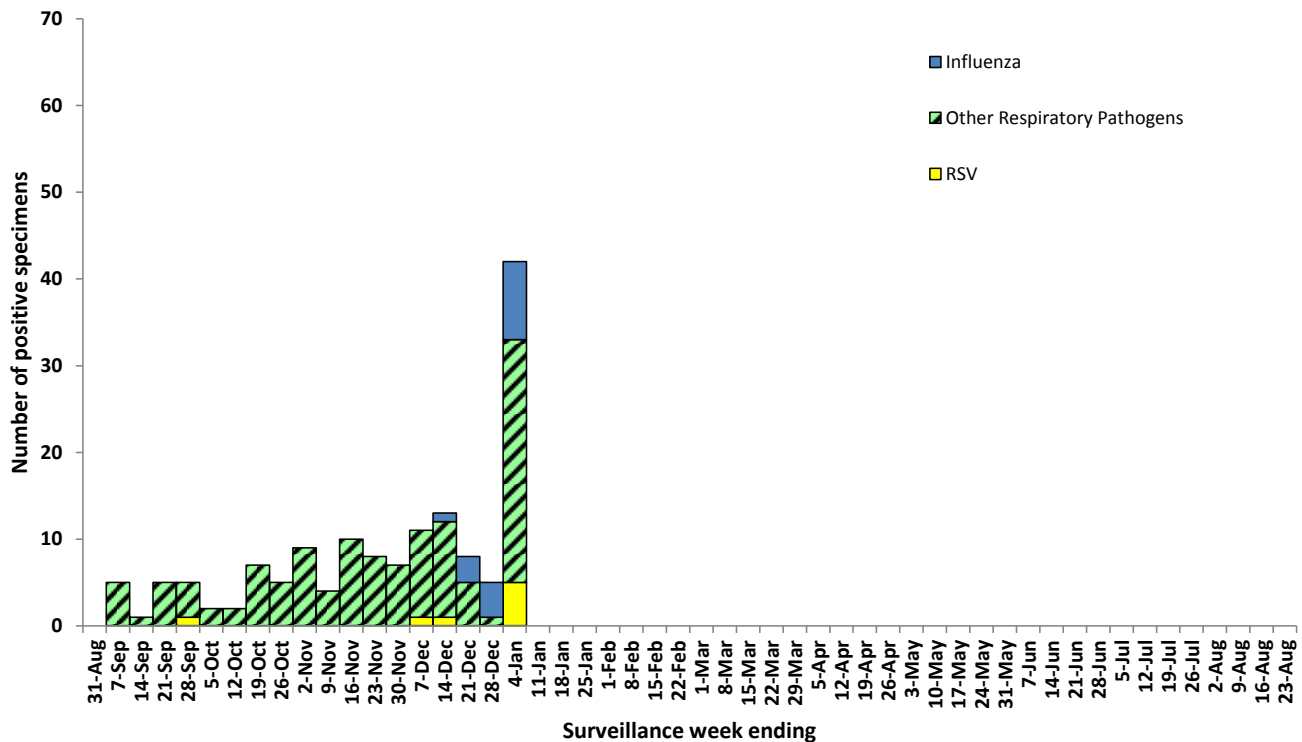


### Summary of Nova Scotia surveillance findings, for the period ending January 4, 2014:

- Influenza activity continues to increase. Positive results were received for influenza A (not yet subtyped).
- Positive results were received for coronavirus, metapneumovirus, mycoplasma pneumonia, parainfluenza, rhinovirus and RSV.
- The ILI rate for Nova Scotia for this reporting period was 0.9
- Eighty percent of emergency departments reported ILI rates for this reporting week.

