RESPIRATORY WATCH

Week 35-39 (August 25, 2024 to September 28, 2024)

Highlights of this reporting period[1]

The 2024-2025 season runs from August 25, 2024 to August 29, 2025

Activity levels[2]

- The number of influenza PCR positives has remained low since the previous reporting period (July 21, 2024 to August 24, 2024).
  - The number of cases in this reporting period is slightly higher than the number of cases in the same reporting period in the 2023/24 season.
- The number of COVID-19 PCR positives increased by 35% since the previous reporting period.
  - The number of cases in this reporting period is approximately 30% lower than the number of cases during the same reporting period in the 2023/24 season.
- The number of RSV PCR positives has remained low since the previous reporting period.
  - The number of cases in this reporting period is considerably lower than the number of cases in same reporting period in the 2023/24 season.

Influenza, COVID-19, and respiratory syncytial virus (RSV) activity during this reporting period and the 2024/25 season

	Influenza		COVID-19		RSV	
	This reporting period	2024/25 season	This reporting period	2024/25 season	This reporting period	2024/25 season
Laboratory testing						
New laboratory-confirmed cases	8	8	1153	1153	1	1
Percent positivity (%)[3]	0.2	-	19.3	-	0.02	-
Severe outcome[4]						
Hospitalizations (non-ICU)	2	2	89	89		
ICU stays	0	0	8	8		
Deaths	0	0	7	7		
Outbreaks						
Acute-care facility	0	0	11	11	0	0
Long-term care facility	0	0	32	32	0	0

ILI activity	During this reporting period, the percentage of emergency room visits for influenza like illness (ILI) was 0.6% which is the same as the previous reporting period

[1] See data notes in Appendix.

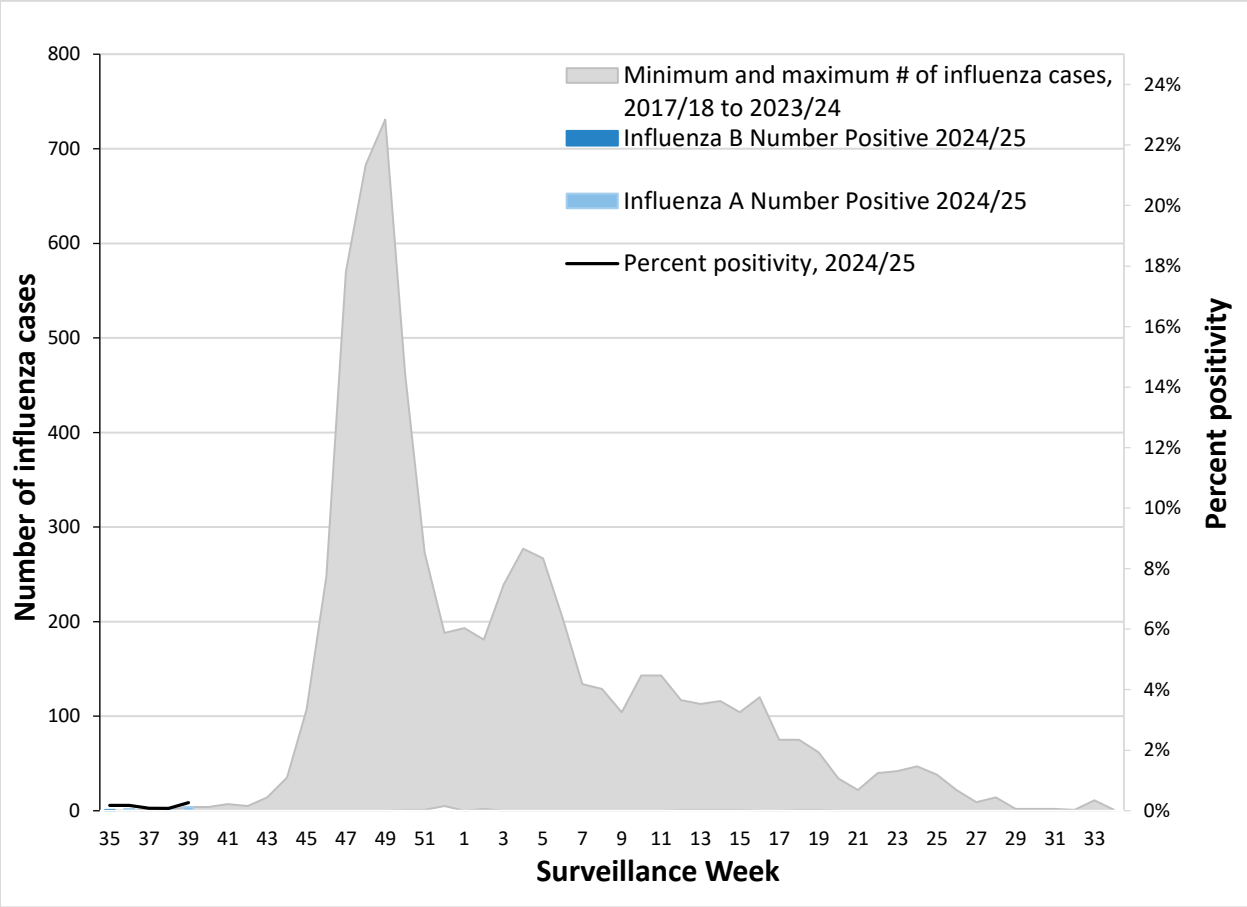
[2] Overall, use of multiplex polymerase chain reaction (PCR) respiratory virus testing may affect the number of tests conducted and number of cases identified and reported.

[3] Percent positivity is useful for understanding current pathogen spread in the community.

[4] New hospitalizations, ICU admissions, and deaths in recent surveillance weeks may be undercounted because of delays in reporting these outcomes. Outcomes are not reported for RSV because it is not a notifiable condition in Nova Scotia.

Influenza

Figure 1: Laboratory-confirmed influenza cases (N=8) and percent positivity by surveillance week, 2024/25 season, compared with previous seasons, Nova Scotia[5]



[5] Minimum is zero during reporting weeks with no positive specimen in seasons 2019/20 to 2023/24. There were no influenza cases reported during the 2020-2021 season.

