

## IN SUMMARY...

<b>Activity levels**</b>
<ul style="list-style-type: none"> <li>• Eastern and Central Zone have sporadic activity. Northern and Western Zones have no activity.</li> <li>• There are no influenza outbreaks being reported this week and no schools have reported an increased absenteeism rate.</li> </ul>
<b>Laboratory-confirmed cases***</b>
<ul style="list-style-type: none"> <li>• There were 2 influenza A and 0 influenza B cases reported this week. There have been 748 laboratory confirmed cases of Influenza A and 17 laboratory confirmed cases of Influenza B reported during the 2018-2019 influenza season.</li> <li>• Positive test results were received for Mycoplasma Pneumoniae, Parainfluenza, Rhinovirus and RSV.</li> </ul>
<b>Severity</b>
<ul style="list-style-type: none"> <li>• There have been 69 ICU admissions in adults and 5 ICU admission in children (age group 0-19 years). There have been 54 deaths*** of laboratory confirmed influenza during the 2018-2019 influenza season. All deaths have been in adults.</li> </ul>
<b>Syndromic surveillance</b>
<ul style="list-style-type: none"> <li>• The average ILI rate for Nova Scotia during this reporting period was 0.6.</li> <li>• <b>82.5%</b> of emergency rooms reported ILI data during this reporting period. Eastern Memorial Hospital, Guysborough Memorial Hospital, Northside General Hospital, St. Anne's, St. Martha's Regional Hospital, St. Mary's Regional Hospital and Strait Richmond Hospital and did not report this week.</li> </ul>

Notes: \*Reporting weeks run from Sunday to Saturday. The 2018-2019 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 26, 2018 (Week 35) to August 28, 2019 (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, 2018-2019 season, with trend-line comparison to 2017-2018 season, Nova Scotia

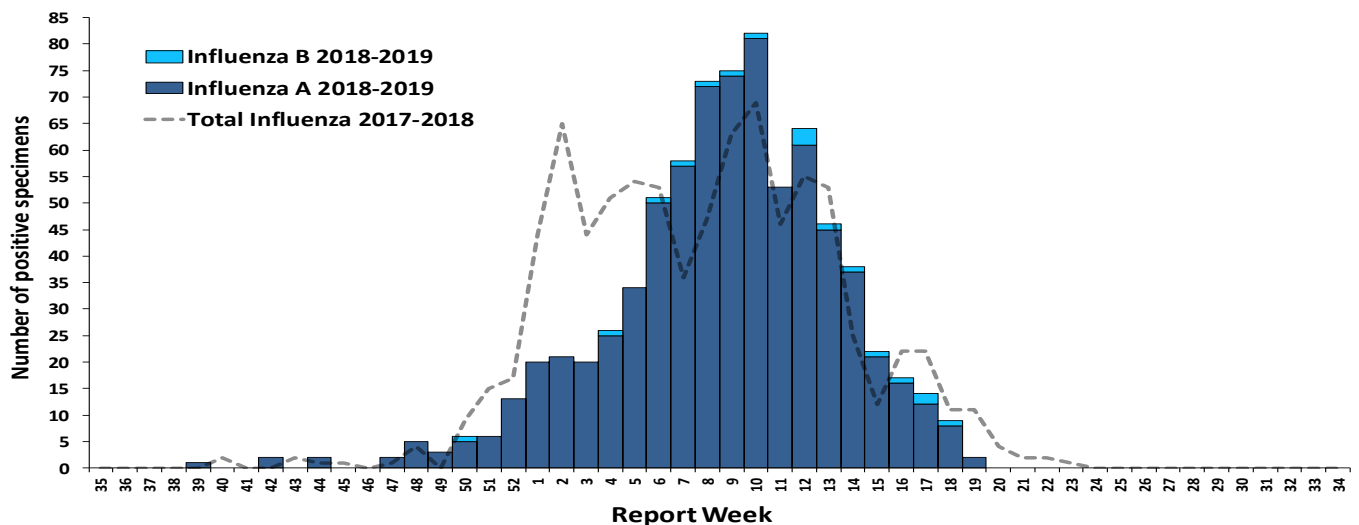


Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2018-2019 season in Nova Scotia