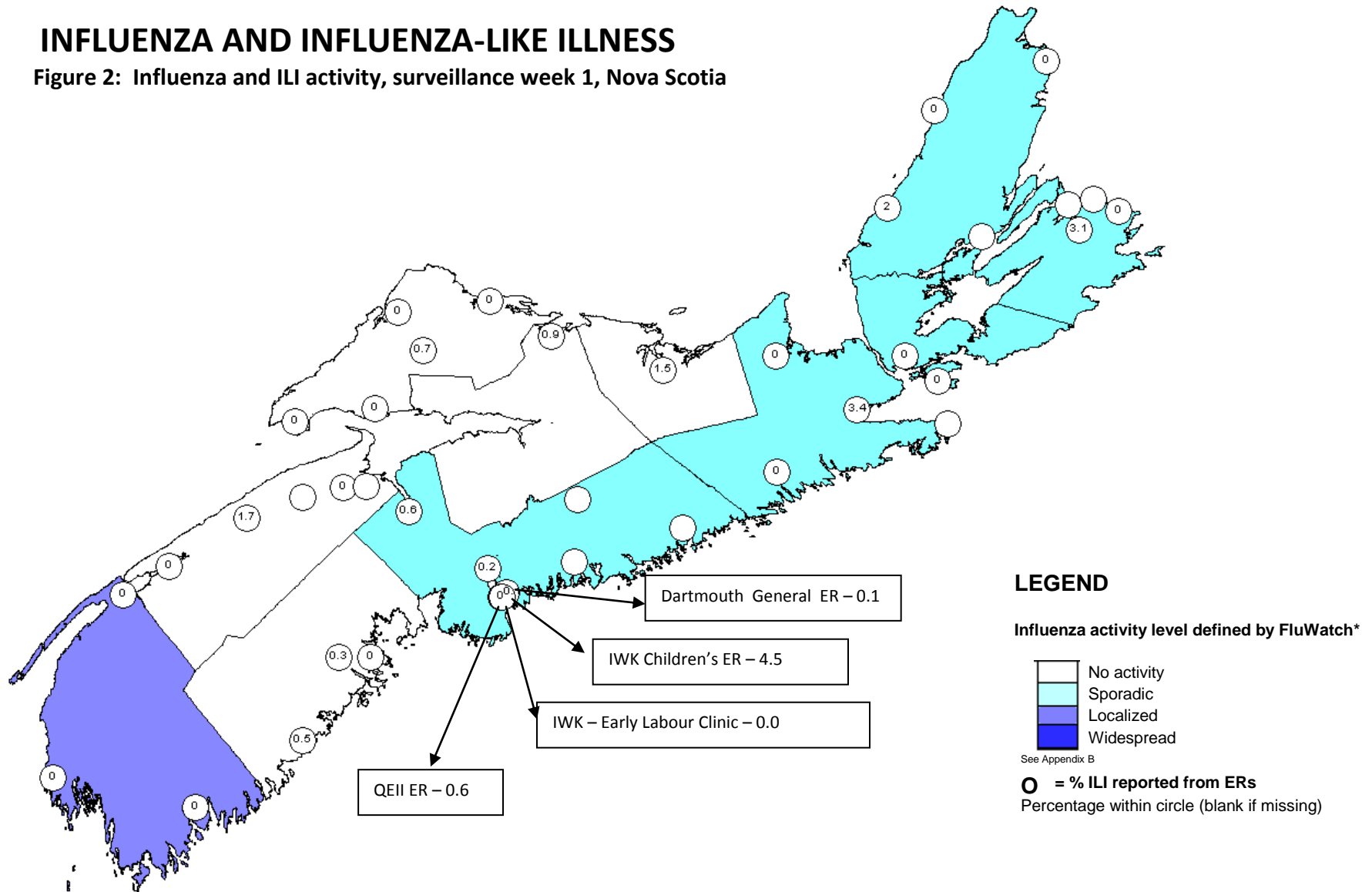
Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2013–2014



# RESPIRATORY WATCH

## INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 1, Nova Scotia



# RESPIRATORY WATCH

Week 1 (December 29 to January 4, 2014)

Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2013–2014

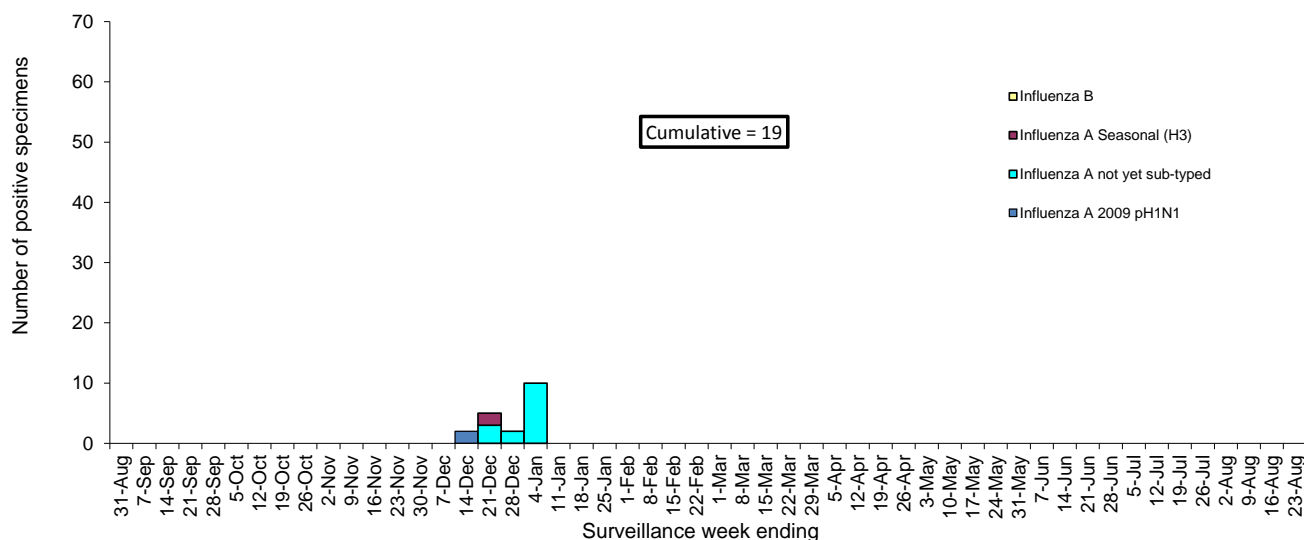
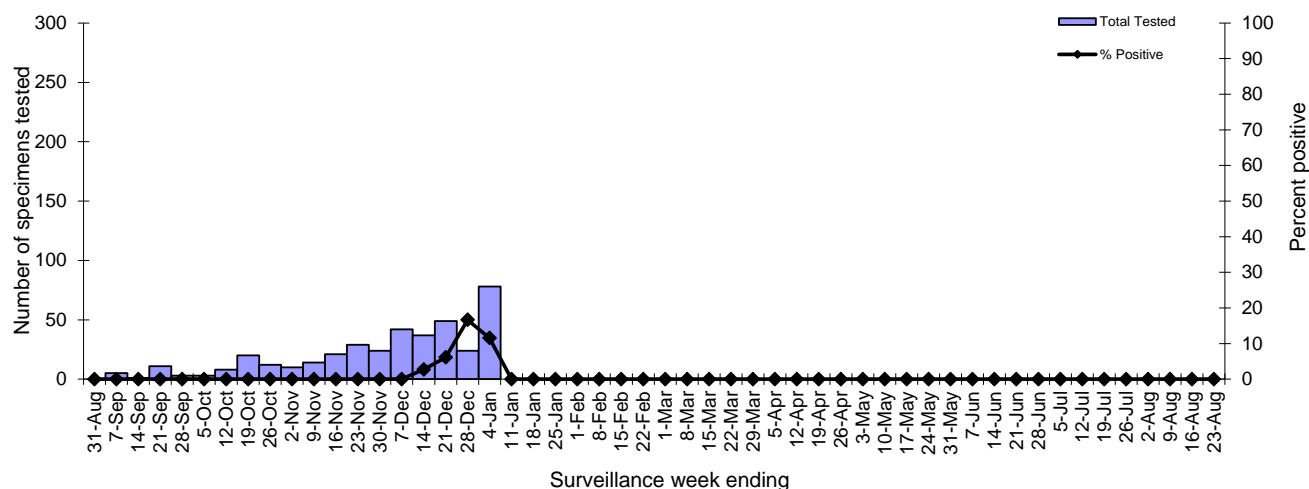


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2013–2014\*



\*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, 2013–2014

	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 2013 - 2014	0	0	1	0	0	0	0	0	1	2
<b>Influenza A (not yet sub-typed)</b>										
Current Week	0	2	0	0	0	0	1	1	6	10
Cumulative 2013 - 2014	0	2	0	0	0	0	2	1	10	15
<b>Influenza A Seasonal (H3)</b>										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2013 - 2014	0	0	1	0	0	0	0	0	1	2
<b>Influenza B</b>										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2013 - 2014	0	0	0	0	0	0	0	0	0	0

