

## Summary of Nova Scotia surveillance findings, for the period ending February 7, 2015:

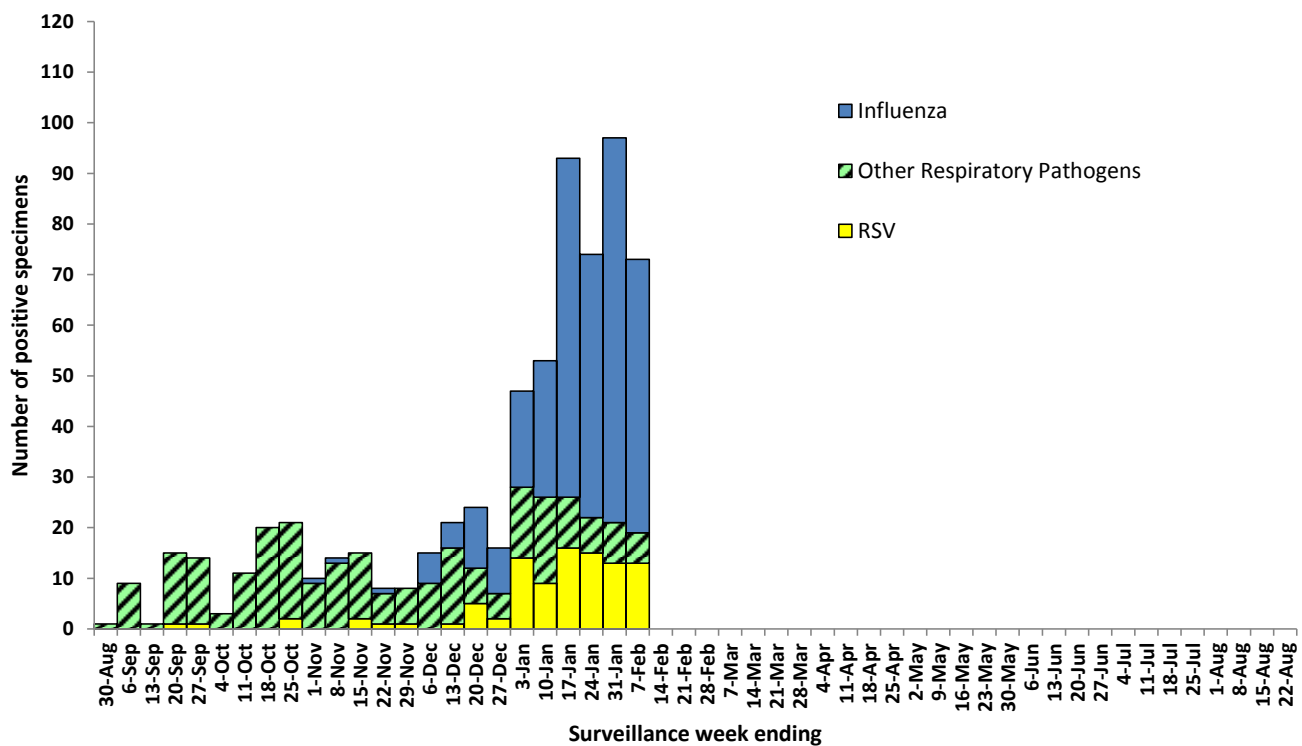
- There were 44 positive influenza cases received this week, 40 influenza A unsubtype and 4 influenza B. There have been 338 lab confirmed\* cases of influenza this season (169 influenza A H3, 141 influenza A (unsubtyped) and 28 influenza B).
- There have been 12 ICU admissions of laboratory confirmed influenza for the 2014-2015 influenza season.
- There have been 14 influenza deaths\*\* for the 2014-2015 influenza season.
- Positive results were received for coronavirus, human metapneumovirus, RSV, and rhinovirus.
- The ILI rate for Nova Scotia for this reporting period was 2.4.
- Ninety four percent of emergency departments reported ILI data.

\*Lab confirmed cases of influenza are only the 'tip of the iceberg', representing a fraction of individuals infected. Laboratory testing is reserved for patients admitted to hospital with respiratory infection. Because we do not routinely test community specimens, the number of laboratory confirmed cases is an underestimation of the true number of infections.

