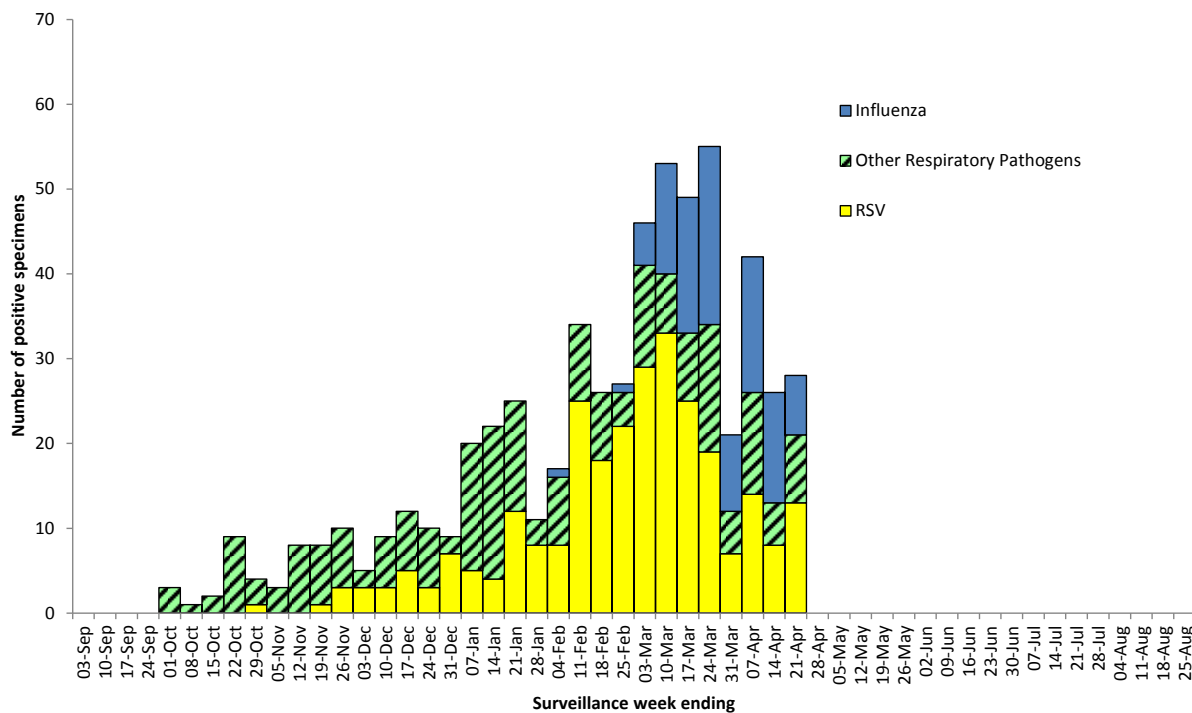


Summary of Nova Scotia surveillance findings, for the period ending April 21, 2012:

- Four laboratory confirmed cases of influenza B for week 16.
- Two laboratory confirmed case of influenza A H3N2.
- One laboratory confirmed case of Influenza A not sub-typed.
- Influenza activity reported in DHAs 1, 7, 8 and 9.
- Other respiratory pathogen activity continues. Positive results were received for Chlamydomphila pneumonia, coronavirus, metapneumovirus, rhinovirus and RSV.

