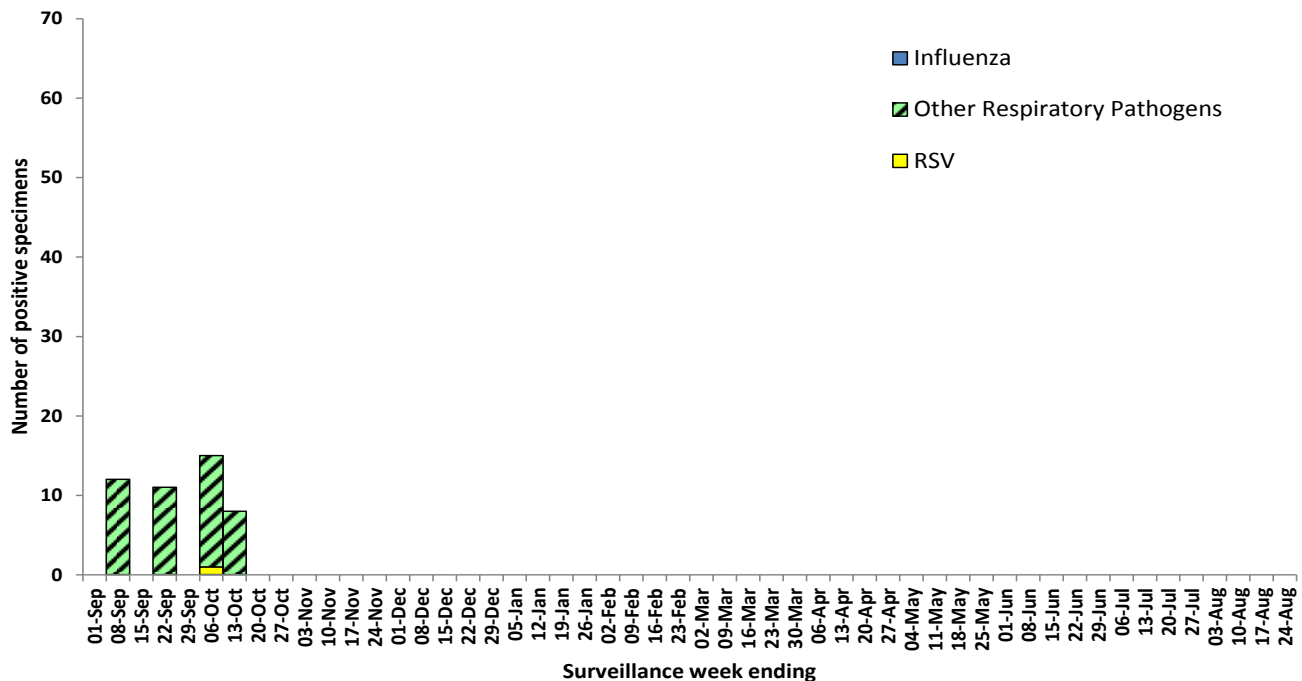


Summary of Nova Scotia surveillance findings, for the period ending October 13, 2012:

- There were no laboratory confirmed cases of influenza reported in week 41.
- Other respiratory pathogen activity continues. Positive results were received for chlamydomphila pneumonia and mycoplasma pneumonia.
- The ILI rate for Nova Scotia for this reporting period was 0.8. DHA 4 did not report.
- The sentinel swabbing program will commence November 15, 2012.