\*\*Deaths include individuals with a positive influenza test result. For some individuals with pre-existing conditions, influenza may not have been the major contributing cause of death or hospitalization.

**NOTE:** The 2014-2015 influenza season is defined using the Public Health Agency of Canada's influenza surveillance weeks. This year runs from August 24, 2014 (Week 35) to August 29, 2015 (week 34)

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2014–2015



This figure is based on laboratory information. All other figures and tables in this report are based on ANDS data.

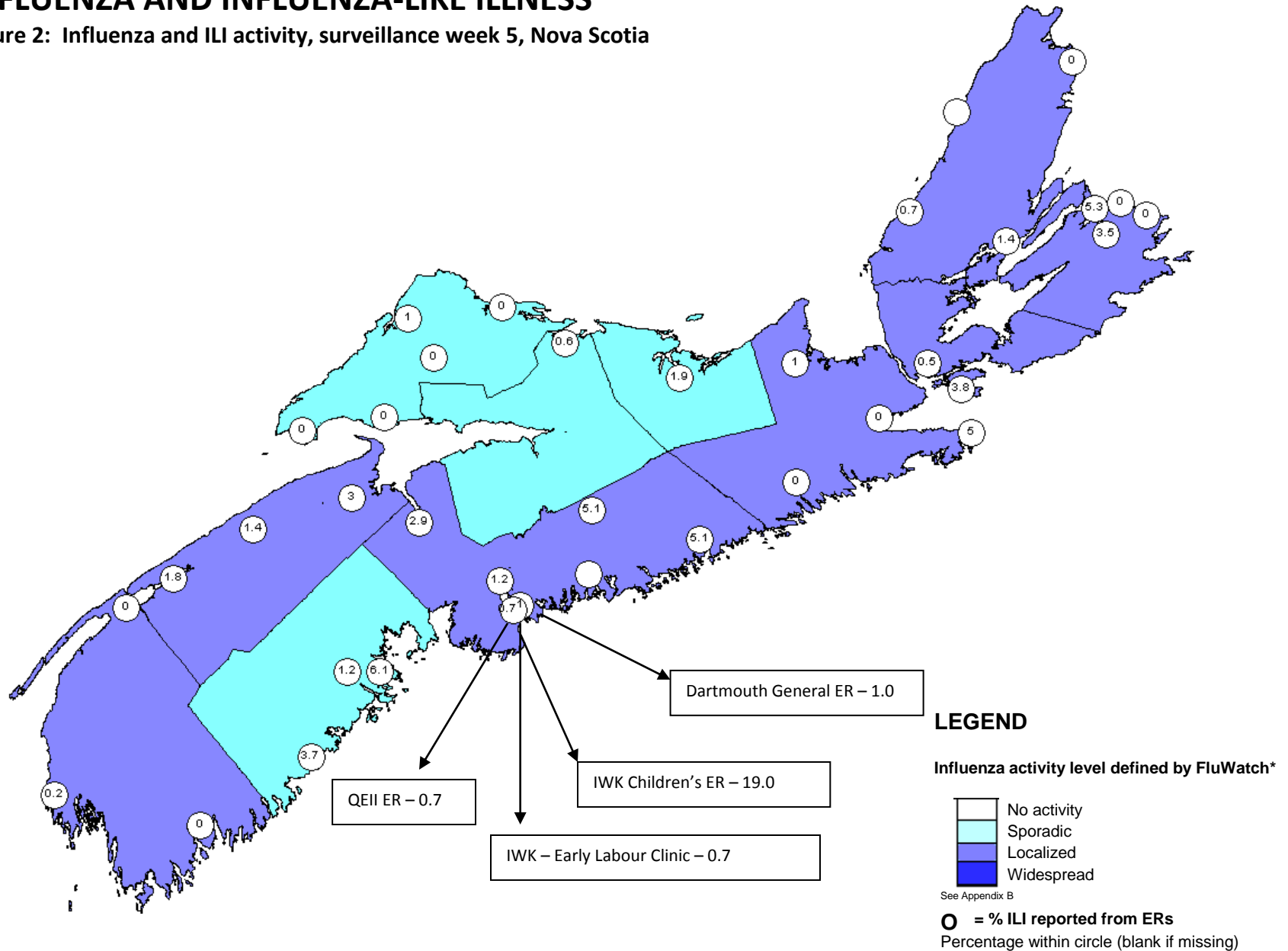


# RESPIRATORY WATCH

Week 5 (February 1 to February 7, 2015)

## INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 5, Nova Scotia



# RESPIRATORY WATCH

Week 5 (February 1 to February 7, 2015)

Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2014–2015

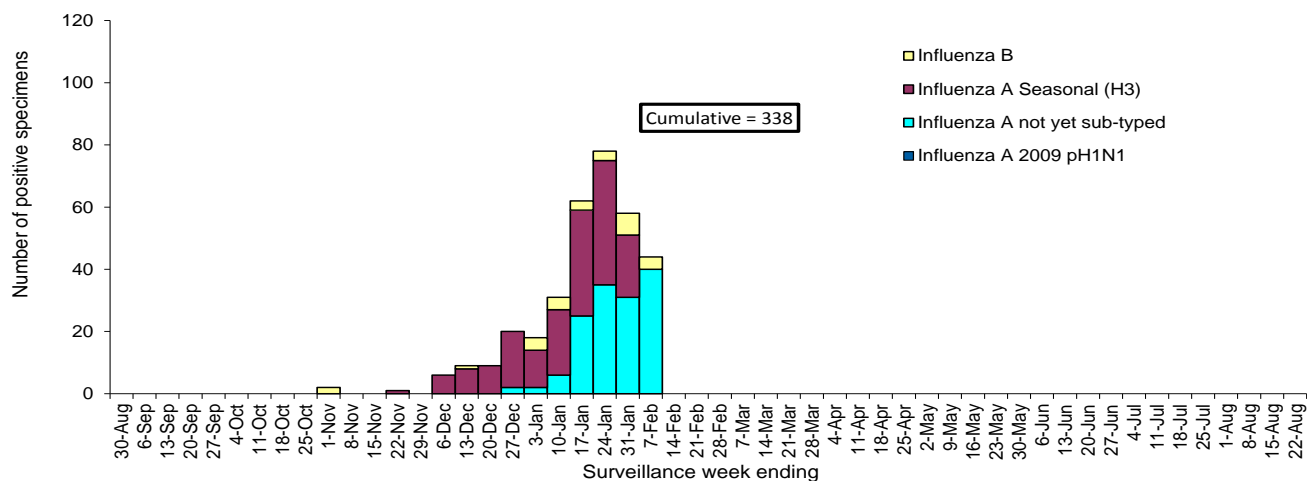
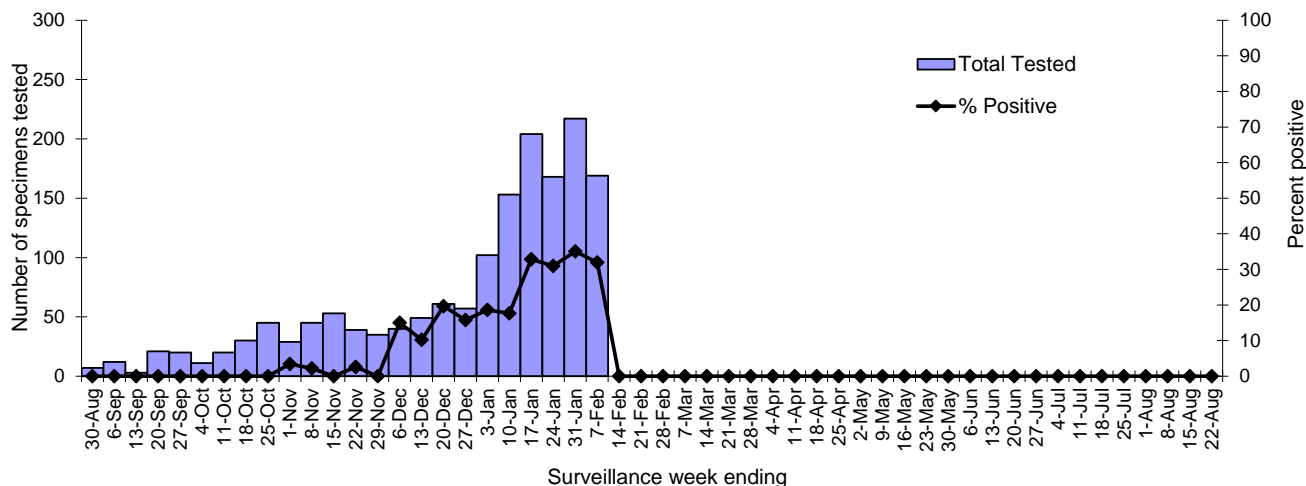


