

In Summary...

Activity levels**
<ul style="list-style-type: none"> Localized activity was reported in the Northern, Eastern, Western and Central Zone during Week 2.
Laboratory-confirmed cases*
<ul style="list-style-type: none"> There were 32 new cases of Influenza A, and 0 new cases of Influenza B reported during Week 2. There have been 3,368 laboratory confirmed cases of Influenza A and 1 laboratory confirmed case of Influenza B reported during the 2022-2023 influenza season. There were also 1 Adenovirus, 1 Coronavirus****, 2 Enterovirus/Rhinovirus, 1 Parainfluenza, and 138 Respiratory Syncytial Virus cases identified during this reporting period.
Severity
<ul style="list-style-type: none"> There were 5 cases hospitalized (non-ICU), 0 ICU admissions and 1 death with Influenza A during this reporting period. During the 2022-2023 influenza season there have been: <ul style="list-style-type: none"> 505 hospitalizations (non-ICU) 36 ICU admissions 49 deaths*** of laboratory confirmed influenza
Novel Coronavirus (COVID-19)
<ul style="list-style-type: none"> For current epidemiology of COVID-19 please refer to: https://novascotia.ca/coronavirus/alerts-notices/#epidemiologic-summaries
Syndromic surveillance
<ul style="list-style-type: none"> The percentage of visits for influenza like illness (ILI) was 1.2% during this reporting period.

Notes: A reporting week runs from Sunday to Saturday. The 2022-2023 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 28, 2022 (Week 35) to August 26, 2023 (Week 34).

Due to lag in notifications, some influenza cases, and outcomes (hospitalizations, ICU admissions and deaths) are reported to the Department of Health and Wellness outside the reporting period they occurred in; these cases will be included in cumulative counts.

Outcome categories (hospitalized, hospitalized-ICU, Deceased) are mutually exclusive, and the most severe outcome will be reported for an individual. If a case experiences a more severe outcome in a later reporting period, it is possible for case counts to decrease in a less severe outcome (e.g., move from ICU to death)

*There has been a change in testing methods with the implementation of multiplex respiratory virus PCR for 2019-nCoV. This may increase the number of cases detected through the flu season.

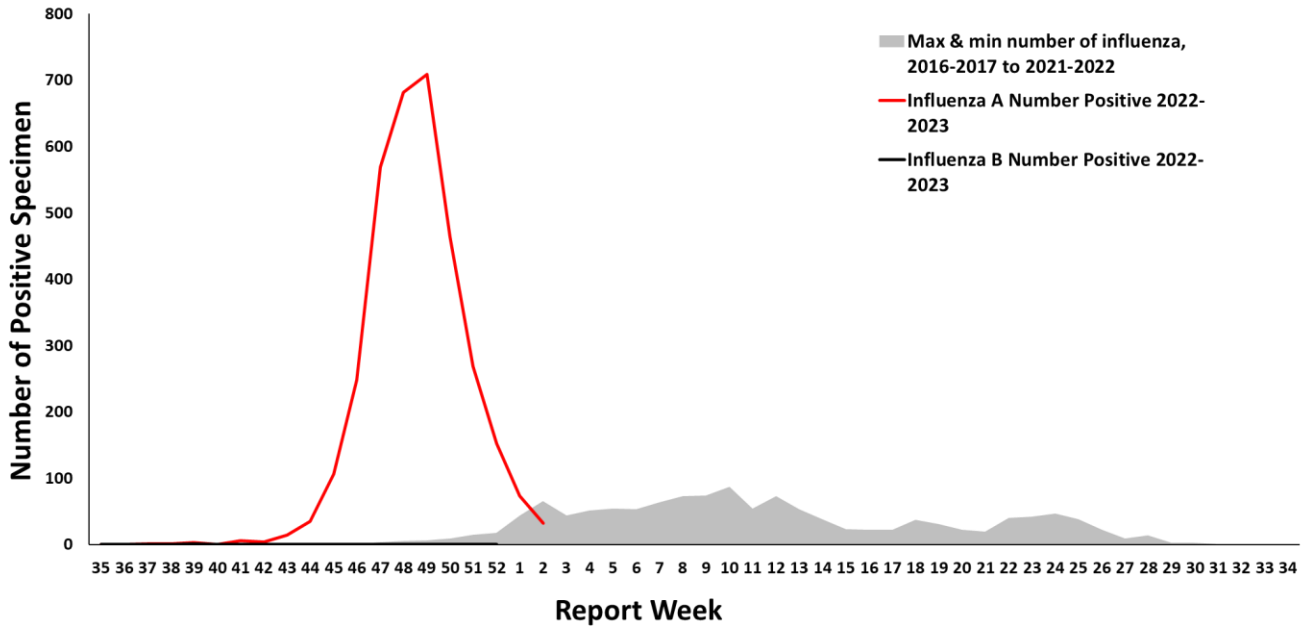
**Activity level is obtained from CNPHI, see appendix for definitions.