# RESPIRATORY WATCH

Week 1 (December 29 to January 4, 2014)

Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2013–2014

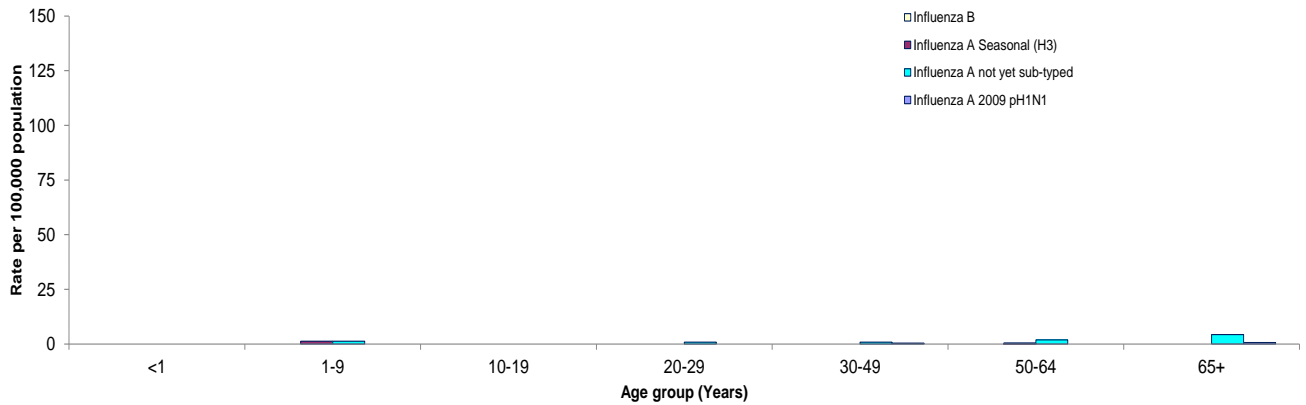


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2013–2014

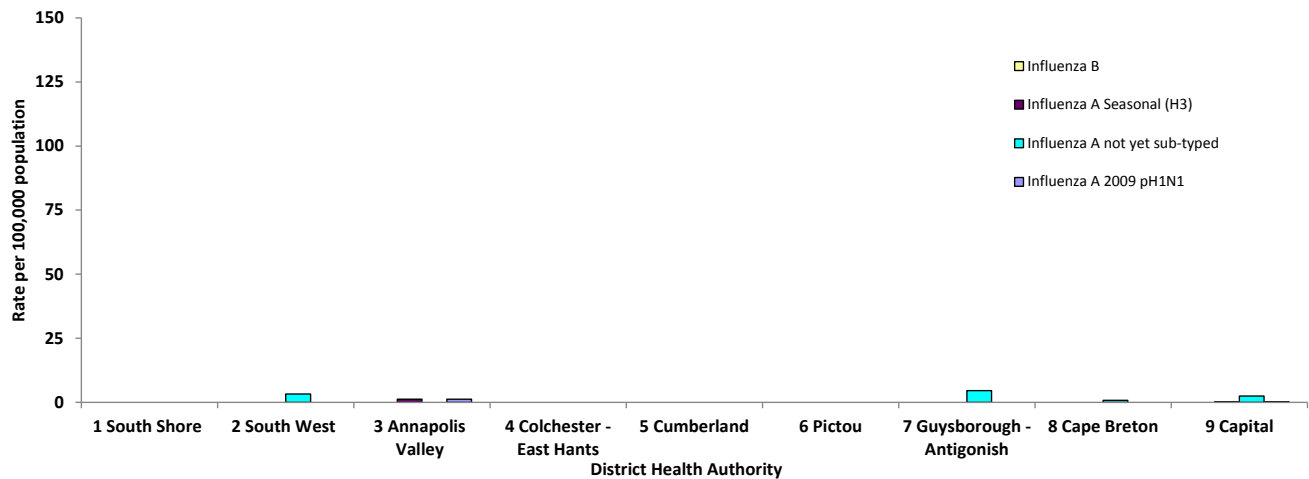


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia, 2013-2014

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs	%ILI	Reporting Sentinels
DHA 1	0.3	3 of 3	0.0	1 of 6
DHA 2	0.0	3 of 3	–	0 of 0
DHA 3	0.5	3 of 5	3.2	1 of 1
