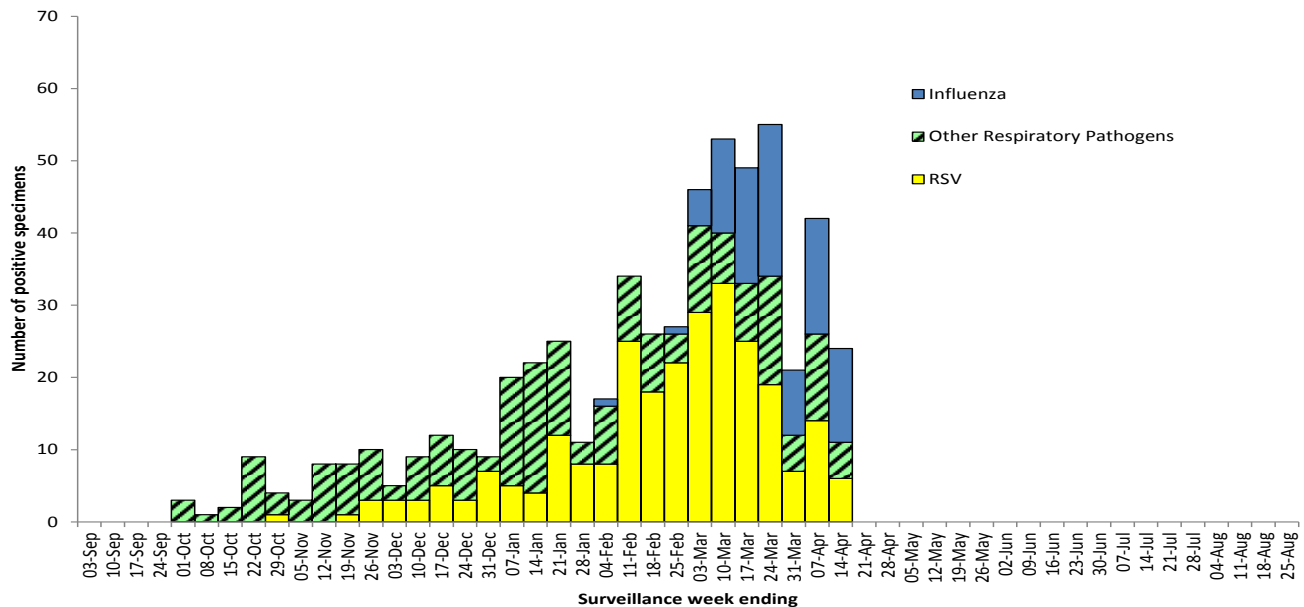


## Summary of Nova Scotia surveillance findings, for the period ending April 14, 2012:

- Eight laboratory confirmed cases of influenza B for week 15.
- Five laboratory confirmed case of influenza A H3N2.
- Influenza activity reported in DHAs 4, 5, 6, 7, 8 and 9.
- Other respiratory pathogen activity continues. Positive results were received for coronavirus, metapneumovirus and RSV.

