

Summary of Nova Scotia surveillance findings, for the period ending March 7, 2015:

- There were 47 positive influenza cases received this week, 29 influenza A unsubtype and 18 influenza B. There have been 511 lab confirmed* cases of influenza this season (169 influenza A H3, 259 influenza A (unsubtyped**) and 83 influenza B).
- There have been 21 ICU admissions of laboratory confirmed influenza for the 2014-2015 influenza season.
- There have been 20 influenza deaths*** for the 2014-2015 influenza season.
- Positive results were received for metapneumovirus, mycoplasma pneumonia, parainfluenza, pertussis, rhinovirus and RSV.
- The ILI rate for Nova Scotia for this reporting period was 2.3.
- Ninety-seven percent of emergency departments reported ILI data.

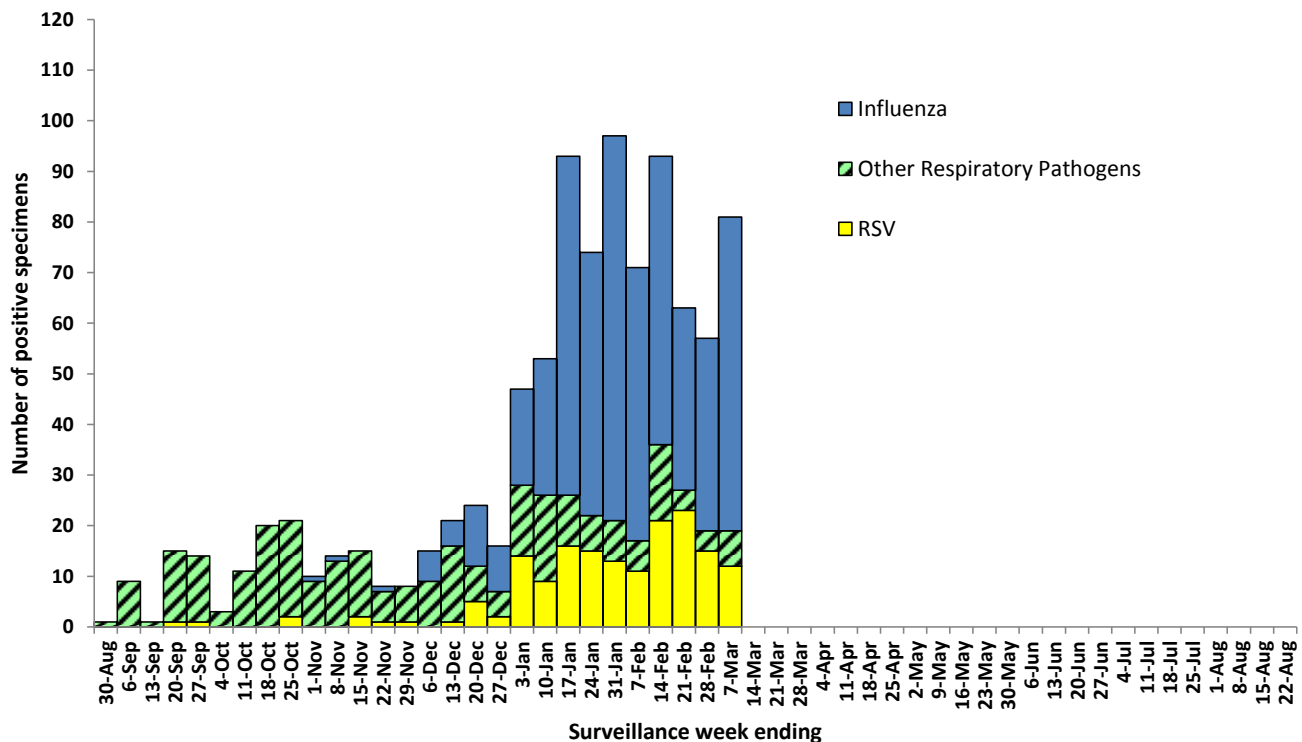
*Lab confirmed cases of influenza are only the 'tip of the iceberg', representing a fraction of individuals infected. Laboratory testing is reserved for patients admitted to hospital with respiratory infection. Because we do not routinely test community specimens, the number of laboratory confirmed cases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

