

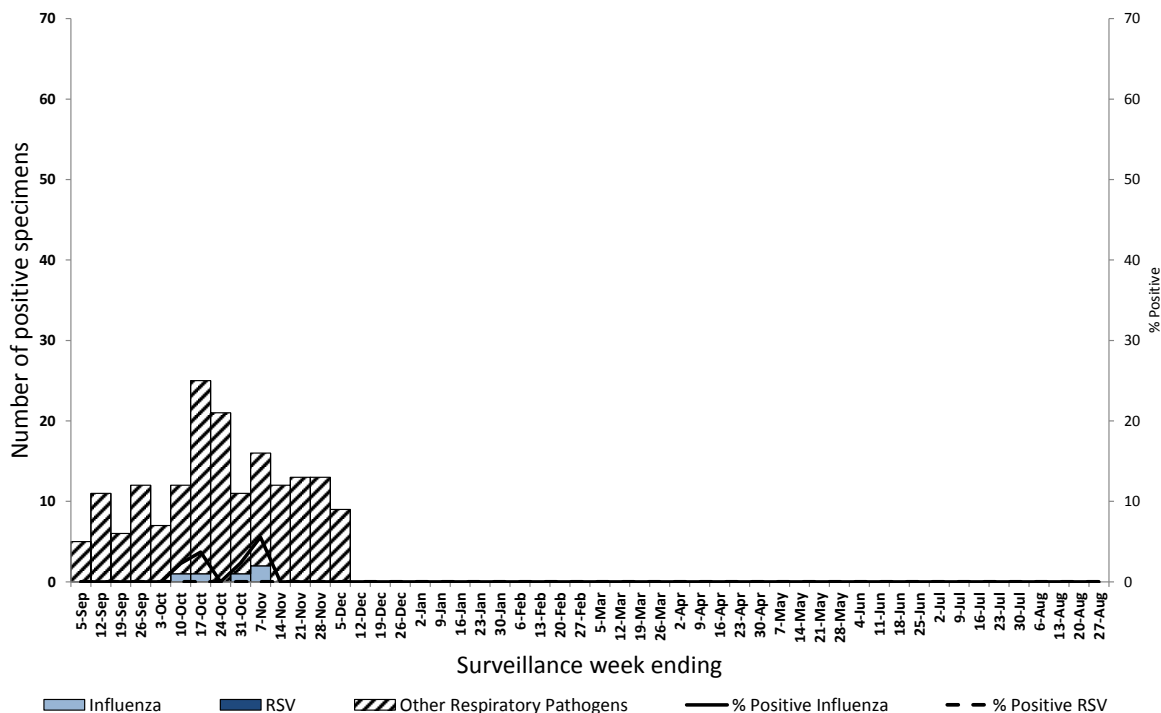
## IN SUMMARY...

<b>Activity levels</b>
<ul style="list-style-type: none"> <li>All zones are reporting no activity.</li> </ul>
<b>Laboratory-confirmed cases***</b>
<ul style="list-style-type: none"> <li>There have been 0 influenza cases this week, There have been 5 lab confirmed cases of influenza this season (1 influenza A H3 and 4 influenza A not subtyped).</li> <li>Positive test results were received for mycoplasma pneumonia, pertussis and rhinovirus..</li> </ul>
<b>Severity</b>
<ul style="list-style-type: none"> <li>There has been 1 ICU admission of laboratory confirmed influenza and 1 influenza deaths*** for the 2015-2016 influenza season.</li> </ul>
<b>Syndromic surveillance</b>
<ul style="list-style-type: none"> <li>The ILI rate for Nova Scotia this reporting period was 0.8.</li> <li>92% of emergency departments reported ILI data for this period.</li> </ul>

\*Reporting weeks run from Sunday to Saturday. The 2015-2016 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 30, 2015 (Week 35) to August 27, 2016 (Week 34); \*\*Outbreak data is obtained from CNPHI, see appendix for definitions.; \*\*\* Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.