ZONE	CURRENT WEEK			CUMULATIVE 2018-2019		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	0	0	0	136	136	0
Northern	0	0	0	120	118	2
Eastern	1	1	0	146	145	1
Central	1	1	0	363	349	14
<b>Nova Scotia Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>765</b>	<b>748</b>	<b>17</b>

Table 2: Number of laboratory-confirmed influenza cases by age group, current week and cumulative 2018-2019 season in Nova Scotia

AGE	CURRENT WEEK			CUMULATIVE 2018-2019		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	71	69	2
5-19	1	1	0	73	70	3
20-44	0	0	0	102	97	5
45-64	0	0	0	177	175	2
65+	1	1	0	342	337	5
<b>Nova Scotia Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>765</b>	<b>748</b>	<b>17</b>

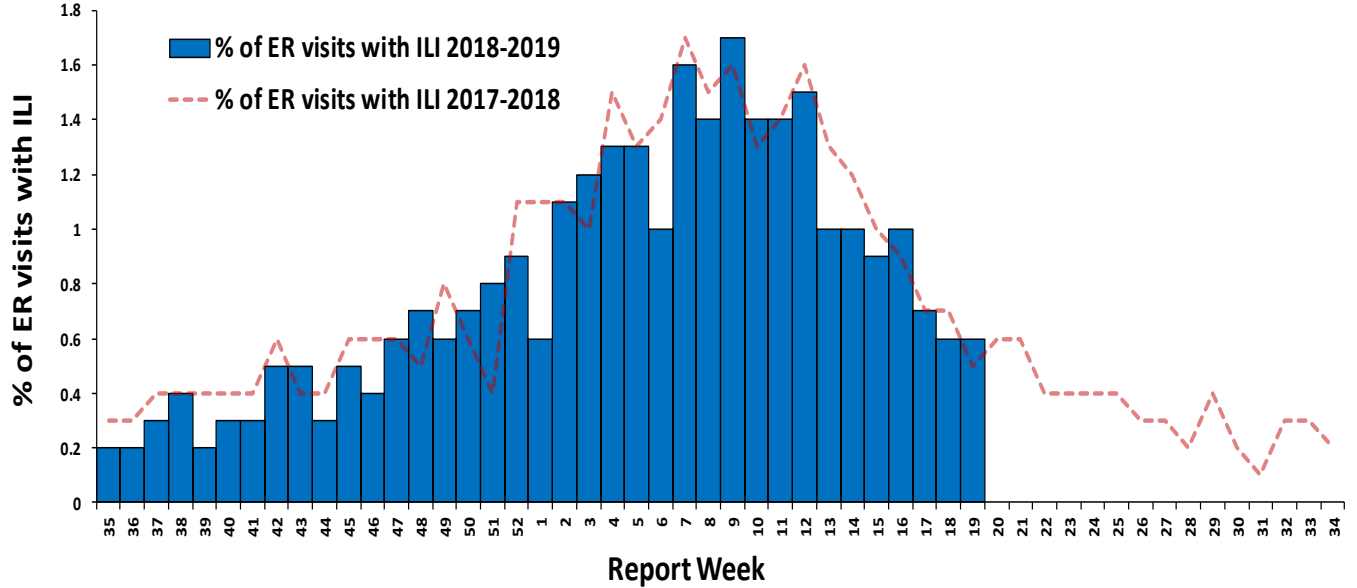
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2018-2019 season, Nova Scotia

	CURRENT WEEK			CUMULATIVE 2018-2019		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	1	1	0	358	348	10
Hospitalized - ICU	0	0	0	74	74	0
Deceased*	0	0	0	54	53	1
<b>Nova Scotia Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>486</b>	<b>475</b>	<b>11</b>

