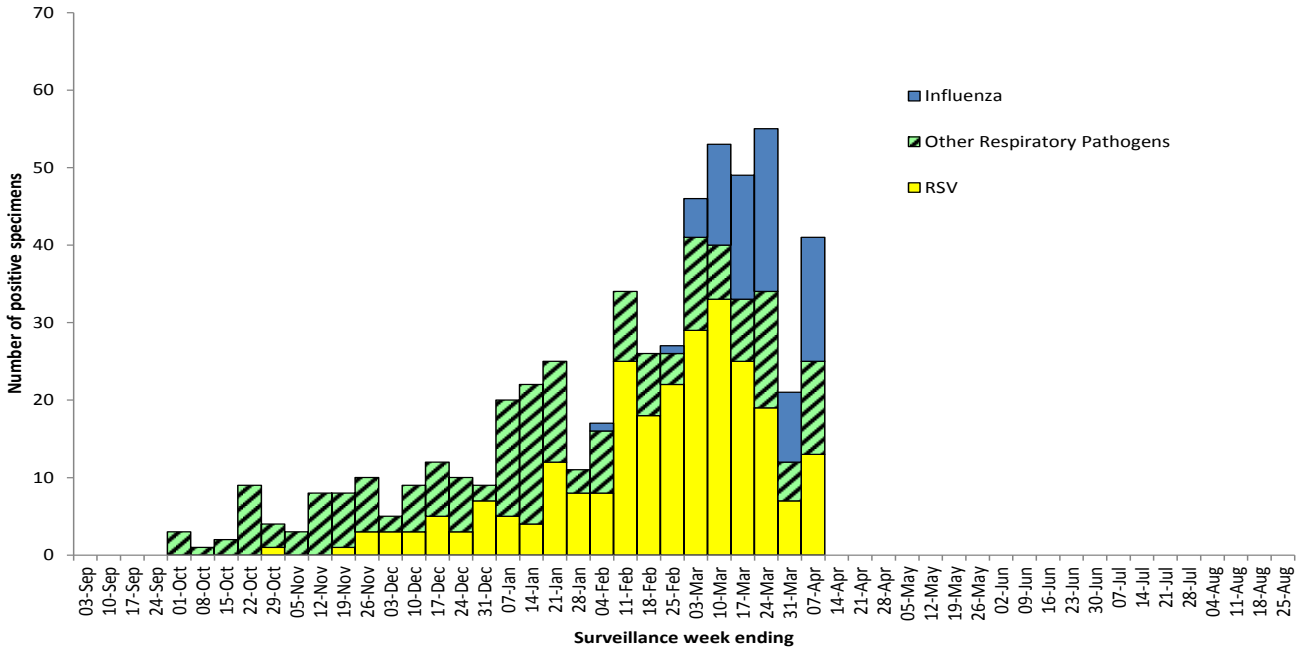
RESPIRATORY WATCH

Week 14 (April 1 to April 7, 2012)

Summary of Nova Scotia surveillance findings, for the period ending April 7, 2012:

- Thirteen laboratory confirmed cases of influenza B for week 14.
- Two laboratory confirmed case of influenza A H3N2.
- One laboratory confirmed case of influenza A pH1N1.
- Influenza activity reported in DHAs 3, 6, 7, and 9.
- Other respiratory pathogen activity continues. Positive results were received for coronavirus, metapneumovirus, mycoplasma pneumonia, rhinovirus and RSV.

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2011–2012

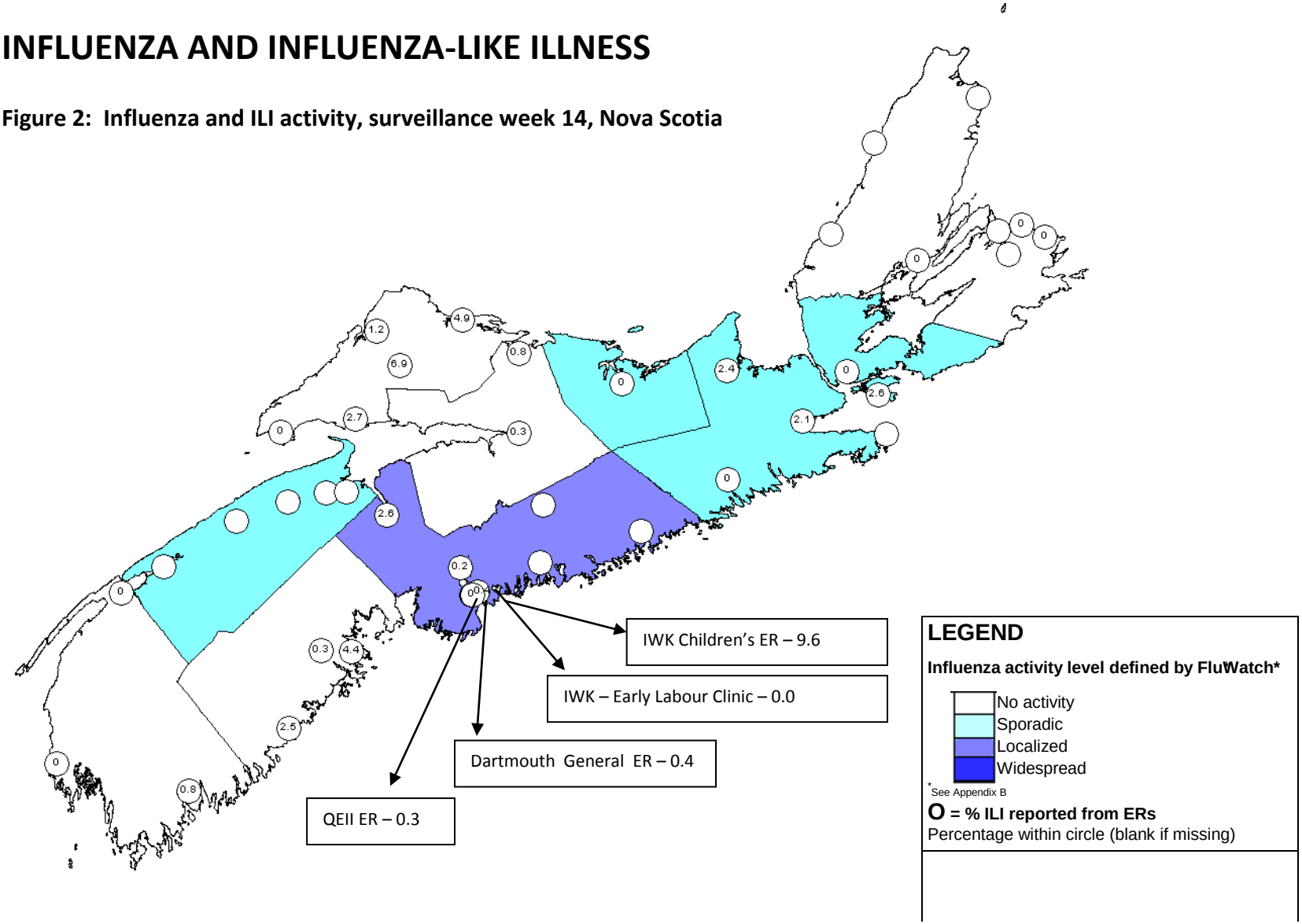


RESPIRATORY WATCH

Week 14 (April 1 to April 7, 2012)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 14, Nova Scotia



RESPIRATORY WATCH

Week 14 (April 1 to April 7, 2012)

Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2011–2012

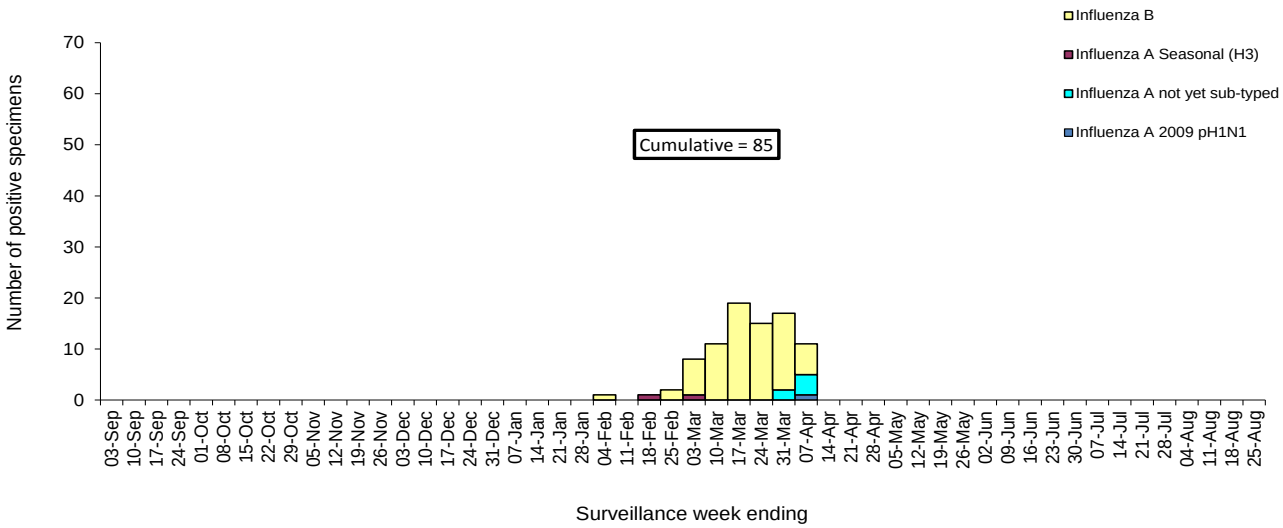
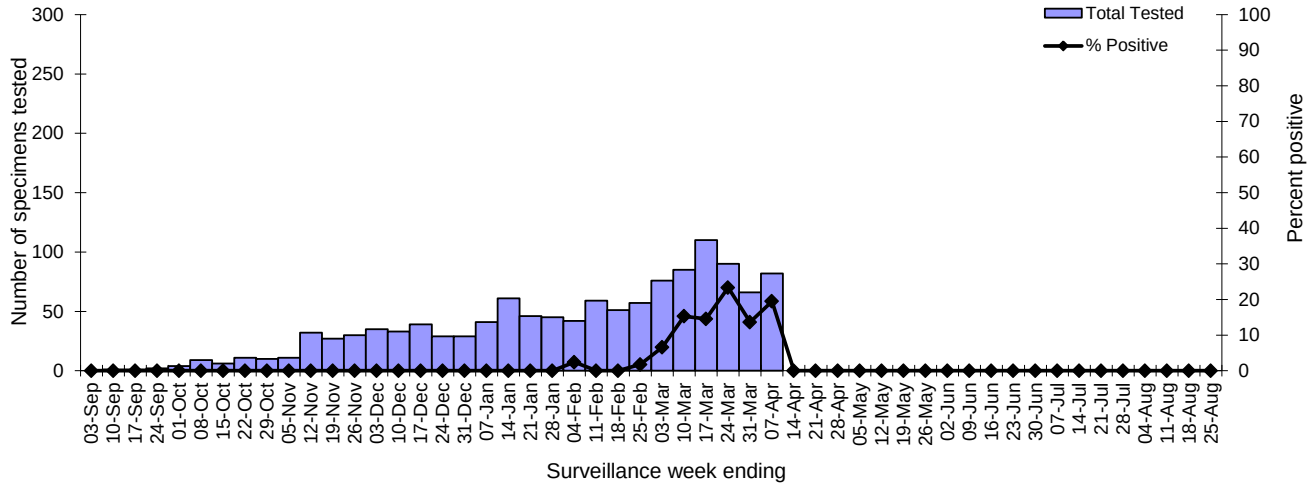


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2011–2012*



*Data presented in this figure refers to week specimen was tested.

Table 1: Influenza case counts by DHA, current surveillance week and cumulative, Nova Scotia, 2011–2012

	DHA 1	DHA 2	DHA 3	DHA 4	DHA 5	DHA 6	DHA 7	DHA 8	DHA 9	Nova Scotia
Influenza A 2009 pH1N1										
Current Week	0	0	0	0	0	0	0	0	1	1
Cumulative 2011 - 2012	0	0	0	0	0	0	0	0	1	1
Influenza A (not yet sub-typed)										
Current Week	0	0	0	0	4	0	0	0	0	4
Cumulative 2011 - 2012	0	0	0	0	4	0	0	0	0	4
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2011 - 2012	0	0	0	0	0	2	0	0	2	4
Influenza B										
Current Week	0	0	0	1	0	0	2	0	3	6
Cumulative 2011 - 2012	2	0	0	2	4	0	6	5	57	76

RESPIRATORY WATCH

Week 14 (April 1 to April 7, 2012)

Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2011–2012

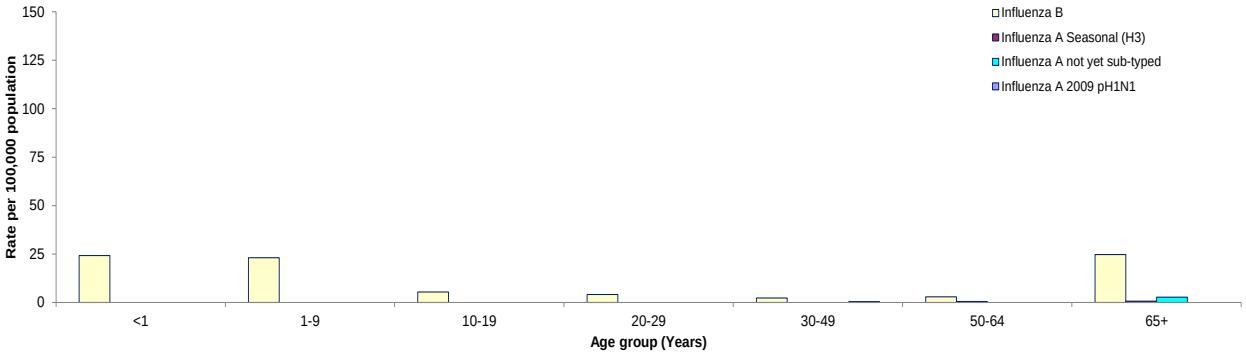


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2011–2012

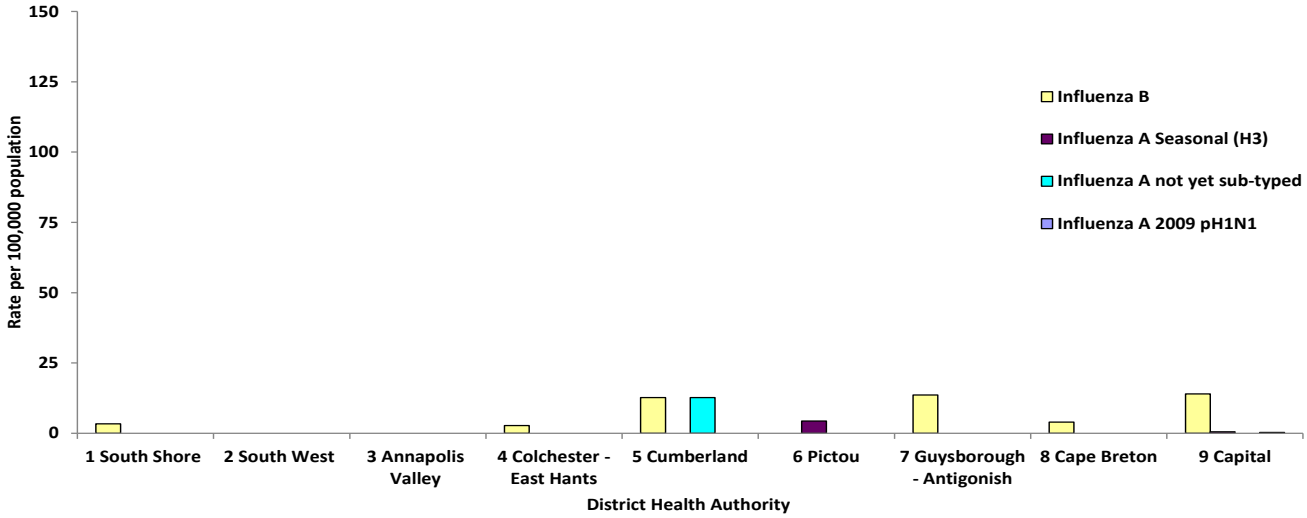


Table 2: Number of influenza hospitalizations by type and report week, Nova Scotia, 2011–2012

	Hospitalized	ICU	Total
Influenza A 2009 pH1N1			
Current Week	0	0	0
Cumulative 2011 - 2012	0	0	0
Influenza A (not yet sub-typed)			
Current Week	0	0	0
Cumulative 2011 - 2012	1	0	1
Influenza A Seasonal (H3)			
Current Week	0	0	0
Cumulative 2011 - 2012	2	0	2
Influenza B			
Current Week	2	0	2
Cumulative 2011 - 2012	35	2	37
Current Week Total	2	0	2
Season Total	38	2	40

* Note that Hospitalized cases exclude ICU admissions

RESPIRATORY WATCH

Week 14 (April 1 to April 7, 2012)

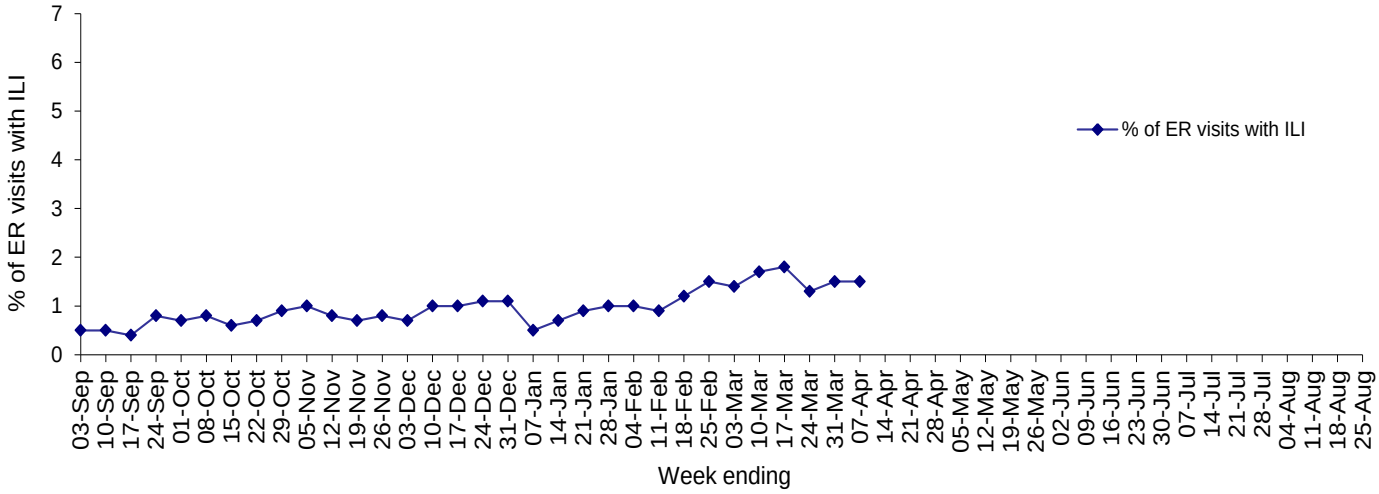
Table 3: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia

	ER SURVEILLANCE				SENTINEL SURVEILLANCE*		
	%ILI	Reporting ERs			%ILI	Reporting Sentinels	
DHA 1	2.0	3	of 3		0.0	1 of 4	
DHA 2	0.3	3	of 3		–	0 of 1	
DHA 3	–	0	of 5		–	0 of 1	
DHA 4	0.4	2	of 2		–	0 of 1	
DHA 5	3.3	5	of 5		–	0 of 2	
DHA 6	0.0	1	of 1		–	0 of 2	
DHA 7	1.6	6	of 6		–	0 of 3	
DHA 8	0.0	3	of 8		0.0	1 of 3	
DHA 9	0.6	5	of 7		–	0 of 3	
IWK	7.2	1	of 1				
Nova Scotia (excl. IWK)†	**1.0**	**28**	**of 40**	**70.0%**			
Nova Scotia (incl. IWK)	**1.5**	**29**	**of 41**	**70.7%**	**2**	**of 18**	**11.1%**