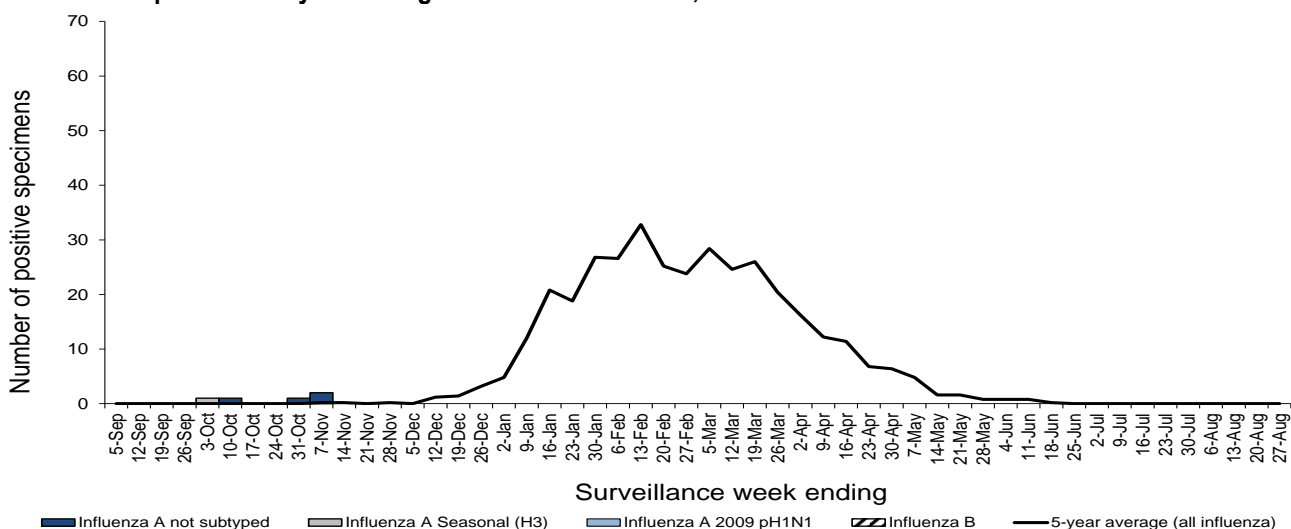
## LABORATORY-CONFIRMED CASES

**Figure 1: Number of respiratory specimens tested positive, and select percent positives, by report week, 2015-2016 season, Nova Scotia.**



\*Data for this figure is obtained from provincial laboratories. All other data, unless otherwise stated, has been obtained from ANDS. Reporting lags may cause the data in this figure to not reconcile with others.

**Figure 2: Number of reported lab-confirmed influenza cases by type and report week, 2015-2016 season, with trend-line comparison to 5-year average of all influenza cases, Nova Scotia.**



**Table 1: Number of total laboratory-confirmed influenza cases, current week and cumulative 2015-2016 season, by zones in Nova Scotia.**

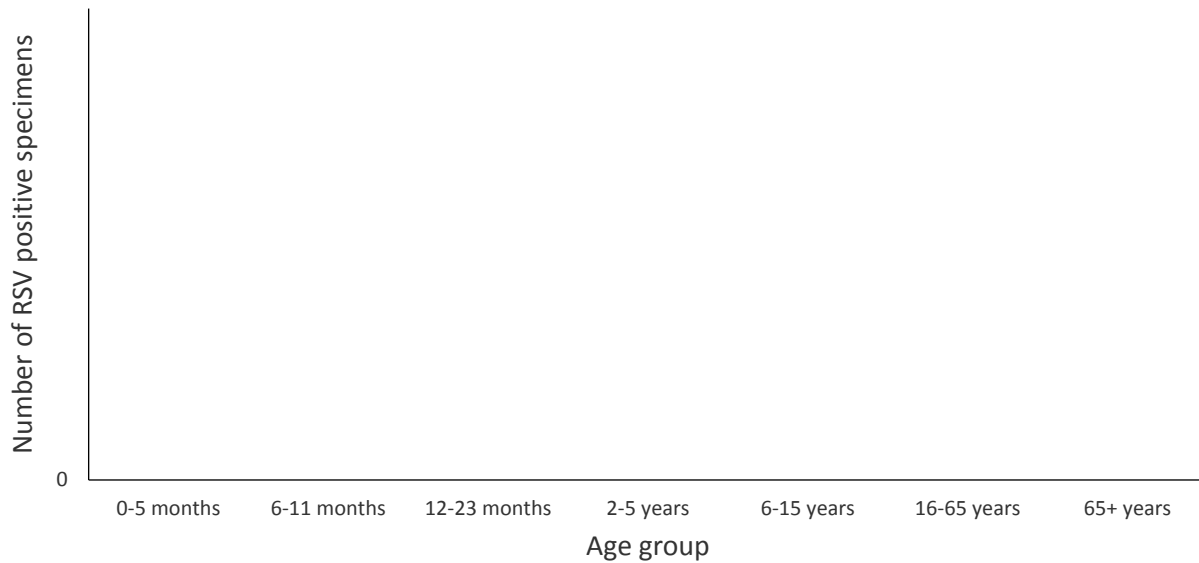
Zone*	Current Week					Cumulative 2015-2016				
	Influenza A				Influenza B	Influenza A				Influenza B
	Total	A(H1) pdm09	A (H3)	A not subtyped		Total	A(H1) pdm09	A (H3)	A not subtyped	
1 - Western	0	0	0	0	0	1	0	1	0	0
2 - Northern	0	0	0	0	0	0	0	0	0	0
3 - Eastern	0	0	0	0	0	1	0	0	1	0
4 - Central	0	0	0	0	0	3	0	0	3	0
<b>Nova Scotia Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>

