

In Summary...

<p>Activity levels**</p> <ul style="list-style-type: none"> Sporadic activity has been reported in the Northern, Eastern, Central and Western Zone during this reporting period Influenza activity is lower in week 25 compared to previous three reporting weeks.
<p>Laboratory-confirmed cases*</p> <ul style="list-style-type: none"> There were 38 new cases of Influenza A and 0 new cases of Influenza B during this reporting period. There have been 349 laboratory confirmed cases of Influenza A and 6 laboratory confirmed cases of Influenza B reported during the 2021-2022 influenza season. There were also 2 Adenovirus, 2 Coronavirus****, 3 Enterovirus/Rhinovirus, 6 Metapneumovirus, 1 Parainfluenza and 7 Respiratory Syncytial Virus cases identified during this reporting period.
<p>Severity</p> <ul style="list-style-type: none"> This reporting period, there were 9 cases hospitalized and 2 case admitted to the ICU with Influenza A. During the 2021-2022 influenza season, <ul style="list-style-type: none"> there have been 41 hospitalizations; mostly from influenza A (n=39) there have been 6 ICU admissions, all in adults aged 20+ there have been 0 deaths*** of laboratory confirmed influenza
<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 1.1% during this reporting period. This is lower than the last five reporting weeks.

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

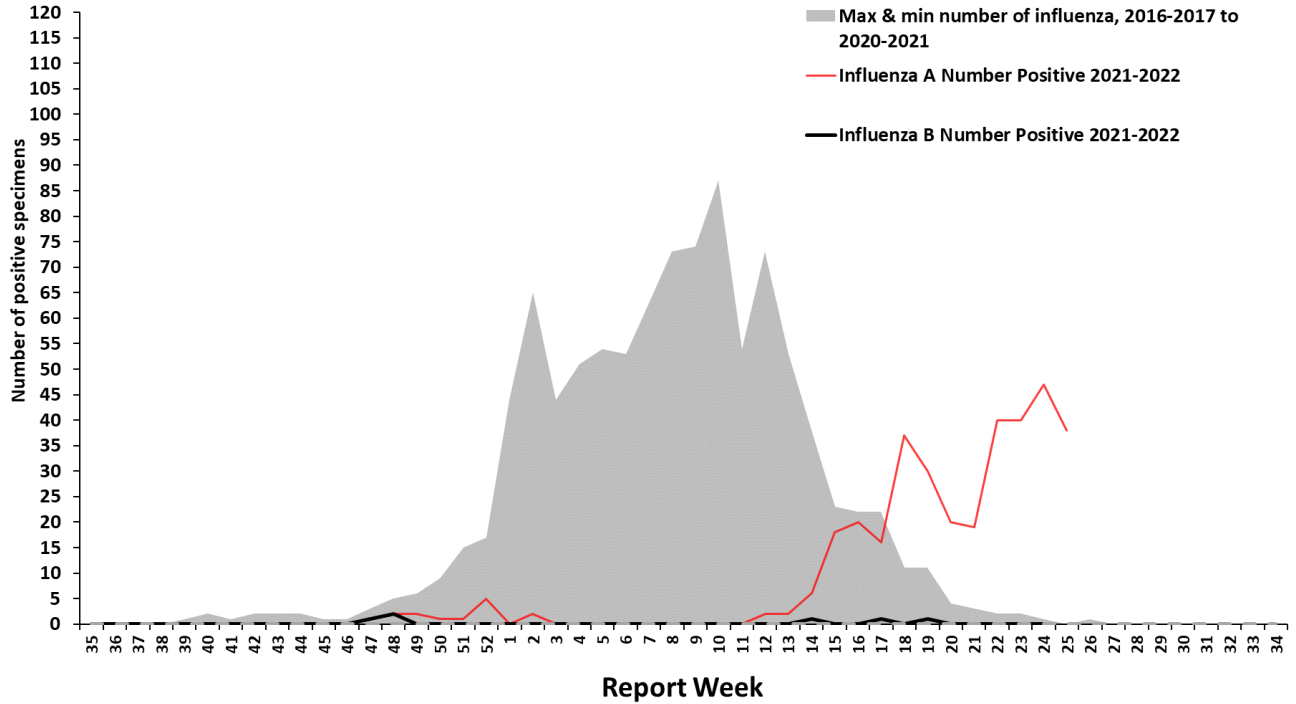


Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2021-2022 season in Nova Scotia

ZONE	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	5	5	0	26	26	0
Northern	15	15	0	156	156	0
Eastern	16	16	0	123	121	2
Central	2	2	0	50	46	4
Nova Scotia Total	38	38	0	355	349	6

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	9	9	0	42	42	0
5-19	15	15	0	129	129	0
20-44	6	6	0	89	88	1
45-64	2	2	0	28	27	1
65+	6	6	0	67	63	4
Nova Scotia Total	38	38	0	355	349	6

