

## IN SUMMARY...

<b>Activity levels**</b> <ul style="list-style-type: none"> <li>Western (Zone 1), Northern (Zone 2) and Central (Zone 4) are reporting localized activity. Eastern (Zone 3) is reporting sporadic activity.</li> </ul>
<b>Laboratory-confirmed cases***</b> <ul style="list-style-type: none"> <li>There were 29 influenza cases reported this week. There have been 230 lab confirmed cases of Influenza A this season and 3 Influenza B.</li> <li>Positive test results were received for coronavirus, metapneumovirus, mycoplasma pneumoniae and RSV.</li> </ul>
<b>Severity</b> <ul style="list-style-type: none"> <li>There has been 19 ICU admissions of laboratory confirmed influenza and 9 influenza deaths**** for the 2015-2016 influenza season.</li> </ul>
<b>Syndromic surveillance</b> <ul style="list-style-type: none"> <li>The ILI rate for Nova Scotia this reporting period was 1.7.</li> <li>100% of emergency departments reported ILI data for this period.</li> </ul>

**Notes:** \*Reporting weeks run from Sunday to Saturday. The 2015-2016 influenza season is defined using PHAC's influenza surveillance weeks. This year runs from August 30, 2015 (Week 35) to August 27, 2016 (Week 34);

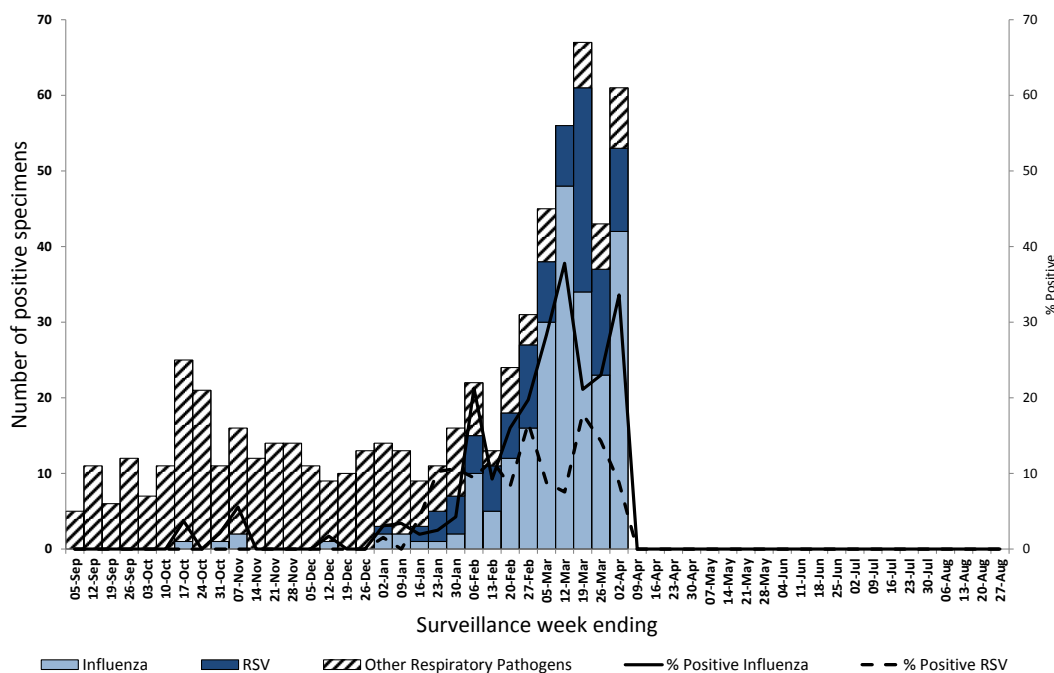
\*\*Activity level data is obtained from CNPHI, see appendix for definitions;

\*\*\* Only a limited number of specimens are subtyped and/or receive multiplex testing. For information on influenza testing for the 2015-2016 season, see the [outbreak response plan](#)

\*\*\*\*Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.