**Subtyping was discontinued on February 5, 2015. Subtyping was performed on 175 specimens and all were H3.

***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.

NOTE: The 2014-2015 influenza season is defined using the Public Health Agency of Canada's influenza surveillance weeks. This year runs from August 24, 2014 (Week 35) to August 29, 2015 (week 34)

Figure 1: Summary of laboratory detected circulating respiratory pathogens, Nova Scotia, 2014–2015



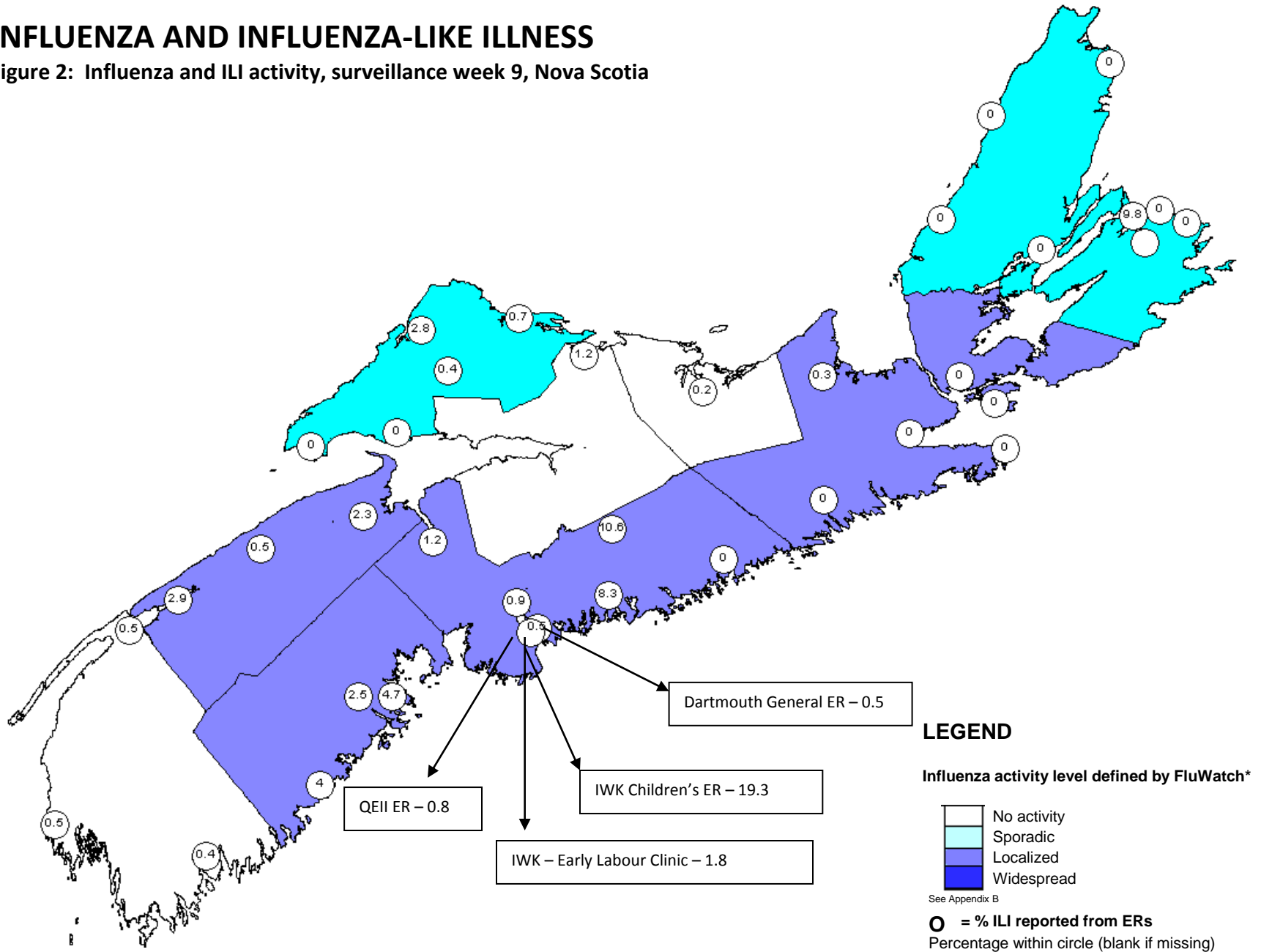
This figure is based on laboratory information. All other figures and tables in this report are based on ANDS data.