DHA 4	2.7	2 of 2	–	0 of 0
DHA 5	0.2	5 of 5	–	0 of 2
DHA 6	1.5	1 of 1	–	0 of 2
DHA 7	0.2	6 of 6	0.0	1 of 1
DHA 8	1.9	5 of 8	0.0	1 of 4
DHA 9	0.4	4 of 7	0.0	1 of 14
IWK	3.3	1 of 1		
<b>Nova Scotia (excl. IWK)†</b>	<b>0.8</b>	<b>32 of 40</b>	<b>80.0%</b>	
<b>Nova Scotia (incl. IWK)</b>	<b>0.9</b>	<b>33 of 41</b>	<b>80.5%</b>	<b>5 of 30</b> <b>16.7%</b>

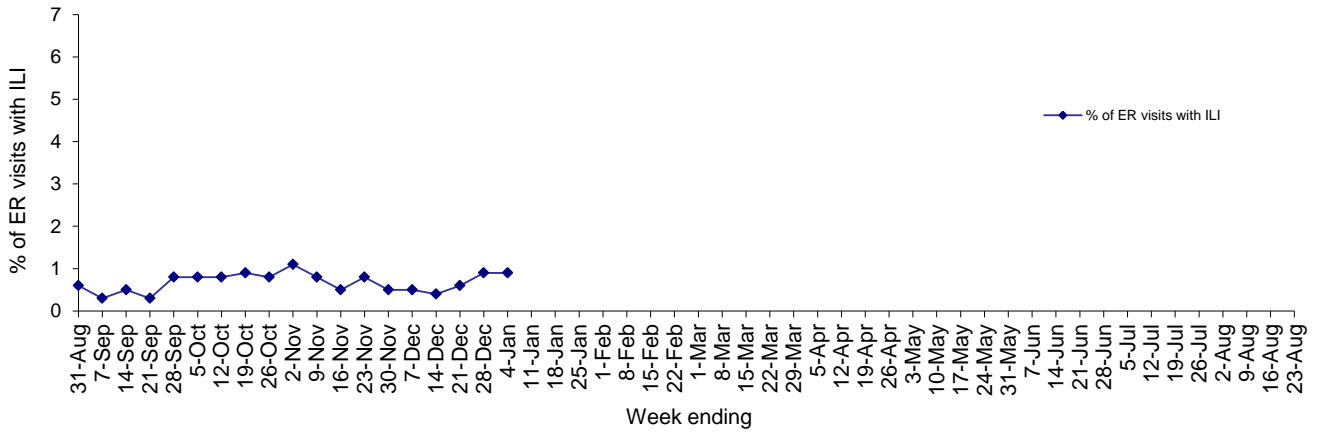
\*Flu watch sentinels

†Excludes the children's ER from IWK

# RESPIRATORY WATCH

Week 1 (December 29 to January 4, 2014)

Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2013–2014



## RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2013–2014

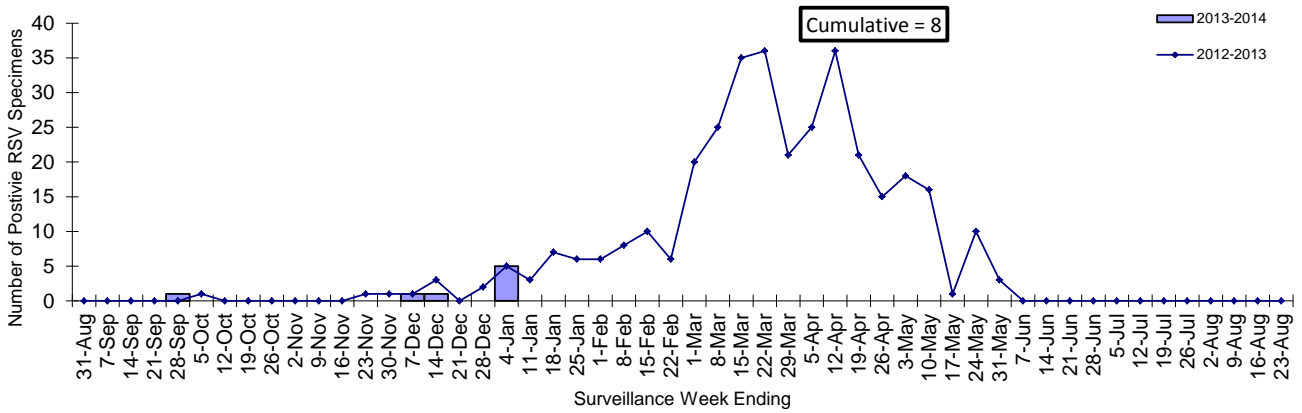
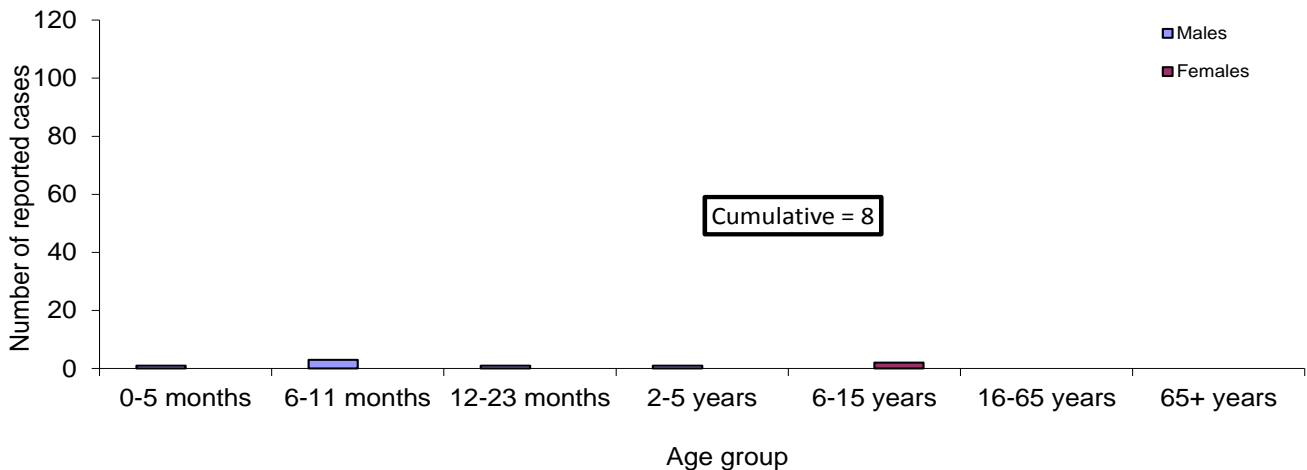


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2013-2014



# RESPIRATORY WATCH

Week 1 (December 29 to January 4, 2014)

## 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, 2013–2014

Number and percent positive for:	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	60	0	0.0	332	1	0.3
Bocavirus	60	0	0.0	332	0	0.0
Chlamydomphila pneumoniae	29	0	0.0	203	2	1.0
Coronavirus	60	1	1.7	332	1	0.3
Enterovirus	60	0	0.0	332	0	0.0
Metapneumovirus	60	3	5.0	332	4	1.2
Mycoplasma pneumoniae	29	9	31.0	203	36	17.7
Parainfluenza	60	9	15.0	332	33	9.9
Pertussis	3	0	0.0	54	2	3.7
Respiratory syncytial virus A	60	0	0.0	332	0	0.0
Respiratory syncytial virus B	60	2	3.3	332	2	0.6
Respiratory syncytial virus not typed	21	3	0.0	113	6	5.3
Rhinovirus	60	6	10.0	332	45	13.6

This week's laboratory reporting does not include data from IWK or DHA 3

# RESPIRATORY WATCH

Week 1 (December 29 to January 4, 2014)

## APPENDIX: Definitions used in Influenza Surveillance, 2013-2014

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:**

- |                         |  |
|-------------------------|--|
| <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 outbreaks</b> detected within the influenza surveillance region†   |
| <b>3 = Localized:</b>   | (1) evidence of increased ILI* and<br>(2) lab confirmed influenza detection(s) together with<br>(3) outbreaks in schools, hospitals, residential institutions and/or other types of facilities occurring in <b>less than 50% of the influenza surveillance region</b> †                |
| <b>4 = Widespread:</b>  | (1) evidence of increased ILI* and<br>(2) lab confirmed influenza detection(s) together with<br>(3) outbreaks 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</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 1 (December 29 to January 4, 2014)

- 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