*Fluw atch sentinels

†Excludes the children's ER from IWK

Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2011–2012



RESPIRATORY WATCH

Week 14 (April 1 to April 7, 2012)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2011–2012

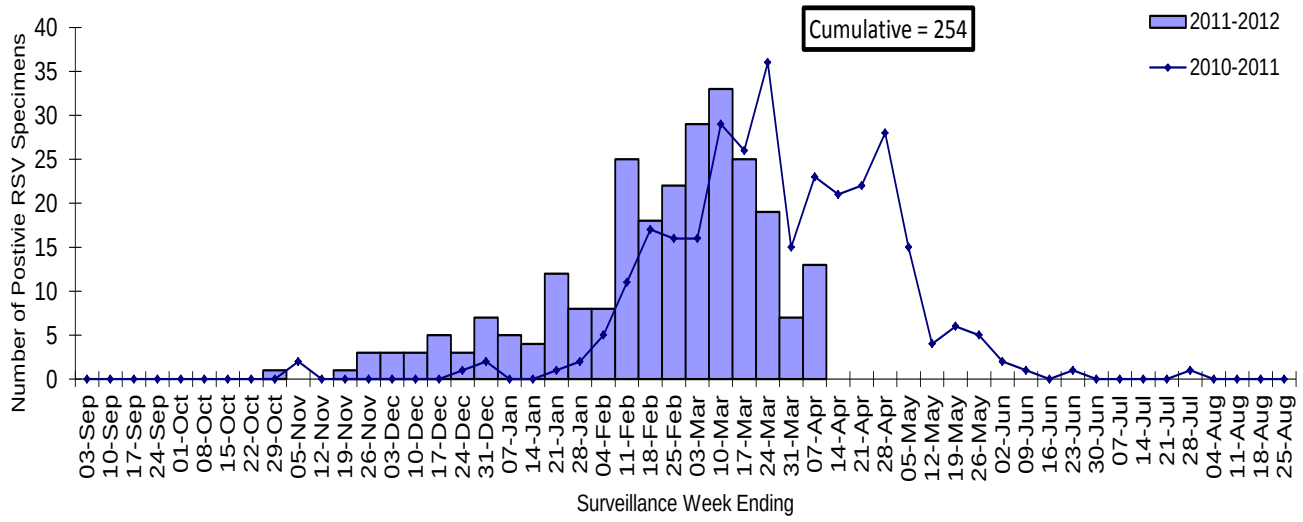
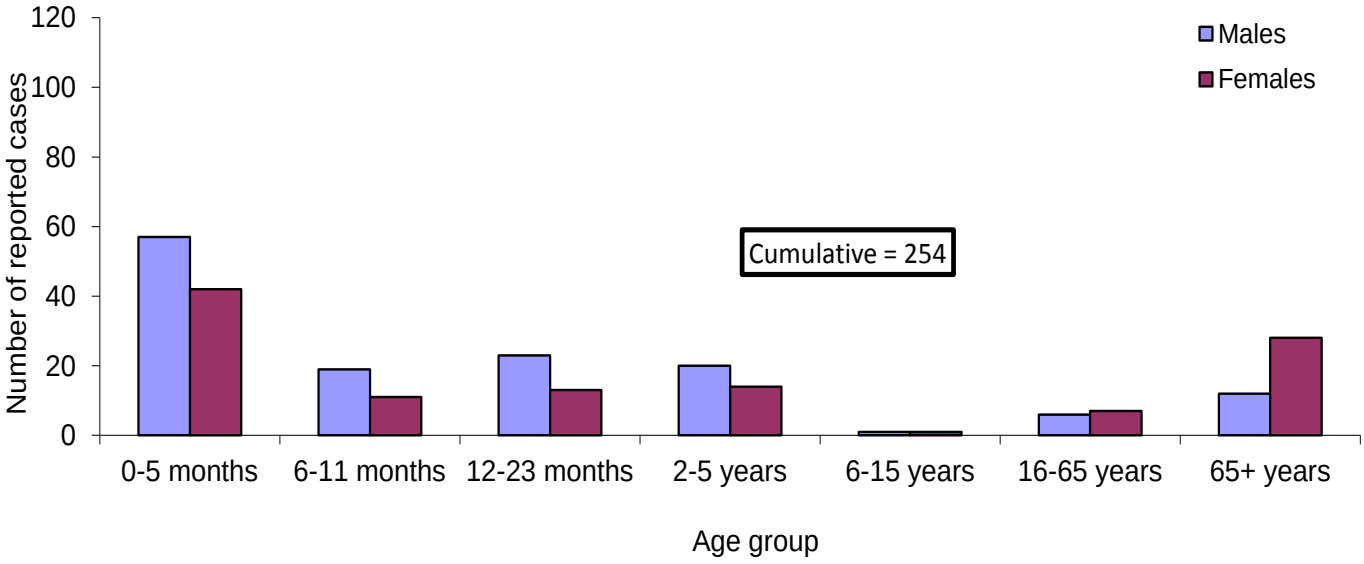


