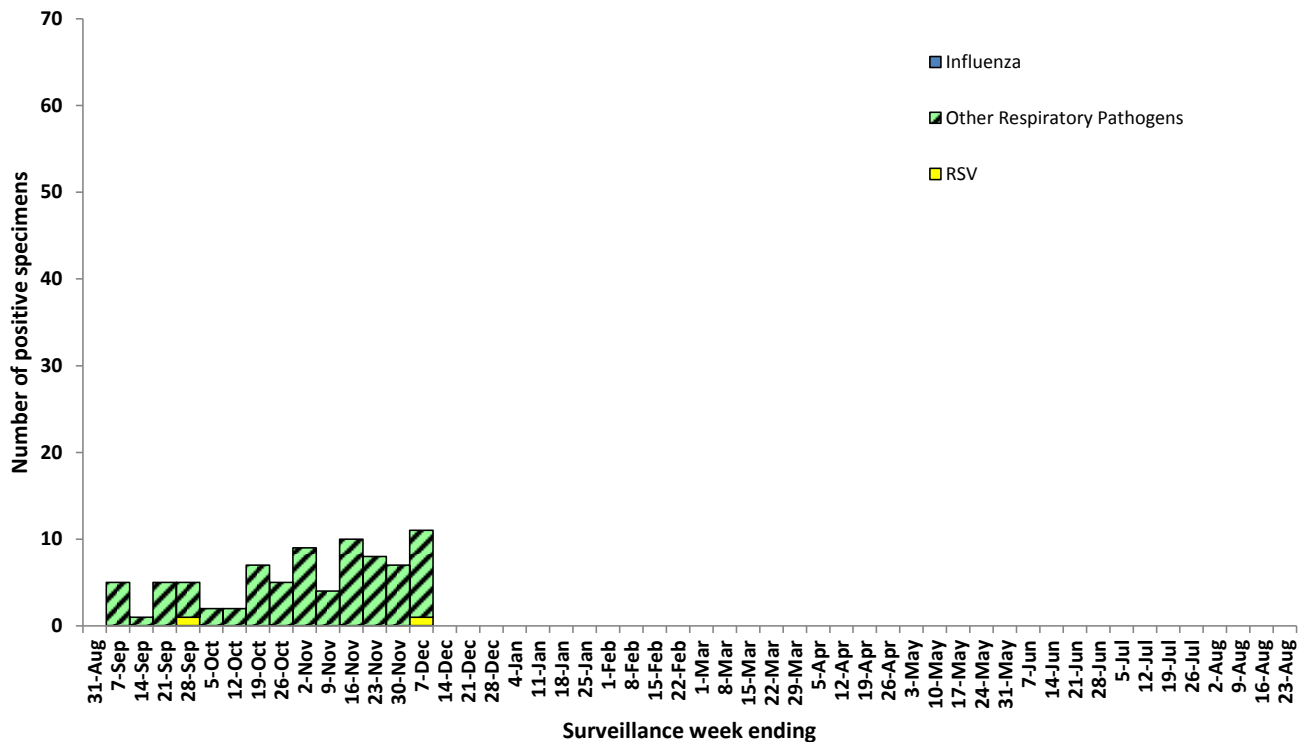


## Summary of Nova Scotia surveillance findings, for the period ending December 7, 2013:

- There were no laboratory confirmed cases of influenza reported.
- Positive results were received for chlamydomphila pneumonia, mycoplasma pneumonia, parainfluenza, rhinovirus and RSV.
- The ILI rate for Nova Scotia for this reporting period was 0.5
- Eighty-three percent of emergency departments reported ILI rates for this reporting week.