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2014–2015\*



\*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, 2014–2015

	DHA 1	DHA 2	DHA 3	DHA 4	DHA 5	DHA 6	DHA 7	DHA 8	DHA 9	Nova Scotia
<b>Influenza A 2009 pH1N1</b>										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2014 - 2015	0	0	0	0	0	0	0	0	0	0
<b>Influenza A (not yet sub-typed)</b>										
Current Week	0	1	3	0	1	3	2	9	21	40
Cumulative 2014 - 2015	4	4	7	2	1	6	4	54	59	141
<b>Influenza A Seasonal (H3)</b>										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2014 - 2015	13	0	17	1	2	14	17	1	104	169
<b>Influenza B</b>										
Current Week	1	0	0	1	0	0	0	0	2	4
Cumulative 2014 - 2015	2	0	1	1	1	0	0	8	15	28

# RESPIRATORY WATCH

Week 5 (February 1 to February 7, 2015)

Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2014–2015

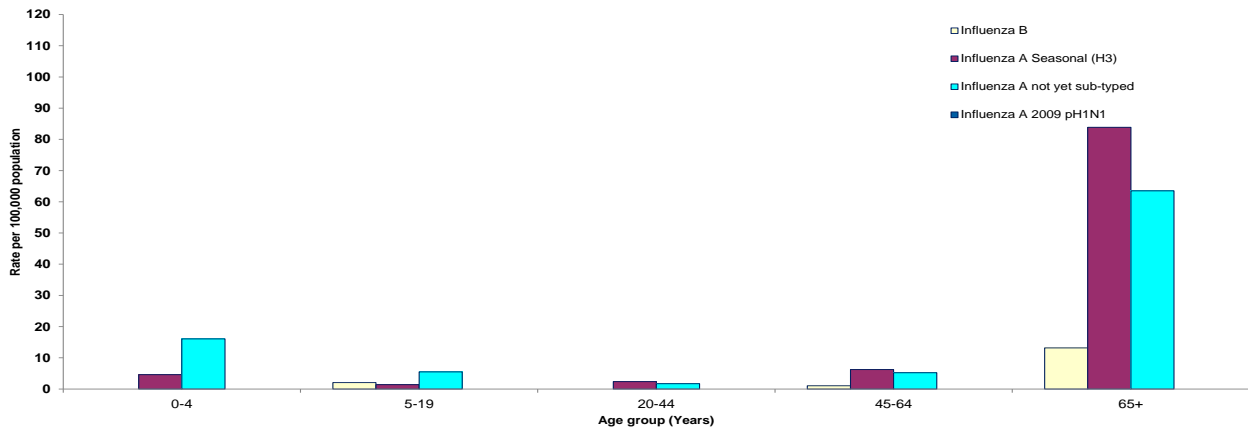


