

In Summary...

<p>Activity levels**</p> <ul style="list-style-type: none"> There was sporadic activity in Northern, Central and Eastern Zone in this reporting period. No activity was reported in the Western Zone
<p>Laboratory-confirmed cases*</p> <ul style="list-style-type: none"> There were 32 new cases of Influenza A and 0 new cases of Influenza B during this reporting period. There have been 110 laboratory confirmed cases of Influenza A and 5 laboratory confirmed cases of Influenza B reported during the 2021-2022 influenza season. There were also 1 Adenovirus, 1 Coronavirus****, 2 Enterovirus/Rhinovirus, 2 Metapneumovirus, 5 Parainfluenza and 3 Respiratory Syncytial Virus cases identified during this reporting period.
<p>Severity</p> <ul style="list-style-type: none"> This reporting period, there was 1 people admitted to hospital with Influenza A. During the 2021-2022 influenza season, <ul style="list-style-type: none"> there have been 10 hospitalizations; mostly from influenza A (n=8) there has been 1 ICU admission in adults and 0 ICU admissions in children (age group 0-19 years) 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).
<p>Novel Coronavirus (COVID-19)</p> <ul style="list-style-type: none"> For current epidemiology of COVID-19 please refer to: https://novascotia.ca/coronavirus/alerts-notices/#epidemiologic-summaries
<p>Syndromic surveillance</p> <ul style="list-style-type: none"> The percentage of visits for influenza-like illness (ILI) was 1.4% during this reporting period.

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

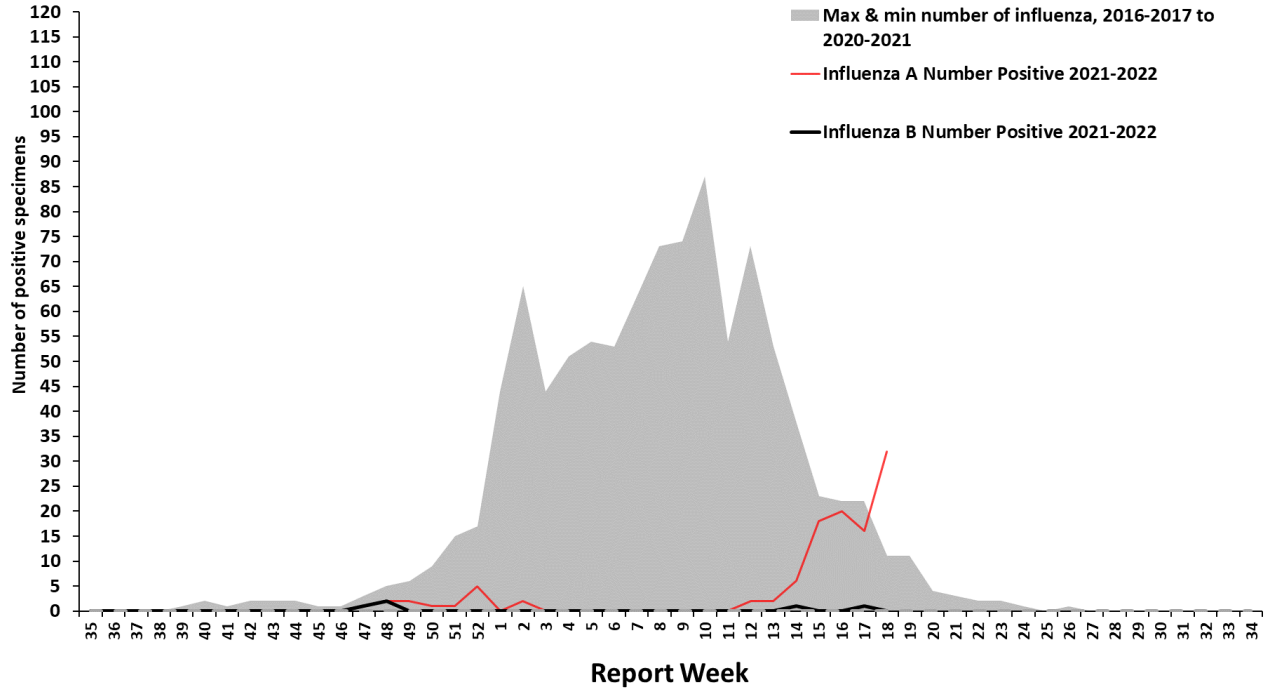


Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2021-2022 season in Nova Scotia

ZONE	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	0	0	0	5	5	0
Northern	27	27	0	56	56	0
Eastern	4	4	0	27	26	1
Central	1	1	0	27	23	4
Nova Scotia Total	32	32	0	115	110	5

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

AGE (YEARS)	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	3	3	0	8	8	0
5-19	17	17	0	44	44	0
20-44	2	2	0	32	31	1
45-64	3	3	0	6	6	0
65+	7	7	0	25	21	4
Nova Scotia Total	32	32	0	115	110	5