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2012–2013

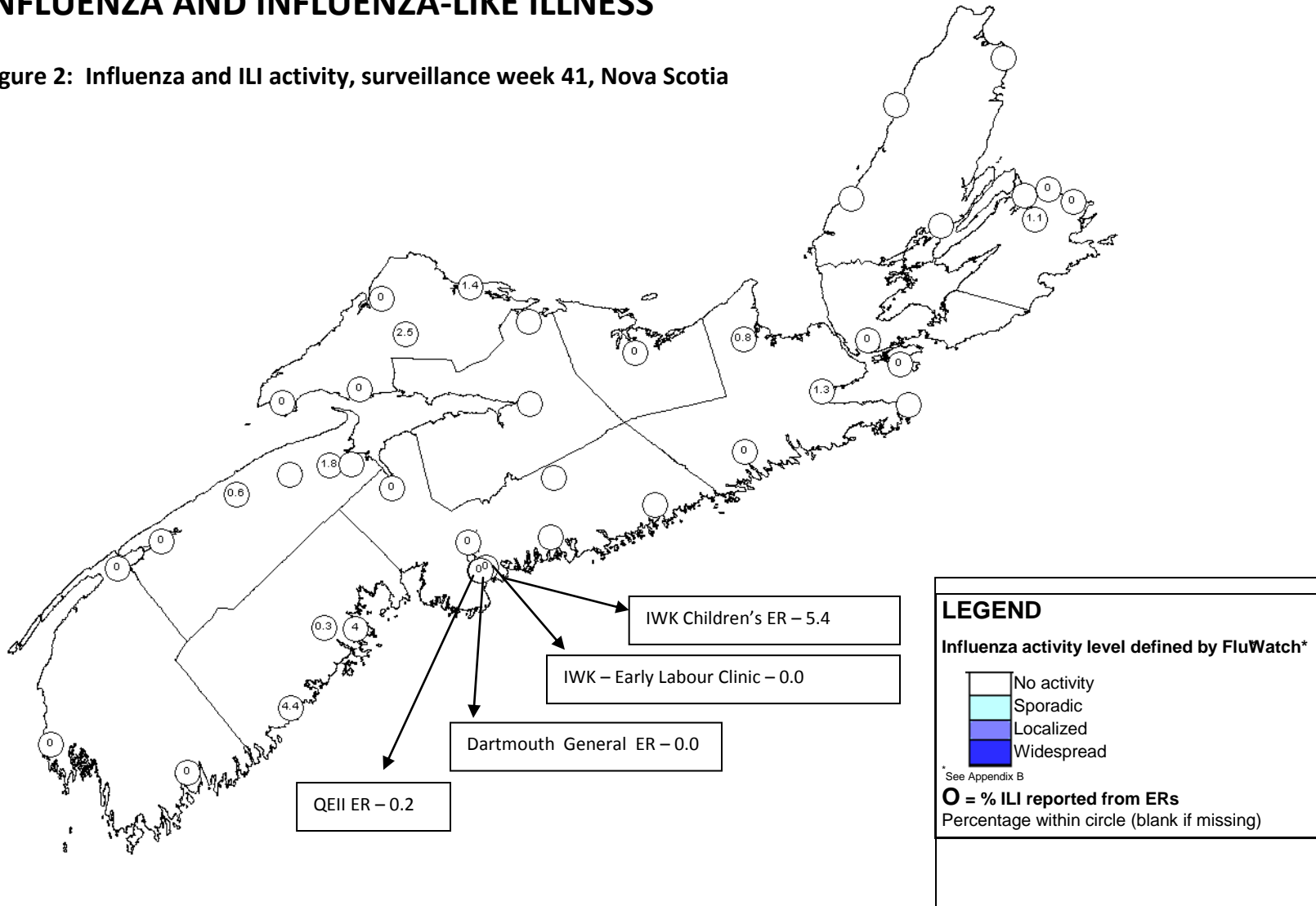


RESPIRATORY WATCH

Week 41 (October 7 to October 13, 2012)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 41, Nova Scotia



RESPIRATORY WATCH

Week 41 (October 7 to October 13, 2012)

Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2012–2013

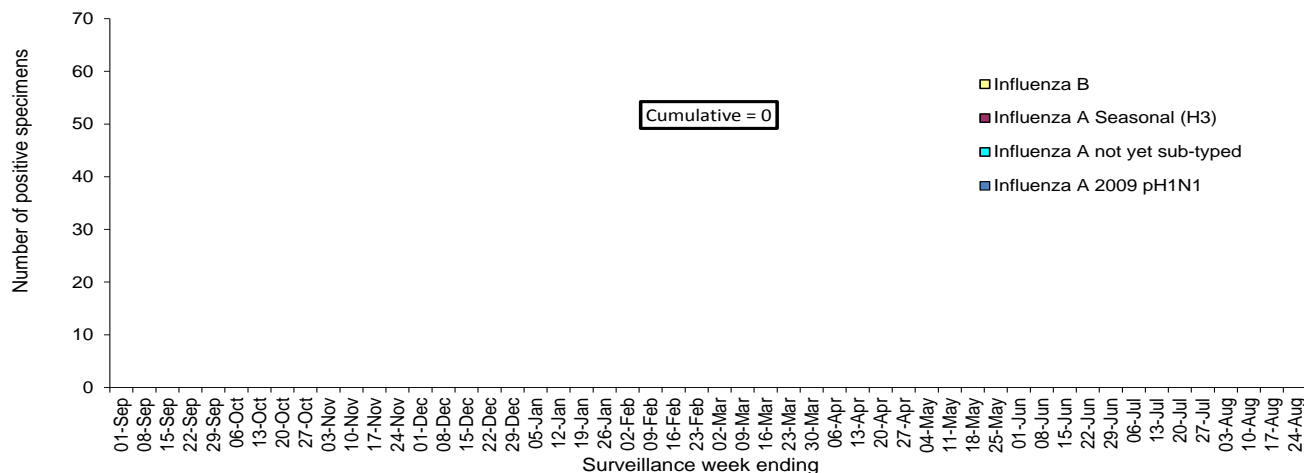
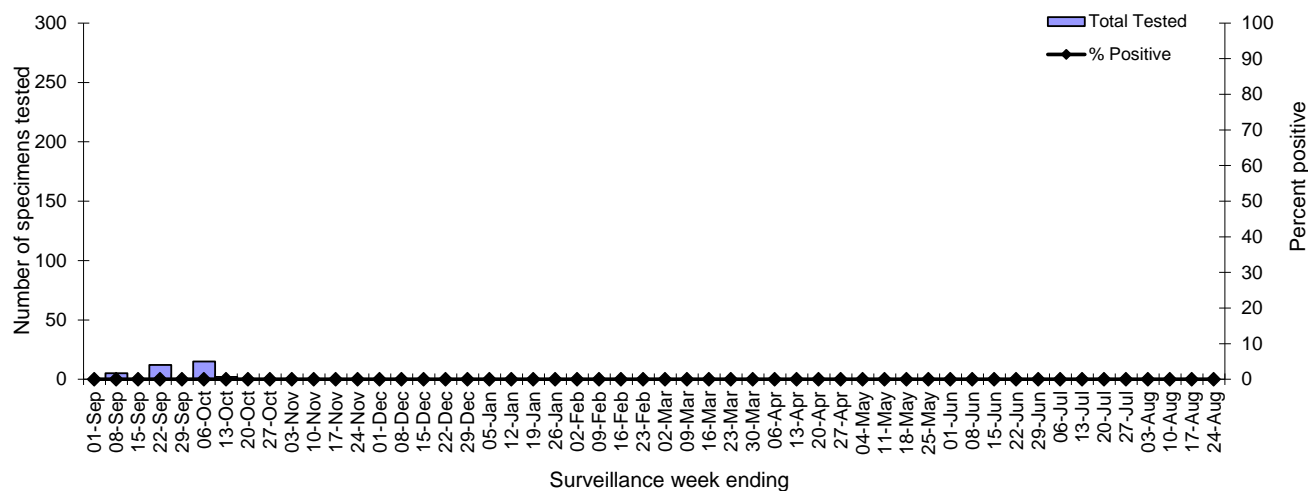


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2012–2013*



*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, 2012–2013

	DHA 1	DHA 2	DHA 3	DHA 4	DHA 5	DHA 6	DHA 7	DHA 8	DHA 9	Nova Scotia
Influenza A 2009 pH1N1										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza A (not yet sub-typed)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza B										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0

RESPIRATORY WATCH

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Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2012–2013