\*Zones are defined in the appendix.

**Table 2: Number of total laboratory-confirmed influenza cases, current week and cumulative 2015-2016 season, by age group in Nova Scotia.**

Zone*	Current Week					Cumulative 2015-2016				
	Influenza A				Influenza B	Influenza A				Influenza B
	Total	A(H1) pdm09	A (H3)	A not subtyped		Total	A(H1) pdm09	A (H3)	A not subtyped	
0-4	0	0	0	0	0	0	0	0	0	0
5-19	0	0	0	0	0	0	0	0	0	0
20-44	0	0	0	0	0	0	0	0	0	0
45-64	0	0	0	0	0	2	0	0	2	0
65+	0	0	0	0	0	3	0	1	2	0
<b>Nova Scotia Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>

**Figure 3: RSV cases by age group, cumulative 2015-2016 season, Nova Scotia.**



### SEVERITY

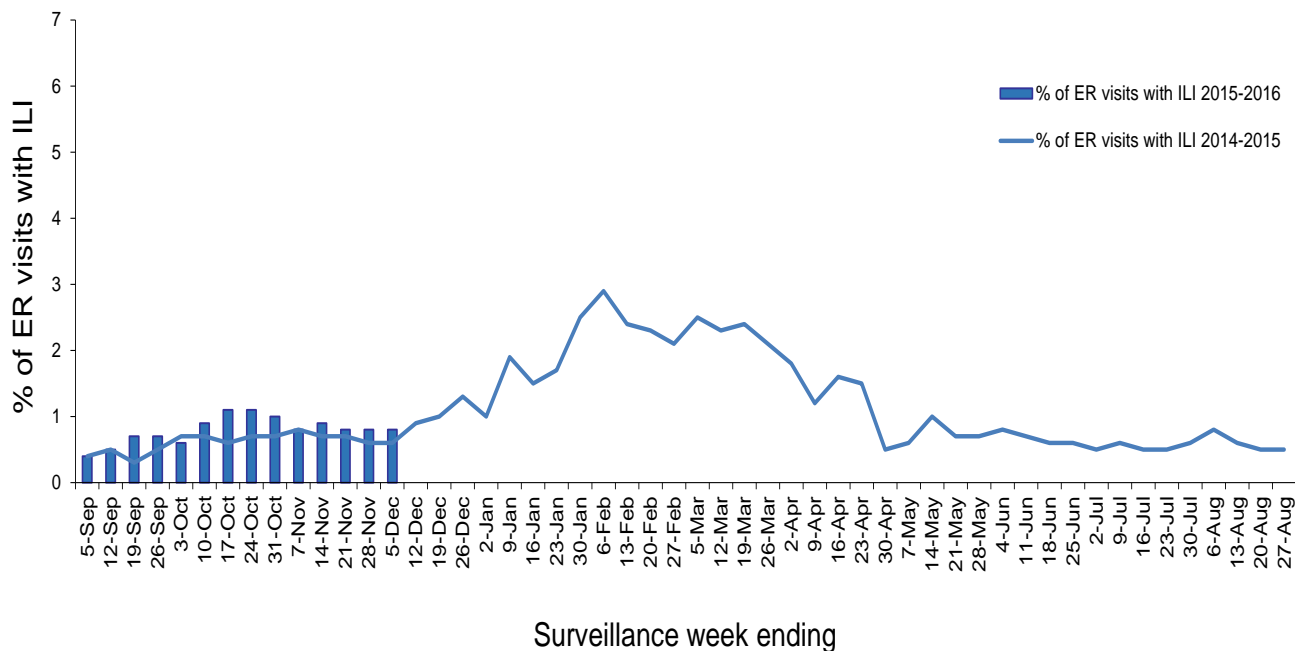
**Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2015-2016 season, Nova Scotia.**