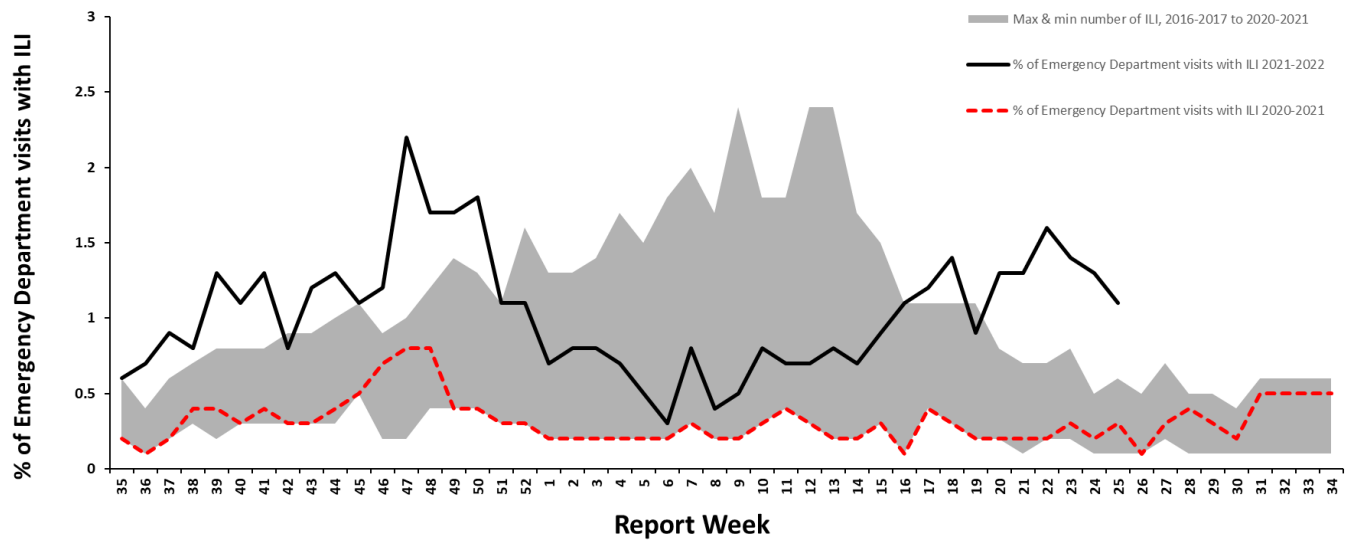
Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2021-2022 season, Nova Scotia

	CURRENT WEEK			CUMULATIVE 2021-2022		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	9	9	0	41	39	2
Hospitalized - ICU	2	2	0	6	5	1
Deceased*	0	0	0	0	0	0
Nova Scotia Total	11	11	0	47	44	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.

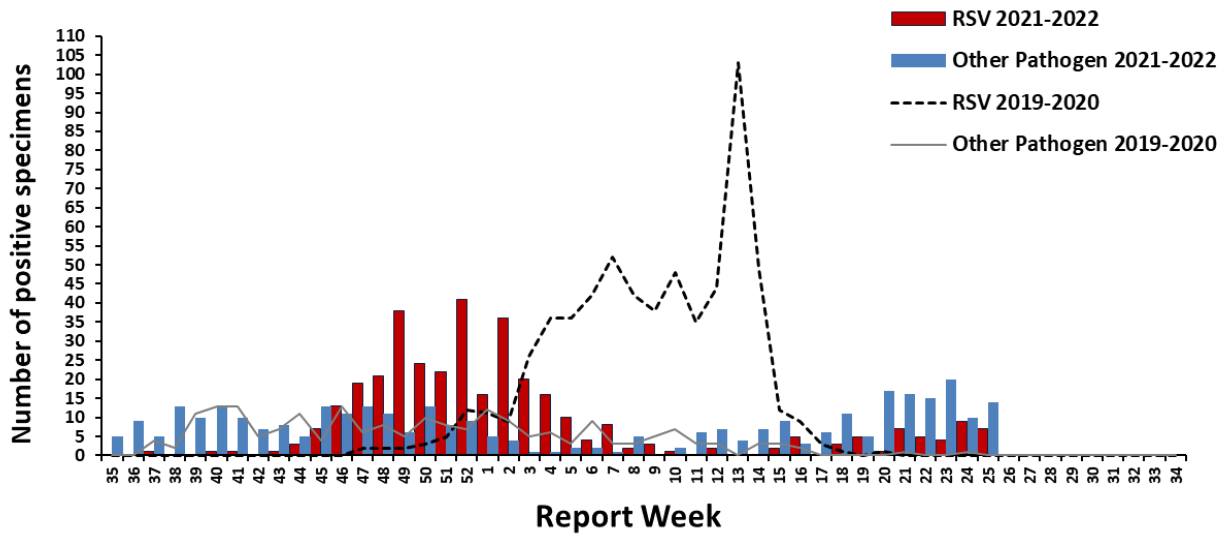
SYNDROMIC SURVEILLANCE

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	79
6-11 months	25
12-23 months	43
2-5 years	84
6-15 years	10
16-65 years	81
65+ years	36
Nova Scotia Total	358

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	2	20
Bocavirus	0	2
Chlamydophila pneumoniae	0	1
Coronavirus*	2	48
Enterovirus/Rhinovirus	3	155
Metapneumovirus	6	42
Mycoplasma pneumoniae	0	1
Parainfluenza	1	73
Pertussis	0	0
Respiratory Syncytial Virus	7	358

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