

RESPIRATORY WATCH

Weeks 43 (October 23 to October 29, 2016)*

IN SUMMARY...

Ac	tivity levels**
•	All Zones are reporting no activity.
La	boratory-confirmed cases***
•	There were no influenza cases reported during week 43. There has been 1 lab confirmed case of Influenza reported during the 2016-2017 influenza season. Positive test results were received for parainfluenza.
Se	verity
•	There have been no ICU admissions and no influenza deaths*** of laboratory confirmed influenza during the 2016-2017 influenza season.
Sy	ndromic surveillance
•	The average ILI rate for Nova Scotia during this reporting period was 0.6. 100% of emergency rooms reported ILI data during this reporting period.

Notes: *Reporting weeks run from Sunday to Saturday. The 2016-2017 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 28, 2016 (Week 35) to August 26, 2017 (Week 34);

**Activity level data is obtained from CNPHI, see appendix for definitions;

***Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.

LABORATORY-CONFIRMED INFLUENZA CASES

Figure 1: Number of laboratory confirmed influenza cases by report week, 2016-2017 season, with trend-line comparison to 2015-2016 season, Nova Scotia.

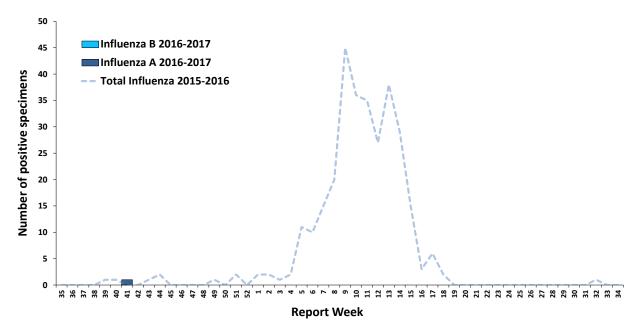


 Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2016-2017 season in Nova Scotia.

ZONE	CURRENT WEEK			CUMULATIVE 2016-2017		
ZONE	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	0	0	0	0	0	0
Northern	0	0	0	0	0	0
Eastern	0	0	0	0	0	0
Central	1	1	0	1	1	0
Nova Scotia Total	1	1	0	1	1	0

 Table 2: Number of laboratory-confirmed influenza cases by age group, current week and cumulative 2016-2017 season in Nova Scotia.

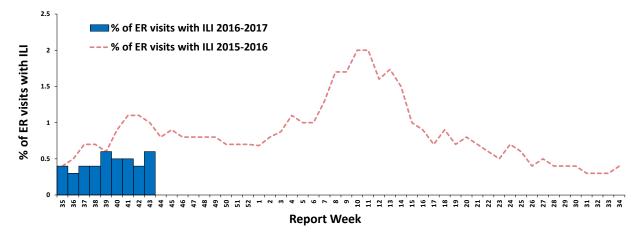
AGE	CURRENT WEEK			CUMULATIVE 2016-2017		
AGE	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	0	0	0
5-19	0	0	0	0	0	0
20-44	0	0	0	0	0	0
45-64	0	0	0	0	0	0
65+	1	1	0	1	1	0
Nova Scotia Total	1	1	0	1	1	0

Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2016-2017 season, Nova Scotia.

OUTCOME		CURRENT WEEK			CUMULATIVE 2016-2017		
OUTCOME	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B	
Hospitalized	1	1	0	1	1	0	
Hospitalized - ICU	0	0	0	0	0	0	
Deceased*	0	0	0	0	0	0	
Nova Scotia Total	1	1	0	1	1	0	

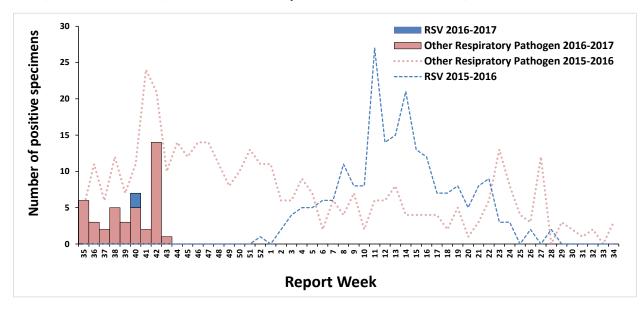
SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency room visits due to ILI by report week, 2016-2017 season, with trend-line comparison to 2015-2016 season, Nova Scotia.



OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for other respiratory pathogens* and RSV by report week, 2016-2017 season, with trend-line comparison to 2015-2016 season, Nova Scotia.



* Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydophila pneumonia, Coronovirus, Enterovirus, Metapneumovirus, Mycoplasma pneumoniae, Parainfluenza, Pertussis, Rhinovirus. Note that data for this figure is obtained from provincial laboratories.

AGE GROUP	RSV CUMULATIVE 2016-2017
0-5 months	1
6-11 months	1
12-23 months	0
2-5 years	0
6-15 years	0
16-65 years	0
65+ years	0
Nova Scotia Total	2

Table 4: Number of positive RSV specimens by age group, 2016-2017 season, Nova Scotia.

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2016–2017.

PATHOGEN	CURRENT WEEK (n positive)	CUMULATIVE 2016-2017
Adenovirus	0	0
Bocavirus	0	0
Chlamydophila pneumoniae	0	4
Coronavirus	0	0
Enterovirus	0	5
Metapneumovirus	0	0
Mycoplasma pneumoniae	0	7
Parainfluenza	1	2
Pertussis	0	8
Respiratory Syncytial Virus	0	2
Rhinovirus	0	13

APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2016-2017

ACRONYM LIST

CNPHI Canadian Network for Public Health Intelligence

- ICU Intensive care unit
- ILI Influenza-like illness
- **RSV** Respiratory syncytial virus

ILI CASE DEFINITION

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.

NATIONAL FLUWATCH DEFINITIONS FOR INFLUENZA ACTIVITY LEVELS

No activity	No laboratory-confirmed influenza detections in the reporting week, however,					
	sporadically occurring ILI* may be reported					
Sporadic	Sporadically occurring ILI* and lab confirmed influenza detection(s) with no					
	outbreaks detected within the influenza surveillance region					
Localized	(1) Evidence of increased ILI* and					
	(2) lab confirmed influenza detection(s) together with					
	(3) outbreaks occurring in schools, hospitals, residential institutions and/or					
	other types of facilities occurring in less than 50% of the influenza					
	surveillance region					
Widespread	(1) Evidence of increased ILI* and					
	(2) lab confirmed influenza detection(s) together with					
	(3) outbreaks occurring in schools, hospitals, residential institutions and/or					
	other types of facilities occurring in greater than or equal to 50% of the					
	influenza surveillance region					

LINKS TO OTHER WEEKLY INFLUENZA REPORTING BODIES

Canada: <u>http://www.phac-aspc.gc.ca/fluwatch/</u> World:<u>https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillanc</u> <u>e/en/index.html</u> US: <u>www.cdc.gov/flu/weekly</u>