

IN SUMMARY...

Activity levels** <ul style="list-style-type: none"> Western (Zone 1), Eastern (Zone 3) and Central (Zone 4) are reporting localized activity. Northern (Zone 2) and is reporting sporadic activity.
Laboratory-confirmed cases*** <ul style="list-style-type: none"> There were 29 influenza cases reported this week. There have been 172 lab confirmed cases of Influenza A this season and 3 Influenza B. Positive test results were received for coronavirus, metapneumovirus, parainfluenza and RSV.
Severity <ul style="list-style-type: none"> There has been 15 ICU admissions of laboratory confirmed influenza and 6 influenza deaths**** for the 2015-2016 influenza season.
Syndromic surveillance <ul style="list-style-type: none"> The ILI rate for Nova Scotia this reporting period was 2.0. 92% of emergency departments reported ILI data for this period.

Notes: *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);

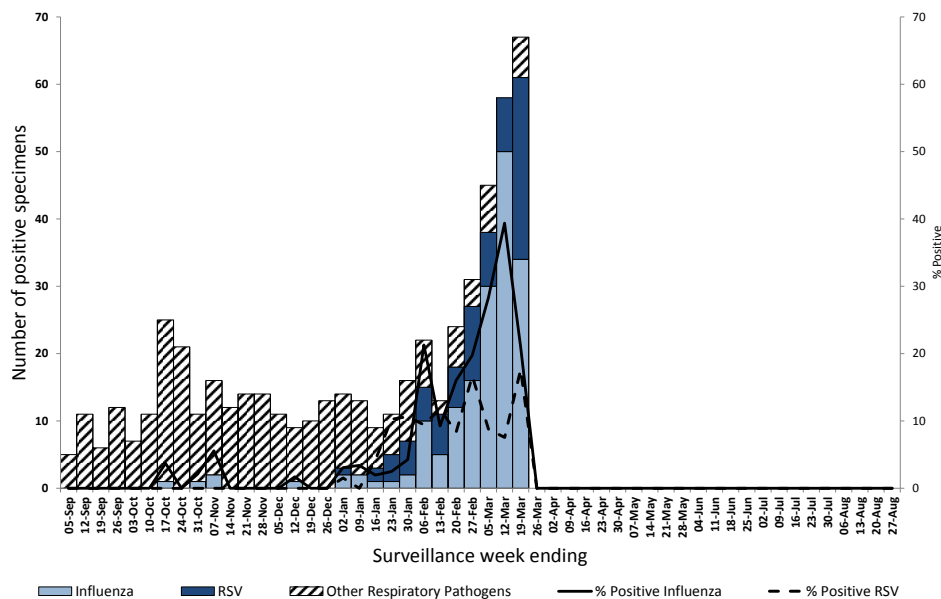
**Activity level data is obtained from CNPHI, see appendix for definitions;

*** Only a limited number of specimens are subtyped and/or receive multiplex testing. For information on influenza testing for the 2015-2016 season, see the [outbreak response plan](#)

