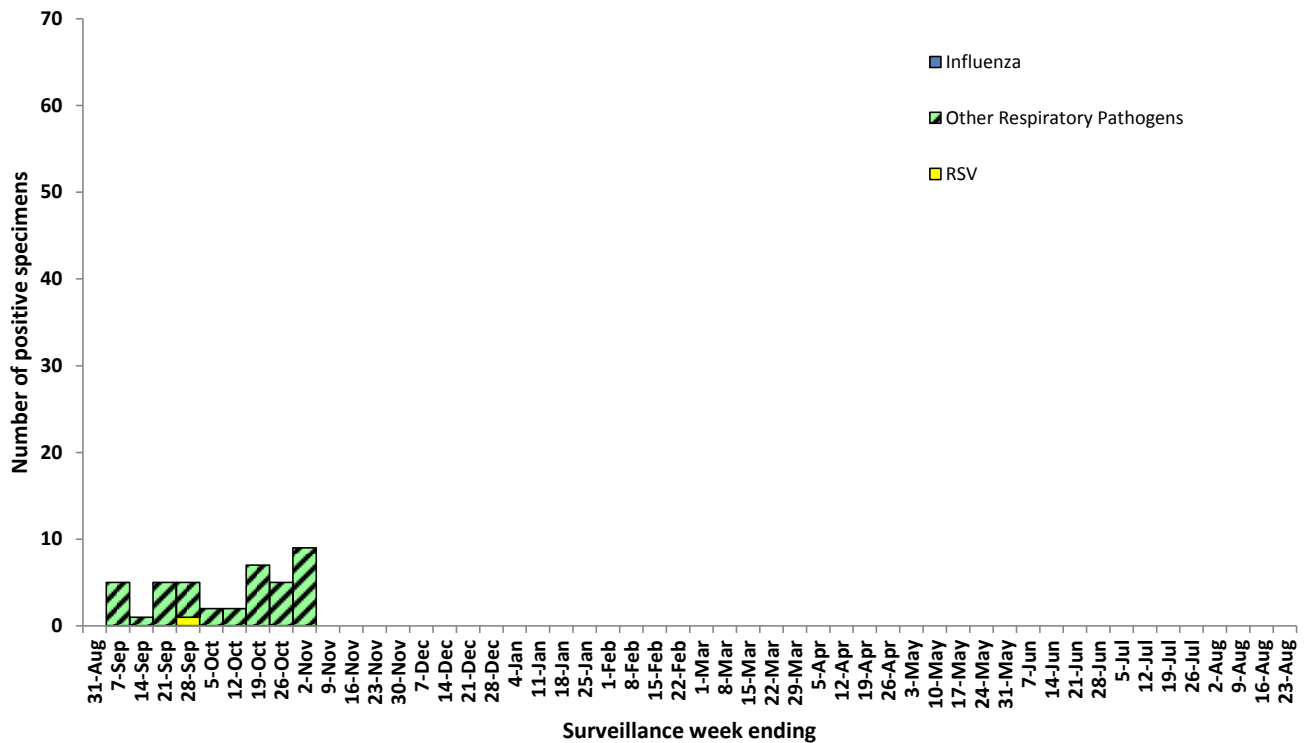


Summary of Nova Scotia surveillance findings, for the period ending November 2, 2013:

- There were no laboratory confirmed cases of influenza reported.
- Positive results were received for mycoplasma pneumonia, parainfluenza, pertussis and rhinovirus.
- The ILI rate for Nova Scotia for this reporting period was 1.1.
- Eighty-five percent of emergency departments reported ILI rates for this reporting week.

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2013–2014

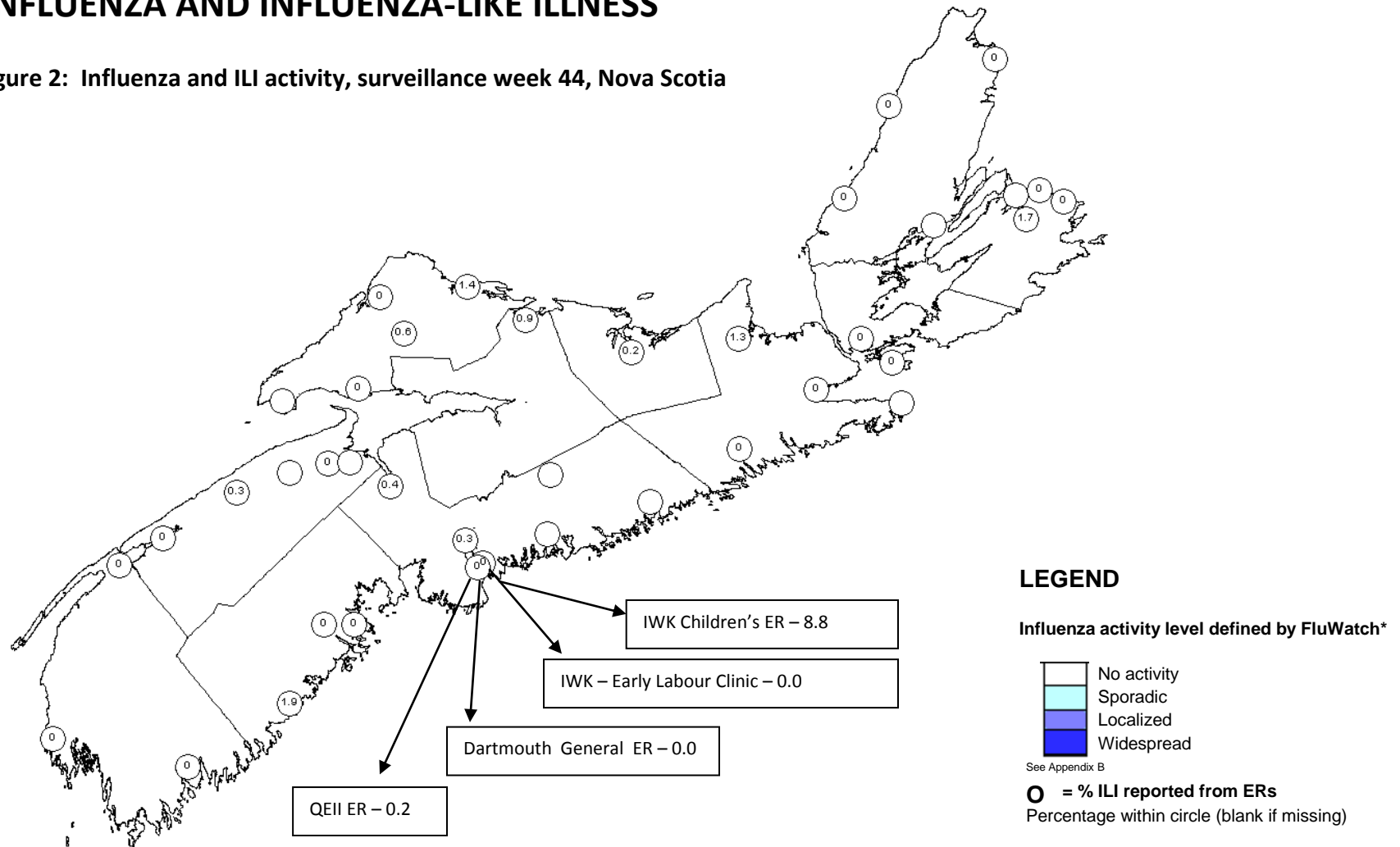


RESPIRATORY WATCH

Week 44 (October 27 to November 7, 2013)

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 44, Nova Scotia



RESPIRATORY WATCH

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Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2013–2014

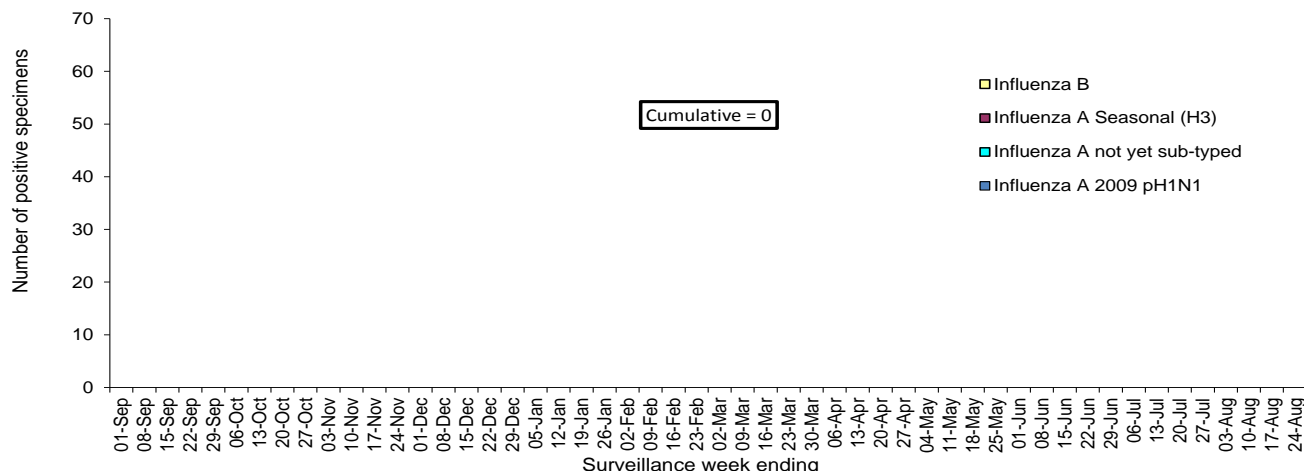
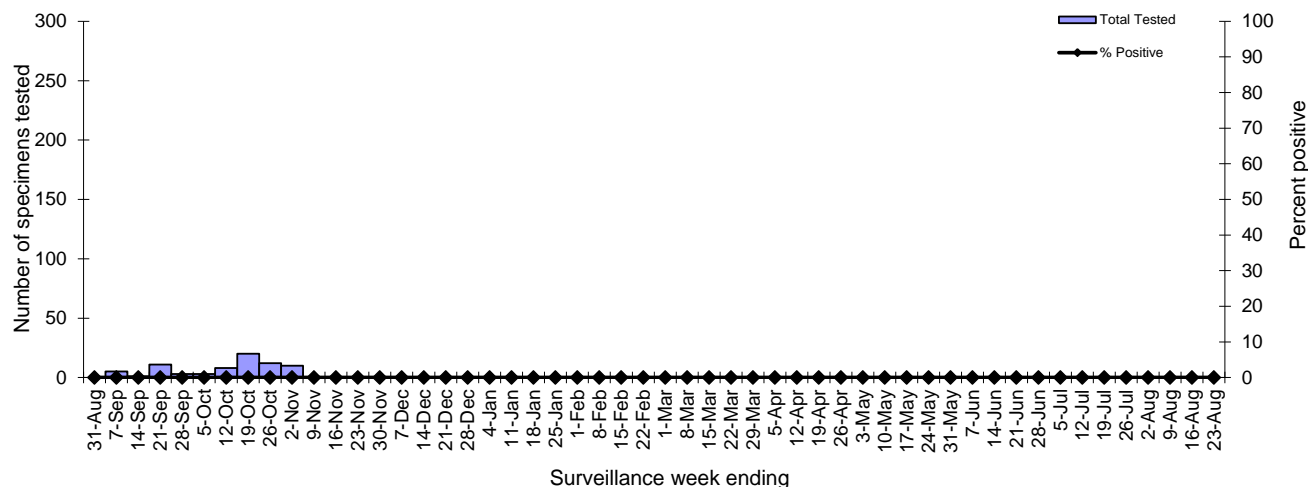


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2013–2014*



*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, 2013–2014

	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 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza A (not yet sub-typed)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0
Influenza B										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2012 - 2013	0	0	0	0	0	0	0	0	0	0

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Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2013–2014

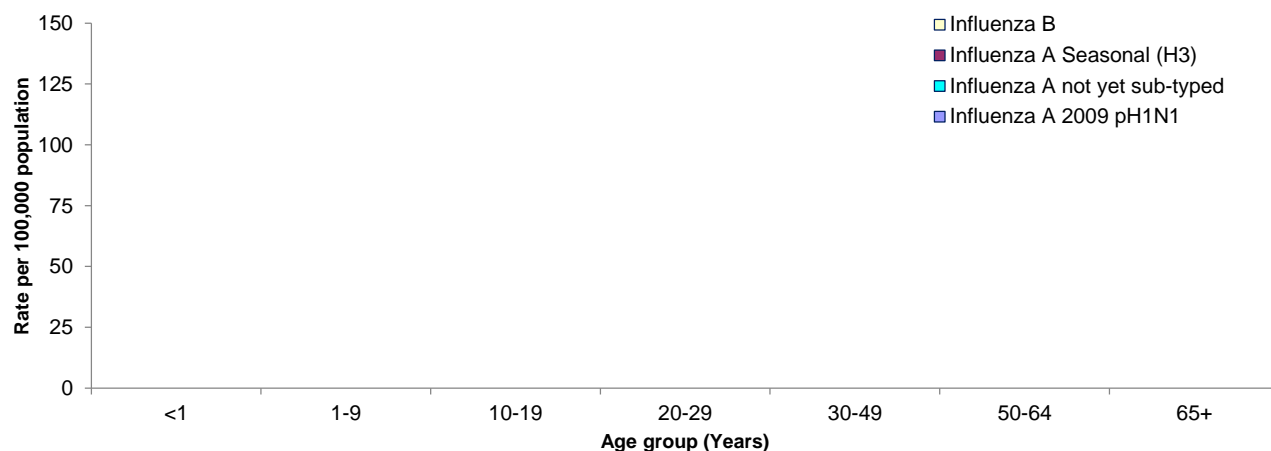


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2013–2014

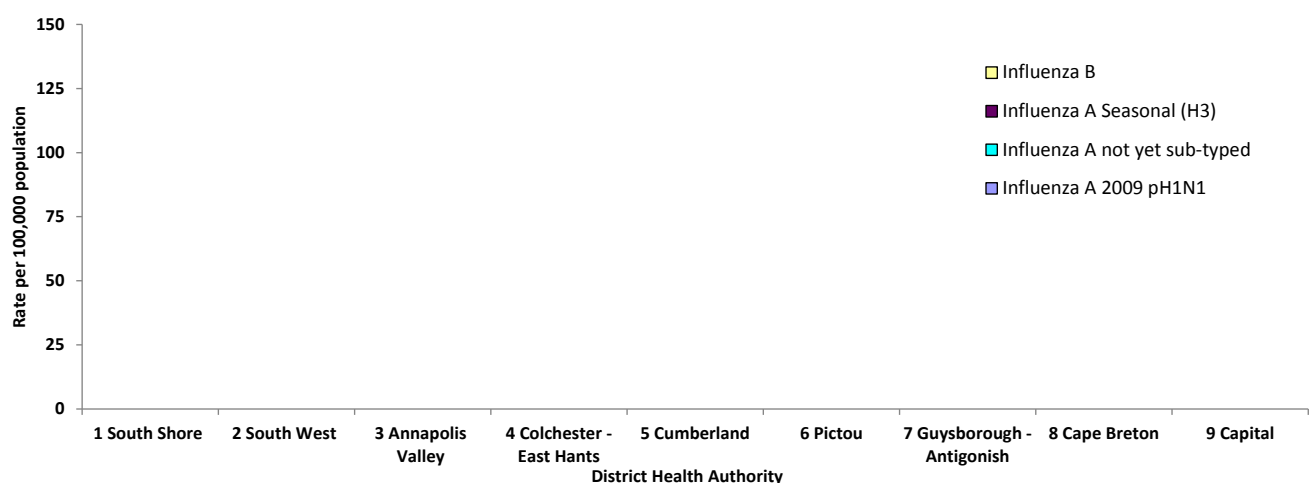


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia, 2013-2014

	ER SURVEILLANCE			SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs		%ILI	Reporting Sentinels
DHA 1	0.4	3	of 3	0.0	1 of 6
DHA 2	0.0	3	of 3	–	0 of 0
DHA 3	0.1	3	of 5	–	0 of 1
DHA 4	0.5	2	of 2	–	0 of 0
DHA 5	0.5	5	of 5	0.0	1 of 2
DHA 6	0.2	1	of 1	–	0 of 2
DHA 7	0.7	6	of 6	0.0	1 of 1
DHA 8	0.8	6	of 8	0.0	1 of 4
DHA 9	0.2	5	of 7	0.0	3 of 14
IWK	6.6	1	of 1		
Nova Scotia (excl. IWK)†	0.7	34	of 40	85.0%	
Nova Scotia (incl. IWK)	1.1	35	of 41	85.4%	7 of 30 23.3%

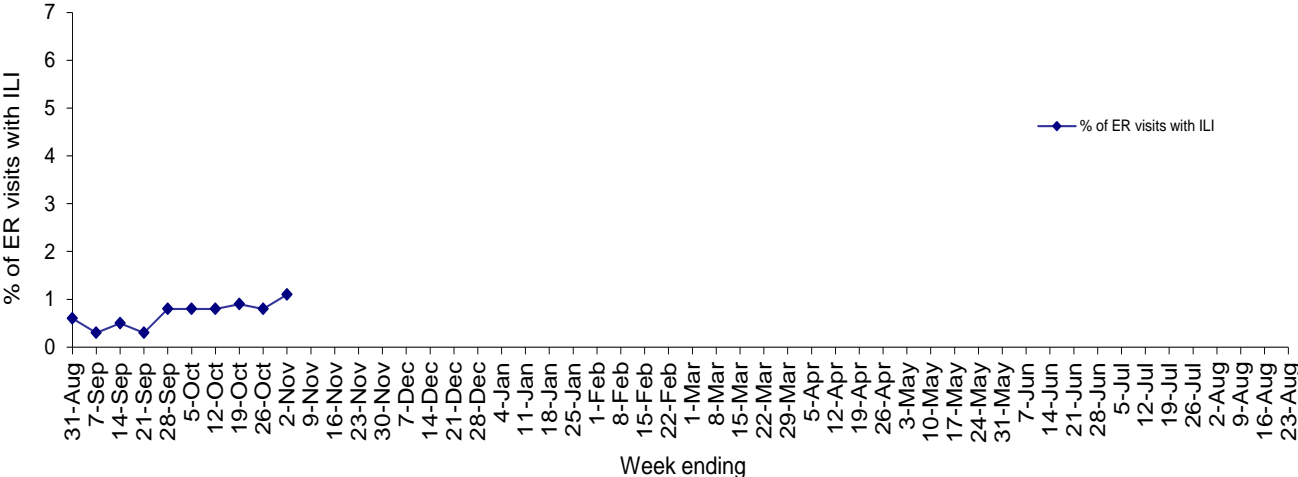
*Flu watch sentinels

†Excludes the children's ER from IWK

RESPIRATORY WATCH

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Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2013–2014



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RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2013–2014

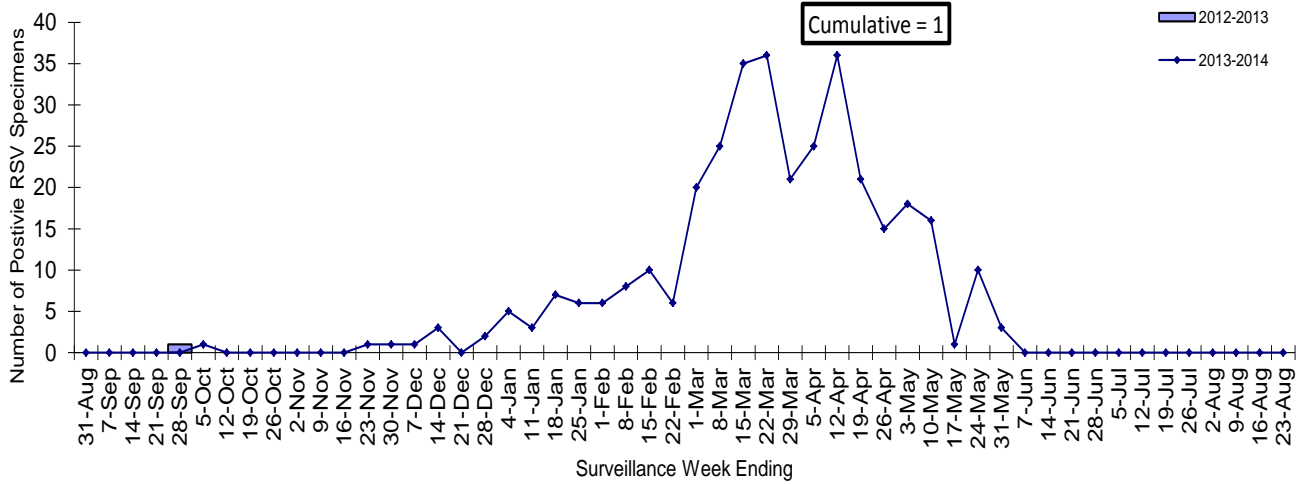
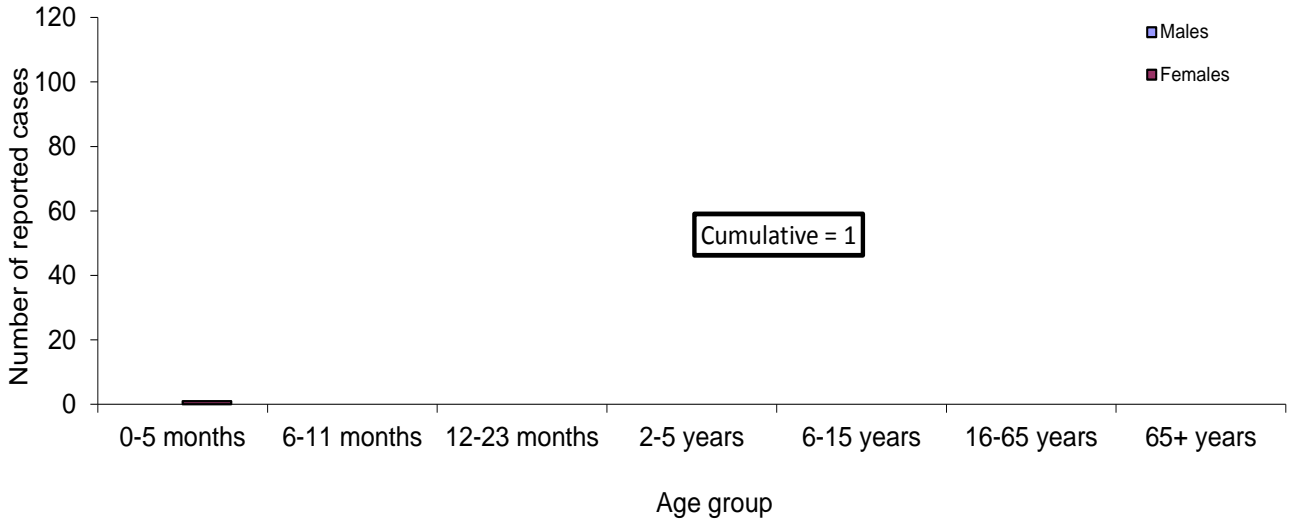


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2013-2014



RESPIRATORY WATCH

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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, 2013–2014

Number and percent positive for:	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	7	0	0.0	65	1	1.5
Bocavirus	7	0	0.0	65	0	0.0
Chlamydomphila pneumoniae	27	0	0.0	86	1	1.2
Coronavirus	7	0	0.0	65	0	0.0
Enterovirus	7	0	0.0	65	0	0.0
Metapneumovirus	7	0	0.0	65	0	0.0
Mycoplasma pneumoniae	27	4	14.8	86	12	14.0
Parainfluenza	7	2	28.6	65	4	6.2
Pertussis	8	1	12.5	28	2	7.1
Respiratory syncytial virus A	7	0	0.0	65	0	0.0
Respiratory syncytial virus B	7	0	0.0	65	0	0.0
Respiratory syncytial virus not typed	8	0	0.0	46	1	2.2
Rhinovirus	7	2	28.6	65	20	30.8

RESPIRATORY WATCH

Week 44 (October 27 to November 7, 2013)

APPENDIX: Definitions used in Influenza Surveillance, 2013-2014

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:

- | | |
|-------------------------|--|
| 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 outbreaks detected within the influenza surveillance region† |
| 3 = Localized: | (1) evidence of increased ILI* and
(2) lab confirmed influenza detection(s) together with
(3) outbreaks in schools, hospitals, residential institutions and/or other types of facilities occurring in less than 50% of the influenza surveillance region † |
| 4 = Widespread: | (1) evidence of increased ILI* and
(2) lab confirmed influenza detection(s) together with
(3) 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 † |

* 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.

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- 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