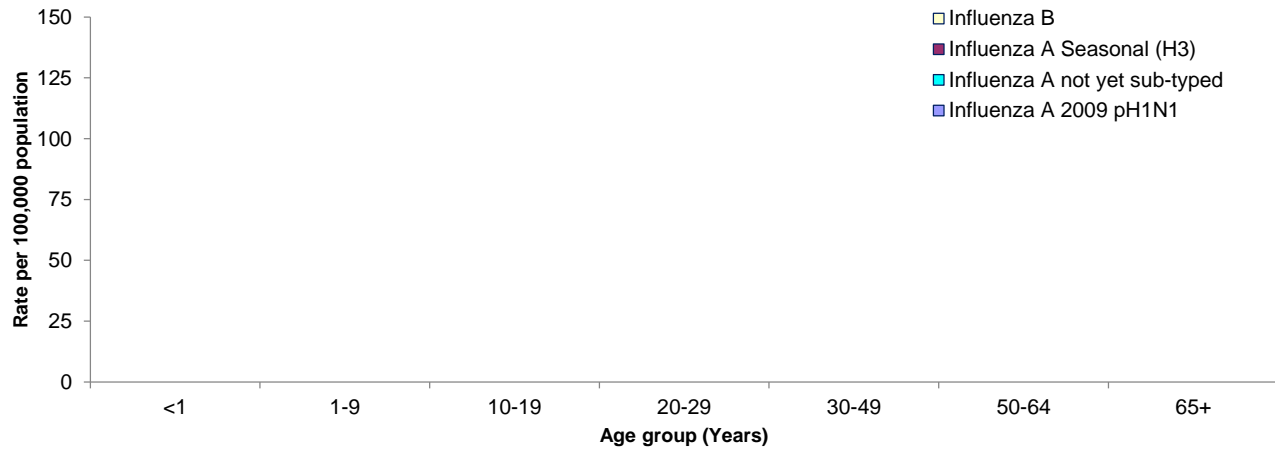


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013

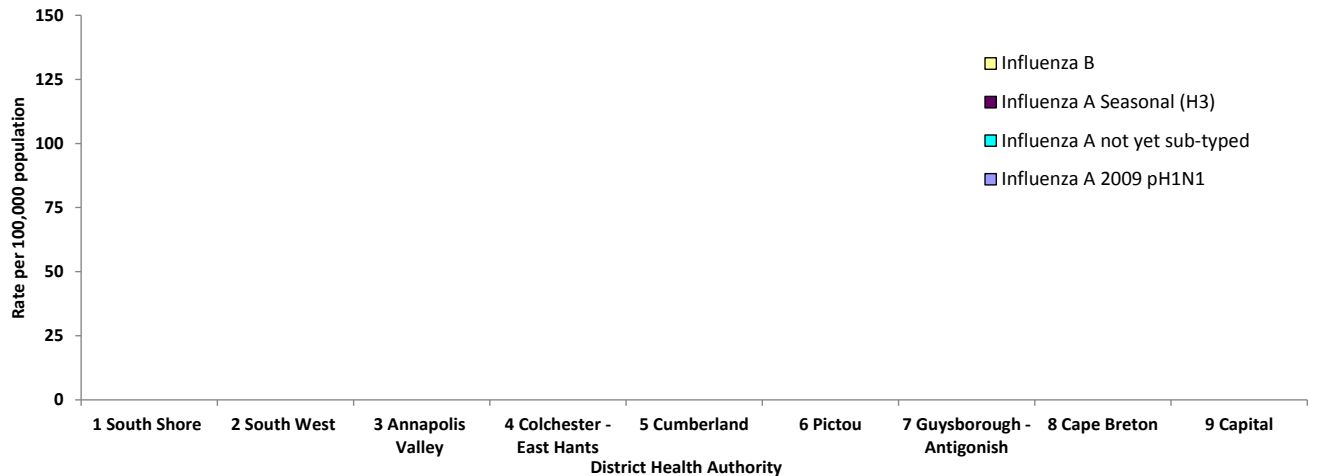


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia

	ER SURVEILLANCE			SENTINEL SURVEILLANCE*		
	%ILI	Reporting ERs		%ILI	Reporting Sentinels	
DHA 1	2.1	3	of 3	5.3	2	of 4
DHA 2	0.0	3	of 3	–	0	of 1
DHA 3	1.2	3	of 5	–	0	of 1
DHA 4	–	0	of 2	–	0	of 1
DHA 5	1.1	5	of 5	0.0	1	of 2
DHA 6	0.0	1	of 1	–	0	of 2
DHA 7	0.7	6	of 6	–	0	of 3
DHA 8	0.6	3	of 8	0.0	1	of 3
DHA 9	0.1	4	of 7	–	0	of 3
IWK	3.8	1	of 1			
Nova Scotia (excl. IWK)†	0.6	28	of 40	70.0%		
Nova Scotia (incl. IWK)	0.8	29	of 41	70.7%	2.6	4 of 18
					22.2%	