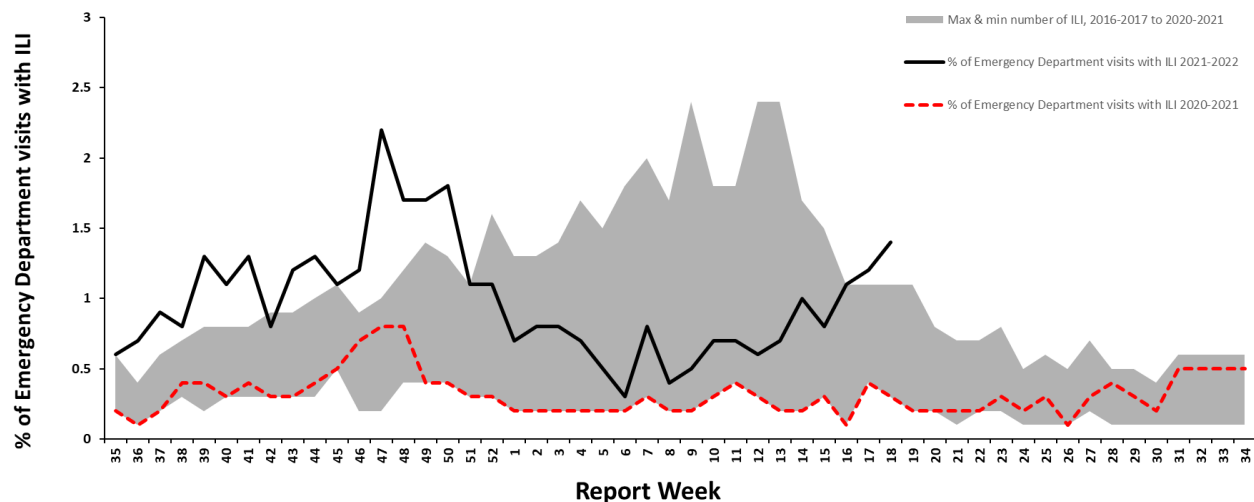
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2021-2022 season, Nova Scotia

	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	1	1	0	10	8	2
Hospitalized - ICU	0	0	0	1	0	1
Deceased*	0	0	0	0	0	0
Nova Scotia Total	1	1	0	11	8	3

Notes: Outcome categories (hospitalized hospitalized-ICU, Deceased) are mutually exclusive; Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.

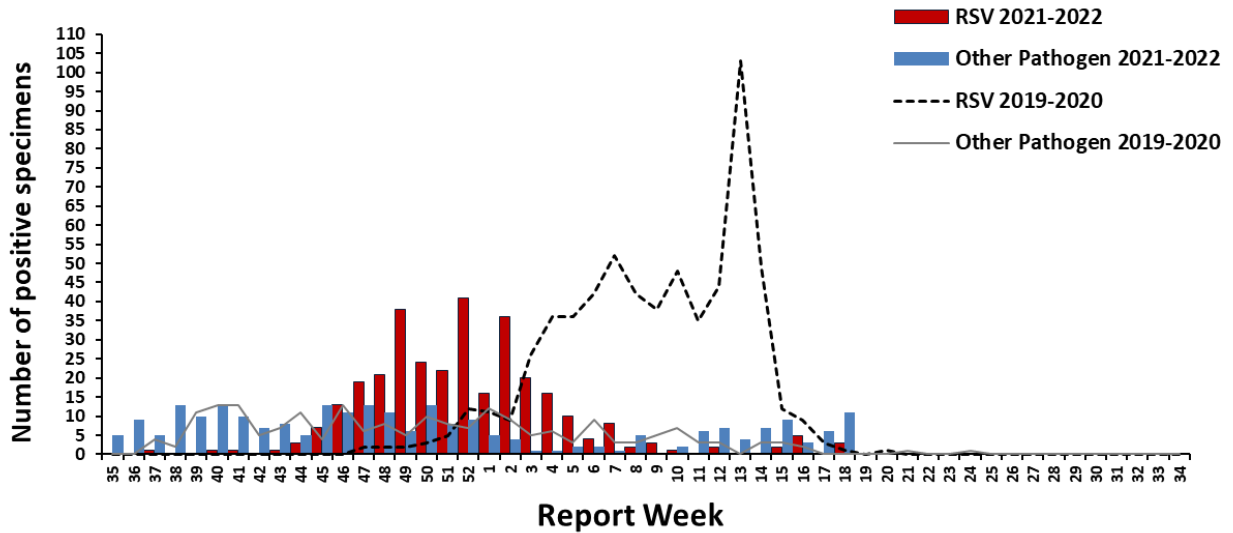
SYNDROMIC SURVEILLANCE

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



Notes: 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	70
6-11 months	20
12-23 months	40
2-5 years	73
6-15 years	6
16-65 years	77
65+ years	34
Nova Scotia Total	320

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	14
Bocavirus	0	2
Chlamydophila pneumoniae	0	1
Coronavirus*	1	39
Enterovirus/Rhinovirus	2	119
Metapneumovirus	2	9
Mycoplasma pneumoniae	0	1
Parainfluenza	5	60
Pertussis	0	0
Respiratory Syncytial Virus	3	320

Notes: EXCLUDES novel coronavirus 2019-nCoV

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

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: <http://www.phac-aspc.gc.ca/fluwatch/>
 World: <https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>
 US: www.cdc.gov/flu/weekly