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

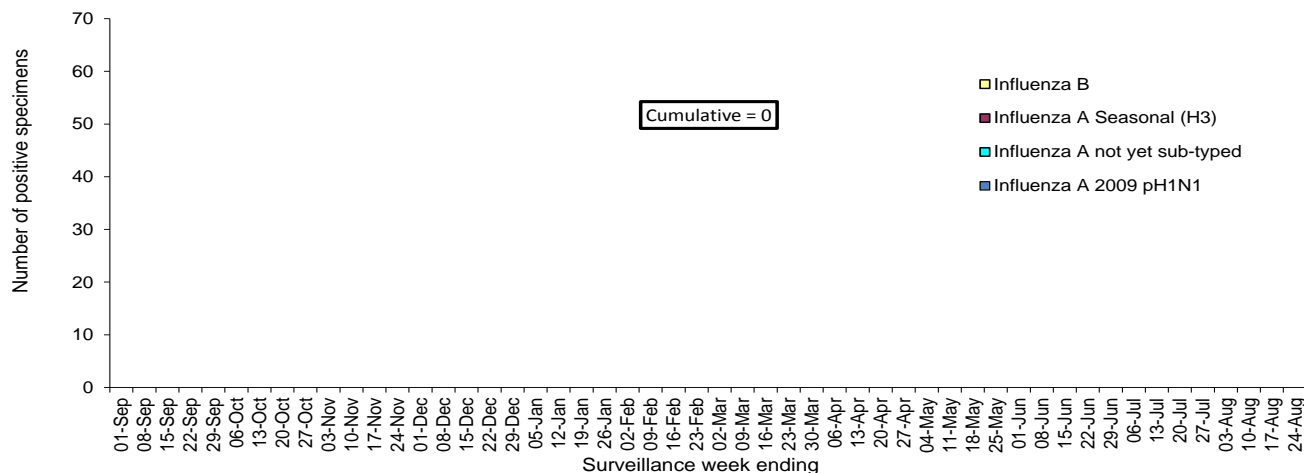




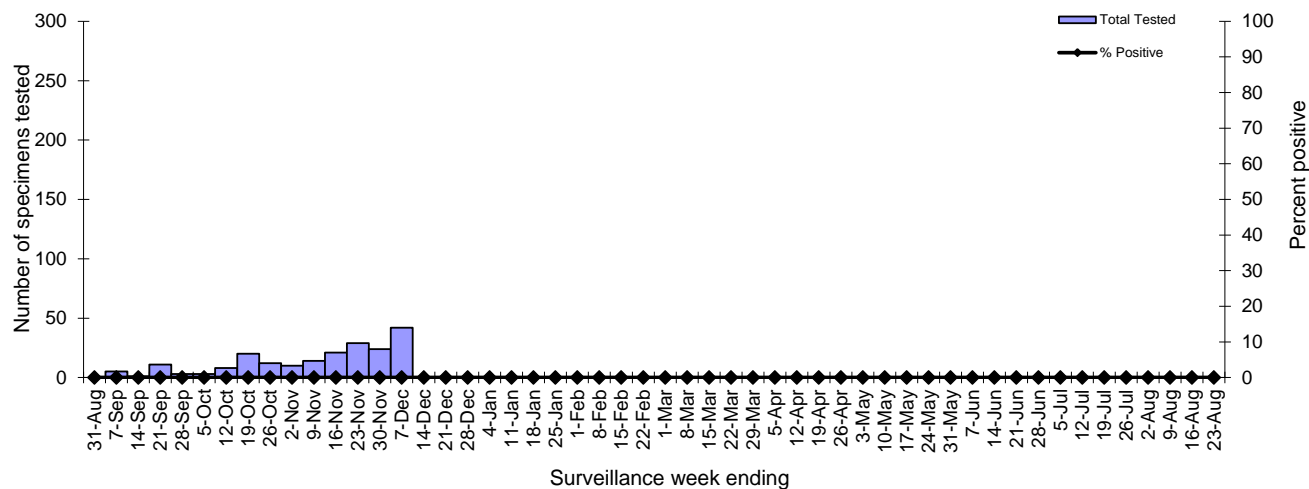
# RESPIRATORY WATCH

Week 49 (December 1 to December 7, 2013)

**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
<b>Influenza A 2009 pH1N1</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
<b>Influenza A (not yet sub-typed)</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
<b>Influenza A Seasonal (H3)</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
<b>Influenza B</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

# RESPIRATORY WATCH

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

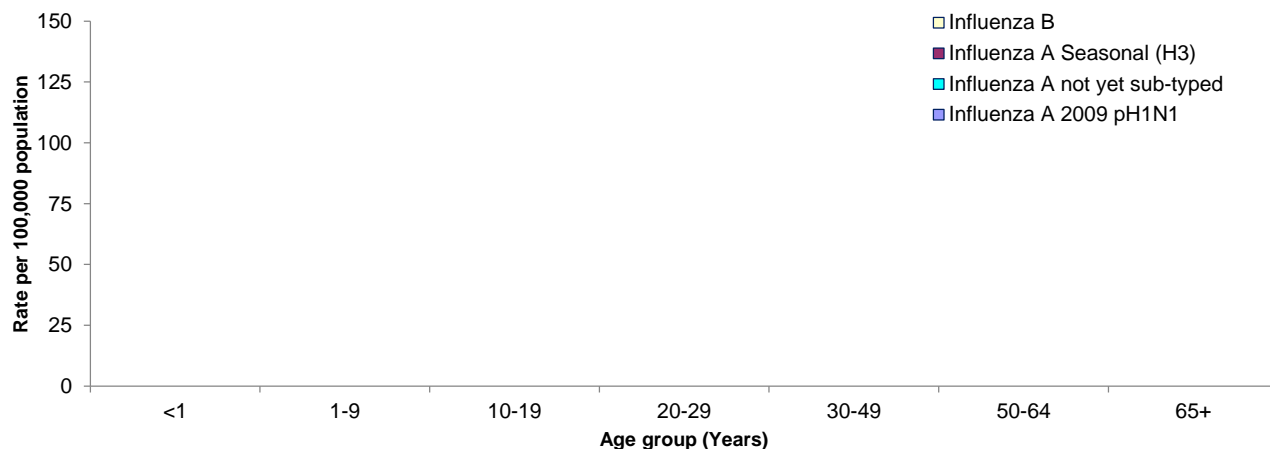


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2013–2014

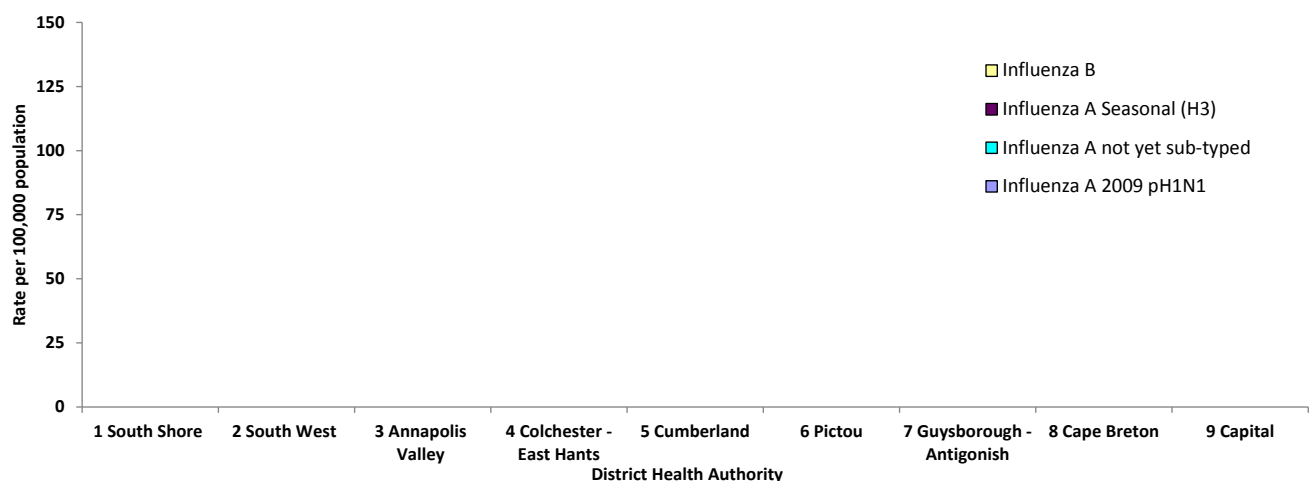


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia, 2013-2014

	ER SURVEILLANCE		SENTINEL SURVEILLANCE*	
	%ILI	Reporting ERs	%ILI	Reporting Sentinels
DHA 1	0.3	3 of 3	–	0 of 6
DHA 2	0.0	3 of 3	–	0 of 0
DHA 3	0.0	3 of 5	–	0 of 1
DHA 4	0.6	2 of 2	–	0 of 0
DHA 5	0.3	5 of 5	–	0 of 2
DHA 6	0.5	1 of 1	–	0 of 2
DHA 7	0.5	6 of 6	–	0 of 1
DHA 8	0.7	5 of 8	0.0	1 of 4
DHA 9	0.2	5 of 7	0.0	2 of 14
IWK	3.3	1 of 1		
<b>Nova Scotia (excl. IWK)†</b>	<b>0.3</b>	<b>33 of 40</b>	<b>82.5%</b>	
<b>Nova Scotia (incl. IWK)</b>	<b>0.5</b>	<b>34 of 41</b>	<b>82.9%</b>	<b>3 of 30</b> <b>10.0%</b>

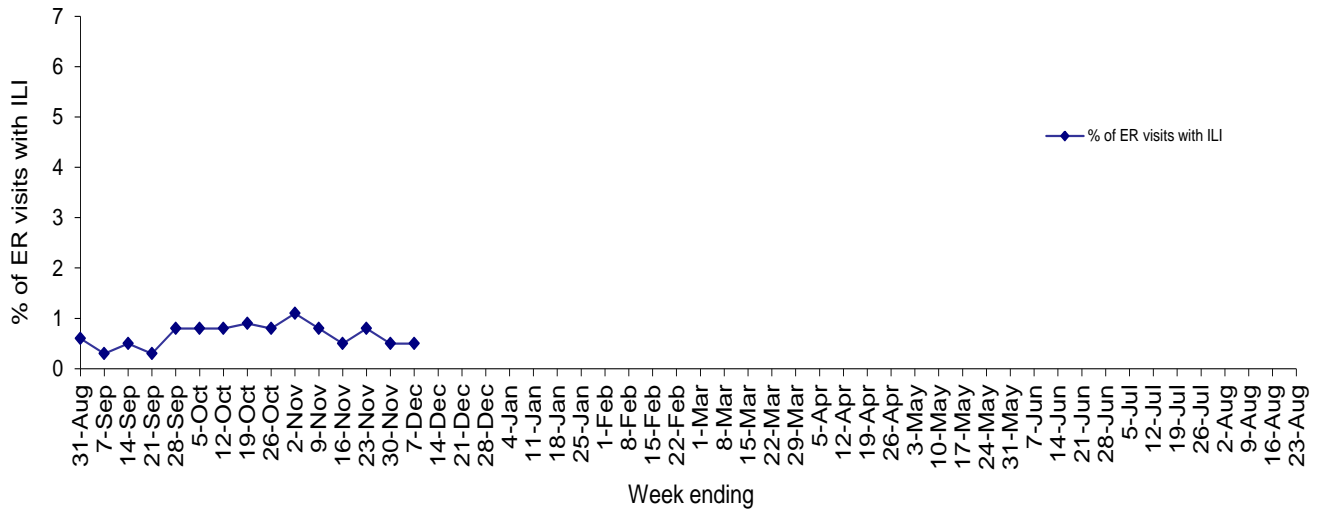
\*Flu watch sentinels

†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



# RESPIRATORY WATCH

Week 49 (December 1 to December 7, 2013)

## RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

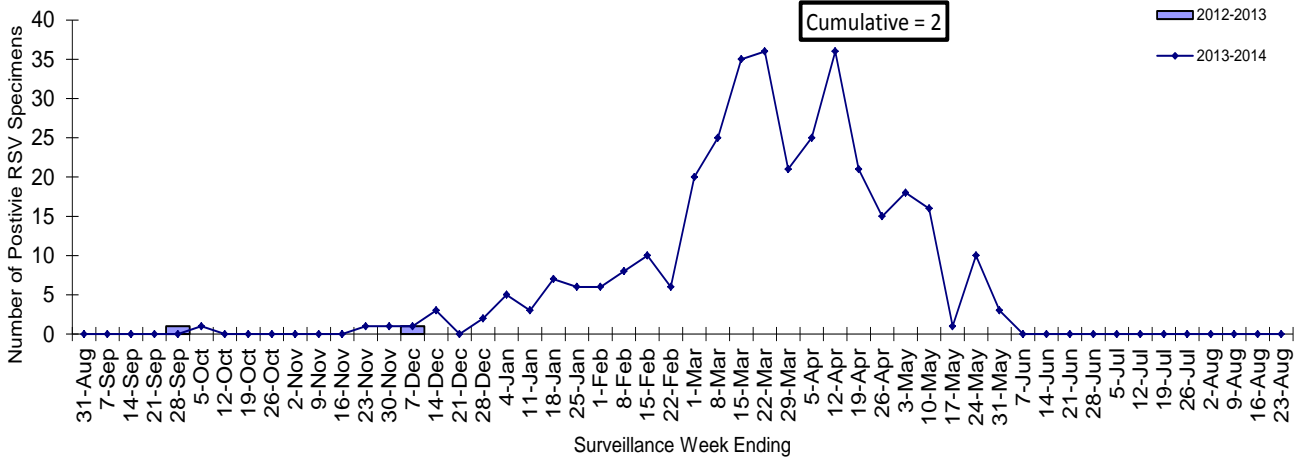
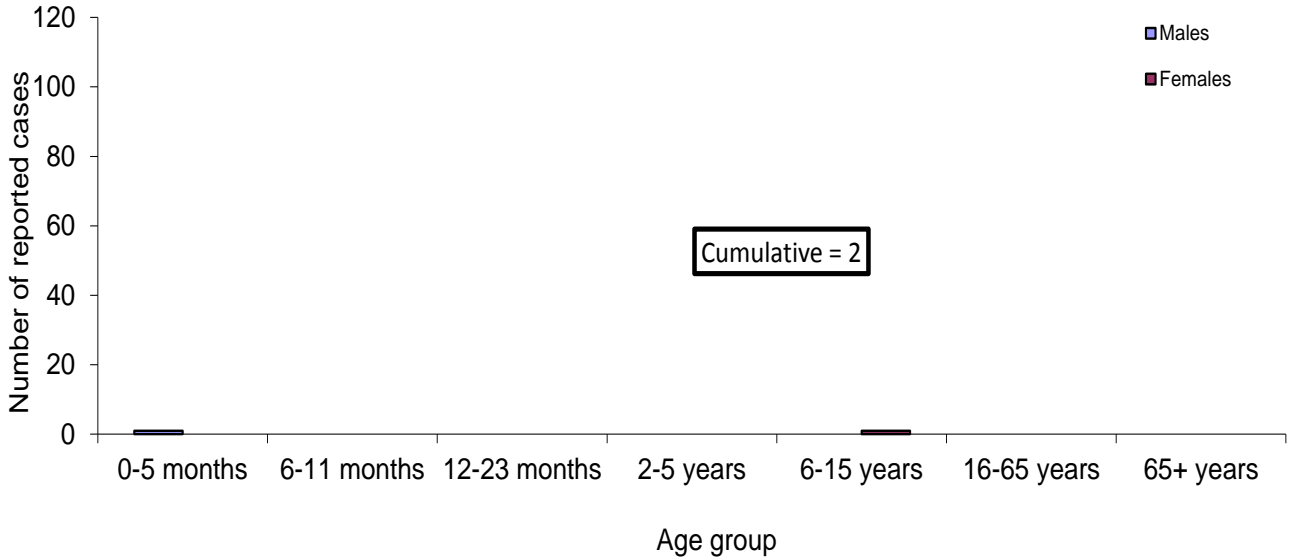


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2013-2014



# 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		
	n tested	n positive	% positive	Season-to-Date	Totals	
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	38	0	0.0	188	1	0.5
Bocavirus	38	0	0.0	188	0	0.0
Chlamydomphila pneumoniae	13	1	7.7	145	2	1.4
Coronavirus	38	0	0.0	188	0	0.0
Enterovirus	38	0	0.0	188	0	0.0
Metapneumovirus	38	0	0.0	188	1	0.5
Mycoplasma pneumoniae	13	2	15.4	145	21	14.5
Parainfluenza	38	3	7.9	188	17	9.0
Pertussis	5	0	0.0	43	2	4.7
Respiratory syncytial virus A	38	0	0.0	188	0	0.0
Respiratory syncytial virus B	38	0	0.0	188	0	0.0
Respiratory syncytial virus not typed	5	1	0.0	67	2	3.0
Rhinovirus	38	4	10.5	188	35	18.6

# RESPIRATORY WATCH

Week 49 (December 1 to December 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:**

- |                         |  |
|-------------------------|--|
| <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.



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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