***Deaths include individuals with a positive influenza test result, influenza may or 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, 2022-2023 season, Nova Scotia



Notes: There has been a change in testing methods with the implementation of multiplex respiratory virus PCR for 2019-nCoV. This may increase the number of cases detected through the flu season.

Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2022-2023 season in Nova Scotia

ZONE	WEEK 2			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	3	3	0	888	888	0
Northern	8	8	0	1069	1069	0
Eastern	18	18	0	623	623	0
Central	3	3	0	789	788	1
Nova Scotia Total	32	32	0	3369	3368	1

Notes: Due to lag in notifications, some influenza cases and outcomes (hospitalizations, ICU admissions and deaths) are reported to the Department of Health and Wellness outside the reporting period they occurred in; these cases will be included in cumulative counts.

Table 2: Number of laboratory-confirmed influenza cases by age group (years), current week and cumulative 2022-2023 season in Nova Scotia

AGE (YEARS)	WEEK 2			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	1	1	0	384	383	1
5-19	0	0	0	681	681	0
20-44	10	10	0	791	791	0
45-64	7	7	0	552	552	0
65+	14	14	0	961	961	0
Nova Scotia Total	32	32	0	3369	3368	1

Notes: Due to lag in notifications, some influenza cases and outcomes (hospitalizations, ICU admissions and deaths) are reported to the Department of Health and Wellness outside the reporting period they occurred in, these cases will be included in cumulative counts.

Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2022-2023 season, Nova Scotia

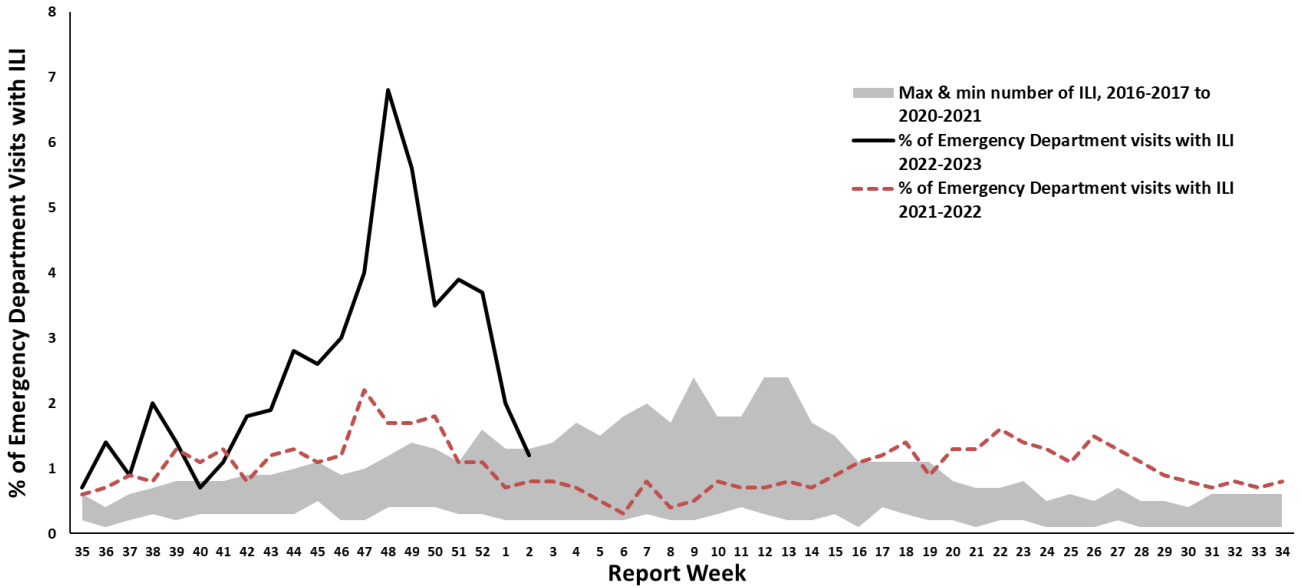
AGE (YEARS)	WEEK 2			CUMULATIVE 2022-2023		
	Hospitalized	Hospitalized - ICU	Deceased*	Hospitalized	Hospitalized - ICU	Deceased*
0-4	1	0	0	53	3	0
5-19	0	0	0	39	2	0
20-44	1	0	0	41	1	4
45-64	0	0	0	77	11	5
65+	3	0	1	295	19	40
Nova Scotia Total	5	0	1	505	36	49

