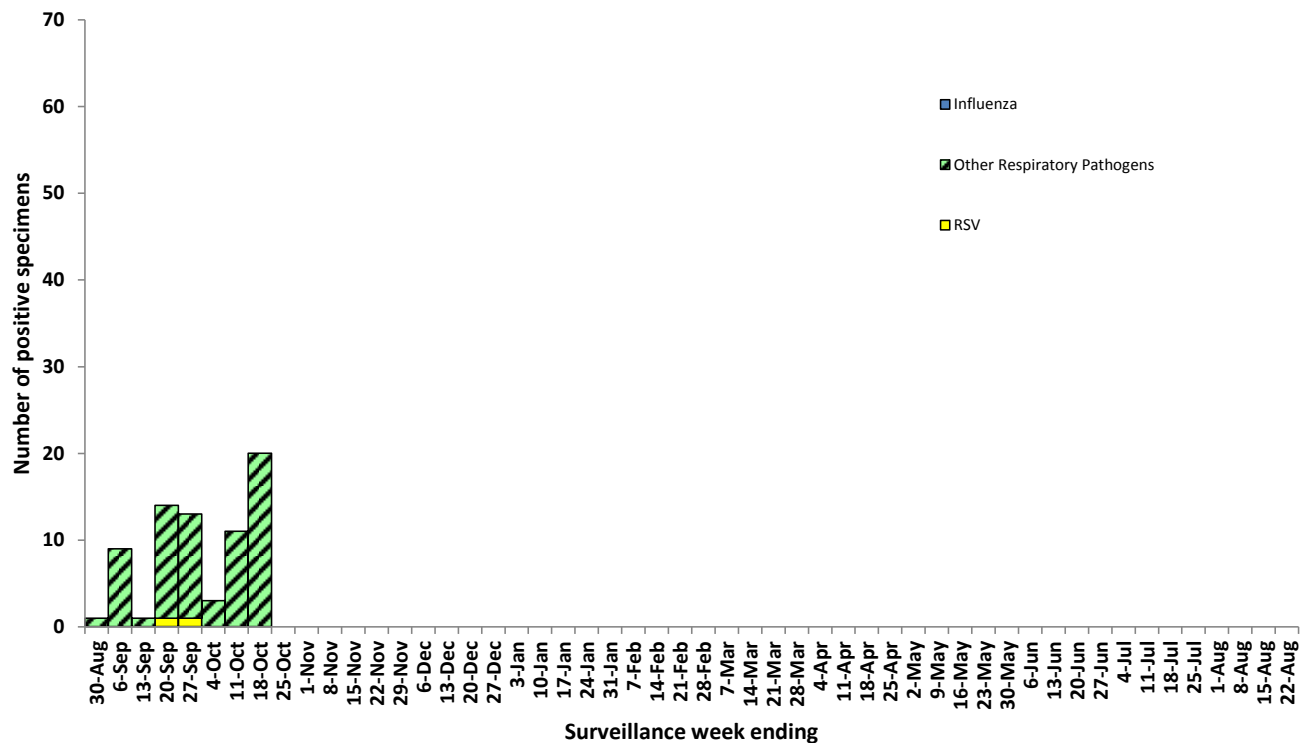


Summary of Nova Scotia surveillance findings, for the period ending October 18, 2014:

- No cases of influenza were reported during week 42.
- Positive results were received adenovirus, coronavirus, mycoplasma pneumonia, pertussis and rhinovirus.
- The ILI rate for Nova Scotia for this reporting period was 0.7.
- Eighty-seven percent of emergency departments reported ILI data.