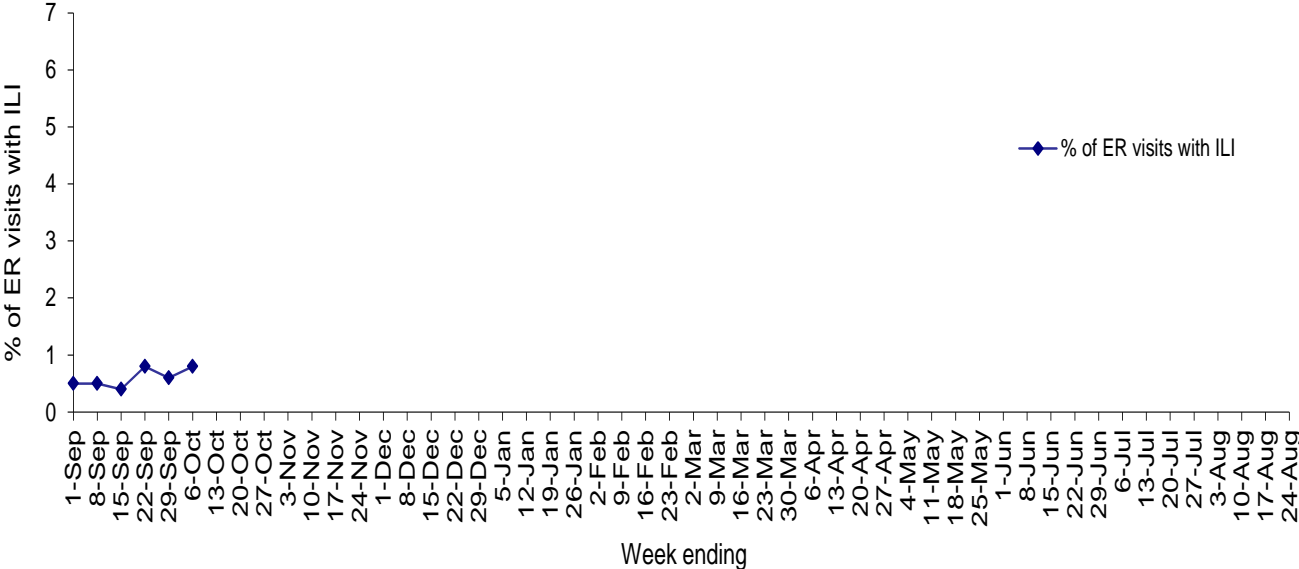
*Flu watch sentinels

†Excludes the children's ER from IWK

RESPIRATORY WATCH

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Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2012–2013



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RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2012–2013