Table 1: Number of laboratory-confirmed influenza cases during current reporting period and cumulative 2024/25 season, by zone, Nova Scotia[6]

Zone	Current reporting period			Cumulative (2024/25)		
	Influenza A	Influenza B	Total	Influenza A	Influenza B	Total
Western	1	0	**1**	1	0	**1**
Northern	3	1	**4**	3	1	**4**
Eastern	1	0	**1**	1	0	**1**
Central	2	0	**2**	2	0	**2**
Nova Scotia Total	**7**	**1**	**8**	**7**	**1**	**8**

Table 2: Number of laboratory-confirmed influenza cases during current reporting period and cumulative 2024/25 season, by age groups, Nova Scotia

Age group (years)	Current reporting period			Cumulative (2024/25)		
	Influenza A	Influenza B	Total	Influenza B	Influenza A	Total
0-4	2	0	**2**	2	0	**2**
5-19	0	1	**1**	0	1	**1**
20-44	0	0	**0**	0	0	**0**
45-64	2	0	**2**	2	0	**2**
≥ 65	3	0	**3**	3	0	**3**
Nova Scotia Total	**7**	**1**	**8**	**7**	**1**	**8**

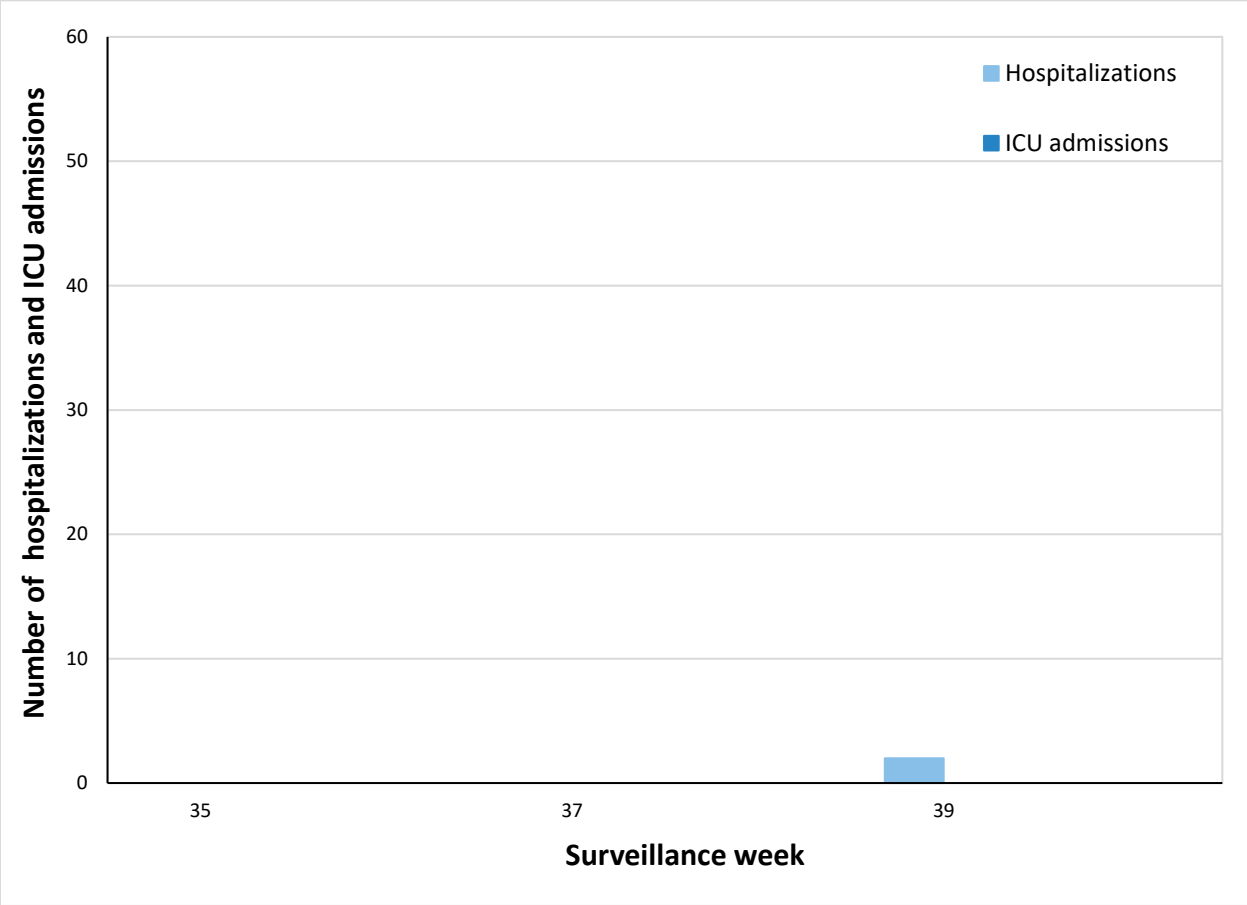
Table 3: Cumulative number of hospitalizations, ICU admissions, and deaths among influenza positive patients, 2024/25 season, Nova Scotia[7]

Age group (years)	Cumulative (2024/25)		
	Hospitalizations	ICU	Deaths
0-4	2	0	0
5-19	0	0	0
20-44	0	0	0
45-64	0	0	0
≥ 65	0	0	0
Nova Scotia Total	**2**	**0**	**0**

[6] Local public health continuously enters and updates influenza case data. Therefore, counts may differ from previous surveillance weeks.

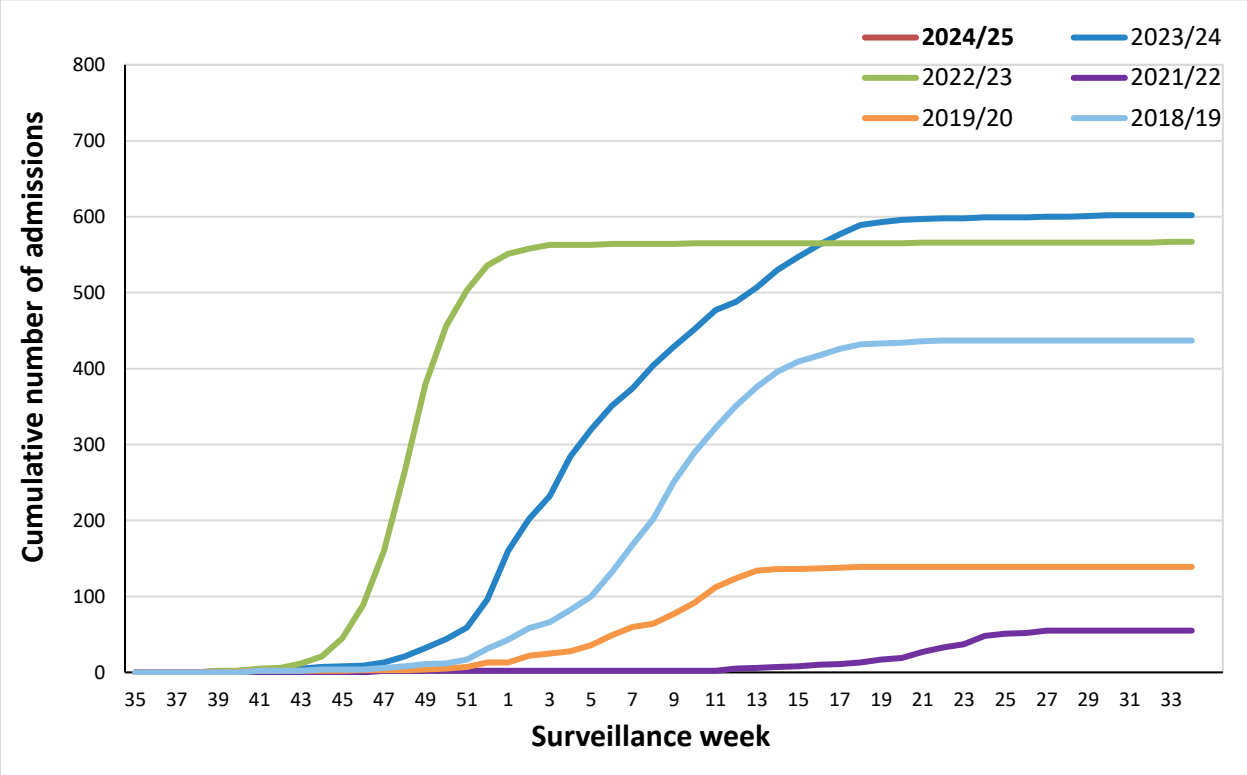
[7] Cases can have more than one severe outcome (e.g., be hospitalized and then admitted to the ICU); therefore, cases may be counted multiple times if they have more than one severe outcome (i.e., categories are not mutually exclusive). Local public health continuously enters and updates influenza case data. Therefore, counts may differ from previous surveillance weeks.

Figure 2: Number of influenza hospitalizations and ICU admissions by surveillance week, 2024/25 season, Nova Scotia[8]



[8] New hospitalizations, ICU admissions, and deaths in recent surveillance weeks may be undercounted because of delays in reporting these outcomes. Cases who are hospitalized and admitted to the ICU in the same surveillance week will be included in both the hospitalization and ICU counts for that surveillance week. This data delay prevents reporting on the latest surveillance week.

Figure 3: Cumulative number of hospitalizations and ICU admissions for influenza, based on most severe outcome, by surveillance week, 2024/25 season compared with previous seasons, Nova Scotia[9]



[9]Figure 3 presents the most severe outcome for a case across the entire season. Therefore, the number of hospitalizations and ICU admissions may decline during the season if a person counted in one of those groups progresses to a more severe outcome. There were no reported cases of influenza during the 2020-2021 season.

COVID-19

Figure 4: Number of laboratory-confirmed COVID-19 cases (N=1153) and percent positivity, 2024/25 season, compared with previous seasons, Nova Scotia

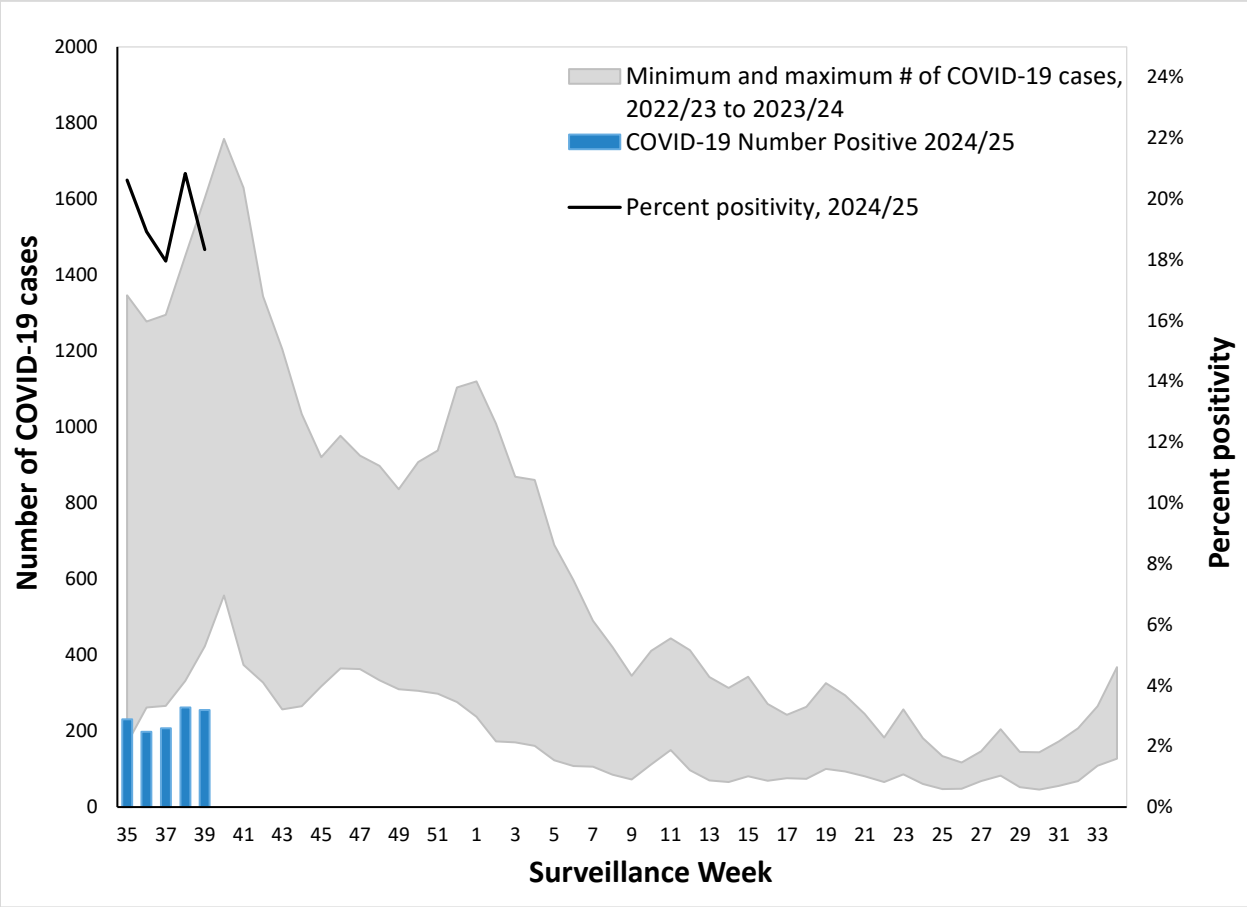


Table 4: Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2024/25 season, by zone, Nova Scotia[10]

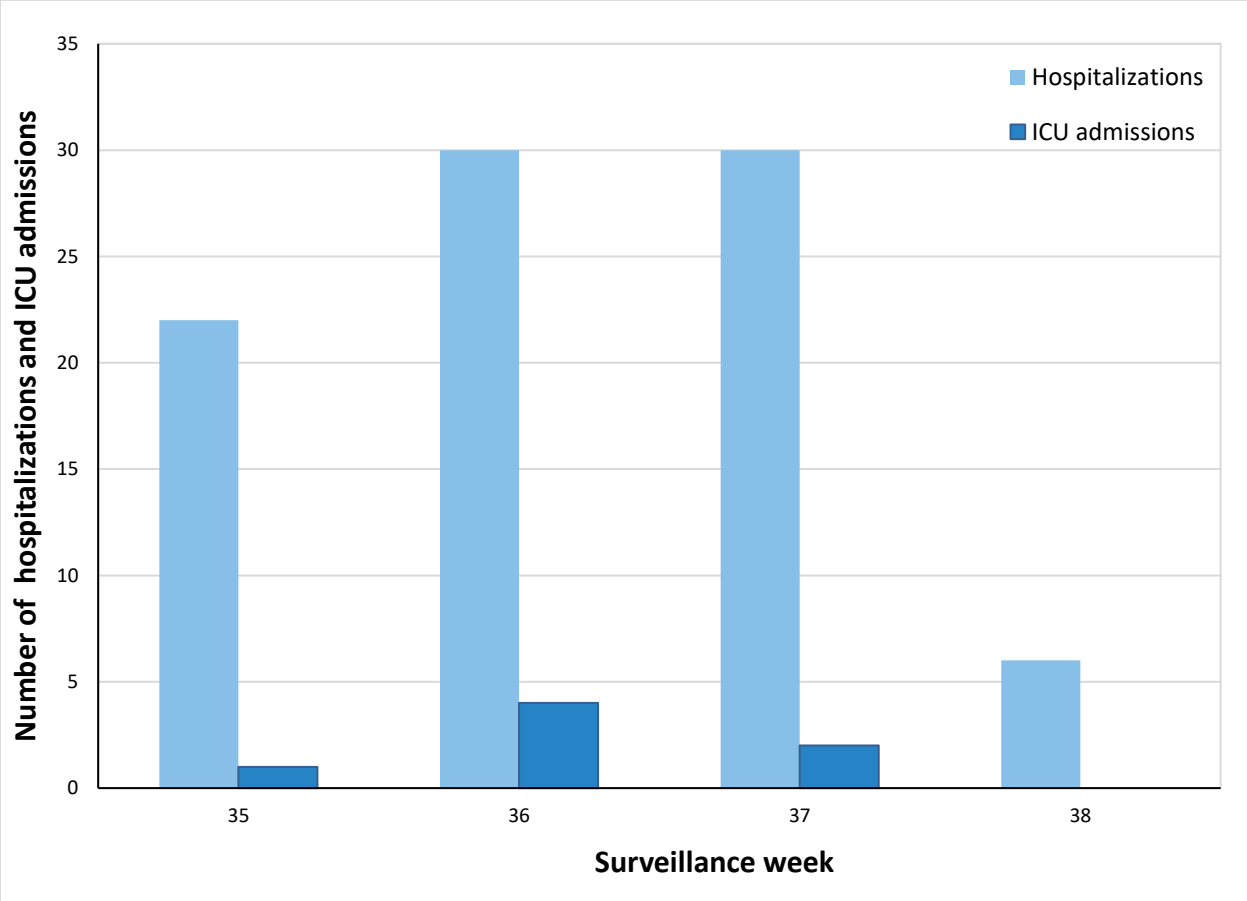
Zone	Current reporting period	Cumulative (2024/25)
Western	251	251
Northern	248	248
Eastern	198	198
Central	456	456
Nova Scotia Total	**1153**	**1153**

[10] Local public health continuously enters and updates COVID-19 case data. Therefore, counts may differ from previous surveillance weeks.