Notes: Due to lag in notifications, some influenza cases, and outcomes (hospitalizations, ICU admissions and deaths) are reported to the Department of Health and Wellness outside the reporting period they occurred in; these cases will be included in cumulative counts. Outcome categories (hospitalized, hospitalized-ICU, Deceased) are mutually exclusive, and the most severe outcome will be reported for an individual. If a case experiences a more severe outcome in a later reporting period, it is possible for case counts to decrease in a less severe outcome (e.g., move from ICU to death)

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

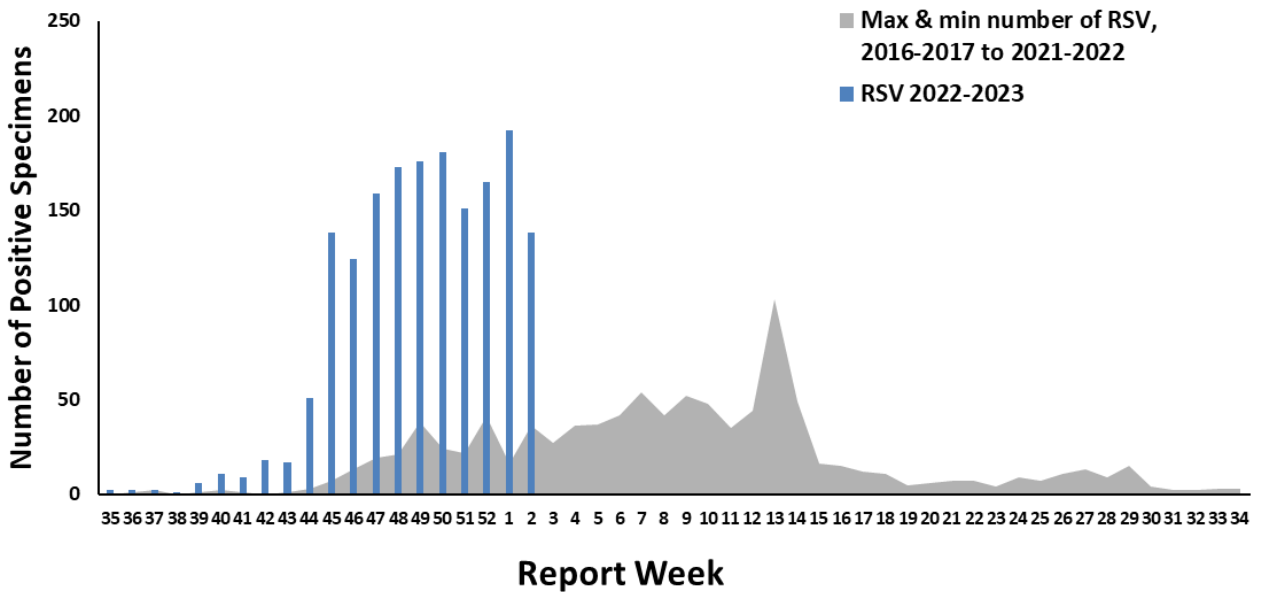
SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency department visits due to ILI by report week, 2022-2023 season, with trend-line comparison to 2021-2022 season, Nova Scotia