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2011-2012



OTHER RESPIRATORY PATHOGENS

Table 4: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2011–2012

	Surveillance Week			Cumulative Season-to-Date Totals		
Number and percent positive for:	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	32	0	0.0	690	4	0.6
Bocavirus	32	0	0.0	690	0	0.0
Chlamydophila pneumoniae	8	0	0.0	193	1	0.5
Coronavirus	32	4	12.5	690	58	8.4
Enterovirus	32	0	0.0	690	2	0.3
Metapneumovirus	32	6	18.8	690	14	2.0
Mycoplasma pneumoniae	8	1	12.5	193	33	17.1
Parainfluenza	32	0	0.0	690	42	6.1
Pertussis	3	0	0.0	120	0	0.0
Respiratory syncytial virus A	32	1	3.1	714	42	5.9
Respiratory syncytial virus B	32	0	0.0	714	1	0.1
Respiratory syncytial virus not typed	53	12	22.6	624	211	33.8
Rhinovirus	32	1	3.1	690	50	7.2

APPENDIX: Definitions used in Influenza Surveillance, 2011-2012

1) ILI in the general population:

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.

2) Outbreaks of influenza / ILI by setting:

Schools and Daycares:
Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or public health authority) which is likely due to ILI. Note: it is recommended that ILI school outbreaks be laboratory confirmed at the beginning of influenza season as it may be the first indication of community transmission in an area.

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 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. workplace, closed communities.

3) National FluWatch Definitions for Influenza Activity Levels:

Influenza activity levels are defined as:

1 =	**No activity:**	i.e. no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI* may be reported
2 =	**Sporadic:**	sporadically occurring ILI* and lab confirmed influenza detection(s) with **NO ILI/influenza outbreaks** detected within the influenza surveillance region†
3 =	**Localized:**	evidence of increased ILI* and lab confirmed influenza detection(s) together **with outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring in **less than 50% of the influenza surveillance region(s) †**
4 =	**Widespread:**	evidence of increased ILI* and lab confirmed influenza detection(s) **together with outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring **in greater than or equal to 50% of the influenza surveillance region(s)**†

* ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.
† Sub-regions within the province or territory as defined by the provincial/territorial epidemiologist.

4) District Health Authorities (DHAs), Nova Scotia:
   DHA 1 – South Shore Health
   DHA 2 – South West Health
   DHA 3 – Annapolis Valley Health
   DHA 4 – Colchester East Hants Health Authority
   DHA 5 – Cumberland Health Authority
   DHA 6 – Pictou County Health Authority
   DHA 7 – Guysborough Antigonish Strait Health Authority
   DHA 8 – Cape Breton District Health Authority
   DHA 9 – Capital Health