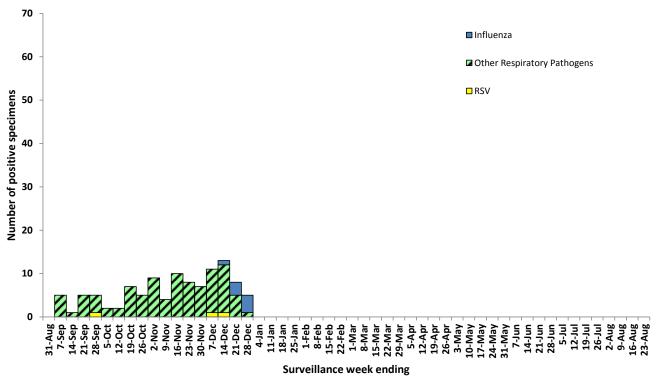


Week 52 (December 22 to December 28, 2013)

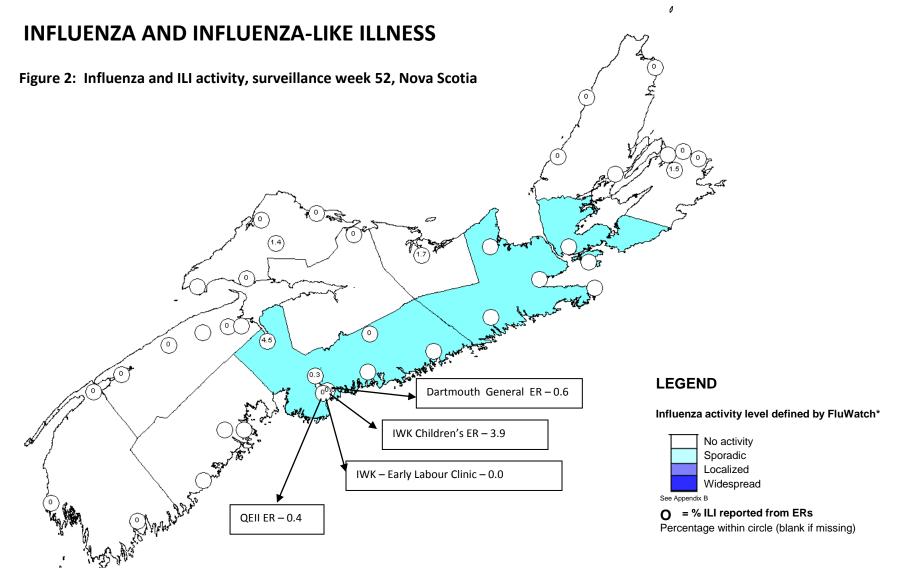
Summary of Nova Scotia surveillance findings, for the period ending December 28, 2013:

- As of the week ending December 28, 2013 there have been a total of 9 cases of influenza reported.
- Positive results were received for rhinovirus. (This week's laboratory reporting does not include IWK and DHA 3)
- The ILI rate (% of ER visits) for Nova Scotia for this reporting period was 0.9
- Sixty-one 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 52 (December 22 to December 28, 2013)



Week 52 (December 22 to December 28, 2013)

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

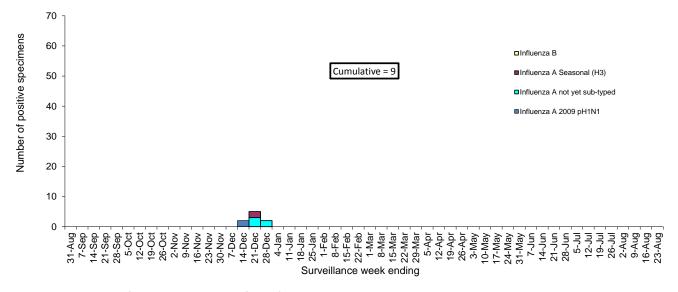
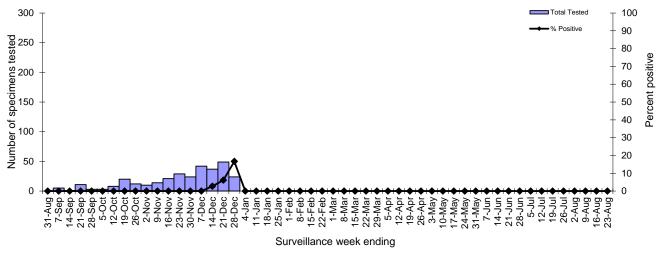


