

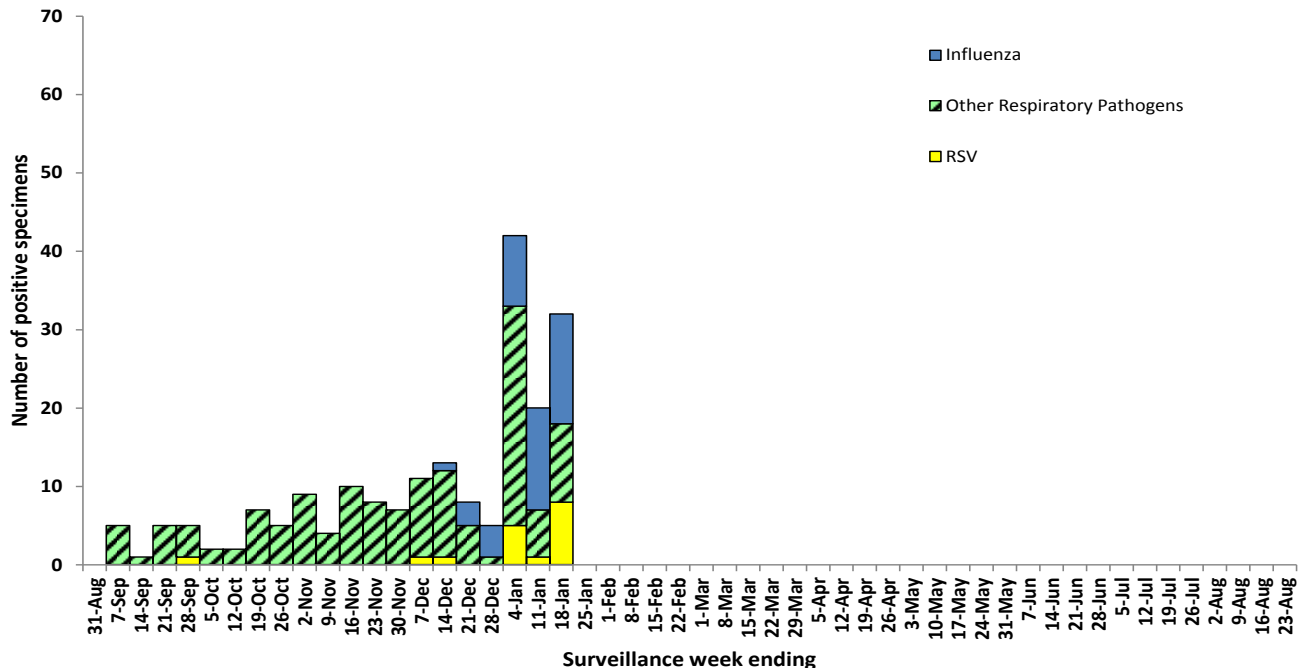
Summary of Nova Scotia surveillance findings, for the period ending January 18, 2014:

- Influenza activity continues to increase. Twelve positive results were received this week. There have been 48 lab confirmed* cases of influenza this season (31 pH1N1, 4 influenza A non pH1N1, and 13 influenza A not subtyped). Positive results were received coronavirus, mycoplasma pneumonia, rhinovirus and RSV.
- There have been 12 ICU admissions of laboratory confirmed influenza for the 2013-2014 influenza season (8 pH1N1 and 4 Influenza A not subtyped). Age range 33 – 76 years of age, median age 54 years. 7 males and 5 females.
- There have been 2 influenza deaths** for the 2013-2014 influenza season.
- The ILI rate for Nova Scotia for this reporting period was 1.3% (1.0% in week 2)
- Eighty-five percent of emergency departments reported ILI rates for this reporting week.

*Lab confirmed cases of influenza are only the 'tip of the iceberg', representing a fraction of individuals infected. The true number of Nova Scotians infected with influenza is likely much greater than the number of lab-confirmed cases.

