

## In Summary...

<b>Activity levels**</b>
<ul style="list-style-type: none"> <li>There is sporadic activity in the Northern Zone. No activity in the rest of the province.</li> </ul>
<b>Laboratory-confirmed cases*</b>
<ul style="list-style-type: none"> <li>There were 2 new cases of Influenza A and 0 new cases of Influenza B during this reporting period. There have been 14 laboratory confirmed cases of Influenza A and 3 laboratory confirmed cases of Influenza B reported during the 2021-2022 influenza season.</li> <li>There were also 1 Adenovirus, 1 Metapneumovirus, 2 Coronavirus****, and 36 RSV cases identified during this reporting period.</li> </ul>
<b>Severity</b>
<ul style="list-style-type: none"> <li>There has been 1 ICU admission in adults and 0 ICU admissions in children (age group 0-19 years).</li> <li>There have been 0 deaths*** of laboratory confirmed influenza during the 2021-2022 influenza season in adults. There have been 0 deaths*** of laboratory confirmed influenza in children (age group 0-19 years).</li> </ul>
<b>Novel Coronavirus (COVID-19)</b>
<ul style="list-style-type: none"> <li>For the most recent numbers for COVID-19 please refer to <a href="https://novascotia.ca/coronavirus/#cases">https://novascotia.ca/coronavirus/#cases</a></li> </ul>
<b>Syndromic surveillance</b>
<ul style="list-style-type: none"> <li>The ILI rate for Nova Scotia during this reporting period is 0.8. Western Zone didn't report during this period.</li> </ul>

**Notes:** \*Reporting weeks run from Sunday to Saturday. The 2021-2022 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 29, 2021 (Week 35) to August 27, 2022 (Week 34);

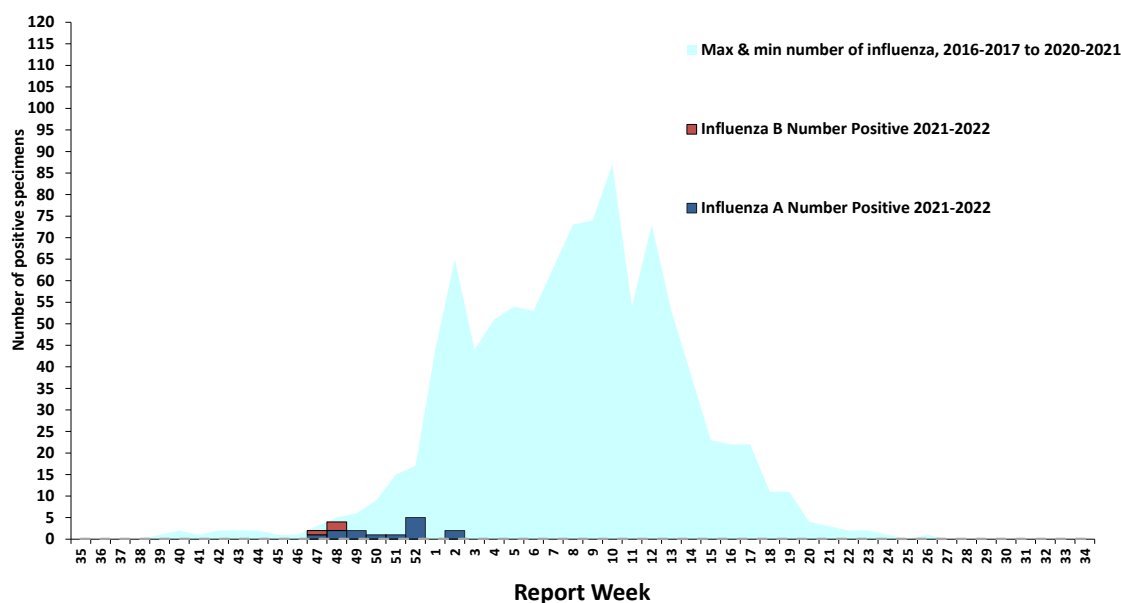
\*\*Activity level data is obtained from CNPHI, see appendix for definitions.

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

\*\*\*\* EXCLUDES novel coronavirus 2019-nCoV

### LABORATORY-CONFIRMED INFLUENZA CASES

**Figure 1: Number of laboratory confirmed influenza cases by report week, 2021-2022 season, Nova Scotia**



**Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2021-2022 season in Nova Scotia**

ZONE	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	0	0	0	2	2	0
Northern	2	2	0	9	9	0
Eastern	0	0	0	0	0	0
Central	0	0	0	6	3	3
<b>Nova Scotia Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>17</b>	<b>14</b>	<b>3</b>

**Table 2: Number of laboratory-confirmed influenza cases by age group, current week and cumulative 2021-2022 season in Nova Scotia**

AGE	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	2	2	0
5-19	0	0	0	3	3	0
20-44	0	0	0	5	4	1
45-64	0	0	0	2	2	0
65+	2	2	0	5	3	2
<b>Nova Scotia Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>17</b>	<b>14</b>	<b>3</b>