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

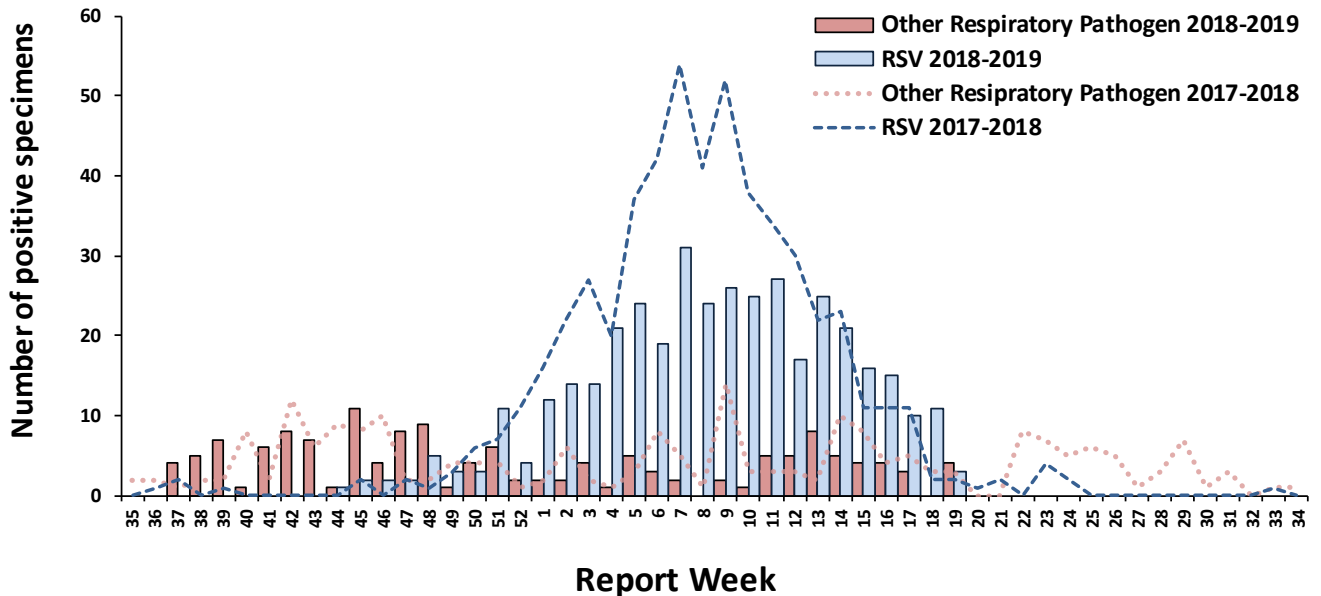
**SYNDROMIC SURVEILLANCE**

**Figure 2: Percentage of emergency room visits due to ILI by report week, 2018-2019 season, with trend-line comparison to 2017-2018 season, Nova Scotia**



**OTHER RESPIRATORY PATHOGENS**

**Figure 3: Number of positive specimens tested for other respiratory pathogens\* and RSV by report week, 2018-2019 season, with trend-line comparison to 2017-2018 season, Nova Scotia**



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

**Table 4: Number of positive RSV specimens by age group, 2018-2019 season, Nova Scotia**

AGE GROUP	2018-2019
0-5 months	103
6-11 months	44
12-23 months	49
2-5 years	51
6-15 years	13
16-65 years	50
65+ years	78
<b>Nova Scotia Total</b>	<b>388</b>

**Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2018–2019**

Pathogen	CURRENT WEEK (n positive)	CUMULATIVE 2018-2019
Adenovirus	0	0
Bocavirus	0	0
Chlamydophila pneumoniae	0	4
Coronavirus	0	11
Enterovirus	0	1
Metapneumovirus	0	8
Mycoplasma pneumoniae	1	20
Parainfluenza	2	33
Pertussis	0	3
Respiratory Syncytial Virus	3	388
Rhinovirus	1	64

**APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2018-2019**

**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**

<b>No activity</b>	No laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI* may be reported
<b>Sporadic</b>	Sporadically occurring ILI* and lab confirmed influenza detection(s) with <b>no outbreaks</b> detected within the influenza surveillance region
<b>Localized</b>	(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
<b>Widespread</b>	(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: <http://www.phac-aspc.gc.ca/fluwatch/>  
World: [https://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/index.html](https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html)  
US: [www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly)