

## IN SUMMARY...

<b>Activity levels**</b>
<ul style="list-style-type: none"> <li>Central Zone is reporting sporadic activity, while Eastern, Northern and Western Zones are reporting no activity.</li> <li>There are no influenza outbreaks being reported this week and no schools have reported an increased absenteeism rate.</li> </ul>
<b>Laboratory-confirmed cases***</b>
<ul style="list-style-type: none"> <li>There is 1 influenza A and 0 influenza B cases reported this week. There have been 2 laboratory confirmed cases of Influenza A and 1 laboratory confirmed case of Influenza B reported during the 2019-2020 influenza season.</li> <li>Positive results were received for adenovirus, parainfluenza and rhinovirus.</li> </ul>
<b>Severity</b>
<ul style="list-style-type: none"> <li>There have been 0 ICU admissions in adults and 0 ICU admission in children (age group 0-19 years). There have been 0 deaths*** of laboratory confirmed influenza during the 2019-2020 influenza season.</li> </ul>
<b>Syndromic surveillance</b>
<ul style="list-style-type: none"> <li>The average ILI rate for Nova Scotia during this reporting period was 0.5.</li> <li><b>80%</b> of emergency rooms reported ILI data during this reporting period. All Saints Springhill Hospital, Annapolis Community Health Centre, Cape Breton Regional Hospital, Colchester East Hants Health Centre, Cumberland Regional Health Care Centre, Lillian Fraser Memorial Hospital, North Cumberland Memorial Hospital and South Cumberland Community Care Centre did not report this week.</li> </ul>

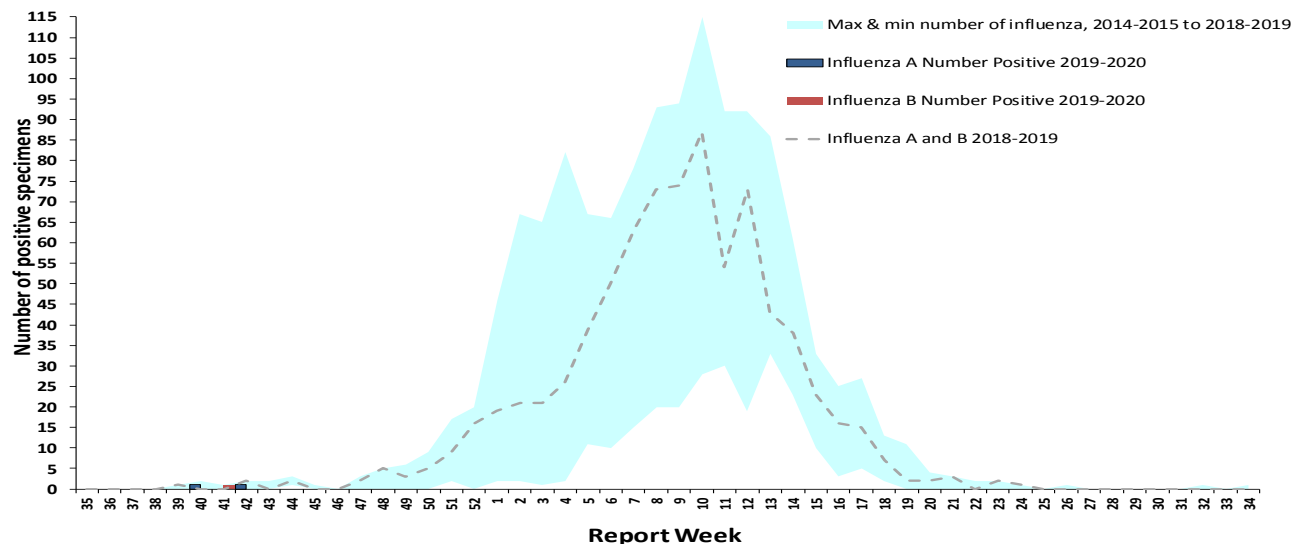
**Notes:** \*Reporting weeks run from Sunday to Saturday. The 2019-2020 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 25, 2019 (Week 35) to August 22, 2020 (Week 34);