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2014–2015

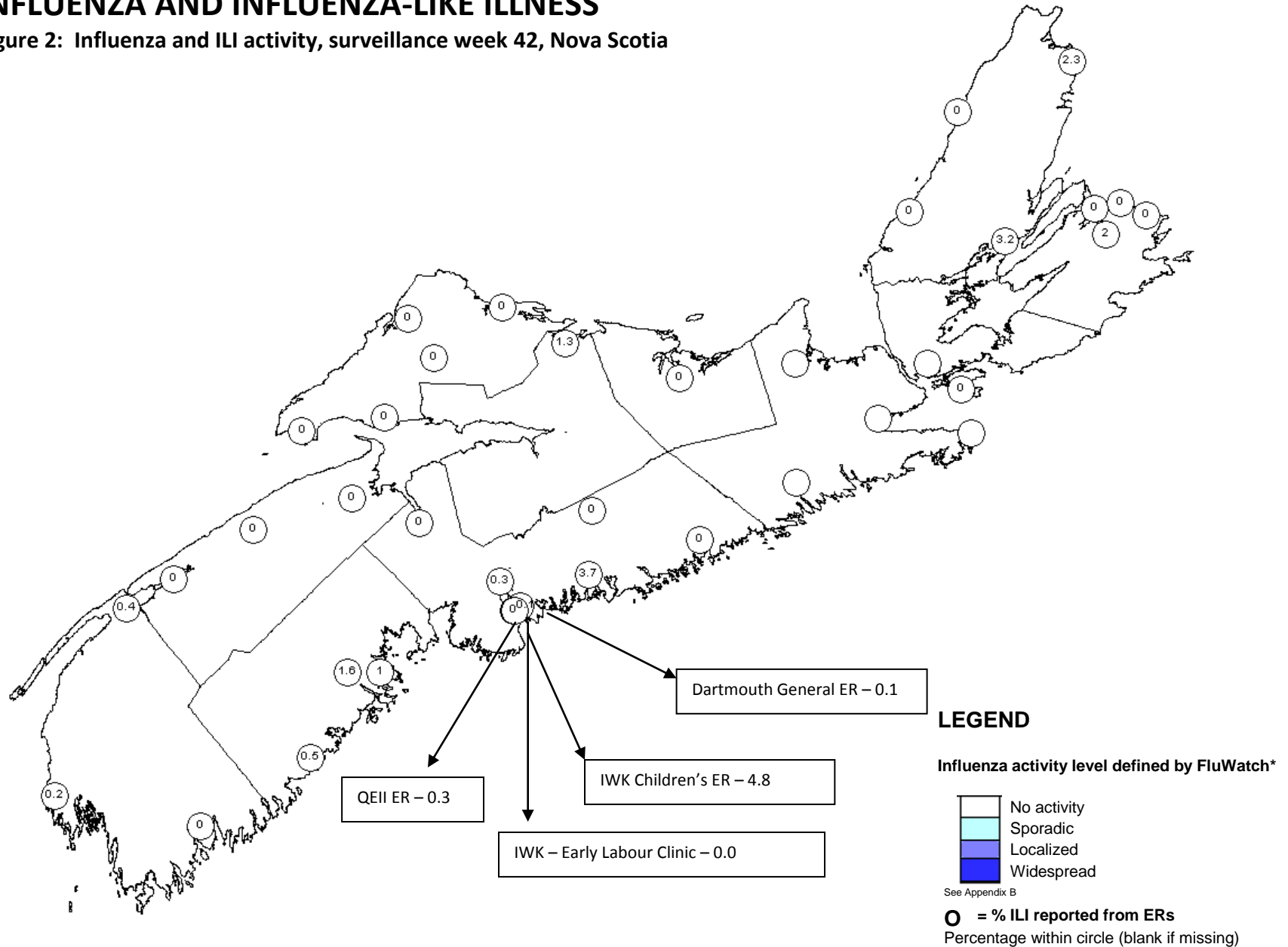


RESPIRATORY WATCH

Week 42 (October 12 to October 18, 2014)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 42, Nova Scotia



RESPIRATORY WATCH

Week 42 (October 12 to October 18, 2014)

Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2014–2015

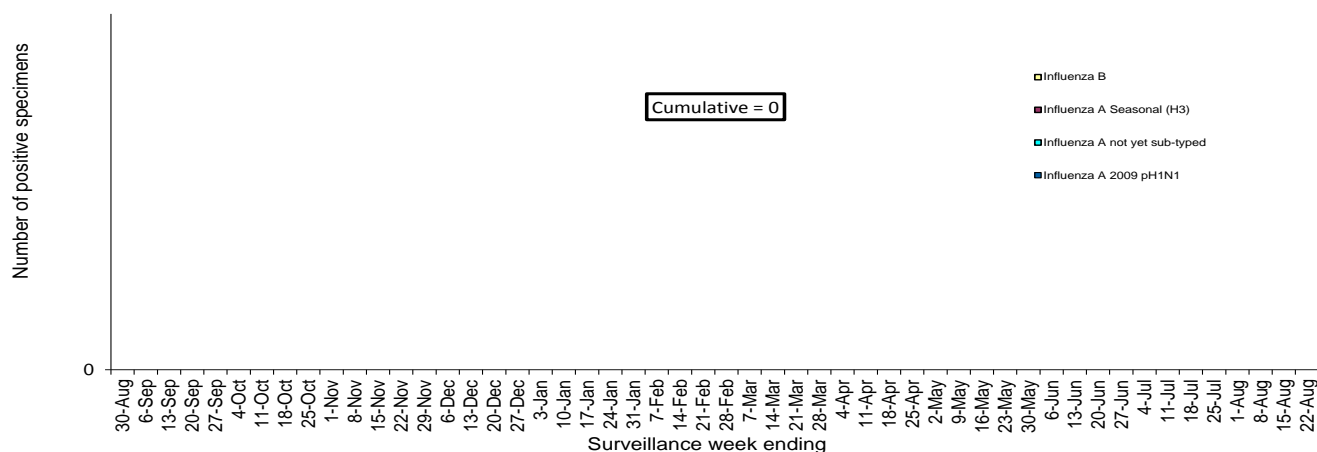
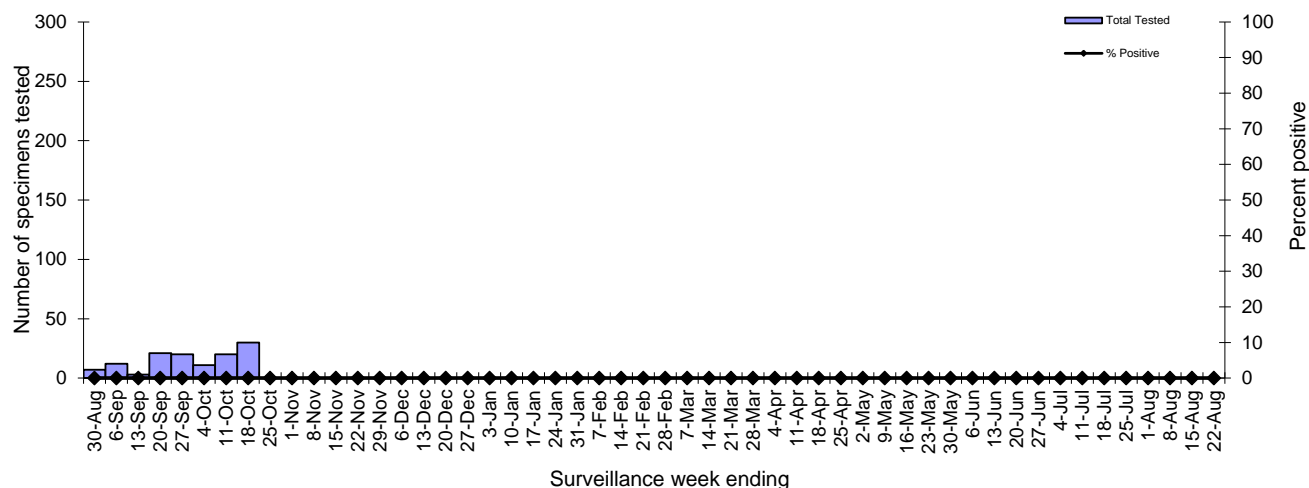


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2014–2015*



*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, 2014–2015

	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 2014 - 2015	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 2014 - 2015	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 2014 - 2015	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 2014 - 2015	0	0	0	0	0	0	0	0	0	0

RESPIRATORY WATCH

Week 42 (October 12 to October 18, 2014)

Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2014–2015

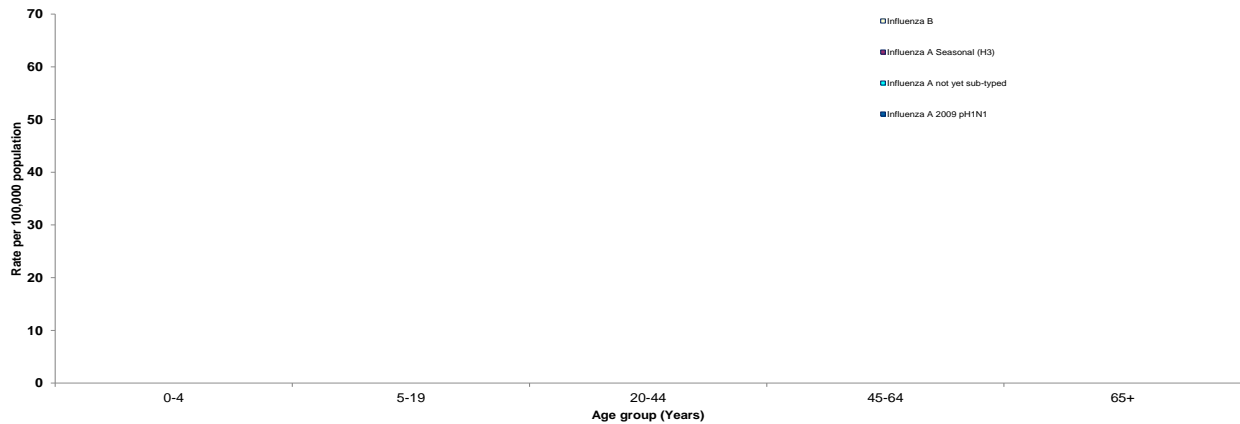


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2014–2015

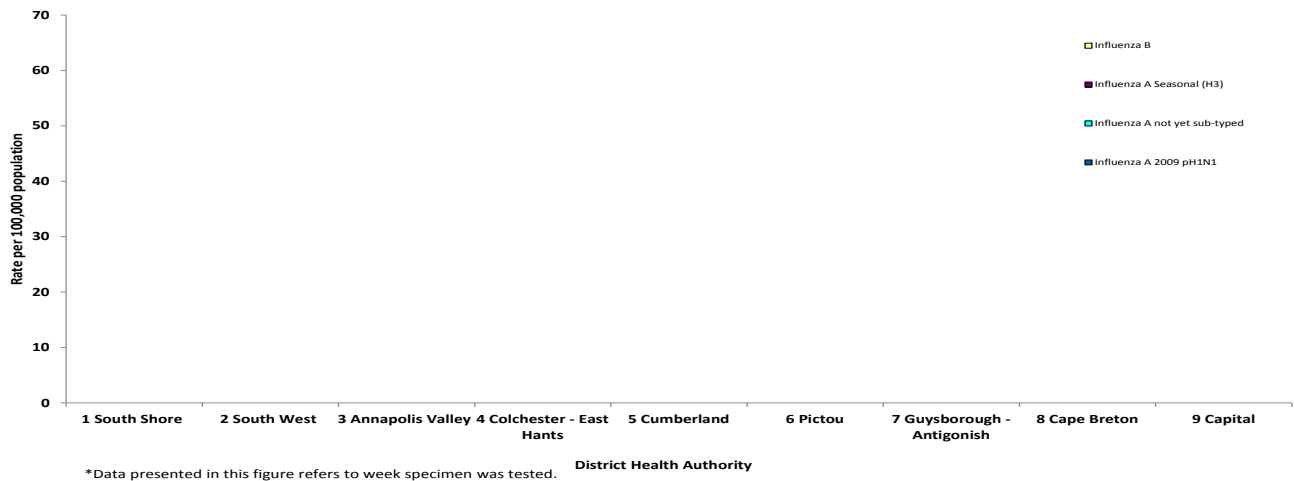


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia, 2014-2015

	ER SURVEILLANCE			SENTINEL SURVEILLANCE*		
	%ILI	Reporting ERs		%ILI	Reporting Sentinels	
DHA 1	0.1	3	of 3	2.5	2 of 6	
DHA 2	0.2	3	of 3	-	0 of 0	
DHA 3	0.0	3	of 3	-	0 of 1	
DHA 4	2.0	2	of 2	-	0 of 0	
DHA 5	0.0	5	of 5	0.0	1 of 2	
DHA 6	0.0	1	of 1	-	0 of 2	
DHA 7	0.0	1	of 6	-	0 of 1	
DHA 8	1.0	8	of 8	0.0	1 of 4	
DHA 9	0.3	7	of 7	0.0	2 of 14	
IWK	3.6	1	of 1			
Nova Scotia (excl. IWK)†	0.5	33 of 38	86.8%			
Nova Scotia (incl. IWK)	0.7	34 of 39	87.2%	1.5%	6 of 30	20.0%