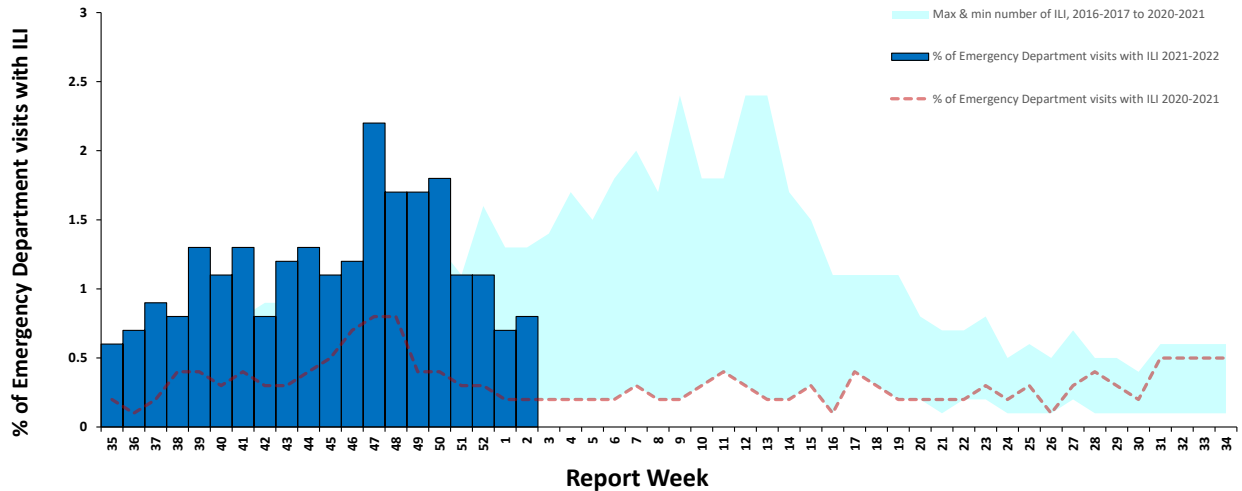
**Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2021-2022 season, Nova Scotia**

	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	0	0	0	1	0	1
Hospitalized - ICU	0	0	0	1	0	1
Deceased*	0	0	0	0	0	0
<b>Nova Scotia Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>

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

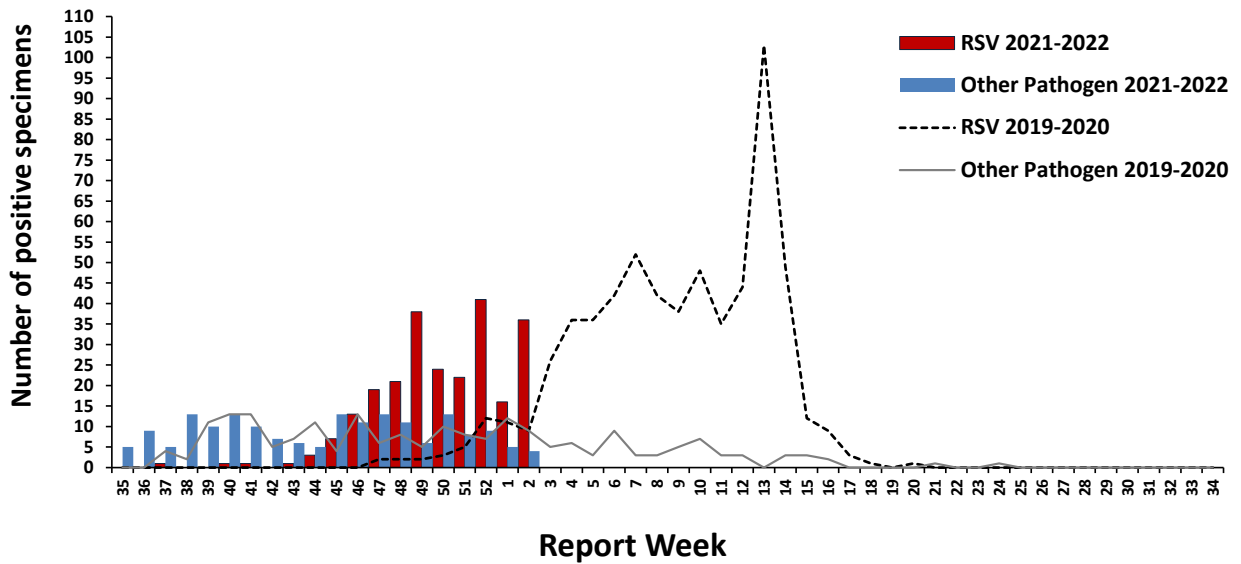
**SYNDROMIC SURVEILLANCE**

**Figure 2: Percentage of emergency department visits due to ILI by report week, 2021-2022 season, with trend-line comparison to 2020-2021 season, Nova Scotia**



**OTHER RESPIRATORY PATHOGENS**

**Figure 3: Number of positive specimens tested for other respiratory pathogens\* and RSV by report week, 2021-2022 season, with trend-line comparison to 2019-2020 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. There is no RSV 2020-2021 trend line visible because Nova Scotia did not identify any cases of RSV. For this season, 2019-2020 data will be used for a trend comparison.

**Table 4: Number of positive RSV specimens by age group, 2021-2022 season, Nova Scotia**

AGE GROUP	2021-2022
0-5 months	53
6-11 months	16
12-23 months	30
2-5 years	54
6-15 years	3
16-65 years	64
65+ years	24
<b>Nova Scotia Total</b>	<b>244</b>

**Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2021–2022**

Pathogen	CURRENT WEEK (n positive)	CUMULATIVE 2021-2022
Adenovirus	1	10
Bocavirus	0	0
Chlamydomphila pneumoniae	0	1
Coronavirus*	2	29
Enterovirus/Rhinovirus	0	92
Metapneumovirus	1	2
Mycoplasma pneumoniae	0	1
Parainfluenza	0	41
Pertussis	0	0
Respiratory Syncytial Virus	36	244

\*EXCLUDES novel coronavirus 2019-nCoV

## Week 2 (January 9, 2022 to January 15, 2022)

### APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2021-2022

#### ACRONYM LIST

<b>CNPHI</b>	Canadian Network for Public Health Intelligence
<b>ICU</b>	Intensive care unit
<b>ILI</b>	Influenza-like illness
<b>RSV</b>	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)