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2011–2012

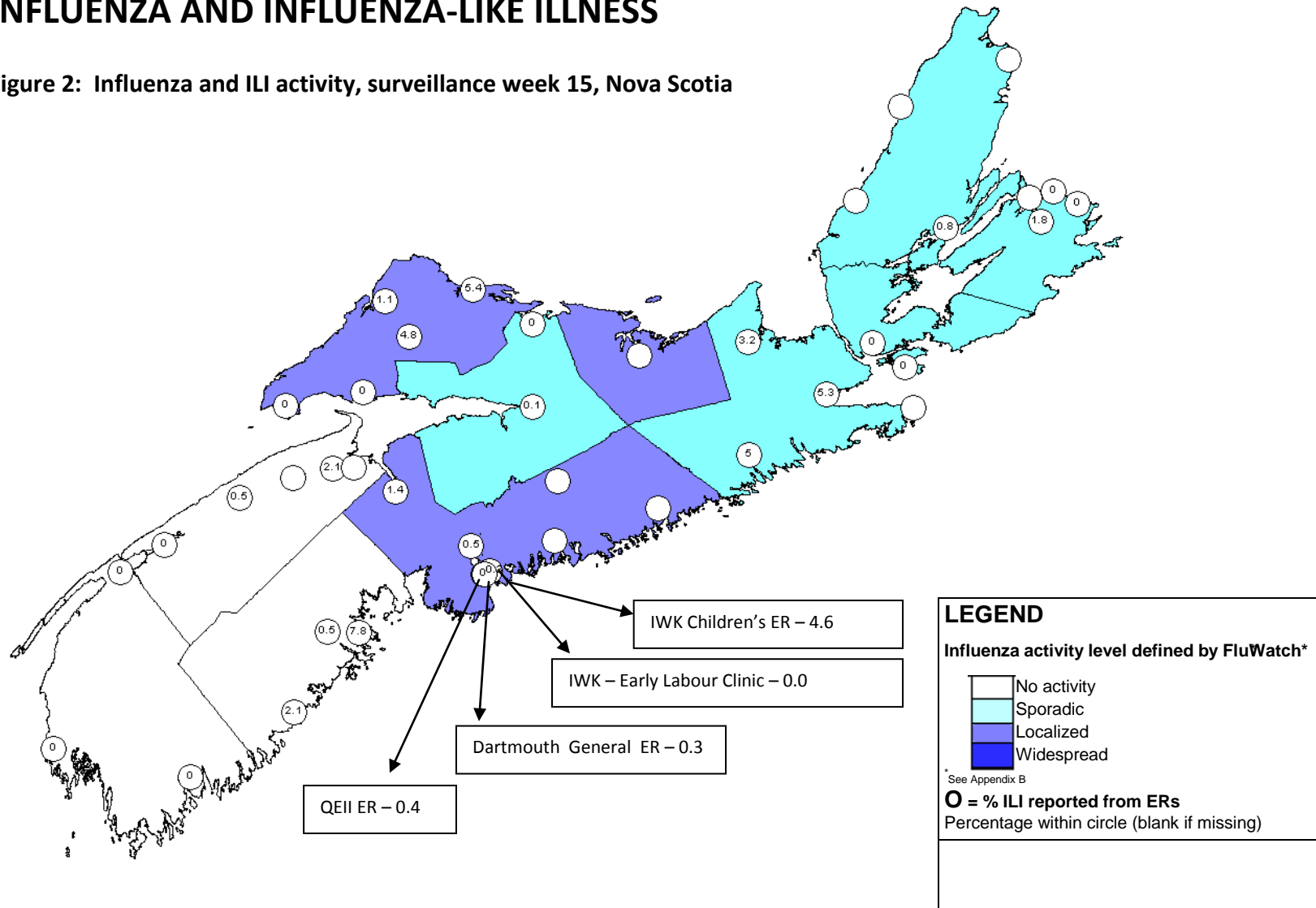


# RESPIRATORY WATCH

Week 15 (April 8 to April 14, 2012)

## INFLUENZA AND INFLUENZA-LIKE ILLNESS

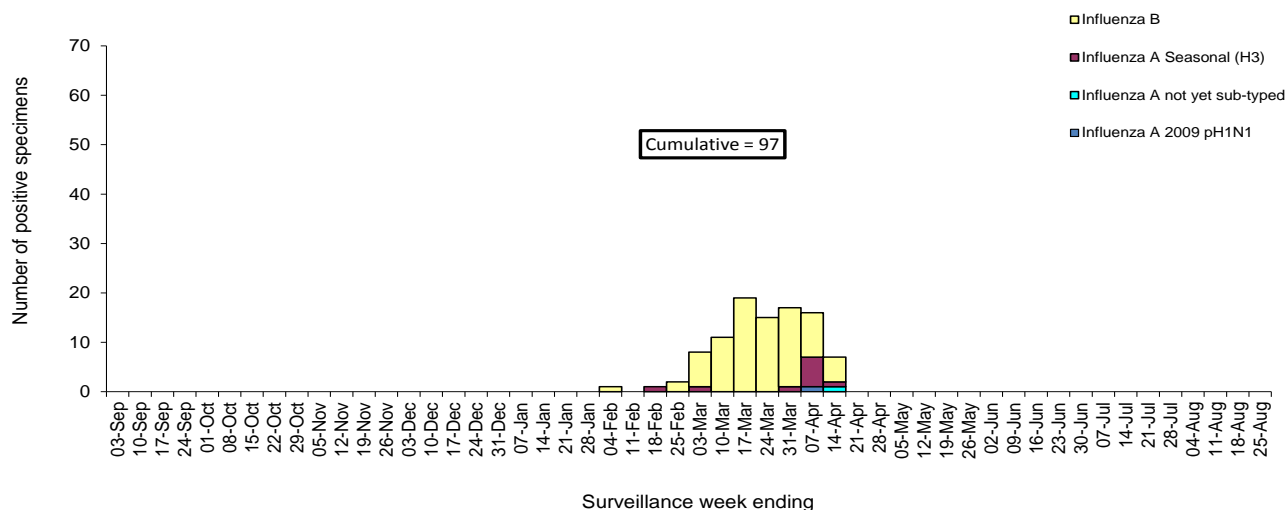
Figure 2: Influenza and ILI activity, surveillance week 15, Nova Scotia