*Flu watch sentinels

†Excludes the children's ER from IWK

RESPIRATORY WATCH

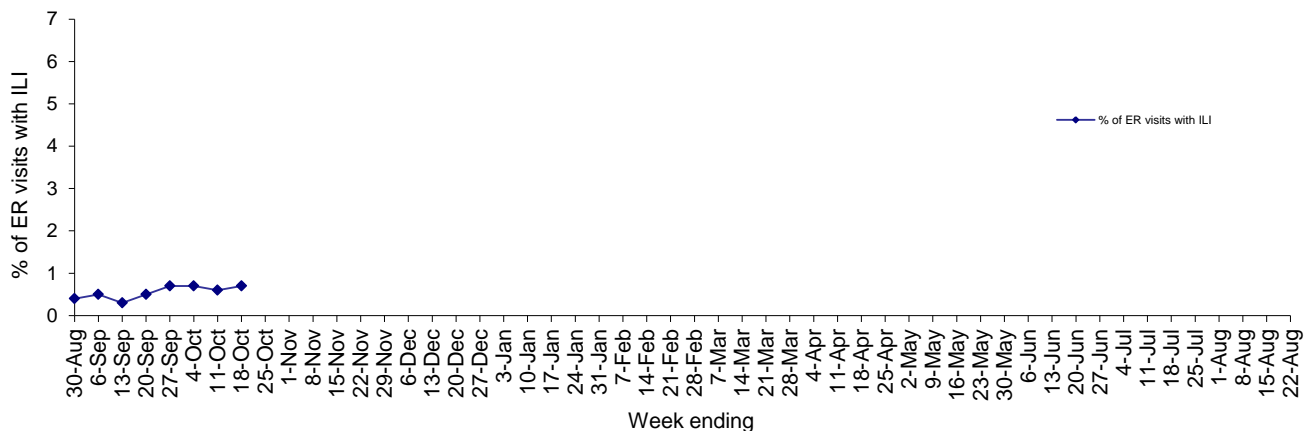
Week 42 (October 12 to October 18, 2014)

Table 3: Hospitalizations, ICU Admissions and Deaths for influenza positive patients, Nova Scotia, 2014-2015

	Hospitalized*	ICU	Death
Influenza A 2009 pH1N1			
Current Week	0	0	0
Cumulative 2014 - 2015	0	0	0
Influenza A (not yet sub-typed)			
Current Week	0	0	0
Cumulative 2014 - 2015	0	0	0
Influenza A Seasonal (H3)			
Current Week	0	0	0
Cumulative 2014 - 2015	0	0	0
Influenza B			
Current Week	0	0	0
Cumulative 2014 - 2015	0	0	0
Current Week Total	0	0	0
Season Total	0	0	0

* Note: Hospitalized cases exclude ICU admissions

Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2014–2015



RESPIRATORY WATCH

Week 42 (October 12 to October 18, 2014)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2014–2015

