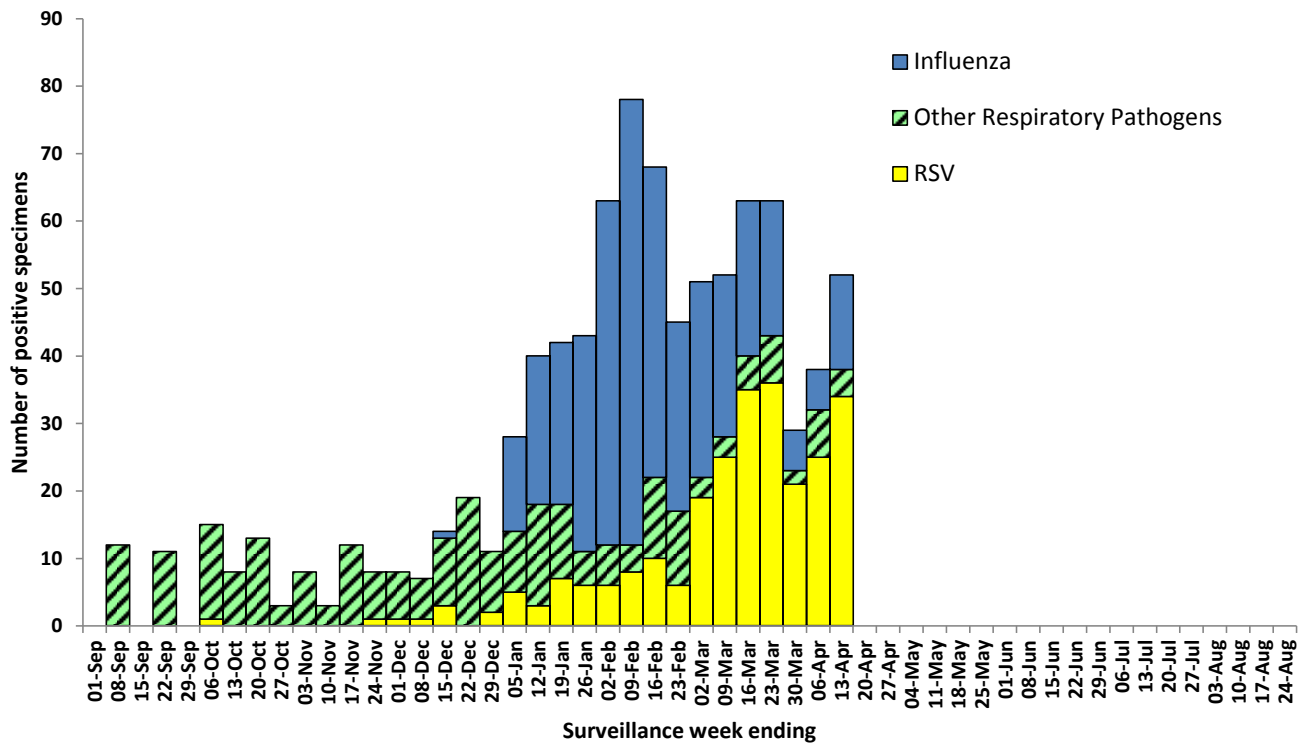


## Summary of Nova Scotia surveillance findings, for the period ending April 13, 2013:

- Fourteen influenza positive lab results were reported this week.
- Other respiratory pathogen activity continues. Positive results were received for chlamydomphila pneumoniae, coronavirus, parainfluenza, rhinovirus and RSV.
- The ILI rate for Nova Scotia for this reporting period was 1.3. Eighty percent of ER sites reported ILI data this week.
- Four specimens were submitted through the sentinel swabbing program.
- Sentinel physician data was received from 6 (of 30) physicians.

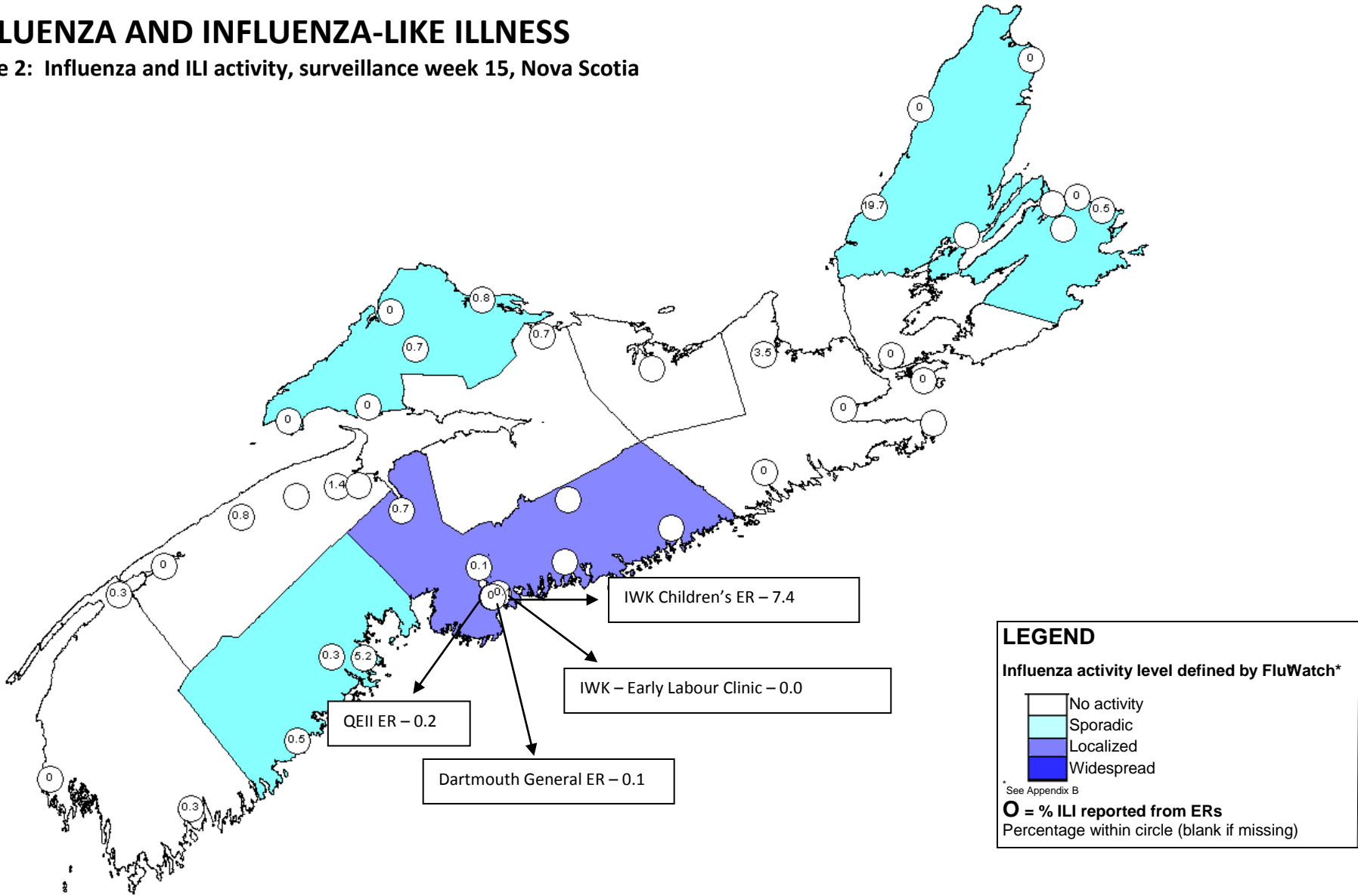
Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2012–2013



# RESPIRATORY WATCH

## INFLUENZA AND INFLUENZA-LIKE ILLNESS

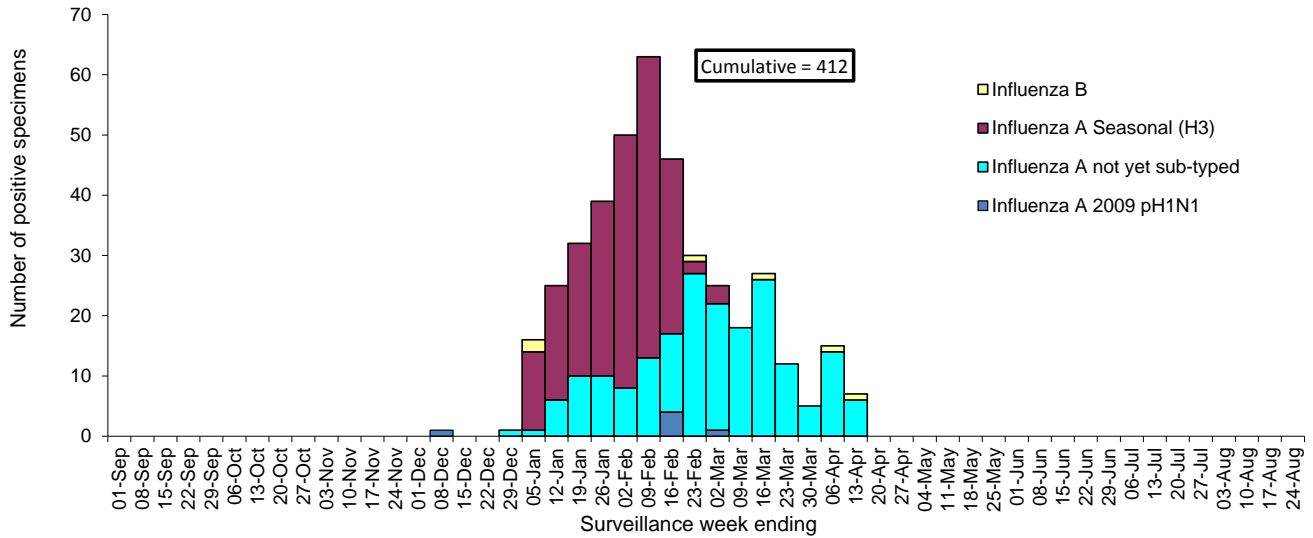
Figure 2: Influenza and ILI activity, surveillance week 15, Nova Scotia



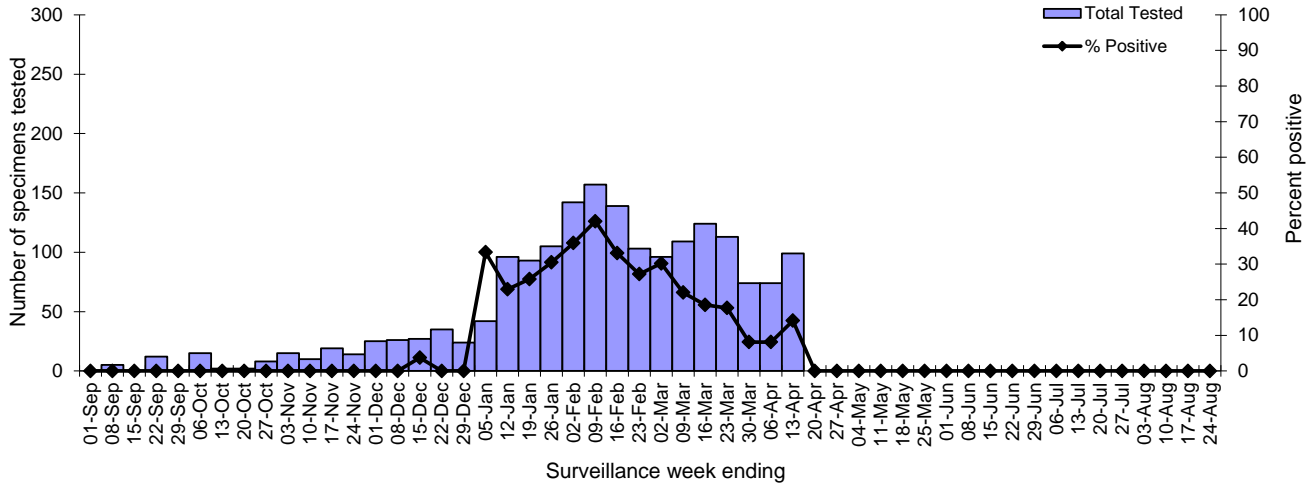
# RESPIRATORY WATCH

Week 15 (April 7 to April 13, 2013)

**Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2012–2013**



**Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2012–2013\***



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

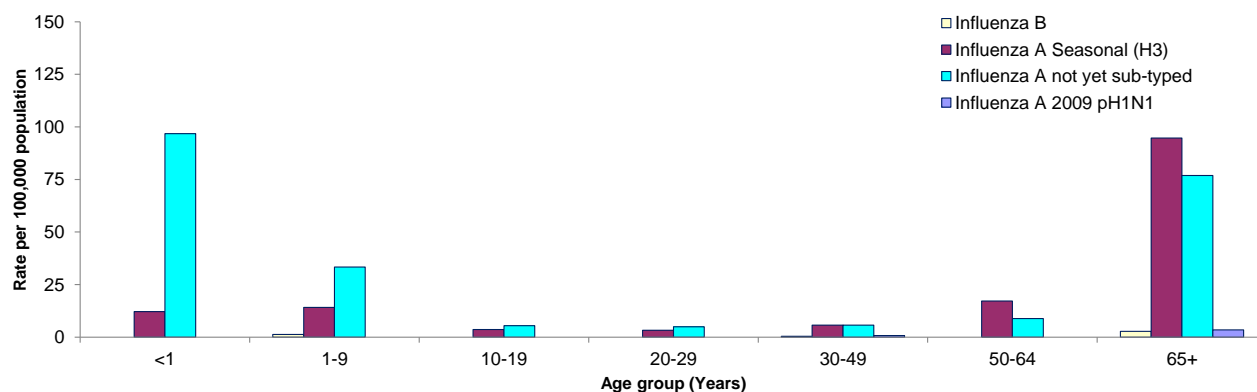
# RESPIRATORY WATCH

Week 15 (April 7 to April 13, 2013)

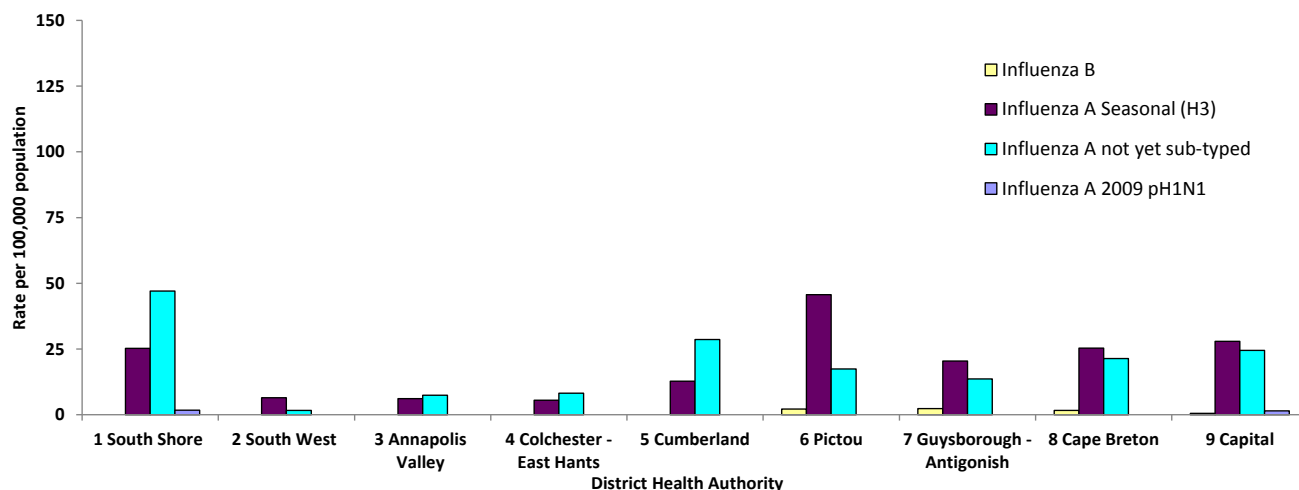
**Table 1: Influenza case counts by DHA, current surveillance week and cumulative, Nova Scotia, 2012–2013**

	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 2012 - 2013	1	0	0	0	0	0	0	0	6	7
<b>Influenza A (not yet sub-typed)</b>										
Current Week	2	0	0	0	1	0	0	0	3	6
Cumulative 2012 - 2013	28	1	6	6	9	8	6	27	100	191
<b>Influenza A Seasonal (H3)</b>										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	15	4	5	4	4	21	9	32	114	208
<b>Influenza B</b>										
Current Week	0	0	0	0	0	0	0	1	0	1
Cumulative 2012 - 2013	0	0	0	0	0	1	1	2	2	6

**Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2012–2013**



**Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2012–2013**



# RESPIRATORY WATCH

Week 15 (April 7 to April 13, 2013)

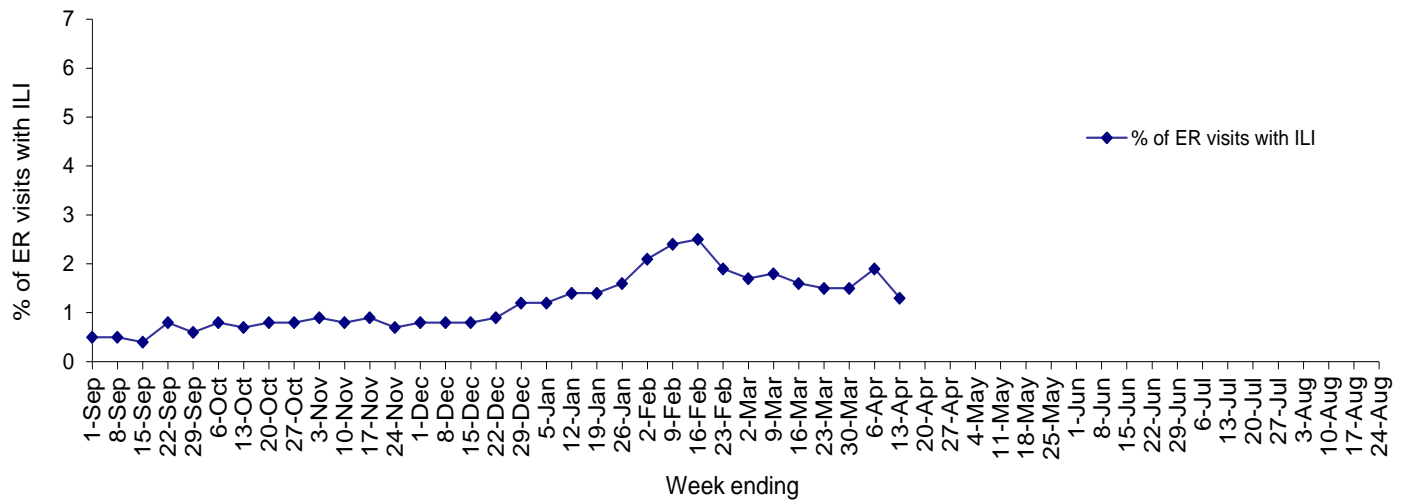
**Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, and Sentinel Swabbing Specimen Submissions, Nova Scotia, 2012-2013**

	ER SURVEILLANCE			SENTINEL SURVEILLANCE*		SENTINEL SWABBING	
	%ILI	Reporting ERs		%ILI	Reporting Sentinels	# Swabs	Sites Submitting Specimens
DHA 1	1.8	3	of 3	0.0	1 of 6	3	1 of 1
DHA 2	0.1	3	of 3	-	0 of 0	0	0 of 1
DHA 3	1.0	3	of 5	-	0 of 1	1	1 of 2
DHA 4	1.8	2	of 2	-	0 of 0	0	0 of 2
DHA 5	0.3	5	of 5	-	0 of 2	0	0 of 1
DHA 6	-	0	of 1	-	0 of 2	0	0 of 1
DHA 7	1.6	6	of 6	0.0	1 of 1	0	0 of 2
DHA 8	3.6	5	of 8	0.0	2 of 4	0	0 of 3
DHA 9	0.2	5	of 7	0.0	2 of 14		
IWK	5.8	1	of 1				
<b>Nova Scotia (excl. IWK)†</b>	<b>1.0</b>	<b>32 of 40</b>	<b>80.0%</b>			<b>4</b>	<b>2 of 12</b>
<b>Nova Scotia (incl. IWK)</b>	<b>1.3</b>	<b>33 of 41</b>	<b>80.5%</b>	<b>2.5%</b>	<b>6 of 30</b>		

\*Flu watch sentinels

†Excludes the children's ER from IWK

**Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2012–2013**



# RESPIRATORY WATCH

Week 15 (April 7 to April 13, 2013)

## RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2012–2013

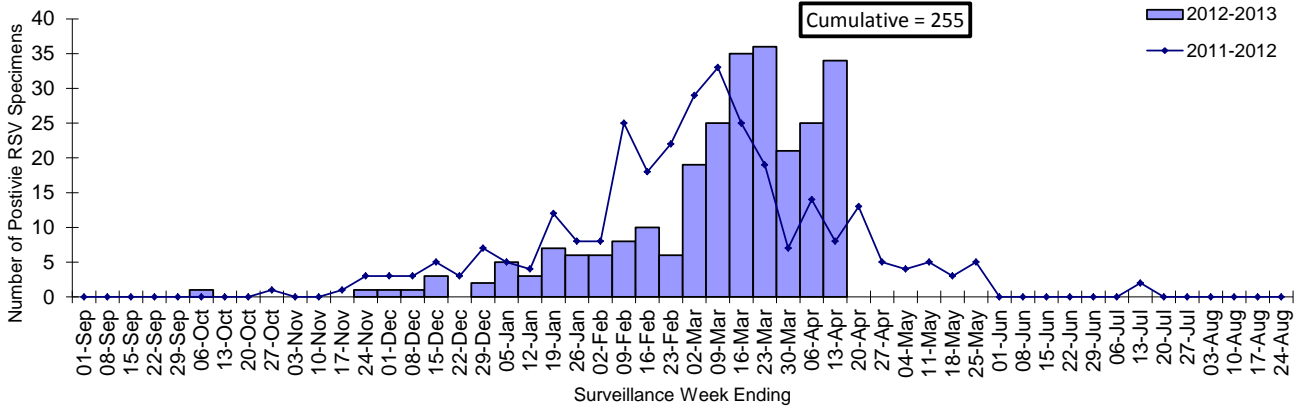
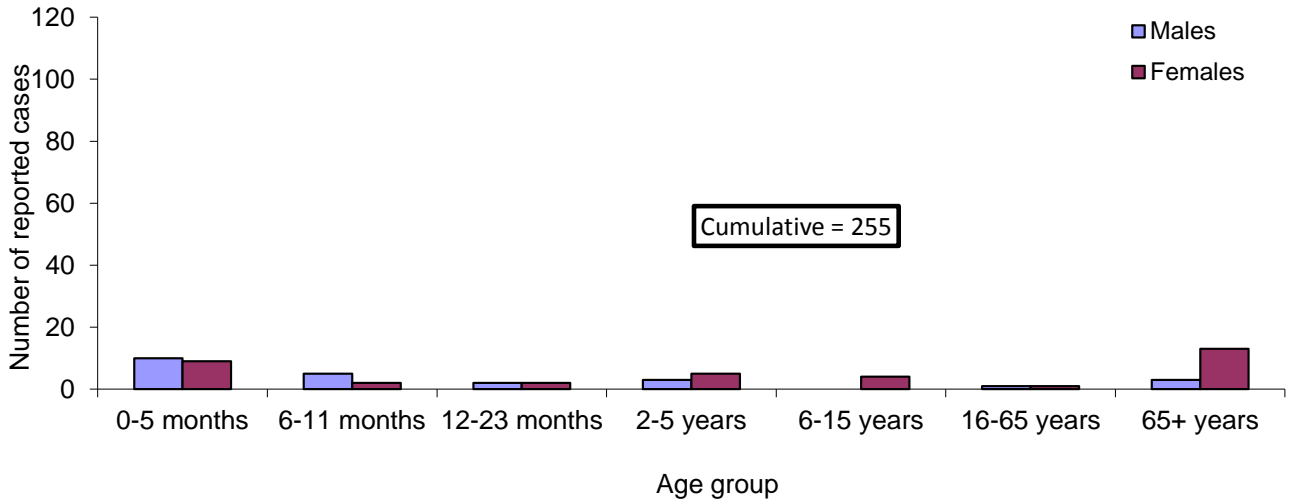


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2012-2013



# RESPIRATORY WATCH

Week 15 (April 7 to April 13, 2013)

## OTHER RESPIRATORY PATHOGENS

Table 3: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2012–2013

Number and percent positive for:	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	13	0	0.0	542	0	0.0
Bocavirus	13	0	0.0	542	2	0.4
Chlamydomphila pneumoniae	15	1	6.7	476	28	5.9
Coronavirus	13	1	7.7	542	33	6.1
Enterovirus	13	0	0.0	533	4	0.8
Metapneumovirus	13	0	0.0	542	11	2.0
Mycoplasma pneumoniae	15	0	0.0	476	64	13.4
Parainfluenza	13	1	7.7	542	31	5.7
Pertussis	6	0	0.0	241	14	5.8
Respiratory syncytial virus A	13	0	0.0	488	10	2.0
Respiratory syncytial virus B	13	1	0.0	488	4	0.8
Respiratory syncytial virus not typed	91	33	36.3	1458	241	16.5
Rhinovirus	13	1	7.7	542	59	10.9

# RESPIRATORY WATCH

Week 15 (April 7 to April 13, 2013)

## APPENDIX: Definitions used in Influenza Surveillance, 2012-2013

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.

Hospitals and 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. 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 outbreaks</b> detected within the influenza surveillance region†   |
| <b>3 = Localized:</b>   | (1) evidence of increased ILI* and<br>(2) lab confirmed influenza detection(s) together with<br>(3) outbreaks in schools, hospitals, residential institutions and/or other types of facilities occurring in <b>less than 50% of the influenza surveillance region</b> †                |
| <b>4 = Widespread:</b>  | (1) evidence of increased ILI* and<br>(2) lab confirmed influenza detection(s) together with<br>(3) outbreaks 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</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 15 (April 7 to April 13, 2013)

- 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