

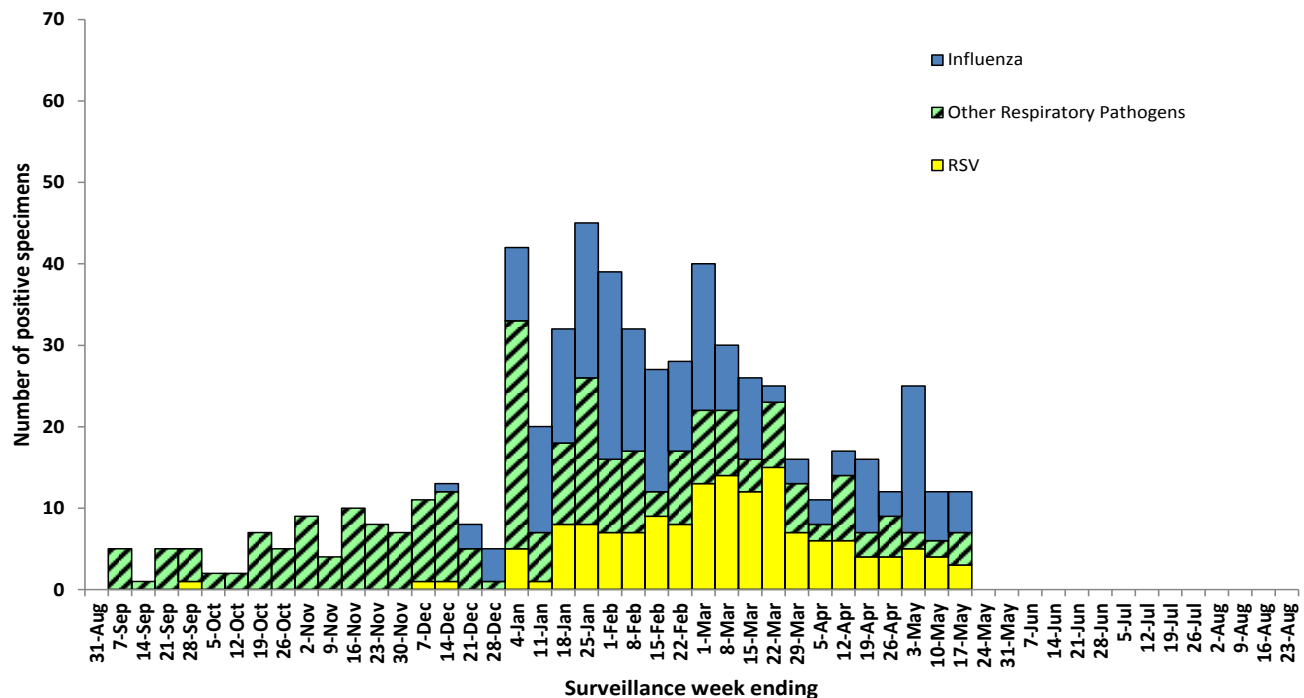
Summary of Nova Scotia surveillance findings, for the period ending May 17, 2014:

- There were five positive influenza laboratory results received this week. There have been 215 lab confirmed* cases of influenza this season (128 pH1N1, 10 influenza A H3, 34 influenza A not subtyped and 43 influenza B).
- Positive results were received for metapneumovirus, parainfluenza, rhinovirus and RSV.
- There have been 30 ICU admissions of laboratory confirmed influenza for the 2013-2014 influenza season (18 pH1N1, 7 Influenza A not subtyped, 4 influenza A H3 and 1 influenza B). Age range 6 – 85 years of age, median age 60 years. 21 males and 9 females.
- There have been 12 influenza deaths** for the 2013-2014 influenza season.
- The ILI rate for Nova Scotia for this reporting period was 1.0% (0.8% in week 19).
- Sixty-nine percent of emergency departments reported ILI rates for this reporting week. DHA 2 & 3 did not report.

*Lab confirmed cases of influenza are only the 'tip of the iceberg', representing a fraction of individuals infected. Laboratory testing is reserved for patients admitted to hospital with respiratory infection. Because we do not routinely test community specimens, the number of laboratory confirmed cases is an underestimation of the true number of infections.

**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



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

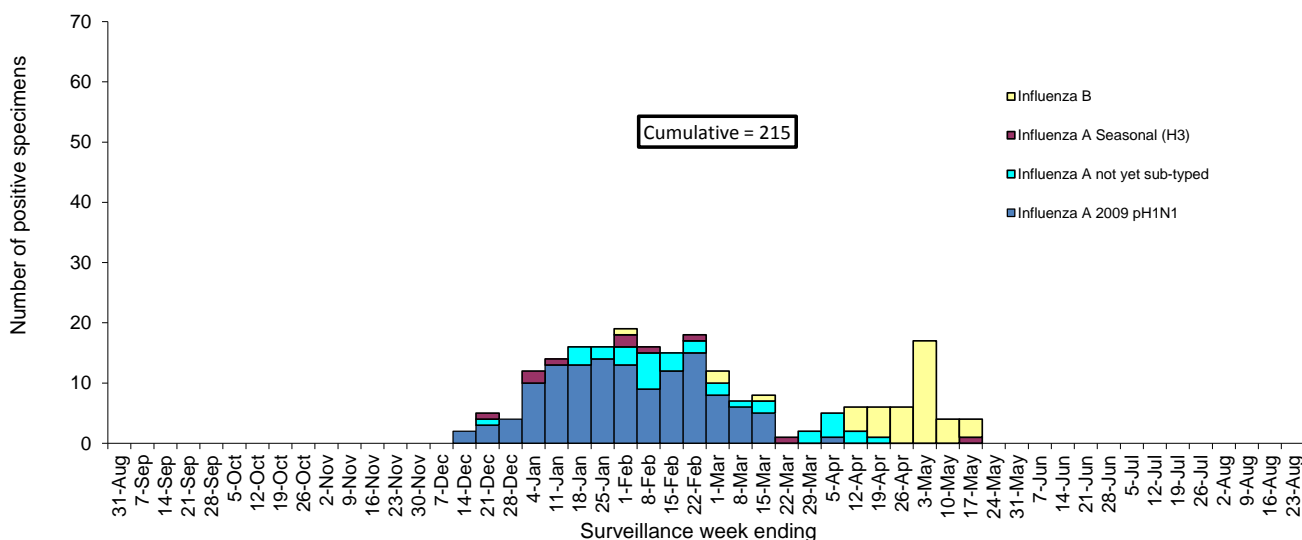
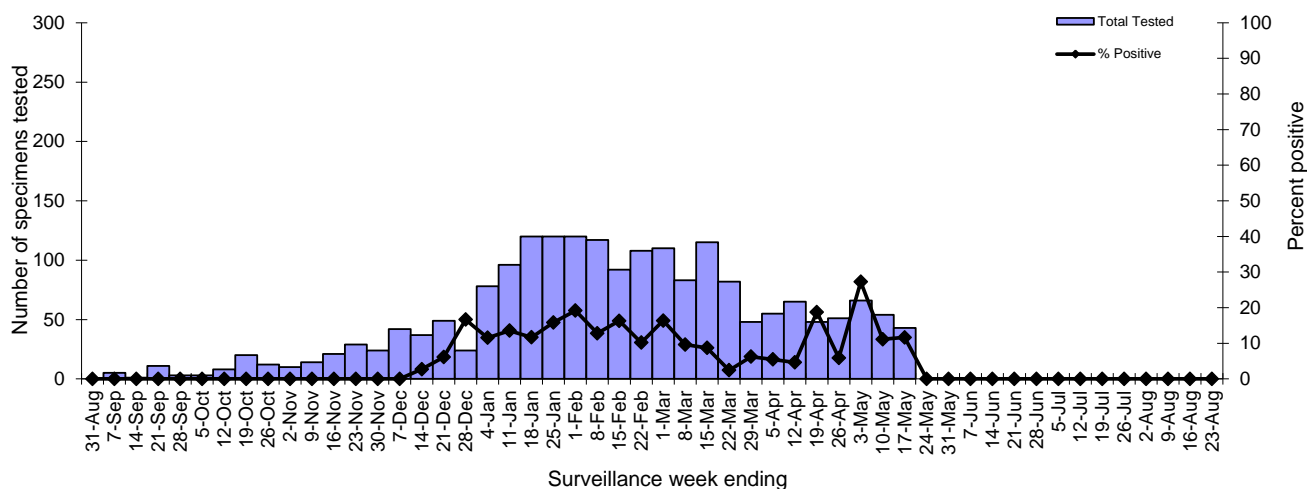