RESPIRATORY WATCH

INFLUENZA AND INFLUENZA-LIKE ILLNESS

Figure 2: Influenza and ILI activity, surveillance week 9, Nova Scotia



RESPIRATORY WATCH

Week 9 (March 1 to March 7, 2015)

Figure 3: Number of reported lab-confirmed influenza cases by type and report week, Nova Scotia, 2014–2015

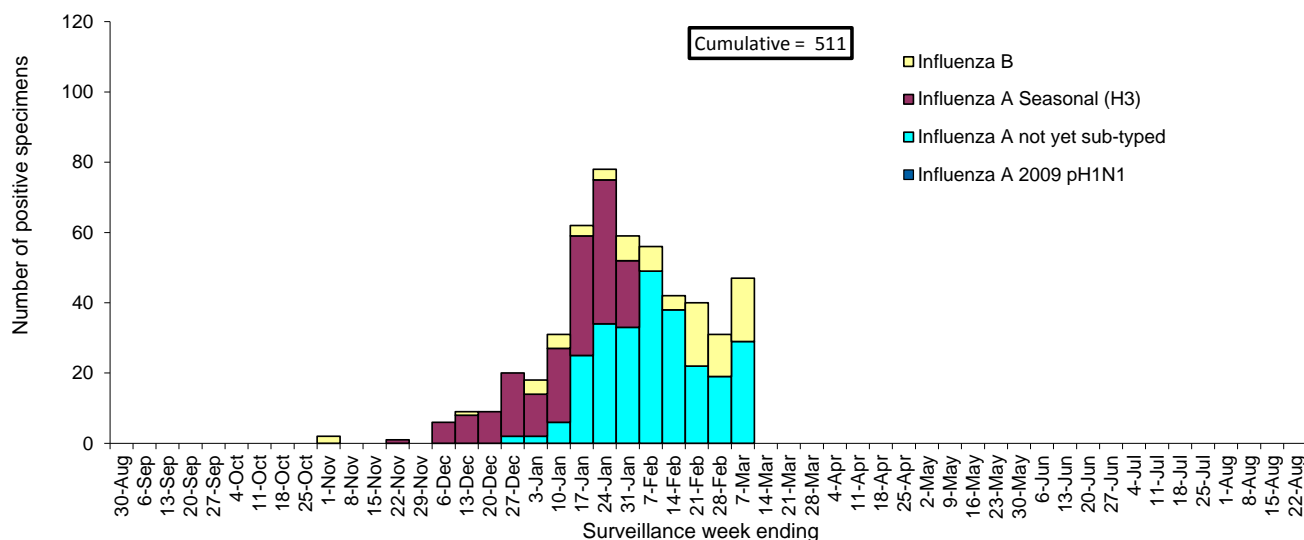
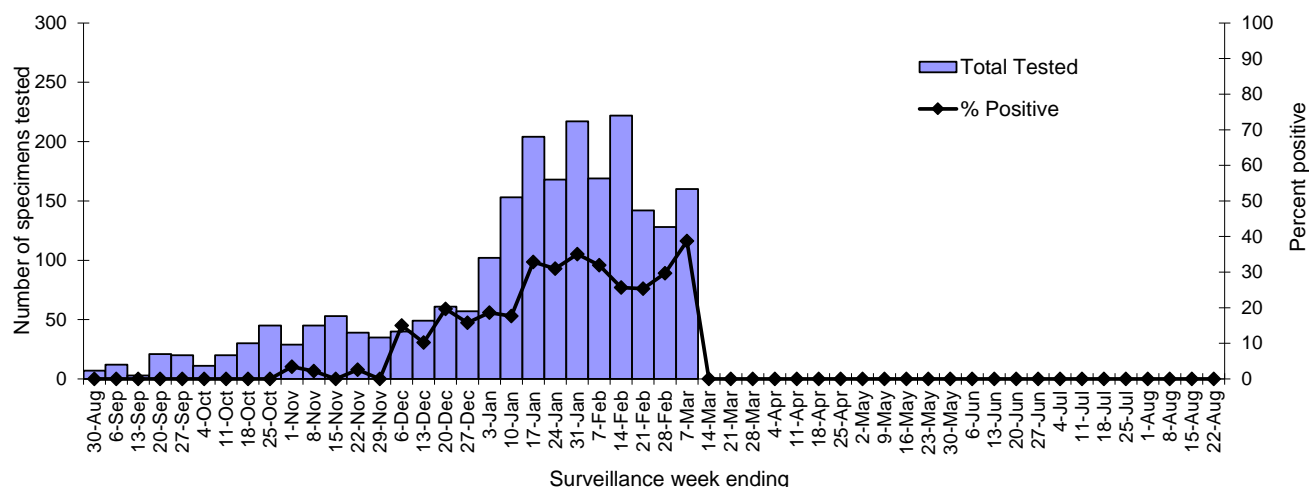


Figure 4: Number of specimens tested for influenza and percent positive, Nova Scotia Provincial Public Health Laboratory Network, 2014–2015*



*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, 2014–2015

	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 2014 - 2015	0	0	0	0	0	0	0	0	0	0
Influenza A (not yet sub-typed)										
Current Week	0	0	1	0	3	0	0	3	22	29
Cumulative 2014 - 2015	14	10	14	3	8	11	17	67	115	259
Influenza A Seasonal (H3)										
Current Week	0	0	0	0	0	0	0	0	0	0
Cumulative 2014 - 2015	13	0	18	1	1	14	17	1	104	169
Influenza B										
Current Week	2	0	3	0	0	0	1	0	12	18
Cumulative 2014 - 2015	11	0	7	1	1	0	2	8	53	83

RESPIRATORY WATCH

Week 9 (March 1 to March 7, 2015)

Figure 5: Influenza rate per 100,000 population by type and age group, cumulative, Nova Scotia, 2014–2015

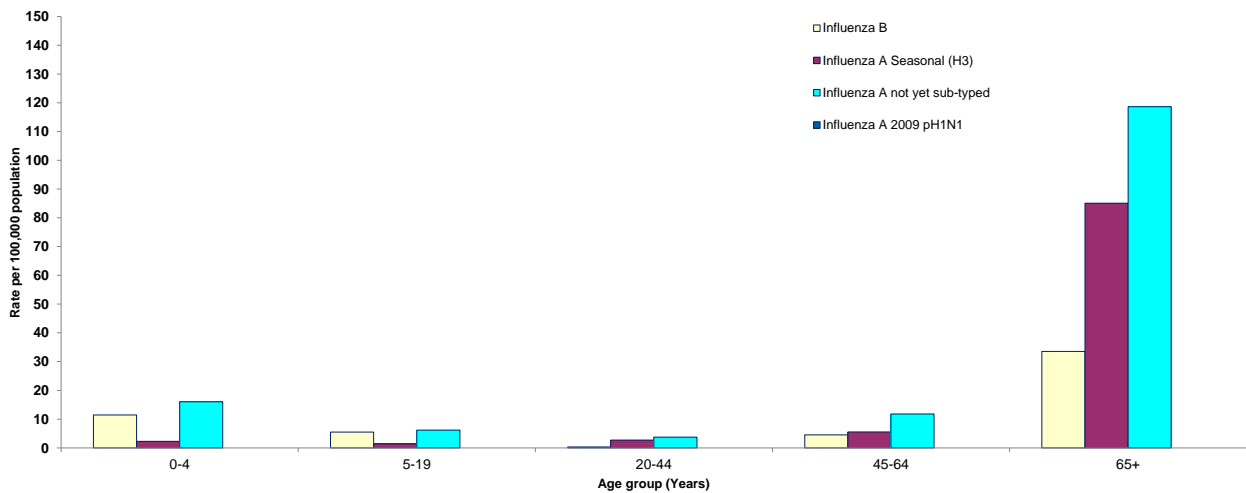
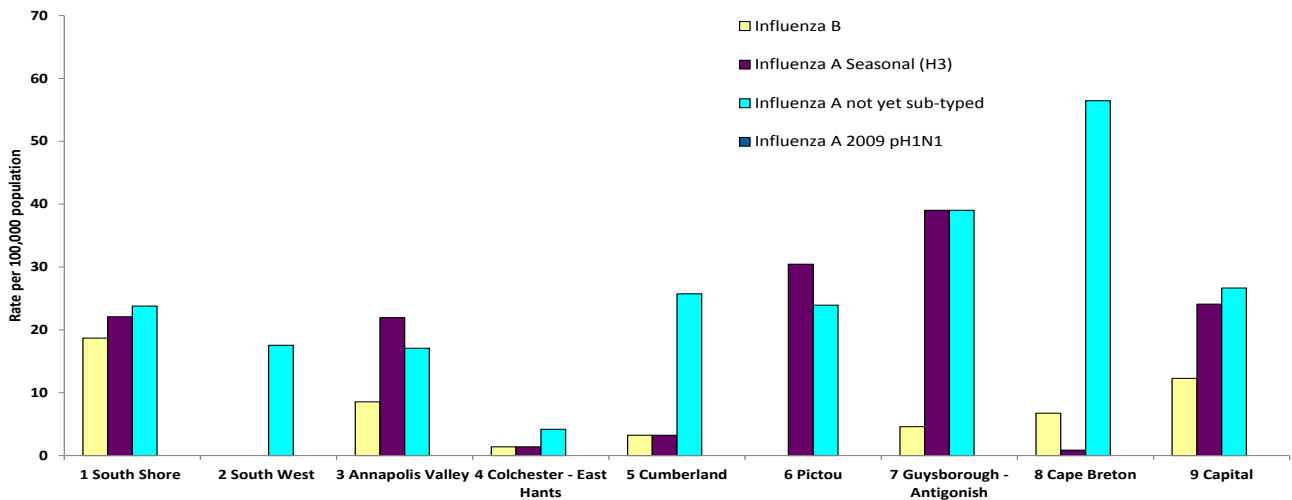


Figure 6: Influenza rate per 100,000 population by type and DHA, cumulative, Nova Scotia, 2014–2015



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

Table 2: ILI reporting from emergency departments, Nova Scotia, 2014-2015

ER SURVEILLANCE			
	%ILI	Reporting ERs	
DHA 1	3.6	3	of 3
DHA 2	0.5	3	of 3
DHA 3	1.7	3	of 3
DHA 4	1.0	2	of 2
DHA 5	1.6	5	of 5
DHA 6	0.2	1	of 1
DHA 7	0.1	6	of 6
DHA 8	1.8	7	of 8
DHA 9	1.1	7	of 7
IWK	15.5	1	of 1
Nova Scotia (excl. IWK)	1.2	37 of 38	97.4%
Nova Scotia (incl. IWK)	2.3	38 of 39	97.4%

RESPIRATORY WATCH

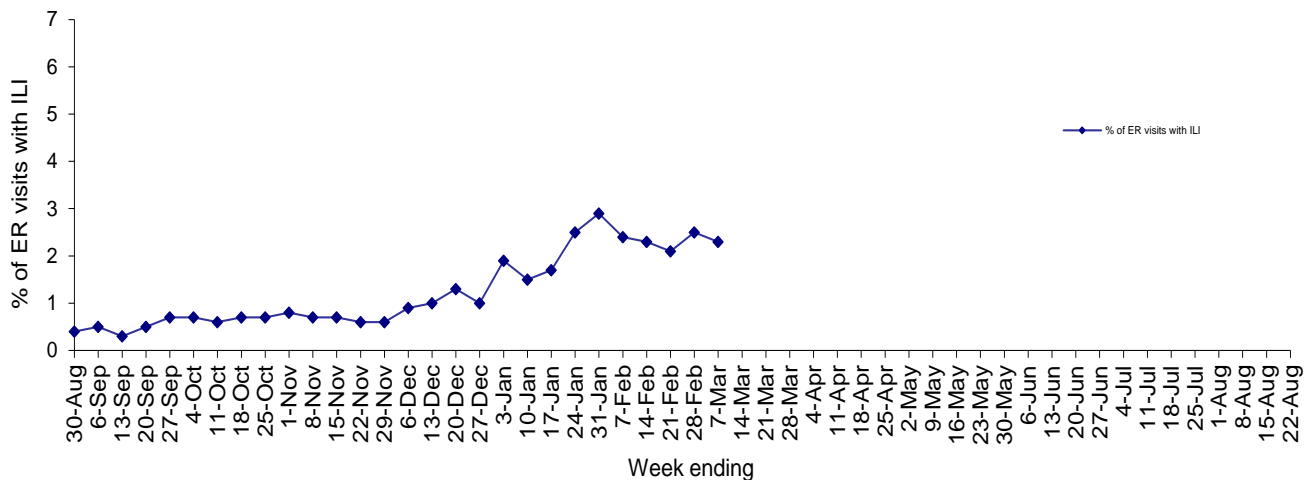
Week 9 (March 1 to March 7, 2015)