Table 5. Number of laboratory-confirmed COVID-19 cases during current reporting period and cumulative 2024/25 season, by age group, Nova Scotia

Age group (years)	Current reporting period	Cumulative (2024/25)
0-4	25	25
5-19	39	39
20-44	139	139
45-64	199	199
≥ 65	751	751
Nova Scotia Total	**1153**	**1153**

Figure 5: Number of COVID-19 hospitalizations and ICU admissions by week, 2024/25 season, Nova Scotia[11]

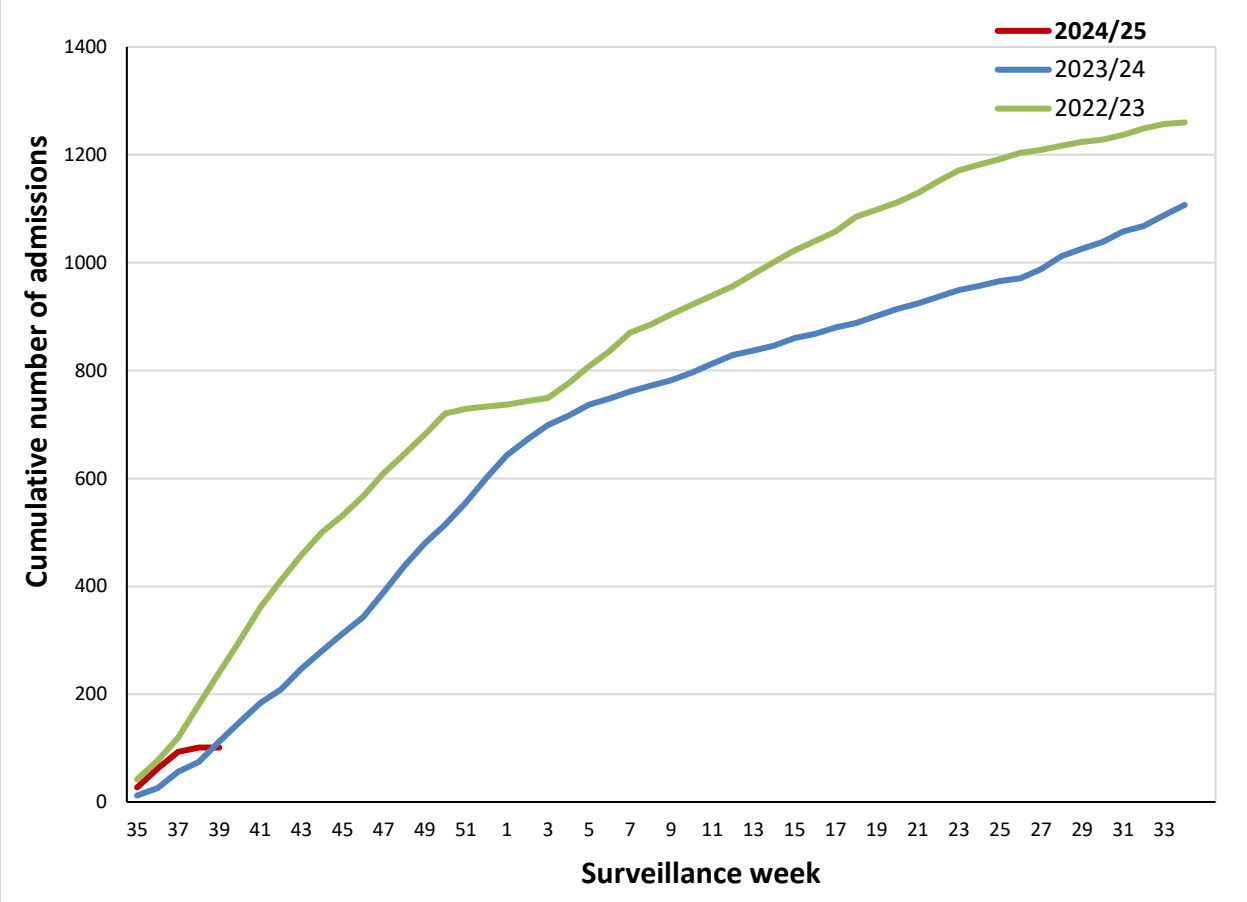


[11] New hospitalizations, ICU admissions, and deaths in recent surveillance weeks may be undercounted because of delays in reporting these outcomes. Cases who are hospitalized and admitted to the ICU in the same reporting week will be double counted; that is, they will be counted in both the hospitalization and ICU groups for that week. This data delay prevents reporting on the latest surveillance week.

Table 6: Cumulative number of hospitalizations, ICU admissions, and deaths among COVID-19 positive patients, 2024/25 season, Nova Scotia[12]

Age group (years)	Cumulative (2024/25)		
	Hospitalizations	ICU admissions	Deaths
0-4	2	0	0
5-19	0	0	0
20-44	4	0	0
45-64	9	3	1
≥ 65	74	5	6
Nova Scotia Total	**89**	**8**	**7**

Figure 6: Cumulative number of COVID-19 hospitalizations and ICU admissions, by surveillance week, based on most severe outcome, 2024/25 season compared with previous seasons, Nova Scotia[13]



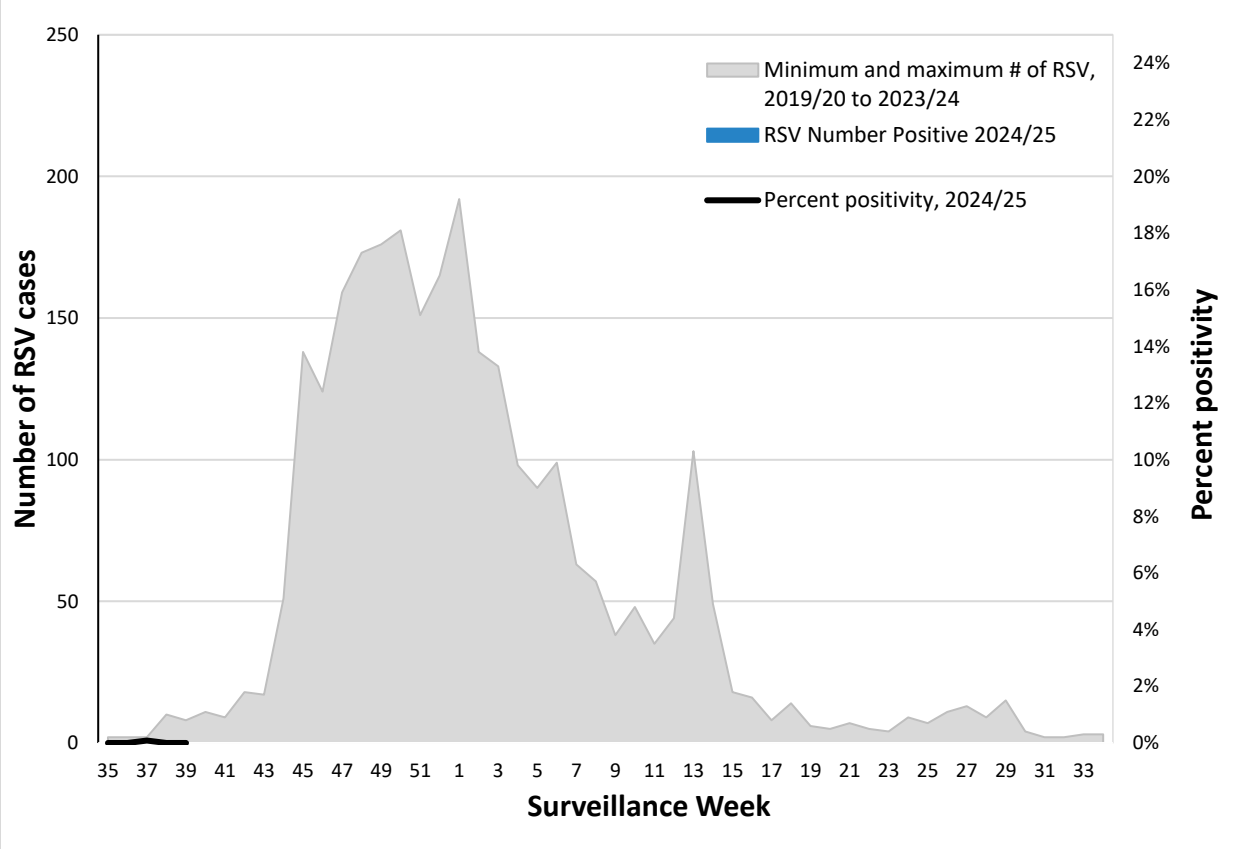
[12] Cases can have more than one severe outcome (e.g., be hospitalized and then admitted to the ICU); therefore, cases may be counted multiple times if they have more than one severe outcome (i.e., categories are not mutually exclusive). Local public health continuously enters and updates COVID-19 case data. Therefore, counts may differ from previous surveillance weeks.
[13] Figure 6 presents the most severe outcome for a case across the entire season. Therefore, the number of hospitalizations and ICU admissions may decline during the season if a person counted in one of those groups progresses to a more severe outcome.

RSV Respiratory Syncytial Virus (RSV) [14]

Table 7: Number of laboratory-confirmed RSV cases by age group, current reporting period and cumulative 2024/25 season, Nova Scotia

Age group	Current reporting period	Cumulative (2024/25)
0-5 months	0	0
6-11 months	0	0
12-23 months	0	0
2-4 years	1	1
5-19 years	0	0
20-64 years	0	0
≥ 65 years	0	0
Nova Scotia Total	**1**	**1**

Figure 7: Laboratory-confirmed RSV cases (N=1) by week, 2024/25 season, compared with previous seasons, Nova Scotia[15]

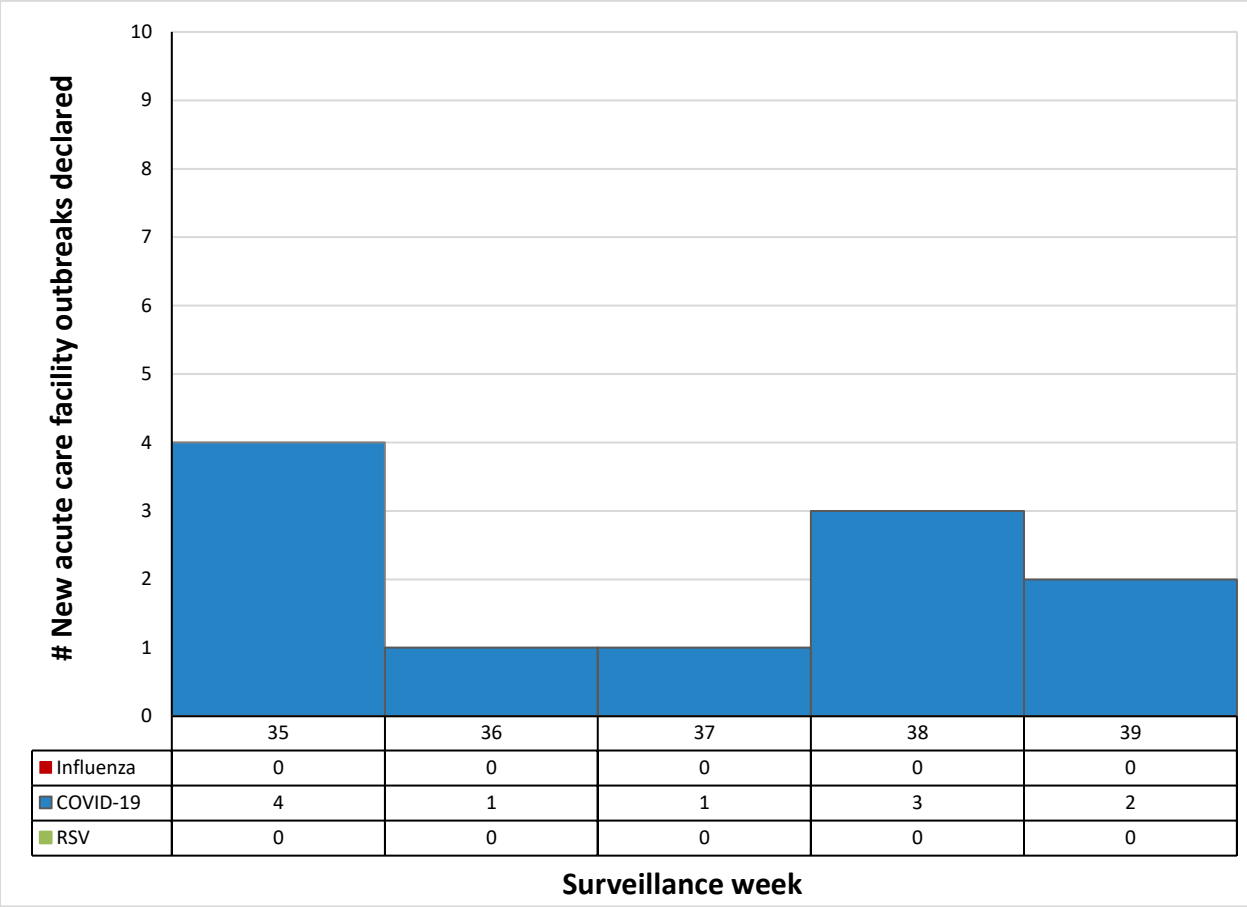


[14] RSV is not a notifiable condition in Nova Scotia

[15] There were no reported RSV cases during the 2020-2021 season. The implementation of the multiplex respiratory virus PCR testing in 2022/23 may increase the number of cases detected.