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2014–2015

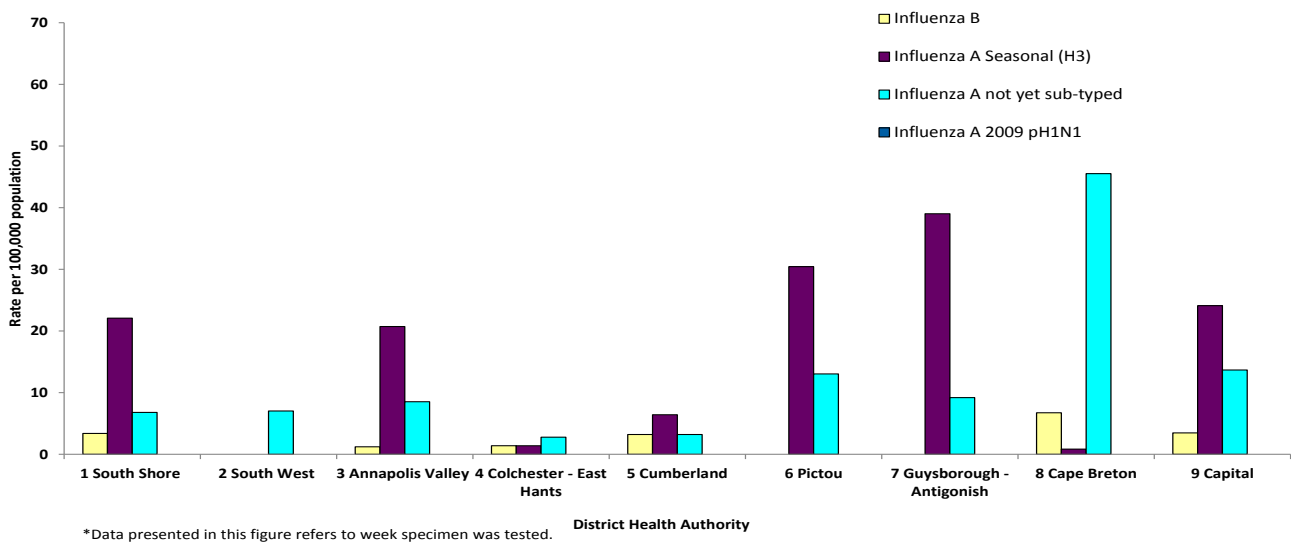


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia, 2014-2015

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs	%ILI	Reporting Sentinels
DHA 1	3.1	3 of 3	-	0 of 3
DHA 2	0.1	3 of 3	-	0 of 0
DHA 3	2.3	3 of 3	-	0 of 3
DHA 4	0.8	2 of 2	-	0 of 1
DHA 5	0.5	5 of 5	-	0 of 1
DHA 6	1.9	1 of 1	-	0 of 2
DHA 7	1.0	6 of 6	-	0 of 4
DHA 8	1.8	7 of 8	-	0 of 5
DHA 9	1.2	6 of 7	3.9	1 of 15
IWK	15.4	1 of 1		
<b>Nova Scotia (excl. IWK)</b>	<b>1.3</b>	<b>36 of 38</b>	<b>94.7%</b>	
<b>Nova Scotia (incl. IWK)</b>	<b>2.4</b>	<b>37 of 39</b>	<b>94.9%</b>	<b>1 of 34</b>

\*Flu watch sentinels

†Excludes the children's ER from IWK

# RESPIRATORY WATCH

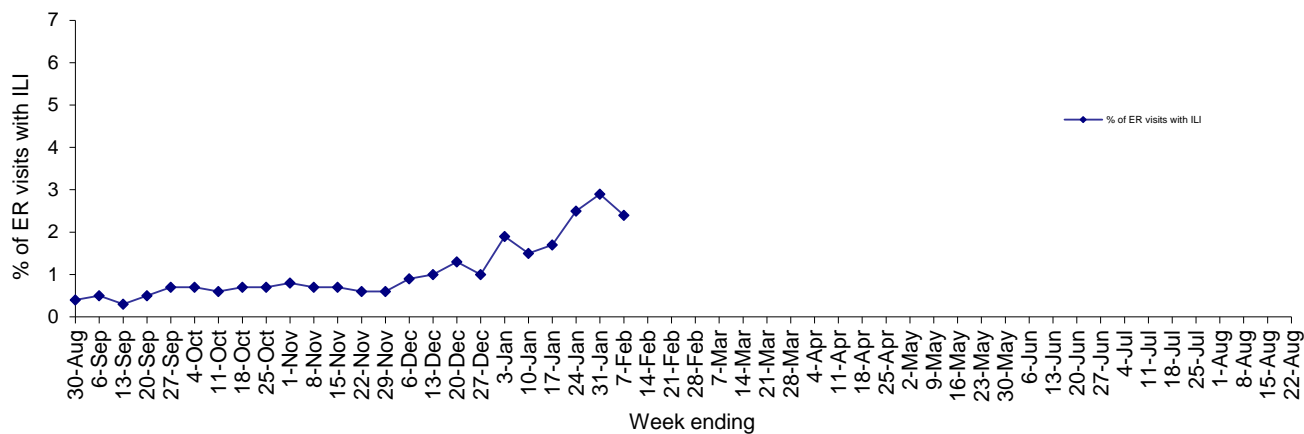
Week 5 (February 1 to February 7, 2015)

