DHA 6	0.8	1	of 1		_	0 of 2		
DHA 7	0.7	6	of 6		0.0	1 of 4		
DHA 8	1.4	4	of 8		0.0	1 of 5		
DHA 9	0.2	5	of 7		0.0	2 of 15		
IWK	5.0	1	of 1					
Nova Scotia (excl. IWK)	0.5		32 of 40	80.0%				
Nova Scotia (incl. IWK)	0.8		33 of 41	80.5%		8 of 34 26.7%		

^{*}Fluw atch sentinels

†Excludes the children's ER from IWK

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Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2013–2014



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RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2013–2014

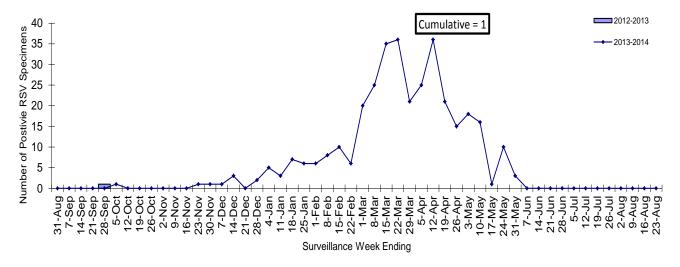


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2013-2014



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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, 2013–2014

		Surveillance \	Week	Cumulative		
					Season-to-Date	Totals
Number and percent positive for:	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	29	0	0.0	127	1	0.8
Bocavirus	29	0	0.0	127	0	0.0
Chlamydophila pneumoniae	17	0	0.0	122	1	0.8
Coronavirus	29	0	0.0	127	0	0.0
Enterovirus	29	0	0.0	127	0	0.0
Metapneumovirus	29	0	0.0	127	0	0.0
Mycoplasma pneumoniae	17	3	17.6	122	18	14.8
Parainfluenza	29	3	10.3	127	10	7.9
Pertussis	3	0	0.0	37	2	5.4
Respiratory syncytial virus A	29	0	0.0	127	0	0.0
Respiratory syncytial virus B	29	0	0.0	127	0	0.0
Respiratory syncytial virus not typed	0	0	0.0	59	1	1.7
Rhinovirus	29	2	6.9	127	30	23.6

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APPENDIX: Definitions used in Influenza Surveillance, 2013-2014

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