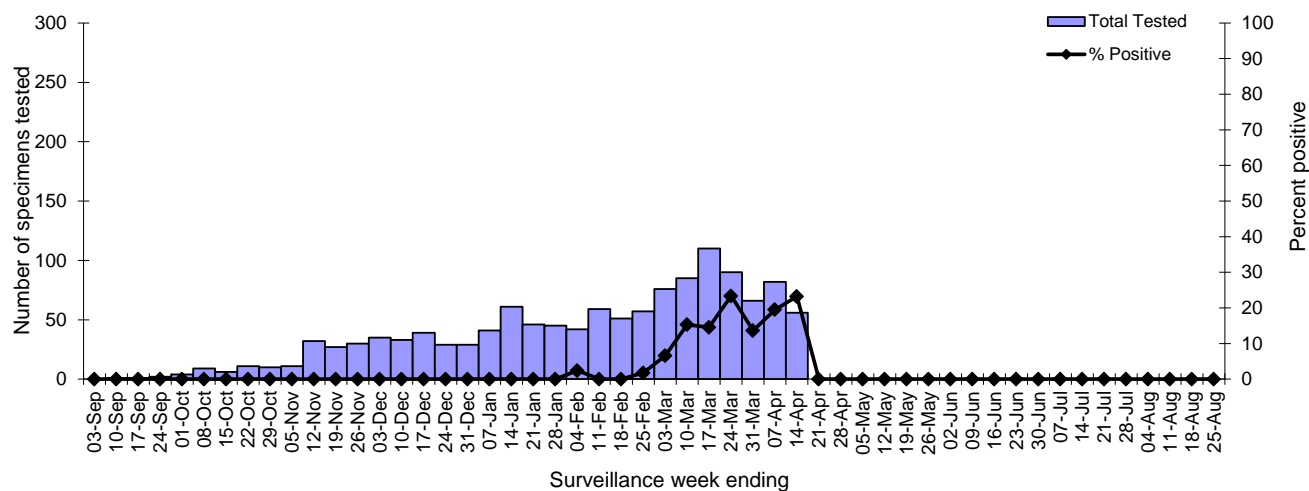
# RESPIRATORY WATCH

Week 15 (April 8 to April 14, 2012)

**Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2011–2012**



**Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2011–2012\***



\*Data presented in this figure refers to week specimen was tested.

**Table 1: Influenza case counts by DHA, current surveillance week and cumulative, Nova Scotia, 2011–2012**

	DHA 1	DHA 2	DHA 3	DHA 4	DHA 5	DHA 6	DHA 7	DHA 8	DHA 9	Nova Scotia
<b>Influenza A 2009 pH1N1</b>										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2011 - 2012	0	0	0	0	0	0	0	0	1	1
<b>Influenza A (not yet sub-typed)</b>										
Current Week	0	0	0	0	0	0	0	1	0	1
Cumulative 2011 - 2012	0	0	0	0	0	0	0	1	0	1
<b>Influenza A Seasonal (H3)</b>										
Current Week	0	0	0	0	0	0	0	0	1	1
Cumulative 2011 - 2012	0	0	2	0	4	1	0	0	3	10
<b>Influenza B</b>										
Current Week	0	0	0	1	0	2	0	1	1	5
Cumulative 2011 - 2012	2	0	0	3	5	3	6	7	59	85