\*\*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, 2019-2020 season, with trend-line comparison to 2018-2019 season, Nova Scotia**



**Table 1: Number of laboratory-confirmed influenza cases by zone, current week and cumulative 2019-2020 season in Nova Scotia**

ZONE	CURRENT WEEK			CUMULATIVE 2019-2020		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Western	0	0	0	0	0	0
Northern	0	0	0	0	0	0
Eastern	0	0		1	0	1
Central	1	1	0	2	2	0
<b>Nova Scotia Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>1</b>

**Table 2: Number of laboratory-confirmed influenza cases by age group, current week and cumulative 2019-2020 season in Nova Scotia**

AGE	CURRENT WEEK			CUMULATIVE 2019-2020		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
0-4	0	0	0	0	0	0
5-19	0	0	0	1	0	1
20-44	0	0	0	0	0	0
45-64	0	0	0	0	0	0
65+	1	1	0	2	2	0
<b>Nova Scotia Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>1</b>

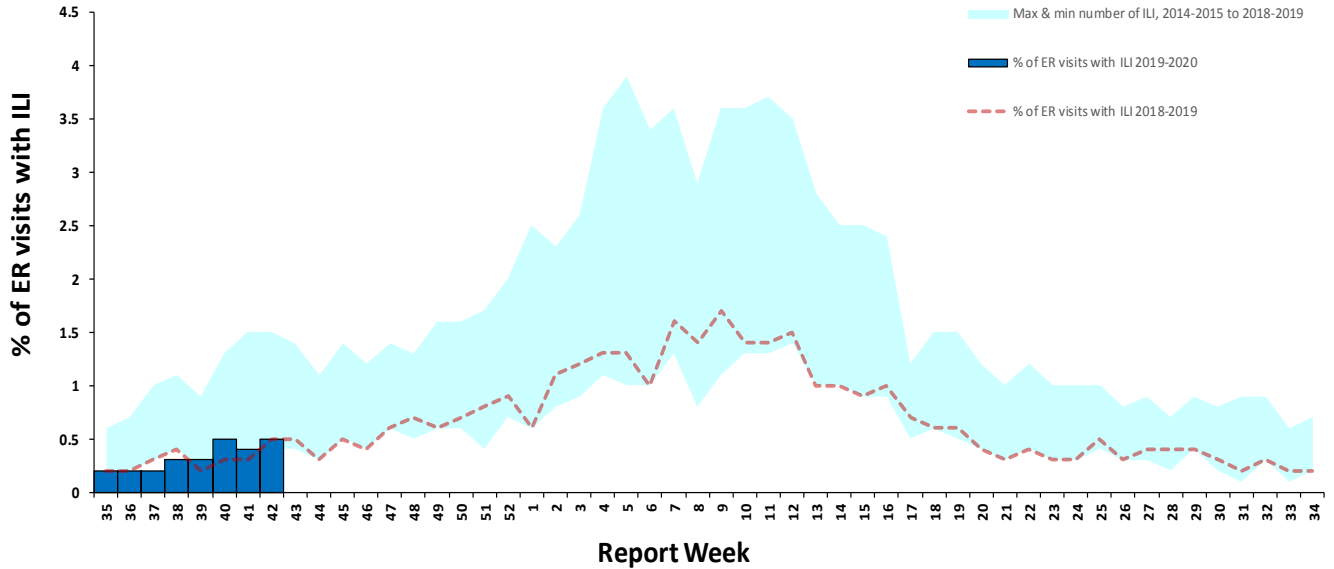
**Table 3: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2019-2020 season, Nova Scotia**

	CURRENT WEEK			CUMULATIVE 2019-2020		
	TOTAL	INFLUENZA A	INFLUENZA B	TOTAL	INFLUENZA A	INFLUENZA B
Hospitalized	2	1	1	2	1	1
Hospitalized - ICU	0	0	0	0	0	0
Deceased*	0	0	0	0	0	0
<b>Nova Scotia Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>

