

IN SUMMARY...

Activity levels**
<ul style="list-style-type: none"> All zones reported no activity during this reporting period.
Laboratory-confirmed cases***
<ul style="list-style-type: none"> There were 0 influenza cases reported during this reporting period. There have been 298 lab confirmed cases of Influenza A and 9 cases of Influenza B during the 2015-2016 influenza season. Positive test results were received for Adenovirus, Bocavirus, Chlamydomydia pneumonia, Mycoplasma pneumoniae, Enterovirus, Metapneumovirus, Pertussis, RSV and Rhinovirus.
Severity
<ul style="list-style-type: none"> There have been 26 ICU admissions of laboratory confirmed influenza and 19 influenza deaths**** during the 2015-2016 influenza season.
Syndromic surveillance
<ul style="list-style-type: none"> The average ILI rate for Nova Scotia during this reporting period was 0.5. 98% of emergency rooms reported ILI data during this reporting period.

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);

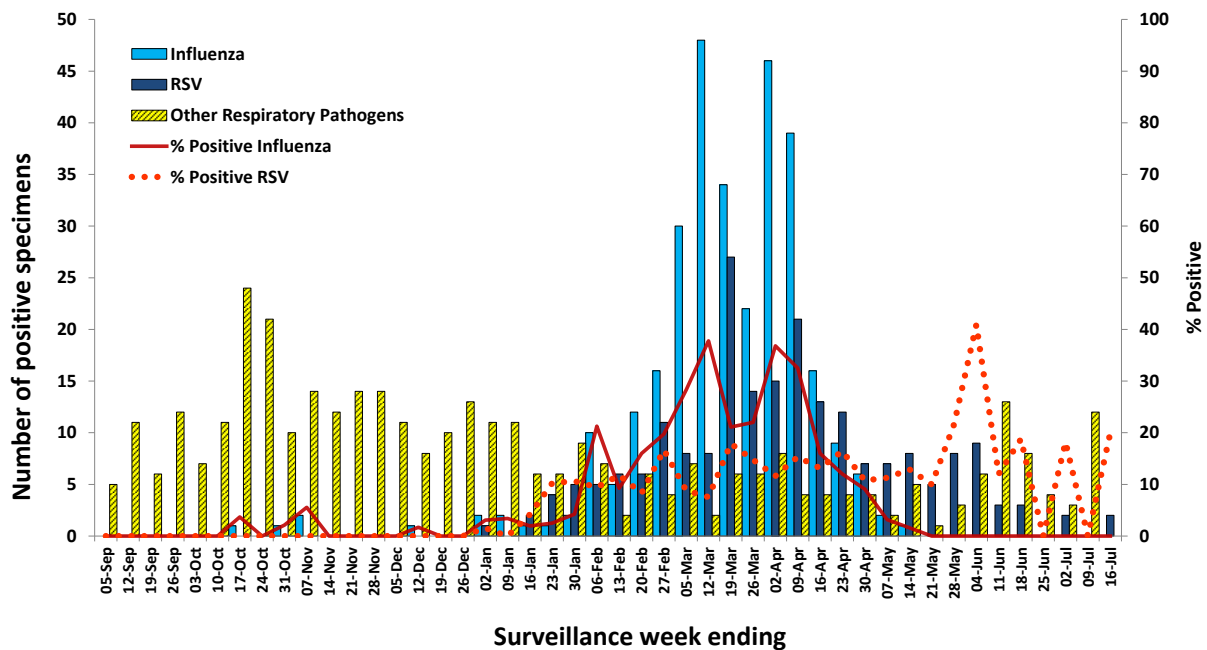
**Activity level data is obtained from CNPHI, see appendix for definitions;

*** 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

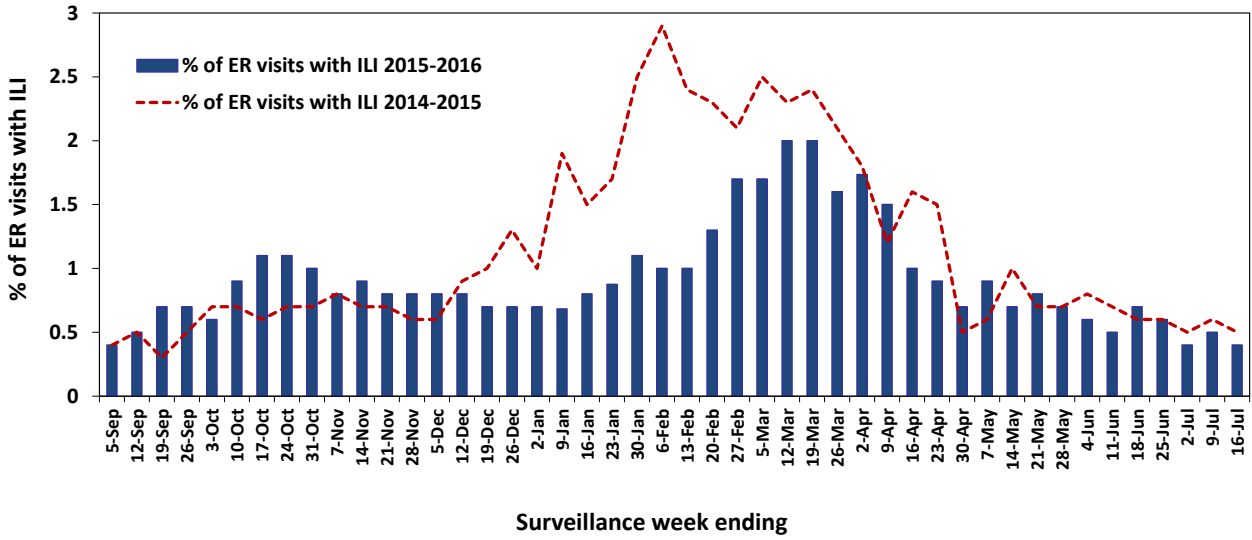
Figure 1: Number of respiratory specimens tested positive, and select percent positives, by report week, 2015-2016 season, Nova Scotia.



*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.

SYNDROMIC SURVEILLANCE

Figure 2: Percentage of emergency room visits due to ILI by week, Nova Scotia.



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

ACRONYM LIST

- CNPHI** Canadian Network for Public Health Intelligence
ICU Intensive care unit
ILI Influenza-like illness
RSV 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.

NATIONAL FLUWATCH DEFINITIONS FOR INFLUENZA ACTIVITY LEVELS

No activity	No laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI* may be reported
Sporadic	Sporadically occurring ILI* and lab confirmed influenza detection(s) with no outbreaks detected within the influenza surveillance region
Localized	(1) Evidence of increased ILI* and (2) lab confirmed influenza detection(s) together with (3) outbreaks occurring in schools, hospitals, residential institutions and/or other types of facilities occurring in less than 50% of the influenza surveillance region
Widespread	(1) Evidence of increased ILI* and (2) lab confirmed influenza detection(s) together with (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

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
US: www.cdc.gov/flu/weekly