****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.

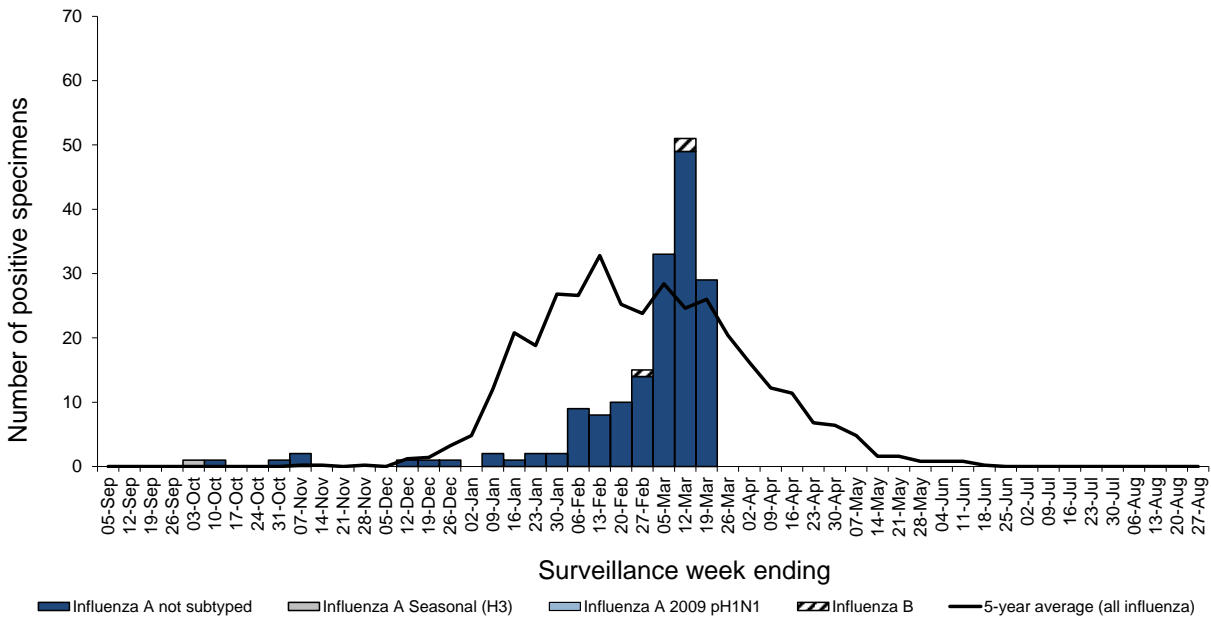


Table 1: Number of total laboratory-confirmed influenza cases, current week and cumulative 2015-2016 season, by zones in Nova Scotia.

Zone*	Current Week					Cummulative 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	12	0	0	12	0	39	0	1	38	0
2 - Northern	6	0	0	6	0	19	0	0	19	0
3 - Eastern	7	0	0	7	0	55	0	0	55	0
4 - Central	4	0	0	4	0	59	0	0	56	3
Nova Scotia Total	29	0	0	29	0	172	0	1	168	3

*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.

Age	Current Week					Cummulative 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	1	0	0	1	0	11	0	0	11	0
5-19	5	0	0	5	0	20	0	0	20	0
20-44	4	0	0	4	0	18	0	0	17	1
45-64	6	0	0	6	0	50	0	0	49	1
65+	13	0	0	13	0	73	0	1	71	1
Nova Scotia Total	29	0	0	29	0	172	0	1	168	3

Figure 3: Number of positive RSV specimens by report week, 2015-2016 season, with trend-line comparison to 2014-2015, Nova Scotia.

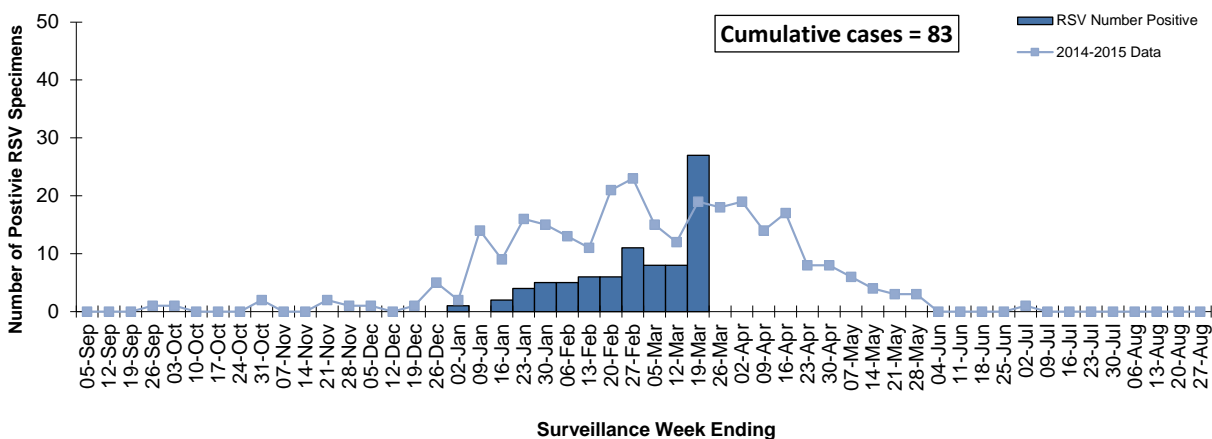


Table 3: Number of positive RSV specimens by age group, 2015-2016 season, Nova Scotia.