Respiratory Outbreaks

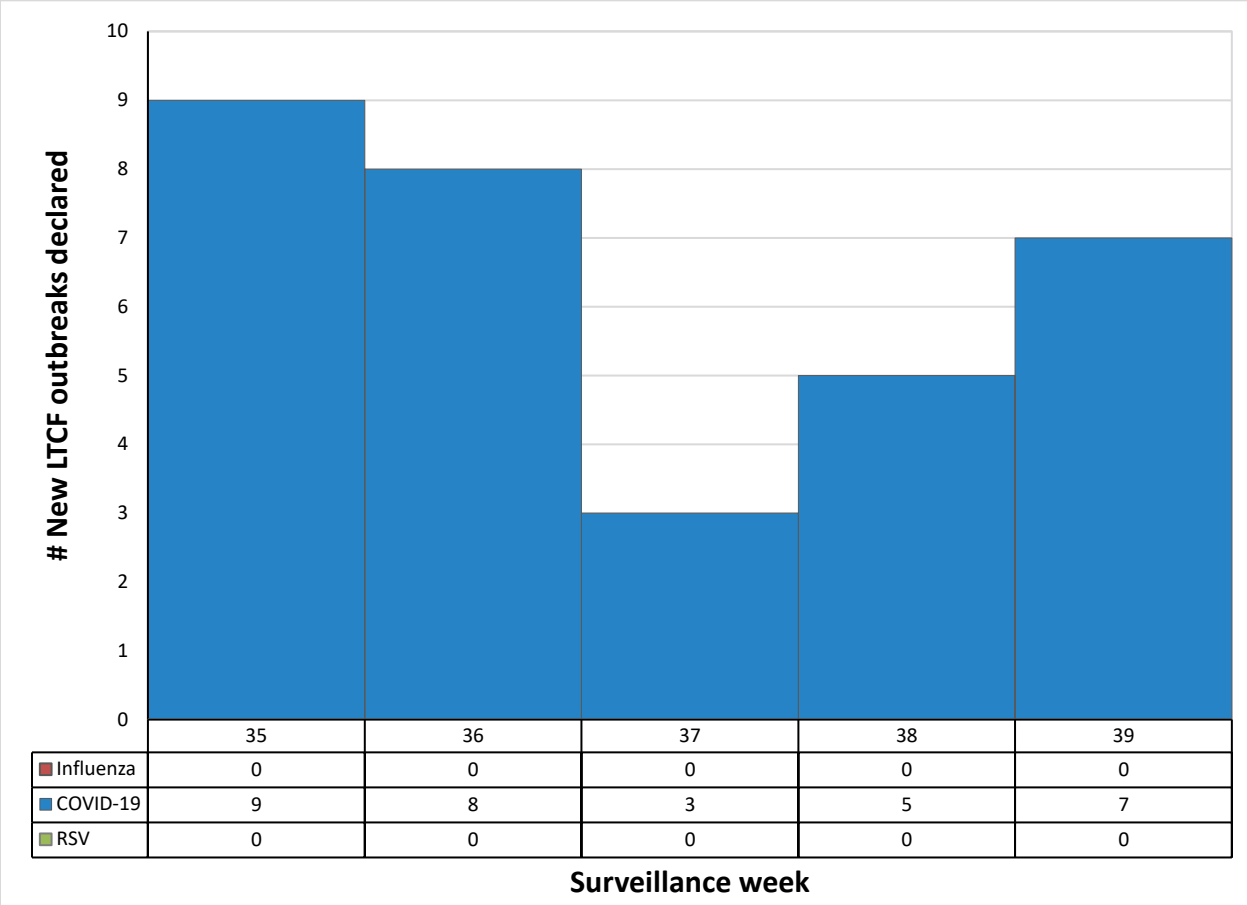
Figure 8. Number of new acute care facility respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2024/25 season, Nova Scotia[16]



	35	36	37	38	39
Influenza	0	0	0	0	0
COVID-19	4	1	1	3	2
RSV	0	0	0	0	0

[16] Acute care facility outbreak definitions are described in the Appendix.

Figure 9. Number of new long-term care facility (LTCF) respiratory outbreaks by surveillance week and respiratory virus (influenza, COVID-19 and RSV), 2024/25 season, Nova Scotia[17]