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2013–2014*



*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 2013 - 2014	5	5	5	9	6	4	14	9	71	128
Influenza A (not yet sub-typed)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2013 - 2014	1	1	2	0	3	0	1	13	13	34
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	1	1
Cumulative 2013 - 2014	1	3	3	0	0	0	0	0	3	10
Influenza B										
Current Week	0	0	0	0	0	0	0	0	3	3
Cumulative 2013 - 2014	0	1	1	9	1	8	1	4	18	43

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

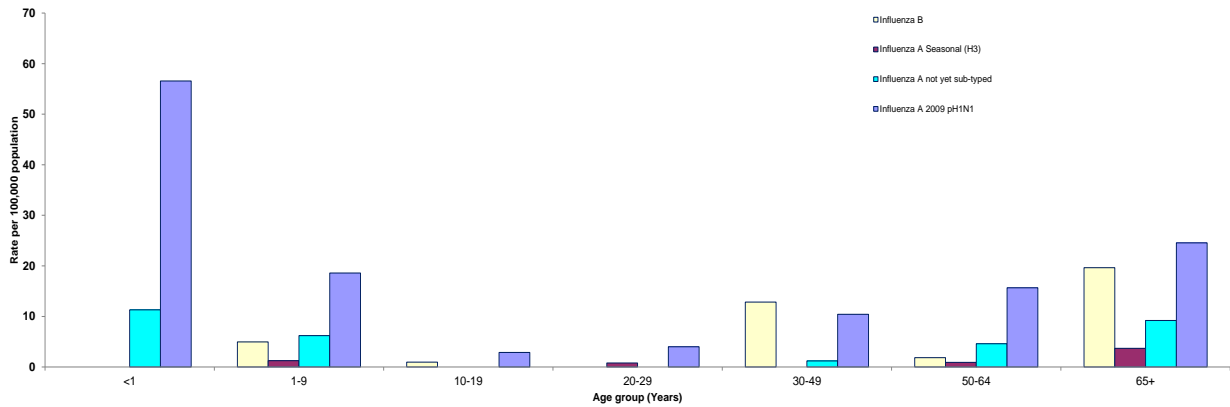
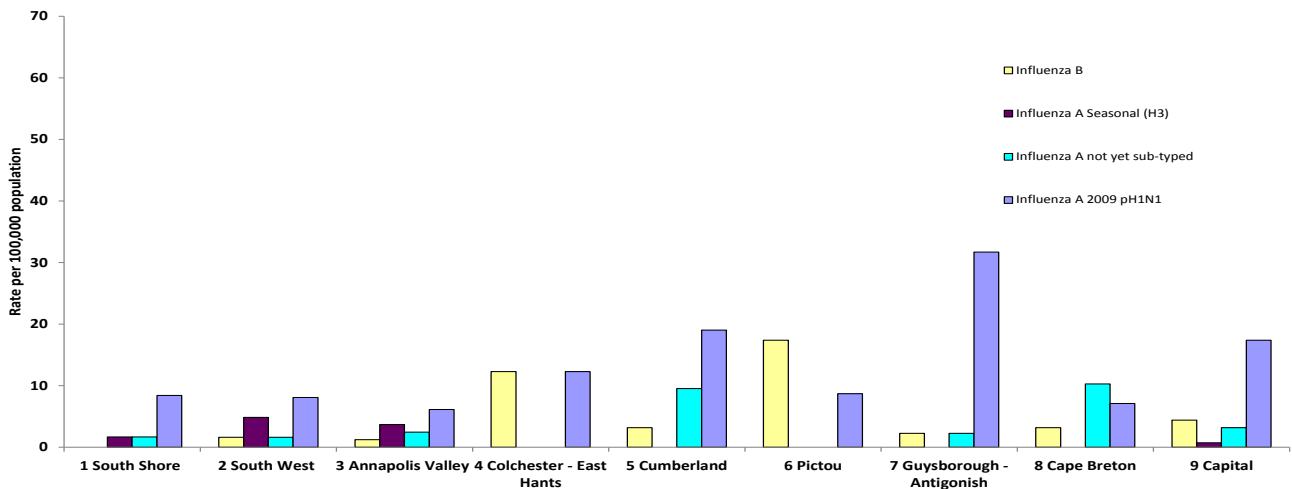


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2013–2014



*Data presented in this figure refers to week specimen was tested. District Health Authority

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	0.9	3	of 3	0.0	1 of 6	
DHA 2	-	0	of 3	-	0 of 0	
DHA 3	-	0	of 3	0.0	1 of 1	
DHA 4	1.3	2	of 2	-	0 of 0	
DHA 5	0.7	5	of 5	7.7	1 of 2	
DHA 6	0.0	1	of 1	-	0 of 2	
DHA 7	1.4	6	of 6	0.0	1 of 1	
DHA 8	1.7	5	of 8	0.0	2 of 4	
DHA 9	0.2	4	of 7	0.0	3 of 14	
IWK	3.6	1	of 1			
Nova Scotia (excl. IWK)†	0.8	26	of 38	68.4%		
Nova Scotia (incl. IWK)	1.0	27	of 39	69.2%	9	of 30
					30.0%	

*Flu watch sentinels

†Excludes the children's ER from IWK

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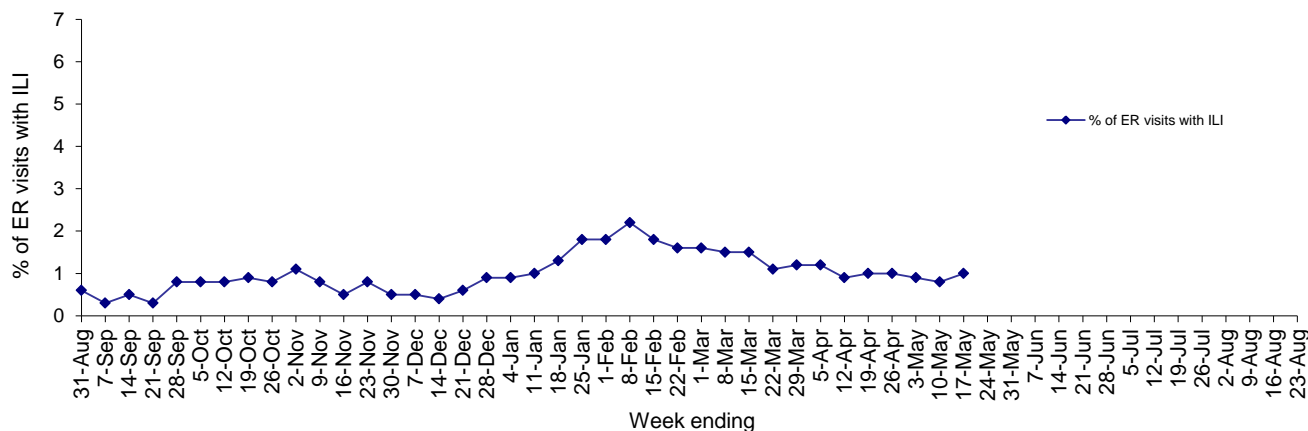
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Table 3: Hospitalizations, ICU Admissions and Deaths for influenza positive patients, Nova Scotia, 2013-2014

	Hospitalized*	ICU	Death
Influenza A 2009 pH1N1			
Current Week	0	0	0
Cumulative 2013 - 2014	79	18	7
Influenza A (not yet sub-typed)			
Current Week	0	0	0
Cumulative 2013 - 2014	20	7	2
Influenza A Seasonal (H3)			
Current Week	0	1	0
Cumulative 2013 - 2014	3	4	0
Influenza B			
Current Week	2	1	1
Cumulative 2013 - 2014	18	1	3
Current Week Total			
	2	2	1
Season Total			
	120	30	12

* Note: Hospitalized cases exclude ICU admissions

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

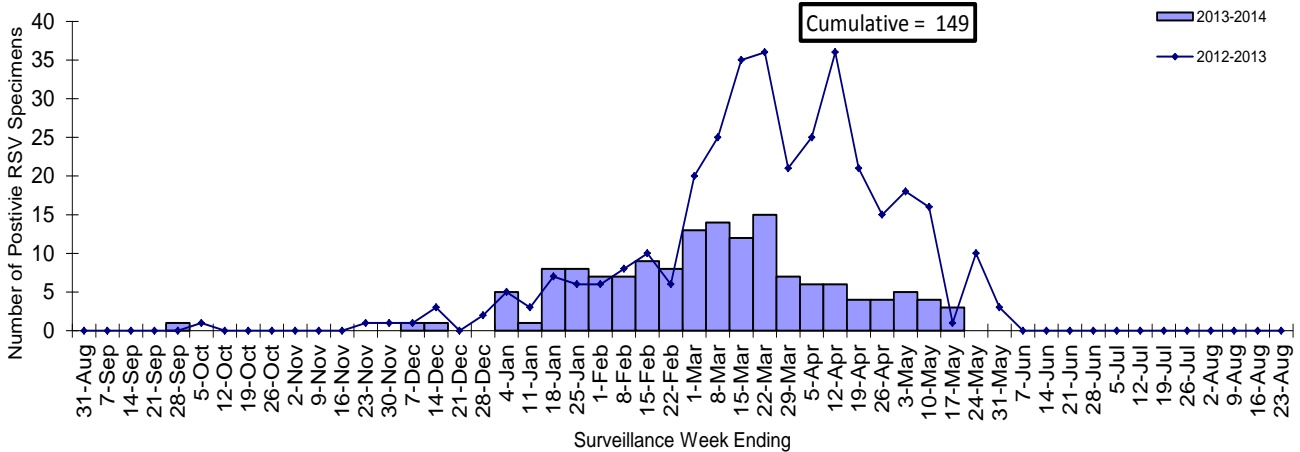
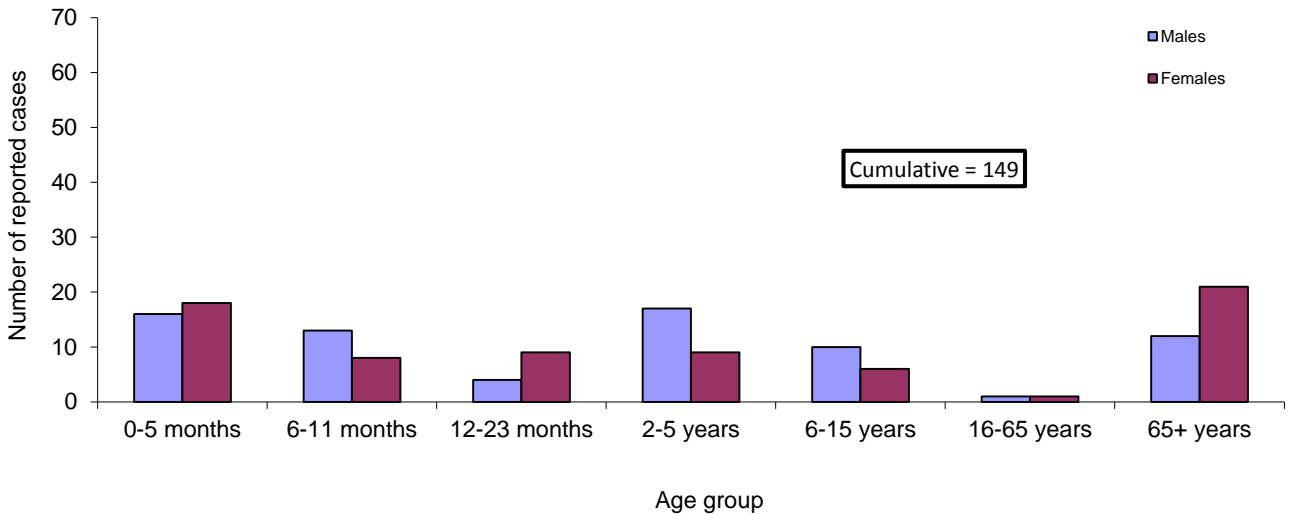


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2013-2014



RESPIRATORY WATCH

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OTHER RESPIRATORY PATHOGENS

Table 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	13	0	0.0	712	1	0.1
Bocavirus	13	0	0.0	712	3	0.4
Chlamydophila pneumoniae	9	0	0.0	457	5	1.1
Coronavirus	13	0	0.0	712	23	3.2
Enterovirus	13	0	0.0	712	0	0.0
Metapneumovirus	13	1	7.7	712	44	6.2
Mycoplasma pneumoniae	9	0	0.0	457	52	11.4
Parainfluenza	13	1	7.7	712	45	6.3
Pertussis	6	0	0.0	283	5	1.8
Respiratory syncytial virus A	13	0	0.0	712	2	0.3
Respiratory syncytial virus B	13	1	7.7	712	8	1.1
Respiratory syncytial virus not typed	31	2	6.5	1255	139	11.1
Rhinovirus	13	2	15.4	712	72	10.1

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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

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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