Age Group	RSV
0-5 months	17
6-11 months	12
12-23 months	21
2-5 years	14
6-15 years	1
16-65 years	3
65+ years	15
Nova Scotia Total	83

SEVERITY

Table 4: 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	14	3	0	84	15	6
Influenza A (H3)	0	0	0	1	0	0
Influenza B	0	0	0	2	0	0
Nova Scotia Total	14	3	0	87	15	6

*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.

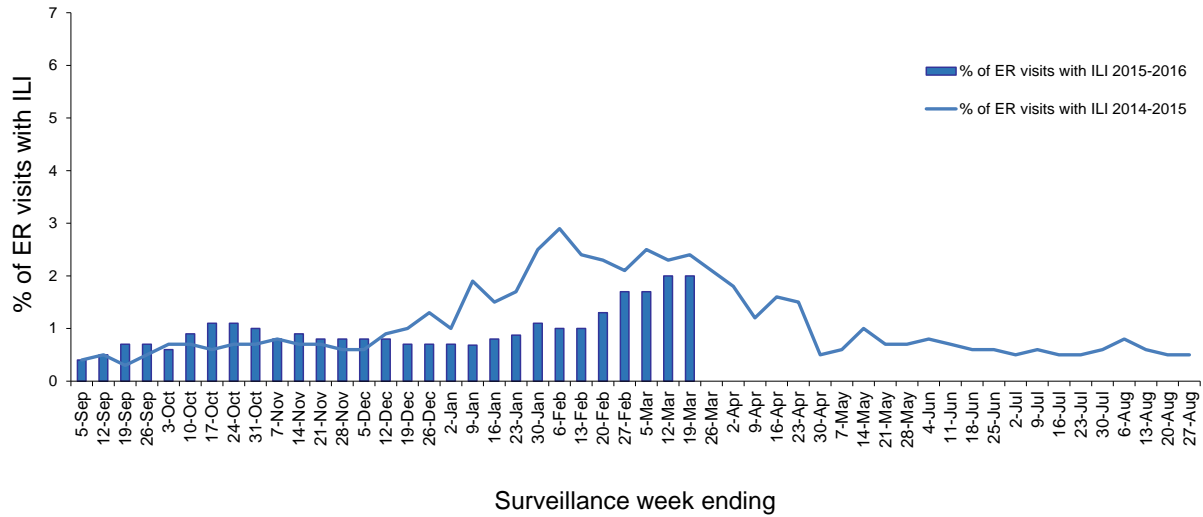


Table 5: Current week ILI reporting from emergency departments by zones, 2015-2016 season, Nova Scotia.

Zone	ILI (%)	Number of reporting ERs	Number of ERs	ERs reporting (%)
1 - Western	1.1	9	9	100.0
2 - Northern	0.6	8	8	100.0
3 - Eastern	3.2	14	14	100.0
4 - Central	2.5	4	7	57.1
IWK	10.4	2	2	100.0
Nova Scotia Total (excl IWK)	1.4	35	38	92.1
Nova Scotia Total (incl IWK)	2.0	37	40	92.5

OTHER RESPIRATORY PATHOGENS

Table 6: 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	12	0	0.0	349	14	4.0
Bocavirus	12	0	0.0	354	3	0.8
Chlamydophila pneumoniae	14	0	0.0	615	2	0.3
Coronavirus	12	1	8.3	349	8	2.3
Enterovirus	12	0	0.0	349	2	0.6
Metapneumovirus	12	2	16.7	349	8	2.3
Mycoplasma pneumoniae	40	0	0.0	615	128	20.8
Parainfluenza	12	1	8.3	349	15	4.3
Pertussis	25	0	NA	606	53	8.7
Respiratory Syncytial Virus	153	27	17.6	1409	83	5.9
Rhinovirus	12	0	0.0	337	47	13.9

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

ACRONYM LIST

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

Schools and daycares	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.
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 are 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).

NATIONAL FLUWATCH DEFINITIONS FOR INFLUENZA ACTIVITY LEVELS

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

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
 US: www.cdc.gov/flu/weekly