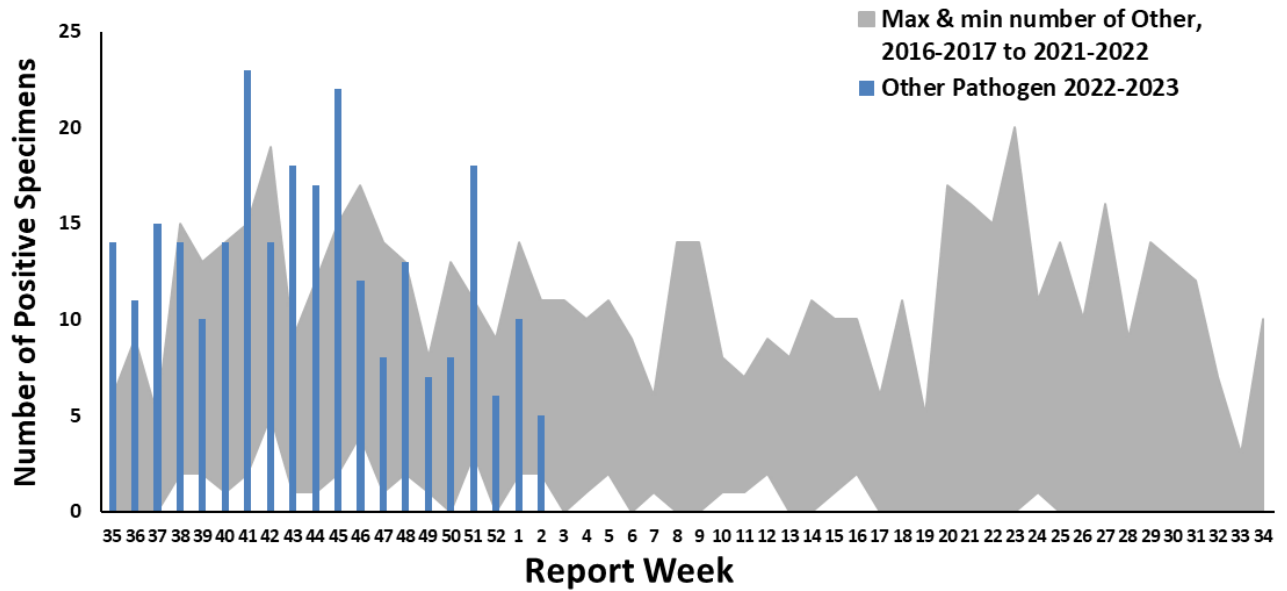
OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for RSV by report week, 2022-2023 season, Nova Scotia



Notes: in Nova Scotia RSV is not a notifiable disease.

Figure 4: Number of positive specimens tested for other respiratory pathogens by report week, 2022-2023 season, Nova Scotia



Notes: Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydomphila pneumonia, Coronavirus, Enterovirus, Metapneumovirus, Mycoplasma pneumoniae, Parainfluenza, Pertussis, Rhinovirus. Data for this figure are obtained from provincial laboratories.

Table 4: Number of positive RSV specimens by age group, current report week and cumulative 2022-2023 season, Nova Scotia

AGE GROUP	Week 2	Cumulative 2022-2023
0-5 months	25	231
6-11 months	4	76
12-23 months	3	183
2-5 years	14	262
6-15 years	4	91
16-64 years	31	346
65+ years	57	527
Totals (n)	138	1716

Notes: Data correction steps taken in this reporting period for RSV age group classification

Week 02 (January 08, 2023 to January 14, 2023)

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative 2022-2023 season, Nova Scotia

Pathogen	WEEK 2	CUMULATIVE 2022-2023
Adenovirus	1	34
Bocavirus	0	0
Chlamydophila pneumoniae	0	0
Coronavirus*	1	19
Enterovirus/Rhinovirus	2	161
Metapneumovirus	0	2
Mycoplasma pneumoniae	0	0
Parainfluenza	1	43
Pertussis	0	0
Respiratory Syncytial Virus	138	1716

**Notes: EXCLUDES novel coronavirus (2019-nCoV)*

APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE AND USEFUL LINKS, 2022-2023

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