# RESPIRATORY WATCH

Week 15 (April 8 to April 14, 2012)

Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2011–2012

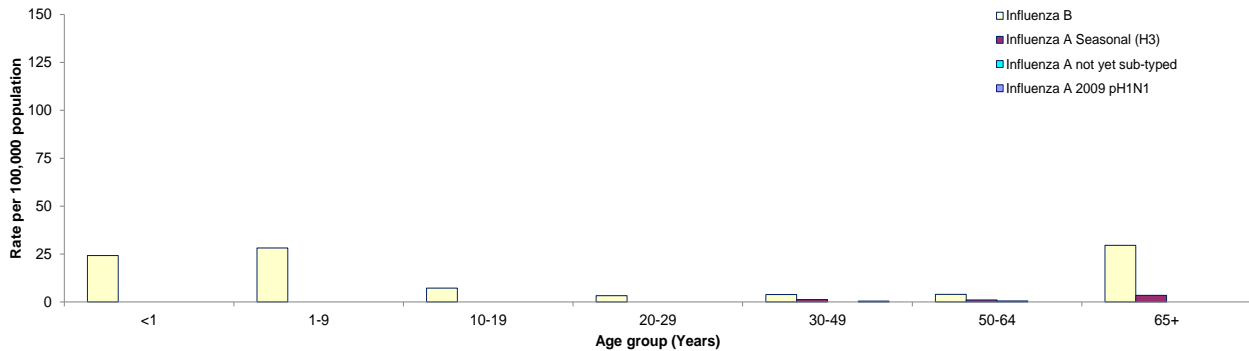


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2011–2012

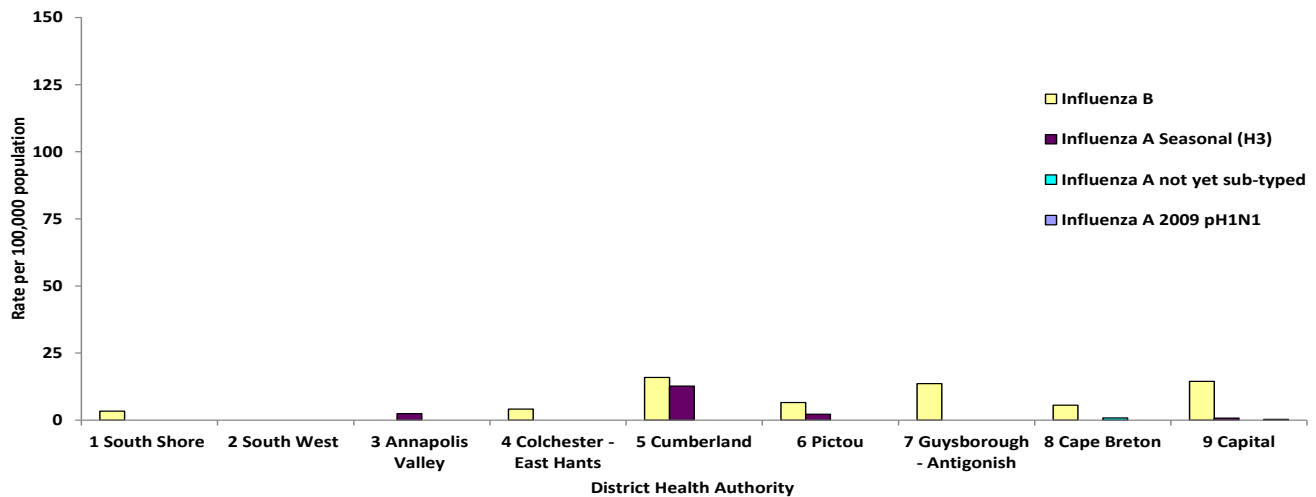


Table 2: Number of influenza hospitalizations by type and report week, Nova Scotia, 2011–2012