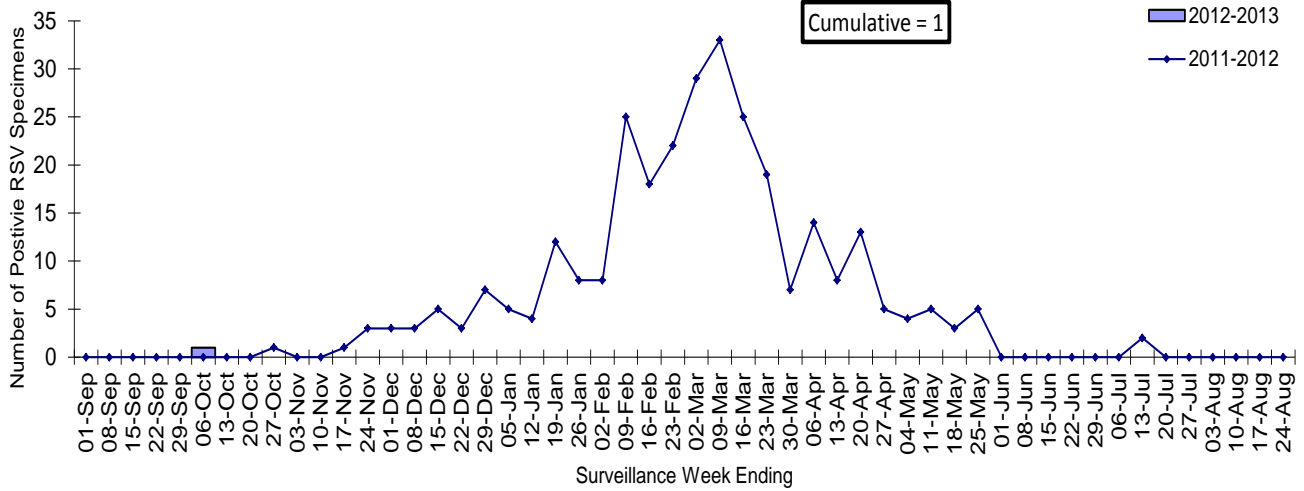
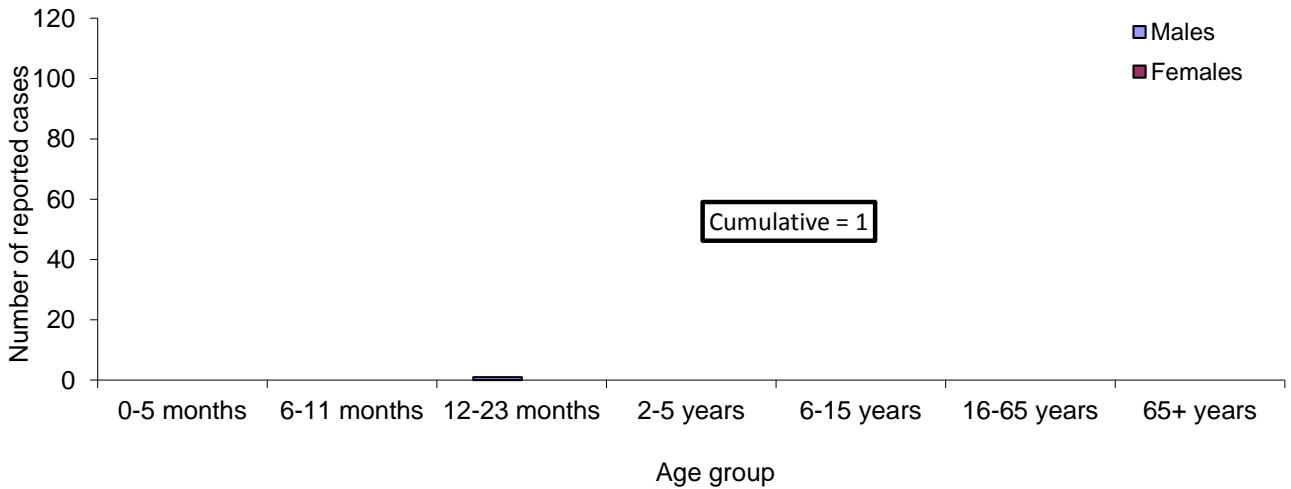


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013



RESPIRATORY WATCH

Week 41 (October 7 to October 13, 2012)

OTHER RESPIRATORY PATHOGENS

Table 3: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2012–2013

Number and percent positive for:	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	2	0	0.0	31	0	0.0
Bocavirus	2	0	0.0	31	0	0.0
Chlamydomphila pneumoniae	11	6	54.5	81	13	16.0
Coronavirus	2	0	0.0	31	0	0.0
Enterovirus	2	0	0.0	31	1	3.2
Metapneumovirus	2	0	0.0	31	1	3.2
Mycoplasma pneumoniae	11	2	18.2	81	15	18.5
Parainfluenza	2	0	0.0	31	1	3.2
Pertussis	11	0	0.0	48	4	8.3
Respiratory syncytial virus A	2	0	0.0	31	0	0.0
Respiratory syncytial virus B	2	0	0.0	31	0	0.0
Respiratory syncytial virus not typed	5	0	0.0	30	1	3.3
Rhinovirus	2	0	0.0	31	10	32.3

RESPIRATORY WATCH

Week 41 (October 7 to October 13, 2012)

APPENDIX: Definitions used in Influenza Surveillance, 2012-2013

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.

Hospitals and 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. closed communities.

3) National FluWatch Definitions for Influenza Activity Levels:

Influenza activity levels are defined as:

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

* 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

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- 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