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

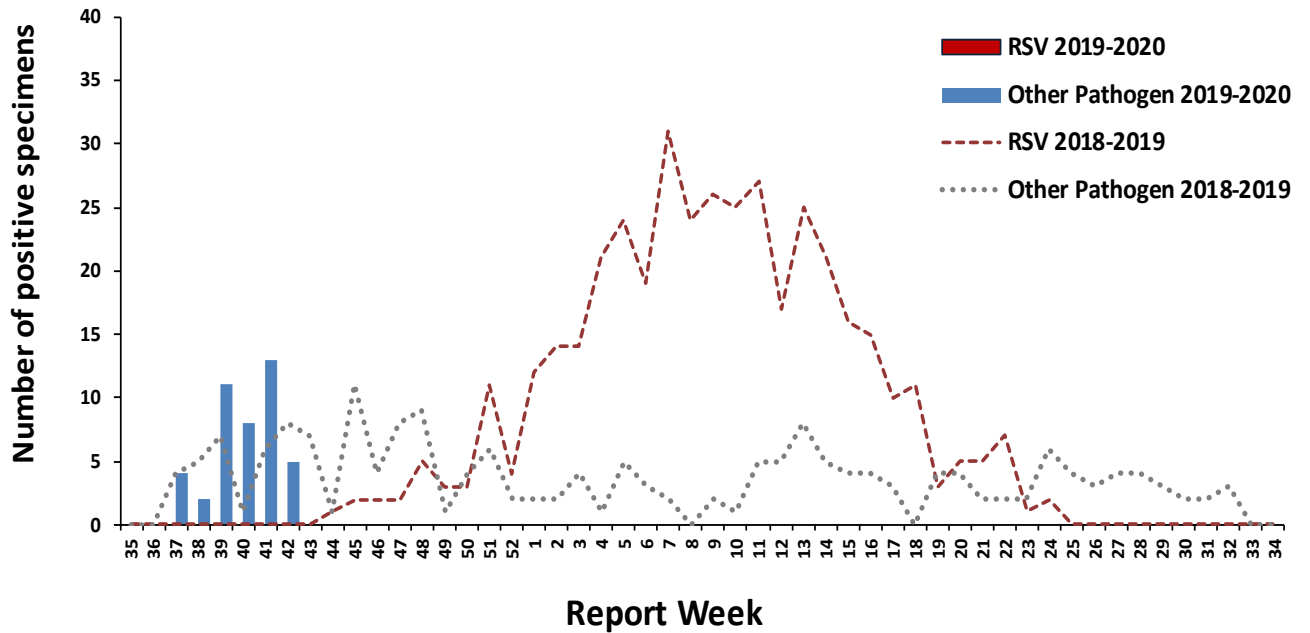
**SYNDROMIC SURVEILLANCE**

**Figure 2: Percentage of emergency room visits due to ILI by report week, 2019-2020 season, with trend-line comparison to 2018-2019 season, Nova Scotia**



**OTHER RESPIRATORY PATHOGENS**

**Figure 3: Number of positive specimens tested for other respiratory pathogens\* and RSV by report week, 2019-2020 season, with trend-line comparison to 2018-2019 season, Nova Scotia**



\* Other respiratory pathogen includes Adenovirus, Bocavirus, Chlamydomphila pneumonia, Coronavirus, 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, 2019-2020 season, Nova Scotia**

AGE GROUP	2019-2020
0-5 months	0
6-11 months	0
12-23 months	0
2-5 years	0
6-15 years	0
16-65 years	0
65+ years	0
<b>Nova Scotia Total</b>	<b>0</b>

**Table 5: Number of positive specimens tested for other respiratory pathogens, current report week and cumulative season, Nova Scotia, 2019–2020**

Pathogen	CURRENT WEEK (n positive)	CUMULATIVE 2019-2020
Adenovirus	2	3
Bocavirus	0	0
Chlamydophila pneumoniae	0	0
Coronavirus	0	0
Enterovirus	0	0
Metapneumovirus	0	0
Mycoplasma pneumoniae	0	5
Parainfluenza	1	6
Pertussis	0	2
Respiratory Syncytial Virus	0	0
Rhinovirus	2	27

**APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2019-2020**

**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**

<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>	(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
<b>Widespread</b>	(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](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)