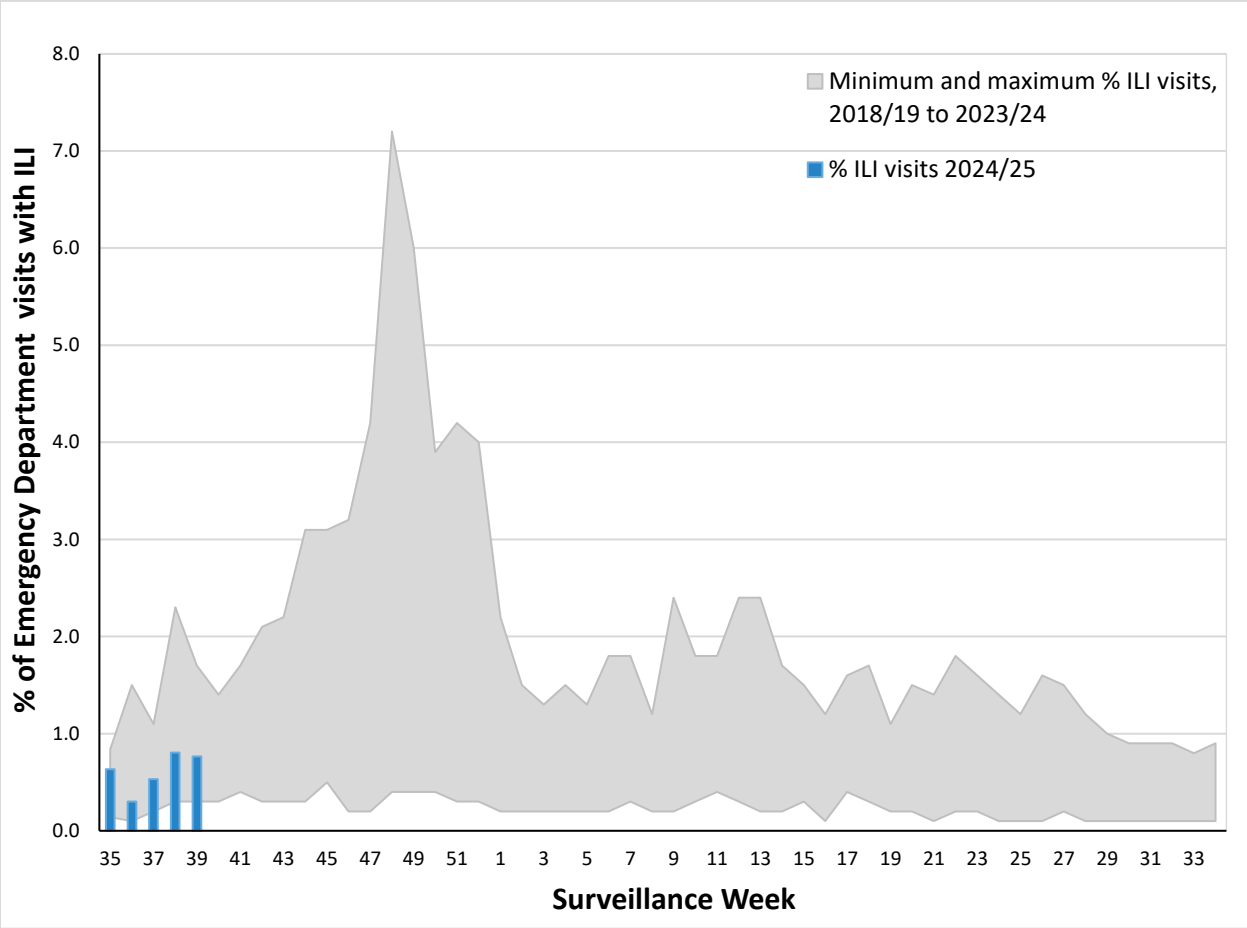


	35	36	37	38	39
Influenza	0	0	0	0	0
COVID-19	9	8	3	5	7
RSV	0	0	0	0	0

[17] LTCF outbreak definitions are described in the Appendix.

Syndromic Surveillance

Figure 10: Percentage of emergency department visits due to influenza-like illness (ILI) by surveillance week, 2024/25 season, compared with previous seasons, Nova Scotia



Other Respiratory Illness

Table 8: Number of positive specimens for other respiratory viruses, current reporting period and cumulative 2024/25 season, Nova Scotia

PATHOGEN	Current reporting period	Cumulative (2024/25)
Adenovirus	3	3
Bocavirus	0	0
Coronavirus*	2	2
Enterovirus/Rhinovirus	51	51
Metapneumovirus	0	0
Parainfluenza	0	0

**Excludes COVID-19*

Appendix – data notes and definitions

Data Notes

- A surveillance week runs from Sunday to Saturday. Nova Scotia's 2024/25 season aligns with the Public Health Agency of Canada (PHAC) FluWatch surveillance weeks.
    - This year runs from August 25, 2024 (Week 35) to August 29, 2025 (Week 34).
- Notifications of hospitalizations, ICU admissions, and deaths may lag, and deaths are particularly affected. Additionally, data are incomplete for the most recent reporting period because local public health report COVID-19 and influenza outcome on Wednesdays. Figures presenting outcomes by week do not include data for the most recent surveillance week.
- Definitions for hospitalizations and deaths related to each of COVID-19 and influenza were changed in August 2024. These case definitions are found in the Surveillance guidelines.
- RSV is not a notifiable disease in Nova Scotia.
- Testing eligibility guidelines and the use of multiplex PCR testing affect the number of cases identified and reported.
    - A multiplex PCR tests for multiple respiratory pathogens simultaneously. Routine multiplex PCR tests include, but is not limited to, influenza, RSV, and COVID-19. See Nova Scotia's Respiratory Surveillance Plan for a full list of what is tested.
    - In the 2022-2023 season, access to multiplex PCR testing in Nova Scotia increased accessibility which likely increased detection in community influenza and RSV.
    - Testing is limited to specific populations and the counts reported in this report under-represent the actual number of cases in the community.

Definitions used in respiratory surveillance, and useful links, 2024/25

See: Nova Scotia's Respiratory Response Plan and Nova Scotia's Respiratory Surveillance Plan for Public Health

Acronyms

ICU Intensive care unit
ILI Influenza-like illness
RSV Respiratory syncytial virus
PCR Polymerase chain reaction
LTCF Long term care facilities

Outbreak Definitions

	Setting	
Laboratory-confirmed pathogen	**Acute care facility**	**Long-term care facility (LCTF)**
Influenza	≥ 2 symptomatic residents where at least one is a laboratory confirmed case of influenza, epidemiologically linked within the patient care unit in a **7-day period**	≥ 2 resident cases of ILI (influenza-like illness), where at least one is a laboratory confirmed case of influenza, within the LTCF in a **7-day period**
COVID-19	≥ 2 symptomatic residents where at least one is a laboratory confirmed case of COVID-19, epidemiologically	≥ 2 laboratory-confirmed resident cases AND at least one is a facility acquired

	linked within the patient care unit in a **10-day period**	case, with all cases epidemiologically linked within the LTCF in a **10-day period**
Respiratory Syncytial Virus (RSV)	≥ 2 symptomatic residents where at least one is a laboratory confirmed case of RSV, epidemiologically linked within the patient care unit in a **7-day period**	≥ 2 symptomatic residents where at least one is a laboratory confirmed case of RSV, epidemiologically linked within the LTCF in a **7-day period**

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 < 5 or ≥ 65 years, fever may not be prominent.

Other case definitions

See: Surveillance Guidelines | novascotia.ca

Links to other weekly influenza reports

Canada: Weekly influenza reports - Canada.ca
World: Global Influenza Programme (who.int)
US: FluView | FluView | CDC