	Hospitalized	ICU	Total
<b>Influenza A 2009 pH1N1</b>			
Current Week	0	0	0
Cumulative 2011 - 2012	0	0	0
<b>Influenza A (not yet sub-typed)</b>			
Current Week	1	0	1
Cumulative 2011 - 2012	1	0	1
<b>Influenza A Seasonal (H3)</b>			
Current Week	1	0	1
Cumulative 2011 - 2012	4	0	4
<b>Influenza B</b>			
Current Week	5	0	5
Cumulative 2011 - 2012	42	2	44
<b>Current Week Total</b>	<b>7</b>	<b>0</b>	<b>7</b>
<b>Season Total</b>	<b>47</b>	<b>2</b>	<b>49</b>

\* Note that Hospitalized cases exclude ICU admissions

# RESPIRATORY WATCH

Week 15 (April 8 to April 14, 2012)

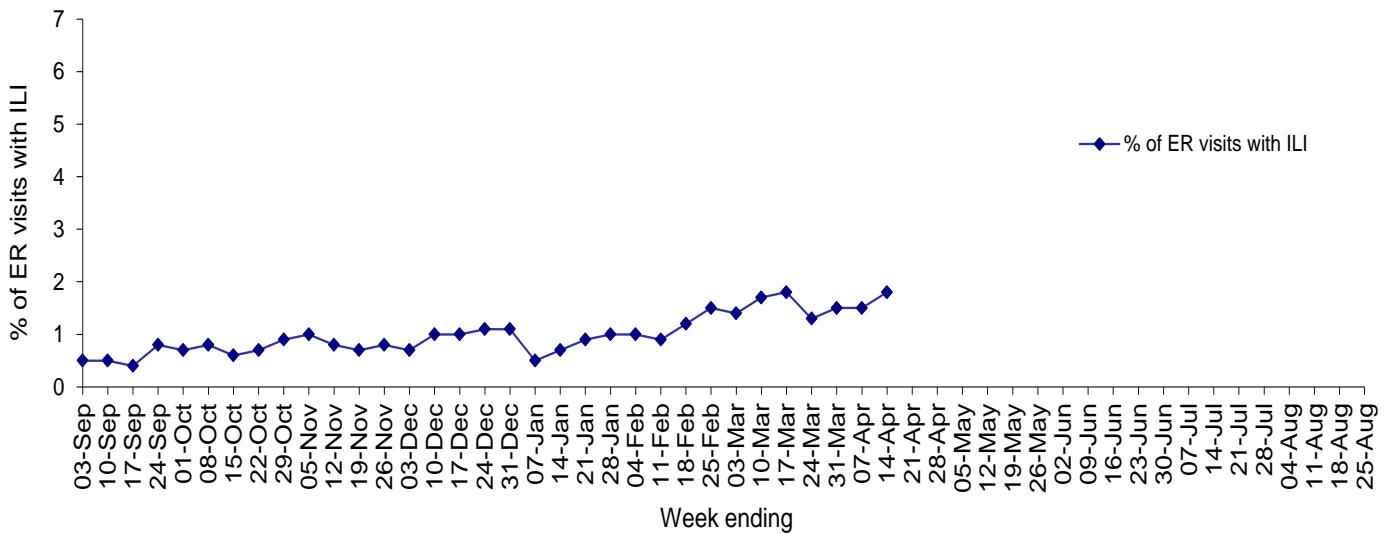
**Table 3: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia**

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs	%ILI	Reporting Sentinels
DHA 1	3.0	3 of 3	0.0	1 of 4
DHA 2	0.0	3 of 3	–	0 of 1
DHA 3	1.8	3 of 5	–	0 of 1
DHA 4	0.1	2 of 2	–	0 of 1
DHA 5	2.6	5 of 5	–	0 of 2
DHA 6	–	0 of 1	–	0 of 2
DHA 7	3.2	6 of 6	0.0	1 of 3
DHA 8	1.0	4 of 8	0.0	1 of 3
DHA 9	0.5	5 of 7	–	0 of 3
IWK	3.4	1 of 1		
<b>Nova Scotia (excl. IWK)†</b>	<b>1.3</b>	<b>31 of 40</b>	<b>77.5%</b>	
<b>Nova Scotia (incl. IWK)</b>	<b>1.4</b>	<b>32 of 41</b>	<b>78.0%</b>	<b>3 of 18</b> <b>16.7%</b>