Table 3: Hospitalizations, ICU Admissions and Deaths for influenza positive patients, Nova Scotia, 2014-2015

	Hospitalized*	ICU	Death
<b>Influenza A 2009 pH1N1</b>			
Current Week	0	0	0
Cumulative 2014 - 2015	0	0	0
<b>Influenza A (not yet sub-typed)</b>			
Current Week	14	1	2
Cumulative 2014 - 2015	63	4	6
<b>Influenza A Seasonal (H3)</b>			
Current Week	0	0	0
Cumulative 2014 - 2015	89	7	8
<b>Influenza B</b>			
Current Week	3	0	0
Cumulative 2014 - 2015	22	1	0
<b>Current Week Total</b>			
	<b>17</b>	<b>1</b>	<b>2</b>
<b>Season Total</b>			
	<b>174</b>	<b>12</b>	<b>14</b>

\* Note: Hospitalized cases exclude ICU admissions

Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2014–2015



# RESPIRATORY WATCH

Week 5 (February 1 to February 7, 2015)

## RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2014–2015

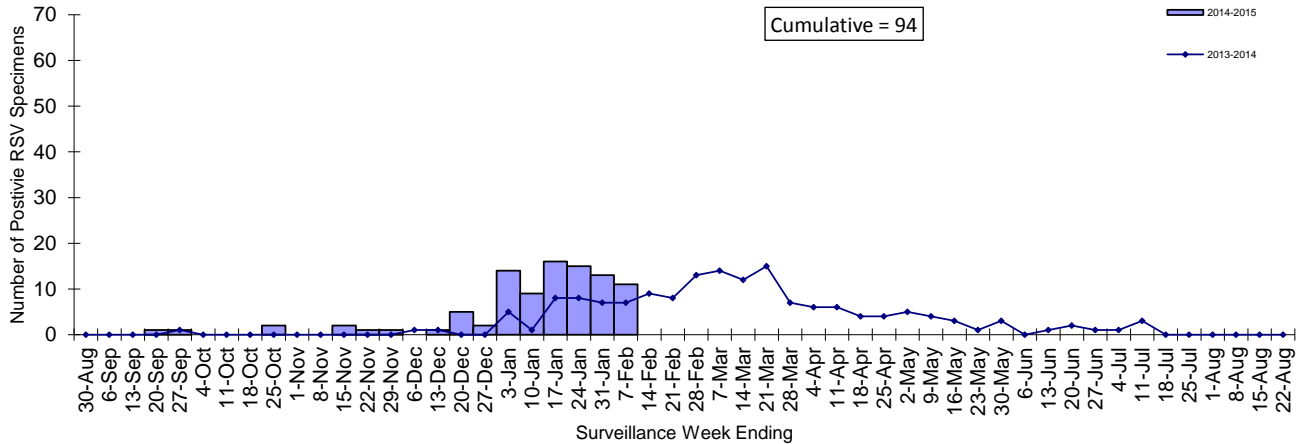
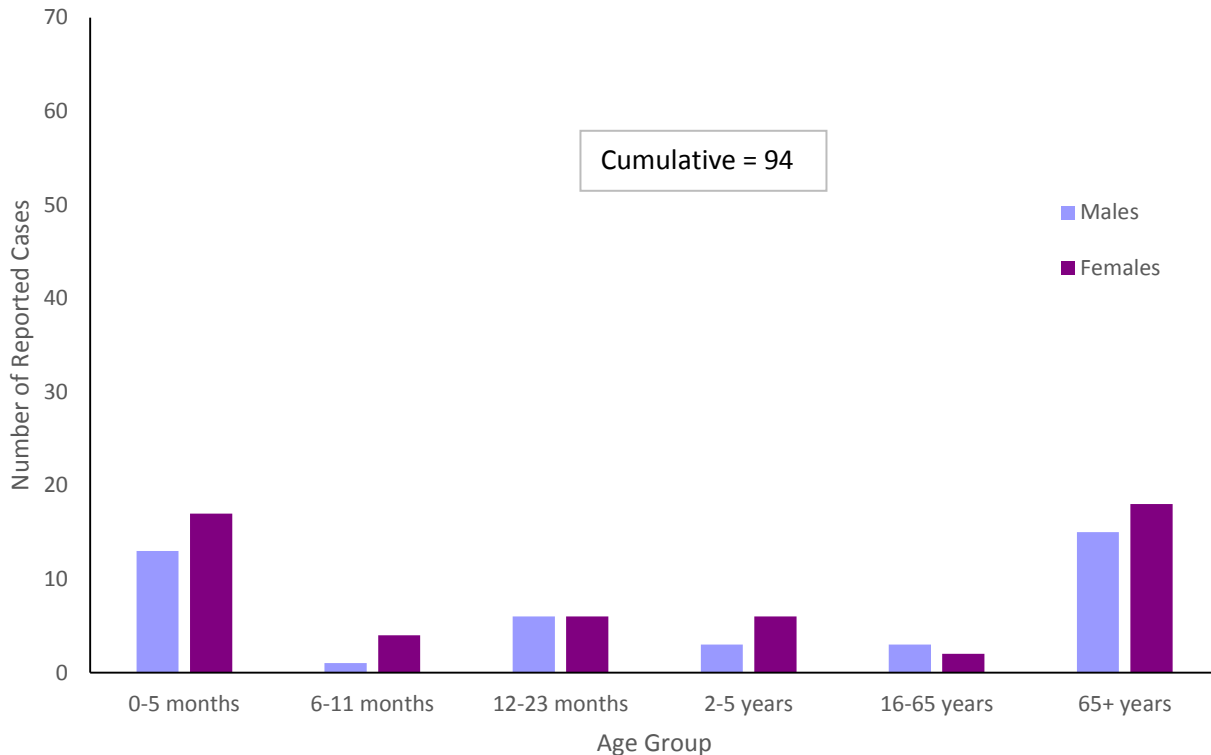