**Deaths include individuals with a positive influenza test result. For some individuals with pre-existing conditions, influenza may not have been the major contributing cause of death or hospitalization.

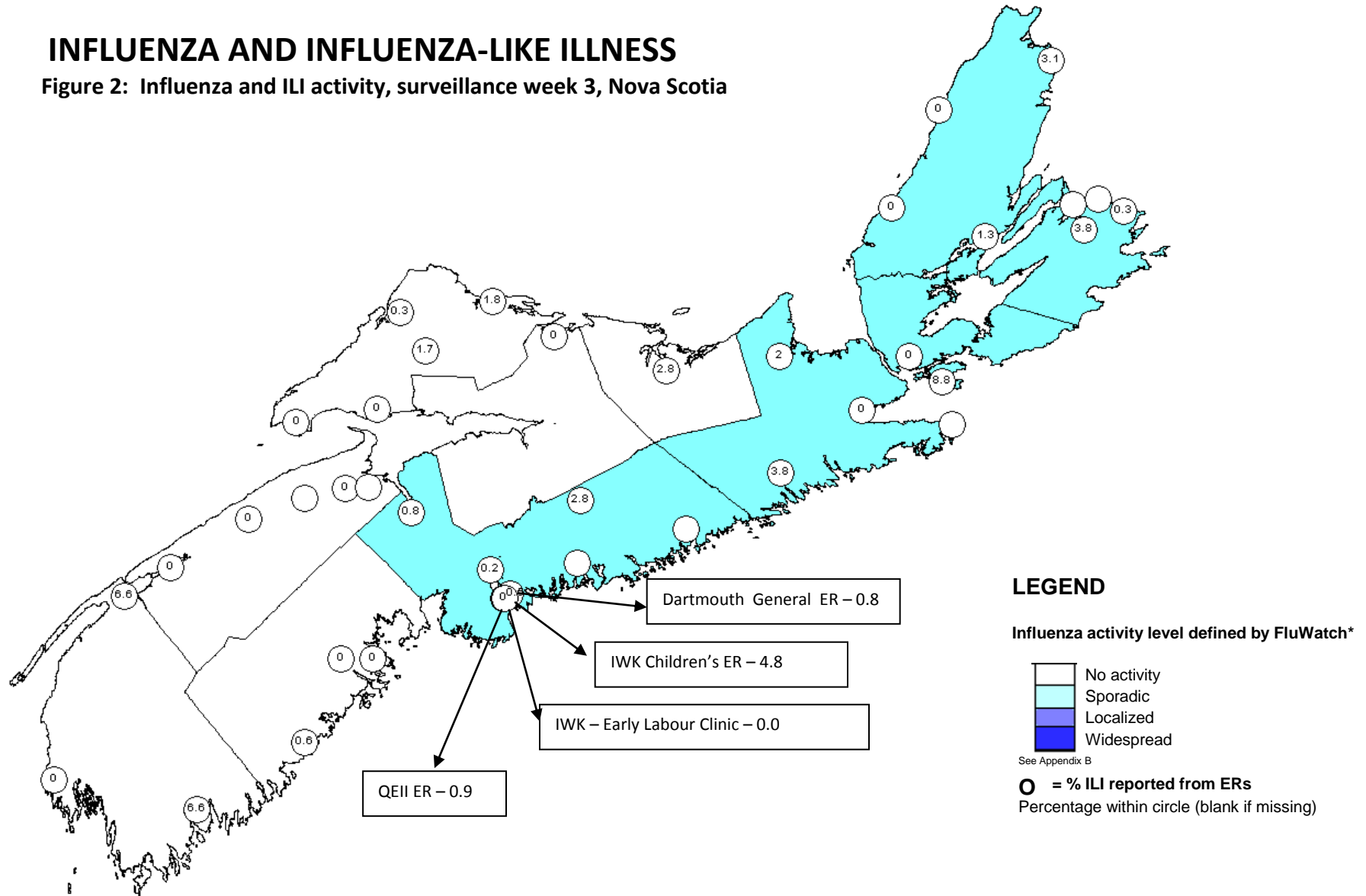
Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2013–2014



RESPIRATORY WATCH

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 3, Nova Scotia



RESPIRATORY WATCH

Week 3 (January 12 to January 18, 2014)

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

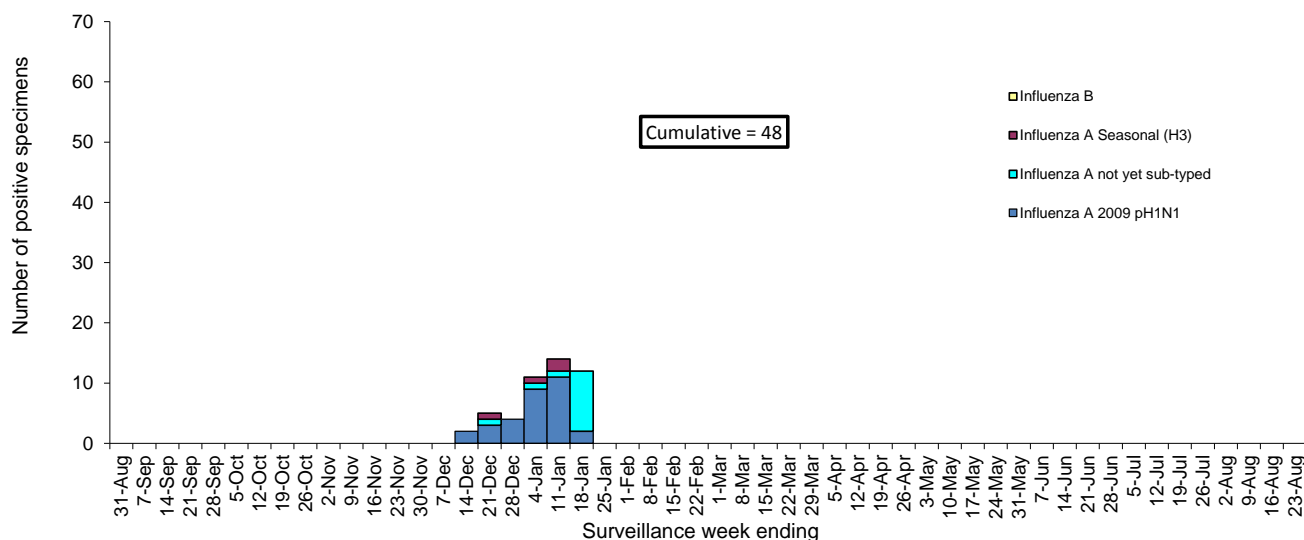
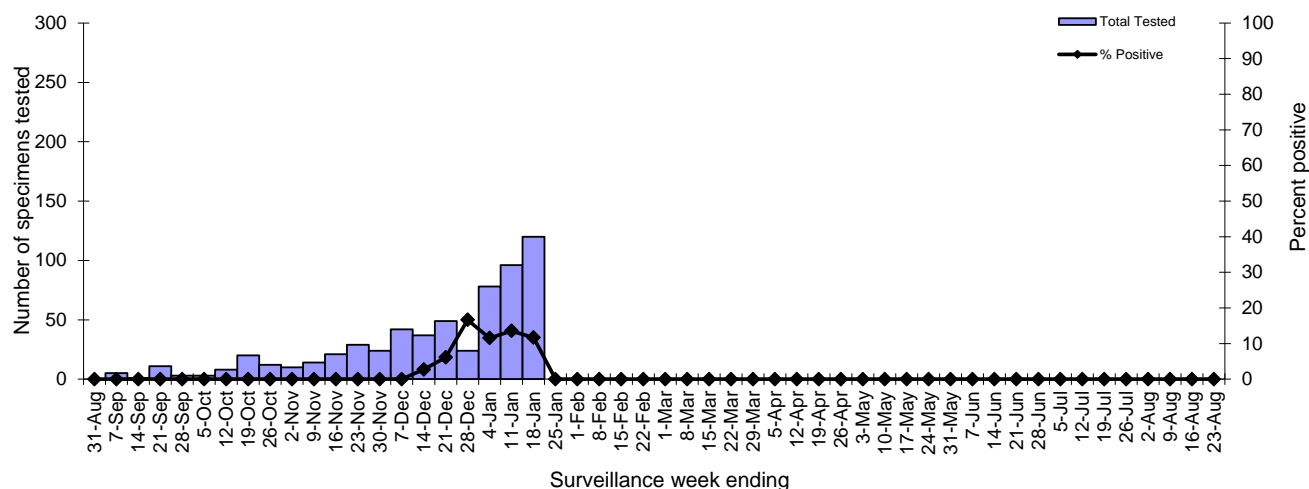


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2013–2014*



*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	1	1	2
Cumulative 2013 - 2014	2	0	1	2	2	2	2	2	18	31
Influenza A (not yet sub-typed)										
Current Week	0	0	0	0	0	0	4	3	3	10
Cumulative 2013 - 2014	0	0	0	0	0	0	4	5	4	13
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2013 - 2014	0	3	1	0	0	0	0	0	0	4
Influenza B										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2013 - 2014	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

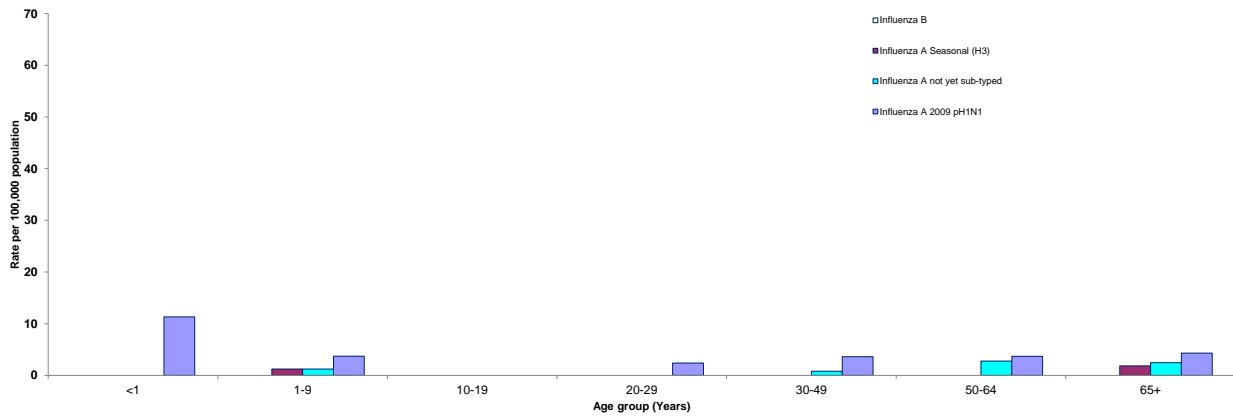


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2013–2014

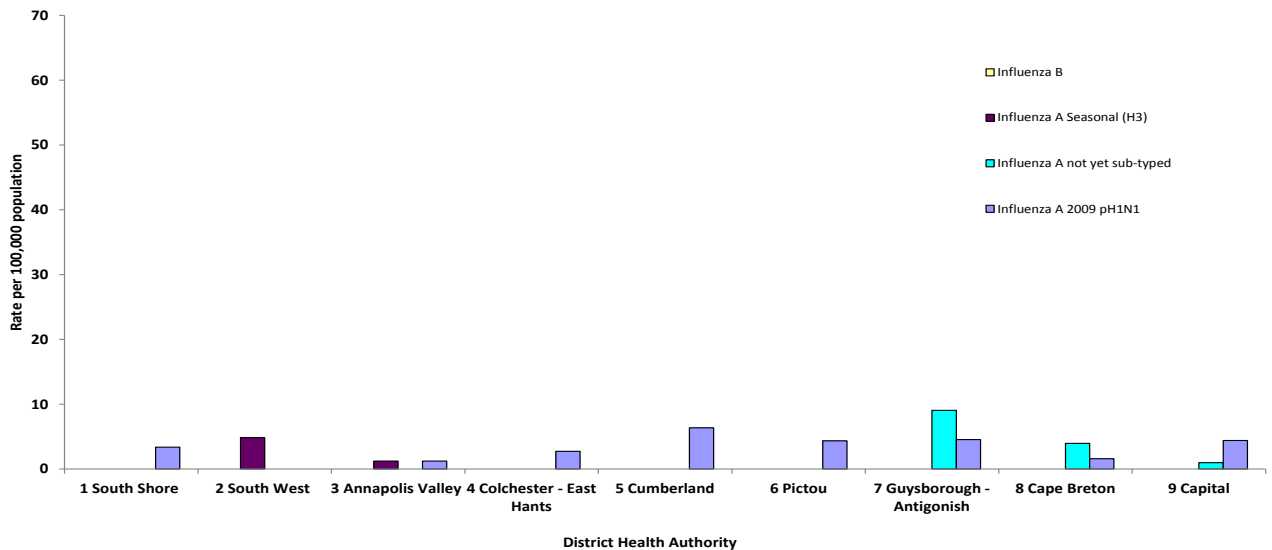


Table 2: ILI reporting from emergency departments and FluWatch sentinel physicians, Nova Scotia, 2013-2014

	ER SURVEILLANCE			SENTINEL SURVEILLANCE*		
	%ILI	Reporting ERs		%ILI	Reporting Sentinels	
DHA 1	0.2	3	of 3	0.00	2 of 6	
DHA 2	2.2	3	of 3	-	0 of 0	
DHA 3	0.0	3	of 5	0.0	1 of 1	
DHA 4	1.4	2	of 2	-	0 of 0	
DHA 5	0.6	5	of 5	0.0	1 of 2	
DHA 6	2.8	1	of 1	-	0 of 2	
DHA 7	1.7	6	of 6	0.0	1 of 1	
DHA 8	2.3	6	of 8	2.8	2 of 4	
DHA 9	0.6	5	of 7	0.0	2 of 14	
IWK	3.7	1	of 1			
Nova Scotia (excl. IWK)†	1.1	34	of 40	85.0%		
Nova Scotia (incl. IWK)	1.3	35	of 41	85.4%	9	of 30
					30.0%	

*Flu watch sentinels

†Excludes the children's ER from IWK

RESPIRATORY WATCH

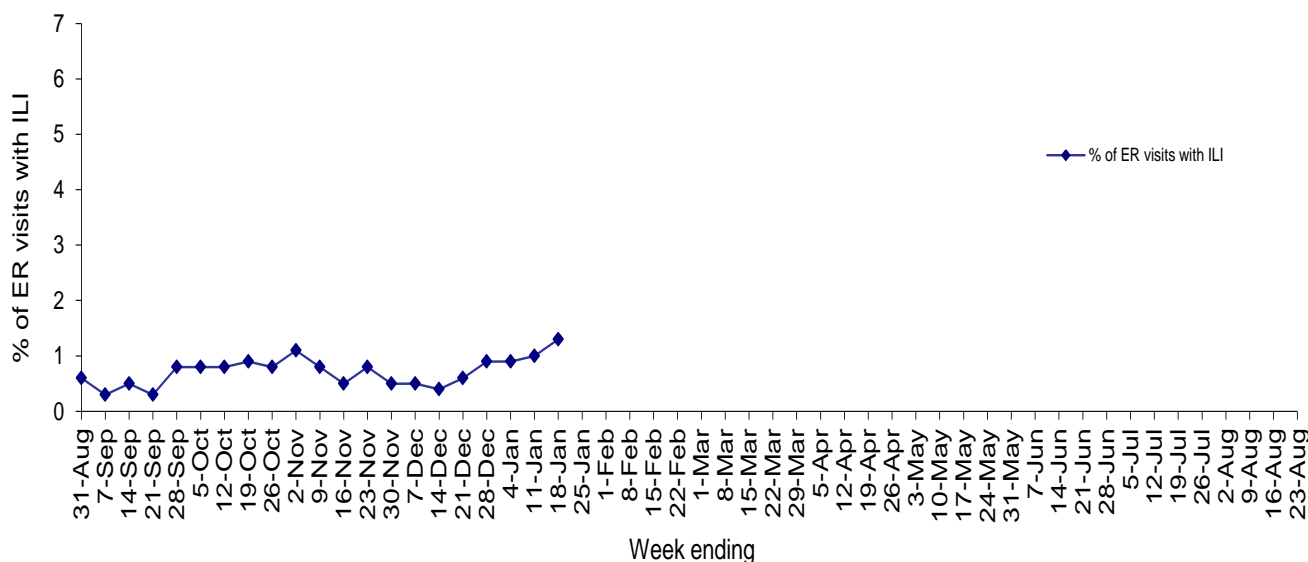
Week 3 (January 12 to January 18, 2014)

Table 3: Hospitalizations, ICU Admissions and Deaths for influenza positive patients, Nova Scotia, 2013-2014

	Hospitalized*	ICU	Death
Influenza A 2009 pH1N1			
Current Week	1	1	0
Cumulative 2013 - 2014	17	8	2
Influenza A (not yet sub-typed)			
Current Week	5	3	0
Cumulative 2013 - 2014	6	4	0
Influenza A Seasonal (H3)			
Current Week	0	0	0
Cumulative 2013 - 2014	2	0	0
Influenza B			
Current Week	0	0	0
Cumulative 2013 - 2014	0	0	0
Current Week Total	6	4	0
Season Total	25	12	2

* Note: Hospitalized cases exclude ICU admissions

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



RESPIRATORY WATCH

Week 3 (January 12 to January 18, 2014)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

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

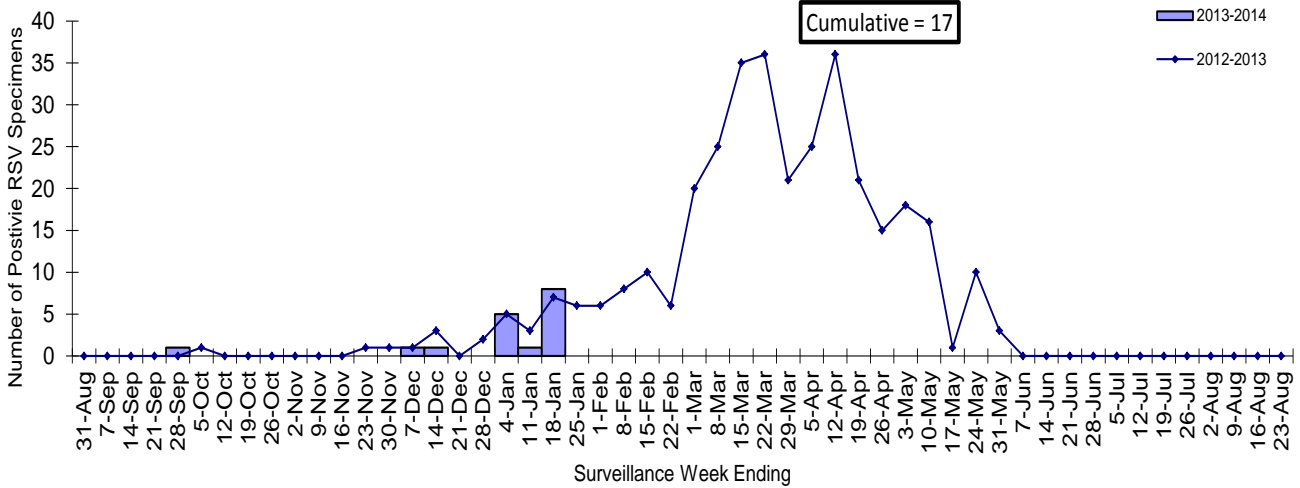
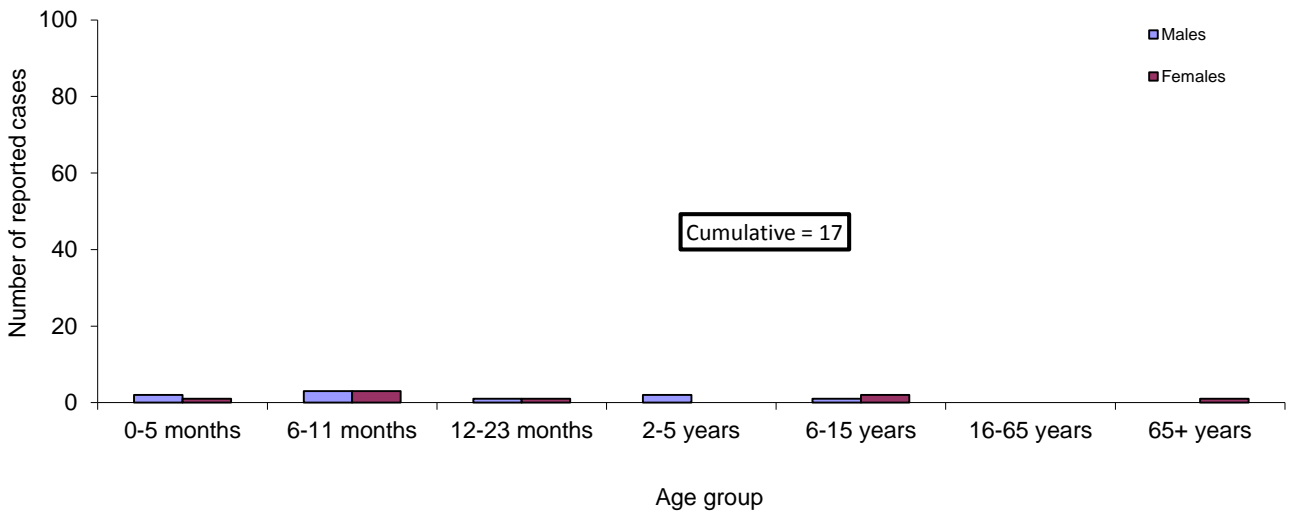


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2013-2014



RESPIRATORY WATCH

Week 3 (January 12 to January 18, 2014)

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, 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	19	0	0.0	441	1	0.2
Bocavirus	19	0	0.0	441	0	0.0
Chlamydomphila pneumoniae	20	0	0.0	223	2	0.9
Coronavirus	19	2	10.5	441	3	0.7
Enterovirus	19	0	0.0	441	0	0.0
Metapneumovirus	19	0	0.0	441	6	1.4
Mycoplasma pneumoniae	20	5	25.0	223	41	18.4
Parainfluenza	19	0	0.0	441	35	7.9
Pertussis	6	0	0.0	60	2	3.3
Respiratory syncytial virus A	19	0	0.0	441	0	0.0
Respiratory syncytial virus B	19	0	0.0	441	2	0.5
Respiratory syncytial virus not typed	85	8	9.4	199	15	7.5
Rhinovirus	19	3	15.8	441	50	11.3

This week's laboratory reporting does not include data from IWK

RESPIRATORY WATCH

Week 3 (January 12 to January 18, 2014)

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.

RESPIRATORY WATCH

Week 3 (January 12 to January 18, 2014)

- 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