\*Flu watch sentinels

†Excludes the children's ER from IWK

**Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2011–2012**



# RESPIRATORY WATCH

Week 15 (April 8 to April 14, 2012)

## RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2011–2012

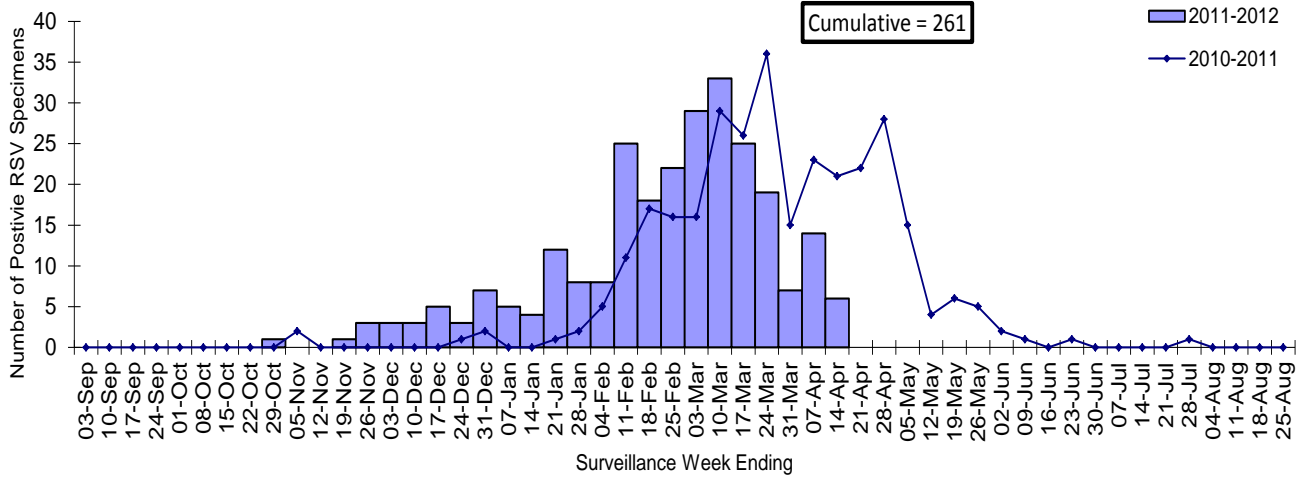
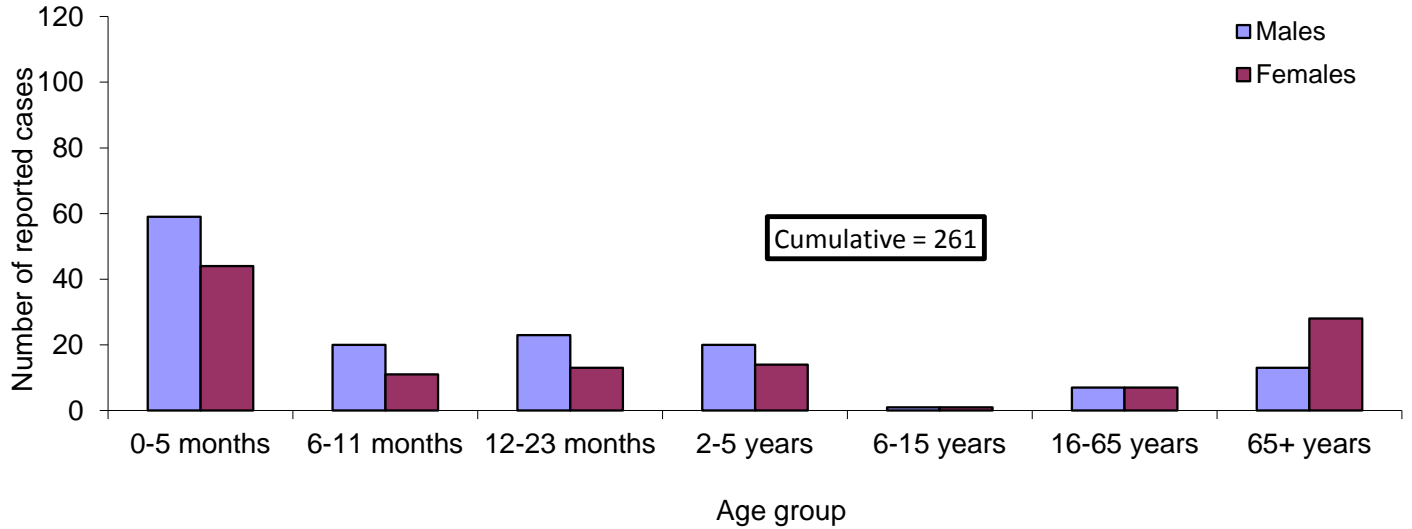