Pathogen	Current surveillance week			Cumulative 2015-2016		
	Hospitalized*	ICU	Death**	Hospitalized	ICU	Death
Influenza A (H1) pdm09	0	0	0	0	0	0
Influenza A unsubtype	0	0	0	1	1	1
Influenza A (H3)	0	0	0	1	0	0
Influenza B	0	0	0	0	0	0
<b>Nova Scotia Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>

\*Hospitalizations do not include ICU admissions; \*\*Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.\*

## SYNDROMIC SURVEILLANCE

**Figure 4: Percentage of emergency room visits due to ILI by week, 2015-2016 season, with trend-line comparison to 2014-2015, Nova Scotia.**



**Table 4: Current week ILI reporting from emergency departments by zones, 2015-2016 season, Nova Scotia.**

Zone	ILI (%)	Number of reporting ERs	Number of ERs	ERs reporting (%)
1 - Western	0.4	9	9	100.0
2 - Northern	0.2	8	8	100.0
3 - Eastern	0.1	11	14	78.6
4 - Central	1.6	7	7	100.0
IWK	8.2	2	2	100.0
<b>Nova Scotia Total (excl IWK)</b>	<b>0.3</b>	<b>35</b>	<b>38</b>	<b>92.1</b>
<b>Nova Scotia Total (incl IWK)</b>	<b>0.8</b>	<b>37</b>	<b>40</b>	<b>92.5</b>

## OTHER RESPIRATORY PATHOGENS

**Table 5: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2015–2016**

Pathogen	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	8	0	0.0	212	9	4.2
Bocavirus	8	0	0.0	212	2	0.9
Chlamydophila pneumoniae	29	0	0.0	273	2	0.7
Coronavirus	8	0	0.0	212	0	0.0
Enterovirus	8	0	0.0	212	1	0.5
Metapneumovirus	8	0	0.0	212	0	0.0
Mycoplasma pneumoniae	29	8	27.6	273	74	27.1
Parainfluenza	8	0	0.0	212	9	4.2
Pertussis	25	1	4.0	352	35	9.9
Respiratory Syncytial Virus	41	0	0.0	400	0	0.0
Rhinovirus	8	2	25.0	212	38	17.9

## APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2015-2016

### ACRONYM LIST

<b>CNPHI</b>	Canadian Network for Public Health Intelligence
<b>DHA</b>	District Health Authority
<b>ICU</b>	Intensive care unit
<b>ILI</b>	Influenza-like illness
<b>LTCF</b>	Long-term care facility
<b>RSV</b>	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.

### OUTBREAK DEFINITIONS

<b>Schools and daycares</b>	Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by the school or public health authority) which is likely due to ILI.
<b>Hospitals and residential institutions</b>	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 are not limited to, long-term care facilities (LTCF) and prisons.
<b>Other settings</b>	Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case (i.e. closed communities).

### NATIONAL FLUWATCH DEFINITIONS FOR INFLUENZA ACTIVITY LEVELS

<b>No activity</b>	No laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI* may be reported
<b>Sporadic</b>	Sporadically occurring ILI* and lab confirmed influenza detection(s) with <b>no outbreaks</b> detected within the influenza surveillance region
<b>Localized</b>	<ol style="list-style-type: none"> <li>(1) Evidence of increased ILI* and</li> <li>(2) lab confirmed influenza detection(s) together with</li> <li>(3) outbreaks occurring in schools, hospitals, residential institutions and/or other types of facilities occurring in less than 50% of the influenza surveillance region</li> </ol>
<b>Widespread</b>	<ol style="list-style-type: none"> <li>(1) Evidence of increased ILI* and</li> <li>(2) lab confirmed influenza detection(s) together with</li> <li>(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</li> </ol>

### LINKS TO OTHER WEEKLY INFLUENZA REPORTING BODIES

Canada: <http://www.phac-aspc.gc.ca/fluwatch/>  
 World: [https://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/index.html](https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html)  
 US: [www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly)