RESPIRATORY WATCH

Week 10 (March 05, 2023 to March 11, 2023)

In Summary…

Activity levels*
• No activity was reported in Western, Eastern and Northern Zone. Sporadic activity was reported in Central Zone during Week 10.
Laboratory-confirmed cases**
• There were no new cases of Influenza A and 1 new case of Influenza B reported during Week 10. • There have been 3,417 laboratory confirmed cases of Influenza A and 3 laboratory confirmed case of Influenza B reported during the 2022-2023 influenza season. • There were also 3 Coronavirus***, 4 Enterovirus/Rhinovirus, 5 Metapneumovirus, 1 Parainfluenza and 31 Respiratory Syncytial Virus cases identified during this reporting period.
Severity

• There was 1 hospitalization (non-ICU) for influenza A during week 10.
• During the 2022-2023 influenza season there have been:
  • 511 hospitalizations (non-ICU)
  • 35 ICU admissions
  • 68 deaths**** of laboratory confirmed influenza

Novel Coronavirus (COVID-19)
• For current epidemiology of COVID-19 please refer to: https://novascotia.ca/coronavirus/alerts-notices/#epidemiologic-summaries
Syndromic surveillance
• The percentage of visits for influenza like illness (ILI) was 0.7% 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)

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

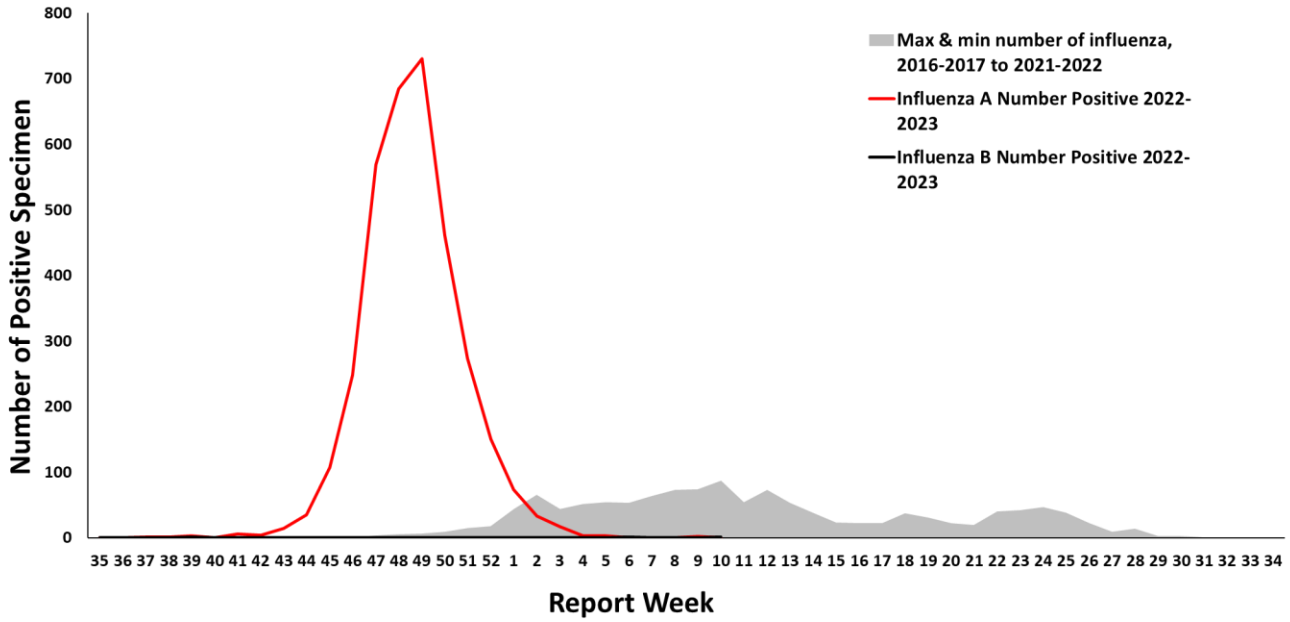
***There has been a change in testing methods with the implementation of multiplex respiratory virus PCR for 2019-nCoV. This may increase the number of cases detected through the flu season.*

****Excludes novel coronavirus (2019-nCoV)*

*****Deaths include individuals with laboratory confirmed influenza. Influenza may or 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, 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 2022-2023 flu season.*

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

ZONE	WEEK 10			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	**0**	0	0	**891**	891	0
Northern	**0**	0	0	**1097**	1097	0
Eastern	**0**	0	0	**634**	634	0
Central	**1**	0	1	**798**	795	3
Nova Scotia Total	**1**	**0**	**1**	**3420**	**3417**	**3**

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 (years), current week, and cumulative 2022-2023 season in Nova Scotia

AGE (YEARS)	WEEK 10			CUMULATIVE 2022-2023		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	**0**	0	0	**390**	389	1
5-19	**0**	0	0	**687**	687	0
20-44	**0**	0	0	**799**	799	0
45-64	**0**	0	0	**562**	562	0
65+	**0**	0	1	**982**	980	2
Nova Scotia Total	**0**	**0**	**1**	**3420**	**3417**	**3**

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

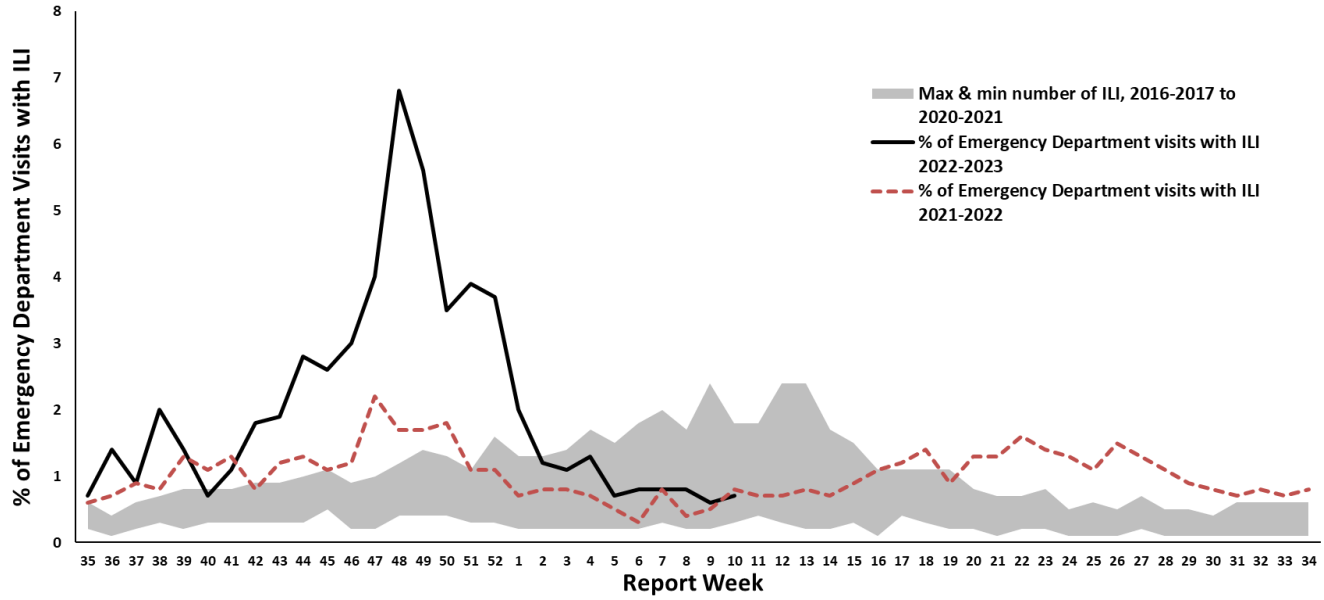
AGE (YEARS)	WEEK 10			CUMULATIVE 2022-2023		
	Hospitalized	Hospitalized - ICU	Deceased*	Hospitalized	Hospitalized - ICU	Deceased*
0-4	0	0	0	54	4	0
5-19	0	0	0	41	2	0
20-44	0	0	0	42	1	4
45-64	0	0	0	78	8	9
65+	0	0	0	296	20	55
Nova Scotia Total	**0**	**0**	**0**	**511**	**35**	**68**

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 laboratory confirmed influenza. Influenza may or may not have been the major contributing cause of death or hospitalization.*

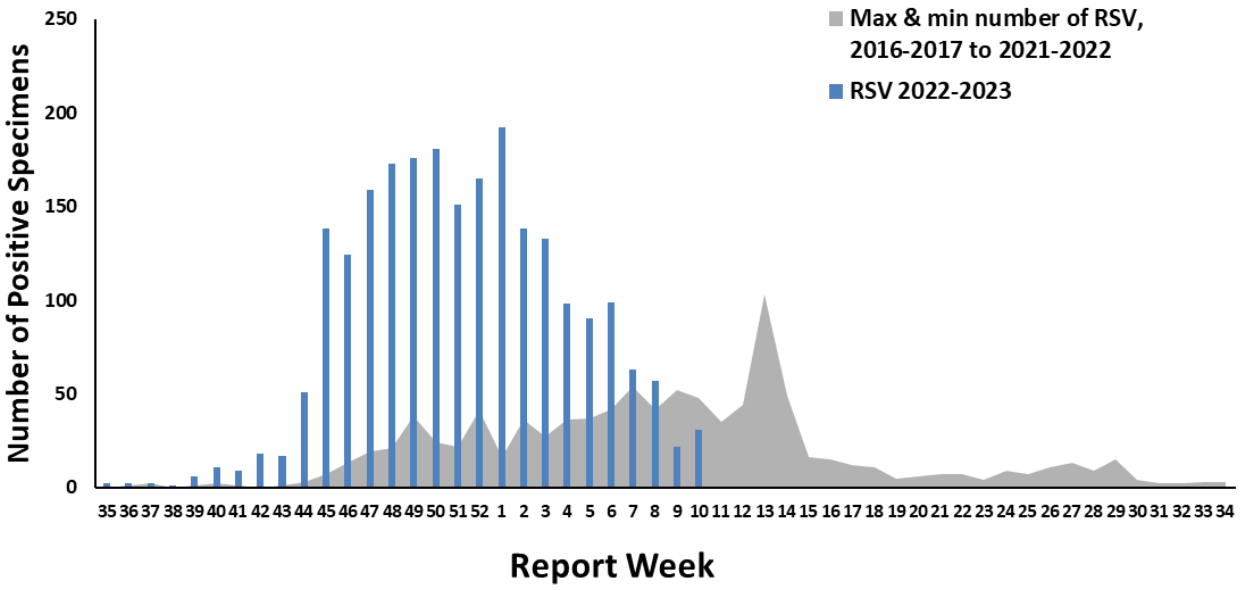
SYNDROMIC SURVEILLANCE

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



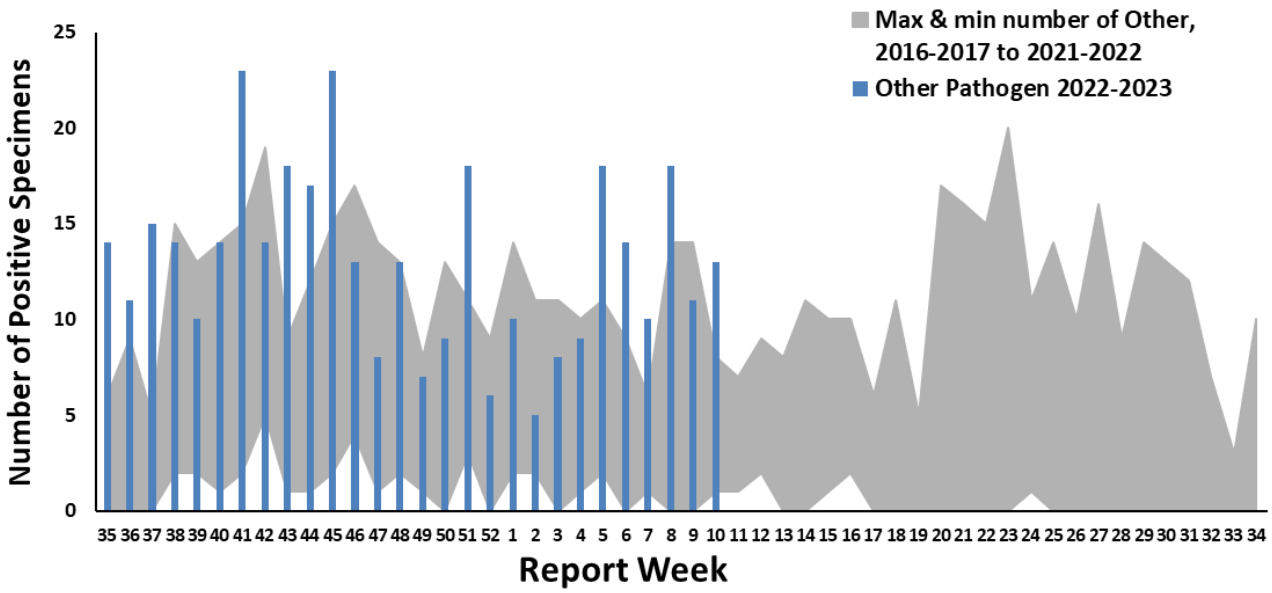
OTHER RESPIRATORY PATHOGENS

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



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

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, Chlamydophila 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 10	Cumulative 2022-2023
0-5 months	3	282
6-11 months	0	96
12-23 months	3	210
2-5 years	6	319
6-15 years	0	111
16-64 years	10	485
65+ years	9	806
Totals (n)	**31**	**2309**

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

Pathogen	WEEK 10	CUMULATIVE 2022-2023
Adenovirus	0	39
Bocavirus	0	0
Chlamydophila pneumoniae	0	2
Coronavirus*	3	39
Enterovirus/Rhinovirus	4	204
Metapneumovirus	5	23
Mycoplasma pneumoniae	0	0
Parainfluenza	1	52
Pertussis	0	4

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