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2011-2012



# RESPIRATORY WATCH

Week 15 (April 8 to April 14, 2012)

## OTHER RESPIRATORY PATHOGENS

Table 4: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2011–2012

Number and percent positive for:	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	11	0	0.0	701	4	0.6
Bocavirus	11	0	0.0	701	0	0.0
Chlamydomphila pneumoniae	5	0	0.0	198	1	0.5
Coronavirus	11	2	18.2	701	60	8.6
Enterovirus	11	0	0.0	701	2	0.3
Metapneumovirus	11	3	27.3	701	17	2.4
Mycoplasma pneumoniae	5	0	0.0	198	33	16.7
Parainfluenza	11	0	0.0	701	42	6.0
Pertussis	4	0	0.0	124	0	0.0
Respiratory syncytial virus A	11	0	0.0	725	42	5.8
Respiratory syncytial virus B	11	0	0.0	725	1	0.1
Respiratory syncytial virus not typed	51	6	11.8	677	218	32.2
Rhinovirus	11	0	0.0	701	50	7.1

# RESPIRATORY WATCH

Week 15 (April 8 to April 14, 2012)

## APPENDIX: Definitions used in Influenza Surveillance, 2011-2012

1) ILI in the general population:

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.

2) Outbreaks of influenza / ILI by setting:

Schools and Daycares:

Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or public health authority) which is likely due to ILI. Note: it is recommended that ILI school outbreaks be laboratory confirmed at the beginning of influenza season as it may be the first indication of community transmission in an area.

Residential institutions:

Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case. Institutional outbreaks should be reported within 24 hours of identification. Residential institutions include but not limited to long-term care facilities (LTCF) and prisons.

Other Settings:

Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. workplace, closed communities.

3) National FluWatch Definitions for Influenza Activity Levels:

**Influenza activity levels are defined as:**

- |                         |  |
|-------------------------|--|
| <b>1 = No activity:</b> | i.e. no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI* may be reported  |
| <b>2 = Sporadic:</b>    | sporadically occurring ILI* and lab confirmed influenza detection(s) with <b>NO ILI/influenza outbreaks</b> detected within the influenza surveillance region†   |
| <b>3 = Localized:</b>   | evidence of increased ILI* and lab confirmed influenza detection(s) together <b>with outbreaks</b> in schools, hospitals, residential institutions and/or other types of facilities occurring in <b>less than 50% of the influenza surveillance region(s) †</b>                |
| <b>4 = Widespread:</b>  | evidence of increased ILI* and lab confirmed influenza detection(s) <b>together with outbreaks</b> in schools, hospitals, residential institutions and/or other types of facilities occurring in <b>greater than or equal to 50% of the influenza surveillance region(s) †</b> |

\* ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.

† Sub-regions within the province or territory as defined by the provincial/territorial epidemiologist.



# RESPIRATORY WATCH

Week 15 (April 8 to April 14, 2012)

- 4) District Health Authorities (DHAs), Nova Scotia:
- DHA 1 – South Shore Health
  - DHA 2 – South West Health
  - DHA 3 – Annapolis Valley Health
  - DHA 4 – Colchester East Hants Health Authority
  - DHA 5 – Cumberland Health Authority
  - DHA 6 – Pictou County Health Authority
  - DHA 7 – Guysborough Antigonish Strait Health Authority
  - DHA 8 – Cape Breton District Health Authority
  - DHA 9 – Capital Health