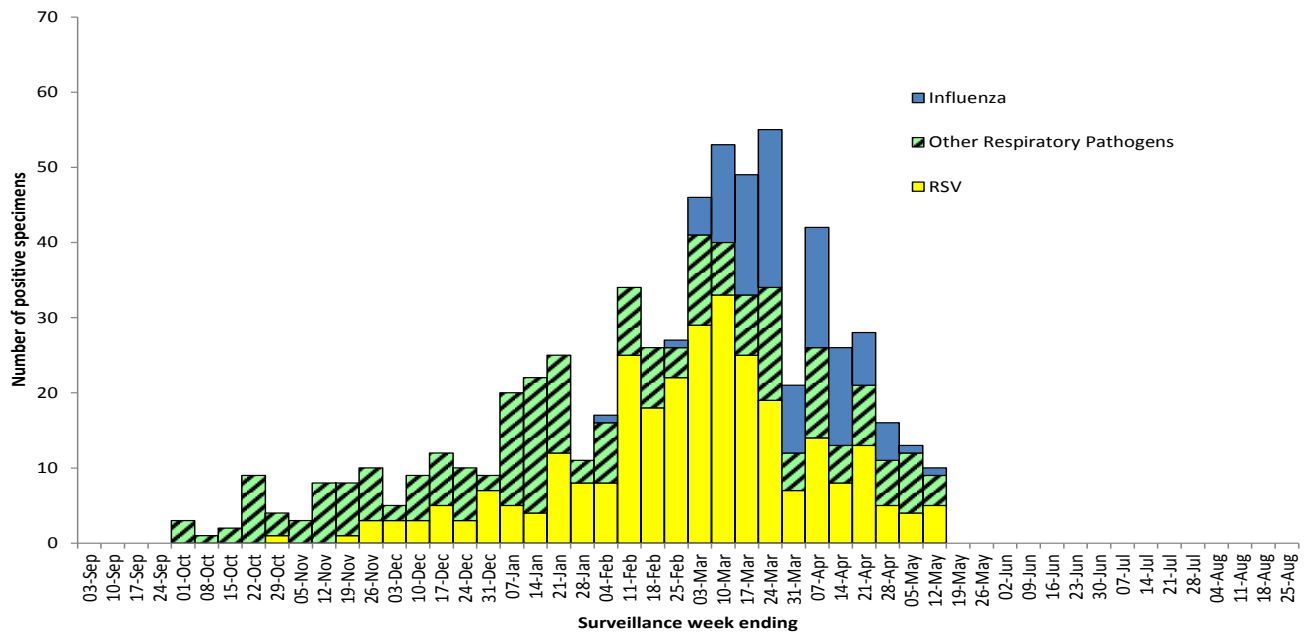


## Summary of Nova Scotia surveillance findings, for the period ending May 12, 2012:

- One laboratory confirmed case of seasonal influenza A for week 19.
- Influenza activity reported in DHA 9.
- Other respiratory pathogen activity continues. Positive results were received for human metapneumovirus, rhinovirus and RSV.

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

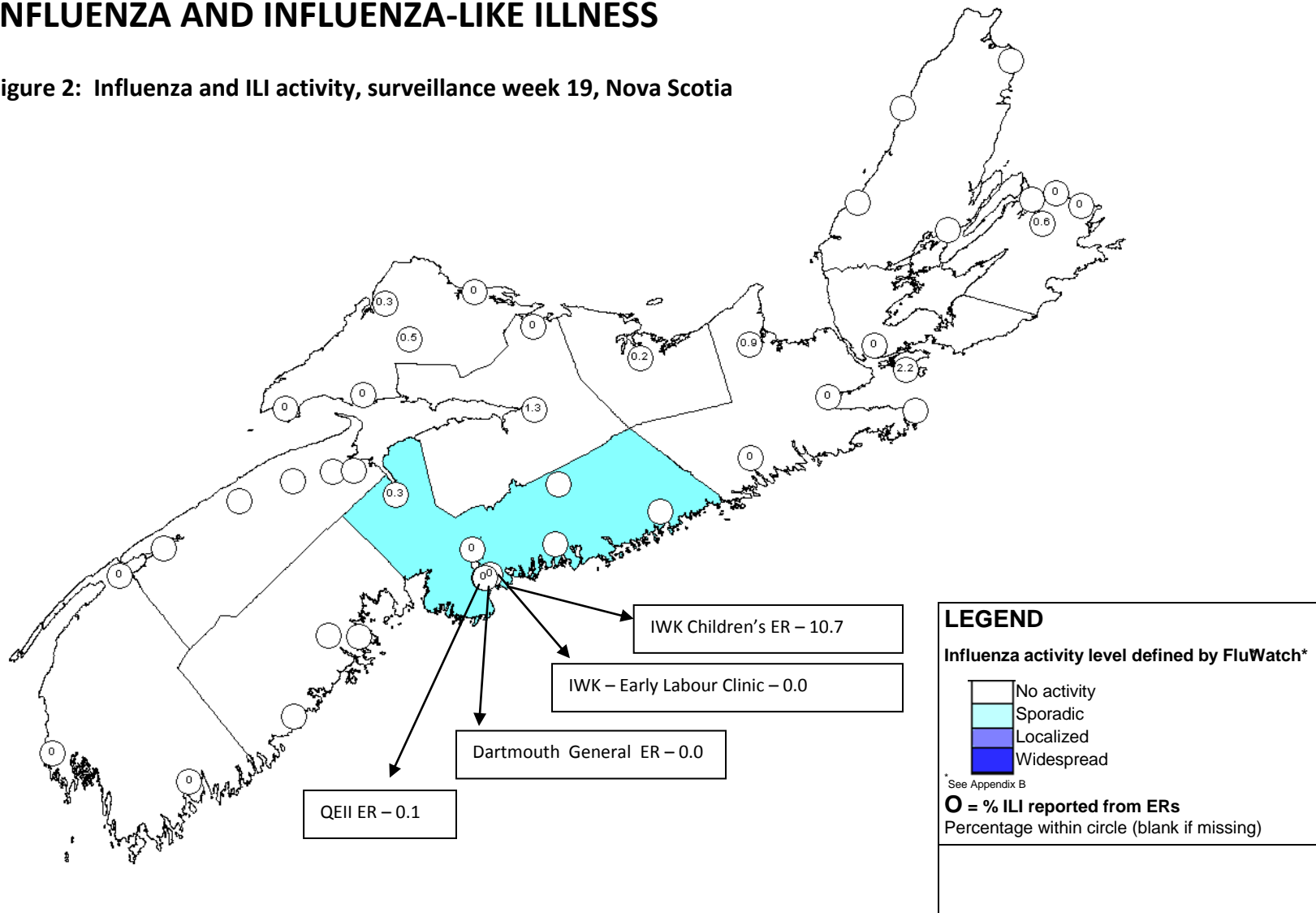


# RESPIRATORY WATCH

Week 19 (May 6 to May 12, 2012)

## INFLUENZA AND INFLUENZA-LIKE ILLNESS

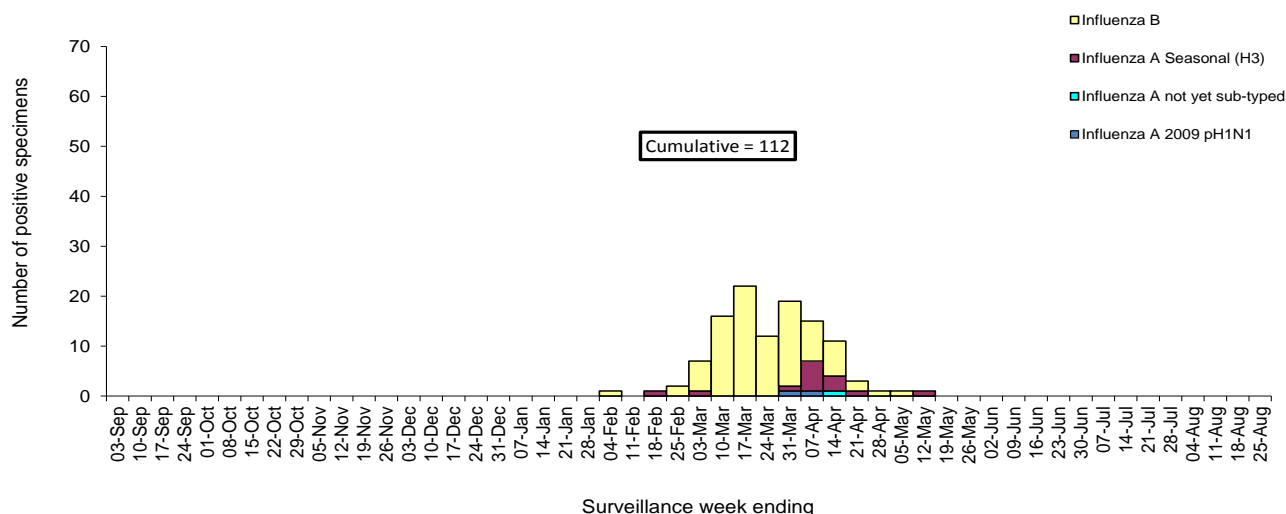
Figure 2: Influenza and ILI activity, surveillance week 19, Nova Scotia



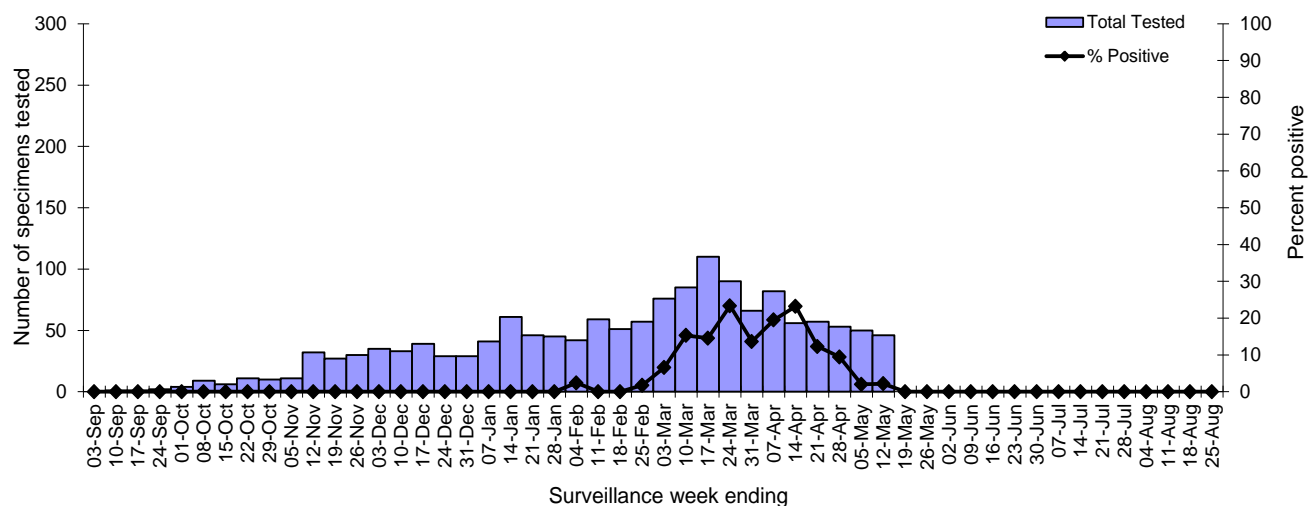
# RESPIRATORY WATCH

Week 19 (May 6 to May 12, 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
<b>Influenza A 2009 pH1N1</b>										
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
<b>Influenza A (not yet sub-typed)</b>										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2011 - 2012	1	0	0	0	0	0	0	0	0	1
<b>Influenza A Seasonal (H3)</b>										
Current Week	0	0	0	0	0	0	0	0	1	1
Cumulative 2011 - 2012	1	1	2	0	4	0	0	1	5	14
<b>Influenza B</b>										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2011 - 2012	2	0	1	4	8	3	7	7	63	95

# RESPIRATORY WATCH

Week 19 (May 6 to May 12, 2012)

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

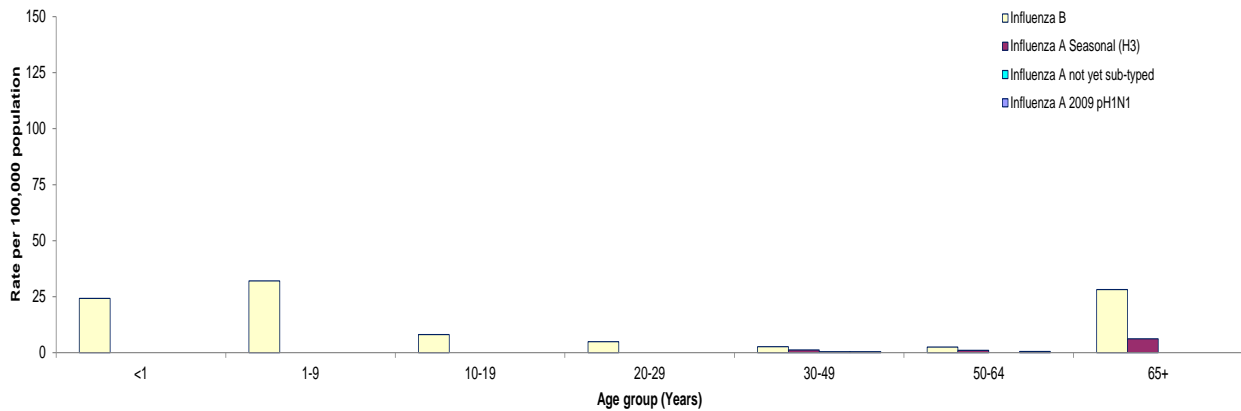


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2011–2012

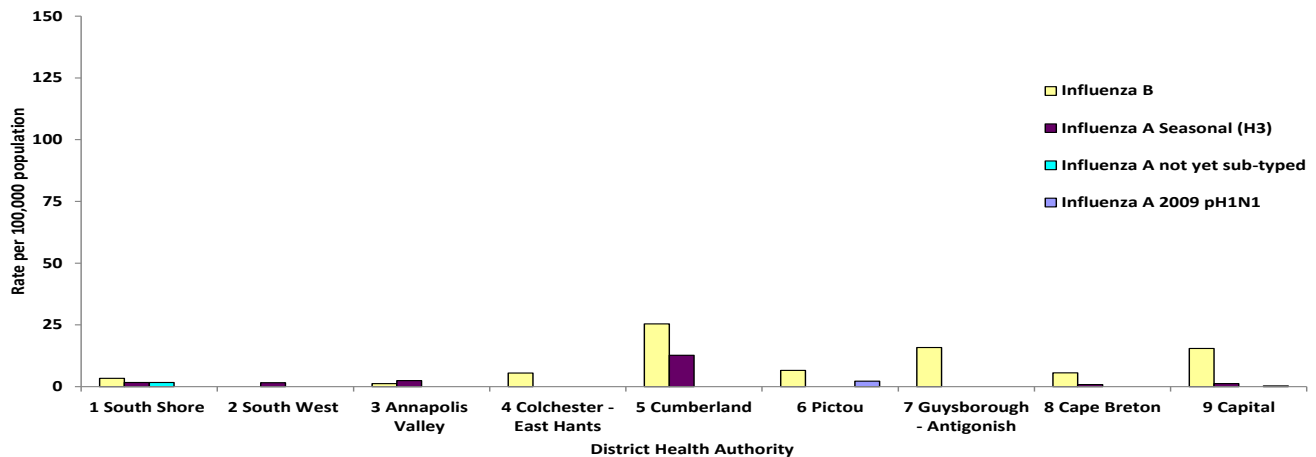


Table 2: Number of influenza hospitalizations by type and report week, Nova Scotia, 2011–2012

	Hospitalized	ICU	Total
<b>Influenza A 2009 pH1N1</b>			
Current Week	0	0	0
Cumulative 2011 - 2012	1	0	1
<b>Influenza A (not yet sub-typed)</b>			
Current Week	0	0	0
Cumulative 2011 - 2012	0	0	0
<b>Influenza A Seasonal (H3)</b>			
Current Week	1	0	1
Cumulative 2011 - 2012	7	0	7
<b>Influenza B</b>			
Current Week	0	0	0
Cumulative 2011 - 2012	46	4	50
<b>Current Week Total</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Season Total</b>	<b>54</b>	<b>4</b>	<b>58</b>

\* Note that Hospitalized cases exclude ICU admissions

# RESPIRATORY WATCH

Week 19 (May 6 to May 12, 2012)

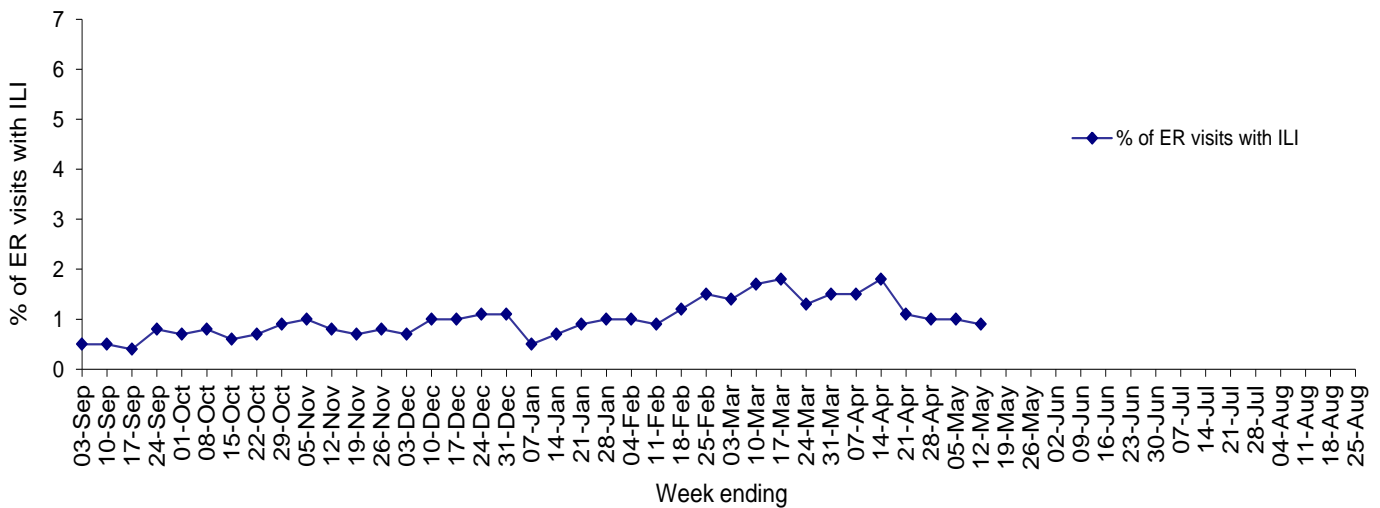
**Table 3: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia**

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs	%ILI	Reporting Sentinels
DHA 1	–	0 of 3	–	0 of 4
DHA 2	0.0	3 of 3	–	0 of 1
DHA 3	–	0 of 5	–	0 of 1
DHA 4	1.1	2 of 2	–	0 of 1
DHA 5	0.3	5 of 5	–	0 of 2
DHA 6	0.2	1 of 1	–	0 of 2
DHA 7	0.6	6 of 6	–	0 of 3
DHA 8	0.3	3 of 8	–	0 of 3
DHA 9	0.1	5 of 7	–	0 of 3
IWK	7.7	1 of 1		
<b>Nova Scotia (excl. IWK)†</b>	<b>0.3</b>	<b>25 of 40</b>	<b>62.5%</b>	
<b>Nova Scotia (incl. IWK)</b>	<b>0.9</b>	<b>26 of 41</b>	<b>63.4%</b>	<b>0 of 18 0.0%</b>

\*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 19 (May 6 to May 12, 2012)

## RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

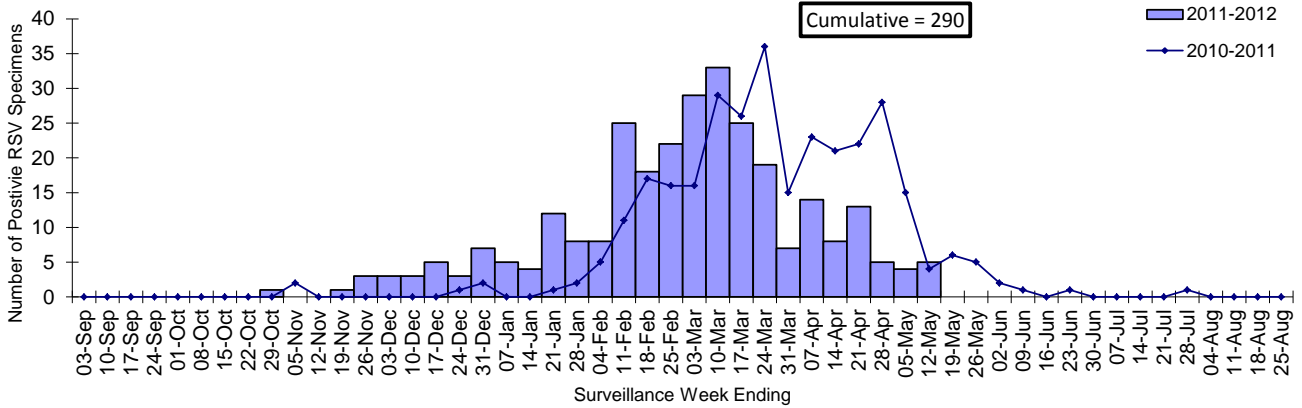
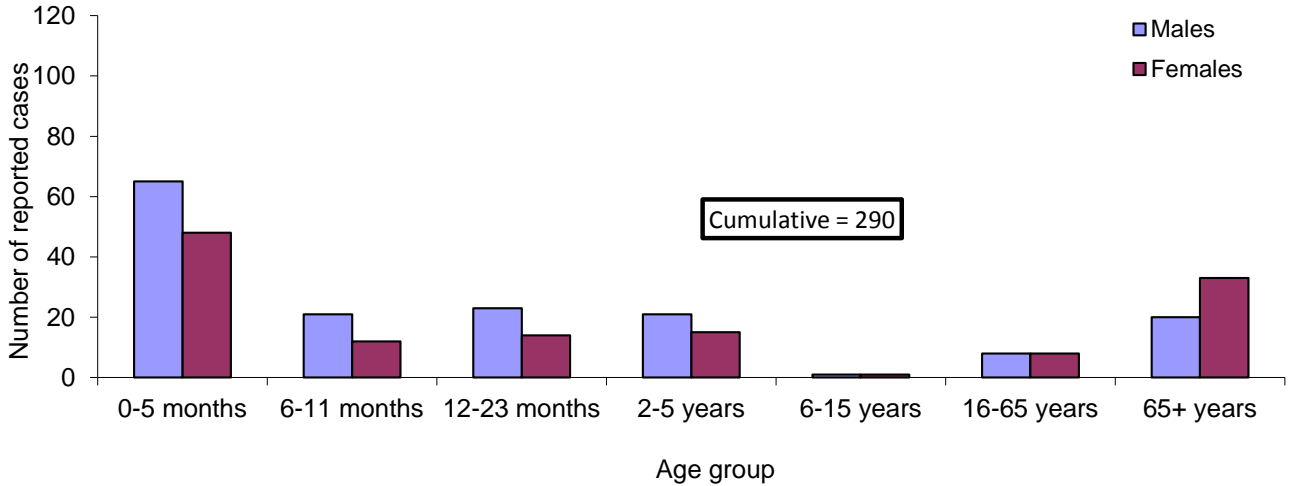


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2011-2012



# RESPIRATORY WATCH

Week 19 (May 6 to May 12, 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	18	0	0.0	779	4	0.5
Bocavirus	18	0	0.0	779	0	0.0
Chlamydophila pneumoniae	2	0	0.0	220	4	1.8
Coronavirus	18	0	0.0	779	62	8.0
Enterovirus	18	0	0.0	779	2	0.3
Metapneumovirus	18	1	5.6	781	33	4.2
Mycoplasma pneumoniae	2	0	0.0	220	33	15.0
Parainfluenza	18	1	5.6	779	43	5.5
Pertussis	2	0	0.0	140	0	0.0
Respiratory syncytial virus A	18	1	5.6	803	43	5.4
Respiratory syncytial virus B	18	0	0.0	803	3	0.4
Respiratory syncytial virus not typed	29	3	10.3	833	244	29.3
Rhinovirus	18	3	16.7	779	54	6.9

# RESPIRATORY WATCH

Week 19 (May 6 to May 12, 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:**

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

\* 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 19 (May 6 to May 12, 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