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2013–2014*



^{*}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 Scoti
Influenza A 2009 pH1N1										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2013 - 2014	0	0	1	0	0	0	0	0	1	2
Influenza A (not yet sub-typed)										
Current Week	0	0	0	0	0	0	1	0	1	2
Cumulative 2013 - 2014	0	0	0	0	0	0	1	0	4	5
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2013 - 2014	0	0	1	0	0	0	0	0	1	2
Influenza B										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2013 - 2014	0	0	0	0	0	0	0	0	0	0

Week 52 (December 22 to December 28, 2013)

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

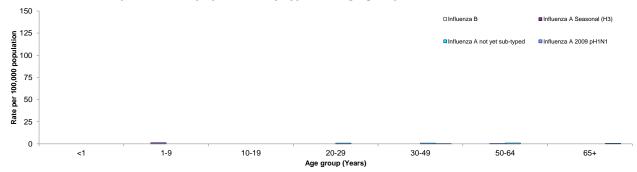


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2013–2014



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

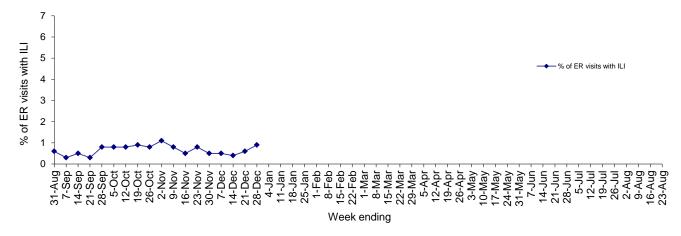
	ER SURVEILLANCE			SENTINEL SURVEILLAND			
	%ILI	Reporting ERs			%ILI	Reporting Sentinels	
DHA 1		0	of 3		0.04	1 of 6	
DHA 2	0.0	3	of 3		-	0 of 0	
DHA 3	0.0	3	of 5		-	0 of 1	
DHA 4	2.2	2	of 2		-	0 of 0	
DHA 5	0.3	4	of 5		-	0 of 2	
DHA 6	1.7	1	of 1		-	0 of 2	
DHA 7		0	of 6		-	0 of 1	
DHA 8	0.7	6	of 8		0.0	1 of 4	
DHA 9	0.9	5	of 7		0.0	1 of 14	
IWK	2.8	1	of 1				
Nova Scotia (excl. IWK)	0.7	2	24 of 40	60.0%			
Nova Scotia (incl. IWK)	0.9	2	25 of 41	61.0%		3 of 30 10.0%	

^{*}Fluw atch sentinels

†Excludes the children's ER from IWK

Week 52 (December 22 to December 28, 2013)

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



RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

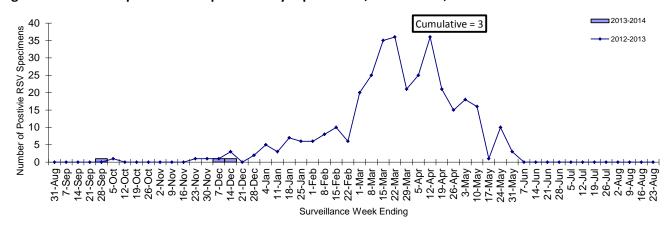
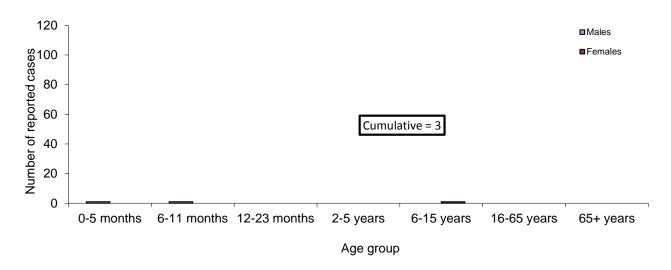


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2013-2014



Week 52 (December 22 to December 28, 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, 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	10	0	0.0	272	1	0.4	
Bocavirus	10	0	0.0	272	0	0.0	
Chlamydophila pneumoniae				174	2	1.1	
Coronavirus	10	0	0.0	272	0	0.0	
Enterovirus	10	0	0.0	272	0	0.0	
Metapneumovirus	10	0	0.0	272	1	0.4	
Mycoplasma pneumoniae				174	27	15.5	
Parainfluenza	10	0	0.0	272	24	8.8	
Pertussis				51	2	3.9	
Respiratory syncytial virus A	10	0	0.0	272	0	0.0	
Respiratory syncytial virus B	10	0	0.0	272	0	0.0	
Respiratory syncytial virus not typed	9	0	0.0	92	3	3.3	
Rhinovirus	10	1	10.0	272	39	14.3	

This week's laboratory reporting does not include data from IWK or DHA 3

Week 52 (December 22 to December 28, 2013)

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.

Week 52 (December 22 to December 28, 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