RESPIRATORY WATCH

Weeks 44 (October30 to November 5, 2016)*

IN SUMMARY…

Activity levels**
• Sporadic activity is being reported in Zones 1 and 3. Zones 2 and 4 are reporting no activity.
Laboratory-confirmed cases***
• There were 2 influenza cases reported during week 44. There have been 4 lab confirmed cases of Influenza reported during the 2016-2017 influenza season. • Positive test results were received for mycoplasma pneumoniae, parainfluenza, pertussis and RSV.
Severity
• There has been 1 ICU admission and one influenza death*** of laboratory confirmed influenza during the 2016-2017 influenza season.
Syndromic surveillance
• The average ILI rate for Nova Scotia during this reporting period was 0.7. • 100% of emergency rooms reported ILI data during this reporting period.

Notes: **Reporting weeks run from Sunday to Saturday. The 2016-2017 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 28, 2016 (Week 35) to August 26, 2017 (Week 34);*
***Activity level 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 INFLUENZA CASES

Figure 1: Number of laboratory confirmed influenza cases by report week, 2016-2017 season, with trend-line comparison to 2015-2016 season, Nova Scotia.

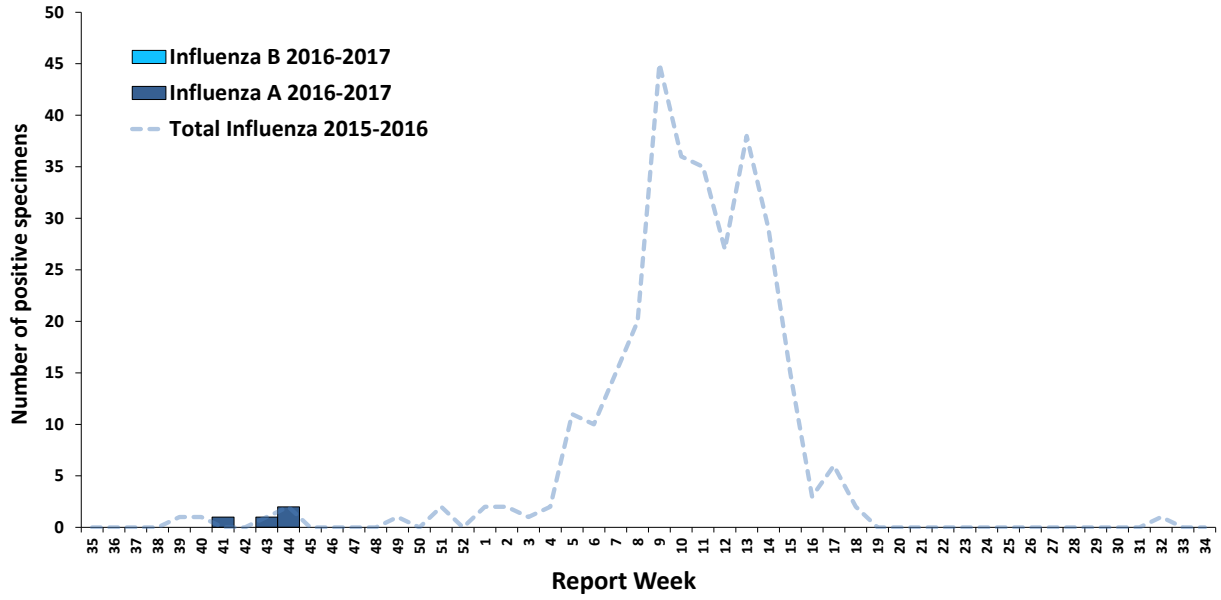


Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2016-2017 season in Nova Scotia.

ZONE	CURRENT WEEK			CUMULATIVE 2016-2017		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	1	1	0	1	1	0
Northern	0	0	0	0	0	0
Eastern	1	1	0	1	1	0
Central	0	0	0	2	2	0
Nova Scotia Total	2	2	0	4	4	0

Table 2: Number of laboratory-confirmed influenza cases by age group, current week and cumulative 2016-2017 season in Nova Scotia.

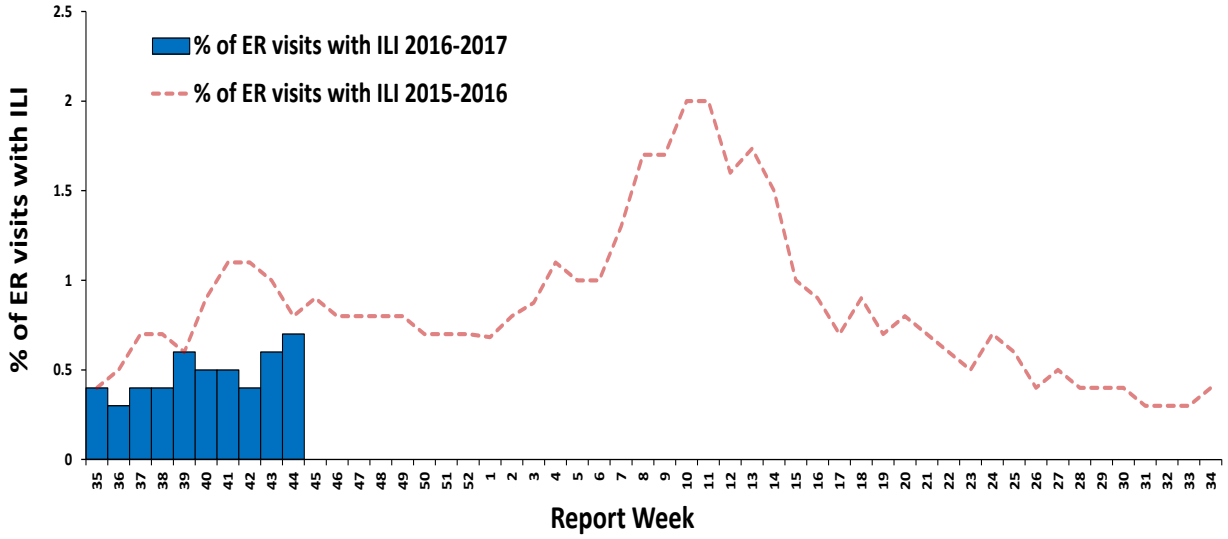
AGE	CURRENT WEEK			CUMULATIVE 2016-2017		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	0	0	0
5-19	0	0	0	0	0	0
20-44	0	0	0	0	0	0
45-64	0	0	0	0	0	0
65+	2	2	0	4	4	0
Nova Scotia Total	2	2	0	4	4	0

Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2016-2017 season, Nova Scotia.

OUTCOME	CURRENT WEEK			CUMULATIVE 2016-2017		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	0	0	0	1	1	0
Hospitalized - ICU	1	1	0	1	1	0
Deceased*	1	1	0	1	1	0
Nova Scotia Total	2	2	0	3	3	0

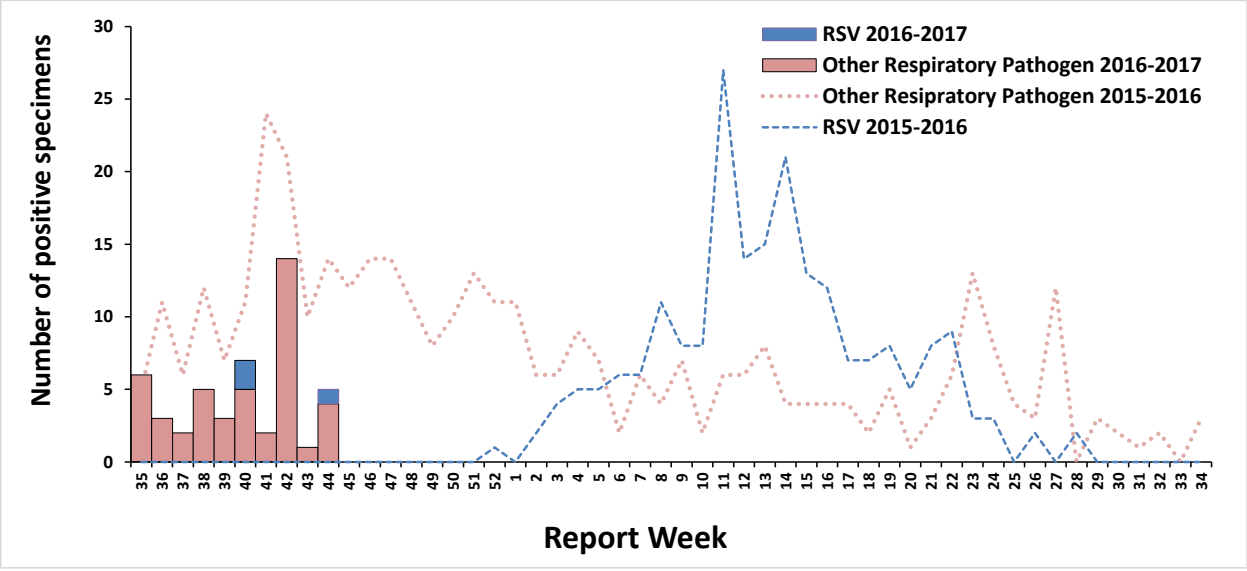
SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency room visits due to ILI by report week, 2016-2017 season, with trend-line comparison to 2015-2016 season, Nova Scotia.



OTHER RESPIRATORY PATHOGENS

Figure 3: Number of positive specimens tested for other respiratory pathogens* and RSV by report week, 2016-2017 season, with trend-line comparison to 2015-2016 season, Nova Scotia.



** Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydophila pneumonia, Coronovirus, Enterovirus, Metapneumovirus, Mycoplasma pneumoniae, Parainfluenza, Pertussis, Rhinovirus.*
Note that data for this figure is obtained from provincial laboratories.

Table 4: Number of positive RSV specimens by age group, 2016-2017 season, Nova Scotia.

AGE GROUP	RSV CUMULATIVE
0-5 months	1
6-11 months	0
12-23 months	2
2-5 years	0
6-15 years	0
16-65 years	0
65+ years	0
Nova Scotia Total	**3**

Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2016–2017.

PATHOGEN	CURRENT WEEK (n positive)	CUMULATIVE 2016-2017
Adenovirus	0	0
Bocavirus	0	0
Chlamydophila pneumoniae	0	4
Coronavirus	0	0
Enterovirus	0	5
Metapneumovirus	0	0
Mycoplasma pneumoniae	1	8
Parainfluenza	0	2
Pertussis	2	10
Respiratory Syncytial Virus	1	3
Rhinovirus	0	13

APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2016-2017

ACRONYM LIST

CNPHI Canadian Network for Public Health Intelligence
ICU Intensive care unit
ILI Influenza-like illness
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.

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	(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	(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