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2014-2015



# RESPIRATORY WATCH

Week 5 (February 1 to February 7, 2015)

## OTHER RESPIRATORY PATHOGENS

Table 4: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2014–2015

Number and percent positive for:	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	36	0	0.0	585	11	1.9
Bocavirus	36	0	0.0	585	0	0.0
Chlamydomphila pneumoniae	-	-	-	444	0	0.0
Coronavirus	36	2	5.6	585	11	1.9
Enterovirus	36	0	0.0	585	2	0.3
Metapneumovirus	36	1	2.8	585	1	0.2
Mycoplasma pneumoniae	-	-	-	443	55	12.4
Parainfluenza	36	0	0.0	585	43	7.4
Pertussis	-	-	-	207	7	3.4
Respiratory syncytial virus A	36	0	0.0	609	0	0.0
Respiratory syncytial virus B	36	2	5.6	609	7	1.1
Respiratory syncytial virus not typed	118	11	0.0	927	89	9.6
Rhinovirus	36	3	8.3	585	98	16.8

# RESPIRATORY WATCH

Week 5 (February 1 to February 7, 2015)

## APPENDIX: Definitions used in Influenza Surveillance, 2014-2015

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:**

- |                         |                                                                                                                                                                                                                                                                                        |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 = No activity:</b> | i.e. no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI* may be reported                                                                                                                                                          |
| <b>2 = Sporadic:</b>    | sporadically occurring ILI* and lab confirmed influenza detection(s) with <b>no outbreaks</b> detected within the influenza surveillance region†                                                                                                                                       |
| <b>3 = Localized:</b>   | (1) evidence of increased ILI* and<br>(2) lab confirmed influenza detection(s) together with<br>(3) outbreaks in schools, hospitals, residential institutions and/or other types of facilities occurring in <b>less than 50% of the influenza surveillance region</b> †                |
| <b>4 = Widespread:</b>  | (1) evidence of increased ILI* and<br>(2) lab confirmed influenza detection(s) together with<br>(3) outbreaks in schools, hospitals, residential institutions and/or other types of facilities occurring in <b>greater than or equal to 50% of the influenza surveillance region</b> † |

\* 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.



# RESPIRATORY WATCH

Week 5 (February 1 to February 7, 2015)

- 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