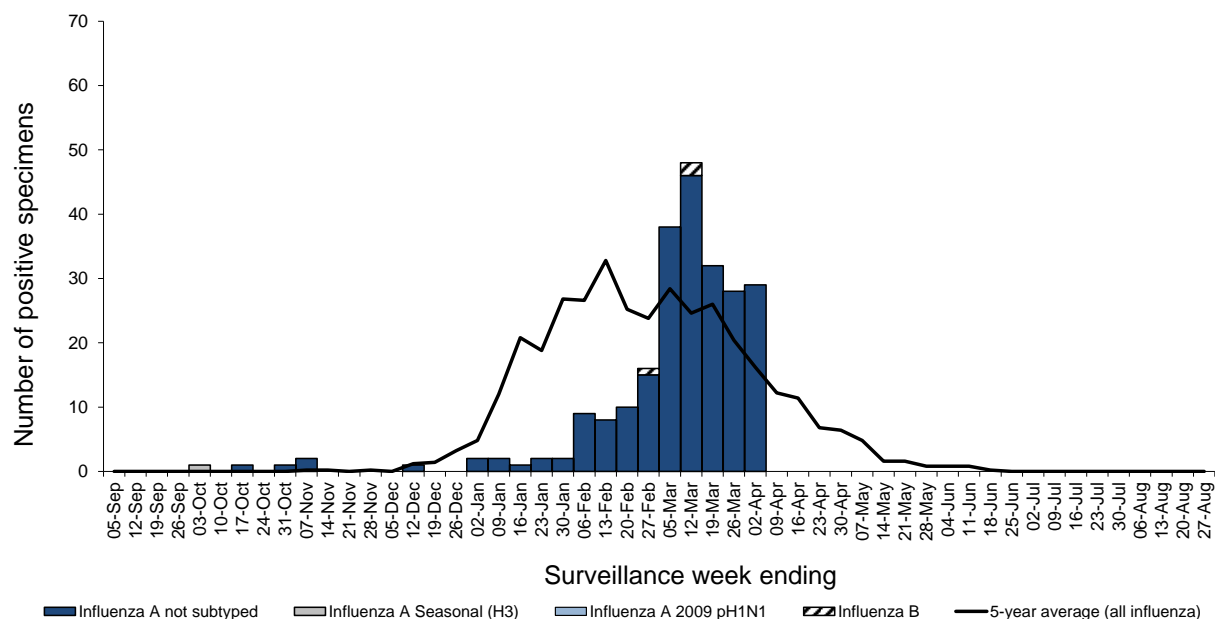
## LABORATORY-CONFIRMED CASES

**Figure 1: Number of respiratory specimens tested positive, and select percent positives, by report week, 2015-2016 season, Nova Scotia.**



\*Data for this figure is obtained from provincial laboratories. All other data, unless otherwise stated, has been obtained from ANDS. Reporting lags may cause the data in this figure to not reconcile with others.

**Figure 2: Number of reported lab-confirmed influenza cases by type and report week, 2015-2016 season, with trend-line comparison to 5-year average of all influenza cases, Nova Scotia.**



**Table 1: Number of total laboratory-confirmed influenza cases, current week and cumulative 2015-2016 season, by zones in Nova Scotia.**

Zone*	Current Week					Cummulative 2015-2016				
	Influenza A				Influenza B	Influenza A				Influenza B
	Total	A(H1) pdm09	A (H3)	A not subtyped		Total	A(H1) pdm09	A (H3)	A not subtyped	
1 - Western	10	0	0	10	0	61	0	1	60	0
2 - Northern	2	0	0	2	0	23	0	0	23	0
3 - Eastern	5	0	0	5	0	69	0	0	69	0
4 - Central	12	0	0	12	0	80	0	0	77	3
<b>Nova Scotia Total</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>0</b>	<b>233</b>	<b>0</b>	<b>1</b>	<b>229</b>	<b>3</b>

\*Zones are defined in the appendix.

**Table 2: Number of total laboratory-confirmed influenza cases, current week and cumulative 2015-2016 season, by age group in Nova Scotia.**

Age	Current Week					Cummulative 2015-2016				
	Influenza A				Influenza B	Influenza A				Influenza B
	Total	A(H1) pdm09	A (H3)	A not subtyped		Total	A(H1) pdm09	A (H3)	A not subtyped	
0-4	4	0	0	4	0	18	0	0	18	0
5-19	2	0	0	2	0	22	0	0	22	0
20-44	4	0	0	4	0	22	0	0	21	1
45-64	11	0	0	11	0	73	0	0	72	1
65+	8	0	0	8	0	98	0	1	96	1
<b>Nova Scotia Total</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>0</b>	<b>233</b>	<b>0</b>	<b>1</b>	<b>229</b>	<b>3</b>

Figure 3: Number of positive RSV specimens by report week, 2015-2016 season, with trend-line comparison to 2014-2015, Nova Scotia.

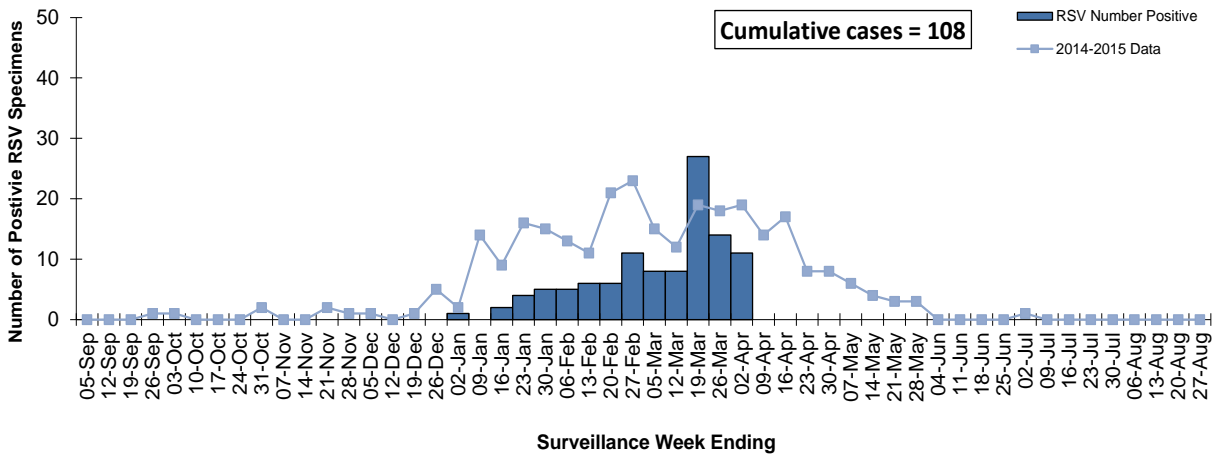


Table 3: Number of positive RSV specimens by age group, 2015-2016 season, Nova Scotia.

Age Group	RSV
0-5 months	30
6-11 months	14
12-23 months	26
2-5 years	14
6-15 years	2
16-65 years	4
65+ years	18
<b>Nova Scotia Total</b>	<b>108</b>

## SEVERITY

Table 4: Hospitalizations, ICU admissions and deaths for influenza positive patients, current week and cumulative, 2015-2016 season, Nova Scotia.

Pathogen	Current surveillance week			Cumulative 2015-2016		
	Hospitalized*	ICU	Death**	Hospitalized	ICU	Death
Influenza A (H1) pdm09	0	0	0	0	0	0
Influenza A untyped	13	4	1	119	19	9
Influenza A (H3)	0	0	0	1	0	0
Influenza B	0	0	0	2	0	0
<b>Nova Scotia Total</b>	<b>13</b>	<b>4</b>	<b>1</b>	<b>122</b>	<b>19</b>	<b>9</b>

\*Hospitalizations do not include ICU admissions; \*\*Deaths include individuals with a positive influenza test result, influenza may not have been the major contributing cause of death or hospitalization.

## SYNDROMIC SURVEILLANCE

Figure 4: Percentage of emergency room visits due to ILI by week, 2015-2016 season, with trend-line comparison to 2014-2015, Nova Scotia.