Table 3: Hospitalizations, ICU Admissions and Deaths for influenza positive patients, Nova Scotia, 2014-2015

	Hospitalized*	ICU	Death
Influenza A 2009 pH1N1			
Current Week	0	0	0
Cumulative 2014 - 2015	0	0	0
Influenza A (not yet sub-typed)			
Current Week	20	0	0
Cumulative 2014 - 2015	155	8	10
Influenza A Seasonal (H3)			
Current Week	0	0	0
Cumulative 2014 - 2015	86	8	10
Influenza B			
Current Week	11	0	0
Cumulative 2014 - 2015	57	5	0
Current Week Total			
	31	0	0
Season Total			
	298	21	20

* Note: Hospitalized cases exclude ICU admissions

Figure 7: Percentage of ER visits with ILI, Nova Scotia, 2014–2015



RESPIRATORY WATCH

Week 9 (March 1 to March 7, 2015)

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Figure 8: Number of positive RSV specimens by report week, Nova Scotia, 2014–2015

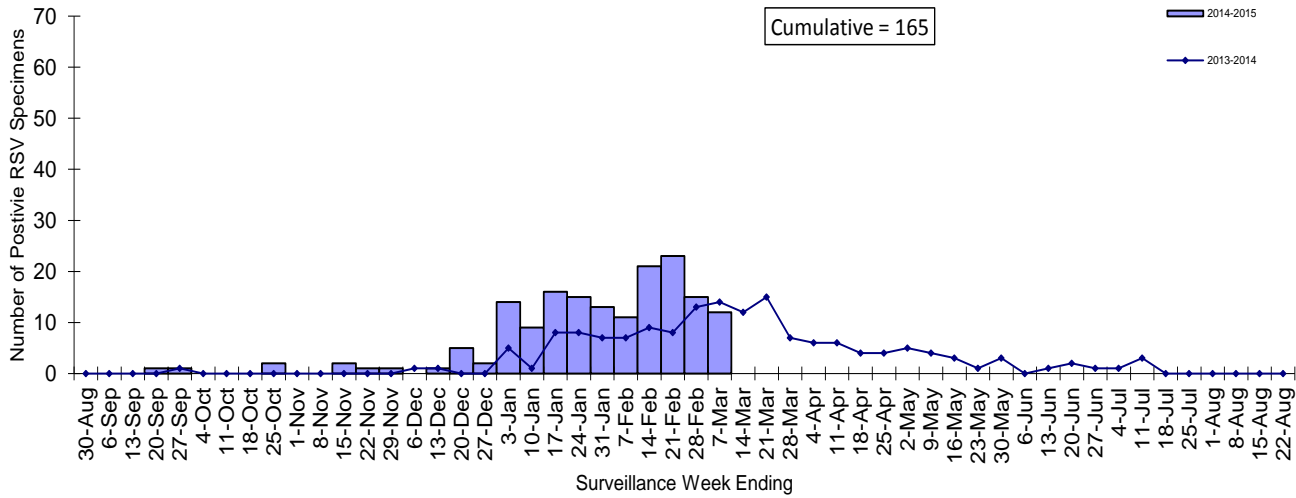
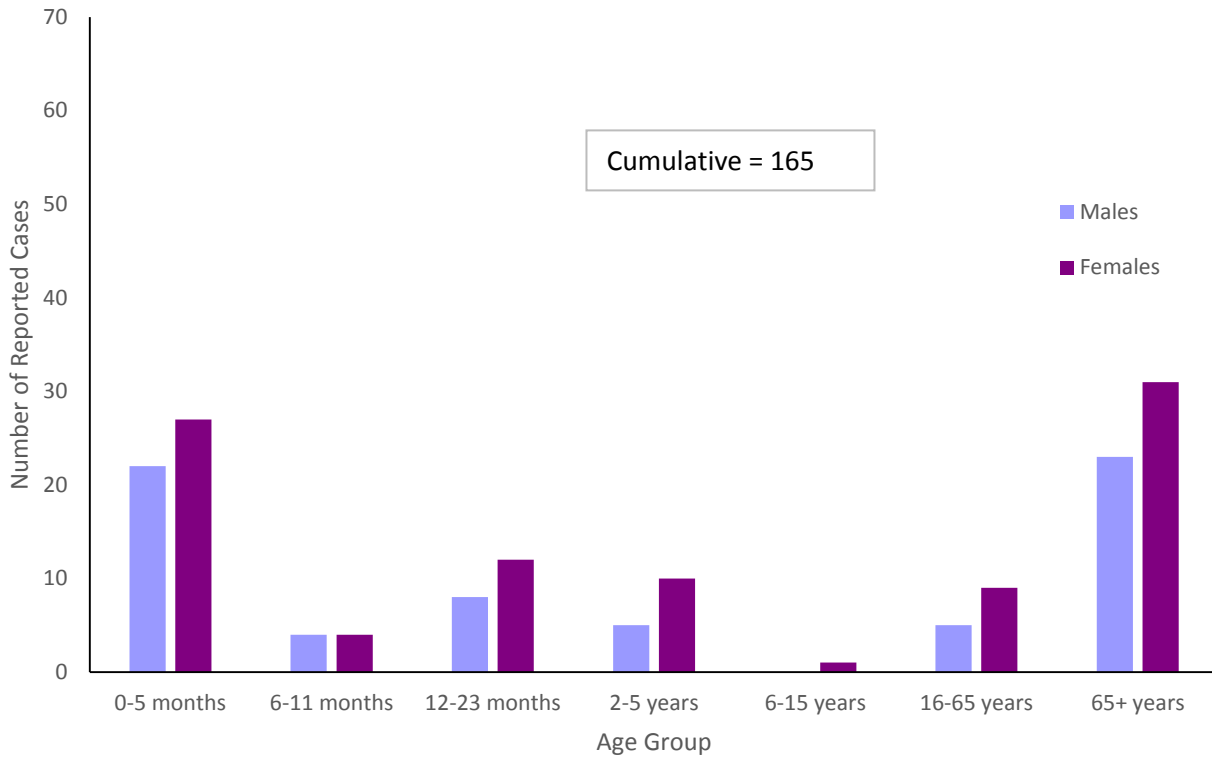


Figure 9: Cumulative number of positive RSV specimens by age group and sex, Nova Scotia, 2014-2015



RESPIRATORY WATCH

Week 9 (March 1 to March 7, 2015)

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, 2014–2015

Number and percent positive for:	Surveillance Week			Cumulative Season-to-Date Totals		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	20	0	0.0	695	13	1.9
Bocavirus	20	0	0.0	695	0	0.0
Chlamydomphila pneumoniae	17	0	0.0	566	0	0.0
Coronavirus	20	0	0.0	695	15	2.2
Enterovirus	20	0	0.0	695	2	0.3
Metapneumovirus	20	1	5.0	695	5	0.7
Mycoplasma pneumoniae	17	1	5.9	565	60	10.6
Parainfluenza	20	2	10.0	695	49	7.1
Pertussis	22	2	9.1	284	12	4.2
Respiratory syncytial virus A	20	0	0.0	727	1	0.1
Respiratory syncytial virus B	20	1	5.0	727	13	1.8
Respiratory syncytial virus not typed	131	11	0.0	1423	151	10.6
Rhinovirus	20	1	5.0	695	102	14.7

RESPIRATORY WATCH

Week 9 (March 1 to March 7, 2015)

APPENDIX: Definitions used in Influenza Surveillance, 2014-2015

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 9 (March 1 to March 7, 2015)

- 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