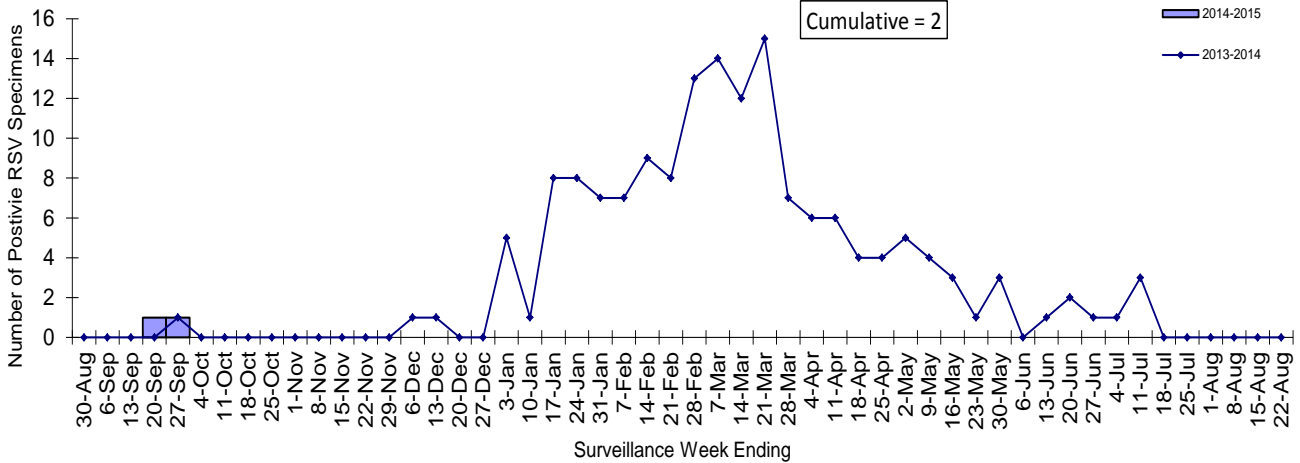
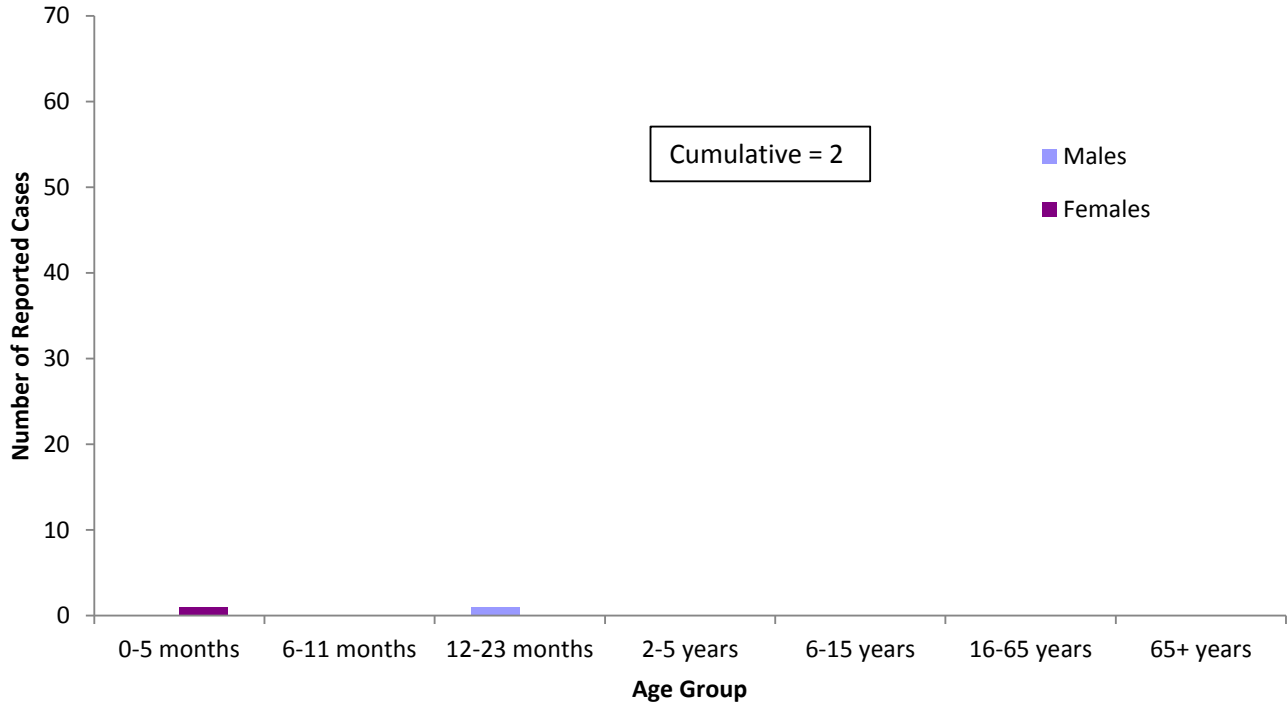


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2014-2015



RESPIRATORY WATCH

Week 42 (October 12 to October 18, 2014)

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, 2014–2015

Number and percent positive for:	Surveillance Week			Cumulative		
	n tested	n positive	% positive	Season-to-Date	Totals	
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	24	1	4.2	108	3	2.8
Bocavirus	24	0	0.0	108	0	0.0
Chlamydomphila pneumoniae	37	0	0.0	119	0	0.0
Coronavirus	24	1	4.2	108	1	0.9
Enterovirus	24	0	0.0	108	1	0.9
Metapneumovirus	24	0	0.0	108	0	0.0
Mycoplasma pneumoniae	36	5	13.9	118	17	14.4
Parainfluenza	24	2	8.3	108	5	4.6
Pertussis	15	1	6.7	53	3	5.7
Respiratory syncytial virus A	24	0	0.0	108	0	0.0
Respiratory syncytial virus B	24	0	0.0	108	0	0.0
Respiratory syncytial virus not typed	16	0	0.0	51	2	3.9
Rhinovirus	24	12	50.0	108	40	37.0

RESPIRATORY WATCH

Week 42 (October 12 to October 18, 2014)

APPENDIX: Definitions used in Influenza Surveillance, 2014-2015

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

Week 42 (October 12 to October 18, 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