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

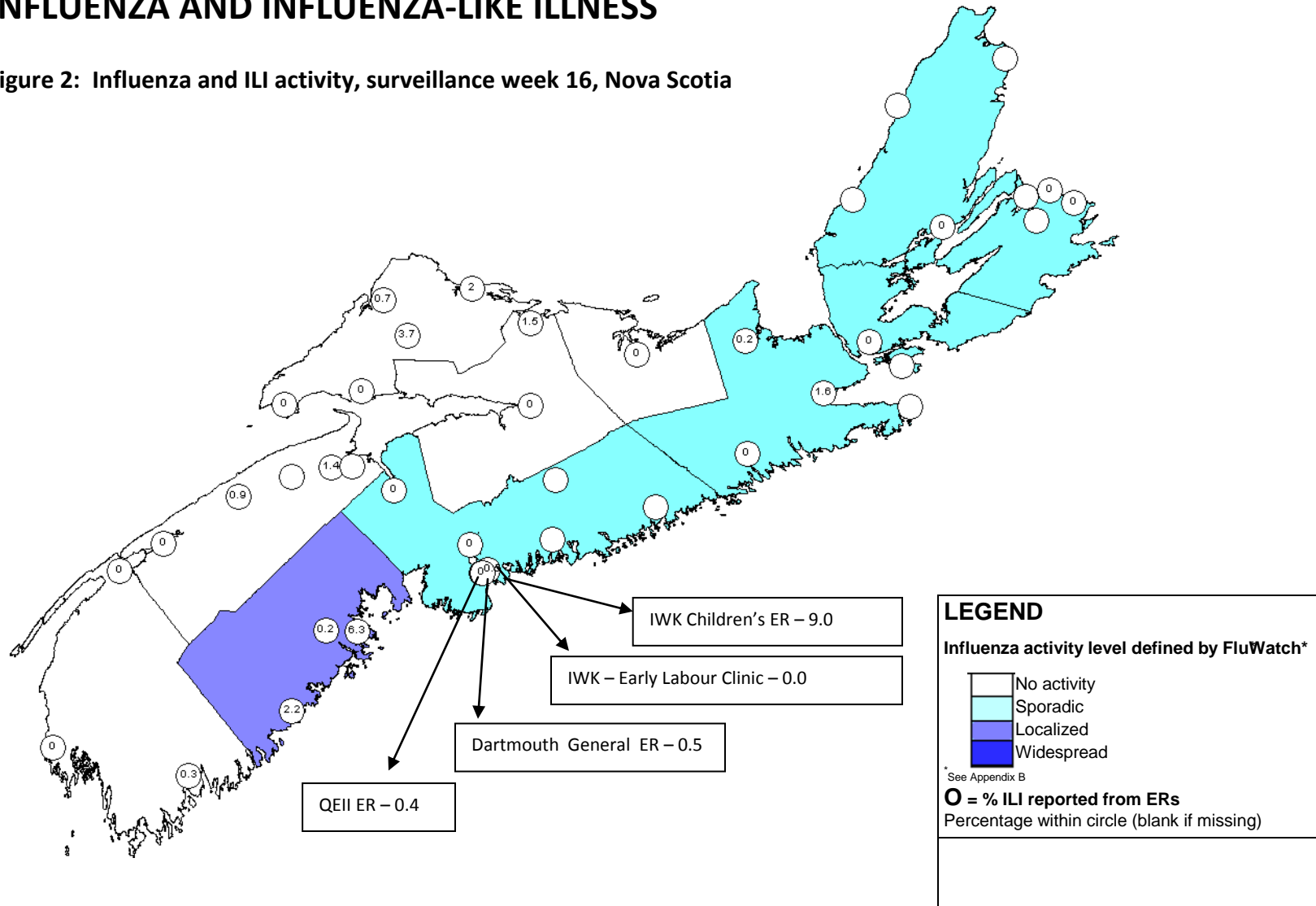


RESPIRATORY WATCH

Week 16 (April 15 to April 21, 2012)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 16, Nova Scotia



RESPIRATORY WATCH

Week 16 (April 15 to April 21, 2012)

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

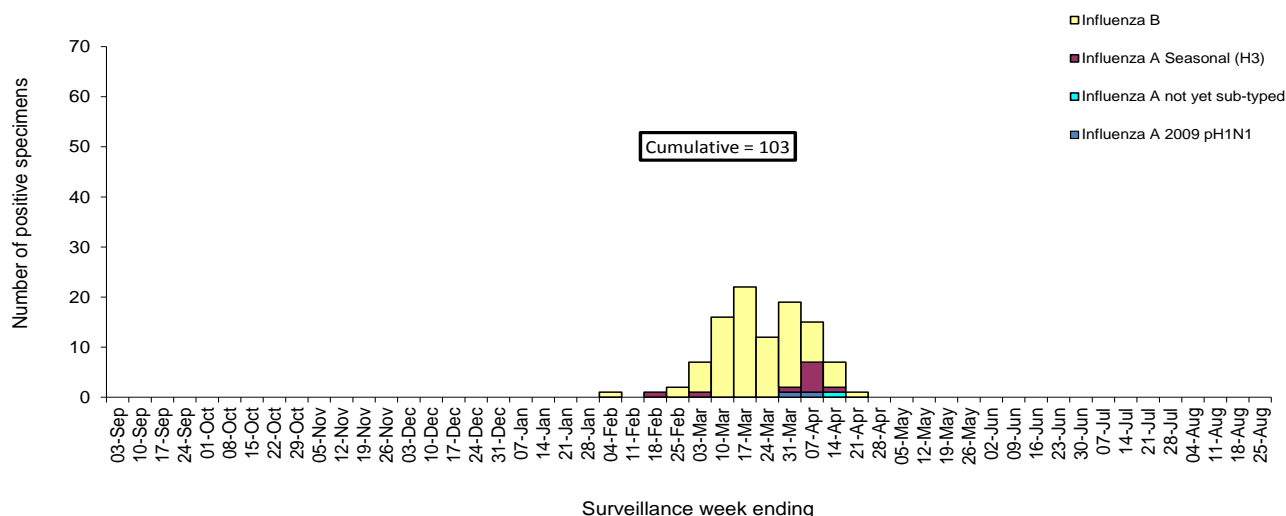
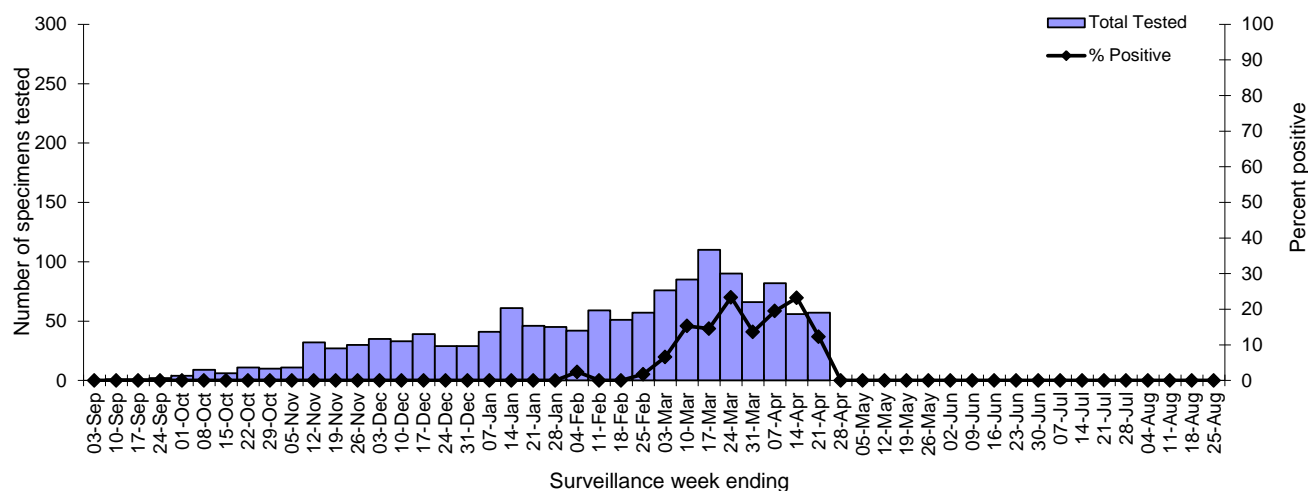


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2011–2012*



*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	0	0
Cumulative 2011 - 2012	0	0	0	0	0	1	0	0	1	2
Influenza A (not yet sub-typed)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2011 - 2012	0	0	0	0	0	0	0	1	0	1
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2011 - 2012	0	0	2	0	4	0	0	0	4	10
Influenza B										
Current Week	0	0	0	0	0	2	0	0	1	1
Cumulative 2011 - 2012	2	0	1	4	5	3	7	7	61	90

RESPIRATORY WATCH

Week 16 (April 15 to April 21, 2012)

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

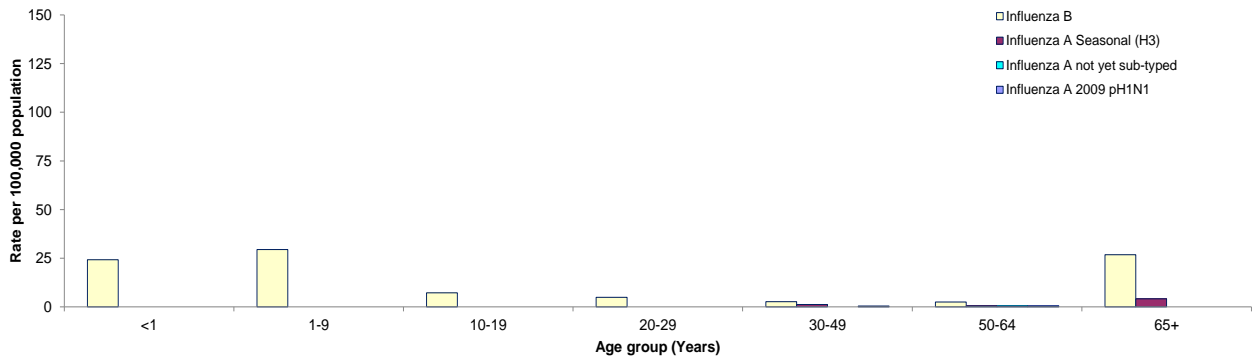


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2011–2012

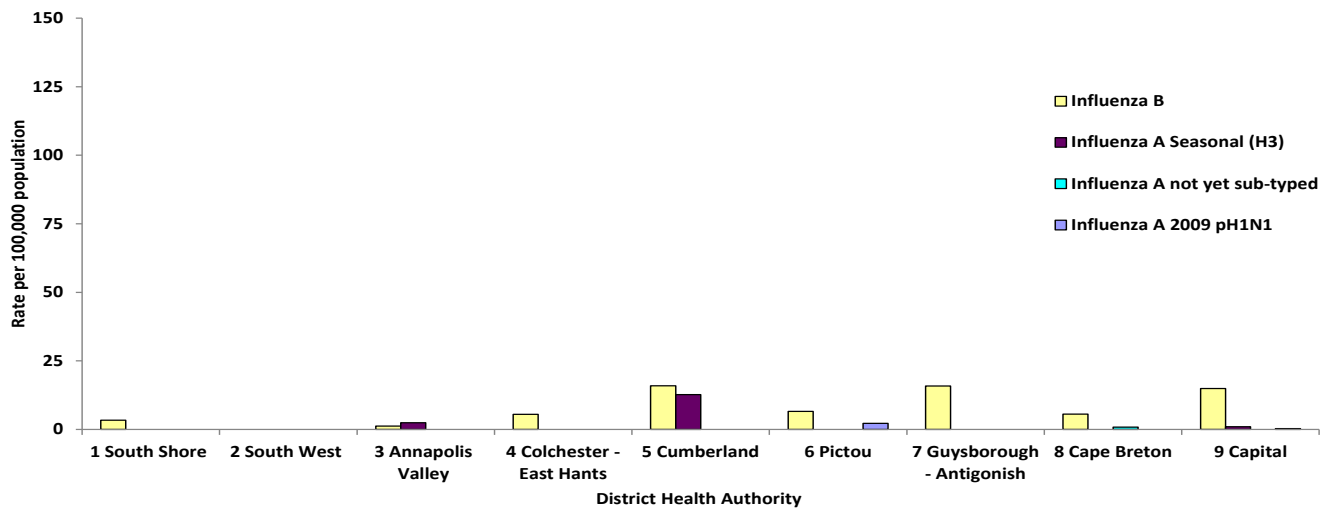


Table 2: Number of influenza hospitalizations by type and report week, Nova Scotia, 2011–2012

	Hospitalized	ICU	Total
Influenza A 2009 pH1N1			
Current Week	0	0	0
Cumulative 2011 - 2012	1	0	1
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	4	0	4
Influenza B			
Current Week	1	0	1
Cumulative 2011 - 2012	45	4	49
Current Week Total	1	0	1
Season Total	51	4	55

* Note that Hospitalized cases exclude ICU admissions

RESPIRATORY WATCH

Week 16 (April 15 to April 21, 2012)

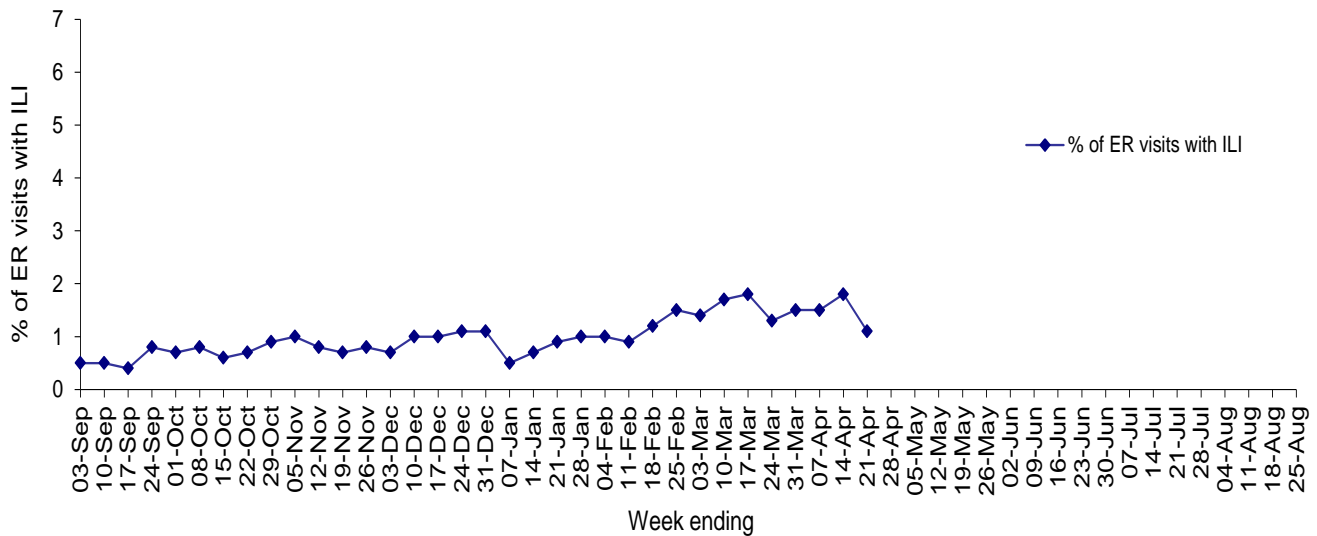
Table 3: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs	%ILI	Reporting Sentinels
DHA 1	2.5	3 of 3	0.0	1 of 4
DHA 2	0.1	3 of 3	–	0 of 1
DHA 3	1.2	3 of 5	–	0 of 1
DHA 4	0.3	2 of 2	–	0 of 1
DHA 5	1.5	5 of 5	5.5	1 of 2
DHA 6	0.0	1 of 1	–	0 of 2
DHA 7	0.4	5 of 6	–	0 of 3
DHA 8	0.0	3 of 8	0.0	1 of 3
DHA 9	0.3	5 of 7	–	0 of 3
IWK	6.6	1 of 1		
Nova Scotia (excl. IWK)†	0.7	30 of 40	75.0%	
Nova Scotia (incl. IWK)	1.1	31 of 41	75.6%	3 of 18 16.7%

*Flu watch sentinels

†Excludes the children's ER from IWK

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



RESPIRATORY WATCH

Week 16 (April 15 to April 21, 2012)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

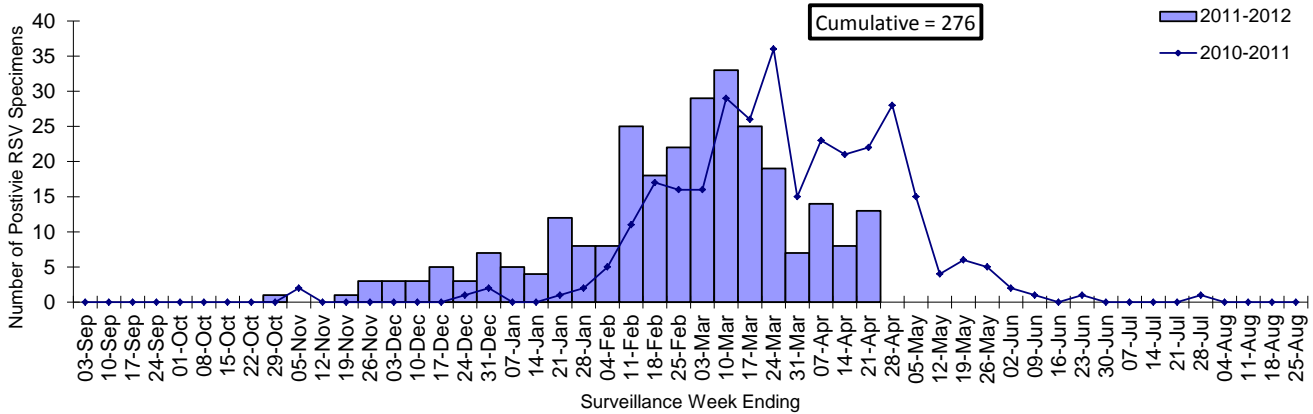
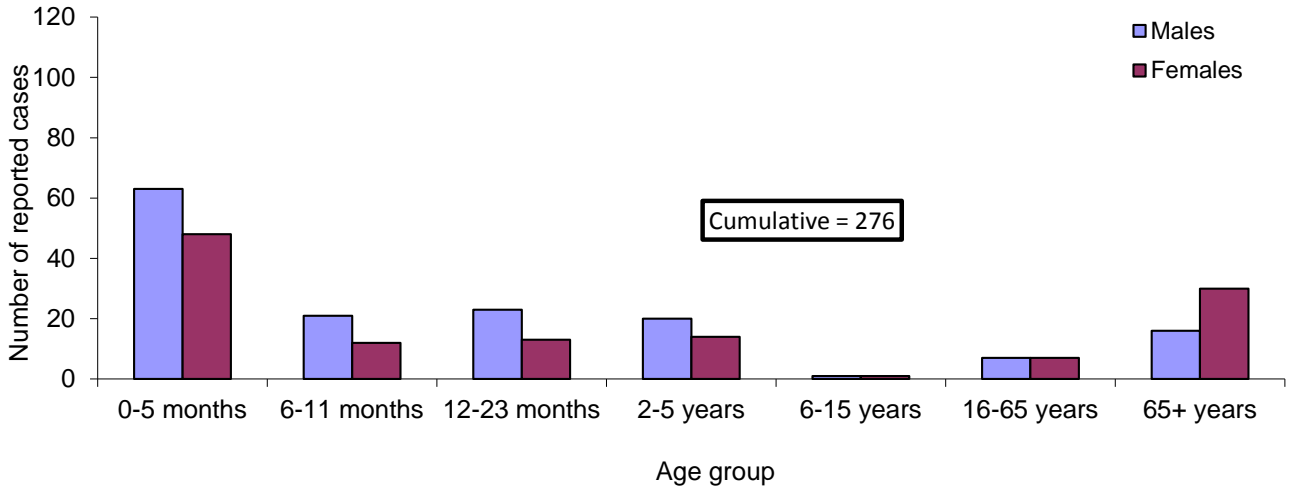


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2011-2012



RESPIRATORY WATCH

Week 16 (April 15 to April 21, 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

Number and percent positive for:	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	20	0	0.0	721	4	0.6
Bocavirus	20	0	0.0	721	0	0.0
Chlamydomphila pneumoniae	5	2	40.0	203	3	1.5
Coronavirus	20	1	5.0	721	61	8.5
Enterovirus	20	0	0.0	721	2	0.3
Metapneumovirus	20	4	20.0	721	21	2.9
Mycoplasma pneumoniae	5	0	0.0	203	33	16.3
Parainfluenza	20	0	0.0	721	42	5.8
Pertussis	3	0	0.0	127	0	0.0
Respiratory syncytial virus A	25	0	0.0	745	42	5.6
Respiratory syncytial virus B	25	0	0.0	745	1	0.1
Respiratory syncytial virus not typed	49	15	30.6	727	233	32.0
Rhinovirus	20	1	5.0	721	51	7.1

RESPIRATORY WATCH

Week 16 (April 15 to April 21, 2012)

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.

RESPIRATORY WATCH

Week 16 (April 15 to April 21, 2012)

- 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