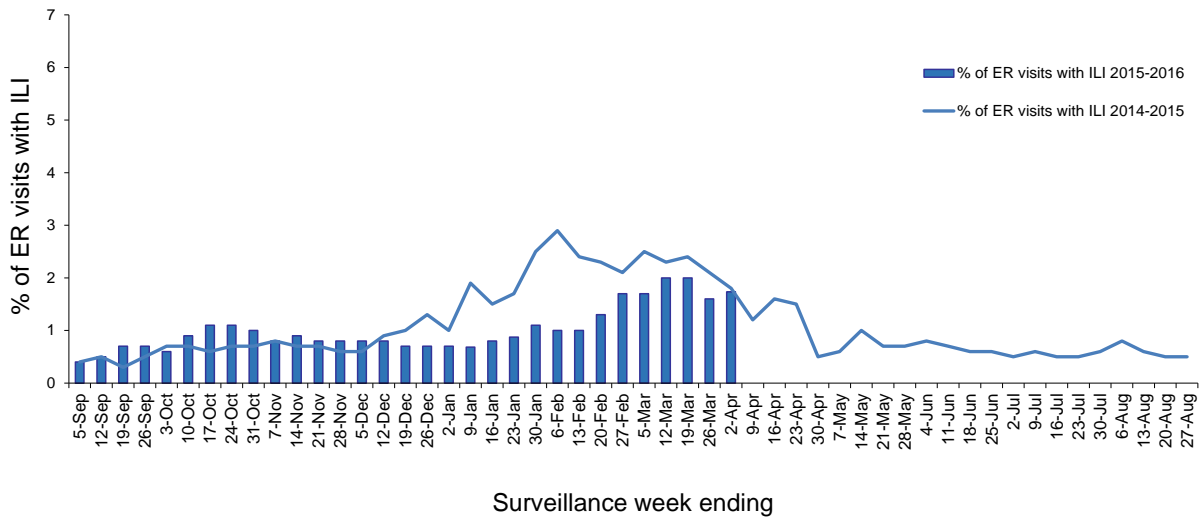


Table 5: Current week ILI reporting from emergency departments by zones, 2015-2016 season, Nova Scotia.

Zone	ILI (%)	Number of reporting ERs	Number of ERs	ERs reporting (%)
1 - Western	1.1	9	9	100.0
2 - Northern	0.5	8	8	100.0
3 - Eastern	2.8	14	14	100.0
4 - Central	2.1	7	7	100.0
IWK	7.5	2	2	100.0
Nova Scotia Total (excl IWK)	1.3	38	38	100.0
Nova Scotia Total (incl IWK)	1.7	40	40	100.0

## OTHER RESPIRATORY PATHOGENS

**Table 6: Total number of specimens tested and number (%) positive for other respiratory pathogens, by report week and cumulative season, Nova Scotia, 2015–2016.**

Pathogen	Surveillance Week			Cumulative Season-to-Date		
	n tested	n positive	% positive	n tested	n positive	% positive
Adenovirus	10	0	0.0	367	14	3.8
Bocavirus	10	0	0.0	372	3	0.8
Chlamydomphila pneumoniae	19	0	0.0	640	2	0.3
Coronavirus	10	3	30.0	367	12	3.3
Enterovirus	10	0	0.0	367	4	1.1
Metapneumovirus	10	1	10.0	367	9	2.5
Mycoplasma pneumoniae	19	4	21.1	640	133	20.8
Parainfluenza	10	0	0.0	367	15	4.1
Pertussis	10	0	0.0	621	53	8.5
Respiratory Syncytial Virus	125	11	8.8	1613	108	6.7
Rhinovirus	10	0	0.0	355	49	13.8

## APPENDIX: DEFINITIONS USED IN INFLUENZA SURVEILLANCE, AND USEFUL LINKS, 2015-2016

### ACRONYM LIST

<b>CNPHI</b>	Canadian Network for Public Health Intelligence
<b>DHA</b>	District Health Authority
<b>ICU</b>	Intensive care unit
<b>ILI</b>	Influenza-like illness
<b>LTCF</b>	Long-term care facility
<b>RSV</b>	Respiratory syncytial virus

### ILI CASE DEFINITION

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.

### OUTBREAK DEFINITIONS

<b>Schools and daycares</b>	Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by the school or public health authority) which is likely due to ILI.
<b>Hospitals and residential institutions</b>	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 are not limited to, long-term care facilities (LTCF) and prisons.
<b>Other settings</b>	Two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case (i.e. closed communities).

### NATIONAL FLUWATCH DEFINITIONS FOR INFLUENZA ACTIVITY LEVELS

<b>No activity</b>	No laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI* may be reported
<b>Sporadic</b>	Sporadically occurring ILI* and lab confirmed influenza detection(s) with <b>no outbreaks</b> detected within the influenza surveillance region
<b>Localized</b>	<ol style="list-style-type: none"> <li>(1) Evidence of increased ILI* and</li> <li>(2) lab confirmed influenza detection(s) together with</li> <li>(3) outbreaks occurring in schools, hospitals, residential institutions and/or other types of facilities occurring in less than 50% of the influenza surveillance region</li> </ol>
<b>Widespread</b>	<ol style="list-style-type: none"> <li>(1) Evidence of increased ILI* and</li> <li>(2) lab confirmed influenza detection(s) together with</li> <li>(3) outbreaks occurring in schools, hospitals, residential institutions and/or other types of facilities occurring in greater than or equal to 50% of the influenza surveillance region</li> </ol>

### LINKS TO OTHER WEEKLY INFLUENZA REPORTING BODIES

Canada: <http://www.phac-aspc.gc.ca/fluwatch/>  
 World: [https://www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/index.html](https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html)  
 US: [www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly)